

HEALTH AND CARE GENERAL UPDATE PAPER

Joint report from the Director of Integrated Adult Social Care at DCC, the Director of Public Health and Communities at DCC, and the Locality Director of North and East Devon, 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 Integrated Adult Social Care services are forecast to overspend by £1.1 million. The position assumes that £29.1 million of savings are deliverable against the budgeted target of £29.4 million. Of this just under £20 million is deemed as delivered in that action has already taken place to secure the saving.
- 3.1.2 Adult Care Operations is forecasting an overspend of £1.7 million. There continues to be a mix of price and volume variances against budget levels, with growing pressures being felt in Learning Disabilities and Physical Disabilities.
- 3.1.3 Adult Commissioning and Health is forecast to overspend by £1.2 million. This is mainly the result of pressures within learning disabilities, and in particular there have been 10 high cost placements transitioning from Children's service, growing complexity for new placements, and an increase in care on existing care packages.
- 3.1.4 The Better Care Fund (BCF) programme supports local systems to deliver the integration of health and social care in a way that promotes person-centred care, sustainability and better outcomes for people and carers. It is a pooled budget between Devon County Council and Devon Integrated Care Board. There is currently a forecast overspend of just under £4.5 million associated with the BCF. This is mainly the result of pressures within the Community Equipment Service and budgets allocated to locality leads. Work is underway to mitigate and reduce this risk, but

should it crystallise the agreement that underpins the pooled budget arrangements mean that the Authority would be responsible for funding 50% of any end of year deficit.

3.2 CQC Inspection update

3.2.1 The CQC continues to notify local authorities of their inclusion the inspection regime, and [five more inspection reports were published in August](#). Local preparations continue for the Councils' future inclusion in the inspection regime to ensure we can give the best account of ourselves. In the South West region, in the coming weeks, inspections will take place in Bath & North East Somerset, Wiltshire, and South Gloucestershire. An [interim independent report](#) into the internal workings of CQC has been published with a full report expected to be published in October.

3.3 Care Act Part 2 Charging reforms

3.3.1 The new government has taken the decision to cancel the long-delayed adult social care charging reforms that would have included placing an £86,000 limit on the total adult social care costs any individual would pay.

3.3.2 The reforms were set out in care Act legislation 10 years ago but did they not receive Royal Assent following longstanding concern about affordability and local authority readiness to implement.

3.3.3 The status quo in terms of how people pay for their adult social care remains: individuals with assets below £14,250 are not required to contribute from their capital towards care costs, individuals with assets above £23,250 must pay the full cost of their care, individuals with assets between these two figures will contribute to their care costs.

3.4 Employment Rights Bill

3.4.1 The new government, through the King's Speech committed to introducing a Employment Rights Bill that will apply to the whole of Great Britain, due to be introduced by the middle of October. The Bill will include the establishing of a Fair Pay Agreement in the adult social care sector.

3.5 Skills for care workforce strategy

3.5.1 [Skills for Care \(SfC\) has published its workforce strategy](#) that aims to improve the quality of roles in adult social care, ensuring that the sector can attract and keep enough people with the right skills and values to provide the best possible care and support for the people who draw on it.

3.5.2 The Strategy highlights the impact of social care on improving lives, as well as its role in supporting economic growth, with the sector currently contributing almost £60 billion a year to the economy.

3.5.3 The strategy makes a number of [recommendations](#) to national and local government and other organisations within the sector, and a number of commitments have been made by the CQC and ADASS mirroring the areas of focus in the NHS Long Term Workforce Plan: attract and retain, train, transform.

3.5.4 SfC data shows between April 2023 and March 2024 the adult social care workforce in England grew for the second consecutive year to 1.71 million filled posts; an increase of 4.2%, or 77,000 filled posts. The number of vacant posts on any given day fell by 22,000 to 131,000 – a vacancy rate of 8.3%, which is around 3 times that of the wider economy. International rather than domestic recruitment was the main driver of the increase in filled posts and the fall in vacancies, with 105,000 international recruits, an increase of 25,000 on the previous year. The total number of people working in adult social care, as opposed to posts, was 1.59 million. This is 5.4% of all jobs in England.

3.5.5 We expect the full local authority level dataset to be published in October which will provide a detailed snapshot of the adult social care workforce in all local authority area and region.

3.6 Adult Social Care Training and Development Fund replaced by Adult Social Care Learning and Development Support Scheme

3.6.1 The Adult Social Care Training and Development Fund was for adult social care employers to apply for to claim reimbursement for spend on upskilling the adult social care workforce in England. It was part of a commitment within [People at the heart of care](#). The funding over £50 million was to support up to 37,000 individuals in direct care roles to enrol on the new Level 2 Adult Social Care Certificate qualification by March 2025.

3.6.2 DHSC is now providing funding under the [Learning and Development Support Scheme](#) to support learning and development for 'non-regulated care staff'. Eligible ASC employers can claim funding for certain training courses and qualifications on behalf of eligible care staff. This funding is for eligible courses and qualifications that have been both paid for and started between 1 April 2024 and 31 March 2025. Details on the size of the fund and individual claims that can be made is pending.

3.7 The annual spring survey of the Association of Directors of Adult Social Services (ADASS)

3.7.1 The [latest ADASS annual spring survey](#) was published in July, coinciding with the general election and a new government to highlight the on-going challenges facing adult social care. The national headline findings are set out below, and work is taking place locally to see how DCC benchmarks against the national picture.

- I. **The financial situation facing Directors of Adult Social Care is as bad as it has been in recent history.** Adult social care budgets in 2023/24 were overspent by £586mn, the highest levels for at least a decade. The £903mn savings required for 2024/25 are at their highest levels since 2016/17 and there is an increasing reliance on one-off reserves to prop up budgets.
- II. **This challenging financial situation, coupled with the increasing complexity of need, means that Directors' confidence in delivering on their legal duties is faltering.** 90% of Directors indicated that they are either partially confident or have no confidence that their budgets will be sufficient to fully meet their statutory duties in 2024/25. 60% of Directors lack confidence that their budgets will enable them to meet their legal duties relating to care market sustainability.

- III. **The complexity of people's adult social care needs means that more people now require more intensive care and support.** For those people accessing council-funded care from community-based settings in 2023, 67% of Directors reported increases or significant increases in the size of care packages, for 2024 this has risen to 74%. Council-funded homecare requiring more than one member of staff rose by 7.4% over the last year.
- IV. **Directors want to invest more in early support and care closer to home.** However, the stretched funding available for adult social care means this has to be prioritised towards those people with the most complex needs. Investment in prevention fell from £1,549mn in 2023/24 to £1,428mn in 2024/25. As such it is hardly surprising that just over half of Directors (51%) are less than confident that their budgets are adequate to meet their legal duties relating to prevention and wellbeing. The proportion of councils taking a positive investment strategy for preventative social care services has also dropped significantly from 44% in 2023/24 to 29% in 2024/25.
- V. **Funding and service pressures in the NHS are having a knock-on effect in adult social care.** The number of Directors reporting a significant increase in the number of new people failing to qualify for Continuing Healthcare (CHC) has increased from 56% last year to 76% this year. This despite an ageing population and increased acuity and complexity of need. There is also an increasing trend of people who previously qualified for CHC being reviewed to find they no longer qualify. This means more people require council-funded social care, with 79% of Directors reporting this was the case in 2023 compared to 94% in 2024.
- VI. **Adult social care staff are increasingly undertaking tasks that were previously delivered by NHS staff on an unfunded basis.** 84% of Directors reported that this was the case compared to 70% in Autumn 2023. For delegated tasks from the NHS, 67% of Directors reported that social care staff in their local area are undertaking them without training, supervision and/or funding from the NHS. The skill and compassion demonstrated by social care staff every day is why ADASS has and continues to advocate for better pay, terms and conditions.
- VII. **There are fewer people waiting for assessment, care and support to begin or for a review of their care plan.** Whilst on the face of it this is good news, there remains significant unmet needs impacting quality of life for many people. Some 418,029 people were waiting for an assessment, care or direct payments to begin or a review of their care plan as of 31 March 2024, which is a reduction of 11.1% from 470,576 at the end of August 2023.
- VIII. **Councils continue to invest in care closer to home, increasing the amount of homecare hours available and reducing reliance on residential care.** The number of homecare hours delivered between January and March 2024 (45mn hours) was 30% higher than between January and April 2021 (35mn hours). Supporting as many people as possible to live in a place they call home- as expressed in the Social Care Futures vision - is a step in the right direction, with more still to be done to enable people to live the lives they want to lead.

- IX. **Care markets remain unstable, with many providers struggling.** In the past six months 65% of Directors reported that providers in their area had closed, ceased trading or handed back council contracts, affecting just over 5,000 people. This compares to 66% in our 2023 Spring Survey, Unpaid carers are being left to pick up the pieces of shortages in health and social care support to the detriment of their own health and wellbeing. 88% of Directors agreed that unpaid carers are coming forward with an increased level of need in their local area over the past 12 months.

4) Devon County Council Public Health update

4.1 Smokefree Generation

- 4.1.1 The Smokefree Generation Bill was stalled going through the parliamentary process due the general election. However, Labour has committed to support the Bill so while delayed it is expected the Bill passed in the coming months. Following the award of the Smokefree Generation Grant, the work has started to support 4000 to quit smoking and team appointed with funding being directed to support the ambition.

4.2 Oral Health Promotion

- 4.2.1 It has been confirmed that the Public Health Teams in local authorities within Devon will receive additional funding from the NHS underspend on Dental activity to expand and extend the reach of existing oral health improvement programmes in schools Devon wide to ensure every child has the best start in life. The interventions being explored include expanding the existing supervised toothbrushing scheme to cover all primary schools and nurseries, and in schools in the greatest areas of deprivation introduce fluoride varnishing and Open Wide Step Inside, an evidenced based, educational resource for Year 2 primary school children designed to raise awareness of better oral health. The existing Oral Health Improvement Service commissioned by Public Health Devon continues to provide oral health education to organisations working with children or adults at risk of poor oral health.

4.3 Planning for the next Pandemic

- 4.3.1 The UK Covid-19 inquiry recently published the outcomes of Module 1 (Resilience and Preparedness). The learning from the national inquiry is supporting the work of the Local Health Resilience Forum who are leading the development of a system-wide pandemic and High Consequence Infection Disease plan. Public Health Devon are inputting into the development of the plan.

4.4 Responding to the threat of emerging drugs

- 4.4.1 Public Health Devon is undertaking a programme of work aimed at responding to the threat posed by the proliferation of novel synthetic substances ('Nitazines') contributing to a national and local rise in drug related deaths. This work was presented to the Health and Wellbeing board in July 2024.

4.5 Sexual Health

- 4.5.1 The tender for the sexual health recommissioning has gone live

5) NHS Devon updates

5.1 Performance *(based on latest published information in May 2024)*

Urgent and emergency care

- 5.1.1 Ambulance handover delays above the 15-minute mark decreased in May to 9,962 from 10,546 in April which was ahead of trajectory (10,781). Four-hour Emergency Department performance remained below trajectory (70.4%) at 70.1%, although improved on the previous month's position of 68.5%, reflecting the continued effort across the system to improve against the trajectory. Category 2 ambulance response times increased by one minute in May with an average response time of 46 minutes.

Elective Care

- 5.1.2 The system remained behind the national targets for the clearance of 104-week wait (ww) patients with two patients waiting over 104 weeks in April. 78ww patients are ahead of trajectory with 334 against a trajectory of 364. Each acute provider runs weekly long waiter evaluation meetings to review opportunities to bring forward patients, as well as weekly regional scrutiny via the NHS England Tier 1 escalation process. 76.2% of GP-referred patients received a cancer diagnosis within 28 days and achieved the target of 75%. Likewise, the number of patients waiting more than 62 days is within trajectory.

Primary Care

- 5.1.3 The target of 85% appointments within 2 weeks was not achieved in any Local Care Partnership (LCP) area with an overall system position of 79.8% in April. This position declined since the previous month. Focus on meeting same day need continues to adversely impact delivery of the 2-week target. The target of 35% of appointments occurring within 1 working day of request continues to achieve comfortably across every LCP area, with 50.2% being seen within 1 day overall (an improved position compared to the previous year of 49.6%).

Hospital Discharges

- 5.1.4 No criteria to reside (NCTR) continued to improve across the system with a Devon position of 11.1% in May 2024. This was split by Royal Devon University Healthcare NHS Foundation Trust (RDUH) 13%, University Hospitals Plymouth NHS Trust (UHP) 9%, Torbay and South Devon NHS Foundation Trust (TSD) 6%. Actions to address reducing NCTR will be managed through locality level Bronze Calls and via the monthly Discharge Group.

5.2 Finance

- 5.2.1 The Devon Integrated Care System is forecasting a year end deficit of £80 million. As at Month 2, the system is reporting a year-to-date £29.7m deficit against a planned deficit of £29.7m. The plan includes a savings requirement of £213 million,

which is in line with that required in 2023/24. The plan assumes that there will be no cost in relation to Industrial Action.

5.3 Annual report and accounts

- 5.3.1 The annual report and accounts of NHS Devon will be presented to the NHS Devon Board at its meeting on 18 September. Agenda papers will be published on 11 September. 2023/24 marked NHS Devon's first full year as an Integrated Care Board, following the transition from NHS Devon Clinical Commissioning Group in July 2022.
- 5.3.2 As a new organisation it has needed to adapt its work to respond to changing responsibilities and the increasing pressures on services, including an unsustainable underlying financial deficit.
- 5.3.3 The annual report sets out how, while NHS Devon is making encouraging progress in some areas, there are others, such as access to urgent and emergency care, where significantly improve performance is needed.

5.4 Organisational change process

- 5.4.1 NHS Devon is undergoing an organisational change process to bring costs into line and comply with a central requirement for all integrated care boards to reduce their running costs by 30%.
- 5.4.2 The consultation period for phase two of the process is complete and Executives agreed the new structures in July. NHS Devon is preparing to share final structures and consultation feedback with staff in early September.
- 5.4.3 Recently, as part of the implementation of phase one of the process, appointments have been made to the NHS Devon locality director positions, with all three locality directors now in post, as below:
- Plymouth – Chris Morley
 - North and East – Lou Higgins
 - South and West – Karen Barry

5.5 General practice collective action

- 5.5.1 GP practices have begun taking collective action across the country as of 1 August. The local picture in Devon, Plymouth and Torbay is emerging gradually and, given the variety of actions that practices can take, this is a complex and changing position. Forecasting the impact therefore remains very complex. Practices are doing their own messaging to patients on practice-specific arrangements.
- 5.5.2 NHS Devon is working with NHS England and system partners to monitor activity to ensure care continues to be delivered safely and that reasonable needs of patients continue to be met, alongside the other contractual requirements.

- 5.5.3 NHS Devon is holding weekly incident management meetings with primary care and acute partners to understand the implications of collective action and look at mitigating actions that be taken.
- 5.5.4 Bulletins and briefings have been sent to practices and stakeholders on the latest position and supporting materials – as well as a website page for the public. The key message in our communications is that practices are open, and that people should continue to access them.

5.6 STaR partners helping people with complex lives

- 5.6.1 Partners in Exeter are delivering an innovative alternative treatment approach to people who often find it impossible to access standard treatment for their substance dependency, physical and mental health needs, past trauma and housing.
- 5.6.2 The Exeter System Treatment and Recovery (STaR) project was set up to work with people who have experienced difficulties engaging with traditional models of care who need specialist interventions for their complex health and social care needs.
- 5.6.3 An alliance has been formed to provide a new service targeting rough sleepers who have substance use problems and other co-morbidities. Partners include: CoLab Exeter, BtheChange, HumanKind/EDP (Together), Clock Tower Surgery, Devon Partnership NHS Trust, BCHA, Julian House, NHS Devon, Exeter City Council and Devon County Council.
- 5.6.4 The team's ambition was to increase numbers of people accessing and succeeding in treatment for addiction (including access to Buprenorphine, a medicine used to treat dependence on opioid drugs), obtain and maintain housing, optimise their health with preventative healthcare and start to address past traumas, which are often the root cause.
- 5.6.5 The project has achieved improvements to the lives of individuals in treatment. The key to these successes is the combined delivery of easy-to-access healthcare and addiction treatment from specialist GPs, bringing together substance misuse, physical health, social inclusion, housing, and psychology expertise to address these complex challenges using a trauma-informed approach and outreach working. They take a proactive approach by joining local rough sleeper teams and going out with them on visits, and focusing on other trusted locations where the patient group frequently attend, such as CoLab, Exeter.

5.7 Devon health and care staff honoured in 2024 Parliamentary Awards

- 5.7.1 Several Devon winners are included in the NHS South West regional round of the 2024 Parliamentary Awards, after being nominated by their local MPs.
- 5.7.2 All winners will now go on to represent the South West in the national awards ceremony, alongside those from other English regions, at the prestigious Queen Elizabeth II Centre in Westminster on Monday 14 October. The 2024 Devon winners are:

- The Excellence in Mental Health Care Award: Bristol Dementia Wellbeing Service, Devon Partnership NHS Trust
- The Future NHS Award: Northern Devon Heart Failure Remote Monitoring Project, led by Angela Tithecott, Royal Devon University Healthcare NHS Foundation Trust – Northern Services
- The Nursing and Midwifery Award: Louise Barraclough, Devon Sexual Assault Referral Centre
- The Excellence in Primary Care and Community Award: Belle’s Place Primary Care project, Combe Coastal Practice/Royal Devon University Healthcare NHS Foundation Trust
- The Excellence in Education and Training Award: Dr Yvonne Neubauer, MSI Reproductive Choices UK
- The Volunteer Award: Lyndsey Withers, Plymouth

5.8 Winter communications strategy

- 5.8.1 One Devon takes a system approach to winter communications planning to ensure a consistent approach to winter campaigns across both health and care services.
- 5.8.2 Communications are coordinated with a Devon-wide strategy, which includes themed weeks to ensure a consistent approach for maximum affect.
- 5.8.3 The national NHS winter campaign has been designed to reach the most vulnerable groups in our society providing them with clear, practical guidance on what they can do to stay as healthy as possible.
- 5.8.4 Messages are based on preventing infections (e.g., through effective hand and respiratory hygiene) and staying healthy, encouraging seasonal vaccine uptake, particularly amongst those at greatest risk and those experiencing health inequalities, and knowing which service you need, with a focus on helping to keep the elderly or those with long-term health conditions out of hospital.
- 5.8.5 At a local level, the system also uses the national branding and messages to target those areas where there is a need to raise awareness or increase communications efforts. The Devon campaign aims to ease seasonal pressure on NHS services. It is designed to ensure that people who are most at-risk of preventable emergency admission to hospital are aware of and, where possible, are motivated to take, actions that may avoid admission this winter.
- 5.8.6 This plan supports the system’s ambition to focus on addressing inequalities in uptake of vaccinations with a particular focus on areas of greatest need and defined cohorts who may be least likely to access vaccination and at-risk groups at higher risk of severe disease.
- 5.8.7 System priority areas for winter communications for 2024/25
- NHS 111 – choose well and behaviour change campaign to encourage contacting 111 before attending ED (online and phone)
 - Seasonal vaccinations – Increase uptake in all eligible groups for flu, Covid-19 and RSV, with focus on outreach and health inequalities

- GP access – Primary Care Access Recovery Plan: NHS App functionality, increasing self-directed care, implementing 'Modern General Practice Access', better digital telephony, care navigation, larger multidisciplinary teams
- Pharmacy and self-care – promoting Pharmacy First for minor illness, raising awareness of expanded pharmacy services, and local self-care campaign "Treatment starts at home"
- Digital – online and video consultations, NHS app, NHS Quicker, ORCHA health and wellbeing app library, HANDi paediatric app
- Mental health - support available for people, especially as we approach Christmas and New Year, 24/7 crisis lines, crisis cafes and talking therapies services
- Inequalities – focus on diverse groups, working with local communities and community champions to undertake engagement and insight work, ensuring services are inclusive, translated, and easy read documentation. Support to access services and information outside of digital platforms, particularly for people with learning and/or physical disabilities
- Early discharge – system-wide campaign to support early discharge from hospital and improve flow
- Minor injury units and urgent treatment centres – localised campaigns by providers to promote MIU/UTC offer.

5.9 Peninsula Acute Sustainability Programme

- 5.9.1 Work continues on the draft case for change to support the Peninsula Acute Sustainability Programme (PASP) which focuses on the challenges facing the delivery of acute hospital services in Cornwall, Devon and the Isles of Scilly. The vision for PASP is to work together to deliver high quality, safe, sustainable, and affordable hospital services as locally as possible.
- 5.9.2 Plans for a period of public engagement across the peninsula have been shared with Overview and Scrutiny Committees across the peninsula but timelines for this are not yet confirmed.
- 5.9.3 PASP recognises that acute hospital care is just one element of how NHS care is provided in the peninsula and it is important that public engagement on PASP is set within the wider health content.
- 5.9.4 NHS England has recently announced that each ICB will lead local engagement on the 10-year plan at some point between September 2024 and February 2025.
- 5.9.5 The Secretary of State for Health and Social Care has commissioned the Darzi Review - an independent investigation of the NHS. It will have a particular focus on assessing patient access to healthcare, the quality of healthcare being provided and the overall performance of the health system. The Secretary of State has appointed Professor Ara Darzi, Baron Darzi of Denham, to lead the investigation, which will report in September 2024.
- 5.9.6 NHS partners need to reflect on the requirements of the 10-year plan engagement and the Darzi Review before a decision is made on the next stage of PASP

engagement. Further information will be shared with Scrutiny committee members as and when it becomes available.

5.10 End-of-life review group

5.10.1 Supporting people who require end-of-life care and their families is hugely important to us. Local NHS partners want to see palliative and 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 care.

5.10.2 As part of this, NHS Devon has been engaging with hospices and other organisations who are involved with end-of-life care and have established a task and finish group led by Lou Higgins, locality director for north and east. The group will review evidence and guidance, assess Devon's position against this, and make recommendations on a future commissioning model, as well as creating an end-of-life care collaborative to advise NHS Devon on future long-term commissioning arrangements.

6) Options / Alternatives

N/A

7) Consultations / Representations / Technical Data

N/A

8) Strategic Plan

N/A

9) Financial Considerations

N/A

10) Legal Considerations

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

N/A

12) Equality Considerations

N/A

13) Risk Management Considerations

N/A

14) 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

Steve Brown, Director of Public Health and Communities Devon County Council

Lou Higgins, Locality Director, North and East Devon, NHS Devon

Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health: Councillor Phil Bullivant

Cabinet Member for Public Health, Communities and Equality: Councillor Roger Croad

Local Government Act 1972: List of background papers

Background Paper Nil

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