

## 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

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

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### 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 taken to Cabinet on the 13 December to ensure awareness of our continue preparations and actions taken of the back of the Peer Challenge.

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

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.

- 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

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](mailto: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**

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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

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