

HEALTH AND WELLBEING BOARD

14 January 2016

Present:-

Devon County Council

Councillors Barker (items 7-14), Davis (Chairman) and McInnes
Dr V Pearson (Director of Public Health) and Mr T Golby (representing Ms J Stephens)

Environmental Health

Mr R Norley

South Devon and Torbay Devon Clinical Commissioning Group (CCG)

Dr D Greatorex

NHS England

Ms L Scott

Joint Engagement Board

Mrs C McCormack Hole (representing Mrs C Brown)

Health Watch Devon

Mr D Rogers

District Council Representative

Councillor Sanders

Apologies:

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

Mrs C Brown (Joint Engagement Board)

Ms J Stephens (Devon County Council)

Mr J Wiseman (Probation Service)

Councillor Clatworthy (Devon County Council)

***216**

Minutes

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

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

PERFORMANCE AND THEME MONITORING

***217**

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

- Early Years Foundation Score 2014-15 – which had improved significantly as 71.6% of children achieved a good level of development at school entry;
- Smoking at Time of Delivery 2014-15 – was an area to be improved upon with 11.2% of mothers in the wider Devon area smoking at time of delivery;
- Teenage Conception Rate Q3 2014 – was a good news story with rates dropping significantly in recent years;
- Excess Weight in Four / Five Year Olds 2014-15;
- Excess Weight in 10 / 11 Year Olds 2014-15;
- Adult Smoking Prevalence 2014 – was an excellent achievement, linked to the work of the 'Smokefree Devon Alliance' with 13.8% of the adult population in Devon smoking, compared to the South West average (16.9%), local authority comparator group (16.8%) and England rate (18.0%);
- Under 75 Mortality Rate (All Cancers 2012 to 2014) – mortality rates continued to fall;
- Under 75 Mortality Rate (Circulatory Diseases 2012 to 2014) – where the rate was 59.1 per 100,000 (below the South West (65.3), local authority comparator group (65.4) and England (75.7) rates) showing falling rates and narrowing inequalities; and
- Suicide Rate 2012 to 2014 – where rates in Devon had typically remained around or slightly above the national rate. This demonstrated the importance of good access to mental health services.

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, again demonstrating the importance of investing in services that supported emotional wellbeing.

The report also featured a table showing how Devon compared with the Local Authority Comparator Group (LACG) for all Health and Wellbeing outcome measures (January 2016). This included how Devon compared / performed against both the LACG and England and their rank position.

The report also highlighted that a Child Sexual Exploitation (CSE) Scorecard had 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 was being shared with the Devon Safeguarding Children Board (DSCB) subgroup 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

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

- whether any data was collated on teenage smoking figures;
- the self harm figures, whether this was the tip of the iceberg, the recording of self harm data at A & E departments, links to suicide rates and the complexities of determining the causes of self harm and as such, the correct pathway to help and support;
- obesity and what work was being done, including the school environment and its influence over obesity levels in children;
- clarification on the numbers of male suicides, the 'peak' that seemed to coincide

with recessions and whether any analysis was undertaken on 'high risk' groups and professions;

- the importance of a successful alcohol strategy, especially any links to emotional wellbeing; and
- the recent film, to be shortly published by Healthwatch, produced by young people on issues affecting them (eating disorders, grief, mental health issues etc), the link would be shared with the Board in due course.

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

RESOLVED that the performance report be noted and accepted.

***218** **Theme Based Report – A Focus on Families**

The Board considered a report from the Director of Public Health on the 'Focus on Families' priority, as detailed in the Joint Health and Wellbeing Strategy, which was centred on giving children the best possible start in life, with early family intervention and support where needed.

The report set out an analysis of relevant outcomes measures from the Devon Health and Wellbeing Outcomes Report, covering all the relevant indicators under the priority 'a focus on families' and the two excess weight in childhood indicators under the 'healthy lifestyle choices' priority.

The report gave a more detailed analysis of those indicators highlighting;

- **Children in Poverty** – 15,215 children (12.4%) in Devon lived in households dependent on benefits or tax credits, compared with 14.8% in the South West and 18.6% nationally;
- **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;
- **Smoking at Time of Delivery** – In the year 2014-15, 11.2% of mothers were smoking at time of delivery in Devon. This compared 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;
- **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;
- **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 was below the South West rate (520.8), but above the local authority comparator group (463.1) and England (412.1) rates;
- **Excess Weight in Children aged 4 or 5** ('excess weight' covered children classified as overweight or very overweight) – in reception year, 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; and
- **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.

In summary, the report outlined there had 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 (the figures showing 1 in 6 children in poverty in Devon) and excess weight in children remained a challenge.

The Board discussed and asked questions on the following;

- that poverty was not always just a monetary issue, but aspiration was also a significant factor;
- the new Early Help for Mental Health service and health and wellbeing survey data from schools would provide improved intelligence on the prevalence of mental health issues in young people and issues such as self harm;
- the recent report sent to the JEB from the mental health service user representative on the work of the multiagency acute care pathway group for Devon who highlighted the need to focus on children in crisis and access to CAMHS services; and
- the ongoing work on investing in early intervention and support services.

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

RESOLVED that the report be noted and that, given the current gap in data, further information be brought back to the Board, as a result of the survey and new service, about the prevalence of mental health and emotional wellbeing issues in young people.

*219 Children and Young Persons Alliance Plan

The Board considered a joint report from the Strategic Director (People) and Cabinet Member for Children, Schools and Skills on the Children, Young People and Families Alliance Plan.

The report outlined that the Alliance was a partnership of all organisations and services that worked with and for children, young people and families in Devon. The aim of which was to work better together to improve things for all children and young people in Devon.

An Executive group (with representatives from the Council, Police, CCG's, Voluntary Sector, Schools, District Councils and Department of Work and Pensions) had been established to provide a formalised structure and was responsible for taking forward the work with strategic leadership, direction and driving change.

The report outlined that a five year strategy had been developed "My Life, My Journey", and this had been circulated to Board members. The document was also available on the web at <http://www.devonchildrensalliance.org.uk/wp-content/uploads/2015/10/CYPF-Plan-Final.pdf>.

The Alliance Plan had six priorities for the next five years which were Safe, Resilient, Thrive, Active, Connect and Give.

During the first year of implementation (2015-2016) the Executive chose the following outcomes as the priorities, with a view to improving those outcomes:

- Resilient; Children in Devon enjoying good mental health & emotional wellbeing;
- Thrive; Young people (and parents) having excellent economic prospects; and
- Connect; Young people influencing the decisions that affect them.

The report outlined some suggested accountability mechanisms to ensure the work of the Alliance and the Health and Wellbeing Board was aligned. These included;

- The Joint Strategic Needs Assessment (JSNA) being a key input for the Alliances Plan and the yearly refresh of that Plan;
- The Board being informed of activities / strategy of the Alliance by the Chair of the Alliance annually presenting to the Board; and

- The Alliance to stay informed of the activities / strategy of the Board by inviting the chair of the Board to present to the Alliance Executive annually.

The Board noted that Equality was one of the four vital principals that underpinned the entire Alliance Plan and that the Alliance was committed to closing the gap between vulnerable children and others. The Executive Group would work to ensure equality considerations were mainstreamed into the work of the Alliance.

The Board also received a supporting presentation which outlined the reasons why an 'Alliance' was required, for example the statutory 'Duty to Cooperate', the outcomes of the Ofsted Inspection regarding governance and also the challenges for Devon such as rates of mental health problems, health inequalities and rising numbers of children at risk of harm.

The presentation supported the report, outlining the membership of the Alliance and also the lead officers for the various priorities as well as current work streams and sub-groups.

The presentation further highlighted the relevant Strategic Bodies in Devon, including the Health and Wellbeing Board, and how they might create synergies & avoid overlap, whilst also jointly listening to children and young people.

There was a dedicated website for the Alliance which could be found at <http://www.devonchildrensalliance.org.uk>

The Board discussed and asked questions on the following;

- the comments made by Ofsted in relation to better alignment between various Strategic Boards and the Alliance;
- the need to ensure there was no additional bureaucracy arising from the Alliance structures;
- clarification of any 'powers' afforded to the Alliance; and
- the role of the Joint Commissioning Board, that was working effectively with high level representation, ensuring that commissioning decisions were appropriate and in alignment with strategy and priorities;

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

RESOLVED

(a) that the Children, Young People and Families Alliance Plan be welcomed;

(b) that the suggested accountability mechanisms between the Health and Wellbeing Board and the Children, Young People and Families Alliance, as outlined in the report also be endorsed.

BOARD BUSINESS - MATTERS FOR DECISION

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

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

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 had

been submitted on 27th November 2015 and there was an action plan for its completion. The JCCG was monitoring progress, which was currently on track. The Quarter 3 submission plan had been drafted and would be reported to the March 2016 Board meeting.

The performance narrative highlighted that 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. Furthermore, the work on the National Conditions continued as well as Joint Assessment and Care Planning, the Board noting that Devon had well established Joint Health and Social Care Community Teams (CCTs) that demonstrated integrated working on a daily basis.

A detailed analysis of Non Elective Admissions had yielded greater insight to the reasons for entry into the system to enable more targeted action. The frailty work (part of the Frailty and Community Care scheme) continued to perform well and Devon benchmarks favourably for 75+ years Non Elective Admissions. However admissions were not decreasing in line with the ambition (at this stage). The local metric was Dementia Diagnosis with an emphasis on improving identification and access to appropriate support services. The rate had steadily been increasing throughout the year, although delays in the agreement around the national indicator had impacted on the reporting.

A full performance report was also circulated to Board Members and included an overview and indicator summary, dashboard showing current monthly in-year performance, 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 and supplementary monthly dashboards for localities.

The Board asked questions on delayed transfers of care and any correlations with re-ablement services and were also asked to consider the reporting mechanisms for the Better Care Fund, noting that the timings of the quarterly returns and dates of Board meetings were not always in alignment and as such, data was not timely.

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

RESOLVED

(a) that, in view of the timescales for BCF returns, delegated authority be given to the Chairman to sign off future quarterly returns by the required deadlines;

(b) that further analysis be undertaken on the relationship between delayed transfers of care and re-ablement indicators; and

(c) that a further discussion be held at the Boards Development Day on future reporting on the Better Care Fund, notwithstanding the Boards responsibility to maintain an overview of the Better Care Fund.

***221 Cranbrook Health & Wellbeing Strategy**

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 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.

The presentation outlined that the Strategy took a ‘placed based approach’ using the best of both national and local thinking as well as innovative and ‘fresh’ new ideas. The core purpose of the Strategy was, inter alia, to use the environment as an enabler to wellbeing, adding life to years, staying well and independent for longer, improved health outcomes, innovative services and connected planning.

The slides showed the population structure of Cranbrook and also the predicted growth, the needs assessment 2015 with a comparison to the rest of Exeter.

The Integrated care model highlighted co-ordinated services, joined up front doors, services wrapped around individuals, effective integrated responses and models relevant to the population. In respect of individual care management, this should be pro-active, effective with crisis responses, be tailored to population need and be simplified and streamlined.

In summary, the Strategy was about Healthcare and Wellbeing in the context of the bigger picture, supporting planning and galvanising change and having a positive approach to community engagement.

The Board further noted that Cranbrook had reached the shortlist in the NHS England and Public Health England ‘Healthy New Towns’ initiative.

OTHER MATTERS

*222 References from Committees

Nil

*223 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.

*224 Forward Plan

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

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

	<p>Wellbeing Strategy / JSNA)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References / Board Forward Plan / Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 8 September 2016 @ 2.00pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 10 November 2016 @ 2.00pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) Mental Health and Young People (Min 218)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References / Board Forward Plan / Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 12 January 2017 @ 2.00pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References / Board Forward Plan / Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 9 March 2017 @ 2.00pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References / Board Forward Plan / Briefing Papers, Updates & Matters for Information</p>

Annual Reporting	Delivering Integrated Care Exeter (ICE) Project – Annual Update (March) Children’s Safeguarding annual report (September / November) Adults Safeguarding annual report (September / November) Joint Commissioning Strategies – Actions Plans (Annual Report - November)
Other Issues	Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)

RESOLVED that the Forward Plan be approved, including the items approved at the meeting and an update on the Success Regime at the March Board meeting.

***225 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.

***226 Dates of Future Meetings**

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

- Thursday 10th March 2016 @ 2.00pm
- Thursday 9th June 2016 @ 2.00pm
- Thursday 8th September 2016 @ 2.00pm
- Thursday 10th November 2016 @ 2.00pm

- Thursday 12th January 2017 @ 2.00pm
- Thursday 9th March 2017 @ 2.00pm

***227 Dates of Future Seminars**

- Thursday 11th February 2016 @ 10.00am – 4.00pm
- Thursday 13th October 2016 @ 10.30am – 4.00pm

- Thursday 9th February 2017 @ 10.30am – 4.00pm

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

The meeting started at 2.00pm and finished at 4.04pm.

<p>NOTES:</p> <p>1. Minutes should be read in association with any Reports or documents referred to therein, for a complete record.</p> <p>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</p> <p>3. A recording of the webcast of this meeting will also available to view for up to six months from the date of the meeting, at http://www.devoncc.public-tv/core/portal/home</p>

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 March 2016 is included separately. The report is themed around the four Joint Health and Wellbeing Strategy priorities, and includes breakdowns by local authority, district, clinical commissioning group, inequalities characteristics and trends over time. The updated indicators are:

- Alcohol-Related Admissions, 2015-16 Q2 (narrow and broad definitions)
- Injuries Due to Falls, 2014-15
- Feel Supported to Manage Own Condition, 2015-16 Q1-Q2
- Male Life Expectancy Gap (2012-2014)
- Female Life Expectancy Gap (2012-2014)

2.2 Using the narrow definition of alcohol-related admissions covering more immediate harm, the direct age standardised rate of admissions (587.9 per 100,000) was slightly below South West (605.1) and England (608.9) rates but slightly above the local authority comparator group rate (576.9). Using the broad definition of alcohol-related admissions covering longer-term impacts of alcohol, the direct age standardised rate of admissions (1768.5 per 100,000) was below the South West (1936.8), local authority comparator group (1817.6), and England (2087.5) rates.

2.3 There were 3,587 admissions due to falls in 2014-15 for persons aged 65 and over. The age standardised rate per 100,000 was 1763.7 in Devon, which is significantly below the South West (1962.4), local authority comparator group (1903.5) and England (2124.6) rates.

2.4 In Devon during early 2015-16, 67.8% of people with a long-term condition in the GP survey felt they had enough support to manage their own condition. This is significantly higher than national (63.0%), South West (64.7%) and local authority comparator group (63.9%) rates. Rates were highest in the Exeter area.

2.5 The Slope Index of Inequality compares life expectancy in the most deprived and least deprived communities within an area's population, revealing the gap in life expectancy in years. For males in Devon the gap is 5.6 years which is significantly lower than the gaps for the South West (7.7), the local authority comparator group (7.0), and England (9.2). For females in Devon the gap is 3.1 years which is significantly lower than the gaps for the South West (5.0), the local authority comparator group (5.4), and England (7.0).

2.6 Figure 1 provides a summary of all indicators in the outcomes report, and includes a RAG rating, trend and comparison chart.

2.7 Figure 2 summarises the outcomes against the four themes of the Devon Joint Health and Wellbeing Strategy 2013 to 2016.

2.8 Figure 3 compares Devon to the local authority comparator group for all indicators, highlighting whether outcomes are significantly better or worse than the comparator group and England rates. It also shows Devon's rank within the local authority group (1 is best and 16 is worst), both currently, and in 2013 to highlight change over time.

Table 1: Indicator List and Performance Summary, March 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	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.	Improve		
	G	Stable/Appropriate Accommodation (Mental	Improve		

RAG Ratings

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

Table 2: Priority Area Summaries, March 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, March 2016

Measure	Rate			Significance		LAGC Rank / Position	
	Devon	LAGC	England	LAGC	England	Rank	Position
Life Expectancy Gap in Years (Male)	5.6	7.0	9.2	Similar	Better	1 / 16	
30 Day Readmissions to Hospital (%)	10.3	11.0	11.8	Better	Better	1 / 16	
Feel Supported to Manage own Condition (%)	67.8%	63.9%	63.0%	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	
Life Expectancy Gap in Years (Female)	3.1	5.4	7.0	Better	Better	1 / 16	
Early Years Good Development (%)	71.6%	67.1%	66.3%	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	
Admission Rate for Accidental Falls	1763.7	1903.5	2124.6	Better	Better	4 / 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	
Stable Accommodation - MH (%)	60.9%	55.2%	59.7%	Better	Better	8 / 16	
Alcohol Admission Rate (Broad Definition)	1768.5	1817.6	2087.5	Better	Better	8 / 16	
Smoking at Time of Delivery (%)	11.2	12.1	11.4	Better	Similar	9 / 15	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Alcohol Admission Rate (Narrow Definition)	587.9	576.9	634.7	Similar	Better	9 / 16	
Excess Weight in Reception Year (%)	22.4%	21.8%	21.9%	Similar	Similar	10 / 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. Legal Considerations

There are no specific legal considerations identified at this stage.

4. Risk Management Considerations

Not applicable.

5. Options/Alternatives

Not applicable.

6. 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 Improving Health and Wellbeing: Councillor Andrea Davis

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Background Papers
 Nil

Healthy Lifestyle Choices
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 personal story that follows.

1. Context

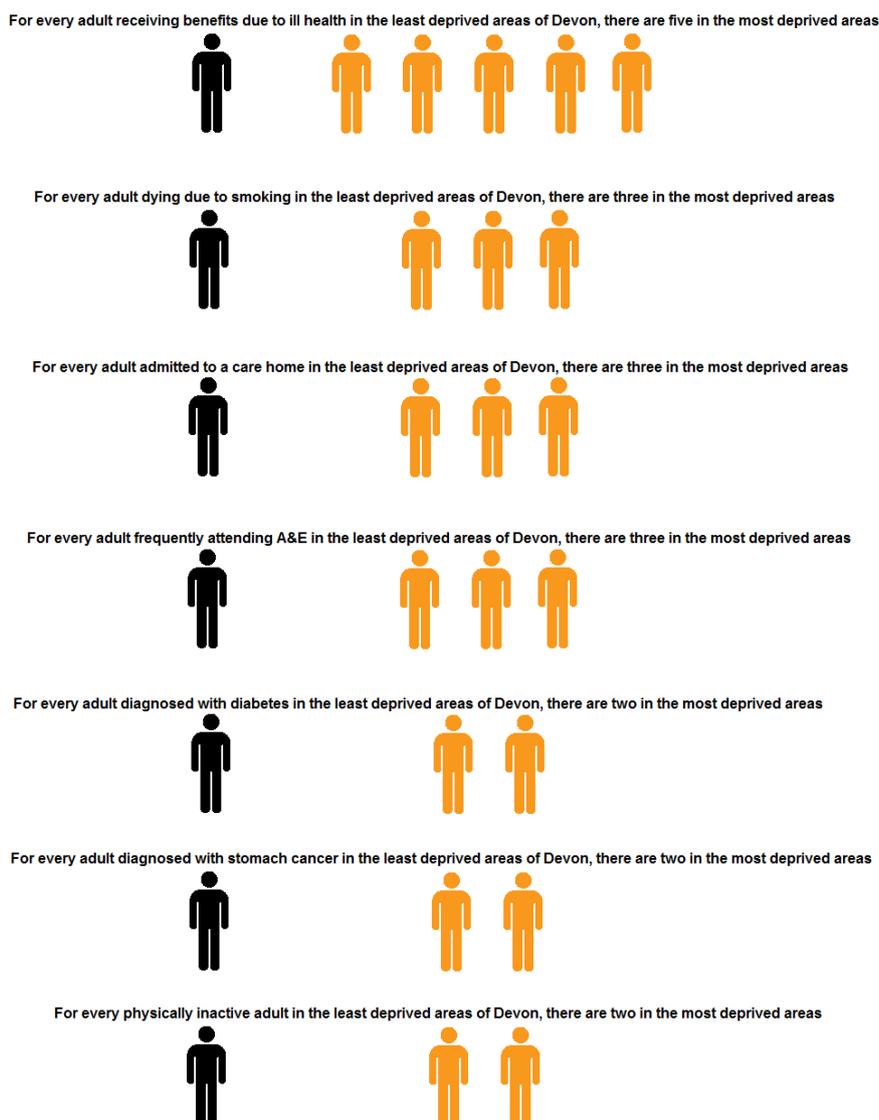
This priority area from the Joint Health and Wellbeing Strategy is centred on informing, enabling and supporting people to take responsibility for their own health, and the health of their family and people in their care, through a variety of approaches to address aspects of their lifestyle which are likely to be detrimental to their current and future health.

The Board has stated it wants people in Devon to choose to live healthy lives - by taking responsibility for their own health and wellbeing and particularly by eating healthy food, moving more every day, not smoking, not drinking alcohol excessively, and being mindful of their mental health and wellbeing. We recognise this can be more difficult for some people and we want to see recognition of this in strategies to improve the health of the poorest much faster.

Non-communicable diseases such as coronary heart disease, lung cancer, stroke and liver disease are the leading cause of premature mortality and ill-health so individual, community and service provided preventive action is important. Health inequalities account for variation of both mortality and morbidity at a local level and multi-morbidity in the most deprived areas can be experienced 10-15 years earlier than the least deprived areas. Health inequalities are also experienced by certain groups within the population so support and preventive action may need to be targeted. Mental health and physical health should be of equal importance as they are so intrinsically linked and improving physical health will have a considerable impact on wellbeing.

Figure 1 highlights the relationship between deprivation and health-related behaviours and health and social outcomes.

Figure 1, Infographic highlighting the impact of health inequalities on health related outcomes and some of the wider determinants of health. Devon Public Health Intelligence Team. (2016)



2. Priorities – what and why?

Analysis of the Joint Strategic Needs Assessment identified the following priorities for this overarching objective:

- Alcohol misuse
- Contraception and sexual health
- Screening
- Physical activity, healthy eating and smoking cessation
- High blood pressure (Hypertension)

Section 3 provides details of progress against outcomes and the Joint Health and Wellbeing Strategy is being reviewed in 2016 to prioritise next steps. It is important that new ways of informing, enabling and supporting people to make changes (if they are ready to) are developed to reflect local need and assets. A new Healthy Lifestyle Offer is being developed to complement other areas of work across the system. The Board has been working with the Local Nature Partnership to harness the natural asset of Devon's natural landscape and will be building on the success of last year during Naturally Healthy Week during the month of May. The Public Health England, 'One You' campaign will be launched in March 2016 details of which will be cascaded to stakeholders.

3. Commentary on progress against outcomes

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

Table 1, Devon Health and Wellbeing Outcomes Report, Healthy Lifestyle Choices Indicators, March 2016

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
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		

RAG Ratings

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

Table 2, Devon compared with the Local Authority Comparator Group (LACG) for Healthy Lifestyle Choices indicators in the Health and Wellbeing outcome report, March 2016

Measure	Rate			Significance		LACG Rank / Position	
	Devon	LACG	England	LACG	England	Rank	Position
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	
Cancer Deaths, under 75	129.7	132.1	141.5	Similar	Better	6 / 16	
Alcohol Admission Rate (Broad Definition)	1768.5	1817.6	2087.5	Better	Better	8 / 16	
Alcohol Admission Rate (Narrow Definition)	587.9	576.9	634.7	Similar	Better	9 / 16	
Excess Weight in Reception Year (%)	22.4%	21.8%	21.9%	Similar	Similar	10 / 16	

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

- **Physically Active Adults** – 60.3% of adults in Devon were physically active for at least 150 minutes per week in 2014. This is broadly in line with the South West (59.4%) and the local authority comparator group (58.9%) and significantly above the national (57.0%) rates. Levels of physical activity decreased slightly from 60.9% in 2013 to 60.3% in 2014.
- **Excess Weight in Children aged Four or Five** – 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.
- **Alcohol-Related Admissions** – Using the narrow definition of alcohol-related admissions covering more immediate harm, the direct age standardised rate of admissions (587.9 per 100,000) was slightly below South West (605.1) and England (608.9) rates but slightly above the local authority comparator group rate (576.9). Using the broad definition of alcohol-related admissions covering longer-term impacts of alcohol, the direct age standardised rate of admissions (1768.5 per 100,000) was below the South West (1936.8), local authority comparator group (1817.6), and England (2087.5) rates.

- **Adult Smoking Prevalence** – 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. Smoking rates in Devon are higher in people working in routine and manual occupations (22.0%), although rates are falling.
- **Under 75 Mortality: All Cancers** – There are around 1,000 deaths annually due to cancer in under 75s, with a 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.
- **Under 75 Mortality: Circulatory Diseases** – There are around 455 circulatory deaths annually in under 75s, with a 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.

4. Summary

'Healthy lifestyle choices' is a broad theme that requires long-term and sustained action to address some of the leading causes of premature mortality and morbidity. Devon has the natural and voluntary and community sector assets to further improve the health and wellbeing related outcomes of its population. The impact on the health inequalities experienced by certain communities and groups in terms of access to services and outcomes is paramount.

5. Equality Considerations

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

6. Legal Considerations

There are no specific legal considerations identified at this stage.

7. Risk Management Considerations

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

8. Options/Alternatives

None

9. Public Health Impact

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

Dr Virginia Pearson
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Electoral Divisions: All

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Background Papers

Nil

Committee Report

Date		29 February 2016	
Report title		Integrated Personal Commissioning	
Author(s)		Jessica Harris & Frances Tippet, South West Integrated Personal Commissioning, NHS England	
Supporting Executive(s)		Paul O'Sullivan, Managing Director, Joint Commissioning Jon Taylor, Complex Care Policy Manager	
Supporting Executive Approval Date:			
Purpose of Report	✓	Decision	✓
		Assurance	
		Information	✓
FOI Status	✓	Public	✓
		Private	
Category of Paper	✓	Decision	✓
		Position Statement	
		Information	✓
Does this document place Individuals at the Centre		Y	N
		✓	
Actions Requested		<p>South West IPC Programme Board request consideration and decision by the Health and Wellbeing Board as to the following matters:</p> <ul style="list-style-type: none"> • consider and agree the overall aims and delivery plan of the regional programme, along with the local implementation plan for IPC; • agree to receive regular updates on progress of the regional systems change elements of the programme, as well as local progress on implementation; • ensure their constituent organisations are kept informed as to the work of the programme and contribute (as appropriate) to the forward planning process for the regional systems change work; • ensure their constituent commissioning organisations are including requirements of any key systems change elements in their contracting with providers; • ensure that the Boards of local key provider 	

	<p>organisations receive and note the programme and any relevant updates;</p> <ul style="list-style-type: none"> • identification of an IPC Senior Responsible Officer and Operational lead at local organisational level for each organisation represented by the Health and Wellbeing Board; and • assist locally, where indicated and as necessary, in overcoming cross organisational information governance barriers.
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Which other committees has this item been to?	Annex 2 of this paper has been to the following committees; PDUs, Locality Boards, joint commissioning boards.
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Reference to other documents	Refer to Annex 2 of the Paper.
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Have the legal implications been considered?	✓
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Does this report need escalating?	No
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Quality and Equality Impact Assessment	
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Who does the proposed piece of work affect?	<table style="width: 100%;"> <tr> <td>Staff</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Patients</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Carers</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Public</td> <td style="text-align: center;">✓</td> </tr> </table>	Staff	✓	Patients	✓	Carers	✓	Public	✓
Staff	✓								
Patients	✓								
Carers	✓								
Public	✓								

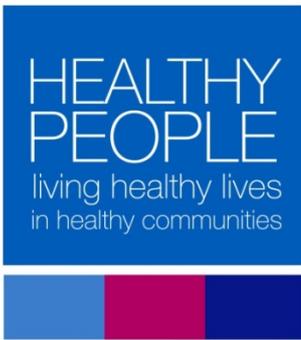
	Yes	No
1. Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?		X
2. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		X
3. Will there be a positive benefit to the users or workforce as a result of the proposed work?	X	
4. Will the users or workforce be disadvantaged as a result of the proposed work?		X
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		X

<p>If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using Screening Form One available from Corporate Services</p>
--

<p>If an equality assessment is not required briefly explain why and provide evidence for the decision.</p>

Reference to Core Strategies and Corporate Objectives

Core Strategies, we will:	Corporate Objective	Does this report reference to the Core Strategies/ Corporate Objectives	
		✓	X
1. Take joint ownership with partners and the public for creating sustainable health and care services	1.1 Develop people, and those who support them, to value strengths and personal qualities in all that they do	Yes	
	1.2 Listen to people and take action on what they say about services	Yes	
2. Implement systems that make the best use of valuable health resources, every time	2.1 Innovate to increase productivity and reduce waste	Yes	
	2.2 Commission safe services and reduce avoidable harm	Yes	
3. Commission to prevent ill health, promote well being and help people with long-term conditions to live well	3.1 Support people to make healthy lifestyle choices and understand the care, treatment and services available to them	Yes	
	3.2 Commission services with partners to reduce health inequalities and improve people's lives	Yes	



Governing Body Report

1. Executive Summary

New Devon Clinical Commissioning Group, Devon County Council, Plymouth City Council along with a number of local voluntary and community sector organisations, form part of the only successful regional demonstrator site for Integrated Personal Commissioning (IPC) in England.

This paper seeks to brief the Health and Wellbeing Board on IPC in regards to a national, regional and local overview. The Board is asked to review and agree the recommended local and regional governance relationship proposal of the programme via the Health and Wellbeing Board. The Board is also asked to consider proposals regarding its role in providing leadership, engagement and input into the development and progress of the programme from a strategic and cross organisational viewpoint.

2. Purpose of Report

The purpose of this paper is to:

- to confirm the Health and Wellbeing Board role in the governance structure of the IPC programme;
- brief the Board regarding the IPC programme to enable the Board to understand the aims of the programme and how this aligns with local IPC Plans; and
- enable engagement in developing its role in the South West IPC as a regional demonstrator site and to shape engagement and development of IPC in their local area.

3. Context

Those who are eligible for NHS Continuing Healthcare (CHC), including children under the Continuing Care (CC) criteria, currently have the right to have a PHB. Individuals who are eligible for publicly funded adult social care support currently have the option to access a personal budget.

The NHS Mandate 2013 set out that those with long term conditions (including mental health) have the right to ask for a PHB from 1 April 2015. This was followed up by the

Five Year Forward View in Action 2015 which provided guidance to CCGs on how they are expected to implement this mandate:

‘To give patients more direct control, we expect CCGs to lead a major expansion in 2015/16 in the offer and delivery of personal health budgets to people, where evidence indicates they could benefit. As part of this, by April 2016, we expect that personal health budgets or integrated personal budgets across health and social care should be an option for people with learning disabilities, in line with the Sir Stephen Bubb’s review. To improve the lives of children with special educational needs, CCGs will need to continue to work alongside local authorities and schools on the implementation of integrated education, health and care plans, and the offer of personal budgets.’

CCGs are expected to engage widely and fully with their local communities and patients, including their local Healthwatch, and include clear goals on expanding personal health budgets within their published local Joint Health and Wellbeing Strategy by April 2016.

Building on Sir Stephen Bubbs review, the NHS England Transforming Care programme (aimed at improving care and support for people with learning disabilities and/or autism and mental health problems or behavior that challenges) identifies PHBs, IBs and integrated personal commissioning as key enablers to assist with delivery of this transformation.¹

NHS England has also provided further guidance on what it considers ‘major expansion’ to mean:

‘This could equate to between one and two in 1,000 people (0.1 - 0.2 percent of the population) over the next three to five years.’²

Further to this the NHS Mandate, published in December 2015, sets out the expectation that by 2020 50,000 to 100,000 people to have a personal health budget or integrated personal budget (up from current estimate of 4,000).³

However, a lack of integrated health and social care around an individual and NHS block contracting nationally results in significant limitations and barriers in achieving a truly personalised and integrated approach. It will also limit the ceiling and feasibility of introducing PHBs and IBs outside of the CHC and CC cohorts. Therefore, fundamental system change is required in order to achieve expansion of PHBs and IBs to avoid the financial implication of double funding and in order to achieve the Mandate. This is where the IPC Programme can provide assistance and support to areas to bring about the fundamental system change required to realise this ambitious vision.

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf>

² Frequently asked questions: Introducing personal health budgets beyond NHS Continuing Healthcare, NHS England, February 2015.

http://www.personalhealthbudgets.england.nhs.uk/library/Resources/Personalhealthbudgets/2015/150303-FAQ_Introducing_PHB_beyond_CHC.pdf

³ https://www.england.nhs.uk/wp-content/uploads/2015/12/05.PB_17.12.15-Annex-A-Mandate-to-NHS-England.pdf

4. Integrated Personal Commissioning

On 9 July 2014 NHS England, the Local Government Association, Think Local Act Personal and the Association of Directors of Adult Social Services outlined the IPC Programme.⁴ This programme builds upon and is in addition to, the Better Care Fund, year of care NHS commissioning, personal health budgets, social care personal budgets and the early experience of fourteen integrated care pioneers.

'2015/16 will see the first steps towards integrated personalised commissioning (IPC) in national demonstrator sites. For the first time, IPC brings together health and social care budgets for individuals and enables them to exercise more clout over how their own care and support is provided. As well as care planning and voluntary sector advocacy and support, IPC will provide an integrated 'year of care' budget that will be managed by people themselves, supported, where required, by councils, the NHS or a voluntary sector organisation.'

The IPC Programme provides a delivery vehicle for integration and personalisation and sits alongside the new models of care vanguards amongst other change programmes (e.g. Transforming Care, Special Education Needs) that the Five Year Forward View introduced.

The goals of the IPC Programme are:

- People with complex needs and their carers have better quality of life, allowing them to achieve the outcomes that are important to them and their families through greater involvement in their care, and being able to design support around their needs and circumstances;
- Prevention of crises in people's lives that lead to unplanned hospital and institutional care by keeping them well and supporting self-management; and
- Better integration and quality of care, including better user and family experience of care.

The programme is aimed at groups of individuals who have high levels of need, who often have both health and social care needs, where a personalised approach would address acknowledged problems in current care provision, help prevent people from becoming more unwell, and enable people to retain their independence. IPC will be of particular benefit for those people whose care the system does not currently co-ordinate well. The programme is aimed at the following groups:

- Children and young people with complex needs, including those eligible for education, health and care plans; and
- People with multiple long-term conditions, particularly older people with frailty;
- People with learning disabilities with high support needs, including those who are in institutional settings or at risk of being placed in these settings; and
- People with significant mental health needs, such as those eligible for the Care Programme Approach those who use high levels of unplanned care.

⁴ IPC Prospectus <https://www.england.nhs.uk/wp-content/uploads/2014/09/ipc-prospectus-updated.pdf>

The IPC Programme therefore provides a critical mechanism to assist with expanding PHBs and introducing integrated budgets outside of the CHC and CC cohorts in line with national policy.

The IPC Programme is based on two core elements; a care model and financial model.

The Care Model

This focuses on introducing personalised care planning across organisational boundaries and moving from a deficit model to an asset model. It takes a person led care and support planning approach with the option to have a PHB and a personal budget (social care) as an integrated budget.

The proposed care model is based on the premise that with the right support, individuals with significant health and care needs are often better placed than statutory bodies to design and integrate their own care. It aims to deliver a holistic approach to care and support planning that is 'more than medicine' by developing support, increasing social capital and social contact. Care and support planning will be based on the strengths and preferences of individuals, instead of a service offer driven by the care system. In the delivery of personalised care and support planning, independent advocacy, peer support and brokerage will all play an important role.

The Financial Model

This introduces an integrated, "year of care" capitated payment model by identifying the totality of expenditure at the level of the individual across the system, giving people more control over how this is used that makes sense in their individual situation and enabling money to be spent in new ways.

The IPC financial model attempts to shift incentives towards prevention and coordination of care, by testing an integrated capitated payment approach. With capitation, providers have a much stronger incentive to proactively understand who is at risk, and take early action to prevent deterioration and coordinate services which, to be effective, involves working in partnership with the patient and their carer.

The demonstrator programme is planned to run from 1 April 2015 to 31 March 2017, however, it is intended that this approach will become national policy and business as usual thereafter following successful evaluation.

5. South West IPC Collaborative

Following the announcement of the IPC programme in July 2014, areas were invited to submit bids to gain demonstrator site status. A proposal led by Frances Tippet (South West IPC Programme Director) was made to progress a regional bid for demonstrator site status that includes the following organisations:

- All 11 South West CCGs and 13 Local Authorities;
- South, Central and West Commissioning Support Unit;

- NHS England Personal Budgets support team
- Academic Health and Science Networks;
- Health Education South West;
- Healthwatch (including Carers Forums);
- People with lived experience;
- Voluntary and community sector organisations; and
- South West Strategic Clinical Network (SCN).

The bid set out the ambition to look across all four cohorts of individuals that the programme covers.

The South West region has a population of 4.7million spread across 9000 square miles – the largest regional footprint in England. It is a region with distinct challenges coming from our unique profile with an older than average population and many rural communities. Experience has taught us that systems solutions designed in England’s great urban conurbations are not always easy to implement here and therefore a regional, collaborative approach to a bid was progressed with sign up from senior leaders across the NHS, Local Government and voluntary and community sector in the South West, including Health and Wellbeing Board chairs. In NEW Devon, the regional bid was supported by CCG Accountable Officer, Director of Adult Services, Director of Children’s Services and the Health and Wellbeing Board Chair.

Coming together will also enable us to accelerate mainstreaming the benefits, by supporting each other and preventing duplication of development work. It will also prevent a gulf emerging between the early adopters and the rest of the region as everyone is involved to some degree and will be part of the significant culture change required to deliver IPC. Nine areas across England were successful in becoming demonstrator sites. The South West is the only regional site and the only site to look at all four cohorts of individuals.

A core team for the programme has been established from 1 April 2015 across the region in order to support progression of the regional programme in local areas utilising funds provided by central government, Health Education South West and additional funds/resources identified in each local area e.g. Five Year Forward View CCG planning guidance 1% non-recurrent spend on new models of care, commitment by providers to utilise existing resources in a different way.

The collaborative is focusing delivery in two areas:

1. Starting with small scale implementation sites across the region, testing and learning in different settings, working with people with different needs. IPC practitioner champions have the goal of supporting ten patients to get PHBs/integrated budgets. Together these first phase sites will cover a broad spectrum of different conditions and support needs. Practical and networking support is provided to these sites, and will ensure that expectations, quality of provision and spend is managed consistently across the area. In return the sites agree to share their learning and in due course to mentor the next group of sites. Through this cascade approach the region will rapidly accelerate the numbers of

people with PHBS and IPC's and share the body of learning gained effectively. Ongoing learning from evaluation, including use of the Patient Outcomes Evaluation Tool will be shared and progress reported.

2. Developing a systems change programme, taking the learning from sites and making the changes needed to scale up. This will provide support for commissioners and providers to prepare for the impact of larger numbers of PHBs and IPCs on the current, often block, contracting arrangements and development of a capitated budget model.

The bid provided for the following projection across the region collectively:

- 2015/2016 - 1000 with a person led care and support plan and where appropriate a personal health budget/integrated budget;
- 2016/2017 - 10,000 with a person led care and support plan and where appropriate a personal health budget/integrated budget along with the caveat that contractual methods allow this (capitated budget); and
- 2017/2018 - 45,000 with a person led care and support plan and where appropriate a personal health budget/integrated budget along with the caveat that contractual methods allow this (capitated budget).

This will support the expectations of the NHS Mandate goal for 2020.

6. Regional Governance of the IPC Programme

The national programme requirements for each bid outlined that cross organisational partnership (Voluntary sector organisations including user-led organisations, Local Authority and CCGs) was a necessity with the vision that Health and Wellbeing Boards would be accountable for the progress of the demonstrator programme to the National IPC Programme Board.

The regional programme is overseen by the South West IPC Programme Board (the Board). Membership is made up of representatives and senior leaders from all sectors, disciplines including patients / carers across the region. The NEW Devon representative on the Board is Hugh Groves, Finance Director, NEW Devon CCG. The Board provides a governance thread linking the national IPC Programme Board and with local Health and Well-being Boards (or equivalent decision making body nominated by local areas e.g. Better Care Fund Board Bristol, Transformation Board Somerset).

The Board held its first meeting on 25 November 2015. During this meeting Matthew Dolman, Clinical Chair of Somerset Clinical Commissioning Group, was appointed Programme Board Chair and Terms of Reference were agreed. The Board also considered the governance structure and its position in relation to local governance. The governance structure of the regional IPC programme is attached for reference in **Appendix 1**. The Board agreed this is an appropriate governance agreement to recommend to Health and Wellbeing Boards and for this work to be progressed.

7. Local Governance of the IPC Programme

Locally, for NEW Devon CCG, Jon Taylor Complex Care Policy Manager has been progressing this agenda and the governance of this programme.

- **Appendix 2** sets out the progress and the suggested local governance structure for NEW Devon in regards to IPC that has been progressed throughout the CCG internal governance structure. Please note that the recommendations made in the paper have been approved by our various commissioning boards.

8. South West IPC Programme and the role of NEW Devon Health and Wellbeing Board

Health and Wellbeing Boards have a leading role in developing new, integrated ways of working across the NHS, public health, social care and the whole of local government to improve local health and wellbeing outcomes. They have a responsibility to encourage integrated working and addressing the structural, material and relational barriers to enable patients and the public to experience more joined-up services from the NHS and local councils in the future. IPC requires significant system and cultural change over the course of the coming years in order to fulfil its potential and therefore Health and Wellbeing Boards have an important part to play.

IPC has supporting legislation in the form of the Care Act 2014 that now makes integration, cooperation and partnership a legal requirement on Local authorities and on all agencies involved in public care. It also provides a significant opportunity for health and care organisations across the South West to influence future national policy in this area. The South West IPC Programme provides a way of achieving a more integrated and personalised approach to care and support at a population and individual level. It therefore provides a prime opportunity to progress the integration and personalisation agenda's for each Health and Wellbeing Board area concurrently across the South West region.

The South West IPC is engaging with the Health and Wellbeing Boards that geographically cover the programme in order to:

- follow up on initial support for the regional programme obtained from Health and Wellbeing Board Chairs prior to submission of the regional bid; and
- to assist with ensuring that whilst it is a regional programme, that there is local ownership and oversight in regards to local implementation sites being progressed.

South West IPC Programme Board request consideration and decision by the Health and Wellbeing Board as to the following matters:

- consider and agree the overall aims and delivery plan of the regional programme, along with the local implementation plan for IPC;
- agree to receive regular updates on progress of the regional systems change elements of the programme, as well as local progress on implementation;

- ensure their constituent organisations are kept informed as to the work of the programme and contribute (as appropriate) to the forward planning process for the regional systems change work;
- ensure their constituent commissioning organisations are including requirements of any key systems change elements in their contracting with providers;
- ensure that the Boards of local key provider organisations receive and note the programme and any relevant updates; and
- assist locally, where indicated and as necessary, in overcoming cross organisational information governance barriers.

The culture and response of senior leaders across organisations involved in IPC is critical to enabling the programme to fulfil its potential. Health and Wellbeing Boards have a leading role in ensuring integrated ways of working and therefore have a significant role in ensuring that this integrated outlook and culture is adopted throughout the various levels within organisations that they represent. South West IPC therefore seeks support from the Health and Wellbeing Board to ensure an engaged leadership at all organisation levels below the Health and Wellbeing Board, to ensure support and governance for the grass roots level where practitioners and middle managers are already progressing with attempts to implement IPC in line with current national policy drivers.

South West IPC therefore seeks identification of an IPC Senior Responsible Officer and Operational lead at local organisational level for each organisation represented by the Health and Wellbeing Board. This is in a robust effort to ensure engagement with this significant programme of work that will affect all corners of health and social care in the region. The programme recognises that this is a significant ask but identifies it as a necessary one to ensure full engagement in progression in the development of a new commissioning model and influence in potential future national policy in integrating health and social care.

South West Integrated Personal Commissioning Programme

Jessica Harris, Programme Board Secretary

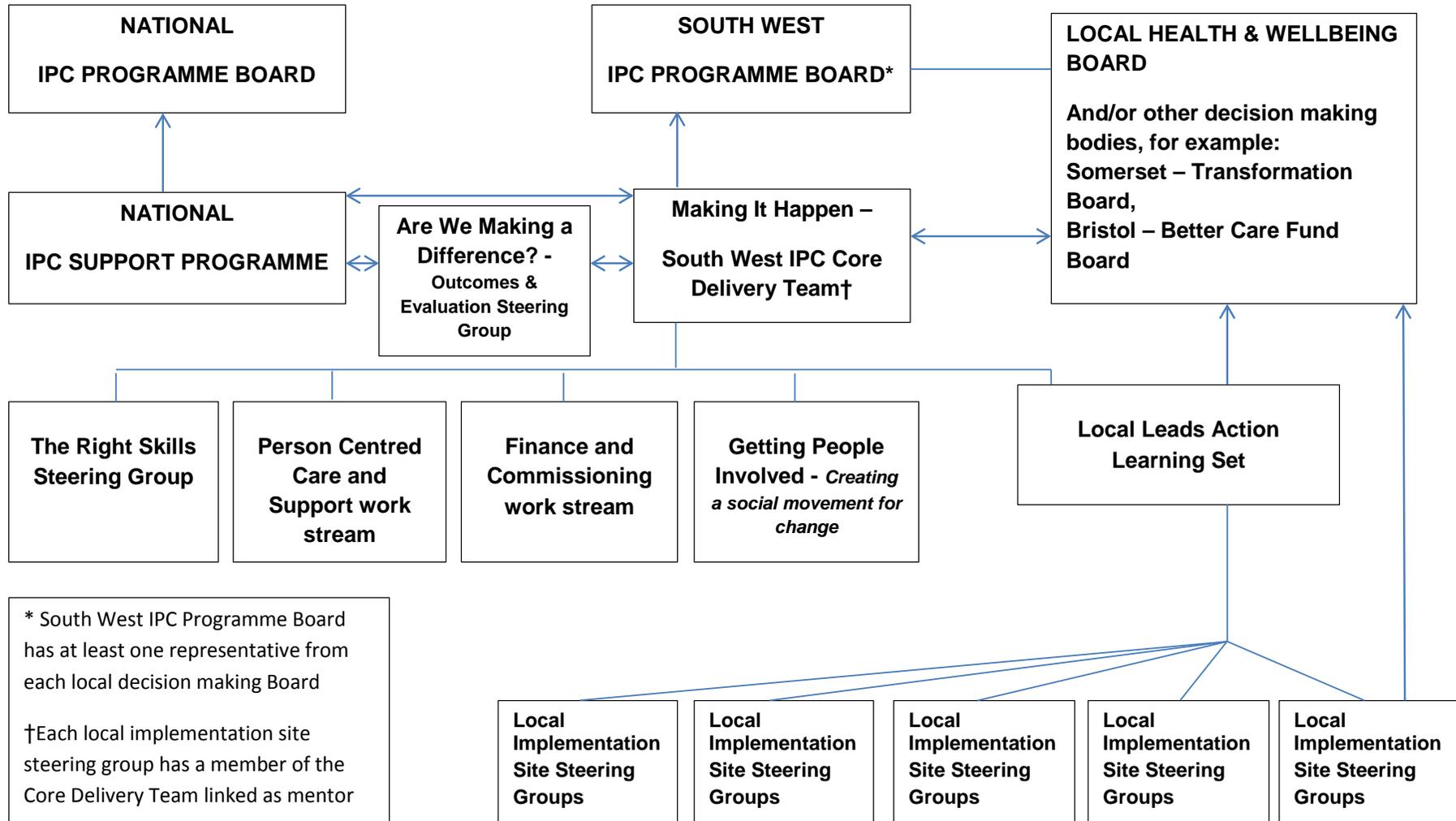
Frances Tippet Programme Director

NHS England

29 February 2016

Appendix 1 – SWIPC Governance Structure Graphic

South West IPC GOVERNANCE FRAMEWORK





Northern, Eastern and Western Devon
Clinical Commissioning Group

Committee Report

Date	December 15		
Report title	Integrated Personal Commissioning		
Author(s)	Jon Taylor, Complex Care Policy Manager		
Supporting Executive(s)	Paul O’Sullivan, Managing Director, Joint Commissioning		
Supporting Executive Approval Date:			
Purpose of Report	✓	Decision	x
		Assurance	
		Information	
FOI Status	✓	Public	x
		Private	
Category of Paper	✓	Decision	x
		Position Statement	
		Information	
Does this document place Individuals at the Centre	Y	N	
	x		
Actions Requested	<ul style="list-style-type: none"> • Agree to establish the ‘IPC Steering Group’, to oversee and coordinate projects relating to Integrated Personal Commissioning, Personal Health Budgets and Personal Budgets • Agree to incorporate projects relating to Integrated Personal Commissioning, Personal Health Budgets and Personal Budgets into relevant CCG and council work programmes • Agree governance and reporting arrangements for Integrated Personal Commissioning and Personal Health Budgets 		
Which other committees has this item been to?	PDUs, Locality Boards, joint commissioning boards		
Reference to other	N/A		

documents			
Have the legal implications been considered?	N/A		
Does this report need escalating?	No		
Quality and Equality Impact Assessment			
Who does the proposed piece of work affect?	Staff	✓	
	Patients	✓	
	Carers	✓	
	Public	✓	
		Yes	No
6. Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?			x
7. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?			x
8. Will there be a positive benefit to the users or workforce as a result of the proposed work?	x		
9. Will the users or workforce be disadvantaged as a result of the proposed work?			x
10. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?			x

If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using **Screening Form One** available from Corporate Services

If an equality assessment is not required briefly explain why and provide evidence for the decision. Recommendations made relate to the management of CCG and council work programmes

Reference to Core Strategies and Corporate Objectives

Core Strategies, we will:	Corporate Objective	Does this report reference to the Core Strategies/ Corporate Objectives	
		✓	x
1. Take joint ownership with partners and the public for creating sustainable health and care services	1.1 Develop people, and those who support them, to value strengths and personal qualities in all that they do	Yes	
	1.2 Listen to people and take action on what they say about services	Yes	
2. Implement systems that make the best use of valuable	2.1 Innovate to increase productivity and reduce waste	Yes	

health resources, every time		
	2.2 Commission safe services and reduce avoidable harm	Yes
3. Commission to prevent ill health, promote well being and help people with long-term conditions to live well	3.1 Support people to make healthy lifestyle choices and understand the care, treatment and services available to them	Yes
	3.2 Commission services with partners to reduce health inequalities and improve people's lives	Yes

Executive Summary

In October 2014 the NEW Devon CCG (CCG), Devon County Council (DCC) and Plymouth City Council (PCC) joined with Clinical Commissioning Groups and local authorities across the South West and put forward a collaborative bid to participate in the national Integrated Personal Commissioning (IPC) programme, led by NHS England and the Local Government Association. The bid was successful and the 'South West IPC Network' was chosen to be one of eight demonstrator sites to test the IPC approach.

The first wave of the programme was launched on 1 April 2015, providing some 10,000 people with complex needs with much more power to decide how their health and social care budget is spent. The start of the programme is an important first stage in the delivery of the NHS Five Year Forward View.

The CCG, DCC and PCC are key partners in the South West IPC Network and will test ways in which individuals with complex needs can be given more freedom and control over their health and social care in order to achieve better outcomes.

Purpose of Report

This report is intended to:

1. Provide an update on the aims, objectives and status of the Integrated Personal Commissioning Programme (IPC) in advance of a briefing paper going to Health and Wellbeing Boards in early 2016
2. Inform local discussion about how organisations in Devon can play an effective and coordinated role in the South West IPC Network
3. Make recommendations about the future alignment and management of projects relating to Integrated Personal Commissioning (IPC), Personal Health Budgets (PHB) and Personal Budgets (PB)

Background

In September 2014 Simon Stevens launched the Integrated Personal Commissioning Programme. NHS England, along with the LGA, 'adass' and 'think local act personal', sought demonstrator sites to run from April 2015 to December 2017.

The goals of the programme are:

- People with complex needs and their carers to have a better quality of life and to be better equipped and supported to achieve the outcomes that are important to them
- Prevention of crises in people's lives that lead to unplanned hospital and institutional care
- Better integration and quality of care

The programme is aimed at groups of individuals who have high levels of need, who often have both health and social care needs, where a personalised approach would address acknowledged problems in current care provision, help prevent people from becoming more unwell, and enable people to retain their independence. Including:

- Children and young people with complex needs, including those eligible for education, health and care plans
- People with multiple long-term conditions, particularly older people with frailty
- People with learning disabilities with high support needs, including those who are in institutional settings or at risk of placement
- People with significant mental health needs, like those eligible for the Care Programme Approach or who use a lot of unplanned care

Integrated Personal Commissioning is based on two core elements:

1. Care Model: Person-centred care and care planning, combined with an optional personal health and social care budget
2. Financial Model: An integrated , 'year of care' capitated payment

Strategic Context and national and local drivers

The NHS Five Year Forward View

The NHS Five Year Forward View begins to set out the direction for health and social care over the next 5 years. The Forward View places much greater emphasis on integration and new models of care. The Plan makes clear the expectation that people needing health services, should gain far greater control over their own care – including the option of shared budgets combining health and social care funding.

The Five Year Forward View states “personalised care will only happen when statutory services recognise that patients’ own life goals are what count; that services need to support families, carers and communities; that promoting wellbeing and independence need to be the key outcomes of care; and that patients, their families and carers are often ‘experts by experience’.”

The Better Care Fund

The £5.3bn Better Care Fund was announced by the Government in the June 2013 spending round, to drive a transformation and the development of integrated health and social care models. The Better Care Fund (BCF) cuts across the NHS and Local Government and will create a single pooled budget at a local level. This pooled budget is intended to incentivise NHS and local government organisations to work more closely together around people, placing their well-being as the focus of health and care services.

The Care Act

The first part of the Care Act 2014 came into force on 1st April this year and sets out clear obligations for cooperation across the NHS and health and social care system. Many of the new requirements on Local Authorities within the act relate to the theme of personalisation and wellbeing principles which are also embedded in personalisation within the NHS. It also enshrines personal budgets and care and support planning in legislation in order to make requirements of Councils much clearer. The focus on promoting self-management is also a clear theme that aligns across organisations.

SEND Reforms

The Children and Families Act (2014) received Royal Assent on 13 March 2014, and will reform the systems for adoption, looked after children, family justice and special educational needs. As these SEND (special educational needs and disabilities) reforms will introduce a new approach that seeks to join up support across education, health and care. One of the changes that will take place from September 2014 is the introduction of Education, Health and Care (EHC) plans, which will replace special educational needs statements and Learning Difficulty Assessments (LDAs). Roll out of personal budgets will take place alongside the introduction of EHC plans, and so from September 2014 children and young people assessed as needing an EHC plan will have the option of a personal budget that will bring together money from education, health and social care into a single budget.

Personal Health Budgets in Continuing Healthcare

Following the introduction of the 'right to request' a personal health budget in April 2014, from October 2014, people in receipt of Continuing Healthcare (CHC) funding were given the 'right to have' a personal health budget. In response the CCG has worked with local authorities in Devon to ensure that personal health budgets are widely available to this group and that people are supported to benefit fully from person-centred care planning. As a result of this pioneering work, many of the elements needed to support the integrated personal commissioning approach already exist in Devon.

Personal Health Budgets for people with Long-Term Conditions

As set out in the NHS Mandate from April 2015 people with long term conditions, who could benefit, should have the option of a personal health budget. Long-term conditions are defined as "those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies. The life of a person with a Long Term Conditions is forever altered – there is no return to 'normal'." Long term health conditions now take 70% of the health service budget

The Success Regime

The Success Regime's extra support at senior level is designed to help local organisations drive progress and overcome boundaries between them. It has a direct link to the new care models work of the Five Year Forward View, and will consider how the application of the new care models may form part of the solution for the local health and care economy.

The South West IPC Network

The CCG, DCC and PCC are key partners in the South West IPC Network and therefore have an opportunity to test the integrated personal commissioning concept in Devon.

The benefits to organisations in Devon of being part of this ambitious regional IPC approach include:

- Sustainability - The scale of this approach will allow limited resources available both locally and regionally to be used to maximum impact.
- Diverse development – different parts of the region are already tackling elements, sharing the learning and expertise across the region will help CCGs and LAs to accelerate roll out locally.
- Scale – whole system solutions can be more readily implemented if patient flows are not divided by commissioning boundaries and risk can be effectively shared across all sectors.

Who else is involved in the South West IPC programme?

Partners in the voluntary and community sector (VCS) will be essential to the success of the programme. Quite a number of VCS organisations are already involved in the programme however further engagement activity is planned to increase participation in this area.

Other organisations committed to playing a role in the South West include: the South West Strategic Clinical Network; Health Education South West; South West Academic Health and Science Network; West of England Health and Science Network; Central; South and South West Commissioning Support Unit and the Avon Primary Care Research Collaborative.

The South West IPC Network will run between January 15 and December 17 and will support the design and implementation of the IPC programme locally with the objective of improving the health and wellbeing outcomes for people in the South West whilst endeavouring to reduce cost pressures on the local health and social care system. A key part of the programme will involve using information and data gathered from local projects to inform the testing of new financial models which drive integration. By agreeing consistent patient cohorts with other IPC sites, it will be possible to test capitated budgets in shadow form on a significant scale to inform future commissioning strategies both locally and nationally.

A briefing paper for health & wellbeing boards is planned for early 2016. This paper will inform the health and wellbeing boards in Devon about the aims and objectives of the SW IPC network.

How will organisations in Devon work with the South West IPC Network to test the IPC concept?

In Devon there are a number existing work streams focused on personalisation, some involving the use of personal budgets and personal health budgets as commissioning tools. Some of these projects are delivering significant quality and financial benefits and are helping to drive integrated commissioning in Devon.

One of the significant limitations of work undertaken in this area to date has been that projects have been developed and managed in isolation. The lack of an overarching integrated vision for personalisation and strategic approach to implementation has led to duplication, and, critically, has limited our ability to share learning across projects to gain the maximum benefit for the local health economy. The launch of the IPC programme has given us an opportunity to address this.

In order to address these weaknesses, it is recommended that existing and emerging projects in this area (particularly those focused on testing IPC concepts, PHBs and PBs) are brought together under a single programme of work but are at the same time aligned with the relevant CCG and council work programmes.

There are a number of options for achieving. The objectives of the IPC programme are totally consistent with the objectives of existing priority work programmes such as Right Care, QIPP and the Success Regime Programme. It is therefore recommended that existing programme management processes and governance structures are used wherever possible to initiate and manage IPC, PHB and PB projects. This will reduce duplication and ensure that projects are formally aligned with the key strategic objectives of organisations in Devon.

IPC Governance

The South West IPC network is developing its governance arrangements with input from member organisations including organisations in Devon. Arrangements developed locally should have links to the regional IPC Programme Board.

It is recommended that two additional groups are established locally to oversee the development and implementation of IPC projects.

The IPC Steering Group will be the link to the CCG's Planned Operating Units (PDUs), local joint commissioning boards and the IPC Regional Programme Board. These links will ensure that all the projects initiated in this area are relevant to the CCG's overarching strategy, help to drive health social care integration in Devon and contribute positively to the delivery of the IPC programme objectives. The Group will have an overview of all

projects relating to IPC, Personal Health Budgets (PHBs) and Personal Budgets (PBs) to ensure a more coherent approach is taken to work in this area.

The IPC Forum (already established) becomes the space for key stakeholders to come together and focus on coordinating the implementation of IPC and PHBs and PBs on the ground, sharing learning across projects and tackling common challenges collectively as they arise.

In addition, where IPC projects are relevant to Turnaround and QIPP, project mandates may be sought through the Turnaround Programme Board, in line with the usual project initiation process.

Key Recommendations and Next Steps

1. Agree to establish the 'IPC Steering Group', to oversee and coordinate projects relating to Integrated Personal Commissioning, Personal Health Budgets and Personal Budgets
2. Agree to incorporate projects relating to Integrated Personal Commissioning, Personal Health Budgets and Personal Budgets into relevant CCG and council work programmes
3. Agree governance and reporting arrangements for Integrated Personal Commissioning and Personal Health Budgets

Author: Jon Taylor – Complex Care Policy Manger

Date: December 2015

DEVON COUNTY COUNCIL

SCRUTINY WORK PROGRAMME

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

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

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

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

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

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

Copies of Agenda and Reports of Scrutiny Committees of the County Council referred to in this Forward Plan area also available on the 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>					
24 Mar 2016	Performance	Update on Performance across Corporate Services	Head of Services for Communities	Report	Committee meeting only
	Member Allowances Minute 56	Consideration of report and to make comments / recommendations regarding proposed amendments to Cabinet	Head of Democratic Services	Report	Committee Meeting Only
	Communities Task Group update	Update on action taken against the Task Group's recommendations	Head of Services for Communities	Report	Committee meeting only
	Scrutiny & Commissioning Task Group Report	Report of the Task Group	Scrutiny Officer / Chairman	Report	Committee meeting only
<i>March 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>
27 June 2016	The Council's Digital Agenda	Consider how the Council's digital agenda is being achieved	Head of Business Strategy & Support	Report	Committee meeting / task group?
	HR Change Programme	Changes to the HR service	HR Manager & Head of Services for Communities	Presentation	Committee Meeting
	Performance	Update on Performance across Corporate Services	Head of Services for Communities	Report	Committee meeting only
	Treasury Management Stewardship Annual Report	Consideration of report and to make any comments / recommendations to Cabinet	Assistant County Treasurer	Report	Committee meeting only
	Income Generation Task Group update	Update on work of the Tash Group to date	Scrutiny Officer / Chairman of TG	Verbal	Task Group
<i>June Member Development</i>	<i>Equality & Diversity</i>	<i>Using Scrutiny to challenge inequality</i>	<i>Equality & Diversity Officer</i>	<i>Briefing</i>	
28 Nov 2016	Performance	Update on Performance across Corporate Services	Head of Services for Communities	Report	Committee meeting only
	Treasury Management Mid-Year Report	Consideration of report and to make any comments /	Assistant County Treasurer	Report	Committee meeting only

Item 8

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
		recommendations to Cabinet			
	Scrutiny & Commissioning Task Group update	Update on action taken against the Task Group's recommendations	Head of Scrutiny / Head of Business Strategy & Support	Report	Committee meeting only
	Income Generation Task Group final report	Task Group Report	TG Chairman / Scrutiny Officer	Report	Task Group
Place Scrutiny Committee					
7 March 2016	Agriculture in Devon	Current difficulties faced by the Devon Agriculture Industry and the effect on the Devon economy	Head of Economy and Enterprise	Report	Committee meeting / task group?
	Highway Safety Inspections Policy	Review of policy	Head of Highways, Capital Development & Waste	Report	Committee meeting
	Performance Update	Update	Head of Services for Communities	Report	Committee meeting only
	Cranbrook Task Group Report update	Progress against recommendations	Scrutiny Officer / Head of Planning, Transportation & Environment	Report	Committee meeting only
	Young People & Employment Task Group update	Progress against recommendations	Scrutiny Officer / Head of Economy & Enterprise	Report	Committee meeting only
	Reference from Council, Notice of Motion on Protection of Bee Population	To consider formally adding the topic to the Work Programme	Head of Planning, Transportation & Environment	Cabinet Report	Committee meeting task group
	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>March Member Development</i>	<i>Tender process for highway maintenance contract</i>	<i>Update</i>	<i>Head of Highways, Capital Development & Waste</i>	<i>Briefing</i>	
14 June 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
	Department of Transport 20mph Speed Limits, incl.	National guidance and discussion	Head of Highways,	Report	Committee

Item 8

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
	Police representation	following Sept 2015 meeting	Capital Development & Waste		meeting only
	Highways Communications with local Parishes	To review the Council's communications with Parishes on highways works in their areas	Head of Highways, Capital Development & Waste	Report	Committee meeting
	Tender process for highway maintenance contract	Update	Head of Highways, Capital Development and Waste	Report	Committee meeting only
	Community Transport	To consider the Council's support for community transport schemes, in light of cuts to public transport support	Head of Services for Communities	Report	Committee meeting – possible Task Group to follow
	Mobile Phone Reception	To review mobile phone reception in Devon and impact on the economy	Head of Economy & Enterprise	Report	Committee meeting
	Air Quality & Car Emissions	To review the impact of the fixing of car emission testing on public health and on the environment in Devon	Head of Planning, Transportation & Environment and Environmental Health (Districts)	Report	Committee meeting
	Rollout of Connecting Devon and Somerset superfast broadband	Update – standing item	Head of Economy & Enterprise	Report	Committee meeting only
<i>June Member Development</i>	<i>Corporate Energy Manager</i>	<i>Meet and Greet</i>	<i>Corporate Energy Manager & Strategic Property Manager</i>	<i>Briefing</i>	
	<i>Winter preparation</i>	<i>Process of preparing for severe weather</i>	<i>Head of Highways Capital Development & Waste</i>	<i>Briefing</i>	
20 Sept 2016	Rollout of Connecting Devon and Somerset superfast broadband	Update – standing item	Head of Economy & Enterprise	Report	Committee meeting only
15 Nov 2016	Flood Risk Management Strategy	Annual Update	Head of Planning, Transportation & Environment	Report	Committee meeting only
	Rollout of Connecting Devon and Somerset superfast broadband	Update – standing item	Head of Economy & Enterprise	Report	Committee meeting only

Item 8

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
People's Scrutiny Committee					
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
	Adult Social Care in Devon 2015	To review the Annual Report	Head of Adult Social Care	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
	Early Intervention in Psychosis	To review the impact of legal / illegal highs and performance in meeting targets	Head of Social Care Commissioning	Report	Committee meeting only
	Commissioning Domestic Abuse Support Services	Update	Director of Public Health	Report	Committee meeting only
	Devon Education Performance 2014	To review education performance at all key stages.	Head of Education & Learning	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

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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
	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
	Adult's Standing Overview Group	Update	Chair/Vice-Chair	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
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
Future topics	Social Care: Direct Payments and Personal Budgets	For details see Minute *93b	Scrutiny Officer and witnesses	Written and oral evidence	Task Group with report back to Committee
	Statements of Special Educational Needs/Education Health and Care Plans (EHCPs).	For details see Minute *125			
	Council's planning / interventions to ensure market sufficiency for care services and appropriate quality standards	For details see Minute *140	Scrutiny Officer and witnesses	Written and oral evidence	Task Group with report back to Committee
	Income generation (joint review of all scrutiny committees)	Including alternative models of services delivery			
Health & Wellbeing Scrutiny Committee					
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 th March briefing session	Public Health Acuity Audits	Committee to understand the trends coming from the research	Director of Public Health	Report	Briefing session
	Care Quality Commission Changes and developments	Committee understanding the nature of the CQC	CQC regional team	Informal discussion	Briefing session

Item 8

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
8 th March 2016	Success Regime	Committee to understand the position and forward activities of the regime	Programme Director	Report	Committee meeting
	St Johns Court, Exmouth progress report	Report on activity since the closure	DPT	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
	Community Services Reconfiguration	Consultation on the proposals for community hospitals and community care	South Devon and Torbay CCG	Report	Committee meeting only
	Community Care and Community Hospitals: Winter Pressures	Complete period to report	Northern Devon Healthcare NHS Trust	Report	Committee meeting
	Healthwatch	To invite Health Watch to present	HealthWatch	Report/presentation	Committee meeting only
20 June 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
	Cancer treatment waiting times position	Committee to monitor the anticipated reduction in waiting times	RD&E	Report	Committee only
	Dentistry and appointment system	Difficulty to access NHS dentists and appointment waiting times		Report	Committee meeting only
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

<u>Date</u>	<u>Matter for Consideration</u>
Thursday 8 September 2016 @ 2.00pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Review / Refresh of Joint Health and Wellbeing Strategy / JSNA) Survey & New Service - MH & emotional wellbeing issues in young people.</p> <p><u>Business / Matters for Decision</u> Better Care Fund – frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 10 November 2016 @ 2.00pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) Mental Health and Young People (Min 218)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 12 January 2017 @ 2.00pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 9 March 2017 @ 2.00pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Annual Reporting	<p>Delivering Integrated Care Exeter (ICE) Project – Annual Update (March) Children’s Safeguarding annual report (September / November) Adults Safeguarding annual report (September / November) Joint Commissioning Strategies – Actions Plans (Annual Report - November)</p>
Other Issues	<p>Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)</p>