

Phil Norrey
Chief Executive

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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(see below)

Your ref :
Our ref :

Date : 5 September 2018
Please ask for : Stephanie Lewis 01392 382486

Email: stephanie.lewis@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 13th September, 2018

A meeting of the Health and Wellbeing Board is to be held on the above date at 2.15 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 - 8)
Minutes of the meeting held on 14 June 2018, attached.
- 3 Items Requiring Urgent Attention
Items which in the opinion of the Chair should be considered at the meeting as matters of urgency.

PERFORMANCE AND THEME MONITORING

- 4 Loneliness in Devon (Pages 9 - 10)
Report of the Chief Officer for Community, Public Health, Environment and Prosperity on the theme of 'Loneliness in Devon' and a presentation from Wellbeing Exeter.
- 5 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 11 - 22)
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/>

BOARD BUSINESS - MATTERS FOR DECISION

- 6 Draft Joint Commissioning Strategy for Adults with a Learning Disability in Devon (Pages 23 - 46)
Report of the Head of Adult Commissioning and Health in Devon County Council and Senior Commissioning Manager in the Clinical Commissioning Group (ACH/18/88) on the draft joint strategy, *Living Well with a Learning Disability in Devon 2018-2022*.
- 7 Sustainability and Transformation Plan and Integrated Care Systems Update (Pages 47 - 76)
Report of the Head of Adult Commissioning and Health, Devon County Council and Director of Strategy, NEW Devon CCG and South Devon and Torbay CCG on an update of the Sustainability and Transformation Plan and the Integrated Care Systems Development.
- 8 Task Group Report on the Development of the Health and Wellbeing Board (Pages 77 - 90)
Report of the Chief Officer for Community, Public Health, Environment and Prosperity proposing objectives for the development of the Devon Health and Wellbeing Board following discussions about the role and priorities of the Board at the June 2018 Devon Health and Wellbeing Board Stakeholders Conference.
- 9 Homelessness Report (Pages 91 - 96)
Report of the Chief Officer for Community, Public Health, Environment and Prosperity on responses to the Homelessness Reduction Act from district authorities.
- 10 Dementia Update Report (Pages 97 - 102)
Report of the Head of Service for Adult Commissioning and Health and the Deputy Chief Operating Officer, NEW Devon and South Devon & Torbay CCG on raising awareness of dementia across Devon, providing appropriate support post-diagnosis, and reducing the potential stigma of diagnosis.
- 11 CCG Updates
A Presentation by the Chairs of NEW Devon and South Devon & Torbay Clinical Commissioning Groups.

OTHER MATTERS

- 12 References from Committees
NIL
- 13 Scrutiny Work Programme
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/>

14 Forward Plan (Pages 103 - 104)

To review and agree the Board's Forward Plan, attached.

15 Briefing Papers, Updates & Matters for Information

No items circulated since the last meeting.

16 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 11 April 2019 @ 2.15pm

Thursday 11 July 2019 @ 2.15pm

Thursday 10 October 2019 @ 2.15pm

Thursday 16 January 2020 @ 2.15pm

Thursday 9 April 2020 @ 2.15pm

Annual Conference

Thursday 11 July 2019 @ 9.30am

*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.*

Membership

Councillor Andrew Leadbetter (Chair), Councillor Roger Croad, Councillor James McInnes, Councillor Barry Parsons, Dr Virginia Pearson (Chief Officer for Community, Public Health, Environment and Prosperity), Jennie Stephens (Chief Officer for Adult Care and Health), Jo Olsson (Chief Officer for Childrens Services), Dr Tim Burke (NEW Devon CCG), Dr Paul Johnson (South Devon and Torbay CCG), Councillor Philip Sanders (Devon District Council's), Mr John Wiseman (Probation Service), Jeremy Mann (Environmental Health Officers Group), Diana Crump (Joint Engagement Forum), David Rogers (Healthwatch) and Councillor Hilary Ackland

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 Stephanie Lewis 01392 382486.

Agenda and minutes of the Committee are published on the Council's Website and can also be accessed via the Modern.Gov app, available from the usual stores.

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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 Chair. 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 Chair or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

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Induction loop system available

NOTES FOR VISITORS

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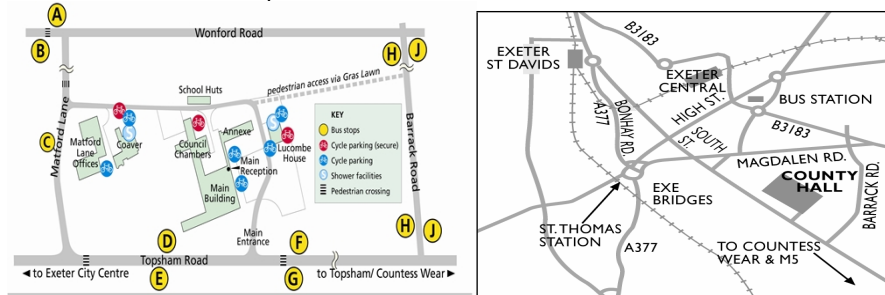
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NB   Denotes bus stops

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First Aid

Contact Main Reception (extension 2504) for a trained first aider.

HEALTH AND WELLBEING BOARD

14 June 2018

Present:-

Devon County Council

Councillors A Leadbetter (Chair), R Croad, J McInnes and H Ackland

Virginia Pearson, Chief Officer for Communities, Public Health, Environment and Prosperity
Jennie Stephens, Chief Officer for Adult Care and Health

Dr Paul Johnson, South Devon and Torbay CCG
Jeremy Mann, Environmental Health Officers Group
Diana Crump, Joint Engagement Forum
David Rogers, Healthwatch

Apologies:-

Councillor Barry Parsons
Jo Olsson, Chief Officer for Childrens Services
Dr Tim Burke, NEW Devon CCG

* 53

Election of Chair

RESOLVED that Councillor Leadbetter be elected Chair for the ensuing year.

* 54

Appointment of Vice-Chair

RESOLVED that Dr P Johnson be elected Vice Chair for the ensuing year.

* 55

Minutes

RESOLVED that the minutes of the meeting held on 8 March 2018 be signed as a correct record.

* 56

Items Requiring Urgent Attention

There were no items requiring urgent attention.

* 57

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 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.

The Board received an 'updates only' version of the Health and Wellbeing Outcomes Report. The report was themed around the five Joint Health and Wellbeing Strategy 2016-19 priorities and included breakdowns by South West benchmarking, local authority district and local authority comparator group, clinical commissioning group, and locality comparison, trend and future trajectories and inequalities characteristics. The indicators below had all been updated since the last report to the Board;

Agenda Item 2

2

HEALTH AND WELLBEING BOARD

14/06/18

- GCSE Attainment, 2016-17 – 65.0% of year 11 pupils in Devon achieved five or more GCSEs at grades equivalent to A* to C, including English and Maths. Within Devon, rates were highest in the South Hams and West Devon, with the lowest rates in Teignbridge and East Devon.
- Teenage Conception Rate, 2016 – Conceptions to under 18s continued to fall in Devon and were broadly similar to South West and comparator group rates. There were no statistically significant differences between Devon's districts.
- Alcohol-specific admissions in under 18s, 2016-17 – Approximately 65 admissions occurred each year in Devon related to alcohol-specific causes in under 18s. The rate per 100,000 in Devon is 45.5 which was broadly in line with the South West (44.4). However, the rate was significantly above the local authority comparator group (36.9 per 100,000) and England (34.2) rates.
- Excess Weight in Adults, 2016-17 – 57.4% of the adult population in Devon had a BMI in excess of 25 (Overweight or obese) in 2016-17. This was significantly below the South West (60.3%), the local authority comparator group (61.4%) and England (61.3%) rates. Within Devon the lowest rates of excess weight were seen in Exeter (54.0%).
- Proportion of Physically Active Adults, 2016-17 – 73.9% of adults in Devon were physically active for at least 150 minutes per week. This was above the South West (70.4%) and comparator group (67.6%) and significantly above the national (66.0%) rates.
- Alcohol-Related Admissions (narrow definition), 2017-18 – There were around 4,900 alcohol-related admissions to hospital for Devon residents between July 2016 and June 2017. The age-standardised admissions rate (606.0 per 100,000) was below the South West, local authority comparator group and England rates.
- Diet – Fruit and Veg '5-a-day', 2016-17 – In Devon 66.4% of the adult population consumed five or more portions of fruit and vegetables per day. This was significantly above the South West (63.1%), local authority comparator group (60.6%) and England (57.4%) rates. Within Devon the highest rates were seen in East Devon (70.9%) and the South Hams (70.4%) and the lowest in Mid Devon (61.4%).
- Domestic Violence, 2016-17 – Devon had a rate of 14.8 per 1,000, below the South West (18.5), comparator group (19.4) and England (22.5) rates. The Devon rate increased on 2015-16 levels. Locally, rates were highest in Exeter (20.1).
- Emotional Wellbeing of Looked After Children, 2016-17 – The average difficulty score in Devon was 16.8, which was higher than the South West (15.4), local authority comparator group (15.0), and England (14.1) averages.
- Hospital Admissions for Self-Harm, Aged 10 to 24, 2016-17 – There were 786 hospital admissions for self-harm in persons aged 10 to 24 in Devon in 2016-17. The rate per 100,000 in Devon was 609.6, which was above the South West (581.8), local authority comparator group (461.2) and England (404.6) rates. Admission rates increased from 376.6 in 2007-08 to 609.6 in 2016-17. Within Devon, rates were highest in Torridge and lowest in the Mid Devon.

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;

- commercial data and real-time information on the long-term effects of alcohol consumption, particularly in the 'hidden' middle-class sector; the Committee agreed that figures be reported at the next Board meeting;
- rates of alcohol consumption had dropped in the younger age groups;
- the current definition of 'physically active' being more than 10 minutes of moderate activity;
- the difficulty in measuring the emotional wellbeing of Looked After Children being related to perception of services and the need to gather further intelligence to enable comparison with other authorities on a national scale;

- the impact of these indicators on forward planning within the CCGs; using the Joint Strategic Needs Assessment to develop main objectives and an outcomes framework to develop strategic commissioning;
- looking at joint work to develop objectives across health and wellbeing within Devon;
- the partnership work undertaken with children and young families in respect of Looked After Children and rates of hospital admission for self-harm; the Chief Officer for Children’s Services to report to a future Board meeting; and,
- Dementia Diagnosis – more information was required in the future to explain the reasoning behind the fall– the Chief Officer for Adult Care and Health to report back into the STP to gain a picture across Devon, Plymouth and Torbay regarding the services available to those diagnosed with dementia. The Board noted there were over 67 Memory Cafes in Devon.

RESOLVED that the performance report be noted and accepted.

* 58

Board Membership

The Board received a Report from the Chief Officer for Communities, Public Health, Environment and Prosperity on recommendations to changes in the Board’s Membership to include further representation from relevant organisations and providers, and to strengthen the Health and Care and police presence in order to help support work on public health issues in Devon.

The full updated membership list for the Devon Health and Wellbeing Board was as follows:

Table 1, Devon Health and Wellbeing Board Membership, 2018

HEALTH AND WELLBEING BOARD			
County Councillors (Cabinet Members):			
Con	LD	Lab	Non-Aligned
R Croad A Leadbetter <i>(Chair)</i> J R McInnes B Parsons		H Ackland <i>* To be reviewed annually between LD/Lab)</i>	
Other Members:			
David Rogers	Healthwatch Devon		
Diana Crump	Joint Engagement Forum		
Clr Phillip Sanders	District Council Representative (West Devon Borough Council)		
Dr Tim Burke	Clinical Chair of NEW Devon CCG		
Dr Paul Johnson	Clinical Chair of SD&T CCG		
Jeremy Mann	Chief Environmental Health Officer, North Devon District Council		
Dr Virginia Pearson	Chief Officer for Communities, Public Health, Environment and Prosperity, Devon County Council		
Jennie Stephens	Chief Officer for Adult Care and Health, Devon County Council		
Jo Olsson	Chief Officer for Children’s Services, Devon County Council		
John Wiseman	Probation Service		
Sophia Christie	NEW Devon and South Devon and Torbay CCGs		
TBC	Royal Devon and Exeter NHS Foundation Trust		
TBC	Northern Devon Healthcare NHS Trust		
TBC	South Devon NHS Foundation Trust		
TBC	Devon Partnership NHS Trust		
TBC	Devon and Cornwall Police Representative		

Agenda Item 2

4

HEALTH AND WELLBEING BOARD

14/06/18

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

RESOLVED

- (a) that the changes to the Board's Membership, previously agreed by the County Council be noted as outlined in Table 1 above; and
- (b) that a Working Group be set up to look at the Governance arrangements of the Board and Report back to the September 2018 Committee.

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

The Board considered the Report of the Head of Adult Commissioning and Health on the Better Care Fund (BCF), Quarter 4 Return, Performance Report and Performance Summary. The Report informed Members that the BCF was on track to meet two of the four metrics which included the rate of permanent admissions to residential care per 100,000 and the proportion of older people still at home 91 days after discharge from hospital into reablement/rehabilitation services. However, targets had not been met for non-elective admissions and delayed transfers of care.

Daily monitoring of delays had been established to identify prevailing issues, alongside an implementation of the system wide plan to tackle delayed transfers of care, which was overseen by the A&E Delivery Boards.

Members discussion points included:

- the democratic accountability and governance of the BCF to the Health and Wellbeing Board; and
- the Public Health report on the Acuity Audit to be brought to a future meeting of the Board.

RESOLVED that the Report on the Better Care Fund Q4 be noted.

* 60 **Joint Strategic Needs Assessment Update 2018**

The Board considered the Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on the refresh of the Joint Strategic Needs Assessment and Health and Wellbeing Joint Strategy.

The draft 2018 JSNA Devon Overview could be found here: <http://www.devonhealthandwellbeing.org.uk/jsna/overview/draft-2018/>

The document provided a summary of the main health and wellbeing challenges in Devon which built upon the challenges identified in previous years, including inequalities gap, an ageing and growing population, a skilled workforce with low earnings, poor mental health, behavioural risk factors, long-term conditions, multi-morbidity and frailty.

JSNA Community Profiles 2018 had been updated from stand-alone documents to a new interactive web-based tool. The profiles contained information on population, deprivation, health outcomes and needs, health and care service usage and wider determinants of health such as employment, housing and education. Standard profiles by different area types were available here: <http://www.devonhealthandwellbeing.org.uk/jsna/profiles/>

It was felt that based on the updated JSNA, the priorities in the Strategy remained valid and it was recommended that no update to the Strategy was currently required, pending a full refresh of the Joint Health and Wellbeing Strategy for the period 2019 to 2022.

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

RESOLVED that the Board approve the proposed Joint Strategic Needs Assessment (JSNA) Devon Overview 2018, noting the introduction of interactive JSNA Community Profiles, and agree that no changes were required to the Joint Health and Wellbeing Strategy 2016-19, pending a full refresh to the Strategy for 2019-22.

* **61** **Suicide Prevention Strategic Statement**

The Board received a Report from the Chief Officer for Communities, Public Health, Environment and Prosperity on local suicide prevention planning. The Report noted that suicide prevention required work across a range of settings targeting a wide variety of audiences and as such, the combined knowledge, expertise and resources of organisations across the public, private and voluntary sectors was essential. No single agency was able to deliver effective suicide prevention alone.

The Implementation plan was based upon the seven priority areas laid out in the 2017 update of the national strategy 'Preventing Suicide in England: Third progress report of the cross-government outcomes strategy to save lives'. These were:

- Reducing the risk of suicide in high risk groups;
- Tailoring approaches to improve mental health in specific groups;
- Reducing access to the means of suicide;
- Providing better information and support to those bereaved or affected by suicide;
- Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour;
- Supporting research, data collection and monitoring; and
- Reducing rates of self-harm as a key indicator of suicide risk.

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

RESOLVED that the Devon Suicide Prevention Strategic Statement be endorsed.

* **62** **Homelessness and rough sleeping**

The Committee received a presentation from representatives of North Devon District Council on the Homelessness Reduction Act 2018 and the implications for local councils. The presentation highlighted a number of key points including:

- the number of people in temporary accommodation;
- the number of rough sleepers;
- funding allocations from the MHCLG of £280,000 for North Devon District Council to help combat homelessness;
- establishing the need and providing support to rough sleepers, especially those with a priority need such as children and young people;
- the scale of demand in North Devon for accommodation not being a unique situation, with poor standards of privately rented accommodation; and
- North Devon District Council having a target to half the number of homeless in the area.

It was **MOVED** by Councillor Leadbetter, **SECONDED** by David Rogers, and

RESOLVED that the Health and Wellbeing Board write to all Devon District Councils regarding the work being undertaken in their areas with respect to the Homelessness Reduction Act, to be reported at a future Committee meeting.

Agenda Item 2

6

HEALTH AND WELLBEING BOARD

14/06/18

* **63** **CCG Updates**

The Board received an update report from the Chairs of the NEW Devon and South Devon & Torbay Clinical Commissioning Groups (CCG) on the progress within the Devon health and care system and the planning for delivery of integrated care. The Report provided an update on the 'mutual support agreement' as part of joint-working across all four Trusts that provided acute hospital services in Devon, the implementation of the 'In Shape for Surgery' initiative, the establishment of memory cafes, Primary Care in Devon GP practices rated 'good' or 'outstanding' by the CQC, public engagement and increased partnership working across the service.

The Report also gave an update on the finances of the NHS system in Devon, an update on the 2018/19 operational plan and the North Devon Healthcare Trust and Royal Devon and Exeter Trust Collaborative Agreement.

RESOLVED that the CCG update Report be noted and accepted.

* **64** **References from Committees**

There were no references from Committees.

* **65** **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.

* **66** **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 13 September 2018 @ 2.15pm	<u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) <u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Task Group Report on Governance of HWB Homelessness – Report on local council's feedback Acuity Audit Presentation CCG Updates <u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information

Agenda Item 2

7
HEALTH AND WELLBEING BOARD
14/06/18

Thursday December 2018 @ 2.15pm	13	Performance / Themed Items Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (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		Delivering Integrated Care Exeter (ICE) Project – Annual Update (March) Children’s Safeguarding annual report (September / November) Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)
Other Issues		Equality & protected characteristics outcomes framework

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

* **67** **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. Details were available at: <http://www.devonhealthandwellbeing.org.uk/>

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

* **68** **Dates of Future Meetings**

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

Meetings

Thursday 13 September 2018 @ 2.15pm

Thursday 13 December 2018 @ 2.15pm

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

The Meeting started at 2.15 pm and finished at 4.20 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/ieListMeetings.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>

Loneliness: the latest evidence

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

Recommendation: Devon Health and Wellbeing Board, supported by local communications teams, should lead a campaign around loneliness, focusing particularly on high-risk populations, and support the development of local projects and interventions to reduce loneliness.

1. Context

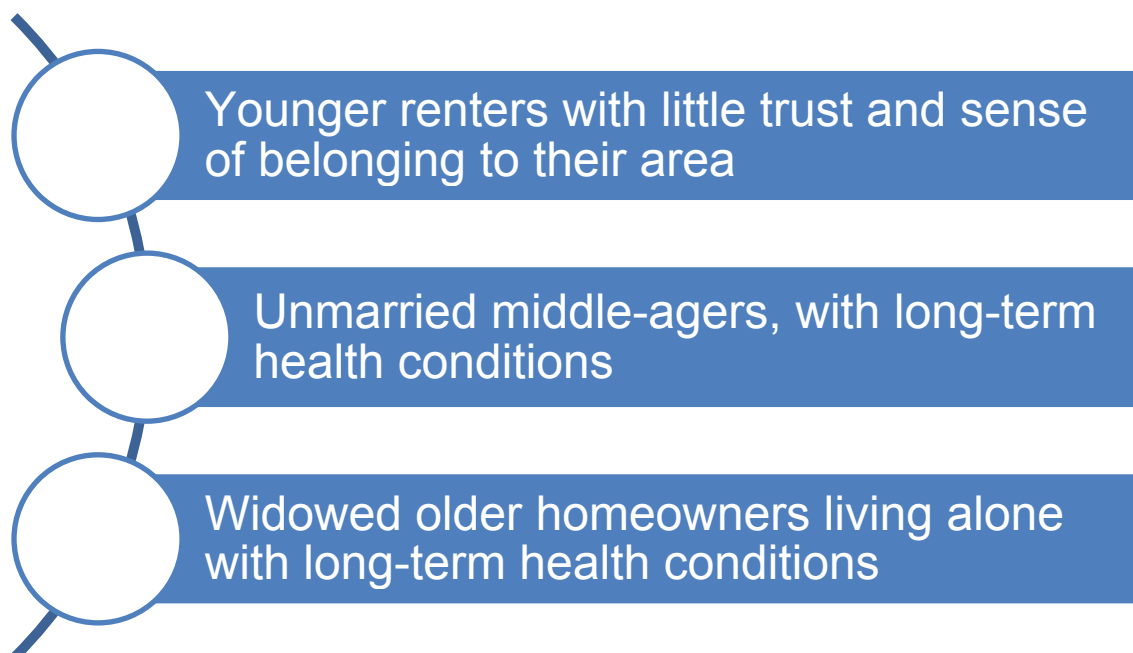
1.1 Loneliness has a considerable impact on health and wellbeing, with lonely individuals having a greater risk of ill-health and a lower quality of life. Lonely people are more likely to develop dementia and depression, and through living less active lives will also be at increased risk of experiencing diabetes, stroke, heart disease and disability. A lack of social support structures also makes individuals more like to use health services and enter care (Social Finance, 2015, 'Investing to tackle loneliness: a discussion paper'). This report summarises three pieces of local and national evidence on loneliness which have come out in 2018, which further our understanding of the dynamics of loneliness, and makes recommendations for further action.

2. Office for National Statistics: Loneliness – what characteristics and circumstances are associated with feeling lonely (ONS)

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>

2.1 The Office for National Statistics released findings from their Community Life Survey about the characteristics of loneliness in England in a special report in 2018. This revealed that 5% of adults reported feeling lonely 'often' or 'always' and that younger adults aged 16 to 24 reported feeling lonely more often than older age groups. Characteristics and circumstances associated with a higher likelihood of loneliness included being female, being single or widowed, being in poor health, being in rented accommodation and having a weak sense of belonging to a neighbourhood. The paper defined three profiles of people at particular risk of loneliness which are described in figure 1. This reveals that loneliness has an impact throughout the life course, leaving those affected at increased risk of exploitation, physical ill-health and mental ill-health.

Figure 1, three population profiles for people at high risk of loneliness



Source: Office for National Statistics, 2018

Agenda Item 4

3. Healthwatch Devon: Help tackle loneliness in Devon, an independent inquiry report

<https://healthwatchdevon.co.uk/reports/>

3.1 Healthwatch Devon published the findings of their independent inquiry into loneliness in Devon in August 2018. This inquiry, conducted through a series of surveys, community events and focus group sessions gathered information about people's experience of loneliness locally and what they thought would help address the issue.

3.2 The inquiry revealed the importance of social group membership in preventing loneliness, with the loss of these social networks having an impact throughout the life course. The isolation faced by young people in Devon, particularly those in rural areas where access to transport is such a critical issue, was acknowledged, highlighting the dual impact of social and geographic isolation. The loss of social networks in older age was also cited as a major issue, especially given the older age profile in Devon. The inquiry also highlighted barriers to people seeking support in relation to loneliness. Some of these factors were internal and could relate to embarrassment, fear or rejection, a lack of confidence and a fear of intimacy. External barriers could relate to a lack of knowledge of available support, financial barriers, and access issues (transport, communication, IT)

3.3 The top three interventions that people thought could reduce loneliness were creating spaces where people can be with others, one-off community events and opportunities and social group drop-ins. The report also called for an alliance between local organisations on the issue of loneliness to drive the local response to the issue.

4. Oxford Economics: Living Well Index

summarised and cited in: <https://www.theguardian.com/society/2018/may/23/the-friend-effect-why-the-secret-of-health-and-happiness-is-surprisingly-simple>

4.1 A recent study by the University of Oxford highlighted that regularly eating meals in isolation was the factor besides mental illness most strongly associated with unhappiness. The study found that the more people eat with others, the more likely they are to experience happiness and life satisfaction. People who eat socially are also more likely to have wider social and emotional support networks. This highlights the importance of regular social interaction in reducing unhappiness and improving health and wellbeing.

5. Conclusions and Next Steps

5.1 Loneliness is a major issue in Devon, which has a considerable impact on health and wellbeing and widens health inequalities. Over and above the identification of loneliness as a priority in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, the Devon Health and Wellbeing Board should lead a campaign around loneliness, focusing particularly on high-risk populations, and support the development of local projects and interventions to reduce loneliness.

6. Risk Management Considerations

Not applicable.

7. Options/Alternatives

Not applicable.

8. Public Health Impact

Actions to address loneliness have the potential to improve public health in Devon.

Dr Virginia Pearson

CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH, ENVIRONMENT AND PROSPERITY

DEVON COUNTY COUNCIL

Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor A Leadbetter and Cabinet Member for Community, Public Health, Transportation and Environmental Services: Councillor R Croad

Contact for enquiries: Simon Chant, Room 148, County Hall, Topsham Road, Exeter. EX2 4QD
Tel No: (01392) 386371

Background Papers

Nil

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 and support plans to formally update and increase the accessibility of the outcomes report from December 2018 onwards.

1. Context

This paper and accompanying presentation introduces the updated outcomes report for the Devon Health and Wellbeing Board.

2. Summary of the Health and Wellbeing Outcomes Report, September 2018

2.1 The full Health and Wellbeing Outcomes Report for September 2018, along with this paper, is available on the Devon Health and Wellbeing Website: www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report. The report monitors 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. Four indicators have been updated with new data since the June 2018 report covering the following areas:

- **Adult Smoking Prevalence, 2017** – The latest figures from the Annual Population Survey (APS) indicate that 13.5% of the Adult population in Devon smoke. Rates remain lower than the South West, local authority comparator group and England. However, rates have increased slightly in Devon since 2014. Differences between local authority district in Devon were not statistically significant, although rates in West Devon (4.9%) were significantly below the South West and England rates.
- **Feel Supported to Manage Own Condition, 2017-18** – In Devon during 2017-18, 59.6% of people with a long-term condition in the GP survey, felt they had enough support to manage their own condition. This is significantly higher than South West (57.3%), local authority comparator group (55.5%) and England (55.3%) rates. Rates have decreased from 2016-17. Rates were highest in the South Hams (62.8%).
- **Fuel Poverty, 2016** – Just under one in ten households in Devon are in fuel poverty (10.9%). Levels of fuel poverty increased between 2011 and 2014 in Devon, but fell or remained stable in many other areas of the country. Since then, in Devon, rates have fallen from 2014. Despite this, rates continue to remain above the South West and local authority comparator group rates.
- **Estimated Dementia Diagnosis Rate (65+), 2018** – In April 2018, it is estimated that 7,577 people in Devon aged 65 and over were on a GP register for dementia. Recent data shows that Devon (59.4%) is lower than the South West (61.8%), local authority comparator group (63.5%) and significantly lower than England (67.5%) rates. Within the county, the highest rates are seen in Exeter (69.3%) and lowest in the South Hams (44.7%). Devon does not meet the dementia diagnosis target set at 67% by NHS England.

3. Proposed changes to the Devon Health and Wellbeing Outcomes Report, September 2018

3.1 An exercise to update the Devon Health and Wellbeing Outcomes Report is currently underway. As agreed through previous board meetings, a series of focus groups have been undertaken explore how the reports could be made more accessible for all. The accompanying presentation introduces some of these elements, including a new streamlined technical report and an update on interventions relating to these indicators, highlighting local action to reduce smoking rates and fuel poverty, and increase dementia diagnosis rates and those feeling supported to manage their own long-term condition. The intention is to introduce the fully revised outcomes report format at the December 2018 board meeting, in the form of a short summary report, accompanied by an updated streamlined technical report, and an easy read report with the aim of improving accessibility.

3. Legal Considerations

There are no specific legal considerations identified at this stage.

4. Risk Management Considerations

Not applicable.

Agenda Item 5

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 Adult Social Care and Health Services: Councillor A Leadbetter and Cabinet Member for Community, Public Health, Transportation and Environmental Services: Councillor R Croad

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

Outcomes Reporting

September 2018



Health and Wellbeing



Committed to promoting health equality

Introduction

- The H&WB outcomes report monitors priority measures identified in the JH&WB strategy (2016-19)
- Updated outcome measures will be presented to the board
- Recommended that the H&WB note the updated H&WB outcomes report



Updated Outcome Measures

- Smoking prevalence rates
 - Long term downward trajectory with recent variability
 - No methodological changes. Sample Estimate.
 - England continues to improve
 - Some districts across Devon have increased but not significantly compared to the previous year
- Fuel poverty for 2016 shows reduction in Devon and across all District Local authorities in Devon
- Feel Supported to manage own condition
 - Higher proportion feel supported to manage own condition
 - Methodological changes (questions and time periods)
 - Previous years not comparable
- Dementia diagnosis – Below national target and variation exists across District Local Authorities in Devon



New Outcome Measure format

Devon Health and Wellbeing Board Updates (September 2018)																		
Outcomes																		
Indicator	Time Period							Areas								Unit of Measure	Guide	Source
		Eng	SW	LACG	Devon	Devon Trend	Latest Change	East Devon	Exeter	Mid Devon	North Devon	South Hams	Teignbridge	Torridge	West Devon			
Smoking prevalence	2017	14.9	13.7	13.8	13.5		▶	9.2	12.4	16.9	15.3	16.9	16.3	15.4	4.9	%	Higher is worse	APS
Fuel Poverty	2016	11.4	10.2	10.4	10.9		^	9.6	11.6	11.0	11.6	10.1	10.5	12.4	11.7	%	Higher is worse	BEIS
Feel supported to manage own condition	2017/18	79.4	82.7	81.8	85.1	No Trend Available	^^	83.3	86.1	85.5	85.6	84.1	85.7	84.1	86.9	%	Higher is better	NHSOF
Estimated dementia diagnosis rate	2018	67.5	61.8	63.5	59.4		▶	62.9	69.3	50.5	59.4	44.7	62.8	58.0	57.3	%	Below 66.7% is worse	PHOF

Key Symbols		
* Value missing due to small sample size		Worsening
** Value to be sourced		Little/no change
Significantly higher than England		Improving
Not significantly different to England average	^	National method for calculating Confidence Intervals are being revised
Significantly lower than England	^^	Change in methodology



Outcome Measures Cont'd

Indicator	Time Period						
		Eng	SW	LACG	Devon	Devon Trend	Latest Change
Smoking prevalence	2017	14.9	13.7	13.8	13.5		▶
Fuel Poverty	2016	11.4	10.2	10.4	10.9		^
Feel supported to manage own condition	2017/18	79.4	82.7	81.8	85.1	No Trend Available	^^
Estimated dementia diagnosis rate	2018	67.5	61.8	63.5	59.4		▶

Indicator	Time Period	Areas							
		East Devon	Exeter	Mid Devon	North Devon	South Hams	Teignbridge	Torrige	West Devon
Smoking prevalence	2017	9.2	12.4	16.9	15.3	16.9	16.3	15.4	4.9
Fuel Poverty	2016	9.6	11.6	11.0	11.6	10.1	10.5	12.4	11.7
Feel supported to manage own condition	2017/18	83.3	86.1	85.5	85.6	84.1	85.7	84.1	86.9
Estimated dementia diagnosis rate	2018	62.9	69.3	50.5	59.4	44.7	62.8	58.0	57.3



Current Actions

Smoking Prevalence

- Devon Smokefree Alliance strategy and action plan 2018-22
- Protecting children from tobacco (focus on maternity, childrens centres, public health nursing, education)
- Lifestyle and smoking cessation services (One Small Step / Solutions 4 Health)
- Support local organisations to be smoke free

Fuel Poverty

- LEAP: Local Energy Advice Programme (home visits and energy saving measures)
- ECOflex: Help to Heat Scheme (health, age and property type based)
- Cosy Devon: retrofitworks (free and subsidised improvements for vulnerable households)
- Local grant and loans policies



Current Actions (cont'd)

Supported to manage own conditions	Estimated dementia diagnosis rate
<ul style="list-style-type: none">• Use of self-management apps (e.g. diabetes)• Use of Patient Activation Measures (PAM)• Help to Overcome Problems Effectively (HOPE) self-management courses• Wellbeing coordination and proactive health coaching• Health and care patient videos	<ul style="list-style-type: none">• Devon Dementia steering group (STP) provides oversight• Services include:<ul style="list-style-type: none">– Dementia advisor service– Memory cafes– Care home education and support– Other services including carer contract, voluntary sector grants etc.



Useful Links

- Full report available at:
<http://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/>
- JSNA Overview available at:
<http://www.devonhealthandwellbeing.org.uk/jsna/overview/>
- JSNA data tool available at:
<http://www.devonhealthandwellbeing.org.uk/jsna/profiles/>



Future plans for Outcomes Reporting

- Reviewing and testing outcome report format with Joint Engagement Forum support
- Revised report to include:
 - Short summary
 - Technical report
 - Easy read report
- New format to be trialled in December

DRAFT JOINT STRATEGY FOR ADULTS WITH A LEARNING DISABILITY IN DEVON

Report of the Head of Adult Commissioning and Health in Devon County Council and Senior Commissioning Manager in the Clinical Commissioning Group

Recommendation: That the Health and Wellbeing Board be asked to comment on the draft joint strategy, *Living Well with a Learning Disability in Devon 2018-2022*, note the engagement undertaken and that formal sign off by each of the statutory agencies will follow in October.

~~~~~

### **1. Introduction**

- 1.1 Across Devon, Plymouth and Torbay we want to promote the independence of people with learning disabilities and help people to achieve what matters to them.
- 1.2 Our draft joint strategy, *Living Well with a Learning Disability in Devon 2018-2022*, builds on the progress made since the publication of our 2014-2017 joint strategy. It sets out our refreshed approach to improve the lives of adults with a learning disability across Devon, Plymouth and Torbay; to support them to be as independent as possible and to lead meaningful lives within their communities.
- 1.3 The draft strategy encompasses the geographical area of Devon, which includes Plymouth and Torbay, and spans the work undertaken by the two Clinical Commissioning Groups and three Local Authority areas.
- 1.4 It has been informed by an understanding of the needs and experiences of people with learning disabilities and their families/carers both now and in the future. The draft joint strategy is attached as an appendix, and Easy Read versions of both this report and the strategy are published alongside.

### **2. Background**

- 2.1 A learning disability is a reduced intellectual ability and difficulty with everyday activities - for example, household tasks, socialising or managing money - which affects someone for their whole life.
- 2.2 There are around 20,586 adults with a learning disability across Devon, Plymouth and Torbay, and 3,530 of these receive adult social care services. Significantly more people with a learning disability across Devon use statutory services than the England average and support is not always focused on enabling people to live as independently as possible.
- 2.3 People with learning disabilities have markedly poorer physical and mental health than their non-disabled peers in Devon, Plymouth and Torbay. Alongside this, only 7% of adults with a learning disability across Devon were in paid employment in 2017.

# Agenda Item 6

- 2.4 Many young people with learning disabilities require health and care support as adults and tell us that the transition to adult services feels like a cliff edge and something they dread.
- 2.5 Health and social care support across Devon, Plymouth and Torbay accounts for £130m of spend.

### **3. Key areas of focus across the health and care system**

- 3.1 People with learning disabilities and their families/carers tell us that they do not generally want to be dependent on public services or placed in a care setting if this can be avoided. Instead, they want to live with and/or be supported by their family and friends at home in the community, have a job and remain connected to their interests.
- 3.2 The draft strategy sets out our vision for adults with learning disabilities across Devon, Plymouth and Torbay. It includes where we are now, our key areas of focus and how we will measure the impact of our actions.
- 3.3 It is part of a programme of work across the health and social care system to improve the lives and address health inequalities of people with learning disabilities. It will support Local Authorities and the NHS to commission quality support that promotes the independence of people with learning disabilities, within the context of significant financial challenges.
- 3.4 In developing this refreshed strategy, we have listened to a wide range of people with learning disabilities and their families/carers about what matters to them. We have also talked with our partners, including providers of care, support and housing, and our Learning Disability Partnership Boards. What matters to people is highlighted throughout the draft strategy and it is important that we continue to listen to people as we develop our work.
- 3.5 The refreshed strategy sets out what we will do together across Devon, Plymouth and Torbay that is best enabled by working at scale.
  - We will work together to have more appropriate housing that meets the range of needs of people with learning disabilities. We will work with Housing Authorities, District Councils and local communities to understand how people are currently supported. This will enable us to have a joint understanding of what is needed in the future to help people achieve what matters to them.
  - We will support more people with a learning disability in Devon to have a job, helping people to develop their skills and also increasing the number of opportunities for employment across Devon, Plymouth and Torbay.
  - We will work together to improve access to healthcare for people with learning disabilities, so that they have improved physical and mental health outcomes and live longer as a result.
- 3.6 The refreshed strategy also sets out what we will commit to in our local areas to improve how people with learning disabilities live their lives.

- We will increase the opportunities in communities for people to live as independently as possible, which means that a wide range of services need to be easy to use for people with a learning disability.
- We will support young people to develop independent life skills, so that they can lead fulfilling lives as adults.
- We want people with learning disabilities to be safe in their communities and to make sure that we always listen to people and their families/carers about their care and what matters to them.
- We will support carers to be able to care throughout the different stages of their lives.

3.7 The refreshed strategy will be underpinned by both local and wider Devon action plans.

#### **4. Next steps**

4.1 The draft strategy will be discussed by the Programme Delivery Executive Group on 21<sup>st</sup> September, and we will seek formal approval from local statutory agencies across Devon, Plymouth and Torbay by the end of October. Following that, we will formally publish the refreshed strategy and take work forward to deliver the identified outcomes for people.

#### **5. Financial Considerations**

This work is being taken forward within the Adult Care and Health budgets across Devon, Torbay and Plymouth.

#### **6. Sustainability Considerations**

We want people with learning disabilities to lead meaningful lives within their communities. There are clear social and economic benefits in supporting adults with learning disabilities to live as independently as possible.

#### **7. Equality Considerations**

It is intended that this approach will promote the equality of opportunity for people with learning disabilities in Devon. We want people with learning disabilities to have the same opportunities as everyone else and to lead meaningful lives in their communities. A full impact assessment of the draft joint strategy will accompany the strategy.

#### **8. Legal Considerations**

There are no specific legal considerations in our approach.

#### **9. Risk Management Considerations**

No risks have been identified.

#### **10. Public Health Impact**

# Agenda Item 6

Public Health are taking forward actions developed across the wider Council to support people with disabilities to live as independently as possible within their communities and to reduce health inequalities for this group.

## 11. Conclusion

The Health and Wellbeing Board are asked to comment on the draft joint strategy and note the next steps.

Tim Golby, Head of Adult Commissioning and Health  
Shona Charlton, Senior Commissioning Manager, Joint Commissioning

### **Electoral Divisions: All**

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter  
Chief Officer for Adult Care and Health: Jennie Stephens

### LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

*Contact for Enquiries: Rebecca Hudson, Senior Commissioning Manager for adults  
Email: [Rebecca.hudson@devon.gov.uk](mailto:Rebecca.hudson@devon.gov.uk), Tel No: 01392 383000, Room: 1<sup>st</sup> Floor,  
The Annexe, County Hall*

DRAFT

# Living well with a learning disability in Devon

2018 – 2022

A joint strategy for adults with a learning disability in Devon, including young people who are approaching adulthood.

## Contents

|                                                                                                      |    |
|------------------------------------------------------------------------------------------------------|----|
| Introduction .....                                                                                   | 3  |
| Context: How this fits within the Sustainability and Transformation Partnership for Devon.....       | 5  |
| Our vision for people .....                                                                          | 6  |
| The outcomes we want for people.....                                                                 | 7  |
| Why this is important and what people have told us .....                                             | 8  |
| What we have achieved so far.....                                                                    | 9  |
| Key area of focus: Opportunities in communities for people to live as independently as possible..... | 10 |
| Key area of focus: More appropriate housing that meets needs .....                                   | 11 |
| Key area of focus: Support for people to get a job .....                                             | 12 |
| Key area of focus: Tackling health inequalities .....                                                | 13 |
| Key area of focus: Preparing young people for life as an adult.....                                  | 14 |
| Key area of focus: Support for people with complex needs .....                                       | 15 |
| Key area of focus: Keeping people safe.....                                                          | 16 |
| Key area of focus: Carers are able to care.....                                                      | 17 |
| How we will measure our impact .....                                                                 | 18 |
| Getting involved .....                                                                               | 19 |
| Useful links .....                                                                                   | 19 |

## Introduction

This strategy builds on the progress made since the publication of our 2014-2017 strategy and sets out our refreshed approach to improving the lives of adults who have a learning disability in Devon.

A learning disability is a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money, which affects someone for their whole life.

Across our health and care services in Devon, we want to promote the independence of people with learning disabilities and help people to achieve what matters to them. We want Devon to be a place where people with learning disabilities are confident, resilient and connected.

This refreshed strategy is informed by what people tell us is important to them. It sets out our vision for adults with learning disabilities across Devon, where we are now, our key areas of focus and how we will measure the impact of what we do.

The strategy encompasses the geographical area of Devon, which includes Plymouth and Torbay, and spans the work of two Clinical Commissioning Groups and three Local Authority areas. It will support Local Authorities and the NHS to commission quality support that promotes the independence of people with learning disabilities, within the context of significant financial and capacity challenges.

Our refreshed strategy sets out what we will do together across Devon, Plymouth and Torbay that is best enabled by working at scale.

- We will work together to have more appropriate housing that meets the range of needs of people with learning disabilities. We will work together with Housing Authorities, District Councils and local communities to understand how people are currently supported. This will enable us to have a joint understanding of what is needed in the future to help people achieve what matters to them.
- We will support more people with a learning disability in Devon to have a job, helping people to develop their skills and also increasing the number of opportunities for employment across Devon, Plymouth and Torbay.
- We will work together to improve access to healthcare for people with learning disabilities, so that they have improved physical and mental health outcomes and live longer as a result.

The refreshed strategy also sets out what we will commit to in our local areas to improve how people with learning disabilities live their lives.

- We will increase the opportunities in communities for people to live as independently as possible, which means that a wide range of services need to be easy to use for people with a learning disability.
- We will support young people to develop independent life skills, so that they can lead fulfilling lives as adults.
- We want people with learning disabilities to be safe in their communities and to make sure that we always listen to people and their families/carers about their care and what matters to them.
- We will support carers to be able to care throughout the different stages of their lives.

The refreshed strategy will be underpinned by both local and joint action plans across Devon, Plymouth and Torbay.



## Context: How this fits within the Sustainability and Transformation Partnership for Devon

This refreshed strategy sits within the overarching context of the Sustainability and Transformation Partnership (STP) for Devon.

The STP is working towards an aligned health and care system across Devon; to continually improve the health and care of people living in Devon, Plymouth and Torbay. It seeks to address the three key aims of the *NHS Five Year Forward View* to improve people's health and wellbeing, experience of care and cost effectiveness.

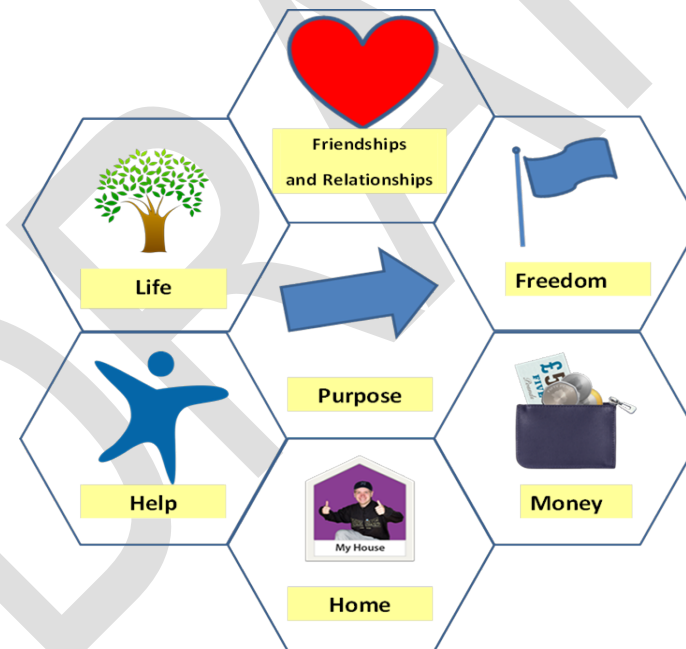
Across Devon, the STP is working to deliver better and more equal outcomes for more people and to do it sustainably, harnessing the value of partners coming together to tackle problems together. This refreshed strategy for adults with learning disabilities is part of the work of the STP to improve the lives and address health inequalities of people with learning disabilities.

Through the overarching STP for Devon we will change the way we work together by delivering a range of activities and initiatives that will be planned around our four strategic priorities. These have informed the refreshed strategy for adults with learning disabilities.



## Our vision for people

- We are ambitious for people with learning disabilities in Devon.
- We want people with learning disabilities to have the same opportunities as everyone else and to lead meaningful lives within their communities<sup>1</sup>.
- What matters to people and how they achieve their potential will drive all we do.
- People with learning disabilities have the right to choice and control and to be treated with dignity and respect.
- Carers and families of people with learning disabilities have the right to the same hopes and choices as other families.



## The outcomes we want for people

There are eleven key outcomes that we want for people, which are expressed below as “I” statements.

- I am an active citizen and member of society.
- I have opportunities to meet friends, to join social groups and to benefit from community and leisure facilities.
- I can develop independent life skills to achieve my potential and use Technology Enabled Care and Support where appropriate.
- I have appropriate education and training opportunities to support me to learn the skills needed to have a job.
- I have information and advice that I can understand and access to support when I need it that is close to home and helps me to achieve my goals.
- I live in my own home, where possible, with appropriate accommodation and housing that meets my needs.
- I am supported to live an independent life that is right for me throughout my early life and as an adult.
- Where I have complex needs, specialist and intensive support is in place for when I need it.
- My family and/or carers are able to care for me.
- I can access the healthcare I need and have improved physical and mental health outcomes and live longer as a result.
- I feel safe and can take positive risks because I am supported in the right way.

## Why this is important and what people have told us

We know that people with disabilities and their families/carers do not generally want to be dependent on public services or be placed in a care setting if this can possibly be avoided. Instead, they tell us that they want to live with and/or be supported by their family and friends at home in the community, and remain connected to their interests.

In Devon we still have significantly more people using statutory services than the England average and the way that people with learning disabilities are supported is not always focused on enabling them to live as independently as possible.

Our understanding of the needs and experiences of people with learning disabilities and their families/carers both now and in the future has informed this strategy. We have highlighted throughout the strategy what people with learning disabilities and their families/carers have told us is important to them.

Page 34

**There were 20,586 adults with a learning disability in Devon in 2017 (over 2% of the Devon population)**

**7% of adults with a learning disability are employed in Devon**

**There are 3530 adults living in Devon with a learning disability who receive social care services**

**£130m spend across Health and Social Care across Devon**

## What we have achieved so far

| <b>Transforming Care Partnership</b><br><i>Across Devon, care and treatment reviews have ensured thorough facilitated discussions between relevant professionals, families and helpful challenge from independent experts. Discharge planning for people is now more robust.</i><br><i>Good practice examples in the development of local, person centred services for people with complex needs, including Beyond Limits and new housing development in Dawlish.</i><br><i>Closer relationships between hospital and community providers.</i>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Devon</b><br><br><i>Learning Disability Partnership Board and Council leaders committed to improving accessibility and support to promote people’s independence and support integration in communities. This includes making bus routes more accessible, ensuring bus drivers receive learning disability awareness training and providing people with accessible information to help them understand the different types of road crossings.</i><br><br><i>Increased the number of internship places available in Devon to young people with disabilities. This included running Disability Confident meetings with Skills for Employment.</i><br><br><i>Ran a targeted information campaign on dysphagia and choking risks.</i><br><br><i>Agreed levels of shared support in Devon’s 90 Supported Living buildings, so that people can make more informed choices about where they live.</i> | <b>Torbay</b><br><br><i>Learning Disabled people, commissioners and providers have coproduced a new Supported Living specification and framework for Torbay. Housing is separate from care and support. Learning disabled people have equal rights to tenancy agreements with clear outcomes based care and support.</i><br><br><i>Project Aspire, delivered in partnership by South Devon College and Torbay and South Devon NHS Foundation Trust supports young people aged 18– 24 years to develop skills, gain qualifications and secure meaningful employment.</i><br><br><i>SPACE an independent support planning service are working with Learning Disabled people in residential care to support them into greater independence. SPACE is also working with Learning Disabled people to support them into bespoke employment opportunities.</i> | <b>Plymouth</b><br><br><i>Better housing with increased focus on promoting independence – 12 city centre flats with on-site support.</i><br><br><i>Co-produced outcomes with people with learning disabilities and developed a quality mark to help people make informed decisions about their care.</i><br><br><i>Invested in assistive technology to support people to live independently.</i><br><br><i>Health and wellbeing hubs set up with time banking and volunteering opportunities for people with learning disabilities.</i><br><br><i>Peer led project to educate young people with learning disabilities against sexual exploitation.</i><br><br><i>Derriford Project Search and Funky Llama supported young people with learning disabilities to get paid employment.</i><br><br><i>Plymouth Special Olympics supported people with learning disabilities to train as sports coaches and compete.</i> |

## Key area of focus: Opportunities in communities for people to live as independently as possible

It is very important that the outcomes underpinning this strategy are upheld in our local communities and also within the services we all use in our lives, such as support to have a job, accessible transport, leisure facilities and housing. This means that a wide range of services need to be easy to use for people who have a learning disability.

People have told us:

- I want to be accepted for who I am and to be able to get involved in my community.
- I want to have friendships like everyone else.

What we will do:

- We will work alongside local communities, bringing together people with skills, expertise and knowledge in an area to support people with learning disabilities to access the same opportunities as everyone else.
- We will create more opportunities for (unpaid) friendships and peer support in communities for people with learning disabilities. Friendship groups will include a matching service for people interested in the same type of activities.
- Devon County Council will develop an accessible website and online community for people with learning disabilities to better connect people with one another and their communities. Learning from this will be shared across Devon.
- Devon's Learning Disability Partnership Board will continue work to improve accessibility and support in communities to both promote people's independence and support integration in communities. This includes making bus routes more accessible, ensuring bus drivers receive learning disability awareness training and providing people with accessible information to help them understand the different types of road crossings.
- We will work with our partners to increase the number of Changing Places (toilets) in market towns across Devon and for information about recycling and refuse collections to be available in easy read format.
- We will work with universal services such as GP surgeries, hospitals, schools, businesses and employment support to ensure that they are easy to use for people who have a learning disability.
- We will consider how Technology Enabled Care and Support can either replace or complement the care and support that people receive, and to support them to live as independently as possible in their communities.

## Key area of focus: More appropriate housing that meets needs

Independent living means all people with a learning disability having the same freedom, choice, dignity and control as other citizens at home, work and in the community. We want people to live in their own homes, where possible, and for there to be enough appropriate housing to meet need. **We will work together across Devon, Plymouth and Torbay to secure more appropriate housing that meets the range of needs of people with learning disabilities.** We will work together with housing authorities, District Councils and local communities to understand how people are currently supported and what is needed in the future to help people to achieve what matters to them.

People have told us:

- I want my own home and I want to live close to my friends and family.

What we will do:

- Many people with learning disabilities live in their own homes either alone or with family members or companions, and we will support them to continue to do so.
- Some people with learning disabilities, usually if they have significant support or care needs, require a different living environment to meet their health and care needs. Where this is the case, we want people to be supported in these settings to develop independent living skills.
- We do not want people with learning disabilities to be placed into a care home where their needs can be met elsewhere, or to remain in a care home unnecessarily. For those people currently living in care homes who have the potential to live more independently, we will help them to look at alternatives to residential care to better support them to achieve their goals.
- We will work with providers to develop supported living and extra care housing. These settings can promote independence in people while still providing up to 24 hours of support to meet their care needs.
- Across Devon, Plymouth and Torbay we will develop a housing plan to stimulate the development or sourcing of good quality accommodation for people with learning disabilities who display behaviours that challenge.
- We will improve our understanding of how providers support people with learning disabilities in Devon, to inform our work with the market to develop models that support people to develop independent living skills over time.
- People's needs change over time and we will work with providers to develop appropriate accommodation and housing that will support people through these changing circumstances. We will also consider the accommodation requirements of young people who will need health and social care support as adults.

## Key area of focus: Support people to get a job where appropriate

Employment is one of the best ways to build on people's strengths and abilities, and to enable them to live independently within their communities. Yet, only 7% of adults with a learning disability in Devon, Plymouth and Torbay have a job. The recent National Development Team for Inclusion study into the effectiveness of different models of employment support for people with disabilities<sup>2</sup> concluded that supported employment is the most effective. This has been supported by a national focus on creating flexible employment opportunities for people with learning disabilities.

**We will work together across Devon, Plymouth and Torbay to support more people with a learning disability to have a job.** We will support people to develop their skills and also increase the number of opportunities for employment.

People have told us:

- I want to have a paid job so that I can help support myself and do the things I want.
- I find it difficult to get a job.

What we will do:

- Across wider Devon, we will increase the number of people with learning disabilities in Devon who are employed.
- We will create more supported employment opportunities and increase the number of Disability Confident employers across Devon.
- With our partners, we will promote the value that people with learning disabilities can bring to businesses and to the local community through a focused campaign across Devon.
- We will work with a range of partners, including Jobcentre Plus, Further Education colleges, Learn Devon, businesses and universities, to address the known barriers to employment and increase opportunities for volunteering, apprenticeships, internships and employment for people with learning disabilities. This work requires a multi-agency approach with all organisations taking responsibility for this ambition and taking steps to support people with learning disabilities to have and retain a meaningful job.
- The care and support that people receive will be focussed on supporting them to learn the skills they need to have a job, where appropriate.
- We will ensure that people have access to appropriate education and training opportunities to learn the skills they need to have a job.

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<sup>2</sup> <https://www.ndti.org.uk/our-work/our-projects/employment1/employment-support-for-disabled-people>



## Key area of focus: Tackling health inequalities

People with learning disabilities have markedly poorer health than their non-disabled peers and have a high prevalence of diagnosed health problems. They experience poorer physical and mental health, and significantly lower life expectancy. The recent study<sup>3</sup> by the Learning Disabilities Mortality Review (LeDeR) programme into the deaths of people with learning disabilities indicated that this inequality continues.

**We will work together across Devon, Plymouth and Torbay to improve access to healthcare for people with learning disabilities**, so that they have improved physical and mental health outcomes and live longer as a result.

People have told us:

- I want to be understood.
- I don't know how to access health care when I need it.

What we will do:

- Increase the number of people with a learning disability on the GP learning disability register who have Annual Health Checks that lead to a Health Action Plan.
- Promote and implement the MENCAP campaigns of “Don't Miss Out” and “Treat me Right” and give particular focus on the inclusion of 14-17 year olds by working with schools.
- Promote and implement the STOMP anti-psychotic prescribing programme (Stop The Over Medication of People with a learning disability).
- Support people who have a learning disability to access those services that are appropriate to their needs as they grow older, including dementia related needs.
- Ensure that people with a learning disability and their families/carers have tailored support at the end of their life.
- Support and promote the process for learning from deaths of people with learning disabilities through the Devon Learning Disabilities Mortality Review (LeDeR) programme and will train more reviewers.
- Strengthen information sharing and effective communication between different care providers or agencies.
- Make sure that all people with learning disabilities with two or more long-term conditions (related to either their physical or mental health) have a local, named health care coordinator.
- Provide learning disability awareness training to staff, delivered in conjunction with people with learning disabilities.

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<sup>3</sup> <https://www.hqip.org.uk/resource/the-learning-disabilities-mortality-review-annual-report-2017/>

## Key area of focus: Preparing young people for life as an adult

Many children and young people with learning disabilities will require health and care support as adults. However, young people and their families/carers regularly tell us that the transition from children to adult services is a challenging and uncertain time for them.

We want to support young people to develop independent life skills so that they can lead fulfilling lives as adults and achieve their potential.

People have told us:

- I don't want to have to fight for everything.
- I want to be listened to.
- I want someone to understand my situation.
- I want my young person/adult to be able to do things other young people their age are doing.

What we will do:

- We will work better together to support young people transitioning from children's services.
- We will make sure that support is focused on enabling young people with learning disabilities to live as independently as possible. This will include support for young people to develop independent living skill such as travel training, learning the skills needed to cook and, where appropriate, to have a job as an adult.
- Young people with learning disabilities and their families/carers will be able to access information and advice to support them to know what is available and to help them to live within their local communities.
- We will increase the number of young people who use Technology Enabled Care and Support to promote their independence.
- We will increase employment and training opportunities for young people, including within our own organisations.
- We will secure and use the information required to regularly plan for those young people with learning disabilities who will need health and care support as adults.
- We will help people to be steady and ready for the next real transition (not artificial or administrative transition) in their lives. This will include learning from testing new ways of working with young people and their families/carers.
- We will build emotional resilience and increased ambitions of young people and their families as they move towards adulthood.

## Key area of focus: Support for people with complex needs

The report stemming from the scandal of Winterbourne View<sup>4</sup> highlights that: “*nationally there are still too many people placed in hospitals far away from home because their needs have not been met by local services*”. There are still people placed in care outside Devon when they have not chosen to be there.

Much progress has recently been made through our Devon- wide Transforming Care Partnership to ensure that more people with complex needs live in their own home, have choice over who supports them and are part of their communities. We want to increase the supply of the right skilled providers to support people with very complex needs.

People have told us:

- I want to be close to family and friends, and to go home.
- There is a lack of training, skills and support for families and carers in managing complex needs and behaviours.
- There is a lack of confidence in behaviour management and shared risk taking by practitioners, carers and families.
- We need to listen to carers and families as expert partners in care.

What we will do:

- We will reduce the number of people with learning disabilities placed in inpatient settings across the country.
- Our housing plan for people with learning disabilities who display behaviour that challenges will identify those likely to require accommodation on discharge from an out of area in-patient bed. We will work with local housing providers and the market to respond with housing and care solutions.
- We will develop Positive Behavioural Support services so that people get the right psychological support to help them manage crises without having to go to hospital.
- We will unblock the flow of patients in the Additional Support Unit (ASU) beds provided by Devon Partnership Trust (DPT) and Livewell so that the clinical teams can manage short term admissions when required.
- We will improve the planning of transition for young people and develop community forensic services.
- We will improve workforce development, recruitment and retention by closer working with partners, including Health Education England, Skills for Care, Universities and the National Learning Disability Nurse Consultant Network.
- We will work together as a system of services to put in place the right support for people whose needs touch a range of services, so that the support is seamless and focused on what matters to people.

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<sup>4</sup> The Winterbourne View inquiry occurred at Winterbourne View, a private hospital at Hambrook, South Gloucestershire. A 2011 Panorama investigation exposed the physical & psychological abuse suffered by people with learning disabilities & challenging behaviour at the care home.

## Key area of focus: Keeping people safe

Keeping people with learning disabilities safe and helping them to stay safe is a key priority for us all. We need to ensure that staff are well trained to support prompt responses to any allegation of abuse and that the general public, volunteers and professionals have a good understanding of safeguarding. We will support individuals to speak out with the help of trained advocates if required.

People have told us:

- I do not always feel safe in Devon.
- I am worried about the care that my family member is receiving.

What we will do:

- Make sure that all services we provide or commission are fully up to date in training their staff, not only in safeguarding processes, but also in respect of the Mental Capacity Act in relation to the Deprivation of Liberty Safeguards.
- We will commission services that deliver kind and compassionate care that helps to keep people safe.
- We will carry out focus groups across Devon to understand the reasons why people don't feel safe.
- We will review how Local Authorities and safeguarding partners are managing safeguarding concerns to make sure that we are dealing with these quickly and proportionately.
- We will carry out a safeguarding publicity campaign to make sure people know what safeguarding is and how to get the help that they need when they need it.
- We will make sure that we are always listening to families and carers of people with a learning disability about the care their family member is receiving and what matters to them.

## Key area of focus: Carers are able to care

People have told us:

- We want to be recognised and involved in planning with our family members.
- We want to understand what services are available for our family members and to be respected and involved by them, particularly in preparing for adulthood, living independently and preparing for later life
- We want to be put in touch with support which enables us as families and carers to maintain our health and wellbeing, resilience and to have a life of our own.

What we will do:

- The role of caring is important within the strategy and we acknowledge that whilst carers' needs are addressed in separate strategies, the needs of carers of people who have a learning disability are supported in tandem through the commissioning actions taken across Devon, Plymouth and Torbay.
- We will involve families and carers in the health and care support for people with learning disabilities.
- We will support families and carers to plan for when they have gone and to build that planning into the support for their child.
- We will give help and information to families and carers as part of planning for support for people growing older with learning disabilities. For example, informing them of sources of support for people after a family bereavement.
- We will support parents with disabilities to fulfil their parenting role for their children.

## How we will measure our impact

Whilst there is much good work to build on, we recognise that this work is challenging in the context of limited resources across the health and care system in Devon. We need to commission and secure quality support that promotes the independence of people with learning disabilities, within the context of significant financial and capacity challenges.

It is really important that we continually monitor the impact of our work to better support people with learning disabilities across Devon.

We will review our progress in respect of the outcomes that we have developed with people with learning disabilities and their families/carers.

Alongside this, we will also consider the following indicators:

- Increased number of people with learning disabilities in employment.
- Increasing numbers of people with learning disabilities who are satisfied that they have a clear plan for progression.
- Fewer people in hospital and residential care/nursing provision, and independent out of county provision.
- Levels of support and associated costs reduce over time and fewer emergency placements/provision.
- Awareness by GPs of a young person's health needs going in to adulthood and as adults.
- Increased number of people with learning disabilities who have had an Annual Health Check.
- People with learning disabilities feel more able to be involved in their communities.
- Health and social care services are more effective and safer for people with learning disabilities, so they live for longer.
- Increased satisfaction of carers.

The improvements in care and support within this strategy will be monitored locally by each local authority and CCG, with regular reports to the Health and Wellbeing Boards in each Council area.

The Learning Disability Partnerships Boards will also have an important role in the monitoring of any local action plans, ensuring the full involvement of people who have a learning disability and their families and/or carers.

## Getting involved

It is really important that we work closely with people with learning disabilities and their families and carers as we work to achieve our ambitions.

We want to understand what is important to people and to have regular conversations that inform the development and delivery of our work to improve support.

Devon, Plymouth and Torbay operate effective Learning Disability Partnership Boards, which include a range of service providers, carer representatives, commissioners and people who have a learning disability.

There are many ways that we monitor our progress and hear directly from families and carers and people with learning disabilities about what needs to be improved.

If you want to get involved, please get in touch.

## Useful links

### DEVON

<http://www.learningdisabilitydevon.co.uk>

<https://www.onesmallstep.org.uk>

<https://devoncarers.org.uk>

<https://www.pinpointdevon.co.uk>

Northern, Eastern and Western Devon CCG

<http://www.newdevonccg.nhs.uk/partnerships/learning-disabilities/100085>

Devon Partnership Trust

<http://www.devonpartnership.nhs.uk/Learning-Disabilities.68.0.html>

### PLYMOUTH

Plymouth Council

<http://www.plymouth.gov.uk/learningdisabilities.htm>

Plymouth Community Healthcare

<http://www.plymouthcommunityhealthcare.co.uk/services/community-learning-disabilities>

### TORBAY

Torbay Council

<http://www.torbay.gov.uk/index/adults-health/learningdisability>

Torbay and Southern Devon Health and Care Trust

[http://www.tsdhc.nhs.uk/yourlife/adult\\_social\\_care/pages/learningdisabilityservices.aspx](http://www.tsdhc.nhs.uk/yourlife/adult_social_care/pages/learningdisabilityservices.aspx)

Torbay and Southern Devon Clinical Commissioning Group

<http://www.southdevonandtorbayccg.nhs.uk>





Health and Wellbeing Board  
13 September 2018

## **SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) UPDATE AND INTEGRATED CARE SYSTEMS (ICS) DEVELOPMENT**

Report of the Head of Adult Commissioning and Health, Devon County Council and Sonja Manton, Director of Strategy, New Devon CCG and South Devon and Torbay CCG

### **Recommendation:** HWBB

- (1) Note progress on the STP and the ICS development
- (2) Consider and advise on Health and Wellbeing board involvement in future ICS design work

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1. Introduction

This paper has been developed to create the opportunity for discussion and contribution from partners, stakeholders and communities as we work together on strengthening our existing partnership arrangements in designing and developing the next stage of our health and care integration. Health and Wellbeing Board members will note previous updates and discussions on partnership working across Devon, Plymouth and Torbay as part of the Sustainability and Transformation Partnership (STP) and the emerging Integrated Care System (ICS) in Devon.

The purpose of this paper is to:

- (i) Highlight the two-year STP report which has been recently published, providing the opportunity to reflect on the progress across Devon, Plymouth and Torbay over the past two years against our shared ambition
- (ii) Update on recent national developments in relation to Integrated Care Systems and local work on developing a strategy for our system
- (iii) Invite members to consider how they can be involved in the system development and design work over the Autumn in relation to the emerging ICS in Devon

An ICS is not the creation of a new organisation, but rather a strengthening of partnership working with health and care organisations working more closely together than ever before to the benefit of our population. The NHS Constitution and Local Authority Constitution will remain at the heart of everything we do, meaning anyone can receive high-quality NHS care, free at the point of access, whenever they need it. People will still see a GP when they need it and there will still be hospital care. Health and care delivery models are becoming more aligned and this will mean services are increasingly organised around the needs of individuals and not organisational boundaries. There is no change to legislation, statute or constitutions. The role of the Health and Wellbeing Boards will remain and options on governance of these strengthened integrated arrangements will need to be explored.

Agenda Item 7

2. The Sustainability and Transformation Partnership in Devon

Since December 2016, partners in the health and care system across Devon have been working with a shared purpose to create a clinically and financially sustainable health and care system that will improve the health, wellbeing and care of the population

Our four strategic priorities are:

- Enable more people to be health and stay healthy
- Enhance self-care and community resilience
- Integrate and improve community services and care in people's homes
- Deliver modern, safe and sustainable services

It remains an ambition in Devon to move towards fully integrating health and care services, organised around needs of individuals. Our aspirations for the Devon system are emerging from the STP process and are built on solid foundations of collaborative working and integration. We have recently reflected on our progress over the past two years (published in the two-year STP report¹ in July 2018) and used this as an opportunity to reflect on our strategy for our system, as we consider what the future of integrated care in Devon needs focus on. A copy is also attached at Appendix A

3. Integrated Care Systems – national thinking

ICSs are those in which commissioners, NHS providers and Local Authorities, working closely with GP networks and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they work together for the benefit of local populations and improved outcomes.

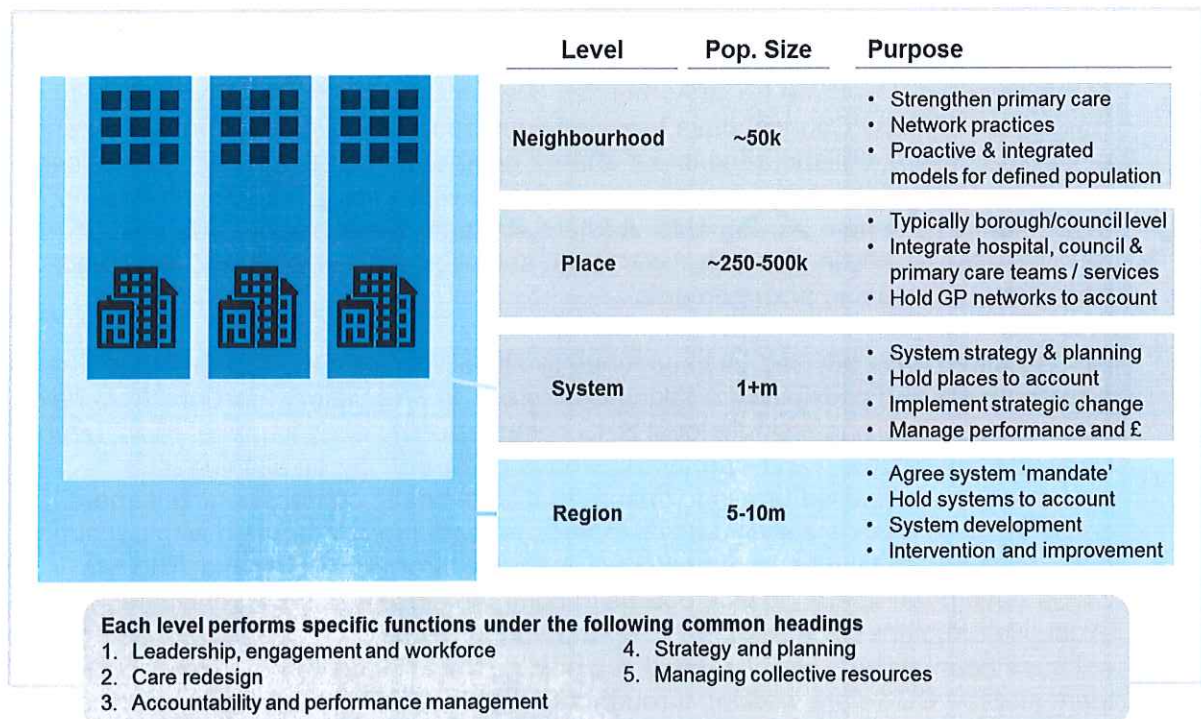
Nationally, there is emergent thinking about how integrated care systems are agile in their ability to join up care provision and commissioning at both very local level in neighbourhoods and towns, place and at wider system levels.

Whilst a national framework (see below) is available it will be for local areas to apply this in a way that best fits local needs. We are well placed in Devon with:

- (1) Coastal and market towns supported by primary care and our integrated health and care teams (neighbourhood)
- (2) Planning arrangements at 'place' with district/city councils and secondary care (Place)
- (3) System strategy and planning across Devon, Plymouth and Torbay (System)

¹ <http://www.devonstp.org.uk/wp-content/uploads/2018/07/STP-two-year-report-05.07.2018.pdf>

Slide from presentation to National STP Leads (June 2018)



From the emerging national framework above, there is a strong emphasis of focusing the clinical and professional integration of care and how people experience care at a very local level (neighbourhood) and primary care is at the core of this. There are further opportunities from integrating networks of primary care and community health and social care services with hospitals and wider local authority functions at "place" and at system level opportunity to strategically plan for meeting the needs of populations, and deploying collective resources to meet these, addressing inequalities and ensuring efficiency and effectiveness in management and operational processes. The role of commissioning in integrated care systems is still evolving but will inevitably have to be able to operate effectively at all levels to maximise the benefits to our population and have a focus on primary care as a cornerstone of our care system.

Our experiences tell us that working together and integrating care at a very local level is important because it means we can be responsive to local needs, deliver rapidly to meet local and national priorities, ensuring that local voices are heard in developing ways of working and caring for people, leading to strong ownership of outcomes and good use of local assets and resources.

It is our ambition and intent that the benefits that we have reaped from working together locally, such as delivering innovative changes at pace to enhance care for the local population, are supported and enhanced with the advantages of being part of a wider Devon system and the resilience, sharing of good practice, and economies of scale that this has to offer. Historically, we have drawn much strength from our diversity, particularly in primary care, which has been able to develop local responses to specific issues. We want to build on this strength going forward, developing our local multi-agency delivery teams in parallel to designing our future ICS commissioning arrangements at scale.

Agenda Item 7

A core element of the emerging approach is the development of integrated strategic commissioning, which can act across health and social care, and take on delegated commissioning from NHS England for primary care and increasingly specialised commissioning. The three Local Authorities (Devon County Council, Plymouth City Council and Torbay Council) have been active in approach to date; sharing elements of commissioning, collaborating in our shared geographies and delegating significant investment into joint commissioning arrangements with each CCG through section 75 agreements/ risk share agreements. A future strategic commissioner will need to recognise these existing joint arrangements, and align them with other clinical and council commissioning arrangements.

NHS England have advised us to continue to act as a system and work through the arrangements and possibility for taking on more of the regulatory functions from next year, subject to having a single local NHS commissioning body in place. NEW Devon CCG and South Devon and Torbay CCG have been working on aligning their resources and executive teams to ensure that local health commissioning is more consistent and there is a sound basis to become both more integrated with Local Authorities and to take on enhanced responsibilities from NHS England. The two CCGs have been operating with boards in common since autumn 2017 and a joint executive structure since April 2018. By the end of the summer, the CCGs' workforce will have been more formally aligned in a single structure to support this executive team and the CCGs are working through a formal process of applying to become one CCG from April 2019.

4. Developing the Devon System

To effectively evolve our current partnership arrangements to meet the needs of our population for the future, partners, stakeholders and communities are involved in system design and development work to create a high performing and sustainable integrated care system. Recent work by system partners (including representatives from NHS, Local Authorities, Public health, Primary care, Clinical and Professional leads and other system stakeholders) has led to the development of a draft ICS strategy on a page as set out in Appendix 2. Further work, as part of the overall system design and development plan, is needed to widen participation, engagement and dialogue with communities in these developments, and design the operating model for the integrated care system, including development at neighbourhood and place level. Members of the Health and Wellbeing Board are invited to discuss involvement in this design work over the coming months, in particular partnership working with the other two health and wellbeing boards in the Devon system to support the development of the integrated care system.

Tim Golby
Head of Adult Commissioning and Health, DCC

Sonja Manton,
Director of Strategy, New Devon CCG and South Devon and Torbay CCG

Agenda Item 7

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:

Tim Golby, Head of Adult Commissioning and Health

Tel No: 01392 383 000

Room: 1st Floor, The Annexe, County Hall

<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
Nil		



Devon Sustainability and Transformation Partnership (STP) plan

Two-year report



July 2018

Good progress made in Devon over the past two years

The Sustainability and Transformation Partnership (STP) has been a positive catalyst for Devon. It has helped leaders build a collaborative, system approach to the NHS and local government.

After two years of work, Devon is now in a stronger position to further integrate services for the benefit of local people. The collective work by leaders has helped us tackle the historical challenges we have faced, with our financial and service performance improving.

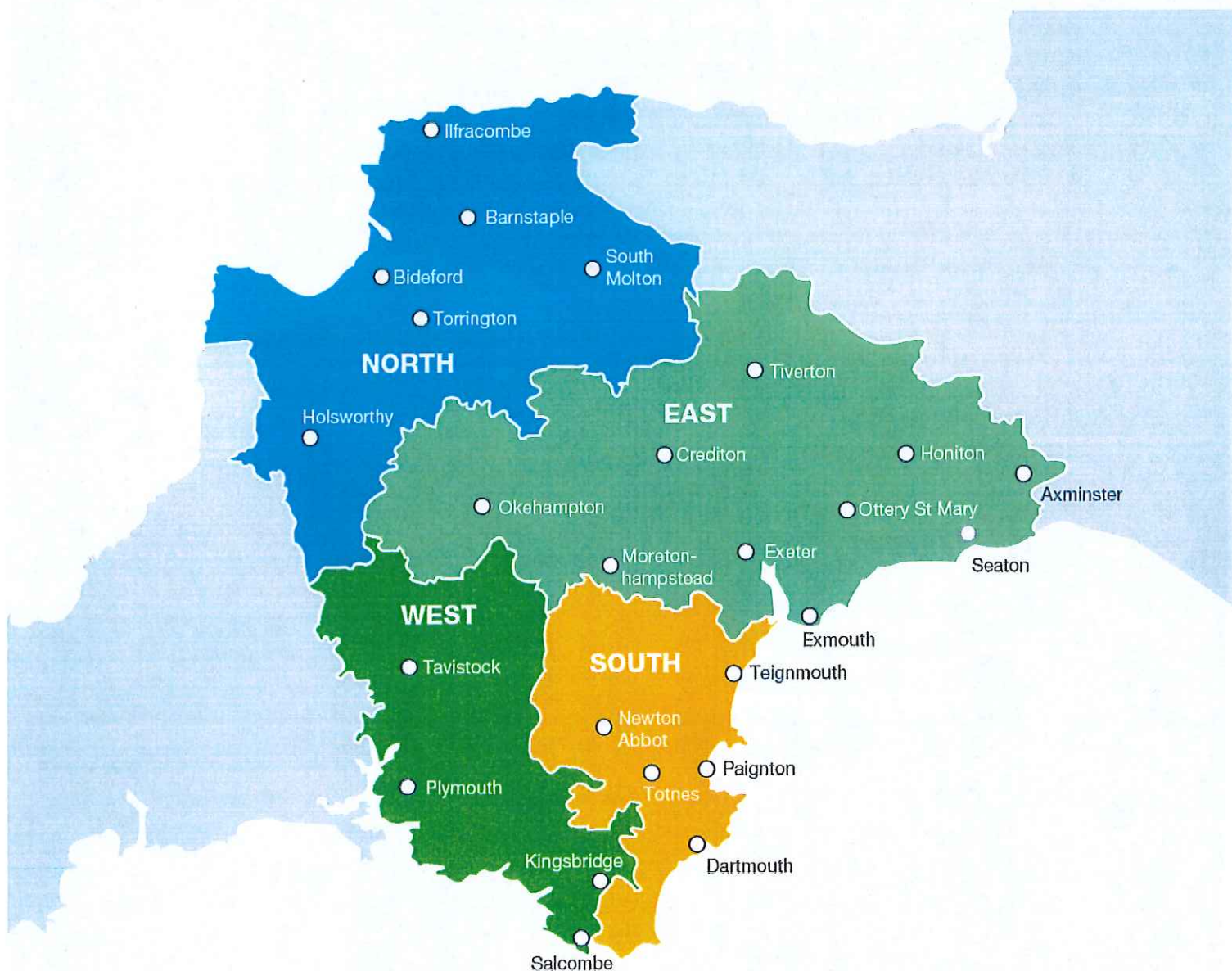
Working in partnership has enabled our local leaders to try new and different approaches.

The framework of the STP has also helped the NHS in Devon to move away from being one of the three most challenged health systems in England to one of 14 systems making progress.

This progress is testament to the original plan that was put in place in 2016.

Contents

Introduction.....	4
What the STP plan set out to achieve	6
What we have achieved in the last two years.....	10
Our priorities and plans for the next three years	13



Introduction

Three local authorities, seven NHS organisations, and one Community Interest Company combined to form a single Devon Sustainability and Transformation Partnership (STP) in October 2016.

Devon was one of 44 STPs set up across England with the aim of encouraging all health and social care partners to work together to tackle historic challenges and put services onto a strong foundation for the future. Each STP put together a plan, with Devon's published in November 2016.

Considerable effort has been put into building relationships, and all partner organisations are members of a *Collaborative Board*. Members of this Board are wide ranging, and include all Chairs, Chief Executives, Accountable Officers, lead members for adult social care and political leaders.

Progress on the STP is monitored through a monthly *Programme Delivery Executive Group*. All partner organisations in the STP are represented at senior level on the Group to ensure strong governance. An operational meeting of the Group also reviews performance against national standards on health and social care services across Devon.

A *Clinical Cabinet* – made up of senior doctors and professionals from primary care, secondary care, mental health and social care – ensures a continued focus on professional best practice.

In addition, there are key STP workstreams – with representatives from the NHS and local authorities across Devon – to progress key priorities, such as prevention, mental health, integrated care, services in GP practices and pharmacies, and services for children and young people.

The STP has been a positive catalyst for Devon. It has helped leaders and staff build a collaborative, system approach across the NHS and local government to tackle the historical challenges we have faced. As a result, our financial and service performance has improved and, importantly, Devon is now seen nationally as a county making progress.

The improvements we have made

Many of the developments in our first two years focused on ensuring our services were sustainable, driving more joined-up health and social care services, supporting more people with mental health problems, and enhancing the performance of services in hospitals, GP practices and care homes.

We have had some notable developments:

- Our **Acute Services Review** developed new standards for critical services, ensuring we maintain access to urgent and emergency care, and maternity services at all four of Devon's main hospitals.

- All four organisations providing acute hospital services agreed a ground-breaking **mutual support** approach to benefit our population.
- **Improved performance against national NHS standards** has seen Devon move into the top 30% nationally for urgent care and mental health services.
- Devon has many leading and **innovative mental health services**. These include liaison psychiatry in each A&E to ensure people get the right help when they need it and a new specialist unit opening next year so women can stay near their families and do not need to travel for treatment outside the county.
- In assessments by the independent regulator, the [Care Quality Commission](#), 86% of **adult social care providers** are rated as either 'Outstanding' or 'Good', exceeding the overall national average for England of 80%. And, all **GP practices** in Devon are rated 'Outstanding' or 'Good'.
- **Ten new housing developments** have been set up with NHS support across England to shape the health of communities. Cranbrook in Devon is one of these and is leading to a rethink in how health and care services are delivered locally.
- Many more patients are now **treated outside traditional hospital settings**. Community nurses, social workers and therapists play a vital role in supporting people to live at home. In north Devon alone every 24 hours, these staff visit around 300 people in their own homes, saving people from around 2,500 admissions to hospital every year.

The NHS will use new medicines, genetic research and digital technologies, like apps and artificial intelligence, to ensure people continue to live longer and healthier lives.

Where patients have serious illness, expert advice and cutting-edge treatments have become available to more people in specialist centres. In future, treatments could be tailored to an individual's DNA or surgeries be carried out virtually from remote locations.

Innovation sits at the heart of our next phase, and embracing it is critical to enable us to deliver even better outcomes for patients as close to home as possible.

Our plans for the future

Our focus in the next three years will shift to support more people in Devon to live happy, healthy lives at home.

This will see the NHS work more collaboratively with local communities and partner organisations, like social care and the charity sector, to help people live healthier lives.

Our focus builds on the developments we have seen in the first 70 years of the NHS, where:

- **People now live 12 years longer** than in 1948, with the average life expectancy now at 80 years.

This document

This publication sets out our aims in 2016, what progress we have made and, importantly, what we are now planning over the next three years.

What the STP plan set out to achieve

This chapter sets out the aims, challenges and focus of the original STP plan, published in 2016.

Our aims

We will operate as an aligned health and care system, to be an effective force and trustworthy partners for the continual improvement of health and care for people living in Devon, Plymouth and Torbay.

We will address the three key aims of the [NHS Five Year Forward View](#) to improve population health and wellbeing, experience of care and cost effectiveness per head of population.

Working as a collective, we will deliver better and more equal outcomes for more people in a sustainable and joined up way. We will do this as efficiently as we can, within the financial resources available to us.

Our mission

We will focus everything we do on our 'triple aim' of improving:

1. Our population's health and wellbeing
2. The experience of care
3. The cost effectiveness per head of population.

Our strategic objectives

We will deliver:

- Excellence in service delivery and performance.
- Improved health and wellbeing for populations and communities.
- Integrated care for people.
- Improved care for people.
- Empowered users who are experts in managing their care needs.

Our commitment

Partners across the Devon community are united in a single ambition and shared purpose to create a clinically and financially sustainable health and care system that will improve the health, wellbeing and care of the populations we serve. Over five years, we will achieve improvements in clinical and financial outcomes.

Our aspirations

We are committed to transforming care to deliver the best possible health outcomes for our local population. This will be achieved by having a greater focus on prevention, proactive care, and new models of care.

We will take an approach that links health, education, housing and employment through joint working of statutory partners and the voluntary and charitable sectors.

2016/17

Phase 1: clinical and financial recovery plan to reduce overspending

Engage, design and consult on a new model of integrated care to ensure an equal spread of services across Devon and reduce reliance on hospital care. Deliver early win initiatives to progress first phase financial recovery.

2017/18

Phase 2: start planning and implementing the longer term clinically and financially sustainable models of care

Engage, design and consult on reconfigured new models of care for mental health, acute and specialist services to secure clinically sustainable services, reduce duplication and variation and improve user experience.

2018/19

Phase 3: promote prevention and early intervention. Fully implement integrated care

- Build equitable mental health and emotional wellbeing capacity.
- Mobilise new models of fully integrated health and social care, primary care, local community support in all localities and promote care closer to home.
- Realign use of resources to achieve population and service equity.
- Workforce redesign and capacity building to support care model delivery and to promote economic growth and resilience.
- Commence specialist and acute reconfigurations implementation.
- Reinforce service safety and resilience by reorganising across hospital sites.
- Increase the support available to people with learning disabilities and challenging behaviour. Develop an employment and housing strategy for those with learning disabilities and autism.

2019/20

Capture the benefits of reduced variations in care and provision, reduced health inequalities

Enable people to access services that achieve better outcomes. Also enable care providers to better manage demand for their services – right care, right place.

2020/21

Clinical and financial sustainability secured

Ensure improvements in health outcomes, patient experience and financial performance are made.

The original case for change

Services in Devon must change in order to become clinically and financially sustainable. The key reasons for this were highlighted in a *Case for Change*:

- **People are living longer and will require more support from the health and care system.** More than 280,000 local people (23% of the population) including 13,000 children, are living with one or more long-term conditions.
- **Spending per person on health and social care differs markedly** between areas of Devon and is 10% less in the most deprived parts. There are also financial inequalities between Devon and other neighbouring counties.
- We need to **respond better to the high levels of need and complexity** in some parts of the population.
- **Mental health services are not as accessible and as available as they need to be** which drives people to use other forms of care, which don't always meet their needs. People with a mental health condition have poorer health outcomes than other groups.
- **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 wider Devon.
- There is an **over reliance on bed-based care**: every day more than 600 people are medically fit to leave hospital inpatient care but cannot for a variety of reasons.
- There is a **difference of 15 years in life expectancy** across wider Devon and differences in health outcomes – or 'health inequalities' – between some areas. There are fundamental challenges too for people with mental health conditions.
- Almost a **quarter of local GPs plan to leave the NHS in five years** and there are **significant pressures on primary care services**. Some other care 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 are likely to constantly struggle, if nothing changes.
- **Care homes are struggling** to meet increasing demand and need.

STP priorities and solutions

Devon's objectives focused on achieving financial and clinical sustainability and addressing key health and financial inequalities by 2021. The initial proposals overleaf come with a commitment to go further over time to make sure they achieve our key objectives.

Prevention and early intervention

- Promote good health for everyone.
- Tackle the top five causes of death in under 75s.
- Ensure all plans and priorities have a focus on preventing ill health.
- Build community resourcefulness.
- Develop workforce skills in prevention.

Integrated care model

- Promote health through integration.
- Empower communities to take active roles in their health and wellbeing.
- Locality-based care model design and implementation.
- Shift resources closer to home, or in people's own homes.
- Health and social care integration.

Primary care

- Develop integrated GP/primary care.
- Deliver the *GP Forward View*.
- Support general practice development to be fit for the future.

Acute hospital and specialist services

- Ensure clinical sustainability of services across wider Devon.
- Review high priority areas, such as:
 - Stroke services.
 - Urgent and emergency care services.
 - Maternity, paediatrics and neonatal services.

Productivity

- Improve the cost-effectiveness of the care delivered per head of population.
- Rationalise 'back-office' services.
- Make procurement efficiencies across health and care.

Children and young people

- Ensure seamless support and access.
- Ensure high quality, effective and rapid response of services.
- Enhance effective collaboration between adult and children's services.

Mental health, autism and learning disabilities

- Continue to close the investment gap between mental and physical health.
- Improve physical health care for people with mental health problems.
- Improve provision for people with severe, long-term mental illness.
- Provide psychological support for people who have physical health problems.
- Reduce the number of people, living with a learning disability, who die prematurely and reduce the number being prescribed anti-psychotic or other medication to control challenging behaviour.
- Enable people with learning difficulties and autism to have the same opportunities as everyone else, including support for employment and housing

Enablers

- **Workforce:** redesign to increase resilience and support development.
- **Estates** strategy.
- **Information:** Implement the [Local Digital Roadmap for Devon](#).
- **Engagement:** ensure staff, patients and the public are involved.
- **Organisational Development:** towards an integrated care system.
- **Information management/technology:** to improve clinical decision making and access to services.

What we have achieved in the last two years

The STP has been a positive catalyst for Devon. It has helped leaders build a collaborative and system approach across the NHS and local government.

As a result, Devon is in a stronger position from which to further integrate health and care services for the benefit of local people.

And the collective work by leaders has helped us tackle the historical challenges we have faced. As a result, our financial and service performance has improved considerably.

The framework of the STP has helped the NHS in Devon to move away from the *Success Regime* – where NHS Northern, Eastern and Western Devon CCG was judged to be one of the three most challenged health systems in England.

Progress is evidenced in the latest assessment (July 2017) by NHS England and NHS Improvement, which rates the Devon STP as one of 14 systems ‘making progress’.

The focus of working as part of an integrated health and care system in Devon, and as an STP, has been the driver for developing innovative new approaches, as well as some major successes.

Overleaf are some of our key successes and achievements in the past two years.



'Best care for Devon'

Improved performance against national NHS standards has seen Devon move into the top 30% nationally on urgent care and mental health.

Reducing delayed transfers from hospital

Joint work between the NHS and local authorities has seen delays fall. Devon is on track to reduce delays to target levels, freeing up 79 hospital beds for those who need them. South Devon performance is already in the top 20% in England.

High-quality social care

Across Devon, 86% of adult social care providers are now rated by the CQC as either 'Outstanding' or 'Good'. This exceeds the overall national average for England of 80%.

'The best bed is your own bed'

We are enhancing community services to support thousands more people to live independently at home – in line with their wishes. This has led to a reduction in acute and community hospitals beds by 213 over the past two years while at the same time improving outcomes for people, service performance and releasing resources.

Managing service demand

Devon has taken action to prioritise clinically appropriate referrals into hospitals – reducing unnecessary visits and anxiety for people. Last year, elective activity fell by 5.37%, compared to a 1.25% increase nationally.

Groundbreaking collaboration

All four organisations providing acute hospital services have agreed a 'mutual support' approach to benefit our population. NHS England has highlighted it as an "exemplar of joint working". Our Acute Services Review has developed 'Best care for Devon' standards for urgent and emergency care, stroke and maternity services, with clinical recommendations to maintain services at all four of Devon's main hospitals where these standards are met. This approach is supported by new clinical networks.

Outstanding GP Practices

All GP Practices in Devon rated 'Outstanding' or 'Good' in the latest CQC assessment.

No health without mental health

Devon has many leading and innovative mental health services. These include liaison psychiatry in each A&E to ensure people get the right help when they need it, psychological therapies for people with long-term conditions, specialist support for women with postnatal depression and a new specialist unit opening next year so women can stay closer to their families and do not need to travel for treatment outside the county.

Proud to Care

More than 100 ambassadors have been trained to promote careers in health and social care in schools, colleagues and universities throughout Devon, as part of Devon County Council's successful campaign.

CCG ratings

Both CCGs have improved their ratings, as part of an annual assessment by NHS England.

Children and young people

Outcomes for children and young people are strengthening and all services are improving. Children's community health services were judged 'Good' by the CQC.

Living within our means

Historical overspending has been reduced from £95.4 million to £22.7 million in the past two years. This includes saving £25 million on agency staff spend. The Devon system is aiming for financial balance in 2019/20.

The STP has put great focus on driving clinical improvement, as well as productivity, efficiency and sustainability.

For example, STP leaders have signed up to the [Getting It Right First Time programme](#) and [The Model Hospital](#) initiative, in order that everything we do is based on national best practice.

This commitment to drive clinical quality was the focus of our collective work to look at acute services, vulnerable services (such as ophthalmology), and other developments, such as the Peninsula network approach to pathology, and our work as one of four national pilots for a radiology network.

The STP has also actively engaged with Healthwatch, MPs, Overview and Scrutiny Committees and local people on key elements of the STP. For example, Healthwatch representatives sit on the *Clinical Cabinet*, and patients and user groups were fully involved in the *Acute Services Review*, and the group involved in developing improvements to mental health.

Our collaborative and system approach has been the real drive behind helping the NHS in Devon to move forward from the *Success Regime* and to tackle the historical challenges we have faced. As a result, our financial and service performance has improved considerably.

The latest assessment from NHS England and NHS Improvement marks a major shift from a time when the Northern, Eastern and Western Devon system was rated as one of the three most challenged performing health systems in the country, to one that is making real progress.

Our priorities and plans for the next three years

What is shaping our priorities and approach?

While progress has been good, the original challenges set out in the *Case for Change* in 2016 still hold true. Issues like health inequalities, social isolation, mental health disadvantage, the needs of carers and the ageing population remain a reality.

We have now updated our analysis and reflected on our experiences over the last two years, which has allowed us to enhance how we address the needs of our population.

Over the next three years, our main focus will be on helping more people to live healthily and happily at home, with support and care from the NHS and social care services.

We also recognise there are individuals and teams in Devon who are doing great things. This creates the potential to **adopt tried and tested approaches quickly and more widely across Devon.**



Learning from initiatives such as, the [Vanguards](#), [New Care Models](#) and [Healthy New Towns](#) (including one in Devon), as well as many other national and local projects and initiatives. One of our biggest opportunities exists in using **digital technology** to encourage prevention and greater support for people.

Our **workforce is our greatest asset** and it is important to value and develop our staff in readiness for the future. Schemes like [Proud to Care](#) in Devon are showing the value of partnership and system working to address our recruitment challenges.





We will focus on four key shifts in the way we operate across all our services over the next three years:

CARE SETTINGS > **PLACES AND COMMUNITIES**





Recognising that traditional, building-based care focus will no longer serve today's population and their health needs and much more can be achieved in, and with, communities.

ORGANISATIONS > **NETWORKS OF CARE AND SUPPORT**





Working beyond and not being constrained by organisational boundaries and forming partnerships and networks for resilience and improvement in care.

WHAT'S THE MATTER WITH YOU > **WHAT MATTERS TO YOU**



Seeing things from the viewpoint of individuals and families and designing future health, wellbeing and care around the things that matter most to them.

ILLNESS MANAGEMENT > **WELLNESS SUPPORT**



Shifting our ethos from a system that reacts to illness to one that helps prevent or delay its onset and keeps people as well and independent as possible.



These key shifts represent changes to the way we operate and will be brought about by delivering a range of activities and initiatives, planned around our four strategic priorities:

PRIORITY ONE

Enable more people to be healthy and stay healthy

PRIORITY TWO

Enhance self-care and community resilience

PRIORITY THREE

Integrate and improve community services and care in people's homes

PRIORITY FOUR

Deliver modern, safe and sustainable services

PRIORITY ONE**Enable more people to be healthy and stay healthy**

We aim to:

- **Harness the power of communities**, through our recent successful *Life Chances Fund* bid and, by being a key partner in working with voluntary and community leaders to build more resilient communities.
- Capitalise on the **interactions people have with health and social care** professionals, using trusted relationships for change, by training and supporting the workforce in listening to what matters to people through [Making Every Contact Count](#).
- Scale up lifestyle interventions using predictive modelling to identify and support people and communities most at risk. This is a key part of our aim to **reduce health inequalities**.
- Use **digital innovations** on prevention and health promotion to reach and influence more people.
- Ensure timely access to **early help** and **optimal treatment**, recognising that the path of frailty, cancer, cardiovascular disease, mental illness, and diabetes can be addressed.
- Incorporate **mental health** into **prevention** programmes at every opportunity and enhance positive health promotion for people with severe and enduring mental illnesses.
- Improve access to health care for people with **learning disabilities** or **autism** so they have improved physical and mental health outcomes and live longer as a result.
- **Work at scale**, for example, training clinicians as exercise champions, as part of the [Transforming Ageing](#) project.

PRIORITY TWO

Enhance self-care and community resilience

We aim to:

- **Work with other public services** such as fire, police and education services, and communities to support people with health and wellbeing needs.
- Adopt **digital solutions** to promote self-care, effective condition management and independence, and use the best new innovations.
- Shift the culture of care services to enable and support people to **take more control of their lives**.
- Widen access to **personalised services**, including integrated personal commissioning and personal health budgets, to better support children and adults with more complex needs and disabilities, such as those with multiple long-term conditions, frailty, severe and enduring mental illness, physical, sensory or learning disabilities, or autism.
- Scale up **targeted activities for people with more complex needs** and their carers, such as the [HOPE programme](#), which uses activities to build confidence, increase social support and improve happiness and wellbeing.
- Develop a framework for **health and wellbeing hubs** through a combination of digital hubs, health and wellbeing networks and new services and facilities.

PRIORITY THREE

Integrate and improve community services and care in people's homes

We will aim to:

- Ensure **general practice** is supported to enable the transformation set out in the [GP Five Year Forward View](#) to improve resilience and access.
- Facilitate **general practice federations** and alliances of providers to come together as partners with communities to respond to patient and population data sets and deliver effective change.
- Enhance our primary care offer by extending the range of, and access to, services so that by March 2019, everyone in Devon has access to **evening and weekend appointments**.
- Ensure when people contact us, we listen carefully to **what matters to them** and nominate a **dedicated member of staff to support them**.
- Identify people with complex needs who can benefit from proactive case management to prevent admission, escalation and dependency.
- View **community multi-disciplinary teams** as extended primary care teams, enabling them to take a whole person approach incorporating both physical and mental health, so people can remain in their own homes.
- Extend the membership of multi-disciplinary teams to include the **voluntary sector**.
- Offer **individual support to people with dementia and their families** and provide more targeted **mental health** support to people with long term conditions and medically unexplained symptoms who are suffering from anxiety and depression.
- Ensure that bespoke support is available for **children and young people**, while the principles of quality universal services and responsive support for the most vulnerable are consistent for all ages.
- Implement evidence-based interventions from the [Enhanced Health in Care Homes](#) model to better support **care home residents** and reduce hospital admissions.
- Use **electronic records** to support multidisciplinary working, enabling health and care professionals to be more responsive to people's needs.
- Recognise the important role played by **carers**.

PRIORITY FOUR

Deliver modern, safe and sustainable services

We will aim to:

- Develop **modern, safe and sustainable** primary care, community care, hospital care and mental health care.
- **Promote and protect core services at our four acute hospitals** so that they continue to provide safe, high-quality and effective care.
- Enable more **acute care in the community** through hospital teams in partnership with community-based services and primary care, to help more people stay out of hospital.
- Develop an **acute hospital system**, using clinical networks, to protect services and centralise some more specialised services.
- Use the [Getting it Right First Time \(GIRFT\) programme](#) and [The Model Hospital](#) initiatives to **identify and challenge variations in practice**, increasingly utilising national and local data to drive improvements in productivity and deliver better outcomes.
- **Integrate A&E departments with GP out-of-hours services, urgent care centres, NHS 111, and ambulance services**, ensuring that 90% of emergency patients are treated, admitted or transferred within four hours.
- Enhance rapid assessment and diagnostics, senior medical availability, and same day discharge to **reduce unnecessary hospital admissions**.
- Adopt **flexible working practices, new ways of working and new roles**, for example, advanced neonatal nurse practitioners and physician associates.
- Use our liaison **psychiatry services** to provide additional support and education to our workforce so that more health professionals have the skills and confidence to manage mental health appropriately.
- Continue to support the devolution of **specialised commissioning** budgets, seeking opportunities to align it with local strategic priorities to enhance place-based care.
- Make **end of life care** as good as it can be and work with professionals and organisations to support people and their loved ones in the last weeks, days and hours of life.

Through focusing on these four key priorities, over the next three years, we would expect to see the following benefits for the Devon population:

Prevention

More people choosing and enabled to live healthy lifestyles and fewer people becoming unwell

Independence

More people living independently in resilient communities

Self-management

People being supported to have the knowledge, skills and confidence to better manage their health conditions



Integration

People receiving joined-up care and support between services and organisations

Early intervention

The health and care system being ready and able to intervene early and avert deterioration and escalation of problems

Specialist services

People going into hospital only when necessary and being discharged efficiently and safely with the right support

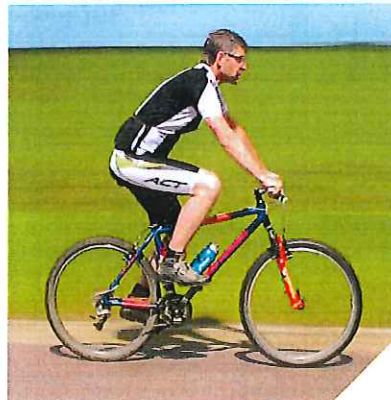
Choice and control

People having greater control over the services they use and being equal partners in decisions about their care



Accessibility

People who need treatment or care receiving this promptly and effectively in the most appropriate setting



Care at home

More care being available in the community and people's homes.

Our approach

We have identified a number of areas for particular focus so that we continue to make changes and improvements over the next three years.

We aim to maximise the opportunities to be as productive as possible, making best use of our scarce resources through:

- **Sharing key corporate services.** The NHS in Devon spends around £87 million (5% of turnover) on corporate services including, technology, finance and HR. By sharing some services, we can reduce duplication and improve efficiency. The system delivered its target of saving £5 million in 2017/18, and there are plans to deliver savings of a further £12 million between 2018 and 2020.
- Utilising [The Model Hospital](#) programme improve productivity. Organisations in Devon will explore their comparative productivity, quality and responsiveness, making changes so that all benchmark favourably.
- Implementing the [Getting it Right First Time Programme](#), using national and local data, to **reduce variations** in the way services are delivered across Devon. We will use intelligence to deliver opportunities within each clinical speciality.

We will progress other transformational changes, including:

- Investing more in our community workforce so that we support people to live **healthier lives at home**.

- Adopting a broader focus on health and wellbeing to address wider factors of health, so that we **promote independence**, increase community resilience and reduce overreliance on services.
- Implementing a single framework for **identifying people at greater risk of ill health**, based on frailty.
- Improving the outcomes for people with **mental health** needs and those with **autism** and **learning disabilities**. We will enhance primary care and community services to provide a more appropriate response for people seeking help through their GP for depression, anxiety and other mental health needs. We will also care for more people with complex mental health needs closer to home and continue to reduce out-of-area placements.

For **children and families** in Devon, we will focus on:

- Giving children the best start in life by focusing on **speech, language and communications**.
- Strengthening the **emotional health and wellbeing** of children and young people with complex needs by building their resilience and working together better.
- Better managing **asthma** for children with additional needs.
- Helping children and young people who have suffered **adverse experiences**.

If we pay sufficient attention to children, we will prevent some of the challenges we see in adults.

We recognise the important role that our **independent sector** partners play, particularly in supporting people in out of hospital settings. But we recognise the potential vulnerabilities that affect care homes and domiciliary care providers due to the workforce challenges they face.

We will develop a specific and standard approach to support **care homes** to prevent residents experiencing avoidable crisis admissions to hospital and improve end-of-life care. The NHS England [Enhanced Health in Care Homes](#) framework and guidance is the preferred approach and could reduce emergency admissions from care homes by up to 30%.

More people in Devon could, and should, receive their hospital care through **'same day' admission and discharge** without the need for an overnight stay. We plan to enhance rapid assessments and diagnostics, senior medical availability, and same day discharge with planned follow-up treatment across our four acute hospitals in Devon. This will avoid unnecessary hospital admissions and release beds for the most acutely unwell.

We will continue to review our key hospital services across Devon, with a clear aim that all our hospital services deliver the same **high standards of care**, with a consistent workforce and in a way that makes best use of the funding available. The next phase of service reviews will be aligned to areas of national focus, and include cardiology, radiology, paediatric surgery and pathology. Additionally, ophthalmology and orthopaedics have been identified as priorities for improvement.

We know a large amount of space in our community hospital buildings is underused. The revenue cost of our community hospital estates is in the order of £20 million; money the NHS could use to improve other services. Working with other public sector partners, as part of the [One Public Estate](#) initiative, we will review the space that is required to deliver care, and plan to consolidate the number of sites to **free up estate and generate money**, which can be re-invested in technology and infrastructure.

We will prepare **'place-based' budgets** to reflect the needs of individual communities across Devon.

As part of this work, we will develop plans for **integrated working** and **place-based budgets** to address inequities and, importantly, ensure we return to living within the total budget we are given.

To support the most effective delivery of integrated health and care, partners in Devon plan to further develop **partnership working**. This includes:

- **Strategic commissioning of health and care services**, drawing on the skills and resources of the existing NHS organisations and three local authorities. This includes plans for taking on primary care and specialised commissioning from NHS England.
- Local Care Partnerships will work within budgets, look at how outcomes are met, and how services and resources are planned, and used, for **specific local populations** across Devon.

- **Mental health** services will be placed on an equal footing to physical health with specialist mental health services becoming more integrated within primary and secondary care. To support this, commissioners and providers will work with each other in a more joined up way through a mental health care partnership. This has been nationally recognised.

The health economy within the Devon STP has also formulated a **savings plan** that utilises the benchmarking opportunities identified through [The Model Hospital](#), [Right Care](#) and [Getting It Right First Time](#).

As part of our plans, Devon aims to be in **financial balance** by 2019/20. To reduce costs, the system will focus on reducing agency costs, optimising the use of medicines and standardising the range of products and services.

In developing our local plans, we have also taken account of the 2018/19 national priorities set out in NHS England's [Five Year Forward View Next Steps](#) and [Refreshing NHS Plans](#) for 2018/19:

- **A&E performance:** ensure that 90% of people needing care in emergency departments are treated, admitted or transferred within four hours.
- **Cancer services:** continue to improve cancer care throughout Devon and ensure that the 62-day national standard is achieved across our health system.
- **Mental health:** launch the Devon mental health strategy that sets the scene for treating mental health on a par with physical health and making sure the right support

is available to people of all ages, including those with physical health problems.

- **Primary care:** progress the implementation of the primary care strategy, support vulnerable services and develop plans to make the most of digital solutions. This includes delivering extended and improved access to GP services.
- **Integrated care:** implement integrated working that brings the whole health and care system together, to benefit our population.

The benefits for our population

Many of the changes we make will bring real improvements for local people, including:

- Enabling more people to live **healthy and happy lives at home**, with support from health and care services.
- Delivering more **seamless services**, whether health or social care.
- Improving resilience and enhancing provision of **GP and pharmacy** services.
- Transforming **mental health** services so that people are given support when they need it.
- Better supporting people with **learning disabilities** and **autism**. In particular, offering better accommodation, housing and employment opportunities.
- Continuing to transform and enhance services for **children and young people**.

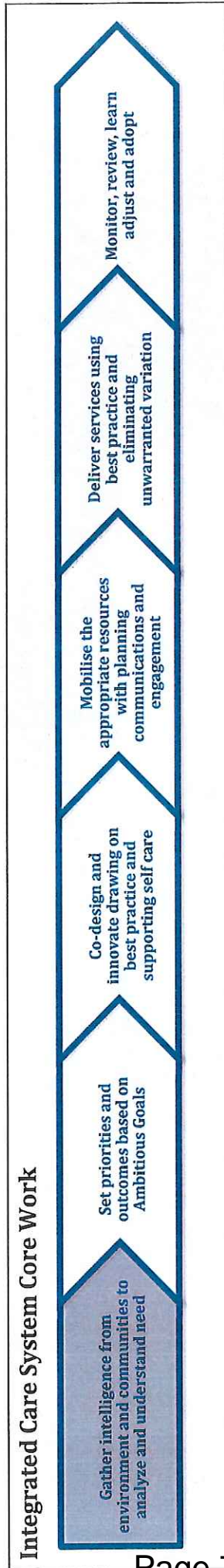


For further information,
please visit:

www.DevonSTP.org.uk

Agenda Item 7

Purpose <i>Together, building thriving lives, support and services for everyone</i>					
Ambitious Goals	A world class system that makes the best use of our resources to achieve great outcomes for everyone	Eliminate inequalities in opportunity, access and experience and improve outcomes for everyone in Devon	Collaborate to connect all people to build thriving, resilient and resourceful communities to prevent the causes and consequences of ill-health	Provide outstanding services that work with people to live their lives to the max	Inspire people to join and stay in our workforce that is achieving excellence, innovation, ambition and joy in work



Current Strategic Focus	Enable more people to be and stay healthy	Enhance self-care and community resilience	Integrate and improve community services and care in people's homes	Deliver modern, safe and sustainable services
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System Design Criteria	...make clear decisions"	...be agile and adaptable"	...exercise good governance "	...operate and encourage innovation at neighbourhood, place and system level whilst embracing complexity"	...deliver involvement and influence at every level"	...be digitally enabled"
"We are creating an ICS that can....."	So that resources can be mobilized to meet the needs of the people of Devon; improve performance; jointly risk enable; reduce inequality; drive prevention and put the system first	In order to operate dynamically and evolve to meet future needs	So that there is engagement; transparency; easily understood decision making; public and democratic accountability; shared risk and mutual support and innovation	In order to maximize the benefits of local and system working for optimal outcomes	In order to support selfcare; effective collaboration built on trust and ownership and to enable co-design and co-production	In order to drive change and innovation; offer more flexible services; allow staff to deliver care at the top of their skill set; address capacity shortfalls and improve quality and safety of care by sharing information that empowers the citizen

Task Group Report: Development of the Devon Health and Wellbeing Board

Executive Summary

Recommendation: It is recommended that the board approve the objectives for board development, approve the action plan, and nominate officers from their organisations and teams to support the delivery of the action plan.

This paper proposes objectives for the development of the Devon Health and Wellbeing Board following discussions about the role and priorities of the board at the June 2018 Devon Health and Wellbeing Board Stakeholders Conference. The conference, attended by board and scrutiny members and local system leaders across health, local authority, community and voluntary sector and other partners involved structured table discussions around the role of the board. Feedback highlighted the need to focus on health and not just healthcare, with a tiered approach to geography with democratic accountability at all levels. Issues raised and suggestions made included closer working across the three health and wellbeing boards in the wider Devon area, a specific role for the board in the joint commissioning of health and care, a stronger emphasis on the wider determinants of health, a more focused role for the board in holding the wider system to account, and the development of links with stakeholders and local areas.

This has led to the following objectives for board development:

1. Establishing alignment with other partnerships focused on the wider determinants of health
2. Establish a wider Health and Wellbeing Network to support, inform and disseminate the work of the Health and Wellbeing Board
3. Utilise a tiered approach to geography with democratic accountability at all levels and a two-way information flow to inform local priority setting
4. Strengthen and formalise the role of the board in providing assurance that the commissioning plans of local organisations reflect boards priorities
5. Establish the board's role in the strategic planning of health, care and wellbeing
6. Increase collaboration between Devon, Plymouth and Torbay Health and Wellbeing Boards.

Specific actions have been identified to achieve these objectives, which have been divided between initial actions to be undertaken by the December 2018 board meeting, and further actions during 2019 to fully achieve the objective. These actions will require the support of board members, alongside officer input from their organisations and teams to achieve.

Initial action plan: September to December 2018

- Invite Devon Fire and Rescue Service and SWAST to become board members (objective 1: partnerships)
- Meeting between board representatives (chair and lead members) and representatives of local partnership boards covering the wider determinants of health in Devon to establish strategic alignment and agree how the boards can work better together (objective 1: partnerships)
- Develop and extend the 'working together' protocol for Strategic Partnership Boards in Devon to define working relationships and responsibilities (objective 1: partnerships)
- Support the development of partnerships around housing and establish a clear line of accountability to emerging structures (objective 1: partnerships)
- Consider defining lead/champion roles for board members around specific topic areas (objective 1: partnerships)

Agenda Item 8

Task Group Report: Devon Health and Wellbeing Board Development

- Design and agree principles for and establish an initial 'network', starting with invitees for the annual stakeholder conference and expanding this out to other strategic partners, and using the network to communicate information from the board in the first instance, focused initially on new ways of working (objective 2: network)
- Work directly with STP organisational design colleagues to map existing and emerging structures and bodies at local level, including district health and wellbeing boards, locality forums, town partnerships and hubs (objective 3: geography)
- Investigate the establishment of the Dorset 'locality group' arrangement with Devon districts, potentially utilising existing district level partnerships (objective 3: geography)
- Promote and facilitate use of the new JSNA profile tool by local partnerships for the assessment and comparison of health, care and wellbeing needs (objective 3: geography)
- Establish a list of commissioning plans and strategies (including BCF) to be assessed by board relating to both health and care, and the wider determinants of health, working with Devon STP and neighbouring local authorities where relevant (objective 4: assurance)
- Establish and agree a clear process for the review of commissioning plans (including BCF) by the health and wellbeing board including agreeing the respective roles of board and scrutiny in any process and developing a checklist to help determine if board priorities are covered, working with Devon STP and neighbouring local authorities where relevant (objective 4: assurance)
- Devon STP to facilitate an organisational development session with health and wellbeing board leaders to jointly determine the role of health and wellbeing boards in the STP (objective 5: strategic planning role)
- Undertake a review of the current STP strategy to ensure alignment with board priorities and determine which priorities the board would want to see translated into specific activities and plans (objective 5: strategic planning role)
- Use proposed Devon STP organisational development session (objective 5) to identify other opportunities for collaboration across local boards (objective 6: inter-board collaboration)

Further action plan: 2019

- Establish joint working arrangements with relevant partnership boards and use the new updated JHWS as a mechanism to drive collaboration between partnership boards and inform the agenda of the health and wellbeing board (objective 1: partnerships)
- Consider whether it would be beneficial for the health and wellbeing board to be the place where relevant partnership boards come together, and review board membership accordingly (objective 1: partnerships)
- Embed and strengthen the role of the network. Ensure it can support the board on its objectives and projects (objective 2: network)
- Work with existing groups, committees and boards to establish theme-based links, establishing new sub-committees where no such group exists, and a gap is identified (objective 2: network)
- Encourage democratic representation at locality and town level in existing and emerging health and wellbeing partnerships (objective 3: geography)
- Produce locality/local authority and town level summaries of needs and priorities (drawn from JSNA and JHWS) to contextualise board priorities at a local level and facilitate priority setting and action planning aligned to board priorities at all geographic levels (objective 3: geography)
- Establish a two-way dialogue with locality and town-based partnerships, communicating priorities and findings and gathering local intelligence, needs and issues (objective 3: geography)
- Work as part of Devon STP to ensure neighbourhood structures are linked with the health and wellbeing board (objective 3: geography)

Agenda Item 8

Task Group Report: Devon Health and Wellbeing Board Development

- Embed processes for reviewing commissioning plans (including BCF), with clearly defined and complementary roles for health and wellbeing board and scrutiny (objective 4: assurance)
- Subject to agreement and approval from local authorities and health organisations, local health and wellbeing board input and democratic accountability in the strategic planning of health, care and wellbeing to be established (objective 5: strategic planning role)
- Subject to approval from three local authorities, steps to increase board collaboration agreed and put into practice (objective 6: inter-board collaboration)

Agenda Item 8

Task Group Report: Devon Health and Wellbeing Board Development

Full Report

Recommendation: It is recommended that the board approve the objectives for board development, approve the action plan, and nominate officers from their organisations and teams to support the delivery of the action plan.

1. Introduction

1.1 This paper proposes objectives for the development of the Devon Health and Wellbeing Board following discussions about the role and priorities of the board at the June 2018 Devon Health and Wellbeing Board Stakeholders Conference.

2. Findings from Devon Health and Wellbeing Board Stakeholders Conference, June 2018

2.1 The stakeholder conference brought together a wide range of people across Devon, including board members, scrutiny committee members, county council officers, health and care professionals, local authority district members and officers, voluntary and community sector representatives, and other local partners include police and fire services. The stakeholder conference was divided into two sections, one reviewing board priorities to inform the refresh of the Joint Health and Wellbeing Strategy (STP) in 2019, and one entitled 'working together' which focused on the future role of the board.

2.2 The main theme from the priorities discussions was for the vision of the board to be clearer and less 'top down' with the priorities and emphasis being more targeted on specific challenges for Devon rather than trying to cover all bases. Priorities raised by stakeholders included mental health, physical activity, health inequalities, rurality, housing, workforce, economic development, disability and health literacy. There was also a call for there to be more explicit read across between the Joint Health and Wellbeing Strategy and the Devon Sustainability Transformation Partnership (STP) strategy. This feedback will inform the revised JHWS, which will link explicitly to the STP plan and focus areas, and also reflect emerging national direction around place and neighbourhood-based care and the developing role of prevention across the system.

2.3 In the 'working together' session there was a general desire to focus on health and not just healthcare, with a tiered approach to geography with democratic accountability at all levels. Issues raised and suggestions made included closer working across the three health and wellbeing boards in the wider Devon area, a specific role for the board in the joint commissioning of health and care, a stronger emphasis on the wider determinants of health, a more focused role for the board in holding the wider system to account, and the development of links with stakeholders and local areas. A full summary of findings from stakeholder conference discussions is provided in appendix 1.

3. Objectives for Board Development

3.1 Health and Wellbeing Boards are a formal committee of the local authority to promote greater integration and partnership between bodies from the NHS, local government and public health to improve population health. The statutory duty of boards is to produce a joint strategic needs assessment (JSNA - an assessment of current and future health and care needs in the local population) and a joint health and wellbeing strategy (JHWS - a local strategy for the local population addressing the needs identified in the JSNA), as well as having oversight of CCG commissioning plans and Better Care Fund plans. Rather than just considering health and care services, Health and Wellbeing board focus on the whole health and wellbeing system, which considers the influence of employment, education, housing and other wider social factors influencing health and wellbeing.

3.2 The evolving role of the Devon Sustainability and Transformation Partnership also provides further context for the ongoing development of the health and wellbeing board. The Devon STP plan two-year report (<http://www.devonstp.org.uk/about-the-stp/plan/>) was published in July 2018 and reinforced the triple aim for the system of improving population

health and wellbeing, the experience of care and cost effectiveness. The two-year report set four strategic priorities for the STP: enabling more people to be healthy and stay healthy; enhancing self-care and community resilience; integrating and improving community services and care in people's homes; and delivering modern, safe and sustainable services. Organisational design work is currently underway to guide the development of the integrated care system locally, with the STP strategy on a page guiding this design work and setting goals and design criteria for the system (see agenda item 7).

3.3 In the context of the findings from the stakeholder conference, the statutory role of health and wellbeing boards, and the developing role of the STP, several objectives for board development are proposed. Whilst these changes are a legitimate aspiration for the board, they will require discussing and agreeing actions across wider partnerships and committees, which may take time to do. Consequently, proposed actions to achieve these objectives are phased, setting out initial actions to set the work on course during 2018, and further actions to fully achieve the objective in 2019.

3.4 The proposed objectives, which are described in more detail below, are:

1. Establishing alignment with other partnerships focused on the wider determinants of health
2. Establish a wider Health and Wellbeing Network to support, inform and disseminate the work of the Health and Wellbeing Board
3. Utilise a tiered approach to geography with democratic accountability at all levels and a two-way information flow to inform local priority setting
4. Strengthen and formalise the role of the board in providing assurance that the commissioning plans of local organisations reflect boards priorities
5. Establish the board's role in the strategic planning of health, care and wellbeing
6. Increase collaboration between Devon, Plymouth and Torbay health and wellbeing boards

Objective 1: Establishing alignment with other partnerships focused on the wider determinants of health

Description
<p>Conference discussions focused on the importance of prioritising the wider determinants of health, and the board having a dual focus on the wider determinants of health and influencing health and care commissioning. Various strategic partnerships exist across Devon relating to the wider determinants of health which the board could be working with in a more effective way. This also links directly to the Devon STP plan, with has strategic priorities around enabling more people to be healthy and stay healthy (priority one) and enhancing self-care and community resilience (priority two).</p> <p>Existing partnerships with a specific remit around the wider determinants of health include the Safer Devon Partnership, Local Enterprise Partnership, Local Nature Partnership, Safeguarding Adults and Safeguarding Children boards. Gaps in partnerships also exist in some areas of need which align to JHWS priorities, such as housing. Outside of county-wide partnerships, much work on the wider determinants of health happens at a local authority district level, and there is also a need to strengthen engagement here. This also links to cross-organisational work in Devon STP to establish place and neighbourhood-based arrangements relating to strategic planning, resource management, performance management and care redesign.</p> <p>Stakeholder feedback also raised the potential for the board to be a point of focus where existing 'wider determinant' partnerships could come together.</p>
Initial Actions (by December 2018)
<p>Invite Devon Fire and Rescue Service and SWAST to become board members.</p> <p>Meeting between board representatives (chair and lead members) and representatives of local partnership boards covering the wider determinants of health in Devon to establish strategic alignment and agree how the boards can work better together.</p>

Agenda Item 8

Task Group Report: Devon Health and Wellbeing Board Development

Develop and extend the 'working together' protocol for Strategic Partnership Boards in Devon to define working relationships and responsibilities.

Support the development of partnerships around housing and establish a clear line of accountability to emerging structures.

Consider defining lead/champion roles for board members around specific topic areas.

Next Steps (During 2019)

Establish joint working arrangements with relevant partnership boards and use the new updated JHWS as a mechanism to drive collaboration between partnership boards and inform the agenda of the health and wellbeing board.

Consider whether it would be beneficial for the health and wellbeing board to be the place where relevant partnership boards come together, and review board membership accordingly.

Measures of Success

Shared knowledge base, priorities and objectives across local partnerships.

Partnership boards working closer together, with a coherent and complimentary focus on the wider determinants of health, such as housing, employment and education.

Objective 2: Establish a wider Health and Wellbeing Network to support, inform and disseminate the work of the Health and Wellbeing Board

Description

Conference discussions raised the concept of a wider Devon Health and Wellbeing Network, which would provide a formalised means for stakeholders to support board work and objectives. Such a network was advocated as a way of facilitating wider links and creating a body of local expertise that board members could draw upon. This would also avoid one person speaking at board on behalf of an entire organisation or sector and lead to greater involvement of the voluntary and community sector and other local partners.

This is also linked to calls for more agile governance arrangements, which could potentially involve a more dynamic fluid approach to membership with the board co-opting additional members or specific input from individuals for pieces of work. There were also suggestions made around themed sub-committees within the board which could draw on more specific expertise around particular themes or issues.

Initial Actions (by December 2018)

Design and agree principles for and establish an initial 'network', starting with invitees for the annual stakeholder conference and expanding this out to other strategic partners, and using the network to communicate information from the board in the first instance, focused initially on new ways of working.

Next Steps (During 2019)

Embed and strengthen the role of the network. Ensure it can support the board on its objectives and projects.

Work with existing groups, committees and boards to establish theme-based links, establishing new sub-committees where no such group exists, and a gap is identified.

Measures of Success

Effective communication between board and stakeholders which supports and informs the delivery of board priorities.

Objective 3: Utilise a tiered approach to geography with democratic accountability at all levels and a two-way information flow to inform local priority setting

Description

A common and recurring theme of stakeholder discussions was around creating a tiered approach to geography, with the board working to a structure focused on three distinct levels at STP/board level, locality/local authority district level and town/neighbourhood level. The 29 market and coastal towns of Devon were identified through these discussions as a potentially useful lower tier, which also aligns to the presence of GPs, community health services and mechanisms for wider support.

This broadly aligns with national policy direction around health and care integration and place-based care. The National Director for Health System Transformation at NHS England, Michael Macdonnell, outlined an emerging system based on neighbourhoods, places, and system as described below:

Level	Pop. Size	Purpose
Neighbourhood	~50k	<ul style="list-style-type: none"> Strengthen primary care Network practices Proactive & integrated models for defined population
Place	~250-500k	<ul style="list-style-type: none"> Typically borough/council level Integrate hospital, council & primary care teams / services Hold GP networks to account
System	1+m	<ul style="list-style-type: none"> System strategy & planning Hold places to account Implement strategic change Manage performance and £

Each level would perform specific functions in relation to leadership, care redesign, performance management, strategic planning and resource management. It should also be noted that the national population size figures for different levels are a guide only, and a more refined approach is required to define these levels, especially in a predominantly rural area like Devon. Organisational design work is currently underway within the Devon STP to define these structures locally. This work is focused on aligning these emerging levels with local authority districts and upper tier / unitary authorities in Devon, reflecting the role of local authorities in prevention and tackling the wider determinants of health. Linking health and wellbeing board work to this exercise would be a logical approach.

Some health and wellbeing boards have also defined 'locality groups'. In Dorset these are at local authority district level, with the main board responsible for strategic issues and key decisions and the locality groups responsible for delivery against outcomes and JHWS priorities. Selected board members attend locality groups and locality group members also have an opportunity to present to the board.

Initial Actions (by December 2018)

Work directly with STP organisational design colleagues to map existing and emerging structures and bodies at local level, including district health and wellbeing boards, locality forums, town partnerships and hubs with the purpose of:

- Supporting the development of local neighbourhoods and places for the STP
- Understanding local place-based arrangements and identifying any gaps
- Adding identified bodies to health and wellbeing network

Agenda Item 8

Task Group Report: Devon Health and Wellbeing Board Development

Investigate the establishment of the Dorset 'locality group' arrangement with Devon districts, potentially utilising existing district level partnerships.

Promote and facilitate use of the new JSNA profile tool by local partnerships for the assessment and comparison of health, care and wellbeing needs.

Next Steps (During 2019)

Encourage democratic representation at locality and town level in existing and emerging health and wellbeing partnerships.

Produce locality/local authority and town level summaries of needs and priorities (drawn from JSNA and JHWS) to contextualise board priorities at a local level and facilitate priority setting and action planning aligned to board priorities at all geographic levels.

Establish a two-way dialogue with locality and town-based partnerships, communicating priorities and findings and gathering local intelligence, needs and issues.

Work as part of Devon STP to ensure neighbourhood structures are linked with the health and wellbeing board.

Measures of Success

Consistency achieved between Devon STP and Health and Wellbeing Board work in relation to how local partnerships are defined and supported.

Local partnerships at locality/district (place) and town (neighbourhood) levels identified and established.

Needs and priorities are described at place and neighbourhood level to influence local work.

Feedback loop exists between board, localities and towns.

Objective 4: Strengthen and formalise the role of the board in providing assurance that the commissioning plans of local organisations reflect boards priorities

Description

Conference discussions highlighted the independent role of the board as a strength but called on the board to be braver and offer more constructive criticism. This includes the board providing a stronger assurance role to the commissioning plans of local organisations and making sure they reflect JSNA challenges and JHWS priorities, not just in relation to health care but to the wider determinants of health as well.

This also includes the need to clarify and update arrangements for overseeing the strategic direction of the Better Care Fund (BCF), which includes reviewing performance, and signing off plans and reports as per BCF operating guidance for 2017-19.

To date the board's role in assuring the commissioning plans of local organisations has not been supported by a formal structured review process.

Initial Actions (by December 2018)

Establish a list of commissioning plans and strategies (including BCF) to be assessed by board relating to both health and care, and the wider determinants of health, working with Devon STP and neighbouring local authorities where relevant.

Establish and agree a clear process for the review of commissioning plans (including BCF) by the health and wellbeing board including agreeing the respective roles of board and scrutiny in any process and developing a checklist to help determine if board priorities are covered, working with Devon STP and neighbouring local authorities where relevant.

Next Steps (During 2019)
Embed processes for reviewing commissioning plans (including BCF), with clearly defined and complementary roles for health and wellbeing board and scrutiny.
Measures of Success
A process is in place to assure the board that their priorities are reflected in commissioning plans, with steps to follow if not assured.

Objective 5: Establish the board’s role in the strategic planning of health, care and wellbeing

Description
<p>Conference discussions at the stakeholder conference highlighted that local stakeholders wanted the Devon Health and Wellbeing Board to take an active role in providing system leadership, including a specific role in relation to the strategic planning of health, care and wellbeing.</p> <p>Health and Wellbeing Boards cannot directly commission services, but some areas have established local arrangements to ensure that the board has a more prominent role in the strategic planning of health, care and wellbeing, and setting the strategic direction and principles for commissioners to follow. For instance, Dorset’s health and wellbeing board, with Bournemouth and Poole has shared accountability for a single joint commissioning board for health and social care, with the STP board reporting to the health and wellbeing board and a joint commissioning programme using the Better Care Fund as the delivery vehicle. Southampton have formed a separate Joint Commissioning Board including cabinet members, CCG representatives, and senior officers from the council which is accountable for effective collaboration, assurance, oversight and governance of integrated commissioning which demonstrates contribution to Joint Health and Wellbeing Strategy outcomes.</p>
Initial Actions (by December 2018)
<p>Devon STP to facilitate an organisational development session with health and wellbeing board leaders to jointly determine the role of health and wellbeing boards in the STP.</p> <p>Undertake a review of the current STP strategy to ensure alignment with board priorities and determine which priorities the board would want to see translated into specific activities and plans.</p>
Next Steps (During 2019)
Subject to agreement and approval from local authorities and health organisations, local health and wellbeing board input and democratic accountability in the strategic planning of health, care and wellbeing to be established.
Measures of Success
<p>Democratic accountability in strategic planning, with appropriate member representation.</p> <p>An explicit link between JSNA challenges, JHWS priorities and commissioning plans.</p> <p>A line of accountability between the health and wellbeing board and strategic planning.</p>

Agenda Item 8

Task Group Report: Devon Health and Wellbeing Board Development

Objective 6: Increase collaboration between Devon, Plymouth and Torbay Health and Wellbeing Boards

Description
<p>The Devon STP area comprises of three Health and Wellbeing Boards (Devon, Plymouth and Torbay). Whilst board priorities and processes will be tailored to local needs and circumstances, the need for closer working between the three boards on issues of common interest where they can strengthen and support local action was raised through conference discussions.</p> <p>Options for increased collaboration which have been used in other areas include:</p> <ul style="list-style-type: none">• alignment of evidence base and developing complementary approaches to priority setting and the assessment of need (JSNA and JHWS)• collaboration on specific issue and campaigns, particularly at STP level.• the development of more formally aligned processes, meetings and agendas with shared accountability for wider processes.• the establishment of a forum where the three boards could meet and collaborate (e.g. Greater Manchester Health and Social Care Strategic Partnership Board).
Initial Actions (by December 2018)
<p>Use proposed organisational development session (objective 5) to identify other opportunities for collaboration across local boards</p>
Next Steps (During 2019)
<p>Subject to approval from three local authorities, steps to increase board collaboration agreed and put into practice.</p>
Measures of Success
<p>A complementary evidence-base improving the identification of current and future needs and priorities.</p> <p>Shared processes in place to allow for collaboration between boards and across the local health, care and wellbeing system.</p>

4. Conclusion and Next Steps

4.1 These objectives for board development reflect stakeholder discussions and define actions for the board to align more closely with other strategic partnerships, develop an expert network, support work at a local level, strengthen its assurance role, establish its system role in strategic planning, and increase collaboration with other local health and wellbeing boards. This enhanced role will require additional officer support to realise, and board members will be expected to enable this by ensuring appropriate officer input from their organisations and teams, as well as actively and directly supporting actions as members of the board. Once approved, initial actions will be started and reported back at the December 2018 Health and Wellbeing Board meeting.

5. Legal Considerations

There are no specific legal considerations identified at this stage.

6. Risk Management Considerations

Not applicable.

7. Options/Alternatives

Not applicable.

8. Public Health Impact

The ongoing development of the Health and Wellbeing Board is vital to addressing public health issues in Devon, the wider determinants of health, health inequalities and a focus on prevention

Councillor Andrew Leadbetter
CHAIR OF DEVON HEALTH AND WELLBEING BOARD AND PORTFOLIO HOLDER
FOR ADULT SOCIAL CARE AND HEALTH SERVICES, DEVON COUNTY COUNCIL

Councillor Hilary Ackland
DEVON COUNTY COUNCIL

Dr Paul Johnson
DEPUTY CHAIR OF DEVON HEALTH AND WELLBEING BOARD AND CLINICAL
CHAIR, SOUTH DEVON AND TORBAY CLINICAL COMMISSIONING GROUP

Dr Virginia Pearson
CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH, ENVIRONMENT AND
PROSPERITY, DEVON COUNTY COUNCIL

Electoral Divisions: All

Contact for enquiries: Simon Chant, Room No 148, County Hall, Topsham Road, Exeter. EX2
4QD

Tel No: (01392) 383000

Background Papers
Nil

Agenda Item 8

Task Group Report: Devon Health and Wellbeing Board Development

Appendix 1, Full Summary of Table Feedback from Devon Health and Wellbeing Stakeholders Conference, June 2018

PRIORITIES SESSION

VISION

Are the vision of the board and priorities in the current Joint Health and Wellbeing Strategy still appropriate?

The general theme is that the vision and priorities are broadly in the right place but could be a lot clearer and better expressed.

Whilst the general sentiment of the vision was thought to be good it was felt that the language could be a little paternalistic and there was a need to shift from a 'professional gift' stance to doing what matters to people.

For particular statements such as a 'focus on the individual' and 'all resources and assets in places must be used to support the wider determinants of health' it was felt we had to unpack what we mean and there was a general feeling that plainer English was required throughout.

Further elements to strengthen in the vision and priorities include:

- We need to be explicit about inequalities
- The emphasis should be clear on prevention and early intervention
- Prosperity, community cohesion and home environment should feature prominently
- We need to work across spheres of responsibility and organisations and avoid service silos and dead ends.

A particularly useful suggestion around reframing the vision was to make it about creating the right conditions to deliver what matters to people.

EMPHASIS

What would you like to see emphasised in the 2019-22 Joint Health and Wellbeing Strategy?

A general theme emerging from discussions was to focus on areas with poorer outcomes and particular challenges in Devon rather than trying to cover all bases.

In relation to style, accessibility to lay audiences and stakeholders was highlighted as particularly important, as well as ensuring that community perspectives on needs, issues, and 'what matters to you' were included to shift away from a tendency towards paternalism and learned helplessness.

There was a recurrent theme about encouraging flexibility with resources. A greater focus on the wider determinants of health was also encouraged.

Some tables also highlighted the need for a dedicated action plan to deliver objectives.

In relation to particular topics and issues to focus on the following were emphasised or occurred on multiple tables:

- Mental Health and the relationship with poorer physical health
- Physical activity (as a specific means to better physical and particularly mental health)
- Health inequalities
- Rurality and access to services
- Home environment / housing
- Workforce
- Economic development and inclusive growth
- Disability and poorer health outcomes (currently falls between existing priorities)
- Health literacy

ALIGNMENT

How should the Joint Health and Wellbeing and STP strategies be aligned?

The general sentiment is that there should be explicit read across between the strategies. Whether they were complementary strategies or a single strategy was a subject of debate, but the need for consistency was common.

The need for Health and Wellbeing Board priorities and a focus on the wider determinants of health to be reflected across STP work programmes was highlighted.

Alignment of priorities across the three Health and Wellbeing Boards in the STP was highlighted, and it was reflected in some discussions that board priorities should more explicitly direct STP work.

Some discussions focused on the need for a more explicit link between HWB priorities and STP plans, with some reiterating the suggestion that a specific plan for the delivery of the Joint Health and Wellbeing Strategy could be useful.

WORKING TOGETHER SESSION

ROLE

What should the role of the Health and Wellbeing Board be in Devon?

Discussions generally reflected a desire for the board to be further to the right on the integration/collaboration continuum, taking a role in shaping and leading the wider system with a dual focus on influencing the wider determinants of health, and health and care commissioning.

The need for alignment across the three Health and Wellbeing Boards was highlighted by a number of tables, along with ensuring democratic accountability in the STP.

Action focused meetings with a clear action plan and accountability were highlighted, driven by intelligence-based priorities, local evidence and examples of best practice. A focus on a smaller set of priorities and a clear strategic message, with a clear brand was also highlighted. Clear communication and engagement flowing from and going back into the board was also advocated in many discussions, which identified the need to develop community connections and utilise the voluntary and community sector.

There was considerable discussion about the Health and Wellbeing Board either being an 'umbrella' across other forums, or a forum where a wide range of existing partnerships around the wider determinants of health could report into, which could cover areas such as the strategic housing group, strategic planning and community safety. This also extends to Strategic Commissioning functions with some discussions advocating a sub-committee structure focusing on strategy/policy, wider determinants of health and commissioning.

The independent role that the board has was seen as a key strength but there was a call for it to be braver and more critical. This specifically included the board providing a strong challenge to commissioning plans of health organisations, the County Council and district councillors and other organisations to ensure that Joint Health and Wellbeing Strategy priorities are reflected in and addressed through their delivery plans.

There was also a call for more agile governance arrangements, which could potentially involve a more dynamic fluid approach to membership with the board co-opting additional members or specific input for particular pieces of work. The concept of a wider Devon Health and Wellbeing Network enabling a formalised means for stakeholders to support board work and objectives was also advocated as a particular way to avoid one person speaking on behalf of an entire organisations or sector.

One useful synopsis of the potential role from one table was 'to have a strategic overview of the system that gets translated into operational delivery by each of the constituent members'.

Agenda Item 8

Task Group Report: Devon Health and Wellbeing Board Development

Another useful synopsis of the potential role from another was “to set direction, highlight priorities through intelligence, and support development and delivery of plans locally including resources (links in with budgets and commissioning) and best practice”

ACCOUNTABILITY

How should it support democratic accountability?

There was a call for greater political ownership and input, particularly at district level, with links to locality work. There were also calls for democratic accountability through Strategic Commissioning and Local Care Partnerships through the STP.

A Health and Wellbeing Board leaders and Chief Executives meeting was advocated through many discussions, linking work in Devon, Plymouth and Torbay through the STP, three Health and Wellbeing Boards and localities.

There was also suggestion that Health and Wellbeing Boards may also have a role in decision making in relation to health and care spending, and particularly in the shifting of resources towards prevention and community level place-based activities, with further suggestion that some decision making should occur at a sub-STP, sub-board, place-level.

GEOGRAPHY

How do we best make the geography of Devon and its organisations work?

A common theme of discussions was a tiered approach to geography, with a structure focused on the following levels:

STP > Board > Locality > Local Authority District > Town

Through most discussions this was condensed down to:

Board/STP Priorities > Locality > Town

This three-tier model reflects the geographic levels used in wave one Integrated Care Systems such as Dorset, with the town level roughly aligning with the primary care home model, but also reflecting the fact that some towns are very small with geographically vast rural hinterland which will pose their own additional challenges. This was also reflected in observations from some discussions about ensuring that work supported sparse / dispersed communities, and communities of interest as well. A feedback loop was also envisaged with a two-way flow of information and intelligence.

The 29 market and coastal towns of Devon in particular were identified through these discussions as a particularly useful way of conceiving of ‘place’ which also roughly aligns to the presence of GPs, community health services and mechanisms for wider support.

It was also acknowledged that certain forums already existed around towns (in the forms of town partnerships and hubs) and local authority districts (in the form of Health and Wellbeing partnerships), which may already provide some of the elements of a tiered model.

A specific role of the board was highlighted in terms of translating the JSNA and JHWS priorities into key deliverables for communities, with the board acting as a sponsor or champion of place-based developments which it could help steer.

The response to the Homelessness Reduction Act across Devon

1. Following a [presentation by North Devon District Council to the Health and Wellbeing Board on its response to the Homelessness Reduction Act](#) on the 14th June 2018, the Health and Wellbeing Board sent letters to all other districts and the city council requesting information on their responses to the Act, whether any related funding had been received and details on any local targets around the reduction of homelessness.
2. The Health and Wellbeing Board has a key role in ensuring a collective system focus on population health and ensuring that the priorities that it has set out in the [Joint Strategic Needs Assessment](#) and the [Joint Health and Wellbeing Strategy](#) are being delivered across Devon.
3. As part of this role, the Health and Wellbeing Board requested this information to seek assurance that activity to implement the [Homelessness Reduction Act](#) is taking place across all areas of Devon.
4. The specific questions posed were:
 - How is your local authority responding to the HRA?
 - Has your local authority received any national funding to help implement the HRA? If so, how much?
 - Has your local authority been set a target for reducing numbers of homeless?
5. Summary of responses:
 - Collaboration is happening between services within local authorities and between authorities;
 - Relevant teams are or have been redesigned, reconfigured and in some instances grown in order to deliver the new duties and the national drive to support those at risk of homelessness;
 - Case management and IT systems have been procured to support the work and facilitate a better experience of statutory services;
 - On-going engagement with the voluntary and community sector;
 - Staff training has taken place to understand the legislation placed on authorities how the planned response;
 - New Burdens funding has been received and some authorities have managed to access other national funding streams from government departments;
 - Centrally mandated targets have not been set but where specific grants have been received to reduce homelessness, separate to funding the implementation of the new legislation, then targets have been set.

Agenda Item 9

6. Responses received

East Devon	
Response to the HRA	<ul style="list-style-type: none"> • Review and revise current operational practices and arrange appropriate training for staff. We have reviewed the resources available and determined that additional staff are required to meet the additional requirements and responsibilities placed on the Council through the Act. • Consider how personalised housing plans will be delivered and resourced • Comprehensive training is being rolled out for staff who need to fully understand the new scheme and all its nuances. • Procurement of case management system • The Devon district homeless officers are meeting regularly to share good practice and support each other through the implementation.
Funding	New Burden Funding of £29,250 has been received in respect of 2018-19
Targets	There has been no target set
Teignbridge	
Response to the HRA	<p>Prior to the enacting of the HRA, Teignbridge Council worked closely with Exeter City Council, with whom it shares a joint homelessness strategy, to prepare an implementation action plan.</p> <p>This plan encompassed a number of key areas including:</p> <ul style="list-style-type: none"> • ICT readiness; • Legislative compliance; • Staff training; • Enhancement of resources for homelessness prevention • Improving the customer experience. <p>Since the implementation of the HRA we have focused on supporting staff through the transition to the new legislation, and we are in the process of restructuring the Housing Options Team to ensure that we have the personnel in place to continue to meet the new burdens, reduce homelessness and meet housing need within the district.</p>
Funding	New Burdens Funding of £113,367 over three years.
Targets	<p>We have not been set a specific target to reduce homelessness.</p> <p>As a district with relatively low rough sleeper numbers, we did not qualify for a recent funding opportunity from the Ministry of Housing Communities and Local Government specifically aimed at reducing rough sleeper numbers and which did have associated reduction targets.</p>
Mid Devon	
Response to the HRA	<p>The Council is involved in the Trailblazer pilot and is working in partnership with Exeter City, East Devon District and Teignbridge District Councils.</p> <p>The pilot was able to secure funding from MHCLG totalling £359,000 over two years to deliver the following initiatives:</p>

Agenda Item 9

	<ul style="list-style-type: none"> • Homeless advice guides & e-learning platform • The Homeless Prevention Champion Service • Tenancy Rescue Officers, Tenancy Rescue Fund & Landlord Incentive Pot • St Petroc's – Tenancy Passport Coaching • Rough Sleeping Grant Funding (this provides an outreach service to those who are rough sleeping) <p>Other work includes:</p> <ul style="list-style-type: none"> • Implementation of new electronic management system to use as a case management tool • Restructuring our Housing Options team to build capacity • Continued staff training and continuous professional development • Working in partnership with many external agencies and also supporting the provision of local welfare assistance. The latest contract for this latter service was awarded to Wiser£money with effect from 1 May 2018. This service provides emergency assistance to those who are experiencing crisis. • The Council also supports other agencies with grant funding to the CAB, Age UK and CHAT, a housing advice charity based in Tiverton. We liaise closely with CHAT, in particular, to support homeless clients. • Working closely with our Neighbourhood teams in order to prevent our own tenants becoming homeless • Options appraisal of one of our empty properties to considering whether or not it would be suitable for conversion to provide temporary accommodation • We operate a shared house and have a number of self-contained properties which we use as temporary accommodation for those who are homeless • Reviewing our arrangements relating to winter provision for rough sleepers • We have a specialist worker whose role it is to prevent youth homelessness • A service level agreement with Devon Mediation Service and refer cases to prevent family breakdown • Participate in the Devon and Cornwall Housing Options Partnership. The Partnership has agreed many protocols which deliver a consistent approach across the two counties.
Funding	<p>New Burdens Funding</p> <ul style="list-style-type: none"> • 2018/19 £22,501 • 2019/20 £25,155 <p>Flexible Homeless Support Grant</p> <ul style="list-style-type: none"> • 2018/19 £60,831 • 2019/20 £101,845
Targets	None set
Torrige	
Response to the HRA	<ul style="list-style-type: none"> • Two additional Housing Support Officers

Agenda Item 9

	<ul style="list-style-type: none"> Implemented a new software solution that meets the requirements of the legislation and helps to manage demand more efficiently. Looking at alternative temporary accommodation solutions such as portable self-contained modular accommodation, additional PSL properties and the possible purchase of property, in addition to the two Hostels currently operated.
Funding	2018-19: £114,406 in the form of a Flexible Homeless Support Grant.
Targets	None set
Exeter	
Response to the HRA	<p>Exeter CC and Teignbridge DC began a joint implementation planning process in Sept 2017 to prepare for HRA implementation. Summary of the Exeter work to date:</p> <ul style="list-style-type: none"> Fed back on the government consultation on the draft Code of Guidance (via a joint Council review group) Engagement with Members, senior officers and partner agencies including post-implementation update reporting. Assessed and remodelled resources available to address increased burden increasing frontline officer complement by 8 FTEs recruited April to July 2018. Developed a suite of new template letters, bespoke personal housing plans, advice guides and housing pathways for specific groups Trained all frontline and supporting management staff, plus partner agencies and Enhanced I.T. provision Further increased our preventative approach to homelessness with emphasis on pre-56 day notifications and communication of early indicators of a household being at risk of homelessness. Some of this work has been through building understanding and communications with other ECC departments e.g. environmental health around early assessment and intervention and also with partner agencies through training and operational workgroups around pre- eviction and tenancy rescue. Employed a tenancy rescue officer across both authorities to work on early interventions to a range of issues including debt management, income maximisation, discretionary assistance, ASB Updated strategies and policies in line with HRA legislation A number of Govt funded “Trailblazer” projects in delivery with 3rd Sector providers in Homelessness prevention A number of Rough Sleeper funded services in rapid response referral and access service to private rented housing for those not owed a full duty by the local authority, prison resettlement service from Exeter and Torbay (Channings Wood), extended rural outreach in Mid-Devon, Teignbridge and East Devon. Working with the Local Government Association on a pilot of 5 local authorities (Exeter is the only one outside of the home counties) for the development of early online access to advice and online pre-application for the housing register as well as developing and trialling an online triage tool for homelessness and an online housing and homelessness assessment tool.

Agenda Item 9

Funding	£124,888 over 3 years to 2020 (£41,629 per annum)
Targets	<p>There is a target to reduce rough sleeper numbers in Exeter.</p> <p>This is supported under the one-off RSI funding to which Exeter has recently been successful in securing £482k to implement a range of intervention designed to reduce rough sleeper figures by at least 30% of the current estimate i.e. to reduce to 23 or below from the 2017 figure of 35.</p> <p>Exeter's bid is based on a range of interventions to encourage individuals off the street by deploying a 6 month winter period night shelter and provide a move-on pathway through frontline hostel accommodation into other supported housing. It is designed to be backed with specialist flexible support, based around a personalised and trauma-informed approach to planning, and additional capacity and resilience built into the system in terms of additional accommodation and specialist training for staff and clients to help build resilience for changing lives.</p>

DEVON DEMENTIA WORKSTREAM UPDATE

Report of the Head of Service for Adult Commissioning and Health and the Deputy Chief Operating Officer, NEW Devon and South Devon & Torbay CCG.

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

Recommendation:

That the Devon Health and Wellbeing Board support the approaches outlined within this report, which aim to: further raise awareness of dementia across Devon, to provide appropriate support post-diagnosis, and to reduce the potential stigma of diagnosis.

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### **1. Background and introduction**

- 1.1 This report follows the request from the board for assurance on actions to address the dementia diagnosis rate in Devon. For context, the report also outlines the current and predicted demand for dementia support services and the progress of the STP mental health dementia workstream.
- 1.2 Around 14,200 people in Devon are estimated to have dementia, nearly 2 per cent of the population.
- 1.3 The figure is expected to rise to around 25,000 in the next ten years, affecting nearly 3 per cent of the population, around 6.5% of the over 65's.
- 1.4 DCC works in partnership with the CCGs to commission dementia support services, with shared priorities, with funding through the Better Care Fund (BCF)
- 1.5 Ensuring that individuals receive a timely and appropriate dementia diagnosis is one of our key aims, as is providing the right services for individuals and their families post diagnosis.

### **2. Supporting people with dementia in Devon**

- 2.1 The Devon dementia steering group includes representation from health and social care commissioners and providers and the third sector, and reports to the STP Mental Health workstream. The group has the following priorities:



# Agenda Item 10

- People are supported to live healthier lives, reducing the risk of developing dementia.
  - When necessary, there is an easy to access and timely pathway to dementia diagnosis.
  - People are supported to live well with dementia, with personalised care planning and support.
  - At every stage of the dementia pathway, appropriate care is provided to support people to remain in the most appropriate setting.
- 2.2 To better inform our commissioning priorities and to help us achieve the objectives set out above, we have conducted a gap analysis of provision in Devon. This was conducted in partnership with statutory and voluntary organisations across the county, and included learning from best practice and how we can replicate that.
- 2.3 We commission the following services to support people living with dementia and their families:
- **Dementia Advisor Service:** we have a contract with the Alzheimer's Society. A Dementia Adviser or Dementia Support Worker enables people with dementia and their carers to navigate the system and find the right information and support at the right time. We aim to expand this provision following national guidance and the learning from our gap analysis.
  - **Memory Cafes:** we have grant-funded the Devon Memory Café Consortium. The Consortium supports people living with dementia and their carers through the Memory Cafe movement - making sure they have access to peer support, information, advice and meaningful activities.
  - **Care home education and support:** a small pilot was funded last year with a view to expanding provision this year.
  - Other services such as the **Carers contract**, and **grants to the voluntary sector**, also support those with dementia and their families
- 2.4 In addition to this, Devon County Council has recently signed up to a pilot with the Alzheimer's Society who are aiming for every Council Officer in England to be a Dementia Friend. A Dementia Friend learns about what it's like to live with dementia and turns that new understanding into action. This collectively helps to make our communities a better place for people with dementia to continue living their lives in the way they want to, for as long as they're able to.
- 3. Dementia diagnosis action plan**
- 3.1 The Prime Ministers Challenge on Dementia (2020) identified the importance of diagnosing individuals with dementia, to ensure they receive the most appropriate care and support. The prevalence rates were calculated and a target of two thirds (67%) diagnosis rate set.

# Agenda Item 10

3.2 Initially a nationally directed incentive for GPs was introduced, and the national target was achieved. Once the 67% had been reached for England in 2016, the scheme was ended, but this performance has not been sustained.

3.3 Revised NICE guidance on dementia was released in June 2018. This identifies two key changes that would have an impact on diagnosis:

- Due to the impact of the Memory Service, GPs may have become de-skilled in identifying and managing patients with dementia.
- There needs to be enough support available post-diagnosis, so that GPs can signpost to services to help support individuals and their families manage the condition.

3.4 Our current position is around 62%. Whilst there are localities within Devon which are exceeding this target, some areas are considerably lower:

| CCG              | CCG_Locality       | CCG_Sub_Locality     | Practice Name | Population aged 65+ | QOF                   |                               | Dementia prevalence estimates | Potential unmet need | Dementia diagnosis |
|------------------|--------------------|----------------------|---------------|---------------------|-----------------------|-------------------------------|-------------------------------|----------------------|--------------------|
|                  |                    |                      |               |                     | Dementia Register 65+ | Dementia prevalence estimates |                               |                      |                    |
| NEW Devon        | Eastern Locality   | Exeter               |               | 26,482              | 1,237                 | 1,669.3                       | 432.3                         | 74.1%                |                    |
|                  |                    | Mid Devon            |               | 28,751              | 930                   | 1,720.0                       | 790.0                         | 54.1%                |                    |
|                  |                    | Wakley               |               | 24,664              | 1,107                 | 1,652.7                       | 545.7                         | 67.0%                |                    |
|                  |                    | WEB                  |               | 14,453              | 635                   | 961.5                         | 326.5                         | 66.0%                |                    |
|                  | Northern Locality  | North Devon          |               | 43,024              | 1,584                 | 2,567.7                       | 983.7                         | 61.7%                |                    |
|                  |                    | Riverside            |               | 12,356              | 379                   | 758.0                         | 379.0                         | 50.0%                |                    |
|                  | Western Locality   | SH&WD                |               | 28,078              | 931                   | 1,677.8                       | 746.8                         | 55.5%                |                    |
|                  |                    | Tamar                |               | 15,530              | 487                   | 913.6                         | 426.6                         | 53.3%                |                    |
|                  |                    | Waterfront           |               | 15,953              | 682                   | 957.9                         | 275.9                         | 71.2%                |                    |
|                  |                    | Coastal              |               | 10,911              | 431                   | 685.2                         | 254.2                         | 62.9%                |                    |
| Sth Devon & Torb | Sth Devon & Torbay | Moor To Sea          |               | 11,118              | 297                   | 652.0                         | 355.0                         | 45.6%                |                    |
|                  |                    | Newton Abbot         |               | 16,583              | 697                   | 1,047.3                       | 350.3                         | 66.5%                |                    |
|                  |                    | Paignton and Brixham |               | 20,949              | 857                   | 1,302.9                       | 445.9                         | 65.8%                |                    |
|                  |                    | Torquay              |               | 16,508              | 689                   | 1,032.5                       | 343.5                         | 66.7%                |                    |

3.5 In order to address this variance, we are working with NHS England and other areas with similar demographics, to learn from their successes and to achieve the following trajectory until March 2019. As at July 2018, we are on track to meet this.

| Month                                                 | April | May   | June  | July  | August | September | October | November | December | January | February | March |
|-------------------------------------------------------|-------|-------|-------|-------|--------|-----------|---------|----------|----------|---------|----------|-------|
| Percentage of prevalence rate diagnosed with Dementia | 61.0% | 61.1% | 61.1% | 61.2% | 61.3%  | 61.4%     | 62.2%   | 63.1%    | 64.0%    | 64.9%   | 65.8%    | 66.7% |

3.6 We have identified several key actions which should assist in improving the diagnosis rate:

- Monthly reports for dementia diagnosis rates at practice and locality level, which can be cascaded out to GPs and used for targeted conversations.

# Agenda Item 10

- ii. As a result of feedback from secondary care, the pathway has changed so staff can refer directly to Memory Clinics rather than back to the GP for onward referral.
- iii. A GP Engagement event across Devon, to promote the services that are in place and to provide support in relation to the new NICE guidance
- iv. Working to implement consistent care home education and support across Devon, of which one of the outcomes will be increased diagnosis of individuals within these settings.
- v. Working with the providers of the Dementia Adviser Service to raise awareness of diagnosis pathways within primary care.
- vi. We have taken up the NHSE support offer and have linked with Brighton and Hove CCG to share ideas and initiatives.
- vii. Investigating whether the higher mortality rates over the winter had an impact on achieving the target.
- viii. Investigating the baseline prevalence rate calculations, which clinicians think may be inaccurate.
- ix. The CCG Medicines Optimisation Team will ensure that all individuals who are on medication for dementia have their diagnosis included within their GP record.
- x. CCGs to consider if a local enhanced service for GPs could be implemented to support an improvement in diagnosis rate.
- xi. Consider if providers could include the relevant GP system code on the diagnosis confirmation, to ensure that diagnosis information is included on the patient record and therefore included in the target.
- xii. Work with Exeter University as part of their existing study to help us with referral quality, self-assessment and waiting times.
- xiii. Work with the prevention lead to establish if there are joint messages that can go out from a Public Health perspective.
- xiv. Work with the Transform Aging programme, focussing on reducing the stigma and fear of dementia diagnosis. Use Design Council principles to identify suggestions for change.

## **4. Legal Considerations**

There are no specific legal considerations at this time.

## **5. Equality Considerations**

Improved and equitable access to an appropriate diagnosis will provide better outcomes for all individuals across the whole of Devon.

## **6. Risk Management Considerations**

There is a risk that we will not achieve the dementia diagnosis rate set for Devon, and that this will impact on the appropriate care and support for individuals with dementia and their families.

# Agenda Item 10

The dementia diagnosis action plan has been assessed and all necessary safeguards or action have been taken/included to safeguard both the CCG's and the Council's positions.

## 7. Public Health Impact

Many of the preventative measures for dementia are the same as those for preventing other health conditions. We are working with STP prevention leads to establish if there are joint messages that can go out from a Public Health perspective.

## 8. Conclusions

- 8.1 Whilst we are currently not hitting our dementia diagnosis target, we have a robust and clinically-assured action plan in place to achieve it.
- 8.2 Alongside this, we also have a number of commissioned and grant-funded services to support people with dementia and their families to live well with dementia – as well as ensuring that those who have a diagnosis know where to access support to suit their changing needs.

**Tim Golby**  
**Head of Adult Commissioning and Health, DCC**  
**Jo Turl**  
**Deputy Chief Operating Officer, NEW Devon and South Devon & Torbay CCGs**



**Electoral Divisions:** All

Cabinet Member for Adult Social Care: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS  
*Contact for Enquiries: Solveig Sansom, Senior Commissioning Manager*  
*Tel No: 01392 382300 Room: Annexe First Floor*

BACKGROUND PAPER                      DATE                      FILE REFERENCE

|                                                                                     |                                                                                     |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |
| Dementia Diagnosis<br>Action Plan 1819 July                                         | Dementia Friends<br>Business Toolkit 201                                            |





## HEALTH AND WELLBEING BOARD – FORWARD PLAN

| <u>Date</u>                                | <u>Matter for Consideration</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Thursday 13 September 2018 @ 2.15pm</b> | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>Task Group Report on Governance of HWB<br/>Homelessness – Report on local council’s feedback<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p> |
| <b>Thursday 13 December 2018 @ 2.15pm</b>  | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>Acuity Audit Presentation<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>                                                                    |
| <b>Thursday 11 April 2019 @2.15pm</b>      | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>                                                                                                  |
| <b>Annual Reporting</b>                    | <p>Delivering Integrated Care Exeter (ICE) Project – Annual Update (March)<br/>Children’s Safeguarding annual report (September / November)<br/>Adults Safeguarding annual report (September / December)<br/>Joint Commissioning Strategies – Actions Plans (Annual Report – December)<br/>JSNA / Strategy Refresh – (June)</p>                                                                                                                                                                                                   |
| <b>Other Issues</b>                        | <p>Equality &amp; protected characteristics outcomes framework</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

