

## Report of the Director of Strategy (NEW Devon CCG and South Devon and Torbay CCG) and the Head of Adult Commissioning and Health, Devon County Council

### NHS INQUIRY SPOTLIGHT REVIEW - UPDATE

#### 1. Recommendations

1.1 Scrutiny note the contents of this update.

#### 2. Introduction

2.1 This report is intended to update members on activities and progress against the recommendations in the NHS Inquiry Spotlight Review (CS/18/05) presented to this committee on 25 January 2018.



NHS Spot final  
report.pdf

2.2 The Spotlight Review described three ambitions with ten specific recommendations across these ambitions. An update is provided against each recommendation:

	<u>Ambition</u>	<u>Specific Recommendations</u>	<u>Update</u>
1.	Increase and maintain the Health and Care workforce through effective recruitment and training opportunities and retention of quality staff.	<p>1.1 Ask Sarah Wollaston, as Chair of the Health Select Committee and a Devon MP, to establish a Select Committee inquiry into system wide approaches to recruitment and retention in the NHS and Adult Social Care</p> <p>1.2 All Councillors in their community leadership role to promote the value of health and social care as fantastic, rewards careers</p>	<p>The Cabinet member for Adult Care and Health meets regularly with Devon MPs and keeps local MPs updated on relevant matters relating to health and care. This has included recruitment and retention issues including promotion of the “Proud to Care” Campaign. Officers have also been in conversation with national officials who are trialling a national recruitment campaign for social care.</p> <p>The Cabinet Member for Adult Care and Health has promoted the “Proud to Care” initiative and the role of local members in this via his regular newsletter to all members. The</p>

			<p>“Proud to Care” team has held several local recruitment and retention fairs to actively promote care as a career in local communities.</p>
		<p>1.3 Work through the NHS and Local Authority to take a system wide collaborative approach to promoting innovation recruitment and retention ideas. For example, looking at the lessons from East Kent as well as opportunities for apprentices right through to incentives to retain or reintroduce retirees.</p>	<p>The Devon Sustainability and Transformation Partnership (STP) has a strategic workforce workstream and members will be updated on progress via a masterclass. A prevailing feature is collaboration to maximise opportunity to work across providers including mutual support to all organisations with staffing issues.</p>
		<p>1.4 Further work to take place on dual contracts where two providers employ the same member of staff part time each, reducing competition for the same staff pool and offering the most flexibility to staff members</p> <p>1.5 Identify GP practices in Devon that may be vulnerable if staff were to retire or leave. Work with practices to help improve resilience.</p>	<p>A system wide memorandum of understanding has been drafted to enable the ability for staff to move more freely to work across the system and for skills and capabilities to be deployed and shared across organisational boundaries. This is awaiting formal individual organisational endorsement.</p> <p>The CCGs in Devon have taken on a lead responsibility for supporting GP practice resilience, working in partnership with NHS England, the Local Medical Committee as the professional representatives of General Practice, and the GP practices within Devon who may themselves identify resilience risk.</p> <p>In assessing GP practice resilience, a wide range of factors are taken into account which may include for example: actual and anticipated workforce pressures including difficulties in recruiting, financial viability, size, isolation whether geographic or relating to other factors, functional state of the premises, and the operating model. The approach taken is not only to provide support to individual practices but to resolve the underlying issues leading to the arising vulnerability and are committing resources to do this.</p>

2	Reduce unnecessary pressure on the system	<p>2.1 Clear communication of where to go in an emergency. Investigate the opportunities for greater sign posting e.g. through technology such as NHSQuicker app.</p> <p>2.2 Better promotion of pharmacies as places to go for advice and treatment.</p>	Significant work has taken place to manage demand and pressure on the health and care system across Devon. This is described in detail in Appendix A (attached) and includes specific reference to the role of pharmacies.
3	Recognise, Value and Support the role of social prescribing, social enterprise and community groups in enabling preventative measures, coping strategies and treatment options.	<p>2.3 Investigate the mechanisms by which GPs could promote alternative treatments to prescription drugs such as physical activity and/or activities for mental wellbeing</p> <p>2.4 Review the effectiveness of the Integrated Care Exeter project and Community Connectors and embed lessons where appropriate to increase people's access to support.</p> <p>2.5 Write to DfT to ask that the age limit on volunteer drivers for community transport is reviewed and possibly increased to reflect changing demographics.</p>	<p>The Secretary of State for Health and Social Care launched the National prevention strategy earlier in November. All health and care operational teams operate a "core group" model where local practitioners meet to target intervention on known individuals at risk. There are formal social prescribing options for GPs in some parts of Devon and evolving community builder and connector roles as well.</p> <p>The Wellbeing Exeter programme (developed through the now closed Integrated Care Exeter Programme) commenced roll out to all Exeter GP practices during 2018. In the longer term it is expected that this will mitigate demand on health and care services in the city. The local commissioning group led by Exeter City Council will provide an annual evaluation on impact.</p> <p>This recommendation is allied to a service area outside the remit of adult care and health. Further consideration of how this recommendation can be embedded is required, at this time DCC have not received an indication from DfT that there is an appetite to change policy.</p>

**Equality Considerations**

None

**Legal Considerations**

None

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Sonja Manton  
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**Electoral Divisions: All**

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens