

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 : 3 April 2019
Please ask for : Stephanie Lewis 01392 382486

Email: stephanie.lewis@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 11th April, 2019

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 13 December 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 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 9 - 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/>

- 5 Joint Health and Wellbeing Strategy Timeline (Pages 23 - 24)
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on the timeline and principles for the update of the Joint Health and Wellbeing Strategy, attached.

BOARD BUSINESS - MATTERS FOR DECISION

- 6 Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements (Pages 25 - 36)
Joint report of the Head of Adult Commissioning and Health, NEW Devon CCG and South Devon and Torbay CCG on the BCF, Quarter Return, Performance Report and Performance Summary on the BCF, Quarter Return, Performance Report and Performance Summary
- 7 Devon's Loneliness Campaign Update Report (including risk profiling and heat maps) (Minute *71 refers) (Pages 37 - 42)
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on the effectiveness of the local health and care systems response to loneliness, attached.
- 8 Working Together Protocol for Strategic Partnerships in Devon (Pages 43 - 46)
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity, attached.
- 9 STP Update and feedback of involvement of Devon HWBBs (Pages 47 - 66)
Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG), attached.
- 10 Dementia Update (Pages 67 - 72)
Report of the Clinical Chair of NHS Devon CCG, and the Joint Associate Director of Commissioning, DCC and NHS Devon CCG, attached.
- 11 CCG Updates
An update 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 73 - 74)
To review and agree the Boards Forward Plan, attached.
- 15 Briefing Papers, Updates & Matters for Information

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 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

Suzanne Tracey (Chief Executive, RD&E), Ann Wagner (Torbay and South Devon NHS Trust), Councillor Andrew Leadbetter (Devon County Council) (Chair), Councillor Roger Croad (Devon County Council), Councillor James McInnes (Devon County Council), Councillor Barry Parsons (Devon County Council), 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), Jeremy Mann (Environmental Health Officers Group), Diana Crump (Joint Engagement Forum), David Rogers (Healthwatch Devon), Councillor Hilary Ackland (Devon County Council), Chief Superintendent Samantha Dereya (Devon Commander - Devon and Cornwall Police) and Phillip Mantay (Devon Partnership NHS Trust)

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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Induction loop system available

NOTES FOR VISITORS

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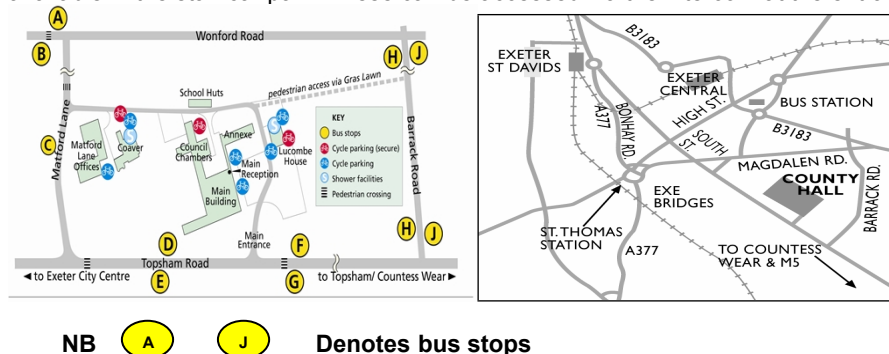
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First Aid

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

HEALTH AND WELLBEING BOARD

13 December 2018

Present:-

Devon County Council

Councillors A Leadbetter (Chair), B Parsons, P Sanders and H Ackland

Councillor P Sanders, District Councils

Virginia Pearson, Chief Officer for Communities, Public Health, Environment and Prosperity

Jennie Stephens, Chief Officer for Adult Care and Health

Ann Wagner, Torbay and South Devon NHS Trust

Dr Paul Johnson, South Devon and Torbay CCG

Diana Crump, Joint Engagement Forum

David Rogers, Healthwatch Devon

Apologies:-

Jim Colwell, Devon and Cornwall Police

Councillor Roger Croad, Devon County Council

Councillor James McInnes, Devon County Council

Jo Olsson, Chief Officer for Childrens Services

Dr Tim Burke, NEW Devon CCG

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Minutes

RESOLVED that the minutes of the meeting held on 13 September 2018 be signed as a correct record.

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Items Requiring Urgent Attention

(An item taken under Section 100B (4) of the Local Government Act 1972)

Ms Sian Walker, Independent Chair of the Devon Safeguarding Adults Board, attended and spoke at the invitation of the Committee to present the Board's Annual Report.

The Committee received the Annual Report of the Devon Safeguarding Adults Board charting progress within Devon of national expectations and safeguarding activity. This included the 2017/18 priorities of improving people's experience of safeguarding and delivery of "Making Safeguarding Personal" across all partners, the prevention of harm and neglect in care and health services and improving awareness and application of the Mental Capacity Act (MCA) and Best Interests for people.

It also reported on the work of the DSAB sub groups such as the Mental Capacity Act, the Safeguarding Adults Review Core Group, the Learning and Improvement Group, Operational Delivery and Community Reference Group. Furthermore, the Report outlined the 2018-19 Business Priorities which included ensuring that people in Devon felt safer, protecting people from harm by proactively identifying people at risk, whilst promoting independence and increasing the legal literacy of practitioners in respect of the MCA.

The Report concluded with the key achievements that had been made with partner agencies including the Police, the Council, Healthwatch Devon, Devon, the Dorset and Cornwall Community Rehabilitation Company, HM Prison Exeter, Probation Service, Public Health Devon, Clinical Commissioning Groups, NHS and Ambulance etc.

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RESOLVED that the Report be welcomed and the Committee place on record its thanks to the Chair and those involved in the production of the Report.

[NB: The Safeguarding Board Annual Report will also be available, alongside other documentation, such as Safeguarding reviews at: <https://new.devon.gov.uk/devonsafeguardingadultsboard/>

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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 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:

- **Mortality rate from preventable causes, 2015-2017** – the age-standardised mortality rate in Devon (161.03 per 100,000) was below the South West and significantly lower than the comparator group and England rates. However, the rate of decline had slowed in recent years.
- **Reablement Services (Effectiveness), 2016-17** – In Devon, 82.6% of older people were still at home 91 days after discharge from hospital into reablement services, which was similar to the South West, comparator group and national rates.
- **Reablement Services (Coverage), 2017-18** – In 2017-18, 1.8% of older people discharged from hospital in Devon were offered reablement services which was significantly lower than the South West, comparator group and national rates.
- **Stable and Appropriate Accommodation (Learning Disabilities), 2017-18** – 76.0% of adults with a learning disability in Devon were living in their own home or with family, which was above the South West and comparator group rate but below the national rates
- **Stable and Appropriate Accommodation (Mental Health Clients), 2017-18** – 60.0% of adults in contact with a secondary mental health service were living in stable and appropriate accommodation, which was significantly below the South West, but significantly above the comparator group and national rates.
- **Suicide Rate, 2015-2017** – There were around 70 suicides per annum in Devon, with rates remaining around or slightly above the national average. Rates were significantly higher in males.
- **Social Contentedness, 2017-18** – 42.8% of social care users reported being satisfied with their social situation, which was below the South West, comparator group and national rates, but not statistically significantly lower.

A Red, Amber, Green (RAG) rating was included in the indicator list and performance summary with areas of red ratings including alcohol-Specific Admissions in under 18s, *Reablement Services (Coverage), Hospital Admissions for Self-Harm, aged 10 to 24, Gap in employment rate (mental health clients) and Estimated Dementia Diagnosis Rate (65+).

The outcomes Report was also available on the Devon Health and Wellbeing website www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report

RESOLVED that the performance Report be noted and accepted.

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Acuity Audit Presentation

The Board received a Presentation from the Assistant Director in Public Health on the Acuity Audit of Hospital Bed Occupancy in Devon.

The Presentation highlighted this was the fifth Audit to take place, including all four acute hospitals in the Devon STP area, analysing bed occupancy to identify and define the care needs of the inpatient population across the STP footprint on the audit date on 15 May 2018. The number of patients who were fit to leave a hospital setting had decreased from 38.6% in 2010 to 23.4% in 2018.

Particular attention was given to indicators which correlated to patients remaining in a hospital bed when they could be cared for in an alternative setting, such as:

- older age;
- unplanned admission;
- identifying patients experiencing dementia or cognitive impairment; and
- receiving care prior to admission.

The audit identified some areas that required further analysis which included:

- end of life care;
- admission from care homes; and
- dementia diagnosis.

The full Acuity Audit Report could be found at:

<http://www.devonhealthandwellbeing.org.uk/library/annual-reports/acuity-audit-2018>

[The Presentation was attached to the minutes]

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

The Board considered a joint Report of the Head of Adult Commissioning and Health DCC, and the Deputy Chief Executive Officer / Director of Commissioning NEW Devon CCG and South Devon and Torbay CCG on the Better Care Fund (BCF), Q2 2018/19 submission to NHS England and the Ministry of Housing, Communities and Local Government reporting on performance against a core set of metrics relating to the Better Care Fund. The Health and Wellbeing Board was required to formally endorse the returns.

The Report informed Members that the BCF had met each of the four national conditions, as well as confirmation of a s75 pooled budget. The Council was on track to meet three of the four metrics which included:

- reduction in non-elective admissions;
- the rate of permanent admissions to residential care per 100,000 (65yrs+), and
- the proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services.

However, the BCF declared it was not on track to meet the target for 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.

RESOLVED that the Report on the Better Care Fund Q2 be endorsed.

* 88 **Learning Disability Partnership Board**

The Board received a Presentation from the Chair of the Learning Disability Partnership Board who highlighted the role of the Partnership Board, its achievements, areas to develop and how to improve the reach of the Board. The key areas of the Presentation included:

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- the Learning Disability Partnership's Board membership included people with a learning disability, their families and carers and representatives from Health, Social Care and Community services;
- the Board had good support from the Council and the NHS;
- Board Members said they wanted an accessible web site with easy read content, so they could find information for themselves instead of relying on other people;
- increasing employment opportunities, through discussions with representatives from Job Centre Plus, the Employment / Skills team and Learn Devon and a media and marketing campaign to encourage businesses to become Disability Confident, making it easier for people to get a job in Devon; and
- NHS Improvement Standards – looking to improve the experience of people with a learning disability in hospitals.

Members' discussion points included:

- encouraging businesses to become Disability Confident and make reasonable adjustments for people with a learning disability to work;
- tackling health inequalities through learning disability medicals;
- publicising the new website through GPs and community partners;
- quality checkers around learning disability services and whether the Partnership Board was involved in this process – the Chair of the Board would confirm whether this was the case;
- friendship groups and how to promote the scheme with Devon Councillors;
- Members requested updates from the Learning Disability Partnership Board at future Committees, and
- the Chair of the Health and Wellbeing Board agreed to attend a future meeting of the Learning Disability Partnership Board.

The Committee thanked the Chair of the Learning Disability Partnership Board for his attendance and speaking to Members.

* 89 **Devon's Charter to End Loneliness**

RESOLVED that Devon's Charter to end Loneliness be approved by the Board and signed by the signatories.

* 90 **Progress Report on the development of the Devon Health and Wellbeing Board**

The Board considered a Progress Report regarding the development of the Devon Health and Wellbeing Board which outlined work undertaken against the six objectives established by the Task Group which included:

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; and
6. increase collaboration between Devon, Plymouth and Torbay Health and Wellbeing Boards.

A new Devon Joint Health and Wellbeing Strategy would be developed and published later in 2019 which would provide a vehicle for addressing these objectives and driving the longer-term development of the Board and local health, care and wellbeing system.

RESOLVED that the Board support ongoing work on the objectives and actions from the Task Group Report on board development and progress to date be noted.

* **91** **Health Protection Committee Assurance Report**

The Board received the Health Protection Committee Assurance Report which provided a summary of the assurance functions of the Devon and Cornwall Health Protection Committee and reviewed performance for the period from 1 April 2017 to 31 March 2018, for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly.

The Report considered the following domains of health protection:

- communicable disease control and environmental hazards;
- immunisation and screening; and
- health care associated infections and anti-microbial resistance.

The Report set out the structures and arrangements in place to assure performance; the performance and activity in all key areas during 2017-18; the actions taken to date against the programme of health protection work priorities established by the Committee for the period 2017 to 2018 and the priorities for the work programme for 2018/19.

RESOLVED that the Health Protection Committee Assurance Report be noted.

* **92** **CCG Updates**

The Chair of the South Devon & Torbay Clinical Commissioning Group (CCG) provided an update to the Board on progress within the Devon health and care system and the planning for delivery of integrated care. This included a change in Leadership Team, specifically at the Accountable Officer level. Other upcoming changes also included the merging of Northern, Eastern and Western (NEW) Devon CCG and South Devon and Torbay CCG to form one CCG covering the whole of the geographical area of Devon. NHS England confirmed its approval of the merger on 14 December 2018. This was an important step in creating a single strategic commissioner for Devon as part of the ambition to better integrate health and care services to benefit local communities.

* **93** **References from Committees**

Nil

* **94** **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.

* **95** **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>

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Thursday 11 April 2019 @2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund Loneliness Campaign Update Report (to include risk profiling and heat maps) STP Update and feedback of involvement of Devon HWBBs Dementia Update report CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 11 July 2019 @2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund JSNA / Strategy Refresh Learning Disability Partnership Board – Update from Chair CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 10 October 2019 @2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund Homelessness Report -12 month update Children's Safeguarding annual report CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 16 January 2020 @2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Adults Safeguarding annual report CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>

Thursday 9 April 2020 @2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Annual Reporting	<p>Children's Safeguarding annual report (September / November) Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)</p>
Other Issues	Equality & protected characteristics outcomes framework

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

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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.

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Dates of Future Meetings

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

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

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

The Meeting started at 2.15 pm and finished at 4.15 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>

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HEALTH AND WELLBEING BOARD

13/12/18

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 March 2019 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, April 2019

2.1 The full Health and Wellbeing Outcomes Report for April 2019, 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 and trends over time. Nine indicators have been updated with new data and cover the following areas:

- **Children in Poverty** – Rates of child poverty in Devon (12.5%) are significantly lower compared to England (17.0%) and have been slowly decreasing over the last decade. Local authority districts have not been published for 2016, however previous data has shown that there are higher levels of child poverty across many small areas in Devon.
- **Excess weight in 4 and 5-year olds** – More than 1 in 5 children aged between 4 and 5 years old are either overweight or obese. Rates for Devon (21.3%) remain significantly lower compared to England (22.4%). Variability across the districts in Devon is observed.
- **Excess weight in 10 and 11-year olds** – More than 1 in 4 children aged between 10 and 11 years old are either overweight or obese. Rates for Devon (27.7%) remain significantly lower compared to England (34.3%). Variability across the districts in Devon is observed.
- **Alcohol related admissions** – Admissions for alcohol in Devon (604.1 DASR per 100,000) are significantly lower compared to England (632.8 DASR per 100,000). Variability across the districts in Devon is observed with higher rates across areas with increased levels of deprivation.
- **Male Life Expectancy Gap** – Overall Devon has a male life expectancy gap of 5.6 years which is significantly lower compared to England (9.4 years). Variability across the districts in Devon is observed with higher gaps in districts with higher rates of mortality from preventable causes.
- **Female Life Expectancy Gap** – Overall Devon has a female life expectancy gap of 4.5 years which is significantly lower compared to England (7.4 years). Variability across the districts in Devon is observed with higher gaps in districts with higher rates of mortality from preventable causes.
- **Healthy Life Expectancy (Male)** – In Devon, Healthy Life Expectancy for Males is around 66.7 years. This suggests that males in Devon, on average, are living almost 14 years of their life in ill health (Life expectancy at birth for males 80.4 years).
- **Healthy Life Expectancy (Female)** – In Devon, Healthy Life Expectancy for Females is around 66.3 years. This suggests that females in Devon, on average are living almost 18 years of their life in ill health (Life expectancy at birth for females 84.2 years).
- **Self-Reported Wellbeing (Low Happiness Score)** – Rates for low happiness in Devon (6.9%) are below England (8.2%) but are not statistically different.

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

3.1 The easy read report, with the aim of improving accessibility, continues to be developed and focus group input to be repeated, showcasing the new technical report. An example of some of the report will be showcased in the presentation.

4. Legal Considerations

There are no specific legal considerations identified at this stage.

5. Risk Management Considerations

Not applicable.

6. Options/Alternatives

Not applicable.

7. Public Health Impact

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

Dr Virginia Pearson

**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

HEA


Health and Wellbeing


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HEALTH AND WELLBEING OUTCOMES REPORT 2016-19

Overview

The public health outcomes framework sets the context and 'strategic direction' for the new public health system with the vision of 'improving and protecting the nation's health while improving the health of the poorest fastest'. There are two overarching indicators concerning healthy life expectancy and life expectancy, and four domains with 66 further indicators, and around 130 sub-indicators. The domains are improving the wider determinants of health, health improvement, health protection, and healthcare public health. A prioritisation exercise was completed in 2013 and updated in 2016 which looked at performance, human impact, and financial costs for these indicators and the prioritisation grid which lists out all indicators is available at www.devonhealthandwellbeing.org.uk/jsna/performance/phof

Indicators which have a large impact in terms of numbers affected and impact, or which are high spend areas for Public Health Devon, as well as indicators for areas where performance is poorer than similar areas or deteriorating and improvements to outcomes are required were selected for be covered by this report.

Other indicators covering areas where local outcomes are positive and the scale, human impact and cost are not high are monitored through the Public Health Outcomes Tool: www.phoutcomes.info and other sources.

- Local Authority District – highlighting differences within Devon between local authority districts.
- South West Benchmarking - showing the position of Devon relative to the Region rate.
- Local Authority Comparator Group – showing Devon’s position relative to the national family of peer authorities rate
- Trend – showing change over time on the selected indicator in Devon.
- Indicators which have been updated since the last report are marked as:

Any queries on this report should be directed to the Devon Public Health Intelligence Team at publichealthintelligence@devon.gov.uk

LOCAL UPDATE - Current Actions

Overarching indicators	
Healthy life Expectancy and Gap in Life Expectancy <ul style="list-style-type: none">- Lifestyles services to improve health and wellbeing (weight, physical activity, smoking, diet)- Health Checks	Alcohol related admissions <ul style="list-style-type: none">- Lifestyle service commissioned by Devon Public Health- Link hospital worker in all acute trusts- RD&E produced bid for alcohol liaison team (awaiting outcome)- STP is exploring a more joined up approach in relation to alcohol across Devon, Plymouth and Torbay
	Self reported wellbeing <ul style="list-style-type: none">- Roll out of connect 5 training- Roll out of suicide prevention training- STP bid for Mental Health Promotion for middle age men
Wider determinants of Health	
Children in poverty <ul style="list-style-type: none">- Food Exeter - creating alliances and plan to extend to Devon to tackle food poverty	
Health Improvement	
Childhood obesity <ul style="list-style-type: none">- Food Exeter - creating alliances and plan to extend to Devon to tackle food poverty- Sugar Smart - Finalising of evaluation. PHE also conducting a regional evaluation- Sugar Smart Ambassadors introduction into schools (scoping stage)- National Childhood Measurement Programme- Active Devon- Healthy weight declaration (working towards)- Making water freely available from public sites- Launch of 'Be Kind to my teeth' campaign (oral health and obesity secondary target)	

Devon Health and Wellbeing Board

Outcomes Reporting

April 2019



Health and Wellbeing



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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

- **Children in poverty**
 - Following a slow downward trajectory
 - District level data not available at time of update
- **Excess weight in reception and year 6**
 - Continued downward trajectory and significantly lower % compared to England
 - Variation across districts with % generally not significantly different compared to England
- **Alcohol related admissions**
 - Relatively static trend
 - Significantly lower rates compared to England
 - Variation across districts particularly in areas with higher deprivation
- **Healthy Life Expectancy**
 - Relatively static trend across Devon which is similar to England
 - On average males and females are living a significant amount of their life in poorer health (14 and 18 years respectively)
- **Life expectancy gap (deprivation gap)**
 - Static trend for males
 - Increasing gap for females
- **Self-Reported Wellbeing (low happiness score)**
 - Relatively static trend
 - % not significantly different compared to England

Outcomes Update

HEALTH AND WELLBEING OUTCOMES REPORT 2016-19 (February 2019)

Priority and Indicator	Time Period	Devon	SW	LACG	Eng	Devon Trend	East Devon	Exeter	Mid Devon	North Devon	South Hams	Teignbridge	Torridge	West Devon
Children in Poverty	2016	12.3%	13.8%	13.3%	17.0%		-	-	-	-	-	-	-	-
Excess Weight in 4 / 5 Year Olds	2017/18	21.3%	21.9%	22.7%	22.4%		22.3%	19.8%	24.2%	24.3%	20.9%	23.6%	25.4%	21.9%
Excess Weight in 10 / 11 Year Olds	2017/18	27.7%	30.3%	31.6%	34.3%		26.5%	30.0%	34.0%	28.8%	27.9%	30.0%	31.3%	27.1%
Alcohol - Related Admissions	2017/18	604.1	649.7	601.7	632.3		540.1	655.3	541.2	734.5	542.2	633.8	680.1	566.4
Mortality Rate from Preventable Causes	2015-17	161.0	166.0	164.6	181.5		143.2	197.5	152.0	184.5	136.6	158.5	176.0	153.8
Male Life Expectancy Gap	2015-17	5.6	7.5	7.3	9.4		5.4	7.0	6.0	7.3	2.4	3.9	7.2	1.6
Female Life Expectancy Gap	2015-17	4.5	5.8	5.5	7.4		2.7	6.7	2.7	4.0	3.4	5.5	5.1	2.8
Healthy Life Expectancy Male	2015-17	66.7	64.7	64.7	6.4		-	-	-	-	-	-	-	-
Healthy Life Expectancy Female	2015-17	66.3	65.1	65.3	65.1		-	-	-	-	-	-	-	-
Self-Reporting Wellbeing (Low Happiness Score)	2017/18	6.9%	7.4%	7.7%	8.2%		-	-	-	-	-	-	-	-

Key Symbols

- Updated indicator
- Data not available
- # Value missing due to small sample size
- *** Value to be sourced
- ^ Change in methodology
- ^^ National method for calculating Confidence Intervals are being revised

Significance

Significance compared to England figure

- Significantly higher
- Not significantly different
- Significantly lower

Current Actions

Children in Poverty	Excess weight in children
<ul style="list-style-type: none">• Partnership working internally and externally to impact on the wider determinants of health• Food Exeter creating alliances and plans to extend across Devon	<ul style="list-style-type: none">• Sugar smart evaluation and roll out into schools• National Childhood Measurement Programme (NCMP)• Be kind to my teeth campaign (oral health and obesity as secondary target)• Active Devon in schools



Current Actions (cont'd)

Alcohol related admissions

- Health Improvement programme:
 - MECC
 - Specialist and substance misuse services
- Link hospital worker in all acute trusts
- RD&E bid for alcohol liaison team
- STP exploring joined up approach across Devon, Plymouth and Torbay

Life Expectancy

- Health Improvement Programme
- Health Checks Programme
- Partnership working internally and externally to impact wider determinants of health



Current Actions (cont'd)


Self Reported Wellbeing (Low Happiness Score)

- Partnership working with statutory, voluntary and community groups
- Roll out of connect 5 training
- Roll out of suicide prevention training
- STP bid for Mental Health Promotion for middle age men
- PHE publication on self harm – local topic overview being co-developed with PH and CCG
- Several social prescribing projects
- Alliance to tackle loneliness

JSNA updates

- Development of the JSNA resource
 - Qualitative research is underway
 - Preliminary findings around
 - User type (Exploratory and Explanatory)
 - Visualisation
 - Content
 - Language
 - Resource demo session to explore different platforms

- Draft of Easy Read report

	<p>7 out of 10 people in Devon exercise more than 2.5 hours a week.</p> <p>This is higher than people in the country of England.</p> <p>This is a good thing.</p>
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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/>



Health and Wellbeing



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Joint Health and Wellbeing Strategy Update: Timeline and Principles **Report of the Chief Officer for Communities, Public Health, Environment and Prosperity**

Recommendation: That the board agree the timeline and principles for the update of the Joint Health and Wellbeing Strategy and contribute to the refresh.

1. Context

1.1 The current Joint Health and Wellbeing Strategy, covering the period 2016 to 2019, will be updated during 2019 and this paper describes the timeline and principles for doing this.

1.2 The refresh of the Joint Health and Wellbeing Strategy was a topic of discussion at both the board stakeholder conference in June 2018 and the joint workshop for board and scrutiny members in December 2018, which will directly inform the content of the strategy.

1.3 The refresh of the strategy coincides with the development of the Devon version of the NHS long-term plan, so this timeline is designed to align with this and associated work with Plymouth and Torbay to agree common themes and priorities across the wider Devon area.

2. Timeline

2.1 The timeline for the completion of the Joint Health and Wellbeing Strategy is set out below. This includes the establishment of a draft for consultation by the end of June to be launched at the annual stakeholder conference in July 2019, followed by sign-off of the strategy at board in October 2019. This aligns with the timetable for producing the NHS Long-Term Plan for Devon, which is due to be published in October 2019 with detailed engagement planned during the summer.

Date	Activity
May 2019	First draft of strategy circulated to board members for comment at the end of May 2019
June 2019	Incorporating feedback from board members, a draft for consultation will be produced by the end of June 2019
11 July 2019	Launch of consultation draft at annual stakeholder conference with eight-week consultation period, including Devon County Council 'Have your say' website and direct engagement with relevant groups, bodies and partnerships during July and August.
September 2019	Consultation period ends on 5 th of September. Task group of board members convenes to consider consultation feedback and update strategy accordingly
10 October 2019	Joint Health and Wellbeing Strategy goes to board for approval
16 January 2020	First board meeting under new strategy and format

3. Principles

3.1 This section sets out the principles informing the production of the draft strategy determined through discussions and feedback at the June 2018 stakeholder conference and the December 2018 joint workshop for board and scrutiny members.

3.2 At the June 2018 stakeholder conference, table discussions on the strategy provided an opportunity for board members, scrutiny members, local authority officers, local NHS representatives, community and voluntary sector representatives and other partners to inform the refresh. Whilst it was felt that the existing strategy's vision and priorities were broadly appropriate, there was a call to shift to plain English and for the document to be written from a community rather than a 'service-led' perspective. In terms of priority setting, a greater focus on the wider determinants of health was called for, as well as drawing out challenges and poor outcomes within priority areas. Mental health, housing, physical activity, disability, inequalities, rurality, workforce, economic development, and health literacy featured prominently in priority discussions. Stakeholders also suggested that there should be explicit read across and consistency between the strategy and Sustainability and Transformation Partnership (STP) priorities and objectives, with a call for both partnerships to strengthen the focus around the wider determinants of health.

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3.3 Following the stakeholder conference, a joint workshop for board and scrutiny members was held in December 2018 to share and discuss the findings from the stakeholder conference, and to refine and agree the principles for the update. The agreed principles were:

- Short document (up to 10 sides in length) with web interface
- Written from community lens in plain English
- A focus on poorer outcomes and challenges
- An emphasis on the wider determinants of health
- Strategic alignment with the STP and other partnerships, including joint priorities, collaboration and reporting arrangements with other partnership boards
- Life course approach
- A five-year strategy from 2020 to 2025

3.4 In relation to strategy layout, it is proposed that the strategy should include a describing of the board and the current health and wellbeing system, a brief overview of the main health and wellbeing needs in the population in 2020, the vision for health and wellbeing in Devon for 2025, and an overview of each priority area. These priority summaries could include a brief description of the priority area, and identify challenges and poor outcomes, strategic partners, actions across the life course and identify health and wellbeing board champions for priority areas.

4. Conclusions and Next Steps

4.1 Once the strategy timeline and principles are agreed by the board, the production of the draft Joint Health and Wellbeing Strategy and the related consultation process will be coordinated by Helena Posnett and Simon Chant in the Devon Public Health team. This will involve input from board members, their constituent teams and organisations, and wider stakeholders.

5. Risk Management Considerations

Not applicable.

6. Options/Alternatives

Not applicable.

7. Public Health Impact

The development of the Joint Health and Wellbeing Strategy and the identification of priorities relating to health inequalities and the wider determinants of health will focus on improving public health in Devon.

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Contact for enquiries: Helena Posnett and Simon Chant, Room 148, County Hall, Topsham Road, Exeter. EX2 4QD

Tel No: (01392) 386371

Background Papers

Nil

BETTER CARE FUND PLAN Q4 REPORT

Report of the Joint Associate Director of Commissioning, DCC and NHS Devon CCG

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

Recommendation: that the Board note this Devon Better Care Fund Q4 report before its submission to NHS England on 18th April 2019.

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### 1. Background/Introduction

- 1.1 The Better Care Fund is the only mandatory policy to facilitate integration, providing a framework for joint Health and Social Care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant and funding paid to local government for adult social care services.
- 1.2 We are required to submit quarterly returns to NHS England, reporting on our performance against a core set of metrics relating to the Better Care Fund. The Health and Wellbeing Board is required to formally endorse the returns.
- 1.3 The 2018/19 BCF Q4 return is due on 18<sup>th</sup> April 2019 and this paper provides an overview and summary of that return.

### 2. Compliance with national conditions

- 2.1 We have confirmed we have met each of the four national conditions, as well as confirmation of a s75 pooled budget.

| National Condition                                                                                                                            | Confirmation |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1) Plans to be jointly agreed?<br>(This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas) | Yes          |
| 2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?                    | Yes          |

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|                                                                      |     |
|----------------------------------------------------------------------|-----|
| 3) Agreement to invest in NHS commissioned out of hospital services? | Yes |
| 4) Managing transfers of care?                                       | Yes |

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

## 3. Performance against national metrics

### 3.1 We are on track to meet two of the four metrics:

3.1.1 A reduction in the number of non-elective admissions

3.1.2 the proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services.

3.2 We have declared we are not on track to meet the targets for the rate of permanent admissions to residential care per 100,000 (65yrs+); and delayed transfers of care.

3.3 The numbers of people we place in residential care homes had continued to reduce significantly over a number of years, reaching a plateau in 2017-18, partly due to our changing population, with people living longer with more complex conditions, who can no longer be supported in their own home. The rise this last quarter is in part due to the lack of capacity in the personal care market, meaning more people have to go into care homes in the meantime, with some of those turning into long term placements.

3.4 Whilst we have seen positive improvement for delayed transfers within the wider system, with incremental reductions across Trusts and especially the last month, we did not meet the very challenging trajectory for Q4.

3.5 We have established daily monitoring of delays to identify prevailing issues as they arise. This is happening alongside the implementation of the system wide plan to tackle DTOC, overseen by the A&E Delivery Boards, and which is continually reviewed and refreshed. The daily figures show we have been performing better than target most days over the last month, so we are able to enter the next quarter with more confidence for this metric.



| Definition                                                                                                                                      | Assessment of progress against the planned target for the quarter | Challenges                                                                                                                                                                                                                                                                                                                                                                                                                          | Achievements                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reduction in non-elective admissions                                                                                                            | On track to meet target                                           | Non-elective admissions did increase in the early part of the winter especially for older people. However, the demand pressure has since reduced                                                                                                                                                                                                                                                                                    | The level of non-elective admissions had improved over the summer period. As a result performance remains broadly on plan and the target is expected to be achieved across the year.                                                                                                                                               |
| Rate of permanent admissions to residential care per 100,000 population (65+)                                                                   | Not on track to meet target                                       | Difficulties in sourcing personal care in certain parts of the county has made supporting people in their own homes more difficult to achieve. Upward pressure in placement numbers has been evident since July 2018 both in cost and volume terms.                                                                                                                                                                                 | Numbers in placement had continued to reduce significantly over a number of years reaching a plateau at year end 2017-18 with published performance ahead of target and all comparator groups. We have excellent relationships with the care home sector and have a systemwide and joint approach to improving market sufficiency. |
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | On track to meet target                                           | Current arrangements screen people into the service rather than out and future arrangements will seek to support those with the most potential to recover independence rather than those that need temporary support while they make a natural recovery. Extending the reach of services, including making it a step up as well as a step down offer, may impact on current performance however this remains above that of 2017-18. | Services remain effective at keeping people from readmission to hospital. Joining up of in-house teams providing short term services to provide a more efficient and more comprehensive service.                                                                                                                                   |

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|                                          |                             |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Delayed Transfers of Care (delayed days) | Not on track to meet target | Significantly challenges are currently being experienced at keeping delays to a minimum throughout the winter period with increased escalation across all Devon Trusts. Market capacity pressures are impacting on both NHS and Social Care related delays. Short term services are being utilised to bridge gaps in the personal care market. | A comprehensive and system wide plan is in place to tackle DToC, which includes daily monitoring of delays across all Devon's Acute Trusts - unvalidated numbers show a marked improvement in March. On-going work with the market place to ensure sustainability of providers, which includes working with providers to ensure continuity of supply through targeted investment to secure capacity and stability to meet future demand. |
|------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 4.0 High Impact Change Model

- 4.1 We were required to assess our progress against each of the metrics outlined in the High Impact Change Model – a set of best practice recommendations for tackling delayed transfers of care. Our submission took representative highlights from across the system.

|                          | Challenges                                                              | Milestones met / Observed impact                                                                                                                                                                                          |
|--------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Early discharge planning | Social Care and Trusted Assessor capacity to meet demand when high flow | Community in-reach in place, with cluster teams being accountable to pull their population home. Improving transfer times. Daily MDTs in operation to monitor progress for transfer<br>Short Term Services offer in place |

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|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Systems to monitor patient flow                 | Maintain consistent use of PTS / Trackcare - with new staff recruited<br>IT access to Power BI for all relevant staff with NHS email | Electronic live system in place- consistent use in Acute and in community, across hospital and community teams.<br>Daily MDTs to monitor flow within the acute and community system<br>Active daily monitoring of DTOCs |
| Multi-disciplinary/multi-agency discharge teams | GP as part of Urgent community Response MDTs                                                                                         | GP test of change agreed in principle to assess benefit of GP within MDT<br>Enhancing the Home First (D2A), pushing this philosophy.                                                                                    |
| Home first/discharge to assess                  | Recruitment of registered staff in certain areas of Devon to meet core functions and build capacity in community/acute teams         | Guaranteed hours block provision of dom care maturing with providers<br>Development of work with Fire Service to increase community response<br>Simplification of process under way                                     |
| Seven-day service                               | Access to private provider market at the weekends<br>Recruitment of registrants to cover core vacancies                              | Review of cluster staffing under way. Reviewing plans for seven-day therapy.<br>Short Term Services in place in some areas covering the seven days                                                                      |
| Trusted assessors                               | current staffing levels insufficient to manage demand<br>Provider engagement and leadership capacity                                 | Further Trusted Assessor posts under recruitment                                                                                                                                                                        |

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|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Focus on choice                | Refresh and redevelop our reluctant discharge policy. Choice policies are in place for LA and CHC. Contingency planning not fully embedded across all teams. | MDT training delivered across Acute and Community to progress/ embed the choice agenda<br><br>Further strength-based MDT training planned          |
| Enhancing health in care homes | Main principles already in place as standard practice but more to be done to develop links with primary care. Obtaining data to prove the effectiveness      | iBCF funding has been devolved to localities to further the implementation of EHICH to meet local need.<br><br>Working with NHS England EHICH lead |

## 5.0 Year End Feedback

5.1 For the Q4 report, we were required to outline local successes and challenges in relation to the Social Care Institute for Excellence (SCIE) enablers for integration:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

|                                                                                                 |                                               |                                                         |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| 8. Outline two key successes observed toward driving the enablers for integration (expressed in | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest <b>successes</b> |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|

|                                   |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCIE's logical model) in 2017/18. |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Success 1                         | 5. Integrated workforce: joint approach to training and upskilling of workforce | Our strength-based approach training has been rolled out to all teams - social care and health, community and acute settings. By focusing on people's strengths, such as their social and community networks, and not on their 'deficits', we are seeing their outcomes improve, as can their wellbeing. This is a core building block that underpins our "promoting independence" approach which is central to everything that we do.                                                                                                                                    |
| Success 2                         | 9. Joint commissioning of health and social care                                | The strong partnership between local NHS organisations and Devon County Council continues, with jointly developed BCF plans and agreement on how best to deploy the iBCF money. This also includes greater engagement with the private provider market and the community and voluntary sector and the development of more jointly commissioned services. Our BCF-funded dementia memory cafes continue to grow in number, run by a vibrant and thriving network of community volunteers, and supporting more people with dementia and their carers than any other county. |

|                                                                                                                                    |                                                                                   |                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18. | SCIE Logic Model Enablers, Response category:                                     |                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                    |                                                                                   | Response - Please detail your greatest challenges                                                                                                                                                                                                                                                                                              |
| Challenge 1                                                                                                                        | 3. Integrated electronic records and sharing across the system with service users | This continues to be a challenge for us. Even when working together to procure a new system, we are finding that there are few providers that can meet the needs of social care, primary care and acute and community health settings.                                                                                                         |
| Challenge 2                                                                                                                        | 6. Good quality and sustainable provider market that can meet demand              | Whilst the quality of our provider market is good, the lack of capacity in the personal care workforce continues to be a challenge that impacts on the whole system. We have an award-winning campaign to encourage recruitment, Proud to Care, but we have still had to use out of area agency staff to help us cope with demand over winter. |

## 6.0 Successes and challenges with the additional iBCF funding

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- 6.1 We were required to identify three key successes and three key challenges associated with the additional IBCF funding, choosing from a menu of key measures.

|                                                                                                                                                | Success 1                                                                                                                                                                                       | Success 2                                                                                                         | Success 3                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A3) Please use the options provided to identify your 3 key areas of success associated with the additional IBCF funding during 2018/19.</b> | Reducing demand                                                                                                                                                                                 | Reducing DTOC                                                                                                     | Reducing pressure on the NHS (non-DTOC)                                                                                                                                                                |
| <b>You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.</b>                        | Neighbourhood Friends:<br>750 discharges supported<br>250 people matched with neighbourhood friend<br>300 people supported to engage w/services in their community<br>>300 volunteers recruited | Respiratory ESD:<br>61 patients supported home<br><br>5 days-<br>Average length of stay<br><br>300 bed days saved | Health coaches and community connectors:<br>183 referrals received<br>92 enrolled onto Ways to Wellbeing Improved Mental health and Wellbeing (via WEMWBS - Warwick-Edinburgh Mental Well-being Scale) |

|                                                                                                                                                  | Challenge 1                                                           | Challenge 2                                                                                                          | Challenge 3                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A6) Please use the options provided to identify your 3 key areas of challenge associated with the additional IBCF funding during 2018/19.</b> | Tackling capacity within the local care market                        | Workforce – recruitment                                                                                              | Financial pressure                                                                                                                                                    |
| <b>You can add some brief commentary on your key challenges if you wish. Please do not use more than 200 characters.</b>                         | Sufficiency in the personal care market remains our biggest challenge | Recruitment of staff including nurses, rapid response and reablement, is a challenge in a near full-employment area. | Planning for sustainable and meaningful change using non-recurrent funding is challenging, particularly when many of the solutions include recruitment of more staff. |

## 7.0 Additional capacity purchased as a direct result of additional iBCF funding

- 7.1 The return required us to identify the specific additional number of care home placements and packages of care the iBCF allowed us to purchase.
- 7.2 The iBCF was used to fund spot placements in care homes – short term placements whilst the person recuperated sufficiently to return home – and intermediate care packages. Figures are still being collated at the time of writing, but we know that at least 204 additional placements were funded by the iBCF.
- 7.3 Our approach for supporting the personal care market doesn't directly equate to additional hours of care provided, so we have marked this as zero in the return. This is because we have invested in improving the terms and conditions of staff employed in this sector, aiming to secure regular working patterns and a guarantee of income. It is too soon for that to have been translated to additional hours provided.

## 8.0 Metrics used locally to assess the impact of the additional iBCF funding

- 8.1 At the beginning of the year, we chose metrics which we felt best measured the impact of integrated working and promoting independence.

| Metric (automatically populated based on Q1 18/19 return):                                                                                                                                                       | Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (effectiveness of the service) | Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (offered the service) | Received a short term service during the year where the sequel to the service was either no ongoing support or support of a lower level |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| D2) If a metric is shown in either of the two rows above, use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the metric primarily falls under | Reablement & Rehabilitation                                                                                                     | Reablement & Rehabilitation                                                                                            | Reablement & Rehabilitation                                                                                                             |
| D4) If a metric is shown above, use the drop-down options provided or type in one of the following options to report on the overall direction of travel during the reporting year                                | Improvement                                                                                                                     | Not yet able to report                                                                                                 | Improvement                                                                                                                             |

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## **9.0 Response to the health and adult care scrutiny committee task group report - update**

### **9.1 Measurement and Evaluation – Recommendation 2**

*That the Executive Team of the STP should consider the following:*

- i. That beyond monitoring of targets and outcomes, ongoing evaluation of impact is built into the system and this robust evidence accrued is used to review, change and develop the system for the benefit of the service users.*
- ii. That the evaluation framework should include significant public engagement and involvement.*
- iii. That serious consideration should be given to fund external evaluation of the BCF using iBCF monies to inform the development work of creating the Integrated Care System.*

9.1.1 In our original response, we acknowledged the rigour we need to apply to the evaluation of the use of the BCF money, but that funding for external evaluation falls outside the criteria. We confirmed we have introduced a more robust process, and we have now established a multi-organisational iBCF governance group which reports to the Joint Co-ordinating Commissioning Group.

9.1.2 We have agreed funding for two years so it is currently too soon to commence evaluation of iBCF-funded schemes. Evaluation planning will commence in the next quarter.

### **9.2 Workforce – Recommendation 4**

***That DCC should use its expertise to generate a mixed economy of care businesses to help alleviate the shortage of workers by setting up feasibility studies of new business models of care delivery that would lead to the possibility of investing in innovative practices.***

9.2.1 In our original response, we acknowledged that the Devon social care economy is already highly diversified, with relatively few large national providers in evidence. This has the advantage of reducing risk of business failure but is a more complex environment within which to manage market relationships. We outlined a series of workstreams underway to support care businesses and which are continuing as planned – including those listed below.

9.2.2 The Council is continuing to encourage new and innovative business models through its Creative Innovation and Growth Programme which offers a mixture of free business and enterprise support, with potential access to revenue and capital grants. This programme is administered by the DCC economy team



and funded by Adult Commissioning and Health and we aim to continue this for 2018/19.

- 9.2.3 The DCC workforce team is developing leadership and management capability within the private sector. This includes development resources to support managers, and a focus on stability and retention within the workforce. Support is offered through train the trainer programmes, and templates and resources for managers to train staff to ensure a capable and confident workforce to deliver quality care and support.
- 9.2.4 We are exploring joint/shared training opportunities across organisations for a more sustainable and integrated approach. DCC are looking to fund a percentage of apprenticeship qualifications for the external workforce using the levy transfer, to enable further opportunities for joint training.
- 9.2.5 The Proud to Care programme works closely with several organisations across Devon including job centres, colleges and schools to promote roles in the care and health sector as a career of choice. This includes identifying and promoting career pathways and widening access through different routes into roles, supported through the care ambassador programme. The latest Proud to Care campaign is aimed at attracting 17-25 year olds to care and health jobs and uses video clips on social media to attract the target audience.

## 9.3 Technology – Recommendation 5

- i. That DCC should consider using iBCF money to develop quality Big Data and Big Data Analytics to support strategic decision making by commissioners.*
- ii. That both Social Care and the CCGs should ensure that there is full access for professionals and patients across both health and adult care to patient records and explorations around common assessment tools should be encouraged.*

- 9.3.1 Our original response confirmed that one of the STP organisational development workstreams is knowledge management, where the potential for a single data warehouse is being explored, enabling better analysis of activity, cost and outcomes across health and care pathways.
- 9.3.2 The STP Integrated Care Model focuses on risk stratification, using health and care data to populate a frailty index, to identify those most at risk of escalating needs. This enables early intervention through targeted initiatives such as voluntary sector support and social prescribing.
- 9.3.3 The STP Digital Transformation Board, including representatives from DCC, continue to work towards achieving the aim for staff to be able to work across

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boundaries in an operational system that is centred around the person. This includes an aim to reduce the number of systems in use within Devon to allow more effective integration between systems.

Tim Golby  
Joint Associate Director of Commissioning, DCC and NHS Devon CCG

**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:

Solveig Sansom, Senior Manager, 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                     |             |                       |

## **Loneliness: update report**

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

**Recommendation:** The Health and Wellbeing Board should invite the Health and Wellbeing Scrutiny Committee to assess the effectiveness of the local health and care systems response to loneliness.

## **1. Context**

1.1 The September 2018 Health and Wellbeing Board meeting featured presentations and an evidence report on the topic of loneliness, with an agreed action for a campaign around loneliness supported by the board.

1.2 This report provides a summary of the resulting '12 days, 12 ways to combat loneliness' campaign ran in December 2018 aimed at raising awareness and supporting community members to identify and address the signs of loneliness. This report also provides an overview of other recent work on the subject, and as requested at the September 2018 board meeting, further mapping of loneliness risk in the Devon population.

## **2. Summary of '12 days, 12 ways to combat loneliness' campaign**

2.1 The campaign, designed by the Devon County Council Media and Communications team featured short films which were promoted through social media on alternate days between the 1<sup>st</sup> and 23<sup>rd</sup> of December. December was selected to raise awareness of the issue of loneliness over the festive period, reflected in the campaign title '12 days, 12 ways to combat loneliness'. These short films were promoted via Devon County Council's Facebook and Twitter accounts, to ensure the videos reached a wide audience.

2.2 Figure 1 provides a summary of the campaign. The campaign itself was launched via the Devon County Council News Centre with the media release also providing direct links to the 10 short films (two films were used twice) <https://www.devonnewscentre.info/make-them-count-12-days-12-ways-to-combat-loneliness/>. The films were themed around the five ways to wellbeing to highlight ways in which loneliness can be combated through social connection, being active, taking notice, lifelong learning and giving to others. Figure 1 describes the specific content released on the 12 days, which 'way to wellbeing' the films related to, their reach (the number of users who will have been reached by the content on Facebook and Twitter based on the channels used) and engagement in terms of shares and likes. The overall reach of the messages was 791,000, with 178 shares of all videos and 146 likes. The diverse range of video content and ways to combat loneliness highlighted by the campaign reflects how loneliness affects all age groups and sections of the population. In relation to particular themes, the films emphasised the importance of social connections, with a focus on helping people to 'find their flock' and to do something that interests them and connects them to their community. Taking notice of yourself and those around you was another recurring theme with a particular focus on how social media can sometimes increase loneliness, with films encouraging people to 'free their thumbs'. The films also emphasised giving, by encouraging people to help others, check in on neighbours and volunteer. Links were also provided in social media messages to the Devon County Council website page on tackling loneliness <https://www.devon.gov.uk/care-and-health/loneliness/> which provides links to relevant groups and services on Pinpoint (Devon's community directory) and links to other relevant content and information.

2.4 The campaign was promoted through the following local newsletters:

- Cllr Andrew Leadbetter's members update
- Devon Sustainability and Transformation Partnership Bulletin
- Inside Devon (Devon County Council Bulletin to all staff)
- Adult Care and Health Newsletter
- Adult Commissioning and Health Newsletter
- East Devon residents update (East Devon District Council)
- Connect Me targeted e-newsletter

2.5 The press release and campaign also attracted wider attention. This included direct calls from members of the public who were put in contact with relevant services including Pinpoint, the Veterans Hub and local befriending services. BBC Radio Devon were particularly enthusiastic about the campaign, resulting in loneliness being included as a discussion topic on for the lunchtime programme on the 20<sup>th</sup> of December. This involved an interview with Devon County Council about the campaign, and an interview with a man supported by the 'Men in Sheds' scheme in Exeter who described his own experience and how connecting with others through the service helped him.

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Figure 1, Overview of social media messages from the 12 days, 12 ways to combat loneliness campaign

|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1. Find your flock (1 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Connect / Learn<br/> <b>Reach:</b> 68,056<br/> <b>Shares:</b> 25<br/> <b>Likes:</b> 33</p> | <p><b>2. What makes a smile (3 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Connect<br/> <b>Reach:</b> 135,418<br/> <b>Shares:</b> 30<br/> <b>Likes:</b> 20</p> | <p><b>3. Free your thumbs (5 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Take Notice<br/> <b>Reach:</b> 52,818<br/> <b>Shares:</b> 16<br/> <b>Likes:</b> 6</p>  |
| <p><b>4. Lonely bird (7 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Give / Connect<br/> <b>Reach:</b> 77,879<br/> <b>Shares:</b> 19<br/> <b>Likes:</b> 17</p>      | <p><b>5. Time for action (9 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Be Active<br/> <b>Reach:</b> 64,211<br/> <b>Shares:</b> 7<br/> <b>Likes:</b> 9</p>     | <p><b>6. Caged bird (11 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Take Notice<br/> <b>Reach:</b> 61,403<br/> <b>Shares:</b> 11<br/> <b>Likes:</b> 5</p>       |
| <p><b>7. Men in sheds (13 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Connect / Learn<br/> <b>Reach:</b> 44,938<br/> <b>Shares:</b> 5<br/> <b>Likes:</b> 8</p>   | <p><b>8. Toys in tree (15 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Give<br/> <b>Reach:</b> 72,112<br/> <b>Shares:</b> 25<br/> <b>Likes:</b> 22</p>        | <p><b>9. Cold turkey (17 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Take Notice<br/> <b>Reach:</b> 69,022<br/> <b>Shares:</b> 9<br/> <b>Likes:</b> 6</p>     |
| <p><b>10. Show you care (19 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Give<br/> <b>Reach:</b> 44,863<br/> <b>Shares:</b> 6<br/> <b>Likes:</b> 2</p>            | <p><b>11. Find your flock (21 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Connect<br/> <b>Reach:</b> 51,949<br/> <b>Shares:</b> 20<br/> <b>Likes:</b> 16</p> | <p><b>12. Lonely bird (23 Dec)</b></p>  <p><b>Way to Wellbeing:</b> Give / Connect<br/> <b>Reach:</b> 48,888<br/> <b>Shares:</b> 5<br/> <b>Likes:</b> 2</p> |

## 3. Other recent developments

3.1 In October 2018 Living Options Devon (LOD) launched the 'Time To Talk' project ([www.livingoptions.org/support-help/time-talk](http://www.livingoptions.org/support-help/time-talk)), which aims to tackle isolation and loneliness amongst disabled people and deaf people. The project tackles the problem of isolation and loneliness in Devon, Plymouth and Torbay by providing a variety of services which are funded by the National Lottery Community Fund. Services include a free confidential telephone support line (with webcam options available for Deaf people who use British Sign Language (BSL)), local 'Chat & Share' groups for people with disabilities to come together, disability-tailored life coaching, information and advice sessions and counselling for Deaf people provided in BSL. The project has a strong emphasis on peer support with disabled people and deaf people supporting others via the telephone line, webcam services and other Time to Talk project activities.

3.2 The December 2018 Devon Health and Wellbeing Board meeting involved the signing of Devon's charter to end loneliness by the chairs of the Devon Health and Wellbeing Board, the Devon Sustainability and Transformation Partnership and Healthwatch Devon. The charter is a statement of intent of behalf of the board and its partners to tackle loneliness by better understanding its extent and impact, raising awareness, involving people who experience it in helping to identify ways to reduce it, ensure local plans emphasise loneliness and promote the five ways to wellbeing. A media release was promoted through NHS, County Council, Healthwatch Devon and other channels.

3.3 Social prescribing provides a means for health professionals to refer people to local community organisations and services that, as highlighted by Wellbeing Exeter at the September 2018 board, can be useful in tackling loneliness. Devon STP has recently established a Social Prescribing Programme to deliver consistency of understanding of the potential of social prescribing and coordinate sharing of learning across the system. This programme will support local approaches and innovation, as well as establishing commonality of approach where valuable. Working as a collaboration of partners across the system, the programme will deliver a range of products, resources and support to across the wider Devon area, including clear referral processes and support to community groups.

## 4. Identifying higher risk populations in Devon

4.1 According to the analysis of loneliness risk factors produced by the Office for National Statistics (ONS) in 2018 (<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>), 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. Deprivation is also strongly associated with loneliness with those living in more deprived areas more likely to experience it, and loneliness is experienced across the life course with young adults (aged 16-24) reportedly feeling lonely more often than older age groups.

4.2 Age UK have produce loneliness heat maps, which look at the pattern of these and related factors to predict the risk of loneliness in local neighbourhoods (<http://www.ageuk.org.uk/professional-resources-home/research/loneliness-maps/>). Table 1 sets out Devon wards with areas in the very high risk of loneliness category in the Age UK maps. Figure 2 provides more detailed maps of loneliness risk across the Devon population. This includes the loneliness heat maps from Age UK, along with the three population profiles for people at high risk of loneliness defined in the ONS report covering young renters with little trust and sense of belonging to their area, unmarried middle-agers with long-term health conditions, and widowed older homeowners living alone with long-term health conditions. These maps reveal that overall loneliness risk is higher in more deprived areas. Major differences in the local pattern of the three higher risk population groups is seen, highlighting variation in those affected by loneliness and their living circumstances across the life course. Whilst loneliness is typically less common in rural areas, more deprived rural areas in the North and West of the county are at higher risk. When loneliness does occur in rural settings, it can be exacerbated by issues in relation to access to services and transportation, which can make the impact more profound.

**Table 1, Devon wards with very high risk of loneliness, 2016**

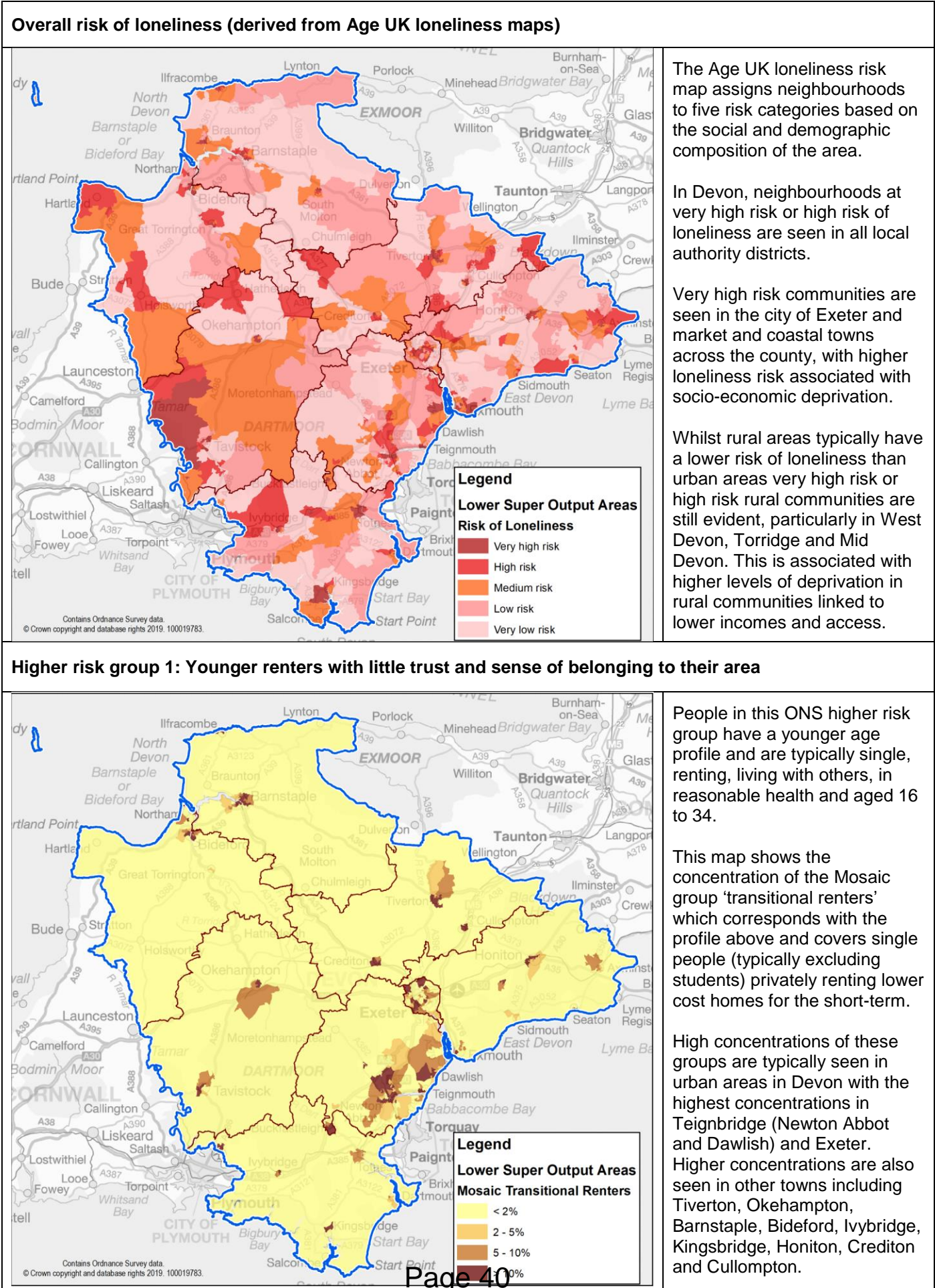
| District    | Wards                                                                                                                                                                                            |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| East Devon  | Axminster Town, Budleigh Ward, Exmouth Brixington, Exmouth Littleham, Exmouth Town, Exmouth Withycombe Raleigh, Honiton St Michael's, Honiton St Paul's, Seaton Ward, Sidmouth Town              |
| Exeter      | Heavitree, Newtown, Polsloe, Priors, St David's, St James, St Leonard's, St Thomas, Whipton Barton                                                                                               |
| Mid Devon   | Castle, Cranmore, Cullompton North, Cullompton South, Lawrence, Lowman, Westexe                                                                                                                  |
| North Devon | Braunton West, Central Town, Ilfracombe Central, Ilfracombe West, Newport, South Molton Ward, Yeo Valley                                                                                         |
| South Hams  | Dartmouth and Kingswear, Dartmouth Townstal, Ivybridge Central, South Brent, Totnes Bridgetown, Totnes Town, Westville and Alvington                                                             |
| Teignbridge | Ashburton and Buckfastleigh, Bradley, Buckland & Milber, Bushell, College, Dawlish Central & NE, Kenton with Starcross, Kingsteignton West, Teignmouth Central, Teignmouth East, Teignmouth West |
| Torridge    | Appledore, Bideford East, Bideford North, Bideford South, Northam, Torrington                                                                                                                    |
| West Devon  | Bere Ferrers, Milton Ford, Okehampton East, Okehampton West, Tamarside, Tavistock North, Tavistock South, Tavistock South West                                                                   |

Source: Age UK Loneliness Maps, 2016



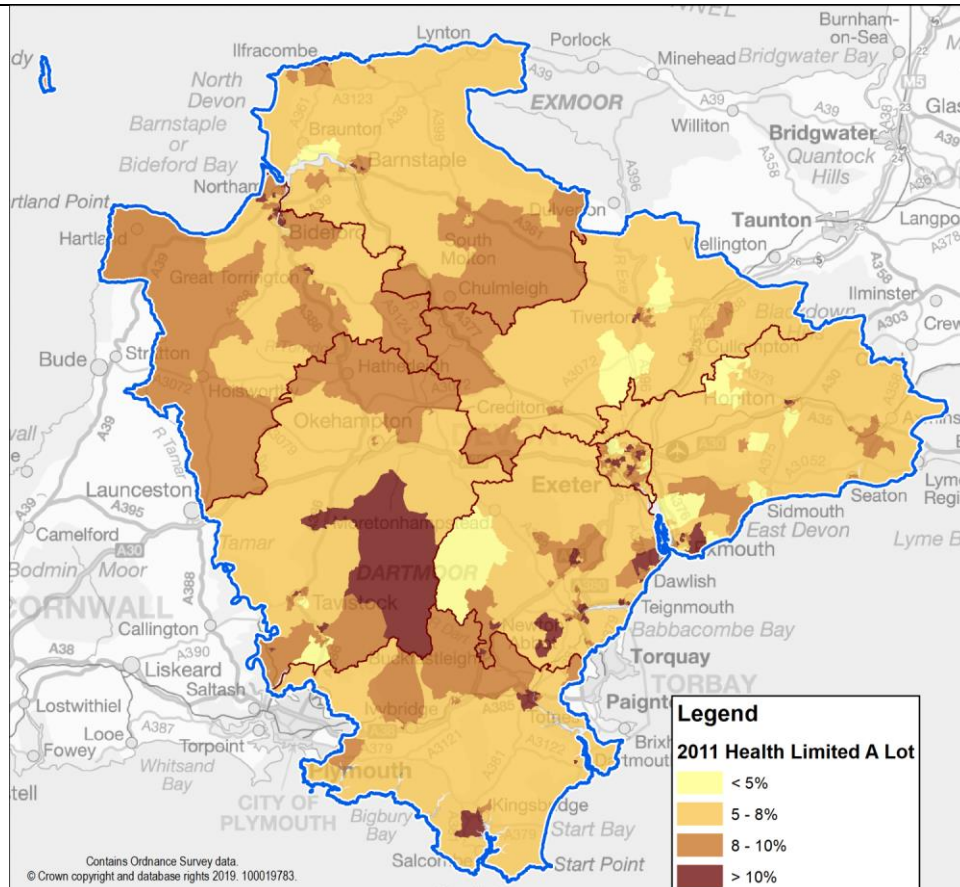
# Agenda Item 7

Figure 2, Mapping of population groups at high risk of loneliness in Devon





## Higher risk group 2: Unmarried middle-agers, with long-term health conditions

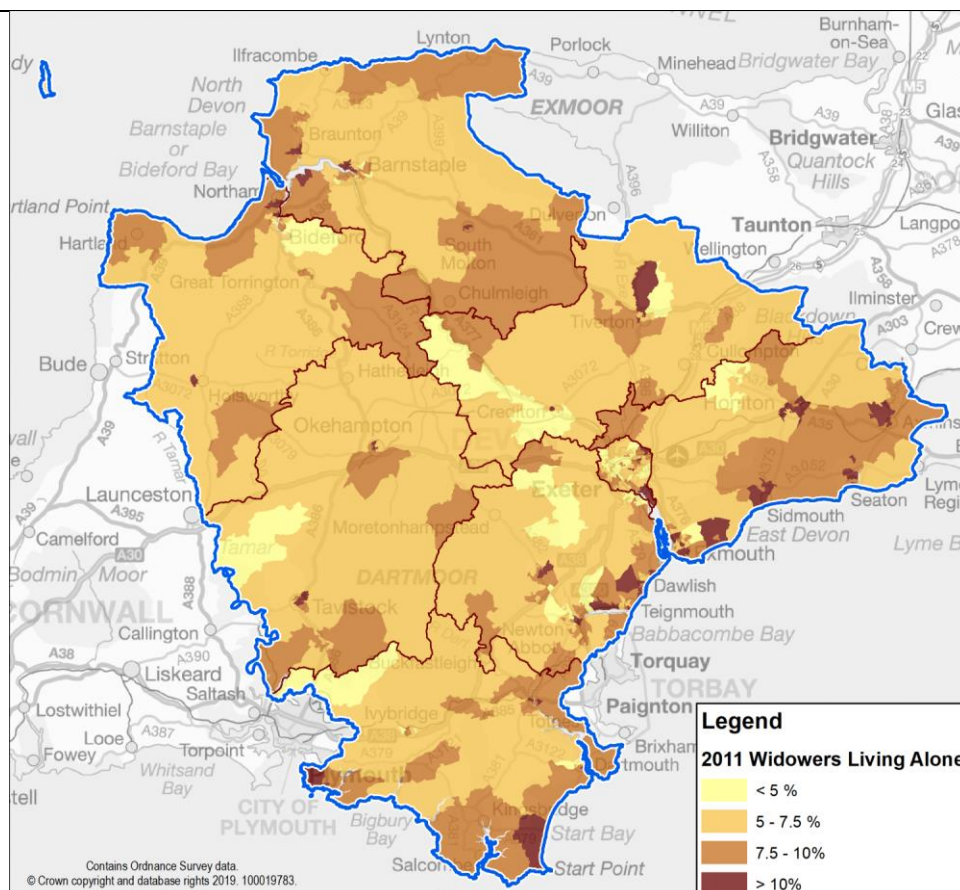


People in this ONS higher risk group are middle-agers and are likely to be single, separated or divorced, living alone, reporting a long-term physical or mental health condition, in poor to fair health, and aged 35 to 64.

This map shows the concentration of working-age adults who reported having a limiting long-term illness or disability in the 2011 census which limited their activities a lot. This cohort are also more likely to be living alone.

The concentration of this group is higher in more deprived areas with concentrations in Exeter, Exmouth, Dawlish, Newton Abbot, Kingsbridge, Totnes and Bideford. Higher concentrations are also seen in rural areas in the North and West of the county, especially in West Dartmoor (Princetown).

## Higher risk group 3: Widowed older homeowners living alone with long-term health conditions



People in this ONS higher risk group are older and tend to be widowed, in worse health, living alone, homeowners, aged 65 and over, experiencing a long-term physical or mental health condition, and are more likely to be female.

This map shows the concentration of widowers who were living alone (in own residence) in the 2011 census to provide an indication of the likely pattern of this higher risk group.

Within Devon higher levels were seen in coastal towns and communities, with particular concentrations in Exmouth, Sidmouth, Dawlish and Teignmouth on the South Coast and around Lynton, Barnstaple and Bideford on the North Coast. Higher levels were also seen in some market towns and rural communities.

# Agenda Item 7

## 5. Conclusions and Next Steps

5.1 This report summarised the board's '12 days, 12 ways to combat loneliness' campaign in December 2018, highlighting that the campaign had substantial reach and engagement, and was widely promoted across local organisations and the media, including BBC Radio Devon. Other recent work relating to loneliness include the launch of Living Options Devon's 'Time to Talk' project providing support to disabled people and deaf people, the Devon charter to end loneliness, and the establishment of the Devon STP Social Prescribing Programme. Further risk mapping reveals variation in levels of loneliness across the county, highlighting areas and population groups at greater risk of experience loneliness to help inform the planning of future work.

5.2 Recent work in Devon has highlighted many issues in relation to loneliness, and work is ongoing across a range of statutory and community organisations and partnerships to support and address these issues. A more detailed understanding of the system-wide response to the issue of loneliness would be useful to ensure relevant issues and areas are being prioritised. In light of this, it is recommended that the Health and Wellbeing Board should invite the Health and Wellbeing Scrutiny Committee to assess the effectiveness of the local health and care systems response to 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



**Working together protocol for strategic partnership boards in Devon  
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity**

**Recommendation:** That the Devon Health and Wellbeing Board discusses the draft protocol and suggests any changes to the current draft ahead of wider circulation and formal sign-off later in the year.

## **1. Context**

1.1 One of the objectives for board development highlighted by the task group review in September 2018 was to establish alignment with other partnerships focused on the wider determinants of health.

1.2 A draft 'working together' protocol has been developed by officers supporting strategic partnership boards in Devon (appendix 1) to describe working relationships and support collaboration between boards. This has been developed in the first instance between the Health and Wellbeing Board, Children and Families Partnership, Safeguarding Adults Board, Safer Devon Partnership and Sustainability and Transformation Partnership.

1.3 The establishment of a protocol between partnership boards will also support the refresh of the Joint Health and Wellbeing Strategy, which will seek to align board priorities with other partnerships.

## **2. Working together protocol**

2.1 The current draft protocol (appendix 1) sets out the overall aim of inter-board collaboration to coordinate partnership activity, avoid duplication and achieve better outcomes for the people of Devon. The protocol sets out common objectives, how we will work together and what we expect to achieve.

2.2 Whilst this has been drafted by the partnership boards described above, the intention is to invite other strategic partnerships, including those in Plymouth and Torbay to participate, which should also support the development of the integrated care system across Devon.

## **4. Conclusions and Next Steps**

4.1 The protocol will be refined based on comments by this board. Other strategic boards will be invited to participate, and the updated protocol will return for sign-off at the next suitable board meeting.

## **5. Risk Management Considerations**

Not applicable.

## **6. Options/Alternatives**

Not applicable.

## **7. Public Health Impact**

The development of the Joint Health and Wellbeing Strategy and the identification of priorities relating to health inequalities and the wider determinants of health will focus on improving 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

# Agenda Item 8

## Appendix 1: Working Together Protocol for Strategic Partnerships and Boards in Devon

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## Working Together Statement of Intent Protocol for Strategic Partnerships in Devon

### 1. Aim:

The 'Working Together' protocol describes the new ways in which strategic partnerships will work together, through co-ordinated partnership activity, to achieve better outcomes for the people of Devon.

### 2. Scope:

The Partnership Protocol has been developed by:

- Devon Health and Wellbeing Board (HWB)
- Devon Children's and Families Partnership (DCFP)
- Devon Safeguarding Adults Board (DSAB)
- Safer Devon Partnership (SDP) including Devon Community Safety Partnerships (CSPs)
- The Sustainability and Transformation Partnership (STP)

The protocol covers the relationships between these partnerships, with the intention of extending the agreement over time to include other strategic partnerships covering the wider Devon area.

### 3. What we want to achieve:

- A **reduction in inequalities** by targeting and supporting people, groups and areas of greatest need
- An **integrated approach to tackling key issues and commissioning services** by sharing information and intelligence; for example, contributing to and learning from the Joint Strategic Needs Assessment, the Strategic Assessment of Crime and Disorder in Devon and Organised Crime Local Profiles
- Partnerships working together to **develop effective joint approaches and to understand the impact of services on outcomes.**
- **Alignment of annual plans with shared strategic priorities**, including safeguarding children, young people and adults
- A **co-ordinated approach to sharing information/intelligence between partnerships to inform effective responses** to specific threats or risks to reduce harm
- **Complementary approaches to performance and risk management, quality assurance and transformational change**
- **Collaboration** in relation to **workforce planning and development**
- A **co-ordinated approach to multi-agency learning reviews** which include Domestic Homicide Reviews, Serious Case Reviews and Safeguarding Adults Reviews
- An **Integrated approach to developing a broader awareness and understanding of trauma (including Adverse Childhood Experiences) and the impact it has on individuals, families and communities** and exploring system-wide solutions to addressing this across the wider Devon area.

## **4. How we will do this:**

- We will share information through regular or thematic reports that also include the response and/or action required from the receiving partnership board/executive and partners.
- Annual reports and other relevant reports and strategies will be shared between partnership boards/executives to inform priority setting.
- We will ensure that all annual reports and other relevant reports and strategies include an open and transparent evaluation of performance against annual plans and provide an opportunity for reciprocal scrutiny and challenge that will inform the development of future years' strategies and action plans.
- We will share needs analyses such as the Joint Strategic Needs Assessment and the Strategic Assessment of Crime and Disorder with partnership boards/executives at key points in the planning cycle, with a specific focus on identifying inequalities.
- Business plans will be shared between partnership boards/executives in the formulation stages to avoid duplication, identify gaps, and enable co-ordination and shared business priorities where areas of work overlap.
- Chairs and lead officers for each partnership board/executive will review progress, ensure that key issues are identified, and respective roles and responsibilities are clear in emerging areas of concern. The lead officers will also identify opportunities for joint working to reduce duplication of effort.
- Membership of each partnership board/executive will include appropriate cross-partnership chief officer representation to enable on-going communication and provide opportunities for cross-cutting issues to be raised directly and acted upon in meetings by lead members.
- This protocol will be reviewed annually to identify benefits, measure progress and ensure approaches are fit for purpose.
- Consideration will be given to wider partnership participation across the South West Peninsula.

## **5. Success will be evident in the following ways:**

- There will be identifiable improvements attributable to multi-agency work on themes of common interest/concern.
- Opportunities to improve lives in Devon will be identified by better coordinating local expertise and assets.
- Areas of emerging concern will be identified in a timely manner and reflected in business priorities via effective risk management, quality assurance, and issue escalation processes.
- Partnership board/executive members will have a clear understanding of the remit and responsibility of the partnership(s) of which they are a member.
- Each partnership board/executive will be informed and aware of the work of other partnerships and its interface with and effect on the areas of work it oversees.
- The intelligence gathered through needs analyses will be evident in the shared priorities of the partnerships.
- Clear examples will be available of how an integrated approach has led to efficiencies and improvements.

**Signed By:**

**DSAB**

**SDP**

**H&W**

**DCFP**

**STP**



Devon Health and Wellbeing Board  
11 April 2019

## **STP Update and feedback of involvement of Devon HWBBs**

### **Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG)**

#### **1. Background/Introduction**

On the 7 January the NHS long term plan was launched. The Plan set out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. It also expressed the action the NHS will take to –

- strengthen its contribution to prevention and health inequalities,
- improve care quality and outcomes,
- tackle current workforce pressures and support staff
- upgrade technology and digitally enabled care across the NHS.
- put the NHS back onto a sustainable financial path.

The purpose of this agenda item is to discuss and influence the local response to the NHS Long Term Plan.

#### **Consultations/Representations/Technical Data**

N/A

#### **Financial Considerations**

N/A

#### **Sustainability Considerations**

N/A

#### **Carbon Impact Considerations**

N/A

#### **Equality Considerations**

N/A

#### **Legal Considerations**

N/A

#### **Risk Management Considerations**

# Agenda Item 9

N/A

**Public Health Impact**

N/A

Tim Golby

**[Electoral Divisions: All]**

Cabinet Member for Adult Social Care and Health Services: 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](#)  
Tel No: 01392 383000      Room: G31

| <u>BACKGROUND PAPER</u> | <u>DATE</u> | <u>FILE REFERENCE</u> |
|-------------------------|-------------|-----------------------|
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*The NHS Long Term Plan – a summary*

# The NHS Long Term Plan – a summary

**Find out more:** [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk) | **Join the conversation:** [#NHSLongTermPlan](https://twitter.com/NHSLongTermPlan)

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

## What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

### Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

### Delivering world-class care for major health problems

- preventing 100,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

### Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

## How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
5. **Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

## What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.



To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

## Find out more

More information is available at [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk), and your local NHS teams will soon be sharing details of what it may mean in your area and how you can help shape their plans.





## Developing a Long Term Plan for Devon

# NHS Long Term Plan

- § Sets out the direction for the NHS over the next five years, describing how it will spend the £20.5bn additional funding.
- § Huge shift in **community focus** and spend that will grow quicker than any part of the NHS – partners have a significant opportunity in relation to –
  - n Health and care integration
  - n Prevention and early support
  - n Health inequalities
  - n The wider determinants of health
  - n Giving children the best start
  - n Living well in older age
- § The inclusion of **housing** is a notable and welcome addition from the NHS, an acknowledgement of the wider determinants of health and the role of other statutory organisations



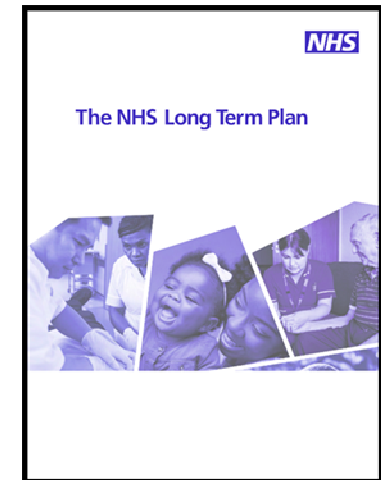
# NHS Long Term Plan

§ The plan signals **continuity** rather than change and balances national direction with **local autonomy**. Set out over three broad areas:

1. Improving quality and outcomes
2. New service models
3. More action on prevention and health inequalities

Every area:

- Will have an **Integrated Care System in two years time**.
- Will shape its **own local long term plan** by the Autumn. **This is an ask of the STP not of CCGs** – preparations already underway
- Will be **supported by Local Healthwatch** to facilitate community conversations to shape local long term plans



# Our health and wellbeing challenges

As part of the STP, councils and the NHS have identified the following challenges in JSNAs and other information:

- An **ageing** and **growing population**
- Balancing access to services in both urban and rural localities
- Complex patterns of deprivation linked to earlier onset of health problems in more deprived areas (10-15 year gap)
- **Housing** issues (low incomes / high costs/ poor quality in private rental sector)
- Giving **every child the best start** in life and ensuring children are ready for school
- Poor **mental health** and wellbeing, contributed to by social isolation and loneliness
- Poor health outcomes caused by modifiable behaviours
- Pressures on services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity, mental health and frailty.
- Unpaid care and associated health outcomes
- Shifting to a **prevention** and **early intervention** focus



# Joint Health and Wellbeing strategy priorities

## Devon

1. A focus on children young people and families
2. Living well
3. Good health and wellbeing in older age
4. Strong, safe and supportive communities
5. Lifelong mental health

## Plymouth

1. Integrated health & wellbeing, promote choice & personal responsibility
2. Addressing health inequalities
3. Best outcomes for children
4. Supporting adults with health and care needs
5. Strong and safe communities
6. Health-enabling transport system
7. Optimising natural environment health benefits
8. Meeting local Housing needs
9. Accessible, excellent health services

## Torbay

1. Working together to promote good health and prevent illness at scale
2. Enable children to have the Best start in life
3. Build Emotional resilience in young people
4. Create places to live healthy, happy lives
5. Support those living complex lives
6. Enable people to age well
7. Promote good mental health

## Common areas of priority between the strategies:

1. Common vision around **reducing health inequalities** and addressing **wider determinants** of health
2. **Mental health** across the life course
3. A focus on **communities, housing** and the built environment
4. Giving **children** the best start in life
5. A focus on **living well**, encouraging **health lifestyles** and **prevention**
6. Maintaining **independence** and good health into older age



# We will engage on six main themes for the future



- Greater focus on population-based health outcomes
- Helping people to live healthier lives
- Enhancing how we help those needing mental health support
- Improving primary and community services
- Better integrating health and social care services
- Reviewing and developing hospital-based clinical services





# 1. Greater focus on population-based health outcomes



More focus on strategies which have an impact on health and wellbeing in Devon

NHS, local authorities and other partners will work together to help people and communities control their own future

The approach will address the aims of helping people and communities in Devon to become more healthy, connected, safe, prosperous and resilient

## 2. Helping people to live healthier lives

Tackling environmental and social conditions to promote good health

Encouraging healthier behaviour so people do not become ill

Changing behaviours and managing early illness to prevent progression

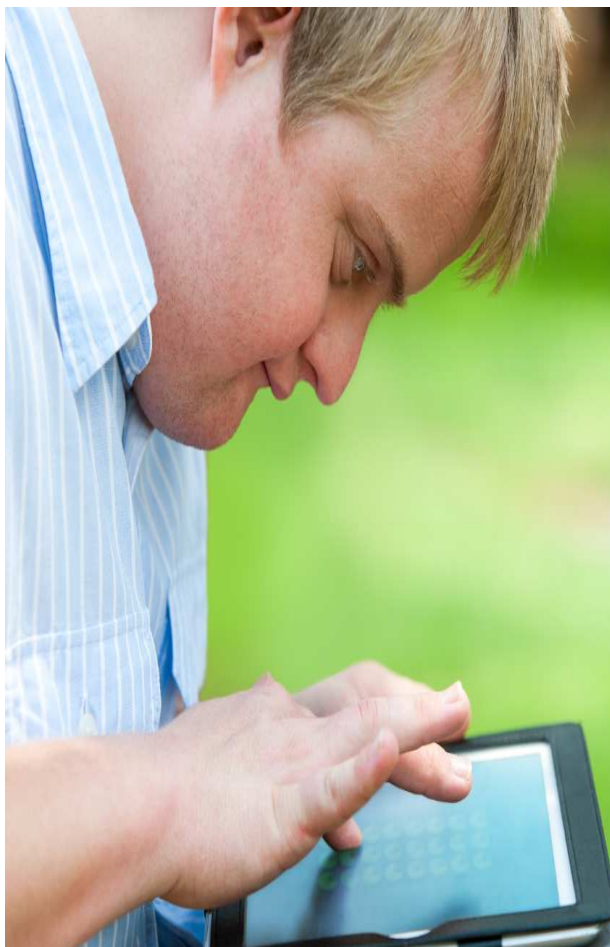
Addressing loss of independence in established illness

Promotion of well-being and self-care





### 3. Enhancing how we help those needing mental health support



Continue to close the **investment** gap between mental and physical health

Improve provision for people with **severe, long-term mental illness**

Improve **physical** health care for people with mental health problems and **psychological** care for people who have physical health problems

Enable people with **learning difficulties** and autism to have the same opportunities as everyone else, including support for employment and housing

Offer individual support to people with **dementia** and their families

## 4. Improving primary and community services

**Boost investment** in primary and community health services – spend that will grow faster than any part of the NHS budget

Transform general practice as set out in the **GP Five Year Forward View** to improve resilience and access

Enhance primary care and community services to provide more **appropriate and timely** care for people seeking help, and reduce hospital admissions

Continue to offer and enhance GP services, including **online consultations**, evening and weekend appointments, and the ability to book GP appointments through **111 Online**



## 5. Better integrating health and social care services



Implement a **new Integrated Care System** to bring the whole health and care system together to benefit our population

Take a whole person approach incorporating both physical and mental health, so people can remain in their own homes

Better involve and support the **voluntary sector** and **carers**

Implement evidence-based interventions to better support **care home** residents and reduce hospital admissions

## 6. Reviewing and developing hospital-based clinical services



New **Clinical Service Strategy** aims to provide a strategic view of the configuration of clinical services for the next 10 years and beyond

There is an outline agreement to conduct this review with colleagues from **Cornwall** recognising existing clinical networks and pathways

Provide a roadmap for **sustainable** clinical services, focusing on improving clinical and population outcomes and making best use of our workforce, funding and resources

Describe where services are best provided by working more closely together in clinical networks of care



# Building on progress across the system

- Continuity rather than changing how partners work together. Including with Elected Members through existing governance arrangements and building on their local leadership in communities
- Existing collaboration across the STP: the jointly developed STP plan and alignment with DCC's 5 Year Plan for Adult Social Care
- The same things remain important to people and will continue to be our focus of system partners
- In planning for the longer term we must ensure we are focussed on the right challenges across the system, places and neighbourhoods
- The annual refreshing of plans will keep pace with population needs, system ambitions priorities and arrangements



## Promoting Independence in Devon

Our 5 Year Plan  
for Adult Social Care  
2018

### Devon Sustainability and Transformation Partnership (STP) plan

Two-year report



**Light engagement:**  
Broad themes (population health, prevention, mental health, primary care, integrated care and clinical services)

**Detailed engagement:** specific plans, ambitions, changes and challenges

|                                              | March                                                                                                                    | April                                                                                                                          | May                                           | June                                                                                                         | July                            | August |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------|--------|
| <b>Health and wellbeing boards</b>           | Plymouth 7/03<br>Torbay 14/03                                                                                            | Devon 11/04<br>Joint meeting with chairs of the three boards to plan future STP and Governance Session<br>HWB Officer Leads    | STP and Governance meeting (HWB and Scrutiny) | Potential meeting in common (TBC)                                                                            |                                 |        |
| <b>Scrutiny Committees</b>                   | Devon 21/03<br>Plymouth 20/03                                                                                            |                                                                                                                                |                                               | District Scrutiny Committees                                                                                 | Possible Joint Scrutiny Meeting |        |
| <b>MPs</b>                                   |                                                                                                                          | Meeting in London with STP leadership (Phil and Suzi)<br>Parliamentary Recess 04/04 – 23/04                                    |                                               |                                                                                                              |                                 |        |
| <b>Other Councillors (such as Districts)</b> |                                                                                                                          | Briefing on and prepare key messages for engagement<br>Joint DAS meeting                                                       | Councillor inductions post election           | Councillor inductions post election<br>Engagement with communities led by elected members and clinical leads |                                 |        |
| <b>Patients / Public</b>                     | PPG - briefing underway- co-designing approach<br><b>Healthwatch</b> – develop a shared plan for survey and focus groups | Healthwatch survey<br>PPGs<br>10 protected characteristics groups/hard to reach – Other groups to be determined at place level |                                               | Citizens Panel<br>Joint Engagement Forum / DoPC<br>Young People's Parliaments                                |                                 |        |

# How we could work together

Health and Wellbeing Boards and Scrutiny Committees could assist with:

- § **Democratic accountability** – providing established governance and scrutiny
- § **Engaging partners** on the wider determinants of health e.g. housing and leisure
- § **Leadership in communities** – helping to provide the community narrative alongside the data







## DEVON DEMENTIA WORKSTREAM UPDATE

Report of the Clinical Chair of NHS Devon CCG, and the Joint Associate Director of Commissioning, DCC and NHS Devon 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: increase the dementia diagnosis rate; provide appropriate support post-diagnosis; further raise awareness of dementia across Devon and 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 our dementia support services and the progress of the STP mental health dementia workstream.
- 1.2 Around 17,935 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, and 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. Dementia diagnosis action plan

- 2.1 The national target for dementia diagnosis is to diagnose 66.7% of the people who have dementia in each area. The target is the same nationwide, and there is a national formula which determines the local figure.

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- 2.2 Devon STP performance towards this target has been flat and remains approximately 8% below the target:

2018/19 STP Performance:

INDICATOR	TARGET	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Dementia diagnosis rate	67%	59.20%	59.20%	59.20%	59.40%	59.10%	59.60%	59.00%	59.40%	58.90%	59.10%		

- 2.3 The 2018 dementia diagnosis plan for Devon is currently being reviewed and refreshed for 2019, and will include the following actions:
- 2.3.1 A clinical champion to spearhead the work: Dr Paul Johnson, clinical chair of NHS Devon CCG.
- 2.3.2 We have appointed a new CCG commissioning lead to work with GPs on implementing a specialist group to diagnose people in care homes who have dementia. They will work closely with the DCC dementia commissioning lead.
- 2.3.3 GP practice data is used to generate the STP figure, but we know that diagnosis levels are not always accurately recorded in GP practice systems, leading to under-reporting. To address this, we are taking the following actions:
- 2.3.4 Engagement events with GPs. These are an opportunity to explore any barriers to recording/reporting with GPs and reiterate the importance and value of recording diagnoses, including the following:
- I. Assurance that the STP has commissioned support services, including dementia support workers for families and carers whose roles include signposting and advocacy. It is important that people with dementia can benefit from these services via a diagnosis
 - II. A reminder that GPs are financially incentivised to diagnose dementia via the Quality and Outcomes Framework. This is standard national practice.
- 2.3.5 Pathway mapping with GPs so they can understand how to refer and where they can get support
- 2.3.6 Ensuring diagnosis is recorded on GP systems when dementia is diagnosed by other providers, such as Devon Partnership NHS Trust and Livewell Southwest
- 2.3.7 Dr Paul Johnson has written to all GPs, asking them to record diagnoses and highlighting the above

- 2.3.8 Ensuring people in care homes who are diagnosed with dementia have that diagnosis recorded in GP systems.

3. Supporting people with dementia in Devon

- 3.1 The Devon dementia steering group includes representation from health and social care commissioners, providers and the third sector, and reports to the STP Mental Health workstream. Membership will be increased from April to ensure we incorporate the views of those with lived experience. The group has three core priorities for 2019/20:

- i. Ensure consistent and formal diagnosis will be available for all those who are presenting with dementia related symptoms.
- ii. A clear diagnosis pathway across the STP and a personalised care plan for all those with a diagnosis.
- iii. Proactive liaison and support for care homes.

- 3.2 The NICE (National Institute for Health and Clinical Excellence) guidance for carers includes carers of people with dementia. Following a joint workshop focusing on the guidance, commissioners and providers of services for carers and for people with dementia are working together in a joint approach, ensuring quality and choice of service provision. The dementia carers pathway booklet that was originally written by the Devon Memory Café consortium is now being adapted for a wider carers pathway document overseen by carer's ambassadors.

- 3.3 DCC and NHS Devon CCG commission the following services to support people living with dementia and their families:

- i. **Dementia Support Workers:** 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 are expanding this provision in North Devon with an enhanced service provided in partnership with DPT. There will be six additional dementia support workers and two mental health nurses based in GP surgeries in the Barnstaple and Bideford area providing support to individuals with a diagnosis of dementia and their carers. This is overseen by a project group that includes carers, an Admiral nurse and currently recruiting volunteers with lived experience.
- ii. **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. There are over 60 memory cafes in Devon, the most in one county in the South West. We are supporting the consortium with the introduction of a quality

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assurance programme that is aimed at ensuring a consistent high standard of support, services and activities.

- iii. **Care home education and support:** to support care homes so they are able to look after people with more complex conditions in appropriate care home settings. This includes education about nutrition and hydration and end of life care.
 - iv. Other services such as the **carers contract**, and **grants to the voluntary sector** also support those with dementia and their families.
- 3.4 In addition to this, Devon County Council is part of a pilot with the Alzheimer's Society with the aim of every Council Officer in England being a **Dementia Friend** – so far, 217 DCC officers are recorded as Dementia Friends. 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.

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 could impact on individuals with dementia and their families receiving the appropriate care and support.

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

8. 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.

9. Conclusions

- 9.1 Whilst we are currently not hitting our dementia diagnosis target, we have a robust and clinically-assured action plan in place to achieve it.
- 9.2 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.

Dr Paul Johnson
Clinical Chair, NHS Devon CCG
Tim Golby
Joint Associate Director of Commissioning, DCC and NHS Devon CCG

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

<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
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HEALTH AND WELLBEING BOARD – FORWARD PLAN

<u>Date</u>	<u>Matter for Consideration</u>
Thursday 11 April 2019 @2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund Loneliness Campaign Update Report (to include risk profiling and heat maps) STP Update and feedback of involvement of Devon HWBBs Dementia Update report CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 11 July 2019 @2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund JSNA / Strategy Refresh Learning Disability Partnership Board – Update from Chair CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 10 October 2019 @2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund Homelessness Report -12 month update Children's Safeguarding annual report CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 16 January 2020 @2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Adults Safeguarding annual report CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>

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<p>Thursday 9 April 2020 @2.15pm</p>	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Annual Reporting</p>	<p>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)</p>
<p>Other Issues</p>	<p>Equality & protected characteristics outcomes framework</p>