

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 : 1 March 2017
Please ask for : Karen Strahan 01392 382264

Email: karen.strahan@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 9th March, 2017

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 - 10)
Minutes of the meeting held on 15 December 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 11 - 14)
Report of the Chief Officer for Communities, 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 is attached separately for Board Members.

- 5 Theme Based Report - Living Well (Pages 15 - 16)
A themed discussion will take place on the theme of 'Living Well', as outlined as a priority in the Joint Health and Wellbeing Strategy. This includes a Panel of representatives from Public Health, Devon County Council, Active Devon and Natural Devon and a biography of those attendees is attached.

BOARD BUSINESS - MATTERS FOR DECISION

- 6 Joint Commissioning in Devon, the Better Care Fund and Governance (Pages 17 - 20)
Joint report of the Head of Adult Commissioning and Health, NEW Devon CCG and South Devon and Torbay CCG) on the BCF Performance (Report and Summary), attached.
- 7 Devon Safeguarding Adults Board Annual Report 2015/2016 (Pages 21 - 22)
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.
- 8 South Devon & Torbay CCG - Transforming Community Services (Pages 23 - 26)
Report of the South Devon & Torbay CCG on Transforming Community Services, attached.
- 9 Clinical Commissioning Groups - Updates
Verbal updates from CCG's on issues or matters pertinent to the Boards Business.

OTHER MATTERS

- 10 References from Committees
Nil
- 11 Scrutiny Work Programme (Pages 27 - 32)
In order to prevent duplication, the Board will review the Council's Scrutiny Committee's Work Programmes. The latest round of Scrutiny Committees confirmed their work programmes and the plan can be accessed at;
<http://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/>
- 12 Forward Plan (Pages 33 - 34)
To review and agree the Boards Forward Plan.
- 13 Briefing Papers, Updates & Matters for Information
There had been no items of correspondence received.
- 14 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 8th June 2017 @ 2.15pm
Thursday 7th September 2017 @2.15pm
Thursday 14th December 2017 @ 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, Councillor Roger Croad (Lead Member for Community Safety), 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), Councillor Philip Sanders (District Councils), Alison Hernandez (Police and Crime Commissioner), 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.

Agenda and minutes of the Committee are published on the Council's Website

Webcasting, Recording or Reporting of Meetings and Proceedings

The proceedings of this meeting may be recorded for broadcasting live on the internet via the 'Democracy Centre' on the County Council's website. The whole of the meeting may be broadcast apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to: <http://www.devoncc.public-i.tv/core/>

In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi availability at other locations, please contact the Officer identified above.

Emergencies

In the event of the fire alarm sounding leave the building immediately by the nearest available exit, following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings, do not use the lifts, do not re-enter the building until told to do so.

Mobile Phones

Please switch off all mobile phones before entering the Committee Room or Council Chamber

If you need a copy of this Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Information Centre on 01392 380101 or email to: centre@devon.gov.uk or write to the Democratic and Scrutiny Secretariat at County Hall, Exeter, EX2 4QD.



Induction loop system available

HEALTH AND WELLBEING BOARD

15 December 2016

Present:-

Devon County Council

Councillors A Davis (Chairman), S Barker, J Clatworthy and J McInnes

Jo Olsson, Chief Officer for Childrens Services
Councillor Croad, Safer Devon Partnership
Dr Tim Burke, NEW Devon CCG
David Rogers, Healthwatch
Andrew White, Office of Police and Crime Commissioner
June Wildman, Joint Engagement Board
Jenny Turner, South Devon & Torbay CCG

Apologies:-

Jennie Stephens, Chief Officer for Adult Care and Health
Dr Derek Greatorex, South Devon & Torbay CCG
Mr Robert Norley, Environmental Health
Mr John Wiseman, Probation Service
Councillor Philip Sanders, District Councils
Alison Hernandez, Police and Crime Commissioner
Carol Brown, Joint Engagement Board

* 14

Minutes

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

RESOLVED that the minutes of the meeting held on 8 September 2016 be signed as a correct record.

* 15

Items Requiring Urgent Attention

There were no items requiring urgent attention.

* 16

Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring

The Board considered a report from the Chief Officer for Communities, Public Health, Environment and Prosperity on the performance for the Board, which monitored the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2016-2019.

The report reflected the new and updated priorities in the Joint Health and Wellbeing Strategy for Devon 2016-2019, and had been comprehensively revised. The eight existing indicators from the 2013-2016 outcomes report had been removed and 16 new indicators introduced, organised around the five priorities in the Joint Health and Wellbeing Strategy (children, young people and families, living well, good health and wellbeing in older age, strong and supportive communities and life-long mental health).

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. There were

Agenda Item 2

2

HEALTH AND WELLBEING BOARD

15/12/16

breakdowns by local authority, district, clinical commissioning group, inequalities characteristics and trends over time.

The report described 16 new indicators for GCSE attainment, alcohol-specific admissions in under 18s, excess weight in adults, proportion of adults meeting 5-a-day in their diet, mortality rate from preventable causes, healthy life expectancy (male), healthy life expectancy (female), percentage dying at home or usual place of residence, domestic abuse incidents per 1,000 population, re-offending rate, rough sleeping rate per 1,000 households, dwellings with serious (category one) hazards, private sector dwellings made free of serious (category one) hazards, fuel poverty, emotional difficulties in looked after children and gap in employment rate for those in contact with mental health services.

There were a further 11 indicators which had been updated with new data since the September 2016 report, including, children in poverty, early years foundation score, excess weight in four/five and 10/11 year olds, teenage conception rate, re-ablement services (effectiveness and coverage), stable and appropriate accommodation (learning disabilities and mental health), suicide rate and social contentedness.

Whilst the full detail for all of the above the indicators was included in the separate report and was also available on the Devon Health and Wellbeing website at www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report, the tables in the covering report provided a quick summary of overall findings, including a summary of the indicators, the latest available rate, an indication of trend and a quick comparison between Devon, the South West and England, short textual summary covering the five priority areas and comparison of the indicators with Devon's local authority comparator group, a group of similar local authorities, ordered according to Devon's ranking.

Following approval at a previous meeting, a Red, Amber, Green (RAG) rating was included in the indicator list and a performance summary. Areas with a red rating included hospital admissions for self-harm aged 10-24 and fuel poverty.

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

- the challenge of housing stock and clarification of 'category 1 hazards', the impact of poor housing on both mental health and emotional wellbeing and the role of the Strategic Housing Group;
- the welcome addition of domestic violence as a priority area within the Strong and Supportive Communities theme;
- the current data on 'rough sleepers' and recognising that there was often a number of problems contributing to this, including housing and mental health; and
- the recent multiagency "Co-LAB" project on working with the homeless, identifying relevant issues, using the 'making every adult matter' approach and how this linked with the Integrated Care Exeter (ICE) project.

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

RESOLVED

(a) that the Health and Wellbeing Outcomes Report for 2016 to 2019 be accepted; and

(b) that the work of the Strategic Housing Group be welcomed and supported.

* 17

Themed Discussion - Mental Health Services

The Board received a presentation and held a themed discussion on 'Mental Health Services', which included attendance of representatives involved in a new project around mental health in conjunction with the Dartington Social Research Unit. A biography of the attendees was appended to the agenda.

The presentation highlighted the Mental Health Commissioning Strategy for Devon, Torbay and Plymouth for 2014-2017, including its themes of Prevention, Personalisation, Integration, Improving health and wellbeing, Supporting recovery and Access to services. It also looked at the Transformation Priorities which included ensuring safe and sustainable services and addressing gaps in service provision, making acute and crisis care more resilient; 24 hours a day, seven days a week, a life course approach to care, achieving equity of access and national standards, treating people with complex care needs in Devon, recruiting and retaining staff and also increasing access to mental health support and services for children and young people.

It also reflected on the Pathway and Infrastructure Development, which aligned with NICE guidelines and quality standards and wanted to ensure people had co-produced care plans that were recovery and outcomes-focused.

The panel also reflected on what was meant by 'public mental health', including the importance of happiness and social connectedness for mentally healthy communities.

In terms of setting the scene for the future, Dartington had been engaged to provide robust evidence for application to practical (actual) services, hence the use of system dynamic modelling to mental health provision so that behaviours drove changes within the system.

The Board discussed and asked questions on the following;

- the movement of focus from crisis to prevention was welcomed;
- the role of the 'educators' within the relevant professions and the engagement of these people;
- an explanation of how 'success' might be measured;
- the use of self-help tools and talking therapies as opposed to the prescription of antidepressant medication;
- the data collected by Healthwatch of patient experiences of mental health services and provision; and
- whether any attention was being given to dementia and any plans for the future the Early Help for Mental Health (EH4MH) programme which was developed through collaborative work with schools and enabled school and academy training on promoting mental health and providing access to online and face-to-face counselling.

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

RESOLVED

(a) that the Panel be thanked for their attendance and the format of using an expert panel be used for future meetings; and

(b) that Members of the Board receive a copy of the annual activity report in relation to the Early Help and Mental Health Access online project with schools (EH4MH).

* 18

Child and Adolescent Mental Health Services (CAMHS) Transformation Plans

The Board considered Reports from South Devon and Torbay CCG on their 2016/17 Refresh of the Five Year Child and Adolescent Mental Health Services Local Transformation Plan 2015-2021 and also from NEW Devon CCG on the Transformation Plan 2015/2016 – 2020/2021 in relation to Child and Adolescent Mental Health Services (CAMHS)

NHS England required CCGs to refresh and republish their original plans which were previously considered by the Health and Wellbeing Board.

In terms of South Devon and Torbay CCG, their refreshed Local Transformation Plan (LTP) provided a review of progress to date, challenges and next steps. It reflected the working together ethos in the whole system to achieve a consistent vision and strategic priorities

Agenda Item 2

4

HEALTH AND WELLBEING BOARD

15/12/16

whilst recognising the different points and stages of development of services; different geography; diversity of needs and alignment with key local priorities.

The refreshed LTP, was to adopt a twin track approach to ensure that vulnerable children / young people had access to specialist and expert help within Child and Adolescent Mental Health Services (CAMHS) and also an emphasis on earlier help and intervention to reduce the need to access specialist, expert help from CAMHS.

It was noted that the refreshed Plan was consistent with the CCG's Sustainability and Transformation Plan.

NEW Devon CCG's refresh reflected on their position and planning as of 31st October 2016. With partners, strategic priorities and commissioning intentions for children's services (including CAMHS is an integral part) were being reviewed. There was planned engagement and consultation on the developments (November 2016), which would have the voice of children and their families embedded in the plans.

The Plan set out the CCG's commissioning strategy, priorities and plans to transform the support and services offered over a five year period. It had been developed with partners and providers, taking into account on-going engagement and consultation with children and young people and their families. It also provided a summary of what had been achieved over the last twelve months and an overview of priorities for 2016/17 and beyond.

The Board further noted that the refreshed plan was consistent with Sustainability and Transformation Plans. The evidence base underpinning a place-based approach highlighted the relationship between quality of health services, health outcomes and educational attainment. The CCG also reported they were committed to an all age approach, ensuring that local services were integrated and coordinated, in line with research and guidance indicating the importance of this 'all age' approach.

The Board asked questions about the take up of schools in relation to the early help and mental health support offer.

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

RESOLVED that the Board continue to receive the yearly refresh of CAHMS Local Transformation Plans.

* 19

Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements

The Board received a joint report from Mr T Golby (Head of Social Care Commissioning, Devon County Council), Caroline Dawe (NEW Devon CCG) and Simon Tapley (South Devon and Torbay CCG).

Regular reports were provided on the progress of the Devon Better Care Fund Plan to enable monitoring by the Health and Wellbeing Board. Performance and progress was reviewed monthly by the Joint Coordinating Commissioning Group through the high-level metrics reports and progress overview.

The Board noted that the BCF 2016/2017 Second Quarter Return was submitted on 25th November 2016 and copies could be made available if required.

The report summarised the BCF activity in terms of the work towards the National Conditions.

It provided 'Outcome' measures which included agreement on a local action plan to reduce delayed transfers of care, a summary of BCF schemes focused on reduction of non-elective admissions, monitoring the support for people with dementia, including assessing the length of stay for people with dementia admitted to hospital rather than diagnosis rates, the

permanent admissions to residential and nursing care homes (the rate being significantly below the South West average) and effectiveness of re-ablement services.

Members of the Board noted that Delayed Transfers of Care was still a challenging target.

* 20 Integrated Personal Commissioning

The Board considered a report from NEW Devon CCG, presented by Jon Taylor (Commissioning Transformation Manager) and Paul O'Sullivan (Partnerships Manager) on the Integrated Personal Commissioning (IPC) programme, following changes that had been made by NHS England for the year 2016-2017 and beyond.

The Board had previously received an overview, in March 2016 (Minute 231) and whilst had supported the key aims and ambitions of the project, felt further work was required on the role of the Board in the governance structures proposed.

The report therefore sought to clarify the local governance arrangements for IPC, including how the IPC programme would be incorporated into the governance framework being developed to support delivery of the Sustainability and Transformation Plan (STP).

By way of a background, the IPC programme was first outlined in June 2014 and 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 report highlighted the Memorandum of Understanding agreed between Devon Clinical Commissioning Groups (CCGs) and NHS England to support the delivery of integrated personal commissioning (IPC) in Devon and also the proposed governance structure to support local delivery of the integrated personal commissioning model.

The Board satisfied themselves that the Overview Steering Group would provide NHS England with the relevant assurances.

It was **MOVED** by Councillor Davis, **SECONDED** by J Olsson, and

RESOLVED that the update be welcomed, in particular, the revised and proposed Governance structures.

* 21 Sustainability and Transformation Plan (STP)

The Board considered a covering report which outlined the recent publication of the Wider Devon Sustainability and Transformation Plan, asking the Board how it could be best engaged in the Plan going forward.

The report outlined that the Sustainability and Transformation Plan (STP) was a strategic framework developed by NHS organisations in Devon working in partnership with County, Plymouth and Torbay Councils and covered the whole population of wider Devon.

Agenda Item 2

6

HEALTH AND WELLBEING BOARD

15/12/16

The STP was the Plan to achieve the NHS 'Five Year Forward View' and address the challenges faced locally particularly those set out in the Case for Change. The STP was published on 4th November 2016 and was available online at:

<http://www.newdevonccg.nhs.uk/about-us/sustainability-and-transformation-planstp/102099>

and was meant to be the overarching strategic framework within which detailed proposals for how services across Devon would develop between now and 2020/2021. Whilst there was a focus on preventing ill health and promoting people's independence through more joined up services in or closer to people's homes, it was also focused on closing the financial gap that existed.

The Board noted there had been work in 2016/2017 on early improvements and efficiencies that could be made and the STP also confirmed plans to review acute and specialist services.

The next steps were for the STP to be considered by the Boards of all organisations involved and also the need, in any programme of transformation, for ongoing dialogue with patients, volunteers, carers, clinicians, public, local voluntary and community sector, local authorities and political representatives.

The Board also received a supporting presentation, from Ms L Nicholas (Director of Strategy NEW Devon CCG) outlining the STP footprint and ambition, the triple aim of the STP regarding improving population health and wellbeing, experience of care and also cost effectiveness per head of population. It outlined the STP priorities and also the challenges of achieving those.

The next steps were to continue with delivery of the 2016/2017 work streams and build operational plans for 2017/2018, including detailed plans across the 7 STP priorities and also large scale community consultation events.

Councillor Davis reported on a letter which had been received on 12 December 2016 from Simon Stevens, Chief Executive of NHS England, which referred to the first phase of STP's as 'developing proposals for discussion', and then referring to a next phase of 'turning proposals into plans'.

The Board asked questions on and discussed the following:

- the status of the plan, as to whether it was a final version or living document to be further amended;
- concern over the lack of reference to and implications for social care;
- clarification of the funding position with rural and urban areas, particularly those described as 'deprived', and whether funds were likely to be shifted from one area to another, specifically from Devon to Plymouth;
- the importance of ensuring the strategic direction was appropriate, before launching formal and individual service reviews and consultations;
- the need for an open and transparent engagement process with all affected stakeholders and partners, on proposed future operational plans and service reconfigurations; and
- the profile of children and young people in the STP and that there could be a greater focus in this area.

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

RESOLVED

(a) that the STP 'proposals' outlined both in the report and presentation be received;

(b) that the Board receive, in due course, proposals for the STP public engagement and consultation plan as referenced in the letter from Simon Stevens; and

(c) that a copy of the letter from Simon Stevens be circulated to all Board Members.

* **22** **Devon Safeguarding Adults Board Annual Report 2015/2016**

This item was deferred to a future meeting.

* **23** **South Devon and Torbay CCG - Community Services Transformation Consultation**

The Board considered the report of South Devon and Torbay CCG on their Community Services Transformation Consultation, which ran from 1 September to 23 November 2016.

The proposals for change resulted from a recognition that the current NHS provision in the area was unsustainable and unable to cope with rising demand for services.

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, further investment in the local services which most people used and minor injuries units being concentrated in three locations. The report outlined the main changes which included the closure of Ashburton and Buckfastleigh, Bovey Tracey (beds currently temporarily relocated to Newton Abbot Hospital due to safe staffing issues), Dartmouth and Paignton Hospitals. Also Totnes and Newton Abbot would become the location of enhanced MIU services. MIUs in Ashburton, Dartmouth (both currently suspended), Brixham and Paignton would close. There would be the establishment of clinical hubs in Newton Abbot, Totnes and Brixham, establishment of health and wellbeing centres in Ashburton or Buckfastleigh, Bovey Tracy or Chudleigh, Dartmouth, Newton Abbot, Totnes, Brixham, Paignton and Torquay and the expansion of intermediate care across the CCG area.

The consultation process was fully outlined including 14,000 consultation documents, 2,000 posters, 23 public meetings, more than 60 other meetings with community based groups and staff, sharing with community groups, website promotion, 1,700 people attended public meetings, adverts in local newspapers, social media advertising and reporting, presentations to Scrutiny Committees and 1,400 questionnaires completed.

A number of themes were heard across the consultation and the report outlined these in detail.

In terms of the next steps, the CCG governing body would meet on 26 January 2017 to consider a Healthwatch report, evaluation of alternative ideas and make decisions on the future of community services.

The Board asked about the proposals and locations for the clinical hubs and health and wellbeing centres and also future reporting procedures on this transformation programme.

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

RESOLVED that the decisions of the Governing body and proposals regarding implementation plans be brought to the March meeting of the Health and Wellbeing Board.

* **24** **Updates from Clinical Commissioning Groups**

The Board received a verbal update from NEW Devon CCG on the launch of the Budleigh Health and Wellbeing Hub. Work would begin in January on refurbishment of part of the hospital and the Board would be kept briefed on developments.

* **25** **Annual Health Protection Report 2015/2016**

The Board received the Health Protection Report of the Chief Officer for Communities, Public Health, Environment and Prosperity for the Health and Wellbeing Boards of Devon County

Agenda Item 2

8

HEALTH AND WELLBEING BOARD

15/12/16

Council, Plymouth City Council, Torbay Council and Cornwall Council and the Isles of Scilly Council.

It provided a summary of the assurance functions of the Health Protection Committee (of the five Health and Wellbeing Boards) on behalf of the five local authorities and significant matters considered for the period from 1st April 2015 to the 31st March 2016, including the domains of health protection, including communicable disease control and environmental hazards, immunisation and screening and health care associated infections.

It summarised the action taken to date against the programme of health protection work priorities established by the committee for the period 2015 to 2016.

* **26** **References from Committees**

There were no matters referred.

* **27** **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.

Councillor Barker referred the Board to the recent Scrutiny Spotlight Review on Models of Care. Members from the Councils Health Scrutiny Committee, People's Scrutiny Committee, Torbay Community Services Review Panel and the Plymouth Wellbeing Scrutiny Committee undertaken to form part of the on-going work to understand and scrutinise the activities in localities that followed the Sustainability and Transformation Plan. The report could be viewed on the [website](#).

* **28** **Forward Plan**

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

<u>Date</u>	<u>Matter for Consideration</u>
Thursday 9 March 2017 @ 2.00pm	<u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Strong and Supportive Communities) <u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Childrens and Young Peoples Strategy (and Childrens Alliance Strategy) Refresh (include an update on SEND) CCG Updates – including SD & Torbay CCG on Community Transformation (Governing Body and Implementation Plan) STP Engagement Plan (Timing TBC) <u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 8 June 2017 @ 2.15pm	<u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) <u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates

Agenda Item 2

9
HEALTH AND WELLBEING BOARD
15/12/16

	<p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 7 September 2017 @ 2.15pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 14 December 2017 @ 2.15pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates Adults Safeguarding annual report CAMHS refresh Local Transformation Plans</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 8 March 2017 @ 2.15pm</p>	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Annual Reporting</p>	<p>Delivering Integrated Care Exeter (ICE) Project – Annual Update (March) Children’s Safeguarding annual report (September / November) Adults Safeguarding annual report (December) Joint Commissioning Strategies – Actions Plans (Annual Report – December)</p>
<p>Other Issues</p>	<p>Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)</p>

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

Agenda Item 2

10

HEALTH AND WELLBEING BOARD

15/12/16

* 29 Briefing Papers, Updates & Matters for Information

Members of the Board received regular email bulletins directing them to items of interest, including research reports, policy documents, details of national / regional meetings, events, consultations, campaigns and other correspondence.

- The Board received a letter regarding the Better Care Fund (BCF) Plan and that following the regional assurance process, it had been classified as 'Approved', therefore had met all requirements and focus should now be on delivery.
- Board Members noted the contents of the letter received from Northam Town Council, relating to proposals for cuts at North Devon Hospital and wishing to express their concern.
- A letter from West Devon Borough Council, on NEW Devon CCG Consultation and the concerns of the Borough Council regarding loss of beds at Okehampton hospital. The Board noted the request to consider their concerns in any debate.
- The Board received the 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 had been 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. The Devon Board had already taking action in this regard.
- Members noted a letter from Jeremy Hunt MP and Amber Rudd MP about pressures on health and care services and police forces, 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. The Devon Board had already taking action in this regard.

* 30 Dates of Future Meetings

RESOLVED that future meetings and conferences of the Board will be held on:

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

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

The Meeting started at 2.00 pm and finished at 4.45 pm

NOTES:

1. Minutes should be read in association with any Reports or documents referred to therein, for a complete record.
2. The Minutes of the Board are published on the County Council's website at <http://democracy.devon.gov.uk/feListMeetings.aspx?CId=166&Year=0>
3. A recording of the webcast of this meeting will also be available to view for up to six months from the date of the meeting, at <http://www.devoncc.public-i.tv/core/portal/home>

Health and Wellbeing Outcomes Report

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

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

1. Context

This paper introduces the 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. Summary of the Health and Wellbeing Outcomes Report, March 2017

2.1 An 'updates only' version of the Health and Wellbeing Outcomes Report for March 2017 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. Eight indicators have been updated with new data since the December 2016 report:

- **GCSE Attainment, 2015-16** – GCSE attainment levels are slightly above regional and national averages in Devon, but notable differences are evident by sex, area and social characteristics.
- **Alcohol-Related Admissions, 2015-16** – Admissions have fallen on 2014-15 levels and are significantly below the South West and England rates.
- **Healthy Life Expectancy (Male), 2013 to 2015** – Male healthy life expectancy at 65.3 years is above the national average and on a par with South West and comparator group levels.
- **Healthy Life Expectancy (Female), 2013 to 2015** – Female healthy life expectancy at 66.5 years is significantly above the England average.
- **Re-offending Rate, 2014** – Levels of reoffending in Devon (22.7%) are below South West, local authority comparator group and England levels, and have decreased over recent years.
- **Rough Sleeping Rate, 2016** – The rough sleeping rate in Devon is above local authority comparator group and England levels. Levels in Exeter are amongst the highest in England.
- **Emotional Wellbeing of Looked After Children, 2015-16** – Emotional wellbeing in looked after children in Devon is worse than South West, comparator group and England levels.
- **Self-reported Wellbeing (low happiness score), 2015-16** – Whilst the proportion in Devon with a low happiness score is below regional and national levels, the difference is not statistically significant.

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 1 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 2 gives a short textual summary covering the five priority areas.
- Table 3 compares the indicators with Devon's local authority comparator group, a group of similar local authorities, and is ordered according to Devon's ranking. The darker purple shading shows the position of Devon in the local authority comparator (1 is best and 16 is worst) and the lighter purple shading shows Devon's ranking when the report was introduced in December 2016.

Agenda Item 4

Table 3: Indicator List and Performance Summary, March 2017

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 *	58.6%		
	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 *	611.4		
	G	Fruit and Vegetable Consumption (Five-a-day)	61.5%		
	G	Mortality Rate from Preventable Causes	156.7		
	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 *	65.3		
	G	Healthy Life Expectancy Female *	66.5		
	G	Injuries Due to Falls	1763.7		
4. Strong and Supportive Communities	A	Deaths in usual place of residence	52.3%		
	A	Domestic Violence incidents per 1,000 population	13.0		
	A	Stable/Appropriate Accommodation (Learn. Dis.)	70.0%		
	G	Re-offending rate *	22.7%		
	A	Rough sleeping rate per 1,000 households *	0.22		
	A	Dwellings with category one hazards	15.4%		
	A	Private sector dwellings made free of hazards	1.0%		
5. Life Long Mental Health	R	Fuel Poverty	13.0%		
	A	Emotional Wellbeing Looked After Children *	16.7		
	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 %) *	7.7%		
	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, March 2017

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, March 2017

Measure	Rate			Significance		LAGG Rank / Position	
	Devon	LAGG	England	LAGG	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	
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	
Re-offending rate (%)	22.7%	23.7%	25.4%	Similar	Better	6 / 16	
Low Happiness Score (%)	7.7%	8.1%	8.8%	Similar	Similar	7 / 16	
GCSE Attainment (%)	58.6%	58.0%	57.7%	Similar	Similar	7 / 16	
Healthy Life Expectancy (Female)	66.5	66.0	64.1	Similar	Better	7 / 16	
Stable Accommodation - MH (%)	63.8%	55.6%	58.6%	Better	Better	7 / 16	
Healthy Life Expectancy (Male)	65.3	65.2	63.4	Similar	Better	8 / 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)	611.4	620.6	652.6	Similar	Better	9 / 16	
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	
Rough Sleeping rate per 1,000 dwellings	0.22	0.15	0.18	Worse	Similar	13 / 16	
Mental Health Looked After Children	16.7	14.8	14.0	Worse	Worse	14 / 15	
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	
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 FOR COMMUNITIES, PUBLIC HEALTH, ENVIRONMENT AND PROSPERITY
DEVON COUNTY COUNCIL**

Electoral Divisions: All

Cabinet Member for Improving Health and Wellbeing: Councillor Andrea Davis

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

Background Papers

Nil

Devon Health and Wellbeing Board – Living Well Panel

Steven Brown, Deputy Director of Public Health (Devon County Council)

Steve has worked in public health for over twenty years, occupying a number of senior positions within the NHS and the Local Authority, including Acting Director of Public Health and Deputy Director of Public Health. He has a Degree in Sport and Leisure; a Master's in Public Health and is a Fellow of the Faculty of Public Health. In his current role he leads on the commissioning of public health services and programmes for Devon County Council.

He recently led the commissioning of a new Healthy Lifestyle Service for Devon which has been cited as an example of innovative commissioning by the Local Government Association.

Jamie Hulland, Transport Planning and Road Safety Manager (Devon County Council)

In 2009 Jamie re-joined Devon County Council in a management role, having spent his early career with the County and subsequently as a Senior and Principal consultant role with Faber Maunsell (now AECOM). He has responsibility for developing transport strategies linked to Local Plan growth across Devon and is supported by a team of transport planners with economic appraisal skills who prepare business cases for strategic transport infrastructure projects.

Since 2013, his team has enjoyed success in securing over £40m of capital grant funding to help deliver over £80m of cycle, rail and highway infrastructure improvements (excluding the £110m South Devon Highway). Complementing this, the team has recently secured £1.5m revenue funding to help promote and encourage increased levels of walking and cycling across the County.

Jamie is on the ADEPT Transportation Board, is a chartered town planner and was the CIHT South West Region Chair in 2015/16.

James Bogue, Senior Development Manager, Active Devon

James has 13 years experience in the sport & physical activity sector and is a Senior Development Manager with Active Devon, the County Sport & Physical Activity Partnership. He leads the East Area team and is the organisational lead for Children & Young People, Active Workplaces and Active Travel.

Since 2012, James has chaired the local Active Exeter group helping to realise the ambition for Exeter to become the most active city in the south west by 2018.

James has been involved in voluntary capacity developing local community sport for 15 years, including being a current active member of the Devon Cricket Board and also a founding member of the Exeter Riverside parkrun.

Agenda Item 5

Sue Goodfellow, Chair of Natural Devon

Sue has been Chair of Natural Devon – the Devon LNP (www.naturaldevon.org.uk) since May 2013. The LNP Board includes the Director of Public Health Devon, as well as representatives of local authorities, universities, schools, farming and business interests, community and environmental NGOs and Defra. Sue also represents LNPs regionally on the Heart of the South West LEP ESIF Committee and Rural Interest Group; and nationally on Defra's stakeholder group for biodiversity.

Sue worked for the Dartmoor National Park Authority for over 30 years, latterly as Director of Park Management and Director of Conservation. She had overall responsibility for delivering the Authority's programmes for tourism, recreation, visitor centres, ranger services, farming, forestry, nature conservation, etc. Sue now runs an environmental consultancy focusing on sustainable tourism, interpretation, ecological surveys, conservation advice, and protected area management. She is a professional Moorland Guide, a trustee of the Devon Wildlife Trust and a Director of Devon Wildlife Consulting.

Sue believes passionately in promoting the mutually beneficial relationships between people and nature and, in support of Natural Devon's 'Naturally Healthy' theme, she has led cross-sector workshops with care providers, Public Health Devon, NHS, Active Devon and Defra and contributed to regional and national forums. She lives in the Teign Valley on the edge of Dartmoor.

March 2017

**BETTER CARE FUND
2016/17 THIRD 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 Joint Commissioning Coordinating Group (JCCG) and the BCF finance group monthly.

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 Third Quarter Return

The BCF 2016 /17 third Quarter Return was submitted on 3rd March 2017 and this paper provides an overview and summary of that return.

3. 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

Agenda Item 6

<p>4) In respect of Data Sharing - please confirm</p> <p>i) Is the NHS Number being used as the consistent identifier for health and social care services?</p> <p>ii) Are you pursuing Open APIs (ie system that speak to each other)?</p> <p>iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?</p> <p>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?</p>	<p>Yes</p>
<p>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</p>	<p>Yes</p>
<p>6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans</p>	<p>Yes</p>
<p>7) Agreement to invest in NHS commissioned out-of-hospital services</p>	<p>Yes</p>
<p>8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan</p>	<p>Yes</p>

4. Outcome measures

Agreement on local action plan to reduce delayed transfers of care

The level of delayed transfers has increased over the same period in 2015/16. This is a particular issue in the Royal Devon & Exeter hospital. There is a comprehensive plan in place to reduce delays and the number has fallen over the last couple of months.

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

Non-elective admissions are slightly above the levels reported in the previous year. There has been a high number of A&E attendances but work is ongoing to ensure this does not convert into high numbers of 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 target is set at 514.6 per 100,000 over 65 population. Current performance is ahead of target at 491.7 per 100,000 over 65 population, which benchmarks significantly better than the 2015-16 Regional, Statistical Neighbour and England comparators.

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%).

Tim Golby
Devon County Council
Caroline Dawe
NEW Devon CCG
Simon Tapley
South Devon and Torbay CCG

Electoral Divisions: All

Chief Officer: Jennie Stephens

Contact for Enquiries: Solveig Sansom The Annexe, County Hall, Exeter.
solveig.sansom@devon.gov.uk

- 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 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 any 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 outcome overview NHS South Devon & Torbay Clinical Commissioning Group (CCG)

*Author: Simon Tapley MSc, Chief Operating Officer/ Deputy Chief Officer, SDTCCG
Presented by: Dr Derek Greatorex, Chief Clinical Officer, SDTCCG*

Purpose

This paper sets out the decisions made by the CCG governing body at its meeting on 26 January and the implementation process being followed.

With some variations which are highlighted below, the governing body approved the implementation of the care model as set out in the consultation documentation, believing it is in the best interests of patients to do so, as it will deliver better health outcomes, support more people and use scarce resources more effectively.

Recommendation

The Health and Wellbeing Board is asked to note this report and to support the implementation of the care model.

Context

The decision by the CCG's governing body to implement the care model represents the conclusion of four years' development which involved widespread engagement and discussion with local communities, GPs and NHS staff over the health and financial challenges facing the health and social care system in South Devon and Torbay and the clinical rationale for change.

The consultation proposals were first published in April 2016, reflecting the option that was considered to provide the most effective and sustainable solution to the challenges faced, switching funding from bed based to community based care. The proposals subsequently passed through the national NHS assurance process and were reviewed and supported by the independent South West Clinical Senate.

Twelve weeks of formal public consultation ran from 1 September to 23 November 2016, during which the CCG invited alternative proposals from the public while making it clear that maintaining the status quo was not a viable option.

Feedback from the consultation was brought together in an independent report by Healthwatch and alternative proposals to the model of care put forward in the consultation report were comprehensively evaluated against published criteria in a three stage process which included local stakeholders. Details of the evaluation process and rationale for accepting/rejecting the alternative proposals were set out in the papers considered by the governing body and which are available on the CCG website.

The key concerns repeatedly raised during the consultation were also reviewed and included:

- Reducing community hospital beds
- Location of clinical hubs
- Minor Injuries Units (MIUs)
- X-ray in the Bay
- X-ray capacity
- Care at home
- Health and wellbeing centres
- Mental health
- End of life care
- Population growth
- Transport and travel

Agenda Item 8

Governing Body decisions

The CCG's governing body devoted the whole of its January meeting to reviewing the consultation feedback, the alternative proposals and the proposed model of care. The meeting was held at Newton Abbot Racecourse to accommodate some 120 people who wished to attend.

In reaching its decisions it considered 10 key aspects arising out of the original proposals and feedback received:

- The alternative proposals to the model of care that met the evaluation criteria and those which did not
- The robustness of the case for reducing the number of community hospital beds
- The location of clinical hubs in Totnes, Newton Abbot and Brixham
- The evidence and rationale for MIUs to be in Newton Abbot and Totnes
- The evidence of the case for reducing x-ray services in the Bay
- The availability of intermediate care and rapid response to provide safe out of hospital services
- End of Life care
- Impact of future population changes on the model of care
- The inclusion of consultation feedback in the implementation planning in relation to
 - Transport
 - The services that are provided in Health & Wellbeing Centres
 - Mental health integration
- The parameters that must be met before changes can be made to current services

In considering these, governing body members gave particular attention to the national shortage of radiographers which limited MIUs to two locations; the availability of quality end of life care; access to domiciliary care and care home beds; the impact of increased travel for some services; the impact of future demographic changes, especially new housing and increasing numbers of people holidaying in the area; and access to services for young families and children.

The decisions made by Governing Body following the above discussion are set out below:

- The GB agrees with the statement that “the proposed model of care represents the best way of delivering quality of care in a manner that is sustainable and affordable.”
- The GB approves the proposals which formed the basis of consultation subject to the following changes:
 - Rather than disposing of Ashburton and Buckfastleigh Hospital, it is recommended that the hospital be evaluated as a base for the area's local health and wellbeing centre, including co-location of primary care
 - The demand for x-ray and for a minor injuries unit in the Bay is recognised and the CCG plans to meet this through the proposed establishment of an urgent care centre on the Torbay Hospital site
 - To enable specialist outpatient clinics to continue to be provided in Paignton where the volume of patients makes this a more appropriate option to travelling to Brixham, Totnes or Torbay
- Governing Body also agreed:
 - The parameters for the implementation of changes relating to the care model (see next section)
 - Suggestions relating to implementation of the care model put forward in the Healthwatch Consultation Report are reviewed as part of the implementation process
 - Progress reports on implementation of these proposals are reported quarterly to Governing Body

Parameters

The CCG and the Trust promised during consultation that any proposals for change would not be made to existing services until the new provision was in place and was operating at a level where there was confidence that demand could be met. Governing Body therefore agreed that a number of parameters (set out below) would need to be met so that both the CCG and local communities could be assured that the new services could meet the needs of local people. In doing so, they recognised that not all parameters would need to occur contemporaneously as each relate to different parts of the care model.

In order for beds to be removed from a community

Agenda Item 8

- Contracts are in place for intermediate care placements in care homes within the locality.
- Medical leadership in place in the locality
- Medical contracts in place to support medical input to intermediate care within the locality
- Remaining community hospital inpatient services in the locality meet the requirement for safe staffing standards for sub-acute bed based care
- Intermediate care operating at least 6 days a week in the locality
- Intermediate care teams are operating with a sufficient workforce that can safely deliver the service specification to the locality
- Daily multi-disciplinary team (MDT) meeting in each health and wellbeing team in the locality.
- Referral systems in place for intermediate care and wellbeing co-ordinators
- Suitable capacity within short term intervention services

In order for community clinics and specialist out-patient clinics to be removed from a community hospital:

- Community Clinics appropriate to need (physiotherapy, SALT, podiatry) are being delivered in alternative local venues temporarily, or until permanently provided in the local health and wellbeing centre.

In order for MIU to be removed from community hospitals:

- Newton Abbot and Totnes MIUs to be open 8am-8pm 7 days a week.
- Newton Abbot and Totnes MIUs to have radiology at least 4 hours a day, 7 days a week

Notwithstanding these parameters, Governing Body recognised that operational decisions to ensure the safety of patients must apply at all times.

Summary of changes by town

As a result of the changes agreed, it is estimated that some 1,600 people will in future be supported at home or in the local community, rather than admitted to hospital. The impact on each town is summarised below:

- Ashburton/Buckfastleigh: the hospital will close but the site will be evaluated for a health and wellbeing centre which will be co-located with GPs. Medical beds will be available in Totnes or Newton Abbot
- Bovey Tracey/Chudleigh: the hospital will close and a health and wellbeing centre will be developed co-located with GPs. Medical beds will be available in Newton Abbot.
- Brixham: the hospital will become a clinical hub with medical beds. A health and wellbeing centre will be developed and the MIU will close.
- Dartmouth: the hospital will close and a health and wellbeing centre will be developed, co-located with GPs (likely Riverview). The Dartmouth clinic will also close. Medical beds will be available at Totnes.
- Newton Abbot: the hospital will become a clinical hub with medical beds and the MIU will open 12 hours a day with x-ray seven days a week. A health and wellbeing centre is also planned.
- Paignton: the hospital will close, a health and wellbeing centre will be developed and specialist outpatient services will be provided where the volume justifies their provision. Midvale clinic and the MIU will close.
- Totnes: the hospital will become a clinical hub with medical beds and the MIU will open 12 hours a day with x-ray seven days a week. A health and wellbeing centre is also planned.
- Torquay: health and wellbeing centre is planned and governing body recommended that an urgent care centre should be developed on the site of Torbay Hospital.

As set out in the consultation and referenced in the public presentations, the increase in services designed to support people in the community will enable the Trust to remove the 32 escalation beds it has opened to cope with demand pressures caused at least in part by the shortage of out of hospital support.

Agenda Item 8

Implementation

As we believe the new model of care will deliver better health outcomes, support more people and use scarce resources more effectively, the CCG and the Trust believe it is in the best interests of patients for it to be fully established as soon as possible. The parameters set out the minimum requirements for change to be made. The expectation of the CCG is that the Trust will continue to use established implementation groups in each locality and will involve representative local stakeholders in these so that the achievement of the parameters are transparent and that local knowledge will influence how services are developed.

The Trust has already made progress in the implementation of important aspects of the care model which were outlined during the consultation process:

- Localities are now served by an enhanced intermediate care (IC) team which include input from Doctors and dedicated locality pharmacists.
- Extended rapid response and reablement support services who offer short term intervention are now in place 7 days a week.
- Wellbeing coordination services are in place in all of the localities and offer valuable support to people who are socially isolated.

These are examples of how investments in community services are already making a difference.

The Trust has drawn up implementation plans which as well as meeting the CCG parameters for change, will provide appropriate assurance in relation to onward pathways of care for existing patients and appropriate arrangements for staff, as well as indicate which outpatient clinics will be provided locally within health and wellbeing centres, in a clinical hub and those which will be provided at Torbay Hospital. These will be determined by the criteria set out in the consultation documentation and be based on the latest attendance numbers and best clinical practice.

Conclusion

Achieving significant change in the NHS is never easy. Understandably people are concerned at losing what they see as the fabric of services which have served their communities well. The challenge which the NHS has faced since inception is to constantly change and evolve services so as to benefit from contemporary practice so as to achieve better outcomes and to make services more accessible.

In reaching its decisions, the CCG Governing Body recognises that many people argued to retain their community hospitals, supported the strengthening of community based services and agreed that people should not be admitted or detained in hospital unnecessarily.

The new model of care being introduced across South Devon and Torbay will support more people more effectively, reduce demand for hospital admissions, provide viable alternatives to A&E and put far greater focus on prevention, health promotion and self-care. It will also enable the Trust to focus on delivering the services that must be provided within the acute hospital so as to provide the highest standards of safe care and to ensure that those who need an acute medical bed will have one.

24 February 2017

DEVON COUNTY COUNCIL

SCRUTINY WORK PROGRAMME

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

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

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

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

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

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

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

Agenda Item 11

SCRUTINY WORK PROGRAMME

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
Health and Wellbeing Scrutiny Committee					
7 March 2017					
7 Mar 2017	Your Future Care Proposals - Eastern Locality	Examination of the reconfiguration of services	NEW Devon CCG	Report	Committee meeting only
7 Mar 2017	Torbay and South Devon Community Health Services	Reconfiguration proposals for Community Health Services	Torbay & South Devon CCG	Report	Committee meeting only
7 Mar 2017	South Western Ambulance Service Rota Review	Briefing paper looking at the South Western Ambulance Service rota review and general performance	South Western Ambulance Service NHS Foundation Trust	Report	Committee meeting only
7 Mar 2017	Public Health Nursing Spotlight Review	A joint scrutiny review with People's Scrutiny, to look at the three options agreed by the pre-procurement board for children's public health nursing	Chief Officer for Communities, Public Health, Environment and Prosperity Scrutiny Officer	Report	Committee meeting only
7 Mar 2017	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
Future Items					
19 Jun 2017	STP and implications for health and social care services		STP Team	Report	Committee meeting only
19 Jun 2017	Pharmacy			Report	
19 Jun 2017	Relocation of Thoracic Surgery	Progress report		Report	Committee meeting only
19 Jun 2017	St Johns Court, Exmouth	Progress report	Devon Partnership NHS Trust	All Documents Considered	Committee meeting only
22 Mar 2018	NHS 111 and Out	Update on the	NEW Devon CCG	Report	Committee

Agenda Item 11

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
	of Hours Cover	progress of the new service			meeting only
7 Mar 2017	Acute Services Review	Potential major service change	STP Team	Report	Committee meeting only

DEVON COUNTY COUNCIL

SCRUTINY WORK PROGRAMME

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

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

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

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

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

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

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

SCRUTINY WORK PROGRAMME

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
PEOPLES SCRUTINY COMMITTEE					
20 March 2017					
20 Mar 2017	Dementia Spotlight Review	Report of the Spotlight Review into Dementia services in Devon	Scrutiny Officer	Report	Committee meeting only
20 Mar 2017	Small Schools Task Group update	Update on progress against recommendations	Head of Education and Learning	Report	Committee meeting only
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	Devon Safeguarding Adults Board Annual Report	Annual Report of the Devon Safeguarding Adults Board	Chair of Devon Safeguarding Adults Board	Report	Committee meeting only
20 Mar 2017	Devon Safeguarding Children Board	Relationship with People's Scrutiny Committee	Chair of Devon Safeguarding Children Board	Report	Committee meeting only
20 Mar 2017	Regional Adoption Agency	Update on proposals	Chief Officer for Childrens Services	Report	Committee meeting only
20 Mar 2017	CSW Workforce Survey Autumn 2016		Chief Officer for Childrens Services	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	Head of Children's Social Care and Head of Adult Commissioning & Health	Report	Committee Meeting Only

HEALTH AND WELLBEING BOARD – FORWARD PLAN

<u>Date</u>	<u>Matter for Consideration</u>
Thursday 9 March 2017 @ 2.00pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Living Well)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates – including SD & Torbay CCG on Community Transformation (Governing Body and Implementation Plan) STP Engagement Plan (Timing TBC)</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 8 June 2017 @ 2.15pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Children, Young People and Families)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates Children’s and Young Peoples Strategy / Delivery Plan (update on SEND - TBC)</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 7 September 2017 @ 2.15pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Strong and Supportive Communities??)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 14 December 2017 @ 2.15pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates Adults Safeguarding annual report CAMHS refresh Local Transformation Plans</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 8 March 2017 @ 2.15pm	<p><u>Performance / Themed Reporting</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)</p> <p><u>Business / Matters for Decision</u></p>

Agenda Item 12

	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)