Devon County Council

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 : 7 December 2016
Please ask for : Karen Strahan 01392 382264

Email: karen.strahan@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 15th December, 2016

A meeting of the Health and Wellbeing Board is to be held on the above date at 2.00 pm in the Committee Suite - County Hall to consider the following matters.

P NORREY
Chief Executive

A G E N D A

PART I - OPEN COMMITTEE

1 Apologies for Absence

2 Minutes (Pages 1 - 6)

Minutes of the meeting held on 10 March 2016.

3 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

4 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 7 - 10)

Report of the Chief Officer for Community, Public Health, Environment and Prosperity, which reviews progress against the overarching priorities identified in the Joint Health and Wellbeing Strategy for Devon 2016-2019.

The appendix is available at http://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/ and attached separately for Board Members.

5 Themed Discussion - Mental Health Services (Pages 11 - 12)

A themed discussion will take place on 'Mental Health Services', including attendance of representatives involved in a new project around mental health in conjunction with the Dartington Social Research Unit. A biography of attendees is attached.

BOARD BUSINESS - MATTERS FOR DECISION

6 Child and Adolescent Mental Health Services (CAMHS) Transformation Plans (Pages 13 - 70)

Reports from both the South Devon and Torbay CCG and the NEW Devon CCG on their Child and Adolescent Mental Health Services (CAMHS) Transformation Plans, attached.

7 Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements (Pages 71 - 74)

Joint report of the Head of Adult Commissioning and Health, NEW Devon CCG and South Devon & Torbay CCG, on the BCF, Quarter Return, Performance Report and Performance Summary.

8 Integrated Personal Commissioning (Pages 75 - 82)

Report of the NEW Devon CCG on the Governance arrangements for the Integrated Personal Care Programme.

9 Sustainability and Transformation Plan (STP) (Pages 83 - 86)

Covering Report of the NEW Devon CCG, on the Wider Devon Sustainability and Transformation Plan (STP), attached.

The actual Sustainability and Transformation Plan (STP) can be found at: http://www.newdevonccg.nhs.uk/about-us/sustainability-and-transformation-plan-stp/102099

A hard copy is attached separately for Board Members.

10 Devon Safeguarding Adults Board Annual Report 2015/2016 (Pages 87 - 88)

Annual Report for 2015/2016 of the Chair of the Safeguarding Adults Board, attached. The Chair of the Board, Siân Walker, will attend to present.

11 South Devon and Torbay CCG - Community Services Transformation Consultation (Pages 89 - 92)

Report of the South Devon and Torbay CCG on their Community Services Transformation Consultation, attached.

12 Updates from Clinical Commissioning Groups

Verbal updates from Clinical Commissioning Groups on matters of importance or pertinence to the Board.

13 Annual Health Protection Report 2015/2016 (Pages 93 - 128)

Report of the Chief Officer for Communities, Public Health, Environment and Proposperity, attached.

OTHER MATTERS

14 References from Committees

Nil

15 Scrutiny Work Programme (Pages 129 - 140)

In order to prevent duplication, the Board will review the Council's Scrutiny Committee's Work Programmes, attached. The latest round of Scrutiny Committees confirmed their work programmes and the plans can be accessed at; http://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/.

16 Forward Plan (Pages 141 - 142)

To review and agree the Boards Forward Plan.

17 Briefing Papers, Updates & Matters for Information (Pages 143 - 154)

- Better Care Fund (BCF) Plan Submission – Members are asked to note the attached letter, stating that following the regional assurance process, the Plan had been classified as 'Approved', meaning it meets all requirements.
- Letter received from Northam Town Council, attached, relating to the proposals for cuts at North Devon Hospital and wishing to express their concern.
- Letter received from West Devon Borough Council, attached, on NEW Devon CCG Consultation and the concerns of the Borough Council regarding the loss of beds at Okehampton hospital. The Board are asked to consider this in any forthcoming debate.
- Letter from David Mowat MP Parliamentary Under Secretary of State for Community Health and Care regarding the General Practice Forward View and the relationship of primary care with the delivery of local health and wellbeing strategies. Boards were being asked to, through their work and Health and Wellbeing Strategies, to encourage action to develop and strengthen relationships with general practice services in local areas, in order to generate benefits for the whole system and better outcomes for patients.
- Letter from Jeremy Hunt MP and Amber Rudd MP about pressures on health and care services and police forces and asking Health and Wellbeing Boards and PCCs to consider how they can better work together by ensuring appropriate representation from both sectors on Health and Wellbeing Boards.

18 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 9th March 2017 @ 2.00pm
Thursday 8th June 2017 @ 2.15pm
Thursday 7th September @2.15pm
Thursday 14th December @ 2.15pm

Annual Conference
Thursday 8th June 2017 @ 10.00am

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 (Director of Public Health), Jennie Stephens (Chief Officer for Adult Care and Health), Jo Olsson (Chief Officer for Childrens Services), Dr Tim Burke (NEW Devon CCG), Dr Derek Greatorex (South Devon & Torbay CCG), Mr Robert Norley (Environmental Health), Mr John Wiseman (Probation Service), Lindsey Scott (NHS England), Councillor Philip Sanders (District Councils), Alison Hernandez (Police and Crime Commissioner), Councillor Roger Croad (Safer Devon Partnership), Carol Brown (Joint Engagement Board) and David Rogers (Healthwatch)

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.
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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

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

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 Greatorex (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).

Date	Matter for Consideration
Thursday 8 September 2016 @ 2.00pm	**Performance / Themed Reporting** 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) **Business / Matters for Decision** Better Care Fund – frequency of reporting TBC Integrated Personal Commissioning (minute 231) CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 10 November 2016 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) Mental Health and Young People (Min 218) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 12 January 2017	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring

@ 2.00pm	Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 9 March 2017 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Annual Reporting	Children's Safeguarding annual report (September / November) Adults Safeguarding annual report (September / November) Joint Commissioning Strategies Actions Plans (Annual Report - November)
Other Issues	Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)

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

***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 available to view for up to six months from the date of the meeting, at http://www.devoncc.public-i.tv/core/portal/home*

Devon Health and Wellbeing Board
15th December 2016

Health and Wellbeing Outcomes Report

Report of the Director of Public Health

Recommendation: It is recommended that the Devon Health and Wellbeing Board approves the draft Health and Wellbeing Outcomes Report for 2016 to 2019.

1. Context
This paper introduces the updated outcomes report for the Devon Health and Wellbeing Board, which monitors the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2016-2019.

2. Changes to the Health and Wellbeing Outcomes Report

2.1 To reflect the new and updated priorities in the Joint Health and Wellbeing Strategy for Devon 2016-2019, the existing outcomes report has been comprehensively revised. Eight existing indicators from the 2013-16 outcomes report were removed and 16 new indicators were introduced. These indicators are organised around the five priorities in the Joint Health and Wellbeing Strategy for Devon 2016-19, which includes the new priority concerning life long mental health:

1. Children, Young People and Families
2. Living Well
3. Good Health and Wellbeing in Older Age
4. Strong and Supportive Communities
5. Life Long Mental Health

2.2 Table 1 summarises the indicators removed from the new Health and Wellbeing Outcomes Report.

Table 1, Summary of indicators removed from Health and Wellbeing Outcomes Report

Indicator	Priority (2013-16)	Reason for removal
Smoking at Time of Delivery (SATOD)	1. A Focus on Children and Families	Figure no longer relates to Devon County Council as an entity
Child/Adolescent Mental Health Access Measure	1. A Focus on Children and Families	No appropriate measure identified due to lack of national benchmarking data
Alcohol-Related Admissions (Broad Definition)	2. Healthy Lifestyle Choices	Removed due to use of narrow measure in Public Health Outcomes Framework
Under 75 Mortality Rate - All Cancers	2. Healthy Lifestyle Choices	Replaced with new overall measure of preventable mortality
Under 75 Mortality Rate - Circulatory Diseases	2. Healthy Lifestyle Choices	Replaced with new overall measure of preventable mortality
Incidence of Clostridium Difficile	3. Good Health and Wellbeing in Older Age	Figure no longer relates to Devon County Council as an entity
Readmissions to Hospital Within 30 Days	3. Good Health and Wellbeing in Older Age	National figures have not been updated since 2011-12
Carer Reported Quality of Life	4. Strong and Supportive Communities	Existing measure ineffective for measuring and comparing quality of life

2.3 Table 2 summarises the indicators added to the new Health and Wellbeing Outcomes Report, including the latest period for which data are available and the strategy priority they relate to. These new measures relate to priorities identified in the Devon Joint Health and Wellbeing Strategy 2016-19, which in turn relates to challenges identified in the Devon Joint Strategic Needs Assessment 2016.

Table 2, Summary of indicators added to Health and Wellbeing Outcomes Report

Priority (2016-2019)	Indicator	Latest Data
1. Children, Young People and Families	GCSE Attainment	2015-16
	Alcohol-specific admissions in under 18s	2014-15
2. Living Well	Excess Weight in Adults	2013-15
	Diet: Proportion of Adults meeting 5-a-day	2015
	Mortality Rate from Preventable Causes	2013-15
3. Good Health and Wellbeing in Older Age	Healthy Life Expectancy (Male)	2012-14
	Healthy Life Expectancy (Female)	2012-14
	Percentage dying at home or usual place of residence	2015
4. Strong and Supportive Communities	Domestic abuse incidents per 1,000 population	2014-15
	Re-offending rate	2013
	Rough sleeping rate per 1,000 households	2015
	Dwellings with serious (category one) hazards	2014-15
	Private sector dwellings made free of serious (category one) hazards	2014-15
	Fuel Poverty	2014
5. Life Long Mental Health	Emotional difficulties in looked after children	2014-15
	Gap in employment rate for those in contact with mental health services	2014-15

3. Summary of the Health and Wellbeing Outcomes Report, December 2016

3.1 A full draft version of the Health and Wellbeing Outcomes Report for December 2016 is included separately. The report is themed around the five Joint Health and Wellbeing Strategy 2016-19 priorities, and includes breakdowns by local authority, district, clinical commissioning group, inequalities characteristics and trends over time. Along with the 16 new indicators, a further 11 indicators have been updated with new data since the September 2016 report, including

- Children in Poverty, 2014
- Early Years Foundation Score, 2016
- Excess Weight in Four/Five and 10/11 Year Olds, 2015-16
- Teenage Conception Rate, Q3 2015
- Re-ablement Services (effectiveness and coverage), 2015-16
- Stable and Appropriate Accommodation (learning disabilities and mental health), 2015-16
- Suicide Rate, 2013-15
- Social Contentedness, 2015-16

3.2 The full detail for these indicators is included in the separate report. The following tables in this paper provide a quick summary of overall findings:

- Table 3 provides a summary of the indicators, the latest available rate, an indication of trend and a quick comparison between Devon, the South West and England.
- Table 4 gives a short textual summary covering the five priority areas.
- Table 5 compares the indicators with Devon's local authority comparator group, a group of similar local authorities, and is ordered according to Devon's ranking.

3.3 The new indicator set highlights current challenges in Devon, particularly in relation to the strong and supportive communities and life long mental health priorities.

Table 3: Indicator List and Performance Summary, December 2016

Priority	RAG	Indicator	Rate	Trend	Dev/SW/Eng
1. Children, Young People and Families	A	Children in Poverty *	14.3%		
	G	Early Years Foundation Score *	72.2%		
	A	Excess Weight in Four / Five Year Olds *	22.6%		
	A	Excess Weight in 10 / 11 Year Olds *	28.7%		
	A	GCSE Attainment #	58.3%		
	G	Teenage Conception Rate *	19.2		
	A	Alcohol-Specific Admissions in under 18s #	47.3		
2. Living Well	G	Adult Smoking Prevalence	12.2%		
	G	Excess Weight Adults #	63.8%		
	G	Proportion of Physically Active Adults	60.7%		
	A	Alcohol-Related Admissions	611.1		
	G	Fruit and Vegetable Consumption (Five-a-day) #	61.5%		
	G	Mortality Rate from Preventable Causes #	156.7		
	G	Male Life Expectancy Gap	5.6		
	G	Female Life Expectancy Gap	3.1		
3. Good Health and Wellbeing in Older Age	G	Feel Supported to Manage Own Condition	66.6%		
	G	Re-ablement Services (Effectiveness) *	87.1%		
	A	Re-ablement Services (Coverage) *	1.3%		
	G	Healthy Life Expectancy Male #	65.6		
	G	Healthy Life Expectancy Female #	66.4		
	G	Injuries Due to Falls	1763.7		
	G	Deaths in usual place of residence #	52.3%		
4. Strong and Supportive Communities	A	Domestic Violence incidents per 1,000 population #	13.0		
	A	Stable/Appropriate Accommodation (Learn. Dis.) *	70.0%		
	G	Re-offending rate #	23.7%		
	A	Rough sleeping rate per 1,000 households #	0.24		
	A	Dwellings with category one hazards #	15.4%		
	A	Private sector dwellings made free of hazards #	1.0%		
	R	Fuel Poverty #	13.0%		
5. Life Long Mental Health	A	Emotional Wellbeing Looked After Children #	15.6		
	R	Hospital Admissions for Self-Harm, aged 10 to 24	565.1		
	A	Gap in employment rate (mental health clients) #	70.5%		
	G	Stable/Appropriate Accommodation (Mental Hlth) *	63.8%		
	G	Self-Reported Wellbeing (low happiness score %)	6.3%		
	A	Suicide Rate *	10.8		
	A	Social Contentedness *	42.8%		
	A	Dementia Diagnosis Rate	56.5%		

new indicators * updated indicators

Table 4: Priority Area Summaries, December 2016

Priority	Summary
1. Children, Young People & Families	Teenage conception rates are falling and levels of development at school entry are improving. Variations in excess weight, poverty, GCSE attainment and alcohol harm persist.
2. Living Well	Smoking rates and deaths from preventable causes are falling, and levels of excess weight, physically activity and fruit and vegetable consumption compare favourably with similar areas.
3. Good Health and Wellbeing in Older Age	Deaths at home, healthy life expectancy, falls and GP support compare well in Devon. However, whilst the service is effective, the coverage of re-ablement services is lower.
4. Strong and Supportive Communities	Housing-related measures, including fuel poverty, dwelling hazards and rough sleeping levels are a cause of concern in Devon.
5. Life Long Mental Health	Whilst general wellbeing is better, poorer outcomes are evident for those with mental health problems, including suicide rates, self-harm, and the mental wellbeing of local service users.

Table 5: Devon compared with the Local Authority Comparator Group for all Health and Wellbeing outcome measures, December 2016

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	
Fruit and Veg 5-a-day (%)	61.5%	56.8%	52.3%	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	
Deaths in usual place of residence (%)	52.3%	49.6%	46.0%	Better	Better	2 / 16	
Domestic Violence incidents per 1,000 pop'n	13.0	17.2	20.4	Better	Better	2 / 16	
Adult Smoking Rate (%)	12.2%	15.3%	16.9%	Better	Better	2 / 16	
Early Years Good Development (%)	72.2%	70.2%	69.3%	Better	Better	3 / 16	
Excess Weight in Adults (%)	63.8%	65.9%	64.8%	Better	Similar	3 / 16	
Excess Weight in Year Six (%)	28.7%	31.6%	34.2%	Better	Better	3 / 16	
Feel Supported to Manage own Condition (%)	66.6%	64.0%	63.1%	Better	Better	3 / 16	
Physical Activity (%)	60.7%	58.6%	57.0%	Better	Better	3 / 16	
Preventable Deaths, under 75	156.7	164.7	184.5	Better	Better	4 / 16	
Admission Rate for Accidental Falls	1763.7	1903.5	2124.6	Better	Better	4 / 16	
Private sector dwellings made free of hazards	1.0%	0.9%	1.2%	Better	Worse	5 / 16	
Child Poverty (%)	14.3%	15.2%	20.1%	Better	Better	6 / 16	
GCSE Attainment (%)	58.3%	57.4%	57.0%	Similar	Better	6 / 16	
Healthy Life Expectancy (Female)	66.4	65.8	64.0	Similar	Better	7 / 16	
Healthy Life Expectancy (Male)	65.6	65.3	63.4	Similar	Better	7 / 16	
Re-offending rate (%)	23.7%	24.6%	26.4%	Similar	Better	7 / 16	
Stable Accommodation - MH (%)	63.8%	55.6%	58.6%	Better	Better	7 / 16	
Reablement Services Effectiveness (%)	87.1%	83.8%	82.7%	Similar	Better	8 / 16	
Teenage Conception Rate per 1,000	19.2	18.5	21.2	Similar	Similar	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	
Mental Health Looked After Children	15.6	14.8	13.9	Worse	Worse	11 / 14	
Suicide Rate	10.8	10.7	10.1	Similar	Similar	11 / 16	
Excess Weight in Reception Year (%)	22.6%	22.1%	22.1%	Similar	Similar	12 / 16	
Gap in employment rate (mental health clients)	70.5%	68.1%	66.1%	Worse	Worse	12 / 16	
Social Connectedness	42.8%	44.6%	45.4%	Worse	Worse	12 / 16	
Stable Accommodation - LD (%)	70.0%	73.4%	75.4%	Worse	Worse	12 / 16	
Alcohol-specific Admissions in under 18s	47.3	35.4	36.6	Worse	Worse	14 / 16	
Dwellings with category one hazards	15.4%	11.5%	10.4%	Worse	Worse	14 / 16	
Reablement Services Coverage (%)	1.3%	2.5%	2.9%	Worse	Worse	14 / 16	
Rough Sleeping rate per 1,000 dwellings	0.24	0.13	0.16	Worse	Worse	15 / 16	
Hospital Admission Rate for Self-Harm	565.1	436.2	398.8	Worse	Worse	15 / 16	
Fuel Poverty (%)	13.0%	10.3%	10.6%	Worse	Worse	16 / 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
CHIEF OFFICER: COMMUNITY, PUBLIC HEALTH, ENVIRONMENT & PROSPERITY

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

Background Papers
Nil

Devon Health and Wellbeing Board - Life-long Mental Health Panel

Tim Francis
Mental Health Commissioning Manager, (Northern and Eastern Locality - NEW Devon CCG)

I qualified as a nurse in 1997 and worked for the South London and Maudsley NHS Trust as a community psychiatric nurse (CPN) in specialising in acute a crisis care, before moving to Devon with my family in 2007. I went on to manager a community mental health service whilst continuing my clinical practice as a psychological therapist specialising in trauma.

I joined the NHS Devon Strategic Commissioning Team as a mental health re-design manager in 2012, and am now the mental health commissioning manager for NEW Devon CCG, covering the Northern and Eastern PDU.

Derek O'Toole
Mental Health Commissioning Manager, (South Devon and Torbay CCG)

Derek O'Toole LL Masters in Mental Health Law has nearly thirty years' experience of working within mental health working within both statutory and independent management sectors including the NHS, management consultancy and the Department of Health. He is currently undertaking the role as the strategic commissioning lead for mental health services in South Devon and Torbay, and has a strategic role within the STP mental health work stream. Derek has received national recognition for his work within mental health and the prison service, an e-government national award (2011) and Governmental Minister (Paul Burstow 2011) statements of recognition for the programmes achievements. Most recent acknowledgement from Norman Lamb (2014) highlighting the work on pre-crisis support and acute care pathway redesign in South Devon and Torbay as being an example of modern innovative practice in commissioning.

Nicola Glassbrook
Senior Public Health Officer (Devon County Council), with a focus on reducing health inequalities, particularly for vulnerable / socially excluded groups.

I have lived most of my life in Devon, I studied at Exeter University where I was awarded a degree in Politics and Society. I am currently studying for her Master's in Public Health at The University of the West of England

I have a background in working with people who are homeless and started working for the NHS in 2002 when Exeter PCT agreed to host the multi-agency outreach service, working with rough sleepers in the city. Working in a health environment allowed me to better link health and homelessness across the board including forging better multi- agency working between homeless services, mental health services, treatment services and primary healthcare.

Since coming to work at County Hall I continued to support county and national initiatives around homelessness and health care and sit on a national advisory panel for the Queen's Nurses Institute. I have supported the refocus of our drug and alcohol commissioned service from treatment based to recovery based, led on housing issues such as fuel poverty and

supported work that helps to remove the stigma of poor mental health. I have also led on suicide prevention and currently work with Torbay to roll out ASIST Training (Applied Suicide Intervention Skills Training), throughout the county.

Louise Morpeth, PhD, Chief Executive of the Dartington Social Research Unit: an independent research charity dedicated to improving outcomes for children via the application of high quality research applied to policy and practice.

Louise has a particular interest in advocating for the greater use of evidence-based prevention and early intervention in children's services and has worked at the interface of research, policy and practice throughout her career. She has had a leading role in two major investment strategies. She led the ground-breaking work with Birmingham City Council to develop, implement and evaluate a £42 million invest-to-save strategy. More recently, she was heavily involved in the 'A Better Start programme', an investment of £215 million in evidence-based and science-based prevention for the under three's in five communities for the Big Lottery Fund. Louise holds a degree in Psychology from Lancaster University, an MSc in Health Promotion from the University of Central England, and a PhD from Exeter University.

NHS
South Devon and Torbay
Clinical Commissioning Group

South Devon and Torbay Clinical Commissioning Group

2016/17 Refresh of Local Transformation Plan of the Five Year Child and Adolescent Mental Health Services Local Transformation Plan 2015-2021

October 2016

We will ensure that this Refreshed Local Transformation Plan is presented to our Health and Wellbeing Boards for their endorsement and formally adopted later this year

Children and Young People Foreword

'Have Your Say' is a young people's participation group that works to improve mental health services for children and young people in Torbay.

As the Have Your Say group, we have been heavily consulted with about Torbay's transformation plan and are very proud of its content and the work that will be taking place. We feel passionately that young people and their families should have the opportunity to access quality support services to support their emotional health and wellbeing. We believe that this plan will improve access to CAMH services for young people and simplify the system. As a group we are delighted that we were given the opportunity to comment on this plan, and are looking forward to the work that will come from it.

Have Your Say October 2016

Who does South Devon and Torbay CCG commission services for?

The area of South Devon and Torbay covers some 350 square miles; with approximately 75 miles of coastline. The area extends from the beaches of the South Devon coast, to open moorland of Dartmoor and takes in both rural communities and urban centres. Please see the map below for the exact geographical footprint of South Devon and Torbay (SDT) CCG. Within our area we have five localities: coastal, moor-to-sea, Newton Abbot, Torquay, and Paignton and Brixham.

Figure 1: Geographical area that SDT CCG is responsible commissioners

NEW Devon CCG is the responsible commissioners for the remaining areas of Devon. Please see the map below.

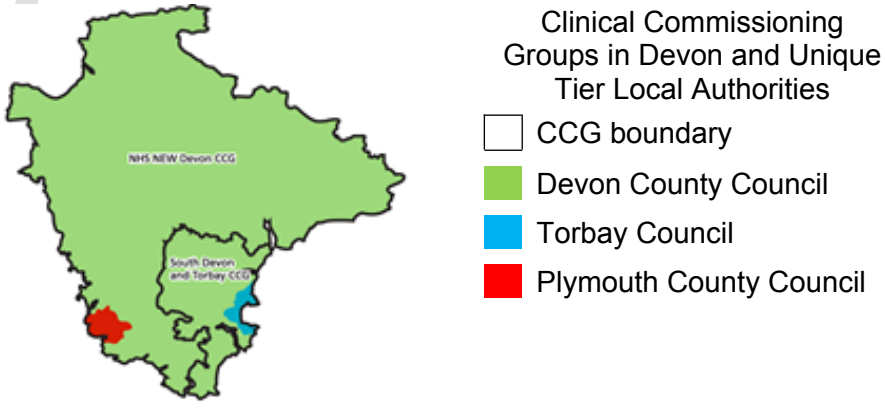


Figure 2: CCGs and Local Authorities across Devon

- The two CCGs and Devon County Council jointly commission an integrated children's services for Devon – North, East, West and South Devon. The area of Torbay is not part of these joint commissioning arrangements.
- In relation to Children and Adolescent Mental Health Services (CAMHS), we have two providers – Torbay and South Devon NHS Foundation Trust (TSDFT) for Torbay; and Virgin Care Ltd for South Devon.
- We have two separate Public Health and Children's Services – Torbay Council and Devon County Council

There are also a wide range of providers who support children and young people including youth services, family support, schools, hospitals and social care. Everyone plays a key role in the delivery of a whole system of support in respect of improved mental health.

Scene Setting: Background to this Refreshed Local Transformation Plan

The government report *Future In Mind* was published in 2014. This report described the changes that were vital to improve children and young people's mental health. These changes are especially important given that:

- 50% of mental health problems in adult life (excluding dementia) start by the age of 14 and 75% by the age of 18
- 1 in 10 children and young people need support or treatment for mental health problems
- Mental ill health can affect the life chances of the young person including lower educational achievement, reduced life expectancy and is strongly associated with behaviours that pose a risk to their health such as drug and alcohol abuse and risky sexual behaviour.

Source: Future in Mind 2014

The recommendations made in the report were based around five key themes:

1) Promoting resilience, prevention and early intervention
2) Improving access to effective support – a system without tiers
3) Care for the most vulnerable
4) Accountability and Transparency
5) Developing the workforce

The full report can be accessed via: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

The Five Year Forward View for Mental Health was published in February 2015. This outlined the ambitions that the NHS should strive for mental health across all ages:

- Everyone should have access to high quality mental health services when needed, as close to home as possible,
- Bring mental and physical health together
- Promote good mental health, prevention and early intervention

The Five Year Forward View supported the approach laid out in Future in Mind that it was vital that we have a,

> *"… model for wider system reform which involves the NHS, public health, voluntary, local authority and youth justice services working together through Local Transformation Plans to build resilience, promote good mental health and make it easier for Children and young people to access high quality care." (Page 23)*

The full report can be accessed via: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

To support this vital transformation to improve children and young people's mental health services, the government pledged £1.25billion nationally by 2020 to support improvements in children and young people's mental health and wellbeing, along with £150million for eating

disorder services. A proportion of this additional funding for the next five years will be released into CCGs baseline for investment and transformation of Children and Young People's Mental Health from 2015 – 2021.

CCGs were required to publish their Transformation Plan outlining their ambitions. In December 2015, South Devon and Torbay CCG published their plan following sign off from senior leaders within the CCG and the local Health and Well Being Boards. The original plan described the overarching ambitions to:

a) Improve Children and Young Peoples experience
b) Reduce the number of young people with Mental Health problems admitted to paediatrics and to Tier 4 beds.
c) Reduce the number of young people presenting in crisis
d) Meet the access and waiting times for Eating Disorder services and psychosis
e) Meet waiting times for assessment at 1 week for urgent cases and 6 weeks for non-urgent.
f) Increase levels for direct access (self-referral) and increase the skill set of those working with children to recognise mental health issues and how they can support young people with referrals to more specialist services.

The original plan can be accessed via: http://www.southdevonandtorbayccg.nhs.uk/about-us/our-plans/Documents/CAMHss-transformation-plan.pdf

NHS England requires CCGs to refresh and republish these plans. This document is our Refreshed Local Transformation Plan (LTP) which provides a review of our progress to date, challenges and next steps. It reflects the working together ethos in the whole system to achieve a consistent vision and strategic priorities whilst recognising the different points and stages of development of services; the mixed urban and rural geography; diversity of needs and importance of alignment with key local priorities.

Local context:

The population of children and young people in Torbay and South Devon is detailed in table 1 below:

	2014	2018	2022	2026	2030
England	(24.1%)	(23.6%)	(23.4%)	(23.5%)	(23.6%)
South Devon and Torbay	55,500 (20.2%)	55,100 (19.7%)	55,700 (19.5%)	56,900 (19.5%)	58,400 (19.7%)
Torbay	27,200 (20.6%)	26,900 (20%)	27,100 (19.8%)	27,700 (19.9%)	28,400 (20.1%)

Table 1: Population of children and young people. Source: 2012 based Sub National Population Projections ONS

Torbay: The health of people in Torbay is varied compared with the England average. Torbay is one of the 20% most deprived districts/unitary authorities in England and about 22% (4,900) of children live in low income families. Life expectancy is 7.8 years lower for men and 4.4 years lower for women in the most deprived areas of Torbay than in the least deprived areas. The rate of alcohol-specific hospital stays among those under 18 was 61.5*, worse than the average for England. Levels of teenage pregnancy, GCSE attainment and smoking at time of delivery are worse than the England average (Taken from Public Health

England Health Profile 2016: http://fingertipsreports.phe.org.uk/health-profiles/2016/e06000027.pdf)

Devon: The health of people in Devon is varied compared with the England average. About 12% (15,200) of children live in low income families. Life expectancy is 5.6 years lower for men and 3.1 years lower for women in the most deprived areas of Devon than in the least deprived areas. The rate of alcohol-specific hospital stays among those under 18 was 47.3*, worse than the average for England. Levels of teenage pregnancy and GCSE attainment are better than the England average. (Taken from Public Health England Health Profile 2016: http://fingertipsreports.phe.org.uk/health-profiles/2016/e10000008.pdf)

The rate per 100,000 persons aged 10 to 17 receiving their first reprimand, warning or conviction is higher across Torbay compared to the England average. In Torbay 585/100 000 of 10-17 years olds received their first reprimand; and in Devon, the rate is better when compared when to the England average: 332/100 000. (Source: Public Health Outcomes: http://www.southdevonandtorbay.info/performance-frameworks/phof/)

South Devon and Torbay has amongst the highest rates of children looked after in England. The rate and number have been increasing in recent years (JSNA 2014/15). Of these, 45% (Devon) and 43% (Torbay) had scores on the Strength Difficulties Questionnaire (SDQ) that were cause for concern who had been in care for at least 12 months as of 31st March 2106. (Source: Public Health Outcomes http://www.southdevonandtorbay.info/performance-frameworks/phof/)

Torbay and South Devon have a high number of children and young people who self harm. In 2014/15, Torbay there were 314.3/100,000 emergency hospital admissions for intentional self harm; and for Devon 247.9/100,000. (Please note: in this case Devon refers to the county and is not specific to South Devon).

These are all factors and outcomes that are associated with poor emotional and mental health; as well as indicating the demands that will be placed on local CAMHS services. This Refreshed LTP reflects these as our priority areas.

Where are we now?

Our Refreshed LTP, co-produced and working with our partners and providers to ensure delivery of the original ambitions, is to adopt a twin track approach to ensure:

1) that vulnerable children and young people have access to specialist and expert help within Children and Adolescent Mental Health Services (CAMHS),
2) an emphasis on earlier help and intervention that will build greater resilience in children and young people; and through earlier intervention reduce the need to access specialist, expert help from CAMHs.

Nationally, there is a move away from tiered services in which access to services is determined by increasing thresholds of severity and needs. The framework that is receiving national endorsement is that of the Anna Freud's iThrive Model (Figure 3). The model outlines groups of children and young people and the sort of support they may need and

tries to draw a clearer distinction between treatment on the one hand and support on the other. Rather than an escalator model of increasing severity or complexity. This approach is being embedded across Health, Public Health, Social Care and Education Services.

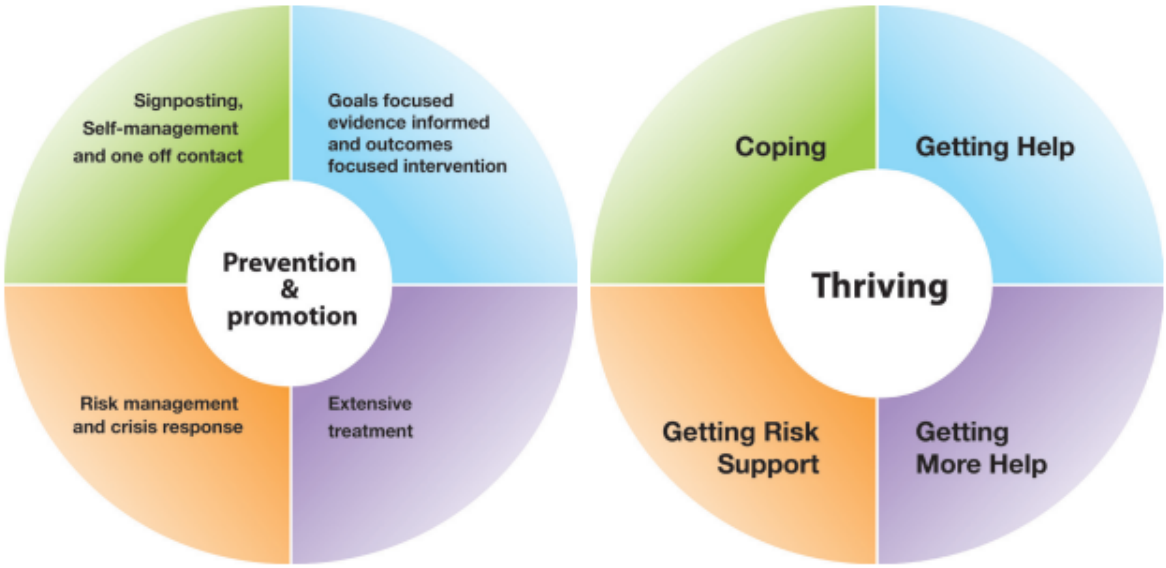


Figure 3: iThrive Model Source: Thrive. The AFC –Tavistock Model for CAMHS.

This Refreshed Local Transformation plan (LTP) aims to describe to date the investment; changes made; challenges and next steps.

This Refreshed LTP should be read alongside other key local strategies and plans including:

- The original South Devon and Torbay CCG Five year Child and Adolescent Mental health Services Transformation plan. This can be accessed via: http://www.southdevonandtorbayccg.nhs.uk/about-us/our-plans/Documents/CAMHss-transformation-plan.pdf
- Torbay Children's and Young People plan 2014-2019. This can be accessed via: http://www.torbay.gov.uk/media/1932/cypp2014.pdf
- NEW Devon CCG Transformation Plan 2015/16 -2020/21: original and refresh. This can be accessed via: https://www.newdevonccg.nhs.uk/your-ccg/mental-health/child-and-adolescent-mental-health-services-CAMHss-transformation-plan-201516--202021/101881

The arrangement of CCGs, local authorities and providers across Devon has the potential to create barriers and boundaries to those needing to access mental health services. CCGs are currently finalising their Sustainability and Transformation Plan (STP). For us, our STP will cross Devon, Torbay and Plymouth and provides the opportunity to describe and deliver a whole system-whole Devon approach. Within the STP, mental health is a priority area and reflects our commitment to work together to deliver an all age seamless approach to delivering mental health services. While this whole system-whole Devon approach is vital, we need to balance this with the needs of our local communities. We are committed, with our partners, to deliver local services that are integrated and coordinated so that children, young people and their families experience high quality services that are seamless in their delivery.

This Refreshed Local Transformation Plan is consistent with our Sustainability and Transformation Plan.

Funding:

The information below shows the investment from the CCG on children and young people's mental health services.

CAMHS Expenditure/Plan							
		Expenditure				Plan	
Contracts		13/14	14/15	15/16		16/17	
CAMHS	Core CAMHS Contracts	2,324,000	2,709,455	2,610,912		2,611,452	
CAMHS	Transformation	-	-	253,171		608,979	
CAMHS	Vanguard	-	-	127,066		669,000	Non Recurrent
CAMHS	Parity of Esteem	276,580	-	171,679		285,833	
		2,600,580	**2,709,455**	**3,162,828**		**4,175,264**	
		Increase	4%	17%		32%	

Children and Young People Involvement:

The services we commission are there to meet and support the needs of the children and young people and their families. Children and young people in our local area have consistently told us that mental health is their top health concern (*Our Health, Our Say*. Healthwatch Devon 2016)

So what have we done?

- Commissioned the charity Young Devon to lead a participation group for Torbay children and young people; as well as their families who are either current or previous CAMHS service users. The focus of these groups is to work in partnership with the local CAMHS service to ensure the perspective of the service user is reflected within service delivery. The commissioning manager attends the Children and Young People's group (*Have Your Say*) on a monthly basis.
- In partnership with Healthwatch Torbay, set up focus groups within a local Further Education College.
- Met regularly with the participation worker for South Devon CAMHs service users. Our engagement with these young people is through an established virtual participation group, which uses email, text and social media.
- Each Devon CAMHS team has a locality champion to promote positive participation at a local level. To enable us to We have established a
- Met individually with young people and their families who have directly contacted the CCG to share their experiences.

Through this engagement, children and young people and their families have told us what is important to them:

- easy access to information about mental health;
- the right support to avoid a crisis;

- improving support when in crisis
- professionals who listen and are respectful;
- care and support close to home.
- improving access times to therapy;
- accessing alternate provisions such as e.g. horse riding, relaxation, physical activities, art and crafts
- improving the curriculum and awareness within schools around emotional and mental health. They felt this should be available to years 5-6; as well as secondary aged young people.
- improving the information provided if access to tier 4 inpatient services is needed
- improve the knowledge of families, practitioners and peers around mental health
- support for parents/families

These key messages and other feedback received have been taken into account in the development and implementation of this Refreshed LTP.

Through their participation children, young people and their families have:

- reviewed and developed service leaflets to ensure they reflect the perspective of children and young people.
- participated in the interview process of CAMHS practitioners as well as having developed a person specification that they mark potential applicants against
- been leading improvements to the CAMHS waiting area and treatment rooms.
- reviewed proposals for change by commissioners and providers across the system and provided feedback
- 'mystery shopped' at the local CAMHS service and produced a report which is being used as a foundation to enhance services
- participated in practitioner appraisals
- reviewed the original transformation plan and provided feedback to the new commissioning manager as to their views and what they feel should be prioritised, amended and focused upon. The group has also supported the commissioner in developing a children and young person version of the original transformation plan. A Child and young person version of this refreshed plan will also be developed.
- Developed a parent pack to welcome new families to the CAMHS service
- Started planning a Family Consultation Day to gain the views of families who use the CAMHS service, especially around the needs of siblings of children and young people referred to CAMHS.
- Started to explore with the commissioner what 'resilience' means and what a system needs to do to support this

What next for 2016/2017?

- The commissioning manager has asked both Torbay and South Devon children and young people to propose a governance structure which not only enables them to influence services at an early stage, but one that also holds commissioners and providers to account. With our strong partnership working with NEW Devon CCG, this group will cross the footprint for NEW Devon CCG as well. Links between both governance structures (i.e. Torbay and South Devon) will be identified.

- Develop a system wide education programme co-designed with children, young people and their families.
- Explore how personalised budgets can be used by children and young people to access alternate provision.
- Continue to work closely with children and young people and their families directly and through organisations such as Healthwatch to ensure we work in partnership with children and young people to shape services fit for their future.

Data

Data is vital to enable us to understand the needs of the population, as well as to enable us to demonstrate the impact of changes. Recognising that mental health is everybody's business and poor mental health impacts on health, education and social outcomes; it is vital that across the system we share information and use this to effect change and monitor outcomes. As a result, we are starting to work with our partners to identify how we can collectively collate, share and use information to inform system changes. This data collation will also dovetail with the requirements placed on providers to feed into national metrics as part of the Mental Health Services Data Set. Our partners in Torbay Public Health are already working on a system to enable schools to use health and education data to provide a school profile of the health needs of their school population.

For the services we directly commission we establish Key Performance Indicators that we require providers to report against. This enables us as a CCG to monitor delivery of services. We have started to work with families, children, and young people to understand what they feel we should ask providers to report against.

What next for 2016/2017?

- A dashboard of data that is shared across the system will be developed.
- Continue to work with children and young people and their families to identify what matters to them within services and what services should be measured against. As part of this, identify how families can be part of the contract monitoring of services.

Governance

Prior to the Transformation Plan being published in December, in Torbay, there was an established CAMHS Redesign Group. Membership of this group included public health, social care, schools, CAMHS provider and CCG commissioners. This group had been established in recognition of particular challenges faced by the local CAMH service. The group had a detailed work plan which reflected in part the aspirations of the transformation plan. This group has recently reviewed its terms of references and membership and it has been agreed that this group will become the Local Transformation Board. The membership has been increased to reflect children and young people through attendance by the participation worker. Similarly, for South Devon, a Local Transformation Board is to be established.

In both areas, the Local Transformation Board will actively promote and lead transformation including monitoring, reviewing and reporting on delivery. To ensure cohesion across our CCG geographical footprint, the CCG commissioner will act as the link person. Each LTP board will then feed into an executive group whose membership consists of senior leaders from across the system; as well as previously stated accountability to children and young people. Each service and organisation represented will follow its own internal governance arrangements.

Specific Services

Crisis Response:

Children and young people can present in crisis in many ways and as a result, we need to ensure we have a range of services that can respond. Data shows that we have a high number of children and young people presenting in mental health crisis at Torbay Hospital, particularly for self harm (see page 7). The data below shows the numbers presenting in emergency mental health crisis across October 2014-April 2016.

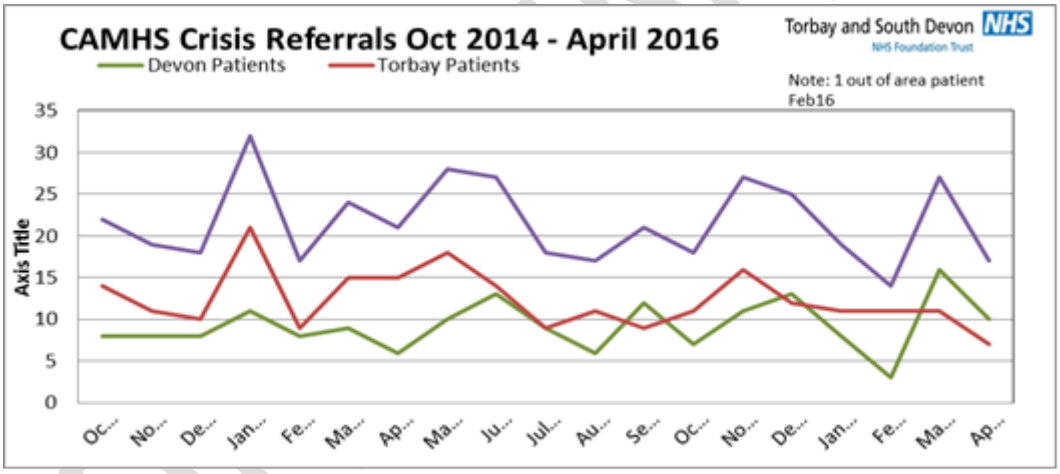


Figure 4: CAMHS Crisis Referrals

A high number of these young people are already known to CAMHS. Data indicates that this is around 40%; however, focusing on the 8 month period between August 2015 and March 2016 of crisis presentation to the local Accident and Emergency Department, 65% were already known to CAMHS. Children and young people also identified crisis response as being a key area for improvement. Nationally there is a limited evidence base as to what is the most effective support service for children and young people in crisis. As a CCG, we were already working to improve crisis response services before the additional investment from government as part of the transformation plan. The following provides a summary of what we are continuing to fund, as well as what we have been additionally been able to commission because of the transformation funding.

1) Place of Safety

With our CCG partners across our STP footprint, we are continuing to fund a Place of Safety. This is used by police when they have contact with a child or young person in a

public place and who they believe to be in need of 'immediate care and control' for their mental health needs. In these circumstances, police can detain individuals under section 136 of the Mental Health Act (1983) and take them to a place of safety. Police custody is not a suitable place of safety. It has the effect of criminalising people who are in need of medical attention and can exacerbate their mental state. At the Place of Safety, the child or young person's mental health needs can be assessed and decisions made as to next steps.

2) Out of Hours Crisis Response

This service offers contact to an experienced on-call mental health practitioner who will provide telephone advice and / or triggering of mental health act assessments. They hold operational responsibility for mental health act assessments needed out of hours and are available weekdays from 5pm until 9am (including bank holidays) the following morning and from 5pm on Fridays until 9am Monday morning. This service ensures that mental health act assessments are available 24/7.

3) Assertive Outreach

Over extended hours, this service provides community based therapeutic support for children and young people and their families who are known to South Devon CAMHS who need a more intensive package of support. This service supports young people to remain in the community, facilitate earlier discharge from inpatient units and reduce the number of highly specialised placements. Data shows that this service has reduced the need for such placements by 50%.

Both the Out-Of -Hours crisis response and Assertive Outreach Service are jointly funded by NEW Devon and our CCG.

4) Crisis Resolution and Home Intervention Service

For Torbay children and young people, a similar service to the Assertive Outreach is being established, funded from the CAMHS Transformation Fund; however there are some differences.

The role of this service is to provide a crisis response to both Torbay and South Devon Children who present in mental health crisis at Torbay Hospital across extended hours (8am-10pm), seven days a week. This involves an assessment of their mental health needs and establishing an appropriate care plan. (If a mental health act assessment is needed out of hours, this will be provided by the out of hours crisis response service).

In addition, as with the assertive outreach service, it will provide intensive therapeutic support for children, young people, and their families who are known to CAMHS who need a more intensive package of support. The service will support young people in the community, facilitating earlier discharge from inpatient units and reduce the number of highly specialised placements. The additional transformation funding has meant that we have been able to increase the Torbay CAMHS workforce by being able to fund:

Substantive Posts	WTE
Consultant Psychiatry	0.50
Band 7	1.00
Band 6	1.50
Band 3	1.00

Table 2: Crisis Resolution and Home Intervention service additional workforce.

Workforce represents one of the key challenges to the implementation of our transformation plan. There is a national shortage of mental health professionals, particularly in the South West. To illustrate the posts for the Crisis Resolution and Home Intervention service have been advertised on a number of occasions. Recruitment is still ongoing after ten months.

5) Safe Places

Torbay and South Devon Foundation Trust with support from the CCG were successful in securing funding to convert spaces on both the Emergency Department and the paediatric ward at Torbay Hospital. This funding is being used to create a safe, appropriate environment to assess and meet the needs of children and young people who need to use them if presenting in mental health crisis.

What's next for 2016/17?

- We will continue to monitor the services that we have already commissioned, working with our providers to ensure that we are meeting the needs of the children and young people who need to use these services.
- We will continue to ensure funding is available to the Crisis Resolution and Home Intervention Service.
- Nationally there is a limited evidence base as to what is the most effective support service for children and young people in crisis. As a Vanguard site, we were invited to contribute to this evidence base by applying for funding to pilot an additional service to enhance our understanding of an effective crisis response to children and young people. This pilot is based on the information provided by young people who have clearly communicated that they know when they are either approaching or are in crisis; that they would like ongoing support when in crisis; and receive care closer to home. Our successful bid enables us to test plans to provide crisis response AND intensive therapeutic support for up to eight weeks after the crisis (there will be flexibility if clinical needs indicate the need for additional support). We are proposing a team of eight mental health practitioners to provide this service 8am – 11pm, seven days a week. Crucially, with this pilot, referrals will be actively encouraged and accepted from the community including self-referral and not just from Emergency Departments. This will prevent the need for children and young people to present at Emergency Departments. This approach provides a supportive pathway from 'Getting Risk Support' into 'Getting More Help' (as per iThrive model).
- The evaluations of all these services will enable us to understand the offer that will best meet the needs of our children and young people for a 24/7 crisis service.

Eating Disorders

It is vital that children and young people with eating disorders, and their families and carers, can access effective help quickly. Offering evidence-based, high-quality care and support as

soon as possible can improve recovery rates, lead to fewer relapses and reduce the need for inpatient admissions. The availability of dedicated, community eating-disorder services has been shown to improve outcomes and cost effectiveness. A key requirement for the additional transformation funding was the implementation of a nationally recognised model. Virgin Care have such a model which has been credited as being in the top five best eating disorder services in the country.

We are in the process of commissioning Virgin Care, using a prime contractor model, to deliver a community based eating disorder service in line with their national model. The new service across the CCG footprint will meet the access and waiting time standards of maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. Investment into this service includes both CAMHS as well as hospital acute based services around dietetics and paediatricians input. This additional funding builds on the existing workforce and equates to a 4.2WTE increase in workforce. Please see table 3 for more specific details. Across our STP footprint there will be a consistent service delivery model.

Substantive Posts	**WTE**
CAMHSS practitioners	
Band 7	1.5
Band 6	1.6
Dietician	0.5
Nurse	0.6

Table 3: Increase in workforce for delivery of eating disorder service

What's next for 2016/17?

We are in the process of finalising the governance arrangements between providers and the service specification which outlines the expectations, outcomes and key performance indicators the service needs to deliver against.

Early Intervention Psychosis:

Devon Partnership Trust delivers our early intervention psychosis pathway for children and young people from the age of 14. All referrals are offered an NICE recommended treatment.

Core CAMHs

The table below shows the workforce in 2015/16 and then 2016/17 within CAMHS. This shows the additionality of workforce as a result of the additional investment to date.

Service	**WTE as per original transformation plan**	**2016/17 WTE**
TSDFT – Core CAMHSs	34.84	39.26 (current vacancies: 4 WTE)
Virgin Care – Core CAMHS*	33	35.68

*Some service provided by Virgin Care are county wide. The workforce for these services is as follow:

Devon County Wide CAMHS services	**2015/16 (WTEs)**	**2016/17 (WTEs)**
Assertive Outreach	7.8	10.91
Journey After Child Abuse and Trauma	6.4	5.59
Services Around Child	3.9	4.09

Table 4: CAMHSS Workforce : *Note WTE includes clinical and non clinical staff.*

Recruitment has been challenging, with many posts needing to be re-advertised on several occasions. However, recently providers are reporting an increase in the number and quality of applications for posts.

The number of accepted referrals for each CAMHS providers are shown in table 5; with the percentage of referrals seen within 18 weeks shown in table 6.

Service	Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
TSDFT	2015/16	56	38	32	46	23	37	43	50	43	45	56	45
	2016/17	36	25	24	27	21	30						
Virgin	2015/16	29	46	42	30	20	40	44	52	42	51	42	41
	2016/17	24	31	32	21								

Table 5: Number of accepted CAMHS referrals

Date	Virgin Care	TSDFT
	CAMHS - % of referrals seen within 18 weeks	CAMHS - % of referrals seen within 18 weeks
Apr-15	76%	74%
May-15	87%	78%
Jun-15	92%	33%
Jul-15	89%	45%
Aug-15	88%	71%
Sep-15	85%	90%
Oct-15	88%	72%
Nov-15	83%	50%
Dec-16	85%	83%
Jan-16	85%	54%
Feb-16	85%	76%
Mar-16	92%	68%
Apr-16	91%	89%
May-16	91%	90%
Jun-16	89%	91%
Jul-16	91%	87%
Aug-16	85%	78%

Table 6: Percentage of referrals seen within 18 weeks

What next for 2016/17?

Plans are being finalised to fund additional posts that will enable even further timely access to assessment and treatment. This investment will also support practitioners to be released to participate in evidence based training as part of the children and young people's improving access to psychological therapies (CYP – IAPT).

The CYP IAPT programme is centred around the principles of offering effective and efficient evidence-based treatments within a collaborative therapeutic relationship. The principles of CYP IAPT are reflected within service specifications as are Patient Reported Outcomes (PROMs).

The CYP IAPT training programme offers a wide range of evidence based interventions that are open to practitioners across the workforce. In December 2016, the CCG will publish its collaborative workforce plan to indicate how the CCG and its partners will support the ongoing training of practitioners. The CCG has agreed to provide salary support to the 16/17

cohort of practitioners from services directly funded by the CCG who have applied for CYP IAPT places. Through our CAMHS providers we are already part of a CYP IAPT learning collaborative.

Self Harm

South Devon and Torbay, along with the wider Devon footprint have a high number of children and young people who self harm (for data see page 7). For Torbay, the commissioning manager is chairing meetings with providers and commissioners from across the system to develop and enhance pathways. Services have been mapped according to the iThrive model and data analysed to enable us to understand the needs and current system response. Children and young people representation is a key factor within these meetings; with the participation lead from Young Devon attending meetings. A similar approach is being taken in Devon.

Early Intervention and Prevention

Devon: The following information has been provided by Devon public health.

Early Help for Mental Health

Across Devon in 2014, in consultation with schools, Public Health Devon started their planning and commissioning of this new emotional, psychological, and social wellbeing service for children and young people in Devon called Early Help for Mental Health Programme (EH4MH).The aim of EH4MH is to build resilience in children and young people by tackling mental health problems before they become more serious via early prevention and early intervention. Importantly, EH4MH aims to change the culture around mental health in schools and provide support to young people at the earliest possible opportunity with a long term goal of reducing the need for more specialist services.

There are two elements:

- direct support for children and young people of secondary school age through online and face-to-face counselling on a self-referral basis
- school support which promotes and supports cultural change in the way schools support children and young people, including those with mental health problems

Virgin Care is commissioned to deliver the schools element which will deliver a whole school approach and build capacity in schools to support their own wellbeing and that of their students. This has been led by Devon County Council Public Health. These important services are delivered through partnership working between Young Devon a voluntary sector provider, Xenzone, an online support provider, and Virgin Care, the Devon CAMHS provider. This is a key development in our early help offer and builds coping and resilience for children and young people through their schools.

Kooth is providing young people in Devon aged 11 to 18 years access to online counselling, moderated peer-to-peer advice and self-help tools through the online platform. Young people can access the platform 24 hours a day, 365 days a year and interactive counselling is

available until 10pm every night, Kooth can then signpost on to further support, such as the face-to-face service provided by Young Devon.

The collaboration sees practitioners educating school staff on basic mental health concerns so they can manage low level issues. As well as introductory courses in mental health, more focused training courses delivered in schools include Anxiety, Bereavement, Self-Harm, and Thinking about Attachment Patterns. With Tier 1/Coping quadrant issues such as anxiety, stress and relationships the most presented issues by children and young people in Devon, the goal over the longer term is to improve access to services and reduce waiting times by taking a stepped approach to support. Aiming to reduce stigma surrounding mental health issues, school staff can also access clinical based supervision.

All schools will have a named contact within the team and the service will deliver core and targeted training and consultation to school staff. Key performance indicators focus on increasing the amount of support delivered to school age children. The two strands are largely funded by Devon County Council Public Health with contributions from Schools, CCGs and Devon County Council Social Care.

As a result of these programmes of work commissioners expect children and young people to be able to access support at an early stage through routes they know and trust. Furthermore, it is anticipated that over time there will be a gradual reduction in referrals to CAMHS as the first option.

The EH4MH service has Programme Impact Measures in place with targets for 2016/17 being mutually agreed between Public Health and the EH4MH providers. Data for these measures will be collected as part of an audit of whole school practice from those schools that engage with the EH4MH programme. These will include:

- Number of children who have sought help from school for emotional and mental health difficulties at Tier 1/Coping, Tier 2/Getting Help, and Tier 3/Getting more help.
- Percentage of children seeking help who have been successfully supported within school setting, without referral on to other services
- Percentage of children seeking help who have been signposted for support to Kooth/Young Devon counselling
- Percentage of children seeking help who have been referred to CAMHS

To date, all schools in Devon have been approached and over 75% of school have decided to opt into the scheme. The opt-in criteria include having executive sponsorship for EH4MH within the school and a named member of staff(s) who will act as the school's EH4MH Champion. All EH4MH Champions are invited to attend an "Introduction to Mental Health" training course. These courses have been very well attended and evaluation forms show that attendees have found the training informative and worthwhile. The first year has seen the programme grow significantly to become an integral part of the way schools are addressing the mental health of their pupils. Some schools have shown exceptional innovation in the way they are managing mild to moderate levels of their pupils' mental health needs. Service improvements such as this build more of a variety of resources for young people's emotional wellbeing and mental health. The EH4MH providers report to Public Health as the lead commissioner with the contract being overseen by a Contract

Oversight Group that includes representatives from Public Health, Schools, Social Care, and CCGs.

The service is now 13 months on with the following results:

- 163 schools regularly accessing EH4MH
- 114 schools in progress
- 211 registered EH4MH Champions

From 1 April 2016 to 30 June 2016, 260 young people accessed the face-to-face counselling. There were 354 new registrations on Kooth during the same time period.

To date, 65 young people have participated in school based mental health workshops delivered by Young Devon.

Both online and face-to-face counsellors have supported young people through a wide range of issues including reduced confidence, low self-worth, depression, self-harm, and problems in family and/or partner relationships. However, anxiety/stress has remained the top presenting issue for quarter 4 2015/16 and quarter 1 2016/17 for both the face-to-face and online services.

- 68% of Kooth.com log-ins are outside of office hours
- 88% of the young people accessing Kooth say they prefer online counselling to face-to-face
- 97% of Kooth users say they would recommend Kooth to a friend
- 1 in 5 new registrations online are male. The majority of young people accessing the direct support services are female, with slightly more males using the face-to-face service than online. Both services have however, seen an increase in males accessing the service. Kooth male user percentage rose from 18% to 21% in the last reporting period and the face-to-face service saw an increase from 24% to 30% in the same period.

Both online and face-to-face services have seen an increase in the number of younger age groups accessing support. Number of 13 year olds accessing the service has doubled between quarter 4 2015/16 and quarter 1 2016/17. From 1 January 2016 to 31 March 2016, only 40% of young people using the service were aged 15 and under. From 1 April 2016 to 30 June 2016 the service saw the number of young people aged 15 and under accessing support increase to 60%.

Primary Mental Health Worker (PMHW) Provision

Virgin Care CAMHS has a number of PMHW colleagues working across the area teams in Devon. The re-visioning of this provision is focused on reviewing behaviour and parenting groups offer with clear and consistent delivery of evidenced based groups and other interventions. One aim is to ensure that capacity is refocused ‘upstream’ and into primary care by ensuring that by March 2017 every GP practice or cluster will have a named PMHW staff allocated to support or inform referral decision making.

Torbay:

Primary Mental Health Worker (PMHW) Provision

In Torbay, schools and the CCG have jointly funded primary mental health workers (PMHW). These PMHWs are clustered around schools and GP practices. The work involves directly working with children and young people who need to access support as part of Tier 2/Getting help. As well as working directly with the child/young person and their family, the PMHWs deliver training to school based staff and work with staff to enable them to support these children and young people.

Torbay Healthy Learning Project: The following information has been provided by Torbay Public Health.

This project is a model for identifying, planning and delivering health and wellbeing work within settings for 2-19 year olds. It provides a framework through which campaigns, initiatives, information and resources can be delivered through child focused settings. Through this, the outcomes achieved include:

- To help raise the achievement of children and young people
- Support educational settings, children and young people in developing lifelong healthy behaviours
- To reduce health inequalities
- Promote social connectedness
- Help educational providers deliver on their overall vision for their children, young people, staff and communities.

The overarching principles are prevention and early intervention; place based public health and whole school approach. There are four themes in total with Emotional Health and Wellbeing and Personal, social and Health Education being two of them. The other two themes also link to mental health as they focus on physical activity and diet and nutrition.

What's next for 2016/2017?

Joint funding for the Torbay PMHWs has been agreed until 2018. Across 2016/17, we will be working together to evaluate indepth the outcomes achieved to inform future shaping of this service. In addition, as a CCG we are exploring the offer that we can make to primary school aged children and their families. It is anticipated that this will involve up-skilling family support workers who are based within primary schools to enable them to work with families.

The impact of the Early Help for Mental Health will be monitored and the use of online counselling for Torbay explored.

Torbay has also been successful in securing arts council funding to pilot some arts projects that we will be targeting towards primary aged children who are transitioning into secondary schools. One of the outcomes of this work is to prevent young people needing to be referred to CAMHS. A similar application for funding has been made to enable this project to be extended to South Devon. Currently we are awaiting the outcome of this application.

Children in Care

Children in care are known to be vulnerable and national prevalence figures estimate that 45% of children in care will develop mental health problems and disorders. South Devon and Torbay has amongst the highest rates of children looked after in England. The rate and number have been increasing in recent years. Our plans will strengthen support for children in care, in particular those with a high or very high probability of an emotional or behavioural disorder. In Devon, we have been working as part of the Children In Care Redesign Team. Through restructuring existing pathways and resources, all children and young people in care will be screened for mental health needs. Based on the results of this screening assessment, CAMHS practitioners will then complete further assessments and provide appropriate therapeutic intervention.

The outcomes from this will be:

- Placement stability and reduced number placements breaking down
- Fewer children in care or highly specialist placements are out of area
- Carers and professionals can access early CAMHSS advice and support
- Children at high or very high risk receive timely therapeutic intervention
- Less need for referrals to core CAMHS provision for children in care.

What next for 2016/17?

We will continue to work as part of the Children in Care Redesign Team to finalise the pathway. Discussions have already started within Torbay to look at how this pathway can be rolled out across the patch. Similarly we will be working with our partners to achieve a consistent offer to children in care with regard to accessing CAMHS if needed.

Perinatal and Infant Mental Health

There is a strong link between parental (especially maternal) mental health and children's mental health. In November 2014, Dr Alain Gregoire, Chair of the Maternal Mental Health Alliance, in a presentation to the South West Strategic Clinical Network shared information from research which stated that '…children depressed at 16 all had mothers who were depressed, mainly during pregnancy…' This highlights the importance of not only ensuring that parental mental health is identified and supported; but of equal importance is ensuring that infant mental health is equally well supported, especially in view of research into brain development which shows the importance of early interactions to healthy emotional, language and communication development.

What next for 2016/2017?

The CCG has recently submitted a bid for additional funding to enhance the perinatal mental health service. In addition, we will be working with providers and commissioner across both adult and children mental health services to ensure that these two pathways are intertwined and that both parent and child mental health receive equal status.

Youth Justice

In the briefing paper, *Turning Young Lives Around*, by the Prison Reform Trust:

- 43% of children on community orders have emotional and mental health needs, and the prevalence amongst children in custody is much higher
- 60% of children who offend have communication difficulties and, of this group, around half have poor or very poor communication skills
- Around 33% of all children accessing local drug and substance misuse services are referred from the youth justice system

As local data shows, Torbay has a higher than average rate for 10 to 17 receiving their first reprimand, warning or conviction when compared to the England average.

What's next for 2016/17?

The CCG will be working with partners from across Speech and Language Therapy, the Police, Youth offending teams, social care and CAMHS to ensure that the children and young people who are known to youth offending teams have appropriate screening and assessment to ensure their needs are identified and supported. We are currently waiting on the outcome of a bid to enable us, with our CCG neighbours, to fund speech and language therapists and mental health practitioners to be co-located within Youth Offending Teams.

Through this approach CYPs and their families will have:

- Better understanding of needs and strategies to support
- Timely access to relevant services
- Access to more effective intervention as it accounts for their needs
- Improved educational outcomes
- Improved peer and family relationships
- Improved mental health
- Improved functional language and communication skills
- Reduced risk of offending/re-offending
- Reduced risk of contact with Health and Justice Pathways

Benefits to the system will include:

- Upskilling of the workforce
- Reduction in costs associated with contact with Health and Justice Pathways
- Reduced health inequalities

Dartington Social Research

Health and social care systems need to be understood as complex adaptive systems. Systems tend to self-regulate, and changes to one part of system will likely have knock-on effects to another part of the system. System Dynamic modelling approaches seek to identify how systems behave, what rules govern these behaviour, and what changes could be introduced to what effect. South Devon and Torbay CCG have partnered with the Dartington Social Research Unit and Professor Peter Hovmand from the Social System Design Lab in St Louis, Missouri. This work will inform a series of recommendations about mental health system reform locally in Torbay and South Devon.

Summary

The NHS, Social Care and Public Health Outcome Frameworks critically underpin this Refreshed LTP and the Sustainability and Transformation Plan; however in addition specifically for this plan we will focus on outcomes that will demonstrate success with shifting the balance from crisis to planned care; from inpatient to home or outpatient care; from intervention to prevention and we will look at existing and new measures to understand these points. We will also study children in transition including moves between care settings as well as transitions between children and adult services. Additionally we will maintain a focus on access and waiting times and access to evidence based interventions.

Wherever possible we will encourage the use of child reported outcome measures and will be particularly interested to see more children achieving measurable improvement against their baseline outcome assessment based on the outcome agreed at the outset.

This Refreshed Local Transformation Plan is a 'living plan' that provides the basis for transformation while recognising that as a long term plan the detail will necessarily be reviewed, revised and refreshed whilst the overarching direction, principles and outcomes remain constant. This Refreshed Local Transformation Plan will be supported by a commissioning and delivery calendar which sets out our shared system actions to describe, monitor and track improvements.

HEALTHY PEOPLE
living healthy lives
in healthy communities

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

Investing in the future

Transformation Plan 2015/16 – 2020/21

Child and Adolescent Mental Health Services (CAMHS)

2016/17 refresh

Date: 31st October 2016

Joint Foreword Statement

Position Statement: This is NHS Northern, Eastern and Western Devon Clinical Commissioning Group's (CCG) Child and Adolescent Mental Health Services (CAMHS) Local Transformation Plan (LTP) refresh. Our CAMHS LTP refresh reflects our position and planning as of 31st October 2016. Together with our partners we are currently reviewing and developing our strategic priorities and commissioning intentions for children's services as a whole of which CAMHS is an integral part. We have planned engagement and consultation on these developments scheduled for November 2016. Going forwards our CAMHS LTP will reflect these developments and strategic intentions and in doing so, have the voice of children and their families firmly embedded in our plans. We will ensure our CAMHS LTP is updated accordingly and we will present this to our Health and Well-Being Boards for this to be endorsed and formally adopted later this year.

NHS England requires the CCG to refresh and republish our CAMHS LTP on an annual basis. This plan sets out our commissioning strategy, priorities and plans to transform the support and services offered to children and young people over a five year period. The refresh has been developed by the CCG working with partners and providers and taking into account on-going engagement and consultation with children and young people and their families.

This refreshed plan provides a summary of what we have achieved in the last twelve months and an overview of our priorities for 2016/17 and beyond. This LTP refresh should be read alongside the original NEW Devon CAMHS Transformation Plan published in October 2015, as this provides background information and in-depth perspective.

This refreshed plan is consistent with our Sustainability and Transformation Plans (STPs) across Devon, Plymouth and Torbay which reflects a strategic commitment across the whole of Devon to work together as partners to develop all age, seamless services that achieve a place-based commissioning approach.

We are committed to the on-going improvement of services and will seek to ensure that we are supporting local needs, delivering outcomes for families and individuals as well as best value for money. The evidence base underpinning a place-based approach highlights the relationship between the quality of health services, health outcomes and educational attainment. We are also committed to an all age approach that ensures that local services are integrated and coordinated to ensure that all young adults in transition have a seamless experience and best support available to meet their needs. There is a growing body of research and guidance indicating the importance of an 'all age' approach to the delivery of local services for the whole

population. These approaches are reflected in this plan and the CCG's strategy for children and young people.

The emotional health and wellbeing of children and young people is everybody's business. Children/Young people, who feel good about themselves are confident and optimistic about their future and will be more resilient to deal with the stresses that life may bring. Conversely, poor mental health is associated with social exclusion, reduced education/employment opportunities and financial, social and health inequalities which impact throughout an individual's life. This refreshed plan sets out how we will work with our partners and providers to ensure the greatest possible benefit for children and young people's emotional health and well-being in our area.

1. Strategy & Policy update

1.1 Updates strategies and policies

The first iteration of LTP reflected our plans in accordance with the Future in Mind report. Since October 2015 our strategic plans with partners have progressed to more fully reflect our joint ambition across the whole STP area to re-model our provision across health, social care and education.

In addition to Future in Mind, there are some recent and key publications that we are taking into account in our strategic planning and delivery. This includes the national technical guidance for Early Intervention Psychosis (EIP) and Eating Disorder (ED) services which was published in 2016, and, The Five Year Forwards View for Mental Health which endorses the recommendations of the Future in Mind report. The Five Year Forward View focuses on the need to build consensus on how to improve services for people of all ages. It proposes a three-pronged approach to improving care through prevention, the expansion of mental health care and the integration of physical and mental health care.

Locally we have robust partnerships, commissioning intentions and work programmes that focus on seamlessness across CAMHS and adult mental health services. Our local plans reflect the need for a whole system approach to developing robust early help and prevention models that support children and young people to develop coping strategies and resilience.

Our Transforming Care Partnership plan has been developed to support delivery of an all age approach to reduce the use of inpatient services for people who have a learning disability and/or autism who display behaviour that challenges. The plan recognises the importance of having capable and robust community providers which support individuals as close to their home as possible and the need for providers to be joined up in their approach to supporting vulnerable children and young people to get the right support in crisis.

1.2 Our story so far

In 2014, local strategies for emotional health and wellbeing, including CAMHS, were developed across the area and informed by extensive engagement of children and young people and key stakeholders. Our strategic priorities were agreed and embedded in our transformation plan and we have been putting in place the foundations of change through a range of service developments supported through the CAMHS transformation plan funding in 2015. This reflects our commitment to improving the well-being and mental health of our children and young people of Devon.

As a result we have been able to make definitive improvements in services in Northern, Eastern and Western Devon.

Early help	New arrangements for early help for school age children.
Participation	On-going engagement and involvement with children and young people in in service design, commissioning and delivery.
Access	Investment to reduce waiting times for children and young people in CAMHS.
Developments	• Crisis response and Outreach across Plymouth and Devon offering short term intensive support and reducing hospital and tier 4 admissions. • A dedicated Place of Safety is available to support children and young people and prevent those with mental health problems being assessed in police cells. • Closer working between health and social care to support placement stability in residential and foster care • 24/7 access to mental health act assessments as indicated • Increased support for children and young people who self-harm or experience eating disorders. • Plymouth has an improved the Autistic Spectrum Condition pathway with an increased offer of support to parents to help them manage emotional distress and behaviour problems and a rapid response to support in the home to prevent crisis. • Plymouth has a crisis response service for children presenting with mental health need at hospital who don't require a Mental Health Assessment which has been extended to 7 days a week, 8am - 8pm, so that CYP can be seen within a few hours or next morning
Evidence & Impact	• National recognition of a best practice Eating Disorder pathway which is a new development in Eastern Devon. • Reduced number children and young people going into tier 4 • Increased workforce trained in CYP IAPT • Increased workforce • Improvement in placement stability for Children in Care

These improvements give us real confidence that we have the demonstrable partnerships, commitment and the capability within our system to translate our commissioning intentions into reality.

Over the next five year period we will work to achieve the right balance between moving at pace and planning effectively to achieve successful and sustainable improvements in services and the outcomes they achieve for children, young people and families.

2. Engagement & Planning

2.1 Engagement, Service Design & Planning

This is an update on what we have achieved and our successes in the last 12 months. What our local children and young people are saying and how we have involved them;

- We recently held a Devon-wide young person celebration event with the CYP IAPT collaborative.
- Each Devon CAMHS team has a locality champion to promote positive participation at a local level.
- Guidelines for children and young people involved in recruitment of CAMHS clinicians have been developed and used in the appointment of additional staff funded through our plan.
- CAMHS locality champions are exploring ways for collaboration with Young Devon (voluntary sector provider).
- Virtual CYP participation group established using email, text and social media to inform service development with service user experience
- Local Healthwatch Devon report September 2016[2] as a result of their engagement with children and young people about their health.
- Plymouth System Design Groups (SDG) established with core principle to involve children, young people and families, through the network of participation groups.
- Engagement with parents and carers led by Devon Carer Parent Voice and Plymouth Parents' Forum.
- In Plymouth a new system of support was co-commissioned between PCC, NEW Devon CCG and Schools which commenced in September 2016. This system has been funded through DSG (£1.24m over 3 years) and the transformation agenda. The investment has funded a whole school approach to emotional health and wellbeing, targeted interventions including online support and counselling, face to face counselling and talking therapies, Theraplay, and specialist CAMHS liaison workers. A conference led by Plymouth UKYP focused on support in schools and this informed the service specifications for the new Early Intervention Services. Young people were involved in evaluating the tender.
- CYP are involved in projects to develop IT accessible information, information leaflets and some therapeutic session pilots.

Central to our planning is what matters to CYP and what good looks like to them;

Statement written by young people:

"We would like the people who work for CAMHS to be understanding, patient and respectful. They should be trustworthy and make us feel safe and comfortable. It is important that they use their skills and experience to listen carefully in a non-patronising and non -judgemental way. When CAMHS staff are positive and friendly, they help to create an environment that is informal and without pressure."

A recent consultation undertaken by Health watch[1] (Feb 2015 – May 2016) to ascertain the key health priorities for children and young people in Devon. Notably, the top 3 healthcare issues that respondents indicated were most important to them related to Emotional Wellbeing and Mental Health:

- Depression and anxiety
- Self-harm
- Sexual health

Key areas for improvement identified from the feedback provided by children and young people include:

- Better access to healthcare services in a timely manner, particularly mental health services
- Attitudes of healthcare staff when treating children and young people
- Access to information about what services or support are available locally
- Better access to support for children and young relating to specific healthcare issues

The top 3 reasons that prevent respondents from being active include:

- Education\work commitments
- A lack of motivation
- A physical health issue

We will be utilising this feedback to shape the focus of this Plan for 2016/17 and beyond.

2.2 Strategic Planning

NEW Devon CCG, with our partners, are using this opportunity to strengthen our focus and approach to achieve a more consistent overall offer for children and young people across an integrated system. In doing this we also recognise we need to ensure we have local delivery that is matched to 'place' and needs of the local community. This is consistent with our vision for "*Right care, at the right time, in the right place".*

The configuration of CCGs, local authorities and CAMHS providers in our area has an inherent risk of creating boundaries that can be experienced by children, young people and their families. We view the Sustainability and Transformation Plan (STP) to be an enabler as this is describing our whole system/whole Devon planning. Our intentions in this CAMHS LTP refresh are reflected in our STP.

We continue to build and strengthen our future commissioning arrangements and in doing so future proof our emotional well-being and mental health model. System Integration has a benefit as it enables commissioners and providers to realise efficiencies and productivity through the eradication of duplication and shared approach to improving services that are sustainable for the future. Most importantly, it will improve the experience of care and support for people receiving services.

[1] Healthwatch Devon, Our Health, Our Say - Children and young people speak out on health and wellbeing (September 2016)

The proposed model is for a system that supports integration of a seamless and responsive support offer from early help to specialist support. It describes a system that layers additional help to the core community offer, according to need and circumstance. Locally we are developing proposals for our model of care based on the Anna Freud Centre THRIVE model as a foundation. This will be tested through our engagement and consultation processes.

We recognise that CYP are different and their needs are different, we are considering how we develop a core offer of Children's Services that will deliver services as part of a system model to meet the needs for:

- *Early Years & Childhood Development*
- *Children with Special Needs and Disabilities(SEND)*
- *Children with specific health problems, including mental health problems*
- *Children and young people vulnerable to poor outcomes, including looked after children*

Our on-going engagement and co-design with children, young people and their families ensures they are central to the developments of our local offer and pathways across for Early Help, Targeted and Specialist support.

We are considering how we can achieve better Outcomes for children and families through our collaborative whole system approach which:

- *Enable parents to meet the needs of their children*
- *Keep children living at home, where possible*
- *Enable children and young people to achieve their maximum learning potential*
- *Ensure a positive transition to adulthood that maximises the independence for young people*

3. Where we are now?

3.1 The commissioning baseline 2014/15 to 2016/17

In setting the path for the future, it is important to look at where we are now in relation to our baseline for CAMHS in 2014/15.

Baseline since 2014/15

The CCG spending on CAMHS services for 2014/15 was £6.5 million. For 2015/16 the allocation was also £6.5 million.

- Of the £6.5 million total, the expenditure on CAMHS services (tier 2 and 3) with Virgin Care Ltd was £4.1 million and with Livewell Southwest £2.4 million, before additional investment as a result of the CAMHS Transformation Fund allocation of £1.6m in 2015/16.

- Additional commissioning investment by local authorities in 2014/15 and 2015/16 was £648,806 for Plymouth and £84,000 for Devon. (not sure about the £84k in 15/16).

Current investment in 2016/17

In addition to the main investment in Emotional Wellbeing Mental Health across Devon for 2016/17 as highlighted above, there is a multifaceted range of support for Early Help including Devon County Council investment:

Devon Early Help for Mental Health investment 2016/17

Funding sources:

- Public Health ring-fenced grant £0.5m
- Better Care Fund £0.1m
- Dedicated Schools Grant £0.1m

Total £0.7m

Invested in:

- Virgin Care £0.5m
- Young Devon/Xenzone £0.2m

Total £0.7m

And also Active Contracts:

- Whole School Approach – Xenzone – Annual contract value = £218,500 (DSG Funding)
- Counselling in Secondary Schools – The Zone – Annual contract value = £65,000 (DSG Funding)

In addition to there are other areas of spend on children's services which are considered as key components of the system. These include spend on the Vranch contract, individual placements, Short Breaks and the cost of admissions to paediatric wards. NHS England also incurs commissioning spend on highly specialised (tier 4) placements, which in 2014/15 was £5.0m. A key outcome to be delivered by this plan is to reduce highly specialised placements, releasing resources to support community services providing earlier intervention. The CCG has also received some non-recurrent funding such as the successful schools bid in Plymouth (which has been match funded from education and supports the early intervention work), and the additional funding for all age psychiatric liaison services, which all adds to the overall investment sum in CAMHS services across Devon.

NB. Because of the footprint of Devon and the differing commissioning boundaries of the CCG and the 2 Councils these investments in services may cover a wider footprint than that of the Devon CCG area.

3.2 The CAMHS provision baseline

Each provider has supplied baseline information including activity and waiting times and workforce detail. A summary is below and further information is provided in appendices.

Virgin Care Ltd (Devon): Activity and waiting times

Virgin Care is an integrated provider of children and young people's services, including CAMHS in Devon. In terms of access, waiting and activity of CAMHS a breakdown for 2014/15 and the first part of 2016/17 is below:

VCL	Referrals Received	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	217	226	247	249	152	207	284	263	289	266	290	342
	2015/16	238	266	299	271	161	257	321	313	297	277	329	363
	2016/17	248	292	307	248								

VCL	Referrals Accepted	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	143	152	137	148	83	117	164	159	162	141	172	179
	2015/16	132	148	153	141	78	151	167	170	143	137	159	154
	2016/17	108	149	153	136								

VCL	Waiting over 18 weeks	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	371	390	414	425	400	368	360	362	313	270	263	215
	2015/16	188	162	170	217	213	222	226	200	188	180	154	136
	2016/17	100	61	66	88	101							

The Devon CAMHS workforce is:

Service	2015/16 (WTEs)	2016/17 (WTEs)[2]	Admin 16/17
CAMHS	98.35	111.63	3.87
Assertive Outreach	7.8	10.91	1
JACAT	6.4	5.59	0
SAC	3.9	4.09	0
Total	**116.45**	**132.22**	**4.87**

The Devon CAMHS workforce is an active participant in the CYP IAPT programme for transformation in CAMHS. In December 2016, local partners will be building on the strengths and successes of CYP IAPT in Devon and have drafted and agreed the principles of a multiagency workforce development strategy. This will be published with the CAMHS transformation plan. One strand identified for inclusion in the strategy will be the importance of staff wellbeing and building workforce resilience.

[2] Includes admin

Livewell Southwest provides CAMHS in Plymouth. In terms of access, waiting and activity of CAMHS a breakdown for 2014/15 and the first part of 2015/16 is below:

LSW	Referrals Received	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	65	96	81	94	69	104	108	101	118	108	99	104
	2015/16	100	109	101	101	60	98	109	104	109	96	99	111
	2016/17	105	123	110	91	73	86						

LSW	Accepted Referrals	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	57	89	73	90	66	94	96	97	113	96	92	95
	2015/16	96	105	89	93	58	95	95	98	97	88	96	106
	2016/17	92	113	103	89	71	84						

LSW	Waiting over 18 Weeks	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	21	19	20		17	27	17	28	34	39	43	47
	2015/16	41	23	38	41	16	11	24	17	33	26	44	27
	2016/17	9	9	11	16	9	12						

The Plymouth workforce is:

Service	2015/16 (WTEs)	2016/17 (WTEs)[3]
CAMHS (multi-disciplinary team and managers)	32	36
Community facing	11.1	18.1
Community outreach	4.6	7.6
Total	**47.7**	**61.7**

[3] Includes admin

4. The transformation

4.0 Four system priorities

In keeping with our strategy to adopt a twin track approach that ensures strong core CAMHS services and effective access to specialised support whilst shifting services upstream towards early help, early intervention and prevention. We identified four big system priorities and the relative level of change needed to achieve these priorities varies across our CCG with each area having a different starting point. The desired end point for each of our priorities is set out below:

Priority 1: Crisis response

We want to ensure timely and effective responses when children and young people are facing a crisis to ensure that co-ordinated and appropriate support and intervention is available 24 hours a day/7 days a week and in accordance with the Crisis Care Concordat.

Priority 2: Prevention and Early intervention

Our purpose is to promote and support the emotional, psychological and social wellbeing of children and young people. Early help programmes can support the drive for early intervention and enable cultural change in the way first contact services such as schools can support children and young people with mental health problems.

Priority 3: Vulnerable Children and Children in Care

We know that children in care are significantly more vulnerable to emotional and mental health problems and we want to ensure that there is a flexible and integrated system to support children in care and in particular where they have identified mental health needs.

Priority 4: Specific Services

Our **Eating Disorder pathway/service** is nationally recognised and its use has been successful in reducing Tier 4 admissions. The model was published in the NHS England best practice guidance in August 2015 and is one of only 5 services highlighted. This proposal will ensure that delivery of the pathway/service is sustainable and can be delivered across the whole CCG. This will ensure that the aims set out in the Eating Disorder guidance can be met for all young people in Devon who have an eating disorder.

The eating disorder pathway delivers a multidisciplinary approach, providing consultation and treatment for children and young people who are experiencing a range of severe and complex emotional and mental health problems with just under a third (30%) of the children and young people who are referred to the service requiring treatment for a co-existing mental health problem. The team consists of clinical staff from a range of disciplines, including psychiatry, psychology, family

therapy, dietetics and nursing. In addition, the service has support workers who provide home treatment and community care. The team works in partnership with paediatricians who have a specialist interest and expertise in eating disorders. This has had a dramatic impact on delivery of care.

The service operates to the CYP IAPT transformation programme principles and has trained staff in the delivery of systemic family practice for children and young people with an eating disorder. They have also trained systemic family therapist supervisors.

Self-Harm Pathway; In the light of the local area being a national outlier in hospital admissions for self-harm we wish to fully embed the self- harm evidence based pathway throughout the CCG. In addition we have allocated resource to in year workforce training and development; family engagement and a range of steps to better monitor and report outcomes and strengthen communications and information sharing.

Crisis Response Pathways: Providers are delivering crisis teams across the CCG. This brings a consistent management of risk, interface with the paediatric wards and the assessment and intervention for young people presenting with self-harm needs. We are further strengthening our evidence based models of interventions and monitoring outcomes for CYP who present with self-harm needs. There has been an increase in support for rapid response for those presenting in crisis at emergency departments and in the community. These teams interface with paediatric wards and the acute services generally.

We recognise that we are not in the position to do everything and we are on a five year journey. Our engagement, planning and prioritisation processes support our sharing of best practise and for us to identify areas for development. As resources are freed up through re-design or other funding opportunities we will cease these and focus all efforts to optimise our outputs and delivery of our plans ambition.

4.1 The Transformation Schemes

New developments both by the CCG and by commissioning and delivery partners are well underway. Redesign of the system is happening on a day to day basis and, we have now identified schemes for initial attention. Some of these are funded by partners and others will be resourced through transformation funding. We have referred to all in this plan as combined they support transformation and delivery of our priorities and system change.

We consider implementation will bring added value to the experiences and outcomes of children, young people and their families in line with *Future in Mind* and our local strategies – as well as creating the potential to unlock resources from high cost care in the long run. Our approach is to positively protect advances already made towards a position where the best evidence based practice is available across the area.

The schemes and how they will achieve our identified priorities are detailed below.

4.2 Priority 1: Strengthening crisis response

Why this is important

Baseline data showed an increase in presentation at the local emergency departments for young people in a crisis, particularly in self-harm with a significant proportion of those being already known to CAMHS services. Although elements of a crisis service are available to varying levels of delivery across the patch, the full requirements of the Crisis Concordat were not yet fully achieved and there was a need to commission 24/7 support to achieve timely and quality front door responses. Listening to patients we identified crisis response as an area that required particular focus in 2015.

What we said we would do

In 2015, our local system did not achieve a consistent level of crisis response and therefore crisis response represented a significant priority. We said we would ensure:

- timely front door responses in an acute crisis
- alignment the various crisis response services to ensure seamless response
- enhanced levels of support if the needs of a child or young person are escalating
- support repatriation to Devon and discharge process from Tier 4

In Plymouth

In Plymouth, although a core crisis team was in place, additional staff have been employed with the skills to increase capacity to enable triage and provide mental health assessments including for those children and young people with complex behaviour, including learning disability and autistic spectrum disorders. Where a mental health assessment is required the aim is to increase access to within a maximum of two hours, so that the most appropriate response can be identified and provided for the child at an early stage.

This will result in fewer admissions to acute Paediatric wards and more appropriate interventions for children. In Plymouth the CAMHS provider runs the local specialist inpatient unit with the result there is an overnight Consultant child psychiatry on call service and access to mental health services out of hours.

This team are also a part of a new multi-agency task group who will share data on those most at risk in the city to create multi-agency risk management and risk response plans. This includes staff from the hospital, social care, police, and (where identified) and care home placement providers.

In Devon

In Devon the CCG has previously commissioned a Consultant led Assertive Outreach service from Virgin Care, supporting high risk young people in the

community, facilitating earlier discharge from inpatient units and reducing the number of highly specialised placements by 50% to the current levels. A more recent key focus is the establishment of an out-of-hours crisis response service which has been operational since 1st November 2015. This will encompasses an enhanced first on call telephone service and introduce the availability of 24 hour access to Consultant child psychiatry for Mental Health Act assessment.

Both of these services have been complemented by the statutory Place of Safety assessment suite which became operational in March 2015 and provides a service for the whole of Devon, Plymouth and Torbay. The development and operation of the Place of Safety has demonstrated the CCG's commitment to working effectively in partnership. An evaluation will take place in order test whether this has provided sufficient capacity and whether additional provision is needed to take account of the geography and distances to be travelled across the area.

The added value and intended impact:

As a result of these schemes we expected to see the following impact:

- Fewer children admitted to hospital, care and highly specialised placements
- 24/7 crisis responses for young people wherever they live in the CCG area
- Children and young people directed into the correct pathway to avoid repeat crisis
- Elimination of the need for children with a Mental Health issues being detained in a police cell.

Funding

These services were initially funded through the Transformation Fund from 2015/16. The Virgin Assertive Outreach service for Devon is funded from core CCG funds.

What we have achieved in 2016/17

- Out of Hours Crisis support

The CAMHS Crisis response team is now fully staffed and working in tandem with Out of Hours senior nurses until 10pm weekdays and also 9-5pm Saturday / Sunday. They are predominately working onto the wards to discharge young people where appropriate who have been admitted following an overdose. Currently, the service is running this new service on the weekends and is monitoring usage to ensure best use of clinical capacity thereafter.

Further commissioned capacity has enabled CAMHS to develop an out of hour's crisis response service (CRS). In addition to the previous telephone on call service, the service is able to respond to Mental Health Act assessments 24/7. We continue to develop our acute care pathway work plan in accordance with the local Crisis concordat work and core 24.

- Place of safety (POS)

The Place of Safety for CYP within the Plymbridge Tier 4 inpatient unit in Plymouth was opened in 2015. This has vastly reduced the numbers of YP presenting in crisis

within the police estate and has ensured that when they do, they are assessed promptly and consideration given to the management of their acute needs that has been used for Mental Health Act assessments.

Admissions to Place of Safety												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	5	1	3	5	4	2	3	2	1	2	0	3
2016/17	0	0	2	1	1	2						

The POS has been used 6 times since April 2016. The crisis response group is exploring opportunities for the development of Safe Places to help better support step down from acute settings and for young people who do not meet threshold for inpatient support but who are in crisis.

A pilot study is being developed by commissioner colleagues in South Devon to see if a further reduce admissions to the Paediatric estate can be achieved by offering an intensive 72hr community provision to reduce risk. This pilot and sharing of best practise will be reported in Mid-2017.

The number of young people presenting to the hospital continues to be consistently high and the complexity of the young people being admitted can increase their length of stay. The challenge of meeting this group of young people's needs in the acute setting continues to be an issue. CAMHS are in the process of creating a joint process for risk assessment and creating management plans during admission. Work and learning from the development of this will be utilised across the system of support moving forward. In addition, Plymouth CAMHS have been central to developing opportunities for sharing risk between partners and are currently Chairing a stakeholder group focusing on crisis response and how this can be better coordinated and avoided in the first instance.

Impact:

Workforce: All staff in crisis and outreach teams and those working in the acute pathway are being trained in the evidenced based model of intervention for distressed young person and those who present with serious self-harm. This is based on a Dialectical Behavioural Therapy (DBT) approach which will ensure that a coherent model of intervention is in place to support CYP and staff. The number of children and young people who have had a Mental Health Act Assessment by the CRT since Dec 2015 is 4.

162 CYP managed by Livewell CAMHS Outreach Team in 6 Months Apr-Sept 2016

CAMHS Crisis & Assertive Outreach Team (AOT)/Outreach team

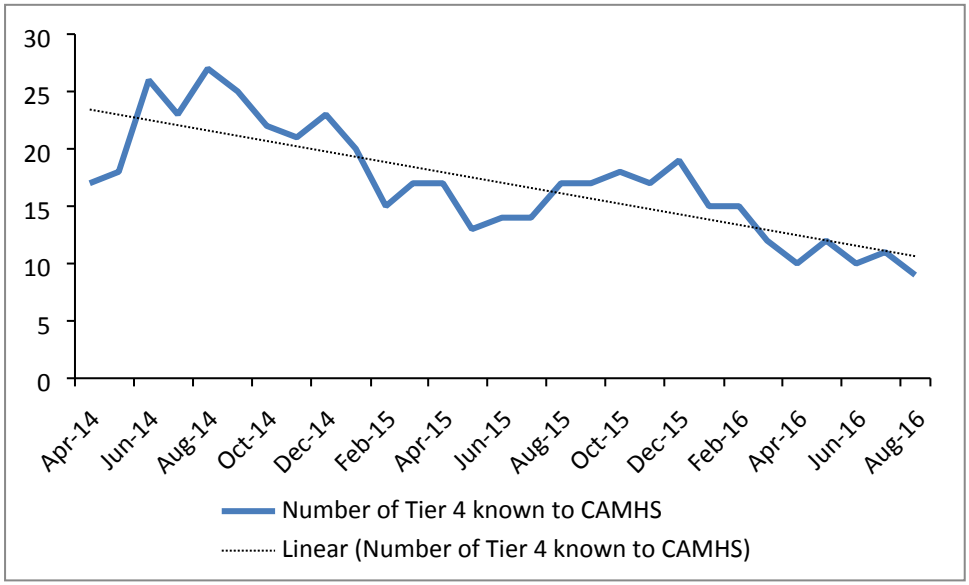
NEW Devon CCG in partnership with NHS England commissioned an AOT model which became operational in October 2014, was fully staffed by March 2015 with CAMHS mental health nurses and a consultant psychiatrist.

Crisis and AOT/Outreach Team offering intensive short term expert support in Devon bringing a significant reduction in children in inpatient care.

Benefit:
AOT remit is simple; provides intensive community CAMHS capacity to support YP at risk of admission and utilise the same capacity where possible to prevent or reduce length of stay in acute hospitals or Tier 4

The team work extended hours, evenings and weekends and provide intensive care & risk support to families, carers, systems and of course CYP. They attend Tier 4 reviews and play a central role in co-ordinating the care planning and step down.

Impact:
Over the 1st 18 months inpatient admissions dropped from an average of 32 to now 9. Length of stay has been reduced by approx. 35% and continues to drop.



The team now work closely with the local area teams and are increasingly supporting the acute care pathways within the 3 area teams. This involves working with the paediatric wards to manage risk and avoid long paediatric admissions by encouraging positive risk management into the community teams.

Work on developing a consistent self-harm approach has progressed; the Risk Assessment Service (RAS) in Eastern & Northern teams supports the assessment and treatment of serious self-harm by ensuring same day assessment and onward management into dedicated systemic family practice care pathways, which use evidence based family therapy as the core intervention.

Next steps

Building on the progress we have made in crisis care, in January 2017 we will be completing a review of local compliance with crisis concordat standards. The CAMHS provider has assured that all provisions of the crisis concordat standards will

be fully met and evidenced by 1st April 2017. We will refine our reporting requirements for these newly developed services and build locally developed outcomes into a Devon-wide strategic dashboard for Children and Young People's emotional wellbeing and mental health. Crisis Response Team staffing currently is a mixed staffing of permanent and agency and the service is working towards full permanent staffing.

4.3 Priority 2: Delivering early prevention and intervention

Why this is important

Evidence demonstrates that an increased focus on early intervention will reduce the number of referrals in to more specialised CAMHS services. An early offer will reduce escalation and can be handled in a less intense manner. We intend to promote and support the emotional, psychological and social wellbeing of children and young people. This requires strong connections with universal health services, schools, GPs and youth services for example to raise awareness, and deliver early and appropriate whole system responses.

What we planned to do

In Devon

In 2014, in consultation with schools, Public Health Devon started their planning & commissioning of this new emotional, psychological, and social wellbeing service for children and young people in Devon called **Early Help for Mental Health Programme (EH4MH)**.

The aim of EH4MH is to build resilience in children and young people by tackling mental health problems before they become more serious via early prevention and early intervention.

Importantly, EH4MH aims to change the culture around mental health in schools and provide support to young people at the earliest possible opportunity with a long term goal of reducing the need for more specialist services.

There are two elements:

- direct support for children and young people of secondary school age through online and face-to-face counselling on a self-referral basis
- school support which promotes and supports cultural change in the way schools support children and young people, including those with mental health problems

Virgin Care is commissioned to deliver the schools element which will deliver a whole school approach and build capacity in schools to support their own wellbeing and that of their students. This has been led by Devon County Council Public Health. These important services are delivered through partnership working between Young Devon a voluntary sector provider, Xenzone, an online support provider, and Virgin Care, the Devon CAMHS provider. This is a key development in our early help offer and builds coping and resilience for CYP through their schools.

Meeting high demand through online self-referral for young people

Kooth is an online support platform provided by Xenzone. In Devon it provides young people in Devon aged 11 to 18 years access to online counselling, moderated peer-to-peer advice and self-help tools through an online platform. Young people can access the platform 24 hours a day, 365 days a year and interactive counselling is available till 10pm every night. Kooth can then signpost on to further support, such as the face-to-face service provided by Young Devon, if required.

Early intervention in Devon Schools

The collaboration sees practitioners educating school staff on basic mental health concerns so they can manage low level issues. As well as introductory courses in mental health, more focused training courses delivered in schools include Anxiety, Bereavement, Self-Harm, and Thinking about Attachment Patterns. With Tier 1 issues such as anxiety, stress and relationships the most presented issues by children and young people in Devon, the goal over the longer term is to improve access to services and reduce waiting times by taking a stepped approach to support. Aiming to reduce stigma surrounding mental health issues, school staff can also access clinical based supervision.

All schools will have a named contact within the team and the service will deliver core and targeted training and consultation to school staff. KPIs focus on increasing the amount of support delivered to school age children and in schools The two strands are largely funded by Devon County Council Public Health with contributions from Schools.

In Plymouth
In Plymouth a new system of support was co-commissioned between PCC, NEW Devon CCG and Schools which commenced in September 2016. This system has been funded through DSG (£1.24m over 3 years) and the transformation agenda. The investment has funded a whole school approach to emotional health and wellbeing, targeted interventions including online support and counselling, face to face counselling and talking therapies, Theraplay, and specialist CAMHS liaison workers.

CAMHS services are now being delivered through the locality model described in the original transformation plan with each locality having a team of early intervention staff. In addition, work between the early intervention team and specialist teams has been undertaken to develop clear pathways and referral processes.

This aim is to offer any child or young person a consultation within 7 working days of them or the schools requesting intervention or presenting to the multi-agency Single Point of Contact (Gateway). This consultation from a skilled mental health worker can make an assessment of the mental health needs and make recommendations at this point. This will also enable access to interventions such as evidence based parenting programmes, in partnership with other professionals, daily consultation for the Gateway staff, resulting in a more rapid response to requests for help. It would

also enable greater engagement of CAMHS with the “creative solutions” process for those presenting with high levels of risk at the edge of care.

Reducing waiting times

One of the CCGs’ key priorities is to reduce the backlog of people waiting to access CAMHS services giving the early intervention offer the opportunity to begin to make a positive impact on referrals. We intend to use non-recurrent investment to focus on delivery of reduced waiting times for CAMHS services to achieve a waiting time of 18 weeks by April 2016.

As a result of these programmes of work commissioners expect children and young people to be able to access support at an early stage through routes they know and trust. Furthermore, it is anticipated that over time there will be a gradual reduction in referrals to CAMHS as the first option.

The EH4MH service has Programme Impact Measures in place with targets for 2016/17 being mutually agreed between Public Health and the EH4MH providers. Data for these measures will be collected as part of an audit of whole school practice from those schools that engage with the EH4MH programme.

What we have achieved so far

In September 2015, Public Health Devon commissioned the Early Help for Mental Health (EH4MH) programme. EH4MH is a prevention and early intervention programme that aims to change the culture around mental health in schools and to provide appropriate levels of support to young people at the earliest possible opportunity.

The EH4MH programme operates in two ways:

The school support element of the programme is delivered by Virgin Care and aims to help both primary and secondary schools improve the emotional, psychological, and social wellbeing of their pupils by supporting staff to develop their knowledge of mental health conditions affecting young people and strategies supporting children with early signs of mental and emotional stress.

The direct support element of the programme is delivered by Young Devon and Xenzone. This element offers children and young people of secondary school age access to self-help tools, good information, online counselling and appropriate levels of individual support from trained professionals. EH4MH direct support can be accessed either through a web-based interface via Kooth.com or face-to-face in one of Young Devon’s locations.

Benefit:
To date, all schools in Devon have been approached and over 75% of school have decided to opt into the scheme. The opt-in criteria include having executive sponsorship for EH4MH within the school and a named member of staff(s) who will act as the school’s EH4MH Champion. All EH4MH Champions are invited to attend an “Introduction to Mental Health” training course. These courses have been very

well attended and evaluation forms show that attendees have found the training informative and worthwhile.

The first year has seen the programme grow significantly to become an integral part of the way schools are addressing the mental health of their pupils. Some schools have shown exceptional innovation in the way they are managing mild to moderate levels of their pupils' mental health needs. Service improvements such as this build more of a variety of resources for young people's emotional wellbeing and mental health.

The EH4MH providers report to Public Health as the lead commissioner with the contract being overseen by a Contract Oversight Group that includes representatives from Public Health, Schools, Social Care, and CCGs.

In Plymouth, the new system of support for emotional health and wellbeing in secondary and special schools was launched in September 2016 which brings together financial resource from Schools with transformation funding.

This model of working is focused on embedding a whole school approach across each school, starting with an audit of current delivery based on the National Children's Bureau recently published toolkit (October 2016). The Zone (external provider) will support schools with the development, implementation and achievement of their school delivery plan by utilising resources from across the EHWB system as appropriate.

Young Devon and Xenzone will provide targeted interventions through counselling provision as set out in the EH4MH statement above, including the ability for young people to self refer for support. Special Schools have implemented delivery of Theraplay sessions after receiving level 1 and 2 training as a targeted intervention.

All work is supported through CAMHS transformation with each school having a named CAMHS liaison worker who has an allocated half day per week to each school. This enables early assessment, triage, delivery of brief interventions and effective pathway planning.

All services commissioned are required to work together to ensure a robust system response that enables a coherent pathway from early help through to specialist interventions.

All services report to the Integrated Commissioning Team who manage all CAMHS contracts and transformation plan delivery. On-going system design is coordinated through a local steering group which includes representatives from the school system, educational psychology, CAMHS and school nursing.

Impact:

Improving access for young people with measurable outcomes (EH4MH)[4]

The service is now 13 months on with the following results

[4] Further information and case studies available here: https://xenzone.com/casestudies/devon-council/

- 163 schools regularly accessing EH4MH
- 114 schools in progress
- 211 registered EH4MH Champions

From 1 April 2016 to 30 June 2016, 260 young people accessed the face-to-face counselling. There were 354 new registrations on Kooth during the same time period.

To date, 65 young people have participated in school based mental health workshops delivered by Young Devon.

Both online and face-to-face counsellors have supported young people through a wide range of issues including reduced confidence, low self-worth, depression, self-harm, and problems in family and/or partner relationships. However, anxiety/stress has remained the top presenting issue for Q4 2015/16 and Q1 2016/17 for both the face-to-face and online services.

- 68% of Kooth.com log-ins are outside of office hours
- 88% of the young people accessing Kooth say they prefer online counselling to face-to-face
- 97% of Kooth users say they would recommend Kooth to a friend
- 1 in 5 new registrations online are male. The majority of young people accessing the direct support services are female, with slightly more males using the face-to-face service than online. Both services have, however, seen an increase in males accessing the service. Kooth male user percentage rose from 18% to 21% in the last reporting period and the face-to-face service saw an increase from 24% to 30% in the same period.

Both online and face-to-face services have seen an increase in the number of younger age groups accessing support. Number of 13 year olds accessing the service has doubled between Q4 2015/16 and Q1 2016/17. From 1 January 2016 to 31 March 2016, only 40% of young people using the service were aged 15 and under. From 1 April 2016 to 30 June 2016 the service saw the number of young people aged 15 and under accessing support increase to 60%.

Primary Mental Health Worker (PMHW) Provision

CAMHS has a number of PMHW colleagues working across the area teams in Devon. The re-visioning of this provision is focused on reviewing behaviour and parenting groups offer with clear and consistent delivery of evidenced based groups and other interventions. One aim is to ensure that capacity is refocused ‘upstream’ and into primary care by ensuring that by March 2017 every GP practice or cluster will have a named PMHW staff allocated to support or inform referral decision making.

The Plymouth CAMHS early intervention offer has been embedded into a locality model delivered by Livewell Southwest. Each locality (of which there are 4) includes a school liaison worker, a community liaison worker, a community worker and a support worker; in addition there is a school liaison worker specifically for special schools. The team's priority is that by December 2017 the model of working enables; Consultation within 7 working days.

- Assessment within 4-6 weeks.
- Timely targeted individual and group interventions in the community.
- Training (as required based on identified need).
- Referral through joint assessment to specialist CAMHS

The service is prioritising the ability for self-referrals and drop-in clinics, ensuring the child / young person is involved in all planning for their care. A further priority is working with the primary school system to develop a model of delivery for children aged under 11 that is responsive and needs led, enabling live screening in community based settings.

Benefit:
There is good evidence from national studies that consistent 'upstream' and targeted focus reduces referrals to CAMHS and improves community intervention for children and young people with mental health needs.

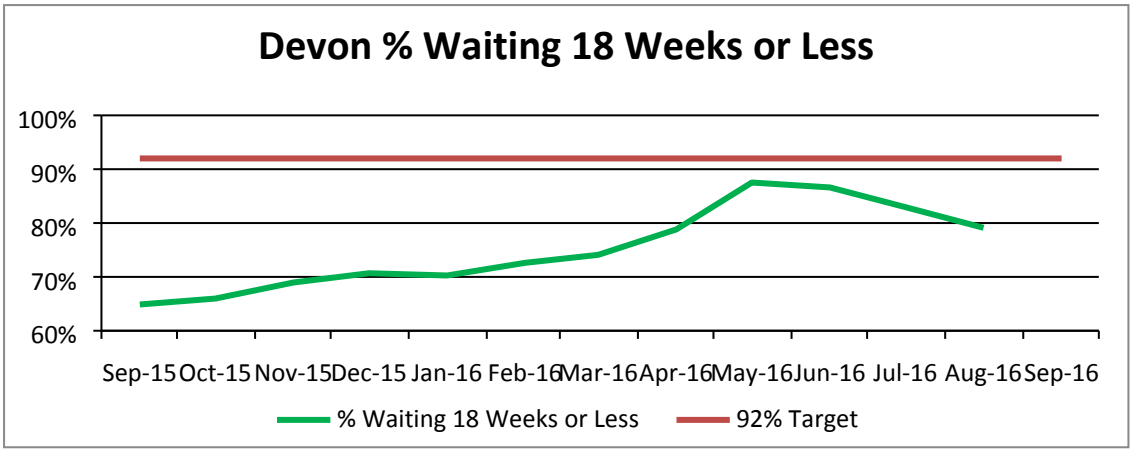
Impact:
There will be on-going monitoring of the workforce and the activity data to demonstrate the increased number CYP seen.

Positive impact in improving access to Community CAMHS

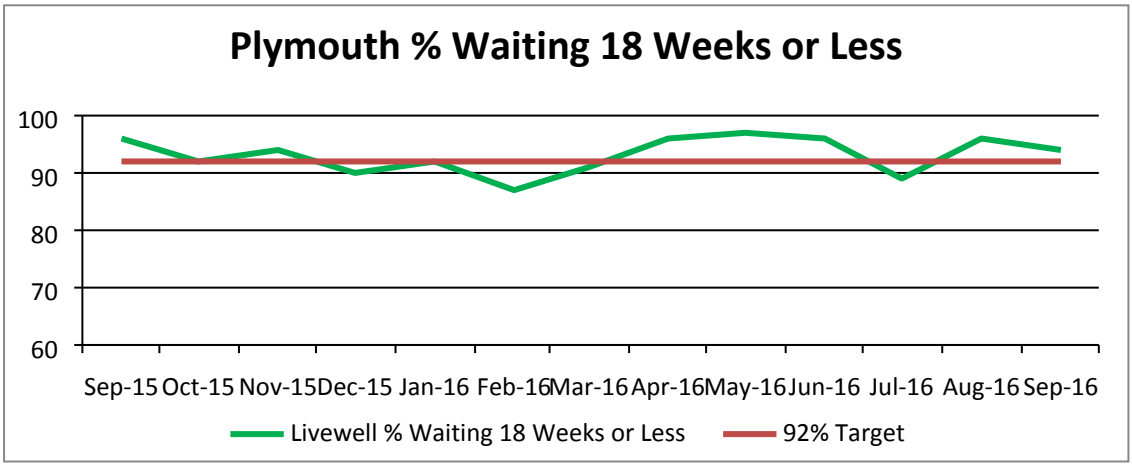
Furthermore, there has been a considerable reduction in waiting times achieved across all areas of CAMHS which has been sustained. This reduction has been achieved by a combination of measures including a rigorous, consistent approach to job planning (e.g. setting the number of attended appointments per member of staff reviewed regularly, clinical focus, outcome measures, clinical and line management supervision and a cultural shift towards waits being seen as unacceptable and 'not good enough' for Devon families).

Impact:
In March 2016, Virgin CAMHS achieved the commissioner target of 80% of CYP seen and assessed within 18 weeks and are on target to reach the higher target of 92% of children, assessed and treatment commenced within 18 weeks.

As of July 2016, the median waits for new assessments in Devon was 7.5 weeks and all CYP requiring emergency-urgent assessment were seen within 48 hours if emergency and 2 weeks if urgent.



Plymouth data Reduced waiting list – By September 2016 the waiting list was halved through intensive work over the summer months and ongoing monitoring of RTT will continue to evidence the impact of earlier intervention. As of September 2016 the median wait for treatment was 5.3 weeks and all CYP requiring emergency-urgent assessment were seen within 48 hours if emergency and 2 weeks if urgent.



Funding

The majority of investment for these schemes is by partners. There has been specific funding of £136,000 in 2015 and thereafter £271,000 in subsequent years from the Transformation Fund for these initiatives.

Next steps

1. Newly appointed senior appointments (in August 2016) will be in post by early November 2016.
2. The Primary Mental Health Worker (PMHW) model will be reviewed (including resource and provision) to ensure we are optimally investing to strengthen Early Help and ensure best outcomes.

3. Refined data set currently being co-developed with lead provider in conjunction with a strategic Emotional Wellbeing Mental Health dashboard to support the review of an anticipated correlated reduction in referrals to Specialist CAMHS.

4.4 Priority 3: Vulnerable and Children in care

Why this is important

Children in care are known to be vulnerable and national prevalence figures estimate that 45% of children in care will develop mental health problems and disorders. Our plans will strengthen support for children in care, in particular those with a high or very high probability of an emotional or behavioural disorder.

What we plan to do

In Devon

In Devon a review of current provision has identified the benefits of having a lead practitioner(s) for children in care in particular to support young people who need CAMHS therapeutic intervention. It will include advice to carers and professionals and direct support to young people, or teams supporting young people using a 'stepped' model of care.

In Plymouth
In Plymouth there is already a "Children in Care" CAMHS team. This model is established and working well. Closer liaison and working between this team, placement providers, the Virtual School Head and Social Care, has achieved an improvement in placement stability and already enabled some children placed out of area in residential placements to be brought closer to home.

The added value

Overall we would expect to see change with:

- Placement stability and reduced number placements breaking down
- Fewer children in care or highly specialist placements are out of area
- Carers and professionals can access early CAMHS advice and support
- Children at high or very high risk receive timely therapeutic intervention
- Less need for referrals to core CAMHS provision for children in care.

Financial

We continue to work with our partners on the priorities and targeting of the CAMHS LTP money to these this is alongside the re-modelling of the core CAMHS budget.

We have achieved

Children in Care often present with needs that are complex, enduring and life impacting.
Positive steps have been taken to begin the process of remodelling the current Devon SAC (Service around the child) provision. The service is being revised to screen the CYP to understand their emotional and possible mental health needs. For those reaching the threshold for clinical significance will be formally assessed.

The support for these CYP form social care and CAMHS will be co-ordinated and ensure there is additional professional development for staff within pathways to meet the needs of CYP in the care system

Mental health screening of Children in Care

The co-development of an agreed new working model to screen children and young people who come into care and to undertake an appropriate and comprehensive assessment on those above the clinical threshold on agreed screening tools. This 'Children in Care assessment pathway' will be integrated into the Single Point of Access (SPA) process.

The core aim is to identify children coming into care earlier who exhibit higher levels of risk, for example in the form of challenging and risky behaviour. Furthermore, where appropriate, clinicians will accelerate access to the specialist support and intervention for children within generic CAMHS services.
Next steps

1. Aim to implement new pathway in 2016.
2. A new senior manager will be in place to oversee service delivery.

4.5 Priority 4: Specific Services & pathways

In light of the local area being a national outlier in terms of hospital admissions for **self-harm** we wish to fully embed the self - harm evidence based pathway throughout the CCG.

For **eating disorders** where new guidance has been published, we have a nationally recognised approach in Eastern Devon and we are now looking to extend the model across Devon and Plymouth in line with the evidence base.

For 2015/16 we have taken an important step to address core CAMHS service pressures. This has included additional funding to reduce waiting times for both Devon and Plymouth CAMHS with the intention that there are no children and young people waiting over 18 weeks by 31st Dec 2016.

In addition we have taken the opportunity to allocate resource to in year workforce training and development. We are currently working on our Joint Agency Workforce plan that is due to be published in December 2016. We have a robust learning collaborative and framework of CYP IAPT training to upskill the workforce in

evidence based interventions. This adds value to our pathways as Evidence based Interventions and CYP IAPT are proven to have a positive impact on outcomes and length of care episodes.

New Devon CCG is delighted to be able to say that it has been successful in bidding for additional funding to further develop its perinatal mental health services. Devon had existing specialist perinatal mental health services which was assessed regionally as one of only two full Specialist Community Perinatal Mental Health (SCPNMH) service which meeting the level 5 requirements in the Maternal Mental Health Alliance's 'Everyone's Business' national mapping. However the service was not equitable across the CCG this funding will allow the CCG to move rapidly to delivering an equitable service to all mothers and families in the CCG. The bid was collaboration between multiple providers, NEW Devon CCG and SD&T CCG.

The development of a 'pathway based approach'

In 2013, Virgin CAMHS started to deliver their care using a pathway based model. This was to align children to care pathways that were specific in their intention to treat according to NICE guidelines which is shown to improve outcomes for young people with MH needs.

This approach to re-design has begun the blueprint for service change across the wider Devon Virgin CAMHS services. It is hoped that by autumn 2017 most of CAMHS interventions will be aligned to the Anna Freud THRIVE model and delivered within the 9 clinical care pathways.

1. EH4MH & Primary Mental Health (Early Help, including online, self-management)
2. Managing Relationships (early years, including attachment)
3. Managing Mood (PTSD, Depression & Anxiety)
4. Managing Emotions & behaviours (self- harm/emotional dysregulation)
5. Managing Eating
6. Managing Neuro-Diversity (ADHD, ASD)
7. Managing when living in Care (Children in Care)
8. Managing your acute needs (acute & crisis care)
9. Managing Journey after child abuse and trauma (trauma recovery)

In Plymouth our multi-agency pathway developments are currently:

- Early Help and access to specialist services
- ASD pathway
- Self-Harm Pathway
- Transition to Adulthood
- All age Psychosis pathway
- Multi-agency crisis recovery
- Trauma Recovery
- Post-natal depression (CAMHS offer in attachment and delivery of programmes in children centres)

This ‘whole system’ approach has significant benefits:

- Service improvements are embedded in practice aiding sustainability
- Staff are ‘allowed’ to develop clinical expertise and apply it in practice
- CYP are treated with best evidenced approaches and should experience symptom reduction
- New Model of care that puts the child or young person at the centre. Model based on *THRIVE* and the 4 quadrants of ‘coping, getting help, getting more help, risk support’
- Re-design and better integration aims to improve productivity and efficiencies that will enable us to address challenges and gaps and move demand ‘downstream’ to early help offer.

We have achieved

- Best practice with Eating Disorder pathway/ service
- The development of Exeter-Maudsley model credited as being in the top 5 best Eating Disorder services in the country. This is an outpatients family based approach which includes family members in the sessions, valuing them as an integral and positive resource in the journey of recovery. It is an approach that works collaboratively with parents and carers, partners and siblings. The Exeter-Maudsley model has three phrases needing on average 15-20 sessions:
  - Phase 1: concentrates on weight restoration
  - Phase 2: returning control over eating to the young person
  - Phase 3: supporting the healthy adolescent identity

Next steps

1. Developing our Emotional Wellbeing Mental Health Strategy
2. Develop models that make the best use of resources within the whole system and ensure seamlessness across all age models.
3. Commissioners and providers to work together to review key areas of pathway development to confirm best approach for local needs and place based deliver.
4. Implementation of three week re-feed model
5. Self-assessment of service compliance with new access and service standards which come into effect April 2017.

4.6 A focus on vulnerable children and young people

There are a number of children and young people who have a greater vulnerability to mental health problems. Children with learning disabilities and autistic spectrum disorders do require effective and comprehensive community and crisis support. Workforce development will also be important to ensure that their needs are considered and met. This way, children with learning disability and autism will be able to access the same core service as other groups.

Many other children are vulnerable to mental health problems including looked after children, those from troubled families, young carers, children and young people in transition, children at risk of entering the criminal justice system, refugee children,

gypsy's and travellers and others. As well as the greater likelihood of experiencing emotional issues, these children and young people may find it more difficult to access appropriate support.

At all points of contact with the service it is essential we make sure that their needs are recognised and the service promotes equality of access and takes steps to minimise further health inequalities. This is important in terms of policy and workforce development and our approach will include ensuring that all transformational schemes fully take into account the risks and positive actions they can take to ensure effective access for the most vulnerable children and young people.

Early Intervention to Psychosis (EIP)
The delivery of support for Devon children and young people is provided by DPT and through The Zone in Plymouth. These services are commissioned to deliver support for 14+ age range. In practice, no young people have presented with psychotic symptoms locally under the age of 14. However, arrangements are in place to ensure that the Single Point of Access (SPA) would treat any cases, irrespective of age, as a crisis response and provide support accordingly, linking in with the specialist team. Effectively, a level of all age support is in place to meet the needs of the local population with regard to Early Intervention to Psychosis. Commissioners will be completing a review of provision to ensure that treatment is fully compliant with NICE-recommended treatment and access standards. There is a local protocol to ensure smooth link up between the specialist CAMHS provider and EIP provider.

Over the course of our initial phase and this first year of our transformation key publications have been published: the NSPCC "the time is right" and the article in the Youth Justice review on Trauma Recovery, points us to the importance of multi-agency response for those affected by trauma and abuse. This needs to sequence support in order to ensure engagement and stabilisation, processing of lived experience and readiness for and engagement in therapy.

Next steps

1. Complete bid for additional non-recurrent resource to support Youth Offending Team with additional Speech and Language therapy and CAMHS practitioner input
2. Review the requirements of CAMHS to provide evidence based interventions for sexual trauma and other forms of trauma by Dec 2016
3. Ensure full compliance with Early Intervention to Psychosis (EIP) waiting time standards by April 2017.
4. Trauma recovery: for the coming year we are setting an ambition to ensure across the whole of Devon we work closely with our CAMHS team, social care, the VCS to ensure a multi-agency pathway of care that supports recovery from trauma and reduced risk of CSE and further abuse. This is a critical pathway in our "getting risk support" in the THRIVE model. The evidence suggests we would have a positive impact through a reduction of self-harm and enduring mental health problems.

4.7 …Workforce Development – CYP Improving Access to Psychological Therapies (CYP IAPT)

In 2016/17, Virgin CAMHS in Devon and Livewell Southwest in Plymouth have been proactive participants in the national Children and Young People's IAPT programme. The focus of this transformational programme is to:

1. Embed the use of evidence-based clinical outcome methodologies – this includes the use of session by session clinical outcome measures and to achieve the young person's goals.
2. Train staff in the most effective evidence-based interventions e.g. Cognitive Behaviour Therapy (CBT), systemic family therapy and Dialectical Behaviour Therapy (DBT)
3. Encouraging service user participation in service improvement

Benefits:

- Some CYP IAPT trainees have registered as accredited therapists. Other staff have benefited from post graduate training, leadership and clinical supervision.
- A high percentage of clinical work is monitored using patient reported outcome and experience measures (PREMS/PROMS).
- Patient reported outcome measures can be used within clinical supervision to inform learning and optimise therapy to the client's progress.
- Consistent evidence has shown that utilising outcome measures improves outcomes for clients and reduces length of treatment.
- Devon has adopted the national service user's pledges and has involved young people and carers in many aspects of service delivery.

Impact:

- Since 2012, more than 40 staff from Devon have been seconded to and completed CYP IAPT training and in 2017 a further 10 staff will be seconded for therapy training.
- A further 15 will be seconded for an Enhanced Evidence Based Practice training course (EEBP) with these staff coming from a mix of public health and third sector organisations such as the Children's society.

Plymouth CAMHS has a workforce development plan based on identified future needs and known areas of recruitment and training. This has identified the need for additional training in a number of areas. Livewell Southwest's ambition is to undertake a full review of skill mix, analysing demand information, including information from the new Early Help offer, and where there may be waits for particular interventions to re-assess skill mix and develop comprehensive plan.

Next steps

1. Engage with key professional stakeholder groups (including the local authority, third sector, youth justice and schools & colleges) via electronic survey to elicit priorities and existing mechanisms for workforce development
2. Scope cost implications of continued support for CYP IAPT programme

3. Scope the benefits of e-learning as a platform for upskilling the wider children's workforce e.g. MindEd
4. Develop a multi-agency workforce development plan for Emotional Wellbeing and Mental Health in Devon by Dec 2016

5.Making it happen

5.1 Managing demand and complexity

System challenges

Demand for CAMHS remains high with nearly 50% of all new Virgin ICS referrals being for CAMHS. 80% of Virgin care website activity is CAMHS related. We anticipate that increasing the upstream early help offer of; EH4MH and former PMHW provision will gradually reduce demand. This is coupled with the increased support within schools to build resilience and coping.

Increasing complexity of clinical presentation is reported nationally with most research showing increases in eating disorder, serious and sustained self-harm and symptoms associated with low mood in the adolescent population. We are working closely with key partners to find collaborative methods of supporting these vulnerable groups and recognise that for a significant number of children 'wrap around' care and intervention is required.

Nationally, there are significant pressures with recruiting to staff. Many CAMHS services have reported difficulty in filling vacancies and are further challenged by high turn-over rates. We have developed a workforce plan and approach to recruitment. We have recently run a recruitment 'fair' that attracted many new staff to our service; we were able to fill many of our vacancies.

CAMHS services are currently reviewing the way in which CYP with complex risk presentation are managed but will not or cannot engage in intervention work. The desired outcome is to reduce the length of time these young people are kept open to the service but not in active treatment and support them to be managed safely in the community. CAMHS plan to have a clear pathway to work alongside the other developments taking place through CAMHS transformation, such as collaborative working with the COT and community teams to create a step up and down process across the service.

Transition - development of a 16 + pathway

CAMHS teams have established a pathway for young people who are 16 and over to ensure that their needs around preparing for adulthood, their treatment and their transition to other services are addressed. There is a process in place to discuss transition to Adult Mental Health but there is further work to be done to support young people who don't meet threshold.

Commissioners recognise the value of the JACAT team in supporting young people with trauma and providing therapeutic interventions. VCL has 3-4 members of staff trained in EMDR which is evidence-based as being highly effective for PTSD. We are keen to ensure that adequate support is in place for children and young people

who have been subject to emotional or sexual abuse. Further scoping work will be developed to review current requirements based on the needs of the local population.

5.4 A five year commissioning and delivery calendar

This Transformation Plan is a 'living plan' that provides the basis for transformation while recognising that as a long term plan the detail will necessarily be reviewed, revised and refreshed whilst the overarching direction, principles and outcomes remain constant. This Plan will be supported by a commissioning and delivery calendar which sets out our shared system actions to describe, monitor and track improvements over the five year period.

Next steps – key milestones

1. Develop an enhanced vision for Emotional Wellbeing and Mental Health in Devon (2020/21) by November 2016
2. Refresh Emotional Wellbeing Mental Health strategy by November 2016
3. Develop multi-agency workforce development strategy by December 2016
4. Develop whole system strategic dashboard to support the monitoring of progress of CAMHS Local Transformation Plan by January 2017
5. Ensure full compliance with new Eating Disorder access waiting time standards by January 2017
6. Ensure full compliance with Early Intervention to Psychosis (EIP) waiting time standards by April 2017
7. Develop care pathway approach for approval by July 2017
8. Develop the model of care in Devon including engagement on the use of the I-THRIVE model to finalise our recommendations as part of whole system approach by September 2017

6. Important documents

There are a range of key national & local documents. Please note: this is not aiming to reflect the full extent of all documents.

Sustainability and Transformation Plan (NEW Devon and South Devon & Torbay CCG)

VCL HEE Workforce Summary

PCH HEE Workforce Summary

VCL & PCH providers contract performance and quality data.

Devon 'My Life, My Journey' Children's and Families Alliance Strategy

Devon SEND Strategy – under development

Plymouth CYP Commissioning Strategy

PCH Action Plan http://www.plymouth.gov.uk/hscintegrationstrategies

Healthwatch Devon, Our Health, Our Say - Children and young people speak out on health and wellbeing. September 2016.

NSPCC 'the time is right'. 2016.

Review of Health & Justice Pathways for the CAMHS Transformation NHS England South (South-West and South Central) 2016.

Ministry of Justice: Review of the Youth Justice System: An interim report of emerging findings. 2016

Children and Young People Mental Health and Emotional Wellbeing in Devon (2016)

Emotional and MH Presentation June201

Hearing the Voice of Children and Young People and Valuing their Experience Emotional, Psychological and Social Wellbeing Engagement with Children, Young People and Parents and Carers (December 2014)

Emotional Psychological and Soc

Health and Wellbeing Board
15 December 2016

BETTER CARE FUND
2016/17 SECOND 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.

2. BCF 2016/17 Second Quarter Return

The BCF 2016 /17 Second Quarter Return was submitted on 25th November 2016, and copies will be available at the meeting should Members wish to see further details.

Performance Summary

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

Fig 1. Performance against National Conditions

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 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? ii) Are you pursuing Open APIs (ie system that speak to each other)? iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance? 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	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes

3. 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. The plan is owned and monitored by the multi-agency A&E Delivery Boards.

Non-elective admissions
The BCF schemes that are focused on reduction of non-elective admissions are developed, implemented and monitored via the A&E Delivery Boards. This is in addition to further investment in Rapid Response in 2015/16 and close monitoring of outcomes to inform future intentions.

Local metric - dementia
We monitor our support for people with dementia, but 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
Caroline Dawe
NEW Devon CCG
Simon Tapley
South Devon and Torbay CCG

Electoral Divisions: All

Strategic Director: People/Place: Jennie Stephens

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

Northern, Eastern and Western Devon Clinical Commissioning Group

Health & Wellbeing Board Report

Date		November 16		
Report title		Integrated Personal Commissioning – Update		
Author(s)		Jon Taylor, Commissioning Transformation Manager, NEW Devon CCG Paul O'Sullivan, Deputy Director of Strategy, NEW Devon CCG		
Purpose of Report	✓	**Decision**	✓	
		Assurance		
		Information	✓	
FOI Status	✓	**Public**	✓	
		Private		
Category of Paper	✓	**Decision**	✓	
		Position Statement		
		Information	✓	
Does this document place Individuals at the Centre		**Y**	**N**	
		✓		
Actions Requested		1. Note that integrated personal commissioning has been included in the Devon Sustainability and Transformation Plan as an approach that will support Priority 2: Promoting health through integration and in turn contribute to delivery of the Joint Health and Well Being Strategy 2. Note that integrated personal commissioning programme will sit within the governance framework that will support delivery of the Devon STP.		
Which other committees has this item been to?		N/A		
Reference to other documents		N/A		
Have the legal implications been considered?		✓		
Does this report need escalating?		No		
Quality and Equality Impact Assessment				

Who does the proposed piece of work affect?	Staff ✓ Patients ✓ Carers ✓ Public ✓

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

If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using **Screening Form One** *available from Corporate Services*
If an equality assessment is not required briefly explain why and provide evidence for the decision.

Reference to Core Strategies and Corporate Objectives

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

	3.2 Commission services with partners to reduce health inequalities and improve people's lives	Yes

HEALTHY PEOPLE
living healthy lives
in healthy communities

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

Health & Wellbeing Board Report

Executive Summary

This paper provides an update for the Health and Wellbeing Board on the Integrated Personal Commissioning (IPC) programme following some changes that have been made by NHS England for the year 16-17 and beyond.

The paper seeks to clarify the local governance arrangements for IPC in response to the request made by Health & Wellbeing Board members in March 16.

The arrangements described in this paper set out how the IPC programme will be incorporated into the governance framework being developed to support delivery of the Devon Sustainability and Transformation Plan (STP).

2. Purpose of Report

The purpose of this paper is to:

- Update the Board on the Memorandum of Understanding that has been agreed between Devon Clinical Commissioning Groups (CCGs) and NHS England to support the delivery of integrated personal commissioning (IPC) in Devon;
- Update the Board on the proposed governance structure to support local delivery of the integrated personal commissioning model;

3. Background

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

The goals of the programme are:

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

The programme is aimed at groups of individuals who have high levels of need, who often have both health and social care needs, where a personalised approach would

address acknowledged problems in current care provision, help prevent people from becoming more unwell, and enable people to retain their independence. Such groups include:

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

Integrated Personal Commissioning is based on two core elements:

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

4. Update on IPC

IPC is one of the pillars of the Five Year Forward View (5YFV), empowering people and communities to take an active role in their health and wellbeing with greater choice and control over the care they need. The programme will expand in 2016-17 through the early adoption of the model in new areas, representing the first stage of national roll-out. This will enable further testing and refinement and ensure compatibility with the New Care Models Programme, prior to national implementation by 2020-21.

Nine sites have been leading the development of IPC, supported by the IPC Emerging Framework (published May 2016). Both Devon CCGs and Devon County Council have been actively involved in this work through the South West IPC Demonstrator - one of the nine demonstrator sites in England. The goals of the IPC programme and the potential target groups align well to supporting delivery of the Joint Health and Well Being Strategy for 2016-19 with the particular emphasis on empowering people to take greater control over their own lives, to influence personalised services and to take greater responsibility for their health outcomes with the corresponding shift in services and professional practice towards prevention and early intervention. IPC as an approach is already being adopted or aligned within local programmes and projects including Integrated Care in Exeter (ICE) and the SEND programme.

Whilst the regional programme has provided support to Devon projects and enabled us to make significant progress, NHS England have changed arrangements in the South West in 16-17 by offering four CCGs the opportunity to agree a Memorandum of Understanding (MoU) to support accelerated delivery in some areas. The four CCGs were selected due to a high level of senior leadership engagement with the programme and strong delivery of personal health budgets on the ground. The MoUs have connected the two Devon CCGs directly into the national programme and have secured additional funding and support.

The regional programme still remains in place and is overseen by the South West IPC Programme Board. The Devon CCGs will still collaborate closely with partners through

the established network and will have representation on this board, however, in response to the new arrangements, a local governance framework is being developed which will formally connect IPC with Devon's STP process. This will facilitate increased local determination in deploying resource and supporting projects within Devon.

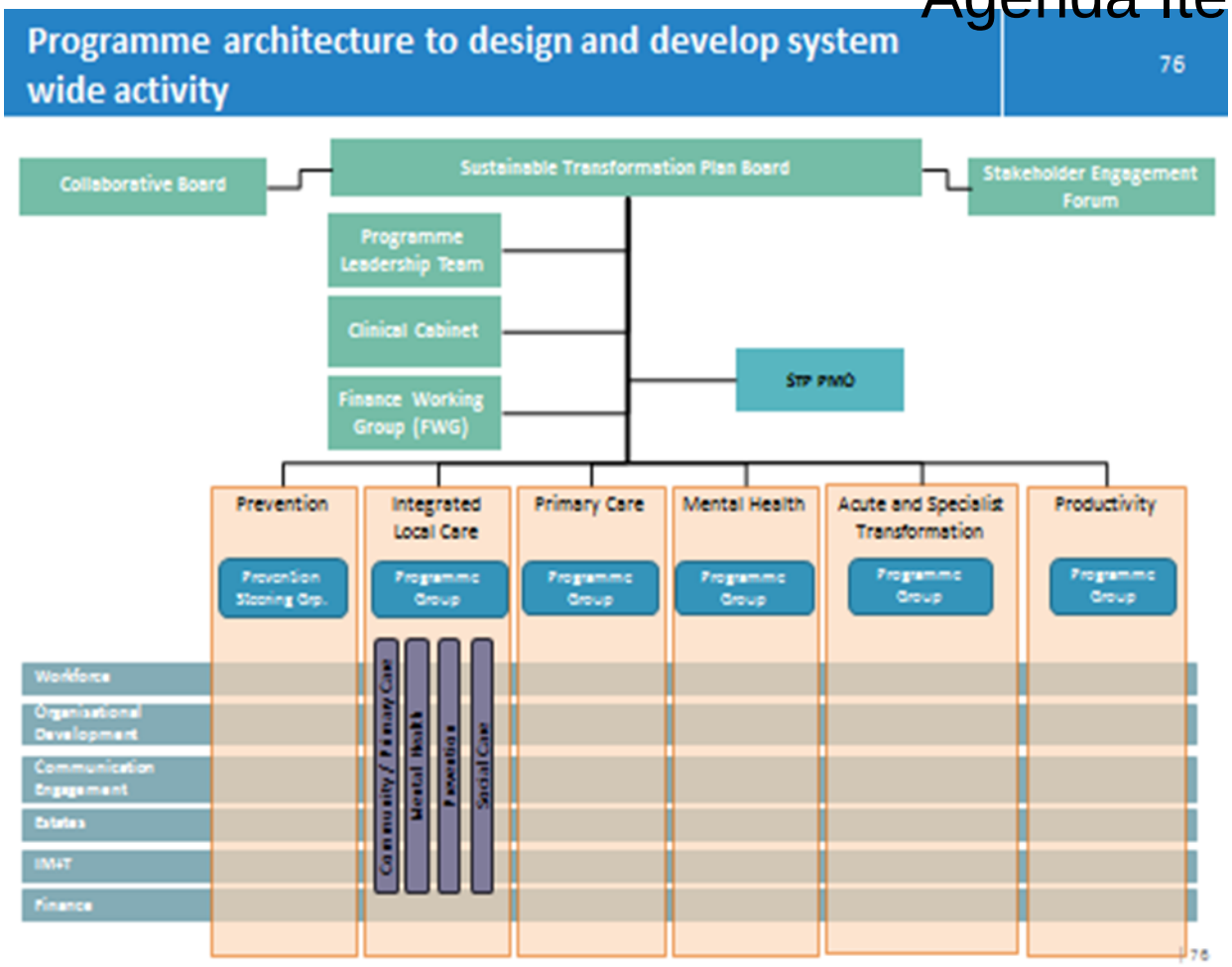
NHS England and the LGA are expanding the programme through the STP process and have asked areas to signal their interest through their STPs. As the CCGs and local authorities in Devon are already involved in the programme, IPC has been included within the Devon STP as a key enabler for person-centred care within the context of Priority 2: Promoting health through integration.

Priority 2: Promoting health through integration — Priorities 25

In order to empower people, their carers and communities to take a more active role in their health and wellbeing we plan to:

1. Develop Integrated Personal Commissioning (IPC) to enable greater involvement in planning and choosing their care as a mainstream model of community based care for around 5% of the Devon population, including people with multiple long-term conditions, people with severe and enduring mental health problems and children and adults with complex learning disabilities and autism.
2. Expand personal health budgets and integrated personal budgets in line with the ambitions of the Five Year Forward View - including exploring the concept for maternity and end-of life. Our ambition in Devon is to use the Integrated Personal Commissioning programme to go further and faster than the national target and we aim to achieve 2,000 individual budgets by 2018. We are already well ahead of other systems in implementing IPC.
3. Achieve a step change in patient activation and self-care. The South Devon and Torbay urgent care vanguard has a framework in place which includes consideration of social segmentation, a strengths-based approach to behaviour change and the development and integration of directory of services. We also need to build on the Plymouth approach to integration, the Integrated Care in Exeter (ICE) project and One Ilfracombe.
4. Continue to work with Peninsula Urgent and Emergency Care network to develop a Peninsula-wide plan, leveraging collaborative opportunities. In parallel, we will develop detailed service models that meet local population needs. Our local delivery timeline is aligned with the emerging plan being developed for the Peninsula Urgent & Emergency Care Network.
5. Continue to develop our Better Care Funds to support our focus on prevention. They are already operating in a way that brings providers and commissioners together to determine how a single pooled fund can best be deployed to support improved flow of patients and how to keep people well and supported at home, or to return their own home as quickly as possible following a period of ill health, including support to their carers.

The aim that services should be integrated and personalised is inherent in our STP and therefore the IPC programme will sit within the emerging governance framework which is being designed to support the delivery of the Devon STP. The diagram below shows the emerging programme architecture to design and develop system wide activity. It is proposed that there will be a single IPC Steering group for the Devon footprint and this group will be responsible for the co-ordination and oversight of the IPC programme whilst also ensuring that related priority programmes have the information and "tools" they require to support implementation



Responsibility for managing progress of implementation and reporting on delivery to NHS England will therefore sit with the proposed steering group to be finalised and established. In future specific updates or assurances in relation to integrated personal commissioning can be provided to the Health & Wellbeing Board if required, but will otherwise form part of the overall updates on the STP.

5. Recommendations

1. Note that integrated personal commissioning has been included in the Devon Sustainability and Transformation Plan as an approach that will support *Priority 2: Promoting health through integration and in turn contribute to delivery of the Joint Health and Well Being Strategy*

2. Note that integrated personal commissioning programme will sit within the governance framework that will support delivery of the Devon STP.

Devon Health and Wellbeing Board
15th December 2016
Wider Devon Sustainability and Transformation Plan (STP)

Recommendation

That the Board:

- Notes the recent publication of the Wider Devon Sustainability and Transformation Plan
- Considers how it can best be engaged in the Sustainability and Transformation Plan going forward

1. Purpose

The Devon Sustainability and Transformation Plan (STP) is a strategic framework that has been developed by NHS organisations in Devon working in partnership with Devon County Council, Plymouth City Council and Torbay Council. This framework for the development of joint strategic work programmes covers the whole population of wider Devon. Wider Devon has a resident population of around 1,160,000 with just over half living in urban communities and just under half living in rural communities.

The STP is the local plan to achieve the NHS 'Five Year Forward View' published in October 2014[1], and to address the challenges faced locally particularly those set out in the Case for Change[2]. A draft plan was submitted to NHS England in June with positive feedback. This draft has now been updated and the full STP was published on 4th November 2016. This is available on the following link: http://www.newdevonccg.nhs.uk/about-us/sustainability-and-transformation-plan-stp/102099

The STP is designed to provide the overarching strategic framework within which detailed proposals for how services across Devon will develop between now and 2020/21. The purpose is that people residing in wider Devon will experience safe, sustainable and integrated local support. A key theme throughout the STP is an increased focus on preventing ill health and promoting people's independence through the provision of more joined up services in or closer to people's homes.

At the same time the STP is focused on closing the financial gap that exists, recognising that doing nothing is not an option and transformational change is essential to address the significant challenges faced by the local system. The

[1]Five Year Forward View https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[2]Success Regime Case for Change http://www.newdevonccg.nhs.uk/about-us/your-future-care/success-regime/case-for-change/101857

partner organisations within the wider Devon system working together in relation to the STP are: NEW Devon CCG, South Devon and Torbay CCG, Plymouth Hospitals NHS Trust, Royal Devon and Exeter NHS Foundation Trust, Northern Devon Healthcare NHS Trust, Torbay and South Devon NHS Foundation Trust, South West Ambulance Service Trust, Devon Partnership NHS Trust, NHS England, Circa 160 GP practices, Virgin Care, Devon County Council, Plymouth City Council, Torbay Council, Livewell Southwest CIC, Devon Doctors, Healthwatch (Devon, Plymouth and Torbay) and Care UK and Voluntary and Community Sector Organisations.

2. STP overview

The STP is built around an aspiration to achieve, by 2021, a fully aligned sense of place, linking the benefits of health, education, housing and employment to economic and social wellbeing for communities through joint working of statutory partners and the voluntary and charitable sectors. In this context the partner organisations involved in the STP are united in a single ambition and shared purpose to create a clinically, socially and financially sustainable health and care system that will improve the health, wellbeing and care of the populations served.

In recognition of the growing physical and mental health needs of the population the STP sets out to achieve the 'triple aim' of the Five Year Forward View - to improve population health and wellbeing, experience of care and cost effectiveness per head of population. It also sets out to address key challenges as summarised below.

- People are living longer and will require more support from the health and care system. In excess of 280,000 local people, including 13,000 children, are living with one or more long term condition
- The system needs to respond better to the high levels of need and complexity in some parts of the population
- Some services such as stroke, paediatrics and maternity are not clinically or financially sustainable in the long term without changes to the way they are delivered across the system
- There is a difference of 15 years in life expectancy across wider Devon and differences in health outcomes – or 'health inequalities' – between some areas
- Spending per person on health and social care differs markedly between the locality areas and is 10% less in the most deprived areas
- Mental health services are not as accessible and available as they need to be, driving people to access other forms of care with limited value from the intervention received. People with a mental health condition have poorer health outcomes than other groups
- There is an over reliance on bed based care - every day over 600 people in Wider Devon are medically fit to leave hospital but cannot for a variety of reasons
- The care home sector is struggling to meet increasing demand and complexity of need
- Almost a quarter of local GPs plan to leave the NHS in 5 years and there are significant pressures on primary care services. Some other services are particularly fragile due to high levels of consultant, nursing, social work or therapy vacancies
- Local health and social care services are under severe financial pressure, and health & social care services are likely to be £557m in deficit in 2020/21 if nothing changes.

The key focus of the STP will be on activities that will make the biggest difference to population health and financial recovery. Seven priorities have been identified. These priorities are:

- Prevention
- Integrated care
- Primary care
- Mental health
- Children and young people
- Acute hospital and specialist services
- Productivity

Once the STP is finalised the transformation programme will include more detailed work and planning around each of these areas. Already there has been progress in development of a more integrated care model and planning for the acute hospital and specialist services review is well underway.

3. Next steps

Already there has been work in 2016/17 on early improvements and efficiencies that can be made. The NEW Devon model of care work as described in 'Your future care' and the community hospital configuration work in South Devon and Torbay CCG are both subject to public consultation. The STP also confirms plans to review acute and specialist services as indicated above.

In relation to the published STP document the next step is for this to be considered and endorsed by the Boards of all the organisations involved. In providing a framework for a programme of transformation it is essential that there is ongoing dialogue with patients, volunteers, carers, clinicians and other staff, public, local voluntary and community sector, local authorities and political representatives. There will be engagement plan is being developed for the whole STP, with targeted involvement and consultation on specific aspects of the STP where applicable.

It is important to note that the STP is designed to build on and expedite progress with current plans as well as introducing new areas of focus. Work will also advance on the detailed planning in relation to each of the seven STP priorities listed in section 2 of this paper. In addition to noting the latest position on the Wider Devon STP, it would be useful to consider with the Devon Health and Wellbeing Board how it and other stakeholders and public can best be engaged in the STP going forward, including future reports to the Board.

Director of Strategy: Laura Nicholas, Director of Strategy
Wider Devon STP Lead: Angela Pedder, Chief Executive

December 2016

- Embedding Care Act 2014 in Practice and through multi-agency working, ensuring that Safeguarding is understood widely.
- Developed an Assurance Framework for Safeguarding Adults to ensure quality services can be provided to the people of Devon.
- Ensured that information and learning from the Devon Safeguarding Adults Board is disseminated to all Primary Care practitioners to improve Safeguarding practice.

NORTH DEVON HEALTH CARE NHS TRUST

- Updated and reviewed its Safeguarding Adult and Deprivation of Liberty Safeguards policy to ensure it is compliant with the Care Act 2014.
- Safeguarding training has been reviewed and attendance has met standards.
- Safeguarding Adult Lead chairs the MCA sub-group and led on the organisation of a MCA awareness week and conference in February 2016 on behalf of the Devon and Torbay SAB.
- Safeguarding Adult Nurses support the education and investigation into concerns about whole services which are led by Devon County Council. These supported investigations are beneficial in ensuring the health and wellbeing of people in residential and nursing care is Safeguarded.

SOUTH DEVON & TORBAY CLINICAL COMMISSIONING GROUP

- The joint safeguarding adults and children team was created at the beginning of the year, this has gone from strength to strength and continues to develop.
- Created new role of Designated Nurse for Safeguarding Adults to give a greater focus and integration for Safeguarding across whole organisation.
- Designated Nurse for Safeguarding Adults chairs the Devon and Torbay Learning and Improvement Group to develop shared working and learning across the area.

SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST

- Analysis and Review of Safeguarding Referral Process for efficiency and Demand Management.
- Development of a standardised audit tool to review 20 cases completed with CCG Adult Lead to improve how we manage Safeguarding cases.
- Received positive safeguarding feedback from 111 CQC inspection.
- All Non-Emergency Patient Transport Service (PTS) staff completed Safeguarding training and training has been quality assured.

TORBAY & SOUTH DEVON NHS FOUNDATION TRUST

- Production of a multi-agency self-neglect tool to improve awareness and
- The co-location of the Children and Adults Single Point of Contact via the Multi Agency Safeguarding Hub to improve how we work together.
- Adoption of the ADASS self-assessment tool for learning and improvement.

Devon County Council

Devon Safeguarding Adults Board
Working together to Stop Adult Abuse

Devon Safeguarding Adults Board

Annual Report

2015–2016

WELCOME FROM THE CHAIR

2015/16 was my last year as Independent Chair for the Board. It has been a privilege to see the work that goes on throughout the year; while the individual tragedies make the news coverage, I have seen the reality of caring, professional people, giving of their best in challenging circumstances. Much of what we have achieved has been based on the ability of all our constituent agencies to work together for the benefit of adults at risk. I would like, through this Annual Report, to express my appreciation and acknowledge all the staff and those who use the service and their families involved in the safeguarding of people at risk and handover to the new Chair.

Bob Spencer

NEW CHAIR

I am delighted to have been appointed to the role of Independent Chair for Devon Safeguarding Adults Board and look forward to working with all partners. I have a background with 40 years' experience of working in social care, housing and health services and I welcome the opportunity to be working again in Devon. I am driven by a passion for ensuring all services to vulnerable people are person-centred, easy to access and importantly promote independence, whilst ensuring people are safe. Ensuring that people are supported to keep themselves safe is important, as it is to ensure that people are able to express what outcomes they wish to achieve. This is described as 'Making Safeguarding Personal' and I am personally committed to ensure that this is rooted throughout and across all partner organisations and that front line staff are supported to have the confidence in working alongside people to deliver this.

Siân Walker

Executive Board

Key decisions have been made at this Board. It was attended by all member organisations and took place four times.

Themed Workshops

These are workshops that were held four times a year to look at key issues within Safeguarding. In 2015/16 these were used to develop the Business Plan for the Board and discuss how organisations share and manage information about safeguarding people.

Mental Capacity Act (MCA) Sub-Group

This group ensured that organisations have a good understanding of the MCA and also the Deprivation of Liberty Safeguards. This group discussed and information and key issues, and organised an MCA Awareness Week and Conference in February 2016.

Operational Sub-Group

This is where people who work in all the different organisations across Devon agree how they work together. The group work together to Safeguard and Protect Devon's citizens. Different organisations bring important updates on their work to share with the partners

Safeguarding Adults Review Group

This group gathers information and makes recommendations to the Chair on whether a review needs to take place and how that review is delivered. The group has a key role in organising and delivering the Reviews and then ensures outcomes are passed to the Board for dissemination of key learning and review amongst all partner organisations. In 2015/16 Devon Safeguarding Adults Board completed one Safeguarding Adult Review.

Learning and Improvement Group

This group makes sure that all organisations are completing the right kinds of training and that this training is being used to improve how to Safeguard people.

Business Plan

2016-19

For the next three years, some of the main areas of work for the Board will be:

1. Improving people's experience of safeguarding and delivery of 'Making Safeguarding Personal' across all partners.
2. Prevention of harm and neglect in care and health services, whilst promoting independence.
3. Improving awareness and application of MCA and Best Interests for people.
4. Protecting people from harm by proactively identifying people at risk, whilst promoting independence.
5. Increasing awareness and support routes for Self-Neglect cases.
6. Reducing Financial Abuse and Scams.
7. Improving Support for Families at risk by building family dimension into everything we do.
8. Significantly reducing the prevalence of Modern Slavery & Human Trafficking.
9. PREVENT (Protecting vulnerable people from being exploited by violent extremism).

Partner key achievements

DEVON & CORNWALL POLICE

- Increased resources in Sexual Offences and Domestic Abuse Investigation Teams (SODAIT's) and improved working between investigators and safeguarding officers to provide better support to victims of domestic abuse and sexual violence.
- Training and awareness to improve safeguarding investigations for victims experiencing modern day slavery, human trafficking and radicalisation.
- Central safeguarding teams in place in Devon with additional resources and improved working practices to provide a better service for the public.
- There have been a number of police operations where adults at risk have been identified and safeguarded as a result of our actions.

DEVON COUNTY COUNCIL

- Delivered comprehensive training programme for all care management staff. This increased understanding and knowledge of the Care Act 2014 in practice.
- Implemented decentralised model for screening Safeguarding concerns, including identifying when a Safeguarding enquiry is required. This is located within front door Care Direct Plus service. This has been positively evaluated in terms of sharing knowledge and practice experience more widely. This ensures a more timely response to safeguarding concerns.
- The Quality Assurance & Improvement Team works collaboratively with NHS colleagues to proactively support care providers. In the last 12 months whole service safeguarding proceedings have nearly halved and there has been a 12% increase in the proportion of services rated overall by CQC as "good" or "outstanding".
- Developed improved approach to the quality assurance of Safeguarding practice with a focus on Making Safeguarding Personal.

DEVON PARTNERSHIP TRUST

- Developed a Street Triage Service fully operational which responded to 1,178 referrals, providing support and advice to safeguard vulnerable people.
- Working with Devon and Cornwall Police to share information on people who are receiving services from the Trust to improve and inform safety planning and appropriate resources for individuals.
- 3 Place of Safety Suites in place across Devon which have helped reduce people placed in Police custody under section 136.
- Launched a Think Family Toolkit to ensure that the impact of any mental health difficulties are considered within assessments in the context of individual's family lives and roles whether as a carer for others themselves or those caring for them.

NEW DEVON CLINICAL COMMISSIONING GROUP

- Training on Adult Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards was delivered to GPs. Successful in raising awareness and confidence in Primary Care.

Community Services Transformation Consultation overview
NHS South Devon & Torbay Clinical Commissioning Group (CCG)

Author: Ray Chalmers, Head of Strategic Communications and Engagement
Presented by: Jenny Turner, Locality Commissioning Manager
Recommendation: for information

Introduction and context

Formal consultation on proposals to reconfigure community services ran from 1 September to 23 November 2016, the key elements of which were published in April 2016. The proposals for change resulted from a recognition that the current NHS provision in the area is unsustainable and will be unable to cope with rising demand for services, created in part by the increasingly elderly population, increased life expectancy and the number of people with complex long term conditions. The CCG believes that the status quo is neither sustainable nor clinically sound and that change is therefore inevitable.

At the heart of the consultation process was the wish to respond to what people told us in 2013 they wanted from their health services, providing care in or close to people's homes, via a more integrated joined up health and social care service. The CCG was also open about the financial pressures faced by the NHS and the need to extract best value from the money we spend.

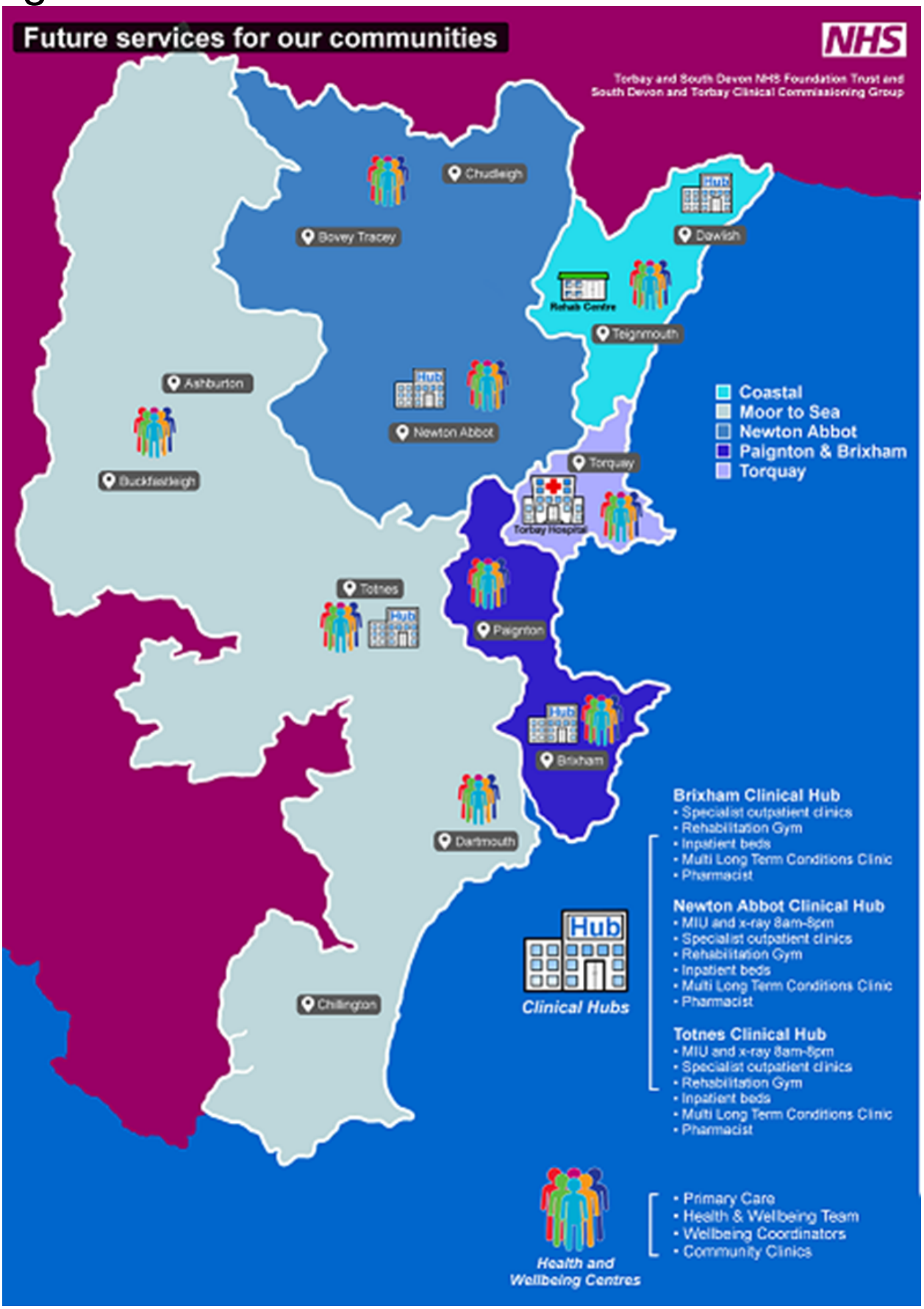
Summary of consultation proposals

If approved, the consultation proposals would see a switch of spend from bed based to community based care with the number of community hospital beds being reduced to levels evidence suggests we need and more investment being made in the local services which most people use. Under the proposals, if agreed, minor injuries units would be concentrated in three locations, operating consistent hours and with x-ray diagnostics so that they would provide a viable alternative to A&E.

The main changes proposed in the consultation were:

- Closure of Ashburton and Buckfastleigh, Bovey Tracey (beds currently temporarily relocated to Newton Abbot Hospital due to safe staffing issues), Dartmouth and Paignton Hospitals.
- Totnes and Newton Abbot to be the location of enhanced MIU services and operating from 8am to 8 pm, seven days a week and with x-ray diagnostics. MIUs in Ashburton, Dartmouth (both currently suspended), Brixham and Paignton would close.
- Establishment of clinical hubs in Newton Abbot, Totnes and Brixham with medical beds and specialist out-patient clinics.
- Establishment of health and wellbeing centres in Ashburton or Buckfastleigh, Bovey Tracy or Chudleigh, Dartmouth, Newton Abbot, Totnes, Brixham, Paignton and Torquay providing a base for the delivery locally based integrated community services
- Expansion of intermediate care across the CCG area

The map below shows the spread of services across South Devon and Torbay should the consultation proposals be approved and implemented.



Consultation

Our goal was to get people involved from across the CCG area, to set out the reasons for our proposals, to explain why the status quo is not a sustainable option, to answer questions, respond to challenges raised and to listen to views and comments. We wanted to encourage people to use their local knowledge to come up with ways of improving our proposals and to offer alternative ideas for how we might change

services for the better and to meet the growing future needs. We stressed the importance of any solution being clinically sound, affordable and sustainable.

We promoted the consultation widely, using a variety of methods designed to reach different parts of our communities and to give everyone who wished to comment on our proposals the opportunity to do so. Set out below is a summary of the core activity:

- About 14,000 consultation documents were distributed, and versions were available in easy read and large print format. Some 2,000 posters promoting the consultation and public meetings were displayed.
- 23 public meetings were held and we attended more than 60 other meetings with community based groups and staff.
- Information was sent to more than 300 groups, many of whom such as Torbay Community Development Trust, shared it with their member organisations. Healthwatch Devon and Healthwatch Torbay also promoted the consultation and shared documentation via their websites and publications whilst Torbay and South Devon NHS Foundation Trust and Devon Partnership Trust sent information to their members.
- More than 1,700 people attended the public meetings and Healthwatch was able to record views expressed in our round table discussions as well as issues raised in the question and answer sessions.
- Nine advertisements were placed in the Brixham Times, Dartmouth Chronicle, Herald Express, Mid Devon Advertiser (all six area editions), and the Totnes Times.
- Facebook advertising reached 35,000 people, more than 1,000 of whom accessed the website or online questionnaire.
- Throughout the consultation, we used twitter to report on public meetings, share information and respond to questions and the number of people reached more than doubled during the consultation period, reaching more than 100,000.
- Information was shared via the Torbay and South Devon NHS Foundation Trust web, Facebook and twitter feeds.
- The consultation pages on the CCG website received more than 8,000 hits from unique users during the consultation period.
- Presentations were made to Trust and CCG staff; to Devon, Torbay, South Hams and Teignbridge scrutiny committees.
- Some 1,400 feedback questionnaires were completed.
- More than 700 people signed up to receive the weekly stakeholder update which ran throughout the consultation.
- Throughout the consultation, and since the core proposals were published in April, different aspects have been covered by BBC Spotlight, Radio Devon and local newspapers, as well as by community based newsletters, publications and websites.

To help increase understanding, a range of support documents were also published on our website and made available at public meetings and on request. Short videos were also hosted on the website illustrating different aspects of services under the new model and a range of FAQs were published. We added Browsealoud to our website which facilitates access and participation for people with Dyslexia, Low Literacy, English as a Second Language, and those with mild visual impairments by providing speech, reading, and translation.

The promotional activity highlighted above targeted different groups across the area. Specifically, we directly approached a large number of groups based on our Equality Impact Assessment (EIA) to ask them to highlight the consultation to their members and to help us share consultation material. We also held sessions for young people, talked to people while they travelled on Newton Abbot community transport and attended sessions aimed at hard to reach groups.

Initial meetings in Paignton and one in Ashburton were oversubscribed and additional meetings were organised as a result. The consultation feedback questionnaire received some criticism as some people did not like the way it sought views on the CCG's specific proposals, while providing opportunities for people to respond with alternative proposals/comments in their own words.

Consultation responses

Healthwatch Torbay and Devon were commissioned to attend all public meetings and most community group meetings to record feedback and alternative ideas. An independent consultation report by them should be published in early January. However, the main themes which we heard across the consultation were:

- Praise for NHS staff and support for the NHS and the services it provides
- Concerns relating to reliability of some current services
- Recognition of the need for change, the importance of being able to meet the rising demand for services and the financial pressures
- The prerequisite of making sure services are responsive and safe
- Support in principle for the new model of care and in particular for:
    - investment in community services to support more people in or near their own homes,
    - outpatient clinics delivered nearer to where people live
    - professionals – doctors, nurses, physiotherapists, occupational therapists and other health and social care workers – being brought together in health and wellbeing teams.
- While supporting the care model people want reassurance that:
    - expansion of community based services can be properly resourced
    - mental health services will also benefit from the changes as well as physical health
    - sufficient capacity in the voluntary sector for it to play its part in the new model
    - sufficient GPs to provide the medical cover in the community
    - quality and availability of care home beds is good enough
    - social care is resourced to play its part.
- Reducing the numbers of people admitted to hospital unnecessarily and speeding up discharges by having more out of hospital resources is also viewed positively, providing these decisions are clinically and not financially driven
- Opposition to removal of community hospital beds; a lack of acceptance that fewer hospital beds are needed or that hospitals proposed to close need substantial investment to bring them up to modern standards for bed based care or for an alternative health use
- The high regard for the role played in the past by community hospitals and the trust that people have in them
- The lack of an MIU in the Bay
- The lack of x-ray in Paignton and Brixham
- The location of a clinical hub in Brixham as opposed to Paignton
- The location of the health and wellbeing centres in Paignton and Ashburton/Buckfastleigh
- National issues outside the control of the CCG and this consultation such as NHS funding, fear of privatisation and the long term future of health and social care
- Cutting waste would enable hospitals to remain open
- Broader issues that impact on life generally such as travel, pressure on the local infrastructure caused by more house building and social isolation are also frequently raised but these are not issues the local NHS can resolve alone
- A belief that the consultation is a ‘done deal’

What happens next

All alternative ideas put forward in the consultation will be evaluated to see whether they would meet clinical needs and offer an affordable, sustainable solution to the challenges we face. We will be inviting local stakeholders to take part in this evaluation and more detailed criteria for evaluating alternative proposals will be published before Christmas.

The CCG governing body meeting on 26 January 2017 is likely to consider the Healthwatch report, the evaluation of alternative ideas and to make decisions on the future of community services.

Conclusion

We would like to record our thanks to everyone who took part in the consultation and to Healthwatch volunteers for their commitment to recording all feedback.

Public Health Devon

Devon County Council

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

2015 - 2016

PLYMOUTH CITY COUNCIL

one and all / onen hag oll
CORNWALL COUNCIL

TORBAY COUNCIL

1. Introduction

1.1 The following report to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly provides a summary of the assurance functions of the Health Protection Committee (of the four Boards) and significant matters considered for the period from 1st April 2015 to the 31st March 2016.

1.2 The report considers the following domains of health protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections.

1.3 The report summarises action taken to date against the programme of health protection work priorities established by the committee for the period 2015 to 2016.

2. Assurance Arrangements

2.1 On 1st April 2013 significant changes took place in the health and social care landscape following implementation of the new NHS and Social Care Act (2012). At this time, the majority of former NHS Public Health responsibilities transferred to upper tier and unitary local authorities including the statutory responsibilities of the Director of Public Health.

2.2 With regards to health protection, local authorities through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. The scope of health protection in this context includes:

- Prevention and control of infectious diseases
- National immunisation and screening programmes
- Health care associated infections
- Emergency planning and response (including severe weather and environmental hazards.

2.3 The Health Protection Committee (and its Terms of Reference) has been formally mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council. Cornwall Council and the Council of the Isles of Scilly co-operate in the Committee and may formally join in the future.

2.4 The aim of the Health Protection Committee is to provide assurance to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly that adequate arrangements are in place for the prevention, surveillance, planning and response to communicable Disease and environmental hazards required to protect the public's health.

2.5 Terms of Reference (Appendix 1) for the Committee were agreed by Local Authority Directors of Public Health, their Health Protection Lead Officers as well as representatives from Public Health England (including Consultant in Communicable Disease Control), NHS England Area Team and the Clinical Commissioning Groups.

2.6 By serving four upper tier Local Authorities, the Committee allows health protection expertise from four public health teams to be pooled in order to share skill and maximise capacity. Furthermore, for external partners whose health protection functions serve a larger geographic footprint, this model reduces the burden on them to attend multiple health protection meetings with similar terms of reference and to consider system-wide risk more efficiently and effectively.

2.7 The Committee has a number of health protection subgroups supporting it to identify risks across the system of health protection and agree mitigating activities for which the Committee provides control and oversight. As illustrated in Appendix 2, these include:

- Health Care Associated Infection Programme Group
- Health Protection Advisory Group for wider Devon
- Devon, Cornwall and Isles of Scilly Screening and Immunisation Overview Group
- Local Health Resilience Partnership

2.8 Through the Local Authority Health Protection Lead Officers (Consultants in Public Health), Terms of Reference for each of these groups have been reviewed to ensure they reflect the assurance arrangements overseen by the Health Protection Committee.

2.9 The Lead Officers meet prior to the Health Protection Committee convening to review surveillance and performance monitoring information in order to identify health protection risks and/or underperformance. Officers are responsible for liaising with relevant partners to ensure that actions have been agreed to mitigate against a particular risk identified or to improve performance. The outcomes of these discussions are formally reported to the Health Protection Committee for consideration and agreement.

2.10 Meetings of the Committee between 1st April 2015 and 31st March 2016 were held on 6th May 2015, 5th August 2015, 7th October 2015, 2nd December 2015 and the 3rd February 2016.

2.11 A memorandum of understanding which specifies the roles and responsibilities of the various agencies involved in Health Protection has been drawn up.

3. Prevention and Control of Infectious Diseases

Organisational Roles/Responsibilities

3.1 NHS England has responsibility for managing/overseeing the NHS response to an incident, ensuring that relevant NHS resources are mobilised and commanding/ directing NHS resources as necessary. Additionally NHS England is responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health.

3.2 Public Health England through its consultants in communicable disease control will lead the epidemiological investigation and the specialist health protection response to public health outbreaks/incidents and has responsibility to declare a health protection incident, major or otherwise.

3.3 The Clinical Commissioning Group's role is to ensure through contractual arrangements with provider organisations that healthcare resources are made available to respond to health protection incidents or outbreaks (including screening/diagnostic and treatment services) although financial arrangements have yet to be finalised.

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

Surveillance Arrangements

3.5 Public Health England provide a quarterly centre report for its catchment; Devon, Cornwall and the Isles of Scilly and Somerset. The report provides epidemiological information on cases and outbreaks of communicable diseases of public health importance. A quarterly report is also produced at the Devon County Council, Torbay Council and Plymouth City Council level.

3.6 Two weekly bulletins are also produced throughout the winter months that provide surveillance information on influenza and influenza like illness and infectious intestinal disease activity (including norovirus). These bulletins report information for the Public Health England Centre geography (Devon, Cornwall and the Isles of Scilly and Somerset).

3.7 The Health Protection Advisory Group, convened quarterly, provides a forum for hospital microbiologists, environmental health officers, consultants in public health and infection control nurses to share intelligence and any risks identified in local arrangements to manage communicable disease incidence.

Tuberculosis

3.8 Devon and Cornwall continue to have a low incidence of Tuberculosis relative to the UK as a whole and to Torbay and Plymouth. The year 2015-16 was a relatively quiet one in Tuberculosis terms with no new outbreaks.

Figure 1: Tuberculosis rate per 100,000 population by upper tier local authority of residence. South West 2014

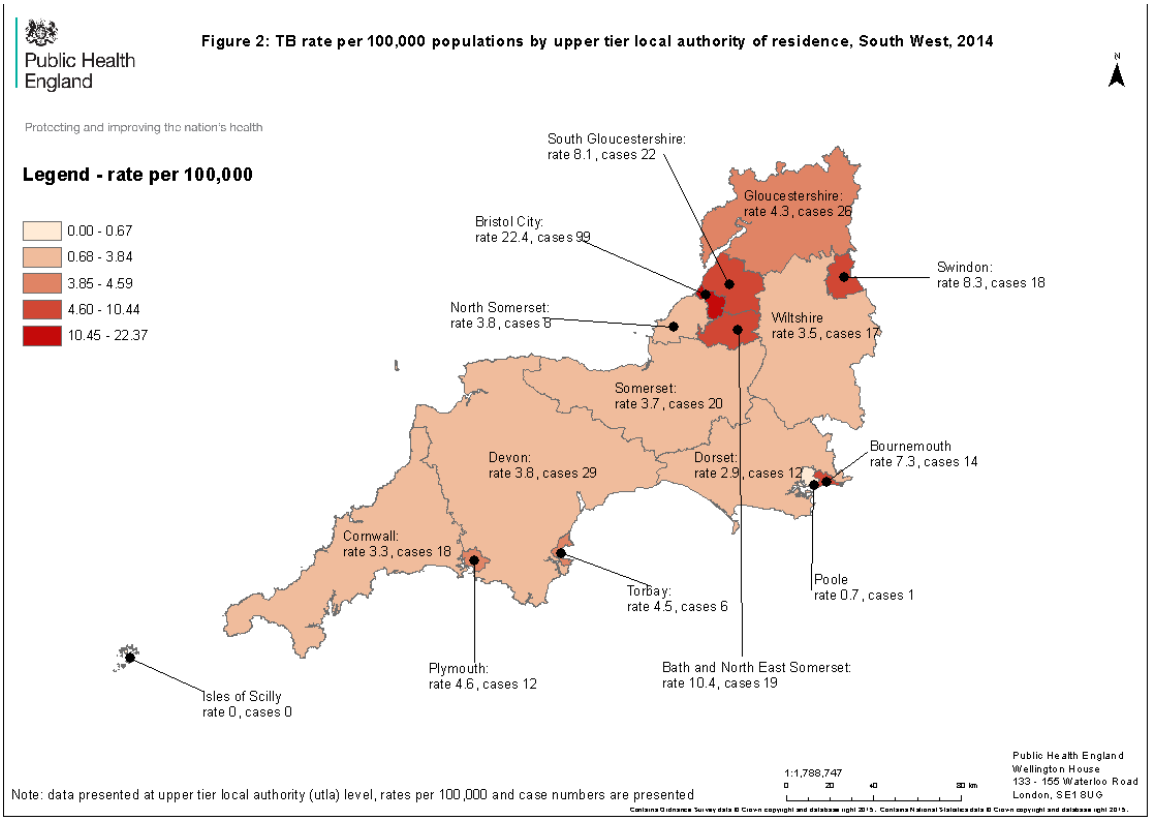


Table 1: Tuberculosis, annual rates by Local Authority 2012-14

	2012	2013	2014
Cornwall	3.3	2.4	3.3
Devon	4.0	3.6	3.8
Plymouth	7.8	4.6	4.6
Torbay	3.8	7.6	4.5

3.9 The incidence rates of Tuberculosis for the local authorities in the far South West are still low compared to national urban rates, although the trend is upwards.

Norovirus 2013-14

3.10 Norovirus is the most common cause of infectious gastroenteritis (diarrhoea and vomiting) in England and Wales and is highly infectious. The illness is generally mild and people usually recover fully within two to three days. Infections can occur at any age because immunity does not last. Historically known as 'winter vomiting disease', the virus is more prominent during the winter months, but can occur at any time of year. Outbreaks are common in semi-closed environments such as hospitals, nursing homes, schools and cruise ships.

3.11 As illustrated in the table below norovirus vomiting, diarrhoea, and gastroenteritis consultation rates overall have been low compared to the average year. In comparison to the five yearly average, laboratory reports for England were 13% less than average and the syndromic surveillance should be seen in this light. The graphics cannot be used to estimate burden of disease as many cases will never be reported.

Figure 2: Weekly counts of laboratory reports of Norovirus in residents of Cornwall, Devon, Isles of Scilly, Plymouth and Torbay Upper Tier Local Authorities, Week 14 2015 (week commencing March 30th 2015) to Week 13 2016 (week commencing March 28th 2016)

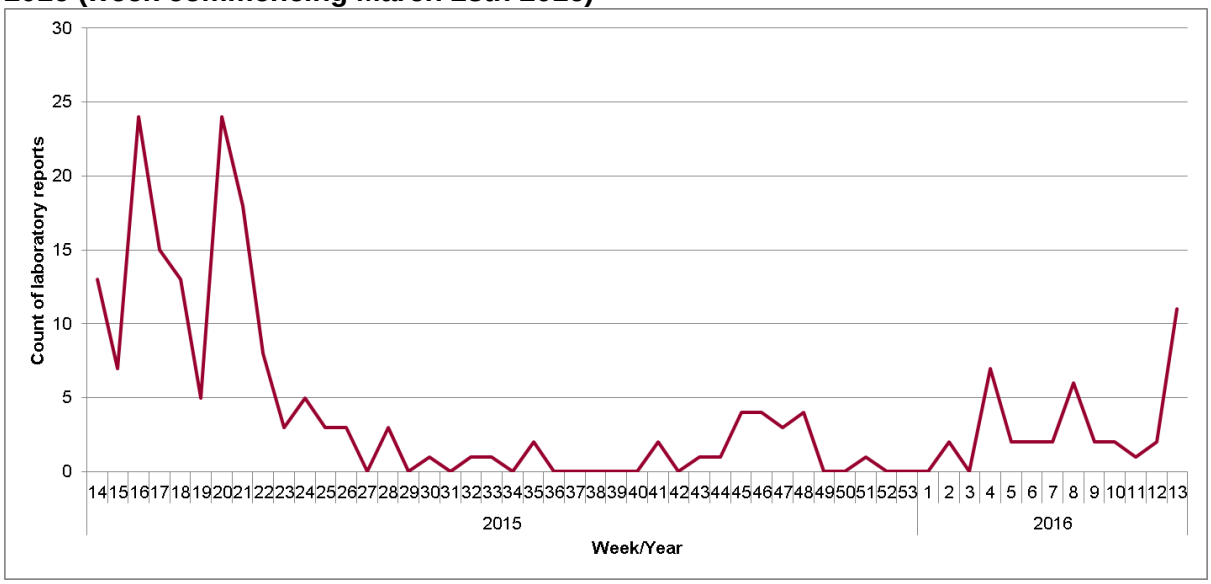
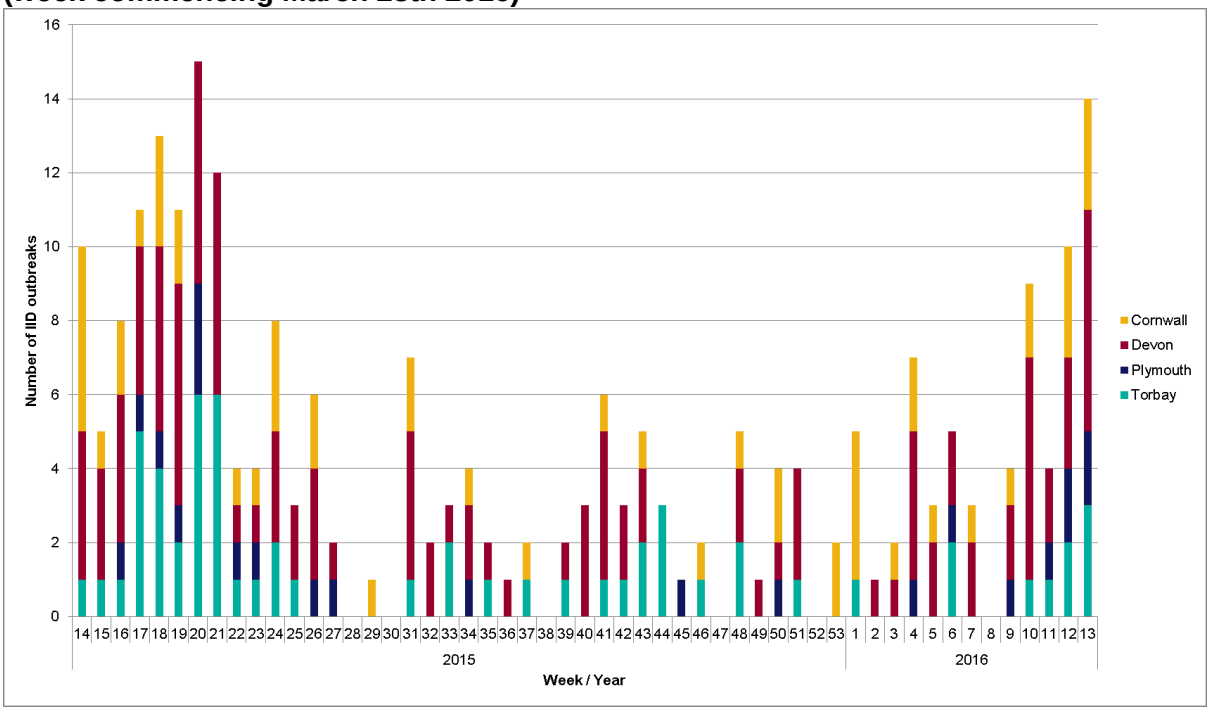


Table 2: Annual numbers of Norovirus isolations by Upper Tier local Authority for the last three years

	April 2013 to March 2014	April 2014 to March 2015	April 2015 to March 2016
Cornwall & Isles of Scilly	116	116	79
Devon	82	149	59
Plymouth	43	39	18
Torbay	44	102	45

Figure 3: Weekly counts of reports of infectious intestinal disease (IID) outbreaks (suspected or laboratory confirmed) by upper tier local authorities, Week 14 2015 (week commencing March 30th 2015) to Week 13 2016 (week commencing March 28th 2016)



3.12 The majority of outbreaks in the winter 2015-16 have occurred in the first three months of 2016 largely paralleling the incidence of symptoms in the community.

Table 3: All reports of infectious intestinal disease outbreaks (suspected or laboratory confirmed) by upper tier local authority, Devon, Torbay, Plymouth, Cornwall and Isles of Scilly combined, 2015 Week 14 - 2016 Week 13

Upper tier lower authority	Total Norovirus outbreaks 2015 -2016
Cornwall & Isles of Scilly	50
Devon	108
Plymouth	20
Torbay	58

Source: Public Health England HNORS & HPZone

Table 4: All reports of infectious intestinal disease outbreaks by month Torbay, Plymouth, Devon, Cornwall and Isles of Scilly, 2015 - 2016.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No of outbreaks	42	45	23	8	11	5	20	8	11	15	12	36

Table 5: Total number of outbreaks, 2015-16 by setting for the four upper tier Local Authorities

Upper Tier Local Authority	Total Number of IID outbreaks reported March 2015 – April 2016				
	Hospital	Nursing/care home	Education/ nursery	Other	Total
Devon	50	47	28	10	135
Plymouth	3	27	7	0	37
Torbay	17	7	9	4	37
Devon Total	**70**	**81**	**44**	**14**	**209**

3.13 In order to support best practice regarding infection control in the management of norovirus, Local Authority Public Health Teams working with Public Health England cascaded information across health and social care services including care homes before the winter season began.

Scarlet Fever 2015-16

3.14 Scarlet fever is a common childhood infection caused by Streptococcus pyogenes (also known as Group A Streptococcus [GAS]). Some people carry these bacteria in their nose and throat, or on their skin without suffering active infections. Under some circumstances and in some people, GAS can cause infections such as pharyngitis, impetigo and scarlet fever (these are regarded as non-invasive infections). On rare occasions they can cause severe disease, including streptococcal toxic shock syndrome, necrotising fasciitis, and other invasive GAS (iGAS) infection.

3.15 Routine national surveillance data for invasive and non-invasive GAS infections suggests a cyclical pattern with higher incidence peaks evident in notifications approximately every four years. Seasonal trends show that increased levels of GAS infections typically occur between December and April, with peak incidence usually in March.

3.16 Public Health England reported an increased rate of scarlet fever notifications across England (Table 6) in 2013-14 and 2014-15. This pattern of high incidence has been repeated in 2015-2016 with a 12.7% increase in cases nationally between September and April continuing the year-on-year increase. Devon, Cornwall and Somerset have however a slightly lower than average incidence compared to the rest of England and this has shown a less abrupt increase over the two seasons.

Table 6: Scarlet fever, rate of notifications Jan 2014 – Mar 2016 per 100,000 population

	Jan – Mar 2014	April-June 2014	July–Sept 2014	Oct – Dec 2014	Jan – Mar 2015	April–June 2015	July–Sept 2015	Oct–Dec 2015	Jan–Mar 2016
Torbay	3.0	10.5	2.3	3.8	23.3	8.3	1.6	3.0	8.3
Plymouth	4.2	8.0	1.6	2.3	11.8	6.9	3.8	2.7	12.6
Devon	9.7	6.0	1.6	3.0	8.9	7.6	2.6	6.8	13.1
Cornwall	6.4	6.9	1.5	2.9	4.7	5.3	2.9	2.0	11.5

Table 7: Invasive Group A Streptococcal infection per 100,000 population

	Jan–Mar 2014	April–June 2014	July–Sep 2014	Oct–Dec 2014	Jan–Mar 2015	April–June 2015	July–Sept 2015	Oct–Dec 2015	Jan–Mar 2016
Cornwall	1.5	1.1	0.9	0.5	1.1	1.8	0.7	0.7	0.9
Devon	0.9	1.7	2.0	0.7	1.8	2.1	1.2	0.7	1.6
Plymouth	0.4	1.1	1.1	1.5	0.4	0.8	1.1	0.4	1.5
Torbay	1.5	0.8	1.5	2.3	3.8	3.8	2.3	1.5	0.0

3.17 Devon continues to have a relatively high incidence of invasive group A Streptococcal infections.

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

Seasonal influenza

3.19 The winter of 2015-16 was one of moderate flu activity. This year the seasonal 'flu 'A' strain component was a good match to the circulating strain and offered good protection to those vaccinated, the live nasal vaccine for children seems to have been particularly effective. The period of maximal flu activity came late in the winter and was relatively long- lived so caused a substantial burden of disease.

Figure 4: Weekly counts of laboratory reports of Influenza A and Influenza B in residents of Cornwall, Devon, Isles of Scilly, Plymouth and Torbay upper tier local authorities, Week 14 2015 (week commencing March 30th 2015) to Week 13 2016 (week commencing March 28th 2016)

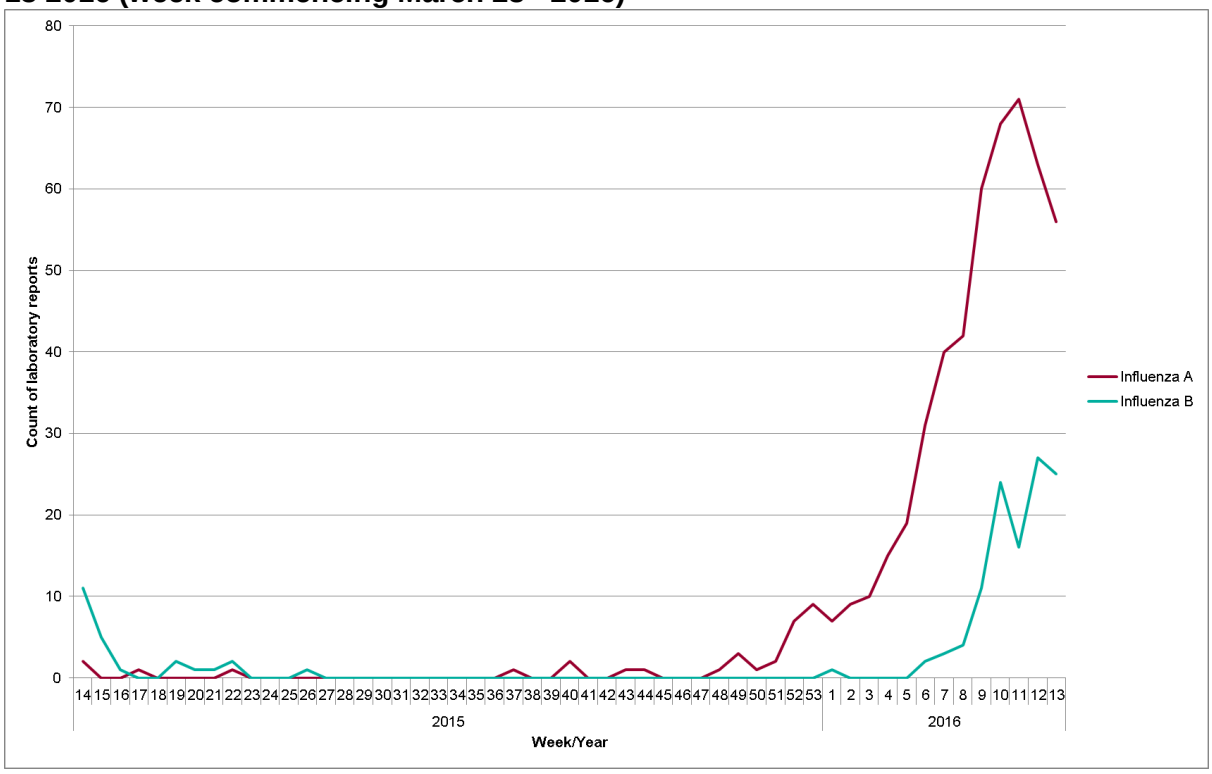


Figure 5: GP (in hours) influenza-like illness consultation rate, Cornwall (including Isles of Scilly), Devon, Plymouth, Torbay and England, Week 14 2015 (week commencing March 30th 2015) to Week 13 2016 (week commencing March 28th 2016)*

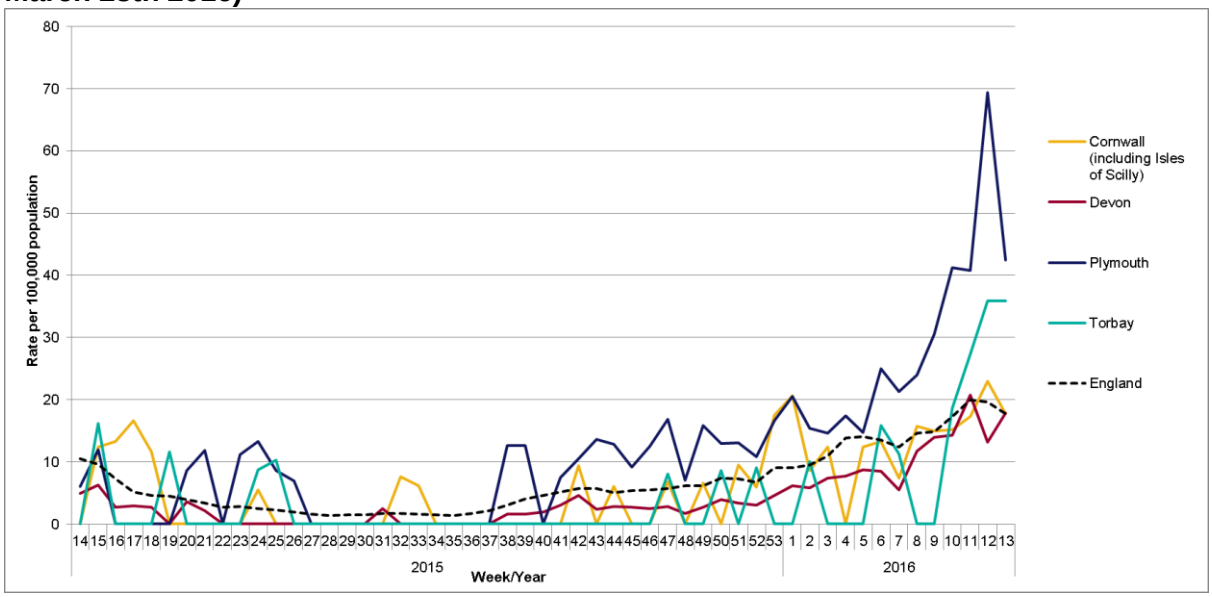


Table 8: Total number of flu outbreaks in 2015-16 by Upper tier Local Authority

	Number of flu outbreaks
Cornwall	6
Isles of Scilly	0
Devon	9
Plymouth	7
Torbay	2

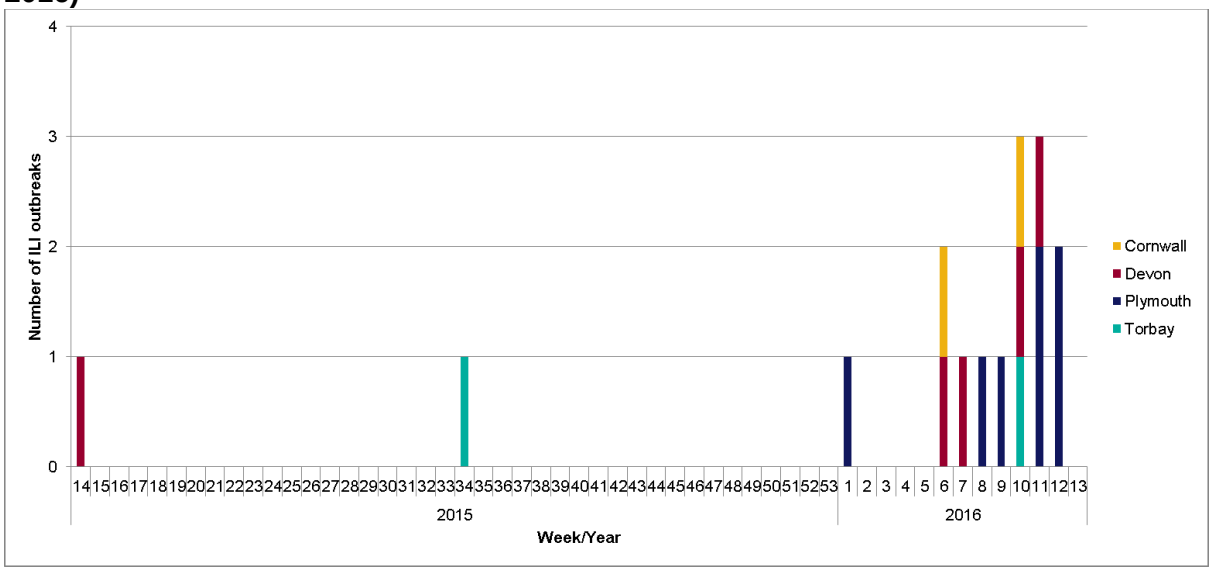
Table 9: Total number of flu outbreaks for 2015-16 by month

Month	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
No of outbreaks	**1**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**0**	**1**	**5**	**15**

Table 10: Total number of flu outbreaks 2015-16 by setting and Upper tier Local Authority

Upper Tier Local Authority	Total number of influenza-like illness outbreaks reported April 2015 - March 2016				
	Hospital	Nursing/care home	Education/ Nursery	Other	**Total**
Devon	1	1	5	2	**9**
Plymouth	2	0	5	0	**7**
Torbay	0	1	1	0	**2**
Cornwall	2	2	2	0	**6**
Total	**5**	**4**	**13**	**2**	**24**

Figure 6: Weekly counts of reports of influenza like illness (ILI) outbreaks (suspected or laboratory confirmed) by UTLA, Week 14 2015 (week commencing March 30th 2015) to Week 13 2016 (week commencing March 28th 2016)



4. Immunisation and Screening

Organisational Roles/Responsibilities

4.1 NHS England commission most national screening and immunisation programmes through Local Area Teams.

4.2 Public Health England is responsible for setting screening and immunisation policy through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff employed by Public Health England, are embedded in the NHS Local Area Teams to

provide accountability for the commissioning of the programmes and provide system leadership.

4.3 Local Authorities through the Director of Public Health require assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local population. Public Health Teams responsible for both protecting and improving the health of their local population under the leadership of the Director of Public Health are required to support Public Health England in projects that seek to improve programme coverage and uptake.

Surveillance Arrangements

4.4 Public Health England Screening and Immunisation Coordinators provide quarterly reports for each of the national immunisation and screening programmes. Due to data capture mechanisms (with the exception of the seasonal influenza vaccination programme) real time data are not available for each programme and reports are normally two calendar quarters in arrears. Reports are considered by lead Local Authority Consultants in Public Health and any risks identified are considered with Public Health England specialists to agree mitigating activities.

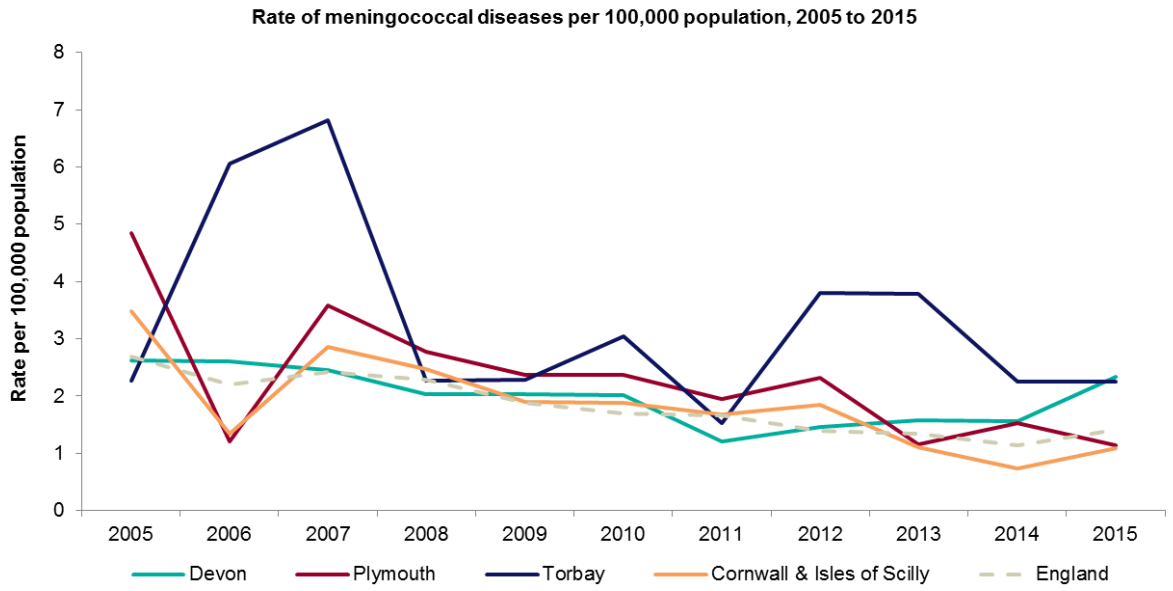
4.5 Incidents that occur in the delivery of programmes should be reported to the Director of Public Health for the Local Authority and to the Health Protection Committee.

4.6 Peninsula Immunisation and Screening Oversight Groups form part of the assurance mechanism to identify risks to delivery across all programmes and are attended by lead Local Authority Consultants in Public Health. In addition, specific programme groups are convened to oversee their development, most notably when changes to a programme have been agreed at a national level.

Immunisation Activity and Changes to the National Immunisation Programme 2015-16

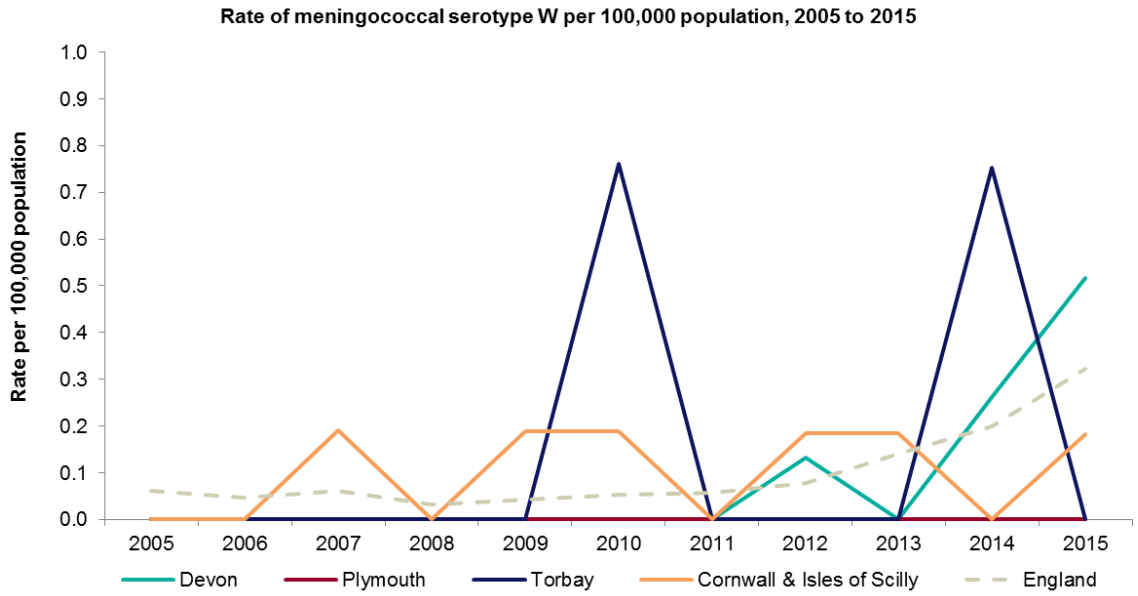
4.7 The period 2015-16 saw significant activity regarding immunisation programmes and changes to the national immunisation schedule. The schedule for the Meningitis C immunisation has been changed, replacing a dose at four months with a booster in adolescence with effect from June 2013. Overall, rates of meningococcal disease have declined over the last few years (Figure 7), but rates of meningococcal Group W disease have increased (Figure 8), particularly in teenagers. In response to this, the final dose of Meningococcal Group C vaccine has been replaced with MenACWY to include Group W to protect children better. The Group B meningitis vaccine was introduced into the childhood immunisation programme in September 2015. The supply situation for BCG vaccine has not improved, and only a few individuals are receiving vaccination. However, a waiting list of eligible vaccinees is being kept, so that if the vaccine supply eases, these individuals can be invited for vaccination.

Figure 7: Rate of meningococcal disease per 100,000 population 2005 to 2015 by upper tier local authority for Devon, Torbay, Plymouth, Cornwall and the Isles of Scilly



Data Source: Enhanced Surveillance of Meningococcal disease database 2005-2013 and HPZone 2014-2015

Figure 8: Rate of Group W meningococcal infection per 100,000 population, 2005 to 2015 by Upper tier local authority



Data Source: Enhanced Surveillance of Meningococcal disease database 2005-2013 and HPZone 2014-2015

4.8 Childhood flu vaccination for all two and three year olds was extended to four year olds in the Winter of 2014-15, and in the winter of 2015-16 this was extended to children in school years 1 and 2.

4.9 The booster dose of Pertussis for pregnant women has been continued, and is due to continue for the foreseeable future. However, although the rate of Pertussis infection

in the population has declined from the peak in 2012, but after declining in 2013 and 2014, the incidence now seems to have levelled out at a high level. The booster dose in pregnancy is being retained to continue the protection of neonates, who are most vulnerable to Pertussis.

Table 11: Pertussis notification rates Jan 2014 – Mar 2016 per 100,000 population

	Jan–Mar 2014	April–June 2014	July–Sept 2014	Oct–Dec 2014	Jan–Mar 2015	April–June 2015	July–July 2015	Oct–Dec 2015	Jan–Mar 2016
Cornwall	0.9	0.5	0.5	0.4	0.4	0.7	2.0	2.7	2.4
Devon	0.7	2.1	2.5	2.1	0.7	2.7	5.7	4.1	3.0
Plymouth	1.5	0.4	1.5	1.1	0.8	1.9	1.9	4.2	1.5
Torbay	1.5	0.0	0.8	0.0	0.0	1.5	3.8	3.8	9.0

4.10 A priority area identified by the Health Protection Committee was to increase uptake of seasonal influenza vaccine, especially in groups under 65 years of age considered at risk due to underlying health conditions and who are eligible for free vaccination through the national programme. This was on the basis of poor uptake in this cohort following the 2014-15 programme reported at Clinical Commissioning Group level.

Table 12: Public Health England Seasonal flu vaccination figures 1 September 2015 – 31 January 2016 by Upper Tier Local Authority

	2015-16 season %					
	2 year olds	3 year olds	4 year old	Pregnant women	Under 65 at risk	Over 65
Cornwall	31.6	36.2	38.8	38.1	45.6	69.4
Devon	42.7	42.5	33.9	43.4	42.0	69.8
Plymouth	32.0	38.0	30.7	42.9	44.9	71.5
Torbay	32.8	39.4	32.4	36.6	40.6	66.4

Table 13: Seasonal flu vaccination figures 1st September 2015 – 31 January 2016 by CCG

Clinical Commissioning Group	% of practices responding	65+ % vaccinated	6m-65 at risks % vaccinated	Pregnant women % vaccinated
NEW Devon	99.2%	70.3%	43.1%	43.0%
South Devon & Torbay	97.1%	67.6%	40.3%	40.7%
NHS Kernow	98.5%	69.4%	45.6%	38.1%
England	99.8%	71.0%	45.1%	42.3%
Target	100%	75%	75%	N/A

Source: ImmForm, Public Health England, Public Health England weekly bulletin

Table14 : Flu vaccine uptake in Pre-school children by CCG

Children						
Age/risk	**Age 2**	**Age 2 at risk**	**Age 3**	**Age 3 at risk**	**Age 4**	**Age 4 at risk**
NHS Kernow	39.8%	49.6%	40.7%	55.8%	36.5%	50.4%
NEW Devon	33.6%	43.2%	39.1%	55.4%	30.7%	48.8%
South Devon & Torbay	31.2%	45.7%	35.6%	53.8%	33.3%	45.1%
England	35.0%	48.3%	37.0%	52.3%	29.1%	47.3%

4.11 Compared to last year the uptake of flu vaccine has fallen for children across the age spectrum. This may in part be due to uncertainty about the provider of this vaccination in the 2015-16 season. This should be more settled in 2016-17.

Table 15: School aged Children's flu vaccinations by Upper tier local authority 2015 -2016

	Age 5 -6	**Age 7- 8**
Kernow	30.3%	25.2%
Isles of Scilly	77.8%	87.5%
Devon	36.3%	32.9%
Plymouth	31.7%	28.9%
Torbay	49.6%	44.6%
England	54.4%	52.9%

4.12 There is a major initiative to increase flu vaccine uptake amongst frontline healthcare workers, in recognition of the benefits this brings both in reducing risk to patients, and in improved business resilience.

Table 16: Flu vaccine uptake 2015 – 16 by Employer

Trust	**Uptake % Frontline workers**
South Devon Foundation Trust	51.0
Northern Devon Healthcare Trust	38.4
Royal Cornwall Hospitals Trust	39.5
Royal Devon and Exeter Foundation Trust	50.5
Cornwall Partnership Trust	20.9
Plymouth Hospitals Trust	53.4
Devon Partnership Trust	55.3
South West Ambulance Service Trust	42.5
NHS Area Health Care Works Average	43.1

4.13 In Devon local authority 122 staff were immunised for the 2014-15 season, a significant improvement on the previous year. In the 2015-16 season only 64 front-line staff were immunised.

4.14 Learning from the programme is being fed into plans to support flu vaccination uptake in 2016-17 across Devon Cornwall and Isle of Scilly's and Bristol, Gloucester and Wiltshire areas. Issues around the effectiveness of the vaccine, and the timing and visibility of the national media campaign, were identified as barriers to improving uptake locally, and addressing these will be crucial if uptake is to be sustained or increased in 2016-17.

5. Health Care Associated Infections

Organisational Roles/Responsibilities

5.1 NHS England set out and monitor the NHS Outcomes Framework which includes Domain Five (safety), treating and caring for people in a safe environment and protecting them from avoidable harm. The Area Teams of NHS England hold local Clinical Commissioning Groups to account for performance against indicators under this domain, which includes incidence of healthcare associated methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and incidence of *Clostridium difficile* (CDI).

5.2 Public Health England through its consultants in communicable disease control will lead the epidemiological investigation and the specialist health protection response to wider community non-hospital outbreaks, unless multiple hospital sites are affected simultaneously, and has responsibility to declare a health protection incident.

5.3 The clinical commissioning group's role is to ensure through contractual arrangements with provider organisations that health care associated infection standard operating procedures are in all provider contracts and are monitored regularly. Northern Eastern and Western Devon and South Devon and Torbay Clinical Commissioning Groups employ a lead nurse for health care associated infections. This is an assurance and advisory role. In addition, they must be assured that the Infection Prevention and Control Teams, covering the hospital and NHS community healthcare provided services sector, are robust enough to respond appropriately to protect the local population's health and that risks of health care associated infection have been identified, are mitigated against and adequately controlled.

5.4 The Local Authority through the Director of Public Health or their designate has overall responsibility for the strategic oversight of a health care associated infection incident impacting on their population's health. They should ensure that an appropriate response is put in place by NHS England and Public Health England supported by the Clinical Commissioning Group.

Health Care Associated Infection Programme Group

5.5 The group was formed as a sub group of the Health Protection Committee. Its function is to work towards the elimination of avoidable health care associated infections (HCAI) for the population of Devon, Cornwall and the Isles of Scilly including the Unitary Authorities of Plymouth and Torbay, receiving health and social care interventions in clinical, home and residential care environments, through the

identification of risks, the planning of risk mitigation actions and the sharing of best practice in the field.

5.6 It is a cross-agency forum involving Acute and Community NHS Trusts, Ambulance and Out of Hours Doctors, Public Health, Public Health England, Medicines Optimisation and NHS England Area Team. The group met for the first time in March 2014 and has since convened three times a year through a single workshop event and two teleconference calls.

6. Healthcare Associated Infections

6.1 Health Care Associated Infections (HCAIs) is a key indicator of safe and effective patient care and is represented in the NHS Outcomes Framework 2015-16 under outcome 5 'treating and caring for people in a safe environment and protecting them from avoidable harm'.

6.2 This report includes data from April 2015 - Mar 2016, unless otherwise stated.

MRSA

NEW Devon Clinical Commissioning Group

6.3 Five cases in NEW Devon Clinical Commissioning Group as at the end of March 2016. Four were community acquired and one in an acute hospital none of the five cases were connected. All cases have had Post Infection Reviews (PIRs) completed and lessons learned shared with relevant involved teams.

NHS Kernow Clinical Commissioning Group

6.4 Ten cases in Cornwall patients for 2015-16. Two acute assigned, three clinical commissioning groups assigned, four third party assigned and one case in arbitration at the time of reporting. One patient accounted for three cases and three other cases were in IV drug users.

South Devon and Torbay Clinical Commissioning Group

6.5 **Table 17: Actual Numbers to date 2015-16 (Ambitions 2015-16)**

MRSA bacteraemia	Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016
Torbay and South Devon Foundation Trust (0pa)	0	1	0	0
Clinical Commisioning Group (0pa)	0	0	0	2

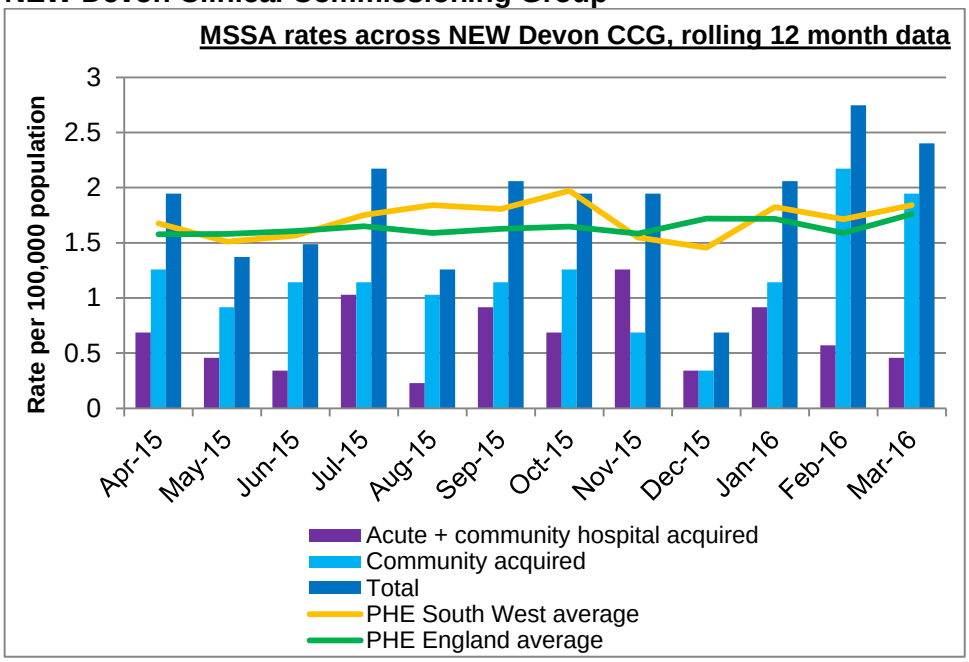
Actual Numbers to date 2015-16 reportable on MESS but no External targets (Internal KPI stated)

MSSA

NEW Devon Clinical Commissioning Group

6.6 MSSA bacteraemia rates for the NEW Devon Clinical Commissioning Group population have fluctuated above and below the Public Health England, England and South West average rate lines. Providers of hospital and community services provide information to the clinical commissioning group as part of their performance reporting obligations. In hospital bacteraemias will be targeted for more local investigation by providers as part of their 2016-17 Health Care Associated Infections Reduction Plan in order to identify any learning that might be used to reduce rates. The GP significant event audit process as described in the December 2015 HPC report is the only current method of learning about these infections in the community and developing strategy to reduce their incidence.

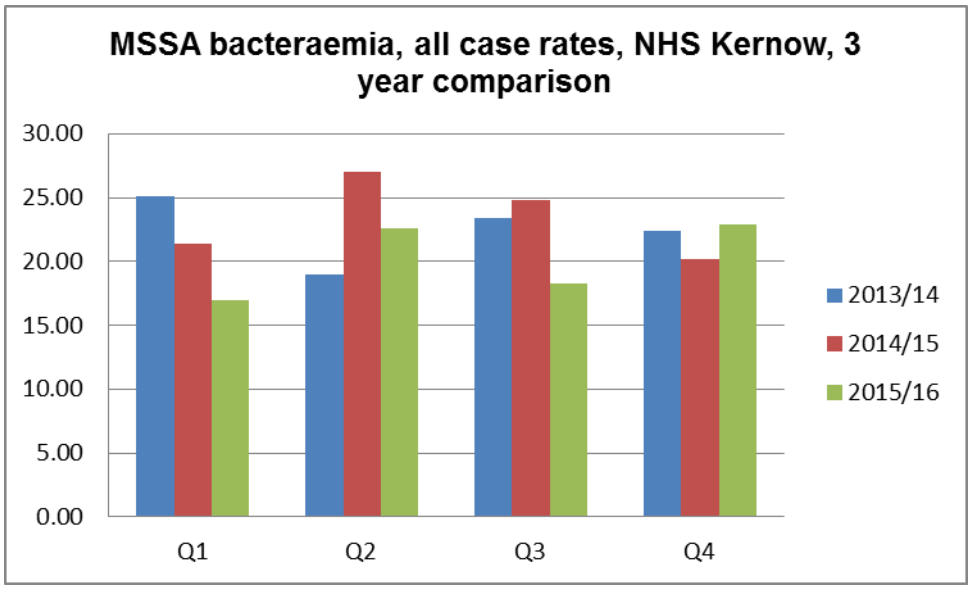
Figure 9: Methicillin sensitive staphylococcus aureus bacteraemias by month for NEW Devon Clinical Commissioning Group



NHS Kernow Clinical Commissioning Group

6.7 MSSA features in reduction plans for acute and community services. The GP significant event audit process as described in the December 2015 Health Protection Committee report has not begun in Cornwall to date.

Figure 10: Methicillin sensitive staphylococcus aureus bacteraemia, all ages, 2013 – 2016 NHS Kernow



South Devon and Torbay Clinical Commissioning Group

6.8 **Table 18: Actual Numbers to date 2015-16 reportable on MESS but no External targets (Internal KPI stated**)

MSSA bacteraemia*	Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016
Torbay Hospital (local target 12)	4	1	3	0
Clinical Commissioning Group (local target 45)	13	12	10	16

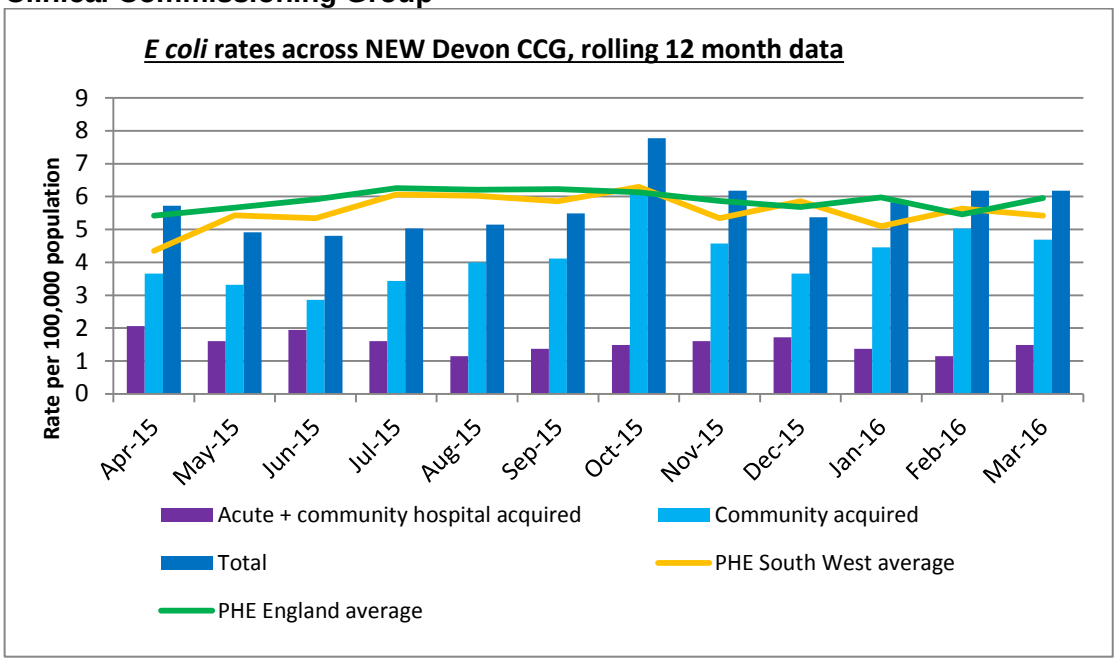
*Denotes internal target not a DH target

E.coli bacteraemia

NEW Devon Clinical Commissioning Group

6.9 E. coli bacteraemias for the NEW Devon Clinical Commissioning Group hospital sector and clinical commissioning group population in the rolling 12 months as shown in the graph below broadly track the averages provided by Public Health England for England and the South West. The Clinical Commissioning Group Health Care Associated Infection Team monitor data by locality and hospital to scrutinise trends and enable performance to be questioned as required. E. coli bacteraemias like MSSA should be subject by Trusts to identify learning to reduce rates as part of their Health Care Associated Infections Reduction Plan in 2016-17.

Figure 11: Rates of E.coli bacteraemia, by month, 2015 – 2016 for NEW Devon Clinical Commissioning Group



NHS Kernow

6.10 An increase in Ecoli rates has been noted locally.

Figure 12: E.coli bacteraemias, NHS Kernow all ages 2013-2016

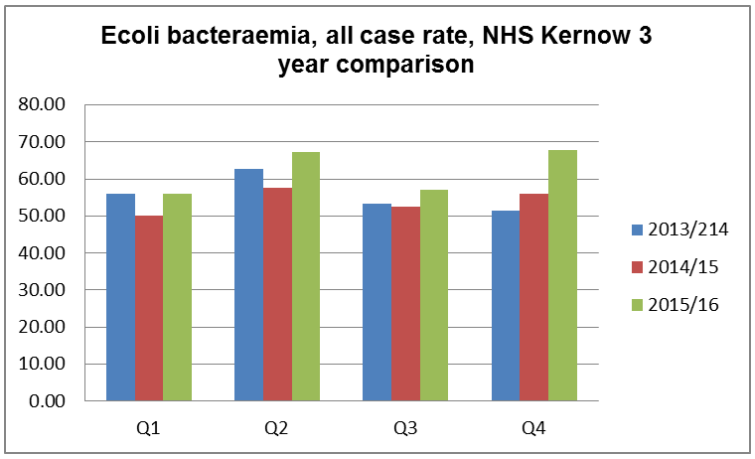
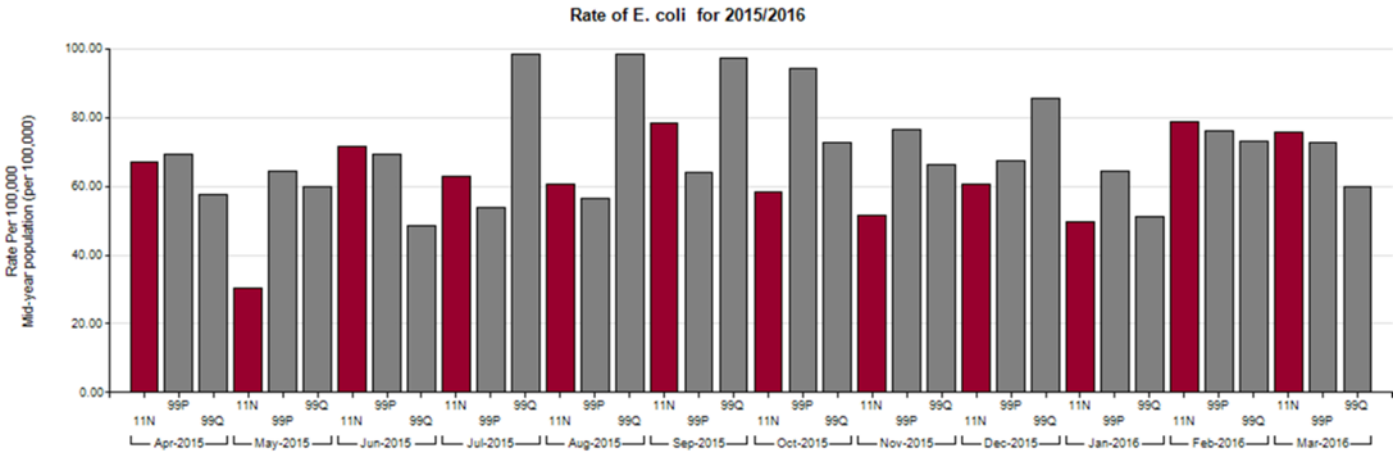


Figure 13: The benchmarking graph below shows a varied picture across the patch.



South Devon and Torbay Clinical Commissioning Group

Table 19: Actual Numbers to date 2015-16 reportable on MESS but no External targets (Internal KPI stated).

E.coli bacteraemia*	Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016
Torbay Hospital (local target 22)	6	5	12	4
CCG (local target 169)	31	51	42	31

*Denotes internal target not a DH target

C. difficile infection

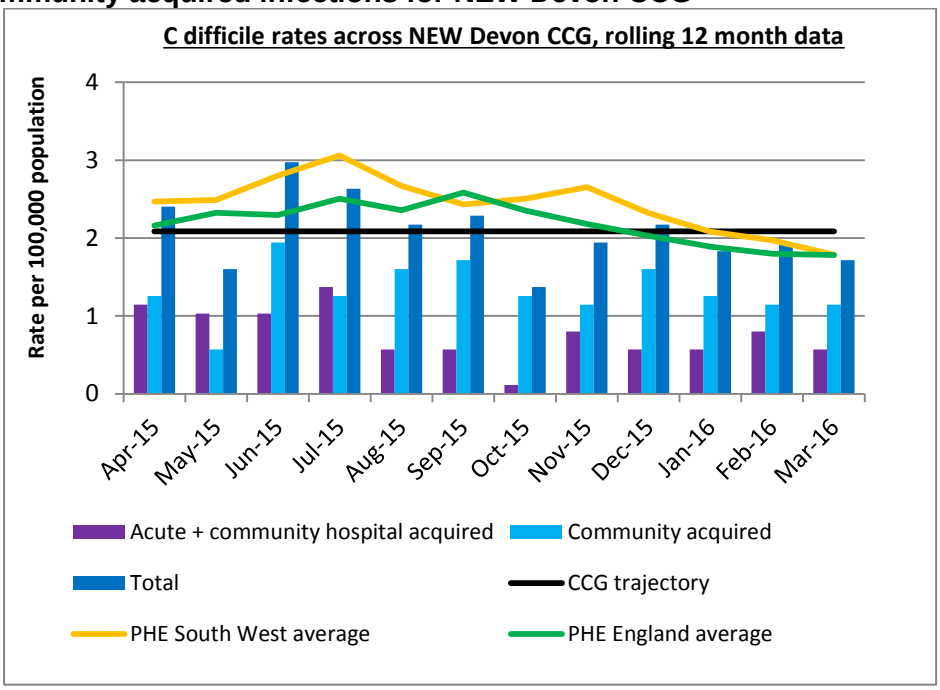
NEW Devon Clinical Commissioning Group

6.11 The graph below shows community acquired infection (CAI) and hospital acquired infection (HAI) cases of C. difficile infection. The community acquired infection cases, which make up the larger proportion of the population cases, are not scrutinised for avoidability like those in acute and community hospitals. A system to inform General Practices of these cases and request Significant Event Audits (SEAs) on behalf of NHS England South, South West is in place.

6.12 The Clinical Commissioning Group exceeded its nationally set trajectory of 219 cases with a total of 221 cases though given that the rates are normally less than the England and South West averages it is reasonable to conclude that C. difficile infection is reasonably under control.

6.13 To reduce community rates would require investment of time and money in antimicrobial stewardship into the community, either through GP antimicrobial pharmacists or clinical commissioning group commissioned Microbiologist outreach services. The Clinical Commissioning Group will not be offering a local CQUIN to Acute Trusts on the exploration of value of a community infection management service as raised in the previous report. The Clinical Commissioning Group will only be offering national CQUINs in 2016-17 for Acute Trusts due to the overarching situation of the Success Regime.

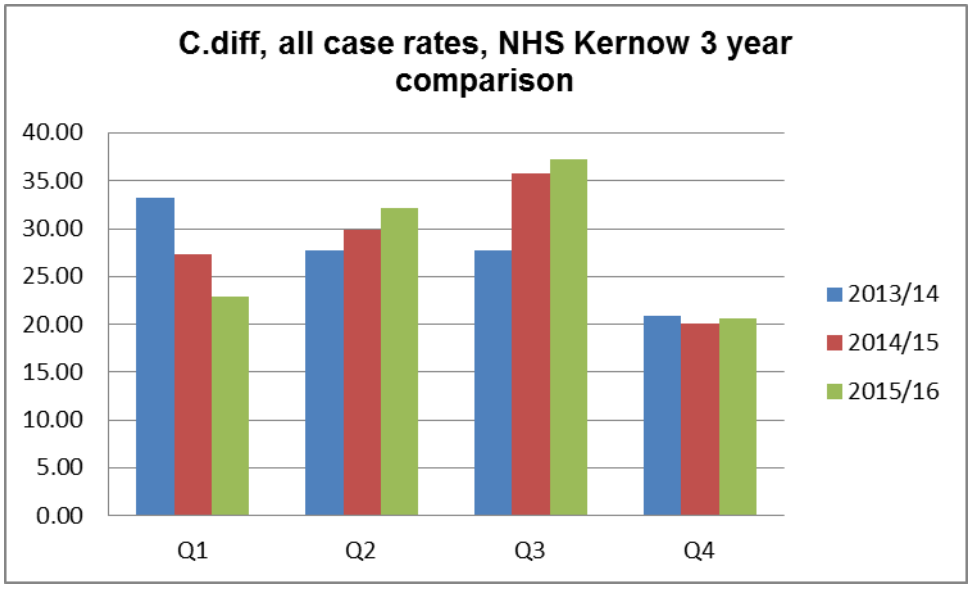
Figure 14: Rates of C.difficile infection, by month, 2015–16 for hospital and community acquired infections for NEW Devon CCG



NHS Kernow Clinical Commissioning Group

6.14 The Clinical Commissioning Group exceeded the 2015-16 objective of 25.00 with an outturn of 28.12 (per 100,000 population) which is below the SW figure of 29.23. The majority of acute cases being assessed as avoidable via the lapse in care system.

Figure 15: C.difficile infection rates by quarter for NHS Kernow between 2013 and 2016



South Devon and Torbay Clinical Commissioning Group

6.15 C.difficile cases remain above the set trajectory and are among the highest in the South West. The c.difficile group is reviewing the number of stools tested per bed

days. Initial investigations show that Torbay Hospital test more stools per bed days than other hospitals in Devon.

6.16 The South Devon and Torbay Clinical Commissioning Group multi-agency Antimicrobial Stewardship group held its first meeting.

6.17 Torbay Hospital is reviewing acute cases of c.difficile initial diagnosis. On first review a number were admitted with an initial diagnosis of sepsis.

Table 20: Actual Numbers to date 2015-16 (Ambitions 2015-16)

C.DIFFICILE	Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016
Torbay Hospital (national target 18)	11 (Five Lapses in Care)	8 (Four Lapses in Care)	4 *(One Lapse in Care)*	3 (no lapse in care)
Community beds (local target 44)*	1	2 (One Lapse in Care)	1	
Clinical Commissioning Group (97pa)	29	30	31	

*Denotes internal target not a DH target

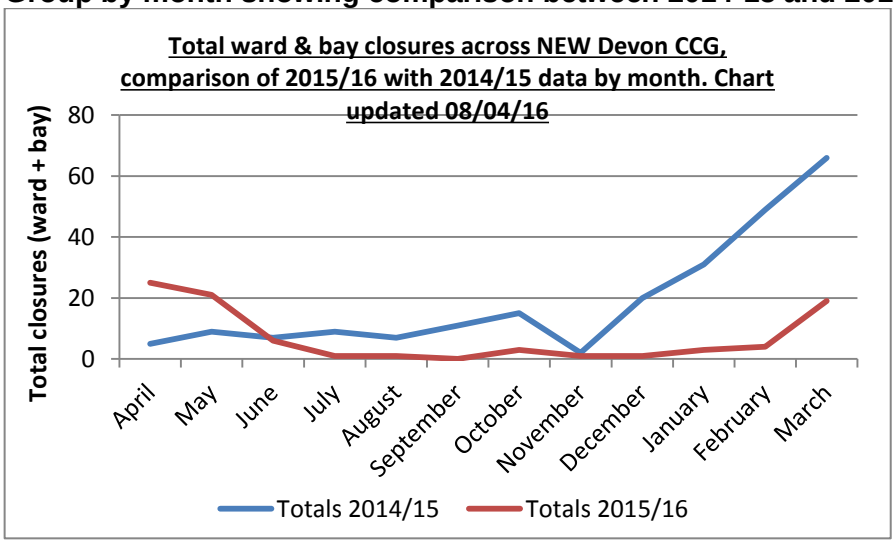
6.18 We have also had an incident where a single case of c.difficile from a community hospital was attributed to the acute trust. At this time Public Health England were unable to change this to the correct reporting trust.

Outbreaks

NEW Devon Clinical Commissioning Group

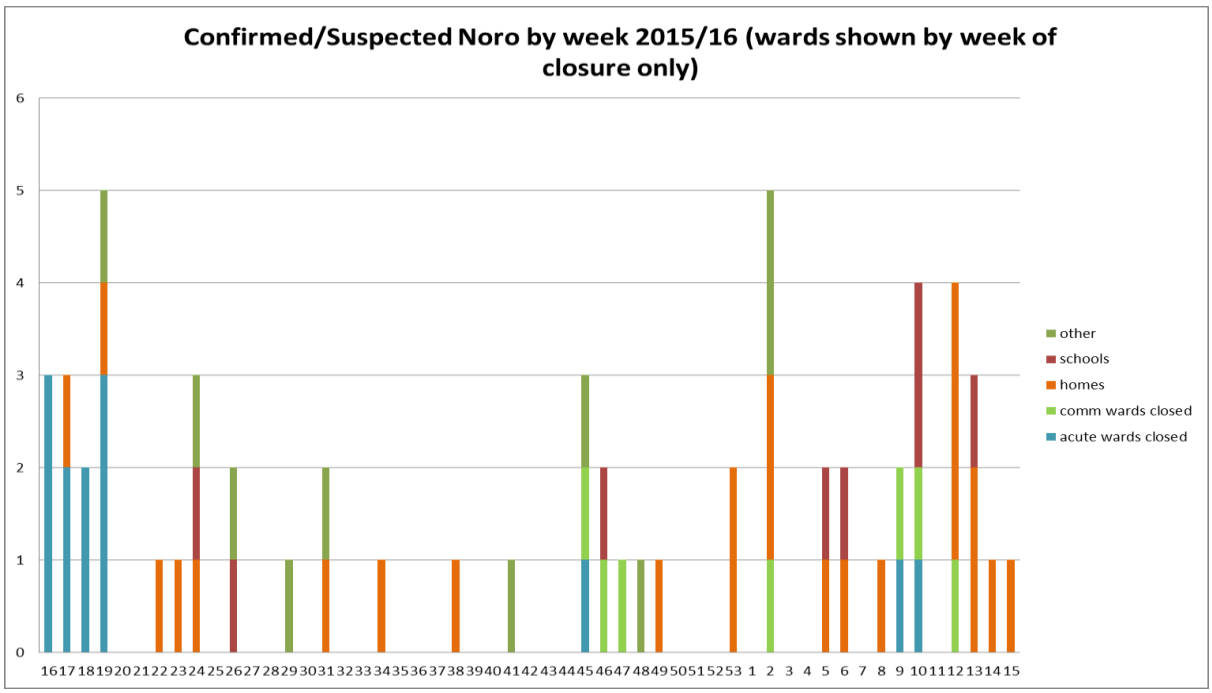
6.19 The following outbreaks graph shows the amount of ward and bay closures occurring in NEW Devon Clinical Commissioning Group hospitals as a proxy for the impact on service. The influenza season presented late in accounting for some of the upturn in February and March 2016.

Figure 16: Ward and Bay closures across NEW Devon Clinical Commissioning Group by month showing comparison between 2014-15 and 2015-16



NHS Kernow Clinical Commissioning Group

6.20 **Figure 17: The chart below shows combined hospital and community outbreaks with limited acute activity despite some community outbreaks.**



South Devon and Torbay Clinical Commissioning Group

6.21 In this period (January–March 2016) South Devon and Torbay Clinical Commissioning Group have had five bay closures, one ward closures and one community hospital closure due to Norovirus. One ward was closed due to influenza.

6.22 There have been one outbreak (diarrhoea and vomiting) in a local school, one in a nursery, four in a residential homes and three in hotels. All were reported as diarrhoea and vomiting.

Health Care Associated Programme Group

6.23 The Health Care Associated Infection Programme Group held a telecall on 24th March 2016. New risks were identified to the healthcare system which was antimicrobial resistance and influenza outbreaks and precautions causing service impact.

6.24 The Health Care Associated Infection Programme Group annual summer workshop was held on 5th July 2016. Attendance was low but the quality of discussions were high. Two potential new risk areas were identified to add to the Group's list for onward sharing with the Health Protection Committee:

- No community infection management service
- No community infection prevention and control service

6.25 The Group held its annual workshop on 5th July 2016 where risks and mitigations were debated in relation to the two new risks (as above) and sepsis, which remains a high priority.

6.26 Influenza activity in Trusts has declined after a winter period of high activity causing ward and part ward closures. Between mid-January until the end of February Plymouth Hospitals Trust had 15 wards affected by flu restrictions with one ward being affected for six weeks continuously. Royal Devon & Exeter had five wards affected during the same period

6.27 Seasonal outbreak reports are requested from Trusts where normal operating capacity was compromised under Serious Incident Reporting (SIRI) arrangements.

- Antimicrobial Resistance Group; need to ensure this programme is expanded and reported upon.
- Review Locality Immunisation Groups (governance structure).
- Childhood Flu review.
- Antimicrobial Resistance Group; need to ensure this programme is expanded and reported upon.
- Review Locality Immunisation Groups (governance structure).
- Childhood Flu review.

Ebola Virus Disease

6.28 The outbreak of Ebola virus disease (EVD) in West Africa first reported in March 2014 has ended, with a total of 28,616 cases and 11,310 deaths at June 2016.

6.29 Much has been learned about the virus, including how it can re-activate in survivors, and be transmissible in semen for months after recovery.

Outbreaks and Incidents

6.30 There was a relatively high level of influenza A activity late in the year, and there were flu outbreaks in both Dartmoor and Exeter prisons.

6.31 A Plymouth primary school suffered an outbreak of influenza which affected about a third of its pupils.

6.32 There was an outbreak of food poisoning at a Birthday party held at a local outdoor facility due to Clostridium perfringens thought to be from beef.

6.33 A small number of acute Hepatitis B cases have occurred which are thought to be linked to sex between men.

6.34 There was an outbreak of confirmed Measles infection in the Ashburton/Buckfastleigh area which involved nine confirmed, three probable and two possible cases. The infection was originally imported and then spread in a community where immunisation rates were relatively low.

Emergency planning and Exercises

Exercise Mallard

6.35 A pandemic flu multi-agency exercise was held in October 2015. The aim of the exercise was to test the local pandemic influenza plans of the health community and partners in Devon, Cornwall and the Isles of Scilly area. This was a scenario based exercise, with feedback on the key challenges faced at each stage, and discussion

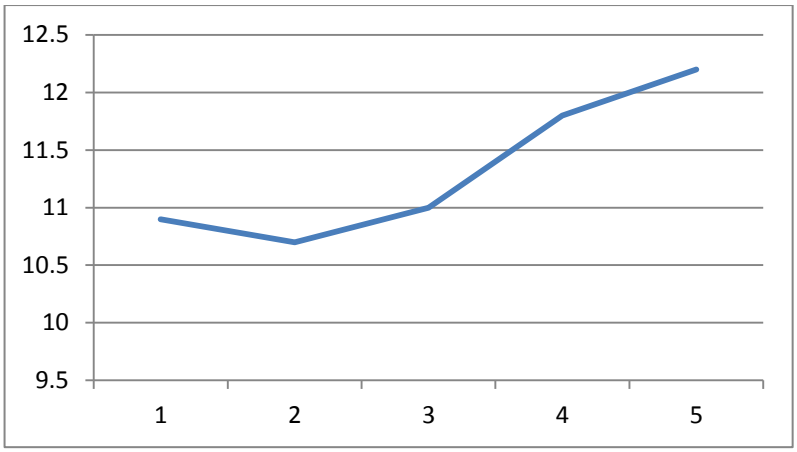
on how some of these challenges might be overcome. A debrief was held which allowed agencies to identify and rectify any identified shortcomings in plans.

Exercise Leda

6.36 This was an internal Devon County Council exercise run to test fitness for purpose of internal plans and to check business continuity readiness.

6.37 **Antimicrobial resistance** – a successful antimicrobial resistance steering group is established in Cornwall and this approach has now begun in Devon. A first exploratory telecall was held on the 14th January 2016, since then draft terms of reference have been drawn up and development of the group, in discussion with the group in Cornwall will be pursued in 2016-17. A brief report of the Cornwall group's activity in the last year is attached below. Torbay are also planning a group, but this group has yet to meet. Antimicrobial resistance continues to increase, as illustrated by the following graphs:

Figure 18: Percentage resistance to cefotaxime by E.coli in bacteraemias from 2011–15



6.38 Cefotaxime is a third generation cephalosporin, used to treat meningitis and septicaemia, typhoid and other Salmonella bacteraemias. Significant resistance would severely limit the use of this antibiotic and force the use of 'last resort' antibiotics.

Figure 19: Percentage resistance by E.coli bacteraemias to Ampicillin/ clavulanate combination

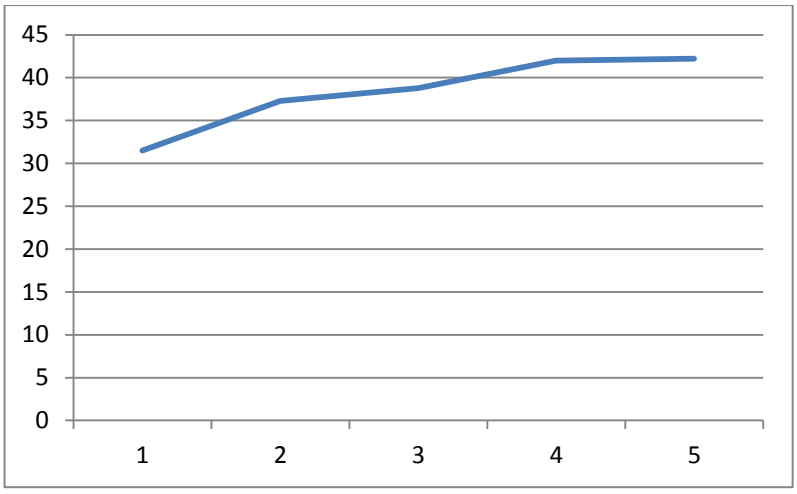
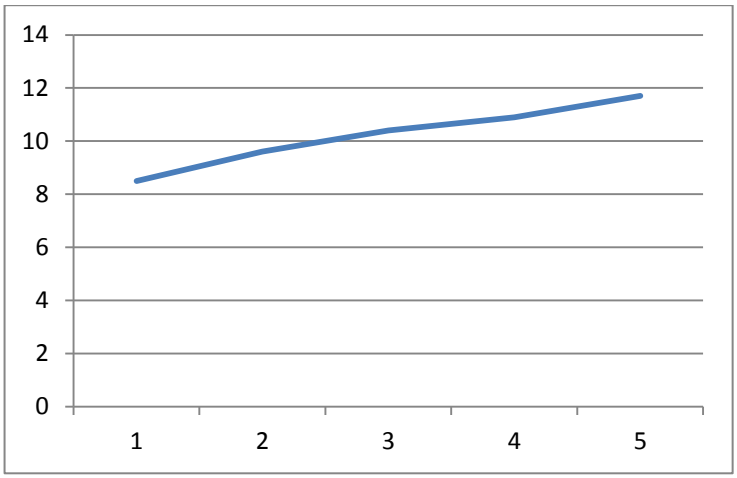


Figure 20: Percentage resistance of E.coli bacteraemias to piperacillin/ tazobactam



6.39 Clavulanate and tazobactam are beta lactamase inhibitors which allow broad spectrum antibiotics such as ampicillin/amoxicillin and piperacillin to be used against bacteria which produce a beta lactamase which degrades the penicillin group of antibiotics. They are extremely useful and widely used antibiotics and if resistance becomes too high other antibiotics will need to be used. This process continues, and useful antibiotics become useless as 'first line' treatments for serious infections as the risk of failure becomes unacceptable. Unfortunately, the supply of new antibiotics is not keeping pace with antibiotic resistance, so the use of antibiotics is under increasing threat. For 2016-17 the NEW Devon Clinical Commissioning Group Medicines Optimisation Team have identified co-amoxiclav prescribing as an area of focus because some local outliers in community prescribing have been identified.

6.40 There needs to be a constant effort to reduce inappropriate use of antibiotics and to focus antibiotic therapy as much as possible.

Report from Cornwall Antimicrobial Resistance Group (CARG) – Neil Powell

6.41 In response to the UK Five Year Antimicrobial Resistance Strategy (2013 to 2018) key stakeholders within Cornwall have set up the Cornwall Antimicrobial Resistance Group (CARG) to implement the strategy locally. The first meeting took place on 23rd January 2014. The group is chaired by Denis Cronin, Public Health Consultant and convenes five times a year.

6.42 The 2015 Cornwall Antimicrobial Resistance Group outputs have included exploring novel diagnostics, education and training, antibiotic consumption analysis, veterinary surgeon and dental representation and antibiotic resistance surveillance.

6.43 The group reviewed the evidence for, and the feasibility of introducing point of care 'C' reactive protein (POC CRP) testing in to GP surgeries. Kernow out-of-hours GP service trialled this diagnostic in 2015 which indicates an active disease process. A funding source for wider roll out to GP surgeries was unsuccessful. A community hospital with an attached urgent care centre expressed an interest however in this point-of-care diagnostic and a work plan is underway.

6.44 A business case for state of the art diagnostic technology (MALDI-TOF MS) and procalcitonin testing, which is a specific marker for bacterial infection was submitted for consideration at the Royal Cornwall Hospital.

AMR

6.45 Antibiotic prescription numbers in primary care dropped by 6.7% between 2014 and 2015 as a result of the Clinical Commissioning Group delivered NHS Quality Premium. These successes were not replicated in the secondary care setting but work is underway to reduce antibiotic prescribing at the Royal Cornwall hospital to meet the 2015-16 antibiotic stewardship CQUIN targets.

6.46 The group now has good veterinary representation from the Animal and Plant Health Agency (APHA) and the Cornwall Veterinary Association. Farmer working groups are to be set up to provide farmers with peer support around antibiotic practices in farms and will form part of a University of Bristol veterinary surgeon PhD.

6.47 The group has successfully sought dental representation with plans to audit dental prescribing and gather baseline dental antibiotic prescribing.

6.48 Resistance to penicillin and erythromycin in *Streptococcus pneumoniae* isolated from blood cultures in Cornwall between 2013 and 2015 remains static at (6% and 11% respectively). Resistance in the Gram negative organism *Klebsiella pneumoniae* isolated from blood samples between 2013 and 2015 has remained broadly stable; 9.5% resistance to ciprofloxacin, 6.4% to third generation cephalosporins, 5.5% to gentamicin and 0.26% to carbapenems. Between 2013 and 2015 there was statistically significant increases in *Escherichia coli* resistance to gentamicin (9.4%) but resistance to quinolones has remained broadly stable at 11.2%.

7. Work Programme 2015-16 - Progress

Influenza vaccine for key staff

7.1 2015-16 the uptake of seasonal flu vaccine by frontline workers at Devon County Council was only 19 vaccines, 51 other people accessed flu vaccine because they were eligible under another priority group.

Hepatitis C Strategy and Implementation

7.2 Hepatitis C is a blood borne virus which is a significant preventable and treatable cause of liver disease. The most common means of transmission in the United Kingdom is through intravenous drug use with shared equipment – it is estimated that nine out of 10 cases of Hepatitis C in this country are caused by injecting illegal drugs.

7.3 RISE Hepatitis C pathways, direct referral pathways are set for Exeter, Torbay and Derriford. Barnstaple is still requiring a GP referral. However, there are plans to improve the accessibility of the service in North Devon for Barnstaple RISE clients. There are about 50 hepatitis C positive clients in North Devon that are currently not accessing treatment and improving access could change this.

7.4 Tuberculosis strategy objective is to continue to work with Public Health England on the new Tuberculosis Board to implement a strategy for the control of Tuberculosis in the South West. The Board is now established, and cohort review is established and running in both the East and the West of Devon.

7.5 South East and South West England have joined up to form the 'South Tuberculosis Control Board'.

Tuberculosis Strategy. 'Areas for action' – an update on progress

7.6 **Improve access to services and ensure early diagnosis:**

- Awareness raising work is underway with development of literature, Videos and animation.
- Royal College of General Practice's Tuberculosis e-learning module is being updated to include latent Tuberculosis infection.
- Working with Tuberculosis alert to update and provide support material for latent Tuberculosis infection programmes.
- Work to better understand delays from symptom onset to treatment onset is being undertaken by the national surveillance team using enhanced Tuberculosis system and local Tuberculosis register data.

7.7 **Provide universal access to high quality diagnostics:**

- Public Health England are currently reviewing Tuberculosis laboratory services, once complete, a 'task & finish' group will be established to take forward this 'area for action'.
- Tuberculosis is a priority area for the implementation of Whole Genome Sequencing (WGS) technology for both Public Health England and NHS England; and work is underway to introduce Whole Genome Sequencing for Tuberculosis in 2016.

7.8 **Improve treatment and care services:**

- National Tuberculosis service specification is drafted and circulated for use by Tuberculosis Control Boards, Clinical Commissioning Groupss and clinicians.
- This service specification can be used in the commissioning of Tuberculosis services, development of key performance indicators and assessment of local Tuberculosis services.
- Tuberculosis Control Boards are working with local Tuberculosis stakeholders to support Tuberculosis clinical networks, and are encouraged to reflect on the British Tuberculosis Society 'model Tuberculosis networks' document. In the far South West, there are two Tuberculosis networks, covering the West and the East.
- Public Health England have undertaken a Tuberculosis Health Needs Assessment and a strategy and action plan is being written.

7.9 **Ensure comprehensive contact tracing:**

The national Tuberculosis service specification has added clarity to the expectations of contact tracing.

7.10 **Improve BCG vaccination uptake:**

BCG vaccination is a continuing problem due to problems with supply, but subject to availability there is a commitment to improve uptake.

7.11 **Reduce drug-resistant Tuberculosis:**

Public Health England is working with NHS England on a needs assessment of facilities for the public health management of multi-drug resistant Tuberculosis patients, this work will contribute to the review of the Infectious Diseases Service Specification that the NHS England Specialised Commissioning Team aims to carry out in mid-2016.

7.12 **Tackle Tuberculosis in under-served populations:**

A work stream is planned for 2016, a task & finish group is being established.

7.13 **Systematically implement new entrant latent Tuberculosis screening:**

This has been the focus of much of the national team and newly formed Latent Tuberculosis Boards work since the summer; however this is not yet being implemented in the low incidence areas of the far South West.

7.14 Procurement of the latent tuberculosis infection test analysis has been completed and clinical commissioning groups and the successful providers are working on implementation.

7.15 NHS England will review 2015-16 activity and performance of Clinical Commissioning Groups Latent Tuberculosis Infection Programmes as part of its review for support into 2016-17.

7.16 A national suite of materials to support latent Tuberculosis infection testing and treatment has been written by Public Health England and NHS England and is available on the Tuberculosis screening webpage.

7.17 **Strengthen surveillance and monitoring**

The Tuberculosis Strategy Monitoring Indicators, available via the Public Health England Fingertips tool, have been updated with 2014 data.

7.18 **Ensure an appropriate workforce to deliver Tuberculosis control:**

- A Review of the Tuberculosis nursing workforce was commissioned by Public Health England and published in July 2105. Public Health England has established a nursing workforce development group to take forward the recommendations of the Tuberculosis nursing workforce report.
- A piece of work is planned for 2016 with the Centre for Workforce Intelligence (CfWI) that will review the non-clinical Tuberculosis workforce. Two national Tuberculosis workforce development study days are planned for 2016.

7.19 **Key next phases:**

- Tuberculosis Control Boards will increasingly engage with local stakeholders.
- Tuberculosis Control Boards will assess local Tuberculosis services against a locally adapted Tuberculosis service specification, identify any gaps in provision and develop plans to meet these gaps.

- The new entrant latent Tuberculosis infection testing and treatment programmes in the 58 high incidence clinical commissioning groups will be rolled out. Monitoring and reporting systems for the latent Tuberculosis programme will be established.
- Tackling the needs of the under-served will be taken forward, awareness raising work and work to improve treatment and care services will continue.

7.20 **Work programme 2016-17**

- Involvement with Short Sermon this year is an exercise year and Plymouth and Cornwall will be involved in Exercise short sermon.
- Antimicrobial resistance – Cornwall have succeeded in establishing a flourishing and successful group and Plymouth, Devon and Torbay need to emulate this.
- Review locality Immunisation groups and the childhood flu programme – the locality groups have just been reformed to ensure that they remain relevant and fit-for-purpose, they need to be connected into local authorities and providers as well as Public Health England. The childhood flu programme now covers a range of ages and is delivered by a variety of providers in a number of settings, which lends itself to evaluation to see which is most effective and efficient.
- Childhood Flu review – now that there is a diversity of provision of the childhood flu programme, there is an opportunity to evaluate the most successful approaches.
- Port Health Review – following the Ebola outbreak, it has become clear that the variety of small ports in the South West do not have Port Health plans to allow them to know how to respond in an unfamiliar situation. Teignbridge council, in association with Public Health England have produced a framework plan which ports can customise for their needs.
- Lyme disease – Exmoor, Dartmoor and the Blackdown Hills are relatively high in ticks and every year people catch Lyme disease from tick bites. It is proposed to run a local awareness campaign in National tick week with the support of Public Health England.

7. Authors

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APPENDIX 1

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

1. Aim, Scope & Objectives

Aim

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

Scope

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

Objectives

1.3 To provide strategic oversight of the health protection system operating across Devon, Plymouth, Torbay, Cornwall Council and the Council of the Isles of Scilly.

1.4 To oversee the development, monitoring and review of a memorandum of understanding that outlines the roles and responsibilities of the Public Health England Centre, NHS England Area Team, Clinical Commissioning Groups (Northern Eastern and Western Devon & South Devon & Torbay and Kernow) and upper tier/lower tier / unitary authorities in relation to health protection.

1.5 To provide oversight of health protection intelligence reported to the committee and be appraised of risks, incidents or areas of underperformance.

1.6 To review and challenge the quality of health protection plans and arrangements to mitigate against any risks, incidents or areas of under-performance.

1.7 To share and escalate risks, incidents and under-performance to appropriate bodies (e.g. Health and Wellbeing Boards / Local Health Resilience Partnership, NHS England) when health protection plans and arrangements are insufficient to protect the public. The escalation route will depend on the risk or area of under-performance.

1.8 To agree an annual programme of work to further improve local health protection arrangements as informed by the respective Health and Wellbeing Strategies for Devon, Plymouth, Torbay, Cornwall Council and the Council of the Isles of Scilly and

their Director of Public Health's Annual Report and Joint Strategic Needs Assessments.

1.9 To review and challenge arrangements for the delivery of existing and new national screening and immunisation programmes or extensions to existing programmes.

1.10 To promote reduction in inequalities in health protection across Devon, Plymouth, Torbay and Kernow.

1.11 To oversee and ratify an annual Health Protection Committee annual report.

2. Membership

Chair: Director of Public Health

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

*Chair - Devon, Cornwall and Isles of Scilly Screening & Immunisation Oversight Group – Consultant in Public Health
*Chair – Local Health Resilience Partnership

*Chair – Health Care Associated Infections Programme Board
Consultants in Public Health / Health Protection Lead Officers – (Devon County Council, Plymouth City Council, Torbay, Cornwall Council)

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

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

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

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

3. Meetings & Conduct of Business

3.1 The Chairperson of the Health Protection Committee will be a Director of Public Health from either Devon County Council, Plymouth City Council, Torbay or Cornwall Council. Directors of Public Health serving these councils will review this position annually.

3.2 The quorum of the meeting will comprise the Chairperson of the Health Protection Committee or their deputy, the Chairperson of each of the four groups listed in 2 above (*) or their representative with delegated authority to make decisions on their behalf, at least one Local Authority Consultant in Public Health (Health Protection Lead Officer) and at least one of either the Chief Nursing Officer (Northern Eastern

and Western Devon Clinical Commissioning Group or the Quality and Safety Lead (South Devon and Torbay Clinical Commissioning Group).

3.3 All meeting papers will be circulated at least seven days in advance of the meeting date.

3.4 The agenda (standing items listed in 3.6 below) and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 14 working days of the meeting.

3.5 Meetings will be held bi-monthly.

3.6 Standing agenda items will include the following:

- *Screening and Immunisation performance and risk monitoring*
- *Health Protection Report for the Health Protection Committee*
- *Work-programme update*
- *Any other business.*

3.7 A report of the meeting will be forwarded to members of the Health and Wellbeing Boards for Devon County Council, Plymouth City Council and Torbay Council and Cornwall and the Isles of Scilly Council and Local Health Resilience Partnership.

3.8 Terms of reference will be reviewed annually.

4. Author

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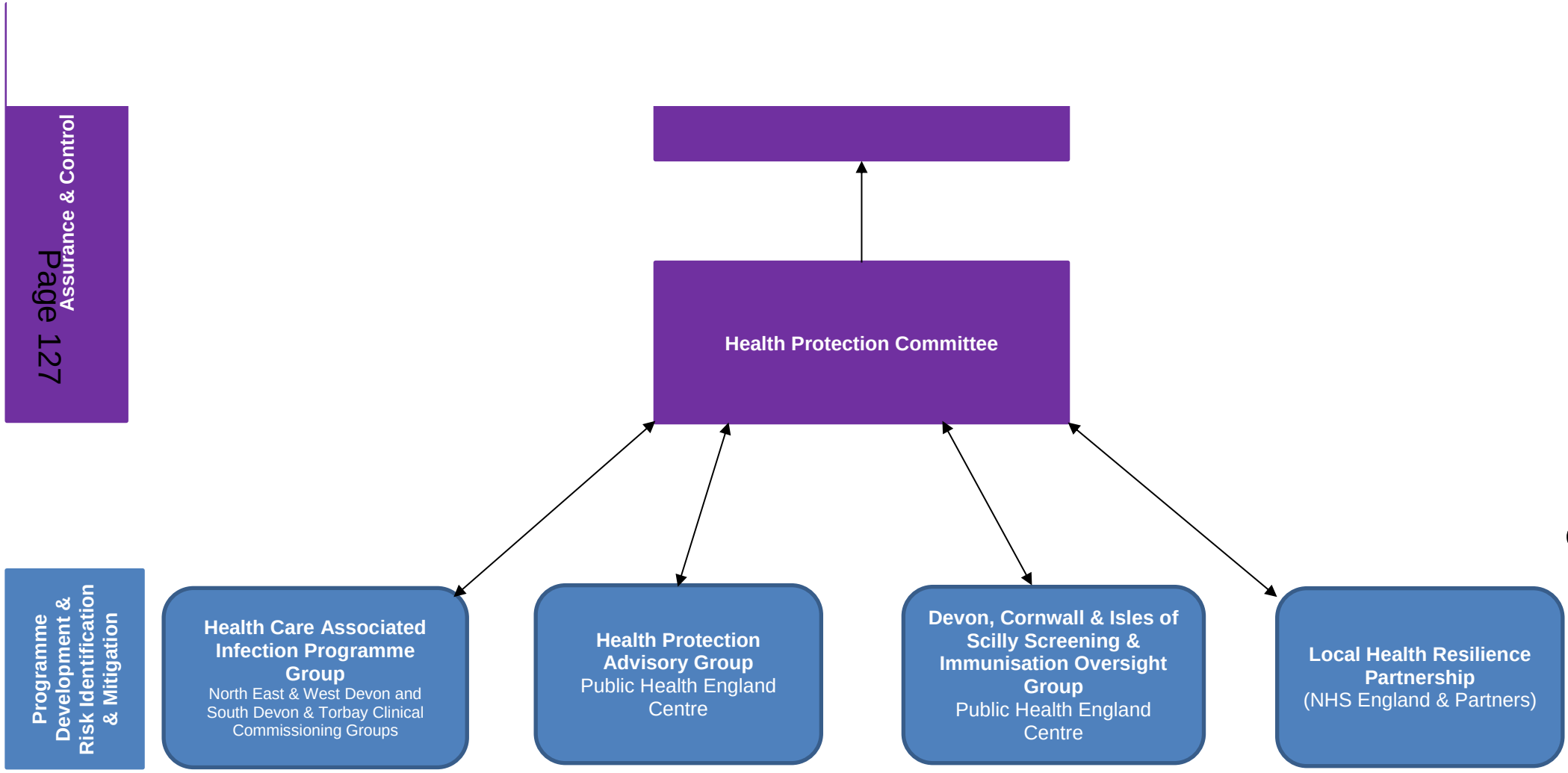
Devon County Council

Reviewed 5th August 2015

APPENDIX 2

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



1 October 2016

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 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 4.30am on Mondays to Thursdays and 9.30am and 3.30pm on Fridays, free of charge.

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

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

Copies of Agenda and Reports of Scrutiny Committees of the County Council referred to in this Forward Plan area also available on the Councils Website at (http://www.devon.gov.uk/dcc/committee/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
Health and Wellbeing Scrutiny Committee					
8 November 2016					
8 Nov 2016	Report from Secretary of State for Health	Response from the Secretary of State following the referral of Torrington Community Hospital.	Scrutiny Officer	Report	
8 Nov 2016	Sustainability and Transformation Plan	To scrutinise the consultation process and content of the STP	Scrutiny Officer	Report	
8 Nov 2016	Stroke Service in North Devon	Committee to review the proposed changes to the service	Scrutiny Officer		
8 Nov 2016	Model of Care Spotlight Review	Cross Authority review of the model of care that underpins the STP.	Scrutiny Officer	Task Group	
8 Nov 2016	Quality Spotlight Review		Scrutiny Officer	Task Group	
8 Nov 2016	NHS 111 and OOH	To review the impacts of the change in contract on running the service on the ground	Scrutiny Officer	Report	
	Scrutiny Work Programme				
19 January 2017					
20 Jun 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
19 Jan 2017	Health inequalities	To look at the determinants for the wide range in life expectancy across Devon.	Scrutiny Officer	Report	

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
19 Jan 2017	Pharmacy		Scrutiny Officer	Report	
3 March 2017					
7 Mar 2017	NHS Funding formula	Task Group to look at how the funding formula for the NHS in Devon is set and how local people can influence it.	Scrutiny Officer	Task Group	
future items					
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

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 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 4.30am 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.

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Copies of Agenda and Reports of Scrutiny Committees of the County Council referred to in this Forward Plan area also available on the Councils Website at (http://www.devon.gov.uk/dcc/committee/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					
17 November 2016					
17 Nov 2016	Childrens Standing Overview Group	Update	Scrutiny Officer	Report	Committee Meeting only
	DSCB Annual Report			Report	
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
	Care Leavers Task Group - Update			Report	
	CAMHS - Update			Report	
	Devon Education Performance 2015			Report	
17 Nov 2016	School Exclusions Academic Year 2015/16	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	Performance	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
	Prisons - from a Care Act and children & families perspective				
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	Deputy Democratic Services and Scrutiny Manager	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
		for the future.			
5 Jan 2017	Performance	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					
	Joint Budget Meeting				
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

DEVON COUNTY COUNCIL

SCRUTINY WORK PROGRAMME

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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
PLACE SCRUTINY COMMITTEE					
10 January 2017					
10 Jan 2017	Highways Maintenance Categories	Review of Highways Maintenance Categories	Scrutiny Officer	Report	Committee Meeting only
10 Jan 2017	Section 106/CIL Monies for Highway Works	The Allocation and Use of Section 106/CIL Monies for Highway Works	Head of Planning, Transportation and Environment	Report	Committee Meeting only
10 Jan 2017	Corporate Energy Saving	Progress of the Council's objectives	Head of Digital Transformation and Business Support	Report	Committee Meeting only
10 Jan 2017	Mobile Phone Coverage in Devon	Progress on increasing coverage and not-spots	Head of Economy, Enterprise and Skills	Report	Committee meeting only
10 Jan 2017	Rollout of Connecting Devon and Somerset Superfast Broadband	Update - Standing Item	Head of Economy, Enterprise and Skills	Report	Committee Meeting
10 Jan 2017	Agriculture Task Group Report	Report and Recommendations of the Task Group	Scrutiny Officer	Task Group	Task Group
20 January 2017					
20 Jan 2017	2017/18 budget for Place Services	2017/18 budget proposals across services and their implications	County Treasurer	Report	Committee Meeting only
Future Items					
14 Nov 2017	Flood Risk Management	An update on the Council's Flood Risk Management Strategy, to include comment from the District Councils and Environment Agency in line with minute *27 http://democracy.devon.gov.uk/ieList	Head of Planning, Transportation and Environment	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
		Documents.aspx?CId=162&MId=206&Ver=4			

HEALTH AND WELLBEING BOARD – FORWARD PLAN

Date	Matter for Consideration
Thursday 9 March 2017 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates Childrens and Young Peoples Strategy (and Childrens Alliance Strategy) Refresh (include an update on SEND) **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 8 June 2017 @ 2.15pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 7 September 2017 @ 2.15pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 14 December 2017 @ 2.15pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates Adults Safeguarding annual report **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 8 March 2017 @ 2.15pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates

	<u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Annual Reporting	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)
Other Issues	Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)

NHS England
Skipton House
80 London Road
London,
SE1 6LH

To: *(by email)*

Councillor Andrea Davis	Chair Devon Health and Wellbeing, Devon County Council
Rebecca Harriott	Chief Officer, NHS NEW Devon Clinical Commissioning Group
Phil Norrey	Chief Executive and Head of Paid Service, Devon County Council

26 October 2016

Dear colleagues

BETTER CARE FUND 2016-17

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance. We know that the BCF has again presented challenges in preparing plans at pace and we are grateful for your commitment in providing your agreed plan. As you will be aware the Spending Review in November 2015, reaffirmed the Government's commitment to the integration of health and social care and the continuation of the BCF itself.

I am delighted to let you know that, following the regional assurance process, your plan has been classified as '**Approved**'. Essentially, your plan meets all requirements and the focus should now be on delivery.

Your BCF funding can therefore now be released subject to the funding being used in accordance with your final approved plan, which has demonstrated compliance with the conditions set out in the BCF policy framework for 2016-17 and the BCF planning guidance for 2016-17, and which include the funding being transferred into pooled funds under a section 75 agreement.

These conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These sections allow NHS England to make payment of the BCF funding subject to conditions. If the conditions are not complied with, NHS England is

able to withhold or recover funding, or direct the CCG in your Health and Wellbeing Board area as to the use of the funding.

You should now progress with your plans for implementation. Ongoing support and oversight with your BCF plan will be led by your local Better Care Manager.

Once again, thank you for your work and best wishes with implementation and delivery.

Yours sincerely,

Matthew Swindells
National Director: Operations and Information, and SRO for the Better Care Fund
NHS England

Copy (by email) to:

NHS England South Region, South West

Mark Cooke	Director of Commissioning Operations,
Amanda Fisk	Director of Assurance
Jane Pike	Head of Assurance
Jonathan Brook	Senior Operations Manager
Sarah Reese	Regional Better Care Lead
Liane Jennings	Regional Better Care Manager

NHS England

Anthony Kealy	Head of Integration Delivery/Programme Director, Better Care Support

Our Ref: A1/MJM/PMM

Your Ref:

Date: 2 November 2016

COPY.

Public Health Directorate
Devon County Council
County Hall Topsham Road
Exeter EX2 4QD

8/11/16

Northern Devon Healthcare Trust
Trust Headquarters
North Devon District Hospital
Raleigh Park
Barnstaple
Devon
EX31 4JB

NORTHAM TOWN COUNCIL
TOWN HALL
WINDMILL LANE
NORTHAM
DEVON
EX39 1BY

Town Clerk: Mrs Jane Mills MILCM
Telephone and Fax: 01237 474976
e-mail townclerk@northamtowncouncil.gov.uk

Dear Sirs

I write on behalf of Northam Town Council following their most recent Full Council Meeting where the question of the possible proposals for cutting services at North Devon District Hospital was discussed.

The possible changes and cuts would be a major blow for this excellent hospital and for all local residents who use it and because of poor transport links, people of North Devon will suffer and die due to their inability to reach the services they require. Also, as a result of tourism, the population is greatly increased during the summer months and visitors will also be in great danger. The population of North Devon is growing rapidly because of government requirement to build thousands of homes and, sadly, the infrastructure is not growing to match it. We will be faced with huge increases in the population and a severely diminished hospital if the proposals come to fruition.

We wish therefore to express our great concern and hope that a sensible solution can be found.

Yours faithfully

MRS M J MILLS
Town Clerk

Copy to:
The Prime Minister, the Rt Hon Theresa May MP
Geoffrey Cox QC MP for Torridge and West Devon
Peter Heaton-Jones MP for North Devon
Health and Wellbeing Board, Devon County Council

Kilworthy Park, Drake Road, Tavistock, Devon PL19 0BZ
Tel: 01822 813600
Fax: 01822 813634
Text: 07624 804164
Customer Service Centres:
- Kilworthy Park, Tavistock
- 10 St James Street, Okehampton

DX 82405 Tavistock

Please reply to: Anna Gribble
Strategy & Commissioning
Telephone: 01803 861113
Email: Anna.Gribble@swdevon.gov.uk

West Devon Borough Council

Ms Rebecca Harriott
Northern, Eastern and Western Devon Clinical Commissioning Group
Newcourt House
Old Rydon Lane
Exeter
EX2 7JQ

Our ref: JS/AG0410

31 October 2016

Dear Ms Harriott,

NEW Devon Clinical Commissioning Group Consultation

At a meeting of the West Devon Borough Council on 4 October 2016, it was moved by Cllr M Davies and seconded by Cllr A F Leech that:

'*"West Devon Borough Council would like to raise its concerns about the narrow consultation options in respect of the potential loss of 16 beds at Okehampton Hospital, where all of the options are to the far east of the County. West Devon Borough Council therefore asks that NEW Devon CCG includes the retention of the 16 beds in Okehampton Hospital as an additional option during the consultation exercise."*

In introducing the motion, Cllr Davies highlighted that:

- the NEW Devon CCG had decided at a meeting on 28 September 2016 to consult on proposed changes to the way elderly and frail people were cared for in their locality;
- the consultation document did not include the option to retain the 16 beds in Okehampton Hospital. As a consequence, the residents of Okehampton and its neighbouring parishes were being excluded and sold short;
- there was an acceptance of the need for budget cuts, but not before a solution had been identified;
- he had set up a Facebook page entitled: 'Save Our Beds – Okehampton Hospital';
- the CCG representatives that had attended the recent Overview and Scrutiny (External) Committee meeting had confirmed that there had been no West Devon Borough residents involved in the process of drawing up the proposals for consultation;
- in the event of his motion being approved, he would request that copies of the decision be sent to the local MPs; the Health and Wellbeing Board and the Secretary of State for Health.

During the following debate the following issues were raised

- the whole process that had been followed to date was a cause for concern. As a consequence, it was felt that there was a need to test the criteria that had been followed by the CCG to ensure that it was both correct and fair

- the Okehampton area was also being penalised for being recently moved into the NEW Devon CCG area;

- the impact on the wider area. In calling for a concerted effort from the Council, Okehampton Town Council and the neighbouring parish councils, it was stressed that this issue should not be considered as solely a matter for the town of Okehampton.

- the growth earmarked for the Okehampton area. Some Members expressed their surprise at the apparent lack of consideration by the CCG of the extensive growth that was earmarked for the Okehampton area. Indeed, a Member made the point that there was the actual potential to aid the viability of the hospital by increasing the number of beds from 16 to 24;

- the 'care in the community' agenda. In expressing the view that the pendulum had swung too far towards care being managed in the community, some Members stated that it was not always possible to move patients straight from acute care beds back into their homes;

- the travel distance from Okehampton to Exeter. In outlining the apparent inconsistencies in the process, some Members advised that it was quicker to travel from Tiverton to Exeter than it was from Okehampton to Exeter, yet the consultation exercise emphasised the importance of maintaining the number of beds at Tiverton Hospital;

- the future of the relatively new building. If the 16 beds were lost from the hospital, some Members highlighted the other services that were located in the building and questioned the consequent uncertainties that would result;

- the lack of consultation. There was disappointment at the lack of consultation and engagement instigated between the CCG and local Members.

West Devon Borough Council requests that you give careful consideration to this response as part of your deliberations.

Yours sincerely

Cllr John Sheldon
Mayor West Devon Borough Council

CC: Rt Hon Jeremy Hunt MP
Geoffrey Cox MP
Mel Stride MP
Health & Wellbeing Board DCC ✓

Department of Health

From David Mowat MP
Parliamentary Under Secretary of State for Community Health and Care

Richmond House
79 Whitehall
London
SW1A 2NS

Dear Health and Wellbeing Board Chairs,

I am writing to you in your capacity as a Health and Wellbeing Board (HWB) Chair to highlight the General Practice Forward View, recognising the important relationship that primary care has with the delivery of local health and wellbeing strategies. This document is part of the future vision for the NHS being developed as part of NHS England's overarching Five Year Forward View.

The role of general practice is central to our health and care system, but we know that pressure on GPs and other general practice staff is increasing. The Government and NHS England have recognised the need for additional support and, on 21st April 2016, NHS England published the GP Forward View. This is a package of support to help get general practice back on its feet, improve patient care and access, and invest in new ways of providing primary care. It sets out that we are investing an extra £2.4 billion a year for general practice services by 2020/21, which represents a 14% increase in real terms. The overall investment includes a £500 million five year Sustainability and Transformation package to support GP practices, which contains measures to help boost the workforce, drive efficiencies in workload and modernise primary care infrastructure and technology.

However, as HWBs will be very well aware, general practice cannot work effectively in isolation, and the GP Forward View looks at general practice's role in relation to the wider system – both how improved integration can provide additional support to general practice and the contribution that general practice staff make on wider social issues. It also highlights the important role that primary care can play in supporting integration across local health and care systems.

We acknowledge that many HWBs are already promoting strong and effective relationships between general practice services and other health, social care, public health and wider local services; and that they recognise the centrality of primary care in integrating their local health and care systems and the need to ensure access to all relevant support services. These links are going to be even more important in the future, and so I am writing to ask all HWBs to review the GP Forward View document and consider what more Boards could do to build effective relationships between primary care and wider local services.

There are many examples of effective collaboration with primary care at a local level, including:

- *Just What the Dr Ordered* (published by the Local Government Association in April 2016) contains case studies on social prescribing from: East Riding of Yorkshire;

Blackburn with Darwen; Knowsley, Halton and St Helen's; Luton; Rotherham; Cotswold; Doncaster; Tower Hamlets; and Forest of Dean: http://www.local.gov.uk/documents/10180/7632544/L16-108+Just+what+the+doctor+ordered+-+social+prescribing+-+a+guide+to+local+authorities/f68612fc-0f86-4d25-aa23-56f4af33671d.

- Northumberland's network of community hubs with strong voluntary, community and faith sector engagement and support planners working with GPs.

- Social prescribing in Gloucestershire: http://www.gloucestershire.gov.uk/extra/CHttpHandler.ashx?id=63219&p=0.

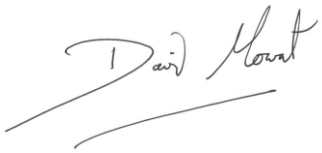
- Wiltshire's community hubs where primary care services are co-located with other services in buildings such as libraries: http://www.wiltshire.gov.uk/hwb-2015-annual-report.pdf.

HWBs will additionally already be engaged in the Sustainability and Transformation Plan (STP) process. As set out in the NHS Shared Planning Guidance, published in December 2015, the success of STPs will depend on having an open, engaging, and iterative process that involves clinicians, patients, carers, citizens, clinicians, local community partners including the independent and voluntary sectors, and local government through, for example, health and wellbeing boards, building on existing plans such as Health and Wellbeing Strategies and Joint Strategic Needs Assessments.

The arm's length bodies responsible for the NHS Five Year Forward View – NHS England, NHS Improvement, the Care Quality Commission, Public Health England, Health Education England and the National Institute for Health and Care Excellence – have asked for local engagement plans as part of the Sustainability and Transformation Plan process, building where appropriate on existing engagement through health and wellbeing boards and other local arrangements, including GP services.

In summary, given the potential benefits outlined above, I am asking HWBs to consider how, through their work and specifically through Joint Health and Wellbeing Strategies, they can encourage action to develop and strengthen relationships with general practice services in local areas, in order to generate benefits for the whole system and better outcomes for patients.

Yours faithfully,



DAVID MOWAT

Home Office

Home Secretary
2 Marsham Street
London SW1P 4DF
www.gov.uk/home-office

Department of Health

Secretary of State for Health
Richmond House
79 Whitehall
SW1A 2NS
Follow us on Twitter @DHgovuk

TO:
Chairs of Health and Wellbeing Boards
Chief Constables
Police and Crime Commissioners

15 November 2016

Dear All

Police and Crime Commissioners and Health and Wellbeing Boards

We are writing to highlight and support some of the important benefits that can be realised through closer collaboration between policing and health partners.

The interface between crime and public health is well-documented – in the Department of Health's public health outcomes framework, for example, which contains a number of indicators that recognise the links, including: entry to the youth justice system, people in prison with a mental illness, domestic abuse, violent crime, re-offending, drug treatment outcomes and perception of community safety.

In many areas of the country, police and health and care partners, in both the NHS and Local Government, are working collaboratively to deliver better outcomes for individuals, including the most vulnerable and local communities and there is potential for further joint working. For example, local authorities, the NHS and the police are required members of Safeguarding Adult Boards which help ensure a collaborative, inter-agency approach to the responses and prevention of abuse or neglect.

In addition, many health and wellbeing boards already include amongst their membership either their Police and Crime Commissioner (PCC) or representatives from their local police force or criminal justice agencies. This has enabled boards to take a broader strategic view of their area beyond health and social care, and through Joint Strategic Needs Assessments (JSNAs) provides boards with the opportunity to better understand the nature of public needs and demands on local services – which can in turn influence local commissioning strategies.

There are already a number of areas where greater collaboration has had positive outcomes including:

- Every area in England is now working to implement their local Mental Health Crisis Care Concordat action plans, involving NHS services, police forces and local authorities, and many of these local partnerships are using their Boards to ratify their plans and support progress. Local action plans and other helpful information on the Concordat can be found here: http://www.crisiscareconcordat.org.uk/

- In addition, around 30 police forces now have some form of street triage in operation. These models, often jointly commissioned by the PCC and Clinical Commissioning Groups, ensure mental health nurses staff support and advise police officers in their responses to people in mental health crisis. In some forces mental health workers and police officers provide joint responses in the community; in others mental health professionals work in emergency call centres in order to provide real time advice and support to frontline officers. The evaluation of nine initial pilot sites evidenced that the schemes contributed towards large reductions in the use of police custody as a place of safety for those vulnerable people detained under section 136 of the Mental Health Act.

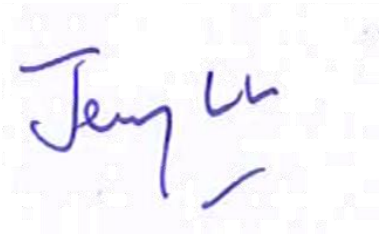
- Around 25 police forces operate a drug intervention initiative which involves policing and health partners working together to identify, assess and refer users into appropriate treatment pathways. Investment in treatment is proven to reduce reoffending, with every £1 spent saving £2.50 for the Criminal Justice System, and with access to treatment reducing the impact of wider health harms including the spread of blood borne viruses and drug related mortality.

- A recent Home Office and Public Health England initiative in Middlesbrough brought together senior partners in policing, health and probation to consider the impact of heroin misusing offenders in their area and the wider implications this was having on individuals and the community. This has galvanised further collaborative working, including the development of a joint strategy to address their local needs and consider opportunities for developing a multi-agency commissioning approach for treatment services.

- The first phase of the local alcohol action areas programme, which ran until March 2015, saw police and health partners work closely together to reduce a range of alcohol-related harms. For example, Gravesham began a one-year pilot of a Make Every Adult Matter approach to street drinkers. An operational group is led by the area's alcohol and drug treatment provider with members including the police, third sector organisations, primary care providers, Jobcentre Plus and the Prison Service. Early indications are that the project is working well and that links between partner agencies are much improved and that better coordinated services for individuals with multiple needs are emerging. Invitations to apply to take part in the second phase of the programme were sent to PCCs, chief constables and all local authorities in England and Wales last month. The programme will begin in January and will again encourage active partnerships between local agencies to reduce alcohol harms.

Given the benefits outlined above, and the pressures on health and care services and police forces, we would like to ask Health and Wellbeing Boards and PCCs to consider how they can better work together by ensuring appropriate representation from both sectors on Health and Wellbeing Boards.

The Rt Hon Amber Rudd MP



The Rt Hon Jeremy Hunt MP