

HEALTH AND WELLBEING BOARD

8 June 2017

Present:-

Devon County Council

Councillors A Leadbetter (Chairman), J McInnes and B Parsons
Virginia Pearson, Chief Officer for Community, Public Health, Environment & Prosperity
Jo Olsson, Chief Officer for Children's Services

Dr Tim Burke, NEW Devon CCG
Dr Paul Johnson, South Devon and Torbay CCG
Jeremy Mann, Environmental Health Officers Group
Diana Crump, Joint Engagement Forum
David Rogers, Healthwatch

Apologies:-

Councillor Roger Croad
Jennie Stephens, Chief Officer for Adult Care and Health
Councillor Philip Sanders, Devon District Council's
Alison Hernandez, Police and Crime Commissioner

Also in Attendance

Jo Robison (For Alison Hernandez)
Tim Golby (For Jennie Stephens)

- * **1** **Election of Chairman**

RESOLVED that Councillor Leadbetter be elected Chairman for the ensuing year.
- * **2** **Appointment of Vice Chairman**

RESOLVED that Dr P Johnson be elected Vice Chairman for the ensuing year.
- * **3** **Minutes**

RESOLVED that the minutes of the meeting held on 9 March 2017 be signed as a correct record.
- * **4** **Items Requiring Urgent Attention**

There were no items requiring urgent attention.
- * **5** **Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring**

The Board considered a report from the Chief Officer for Community, Public Health, Environment and Prosperity on the performance for the Board, which monitored the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2016-2019.

The indicator list and performance summary within the full report set out the priorities, indicators and indicator types, and included a trend line, highlighting change over time.

The Board received an 'updates only' version of the Health and Wellbeing Outcomes Report. The report was themed around the five Joint Health and Wellbeing Strategy 2016-19 priorities and included breakdowns by South West benchmarking, local authority district and local authority comparator group, clinical commissioning group, and locality comparison, trend and future trajectories and inequalities characteristics. The indicators below had all been updated since the last report to the Board;

- Teenage conception rate, 2015 (latest rate (18.3 per 1,000 females aged 15 to 17) was broadly in line with South West (17.0). Rates had fallen significantly over recent years);
- Alcohol-specific admissions in under 18s, 2015-16 (rate per 100,000 population was broadly in line with South West rate (46.8), and significantly above the local authority comparator group (39.3) and England (37.3) rate);
- Alcohol-related admissions, Q3 2016-17 (Admission rates had fallen on 2014-15 levels and were significantly below the South West and England rates);
- Male life expectancy gap, 2013 to 2015 (For males the average gap between the most and least deprived communities was 5.9 years, significantly lower than the gaps for the South West (7.7), and England (8.2));
- Female life expectancy gap, 2013 to 2015 (For females the average gap between the most and least deprived communities was 3.9 years, significantly lower than the gaps for the South West (5.0), and England (6.4));
- Injuries due to falls, 2015-16 (the rate per 100,000 was 1788.0, below the South West (2046.5), local authority comparator group (1954.8) and England (2169.4) rates);
- Reported domestic violence incidents per 1,000 population, 2014 (Devon's rate of 12.00 per 1,000, was below the South West (19.37), comparator group (19.34) and England (22.07) rates);
- Hospital admissions for self-harm in persons aged 10 to 24, 2015-16 (admission rate per 100,000 in Devon was 614.1, higher than the South West (597.8), local authority comparator group (507.6) and England (430.5) rates); and
- Gap in employment rate (mental health service users), 2015-16 (the gap in employment rate between mental health service users and the overall employment rate in Devon (73.2%) was wider than the gap for the South West (68.0%), and England (67.2%).

Following approval at a previous meeting, a Red, Amber, Green (RAG) rating was included in the indicator list and a performance summary on page 10 of the full report. Areas with a red rating included fuel poverty and hospital admissions for self-harm, aged 10-24.

The report also featured 3 tables, table 1 showing a summary of the indicators, the latest available rate, an indication of trend and a quick comparison between Devon, the South West and England, table 2 giving a short textual summary covering the five priority areas and table 3 compared the indicators with Devon's local authority comparator group, a group of similar local authorities, and was ordered according to Devon's ranking.

The outcomes report was also available on the Devon Health and Wellbeing website www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report

The Board, in discussion, highlighted and asked questions on;

- Clarification on the Domestic Violence incidents figures and whether there was an explanation for Devon's figures being lower than the South West average or comparator groups and the role of the Strategy in tackling the key issues;
- That the ongoing work on self-harm was welcomed and further information would be available at the next meeting;
- The successful reduction in teenage conceptions in the Exeter area and whether any of the initiatives could be replicated across the County;
- That further investigation would be made into the figures relating to the gap in employment rate for life long mental health; and

- Whether any analysis had been done in comparison of the above with people who had learning disabilities.

It was **MOVED** by Councillor Leadbetter, **SECONDED** by Dr Pearson, and

RESOLVED that the performance report be noted and accepted.

* **6** **Theme Based Item - Strong and Supportive Communities**

The Board held a round table discussion on the 'Strong and Supportive Communities' priority, as detailed in the Joint Health and Wellbeing Strategy. The 'expert' Panel comprised Simon Kitchen, Head of Communities, Devon County Council, Jim Gale, Partnership Superintendent, Devon and Cornwall Police and Fiona Carden, Director Learning & Innovation at CoLab, Exeter.

The Board also received a presentation which outlined the context of the current work in terms of developing communities and community groups, and encouraging them to support people in line with the 'Promoting Independence' strategy. Also having safe, resilient and connected communities in line with the Police and Crime Plan as well as building community capacity and resilience to reduce social isolation and loneliness in line with the Sustainability and Transformation Plan, a strategic approach to community engagement, including the use of volunteering and the involvement of the voluntary and community sector representing a key part of the solution.

The presentation also outlined the basis of Asset Based Community Development Principles and the Community Needs Assessment Recommendations from a recently published report which included Volunteering, Communications and Engagement, Data, intelligence and evaluation, Commissioning, Physical assets and the environment, Role development and Businesses and the economy.

It also highlighted the role of the Police and 'The Mission', Police and Crime Plan and Code of ethics in Minimising Offending & Re-Offending, Maximising Community Capacity, Minimising Victimisation & Vulnerability, Maximising the impact of resources, Meaningful Collaboration, Leadership & Communication and Connectivity.

It finally highlighted the work of CoLab Exeter as a collaborative workspace and wellbeing centre, which housed specialist NHS GP practice, mental health services, probation services, housing and homelessness services, substance misuse and recovery services, all alongside broader volunteering, learning and enterprise support offers. It also focussed on four themes of Recovery, Belonging, Rehabilitation and Wellbeing.

The Board discussed and asked questions on the following issues;

- How to engage volunteers and signposting for those who were interested as well as the good impacts on Mental Health for those who volunteer;
- The links and synergies across organisations in their commissioning activities; and
- Questioning how the activities on the ground related to the indicator sets, including the current work to identify better local indicators, rather than national data sets.

The Board noted that Health Watch had been undertaking a loneliness and social isolation projects which would report in the Autumn.

* **7** **Health and Wellbeing Joint Strategy / Joint Strategic Needs Assessment Refresh**

The Board considered the Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on the refresh of the Joint Strategic Needs Assessment and Health and Wellbeing Joint Strategy.

The Joint Strategic Needs Assessment Devon overview 2017 used the same document structure as the 2015 and 2016 overview and included updates to text, tables and figures.

New information added in 2017 included a sub-section about the Devon Sustainability and Transformation Plan, highlighting common challenges and priority areas across Devon, Plymouth and Torbay, the removal of the 'equality and diversity' section with this instead embedded in the content across most sections, additional content regarding the Devon Economic Assessment and Strategy for Growth in the 'economy' section, improved links and content from the Devon Strategic Assessment (and other crime / community safety sources) in the 'community and environment' section and additional content relating to frailty, visual impairment, social isolation, loneliness, food poverty, healthy eating, mental health and climate change.

The document concluded with a summary of the main health and wellbeing challenges in Devon which built upon the challenges identified in 2016, including an ageing population and increased demand, new towns, financial pressures requiring a different solutions to improving health and wellbeing, complex organisational configuration, rurality and access to services, a high quality outdoor environment but poor quality indoor environment in some areas, below average earnings and high cost of living, a need to focus on prevention and address inequalities gaps, mental health, social isolation and loneliness, changing patterns of health-related behaviour, long-term conditions and multi-morbidity, growing levels of severe frailty and a diverse population. The Board noted that inequality took many forms and could also be hidden.

The Strategy that was approved by the Board on 8th September 2016, <http://www.devonhealthandwellbeing.org.uk/strategies/> was high level, simple and sought to reflect progress that the wider system had made as separate organisations and collectively over the last three years.

Both the Strategy and the JSNA provided strategic oversight that health needs and health inequalities were being addressed. The Board further agreed a new health and wellbeing outcomes framework based on the new strategy priorities with an increased focus on mental health and housing indicators to reflect challenges in these areas and a themed based approach to its meetings to allow discussion on the outcomes.

The Board also received a supporting presentation which outlined some of the data that had supported the JSNA including population structure and change, profiles, health inequality data, impacts of rurality, cost of living, health related behaviours, frailty projections and the challenges for Devon.

It was felt that based on the updated JSNA, the priorities in the Strategy remained valid and it was recommended that no update to the Strategy was currently required.

Members asked questions and discussed the following matters.

- The need for a more focussed discussion on housing and housing suitability and the need for this to be better reflected in the Strategy;
- A request for the goal that related to better understanding of the needs of children with a physical disability to be enhanced;
- Whether the title should include the word 'asset' e.g. Joint Strategic Needs and Asset Assessment; and
- Clarification of where and how overarching actions plans were held and monitored (subsequently confirmed as <http://www.devonhealthandwellbeing.org.uk/strategies/>)

The Board reinforced their support for an outcome based approach.

It was **MOVED** by Councillor Leadbetter, **SECONDED** by Dr Pearson, and

RESOLVED that the Board approve the proposed Joint Strategic Needs Assessment (JSNA) Devon Overview 2017 and agree that no changes were required to the Joint Health and Wellbeing Strategy 2016-19.

* **8** **Integrated Care Exeter - Progress Update**

The Board received a report which included a position statement from the Integrated Care for Exeter (ICE) Executive, setting out a summary of progress as at May 2017.

The report outlined the background of ICE, which included its establishment in 2014 to meet the needs the changing and older population, including more complex conditions, and finding alternative ways to deliver public services. Also the growing evidence base that by working jointly in both planning and delivery achieved better outcomes and value for money.

The ICE vision is that future local services would be on an individual basis; provide preventive care and support, and be designed and delivered in partnership with communities. This involves services that were easy to explain; access and navigate, health and well-being was actively promoted, and health inequalities reduced, only those with clinical need would be in hospital, combined budgets, skills, staff and data.

During February 2015, a new model of place based care focused on population health and well-being was agreed and then a three year delivery programme to test out a range of new ways of working which included four work streams;

- A1 - New Models of care: Joining Up Primary, Community and Acute Care:
- A2 New Models of care: Street Homeless & Vulnerably Housed:
- B Understanding need & risk stratification:
- Programme C Community Resilience and Social Prescribing & Prevention:

The two years of the ICE delivery programme highlighted significant learning points which were set out in the formal Strategic Added Value Review conducted by SERIO (Plymouth University) and published in April 2017, the Executive Summary being found at Appendix 1 to the report.

The ICE project was due to close in December 2017 and exit strategies were currently being deployed. It was anticipated that components of each of the four programme areas would be embedded into business as usual.

A supporting presentation was also given the Board Members highlighting what had been learnt, what had been achieved, the exit strategy and an overview of 'Wellbeing Exeter' and that that worked with community connectors and community builders. In terms of learning, the presentation outlined how behaviours had needed to change from leadership perspectives and organisations, the impact on citizens and a place based approach.

Further quantitative evaluation was due in June 2017 with current planning on how to sustain and expand the learning.

* **9** **Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements**

The Board considered a joint report from the Head of Adult Commissioning and Health, NEW Devon CCG and South Devon and Torbay CCG on the BCF, Quarter Return, Performance Report and Performance Summary. The Board noted that the 4th quarter return had been submitted on 31 May 2017.

Regular reports were provided on the progress of the Devon Better Care Fund Plan to enable monitoring by the Health and Wellbeing Board. Performance and progress was reviewed

monthly by the Joint Coordinating Commissioning Group through the high level metrics reports and progress overview.

The report summarised the BCF activity in terms of the work towards the National Conditions and outlined all the conditions had been met.

It also provided 'Outcome' measures which included agreement on a system wide action plan to reduce delayed transfers of care (developed with providers and owned by the multi-agency A & E Delivery Boards), a summary of BCF schemes focused on reduction of non-elective admissions, monitoring the support for people with dementia, including assessing the length of stay for people with dementia admitted to hospital rather than diagnosis rates, the permanent admissions to residential and nursing care homes (the rate being significantly below the South West average) and effectiveness of re-ablement services (which were effective for around 87% of older people).

The report also provided a year end feedback for 2016/17 and highlighted that overall delivery of the BCF had improved joint working between health and social care, the BCF schemes were implemented as planned, that delivery of the BCF plan had a positive impact on the integration of health and social care, had helped to positively manage the levels of Non-Elective Admissions and contributed positively to managing the levels of Delayed Transfers of Care. In addition, the delivery of the BCF plan had contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services as well as positively managing the rate of residential and nursing care home admissions for older people (aged 65 and over)

The Board asked questions on the coverage of reablement services and the ongoing work in prevention, including a small amount of funding for progressing this.

RESOLVED that the quarter 4 return be endorsed.

* 10

New Children's Young Peoples Partnership Arrangements and Delivery Plan

The Board considered the report of the Chief Officer for Children's Services on the Children and Young Peoples and Children's Alliance Strategy Delivery Plan.

The report outlined that in May 2016, the Government published the Wood Review of Local Safeguarding Children Boards (LSCB) which recognised some of the challenges and limitations of LSCBs, therefore made a series of recommendations which were then enacted through the Children and Social Work (CSW) Act.

Devon decided to become early adopters, therefore developing a new streamlined partnership structure, aimed at strengthening partnership working in Devon and addressing any local weaknesses by removing the overlapping structures and merging the functions of the Devon Safeguarding Children's Board and the Alliance, which incorporated the statutory requirements for Devon to have an LSCB. Devon's Cabinet approved the proposals on 31 May 2017.

The main changes outlined were assigned stronger leadership to three key partners, separation of the coordination and monitoring functions of LSCB and the role of the Chair in monitoring and quality assurance and locate responsibility for all children within the partnership,

The new partnership, 'The Devon Children and Families Partnership' would be operational from 1st July 2017 and a new plan developed during the course of 2017 to set future priorities. However, a one year delivery plan had been adopted by the partnership, which was appended to the circulated report.

It was **MOVED** by Councillor Leadbetter, **SECONDED** by Councillor McInnes, and

RESOLVED that the new children's partnership arrangements be noted and Board members be asked to further consider considers any potential synergies between the work programme of Health and Wellbeing Board and the children's delivery plan.

* **11** **Clinical Commissioning Groups - Verbal Updates**

NEW Devon CCG provided a verbal update on the Sustainability and Transformation Plan Workstreams, highlighting that more detail would be made available to the Board shortly. The CCG were further assessing their small specialist services, particularly focussing on vulnerability, with a set of proposals being developed ready for consultation in the Autumn.

NEW Devon CCG has also undergone some restructuring with changes in the Clinical Chairs of the Western and Eastern Localities.

South Devon & Torbay CCG updated the Board on their community services review, including the closure of some community hospitals, but improved community services.

* **12** **Pharmacy Application: Norsworthy Ltd, Topsham and Future Consolidation Applications.**

Members noted that a recent amendment to the Pharmaceutical Services Regulations (paragraph 19 of schedule 2 of the regulations), the Board was required by law to provide a response (within 45 days) to consolidation applications to NHS England.

The Board had been circulated with a copy of the consolidation application in relation to the site at 18 Fore Street, Topsham, Devon EX3 0BN of Norsworthy Ltd already at that site and Norsworth Ltd currently at 3 Fore Street, Topsham, Devon EX3 0HF.

The Board were further asked how they wished to deal with future applications.

RESOLVED

(a) that the proposed response to the consolidation application in relation to the site at 18 Fore Street, Topsham, Devon EX3 0BN of Norsworthy Ltd already at that site and Norsworth Ltd currently at 3 Fore Street, Topsham, Devon EX3 0HF, be endorsed; and

(b) that future consolidation application responses be delegated to the Chief Officer for Communities, Public Health, Environment and Prosperity in consultation with the Chairman of the Health and Wellbeing Board and relevant Local Member.

* **13** **Scrutiny Work Programme**

The Board noted that, due to Elections, the Scrutiny Committees had yet to formulate their work programmes.

* **14** **Forward Plan**

The Board considered the contents of the Forward Plan, as outlined below (which included any additional items agreed at the meeting).

Date	Matter for Consideration
Thursday 7 September 2017 @ 2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (Children, Young People and Families)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates Adults Safeguarding annual report STP – Work Stream / Children and Young People STP Engagement Plan</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 14 December 2017 @ 2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates CAMHS refresh Local Transformation Plans</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 8 March 2018 @ 2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Annual Reporting	<p>Delivering Integrated Care Exeter (ICE) Project – Annual Update (March) Children’s Safeguarding annual report (September / November) Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)</p>
Other Issues	<p>Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)</p>

RESOLVED that the Forward Plan be approved, including the items approved at the meeting.

* 15 **Briefing Papers, Updates & Matters for Information**

Members of the Board received regular email bulletins directing them to items of interest, including research reports, policy documents, details of national / regional meetings, events, consultations, campaigns and other correspondence. Details were available at; <http://www.devonhealthandwellbeing.org.uk/>

No items of correspondence had been received since the last meeting.

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

The Meeting started at 2.15 pm and finished at 4.34 pm

NOTES:

1. Minutes should be read in association with any Reports or documents referred to therein, for a complete record.
2. The Minutes of the Board are published on the County Council's website at <http://democracy.devon.gov.uk/ieListMeetings.aspx?CId=166&Year=0>
3. A recording of the webcast of this meeting will also be available to view for up to six months from the date of the meeting, at <http://www.devoncc.public-i.tv/core/portal/home>