You can view the agenda on the website
or use a smart phone camera and scan the code

Devon County Council

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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 14 November 2022

Contact: Gerry Rufolo 01392 382299
Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Tuesday, 22nd November, 2022

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 10.30 am at Committee Suite - County Hall, Exeter to consider the following matters.

Jan Spicer
Interim Chief Executive

A G E N D A

PART 1 - OPEN COMMITTEE

1 Apologies

2 Minutes

Minutes of the meeting held on 28 September 2022 (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 NHS Devon Financial Overview (Pages 1 - 8)

Report of NHS Devon, attached

6 One Devon Partnership - Integrated Care Strategy Development (Pages 9 - 16)

Report of One Devon (ICS), attached

7 In-Year Briefing: (a) Service Delivery for Public Health Devon; and (b) Adult Social Care: Finance and Performance (Pages 17 - 24)

(a) Report of the Director of Public Health, Communities and Prosperity, attached.

(b) Report of the Director of Integrated Adult Social Care, Devon County Council (ACH/22/153), attached

8 The State of Adult Social Care: (i) The Independent Provider Workforce, and (ii) Housing, Health and Care (Pages 25 - 36)

Report of the Director of Integrated Adult Social Care, Devon County Council (CH/22/152), attached

9 Health and Care General Update (Pages 37 - 46)

Joint report from Devon County Council and NHS Devon (ACH/22/154), attached

10 Scrutiny Committee Work Programme

In accordance with previous practice, Scrutiny Committees are requested to review the list of forthcoming business and determine which items are to be included in the Work Programme.

The Committee may also wish to review the content of the Cabinet Forward Plan and the Children's Services Risk Register to see if there are any specific items therein it might wish to explore further.

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 exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). They need to be disposed of carefully and should be returned to the Democratic Services Officer at the conclusion of the meeting for disposal.

MEETINGS INFORMATION AND NOTES FOR VISITORS

Getting to County Hall and Notes for Visitors

For SatNav purposes, the postcode for County Hall is EX2 4QD

Further information about how to get to County Hall gives information on visitor parking at County Hall and bus routes.

Exeter has an excellent network of dedicated cycle routes. For further information see the Travel Devon webpages.

The nearest mainline railway stations are Exeter Central (5 minutes from the High Street), St David's and St Thomas. All have regular bus services to the High Street.

Visitors to County Hall are asked to report to Main Reception on arrival. If visitors have any specific requirements, please contact reception on 01392 382504 beforehand.

Membership of a Committee

For full details of the Membership of a Committee, please visit the Committee page on the website and click on the name of the Committee you wish to see.

Committee Terms of Reference

For the terms of reference for any Committee, please visit the Committee page on the website and click on the name of the Committee. Under purpose of Committee, the terms of reference will be listed. Terms of reference for all Committees are also detailed within Section 3b of the Council's Constitution.

Access to Information

Any person wishing to inspect any minutes, reports or background papers relating to an item on the agenda should contact the Clerk of the Meeting. To find this, visit the Committee page on the website and find the Committee. Under contact information (at the bottom of the page) the Clerk's name and contact details will be present. All agenda, reports and minutes of any Committee are published on the Website

Public Participation

The Council operates a Public Participation Scheme where members of the public can interact with various Committee meetings in a number of ways. For full details of whether or how you can participate in a meeting, please look at the Public Participation Scheme or contact the Clerk for the meeting.

In relation to Highways and Traffic Orders Committees, any member of the District Council or a Town or Parish Councillor for the area covered by the HATOC who is not a member of the Committee, may attend and speak to any item on the Agenda with the consent of the Committee, having given 24 hours' notice.

Webcasting, Recording or Reporting of Meetings and Proceedings

The proceedings of any meeting may be recorded and / or broadcasted live, apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to our webcasting pages

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chair. Filming must be done as unobtrusively as possible without additional lighting; focusing only on those actively participating in the meeting and having regard to the wishes of others present who may not wish to be filmed. Anyone wishing to film proceedings is asked to advise the Chair or the Democratic Services Officer in attendance.

Members of the public may also use social media to report on proceedings.

Declarations of Interest for Members of the Council
It is to be noted that Members of the Council 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.

WiFI
An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall.

Fire
In the event of the fire alarm sounding, leave the building immediately by the nearest available exit following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings; do not use the lifts; and do not re-enter the building until told to do so. Assemble either on the cobbled car parking area adjacent to the administrative buildings or in the car park behind Bellair.

First Aid
Contact Main Reception (Extension 2504) for a trained first aider.

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

Alternative Formats
If anyone needs a copy of an Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Customer Service Centre on 0345 155 1015 or email: committee@devon.gov.uk or write to the Democratic and Scrutiny Secretariat in G31, County Hall, Exeter, EX2 4QD.

Induction Loop available

NHS Devon

NHS Devon financial overview

Devon County Council Overview and Scrutiny Committee – 22 November 2022

Executive lead: Bill Shields, chief finance officer, NHS Devon

How the NHS is funded

The NHS is a publicly funded service and receives its money from Government through funds raised from taxation.

NHS England is responsible for making allocations to Integrated Care Boards using an established resource allocation methodology, based on formula-based allocations, that reflect the demand for health services based on the relative needs of populations. The major drivers of consumption of health resources are age, sex and deprivation.

NHS Devon (the Integrated Care Board) is currently judged to be receiving more than its fair share of the total money available to the NHS. This means it is likely we will receive less than national average growth in funding for the NHS each year until we reach an acceptable margin as determined by NHS England policy.

NHS Devon's core funding includes all the services NHS Devon commissions, such as acute, mental health, and community care. Primary care funding is shown in a separate column as it is delegated to NHS Devon from NHS England. Running costs is mainly staffing (approximately 80%) with the remaining covering estates and other non-pay costs.

One Devon

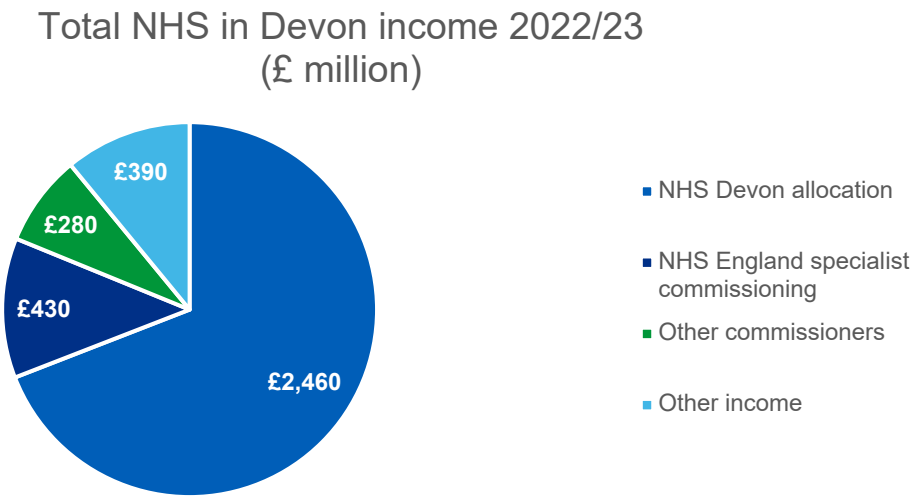
Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Figure 1: NHS Devon allocation 2022/23 relative to the 'fair shares' target

Area	Core funding (£ million)	Primary care funding (£ million)	Running costs (£ million)	Total (£ million)
England ICB total budget	£91,533	£9,667	£1,081	£102,281
NHS Devon target budget (£)	£1,949	£205	£23	£2,177
NHS Devon target budget (% of England)	2.13%	2.12%	2.13%	N/A
NHS Devon actual budget	£2,065	£200	£23	£2,288
Distance from target (%)	-5.90%	2.53%	0%	N/A
Distance from target (£)	£116	-£5	£0	£111

In addition to the main NHS Devon allocation from NHS England, NHS Trusts receive income direct from other commissioners and commercial activities, increasing the total income for 2022/23 to £3.56 billion.

Figure 2: Total NHS in Devon Income 2022/23



Area	Income (£ million)	Percentage
NHS Devon allocation	£2,460	69.1%
NHS England specialist commissioning	£430	12.1%
Other commissioners	£280	7.9%
Other income	£390	11.0%
TOTAL	**£3,560**	**100.0%**

The NHS Devon allocation above includes the funding referenced in figure 1 plus additional national funding for specific national programmes such as elective recovery.

NHS financial regime

The NHS is required by the government to contain total expenditure within the department's allocation. It has achieved this in every year of its operation. Similarly, all NHS commissioning organisations (e.g. NHS Devon) are required to break-even as a minimum each year. NHS Trusts are required to break even, taking one year with another.

In reality, not all NHS organisations are capable of delivering break-even positions every year. This variation is managed through escalation to the regional tier of NHS England and ultimately nationally at NHS England. Annual plans are agreed to manage this variation and allows the NHS in aggregate to deliver the overall NHS budget. It is vital that plans agreed with NHS England, whether surplus or deficit, are delivered by all organisations in that year.

Where a commissioning organisation runs a deficit for the year, this does not appear on its balance sheet, but is effectively a debt owed elsewhere within the NHS and will be taken from its allocation by NHS England at a point in the future. Where a Trust runs a deficit, this is carried forward in its general reserves and will ultimately lead to liquidity issues if it is not recovered and addressed.

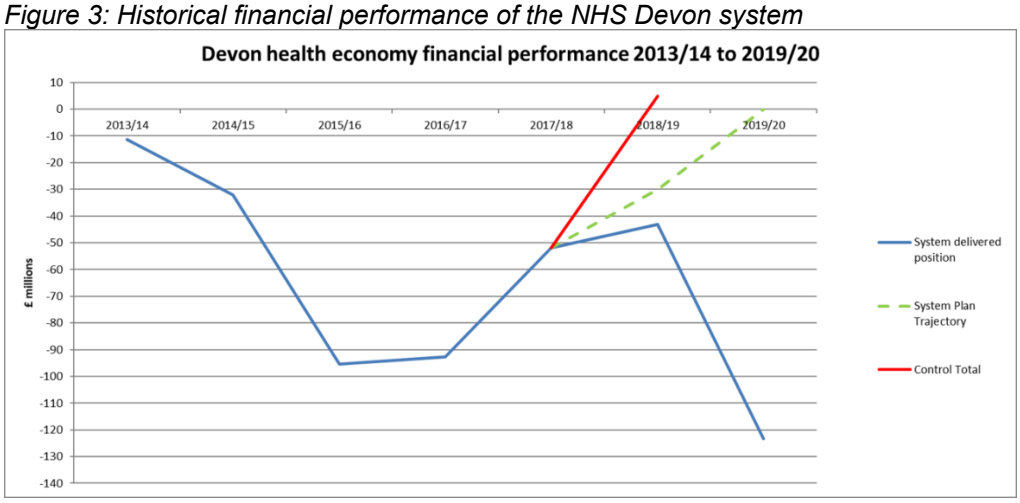
NHS Devon's financial position

Historical challenges

As illustrated in figure 3, NHS expenditure in Devon started to become financially challenged back in 2013/14, with a small deficit returned for the year. After a period of stabilisation and improvement over the three years 2016/17 to 2018/19, the position deteriorated sharply again in 2019/20.

The drivers of this position are many and complex, but fundamentally it is as a result of growth in expenditure, linked to growing service demand and operational efficiency, outstripping the growth in the allocation for the population.,

Figure 3: Historical financial performance of the NHS Devon system



A recovery trajectory was in process of being agreed with NHS England at the point of the pandemic in early 2020.

The 2020/21 and 2021/22 financial years were operated under a different financial regime, with significant extra resources provided by Government to support the NHS in dealing with COVID-19. This allowed financial balance to be achieved across the system in each of these years, however the ability to transform services to deal with the pre-pandemic financial issues was inhibited significantly over that period.

As we return to the regular funding regime and the additional resources start to be taken out, significant savings and efficiencies will be required to maintain a financially balanced system in a sustainable way.

It will not be possible to achieve this without considerable change to the way services are currently configured and delivered. This is a long process that would require support from all partners in the county, as well as engagement, and consultation, where appropriate, with local people and staff.

2022/23 operational plan

Operational planning for 2022/23 was particularly challenging. The ending of the COVID-19 financial regime referred to above brought with it a squeeze on resources and this, coupled with ongoing operational pressures and significant inflationary costs, resulted in a draft plan submission on 28 April 2022 showing a £105 million deficit.

NHS England provided additional funding of £27 million in recognition of inflation costs and a further £25 million of improvement was identified by the system, reducing the plan to a £53 million deficit.

A further push towards the expectation of break-even identified additional savings, cost reductions and mitigations of £35 million leading to the final plan submission of £18.2 million deficit.

This £18.2 million deficit sits with Royal Devon University Healthcare NHS Foundation Trust, as shown in the figure 4 on the following page.

Figure 4: NHS in Devon deficit by organisation

Organisation	Year to date			Forecast		
	Plan (£000)	Actual (£000)	Variance (£000)	Plan (£000)	Actual (£000)	Variance (£000)
NHS Devon	£0	£0	£0	£0	£0	£0
Royal Devon University Healthcare NHS Foundation Trust	-£1,960	-£1,958	£2	-£18,263	-£18,263	£0
University Hospitals Plymouth NHS Trust	-£3,864	-£3,864	£0	£0	£0	£0
Torbay and South Devon NHS Foundation Trust	-£2,884	-£2,884	£0	£69	£69	£0
Devon Partnership NHS Trust	-£648	-£648	£0	£0	£0	£0
TOTAL	**-£9,356**	**-£9,354**	**£2**	**-£18,194**	**-£18,194**	**£0**

Savings and efficiencies required

The plan is reliant on delivering £138.9 million of savings and efficiencies (equivalent to 3.7% of total system expenditure of £3.72 billion) to achieve the planned £18.2 million deficit.

In addition to the cost improvement programmes across a wide range of areas, the plan requires a significant (£28.2 million) reduction in COVID-19 related costs and £19.9 million of additional income through improved productivity, increasing elective output and earnings from the Elective Service Recovery Fund (ESRF).

Importantly, both of these areas are based on assumption of improved operational conditions from a reduction in the impact of COVID-19 and a reduction in the numbers of people in hospital who are medically fit to leave.

Figure 5: Savings and efficiencies at plan by category

Category	Plan					
	ICB £000	RDUH £000	UHP £000	TSD £000	DPT £000	Total £000
COVID	3,600	6,600	5,500	10,400	2,100	28,200
Pay Other		2,658	6,057	9,355	50	18,120
Unidentified	2,967	8,864		1,209	2,570	15,610
Non-Pay Other		52	7,000	2,688	390	10,131
Procurement		133	500	4,795	2,321	7,750
Workstream Stretch	8,000					8,000
Primary Care	7,704					7,704
SDF Review	6,000					6,000
Continuing Healthcare	3,945					3,945
Community Healthcare Commisioning Re	3,000					3,000
Income Efficiencies		484	2,500	4		2,988
Estates and Premises transformation		249	1,400		330	1,979
Service redesign					1,200	1,200
Medicines optimisation			1,000			1,000
Other	1,309	294	300		1,397	3,300
Total (Excluding ESRF)	**36,525**	**19,335**	**24,257**	**28,452**	**10,358**	**118,927**
Productivity ESRF		14,600	5,335			19,935
Total (Including ESRF)	**36,525**	**33,935**	**29,592**	**28,452**	**10,358**	**138,862**

Savings targets and delivery plans are agreed by organisations' boards and are based on identification of opportunity using comparative benchmarks such as *Model*

Hospital and *Getting It Right First Time (GIRFT*). Typically, 2% per annum is a reasonable expectation of achievement through these types of intervention.

The challenge for the whole of the NHS is currently higher than this due to the growth in spending to support the pandemic response, and higher still for NHS Devon due to the pre-pandemic underlying position.

This therefore requires are more radical, transformational approach to both demand side and supply side at **whole system level** to supplement what can be achieved through good governance of individual organisations. These programmes are identified driven and governed by the system.

NHS oversight framework

The NHS oversight framework describes the national NHS approach (led by NHS England and NHS Improvement) to the oversight of Integrated Care Boards (ICBs) and Trusts.

Aligned with the NHS Long Term Plan, 2022/23 NHS operational planning and contracting guidance, the framework is built around six themes:

1. Quality of care, access, and outcomes
2. Preventing ill health and reducing inequalities
3. People
4. Finance and use of resources
5. Leadership and capability
6. Local strategic priorities

All ICBs and Trusts are given a rating from 1-4 (where 1 is the best) and provided support as required.

Rating	Description	Scale and nature of support needs
1	Consistently high performing across the oversight themes	No specific support needs identified
2	Plans that have the support of system partners in place to address areas of challenge	Flexible support delivered through peer support, clinical networks, and/or bespoke support package via regional hubs
3	Significant support needs against one or more of the six oversight themes	Bespoke mandated support, potentially through a regional improvement hub, drawing on system and national expertise as required
4	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Mandated intensive support delivered through the Recovery Support Programme

NHS Devon and the four NHS Trusts receive ratings as outlined in the table below.

Organisation	SOF rating
1. NHS Devon ICB	**SOF4**
2. University Hospitals Plymouth NHS Trust	**SOF4**
3. Royal Devon University Healthcare NHS Foundation Trust	**SOF4**
4. Devon Partnership Trust	**SOF2**
5. Torbay and South Devon NHS Foundation Trust	**SOF3**

NHS Devon is currently in segment 4 of the oversight framework and in receipt of mandated support from NHS England as set out in the national Recovery Support Programme (RSP).

The criteria to move from segment 4 to segment 3 have been agreed and require robust recovery and improvement plans to be in place with clear oversight via NHS Devon's governance framework.

Financial challenges across the system

The NHS in Devon is not alone in facing financial challenges.

At the start of November 2022, Devon County Council announced that is must save £73 million from its budget this financial year.

The council has budgeted to save about half of the amount so far, and anticipates that another £75 million of savings will be needed in the next financial year.

Plymouth City Council is facing similar challenges and is considering measures to address a £37 million budget gap for 2023/24. It also has a £15.5 million gap in this year's budget.

The growing deficits are due to rising demand for care and support, continuing costs of the COVID-19 pandemic, and rises in costs and inflation.

As well as affecting the councils and local residents, these budget issues have a knock on impact on the NHS. For example, if there is not enough social care in the community then people who are ready to leave hospital cannot be discharged safely.

This further increases the pressure on hospitals as there are fewer beds for people who need them, which can lead to delays in ambulance handovers.

Conclusion

The NHS system in Devon has been financially challenged for some several years.

We recognise this is unsustainable and we must return to a position where expenditure can safely be contained within the resources available for the population.

This will require significant change to both demand side and supply side factors and the whole system will be required to make the change necessary to deliver the savings required.

This is a long process that will require support from all partners in the county, as well as engagement, and consultation where appropriate, with local people and staff.

One Devon

One Devon Partnership - Integrated Care Strategy Development

Executive leads:

- Simon Tapley, chief transformation and strategic planning officer, NHS Devon
- Lincoln Sargeant, director of public health, Torbay Council

1. Purpose

The purpose of this report is to update the Devon Health and Adult Social Care Scrutiny Committee on progress with the Devon Integrated Care Strategy, which is being developed by the One Devon Partnership.

The report sets out the needs analysis and outcomes from public engagement which have informed the proposed strategic goals of the Devon Integrated Care Strategy.

2. Introduction

Each Integrated Care System (ICS) is required to produce an Integrated Care Strategy, to set the direction for the system, setting out how NHS commissioners, local authorities, providers and other partners can deliver more joined-up, preventative and person-centred care for the whole population across the course of their life.

The Strategy is an opportunity to work with a wide range of people, communities and organisations to develop evidence-based system-wide priorities that will drive a unified focus on the challenges and opportunities to improve health and wellbeing of people and communities throughout Devon, reducing geographic disparities in wellbeing and healthy life expectancy.

2022/23 is a transitional year and it is recognised that Strategies will evolve as ICSs mature, with an expectation that the Strategy must be refreshed on an annual basis. An initial Strategy should be published by December 2022, in order to influence the 5-year joint forward plans, which need to be published by Integrated Care Boards before April 2023.

The Integrated Care Strategy should set out the assessed needs of the population and the priority strategic goals, focused on the four core purposes of ICSs:

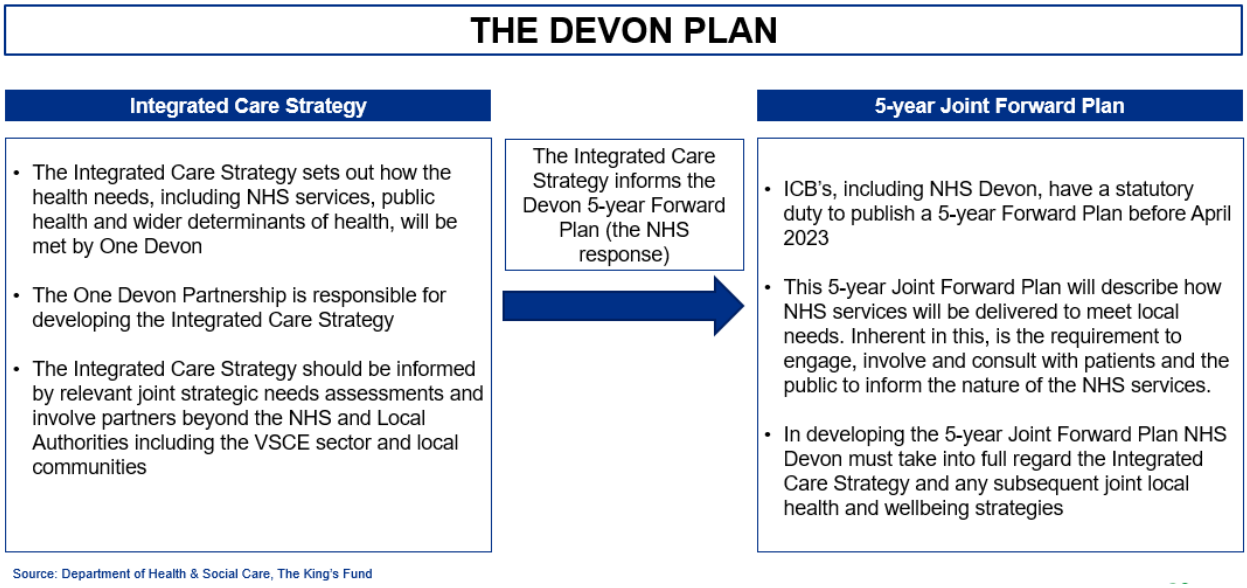
- improving outcomes in population health and healthcare;
- tackling inequalities in outcomes, experience and access;
- enhancing productivity and value for money;
- helping the NHS support broader social and economic development.

Within this, consideration should also be given to:

- personalised care;
- disparities in health and social care;
- population health and prevention;
- health protection
- babies, children, young people, their families and healthy ageing;
- workforce;
- research and innovation;
- 'health-related' services;
- data and information sharing.

3. The Devon Plan

The Devon Plan will encompass both the Integrated Care Strategy and the 5-Year Joint Forward Plan, which is the Integrated Care Board's response to the Strategy:



4. Devon's health and wellbeing challenges

The Strategy will draw on the Joint Strategic Needs Assessments and Health and Wellbeing Strategies of our three local authorities, as well as the Case for Change that was produced early in 2022.

A full analysis of the health, public health and social needs in relation to improving outcomes in population health and healthcare and tackling inequalities in outcomes, experience and access will be included in the Integrated Care Strategy. In summary, our challenges include:

- An ageing and growing population
- Access to services, including social-economic and cultural barriers
- Complex patterns of urban and rural deprivation
- Housing issues (housing quality, low incomes and high costs)
- Earlier onset of health problems in more deprived areas (10-15 year gap)

- Poor mental health and wellbeing, social isolation and loneliness
- Poor health outcomes caused by modifiable behaviours
- Pressures on services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity and frailty
- Shifting the whole system to a prevention focus
- Unpaid care and associated health outcomes

5. Engagement

The integrated care strategy is intended to meet the needs of local people in Devon, so it is more important than ever that we take the opportunity to understand those needs.

There has been an extensive amount of work done involving the people and communities across Devon and Cornwall over recent years, across a wide range of topics and issues.

A comprehensive review has been undertaken on the findings of all involvement activities (where a published report was available) across Devon in the past four years. The review includes involvement programmes led by organisations across One Devon as well as national studies.

From 34 publications reviewed between 2018 – 2022 from we have gathered the views, feedback and insight from over 20,000 people from across Devon and Cornwall (including two national studies).

Feedback collated through the review has been themed and aligned to the four aims of the ICS strategy (as listed on page 1).

5.1 Improving Outcomes in Population health and healthcare

People have told us they value local health services, that are appropriate (for their age and support needs), accessible and give them good quality outcomes regardless of where they live in Devon or Cornwall.

Younger people, people with mental health illness and people from ethnic or diverse backgrounds suffer poorer experience and outcomes compared to other groups.

People (whether they are on a waiting list or not) will travel further for their one-off needs if they can be seen quicker and by trusted clinicians but expect on-going care to be provided locally in Devon and Cornwall.

People are attending the hospitals' emergency departments as it is the easiest and most familiar option.

People are unsure of what services are available locally and/or do not have the most up to date or accessible information to enable them to make the right decisions. Often ending up at multiple points of care repeating their story.

Lack of mental health support services is a consistent concern for people of all ages, communities and needs, especially for children and younger people

Perceptions are that the standard of health and care services have dropped over the last 12 months (2021/22)

There is a general view in Devon that the care provided is generally excellent, people's experience of the pathway leads to a poorer outcome.

People only want to tell their story once and value the consistency of the support (e.g. seeing the same clinician during treatment) they receive

Waiting times for health and care services is a major concern for people (and staff) as waiting lists are seen to be getting longer with no demonstrable solution

Giving people choice, and involving them the decisions about their health and care is a vital part of people feeling they have had a good outcome

5.2 Tackling inequalities in outcomes, experience and access

The geography of Devon and Cornwall has a direct impact on access, availability and quality of health and care services available to people

There is a significant lack of awareness of local services, where people can, or should, go for support, combined with a perceived lack of clear, accessible supporting communications.

Accessibility is more than documents, consideration needs to be given to languages and translation, learning disabilities, physical disabilities, staff training and support and providing services and buildings aligned to the needs of staff and patients.

People perceive they are likely to get a poorer service because of their background/identity which can make people wary of using NHS services.

Staff from diverse background feel underrepresented in the workforce and experience substantial inequalities, finding limited support available in their employment. This contributes to them feeling undervalued.

Staff need ongoing and co-designed support and training, if they are to confidently and consistently meet the needs of a diverse population.

Recognising unconscious bias is a positive step to be able to put in place actions to support staff to meet the needs of the people who need additional support.

Equality, Diversity and Inclusion needs to be a top priority for all organisations and the unique skills, abilities and experiences of people from diverse backgrounds should be celebrated.

Travelling to services, parking at sites for staff and patients, access to reliable public transport and the associated costs remain a significant concern for people in Devon and Cornwall, and even more so in the most rural areas.

The health and care system is very complex to navigate especially for those with additional needs. It needs to be simpler to understand and to access the support required.

People and staff want to see more services joined up, seamless services providing care with as few barriers or variations as possible

Food insecurity is linked with malnutrition, obesity, eating disorders and depression, which has a significant impact on NHS services.

Primary-school-age children from England's most deprived areas are around five times more likely to be living with severe obesity

Poverty and low wages in Devon directly contributes to the lack of affordable housing, which in turn has a direct impact on peoples (and staff) health and wellbeing.

5.3 Enhancing Productivity and Value for Money

Long waiting times for health and care services are directly impacting on patients' and staff's mental and physical wellbeing.

Lack of integration of services can have a negative impact by increasing the duplication of services, increasing the complexity of access or referral to services and increasing estates costs.

Centralising services into single place (e.g. health and wellbeing hubs) gives the opportunity for people (and the workforce) to access a much wider range of complementary services to help more people in one place

Public and staff want to see investment in existing sites and integration with existing services rather than the expense of building additional estates.

People recognise the strengths of the existing health and care workforce and are very keen to see investment which will result in the building and maintaining of skillsets in Devon and Cornwall, contributing to a sustainable work/life balance.

People need services to meet their expectations by getting it right first time for them, or they will seek alternatives, and potentially less appropriate services.

People want to see a reduction in the infrastructure barriers such as separate IT systems, helping services integrate - reducing costs and making for better outcomes.

People and staff would like to see more community based, collaborative approaches that enable health, care and wellbeing services to work in a truly joined up way.

5.4 Helping the NHS support broader social and economic development

People see the real value and impact of local voluntary services so want to see improved communication and coordination with the VCSE.

Generally, people are willing (and are able) to use technology to access their health and care support, but it must be effective, reliable and give confidence to the user.

Younger people prefer access to 'fast answers' utilising functions such as Live Chat and text message over traditional face to face interactions.

People are more concerned about cost of living rising and the impact on the nation's health and wellbeing rather than their own.

6. Proposed Strategic Goals

Improving outcomes in population health and healthcare
We will save many lives by adopting a zero suicide approach in Devon, transforming system wide suicide prevention and care. *By 2028 we will reduce the number of suicide deaths and suicide attempts of people known to us by xx%*
Population heath and prevention will be everybody's responsibility and inform everything we do. *By 2028 we will have: decreased the gap in healthy life expectancy between the least deprived and most deprived parts of our population by xx% and decreased the under 75 mortality rate from causes considered preventable by xx%*
One Devon will have a safe and sustainable health and care system. *We will achieve our quality, safety and performance targets within an agreed financial envelope*
Children in Devon will have improved school readiness, enabling them to make good future progress through school and life. *By 2027 we will have: increased the number of children achieving a good level of development at Early Years Foundation Stage as a % of all children by xx%*
People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care *By 2025 we will reduce crisis by 30% and reduce the current level of preventable admissions by 95%*
Tackling inequalities in outcomes, experience and access
Everyone in Devon will have access to the services they need and equal opportunity to be healthy and well. *By 2028 we will have:*
Everyone in Devon will have suitable, warm and dry housing *By 2028 we will have: decreased the % of households that experience fuel poverty by xx%, reduced the number of admissions following an accidental fall by xx%*
Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place *By 2028 we will have: increased the number of people dying in their preferred place by xx%*
Everyone in Devon will be afforded protection from preventable infections. *By 2028 we will have: increased the numbers of children immunised as part of the school immunisation programmes by 10% and the number of people receiving COVID and flu vaccinations by 10% and reduced the number of healthcare acquired infections by xx%*

Enhancing Productivity and Value for Money
Everyone living and working in Devon will be aware of what services they can access and where. *By 2028 we will have:*
One Devon will make the best use of our funds by maximising economies of scale and increasing cost effectiveness *By 2028 we will have: a unified approach to procuring goods, services, and systems across sectors.*
People will only have to tell their story once and clinicians will have immediate access to the information they need through a shared digital system across health and care. *By 2028 we will have: provided a unified and standardised Digital Infrastructure*
One Devon will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable manner. *By 2028 we will have: vacancies amongst the lowest in England in the health and social care sector*
Helping the NHS support broader social and economic development
People in Devon will have access to affordable, regular, and accessible transport and active transport choices. *By 2026 we will have: created and promoted a publicly funded network of public transport, along with joined up policy and infrastructure that supports active travel across Devon*
People in Devon will be provided with greater support to access and stay in employment. *By 2028 we will have: increased the number of people living with a diagnosis of severe and enduring mental illness, learning disability and neurodiversity and physical disability in employment by xx% and decreased the number of 16-17 year olds not in education, employment, or training (NEET) by xx%.*
Local and county-wide businesses, education providers and the VCSE will be supported to develop economically *By 2028 we will have; directed our collective buying power to invest in and build for the longer term in local communities and businesses*
Local communities and community groups in Devon will be empowered and resilient, to support the health and wellbeing of local people *By 2028 we will have: positioned them as equal and trusted partners*

7. Next Steps

- Test the strategic goals with a wider group of representatives including:
  - Healthwatch
  - VCSE assembly
  - Local Care Partnerships
  - Citizens panel
  - Representatives from faith groups and diverse communities

- Agree metrics for measurement of strategic goals
- Submit to One Devon Partnership for review on 1st December
- Publish by 19th December.

8. Conclusion and Recommendations

The Devon Scrutiny Committee is asked to:

- Note the progress to date.
- Review the proposed strategic goals, based on the needs analysis and involvement feedback and comment on any perceived gaps.
- Note the next steps in terms of engagement with wider representatives and advise on any missing representative groups.

Health and Adult Care Scrutiny Committee
22nd November 2022

Service Delivery for Public Health Devon: In-Year Briefing
Report of the Director of Public Health, Communities and Prosperity

Recommendation: Health and Adult Care Scrutiny is asked to note the update on the delivery of public health services in 2022.
~~~~~~~~~~~~~~~~~~~~

1. Background

1.1 This report summarises the position on the delivery of public health service during 2022-23. Public Health Devon has continued to play a significant leadership role in the ongoing response to Covid-19. The Devon and Torbay Health Protection Board and the Team Devon Local Outbreak Engagement Board have continued to meet during this period. Public Health Devon has also continued to provide leadership and input into key programmes of work supporting some of the most vulnerable people in Devon who have been impacted most by the pandemic and the cost-of-living crisis.

2. The delivery of the Council's strategic objectives: public health and health protection

2.1 Public Health Devon has been at the forefront of the local and regional response to the challenges presented by the coronavirus pandemic.

2.2 Specifically, Public Health Devon has led the Covid-19 tactical response through a multi-agency Tactical Management Group (TMG), which was chaired by the Director of Public Health. This has enabled Devon County Council to:

- mobilise a rapid response across all key Council services;
- co-ordinate effort across the Local Authority;
- lead work with District Council partners, with the NHS, the police and other partners;
- Support the NHS COVID-19 vaccination programme.

2.3 The Devon Tactical Management Group has continued to operate providing a clear governance structure to enable timely decisions to be taken about the deployment of additional resources, including financial resources, via the Contain Outbreak Management Fund (COMF), and key actions to help control the spread of the virus.

2.4 Public Health Devon has since established and has provided continued leadership for:

- The Devon Local Outbreak Management Plan
- The Devon and Torbay Covid-19 Health Protection Board
- Team Devon Local Outbreak Engagement Board
- Devon Tactical Management Group.

2.5 While key operational elements of the COVID-19 response, such as contact tracing and community testing have been stood down in Devon, following national policy decisions, Public Health Devon has continued to support the operational delivery of the NHS COVID-19 vaccination programme.

2.6 The Public Health Intelligence Team have continued to develop and innovate the utilisation of data and intelligence to support access and better utilisation of data. The development of Power BI and interactive dashboards to present COVID-19 data as well as other key public health information such as the Child Weight Management Programme and Joint Strategic Needs Assessment are seen as best practice. The
~~~~~~~~~~~~~~~~~~~~

Team is also in the process of producing a new Cost-of-Living Dashboard to support local response.

3. The delivery of the Council's strategic objectives: public health and health improvement

3.1 Public Health's commissioned services continue to innovate and utilise the experience gained through the Pandemic to continue to meet the needs of Devon residents. Following a reduction in service demand throughout the pandemic demand for public health services are starting to increase specifically sexual health services, substance misuse and healthy lifestyle.

3.2 Additional national grant funding has been received to support delivery of the recently published national drugs strategy. A new Devon Drug and Alcohol Strategic Partnership has been established which has responsibility to produce a joint needs assessment and a local delivery plan to break drug supply chains, ensure an effective treatment and recovery system and reduce demand for recreational drugs.

3.3 The Public Health Nursing Service has continued to face workforce challenges both in recruitment and retention of staff. A service improvement plan has been developed to address this challenge.

3.4 Public Mental Health remains a priority post pandemic. Devon County Council has signed up to and supports UKHSA's Concordat for Better Mental Health. An audit was undertaken earlier in 2022 to identify gaps and areas for improvement in relation to the Concordat's framework. The system wide All Age Mental Health group has been re-established to scope and deliver a partnership plan. The plan is structured in line with the evidence base and Concordat's framework and dovetails with the work of Devon's Community Mental Health Framework Programme.

3.5 Inclusion health groups are the most vulnerable groups of our society and include those who are homeless; vulnerable migrants; Gypsy, Roma and Traveller communities; sex workers; and victims of modern slavery. While they make up small proportion of population as a whole, they experience disproportionately and significant poorer health and opportunity. The risk of homelessness and disadvantage are worsening but there are many opportunities (and synergies between the groups) for improvement. A health needs assessment is currently underway across each Devon Local Care Partnership area to understand the challenges more holistically and to inform a shift towards alliance working. Strategic vision and governance of this key agenda in reducing health inequalities is currently being scoped.

4. Delivery of the budget in line with the previously agreed budget

4.1 The work of Public Health Devon - and all of its commissioned services - are funded from within a ring-fenced grant that is paid directly to Devon County Council from the Department of Health and Social Care (DHSC). There are no actual or projected overspends to report against budget projections at the mid-year point.

4.2 There are underspends emerging at the mid-year point for two reasons:

- As a result of the pandemic, fewer people overall have accessed services in both General Practice and in community pharmacies and while demand is increasing steadily it will take some time to reach pre-pandemic levels.

- Public Health Devon has utilised the central Government Covid-19 funding, Contain Outbreak Management Funding (COMF), to support staffing resource and

some services during the pandemic, funding that otherwise would have had to come from Public Health's budget.

However, any underspends represent ***delayed*** costs, rather than savings. Contained Outbreak Management Funding ceases at the end of March 2023.

4.3 Money that hasn't been spent at year end remains within the statutory Public Health ring-fenced reserve, as required by the conditions of the Grant, and it may only be spent on the Grant's defined public health services.

5. Recommendations

5.1 Health and Adult Care Scrutiny is asked to note the update on the delivery of public health services so far in 2022.

6. Financial considerations

6.1 Contained within the report, particularly pertaining to the conditions of the ring-fenced Public Health grant.

7. Legal considerations

7.1 The deployment of the Public Health Grant for specified services is a statutory responsibility under the Health and Social Care Act 2012.

8. Environmental impact considerations

8.1 Contained within the report.

9. Equality considerations

9.1 Contained within the report.

10. Risk assessment considerations

10.1 Contained within the report.

Steven Brown
DIRECTOR OF PUBLIC HEALTH, COMMUNITIES AND PROSPERITY

ACH/22/153
Health and Adult Care Scrutiny Committee
22 November 2022

FINANCE AND PERFORMANCE MID YEAR UPDATE

Report of the Director of Integrated Adult Social Care, Devon County Council

1. Recommendations:

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

1.2 The committee is also asked to note the ongoing national and local challenges set out in the other reports within the wider committee agenda on the 22 November 2022.

2. Summary

2.1 To provide a mid-year update on the finance and performance of Adult Care and Health.

3. Budget position

			Managment Action pending				Analysis of outturn variance	
Service	Revised Budget for year £000	Underlying outturn forecast £000	FSP savings outstanding £000	Non FSP management action o/s £000	Net Outturn forecast £000	Forecast outturn variance £000	Total forecast FSP savings £000	Underlying forecast outturn variance £000
Older People	120,123	123,952	(1,044)	(306)	122,602	2,479	(535)	3,014
Physical Disability	24,498	24,920		(38)	24,882	384	(195)	579
Learning Disability (incl Autistic Spectrum Conditions)	99,514	107,023	(507)	(1,383)	105,133	5,619	(1,522)	7,141
Central & Care Management and Support (Localities)	27,815	27,027		(95)	26,932	(883)	(95)	(788)
Other (incl Rapid Response / SCR / Safeguarding and WD)	19,246	16,506			16,506	(2,740)	(1,750)	(990)
In House (Older People & Learning Disability)	8,419	7,918			7,918	(501)		(501)
One off NHS Contribution to Adult Social Care	(7,493)	(7,493)			(7,493)	0		0
Total Integrated Adult Care Operations excl net nils	**292,122**	**299,853**	**(1,551)**	**(1,822)**	**296,480**	**4,358**	**(4,097)**	**8,455**
Adult Commissioning & Health	11,522	10,430	0	0	10,430	(1,092)	(450)	(642)
Mental Health	18,962	18,467	0	0	18,467	(495)	0	(495)
Total Integrated Adult Care excl net nils	**322,606**	**328,750**	**(1,551)**	**(1,822)**	**325,377**	**2,771**	**(4,547)**	**7,318**
							Total	**2,771**

3.1 Integrated Adult Social Care at month 6 is showing an overspend of £2.771m or 0.86% of net budgets.

3.2 At month 6 we are overall currently serving 424 more people than budgeted for.

3.3 The increasing overspend is due to increased activity for older people predominately in residential and nursing homes, and an increase of 195 people receiving a learning

disability related service. The number of people receiving a mental health service has increased by 39.

3.4 The overspend at month 6 has been restricted by management actions: £1.7m coming from the review of investments and current recruitment into short term services which has enabled a reduction in planned spend, largely due to recruitment challenges and deployment of winter and Improved Better Care Fund monies, and £0.5m via the recovery of Direct Payment Surpluses.

4. Savings achieved in 2021-22 at month 6

4.1 Total savings plans of £17.3m are currently forecast as deliverable in year, against a budgeted target of £18.741m. Further work is ongoing to identity the £1.441m savings gap.

4.2 At month 6 we have delivered £13.9m savings, with a further £3.373m is forecast to be achieved by year end.

4.3 NHS Devon has provided significant financial support to social care over 2022/23 including £8.000m to directly support the Integrated Adult Social Care 2022/23 budget, plus further funding intended to support the continuation of Discharge to Assess in year.

5. Budget risks for the remainder of the year

5.1 We are still recovering from the greatest impacts of the pandemic, with demand, workforce, and the cost of care the most significant challenges and creating huge pressures across the service.

5.2 Recovery is taking time and will continue to do so, more so given the cost-of-living crisis that is impacting further on the resilience of individuals and communities and the voluntary and community sector that is a key element of our promoting independence approach.

5.3 The pandemic has taken its toll on the workforce, at a time when we need more people in the workforce, we have less. Competition from other sectors with better terms and conditions and less emotional and physical challenge is drawing people away from working in adult social care.

Demand for care

5.4 Adult social care is a demand led service, and although we work to promote people's independence working in a way that supports people without the need for statutory services, we are under increasing pressure for service, particularly to ensure people can leave hospital.

5.5 We are not able to stay on target for the number of people we have budgeted to serve as we are faced with additional demand for services. There are currently 424 more individuals with packages of care than budgeted for. Pressures are particularly significant in older people nursing care, and learning disability supported living.

5.6 Demand for care will likely increase as a result of the cost-of-living crisis as people and communities become less resilient.

Availability of care

5.7 Market sufficiency is reduced as independent care providers exit the market, unable to run viable businesses or recruit a sufficient workforce. There is a 9.8% vacancy rate in the independent care sector.

5.8 The longer people have to wait for the optimal care they need, or to leave hospital, the care they eventually receive will be more intense and more costly. An increased demand for care exacerbates the impact.

Cost of Care

5.9 We are unable to buy the care for people at the costs budgeted for due to rising inflation, currently at 10%, up for 5.5% in January 2022. Higher fuel, energy and food costs from independent providers are reflected in care costs now.

Tandra Forster
Director of Integrated Adult Social Care

ACH/22/152
Health and Adult Care Scrutiny Committee
22 November 2022

The State of Adult Social Care:

Part 1: The independent provider workforce

Part 2: Housing, Health and Care

Report of the Director of Integrated Adult Social Care, Devon County Council

1. Introduction.

1.1 This paper brings together the two masterclasses hosted by the Health and Adult Care Scrutiny Committee in September and November. These masterclasses were on 'Housing Health and Care' and 'The state of adult social care'.

1.2 This year we have established the process of holding masterclasses ahead of a committee paper. This provides the opportunity for committee members to develop their understanding of a particular challenges, approaches or subject to further inform and support their important scrutiny role.

1.3 All members of DCC are invited to the masterclasses, as too are relevant members from Plymouth and Torbay scrutiny committee when there is value to be had. Members who engage in this process are thanked for their contribution.

1.4 This paper does not shy away from detailing the challenges that all local authorities and all adult social care services are facing and have faced for some time. We have set out in consecutive Annual Reports these challenges, how they impact in Devon and how we compare with others locally, regionally, nationally and those deemed to be our 'comparator authorities'. We will be bringing our Annual Report for 2022 to committee in January.

1.5 The Annual Report in January will take detailed look at Adult Social Care Outcomes Framework that was published in October. Members who attended the Carers Spotlight Review in October will have seen the carer related results. Ahead of the Annual Report the following positive headlines for Devon are noteworthy, particularly in the context of the national challenges stated in section 2 of this paper:

1.5.1 Overall satisfaction of people who use services with their care and support: We have increased ranking to 15/150

1.5.2 Social care quality of life: We've been on a rising trends for several years and now ranked 5/150.

1.5.3 Control over daily life: A good indication of the impact of our promoting independence strategy. We are ranked 8/150.

1.5.4 Service user social contact: Another indicator judging quality of life, independence, and a concern in rural areas. We rank 18/150.

Part 1: The independent provider workforce

'Adult social care is a significant economic contributor, adding an estimated £51.5 billion per annum to the economy in England in 2021/22. Many people are unaware that social care has a bigger workforce than the NHS, construction, transport, or food and drink service industries.

With such a large workforce there are so many exciting career opportunities for people with the right skills and values who might to support people directly, specialise or progress into management roles.

But the data we collect from employers shows that there are also significant challenges for the workforce.'

Oonagh Smyth, CEO Skills for Care

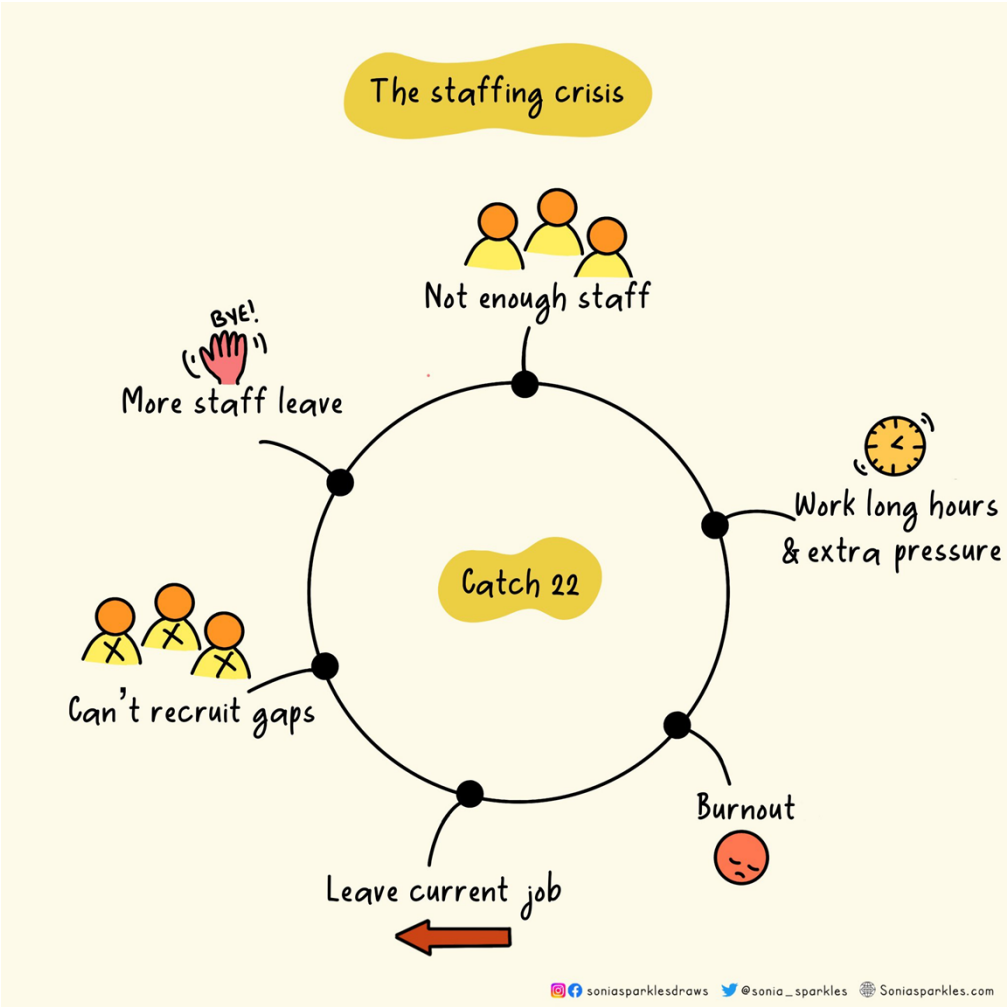


Image 1: Representation of the staffing challenge

2. The current national situation and challenge

2.1 The Skills for Care report on the state of the adult social care sector and workforce in 2022 states:

- In 2021/22 the adult social care sector was comprised of around 17,900 organisations across 39,000 care-providing locations with 1.62 million filled posts
- On average, 10.7% of roles in adult social care were vacant in 2021/22, which is equivalent to 165,000 vacancies being advertised on an average day. The number of vacancies has increased by around 55,000 (52%) since 2020/21
- Staff turnover rate of directly employed staff working in the adult social care sector was 29.0% in 2021/22. This equates to approximately 400,000 people leaving their jobs over the course of the year. Most leavers don't leave the sector with around 63% of jobs were recruited from other roles within the sector.

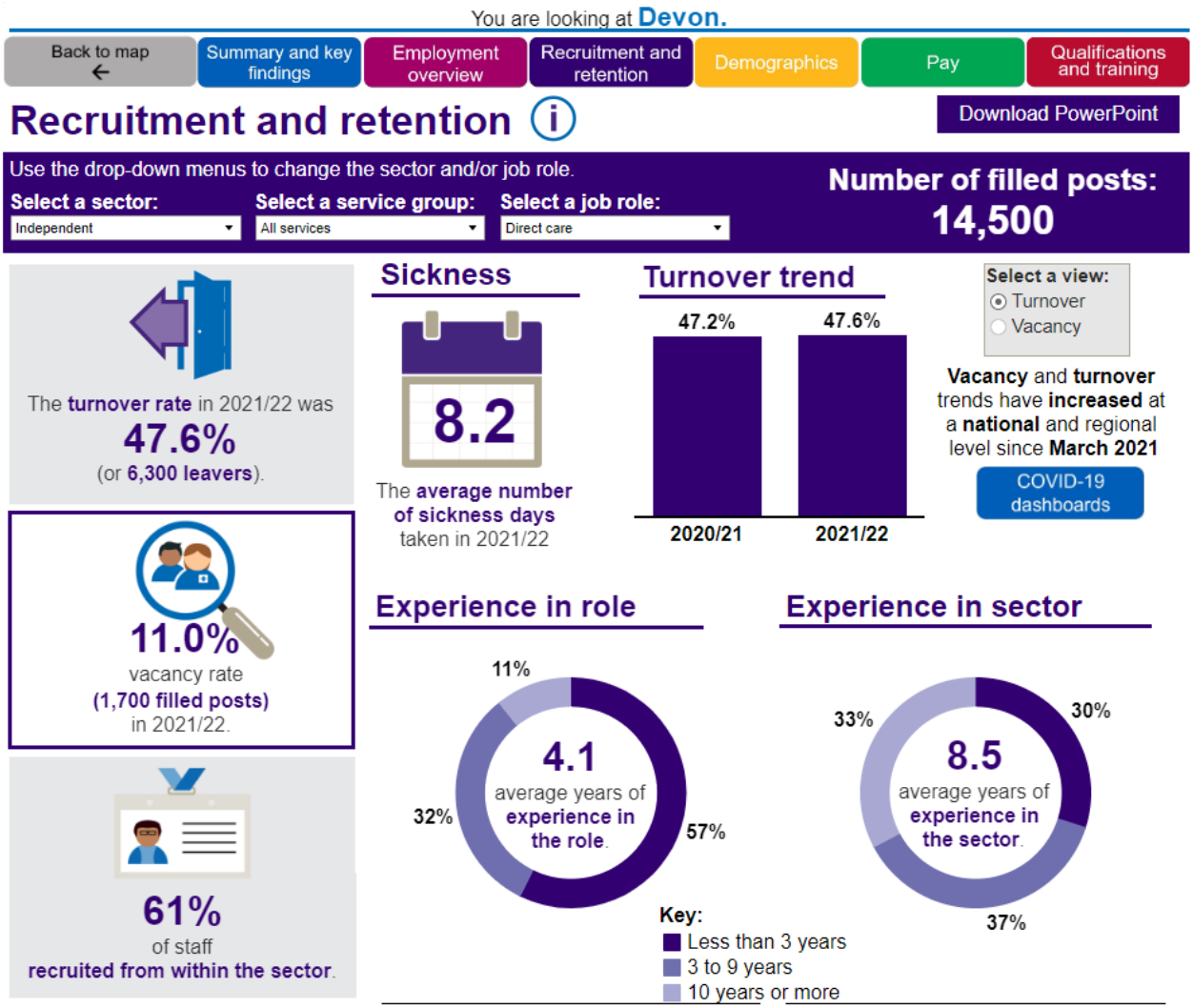
2.2 Headlines from the annual CQC state of care report 2021-22:

- In many cases, providers are losing the battle to attract and retain enough staff
- The persistent understaffing across health and social care poses a serious risk to the safety and wellbeing of people who use services
- More than 9 in 10 NHS leaders have warned of a social care workforce crisis in their area, which they expect to get worse this winter
- Care homes have found it very difficult to attract and retain registered nurses. We have seen nurses moving to jobs with better pay and conditions in the NHS, and care homes that have had to stop providing nursing care.
- Of the providers who reported workforce pressures having a negative impact, 87% of care home providers and 88% of homecare providers told us they were experiencing recruitment challenges.
- Over a quarter of care homes that reported workforce pressures told us they were actively not admitting any new residents.
- Only 43% of NHS staff said they could meet all the conflicting demands on their time at work. Ambulance staff continue to report high levels of stress.

3. The current Devon situation and challenge

3.1 The infographic below from Skills for Care details the current estimates of the recruitment and retention challenges in the Devon independent provider market specific to direct caring roles.

3.2 Despite these challenges, Devon has consistently had levels of independent care provider quality above all national comparator level as judged by the CQC with 86% rated Good or Outstanding.



3.3 These challenges play out in number ways that can impact on the delivery and receipt of care. Solutions that we put in place, as a sticking plaster, themselves have an impact on the delivery and receipt of care.

3.4 In DCC we commission around 30,000 hours of personal care from the market every week, but we need to commission a further 5,000 hours a week, but the independent market does not have the capacity. Sufficiency is limited by the workforce supply.

3.5 People not being able to leave hospital when they are ready has wider system impacts such as reduced bed availability, and ambulance waiting times increase because people are not able to be transferred to a hospital bed.

3.6 A current sticking plaster for supporting people out of hospital is to provide other care settings and solutions that are available. They might not be the persons preferred solution or most effective care for them, it could include family carers, short term residential home,

or a reduced package of care. The solutions might also not be the best deployment of the staff and the skill they have.

3.7 For example, to plug gaps in the personal care provider market, we often redeploy staff delivering DCC social care reablement, this subsequently reduced the capacity of the enabling team who work to promote independence. The knock-on effect of this is that less people get enabling care and risk longer term dependence on social care.

3.8 We also do not have enough care homes able to support people with more complex needs and dementia, often due to the lack of care staff with the right skills, and the loss of nursing staff from the care sector. This means we have to pay more for this specialist care, often outside of our local area. If there were more staff available to work in care, we could then support our care homes to develop the staff skills and care facilities locally to address this gap.

4. Locally the things we are doing

4.1 Alongside the short term tactical operational moves like this to address immediate challenges are the longer term planned strategic moves to support a sufficient external provider workforce.

4.2 A number of existing and planned initiatives and activities within adult social care and across the local system to support the provider market across the winter period were detailed in the System Development and Improvement paper to the H&AC Scrutiny Committee on the 28 September. In addition to these, the following activity is of note

Moving with dignity

4.3 A pilot programme of support and training to independent care providers to support techniques and confidence in delivering single-handed rather than double handed care and so to promote independence.

4.4 Local caring capacity has improved with a total 161 hours a week being released back into the market, hours that can now support other people. At a time of significant workforce recruitment and retention challenges, this makes a significant difference to the local availability of care.

Growing the personal assistant market

4.5 We have commissioned Community Catalysts to develop and grow the PA and micro-provider market which offer care and support to older and disabled people. The goal is to make sure that people who need care and support to live their lives can get help in ways, times and places that suit them, with real choice of attractive local options. Community Catalysts offer a development programme to help people turn their ideas, passions and

skills into their own small care enterprise. They offer coaching, mentoring, support and signposting to provide people with everything they need to get started and to ensure their enterprise is safe, legal, sustainable and able to provide high quality care and support

The Kickstart Scheme

4.6 The Northam Care Trust this year won the South West Region Kickstart award in the National Small and Medium Size business category. The Kickstart Scheme provides funding to employers to create jobs for 16- to 24-year-olds on Universal Credit. Based in North Devon, Northam Care Trust provide person centred support to individuals with learning and physical disabilities, and older people and individuals with dementia. Services provided include supported living and enabling, residential, domiciliary care and day opportunities.

LoveCare

4.7 LoveCare is the Devon system's articulation of finding ways of supporting and developing outstanding care which meets the challenges of today and the needs and expectations of tomorrow. It joins local and national partners in a common endeavour to test, to learn, to develop and to steward our local care system and its workforce to release its potential. It is one of our cornerstone transformation programmes.

4.8 Our 'Prospectus for Change' outlines measures that we believe will contribute towards creating a sufficient, caring, confident and collaborative care & health workforce that can provide outstanding, person-centred care. Those measures contribute to an overall goal of a net increase to our workforce of 2,350 people by December 2025.

Proud to Care

4.9 Proud to Care continues to be a key programme to encourage people to think about carers and roles in care. As a result of the previous two recruitment campaigns 20 September 2021 – 31 January 2022 and 1 April 2022 – 30 June 2022, 95 people have been recruited into roles in adult social care across Devon and 115 people have accessed free 1-2-1 support or training to prepare them for roles in care.

4.10 Community engagement and recruitment work continues through attending job centres, job clubs, libraries, Seetec, food banks, town councils, community events, Exeter University and a recent event at Exeter City Football Club. In the year so far 183 people have registered and the Proud to Care team is working with these applicants to place them in suitable roles.

4.11 The Proud to Care website continues to offer an employer hub where care providers are able to post vacancies. There are currently 127 organisations posting 591 vacancies. There are also many other useful pages on the website including the We Care page featuring care and support workers across Devon, the Training & Education page, and the Careers page.

4.12 The Proud to Care team has previous developed a stakeholder tool-kit as part of the campaign 'Find Your Calling'. The toolkit included pre-written content that could be shared via social media, newsletters and across any other relevant channels. The toolkit was encouraged members to take every opportunity to promote careers in care in the conversations and meetings taking place in their communities.

4.13 Addition free training is available through the Health and Social Care Skills Accelerator Programme, for people considering joining or already working in the health and social care sector in Devon. There is also a wide range of courses available through local colleges and Learn Devon

International recruitment

4.14 The NHS in Devon has successfully recruited 600 nurses from overseas in the last 15 months and is now working with Devon County Council, Plymouth City Council and Torbay as part of the Devon International Recruitment Alliance to extend that recruitment into adult social care in a pilot funded by One Devon.

4.15 As a result of a relaxation of the immigration rules nationally, care workers and senior care workers have been included on the shortage occupation list alongside registered nurses.

4.16 The initial target is to recruit 175 people but the level of interest from overseas applicants is such that, if the first phase is successful, it may be possible to appoint circa 250 in the coming months. People are recruited with a view to staying for up to 5 years.

4.17 Circa 60 adult social care providers have expressed an interest in appointing overseas staff, mostly from care homes but also in domiciliary and housing with support settings. In making such an application, providers are asked to demonstrate how they will integrate an overseas workforce and how they will support them with accommodation. This may give rise to some proposals for which Housing Authorities may be able to offer guidance and support.

4.18 Over 600 people have applied to date. Circa 150 were shortlisted including a requirement for a higher standard of English language skills (due to the sensitive nature of the work) than is the required national minimum. A first cohort of 50 will shortly have been given conditional offers of employment. A process of matching applicants with providers is now taking place.

4.19 It is anticipated that the first recruits could arrive early in December, with a carefully managed flow of people continuing in January and February. A great deal of work is under way to ensure that recruits are well trained and that they have access to appropriate cultural, religious and other support.

4.20 This pilot has the potential to address perhaps 10% of the workforce shortage in adult social care alongside continued efforts to recruit and retain a local workforce.

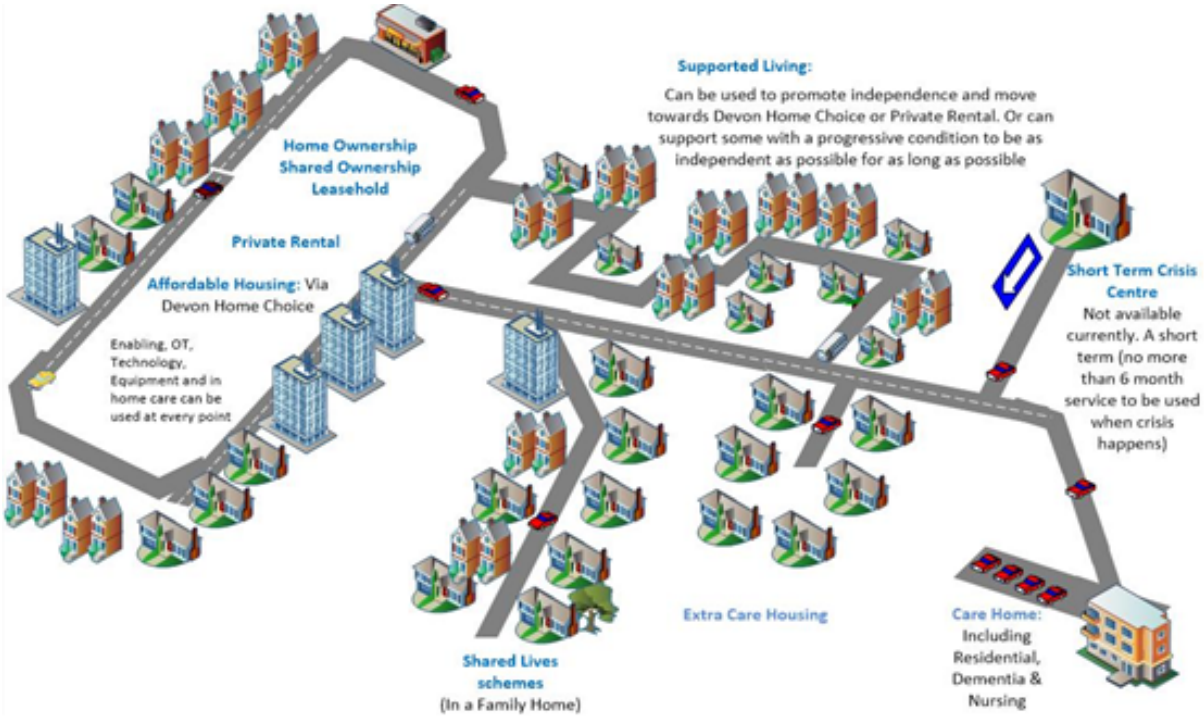
Part 2: Housing, Health and Care

Recommendation:

That the Health and Adult Care Scrutiny Committee explores how alongside the Corporate Infrastructure and Regulatory Services Scrutiny Committee and the Children's Scrutiny Committee of Devon County Council could further support the work of the Housing Task Force

5. Housing, Health and Care

5.1 Good quality housing in the right place contributes to health and wellbeing, cohesive communities and opens opportunities for people to live the independent life that is right for them. The range of options is set out is the housing pathway schematic below which forms path of our strategy.

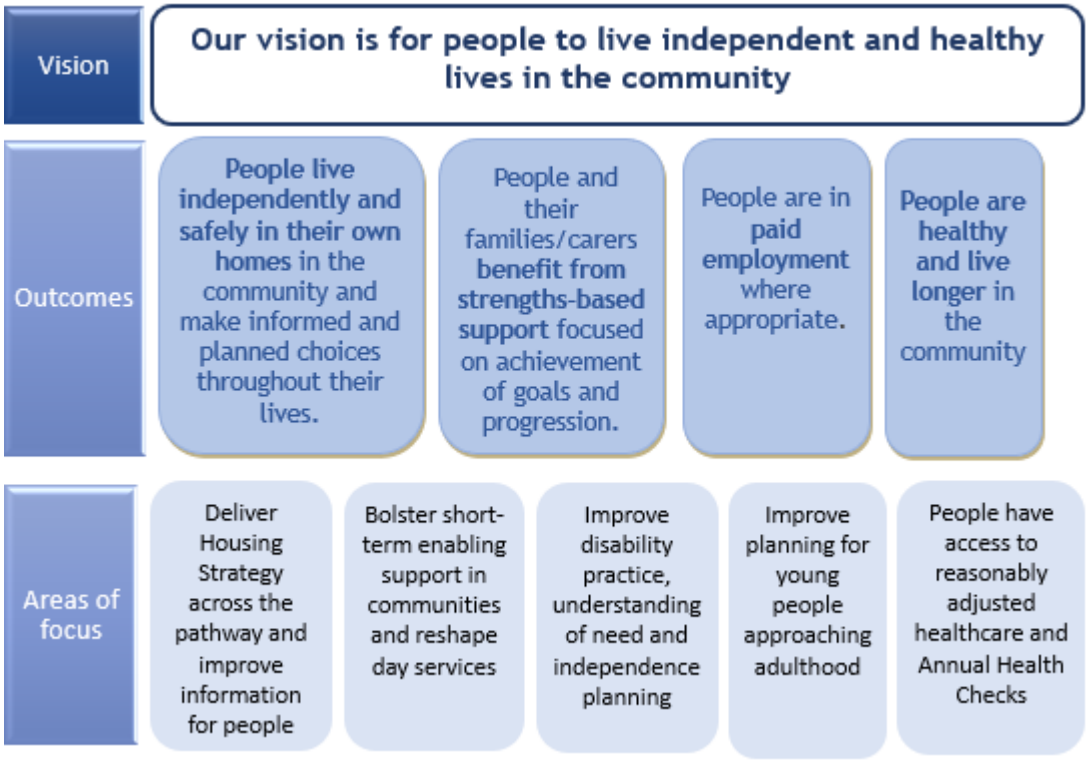


5.2 However, in Devon, affordable, accessible, and quality housing options that supports people with a range of needs (including people with disabilities, older people, and people with mental health needs) to live in the community, and the key workers who support them are limited.

5.3 Devon is a two-tier authority, with responsibility for social care and housing divided between County and District/City Councils each with distinct but interconnected statutory responsibilities which who must work with together to enable planning for the right types of accommodation for people with a range of needs, in the right places.

6. What we want to achieve

6.1 Our Joint Strategic Approach to Supporting People to Live Independently in Devon 2020 to 2025, developed by Devon County Council and NHS Devon, in consultation with a range of partners, including Devon's District Councils, describes our vision: for more people to live in their own homes in communities across, Devon and make informed and planned choices about where they live throughout their lives and identifies a number of Commissioning Intentions which are set out below.



7. The current housing challenges in Devon

7.1 At the beginning of 2022, the Leaders of the eleven local authorities across Devon, Plymouth, and Torbay, recognising a growing housing crisis across the area, agreed to establish a Devon Housing Task Force. Led by Judy Pearce, the Member-led Task Force, has been established to consider the major policy changes and local action that needs to be taken to try and reduce this problem affecting local communities and the economy.

7.2 Using Pan-Devon information The Housing Taskforce aims to: inform the emerging 'County Deal' discussion, and feed into the 'call for evidence' on holiday lets. The latest data on Devon's Housing Market shows:

7.2.1 Housing affordability in Devon increased to 10.35 times the average salary in 2021; about 20% higher than the rest of UK with average house prices in Devon at £300,000. Private rent stock levels across Devon fell by around 50% between 2019 and 2021.

7.2.2 In 2021, of the 3,726 new dwellings, 600 were 'affordable homes', this is a net gain of 490 homes as 110 homes were purchased through Right to Buy. However, the working population increased by 4000 people.

7.2.3 The number of people on the housing wait list increased in 2021, totalling 16,058, of which 4,500 required urgent accommodation. The number of people classified as homeless across Devon increased by 600 last year.

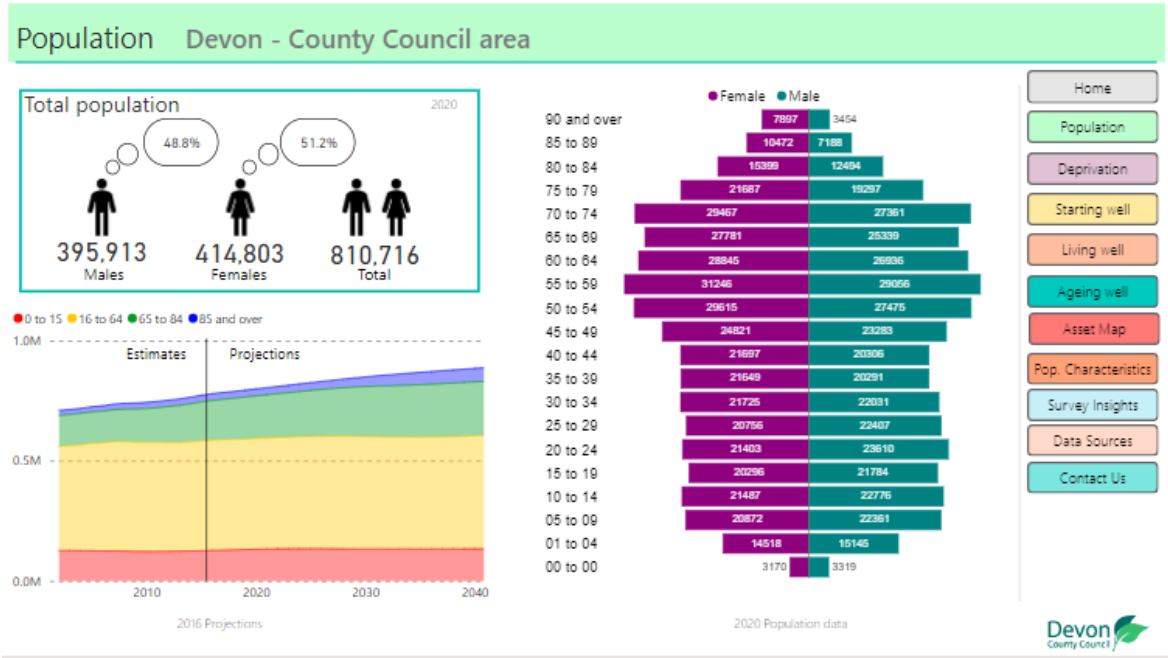
7.2.4 The number people aged 70 years+ claiming housing benefits rose steadily through the year to 7,000; a 4% increase on the previous year.

7.2.5 3,000 people were living in accommodation considered insanitary, overcrowded or otherwise unsuitable by the end of the 2021, across the area.

7.2.6 Devon had 11,100 second homes registered during 2021, an increase of around 2% since 2019. However, these official figures may significantly underestimate the real number of homes being used for Airbnb and other purposes.

8. Devon County Council area Population estimates and projections

8.1 The population in the geographical area of Devon County Council, is projected to increase and age over the next few decades, as shown below, taken from [Vital Statistics tool - Devon Health and Wellbeing]:



8.2 Based on national prevalence it is estimated that by 2030 there will be a 19% increase in older people with a learning disability, and 20% increase in older people with a limiting long-term illness. Life expectancy of people with a learning disability is 65.1 years for women, and 65.4 years for men, compared to 83.1 years and 79.4 years respectively for those without a learning disability.

8.3 There is no one size fits all approach to housing or care, and it will be different for each person. The provision of appropriate housing for people with disabilities and older people is crucial to helping them live safe and independent lives. Working together, and planning earlier, will help meet their needs throughout their life.

9. What people have told us

9.1 We regularly listen to people with disabilities (learning disabilities, autism, physical disabilities and/or sensory needs) and older people on this and other issues and their feedback and experiences are summarised below and inform our work.

- Young people in need of housing support have a lack of viable housing options to support their needs.
- “I want to know what options I have to make the move to live independently”
- “It’s not accessible and difficult to get what I need from the District Councils”
- Too many people are supporting in traditional placements because of a lack of community supported housing opportunities.
- “I was able to choose where I live, and I like living there”.
- “I like living with people my own age”
- I want to understand how the location of where I live affects my access to transport, support networks and work so I can make informed choices.
- The right property and location are key for the house to become a home

10. Collective work across Devon

10.1 We are developing new Housing with Support models (Supported Living, Extra Care Housing, Shared Lives) so that people of all ages can live in appropriate housing, with the right care and support, in the community.

10.2 We are forming strategic housing partnerships to share information and learning to increase the availability of appropriate housing in communities.

10.3 Developing needs assessment across the housing pathway to support work with Districts on responding to expected future demand

10.4 Stimulating housing developments with providers and District Councils to accommodate a broader range of needs – including young care leavers.

10.5 Providing accessible information about housing choices so that people can make informed decisions about where and how they live throughout their lives, including DCC Adult Social care webpages, information on Local Offer and the Accessible website.

10.6 In partnership with Mid Devon District Council, and engagement with Devon's Autism Involvement Group, we developed housing standards for autistic people. This sets out reasonable adjustments that can be made to homes to support sensory different. Two pilots are underway.

10.7 In partnership with South Hams/West Devon Councils, we have developed a joint bid for the LGA Supporting Housing Improvement Programme to improve quality and monitoring of supported housing.

10.8 Across the Integrated Care System, we have committed to strategic pledges to improve community-based support so that people can lead lives of their choosing in homes, not hospitals.

10.9 Working across the council to coordinate input to the housing agenda and to our engagement with District Councils

11. Opportunity to influence change

11.1 Champion the challenges identified within this paper within the Integrated Care System governance for strategic housing, including through the Housing Taskforce led by Stephen Walford and Judy Pearce.

11.2 Support closer engagement between County and District/City council partners on this shared agenda bringing our collective responsibilities and specialisms together to deliver for the people of Devon.

11.3 With the financial challenges we face, consider how Devon could better use existing estates and capital funding to expand housing for people with health and care needs and reduce collective costs – as part of a pan Devon approach.

Tandra Forster
Director of Integrated Adults Social Care

ACH/22/154
Health and Adult Care Scrutiny
22 November 2022

HEALTH AND CARE GENERAL UPDATE PAPER

Joint report from Devon County Council and NHS Devon

1. Recommendation

1.1. That the Health and Adult Care Scrutiny Committee receives this report that contains updates and general information including 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 and provide updates on the latest news from the Devon Health and Care system

3. Celebrating local success and achievements

600th international nurse arrives in Devon

3.1. Six hundred nurses have been attracted to work in Devon from overseas in the last 15 months helping to fill vital frontline posts and saving the NHS around £3 million in agency and bank costs.

3.2. The Devon International Recruitment Alliance works collaboratively across the county's NHS hospital trusts to attract staff; rather than trusts competing with one another abroad.

3.3. They have developed a recognised and trusted presence online and on social media, which attracts many direct applicants from other countries. As a result, Devon has been able to reduce its need to use third party agents to help recruit from other countries; making the programme even more cost effective.

3.4. The programme has been so successful that the team are now branching into other areas where recruiting health and care professionals has been particularly challenging, including radiographers, podiatrists, occupational therapists and care workers for social care.

DCC adult social care staff shortlist for awards at the Social Worker of the Year

3.5. Congratulations to Lucy Hunt and Tom Woodd who won the Gold and Silver Award respectively at in the Team Leader of the Year, Adults

Services, in the Social Worker of the Year Awards this month. This is a fantastic achievement and continues our strong showing at the awards for many years.

3.6. We were also represented at the awards by Natasha Round and Sarah Asprey, shortlisted for student social worker of the year and mental health social worker of the year.

3.7. We also send huge congratulations to Charlotte Elliott in Children's Services who was the Gold Winner in the Supporting Children in Education category.

Two Devon practice managers recognised in national awards

3.8. The national Practice Managers Association recognised two Devon practice managers in their membership awards for 2022. The awards recognise and celebrate excellence in management across all areas of the health and social care sector.

3.9. Sharon Bates, from Litchdon Medical Centre in Barnstaple and management lead for Barnstaple Alliance PCN won the award for PCN Manager of the Year 2022. The Alliance nominated Sharon for her remarkable collaborative leadership and exceptional commitment to primary care at both in the PCN and across North Devon.

3.10. Martin Randall, from Leatside Surgey in Totnes, won the award for Practice Business Manager of the Year 2022. Martin was the lead manager setting up a PCN vaccination centre in Totnes. He organised a team of over 60 practitioners, administrators, and volunteers to deliver the vaccination programme in the South Devon area.

Devon organisations shortlisted for national awards in collaboration and partnership

3.11. Devon organisations have been shortlisted for national Health Service Journal Awards

3.12. The South West Provider Collaborative (SWPC), led by Devon Partnership NHS Trust has been shortlisted in the Provider Collaboration of the Year Award for its work to transform outcomes for people with mental health conditions by working collaboratively, at-scale.

3.13. The SWPC is a specialised mental health Provider Collaborative with nine provider member organisations who work collaboratively to design the clinical solutions across the region covering a population of five million, and a geography of 22,000 square kilometres.

3.14. One Northern Devon was short-listed in the ‘Place-based Partnership’ category in recognition of its approach across North Devon and Torridge

and the 'One Communities' that work collectively in partnership for the people and communities of Northern Devon.

West Country Women Awards

3.15. In the first year of the West Country Women Awards, Ana Barbosa, Social Worker in the South Molton Team, currently on secondment in the DCC Communities Team, has made it through to the final in the Diversity and Equality category for her work, leadership and influence across DCC in response to the race audit, including mentoring previous CEO Phil Norrey.

3.16. Congratulations also to Colette Eaton-Harris in NHS Devon for being a finalist in the Combatting Violence Against Women and Girl category.

4. Devon County Council's financial challenge

4.1 Devon County Council is facing a budget shortfall in the region of £75M in 2023-24. This will inevitably require some difficult decisions to be made across all service areas.

4.2 Integrated Adult Social Care (IASC) is a demand led service, with statutory duties to meet needs of some of the most vulnerable people in Devon. Like all services IASC is currently going through a process of identifying potential areas where savings opportunities might be found and in a way that limits as much as possible the impact on the most vulnerable people across Devon.

5. Peninsular Acute Sustainability Programme

5.1. Hospital boards in Devon and Cornwall are being asked this month to discuss and endorse the Peninsula Acute Sustainability Programme (PASP). Medical directors from each of the five acute hospitals in Devon and Cornwall have been asked to lead a programme of work that ensures clinical, workforce and financial sustainability.

5.2. In line with the rest of England, demand is growing for health services, waiting times are increasing and there are ongoing challenges with unscheduled and emergency care.

5.3. The availability of an appropriately skilled workforce is also a major limiting factor impacting the ability to provide health and social care in the most appropriate place according to people's need.

5.4. The programme will bring together clinicians and health professionals from across both counties to contribute to and share ownership of the following:

- Improve how we support our population's health needs and target health inequalities
- Ensure there are consistent and safe acute services across Devon, Cornwall and the Isles of Scilly
- Address problems with fragile acute services

- Ensure that we have a sustainable workforce
- Make best use of our limited resources
- Learn from previous programmes of work and feedback from the public

5.5. It will build on the findings from previous reviews and learning from the various speciality networks that have already been established, to find joined-up solutions that deliver better services.

5.6. Over the next few months, the programme will bring clinicians and health professionals together to explore the evidence and opportunities for change, as this is critical to success, but there will be early discussions with Healthwatch and Overview and Scrutiny Committees to seek advice on the phasing of wider public involvement.

6. Independent Living Centre Smart Home event

6.1. The Independent Living Centre held it's first-ever interactive smart home event attracting 174 NHS and DCC professionals, students, and members of the public over 3 days.

6.2. Local suppliers across Devon showcasing the latest technology and apps available on the market with attendees given the opportunity to witness technology in action via an interactive tour of the Independent Living Centre

6.3. Attendees were able to see some of the latest gadgets in person including an induction hob for safer cooking and reduced risk of burns, simple-to-use mobile phones with a one-touch SOS button, and GPS trackers to allow family members to locate someone at risk of getting lost.

6.4. A demonstration of environmental controls and alerts was also given to identify smoke, CO2 & extreme temperature changes, alerting family members or monitoring centres for someone unable to respond.

7. World-first national genetic testing service launches at the Royal Devon

7.1. A world-first national genetic testing service launched at the Royal Devon laboratory on Wednesday 12 October. The service is the result of a collaboration between the Royal Devon and world-leading research groups at the University of Exeter, alongside clinicians and academics worldwide.

7.2. Through the service, the NHS will be able to diagnose and potentially save the lives of thousands of severely ill children and babies within days rather than weeks, through rapidly processing their DNA samples.

8. Royal Devon holds successful interview days for healthcare support workers and support staff

8.1. Interview days for healthcare support workers in September in both Barnstaple and Exeter resulted in 83 offers of employment on the day to successful candidates. Healthcare support workers work across a variety of settings and

include roles like healthcare assistants, theatre assistants, and midwifery assistants.

8.2. In Exeter, interviews for other support services and administration positions took place and 50 further offers for people to join administration, catering and domestic services were made.

9. Community nurses graduate from the first new bespoke district nursing course held in Devon for 15 years

9.1. Seven Royal Devon community nurses have qualified as district nurses. District nurses make a real difference to the lives of so many, providing complex care to patients and supporting people to live more independently in their own homes.

9.2. The nurses graduated with a Post Graduate Diploma in District Nursing at a Masters Level. Delivered through a collaboration with Plymouth University, this is the first new bespoke district nursing course to be taught across the peninsula in more than a decade.

10. COVID-19 autumn booster vaccination programme begins

10.1. The seasonal COVID-19 booster vaccination programme began in mid-September, initially offered to over 75s and health and social care workers.

10.2. The programme has quickly rolled out had will be expanding into wider cohort across the autumn. Vaccines can be accessed at a vaccination centre or pharmacies.

11. One Devon Partnership hosts Cost of Living Summit

11.1. On the 7 November the One Devon Partnership hosted a Cost of Living summit to bring together key players across the system to better understand where, who and how the cost of living crisis is impacting. The summit, led by Public Health colleagues across the ICS showcased a developing ‘cost of living’ dashboard to that aims to shape a system response and chart progress.

11.2. The summit was attended by members of the One Devon Partnership, District Council CEOs and representative from local care partnerships and the VCSE, all coming together to identify how a collective approach can add value to what is already happening across Devon to support those impacted the most by the cost of living crisis.

12. Wellbeing hub marks first anniversary

12.1. It’s been over a year since the Devon Wellbeing Hub launched to support healthcare, social care and police staff affected by the COVID-19 pandemic. Since its launch in March 2021, the Hub has received over 770 individual referrals and supported a number of teams across the Devon system, reaching over 1,500 staff to date.

12.2. The Hub is one of 40 NHS mental health and wellbeing hubs that were set up across the country, funded by NHS England, in response to the impact of COVID-19. It is designed to be a place where someone concerned about their wellbeing can come, unpick their needs and be supported to get to the right services quickly. The Hub also offers support for teams, giving them the opportunity to think about their collective wellbeing

13. Update on the North Devon Link Service

13.1. Since the previous update, an additional drop-in session has been added each week to Link Centres in Illfracombe, Barnstaple and Bideford in response to local wishes. This remains an overall reduction in drop-in services, recognising the DCC Cabinet decision to focus North Devon Link Service (NDLS) staff on statutory and related outreach support services

13.2. These drop-in services are for existing users of NDLS and for those people who receive support of the short term enabling service delivered by the NDLS.

13.3. In Holsworthy, the Youth and Community Hub (formerly the Holsworthy Youth Centre) is continuing to deliver a mental health and wellbeing drop-in service. A key intention underpinning the DCC Cabinet decision was stimulation of the voluntary sector to be able to fill the gap in drop-in and similar support that would be left by the refocussing of staff teams. Elsewhere in Devon, similar VCSE run support is grant funded.

13.4. In order to successfully transition NDLS to such a model, similar funding would be necessary though sources of funding have not been apparent. At the time of writing this update, it is likely that some underspend in joint NHS/DCC Mental Health iBCF can be directed to establish the VCSE on the same or similar basis as elsewhere in Devon. The detail of this is being established this month.

13.5. The Holsworthy arrangement has started to test the ground of voluntary sector run drop-in support. Funding for this was repurposed from former estates costs associated with the Holsworthy link centre.

13.6. Having established funds to VCSE run support, the project team will re-establish groups of stakeholders, including Link Centre Clients, to help develop that support. These groups are currently later than planned given the previous uncertainties about funding support. These reconstituted town meetings will be scheduled for a full twelve months to maintain engagement throughout.

13.7. In line with the December Cabinet decision, the NDLS staff are increasingly focusing on the outreach support with the mental health social work teams. This outreach has been developed to target support to people with mental health difficulties to improve their life skills and promote independence in their own homes and their community. The support is run by existing NDLS staff using their skills and expertise to offer short term, outcome focused enabling

support to help people to meet their needs and achieve the goals that are most important to them. This support will be available to those people currently receiving a service from Devon Partnership NHS Trust.

13.8. We have received a few questions about the Devon Mental Health Alliance (DMHA) and how this alliance links with the NDLS. The DMHA is run separately to the North Devon Link Service. It does not run the link centres, as has been rumoured, but there is regular communication between the two areas. The Devon Mental Health Alliance (DMHA) is a partnership of local organisations from the voluntary, community and social enterprise (VCSE) sector which aims to make mental health support and advice services across the county more accessible, more effective, and more suited to the needs of their users. The initial focus of the alliance is working with Devon Partnership NHS Trust on delivering increased one to one and group interventions to encourage better joint working.

13.9. The DMHA is recruiting recovery practitioners to promote the development of mental health support, which had been interpreted locally as recruitment of Link Centre staff, which is not the case. More information on the alliance is available on this link - About the Alliance — Devon Mental Health Alliance | Working together for better mental health (mentalhealthdevon.co.uk).

14. Teignmouth wellbeing centre

14.1. Images of the new health and wellbeing centre for Teignmouth have been released by Torbay and South Devon NHS Foundation Trust following the submission of a full planning application to Teignbridge District Council.

14.2. Located on the Brunswick Street site, in Teignmouth town centre, the new £11million state-of-the art facility would bring GP services, and health and care and voluntary sector services under one roof.

14.3. GP services provided by the Channel View Medical Group would be based at the new centre together with community nurses, social workers, health and wellbeing teams, therapists, podiatry, audiology, physiotherapy and voluntary sector services.

14.4. The purpose built, facility designed by architects corstorphine-wright would also support the delivery of technology enabled care, helping more people live well within their local communities. Negotiations are continuing with Teignbridge District Council over the acquisition of the site which it owns.

14.5. When the new health and wellbeing centre is built, a number of clinical services would move from the hospital into the new building while other clinical services would transfer to Dawlish community hospital or other sites. Torbay and South Devon NHS Foundation Trust would make sure that people are given plenty of notice of the date of any changes and would work closely with partners in Teignbridge District Council and the VCSE sector to address any issues around transport.

14.6. The new health and wellbeing centre for Teignmouth is being delivered via a joint venture partnership between gbpartnerships and Torbay and South Devon NHS Foundation Trust, known as South Devon Health Innovation Partnerships (SDHIP).

15. Integrated urgent care service across Devon

15.1. The Practice Plus Group started delivery of the new Integrated Urgent Care Service contract on Tuesday 27 September, following their successful competitive tender for the service**.**

15.2. The contract covers NHS 111 calls, NHS 111 online outcomes, clinical assessment service and GP out of hours service. It does not include some elements that were previously delivered by Devon Doctors that are not part of the national IUCS specification.

15.3. The service was reprocured following performance and quality concerns for the previous provider including insufficient staffing levels, failure to perform against key targets (especially calls answered in a timely manner and calls abandoned), issues of internal organisational culture. Devon CCG (as commissioner at the time) issued a Contract Performance Notice which remained in place from March 2021 until contract end and the service was rated as “inadequate” by CQC for a significant period of time.

15.4. Whilst the urgent and emergency care system for Devon remains under significant pressure commissioners are reassured by the service delivered by Practice Plus Group and the capability and capacity of the team running and overseeing the service.

15.5. One of the most significant performance indicators for the 111 element of the service is the percentage of calls that are abandoned, that is the proportion of calls made to 111 where the caller hangs up the phone before the call is answered by the service. Where a patient does not have their call answered in a timely manner, this can have an impact on the patients’ health and wellbeing and can have a detrimental impact on other services if, without accessing advice from 111, patients choose to present at ED or dial 999. Performance by PPG is significantly better than performance the same time last year when it was not unusual for the service to see and abandonment rate in excess of 40%.

The average time taken to answer a call is another key performance indicator for 111. PPG are performing well with a response time that is better than the national average.

15.6. These improved call answering rates have a positive impact on:

- Patients, who can access advice, guidance and onward referral to appropriate services in a timely manner
- Healthcare professionals who have priority access to clinical support including, paramedics on site with patients, care homes and other healthcare

professionals. This supports avoidance of unnecessary ambulance conveyances to hospital

15.7. PPG are, like all healthcare providers in Devon, experiencing challenges in securing the level of clinical resource needed to optimise the performance of the Clinical Assessment Service and Out of Hours Service which rely on GPs and Advanced Clinical Practitioners (nurses, paramedics etc.) Work is ongoing by commissioners and providers to secure clinical workforce including, one-to-one discussions with individual GPs and wider communications with the Devon health economy. Unlike a provider who operates in a single geographical location, PPG are able to support the Devon service with their National Remote Clinical Assessment Team who are being used in addition to the local Devon workforce.

Tandra Forster
Director of Integrated Adult Social Care
Devon County Council

Dr Nigel Acheson
Chief Medical Director NHS Devon

Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health Services: Councillor James McInnes

Director of Integrated Adult Social Care: Tandra Forster

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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