

Phil Norrey
Chief Executive

To: The Chairman and Members of
the Health and Wellbeing
Board

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(see below)

Your ref :
Our ref :

Date : 31 August 2016
Please ask for : Karen Strahan 01392 382264

Email: karen.strahan@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 8th September, 2016

A meeting of the Health and Wellbeing Board is to be held on the above date at 2.00 pm in the County Hall, Topsham Road, Exeter, EX2 4QD to consider the following matters.

P NORREY
Chief Executive

A G E N D A

PART I - OPEN COMMITTEE

- 1 Apologies for Absence
- 2 Election of Chairman
- 3 Election of Vice Chairman
- 4 Minutes (Pages 1 - 6)
Minutes of the meeting held on 10 March 2016, attached.
- 5 Items Requiring Urgent Attention
Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.

PERFORMANCE AND THEME MONITORING

- 6 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 7 - 10)
Report of the Director of Public Health (PH/16/23), which reviews progress against the overarching priorities identified in the Joint Health and Wellbeing Strategy for Devon

2013-2016.

The appendix is available at <http://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/>

2.30PM BOARD BUSINESS - MATTERS FOR DECISION

- 7 Review / Refresh of Joint Strategic Needs Assessment (Pages 11 - 12)
Report of the Director of Public Health on the refresh of the Joint Strategic Needs Assessment (JSNA) (PH/16/24), attached.
- The full JSNA can be found at <http://www.devonhealthandwellbeing.org.uk/jsna/overview/draft-2016/>, but a copy is attached for Board Members.
- 8 Review / Refresh of the Joint Health and Wellbeing Strategy (Pages 13 - 24)
Report of the Director of Public Health on the refresh of the Joint Health and Wellbeing Strategy (PH/16/25), attached.
- A copy of the draft Strategy is also included in the papers.
- 9 Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements (Pages 25 - 40)
Joint report of the Head of Social Care Commissioning and Managing Director Partnerships (NEW Devon CCG) on the BCF, Annual Return, Performance Report and Performance Summary.
- 10 Updates from Clinical Commissioning Groups
An opportunity for Clinical Commissioning Groups to give short verbal update on any pertinent issues of interest or importance to the Board.

OTHER MATTERS

- 11 Scrutiny Work Programme (Pages 41 - 48)
In order to prevent duplication, the Board will review the Council's Scrutiny Committee's Work Programmes. The latest round of Scrutiny Committees confirmed their work programmes and the plan can be accessed at;
<http://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/>
- 12 Forward Plan (Pages 49 - 50)
To review and agree the Boards Forward Plan, attached.
- 13 Briefing Papers, Updates & Matters for Information
- Digital Roadmap 2020 – circulated via email 28/06/2016
 - Heart of the South West Devolution documentation – all reports, newsletters and important briefings can be found here - <https://new.devon.gov.uk/democracy/how-the-council-works/devolution/> The latest newsletter and FAQ can be obtained from the Clerk.
 - LGA briefing paper on devolution (July 2016) - <http://www.local.gov.uk/documents/10180/7632544/3.5+What+next+for+devoluti on+-+final+WEB.pdf/77125fcd-4035-443c-b98c-2da62c644548> Copies can be obtained from the Clerk.

Dates of Future Meetings

Please note that dates of future meetings and conferences will be included in the Devon County Council meetings calendar. All will take place at County Hall, unless otherwise stated.

Meetings

Thursday 15th December 2016 @ 2.00pm

Thursday 9th March 2017 @ 2.00pm

Thursday 8th June 2017 @ 2.00pm

Annual Conference


Thursday 8th June 2017 @ 10.00am

(Board dates for 10th November 2016 and 12th January 2017 are cancelled)

(Seminars dates for 13th October 2016 and 9th February 2017 are also cancelled)

Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.

MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER

Membership
Councillor Andrea Davis (Chairman), Councillor Stuart Barker, Councillor John Clatworthy, Councillor James McInnes, Dr Virginia Pearson, Jennie Stephens, Carol Brown (Joint Engagement Board), Dr Tim Burke (NEW Devon CCG), Dr Derek Greatorex (South Devon & Torbay CCG), Alison Hernandez (Police and Crime Commissioner), Mr Robert Norley (Environmental Health), David Rogers (Healthwatch), Mr John Wiseman (Probation Service), Councillor Philip Sanders and Lindsey Scott (NHS England)
Declaration of Interests
Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.
Access to Information
Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact Karen Strahan on 01392 382264. Agenda and minutes of the Committee are published on the Council's Website
Webcasting, Recording or Reporting of Meetings and Proceedings
The proceedings of this meeting may be recorded for broadcasting live on the internet via the 'Democracy Centre' on the County Council's website. The whole of the meeting may be broadcast apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to: http://www.devoncc.public-i.tv/core/
In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.
Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi availability at other locations, please contact the Officer identified above.
Emergencies
In the event of the fire alarm sounding leave the building immediately by the nearest available exit, following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings, do not use the lifts, do not re-enter the building until told to do so.
Mobile Phones
Please switch off all mobile phones before entering the Committee Room or Council Chamber
If you need a copy of this Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Information Centre on 01392 380101 or email to: centre@devon.gov.uk or write to the Democratic and Scrutiny Secretariat at County Hall, Exeter, EX2 4QD.
 Induction loop system available

HEALTH AND WELLBEING BOARD

10 March 2016

Present:-

Devon County Council

Councillors Barker, Clatworthy, Davis (Chairman) and McInnes
Dr V Pearson (Director of Public Health) and Ms J Stephens (Strategic Director People)

Environmental Health

Mr R Norley

South Devon and Torbay Devon Clinical Commissioning Group (CCG)

Dr D Greatorex (items 5 – 10)

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

Dr T Burke

Joint Engagement Board

Mrs C McCormack Hole (representing Mrs C Brown)

Health Watch Devon

Mr D Rogers

District Council Representative

Councillor Sanders

Apologies:

Ms L Scott (NHS England), Mr T Hogg (Police and Crime Commissioner), Mrs C Brown (Joint Engagement Board) and Mr J Wiseman (Probation Service)

***228**

Minutes

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

RESOLVED that the minutes of the meeting held on 14 January 2016 be signed as a correct record.

PERFORMANCE AND THEME MONITORING

***229**

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

Agenda Item 4

HEALTH AND WELLBEING BOARD
10/3/16

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;

- 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); and
- Female Life Expectancy Gap (2012-2014)

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 (Figure 1) of the full report. Areas with a red rating included hospital admissions for self-harm aged 10-24.

Furthermore, figure 2, summarised the outcomes against the four themes of the Devon Joint Health and Wellbeing Strategy, including highlighting the current position with trends on child poverty levels, recorded levels of child development, smoking at delivery, conception rates and self-harm admissions in younger people, levels of physical activity, levels of excess weight, alcohol-related admissions rate, adult smoking rates, mortality rates, clostridium difficile incidents, detection of dementia, injuries due to falls, re-ablement service effectiveness, re-admission rates, suicide rates, life expectancy, quality of life for carers and mental health issues.

The report also featured a table (figure 3) 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 outcomes report was also available on the Devon Health and Wellbeing website www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report

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

- the re-ablement data and clarification on the variation in figures, including the impact (if any) of rurality and the ongoing work to extend the service, including recruitment and redeployment to progress the initiative;
- whether any analysis could be undertaken on the use of the service in areas both with and without community hospitals to consider any impact;
- clarification on what commissioners were doing regarding the priorities marked as 'red' including commissioning intentions, mental health services and the associated plan for 2017 and the work within the success regime which put mental health services as a core strand within other services (e.g. acute care), rather than a stand alone provision;
- the life expectancy gap of both males and females, the volatility associated with the male figures and also the spikes in numbers for both Exeter and North Devon;
- the low prevalence of falls in the North Devon / Torridge area and the work of a dedicated team in this area, including in reach into care homes; and
- the work of the filo project and the great benefits that were being realised from this model.

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

RESOLVED that the performance report be noted and accepted.

***230**

Theme Based Report – Healthy Lifestyle Choices

The Board received a report from the Director of Public Health on the 'Healthy Lifestyle Choices' priority, as detailed in the Joint Health and Wellbeing Strategy, which was centred on informing, enabling and supporting people to take responsibility for their own health and health of their family (and people in their care), through addressing any

lifestyle choices which were likely to be detrimental to current and/or future health, for example, eating healthy food, moving more every day, not smoking, not drinking alcohol excessively and being mindful of mental health and wellbeing.

The report highlighted that non-communicable diseases such as coronary heart disease, lung cancer, stroke and liver disease were the leading cause of premature mortality and ill-health, therefore individual, community and service provided preventive action was important.

In addition, health inequalities accounted for huge variation in both mortality and morbidity rates (e.g. multi-morbidity in the most deprived areas could be experienced 10-15 years earlier than the least deprived areas). Figure 1 in the report highlighted the relationship between deprivation and health-related behaviours and health and social outcomes.

Analysis of the Joint Strategic Needs Assessment identified the priorities for this overarching objective as alcohol misuse, contraception and sexual health, screening, physical activity, healthy eating and smoking cessation and also high blood pressure.

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 'healthy lifestyle choices' and giving a more detailed analysis of those indicators below;

- Physically Active Adults;
- Excess Weight in Children aged Four or Five;
- Alcohol-Related Admissions;
- Adult Smoking Prevalence;
- Under 75 Mortality: All Cancers; and
- Under 75 Mortality: Circulatory Diseases

In summary, the report outlined that 'Healthy lifestyle choices' was a broad theme requiring long-term and sustained action. It also reported on the new ways of informing, enabling and supporting people to make changes such as the new Healthy Lifestyle Offer, the work with the Local Nature Partnership and further work on 'Naturally Healthy Week' during May. Lastly, the Public Health England, 'One You' campaign was launched on Monday 7th March 2016.

The Board also watched 'Kath's Story', which focused upon improvements in health and life through quitting smoking, the clip could be found at;
<https://www.youtube.com/watch?v=HFwNLOJ5Ldg&feature=youtu.be>

The Board discussed and asked questions on the health inequalities, as outlined in the report, the role of alcohol as a big future issue for the Board (alcohol abuse being a problem for the more affluent in society as well as in areas of great deprivation), that future priorities would feature mental health far more prevalently than was currently the case, based on stakeholder feedback and the launch of the recent quiz 'how are you' which the Chairman extolled Members of the Board to undertake.

BOARD BUSINESS - MATTERS FOR DECISION

***231**

Integrated Personal Commissioning

The Board considered a report from NEW Devon CCG which highlighted that the CCG, the County Council, Plymouth City Council along with a number of local voluntary and community sector organisations, had formed part of the only successful regional demonstrator site for Integrated Personal Commissioning (IPC) in England. The report gave an overview of the IPC from a national, regional and local perspective.

The Board was being asked to review and agree the recommended local and regional governance relationships proposal of the programme and also consider the outlined

Agenda Item 4

HEALTH AND WELLBEING BOARD

10/3/16

proposals regarding its role in providing leadership, engagement and input into the development and progress of the programme from both a strategic and cross organisational viewpoint.

By way of a background, the IPC programme was first outlined in June 2014 and was 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. The programme provided a delivery vehicle for integration and personalisation, sitting alongside 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 programme were;

- people with complex needs and their carers to have a better quality of life, allowing them to achieve outcomes important to them / their families through greater involvement in their care, designed around their needs;
- prevention of crises (that led to unplanned hospital visits and institutional care) by keeping people well and supporting self-management; and
- better integration and quality of care, including better user and family experiences of care.

The programme was therefore aimed at groups of individuals who had high levels of need (usually health and social care needs), such as children / young people with complex needs, those with multiple long-term conditions (including frailty), learning disabilities and also people with significant mental health needs.

Then Board received a supporting presentation outlining the key aspects of the programme including the care and financial models, progress at implementation sites, governance frameworks, various work streams (e.g the Right Skills Group, Person Led Care and Support Workstream, Finance and Commissioning Workstream), the work to involve others, management and evaluation and also how personal budgets could help with learning disability, continuing healthcare, children and young people, long term and mental health conditions.

A short film was also shown, 'Johnathans Story', which could be seen at; <https://www.youtube.com/watch?v=9xw6pWJV0kQ> which demonstrated moving from institutionalised care towards a personal health budget.

The Board asked that a number of factual amendments be made to the report, including, inter alia, the reference to publically funded adult social care support and personal budgets (P.20), the reference to the Joint Health and Wellbeing Strategy (P.21) and the reference to NEW Devon Health and Wellbeing Board.

Furthermore, the Board recorded their concerns over the lack of clarity regarding Governance structures and also the Boards role within those structures, including the suggestion of the appointment of an IPC senior officer in each appropriate organisation.

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

RESOLVED that whilst the key aims and ambitions of the project were, in the main, supported, further work was required on the role of the Board in the Governance Structures currently proposed, therefore a further report be brought back to the Board on 8 September 2016.

***232**

South Devon and Torbay CCG – Activities and Progress

The Board received a verbal update from Dr Greateorex (South Devon and Torbay CCG) on the various activities, projects and programmes that had been happening within the locality.

This included an update on the sustainability and transformation footprint (as part of the five year forward view). As part of that forward view, the CCG were participating in the 'right care programme (which looked at how services were delivered, including comparisons with other areas and learning good practice to improve service delivery).

Work was also underway on Community Development, which involved working across organisations (including the new integrated trust) and looking at new models of care, from a community perspective, including the work of multi-agency teams.

Further updates included looking at the development of urgent care centres (essentially Minor Injuries Units with increased facilities such as extended periods and diagnostic services), the use of Community Medical Beds, work to improve Intermediate Care including the merge of rapid and crisis response teams and a focus on the concept of wellbeing co-ordination services.

The Board noted that a series of public consultations would take place on the changes (starting in May 2016 over a twelve week period).

OTHER MATTERS

***233**

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.

***234**

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 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 in young people)</p> <p><u>Business / Matters for Decision</u> Better Care Fund – frequency of reporting TBC Integrated Personal Commissioning (minute 231) 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	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring</p>

Agenda Item 4

HEALTH AND WELLBEING BOARD
10/3/16

@ 2.00pm	<p>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>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>

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

***235**

Dates of Future Meetings and Seminars

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

Board Meetings

Thursday 8th September 2016 @ 2.00pm
Thursday 10th November 2016 @ 2.00pm
Thursday 12th January 2017 @ 2.00pm
Thursday 9th March 2017 @ 2.00pm

Board Seminars

Thursday 9th June 2016 @ 2.00pm
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 3.50pm.

NOTES:

1. Minutes should be read in association with any Reports or documents referred to therein, for a complete record.
2. The Minutes of the Board are published on the County Council's website.
3. A recording of the webcast of this meeting will also be available to view for up to six months from the date of the meeting, at <http://www.devoncc.public-j.tv/core/portal/home>

Health and Wellbeing Outcomes Report

Report of the Director of Public Health

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

1. Context

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

2. The Health and Wellbeing Outcomes Report

2.1 An 'updates only' version of the Health and Wellbeing Outcomes Report for September 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:

- Smoking at Time of Delivery, 2015-16
- Teenage Conception Rate, Q2 2015
- Proportion of Physically Active Adults, 2015
- Alcohol-Related Admissions, 2015-16 provisional (narrow and broad definitions)
- Adult Smoking Prevalence, 2015
- Incidence of Clostridium Difficile, 2015-16
- Percentage who feel supported to manage condition, 2015-16

2.2 The rate of mothers smoking at time of delivery in Devon, Plymouth and Torbay in 2015-16 (11.7%) was marginally above South West (11.4%), comparator group (11.0%) and England (10.6%) rates.

2.3 There were 228 conceptions in Devon in the latest year for females aged under 18, with around half leading to a birth. The latest rate (20.8 per 1,000 females) was in line with South West (18.3), and local authority comparator group (19.4) rates, and below England (24.0) rates. Within Devon rates are lowest in Northern and Western Devon and the South Hams. Rates have dropped significantly in recent years.

2.4 The percentage of adults physically active for at least 150 minutes a week in 2015 (60.7%) was above South West (59.2%), comparator group (58.6%) and England (57.0%) rates.

2.5 Using the narrow definition of alcohol-related admissions covering more immediate harm, the direct age standardised rate of admissions (611.1 per 100,000) was below South West (647.4) and England local authority comparator group (614.2) and England (651.3) rates. Using the broad definition of alcohol-related admissions covering longer-term impacts of alcohol, the direct age standardised rate of admissions (1795.1 per 100,000) was below the South West (2014.2), local authority comparator group (1911.7), and England (2188.6) rates.

2.6 The adult smoking rate in Devon in 2015 (12.2%) was significantly below South West (15.5%), comparator group (15.3%) and England (16.9%), and has fallen substantially over recent years.

2.7 In 2015-16 the rate of Clostridium Difficile cases per 100,000 in Devon, Plymouth and Torbay (30.9) was broadly in line with South West (29.2) and comparator group (28.5) rates, and above England (26.0).

2.8 The rate of people with a long-term condition who felt they had enough support to manage their own condition (66.6%) was above South West (64.8%), comparator group (64.0%) and England (63.1%) rates.

2.9 Figure 1 provides a summary of all indicators in the outcomes report, and includes a RAG rating, trend and comparison chart. Figure 2 summarises the outcomes against the four themes of the Devon Joint Health and Wellbeing Strategy 2013 to 2016. 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.

Agenda Item 6

Table 1: Indicator List and Performance Summary, September 2016

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

RAG Ratings

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

Table 2: Priority Area Summaries, September 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, September 2016

Now 2013

Measure	Rate			Significance		LACG Rank / Position	
	Devon	LACG	England	LACG	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	
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	
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 (%)	12.2%	15.3%	16.9%	Better	Better	2 / 16	
Feel Supported to Manage own Condition (%)	66.6%	64.0%	63.1%	Better	Better	3 / 16	
Physical Activity (%)	60.3%	58.6%	57.0%	Better	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	
Alcohol Admission Rate (Broad Definition)	1795.1	1911.7	2188.6	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	
Teenage Conception Rate per 1,000	20.8	21.2	24.0	Similar	Better	9 / 16	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Alcohol Admission Rate (Narrow Definition)	611.1	617.6	651.3	Similar	Better	9 / 16	
Smoking at Time of Delivery (%)	11.7%	11.0%	10.6%	Worse	Worse	10 / 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	30.9	28.5	26.0	Similar	Worse	13 / 16	
Suicide Rate	10.4	9.6	8.9	Similar	Worse	13 / 16	
Hospital Admission Rate for Self-Harm	565.1	436.2	398.8	Worse	Worse	15 / 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

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

Background Papers
Nil

Joint Strategic Needs Assessment: Devon Overview 2016

Report of the Director of Public Health

Recommendation: It is recommended that the Devon Health and Wellbeing Board approve the draft Joint Strategic Needs Assessment (JSNA) Devon Overview 2016.

1. Context

This paper introduces the updated JSNA Devon Overview for 2016. The Devon overview looks at the overall pattern of health and care needs in the county, including the impact of population change, deprivation and economic conditions. The draft 2016 JSNA Devon Overview can be found here:

<http://www.devonhealthandwellbeing.org.uk/jsna/overview/draft-2016/>

2. The JSNA Devon Overview 2016

2.1 The JSNA Devon Overview 2016 uses the same document structure as the 2015 overview and includes updates to text, tables and figures. New information added in 2016 includes:

- An population overview for the new town of Cranbrook
- Further breakdowns of outcomes measures by equality and diversity characteristics
- Maps and deprivation analyses drawn from the 2016 JSNA area profiles
- An expanded deprivation section drawing on the Indices of Deprivation 2015
- Further information in the Children, Young People and Families section on education, healthy lifestyles, disability, and children in care
- Further information in the Older People section relating to healthy life expectancy, frailty, visual impairment, social isolation and loneliness, and end of life care.

3. The main health and wellbeing challenges in Devon

3.1 The conclusion of the document summarises the main health and wellbeing challenges in Devon. As well as restating the challenges highlighted in 2015, this adds four additional new challenges relating to new towns/developments, housing, loneliness and frailty.

- An ageing population resulting in an increase in demand for services
- New towns and growth in existing towns with a younger population profile and different health and wellbeing needs providing an opportunity for a different approach (new)
- Financial pressures requiring a different solution to improving health and wellbeing
- Complex organisational configuration
- Rurality and access to services impacting on the model of care and support
- A high quality outdoor environment but poor quality indoor environment in some areas due to poor housing (new)
- Below average earnings and high cost of living and housing impacting on poverty, fuel poverty, homelessness and mental health
- The need to focus on prevention and living well at all ages to improve health in later life and address the 10-15 year inequalities gap
- Mental health and the focus on groups and places where outcomes are poor
- Social isolation and loneliness particularly in older people, certain groups and isolated places (new)
- Changing patterns of health-related behaviour particularly in the young
- Long-term conditions and multi-morbidity and the impact on health in later life and the need for services to adapt to multiple conditions
- Growing levels of severe frailty and onset of pre-frailty at a younger age due to health inequalities providing an opportunity to act early (new)
- A diverse population. Inequality takes many forms and can be hidden

4. Legal Considerations

There are no specific legal considerations identified at this stage.

Agenda Item 7

5. Risk Management Considerations

Not applicable.

6. Options/Alternatives

Not applicable.

7. Public Health Impact

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

Dr Virginia Pearson

**DIRECTOR OF PUBLIC HEALTH
DEVON COUNTY COUNCIL**

Electoral Divisions: All

Cabinet Member for Health and Wellbeing: Councillor Andrea Davis

Contact for enquiries: Simon Chant

Room No 155, County Hall, Topsham Road, Exeter. EX2 4QD

Tel No: (01392) 386371

Background Papers

Nil

Joint Health and Wellbeing Strategy 2016-2019

Report of the Director of Public Health

Recommendation: It is recommended that the Devon Health and Wellbeing Board consider and approve the Joint Health and Wellbeing Strategy.

1. Context

There is a statutory requirement to have a Joint Health and Wellbeing Strategy for the Local Authority area based on the need identified in the Joint Strategic Needs Assessment. This paper introduces the Joint Health and Wellbeing Strategy for Devon 2016-2019. The first Strategy was widely consulted upon in 2012/13 and two updates were produced in September 2013 and June 2015. The strategy needed updating as it has expired and it also needed to be consolidated into one document and reflect current health and wellbeing issues.

2. The Joint Health and Wellbeing Strategy 2013-16

2.1 The four original themes of the 2013 Strategy remain valid and have stood the test of time, they reflect priorities identified in the Joint Strategic Needs Assessment (JSNA) and provide a focus on health inequalities across the life-course in line with Marmot principles. The priority areas were:

- A focus on children and families
- Healthy Lifestyle Choices
- Good Health and Wellbeing in Older Age
- Strong and Supportive Communities

The themes and their underlying priorities provide a balance between the health need and assets available to improve health and wellbeing and reduce health inequalities.

2.2 For the last three years Health and Wellbeing Board meetings have been based on consideration of the agreed Health and Wellbeing Outcomes to assess progress in improving health and wellbeing and addressing health inequalities and meetings have been themed to allow a focussed discussion. Within those themed meetings there have been topic papers in areas such as frailty, alcohol and housing.

3. The Joint Health and Wellbeing Strategy 2016-19

3.1 The Board continually reflects on its priorities and a number of Board Development sessions have considered the Strategy and next steps. On the 11th February 2016 a stakeholder session was held with a wide range of groups, organisations and individuals with different perspectives. The session considered progress to date and priorities moving forward based on the latest JSNA. This was considered by the Board in subsequent development sessions reflecting the updated JSNA which is presented in a separate paper.

3.2 Feedback from stakeholders was that the Strategy needed to be simple, accessible, strengths based and with good stories. Future priorities were overwhelming agreed with a need to focus on early intervention, mental health, housing and connectedness and enabling communities with an underpinning focus on health inequalities. The life-course approach was still welcomed.

3.3 The new strategy is high level and simple and seeks to reflect progress that the wider system has made as separate organisations and collectively over the last three years. It is not the role of the Board to undertake the necessary actions but to provide strategic oversight that health needs and health inequalities are being addressed to support its vision to 'Improve Health and Promote Health Equality.' The Joint Health and Wellbeing Strategy does not seek to repeat intelligence in the JSNA and the documents should be considered together.

3.4 To reflect the importance of mental health and the Five Year Forward View for Mental Health 'Life-long Mental Health' has been added as a new priority area as it was previously within 'Strong and Supportive Communities.' This will provide allow a focus on mental health from maternity to later life which is important as mental health indicators have been the most resistant to improvements that have been seen in other areas. The separate outcomes report provides a summary.

Agenda Item 8

3.5 A Focus on Children, Young People and Families remains importance to ensure the best start in life but also ensure a focus on prevention and early help when a need is identified.

3.6 Healthy Lifestyle Choices has been renamed 'Living Well' to reflect the importance of looking after oneself in mid and later life to promote independence and reduce the risk of disability and frailty in later life. Prevention and management of long-term conditions and reducing multi-morbidity is critical and simple lifestyle changes and living well can support this. It is also allows a strengths based approach.

3.7 Stronger and Supportive Communities provides a focus on strengthening community resilience, addressing social isolation and providing an emphasis on the importance of place and place based health. This area includes housing which is a priority area recognising the importance of housing for health. Fuel poverty is high in Devon due to high fuel costs, low income and the quality of some of the housing stock. The theme will re-emphasise the importance of feeling safe and violence prevention and for this reason Domestic and sexual violence and abuse has been moved to this theme.

3.8 To summarise the new strategy has a set of interconnecting themes supporting health and wellbeing through the life course underpinned by strong and supportive communities and living with life long mental health:

- A focus on children young people and families
- Living well
- Good Health and Wellbeing in Older Age
- Strong and supportive Communities
- Life long mental Health

4. Recommendations

4.1 The Joint Health and Wellbeing Strategy is considered and approved by the Board and consideration given towards updating the Health and Wellbeing Outcomes report to reflect the new strategy.

5. Legal Considerations

There are no specific legal considerations identified at this stage.

6. Risk Management Considerations

Not applicable.

7. Options/Alternatives

Not applicable.

8. Public Health Impact

The Joint Health and Wellbeing Strategy is an important element of the work of the board, drawing together priorities 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

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

Background Papers
Nil

Health and Wellbeing in Devon

A Joint Health and Wellbeing Strategy for 2016-2020

Draft

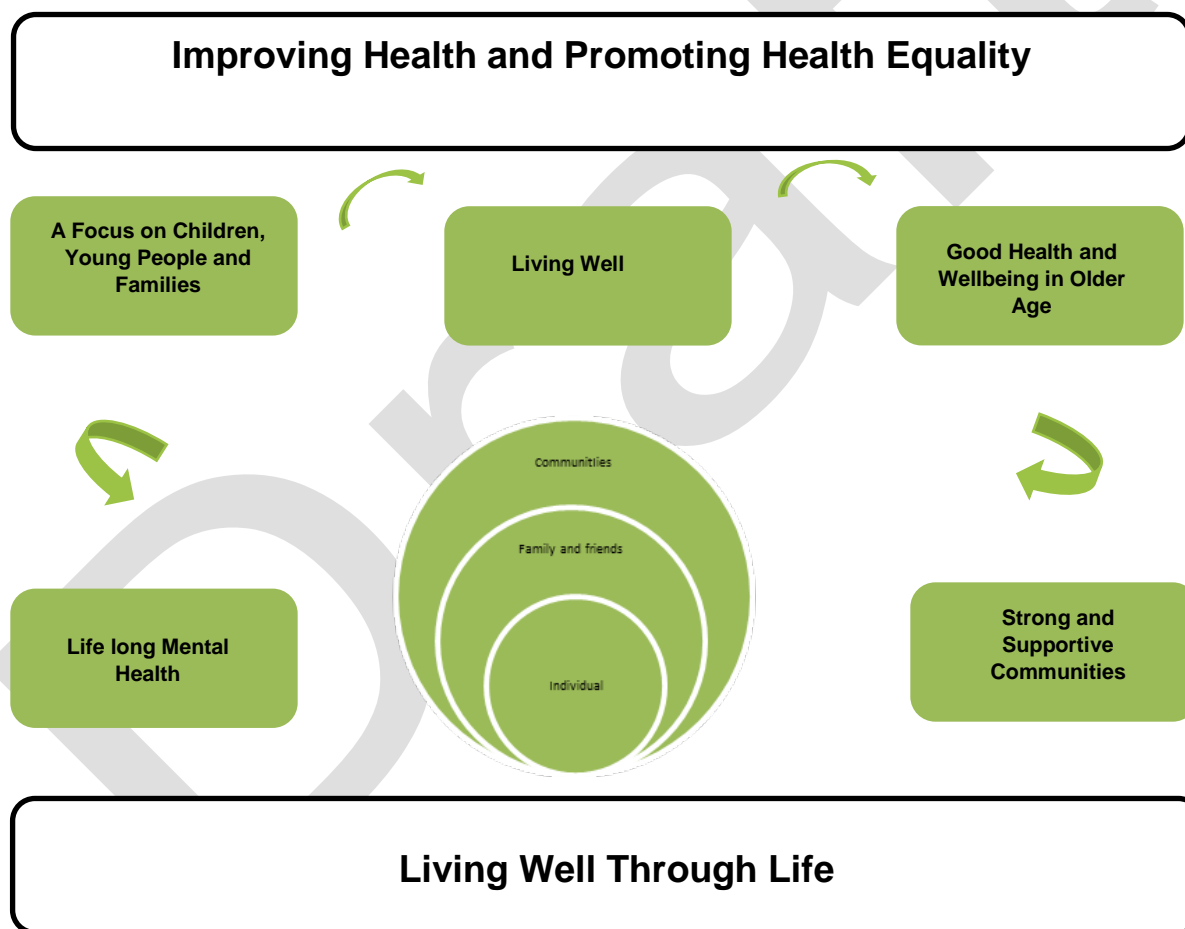
Committed to promoting health equality

www.devonhealthandwellbeing.org.uk

Introduction

The Devon Health and Wellbeing Board have reviewed its priorities and approach for 2016-20. Current demand on services, high costs and demographic pressures coupled with the impact of preventable premature morbidity and mortality and reduced funding will continue to put pressure on the local health and care system.

A new vision for place-based health is emerging and people must be empowered to take greater control over their own lives, to influence personalised services and to take greater responsibility for their health outcomes. We want to focus on the individual, supported by families and friends within their local communities. All resources and assets in places must be used to support the wider determinants of health and improve health and wellbeing outcomes. There needs to be a shift towards prevention and early intervention which will require services to organise and professionals to behave in very different ways.



The Board has been tracking the progress we have made over the last three years to improve the health and wellbeing of Devon's population and how we are impacting on health inequalities, in some areas we have made great progress and are working creatively with our local communities but in other areas such as mental health we are not improving and we would like to see that position changed in the next three years despite challenging financial circumstances.

Chairman Devon Health and Wellbeing Board, Councillor Andrea Davis

Priority 1 - Children, Young People and Families

Starting Well

We want all children in Devon to have the best start in life, growing up in loving and supportive families, and being happy, healthy and safe. This means access to high quality universal services such as health care and education; early intervention when needed, and targeted support for children and families who are in difficulties. We want to prevent children and young people developing emotional problems and having to live in poverty, or where they or their families are affected by abuse, violence or misuse of substances, so that we prevent problems being passed from generation to generation

The Facts:

- 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
- Teenage conception rates have fallen sharply, particularly in more deprived areas
- Self-harm admissions in younger people are above the national average, with higher risk in females and more deprived areas
- Alcohol-related admissions for persons aged under 18 are above the national average
- Excess weight in children in at reception remains similar to the national average but at year 6 is better

Achievements so far	Goals for 2016-2020
<ul style="list-style-type: none"> • The Children, Young People and Families Alliance was established with a clear vision and set of priorities • Looked after Children and Neurological disease in children Health Needs Assessment undertaken to support development of future support and services • Teenage conception rates continue to fall 	<ul style="list-style-type: none"> • Early help for children, young people and families will be embedded • Healthy weight for children at reception year will be better than the national average and continue to improve at year 6 • Educational attainment in some areas where not doing so well will improve • There will be greater understanding of the needs of local children with a physical disability

Looked after children - What makes you happy?

In October 2015, Children in Care in Devon were surveyed and asked about their views on their health and well-being, as part of a wider Health Needs Assessment in support of the JSNA. Independent of age group, all children and young people placed a high value on 'family', 'friends' and 'hobbies & sports' to support their happiness. Older participants (16 and over) also focused on being 'safe and loved' and 'entertainment, having fun and play'. The word cloud shows the responses to the question – with the most popular represented by larger size words.



WordItOut

Priority 2 - Living Well

We want 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. We want to see a reduction in avoidable long-term conditions particularly in more deprived areas for example diabetes.

The Facts:

There are changing patterns of health-related behaviour particularly in the young but in Devon:

- 79,000 adults smoke
- 141,200 adults are obese (412,900 including overweight)
- 163,900 adults are physically inactive
- 120,600 adults drinking at potentially harmful levels
- 2,177 deaths under 75s in Devon 2014



Achievements so far	Goals for 2016-2020
<ul style="list-style-type: none"> • Smoking prevalence has reduced significantly from 16.4% in 2013 to 12.2% in 2015 • A new healthy lifestyle offer has been commissioned based on insight with a new approach to empower and support people to make lifestyle change • There are many examples of joined up work to improve activity through walking, cycling and enjoying Devon • The Board has a compact with the Local Nature Partnership and has delivered a 'naturally healthy' programme with a wide range of stakeholders including the National Parks making the most of Devon's natural assets 	<ul style="list-style-type: none"> • There will be a focus across the life-course and care pathways on moving more, drinking less, stopping smoking and eating well • The national pre-diabetes programme will provide support to individuals in Devon • Routine and manual smoking rates will also fall • Alcohol admission rates will improve

Working together to keep Devon smokefree

Stover Country Park near Newton Abbot is taking a lead in encouraging visitors to help keep the park smoke free. New signs have been placed throughout the park's picnic areas and bird hide to thank visitors for helping keep Devon smoke free. Stover is the latest addition to a number of smoke free areas in the county, which now include many of its play parks, and, all of its children's centre grounds, hospital sites and the Council's County Hall headquarters. The 2015 visitor survey showed that people visited the park mainly to walk, exercise and enjoy the peace and quiet supporting the priority to keep people naturally healthy.



Priority 3 - Good Health and Wellbeing in Older Age

Ageing Well

We want adults to develop and maintain health and independence as long as possible so that they can live life to the full. When people start to develop a long-term health problem, we want to focus on preventing them developing further health and social problems. We want to see local services focused on those who have the greatest need, to reduce health inequality and to enable a greater focus on prevention of ill health.

The Facts:

- Devon has an ageing population and the older population will increase significantly over the next 30 years
- A significant healthy life expectancy and life expectancy gap persists in some places and with some groups
- There are many unknown carers who may need support
- The accidental falls rate is not benchmarking as well as previously
- Long term conditions and multiple long term conditions continue to increase and contribute a significant proportion of local spend
- Too many people are dying in hospital rather than their usual place of residence.

Achievements so far	Goals for 2016-2020
<ul style="list-style-type: none"> • Life expectancy and healthy life expectancy are high and many people are living long and healthy lives • Carers support has been reviewed and improved in response to the Care Act • Devon Carers is now supporting more Carers than ever – 20,040, of which 3054 are young carers aged 17 or under • Living Well at Home has been commissioned to improve the quality of personal care and support across Devon and to help people remain independent in their own homes. Rapid response has also been expanded 	<ul style="list-style-type: none"> • There will be a greater understanding of future demands on health and care services • An End of Life health needs assessment will be completed to inform future models of care • People will be supported to remain well and independent for as long as possible

New Approach to carers

There are more than 84,000 Carers in Devon of whom 18,412 provide 50 hours or more of care per week. Their combined contribution to care is valued at £1.6 billion annually, so they are essential to the sustainability of public services. Protecting their health and wellbeing and therefore their potential to continue to care in a financially challenged context, in the most cost-effective ways possible, will be a major challenge.

The top priority has to be developing a balanced system that promotes and protects Carers' independence and wellbeing while being responsive to higher level needs within our resources. The highest priority during the remainder of 2016 and the start of 2017 is listening and understanding how we need to change services to better meet carers' needs in the most cost effective way.

Priority 4 - Strong and Supportive Communities

We want people to thrive in supportive communities, with people motivated to help one another. Our communities are strong, vibrant places to live, where people are not anxious about violence and abuse or criminal activity and social disorder, and where individuals are supported by families and friends within their communities and are not lonely or isolated.

A shift towards place based health will be delivered by a step-change in the nature and quality of out-of-hospital care recognising the importance of the home and the need for it to be warm and safe and for individuals and communities to support one another

The Facts:

- Devon has a diverse population and deprivation is dispersed, inequality takes many forms
- 20% of the older population are mildly lonely, 8-10% of the older population are intensely lonely
- 57% of social care users do not have as much social contact as they would like
- Highest risk groups are lone pensioners, older carers, people over 75, the recently bereaved and older people in deprived areas
- Fuel poverty rates are high and many households experience high cost and poor quality housing
- Many areas are in the most deprived nationally for the indoor environment.

Achievements so far	Goals for 2016-2020
<ul style="list-style-type: none">• There are many examples of our vibrant and thriving voluntary and community sector• There are many examples of place based approaches to meet local need and building on local assets. For example Integrated Care Exeter (ICE)• Cranbrook has achieved Healthy New Town status and a Health, Care and Wellbeing Strategy has been developed to ensure the health of the new younger population• Protected characteristics are now embedded in the JSNA• The number of households accepted as homeless has increased nationally, but in Devon the number of homeless acceptances has decreased and rough sleeping amongst single homeless people in Devon has increased however, this rise is significantly less than the national increase of 30%.	<ul style="list-style-type: none">• The learning from Cranbrook will be shared with our other new and growing towns• The learning from programmes such as ICE will support development of the new place based approaches• Develop the domestic and sexual violence and abuse strategy to move towards ending domestic violence and abuse in Devon• We need to address the quality, affordability and warmth of homes in Devon and ensure housing is an important aspect of any new model of care

Integrated Care for Exeter - Getting Serious about Prevention

Mobilisation of a City-wide architecture for prevention and community resilience - Integrated Care Exeter (ICE) is a strategic alliance of leading public, voluntary and community sector organisations, set up in recognition that, to meet the needs of our changing and older population, we have to find another way of delivering public services. The model builds on what already exists in the city, and stakeholder enthusiasm to pool resources. This establishes a single structure for encouraging preventative behaviours by individuals and promoting “resilience” within the system and across communities. In practical terms this means offering a range of community-based options to individuals, who can access what they want to maintain health and wellbeing, reducing the need for statutory care services now and into the future.



Cosy Devon Central Heating Fund transforms elderly couples' life

A retired couple from Devon have had their lives transformed; they suffer from ill health and lived without proper heating for decades until they were given support via the Central Heating Fund a grant secured by Devon Local Authorities.

Mr Burgess suffers with COPD and uses a stair lift and an oxygen tank. Before the central heating they had numerous electric plug-in heaters, an open fire and at one point used butane cylinders. But they were advised by Torbay Hospital that due to the oxygen tank they needed to keep his equipment 10 metres away from potential fire hazards. This gave Frank very limited space to be able to put his oxygen tank. The hospital had also advised them to get central heating. Mr Burgess commented: 'Our home is now much easier to heat and we are much more comfortable. We no longer need to worry about the risk of open flames and the oxygen tank'

A fuel poverty and health course has been delivered to health professionals and others to support referrals to the scheme and raise awareness.

Priority 5 - Life Long Mental Health

We want to ensure a positive attitude to mental health and wellbeing is fostered and that prevention and early intervention to support lifelong mental health is everyone's priority. Mental was part of strong and supportive communities but is now a priority in its own right in recognition of some of the challenges locally and the Five Year Forward View for Mental Health and we want mental and physical health to be equally important. This priority includes promoting positive mental health using assets across the community and tools such as five ways to wellbeing.

The Facts:

People with mental health conditions have a lower life expectancy and poorer physical health outcomes than the general population. Evidence suggests this is due to a combination of clinical risk factors, socioeconomic factors and health system factors. The outcomes report shows that Devon does compare well for some mental health indicators..



Source: Public Health England. (SW) 2016

Achievements so far	Goals for 2016-2020
<ul style="list-style-type: none"> • Early Help 4 Mental Health services commissioned with schools to support young people online and face to face to meet their needs • Improved access and recovery outcomes related to Improving Access to Psychologic Therapies (IAPT) with improving access to IAPT • Improved provision of places of safety so people of all ages can avoid being detained in police custody • Dementia diagnosis rates are improving and support services are improving. Take up of memory matters has increased and there are now 57 memory cafes. 	<ul style="list-style-type: none"> • Implement the 5 year forward view for mental health and ensure a focus on prevention early intervention and pathway development • Improve mental health outcomes in Devon so that we are no longer worse than the England average • Eliminate the stigma and discrimination felt by those with a mental illness • Realise the opportunities from Devolution and the Sustainability and Transformation Plan mental health priorities to improve health outcomes and reduce health inequalities

Summary

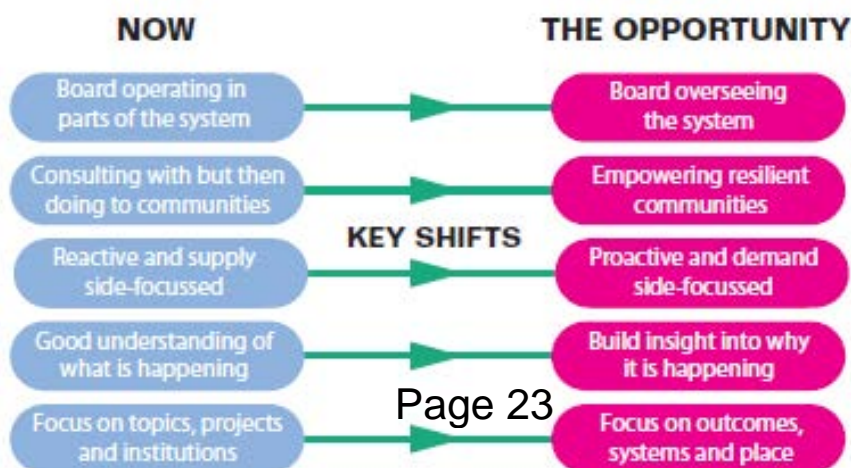
The strategy seeks to address some of the main challenges identified in the Devon Joint Strategic Needs Assessment (JSNA) below and provides some areas of focus for the next 4 years.

- An ageing population resulting in an increase in demand for services
- New towns and growth in existing towns with a younger population profile and different health and wellbeing needs providing an opportunity for a different approach
- Financial pressures requiring a different solution to improving health and wellbeing
- Complex organisational configuration
- Rurality and access to services impacting on the model of care and support
- A high quality outdoor environment but poor quality indoor environment in some areas due to poor housing
- Below average earnings and high cost of living and housing impacting on poverty, fuel poverty, homelessness and mental health
- The need to focus on prevention and living well at all ages to improve health in later life and address the 10-15 year inequalities gap
- Mental health and the focus on groups and places where outcomes are poor
- Social isolation and loneliness particularly in older people, certain groups and isolated places
- Changing patterns of health-related behaviour particularly in the young
- Long-term conditions and multi-morbidity and the impact on health in later life and the need for services to adapt to multiple conditions
- Growing levels of severe frailty and onset of pre-frailty at a younger age due to health inequalities providing an opportunity to act early
- A diverse population. Inequality takes many forms and can be hidden

The full JSNA is available on www.devonhealthandwellbeing.org.uk/jsna and local area profiles have been developed. The Health and Wellbeing Library contains all published Health Needs Assessments developed in response to local need and challenges to support local commissioning and decision making. <http://www.devonhealthandwellbeing.org.uk/library/needs-assessments/>

Next Steps for the Board

Devon Health and Wellbeing Board is a Statutory Board responsible for the development of the JSNA and producing the Joint Health and Wellbeing Strategy based on local need and priorities. The Board has a role to support commissioning by understanding need, assets and areas for focus. The commissioning approach is shifting locally with a focus on the whole system, a user centred approach, building on individual and community assets. Now that the Board is established and is positioned in wider governance structures there is an opportunity for key shifts for the Board as described in 'Get Well Soon'. (2015) The changing organisational landscape provides an opportunity to put health and wellbeing at the centre.



Outcomes Reporting - How will we know we are making a difference?

We will focus on outcomes, tracking progress and responding to changes and emerging issues and we will empower communities to engage with the challenges and develop the solutions.

Devon compared with the Local Authority Comparator Group for all Health and Wellbeing outcome measures, September 2016

Now 2013

Measure	Rate			Significance		LACG Rank / Position	
	Devon	LACG	England	LACG	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	
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	
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 (%)	12.2%	15.3%	16.9%	Better	Better	2 / 16	
Feel Supported to Manage own Condition (%)	66.6%	64.0%	63.1%	Better	Better	3 / 16	
Physical Activity (%)	60.3%	58.6%	57.0%	Better	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	
Alcohol Admission Rate (Broad Definition)	1795.1	1911.7	2188.6	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	
Teenage Conception Rate per 1,000	20.8	21.2	24.0	Similar	Better	9 / 16	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Alcohol Admission Rate (Narrow Definition)	611.1	617.6	651.3	Similar	Better	9 / 16	
Smoking at Time of Delivery (%)	11.7%	11.0%	10.6%	Worse	Worse	10 / 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	30.9	28.5	26.0	Similar	Worse	13 / 16	
Suicide Rate	10.4	9.6	8.9	Similar	Worse	13 / 16	
Hospital Admission Rate for Self-Harm	565.1	436.2	398.8	Worse	Worse	15 / 16	
Reablement Services Coverage (%)	1.4%	2.8%	3.1%	Worse	Worse	15 / 16	

(Local Authority Comparator Groups: Cumbria, Dorset, East Sussex, Essex, Gloucestershire, Leicestershire, Lincolnshire, Norfolk, North Yorkshire, Somerset, Staffordshire, Suffolk, Warwickshire, West Sussex, Worcestershire)

[The Devon Health and Wellbeing Outcomes Report](#) are updated for each Health and Wellbeing Board meeting and there are individual reports for each measure.

BETTER CARE FUND 2016/7 FIRST QUARTER RETURN AND PERFORMANCE REPORTING

Recommendation: That the Board note this report.

1. Introduction

The Health and Wellbeing Board is required to consider the high level metrics that are contained in the agreed Better Care Fund Plan. This is normally done through the monthly performance reports, which are received by the BCF Management Group. The group meets monthly and reports to the Joint Commissioning Coordinating Group (JCCG).

On a quarterly basis the Health and Wellbeing Board is also required to formally endorse the template supplied by the central Better Care Fund Programme support team, see section 2 below.

2. BCF 2016/17 First Quarter Return

The BCF 2016 /17 First Quarter Return is due for submission on 9th September 2016. The completed return is attached for your consideration.

3. Summary of ongoing BCF activity and performance monitoring

Considerable effort was made across the whole of the HWB area, throughout 15/16 to address the BCF National Conditions requirements. It should be noted that these are now all being met and this is reflected in the BCF 2016 /17 First Quarter Return.

The BCF for 2016/17 plan also set performance targets for a number of system wide measures. These are monitored by the Better Care Management Group on behalf of JCCG. Current performance is reflected in the BCF 2016 /17 First Quarter Return and a summary of the recent activity is outlined in section 4.

4. Outcome measures

Agreement on local action plan to reduce delayed transfers of care

We have agreed a system wide action plan to reduce DTOC, developed with providers and commissioners from both health and social care, including mental health.

Non-elective admissions

The BCF schemes that are focused on reduction of non-elective admissions are developed, implemented and monitored via the Urgent Care Control Centre under the Success Regime programme. This is in addition to further investment in Rapid Response in 2015/16 and close monitoring of outcomes to inform future intentions.

Agenda Item 9

Local metric - dementia

We have changed our local metric for 2016/17: whilst it still monitors our support for people with dementia, instead of monitoring diagnosis rates (which continue to be monitored elsewhere), we now measure the length of stay for people with dementia who are admitted to hospital.

Permanent admissions to residential and nursing care homes

Our rate of admission to care homes per 100,000 for our over 65 population is 601.8. This is significantly below the South West average of 678.2, the local authority comparator group of 643.0 and the England rate of 668.8.

Effectiveness of re-ablement services

Our reablement services are effective for around 88% of older people who were in receipt of these services in Devon. This is significantly higher than the South West (84%), our local authority comparator group (82.8%) and England (82.1%). This rate has decreased slightly from 89.8% in 2013-14, due to a change in the national indicator.

Tim Golby
Devon County Council
Paul O'Sullivan
NEW Devon CCG
Simon Tapley
South Devon and Torbay CCG

Electoral Divisions: All

Strategic Director: People: Jennie Stephens

Contact for Enquiries: Andy Goodchild, Programme Manager, The Annexe,
County Hall, Exeter. andy.goodchild@devon.gov.uk

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 9th September 2016.

The BCF Q1 Data Collection

This Excel data collection template for Q1 2016-17 focuses on budget arrangements, the national conditions, income and expenditure to and from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell

Pre-populated cells

Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 8 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.

1) Cover Sheet - this includes basic details and tracks question completion.

2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.

3) National Conditions - checklist against the national conditions as set out in the BCF Policy Framework 16-17 and BCF planning guidance.

4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.

5) Supporting Metrics - this tracks performance against the two national metrics, a DTOC metric, a Non-Elective Admissions metric, locally set metric and locally defined patient experience metric in BCF plans.

6) Additional Measures - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care.

7) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise

Please detail who has signed off the report on behalf of the Health and Well Being Board

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 7 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This section requires the Health & Wellbeing Board to confirm if funds have been pooled via a Section 75 agreement. Please answer as at the time of completion.

Have the funds been pooled via a s.75 pooled budget?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Policy Framework 16/17 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf) and Better Care Fund Planning Guidance 16/17 (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>) have been met through the delivery of your plan. Please answer as at the time of completion.

It sets out the eight conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an estimated date when condition will be met, an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Planned income into the pooled fund for each quarter of the 2016-17 financial year

Forecasted income into the pooled fund for each quarter of the 2016-17 financial year

Actual income into the pooled fund in Q1 2016-17

Planned expenditure from the pooled fund for each quarter of the 2016-17 financial year

Forecasted expenditure from the pooled fund for each quarter of the 2016-17 financial year

Actual expenditure from the pooled fund in Q1 2016-17

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2016-17 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

5) Supporting Metrics

This tab tracks performance against the two national supporting metrics, a Delayed Transfers of Care metric, a Non-Elective Admissions metric, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the six metrics for Q1 2016-17

Commentary on progress against each metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

6) Additional Measures

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in the last BCF Quarterly Data Collection Template (Q2 /Q3/Q4 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field. For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

7) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q1 16/17.

Better Care Fund Template Q1 2016/17

Data Collection Question Completion Checklist

1. Cover

Health and Well Being Board	Completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board?
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

Have funds been posted via a 5.75 pooled budget? if not, date provided?
Yes

3. National Conditions

		7 day services				Data sharing			
1) Are the plans still jointly agreed?	2) Maintain provision of social care services	3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	3ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	4) Is the NHS Number being used as the consistent identifier for health and social care services?	4ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	4iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	4iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	5) Is there a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	
	Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter (in line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

4. IBE (2 parts)

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
Income to	Plan	Yes	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes	Yes
	Please comment if there is a difference between the annual totals and the pooled fund	Yes	Yes	Yes	Yes
Expenditure From	Plan	Yes	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes	Yes
	Please comment if there is a difference between the annual totals and the pooled fund	Yes	Yes	Yes	Yes
Commentary on progress against financial plan		Yes	Yes	Yes	Yes

5. Supporting Metrics

NCA	Please provide an update on indicative progress against the metric?	Commentary on progress
	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
	Yes	Yes
Local performance metric	Please provide an update on indicative progress against the metric?	Commentary on progress
	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
	Yes	Yes
Patient experience metric	Please provide an update on indicative progress against the metric?	Commentary on progress
	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
	Yes	Yes
Admissions to residential care	Please provide an update on indicative progress against the metric?	Commentary on progress
	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
	Yes	Yes

6. Additional Measures

		GP	Hospital	Social Care	Community	Mental health	Specialist palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
From GP	To GP	Yes	Yes	Yes	Yes	Yes	Yes
	To Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Hospital	To GP	Yes	Yes	Yes	Yes	Yes	Yes
	To Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Social Care	To GP	Yes	Yes	Yes	Yes	Yes	Yes
	To Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Community	To GP	Yes	Yes	Yes	Yes	Yes	Yes
	To Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Mental Health	To GP	Yes	Yes	Yes	Yes	Yes	Yes
	To Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Specialist Palliative	To GP	Yes	Yes	Yes	Yes	Yes	Yes
	To Hospital	Yes	Yes	Yes	Yes	Yes	Yes
Progress status	GP	Yes	Yes	Yes	Yes	Yes	Yes
	Hospital	Yes	Yes	Yes	Yes	Yes	Yes
Projected 'No-For' State (m/y/y)	Social Care	Yes	Yes	Yes	Yes	Yes	Yes
	Community	Yes	Yes	Yes	Yes	Yes	Yes
Is there a Digital Integrated Care Record pilot currently underway in your health and Wellbeing Board area?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Total number of PHEs in place at the end of the quarter	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Number of new PHEs put in place during the quarter	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Number of existing PHEs stopped during the quarter	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Of all residents using PHEs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (NHS CH)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes

7. Narrative

Brief Narrative	Yes
-----------------	-----

Cover

Q1 2016/17

Health and Well Being Board

Devon

completed by:

Julia.luxon

E-Mail:

julia.luxon@devon.gov.uk

Contact Number:

01392 383000

Who has signed off the report on behalf of the Health and Well Being Board:

Andrea Davis

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	2
3. National Conditions	36
4. I&E	21
5. Supporting Metrics	13
6. Additional Measures	67
7. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Devon

Have the funds been pooled via a s.75 pooled budget?	Yes
--	-----

If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	
--	--

National Conditions

Selected Health and Well Being Board:

Devon

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (please refer to the detailed definition below)	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes		
2) Maintain provision of social care services	Yes		
3) In respect of 7 Day Services - please confirm:			
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (standard 9)?	Yes		
4) In respect of Data Sharing - please confirm:			
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes		
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes		
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes		
7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes		

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (<https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf>).

By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

4) Better data sharing between health and social care, based on the NHS number

The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a consistent identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (<https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf>); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
- ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - <http://systems.hscic.gov.uk/infogov/iga>

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and named care coordinator, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by care coordinators, for example dementia advisors.

6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or
- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month.

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

- Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
- Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
- Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
- Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
- Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
- Demonstrate engagement with the independent and voluntary sector providers.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board:

Devon

Income

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£36,174,000	£8,262,004	£8,262,004	£9,162,005	£61,860,013	£60,960,013
	Forecast	£36,174,000	£8,262,004	£8,262,004	£9,162,005	£61,860,013	
	Actual*	£36,174,000					

Please comment if one of the following applies:

- There is a difference between the planned / forecasted annual totals and the pooled fund
- The Q1 actual differs from the Q1 plan and / or Q1 forecast

The total BCF budget has been increased by £0.9 million since submission 3.

Expenditure

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£28,713,581	£5,894,742	£5,707,992	£21,543,698	£61,860,013	£60,960,013
	Forecast	£28,176,380	£5,460,248	£5,337,891	£21,828,990	£60,803,509	
	Actual*	£28,176,380					

Please comment if one of the following applies:

- There is a difference between the planned / forecasted annual totals and the pooled fund
- The Q1 actual differs from the Q1 plan and / or Q1 forecast

The total BCF budget has been increased by £0. 9 million since submission 3. As at the end of Q1, forecast net underspending was £1.056 million (1.7%), almost entirely related to the use of carried-forward Social Care Capital Grant from 15-16 (which was £1.091 million). The mismatch between the forecast and planned spending profiles mostly relates to the timing of contributions to social care, although the difference between Q1 plan and forecast relates to (i) the timing of purchases of community equipment & assistive technology, which the plan assumed would be incurred evenly throughout the year (variation £0.357 million); (ii) variations in the timing of intermediate care services (£0.176 million); (iii)

Commentary on progress against financial plan:

The S75 agreement was signed on 31st May 2016. NHSE subsequently queried the plan on the basis of the level of social care support, after the deadline for signing agreements had passed. NHSE has also called for a fourth iteration of the plan to be submitted later this month.

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.

Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB and has been rounded to the nearest whole number.

National and locally defined metrics

Selected Health and Well Being Board:

Devon

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Activity is above plan and higher than the same period in the previous year. The level of demand arriving at the front door of the hospitals has been very high this year including a significant increase in A&E attendances. However, growth is lower than the national average indicating a wider demand pressure.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	The level of delayed transfers of care has increased over the same period in 2015/16. This is a particular issue in the RDE.
Local performance metric as described in your approved BCF plan	1 Length of Stay for Dementia Patients and 2 Emergency admissions for patients with a dementia diagnosis
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	Baseline data is now available and we are working to agree the relevant trajectories for improvement.
Local defined patient experience metric as described in your approved BCF plan	Percentage of adults using services who are satisfied with the care and support they receive Source: Adult Social Care Survey (ASCOF 3A) Definition: Number of respondents who answered 'I am extremely satisfied', 'I am very satisfied', 'I am very happy with the way staff help me' to Q1
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The final published version of the ASCOF3A indicator has not been released for 15/16, however provisional results suggest that a figure of 68% which is in line with the narrative of the plan.
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	We continue to monitor these figures weekly, and our year on year decline in long term placements appears to have begun to plateau in the last 6 months, although we continue to perform significantly better than our comparator authorities. A new personal care contract has just commenced and we fully expect this, along with changes to practice at point of placement, will reduce the numbers further.

Additional Measures

Selected Health and Well Being Board:

Devon

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	No	No

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Hospital	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Mental Health	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Projected 'go-live' date (dd/mm/yy)	31/12/18	31/12/18	31/12/18	31/12/18	31/12/18	31/12/18

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot being scoped
---	--------------------

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	126
Rate per 100,000 population	16

Number of new PHBs put in place during the quarter	22
Number of existing PHBs stopped during the quarter	13
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	88%

Population (Mid 2016)	774,557
-----------------------	---------

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - throughout the Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).

<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Q4 15/16 population figures onwards have been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Devon

Remaining Characters

30,084

Please provide a brief narrative on overall progress, reflecting on performance in Q1 16/17. Please also make reference to performance across any other relevant areas that are not directly reported on within this template.

Overview

Each of the organisations which will be significantly impacted by this plan are members of the Better Care Management Group and have been actively involved and engaged in the planning and delivery of the Better Care Fund since its inception. All commissioners and providers have signed off the relevant organisational annual plans, the Better Care Plan 2016/17, and the consequential impact on providers. The BCF Plan includes significant investment in NHS commissioned out-of-hospital services to improve patient flow by investing in additional community based care. All schemes commissioned through the BCF are being reviewed using the Better Care scheme review template, and in 2015 this informed a significant increase in funding of our rapid response schemes which were demonstrably achieving the outcomes set out in the BCF indicators. The specific areas for focus during 2016/17 include a review of the highest cost schemes to ensure they are delivering against the core BCF objectives, are value for money, and that they are being robustly monitored.

We have changed our dementia target so that rather than measure diagnosis rate, we now measure the superspell LOS for people with dementia, in order to understand whether we are doing all we can to ensure this cohort of people do not remain in a hospital bed any longer than is necessary.

We are also ensuring all our BCF work is developed in conjunction with the work of the Success Regime, e.g. incorporating the reducing excess bed days and length of stay work stream.

Support to social care All parties are agreed on the level of support for social care and this reflected in this submission. Funding has been allocated to ensure the current level of eligibility criteria is maintained to meet increased demand and the increasing complexity of needs. We have also agreed the amount of funding that will be dedicated to carer-specific support from within the BCF pool. This includes an enhanced carers offer focused on enhancing the self-care, skills and experiences of carers with a focus on self-care and prevention.

Delayed Transfers of Care We have agreed a system wide action plan to reduce DTOC, developed with providers and commissioners from both health and social care, including mental health.

7 day services Our acute providers have a contractual requirement within their Service Development and Improvement Plans to work towards the NHS Seven Day Service Clinical Standards. Action plans are monitored in our Integrated Provider Assurance Meetings, and as a standing agenda item at each of our System Resilience Groups. The Better Care Plan in particular ensures we meet clinical standard 9.

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/mingifs.html>)

Agenda Item 11

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
Health and Wellbeing Scrutiny Committee					
20 June 2016					
20 Jun 2016	Success Regime	Committee to understand the position and forward activities of the regime. Following the success regime seminar to the committee	NHS England	Report	Committee Meeting Only
20 Jun 2016	Community Care and Community Hospitals: Winter Pressures	Complete period to report	North Devon Healthcare Trust	Report	Committee Meeting only
20 Jun 2016	Torrington Community Hospital	Ascertain if there are grounds to make a referral to the secretary of state for Health	North Devon Healthcare Trust	Report	Task Group Report
20 Jun 2016	South Devon and Torbay changes to community provision	Committee to be consulted as statutory consultee on major planned change	South Devon CCG	All Documents Considered	
20 Jun 2016	Cancer treatment waiting times position	Committee to monitor the anticipated reduction in waiting times	RD&E	Report	Committee Meeting Only
19 September 2016					
	CQC analysis of best practice across Devon hospitals	Possible spotlight review or desk analysis of good practice to help improve standards across Devon	Scrutiny briefing		
19 Sept 2016	Eastern Devon Transforming Community Services Eastern Spotlight review	Review of the decisions taken in the Eastern locality with regard to bed losses	Spotlight Review	Task Group	spotlight review
19 Sept 2016	Yearly committee	Review rates	CCG	Report	Committee

Agenda Item 11

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
	report on mortality rates				meeting only
19 Sept 2016	Dentistry and Appointment System	Difficulty to access NHS dentists and appointment waiting times	Deputy Democratic Services and Scrutiny Manager	Report	Committee Meeting Only
8 November 2016					
8 Nov 2016	Discharge task group	Review the process on how patients leave hospital and look to find blockages in the system.	Scrutiny Officer	Task Group	Task Group
8 Nov 2016	Review of impact of Health Scrutiny since change of legislation	Analysis of recommendations and 360 degree look at scrutiny	Scrutiny Officer	Task Group	Task Group/Spotlight review

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/mingifs.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
PEOPLES SCRUTINY COMMITTEE					
16 June 2016					
16 Jun 2016	Childrens Standing Overview Group	Update	Scrutiny Officer	Report	Committee Meeting only
16 Jun 2016	Adults Standing Overview Group	Update	Scrutiny Officer	Report	Committee Meeting only
16 Jun 2016	Child Sexual Exploitation Task Group	Update on progress against recommendations	Head of Children's Social Work	Report	Committee Meeting only
16 Jun 2016	Child Sexual Abuse	Report on incidence in Devon / interventions	Head of Children's Social Work	Report	Committee Meeting only
16 Jun 2016	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
16 Jun 2016	Devon Education Performance 2015	To review education performance at all key stages	Head of Education and Learning	Report	Committee Meeting only
16 Jun 2016	Internal Audit Annual Monitoring Report	To review the 2015/16 Annual Monitoring Report	Head of Devon Audit Partnership	Report	Committee Meeting only
16 Jun 2016	Performance Dashboard	Summary of Performance	Head of Services for Communities	Report	Committee Meeting only
5 September 2015					
5 Sep 2016	Children's Standing Overview Group	Update	Scrutiny Officer	Report	Committee Meeting only
5 Sep 2016	Adults Standing Overview Group	Update	Scrutiny Officer	Report	Committee Meeting only
5 Sep 2016	Small Schools in Devon Task Group	Final Report	Scrutiny Officer	Report	Committee Meeting only
5 Sep 2016	Care Leavers Task Group	Update on Progress against Recommendations	Head of Children's Social Work	Report	Committee Meeting only
5 Sep 2016	Domestic Abuse Support Services	Update on the new Strategy	Director of Public Health	Report	Committee Meeting only

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
5 Sep 2016	Prisons - from a Care Act and children and families' perspective	Update	Head of Children's Social Work, Head of Adult Social Care	Report	Committee Meeting only
5 Sep 2016	Residential Homes Closures	Update on outcomes of closures and moves for residents with learning disabilities	Head of Adult Social Care	Report	Committee Meeting only
17 November 2016					
17 Nov 2016	Childrens Standing Overview Group	Update	Scrutiny Officer	Report	Committee Meeting only
17 Nov 2016	Adults Standing Overview Group	Update	Scrutiny Officer	Report	Committee Meeting only
17 Nov 2016	In Year Budget Briefing	Delivery of the 2016/2017 Budget	County Treasurer	Report	Committee meeting only
17 Nov 2016	Early Help Task Group	Final Report	Scrutiny Officer	Report	Committee Meeting only
17 Nov 2016	School Exclusions Review	Update on progress against the recommendations of the Educational Outcomes Task Group's review on school exclusions	Head of Education and Learning	Report	Committee Meeting only
17 Nov 2016	Deprivation of Liberty Safeguards	Review the safeguards in place, and the way in which risk is managed for those adults deprived of their liberty	Head of Social Care Commissioning, Head of Adult Social Care	Report	Committee Meeting only
17 Nov 2016	Performance Dashboard	Summary of Performance	Head of Services for Communities	Report	Committee Meeting only
5 January 2017					
5 Jan 2017	Childrens Standing Overview Group	Update	Scrutiny Officer	Report	Committee Meeting only
5 Jan 2017	Adults Standing Overview Group	Update	Scrutiny Officer	Report	Committee Meeting Only
5 Jan 2017	Devon Adults Safeguarding Board Annual Report 2015/2016	Progress over the past year, the effectiveness of the adult safeguarding arrangements in place across Devon and its aims for the future.	Chair of ASB	Report	Committee Meeting Only

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
5 Jan 2017	Performance Dashboard	Summary of performance	Head of Services for Communities	Report	Committee Meeting Only
23 January 2017					
23 Jan 2017	2017/18 Budget (Peoples Services)	2017/18 budget proposals across services, their implications.	County Treasurer	Report	Committee Meeting Only
30 January 2017					
20 March 2017					
20 Mar 2017	Childrens Standing Overview Group	Update	Scrutiny Officer	Report	Committee Meeting Only
20 Mar 2017	Adults Standing Overview Group	Update	Scrutiny Officer	Report	Committee Meeting Only
20 Mar 2017	Internal Audit Plan 2017/2018	Review the report	Head of Devon Audit Partnership	Report	Committee Meeting Only
20 Mar 2017	Performance Dashboard	Summary of Performance	Scrutiny Officer	Report	Committee Meeting Only
Future Topics					
20 Mar 2017	Social Care: Direct Payments and Personal Budgets	See Minute *93(b)	Scrutiny Officer	Task Group	Task Group with report back to Committee
20 Mar 2017	Statements of Special Educational Needs/Education Health and Care Plans (EHCPs)	For details, see minute *125	Scrutiny Officer		
20 Mar 2017	Council's planning / interventions to ensure market sufficiency for care services and appropriate quality standards	For details see minute *140	Scrutiny Officer	Task Group	Task Group with report back to Committee
20 Mar 2017	Elective Home Education	For details, see minute *147/*151	Scrutiny Officer	Task Group	Task Group with report back to Committee

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)</p> <p><u>Business / Matters for Decision</u> Better Care Fund – Annual Return CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 15 December 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 / Survey and New Service (Min 218)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Integrated Personal Commissioning (minute 231) Sustainability & Transformation Plan – if required Devon Adults Safeguarding Annual Report DVSA Strategy 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>
Thursday 8 June 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 (December) Joint Commissioning Strategies – Actions Plans (Annual Report – December)</p>

Agenda Item 12

Other Issues	Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)
--------------	--