HEALTH AND WELLBEING BOARD

12 March 2015

Present:-

Devon County Council
Councillors Davis (Chairman), Clatworthy, McInnes and Dr V Pearson (Director of Public Health)

District Council Representative
Councillor Sanders

South Devon and Torbay Devon Clinical Commissioning Group (CCG)
Dr D Greatorex

Police and Crime Commissioner
Mr T Hogg

Apologies:

Mr R Norley (Environmental Health)
Carol Williams (NHS England)
Dr Tim Burke Northern, Eastern & Western (NEW) Devon Clinical Commissioning Group (CCG)
Ms J Stephens (Strategic Director, People) Devon County Council
Mr R Menary (Probation Service)
Dr H Ackland (Health Watch)
Ms C Brown (Joint Engagement Board)
Councillor Barker (Devon County Council)

*147 Minutes

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

RESOLVED that the minutes of the meeting held on 15 January 2015 be signed as a correct record.

*148 Items Requiring Urgent Attention

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

The Chairman had decided that the Board should consider this item as a matter of urgency, in order that Members may be made aware that she had made a bid to the Health & Wellbeing Regional Network funding pot for Individual Board Development Offers.

This bid had been successful and details were awaited from the appointed consultant.

PERFORMANCE AND THEME MONITORING

***149 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring**

The Board received a report from the Director of Public Health, presented by Simon Chant (Public Health Specialist – Intelligence), on the performance for the Board, which monitored the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2013-2016.

The Board received an 'updates only' version of the Health and Wellbeing Outcomes Report. The report was themed around the four Joint Health and Wellbeing Strategy 2013-16 priorities and included breakdowns by local authority, district, clinical commissioning group, inequalities characteristics and trends over time. The indicators relating to Teenage Conception Rate (2013), Alcohol-Related Admissions (Q2 2014-15), Dementia Diagnosis Rate (December 2014), Feel Supported to Manage Own Condition (Q1-Q2 2014-15), Male Life Expectancy Gap (2011-2013) and Female Life Expectancy Gap (2011-2013) had all been updated since the last report to the Board.

Following approval at the November 2013 Board meeting, a Red, Amber, Green (RAG) rating had been added to the indicator list and a performance summary on page 2 of the full report. Areas with a red rating included Hospital Admissions for Self Harm (10-24).

The indicator list and performance summary within the full report set out the priorities, indicators and indicator types, and included a trend line, highlighting change over time, and a Devon, South West and England comparison chart for benchmarking purposes.

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

The Board, in discussion, noted the work that had been undertaken in trying to identify ways of developing an indicator to monitor outcomes in relation to tackling and preventing Child Sexual Exploitation. Mr Chant advised that at present there were no available overarching indicators which could be effectively compared with other areas locally, regionally or nationally, which related to outcomes rather than processes, or were suitably robust. It was, however, an area of development and the Devon Safeguarding Childrens Board was currently working with partners to produce a scorecard which tracked local progress in relation to Child Sexual Exploitation.

The Board further noted the changing parameters in respect of dementia diagnosis rates and the impact on the figures when the target would be recalculated (from April 2015) and also the excellent performance of this indicator in the Newton Abbot area.

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

RESOLVED that

(a) in lieu of an appropriate overarching indicator for Child Sexual Exploitation, future versions of the performance report would provide a short summary of the latest scorecard, drawing out relevant issues for attention, and providing a link to the scorecard (once available);

(b) that when the dashboard was available, Mr D Taylor (Chair of the Devon Childrens Safeguarding Board) be invited to attend a future Board meeting; and

(c) that the Strategic Director (People) be asked bring a report to the Board on the ongoing multi-agency work being undertaken in respect of preventing Child Sexual Exploitation.

***150 Theme Based Report – Healthy LifeStyle Choices**

The Board considered a discussion paper from the Director of Public Health which focused upon the 'Healthy LifeStyle Choices' priority area from the Joint Health and Wellbeing Strategy, centering on supporting people to take responsibility for their own health, the health of their families and people in their care, by helping them to address aspects of their lifestyle which were likely to be detrimental to their current and future health.

The Board noted that non-communicable diseases such as coronary heart disease, lung cancer, stroke and liver disease were the leading cause of premature mortality and ill-health so individual, community and service provided preventive action was important.

The report further highlighted the relationship between health-related behaviours and deprivation. Analysis of the Joint Strategic Needs Assessment identified priorities of alcohol misuse, contraception and sexual health, screening, physical activity, healthy eating and smoking cessation and high blood pressure (hypertension) for this overarching objective. The report gave some further examples of local developments for each of the priorities.

Lastly the report gave an analysis of relevant outcomes measures from the Devon Health and Wellbeing Outcomes Report.

The report also emphasised the importance of the Board to consider all individuals in shaping policy and having due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out its activities.

Carol McOrmack-Hole, on behalf of Health Watch Devon and the Devon Joint Engagement Board, presented the public, service user and carer perspective drawn from the experience of people in Devon, with good practice examples, to illustrate the 'Healthy Lifestyle Choices' theme and promote Board discussion.

The Board discussed the following in terms of what the data and case study presentation highlighted for future learning.

- the impacts of health inequality and the huge strain placed on both health and social care systems;
- the social science research that highlighted some of the social benefits achieved from activities such as smoking and drinking, further demonstrating the complexities of health prevention and health inequality issues;
- the importance of keeping the brain active in later life;
- the concerns around childhood obesity figures and the need to tackle this early in life, with particular reference to the new child weight management services recently launched by Public Health;
- the massive impact that social isolation and loneliness could have on a persons physical health and general wellbeing;
- the impact of the Care Act and;
- that making healthy lifestyle choices could be fun, for example health walks.

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

RESOLVED that the initiatives outlined in the discussion be noted and welcomed.

***151 Alcohol Topic Report**

The Board considered a discussion paper from the Director of Public Health which focused upon the risk and type of alcohol-related harm. The included the changing

patterns of alcohol consumption, noting that the volume of alcohol consumed per person in the UK had been decreasing since 2004.

The report outlined many issues associated with alcohol-related harm including alcohol-related hospital admissions (admission rates by Devon local authority district, by Devon towns, by age and type) and that chronic long-term conditions made up the largest group of alcohol-related hospital admissions. It considered the impact of deprivation and crime levels with alcohol related harm.

The amount of alcohol people drank was related to both the availability and affordability (price) of alcohol, which is why strategies to prevent alcohol-related harm focussed on these two factors. The report finally considered the role of marketing, screening, diagnosis and assessment and how partnership working could, in collaboration, reduce alcohol-related harm with initiatives such as influencing where and when alcohol was sold, enforcing laws on underage sales, promoting sensible drinking, work in schools and data sharing partnerships to name but a few.

The Board discussed and asked questions on the following issues;

- the importance of alignment with some of the local marketing initiatives, with wider strategic priorities;
- the work of the Police and Crime Commissioner at a national level (Home Office Alcohol Forum) and a local Alcohol Focus Group considering issues such as minimum pricing, late night levies and media campaigns;
- the importance of using the licensing laws, already in existence, to their full potential; and
- the welcome reduction in binge drinking among young people.

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

RESOLVED that the comprehensive nature of the report be welcomed.

BOARD BUSINESS - MATTERS FOR DECISION

***152** **(i) Joint Commissioning in Devon, the Better Care Fund (BCF) and Governance Arrangements)**

The Board received a verbal update from Mr T Golby (Head of Social Care Commissioning, Devon County Council) and Mr P O'Sullivan (Director of Partnerships, NEW Devon CCG) on current progress with the Better Care Fund.

The purpose of this fund was a drive towards integration and a seamless service user / patient experience being at the forefront of developments around health and social care. The key areas of focus were Prevention and independence, Crisis response and Regaining independence.

(ii) Devon Better Care Fund Governance and Risk Sharing Arrangements

The Board then considered a joint report of the Director of Partnerships, NEW Devon CCG; Director of Commissioning, South Devon and Torbay CCG; Head of Social Care Commissioning, Devon County Council on the governance and risk sharing arrangements in relation to the Better Care Fund.

The Board noted that the BCF was a pooled budget between the above partners and in 2015/16 the fund would be £59,865k (although the Board noted this was not new money). Robust governance and risk sharing arrangements were required, to be agreed by all partners and put in place by 1st April 2015.

In line with NHS England requirements the partner organisations were fulfilling their statutory duties by pooling funds under a section 75 (s75) agreement. The pooled fund would be managed by Devon County Council who had assumed the role of 'Pooled Fund Manager'. Whilst the Board was required to sign off the BCF, accountability for delivery of the BCF rested with the Joint Coordinating Commissioning Group (JCCG). The report further outlined the role of the BCF delivery group, its membership and how it also contributed and supported delivery of schemes, both locally at Systems Resilience Group level and also county wide levels.

The report further explained the risk share and the use of risk pools as well as the performance related element of the BCF pooled fund to achieve a 3.5% reduction in emergency hospital admissions and also how any underspends or overspends would be managed.

The Board noted that each organisation would have to sign or seal the s75 agreement in line with its own scheme of delegation.

The Board discussed and asked questions on the following;

- the timescale for completion of the draft s75 agreement and whether the deadline would be achieved;
- confirmation of what engagement had taken place / would take place with the District Councils in relation to the Disabled Facilities Grant; and
- clarification of the Boards relationship with the Joint Coordinating Commissioning Group (JCCG).

The Board further noted that NHS England had asked that a self assessment be completed, which would be undertaken, in the first instance, by the Joint Coordinating Commissioning Group (JCCG) and then shared with the Board for their endorsement and comment (via email).

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

RESOLVED that the Governance and Risk Sharing arrangements, as outlined in the report, be endorsed.

(iii) Effective Engagement between Health & Wellbeing Board and Major Providers

The Board also considered a report from the NEW Devon CCG and South Devon and Torbay CCG on the potential options for the Board regarding the engagement of main providers of services. This followed consideration of the item at the Boards meeting on 13th November 2014, where a letter from the Secretary of State asked Health and Wellbeing Boards to consider the matter. The Board resolved '*that the joint health and social care commissioning group (chaired by Dr T Burke) be asked to consider the matter further and report back to the Board in due course'*

The Joint Health & Social Care Development Group met on 10th February 2015 and felt it was necessary to optimise existing forums to enhance the engagement of the main providers whilst also improving on current arrangements. They noted that all main providers were already engaged in each of the 4 System Resilience Groups (SRG's) or Urgent Care Boards which covered each of the acute trust geographical areas. It was felt the Board could use these forums to disseminate or share information and to support feedback from these groups. It was further felt that, quarterly, it would be beneficial to bring the main providers together into one county wide planning forum to enable a two way dialogue regarding the Health and Wellbeing Boards plans and the work in each SRG area, particularly when considering the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

The Board also heard that the Systems Resilience Groups would welcome sight of the topic based reports seen by the Board.

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

RESOLVED that the Board support the proposals for engagement with providers, as outlined above and set out in the report).

*153 Devon Pharmaceutical Needs Assessment (PNA)

The Board considered a report from the Director of Public Health on the Board's statutory duty to ensure the production of a Pharmaceutical Needs Assessment (PNA) for Devon by April 2015.

The PNA was a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas (where relevant). The PNA for Devon 2015-2018 presented a picture of community pharmacy need and provision in Devon, and linked to Devon's Joint Strategic Needs Assessment.

The draft PNA underwent a comprehensive consultation exercise for a 60-day period in compliance with the statutory regulations. The Steering Group reviewed all the responses and took decisions on the necessary amendments to be made to the document. The report further outlined the consultation responses that had been received and considered.

The Board noted that the needs of people and communities, particularly those most vulnerable or disadvantaged were made explicit in the Devon Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy and there were no specific equality issues relating to the Pharmaceutical Needs Assessment.

It was **MOVED** by Councillor Sanders, **SECONDED** by Councillor Clatworthy, and

RESOLVED that the Pharmaceutical Needs Assessment (PNA) for Devon be endorsed http://www.devonhealthandwellbeing.org.uk/board/pharmaceutical-need-assessment/

*154 EIA's / Consideration of the Public Sector Equality Duty for the Board

The Board considered a report from the Director of Public Health on the Boards responsibilities in respect of the public sector equality duty. This duty required public bodies to give due regard to the need to;

- eliminate discrimination, victimisation and harassment;
- advance equality by encouraging participation in public life, removing disadvantage, taking account of disabilities and meeting people's needs; and
- foster good relations by tackling prejudice and promoting understanding.

This was in relation to nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (gender) and sexual orientation.

The Board noted it was important that both the JHWBS and JSNA provided an overall picture of the health needs of the protected characteristic groups so that individual decisions could be based on the need and impact on health inequalities. Board members needed to reflect on whether organisational decisions considered partner impacts and the overall effect on the protected characteristic groups when making decisions.

The updated JHWBS would have a full Equality Impact Assessment undertaken and there would be a continued commitment to address health inequalities on a geographical and population group basis.

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

RESOLVED that the work undertaken to ensure that the Board addressed its public sector equality duty, especially in relation to the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment, be welcomed.

***155 Joint Commissioning Strategies.**

The Board considered a report from the Head of Service Social Care Commissioning, The Managing Director (Partnerships) NEW Devon CCG and The Director of Commissioning (South Devon and Torbay CCG) on a suite of Joint Commissioning strategies, developed by the two Clinical Commissioning Groups, Devon County Council, Plymouth City Council and Torbay Council.

The first of these, the Dementia Strategy, was endorsed by the Health and Well Being Board early in 2014, and three further strategies had now been prepared in relation to Learning Disability, Mental Health and Carers. The Board noted that the Strategies had been extensively consulted on with service users, carers and a wide range of stakeholders and were available on the web at;
https://new.devon.gov.uk/adultsocialcareandhealth/policies-and-procedures/

Furthermore, they aligned with the Council's strategy, "Better Together", the "I Plan" and the Better Care Fund and were people-focused, rather than organisation-focused. They were also underpinned by integrated, preventative approaches that focussed on promoting independence, reablement and recovery.

An implementation plan was being developed for each strategy and progress would be reported annually.

The Board welcomed this excellent example of collaboration between three different Local Authorities and two CCG's.

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

RESOLVED that

(a) the Joint Commissioning Strategies for Learning Disability, Mental Health and Carers, be welcomed;

(b) that the common themes identified at Appendix 1 of the report, be noted;

(c) the delivery of the strategies, as outlined in the implementation plans, be welcomed; and

(d) the intention to report progress annually to the Board be welcomed and be added to the Boards forward plan for the Autumn.

***156 NEW Devon Primary Care Co-commissioning Group**

The Board considered a report from NEW Devon CCG on the Primary Care Co-commissioning agenda.

The Board had previously considered a copy of a letter received from NHS England that explained they had recently invited Clinical Commissioning Groups (CCGs) to take on an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.

This was linked to the publication of 'Next Steps Towards Primary Care Co-Commissioning' which set out three possible models for primary care co-commissioning

(greater involvement, joint commissioning and delegated commissioning) and the next steps towards implementation. As part of this there was encouragement for Health and Wellbeing Boards to engage with their local commissioners of primary care, both CCGs and NHS England.

The Board noted that NEW Devon CCG was moving forward with primary care co-commissioning at level 1 – greater involvement in primary care decisions making. This was working well as the NEW Devon CCG was a member of the Primary Care Oversight Group (PCOG) and through this the CCG could ensure its priorities were taken into account in relation to the commissioning of primary care in the CCG area. Longer term, the CCG envisaged further involvement in the commissioning of primary care and when this happened they would look to invite a member of the Board to whatever CCG decision making forum was formed. Currently, the Primary Care Commissioning and Development Group had been formed to fully utilise clinical input in the development of primary care.

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

RESOLVED that the update be noted.

***157 South Devon and Torbay Clinical Commissioning Group Operating Plan**

The Board considered a report from the South Devon and Torbay Clinical Commissioning Group (CCG) on its Operating Plan for 2015/2016.

The Board noted that it was the second year of the CCG's five year Strategic Plan and the long-term vision continued to be *'Excellent, joined up care for everyone'*, which focussed on prevention and self-care, joined up services closer to home and sustainable local services.

The CCG highlighted that 2014/2015 had been a challenging year, therefore the focus for 2015/16 was firstly, achieving the NHS Constitution standards and secondly, delivering their Quality, Innovation, Prevention and Productivity (QIPP) plan, which would enable the CCG to achieve financial balance.

In terms of delivery, the CCG aimed to meet the NHS Constitution standards and reduce health inequality, convenient access for everyone (with examples of initiatives in, and with, mental health, primary care, community services, minority groups and cancer).

The Board discussed the importance of considering the role of 'the community' and 'community help' and care should be taken not to overload, what was sometimes, a small group of volunteers.

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

RESOLVED that the Operating Plan for 2015/2016 be endorsed.

OTHER MATTERS

***158 References from Committees**

Nil

***159 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.

***160 Forward Plan**

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

Date	Matter for Consideration
Thursday 11 June 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Review of Health and Wellbeing Strategy / JSNA) **Business / Matters for Decision** Better Care Fund CCG Updates Prevention Offer / Care Act Adult Safeguarding Review of Mental Health Services (Deferred from March) **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 10 September 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates Children's Safeguarding annual report (annually in September) Adult Safeguarding annual report (annually in September) Child Sexual Exploitation – Multi-Agency Working David Taylor - Child Sexual Exploitation DashBoard (Performance) **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 12 November 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates Joint Commissioning Strategies – Actions Plans (Annual Report) **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 14 January 2016 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC)

	Business / Matters for Decision Better Care Fund CCG Updates Delivering Integrated Care Exeter (ICE) Project – Annual Update **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 10 March 2016 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Items to Add	Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)

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

***161 Briefing Papers, Updates and 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/

Items of interest included;

- Community Services Hub in Bideford – Pilot Project (offer of visit);
- Charter for Homeless Health – invitation for the Board to sign up; St Mungo's Broadway Charter for Homeless Health - http://www.devonhealthandwellbeing.org.uk/board/archives/

The Police and Crime Commissioner had also circulated a letter on mutual interests and shared ambitions, which included updates on the refreshed Police and Crime Plan (which included new / increased tasks such as Child Sexual Exploitation and Cybercrime, and also priorities such as Safeguarding, Mental Health, Substance Misuse, Victims and Domestic and Sexual Violence).

The Board were pleased to hear about a new service for victims that had just been launched, the details of which could be found at http://www.devonandcornwall-pcc.gov.uk/victims-information/victim-services-directory/

***162 Dates of Future Meetings**

RESOLVED that future meetings of the Board will be held on……

Thursday 11th June 2015 @ 2.00pm
Thursday 10th September 2015 @ 2.00pm
Thursday 12th November 2015 @ 2.00pm

Thursday 14th January 2016 @ 2.00pm
Thursday 10th March 2016 @ 2.00pm

***163 Dates of Future Seminars**

Thursday 8th October 2015 @ 10.30am – 4.00pm

Thursday 11th February 2016 @ 10.30am – 4.00pm

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

The meeting started at 2.00pm and finished at 3.55pm.

Devon Health and Wellbeing Board
11th June 2015

Health and Wellbeing Outcomes Report

Report of the Chief Executive

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

1. Context
This paper introduces the current detailed outcomes report for the Devon Health and Wellbeing Board, which monitors the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2013-2016.

2. The Health and Wellbeing Outcomes Report

2.1 An 'updates only' version of the Health and Wellbeing Outcomes Report for June 2015 is included separately. The report is themed around the four Joint Health and Wellbeing Strategy 2013-16 priorities, and includes breakdowns by local authority, district, clinical commissioning group, inequalities characteristics and trends over time.

2.2 The Dementia diagnosis rate is the only updated indicator since the last report. In March 2015, 7,838 people in Devon were on a GP register for dementia, compared with an expected prevalence of 13,864, a diagnosis rate of 56.5%. Rates in Devon are below the South West (58.3%) and England (60.8%) and mirror the local authority comparator group rate (56.5%). Diagnosis rates have improved in recent years, increasing from 28.0% in 2006-07 and 44.9% in March 2014, and the gap has narrowed significantly.

Table 1: Indicator List and Performance Summary, June 2015

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
1. A Focus on Children and Families	A	Children in Poverty	Chall		
	G	Early Years Foundation Score	Chall		
	G	Smoking at Time of Delivery	Watch		
	A	Teenage Conception Rate	Watch		
	-	Child/Adolescent Mental Health Access Measure	Improve	-	-
	R	Hospital Admissions for Self-Harm, Aged 10-24	Improve		
2. Healthy Lifestyle Choices	G	Proportion of Physically Active Adults	Chall		
	A	Excess Weight in Four / Five Year Olds	Chall		
	A	Excess Weight in 10 / 11 Year Olds	Chall		
	A	Alcohol-Related Admissions	Watch		
	G	Adult Smoking Prevalence	Watch		
	G	Under 75 Mortality Rate - All Cancers	Improve		
	G	Under 75 Mortality Rate - Circulatory Diseases	Improve		
3. Good Health and Wellbeing in Older Age	A	Incidence of Clostridium Difficile	Chall		
	G	Injuries Due to Falls	Chall		
	A	Dementia Diagnosis Rate *	Chall		
	G	Feel Supported to Manage Own Condition	Watch		
	G	Re-ablement Services (Effectiveness)	Watch		
	A	Re-ablement Services (Coverage)	Watch		
	A	Readmissions to Hospital Within 30 Days	Improve		
4. Strong and Supportive Communities	A	Suicide Rate	Chall		
	G	Male Life Expectancy Gap	Chall		
	G	Female Life Expectancy Gap	Chall		
	G	Self-Reported Wellbeing (low happiness score)	Watch		
	G	Social Contentedness	Watch		
	G	Carer Reported Quality of Life	Watch	-	
	A	Stable/Appropriate Accommodation (Learn. Dis.)	Improve		
	G	Stable/Appropriate Accommodation (Mental Hlth)	Improve		

RAG Ratings

Red	R	Major cause for concern in Devon, benchmarking poor / off-target
Amber	A	Possible cause for concern in Devon, benchmarking average / target at risk
Green	G	No major cause for concern in Devon, benchmarking good / on-target

Table 2: Priority Area Summaries, June 2015

Priority	Summary
1. A Focus on Children and Families	Child poverty levels fell between 2011 and 2012. Recorded levels of child development are above the South West and England averages. Rates of smoking at delivery are falling over time. Teenage conception rates have fallen over time, particularly in more deprived areas. Self-harm admissions in younger people are above the national average.
2. Healthy Lifestyle Choices	Higher levels of physical activity are seen in Devon. Levels of excess weight in children are above average at age 4/5 and below average at age 10/11. The alcohol-related admissions (narrow definition) rate is similar to England. Adult smoking rates are below the national average. Mortality rates are falling.
3. Good Health and Wellbeing in Older Age	Clostridium Difficile incidence aligns with South West and national rates. The gap between Devon and the South West and England for the detection of dementia has narrowed significantly. Devon has relatively low levels of injuries due to falls. A higher proportion feel supported to manage their long-term condition in Devon. Re-ablement service effectiveness is above average, but recorded coverage is low. Readmission rates are below average but are increasing over time.
4. Strong and Supportive Communities	Suicide rates in Devon are consistently above the national average. There is a smaller gap in life expectancy between the most and least deprived communities in Devon than nationally. Self-reported wellbeing in Devon tends to be better than the national average. The proportion stating that they have as much social contact as they would like is above the national average. Quality of life for carers is in line with the national average. Devon had similar levels of people with learning disabilities in stable and appropriate accommodation than the national average, but lower rates for people with mental health issues.

Table 3: Devon compared with the Local Authority Comparator Group for all Health and Wellbeing outcome measures, June 2015

	Rates			Significance		Rank / Position in LACG	
Measure	Devon	LACG	England	LACG	England	Rank	Best------Worst
Physical Activity (%)	60.9%	57.9%	55.6%	Better	Better	1 / 16	
Life Expectancy Gap in Years (Male)	5.2	7.2	8.4	Better	Better	1 / 16	
Feel Supported to Manage Own Condition (%)	68.8%	64.4%	63.7%	Better	Better	1 / 16	
30 Days Readmissions (%)	10.3%	11.0%	11.8%	Better	Better	1 / 16	
Early Years Good Development (%)	67.0%	60.0%	58.0%	Better	Better	1 / 16	
Admission Rate for Accidental Falls	1672.8	1809.9	2011.0	Better	Better	2 / 16	
Life Expectancy Gap in Years (Female)	3.3	5.4	6.2	Better	Better	2 / 16	
Social Connectedness	47.5%	45.2%	44.2%	Better	Better	3 / 16	
Reablement - Still at Home after 91 days (%)	89.8%	82.6%	81.9%	Better	Better	3 / 16	
Cancer Deaths, under 75	130.9	134.3	144.4	Similar	Better	5 / 16	
Stable/appropriate accommodation - mental health (%)	54.5%	45.2%	60.9%	Better	Worse	5 / 16	
Circulatory Disease Deaths, under 75	63.8	66.7	78.2	Similar	Better	6 / 16	
Carer Quality of Life Score	8.173	8.043	8.068			6 / 16	
Smoking at Time of Delivery (%)	12.2%	12.3%	12.0%	Similar	Similar	6 / 15	
Adult Smoking Rate (%)	16.4%	16.7%	18.4%	Similar	Better	7 / 16	
Child Poverty (%)	12.7%	13.9%	19.2%	Better	Better	7 / 16	
Excess Weight in Year Six (%)	30.3%	30.8%	33.5%	Similar	Better	7 / 16	
Stable/appropriate accommodation - learning (%)	74.0%	72.1%	74.8%	Better	Similar	8 / 16	
Low Happiness Score (%)	8.5%	8.6%	9.7%	Similar	Similar	9 / 16	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Teen Conception Rate per 1,000	21.9	21.1	24.3	Similar	Similar	9 / 16	
Clostridium Difficile Rate	26.4	25.0	25.1	Similar	Similar	9 / 16	
Excess Weight in Reception Year (%)	23.4%	22.3%	22.5%	Worse	Similar	10 / 16	
Hospital Admission Rate for Self-Harm	419.5	388.8	346.3	Similar	Worse	11 / 16	
Alcohol Admission Rate (Narrow Definition)	639.7	597.2	636.1	Worse	Similar	13 / 16	
Suicide Rate	10.4	9.5	8.8	Similar	Worse	13 / 16	
Reablement - Coverage Rate (%)	2.0%	3.4%	3.3%	Worse	Worse	15 / 16	

3. Child Sexual Exploitation

3.1 This section will contain a summary of emerging themes from the Devon Child Sexual Exploitation scorecard. The scorecard is being developed by the Child Sexual Exploitation sub-group of the Devon Safeguarding Children Board, with input from Devon and Cornwall Police, Devon County Council, Devon Partnership Trust and others. The report is still in development and is not yet ready for circulation.

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 Phil Norrey
CHIEF EXECUTIVE
DEVON COUNTY COUNCIL

Electoral Divisions: All
Cabinet Member for Health and Children: Councillor Andrea Davis

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Background Papers
Nil

Devon Health and Wellbeing Board
11th June 2015

Joint Health and Wellbeing Strategy Update (2)

Report of the Director of Public Health

Recommendation: It is recommended that the Devon Health and Wellbeing Board consider the draft Joint Health and Wellbeing Strategy update for approval and agree that it is used as the basis for the engagement for the new Strategy development alongside the Joint Strategic Needs Assessment (JSNA) update for 2015.

1. Context
The Devon Health and Wellbeing Board has a statutory duty to produce the Devon Joint Health and Wellbeing Strategy and update it. This is the second update of the 2013-16 strategy and will be the last update before a refresh of the strategy for 2016 onwards.

2. Devon Joint Health and Wellbeing Strategy Update (2)
2.1 This update should be read in conjunction with the Devon Joint Health and Wellbeing Strategy 2013-16 and September 2013 update. http://www.devonhealthandwellbeing.org.uk/strategies/. It complements but does not replace that original strategy.

2.2 The update reinforces the continued relevance of the original priorities identified in 2013. Analysis of the Joint Strategic Needs Assessment shows the original and updated priorities reflect current health need.

2.3 Relevant outcomes from the national public health, NHS and social care frameworks are aligned to the four themes in the strategy. Some analysis of performance is provided in the update.
.
2.4 The update reflects new membership, governance, the changing landscape and importance of using the JHWBS, JSNA, Health Needs Assessments and outcomes reporting in commissioning decisions. It provides headlines from the Director of Public Health Annual Report relating to health inequalities and some headlines from the JSNA but the two should be considered together. Detail is also provided on progress of JHWBS priority actions. It has become evident that some of the priority actions are clear but some more general and lack specificity.

3. Summary
This update consolidates the relevance of the existing priorities and suggests and increased focus is required on mental and emotional health and wellbeing for all ages, an increased focus on prevention and renewed effort to reduce health inequalities that persist for certain groups and certain areas.

4. Equality Considerations
The needs of people and communities, particularly those most vulnerable or disadvantaged, will be made explicit in the Devon Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. Impact Assessments will be undertaken on specific thematic, condition or population based health and wellbeing related strategies. It will be important for the Health and Wellbeing Board to consider all individuals in shaping policy and have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out its activities. The JSNA has specific sections on the Protected Characteristics. An equality impact assessment has been completed for the JHWBS update.

5. Legal Considerations
There are no specific legal considerations identified at this stage.

6. Risk Management Considerations
The Devon Health and Wellbeing Board is subject to all necessary safeguards and action being taken to safeguard the Council's position. The corporate risk register will be updated as appropriate.

7. Options/Alternatives
N/A

8. Public Health Impact
The Devon Health and Wellbeing Board is central to overseeing the commissioning of services which address public health and other relevant health and wellbeing outcomes

Dr Virginia Pearson
Director of Public Health
DEVON COUNTY COUNCIL

Electoral Divisions: All
Cabinet Member for Health and Wellbeing: Councillor Andrea Davis

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Background Papers
Joint Health and Wellbeing Strategy 2013-16 and update September 2013.

Health and Wellbeing in Devon

Update on the Joint Health and Wellbeing Strategy for 2013-2016

Year Three: June 2015

Committed to promoting health equality
www.devonhealthandwellbeing.org.uk

Executive Summary

Welcome to this second update on the Devon Joint Health and Wellbeing Strategy 2013 – 16. The Devon **Health and Wellbeing Board** has been in place as a full committee of Devon County Council since April 1st 2013 and continues to focus on **promoting health equality**.

The on-going analysis of the **joint strategic needs assessment** confirms that the **four strategic priorities** remain relevant and are helpful way of framing activity focused around the life course approach:

Theme 1: a focus on **children** and **families**
We want all children in Devon to have the best start in life, growing up in loving and supportive families, and being happy, healthy and safe. This means access to high quality universal services such as health care and education; early intervention when needed, and targeted support for children and families who are in difficulties. We want to prevent children and young people developing emotional problems and having to live in poverty, or where they or their families are affected by abuse, violence or misuse of substances, so that we prevent problems being passed from generation to generation.

Theme 2: healthy lifestyle choices
We want people in Devon to choose to live healthy lives - by taking responsibility for their own health and wellbeing and particularly by eating healthy food, moving more every day, not smoking, not drinking alcohol excessively, and being mindful of their mental health and wellbeing. We recognise this can be more difficult for some people and we want to see recognition of this in strategies to improve the health of the poorest much faster.

Theme 3: good **health** and **wellbeing** in **older age**
We want adults to develop and maintain health and independence as long as possible so that they can live life to the full. When people start to develop a long-term health problem, we want to focus on preventing them developing further health and social problems. We want to see local services focused on those who have the greatest need, to reduce health inequality and to enable a greater focus on prevention of ill health.

Theme 4: strong and **supportive** communities
We want people to thrive in supportive communities, with people motivated to help one another. Our communities are strong, vibrant places to live, where people are not anxious about criminal activity and social disorder, and where a positive attitude to mental health and wellbeing is fostered.

This update offers feedback on the extent of progress made in each of these strategic priorities. Whilst other developments which support effective partnership working to improve the health and wellbeing of local people in Devon include:

- Extending the membership of the Board to include **Police** and **Probation**
- Supporting **local governance** arrangements
- Strengthening the **performance reporting framework** across the four themes

In 2014/15 a themed based approach to meetings has allowed a focus on the four priority themes and the public, patient and service user perspective have played a significant part in Health and Wellbeing Board discussions.

Delivering the Joint Health and Wellbeing Strategy priorities depends on strong partnership working across public, private and the voluntary and community sector organisations with local people. Much good work is in place but we need to maintain and focus energy and effort if we are to truly promote health equality in Devon.

Councillor Andrea Davis
Chairman Devon Health and Wellbeing Board

Strengthening partnerships and governance

New Board Members

In recognition of the shared health and wellbeing objectives between partners two new members have joined the Board: **Mr Tony Hogg, Police and Crime Commissioner for Devon and Cornwall;** the Police and Crime Plan includes objectives on alcohol and domestic violence and **Mr Rob Menary, Chief Probation Officer, Devon and Cornwall Probation Service;** many people in the Criminal Justice System have or at risk of having poor health and wellbeing.

Councillor James McInnes has now taken on the Devon County Council Cabinet portfolio responsibility for Children and Young People and the place on the Board allocated to the Devon District Authorities has been taken up by **Councillor Philip Sanders**, West Devon Borough Council.

Local Governance Arrangements

In recognition that activity with local people takes place at the level of market and coastal town and their hinterland District, Borough and City local authorities have been leading on the development of local health and wellbeing governance arrangements. These include an Exeter Health and Wellbeing Board, Northern Devon Health and Wellbeing Forum and Teignbridge Health Exchange. In each case multi-agency partnerships produce local action plans which reflect the Joint Health and Wellbeing Strategy priorities in the local context.

Relationship with other governance structures

The Board regularly reviews its relationship with other Boards such as the Safeguarding Boards and the Chair of the Children's Safeguarding Board has participated in Board meetings pertinent to children, young people and families. The Better Care Fund has also required links between Joint Commissioning, use and performance of the fund and the Health and Wellbeing Board. The Board also has a signed 'compact' with the Local Nature Partnership and has aligned work related to the **'naturally active'** priority.

Priorities to Reduce Health Inequalities

The Annual Public Health Report of the Director of Public Health 2014-15 continues to identify evidence based priorities to reduce health inequality. For 2015/16 these are set out in the box below:

1. Continuing to reduce health inequality across Devon, ensuring that the needs of our most vulnerable or unhealthy populations are being met, and that health care commissioners are able to evidence this.
2. Improving levels of physical activity and the proportion of people at a healthy weight, and promoting the Mediterranean diet to improve health.
3. Reducing excessive, harmful alcohol consumption.
4. Reducing the proportion of people in Devon who still smoke and preventing young people from starting smoking.
5. Ensuring all children have the best possible start in life.
6. Improving mental health and emotional wellbeing, particularly in children and young people.
7. Working to prevent domestic and sexual violence and abuse, and the sexual exploitation of children and young people.
8. Detecting and preventing the onset of chronic (long term) health conditions.
9. Increasing the early detection and improving the treatment of cancer.
10. Increasing social connectivity in communities to reduce social isolation and loneliness, and increasing the opportunities we have to improve our own health and wellbeing

Priorities and Progress

The summary of progress against priority actions in the original Joint Health and Wellbeing Strategy and update (September 2013) is reported in Appendix 1 and demonstrates that some significant areas work has been completed and most actions are underway. It is too soon to see and impact on health outcomes and the updated Joint Strategic Needs Assessment (2015) captures the health of the population of Devon. Two high level **public health outcomes** report on the impact of local approaches to reducing health inequalities. These are:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities (including differences between and within local authorities).

In Devon the overall picture is encouraging with increasing life expectancy over time. However, the evidence suggests that the “inverse care law” persists in Devon, where those

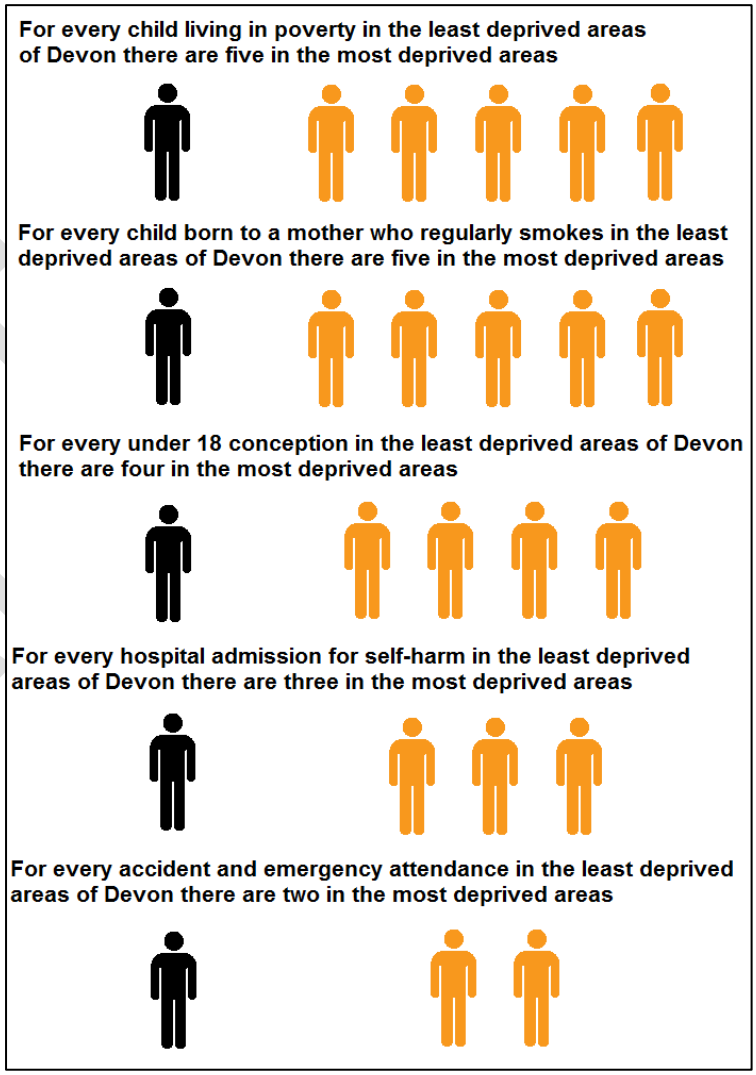
those people who have the greatest need for health services being the least likely to access them. The **life expectancy gap at ward level in Devon now stands at 15 years**; 74.6 for Ilfracombe Central and 89.6 in Newton Poppleford.

Some other recent changes based on the updated Joint Strategic Needs Assessment (2015) include:

Children, Young People and Families

There are over 7,000 births per annum in Devon. The rates of births by age group over time shows increasing rates of births to mothers aged 35 and above and decreasing rates in those aged under 35. The **rate of births to mothers aged 40 is now just above the rate in under 20 year olds which is showing a gradual decrease**. Overall teenage conception rates are showing a strong downward trend, a pattern that is also seen nationally. The Health Survey for England found among boys and girls aged two to 15, the proportion of children who were classified as obese increased from 11.7% in 1995 and peaking at 18.9% in 2004.The national childhood measurement programme (NCMP) records height and weight in children in both Reception year and in Year 6 although there is fluctuation, rates of obesity are relatively stable in both. Nationally according to the health survey for England obesity among adults rose from 15% in 1993 to 26% in 2010, with higher rates seen in adults aged between 45 and 74. There were 548 hospital admissions for self-harm in persons aged 10 to 24 in Devon in 2012-13. Within the 10 to 24 age group admission rates were highest in those aged 15 to 19. Admission rates also are higher in more deprived areas. **Rates of hospital admission for self-harm are three times higher in females than males** and the gap has widened in recent years.

Inequalities in Health affecting children and young people in Devon (Source: Devon Joint Strategic Needs Assessment Devon Overview, 2015)



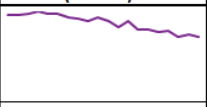
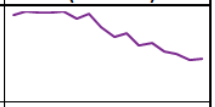
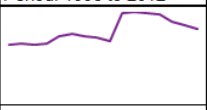
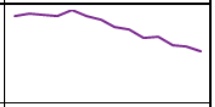
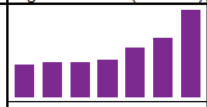
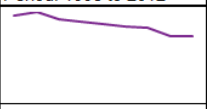
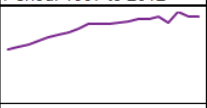
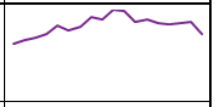
Adults

The proportion of people binge drinking has reduced. This is in all age groups, except those aged 65 years and over, with the **greatest reductions seen in the 16 to 24** age group. **Adults living in affluent areas consume more alcohol**. The 2011 General Lifestyle Survey Households on higher incomes are more likely to have drunk alcohol in the last week and to have done so on five or more days. However, **adverse effects of alcohol disproportionally affect those living in areas with higher deprivation**, with people living in the most deprived areas are around two and a half times more likely to be admitted for an alcohol-related condition or die from an alcohol-related cause than those in the least deprived areas. The use of new psychoactive substance (formerly known as 'legal highs') is increasing. These are defined by the UK government as 'a narcotic or psychotropic

substance newly available in the UK [and mostly but not exclusively synthetic] which may pose a public health threat comparable to drugs controlled under the Misuse of Drugs Act 1971.'

Over a third of the population are estimated to have one long-term condition (36.68%), around a seventh are likely to have two or more conditions (14.37%), and around one in 170 people are likely to have five or more long-term conditions. This reveals that with increasing age some individuals may have increasing comorbidities, which will impact on emergency admissions. The peak age for multi-morbidity is 85 to 89, which highlights that those surviving into their nineties and beyond are likely to have fewer long-term conditions. When deprivation is considered a different pattern emerges. Individuals living in the **most deprived areas are typically around 10 to 15 years ahead in terms of the state of their health** and this is even wider for certain age groups. The JSNA (2015) describes the health related risk factors in detail.

Four health-related risk factors in adulthood and their profile and trend (Source: Devon, Plymouth and Torbay Long-Term Conditions Health Needs Assessment, 2015)

Risk Factor	Age Profile (16+)	At Risk Populations	Inequalities	Trend (adults)	Trend (children)
Smoking 16.4% Devon 24.5% Plymouth 17.5% Torbay 19.5% England	 Highest: 25-34 (23.8%)	- Routine/manual - Deprived areas - Living with smokers - Prisoners - Male rates higher	Smoking rates 2.3 times higher in routine & manual groups vs professionals. Gap persisting over time.	 Period: 1993 to 2012	 Period: 1982 to 2012
Excess Alcohol use 17.1% Devon 19.9% Plymouth 19.5% Torbay 20.1% England	 Highest: 55-64 (16 units)	- Professional - City/town centres - Mental health - Victims of DV - Male rates higher	Whilst excess drinking is more common in less deprived areas, outcomes are worse in more deprived areas.	 Period: 1998 to 2012	 Period: 1999 to 2012
Physical inactivity 39.1% Devon 50.5% Plymouth 48.6% Torbay 44.4% England	 Highest: 75+ (78.6%)	- Routine/manual and intermediate groups - Deprived areas - Long-term illness - Female rate higher	Levels of physical activity 15-20% lower in more deprived areas. Gap persisting over time.	 Period: 1997 to 2012	 Period: 2008 to 2012
Obesity 21.6% Devon 24.7% Plymouth 24.0% Torbay 23.0% England	 Highest: 55-64 (32.3%)	- Deprived areas - Male rates higher overall, females for morbid obesity	Obesity rates up to twice as high in most deprived areas vs least deprived. Gap persisting over time.	 Period: 1993 to 2012	 Period: 1995 to 2012

Deaths in people under 75

There were 1,781 deaths under the age of 75 in 2013, of which the largest underlying causes were heart diseases, lung cancer, respiratory conditions, breast cancer and accidents. The JSNA further describes risk factors.

Older People

The risk of an accidental fall increases rapidly with age, and **higher levels are evident in people living alone, people with existing medical conditions, and people living in more deprived areas**. Most falls occur within the home. There were 3,259 emergency hospital admissions due to falls in 2012-13 in Devon for people aged 65 and over. However, the rate in Devon is the second lowest in the South West and the second lowest in Devon's local authority group. Age standardised admission rates have remained **consistently higher in the most deprived deprivation quintile**. Whilst the gap narrowed in 2012-13, the rate in the most deprived areas was still 47% higher than the least deprived areas. Around 14,080 people living in Devon are estimated to have dementia in 2015, representing 1.84% of the population, which is **set to rise to 25,227 by 2035**, when it will affect around 2.97% of the population. Districts with an older age profile such as East Devon have a higher percentage

of the population living with dementia. The biggest shifts over the next 20 years will be in the 90 and over age group.

For the full detail visit the health and wellbeing pages:

http://www.devonhealthandwellbeing.org.uk/jsna/

Local Monitoring

The Devon Health and Wellbeing Board have developed a **robust performance monitoring framework**. A standard template has been designed (see appendix 2) and is used for each outcome indicator relating to each of the four themes in the Joint Health and Wellbeing Strategy. Appendix 3 provides benchmarking information which identifies some areas where Devon is worse than regional and England comparators but in most cases the outcomes are better.

Comparative analysis of local performance is facilitated as the data is presented by top tier authorities, Devon district authorities and Clinical Commissioning Groups. The next section provides an overview of the main outcomes, drawn from national frameworks, of relevance to Devon that have been selected for each of the priority themes and sets out any further actions.

Priority one: A focus on children and families

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
1. A Focus on Children and Families	A	Children in Poverty	Chall		
	G	Early Years Foundation Score	Chall		
	G	Smoking at Time of Delivery	Watch		
	A	Teenage Conception Rate	Watch		
	-	Child/Adolescent Mental Health Access Measure	Improve	-	-
	R	Hospital Admissions for Self-Harm, Aged 10-24	Improve		

RAG Ratings

Red	R	Major cause for concern in Devon, benchmarking poor / off-target
Amber	A	Possible cause for concern in Devon, benchmarking average / target at risk
Green	G	No major cause for concern in Devon, benchmarking good / on-target

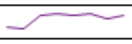
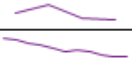
Summary

- Child poverty levels fell between 2011 and 2012.
- Recorded levels of child development are above the South West and England averages.
- Rates of smoking at delivery are falling over time.
- Teenage conception rates have fallen over time, particularly in more deprived areas.
- Self-harm admissions in younger people are above the national average.

Examples of success

- The Early Help Strategy implementation plan is in place and a new service to support the emotional health and wellbeing of children and young people is currently being tendered which will provide a significant improvement in the offer to support early help
- Weight management training for professionals and voluntary sector groups has been commissioned with a commissioned support programme to address healthy weight in children

Priority two: Healthy Lifestyle Choices

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
2. Healthy Lifestyle Choices	G	Proportion of Physically Active Adults	Chall		
	A	Excess Weight in Four / Five Year Olds	Chall		
	A	Excess Weight in 10 / 11 Year Olds	Chall		
	A	Alcohol-Related Admissions	Watch		
	G	Adult Smoking Prevalence	Watch		
	G	Under 75 Mortality Rate - All Cancers	Improve		
	G	Under 75 Mortality Rate - Circulatory Diseases	Improve		

Summary

- Higher levels of physical activity are seen in Devon.
- Levels of excess weight in children are above average at age 4/5 and below average at age 10/11.
- The alcohol-related admissions (narrow definition) rate is similar to England.
- Adult smoking rates are below the national average.
- Mortality rates are falling.

Example of success

- The new substance misuse recovery and treatment service has been commissioned
- Almost 40,000 NHS Health Checks have been delivered in Devon since 2013 providing an opportunity to identify health issues early and make lifestyle change
- A weight management on referral service has been commissioned

Priority three: Good health and wellbeing in older age

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
3. Good Health and Wellbeing in Older Age	A	Incidence of Clostridium Difficile	Chall		
	G	Injuries Due to Falls	Chall		
	A	Dementia Diagnosis Rate	Chall		
	G	Feel Supported to Manage Own Condition	Watch		
	G	Re-ablement Services (Effectiveness)	Watch		
	A	Re-ablement Services (Coverage)	Watch		
	A	Readmissions to Hospital Within 30 Days	Improve		

Summary

- Clostridium Difficile incidence aligns with South West and national rates.
- The gap between Devon and the South West and England for the detection of dementia has narrowed significantly.
- Devon has relatively low levels of injuries due to falls.
- A higher proportion feel supported to manage their long-term condition in Devon.
- Reablement service effectiveness is above average, but recorded coverage is low.
- Readmission rates are below average but are increasing over time.

Example of success

- Dementia diagnosis is increasing and the memory café network is increasing its reach
- Of all the people the social care reablement supports, 87.5% do not require a service after their 6 week period of reablement following hospital discharge.

Priority four: Strong and supportive communities

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
4. Strong and Supportive Communities	A	Suicide Rate	Chall		
	G	Male Life Expectancy Gap	Chall		
	G	Female Life Expectancy Gap	Chall		
	G	Self-Reported Wellbeing (low happiness score)	Watch		
	G	Social Contentedness	Watch		
	G	Carer Reported Quality of Life	Watch	-	
	A	Stable/Appropriate Accommodation (Learn. Dis.)	Improve		
	G	Stable/Appropriate Accommodation (Mental Hlth)	Improve		

Summary

- Suicide rates in Devon are consistently above the national average.
- There is a smaller gap in life expectancy between the most and least deprived communities in Devon than nationally.
- Self-reported wellbeing in Devon tends to be better than the national average.
- The proportion stating that they have as much social contact as they would like is above the national average.
- Quality of life for carers is in line with the national average.
- Devon had similar levels of people with learning disabilities in stable and appropriate accommodation than the national average, but lower rates for people with mental health issues.

Example of success

- Protected characteristics are explicitly covered in the Joint Strategic Needs Assessment and a lesbian, gay, bi-sexual and transgender health needs assessment has been published.

The Changing Landscape

A number of significant policy changes have occurred in the last few years which will impact on the populations health and wellbeing and it is clear prevention will need to be everyone's priority and this is coupled with the increasing budgetary pressures:

- The **Better Care Fund** came into place in April 2015 and allows further pooling of health and social care budgets and the ability to integrate services further. The main aim of the Better Care Fund is a drive towards integration and a seamless service user / patient experience being at the forefront of developments around health and social care.
- The **Care Act** has also come into force and introduced a wider duty to consider physical, mental and emotional wellbeing of individuals needing care and a duty to provide preventive services to prevent reduce and delay needs.
- **The NHS 5 year forward view** sets out a vision for a better NHS setting its ambition for a new relationship with patients and communities and importantly '**getting serious about prevention.'**

Joint Strategic Needs Assessment and Health Needs Assessments

The Joint Strategic Needs Assessment has been reviewed in 2015 and now includes qualitative input to add to the richness of the data on population health need.

Health Needs Assessments (HNA) are a 'systematic method for reviewing the health issues facing a population, leading to agreed priorities that will improve health and reduce health inequalities. These are an important part of the prioritisation process setting out needs, evidence of effectiveness and identifying gaps in provision. A number of HNAs have been produced in response to Board priorities and need to be used to drive improvement in the health of the local population.

Completed Health Needs Assessments include:

- South West Peninsula Veterans Health Needs Assessment (2014)
- Safeguarding Children's Joint Strategic Needs Assessment (2014-15)
- Dementia Health Needs Assessment (2014)
- Lesbian, Gay, Bi-sexual and Transgender Health Needs Assessment (2014)
- Care Home Residents Health Needs Assessment (2014)
- Mental Health and Wellbeing Needs Assessment (2013)

Health Needs Assessments due for publication in 2015 include:

- Long term conditions
- Sight loss and visual impairment
- Self harm

The Boards Health and Wellbeing Library contains all published Health Needs Assessments. http://www.devonhealthandwellbeing.org.uk/library/needs-assessments/

The Commissioning Cycle

The Commissioning cycle must be informed by the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and Health Needs Assessments with a golden thread that will maximise the impact on the health and wellbeing of the local population, reduce health inequalities and impact on the inverse care law. Outcome reports are regularly produced and show the impact of action over time, benchmarking is also useful and can assist with service design and commissioning.

Summary

This update complements the priorities set in 2013 and update in September 2013 which are still central to commissioning plans. The update has summarised action to date but has not identified any new priorities. In the last year an increased focus on identified action is needed with a focus on mental health and wellbeing for all ages and an increased focus on prevention and targeting where necessary to contribute to the Board's aim of promoting health equality.

For further information on the work of the Devon Health and Wellbeing Board visit:

www.devonhealthandwellbeing.org.uk

APPENDIX 1

Summary of Progress - years one to three

Key: A – achieved, NA – not achieved, U - underway

Priorities	Actions for 2013/14	Actions for 2014/15	A	NA	U
A focus on children and families					
Poverty Targeted family support Domestic and Sexual violence and abuse Pre-school education outcomes Education outcomes and skills Transition	Develop ways to support families affected by welfare reform to promote financial independence				X
	Develop a place-based approach to helping families focusing on areas of disadvantage				X
	Improve pre-school and educational attainment and support individuals through transition in all service areas				X
	Reduce domestic and sexual violence and abuse and ensure adequate support is in place	Commission services to reduce domestic and sexual violence and abuse and support victims			X
		Smoking cessation support for vulnerable groups	X		
		Improve access to Child and Adolescent Mental Health Services (CAMHS)			X
		Support families affected by the impact of welfare reform and/or families with children living in poverty			X
		Ensure the multi-agency 'Early Help' strategy is implemented			X

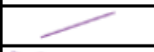
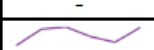
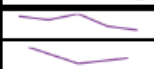
Healthy lifestyle choices					
Alcohol misuse Contraception and sexual health Screening Physical activity, healthy eating and smoking cessation High blood pressure (hypertension) **Update** Integrated pathway for self-care	Increase the engagement of, and the capacity within, people and communities to take responsibility for their own health				X
	Ensure that the growth in alcohol-related admissions remains below the national average				X
	Offer an accessible range of sexual health services to all residents and specific groups ensure services for young people are young person friendly				X
	Ensure screening programmes target areas and groups with poor coverage				X
	Reduce the number of people who smoke and discourage young people from starting				X
	Increase the number of adults and children who are a healthy weight by encouraging healthy eating and physical activity				
		Implement a weight management on referral scheme	X		
		Healthy lifestyle advice to people at risk of circulatory diseases			X
		Increase physical activity levels for all ages			X
Good health and wellbeing in older age					
Falls Dementia	Reduce the number of falls and fractures in older people				X
	Raise awareness of dementia in communities				X

Carers support **Update** End of life care integrated pathway Long term conditions	and continue to improve services and diagnosis				
	Identify hidden carers and promote and improve the range of support on offer	Implement carers strategy			X
		Promote healthy lifestyle advice to people with dementia			X
		Undertake a sight loss/visual impairment health needs assessment			X
Strong and supportive communities					
Mental health and emotional wellbeing Living environments Housing Social isolation Offender health **Update** Health of protected characteristic groups	Build on the strengths in our communities and promote social cohesion and support for vulnerable groups and individuals				X
	Carry out a Health Needs Assessment for mental health to better understand future commissioning needs		X		
		Agree commissioning priorities for mental health in children and adults			X
		New suicide prevention strategy Revised public mental health strategy Identify new indicators for wellbeing			X
	Target the most vulnerable individuals for fuel poverty and housing interventions				X
	Take effective action to address homelessness and improve the quality of the housing stock across Devon				X
	Ensure the health needs of offenders in institutional settings				X

APPENDIX 2

Health and Wellbeing Board Outcomes Report

June 2015

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
1. A Focus on Children and Families	A	Children in Poverty	Chall		
	G	Early Years Foundation Score	Chall		
	G	Smoking at Time of Delivery	Watch		
	A	Teenage Conception Rate	Watch		
	-	Child/Adolescent Mental Health Access Measure	Improve	-	-
	R	Hospital Admissions for Self-Harm, Aged 10-24	Improve		
2. Healthy Lifestyle Choices	G	Proportion of Physically Active Adults	Chall		
	A	Excess Weight in Four / Five Year Olds	Chall		
	A	Excess Weight in 10 / 11 Year Olds	Chall		
	A	Alcohol-Related Admissions	Watch		
	G	Adult Smoking Prevalence	Watch		
	G	Under 75 Mortality Rate - All Cancers	Improve		
	G	Under 75 Mortality Rate - Circulatory Diseases	Improve		
3. Good Health and Wellbeing in Older Age	A	Incidence of Clostridium Difficile	Chall		
	G	Injuries Due to Falls	Chall		
	A	Dementia Diagnosis Rate *	Chall		
	G	Feel Supported to Manage Own Condition	Watch		
	G	Re-ablement Services (Effectiveness)	Watch		
	A	Re-ablement Services (Coverage)	Watch		
	A	Readmissions to Hospital Within 30 Days	Improve		
4. Strong and Supportive Communities	A	Suicide Rate	Chall		
	G	Male Life Expectancy Gap	Chall		
	G	Female Life Expectancy Gap	Chall		
	G	Self-Reported Wellbeing (low happiness score)	Watch		
	G	Social Contentedness	Watch		
	G	Carer Reported Quality of Life	Watch	-	
	A	Stable/Appropriate Accommodation (Learn. Dis.)	Improve		
	G	Stable/Appropriate Accommodation (Mental Hlth)	Improve		

RAG Ratings

Red	R	Major cause for concern in Devon, benchmarking poor / off-target
Amber	A	Possible cause for concern in Devon, benchmarking average / target at risk
Green	G	No major cause for concern in Devon, benchmarking good / on-target

APPENDIX 3

Devon compared with the Local Authority Comparator Group for all Health and Wellbeing Board outcomes, June 2015

Measure	Rates			Significance		Rank / Position in LACG	
	Devon	LACG	England	LACG	England	Rank	Best------Worst
Physical Activity (%)	60.9%	57.9%	55.6%	Better	Better	1 / 16	
Life Expectancy Gap in Years (Male)	5.2	7.2	8.4	Better	Better	1 / 16	
Feel Supported to Manage Own Condition (%)	68.8%	64.4%	63.7%	Better	Better	1 / 16	
30 Days Readmissions (%)	10.3%	11.0%	11.8%	Better	Better	1 / 16	
Early Years Good Development (%)	67.0%	60.0%	58.0%	Better	Better	1 / 16	
Admission Rate for Accidental Falls	1672.8	1809.9	2011.0	Better	Better	2 / 16	
Life Expectancy Gap in Years (Female)	3.3	5.4	6.2	Better	Better	2 / 16	
Social Connectedness	47.5%	45.2%	44.2%	Better	Better	3 / 16	
Reablement - Still at Home after 91 days (%)	89.8%	82.6%	81.9%	Better	Better	3 / 16	
Cancer Deaths, under 75	130.9	134.3	144.4	Similar	Better	5 / 16	
Stable/appropriate accommodation - mental health (%)	54.5%	45.2%	60.9%	Better	Worse	5 / 16	
Circulatory Disease Deaths, under 75	63.8	66.7	78.2	Similar	Better	6 / 16	
Carer Quality of Life Score	8.173	8.043	8.068			6 / 16	
Smoking at Time of Delivery (%)	12.2%	12.3%	12.0%	Similar	Similar	6 / 15	
Adult Smoking Rate (%)	16.4%	16.7%	18.4%	Similar	Better	7 / 16	
Child Poverty (%)	12.7%	13.9%	19.2%	Better	Better	7 / 16	
Excess Weight in Year Six (%)	30.3%	30.8%	33.5%	Similar	Better	7 / 16	
Stable/appropriate accommodation - learning (%)	74.0%	72.1%	74.8%	Better	Similar	8 / 16	
Low Happiness Score (%)	8.5%	8.6%	9.7%	Similar	Similar	9 / 16	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Teen Conception Rate per 1,000	21.9	21.1	24.3	Similar	Similar	9 / 16	
Clostridium Difficile Rate	26.4	25.0	25.1	Similar	Similar	9 / 16	
Excess Weight in Reception Year (%)	23.4%	22.3%	22.5%	Worse	Similar	10 / 16	
Hospital Admission Rate for Self-Harm	419.5	388.8	346.3	Similar	Worse	11 / 16	
Alcohol Admission Rate (Narrow Definition)	639.7	597.2	636.1	Worse	Similar	13 / 16	
Suicide Rate	10.4	9.5	8.8	Similar	Worse	13 / 16	
Reablement - Coverage Rate (%)	2.0%	3.4%	3.3%	Worse	Worse	15 / 16	

Devon Health and Wellbeing Board
11th June 2015

Joint Strategic Needs Assessment Devon Overview 2015

Report of the Chief Executive

Recommendation: It is recommended that the Devon Health and Wellbeing Board consider the draft Joint Strategic Needs Assessment Devon Overview for approval.

1. Context
This paper introduces the draft Joint Strategic Needs Assessment (JSNA) Devon Overview for 2015. The Devon Overview, which looks at the overall pattern of health and care needs in the county, including the impact of population change, deprivation and economic conditions. It sits alongside other elements of the JSNA including area profiles, topic based information, outcomes reports, and a library of supporting health needs assessments and other documents.

2. Draft JSNA Devon Overview 2015

2.1 Appendix 1 to the report contains the executive summary of the draft JSNA Devon Overview for 2015.

2.2 The full draft JSNA Devon Overview is available to view on the Devon Health and Wellbeing website (www.devonhealthandwellbeing.org.uk/draft-jsna-devon-overview-2015)

3. Financial Consideration
There are no financial considerations.

4. Legal Considerations
There are no legal considerations.

5. Environmental Impact Considerations
There are no environmental considerations.

6. Equality Considerations
The needs of people and communities, particularly those most vulnerable or disadvantaged are made explicit in the Devon Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

7. Risk Management Considerations
No risks have been identified.

8. Options/Alternatives
The Health and Wellbeing Board has the statutory responsibility to produce a Pharmaceutical Needs Assessment by April 2015.

9. Public Health Impact
The Devon Health and Wellbeing Board is central to overseeing the commissioning of services which address public health and other relevant health and wellbeing outcomes

Dr Phil Norrey
CHIEF EXECUTIVE
DEVON COUNTY COUNCIL

Electoral Divisions: All
Cabinet Member for Health and Children: Councillor Andrea Davis

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

Background Papers
Nil

Appendix 1 – Joint Strategic Needs Assessment Devon Overview 2015 Executive Summary: The main challenges in Devon

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area. This document, the Devon Overview, looks at the overall pattern of health and care needs in the county, including the impact of population change, deprivation and economic conditions.

Chapter 3: Population

Around 760,000 people live in Devon. The county has an older population profile than England with a higher proportion in older age groups. All Devon districts have a higher proportion of those aged 85 and over than England, with particularly high concentrations in coastal and market towns such as Sidmouth, Teignmouth and Dartmouth. The population of the county is changing, with a projected increase in population of 100,000 over the next 20 years. This is illustrated by the number of persons aged 85 and over, which stood at 10,300 in 1981, 28,300 in 2015, and is set to rise to 64,900 by 2037, contributing to an increasing proportion of the population in older age groups, with consequences for both increased demand for health services and the availability of staff. Both in terms of volumes and net change, internal migration (movements within the UK) has a much more significant impact than international migration, with a strong net flow from the South East of England. The development and expansion of new towns, such as Cranbrook in East Devon and Sherford in the South Hams, coupled with continued housing and economic development in existing settlements will have an impact on local patterns of demand for health and care services.

Chapter 4: Equality and Diversity

The Equality Act 2010 identifies nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The Act protects people from direct and indirect discrimination, harassment and victimisation because of a protected characteristic. The Act also includes a Public Sector Equality Duty (PSED), which requires public authorities to consider the extent to which they can eliminate discrimination, advance equality of opportunity and foster good relations in relation to the protected characteristics. The equality section of this report provides an overview of the population of Devon for each of the protected characteristics, a brief summary of health and wellbeing needs in respect of these characteristics, and links out to other documents and resources for further information. The Devon population is diverse in its needs and inequality can take many forms, resulting in differing health and care needs to which health and care commissioners need to respond.

Chapter 5: Economy

Devon has a culture of enterprise and resourcefulness. However average wages and productivity are low and given the variation across Devon, skills shortages present a barrier to growth in some parts of the county. Jobseekers Allowance claimant rates have decreased over recent years and are highest in Torridge. Average wages in Devon are below the England average and similar local authorities. The local authorities with the highest proportion of people with no qualifications are North Devon and West Devon and the lowest is Exeter. There is variation in the proportion of people claiming health-related benefits (Employment and Support Allowance and Incapacity Benefit) in Devon with the highest levels in North Devon and Torridge. Welfare reform is expected to have a considerable impact in Devon with estimates suggesting that more than £250 million will be taken out of the Devon economy in 2015-16. Food poverty, the inability to afford or have reasonable access to food which provides a healthy diet, is a significant issue and is increasing affecting people in low paid employment.

Chapter 6: Community and Environment

The Devon Strategic Assessment describes crime and community safety issues for Devon. Overall there has been a reduction in crime across Devon, although there is variation between different crimes. There has been an increase in arson, domestic abuse, violence against a person, other thefts, shoplifting and hate crime. There has been a reduction in anti-social behaviour, criminal damage, vehicle crime, non-dwelling burglary, dwelling burglary, sexual offences and robbery. Natural Devon, the Devon Local Nature Partnership, was established in 2012 to protect and improve Devon's natural environment, to grow Devon's green economy and to reconnect Devon's people with nature. A 'State of the Environment'

report was published in 2014 describing the current condition of the environment. Poor air quality can have a negative impact on health, and whilst mortality attributable to air pollution is below the South West and England average, a number of Air Quality Management Areas (AQMAs) exist where air quality is actively monitored. Whilst measures of social connectedness highlight that almost half of the people receiving care services in Devon have as much social contact as they would like. Housing conditions can have an adverse impact on health. The affordability of housing in Devon is also an issue on account of relatively high house prices and relatively low wages. Levels of homelessness in the county are relatively high, and are associated with a range of physical and mental health problems. As a large, predominantly rural county, there are additional challenges in Devon in terms of access to health and care services. Social interaction and social support play an important part in our health and wellbeing. Issues such as isolation, loneliness and mental health conditions such as anxiety and depression can influence physical health and reduced life expectancy is linked to chronic mental health problems such as schizophrenia.

Chapter 7: Socio-Economic Deprivation

The term socio-economic deprivation refers to the lack of material benefits considered to be basic necessities in a society. Around 5% of the Devon population live in the most deprived national quintile (one-fifth). These areas include parts of Exeter, Ilfracombe, Barnstaple, Bideford, Dawlish, Dartmouth, Teignmouth, Newton Abbot and Tiverton. Within Devon rural areas are generally more deprived than rural areas elsewhere in England, whilst urban areas are generally less deprived than urban areas nationally. Whilst urban areas are usually more deprived than rural areas, the rural areas surrounding a number of towns in Devon are more deprived than the town itself, including Crediton, Great Torrington, Holsworthy, Honiton, Okehampton, South Molton and Tavistock. The pattern varies across different domains in the Indices of Deprivation 2010, with relatively low levels or crime, road traffic accidents and generally good air quality mean the majority of areas in Devon are in the least deprived quintile nationally for the crime and outdoor environment domains. This is largely reversed in the barriers domain (accessibility and affordability of housing, and distance from local services) with 32.5% of the Devon population in the most deprived group nationally, and the indoor environment domain (houses failing to meet the decent homes standard or without central heating), with 47.3% of the Devon population in the most deprived group nationally.

Chapter 8: Starting Well – Children, Young People and Families

There are over 7,000 births per annum in Devon. Average age at birth is increasing with the rate of births to mothers aged 40 above the rate in under 20 year olds which is showing a gradual decrease. Inequalities in health start before birth. Whilst life expectancy at birth is above the national average and improving for Devon as a whole, there is a 15 year gap between the wards with the shortest (Ilfracombe Central, 74.6 years) and longest (Newton Poppleford and Harpford, 89.6 years) average life expectancies. Major differences are also seen in breast feeding rates, the number of women smoking during pregnancy, accident and emergency attendances, emergency hospital admissions and educational attainment. Levels of excess weight in childhood (overweight or obese) have been relatively stable over recent years, with levels above the national average at age four to five and below the national average at age 10 to 11. Teenage conception rates have fallen over recent years, but significant differences still exist with higher rates in more deprived areas. Common mental health problems in childhood include depression, generalised anxiety disorder, eating disorders and hyperactivity, along with post-traumatic stress disorder seen particularly in relation to cases of sexual and physical abuse. Rates of admissions for self-harm and levels of mental difficulties in looked after children are above the national average in Devon. Child Sexual Exploitation and Female Genital Mutilation have a major impact on the health and wellbeing of children and work is focused locally on identifying victims and working to prevent future cases in Devon. Domestic violence and abuse affects many families in Devon with children and young people present in over a third (36%) of incidents reported to police in 2013-14.

Chapter 9: Living Well – Adults

Through the national NHS and Public Health England publication 'A Call to Action: Commissioning for Prevention' a strong emphasis is placed on identifying the risk factors associated with ill-health and premature death and working proactively to address these issues during adulthood. Rates of smoking have fallen over recent years, but significantly higher rates in more deprived areas still persist. Over 225,000 people in Devon are estimated to be affected by high blood pressure (Hypertension) with just over half known to GP services. Around three in five adults in Devon (60.6%) are recorded as overweight or obese, a figure which has increased over recent years. An estimated 60.9% of adults in Devon achieved at least 150 minutes of moderate physical activity per week in 2013. The pattern of alcohol use both nationally and locally is changing, with the sharpest falls in use in younger age groups, and regular

use more common in those with higher incomes. However, alcohol-related illness and death remains more common in those on lower incomes or living in more deprived areas. The pattern of drug use is also changing, and whilst overall drug use is falling in both younger and older age groups, the use of powder cocaine and new psychoactive substances (formerly known as legal highs) have increased significantly over recent years. Mental health problems in adulthood vary by area, with the mood and anxiety disorder indicator from the 2010 Indices of Deprivation highlighting higher levels of need in parts of Exeter, Exmouth, Teignmouth, Dawlish, Newton Abbot, Totnes, Ilfracombe, Bideford and Barnstaple. Suicide rates in Devon have remained consistently above national levels in recent years. The pattern of risk factors coupled with an ageing population in Devon contribute to a growing number of people with long-term conditions in the county, which are typically higher in more deprived areas, with higher levels of complications in these age groups contributing to higher hospital admission and mortality rates. There is also a growing burden of those living with more than one long term condition (known as multi-morbidity) with around one in seven likely to have two or more conditions. Local and national evidence suggests people living in the most deprived areas are likely to experience multi-morbidity 10 -15 years earlier than those in the least deprived areas. There is also a strong relationship between mental health conditions and physical conditions with those on GP registers for depression and serious mental illness much more likely to also have physical long-term conditions.

Chapter 10: Ageing Well – Older People

The focus of prevention in older age groups is around healthy active ageing and supporting independence so older people area able to enjoy long and healthy lives, feeling safe at home and connected to their community. As with life expectancy at birth, variations also exist across Devon for life expectancy at the age 65, with 65 year olds in the least deprived areas (21.8 years) likely to live 3.4 years longer than those in the most deprived areas (18.4 years). An older population structure and stronger population growth in Devon mean that current and future demand for health and care services in Devon are likely to be greater than those seen nationally. Levels of frailty, accidental falls, visual impairment and dementia are higher than the national average and future growth will be greater. Similarly demand for general health and care services will also increase accordingly. Due to higher living costs and lower average household incomes, fuel poverty in Devon is higher than similar local authorities nationally, and particularly affects older age groups. The provision of unpaid care also has a major impact on older people, with those who are caring for 50 or more hours per week likely to experience more rapid deterioration in their own health as they get older.

Developing the JSNA in Devon

This document, the Devon Overview, is part of a wider suite of JSNA resources in Devon. Other elements include:

- Community Health and Wellbeing Profiles, providing a wide range of health and care information for geographic areas, including towns, local authorities, and GP practices
- The Devon Health and Wellbeing Outcomes Report, which monitors progress against the priorities identified in the Devon Joint Health and Wellbeing Strategy
- Locality Health Improvement Plans, which guide the work of the Public Health team and colleagues working in the NHS, the local authority and other organisations, identifying both priority issues and priority communities within local areas
- Outcomes reports, data downloads and links to other related documents
- A comprehensive library of topic based information, including needs assessments.

Detailed health needs assessments published since the last JSNA Devon Overview was completed in 2013 are available on the Devon Health and Wellbeing website http://www.devonhealthandwellbeing.org.uk/library/needs-assessments/ and include:

- Domestic and Sexual Violence and Abuse JSNA 2013
- Mental Health and Wellbeing Health Needs Assessment 2013
- Eastern Locality Elder Care Health Needs Assessment 2013
- Care Home Residents Health Needs Assessment 2014
- Lesbian, Gay, Bisexual and Transgender (LGBT) Health Needs Assessment 2014
- Dementia Health Needs Assessment 2014
- South West Peninsula Veterans Health Needs Assessment 2014
- Safeguarding Children JSNA 2014-15
- Long-Term Conditions Health Needs Assessment 2015

Areas for ongoing development include the further development of information relating to the public sector equality duty and qualitative information about health and wellbeing services and issues locally, as demonstrated in the green 'Perceptions and Experiences' boxes in the main report.

Further to this, the Devon Health and Wellbeing website (www.devonhealthandwellbeing.org.uk) will be updated during 2015 and 2016 to improve content including interactive health and wellbeing profiles and outcomes reports, improved topic based information and document management, the publication of supporting data in open formats and a mapping interface displaying data on health needs and services.

Conclusion – the main challenges in Devon

The main health and wellbeing challenges in Devon are:

- An ageing population which is also growing faster than the national average increasing future demand for health and care services
- Increasing financial pressures affecting local authorities, Clinical Commissioning Groups and other agencies requiring changes to traditional patterns of service provision to ensure health and care services remain affordable
- A sparse and predominantly rural population, creating additional challenges around access to health and care services and the need for sophisticated models of home-based care, outreach and work to reduce social isolation. The effective utilisation of local resources, voluntary / community organisations and community assets will be critical
- Patterns of deprivation marked by isolated pockets and hidden need within communities and higher levels of rural deprivation, with groups experiencing health inequalities likely to be geographically dispersed. This creates additional challenges when addressing health inequalities and targeting services to those most in need
- A configuration of local authority and health organisations more complex than most other counties, with two-tier local authorities, and Clinical Commissioning Groups crossing local authority boundaries. This creates extra challenges in terms of the continuity of services, planning and effective partnership working
- Average earnings below the national average and house prices and cost of living above the national average which contribute to a number of issues including food poverty, housing-related health conditions, homelessness, mental health and wellbeing, and fuel poverty
- The need for a focus on prevention at all stages of the life course aimed at improving health in later life for all, as well as narrowing the 10 to 15 year gap in health status between those living in the most and least deprived areas. This will be critical to addressing the demographic and financial pressures that local organisations are facing
- The need for a focus on mental health and wellbeing throughout the life course with a particular emphasis on areas where outcomes are comparatively poor, and an understanding of the relationship between mental and physical health
- Changing patterns of health-related behaviours including smoking, excess weight, physical activity, diet, alcohol and drug use and ensuring that the planning of services addresses changing patterns of behaviour and demand
- The growing number of people with long-term conditions, sensory impairment, frailty, dementia, cancer and other health problems. This requires a particular focus on those living with multiple health conditions, as traditionally health systems have been largely configured for individual diseases rather than multi-morbidity
- The Devon population is diverse in its needs and inequality can take many forms, resulting in differing health and care needs to which health and care commissioners need to respond.

Health and Wellbeing Board
11 June 2015

BETTER CARE FUND – 2015 FIRST QUARTER RETURN AND PERFORMANCE REPORTING

Recommendation: That the Board endorse the first quarter return.

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1. Introduction

The Health and Wellbeing Board is required to track the high level metrics that are contained in the agreed Better Care Fund Plan. This is normally done through the monthly performance reports (Item 3), which are received by the BCF Delivery Group The group meets monthly and reports to the JCCG.

On a quarterly basis the Health and Wellbeing Board is also required to formally report, using the template supplied by the central Better Care Fund Programme support team (Item2)

2. BCF 2015 First Quarter Return

This report is attached and titled "6 BCF 2015 First Quarter Return"

For the first quarter of 2015 the Excel data collection template focuses on the:

- Allocation (this is handled on the tab titled "".A&B")
- Budget arrangements (this is handled on the tab titled "".A&B")
- National conditions. ("3. National Conditions")

Details on future data collection requirements and mechanisms (including possible use of Unify 2) will be announced ahead of the Q1 2015/16 data collection.

The quarterly data collection also requires the Health and Wellbeing Board to submit a written narrative that contains any additional information you feel is appropriate including explanation of any material variances against the plan and associated performance trajectory that was approved. This narrative is on the tab titled "4.Narrative"

3. BCF Monthly Performance Reports

Each month a summary performance report is produced for the whole of Devon.
The latest is attached and called "6 Devon Better Care Fund Outcomes Report - 26 May 2015".

To supplement this report a locality based report is also produced.
The latest is attached and called "6 Devon Better Care Fund Outcomes Report - 26 May 2015 (Locality Appendices)".
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4. Performance Summary

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

Health and Wellbeing board are asked to note that the BCF Delivery Group have open actions in place that are intended to address those areas in Amber.

National Condition	Target
Are Joint Plans Agreed	On Track
Are Social Care Services being protected	On Track
Are 7 day services in place	At Risk
Is the NHS Number fully adopted and in use	On Track
Are Open API's being pursued	On Track
Are IG controls in place and in line with Caldicott 2	Behind
Is a joint approach to assessments and care planning in place	Behind
Is there agreement upon the impact of changes to the acute sector	Behind

The table below summarises the BCF performance.

Outcome	Target	Previous Month		
		-1	-2	-3
Avoidable emergency admissions	Behind			
Residential admissions	Ahead			
Patient and service user experience	On track			
Reablement effectiveness	Ahead			
Dementia diagnosis	Behind			
Delayed transfers of care	Behind			

Health and Wellbeing board are asked to note that the BCF Delivery Group have open actions in place that are intended to address those areas in Amber.

However, it must be noted that there are significant challenges around the Avoidable Emergency Admissions which are supported by the current operational plans of both CCG's.

Tim Golby
Devon County Council
Paul O'Sullivan
NEW Devon CCG

Electoral Divisions: All

Strategic Director: People: Jennie Stephens

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

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics from the Health & Wellbeing Board plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 29th May 2015

This initial Q4 Excel data collection template focuses on the allocation, budget arrangments and national conditions. Details on future data collection requirements and mechanisms (including possible use of Unify 2) will be announced ahead of the Q1 2015/16 data collection.

To accompany the quarterly data collection we will require the Health & Wellbeing Board to submit a written narrative that contains any additional information you feel is appropriate including explanation of any material variances against the plan and associated performance trajectory that was approved.

Content

The data collection template consists of 4 sheets:

1) Cover Sheet - this includes basic details and question completion
2) A&B - this tracks through the funding and spend for the Health & Wellbeing Board and the expected level of benefits
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Narrative - please provide a written narrative
To note - Yellow cells require input, blue cells do not.

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 4 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) A&B

This requires 4 questions to be answered. Please answer as at the time of completion.
Has the Local Authority recived their share of the Disabled Facilites Grant (DFG)?
If the answer to the above is 'No' please indicate when this will happen.
Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track for delivery (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please detail in the comments box what the issues are and the actions that are being taken to meet the condition.
'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.
Full details of the conditions are detailed at the bottom of the page.

Cover and Basic Details
Q4 2014/15

Health and Well Being Board	Devon
completed by:	Andy Goodchild
e-mail:	andy.goodchild@devon.gov.uk
contact number:	07814092620
Who has signed off the report on behalf of the Health and Well Being Board:	Andrea Davis

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB.xls' for example 'County Durham HWB.xls'

	No. of questions answered
1. Cover	5
2. A&B	4
3. National Conditions	16
4. Narrative	1

Selected Health and Well Being Board:

Devon

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?	Yes
If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?	Yes
If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy

Selected Health and Well Being Board:

Devon

Data Submission Period:

Q4 2014/15

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	The BCF plan has been agreed and signed off by the HWB as well as both CCGs and Devon County Council. Health service providers are now including in the membership of the
2) Are Social Care Services (not spending) being protected?	Yes	Funding has been allocated to ensure the current level of eligibility criteria is maintained to meet increased demand and the increasing complexity of needs.
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	Work on the 7 day community service review is on going. We have increased recruited volunteers to work on Saturday's to increase the flow workload in our integrated health and community care teams. We will be looking at creating
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	The NHS number is used as the primary identifier for correspondence across all health and care services. We are working with the HSCIC Demographics Batch Service, and currently have 98% of Social Care records with an NHS Number. The NHS number is included on all our printed documentation used to interact with a Citizen.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	The procurement policy for all systems that may need to interact with other systems are procured in such a way that they censure compliance with the necessary standards and
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No - In Progress	There is an agreed information sharing protocol in place which is included within the section 75 agreement. We have recently undertaken a Devon wide exercise to standardise the Information Sharing Agreements across providers and commissioners of health and social care. In addition the Information Sharing leads from each of the CCGs are now in the
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	Practices have all signed up to the new enhanced service for primary care and this information is shared across the multi-disciplinary Complex Care Teams to focus their activities – the next steps are to share this with acute providers and to triangulate the different risk stratification and segmentation information to have a combined agreed cohort of patients (top 2%).
6) Is an agreement on the consequential impact of changes in the acute sector in place?	No - In Progress	Our plan sets out a 3.5% reduction in all emergency admissions by the end of the year. The contracting round for 15/16 has been completed setting out capacity needs in 15/16. Further work is on-going to map future workforce and capacity requirements.

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)
Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number
The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector
Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Selected Health and Well Being Board:

Devon

Data Submission Period:

Q4 2014/15

Narrative	**remaining characters**	**29,598**

Please provide any additional information you feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.

The partners continue to work together to drive forward the BCF agenda as one strand of the vision to provide joined up health and social cares services to patients. A Programme Manager has been appointed to maintain momentum in the process and increase capacity.

Governance

The JCCG have delegated programme delivery to the BCF Delivery Group which focuses upon strategic approach allowing local delivery through the SRG's. JCCG report progress to the HWBB. The membership of BCF Delivery Group has been expanded to include the major health providers in the area and a GP representative. This has strengthened our engagement across Devon and has facilitated discussions on what are the key challenges we face, and how best to address them. The Terms of Reference of this group have been revised.

Work has begun with the SRGs/urgent care boards to develop consistent and complimentary performance reporting at a county wide and acute footprint level.

Key Indicators

• We continue to perform well against our benchmarks for admissions to care homes and the effectiveness of Reablement.

• Further analysis has been undertaken to identify the blockage points for delayed transfers of care to enable services to be redesigned appropriately.

• Our frailty work (part of the Frailty and Community Care scheme) continues to perform well and Devon benchmarks favourably for 75+ years emergency admissions. However emergency admissions are not decreasing as there is higher than average percentage of patients with long term conditions than the national average and many of these have multi-morbidities. There is on going analysis to assess the key causes of emergency admissions on an acute footprint basis to allow the schemes and resources to be specifically targeted in this area and to address the needs of this group of patients who are younger than the traditional target audience of admission prevention scheme.

• Local metric – Dementia Diagnosis - Whilst our current rate of 56.5% is significantly below our plan of 67% we are steadily increasing this figure and are on track to deliver our aim of 67% by the end of the financial year.

Effectiveness reviews

We have carried out a number of reviews of our schemes in the BCF to establish their effectiveness and value for money. This has resulted in a merging of

Health and Wellbeing Board
11th June 2015

DRAFT JOINT COMMISSIONING STRATEGY FOR PREVENTION
Report of the Head of Service Social Care Commissioning, The Managing Director (Partnerships) NEW Devon CCG and The Director of Commissioning (South Devon and Torbay CCG)

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

Recommendation: that the Board:

1. **Notes the Draft Joint Commissioning Strategy for Prevention**
2. **Notes and commit to the themes in the draft strategy**
3. **Endorse the strategy as a basis for commissioning delivery plans.**
4. **Receive a progress report in the autumn.**

1. Introduction

During 2015 a draft Joint Commissioning strategy for prevention has been developed by the two Clinical Commissioning Groups, Devon County Council, Public Health and the District Councils.

This draft strategy is presented to the Health and Well-Being Board for information and to secure the support of the Board in its further development and implementation. Some testing with users has been undertaken, however extensive consultation with service users and carers and a wide range of stakeholders is planned for the coming months.

2. Context

The strategy has been developed by the Prevention Work stream which forms part of the Care Act Implementation programme in Devon. It is supported and facilitated by the Devon Health and Social Care Development Group and the Joint Commissioning Co-Ordinating Group. The Joint Coordinating Commissioning group will be responsible for assuring delivery.

The Care Act 2014 aims to help to improve people's independence and wellbeing. It makes clear that local authorities must arrange services that help prevent or delay people deteriorating such that they would need on-going care and support.

Local authorities will have to consider various factors:

- what services, facilities and resources are already available in the area (for example local voluntary and community groups), and how these might help local people
- identifying people in the local area who might have care and support needs that are not being met

- identifying carers in the area who might have support needs that are not being met

In taking on this role, local authorities will need to work with their communities to get the support that helps to keep people well and independent.

This draft joint strategy aligns with Devon County Council's strategy, "Better Together", the "I Plan" and the Better Care Fund and is people-focused, rather than organisation-focused. It was initiated through the Prevention work stream of the Care Act Board and has been broadened to address the prevention approach to support the NHS Five Year Forward View and Better Care Fund prevention work.

It is underpinned by integrated, preventive approaches that focus on promoting independence, reablement and recovery and will look to develop innovative solutions to the challenges we face. Importantly it seeks to achieve a shift to prevention activity at an earlier stage with a more focussed approach to address health inequalities, It therefore adopts a 'living well' and ageing well' approach. Where appropriate, we will work across geographic and organisational boundaries to share skills and resources, secure economies of scale and achieve greatest impact.

Following consultation and sign off, an implementation plan will be initiated for the strategy and progress will be reported annually, each June to the health and wellbeing board.

The strategy, once finalised, will be published on NHS and DCC websites. It will be accompanied by an Introduction, which sets out the context for the joint strategies and identifies common themes.

Consultations/Representations/Technical Data

Extensive consultation on the strategy is planned, taking account of the different stakeholder groups and interests involved. Some initial testing with the Care Act User Group has been undertaken and has contributed to the draft strategy that is presented to the Health and Wellbeing board meeting today.

Financial Considerations

The draft strategy represents the direction of travel, rather than detailed proposals and therefore financial considerations will be addressed through the delivery plans.

Legal Considerations

There are no specific legal considerations arising from the draft strategy, which have been developed in line with legislation (including the Care Act 2014) and national guidance.

Equality Considerations

This draft strategy has been prepared in line with the partners' Public Sector Equality Duty. It recognises where positive action needs to be taken to address the needs of underrepresented groups and those with protected characteristics e.g. in meeting the needs of particular groups of carers.

Summary/Conclusions/Reasons for Recommendations

The development of this draft joint prevention strategy represents another important step forward in our integration journey and is commended to the Board.

Tim Golby
Head of Social Care Commissioning

Paul O'Sullivan
The Managing Director (Partnerships) NEW Devon CCG

Simon Tapley
The Director of Commissioning (South Devon and Torbay CCG)

Electoral Divisions: All

Strategic Director, People/Place: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS
Contact for Enquiries: Sara Cretney
Tel No: 383000 (ask for Sara Cretney)

BACKGROUND PAPERS
Living Well and Ageing Well in Devon - Draft Joint Commissioning Strategy for Prevention

Living Well and Ageing Well in Devon
Joint Commissioning Strategy for Prevention

Introduction

Devon's approach to prevention will follow the principles of starting well[1], living well and ageing well; and although this high-level strategy provides a focus on adults it recognises the importance of a healthy start. The approach supports Devon's Health and Wellbeing Strategy and will impact on **behavioural factors**, **health and care related factors** (including access) and **social circumstances** to make a difference.

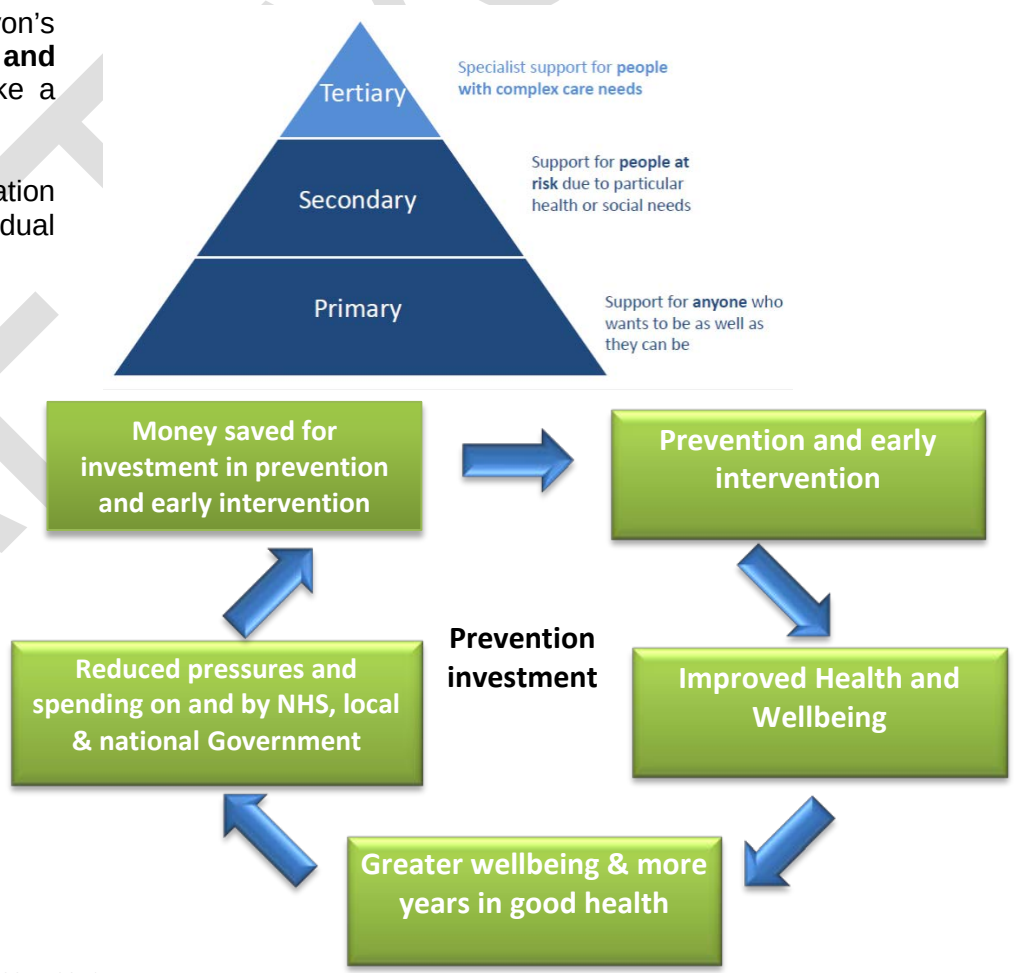
Prevention covers a spectrum of activity ranging from wide-scale whole-population measures aimed at promoting health and wellbeing, to more targeted, individual interventions.
Figure 1 describes primary, secondary and tertiary prevention.

Getting serious about prevention ([2])
Billions of pounds are being spent on addressing wholly avoidable illness and social need. With an ageing population and severe financial pressures we must fundamentally rethink how people, communities and commissioners can work together to prevent illness and disability and ensure everyone in Devon can enjoy the best possible health and wellbeing.

This will involve four significant changes:

- Making prevention the main focus at important stages of life,
- Coordinating everything we do to promote good health and wellbeing and avoid/delay the need for health and care services,
- Enabling people and communities to build on their own capabilities,
- Moving investment from acute to preventive services in order to reduce costs in the long term.

Figure 1: Prevention Definitions[3]



[1] The Devon Early Help Strategy for Children and Families & Commissioning Strategy for Maternity Services 2014-2019
[2] *NHS Five Year Forward Plan*
[3] Care Act 2014

Our vision

To support local people to remain active, healthy and independent for as long as possible. We want to see local services focused on those who have the greatest need.

Our aim is to embed prevention as something that everyone sees as their responsibility and is considered at every opportunity along the course of their lives. People will be supported and encouraged to take personal responsibility for their own health and wellbeing and the wellbeing of others and in particular vulnerable and marginalised members of their community.

Our commitment

We are committed to

- Supporting people to maintain a healthy and active mind and body
- Working with communities and partners to build community resilience
- Making it easier for people to access preventive services
- Encouraging and empowering people to take responsibility for their own health and wellbeing and that of their families, neighbours and local communities

We will do this by

- Focusing on where the problems are greatest/areas of greatest need
- Making sure the health of the poorest improves fastest to close the health inequalities gap
- Focusing action at an earlier age (mid-life) to reduce future health problems and prepare for later life
- Supporting people to change their behaviour around diet, physical activity, smoking, alcohol misuse and mental health and emotional wellbeing
- Intervening early and take action when problems arise/on first diagnosis
- Focusing on the prevention and management of long-term conditions and supporting recovery
- Reducing poverty and fuel poverty
- Preventing social isolation and loneliness and overcoming barriers to inclusion
- Supporting people to access or return to employment, education and volunteering
- Preventing falls
- Reducing housing related health issues
- Preventing abuse, neglect or loss of dignity

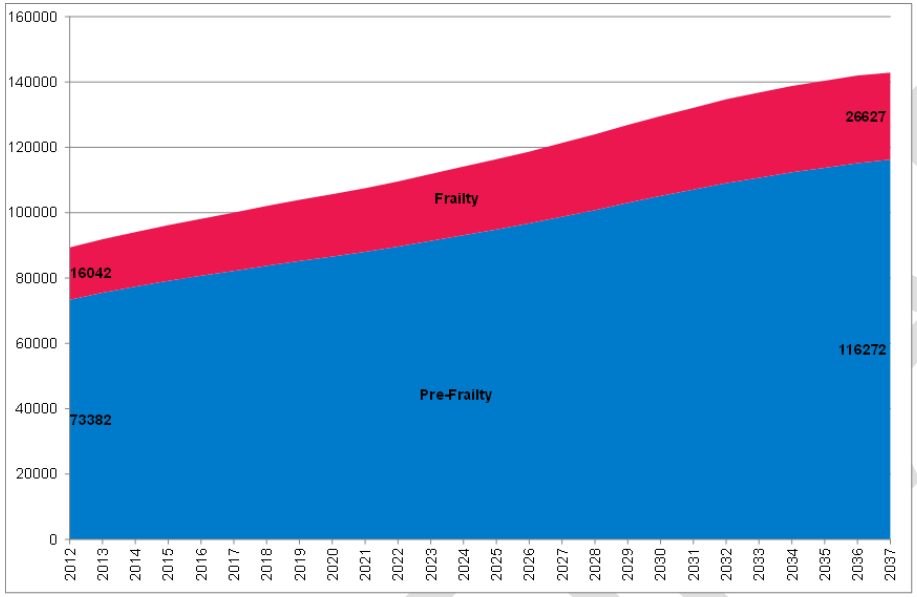
We will ensure that 'every contact and every visit counts to maximise the opportunity for prevention and early intervention including promotion of advice, guidance and support services and will do this through training to identify opportunities to connect people to preventive services.

Health and Care Needs in Devon

Devon has a population of around 760,000 people and has an older population profile than nationally, particularly in those aged 50-70 years reflecting significant in-ward migration in this age group, and those aged 85 years and over, reflecting an ageing population and longer life expectancy. This profile impacts on health and social care use.

Over a third of the population are estimated to have one long-term condition (36.68%), around a seventh are likely to have two or more conditions (14.37%), and around one in 170 people are likely to have five or more long-term conditions. This reveals that with increasing age some individuals may have increasing comorbidities. When deprivation is considered a different pattern emerges. Individuals living in the most deprived areas are typically around 10 to 15 years ahead in terms of the state of their health and this is even wider for certain age groups. The JSNA (2015) describes the health related risk factors in detail. [4]

Frailty and Pre-Frailty Projections, Devon, 2012 to 2037. We know that the numbers of frail and pre-frail individuals in Devon will increase significantly in the coming years and action is needed to support such individuals and prevent frailty, disability and illness in later life. The risk of an accidental fall increases rapidly with age, and higher levels are evident in people living alone, people with existing medical conditions, and people living in more deprived areas. Most falls occur within the home. There were 3,259 emergency hospital admissions due to falls in 2012-13 in Devon for people aged 65 and over. However, the rate in Devon is the second lowest in the South West and the second lowest in Devon's local authority group. Age standardised admission rates have remained consistently higher in the most deprived deprivation quintile. Whilst the gap narrowed in 2012-13, the rate in the most deprived areas was still 47% higher than the least deprived areas.



Around 14,080 people living in Devon are estimated to have dementia in 2015, representing 1.84% of the population, which is set to rise to 25,227 by 2035, when it will affect around 2.97% of the population. Districts with an older age profile such as East Devon have a higher percentage of the population living with dementia. The biggest shifts over the next 20 years will be in the 90 and over age group. Due to higher living costs and lower average household incomes, fuel poverty in Devon is higher than similar local authorities nationally, and particularly affects older age groups. The provision of unpaid care also has a major impact on older people, with those who are caring for 50 or more hours per week likely to experience more rapid deterioration in their own health as they get older.

[4] http://www.devonhealthandwellbeing.org.uk/jsna/

Our achievements so far

The Devon Prevention Strategy 'Promoting Independence and Wellbeing for Adults' 2011-13 identified an approach to prevention and had a focus on older age; more recently the Devon Integration Plan (I-plan) set out an integration plan for health, wellbeing and care in Devon. The integrated system of wellbeing focussed at an individual, family and community level. Mapping of prevention activity has commenced and identified areas where we currently commission prevention services. We have considered demand for services and developed an approach to understanding community resilience this will allow us to further refine the community based model and approach for prevention which may vary from one area to another.

To support the work an evidence review of preventive interventions has been undertaken to consider clinical and behavioural interventions, and social and community interventions to support the development of the strategy. The evidence review and earlier Commissioning for Prevention Paper (DCC 2014) demonstrating the importance of developing a **mid-life** approach to prevention.[5]

There is already a good range of preventive provision available across Devon and it is important to recognise some of the progress that has been made so far as outlined in the examples below. A local approach may be needed and in Newton Abbot a frailty hub with 'well-being' co-ordinators has been developed and in Exeter the Integrated Care Exeter programme is developing a local integrated model of care, in Budleigh Salterton a 'Health and Wellbeing Hub' has been developed.

Primary: Lifestyle services

Just under 40,000 NHS Health Checks have been delivered in the Devon County area for 40-74 year olds since 2013 providing an opportunity identify health issues and make lifestyle change. Weight management services have been commissioned to support the programme alongside stop smoking and alcohol services.

Secondary: Self Care

In South Devon and Torbay, we have commissioned a supported self-care service, known as Live Well, Feel Better. Clients are provided with a self-care coach who will provide 5 hours of support depending on the specific needs of the individual including face to face, telephone and group support, managed by the patient themselves or their Self-care Coach on their behalf. The service aims to work with 200 clients per year.

Primary: Community Impact Support Scheme

The Community Impact Support Scheme (CISS) will provide support to social enterprises that have innovative proposals to promote independence and self-reliance in communities. Support from the CISS will comprise one-off grants, typically ranging from £10,000 to £50,000, together with access to business support to help applicants develop ideas, business plans and financial forecasts. Support through the scheme will make small enterprises more attractive to a range of other investment opportunities and help ensure their long term sustainability.

A particular focus will be approaches designed to improve long term prospects for people that are unemployed or heavily benefit-dependent, thereby addressing disadvantage that is known to manifest itself in poor health over time.

[5] A Rapid Review of Evidence for Prevention for Mid and Later Life

Secondary: Single point of co-ordination

Devon County Council has an established care management model, which has been running since 2008. Plans are in place to enhance this model, to ensure co-ordination of all contacts to Adult social Care and Health.

This service plays a significant role in supporting individuals with the assessment of their needs and in providing information and advice about local preventative services and initiatives that help to prevent or delay their need for social care services.

Tertiary: Extra Care Housing

Extra care housing aims to bridge the gap between residential care and people living independently in their own home. It helps to provide individuals with more options about how they receive their care whilst promoting independence and delaying the need for residential care.

Tertiary: Intermediate Care

Intermediate care was introduced in the Southern Devon area in 2011, funded by Section 256 money. Funding was allocated for co-ordinators, physiotherapists, occupational therapists and generic support workers. The service supports around 3% of the over 65 population

Secondary: Connected Communities Pilot

This pilot preventative scheme in Southern Devon provides a 'navigation and connecting' role to individuals who have identified outcomes that prevention services in the community could meet; thus preventing those needs from escalating and delaying the impact on their overall health and wellbeing. The service supports people through provision of information and advice, helping people to build on their strengths and assets, supporting people to link with services and facilities within the local community. If required, people can access small levels of 'seed funding' to enable their outcomes to be fully met (average funding per individual of £64 during first year of pilot). The pilot has a secondary benefit of identifying the types of prevention needs people may have and enables the voluntary sector and communities themselves to develop local responses to these without the need for more costly formal commissioning of services . The pilot is due to be evaluated as part of the better care fund, and if anticipated outcomes are met, could be rolled out across the whole of Devon.

Secondary: Dementia Support

Dementia Support is available throughout Devon in the form of an established network of community led resources, an example of this is memory cafes run by volunteer groups. Individuals with higher stage dementia are support by their communities, preventing or delaying the need for adult social care services

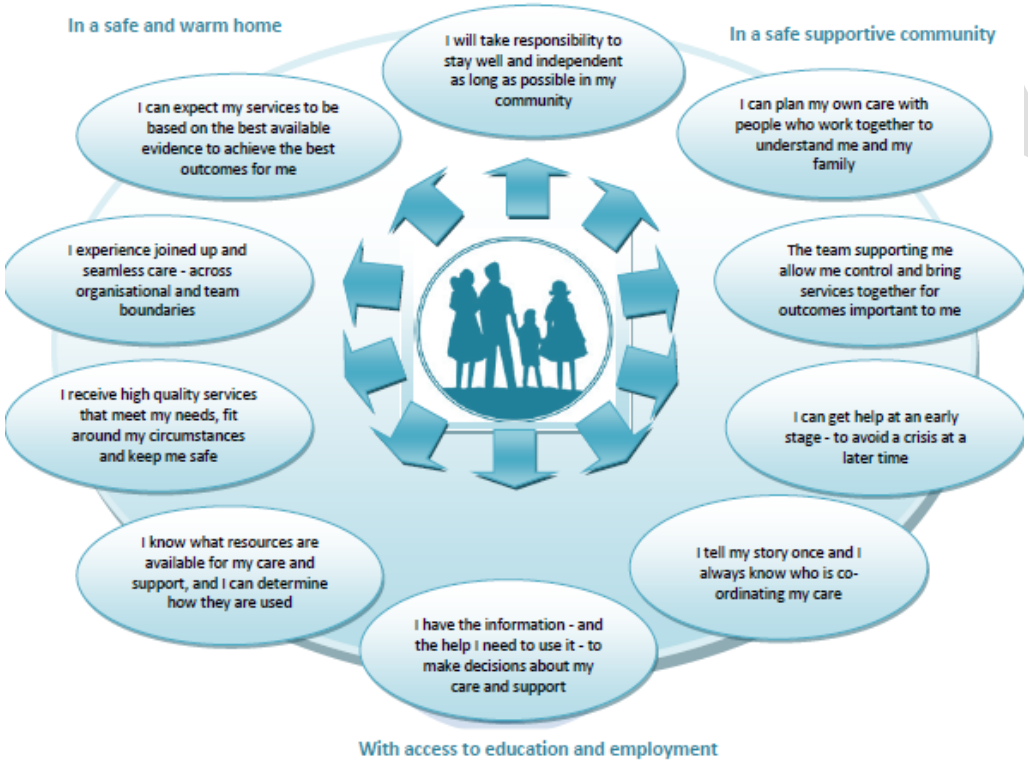
Tertiary: Social Care Reablement (SCR)

Social Care Reablement is a service whose primary aim is to support people to regain or acquire self-care skills to manage or reduce need where possible. The DCC Social Care Reablement Service (the service) is community-based and provides one-to-one support. It provides *time limited* care and support within a reablement ethos that promotes independence, self care and reliance. It is an integral part of the assessment and support planning pathway and therefore ***informs*** any decision on longer term support/services and helps to determine any ongoing care plan and outcome statements. Specifically it address outcomes that relate to personal care, activities of daily living and mobility issues related to personal care

Devon county councils social care reablement service was introduced countywide in November 2010. Social Care Reablement is targeted at individuals who are experiencing a significant increase in their personal care needs. Of all of the people the Social care reablement service supports, 87.5% do not require a service after their 6 week period of reablement following hospital discharge. Plans are in place extend this reablement offer to all adults.

Outcomes for individuals

Devon County Council and NEW Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group have developed Joint Commissioning Principles in its integration plan 'The Journey to 'I' an integration plan for Devon'. The I plan sets out a series of 'I Statements' (below) which the joint prevention approach needs to fulfil. The plan specifies action at an individual, family and community level as should any approach to prevention[6].

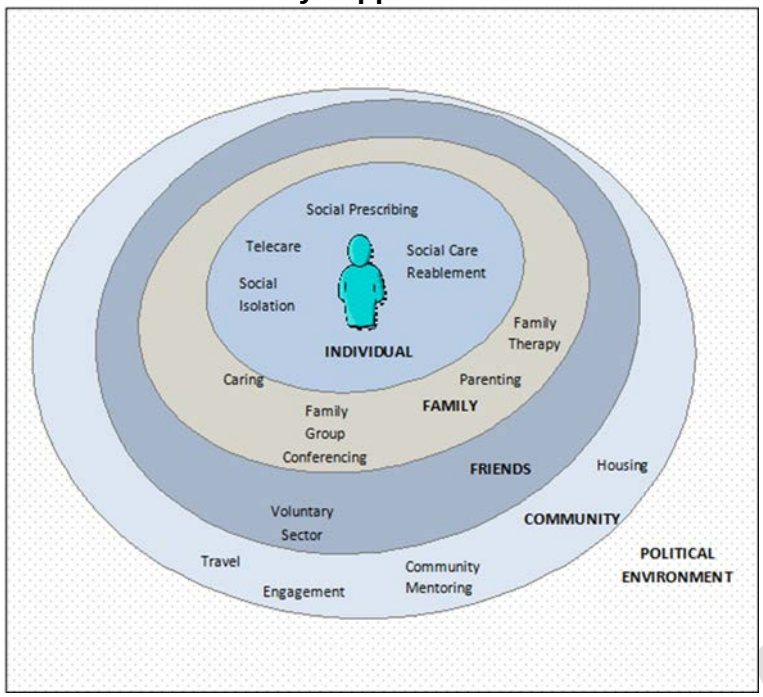


What still needs to be done?

There is already a good range of preventive provision available across Devon, however there is work to do to improve equity and extend the availability of certain provision but a more targeted approach may be needed in more disadvantaged communities and with certain groups. We also know we need to have a clear information and advice strategy so people know what is available and where to go.

[6] Journey to 'I' integration plan

Social and community support offer in Devon



The evidence review has considered social and community interventions and has framed these at an individual, family and community level and the delivery plans need to develop this approach further. The mapping work identified some specific areas for further development where the offer is not clear:

- Engaging with the local third sector to support older people (and other vulnerable groups) to continue living as independently as possible in their local community
- Ensuring that we have the quality of housing we need to enable people to live independently in the community or providing a safe , warm and well maintained home which is appropriate to their needs
- Helping to build self-supporting and resilient communities which can deal with many challenges that would otherwise become the responsibility of statutory sector partners. Building this "social capital" by working with communities and voluntary and community sector partners needs to be an inherent part of our approach to prevention.
- Navigating and signposting people to prevention services which enable them to connect with their local community, as well as accessing the services they require.

Appendix 1 outlines the emerging pathway for prevention.

Next steps

Proposed approach for prevention

Both nationally and locally, the recent focus has been on the integration of health and social care and on prevention. The Care Act has introduced a wider duty to consider physical, mental and emotional wellbeing of individuals needing care and a duty to provide preventive services to prevent reduce and delay needs. The Better Care Fund allows further pooling of health and social care funding and the ability to integrate services further. The aim is for an upstream shift to preventive action to reduce health inequalities and reduce premature disability, morbidity and mortality and for preventive work streams align and form a cohesive whole.

To impact on prevention, programmes need to support successful ageing from middle age onwards rather than simply aiming to support elderly people to prevent worsening of chronic conditions. Successful ageing enables people to have the knowledge to develop the behaviours and acquire the skills as they grow older to avoid the development of disease and stay active and positively healthy and socially engaged for as long as possible. This update to the Prevention Strategy shifts the focus to a mid-life approach to support living and ageing well to prevent and reduce avoidable illness, disability and isolation and to act early to limit the consequences of ill health and support recovery and independence. The new approach considers prevention across health and social care and through communities.

We will develop a plan for implementing the commitments on page 2 which will also include the priority actions listed below;

- We want to make sure people are fully involved in the development of the strategy as well as the commissioning and provision of services as this is crucial to the effective implementation of the strategy
- We will continue to analyse the type and frequency of demand on our adult social care services so that we can target our preventative interventions to divert demand away from social care
- We will continue to map the current preventative services and interventions commissioned or delivered by Social Care Commissioning, Public Health and Services for Communities and include Health in order to
    - Evaluate the effectiveness of current preventative interventions (and thereby understand which interventions we should continue to invest in);
    - Ensure that we are not duplicating effort and funding
    - Identify any gaps in provision
    - Develop a co-ordinated approach to joint commissioning of preventative services
- We will continue to develop our understanding of how self reliant communities in Devon are and develop a plan
- We will develop a high-level outcome reporting framework to help ensure that this strategy is a success (draft at appendix 2)
- We will ensure that the strategy aligns with the Carers Prevention and the Information and Advice strategies
- We will learn from each other, best practice to develop innovative solutions and learning
- We will undertake further analysis to understand current investment and opportunities for different spend around prevention

Reporting progress

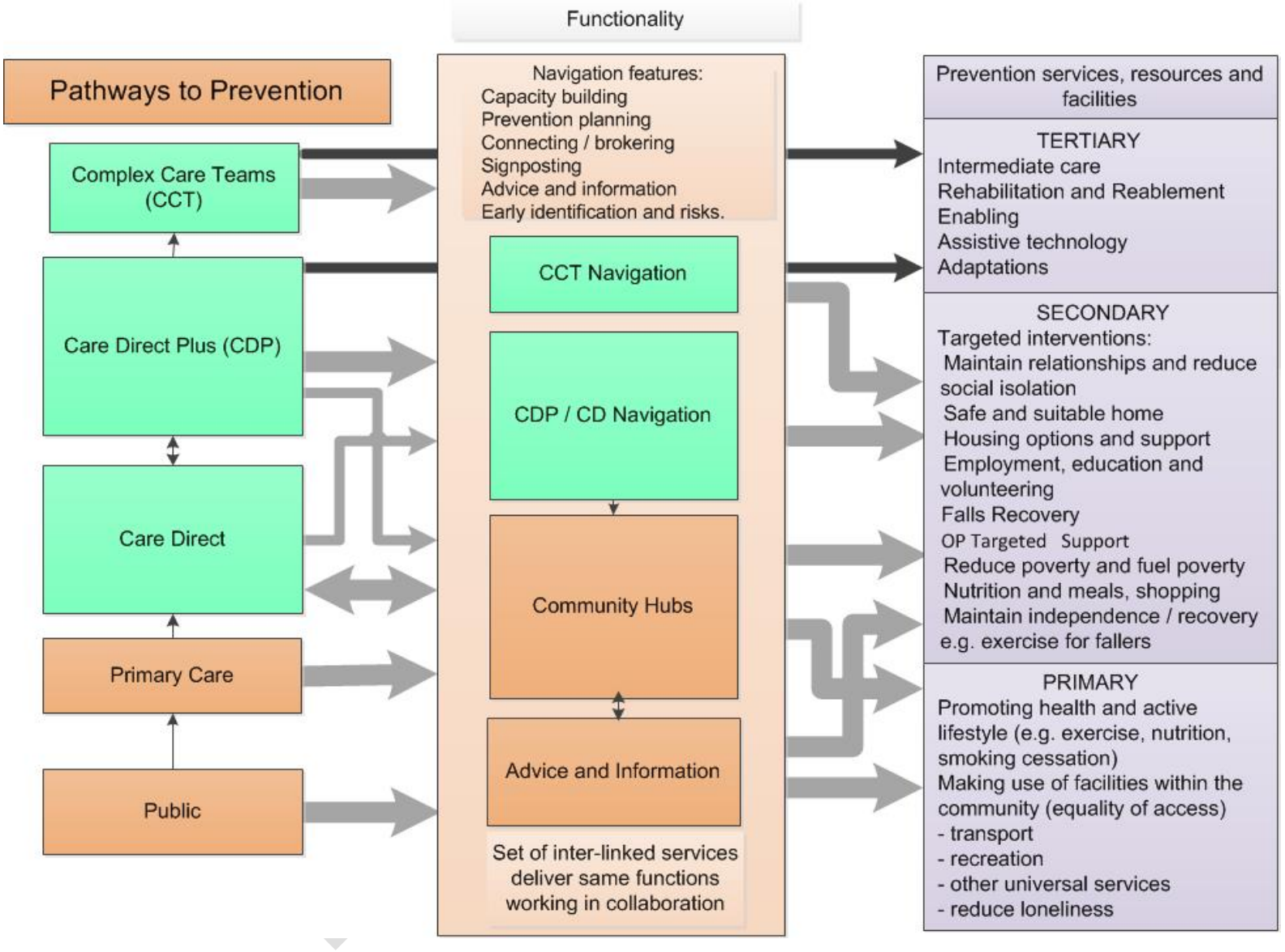
How will we know our approach to prevention is working?

- People know what to do to maintain health and independence in older age and take action at an early age
- People can easily and reliably access health and wellbeing information and advice and be signposted and supported to access a choice of preventive support services and community resources
- People are well informed about options available to them when faced with potential risks and support needs
- More people are accessing a preventative service as an alternative to a Personal Budget or alongside their personal budget
- More people have been supported to maintain their independence
- More people have been supported to maintain or become involved in a range of community activities
- More people are helped to avoid a crisis that could lead to unnecessary admissions to hospital or into longer term care, through joined up early intervention.
- We will have narrowed the health inequalities gap

We will measure success through high level outcome reporting and evaluation of programmes implemented to deliver the approach.

APPENDIX 1: Emerging Pathway for prevention

How people will access the prevention offer



APPENDIX 2: Draft Prevention Strategy Outcomes Indicators Summary

How will we know our approach to prevention is working – suggested measures

RAG	Indicator	Type	Trend	Dev/SW/Eng
G	Proportion of Physically Active Adults	Chall		
A	Alcohol-Related Admissions	Watch		
G	Adult Smoking Prevalence	Watch		
G	Under 75 Mortality Rate - All Cancers	Improve		
G	Under 75 Mortality Rate - Circulatory Diseases	Improve		
A	Incidence of Clostridium Difficile	Chall		
G	Injuries Due to Falls	Chall		
A	Dementia Diagnosis Rate *	Chall		
G	Feel Supported to Manage Own Condition	Watch		
G	Re-ablement Services (Effectiveness)	Watch		
A	Re-ablement Services (Coverage)	Watch		
A	Readmissions to Hospital Within 30 Days	Improve		
A	Suicide Rate	Chall		
G	Male Life Expectancy Gap	Chall		
G	Female Life Expectancy Gap	Chall		
G	Self-Reported Wellbeing (low happiness score)	Watch		
G	Social Contentedness	Watch		
G	Carer Reported Quality of Life	Watch	-	
A	Stable/Appropriate Accommodation (Learn. Dis.)	Improve		
G	Stable/Appropriate Accommodation (Mental Hlth)	Improve		

R	Major cause for concern in Devon, benchmarking poor / off-target
A	Possible cause for concern in Devon, benchmarking average / target at risk
G	No major cause for concern in Devon, benchmarking good / on-target

Draft Prevention Strategy Outcome Indicators
Devon compared with the Local Authority Comparator Group

Measure	Rates			Significance		Rank / Position in LACG	
	Devon	LACG	England	LACG	England	Rank	Best------Worst
Physical Activity (%)	60.9%	57.9%	55.6%	Better	Better	1 / 16	
Life Expectancy Gap in Years (Male)	5.2	7.2	8.4	Better	Better	1 / 16	
Feel Supported to Manage Own Condition (%)	68.8%	64.4%	63.7%	Better	Better	1 / 16	
30 Days Readmissions (%)	10.3%	11.0%	11.8%	Better	Better	1 / 16	
Admission Rate for Accidental Falls	1672.8	1809.9	2011.0	Better	Better	2 / 16	
Life Expectancy Gap in Years (Female)	3.3	5.4	6.2	Better	Better	2 / 16	
Social Connectedness	47.5%	45.2%	44.2%	Better	Better	3 / 16	
Reablement - Still at Home after 91 days (%)	89.8%	82.6%	81.9%	Better	Better	3 / 16	
Cancer Deaths, under 75	130.9	134.3	144.4	Similar	Better	5 / 16	
Stable/appropriate accommodation - mental health (%)	54.5%	45.2%	60.9%	Better	Worse	5 / 16	
Circulatory Disease Deaths, under 75	63.8	66.7	78.2	Similar	Better	6 / 16	
Carer Quality of Life Score	8.2	8.0	8.1			6 / 16	
Adult Smoking Rate (%)	16.4%	16.7%	18.4%	Similar	Better	7 / 16	
Stable/appropriate accommodation - learning (%)	74.0%	72.1%	74.8%	Better	Similar	8 / 16	
Low Happiness Score (%)	8.5%	8.6%	9.7%	Similar	Similar	9 / 16	
Dementia	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Alcohol Admission Rate (Broad)	639.7	597.2	636.1	Worse	Similar	13 / 16	
Suicide Rate	10.4	9.5	8.8	Similar	Worse	13 / 16	
Reablement - Coverage Rate (%)	2.0%	3.4%	3.3%	Worse	Worse	15 / 16	

Devon Health and Wellbeing Board
11 June 2015

Outline proposals for partnership and governance arrangements
Report of the Strategic Director: People

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

Recommendation: The Devon Health and Wellbeing Board is invited to endorse the further development of the multi-agency partnership and governance arrangements described in this report.

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1. Background

The recent OFSTED inspection of Devon's children in need of help and protection, children looked after and care leavers services published on May 12th 2015 found that services "required improvement" before they could be considered "good" under OFTSED's current assessment scheme. Whilst there is a clear progression from previous inspection findings, improvements are clearly still required in a number of areas to improve the services offered to children and their families. More specifically OFSTED found that:

- "The governance and planning arrangements between the local authority, the Devon Health and Wellbeing Board, Devon Children and Families Alliance and Devon Safeguarding Children Board are not clear.
- Professionals from partner agencies are not fully engaged within early help and do not always attend relevant safeguarding meetings for children.
- Effective joint commissioning arrangements are not yet in place."

Ofsted recognised that: "The Leader of the Council, Lead Member for Children's Services and the Chief Executive (CE) understand the recent history of the performance and quality of services for children. They are appropriately engaged with some improvement activity. However, much improvement remains at early stages of development (for example corporate parenting, the Children & Families' Alliance, and strategic arrangements)." It recommended that Devon County Council and its system partners: "clarify governance arrangements between the key children's strategic groups to improve influence and impact in setting and achieving priority improvements. The Health and Wellbeing Board (H&WB), Devon Safeguarding Children Board (DCSB), the Children and Family Alliance (C&FA) and the Corporate Parenting Board (CPB) to coordinate, share and align plans and objectives."
~~~~~~~~~~~~~~~~~~~~

2. Proposal

Following early discussions its is proposed that a **Devon Public Services Board** be constituted to hold an overview of the strategic links and opportunities between key public sector partnerships across the Devon footprint. Such a Board would provide an opportunity to coordinate responsibilities across key partnership boards/groups which currently exist and to clarify responsibility where required – see Appendix 1.

The **Children Young People and Families (CYPF) Alliance** will provide the overall leadership, develop an integrated strategy and enable integrated accountability for delivery of improved outcomes for children and young people through the Devon Children and Young People's Plan (CYPP). The CYPF Alliance replaces the Devon Children's Trust which was developed to meet the requirements of the Children Act 2004. Some of the statutory guidance on the Children's Trusts has been withdrawn and regulations around children and young people's plans revoked reducing the requirements for local authorities. However, the 'duty to cooperate' and the requirement for each local authority to have a children's trust board remains in place. In Devon, this is the CYPF Alliance. The CYPF Alliance is a partnership of all organisations who are working together to listen to children young people and families and then to set priorities for the future. The Alliance will also be responsible for the implementation and monitoring of the CYPP and is co-ordinated by an Executive group led by Lead Member with representation from Local Authority Social Care, Education, Public Health, Police, Health and Voluntary Sector. Consideration will also be given to the creation of an **Adults Alliance** to hold overall leadership and accountability for the development and implementation of integrated activity to improve the lives of Adults across Devon.

The **Devon Safeguarding Children Board (DSCB)** has a statutory responsibility for holding those agencies responsible for promoting children's welfare, and protecting them from abuse and neglect, to account. The DSCB is responsible for coordinating work to safeguard and promote the welfare of children and for ensuring the work is effective. The DSCB develops policies and procedures, contributes to service planning, takes a leadership role in sharing learning and understanding practice, and providing workforce development and training, and monitors and performance manages safeguarding practice. The DSCB works with local subgroups, locality forums and collaborative arrangements with the three South West Peninsula Local Safeguarding Children Boards (LSCB). They also commission work through task and finish groups with a named Board Member lead. Each sub group Chair reports directly to the relevant Board.

The **Safer Devon Partnership** aims to work together to enable the people of Devon to feel and be safe in their homes and communities. Partners include all four of the Community Safety Partnerships in the County, the Police, Fire and Rescue Service, Clinical Commissioning Groups, Public Health, Police and Crime Commissioner, Probation Service and the Youth Offending Service.

The **Devon Education Forum** is made up of representatives from schools and academies, but with some representation from other non-school organisations, such as nursery and 14-19 education providers. The forum acts as a consultative body on some issues and a decision making body on others. It has a statutory function to determine schools' funding formula. It also operates as a forum to discuss and feedback on key priority areas that impact on schools such as Early Help, Emotional

Health and Wellbeing Project, Education Infrastructure Plans, Capital Investment, Admissions and Access and Safeguarding.

There are a number of other important partnership bodies, the work of which a Devon Public Services Board could help to coordinate. It is thought likely that linking the work of the above strategic boards will provide opportunities to bring efficiencies form support functions and to better coordinate ownership and clarity of agenda across the various boards.

This strategic arrangement will be supported at an operational level through a multi-agency programme structure designed to ensure delivery of the Devon Children's Improvement Plan. This plan provides a high level view of the multi-agency improvement activity that is on-going across the partnership to improve outcomes for children in Devon who are looked after or in need of protection. It builds on the recommendations for improvement from the Ofsted inspection under the Single Inspection Framework (March 2015), the LGA Peer Reviews (October 2014 and February 2015), and on-going activity such as findings from audits, JSNA, performance information and feedback from children, young people and their families.

Jennie Stephens

Electoral Divisions: All

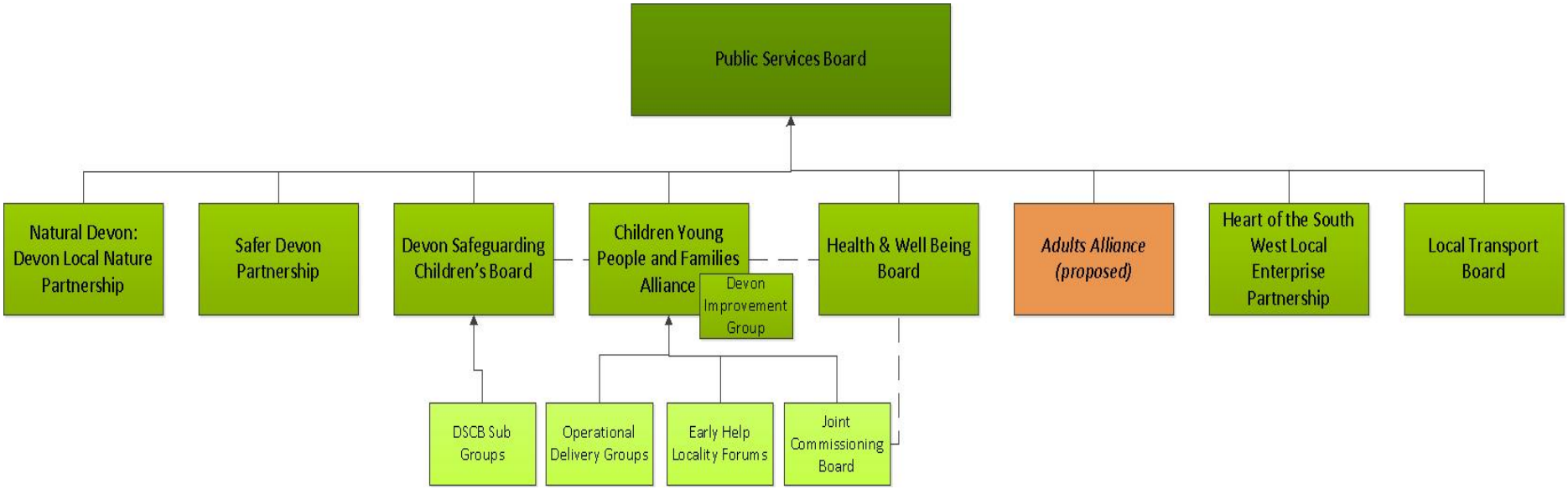
Cabinet Member for Children, Schools and Skills: County Councillor James McInnes

Strategic Director, People: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

BACKGROUND PAPER	DATE	FILE REFERENCE
Inspection of services for children in need of help and protection, children looked after and care leavers – May 2015 – http://reports.ofsted.gov.uk/local-authorities/devon		

Appendix 1:


Public Services Board
Natural Devon: Devon Local Nature Partnership
Safer Devon Partnership
Devon Safeguarding Children's Board
Children Young People and Families Alliance
Devon Improvement Group
Health & Well Being Board
Adults Alliance (proposed)
Heart of the South West Local Enterprise Partnership
Local Transport Board
DSCB Sub Groups
Operational Delivery Groups
Early Help Locality Forums
Joint Commissioning Board

Devon Health and Wellbeing Board
11th June 2015

Briefing paper on the current position of the 0-5 public health commissioning transfer

Report of the Director of Public Health

Recommendation: It is recommended that the Devon Health and Wellbeing Board notes the report.

1. Context

1.1 The national Health Visitor Programme exists to improve outcomes for children, families and communities through leading the delivery of the Healthy Child Programme. This programme is vitally important to ensuring every child gets the best start in life and every family gets the support it needs. This has an impact on wellbeing throughout the whole of life. The aim of the Health Visiting Service is to deliver the four-tier model of delivery of the Healthy Child Programme to support all parents and offer Early Help when needed through: improving access to evidence-based interventions; improving the experience of children and families; improving health and wellbeing outcomes for under-fives; and ultimately reducing health inequalities.

1.2 On 1 October 2015 commissioning responsibilities for the Healthy Child Programme for 0-5 year olds which includes the health visiting service and the Family Nurse Partnership (or equivalent) will transfer from NHS England to local authorities. Responsibilities will include ensuring the service undertakes five statutory Universal Reviews:

- Antenatal health promoting visits (which includes beginning maternal mental health screening)
- New baby review
- 6-8 week check
- 1 year assessment
- 2 to 2 ½ year review

However, responsibility for the Child Health Information System and the six to eight week GP check will remain with NHS England.

1.3 Over the past several months NHS England (current commissioners), Devon County Council's Public Health managers (as the future commissioners) and the children's 0-5 years public health service provider have been meeting regularly and working together to improve these services around the needs of local communities, to help give children the best start so they are better equipped to reach their potential. This is to ensure that services are in the best possible shape to help facilitate a seamless transition and deliver a safe transfer.

2. The current position of the 0-5 public health commissioning transfer

2.1 The Devon resident 0-5 child population based on 2013 data is shown below. These are the most recent data available and there is no reason to suggest that these figures have changed significantly.

Table 1: Child population

Age 0-1	Age 1-2	Age 2-3	Age 3-4	Age 4-5	Total
7363	7758	7871	7877	7651	**38,520**

Source: Office for National Statistics, 2013

2.2 Health Visiting Services and the School Nursing Service together make up Public Health Nursing Services which are contracted as part of the jointly-commissioned Devon Integrated Children's Services provided by Virgin Care Ltd. This contract, initiated in April 2013 is for 4 years with the potential for negotiating a further year extension for 2017-2018.

2.3 The financial arrangements have now been clarified and final steps are now being undertaken to allow novation of the Health Visiting part of the contract to Devon County Council Public Health from 1st October 2015.

2.4 The most recent management information indicates that Devon has met the Government – "Call to Action" trajectory of 123.75 whole time equivalent Health Visitors, 95 of which are dedicated to direct delivery of the Health Visitor core offer.

2.5 Unlike many Local Authority areas, attention has been given to quality of service as well as reaching the target trajectory numbers. A large amount of training and upskilling has been undertaken, as well as revisions of system and process which has impacted on delivery capacity but was necessary in achieving a workforce "fit for purpose". The result can be evidenced through performance data which is regularly monitored and the service is a high achiever both regionally and nationally compared to other local authority areas.

2.6 Work is currently being undertaken to ensure that information governance, clinical governance, communication and local finance arrangements are in place ready for the transfer in October, as these are areas which could be affected in the commissioning change. Locally, this will have little effect on provider arrangements as these are covered by the joint commissioning within contract, but do need to be future-proofed.

2.7 A particular issue in Devon is the difference in CCG footprint to that of the local authority. Currently, Health Visitor commissioning is associated with GP registration: from October, this will be by postcode address in line with Devon County Council resident population. Therefore some adjustments will need to be made in terms of workforce and cross boundary protocols will need to be explicit and robust, and work is currently being undertaken to resolve this.

3. Challenges and opportunities

3.1 Despite considerable focus by both commissioners and providers, the national issues regarding the fitness for purpose of the Child Health Information System (CHIS) and the existing IT system inherited by Virgin Care Ltd has meant that the Health Visiting service is still largely paper-based, although this should be resolved by the end of this year. The impact is that currently data returns are often subject to manual collection to give a robust picture and inhibits participation in IT system driven initiatives such as the Devon Assessment Framework (DAF) and case-sharing information, although the staff work hard to mitigate this.

3.2 The national model of 'Your Community, Universal, Universal Plus and Universal Partnership Plus' (See Appendix A) which all Health Visitors work to does not at this juncture fit perfectly with the Early Help tiered model; there are occasions where single-agency intervention at Universal Plus or even Universal Partnership Plus would not necessitate a DAF or 'My Plan' – for example, difficulties in breast feeding or achieving healthy weight as these are likely to be a single service response. However, work is going on to increase awareness, and build closer alignment between the two models.

3.3 As the service holds an overview of children and families stemming from their Universal Reviews, the service has a high demand for attending and servicing Child Protection meetings, both because of their holistic view of the child and family's health and to meet the statutory responsibility for health representation. This demand compromises their capacity to deliver in the prevention and early intervention arenas. It is the universal service offered by Health Visitors which can prevent escalation to higher levels of demand due to late intervention, resulting in more statutory safeguarding cases.

3.4 However, the transfer to Local Authority commissioning of the Healthy Child Programme 0-19 provides real opportunities for sustainable services from October 2015 and beyond. Examples are:

- Further joining up children's services locally: public health, Children's Centres, early years/wider family services including Integrated Reviews and closer working with children's social care, safeguarding and education professionals.

- Streamlining universal access to the Healthy Child Programme with early intervention and targeted interventions/programmes for families needing more help.

- Further joining up the 0 – 5 Healthy Child Programme with the 5 – 19 Healthy Child Programme. In Devon, this has always been treated as an integrated service; however, the national focus on 0-5s has given a foundation which now needs to be enhanced across the age range.

- Better integration of services at point of delivery with improved access and experience for families both via MASH and Early Help and Integrated Children's Services Single Point of Access and improved communication and support for families with more complex needs and in safeguarding; for example as part of the expanded Targeted Families Programme.

- Better implementation of community public health programmes.

- Joint training, learning and development.

Dr Virginia Pearson
DIRECTOR OF PUBLIC HEALTH
DEVON COUNTY COUNCIL

Electoral Divisions: All
Cabinet Member for Health and Children: Councillor Andrea Davis

Contact for enquiries: Becky Carmichael, Room No 141, County Hall, Topsham Road, Exeter. EX2 4QL
Tel No: (01392) 386393

Background Papers
Nil

Appendix A

The Health Visiting Model and '4,5,6' Core Offer

Health Visiting works to a **4** level service model:

- Your Community: working with local people to develop services and signposting to what is available locally
- Universal: making sure that families receive the Healthy Child Programme including baby/child checks and immunisations and providing health and parenting advice
- Universal Plus: Providing a rapid response and a range of services. This can either be as a brief intervention or if there is a specific, public health related problem – e.g. post natal depression or a child who doesn't sleep
- Universal Partnership Plus; working alongside others, such as Children's Centres to support families with more complex needs to tackle problems and give children the best start in life. This includes the Health Visiting in Partnership Programme that provides a more intensive visiting schedule of support to families in need such as teenage parents. This is the local variation of the Family Nurse Partnership programme undertaken in (mostly urban) areas

Safeguarding, and the health visiting contribution to this, is considered throughout these four tiers.

The Health Visiting Service is required to undertake **5** statutory Universal Reviews:

- Antenatal health promoting visits (which includes beginning the maternal mental health screening)
- New baby review
- 6-8 week check
- 1 year assessment
- 2 to 2 ½ year review

The focus of the Health Visiting service core offer is on **6** high impact areas:

- Transition to parenthood and early weeks
- Maternal (perinatal) mental health
- Breastfeeding
- Healthy weight
- Managing minor illnesses and reducing accidents
- Health and wellbeing for children age 2 and support to be 'ready for school'

The Health Visiting Service has been working with partners, particularly with Children's Centres with a joint aim of children ready to learn through:

- Improved family health and wellbeing
    - Improved parental mental health
    - Reduced levels of obesity in reception
    - Adoption of health promoting lifestyles

- Improved parenting skills and aspirations
    - Improved preparation for parenthood
    - Improved parent/infant attachment
    - Targeted support for families at risk /in need

- Improved economic wellbeing
    - Parents supported into learning/employment
    - Improved language and communication development

Health visiting focus is on universal assessment, early intervention and prevention. There are many examples of contribution and joint working. These include:

- UNICEF BFI accredited, including community services supported by 8 new accredited HV lactation consultants

- HVs trained and undertaking maternal mental health assessment for all mothers and trained in perinatal mental health interventions with established pathways and including specialist support

- PHNS workforce trained in brief intervention for smoking cessation

- Health visitor antenatal contact introduced universally with target 90% minimum take up

- Joint delivery of evidence based parenting programmes with children's centres in addition to individual family support in parenting

- Promotion of the Healthy Start Scheme supporting access to Vouchers for free milk/fruit/veg and access to vitamins for mums and babies

- Developed Intensive Family Visiting model which focuses upon strength based approaches

- 'Let's talk more' screening pathway introduced for early intervention/early identification of speech and language difficulties

- Currently training staff in Ages and stages 3 (Development) & SE (Social & Emotional). Implementation of tool at 2 year review began in Quarter 2

- Public Health co-production of children centre specs to ensure efficient and joined up working

- Early Years input into local variations within National Health Visiting contract

- Workforce training in domestic and sexual violence and abuse

- The provision of population based data to assist planning and delivery of other Early Years services, including detection of vulnerable families and registration at Children's Centres.

NHS South Devon & Torbay Clinical Commissioning Group (CCG)
Proposed Quality Premium Measures

Recommendation: Whole Document for sign off

1. Quality Premium Measures

The 'quality premium' is intended to monitor CCGs for improvements in the quality of the services commissioned. The CCG are required to select preferred indicators within the Quality Premium Return, across 3 Domains, with a weighted value assigned to each indicator.
The Health & Wellbeing Board are asked to review the list to ensure they are content with the selection.

2. Urgent & Emergency Care

The CCGs proposes selection of all the measures and equally apportioning the 30 per cent available to each measure.

- Delayed transfers of care which are an NHS responsibility - **10% of QP**
- Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays. – **10% of QP**
- Reduction in avoidable emergency admissions (composite measure) – **10% of QP**
    - unplanned hospitalisation for chronic ambulatory care sensitive conditions
    - unplanned hospitalisation for asthma, diabetes and epilepsy in children
    - emergency admissions for acute conditions that should not usually require hospital admission
    - emergency admissions for children with lower respiratory tract infection

3. Mental Health

The CCGs proposes selection of one measure apportioning the 30 per cent available to this measure.

- Reduction in the number of patients attending an A&E department for a mental health - related needs who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E – **30% of QP**

4. Local Measures

The CCG proposes two local measures which are based on our local priorities (20 per cent of quality premium-10 per cent for each measure).

- A reduction in the number of breaches of the 6 Week standard for diagnosis tests.
  Targeted Value: 1%

- Dementia Diagnosis Rate for the over 65
  Targeted Value: 66.7%

Options/Alternatives
N/A
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
N/A
Public Health Impact
N/A

Electoral Divisions: All
Cabinet Member for Health & Wellbeing: Councillor Andrea Davis
Strategic Director People: Jennie Stephens

NHS South Devon & Torbay Clinical Commissioning Group (CCG)
From Simon Tapley, Deputy Accountable Officer / Director of Commissioning and Transformation

Recommendation: For information

1. Integrated Care Organisation (ICO)

The CCG has supported the concept of the ICO as its outline business case included an improved care model and efficiencies deliverable within CCG recurrent budgets. Following developments relating to the financial needs of this transaction (especially the finances needed to implement initial set up), on 29 May 2015 the CCG Governing Body further discussed the support that the CCG could offer the project to ensure its success. The CCG continues to work closely with South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health and Care Trust and we are hopeful to see an implementation date of 1 August 2015.

2. Consultation - community health services in Dawlish and Teignmouth

The formal 14-week consultation on future community services in the Teignmouth and Dawlish closed on 22 March 2015. As part of the consultation, we hosted 6 public meetings and attended more than 40 other meetings (including staff groups, Leagues of Friends, town councils, interested groups and voluntary organisations), listening to and collecting the views from as many people as possible.

Healthwatch Devon used all of the consultation responses to formalise a report which acknowledges the breadth and depth of the consultation as well as including suggestions such as further engagement with young people. The suggestions will be evaluated by the CCG, Coastal Locality Engagement Group, Torbay and Southern Devon Health and Care Trust and South Devon Healthcare NHS Foundation Trust using these criteria:

1. Meeting demand in the future population
2. Providing services locally
3. Improving the quality of care provided
4. Meeting the standards/guidelines of care provision
5. Being affordable and financially sustainable

The CCG will report the outcomes to the Health and Wellbeing Scrutiny Committee of Devon County Council on 18 June 2015. A decision on whether to implement any of the options will be taken by the CCG Governing Body thereafter, possibly at the 25 June or 27 August 2015 meeting.

3. CCG Senior Staffing

NHS England has confirmed the appointment of Chief Clinical Officer, Dr Nick Roberts who starts officially on 1 July 2015. Nick is already closely linked to the work of the CCG as a local GP, and in his CCG Clinical Locality Lead role for Newton Abbot.

Simon Tapley, Director of Commissioning and Transformation / Deputy Accountable Officer will be covering until Nick Roberts starts in July.

Dr Derek Greatorex, Clinical Chair will be absent for a couple of months from mid-May, following a planned operation. Nick Ball and Dr Charlie Daniels (both Governing Body members) are acting as Interim Chair.

For clarification, other senior post-holders include:

- Gill Gant, Director of Quality Assurance and Improvement
- Karen Grimshaw, Director of Wellbeing and Family Services Commissioning (NEW)
- Louise Hardy, Organisation Development Consultant
- Mark Procter, Director of Corporate Affairs & Medicines Optimisation

- Sallie Ecroyd, Head of Communications & Engagement
- Simon Bell, Director of Finance / Chief Finance Officer (CFO)

However, Simon Bell has recently been offered and accepted the post of CFO with Kernow CCG so we are currently sorting interim arrangements to cover this post when Simon leaves in approx. 3 months.

Options/Alternatives
N/A
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
N/A
Public Health Impact
N/A

Electoral Divisions: All
Cabinet Member for Health & Wellbeing: Councillor Andrea Davis
Strategic Director People: Jennie Stephens

27 May 2015

DEVON COUNTY COUNCIL

SCRUTINY WORK PROGRAMME

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

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

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

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

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

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

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

SCRUTINY WORK PROGRAMME

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
Corporate Services Scrutiny Committee					
29 Jun 2015	Commissioning	Scrutiny's role in commissioning, and its reflection in contracts	All Heads of Service	Report back to committee	Committee meeting only
	Community Resilience Task Group	Changing relationship between Council and communities and ways of mutual support	Scrutiny officer and witnesses	Report	Task Group with report back to committee
	Devon Audit Partnership Annual Report	Service-specific annual report	Head of Devon Audit Partnership	Report	Committee meeting only
Future topics	HR future developments	Involvement of scrutiny in the changes to the HR service	Cabinet member and Head of Service for HR	Report	Committee meeting only
Place Scrutiny Committee					
17 Jun 2015	Review of Energy Strategy	Renewal of the Energy Strategy and implementation of energy task group rec's	Head of Highways, Capital Development & Waste	Report	Committee meeting only
	Planning Definition of the Highway Condition	See Cabinet Minute *313		Report	Committee meeting only
	Schedule of fees and charges for: Highways, Planning and Design & Public and Community Transport	Elements of the Cabinet Member's decision have been 'called- in'		Report	Committee meeting only
	Devon Audit Partnership Annual Report	Service-specific annual report	Head of Devon Audit Partnership	Report	Committee meeting only
	Young People and Employment	Task Group Report	Scrutiny Officer	Report	Committee meeting only
	Future Library Service	Update – standing item	Head of Services for Communities	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
Morning Briefing	*Planning*	*DCC responses to district councils on planning applications, incl. highway matters*	*Head of Planning, Transportation and Environment*	*Briefing*	*Members' Briefing*

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
11 Sept 2015	Connecting Devon & Somerset Broadband Rollout	Update, incl. no. and % of out of programme premises in rural areas & appraising new technologies, see Minute *71	Head of Economy & Enterprise	Report	Committee meeting only
	LEP Strategic Economic Plan	LEP Strategic Economic Plan (incl. the EU Strategic Investment Framework)	Head of Economy & Enterprise	Report	Committee meeting only
	Civil Parking Enforcement	Cost-neutrality and approach to parking on pavements/footpaths (see Minute *42)	Head of Highways, Capital Development & Waste	Report	Committee meeting only
	Flooding Task Group Update	Recommendations, including progress with flood alleviation schemes	Scrutiny Officer	Report	Committee meeting only
	Future Library Service	Update – standing item	Head of Services for Communities	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
Morning Briefing	*Gypsies and Travellers*	*Roles and Polices on Unauthorised Gypsy & Traveller Sites*	*Head of Services for Communities*	*Briefing*	*Members' Briefing*
16 Nov 2015	In-Year Budget Briefing, including update on Waste Task Group recommendations	Delivery of the 2015/16 budget, including impact of electricity prices on street lighting	All Heads of Service	Report	Committee meeting only
7 Mar 2016	Department of Transport 20mph Speed Limits	National guidance local implementation	Head of Services for Communities	Report	Committee meeting only
June 2016	Rail infrastructure	Possible future rail routes and resilience of the rail infrastructure	Head of Services for Communities	Report or task group	Committee meeting or Task Group
People's Scrutiny Committee					
22 Jun 2015	Children's Standing Overview Group	Update	Chair/Vice-Chair	Verbal Report	Committee meeting only
	Adult's Standing Overview Group	Update	Chair/Vice-Chair	Verbal Report	Committee meeting only
	Educational Outcomes Task Group Final Report	Recommendations update	Task Group	Report	Committee meeting only
	Ofsted Report			Report	

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
	Devon Education Performance 2014	Education performance at all Key Stages across the County	Head of Education & Learning	Report	Committee meeting only
	School Exclusions	Update on data for academic year 2014/15	Head of Education & Learning	Report	Committee meeting only
	Devon Audit Partnership Annual Report	Service-specific annual report	Head of Devon Audit Partnership	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
8 Sept 2015	Safeguarding Children Task Group	Update on progress	Chair	Report	Committee meeting only
	Children's Centres Task Group	Update on progress	Task Group	Report	Committee meeting only
	Devon Safeguarding Children Board Annual Report 2014/15	Review the Annual Report	DSCB Chairman	Report of the DSCB Chairman	Committee meeting only
	Annual Childcare Sufficiency Report	Statutory duty to secure sufficient early years and childcare places; challenges and actions	Head of Education & Learning	Report	Committee meeting only
	Domestic Violence	Update on progress	Director of Public Health	Report	Committee meeting only
	Devon Youth Service				
18 Nov 2015	Safeguarding Children Task Group	Update on progress	Chair	Report	Committee meeting only
	In-Year Budget Briefing	Delivery of the 2015/16 budget	All Heads of Service	Report	Committee meeting only
8 Jan 2016	Safeguarding Children Task Group	Update on progress	Chair	Report	Committee meeting only
	Safeguarding Adults Board Annual Report 2013/14	Review the report	DSCA Chairman	Report	Committee meeting only
Future topics	Social Care: Direct Payments and Personal Budgets	For details see Minute *93b	Scrutiny Officer and witnesses	Written and oral evidence	Task Group with report back to Committee
	Accommodation for 16-25 year olds in transition from care to independent living	For details see Minute *21	Scrutiny Officer and witnesses	Written and oral evidence	Task Group / Spotlight Review with report back to Committee
	Safeguarding Adults	New task group	Scrutiny Officer and witnesses	Written and oral evidence	Task Group with report back to Committee
	Domestic violence and abuse	Possible new task group. See Minute *86)	Scrutiny Officer and witnesses	Written and oral evidence	Task Group with report back to Committee
Health & Wellbeing Scrutiny Committee					

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
18 Jun 2015	Torrington Community Hospital	Response from CCG	NEW Devon CCG	Response to member investigation	Committee meeting only
	NEW Devon CCG Transforming Community Services	Consultation response and basis for future decisions	NEW Devon CCG	Report	Committee meeting only
18 Jun 2015	Integration Spotlight review	Scrutiny involvement with CFPS and LGA	CCGs, Adult Social Care, public health and CVS	Report of the spotlight review/National report	Spotlight review
	Emergency provision – what service when?	Where people present in an emergency – A&E, pharmacies, walk in centre, GP	Commissioners	Report	Committee meeting only
	Coastal Locality Consultation	Consultation progress and HealthWatch input	South Devon and Torbay CCG	Update on consultation	Committee meeting only
	Hospital discharge	Factors affecting patients leaving hospital and identify blockages	RD&E; NEW Devon CCG	Report	Committee Meeting/possible task group
Future topics	Dentistry and appointment system	Difficulty to access NHS dentists and appointment waiting times		Report	Committee meeting only
	Mortality Rates – possible quality surveillance dashboard from CQC	Concerns raised by Cabinet member	Care Quality Commission	Dashboard?	Committee meeting only

HEALTH AND WELLBEING BOARD – FORWARD PLAN

Date	Matter for Consideration
Thursday 10 September 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates Children's Safeguarding annual report (annually in September) Adult Safeguarding annual report (annually in September) Child Sexual Exploitation – Multi-Agency Working David Taylor - Child Sexual Exploitation DashBoard (Performance) Adult Safeguarding Review of Mental Health Services **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 12 November 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates Joint Commissioning Strategies – Actions Plans (Annual Report) **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 14 January 2016 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates Delivering Integrated Care Exeter (ICE) Project – Annual Update **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 10 March 2016 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates **Other Matters** Scrutiny Work Programme / References Board Forward Plan

June 2015

	Briefing Papers, Updates & Matters for Information
Items to Add	Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)

Devon Health and Wellbeing Board
11th June 2015

Childhood Obesity - '3 Asks' of Health and Wellbeing Boards

Report of the Director of Public Health

Recommendation: It is recommended that the Devon Health and Wellbeing Board note the three areas highlighted by the recent conference on childhood obesity and the actions delivered across the County to achieve them.

1. Context

1.1 Obesity is associated with a range of health problems including type 2 diabetes, cardiovascular disease and cancer. The resulting annual NHS costs attributable to overweight and obesity in Devon are currently estimated at £211 million (DH, 2008) with wider costs to society estimated to reach £49.9 billion nationally per year (Foresight 2007). These factors combine to make the prevention of obesity a major health and wellbeing challenge. Data from the Health Survey for England (HSE) report that the prevalence of child excess weight increased between 1995 and 2004 but has levelled off since. However the current rate of excess weight in children remains a concern. Locally, data from the National Child Measurement Programme demonstrate that approximately 1 in 3 (30.3 %) children in year 6 (10-11 years) and 1 in 5 (23.4 %) children in Reception year (4-5 years) across the county are either overweight or obese.

1.2 National and local analysis also demonstrates that childhood obesity is strongly related to socioeconomic status. Analysis of the national data reveals that obesity prevalence in the most deprived 10% of the population is approximately twice that among those in the least deprived 10%. In the "*Call to Action on Obesity*" (Department of Health, October 2011), the Coalition Government set out an ambition to achieve a sustained downward trend in the level of excess weight in children by 2020.

1.3 On 24th March 2015, the South West Health and Wellbeing Board Chairs' Network hosted a Conference on Childhood Obesity. Following this event, Councillor Heather Goddard, Chair of South West Health and Wellbeing Boards Chairs' Network wrote to all chairs of Health and Wellbeing Boards outlining three 'asks' for each Health and Wellbeing Board to take away and consider locally.

The 3 'asks'

1. **Raise public awareness** of childhood obesity – children are the future and just small lifestyle changes could make a big difference.

2. **Health-in-all local policies** – press for all new housing developments to enable healthy lifestyles as the norm.

3. **Schools** – influence the local authority, schools and teacher training organisations so that they develop and evaluate physical activity and healthy eating sessions in schools.

2. Devon's Approach

2.1 Devon continues to work hard to **raise public awareness** of childhood obesity through linking closely with district councils, voluntary and community sector organisations to promote physical activity, the natural environment, healthy eating, cooking skills and positive parenting. Devon seeks to amplify national campaigns where appropriate, such as Change 4 Life, which engages with target populations, using friendly, palatable graphics; recommending small achievable lifestyle changes. Public Health has commissioned a comprehensive training programme for all front-line professionals to ensure that they are equipped with the skills to make every contact with

families count in promoting the benefits of healthy weight and for those families struggling with excess weight in the early years, services have been commissioned to provide extra support.

2.2 **Health-in-all local policies -** As a statutory consultation partner for planning strategy, policy and development, Devon County Council is focussed on the contribution of spatial planning to the establishment of healthy lifestyles as the norm for local communities. When necessary, as a result of scale or impact, Health Impact Assessments are carried out on plans or proposed developments. Responses to new development applications begin with ensuring that where relevant, data from the Joint Strategic Needs Assessment about the locality are considered. Comments are made with the intention of guiding decisions at master planning and subsequent stages. Comments are founded on the best available evidence and seek to promote the following; active travel through walking and cycling infrastructure; access to open and green spaces that allow easy safe physical activity, play, leisure and recreation; access to healthy food including allotments; the retail of healthy food and limiting the density of hot food takeaways especially in proximity to schools and the development of high quality social spaces that facilitate communities and neighbourhoods to connect. This work is being developed further through including health and wellbeing as a direct response to major developments.

2.3 Devon works closely with **schools** to help raise the proportion of children who access a healthy school meal and has commissioned the Food for Life Partnership to support schools in areas with higher deprivation, higher rates of obesity and child poverty. The Food for Life Partnership process helps schools to evaluate their strengths and improvement priorities and provides a co-ordinator to facilitate development of growing activities, cooking skills and transformed mealtimes.

Schools are supported to provide physical activity and sports participation opportunities for all children, through a varied physical education and school sport programme. This includes activities to target those who are least active, through the establishment of Change 4 Life Clubs. Sustainable school travel officers promote safe and active travel habits to children and parents in target areas and make links to the leisure cycling opportunities afforded by the expanding array of safe off-road cycle routes.

3. Summary

3.1 Childhood obesity is a complex issue which requires concerted action from all levels of society. Devon has adopted a life-course approach, seeking to tackle inequality through the targeting of resources and aiming to strike an appropriate balance between prevention and management. Devon works in partnership with a wide range of stakeholders and links into local and national networks to evaluate programmes and learn from best practice.

4. Financial Consideration

There are no financial considerations.

5. Legal Considerations

There are no legal considerations.

6. Environmental Impact Considerations

There are no environmental considerations.

7. Equality Considerations

The needs of people and communities, particularly those most vulnerable or disadvantaged are made explicit in the Devon Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

8. Risk Management Considerations

No risks have been identified.

9. Options/Alternatives N/A

10. Public Health Impact

The Devon Health and Wellbeing Board is central to overseeing the commissioning of services which address public health and other relevant health and wellbeing outcomes

Dr Virginia Pearson
Director of Public Health
DEVON COUNTY COUNCIL

Electoral Divisions: All
Cabinet Member for Health and Wellbeing: Councillor Andrea Davis

Contact for enquiries: Tina Henry
Room No 120, County Hall, Topsham Road, Exeter. EX2 4QU
Tel No: (01392) 383000

Background Papers
Letter to Chair of Health and Wellbeing Board

South Gloucestershire Council

Department for Children, Adults and Health

South West Health & Wellbeing Board Chairs

By email

Date: 20 April 2015
Your Ref:
Our Ref:
Enquiries to: Claire Rees
Tel: 01454 863550
Email: claire.rees@southglos.gov.uk

Dear South West Health & Wellbeing Board Chairs

CHILDHOOD OBESITY – 'ASKS' OF EACH HEALTH & WELLBEING BOARD (HWBB)

I hope you have all had an opportunity to look through the presentations and notes that were circulated a few weeks ago in relation to the South West HWBB Chairs' Network Conference on Childhood Obesity, if not, details can be accessed here. It was a fascinating event, with a high calibre of speakers, and was well received by attendees.

As childhood obesity is such an important issue to address we are keen that the information gathered from the event is not lost and have, therefore, produced a short note to summarise the key issues discussed and developed three 'asks' for each HWBB to take away and consider locally. A copy of the note is enclosed and the three HWBB 'asks' are as follows:

1. **Raise public awareness** of childhood obesity – children are the future and just small lifestyle changes could make a big difference.
2. **Health-in-all local policies** – press for all new housing developments to enable healthy lifestyles as the norm.
3. **Schools** – influence the local authority, schools and teacher training organisations so that they develop and evaluate physical activity and healthy eating sessions in schools.

I do hope your Board is able to take forward these issues locally and I would welcome your feedback on what your Board is doing in this regard at future meetings of the South West HWBB Chairs' Network.

Yours sincerely

Heather Goddard

Councillor Heather Goddard
Chair, South Gloucestershire HWBB and South West HWBB Chairs' Network

Health & Wellbeing Board
11 June 2015

CAMPAIGN TO END LONELINESS
QUESTIONS FOR HEALTH AND WELLBEING BOARDS

Strategic Commitment to tackling loneliness, isolation, and social connectedness in older age

1. In its Joint Health and Wellbeing Strategy, the Health and Wellbeing Board recognised that loneliness (or isolation/social connectedness) is a serious health issue. Based on this recognition, can you set out what plans are in place to address the issue? Please attach or provide links to any further strategies that have been developed, or any action plans/measurable actions that have been devised.

   Answer: The Joint Health and Wellbeing Strategy does not have a detailed action plan but has established areas of focus where organisations will work together or individually as appropriate to take action.

2. Is the council on target to fulfil agreed actions?

   Answer: Outcomes are monitored at each Board meeting through the outcomes reporting and through development of the Joint Strategic Needs Assessment. The Board also has focussed meetings based on each priority theme. In November 2014 the Board focussed on its Strong and Supportive Communities theme and the last strategy update added an additional area of focus relating to public mental health under this priority area.

   Please provide any supporting documentation.

   Answer: Section 4.4 of the Joint Health and Wellbeing Strategy specifically relates to this area. Link to JHWBS:

   http://www.devonhealthandwellbeing.org.uk/strategies/

Measuring loneliness

3. Is loneliness in the local population measured in the JSNA or by any other means?

   Answer: No – the national 'social contentedness' and 'self –reported wellbeing' indicators are used in the Health and Wellbeing Boards outcomes report. The JSNA looks at related measures but does not have a specific loneliness measure.

4. If yes, how is it measured? Do provide links or attach documents.

   Link to latest outcomes report:
   http://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/archive/2015-03/ **pages 49-51 cover the measures above and show that Devon does benchmark quite well, the reports also show trends over time.**

5. If no, does the Health and Wellbeing Board have any future plans to measure loneliness in the local population?

   Answer: Not currently but it does recognise the issue hence the specific priority. Local projects such as Neighbourhood Healthwatch are developing measures to assess loneliness and the Academic Health Science Network are assisting with this. Some other commissioned projects are doing the same. The Board would seek to address loneliness in its resident population rather than measure it. Devon County Council is looking at the national mapping work that has been undertaken to see if it can be replicated for Devon.

End Fuel Poverty Coalition
c/o Westgate House
2a Prebend Street
London
N1 8PT

Cllr Andrea Davis
Cabinet Member for Children, Health and Wellbeing
Devon Health and Wellbeing Board
County Hall
Topsham Road
Exeter
EX2 4QD

30th April 2015

Dear Cllr Davis,

The End Fuel Poverty Coalition (EFPC) is an alliance of environmental, poverty, health, housing, trade union and consumer organisations. We want energy efficient homes, decent incomes and affordable fuel for low income households. We consider that high levels of energy efficiency can also help create a vibrant low carbon economy, generating hundreds of thousands of jobs.

On 4th March the National Institute for Health and Care Excellence (NICE) issued its first national guideline on 'Excess winter deaths and morbidity and the health risks associated with cold homes'. NICE are a highly-respected body and this guideline marks the first occasion on which they have issued recommendations relating to housing. In a typical year around 25,000 people die in England due to cold homes and the Department of Health has estimated that there is the equivalent of seven unplanned hospital admissions for each death.

The guideline contains twelve recommendations aimed at a number of stakeholders who have key roles to play in tackling this significant social challenge. Many of these recommendations are either addressed directly to Health & Wellbeing Boards or to partners represented on these boards. Significantly, they include establishing a 'single-point-of-contact health and housing referral service' in each area and making sure those at risk from cold homes are assessed and referred to these services by frontline professionals across housing, health, social care and the voluntary sectors. A number of local authorities and their partners have already successfully implemented such programmes.

The guideline utilises the strengths of Health & Wellbeing Boards in bringing together partners across public health, primary care, social care, housing and social services and we ask that you include the guideline on the agenda for a forthcoming board meeting, with a view to adopting the recommendations locally.

The End Fuel Poverty Coalition welcomes the new NICE guideline as a significant step forward in tackling cold, unhealthy homes. Please respond to let us know whether you plan to discuss this at a board meeting soon.

Yours sincerely,

Jenny Holland
Chair, End Fuel Poverty Coalition