

HEALTH AND WELLBEING BOARD

8 March 2018

Present:-

Devon County Council

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

Councillor P Sanders, District Council's Representative

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

Jennie Stephens, Chief Officer for Adult Care and Health

Dr Paul Johnson, South Devon and Torbay CCG

Jeremy Mann, Environmental Health Officers Group

Diana Crump, Joint Engagement Forum

David Rogers, Healthwatch

Apologies:-

Jo Olsson, Chief Officer for Childrens Services

Alison Hernandez, Police and Crime Commissioner

* **40** **Minutes**

RESOLVED that the minutes of the meeting held on 14 December 2017 be signed as a correct record.

* **41** **Items Requiring Urgent Attention**

There were no items requiring urgent attention.

* **42** **Theme Based Report**

The Board received a presentation on 'Ending Domestic and Sexual Violence and Abuse', as detailed in the Joint Health and Wellbeing Strategy, which focussed on the Devon Domestic and Sexual Violence and Abuse (DSVA) Strategy and the effectiveness of Devon's response to DSVA, using experiences of victims and perpetrators as well as professional interviews and data.

The presentation gave an overview of the Strategy, the recommissioned service and the opportunities and challenges in moving forward. The new Strategy focussed on 4 key areas: prevention, early help and intervention, support and protection and recovery and resilience. It also shifted the focus onto the way the Service worked with people, such as challenging the behaviour of the perpetrator and supporting the whole family into recovery, addressing any underlying causes of the problem and the way organisations worked in partnership.

The successful bid had been awarded to the LEESAR partnership (Listen, Engage, Empower, Support, Advocate, Recover), which included the Splitz Support Service, North Devon Against Domestic Abuse, Stop Abuse for Everyone and Devon Rape Crisis & Sexual Abuse Service.

[The presentation is attached to these minutes]

* **43** **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 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 in December 2017;

- Children in Poverty, 2015 – 11.9% of children in Devon lived in households dependent on benefits or tax credits. This figure had fallen from 2014, and Devon was statistically significantly lower than the South West, comparator group and national rates.
- Early Years Foundation Score – In 2017, 71.0% of children in Devon achieved a good level of development at school entry, compared to 70.5% for the South West, 71.1% for the local authority comparator group and 70.7% for England.
- Teenage Conception Rate– Conceptions to under 18s had fallen in Devon and were broadly similar to South West and comparator group rates; locally rates were highest in Teignbridge.
- Alcohol-Related Admissions – there were around 4,900 alcohol related admissions to hospital for Devon residents in 2016/17.
- Male Life Expectancy Gap, 2014-16 – Comparing life expectancy in the most and least deprived communities in Devon, the Slope Index of inequality revealed the gap in life expectancy for males was 5.8 years, significantly lower than South West and England.
- Female Life Expectancy Gap, 2014-16 – for females, the gap was 4.0 years; significantly lower than the South West, local authority comparator group and England.
- Healthy Life Expectancy Male, 2014-16 – Males in Devon could expect to live for 66.7 years in good health, compared with 63.3 years in England, 64.5 years in the South West, and 65.0 years in the local authority comparator group.
- Healthy Life Expectancy Female, 2014-16 – Females in Devon could expect to live for 65.9 years in good health, compared with 63.9 years in England, 65.1 years in the South West, and 66.5 years in the local authority comparator group.
- Injuries Due to Falls, 2016-17 – the age standardised rate per 100,000 for injuries due to falls in Devon was 1731.2, which was below the South West, local authority comparator group and England rates.
- Rough sleeping rate per 1,000 households, 2017 – it was estimated that 78 people were sleeping rough in Devon, in Autumn 2017. Within Devon rates were highest in Exeter, based on an estimate of 35, and North Devon, based on a count of 20.
- Self-Reported Wellbeing (low happiness score %), 2016/17 – 7.24% of the Devon population had a low happiness score on the index compared with 8.56% for the South West, 8.11% in the local authority comparator group and 8.54% in England overall.

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

RESOLVED that the performance report be noted and accepted.

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

The Board considered the Report of the Head of Adult Commissioning and Health on the Better Care Fund (BCF), Quarter 3 Return, Performance Report and Performance Summary. The Report updated Members on areas including managing transfers of care, non-elective admissions, admissions to residential and care homes, effectiveness of reablement and delayed transfers of care. The Report highlighted that the performance of the Delayed Transfers of Care in November was better than forecast and met the Q3 target.

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.

RESOLVED that the Report on the Better Care Fund Q3 be noted.

* **45** **Pharmaceutical Needs Assessment**

The Board considered a report from the Chief Officer for Communities, Public Health, Environment and Prosperity on the production of the Pharmaceutical Needs Assessment (PNA) which was a comprehensive assessment of the current and future pharmaceutical needs of the local population.

Public Health teams in Devon, Torbay and Plymouth had worked closely with NHS England and the Local Pharmaceutical Committee to produce the PNA in a consistent and relevant format and to meet the Board's statutory duty to publish the PNA 2018-21 by 1 April 2018.

In line with statutory requirements, a 60 day consultation period took place between 4 December 2017 and 2 February 2018, which received 10 formal responses, and were reviewed by the Pharmaceutical Needs Assessment Steering Group. The main themes of the Report were around the planned increase in housing in Devon, opening hours over weekends and holidays and to support extended primary care opening and availability of specialised medicines.

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

RESOLVED that the Devon Pharmaceutical Needs Assessment 2018-2021 be endorsed.

[The presentation is attached to these minutes]

* **46** **Health and Care Integration**

The Board considered the Report of the Chief Officer for Communities, Public Health, Environment and Prosperity following a workshop held in December 2017, on Health and Care Integration and the role of the Board. The Workshop involved a self-assessment of local readiness and progress towards health and care integration and set out an action plan to consider how the Board could influence progress towards integration locally. This included three main action points:

- Governance – and the need to clarify roles and responsibilities for the Board and to explore opportunities for cross working arrangements with the NHS;
- Assurance Framework – the Board to oversee the local application of an assurance framework for integration;
- Place based intelligence – the Board to use and develop intelligence relating to the diverse communities across Devon in relation to community needs, integration and system outcomes.

It was noted that the outcomes of these actions could have implications for the Board in relation to its membership, terms of reference and the format and content of future meetings. These would be considered in due course as the role of the Board in relation to integration was redefined.

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

RESOLVED that the action plan, as set out in section two of the Report, be adopted.

* **47** **CCG Update**

The Board received an update report from the Chairs of the NEW Devon and South Devon & Torbay Clinical Commissioning Groups (CCG) on the progress within the Devon health and care system and the planning for delivery of integrated care. The Report provided an update on Devon System Development Plans, developing an Integrated Care System in Devon and the next steps toward achieving this outcome.

Key points highlighted within the Report included independent ratings showing good progress, with Devon now having moved from being one of three most challenged areas of the country to one of 14 health and care systems making “real progress”, according to NHS England. Devon had also submitted an expression of interest in being part of the national integrated system pathway.

The Chair of South Devon and Torbay CCG expressed his thanks to NHS staff across Devon who provided additional care and support to patients during the recent snowy weather, by working longer hours, sleeping at surgeries overnight and walking several miles to get to work.

* **48** **References from Committees**

There were no references from Committees.

* **49** **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.

* **50** **Forward Plan**

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

<u>Date</u>	<u>Matter for Consideration</u>
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 Homelessness Health Integration – Assurance Framework update</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>

Thursday September @ 2.15pm	13 2018	<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 December 2018 @ 2.15pm	13	<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</p>

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

* **51** **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/>

The Board had received the following information/briefing since the last meeting:

- Independent Inquiry into Child Sexual Abuse – Inquiry Work Programme 2018

* **52** **Dates of Future Meetings**

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

Meetings

Thursday 14 June 2018 @ 2.15pm
Thursday 13 September 2018 @ 2.15pm
Thursday 13 December 2018 @ 2.15pm

Annual Conference

Thursday 14 June 2018 @ 9.30am

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

The Meeting started at 2.15 pm and finished at 4.05 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>

Ending Domestic and Sexual Violence and Abuse

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Ending Domestic and Sexual Violence and Abuse

- Overview of the strategy
- Recommissioned service
- Opportunities and challenges moving forward

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Story telling

Lucy, 21



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Summary

Lucy lives in a lovely, tucked away, two bedroom flat on the small coastal town. She bought her flat under a shared owner when she was 19 years old and has lived there for the last three years had to fight to get a mortgage, but I did it". She lives there with Jake (Almost 3 years old) and her new partner, Simon. She has known Simon for about a year.

Her home is delightful – beautifully decorated with much care and attention to detail. It is calm and immaculate. "I don't mind it being messy like toys but I hate things being dirty. I clean my bath every day with bleach. I like the smell of bleach... I have a special cupboard... I just love bleach, anti-bacterial spray, anti-bacterial spray. I need to do it. I look forward to coming home and cleaning... I feel quite balanced and in control. It makes me feel like I've been like it since I moved in here".

Lucy is very body conscious and thinks this is the influence of her mother. "Mum doesn't eat a lot. I thought it was normal to not eat a lot and not eat like fat and I used to be like that".

When we started her relationship with her partner, she has just started her kitchen relationship with Lucy asks on things.

Lucy has a very good network of support through her work full time at a nursery or

Lucy's Self Portrait

Things I care about

- Jake
- Simon
- Job
- All my friends and family
- Keeping the house clean
- Mainly care about Jake's life

Things I dream about

Jake grows up "nice and normal", "happy and balanced doing all the right things" and to "be like Simon – having nothing to worry about"

Things I've achieved

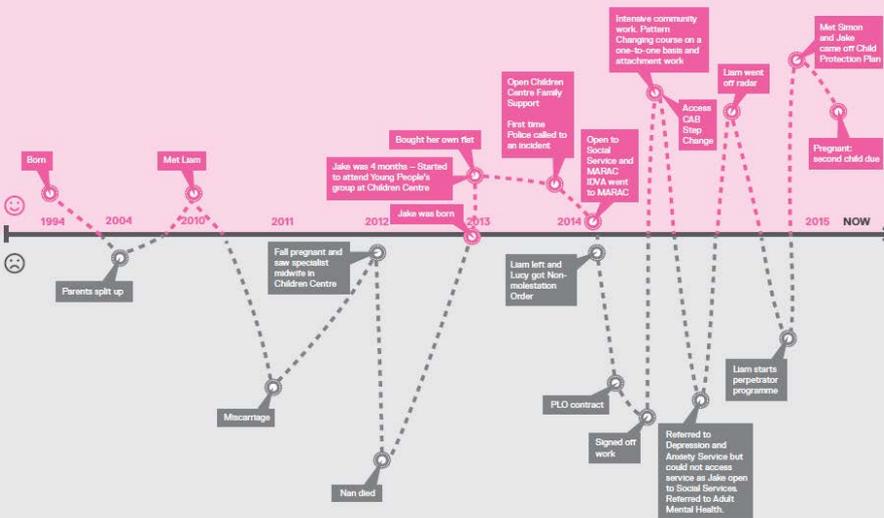
- Make better choices " (about friends and stuff)"
- Good friendship network at work – very positive relationships
- Realised that not everything her mum said is right – eg comments on how other people live their lives.

Things I'm good at

- Cleaning!
- Likes smell of bleach and anti-bacterial spray. Cleans the bath 3 times a day. Feels balanced when everything is clean. Has a special cleaning cupboard.



Lucy's Timeline



Professional Interviews



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Leadership exists but it is driven by individual professionals or services

- Change is driven in pockets by individual services and professionals rather than by a clear system direction: “There is no external push to improve our DSVA work: I’ve done it because it’s the right thing.”



There is no collective vision for domestic and sexual violence across the

- There is a lack of consistency amongst organisational leaders and commissioners about what the system should aim to achieve - some are more interested in prevention than others.
- Many frontline practitioners are unclear about the vision both at a system and organisational level: “I think there is a vision but I don’t know what it is.”
- Organisations have different priorities and are held to account against different outcomes.

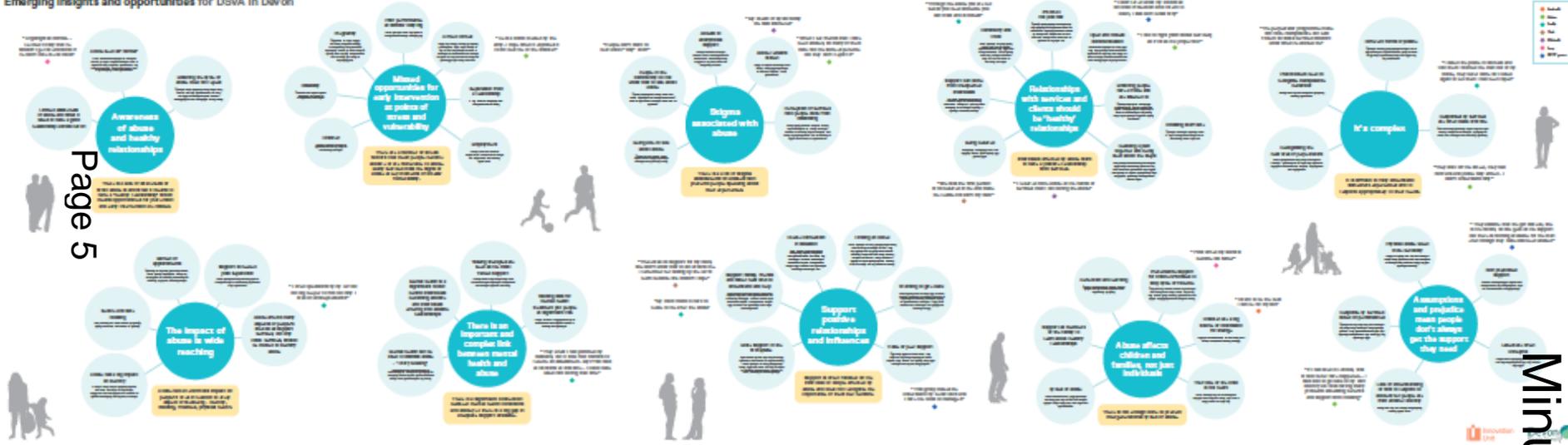


The system is set up to deal with crisis rather than prevention

- Many services will now only provide support for high risk cases, limiting opportunities to support people who are assessed as having lower levels of abuse: “They come in and are told - you aren’t being abused enough yet to be helped... I’ve seen people who have been turned away because their needs aren’t high enough come back as high needs a few weeks later.”
- Professionals can feel they are firefighting: “How do we prioritise? It depends on who is shouting most loudly.”
- Some think that focusing on prevention and outreach will mean services are overwhelmed and unable to respond: “We might uncover something and not have any support systems in place to deal with it.”

INSIGHTS

Emerging insights and opportunities for DSGVA in Devon



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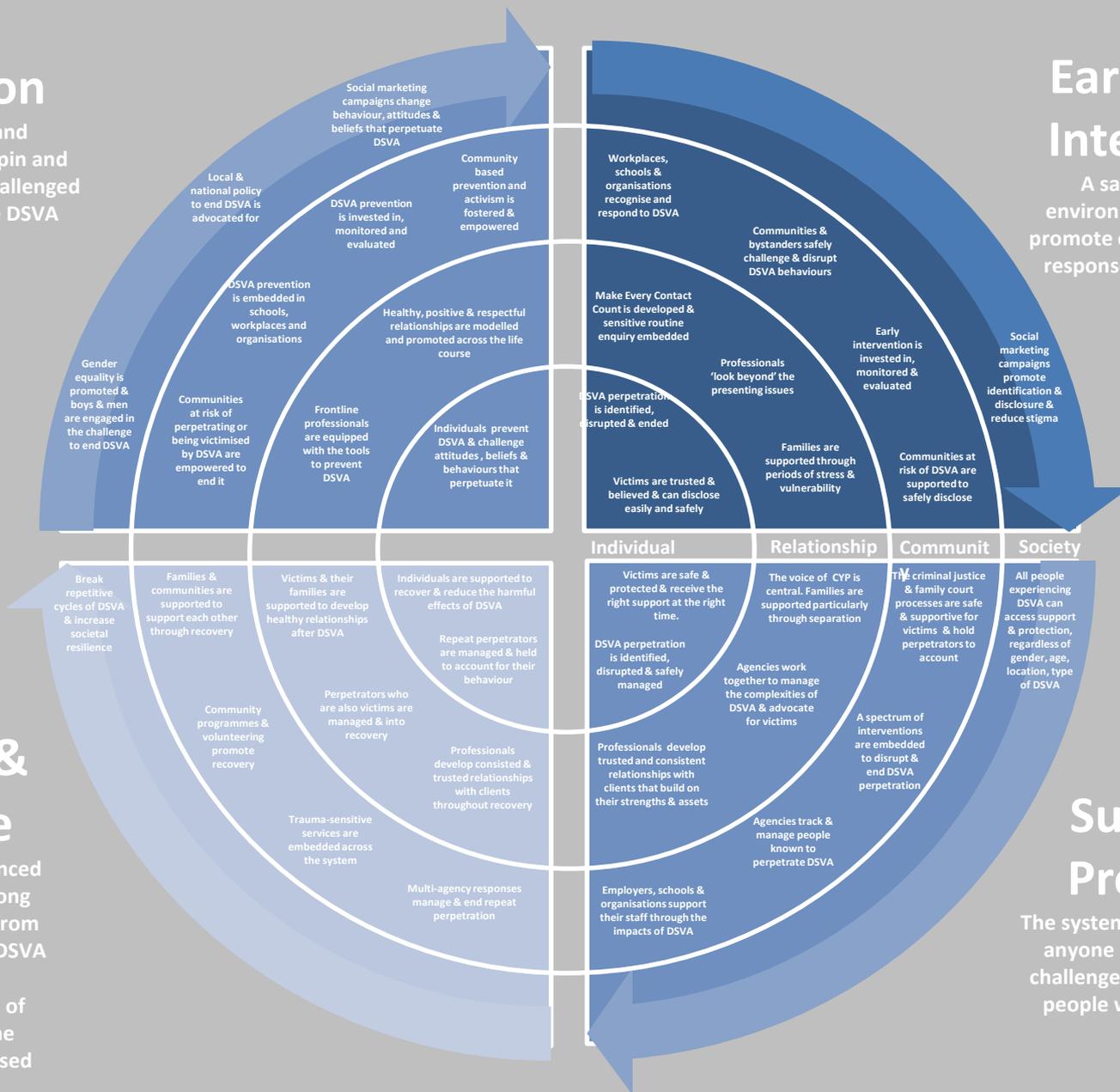
Strategy to end DSVAs in Devon 2016 - 2021

Prevention

Attitudes, beliefs and behaviours that underpin and perpetuate DSVAs are challenged and prevented before DSVAs occur

Early Help & Intervention

A safe and supportive environment is embedded and promotes early identification and response to DSVAs



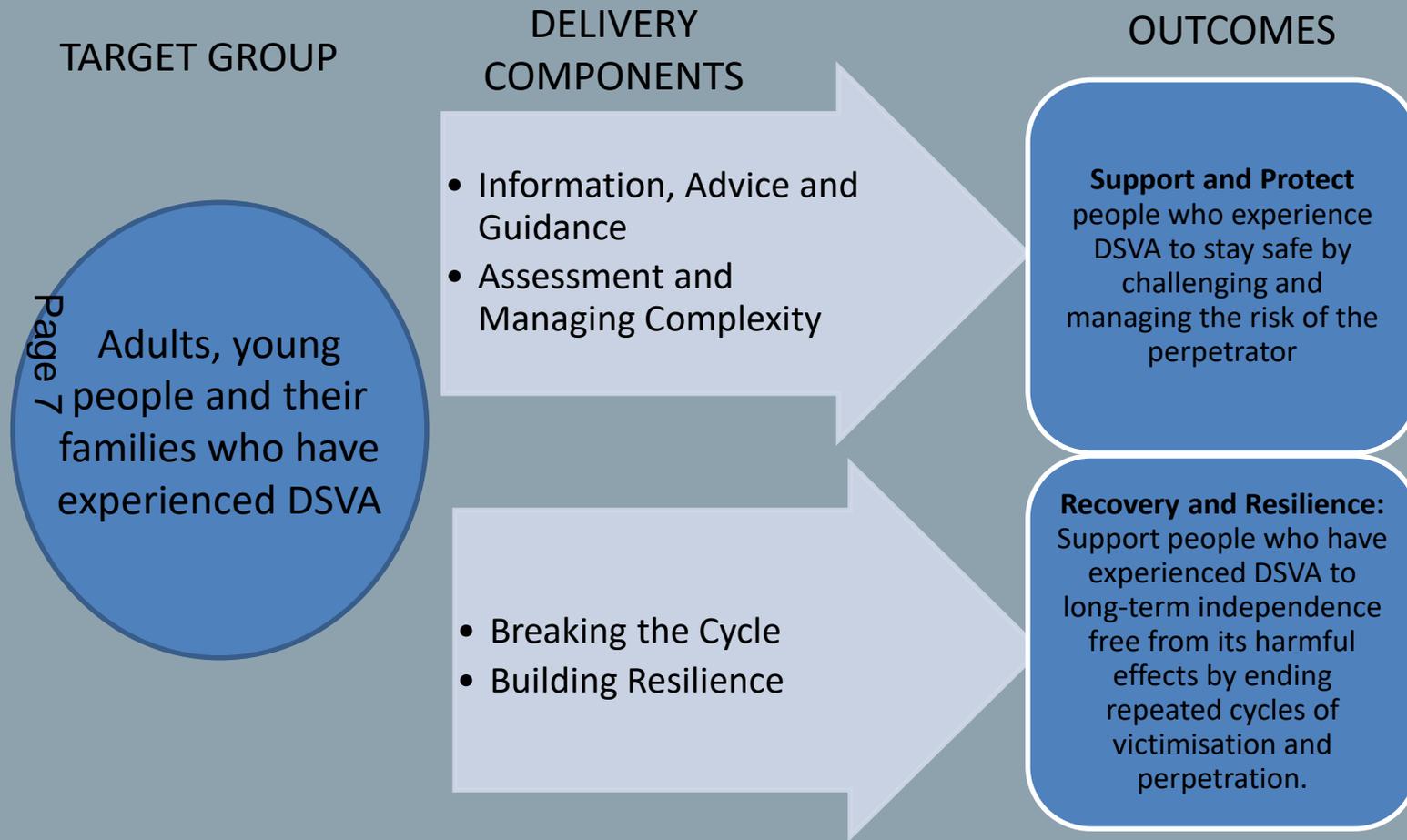
Recovery & Resilience

People who have experienced DSVAs are supported to long term independence free from its harmful effects. Serial DSVAs, perpetration and intergenerational cycles of DSVAs are ended and the underlying issues addressed

Support & Protection

The system protects and supports anyone experiencing DSVAs & challenges and holds to account people who perpetrate DSVAs

Commissioning for system change



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Commissioning for system change

Shift	From	To
Focus of Service	Reducing the risk of harm to the victim	Challenging the behaviour of the perpetrator and supporting the family into recovery
Way we work with people	Focusing on the individual's presenting problem	Understanding and addressing the underlying causes of the problem through trauma informed practice and whole family lens
Way we work with each other	Repeated assessments, referrals on to other services and rigid delivery models	Creating a seamless system. Taking a "Lead Role" and empowering professionals to respond in the right way and the right time to hold the person safely in their setting

Commissioning for System Change

The LEESAR (Listen Engage Empower Support Advocate Recover)

Partnership:

Splitz Support Service (Lead Provider)

North Devon Against Domestic Abuse (NDADA)

Stop Abuse for Everyone (SAFE)

Devon Rape Crisis & Sexual Abuse Service

Opportunities

- Prevention and early intervention
 - Encompass
 - Identification and Referral to Increase Safety
 - Pathfinder project – improving response in health settings
- Engaging young people – South Devon Pilot
- Perpetrator offer
 - o Integrated Offender Management
 - Behaviour Change IDVA Pilot
 - Working closely with substance misuse service
- Strengths based family work
 - Co-location in South West
- Recovery and Resilience
 - Trauma Network

Challenges

- Engaging health
- Limited specialist commissioning funding.
- Requires systems to change to enable service shift
- Developing sustainable resource for Early Intervention and Prevention
- DSVA and older people – Domestic Homicide reviews

Pharmaceutical Needs Assessment 2018-2021

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Kirsty Hill
Public Health Specialist

David Bearman
Devon LPC Chair

Minute Item 45

What is the PNA?

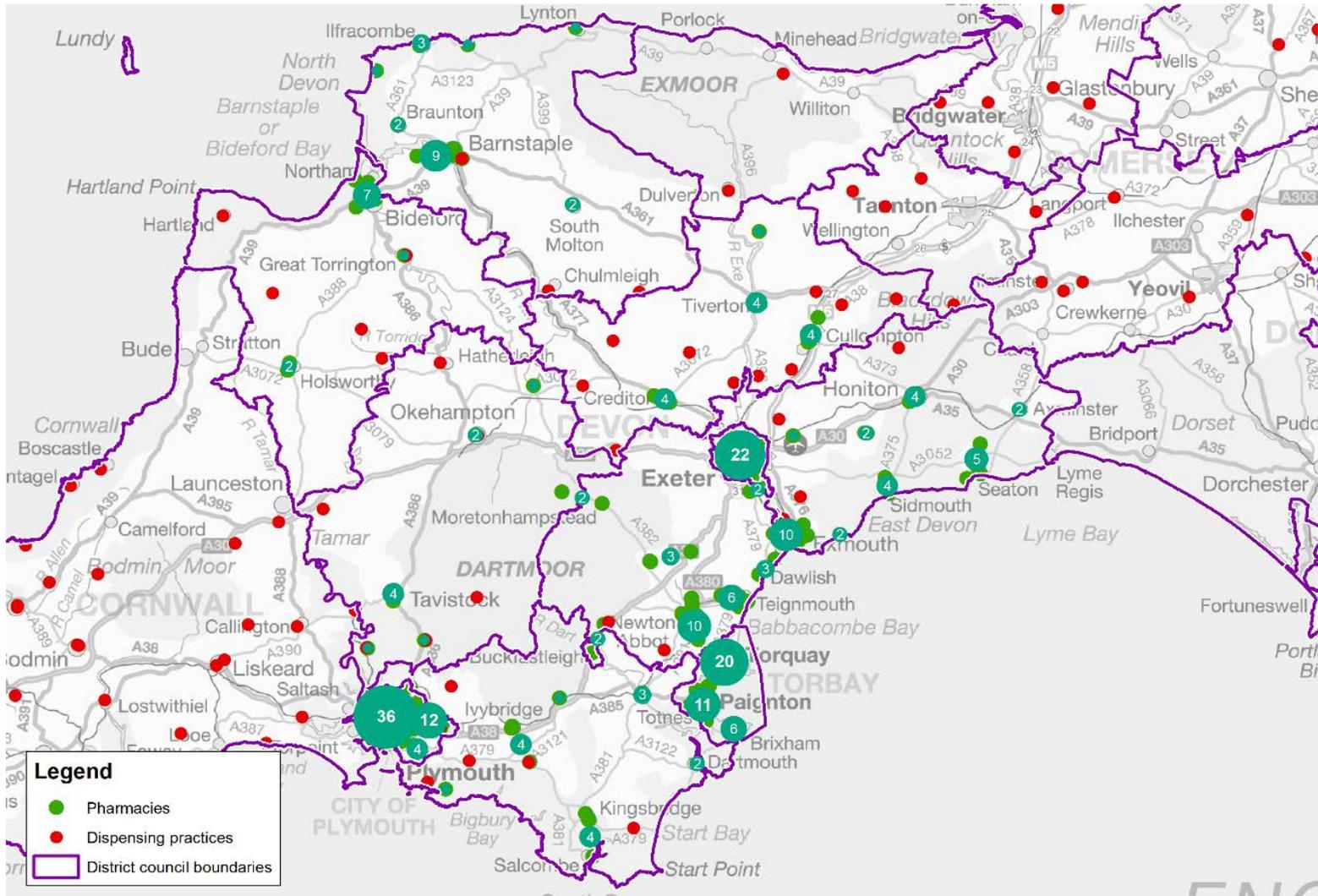
- A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas (where relevant).
- Devon's H&WB has a legal duty to ensure the production of a PNA

What is the PNA for?

The PNA for Devon 2018-2021 presents a picture of community pharmacy need and provision in Devon, and links to Devon's Joint Strategic Needs Assessment (JSNA). This PNA will be used by NHS England to inform:

- decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Devon
- whether new pharmacies or services are needed
- decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
- the commissioning of locally Enhanced services from pharmacies

Pharmacy provision



PNA Conclusions

- There are currently no gaps in pharmaceutical provision in Devon, and thus there is currently no need for a new pharmacy in Devon
- Extensive housing developments proposed in Devon over the period to the early 2030s are recognised. Most not expected to progress to the point of additional pharmacy provision required in the life of this PNA (2018-2021) and/or existing pharmacy provision has capacity to absorb expected increases in demand.
- In parts of Devon, should housing developments increase to certain numbers of houses over the PNA a need may arise – Barnstaple, Sherford, Woolwell, Westward Ho!/Northam/Bideford
- Changes to primary care – anticipation that pharmacy business interests would lead pharmacies to adapt to changes eg opening hours.
- Provision of specialist drugs is considered adequate in Devon and no future gaps are anticipated.
- Influenza vaccination advanced service, current provision is deemed to be adequate and there are not expected to be any future demands for this service over the lifetime of this PNA

Pharmacy Strategy

- Last “official” strategy 2008 – pre lansley
- Pharmacy Forward View
- Recognised need to change
 - Contract changes
 - Resulting closures
 - Murray report

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South West piloting the way in

- Workforce
- Contracts
- IT
- New models
- Aligning to GPFV and NAPC primary care home



Minute Item 45

What is the problem?

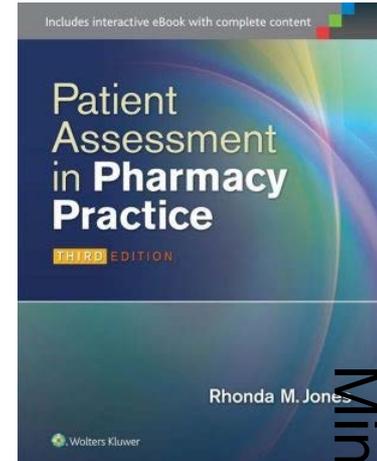
- Workforce – Lack of capacity
- Estates – delaps, occupancy, efficiency of use
- Contract and behavioural alignment
- Vulnerable areas expanding with failing pharmacies and practices and emerging domino effect.
- Lack of financial and resource headroom to experiment.





How is pharmacy placed to assist

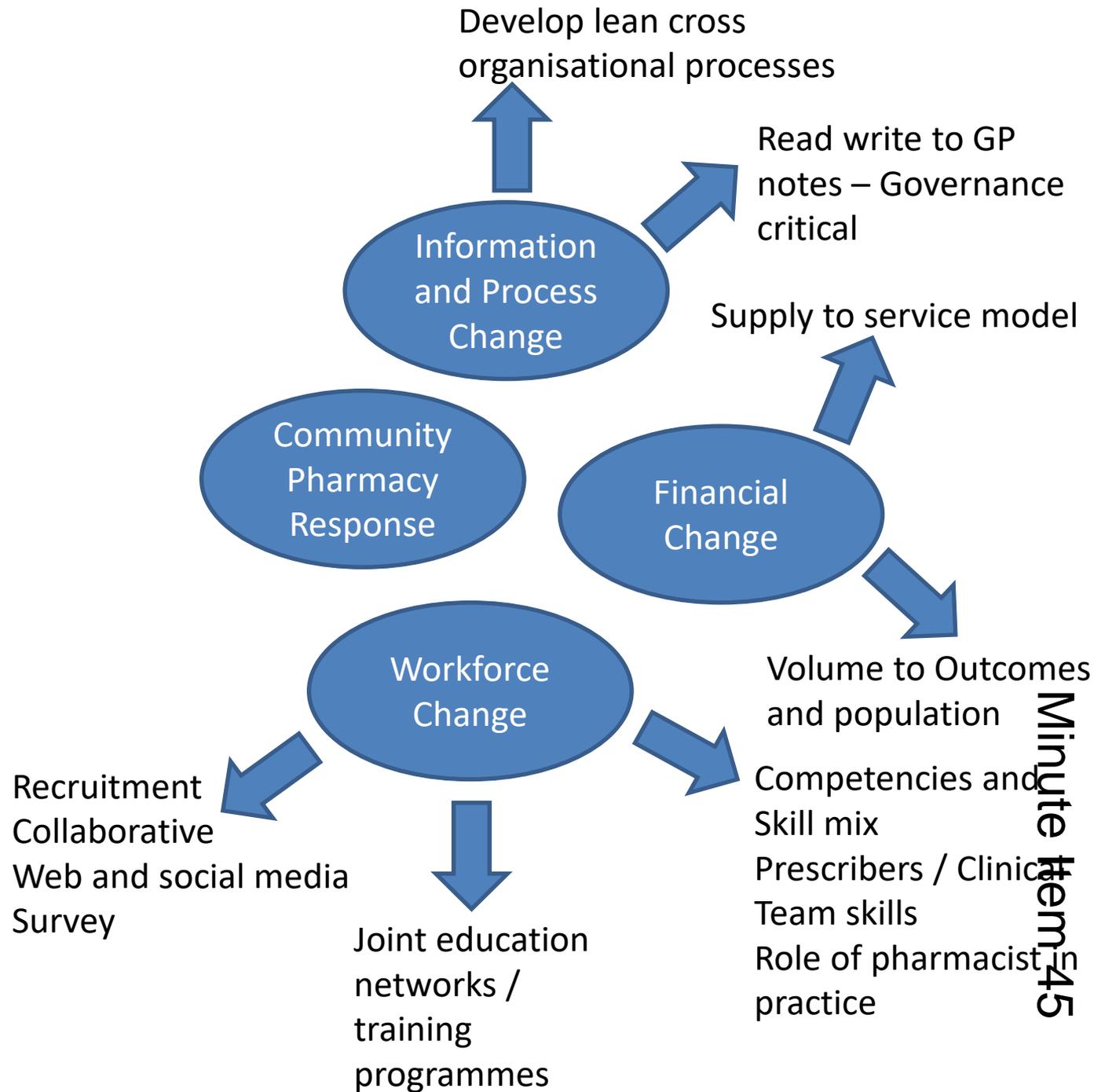
- Urgent Care
- Pharmacy futures 1&2
 - Long term conditions – care planning
- Pharmacists in Practice
- Care homes
- National expansion of diploma and independent prescriber training
- Self care and PH agenda



But That's not enough! So.....

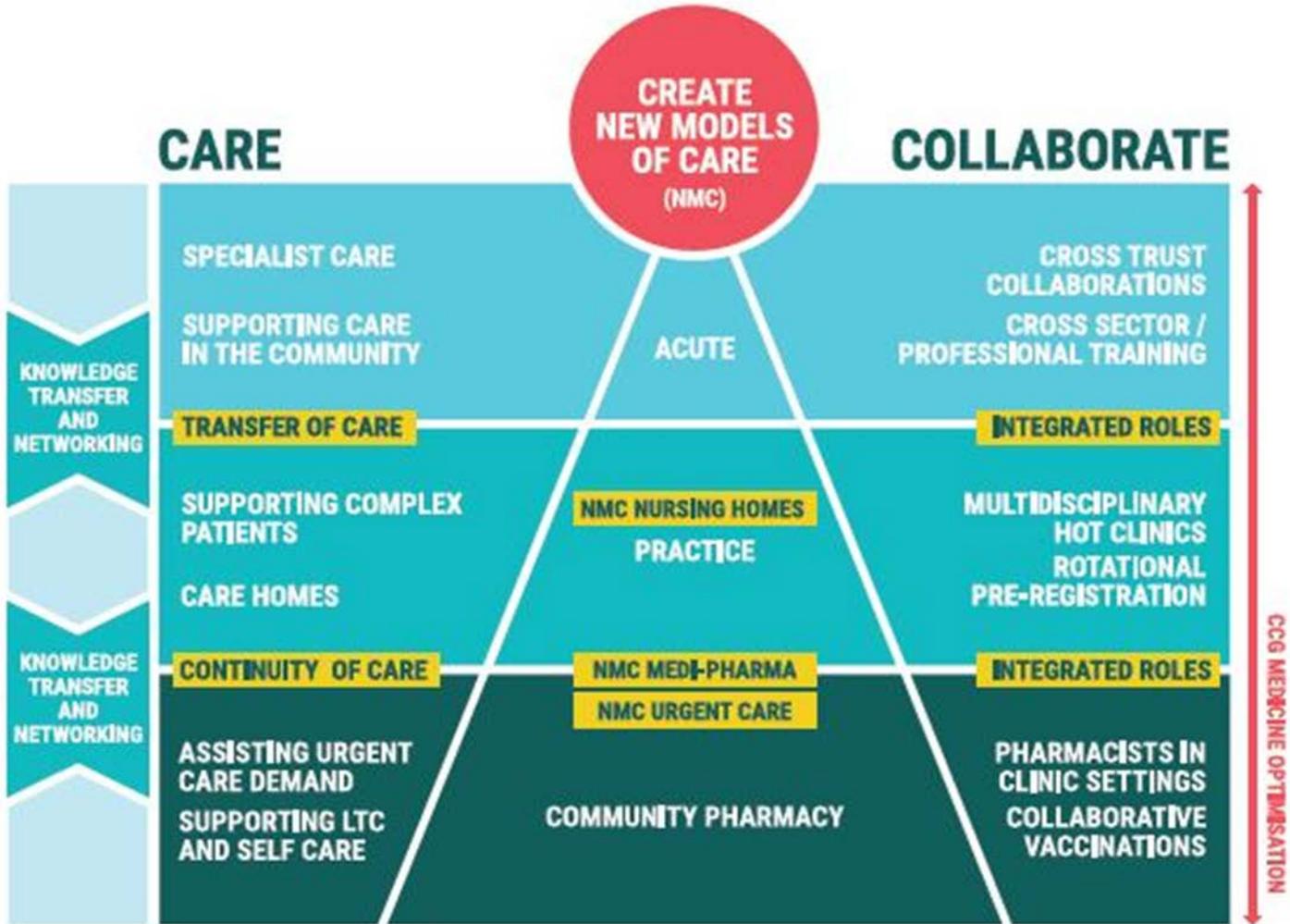
- Locally we see the need for broader system change
- Have instigated a series of pharmacy change activities focussed on contract, process, competence and system change
- Have embarked on the development of new models – “Demand sinks” and how we might support extended hours
- Need to move to a population and outcome based approach
- Creating a different workforce model- Joint roles, development training, recruitment.

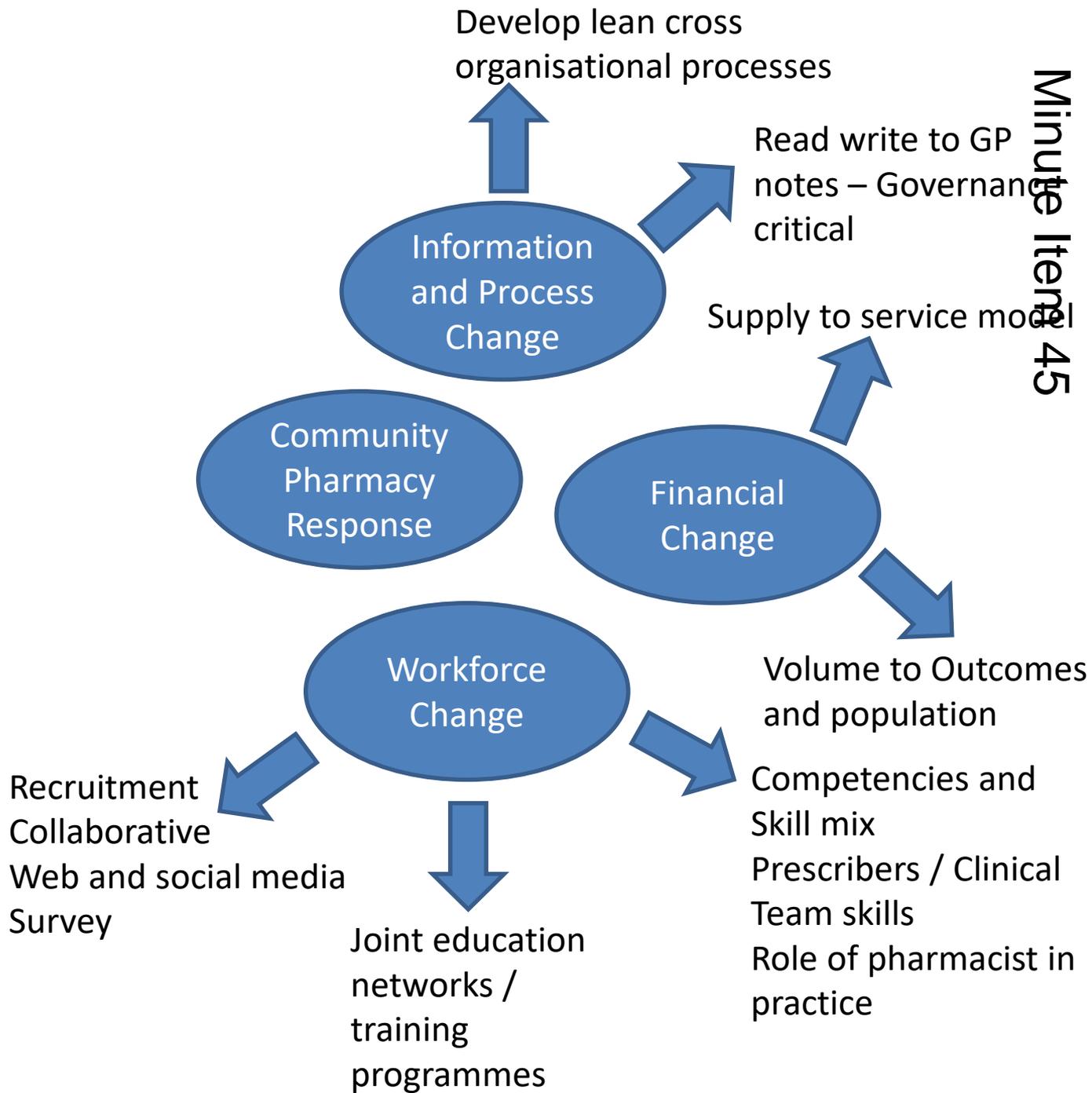
The aim is To make pharmacy a key contributor to the sustainability of primary care both through direct support in the practice and by the redesign of community pharmacy to be a the key partner in community service provisionto allow practices and community pharmacy to thrive in the new world



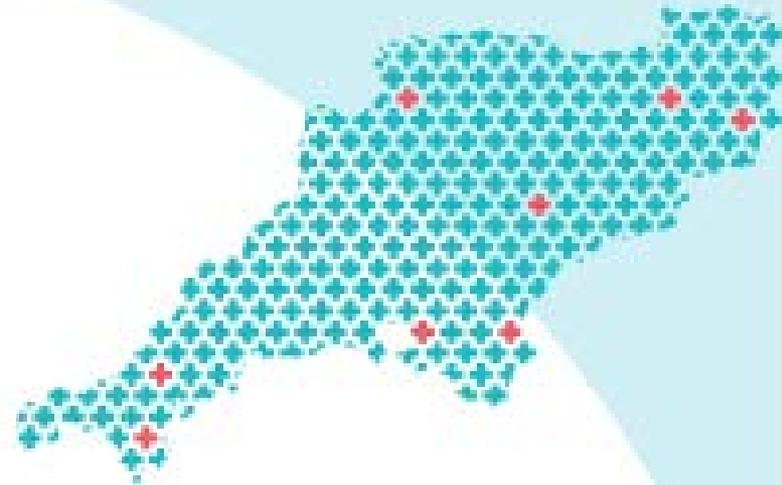
Developing the skills

- Prescribing
- Disease management
- Phlebotomy
- Spirometry
- Clinical history taking and examination
- Assessment and management of minor injuries
- Minor Illness
- Expanding eRD
- Clinical systems skills
- Professional diplomas
- Joint work on Navigation





BUILD AND BE THE FUTURE OF PHARMACY



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The South West is unique in developing a pharmacy system that integrates working practices across pharmacy sectors and healthcare pathways - all working together to maximise patient care.

**SOU⁺H WEST
PHARMACY
COLLABORATIVE**

CREATE+CARE+COLLABORATE=CAREER

TRURO
FALMOUTH

PLYMOUTH
EXETER

TORQUAY
BARNSTAPLE

TAUNTON
YEOVIL

GET IN TOUCH:



@SW_Pharmacy



SWPharmacyCollaborative



modelsofcare.co.uk/recruitment

Minute Item 45

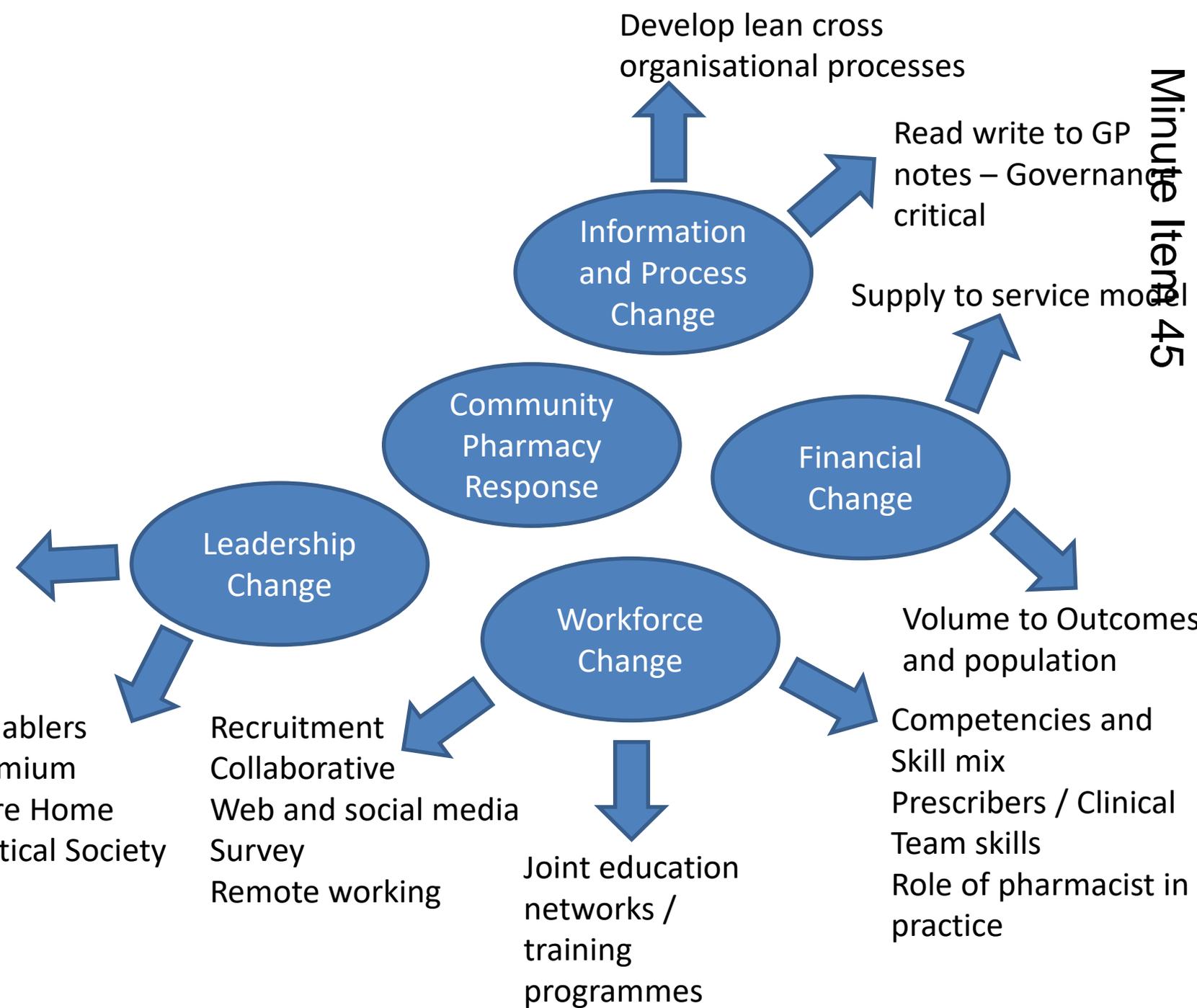
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Move from national to local and ACOs

National enablers
Quality Premium
Primary Care Home
Pharmaceutical Society
Strategy?

Recruitment
Collaborative
Web and social media
Survey
Remote working

Joint education
networks /
training
programmes

Volume to Outcomes
and population
Competencies and
Skill mix
Prescribers / Clinical
Team skills
Role of pharmacist in
practice



Develop lean cross organisational processes

Read write to GP notes – Governance critical

Supply to service model

Information and Process Change

Community Pharmacy Response

Financial Change

Leadership Change

Workforce Change

Volume to Outcomes and population

Quality Payments



Patient Survey
Tell us what you think about our services



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+ SAFETY REPORTS

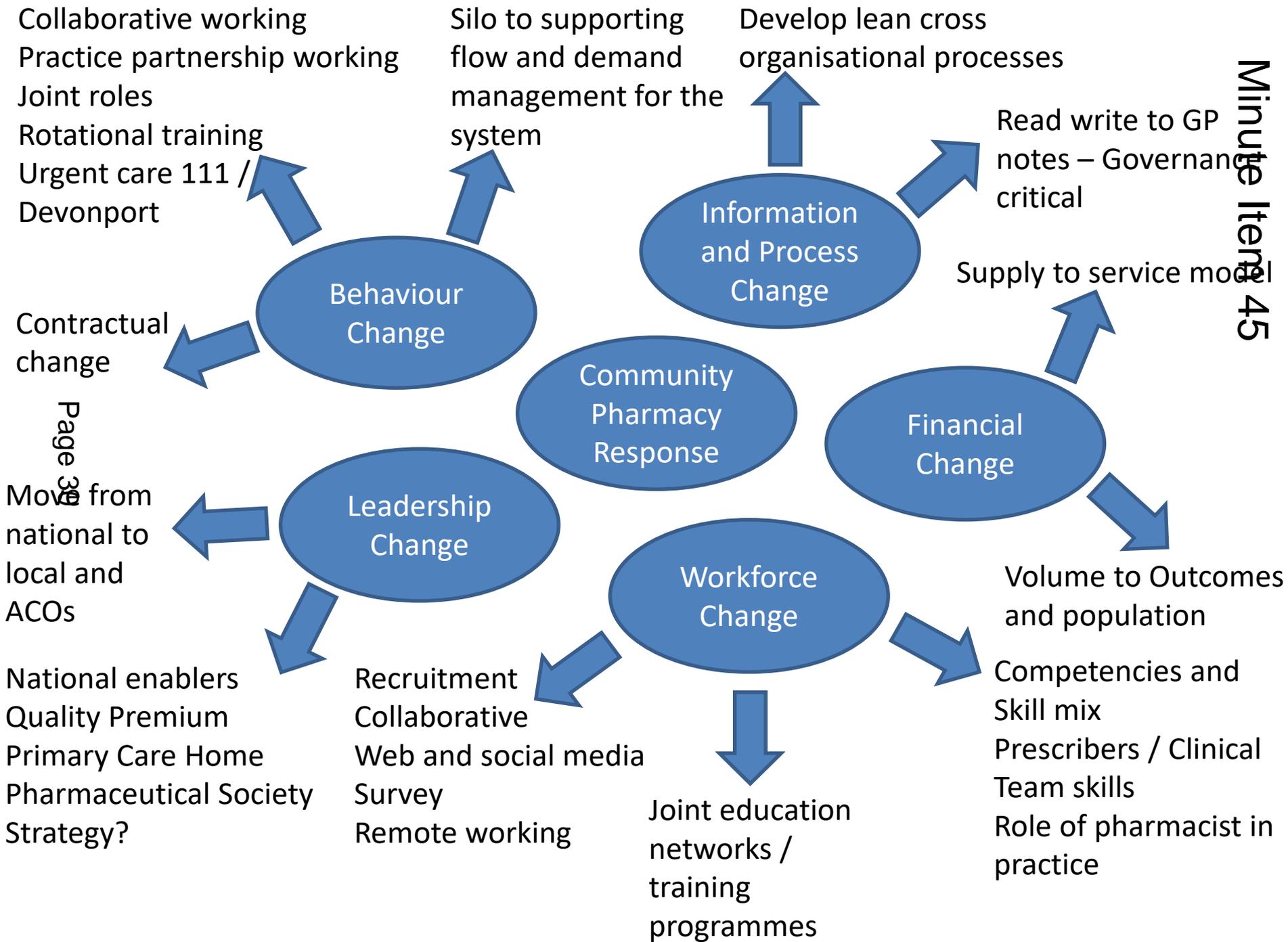
INCIDENT REPORT CHECKLIST

Categories include:

1. Incident Type
2. Outcome/Result
3. Body Part(s) Affected
4. Equipment/Tools Involved
5. People Involved
6. Unsafe Act(s)
7. Unsafe Condition(s)

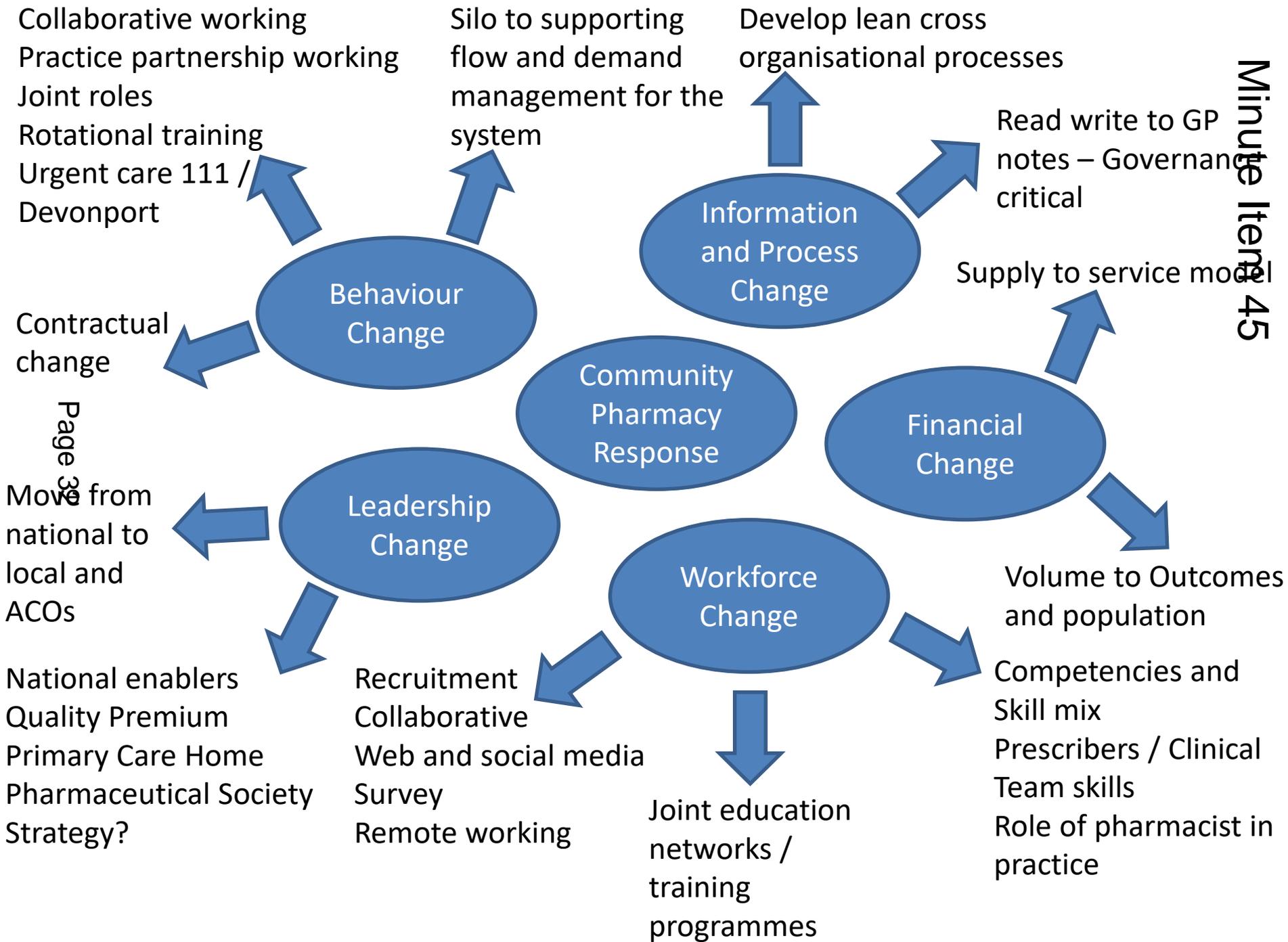


Minute Item 45



Areas of work that could be covered in the pharmacy element of the pharm medi model

- Urgent Care (Minor ailments PGSL and PGDs)
- Urgent Care Independent Prescriber (eg soft tissue, upper resp infection)
- Repeat authorisation / management / Move to eRepeats
- Medicine Reviews/ Taking referrals for polypharmacy medication review / Start Stop
- Phlebotomy/ Patient monitoring inc anticoagulation / Methotrexate etc etc
- LTC (single morbidity, co-morbidity, complex co-morbidity)
- Data interrogation for medicines optimisation
- Managing discharges
- Screening eg Atrial Fibrillation / Dementia / Alcohol / Diabetes / Blood borne viruses
- LTC medication education eg Asthma inhaler use
- Falls prevention – include in general medication reviews
- Substance misuse services
- Community Equipment services
- Prevention agenda – eg stop smoking, weight management/ health checks
- Care home support
- Improved access – offering extended hours for practices / walk-in



What happens now?

- Continue to develop the model and learn
- Align work to hub approach
- Continue to drive on recruitment training and development
- Further engage with the STP to become more involved with redesign featured in the plans and to scale the change with support from NHSE / AHSN
- Further work with practices and federations – looking for quick win integration initiatives
- Examine further approaches to become truly integrated?
- We have some of the answers, investigating others are leading the way in a number of areas but there is still significant change required

