



You can view the agenda on the [website](#)
or use a smart phone camera and scan the code

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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 16 January 2024

Contact: Fred Whitehouse, 01392 381362

Email: fred.whitehouse@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Wednesday, 24th January, 2024

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 2.15 pm at Daw Room (Committee Suite - County Hall) to consider the following matters.

Donna Manson
Chief Executive

A G E N D A

PART 1 - OPEN COMMITTEE

- 1 Announcements
- 2 Apologies
- 3 Minutes (Pages 1 - 8)

Minutes of the meeting held on 9 November 2023, attached.

- 4 Items Requiring Urgent Attention

Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.

5 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

6 Teignmouth Community Hospital Task Group (NHS Devon Response to Recommendations) (Pages 9 - 16)

Report of NHS Devon, attached; and appendices, online-only supplement.

7 Seaton Community Hospital (Pages 17 - 24)

Report of NHS Devon and NHS Property Services (NHSPS), attached.

8 End-of-Life Care (Pages 25 - 30)

Report of One Devon, attached.

9 Carers Scrutiny Spotlight Review Update (Pages 31 - 38)

Report of the Director of Integrated Adult Social Care (IASC/24/02), attached.

10 Torbay and Devon Safeguarding Adult Partnership Annual Report (Pages 39 - 64)

Annual report of the Torbay and Devon Safeguarding Adults Partnership, attached.

11 Health and Adult Care General Update (Pages 65 - 74)

Joint report from the Director of Integrated Adult Social Care at DCC, the Director of Public Health, Communities & Prosperity at DCC, and the Chief Medical Officer of NHS Devon (IASC/24/03), attached.

12 Election of Domestic Sexual Violence and Abuse (DSVA) Champion

The Cabinet Member for Public Health, Communities and Equality has requested nominations for a Member Champion on each of the three Scrutiny Committees in order to support him to better understand the Council's responses from across its services.

13 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 Scrutiny [Risk Registers](#) to see if there are any specific items therein it might wish to explore further.

MATTERS FOR INFORMATION

14 Information Previously Circulated

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

- NHS 111 Masterclass, Health & Adult Care Scrutiny – Recording and Presentation (1 November 2023)
- Annual Public Health Report 2022/23 Masterclass – Recording and Presentation (27 November 2023)
- Healthwatch England: The public's perspective on the state of health & social care ([Full report available here](#)) (30 November 2023)
- Emergency Departments in Devon: Feedback Report (Healthwatch in Devon, Plymouth, and Torbay) ([Full report available here](#)) (5 December 2024)
- Torbay and Devon Safeguarding Adult Partnership Annual Report and Masterclass – Recording and Presentation (6 December 2023)
- Funding boost to improve care for individuals with a learning disability and autistic people in the South West (12 December 2023)
- Centre for Governance & Scrutiny (CfGS) Seminar on New Health Scrutiny Arrangements (16 January 2024)
- Quality Accounts Session with Healthcare Providers - Health and Adult Care Scrutiny Standing Overview Group (to be held February 2024)

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



HEALTH AND ADULT CARE SCRUTINY COMMITTEE

9 November 2023

Present:-

Councillors S Randall Johnson (Chair), M Wrigley (Vice-Chair), Y Atkinson, J Bailey, R Chesterton, D Cox, P Crabb, I Hall, L Hellyer, P Maskell, R Peart, D Sellis, R Scott, C Whitton, Hodson and J Yabsley

Members attending in accordance with Standing Order 25

Councillor J McInnes

* 130

Announcements

The Chair welcomed the members of the press and public that were in attendance at the meeting.

* 131

Minutes

RESOLVED that the minutes of the meeting held on 21 September 2023 be signed as a correct record.

* 132

Items Requiring Urgent Attention

There was no item raised as a matter of urgency.

* 133

Public Participation

In accordance with the Council's Public Participation Rules, the Committee received and acknowledged oral representations from: (i) Ivan Lawrence, (ii) Councillor Chris Clarence and (iii) Viv Wilson MBE regarding the Teignmouth Community Hospital (Minute *134 refers) on the case for its retention and referral to the Secretary of State for Health and Social Care; and

(iv) Professor Martin Shaw and (v) Jack Rowland regarding Seaton Community Hospital (Minute *135 refers) in opposition to proposals made to demolish a wing of the building.

The Chair thanked the speakers for their contribution.

* 134

Teignmouth Community Hospital Task Group

The Committee considered the Report of the Task Group which outlined its membership and scope, and provided background to the consideration of this issue by the NHS and the Committee; including a previous referral of the issue to the Secretary of State for Health on 18 March 2021, following a

Agenda Item 3

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
9/11/23

Spotlight Review which had taken place in December 2020. The Report also included responses by NHS Devon to questions submitted by the Task Group; the view of the League of Friends; and details on the concerns of the Task Group with regard to the proposals regarding the closure of Teignmouth Community Hospital. In its recommendations, the Task Group supported further referral to the Secretary of State for Health and Social Care, as well as supporting efforts to retain the building for community use, should it not be retained by the NHS, and encouraged further engagement with local stakeholders by the NHS.

During debate, members expressed their wish to see the NHS provide to the Committee its treasury green book analysis, to evidence the cost benefit analysis that had taken place with regard to the proposal to close Teignmouth Community Hospital.

It was **MOVED** by Councillor Wrigley, **SECONDED** by Councillor Cox and

RESOLVED that

(a) the Committee takes steps to make a referral to the Secretary of State for Health and Social Care on the decision to move services from Teignmouth Community Hospital and build a Health and Wellbeing Centre on Brunswick Street, Teignmouth instead;

(b) efforts being made by local community groups to save the hospital building for community use, if it cannot be retained by the NHS, be supported;

(c) the NHS be asked to continue to engage with local stakeholders and local people in determining the long-term future of the Hospital site, whilst operating within the principle that the building currently used as Teignmouth Hospital should be saved for local people.

* 135

Seaton Community Hospital

In accordance with Standing Order 23(2) Councillor J Bailey had requested that the Committee consider this matter in light of proposals to demolish a wing of Seaton Community Hospital.

Councillor Ian Hall declared a personal interest by virtue of representing Devon County Council as an appointed governor to the Royal Devon University Healthcare Trust's Royal Devon Council of Governors; and by virtue of sitting as the co-Chair of the One Eastern Devon Partnership Forum (OEDPF).

A statement from Marcus Hartnell, local member, was read out at the meeting, expressing his support for the exploration of options to establish a community health and wellbeing space to provide for the residents of Seaton and Colyton.

Members were concerned around the £300,000 per year cost of maintaining the empty ward in question. They contended that the Committee should hold the NHS to account on the use of Seaton and similar properties, as to why funds such as this were not being used to more directly benefit taxpayers and users of the NHS. Members asked for details on other vacant NHS properties in the County to be reported to the Committee in January 2024.

Councillor Hall expressed the wish to be involved in any future working group that was set up in relation to Seaton Community Hospital.

It was **MOVED** by Councillor Hall and **SECONDED** by Councillor Wrigley that

(a) the Committee requests a report for its next meeting in January 2024 from both Devon ICB and NHS Property Services to consider the outcome from meeting the League of Friends and explore the options for delivering increased health and wellbeing services in the town for the next five years and beyond;

(b) the Committee requests that NHS Property Services includes a proposal for a Community Health and Wellbeing Hub in any future options for the former ward space; and

(c) the Committee asks the Devon ICB to fully engage with the Seaton Hospital League of Friends and local steering group, including the divisional member, to explore and discuss the long-term future provision of NHS/health and wellbeing services for Seaton and Colyton residents including how collaborative working may assist with bringing forward a business plan for a health and wellbeing hub at Seaton Hospital.

It was then **MOVED**, and **ACCEPTED** by the proposer of the original motion, that the motion be **AMENDED** by the addition of the following:

(d) the Committee requests that no final decision on the proposed disposal of Seaton Community Hospital is made without further work in line with recommendations (a) to (c) above.

Recommendations (a) to (d) were then voted upon as the substantive motion and **RESOLVED**.

* 136

Royal Devon University Healthcare NHS Foundation Trust - CQC Report / Improvement Plan

Members had received a presentation from the Chief Medical Officer of the Royal Devon University Healthcare NHS Foundation Trust, circulated in advance, in relation to the Trust's response to its Care Quality Commission (CQC) Inspection. In its report published in May 2023, the CQC had given the Trust an overall rating of 'Requires improvement.' The presentation outlined:

Agenda Item 3

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
9/11/23

- the history of the Trust, being formed from the merging of the Royal Devon and Exeter NHS Foundation Trust and the Northern Devon Healthcare NHS Trust in April 2022;
- previous CQC inspections of these two trusts;
- the May 2023 findings of the CQC inspection of the Trust including achievements that had been highlighted (such as an Outstanding rating for the 'Caring' category), as well as areas that required work; and
- the Trust's plans to address issues raised by the CQC inspection including what external support the Trust requires to achieve its actions.

Member discussion points with officers included:

- Collaboration with other services such as Adult Social Care. Comments were made around the particular funding models of healthcare which tended to encourage competition between sectors where collaboration and cooperation were more beneficial;
- Predicted challenges because of winter, which was particularly relevant to Devon due to its aging population;
- The Trust's progress on its Acute Hospital at Home (AHAH) service in line its priority to reduce the number of patients remaining in hospital for extended period of times, instead facilitating their return home where they can be cared for. This included the use of wearable technology such as smart watches to allow effective monitoring of patients being cared for at home;
- Digitalisation and its benefits; as well as challenges for its implementation, namely a sudden implementation necessitated by the Coronavirus pandemic which had impacted the Trust's training and rollout plans. Record keeping, which formed part of this, was one of the failings highlighted by the CQC;
- The need to provide the public with clear alternatives to the emergency department or calling 999, such as NHS 111, which was improving;
- The occurrence of 'never events', where the Chief Medical Officer explained that all but one never event over the previous 18 months resulted in little or no harm;
- Challenges around recruitment and funding; and

- A potential RDUH masterclass to include virtual wards and 'never events'.

* 137

NHS Devon - Integrated Urgent Care Service

Members considered the report of NHS Devon on the Integrated Urgent Care Service. The report explained that this was a service commissioned by NHS Devon on behalf of Devon residents. It was a single contract for the provision of the NHS 111 call handling services, clinical contact as required for those accessing 111 online, Clinical Assessment Service (CAS) and out-of-hours primary care face-to-face treatment.

It was explained that the IUCS was previously delivered by Devon Doctors. Following CQC concerns, a procurement process was undertaken and the contract awarded to Practice Plus Group (PPG). This had seen improvements in the service including better meeting levels of demand, increased recruitment and an opening of a new call centre in Plymouth which operated 24 hours a day. NHS Devon were assured by the performance and transparency of PPG.

Member discussion with officers included:

- The IUCS' progress against national targets, and whether these targets were realistic given that the majority of providers in England were not close to meeting these targets. Officers expressed that they were always looking to improve standards and that the national targets did represent what an excellent service could look like, but that the context of the challenges faced by the service, and the capacity of other services nationwide to achieve these targets, were also important to consider;
- How outcomes could be better tracked to, for instance, account for those using NHS 111 and how to measure the effectiveness of the advice they had received. Officers expressed that one particular challenge was encouraging patients to divulge that they have been referred to a service upon point of use, and that in the absence of this it was difficult to track;
- The impact of GDPR on achieving targeted outcomes; and
- The rollout of electronic patient records (EPR) in better developing integration with other services, and the need to further roll out EPR across the country before being where the service wishes to be.

Agenda Item 3

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
9/11/23

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

The Committee considered the Report of the Director of Public Health, Communities and Prosperity (PH/23/03) which provided an in-year briefing on the delivery of Public Health, Communities and Prosperity services. Although the latter two were included in the report, the Committee focused on the Public Health aspect of the briefing.

Under Public Health, the report highlighted:

- The ongoing impact of the cost-of-living crisis on health and wellbeing;
- The recommissioning of the condom distribution service;
- Additional national grant funding to support delivery of the national drugs strategy; and
- The improvement of the Public Health Nursing Service, being rated Good by the CQC, despite ongoing challenges with recruitment and retention of staff.

Member discussion with officers involved:

- Vaping and the risk to young children, with members welcoming a focus on reducing vape usage in young people who had never smoked other tobacco products; and
- The role of Scrutiny in adding value to Public Health.

* 139 **Integrated Adult Social Care Finance and Performance - Mid-Year Update**

(Councillor J McInnes attended in accordance with Standing Order 25 (1) and spoke to this item with the consent of the Committee).

The Committee considered the Report of the Director of Integrated Adult Social Care (IASC/23/04) which provided a mid-year update on the finance and performance of Integrated Adult Social Care and highlighted the key risks facing the directorate. The report covered areas such as workforce (both nationally and in Devon), forecast overspend, and a number of key statistics such as how many people the service was supporting and the performance of residential care homes and community-based services in Devon compared to the national average. Officers highlighted the service's delivered savings in relation to its delivery target of £30 million.

Member discussion with officers included:

- Waiting lists, including for Deprivation of Liberty assessments, with failure of the Local Authority to meet its statutory obligations under The Deprivation of Liberty Safeguards being highlighted as a key risk in the report;
- The demographics of the Devon workforce where there had been an increase in the number of non-EU workers following a successful focus on international recruitment. A member queried the likelihood of retaining these staff, with officers advising that there was no present large risk of losing these staff en masse;
- Required improvements in how Integrated Adult Social Care can work more closely with the NHS and hospitals in supporting patients being discharged into out-of-hospital care; and
- The significant improvement in terms of market sufficiency and availability of personal care, resulting in fewer people waiting for care, which members welcomed.

* 140 **Integrated Adult Social Care response to the Peer Challenge report**

(Councillor J McInnes attended in accordance with Standing Order 25 (1) and spoke to this item with the consent of the Committee).

The Committee considered the Report of the Director Integrated Adult Social Care (IASC/23/05) which outlined the main recommendations of the Local Government Association (LGA) to its peer challenge of Adult Social Care, as commissioned by Devon County Council; and to summarise the improvement plan drawn up in response to the peer challenge. The LGA had submitted a final report to the Council in September 2023. More information was available on the [Devon County Council website](#).

Members welcomed the transparency of the report and the responses to the LGA's peer challenge that were outlined in the report. Upon querying the timelines of the planned improvements, it was explained by officers that the report was a high-level summary and that a detailed plan would be developed by the Council to respond to the LGA's comments. This would include specific timescales.

* 141 **Health and Adult Care - General Update Paper**

The Committee considered the Joint report from the Director of Integrated Adult Social Care (Devon County Council), Director of Public Health, Communities & Prosperity (Devon County Council), and Chief Medical Officer (NHS Devon) (IASC/23/06) which contained updates on key and standing items and provided general information on specific actions, requests or discussions during the previous meeting of the Committee.

Agenda Item 3

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
9/11/23

Member discussion with officers included consultations on: the future of the North Devon Link Service; the future of day services; and smoking and vape usage in younger people.

* **142** **Scrutiny Committee Work Programme**

The Committee agreed the current Work Programme subject to inclusion of topics which arose from the meeting. This included: Access to GP appointments; Minor Injury Units; Women's Health; diagnosis of autism in adults and the transition of young people from Children's Services to Adult Social Care.

* **143** **Information Previously Circulated**

The Committee noted information previously circulated for Members, since the last meeting, relating to topical developments which have been or are currently being considered by this Scrutiny Committee:

- NHS Dentistry Webinar (18 September 2023) – Recording and Presentation
- Integrated Adult Social Care Improvement Plan and Preparing for CQC Assurance Masterclass (27 September 2023) – Recording and Presentation
- State of Care 2022/23: CQC Annual Assessment of Health and Adult Social Care Services, Launch Event (20 October 2023)
- NHS 111 Masterclass (1 November)
- Annual Public Health Report 2022/23 Masterclass – to be held on 27 November 2023 ([Report available here](#))
- Briefing – Seaton Community Hospital Vacant Ward
- Scrutiny Risk Registers ([Risk Registers - Democracy in Devon](#))

***DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 10.35 am and finished at 2.14 pm

Response to the recommendations of Devon County Council's Health and Adult Care Scrutiny Committee

Introduction

The information below sets out the response to the three recommendations made by the Health and Adult Care Scrutiny Committee on 9 November 2023 in relation to the decision taken by NHS Devon Clinical Commissioning (CCG) Group in December 2020 on services in the Teignmouth and Dawlish area.

The information is provided on behalf of NHS Devon Integrated Care Board and Torbay and South Devon NHS Foundation Trust (TSDFT).

Recommendation 1

The Task Group recommends the Committee takes steps to make a referral to the Secretary of State for Health and Social Care on the decision to move services from Teignmouth Community Hospital and build a Health and Wellbeing Centre on Brunswick St, Teignmouth instead.

Rationale

The Task Group asserts that the proposal has not been proven to be demonstrably in the best interests of the health service in the local area. In 2020 proposals were evaluated by the NHS, yet the site has still not been secured. In the meantime, costs have risen, and Councillors would like to look again at the reasons why building the health hub was a significantly better option than retaining the hospital. The next step will be to invite NHS comment, detailing how the health hub is more sustainable than keeping the existing hospital building, depending upon the response a referral could possibly be made. More detail is in section 9.5.

NHS Response

Key information on the proposal and decision

It is important to be clear that the autumn 2020 public consultation – *Modernising health and care services in the Teignmouth and Dawlish area* – and subsequent decisions by Devon CCG were about services, not buildings.

As we said in the consultation materials at the time:

The NHS would like to build a new £8million Health and Wellbeing Centre in Brunswick Street, in the heart of Teignmouth, to house the town's biggest GP practice and other health and care services.

A new, modern facility gives us a great opportunity to consider the best way to deliver other local services.

Having GPs, nurses, social workers, physiotherapists, other professionals and the voluntary sector working in a single setting opens up great new prospects for joined-up, seamless care.

At the time of the consultation, the decision to develop a health and wellbeing centre in the centre of Teignmouth had already been made, following a period of public engagement.

The reasons for this decision were included in the pre-consultation business case and included good access for patients, the support received for a town centre site during public engagement, support from the GP practices which are currently located nearby in the town centre, and the opportunity to contribute to the wider regeneration of the town centre.

The proposals put forward during the public consultation in 2020 involved identifying the best place to locate the services provided at Teignmouth Community Hospital in light of the decision to develop the new centre in the centre of Teignmouth and to support the vision of creating an integrated, strong, sustainable health and wellbeing service in the locality.

The CCG did not formally consult on the decision to build the new centre and no decision on whether to build it was included in the CCG's Board decision in December 2020, as this had already been taken in conjunction with TSDFT, who would lead the development of the health and wellbeing centre project.

It is also important to note some of the important outcomes of the autumn 2020 consultation:

- There were more than 1,000 survey responses to the consultation
- 61.3% said that, all things considered, they supported the overall proposal, which was to relocate services from the hospital and continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital.

In December 2020 the CCG, having considered the positive response during the public consultation, decided it was in the best interest of health services and the population of Teignmouth and Dawlish to:

- Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre
- Move specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital
- Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital
- Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital

- Move specialist ear, nose and throat clinics and specialist orthopaedic clinics from Teignmouth Community Hospital to the health and wellbeing centre.

The rationale for moving the community clinics from Teignmouth Community Hospital to the health and wellbeing centre included:

- It keeps services within the Coastal locality
- The clinics will benefit from the co-location and integration with the health and wellbeing team
- The services can be 'lifted and shifted' to the centre
- Teignmouth Community Hospital needs renovation.

The rationale for moving the specialist outpatients clinics from Teignmouth Community Hospital to Dawlish Community Hospital included:

- Dawlish already has the capacity to expand
- It keeps the services within the Coastal locality
- Teignmouth Community Hospital needs renovation.

The rationale for moving the day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital included:

- Dawlish already has acute outpatient clinics and has the capacity to expand
- The current clinics can be 'lifted and shifted' to the location, it keeps the services within the Coastal locality, Teignmouth Community Hospital needs extensive renovation and does not have a sustainable future and that Dawlish is a more affordable option than Newton Abbot Community Hospital which does not have the capacity and would require expansion.

The rationale for moving the specialist ear, nose and throat clinics and specialist orthopaedic clinics to the health and wellbeing centre was that as a result of the public consultation with both the public and staff, the NHS recognised the need to base these alongside the physiotherapy and audiology community clinics.

The rationale to continue with community-based intermediate and to reverse the decision to develop rehabilitation beds in Teignmouth Community Hospital included the view of the South West Clinical Senate which noted:

'It seems very clear that they do not need the 12 rehabilitation beds that were proposed for Teignmouth hospital in 2015... The impact of the Integrated care Team has reduced the need for beds despite the demographic and demand.'

The Senate also noted:

The improved service delivery over the last few years is impressive with a greater number of patients being cared for appropriately in the community despite the greater acuity. It is a good model that other areas should learn from without re-inventing the wheel.

The rationale also reflected the evaluation of the impact of enhanced intermediate care which showed that the enhanced intermediate care team which includes local GPs is able to provide rehabilitation mainly in people's own homes or in short term residential or nursing home placements.

As stated at the time of the consultation and in our written response to the committee in June 2023, the model of care introduced means the NHS can treat around four times as many people in their own homes as we could in a rehabilitation ward in Teignmouth Community Hospital with the same investment.

The information relating to this from the time of the consultation can be [found here](#) – see pages six and seven.

The document shows the staff cost required to run a 12-bed rehabilitation ward and the community-based intermediate care team were broadly similar. The number of patients that can be cared for on a 12-bed rehabilitation ward is largely fixed and in the paper is given as 232 per year, based on a 90% occupancy rate and a 17-day length-of-stay.

As stated in the paper, in 2017/18, there were 881 referrals into the intermediate care team.

In 2022/23, there were 1,134 referrals into the intermediate care team with the increase driven by the new discharge hub, additional services of offer and the embedding of the team over the period, including closer links to local partners.

Financial sustainability

As previously advised, changes to the design, the site configuration, land purchase costs, inflation and the post-Covid construction market all indicate that the current estimated total project cost will be £14.5 million + VAT (up from the estimated £8 million at the time of the consultation).

There remain some unresolved elements around finance and capital that are currently being discussed by the Boards and Executives of TSDFT and NHS Devon.

The project is also delayed due to the impact of the above changes and the committee's previous referral to the Secretary of State and the impact of local elections on timelines.

In autumn 2023, as part of its ongoing work with the Teignmouth Hospital Stakeholder Group, Torbay and South Devon NHS Foundation Trust commissioned Ward Williams Associates to complete a high level feasibility assessment to repurpose and refurbish the Teignmouth Community Hospital site as a health and wellbeing centre (appended).

The total estimated cost was £23.3 million, which exceeds the cost of the health and wellbeing centre in Brunswick Street.

Sustainability of primary care in Teignmouth

The autumn 2020 consultation document clearly stated:

Change is needed for GP services to be fit for purpose, sustainable into the future and flexible to meet the changing needs of the population. There are a number of current issues for GPs in Teignmouth, who want to develop new ways of working and be able to take advantage of the expansion in the workforce such as pharmacists and social prescribers.

1. Current surgery buildings are not fit for purpose. The GP buildings are old residential buildings, converted years ago. They are cramped with no further scope for expansion and have limited access, especially for disabled people. A 2018 engagement exercise showed people supported co-location and wanted their GP practice to be on a flat site, in the centre of town, easily accessible by public transport.

2. Recruiting new GPs. This is a countrywide issue. GPs need to be attracted to work in this area at a time when fewer GPs are willing to become partners who lead and develop GP practices. Some are further discouraged by the commitment and liability of owning buildings at the beginning of their careers, when they might already have sizeable student loans and their own private mortgage.

Working from a modern purpose-built health and wellbeing centre, which is leased, would make Teignmouth a more attractive option for new GPs.

3. The constrained space limits the scope to teach and train medical students and trainee GPs and nurses.

4. The need to be flexible and adapt to meet future needs of the population. How working patterns have had to change in response to the COVID-19 pandemic is only one example of this.

It is worth noting that although the committee's previous referral was made on different grounds, the conclusion of the report by the Independent Reconfiguration Panel begins:

After a thorough review of the evidence in this case, the Panel understands how the proposal will deliver the vision of patient-centred and integrated local services by modernising and making the best use of health and care facilities and staff resources in the Teignmouth and Dawlish area.

Environmental sustainability

In terms of environmental sustainability, Teignmouth Hospital was built many decades ago and is a hugely inefficient building to run and maintain. It would take significant investment to bring it up to standard.

The new health and wellbeing centre would meet modern environmental standards for sustainability and would be energy-efficient. It would be built to achieve a BREEAM Environmental Assessment rating of Very Good.

Sustainability: Quality and Equality Impact Assessment

The detailed assessment done at the time of the consultation is appended and was reviewed by the Quality and Equality Impact Assessment Panel. A summary of the assessment is below:

Safety: Benefit - all services are being 'lifted and shifted' and therefore will still meet the same staffing, treatment and administration standards that are currently administered now.

Dawlish Community Hospital is a purpose built, modern community hospital. At Dawlish hospital there is level access at both ground and lower ground floors with a lift from the lower ground floor. Therefore, safety will be at the very least maintained and likely improved.

A health and wellbeing centre at Brunswick Street would be a brand new, purposely designed building with all modern facilities. Therefore, safety will be at the very least maintained and likely improved.

Effectiveness – significant benefit to patients: The model of care in Teignmouth has been evaluated by researchers in residence at TSDFT. This demonstrates how the health and wellbeing team supports its local population in terms of patient motivation, mental wellbeing scale, frailty and further use of the health and care system. Co-locating this team with primary care in a new health and wellbeing centre will further increase the effectiveness of how they all work in support of each other.

Experience – benefit: There is no change to operational features of day case procedures and specialist outpatients moving to Dawlish. Patients from Teignmouth and outside of the locality south and west of Teignmouth who attend day case procedures or specialist outpatients will have 3.8 miles further to travel. There are main line/route bus and train links to Dawlish as well as Teignmouth (this is on the same train line). For some coming from the north and east of the locality the journey will be shorter. The parking at Dawlish Community Hospital is larger in capacity than at Teignmouth and is on the flat, with easier access into the building than at Teignmouth Community Hospital.

Equality – generally neutral or benefit: A full equality impact assessment has been undertaken and the impact score was 16 (low positive benefit).

Dawlish Community Hospital is on a level site with good car parking and access. The building is modern and accessible including induction loop. A new build for the health and wellbeing centre would be in a level part of Teignmouth which is improved from the current hospital site. JSNA shows Central Teignmouth has highest deprivation level in terms of health and disability. Users of patient transport would not be disadvantaged as the service will soak up cost of any additional miles.

Sustainability: Travel

A summary of key information from the Travel Impact Assessment (appended) from the autumn 2020 consultation:

Day case procedures: Coastal residents make up 13% of day case procedures patients and of these, 29% would have to travel an additional 4 miles to Dawlish and 28% would have less distance than currently to travel.

Specialist outpatients clinics: Coastal residents make up 30% of specialist outpatient clinics and of these, 17% would have to travel an additional 4 miles to Dawlish and 32% would have less distance to travel.

Community Clinics: Coastal residents make up 91% of community clinics and of these, 23% would have to travel an extra mile to get to the new health and wellbeing centre and 24% would have less distance to travel.

Recommendation 2

The Task Group strongly support efforts are made by local community groups to save the hospital building for community use, if it cannot be retained by the NHS.

Rationale

Councillors recognise that the site is a community asset and wish for the community to be involved in the long-term planning of what the site is used for, expressing a desire for part of it to remain in the community's use.

NHS response

The NHS in Devon is actively involved in the Teignmouth Hospital Stakeholder Group, which is independently chaired by Healthwatch and is working with local people to explore options for the future of the Teignmouth Community Hospital site.

Recommendation 3

That the Task Group ask the NHS to continue to engage with local stakeholders and local people in determining the long-term future of the Hospital site, whilst operating with the principle that the building currently used as Teignmouth Hospital should be saved for local people.

Rationale

Councillors also recognise the improved working relationship with the local NHS over the period of the Task Group and wish to build on these relationships to determine the future of the site whilst addressing Councillor's concerns. It is anticipated that

there will be issues that need resolution during this process and the ask is for local people's voice to be heard and valued.

NHS response

The NHS in Devon is actively involved in the Teignmouth Hospital Stakeholder Group, which is independently chaired by Healthwatch and is working with local people to explore options for the future of the Teignmouth Community Hospital site.

List of appendices

- For further information, please see [all the supporting information](#) provided at the time of the 2020 consultation.
- Post consultation business case – extracted from the [Devon CCG December 2020 Board Papers](#)
- Ward Williams Associates feasibility study on Teignmouth Community Hospital refurbishment

ENDS

Surrender of vacant space at Seaton Community Hospital and estates update

Introduction

This report is submitted on behalf of NHS Devon and [NHS Property Services](#) (NHSPS), further to recommendations approved at the meeting of Devon County Council's Health and Adult Care Scrutiny Committee meeting on 9 November 2023.

The report is in response to recommendations a-d but also covers the separate request made at the meeting for further information about empty accommodation in NHS properties in Devon.

The committee's recommendations arise in response to a piece of work being undertaken by NHS Devon. In light of ongoing and significant financial challenges, the work in relation to Seaton simply seeks to remove an unnecessary burden of approximately £280,000 that is being paid by the local NHS in property costs for accommodation that is vacant, unused and has been so since 2017.

Background

Like Devon County Council, NHS Devon faces severe financial challenges and is under pressure to bring its budget back into balance.

The system has been placed in the lowest segment (segment 4) of the NHS Oversight Framework – sometimes known as NOF4 – by NHS England.

This means Devon gets 'intensive' support from NHS England – which includes additional reporting requirements and financial controls – with the aim of improving its financial and operational performance.

In 2023/24 as part of our journey to achieving a balanced budget, the forecast deficit for the county's NHS system as a whole is £42.3 million, which includes a £212 million savings plan. However, as shown by our December Board papers, we are £32.5 million adrift from where we expected to be against our plan.

The former ward at Seaton Community Hospital has been vacant and unused since 2017.

The beds were removed and closed following full public consultation when new ways of looking after people in the local community – often in their own home – were brought in and they have been very successful.

The Your Future Care consultation ran from 7 October 2016 until 6 January 2017 and was led by the then-Northern, Eastern and Western Devon Clinical Commissioning Group (CCG). It focussed on proposals to provide more care and

support for elderly and frail people at home and in the community. The aim was to prevent unnecessary admissions to hospital and, if patients need to go to hospital, to get home as quickly as possible, improving their chances of a better recovery.

Throughout the consultation period, the CCG attended over 70 events and public meetings. More than 2,000 people attended these events and discussed the proposals. 1,552 responses to the survey were received, in addition to more than 650 letters and emails.

The statutory responsibility of the CCG – and now the integrated care board – is to consult on significant changes to NHS services, not on buildings themselves.

Separately, ownership of Seaton Community Hospital transferred from the then-Northern Devon Healthcare NHS Trust to NHS Property Services in 2016 when the community services contract moved from NDHT to the then-Royal Devon and Exeter NHS Foundation Trust.

Reducing money wasted on vacant buildings

Taking steps to reduce vacant space enables NHS Devon to save money. Reducing vacant space at the hospital presents an opportunity for the local NHS to save approximately £282,000 in operational running costs. Examples of these costs include a market rent, rates, utilities and grounds and maintenance.

Given the above background, NHS Devon took the decision to declare the site surplus to the NHS requirements and to work with NHSPS to reduce or eliminate the holding cost of this space in September 2023. The decision was taken on behalf of the Board by the Finance and Performance Committee.

Many people have said the CCG/NHS Devon should not have wasted money on the vacant space in recent years, and NHS Devon acknowledges this as understandable criticism. However, a period of time was allowed after the consultation to embed the new model of care and, of course, during the Covid-19 pandemic the local NHS had other pressing priorities. Since the pandemic has receded, NHS Devon has focussed on addressing its lasting impacts on waiting lists for planned care, like hip replacements and cataract surgery. Now, because NHS Devon wants to spend public money well and improve performance, and in response to pressure from regulators and the Government, it has a renewed focus on addressing its financial challenges.

NHS Devon acknowledges the local community's role in paying for the ward. As set out above, the way the NHS cares for people (a model of care) changes and evolves over time thanks to developments in healthcare practice, medicine and technology. The model of care in place sees many more people than previously receiving care in their own homes from teams of highly skilled social care, therapy and nursing professionals. This community-based care is largely delivered in this area by Royal Devon University Healthcare NHS Trust. It remains the view of the NHS that, where appropriate, this is the right way to care for the growing number of patients with complex health needs.

As set out at the time of the consultation, every day a patient stays in hospital can reduce muscle strength by up to 5%, which affects people's ability to remain independent. People also tell NHS Devon that when they are ill, they would prefer to be at home, provided there is appropriate support available.

Community engagement

During the middle part of 2023, NHS Devon and NHSPS held a series of meetings with local partners to discuss the vacant ward at Seaton Community Hospital and see if an occupant could be found to take on the space.

These partners included:

- NHS Devon commissioning colleagues
- Devon's acute trusts
- Devon's mental health providers
- Local GPs
- The Eastern Local Care Partnership
- Local voluntary, community and social enterprise sector groups
- Other commissioners
- Other interested parties

In the lead up to, and after, the decision by the Finance and Performance committee, a further series of meetings was planned to let local partners know the outcome of this process and what had been decided.

The following partners, some of whom had been involved in earlier discussions about the vacant ward, were among those identified to receive briefings about the decision to declare the ward space as surplus therefore hand back to NHSPS:

- Devon County Council's Health and Adult Care Scrutiny Committee – Chair and members
- Constituency MP Richard Foord
- Seaton & District Hospital League of Friends
- Healthwatch
- Seaton Town Council
- The local Primary Care Network
- Other occupiers of the hospital
- Local acute trusts
- Devon County Council (DCC)
- The local community (through local media)
- Neighbouring constituency MP Simon Jupp

During this engagement process, information about NHS Devon's decision was made public by other parties.

Since then, local engagement by the NHS has continued. NHS Devon has held meetings and corresponded with the League of Friends, Richard Foord MP, DCC

divisional members and representatives of the newly formed Seaton Hospital Steering Group.

On 5 December 2023 a meeting was held at County Hall in Exeter, chaired by NHS Devon's Chair, Dr Sarah Wollaston. It was attended by representatives of NHS Devon and representatives of the Seaton Hospital Steering Group, including the chair and secretary, the CEO of the League of Friends and the leader of East Devon District Council.

At the constructive meeting, NHS Devon representatives presented the challenging financial background to the current position and updated on recent developments. NHS Devon representatives acknowledged the strength of feeling in the community, recognised the disappointment caused by the decision regarding the empty ward and expressed appreciation for the work that the group had put into generating a positive way forward.

NHS Devon was also able to provide updated information about the costs relating to the vacant space at the hospital, as requested by the group and the League of Friends prior to the meeting. The group expressed their ambition to reuse the vacant ward space and associated offices to deliver increased health and wellbeing services in the town and NHS Devon is supportive of the group undertaking a feasibility study.

It was agreed that NHS Devon colleagues would work with the Seaton Hospital Steering Group to provide:

1. Updated cost information in connection with the void space
2. Confirmed timelines
3. Support to work with NHSPS to facilitate a visit to the ward area to assess possible uses for the space
4. Support for conversations with NHSPS for the committee's use of space at Seaton.

Note: The information in point 1 was provided on 19 December 2023, for updates on points 2-4, see below.

On 6 December, before the meeting of NHS Devon's Board at County Hall, Dr Wollaston met community and steering group representatives and received three petitions (one hardcopy, two online) containing approximately 9,000 signatures.

Receipt of the petition was [formally noted as part of the main Board meeting](#) and will be addressed at the next meeting of the Board in February 2024.

During the Board meeting on 6 December, formal responses were given to three questions received from the steering group, and group secretary Martin Shaw addressed Board members.

Devon County Council's divisional member, Councillor Marcus Hartnell, is a member of the Seaton Hospital Steering Group and has confirmed that he is being kept up to date on developments through the group.

Since a public meeting held on 3 November 2023, when template objection letters were first made available, approximately 350 letters have been received by NHS Devon from people expressing concerns about the future of the vacant ward.

NHS Devon and NHSPS have also responded to a number of enquiries from local broadcast, print and digital media about the vacant ward.

NHSPS has supported NHS Devon at a meeting with Richard Foorde MP as well as responding to a separate enquiry from a neighbouring constituency MP.

During 2022/23 and 2023/24, NHSPS engaged with a number of charity and special interest groups (as well as a local dental practice) who expressed an interest in the vacant space. These enquiries were responded to with information relating to the amount of space available and the costs of occupation.

NHS Devon and NHSPS have arranged access to the hospital for representatives of the steering group and League of Friends. This is to facilitate development of further feasibility work. A follow-up meeting is also being arranged.

Current position and timelines

The decision to declare the vacant ward surplus to the NHS Devon requirements and hand back the space was taken in September 2023 by NHS Devon's Finance and Performance Committee on behalf of the Board.

Reducing or removing vacant space costs paid by NHS Devon to NHS Property Services at Seaton Community Hospital would be achieved by surrendering the former ward area and the office space on the first floor. Subject to approvals, the office space would be relocated to the other small void area within the main hospital.

NHS Devon and NHSPS continue to work together on the next steps for the vacant space and therefore no confirmed timescale to determine the preferred option for the vacant ward space is available at the time of writing this report.

However, mindful of the significant financial pressures it faces, NHS Devon needs to end its liability for the cost of the vacant ward space at the hospital quickly and work continues to effect this as soon as possible.

For clarity, NHS Devon is not proposing to change any services as part of this piece of work and exploring the options for delivering increased health and wellbeing services in the town for the next five years and beyond does not form part of this process.

However, Devon's Five-year Integrated Care Strategy, published in June 2023, sets out how One Devon – the Integrated Care System for Devon – will plan and organise health, care and other support services so that joined-up, preventive care is available to everyone in the population across the course of their lives. The Integrated Care Strategy was produced by the One Devon Partnership, Devon's Integrated Care Partnership, which is chaired by Cllr James McInnes.

The Devon Five-year Joint Forward Plan, published in June 2023, tells how the Integrated Care Strategy will be put into practice and how strategic goals will be achieved. The Plan will be regularly refreshed and updated, with the next iteration due to be published on 1 April 2024.

As noted above, NHS Devon's Finance and Performance Committee took the final decision on declaring the vacant ward space surplus to the NHS' requirements and begin the process of handing back the space in September 2023.

Roles and responsibilities

The role of NHSPS is to own and manage the buildings for which it is responsible. It is not responsible for providing or commissioning health services. The occupancy arrangements for NHSPS properties is applied on a consistent basis, therefore providing a level playing field and is based upon a market rent, cost recovery for utilities, rates etc and a management fee.

As local system leader, NHS Devon is responsible for paying for, planning and monitoring NHS services across Devon, Torbay and Plymouth. As noted above, NHS Devon is not proposing to change any services as part of this piece of work and exploring the options for delivering increased health and wellbeing services – including any proposal for a community health and wellbeing hub – in the town for the next five years in Seaton does not form part of this process.

However, NHS Devon and NHSPS are committed to working with the Seaton Hospital Steering Group and League of Friends to explore the feasibility of their proposals for the vacant ward space as one of a number of options for that space.

Other void estate in Devon

NHS Devon has established a system-wide programme of work to deliver the performance and financial improvements needed to allow the NHS in Devon to move out of NOF4.

NHS Devon currently pays £1.9 million in rent and other costs on vacant space across Devon.

Ensuring best use is made of the NHS estate is business-as-usual work. NHS Devon is reviewing other void estate to make sure taxpayers' money is spent well and that buildings are well used.

In some cases, this has resulted in positive changes. For example, at Ottery St Mary Community Hospital, NHS Devon was paying a substantial sum in void space. As part of routine work with local partners, NHS Devon established that Royal Devon University Healthcare NHS Foundation Trust identified that they could use it for some community and urology services and the space has been filled and the void cost eradicated.

Also at Ottery, NHS Property Services has worked with a local charity to bring the kitchen back into use.

A further example of where savings could be made as well as the opportunity to make better use of space is at Okehampton Community Hospital.

In November, NHS Devon took the decision to declare the vacant ward surplus to the NHS' requirements and begin the process of handing back the ward to NHSPS. As with the ward at Seaton, the former ward at Okehampton has been vacant since 2017 following full public consultation and now presents an opportunity for the local NHS to save more than £200,000 a year in rent and other property charges.

Local partners were made aware of this decision in November 2023. For further details, visit www.onedevon.org.uk/one-devon-news/former-ward-area-okehampton-community-hospital/.

Meanwhile, space in the rest of the hospital, although occupied, is significantly under-utilised. NHS Devon would therefore like to widen work with local partners to improve space utilisation in the rest of the hospital to get better value. This will be a medium-term piece of work and will involve community engagement to explore local needs and ideas. Any changes will need to be fully costed.

NHS Devon continues work to reduce the amount of money wasted on empty space in other buildings.

Viable projects will be developed and will be subject to NHS Devon's internal governance processes in the first instance. A corresponding process for updating and briefing local partners and stakeholders will be designed and implemented accordingly and therefore further information will be provided at the appropriate time.

ENDS

One Devon end-of-life care

Summary

This paper provides an overview of end-of-life care provision and the duties of local commissioners.

Background

There are wide reaching reforms within the Health and Care Act 2022, including the legal foundations for integrated care boards (ICBs) like NHS Devon.

An amendment has also meant that 'palliative care services' is included in the section which specifies that ICBs have a legal responsibility to commission health services that meet their population needs.

Integrated Care Systems (ICSs) have a key role to play in ensuring that people with palliative and end-of-life care (PEoLC) needs can access and receive high quality personalised care and support and there is a duty for ICBs to commission palliative care services within ICSs'. (Palliative and End of Life Care Statutory Guidance for Integrated Care Boards (ICBs) (2022)).

One Devon is committed to commissioning end-of-life care services across Devon that are sustainable and consistent in terms of access, experience and outcome for individuals, their families and those delivering end-of-life Care.

National guidance

Palliative and End of Life Care Statutory Guidance for Integrated Care Boards (ICBs) (2022) People with palliative and end of life care needs should be supported by a whole system approach.

- People's palliative and end of life care needs, and the complexity of their needs, will fluctuate throughout their journey, and this means that a flexible model of care is required
- There must be sufficient workforce in place across all settings, with the knowledge to deliver the care required
- ICBs should have a clear vision of how the package of services they commission locally deliver against the Ambitions Framework (see below) and should actively seek out commissioning resources to achieve this.

Commissioning and Investment Framework for Palliative and End of Life Care (2020-2021) Professionals work as part of multidisciplinary teams providing the service directly to the person with need, and those important to them, and/or supporting other care teams to do so.

- 2020-21 and 2021-22 will be a year of development including:

Agenda Item 8

- Collaborative working at regional and ICS level
- Development of end-of-life care networks
- Service specifications are under development

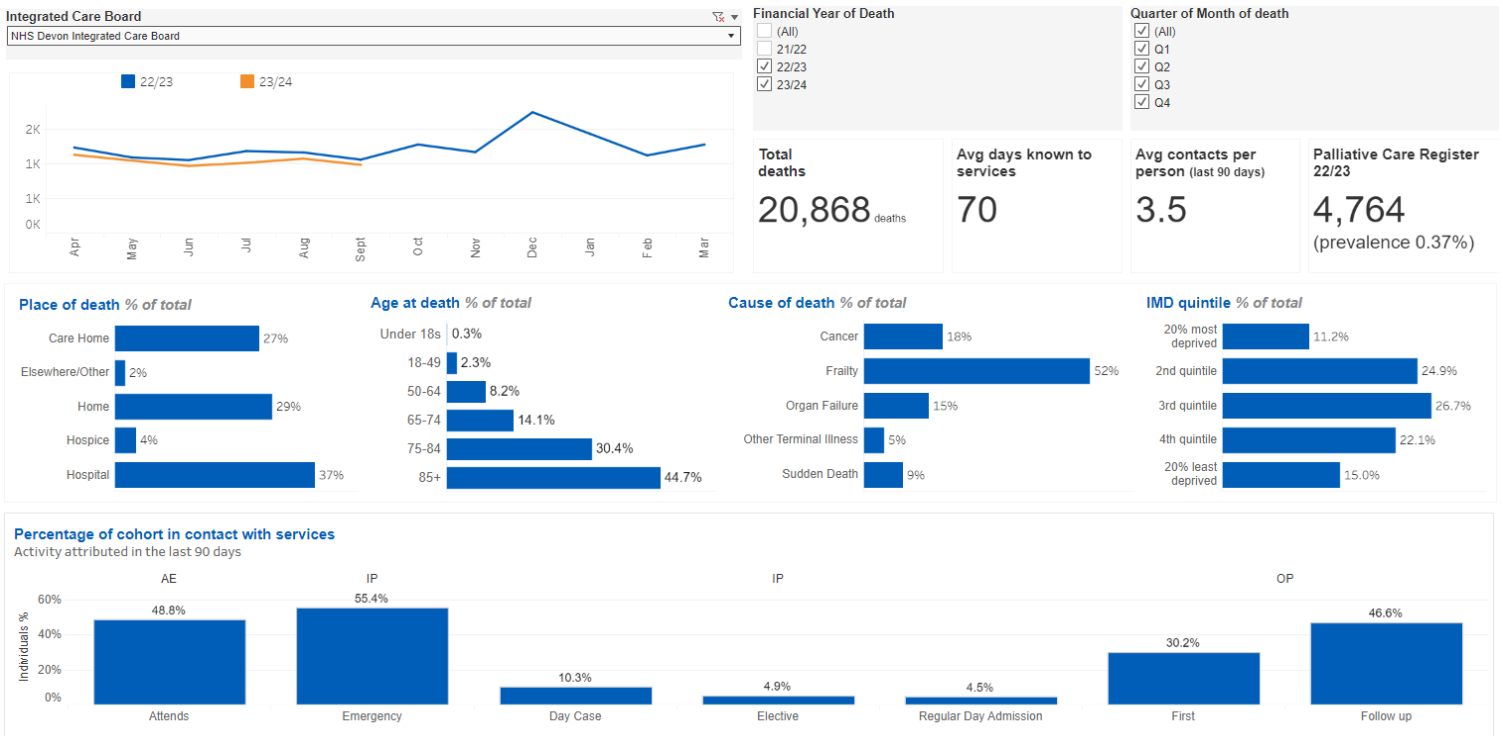
Ambitions for Palliative and End of Life Care: A national framework for local action (2021-2026)

- | | |
|---|---------------------------------------|
| 1. Each person is seen as an individual | 4. Care is coordinated |
| 2. Each person gets fair access to care | 5. All staff are prepared to care |
| 3. Maximising comfort and wellbeing | 6. Each community is prepared to help |

Devon overview

This section provides an overview of key metrics in relation to PEOLC.

Summary of End of Life Care - NHS Devon Integrated Care Board



The corresponding information from neighbouring counties show that there isn't significant variation in their place of death when compared with Devon. There is a slight variation in that there are 3% more care home deaths in Devon but a lower overall percentage of hospital deaths.

However, there is significant variation within the recognition and recording of End of Life. Dorset ICB shows 0.82% of people on a palliative care registers, compared to

Devon's 0.37%. This is nationally recognised to be 1% of the GP-registered population)

Promoting integration

Locally, Devon has an established county-wide multi-organisational, multi-Disciplinary end-of-life care steering group. The Devon end-of-life care steering group oversees, monitors, and makes recommendations to NHS Devon on the delivery of end-of-life services across Devon.

In doing so, it uses its decision making, advisory and facilitative functions to deliver end-of-life care services that meet national, local and best practice guidance. Each of Devon's four localities have an established end-of-life care locality meeting, which brings together representatives from multiple sectors to discuss local and county wide issues, guidance, and best practice and delivery of end-of-life services.

Commissioned end-of-life provision

Devon inpatient hospices:

NHS Devon currently has grant arrangements in place which offer financial support to the four adult hospices operating inpatient beds within the NHS Devon footprint. These arrangements are historic, having been established and evolved over many years, pre-dating the creation of the ICB.

These grants contribute to their clinical services, providing a mixture of inpatient and community care, as well as holistic interventions and general running costs.

Marie Curie:

NHS Devon also directly commissions a service from Marie Curie. This offers a night care service by non-registered staff who have training in end-of-life care. This service is supported by an in-hours Marie Curie nursing overview team. It is a hospice at home service aiming to enable patients with advanced illness to be cared for at home, and to die at home if that is their preference.

Care may be provided to prevent admission to, or facilitate discharge, for crisis management or for longer periods of care. In Devon, Marie Curie provides a proactive bereavement service to the next of kin to all patients supported through the overnight service. The charity also offers a proactive bereavement service to the next of kin of all patients who die in the Royal Devon and Exeter Hospital site, which expanded to the North Devon District Hospital site in 2023.

Other services involved in end-of-life care include:

Primary care services (GP practices) aim to offer comprehensive general holistic care for patients and those closest to them. Care spans from as early as the time of diagnosis through to treatment, to later managing symptoms and maintaining their quality of life when no more treatments are available to supporting patients and their families with end-of-life care and bereavement.

Agenda Item 8

A significant proportion of end-of-life care is provided by general services and can be supported by specialist care providers. There are models of hospice at home services, which provide interventions to stabilise an individual's care and provide support to families.

The model of provision across Devon varies. Not all of Devon's, geographical footprint has in place hospice at homes services. These services can enhance care coordination. Other models have considered working with independent care providers to flex the model of service provision according to individual and family needs. Education in end-of-life care is a key component of enhancing the service offer across general and specialist provision. There is scope in each of Devon's localities to build on existing practice and re-shape services to deliver a more targeted/coordinated offer for end-of-life care.

All ages approach

One Devon is committed to achieving an all-ages approach to palliative and end-of-life care. As part of the Devon End-of-life Commissioning review, it was recommended that a Devon Service Specification was designed that would focus on equity of access and experience for all residents and their families when requiring PEOLC.

Advance care planning

NICE ([NG142](#)) recommends consideration of advance care planning (ACP) for every person with a palliative diagnosis. This is a process of person-centred discussion between the individual and their care providers about their preferences and priorities for future care, while they have the mental capacity for meaningful conversations about these.

Advance Care Plans (ACP) and Treatment Escalation Plans (TEP) are an integral part of an individual's journey and can ensure that they receive the care they want to meet their needs, and in a setting of their choice.

Devon has established a shared TEP form with Cornwall and has created a digital solution that will be accessible by health and social care colleagues via the Devon and Cornwall Shared Care Record (DCCR).

Supporting ACPs and TEPs is the need to plan and manage individuals at end-of-life in a timely and appropriate manner, that includes anticipatory prescribing and putting in place the necessary infrastructure for when an individual's care escalates and requires an urgent intervention. Including family members and carers in the discussion is vital to ensuring all wishes are recorded, communicated, and understood by those who will be involved within the process.

For urgent care during the out-of-hours setting, the documentation and coding in an individual's primary care record is crucial in enabling out-of-hours providers to understand the diagnosis and needs of the individual at end-of-life. Good in-hours

planning enables an individual to receive timely and appropriate care in all settings, including in the out-of-hours setting. Variable practice in the in-hours care setting creates delays in timely and appropriate care, leading to distress and confusion for families, as well as likely unnecessary and unwanted admissions to acute hospitals.

Ensuring Just In Case (JIC) Medications are appropriately prescribed, recorded and stored is of vital importance for end-of-life patients and their families. These medications can support symptom management at a time that is very stressful for all involved.

Through monitoring patient safety event reports at an ICB level, NHS Devon has highlighted the administration of these medications as a Devon-wide issue. To support this, a review of the administration process is underway with an aim of amending the literature that accompanies the medication. This will ensure that the correct advice and contact details are provided to patients and their families directing them to the most appropriate teams when the JIC medications are required.

Recommendations on end-of-life care

The following recommendations are areas where members of the committee may be in a position to influence

Care home education:

- Support the rollout of educational material and opportunities for staff training
- Co-ordinate an equitable approach to training and education
- Support the launch of NHS Devon's new end-of-life Webpage

Packages of care / fast-track continuing healthcare (CHC)

- Ensure the funding and packages of care are made available in a timely way to ensure the following
- Speedy and safe discharge
- Support to individuals and family to ensure their loved ones are cared for
- Review and amendment to package as needs change

System wide projects: e-TEP / Advance Care Planning / JIC meds

- Promote the use of TEPs and ACP documentation within care homes
- Support staff to ensure they are confident to have these conversations
- Ensure appropriate medication and stocks are available for PEOLC residents / patients

End-of-Life Care service specification

- Contribute to the end-of-life care service specification and the aim of an equitable service across Devon

Equipment

- Appropriate equipment is available when required (syringe drivers, falls hoists)

ENDS

IASC/24/02
 Health and Adult Care Scrutiny Committee
 24 January 2024

Carers Scrutiny Spotlight Update January 2024

Report of the Director of Integrated Adult Social Care

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendation

That the Committee note this report that provides an update on its recommendations of March 2023 and the work in progress.

2) Background / Introduction

In March 2023 the Adult Health and Care Committee published a report subsequently approved (with amendments) by Cabinet, which included a number of recommendations. These are set out in the table below.

	Recommendation March 2023
1	That the Committee recognises the invaluable role of replacement care and urges the Council to develop an effective replacement care offer for unpaid carers.
2	(i) That further work is undertaken with Primary Care to improve carer identification and referral by GP surgeries into Devon Carers to ensure a more consistent offer. (ii) That NHS Devon Integrated Care Board, the Hospital Trusts and the County Council continue to ensure carers' appointments and carers' elective surgery are prioritised; that medical staff know they are carers and support is put in place when they go home after surgery.
3	That there is system wide recognition and a holistic approach taken to support and address carers isolation, embedded in all work of the County Council's including in its commissioning arrangements.
4	That work continues, and is expanded, to promote the sign up of organisations and communities to "Carer Friendly Devon."
5	That One Devon considers longer-term funding for community and voluntary sector groups to help ensure sustainability in their work.
6	That the County Council reviews its needs assessment process to ensure it is taking the views of the carer into account as well as the cared for person and prioritises a reduction in any backlog over the next 12 months.
7	That Health and Adult Care Scrutiny continues to closely monitor unpaid carers and further recommends Children's Scrutiny does likewise in terms of young carers.

Agenda Item 9

3) Main Body - update on the Committee's proposals of March 2023

3.1 Overall developments in Carer Support.

Context

At the point of this Spotlight Review intensive work is currently under way as the Carer support service contract needs to be re-tendered ("Caring Well in Devon" is currently in its 6th year of a 5+1+ contract). This work is taking place in the context of the financial challenges facing the County Council.

Current developments at "Devon Carers"

- 3.1.1 The delivery of the "Caring Well in Devon" contract is generally strong and management is positive and proactive, although staff morale and turnover at Devon Carers have been affected by the Consultation on potential reductions (subsequently withdrawn) which was launched in 2023, the uncertainty arising at this point in the contract prior to the re-tender and the cost of living issues (related to long term depreciation of the relative value of the salaries on offer). Inevitably this is leading to some delays, though the action of the service Managers in introducing a new "first line response" function means that carers who are in the most urgent need are identified when they make contact and wherever possible action is taken very quickly to meet and de-escalate need.
- 3.1.2 Recently the service achieved re-accreditation by the Helplines Partnership, an important marker of quality.
- 3.1.3 Around 600 new carers a month are registering with the service which is high.
- 3.1.4 Carer Friendly Devon work is providing value; North Devon District Council is now participating.

Carers' Programme Developments

3.1.7 The Integrated Care Board is providing 12 months' funding to Local Care Partnerships for a "**Carers' Champion**" function; these will be supported by NHS Devon Commissioners and Devon Carers and be invited to a monthly forum to share good practice and progress. They will support the NHS Long Term Plan requirements for Carers including:

- Achieving the General Practice Quality Markers for Carers
- Supporting the adoption of Carer Passports

- Supporting Young Carers
- Developing links with local Carers Services.

The active participation of partners is critical to meeting the objectives of the carers programme of work.

- 3.1.8 The recognition and coding on Practice systems for carers is of high interest, and Devon Carers has undertaken the work necessary on their side to facilitate the two-way exchange of information.
- 3.1.9 DCC is progressing towards being able to submit an application for the “Employers for Carers” **Carer Confident Level 2** standard and registering with Devon Carers as a **carer friendly employer**.
- 3.1.10 The **Accelerating Reform Fund (ARF)** is providing funding for two or more projects with one specifically focussed on unpaid carers. Broadly, Local Authorities in an Integrated Care Board area form a consortium to agree and submit an Expression of Interest. EOIs are due to be submitted by 12 January with results late March. The process is being supported by the Social Care Institute for Excellence. In Devon we are focussing on improving availability and accessibility of carers breaks (including replacement care), consistency in this across the Integrated Care System, and building the digital contribution to the carers offer and to solutions for carers breaks.
- 3.1.11 We are preparing for a **re-procurement of the Carers’ support service** currently provided by Westbank (as mentioned above). There is much groundwork to be done, preliminary decisions to be made and agreements to be reached to enable this to proceed.
- 3.1.12 In general, the **delivery aspects of the Carers’ Programme** - such as carer breaks payments, the Citizens’ Advice carers’ work, delivery of Passports etc, are proceeding to plan, though demand is high.

3.2 Update on the Committee’s Specific Recommendations

	Recommendation March 2023	Update January 2024
1	That the Committee recognises the invaluable role of replacement care and urges the Council to develop an effective replacement care offer for unpaid carers.	<p>The low-cost volunteer-provided Time for You sitting service is now extended across the County though significantly restricted by low volunteer availability.</p> <p>We completed a Replacement Care needs assessment and are looking for opportunities to develop on this objective. However capacity and finance have proved restraining factors. It is hoped that the use of the Accelerating Reform Fund (ARF) will enable</p>

Agenda Item 9

		improvement in this area.
2	<p>(iii) That further work is undertaken with Primary Care to improve carer identification and referral by GP surgeries into Devon Carers to ensure a more consistent offer.</p> <p>(iv) That NHS Devon Integrated Care Board, the Hospital Trusts and the County Council continue to ensure carers' appointments and carers' elective surgery are prioritised; that medical staff know they are carers and support is put in place when they go home after surgery.</p>	<p>(i) Devon Carers is now fully prepared to enable this, and the opportunity of having Carer Champions in LCP's is hoped to provide the Primary Care complement to this to make it work.</p> <p>(ii) Increased take-up and use of the Carer Passport alongside the availability of the Carers Hospital Scheme is making significant improvements in the recognition and support of carers when they or the person they care for may require hospitalisation.</p>
3	That there is system wide recognition and a holistic approach taken to support and address carers isolation, embedded in all work of the County Council's including in its commissioning arrangements.	The Carers Partnership Steering Group commissioned a special study of Carer Isolation and Loneliness which was completed in 2023. It contains recommendations which were adopted by CPSG. An action plan is being developed and means of promoting these recommendations are now being actively sought.
4	That work continues, and is expanded, to promote the sign up of organisations and communities to "Carer Friendly Devon.	This work is continuing at pace and gathering momentum.
5	That One Devon considers longer-term funding for community and voluntary sector groups to help ensure sustainability in their work.	This is outside the specific scope of the Carers Programme. It has been referred to Integrated Care Board Managers for consideration.
6	That the County Council reviews its needs assessment process to ensure it is taking the views of the carer into account as well as the cared for person and prioritises a reduction in any backlog over the next 12 months.	DCC is currently developing Practice Standards, supporting training and a specific Carer practice standard. This will also be in focus of the CQC review.
7	That Health and Adult Care Scrutiny continues to closely monitor unpaid carers and further recommends Children's Scrutiny does likewise in terms of young carers.	This proposal has been made and it is understood that the Children's Scrutiny Committee is already acting on it.

4. Key Issues

The following themes were considered by the Committee. Commentary is offered additional to the report on recommendations.

Carer Identification

- 4.1 Carer Identification has increased from around 25,000 carers at March 2023 report to over 28,000 at December 2023. This is a significant level of improvement in a short space of time. However, identification is sensitive to a range of factors including for example stories that carer support is less available, as carers will often believe that there are people who need the support more than they do themselves. The carer offer will also need to flex within the available budget to support more people.

Paid Care Workers

- 4.2 Members listened to evidence that a lack of paid care workers, a need for more training for those working with people with complex needs and stability with respect to service to individuals are all issues. These are all issues which are being considered in relation to the ARF. The contribution of International Recruits has been particularly relevant in this period and the sufficiency of markets is now much stronger.

Assessments

- 4.3 The involvement of Carers in the needs assessments of those they care for continues to be an issue. This issue is being addressed in the Practice Standards and supporting training being developed (see above)

Individual Budgets/Direct Payments

- 4.4 Members considered cash levels of Direct Payments for the people Carers are supporting and the availability of self-employed/independent care workers rather than workers through agencies. We refer to the latter as “Personal Assistants” and this issue is one being addressed under “paid care workers”.
- 4.5 The cash values of Direct Payments for the purchase of care are in general determined by reviews of the needs of the cared-for person.

Single Point of Contact

- 4.6 Integrated Adult Social Care has recently made changes to its functioning that should improve the experience of people who use services and their carers, by increasing consistency and changes to telephony.

Agenda Item 9

Social Isolation

- 4.7 The carers support service is incorporating thinking on social isolation of carers into all of its activities; we will be monitoring this outcome carefully as our action plan unfolds

Carers Hospital Service

- 4.8 The Carers Hospital Service continues, although future funding is yet to be resolved and will be considered as part of the carers recommissioning process and thinking has commenced on how to support the Virtual Wards developments.

Issues identified in relation to NHS Devon Integrated Care Board (representation of Carers), delays in diagnoses and any other issues not specifically identified above are in progress.

5. Options / Alternative

N/A

6. Consultations

No consultations have been required for this update report

7. Strategic Plan

This report responds directly to the priorities identified by the Health and Adult Care Scrutiny Committee Carers' Spotlight in March 2023.

These align with the vision and the following priorities in the Council's Strategic Plan 2021 – 2025 - <https://www.devon.gov.uk/strategic-plan>

- Tackle poverty and inequality (address poverty, health and other inequalities)
- Improve health and wellbeing, including any public health impacts
- Help communities be safe, connected and resilient

Actions to improve Carers' lives by definition addresses their disproportionate experience of poverty, inequalities in health social isolation and loneliness, and by focussing on improving their connections with their local communities supports community resilience.

These Recommendations also support the delivery of the Councils' Strategy for Carers, "Caring Well in Devon", published 2023.

8. Financial Considerations

There are no additional identified costs associated with this report.

9. Legal Considerations

There are no specific legal considerations.

10. Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

No environmental considerations have been identified in relation to this update on the Committee's Recommendations

11. Equality Considerations

Under the Equality Act 2010, carers are protected from unlawful discrimination 'by association' in relation to the protected characteristics of disability and age. Carers also have additional protected characteristics such as sex, gender reassignment, sexual orientation, race and religion or belief. The Public Sector Equality Duties also place a requirement on the County Council to give due regard to the need to eliminate discrimination, advance equality of opportunity (remove or minimise disadvantage; meet people's needs; take account of disabilities; and encourage participation in public life) and foster good relations across all protected characteristic groups. Minority or marginalised groups may experience barriers or lack confidence in accessing carer support.

12. Risk Management Considerations

No risks have been identified in association with this update on the Committee's Recommendations

13. Summary / Conclusions / Reasons for Recommendations

This report is submitted in response to a request from the Committee for an update.

Name

Tandra Forster, Director of Integrated Adult Social Care

Electoral Divisions: All

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

Agenda Item 9

Local Government Act 1972: List of background papers

None

Contact for enquiries:

Name: Sue Younger Ross

Telephone: 01392 675221

Address: County Hall, Topsham Rd, Exeter, Devon.



Annual Report 2022/2023



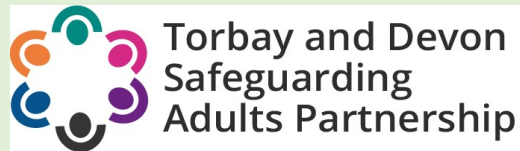


Annual Report 2022/2023

Contents:

Section 1: Chair's Foreword.....	3
Section 2: Our Purpose.....	4
Section 3: Our Structure.....	4
Section 4: Our Partnership Members.....	6
Section 5: Safeguarding Activity.....	7
Section 6: Safeguarding Adults Reviews.....	11
Section 7: TDSAP Sub Groups.....	16
Section 8: TDSAP Priorities 2021-2024.....	18
Section 9: Key Partner Achievements.....	20
Section 10: Looking Ahead.....	26

Section 1: Chair's Foreword



Annual Report 2022/2023

1.1 Paul Northcott – Independent Chair



In the last twelve months all of the Board members have continued to work hard to deliver our statutory obligations and improve practice across all of our 2022/2023 priorities. As a Board we have made a conscious decision to focus on the progression and completion of safeguarding adult reviews. These reviews play an integral part of our assurance process and they allow us to work with frontline staff, managers and families to not only identify areas of improvement but also best practice.

As the Independent Chair of the Board I have personally witnessed the impact that these reviews have had on the partnership resources who had to balance these responsibilities with their operational commitments. We have continued to receive the support of those senior leaders who sit on the Board to fully explore these cases and there has been a concerted effort to deliver the outcomes and recommendations from these reviews. We are committed to not only ensuring that the learning from these cases is being embedded across both Torbay and Devon but we will also check that we are making a difference to frontline practice. This work will be carried out through our Quality and Assurance subgroup and will be routinely reported back to the Board.

Over the last twelve months the Partnership has been flexible in the way that it has developed its workplans and these have been regularly reviewed by the Board members. The outcomes from these pieces of work are evident in the content of this report and have included the publication of an information sharing protocol and improved multi-agency training that reflects local cases.

Our subgroups continue to transition to their new terms of reference and adapt to meet the changes in staff and workloads that we have encountered. Those that attend the subgroups have remained strong in their commitment to the Board.

The Community Reference Group continues to play an important part in ensuring that the work that is carried out by the Board remains grounded and meets the needs of the communities that we serve.

I would like to take this opportunity to thank all of the agencies for their contribution to the Board.



Annual Report 2022/2023

Section 2: Our Purpose

The Torbay and Devon Safeguarding Adults Partnership (TDSAP) is the collective name for the partners that work with the Board to safeguard adults across Torbay and Devon.

The TDSAP provides strategic leadership for adult safeguarding across Torbay and Devon and is independent, with an independent chair.

The core objective of the Safeguarding Adults Partnership, set out in section 43(2) of the Care Act 2014, is to help and protect adults in its area in cases where an adult has care and support needs and;

- They are experiencing, or at risk of experiencing, abuse or neglect; and
- As a result of those care and support needs, they are unable to protect themselves from either the risk of or the experience of abuse or neglect

The TDSAP acts as the key mechanism for agreeing how agencies work together to safeguard and promote the safety and wellbeing of adults at risk and/or in vulnerable situations. It does this by co-ordinating what each of the TDSAP members does and ensures that they do it effectively.

Section 3: Our Structure

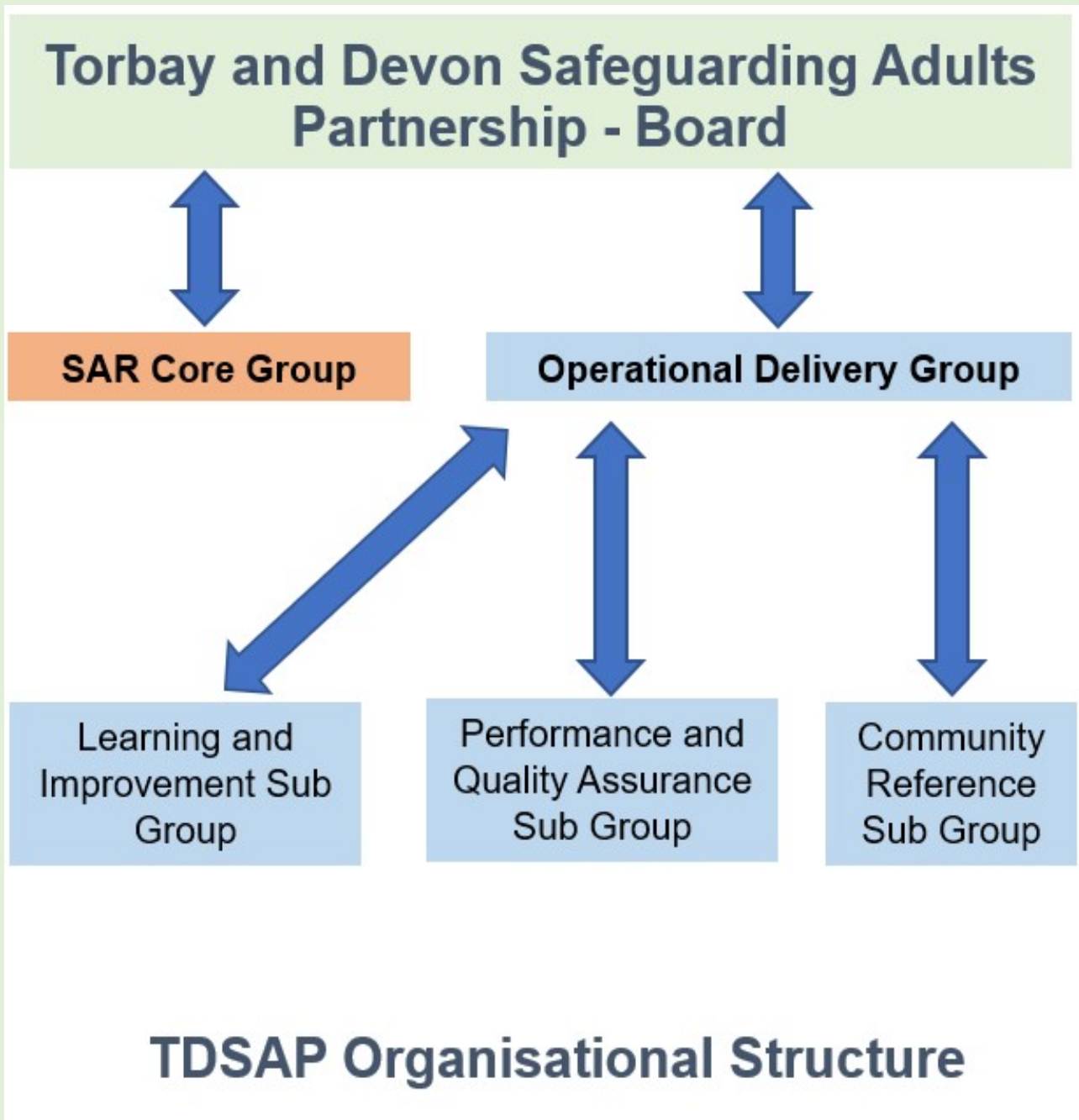
The TDSAP has established a meeting structure to undertake work on behalf of the Partnership.

The TDSAP has two groups reporting into the Board namely the Safeguarding Adults Review Core Group and the Operational Delivery Group.

Reporting into the Operational Delivery Group are three sub-groups namely the Learning and Improvement sub-group, the Performance and Quality Assurance sub-group and the Community Reference Group. These meetings will continue to be supported by the Partnership Practice Lead, Partnership Business Manager and Partnership Co-Ordinators.



Annual Report 2022/2023



Agenda Item 10



Annual Report 2022/2023

Section 4: Our Partnership Members

4.1 Statutory Partners

The Statutory Partners of the TDSAP are:

Devon and Cornwall Police	Devon County Council
Torbay Council	NHS Devon ICB

4.2 Partners

Other partner members of the TDSAP are:

Torbay and South Devon NHS Foundation Trust	Devon Partnership Trust
Royal Devon University Healthcare NHS Foundation Trust	NHS England/Improvement
University Hospitals Plymouth NHS Trust	Housing Representative
Livewell Southwest	Devon & Somerset Fire & Rescue Service
South Western Ambulance Service Foundation Trust	Care Quality Commission
The Department of Work and Pensions	Voluntary and Community Services Representatives
HM Prison Service	Healthwatch
The Probation Service	The Heart of the South West Trading Standards
District Councils	

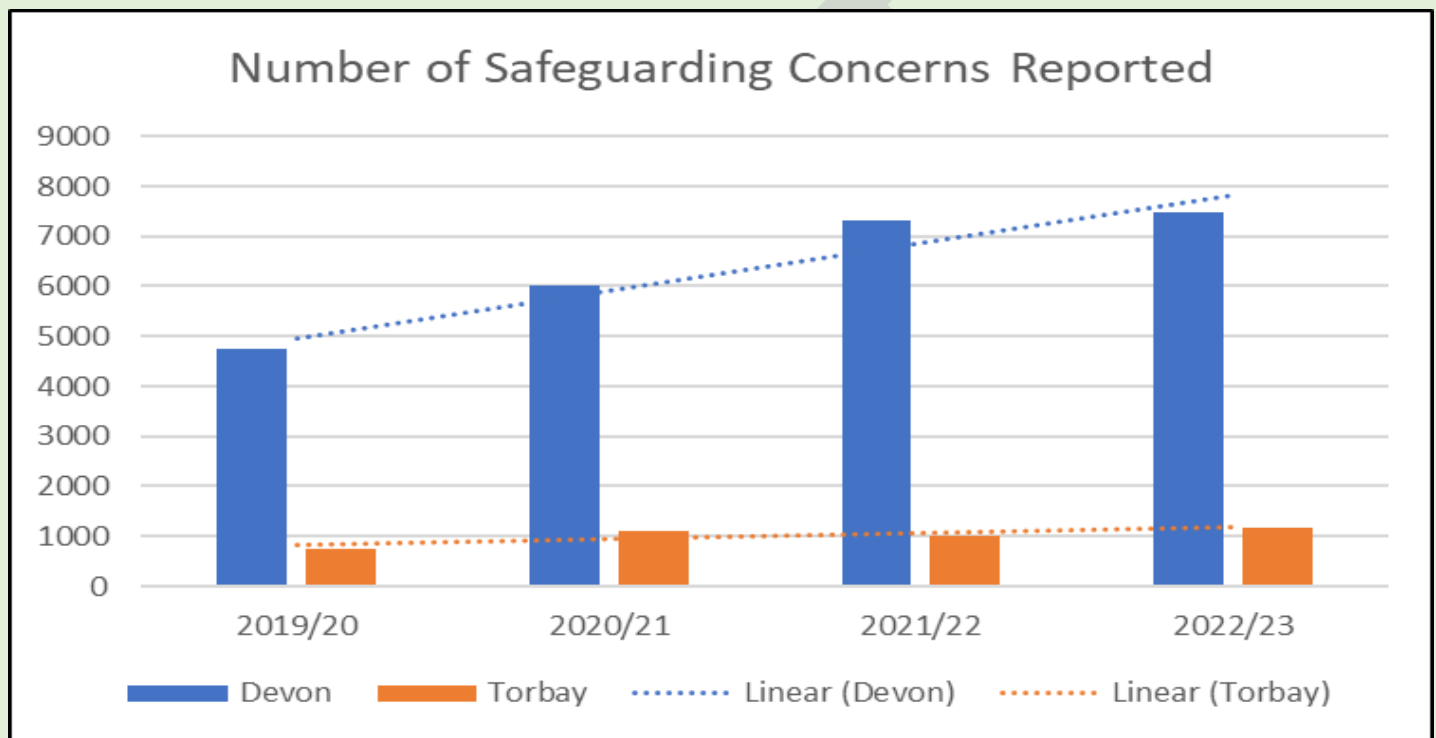


Annual Report 2022/2023

Section 5: Safeguarding Activity

The data below is routinely monitored through the Performance and Quality Assurance (PQA) Sub Group and by Board members, to identify trends and areas for additional scrutiny. This includes variances against national and comparative area data. The data has been included in this report to demonstrate the safeguarding activity over the 2022-2023 period

5.1 Section 42 - Safeguarding Concerns

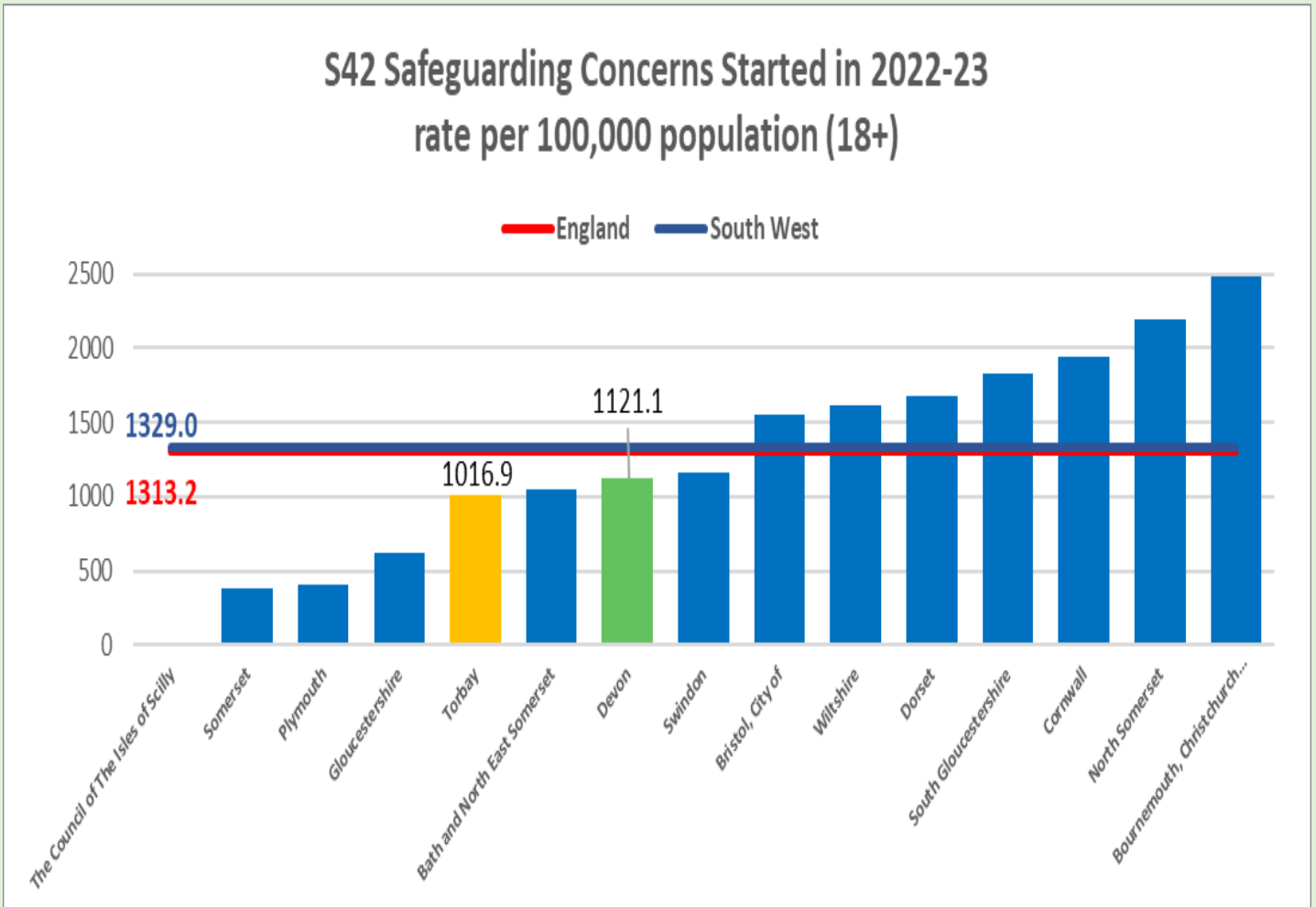


The linear trend in the number of safeguarding adults' concerns is Devon is upwards but has flattened between 2021-22 and 2022-23. The numbers of concerns have been rising because of a combination of concerted action to address the low rate of reported concerns compared to the national figures and national guidance published in 2020 standardising practice of what constitutes a safeguarding concern. This did not mean that previously concerns were not being responded to, but that they were being directed to more appropriate pathways, for example to receive an assessment of needs.

The linear trend in Torbay's safeguarding concerns is also upwards, but less marked due to smaller numbers. There was an increase in the number of reported safeguarding concerns corresponding with the publication of the national guidance in 2021/22 but this has remained at the same level in 2022/23.



Annual Report 2022/2023



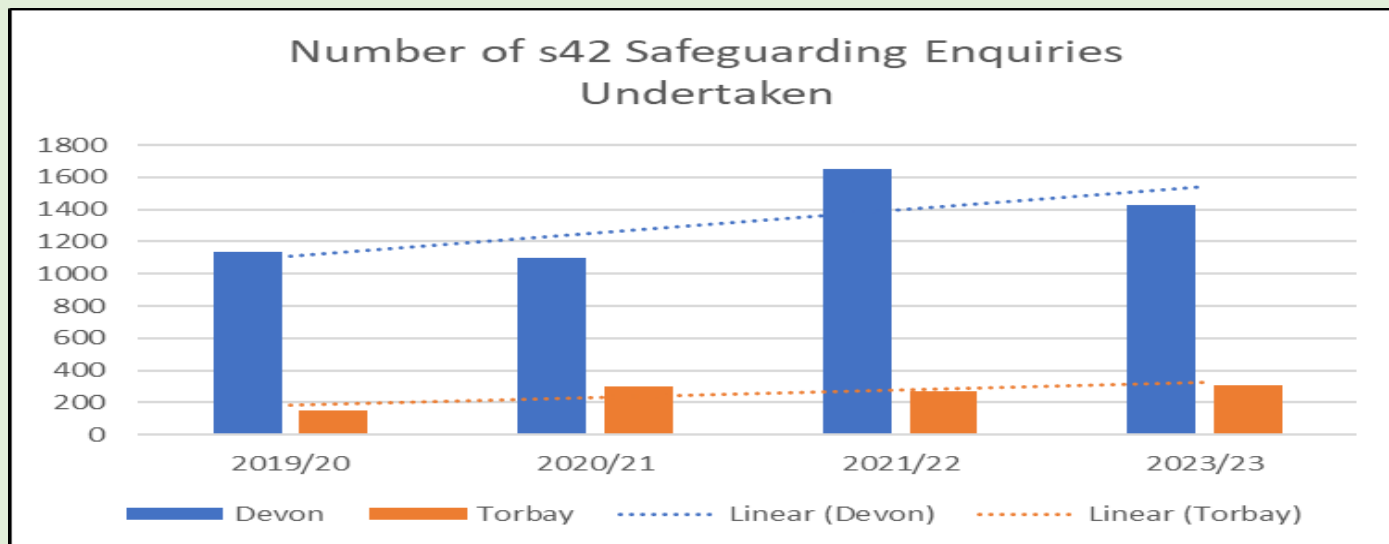
Expressing safeguarding concerns as a rate per 100,000 population (18 and over) for comparability shows Torbay's activity (1016.9) in 2022-23 was below Devon (1121.1). Both Authorities have safeguarding concern activity levels below the national (1313.2) and regional (1329.0) averages and are at the lower end of the regional comparator Authorities.

In Torbay, the safeguarding adult single point of contact service sits within the Adult Social Care Front End service. This enables the Torbay team to establish quickly if a contact is an actual adult abuse concern or should be signposted to another team to respond.

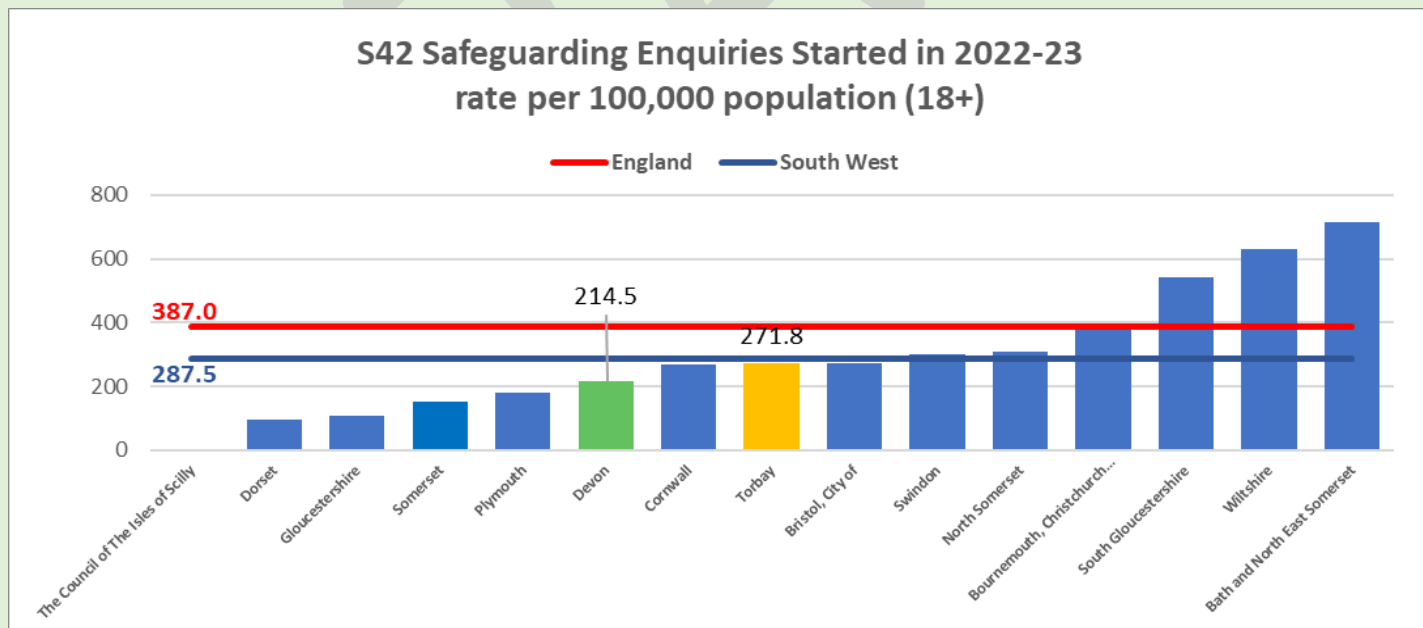


Annual Report 2022/2023

5.2 Section 42 – Safeguarding Enquiries



Numbers of S42 safeguarding enquiries (concerns that meet the threshold for further investigation) undertaken by both authorities have been on a linear upward trajectory. There is greater consistency in the annual safeguarding enquiry activity levels in Torbay than in Devon. The percentage rate for concern to enquiry in Torbay has been stable in the last 3 reporting periods.



For S42 safeguarding enquiries started during 2022-23, the Devon rate per 100,000 population (18 and over) has reduced reflecting a fall in the conversion rate between years. Both authorities (Devon 214.5, Torbay 271.8) have lower levels of comparative safeguarding activity than the national (387.0) and regional (287.5) averages in 2022-23.



Annual Report 2022/2023

5.3 Demographics

59% of individuals in Devon and 62% in Torbay involved in safeguarding concerns in 2022-23 were female. This is consistent with previous years and the national trend. This is disproportionate to the overall Devon and Torbay population, although not necessarily the elderly population which most of our safeguarding activity relates to.

84% of individuals in Devon and 62% in Torbay involved in safeguarding concerns in 2022-23 recorded their ethnicity as white. The proportion of people in Devon who describe themselves as white British increases with each age group and safeguarding data on ethnicity should therefore be considered in conjunction with data on age. This data shows that most Safeguarding concerns in Devon relate to individual's aged 65 and over.

Whilst the ethnicity data for people involved in safeguarding activity in Devon and Torbay is representative of the Census 2021 population demographic it is highly likely that we are seeing under representation of other ethnic groups due to custom and cultural practice.

5.4 Location of Risk

64% of S42 enquiries pursued in Devon, and 44% in Torbay, in 2022-23 took place within the person's own home. This has been rising for both authorities over the past couple of years and for Devon is now a higher proportion than the national picture (47% in 2022-23).

Torbay has always had a higher proportion of enquiries recorded in care homes, which could be reflective of it having a higher relative proportion of care home beds. Although, there has been an increase in the proportion of Devon enquiries relating to care home settings at 20%, this remains below the national comparator (33%). There has also been an increase in the Torbay proportion to 47% in 2022-23 putting it significantly ahead of the national comparator (33%). Approximately 2 thirds of provider concerns are reported by providers themselves.

The Torbay integrated health and social care functions include making decisions on s.42 duties as well as causing out s.42 duties to its health regulated services. Where there is reasonable cause to believe that a safeguarding concern meets the s.42 duty for health regulated settings, the ICB is consulted to ensure external scrutiny and oversight of safeguarding responses. In Devon the proportion remains typical to 2021-22 at 5%. Both authorities are below the national comparator (8%).

5.5 Types of Risk

For Devon the most common sources of risk in 2022-23 were Self-Neglect (19%) and Psychological Abuse (16%). Neglect & Acts of Omission and Physical Abuse in Devon have now reduced below the national comparator. For Torbay Neglect & Acts of Omission (24%) and Physical Abuse (15%) were the most common sources of risk. This is typical to the national picture where the most common sources of risk are Neglect & Acts of Omission (32%) and Physical Abuse (19%).

5.6 Making Safeguarding Personal (MSP).



Annual Report 2022/2023

Approaches to safeguarding should be person-led and outcome-focused. In Devon (91%) and Torbay (84%) of people or their representatives were asked about their desired outcomes in safeguarding enquiries in 2022-23. In response, Torbay has created a 90% key performance indicator for this issue. Of those people who were asked about their desired outcomes, 93% of people in Devon had their outcomes met, either in full or part, with 93% in Torbay. Devon is typical to England (94%) and the South West region (94%) whilst Torbay lie just below the national and regional comparators.

Section 6: Safeguarding Adults Reviews (SARs) and our SAR Core Group

6.1 Summary

Formerly known as Serious Case Reviews (SCR), Safeguarding Adults Reviews (SARs) are a statutory duty under the 2014 Care Act for Safeguarding Adults Boards to undertake. A SAR is completed when:

- an adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult
- an adult is still alive but has experienced serious neglect or abuse and there is concern that partner agencies could have worked more effectively to protect the adult
- Boards may also arrange for a SAR in any other situation involving an adult in its area with needs for care and support.

SARs are a way for all agencies of the partnership to identify the lessons that can be learned from particularly complex or high risk safeguarding adults cases and to implement changes to improve services.

The TDSAP has a dedicated SAR Core Group. The SAR Core Group is responsible for decision making on new SAR referrals and for managing all SARs through to completion.

The SAR Core Group membership consists of multi-agency partners who meet regularly. The SAR Core Group members include representatives from NHS Devon ICB, Torbay County Council, Devon County Council, Devon Partnership Trust (DPT), Devon and Cornwall Police and partner representatives from other organisations as required.

6.2 SAR activity during 2022/23

The TDSAP received thirteen SAR Referrals in 2022/23 from seven different partner organisations.

Following thorough consideration of these SAR referrals, the SAR Core Group decided that three of them met the criteria for a SAR review to take place, as defined within Section 44 of the 2014 Care Act.

The themes from these referrals include:



Annual Report 2022/2023

- **Mental Health** (any support that people receive to protect or promote their mental health and psychosocial wellbeing).
- **Self-Neglect** (a person being unable, or unwilling, to care for their own essential needs)
- **Substance Misuse** (Substance misuse develops when you continue to take substances which change the way you feel and think)
- **Neglect/Acts of Omission** (the failure to meet individuals basic and essential needs, either deliberately or by failing to understand these).

In 2022/23 the Torbay and Devon Safeguarding Adults Partnership completed 3 SAR's, two of which were published on the TDSAP website. Regarding the third, a decision was made by the TDSAP Board, not to publish due to the sensitive nature of its content.

With all SAR reviews, the identified learning and SAR recommendations are progressed and embedded into operational practice. The purpose of a SAR is not to reinvestigate or to apportion blame. It is an opportunity to uncover learning for all partner agencies involved and to make changes to practices in the future.

More information is available on our website about SAR Thresholds, how to complete a SAR [Referral](#) and our [previously published SARs](#)

6.3 Published SARs

6.3.1 SAR Ella

Summary of the review into the death of Ella

Ella was a 77 year old woman who was murdered in her home between the 9th and 12th January 2021 by Mr. M, an employee of an independent care provider. She had a number of health and mobility difficulties which severely restricted her lifestyle and rendered her in need of care and support.

The murder followed an allegation of financial abuse and fraud committed by Mr. M against Ella. He was suspended by the care provider but returned to Ella's home where he committed the murder.

Mr. M was found guilty following a criminal trial and on the 30th July 2021 was sentenced to life imprisonment with a minimum tariff of 30 years.

The review positively highlighted the high level of cooperation and information sharing between partner agencies and the frequent concerns expressed about how Ella's own actions were increasing risks to her safety and wellbeing.

Professionals worked successfully to maintain the spirit of **Making Safeguarding Personal** and respect Ella's wishes. However it raises the question, whether a greater exercise of professional



Annual Report 2022/2023

curiosity may have revealed that the carer was going beyond his brief and nurturing an exploitative relationship with Ella.

Learning Point: Financial Abuse Given the often-hidden nature of financial abuse, agencies should be aware of the need to exercise greater vigilance, especially where supporting people with limited independence and/or mental capacity in areas of their life.

Recognising someone who may be at risk of financial abuse is important and so is recognising the characteristics of potential abusers.

Learning Point: Safeguarding Staff frequently are called upon to exercise judgment about whether to override a person's views either in their own best interests or for wider safeguarding reasons. This SAR highlighted that a safeguarding concern referral should have been made on a previous occasion in January 2020 when financial theft was alleged by a care worker.

Learning Point: Sharing Intelligence Information about potentially dishonest carers should be recorded and passed to the Police as care staff may move between health and social care settings.

Learning Point: Disclosure and Barring Service (DBS) Checks Agencies should consider and take action to fully mitigate the potential risks posed to clients from information obtained through DBS checks.

Should partner agencies have additional information not contained within the DBS disclosure they should consider this as part of the risk assessment. This would support an informed consideration of the potential risk posed by the employee.

Learning Point: Risk Assessments Where agencies have identified risks through risk assessments, there should be a clear plan as to how those risks and future behaviours will be monitored to ensure risks to clients are mitigated.

In doing this agencies should ensure robust application of their internal policies as part of the risk monitoring for example testing for alcohol and drugs misuse.

Learning Point: Care and Support Provision Clients who are isolated and lonely may be at greater risk of being exploited. The practice of having a team around a person, as opposed to a single carer, is important both for continuity of care and for protection of the client.

Care and support plans should consider the person's vulnerability and the potential risk of financial abuse.

Learning Point: Safeguarding Where a crime has been committed immediate advice should be sought from the Police. Details of an allegation of a criminal nature should not be disclosed to the person considered to pose the risk.



Annual Report 2022/2023

6.3.2 SAR Thematic Review – Self-Neglect

A summary of the individuals concerned

AA: a man in his 50s with multiple complex health conditions who died (Dec 2018) in conditions of extreme squalor less than 4 weeks after discharge from a long stay in hospital.

BB: a woman in her 70s who died (Dec 2019) in a fire while using a gas hob to provide heating. She had dementia and consumed significant amounts of alcohol. Her home was dirty and neglected and she often declined support.

CC: a woman in her 60s who died (Jan 2020) of cellulitis with sepsis. Her long-term involvement with mental health services had ceased due to staff shortages and she had disengaged from her care and support providers. CC's relative has requested she be referred to as Gilda.

DD: a woman in her 80s who died (May 2020) emaciated, covered in faeces and urine burns, malnourished and anaemic. Living a reclusive life, she had become further isolated during the Covid-19 lockdown.

EE: a man in his 50s who died (July 2020) of sepsis and renal failure. He had a range of co-morbidities and a history of serious infections, but often declined interventions and did not follow lifestyle advice. He became further isolated as a result of the Covid-19 lockdown.

FF: a man in his 50s who died (September 2020) of bilateral subdural haematoma and liver cirrhosis just a week after discharge from a prolonged hospital stay, having returned to excessive alcohol consumption and declining self-care.

Learning Point: Health and social care needs Shortcomings included failure to address alcohol consumption, particularly in the context of mental health needs; continence supplies not being made available; delay in summoning help when unable to rouse the individual; unlawful interpretation of the mandate for care and support needs assessment; failure to escalate concerns regarding deteriorating health; failure to respond to worsening mental health. Practitioners can become accustomed to poor standards of hygiene and fail to recognise the need for proactive intervention.

Learning Point: Mental capacity Mental capacity did not receive adequate attention. In several cases involving high-risk decision-making, no capacity assessments took place and no attention was paid to the possible loss of executive function. There was an over-reliance on assumptions of capacity and on the concept of lifestyle choice.

Learning Point: Safeguarding There were shortcomings in actions to safeguard the individuals concerned and evidence that practitioners can become desensitised to extreme living conditions and fail to act. The shortcomings included both a failure to make safeguarding referrals and a failure to pursue safeguarding enquiries in response to referrals made, in some cases on erroneous grounds that indicated a lack of understanding of criteria.

Learning Point: Responses to reluctance to engage While good responses were often made to crises, there was a lack of consistent follow-up to build relationships of trust that could overcome



Annual Report 2022/2023

individuals' reluctance. Service refusals or non-attendance at appointments were taken at face-value.

Learning Point: Dual diagnosis Alcohol use was accepted as an established pattern and proactive attempts to explore its origins were not made. In one case, no treatment was offered, and in the other there was no support following discharge from hospital. There appear to be both a lack of understanding of the impact of alcohol on decision-making and barriers to accessing mental health services.

Learning Point: Hospital discharge Safe discharge was compromised by a failure to secure appropriate services for the individual, resulting in an absence of continence support, reablement, mental health services, support with alcohol use, and care and support provision. These omissions impacted on the safety, health, hygiene and dignity of the individuals concerned.

Learning Point: Fire safety Fire was a significant element in the death of one individual. The risks were well recognised by family members and practitioners but were not effectively managed.

Learning Point: Work with families The family members participating in this review have all raised concerns about the extent to which they were kept informed, consulted and given advice by practitioners. They advise services to ensure there is more consistent and informative involvement with families.

Learning Point: Interagency working Where information-sharing was poor, practitioners were acting without full understanding of the situation. Serious breakdowns of communication took place, resulting in omissions and missed opportunities for interagency referrals, sometimes in potentially serious safeguarding situations. Case coordination was absent – no one agency knew the whole picture and interagency meetings did not take place, resulting in an absence of shared strategic approaches.

Learning Point: Organisational features Agencies were affected by pressures from levels of demand, staffing constraints and a lack of suitable resources. Internal systems impacted upon communications between services. Barriers existed to the provision of appropriate mental health services in the context of alcohol use. Supervision and management oversight were sometimes missing and staff sometimes lacked understanding of self-neglect and its risks, and of how to intervene.

Learning Point: Covid-19 Three of the individuals in this review died during the Covid-19 pandemic, when restrictions on face-to-face engagement by professionals and changes to community contacts increased isolation and decreased visibility. It is not clear how risk assessment was carried out for patients advised to shield because of pre-existing serious health concerns.

Learning Point: The role of the TDSAP More work is needed to raise awareness and understanding of self-neglect, its risks and resolution pathways and to ensure that guidance on self-neglect is embedded in practice across the partnership.



Annual Report 2022/2023

Section 7: TDSAP Sub-Groups

7.1 Community Reference Group

The TDSAP Community Reference Group (CRG) brings together people with lived experience of Safeguarding and Voluntary, Community and Social Enterprise (VCSE) organisations representing people with protected characteristics across Devon and Torbay.

The purpose of the CRG is to ensure that people with lived experience and their carers remain central to the work of the partnership Board.

The CRG aims to raise awareness of Safeguarding across the VCSE sector and the general public. CRG members provide feedback on the developments and priorities of the Board as well as gathering intelligence and raising issues on behalf of people with lived experience of Safeguarding.

The CRG takes direction from the TDSAP to engage and consult with people across various communities on strategy and practice. This has included focused task and finish groups, on-line and telephone surveys and varied user led dialogue.

Over the past 12 months we have explored the subject of hidden harm, the importance of professional curiosity and the impact of data on the understanding of how to support harder to reach and protected characteristic groups.

7.2 Learning and Improvement Sub-Group

The Learning and Improvement Sub Group has continued to focus on delivering business activities centred around Learning, Improvement of Practice and the Training offer to Provider services. This Sub Group further maintains a key focus on the action planning that addresses the learning and improvement identified through Safeguarding Adults Reviews.

This Sub Group has driven the adoption of a Safeguarding Information Sharing Protocol by Partner agencies which was recently published on the TDSAP website. It is anticipated that this will promote better information sharing between Partners as an area of improvement that has been identified through a number of Safeguarding Adults Reviews.

Other learning areas also form part of the Sub Group's work which includes learning from out of area Safeguarding Adults Reviews and identifying new areas of learning where guidance and awareness raising support the protection of adults at risk. An example of this is the development of an information page on Predatory Marriage on the TDSAP website which contains a link to a podcast that was developed locally by partners.

The Learning and Improvement Sub Group continues to monitor closely the Partnership Training Offer and uptake from Partners, including the private, voluntary and independent sectors. Demand



Annual Report 2022/2023

continues to be high for all course presentations. All courses are running well, with good attendance and positive feedback from attendees. All course presentations remain virtual at this time and is reviewed on a regular basis.

7.3 Performance and Quality Assurance Sub Group

The Performance and Quality Assurance (PQA) Subgroup supports the Torbay and Devon Safeguarding Adults Partnership to take a strategic overview of the performance and quality of safeguarding activity across Torbay and Devon.

The group meets quarterly, has a clear terms of reference and a strong and robust Quality Assurance Framework, to provide the structure to ensure the group meets its aims.

The Quality Assurance Framework is underpinned by the Care Act Safeguarding Principles and includes the expectation that learning from quality assurance will be shared with partners to bring about positive change to practice and improve outcomes for adults and their carers.

The PQA supports the partnership in looking at what we do, how well we do it and what difference we make to operational systems and processes. The group particularly wishes to progress in its development to measure how embedded learning is from Safeguarding Adults Reviews conducted across Devon and Torbay and has plans for a Multi-agency case audit in quarter 4.

The group regularly reviews safeguarding adult performance data and will undertake an in-depth review of the Annual Safeguarding Adults Collection Data, which is published each September, to identify areas where specific assurance is required.

7.4 Operational Delivery Group

The TDSAP Operational Delivery Group (ODG) meets quarterly and is responsible for delivering the activities set out in the TDSAP Business Activity Plan.

The group also considers safeguarding adults multi-agency practice, process and systems across Torbay and Devon to ensure that there is effective communication and quality working practice in place. The ODG does this to ensure that members of the public and service users are protected from potential abuse and harm.

A key purpose of the ODG is to ensure that the Learning and Improvement Sub Group, Performance and Quality Sub Group and the Community Reference Sub Group report directly to the ODG on progress of priority activities from the respective sub groups.

During the past 12 months, the group has had excellent representation from across the partnership and demonstrated a strong commitment to shared ownership of the Partnership agenda. Tasks are also followed through outside of ODG meetings to ensure priorities are completed in a timely manner.



Annual Report 2022/2023

Section 8: TDSAP Priorities 2021/24

The TDSAP Board agreed four strategic priorities for a three year period from 2021 to 2024.

Updates against these key priorities are listed below:

Strategic Priority	What we have done so far to deliver this priority:
<p>To embed the learning from safeguarding adults reviews (SARs).</p>	<p>Partners continue to actively contribute to the SAR Process, playing a key role in helping to identify relevant learning.</p> <p>Processes are embedded to ensure immediate learning is identified from SAR referrals and addressed as early as possible.</p> <p>Work has been undertaken with our SAR Lead Reviewers to ensure recommendations are Specific, Measurable, Achievable, Realistic and Timebound (SMART).</p> <p>The TDSAP regularly and actively seeks assurance and evidence from Partners against the improvements that have been embedded from SARs.</p> <p>The TDSAP continues to work with partners to ensure that communications are reaching the appropriate organisations and groups.</p> <p>The TDSAP has established a new dynamic internal process for the delivery of Safeguarding Adults Reviews.</p> <p>Each Safeguarding Adults Review has an underlying principle to 'Focus on the Learning' for each organisation.</p> <p>We regularly monitor and identify reoccurring SAR themes via our SAR Core Group. This allows partners to consider the best course of action in order to prevent reoccurrence.</p>



Annual Report 2022/2023

<p>To work with partners to better understand and reduce the risk of 'Hidden Harm', especially in the context of COVID 19.</p>	<p>A Multi-Agency Task & Finish Group has been established, with relevant partners, to focus on the 'Hidden Harm' that is usually out of sight from public view and often not recognised or reported.</p> <p>The TDSAP continues to encourage all safeguarding partners, who work with people who have needs for care and support, to exercise professional curiosity and take appropriate action.</p> <p>The TDSAP has updated the Terms of Reference for Multi-Agency Case Audits (MACA) to included reference to 'Hidden Harm' and 'Professional Curiosity'.</p> <p>A TDSAP Task & Finish Group is working to develop and deliver a podcast and animation video for partners and service representatives to better understand, encourage and support 'Professional Curiosity' and Hidden Harm.</p>
<p>To improve outcomes for people with needs for care and support by finding the right solution for them.</p>	<p>TDSAP regularly seeks assurance, via the Board and it's Sub-Groups, that partners and service representatives work together to establish more effective coordination to achieve person centred solutions.</p> <p>We continue to work with partners to better understand and embed creative approaches, to finding effective solutions, for people with complex lives.</p> <p>A Multi-Agency Risk Management Meeting (MARMM) forum has been established. This was developed and co-produced by key partners.</p> <p>TDSAP have developed and shared key data and information to help develop effective communications and co-ordination between partner organisations, including strengthening links with the districts and community safety partners.</p> <p>We will continue to focus on preventative strategies, working alongside our strategic partners, to better understand how we can avoid the need for safeguarding intervention.</p> <p>We will carry on our work with service representatives and commissioning partners to better understand people's needs and support them to achieve their desired outcomes.</p>



Annual Report 2022/2023

<p>Improving Involvement and Engagement with people in receipt of safeguarding services.</p>	<p>The TDSAP will continue to build on past Safeguarding Awareness Campaigns by targeting communications within our communities to raise further awareness of safeguarding. We will utilise the National Safeguarding Awareness Week to ensure we design and deliver effective key messages across our communities.</p> <p>We will carry on our work with key partners to improve the interface with other services, especially for those who transition from Childrens to adult services.</p> <p>We continue to ensure that partners are listened to people, valuing and responding to relatives, friends and people in the communities.</p> <p>The partnership continues to focus on 'Making Safeguarding Personal' to ensure that safeguarding is person-led and outcome-focussed.</p> <p>The partnership has invested and engaged with the Community Reference Group to ensure the 'voice of the person' is central to key partnership functions, such as the Strategic Priorities, Partnership Website and the Annual Report.</p>
--	--

Section 9: Key Partner Achievements During 2022/23 Update from Partners – Three Key Achievements

Below is a selection of the key partner achievements, in relation to safeguarding adults, during the year:

9.1 Devon County Council (DCC)

Safeguarding Adults Hub - Rapid Improvement Approach: A dynamic change initiative, to improve practice and process within the three DCC Integrated Adult Social Care Safeguarding Adult Hubs. The approach focuses on team based problem solving covering waiting list, risk assessment and triaging, allocation of concerns, duty systems, recording requirements, whole service safeguarding and best practice in working with partner agencies.

DCC Integrated Adult Social Care Self-Neglect task and finish group: A cross organisational staff led task and finish group who are developing a suite of self-neglect practice resources for frontline practitioners, in response to the TDSAP Self-Neglect Thematic SAR. Resources in development include; guidance, videos, and tools to enable the practitioner to work positively and in



Annual Report 2022/2023

partnership with a person who is self-neglecting, providing support and practical solutions to the issues being faced.

Falls; Medication Management and Safeguarding guidance: Working in partnership with the Devon Care Home Collaborative and representatives from the TDSAP to develop specific guidance in relation to falls and medication management. This guidance supports organisations to make decisions of when they may need to raise a safeguarding adult concern in relation to medication errors or falls. This work supported the Devon Care Home Collaborative to progress further and develop a quick guide for when to raise a safeguarding adult concern.

9.2 Torbay and South Devon NHS Foundation Trust (TSDFT)

TSDFT supports around 500,000 face-to-face contacts with patients in their homes and communities each year and we see over 78,000 people in our Emergency Department annually. A zero tolerance of adult abuse is fundamental to our approach alongside principles of equality and non-discriminatory practice.

Our services include a delegated responsibility from Torbay Council for adult social care services in Torbay including safeguarding adult legal duties.

During the past 12 months, we have especially focused on receiving qualitative feedback from people that experienced a safeguarding response through independent quality checkers. Feedback is very positive in the context of people feeling included and listened to, the process being fully explained and the value of the safeguarding response.

As a regulated service we continue to place safeguarding patients from abuse and harm as a priority. We have further extended our range of resources and training available to teams, particularly relating to the Mental Capacity Act and strengthened our use of data to support meaningful conversations within teams.

We have also reviewed our safeguarding response systems and processes which focus on person centred outcomes.

As an organisation that covers Torbay and Devon geographical boundaries we continue to see the value in the new Torbay and Devon Safeguarding Adults Partnership (TDSAP) in creating a consistency of approach in local safeguarding arrangements. We very much value being part of the TDSAP and will continue to support its arrangements as needed.

9.3 Devon and Cornwall Police

Devon and Cornwall Police tops the leader board for 999 answer times in August 2023

Monthly national performance tables are produced by the Home Office, ranking Forces according to the speed with which 999 calls are answered. At the end of 2022, Devon and Cornwall Police were 42nd out of the 44 Forces. In August 2023, we were first. The Contact Resolution Command (CRC) has been through a huge amount of change during the last few months in order to improve performance. There is still a long way for us to go; our plans targeted at improving our 101 response times and digital demand are still being implemented. However, this turnaround in 999



Annual Report 2022/2023

performance is an incredible achievement, particularly during a peak demand period, with a huge collective effort from staff across the whole of the command to achieve it.

This achievement will assist the Force in effectively responding effectively to all safeguarding issues across both Devon and Torbay.

Dedicated police line first response service Devon

The First Response Service (FRS) DEVON will launch a dedicated 24/7 all age police consult line. This line aims to provide a single point of contact for police officers to consult with a mental health crisis service. This line will go live from Monday 25 September and is applicable to people of all ages in Devon. Plymouth and Cornwall have different response service provision. The FRS Police Consult Line will provide a 24/7 designated consistent consult service for police officers to have easy access for advice and guidance with a view to reducing Section 136 detentions where appropriate. This line aims to provide a single point of contact for officers to consult with a mental health crisis service before considering the use of section 136 and information sharing requests in crisis situations. This will ensure people are accessing the right care at the right time to improve experience for service users.

Right Care Right Person

Right Care, Right Person (RCRP) is an approach designed to ensure that people with mental health and social care needs are responded to by the right person with the right skills, training and experience to best meet their needs. The principles have already been adopted in a number of areas to shape the local service delivery. (Draft National partnership Agreement – April 2023) Based on a model initiated in Humberside in 2019, and subsequently supported by Department of Health and Social Care (DHSC), National Health Service England (NHSE) and the Home Office (HO), work to adopt Right Care Right Person principles across Devon and Cornwall Police has started. The National Partnership Agreement between Health, Social Care and Policing has been agreed and the partnership Strategic Coordinating Group has been established and all the different working groups are coming together. RCRP is NOT all about mental health. Working to understand who calls us for concern for welfare is being carried out as part of phase 1 of RCRP so we can better support adults at risk within our communities.

9.4 Devon Partnership Trust

17.5% of all safeguarding enquiries for Devon and Torbay were led by DPT clinicians in 2022-2023, this reflects our culture (and policy) where our staff are proactive in undertaking routine enquiries with all our patients. DPT staff explore whether patients have a history of abuse or neglect, proactively exploring whether they are currently safe from abuse or neglect and proactively identify where there is or may be a safeguarding concern.

High volume staff engaging in safeguarding supervision within DPT - 2928 engagements in safeguarding supervision (through the Trust central safeguarding team) in the financial year 2022-2023; all our safeguarding supervisors are trained in restorative safeguarding supervision - this is a significant improvement on the previous year.



Annual Report 2022/2023

Training compliance for safeguarding adults has improved - all registered clinicians and practitioners working for DPT are required to complete safeguarding adults training at Level 3; and we have made considerable progress towards achieving our target of 90% having this competency and feedback regarding this training is very positive.

9.5 NHS Devon

The new interpersonal trauma response service is being rolled out. It will train GPs across Devon to talk to patients about domestic abuse, sexual violence and other trauma, and offer referral into a specialist support service. The domestic abuse work undertaken by health organisations in Devon recently won a Parliamentary Award.

NHS Devon has coordinated work between Devon and Cornwall Police and the health provider delivering services within the police custody suits to enable them to have access to the Devon and Cornwall Care Record (DCCR). This will enable more effective management of detainee's healthcare whilst they are in custody.

In November 2022, an NHS England safeguarding visit took place. The team highlighted that safeguarding remains a priority during times of pressure and change within the system, and noted improved working relationships between NHS Devon safeguarding and commissioning teams across the commissioning cycle.

9.6 University Hospitals Plymouth NHS Trust

As the largest regional Hospital's NHS Trust, we are proud to share the significant investment given to the expanding Safeguarding Team, especially to Mental Capacity and DoLS subject-matter experts. Notwithstanding their support given to the 1,540 urgent applications, but our integrated "Think Family" approach remains embodied, with the wider context of adult, child and young person experiencing safeguarding and having mental capacity and/or mental health care needs too. The extended range of expertise available to clinical teams has proven to be both effective and efficient and improves the corporate assurance(s) of our collective safeguarding governance processes.

Similarly, University Hospitals Plymouth saw over 4,000 face-to-face contacts with adult patients (in a variety of settings) that were identified as experiencing, or at risk of, safeguarding harm, abuse, neglect and/or exploitation; with due care, compassion, and diligence paid to further protect, prevent, make safeguarding personal and proportionate, alongside the necessary partnership planning and management. Progression continues vis-a-vie our domestic abuse and sexual violence workstream, with ambitions to further increase the health IDVA personnel and to adopt universally the Routine Enquiry Question (good practice recommendations identified from local, regional, and national SAR and DHR's).

Our safeguarding services has also delivered a robust package of staff training and education across the whole organisation to enable staff to feel safe in their delivery of Safeguarding being Everyone's business, moreover core-business to the diversity of all our services; in addition to the development of a new Safeguarding Supervision Policy.



Annual Report 2022/2023

9.7 Royal Devon University Healthcare NHS Foundation Trust

The Royal Devon University Healthcare NHS Foundation Trust was established in April 2022, bringing together the expertise of both the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust.

Stretching across Northern, Eastern and Mid Devon, we have a workforce of over 15,000 staff, making us the largest employer in Devon. Our core services, which we provide for more than 615,000 people, cover more than 2,000 square miles across Devon, while some of our specialist services cover the whole of the peninsula, extending our reach as far as Cornwall and the Isles of Scilly.

We deliver a wide range of emergency, specialist and general medical services through North Devon District Hospital and the Royal Devon and Exeter Hospital (Wonford). Alongside our two acute hospitals, we provide integrated health and social care services across a variety of settings including community inpatient hospitals, outpatient clinics, and within people's own homes. We also offer primary care services, a range of specialist community services, and Sexual Assault Referral Centres (SARC).

We continue to put people at the centre of our safeguarding practice and encourage all our staff to see 'Safeguarding as Core' business.

The safeguarding and MCA teams across the north and east of the trust are working towards a fully integrated service, made possible because of My-Care, an electronic healthcare record. This has supported improved communication and safeguarding practice with information sharing and partnership working. It is enabling us to develop our systems to ensure responses are more streamlined, efficient and patient centred.

We have continued support of workforce development through education and training with a particular focus on trauma informed practice, self-neglect, domestic abuse and including the Mental Capacity Act (MCA). Our Staff have increased their understanding of safeguarding concerns and the numbers of 'concerns raised' with DCC Safeguarding Hub's has increased month on month.

The Trust was part of the team of Domestic Abuse and Sexual Violence colleagues across Devon, who have won the Excellence in Primary and Community Care Award at this year's NHS Parliamentary Awards. The award recognised the work done by NHS Devon and by the local providers who have contributed so much to the Domestic Abuse and Sexual Violence project in Devon, especially Devon and Cornwall SARC (Sexual Assault Referral Centre) and the Safeguarding teams at the Royal Devon, who work to safeguard patients and colleagues at the Royal Devon but have also provided support to other local Trusts.

9.8 Probation Service

In Devon and Torbay Safeguarding Adults training is now part of the mandatory learning in order for staff to progress up the pay scale, therefore completed at least annually.



Annual Report 2022/2023

Every quarter we run safeguarding workshops for staff which include sharing information and learning from Safeguarding Adult Reviews.

Staff have regular supervision and reflective practice sessions that enable case discussions with their manager including where there may be adult safeguarding concerns. The outcomes of any actions taken can be explored along with any further actions/options available to help the individual.

9.9 Heart of the South West Trading Standards

There is an agreement in place for all staff to undertake online scams training as part of their continued professional development (CPD), this is also the case for all new starters.

We were an active partner and panel member in relation to the SAR for Ella. We were able to help shape the learning resulting from this SAR review, which included an improved re-write to the financial abuse section of the TDSAP website.

We have strong links in place with partners and we are in regular contact with agencies, to assist in the safeguarding process, where individuals have been potential victims of scams.

9.10 Devon and Somerset Fire and Rescue Service

Devon and Somerset Fire and Rescue Service have now established an Internal Strategic Safeguarding Board. This is a multi-disciplinary board that provides a strategic oversight of all matters relating to safeguarding within the organisation including safer recruitment and training.

We continue to work with numerous partners across Devon and Somerset and we continue to carry out Home Safety Visits for adults at risk. We deliver a comprehensive "Trigger Point Awareness Package" to partners to ensure they are aware of the signs to look out for that might mean someone is at risk of having a fire. This ensures we receive referrals at the earliest opportunity and can signpost individuals to support or raise safeguarding referrals where necessary if someone is at risk of having a fire.

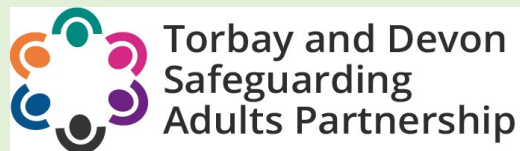
The safeguarding Team continue to work closely with the Home Safety Technicians who deliver Home Safety Visits, and we encourage all Home Safety Technicians to adopt a person centred approach to their visits and we particularly focus on areas around self-neglect and hoarding when providing training. The number of referrals the Safeguarding Team receive from Home Safety technicians continues to increase which means we are working towards achieving better outcomes for the communities that we engage with.

Section 10: Looking Ahead

10.1 Strategic Priorities

The TDSAP Board and its sub groups will continue to deliver the aims of the 2021-2024 strategic plan. The strategic priorities of the TDSAP remain under constant review, throughout the business year, with a full review of the three-year business plan due to take place in the spring/summer of 2024.

Agenda Item 10



Annual Report 2022/2023

A copy of the 2021 to 2024 strategic priorities can be found by clicking here: [Strategic Priorities 2021/2024](#)

10.2 Forthcoming SARs

The TDSAP has already published five more SARs since April 2023, with each of these SARs identifying key system learning that will improve operational functions across the partnership.

Five further SARs are currently in progress and are due to be published by the end of March 2024.

The TDSAP has a strong track record, over a number of years, for identifying significant multi-agency learning opportunities via its SAR processes. The TDSAP will continue to work closely with partners to uncover new system learning that can contribute to improvements in practice and ultimately achieve more positive outcomes for people and their communities.



IASC/24/03
Health and Adult Care Scrutiny Committee
24 January 2024

HEALTH AND CARE GENERAL UPDATE PAPER

Joint report from the Director of Integrated Adult Social Care at DCC, the Director of Public Health, Communities & Prosperity at DCC, and the Chief Medical Officer of NHS Devon

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendation

That the Committee be asked to note this report.

2) Background / Introduction

2.1 The report contains updates on key and standing items, and general information including on responding to specific actions, requests or discussions during the previous Health and Adult Care Scrutiny Committee meeting.

3) Devon County Council Integrated Adult Social Updates

3.1 IASC Finance Update

3.1.1 The finance update for Committee is provided during the Budget Scrutiny session on the morning of the 24 January.

3.2 North Devon Link Service Consultation Update

3.2.1 The extended consultation has concluded. All the responses received are being considered and a decision paper will be taken to Cabinet in March.

3.3 CQC Inspection update

3.3.1 The CQC issued the first set of notifications in December to those local authorities that will be in the first tranche of inspections in the new year, this followed the publication its final guidance and details on the required information return local authorities will be required to submit.

3.3.2 Committee will be aware and familiar with our inspection preparations including the LGA Peer Challenge that we took part in last July. Our [response to the outcome report and the action plan](#), contributed to by committee, was is taken to Cabinet on the 13 December to ensure awareness of our continue preparations and actions taken of the back of the Peer Challenge.

Agenda Item 11

3.3.3 Resources have been developed locally to support local Members, building on the engagement to date. These will be shared with members and there will be a further Scrutiny Committee masterclass, open to all DCC members, on our Self-Assessment document when finalised, this is planned for February.

3.4 Adult Social Care Outcomes Framework update

3.4.1 The latest Adult Social Care Outcomes Framework data has been published giving us the opportunity to compare ourselves with others across the country.

3.4.2 We have consistently performed well on overall satisfaction and social care related quality of life judged by those receiving services, and we have done again this time, and we remain in the top quartile.

3.4.3 Looking at that alongside that the CQC provider quality indicators which are being added to ASCOF, and where again we are high first quartile, is a real positive and an indication that we are we are achieving our Vision.

3.4.4 There are areas for improvement, and we will need to think about how we can improve the reach and effectiveness of our reablement offer, an area of long-standing challenge.

3.4.5 Our ASCOF data will be incorporated into our annual report / self-assessment document in preparation for CQC inspection and the Health and Adult Care Committee will be given the opportunity to contribute this.

3.5 Devon County Council in-house care homes all rated 'good' by the CQC

3.5.1 [Greenfields](#) and [Mapleton](#), two of Devon County Council's three in-house care homes were inspected by the CQC this year with both receiving 'good' ratings. This means that all three of the in-house care home, including Woodland Vale are rating good.

3.6 Overview of compliments, complaints, and Ombudsman reports

3.6.1 It has not been possible to provide complete compliment data for this report; a project is ongoing to log compliments for this reporting year, to enable the data to be made available for the next quarterly report. There has been c.155 compliments received by Customer Relations for Q1 & Q2 2023-24 which are awaiting logging.

3.6.2 There was a steady decrease in complaints received per quarter since Q3 of 21-22 however we have seen a spike in complaints received in Q2, to higher levels than any previous quarter of the past two years. The most complained about issues in 2023-24 to date appear to be in relation to:

- Actions in relation to Reviews and Assessments; in particular, poor communication with customers, delays, quality of the assessment/review, lack of understanding of needs, and inappropriate actions taken.
- Commissioned external provider placements; in particular, the quality of the service, poor and inappropriate communication and inappropriate actions

- Charging for Care Services delays in undertaking financial assessments, errors in financial assessments, poor communication to customers, and increases in costs

3.6.3 Response rates for complaints continue to require significant improvement, with 53% in time in 2022-23 and 50% in time to date in 2023-24. However, there has been an improvement between Q1 with 41% responded to in time and Q2 with 59%, so this is moving in the right direction albeit with some way to go.

3.6.4 Two of the four complaints concluded by the Ombudsman in 2023-24 to date were upheld (50%). The upheld complaints related to:

- The Council failing to fully engage with its duties when the complainant raised several serious concerns about his brother's care, and failed to make sure that the care met the expected standards during Covid. The learning from this complaint was that more proactive action should have been taken, including reviewing our visiting policy and risk assessment during Covid in order to facilitate an in-person visit.
- That Devon Partnership NHS Trust, Devon County Council, and NHS Devon Integrated Care Board did not provide the complainant with adequate and timely support in applying for benefits. The Ombudsman found there was a delay in supporting her with benefits. This meant she missed some benefit payments, and caused her avoidable distress and uncertainty. The learning from this complaint was that a review of S117 aftercare plans was required, to ensure that responsibilities set out are clearly assigned.

3.7 Changes to international worker visas

3.7.1 Members will have seen the [announcement](#) about changes to the rules relating to International Recruitment. This was unexpected and we are still trying to understand its potential impact. Details are still not fully clear but what we do understand is that the intention is to raise the qualifying level of salary from £26,200 to £29,000 in Spring this year and then eventually up to £38,700 but no firm date has been set for that.

3.7.2 Additionally, people receiving a work visa will not be able to bring their dependents with them. The Health and Social Care sector will be exempt from the salary increase but the rules around dependents will apply.

3.7.3 In the Devon area, providers are reporting a high level of anxiety from their international recruits about the risk of deportation, although that is not going to be an impact of the announcement. The real impact is that potential overseas recruits may choose not to come because of the dependents rule, equally we could see a short term increase ahead of the rule coming in. The greatest risk in the Devon area is probably to the sufficiency of our domiciliary care market where improvements in supply in the last year have substantially been driven by the contribution of the overseas workforce. International Recruitment makes an important contribution to health and social care in Devon and we are pleased to welcome high quality

Agenda Item 11

colleagues from overseas who are helping to deliver services to the people of Devon.

4) NHS Devon updates

4.1 Finance update

4.1.1 In 2023/24 as part of the journey to achieving a balanced budget, the forecast deficit for the county's NHS system as a whole is £42.3 million, which includes a £212 million savings plan. However, as shown by NHS Devon's December Board papers, at that point in the year, the integrated care system was £32.5 million adrift from where it expected to be against plan.

4.2 Reconfiguring NHS services – new ministerial intervention powers

4.2.1 From 31 January 2024 a new process for ministerial intervention in reconfiguration of NHS services will apply. Schedule 10A to the NHS Act 2006 provides a new call-in power to allow the Secretary of State to intervene in NHS service reconfigurations at any stage where a proposal exists and take or re-take any decision that could have been taken by the NHS commissioning body.

4.2.2 Criteria must be met for all requests, including demonstrable concerns with the process, or the decision not being in the best interests of the health service in the area. The request must also provide evidence of attempts to resolve concerns with their local NHS commissioning body or raise concerns with their Health Overview and Scrutiny Committee.

4.2.3 Most reconfigurations will continue to be managed at a local level and will not require ministerial intervention. The Department for Health and Social Care expects requests only to be used in exceptional situations (which are not yet defined in the guidance) where local resolution has not been reached.

4.2.4 The updated guidance is available here - [Reconfiguring NHS services - ministerial intervention powers](#), along with the revised [Local authority health scrutiny guidance](#).

4.3 New year system pressures

4.3.1 The start of 2024 saw our system facing extreme pressures due to a combination of winter pressures, staff sickness and industrial action. As a result of the continued pressure, the system entered the highest level of escalation on 5 January.

4.3.2 All partners worked hard to take action to mitigate the disruption and deployed additional measures, including some hospitals reducing visiting hours or re-directing people from hospital emergency departments to other services which were more appropriate for their medical needs, if it was safe to do so.

4.3.3 We continued to encourage people who need medical help to come forward – using 999 and A&E in life threatening emergencies and 111 online for everything else alongside their GP practices and pharmacies.

4.3.4 We also issued advice to local people to help the NHS. Key messages were:

4.3.5

- Not visiting loved ones in hospital if they have symptoms of a cough, cold, respiratory illness, diarrhoea or vomiting
- Washing their hands frequently with soap and water as this is the best way to stop norovirus spreading
- Getting their covid-19 and flu vaccines

4.3.6 Thanks to the efforts of staff across the county, we were able to step down our system escalation level on 9 January.

4.4 Organisational change

4.4.1 Integrated care boards across the country have been set a challenging ask to reduce running costs by 30% by 2025/26. To achieve this, NHS Devon started a restructure of the organisation in 2023 to make these savings.

4.4.2 We are making progress with our organisational change process and have now largely finalised our executive and senior leadership team structures. Work has now begun on designing the structures for the remainder of the organisation.

4.5 Right Care Right Person

4.5.1 A new campaign has been ‘soft’ launched by Devon and Cornwall Police and system partners.

4.5.2 It’s about how vulnerable people in crisis are dealt with by the emergency services and subsequently other services, including local authorities and mental health services. It aims to ensure they are supported by the most appropriate agency for their circumstances.

4.5.3 The first phase of Right Care Right Person is about concerns for welfare. This is when a member of the public or a partner agency calls 999 about someone who they think may be vulnerable or in distress. When the public call 999 they often don’t know which emergency service to ask for and the call is passed to the police by default.

4.5.4 The police will always respond when there’s a crime, violence or risk to public safety, but they may not always be the best people to deal with someone in distress who needs more professional and specialised help.

4.5.5 RCRP aims to change that. From week commencing 8 January 2024, 999 Devon and Cornwall Police call handlers are using a new decision-making toolkit to guide them through the call and decide if it meets the threshold for police attendance and advise the caller what to do if it doesn’t.

Agenda Item 11

- 4.5.6 Members of the public should not notice any difference. The most important message for them is that they should continue to call 999 or 101 if they have a concern for someone's welfare.
- 4.5.7 RCRP is being implemented locally in four phases over the next 12 months by a partnership made up of Devon and Cornwall Police, health care providers, the South Western Ambulance Service NHS Foundation Trust and local authorities.
- 4.5.8 Find out more about Right Care Right Person:
<https://sway.cloud.microsoft/avXrL9CuiHqEPu1K?ref=Link>

4.6 Performance

Based on the latest data available.

Urgent and Emergency Care

- 4.6.1 This area saw some improvement during November 2023. Ambulance handover delays above 15 minutes reduced in November to 12,514 from 13,942 hours, but this remains behind trajectory.
- 4.6.2 4-hour Emergency Department performance remains below trajectory at 60.8% and has failed to achieve its trajectory for the last 7 months.
- 4.6.3 Category 2 response times improved in November with an average response time of 47 minutes, compared to 58 minutes in October.

Elective care

- 4.6.4 The target of zero patients waiting over 104 weeks remains unmet but improving.
- 4.6.5 78-week waits are also exhibiting statistical improvement with 766 patients waiting over 78 weeks at the end of November.
- 4.6.6 The Cancer 28-day Faster Diagnosis Standard for the system has been achieved for six consecutive months but failed in September and October due to an anticipated drop in skin cancer performance due in part to a combination of increased referrals and reduced staffing.
- 4.6.7 The total diagnostic activity volumes delivered in Q4 of 2022/23 was the highest quarterly total for two years.

Hospital discharges

- 4.6.8 The Devon target is no more than 5% of General and Acute beds occupied by patients who are medically fit to be discharged, known as No Criteria to Reside (NCTR). As of 20 November, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 12%, which has increased since the previous month.

Primary and community care

4.6.9 NHS Devon continues to exceed three out of four access targets. GP appointments occurring within 2 weeks was 73.8% against an 85% target. The target of 35% of appointments occurring within one working day of request continues to achieve with 43% seen within one working day during October 2023.

4.6.10 Devon's Plan for Recovering Access to Primary Care (PCARP), was supported by Board in October and implementation has commenced.

4.7 Joint report on emergency departments published

4.7.1 A new joint report from NHS Devon and Healthwatch Devon, Plymouth and Torbay has found 98% of people are aware of alternative services to emergency departments (ED)

4.7.2 The report shows the findings from engagement undertaken earlier this year with patients in the four EDs across Devon about their journey to ED.

4.7.3 Healthwatch spoke with 511 people during 34 visits at various times and days, which included daytime, evenings and weekends. The key learning from the report shows:

- 98% of people are aware of alternative services in the way NHS Devon advises and promotes
- On average, 68% of people accessed their GP service first, and 20% accessed more than one service prior to attending an ED
- NHS Devon should continue to positively promote urgent care services to encourage people to access services prior to visiting ED
- The insight doesn't make clear if alternative services are meeting patients' expectations and ED is the place people are choosing to seek further opinions or support.

4.7.4 To access the report, click on this link:

<https://cdn.whitebearplatform.com/hwdevon/wp-content/uploads/2023/11/30093656/Final-HWDPT-ED-report-v22.pdf>

4.8 Latest News

Covid and Flu Vaccination Programme

4.8.1 The South West has again achieved the highest uptake for covid and flu vaccinations in the country. The Devon system has provided over 737,000 Covid and flu vaccinations this autumn, including vaccinating over 92% of care home residents. It is a fantastic collaborative achievement between all our Primary Care Network, community pharmacy, hospital, vaccination centre, outreach and NHS Devon teams who work hard to maximise protection for vulnerable people against winter viruses.

4.8.2 We currently have uptake levels across Devon of 62% for Covid and 73% for flu and are asking primary care colleagues to continue to contact patients to invite them in to be vaccinated or to advise them where they can get their vaccinations. Although the

Agenda Item 11

National Booking Service is now closed, people can still access covid vaccinations through their GP, community pharmacy or vaccination centre until 31 January, with primary care being able to offer flu vaccinations until 31 March.

- 4.8.3 For any queries people can contact the Vaccination Support Team at d-icb.devonvaccinationsupport@nhs.ne

Working together on £40.5m mental health centres

- 4.8.4 A new 10-bed centre is set to be built in Devon as part of a £40 million regional scheme to improve acute mental health care for individuals with a learning disability and autistic people.
- 4.8.5 It is the first-time systems across the region have worked together to deliver these services and the Devon centre is proposed for the Langdon Hospital site in Dawlish, where it would be run Devon Partnership NHS Trust (DPT).
- 4.8.6 In the South West, a total of 20 new mental health hospital beds will help bring an end to long-distance placements, making life better for individuals who need hospital treatment, and for their families, friends, and carers. While the investment will result in an increase in beds in the South West, it will not result in more people being admitted to hospital. Instead, only those who genuinely need to be in hospital can be, and closer to home. Only a very small number of people will require these services.
- 4.8.7 This will go hand in hand with improvements to local care and support of individuals with a learning disability and autistic people so they can live healthier, happier lives in their local communities.
- 4.8.8 The units will be designed specifically to care for individuals with a learning disability or autistic people who would benefit from treatment in a hospital and whose needs cannot be met in a mainstream mental health hospital, even with reasonable adjustments.
- 4.8.9 Subject to planning permission, the other facility will be developed at the Blackberry Hill Hospital site, Bristol, run by Avon and Wiltshire Mental Health Partnership NHS Trust.

5) Options / Alternatives

N/A

6) Consultations / Representations / Technical Data

N/A

7) Strategic Plan

N/A

8) Financial Considerations

N/A

9) Legal Considerations

N/A

10) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

N/A

11) Equality Considerations

Impact assessment was conducted for the North Devon Link Service

12) Risk Management Considerations

N/A

13) Summary

That the Health and Adult Care Scrutiny Committee note the contents of the report to support its work.

Name

Tandra Forster, Director of Integrated Adult Social Care, Devon County Council

Dr Nigel Acheson, Chief Medical Officer, NHS Devon

Electoral Divisions: All

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

Local Government Act 1972: List of background papers

Background Paper Nil

Contact for enquiries:

Name: James Martin

Telephone: 01392 38300

Address: Room G38, County Hall, Topsham Road, Exeter, EX2 4QD

