

Tuesday, 23 July 2019

Meeting of the Health and Wellbeing Board

Wednesday, 31 July 2019

2.00 pm

Room 1A, Pamona House, Oakview Close, Edginswell, Torquay, TQ2 7FF

Members of the Board

Pat Harris, Healthwatch Torbay

Caroline Dimond, Director of Public Health

Dr Liz Thomas, NHS England

Alison Botham, Director Children - Torbay/Plymouth City Council

Matt Fox, NHS Devon Clinical Commissioning Group

Jo Williams, Director of Adults Services

Councillor Stockman – Torbay Council

Non-Voting Co-optee's

Pat Teague, Ageing Well Assembly

Ian Ansell, Torbay Safeguarding Children Board

Alison Brewer, Primary Care Representative

Julie Foster, Torbay and Southern Devon Health and Care NHS Trust

Tara Harris, Executive Head of Community Safety

Alison Hernandez, Police and Crime Commissioner

David Somerfield, Devon Partnership NHS Trust

Tanny Stobart, Community Development Trust

Keith Perkin, Devon and Cornwall Police and Community Safety Partnership

Cheryl Ward, Department for Work and Pensions

Dawn Butler, Torbay and South Devon NHS Foundation Trust



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HEALTH AND WELLBEING BOARD AGENDA

1. **Election of Chairman/woman**
To elect a Chairman/woman for the 2019/2020 Municipal Year.
2. **Appointment of Vice-Chairman/woman**
To appoint a Vice-Chairman/woman for the 2019/2020 Municipal Year.
3. **Apologies**
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
4. **Minutes** (Pages 3 - 8)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 14 March 2019.
5. **Declaration of interest**
 - 5(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**
For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
 - 5(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**
For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
6. **Urgent items**
To consider any other items that the Chairman/woman decides are urgent.
7. **A Long Term Plan for Devon** (Pages 9 - 56)
To consider a report on the above.



Minutes of the Health and Wellbeing Board

14 March 2019

-: Present :-

Ian Ansell, Tara Harris, Tanny Stobart, Pat Teague, Ann Wagner, Caroline Taylor, Caroline Dimond, Councillor Jackie Stockman, Keith Perkin, Matt Fox and Kevin Dixon

(Also in attendance: Cheryl Ward)

84. Apologies

Apologies for absence were received from Elected Mayor Oliver, Councillors Barnby and Parrott, Alison Botham, Paul Johnson (who was represented by Matt Fox and would be arriving late), Liz Thomas, Alison Brewer, Pat Harris (who was represented by Kevin Dixon).

85. Minutes

The Minutes of the meeting of the Health and Wellbeing Board held on 13 December 2018 were confirmed as a correct record and signed by the Chairwoman.

86. Urgent items

The Board considered the items in Minutes 87 and 88, and not included on the agenda, the Chairman being of the opinion that they were urgent by reasons of special circumstances i.e. the matters having arisen since the agenda was prepared and it was unreasonable to delay the issues until the next meeting.

87. Age Friendly Status

Pat Teague, Ageing Well Assembly, provided a verbal update on Torbay achieving Age Friendly Status and outlined the next steps. Torbay has been accepted on the Age Friendly Network and is putting together Torbay's action plan to gain full accreditation status. Torbay Over 50s Assembly is being officially launched on 13 April 2019 from 1.00 pm to 4.00 pm at Preston Baptist Church, 62 Old Torquay Road, Paignton, TQ3 2RB and partners were encouraged to book a place to attend. It was noted that they already had 89 people signed up to become active members and nearly 300 to be informed members. Interviews would be held in the next 4-6 weeks for action group and town forum representatives.

It was noted that Healthwatch and the Integrated Care Organisation (ICO) have signed up to Age Friendly Status and other partners on the Board were encouraged to sign up and also attend the launch on 13 April.

88. Torbay Children, Young People and Families VCSE Partnership

Tanny Stobart, Community Development Trust, provided an overview of a paper which was circulated at the meeting in respect of the work of Torbay Children and Young People's and Families VCSE Partnership. It was proposed that the Partnership would work closely with the Health and Wellbeing Board to develop a more strategic approach to joint working arrangements between the statutory and voluntary sector workers with children, young people and families in Torbay.

The Partnership has developed a number of joint initiatives over the past three years including the 'imagine this... consultation, the Co-op Foundation #iwill Fund for a youth loneliness project' and is looking to establish a partnership infrastructure to deliver collaboratively, including theory of change, information sharing, referral arrangements and systems to support data capture, reporting, evaluation and impact assessment.

They are planning to host a market place for all 24 partners and invite members of the Board to talk to the partners about different aspects of their delivery and possible future collaborations.

Action:

Tanny Stobart to provide a briefing note for the Board setting out details on the work of the Torbay Children, Young People and Families VCSE Partnership and the strategic benefits for these groups.

89. NHS Long Term Plan - Devon Local Plan

The Board received a presentation from Paul O'Sullivan from the South Devon and Torbay Clinical Commissioning Group on the NHS Long Term Plan, which was launched on 7 January 2019 and 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.

The first year operating plan for 2019/2020, which will be the first year of the long term plan, will become the first local plan and is due to be published by April 2019, with publication of the local five year plans by Autumn 2019.

The Board noted the work being undertaken to develop the local plans and their role in engaging with local communities to progress this work. It was suggested that this Board was already an effective partnership mechanism which could take on the lead role in providing engagement and feedback on the NHS Long Term Plan and Local Plans rather than creating a new partnership.

Action:

Paul O'Sullivan to come back to a future meeting of the Board to continue dialogue and engagement on the NHS Long Term Plan and emerging Local Plans.

90. Director of Public Health Annual Report

Caroline Dimond, Director of Public Health, provided an overview of the Public Health annual report for 2017/2018 Torbay on the Move which focused on physical activity. A copy of the annual was circulated at the meeting and noted by the Board.

Physical activity is something that everyone can promote in our workplaces, in our communities and with our families. The health and wellbeing improvements from being physically active also saves money with a return of £9 for every £1 spent. The target for 2018/2019 is to get 10% more people more physically active through six key areas:

- Empowered communities;
- active environments, travel and facilities;
- physical activity as medicine;
- active early years and schools;
- active people and families; and
- active workplace and workforce.

The report also provided a review of the recommendations from the last annual report.

91. Mental Health and Emotional Wellbeing Update

Justin Wiggin, Strategic Commissioning Officer, gave a presentation following three engagement events and an online consultation to develop a meaningful vision for mental health and wellbeing across Torbay and the wider Devon area. The vision feedback included:

- improving and maintaining mental health and wellbeing for all people in Devon;
- working in partnership with you, your families, communities and everyone who supports you, so that you can live a fulfilling life as part of a resilient community; and
- supporting you in new ways so that you are empowered to thrive;
- focusing on your strengths, recovery, self-care and supporting your independence.

As a result of the engagement work completed the Partnership have:

- revised the vision for mental health and wellbeing;
- changed our approach to the strategic aims and priorities areas;
- promoted the sharing of good experiences and reflections;

- adjusted the language throughout the strategy including quotes from people throughout;
- informed the reshaping of the transformation programmes;
- developed relationships with people, carers and those that support them; and
- indicated the future approach to involving people in the Mental Health Care Partnership.

The Board also noted that a small community grant scheme had been set up and had given out up to £300 to community groups for self-help exercise groups and some in mental health support.

92. Impact of First Response

The Board received a presentation from Nikki Bray, Strategic Commissioning Officer, on urgent mental health care across Devon. In particular members noted the proposed creation of a crisis café pilot based in the Croft Hall Medical Practice in Torquay which would provide help for people in crisis between 8.00 am and 12 midnight 7 days a week to over 18s. This would provide a value service to many vulnerable people who leave in the vicinity and may require support as well as others across the whole of Torbay. People would be encouraged to phone the 111 helpline to enable them to be sign posted to the correct help and support, which also includes 5 overnight beds.

The Board supported the proposed model for first response for adults with mental health and requested an updated on the impact of this at the next meeting and also details of what is happening with 16-17 year olds and linkages to looked after children.

93. Transformation Funding - Developing the Triple Aim 2019-20 Update and Next Steps

Caroline Taylor, Director of Adult Services, outlined the submitted report which provided an update on the delivery of IBCF funding against 36 project schemes, all of which supported the three iBCF aims:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people; and
- Ensuring that the local social care provider market is supported.

Resolved:

That the Health and Wellbeing Board support:

- (i) the ongoing direction of travel for the Integrated and Better Care Fund (iBCF) for 2019/20 being aligned with the existing principles as administered by the Better Care Fund (BCF) board as set out in Appendix 1 to the submitted report; and

- (ii) the ongoing development, engagement and funding of solutions produced by the wider system, independent, community and voluntary partners.

94. Progress report on the Domestic Abuse and Sexual Violence Strategy for Torbay 2018-2022

Tara Harris, Assistant Director Community Safety, presented the submitted update report on the progress of implementing the Domestic Abuse and Sexual Violence Strategy. It was noted that as partners gained a better understanding of the needs of those affected by domestic abuse and sexual violence it has become apparent that there are some shortfalls in the current service. The service have previously been funded from government grants but this was short term funding and is impacting on future service delivery. The Council is due to re-procure the service in 2019 and is looking at incorporating it into the proposed Alliance Framework contract model of delivery across complex needs services for which an update was included later on the agenda.

The Board discussed its role in supporting partnership working to ensure greater accountability and raise the profile of the great partnership work being achieved by the Board and its representatives. A number of potential grant funding opportunities were also raised at the meeting and it was suggested that partners may wish to join up and share or bring back future funding opportunities to the Board to see how we can make the most of these opportunities.

Actions:

- (i) that the Health and Wellbeing Board attendees should take a lead on the issues raised through the Board, champion the activities highlighted through the meetings and hold each other to account; and
- (ii) Caroline Dimond to work with the South Devon and Torbay Clinical Commissioning Group (CCG) on how they can increase the take up of long acting reversal contraceptive (LARC) to help reduce teenage and other unwanted pregnancies in Torbay.

95. Highlight Report - Multiple Complex Needs - Alliance Development

Caroline Dimond, Director of Public Health, provided an update of the work being undertaken to develop an Alliance Framework for dealing with people with multiple complex needs as set out in the submitted report. The Board supported the way forward and acknowledged the positive response received during recent engagement events.

96. Highlight Report - Shifting the Focus to Prevention and Early Intervention

Caroline Dimond, Director of Public Health, provided an overview of the submitted report which set out details of the work being undertaken to shift focus on support to prevention and early intervention. The Board supported the approach being

undertaken but cautioned against a too medical based approach and also recognised the value of the community and voluntary sector in supporting this work.

97. Highlight Report - Health Protection

Members noted the submitted report which set out the Health Protection Annual Report for Devon and Cornwall for 2017/18, which is required to be submitted to constituent Health and Wellbeing Boards for information and consideration.

The key points highlighted in report related to:

- Influenza;
- Immunisation programmes;
- Screening programmes; and
- Healthcare acquired infections.

The priorities for 2018/19 were:

- Increasing MMR booster update;
- Promoting flu vaccination update;
- Establishing the community infection prevention and control service;
- Develop plans to improve air quality;
- Continue to tackle anti-microbial resistance; and
- Ensuring preparedness for emergencies and emerging diseases.

The Board thanked Ann Wagner, Torbay and South Devon NHS Foundation Trust, for her support and input to the work of the Health and Wellbeing Board and wished her the best in her retirement.

Action:

Caroline Dimond to ensure that Andy Gunther is on Design Review Panel to ensure that air quality and health and wellbeing are taken into account in future planning design.

A LONG-TERM PLAN FOR DEVON

Purpose of Report

At the meeting in March 2019, the Health and Well Being Board discussed the approach to developing a wider Devon system plan in response to the NHS long-term plan.

As previously discussed, Health and Well Being Boards and the individual partners have a key role in shaping and delivering Devon's system plan. The broadened scope of this NHS Long Term Plan (LTP), particularly in seeking to strengthen action on prevention and inequalities, provides a clear opportunity for contributing and working in collaboration to address challenges at both local and system level.

National planning guidance has now been published and the purpose of this paper is to both:

- Provide an update on the process and timescale for developing the Devon system response to the LTP including the process for engagement.
- Provide an update on population need and shared priorities for well-being that will inform the plan.

This in turn can ensure a clear and credible plan that Members feel not only takes account of the needs of the communities they represent, but also how they can contribute to improving population health and well-being and the delivery of health and care services in Devon. In doing this the plan is to engage not only with county Members, but also District Councils, the public and the voluntary sector. This has been built into the process described in this paper.

Recommendations and Reasons

That the Committee agrees to-

1. note the progress to date and the proposed process, timescales, materials and levels of engagement for the development of Devon's Long-Term Plan and endorses the robustness of the process;
2. develop a joint working arrangement with Devon and Plymouth HWB to agree a common set of Health and Wellbeing priorities; and review of the implementation of the Long-Term Plan, insofar as it relates to the Devon STP geography in aggregate

1. A description of the overall process and timescale


1.1. As a reminder The NHS Long Term Plan, published in January 2019 sets 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
- Strengthen its contribution to prevention and health inequalities
- Improve care quality and outcomes
- Tackle current workforce pressures and support staff
- Upgrade technology and introduce digitally enabled care across the NHS
- Put the NHS back onto a sustainable financial path
- Support every system to become an Integrated Care System by April 2021

1.2. Each system (current Sustainability and Transformation Partnership area) is expected to develop its plan by autumn 2019. The process as outlined below is designed to ensure that our local system plan is developed through:

- Involving local communities and delivery partners in its development
- Using evidence of population need to inform priorities and targeted action
- Building upon the existing agreed system plans and strategies
- Defining how outcomes will be delivered and how local and national good practice initiatives will be adopted consistently across the system
- Outlining how financial stability and sustainability will be achieved.

1.3. National planning guidance recently published sets out the framework and timescales for development and submission of local system plans. The overarching timescale for developing Devon's Long-Term Plan is set out in the table below.

	Date	Activity
	June 2019	Collating information and evidence to underpin the plan, including views from prior engagement
	July 2019	Launch of 8-week period of focused engagement in Devon Long-Term Plan commencing 11 th July*
	August 2019	Continuation of engagement and development of information for Devon Long-Term Plan
	September 2019	Completion of focus engagement on 5 th Sept. Update plans and submit first draft to NHSE / I
	October 2019	Revise and update plan in response to engagement, partner contribution and feedback from regulator. Mid Oct. start of period of organisational review and endorsement of Long-Term Plan
	November 2019	Mid Nov. endorsed Devon Long Term Plan finalised for publication by the end of November
	December 2019	National Long -Term Plan publication by the end of Dec. to inform detailed 2020/21 planning

1.4. The overall process will be undertaken in the following phases:

1.5. **Phase 1: Preparation and set up:** This has included establishing the team and governance arrangements for the Long-Term Plan as well as early briefings and engagement with organisations and key stakeholders.

1.6. **Phase 2: Developing the evidence base:** Building on information and work already done in Devon, actions are underway to ensure a strong evidence base for the Long-Term Plan including:

- Current and projected health needs of the population and the key health challenges
- A review of prior engagement and messages from the forthcoming engagement to ensure the voices of local people in the plan
- An assessment of health and care demand, how this may change within the life of the Long-Term Plan and key points for attention
- A baseline review to check the maturity of current strategies, plans and performance in the context of the new Long-Term Plan requirements
- An outline of best practice locally and in other areas and opportunities to be explored further for the Long-Term Plan
- A description of constraints and opportunities in relation to finance, workforce, digital and other key resources for a sustainable plan

1.7. **Phase 3: Engagement and co-creation:** With a clear purpose to engage in the key topics in the NHS Long Term Plan and to consider the challenges and opportunities to address the local priorities for health, wellbeing and care. The plan for this phase is described in more detail in the section below. As shown in the timeline, focused engagement for the Long-Term Plan will commence in July 2019, aligned in Devon with the Health and Wellbeing Strategy consultation.

1.8. **Phase 4: Developing the plan:** The plan development will take account of the national requirements, the evidence base and messages from local engagement as described above. The national Long-Term Plan planning framework sets out foundation requirements to be addressed in early phase of system plans.

1.9. **Phase 5: Testing, approvals and publication:** Approval for the draft system plan will be sought through the collective system groups, including system leaders and collaborative board and subject to statutory organisations individual governance arrangements as determined by respective partners. In addition, it will be tested for robustness and subject to a process of approval and external assurance through NHS England and Improvement prior to publication at the end of 2019.

2. A description of the plans for engagement at Locality, District, County and STP wide levels

2.1. The engagement plan sets out the scope, content and approach to engagement; the methods or channels to be used; the collation of views and feedback; and the audiences and groups for engagement.

2.2. It is important to note that there has already been a range of engagement relevant to the Long-Term Plan:

- NHS national Long-Term Plan engagement in 2018
- Healthwatch national survey on the Long-Term Plan
- Devon STP programme engagement e.g. mental health, maternity etc

2.3. Given the need to build on existing system plans, a review of the themes arising from this prior engagement is underway and will form part of the refreshed local evidence base.

2.4. In addition, Healthwatch is currently engaging people in Devon, Plymouth and Torbay including holding six focus groups on the following points:

- Making it easier for people to access support closer to home and via technology
- Doing more to help people stay well
- Providing better support for people with cancer, dementia, heart and lung disease

2.5. Responses on these topics will be formulated in a Healthwatch report which is due in early June 2019 to contribute to the Devon Long Term Plan.

2.6. The engagement is planned to take a two-Tier approach.

Tier 1 – Strategic engagement (Devon-wide)

2.7. Engagement in the Long-Term Plan will need to be system-wide on some of the key challenges it faces, for example developing digital capabilities and recruiting and sustaining a flexible workforce. The areas of focus system-wide, are;

- Understanding how technology can better support individuals to stay well
- Creating a sustainable workforce fit for the future
- What the NHS can do to help people stay well, live better

<i>Tier 1 – strategic engagement (Devon-wide)</i>	
Activity:	Engagement to be delivered by:
Devon Virtual Voices Panel – 1500 members (x 2 surveys during 8 weeks)	Devon CCG
Focus groups: Devon-wide recruitment: Digital Workforce Helping people to stay well and live better for longer <i>One focus group on each topic.</i>	Devon CCG
Generic survey (15 questions) – hosted on CCG website and supported by social media and marketing activity (drive quantitative feedback) – paid for advertising online, weekly theme.	Devon CCG

DRSS tele-survey – DRSS speak to 1500 per day, they will ask each caller 2 questions regarding planned outpatient appointments (to test their views on the use of digital to support planned care)	Devon CCG Devon Referral Support Service
MPs (Devon-wide) A session with Devon MPs will be set up to brief them on process and timeline	Devon CCG
Health and Wellbeing Boards (x3) H&WBB will work with the three public health teams in Devon, Plymouth and Torbay to address issues and challenges in chapter 2 of the LTP and provide recommendations and priorities back.	H&WBB Devon + Public Health Devon H&WBB Plymouth + Public Health Plymouth H&WBB Torbay + Public Health Torbay

2.8. Using our engagement channels Devon-wide (Devon CCG):

Devon Virtual Voices

2.9. This is an online panel of people who have specifically signed up to being surveyed about health and social care. By the end of June our panel will be up to 1500 and membership is screened based on a representative sample of Devon. We expect to receive a response rate of 45/50% for each survey issued.

2.10. Individuals can self-select areas of interest or preference when they join, meaning we can target them with chapter specific surveys as well as the generic. We will issue two surveys to the panel:

- Week 1 (8 July) – welcome to the panel and short survey (theme: digital)
- Week 4 (29 Aug) – generic survey (no more than 10 questions)

Focus groups

2.11. Recruitment to focus groups will be Devon-wide, but this will specifically target different representative groups to make the attendance mixed – geographic, demographic, psychographic etc. There would be no-more than 15 people in each focus group. Proposed focus groups include:

- Digital: how technology can better support individuals to stay well
- Workforce: how can the NHS create a sustainable workforce
- Wellness agenda: what can the NHS do to help people stay well, live better for longer

Using social media

2.12. We will use social media in two ways. Firstly, we will run paid for advertising on social media to promote all surveys and drive people to complete them. This worked very

well during our Better Births engagement. We will do themed weeks to ensure our communication is targeted and aligns to specific groups. This engagement plan will be supported by a full PR and communications plan.

- 2.13. The second element of social media will be to target specific groups and forums that already exist. This will enable online focus groups with online communities.

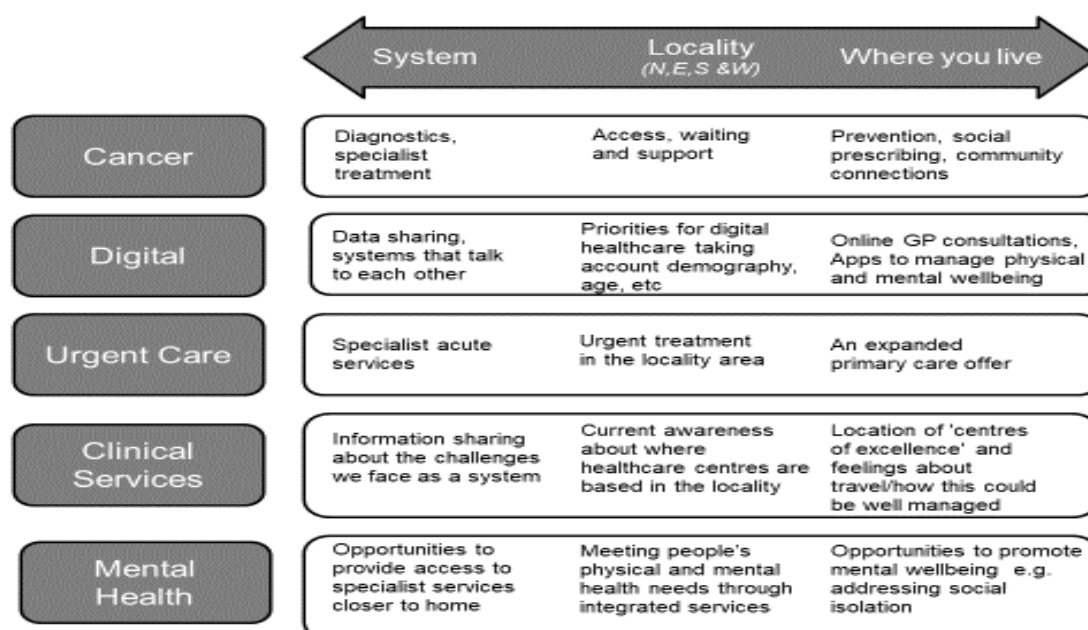
Hard to reach groups

- 2.14. Working with the Devon Joint Engagement forum there will be some targeted work with the members of the committee, linking in with similar forums in Torbay and Plymouth.

Tier 2 - Localities

- 2.15. Engagement will also be planned in the Northern, Eastern, Southern and Western Localities. Locality based engagement will provide the opportunity engage in the delivery of integrated care to better address the key challenges that are specific to that area. Each locality will agree how they will engage on priorities and topics from within the Long-Term Plan using the data and tools provided that illustrate the local challenges and opportunities. This will identify clear themes from the locality-based engagement to inform the Devon Long-Term Plan.

- 2.16. In determining which issues might best be considered at which levels it is also clear that different elements of the same issue may be considered at different levels on a continuum. While the detail of the content is still being developed, the diagram below illustrates the nature of the engagement and influencing opportunities that may take place system level to where they live.



3. Planning guidance, population need and priorities

3.1. In Devon, the Long-Term Plan development is being led through the Devon Sustainability and Transformation Partnership which is chaired by Dame Suzi Leather, with Phil Norrey in the role of interim Chief Executive. Each constituent NHS and Local Authority organisation¹ will be key partners in both the development and delivery of the Long-Term Plan.

3.2. Health and Wellbeing Boards, in their role of ensuring the delivery of improved health and wellbeing outcomes for the population, reducing inequalities, and promoting integration will play a key role in the development and delivery of the NHS Long Term Plan and will be engaged and invited to endorse that the final Long-Term Plan addresses the priority needs of the population.

3.3. The Long Term Plan implementation network was published at the end of June 2019. This framework identified the approach that our local system is expected to take in order to create our five year strategic plan. In Summary -

- All systems must deliver on foundational commitments for both service transformation and system development in line with nationally defined timetables or trajectories
- Systems will also have substantial freedoms to respond to local need, prioritise, and define their pace of delivery for the majority of commitments but will need to plan to meet the outcomes as expressed in the Long Term Plan.
- Plans should prioritise actions that will help improve the quality of, and access to, care for their local populations, with a focus on reducing local health inequalities and unwarranted variation. System plans must consider not just how to deliver health services but how to prevent ill health.
- Plans which will cover the four-year period April 2020 to March 2024 will also need to set out how systems will continue to maintain and improve performance for cancer treatment, mental health, A&E and elective care activity
- System plans should expect to be developed in conjunction with Local Authorities and with consideration of the need to integrate with relevant Local Authority services.
- Driving innovation: All system plans must consider how to harness innovation locally.

4. Population Need

4.1. Public Health teams across the Devon developed a common need based assessment and priorities for health and well-being across the STP geography. This work will form the foundation of our Devon system plan and be used to inform planning process with regard to local priorities and phasing in accordance with planning guidance.

Common Challenges (JSNA)	Common Priorities (JHWS)
An ageing and growing population	Common vision to reducing health inequalities and addressing wider determinants of health
Access to services, including socio-economic & cultural barriers	Mental health across the life course

Complex patterns of urban and rural deprivation	A focus on communities, housing and the built environment
Housing issues (low incomes / high costs)	Giving children the best start in life
Earlier onset of health problems in more deprived areas (10-15 year gap)	A focus on living well, encouraging health lifestyles and prevention
Poor mental health and wellbeing, social isolation & loneliness	Maintaining independence and good health into older age
Poor health outcomes caused by modifiable behaviours	
Pressures on services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity and frailty	
Shifting to a prevention focus	
Unpaid care and associated health outcomes	

5. Health and Wellbeing Board Joint Working

5.1. In relation to the Health and Wellbeing Board's in Devon, Plymouth and Torbay, it is proposed a joint working arrangement is developed to agree a common set of Health and Wellbeing priorities; and review of the implementation of the Long-Term Plan, insofar as it relates to the Devon STP geography in aggregate.

Better for You, Better for Devon

Working together to develop our
Long Term Plan for health and care

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Agenda Item 7
Appendix 1

A Long Term Plan for Devon

The NHS and local authorities in Devon, Plymouth and Torbay are working together to improve the health and wellbeing of local people

- In January 2019, NHS England published the NHS Long Term Plan, setting out the priorities and focus for the NHS over the next 10 years
- As part of this, we are creating our own Long Term Plan
- Building on our system work over the past few years, our plan will take into account the needs of our population, our workforce and the challenges we face
- Our Plan will focus on real changes to how we support people
- This will see us strengthening prevention to support people to live healthier lives, supporting GP and community services to intervene early to support local people, enhancing services to help children, young people and adults needing mental health support, and having high-quality, efficient hospital services in the right place when people need them

A Long Term Plan for Devon

- At the heart of our Long Term Plan, we will place greater emphasis on supporting people in their communities
- We will work more closely with voluntary, community and social enterprise organisations, charities and the broader social care sector to improve people's health and wellbeing
- As the NHS and locality authorities, we will also work with wider agencies – such as housing, debt advice, police and schools – to support local people
- We aim to work better with the 130,000 unpaid carers across Devon
- We will focus much more on improving people's health and mental health, and supporting people to stay well
- And, how we organise ourselves is changing – some things will be done county-wide, but more will be done locally (Northern, Eastern, Southern and Western), connecting staff from many organisations to better support people
- From 11 July to 5 September 2019, we will be talking to local people and our staff to help shape our Plan
- These slides form the basis of our 'Case for Change'. They contain a number of questions that we are seeking local peoples' views on

How we have started to make things better

Over the past few years, the health and care system has made a number of improvements to make a #BetterDevon for local people

600,000 people across Devon have access to **online GP consultations**, giving people easier access to their GP



Four Health and Wellbeing Hubs opened in **Plymouth**, bringing together health, social care, and the voluntary and community sector

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In Torbay and South Devon, we invested millions of pounds in **joined-up health and care services**, so people receive care closer to home, rather than in hospital

Day surgery for hip replacements now take place across Devon



A new Mother and Baby Unit to support mums with mental health needs opened in Exeter

Minor operations and other treatments are now provided at our smaller local hospitals, such as Tiverton, Tavistock, Okehampton and Holsworthy

Our Case for Change: the challenges we face in Devon

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The challenges we face in Devon



1. More people are living for longer in ill-health

Medical advances mean people are living longer – something we celebrate. But people now often live with multiple illnesses, such as cancer, heart problems and type 2 diabetes. We need to ensure services can provide what they need



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2. Preventable illnesses are increasing

Illnesses like type 2 diabetes are on the rise, and the amount of time people spend in good health has been decreasing since 2012



3. Vital health and care jobs remain unfilled

1 in 10 nurse jobs and 1 in 12 social worker posts in Devon remain vacant as demand for services increase. There is a shortage of people to undertake these roles



4. NHS funding is not keeping pace with demand

There have been increases in NHS funding, but peoples' needs for services are growing faster

The challenges we face in Devon



5. The NHS in Devon is does not always provide timely access to care

Devon is struggling to provide timely access to services. In addition, a rise of conditions like cancer, heart disease and dementia will put the health and social care system under more pressure unless more flexible, joined-up approaches are taken



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6. Devon's population is rising

The county's population will rise by about 33,000 people – equivalent to the population of Exmouth – over the next five years



7. The overwhelming baby boomer effect

The number of people aged over-85 in Devon will double in the next 20 years. We need to be able to offer all the services they need as an even greater priority



1. *More people are living for longer in ill-health*

Medical advances mean people can, and are, living longer – something we celebrate. But people now often live with multiple illnesses, such as cancer, heart problems and type 2 diabetes. We need to ensure services can provide what they need

- In Devon, 400,000 people live with one or more long-term conditions, such as cancer, heart disease and dementia

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Devon has more people aged over-50 than the national average. Older people are more likely to live with one or more long-term conditions

- Mental health, respiratory issues and problems with joints, bones and muscles are responsible for a substantial amount of poor health. This peaks for people aged 65-74
- Social isolation and loneliness are big issues in Devon

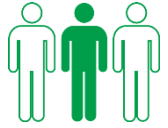
Q How can we work more closely with volunteers and the voluntary sector to better support people to live healthier and for longer?

2. Preventable illnesses are increasing



The amount of time people live in good health has been decreasing since 2012. Preventable illnesses, like type 2 diabetes, are on the increase

- Smoking, alcohol, physical inactivity and poor diet are the main causes of disease and are accountable for 40% of premature deaths
- Almost a quarter of children in Devon are overweight or obese. This rises to over a third by the time children leave primary school
- Obesity now causes more cases of bowel, kidney, ovarian and liver cancers than smoking
- In Devon, more pregnant women smoke than the national average



3. Vital health and care jobs remain unfilled

1 in 10 nurse jobs and 1 in 12 social worker posts in Devon remain vacant as demand for services increase. There is a shortage of people to undertake these roles

- 50,000 staff work in the NHS and social care system in Devon
- 1 in 10 nursing roles are vacant
- 1 in 12 social worker posts are vacant
- 14% annual turnover of staff in the NHS
- 34% annual turnover of staff working in social care
- We do not have the staff available to deliver the current models of service provision



4. NHS funding is not keeping pace with demand

The Government has increased funding for the NHS, but it is not enough to keep up with the numbers of people who are accessing care. There are real pressures too on social care funding

- Social care faces significant funding shortfalls
- The NHS in Devon is given a budget of £1.8 billion to care for the 1.2 million who live in Devon
- We have consistently overspent this allocation
- This money is taken from other parts of the country, which is not fair
- We have to repay this overspending. We have done this over the past three years, totalling around £170 million each year
- It is vital, therefore, we start to only spend what we are allocated
- The NHS does not have limitless finances, and we cannot deliver everything people want

5. The NHS in Devon is does not always provide timely access to care



Devon is struggling to provide timely access to services

- More people are waiting longer than 18-weeks for non-urgent treatment in Devon than many parts of England
- We are not offering planned diagnostic tests within 6-weeks to all patients
- The target of 85% of patients starting treatment within 62-days from the hospital receiving an urgent referral for suspected cancer is not consistently met in Devon
- The A&E 4-hour wait target is not currently being met

In addition, the rise of conditions like cancer, heart disease and dementia will put the health and social care system under even more pressure, unless more flexible, joined-up approaches are taken

6. *Devon's population is rising*



Devon's population will rise by about 33,000 people – equivalent to the population of Exmouth – over the next five years

In addition, Devon has a relatively elderly population compared to the national average, and this is expected to grow



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7. *The overwhelming baby boomer effect*



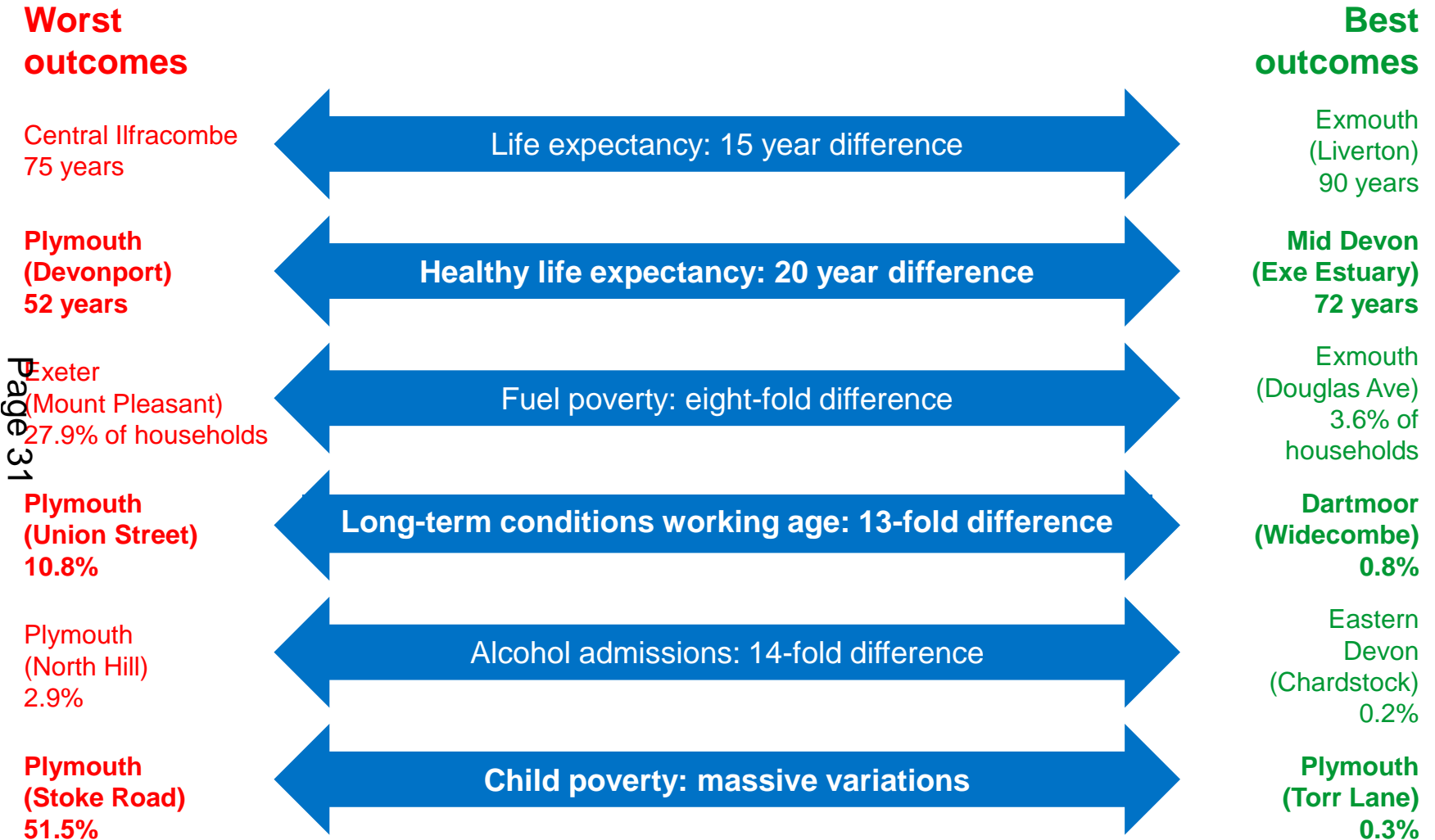
The number of people aged over-85 in Devon will double in the next 20 years. We need to be able to offer all the services they need as an even greater priority

- We are committed to supporting people aged over-85, who require more care and generally cost 10 times more to look after than children aged 10
- There are also fewer people aged 65 or under, meaning there are less people to care for older people

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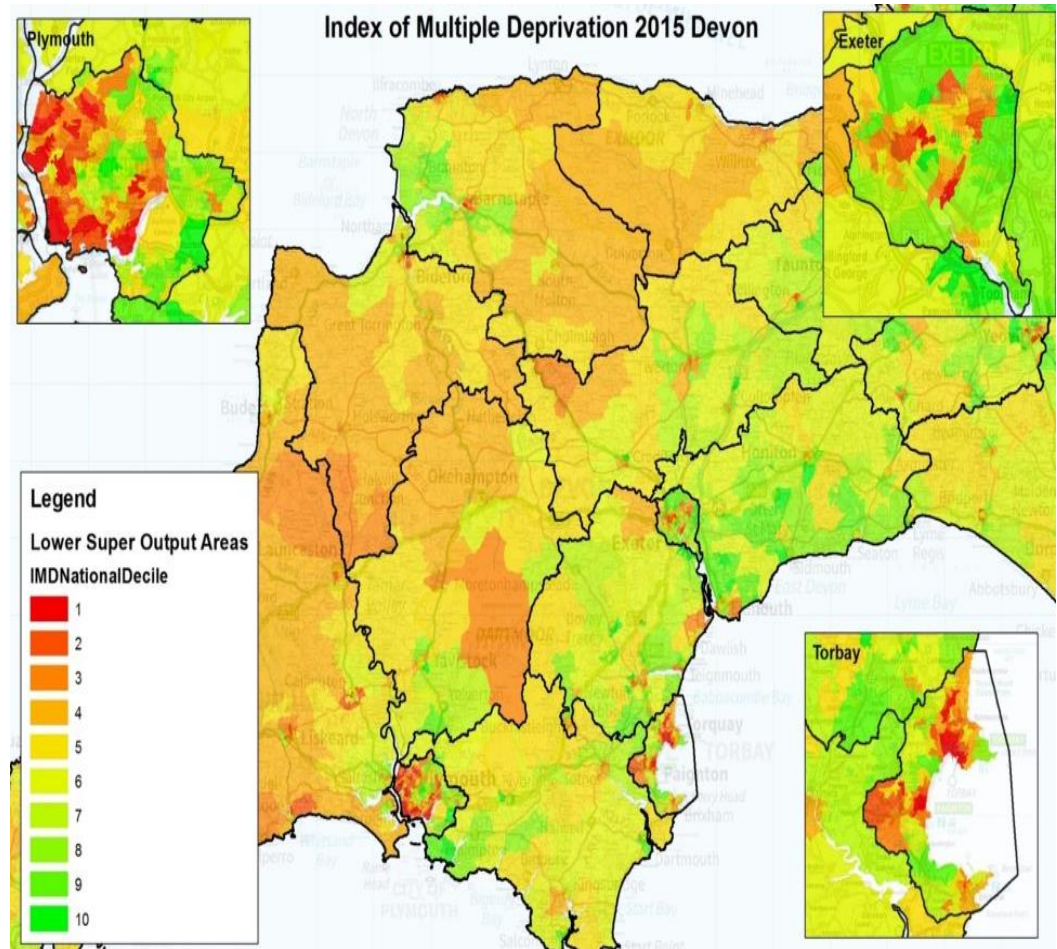
Health challenges: inequalities



Page 31

Health challenges: deprivation

- Areas of Plymouth and Torbay have the highest levels of deprivation and poverty
- On average, people living in more deprived areas die 15-years earlier than those in more affluent areas
- Young people in more deprived areas are three times less likely to be in education, training or employment, which will affect their health
- 1 in 6 households in Devon experience fuel poverty

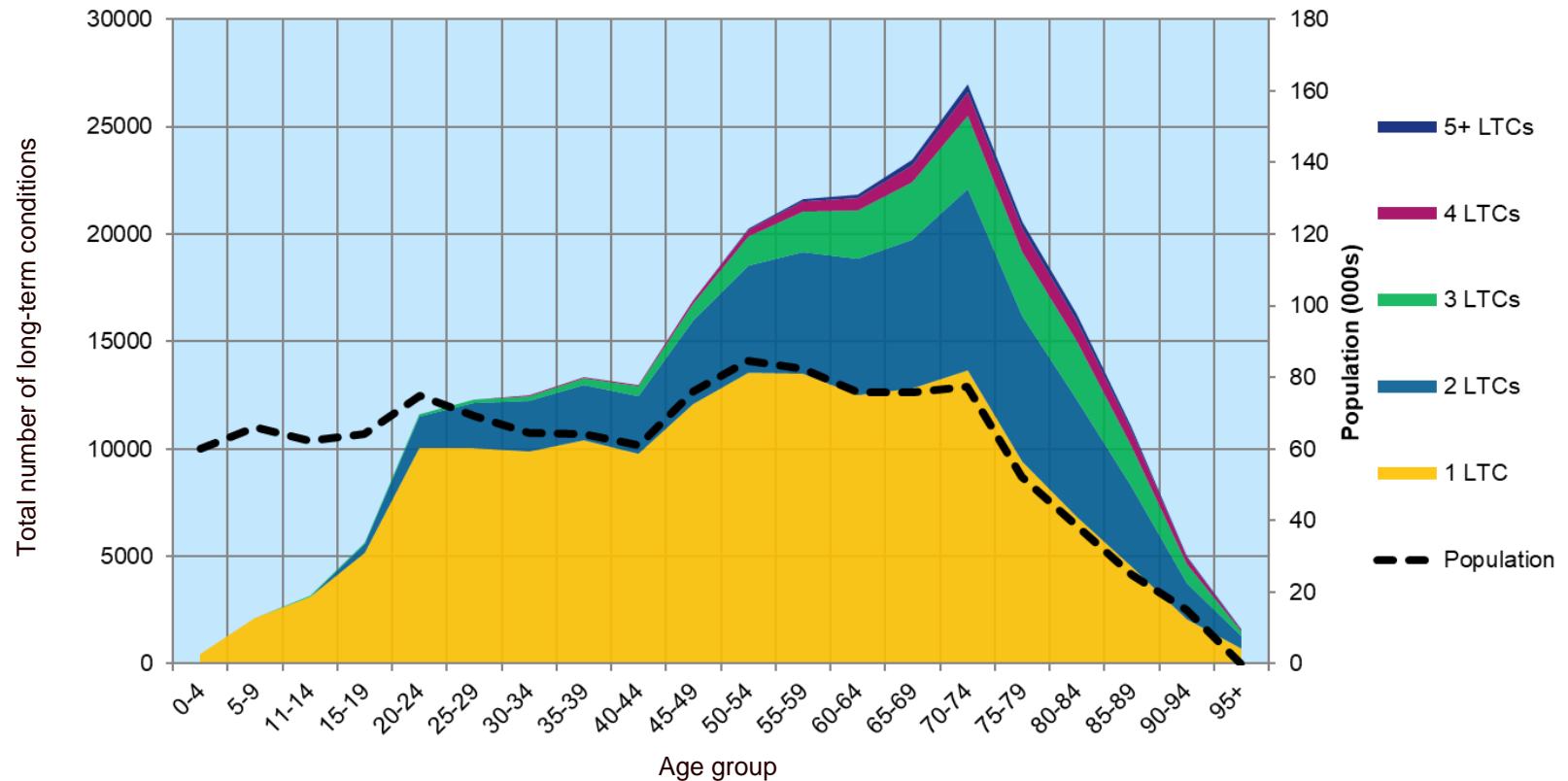


Health challenges: long-term illnesses

With people living for longer they often have ill health and with multiple illnesses, such as cancer, heart problems and diabetes

Long-term conditions by age

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The areas for discussion

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Areas for discussion

We have identified a number of areas for discussion based on the national Long Term Plan and our local challenges. We are seeking your views on these across Devon

1. *Transforming care in our communities*
2. *Reducing pressure on emergency services*
3. *Personalising care*
4. *How we use digital technology*
5. *Improving cancer services*
6. *Improving people's mental health*
7. *Shorter waits for operations and procedures*
8. *How we support people to live a healthier life*
9. *Improving maternity services*
10. *Caring for children and young people*
11. *Helping people with learning disabilities and autism*
12. *Improving hospital services*
13. *Tackling our workforce challenges*

1. *Transforming care in our communities*

We want to better support people in the community with responsive services and multi-disciplinary teams

- Groups of GP practices and doctors, nurses, pharmacists, physiotherapists, voluntary and community services are coming together to better support local communities. This is part of what are called new Primary Care Networks, launched on 1 July 2019

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We aim to use home-based and wearable monitoring equipment to reduce hospital admissions

- We will improve how we identify and support unpaid carers
- Whenever safe and sustainable, mental health support will be available in and as part of communities
- And, we are aiming to upgrade NHS support to care home residents

Q How can we better support individuals in their communities and homes?

2. Reducing pressure on emergency services

There is increasing pressure on our urgent care services: 4% more people were treated in Devon's A&Es this year compared to last year

We want patients to get the care they need fast, and relieve pressure on A&E departments

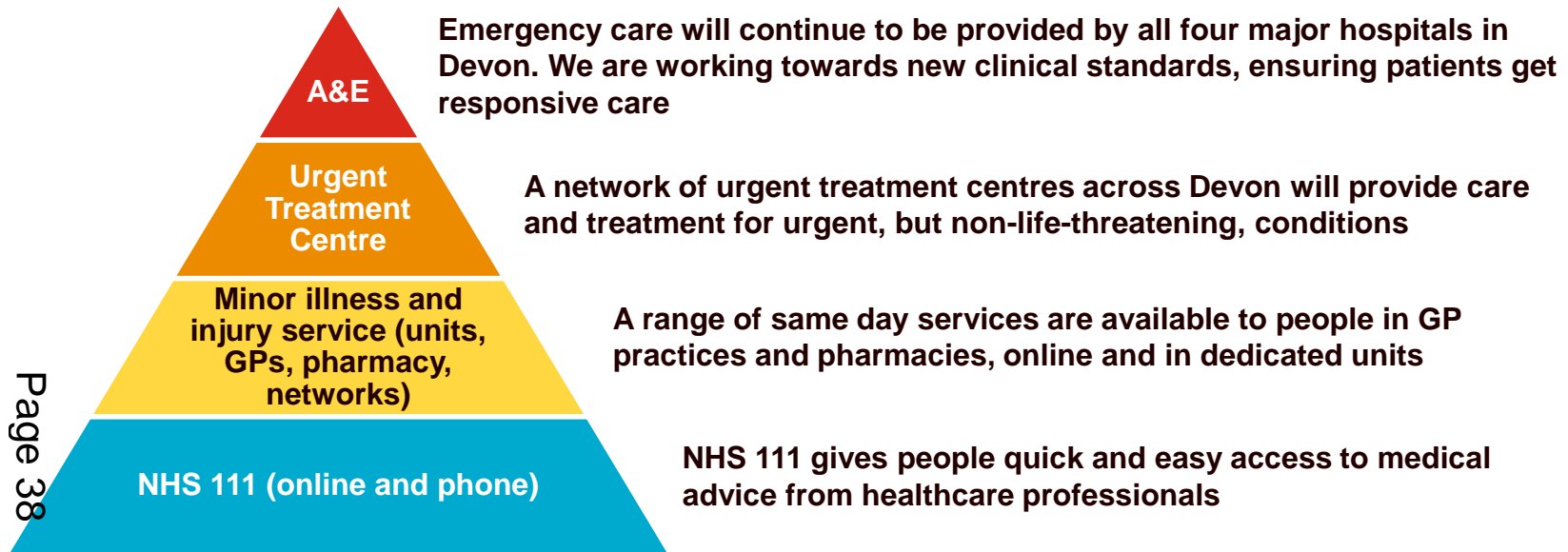
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People should have access to a range of same day services, for example, NHS 111, GP surgeries or in dedicated units

- We are enhancing the role of GPs in community urgent care, working alongside urgent treatment centres and other community services
- We will provide more mental health support via NHS 111, the ambulance service and in A&Es
- We are working to get people, who are medically fit, to leave hospital more quickly



2. Reducing pressure on emergency services



- ❑ We know that people sometimes attend A&E, even when their condition is not an emergency. Why is this?
- ❑ How can we encourage people to use alternative services, for example pharmacies, 111 and minor injury services?

3. Personalising care

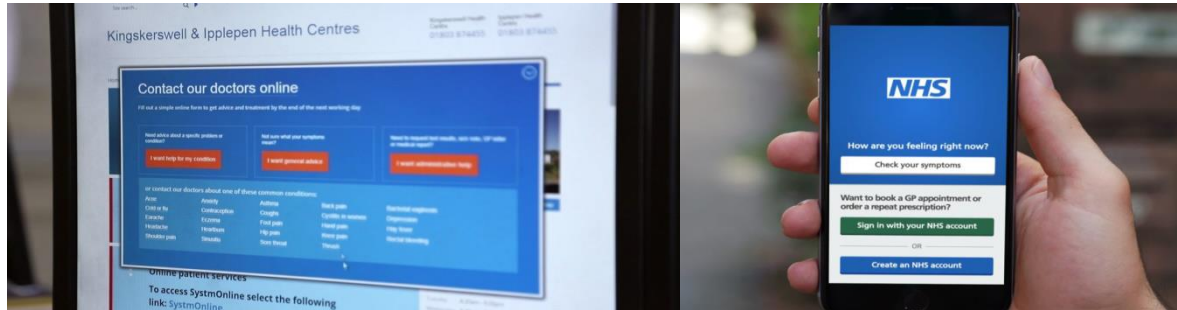
We have significantly expanded the choices and control that people have over their own care, but there is more to do...

- **Shared decision-making:** we want clinicians to support patients to make decisions about their care and treatment
- **Enabling choice:** we will support patients choose where and how they are treated
- **Social prescribing and community support:** we will help connect people to community groups (for example, walking and gardening clubs)
- **Supported self-management:** we will support patients to stay healthy, choose appropriate treatments and manage long-term conditions
- **Personal/integrated budgets:** we will give individuals choice over how they are supported, including therapies, personal care and equipment
- **Personalised care and support planning:** we will give people more choice and control over the way their care is planned and delivered

Q How do you look after your health and that of your family?

4. How we use digital technology

Technology is continually opening up new possibilities for preventing ill health and improving care and treatment



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We will give people access to information about their care via the NHS App, while local care records will enable better sharing of data

- We will enable all patients to consult with their GP online, giving them quicker and easier access to GP services. Currently, 600,000 patients have access to these services
- We will use technology to help people monitor their health at home and in their communities – especially in rural and isolated areas
- We will shortly be asking 1,700 members of the public – who are part of our new Devon Virtual Voices Panel – how we better use technology

5. Improving cancer outcomes

Cancer survival is the highest it's ever been and thousands more people now survive cancer every year. However, we need to do more...

- Access to screening services is generally good across Devon and we perform above the national average for all main screening services (for example, breast, bowel and cervical cancer)
- We need to improve our cancer waiting times. Many people currently wait longer than the 2-week national target to access urgent tests and for the 62-day target to start treatment
- From this year onwards, we will improve diagnostics and screening for patients through rapid diagnostic centres, HPV (Human Papillomavirus infection) screening and lung health checks
- Within 10 years, we aim to increase the percentage of people diagnosed with cancers at stage 1 or 2 from 56% to 75%

6. Improving people's mental health

We need to address the major inequities that people with serious mental health problems endure in access to services, social stigma and poor physical health care

ADULTS

- People are still treated outside of the county. We will support more people closer to their homes and families
- Too many people in crisis find it hard to get care which is timely and offered in a place that best meets their needs. We will provide more mental health support via NHS 111, the ambulance service and in A&Es (First Response)

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People often wait too long to receive support for their mental health. We are developing our community mental health services so more people can get the help, when and where they need it

- People with mental illness often die prematurely. We will work across the system to help ensure people with mental health needs are better supported

- 🗣️ **We want to know about things that affect your mental health and wellbeing when you are in your community. Please can you briefly describe something that happens in your local community which helps improve or maintain your mental health and wellbeing? What is it? What makes it good? What impact does it have on you and others?**

6. *Improving people's mental health*

CHILDREN AND YOUNG PEOPLE

- We working to develop mental health support teams in schools and colleges and to support more children and young people to get timely access to evidence based mental health care
- We are working to provide 24/7 support for children and young people and their families at times of crisis

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We are working to reduce the need for children and young people to be treated outside Devon

- We are developing services to create a comprehensive offer for 18-25 year olds that reaches across mental health services for children, young people and adults

7. Shorter waits for operations and procedures

Waiting times for treatment – as previously highlighted – could be improved in Devon. We have a number of patients waiting longer than 52 weeks for non-urgent treatment

- More treatments are now being completed in a day, for example, hip replacement surgery in Torbay and Exeter. This means patients can return home and recover more quickly, and the NHS can treat more people

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The number of physiotherapists in GP Practices will be increased so patients can see the right professional the first time, without needing a GP referral

- Nationally, there is a target to reduce follow-up appointments by a third. Many follow-up appointments – particularly following routine treatment – are unnecessary or can be done by providing online information and advice

8. *How we support people to live a healthier life*

The top five causes of premature deaths are smoking, poor diet, high blood pressure, obesity, and alcohol and drug use

- We will offer NHS-funded tobacco treatment services to all people admitted to hospital who smoke, with a specialised offer for expectant mothers and their partners, and long-term users of mental health services

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We will give more people access to weight management services, the Diabetes Prevention Programme, and nutrition services

- We will support hospitals with the highest rate of alcohol dependence-related admissions to establish Alcohol Care Teams
- We will invest an additional £2 million in preventative projects, including supporting people who are suicidal, increasing physical activity, and preventing falls and fractures

Q What reduces your ability to live a healthy lifestyle?

9. *Improving maternity services*

It is now much safer to have a baby than 10 years ago but we can still do more to reduce variation and improve care

- We will reduce stillbirth, maternal mortality, neonatal mortality and serious brain injury by 50%
- We will increase specialist perinatal mental health care, such as our new mother and baby unit in Exeter
- We will develop the neonatal workforce and support to families
- We will give more women access to postnatal physiotherapy
- We will implement an infant feeding programme
- We will ensure all women can access their maternity notes and information digitally on smartphones, tablets and computers
- We will provide maternity services in all four major hospitals in Devon (Barnstaple, Exeter, Torquay and Plymouth)

9. Improving maternity services

In 2018, the NHS engaged with more than 2,000 parents as part of the *Better Births in Devon* initiative. This is what they said:

- Most women make their decision on **where to give birth** largely on the basis of safety. Women feel safest in or close to an acute hospital – particularly those with midwifery-led units on site (i.e. in Exeter)
 - Women want **better information** in early pregnancy to aid their choices (for example, reassurance on the safety of home births)
 - Women want to **see the same health professionals** throughout their pregnancy and after the birth
 - **Antenatal classes** and **postnatal support** could be better, especially for mental health
- ⑨ **Having spoken to parents, we recognise they often want to give birth in, or near to, acute hospitals, but would like better antenatal and postnatal support locally. What services should be available locally?**

10. *Caring for children and young people*

Children and young people represent a third of our county. Their health and wellbeing will determine our future

- We aim to better help children to stay out of care, but also offer better services for children in care and care leavers
- And we aim to provide better emotional wellbeing, mental health and self-harm support, early support for autism, and improved speech and language services

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Using advanced genetic research, we will identify those at risk of contracting diseases, such as cancer, and provide advice, treatment and preventative action earlier

- We will offer all boys aged 12-13 the HPV (Human Papillomavirus infection) vaccine
- We will improve care for children with long-term conditions such as asthma, epilepsy and diabetes
- We want to improve paediatric critical care and surgical services

11. *Helping people with learning disabilities and autism*

We will tackle the causes of deaths or preventable deaths in people with a learning disability and/or autism, and support faster diagnosis for people with autism

- We are working to ensure that there is closer joint working across services, including mental health and social care services
- We will increase access to specialist autism diagnostic and support services
- We will work across our system to ensure that all local services are making reasonable adjustments for people with learning disabilities or autism
- We will increase personal health budgets to give people more choice about their care
- We aim to reduce the number of people with a learning disability/autism who are treated in hospital or those treated outside of Devon inappropriately
- We aim to improve the physical healthcare of people, and prevent or stop the over medication

12. Improving hospital services

Doctors and other clinicians in Devon and Cornwall are working together to improve hospital-based clinical services

- This is because medical teams are working hard to meet the increasing need for their services, but are finding it hard to recruit the staff they need, meaning many patients face longer waiting times
- We want people to access specialised services for the best treatment, which may require them to travel to other hospitals in Devon, or outside of the county, such as to Bristol and London for cardiac and paediatric surgery
- Medical Directors in each major hospital have identified areas that are under particular strain, ranging from diagnostics to specialist services (see below)
- They are looking at how they work to stabilise or strengthen current arrangements, such as through specialist centres or sharing clinical teams
 - Medical and clinical oncology
 - Paediatrics, neonatology and paediatric surgery
 - Spinal/neurosurgery
 - Cardiac surgery/cardiology
 - Planned orthopaedics
 - Diagnostics
 - Specialised commissioning

12. Improving hospital services

The solutions that are being explored include:

- **Increased networking:** enabling clinical teams to work together across hospitals by sharing expertise and access to specialist equipment. This already happens in Barnstaple, where doctors from Exeter travel to treat patients
 - **More services for Devon and Cornwall:** providing more procedures in the Peninsula's hospitals so that fewer people have to travel outside the area
 - **Improving diagnostics:** sharing access to diagnostic equipment or creating rapid diagnostic centres to speed up referral and reduce waiting times
 - **Establishing centres of excellence:** for more specialised treatments so as to deliver best practice standards of care and improved waiting times
- 🗣️ **If you could be seen more quickly, or receive a better standard of specialist care, how far would you be willing to travel (in Devon or Cornwall) for non-emergency hospital treatment (for example, hip and knee surgery)?**

13. Tackling our workforce challenges

NHS and social care staff are our greatest asset. They play an invaluable role in caring for local people

However, there are serious shortages. 1 in 10 nurse jobs and 1 in 12 social worker posts in Devon remain vacant as demand for services increase

There is also a shortage of trained people to undertake these roles

Page 52 We are working towards better managing our workforce across all organisations to aid retention and boost recruitment

■ We are aiming to create a Devon-wide recruitment bureau

■ We will introduce workable, flexible shift patterns that meet the needs of modern workers

■ We will train staff so that they can use new technology

Q **What could we do to promote careers in health and social care (for example, working with schools and young people)? Could you help with this?**

What happens next?

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Who we are engaging with

- Over the years, we have engaged with thousands of people across Devon on a range of topics, such as maternity, children's services and mental health. This has helped us to improve services for local people
- More recently, Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay spoke to more than 1,000 local people regarding their experiences of health and care services
- We have also been engaging with all three Health and Wellbeing Boards and Overview and Scrutiny Committees in Devon, Plymouth and Torbay
- We are now speaking to local people on developing our Long Term Plan from **11 July to 5 September 2019**
- We will collate all feedback in a common form to help shape our plan and how we deliver the key priorities for Devon

Who we are engaging with

- Between 11 July and 5 September, we are actively talking to local people and our staff, county-wide and more locally:

County-wide

- Two surveys through our new **Devon Virtual Voices Panel** (1,700 people)
- Three **face-to-face focus groups** (technology, workforce and helping people to stay well)
- Patient and Participation Group (PPG)** survey (online)
- Telephone survey with patients**
- Engagement session with all **Devon MPs**
- Hard-to-reach** – Living Options Devon to run six focus groups – children and young people’s mental health

Locally

- Our **four localities** in Devon (Northern, Eastern, Western and Southern) are planning local events and surveys with local people
- The activities will ensure they **engage with local staff, patient groups, politicians and other important groups, such as those who are seldom heard**
- They are **choosing themes and issues that are relevant to local people**

Thank you

Working together to develop our
Long Term Plan for health and care

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