

HEALTH AND WELLBEING BOARD

7 September 2017

Present:-

Devon County Council

Councillors A Leadbetter, R Croad, J McInnes, B Parsons and P Sanders

Virginia Pearson, Chief Officer for Communities, Public Health, Environment and Prosperity

Jo Olsson, Chief Officer for Children's Services

Councillor P Sanders, District Council's Representative

Dr Paul Johnson, South Devon and Torbay CCG

Mr John Wiseman, Probation Service

Jeremy Mann, Environmental Health Officers Group

Diana Crump, Joint Engagement Forum

David Rogers, Healthwatch

Apologies:-

Jennie Stephens, Chief Officer for Adult Care and Health

Dr Tim Burke, NEW Devon CCG

Alison Hernandez, Police and Crime Commissioner

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Minutes

RESOLVED that the minutes of the meeting held on 8 June 2017 be signed as a correct record.

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Items Requiring Urgent Attention

There were no items requiring urgent attention, but the Chairman welcomed Mrs Mayes, Independent Member of the Standards Committee, who was attending in her capacity of monitoring the Council's compliance with the ethical Governance framework.

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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 four 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 four indicators below had all been updated since the last report to the Board;

- Adult Smoking Prevalence, 2016 (latest figures suggests that 12.6% of the adult population in Devon smoke, which is below the South West (13.9%) and England rate (15.5%)):

- Feel Supported to Manage Own Condition, 2016-17 (67.5% of those with a long-term condition felt they had enough support to manage their own condition, higher than the South West (65.2%) and England rates (63.3%));
- Fuel poverty, 2015 (approx. one in eight households in Devon is in fuel poverty at 12.17%); and
- Estimated Dementia Diagnosis Rate (65+), 2017 (recent data showed that Devon (60.6%) was lower than the South West (62.8%) and significantly lower than England (67.9%) rates).

Following approval at a previous meeting, a Red, Amber, Green (RAG) rating was included in the indicator list and a performance summary on page 12 of the full report. Areas with a red rating included fuel poverty, hospital admissions for self-harm (aged 10 – 24) and estimated dementia diagnosis rates (65+).

The report featured a table showing how Devon compared with the Local Authority Comparator Group (LACG) for all Health and Wellbeing outcome measures (September 2017). This included how Devon compared / performed against both the LACG and England and their rank position. A further table showed the Priority Area Summaries, which included progress against those priority areas including, inter alia, teenage conception rates, poverty, GCSE attainment and alcohol harm, smoking rates and deaths from preventable causes, levels of excess weight, fruit and vegetable consumption, deaths at home, healthy life expectancy, falls, dwelling hazards and rough sleeping levels. Also suicide rates, self-harm and the mental wellbeing of local service users.

Following discussion at the June 2017 Health and Wellbeing Board and as requested, the report included a further analysis of self-harm related admissions in 10 to 24 year olds, as the rates in Devon were significantly above South West, local authority comparator group and England levels. Table 4 of the report showed the total bed days per 100,000 population and revealed that Devon did not experience higher levels of zero day length of stay admissions and in fact had longer average lengths of stay than the South West, local authority comparator group and England. The Public Health England Local Knowledge and Intelligence Service is coordinating a detailed analysis of self-harm admission rates with an initial focus on the ratio of admissions to patients.

The findings of the analysis would be reported to the Board in the December 2017 outcomes paper.

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;

- whether rurality was truly reflected in the presented data;
- that fuel poverty was a cause for concern, that even when infrastructure was available for new connections, affordability was an issue and the recent bid for £2.8m for the 'warm homes fund', on which the Cabinet Member would report back in due course;
- the work that had been undertaken on improving dementia diagnosis rates and whether any new initiatives had been introduced since to improve the situation further;
- a reinforcement of the concern over self-harm related admissions in young people and there were a number of possible hypotheses, therefore all were being considered in order to improve the co-ordination of services; and
- whether the indicators currently designated as 'amber' were sufficiently monitored prior to them becoming a 'red' rating;

RESOLVED that the performance report be noted, accepted and that further detail will be brought to the Board on self-harm related admissions on 14 December 2017.

* **19** **Shaping Future Care - A Sustainability and Transformation Plan for Devon**

The Board received a covering report and presentation, circulated with the papers for the meeting, from NEW Devon CCG and South Devon and Torbay CCG on the Sustainability and Transformation Plan for Devon, presented by the Director of Strategy for both NEW Devon and South Devon and Torbay CCG.

The Board was being asked to note the update on progress of the Sustainability and Transformation Plan and suggest opportunities for increased alignment to support delivery of the Health and Wellbeing Strategy.

It was noted that the wider Devon Sustainability and Transformation Plan (initially published on 4th November 2017), set the vision and strategic direction for health, wellbeing and care services across the areas covered by NEW Devon and South Devon and Torbay Clinical Commissioning Groups and the Plan had previously been presented to the Board.

The presented report provided an update on the current work and progress with the Plan and the development of a Sustainability and Transformation Partnership, including the aims and priorities of improving health and wellbeing, delivering safe and high quality care and providing cost-effective care. There were also local priorities of Prevention, Integrated care model, Primary care, Mental health and learning disability, Acute care, Children and young people and Productivity and the presentation provided further information in relation to each of the priority areas.

In terms of the next steps, across wider Devon, system working had resulted in real progress in addressing the financial challenges, improvements in services performance, and further steps towards integration of health and social care.

The Board noted that there were still significant challenges ahead and work was underway to step up the pace of progress with the plan in the context of wider changes in the health and care system.

Members asked questions and discussed the following.

- the effectiveness of the communications strategy to date and the reassurance of the CCG in improving communications with communities and service users going forward;
- how the CCG's were collaborating with the purposeful systems work streams;
- that the CCG needed to recognise the anxiety within communities regarding changes to service provision and the need to reassure those communities / users / patients with effective communication;
- the ongoing workforce planning and that proposals would go to the Governing body in approximately two months time;
- the synergies with the community and voluntary sector and whether their representation at a strategic level would improve both service provision and communication channels; and
- the numbers of positive case studies that were becoming available and how these could be best used to provide public reassurance.

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

RESOLVED that the update be welcomed and the CCG's be asked to note the Boards comments regarding public reassurance and improved communications moving forward.

* **20** **Joint Commissioning in Devon, the Better Care Fund - Plan Submission**

The Board considered a Joint report of the Head of Adult Commissioning and Health, NEW Devon CCG and South Devon and Torbay CCG on the Plan Submission for the BCF, in line with the Integrated and Better Care Fund Planning Requirements for 2017-2019 guidance

from NHS England, Department of Communities and Local Government and Department for Health.

The final Plan was in the process of being finalised, due to the very tight timescales (requiring submission to NHS England by 11 September 2017), therefore the Board received a detailed presentation on the principles of the Plan, including the vision for integration (e.g. person centred care, joined-up services, maintaining independence and building wider support), the Integrated model of care (including a comprehensive assessment process, single point of access and rapid response), the national metrics required by the BCF plan as well as the national conditions.

The Board were reminded that the Better Care Fund was the only mandatory policy to facilitate integration, providing a framework for joint Health and Social Care planning and commissioning, bringing together ring fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant and, from 2017/18, funding paid to local government for adult social care services.

The BCF narrative plans must set out the joint vision and approach for integration, including how the work in the BCF plan complements the NHS Five Year Forward View, and with the aims and approach in Sustainability and Transformation Plans (STPs) and wider local government transformation.

In developing BCF plans for 2017-19, local partners were required to agree, through the Health and Wellbeing Board;

- a short, jointly agreed narrative plan including details of how they were addressing the national conditions; including how plans would contribute to the local plan for integrating health and social care;
- confirmed funding contributions from each partner organisation;
- a scheme-level spending plan demonstrating how the fund will be spent; and
- quarterly plan figures for the national metrics.

The Board noted the requirement for the BCF plan to be submitted to NHS England on 11th September and had been drafted using the nationally published template.

The Board asked questions and discussed the following.

- whether there should be further investment in assisted technology;
- clarification on the funding figures between localities in relation to iBCF spend;
- the risks associated with not meeting the deadlines for submission of the Plan; and
- that there would need to be further conversations regarding the detail of the Plan and further scrutiny in due course.

It was **MOVED** by Councillor McInnes, **SECONDED** by Mr Rogers, and

RESOLVED

a) that the principles of the 2017-2019 BCF plan, as outlined in detail in the presentation, appended to these minutes, be endorsed; and

b) that the Chairman of the Health and Wellbeing Board be authorised to proceed with approval of the final BCF Plan detail, on the basis of the principles endorsed above.

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References from Committees

There were no references from Committee.

* **22** **Scrutiny Work Programme**

The Board received a copy of Council's Scrutiny Committee work programme in order that it could review the items being considered and avoid any potential duplications.

They further noted that a Scrutiny Task Group was being undertaken on the Better Care Fund.

* **23** **Forward Plan**

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

Date	Matter for Consideration
Thursday 14 December 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 STP – Work Stream / Children and Young People CAMHS refresh Local Transformation Plans Adults Safeguarding annual report CCG Updates</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>
Thursday 14 June 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>

<p>Thursday 13 September 2018 @ 2.15pm</p>	<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>
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<p>Annual Reporting</p>	<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>
<p>Other Issues</p>	<p>Equality & protected characteristics outcomes framework</p>

Members further noted that an officer has been assigned from the LGA to support an Integration Workshop. There was no pre-work required and Board Members were only required to be part of the process.

RESOLVED that the Forward Plan be approved, including the items approved at the meeting and that the Integration Workshop take place on 14th December 2017.

* **24 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.

* **25 Dates of Future Meetings**

RESOLVED that future meetings and conferences of the Board will be held on:

Meetings
Thursday 14th December 2017 @ 2.15pm
Thursday 8th March 2018 @ 2.15pm
Thursday 14th June 2018 @ 2.15pm

Thursday 13th September 2018 @ 2.15pm
Thursday 13th December 2018 @ 2.15pm

Annual Conference

Thursday 14th June 2018 @ 9.30am

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

The Meeting started at 2.15 pm and finished at 4.10 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 12 months from the date of the meeting, at <http://www.devoncc.public-i.tv/core/portal/home>

Devon Better Care Fund Plan 2017-19

Health and Wellbeing Board
7 Sept 2017

Introduction

- The Better Care Fund is an enabler to integration, but it is only part of the local picture - we already work in partnership with the NHS, we have integrated community teams and jointly commissioned contracts.
- The Better Care Fund enables us to progress with our existing vision for integration further and faster

Our vision for integration

- Integration is not an end in itself but an integrated approach to **person-centred care** is vital - requires system transformation
- A fully integrated health and social care system involves **joined-up services** which deliver education and advice about how to **maintain independence and stay well**, with mental health and wellbeing as high a priority as physical health and wellbeing.
- It also aims to take a person-centred approach and **build wider support** around people, through making the best use of what is already available to them at home and in the community.

Integrated model of care

- **Comprehensive assessment process**
- A **single point of access** making it easier for GPs and others to get additional support when it is needed urgently
- **Rapid response** (care at home) service, additional support at home that makes it safe to leave hospital. Includes health and care workers delivering reablement alongside traditional care

National Conditions

1. Plans to be jointly agreed (including the additional iBCF money)
2. NHS contribution to adult social care is maintained in line with inflation
3. Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
4. Managing Transfers of Care in line with expectations

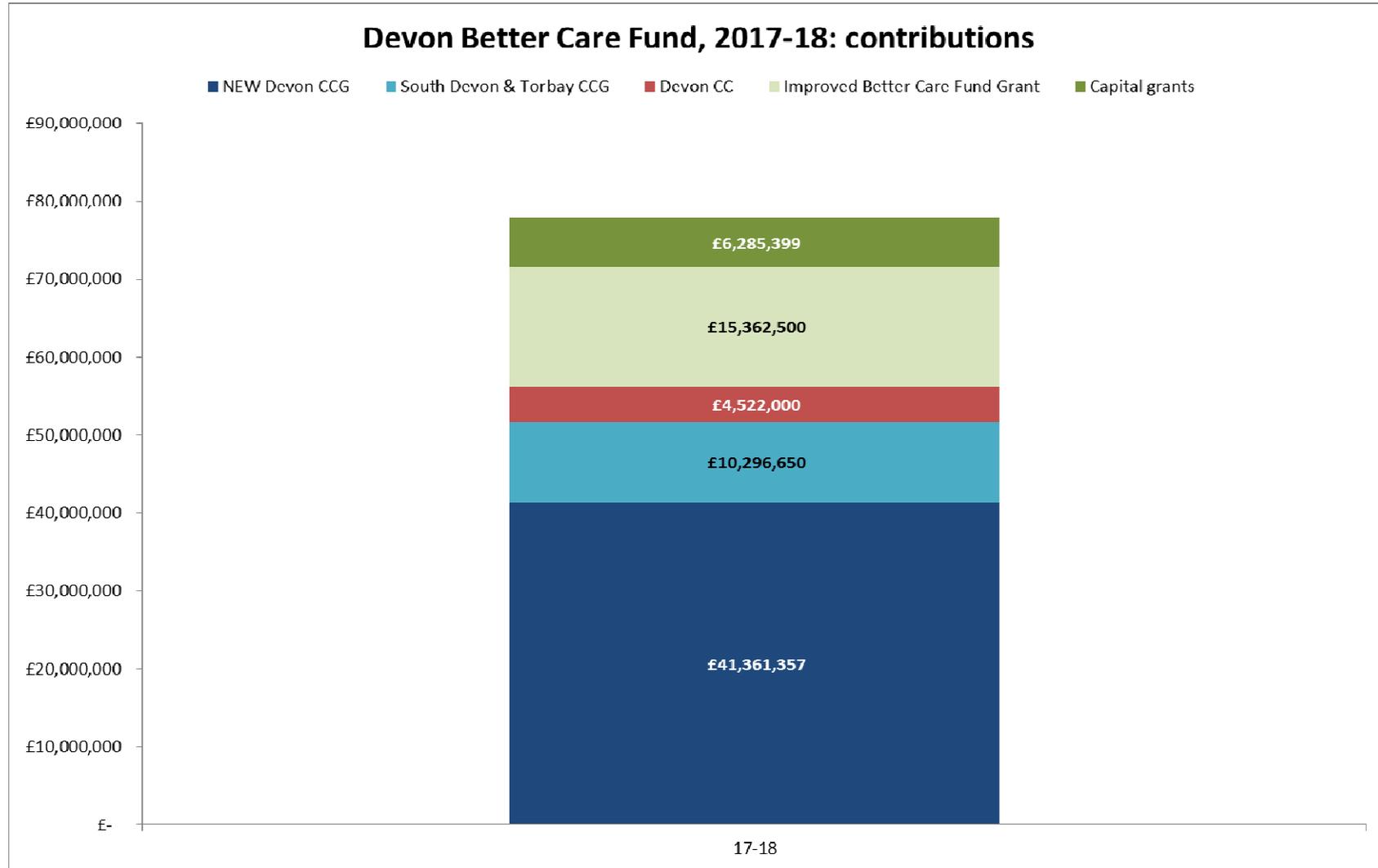
National metrics

1. Non-elective admissions (General and Acute)
2. Admissions to residential and care homes
3. Effectiveness of reablement
4. Delayed transfers of care

BCF Plan

- Sets out the joint vision and approach for integration, including how the work in the BCF plan complements the direction set in:
 - Next Steps on the NHS Five Year Forward View
 - development of Sustainability and Transformation Partnerships (STPs)
 - Care Act (2014)
 - wider local government transformation
- Local plans must be jointly developed by CCGs and local authorities and endorsed by Health and Wellbeing Boards

Contributions to the fund



iBCF spend

Area of spend (county wide)	17/18
Market sufficiency: Care Homes and personal care innovations	£3m
Assistive Technology	£0.5m
System development: - New model of care organisational development - New workforce roles	£0.5m
Total	£4m

Area of spend (locality / system)	
Mental Health	£2m
Disability	£2m
Specialist Sub Total	£4m
North	£1.2m
East	£3.0m
West	£0.7m
South	£1.2m
<u>Locality Sub Total</u>	<u>£6.1m</u>
Community Resilience/ Prevention	£1m
TOTAL	£11.1m

Other partners – disabled facilities grants

- We are required to pass the DFG element of the BCF to district councils
- The DFG funding pot will continue to prioritise delivery of major adaptations across Devon
- 10% top-slice of each authority's DFG allocation forms a centrally-held pot, used flexibly in a demand led approach to delivery and funding of major adaptations

Delayed Transfers of Care

- Challenging (nationally set) trajectory based on number of bed days lost per month
- Plans are already in place to meet separate NHS England trajectory of 3.5% of beds
- Risk we will not hit required trajectory for November (Sept activity)
- Likely we will be close to hitting the required system wide DTOC target by year end - there are plans in place to do so, but with risk

Current DTOC plans

- Part of our overarching strategy to provide more care at home rather than in hospital settings
- Development of an enhanced community response service to both prevent admissions and to allow people to return home as soon as possible
- Increased capacity within social care reablement
- Development of a trusted assessor model which ensures people are receiving the right care in the right place
- Care home education and support, meaning fewer frail elderly people are admitted to hospital when they could be supported in the home
- Developing and increasing the independent sector workforce – Proud to Care campaign

Summary

Jointly agreed plan use of iBCF money

Maintain level of support for social care

Investment in NHS-commissioned out of hospital services

Managing transfers of care in line with target

BUT

! Risk we do not meet required DTOC trajectory for November, but likely with our plans there will be significant impact by year end

