

HEALTH AND WELLBEING BOARD

11 June 2015

Present:-

Devon County Council

Councillors Barker, Davis (Chairman), Clatworthy, McInnes.

Ms J Stephens (Strategic Director, People) and Dr V Pearson (Director of Public Health)

District Council Representative

Councillor Sanders

Police and Crime Commissioner

Mr T Hogg

Environmental Health

Mr R Norley

Northern, Eastern & Western (NEW) Devon Clinical Commissioning Group (CCG)

Dr Tim Burke

Probation Service

Mr R Menary

Health Watch

Dr H Ackland

Joint Engagement Board

Ms C Brown

Apologies:

Dr D Greatorex (South Devon and Torbay Devon Clinical Commissioning Group (CCG)
(Dr Charlie Daniels attended to present the reports)

***164** **Minutes**

It was **MOVED** by Councillor Clatworthy, **SECONDED** by Councillor, and

RESOLVED that the minutes of the meeting held on 12 March 2015 be signed as a correct record.

***165** **Announcements**

The Chairman welcomed Dr Katherine Rake, Chief Executive of Healthwatch England, who was attending to observe the Health and Wellbeing Board meeting and also Mr Sullivan who was attending in his capacity as a Co-opted Member of the Council's Standards Committee to observe and monitor compliance with the Council's ethical governance framework.

PERFORMANCE AND THEME MONITORING

***166** **Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring**

The Board considered a report from the Director of Public Health, presented by Simon Chant (Public Health Specialist – Intelligence), on the performance for the Board, which

monitored the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2013-2016.

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 2013-16 priorities and included breakdowns by local authority, district, clinical commissioning group, inequalities characteristics and trends over time. The indicator relating to the Dementia diagnosis rate had been updated since the last report to the Board

The Board noted that in March 2015, 7,838 people in Devon were on a GP register for dementia, compared with an expected prevalence of 13,864, a diagnosis rate of 56.5%. Rates in Devon were below the South West (58.3%) and England (60.8%) and mirrored the local authority comparator group rate (56.5%). Diagnosis rates had improved in recent years, increasing from 28.0% in 2006/07 and 44.9% in March 2014, and the gap had narrowed significantly.

Following approval at the November 2013 Board meeting, a Red, Amber, Green (RAG) rating had been added to the indicator list and a performance summary on page 2 of the full report. Areas with a red rating included hospital admissions for self-harm, aged 10-24.

The Board further noted the intention to report a summary of emerging themes from the Devon Child Sexual Exploitation scorecard. The scorecard was being developed by the Devon Safeguarding Children Board's Child Sexual Exploitation sub-group and would be made available in due course.

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, and a Devon, South West and England comparison chart for benchmarking purposes.

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, welcomed the ongoing work to identify ways of developing an indicator to monitor outcomes in relation to tackling and preventing Child Sexual Exploitation, as outlined in the report and also the intention of Government to introduce eight local profiles, one of which would be Child Sexual Exploitation.

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

RESOLVED that the report be noted and the ongoing work in relation to the Child Sexual Exploitation Scorecard be commended.

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Theme Based Report – Review of Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment

The Board considered a number of reports from the Director of Public Health which focused upon the refresh of the Devon Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.

The Board first considered the Devon Overview for 2015 in relation to the Joint Strategic Needs Assessment (JSNA). The Devon Overview looked at the overall pattern of health and care needs in the County, including the impact of population change, deprivation and economic conditions. It sat alongside other elements of the JSNA including area profiles, topic based information, outcomes reports, and a library of supporting health needs assessments and other documents. The report contained an executive summary (as an appendix to the report) of the JSNA Devon Overview, but could be viewed in full at www.devonhealthandwellbeing.org.uk/draft-jsna-devon-overview-2015)

The Board also received a detailed presentation to accompany the JSNA report which highlighted its development areas which included long term conditions, qualitative information, protected characteristics and development of the website. It also outlined the forthcoming work programme and important trends in relation to population, equality and diversity, economy, community and environment, deprivation, starting well (children), living well (adults) and aging well (older people) which all identified where resources might be targeted and the direction of the Strategy. The presentation concluded with outlining the main challenges in Devon which included, inter alia, ageing populations, rurality, financial pressure, mental health, below average earnings and long term conditions.

The Board noted that it had a statutory duty to produce the Devon Joint Health and Wellbeing Strategy and update it. This was the second update of the 2013-16 strategy, and would be the last pending refresh of the strategy for 2016 onwards.

The update reflected new membership, governance, changing landscapes and the importance of using the JHWBS, JSNA, Health Needs Assessments and outcomes reporting in commissioning decisions. The update consolidated the relevance of the existing priorities and suggested an increased focus on mental and emotional health and wellbeing for all ages, an increased focus on prevention and renewed effort to reduce health inequalities that persisted for certain groups and certain areas.

A draft of the refreshed Health and Wellbeing Strategy was made available to Board Members for comments. They noted that the on-going analysis of the joint strategic needs assessment confirmed that the four strategic priorities remained relevant and were helpful in framing activity focused around the life course approach.

The Board noted that the needs of people and communities, particularly those most vulnerable or disadvantaged, would be made explicit in the Devon Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy and that it was important for the Board to consider all individuals in shaping policy and have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out its activities. The JSNA had specific sections on the Protected Characteristics and an equality impact assessment had been completed for the JHWBS update.

The Board discussed the following in terms of

- the strengthening of the inequalities theme and that this was a focus in the forthcoming Public Health Annual Report;
- the welcome news that the CCG's had just commissioned a 24/7 coverage service for CAMHS;
- the importance of considering both long term and neurological conditions, especially in light of an aging population and the cost of appropriate medication;
- the significant impact of loneliness and isolation as a factor in poor health and wellbeing and that it should be reflected in the 'health risks' already identified;
- clarification of how the Board established links with commissioning activities and commissioning bodies; and
- the need for all publically funded services to be the responsibility of a larger commissioning Board.

It was **MOVED** by Councillor Davis, **SECONDED** by Councillor Clatworthy, and

RESOLVED

(a) that the draft Joint Strategic Needs Assessment Devon Overview be approved¹ and

¹ Final version can be found here [JSNA Devon Overview 2015](#)

(b) that the revised Health and Wellbeing Strategy² update be endorsed and used as the basis for the engagement for the new Strategy development alongside the Joint Strategic Needs Assessment (JSNA) update for 2015.

BOARD BUSINESS - MATTERS FOR DECISION

***168** **Joint Commissioning in Devon, the Better Care Fund (BCF) and Governance Arrangements)**

The Board considered a joint report from Mr T Golby (Head of Social Care Commissioning, Devon County Council) and Mr P O'Sullivan (Director of Partnerships, NEW Devon CCG) on current progress with the Better Care Fund.

The purpose of this fund was a drive towards integration and a seamless service user / patient experience being at the forefront of developments around health and social care. The key areas of focus were prevention and independence, crisis response and regaining independence.

The report outlined that the Board were required to track the high level metrics contained within the agreed Better Care Fund Plan. They were further required (quarterly) to formally report, using the template supplied by the central Better Care Fund Programme support team.

The BCF First Quarter Return was attached to the papers and included the allocation information, budget arrangements and national conditions. The data collection also required the Board to submit a written narrative that contained any additional appropriate information, for example explanations of any material variances against the plan.

The Board discussed and asked questions on the following;

- the impact of the Care Act and that further guidance was expected in the Autumn which might impact on the BCF and work undertaken to date;
- the lack of clarity on how the submitted returns would be collated, analysed and presented to partners; and
- clarification of the 'success regime' and confirmation that further guidance was awaited on this.

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

RESOLVED

(a) that the first quarter return, as submitted with the report, be endorsed;

(b) that, due to the timescales for submitting the quarterly returns, the Board give delegated Authority to the Chair of the Board to sign these on its behalf; and

(c) that a further report on the Care Act and its implications be brought to the Board in the Autumn.

***169** **Joint Draft Commissioning Strategy for Prevention**

The Board considered a joint report from the Head of Social Care Commissioning, Managing Director (Partnerships) NEW Devon CCG and Director of Commissioning, South Devon and Torbay CCG, which presented a draft joint commissioning strategy for prevention which had been developed by the two Clinical Commissioning Groups, Devon County Council, Public Health and District Councils.

² Final version can be found here [Joint Health and Wellbeing Strategy Update, June 2015](#)

The strategy had been developed by the prevention work stream which formed part of the Care Act implementation programme in Devon. The Care Act 2014 aimed to help improve people's independence and wellbeing and made clear that Local Authorities must arrange services that help prevent or delay people from deteriorating to the point they would need on-going care and support. For this to work, Local Authorities needed to work with communities to obtain relevant support to keep people well and independent.

The draft strategy was presented as part of the papers and was aligned with Devon County Council's strategy, "Better Together", the "I Plan" and the Better Care Fund. It was people, rather than organisation focused and was underpinned by integrated and preventive approaches and would look for innovative solutions to the challenges faced. The Board noted the shift towards prevention activity at an earlier stage and the adoption of a 'living well' and 'ageing well' approach.

Further consultation on the Strategy was planned and the report outlined that the draft strategy had been prepared in line with the partners' Public Sector Equality Duty, recognising where positive action needed to be taken to address the needs of underrepresented groups and those with protected characteristics.

The Board discussed and asked questions on the following;

- the new duties of prevention contained within the Care Act;
- the current work in 'mapping' investments;
- clarification of the prevention definitions (primary, secondary and tertiary) and the need to intervene more at the primary and secondary stages;
- the possibility that some services might need to be decommissioned, in order to re-commission in line with the strategy;
- that all public services needed to be jointly commissioning in preventive services; and
- the role of the new website 'my care, my life', which, in due course, would be updated by communities to provide relevant information and support.

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

RESOLVED

(a) that the Joint Commissioning Strategy for Prevention, and the themes contained within, be endorsed as the basis for commissioning delivery plans; and

(b) that a progress report on the Strategy be received at the Board meeting in November 2015.

***170**

Children, Young People and Families

(a) Ofsted Report

The Board considered the recent inspection report from Ofsted on their inspection of services for children in need of help and protection, children looked after and care leavers. The report was available at <http://reports.ofsted.gov.uk/local-authorities/devon>

The Ofsted review had also considered the effectiveness of the Local Safeguarding Children Board.

The overall outcome was that the service 'required improvement'. The review headings included 'Quality of work with children and young people', 'Management of service quality and provision' and 'Leadership, Governance and Partnerships' and the improvements that were required in these areas.

The report also went on to highlight some of the Authorities strengths that had been demonstrated during the review.

The Board asked for clarification of Ofsted's comments, which had been made in relation to care leavers and the care leavers service and they also noted that an action plan was being progressed.

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

RESOLVED that the contents of the Ofsted Inspection Report be noted.

(b) Proposals for Partnerships and Governance Arrangements

The Board considered a report from the Strategic Director (People) on governance and planning arrangements between the Local Authority, the Devon Health and Wellbeing Board, Devon's Childrens and Families Alliance and the Devon Safeguarding Children Board. This was a recommendation from the Ofsted report to ensure the Governance arrangements were clear.

The report proposed that a Devon Public Services Board be constituted to hold an overview of the strategic links and opportunities between key public sector partnerships across the Devon footprint. Such a Board would provide an opportunity to coordinate responsibilities across key partnership boards/groups which currently existed and to clarify responsibility, where required. The appendix of the report outlined the links between and remits of structures such as the Children, Young People and Families (CYPF) Alliance (and the potential consideration of an Adults Alliance), the Devon Safeguarding Children Board (DSCB), the Devon Safeguarding Adults Board (DSAB), the Safer Devon Partnership, the Local Nature Partnership, the Local Transport Board and the Devon Education Forum.

The Board discussed the proposals in terms of bringing together a number of senior accountable officers and also focusing on delivering a smaller number of key services.

It was **MOVED** by Councillor Davis, **SECONDED** by Councillor Clatworthy, and

RESOLVED that proposals outlined in the report, for multi-agency partnership and governance arrangements, be endorsed.

***171 0-5 Public Health Nursing Transition**

The Board received a report from the Director of Public Health on the transfer of commissioning responsibilities (on 1st October 2015) for the Healthy Child Programme for 0-5 year olds. This service, included the health visiting service and the Family Nurse Partnership (or equivalent), would transfer from NHS England to Local Authorities.

The responsibilities would include undertaking five statutory universal reviews, including antenatal health promoting visits (which included beginning maternal mental health screening), new baby review, 6-8 week check, 1 year assessment and the 2 to 2 ½ year review.

The report included data on the current position of the 0-5 public health commissioning transfer, including the Devon resident 0-5 child population. The Board noted that attention was being given to the quality of service as well as reaching the target trajectory numbers and, as such, a large amount of training and upskilling had been undertaken. Furthermore, work was underway to ensure that information governance, clinical governance, communication and local finance arrangements were in place ready for the transfer.

The report further outlined the challenges and opportunities presented by this transfer.

***172** **Quality Premium Measures**

The Board considered a report from the South Devon and Torbay CCG on the Quality Premium Measures. The 'quality premium' was intended to monitor CCGs for improvements in the quality of the services commissioned. The CCG were required to select preferred indicators within the Quality Premium Return, across 3 Domains, with a weighted value assigned to each indicator. The Board was asked to review the proposed list, as presented in the report, in relation to;

- Urgent and Emergency Care (Delayed transfers of care which were NHS responsibility (10%), increase in number of patients admitted for non-elective reasons, who were discharged at weekends or bank holidays (10%) and reduction in avoidable emergency admissions (composite measure) (10%));
- Mental Health (reduction in the number of patients attending A&E for a mental health related need who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E (30%)); and
- Local Measures (reduction in the number of breaches of the 6 Week standard for diagnosis tests - Targeted Value 1% and 10% of quality premium, Dementia Diagnosis Rate for the over 65 - Targeted Value: 66.7% and 10% of quality premium.

The Board clarified that the mental health indicator applied to both adults and children.

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

RESOLVED that the Quality Premium Indicators, as outlined above, be endorsed.

***173** **Integrated Care Organisation (ICO), Consultation on Community Health Services and Senior Staffing**

The Board received a report, for information, from the South Devon and Torbay CCG giving a progress update on the Integrated Care Organisation (ICO), Consultation on Community Health Services in Dawlish and Teignmouth and Senior Staffing within the CCG.

The Board heard that the CCG had supported the concept of the ICO as its outline business case included an improved care model and efficiencies deliverable within CCG recurrent budgets. The CCG continued to work closely with South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health and Care Trust, towards an implementation date of 1st August 2015.

There had been a formal 14-week consultation on future community services in the Teignmouth and Dawlish area, with 6 public meetings and more than 40 other meetings (including staff groups, Leagues of Friends, town councils, interested groups and voluntary organisations). Healthwatch Devon used all consultation responses to formalise a report and the suggestions would be evaluated using the criteria of meeting demand in the future population, providing services locally, improving the quality of care provided, meeting the standards/guidelines of care provision and being affordable and financially sustainable. The outcomes would be presented to the County Councils Health and Wellbeing Scrutiny Committee in June and a decision on whether to implement any of the options would be taken later in the Summer.

The also report outlined some senior staff changes which included the appointment of Chief Clinical Officer, Dr Nick Roberts.

***174** **NEW Devon Clinical Commissioning Group Operating Plan**

The Board considered a report from the NEW Devon Clinical Commissioning Group (CCG) on its Operating Plan for 2015/2016. This was the organisations workplan for the

year ahead, outlining the priorities, challenges and commissioning intentions for 2015/16 and the delivery model for this work.

The plan outlined the National context, including 'Everyone Counts: Planning for Patients 2014/15 to 2018/19' which clearly set the priorities, results and outcomes that healthcare commissioners and providers were expected to deliver. It also described the five year forward view (5YFV), which explained how the health service needed to change to ensure a more engaged relationship with patients, carers and the public to promote wellbeing and prevent ill health.

The plan also considered the local context, where the CCG had been facing a growing financial challenge since it had been formed and, as such, had entered a 'turnaround' regime in late November 2014.

The report highlighted the focus for 2015/2016 on delivering the turnaround plan and developing the system-wide strategic and financial framework within which the health economy would work.

The Board discussed and asked questions on the following;

- the appointment of a 'turnaround director' to address some of the issues currently faced by the CCG;
- that the operating plan was based on the previous years information so could not fully reflect the strategic direction outlined in the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy and the Prevention Strategy; and
- why there was no detail in the BCF funding arrangements for 2016/17 and 2017/18 in the draft financial plan.

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

RESOLVED that the Operating Plan for 2015/2016 be noted.

OTHER MATTERS

***175 References from Committees**

Nil

***176 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.

***177 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 10 September 2015 @ 2.00pm	Performance / Themed Reporting Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)
	<u>Business / Matters for Decision</u> Better Care Fund Care Act Implications

	<p>CCG Updates Children's Safeguarding annual report (annually in September) Adult Safeguarding annual report (annually in September) Child Sexual Exploitation – Multi-Agency Working David Taylor - Child Sexual Exploitation Dashboard (Performance) Adult Safeguarding Review of Mental Health Services</p> <p><u>Other Matters</u> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 12 November 2015 @ 2.00pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates Joint Commissioning Strategies – Actions Plans (Annual Report) Prevention Strategy Update (Minute 169)</p> <p><u>Other Matters</u> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 14 January 2016 @ 2.00pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates Delivering Integrated Care Exeter (ICE) Project – Annual Update</p> <p><u>Other Matters</u> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 10 March 2016 @ 2.00pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information</p>

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

***178 Briefing Papers, Updates and 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/>

Items of interest included;

- (a) The formal response from Healthwatch Devon to the County Council's Public Transport Review. The response highlighted that the Council took soundings on the proposals from both CCGs and the Health and Wellbeing Board. The full response could be viewed at <http://www.healthwatchdevon.co.uk/public-transport-review/>
- (b) Stick With It – A review of the second year of the health and wellbeing improvement programme (LGA Publication); <http://www.local.gov.uk/documents/10180/6101750/Stick+with+it+-+a+review+of+the+second+year+of+the+health+and+wellbeing+improvement+programme/5a54723b-d235-48c3-a499-327a29ba272b>
- (c) Conquering the Twin Peaks (Research on how London's Health and Wellbeing Boards were doing two years after they took up their statutory roles); <http://www.londoncouncils.gov.uk/node/25543>
- (d) South West Sexual Health Board Annual Report 2014/15; <http://www.southglos.gov.uk/documents/Sexual-Health-Annual-Report-2015.pdf>
- (e) Childhood Obesity Conference – 3 'asks' of the Health and Wellbeing Board. A report had been prepared by the Director of Public Health outlining the context for Obesity issues, the associated health problems and the attributable costs to the NHS. The report highlighted the data in relation to childhood obesity and that analysis demonstrated a link with socioeconomic status.

The South West Health and Wellbeing Board Chairs' Network hosted a Conference on Childhood Obesity and asked three things of Boards, which included;

- raising public awareness of childhood obesity (lifestyle changes could make a big difference);
- Health-in-all local policies (e.g. all new housing developments to enable healthy lifestyles as the norm); and
- Schools (influence Local Authorities, Schools and teacher training organisations to develop / evaluate physical activity and healthy eating sessions in schools)

The report highlighted what the County was doing in relation to Childhood Obesity in respect of the three areas and highlighted the complexity of the issue. Devon had adopted a life-course approach, seeking to tackle inequality through the targeting of resources and aiming to strike a balance between prevention and management. Devon also worked in partnership with a wide range of stakeholders and linked into local and national networks to evaluate programmes and learn from best practice.

- (f) Campaign to End Loneliness – The Board were asked a number of questions in response to the campaign, in particular how the Health & Wellbeing Strategy addressed issues such as loneliness and / or isolation. The Chair of the Board had responded according, the response being outlined in the agenda papers.
- (g) The End Fuel Poverty Coalition (EFPC) Letter was circulated with the agenda. This highlighted it welcomed the NICE guidance on Excess 'Winter Deaths and Morbidity and Health Risks of Cold Homes' with recommendations aimed at Health and Wellbeing Boards and / or its Partners <https://www.nice.org.uk/guidance/ng6>

RESOLVED

(a) that the areas highlighted by the recent conference on childhood obesity and the actions delivered across the County to achieve them, be noted; and

(b) that the publications, outlined above, be noted.

***179 Dates of Future Meetings**

RESOLVED that future meetings of the Board will be held on.....

Thursday 10th September 2015 @ 2.00pm
Thursday 12th November 2015 @ 2.00pm

Thursday 14th January 2016 @ 2.00pm
Thursday 10th March 2016 @ 2.00pm

***180 Dates of Future Seminars**

Thursday 8th October 2015 @ 10.30am – 4.00pm

Thursday 11th February 2016 @ 10.30am – 4.00pm

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

The meeting started at 2.00pm and finished at 4.32pm.

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://www.devon.gov.uk/index/councildemocracy/decision_making/cma/index_hwb.htm
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>

Health and Wellbeing Outcomes Report

Report of the Director of Public Health

Recommendation: It is recommended that the Devon Health and Wellbeing Board note the updated Health and Wellbeing Outcomes Report.

1. Context

This paper introduces the current detailed outcomes report for the Devon Health and Wellbeing Board, which monitors the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2013-2016.

2. The Health and Wellbeing Outcomes Report

2.1 An 'updates only' version of the Health and Wellbeing Outcomes Report for September 2015 is included separately. The report is themed around the four Joint Health and Wellbeing Strategy 2013-16 priorities, and includes breakdowns by local authority, district, clinical commissioning group, inequalities characteristics and trends over time. The updated indicators are:

- Teenage Conception Rate, 2014 Q1
- Hospital Admissions for Self-Harm, Aged 10 to 24, 2013-14
- Proportion of Physically Active Adults, 2014
- Alcohol-Related Admissions, 2014-15 (narrow and broad definitions)
- Incidence of Clostridium Difficile, 2014-15
- Feel Supported to Manage Own Condition, 2014-15 Q3-Q4

2.2 There were 18.5 conceptions per 1,000 females aged 15 to 17 in Devon between July 2013 and June 2014. This was not significantly different from the South West (21.2) and local authority comparator group (21.1) rates, but significantly below the England rate (24.3). The Devon rate has fallen sharply over the last two to three years and is the lowest on record.

2.3 There were 653 hospital admissions for self-harm in persons aged 10 to 24 in Devon in 2013-14. The rate per 100,000 in Devon was 501.8, which is below the South West rate (520.8), but above the local authority comparator group (463.1) and England (412.1) rates. Admission rates increased from 376.6 in 2007-08 to 501.8 in 2013-14.

2.4 60.3% of adults in Devon were physically active for at least 150 minutes per week in 2014. This is broadly in line with the South West (59.4%) and the local authority comparator group (58.9%) and significantly above the national (57.0%) rates. Levels of physical activity decreased slightly from 60.9% in 2013 to 60.3% in 2014.

2.5 The report now includes both the narrow definition of alcohol-related admissions, which covers admissions with an alcohol-related primary diagnosis, and the broad definition, which covers admissions with any alcohol-related primary or secondary diagnosis to capture a wider range of chronic health conditions where alcohol is a contributory factor. Using the narrow definition, the direct age standardised rate of admissions (639.7 per 100,000) is broadly in line with the South West (635.9) and England (636.1) rates but significantly above the local authority comparator group rate (597.2). Using the broad definition, the direct age standardised rate of admissions (1830.3 per 100,000) was below the South West (1985.3), local authority comparator group (1861.1), and England (2137.7) rates.

2.6 There were 354 cases of Clostridium Difficile in 2014-15 in Devon, Plymouth and Torbay. The incidence rate per 100,000 in Devon (30.8) was not significantly different from the South West (28.5), local authority comparator group (27.4) and England (26.3) rates. Infection rates increased slightly on 2013-14 levels. Within Devon infection highs were higher in the South Devon and Torbay CCG (48.7) and lower in Northern Eastern and Western Devon CCG (25.2).

2.7 In Devon during late 2014-15, 68.9% of people with a long-term condition in the GP survey felt they had enough support to manage their own condition. This is significantly higher than national (63.3%), South West (65.6%) and local authority comparator group (64.2%) rates. Rates were highest in the Mid Devon area. Rates have increased over recent years.

Table 1: Indicator List and Performance Summary, September 2015

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
1. A Focus on Children and Families	A	Children in Poverty	Chall		
	G	Early Years Foundation Score	Chall		
	G	Smoking at Time of Delivery	Watch		
	G	Teenage Conception Rate *	Watch		
	-	Child/Adolescent Mental Health Access Measure	Improve	-	-
	R	Hospital Admissions for Self-Harm, Aged 10-24 *	Improve		
2. Healthy Lifestyle Choices	G	Proportion of Physically Active Adults *	Chall		
	A	Excess Weight in Four / Five Year Olds	Chall		
	A	Excess Weight in 10 / 11 Year Olds	Chall		
	A	Alcohol-Related Admissions (Narrow Definition) *	Watch		
	A	Alcohol-Related Admissions (Broad Definition) *	Watch		
	G	Adult Smoking Prevalence	Watch		
	G	Under 75 Mortality Rate - All Cancers	Improve		
	G	Under 75 Mortality Rate - Circulatory Diseases	Improve		
3. Good Health and Wellbeing in Older Age	A	Incidence of Clostridium Difficile *	Chall		
	G	Injuries Due to Falls	Chall		
	A	Dementia Diagnosis Rate	Chall		
	G	Feel Supported to Manage Own Condition *	Watch		
	G	Re-ablement Services (Effectiveness)	Watch		
	A	Re-ablement Services (Coverage)	Watch		
	A	Readmissions to Hospital Within 30 Days	Improve		
4. Strong and Supportive Communities	A	Suicide Rate	Chall		
	G	Male Life Expectancy Gap	Chall		
	G	Female Life Expectancy Gap	Chall		
	G	Self-Reported Wellbeing (low happiness score)	Watch		
	G	Social Contentedness	Watch		
	G	Carer Reported Quality of Life	Watch	-	
	A	Stable/Appropriate Accommodation (Learn. Dis.)	Improve		
	G	Stable/Appropriate Accommodation (Mental Hlth)	Improve		

RAG Ratings

Red	R	Major cause for concern in Devon, benchmarking poor / off-target
Amber	A	Possible cause for concern in Devon, benchmarking average / target at risk
Green	G	No major cause for concern in Devon, benchmarking good / on-target

Table 2: Priority Area Summaries, September 2015

Priority	Summary
1. A Focus on Children and Families	Child poverty levels fell between 2011 and 2012. Recorded levels of child development are above the South West and England averages. Rates of smoking at delivery are falling over time. Teenage conception rates have fallen over time, particularly in more deprived areas. Self-harm admissions in younger people are above the national average.
2. Healthy Lifestyle Choices	Higher levels of physical activity are seen in Devon. Levels of excess weight in children are above average at age 4/5 and below average at age 10/11. The alcohol-related admissions (narrow definition) rate is similar to England. Adult smoking rates are below the national average. Mortality rates are falling.
3. Good Health and Wellbeing in Older Age	Clostridium Difficile incidence aligns with South West and national rates. The gap between Devon and the South West and England for the detection of dementia has narrowed significantly. Devon has relatively low levels of injuries due to falls. A higher proportion feel supported to manage their long-term condition in Devon. Re-ablement service effectiveness is above average, but recorded coverage is low. Readmission rates are below average but are increasing over time.
4. Strong and Supportive Communities	Suicide rates in Devon are consistently above the national average. There is a smaller gap in life expectancy between the most and least deprived communities in Devon than nationally. Self-reported wellbeing in Devon tends to be better than the national average. The proportion stating that they have as much social contact as they would like is above the national average. Quality of life for carers is in line with the national average. Devon had similar levels of people with learning disabilities in stable and appropriate accommodation than the national average, but lower rates for people with mental health issues.

Table 3: Devon compared with the Local Authority Comparator Group for all Health and Wellbeing outcome measures, September 2015

Measure	Rates			Significance		LAGC Rank / Position	
	Devon	LAGC	England	LAGC	England	Rank	Position
Life Expectancy Gap in Years (Male)	5.2	7.2	8.4	Better	Better	1 / 16	
30 Day Readmissions to Hospital (%)	10.3	11.0	11.8	Better	Better	1 / 16	
Early Years Good Development (%)	67.0%	60.0%	58.0%	Better	Better	1 / 16	
Feel Supported to Manage own Condition (%)	68.9%	64.2%	63.3%	Better	Better	1 / 16	
Life Expectancy Gap in Years (Female)	3.3	5.4	6.2	Better	Better	2 / 16	
Physical Activity (%)	60.3%	58.9%	57.0%	Similar	Better	3 / 16	
Reablement Services Effectiveness (%)	89.8%	82.6%	81.9%	Better	Better	3 / 16	
Social Connectedness	47.5%	45.2%	44.2%	Better	Better	3 / 16	
Stable Accommodation - MH (%)	54.5%	45.2%	60.9%	Better	Worse	5 / 16	
Cancer Deaths, under 75	130.9	134.3	144.4	Similar	Better	5 / 16	
Smoking at Time of Delivery (%)	12.2	12.3	12.0	Similar	Similar	6 / 15	
Carer Reported Quality of Life	8.173	8.043	8.068	Better	Better	6 / 16	
Circulatory Disease Deaths, under 75	63.8	66.7	78.2	Similar	Better	6 / 16	
Admission Rate for Accidental Falls	1766.1	1809.9	2011.0	Similar	Better	6 / 16	
Teen Conception Rate per 1,000	18.5	19.5	23.4	Similar	Better	6 / 16	
Child Poverty (%)	12.7%	13.9%	19.2%	Better	Better	7 / 16	
Excess Weight in Year Six (%)	30.3%	30.8%	33.5%	Similar	Better	7 / 16	
Adult Smoking Rate (%)	16.4%	16.7%	18.4%	Similar	Better	7 / 16	
Stable Accommodation - LD (%)	74.0%	72.1%	74.8%	Better	Similar	8 / 16	
Alcohol Admission Rate (Broad Definition)	1830.3	1861.1	2137.7	Better	Better	9 / 16	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Low Happiness Score (%)	8.5%	8.6%	9.7%	Similar	Similar	9 / 16	
Excess Weight in Reception Year (%)	23.4%	22.3%	22.5%	Worse	Similar	10 / 16	
Incidence of Clostridium Difficile	30.8	27.4	26.3	Worse	Worse	12 / 16	
Hospital Admission Rate for Self-Harm	501.8	463.1	412.1	Worse	Worse	12 / 16	
Alcohol Admission Rate (Narrow Definition)	636.5	598.2	638.1	Worse	Similar	12 / 16	
Suicide Rate	10.4	9.5	8.8	Similar	Worse	13 / 16	
Reablement Services Coverage (%)	2.0%	3.4%	3.3%	Worse	Worse	15 / 16	

3. Child Sexual Exploitation

3.1 This section will contain a summary of emerging themes from the Devon Child Sexual Exploitation (CSE) scorecard. The scorecard is being developed by the CSE sub-group of the Devon Safeguarding Children Board (DSCB), with input from Devon and Cornwall Police, Devon County Council, Devon Partnership Trust and others. A senior information analyst from the Public Health Intelligence Team has been seconded on a fixed term, part-time basis to act as lead analyst for CSE data. This secondment is focused on completing the work to develop the multi-agency CSE scorecard. The analyst will work to ensure the production of qualitative information, analysis and reporting, combining information and intelligence from across all DSCB partner agencies. The first version of the scorecard has been drafted and will be made available later in September and produced thereafter on a quarterly basis. The intention is that further detail will be added to the scorecard as new processes for gathering data are established and the improved CSE risk assessment tool is implemented.

4. Legal Considerations

There are no specific legal considerations identified at this stage.

5. Risk Management Considerations

Not applicable.

6. Options/Alternatives

Not applicable.

7. Public Health Impact

The Devon Health and Wellbeing Outcomes Report is an important element of the work of the board, drawing together priorities from the Joint Health and Wellbeing Strategy, and evidence from the Joint Strategic Needs Assessment. This report and the related documents have a strong emphasis on public health and other relevant health, social care and wellbeing outcomes. A number of the outcomes indicators are also drawn from the Public Health Outcomes Framework. The report also includes a specific focus on health inequalities.

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Background Papers
Nil

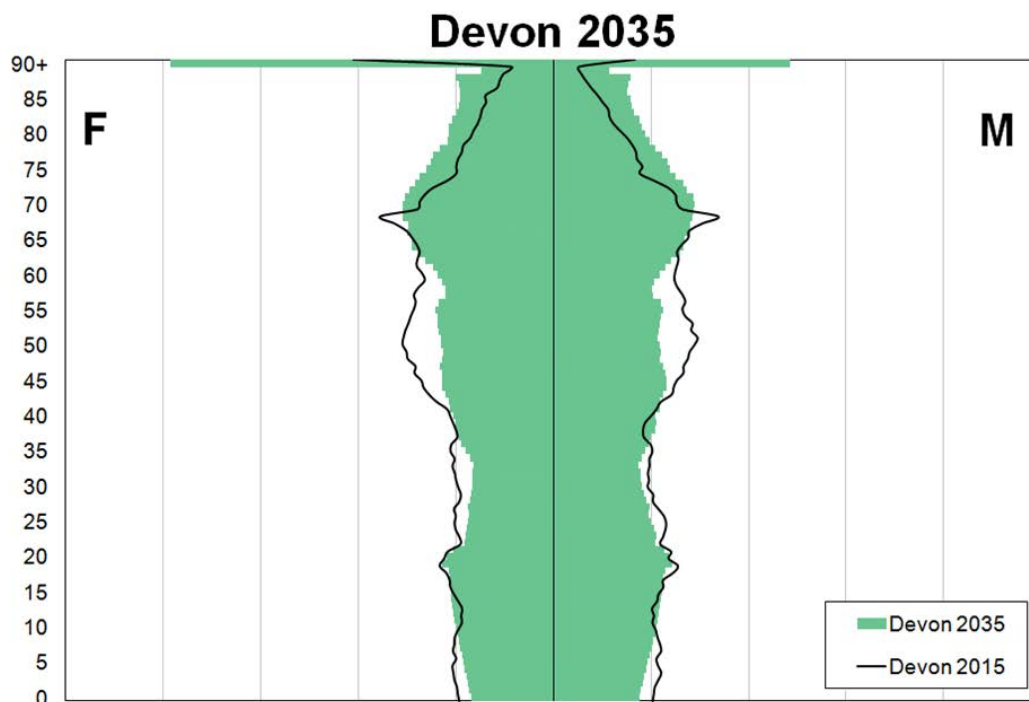
Good Health and Wellbeing in Older Age**Report of the Director of Public Health**

Recommendation: It is recommended that the Devon Health and Wellbeing Board note the report and discuss this theme of the Joint Health and Wellbeing Strategy considering the public, service user and carer perspective.

1. Context

The importance of promoting good health and wellbeing in older age within the County is well known and it is particularly important for Devon as there is a high proportion of older people living and working in Devon. The Devon Joint Strategic Needs Assessment (2015) highlighted the forward projections as shown in figure 1 demonstrating the future growth in the older population and reduction in the younger working age population. 15.3% of households where the age is 65 or greater are lone households (Census 2011) which has implications for care and support.

Figure 1. Population Change in Devon, population pyramid showing the projected profile in 2035 (green bars) with the population profile for 2015 (black line)



Source: Office for National Statistics Population Projections. (Devon JSNA 2015)

At the Board meeting in June 2015 a Joint Commissioning for Prevention Strategy was endorsed which seeks to 'support local people to remain active, healthy and independent for as long as possible, focussing services on those with the greatest need'. The strategy will focus attention on preventing; reducing and delaying need for health and care services.

2. Priorities – what and why?

Analysis of the Joint Strategic Needs Assessment has identified the following priorities:

- reducing falls and fractures in older people,
- raising awareness of dementia in communities,
- identifying hidden carers

The Joint Health and Wellbeing Strategy update in 2013 added the additional priority of end of life care and the following additional actions:

- produce an end-of-life care integrated pathway
- promote healthy lifestyle advice for people with dementia
- implement the carers strategy
- undertake a sight loss/ visual impairment health needs assessment

Progress on the strategy was reported at the June Board meeting and a previous themed paper considered frailty, this paper is providing an introduction to end of life.

End of life

The Board has not yet focussed a discussion on end of life care. The priority was added in 2013 and sits under the 'Good Health and Wellbeing in Older Age' theme, although it is recognised that it is not just an older person issue and can affect all ages. Additional information on End of Life had been added to the JSNA (2015) following feedback following the last Health and Wellbeing Board meeting

<http://www.devonhealthandwellbeing.org.uk/jsna/overview/>

National picture

There are approximately 500,000 deaths in England every year. This number is expected to rise by 17% from 2012 to 2030. Of these deaths, approximately three quarters are expected and therefore there is potential to improve the experience of end of life care for 355,000 people and their friends and family every year. In 2010-11 the total expenditure on adult end of life care was £460 million – with wide variation across regions. The national picture is described in the NHS England document 'Actions for End of Life Care: 2014-16' <http://www.england.nhs.uk/wp-content/uploads/2014/11/actions-eolc.pdf>

There are inequalities in where people die. These inequalities involve gender, age, deprivation, cause of death, marital status, and locality. Place of death is related to cause of death - 38% of all deaths from cancer were in hospital compared to 63.4% of deaths from respiratory disease. Marital status is the second biggest predictor of place of death.¹

Local Picture

Devon has an older population profile than nationally and the older population in Devon is predicted to grow. A number of Devon residents have residential and nursing homes as their place of residence and for many this will be the setting for end of life.

In 2010, 46.0% of deaths in NEW Devon and 47.6% of deaths in South Devon and Torbay occurred in the usual place of residence (home, care homes and religious establishments). These figures have increased to 53.5% in NEW Devon and 50.8% in South Devon and Torbay in 2014.

In 2010, the 'Dying Matters in Devon: Strategy for living well until the end of life' was produced. The aims set by the strategy were to:

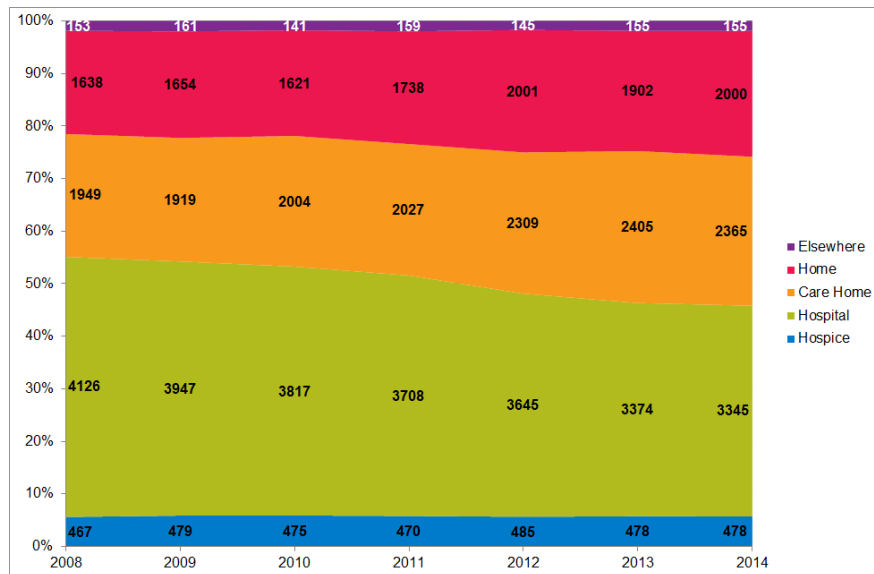
1. Bring about a step change in access to high quality care for all people approaching the end of life.
2. Ensure high quality care is available wherever the person may be: at home, in a care home, in hospital, in a hospice or elsewhere.
3. To enhance choice, quality, equity and value for money.

This would be achieved by roll out of the Gold Standards Framework and Liverpool Care Pathway (replaced 2014) to all GP practices, acute trusts, community hospitals, hospices and community nursing teams. Care pathways were to be developed in local service redesign to ensure care is provided as close to home as possible. The strategy set a target for 56% of deaths to take place at home by 2014/15 and good progress has been made locally and there have been improvements in the number of deaths occurring in the usual place of residence.

¹ Public Health England. 2015. National End of Life Care Intelligence Network – What we know now 2014.

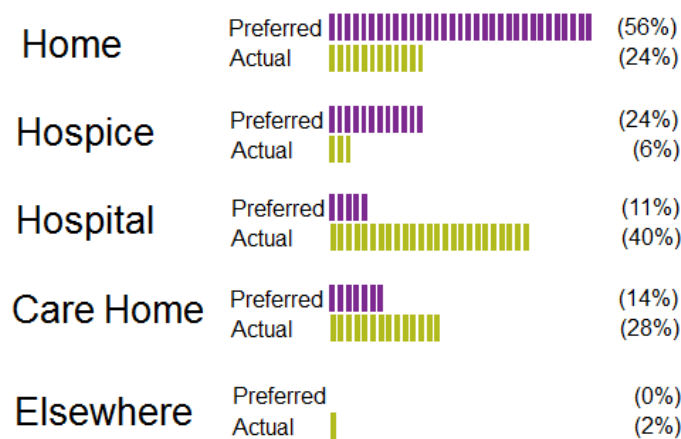
Figure 2 shows the increasing trend in deaths at home and in care homes and decrease in deaths in hospital. Figure 3 illustrates where people want to be cared for compared to where they actually die.

Figure 2, Trend in place of occurrence of death in Devon, 2008 to 2014



Source: Primary Care Mortality Database, 2015

Figure 3, Infographic demonstrating preferred and actual place of death in Devon.



Source: Primary Care Mortality Data, 2015

The Devon End of Life Care strategy is currently being reviewed through a Strategic Advisory Group and the next steps are being developed at a population, individual and community level. Healthwatch has not undertaken any specific end of life care work however; some views on end of life care have been raised by relatives and carers. A focussed piece of work is being developed in 2015 following an approach from Hospicare and learning from work undertaken in Cornwall.

3. Commentary on progress against outcomes

An analysis of relevant outcomes measures from the Devon Health and Wellbeing Outcomes Report is set out in the following table:

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
3. Good Health and Wellbeing in Older Age	A	Incidence of Clostridium Difficile *	Chall		
	G	Injuries Due to Falls	Chall		
	A	Dementia Diagnosis Rate	Chall		
	G	Feel Supported to Manage Own Condition *	Watch		
	G	Re-ablement Services (Effectiveness)	Watch		
	A	Re-ablement Services (Coverage)	Watch		
	A	Readmissions to Hospital Within 30 Days	Improve		

A more detailed analysis of the indicators reveals the following points:

- **Incidence of Clostridium Difficile** – There were 354 cases of Clostridium Difficile in 2014-15 in Devon, Plymouth and Torbay. The incidence rate per 100,000 in Devon (30.8) was not significantly different from the South West (28.5), local authority comparator group (27.4) and England (26.3) rates. Incidence of Clostridium Difficile increases significantly with age, with a rate of 9.7 per 100,000 in those aged 40 to 59 compared to 282.0 per 100,000 for those aged 80 and over. This is a consequence of higher hospital admissions in these age groups, a greater likelihood of living in a communal establishment (care homes) and poorer general health.
- **Injuries Due to Falls** – There were 3,518 admissions due to falls in 2013-14 in Devon for people aged 65 and over. The age standardised rate per 100,000 was 1766.1 in Devon, which is below the South West (1950.3), local authority comparator group (1905.3) and England (2064.3) rates. Rates increase sharply with age with an age-specific rate of 484.2 for persons aged 65 to 69, compared with 6146.8 for those aged 85 and over.
- **Dementia Diagnosis Rate** – In March 2015, 7,838 people in Devon were on a GP register for dementia, compared with an expected prevalence of 13,864, this is a diagnosis rate of 56.5%. The gap between Devon and the South West and England has narrowed considerably over the last two years. Diagnosis rates increased from 28.0% in 2006-07 and 44.9% in March 2014. Prevalence rates for dementia increase rapidly with age, with one in 1400 affected under the age of 65, compared with more than one in five in those aged 85 and over.
- **Feel Supported to Manage Own Condition** – In Devon during late 2014-15, 68.9% of people with a long-term condition in the GP survey, felt they had enough support to manage their own condition. This is significantly higher than national (63.3%), South West (65.6%) and local authority comparator group (64.2%) rates. National results reveal that older age groups (85 and over, 69.2%) feel better supported than younger age groups (18 to 24, 59.2%) to manage their own condition.
- **Re-ablement Services (Effectiveness)** – In 2010 Devon implemented a countywide in-house social care re-ablement service for older people. The service works with people who would normally receive long-term personal care to get back on their feet as quickly as possible and help them to stay independent for longer. In 2013-14, re-ablement services were effective for 89.8% of older people who received the service in Devon, which was significantly higher than the South West (79.4%), local authority comparator group (82.6%) and England (81.9%).
- **Re-ablement Services (Coverage)** – In 2013-14 2.0% of older people discharged from hospital in Devon were offered re-ablement services, compared with 3.7% in the South West, 3.4% in the local authority comparator group and 3.3% nationally. Work is underway to increase reablement coverage across the County.
- **Readmissions to Hospital Within 30 Days** – In Devon in 2011-12, 10.29% of patients discharged after an emergency admission were readmitted within 30 days. This is significantly below the South West (10.93%), local authority comparator group (10.95%) and England (11.78%) rates.

The dementia diagnosis rate and re-ablement services indicators are also included as underlying indicators for the Better Care Fund, alongside permanent admissions to care homes and delayed transfers of care, and an overarching indicator on emergency admissions to hospitals.

4. Summary

Devon is expected to experience the greatest population growth in the older age groups and for this reason 'Good Health and Wellbeing in Older Age' is an important priority locally. There are around 181,600 people aged 65 and over in Devon, of which 15,600 are supported by social care. (JSNA 2015). The focus of prevention in older age is around healthy active ageing and supporting independence so older people are able to enjoy longer healthy lives, feeling safe at home and connected to their community.

5. Equality Considerations

The needs of people and communities, particularly those most vulnerable or disadvantaged, will be made explicit in the Devon Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. Integrated Impact Assessment will be undertaken on specific thematic, condition or population based health and wellbeing related strategies. It will be important for the Health and Wellbeing Board to consider all individuals in shaping policy and have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out its activities.

6. Legal Considerations

There are no specific legal considerations identified at this stage.

7. Risk Management Considerations

The Devon Health and Wellbeing Board is subject to all necessary safeguards and action being to taken safeguard the Council's position. The corporate risk register will be updated as appropriate.

8. Options/Alternatives

The Health and Social Care Bill requires all upper tier authorities to establish a statutory Board by April 2013.

9. Public Health Impact

The Devon Health and Wellbeing Board will be central to overseeing the commissioning of services which address public health and other relevant health and wellbeing outcomes

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Background Papers
Nil

BETTER CARE FUND – 2015/16 FIRST QUARTER RETURN AND PERFORMANCE REPORTING

Recommendation: That the Board endorse the first quarter return.

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### **1. Introduction**

Regular reports are provided on the progress of the Devon Better Care Fund Plan to enable monitoring by the Health and Wellbeing Board. Performance and progress is reviewed on a monthly basis by the Joint Coordinating Commissioning Group through the high level metrics reports (Item 3) and progress overview (Para 4).

On a quarterly basis the Health and Wellbeing Board is also required to formally report, using the template supplied by the national Better Care Fund Programme support team (Item 2).

### **2. BCF 2015/16 First Quarter Return**

The BCF 2015 /16 First Quarter Return has been submitted to the national BCF programme. This return builds on the previous return that the board agreed at its last meeting and provides data and details in relation to a number of items including:

- National conditions.
- Performance information regarding Non Elective Admissions and the Pay for Performance target.
- An update on how our Income and Expenditure is being handled
- A progress report on Dementia Diagnosis

The quarterly data collection also requires submission of a written narrative that contains any additional information regarding progress against the plan. See narrative below.



BCF Q1 Return  
Narrative - 28-08-15.

### **3. BCF Monthly Performance Reports**

Each month a summary performance report is produced for the whole of Devon. The latest is attached and called “Devon Better Care Fund Outcomes Report - 19 August 2015”



Devon Better Care  
Fund Outcomes Repo

## 4. Performance Summary

The table below summarises the BCF activity in terms of the work towards the National Conditions.

Health and Wellbeing board are asked to note that JCCG and the BCF Delivery Group have open actions in place that are intended to address those areas in Amber.

| National Condition                                                | Target   |
|-------------------------------------------------------------------|----------|
| Are Joint Plans Agreed                                            | On Track |
| Are Social Care Services being protected                          | On Track |
| Are 7 day services in place                                       | At Risk  |
| Is the NHS Number fully adopted and in use                        | On Track |
| Are Open API's being pursued                                      | On Track |
| Are IG controls in place and in line with Caldicott 2             | On Track |
| Is a joint approach to assessments and care planning in place     | On Track |
| Is there agreement upon the impact of changes to the acute sector | At Risk  |

Figure 1: National Condition performance update.

| Outcome                             | Target             | Previous Month |    |    |
|-------------------------------------|--------------------|----------------|----|----|
|                                     |                    | -1             | -2 | -3 |
| Non Elective admissions             | *Behind            |                |    |    |
| Residential admissions              | *June Data pending |                |    |    |
| Patient and service user experience | On track           |                |    |    |
| Reablement effectiveness            | *June Data pending |                |    |    |
| Dementia diagnosis                  | Behind             |                |    |    |
| Delayed transfers of care           | Behind             |                |    |    |

Figure 2: BCF performance summary table.

Dementia Diagnosis was selected as our local metric for the Dev on BCF plan with an additional emphasis on access to support services. As described in the BCF Quarterly Return a update on current performance against this indicator has not been possible as NHS England has not yet published information for 2015/16 based on the revised prevalence calculator. As a result our reported figures use March 2015 data. Action plans are in place to continue the progress in performance and secure achievement of the national target of 66.7% in 2015/16. In addition the contract for the provision of dementia support services funded through the BCF has been extended following a thorough evaluation.

\*Permanent admissions to Care homes and Re-ablement services (effectiveness); delayed due to change in definitions and local methodologies. Data flows, baseline and trajectory to be updated in due course. Non-elective admissions, Avoidable Emergency Admissions and Delayed Transfers of Care data for June 2015 has been received and is reflected in Figure 2.

Permanent admissions to residential and nursing care (ASCOF 2A part 2); Due to a change in the national data definition and extraction criteria performance against this indicator has declined and is currently under review. 2014-15 performance (616.2) remains above the provisional England average (658.5). As the baseline and local targets reflect the old definition, these will be revised to reflect the national changes.

91 days Reablement effectiveness (ASCOF 2B part 1); The national definition changed for this indicator to a snapshot looking a discharges from hospital between 1 October and 31 March 2014 with outcomes tracked 1 January to 31 March 2015. Performance has been maintained against the new definition with Devon performing well.

Health and Wellbeing board are asked to note that the BCF Delivery Group have open actions in place that are intended to address issues related to Delayed transfers of care and Non Elective admissions which are supported by the current operational plans of both CCG's.

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Devon County Council  
Paul O'Sullivan  
NEW Devon CCG

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01392 383000

## BCF Q1 Return Narrative – 28 August 2015

### Governance and Engagement

All partners continue to work collaboratively on the BCF plan as part of an ambition to achieve the commissioning and provision of joined up Health and Social Care services to people who need support.

The Joint Coordinating Commission Group (JCCG) is accountable for National Conditions, Outcomes and management of the pooled fund. The section 75 agreement signed on 27th March 2015 formalises this arrangement. The JCCG have delegated operational aspects of programme delivery to the BCF Delivery Group (BCFDG). The latter has provided a means by which to engage all providers from each of the 4 Strategic Resilience Groups (SRG's) in Devon. It provides a forum through which to identify areas in common between SRG's and agree priorities requiring action on a county wide basis. Further work is required to ensure effective coordination of planning and implementation at County and SRG level to enable both a strategic focus and support for local delivery through the SRG's. The role and actions of the urgent care network, to be established in the next quarter, will now need to be understood and accommodated in this arrangement. The JCCG regularly reports on progress to the Health and Wellbeing Board enabling communication with a wider range of stakeholders including Healthwatch and District Councils.

### National Conditions, Outcomes and Performance

Work on the National Conditions continues and all are planned to be in place through quarters 2 and 3 (2015/16):

- 7 day working in health and social care services will in particular be subject to focussed work in the next period linked with implementing “high impact changes” and testing winter resilience plans in each SRG. In South Devon and Torbay there is an agreed 7 day SDIP with the acute provider to achieve 6 out of the 10 clinical standards for 7 day services by the end of 2015-16. In NEW Devon the SRG's are signed up to delivering the high impact changes. In particular high impact 6 will contribute to delivery of 7 day services to support patients being discharged including weekends: “Daily review of in-patients through morning ward or board rounds, led by a consultant / senior doctor, should take place 7 days a week so that hospital discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend”. The SAFER care bundle is a CQUIN in North Devon also provides opportunities to ensure that flow is maximised ensuring that patients are seen earlier in the day to aid discharge. This will be evaluated for its potential roll out to other areas.
- Joint Assessment and Care Planning: Devon has well established Joint Health and Social Care Community Teams (CCTs) that demonstrate integrated working on a daily basis. A recent peer review provided feedback that the level of integration in these front line services were highly commended.
- Agreement of Impact with acute sector: QIPP schemes intended to reduce admissions continue to be formulated either on a thematic or local population basis taking into account further analysis of the key drivers and involving relevant providers.

Detailed analysis of Non Elective Admissions (NEL) has yielded greater insight to the reasons for entry into the system to enable more targeted action. Our frailty work (part of the Frailty and Community Care scheme) continues to perform well and Devon benchmarks favourably for 75+ years Non Elective



Admissions. However admissions are not decreasing in line with our ambition at this stage with a 1% increase overall in Q1 compared to the same quarter in the previous year with some variation in performance between each SRG.

NB further work is required to understand the calculation of the value of the performance fund in the pre-populated data of the P4P section. This appears to be an overstatement in the value of the performance fund (pre-populated as £7.140m compared with our previous figure of £4.114m) and further analysis is required to clarify this by the CCG's business intelligence team. We have been in contact with NHS Better Care Fund Support to seek a resolution on this issue. A further update will be submitted on this specific element.

The population of Devon already has a significantly higher age profile compared to the England average and is currently ageing at between 2 - 3 %per annum. A long-term conditions health needs assessment has now been undertaken, including analysis and modelling work for prevalence, impact on services and costs which has helped to quantify the scale of the issue including the impact of multi-morbidity and health inequalities which will inform the future management of long-term conditions. We are therefore continuing to refine our plans in order to achieve both a more immediate impact on admissions and a longer term more sustainable impact through enhanced prevention schemes. In terms of the latter, the Devon Health and Wellbeing Board has approved a joint prevention strategy during the last quarter with the aim of keeping people healthier for longer. This topic was also the focus of the Devon peer review that took place in the last quarter and its recommendations will be used to inform future action. With the strategy now agreed work is underway to develop implementation plans incorporating and enhancing schemes already in place around key conditions, such as reducing smoking, or around population and place, such as Integrated Care for Exeter (ICE) or One Ilfracombe. Regarding the former the BCF is reviewing how best to enhance rapid response services and work with care homes, whilst ECIST has been into acute trusts in Devon and a series of recommendations are being worked through which will support BCF outcomes in terms of flow of patients and discharge arrangements.

It is understood that the Devon BCF represents only one part of the overall spend and delivery of health and care services in Devon. The importance of effective coordination between different aspects of the system, e.g. with providers and each SRG, will be key to achieving the required impact in future quarters in priority areas for reducing emergency admissions and enabling people to leave hospital in a more timely way. As the "success regime" is established in Devon in the forthcoming quarter the role of the BCF plan as a catalyst to support system change will be a consideration and in turn how the success regime will support achievement of the planned BCF outcomes.

Our local metric is Dementia Diagnosis with an emphasis on improving identification and access to appropriate support services. The rate showed improvement during last year and the current reported rate is 57% which is the same as the previous quarter, this being the last available published information. We are now awaiting the publication of an updated position by NHS England following the change to the prevalence calculator. An action plan is in place to continue to improve identification, including work with GP practices and care homes. The BCF has been used to continue the contract for provision of dementia support services.

# DEVON BETTER CARE FUND OUTCOMES REPORT

## 19TH AUGUST 2015

### UPDATES ONLY VERSION

#### OVERVIEW

This report monitors Better Care Fund Indicators for the Devon County Council area. The report format is based on the outcomes report for the Devon Health and Wellbeing Board and includes the following sections:

- Overview and indicator summary on page 1
- A dashboard showing current monthly in-year performance will be added on page 2
- Detailed indicator reports providing breakdowns comparing Devon to other South West local authorities and similar local authorities, as well as comparisons with the South West and England rates over time. Where available breakdowns are also provided by local authority district withing Devon, by Clinical Commissioning Group and localities and by inequality characteristics such as deprivation from page 3 onwards. This is dependent on national comparator data being available, so will not be as timely as the dashboard data.
- Supplementary monthly dashboards for localities.

Within Devon, non-elective admission rates of non-elective admission are above national and regional averages. The rate of permanent admissions to care homes in older age groups is below regional and national averages and is falling over time with in-year data for 2013-14 suggesting further falls. Re-ablement service effectiveness at 91 days is currently above regional and national rates and remain around the 90% mark at the end of 2013-14. Higher levels of delayed transfers of care are seen in Devon, although rates have fallen over recent years. During 2013-14 delayed transfers peaked in May to October and are currently slightly above trajectory. Rates of avoidable emergency admission are below England and comparator group levels, but have increased during 2013-14. The dementia diagnosis rate has increased over recent years but is still below regional and national average. The patient/service user experience indicator is broadly in line with national and regional averages.

#### Updates this month

Non-elective admissions, avoidable emergency admissions and delayed transfers of care (June 2015). Permanent admissions to care homes and re-ablement services (effectiveness) delayed due to change in definitions and local methodologies. Data flows, baseline and trajectory to be updated in due course.

#### Joint Commissioning Indicator List and Summary

| Theme       | RAG | Indicator                       | Latest Month | 2013-14 | Annual Trend | Comp* |
|-------------|-----|---------------------------------|--------------|---------|--------------|-------|
| Overarching | R   | Non-Elective Admissions (rate)  | 2636.6       | 2695.1  |              |       |
| Supporting  | -   | Care home admissions            | -            | 556.4   |              |       |
|             | -   | Re-ablement (effectiveness)     | -            | 89.8%   |              |       |
|             | -   | Re-ablement (coverage)          | -            | 2.0%    |              |       |
|             | R   | Delayed transfers of care       | 615.3        | 360.4   |              |       |
|             | -   | Avoidable emergency admissions  | 1675.2       | 1787.8  |              |       |
|             | -   | Patient/service user experience | -            | 66.7%   |              |       |
| Local       | R   | Dementia Diagnosis Rate         | 56.5%        | 44.9%   |              |       |

\* Devon, South West and England compared

#### RAG Rating Definition (based on latest month)

|              |          |                                                                                              |
|--------------|----------|----------------------------------------------------------------------------------------------|
| <b>Red</b>   | <b>R</b> | Failing to meet Better Care Fund target trajectory, statistically significant difference     |
| <b>Amber</b> | <b>A</b> | Failing to meet Better Care Fund target trajectory, difference not statistically significant |
| <b>Green</b> | <b>G</b> | Meeting or exceeding Better Care Fund target trajectory                                      |

RAG rating based on latest reported position (monthly), current RAG rating thresholds shown on page 2.

Detailed indicators reports which have been updated since the last report are marked as:

**\*UPDATED INDICATOR\***

This report is produced in collaboration between the Devon County Council Public Health and Social Care Commissioning Teams and the NEW Devon CCG Business Intelligence Team.

Any queries on this report should be directed to the Devon Public Health Intelligence Team at [publichealthintelligence@devon.gov.uk](mailto:publichealthintelligence@devon.gov.uk)

DEVON BETTER CARE FUND OUTCOMES REPORT

MONTHLY ACTIVITY DASHBOARD: DEVON

RAG Rating Key 2015-16 (Q1 2015-16 for all admissions)

| RAG Rating | Care Adm | 91 Day E | All Adm | Avoidable Adm                | DTOC    | DT-S              | DT-H              | Dem     |
|------------|----------|----------|---------|------------------------------|---------|-------------------|-------------------|---------|
| Green      | <514.8   | >81.52%  | <2442.8 | No Longer an official target | <280.4  | Not currently set | Not currently set | >67.0%  |
| Amber      | between  | between  | between |                              | between |                   |                   | between |
| Red        | >540.5   | <77.44%  | >2564.9 |                              | >294.4  |                   |                   | <62.0%  |

| Activity | Care Adm | 91 Day E | All Adm | Avoidable Adm | DTOC  | DT-S  | DT-H  | Dem   |
|----------|----------|----------|---------|---------------|-------|-------|-------|-------|
| Apr-13   | 654.9    | 88.8%    | 2625.8  | 1760.1        | 339.8 | 55.7  | 281.7 | 42.1% |
| May-13   | 662.5    | 88.6%    | 2652.3  | 1763.9        | 375.4 | 63.9  | 306.0 | 42.4% |
| Jun-13   | 652.5    | 88.6%    | 2588.1  | 1745.0        | 380.5 | 74.7  | 305.2 | 42.6% |
| Jul-13   | 655.5    | 86.1%    | 2611.6  | 1746.3        | 360.2 | 61.1  | 288.4 | 42.9% |
| Aug-13   | 653.1    | 83.3%    | 2692.2  | 1750.7        | 376.6 | 75.2  | 280.2 | 43.1% |
| Sep-13   | 620.4    | 81.6%    | 2740.2  | 1757.5        | 378.9 | 65.5  | 295.9 | 43.4% |
| Oct-13   | 601.1    | 80.8%    | 2721.6  | 1744.5        | 383.8 | 56.7  | 292.9 | 43.6% |
| Nov-13   | 609.1    | 90.7%    | 2616.4  | 1752.6        | 345.9 | 72.7  | 253.7 | 43.9% |
| Dec-13   | 579.0    | 90.7%    | 2651.0  | 1761.0        | 234.3 | 66.2  | 147.7 | 44.1% |
| Jan-14   | 572.8    | 91.3%    | 2661.6  | 1767.4        | 341.6 | 89.7  | 243.4 | 44.4% |
| Feb-14   | 543.3    | 89.9%    | 2623.2  | 1783.2        | 311.4 | 71.4  | 230.0 | 44.7% |
| Mar-14   | 548.4    | 89.8%    | 2631.0  | 1802.7        | 337.2 | 97.0  | 240.0 | 44.9% |
| Apr-14   | 532.0    | 88.9%    | 2599.6  | 1809.1        | 283.4 | 62.8  | 204.2 | 50.2% |
| May-14   | 521.3    | 89.3%    | 2666.4  | 1826.4        | 357.8 | 74.1  | 270.1 | 50.5% |
| Jun-14   | 523.5    | 90.5%    | 2603.5  | 1863.9        | 425.6 | 129.0 | 294.7 | 50.9% |
| Jul-14   | 527.5    | 89.2%    | 2645.5  | 1881.8        | 361.1 | 89.2  | 256.4 | 49.6% |
| Aug-14   | 513.9    | 90.2%    | 2624.9  | 1892.6        | 366.6 | 122.3 | 231.3 | 49.5% |
| Sep-14   | 506.6    | 88.6%    | 2666.4  | 1886.3        | 418.0 | 108.2 | 285.2 | 50.4% |
| Oct-14   | 491.2    | 87.4%    | 2663.3  | 1897.6        | 367.7 | 97.3  | 246.1 | 51.0% |
| Nov-14   | 458.7    | 88.4%    | 2680.8  | 1847.2        | 444.9 | 112.4 | 310.1 | 52.2% |
| Dec-14   | 446.6    | 90.9%    | 2755.4  | 1845.2        | 515.2 | 123.3 | 376.0 | 52.3% |
| Jan-15   | 440.0    | 91.8%    | 2822.6  | 1825.5        | 470.2 | 123.9 | 342.1 | 53.0% |
| Feb-15   | 430.1    | 89.9%    | 2774.7  | 1818.2        | 451.4 | 104.9 | 342.6 | 54.3% |
| Mar-15   | 441.1    | 87.5%    | 2740.4  | 1782.1        | 604.7 | 169.7 | 403.1 | 56.5% |
| Apr-15   |          |          | 2650.8  | 1749.0        | 572.9 | 136.4 | 373.4 |       |
| May-15   |          |          | 2672.4  | 1712.0        | 489.1 | 138.7 | 318.7 |       |
| Jun-15   |          |          | 2636.6  | 1675.2        | 615.3 | 119.9 | 453.2 |       |
| Jul-15   |          |          |         |               |       |       |       |       |
| Aug-15   |          |          |         |               |       |       |       |       |
| Sep-15   |          |          |         |               |       |       |       |       |
| Oct-15   |          |          |         |               |       |       |       |       |
| Nov-15   |          |          |         |               |       |       |       |       |
| Dec-15   |          |          |         |               |       |       |       |       |
| Jan-16   |          |          |         |               |       |       |       |       |
| Feb-16   |          |          |         |               |       |       |       |       |
| Mar-16   |          |          |         |               |       |       |       |       |

- Care Adm Permanent Admissions to Care Homes (over 65), crude rate per 100,000
- 91 Day E Re-ablement Services (Effectiveness), percentage
- All Adm All Non-Elective Admissions, quarterly moving rate per 100,000 (Monthly Activity Return)
- Em Adm Avoidable Emergency Admissions, crude rate per 100,000
- DTOC Delayed Transfers of Care, crude rate per 100,000
- DT-S Delayed Transfers of Care (Social Care Attributable), crude rate per 100,000
- DT-H Delayed Transfers of Care (Health Care Attributable), crude rate per 100,000
- Dem Dementia Diagnosis Rate, percentage



Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council

2014 - 2015



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## 1. Introduction

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- 1.1 The following report to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council provides a summary of the assurance functions of the Health Protection Committee (of the three Boards) and significant matters considered for the period from 1<sup>st</sup> April 2014 to the 31<sup>st</sup> March 2015.
- 1.2 The report considers the following domains of health protection:
- communicable disease control and environmental hazards
  - immunisation and screening
  - health care associated infections.
- 1.3 The report summarises action taken to date against the programme of health protection work priorities established by the committee for the period 2014 to 2015.

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## 2. Assurance Arrangements

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- 2.1 On 1<sup>st</sup> April 2013 significant changes took place in the health and social care landscape following implementation of the new NHS and Social Care Act (2012). At this time, the majority of former NHS Public Health responsibilities transferred to upper tier and unitary local authorities including the statutory responsibilities of the Director of Public Health.
- 2.2 With regards to health protection, local authorities through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. The scope of health protection in this context includes:
- Prevention and control of infectious diseases
  - National immunisation and screening programmes
  - Health care associated infections
  - Emergency planning and response (including severe weather and environmental hazards).
- 2.3 The Health Protection Committee (and its Terms of Reference) has been formally mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council.
- 2.4 The aim of the Health Protection Committee is to provide assurance to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health.
- 2.5 Terms of Reference (Appendix 1) for the Committee were agreed by Local Authority Directors of Public Health, their Health Protection Lead Officers as well as representatives from Public Health England (including Consultant in Communicable Disease Control), NHS England Area Team and the Clinical Commissioning Groups.
- 2.6 By serving three Local Authorities, the Committee allows health protection expertise from three public health teams to be pooled in order to share skill and maximise capacity. Furthermore, for external partners whose health protection functions serve

a larger geographic footprint, this model reduces the burden on them to attend multiple health protection meetings with similar terms of reference and to consider system-wide risk more efficiently and effectively.

- 2.7 The Committee has a number of health protection subgroups supporting it to identify risks across the system of health protection and agree mitigating activities for which the Committee provides control and oversight. As illustrated in Appendix 2, these include:
- Health Care Associated Infection Programme Group
  - Health Protection Advisory Group
  - Devon, Cornwall and Isles of Scilly Screening and Immunisation Overview Group
  - Local Health Resilience Partnership
- 2.8 Through the Local Authority Health Protection Lead Officers (Consultants in Public Health), Terms of Reference for each of these groups have been reviewed to ensure they reflect the assurance arrangements overseen by the Health Protection Committee.
- 2.9 The Lead Officers meet regularly and prior to the Health Protection Committee convening to review surveillance and performance monitoring information in order to identify health protection risks and/or underperformance. Officers are responsible for liaising with relevant partners to ensure that actions have been agreed to mitigate against a particular risk identified or to improve performance. The outcomes of these discussions are formally reported to the Health Protection Committee for consideration and agreement.
- 2.10 Meetings of the Committee between 1<sup>st</sup> April 2014 and 31<sup>st</sup> March 2015 were held on 29<sup>th</sup> April 2014, 20<sup>th</sup> August 2014, 22<sup>nd</sup> October 2014, 3<sup>rd</sup> December 2014, 25<sup>th</sup> February 2015.
- 2.11 A memorandum of understanding which specifies the roles and responsibilities of the various agencies involved in Health Protection has been drawn up and is in the process of being signed off.

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## 3. Prevention and Control of Infectious Diseases

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### **Organisational Roles/Responsibilities**

- 3.1 NHS England has responsibility for managing/overseeing the NHS response to an incident, ensuring that relevant NHS resources are mobilised and commanding/directing NHS resources as necessary. Additionally NHS England is responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health.
- 3.2 Public Health England through its consultants in communicable disease control will lead the epidemiological investigation and the specialist health protection response to public health outbreaks/incidents and has responsibility to declare a health protection incident, major or otherwise.
- 3.3 The Clinical Commissioning Group's role is to ensure through contractual arrangements with provider organisations that healthcare resources are made

available to respond to health protection incidents or outbreaks (including screening/diagnostic and treatment services).

- 3.4 The Local Authority through the Director of Public Health or their designate has overall responsibility for the strategic oversight of an incident/outbreak impacting on their population's health. They should ensure that an appropriate response is put in place by NHS England and Public Health England supported by the Clinical Commissioning Group. In addition, they must be assured that the local health protection system is robust enough to respond appropriately in order to protect the local population's health and that risks have been identified, are mitigated against and adequately controlled.

## **Surveillance Arrangements**

- 3.5 Public Health England provided a monthly centre report for its catchment; Devon, Cornwall and the Isles of Scilly and Somerset. The report provides epidemiological information on cases and outbreaks of communicable diseases of public health importance. A quarterly report is produced for Devon County Council, Torbay Council and Plymouth City Council.
- 3.6 Two weekly bulletins are also produced throughout the winter months that provide surveillance information on influenza and influenza like illness and infectious intestinal disease activity (including norovirus). These bulletins report information for the Public Health England Centre geography (Devon, Cornwall and the Isles of Scilly and Somerset).
- 3.7 The Health Protection Advisory Group, convened quarterly, provides a forum for hospital microbiologists, environmental health officers, consultants in public health and infection control nurses to share intelligence and any risks identified in local arrangements to manage communicable disease incidence.

## **Outbreak of E.coli VTEC**

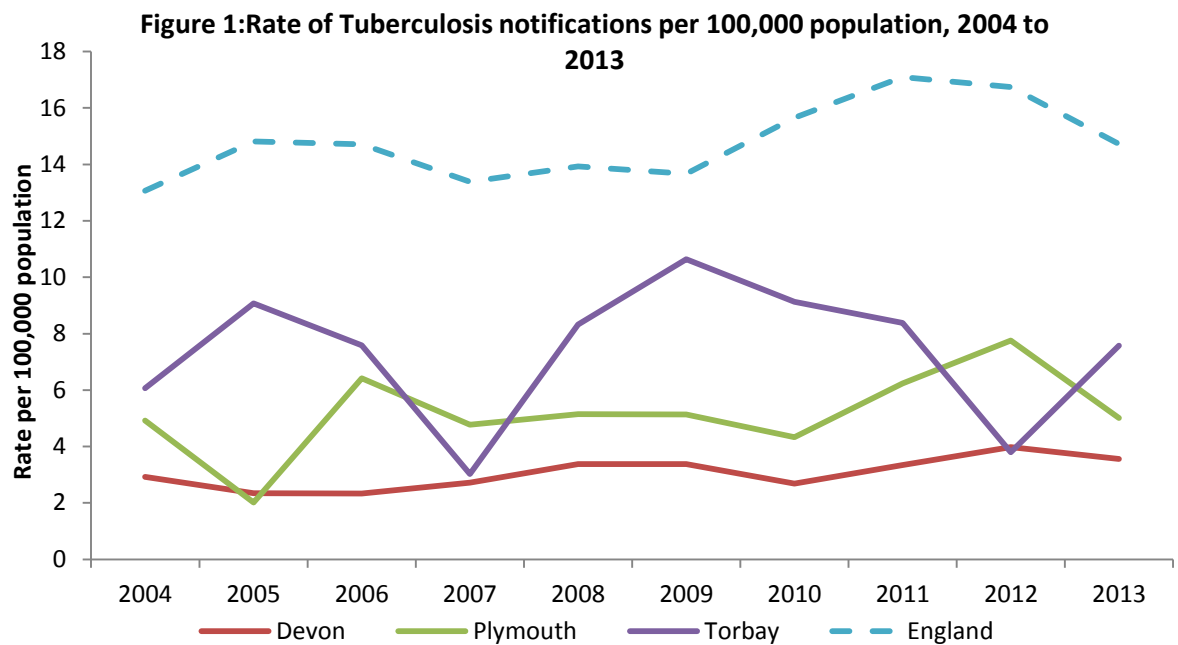
- 3.8 Public Health England staff in the local Centre became aware initially of two cases of VTEC (Vero cytotoxin producing E.coli 0157 – the cause of haemolytic uraemic syndrome) in other parts of the country that appeared to be associated with consumption of unpasteurised milk that had originated from a producer in Devon who markets their milk via the Internet.
- 3.9 Other cases associated with drinking raw milk from this producer were notified. There has been considerable interest in this outbreak nationally, because of the link with drinking raw milk. Investigation has involved Public Health England, the Dairy Hygiene Inspectorate, North Devon Council, Trading Standards, the Food Standards Agency and the Animal Health and Plant Agency.
- 3.10 The farm is now supplying milk again having complied with the necessary recommendations.

## **Tuberculosis incident in Devon School**

- 3.11 A young person who attended a Devon school was diagnosed with infectious tuberculosis after he had been coughing for several months. Screening of his close contacts identified a high level of infection and one active case of tuberculosis. A case of infectious tuberculosis in another student in a different school year at the

school was also diagnosed and large scale screening at the school has been carried out.

- 3.12 Devon is seen as a low-incidence area within the UK for tuberculosis, but this conceals a change in the epidemiology from reactive tuberculosis in older people to new infections in younger people contracted in the UK. This also tends to mean that cases have more contacts needing screening and tuberculosis services are being increasingly stretched. It is hoped that the new Tuberculosis Board covering the South West Region will start to develop a strategy to bring tuberculosis under control again. Devon does get outbreaks from time-to-time, therefore TB is a high priority for action.

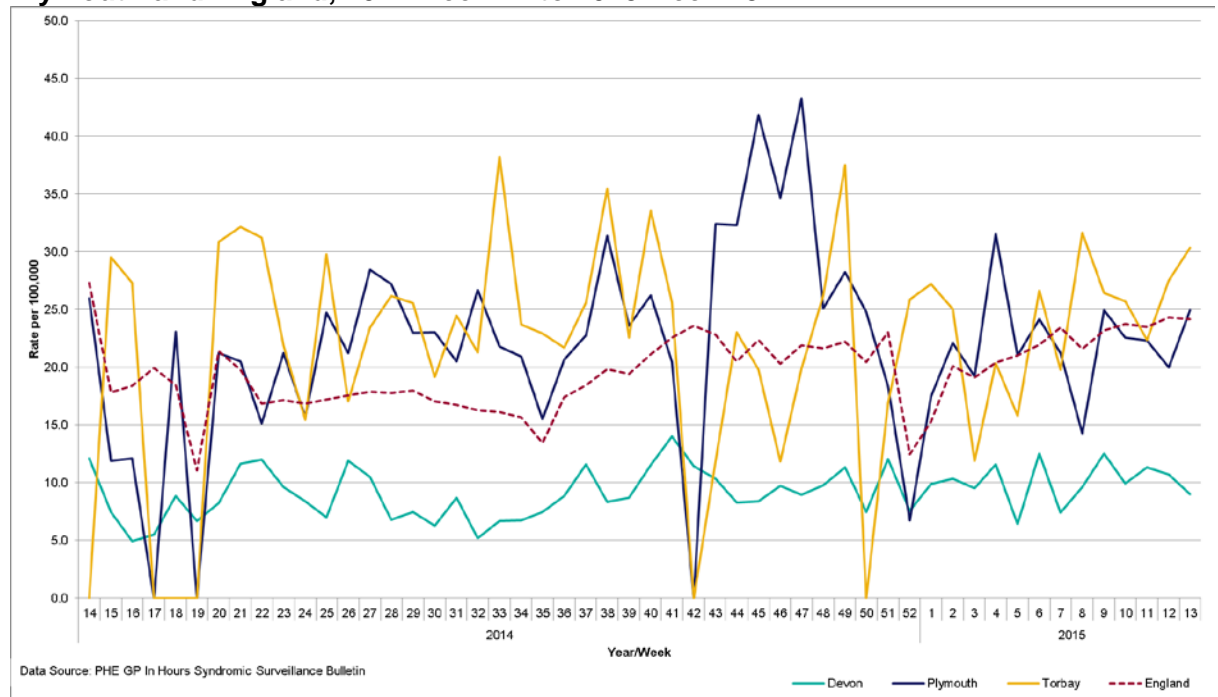


## Norovirus 2013-14

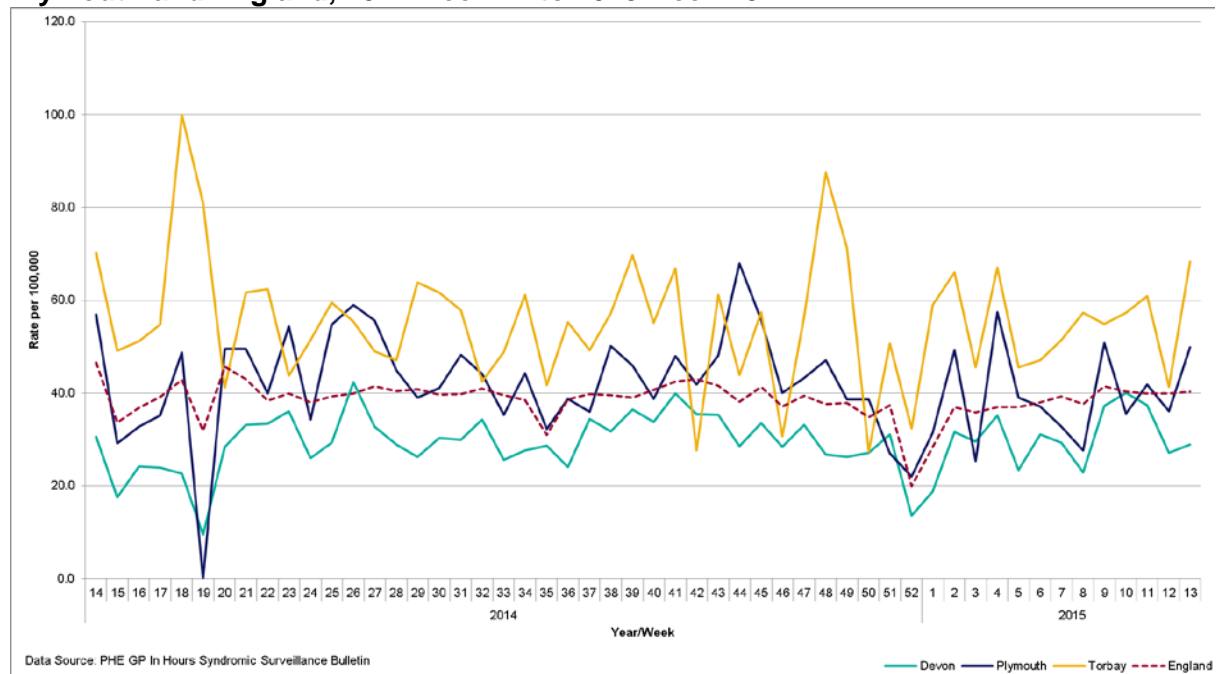
- 3.13 Norovirus is the most common cause of infectious gastroenteritis (diarrhoea and vomiting) in England and Wales and is highly infectious. The illness is generally mild and people usually recover fully within two to three days. Infections can occur at any age because immunity does not last. Historically known as 'winter vomiting disease', the virus is more prominent during the winter months, but can occur at any time of year. Outbreaks are common in semi-closed environments such as hospitals, nursing homes, schools and cruise ships.
- 3.14 As illustrated in Figures 2, 3, and 4 norovirus vomiting, diarrhoea, and gastroenteritis consultation rates overall have been lower compared to the average year. In comparison to the five yearly average, laboratory reports for England were 13% less than average and the syndromic surveillance should be seen in this light. The graphics cannot be used to estimate burden of disease as many cases will never be reported.



**Figure 2: GP (In Hours) vomiting consultation rates (all ages), Devon, Torbay, Plymouth and England, 2014 week 14 to 2015 week 13\***

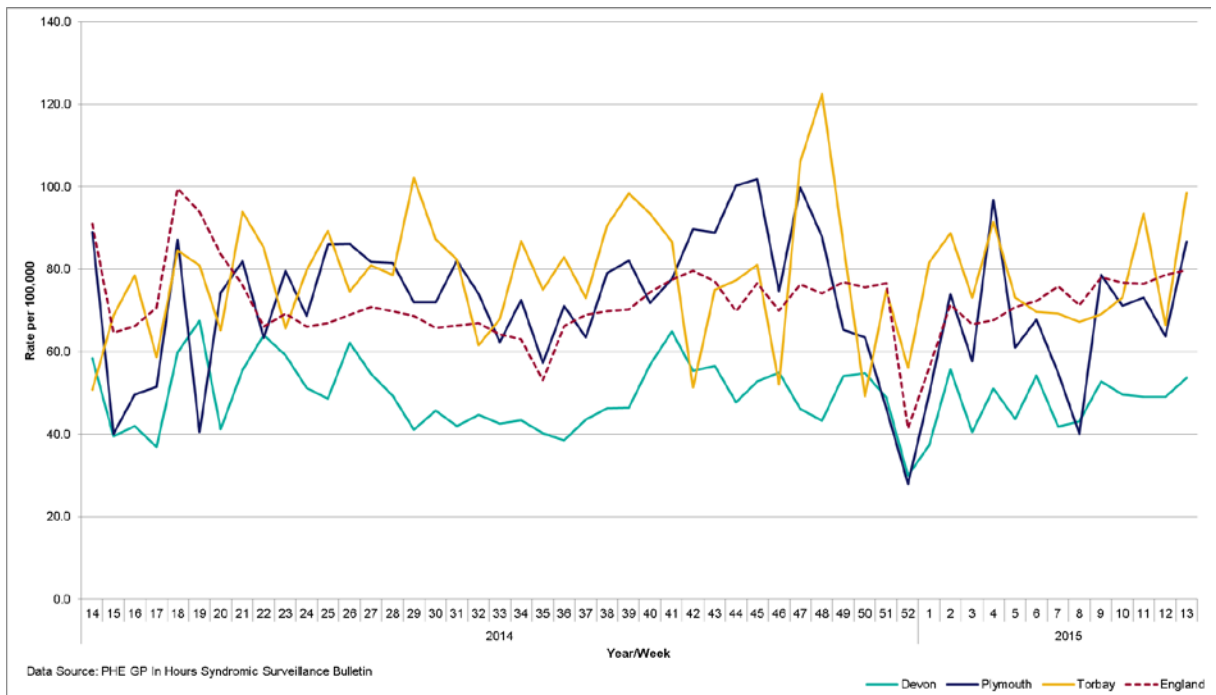


**Figure 3: GP (In Hours) diarrhoea consultation rates (all ages), Devon, Torbay, Plymouth and England, 2014 week 14 to 2015 week 13\***



Source: Public Health England GP In Hours Syndromic Surveillance Bulletin

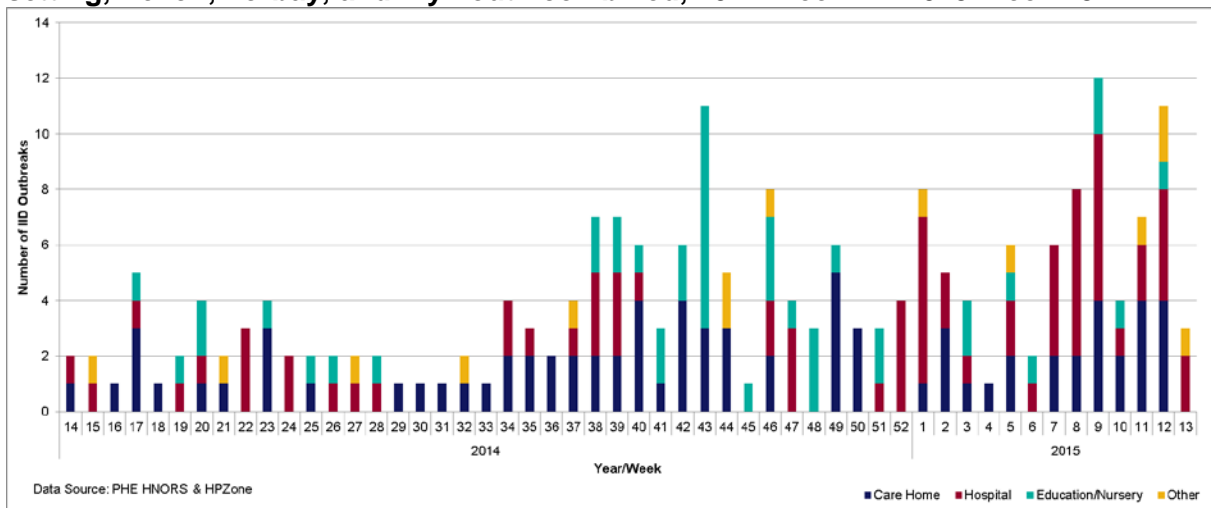
**Figure 4: GP (In Hours) gastroenteritis consultation rates (all ages), Devon, Torbay, Plymouth and England, 2014 week 14 to 2015 week 13**



Source: Public Health England GP in Hours Syndromic Surveillance Bulletin

- 3.17 The majority of outbreaks in the winter 2014-15 have occurred in the first three months of 2015 largely paralleling the incidence of symptoms in the community. (Figure 5)

**Figure 5: All reports of IID outbreaks (suspected or laboratory confirmed) by setting, Devon, Torbay, and Plymouth combined, 2014 Week 14- 2015 Week 13**



Source: Public Health England HNORS & HPZone

**Table 1: Infectious intestinal disease (IID) outbreaks Mar 2014/Apr 2015**

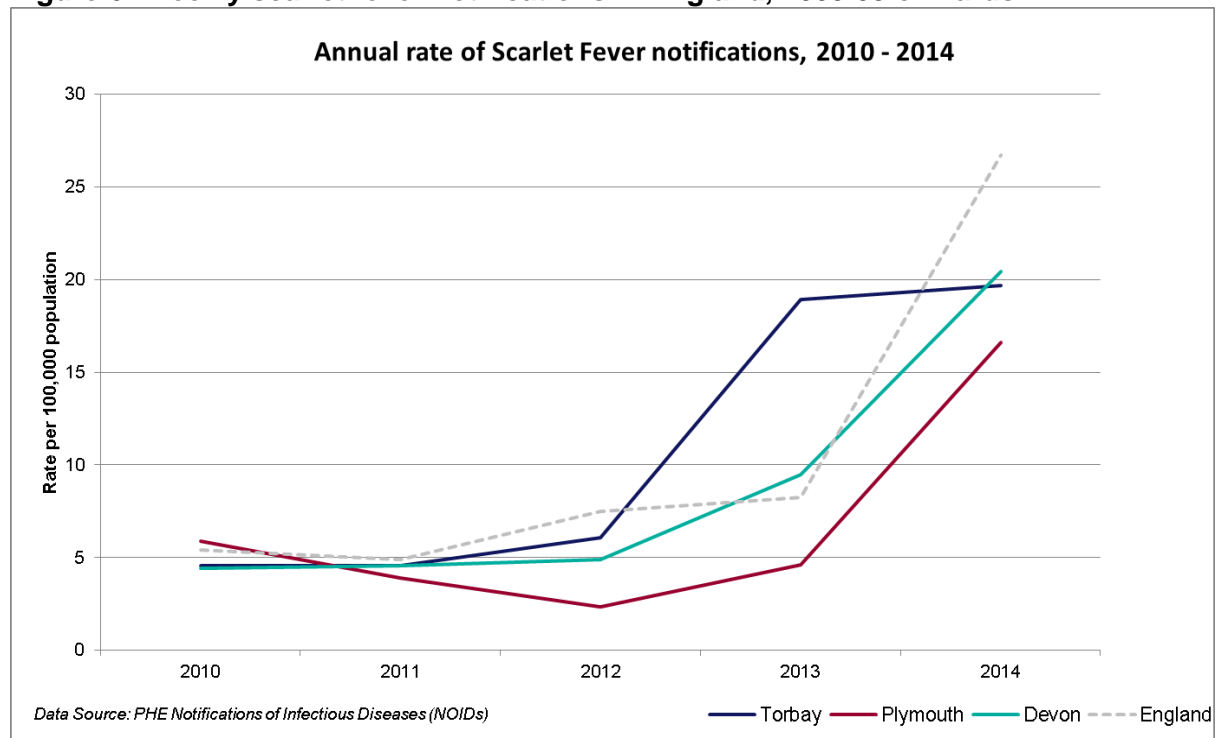
| Upper Tier Local Authority | Total number of IID outbreaks reported March 2014 - April 2015 |                   |                   |           |            |
|----------------------------|----------------------------------------------------------------|-------------------|-------------------|-----------|------------|
|                            | Hospital                                                       | Nursing/care home | Education/Nursery | Other     | Total      |
| Devon                      | n/a                                                            | 50                | 47                | 28        | <b>10</b>  |
| Plymouth                   | n/a                                                            | 3                 | 27                | 7         | <b>0</b>   |
| Torbay                     | n/a                                                            | 17                | 7                 | 9         | <b>4</b>   |
| <b>Devon Total</b>         | <b>70</b>                                                      | <b>81</b>         | <b>44</b>         | <b>14</b> | <b>209</b> |

- 3.18 Many Norovirus isolations are now strain typed. The dominant strains since July 2011 have been GII – 4, and most outbreaks in England have been associated with these strains (219/296, 74%). The most common GII – 4 strain over the last two seasons has been Sydney 2012 and this has been the strain associated with all outbreaks where Norovirus was identified and characterised.
- 3.19 In order to support best practice regarding infection control and the management of norovirus, Public Health England working with Local Authority Public Health Teams cascaded information across health and social care services including care homes.

#### **Scarlet Fever 2014-15**

- 3.20 Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes* (also known as group A streptococcus [GAS]). Some people carry these bacteria in their nose and throat, or on their skin without suffering active infections. Under some circumstances and in some people, GAS can cause infections such as pharyngitis, impetigo and scarlet fever (these are regarded as non-invasive infections). On rare occasions they can cause severe disease, including streptococcal toxic shock syndrome, necrotising fasciitis, and other invasive GAS (iGAS) infection.
- 3.21 Routine national surveillance data for invasive and non-invasive GAS infections suggests a cyclical pattern with higher incidence peaks evident in notifications approximately every four years. Seasonal trends show that increased levels of GAS infections typically occur between December and April, with peak incidence usually in March.
- 3.22 Public Health England reported an increased rate of scarlet fever notifications across England (Figure 6). Between 9<sup>th</sup> September 2013 and 30<sup>th</sup> June 2014, a total of 12,121 cases were notified peaking at the beginning of April 2014. This pattern of high incidence has been repeated in 2014-2015 with a 103% increase in cases nationally between September and April. Devon, Cornwall and Somerset have however a slightly lower than average incidence compared to the rest of England and this has shown a less abrupt increase over the two seasons.

**Figure 6: Weekly scarlet fever notifications in England, 2009.09 onwards**



3.23 Across the Public Health England Centre Devon Cornwall and Somerset there has been around a 50% increase in cases compared to the 2013-14 season. However, this relates to a low number of cases; in the last six weeks there have been an average of 3.8 cases notified per week in Plymouth and the same in Torbay, and seven per week in Devon.

**Table 2: Cases of Scarlet fever by week**

|                 | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Average |
|-----------------|--------|--------|--------|--------|--------|--------|---------|
| <b>Devon</b>    | 16     | 10     | 6      | 4      | 3      | 3      | 7       |
| <b>Torbay</b>   | 3      | 8      | 6      | 3      | 2      | 1      | 3.8     |
| <b>Plymouth</b> | 2      | 4      | 3      | 7      | 0      | 7      | 3.8     |

3.24 Over the period of increased scarlet fever activity, no similar increase in notifications of invasive group A streptococcus was observed. However, Devon continues to have a relatively high incidence of invasive group A Streptococcal infections.

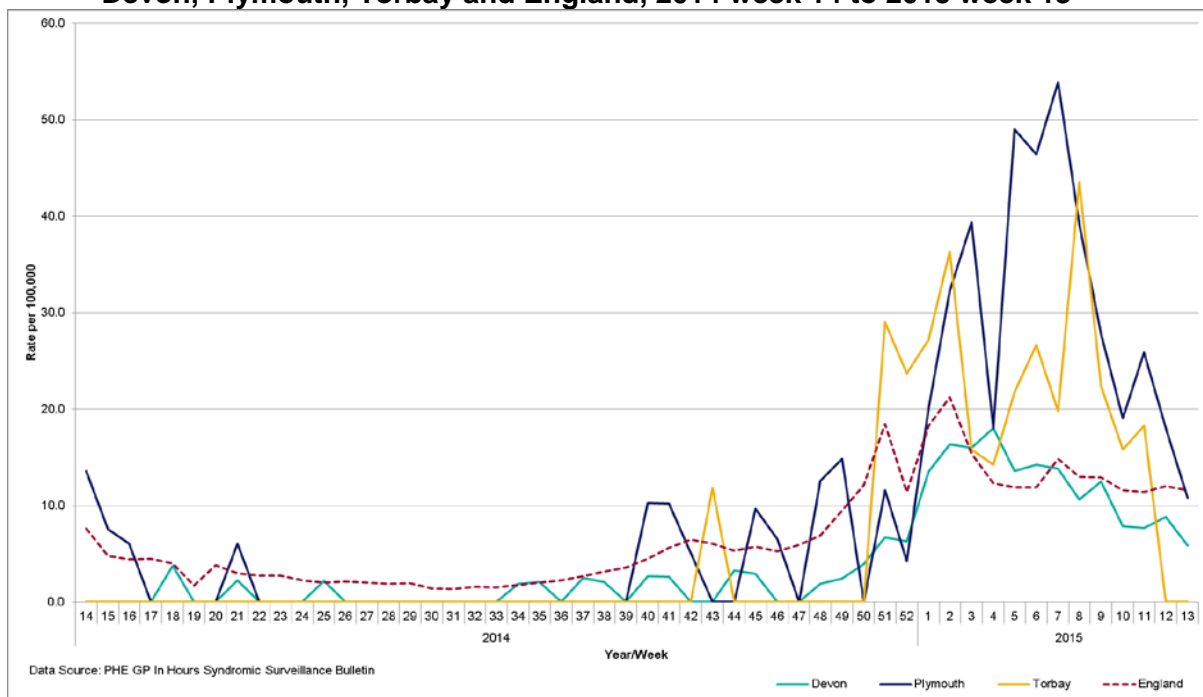
3.25 Public Health England is currently leading investigations to identify the reasons for the unusual escalation in scarlet fever, including microbiological investigation of causative strains.

3.26 Locally, in order to reduce ongoing transmission, Local Authority Public Health Teams wrote again to schools and child care facilities providing information about the increase in cases and reiterating infection control advice. They also wrote to General Practitioners to make them aware of the high incidence and the need to diagnose and treat the infection promptly to minimise spread.

**Seasonal influenza**

3.37 The winter of 2014-15 was one of moderate flu activity (Figure 7). Unfortunately one of the seasonal ‘flu ‘A’ strain components was not a good match to the circulating strain due to antigenic ‘drift’ since the vaccine was produced. The period of maximal flu activity also coincided with the coldest weather of the winter and a high number of excess deaths, some of which would have been contributed to by influenza infection.

**Figure 7: GP (In Hours) Influenza-Like Illness consultation rates (all ages), Devon, Plymouth, Torbay and England, 2014 week 14 to 2015 week 13\*^**



Source: Public Health England, GP In Hours Syndromic Surveillance Bulletin

**Table 3: Reports of Infectious intestinal disease (IID) outbreaks (suspected or confirmed) by setting and Upper Tier Local Authority, April 2014 - March 2015**

| Upper Tier Local Authority | Total number of influenza-like illness outbreaks reported April 2014 - March 2015 |                   |                    |          |          |
|----------------------------|-----------------------------------------------------------------------------------|-------------------|--------------------|----------|----------|
|                            | Hospital                                                                          | Nursing/care home | Education/ Nursery | Other    | Total    |
| Devon                      | 1                                                                                 | 4                 | 0                  | 1        | 6        |
| Plymouth                   | 0                                                                                 | 2                 | 0                  | 0        | 2        |
| Torbay                     | 0                                                                                 | 1                 | 0                  | 0        | 1        |
| <b>Devon Total</b>         | <b>1</b>                                                                          | <b>7</b>          | <b>0</b>           | <b>1</b> | <b>9</b> |

As expected, the majority of detected ‘flu outbreaks took place in care or nursing homes where susceptible people are concentrated.

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## 4. Immunisation and Screening

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### **Organisational Roles/Responsibilities**

- 4.1 NHS England commission most national screening and immunisation programmes through Local Area Teams.
- 4.2 Public Health England is responsible for setting screening and immunisation policy through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff employed by Public Health England, are embedded in the NHS Local Area Teams to provide accountability for the commissioning of the programmes and provide system leadership.
- 4.3 Local Authorities through the Director of Public Health require assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local population. Public health teams responsible for both protecting and improving the health of their local population under the leadership of the Director of Public Health are required to support Public Health England in projects that seek to improve programme coverage and uptake.

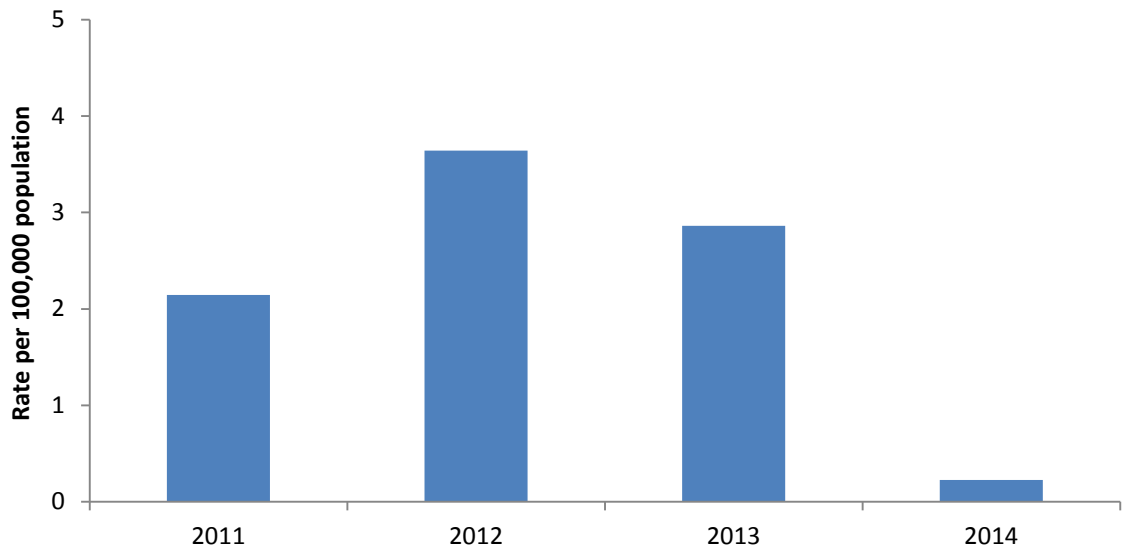
### **Surveillance Arrangements**

- 4.4 Public Health England Screening and Immunisation Coordinators provide quarterly reports for each of the national immunisation and screening programmes. Due to data capture mechanisms (with the exception of the seasonal influenza vaccination programme) real time data are not available for each programme and reports are normally two calendar quarters in arrears. Reports are considered by lead Local Authority Consultants in Public Health and any risks identified are considered with Public Health England specialists to agree mitigating activities.
- 4.5 Arrangements for reporting incidents that occur in the delivery of programmes should be reported to the Director of Public Health for the Local Authority and to the Health Protection Committee.
- 4.6 Peninsula Immunisation and Screening Oversight Groups form part of the assurance mechanism to identify risks to delivery across all programmes and are attended by lead Local Authority Consultants in Public Health. In addition, specific programme groups are convened to oversee their development, most notably when changes to a programme have been agreed at a national level.

### **Immunisation Activity and Changes to the National Immunisation Programme 2014-15**

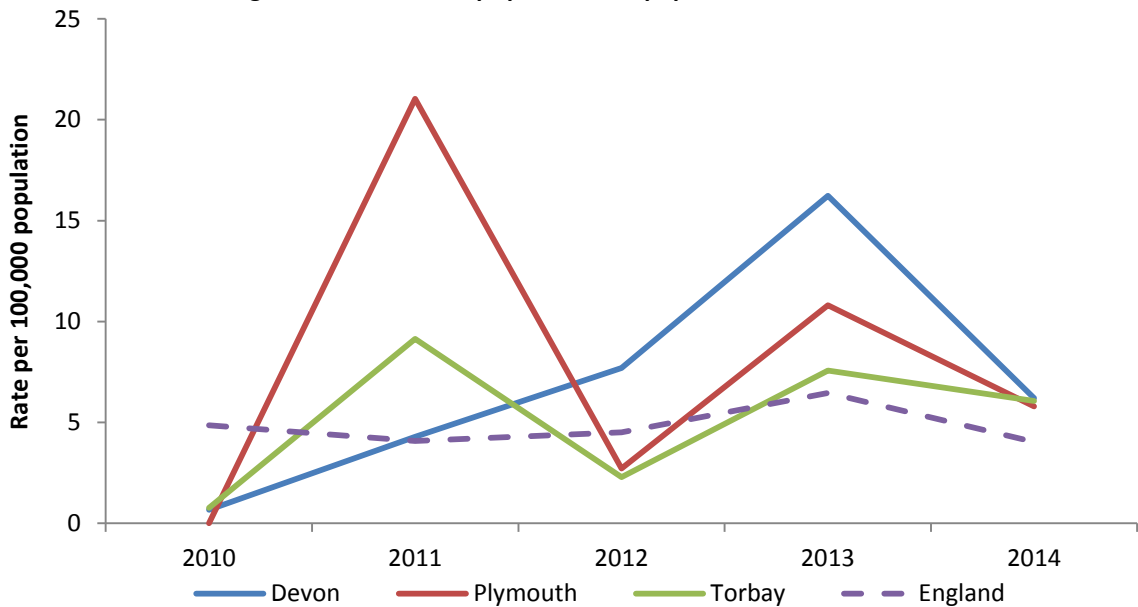
- 4.7 The period 2014-15 observed significant activity regarding immunisation programmes and changes to the national immunisation schedule.
- 4.8 During the spring of 2013 and in response to a large outbreak in South Wales and smaller outbreaks in the North East and North West of England, a national emergency MMR catch-up campaign was launched to vaccinate unprotected children against measles, mumps and rubella. The impact of that campaign can be seen from the graphs illustrating the incidence of Measles and Mumps over the last two years.

**Figure 8: Rate of measles per 100,000 population, England 2011 to 2014**



Data Source: HPZone Dashboard

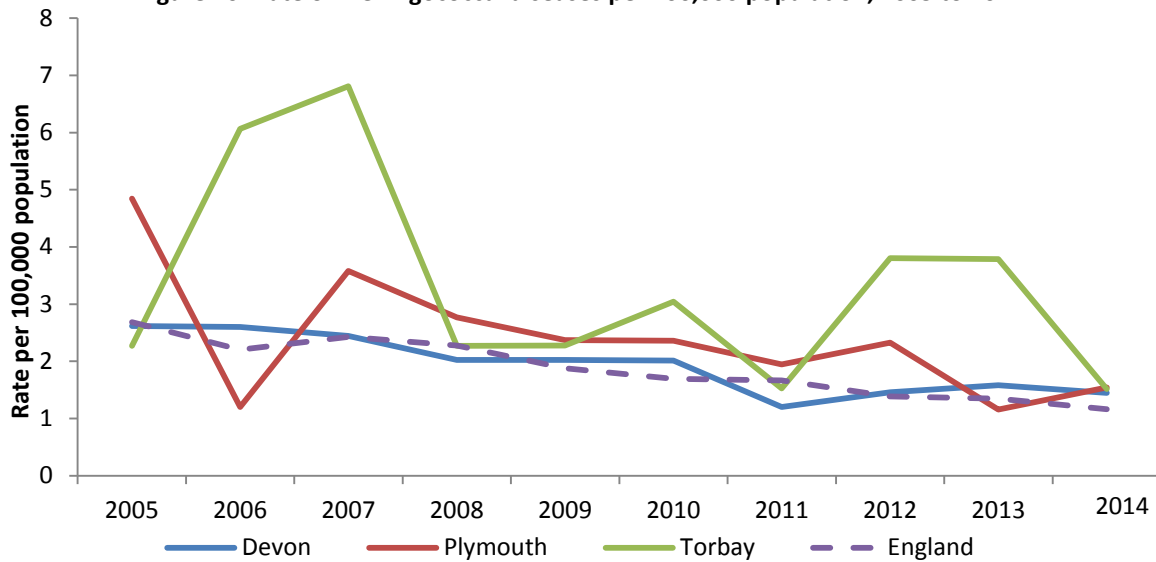
**Figure 9: Rate of mumps per 100,000 population, 2010 to 2014**



Data Source: HPZone and HPZone

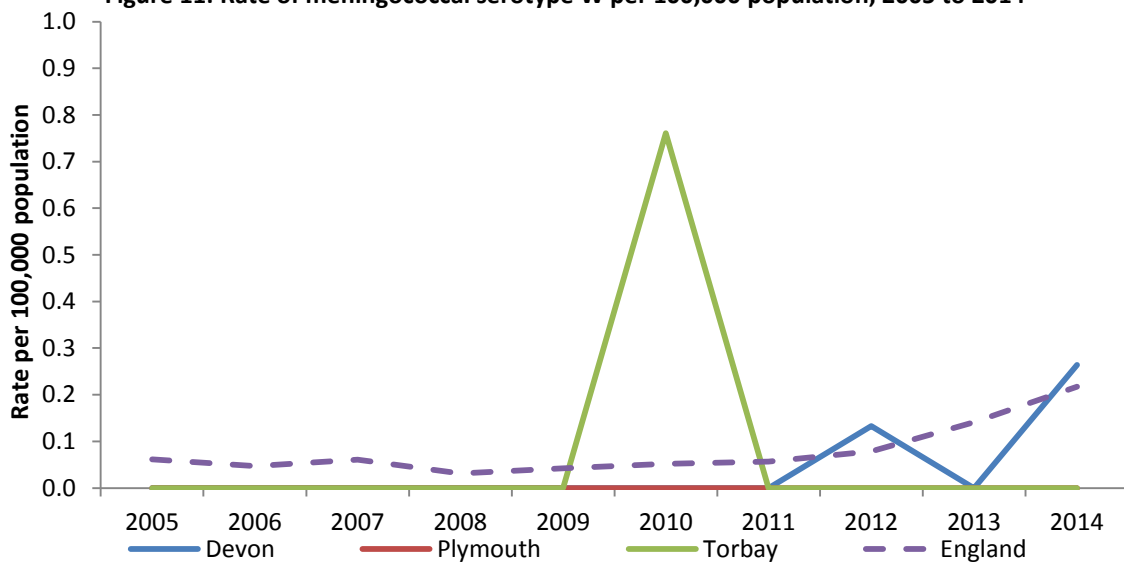
- 4.9 The schedule for the Meningitis C immunisation has been changed, replacing a dose at four months with a booster in adolescence with effect from June 2013. Overall, rates of meningococcal disease have declined over the last few years (Figure 10), but rates of meningococcal Group W disease have increased (Figure 11)

**Figure 10: Rate of meningococcal diseases per 100,000 population, 2005 to 2014**



Data Source: Enhanced Surveillance of Meningococcal disease database and publically available data from

**Figure 11: Rate of meningococcal serotype W per 100,000 population, 2005 to 2014**

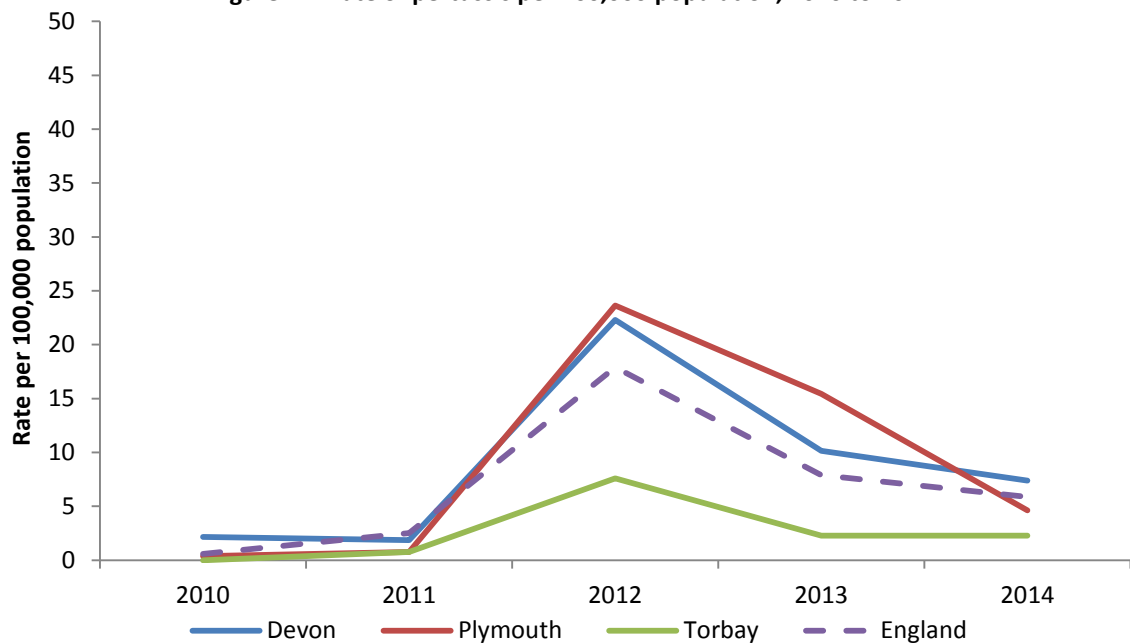


Data Source: Enhanced Surveillance of Meningococcal Disease database and publically available data from

- 4.10 Immunisation against Rotavirus was introduced to the childhood schedule in July 2013, shingles for people aged 70 years (and a catch-up cohort at 79 years) was introduced from September 2013 and a childhood flu vaccination for all two and three year olds which was extended to four year olds in the Winter of 2014-15.
- 4.11 The booster dose of Pertussis for pregnant women has been continued, and is due to continue for the foreseeable future. However, the rate of Pertussis infection in the population is declining.



Figure 12: Rate of pertussis per 100,000 population, 2010 to 2014



Data Source: HPZone and HPZone

## Screening

- 4.12 Developments in the cancer screening programmes in 2014-15 have been to commence Bowel endoscopy screening in March 2014, the Royal Devon and Exeter accepted the business case in January 2015 and are rolling this out. The laboratories processing cervical smear samples upgraded to be able to test all samples for HPV in May 2014.
- 4.13 Neonatal blood spot screening was expanded in 2015 to include four additional rare, but serious inherited metabolic disorders: maple syrup urine disease, isovaleric acidemia, glutaric aciduria type 1 and homocystinuria.

## Information Sharing

- 4.14 Over the period and following transition of public health teams to Local Authorities, a number of issues pertaining to access to, reporting of and sharing data between organisations that were not fully considered within the Health and Social Care Act 2012 have provided a significant challenge to health protection assurance functions locally, most notably within the area of screening and immunisation.
- 4.15 Public Health England have access to data sources that can be used to identify variation in uptake of immunisation and screening programmes at useful spatial levels (e.g. at GP practice level) but have limited analytical capacity to report on such variation, required to inform the assurance function of the Health Protection Committee and local collaborative improvement programmes.
- 4.16 Locally, and in line with agreement between the Lead Official for Statistics of Public Health England and the President of the Association of Directors of Public Health, information is now being shared on a product by product basis when it is required to support the day-to-day management / operation of an organisation and its decision

making and on an urgent basis when this information is required to protect the population's health.

## Seasonal Influenza

- 4.17 A priority area identified by the Health Protection Committee was to increase uptake of seasonal influenza vaccine, especially in groups under 65 years of age considered at risk due to underlying health conditions and who are eligible for free vaccination through the national programme. This was on the basis of poor uptake in this cohort following the 2013-14 programme reported at Clinical Commissioning Group level (Table 4).

**Table 4: Public Health England Seasonal provisional flu vaccination figures 1 September 2014 – 31 January 2015**

| Clinical Commissioning Group | % of practices responding | 65+ % vaccinated | 6m-65 at risks % vaccinated | Pregnant women % vaccinated |
|------------------------------|---------------------------|------------------|-----------------------------|-----------------------------|
| NEW Devon                    | 100%                      | 71.6%            | 45.9%                       | 42.1%                       |
| SD & Torbay                  | 100%                      | 68.2%            | 45.0%                       | 37.5%                       |
| NHS Kernow                   | 98.6%                     | 70.4%            | 49.4%                       | 36.8%                       |
| England                      | 99.7%                     | 72.8%            | 50.3%                       | 44.1%                       |
| Target                       | 100%                      | 75%              | 75%                         | N/A                         |

Source: ImmForm, Public Health England, Public Health England weekly bulletin 7 March 2014

**Table 5: Flu vaccine uptake in Children**

| Children             |       |               |       |               |       |               |
|----------------------|-------|---------------|-------|---------------|-------|---------------|
| Age/risk             | Age 2 | Age 2 at risk | Age 3 | Age 3 at risk | Age 4 | Age 4 at risk |
| NHS Kernow           | 35.7% | 58.6%         | 36.5% | 51.2%         | 29.8% | 45.7%         |
| NEW Devon            | 40.7% | 59.2%         | 43.0% | 55.8%         | 34.6% | 54.8%         |
| South Devon & Torbay | 40.4% | 50.6%         | 40.9% | 63.6%         | 31.8% | 53.3%         |
| England              | 38.1% | 53.7%         | 40.7% | 56.4%         | 31.9% | 52.3%         |

- 4.18 A programme of work was undertaken by a Specialty Registrar in Public Health based at Devon County Council. The objectives of this programme of work were:

- To identify areas of comparatively low uptake of influenza vaccination (by geography and by patient group).
- To review the literature around best practice in optimising vaccination uptake.

- To audit highest and lowest practice performance against a checklist of good practice.
  - To develop a strategy to improve uptake in lower uptake areas and overall.
  - To evaluate the impact of any changes.
- 4.19 The work was carried out on a collaborative basis which involved all key stakeholders. Although the project was successfully completed and implemented, the outcome results were disappointing with little improvement in uptake. However, the campaign and resulting uptake within the front-line staff group at Devon County Council was a success and won a National award, 122 staff were immunised for the 2014-15 season, a significant improvement on the previous year.
- 4.20 All elements of the development programme were completed and an evaluation is currently being undertaken. Initial feedback indicates that the support programme was well received by practices and other stakeholders although disappointingly, uptake in target groups was not increased. Learning from the programme is being fed into plans to support flu vaccination uptake in 2015-16 across both Devon Cornwall and Isle of Scilly's and Bristol, Gloucester and Wiltshire areas. Issues around the effectiveness of the vaccine, and the timing and visibility of the national media campaign, were identified as barriers to improving uptake locally, and addressing these will be crucial if uptake is to be sustained or increased in 2015-16.

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## 5. Health Care Associated Infections

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### **Organisational Roles/Responsibilities**

- 5.1 NHS England set out and monitor the NHS Outcomes Framework which includes Domain Five (safety), treating and caring for people in a safe environment and protecting them from avoidable harm. The Area Teams of NHS England hold local Clinical Commissioning Groups to account for performance against indicators under this domain, which includes incidence of healthcare associated methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and incidence of *Clostridium difficile* (CDI).
- 5.2 Public Health England through its consultants in communicable disease control will lead the epidemiological investigation and the specialist health protection response to health care associated infection outbreaks and has responsibility to declare a health protection incident.
- 5.3 The Clinical Commissioning Group's role is to ensure through contractual arrangements with provider organisations that health care associated infection standard operating procedures are in all provider contracts and are monitored regularly. Northern Eastern and Western Devon and South Devon and Torbay Clinical Commissioning Group's employ a lead nurse for health care associated infections. This is an assurance and advisory role. In addition, they must be assured that the Infection Prevention and Control Teams (Acute hospitals and Torbay and Southern Devon Community) are robust enough to respond appropriately in order to protect the local population's health and that risks of health care associated infection have been identified, are mitigated against and adequately controlled.
- 5.4 The Local Authority through the Director of Public Health or their designate has overall responsibility for the strategic oversight of a health care associated infection incident impacting on their population's health. They should ensure that an

appropriate response is put in place by NHS England and Public Health England supported by the Clinical Commissioning Group.

## Health Care Associated Infection Programme Group

- 5.5 The group was formed as a sub group of the Health Protection Committee. Its function is to work towards the elimination of avoidable health care associated infections (HCAI) for the population of Devon including the Unitary Authorities of Plymouth and Torbay, receiving health and social care interventions in clinical, home and residential care environments, through the identification of risks, the planning of risk mitigation actions and the sharing of best practice in the field.
- 5.6 It is a cross-agency forum involving Acute and Community NHS Trusts, Ambulance and Out of Hours Doctors, Public Health, Public Health England, Medicines Optimisation and NHS England Area Team. The Group met for the first time in March 2014 and has since met quarterly.
- 5.7 HCAI is a key indicator of safe and effective patient care and is represented in the NHS Outcomes Framework 2014-15 under outcome 5 'treating and caring for people in a safe environment and protecting them from avoidable harm'.

This report includes data from February and March 2015.

## Clostridium difficile infection (CDI)

- 5.8 NEW Devon Clinical Commissioning Group population objective including the total 76 for Acute Trusts allocated cases is 204. As at end of March 2015 the NEW Devon Clinical Commissioning Group total cases stood at 220, which is 16 cases more than trajectory. As at the end of March 2015 Acute Trusts have had 79 cases and two Acute Trusts have exceeded their individual trajectories (total cases avoidable and unavoidable).
- 5.9 The agreed Clinical Commissioning Group process for reviewing CDI cases with Acute Trusts and apportioning them as either 'avoidable or unavoidable' has been viewed positively from both provider and commissioner perspectives. The process will continue in 2015-16 with the agreed addition of further scrutiny around 'lapses in care'. Despite two Trusts exceeding their national objective the Clinical Commissioning Group is confident that Acute Trust Infection Control teams are in control of their local situations as evidenced by the low number of 'avoidable' cases.

- 5.10 The avoidability case split by Acute Trust for CDI is:

|        | Annual Objective (avoidable cases only) | Trajectory Total (as at end March 2015) | Avoidable | Unavoidable | Cases Awaiting Review |
|--------|-----------------------------------------|-----------------------------------------|-----------|-------------|-----------------------|
| PHNT   | 30                                      | 35                                      | 5         | 30          | 0                     |
| RD&EFT | 30                                      | 35                                      | 6         | 29          | 0                     |
| NDHT   | 16                                      | 9                                       | 1         | 8           | 0                     |

- 5.11 The larger burden of CDI is in the wider population under primary care. A rise in the Clinical Commissioning Group eastern locality between August – November 2014

appears to have caused the trajectory overshoot, however the locality figures have returned to previous expectations.

- 5.12 South Devon and Torbay Clinical Commissioning Group population Numbers of cases continue to rise in the community (77 cases: target 70) and acute (17 cases: target 12) trusts. On analysing the data 44% of cases have been under acute care in the last 30 days and 19% are recurrent cases. It was agreed to review the recurrent cases. On initial examination no links could be found.

## **MRSA**

- 5.13 NEW Devon Clinical Commissioning Group has had one MRSA bacteraemia case as at the end of March 2015 which has been subject to the Post Infection Review (PIR) process.
- 5.14 South Devon and Torbay Clinical Commissioning Group has had three MRSA bacteraemia cases as at the end of January 2015.

## **Outbreaks**

- 5.15 Diarrhoea and vomiting activity during February and March affected North Devon District Hospital (NDDH) and Royal Devon & Exeter in particular. North Devon District Hospital had six wards affected by diarrhoea and vomiting with one ward under restrictions for seven weeks. Royal Devon & Exeter had 16 wards affected with one ward having a continuous five weeks of restrictions. Community hospitals were mostly unaffected by restrictions in the February to March 2015 period.
- 5.16 Influenza activity in Trusts has now declined after a winter period of high activity causing ward and part ward closures. Between mid-January until the end of February Plymouth Hospitals Trust had 15 wards affected by flu restrictions with one ward being affected for six weeks continuously. Royal Devon & Exeter had five wards affected during the same period
- 5.17 Seasonal outbreak reports will be requested from Trusts where normal operating capacity was compromised under Serious Incident Reporting (SIRI) arrangements.

## **Other Bacteraemias**

- 5.18 South Devon and Torbay had eight MSSA and 23 E.coli bacteraemias in 2014-15.

## **Exercise Cygnus**

- 5.19 Exercise Cygnus was a six week rising tide pandemic influenza exercise developed and led by Public Health England. It involved multiple agencies throughout the Local Resilience Forum (LRF), and included three Strategic Command Group (SCG) meetings. In Plymouth City Council, a 'People' Directorate Response Team (which includes the Office of the Director of Public Health and Communications), was formed led by Public Health. The Exercise was due to culminate in a day long scenario. However, Exercise Cygnus was terminated early due to the decision nationally to divert attention to the increased risk of Ebola Virus Disease.
- 5.20 Considerable attention had been focused on the earlier stages of the rising tide incident and therefore it was felt that many key learning points had already been highlighted by the time the exercise was halted. The exercise was run as a People Directorate level response, based on Plymouth's major incident response plan (this

includes members of the People directorate and of the Office of the Director of Public Health (ODPH), as well as involving external partners such as the Plymouth Hospitals Trust Emergency Planning Lead. It was chaired by the consultant in Public Health responsible for disease prevention. A number of areas were highlighted as particularly susceptible to the challenges that this type of incident might generate:

- Children's social care
- Adult social care
- Bereavement services

## **Torbay**

- 5.21 It was felt that there were two fundamental requirements that needed to be balanced in the response to Pandemic Influenza:
- Keeping people working for the council, or on its behalf, safe, giving advice and provision of PPE for staff/commissioned staff.
  - Ensuring that those in the population receive the service they require.

## **Devon County Council**

- 5.22 The Cygnus exercise offered an opportunity for the organisation to exercise its business continuity plans and to consider, as a whole, what its core functions would be in an ongoing major incident where increased areas of demand coincided with staff shortages. Although the 'rising tide' experience provided by the National exercise was felt to be useful and raised awareness of Pandemic 'flu as an issue, the exercise was discontinued before the 'Pandemic' had a serious effect on Council resources, and indeed, the exercise scenario as suggested would have been unlikely to really tax existing Business Continuity Plans.
- 5.23 It has therefore been agreed that a County Council internal pandemic flu exercise will be conducted in the early autumn, using a scenario that will stretch existing plans and hopefully improve the resilience of essential services.

## **National**

### **Ebola Virus Disease**

- 5.24 The outbreak of Ebola virus disease (EVD) in West Africa first reported in March 2014 continues, with in excess of 21,600 cases and 8,600 deaths at January 2015.
- 5.25 The first imported case was 29<sup>th</sup> December 2014 and since then there have been two further cases. Public Health England continue to work with UK government colleagues, the World Health Organisation and other partners to coordinate the appropriate follow-up of humanitarian workers attending affected countries and potentially exposed through their work.
- 5.26 Screening for travellers is taking place at country of origin in affected countries, and also at ports of entry into the UK, where anyone with clinical signs (e.g. a temperature) is assessed, and travellers are given advice on what to look out for and how to get medical support if necessary.

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 6. Work Programme 2014-15
 

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*(Short summary of the aims and objectives of each activity)*

- 6.1 The Health Protection Committee is providing oversight over the following programmes of work agreed as priority areas for the period 2014-15.

### Seasonal Influenza

- 6.2 A priority area identified by the Health Protection Committee was to increase uptake of seasonal influenza vaccine, especially in groups under 65 years of age considered at risk due to underlying health conditions and who are eligible for free vaccination through the national programme. This was on the basis of poor uptake in this cohort following the 2013-14 programme reported at Clinical Commissioning Group level (Table 6)

**Table 6: Flu vaccination for children, percentage uptake by CCG and age**

| Group                   | Title                | 2013-14 season % | 2014-15 season % |
|-------------------------|----------------------|------------------|------------------|
| <b>2 year olds</b>      | NEW Devon CCG        | 45.7             | 41.3             |
|                         | Torbay & South Devon | 41.9             | 40.7             |
| <b>3 year olds</b>      | NEW Devon CCG        | 41.2             | 43.6             |
|                         | Torbay & South Devon | 35.4             | 41.8             |
| <b>4 year old</b>       | NEW Devon CCG        |                  | 35.7             |
|                         | Torbay & South Devon |                  | 32.7             |
| <b>Pregnant women</b>   | NEW Devon            | 40.3             | 42.1             |
|                         | Torbay & South Devon | 38.2             | 37.5             |
| <b>Under 65 at risk</b> | NEW Devon            | 49.2             | 45.9             |
|                         | Torbay & South Devon | 47.6             | 45.0             |
| <b>Over 65</b>          | NEW Devon            | 72.2             | 71.6             |
|                         | Torbay & South Devon | 69.1             | 68.2             |
| <b>Carers</b>           | NEW Devon            | 45.5             | 45.2             |
|                         | Torbay & South Devon | 32.3             | 31.8             |

- 6.3 A literature search was carried out, and areas of best practice identified and circulated to all GP practices. Additionally, considerable additional publicity was added to the Devon local authority care worker campaign, using peer models to increase awareness of the availability of the vaccine for workers, and how it could be accessed.

Seasonal Influenza (as outlined in 4.17 to 4.20 above)

### Hepatitis C Strategy and Implementation

- 6.4 Hepatitis C is a blood borne virus which is a significant preventable and treatable cause of liver disease. The most common means of transmission in the United Kingdom is through intravenous drug use with shared equipment – it is estimated that

nine out of 10 cases of Hepatitis C in this country are caused by injecting illegal drugs.

- 6.5 The control of Hepatitis C provides a challenge to the health sector from prevention through to treatment and aftercare and requires a coordinated response. To that end a strategy for the geographical catchment of North, East and West Devon and South Devon and Torbay Clinical Commissioning Groups was drafted in 2013 which requires review and adoption by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council. This is in the process of being formally adopted and developing an implementation plan

## **Tuberculosis Service Review**

- 6.6 The draft Collaborative Tuberculosis Strategy was published in March 2014. The proposal for the South West is a single Tuberculosis Board for the South West. However, at least for now, the local Tuberculosis forum which currently meets across Devon, Cornwall and Somerset will continue to meet to share and promote best practice. It is anticipated that the Tuberculosis Board is unlikely to be functional until the end of 2015, so until then, the other aims of the Tuberculosis strategy will have to be pursued through existing fora.
- 6.7 Local Authority Health Protection lead consultants will work with Public Health England to oversee this programme of work on behalf of the Health Protection Committee.

## **Health & Social Care**

- 6.8 It has been observed by the Health Care Associated Infections Programme Group that services to support health and social care services in community settings are limited across the geographical catchment served by the Health Protection Committee. Such services through their registration to the Care Quality Commission (CQC) are responsible for internal infection control policies and procedures and Care Quality Commission is in turn responsible for ensuring compliance. However specialist support to provide training as well as a programme of audit against best practice are not routinely available across the geographical catchment served by the Health Protection Committee and this poses a risk to local assurance arrangements.
- 6.9 The Public Health England Acute Response Centre provides advice and information in response to community outbreaks in these settings. However, proactive and preventing work is not routinely available.
- 6.10 The Health Care Associated Infection Programme Group will be considering this as part of its own work programme for 2014-15 and will report formally to the Health Protection Committee. This group has now been constituted and has met and is holding an inaugural workshop at the beginning of July.

## **Work Programme for 2015-16**

- 6.11 Tuberculosis strategy – continue to work with Public Health England on the new Tuberculosis Board to implement a strategy for the control of TB in the South West.
- 6.12 Influenza immunisation – use the lessons learned from the work done in 2014 to improve on the levels of staff immunisation in the 2015-16 season.



- 6.13 Hepatitis C – the Hepatitis C strategy needs review in light of new treatment strategies and implementation needs to continue.
- 6.14 Screening – continue to pursue the theme of inequalities in screening, obtaining the necessary data from Public Health England.
- 6.15 Bacteraemias – despite success in reducing MRSA, MSSA and E.coli septicaemias have not reduced in the same way. The Health Care Associated Infections Programme Group will need to look at this and the issue of antimicrobial resistance.
- 6.16 Emergency planning – following on from participation in exercise Cygnus, Public Health England is leading a further pandemic flu exercise in the autumn, Exercise Mallard.

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## 7. Authors

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## APPENDIX 1

Terms of Reference for a Health Protection  
Committee of the Health and Wellbeing Boards of  
Devon County Council, Plymouth City Council and  
Torbay Council

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**1. Aim, Scope & Objectives**


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**Aim**

- 1.1 To provide assurance to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health.

**Scope**

- 1.2 The scope of health protection to be considered by the committee will include prevention and control of infectious diseases, immunisation and screening, health-care associated infections and emergency planning and response (including severe weather and environmental hazards).

**Objectives**

- 1.3 To provide strategic oversight of the health protection system operating across Devon, Plymouth and Torbay.
- 1.4 To oversee the development, monitoring and review of a memorandum of understanding that outlines the roles and responsibilities of the Public Health England Centre, NHS England Area Team, Clinical Commissioning Groups (Northern Eastern and Western Devon & South Devon & Torbay) and upper tier/lower tier / unitary authorities in relation to health protection.
- 1.5 To provide oversight of health protection intelligence reported to the committee and be appraised of risks, incidents or areas of underperformance.
- 1.6 To review and challenge the quality of health protection plans and arrangements to mitigate against any risks, incidents or areas of under-performance.
- 1.7 To share and escalate risks, incidents and under-performance to appropriate bodies (e.g. Health and Wellbeing Boards / Local Health Resilience Partnership, NHS England) when health protection plans and arrangements are insufficient to protect the public. The escalation route will depend on the risk or area of under-performance.
- 1.8 To agree an annual programme of work to further improve local health protection arrangements as informed by the respective Health and Wellbeing Strategies for Devon, Plymouth and Torbay and their Director of Public Health's Annual Report and Joint Strategic Needs Assessments.

- 1.9 To review and challenge arrangements for the delivery of existing and new national screening and immunisation programmes or extensions to existing programmes.
- 1.10 To promote reduction in inequalities in health protection across Devon, Plymouth and Torbay.
- 1.11 To oversee and ratify an annual Health Protection Committee annual report.

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## **2. Membership**

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Chair: Director of Public Health

Members: \*Chair – Health Protection Advisory Group (Public Health England  
CCDC/Health Protection Consultant)

\*Chair - Devon, Cornwall and Isles of Scilly Screening & Immunisation  
Oversight Group – Consultant in Public Health (*group under development*)

\*Chair – Local Health Resilience Partnership

\*Chair – Health Care Associated Infections Programme Board (*group under  
development*)

Consultants in Public Health / Health Protection Lead Officers– (Devon  
County Council, Plymouth City Council and Torbay Council)

Head of Public Health Commissioning (Area Team – NHS England)

Head of Emergency Planning Resilience & Response – (Area Team – NHS  
England)

Chief Nursing Officer – (Northern Eastern and Western Devon Clinical  
Commissioning Group)

Director of Quality Governance – (South Devon and Torbay Clinical  
Commissioning Group)

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## 3. Meetings & Conduct of Business

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- 3.1 The Chairperson of the Health Protection Committee will be a Director of Public Health from either Devon County Council, Plymouth City Council or Torbay Council. Directors of Public Health serving these councils will review this position annually.
- 3.2 The quorum of the meeting will comprise the Chairperson of the Health Protection Committee or their deputy, the Chairperson of each of the four groups listed in 2 above (\*) or their representative with delegated authority to make decisions on their behalf, at least one Local Authority Consultant in Public Health (Health Protection Lead Officer) and at least one of either the Chief Nursing Officer (Northern Eastern and Western Devon Clinical Commissioning Group or the Quality and Safety Lead (South Devon and Torbay Clinical Commissioning Group).
- 3.3 All meeting papers will be circulated at least seven days in advance of the meeting date.
- 3.4 The agenda (standing items listed in 3.6 below) and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 14 working days of the meeting.
- 3.5 Meetings will be held bi-monthly.
- 3.6 Standing agenda items will include the following:
- *Performance report;*
  - *Risk register and action plan review;*
  - *Serious incidents requiring investigation;*
  - *Work-programme update;*
  - *Policy / evidence/guideline updates (All);*
  - *Any other business.*
- 3.7 A report of the meeting will be forwarded to members of the Health and Wellbeing Boards for Devon County Council, Plymouth City Council and Torbay Council and Local Health Resilience Partnership.
- 3.8 Terms of reference will be reviewed annually.

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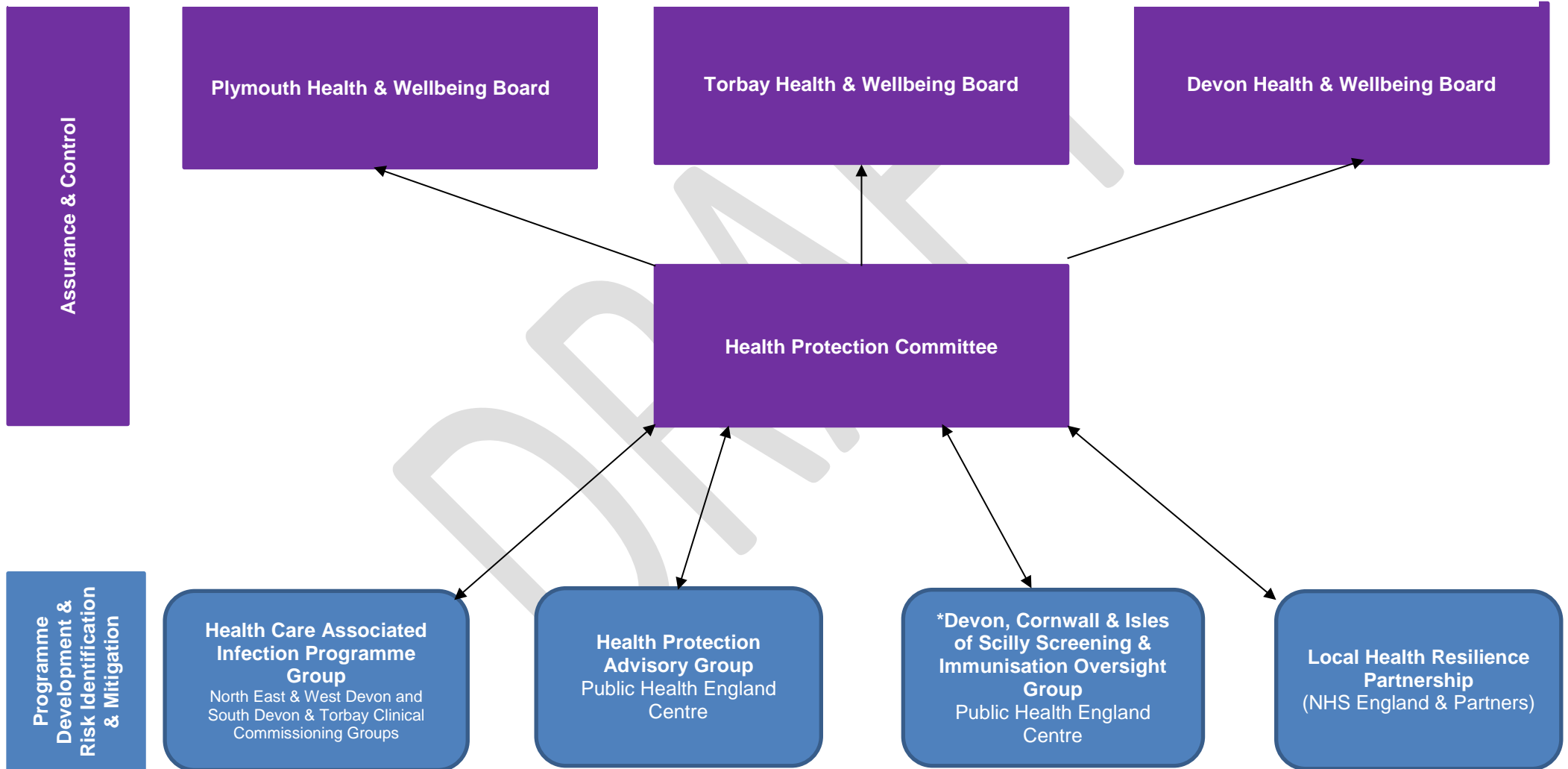
## 4. Author

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APPENDIX 2

Health Protection Committee Reporting to the Devon, Plymouth and Torbay Health & Wellbeing Boards and its Relationship to Existing or Planned Health Protection Partnership Forums



\*Group in development / Terms of Reference to be agreed.

## **Safeguarding Adults Themed Review on Mental Health - Summary**

### **Report of the Chair of the Devon Adult Safeguarding Board**

#### **Recommendation:**

The contents of this report are noted by the Health and Wellbeing Board.

#### **1. Background/Introduction**

1.1 A Safeguarding Adults themed Review was commissioned by the Safeguarding Adults Board to consider multi agency working and the quality of Mental Health crisis care for adults in Devon. The review was to consider any underlying or cross cutting themes that existed within three that had occurred within six months of each other but were otherwise unrelated.

|        |                                                                                                 |
|--------|-------------------------------------------------------------------------------------------------|
| Case A | Suicide                                                                                         |
| Case B | Murder                                                                                          |
| Case C | Dispute on arranging safe transport for someone requiring admission to a mental health facility |

During the course of the review contact was made with the families concerned. The family in Case C, relating to problems with patient transport, chose to engage with the process, the others preferred not to. Each of the families had been through a traumatic process linked to the mental health crisis care of their relative.

1.2 The following themes were identified during the review

:

- The quality and timeliness of assessment at the point of crisis
- Inter-agency communication
- Sharing of risk information
- Colocation and informal information exchange
- Mental Health services discharge processes
- Joint agency training and understanding
- Multi agency participation in Root Cause Analyses
- Duty of Candour and clarity of RCA reports for service users and families

Transport in mental health crisis care was not a cross cutting theme in these cases, but was fundamental in case C and was therefore included in the recommendations for consideration by DSAB.

## 2. Mental Health Crisis Concordat

- 2.1 The review was commissioned soon after the publication of the national Mental Health Crisis Concordat in February 2014. The Concordat addresses many of the key issues identified in the Review. It sets out the principles and good practice that should be followed by health staff, Police officers and approved mental health professionals when working together to help people in a mental health crisis. The issues raised in the review broadly match those that the Concordat has been established to address.
- 2.2 The Concordat focusses on four main areas:
- Access to support before crisis point making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
  - Urgent and emergency access to crisis care making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
  - Quality of treatment and care when in crisis making sure that people are treated with dignity and respect, in a therapeutic environment.
  - Recovery and staying well to prevent future crises by making sure people are referred to appropriate services.
- 2.3 The Crisis Care Concordat Action Plan for Devon, including Plymouth and Torbay, is overseen by the Devon Mental Health Steering Group. The Chair of this group is Paul O'Sullivan, Managing Director Partnership Commissioning NEW Devon CCG. The lead for coordinating the Concordat action plan for the CCG and DCC is Gavin Thistlethwaite, Joint Mental Health Commissioner.
- 2.4 A comprehensive system redesign is taking place to address the requirements of the Crisis Care Concordat.

## 3. Review Recommendations and Progress Updates

Since the incidents being reviewed and during the progress of the review some of the issues identified by the review had begun to be addressed by developments in national or local policy and practice. The review recognised some of these developments. Further progress since the review is also linked to each of the recommendations summarised below.

- 3.1 **The quality and timeliness of assessment at the point of crisis**  
Initial assessment is vital to establish the effective management of cases of mental health crisis. Where a GP or other professional has made a referral to a crisis service an effective, timely response is vital. Telephone triage should not be considered sufficient. The effective disciplines used elsewhere in the Crisis Resolution Home Treatment Team CRHTT operating protocols should include initial contact and the

decision making that defines whether a client is taken onto the service or not.

- 3.2 System redesign is taking place to improve access, patient experience and outcomes. This may continue to involve telephone contact as the quickest way to contact people across Devon in mild and moderate cases. In urgent crises situations face to face assessment will be seen as the most appropriate response.
- 3.3 **Sharing of risk information**  
The participating agencies should publicise the Inter Agency Data Exchange protocol, and other information sharing mechanisms including the MH1 process for agencies to seek information from each other on people considered to be a risk to themselves or others.
- 3.4 The system redesign is being carried out in partnership with the Police and other agencies and will include information sharing processes.
- 3.5 **Colocation and informal information exchange**  
The current wide range of colocation and informal data exchange systems should be developed into an overall program of coordinated work. The extent of the current roles should be publicised.
- 3.6 Redesigned system will include development of single point of contact. Current project schedule is for the single point of contact to be piloted by April 2016 and fully implemented by April 2017.
- 3.7 **Mental Health services discharge processes**  
Telephone Triage  
When the CRHTT is making an initial telephone call to a potential client following a referral from a GP, the default position should be that a face to face meeting will follow rather than a telephone call.
- 3.8 Improved Crisis Resolution service discharge arrangements to improve patient experience and outcomes will be addressed in the development of the new system.
- 3.9 **Discharge - from specialist MH services**  
Consideration should be given to the methodology of the discharge of patients from specialist support services. A matching level of rigour should be given to the discharge as is given to the acceptance of a patient onto the specialist team's caseload. Entry onto specialist services client list requires specific referral from GP's or others. It is not done lightly. Removal from such lists appears to be easier, often utilising client self-diagnosis as a major factor. Removal from the specialist services list would merit information to, or consultation with, the original referrer.
- 3.10 Discharge arrangements for specialist services will be reviewed to improve patient experience and outcomes



## 3.11 **Joint agency training and understanding**

Devon Safeguarding Adults Board to audit the extent to which its constituent members are part of the Peninsula concordat process and to seek involvement.

Partner agencies to audit the range of joint training in respect of mental health crisis care, in conjunction with the Peninsula Mental Health Criminal Justice Agencies Group.

- 3.12 The Safeguarding Adults Board and the Board Executive have received presentation on the Mental Health Crisis Care Concordat and progress in implementing its requirements by all agencies involved. This includes the further development of partnership working arrangements and joint training arrangements were needed.

## 3.13 **Multi Agency Participation in Root Cause Analysis**

The Root Cause Analysis/SIRI process is thorough and clear, however the reports in this case are all single agency, they do not expand to include other agencies and do not have the benefit of independent non-health agency scrutiny.

Where there is the involvement of more than one agency with the potential for conflicting views, the establishment of multi agency involvement with the possibility of independent oversight for the process would add value. This is particularly evident in the investigation carried out into case C.

The Safeguarding Adults Board, Safeguarding Adults Review Sub Group is able to provide a multi forum and process for oversight of Root Cause Analyses for adults who may have suffered abuse or neglect, including self-neglect, linked to mental health problems or crises.

## 3.14 **Duty of Candour**

Questions were apparent about the quality of communication to families before, during and after the crisis incident. In March 2014 the Department of Health published, "Introducing the Statutory Duty of Candour, a consultation on proposals to introduce a new CQC registration regulation"

During the course of this review, in November 2014, Regulation 20 of the Health and Social Care Act 2008 was passed, making the duty of candour a statutory requirement for CQC registered bodies.

## 3.15 **Transport in Mental Health Crisis Care**

A joint Police and Health Service protocol for Transport in Mental Health Crisis Care has been agreed.

## 3.16 **Inter-agency communication**

A process should be devised and trained to, to allow and encourage the transfer of risk information between these two key agencies.

3.17 The Peninsula Mental Health Criminal Justice Agencies Group should sign off and agree the November 2014 joint Police/NHS document "Multi-agency Response to detention under the Mental Health Act 1983", as soon as possible.

3.18 Formal negotiation and alerting processes exist, but the flow of risk information in routine matters is not effective.

3.19 The report review proposed applying learning from the child protection Multi Agency Safeguarding Hub model or MASH process. The development of a single point of contact system for mental health crisis response and support will build on learning from the child protection MASH.

## 4 **Action planning and oversight by Safeguarding Adults Board**

4.1 The LGA and ADASS has recommend that Safeguarding Adult Boards should have oversight of progress with local Mental Health Crisis Care Concordats.

4.2 The Safeguarding Adults Board meeting on 8<sup>th</sup> June focussed on sharing the learning from the Themed Review and developing plans to address the recommendations and to support work on the Concordat. An action plan from this meeting has been developed. Delivery of the action plan will be overseen by the Safeguarding Adults Board.

4.3 The Safeguarding Adults Board Executive received an update presentation on the Mental Health Crisis Care Concordat and progress in implementing its requirements on 24<sup>th</sup> August.

## 5 **Equality Considerations**

Safeguarding adults with care and support needs from harm is a way protecting the basic human rights of people with care needs and of tackling discrimination.

## 6 **Legal Considerations**

Care Act 2014

Mental Capacity Act 2005

Bob Spencer  
Chair of the Devon Adult Safeguarding Board

**Electoral Divisions:** All

Strategic Director, People: Jennie Stephens

Local Government Act 1972: List of Background Papers

Contact for Enquiries: Paul Grimsey

Tel No: 01392 383000 Room: AG08

| <u>Background Paper</u> | <u>Date</u> | <u>File Reference</u> |
|-------------------------|-------------|-----------------------|
|-------------------------|-------------|-----------------------|

Nil

Health and Wellbeing Board  
10 September 2015

## **TRANSFORMING CAMHS SERVICES IN SOUTH DEVON.**

South Devon and Torbay Clinical Commissioning Group Child and Adolescent Mental Health Service , (CAMHS), Transformation Plan Briefing.

*Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.*

**Recommendation:** That the Board agree they support the priorities outlined here which form the South Devon element of the plan for Transforming CAMHS Services in South Devon.

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1. Background:

Clinical Commissioning Groups have all been given funding allocations by NHS England to support transformational change in local CAMHS services. SDT CCG has been working with both its CAMHS providers, patients/ parents and NEW Devon CCG to outline what change is needed, and propose to submit our plan at the first submission window, 18th September 2015. Plans are for 5 years and must show a distinct service for eating disorders, for which NHSE have proposed models of care and monitoring standards, as well as looking to meet the priorities outline within *Future In Mind*. As part of the assurance process for the submission of our Transformation Plan we seek the support of the Health and Wellbeing Board in confirming their agreement of our priorities and the outcomes we hope to achieve, as well as support from member organisations to the principle of working in a multi agency way to better meet the needs of our children and young people. There are approximately 28,760 people aged 0-19 in the South Devon area.

2. Transformation Plan Proposal:

2.1 Introduction:

In the development of plans we are required to align our ambition with the priorities set out in *Future In Mind, (DH)* and set out plans for the provision of a distinct eating disorder service . In developing our plans SDT CCG has directly involved the Torbay CAMHS Service Managers, Primary Mental Health Workers, Children's Centres, Commissioners for CAMHS and AMHS and GP representation. This has been supported by co-ordinated input from our Paediatric Clinical Pathway Group and CAMHS Redesign Board.

The final plan considers the CCG footprint as a whole and our priorities are considered in the context of making best use of resources across both CAMHS providers, individual services and ensuring compatibility for our Southern area with NEW Devon CCG's plans.

2.2 Our ambitions:

- To reduce the number of presentations to A&E for those in crisis, these will predominately be those with significant self harm.
- To reduce the number of admissions to secondary care for eating disorders and for those in crisis, these will predominately be those with significant self harm.
- To reduce and maintain shorter treatment times for those with eating disorders by increasing dietetic and paediatric support, building on the existing nationally recognised good practice pathway run by Virgin Care Limited.
- To reduce the number of admissions to Tier 4 beds for all conditions.
- To support core CAMHS services with recognition that transformational change has already taken place by drawing on core funding.
- Dependent on financial capacity and resource released, to work with schools to build resilience, to more effectively support children between the ages of 2-5 years and to look at more robust Autism assessment services.

2.3 Eating Disorders –

Virgin's CAMHS Service already operates a hub and spoke model across the whole of Devon, linked to the Royal Devon and Exeter Foundation NHS Trust, which is nationally acclaimed and recognised in the NICE Guidance. Critically providing multi disciplinary clinics on a Friday, to offer young people support for the coming weekend and avoid crisis, and use of an assertive outreach team with home eating support to enable young people to remain in the community and avoid inpatient admissions . Cases of eating disorders were significantly higher in South Devon than in Torbay in 13/14 and funding from core CAMHS Services has historically been diverted to support eating disorders which has already greatly reduced admissions to Tier 4 – 6 inpatients recorded for South Devon in 14/15 based on NHSE data. Like Torbay, South Devon CAMHS wishes to invest in paediatric and dietetic time and these resources across the CCG footprint would be provided by South Devon Healthcare Foundation Trust. This would enable more individualised work and the ability to focus on transitions for those young people moving into adult's services. As the CAMHS provider across Devon, VCL are looking to use some of the transformation funding to work with Exeter University on research into eating disorders, approximately £15k, (£2,700.) PA could come from SDT CCG's allocated transformation funding and would potentially enable further transformational change during the life time of the plan.

Both services in Torbay and South Devon will met the Access and Waiting Time Standard – with urgent referrals being seen within one week and routine cases being seen within 4 weeks. Both services would be expected to report on the national outcome measures and this will be included within their KPIs.

2.4 Crisis and intensive home intervention -

Torbay and South Devon are jointly conducting multi agency care pathway reviews with partners including acute and primary care, public health, local authority social care, early years and safeguarding, police and schools. In recent years our acute care provider, South Devon Healthcare Foundation NHS Trust has experienced a significant increase in mental health crisis in children and young people presenting to A&E, 40% of whom are known to CAMHS. Separate to transformation funding both SDT CCG and NEW Devon CCG are commissioning an on call psychiatry service for patients up to the age of 18. Our longer terms ambition would be to have an all age service which could be based at South Devon Healthcare Foundation Trust which would enable greater capacity and therefore more resilience and faster assessment and support.

Given the existing crisis support provided in South Devon, as part of the transformation plans we are working with NEW Devon CCG to provide 0.5 WTE psychiatrists and 7 Band 6 WTE CAMHS Practitioners, The effects will be a reduction in waiting times across CAMHS services in South Devon and supporting those already receiving a CAMHS provision, so their journey does not result in crisis.

In addition to the transformation funding SDT CCG has commissioned a GP 0.1WTE to undertake a 12 month project supporting A&E and paediatric staff in making risk assessment and safe discharge decisions for those between 16-18 years.

2.5 Promoting Resilience:

With any remaining funding or with that released by changes to capacity through the success of the plan SDT CCG would look to support South Devon CAMHS services firstly to develop a peer support service through Young Devon, which would support mostly young people in schools, as either step up or down care for those potentially on the edge of crisis or those reintegrating into mainstream education after a period of care/ treatment. Secondly to improve their offer to Looked After Children in line with the new NHSE guidance, Promoting the Health and Well-being of Looked-After Children and thirdly increase the online counselling offer delivered by Young Devon.

Options/Alternatives

Plans are for 5 years and it's anticipated that within the life of the plan our priorities may change dependent on population need. Capacity within systems may be released which will enable further change for example, our ambition is to keep young people out of Tier 4 beds by preventing them going into crisis. Tier 4 beds are commissioned by NHSE and we are unclear as to what funding they may release to local commissioners should we halve their admission rates.

Consultations/Representations/Technical Data

Detailed technical data such as admissions data can be supplied to support plans if requested.

SDT CCGs Joint Commissioner for Children and the GP Clinical Lead for Children and young people are leading a discussion with Young Devon's consultation group at the end of September and Young Devon are also circulating questions to parents and young people via social media and email during the school holidays to support planning. We used Torbay's Fair Play Day to speak with parents and young people with a range of disabilities and have commissioned a GP with CAMHS and acute care experience to undertake a deep dive report into patient/ parent experience from those whose journey results in a secondary care admission.

Financial Considerations

SDT CCG has the following reoccurring allocation:

- Eating Disorders £157,724. PA
- Transformational change funding £394,798. PA

This does not take into account the additional resources that have already been put into CAMHS services in recently by CCGs.

Legal Considerations

There are no specific legal considerations, however all CCG must submit transformation plans, which will need to go through an assurance process managed

by NHSE. If plans are not assured funding will not be released. SDT CCG is choosing to submit their plans at the first submission opportunity to enable time for any critical appraisal and potential resubmission in October 2015.

Environmental Impact Considerations

There will be a direct effect in increasing the workforce of South Devon's CAMHS team. We have planned separate eating disorder services for Torbay and Devon to minimise travel by both patients and staff when undergoing intensive home treatment/ care.

Equality Considerations

SDT CCG has undertaken an Equality Impact Assessment on its initial Transformation Plan, this can be supplied if requested. We believe there are no detrimental aspects to any protected characteristics and we have tried to consider the geography of our footprint in plans, for example looking at two separate eating disorder services to minimise travel for patients and staff.

Risk Management Considerations

No risks have been identified as part of this plan.

Public Health Impact

Devon's public health team have already invested into mental health and wellbeing services, in terms of promoting resilience. For example they fund the current online counselling support offer in Devon.

Summary:

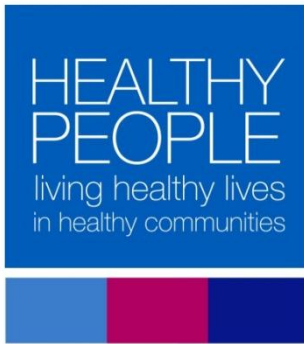
SDT CCG would ask that the Devon Health and Wellbeing Board confirm they are happy to support the priorities outlined here, prior to submission to NHSE and assurance, initially for improving CAMHS eating disorder services, crisis services and potentially peer support, neurological assessment and the offer for looked after children for the life of the plan and that they are happy to receive updates as appropriate.

Derek O'Toole
Head of Mental Health Commissioning, South Devon and Torbay CCG.

[Electoral Divisions: -there will be no direct impact on any electoral divisions although there may be indirect impact on children's services.

Contact for Enquiries: Jo Hooper, Joint Commissioning Manager for Children SDT CCG, Pomona House, Oakview Close, Torquay.
joanne.hooper@nhs.net
Tel No: 07825 927 619

BACKGROUND PAPER **DATE** **FILE REFERENCE**
[Future in Mind](#)



Northern, Eastern and Western Devon
Clinical Commissioning Group

Developing the local CAMHS Transformation Plan

1. Introduction

1.1 Scene setting

In May this year, NHS England announced plans to develop a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years. NHS England set out initial objectives of this transformation programme as:

- Developing evidence based community Eating Disorder Services for children and young people
- Rolling out the Children and Young People's Improve Access to Psychological Therapies Programme (IAPT)
- Improving access to perinatal care

An important part of this programme is the development of local Transformation Plans for each Clinical Commissioning Group (CCG) area.

Further planning guidance was published in August 2015. This guidance explains that local Transformation Plans should set out real improvements for the whole system. This should include the changes, partnerships and investment decisions that will be made to: promote good mental health and build resilience in children and young people; get serious about prevention; intervene early when problems arise; and address unacceptable variations in mental health services for children and young people.

The local Transformation Plans are to be underpinned by the input of children and young people themselves. They are also to be underpinned by partnership working across the system. This includes the completed plans being signed off by Health and Wellbeing Boards. This paper is presented to the Devon Health and Wellbeing Board to:

- Describe the planning requirements, including assurance processes
- Set out the scope, design features and resource framework
- Outline the local process for developing the Transformation Plan
- Propose an approach for Health and Wellbeing Board engagement and sign off

Devon Health and Wellbeing Board is asked to consider the planning process and agree an approach for sign off for the CAMHS Transformation Plan prior to submission to NHS England for assurance purposes.

1.2 NHS England Assurance

To ensure the local Transformation Plans are of a high standard they will be subject to an assurance process led by NHS England. There are two potential dates for assurance. The CCG is working to develop the draft plan by the first NHS England assurance window of 18th September 2015, although our intention is to then use the time to refine the plan and submit the final draft for the second assurance window on 16th October 2015.

The planning process is associated with the allocation and release of over £1.5 million funding for the CCG area. CCGs will need to evidence that the local Transformation Plan is aligned to the requirements and the plan will need to be deemed satisfactory through the assurance process before full funding is released. This assurance process is expected to be completed and associated funding released to CCGs by the first week in November 2015.

It is expected that Transformation Plans will become 'living documents' that local areas will wish to review and develop both 'in year' and within the mainstream organisational planning processes commencing from 2016/17 onwards.

2. Scope of the Transformation Plan

2.1 Future in mind

The context for the local Transformation Plan is set out in *Future in Mind*¹ which describes the Government's aspirations for children and young people and sets out that by 2020 for children and young people with mental health needs there will be:

- Improved crisis care, right place, right time, close to home
- Improved transparency and accountability across the system
- A better offer for the most vulnerable children and young people
- Improved public awareness, less fear, stigma and discrimination
- Timely access to clinically effective support
- More evidence based outcomes focused treatments
- More viable and accessible support
- Professionals trained in child development and mental health
- Model built around the needs of children and young people (move away from tiered model)
- Improved access for parents to evidence based programmes of intervention and support

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

2.2 Design features

Local Transformation Plans will need to span the full spectrum of service provision. They should improve perinatal care, roll out IAPT, develop evidence based eating disorder services and ensure the needs of all children, including the most vulnerable, are addressed within the plan priorities². Additional national guidance has been published for eating disorders³. At the present time guidance is awaited for perinatal care.

CCGs will need to demonstrate that their local Transformation Plans:

- Have been designed with, and are built around the needs of, children and young people and their families;
- Are based on the mental health needs of children and young people within the local population;
- Provide evidence of effective joint working both within and across all sectors including NHS, public health, Local Authorities, social care, youth justice, education and the voluntary sector;
- Include reference to other improvement initiatives such as the Crisis Care Concordat;
- Include evidence that plans have been developed collaboratively with NHS England Specialised Commissioning and Health and Justice Commissioning teams;
- Promote collaborative commissioning approaches within and between sectors
- Clarify status within the IAPT programme
- Include the level of investment by all local partners commissioning children and young people's mental health services for the period April 2014 to March 2015;
- Include spend on services directly commissioned by NHS England on behalf of the CCG population;
- Will be published on the websites for the CCG, Local Authority and any other local partners;
- Are based on delivering evidence based practice and focused on demonstrating improved outcomes;
- Make explicit how you are promoting equality and addressing health inequalities;
- Will be monitored by multi-agency boards for delivery supported by local implementation / delivery groups to monitor progress against your plans, including risks;
- Include baseline information for April 2014-March 2015 on referrals made, accepted, and waiting times;
- Include workforce information, numbers of staff including whole time equivalents, skills and capabilities;
- Include measurable, ambitious Key Performance Indicators;
- Have been costed and are aligned to the funding allocation that will be received;
- Take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem).

² <http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>

³ <http://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>

2.3 Resource framework

The planning process is associated with the allocation and release of funding for each CCG area, pending the plan being deemed to be satisfactory through the assurance process. The published financial detail for NHS Northern, Eastern and Western Devon CCG is described in the table below.

Extract from NHS England Funding Tables - Northern, Eastern and Western Devon CCG

Total weighted populations with SMR<75 adjustment and uplifted by ONS population growth to 2015	919,443
Shares of weighted populations	1.61%
Initial allocation of funding for eating disorders and planning in 2015/16	£481,669
Additional funding available for 2015/16 when Transformation Plan is assured	£1,205,666
Minimum recurrent uplift for 2016/17 and beyond if plans are assured	£1,687,335

The Health and Wellbeing Board will be aware that Southern Devon and Torbay CCG will also submit a local Transformation Plan and both CCGs are looking at the areas within these plans where there are benefits of working together.

3. Local arrangements

3.1 Developing the plan

The CCG Partnerships commissioning team spanning both Devon and Plymouth will be leading this process, working closely with local authority and public health colleagues, providers and other parties to develop a clear and credible local CAMHS Transformation Plan. A small planning team has been established and activities include:

- Baseline data collation, including needs, activity, workforce and views from a range of prior engagement of children and young people
- Developing the local principles and priorities for the plan including outcomes and key performance indicators
- Engaging a range of stakeholders through an event and other engagement opportunities towards the end of September to ensure views are taken into account
- Drafting the planning document and templates to ensure a quality local Transformation Plan

A summary of the NHS England requirements of Transformation Plan submissions is provided as an appendix. Summaries and full drafts of the Plan will be circulated to key stakeholders in the latter half of September 2015. The will be discussed at the CCG Governing Body on 7th October 2015 ahead of submission to NHS England on 16th October 2015.

3.2 Health and Wellbeing Board

The CCG is providing this initial information to the Health and Wellbeing Board at the meeting on 10th September 2015 and this will be followed by circulation of the draft plan for comment during September ahead of the final draft submission on 16th October 2015. As there is not a further Health and Wellbeing Board meeting before submission, it is requested that arrangements are put in place for sign off by the Chair for submission recognising that the plan will be a 'living document' and will continue to be updated and included in the CCG wider planning process in due course. It will also be important to discuss how the Health and Wellbeing Board will continue to engage in relation to the delivery of the CAMHS Transformation Plan and associated outcomes for children and young people.

J McNeill, Associate, 1st September 2015

Appendix 1: Summary of areas covered for the local Transformation Plan

In addition to a narrative plan, the Transformation Plan includes a series of planning templates requiring a range of information and evidence which spans:

- Leadership and development of the plan, including the partnerships in place
- Objectives and principle changes to be achieved and how the offer will look
- Progress against the national ambitions set out in 'Future in mind'
- Requirements of a structured programme of transformation support
- Self-assessment evidence in relation to:
 - Engagement and partnership
 - Transparency
 - Level of ambition
 - Addressing equality and health inequalities
 - Governance
 - Measuring outcomes
 - Finance
- Compliance and plans for Eating disorder services, including redirection of resources
- Local CAMHS priorities, financial detail and KPI's
- Assurance and sign off

DEVON COUNTY COUNCIL

SCRUTINY WORK PROGRAMME

The Scrutiny Work Programme identifies those areas of activity or work proposed to be undertaken by individual Scrutiny Committees over the coming months, notwithstanding the rights of County Councillors to ask for any matter to be considered by a Committee or to call-in certain decisions in line with the Council's Scheme of Delegation (Part 3 of the Constitution) and the Scrutiny Procedures Rules.

Co-ordination of the activities of Scrutiny Committees is undertaken by the Chairmen and Vice-Chairmen of Scrutiny Committees to avoid duplication of effort and to ensure that the resources of the Council are best directed to support the work of Scrutiny Committees.

The Work Programme will be submitted to and agreed by Scrutiny Committees at each meeting and will be published on the Council's website 'Information Devon', (http://www.devon.gov.uk/index/councildemocracy/decision_making/scrutiny/scrutiny_programme.htm) as soon as possible thereafter.

An up to date version of this Plan will also be available for inspection from the Democratic Services and Scrutiny Secretariat at County Hall, Topsham Road, Exeter (Telephone: 01392 382296) between the hours of 9.30am and 4.30pm on Mondays to Thursdays and 9.30am and 3.30pm on Fridays, free of charge.

Where possible Scrutiny Committees will attempt to keep to the timescales/dates shown in the Plan. It is possible, however, that some items may need to be rescheduled and new items added as new circumstances come to light.

Please ensure therefore that you refer to the most up to date Plan.

Copies of Agenda and Reports of Scrutiny Committees of the County Council referred to in this Forward Plan area also available on the Councils Website at (<http://www.devon.gov.uk/dcc/committee/minqifs.html>)

SCRUTINY WORK PROGRAMME

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
<i>Corporate Services Scrutiny Committee</i>					
17 Sept 2015	Commissioning	Scrutiny's role in commissioning, and its reflection in contracts	All Heads of Service	Report back to committee	Committee meeting
	Locality Budgets	An Annual Report is submitted to the Committee for Audit and Monitoring purposes	Head of Services to Communities	Report	Committee Meeting only
	Public Health grant and value for money	Public Health Grant spend and how it represents value for money	Director of Public Health	Report	Committee meeting
	Healthy Lifestyle Hub	Service operation as an 'invest to save' model	Director of Public Health	Report	Committee meeting
	Amendments to Treasury Management Strategy	Committee to contribute to/endorse amendments to Treasury Management Strategy	Assistant County Treasurer	Report	Committee meeting only
	<i>Member Development Session</i>	<i>Devon County Council Operating Model</i>	<i>How is the model being embedded across the Council</i>	<i>Head of Services for Communities</i>	<i>Presentation/ workshop</i>
16 Nov 2015 <i>Joint Morning Briefing with Place SC</i>	<i>Performance</i>	<i>Understand and interpret performance information for scrutiny purposes</i>	<i>Head of Services for Communities</i>	<i>Briefing</i>	<i>Member Development Session</i>
23 Nov 2015	In-Year Budget Briefing	Delivery of the 2015/16 budget	All Heads of Service	Report	Committee meeting only
	HR future developments	Involvement of scrutiny in the changes to the HR service	Cabinet member and HR Manager	Report	Committee meeting only
	<i>Sickness absence and stress</i>	<i>HR Policy for managing sickness absence and stress incl. performance</i>	<i>HR Manager</i>	<i>Presentation / workshop</i>	<i>Possible task group / spotlight review</i>
	<i>Redundancy</i>	<i>Changes to Redundancy Policy and impact on the Council and staff</i>	<i>HR Manager</i>	<i>Presentation / Workshop</i>	<i>Member Development Session</i>

Item 12

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
	<i>Budget</i>	<i>To equip Members with the knowledge they need to be able participate in the development of the budget and engage in meaningful budget Scrutiny</i>	<i>Deputy County Treasurer</i>	<i>Presentation/questions and answer session</i>	<i>Member Development Session</i>
22 Jan 2016	2016/17 Budget	Scrutinise 2016/17 budget proposals for Corporate Services	All Heads of Service	Report	Committee meeting only
29 Jan 2016	Joint Scrutiny Budget Day	2016/17 budget proposals across services, their implications and recommendations to Cabinet & Council	All Heads of Service	Report	Committee meeting only
24 Mar 2016	<i>Open Data</i>	<i>Role of Members as champions of open data</i>	<i>Head of Services for Communities</i>	<i>Presentation / workshop</i>	<i>Member Development Session</i>
Place Scrutiny Committee					
3 Sept 2015	Connecting Devon & Somerset Broadband Rollout	Update, incl. no. and % of out of programme premises in rural areas & appraising new technologies, see Minute *71	Head of Economy & Enterprise	Report	Committee meeting only
11 Sept 2015	Cranbrook Task Group	Community development review	Scrutiny Officer	Report	Committee meeting only
	Energy Policy Task Group	Task group reporting on actions and timescales to implement recommendations	Scrutiny Officer	Report	Committee meeting only
	Future Library Service	Update – standing item	Head of Services for Communities	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
	<i>LEP Strategic Economic Plan</i>	<i>Incl. the EU Strategic Investment Framework</i>	<i>Head of Economy & Enterprise</i>	<i>Briefing</i>	<i>Member Development Sessions</i>
	<i>Gypsies and Travellers</i>	<i>Roles and Polices on Unauthorised Gypsy & Traveller Sites</i>	<i>Head of Services for Communities</i>	<i>Briefing</i>	
16 Nov 2015	In-Year Budget Briefing	Delivery of the 2015/16 budget,	All Heads of Service	Report	Committee meeting only

Item 12

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
Morning Briefing		incl. update on Waste Task Group recommendations and impact of electricity prices on street lighting			
	Civil Parking Enforcement	Cost-neutrality and approach to parking on pavements/footpaths (see Minute *42)	Head of Highways, Capital Development & Waste	Report	Committee meeting only
	Flooding Task Group Update	Recommendations, including progress with flood alleviation schemes	Head of Planning, Transportation & Environment	Report	Committee meeting only
	Future Library Service	Update – standing item	Head of Services for Communities	Report	Committee meeting only
	<i>Performance</i>	<i>Understand and interpret performance information for scrutiny purposes</i>	<i>Head of Services for Communities</i>	<i>Briefing</i>	<i>Member Development Session</i>
7 Jan 2016	<i>Business to be confirmed</i>				
21 Jan 2016	2016/17 Budget	Scrutinise 2016/17 budget proposals for Place Services	All Heads of Service	Report	Committee meeting only
29 Jan 2016	Joint Scrutiny Budget Day	2016/17 budget proposals across services, their implications and recommendations to Cabinet & Council	All Heads of Service	Report	Committee meeting only
7 Mar 2016	Department of Transport 20mph Speed Limits	National guidance local implementation	Head of Services for Communities	Report	Committee meeting only
Jun 2016	Rail infrastructure	Possible future rail routes and resilience of the rail infrastructure	Head of Services for Communities	Report or task group	Committee meeting or Task Group
People's Scrutiny Committee					
8 Sept 2015	Children's Standing Overview Group	Update	Chair/Vice-Chair	Verbal Report	Committee meeting only
	Adult's Standing Overview Group	Update	Chair/Vice-Chair	Verbal Report	Committee meeting only
	Child Sexual Exploitation Task Group	Update	Head of Children's Social Work and Child Protection	Report	Committee meeting only
	Internal Audit Monitoring Report 2014/15	Review the report	Head of Devon Audit Partnership	Report	Committee meeting only

Item 12

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
	Devon Safeguarding Children Board Annual Report 2014/15	Review the Annual Report	DSCB Chairman	Report of the DSCB Chairman	Committee meeting only
	Adult Social Care Peer Review	Report of the Peer Review	LGA Peer Team	Report	Committee meeting only
	Domestic Violence	Update on progress	Director of Public Health	Report	Committee meeting only
	Devon Youth Service	Update on progress of the establishment of a new organisation to deliver the Youth Service from April 2016.	Head of Children's Social Work and Child Protection	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
18 Nov 2015	In-Year Budget Briefing	Delivery of the 2015/16 budget	All Heads of Service	Report	Committee meeting only
	Children's Standing Overview Group	Update	Chair/Vice-Chair	Verbal Report	Committee meeting only
	Adult's Standing Overview Group	Update	Chair/Vice-Chair	Verbal Report	Committee meeting only
	Children's Centres Task Group	Update on progress	Task Group	Report	Committee meeting only
	Educational Outcomes Task Group	Review on school exclusions and issues relating to those academies which have not signed up to the <i>Eliminating Exclusions Protocol</i>	Scrutiny Officer	Report	Committee meeting only
	Residential Homes	Outcome of residential homes closure programme	Head of Adult Social Care	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
8 Jan 2016	Children's Standing Overview Group	Update	Chair/Vice-Chair	Report	Committee meeting only
	Adult's Standing Overview Group	Update	Chair/Vice-Chair	Report	Committee meeting only
	Care Leavers Task Group	Report of the Task Group	Scrutiny Officer	Report	Committee meeting only
	Safeguarding Adults Board Annual Report 2014/15	Review the report	DSCA Chairman	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
19 Jan 2016	2016/17 Budget	Scrutinise 2016/17 budget proposals for People's Services	All Heads of Service	Report	Committee meeting only

Item 12

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
29 Jan 2016	Joint Scrutiny Budget Day	2016/17 budget proposals across services, their implications and recommendations to Cabinet & Council	All Heads of Service	Report	Committee meeting only
21 Mar 2016	Children's Standing Overview Group	Update	Chair/Vice-Chair	Report	Committee meeting only
	Adult's Standing Overview Group	Update	Chair/Vice-Chair	Report	Committee meeting only
	Internal Audit Plan 2016/17	Review the report	Head of Devon Audit Partnership	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
Future topics	Social Care: Direct Payments and Personal Budgets	For details see Minute *93b	Scrutiny Officer and witnesses	Written and oral evidence	Task Group with report back to Committee
	Accommodation for 16-25 year olds in transition from care to independent living	For details see Minute *21	Scrutiny Officer and witnesses	Written and oral evidence	Task Group / Spotlight Review
	Domestic violence and abuse	Possible new task group. See Minute *86	Scrutiny Officer and witnesses	Written and oral evidence	Task Group

Health & Wellbeing Scrutiny Committee					
14 th Sept 2015	Integrated Care Exeter project	Progress of the project	DCC RD&E	Report	Committee Meeting
	Success Regime	Appointment of Lead Officer and progress	NEW CCG/Success regime	Report	Committee Meeting
	Emergency provision – what service when?	Where people present in an emergency – A&E, pharmacies, walk in centre, GP	NEW Devon CCG/RD&E rs	Report	Committee meeting only
	Coastal Transforming Community Services	Review of the S Devon and Torbay Board decisions	S Devon/Torbay CCG	Committee report	Committee meeting
	Exeter Walk in Centre changes	variation of service	NEW Devon CCG	Report of CCG	Committee meeting only
	TCS	To understand the latest position	NEW Devon CCG	Report of CCG	Ongoing consideration
<i>September Briefing</i>	<i>Specialised commissioning</i>	<i>Committee to understand the scope of</i>	<i>NHS England</i>	<i>Interactive presentation</i>	<i>Briefing session only</i>

Item 12

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
		<i>specialised commissioning and services in Devon</i>			
	<i>Annual Public Health Report</i>	<i>Committee to understand the pressing issues in PH</i>	<i>Director of Public Health</i>	<i>Interactive presentation and Annual Public Health Report</i>	<i>Briefing session only</i>
10 th November 2015	Dentistry and appointment system	Difficulty to access NHS dentists and appointment waiting times		Report	Committee meeting only
	Mortality Rates – possible quality surveillance dashboard from CQC	Concerns raised by Cabinet member	Care Quality Commission	Dashboard?	Committee meeting only
	Torrington Community Hospital	Ascertain if there are grounds to make a referral to the secretary of state for Health	NEW CCG NDHT	Previous committee reports	Task Group report
	Axminster Community Hospital – reinstatement of inpatient beds	Task Group to review the local solutions and identify lessons learnt to apply to other areas.	NDHT	Reports	Task Group
	2016/17 Budget	Scrutinise 2016/17 budget proposals	All Heads of Service	Report	Committee meeting only
20 Jan 2016	Joint Scrutiny Budget Day	2016/17 budget proposals across services, their implications and recommendations to Cabinet & Council	All Heads of Service	Report	Committee meeting only
29 Jan 2016					

HEALTH AND WELLBEING BOARD – FORWARD PLAN

<u>Date</u>	<u>Matter for Consideration</u>
Thursday 12 November 2015 @ 2.00pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Strong and Supportive Communities)</p> <p><u>Business / Matters for Decision</u> Better Care Fund Care Act Implications CCG Updates Joint Commissioning Strategies – Actions Plans (Annual Report) Prevention Strategy Update (Minute 169) Children’s Safeguarding annual report (annually in September – moved from Sept) Child Sexual Exploitation – Multi-Agency Working (DT / JS) Adults Safeguarding – Annual Report NEW Devon CCG – Personal Medical Services</p> <p><u>Other Matters</u> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information</p>
Thursday 14 January 2016 @ 2.00pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Children, Young People and Families)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates Delivering Integrated Care Exeter (ICE) Project – Annual Update</p> <p><u>Other Matters</u> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information</p>
Thursday 10 March 2016 @ 2.00pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Healthy Lifestyle Choices)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information</p>
Thursday 9 June 2016 @ 2.00pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Review / Refresh of Joint Health and Wellbeing Strategy / JSNA)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References</p>

September 2015

	<p>Board Forward Plan Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 8 September 2016 @ 2.00pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 10 November 2016 @ 2.00pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund 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>Thursday 9 March 2017 @ 2.00pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information</p>
<p>Items to Add</p>	<p>Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)</p>

Please reply to: **Verna Green**
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Email: verna.green@torridge.gov.uk



Councillor Andrea Davis
Devon Health & Wellbeing Board
Devon County Council

chairman@devonhealthandwellbeing.org.uk

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Devon
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DX: 53606 Bideford

Tel: 01237 428700

Date: 31 July 2015

Dear Councillor Davis,

**Re: Torridge District Council
Overview & Scrutiny (External) Committee**

Please find below details of a resolution passed at Torridge District Council's External Overview & Scrutiny Committee meeting held on the 22 July 2015. This is forwarded to you as the Chair of the Devon Health & Wellbeing Board.

Office Hours

Mon, Tue, Wed, Thu
8:45am - 5:15pm
Friday
8:45am - 4:45pm

Jenny Wallace
Head of Paid Service

It was resolved:

To contact all those involved in providing the 'care closer to home' service including third sector and other providers; to seek assurance that the 'care' element be put in place as a complete health care package; and to recommend that all sections of care and health providers work closely together to provide a holistic integrated seamless service.



100%

This resolution was made following a presentation to committee, by the Northern Devon Healthcare Trust and the subsequent discussions regarding the closure of local community hospitals beds.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Verna Green'.

Verna Green
Strategic Manager (Services)