

## HEALTH AND WELLBEING BOARD

12 November 2015

Present:-

Devon County Council

Councillors Barker, Davis (Chairman) and McInnes (attended for items 6 – 21)  
Dr V Pearson (Director of Public Health) and Ms J Stephens

Environmental Health

Mr R Norley

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

Dr T Burke

South Devon and Torbay Devon Clinical Commissioning Group (CCG)

Dr D Greatorex

NHS England

Ms L Scott

Joint Engagement Board

Carol McCormack Hole representing Mrs C Brown

Health Watch Devon

Mr D Rogers

Probation Service

Ms A Proctor representing Mr J Wiseman

Apologies:

Councillor Sanders (District Council Representative)

Mr T Hogg (Police and Crime Commissioner)

Ms C Brown (Joint Engagement Board)

Mr J Wiseman (Probation Service)

Cllr Clatworthy (Devon County Council)

**\*195**      **Minutes**

It was **MOVED** by Councillor Davis, **SECONDED** by Mr Norley, and

**RESOLVED** that the minutes of the meeting held on 10 September 2015 be signed as a correct record.

**\*196**      **Announcements**

The Chairman welcomed Mrs Mayes who was attending the meeting in her 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

### \*197 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring

The Board considered a report from the Director of Public Health on the performance for the Board, which monitored the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2013-2016.

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. In terms of benchmarking, the local authority comparator group had been updated to reflect the latest designations, with Cambridgeshire and Hampshire being removed and Staffordshire and Suffolk added.

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 indicators relating to Children in Poverty 2013, Alcohol-Related Admissions 2015-16 Q1 (narrow and broad definitions), Re-ablement Services (Effectiveness) 2014-15, Re-ablement Services (Coverage) 2014-15, Self-Reported Wellbeing (Low Happiness Score) 2014-15, Social Contentedness 2014-15, Carer Reported Quality of Life 2014-15, Stable and Appropriate Accommodation( Learning Disabilities) 2014-15 and Stable and Appropriate Accommodation (Mental Health) 2014-15 had all been updated since the last report to the Board.

Following approval at a previous meeting, a Red, Amber, Green (RAG) rating was included in 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 report also highlighted that, in due course, it would contain a summary of emerging themes from the Devon Child Sexual Exploitation (CSE) scorecard. The scorecard was being developed by the CSE sub-group of the Devon Safeguarding Children Board (DSCB), with input from relevant partners. A senior information analyst from the Public Health Intelligence Team had been seconded to act as lead analyst for CSE data. The first version of the scorecard had just been drafted and would be available early in the new year and produced thereafter on a quarterly basis.

The outcomes report was also available on the Devon Health and Wellbeing website [www.devonhealthandwellbeing.org.uk/sna/health-and-wellbeing-outcomes-report](http://www.devonhealthandwellbeing.org.uk/sna/health-and-wellbeing-outcomes-report)

The Board, in discussion, highlighted the good news with re-ablement indicators, but also there was a need to monitor the situation with alcohol related admissions and also the number of people with mental health related conditions. The wider health implications of both these issues was discussed as well as whether there were any age / gender related factors.

It was **MOVED** by Councillor Davis, **SECONDED** by Mr Norley, and

**RESOLVED** that the performance report be noted and accepted.

### \*198 Theme Based Report – Strong and Supportive Communities

The Board considered a report from the Director of Public Health on the Strong and Supportive Communities priority, as detailed in the Joint Health and Wellbeing Strategy, which highlighted that the capacity of communities, both geographical and of people with shared interests, to support themselves had become an increasing focus of national

policy. At a collective level, confident and connected communities provided the social fabric necessary to help people flourish.

Analysis of the Joint Strategic Needs Assessment identified the following priorities for the overarching objective and provided examples of local developments for each one, including mental health and emotional wellbeing, improving living environments, housing and homelessness, social isolation, offender health. The report also stated that the Devon Joint Strategic Needs Assessment Overview (2015) had detailed consideration of the health needs of the protected characteristic groups to inform commissioning plans and decision making.

The report also provided a detailed commentary on progress against outcomes which included suicide rate, life expectancy gap, self-reported wellbeing, social contentedness, carer reported quality of life, stable and appropriate accommodation (for both learning disability and mental health).

As part of the update on this item, members received two presentations outlining the relationships and correlations between health inequalities and housing and health.

The first of these was from Mr M White (Public Health Specialist) on inequalities and public health. The presentation outlined what the definitions of inequality, why they were important and what the evidence showed about health inequalities. Health inequalities could be defined as differences in health status or in the distribution of health determinants between different population groups. They were avoidable and arose from inequalities within and between societies. The presentation stressed the importance of considering inequalities as they were costly. There was a strong business case for investing in people's health to avoid resources being directed towards preventable losses such as days of work lost, premature death, increased life years in disability, demand on healthcare services etc.

The presentation further highlighted a number of thinking points for the Board to consider which included the social gradient, poverty and social status, personal responsibility and how to respond. It concluded with an outline of local leadership roles including raising awareness of the importance of social determinants of health amongst all stakeholders and partners in the local system, applying the principles of proportionate universalism and health equity audit to commissioning and restructuring activities and being advocates for the local and national implementation of effective interventions.

Members were also referred to additional reading material 'closing the gap in a generation' ([http://www.who.int/social\\_determinants/final\\_report/csdh\\_finalreport\\_2008.pdf](http://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf)) 'fair society healthy lives' (<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>) and a 'review of social determinants and the health divide in the WHO European region' (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/review-of-social-determinants-and-the-health-divide-in-the-who-european-region.-final-report>).

Ms A Pujol (Chair of Devon Strategic Housing Group and Business Manager for Housing and Health at Teignbridge District Council ) and Ms A Dolley (Team Leader for the Private Sector Housing Team at Teignbridge District Council) gave a presentation outlining the current position with housing in Devon including house prices, rents, rural / urban mix etc, why the home was important, for example keeping older people at home reduced social care costs, a safe warm home enabled timely discharge from hospital and housing was a foundation block for any effective prevention strategy. The presentation outlined the risks associated with poor housing and the links to poor health and also the cost to the NHS from conditions caused by excess cold, falls and hazards and how this compared to other common health hazards.

The presentation concluded with information on action being taken including central heating funding (and how this operated), pioneer places - North Devon, Teignbridge and

Torridge and general enforcement powers to tackle poor housing. In using preventative measures, tackling housing issues upstream would reduce NHS costs and the LGA was also supporting the establishment of a "Prevention Pot" to assist such initiatives. There was training for staff and a drive to target initiatives at those with health conditions.

A supporting paper to the presentation 'Housing and Health – Background Paper' had been circulated to Board Members with the agenda which highlighted standards of accommodation was a major contributory factor in attaining and maintaining good health. Conversely, poor housing could precipitate a range of physical and mental health conditions. The report stated the importance of safe, decent housing for human health, provided an overview of housing needs in Devon and summarised how health outcomes could be improved through initiatives which could improve the quality and safety of housing.

The Board discussed the following in terms of the reports and presentations.

- whether any work had been undertaken on gradients between highest and lowest earners and also any comparable societies;
- the report undertaken by the BRE 'a cost of poor housing to the NHS' (<https://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>);
- whether there were any categories of hazards that needed to be tackled first in order to obtain the best benefit;
- that it was also important to consider the costs to social care as well as to the NHS; and
- the role of planning authorities and local development plans in providing suitable housing for all sectors of the community, especially the elderly, vulnerable and / or disabled.

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

**RESOLVED** that the reports and presentations be welcomed and the themes considered by all Board Members be taken back and promulgated within their respective organisations.

## **\*199**      **Cranbrook Health & Wellbeing Strategy**

The Chairman had exercised her discretion to vary the order of business to enable this item to be considered at this point in the meeting.

The Board received a presentation from Ms J McNeil (NEW Devon CCG) which outlined the ongoing work in developing a health, care and wellbeing Strategy for the new community of Cranbrook. The Strategy was focussed on maintaining and improving health and used a systematic approach that placed individuals and the population at the centre of imaginative 21st century planning.

The presentation looked at the population structure of Cranbrook, as compared to England, based on the local consensus estimate. It also gave a health overview of the community, including secondary healthcare activity, as compared to Exeter.

The Strategy was about early thinking (shared with partners) to enable planning, alignment with health and wellbeing priorities, connected planning of the various elements of healthcare and involvement and engagement. The Strategy development work was underway and included a task and finish group. It was further suggested another report be brought back to the Board in the new year.

The Board discussed the age profile of the new community and the lack of older people, as demonstrated by the profile. It also raised the issue of smaller (but considerable sized) developments and the lack of opportunity to consider health infrastructures, such as medical centres, in those areas, as was being done in Cranbrook.

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

**RESOLVED**

(a) that the direction of travel of the Strategy be endorsed and the Board give delegated authority to the Chairman to approve the outline plan, in order to meet master planning timescales; and

(b) that a further report be brought to the Board on the Strategy and developments for its January meeting.

**BOARD BUSINESS - MATTERS FOR DECISION**

**\*200 Children Safeguarding Annual Report 2014/2015**

The Board considered the annual report from the Chair of the Devon Childrens Safeguarding Board which detailed the activities designed to improve and strengthen multi-agency working to protect children and young people in Devon.

It outlined what the priorities had been for 2014/2015;

- a better understanding of children, young people and families' views;
- more effective working at a multi-agency level;
- delivery of effective training; and
- commitment from all agencies to ensure quality supervision.

Much of the report was informed by the outcome of the OFSTED inspection (which took place in February–March 2015), which found the Devon Safeguarding Children Board (DSCB) to be inadequate. It also incorporated findings from a variety of reviews, audits and inspections that had taken place throughout 2014/15 across the partnership.

The report commented throughout on the progress made against the Board's priorities and business plan for 2014/15 and concluded that whilst there was evidence of progress, the Board still had a way to go to have impact across the partnership and ensure effective multi-agency working to safeguard children and young people.

During discussion, the Board asked for clarification on the progression of the 'Neglect Strategy'

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

**RESOLVED** that the Devon Childrens Safeguarding Board annual report be welcomed.

**\*201 Child Sexual Exploitation and Multi-Agency Work**

The Board considered a report from the Chair of the Devon Childrens Safeguarding Board, presented by the Chair (Mr D Taylor) on the ongoing multi-agency work in relation to preventing child sexual exploitation.

The report highlighted that in March 2015, the Devon Safeguarding Children's Board (DSCB) set up a new 'Missing and Child Sexual Exploitation' sub group. This sub group was accountable for the delivery of the 'Devon Child Sexual Exploitation Strategy and Action Plan 2015-16'. Furthermore, the sub group agreed a detailed 'Missing and Child Sexual Exploitation Action Plan' which laid out a substantial programme of work across the Prevent, Protect and Disrupt strands of the Strategy. This action plan also included actions to address all the recommendations that were made in the People's Scrutiny Committee Child Sexual Exploitation Task Group's report of 8<sup>th</sup> January 2015.

The report gave an update on the progress made against each area of the plan and also in addressing the recommendations made in the Scrutiny report. This included;

- Work to raise awareness (inter-alia, conferences, work with schools, information leaflets, safeguarding newsletter, CSE guidance for schools, Chelsea's Choice, Police CSE training programme, Member training, work through District Community Safety Partnerships (CSPs) to deliver training and awareness to local businesses including hoteliers and taxi drivers etc),
- Multi agency data sharing and identification of children at risk of CSE (multi-agency scorecard, improved forms and processes, new chairs appointed to the MACSEs, work to agree data collection and data gathering processes, missing from education data collated weekly, police plan to implement a process for "flagging" children who might be at risk of sexual exploitation)
- Prevent and Protect - assessment and management of risk (expansion of the REACH team, development of a single risk assessment tool, implementation of Devon and Cornwall Police Central Safeguarding Teams (CST) to cover the force area and a consultation line for professionals); and
- Disrupt (analysis of data from across IT systems to identify possible CSE offenders, development of CSE/CSA local profiles for Torbay, Devon, Plymouth, and Cornwall & the Isles of Scilly and a plan relating to the disruption of perpetrators, including improving interventions and therapeutic services).

The Chair of the Safeguarding Board made reference to the recent HMIC inspection and its comments regarding early identification. He confirmed that the Police had taken this issue on board. The Board also discussed the advent of the new CSE scorecard and that the 'on-line' element of the crime meant there were no geographical boundaries.

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

**RESOLVED** that the Board place on record their thanks and appreciation to the Chair of the Safeguarding Children Board and also the staff for the hard work, effort and progress that had been made in this area.

**\*202**      **Adults Safeguarding Annual Report 2014/2015**

The Chairman had exercised her discretion to vary the order of business to enable this item to be considered at this point in the meeting.

The Board considered the annual report of the Adults Safeguarding Board, presented by the Chairman (Mr B Spencer). The Care Act required Safeguarding Adults Boards to publish an Annual Report which had to include its achievements during the previous financial year to meet its objectives, its achievements during that year to implement its strategy, what each member had done to implement that strategy and information on any completed and on-going Safeguarding Adult Reviews.

The report commenced the Vision for Safeguarding Adults in Devon, which had been updated in line with the Care Act 2014, and a summary of the legal requirements for safeguarding adults.

The reports itself outlined the national context and associated developments (including the Care Act), the Mental Capacity Act 2005, achievements, progress and performance (including progress with DSAB Business plan, police pilot new response to vulnerable adults, quality assurance and care quality culture in adult care, new performance indicators and remodelling of Devon County Council safeguarding adults service), Board members self-assessment of progress and plans, learning from SA Reviews and complaints investigations and the structure and governance of the Board and relevant sub groups.

The report concluded with the annual activity report and the business plan progress report.

Mr Spencer added that the mental health review which had been undertaken had been accepted in full by the concordat.

The Board reiterated their earlier discussions on the worsening outcomes for those with mental health conditions, so welcomed the update. Furthermore, there were strengthened links with the local criminal justice board.

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

**RESOLVED** that the Adults Safeguarding Board annual report be welcomed.

**\*203**

**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), Mr P O'Sullivan (Director of Partnerships, NEW Devon CCG) and Mr S Tapley (Director of Commissioning, South Devon & Torbay CCG) on current progress with the Better Care Fund.

Regular reports were provided on the progress of the Devon Better Care Fund Plan to enable monitoring by the Health and Wellbeing Board. Performance and progress was reviewed monthly by the Joint Coordinating Commissioning Group through the high level metrics reports and progress overview. The BCF 2015 /16 Second Quarter Return was due for submission on 27th November 2015 and there was an action plan for its completion. The JCCG was monitoring progress, which was currently on track.

The covering report included a performance summary which summarised the BCF activity in terms of the work towards the National Conditions. The Board were asked to note that JCCG and the BCF Delivery Group had open actions in place intended to address those 'Amber' areas which were whether 7 day services were place and agreement upon the impact of changes to the acute sector.

The report gave an update on 'Dementia Diagnosis' (selected as the local metric for the Devon BCF plan), permanent admissions to residential and nursing care (ASCOF 2A part 2) and 91 days Reablement effectiveness (ASCOF 2B part 1). Lastly the Board were asked to note that the BCF Delivery Group had open actions in place intended to address issues related to Delayed transfers of care and Non Elective admissions, both of which were supported by the current operational plans of both CCG's.

A performance report also accompanied the update which monitored the Better Care Fund Indicators for the Devon County Council area and included an overview and indicator summary. The updates on the report related to permanent admissions to care homes, re-ablement services (effectiveness), non-elective admissions, avoidable emergency admissions and delayed transfers of care (August 2015).

The Board discussed and asked questions on the following;

- clarification of the integration between health and social care, in light of some hospital beds closures;
- confirmation of the penalties / money reallocations should targets not be met;
- that there would always be some element delay in care transfers, given the requirements for assessments of individuals, equipment requirements, homes etc;
- the current project where people had been assessed at home by hospital staff, was drawing dividends; and
- concern in the care sector generally over skills shortages and attracting people to

the profession.

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

**RESOLVED** that the update be noted and delegated authority be given to the Chairman to sign off the Q2 return by the required deadlines.

**\*204** **Care Act**

The Board considered the report of the Head of Social Care Commissioning on the Care Act which outlined the progress to date with the Care Act 2014 programme and the readiness of Devon County Council for the new Care Act duties.

Devon's Care Act Programme 2014 was established in September 2014. Guidance for phase 1 had been published in October 2014 and the programme team focused its efforts on meeting the requirements of the Act for April 2015.

Devon was compliant in the new Care Act duties (1 April 2015) which included duties on prevention, wellbeing, information and advice (including advice on paying for care) and market shaping. Other duties included national minimum threshold for eligibility, assessments (including carers assessments), personal budgets and care and support plans, new charging framework, safeguarding, universal deferred payment agreements and advocacy.

In July 2015, the Department of Health notified the LGA of plans to defer the Care Cap and other Phase 2 Care Act 2014 changes until 2020, which included the duty for local authorities to arrange residential care for self-funders when requested. In light of the announcement, plans were reviewed and adjusted accordingly.

The report gave an overview of 'Prevention' which had been challenging and was subject to a separate report on the agenda. The key principles of the information and advice strategy were, being digital by design, a strong partnership approach and empowering others. The work to date was outlined within the report as well as the planned future work.

In relation to market shaping, the Council had developed plans, strategies and tools in relation to the Market Position Statement (MPS), Market Facilitation Strategy (MFS), Market Sufficiency Plan (MSP), Addressing Provider Failure, Business Support for Providers, Action Learning pilots to test the potential for Collaborative working in the sector and Employment and Skills support.

The Care Act programme had enabled considerable change over the past year and partnership and council wide engagement had been a key focus, along with a strong emphasis on user, carer, staff and provider engagement. The report confirmed that the Council and its partners were compliant with the legal requirements of the Act and a full Care Act Equalities Impact Assessment had been undertaken and was available on the Councils website. <https://new.devon.gov.uk/impact/care-act-implementation-impact-assessment-updated-september-2015/>

The Board discussed and asked questions on the following;

- that new care contracts had been carefully worded to ensure matters such as travel time were included;
- the new campaign on 'caring as a career';
- the upcoming validation for registered nurses and the potential impact on the sector; and
- the training and support available for residential homes.

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



**RESOLVED** that the progress with the Care Act programme 2014 be noted and the hard work of officers to ensure the readiness of the Council and other partners be welcomed.

**\*205**      **Joint Commissioning Strategies (Dementia / Carers / Mental Health / Learning Disability) Action Plans / Annual Report**

The Board considered a joint report of the Head of Social Care Commissioning and Managing Director Partnerships (NEW Devon CCG) Director of Commissioning (South Devon & Torbay CCG) giving an update on the four joint commissioning strategies that had been presented to the Board in March 2015.

It had been requested that progress be reported annually to the Board and this was the first update report on the implementation of the strategies.

Each strategy had key areas for achievement and each implementation plan set out what actions were to be taken. The report detailed the major achievements and areas for further action.

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

**RESOLVED** that the Board notes the progress of each strategy and associated implementation plans.

**\*206**      **Joint Commissioning Strategy - Prevention (Minute 169)**

The Board considered the joint report of the Head of Social Care Commissioning and Managing Director Partnerships (NEW Devon CCG) & Director of Commissioning (South Devon & Torbay CCG), on the progress taken to develop the implementation of the Joint Commissioning for Prevention Strategy.

The Joint Commissioning for Prevention Strategy had been endorsed by the Health and Wellbeing Board in June 2015 and the Board requested a progress report for the November meeting.

The report outlined that the Devon Prevention Strategy 2011-13 focused on adults, with particular focus on interventions for older people. The Prevention Strategy sought to shift the focus to earlier prevention and intervention to reduce premature mortality and morbidity; prevent, reduce and delay demand on (statutory) and prevent high and unmanageable costs.

The Prevention workstream reported to the Care Act Programme Board and had developed an action plan for implementation of the strategy for 2015/16. The work linked with information and advice and carers workstreams to address the wider Care Act responsibilities. The current prevention offer included a wide range of services and support including interventions to support lifestyle change such as stop smoking support and healthy weight services though to crisis response to support individuals in need of short-term support to return to independence or avoid an emergency hospital admission and extra care housing to maintain supported but more independent living.

In terms of the next steps, the report highlighted that Prevention needed to be an integral part of the new model of care to manage future demand and match need with the right support. This required a system wide change and a commitment to making every resource deployed and every contact count.

The Board discussed the issue of rurality and the associated increase of reliance of self-assessment. The 'mylifedevon' website helped people access health advice and support, help with staying at home, getting 'out and about', carers, housing issues, assessments and keeping safe. Lastly, an update was given on the FILO project which offered high quality day care in an intimate home setting in the community for small groups of older people.

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

**RESOLVED** that the Board note the progress to date in the implementation of the Joint Commissioning for Prevention Strategy and endorses the Strategy action plan proposed for 2015/16.

**\*207**      **CAMHS Transformation Plans**

The Board received a final version of the CAMHS Transformation Plans from both NEW Devon CCG and South Devon & Torbay CCG.

All the CCGs, local authorities and service providers were adopting a system wide approach to transformation and, in doing so, were recognising current services and needs would be different in different parts of the geography, whilst also looking to achieve a consistent system vision and outcomes over the course of the plans.

The Board, at its September 2015 meeting, received a joint presentation from NEW Devon CCG and South Devon & Torbay CCG which had outlined the key messages received (from children and young people) which, in turn, raised consistent themes around spanning information, preventing crisis, help in a crises, easy access services and a workforce that listened and treated people with respect.

The CAMHS agenda was an important local agenda and there was much good practice to build upon. The plans outlined the aspirations for the future which included evidence based models designed around children, a whole systems approach, the wider workforce as a focal point for transformation, clear outcomes and the use of interventions that were both effective and evidence based.

The main priorities of the plans were early intervention (working with partners and peers, early intervention with support at Tier 1 and 2 and working with adult providers for all age pathways), crisis response (implement the requirement of MH Crisis Concordat, timely front door response in acute crisis 24/7 and assertive outreach over extended hours), children in care (remodelling the CiC (Children in Care) pathway, enhanced evidence based therapeutic interventions and multi-agency support for children on the edge of care); and specific services (for example embedding the self-harm evidence pathway and extending eating disorders model across Devon and Plymouth in line with the evidence base).

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

**RESOLVED** that the final versions of the CAMHS Transformation Plans be endorsed.

**\*208**      **NEW Devon CCG – Personal Medical Services (PMS)**

(Dr T Burke declared a personal interest in the item by virtue of being a partner in a practice undertaking this process)

The Board considered a report from NEW Devon CCG and received a presentation from Mr J Short, which outlined the progress with the NHS England requirement for a review of Personal Medical Services contracts. The purpose of this was to ensure fairer funding across primary care for the provision of core services.

The report highlighted that the process for PMS contract reviews was running parallel to the movement to equity, and the removal of the Minimum Price Income Guarantee (MPIG) for General Medical Services (GMS) contracts. The movement to equity across GMS practices had been the catalyst for the movement to equity across PMS practices.

Discussion had taken place within the CCG about whether PMS Premium monies should be ring fenced at locality level (otherwise monies would move across localities) and the

proposed way forward was that the process would be undertaken across the whole CCG. Through commissioning intentions, the CCG would look to invest across all practices in relation to services that all patients should be able to access.

The report then highlighted the risks for the CCG in relation to the PMS review as it took place at a time when the CCG required sign up for activities included in the 'turnaround plans'. There was also significant risk in relation to services that were currently provided in general practice. The review process had led to GP practices examining their current services in relation to whether they were currently remunerated for those services. Additionally, if practices were remunerated, they were reviewing whether the remuneration covered the costs of providing the service. Finally, the report outlined the Governance arrangements for the PMS premium (in the region of £4.2m) which included the establishment of PMS Review group.

During discussion, the Board questioned whether there would be any impact on patient experiences or health inequalities.

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

**RESOLVED** that the update be noted.

**\*209**      **South Devon & Torbay CCG – Progress Update**

The Board received a report from South Devon & Torbay CCG which gave a progress update on various initiatives within the CCG.

In October 2015, a number of senior team members attended the official launch of the new ICO, Torbay and South Devon NHS Foundation Trust (TSDFT). This was the first single organisation in the country responsible for acute and community health and social care.

In relation to Vanguard (urgent and emergency care), following the successful bid for additional support, work was on-going to increase access and choice of urgent and emergency services, with a focus on five high impact workstreams (111, mental health, self-care, shared records and urgent care centres).

The report outlined that, in relation to the Pioneer project, funding had been secured for a dedicated individual to manage the final parts of the Pioneer project as it transitioned into ICO workstreams. A further bid was in the pipeline to fund work to enhance patient support packs and engagement with patients about the new care model.

The report updated the Board on the work with Primary Care Co-Commissioning, including engagement with GP's and the Primary Care Co-Commissioning Committee.

Lastly, the report stated that further engagement was planned for the new year on future models of care.

**RESOLVED** that the progress update be noted.

**OTHER MATTERS**

**\*210**      **References from Committees**

Nil

**\*211 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.

**\*212 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>
<b>Thursday 14 January 2016 @ 2.00pm</b>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Children, Young People and Families)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CYPF Alliance Plan Cranbrook Health and Wellbeing Strategy Delivering Integrated Care Exeter (ICE) Project – Annual Update CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<b>Thursday 10 March 2016 @ 2.00pm</b>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Healthy Lifestyle Choices)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<b>Thursday 9 June 2016 @ 2.00pm</b>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Review / Refresh of Joint Health and Wellbeing Strategy / JSNA)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<b>Thursday 8 September 2016 @ 2.00pm</b>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p>

	<p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<p><b>Thursday 10 November 2016 2.00pm</b></p> <p><b>@</b></p>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<p><b>Thursday 12 January 2017 @ 2.00pm</b></p>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<p><b>Thursday 9 March 2017 @ 2.00pm</b></p>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<p><b>Annual Reporting</b></p>	<p>Integrated Care Exeter (ICE) Project – Annual Update (January) Children’s Safeguarding annual report (September / November) Adults Safeguarding annual report (September / November) Joint Commissioning Strategies – Actions Plans (November)</p>
<p><b>Other Issues</b></p>	<p>Equality &amp; protected characteristics outcomes framework Winterbourne View (Exception reporting)</p>

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

**\*213 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/>

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

**\*214 Dates of Future Meetings**

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

Thursday 14<sup>th</sup> January 2016 @ 2.00pm  
Thursday 10<sup>th</sup> March 2016 @ 2.00pm  
Thursday 9<sup>th</sup> June 2016 @ 2.00pm  
Thursday 8<sup>th</sup> September 2016 @ 2.00pm  
Thursday 10<sup>th</sup> November 2016 @ 2.00pm

Thursday 12<sup>th</sup> January 2017 @ 2.00pm  
Thursday 9<sup>th</sup> March 2017 @ 2.00pm

**\*215 Dates of Future Seminars**

Thursday 11<sup>th</sup> February 2016 @ 10.30am – 4.00pm  
Thursday 13<sup>th</sup> October 2016 @ 10.30am – 4.00pm

Thursday 9<sup>th</sup> February 2017 @ 10.30am – 4.00pm

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

The meeting started at 2.00pm and finished at 4.50pm.

**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](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 January 2016 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:

- Early Years Foundation Score, 2014-15
- Smoking at Time of Delivery, 2014-15
- Teenage Conception Rate, Q3 2014
- Excess Weight in Four / Five Year Olds, 2014-15
- Excess Weight in 10 / 11 Year Olds, 2014-15
- Adult Smoking Prevalence, 2014
- Under 75 Mortality Rate – All Cancers, 2012 to 2014
- Under 75 Mortality Rate – Circulatory Diseases, 2012 to 2014
- Suicide Rate, 2012 to 2014

2.2 71.6% of children achieved a good level of development at school entry, which was significantly above the South West (67.2%), local authority comparator group (67.1%) and England (66.3%) rates.

2.3 In 2014-15, 11.2% of mothers were smoking at time of delivery in the wider Devon area (including Plymouth and Torbay). This compares with 11.9% in the South West, and 11.4% in England.

2.4 There were 201 conceptions in Devon between October 2013 and September 2014 for females aged under 18, with around half leading to a birth. The latest rate (16.3 per 1,000 females) was significantly below South West (19.4), local authority comparator group (20.4) and England (23.3) rates. The rate was the lowest in the local authority comparator group. Rates have dropped significantly in recent years.

2.5 This measure of 'excess weight' covers children classified as overweight or very overweight. In reception year (aged four or five) 22.4% of pupils in Devon were recorded in the excess weight category, compared to 22.3% for the South West, 21.8% for the local authority comparator group, and 21.9% for England. In year six (aged 10 or 11) the Devon rate (28.7%) was below the South West (30.5%), local authority comparator group (31.0%), and England (33.2%) rates.

2.6 The latest figures from the Integrated Household Survey suggest that 13.8% of the adult population in Devon smoke. This is below the South West (16.9%), local authority comparator group (16.8%) and England rate (18.0%). Smoking prevalence rates have dropped in Devon over recent years.

2.7 There are around 1,000 deaths annually due to cancer in under 75s, with an direct age standardised rate of 129.7 per 100,000 for 2012-14. The Devon rate was below the South West (130.5), local authority comparator group (132.1), and England (141.5) rates. Mortality rates continue to fall

2.8 There are around 455 circulatory deaths annually in under 75s, with an direct age standardised rate of 59.1 per 100,000 for 2012-14. The Devon rate was below the South West (65.3), local authority comparator group (65.4) and England (75.7) rates. Rates are falling and inequalities narrowing.

2.9 Around 80 deaths per annum are registered as suicide or injury undetermined (open verdict), with an direct age standardised rate of 10.4 per 100,000. This was above the South West (10.1), local authority comparator group (9.6) and England (8.9) rates. Rates in Devon have typically remained around or slightly above the national rate.

**Table 1: Indicator List and Performance Summary, January 2016**

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 Physical 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 Support 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		
A		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**

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

**Table 2: Priority Area Summaries, January 2016**

Priority	Summary
1. A Focus on Children and Families	Child poverty levels continued to fall in 2013. Recorded levels of child development are above the South West and England averages. Rates of smoking at delivery are falling over time and are amongst the lowest in the South West. Conception rates have fallen sharply, 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 narrow alcohol-related admissions 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. Reablement 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 consistent with 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 below the national average. Quality of life for carers is in line with the national average. Devon had lower levels of people with learning disabilities in stable and appropriate accommodation than the national average, but higher rates for people with mental health issues.



**Table 3: Devon compared with the Local Authority Comparator Group for all Health and Wellbeing outcome measures, January 2016**

Measure	Rates			Significance		LAGG Rank / Position	
	Devon	LAGG	England	LAGG	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	
Feel Supported to Manage own Condition (%)	68.9%	64.2%	63.3%	Better	Better	1 / 16	
Reablement Services Effectiveness (%)	88.8%	82.8%	82.1%	Better	Better	1 / 16	
Low Happiness Score (%)	6.3%	8.0%	9.0%	Similar	Better	1 / 16	
Teenage Conception Rate per 1,000	16.3	20.4	23.3	Better	Better	1 / 16	
Early Years Good Development (%)	71.6%	67.1%	66.3%	Better	Better	2 / 16	
Life Expectancy Gap in Years (Female)	3.3	5.4	6.2	Better	Better	2 / 16	
Circulatory Disease Deaths, under 75	59.1	65.4	75.7	Better	Better	2 / 16	
Excess Weight in Year Six (%)	28.7%	31.0%	33.2%	Better	Better	2 / 16	
Adult Smoking Rate (%)	13.8%	16.8%	18.0%	Better	Better	2 / 16	
Physical Activity (%)	60.3%	58.9%	57.0%	Similar	Better	3 / 16	
Carer Reported Quality of Life	8.100	7.806	7.900	Better	Better	3 / 16	
Child Poverty (%)	12.4%	14.1%	18.6%	Better	Better	5 / 16	
Cancer Deaths, under 75	129.7	132.1	141.5	Similar	Better	6 / 16	
Admission Rate for Accidental Falls	1766.1	1809.9	2011.0	Similar	Better	6 / 16	
Stable Accommodation - MH (%)	60.9%	55.2%	59.7%	Better	Better	8 / 16	
Smoking at Time of Delivery (%)	11.2	12.1	11.4	Better	Similar	9 / 15	
Alcohol Admission Rate (Broad Definition)	1825.6	1854.8	2128.7	Similar	Better	9 / 16	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Excess Weight in Reception Year (%)	22.4%	21.8%	21.9%	Similar	Similar	10 / 16	
Alcohol Admission Rate (Narrow Definition)	628.3	603.2	634.7	Worse	Similar	11 / 16	
Social Connectedness	42.8%	45.4%	44.8%	Worse	Worse	12 / 16	
Stable Accommodation - LD (%)	65.6%	69.9%	73.3%	Worse	Worse	12 / 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	
Suicide Rate	10.4	9.6	8.9	Similar	Worse	13 / 16	
Reablement Services Coverage (%)	1.4%	2.8%	3.1%	Worse	Worse	15 / 16	

### 3. Child Sexual Exploitation

3.1 The Child Sexual Exploitation (CSE) Scorecard has been introduced with indicators being developed by partners, including the roll out of the CSE assessment tool within Children's Social Care and the addition of a CSE marker in Police crime recording. The scorecard is being shared with the Devon Safeguarding Children Board (DSCB) subgroup on a quarterly basis.

3.2 Devon and Cornwall Police have led the creation of a Child Sexual Abuse and Exploitation Serious and Organised Crime Local Profile for Devon. This builds Peninsular Overview Document created in 2015. The profile is currently being circulated to partners for comments and will then be used by both the police and the DSCB CSE Sub Group to shape future work.

3.3 In a detailed analysis of CSE reported in Devon to Devon and Cornwall Police, peer-to-peer has been identified as the most common victim and offender relationship. The majority of young people identified as having been victims of CSE had a history of going missing from home or care. This highlights the importance of 'return home' support for young people who go missing in order to reduce their risk of harm. In the last 12 months the REACH team in Devon have conducted 357 return home interviews, 101 of these young people being victims of child sexual exploitation.

### 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.

**Dr Virginia Pearson**  
**DIRECTOR OF PUBLIC HEALTH**  
**DEVON COUNTY COUNCIL**

### **Electoral Divisions: All**

Cabinet Member for Health and Wellbeing: Councillor Andrea Davis

Contact for enquiries: Simon Chant  
Room No 155, County Hall, Topsham Road, Exeter. EX2 4QU  
Tel No: (01392) 386371

Background Papers  
Nil

**A Focus on Families**  
**Report of the Director of Public Health**

**Recommendation:** It is recommended that the Devon Health and Wellbeing Board note the report and discuss in conjunction with the item on the Children Young People and Families Alliance.

**1. Context**

This priority area from the Joint Health and Wellbeing Strategy is centred on giving children the best possible start in life, with early family intervention and support where needed.

**2. 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. This covers all indicators under the priority 'a focus on families' and the two excess weight in childhood indicators under the 'healthy lifestyle choices' priority.

**Figure 1, Devon Health and Wellbeing Outcomes Report, Child Health Indicators**

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		
	R	Hospital Admissions for Self-Harm, Aged 10-24	Improve		
2. Healthy Lifestyles	A	Excess Weight in Four / Five Year Olds *	Chall		
	A	Excess Weight in 10 / 11 Year Olds *	Chall		

**RAG Rating Key**

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

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

- **Children in Poverty** – 15,215 children (12.4%) in Devon live in households dependent on benefits or tax credits, compared with 14.8% in the South West and 18.6% nationally. Rates at a district level range from 10.5% in East Devon to 15.6% in Torridge. Rates are typically five times higher in the most deprived areas. Rates at a district level range from 10.5% in East Devon to 15.6% in Torridge.
- **Early Years Foundation Score** – In 2015, 71.6% of children in Devon achieved a good level of development at school entry, which was significantly above the South West (67.2%), local authority comparator group (67.1%) and England (66.3%) rates. Within Devon this varied from 63.9% in Torridge to 74.7% in the South Hams. Rates increased from 63.8% in 2013, and 67.8% in 2014. Rates are significantly higher for girls than boys and are lower in more deprived areas.
- **Smoking at Time of Delivery** – In the year 2014-15, 11.2% of mothers were smoking at time of delivery in Devon. This compares with 11.9% in the South West, and 11.4% in England. Nationally data are no longer reported on a local authority basis but on a CCG basis. The higher Devon rate in 2013-14 and 2014-15 is influenced by higher rates in Torbay and Plymouth. Rates have fallen over recent years.
- **Teenage Conception Rates** – There were 201 conceptions in Devon between October 2013 and September 2014 for females aged under 18, with around half leading to a birth. The latest rate (16.3 per 1,000 females) was significantly below South West (19.4), local authority comparator group (20.4) and England (23.3) rates. The rate was the lowest in the local authority comparator group. Higher rates are seen in Exeter, Mid Devon and Teignbridge but the differences are not statistically significant.

- **Hospital Admissions for Self-Harm, aged 10 to 24** – 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. Within Devon rates were highest in Exeter, and lowest in the South Hams.
- **Excess Weight in Children aged 4 or 5** – This measure of 'excess weight' covers children classified as overweight or very overweight. In reception year (aged four or five) 22.4% of pupils in Devon were recorded in the excess weight category, compared to 22.3% for the South West, 21.8% for the local authority comparator group, and 21.9% for England. Within Devon no areas were significantly above the national rate. Rates decreased on 2013-14 levels.
- **Excess Weight in Children aged 10 or 11** – In year six (aged 10 or 11) 28.7% of pupils in Devon were recorded in the excess weight category, which was below the South West (30.5%), local authority comparator group (31.0%), and England (33.2%) rates. The rates in the East Devon, North Devon, the South Hams and Teignbridge were significantly below the national rate. Rates decreased on 2013-14 levels.

### 3. Summary

There has been a marked improvement in areas such as smoking at time of delivery and the teenage conception rate but areas such as children in poverty and excess weight in children remain a challenge. A self-harm health needs assessment has been undertaken to support the Board and Commissioners to understand the issue and impact locally to inform future commissioning decisions and local action.

### 4. 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.

### 5. Legal Considerations

There are no specific legal considerations identified at this stage.

### 6. Risk Management Considerations

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

### 7. Options/Alternatives

N/a

### 8. 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

**Dr Virginia Pearson**  
**DIRECTOR OF PUBLIC HEALTH**  
**DEVON COUNTY COUNCIL**

### Electoral Divisions: All

Cabinet Member for Health and Wellbeing: Councillor Andrea Davis

Contact for enquiries: Tina Henry Room No 148, County Hall, Topsham Road, Exeter. EX2 4QU  
Tel No: (01392) 386383

Background Papers  
Nil

## **DEVON CHILDREN, YOUNG PEOPLE AND FAMILIES ALLIANCE**

Report of Lead Member for Children, Schools and Skills Cllr. James McInnes and Strategic Director People Jennie Stephens

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

### **Recommendation:**

- the Board considers the Children, Young People and Families Alliance Plan
- the Board commits to support the implementation of the Children, Young People and Families Alliance Plan
- the Board considers the suggested accountability mechanisms between the Health and Wellbeing Board and the Children, Young People and Families Alliance

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

The Children Young People and Families Alliance (the Alliance) is a partnership of all organisations and services that work with and for children, young people and families in Devon. The aim of the Alliance is to work better together to improve things for all children and young people in Devon. In Devon the Alliance fulfils the Statutory 'Duty to Cooperate'<sup>1</sup>.

An Executive group has been established to provide a formalised structure within the wider Children, Young People and Families Alliance. The Executive group is responsible for taking forward the work of the Alliance by giving strategic leadership and direction, acting collectively as a partnership and driving change.

The Executive group consists of representatives from DCC, a nominated representative of the Chief Constable Devon & Cornwall Police, a representative of NEW Devon Clinical Commissioning Group, a representative of South Devon and Torbay Clinical Commissioning Group, two elected Voluntary Community Sector representatives, three representatives from schools (primary, secondary and special schools), a representative from the Department for Work and Pensions and a representative from District Councils.

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<sup>1</sup> The Statutory requirement for local authorities and their partners to have a Children's Trust and the wider 'Duty to Cooperate' remains in place (Children Act 2004). There is flexibility in terms of how this is implemented in a local context including flexibility around the development and publication of a Children and Young People's Plan.

In order to provide an overall strategy for Children, Young People and Families in Devon a five year [Children, Young People and Families Plan “My Life, My Journey”](#) has been developed by the Executive. The Plan has been developed based on existing needs assessments (e.g. the Joint Strategic Needs Assessment), engagement events with Children and Young People and input from partners of the Alliance.

The overall aim of the Plan is:

***“We want Devon to be the best County for children and young people. A place where they can grow up healthy and happy, lead fulfilling lives in caring communities and view Devon as a place they want to stay in their adult lives”.***

The Alliance Plan has the following 6 priorities for the next 5 years:

- **Safe**
- **Resilient**
- **Thrive**
- **Active**
- **Connect**
- **Give.**

During the first year of implementation (2015-2016) the Executive has chosen the following outcomes as the priorities which the Executive group will focus on with a view to improving these outcomes:

- ***Resilient; Children in Devon enjoy good mental health and emotional wellbeing***
- ***Thrive; Young people and their parents have excellent economic prospects in Devon***
- ***Connect; Young people influence the decisions that affect them***

## **2. Proposal**

It is proposed that the Health and Wellbeing Board (H&WB) considers the Children, Young People and Families Alliance Plan and commits to support the implementation of the Plan.

In order to ensure that the work of the Alliance and the H&WB is well aligned and the actions taken by each are mutual reinforcing, the following accountability mechanisms between these 2 governing bodies are suggested:

- The Joint Strategic Needs Assessment (JSNA) is a key input for The Children, Young People and Families Alliance Plan and the yearly refresh of the Alliance Plan.
- The Health and Wellbeing Board stays informed about the activities and strategy of the Alliance by inviting the chair of the Alliance to present to the Health and Wellbeing Board once a year.
- The Alliance stays informed about the activities and strategy of the Health and Wellbeing Board by inviting the chair of the Health and Wellbeing Board to present to the Alliance Executive once a year.

## **Financial Considerations**

There are no direct financial implications of the Children, Young People and Families Alliance Plan, however the ambition is that by strengthening partnership-working and by better coordinating work across different organisations in Devon it will be possible to achieve significant efficiencies for all organisations involved and better value for money outcomes for Devon's children, young people and families.

## **Legal Considerations**

There are no specific legal considerations.

## **Environmental Impact Considerations**

There are no specific Environmental Impact Considerations.

## **Equality Considerations**

Equality is one of the four vital principals that underpin the entire Alliance Plan. The Alliance is committed to closing the gap between vulnerable children and others. These include children in care, care leavers, disabled children, those with domestic abuse or substance abuse, Lesbian, Gay, Bisexual or Transgender (LGBT), Black or Minority Ethnic (BME), lone parents, teenage mothers or pregnant teenagers or from a low income background.

The Executive Group of the Alliance will continuously work to ensure equality considerations are mainstreamed into the work of the Alliance. The Executive Group will furthermore work with Children and Young People to ensure that the work of the Alliance and the Alliance Plan is informed by Children and Young People in Devon.

## **Risk Management Considerations**

The 2004 Children Act outlines a statutory duty to cooperate for local areas and in Devon the Children, Young People and Families Alliance fulfils this duty. It is therefore of key importance that the Children, Young People and Families Alliance is an effective and efficient partnership that delivers on the outcomes set out in the Alliance Plan.

## **Public Health Impact**

Several of the priority outcome areas in the Alliance Plan relate to Public Health e.g. Resilient, Active, Give and the ambition is that the implementation of the Plan will make a positive contribution to Public Health outcomes.

Cllr. James McInnes/Jennie Stephens  
Lead Member for Children, Schools and Skills/ Strategic Director People

## **BETTER CARE FUND – 2015/16 PERFORMANCE REPORTING**

**Recommendation:** That the Board note the report.

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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 (JCCG) 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 Second Quarter Return**

The BCF 2015 /16 Second Quarter Return was successfully submitted on the 27<sup>th</sup> November 2015. There is an action plan for its completion and the JCCG is monitoring its progress, which is currently on track.



BCF Quarter 2  
Narrative Final v1.0.p

The Quarter 3 submission plan has been drafted and is being actively monitored by JCCG. The completed return for Quarter 3 will be reported to Health and Wellbeing Board at the meeting in March 2016.

### **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 – December 2015 Updates"



**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	Previous Month		
		-1	-2	-3
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	Behind			
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		
		Plan	-1	-2
Avoidable emergency admissions	Behind			
Residential admissions	On Track			
Patient and service user experience	On Track			
Reablement effectiveness	On Track			
Dementia diagnosis	Behind			
Delayed transfers of care	Behind			

Figure 2: BCF performance summary table.

**Dementia Diagnosis:**

Our local metric is Dementia Diagnosis with an emphasis on improving identification and access to appropriate support services. The rate has steadily been increasing throughout the year, although delays in the agreement around the national indicator have impacted the reporting of this. Performance data is now being provided by NHS England although data collection system issues continue to be addressed. The reported updated performance for October 2015 showed continued progress at 58% and this is expected to exceed 60% at the next official data release.

An action plan is in place to continue to improve identification, including work with GP practices and care homes. The importance to the BCF, of dementia diagnosis, has helped to provide focus upon activities in this area and a detailed review of the existing contract arrangements being undertaken. This is helping to improve current practice and shape the design of the service for the provision of the new contract.

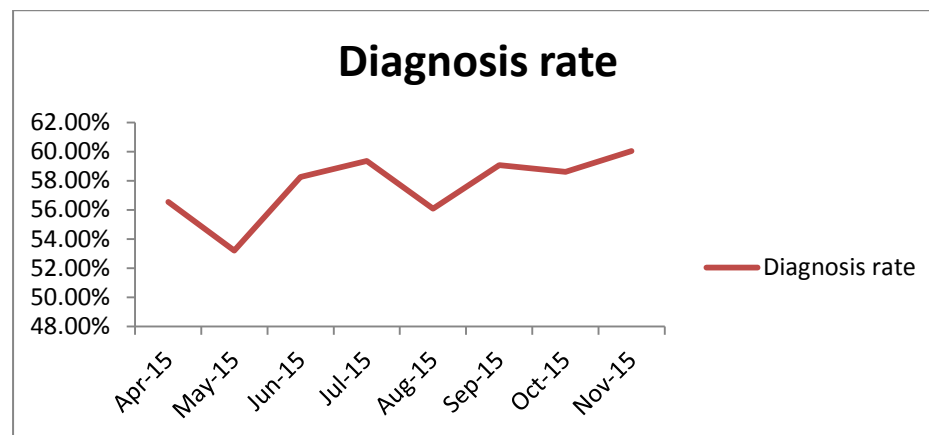


Figure 3: Dementia Diagnosis data figures (Internal data January 2016).

**Permanent admissions to residential and nursing care (ASCOF 2A part 2) and 91 days Reablement effectiveness (ASCOF 2B part 1);**

There has been a change in the national definitions and local methodologies to capture these. Data flows, baseline and trajectory have now been updated the initial data showed a dip in performance however the current performance data shows that we are on track to meet our targets in both areas

**Delayed Transfer of Care:**

New guidance issued by NHS England. Local acute hospital providers are aware and are now in the process of revising the existing practice for recording and reporting to comply with the new guidance. This should result in more consistent reporting between providers and improve the ability to benchmark with other areas.

**5. Financial Position:**

Devon County Council is the responsible accounting body for the Better Care Fund.

Performance against budget is monitored by the JCCG on a monthly basis. The latest year end forecast (based on end November results) is projecting a £1.071m underspend (excluding performance fund and accounting capitalisation adjustments). This amounts to 1.9% of the annual budget.

Savings have arisen through:

- Lower than expected demand for carers' services. This is viewed as a short term effect as the carer community become familiar with the new offer to Carers.
- Efficiency measures within the community equipment contract, where new purchases of major equipment have been reduced following the release of equipment from Devon County Council's in-house Care Homes.
- Lower than expected spending on Assistive Technology.

BCF underspends will be distributed to Partners based on gain/risk share arrangements established in the framework agreement. Partners have agreed to collectively allocate £350,000 of 2015/16 savings to support investment in Rapid Response services in 2016/17.

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, Non Elective admissions and Dementia Diagnosis which are supported by the current operational plans of both CCG's.

Tim Golby  
Devon County Council  
Paul O'Sullivan  
NEW Devon CCG

**Electoral Divisions:** All

Strategic Director, People: Jennie Stephens  
Contact for Enquiries: Andy Goodchild, Programme Manager, The Annexe,  
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01392 383000

# BCF Quarter 2 Narrative

## **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 managing director responsible for urgent care in NEW Devon CCG provides the link between the work of the south west peninsula urgent care network and the Devon BC. 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**

As reported earlier in the report work on the National Conditions work continues and all are planned to be in place by the end of financial year 2015/16. These plans 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.

# Narrative continued

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.

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. Work on implementing this strategy 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 has steadily been increasing throughout the year, although delays in the agreement around the national indicator have impacted the reporting of this. 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

## 15TH DECEMBER 2015

### FULL 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 within 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. Re-ablement service effectiveness at 91 days is currently above regional and national rates and remain around the 90% mark at the end of 2014-15. Higher levels of delayed transfers of care are seen in Devon, with rates increasing over the last year. 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

Full indicator updates for re-ablement services (effectiveness and coverage), patient/service user experience and care home admissions for 2014-15. Permanent admissions to care homes, re-ablement services (effectiveness), and delayed transfers of care (October 2015). Provisional dementia diagnosis rate included (locally calculated figures for April to November 2015).

#### Joint Commissioning Indicator List and Summary

Theme	RAG	Indicator	Latest Month	2014-15	Annual Trend	Comp*
Overarching	A	Non-Elective Admissions (rate)	2603.3	2740.4		
Supporting	G	Care home admissions*	507.3	601.8		
	G	Re-ablement (effectiveness)*	92.8%	88.8%		
	-	Re-ablement (coverage)*	-	1.4%		
	R	Delayed transfers of care	660.0	604.7		
	-	Avoidable emergency admissions	1587.9	1782.1		
	-	Patient/service user experience*	-	68.5%		
Local	R	Dementia Diagnosis Rate	60.0%	56.5%		

\* 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 (Q3 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%	<2535.8	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%	>2662.6		>294.4			<62.0%

Activity								
Month	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	1748.6	572.9	134.0	366.7	56.6%
May-15	443.3	83.6%	2672.4	1714.7	489.1	136.2	313.1	53.2%
Jun-15	516.4	84.2%	2636.6	1674.6	615.3	117.7	445.1	58.3%
Jul-15	521.2	83.1%	2691.1	1638.9	597.6	88.3	458.8	59.4%
Aug-15	522.9	81.2%	2681.4	1602.8	698.6	115.7	520.0	56.1%
Sep-15	514.8	91.7%	2633.7	1603.1	659.1	111.2	485.9	59.1%
Oct-15	507.3	92.8%	2603.3	1587.9	660.0	156.3	442.9	58.6%
Nov-15								60.0%
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

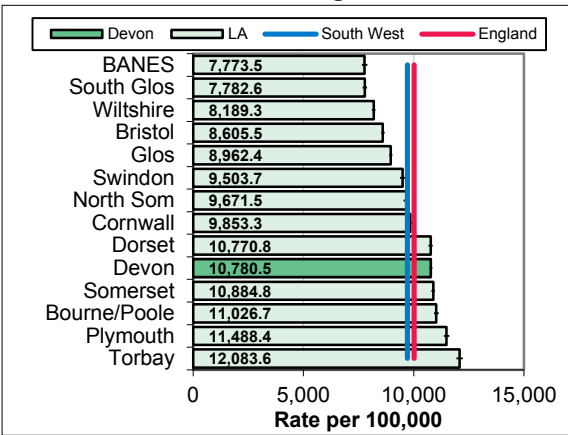
**Indicator:** All Non-Elective Admissions

**Period:** 2013-14

**Overview**  
 There were around 81,700 non-elective admissions in Devon during 2013-14. The crude rate per 100,000 population in Devon was 10780.5 which was significantly above the South West (9715.4), local authority comparator group (9733.3), and England (10014.3) rates. The age structure of the population and transfers to community hospitals influence this in Devon. Admission rates have increase over recent years.

**Equalities**  
 Breakdowns by equality characteristics are not currently available for this measure. However, non-elective admission rates tend to higher in more deprived communities and also increase with age.

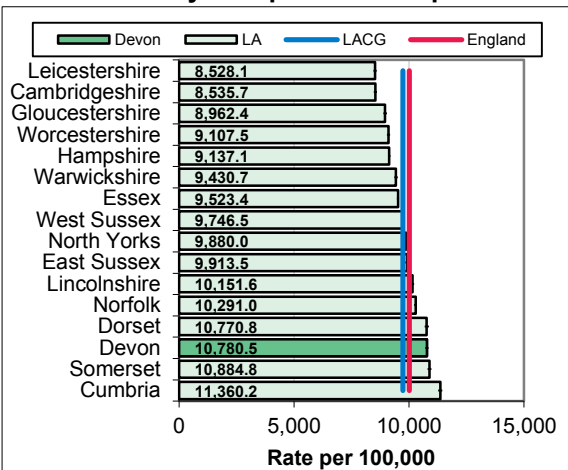
**South West Benchmarking**



**Local Authority District**

NOT CURRENTLY AVAILABLE  
 AT A LOCAL LEVEL

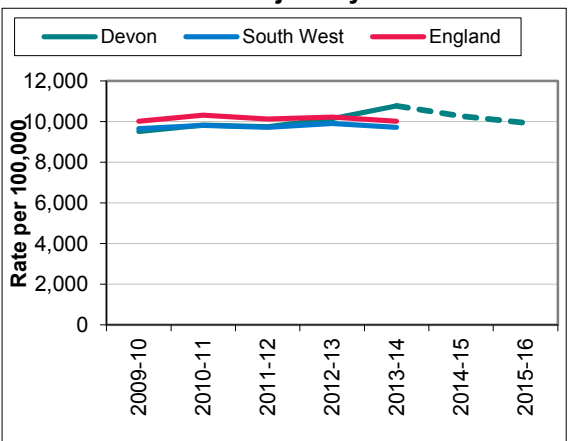
**Local Authority Comparator Group**



**CCG and Locality Comparison**

NOT CURRENTLY AVAILABLE  
 AT A LOCAL LEVEL

**Trend and Future Trajectory**



**Inequalities (Deprivation)**

NOT CURRENTLY AVAILABLE  
 AT A LOCAL LEVEL



## DEVON BETTER CARE FUND OUTCOMES REPORT

### INDICATOR SPECIFICATION

**Indicator:** All Non-Elective Admissions

**Period:** 2013-14

<b>Description</b>	Number of non-elective hospital admissions (general and acute) per 100,000 population
<b>Source</b>	MAR (Monthly Activity Returns)
<b>Update Frequency</b>	Annually
<b>Outcomes Framework</b>	MAR (Monthly Activity Returns)
<b>Detailed Specification</b>	Detailed specification to be added.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Not currently available.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Not currently available.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time. Trajectory is BCF target (10272.0 for 2014-15, 9945.0 for 2015-16).
<b>Chart Notes Inequalities</b>	Not currently available.



# DEVON BETTER CARE FUND OUTCOMES REPORT

**Indicator:** Permanent Admissions to Care Homes (over 65)

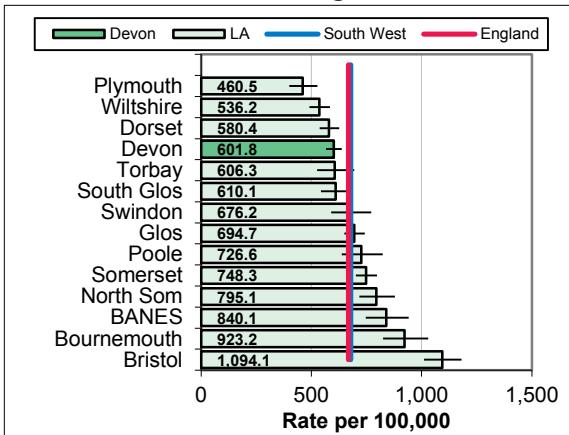
**Period:** 2014-15

**\*UPDATED INDICATOR\***

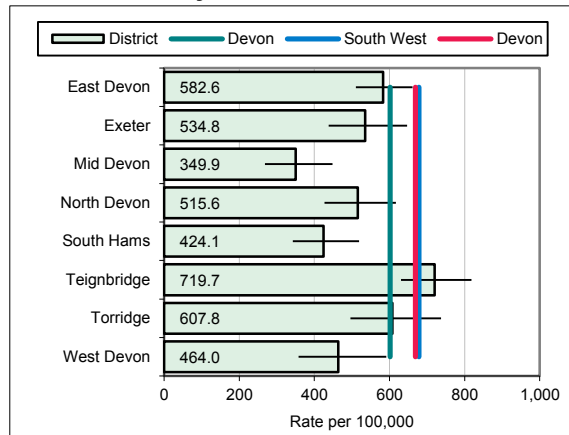
**Overview**  
 There were 1119 permanent admissions to care homes in 2013-14. The rate per 100,000 aged 65 and over in Devon was 601.8 which is significantly below the South West (678.2), local authority comparator group (643.0), and England (668.8) rates. Care home admission rates increased between 2013-14 and 2014-15. Within Devon rates were highest in Teignbridge (719.7) and lowest in Mid Devon (349.9).

**Equalities**  
 Whilst the highest permanent admission to care home rates are seen in the most deprived communities of Devon, the rate has fallen substantially in these areas over recent years, from 1420.4 in 2012-13 to 1117.1 in 2013-14 and 784.4 in 2014-15.

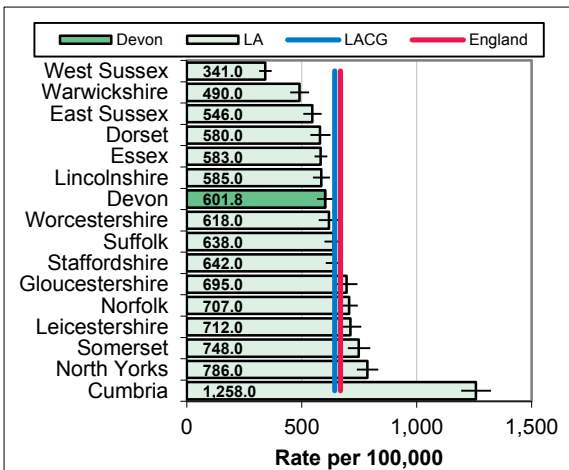
### South West Benchmarking



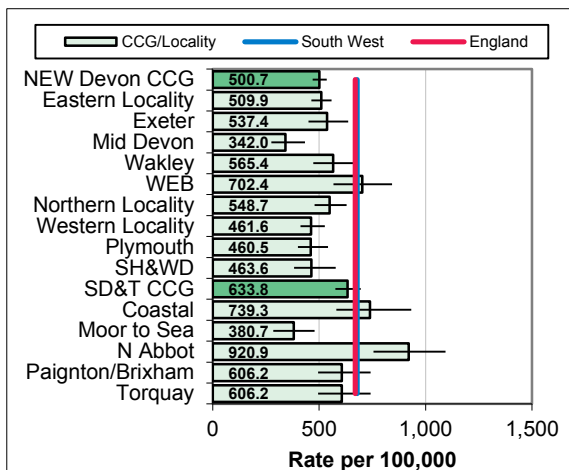
### Local Authority District



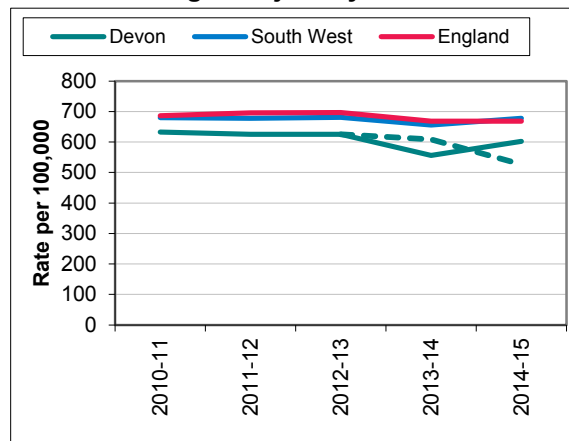
### Local Authority Comparator Group



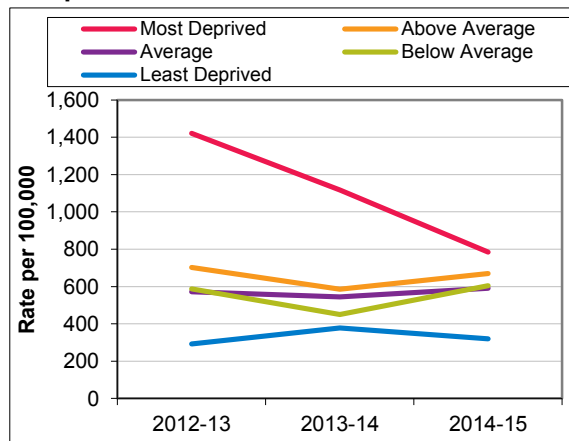
### CCG and Locality Comparison



### Trend and Target Trajectory



### Inequalities



## DEVON BETTER CARE FUND OUTCOMES REPORT

### INDICATOR SPECIFICATION

**Indicator:** Permanent Admissions to Care Homes (over 65)

**Period:** 2014-15

<b>Description</b>	Number of permanent admissions to residential and nursing care homes per 100,000 population aged 65 and over
<b>Source</b>	Adult Social Care Combined Activity Return. National Adult Social Care Intelligence Service (SW Benchmarking, Trend and Comparator Group) DCC Management Information Team (District, Inequalities and CCG / Locality Comparison)
<b>Update Frequency</b>	Annually around seven months in arrears, 2015-16 due in October 2016.
<b>Outcomes Framework</b>	Adult Social Care Outcomes Framework Indicator 2A Part 2
<b>Detailed Specification</b>	People counted as a permanent admission include Residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met, and supported residents in local authority staffed care homes for residential care, independent sector care homes for residential care; and registered care homes for nursing care. It also includes residential or nursing care which is of a permanent nature and where the intention is that the spell of care should not be ended by a set date.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Displays rates for the two Clinical Commissioning Groups in the wider Devon area, their localities, and their sub-localities. This is based on the geographic areas defined at Lower Super Output Area level <a href="http://www.devonhealthandwellbeing.org.uk/library/maps">www.devonhealthandwellbeing.org.uk/library/maps</a> . Error bar is 95% confidence interval.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time. Trajectory is BCF target (526.5 for 2014-15, 514.8 for 2015-16).
<b>Chart Notes Inequalities</b>	Rates cannot currently be calculated at a local level.

**Indicator: Re-ablement Services (Effectiveness)**

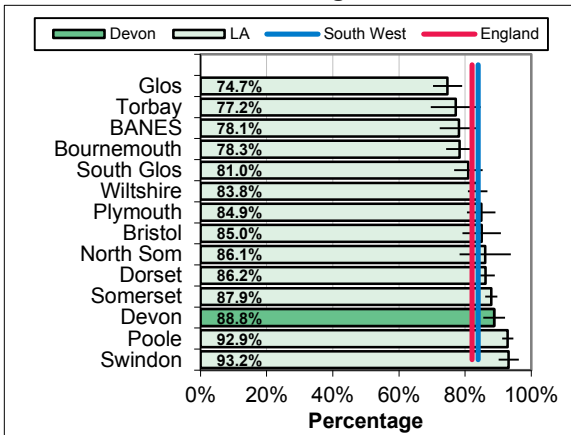
**Period: 2014-15**

**\*UPDATED INDICATOR\***

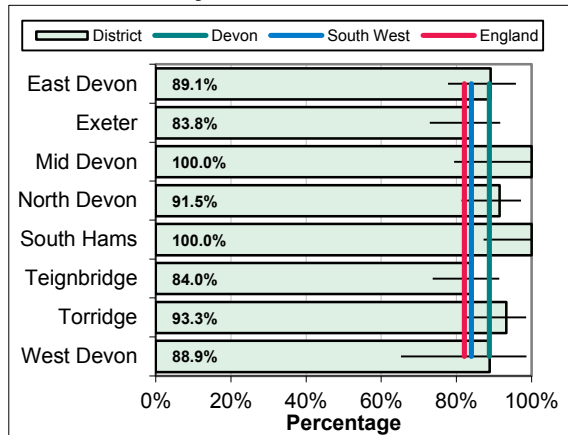
**Overview**  
 In 2014-15, reablement services were effective for 88.8% of older people who received the service in Devon, which was significantly higher than the South West (84.0%), local authority comparator group (82.8%) and England (82.1%). The rate decreased slightly from 89.8% in 2013-14. Within Devon the highest rates were seen in Mid Devon and the South Hams (100.0%).

**Equalities**  
 There is no significant link between the effectiveness of reablement services and deprivation levels in Devon.

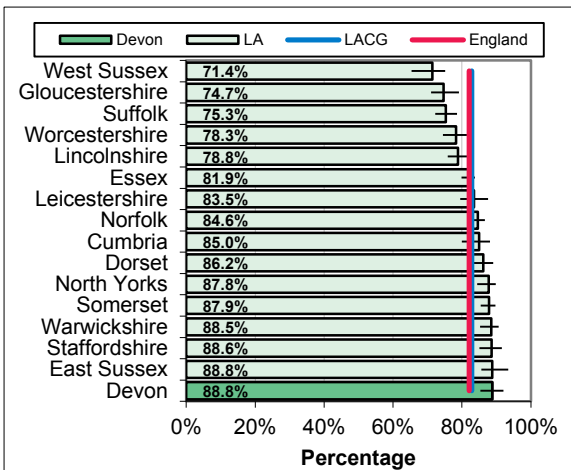
**South West Benchmarking**



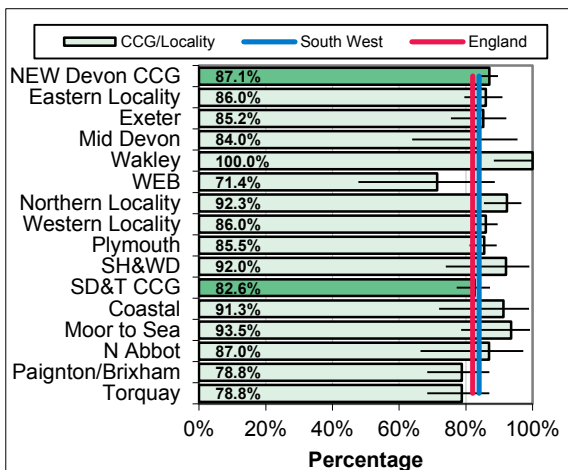
**Local Authority District**



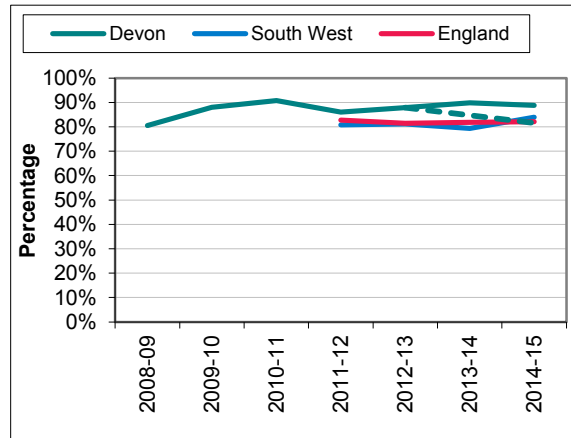
**Local Authority Comparator Group**



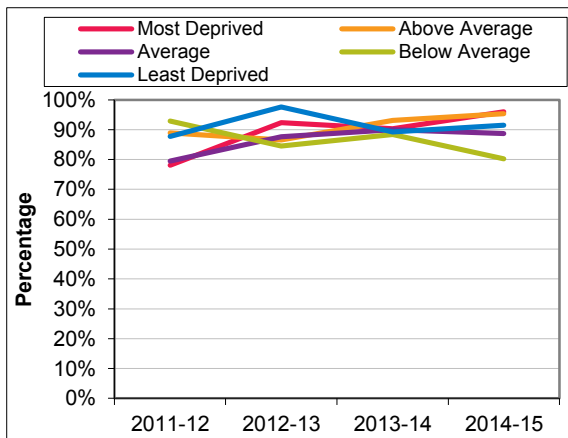
**CCG and Locality Comparison**



**Trend and Target Trajectory**



**Inequalities**



## DEVON BETTER CARE FUND OUTCOMES REPORT

### INDICATOR SPECIFICATION

**Indicator:** Re-ablement Services (Effectiveness)

**Period:** 2014-15

<b>Description</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
<b>Source</b>	Adult Social Care Combined Activity Return. National Adult Social Care Intelligence Service (SW Benchmarking, Trend and Comparator Group) DCC Management Information Team (District, Inequalities and CCG / Locality Comparison)
<b>Update Frequency</b>	Annually around seven months in arrears, 2015-16 due in October 2016.
<b>Outcomes Framework</b>	Adult Social Care Outcomes Framework Indicator 2B Part 1
<b>Detailed Specification</b>	The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Displays rates for the two Clinical Commissioning Groups in the wider Devon area, their localities, and their sub-localities. This is based on the geographic areas defined at Lower Super Output Area level <a href="http://www.devonhealthandwellbeing.org.uk/library/maps">www.devonhealthandwellbeing.org.uk/library/maps</a> . Error bar is 95% confidence interval.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time. Trajectory is BCF target (84.7% for 2013-14, 81.5% for 2014-15 and 2015-16).
<b>Chart Notes Inequalities</b>	Compares areas within Devon based on area deprivation. National deprivation quintiles from the 2010 Indices of Deprivation (Index of Multiple Deprivation) used.



**DEVON BETTER CARE FUND OUTCOMES REPORT**

**Indicator:** Re-ablement Services (Coverage)

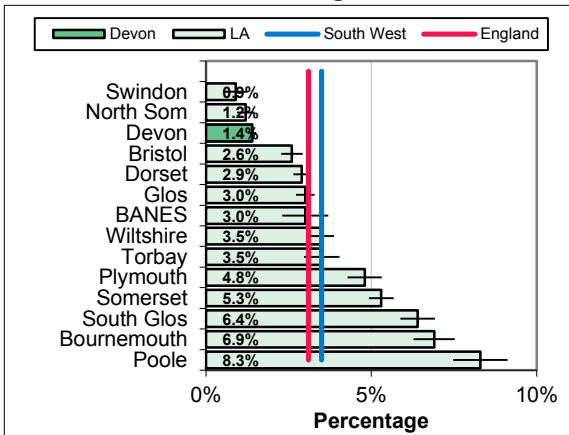
**Period:** 2014-15

**\*UPDATED INDICATOR\***

**Overview**  
 In 2014-15 1.4% of older people discharged from hospital in Devon were offered reablement services which was significantly lower than the South West (3.5%), local authority comparator group (2.8%) and England (3.1%) rates. Rates decreased from 2.0% in 2013-14.

**Equalities**  
 Not currently available at a local level.

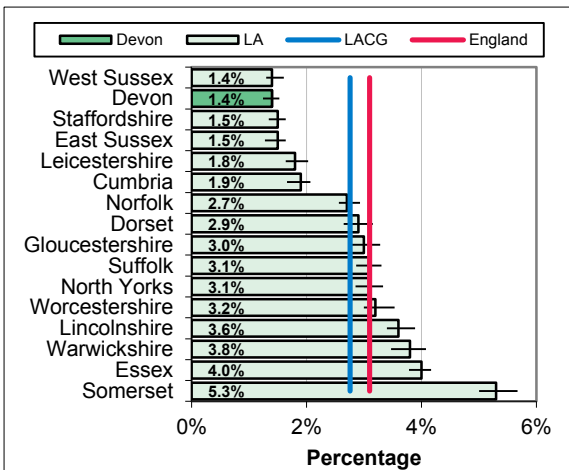
**South West Benchmarking**



**Local Authority District**

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

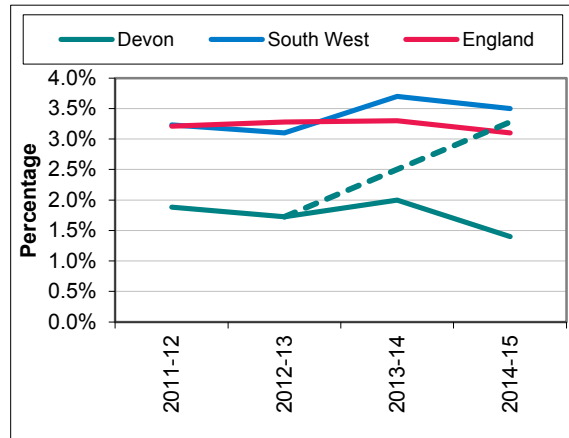
**Local Authority Comparator Group**



**CCG and Locality Comparison**

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

**Trend and Target Trajectory**



**Inequalities**

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

## DEVON BETTER CARE FUND OUTCOMES REPORT

### INDICATOR SPECIFICATION

**Indicator:** Re-ablement Services (Coverage)

**Period:** 2014-15

<b>Description</b>	Proportion of older people (65 and over) offered reablement services following discharge from hospital.
<b>Source</b>	Adult Social Care Combined Activity Return and Hospital Episode Statistics. National Adult Social Care Intelligence Service (South West Benchmarking, Trend and Local Authority Comparator Group)
<b>Update Frequency</b>	Annually around seven months in arrears, 2015-16 due in October 2016.
<b>Outcomes Framework</b>	Adult Social Care Outcomes Framework Indicator 2B Part 2
<b>Detailed Specification</b>	The number of older people (65 and over) offered reablement services as a proportion of the total number of older people discharged from hospitals based on Hospital Episode Statistics (HES)
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Rates cannot currently be calculated at a local authority district level.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Rates are not currently available at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time. Trajectory is local target to boost coverage (2.50% for 2013-14, 3.28% for 2014-15 and 2015-16).
<b>Chart Notes Inequalities</b>	Rates cannot currently be calculated at a local level.



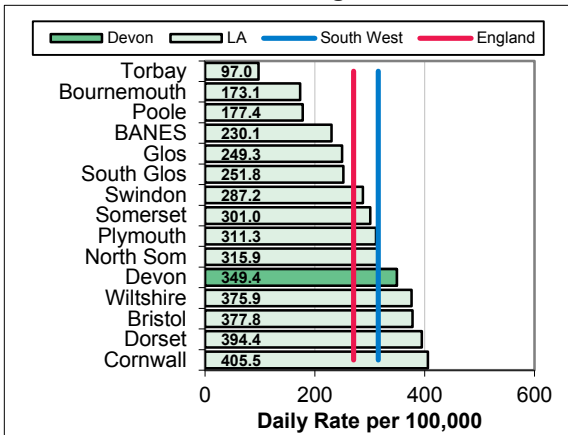
**Indicator:** Delayed Transfers of Care

**Period:** 2013-14

**Overview**  
 Devon had an average of 349.4 days of delayed transfers of care 100,000 population aged 18 and over per month compared with 315.4 in the South West, 300.6 in the local authority comparator group and 270.4 in England for the latest available year. The rate fell from 360.3 in 2012-13 to 349.4 in the latest 12 months.

**Equalities**  
 Delayed transfers of care are more likely affect groups who are more frequently hospitalised, with higher rates in older age groups, and a greater number of females affected. Persons living alone and those who are socially isolated are more likely to be affected by delayed, as are those with more complex support needs.

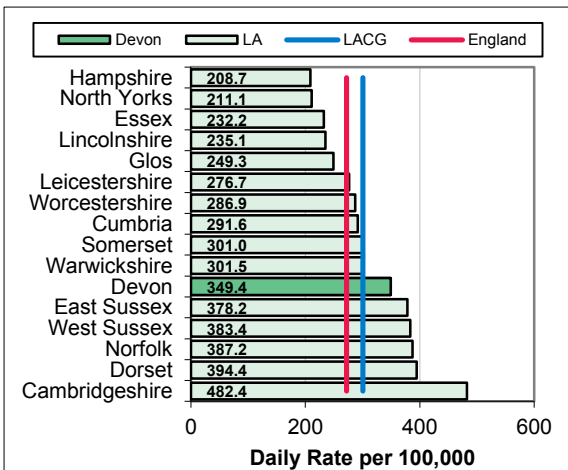
**South West Benchmarking**



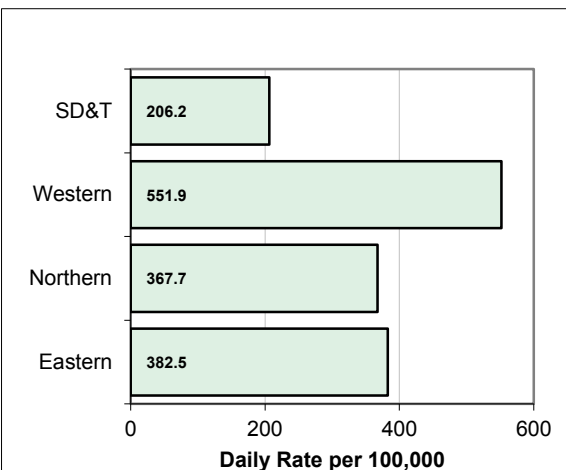
**Local Authority District**

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

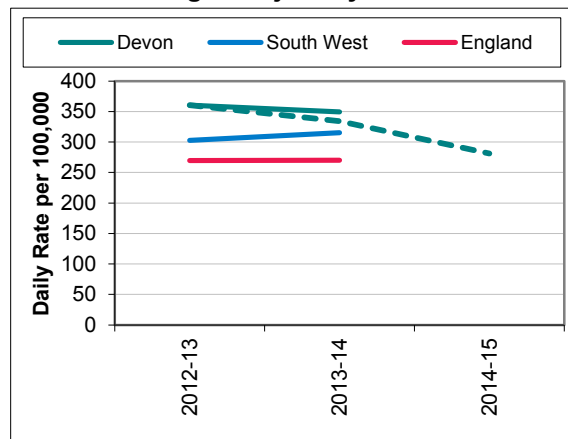
**Local Authority Comparator Group**



**CCG and Locality Comparison (Sep-2014)**



**Trend and Target Trajectory**



**Inequalities**

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL



## DEVON BETTER CARE FUND OUTCOMES REPORT

### INDICATOR SPECIFICATION

**Indicator:** Delayed Transfers of Care

**Period:** 2013-14

<b>Description</b>	Average monthly number of days of delayed transfers of care per 100,000 population aged 18 and over
<b>Source</b>	Health and Social Care Information Centre Indicator Portal: <a href="http://www.indicators.ic.nhs.uk/webview/">http://www.indicators.ic.nhs.uk/webview/</a>
<b>Update Frequency</b>	Annually around seven months in arrears, 2015-16 due in October 2016.
<b>Outcomes Framework</b>	Adult Social Care Outcomes Framework Indicator 2c
<b>Detailed Specification</b>	Numerator is average number of acute and non-acute days of delayed transfers of care (18+) per month is calculated from the MSitDT data by taking the patient snapshot figures for each month in 2012-13 (number of patients with a delayed Transfer of care at midnight on Thursday) and dividing by 12. Denominator taken from population figures for those aged 18 and over. Crude rate per 100,000 (numerator divided by denominator multiplied by 100,000).
<b>Chart Notes South West</b>	Compares Former Primary Care Trusts in the South West Region. Error bar not calculable.
<b>Chart Notes Local Authority</b>	Rates cannot currently be calculated at a local authority district level.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar not calculable.
<b>Chart Notes CCG/Locality</b>	Rates are not currently available at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time. Trajectory is BCF target (281.3 for 2014-15, 280.4 for 2015-16).
<b>Chart Notes Inequalities</b>	Rates cannot currently be calculated at a local level.



# DEVON BETTER CARE FUND OUTCOMES REPORT

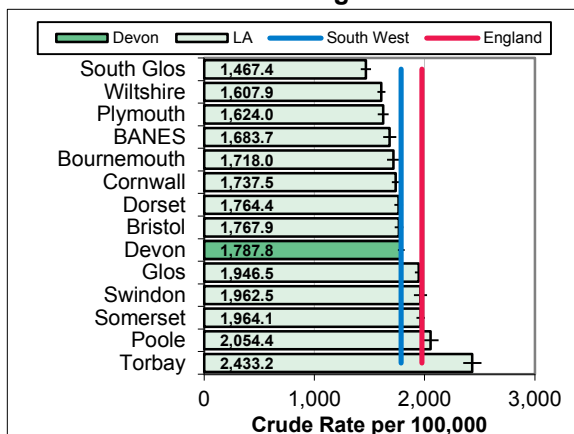
**Indicator:** Avoidable Emergency Admissions (Crude Rate)

**Period:** 2013-14 rolling year (Oct-12 to Sep-13)

**Overview**  
 In the period from October 2012 to September the rate of avoidable emergency admissions per 100,000 population was 1787.8 in Devon, which was in line with the South West rate (1786.6), but significantly below the local authority comparator group (1867.2) and England (1976.3) rates. Admission rates are higher in older age groups, which means that there is a tendency for areas with older age profiles to have higher rates, hence the lower rates in urban areas.

**Equalities**  
 Local breakdowns by equality and inequality characteristics are still in development. Previous analyses of avoidable admission rates reveal higher admission rates in older age groups and in males. Admission rates also tend to be higher in areas with higher levels of social deprivation.

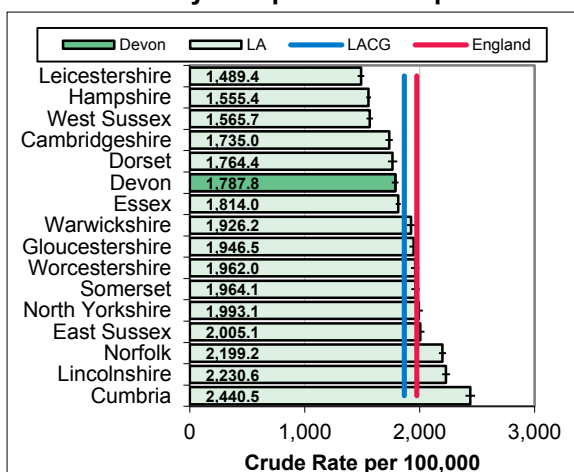
## South West Benchmarking



## Local Authority District

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

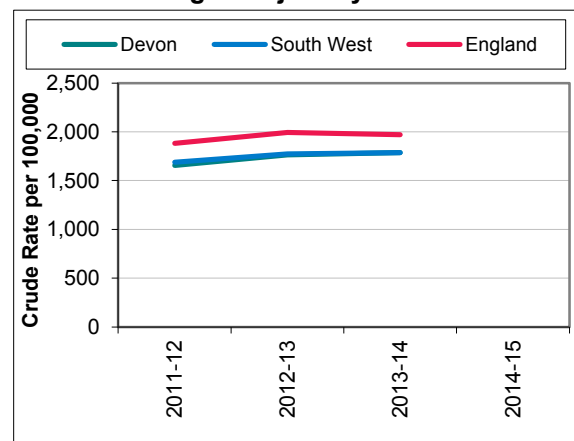
## Local Authority Comparator Group



## CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

## Trend and Target Trajectory



## Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

## DEVON BETTER CARE FUND OUTCOMES REPORT

### INDICATOR SPECIFICATION

**Indicator:** Avoidable Emergency Admissions (Crude Rate)

**Period:** 2013-14 rolling year (Oct-12 to Sep-13)

<b>Description</b>	Crude rate of avoidable emergency admissions to hospital per 100,000 population
<b>Source</b>	Better Care Fund Historical, Baseline and Denominator Data <a href="http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/">http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/</a>
<b>Update Frequency</b>	To be confirmed (rolling annual rate)
<b>Outcomes Framework</b>	NHS Outcomes Framework (composite of four measures relating to avoidable hospital admissions)
<b>Detailed Specification</b>	This is a composite measure of four NHS outcomes framework indicators, namely unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages), unplanned hospitalisation for asthma, diabetes and epilepsy in children, emergency admissions for acute conditions that should not usually require hospital admission (all ages), and emergency admissions for children with lower respiratory tract infection. This is a crude rate which divides the number of admissions by the total population and multiplies it by 100,000.
<b>Chart Notes South West</b>	Compares Former Primary Care Trusts in the South West Region. Error bar not calculable.
<b>Chart Notes Local Authority</b>	Rates cannot currently be calculated at a local authority district level.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar not calculable.
<b>Chart Notes CCG/Locality</b>	Rates are not currently available at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time. BCF target trajectory is no longer included as was removed in November 2014 submission.
<b>Chart Notes Inequalities</b>	Rates cannot currently be calculated at a local level.

Indicator: Client Satisfaction with Care and Support

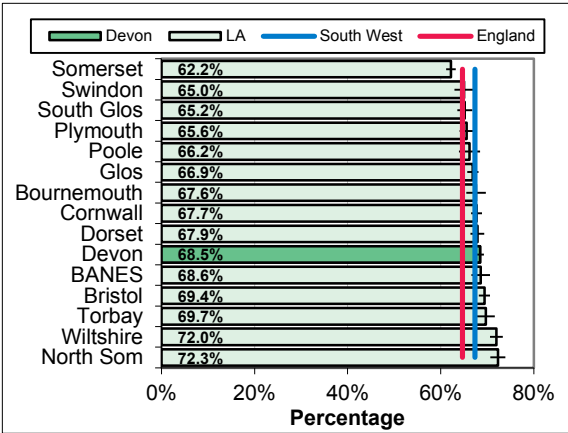
Period: 2014-15

**\*UPDATED INDICATOR\***

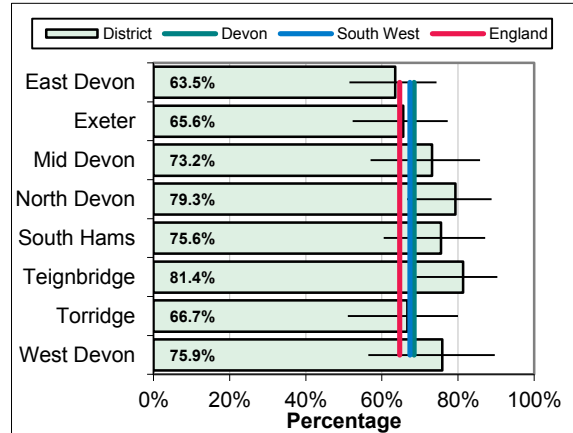
**Overview**  
The percentage of clients of care and support services who said they were 'extremely satisfied' or 'very satisfied' with the care and support they received when surveyed in Devon in 2013-14 was 68.5%. This is above the rates for the South West (67.4%), local authority comparator group (66.0%) and England (64.7%) rates, the difference is not statistically significant. An increase on 2013-14 levels (66.7%) was seen, but the differences across years was not statistically significant.

**Equalities**  
Not currently available at a local level.

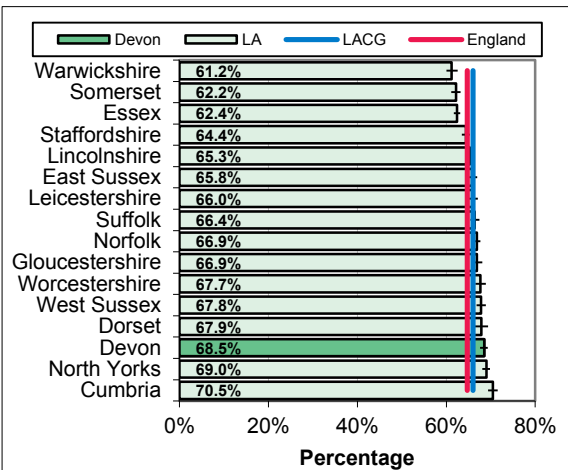
**South West Benchmarking**



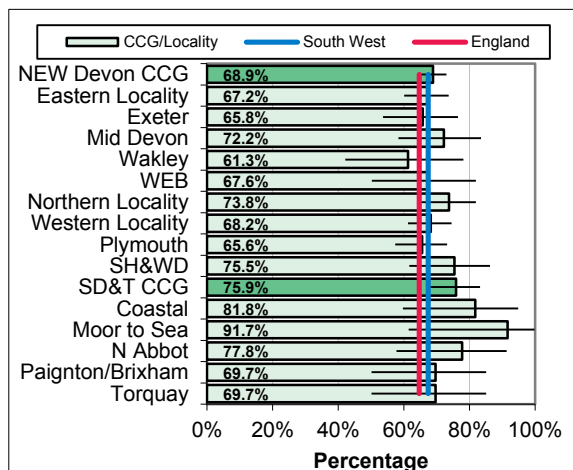
**Local Authority District**



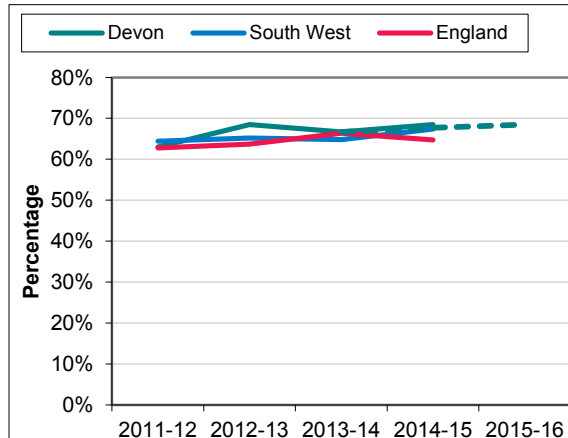
**Local Authority Comparator Group**



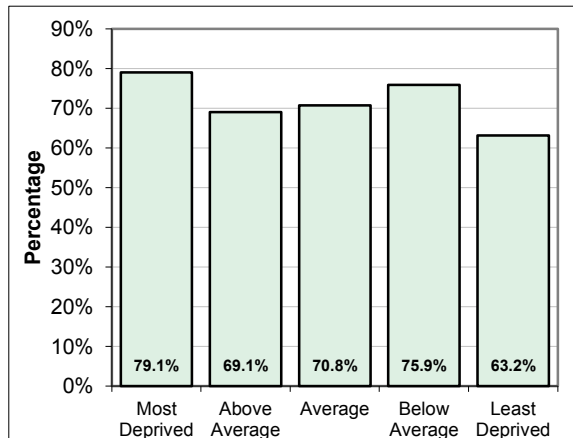
**CCG and Locality Comparison**



**Trend and Future Trajectory**



**Inequalities (Deprivation)**



## DEVON BETTER CARE FUND OUTCOMES REPORT

### INDICATOR SPECIFICATION

**Indicator:** Client Satisfaction with Care and Support

**Period:** 2014-15

<b>Description</b>	The percentage of clients of care and support services who said they were 'extremely satisfied' or 'very satisfied' with their care and support they received
<b>Source</b>	Adult Social Care Questionnaire, Health and Social Care Information Centre
<b>Update Frequency</b>	Annually around seven months in arrears, 2015-16 due in October 2016.
<b>Outcomes Framework</b>	Adult Social Care Outcomes Framework Indicator 3A
<b>Detailed Specification</b>	Detailed specification to be added.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Not currently available.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Not currently available.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time. Trajectory is BCF target (67.7% for 2014-15, 68.5% for 2015-16).
<b>Chart Notes Inequalities</b>	Not currently available.



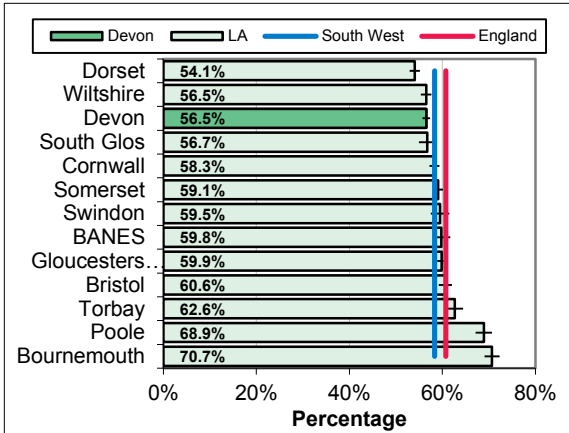
**Local Indicator: Dementia Diagnosis Rate**

**Period: March 2015**

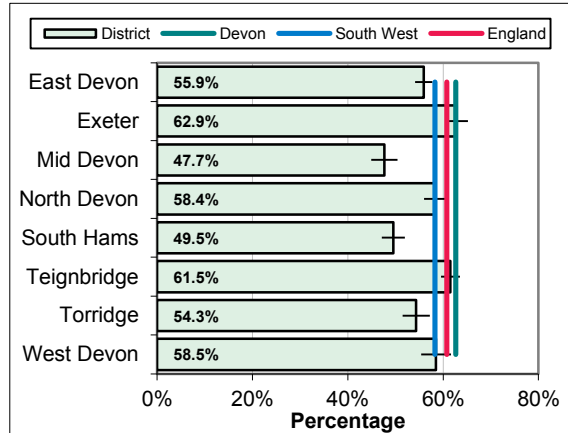
**Overview**  
 In March 2015, 7,838 people in Devon were on a GP register for dementia compared with an expected prevalence of 13,864, this is a diagnosis rate of 56.5%. The gap between Devon and the South West and England has narrowed considerably over the last two years. Diagnosis rates increased from 28.0% in 2006-07 and 44.9% in March 2014. The highest rates in Devon are seen in Exeter area (62.9%) and are particularly high in the Coastal locality covering Teignmouth and Dawlish (66.1%).

**Equalities**  
 There are no significant differences in Devon based on area deprivation. Dementia prevalence rates are higher in females. This, coupled with longer life expectancy, means females with dementia outnumber males by more than two to one. 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.

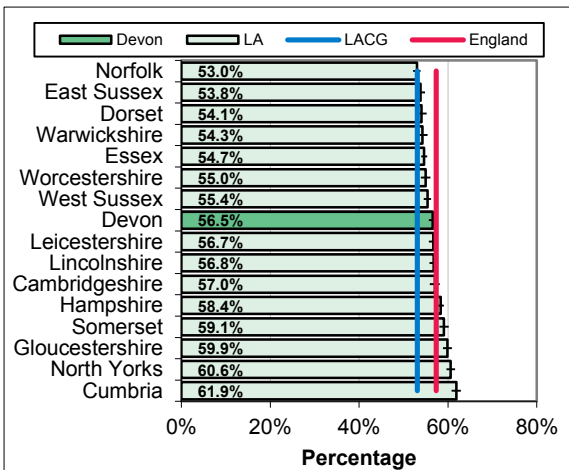
**South West Benchmarking**



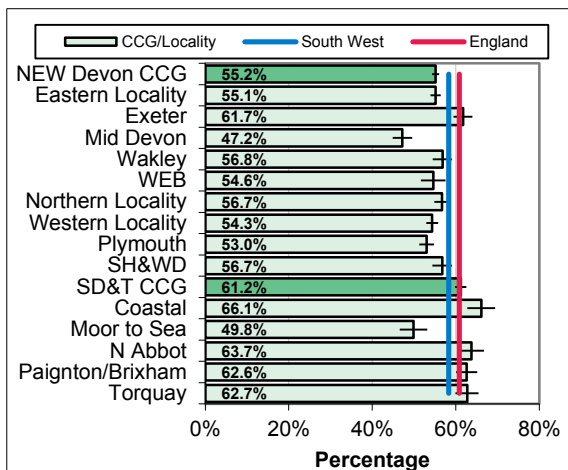
**Local Authority District**



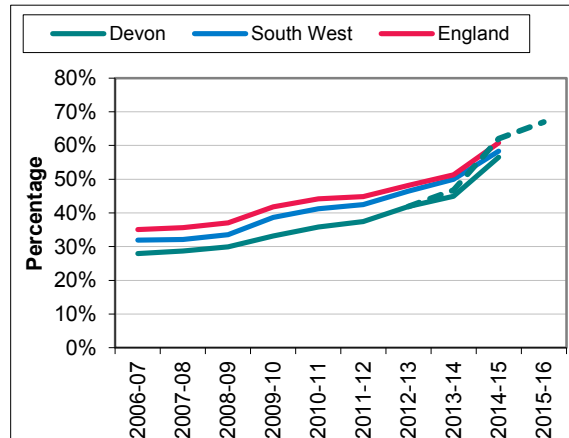
**Local Authority Comparator Group**



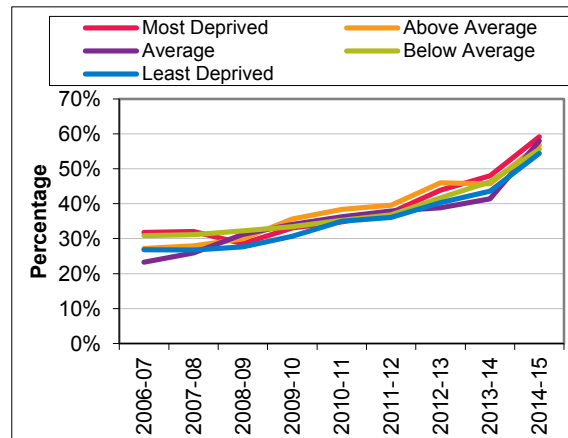
**CCG and Locality Comparison**



**Trend and Target Trajectory**



**Inequalities (Deprivation)**



## DEVON BETTER CARE FUND OUTCOMES REPORT

### INDICATOR SPECIFICATION

**Local Indicator:** Dementia Diagnosis Rate

**Period:** March 2015

<b>Description</b>	Number of persons recorded on a GP Dementia Disease Register as a % of those in the area predicted to have dementia (using age and sex based estimates)
<b>Source</b>	NHS Dementia Prevalence Calculator Primary Care Data Tool, Devon Public Health Intelligence Team (Local GP Practice Deprivation Quintiles)
<b>Update Frequency</b>	Quarterly, typically three to four weeks in arrears
<b>Outcomes Framework</b>	NHS Outcomes Framework Indicator 2.6i, Public Health Outcomes Framework Indicator 4.11 - not yet finalised as new dementia prevalence estimates are currently being devised to inform the frameworks.
<b>Detailed Specification</b>	Numerator is the number of people on a GP practice dementia disease register at the end of the given period and reported through the Quality and Outcomes Framework. Numbers predicted to have dementia apply local GP practice population in quinary age bands to age and sex specific dementia prevalence rates from the 2007 Dementia UK prevalence study. Rate divides the number on the QOF register by the predicted number with dementia to give the percentage diagnosed. GP practice numerators and denominators are aggregated to areas based on location of practice.
<b>Chart Notes South West</b>	Compares Former Primary Care Trusts in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Displays rates for the two Clinical Commissioning Groups in the wider Devon area, their localities, and their sub-localities. This is based on GP practice attributions. Error bar is 95% confidence interval.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time. Trajectory is proposed revision to BCF plan submission (62.0% in 2014-15, 67.0% in 2015-16).
<b>Chart Notes Inequalities</b>	Compares areas within Devon based on local GP practice deprivation quintiles. Calculated using the 2010 Indices of Deprivation (Index of Multiple Deprivation).

## 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](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 Council's 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>					
22 Jan 2016	2016/17 Budget	Scrutinise 2016/17 budget proposals for Corporate Services	All Heads of Service	Report	Committee meeting only
	Public Health Budget	Update of government cuts to the Public Health budget	Director of Public Health	Report	Committee meeting only
	Treasury Management & Investment Strategy 2015/16 (including schedule of outstanding debt)	Consideration of Strategy and to make any comments / recommendations to Cabinet	Assistant County Treasurer	Report	Committee meeting only
	Performance	Update on Performance across Corporate Services	Head of Services for Communities	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	HR Change Programme	Changes to the HR service	Head of Services for Communities	Report	Committee Meeting Possible task group
	Communities Task group update	Update on action taken against the Task Group's recommendations	Head of Services for Communities? Scrutiny Officer	Report	Committee meeting only
	Scrutiny & Commissioning Task Group Report	Report of the Task Group	Scrutiny Officer	Report	Committee meeting only
<i>Member Development</i>	<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>
Future topics	Income Generation (joint review of all scrutiny committees)	Including alternative models of service delivery			Committee Meeting / task group
	The Council's Digital Agenda	Consider how the Council's digital agenda is being achieved	Head of Business Strategy & Support		Committee meeting / task group

# Item 10

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
<b>Place Scrutiny Committee</b>					
7 Jan 2016	Future Library Service	Update – standing item	Head of Services for Communities	Report	Committee meeting only
	Rollout of Connecting Devon and Somerset superfast broadband	Update – standing item	Head of Economy & Enterprise	Report	Committee meeting only
	Conditions of Pavements & Surface Options	Consider maintenance of pavements and policy on resurfacing	Head of Highways, Capital Development & Waste	Report	Committee meeting
	On Street Parking Management	Current status of pay & display in Devon, allocation and spending of revenue, parking on double yellow lines and pavements	Head of Highways, Capital Development & Waste	Report	Committee meeting
	<i>Technicalities of the Connecting Devon &amp; Somerset superfast broadband rollout</i>	<i>Terminology, installation process, wholesaler/provider roles and expected speeds for homes over 1.6km from cabinet</i>	<i>Head of Economy &amp; Enterprise</i>	<i>Technical Briefing / Training Session</i>	<i>Member Development Session</i>
	<i>Capital Projects</i>	<i>Selection process for Capital Projects, funding sources and progress report on major schemes</i>	<i>Head of Highways Capital Development &amp; Waste and Head of Planning, Transportation &amp; Environment</i>	<i>Presentation</i>	<i>Member Development Session</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, incl. Police representation	National guidance and discussion following Sept 2015 meeting	Head of Highways, Capital Development & Waste	Report	Committee meeting only
	Cranbrook Task Group Report	Progress against recommendations			

# Item 10

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
	Young People & Employment Task Group	Progress against recommendations			
	Future Library Service	Update – standing item	Head of Services for Communities	Report	Committee meeting only
	Rollout of Connecting Devon and Somerset superfast broadband	Update – standing item	Head of Economy & Enterprise	Report	Committee meeting only
<i>Member Development</i>	<i>Corporate Energy Manager</i>	<i>Meet and Greet</i>			
	<i>Tender process for highway maintenance contract</i>	<i>Update</i>			
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
	Tender process for highway maintenance contract	Update	Head of Highways, Capital Development and Waste	Report	Committee meeting only
<i>Member Development</i>	<i>Winter preparation</i>	<i>Process of preparing for severe weather</i>			
	Community Transport Review (Task Group)	See <a href="#">Minute *79</a>			
<b>People's Scrutiny Committee</b>					
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
	People's Budget Overspend Review	Findings of the review	Scrutiny Officer	Report	Committee meeting only
	Safeguarding Adults Board Annual Report 2014/15	Review the report	DSCA Chairman	Report	Committee meeting only
	Deprivation of Liberty Safeguards	Review the safeguards in place, and the way in which risk is managed for those adults deprived of their liberty	All Heads of Service	Report	Committee meeting only
	LDP Performance	Review work to address underperformance and gap measures	Head of Education & Learning	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 10

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 March 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
	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
	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
16 June 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
	Commissioning Domestic Abuse Support Services	Update	Director of Public Health	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
5 Sept 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
	Prisons - from a Care Act and children and families' perspective	Update	Head of Adult Social Care / Head of Children's Social Care	Report	Committee meeting only
	Residential Homes Closures	Update on outcomes of closures and moves for residents with learning disabilities	Head of Adult Social Care	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
17 November 2016	In-Year Budget Briefing	Delivery of the 2016/17 Budget	All Heads of Service	Report	Committee meeting only
	Children's Standing Overview Group	Update	Chair/Vice-Chair	Report	Committee meeting only

# Item 10

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
	Adult's Standing Overview Group	Update	Chair/Vice-Chair	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 <a href="#">Minute *93b</a>	<b>Scrutiny Officer and witnesses</b>	Written and oral evidence	Task Group with report back to Committee
	Statements of Special Educational Needs/Education Health and Care Plans (EHCPs).	For details see Minute *125			
	Income generation (joint review of all scrutiny committees)	Including alternative models of services delivery			
<b>Health &amp; Wellbeing Scrutiny Committee</b>					
20 Jan 2016	Public Health Budget	Update of government cuts to the Public Health budget	Director of Public Health	Report	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
	Success Regime	Committee to understand the position and forward activities of the regime	Programme Director	Report	Committee meeting
	Public Health Acuity Audits	Committee to understand the trends coming from the research	Director of Public Health	Report	Committee meeting
	HealthWatch Discharge report.	Committee to understand the trends coming from the research	HealthWatch	Report	Committee meeting
	Dentistry and appointment system	Difficulty to access NHS dentists and appointment waiting times		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
8 <sup>th</sup> March 2016	Eastern Devon Transforming Community Services Eastern Spotlight review	Review of the decisions taken in the Eastern locality with regard to bed losses	See terms of reference document	Report of the spotlight review	Spotlight review
	St Johns Court, Exmouth progress report	Report on activity since the closure	DPT	report	Committee meeting only
June 2016	Cancer treatment waiting	Committee to	RD&E	Report	Committee only

# Item 10

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
	times position	monitor the anticipated reduction in waiting times			
Sept 2016	Yearly committee report on mortality rates	To yearly monitor the mortality rates in Devon.	CCGS	Report	Initially report to committee
Future topics	Axminster Community Hospital – reinstatement of inpatient beds On hold till further notice	Task Group to review the local solutions and identify lessons learnt	NDHT	Reports	Task Group
	Income generation (joint review of all scrutiny committees)	Including alternative models of services delivery			

**HEALTH AND WELLBEING BOARD – FORWARD PLAN**

<b><u>Date</u></b>	<b><u>Matter for Consideration</u></b>
<b>Thursday 10 March 2016 @ 2.00pm</b>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Healthy Lifestyle Choices)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates Delivering Integrated Care Exeter (ICE) Project – Annual Update</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<b>Thursday 9 June 2016 @ 2.00pm</b>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Review / Refresh of Joint Health and Wellbeing Strategy / JSNA)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<b>Thursday 8 September 2016 @ 2.00pm</b>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<b>Thursday 10 November 2016 @ 2.00pm</b>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>

<p><b>Thursday 12 January 2017 @ 2.00pm</b></p>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<p><b>Thursday 9 March 2017 @ 2.00pm</b></p>	<p><b><u>Performance / Themed Reporting</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates &amp; Matters for Information</p>
<p><b>Annual Reporting</b></p>	<p>Delivering Integrated Care Exeter (ICE) Project – Annual Update (January / March) Children’s Safeguarding annual report (September / November) Adults Safeguarding annual report (September / November) Joint Commissioning Strategies – Actions Plans (Annual Report - November)</p>
<p><b>Other Issues</b></p>	<p>Winterbourne View (Exception reporting)</p>