

Phil Norrey  
Chief Executive

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

County Hall  
Topsham Road  
Exeter  
Devon  
EX2 4QD

(see below)

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Your ref :  
Our ref :

Date : 6 December 2017  
Please ask for : Stephanie Lewis 01392 382486

Email: [stephanie.lewis@devon.gov.uk](mailto:stephanie.lewis@devon.gov.uk)

## **HEALTH AND WELLBEING BOARD**

Thursday, 14th December, 2017

A meeting of the Health and Wellbeing Board is to be held on the above date at 2.15 pm in the Committee Suite - County Hall to consider the following matters.

P NORREY  
Chief Executive

## **A G E N D A**

### **PART I - OPEN COMMITTEE**

- 1 Apologies for Absence
- 2 Minutes (Pages 1 - 8)  
Minutes of the meeting held on 7 September 2017, attached.
- 3 Items Requiring Urgent Attention  
Items which in the opinion of the Chair should be considered at the meeting as matters of urgency.

### **PERFORMANCE AND THEME MONITORING**

- 4 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 9 - 44)  
Report of the Chief Officer for Community, Public Health, Environment and Prosperity, which reviews progress against the overarching priorities identified in the Joint Health and Wellbeing Strategy for Devon 2016-2019, attached.

The appendix is available at <http://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/>

- 5 Theme Based Panel - Children, Young People and Families  
Expert Panel on the theme of 'Children, Young People and Families, as outlined as a priority in the Joint Health and Wellbeing Strategy.

A presentation will be given at the meeting.

### **BOARD BUSINESS - MATTERS FOR DECISION**

- 6 Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements  
(Pages 45 - 48)  
Joint report of the Head of Adult Commissioning and Health, NEW Devon CCG and South Devon and Torbay CCG on the BCF, Quarter Return, Performance Report and Performance Summary, attached.

### **OTHER MATTERS**

- 7 Devon Safeguarding Adults Board Annual report for 2016/17 (Pages 49 - 52)  
Annual Report of the Devon Safeguarding Adults Board charting progress within Devon of national expectations and safeguarding activity, attached.

Ms Sian Walker, Independent Chair of the Devon Safeguarding Adults Board to attend the meeting.

- 8 Annual Health Protection Report (Pages 53 - 108)  
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on a summary of the assurance functions of the Devon and Cornwall Health Protection Committee and reviews performance for the period from 1 April 2016 to 31 March 2017, attached.

- 9 Pharmaceutical Needs Assessment (Pages 109 - 110)  
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on the consultation of the Pharmaceutical Needs Assessment 2018 to 2021, attached, which can also be found on the Council's website at:

<http://www.devonhealthandwellbeing.org.uk/board/pharmaceutical-need-assessment/>

<https://new.devon.gov.uk/haveyoursay/categories/health/>

- 10 CAMHS Refresh - Local Transformation Plans (Pages 111 - 154)  
Joint report of the NEW Devon CCG and South Devon and Torbay CCG on the Local Transformation Plan for supporting the emotional health and wellbeing of children and young people, attached.

- 11 References from Committees

Nil

- 12 Scrutiny Work Programme (Pages 155 - 164)  
In order to prevent duplication, the Board will review the Council's Scrutiny Committee's Work Programmes. The latest round of Scrutiny Committees confirmed their work programmes and the plan can be accessed at;  
<http://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/> , attached.

13 Forward Plan (Pages 165 - 166)

To review and agree the Boards Forward Plan, attached.

14 Briefing Papers, Updates & Matters for Information

No items circulated since the last meeting.

15 Dates of Future Meetings

Please note that dates of future meetings and conferences will be included in the Devon County Council meetings calendar. All will take place at County Hall, unless otherwise stated.

Meetings

Thursday 8<sup>th</sup> March 2018 @ 2.15pm

Thursday 14<sup>th</sup> June 2018 @ 2.15pm

Thursday 13<sup>th</sup> September 2018 @ 2.15pm

Thursday 13<sup>th</sup> December 2018 @ 2.15pm

Annual Conference

Thursday 14<sup>th</sup> June 2018 @ 9.30am

*Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s).  
Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.*

**Membership**

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

**Declaration of Interests**

Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

**Access to Information**

Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact Stephanie Lewis 01392 382486.

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

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Induction loop system available

## **NOTES FOR VISITORS**

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The nearest mainline railway stations are Exeter Central (5 minutes from the High Street) and St David's and St Thomas's both of which have regular bus services to the High Street. Bus Service H (which runs from St David's Station to the High Street) continues and stops in Wonford Road (at the top of Matford Lane shown on the map) a 2/3 minute walk from County Hall, en route to the RD&E Hospital (approximately a 10 minutes walk from County Hall, through Gras Lawn on Barrack Road).

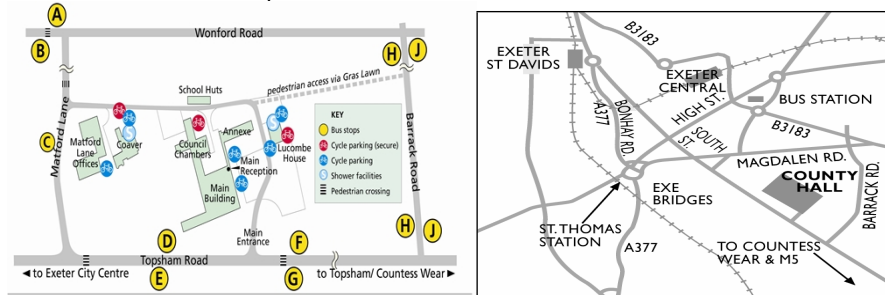
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**NB**   Denotes bus stops

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### **First Aid**

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



## HEALTH AND WELLBEING BOARD

7 September 2017

### Present:-

#### Devon County Council

Councillors A Leadbetter, R Croad, J McInnes, B Parsons and P Sanders

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

Jo Olsson, Chief Officer for Children's Services

Councillor P Sanders, District Council's Representative

Dr Paul Johnson, South Devon and Torbay CCG

Mr John Wiseman, Probation Service

Jeremy Mann, Environmental Health Officers Group

Diana Crump, Joint Engagement Forum

David Rogers, Healthwatch

### Apologies:-

Jennie Stephens, Chief Officer for Adult Care and Health

Dr Tim Burke, NEW Devon CCG

Alison Hernandez, Police and Crime Commissioner

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### Minutes

**RESOLVED** that the minutes of the meeting held on 8 June 2017 be signed as a correct record.

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### Items Requiring Urgent Attention

There were no items requiring urgent attention, but the Chairman welcomed Mrs Mayes, Independent Member of the Standards Committee, who was attending in her capacity of monitoring the Council's compliance with the ethical Governance framework.

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### Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring

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

The indicator list and performance summary within the full report set out the priorities, indicators and indicator types, and included a trend line, highlighting change over time.

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

- Adult Smoking Prevalence, 2016 (latest figures suggests that 12.6% of the adult population in Devon smoke, which is below the South West (13.9%) and England rate (15.5%)):

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- Feel Supported to Manage Own Condition, 2016-17 (67.5% of those with a long-term condition felt they had enough support to manage their own condition, higher than the South West (65.2%) and England rates (63.3%));
- Fuel poverty, 2015 (approx. one in eight households in Devon is in fuel poverty at 12.17%); and
- Estimated Dementia Diagnosis Rate (65+), 2017 (recent data showed that Devon (60.6%) was lower than the South West (62.8%) and significantly lower than England (67.9%) rates).

Following approval at a previous meeting, a Red, Amber, Green (RAG) rating was included in the indicator list and a performance summary on page 12 of the full report. Areas with a red rating included fuel poverty, hospital admissions for self-harm (aged 10 – 24) and estimated dementia diagnosis rates (65+).

The report featured a table showing how Devon compared with the Local Authority Comparator Group (LACG) for all Health and Wellbeing outcome measures (September 2017). This included how Devon compared / performed against both the LACG and England and their rank position. A further table showed the Priority Area Summaries, which included progress against those priority areas including, inter alia, teenage conception rates, poverty, GCSE attainment and alcohol harm, smoking rates and deaths from preventable causes, levels of excess weight, fruit and vegetable consumption, deaths at home, healthy life expectancy, falls, dwelling hazards and rough sleeping levels. Also suicide rates, self-harm and the mental wellbeing of local service users.

Following discussion at the June 2017 Health and Wellbeing Board and as requested, the report included a further analysis of self-harm related admissions in 10 to 24 year olds, as the rates in Devon were significantly above South West, local authority comparator group and England levels. Table 4 of the report showed the total bed days per 100,000 population and revealed that Devon did not experience higher levels of zero day length of stay admissions and in fact had longer average lengths of stay than the South West, local authority comparator group and England. The Public Health England Local Knowledge and Intelligence Service is coordinating a detailed analysis of self-harm admission rates with an initial focus on the ratio of admissions to patients.

The findings of the analysis would be reported to the Board in the December 2017 outcomes paper.

The outcomes report was also available on the Devon Health and Wellbeing website [www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report](http://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report)

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

- whether rurality was truly reflected in the presented data;
- that fuel poverty was a cause for concern, that even when infrastructure was available for new connections, affordability was an issue and the recent bid for £2.8m for the 'warm homes fund', on which the Cabinet Member would report back in due course;
- the work that had been undertaken on improving dementia diagnosis rates and whether any new initiatives had been introduced since to improve the situation further;
- a reinforcement of the concern over self-harm related admissions in young people and there were a number of possible hypotheses, therefore all were being considered in order to improve the co-ordination of services; and
- whether the indicators currently designated as 'amber' were sufficiently monitored prior to them becoming a 'red' rating;

**RESOLVED** that the performance report be noted, accepted and that further detail will be brought to the Board on self-harm related admissions on 14 December 2017.



\* 19 **Shaping Future Care - A Sustainability and Transformation Plan for Devon**

The Board received a covering report and presentation, circulated with the papers for the meeting, from NEW Devon CCG and South Devon and Torbay CCG on the Sustainability and Transformation Plan for Devon, presented by the Director of Strategy for both NEW Devon and South Devon and Torbay CCG.

The Board was being asked to note the update on progress of the Sustainability and Transformation Plan and suggest opportunities for increased alignment to support delivery of the Health and Wellbeing Strategy.

It was noted that the wider Devon Sustainability and Transformation Plan (initially published on 4<sup>th</sup> November 2017), set the vision and strategic direction for health, wellbeing and care services across the areas covered by NEW Devon and South Devon and Torbay Clinical Commissioning Groups and the Plan had previously been presented to the Board.

The presented report provided an update on the current work and progress with the Plan and the development of a Sustainability and Transformation Partnership, including the aims and priorities of improving health and wellbeing, delivering safe and high quality care and providing cost-effective care. There were also local priorities of Prevention, Integrated care model, Primary care, Mental health and learning disability, Acute care, Children and young people and Productivity and the presentation provided further information in relation to each of the priority areas.

In terms of the next steps, across wider Devon, system working had resulted in real progress in addressing the financial challenges, improvements in services performance, and further steps towards integration of health and social care.

The Board noted that there were still significant challenges ahead and work was underway to step up the pace of progress with the plan in the context of wider changes in the health and care system.

Members asked questions and discussed the following.

- the effectiveness of the communications strategy to date and the reassurance of the CCG in improving communications with communities and service users going forward;
- how the CCG's were collaborating with the purposeful systems work streams;
- that the CCG needed to recognise the anxiety within communities regarding changes to service provision and the need to reassure those communities / users / patients with effective communication;
- the ongoing workforce planning and that proposals would go to the Governing body in approximately two months time;
- the synergies with the community and voluntary sector and whether their representation at a strategic level would improve both service provision and communication channels; and
- the numbers of positive case studies that were becoming available and how these could be best used to provide public reassurance.

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

**RESOLVED** that the update be welcomed and the CCG's be asked to note the Boards comments regarding public reassurance and improved communications moving forward.

\* 20 **Joint Commissioning in Devon, the Better Care Fund - Plan Submission**

The Board considered a Joint report of the Head of Adult Commissioning and Health, NEW Devon CCG and South Devon and Torbay CCG on the Plan Submission for the BCF, in line with the Integrated and Better Care Fund Planning Requirements for 2017-2019 guidance

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from NHS England, Department of Communities and Local Government and Department for Health.

The final Plan was in the process of being finalised, due to the very tight timescales (requiring submission to NHS England by 11 September 2017), therefore the Board received a detailed presentation on the principles of the Plan, including the vision for integration (e.g. person centred care, joined-up services, maintaining independence and building wider support), the Integrated model of care (including a comprehensive assessment process, single point of access and rapid response), the national metrics required by the BCF plan as well as the national conditions.

The Board were reminded that the Better Care Fund was the only mandatory policy to facilitate integration, providing a framework for joint Health and Social Care planning and commissioning, bringing together ring fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant and, from 2017/18, funding paid to local government for adult social care services.

The BCF narrative plans must set out the joint vision and approach for integration, including how the work in the BCF plan complements the NHS Five Year Forward View, and with the aims and approach in Sustainability and Transformation Plans (STPs) and wider local government transformation.

In developing BCF plans for 2017-19, local partners were required to agree, through the Health and Wellbeing Board;

- a short, jointly agreed narrative plan including details of how they were addressing the national conditions; including how plans would contribute to the local plan for integrating health and social care;
- confirmed funding contributions from each partner organisation;
- a scheme-level spending plan demonstrating how the fund will be spent; and
- quarterly plan figures for the national metrics.

The Board noted the requirement for the BCF plan to be submitted to NHS England on 11th September and had been drafted using the nationally published template.

The Board asked questions and discussed the following.

- whether there should be further investment in assisted technology;
- clarification on the funding figures between localities in relation to iBCF spend;
- the risks associated with not meeting the deadlines for submission of the Plan; and
- that there would need to be further conversations regarding the detail of the Plan and further scrutiny in due course.

It was **MOVED** by Councillor McInnes, **SECONDED** by Mr Rogers, and

## **RESOLVED**

a) that the principles of the 2017-2019 BCF plan, as outlined in detail in the presentation, appended to these minutes, be endorsed; and

b) that the Chairman of the Health and Wellbeing Board be authorised to proceed with approval of the final BCF Plan detail, on the basis of the principles endorsed above.

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## **References from Committees**

There were no references from Committee.

\* **22**      **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.

They further noted that a Scrutiny Task Group was being undertaken on the Better Care Fund.

\* **23**      **Forward Plan**

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

<b>Date</b>	<b>Matter for Consideration</b>
<b>Thursday 14 December 2017      @ 2.15pm</b>	<b><u>Performance / Themed Items</u></b> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (Children, Young People and Families)  <b><u>Business / Matters for Decision</u></b> Better Care Fund - frequency of reporting TBC STP – Work Stream / Children and Young People CAMHS refresh Local Transformation Plans Adults Safeguarding annual report CCG Updates  <b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
<b>Thursday 8 March 2018      @ 2.15pm</b>	<b><u>Performance / Themed Items</u></b> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)  <b><u>Business / Matters for Decision</u></b> Better Care Fund - frequency of reporting TBC CCG Updates  <b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
<b>Thursday 14    June 2018      @ 2.15pm</b>	<b><u>Performance / Themed Items</u></b> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)  <b><u>Business / Matters for Decision</u></b> Better Care Fund - frequency of reporting TBC CCG Updates  <b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information

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

Members further noted that an officer has been assigned from the LGA to support an Integration Workshop. There was no pre-work required and Board Members were only required to be part of the process.

**RESOLVED** that the Forward Plan be approved, including the items approved at the meeting and that the Integration Workshop take place on 14<sup>th</sup> December 2017.

\* **24** **Briefing Papers, Updates & Matters for Information**

Members of the Board received regular email bulletins directing them to items of interest, including research reports, policy documents, details of national / regional meetings, events, consultations, campaigns and other correspondence. Details were available at; <http://www.devonhealthandwellbeing.org.uk/>

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

\* **25** **Dates of Future Meetings**

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

Meetings

Thursday 14<sup>th</sup> December 2017 @ 2.15pm

Thursday 8<sup>th</sup> March 2018 @ 2.15pm

Thursday 14<sup>th</sup> June 2018 @ 2.15pm

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HEALTH AND WELLBEING BOARD  
7/09/17

Thursday 13<sup>th</sup> September 2018 @ 2.15pm  
Thursday 13<sup>th</sup> December 2018 @ 2.15pm

Annual Conference

Thursday 14<sup>th</sup> June 2018 @ 9.30am

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

The Meeting started at 2.15 pm and finished at 4.10 pm

**NOTES:**

1. Minutes should be read in association with any Reports or documents referred to therein, for a complete record.
2. The Minutes of the Board are published on the County Council's website at <http://democracy.devon.gov.uk/ieListMeetings.aspx?Cid=166&Year=0>
3. A recording of the webcast of this meeting will also be available to view for up to 12 months from the date of the meeting, at <http://www.devoncc.public-i.tv/core/portal/home>



## Health and Wellbeing Outcomes Report

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

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

#### 1. Context

This paper introduces the updated outcomes report for the Devon Health and Wellbeing Board, which monitors the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2016-2019.

#### 2. Summary of the Health and Wellbeing Outcomes Report, December 2017

2.1 An 'updates only' version of the Health and Wellbeing Outcomes Report for December 2017 is included separately. The report is themed around the five Joint Health and Wellbeing Strategy 2016-19 priorities, and includes breakdowns by local authority, district, clinical commissioning group, inequalities characteristics and trends over time. 14 indicators have been updated with new data since the September 2017 report covering the following areas:

- **Excess Weight in Four / Five Year Olds, 2016-17** – Levels of excess weight in reception year children (22.8%) are similar to the South West, comparator group and national rates.
- **Excess Weight in 10 / 11 Year Olds, 2016-17** – Levels of excess weight in year six (29.3%) were below South West, comparator group and national rates and were significantly lower than England in East Devon, Exeter, North Devon, the South Hams, Teignbridge and West Devon.
- **Teenage Conception Rate, Q2 2016** – Conceptions to under 18s have fallen in Devon and are similar to South West and comparator group rates. Rates are significantly higher in Teignbridge.
- **Excess Weight in Adults, 2015-16** – According to the Active People Survey, 61.6% of the adult population in Devon are overweight or obese, which is broadly similar to South West, comparator group and national rates.
- **Proportion of Physically Active Adults, 2015-16** – This updated measure includes physical activity as a mode of transportation to work, and reveals that 69.9% of the Devon adult population are active for at least 150 minutes per week, which is above regional and national rates.
- **Diet – Fruit and Veg '5-a-day', 2015-16** – 64.3% of the adult population in Devon consumed five or more portions of fruit and vegetables per day, which is significantly above South West, comparator group and national rates.
- **Mortality rate from preventable causes, 2014-2016** – The age-standardised mortality rate in Devon (159.7 per 100,000) is significantly below South West, comparator group and England rates. However, the rate of decline has slowed in recent years and inequalities persist.
- **Reablement Services (Effectiveness), 2016-17** – In Devon, 86.8% of older people were still at home 91 days after discharge from hospital into reablement services, which is significantly above the South West, comparator group and national rates.
- **Reablement Services (Coverage), 2016-17** – In 2016-17, 1.8% of older people discharged from hospital in Devon were offered reablement services which is significantly lower than South West, comparator group and national rates.
- **Deaths in Usual Place of Residence, 2016** – 54.9% of Devon residents dying in 2016 did so in their usual place of residence, which is significantly above South West, comparator group and national rates. Rates are increasing over time and are highest in West Devon (61.5%).
- **Stable and Appropriate Accommodation (Learning Disabilities), 2016-17** – 78.4% of adults with a learning disability in Devon were living in their own home or with family, which is above South West, comparator group and national rates.
- **Stable and Appropriate Accommodation (Mental Health Clients), 2016-17** – 60.0% of adults in contact with a secondary mental health service were living in stable and appropriate accommodation, which is below the South West, but above comparator group and national rates.
- **Suicide Rate, 2014-2016** – There are around 70 suicides per annum in Devon, with rates remaining around or slightly above the national average. Rates are significantly higher in males.
- **Social Contentedness, 2016-17** – 44% of social care users reported being satisfied with their social situation, which is below South West, comparator group and national rates.

# Agenda Item 4

2.2 Further details for these indicators are included in the separate report. The following tables in this paper provide a quick summary of overall findings:

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

**Table 1: Indicator List and Performance Summary, December 2017**

7

Priority	RAG	Indicator	Rate	Trend	Dev/SW/Eng
1. Children, Young People and Families	A	Children in Poverty	14.3%		
	G	Early Years Foundation Score	72.2%		
	A	Excess Weight in Four / Five Year Olds *	22.8%		
	A	Excess Weight in 10 / 11 Year Olds *	29.3%		
	A	GCSE Attainment	58.6%		
	G	Teenage Conception Rate *	16.3		
	A	Alcohol-Specific Admissions in under 18s	51.8		
2. Living Well	G	Adult Smoking Prevalence	12.6%		
	G	Excess Weight Adults *	61.6%	-	
	G	Proportion of Physically Active Adults *	69.9%	-	
	A	Alcohol-Related Admissions	605.0		
	G	Fruit and Vegetable Consumption (Five-a-day) *	64.3%	-	
	G	Mortality Rate from Preventable Causes *	159.7		
	G	Male Life Expectancy Gap	5.9		
3. Good Health and Wellbeing in Older Age	G	Female Life Expectancy Gap	3.9		
	G	Feel Supported to Manage Own Condition	67.5%		
	G	Re-ablement Services (Effectiveness) *	86.8%		
	A	Re-ablement Services (Coverage) *	1.8%		
	G	Healthy Life Expectancy Male	65.3		
	G	Healthy Life Expectancy Female	66.5		
	G	Injuries Due to Falls	1788.0		
4. Strong and Supportive Communities	G	Deaths in usual place of residence *	54.9%		
	A	Domestic Violence incidents per 1,000 population	12.0	-	
	A	Stable/Appropriate Accommodation (Learn. Dis.) *	78.4%		
	G	Re-offending rate	22.7%		
	A	Rough sleeping rate per 1,000 households	0.22		
	A	Dwellings with category one hazards	15.4%		
	A	Private sector dwellings made free of hazards	1.0%		
5. Life Long Mental Health	R	Fuel Poverty	12.2%		
	A	Emotional Wellbeing Looked After Children	16.7		
	R	Hospital Admissions for Self-Harm, aged 10 to 24	614.1		
	A	Gap in employment rate (mental health clients)	73.2%		
	G	Stable/Appropriate Accommodation (Mental Hlth) *	60.0%		
	G	Self-Reported Wellbeing (low happiness score %)	7.7%		
	A	Suicide Rate *	10.8		
A	Social Contentedness *	44.0%			
R	Estimated Dementia Diagnosis Rate (65+)	60.6%	-		

\* updated indicators

## RAG Ratings

<b>Red</b>	<b>R</b>	Major cause for concern in Devon, benchmarking poor and/or trend sharply worsening
<b>Amber</b>	<b>A</b>	Possible cause for concern in Devon, benchmarking average and/or trend not improving
<b>Green</b>	<b>G</b>	No major cause for concern in Devon, benchmarking good and/or trend improving



**Table 2: Priority Area Summaries, December 2017**

Priority	Summary
1. Children, Young People & Families	Teenage conception rates are falling and levels of development at school entry are improving. Variations in excess weight, poverty, GCSE attainment and alcohol harm persist.
2. Living Well	Smoking rates and deaths from preventable causes are falling, and levels of excess weight, physically activity and fruit and vegetable consumption compare favourably with similar areas.
3. Good Health and Wellbeing in Older Age	Deaths at home, healthy life expectancy, falls and GP support compare well in Devon. However, whilst the service is effective, the coverage of re-ablement services is lower.
4. Strong and Supportive Communities	Housing-related measures, including fuel poverty, dwelling hazards and rough sleeping levels are a cause of concern in Devon.
5. Life Long Mental Health	Whilst general wellbeing is better, poorer outcomes are evident for those with mental health problems, including suicide rates, self-harm, and the mental wellbeing of local service users.

**Table 3: Devon compared with the Local Authority Comparator Group for all Health and Wellbeing outcome measures, December 2017**

Measure	Rate			Significance		LACG Rank / Position	
	Devon	LACG	England	LACG	England	Rank	Position
Life Expectancy Gap in Years (Female)	3.9	5.4	6.4	Better	Better	1 / 16	
Domestic Violence incidents per 1,000 pop'n	12.0	19.3	22.1	Better	Better	1 / 16	
Deaths in usual place of residence (%)	54.9%	48.9%	45.8%	Better	Better	1 / 16	
Physical Activity (%)	69.9%	66.4%	64.9%	Better	Better	1 / 16	
Feel Supported to Manage own Condition (%)	67.5%	64.3%	63.3%	Better	Better	2 / 16	
Fruit and Veg 5-a-day (%)	64.3%	60.5%	56.8%	Better	Better	3 / 16	
Life Expectancy Gap in Years (Male)	5.9	6.8	8.2	Better	Better	3 / 16	
Early Years Good Development (%)	72.2%	70.2%	69.3%	Better	Better	3 / 16	
Excess Weight in Year Six (%)	29.3%	31.4%	34.2%	Better	Better	3 / 16	
Adult Smoking Rate (%)	12.6%	15.3%	15.5%	Better	Better	4 / 16	
Admission Rate for Accidental Falls	1788.0	1954.8	2169.4	Better	Better	5 / 16	
Private sector dwellings made free of hazards	1.0%	0.9%	1.2%	Better	Worse	5 / 16	
Reablement Services Effectiveness (%)	86.8%	82.7%	82.5%	Better	Better	5 / 16	
Child Poverty (%)	14.3%	15.2%	20.1%	Better	Better	6 / 16	
Re-offending rate (%)	22.7%	23.7%	25.4%	Similar	Better	6 / 16	
Teenage Conception Rate per 1,000	16.3	17.5	19.9	Similar	Better	6 / 16	
Stable Accommodation - LD (%)	78.4%	75.9%	76.2%	Better	Better	6 / 16	
Preventable Deaths, under 75	159.7	164.7	182.8	Better	Better	7 / 16	
Low Happiness Score (%)	7.7%	8.1%	8.8%	Similar	Similar	7 / 16	
GCSE Attainment (%)	58.6%	58.0%	57.7%	Similar	Similar	7 / 16	
Healthy Life Expectancy (Female)	66.5	66.0	64.1	Similar	Better	7 / 16	
Healthy Life Expectancy (Male)	65.3	65.2	63.4	Similar	Better	8 / 16	
Stable Accommodation - MH (%)	60.0%	54.1%	54.0%	Better	Better	9 / 16	
Alcohol Admission Rate (Narrow Definition)	605.0	617.2	647.6	Similar	Better	9 / 16	
Suicide Rate	10.7	10.8	9.9	Similar	Similar	9 / 16	
Excess Weight in Reception Year (%)	22.8%	22.8%	22.6%	Similar	Similar	9 / 16	
Excess Weight in Adults (%)	61.6%	61.5%	61.3%	Similar	Similar	10 / 16	
Reablement Services Coverage (%)	1.8%	2.1%	2.7%	Worse	Worse	10 / 16	
Social Connectedness	44.0%	47.2%	45.3%	Worse	Worse	13 / 16	
Rough Sleeping rate per 1,000 dwellings	0.22	0.15	0.18	Worse	Similar	13 / 16	
Alcohol-specific Admissions in under 18s	51.8	39.3	37.4	Worse	Worse	13 / 16	
Hospital Admission Rate for Self-Harm	614.1	507.6	430.5	Worse	Worse	13 / 16	
Fuel Poverty (%)	12.2%	10.4%	11.0%	Worse	Worse	13 / 16	
Mental Health Looked After Children	16.7	14.8	14.0	Worse	Worse	14 / 15	
Dementia Diagnosis Rate (%)	60.6%	63.7%	67.9%	Worse	Worse	14 / 16	
Dwellings with category one hazards	15.4%	11.5%	10.4%	Worse	Worse	14 / 16	
Gap in employment rate (mental health clients)	73.2%	68.4%	67.2%	Worse	Worse	15 / 16	

### 3. Further analysis: self-harm admissions

3.1 A summary of the findings from the Public Health England South West Knowledge and Information Service investigation of high levels of self-harm admissions in the region was due to be included in this report. However, the report, originally due for an Autumn publication, has been delayed and is now expected in early 2018. A detailed summary of these findings will be included in this paper as soon as this is available.

3.2 Pending this detailed review, the following issues have been identified to date through local analysis and the Devon Self-Harm Health Needs Assessment:

- Rates of both self-harm admissions and average lengths of stay are significantly above the national average in Devon
- Self-harm admission rates in the South West are similar to Devon and higher than the England average, with the highest rates in Torbay, Poole, Swindon and Somerset

# Agenda Item 4

- Initial regional analysis has revealed a higher level of repeat admissions in the region influence higher admission rates, rather than a higher prevalence of self-harm
- Admission rates are significantly higher in more deprived areas and in females, with females in the most deprived areas of Devon 10 times more likely to be admitted for self-harm than males in the least deprived areas
- Analysis of individual cases and pathways highlight specific challenges including the inter-relationships between services, and the impact of delays in connecting support services together which both increase the risk of repeat admission
- The Devon Self-Harm Health Needs Assessment 2015 made a number of observations regarding the local situation highlighting the importance of:
  - Clear care pathways and joint working protocols shared between agencies
  - A focus on prevention and intervention, focused on children and families
  - Support for professionals in terms of staff training and awareness raising
  - Appropriate levels of out-of-hours psychiatry services and acute inpatient beds
  - Monitoring of data on self-harm and further research into needs and risk factors.

## **4. Legal Considerations**

There are no specific legal considerations identified at this stage.

## **5. Risk Management Considerations**

Not applicable.

## **6. Options/Alternatives**

Not applicable.

## **7. Public Health Impact**

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

**Dr Virginia Pearson**

**CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH, ENVIRONMENT AND PROSPERITY  
DEVON COUNTY COUNCIL**

### **Electoral Divisions: All**

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

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

Background Papers

Nil

# HEALTH AND WELLBEING OUTCOMES REPORT 2016-19 DECEMBER 2017 DEVON HEALTH AND WELLBEING BOARD UPDATES ONLY VERSION

The second Devon Joint Health and Wellbeing Strategy covering the years 2016 to 2019 has five priority areas and the selected indicators in this report align to these. The five priority areas are:

- 1. Starting Well** – We want all children in Devon to have the best start in life, and grow up happy, healthy & safe in loving and supportive families.
- 2. Living Well** – We want people in Devon to live healthy lives by taking responsibility for their own health and wellbeing.
- 3. Ageing Well** – We want adults to develop and maintain health and independence as long as possible so they can live life to the full.
- 4. Strong and Supportive Communities** – We want people to thrive in supportive communities with people motivated to help one another.
- 5. Lifelong Mental Health** – We want to ensure positive attitudes to mental health are fostered and prevention and early intervention supports lifelong mental health.

Joint Health and Wellbeing Strategy indicators are grouped on the next page around these five priorities. Given the remit of the board, the Public Health Outcomes Framework, Adult Social Care Outcomes Framework and NHS Outcomes Framework all figure prominently.

There are six main analyses in each detailed individual indicator report:

**South West Benchmarking** – showing the position of Devon relative to other upper tier or unitary authorities in the South West, the South West rate and the national rate.

**Local Authority District** – highlighting differences within Devon between local authority districts.

**Local Authority Comparator Group** – showing Devon's position relative to the national family of peer authorities.

**Clinical Commissioning Group and Locality Comparison** – highlighting differences within Devon between the Clinical Commissioning Groups, localities and sub localities.

**Trend and Future Trajectory** – showing change over time for the selected indicator compared to the South West and England.

**Inequalities** – illustrating the extent of inequalities within Devon for the selected indicator. These will typically focus on social deprivation, but may relate to age, sex or other factors as appropriate.

Indicators which have been updated since the last report are marked as:

**\*UPDATED INDICATOR\***

Compiled by the Devon County Council Public Health Intelligence Team

**Report last updated:** 1 December 2017

**Next update due:** March 2018



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## Indicator List

Priority	RAG	Indicator	Rate	Trend	Dev/SW/Eng
1. Children, Young People and Families	A	Children in Poverty	14.3%		
	G	Early Years Foundation Score	72.2%		
	A	Excess Weight in Four / Five Year Olds *	22.8%		
	A	Excess Weight in 10 / 11 Year Olds *	29.3%		
	A	GCSE Attainment	58.6%		
	G	Teenage Conception Rate *	16.3		
	A	Alcohol-Specific Admissions in under 18s	51.8		
2. Living Well	G	Adult Smoking Prevalence	12.6%		
	G	Excess Weight Adults *	61.6%	-	
	G	Proportion of Physically Active Adults *	69.9%	-	
	A	Alcohol-Related Admissions	605.0		
	G	Fruit and Vegetable Consumption (Five-a-day) *	64.3%	-	
	G	Mortality Rate from Preventable Causes *	159.7		
	G	Female Life Expectancy Gap	3.9		
3. Good Health and Wellbeing in Older Age	G	Feel Supported to Manage Own Condition	67.5%		
	G	Re-ablement Services (Effectiveness) *	86.8%		
	A	Re-ablement Services (Coverage) *	1.8%		
	G	Healthy Life Expectancy Male	65.3		
	G	Healthy Life Expectancy Female	66.5		
	G	Injuries Due to Falls	1788.0		
	G	Deaths in usual place of residence *	54.9%		
4. Strong and Supportive Communities	A	Domestic Violence incidents per 1,000 population	12.0	-	
	A	Stable/Appropriate Accommodation (Learn. Dis.) *	78.4%		
	G	Re-offending rate	22.7%		
	A	Rough sleeping rate per 1,000 households	0.22		
	A	Dwellings with category one hazards	15.4%		
	A	Private sector dwellings made free of hazards	1.0%		
	R	Fuel Poverty	12.2%		
5. Life Long Mental Health	A	Emotional Wellbeing Looked After Children	16.7		
	R	Hospital Admissions for Self-Harm, aged 10 to 24	614.1		
	A	Gap in employment rate (mental health clients)	73.2%		
	G	Stable/Appropriate Accommodation (Mental Hlth) *	60.0%		
	G	Self-Reported Wellbeing (low happiness score %)	7.7%		
	A	Suicide Rate *	10.8		
	R	Social Contentedness *	44.0%		
	R	Estimated Dementia Diagnosis Rate (65+)	60.6%	-	

\* updated indicators

### Summary

- 1. Children, Young People and Families** - Teenage conception rates are falling and levels of development at school entry are improving. Variations in excess weight, poverty, GCSE attainment and alcohol harm persist.
- 2. Living Well** - Smoking rates and deaths from preventable causes are falling, and levels of excess weight, physical activity and fruit and vegetable consumption compare favourably with similar areas.
- 3. Good Health and Wellbeing in Older Age** - Deaths at home, healthy life expectancy, falls and GP support compare well in Devon. However, whilst the service is effective, the coverage of re-ablement services is lower.
- 4. Strong and Supportive Communities** - Housing-related measures, including fuel poverty, dwelling hazards and rough sleeping levels are a cause of concern in Devon.
- 5. Life Long Mental Health** - Whilst general wellbeing is better, poorer outcomes are evident for those with mental health problems, including suicide rates, self-harm, and the mental wellbeing of local service users.

### RAG Ratings

Red	R	Major cause for concern in Devon, benchmarking poor and/or trend sharply worsening
Amber	A	Possible cause for concern in Devon, benchmarking average and/or trend not improving
Green	G	No major cause for concern in Devon, benchmarking good and/or trend improving

## Devon compared with the Local Authority Comparator Group (LACG) for Health and Wellbeing Outcomes

Now 2016

Measure	Rate			Significance		LACG Rank / Position	
	Devon	LACG	England	LACG	England	Rank	Position
Life Expectancy Gap in Years (Female)	3.9	5.4	6.4	Better	Better	1 / 16	
Domestic Violence incidents per 1,000 pop'n	12.0	19.3	22.1	Better	Better	1 / 16	
Deaths in usual place of residence (%)	54.9%	48.9%	45.8%	Better	Better	1 / 16	
Physical Activity (%)	69.9%	66.4%	64.9%	Better	Better	1 / 16	
Feel Supported to Manage own Condition (%)	67.5%	64.3%	63.3%	Better	Better	2 / 16	
Fruit and Veg 5-a-day (%)	64.3%	60.5%	56.8%	Better	Better	3 / 16	
Life Expectancy Gap in Years (Male)	5.9	6.8	8.2	Better	Better	3 / 16	
Early Years Good Development (%)	72.2%	70.2%	69.3%	Better	Better	3 / 16	
Excess Weight in Year Six (%)	29.3%	31.4%	34.2%	Better	Better	3 / 16	
Adult Smoking Rate (%)	12.6%	15.3%	15.5%	Better	Better	4 / 16	
Admission Rate for Accidental Falls	1788.0	1954.8	2169.4	Better	Better	5 / 16	
Private sector dwellings made free of hazards	1.0%	0.9%	1.2%	Better	Worse	5 / 16	
Reablement Services Effectiveness (%)	86.8%	82.7%	82.5%	Better	Better	5 / 16	
Child Poverty (%)	14.3%	15.2%	20.1%	Better	Better	6 / 16	
Re-offending rate (%)	22.7%	23.7%	25.4%	Similar	Better	6 / 16	
Teenage Conception Rate per 1,000	16.3	17.5	19.9	Similar	Better	6 / 16	
Stable Accommodation - LD (%)	78.4%	75.9%	76.2%	Better	Better	6 / 16	
Preventable Deaths, under 75	159.7	164.7	182.8	Better	Better	7 / 16	
Low Happiness Score (%)	7.7%	8.1%	8.8%	Similar	Similar	7 / 16	
GCSE Attainment (%)	58.6%	58.0%	57.7%	Similar	Similar	7 / 16	
Healthy Life Expectancy (Female)	66.5	66.0	64.1	Similar	Better	7 / 16	
Healthy Life Expectancy (Male)	65.3	65.2	63.4	Similar	Better	8 / 16	
Stable Accommodation - MH (%)	60.0%	54.1%	54.0%	Better	Better	9 / 16	
Alcohol Admission Rate (Narrow Definition)	605.0	617.2	647.6	Similar	Better	9 / 16	
Suicide Rate	10.7	10.8	9.9	Similar	Similar	9 / 16	
Excess Weight in Reception Year (%)	22.8%	22.8%	22.6%	Similar	Similar	9 / 16	
Excess Weight in Adults (%)	61.6%	61.5%	61.3%	Similar	Similar	10 / 16	
Reablement Services Coverage (%)	1.8%	2.1%	2.7%	Worse	Worse	10 / 16	
Social Connectedness	44.0%	47.2%	45.3%	Worse	Worse	13 / 16	
Rough Sleeping rate per 1,000 dwellings	0.22	0.15	0.18	Worse	Similar	13 / 16	
Alcohol-specific Admissions in under 18s	51.8	39.3	37.4	Worse	Worse	13 / 16	
Hospital Admission Rate for Self-Harm	614.1	507.6	430.5	Worse	Worse	13 / 16	
Fuel Poverty (%)	12.2%	10.4%	11.0%	Worse	Worse	13 / 16	
Mental Health Looked After Children	16.7	14.8	14.0	Worse	Worse	14 / 15	
Dementia Diagnosis Rate (%)	60.6%	63.7%	67.9%	Worse	Worse	14 / 16	
Dwellings with category one hazards	15.4%	11.5%	10.4%	Worse	Worse	14 / 16	
Gap in employment rate (mental health clients)	73.2%	68.4%	67.2%	Worse	Worse	15 / 16	

# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 1: Children, Young People and Families

Indicator: Excess Weight in Four / Five Year Olds

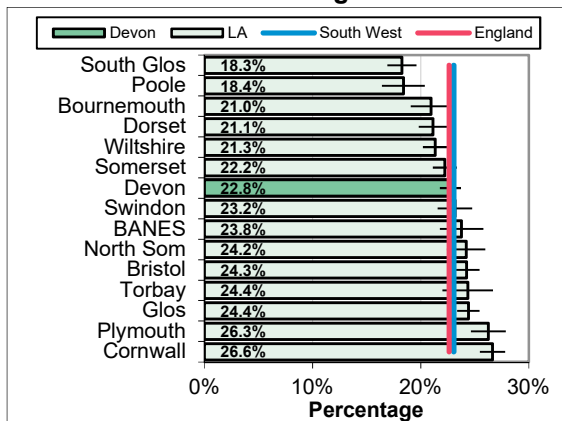
Period: 2016-17 (School Year) **\*UPDATED INDICATOR\***

RAG Rating	
	Green
A	Amber
	Red

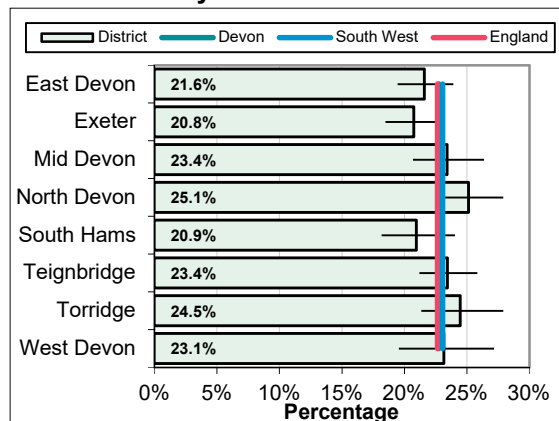
**Overview**  
This measure of 'excess weight' covers children classified as overweight or very overweight. In reception year (aged four or five) 22.8% of pupils in Devon were recorded in the excess weight category, compared to 23.1% for the South West, 22.8% for the local authority comparator group, and 22.6% for England. Within Devon no areas were significantly different to the national rate.

**Equalities**  
Levels of excess weight are higher in more deprived areas. Levels of excess weight were also higher in boys than girls. No significant differences were observed by ethnic group in Devon.

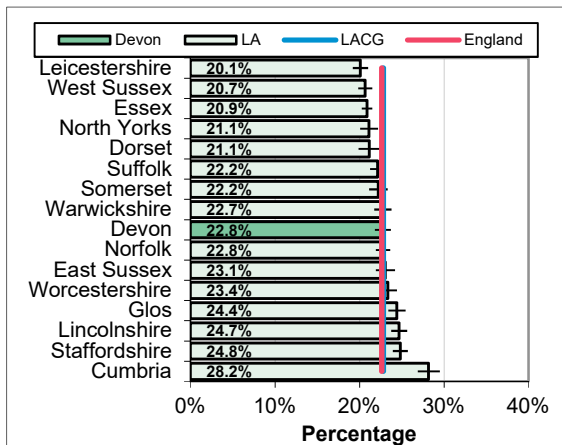
## South West Benchmarking



## Local Authority District



## Local Authority Comparator Group (LACG)



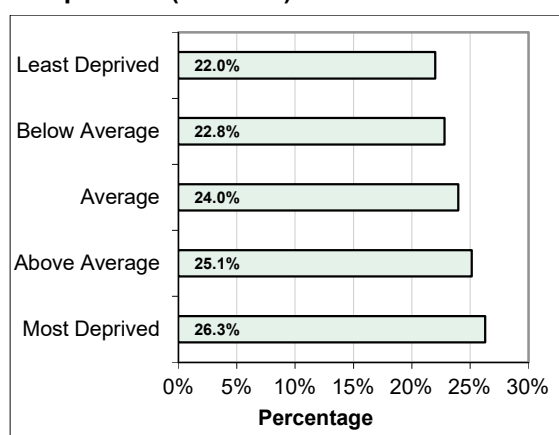
## CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

## Trend



## Inequalities (National)



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 1:** Children, Young People and Families

**Indicator:** Excess Weight in Four / Five Year Olds

**Period:** 2016-17 (School Year)

<b>Description</b>	Proportion of children aged 4-5 (reception year) classified as overweight or very overweight.
<b>Source</b>	NHS Digital and Devon Public Health Intelligence Team
<b>Update Frequency</b>	Annually, four months after end of school year (2017-18 due November 2018).
<b>Outcomes Framework</b>	Public Health Outcomes Framework Indicator 2.06i
<b>Detailed Specification</b>	Number of children in Reception (aged 4-5 years) classified as overweight or very overweight in the academic year as percentage of all children with height and weight recorded. Children are classified as overweight (including very overweight) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. Results obtained from National Child Measurement Programme (NCMP) covering children attending participating state maintained schools in England.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Rates are not currently available at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time.
<b>Chart Notes Inequalities</b>	Compares areas nationally based on area deprivation. National deprivation quintiles from the 2015 Indices of Deprivation (Index of Multiple Deprivation) used.



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 1: Children, Young People and Families

Indicator: Excess Weight in 10 / 11 Year Olds

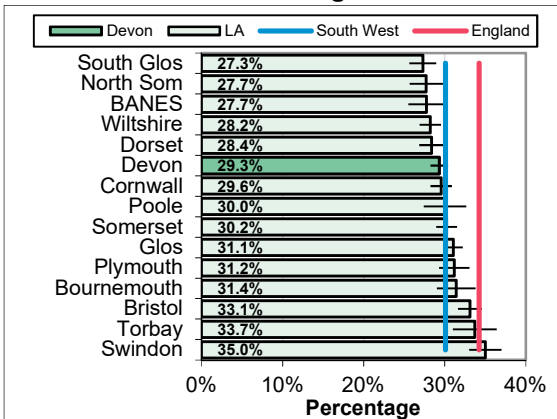
Period: 2016-17 (School Year) **\*UPDATED INDICATOR\***

RAG Rating	
	Green
A	Amber
	Red

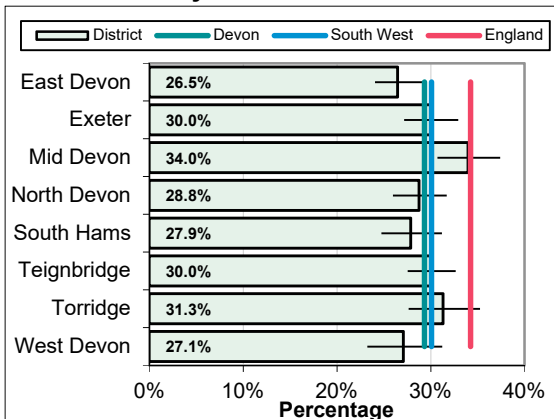
**Overview**  
This measure of 'excess weight' covers children classified as overweight or very overweight. In year six (aged 10 or 11) 29.3% of pupils in Devon were recorded in the excess weight category, which was below the South West (30.0%), local authority comparator group (31.4%), and England (34.3%) rates. The rates in the East Devon, Exeter, North Devon, the South Hams, Teignbridge and West Devon were significantly below the national rate. Rates decreased on 2013-14 levels.

**Equalities**  
Levels of excess weight are higher in more deprived areas. Levels of excess weight were also higher in boys than girls. No significant differences were observed by ethnic group in Devon.

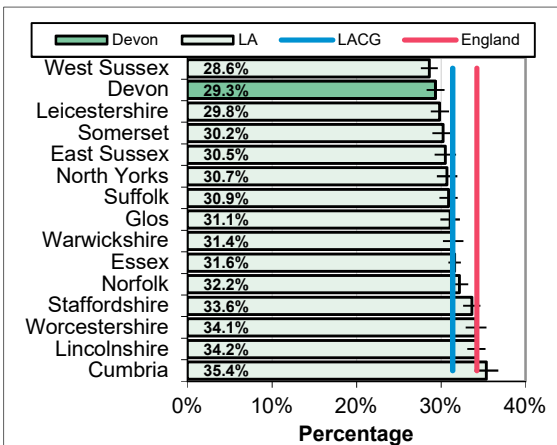
## South West Benchmarking



## Local Authority District



## Local Authority Comparator Group (LACG)



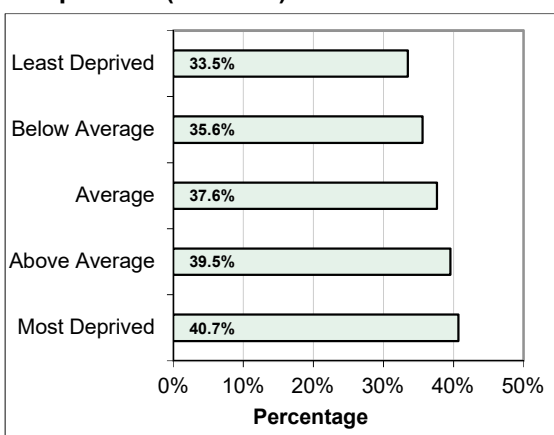
## CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

## Trend



## Inequalities (National)





# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 1:** Children, Young People and Families

**Indicator:** Excess Weight in 10 / 11 Year Olds

**Period:** 2016-17 (School Year)

<b>Description</b>	Proportion of children aged 10-11 (year six) classified as overweight or very overweight.
<b>Source</b>	NHS Digital and Devon Public Health Intelligence Team
<b>Update Frequency</b>	Annually, four months after end of school year (2017-18 due November 2018).
<b>Outcomes Framework</b>	Public Health Outcomes Framework Indicator 2.06ii
<b>Detailed Specification</b>	Number of children in Year Six (aged 10-11 years) classified as overweight or very overweight in the academic year as percentage of all children with height and weight recorded. Children are classified as overweight (including very overweight) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. Results obtained from National Child Measurement Programme (NCMP) covering children attending participating state maintained schools in England.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Rates are not currently available at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time. Trajectory is based on 0.1% per annum fall.
<b>Chart Notes Inequalities</b>	Compares areas nationally based on area deprivation. National deprivation quintiles from the 2015 Indices of Deprivation (Index of Multiple Deprivation) used.



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 1: Children, Young People and Families

Indicator: Teenage Conception Rate

Period: Q2 2016 (rolling year) **\*UPDATED INDICATOR\***

## RAG Rating

G	Green
	Amber
	Red

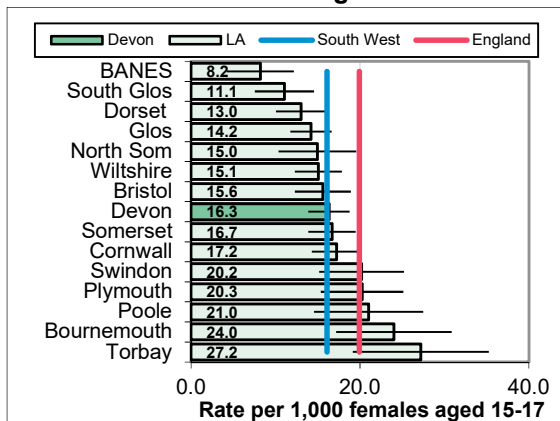
### Overview

There were 194 conceptions in Devon between September 2015 and June 2016 for females aged under 18, with around half leading to a birth. The latest rate (16.3 per 1,000 females) was broadly in line with South West (16.1), local authority comparator group (17.5) and England (19.9) rates. Rates have fallen significantly over recent years.

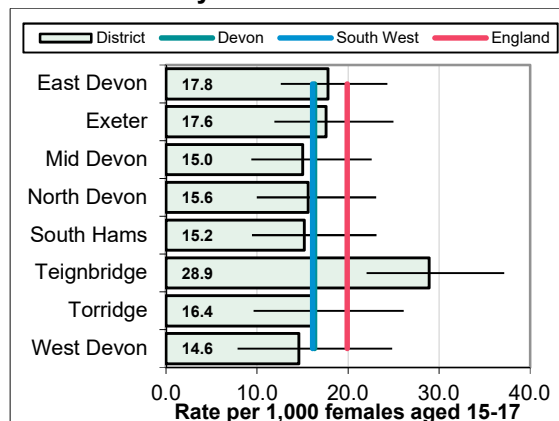
### Equalities

There is a very clear link between area deprivation and conception rates, with higher rates in the most deprived areas both locally and nationally, although rates have fallen more rapidly in the most deprived wards in recent years. Most teenage conceptions occur at the age of 17, and there are only a small proportion under the age of 16 (around 30 per annum), with less than 10 under 16 births per year.

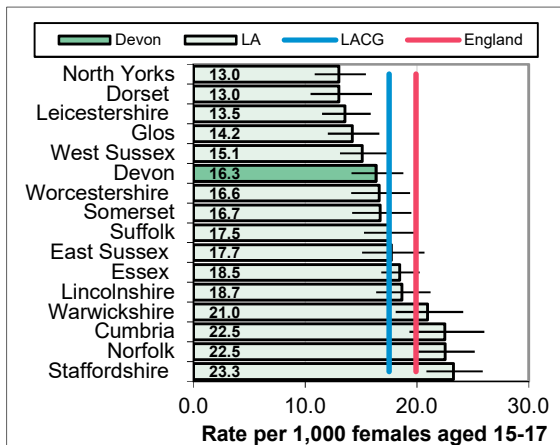
### South West Benchmarking



### Local Authority District



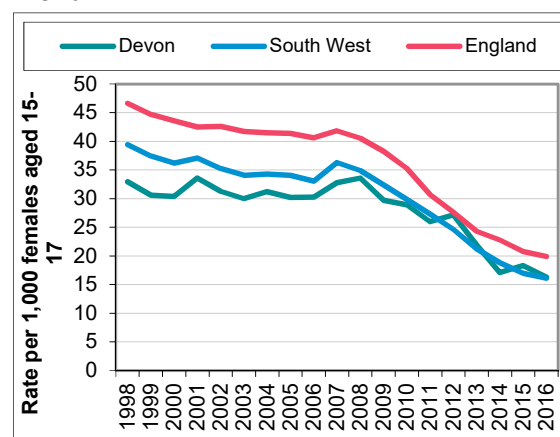
### Local Authority Comparator Group (LACG)



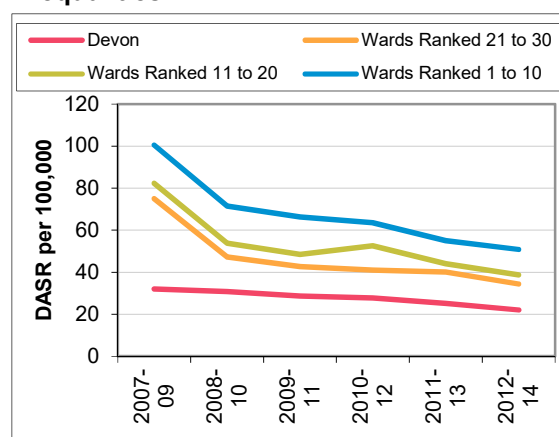
### CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

### Trend



### Inequalities



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 1:** Children, Young People and Families

**Indicator:** Teenage Conception Rate

**Period:** Q2 2016 (rolling year)

<b>Description</b>	Conceptions in women aged under 18 per 1,000 females aged 15-17.
<b>Source</b>	Office for National Statistics
<b>Update Frequency</b>	Annually - 16 months in arrears (2017 due April 2019)
<b>Outcomes Framework</b>	Public Health Outcomes Framework Indicator 2.04
<b>Detailed Specification</b>	Number of pregnancies that occur to women aged under 18, that result in either one or more live or still births or a legal abortion under the Abortion Act 1967. Population aged 15 to 17 derived from Office for National Statistics Mid Year Population Estimates. Conceptions are divided by population and then multiplied by 1,000.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Rates are not currently available at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time.
<b>Chart Notes Inequalities</b>	Compares rates in the wards with the highest teenage conception areas with the Devon average over time.



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 2: Living Well

Indicator: Excess Weight in Adults

Period: 2015-16

**\*UPDATED INDICATOR\***

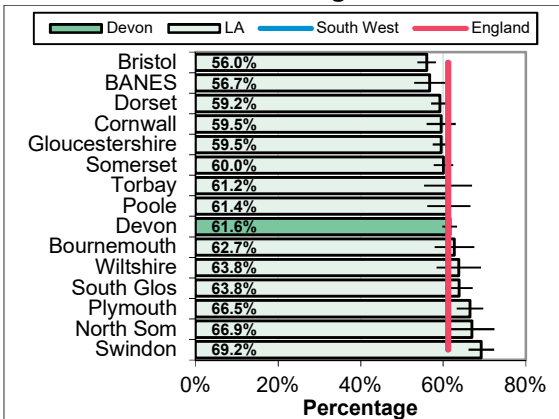
## RAG Rating

G	Green
	Amber
	Red

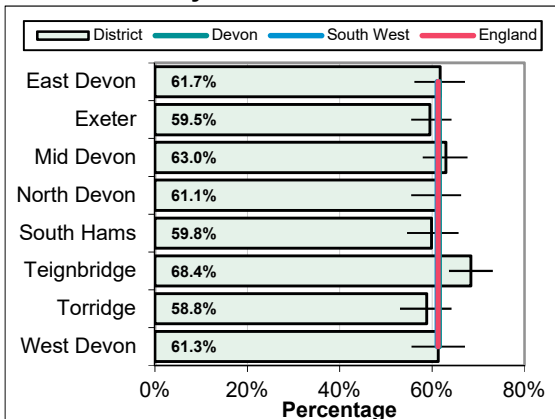
**Overview**  
 In Devon in 2015-16, 61.6% of the adult population had a BMI in excess of 25 (overweight or obese). This was the same as the South West (61.6%) and similar to the local authority comparator group (61.5%), and England (61.3%) rates. Within Devon the lowest rates of excess weight were seen in Torridge (58.8%). Due to a change in data source, trend data is not currently available.

**Equalities**  
 Local breakdowns are not available. Rates vary by age, with the lowest rates in younger age groups, and the highest rates for 45 to 64 year olds in males, and 65 to 74 year olds in females. Levels of excess weight are higher in males than females (67.8% vs 54.7% nationally), although levels of obesity are slightly higher in females (24.7% vs 25.7% nationally).

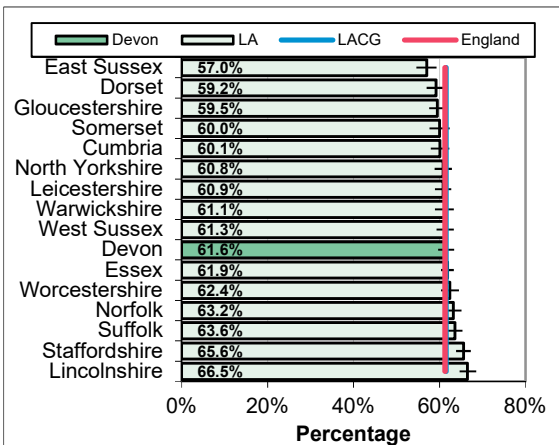
### South West Benchmarking



### Local Authority District



### Local Authority Comparator Group



### CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

### Trend

NOT CURRENTLY AVAILABLE

### Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 2:** Living Well

**Indicator:** Excess Weight in Adults

**Period:** 2015-16

<b>Description</b>	Percentage of adults classified as overweight or obese.
<b>Source</b>	Active Lives Survey, Sport England
<b>Update Frequency</b>	Annually
<b>Outcomes Framework</b>	Public Health Outcomes Framework Indicator 2.12
<b>Detailed Specification</b>	Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m <sup>2</sup> . Denominator is number of adults ages 18+ with valid height and weight recorded. Height and weight is self-reported but is adjusted by age and sex using Health Survey for England data to adjust for differences between self-reports and actual BMI. Prevalences are weighted to be representative of the whole population at each level of geography and have been age-standardised.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Rates cannot currently be calculated at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Figures only available for 2015-16 so trend analysis not possible.
<b>Chart Notes Inequalities</b>	Rates cannot currently be calculated at a local level.

# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## Priority 2: Living Well

Indicator: Proportion of Physically Active Adults

Period: 2015-16

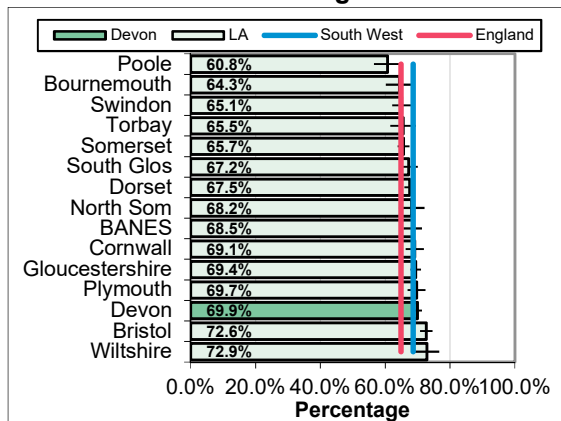
**\*UPDATED INDICATOR\***

RAG Rating	
G	Green
	Amber
	Red

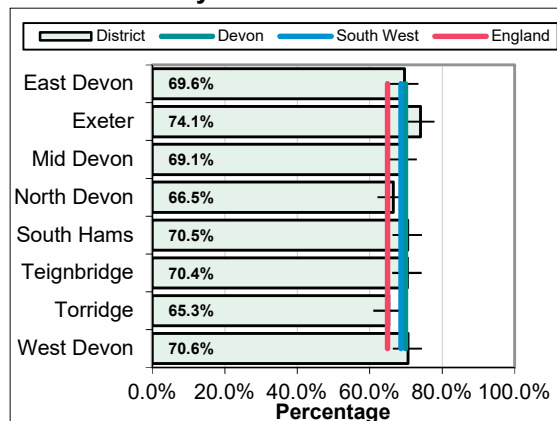
<b>Overview</b>	69.9% of adults in Devon were physically active for at least 150 minutes per week in 2015-16. This is above the South West (68.6%), and comparator group (66.4%) and significantly above the national (64.9%) rates. The differences between the districts in Devon were not statistically significant. Due to a change in data source, trend data is not currently available.
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<b>Equalities</b>	Local breakdowns are not available. National results from the Active People survey highlight that physical activity rates are higher in less deprived areas and professional groups. Participation is also higher in males and younger age groups. There are no significant differences by ethnicity. Activity rates are significantly lower in people with limiting long-term health problems.
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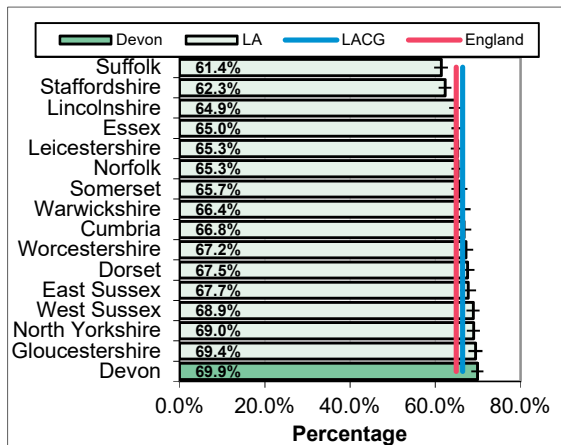
### South West Benchmarking



### Local Authority District



### Local Authority Comparator Group (LACG)



### CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

### Trend

NOT CURRENTLY AVAILABLE

### Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 2:** Living Well

**Indicator:** Proportion of Physically Active Adults

**Period:** 2015-16

<b>Description</b>	Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity.
<b>Source</b>	Active Lives Survey, Sport England
<b>Update Frequency</b>	Annually
<b>Outcomes Framework</b>	Public Health Outcomes Framework Indicator 2.13
<b>Detailed Specification</b>	The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 “equivalent” minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16. This includes physical activity as a mode of transportation to work, as well as direct leisure activities.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Rates cannot currently be calculated at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Figures only available for 2015-16 so trend analysis not possible.
<b>Chart Notes Inequalities</b>	Rates cannot currently be calculated at a local level.



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## Priority 2: Living Well

### Indicator: Diet - Fruit and Veg '5-a-day'

Period: 2015-16

#### RAG Rating

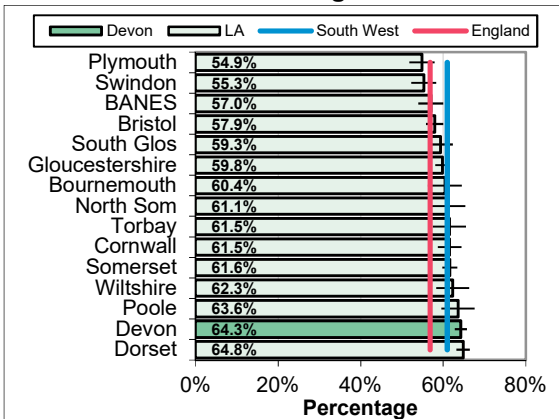
G	Green
	Amber
	Red

**\*UPDATED INDICATOR\***

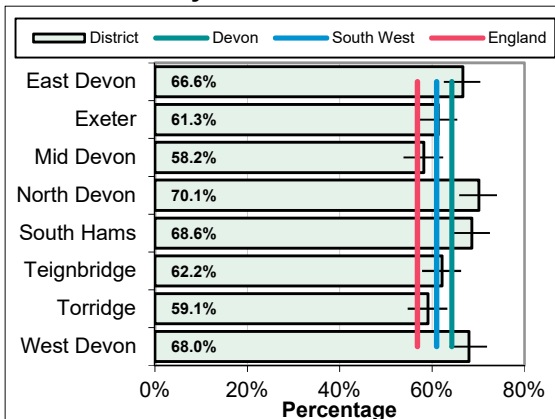
**Overview**  
 In Devon in 2015-16, 64.3% of the adult population consumed five or more portions of fruit and vegetables per day. This was significantly above the South West (61.0%), local authority comparator group (61.0%) and England (56.8%) rates. Within Devon the highest rates of were seen in North Devon (70.1%), and the lowest in Mid Devon (58.2%). Due to a change in data source, trend data is not currently available.

**Equalities**  
 Local breakdowns are not available. Fruit and vegetable consumption tends to be lower in areas with higher levels of deprivation. Women are more like to consume five or more portions of fruit and vegetables per day than men. The lowest levels of fruit and vegetable consumption are seen in younger adults.

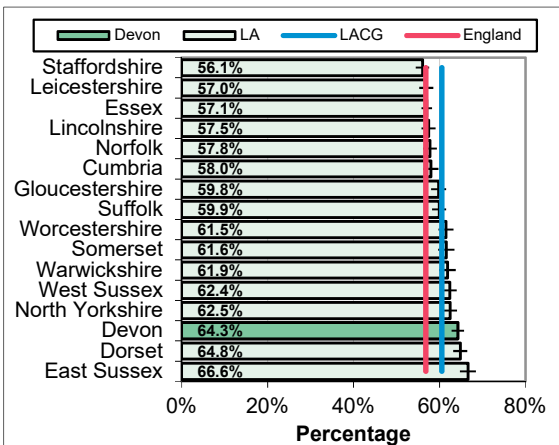
#### South West Benchmarking



#### Local Authority District



#### Local Authority Comparator Group



#### CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

#### Trend

NOT CURRENTLY AVAILABLE

#### Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 2:** Living Well

**Indicator:** Diet - Fruit and Veg '5-a-day'

**Period:** 2015-16

<b>Description</b>	Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on a usual day.
<b>Source</b>	Active Lives Survey, Sport England
<b>Update Frequency</b>	Annually
<b>Outcomes Framework</b>	Public Health Outcomes Framework Indicator 2.11i
<b>Detailed Specification</b>	Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on the previous day. Respondents to the Active Lives Survey who answered both of the following questions were included: 1) How many portions of fruit did you eat yesterday? Please include all fruit, including fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies. Fruit juice only counts as one portion no matter how much you drink. 2) How many portions of vegetables did you eat yesterday? Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate. Beans and pulses only count as one portion no matter how much of them you eat.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Rates cannot currently be calculated at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Figures only available for 2015-16 so trend analysis not possible.
<b>Chart Notes Inequalities</b>	Rates cannot currently be calculated at a local level.



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## Priority 2: Living Well

Indicator: Mortality Rate from preventable causes

Period: 2014-2016

### RAG Rating

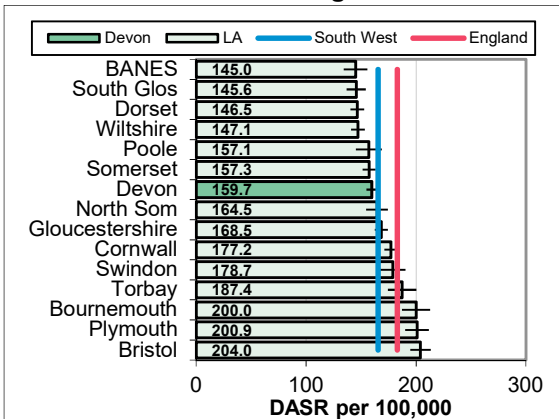
G	Green
	Amber
	Red

**\*UPDATED INDICATOR\***

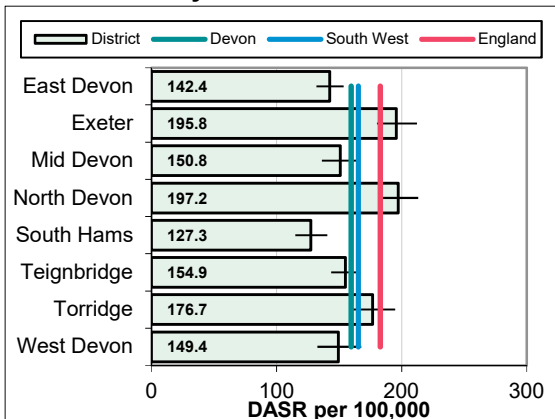
**Overview**  
The mortality rate from causes considered preventable in Devon is 159.7 per 100,000, which is significantly below the South West (165.4), local authority comparator group (164.7) and England (183.0) rates. Within Devon rates were highest in North Devon (197.2) and lowest in the South Hams (127.3). The rate has fallen over time from 204.5 in 2001-03 to 159.7 in 2014-16, with the rate of decline slowing in recent years.

**Equalities**  
Mortality rates from preventable causes tend to be higher in males than females. Preventable mortality rates are higher in more deprived areas across all age groups.

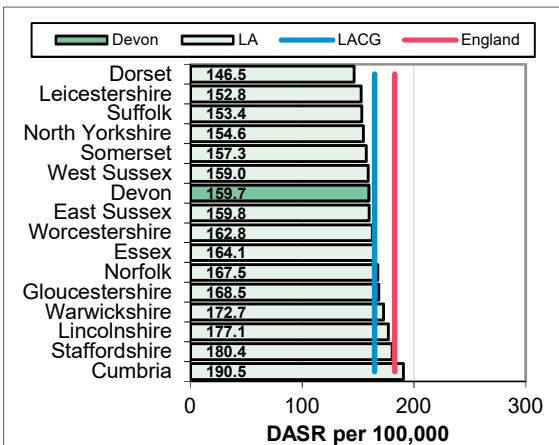
### South West Benchmarking



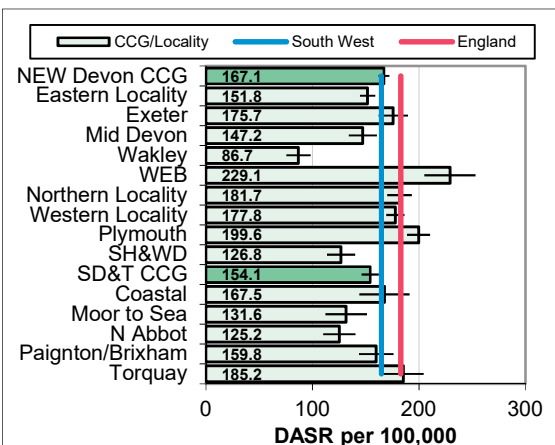
### Local Authority District



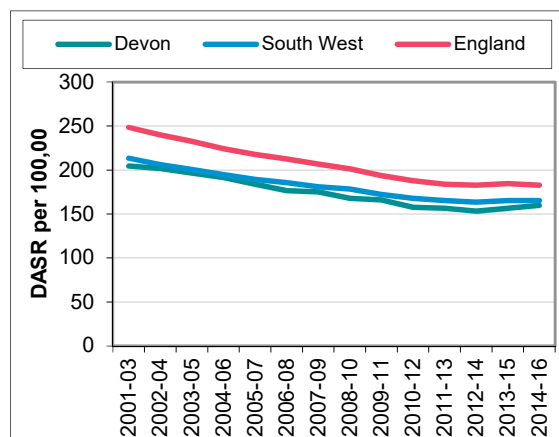
### Local Authority Comparator Group



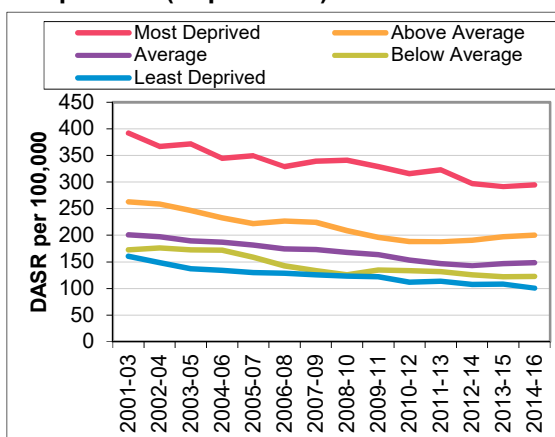
### CCG and Locality Comparison



### Trend



### Inequalities (Deprivation)



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 2:** Living Well

**Indicator:** Mortality Rate from preventable causes

**Period:** 2014-2016

<b>Description</b>	Direct age-standardised mortality rate from causes considered preventable per 100,000 population
<b>Source</b>	Office for National Statistics annual death extracts (South West Benchmarking, Local Authority District, Trend and Local Authority Comparator Group). Devon Public Health Intelligence Team (Inequalities and CCG / Locality Comparison)
<b>Update Frequency</b>	Annual, 2017 data due autumn 2018
<b>Outcomes Framework</b>	Public Health Outcomes Framework Indicator 4.03
<b>Detailed Specification</b>	Numerator is number of deaths that are considered preventable (classified by underlying cause of death recorded as ICD codes A15-A19, B17.1, B18.2, B20-B24, B90, C00-C16, C18-C22, C33-C34, C43, C45, C50, C53, E10-E14, F10-F16, F18-F19, G31.2, G62.1, I20-I26, I42.6, I71, I80.1-I80.3, I80.9, I82.9, J09-J11, J40-J44, K29.2, K70, K73-K74 (excl. K74.3-K74.5), K86.0, U50.9, V01-Y34, Y60-Y69, Y83-Y84) registered in the respective calendar years, aggregated into quinary age bands (0-4, 5-9, ..., 80-84, 85+). The 2013 revision to the European Standard Population has been used for this measure.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Displays rates for the two Clinical Commissioning Groups in the wider Devon area, their localities, and their sub-localities. This is based on the geographic areas defined at Lower Super Output Area level <a href="http://www.devonhealthandwellbeing.org.uk/library/maps">www.devonhealthandwellbeing.org.uk/library/maps</a> . Error bar is 95% confidence interval.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time.
<b>Chart Notes Inequalities</b>	Compares areas within Devon based on local GP practice deprivation quintiles. Calculated using the 2015 Indices of Deprivation (Index of Multiple Deprivation).



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 3: Good Health and Wellbeing in Older Age

Indicator: Re-ablement Services (Effectiveness)

Period: 2016-17

## RAG Rating

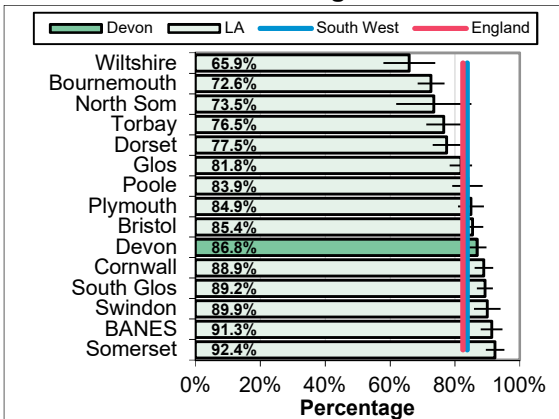
G	Green
	Amber
	Red

**\*UPDATED INDICATOR\***

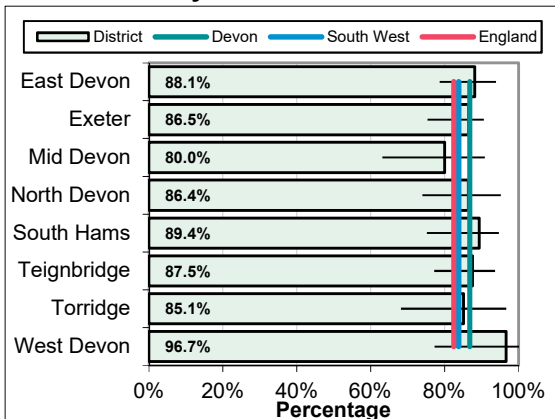
**Overview**  
In 2016-17, reablement services were effective for 86.8% of older people who received the service in Devon, which was significantly higher than the South West (83.7%), local authority comparator group (83.0%) and England (82.4%) rates. The rate has decreased slightly from 89.8% in 2013-14. Within Devon the highest rates was seen in West Devon (96.7%).

**Equalities**  
There is no clear pattern between the effectiveness of reablement services and deprivation levels in Devon.

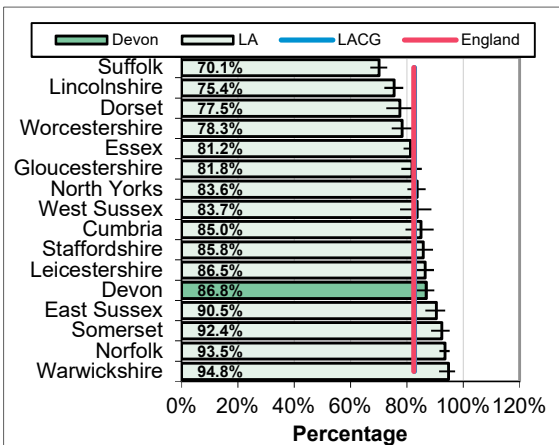
### South West Benchmarking



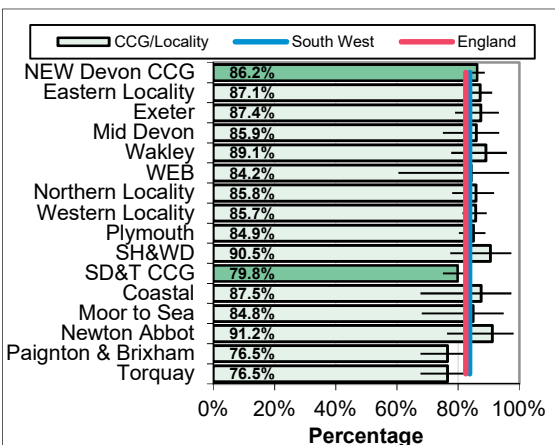
### Local Authority District



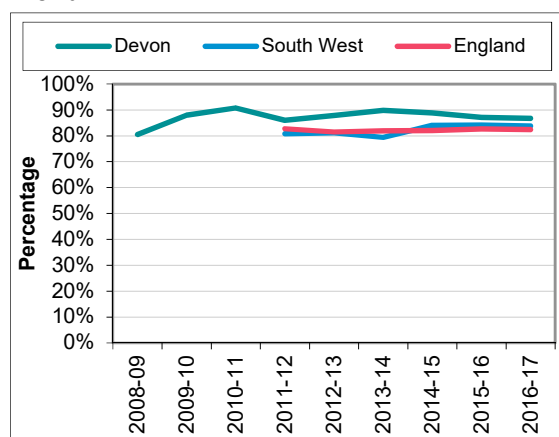
### Local Authority Comparator Group (LACG)



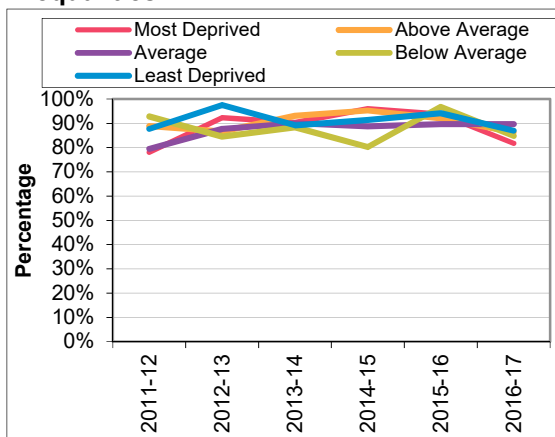
### CCG and Locality Comparison



### Trend



### Inequalities



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 3:** Good Health and Wellbeing in Older Age

**Indicator:** Re-ablement Services (Effectiveness)

**Period:** 2016-17

<b>Description</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
<b>Source</b>	Adult Social Care Combined Activity Return. National Adult Social Care Intelligence Service (SW Benchmarking, Trend and Comparator Group) DCC Management Information Team (local breakdowns)
<b>Update Frequency</b>	Annually around seven months in arrears, 2017-18 due in October 2018.
<b>Outcomes Framework</b>	Adult Social Care Outcomes Framework Indicator 2B Part 1
<b>Detailed Specification</b>	The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Displays rates for the two Clinical Commissioning Groups in the wider Devon area, their localities, and their sub-localities. Error bar is 95% confidence interval.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time.
<b>Chart Notes Inequalities</b>	Compares areas within Devon based on local GP practice deprivation quintiles. Calculated using the 2015 Indices of Deprivation (Index of Multiple Deprivation).



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 3: Good Health and Wellbeing in Older Age

Indicator: Re-ablement Services (Coverage)

Period: 2016-17

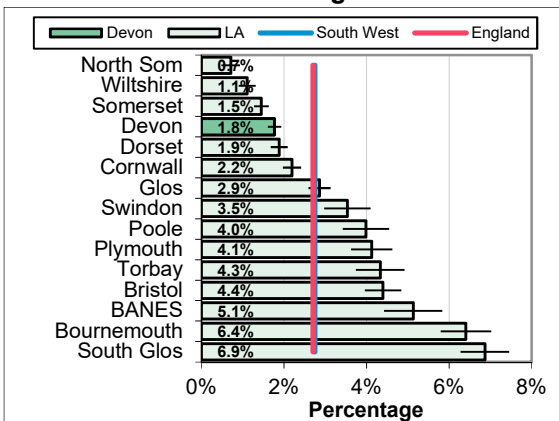
**\*UPDATED INDICATOR\***

RAG Rating	
	Green
A	Amber
	Red

**Overview**  
 In 2016-17 1.8% of older people discharged from hospital in Devon were offered reablement services which was significantly lower than the South West (2.7%), local authority comparator group (2.1%) and England (2.7%) rates. Rates have increased slightly on 2015-16 levels (1.3%).

**Equalities**  
 Not currently available at a local level.

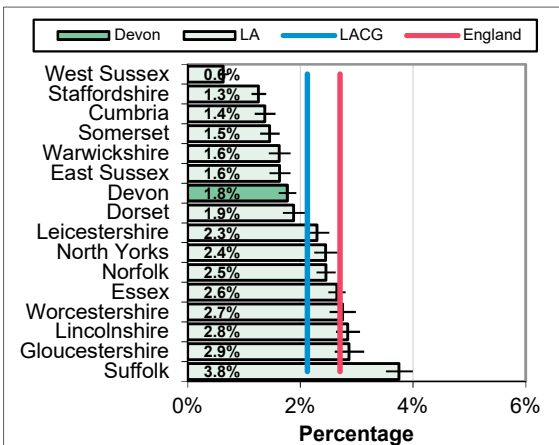
## South West Benchmarking



## Local Authority District

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

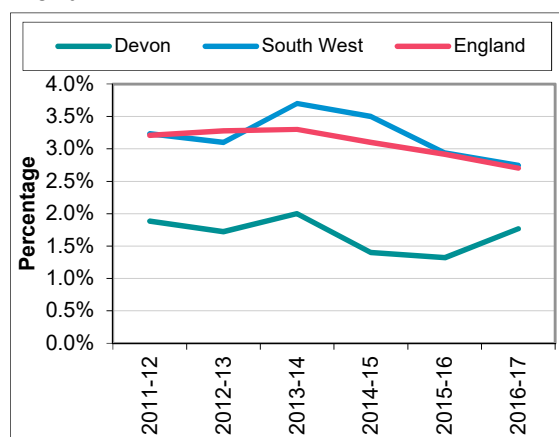
## Local Authority Comparator Group (LACG)



## CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

## Trend



## Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 3:** Good Health and Wellbeing in Older Age

**Indicator:** Re-ablement Services (Coverage)

**Period:** 2016-17

<b>Description</b>	Proportion of older people (65 and over) offered reablement services following discharge from hospital.
<b>Source</b>	Adult Social Care Combined Activity Return and Hospital Episode Statistics.
<b>Update Frequency</b>	Annually around seven months in arrears, 2017-18 due in October 2018.
<b>Outcomes Framework</b>	Adult Social Care Outcomes Framework Indicator 2B Part 2
<b>Detailed Specification</b>	The number of older people (65 and over) offered reablement services as a proportion of the total number of older people discharged from hospitals based on Hospital Episode Statistics (HES)
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Rates cannot currently be calculated at a local level.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Rates are not currently available at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time.
<b>Chart Notes Inequalities</b>	Rates cannot currently be calculated at a local level.



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 3: Good Health and Wellbeing in Older Age

Indicator: Deaths in usual place of residence

Period: 2016

RAG Rating

**G** Green

Amber

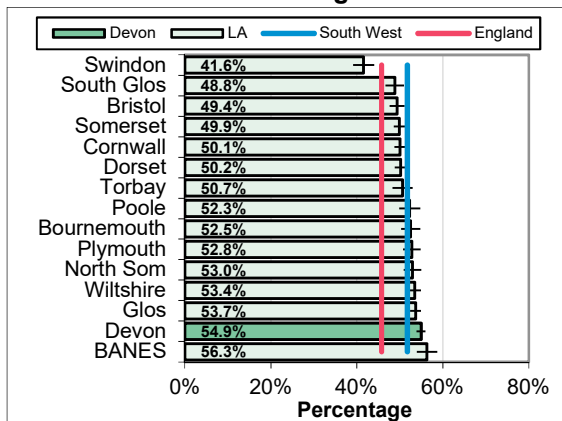
Red

**\*UPDATED INDICATOR\***

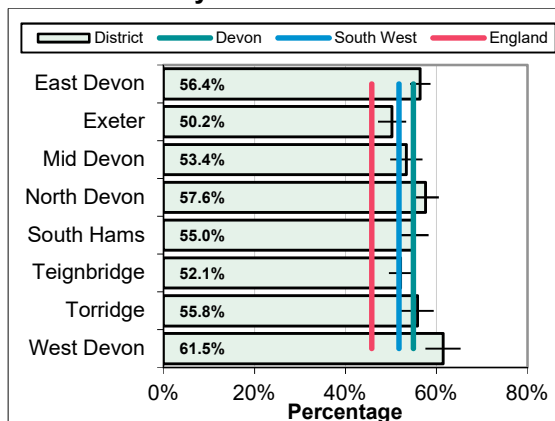
**Overview** 54.9% of Devon residents who died during 2016 did so in their usual place of residence (home, care home or religious establishment). This was significantly above the South West (51.8%), local authority comparator group (48.9%) and England (45.8%) rates. Within Devon the highest rates were in West Devon (61.5%), and the lowest were in Exeter (50.2%). Rates have increased over time, rising from 52.3% in 2015 to 54.9% in 2016.

**Equalities** Rates of death in usual place of residence tend to be higher in less deprived areas, with the lowest rate seen in the most deprived areas of Devon (48.5%). Rates increase with age and higher rates are seen in females. Rates vary by condition, with the highest rates in people with Dementia and Alzheimers (79.6%), and the lowest for respiratory conditions (41.0%).

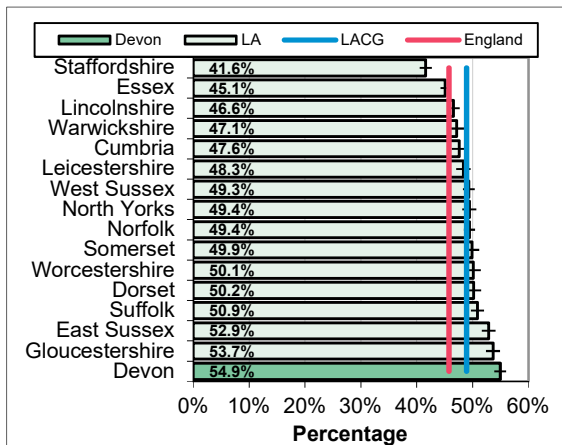
## South West Benchmarking



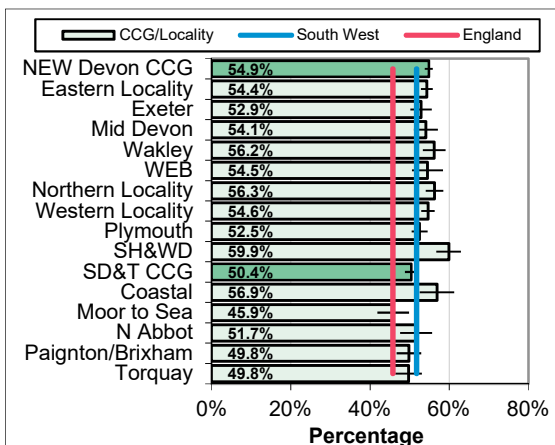
## Local Authority District



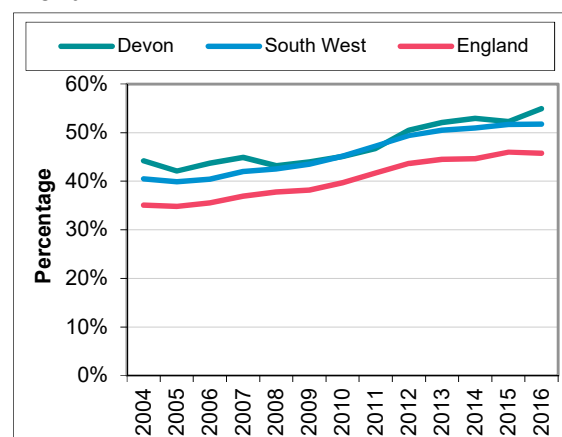
## Local Authority Comparator Group (LACG)



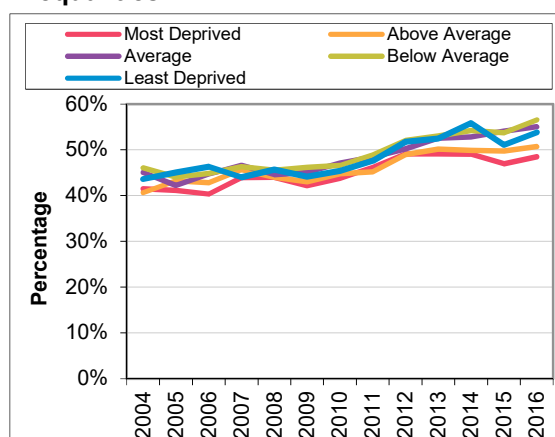
## CCG and Locality Comparison



## Trend



## Inequalities





# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 3:** Good Health and Wellbeing in Older Age

**Indicator:** Deaths in usual place of residence

**Period:** 2016

<b>Description</b>	Deaths in usual place of residence (home, care home and religious establishments) as a percentage of all deaths
<b>Source</b>	End of Life Care Profiles and Primary Care Mortality Dataset
<b>Update Frequency</b>	Annual, 2017 due Autumn 2018
<b>Outcomes Framework</b>	Not applicable.
<b>Detailed Specification</b>	Place of death indicator calculated as: (Deaths at usual residence/All Deaths) x 100% Usual residence is defined as: home, care homes (local authority and non-local authority) and religious establishments. Excludes all deaths from external causes defined by the International Classification of Diseases, Tenth Revision (ICD-10) Codes: V01 - Y89, U50.9. Figures are based on deaths registered, rather than deaths occurring in each year. Each year is based on latest available boundary and establishment type information. In very few cases, this might slightly differ from ONS
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Displays rates for the two Clinical Commissioning Groups in the wider Devon area, their localities, and their sub-localities. This is based on the geographic areas defined at Lower Super Output Area level <a href="http://www.devonhealthandwellbeing.org.uk/library/maps">www.devonhealthandwellbeing.org.uk/library/maps</a> . Error bar is 95% confidence interval.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time.
<b>Chart Notes Inequalities</b>	Compares areas within Devon based on area deprivation. National deprivation quintiles from the 2015 Indices of Deprivation (Index of Multiple Deprivation) used.



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## Priority 4: Strong and Supportive Communities

### Indicator: Stable/Appropriate Accommodation (Learning Dis.)

Period: 2016-17

**\*UPDATED INDICATOR\***

#### RAG Rating

	Green
A	Amber
	Red

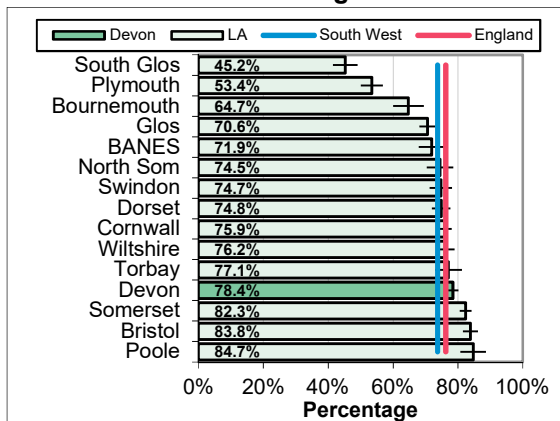
#### Overview

The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and the risk of social exclusion. In 2016-17 78.4% of adults with a learning disability in Devon (known to the council) were living in their own home or with their family, compared with 73.7% in the South West, 75.9% in the local authority comparator group and 76.2% nationally.

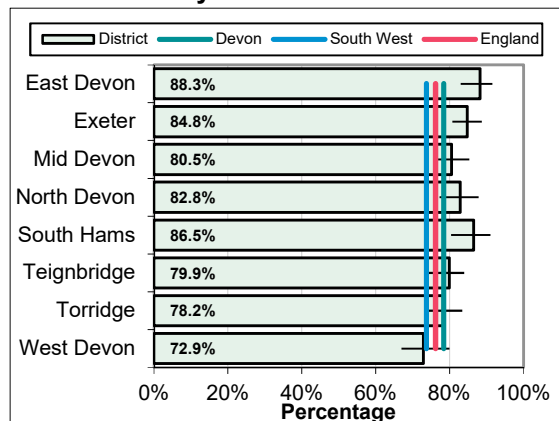
#### Equalities

A higher proportion of younger adults (18-30) with a learning disability are in stable and suitable accommodation in Devon, compared to 31-64 year olds.

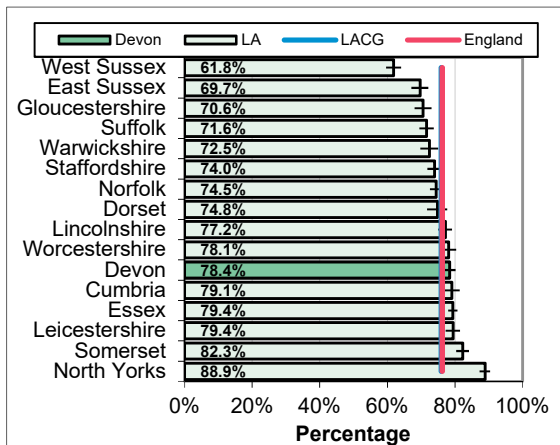
#### South West Benchmarking



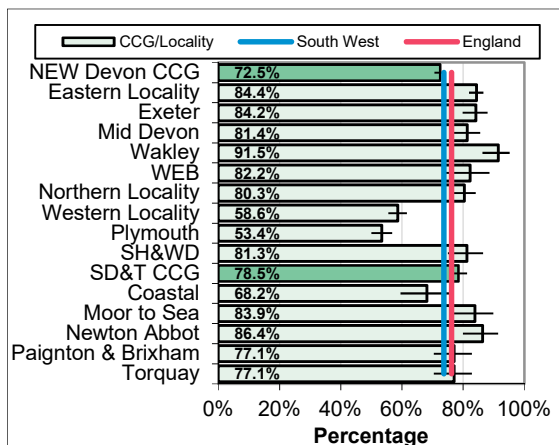
#### Local Authority District



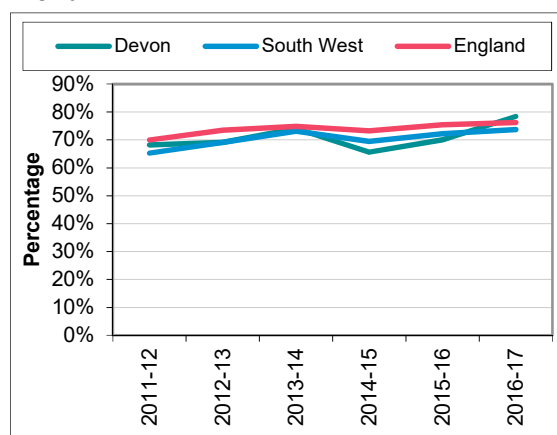
#### Local Authority Comparator Group (LACG)



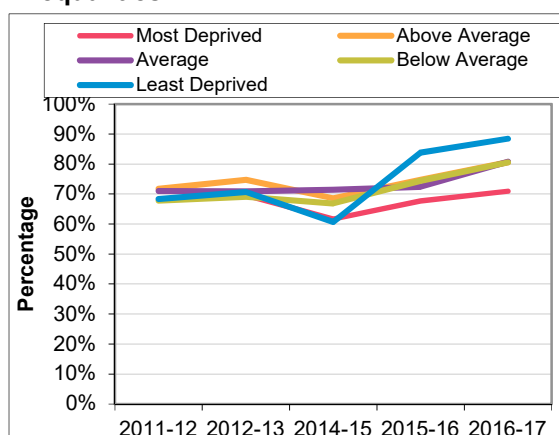
#### CCG and Locality Comparison



#### Trend



#### Inequalities



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 4:** Strong and Supportive Communities

**Indicator:** Stable/Appropriate Accommodation (Learning Dis.)

**Period:** 2016-17

<b>Description</b>	Proportion of adults with a learning disability who live in their own home or with their family.
<b>Source</b>	Adult Social Care Combined Activity Return. National Adult Social Care Intelligence Service (SW Benchmarking, Trend and Comparator Group) DCC Management Information Team (District, Inequalities and CCG / Locality Comparison)
<b>Update Frequency</b>	Annually around seven months in arrears, 2017-18 due in October 2018.
<b>Outcomes Framework</b>	Adult Social Care Outcomes Framework Indicator 1G, Public Health Outcomes Framework Indicator 1.6
<b>Detailed Specification</b>	The proportion of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family. The definition of individuals 'known to the council' is currently restricted to those adults with a learning disability (with a primary client group of LD) who have been assessed or reviewed by the council during the year (irrespective of whether or not they receive a service) or who should have been reviewed but were not.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Rates are not currently available at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time.
<b>Chart Notes Inequalities</b>	Compares areas within Devon based on area deprivation. National deprivation quintiles from the 2015 Indices of Deprivation (Index of Multiple Deprivation) used.



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 5: Life Long Mental Health

Indicator: Stable/Appropriate Accommodation (Mental Health)

Period: 2016-17

## RAG Rating

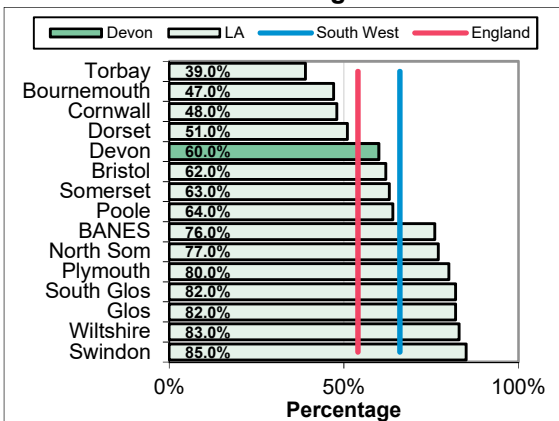
G	Green
	Amber
	Red

**\*UPDATED INDICATOR\***

**Overview** Stable and appropriate accommodation is closely linked to improving safety and reducing the risk of social exclusion. In 2016-17 60.0% of adults in contact with a secondary mental health service in Devon were in stable and suitable accommodation. This is lower than the South West (66.0%) but higher than the local authority comparator group (54.1%), and England (54.0%) rates. Rates have decreased on 2015-16 (63.8%) levels.

**Equalities** Not currently available at a local level.

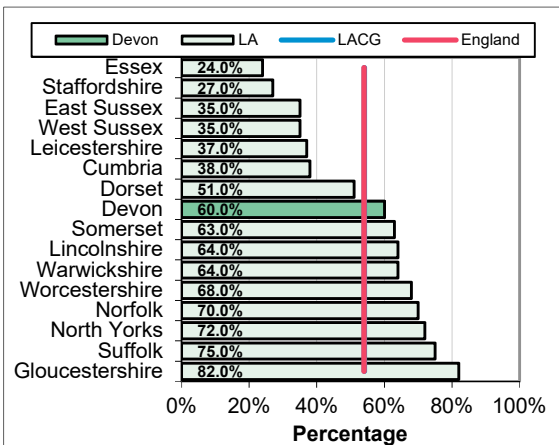
### South West Benchmarking



### Local Authority District

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

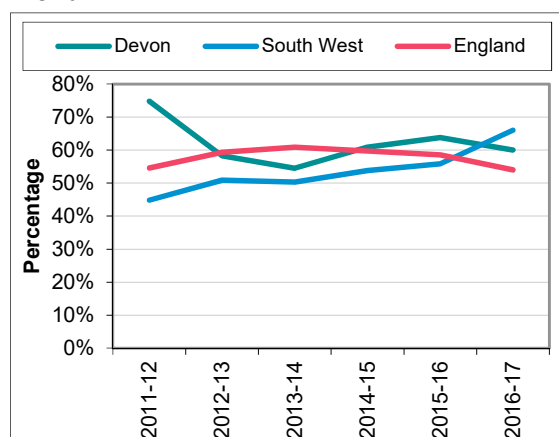
### Local Authority Comparator Group (LACG)



### CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

### Trend



### Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 5:** Life Long Mental Health

**Indicator:** Stable/Appropriate Accommodation (Mental Health)

**Period:** 2016-17

<b>Description</b>	Proportion of adults in contact with secondary mental health services living independently, with or without support.
<b>Source</b>	Mental Health Minimum Data Set v4. National Adult Social Care Intelligence Service (South West Benchmarking, Trend and Local Authority Comparator Group)
<b>Update Frequency</b>	Annually around seven months in arrears, 2017-18 due in October 2018.
<b>Outcomes Framework</b>	Adult Social Care Outcomes Framework Indicator 1H, Public Health Outcomes Framework Indicator 1.6
<b>Detailed Specification</b>	The percentage of adults receiving secondary mental health services living independently at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. 95% confidence intervals are not calculable.
<b>Chart Notes Local Authority</b>	Rates cannot currently be calculated at a local level.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. 95% confidence intervals are not calculable.
<b>Chart Notes CCG/Locality</b>	Rates are not currently available at a Clinical Commissioning Group and locality level.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time.
<b>Chart Notes Inequalities</b>	Rates cannot currently be calculated at a local level.



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 5: Life Long Mental Health

Indicator: Suicide Rate

Period: 2014-2016

## RAG Rating

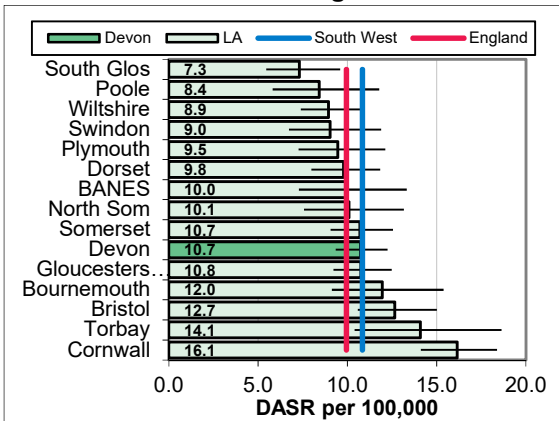
	Green
A	Amber
	Red

**\*UPDATED INDICATOR\***

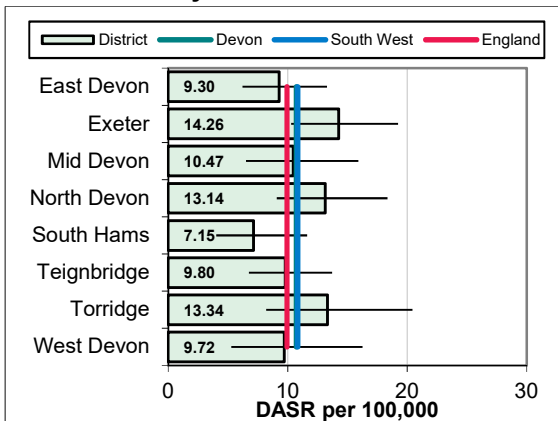
**Overview**  
 Around 70 deaths per annum are registered as suicide or injury undetermined (open verdict), with an direct age standardised rate of 10.7 per 100,000. This was broadly similar to South West (11.0), local authority comparator group (10.7) and England (10.1) rates. Within the county, rates are similar between districts, with no significantly higher rates. Whilst year-on-year variations are seen, rates in Devon have typically remained around or slightly above the national rate.

**Equalities**  
 There are no significant differences in suicide rates based on area deprivation in Devon. Differences by sex are notable, and tend to be low and stable for females and higher and more variable for males. Suicide rates are highest for people in the 40s and 50s and are relatively low for persons in their teens and 20s.

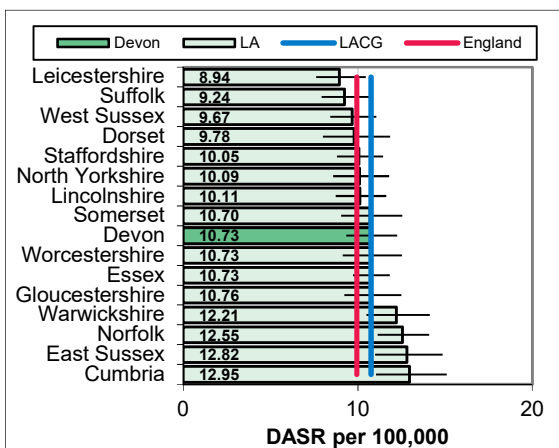
### South West Benchmarking



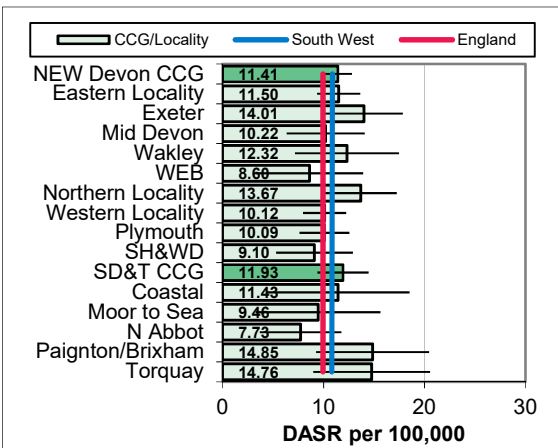
### Local Authority District



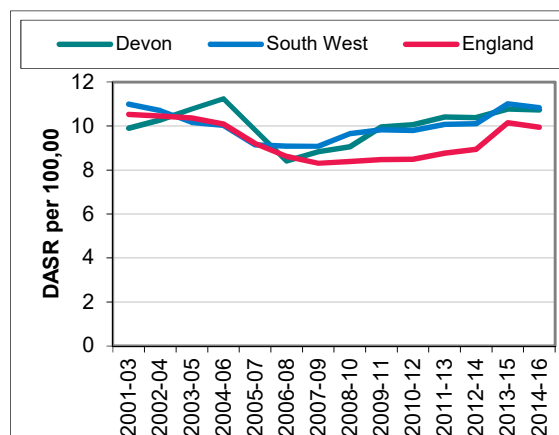
### Local Authority Comparator Group (LACG)



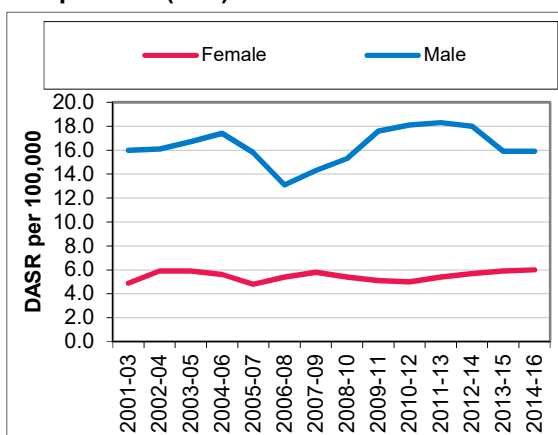
### CCG and Locality Comparison



### Trend



### Inequalities (Sex)



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 5:** Life Long Mental Health

**Indicator:** Suicide Rate

**Period:** 2014-2016

<b>Description</b>	Direct age-standardised mortality rate (DASR) from suicide and injury of undetermined intent per 100,000 population
<b>Source</b>	Office for National Statistics annual death extracts (South West Benchmarking, Local Authority District, Trend and Local Authority Comparator Group). Devon Public Health Intelligence Team (Inequalities and CCG / Locality Comparison)
<b>Update Frequency</b>	Annual, 2017 data due autumn 2018
<b>Outcomes Framework</b>	Public Health Outcomes Framework Indicator 4.10
<b>Detailed Specification</b>	Number of deaths from suicide and injury of undetermined intent (classified by underlying cause of death recorded as ICD10 codes X60-X84 (all ages), Y10-Y34 (ages 15+ only) registered in the respective calendar years, aggregated into quinary age bands, with corresponding mid-year population totals. Age specific rates are calculated and multiplied by the standard population for each age group and aggregated to give the age adjusted count of deaths for the area, and divided by the total standard population and multiplied by 100,000 to give the age standardised mortality rate for the area. New 2013 European Standard population used.
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Displays rates for the two Clinical Commissioning Groups in the wider Devon area, their localities, and their sub-localities. This is based on the geographic areas defined at Lower Super Output Area level <a href="http://www.devonhealthandwellbeing.org.uk/library/maps">www.devonhealthandwellbeing.org.uk/library/maps</a> . Error bar is 95% confidence interval.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time.
<b>Chart Notes Inequalities</b>	Compares areas within Devon based on area deprivation. National deprivation quintiles from the 2015 Indices of Deprivation (Index of Multiple Deprivation) used.



# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 5: Life Long Mental Health

Indicator: Social Contentedness

Period: 2016-17

**\*UPDATED INDICATOR\***

## RAG Rating

	Green
A	Amber
	Red

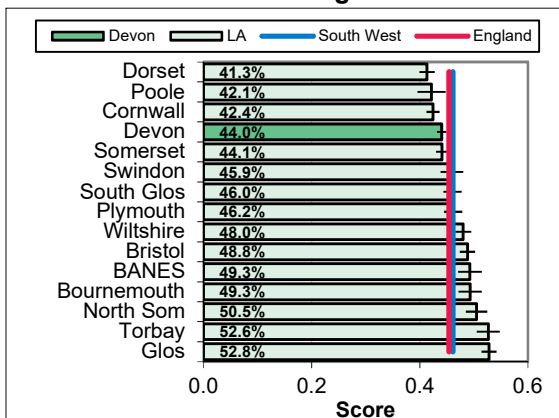
### Overview

44.0% of social care users surveyed in Devon in 2016-17 reported being satisfied with their social situation. This was below the England (45.4%) rate and significantly below the South West (46.1%) and local authority comparator group (47.2%) rates. Within Devon whilst there is some variation in responses at district level, smaller sample sizes mean the differences are not statistically significant.

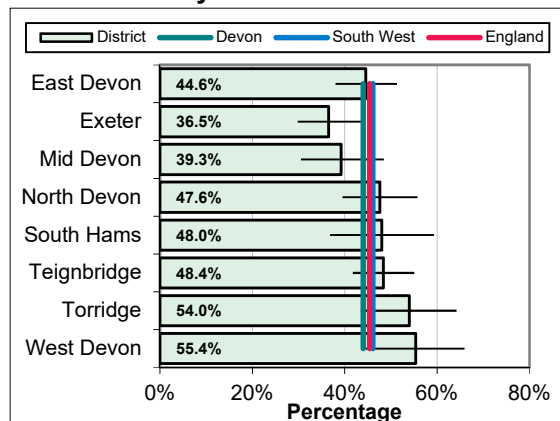
### Equalities

Female social care users in Devon reported being more satisfied with their social situation than male social care users. Social care users with learning disabilities reported being the most satisfied with their level of social contact compared with other client groups.

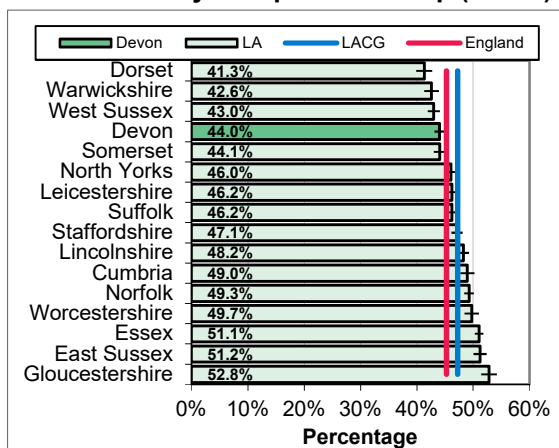
### South West Benchmarking



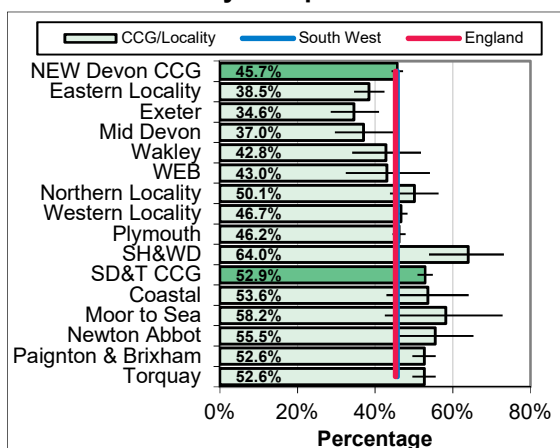
### Local Authority District



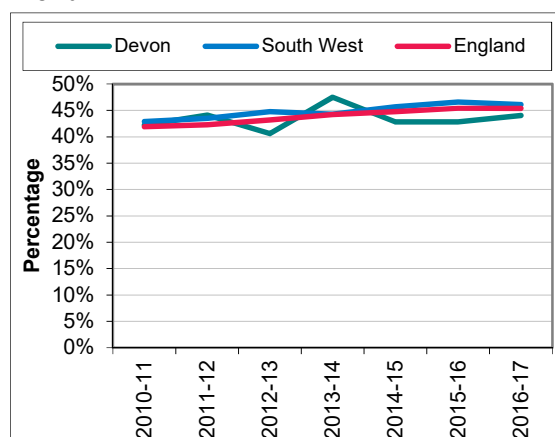
### Local Authority Comparator Group (LACG)



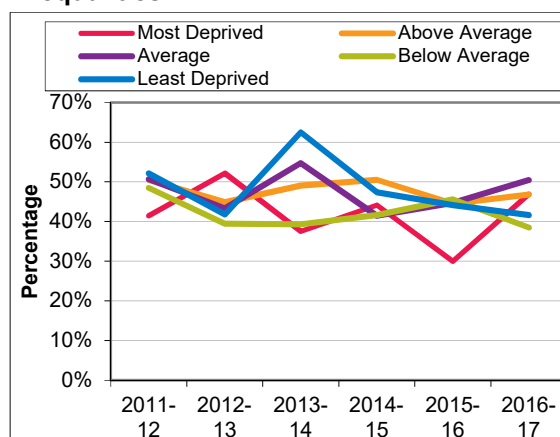
### CCG and Locality Comparison



### Trend



### Inequalities





# DEVON HEALTH AND WELLBEING OUTCOMES REPORT

## INDICATOR SPECIFICATION

**Priority 5:** Life Long Mental Health

**Indicator:** Social Contentedness

**Period:** 2016-17

<b>Description</b>	Proportion of people who use services who reported that they had as much social contact as they would like.
<b>Source</b>	Adult Social Care Survey and Carers Survey. National Adult Social Care Intelligence Service (SW Benchmarking, Trend and Comparator Group) DCC Management Information Team (District, Inequalities and CCG / Locality Comparison)
<b>Update Frequency</b>	Annually around seven months in arrears, 2017-18 due in October 2018.
<b>Outcomes Framework</b>	Adult Social Care Outcomes Framework Indicator 1i, Public Health Outcomes Framework Indicator 1.18
<b>Detailed Specification</b>	The percentage of users responding "I have as much contact as I want with people I like" and carers choosing "I have as much contact as I want" to questions based on their social situation in the Adult Social Care Survey and Carers Survey. Currently just measuring social care users. Measures for users and carers will be presented separately
<b>Chart Notes South West</b>	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
<b>Chart Notes Local Authority</b>	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
<b>Chart Notes Comparator</b>	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
<b>Chart Notes CCG/Locality</b>	Displays rates for the two Clinical Commissioning Groups in the wider Devon area, their localities, and their sub-localities. This is based on the geographic areas defined at Lower Super Output Area level <a href="http://www.devonhealthandwellbeing.org.uk/library/maps">www.devonhealthandwellbeing.org.uk/library/maps</a> . Error bar is 95% confidence interval.
<b>Chart Notes Trend</b>	Compares Devon rate with South West region and England over time.
<b>Chart Notes Inequalities</b>	Compares areas within Devon based on area deprivation. National deprivation quintiles from the 2015 Indices of Deprivation (Index of Multiple Deprivation) used.





## **BETTER CARE FUND PLAN Q2 REPORT**

Report of the Head of Adult Commissioning and Health, DCC, Chief Operating Officer NEW Devon CCG (also representing 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 note this report detailing the Devon Better Care Fund Q2 submission to NHS England.

~~~~~

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

- 1.1 The Better Care Fund is the only mandatory policy to facilitate integration, providing a framework for joint Health and Social Care planning and commissioning, bringing together ring fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant and, from 2017/18, funding paid to local government for adult social care services.
- 1.2 We are required to submit quarterly returns to NHS England, reporting on our performance against a core set of metrics relating to the Better Care Fund. The Health and Wellbeing Board is required to formally endorse the returns.
- 1.3 Submission dates do not always coincide with Health and Wellbeing Board meetings, and in these cases are approved by the Chair and presented to the board retrospectively.
- 1.4 The BCF Q2 return was submitted on 17th November 2017 and this paper provides an overview and summary of that return.

### **2. Compliance with national conditions**

- 2.1 We have confirmed we have met each of the four national conditions

# Agenda Item 6

| National Condition                                                                                                                            | Confirmation |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1) Plans to be jointly agreed?<br>(This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas) | Yes          |
| 2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?                    | Yes          |
| 3) Agreement to invest in NHS commissioned out of hospital services?                                                                          | Yes          |
| 4) Managing transfers of care?                                                                                                                | Yes          |

### 3. Performance against national metrics

| Metric                    | Definition                                                                                                                                      | Assessment of progress against the planned target for the quarter |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| NEA                       | Reduction in non-elective admissions                                                                                                            | On track to meet target                                           |
| Res Admissions            | Rate of permanent admissions to residential care per 100,000 population (65+)                                                                   | On track to meet target                                           |
| Reablement                | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | On track to meet target                                           |
| Delayed Transfers of Care | Delayed Transfers of Care (delayed days)                                                                                                        | Not on track to meet target                                       |

3.1 We are on track to meet three of the four metrics.

# Agenda Item 6

- 3.2 We have declared we are not on track to meet the target for delayed transfers of care. Whilst we have seen positive improvement within the wider system, with reductions across NHS Trusts, we will not have met the very challenging trajectory for Q2.
- 3.3 We have established daily monitoring of delays to identify prevailing issues as they arise. This is happening alongside the implementation of the system wide plan to tackle DTOC, overseen by the A&E Delivery Boards.
- 3.4 Daily monitoring of delayed transfers of care in November shows activity is close to target, however increased activity in the system during early winter will remain a challenge.

Tim Golby  
Head of Adult Commissioning and Health  
Rob Sainsbury  
Chief Operating Officer NEW Devon CCG  
(also representing South Devon and Torbay CCG)

**Electoral Divisions:** All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:

Solveig Sansom, Senior Manager, Adult Commissioning and Health

Tel No: 01392 383 000

Room: 1st Floor, The Annexe, County Hall

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



# Devon Safeguarding Adults Board

## Annual Report

2016–2017



### Welcome from the Chair

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I am pleased to be able to present my first Annual Report of the Devon Safeguarding Adults Board (DSAB). In this last year we have reviewed how the Board effectively functions and in particular how membership of the Board is at the right level across all the organisations which have responsibility for safeguarding and protecting people with care and support needs across Devon.

The Board comprises senior leaders from the NHS Clinical Commissioning Groups as well as Hospitals, Community Healthcare and the Ambulance service, the Police, Probation services and the Prison service, the Fire Service, the Local Authority Adult Social Care, Public Health & Community Safety Partnership and Mental Health.

My role is absolutely independent of all these organisations and my duty as Chair is to ensure that the Board is given adequate assurance that

we are all delivering safe services, and that Board Members hold each other to account for this. For me this means that there is the ability to learn from significant events when people haven't been safe and to make sure that staff across all these organisations are very clear about when people need support and how to intervene to protect those who cannot protect themselves.

When I started my role, I set out that I am personally committed to making the experience of people who are safeguarded, a good personal experience. We have done much to begin to achieve this, through being clear that all staff who work on the front line delivering services have good training and support to help them. We have more to do and especially, if we are to support and promote the ability for people to live as independently as they can; we need to ensure that this goal is well understood by our citizens and all organisations which support and assist people in need. To this effect we will be building in this next year on how we communicate better with the wider public.

I hope that you continue to find this compact version of the Annual Report helpful. For those of you who want more detailed information about the work we have undertaken in this year, may I direct you to our website or feel free to contact the Devon Safeguarding Adult Board Business Manager at: [safeguardingadultsboardsecure-mailbox@devon.gcsx.gov.uk](mailto:safeguardingadultsboardsecure-mailbox@devon.gcsx.gov.uk)

Siân Walker

### Devon Safeguarding Adults Board

This is where senior representatives from member organisations make key decisions relating to Adult Safeguarding. The sub-groups of the Board report, which are listed on the next page, report on progress against their own work plans. At the start of each Board meeting, there is a Personal (anonymised) 'Safeguarding Story' shared by a member to ensure that Making Safeguarding Personal is a focus at each Board.

# DSAB Sub-groups

## Operational Delivery Group

This was a new Group launched in September 2016 which reports directly to the Board. This is where key pieces of work for the Board are developed and delivered through task and finish groups. In 2016/17 this group launched several work streams including developing a DSAB Multi-Agency Policy and a Multi-Agency Performance Data report to provide assurance to the Board. We also began to work with the Safeguarding Children's Board to ensure issues picked up in Safeguarding Children's link to the work with adults and vice versa.

## Mental Capacity Act (MCA) Group

This group ensured that organisations have a good understanding of the MCA and also the Deprivation of Liberty Safeguards as well as reporting on updates to Legislation and the impact it will have on multi-agency practice. This is a joint group with Torbay Safeguarding Adults Board. Joint Chairs were appointed in February 2017 representing both Torbay and Devon. In 2016/17 this group delivered the goals in the MCA section of the DSAB Business Plan, considered learning from reports regarding the Independent Mental Capacity Advocate contract and also began to carry out an audit looking at MCA practice across partner organisations.

## Safeguarding Adults Review Core Group

This group has a key role in organising and delivering the Reviews, ensuring outcomes are passed to the Board for dissemination of key learning and review amongst all partner organisations. In 2016/17 Devon Safeguarding

Adults Board completed 1 Safeguarding Adult Review. We recruited a new Chair to the group who has helped implement an improved process for completing SARs to ensure Making Safeguarding Personal remains at the front of people's minds.

## Learning and Improvement Group

This group makes sure that all organisations are completing the correct level of training and that this training is being used to improve how we Safeguard people. The group's work plan for 2017/18 include self-assessment of partners (including training and Safeguarding practice; development of multi-agency case audit to review how we are Safeguarding people; a review of the Training is offered to staff across partner agencies and DSAB Commissioned training.

## Themed Workshops

These are workshops that were held four times a year to look at key issues within Safeguarding. In 2016/17 these were used to develop the Business Plan for the Board and to review progress of the Mental Capacity Act Group work plan.

## Community Reference Group

This group will be launched in September 2017 and will be co-ordinated with Living Options and Chaired by the Chief Executive of Healthwatch Devon. The main role of this group is to enable the voice of service users to be heard. The Board will be supported and advised by this group to promote strong communication with the public, improved community safety and making safeguarding personal.

# Business Plan

## 2017-18 Priorities

Although all the 9 areas within the Business Plan for 2016–19 will be developed throughout the year, priorities 1–3 will be focused on this year and reported to each Board meeting.

For the next three years, some of the main areas of work for the Board will be:

1. **Improving people's experience of safeguarding which includes the delivery of 'Making Safeguarding Personal' across all partner organisations.**
2. **A focus on promoting independence though proactive work to prevent harm and neglect in care and health services.**
3. **Improving awareness and application of MCA and Best Interests for people.**
4. **Protecting people from harm by proactively identifying people at risk, whilst promoting independence.**
5. **Increasing awareness about Self Neglect and development of support routes.**
6. **Reducing Financial Abuse and Scams.**
7. **Improving Support for Families at risk by building family dimension into everything we do.**
8. **Significantly reducing the prevalence of Modern Slavery & Human Trafficking.**
9. **Prevent (Protecting vulnerable people from being exploited by violent extremism).**



# Partner key achievements

2016–2017

## Devon & Cornwall Police

**1. County lines.** There has been a lot of activity in understanding the exploitation of vulnerable individuals by dangerous drugs networks. All areas of the Force have considered their response to this offence type and reviewed their approach to protecting those being exploited. A number of successful operations have been carried out to disrupt and pursue perpetrators.

**2. Modern slavery.** The Police participated in the recent Home Office trial in relation to the National Referral Mechanism and we eagerly await the result of the evaluation of the pilot arrangements. There has been significant activity around developing the Force response. The Chief Constable holds the National lead around this portfolio.

### **3. Safeguarding Adult Review Core Group.**

Detective Superintendent Keith Perkin has chaired the DSAB sub-group and played a significant role in developing the DSABs approach to Safeguarding Adult Reviews.

## Care Quality Commission

**1.** Preventative measures; three sub group meetings now take place across Devon to talk about services that are at risk and gives a good picture of what is happening in Devon to develop working practices.

**2.** The first ratings inspection programme was completed during 2016/17.

**3.** Positive inter-agency working has continued to be developed.

## HMP Exeter

**1.** There has been great emphasis on working well with partner agencies.

**2.** There is zero tolerance to weapons and violence in prison. This is leading to good relationships with the police. The overall impact of this is that the prison feels safer as a whole.

**3.** There is a Special Care unit in place within the prison which supports prisoners with care and support needs.

## Public Health Devon

**1.** During the year, improved links have been made between the DSAB and other strategic groups for example the current Chair of the Safer Devon Partnership, responsible for undertaking Domestic Homicide Reviews, is a member of the DSAB to ensure learning is shared with members.

**2.** Monthly multi-agency Prevent meetings have been convened to discuss and agree support for a small number of individuals identified at risk of being drawn into violent extremism.

**3.** Channel Panel: The Prevent Partnership has been developed to support people, communities and professionals mitigate and respond to risks of extremism and threats of terrorism.

## NHS South Devon and Torbay Clinical Commissioning Group (SDTCCG)

**1.** The Primary Care safeguarding nurse is now an established role within the CCG, working with and supporting primary care in relation to safeguarding adults and children. This role has a clear work plan to support the CCG and member GPs in meeting their statutory duties.

**2.** Safeguarding taken wider, e.g. training for dentists. After receiving funding from NHS England in early 2016 SDTCCG commissioned a training company to deliver Level 2 safeguarding adult and safeguarding children to dental practice members to increase their knowledge and understanding of the issue of neglect and self-neglect and its impact upon the health and well-being of adults, vulnerable children and young people.

**3.** Partnership working to help achieve change has continued to be a key role for the CCG at both a strategic and operational level. This has included leadership of work streams as well as chairing the joint Learning and Improvement Subgroup.

## Devon Partnership NHS Trust

**1.** The Trust has established a Safeguarding Team to ensure Safeguarding is a focus for the organisation. The role of this team has a key function in generating awareness and understanding across all areas of practice.

**2.** We have launched an internal Safeguarding Programme to ensure staff have the correct levels of up-to-date training.

**3.** From a clinicians point of view a Safeguarding App has been developed to ensure clear and accurate Safeguarding information is readily available to front line staff.

## NHS NEW Devon Clinical Commissioning Group

**1.** There is continued emphasis given to the importance of investment in safeguarding within the organisation.

**2.** There is a MCA/Deprivation of Liberty Safeguards lead in place to ensure this function has prominence across the CCG.

**3.** There a good relationship with local authority contacts in place when safeguarding issues occur.

### Devon County Council Adult Social Care

1. There has been a shift for adult social care over last three years with working proactively with care and support providers and this has continued in 2016/17.
2. Ongoing efforts have been in ensuring that Making Safeguarding Personal remains at the heart of all of our work. Learning has been drawn from Safeguarding processes to establish what has happened to individuals and lessons have been learned which improve how we are developing services.
3. There is evidence of people working well together to manage situations where difficulties have arisen. This has led to people feeling safer to share their concerns.

### Northern Devon Healthcare NHS Trust

1. Training take-up has increased across the organisation, ensures staff have the correct knowledge and information to carry out their role.
2. The Learning Disability liaison service was developed which is having a positive effect on the application of MCA and Best Interest making.
3. The Safeguarding Adults Lead for the Trust is co-located with children's team which help ensure 'Think Family' principals are embedded across the Trust.

### Devon Safeguarding Adults Board

Web: <https://new.devon.gov.uk/devonsafeguardingadultsboard>  
 Email: [safeguardingadultsboardsecure-mailbox@devon.gcsx.gov.uk](mailto:safeguardingadultsboardsecure-mailbox@devon.gcsx.gov.uk)

### Torbay and South Devon NHS Foundation Trust

1. Introducing 'Freedom to Speak Up Guardians' – The scheme allows any member of staff to raise concerns in confidence to appointed independent people, confident in the knowledge that they will be listened to, that action will be taken and that they will be thanked and acknowledged for living the values of the NHS.
2. Placing the making safeguarding personal agenda at the heart of safeguarding training. Our training focuses on person centred not process driven responses, empowering people to maintain choice and control throughout safeguarding enquiries.
3. Piloting the use of a mental capacity act rapid assessment tool. The tool allows front line staff in hospital settings to have better access to resources to support assessment and decision making with regards to the Mental Capacity Act 2005.

### Devon, Dorset and Cornwall Community Rehabilitation Company

1. Safeguarding was firmly placed on the agenda for the organisation which means its importance is continually stressed while developing policy and practice.
2. There was a new training package for all Working Links organisations launched in 2016/17 which includes safeguarding which has increased awareness of key issues.

### National Probation Service

This year we produced a guidance document in relation to Safeguarding Adults. This has crystallised our approach to working to the principles Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability all underpin our adult safeguarding work.

### Royal Devon and Exeter Hospital NHS Foundation Trust

1. There is now an Independent Domestic Abuse Advisor (IDVA) present on RD&E site one day per week – this pilot started February 2017.
2. The Senior Safeguarding Nurse Specialist will improve our team's capacity to respond to the demands of safeguarding in the community, linking the acute and community aspects of the Trust.
3. Over 90% of all staff trained consistently in Safeguarding Adults. Domestic abuse training statistics are also increasing steadily.

### South Western Ambulance Service NHS Foundation Trust (SWASFT)

1. SWASFT developed strong links with a large care provider regarding referrals which lead to a greater understanding of roles and responsibilities especially with people who fall but don't injure themselves.
2. The Named Safeguarding Professional for SWASFT now attends a Care Peer Group Forum to discuss any issues, shared best practices and agree required actions.
3. SWASFT contributed to 19 Safeguarding Adults Reviews to review lessons learned and implement good practice across Devon.



## Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council and Cornwall and the Isles of Scilly Councils

2016 - 2017

17 November 2017



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## 1. Introduction

- 1.1 This report provides a summary of the assurance functions of the Devon and Cornwall Health Protection Committee and reviews performance for the period from 1 April 2016 to 31 March 2017, for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly.
- 1.2 The report considers the following domains of health protection:
- Communicable disease control and environmental hazards;
  - Immunisation and screening;
  - Health care associated infections and anti-microbial resistance.
- 1.3 The report sets out:
- Structures and arrangements in place to assure performance;
  - Performance and activity in all key areas during 2016-17;
  - Actions taken to date against the programme of health protection work priorities established by the committee for the period 2016 to 2017;
  - Priorities for the work programme 2017/18.

## 2. Assurance Arrangements

- 2.1 On 1 April 2013, the majority of former NHS Public Health responsibilities transferred to upper tier and unitary local authorities including the statutory responsibilities of the Director of Public Health. Local authorities, through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. The scope of health protection in this context includes:
- Prevention and control of infectious diseases;
  - National immunisation and screening programmes;
  - Health care associated infections;
  - Emergency planning and response (including severe weather and environmental hazards).
- 2.2 The Health Protection Committee is formally mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council and Cornwall Council and the Council of the Isles of Scilly.
- 2.3 The aim of the Health Protection Committee is to provide assurance to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly that adequate arrangements are in place for prevention, surveillance, planning and response to communicable disease and environmental hazards, required to protect the public's health.
- 2.4 Terms of Reference for the Committee were agreed by Local Authority Directors of Public Health, their Health Protection Lead Officers, and representatives from Public Health England, NHS England Area Team and the Clinical Commissioning Groups.
- 2.5 By serving four Local Authorities, the Committee allows health protection expertise from four public health teams to be pooled in order to share skill and maximise capacity. For

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external partners whose health protection functions serve a larger geographic footprint, this model reduces their need to attend multiple health protection meetings with similar terms of reference and considers system-wide risk more efficiently and effectively.

- 2.6 The Committee has a number of health protection subgroups supporting it to identify risks across the health protection system and agree mitigating activities for which the Committee provides control and oversight. As illustrated in **Appendix 1**, these include:
  - Devon, Cornwall and Somerset Health Care Associated Infection Network;
  - Devon Antimicrobial Stewardship Group;
  - Cornwall Antimicrobial Resistance Group;
  - Health Protection Advisory Group for wider Devon;
  - Cornwall Directors of Infection Control Group;
  - Devon, Cornwall and Isles of Scilly Screening and Immunisation Overview Groups;
  - Local Health Resilience Partnership.
- 2.7 Terms of Reference for each of these groups are regularly reviewed to ensure they reflect the assurance arrangements overseen by the Health Protection Committee.
- 2.8 The Local Authority Lead Officers review surveillance and performance monitoring information in order to identify health protection risks and/or underperformance prior to Health Protection Committee meetings. Officers are responsible for liaising with relevant partners to ensure that actions have been agreed to mitigate against a particular risk identified, or to improve performance. The outcomes of these discussions are formally reported to the Health Protection Committee for consideration and agreement.
- 2.9 Meetings of the Committee 2016-17 were held on 4 May 2016, 3 August 2016, 2 November 2016 and 1 February 2017.
- 2.10 A memorandum of understanding, which specifies the roles and responsibilities of the various agencies involved in Health Protection, is in place.

## 3. Prevention and Control of Infectious Diseases

### Organisational roles and responsibilities

- 3.1 NHS England is responsible for managing and overseeing the NHS response to an incident, ensuring that relevant NHS resources are mobilised and commanding or directing NHS resources as necessary. Additionally, NHS England is responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health.
- 3.2 Public Health England, through its consultants in communicable disease control, will lead the epidemiological investigation and the specialist health protection response to public health outbreaks or incidents and has responsibility for declaring a health protection incident, major or otherwise.
- 3.3 The Clinical Commissioning Group's role is to ensure, through contractual arrangements with provider organisations, that healthcare resources are made available to respond to health protection incidents or outbreaks (including screening/diagnostic and treatment services) although financial arrangements have yet to be finalised.

- 3.4 The Local Authority, through the Director of Public Health or their designate, has overall responsibility for the strategic oversight of an incident or outbreak which has an impact on their population's health. They should ensure that an appropriate response is put in place by NHS England and Public Health England, supported by the Clinical Commissioning Group. In addition, they must be assured that the local health protection system is robust enough to respond appropriately in order to protect the local population's health, and that risks have been identified, are mitigated against, and are adequately controlled.

## **Surveillance Arrangements**

- 3.5 The Public Health England Centre provides a quarterly report for its catchment: Devon, Cornwall and the Isles of Scilly and Somerset. The report provides epidemiological information on cases and outbreaks of communicable diseases of public health importance. A quarterly report is also produced at council level.
- 3.6 Fortnightly bulletins are produced throughout the winter months, providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus. These bulletins report information for the Public Health England Centre geography (Devon, Cornwall and the Isles of Scilly, and Somerset).
- 3.7 The Health Protection Advisory Group, convened quarterly, provides a forum for hospital microbiologists, environmental health officers, consultants in public health and infection control nurses to share intelligence, and any risks identified in local arrangements to manage communicable disease incidence.

## **Disease outbreaks and incidence 2016-17**

### **Measles**

- 3.8 There were 50 confirmed cases of measles across Devon, including Torbay and Plymouth, in 2016/7, with an additional number of suspected cases. Only two confirmed cases were reported in Cornwall. Cases were noted initially in teenagers in an area of South Devon with low MMR uptake, and spread across the whole county with transmission being noted at festivals. Measles outbreaks were seen in other areas of England in 2016/7.

### **Hepatitis A**

- 3.9 In 2016 a large outbreak of hepatitis A was seen across Europe, predominantly affecting men who have sex with men (MSM). Cases of acute hepatitis A were seen in Devon and West Cornwall that were linked to this outbreak. Nationally, vaccine recommendations were made and disseminated to genito-urinary medicine clinics in an attempt to reduce ongoing transmission.

### **Cryptosporidium**

- 3.10 189 cases of cryptosporidium were diagnosed across Devon, Torbay and Plymouth in 2016/7, representing a year-on-year increase from 2013/4 onwards, consistent with the national picture. 112 cases were diagnosed in Cornwall. In an attempt to better understand the risk factors for this increase, a pilot of the use of an online questionnaire is being conducted across some of the South West local authorities.

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## **Influenza incidence and outbreaks in care homes**

- 3.11 Rates of reported influenza and flu-like illness were largely consistent with the national picture. In the 2016/7 influenza season to the end of March 2017, there was a large number of reported influenza outbreaks in care homes in Devon (18 outbreaks) and Torbay (six), with only one in Cornwall and none in Plymouth. Work is ongoing to assess levels of staff immunisation uptake in care homes, with a view to improving this for 2017/18 onwards. Influenza rates are shown in **Appendix 2**.

## **Meningococcal infection**

- 3.12 During April 2016 to March 2017 there were ten cases of probable or confirmed meningococcal disease in both Devon and Cornwall, seven in Plymouth and six in Torbay. The graphs in **Appendix 2** show the rates for Devon, Plymouth, Torbay and Cornwall compared to the overall rate across the Public Health England South-West centre area. It should be noted that large variations are seen in areas with small populations (such as Torbay) as a result of a small number of cases.

## **Tuberculosis**

- 3.13 As of 2015 the incidence of tuberculosis across the South-West of England remained low compared to the average for England. The figure and table in **Appendix 2** demonstrate the average incidence rate by local authority from 2013-2015.

## **Norovirus and gastroenteritis**

- 3.14 Incidences of norovirus and gastroenteritis were relatively high for Cornwall, low for Devon, and consistent with the England average in Torbay & South Devon, and Plymouth. Rates of norovirus and gastroenteritis are shown in **Appendix 2**.

## **Scarlet fever and invasive Group A Streptococcus (iGAS)**

- 3.15 In 2016/7 there were 315 suspected or confirmed cases of scarlet fever reported across Devon, Torbay and Plymouth, largely consistent with the previous two years and just below the South West average. Numbers of invasive Group A Streptococcus (iGAS) were consistent with those seen in the preceding two years for Devon, Cornwall and Torbay, whereas Plymouth had 24 cases compared to 11 in 2015/16 and 13 in 2014/15. Rates are shown in **Appendix 2**.



## 4 Immunisation and Screening

### Organisational Roles/Responsibilities

- 4.1 NHS England is accountable for all national screening and immunisation programmes commissioned via the Section 7A arrangements. NHS England is the lead commissioner for all immunisation and screening programmes except the six antenatal and newborn programmes that are part of Clinical Commissioning Group Maternity Payment Pathway arrangements, although NHS England remains the accountable commissioner. A list of all national screening programmes is included at **Appendix 4**.
- 4.2 Public Health England is responsible for setting national screening and immunisation policy and standards through expert groups (the National Screening Committee and the Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff in Screening and Immunisation Teams, employed by Public Health England, work alongside NHS England Public Health Commissioning colleagues to provide accountability for the commissioning of the programmes, and system leadership.
- 4.3 Local Authorities, through the Director of Public Health, are responsible for seeking assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local populations. Public Health Teams are responsible for both protecting and improving the health of their local population under the leadership of the Director of Public Health, including supporting Public Health England in projects that seek to improve programme coverage and uptake.

### Assurance Arrangements

- 4.4 Public Health England South West Screening and Immunisation Team provides quarterly reports to the Devon, Cornwall and Isles of Scilly Health Protection Committee for each of the national immunisation and screening programmes. Due to the nature of the programmes and the NHS England and Public Health England data capture and validation processes (with the exception of the seasonal influenza vaccination programme) real time data are not available for all programmes and for some programme reports are up to two calendar quarters in arrears. Reports are considered by lead Local Authority Consultants in Public Health and any risks identified are considered with Public Health England specialists to agree mitigating activities.
- 4.5 Serious incidents that occur in the delivery of programmes are reported to the Director of Public Health for the Local Authority and to the Health Protection Committee.
- 4.6 There are oversight groups (Programme Boards) for all screening programmes, and these form part of the local assurance mechanisms to identify risks to delivery. In addition, specific project groups are convened as necessary to oversee significant developments in the programmes and the introduction of new programmes. For all immunisation programmes, oversight and assurance is achieved through a multiagency locality immunisation group, one for each local authority area. In addition, there is a separate Seasonal Influenza Immunisation Board for the Devon, Cornwall and Isles of Scilly area. All the oversight groups have terms of reference and clear escalation routes to ensure accountability both within NHS England and Public Health England and into individual partner organisations.

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## Immunisation performance 2016-17

- 4.7 Immunisation performance throughout 2016-17 is detailed in **Appendix 3**. This data is taken from the national coverage statistics, which for the first time this year is accompanied by an interactive web-based data dashboard that allows users to visualise vaccine coverage data down to local authority level and has local and national trends for the years 2013-14 to 2016-17. The dashboard can be accessed via the link below: [National annual childhood immunisation coverage 2016/17](#)

Key points include:

- Coverage of childhood immunisations continues to be high in Plymouth, Devon and Cornwall (mostly over 90%) but the national target of 95% is not being met for several of the programmes.
- Performance across the range of childhood immunisation programmes is generally stable. However, coverage is variable and requires continued attention to ensure that the local population is protected and does not become susceptible to outbreaks of vaccine preventable diseases.
- MMR (Measles, Mumps and Rubella) coverage at 5 years has improved gradually over time and is now over 90% for all doses in all three local authority areas. Herd immunity with coverage of 95% or above is achieved for: Cornwall MMR1 at 2 years, Plymouth MMR1 at 2 years and 5 years, Devon MMR1 at 5 years.
- Rotavirus coverage in Devon (82.7%) is significantly lower than the England average (89.6%). This is an outlier and requires further investigation. This immunisation is time-limited as the first dose has to be given no later than 15 weeks and the second dose (which must be at least one month after the first dose) must be given no later than 24 weeks of age. If there is a delay in invitation or attendance for the immunisation, the baby will not be able to be vaccinated.
- Immunisation coverage is reported quarterly and in-year variation is not uncommon. Investigations suggest that these are in the main due to data issues rather than true variation in uptake. This is in part because of the challenges with manual call-recall and data flow processes between GP practices and other immunisation providers and the local Child Health Information Services (CHIS).
- HPV (Human Papilloma Virus) coverage in Devon is in line with the national rates. Coverage for the 2016/17 academic year is due to be published in Autumn 2017.
- HPV coverage in Cornwall has historically been reported as low. Up until September 2016, all school-aged immunisations were delivered in GP practices, and the programme was run over a whole 12 month period. As a result, not all immunisations were captured in the national reporting process and this has in part explained the lower uptake. From September 2016, all school aged immunisations in Cornwall are now delivered in the school setting and it is hoped that the 2016/17 data, when published, will report rates more in line with regional and national averages.
- The 2016/17 annual data for Shingles is awaited. Uptake has been static with rates averaging around 50-60% (2015/16 England rate is 54.9%). Work is underway to support practices to increase uptake (see below).
- Highlights of the influenza vaccination uptake in 2016/17 were:
  - A large increase in uptake of vaccination in frontline healthcare workers in all providers except Cornwall GP practices - almost certainly due to the national CQUIN;

- An increase in uptake in children, particularly in the school age programme (exceptions were children aged 4 in Cornwall, and year 2 children in South Devon and Torbay);
- A small increase in uptake across all adult groups with a few exceptions.

## **Developments in national immunisation programmes during 2016-17**

### **Childhood immunisations**

- 4.8 Meningitis B was introduced in the routine schedule in September 2015 and coverage, as expected, has continued to be high during 2016/17.
- 4.9 Although uptake in Plymouth, Devon, Cornwall and the Isles of Scilly is generally good, nationally there is a small downward trend in uptake of childhood immunisations. A national group has been set up to review the evidence for improving uptake and to make recommendations for action. Locally, these actions will be incorporated into the work of the locality immunisation groups.
- 4.10 As part of the work the Screening and Immunisation Team is doing to support an improvement in coverage and reduction of inequalities, a South West needs assessment for 0-5 year old vaccinations and a survey of GP practices have been completed. The main recommendations for Plymouth, Devon, Cornwall and Isles of Scilly included a need to better understand some of the inequalities in the area, a focus on MMR by the age of 5 (this will also have a knock on effect on improving uptake for the other ages), improving data flows between Child Health and GP practices, targeted support for practices with low uptake, and improving awareness in general practice of immunisation training. These findings are being considered by the locality immunisation groups and will result in more targeted action plans in each area.
- 4.11 Nationally, MMR has been agreed as a priority and a UK Measles and Rubella Elimination Strategy, the UK contribution to the WHO European regional target to eliminate both measles and rubella infections by 2020, is being developed. NHS England 2017/18 commissioning intentions support this work. The Screening and Immunisation Team is working through the locality immunisation groups to develop robust multiagency action plans to achieve 95% MMR coverage and address low uptake generally. The recommendations of the needs assessment are informing these plans. The local work and strategy have been used to inform the recently published MMR Spotlight report. This highlights the need for a multiple, individualised, and a “never too late” approach, as the parents declining MMR and other childhood immunisations are not a single homogenous group.
- 4.12 In Sept 2017, the World Health Organisation (WHO) confirmed that the UK, as at the end of 2016, is among 42 of the 53 countries within the WHO European Region that have achieved ‘measles elimination’. Elimination is defined as an absence of endemic measles transmission for a period of at least 12 months. In practical terms this means that there is evidence of interruption in transmission of infections when a case occurs, such that there are either no further cases in the contact group or only a small number of cases and no spread of infection into the wider community. This is a significant achievement and reflects the continued work by many partners nationally and locally to continue to drive uptake upwards, and to achieve and then maintain 95% coverage of the MMR vaccine and herd immunity. Over the past three years, there have been several thousand cases of measles across the UK, and a handful of deaths, and these are all likely to have originated from overseas. It is important to remember that although measles is no longer endemic to the UK, measles cases continue to occur as a result of infections from abroad,

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and that unvaccinated individuals and communities continue to be vulnerable, so the work to maximise coverage needs to continue.

## **Targeted immunisations – Hepatitis B and BCG**

- 4.13 The Screening and Immunisation Team has developed a robust pathway and failsafe process to follow-up babies born to Hepatitis B positive mothers to try to ensure all infants complete the full schedule, thus minimising the risk of contracting the infection. The Screening and Immunisation Team has also launched the dried bloodspot scheme for Hepatitis B serology testing at 12 months, which it is hoped will result in greater uptake of the test.
- 4.14 During 2016, there was an international shortage of BCG (Tuberculosis) vaccine. This situation continues to be managed by the National Immunisation Team. An interim alternative supply of a UK unlicensed vaccine was secured, and in order to minimise the impact and protect the most vulnerable, national priority groups were agreed. Vaccine has primarily been restricted to the infant neonatal programme as they are at greatest risk from infection. Since August 2017, a new supply of UK licenced vaccine has become available. This will remain restricted to the highest priority groups and catch-up for children up to age 12 months in the first instance, and then children up to six years.

## **School aged immunisations**

- 4.15 In September 2016, delivery of school aged immunisations in Cornwall moved to a school setting, following a procurement process for this service. All areas of the South (South West) now have school-based delivery. It is hoped that this will lead to further improvement of uptake rates.
- 4.16 2016/17 was the last academic year of the MenACWY (Meningitis) catch-up for Year 11 (school based) and Year 13 (GP based) vaccinations. From September 2017, Td/IPV (teenage booster) will move to Year 9 school based vaccination and will be delivered alongside the routine MenACWY cohort.

## **Child Health Information Services (CHIS)**

- 4.17 NHS England/Screening and Immunisation Team has set up quarterly CHIS monitoring meetings to formalise the governance of CHIS services. These include monitoring of key performance indicators, and quality audits.
- 4.18 The Screening and Immunisation Team has been working with the South West Child Health Information Service (CHIS) Managers' Communities of Practice Group to improve the CHIS immunisation call-recall processes and pathways, and standardise these as far as possible across the South West.
- 4.19 The timeliness and comprehensiveness of immunisation information sharing between GP practices and CHIS, and the internal CHIS processes, can have a significant impact on the quality of nationally reported data and can account for some of the variation in coverage over time. The Screening and Immunisation Team has therefore been working closely with several of the CHIS teams as they have undertaken detailed work to review processes and to synchronise data between practices and to improve the timeliness of return of immunisation data by GP practices to CHIS. It is expected that this will help to improve coverage rates. The Screening and Immunisation Team is liaising closely with the relevant Local Medical Committees, some of whom have raised concerns, and will continue to keep them up to date with progress.

## Adult immunisations

### Pertussis and flu vaccination in pregnancy

- 4.20 Pertussis vaccination in pregnancy was introduced in England in 2012 as an outbreak response to a nationwide rise in pertussis infections and deaths in the very young. Due to ongoing infection rates and deaths, the programme has been continued. The most recent national data, extracted from 93% of GP systems across the South West, shows that uptake in 2016 has significantly increased and is at its highest level of 76.4%. This is higher than the England average. It is thought that this increase is due to the change in policy that means immunisation can be given earlier, from 16 weeks gestation, although it is normally given after the mid trimester foetal anomaly scan. The Screening and Immunisation Team has been working closely with the Children and Maternity Strategic Clinical Network to improve uptake of all vaccinations in pregnancy, through enhanced partnerships between primary care and maternity, and awareness training for midwives.

### Shingles

- 4.21 For the past year, the Screening and Immunisation Team has been feeding back practice level rates to GP practices to encourage additional activities to target eligible patients, and using national resources to promote the eligible age cohorts with the public. As uptake rates remain static, plans are being made for additional work during 2017/18, and these will come to the locality immunisation group for tailoring to each local area.

### Influenza Immunisation

- 4.22 In 2016/17, the key changes in the South West seasonal flu programme were the successful expansion of the child flu programme to include all children aged 2, 3 and 4, and to all children in school years 1, 2 and 3. Also, the Community Pharmacy Seasonal Influenza Vaccination programme was recommissioned after a successful first year in 2015/16, when almost 250,000 additional patients chose to receive vaccinations in a community pharmacy.

### Key issues for immunisation programmes in Plymouth, Devon, Cornwall and Isles of Scilly in 2017/18

- 4.23 In August 2017, universal Hepatitis B vaccination is to be introduced in to the primary immunisation schedule. This will be via a new hexavalent vaccine. The current targeted neonatal immunisation programme for babies born to Hepatitis B positive mothers will remain.
- 4.24 The national CHIS digital strategy was launched in 2016. This is likely to have a significant impact on the model of CHIS services in the future and the way that parents are offered immunisations for their children. It will also increase the efficiency of data sharing processes and lead to improvements in the timeliness and accuracy of immunisation data. The aim of the strategy is to achieve full interoperability between CHIS and GP practices and other related systems and to achieve web-based access to parents and professionals working with children. In the South West, NHS England will be reviewing service specifications to ensure that as this work evolves, providers of CHIS services and child health IT services develop services to meet the requirements of the digital strategy. The strategy includes a move to an electronic Red Book (Parent held Child Health Record).

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- 4.25 During 2017/18, NHS England will be undertaking a procurement for CHIS services (for the whole of the South (South West) area, and for school aged immunisations (for Bristol, North Somerset and South Gloucester and Devon).
- 4.26 To further increase uptake of pertussis and flu vaccination in pregnancy, the Screening and Immunisation Team will be working with all maternity units and hopes to achieve a primarily maternity-based delivery model for pertussis and flu in pregnancy rather in general practice. It is envisaged that by offering immunisation as part of routine obstetric care that this will enable more women to take up the offer of immunisation. This has already been piloted in some maternity units and it is hoped that by the end of 2017/18 all providers will have introduced this new offer.
- 4.27 To improve the uptake of shingles vaccination, during Autumn 2017 the Screening and Immunisation Team will be providing GP practices with their individual practice level uptake data and a newly developed resource pack including policy updates on changes to eligibility, a best practice guide that outlines key actions to improve uptake, and a range of Public Health England promotional materials. The resource pack is being developed from best practice across South West GP practices that are achieving high vaccine uptake. The Screening and Immunisation Team is also planning a patient facing communications campaign, supported by the NHS England Communication Teams, to raise awareness and increase demand from the public.
- 4.28 At the end of the influenza season, a South West stakeholder debrief meeting for all parts of the programme was held and priorities for 2017/18 identified by consensus:
- Care home and housebound patients: strengthening commissioning of split services payments;
  - Social care staff: joint research project to look at how to increase uptake planned (NHS England, PHE Field Epidemiology Service and PHE National Flu Lead);
  - Childhood flu programme: reception age, special schools, under 2s at risk;
  - Pregnant women: commissioning maternity services to deliver immunisation, GP/ Pharmacy collaborative working pilot based on lessons from the Beacon practice in Plymouth;
  - Hard to reach groups: looked after children, traveller groups;
  - Deep dive work to identify why uptake rates tend to be lower in south of the South West compared to the north of the patch.
- 4.29 Active support from Local Authority colleagues and teams for the locality immunisation groups is important to ensure that work to increase the overall uptake of MMR and other immunisations and to reduce local inequalities in uptake is being appropriately targeted, and that best use is being made of all available resources to achieve the population coverage targets.

## Screening performance 2016-17

- 4.30 Screening coverage 2016-17 for the main cancer and non-cancer screening programmes is detailed in **Appendix 5**. Key points are:
- Performance in antenatal screening programmes continues to be excellent.
  - Performance in certain aspects of the newborn screening programmes continues to be a challenge. The avoidable repeat rate was high, but provider action plans are in

place and are now having an impact, with improving performance. The roll-out of the NIPE (Newborn Infant Physical Examination) SMART IT system is helping to increase the robustness of the failsafe processes, ensuring all babies are identified and offered screening.

- Diabetic Eye Screening coverage remained stable in all areas in 2016 and was also above the national target of 80%.
- Cervical screening coverage remains below the national target of 80% in all areas, with a decrease in Cornwall to 75.7% in 2016. All areas, however, remain above the national average.
- Breast screening coverage in 2016 is stable in Cornwall at 80%, meeting the national target of 80%. In Devon, coverage has reduced slightly below target to 78.8% but this remains above the national average.
- Bowel screening coverage increased in 2016 in all areas and also remains above the national target of 60% and above the national average.
- Performance in the abdominal aortic aneurysm (AAA) screening programmes continues to be excellent, and coverage is stable and meets acceptable national standards.

## **Developments in national screening programmes during 2016-17**

4.31 The key changes and developments during 2016-17 included:

### **Antenatal and Newborn**

- 4.32 Antenatal screening for rubella ceased on 1st April 2016. Instead there is renewed focus on improving Measles Mumps and Rubella (MMR) immunisation uptake across the whole population as a more effective way of preventing congenital rubella infection.
- 4.33 In the Foetal Anomaly Screening Programme, screening for Trisomy13 and Trisomy18 was introduced to the combined first trimester screening test, and the 3-vessel/trachea (3VT) screening was introduced into the mid-trimester foetal anomaly scan.
- 4.34 There were ongoing challenges due to pressures locally and across the country in obstetric ultrasound capacity due to the introduction of new national maternity guidelines for babies small for their gestation age. This has at times had an impact on completing screening scans in the correct timeframe. Work has been undertaken with providers to enhance tracking and failsafe systems to ensure that all women are offered a scan at the correct gestation and to follow-up women if they do not attend. A new key performance indicator was introduced in April 2017 to monitor performance of this part of the screening pathway. A national working group has been set up to look at obstetric radiology capacity.
- 4.35 Newborn bloodspot screening on day 5 is mostly undertaken by community midwives. There is a drive to minimise the avoidable repeat rate to a very low level. Despite best efforts, in Devon, Cornwall and Isles of Scilly providers have found it very challenging to reduce this to the nationally acceptable level of 0.5%. The Screening and Immunisation Team has been closely monitoring performance in this area and the 2016/17 and 2017/18 service specifications have required all providers to develop detailed action plans, which have been monitored via the Screening Programme Boards. NHS England South (Southwest) has offered a local CQUIN for 2017/18 and 2018/19 with the aim of reducing repeat rates to below 2%. The newborn bloodspot laboratory also reviewed its processes and set up a new laboratory PO Box to minimise delays within the hospital.

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- 4.36 The Newborn and Infant Physical Examination (NIPE) screening programme saw the roll-out of the new IT system, NIPE SMaRT. This, for the first time, has provided a systematic and robust way of identifying the eligible cohort for the NIPE examination, for recording screening results, referral in to diagnostic services and outcomes, and for failsafe. The Royal Cornwall Healthcare Trust, as part of the implementation of NIPE SMaRT, from April 2017 has introduced a maternity led NIPE service, and GPs no longer undertake this examination on a routine basis. This enables the Head of Midwifery to have oversight of the whole screening pathway. Shared learning from a number of incidents in the NIPE programme has led to improvements in provider screening policies and procedures.
- 4.37 The move from Health Visitor registered to resident populations required the Newborn Hearing Screening Programme teams to work together to address boundary changes and ensure all babies were offered screening. In addition, the new national IT screening system, Smart4Hearing (S4H) went live in December 2016. Both these transitions were achieved without disruption to patients and screening services.
- 4.38 Quality assurance visits for antenatal and newborn programmes have continued and all of the Devon, Cornwall and Isles of Scilly programmes will have been visited by the end of 2018. As these are the first round of formal quality assurance visits, all programmes have had significant numbers of recommendations, but the visits have not identified any immediate areas of concern and show that in the main, programmes are delivering high quality and safe screening services that meet national standards.

## **Diabetic Eye Screening**

- 4.39 Diabetic eye screening programmes continued to perform well across the area, with few issues or incidents. One significant development was the re-procurement of the Plymouth programme that became necessary as the incumbent provider gave notice on the contract. The transition to the new provider on 1 April 2017 went smoothly with no disruption to patients.
- 4.40 The Screening and Immunisation Team has been working closely with the provider teams to facilitate an improvement in the accuracy and completeness of screening registers. These rely on information being shared and validated by both the GP practice and the screening team. Audits have been undertaken to assess accuracy, and work to improve this has been undertaken where needed.

## **Cervical screening**

- 4.41 The cervical screening programmes in the South West have continued to perform well with no significant issues or incidents. Reducing coverage has been the main issue over several years, with local rates mirroring the slow but consistent reduction in national rates. The Screening and Immunisation Team has identified cervical screening coverage as a priority and has targeted work to groups where uptake is lowest.
- 4.42 Sample-taker training and its effective oversight is a critical factor in the quality and safety of the screening programme. The Screening and Immunisation Team has reviewed and updated the training policy, including escalation procedures, and created a single South West sample-taker database to ensure that all sample-takers are registered, have a unique ID code to track samples, and are alerted to when they need to update.



## **Breast screening**

- 4.43 Breast screening services in Devon, Cornwall and the Isles of Scilly continued to meet the majority of the national minimum standards but have struggled to maintain consistent performance in some key areas, such as time between screening and assessment. There has been significant and continued pressure on the programmes due to a combination of demand from the symptomatic service and capacity pressures within screening teams due to shortages of key staff (radiographers, radiologists, and specialist breast care nurses). This is a national problem that is starting to affect many programmes across the country. The workforce issue has been escalated nationally and a working group is developing options to address the issue.
- 4.44 In some areas, the increasing number of GP practice mergers and closures is having a negative impact on round length. As breast screening is a three yearly cycle, women who have to re-register, or move into a new practice due to a merger, may have their screening invitation date delayed depending on where the practice is the three year cycle. These women have to be slotted in to already busy routine lists across the area, creating pressure on the service and impacting temporarily on key performance measures. This issue is affecting all areas of the country and has been escalated nationally. Potential solutions are being investigated for the service and also to track affected women to ensure screening is offered within the appropriate timescales as far as possible.

## **Bowel screening**

- 4.45 There continues to be a lot of activity in the bowel screening programme. This is primarily due to the continued roll-out of Bowel Scope screening and ongoing work to maintain delivery to national standards in the face of a national shortage of endoscopists and radiographers that have created significant pressures within colonoscopy services. Providers have so far maintained key indicator performance despite these challenges.
- 4.46 Bowel Scope has been successfully implemented in Torbay, North Devon and Exeter, and Plymouth is due to roll-out in November 2017. Planning is advanced in Cornwall with an original go-live date of November 2017, however the closure of the Bodmin Treatment Centre has meant that the bowel screening services have had to be relocated back to Royal Cornwall Hospital and this may delay introduction of bowel scope screening.

## **Key issues for screening programmes 2017/18 onwards**

### **Antenatal and newborn**

- 4.47 The National Screening Committee has announced the introduction of NIPT (non-invasive pre-natal testing) into the first trimester foetal anomaly screening programme. Women who screen positive in first trimester combined testing, will be offered NIPT instead of invasive testing. A national implementation team is in place to oversee the change but there is no date yet for implementation. A big reduction in the number of invasive diagnostic tests (amniocentesis and CVS) is expected and this is likely to have an impact on foetal medicine services. NIPT is already available privately and maternity services are dealing with increasing numbers of women requesting NIPT, who are being referred on.
- 4.48 High newborn bloodspot avoidable repeat rates continues to be a national issue. The national screening team in conjunction with the Screening Quality Assurance Service has set up a project to look at this issue (working with the best performers) to identify best practice that can be shared. Local provider action plans will be updated in light of this learning from elsewhere.

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## **Diabetic Eye Screening**

- 4.49 The roll out of a new national system, GP2DRS, has commenced in some areas and is expected to be completed during 2017/18. This will automatically extract patient data from GP systems into the local screening register, replacing the current manual information and data validation processes. This is a very positive move but accuracy of screening registers will continue to rely heavily on correct coding by GP practices of eligible patients. Recent audits by the Screening and Immunisation Team show that coding is not always correct, so work will still be needed with GP practices to improve coding. This issue has been escalated to the national team.
- 4.50 A national decision is awaited about a change from the current annual screening interval to a two year interval. At this stage, it is not anticipated that this will take place during 2017/18.

## **Cervical screening**

- 4.51 In July 2016, the National Screening Committee announced that primary HPV testing was to be introduced during 2018, with a full roll-out by 2019. Women will have samples taken in the same way, but rather than initial cytology followed by HPV testing if cytology is abnormal, the initial test will be for HPV infection with subsequent cytology only for samples that are found to be positive for high risk HPV infection (HR-HPV). Primary HPV testing enables the programme to more effectively identify women at higher risk of developing cervical cancer so that they can be investigated and kept under surveillance, and returns more women at lower risk back to routine screening, reducing the number undergoing unnecessary enhanced screening.
- 4.52 One impact of primary HPV testing is that the demand for cytology testing will decrease significantly. As part of the implementation, there is therefore to be a reduction in the number of cytology labs. A national procurement is underway and the final numbers of labs has yet to be announced. This has created immediate risks to the sustainability of the current cytology service due to staffing losses and a significant deterioration in lab turnaround times. This is a national risk and national and local mitigation plans have been put in place to try to minimise the impact on reduced turnaround times so that women do not experience too long a delay before receipt of results.
- 4.53 In addition to the lab re-configuration, primary HPV testing requires significant changes to the screening IT system (currently known as the Exeter system). The screening call-recall function transferred to CAPITA in April 2016 as part of the primary care services procurement, and as part of this contract, CAPITA are designing a new screening IT platform. This will go-live ahead of primary HPV testing.
- 4.54 A national decision is awaited about a possible change to screening intervals (currently three or five years depending on age) following the introduction of primary HPV testing.

## **Bowel screening**

- 4.55 A national decision has been taken to replace the current Faecal Occult Blood Test (FOBT) by the FIT test (Faecal Immunochemical Test) and this is due to be rolled out by 2019. National discussions are ongoing to plan the implementation. This includes testing parameters and cut offs that are due to be agreed in the near future. These are important as they will potentially determine the impact of this change on demand for services and on the capacity required to deliver, and will need to be built in to local plans for endoscopy services.

## 5 Health Care Associated Infections

### Organisational roles and responsibilities

- 5.1 NHS England sets out and monitors the NHS Outcomes Framework which includes Domain Five (safety): treating and caring for people in a safe environment and protecting them from avoidable harm. The Area Teams of NHS England hold local Clinical Commissioning Groups to account for performance against indicators under this domain, which includes incidence of healthcare associated methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and incidence of *Clostridium difficile* infection (CDI).
- 5.2 Public Health England, through its consultants in communicable disease control, leads the epidemiological investigation and the specialist health protection response to wider community non-hospital outbreaks, and is responsible for declaring a health protection incident.
- 5.3 The Clinical Commissioning Group's role is to ensure through contractual arrangements with provider organisations that health care associated infection standard operating procedures are in all provider contracts and are monitored regularly. Northern Eastern and Western Devon and South Devon and Torbay Clinical Commissioning Groups deploy this role through the Nursing and Quality portfolio. NHS Kernow Clinical Commissioning Group employs a nurse consultant for health care associated infections. This is an assurance and advisory role. In addition, Clinical Commissioning Groups must be assured that the Infection Prevention and Control Teams covering the hospital and NHS community healthcare provided services sector are robust enough to respond appropriately to protect the local population's health, and that risks of health care associated infection have been identified, are mitigated against, and are adequately controlled.
- 5.4 The Local Authority through the Director of Public Health or their designate has overall responsibility for the strategic oversight of a health care associated infection incident affecting their population's health. They should ensure that an appropriate response is put in place by NHS England and Public Health England, supported by the Clinical Commissioning Group.

### Health Care Associated Infection forums

- 5.5 The Devon Health Care Associated Infection Programme Group was a sub-group of the Health Protection Committee during 2014-17, working towards the elimination of avoidable health care associated infections (HCAI) for the population of Devon, including the Unitary Authorities of Plymouth and Torbay. The group covered health and social care interventions in clinical, home and residential care environments, through the identification of risks, the planning of risk mitigation actions, and the sharing of best practice in the field. The group was coordinated by NEW Devon Clinical Commissioning Group, and was a cross-agency forum involving Acute and Community NHS Trusts, Ambulance and Out of Hours Doctors, Local Authority Public Health Public Health England, Medicines Optimisation and the NHS England Area Team.
- 5.6 In Cornwall there is a Directors of Infection Control Group with multi-agency attendance working on a similar agenda and also reporting into the Health Protection Committee. There is also cross attendance between the Devon and Cornwall groups.

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- 5.7 The Devon Health Care Associated Infection Programme Group annual workshop was held on 5 July 2016. The lack of a community infection prevention, management and control service was highlighted as a potential risk.
- 5.8 The Devon Health Care Associated Infection Programme Group became the Devon, Cornwall and Somerset Health Care Associated infection Network at the beginning of 2017/18.
- 5.9 Key areas for action in 2017/18 are:
- Community infection prevention, management and control;
  - Gram negative bacteraemia reduction;
  - Continued monitoring of health care acquired infection by Clinical Commissioning Group area for C.difficile infection, MRSA, MSSA and E.coli;
  - Outbreak monitoring to ensure timely patient transfers, system flow and resilience.

## **Healthcare association infections incidence 2016-17**

- 5.10 Healthcare associated infection incidence is given in **Appendix 6**. Key points are:

### **MRSA**

The national target for MRSA is no cases. Four cases of MRSA were reported in NEW Devon, two in South Devon and Torbay, and seven in Cornwall, in 2016/17. All were investigated and processes reviewed.

### **MSSA**

Rates of reported MSSA were within target levels. Reported community-acquired MSSA bacteraemia rates in NEW Devon increased in the final quarter of the year and this trend is being investigated.

### **C.difficile infection**

Numbers were in line with targets in Devon, with Cornwall exceeding the target by one case, reflecting the impact of significant work by all organisations to reduce rates.

### **E.coli bacteraemia**

E.coli bacteraemia rates, chiefly community acquired, were static or increasing during the year and are a target for infection prevention and control work in 2017/18. Efforts are focused around urinary sources including catheter use, hydration, training, and improving communications between acute and community settings when patients are transferred.

## 6 Anti-microbial resistance

### Data and trends

- 6.1 A monitoring report is included at **Appendix 7**. Key points are:
- There has been an increase in gram-negative bloodstream infections (eg. E.Coli and Klebsiella) both nationally and locally, with a related increase in antibiotic resistance. Resistant E.coli particularly affects older people and infants;
  - The Secretary of State for Health has announced an ambition to reduce gram-negative bloodstream infections by 50% by 2021. Surveillance of these organisms changed from April 2017 to include Klebsiella and Pseudomonas;
  - Carbopenamase producing organisms, resistant to certain anti-microbials, remain relatively uncommon but are continuing to increase year on year, including in the Peninsula. Public Health England has confirmed with hospitals within the region that they are confident in following procedures for dealing with cases identified.

### System-wide action to address anti-microbial resistance

- 6.2 A successful antimicrobial resistance steering group has been in place in Cornwall for a number of years and there is now a similar group covering NEW Devon and Torbay.
- 6.3 The Cornwall Antimicrobial Resistance Group was set up in January 2013 and is chaired by Denis Cronin, Public Health Consultant, and convenes five times a year.
- 6.4 Outputs from the Cornwall Antimicrobial Resistance Group include the launch of the Antimicrobial Resistance (AMR) section of the Kernow CCG webpage, the availability of primary care antibiotic guidelines in mobile phone application format, and the appointment of two Drug and Bug nurse educators who delivered Infection Prevention and Control, Antimicrobial Stewardship and Antimicrobial Resistance education to 88% of nursing homes in Cornwall. The nurses also delivered education around infection control and urinary tract infection management based on the "To Dip or Not To Dip" project initiated by BANES CCG.
- 6.5 Eden One Health Conference in May 2017 brought together a diverse group of practitioners from different sectors in Cornwall, including vets and podiatrists, for a one day session on AMR from a One Health perspective. The day showcased a variety of AMR related subjects and was highly evaluated by delegates. The lectures from the event are available on youtube and have been shared widely with stakeholders<sup>1</sup>.
- 6.6 The target set for NHS Kernow CCG for total antibacterial items/STAR PU was 1.172 by the end of March 2016. The target for the percentage of broad spectrum antibiotics (Co-Amoxiclav, Cephalosporins & Quinolones) was <11.3 by the end of March 2016. NHS Kernow CCG achieved both of the targets set in the Quality Premium 2015/16, ending the year in March 2016 at 1.056 for total antibacterial items/STAR PU and 10.3% for the percentage of Co-amoxiclav, Cephalosporins & Quinolones.

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<sup>1</sup> One Health Eden Conference on AMR  
<https://www.youtube.com/playlist?list=PL6Y4vyTaqfNDImRXmlyk3zYs3pAT-vZbR>

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- 6.7 In March 2017 the twelve month rolling total number of prescribed antibiotic items per STAR-PU<sup>2</sup> for Cornwall was 1.05 compared to 1.07 for England. In March 2017, the twelve month rolling percentage of prescribed antibiotic items from Co-Amoxiclav, Cephalosporins & Quinolones was 9.92 compared to 8.92 for England. However, this was not a statistically significant difference.
- 6.8 The Devon Antimicrobial Stewardship Group (DASG) meets four times a year and is chaired by Iain Carr, Pharmacy Lead, NEW Devon CCG.
- 6.9 In March 2017, the twelve month rolling total number of prescribed antibiotics items per STAR-PU for NEW Devon CCG was 1.04 compared to 1.08 for South Devon and Torbay CCG and 1.07 for England. In March 2017, the twelve month rolling percentage of prescribed antibiotic items from Co-Amoxiclav, Cephalosporins & Quinolones was 10.98 for NEW Devon CCG compared to 10.43 for South Devon and Torbay CCG and 8.92 for England. However, this was not a statistically significant difference.

## 7 Emergency planning and exercises

- 7.1 All Councils continue to engage with the Local Resilience Forum in undertaking their annual exercise programme, responding to incidents and undertaking learning as required.

## 8 Work Programme 2016/17 - progress report

- 8.1 This section includes an update on priorities identified in the 2016/17 annual report. Areas highlighted for action were:
- **Involvement with Short Sermon** – Devon, Plymouth and Cornwall Local Authorities were involved with the Short Sermon exercise in September 2016, testing responses in the event of a nuclear accident at Devonport.
  - **Antimicrobial resistance** – See anti-microbial resistance section above. Progress has been made on setting up local groups and consolidating the work programme. Antimicrobial Resistance continues to be a priority area in 2017/18.
  - **Review locality Immunisation groups** - The South West Screening and Immunisation Team undertook a review of all Devon, Cornwall and Isles of Scilly locality immunisation groups. All groups now have an action plan in place that is aimed at increasing coverage rates, achieving national targets, and reducing inequalities in their area. This work is underpinned by the childhood immunisation needs assessment.
  - **Childhood Flu review** - The child influenza immunisation programme has been successfully expanded, with good coverage rates across the area. Plans for further roll-out to meet the national programme requirements are underway.
  - **Port Health Review** – a scoping exercise was carried out and an event is being planned for 2017/18.

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<sup>2</sup> STAR-PU (Specific Therapeutic group Age-Sex Related Prescribing Unit): a measure of the volume of antibiotic prescribing which reflects not only the number of patients but also the age and sex mix of the group

- **Lyme disease** – a press release was issued on tick awareness and social media posting was undertaken in the Devon Council area, which was taken up by the media locally. This is planned to be repeated in 2017/18.
- **Tuberculosis work programme** - following the health needs assessment, priorities for local implementation have been identified and an action plan developed for implementation 2017/18 onwards. Priorities are: (i) Latent TB Infection screening in low prevalence areas targeting students and care home staff (ii) Collaborative working and commissioning (iii) Ongoing education to improve early diagnosis.

## 9 Priorities for the 2017/18 work programme

### 9.1 Priorities identified for 2017/18 are:

- **Infection prevention and control**
  - Health Protection Committee members will be reviewing community infection prevention and control and looking at options to support social and primary care sectors to strengthen local arrangements.
  - There will be enhanced surveillance of E.coli bacteraemias, driven by the national reduction expectation and the CCG quality premium. Actions will be put in place to improve prevention.
- **Improving the resilience of the health protection system**
  - Local Health Resilience Partnerships will be taking part in a national assurance process to look at the resilience of the system under the new arrangements.
  - New arrangements are being introduced in the South West for Public Health specialty training in health protection in local authorities, including emergency planning and response.
- **Air quality**
  - Public Health England will be working alongside Local Authorities in Devon to bring together stakeholders relevant to air pollution in a coordinated event to agree a programme of local action.
- **Antimicrobial resistance**
  - A 'One Health' approach to Antimicrobial Resistance will be followed within both Devon and Cornwall, with opportunities pursued for public and professional engagement. A whole health economy approach is needed to enable health systems to meet government ambitions for reducing Gram-negative Blood Stream Infections and inappropriate antimicrobial prescribing.
  - A Devon-wide baseline assessment of NICE guideline 63 (Antimicrobial Stewardship: changing risk-related behaviours in the general population) is being led by Plymouth City Council, with support from Public Health England. Local authorities are auditing progress in relation to implementation of the guideline and a summary report will be presented to the NICE Panel Advisory Group and the NEW Devon Antimicrobial Resistance Group in 2017.

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- NEW Devon CCG is hosting a workshop on E.coli bacteraemias and how to deal with them, in July 2017, with the aim of agreeing an action plan for reduction.
- A pilot for implementing a tool to promote antimicrobial stewardship and self-care advice in community pharmacies is planned within Devon and Cornwall. This project is being led by Public Health England South West.
- **Influenza vaccination for care home and domiciliary staff and special schools**
  - Health and social care providers have a responsibility to ensure vaccination uptake amongst front line staff in order to protect the vulnerable populations from the effects of influenza.
- **Implementation of national MMR initiative**
  - A national UK Measles and Rubella elimination strategy is being developed, in line with the World Health Organisation target to eliminate these diseases in Europe by 2020. Public Health England Screening and Immunisation Team will be working through the locality immunisation groups to develop robust multiagency action plans to further improve MMR uptake. It is anticipated that this will have a beneficial effect on all childhood immunisation programmes.

## 10 Authors

Julia Chisnell, Specialty Registrar in Public Health, on behalf of and in association with members of the Health Protection Committee.

16 November 2017

## 11 Glossary

|           |                                                                        |
|-----------|------------------------------------------------------------------------|
| AMR       | Anti microbial resistance                                              |
| BCG       | Tuberculosis (Bacillus Calmette-Guerin) vaccination                    |
| CCG       | Clinical Commissioning Group                                           |
| C.diff    | Clostridium difficile                                                  |
| CHIS      | Child Health Information Services                                      |
| CVS       | Chorionic villus sampling (antenatal screening)                        |
| E.coli    | Escherichia Coli                                                       |
| HPV       | Human papillomavirus testing (for risk of developing cervical cancer)  |
| MMR       | Measles, Mumps and Rubella (immunisation)                              |
| MRSA      | Methicillin resistant Staphylococcus aureus                            |
| MSSA      | Methicillin sensitive Staphylococcus aureus                            |
| NEW Devon | Northern, Eastern and Western Devon (Clinical Commissioning Group)     |
| NIPE      | Newborn Infant Physical Examination                                    |
| NIPT      | Non-invasive pre-natal testing                                         |
| PHE       | Public Health England                                                  |
| NHSE      | NHS England                                                            |
| CQUIN     | Commissioning for Quality and Innovation (incentivised payment system) |
| TB        | Tuberculosis                                                           |

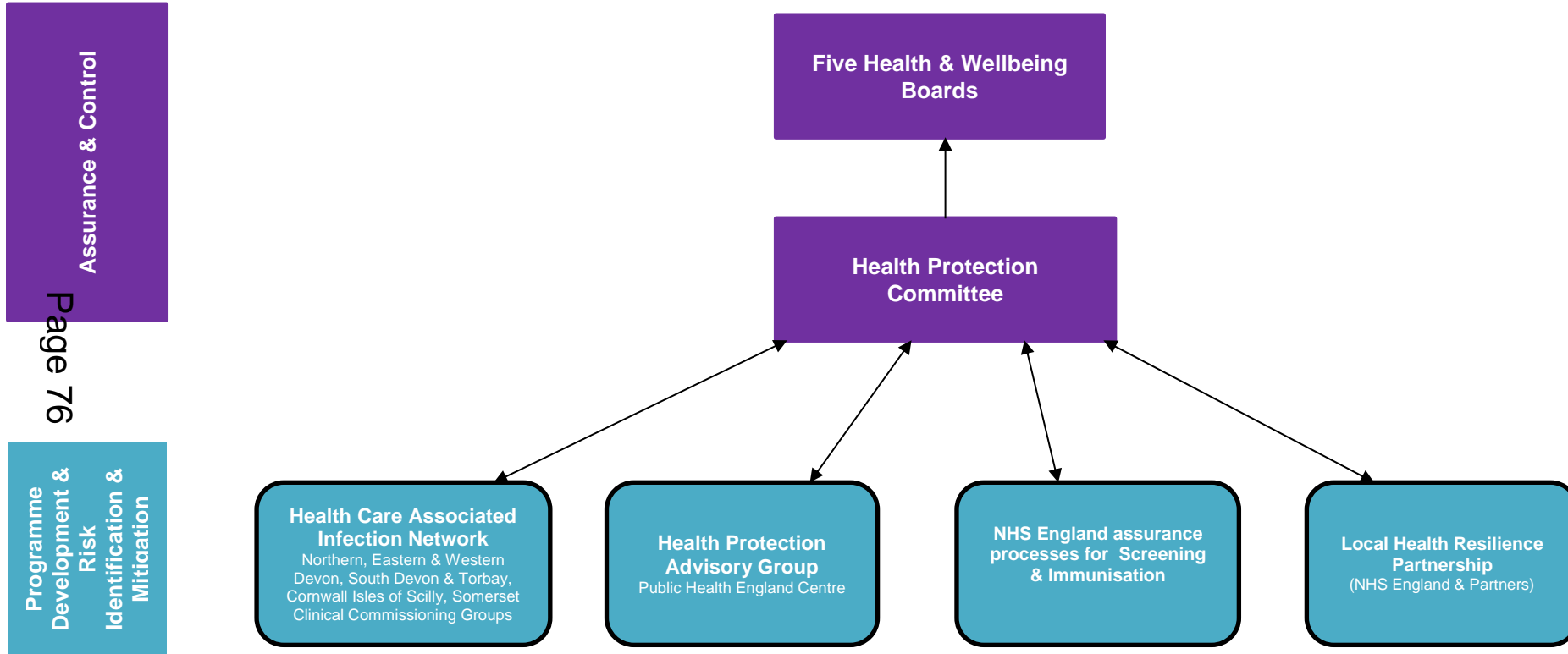


## 12 Appendices

- Appendix 1**      **Health Protection Committee reporting arrangements**
- Appendix 2**      **Infectious disease incidence and trends**
- Appendix 3**      **Immunisation performance**
- Appendix 4**      **National screening programme summary**
- Appendix 5**      **Screening performance**
- Appendix 6**      **Healthcare associated infections**
- Appendix 7**      **Anti-microbial resistance trends and developments**

(1) Health Protection Committee reporting arrangements

Reporting to the Devon, Plymouth, Torbay, Cornwall and Council of the Isles of Scilly Health & Wellbeing Boards and relationship to existing or planned Health Protection Partnership Forums

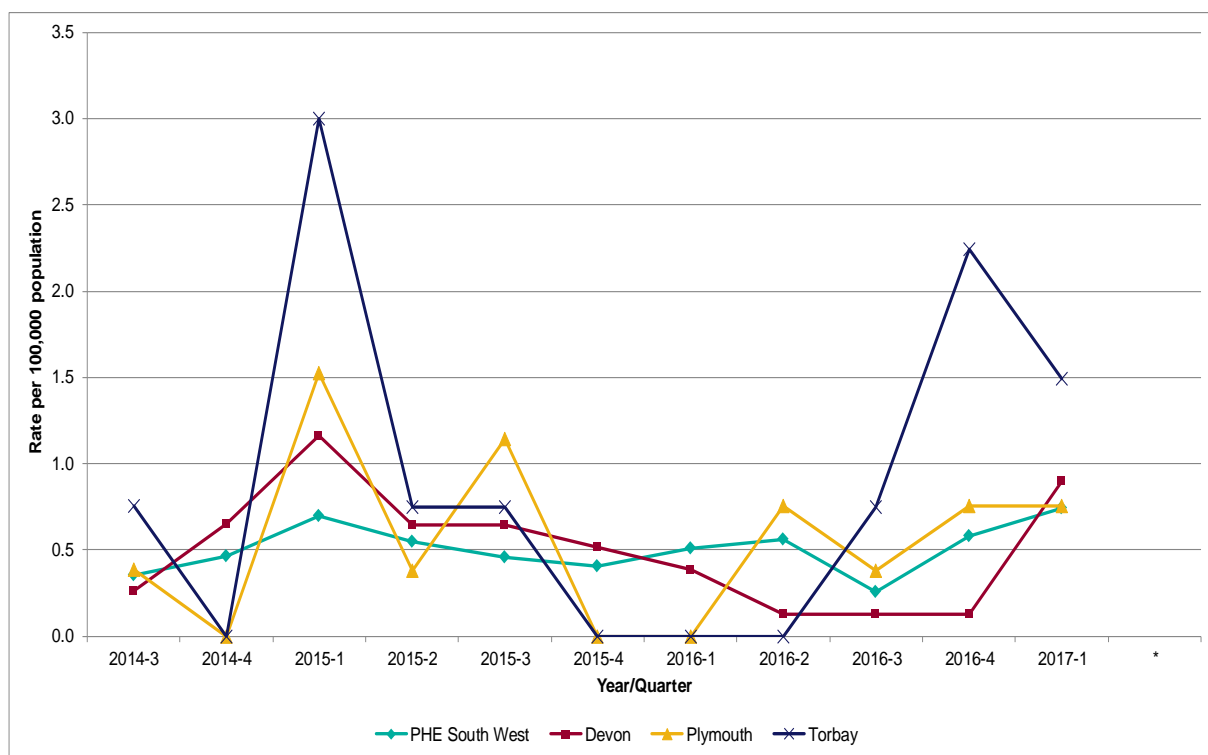


### (2) Infectious disease incidence and trends 2016-17

#### Meningococcal disease

**Figure 1: Quarterly rates (per 100,000 population) of probable cases of meningococcal infection by local authority and PHE South West Q3 2014 to Q1 2017**

Quarterly rates (per 100,000 population) of confirmed and probable cases of meningococcal infection by local authority and PHE South West

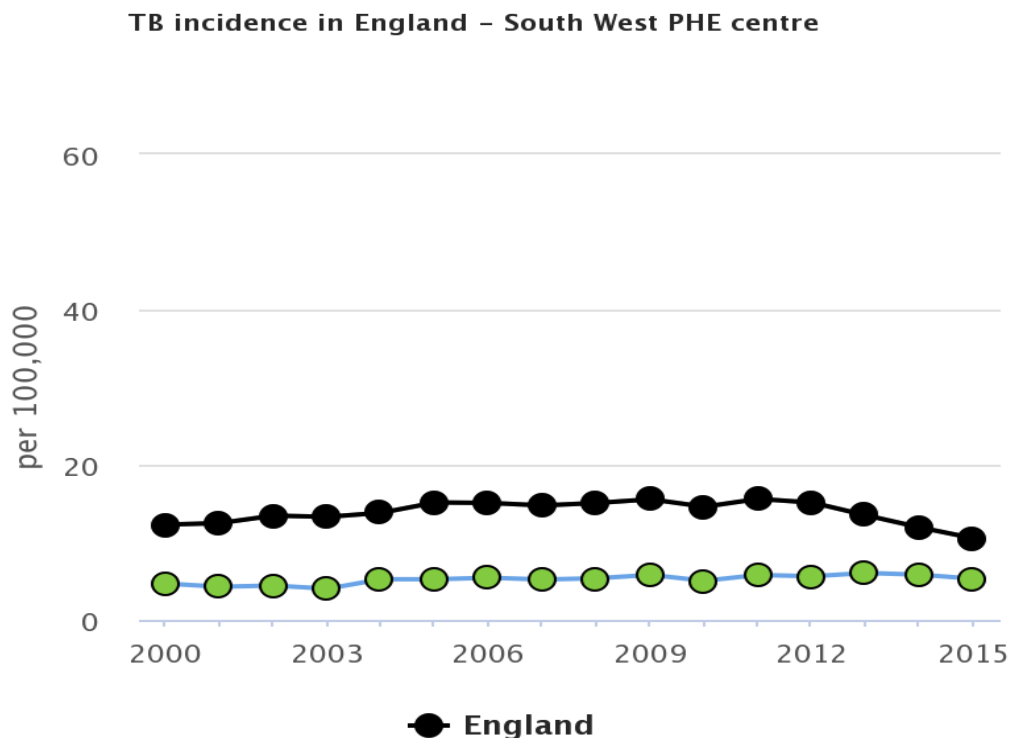


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## Tuberculosis

As of 2015 the incidence of tuberculosis across the South-West of England remained low compared to the average for England. The figure and table below demonstrates the average incidence rate by local authority from 2013-2015.

**Figure 2: Tuberculosis incidence in England 2000 – 2015**



Source: PHE South West England Centre

**Table 1: Average number of TB cases per year and incidence per 100,000 population in Devon, Plymouth, Torbay and Cornwall/Isles of Scilly 2013 – 2015**

|                    | Average number of cases per year 2013-2015 | Average annual rate per 100,000 (95% CI) 2013-2015 |
|--------------------|--------------------------------------------|----------------------------------------------------|
| Devon              | 29                                         | 3.8 (3.1-4.7)                                      |
| Cornwall (Not IoS) | 13                                         | 2.4 (1.7-3.3)                                      |
| Plymouth           | 14                                         | 5.4 (3.9-7.2)                                      |
| Torbay             | 8                                          | 6.0 (3.9-9.0)                                      |

Three-year average TB rates by local authority district, England, 2013-2015

## Norovirus and gastroenteritis

Norovirus is the most common cause of infectious gastroenteritis (diarrhoea and vomiting) in England and Wales, and is highly infectious. The illness is generally mild and people usually recover fully within two to three days. Infections can occur at any age because immunity does not last. Historically known as 'winter vomiting disease', the virus is more prominent during the winter months, but can occur at any time of year. Outbreaks are

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common in semi-closed environments such as hospitals, nursing homes, schools and cruise ships.

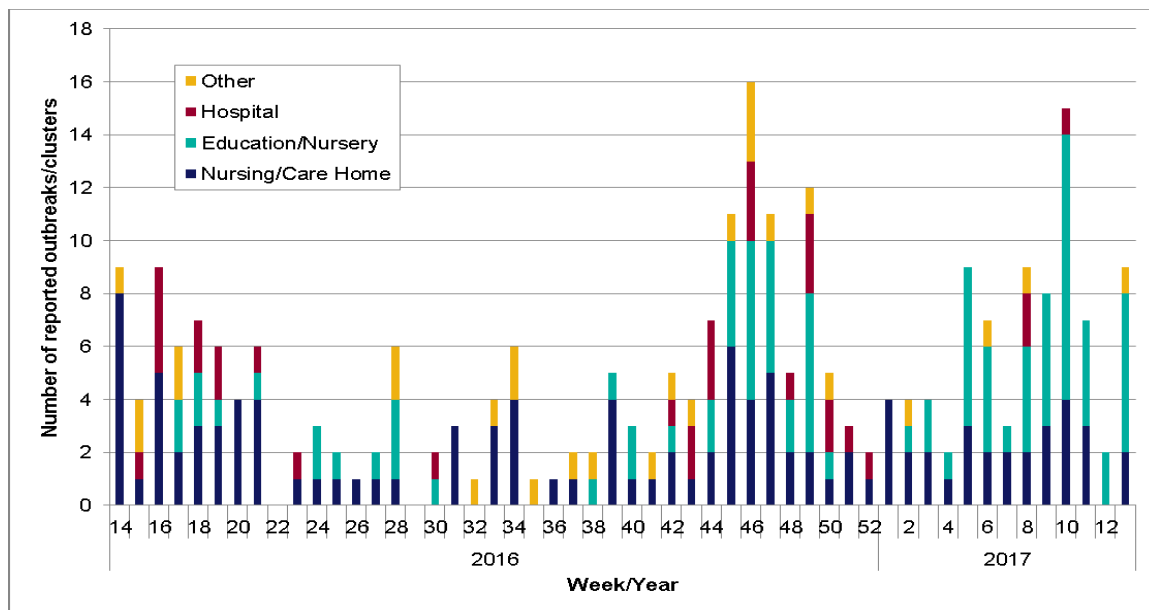
NB These are incidence figures and not rates.

**Table 2: All reports of clusters/outbreaks of gastrointestinal infection (suspected or laboratory confirmed), by setting, including food poisoning outbreaks, Cornwall (including Isles of Scilly), Devon, Plymouth and Torbay local authorities, 2016/17**

| Local Authority                      | Care Home | Education/ Nursery | Hospital | Other | Total |
|--------------------------------------|-----------|--------------------|----------|-------|-------|
| Cornwall (including Isles of Scilly) | 30        | 19                 | 8        | 9     | 66    |
| Devon                                | 60        | 49                 | 17       | 15    | 141   |
| Plymouth                             | 14        | 13                 | 2        | 4     | 33    |
| Torbay                               | 9         | 10                 | 5        | 3     | 27    |

Source: HPZone and HNORS. Outbreak/cluster data extracted based on date entered onto HPZone

**Figure 3: All reports of clusters/outbreaks of gastrointestinal infection (suspected or laboratory confirmed), by setting, including food poisoning outbreaks, Cornwall (including Isles of Scilly), Devon, Plymouth and Torbay local authorities, Week 14 2016 to Week 13 2017**

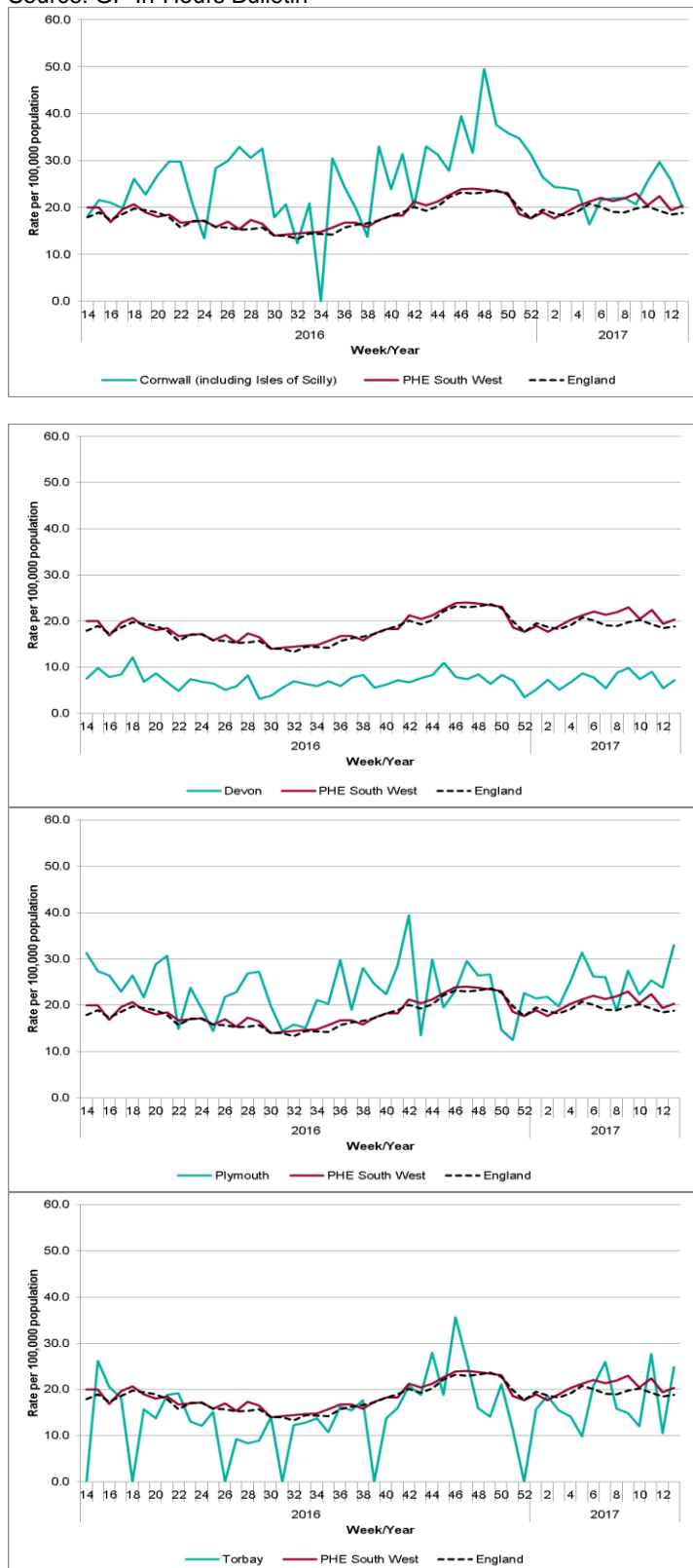


Source: HPZone and HNORS

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**Figure 4: GP (In hours) vomiting consultation rate, Cornwall (including Isles of Scilly), Devon, Plymouth, Torbay local authorities, PHE South West and England, 2016/17 (Week 14 2016 - Week 13 2017)**

Source: GP In-Hours Bulletin



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**Figure 5: GP (In hours) diarrhoea consultation rate, Cornwall (including Isles of Scilly), Devon, Plymouth, Torbay local authorities, PHE South West and England, 2016/17 (Week 14 2016 - Week 13 2017)**

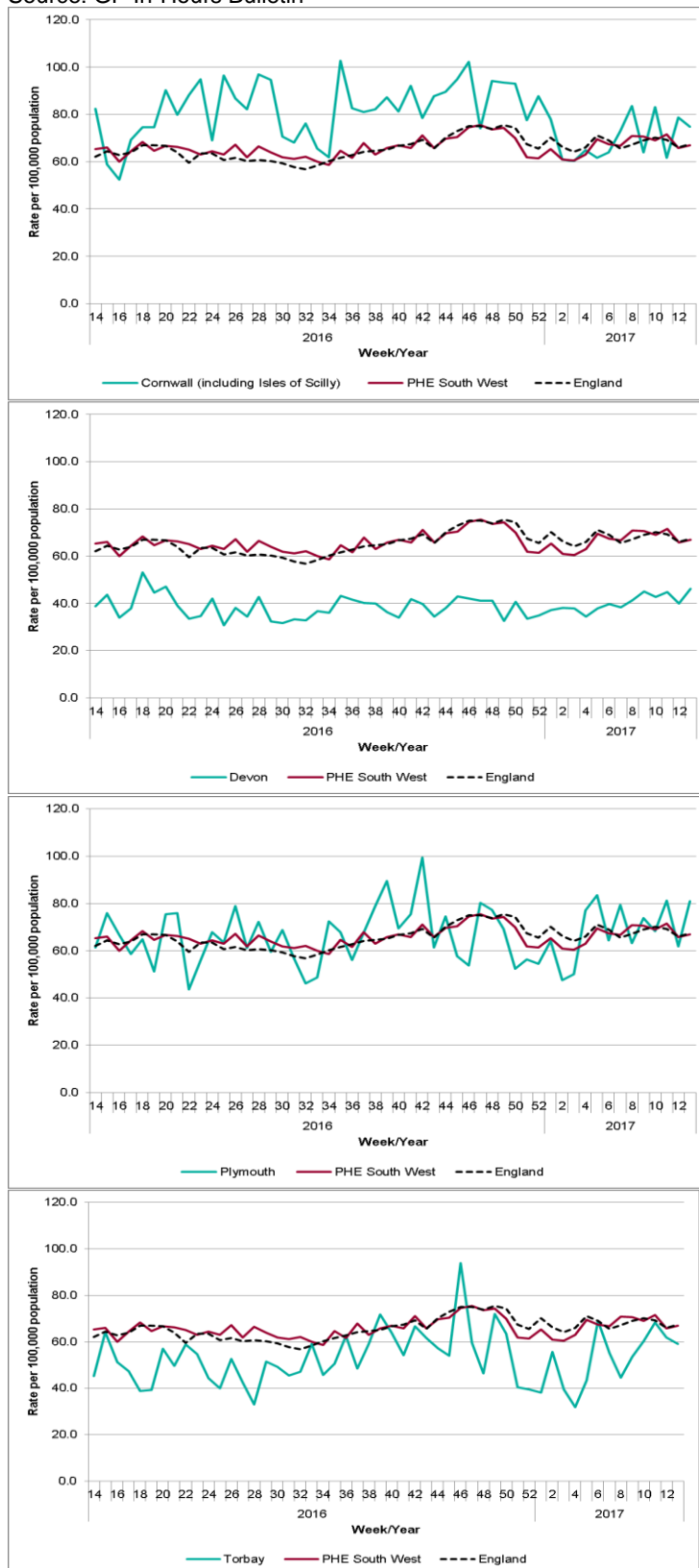
Source: GP In-Hours Bulletin



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**Figure 6: GP (In hours) gastroenteritis consultation rate, Cornwall (including Isles of Scilly), Devon, Plymouth, Torbay local authorities, PHE South West and England, 2016/17 (Week 14 2016 - Week 13 2017)**

Source: GP In-Hours Bulletin





## Scarlet Fever

Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes* (also known as Group A *Streptococcus* [GAS]). Some people carry these bacteria in their nose and throat, or on their skin without suffering active infections. Under some circumstances and in some people, GAS can cause infections such as pharyngitis, impetigo and scarlet fever (these are regarded as non-invasive infections). On rare occasions they can cause severe disease, including streptococcal toxic shock syndrome, necrotising fasciitis, and other invasive GAS (iGAS) infection.

Routine national surveillance data for invasive and non-invasive GAS infections suggests a cyclical pattern with higher incidence peaks evident in notifications approximately every four years. Seasonal trends show that increased levels of GAS infections typically occur between December and April, with peak incidence usually in March.

**Table 3: Rates (per 100,000 population) of scarlet fever notifications, Cornwall (including Isles of Scilly), Devon, Plymouth and Torbay local authorities and PHE South West, 2016/17**

| Local Authority                      | Rate per 100,000 population |
|--------------------------------------|-----------------------------|
| Cornwall (including Isles of Scilly) | 18.71                       |
| Devon                                | 18.72                       |
| Plymouth                             | 24.98                       |
| Torbay                               | 25.40                       |
| PHE South West                       | 26.54                       |

Source: PHE Notifications of Infectious Diseases (NOIDs)

**Table 4: Rates (per 100,000 population) of confirmed cases of invasive group A streptococcal infection, Cornwall (including Isles of Scilly), Devon, Plymouth and Torbay local authorities and PHE South West, 2016/17**

| Local Authority                      | Rate per 100,000 population |
|--------------------------------------|-----------------------------|
| Cornwall (including Isles of Scilly) | 4.14                        |
| Devon                                | 6.03                        |
| Plymouth                             | 9.46                        |
| Torbay                               | 8.22                        |
| PHE South West                       | 4.82                        |

Source: HPZone

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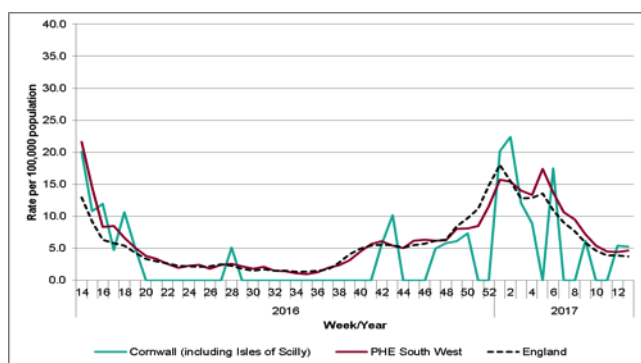
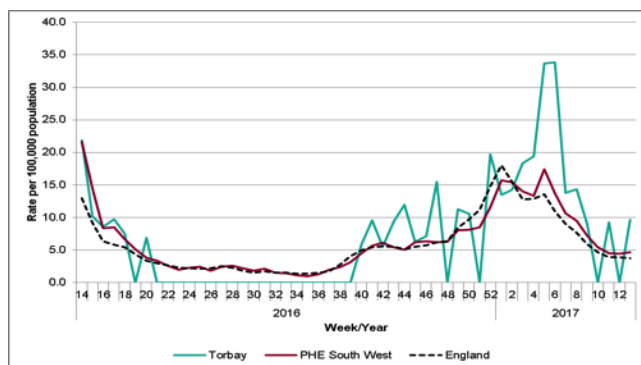
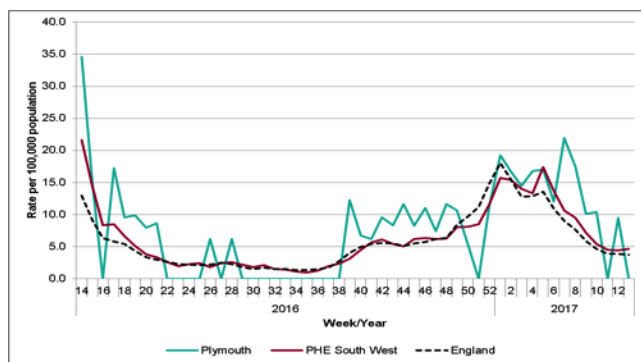
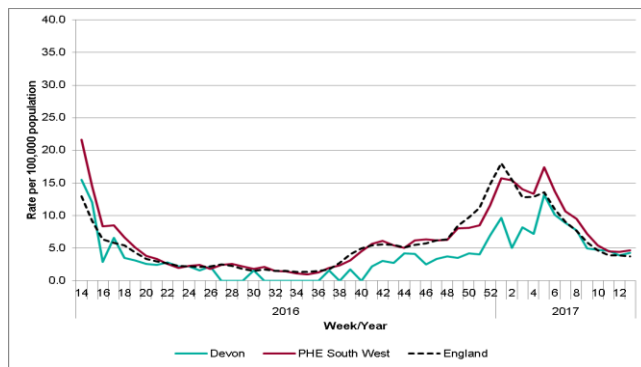
**Table 5: All reports of clusters/outbreaks of streptococcus group A, by setting and type, Cornwall (including Isles of Scilly), Devon, Plymouth and Torbay local authorities, 2016/17**

|                                 | Type                                 | Scarlet Fever |         |                        | GAS/<br>iGAS | Total |
|---------------------------------|--------------------------------------|---------------|---------|------------------------|--------------|-------|
|                                 | Setting                              | School        | Nursery | College/<br>University | Care<br>Home |       |
| <b>Local<br/>authori<br/>ty</b> | Cornwall (including Isles of Scilly) | 6             | 3       | 0                      | 0            | 9     |
|                                 | Devon                                | 8             | 4       | 1                      | 2            | 15    |
|                                 | Plymouth                             | 5             | 3       | 0                      | 1            | 9     |
|                                 | Torbay                               | 7             | 2       | 0                      | 1            | 10    |

Source: Outbreak/cluster data extracted based on date entered onto HPZone.

## Seasonal influenza

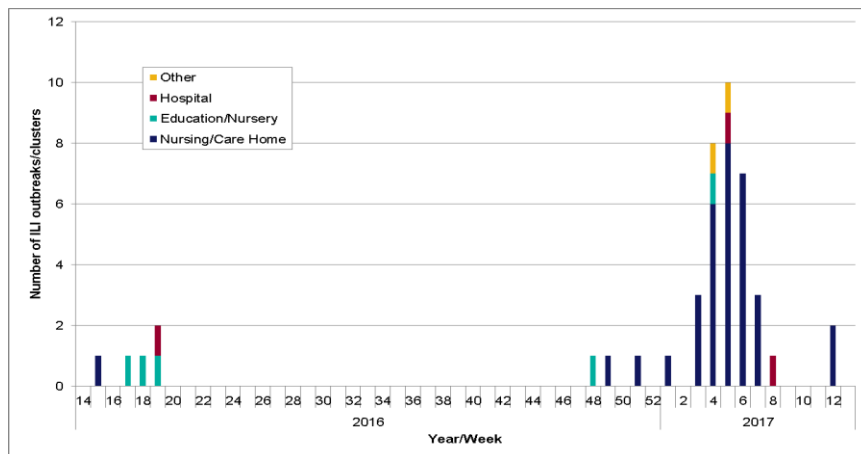
**Figure 7: GP (In hours) influenza-like illness consultation rate (i) Devon, (ii) Plymouth, (iii) Torbay (iv) Cornwall (including Isles of Scilly) local authorities, PHE South West and England, 2016/17 (Week 14 2016 - Week 13 2017)**



Due to suppression of rates due to low numbers, for weeks in which the trend graph shows a rate of 0.0, this will not always reflect the true rate.

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**Figure 8: All reports of influenza-like illness outbreaks/clusters (suspected or confirmed) by setting, Devon, Plymouth, Torbay and Cornwall (including Isles of Scilly) local authorities, Week 14 2016 to Week 13 2017**



**Figure 9: All reports of influenza-like illness outbreaks/clusters (suspected or confirmed) by setting Devon, Plymouth, Torbay and Cornwall (including Isles of Scilly) local authorities, 2016/17**

| Local Authority                      | Care Home | Education/Nursery | Hospital | Other | Total |
|--------------------------------------|-----------|-------------------|----------|-------|-------|
| Cornwall (including Isles of Scilly) | 2         | 2                 | 2        | 0     | 6     |
| Devon                                | 24        | 2                 | 1        | 2     | 29    |
| Plymouth                             | 0         | 1                 | 0        | 0     | 1     |
| Torbay                               | 7         | 0                 | 0        | 0     | 7     |

Outbreak/cluster data extracted based on date entered onto HPZone

## Data Sources

### GP In-Hours Bulletin

Weekly GP in hours consultation rate data for influenza like illness accessed from the PHE GP In Hours Syndromic Surveillance Bulletin.

The GP in hours syndromic surveillance system monitors the number of visits to GPs during regular surgery hours for known clinical indicators, including influenza-like illness. The consultation rates are checked daily, and published weekly rates per 100,000 practice population are presented in this worksheet. This system covers about 55% of England's population.

Care should be taken when comparing rates between areas as differences in rates may be due to differences in the provider coverage which varies across England.

Data is available here:

<https://www.gov.uk/government/publications/gp-in-hours-bulletin>.

### HPZone

HPZone is a case management system that captures data on suspected or laboratory confirmed outbreaks within the community that have been reported to the Public Health England Centres (PHECs).

It is believed that reporting of outbreaks is not uniform or consistent and it is likely that only a small proportion of outbreaks have samples collected for microbiological confirmation. As such these should be interpreted with caution as it is likely to underestimate the level of community activity.

HPZone reports were extracted and analysed on date entered.

### HNORS

The Hospital Norovirus Outbreak Reporting Scheme (HNORS) is a voluntary web-based surveillance system, introduced in order to help the NHS share information about norovirus outbreaks in Trusts.

HNORS reports were extracted and analysed on date of outbreak onset.

### PHE Notifications of Infections Diseases (NOIDs)

Please note this data is notifications only, not laboratory confirmation. Data is based on date of notification.

### (3) Immunisation performance 2016-17

#### Annual childhood immunisations by local authority showing percentage coverage for latest three years

| Cohort                                                        | Indicator                                                                  | Standard <sup>1</sup> | Geography                 | 2014/15      | 2015/16      | 2016/17      |
|---------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------|---------------------------|--------------|--------------|--------------|
| 12 months                                                     | 3.03iii - Population vaccination coverage - Dtap / IPV / Hib               | 95                    | Devon                     | 95.7         | 92.0         | 92.6         |
|                                                               |                                                                            |                       | Plymouth                  | 96.7         | 95.5         | 96.9         |
|                                                               |                                                                            |                       | Torbay                    | 95.7         | 95.5         | 96.3         |
|                                                               |                                                                            |                       | Cornwall & IoS            | 93.0         | 94.5         | 93.9         |
|                                                               |                                                                            |                       | England                   | 94.2         | 93.6         | 93.4         |
|                                                               | 3.03iv - Population vaccination coverage - MenC                            | 95                    | Devon                     |              | 95.2         |              |
|                                                               |                                                                            |                       | Plymouth                  |              | 97.3         |              |
|                                                               |                                                                            |                       | Torbay                    |              | 97.4         |              |
|                                                               |                                                                            |                       | Cornwall & IoS<br>England |              | 96.3<br>-    |              |
| 3.03v - Population vaccination coverage - PCV                 | 95                                                                         | Devon                 | 95.6                      | 92.4         | 93.1         |              |
|                                                               |                                                                            | Plymouth              | 96.3                      | 95.4         | 96.9         |              |
|                                                               |                                                                            | Torbay                | 95.7                      | 95.9         | 96.4         |              |
|                                                               |                                                                            | Cornwall & IoS        | 92.5                      | 94.7         | 94.0         |              |
|                                                               |                                                                            | England               | 93.9                      | 93.5         | 93.5         |              |
| 24 months                                                     | 3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old) | 95                    | Devon                     | 96.9         | 96.2         | 95.3         |
|                                                               |                                                                            |                       | Plymouth                  | 98.3         | 97.7         | 97.6         |
|                                                               |                                                                            |                       | Torbay                    | 97.9         | 97.5         | 98.0         |
|                                                               |                                                                            |                       | Cornwall & IoS            | 94.4         | 95.8         | 96.1         |
|                                                               |                                                                            |                       | England                   | 95.7         | 95.2         | 95.1         |
|                                                               | 3.03vi - Population vaccination coverage - Hib / MenC booster              | 95                    | Devon                     | 93.6         | 91.8         | 92.4         |
|                                                               |                                                                            |                       | Plymouth                  | 95.2         | 95.1         | 94.5         |
|                                                               |                                                                            |                       | Torbay                    | 94.2         | 94.9         | 94.8         |
|                                                               |                                                                            |                       | Cornwall & IoS<br>England | 90.8<br>92.1 | 92.6<br>91.6 | 92.6<br>91.5 |
|                                                               | 3.03vii - Population vaccination coverage - PCV booster                    | 95                    | Devon                     | 93.8         | 91.9         | 92.7         |
|                                                               |                                                                            |                       | Plymouth                  | 96.0         | 94.9         | 94.5         |
|                                                               |                                                                            |                       | Torbay                    | 94.9         | 94.7         | 95.1         |
| 3.03viii - Population vaccination coverage - MMR for one dose | 95                                                                         | Cornwall & IoS        | 91.0                      | 93.2         | 93.0         |              |
|                                                               |                                                                            | England               | 92.2                      | 91.5         | 91.5         |              |
|                                                               |                                                                            | Devon                 | 93.7                      | 92.5         | 93.4         |              |
|                                                               |                                                                            | Plymouth              | 95.6                      | 95.4         | 95.3         |              |
|                                                               |                                                                            | Torbay                | 94.5                      | 95.2         | 95.2         |              |
|                                                               |                                                                            | Cornwall & IoS        | 91.7                      | 92.5         | 93.0         |              |
|                                                               |                                                                            | England               | 92.3                      | 91.9         | 91.6         |              |

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| Cohort         | Indicator                                                      | Standard <sup>1</sup> | Geography      | 2014/15 | 2015/16 | 2016/17 |
|----------------|----------------------------------------------------------------|-----------------------|----------------|---------|---------|---------|
| <b>5 years</b> | 3.03ix - Population vaccination coverage - MMR for one dose    | 95                    | Devon          | 95.2    | 95.5    | 95.7    |
|                |                                                                |                       | Plymouth       | 96.4    | 96.6    | 97.4    |
|                |                                                                |                       | Torbay         | 94.1    | 96.8    | 97.8    |
|                |                                                                |                       | Cornwall & IoS | 95.8    | 96.2    | 96.1    |
|                |                                                                |                       | England        | 94.4    | 94.8    | 95.0    |
|                | 3.03vi - Population vaccination coverage - Hib / Men C booster | 95                    | Devon          | 89.7    | 94.9    | 94.8    |
|                |                                                                |                       | Plymouth       | 94.3    | 94.8    | 95.3    |
|                |                                                                |                       | Torbay         | 92.8    | 96.1    | 96.9    |
|                |                                                                |                       | Cornwall & IoS | 93.5    | 95.1    | 95.1    |
|                |                                                                |                       | England        | 92.4    | 92.6    | 92.6    |
|                | 3.03x - Population vaccination coverage - MMR for two doses    | 95                    | Devon          | 90.6    | 91.5    | 91.3    |
|                |                                                                |                       | Plymouth       | 89.5    | 90.4    | 91.4    |
| Torbay         |                                                                |                       | 89.9           | 92.1    | 92.1    |         |
| Cornwall & IoS |                                                                |                       | 91.0           | 91.6    | 90.9    |         |
| England        |                                                                |                       | 88.6           | 88.2    | 87.6    |         |

1 National Screening and immunisation Programme standard. Where this is blank, no standard has been set.

Where coverage is blank, no programme was in place or data is not yet available.

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## Annual adult immunisations by local authority showing percentage coverage for latest three years

| Indicator                                                                                     | Standard <sup>1</sup> | Geography      | 2014/15 | 2015/16 | 2016/17 |
|-----------------------------------------------------------------------------------------------|-----------------------|----------------|---------|---------|---------|
| 3.03xii - Population vaccination coverage - HPV (%)                                           | 86.1                  | Devon          | 87.2    |         |         |
|                                                                                               |                       | Plymouth       | 86.7    |         |         |
|                                                                                               |                       | Torbay         | 87.2    |         |         |
|                                                                                               |                       | Cornwall & IoS | 81.4    |         |         |
|                                                                                               |                       | England        | 89.4    |         |         |
| 3.03xiii - Population vaccination coverage - PPV (%)                                          | 68.9                  | Devon          | 70.2    | 70.2    |         |
|                                                                                               |                       | Plymouth       | 69.4    | 68.7    |         |
|                                                                                               |                       | Torbay         | 68.1    | 67.5    |         |
|                                                                                               |                       | Cornwall & IoS | 66.3    | 67.0    |         |
|                                                                                               |                       | England        | 69.8    | 70.1    |         |
| 3.03xiv - Population vaccination coverage - Flu (aged 65+) (%)                                | 75                    | Devon          | 70.8    | 69.8    | 69.8    |
|                                                                                               |                       | Plymouth       | 73.4    | 71.5    | 70.3    |
|                                                                                               |                       | Torbay         | 67.3    | 66.4    | 66.4    |
|                                                                                               |                       | Cornwall & IoS | 70.4    | 69.4    | 68.4    |
|                                                                                               |                       | England        | 72.7    | 71      | 70.5    |
| 3.03xv - Population vaccination coverage - Flu (at risk individuals) (%)                      | 75                    | Devon          | 44.5    | 42      | 46.2    |
|                                                                                               |                       | Plymouth       | 49.9    | 44.9    | 46.0    |
|                                                                                               |                       | Torbay         | 44.6    | 40.6    | 45.8    |
|                                                                                               |                       | Cornwall & IoS | 49.4    | 45.6    | 44.4    |
|                                                                                               |                       | England        | 50.3    | 45.1    | 48.6    |
| 3.03xviii - Population vaccination coverage - Flu (2-4 years old) (%)                         |                       | Devon          | 41.6    | 41.3    | 44.3    |
|                                                                                               |                       | Plymouth       | 36.3    | 33.6    | 37.2    |
|                                                                                               |                       | Torbay         | 37.0    | 34.8    | 38.4    |
|                                                                                               |                       | Cornwall & IoS | 34.6    | 33.8    | 34.2    |
|                                                                                               |                       | England        | 37.6    | 34.4    | 38.1    |
| 3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old) (%) |                       | Devon          | 64      | 60.3    |         |
|                                                                                               |                       | Plymouth       | 59.2    | 54.3    |         |
|                                                                                               |                       | Torbay         | 59.3    | 52.6    |         |
|                                                                                               |                       | Cornwall & IoS | 61.5    | 53.8    |         |
|                                                                                               |                       | England        | 59      | 54.9    |         |

Source: Public Health Outcomes Framework, Public Health England.

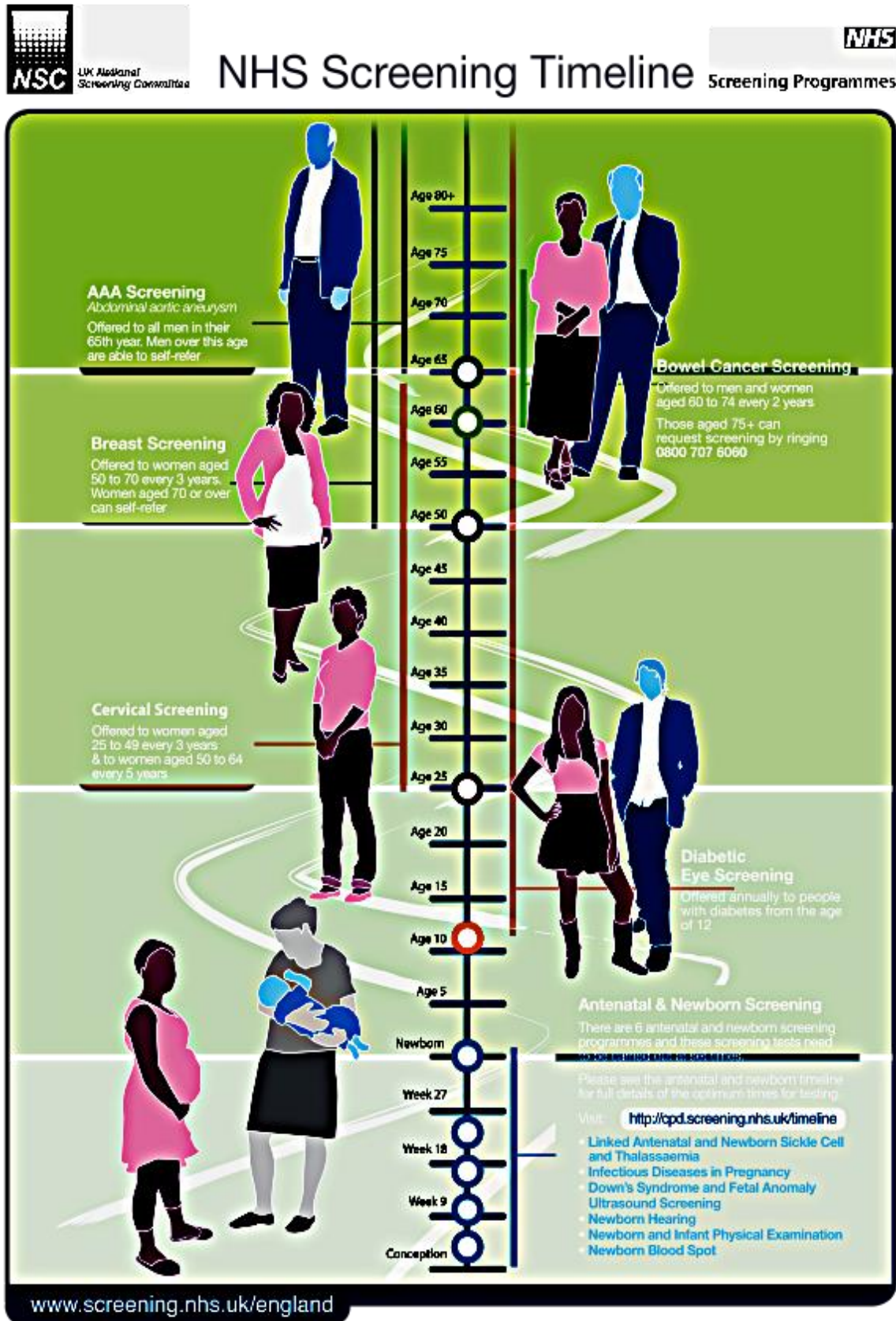
<sup>1</sup> National Screening and Immunisation Programme standard.

Where coverage is blank, no programme was in place or data is not yet available.



## Appendix 4

### (4) National screening programmes - summary



### (5) Screening performance

#### Cancer screening (breast, cervical, bowel) – showing percentage coverage for latest three years

| Indicator                          | Lower threshold <sup>1</sup> | Standard <sup>2</sup> | Geography | 2014 | 2015 | 2016 |
|------------------------------------|------------------------------|-----------------------|-----------|------|------|------|
| Breast Cancer screening coverage   | 70                           | 80                    | Devon     | 79.1 | 79.1 | 78.8 |
|                                    |                              |                       | Plymouth  | 78.4 | 79.1 | 79.3 |
|                                    |                              |                       | Torbay    | 76.5 | 76.7 | 74.7 |
|                                    |                              |                       | Cornwall  | 80.1 | 80.3 | 80.0 |
|                                    |                              |                       | England   | 75.9 | 75.4 | 75.5 |
| Cervical Cancer screening coverage | 75                           | 80                    | Devon     | 77.5 | 77.7 | 77.1 |
|                                    |                              |                       | Plymouth  | 75.9 | 75.5 | 74.5 |
|                                    |                              |                       | Torbay    | 76.0 | 75.9 | 74.8 |
|                                    |                              |                       | Cornwall  | 76.3 | 76.4 | 75.7 |
|                                    |                              |                       | England   | 74.2 | 73.5 | 72.7 |
| Bowel Cancer screening coverage    | 55                           | 60                    | Devon     |      | 60.5 | 62.6 |
|                                    |                              |                       | Plymouth  |      | 61.3 | 61.6 |
|                                    |                              |                       | Torbay    |      | 62.0 | 61.4 |
|                                    |                              |                       | Cornwall  |      | 58.3 | 60.5 |
|                                    |                              |                       | England   |      | 57.1 | 57.9 |

<sup>1</sup> Threshold based on 2017-18 Public Health Functions Agreement.

<sup>2</sup> National Screening and Immunisation Programme Standard.

Where coverage is blank, no programme was in place or data is not yet available.

## Non cancer screening – showing percentage coverage for latest three years

| Indicator                                       | Acceptable <sup>1</sup> | Achievable <sup>2</sup> | Geography | 2013/14       | 2014/15 | 2015/16                                     | Trust/Service                               | 2014/15<br>Q4    | 2015/16<br>Q4 | 2016/17<br>Q4 |
|-------------------------------------------------|-------------------------|-------------------------|-----------|---------------|---------|---------------------------------------------|---------------------------------------------|------------------|---------------|---------------|
|                                                 |                         |                         |           | Annual figure |         |                                             |                                             | Quarterly figure |               |               |
| Infectious diseases in pregnancy - HIV coverage | ≥90                     | ≥95                     | Devon     |               |         |                                             | Royal Devon and Exeter NHS Foundation Trust | 99.8             | 99.1          | 100.0         |
|                                                 |                         |                         |           |               |         | Northern Devon Healthcare NHS Trust         | 99.1                                        | 99.8             | 99.5          |               |
|                                                 |                         |                         | Plymouth  |               |         |                                             | Plymouth Hospitals NHS Trust                | 99.7             | 99.6          | 99.7          |
|                                                 |                         |                         | Torbay    |               |         |                                             | South Devon Foundation Trust                | 97.4             |               |               |
|                                                 |                         |                         |           |               |         | Torbay and South Devon NHS Foundation Trust |                                             | 97.2             | 99.2          |               |
|                                                 |                         |                         | Cornwall  |               |         |                                             | Royal Cornwall Hospitals NHS Trust          | 99.3             | 99.7          | 99.9          |
| England                                         | 98.9                    | 98.9                    | 99.1      |               |         |                                             |                                             |                  |               |               |
| Sickle cell and thalassaemia                    | ≥95                     | ≥99                     | Devon     |               |         |                                             | Royal Devon and Exeter NHS Foundation Trust | 99.6             | 99.5          | 100.0         |
|                                                 |                         |                         |           |               |         | Northern Devon Healthcare NHS Trust         | 99.3                                        | 99.8             | 99.5          |               |
|                                                 |                         |                         | Plymouth  |               |         |                                             | Plymouth Hospitals NHS Trust                | 99.8             | 99.8          | 99.7          |
|                                                 |                         |                         | Torbay    |               |         |                                             | South Devon Foundation Trust                | 98.6             |               |               |
|                                                 |                         |                         |           |               |         | Torbay and South Devon NHS Foundation Trust |                                             | 97.7             | 99.2          |               |
|                                                 |                         |                         | Cornwall  |               |         |                                             | Royal Cornwall Hospitals NHS Trust          | 99.4             | 99.7          | 99.9          |
| England                                         | 98.9                    | 98.9                    | 99.1      |               |         |                                             |                                             |                  |               |               |
| Newborn blood spot                              | ≥95                     | ≥99.9                   | Devon     | 90.9          | 85.1    | 82.2                                        | NHS North, East, West Devon (CCG at birth)  | 86.5             | 90.7          | 97.6          |
|                                                 |                         |                         | Plymouth  | 91.9          | 82.0    | 83.2                                        | NHS North, East, West Devon                 | 86.5             | 90.7          | 97.6          |
|                                                 |                         |                         | Torbay    | 94.7          | 99.8    | 77.4                                        | NHS South Devon and Torbay                  | 99.5             | 86.0          | 94.1          |
|                                                 |                         |                         | Cornwall  | 89.2          | -       | -                                           | NHS Kernow                                  | 72.4             | 86.9          | 92.3          |
|                                                 |                         |                         | England   | 93.5          | 95.8    | 95.6                                        |                                             |                  |               |               |
| Newborn hearing                                 | ≥95                     | ≥99.5                   | Devon     | 98.6          | 98.7    | 98.8                                        | North Devon                                 | 98.8             | 98.6          | 98.5          |
|                                                 |                         |                         |           |               |         | Torbay and Teignbridge                      | 98.9                                        | 98.7             | 99.4          |               |
|                                                 |                         |                         | Plymouth  | 99.2          | 99.4    | 99.4                                        | Plymouth                                    | 99.0             | 99.5          | 99.2          |
|                                                 |                         |                         | Torbay    | 98.9          | 99.4    | 99.4                                        | Torbay and Teignbridge                      | 98.9             | 98.7          | 99.4          |
|                                                 |                         |                         | Cornwall  | 99.5          | 99.8    | 99.8                                        | Cornwall and Isles of Scilly                | 99.8             | 99.9          | 99.7          |
| England                                         | 98.5                    | 98.5                    | 98.7      |               |         |                                             |                                             |                  |               |               |

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| Indicator                             | Acceptable <sup>1</sup> | Achievable <sup>2</sup> | Geography | 2013/14 | 2014/15 | 2015/16                                          | Trust/Service                                         | 2014/15 Q4 | 2015/16 Q4 | 2016/17 Q4 |
|---------------------------------------|-------------------------|-------------------------|-----------|---------|---------|--------------------------------------------------|-------------------------------------------------------|------------|------------|------------|
| Newborn & infant physical examination | ≥95                     | ≥99.5                   | Devon     |         |         |                                                  | Royal Devon and Exeter NHS Foundation Trust           | -          | 98.5       | 98.6       |
|                                       |                         |                         |           |         |         | Northern Devon Healthcare NHS Trust              | 98.9                                                  | 97.9       | 99.1       |            |
|                                       |                         |                         | Plymouth  |         |         |                                                  | Plymouth Hospitals NHS Trust                          | 100.0      | 97.6       | 96.2       |
|                                       |                         |                         | Torbay    |         |         |                                                  | South Devon Foundation Trust                          | -          | 97.3       | 97.0       |
|                                       |                         |                         |           |         |         | Torbay and South Devon NHS Foundation Trust      | 99.5                                                  | 86.0       | 94.1       |            |
|                                       |                         |                         | England   |         | 93.3    | 94.9                                             |                                                       |            |            |            |
| * Diabetic eye screening              | ≥70                     | ≥80                     | Devon     |         |         |                                                  | North and East Devon Diabetic Eye Screening Programme | 82.8       | 82.6       | 87.5       |
|                                       |                         |                         |           |         |         | South Devon NHS Diabetic Eye Screening Programme | 86.9                                                  | 87.7       | 87.1       |            |
|                                       |                         |                         | Plymouth  |         |         |                                                  | Plymouth Diabetic Eye Screening Programme             | 79.9       | 80.1       | 79.6       |
|                                       |                         |                         | Torbay    |         |         |                                                  | South Devon NHS Diabetic Eye Screening Programme      | 86.9       | 87.7       | 87.1       |
|                                       |                         |                         | Cornwall  |         |         |                                                  | Cornwall Diabetic Eye Screening Programme             | 81.4       | 81.5       | 78.8       |
|                                       |                         |                         | England   |         | 82.9    | 83.0                                             |                                                       |            |            |            |
| * Abdominal Aortic Aneurysm           | ≥67.5                   | ≥75                     | Devon     | 87.4    | 87.3    | 86.1                                             | South Devon AAA Screening Cohort                      | 99.9       | 99.9       | 99.9       |
|                                       |                         |                         |           |         |         | Somerset and North Devon AAA Screening Cohort    | 100.0                                                 | 99.8       | 100.0      |            |
|                                       |                         |                         | Plymouth  | 83.1    | 81.2    | 83.1                                             | Peninsula AAA Screening Cohort                        | 99.3       | 99.7       | 99.9       |
|                                       |                         |                         | Torbay    | 85.4    | 84.3    | 80.2                                             | South Devon AAA Screening Cohort                      | 99.9       | 99.9       | 99.9       |
|                                       |                         |                         | Cornwall  | 83.8    | 83.3    | 83.5                                             | Peninsula AAA Screening Cohort                        | 99.3       | 99.7       | 99.9       |
|                                       |                         |                         | England   | 77.4    | 79.4    | 79.9                                             |                                                       |            |            |            |

\* All figures are for coverage except provider figures for diabetic eye screening which represent uptake, & AAA figures which represent 'completeness of offer'.

### (6) Healthcare association infections (HCAI) 2016-17

#### MRSA

##### *NEW Devon*

Four cases were recorded in NEW Devon Clinical Commissioning Group between April 2016 and March 2017. Three were community acquired and one in an acute hospital. None of the four cases were connected. All cases have had Post Infection Reviews (PIRs) completed and lessons learned shared with relevant involved teams.

##### *South Devon and Torbay*

There was one recorded acute acquired MRSA and one community case.

##### *NHS Kernow*

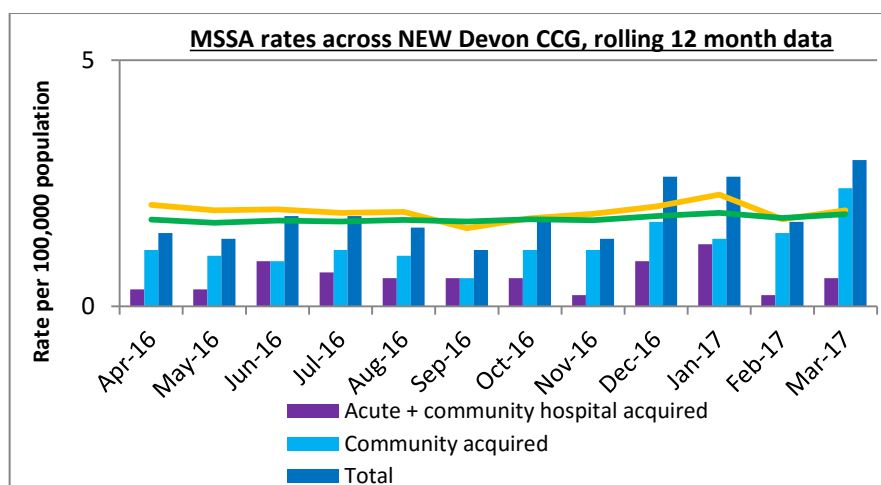
Seven cases were recorded in Cornwall patients in 2016-17: two acute assigned, three CCG assigned, two third party assigned. One patient accounted for two cases and one case was in an injecting drug user.

#### MSSA

##### *NEW Devon*

MSSA bacteraemia rates for the NEW Devon Clinical Commissioning Group population have fluctuated above and below the Public Health England, England and South West average rate lines. Providers of hospital and community services provide information to the clinical commissioning group as part of their performance reporting obligations. There has been a recent rise in community-acquired MSSA bacteraemia, and the reasons for this have not yet been established.

**Figure 1 Methicillin sensitive staphylococcus aureus bacteraemias by month for NEW Devon Clinical Commissioning Group**



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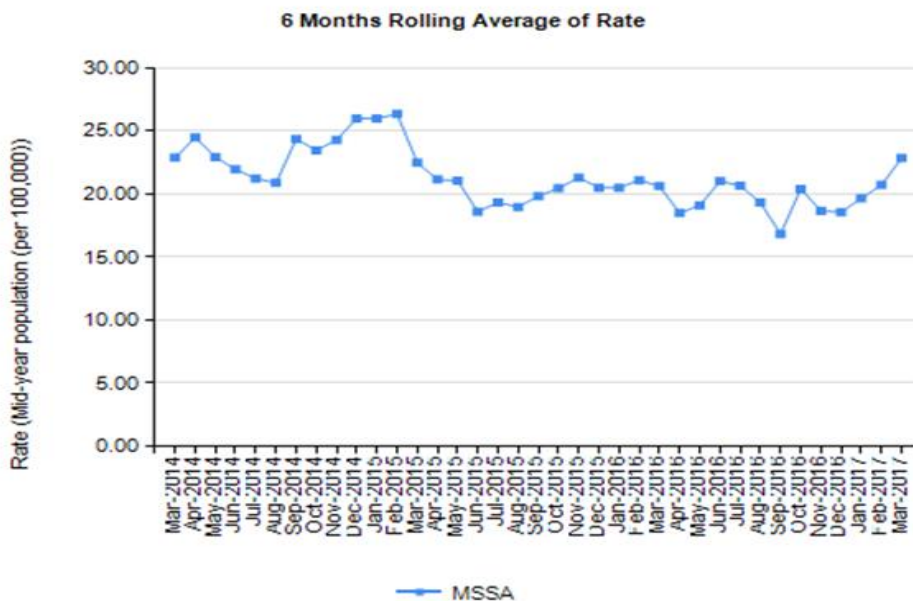
## South Devon and Torbay

For the year ending March 2017 there were a total of 105 cases of MSSA reported against a target of 145. There were 16 acute acquired MSSA bacteraemia against a target of 8. This may be in part due to the installation of the new BD Bactec Fx which is more sensitive and will isolate more Staphylococci. Review and root cause analysis identified 'lapse in care' for 6 of the 16 cases.

## NHS Kernow

MSSA rates in NHS Kernow were below the South West rates during 2016-17. The Royal Cornwall Hospital experienced an increased incidence during the first quarter.

Figure 2: NEW Kernow MSSA rates 2014 - 2017

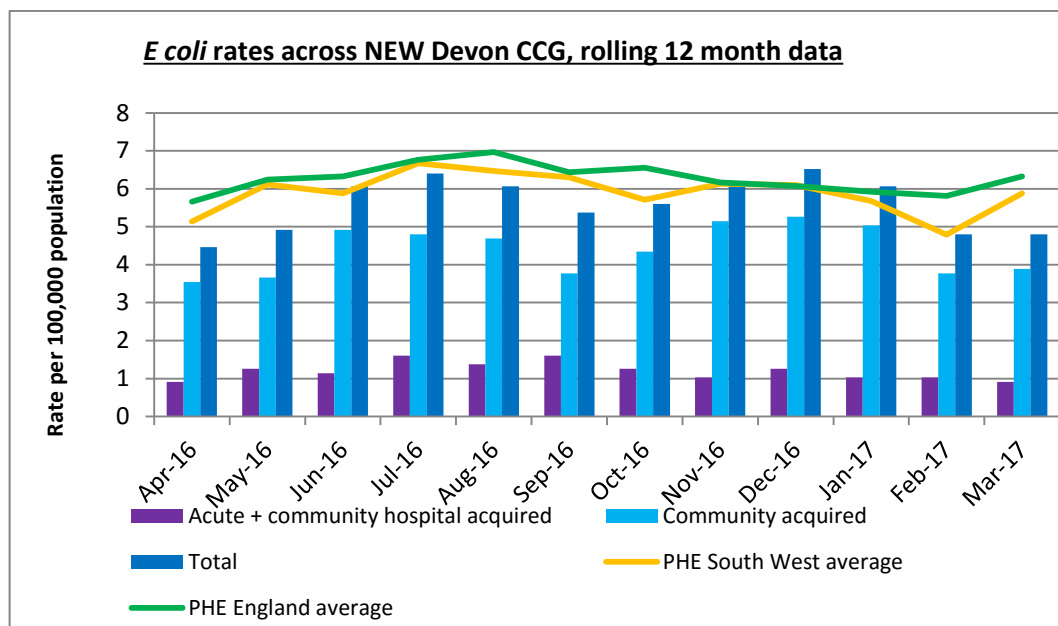


## E.coli bacteraemia

### NEW Devon

E. coli bacteraemias for the NEW Devon Clinical Commissioning Group hospital sector and clinical commissioning group population in the rolling 12 months as shown in the graph below broadly track the averages provided by Public Health England for England and the South West. The Clinical Commissioning Group Patient Safety and Quality Team monitor data by locality and hospital to scrutinise trends and enable performance to be questioned as required. The Quality Premium for Gram negative bloodstream infections aims to reduce E.coli numbers, and is being supported by the CCG.

**Figure 3: Rates of E.coli bacteraemia, by month, April 2016 – March 2017 for NEW Devon Clinical Commissioning Group**



### South Devon and Torbay Clinical Commissioning Group

For the year ending March 2017 there was a total of 236 cases of E-coli bacteraemia reported across South Devon & Torbay.

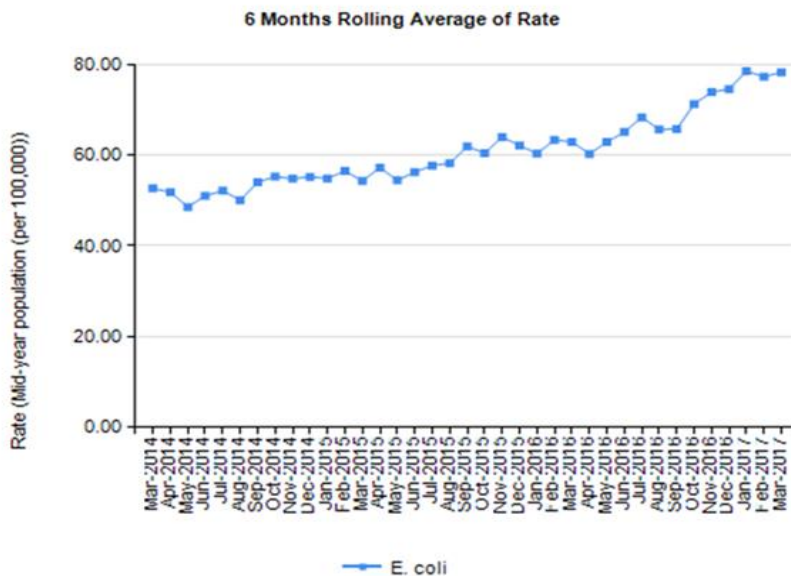
### NHS Kernow

E-coli rates continue to rise. Work began in 2016-17 to prepare a focus on E-coli bacteraemia reduction. Best practice indicators are being explored in the acute setting to enable evaluation of care lapses linked to cases with biliary sources. In the community, actions are planned around:

- Catheter Passport;
- Re-launch of the trial without catheter (TWOC) pathway tool;
- Adult Community Services (ACS) sites are moving over to RIO for electronic notes (looking to add a prompt function for indwelling devices);
- Use of an illustrative tool for ACS ward staff (catheter insitu);
- Focus on hydration;
- Stewardship (comms around new first line choice of ABX for UTIs, Audit);
- Joint visit to the ward with highest prevalence rate of catheters the previous month by IPAC and Continence Nurse;
- Roadshow/masterclass on catheters/bladder scanners/TWOC;
- Bladder scanners - identifying where they are, whether staff know how to use them and when to use them. Consideration of a capital bid if more are required.

# Agenda Item 8

Figure 4: NHS Kernow E-Coli bacteraemia rates 2014-2017



## C. difficile infection

### NEW Devon

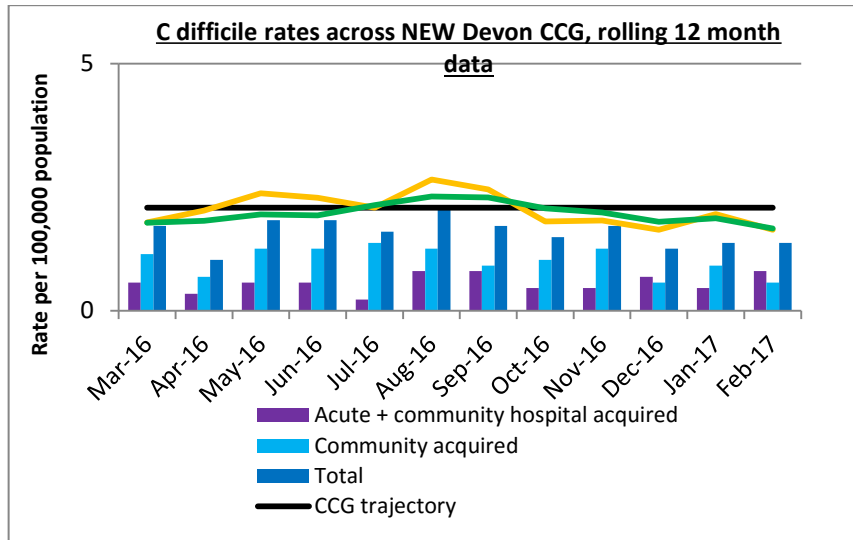
The graph below shows community acquired infection (CAI) and hospital acquired infection (HAI) cases of C.difficile infection. The community acquired infection cases, which make up the larger proportion of the population cases, are not scrutinised for avoidability like those in acute and community hospitals. A system to inform General Practices of these cases and request Significant Event Audits (SEAs) on behalf of NHS England South, South West is in place.

The Clinical Commissioning Group was under its nationally set trajectory of 219 cases with a total of 181 cases. This shows that C.difficile infection is reasonably under control.

The Clinical Commissioning Group will not be offering a local CQUIN to Acute Trusts on the exploration of value of a community infection management service. The Clinical Commissioning Group will only be offering national CQUINs in 2017-18 for Acute Trusts, due to the overarching situation of the Success Regime.



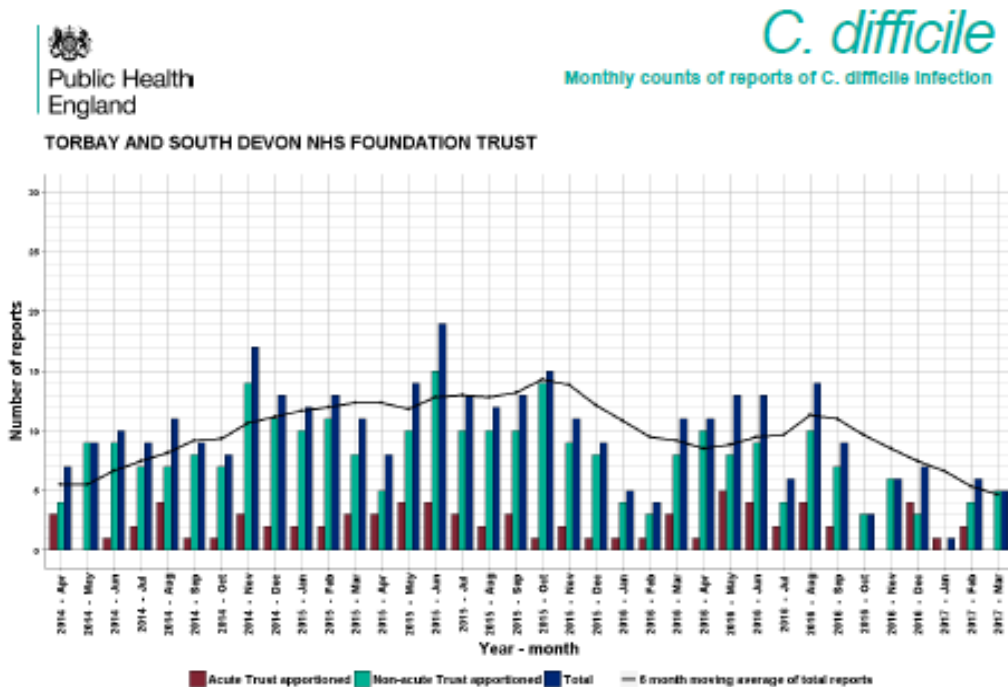
**Figure 5: Rates of C.difficile infection, by month, April 2016 – March 2017 for hospital and community acquired infections for NEW Devon CCG**



### South Devon and Torbay

The CCG target given to provider was set at no more than 18 'lapses in care' from 1/4/16 to 31/3/17. Torbay hospital had 8 'lapses in care'. For the community hospitals an internal target of 4 'lapses in care' was set and there was zero 'lapses in care' identified. All hospitals were within targets set for *C.difficile* and the reduction in *C.difficile* in Torbay can be seen in the graph below.

**Figure 6: South Devon and Torbay C.difficile rates 2014-2017**



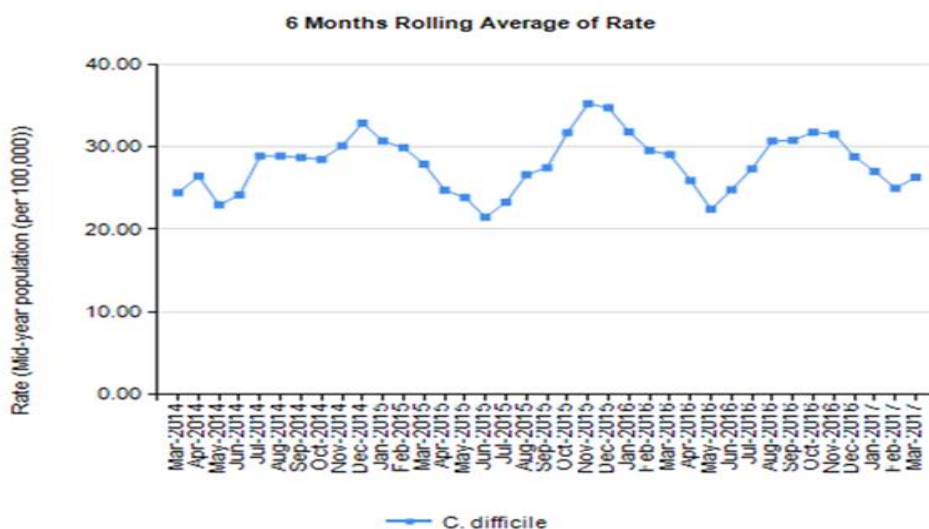
# Agenda Item 8

A faecal transplant service has now been introduced at Torbay & South Devon NHS Foundation Trust for patients with recurrent C.difficile, in accordance with NICE Interventional Procedure Guidance (NG485) recommendations. To date five patients have been offered faecal transplant; two declined and three were successful.

## NHS Kernow

The Clinical Commissioning Group exceeded the 2016-17 objective of 25.00 cases with an outturn of 28.09 (per 100,000 population), which is above the South West figure of 25.45. The majority of acute cases were assessed as avoidable via the lapse in care system.

Figure 7: NHS Kernow C.difficile rates 2014-2017

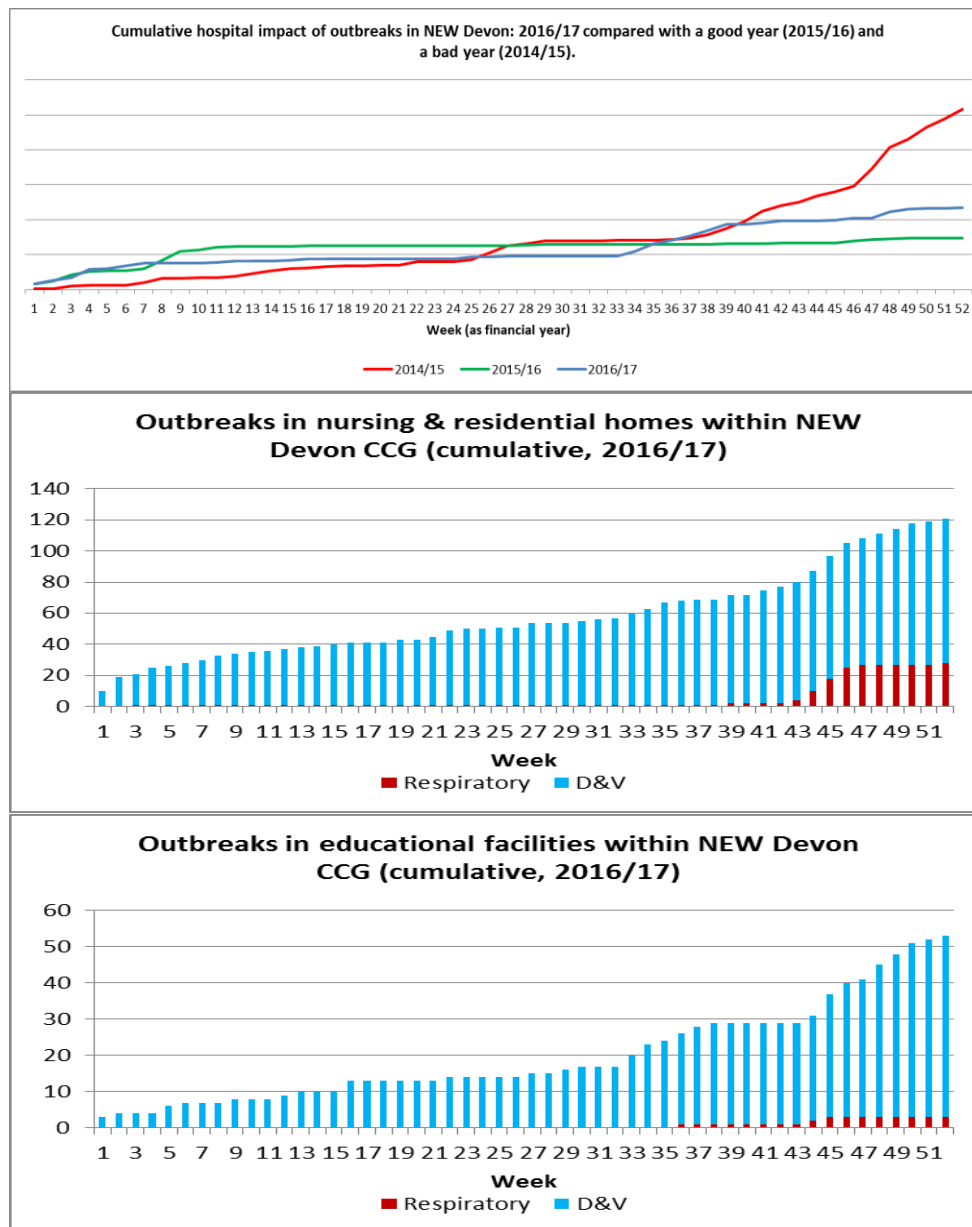


## HCAI outbreaks

### NEW Devon

The following outbreaks graph shows the amount of ward and bay closures occurring in NEW Devon Clinical Commissioning Group hospitals as a proxy for the impact on service. The two graphs beneath it show the comparative outbreak types in nursing homes and educational facilities over the same time period.

**Figure 8: Ward and Bay closures across NEW Devon Clinical Commissioning Group by month showing comparison with 2015/16 and 2014/15**



### South Devon and Torbay

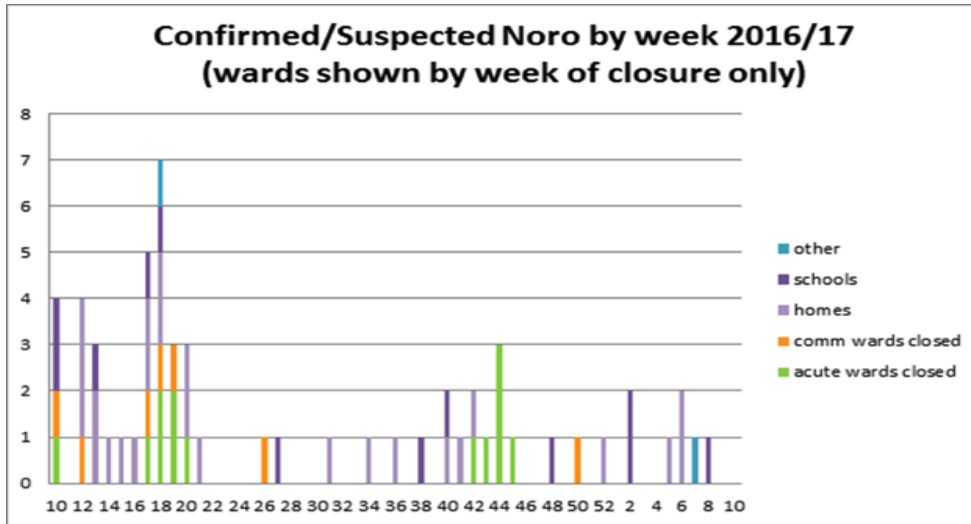
Between April 2016 and March 2017 there were six ward closures (15 days total closure) within the acute hospital. In the community hospitals there were four ward closures (22 days total closure). Overall the KPI of individual ward closure for no more than 12 days was maintained.

# Agenda Item 8

NHS Kernow

The chart below shows combined hospital and community outbreak notifications of suspected Norovirus.

Figure 9: NHS Kernow HCAI ward closures 2016/17



### (7) Anti-microbial resistance: trends and developments

#### *E. coli* bacteraemia

Rates of *E.coli* bacteraemia cases reported through the Healthcare Associated Infections (HCAI) mandatory scheme have increased both nationally and locally in recent years (**Table 1**). The rate of *E.coli* bacteraemia per 100,000 population increased by 16% in England between 2013/14 and 2016/17, and by 22% in North, East & West (NEW) Devon CCG, 12% in South Devon and Torbay CCG and 27% in Kernow CCG over the same time period. Between 2015/16 and 2016/17 the rate of *E.coli* bacteraemia per 100,000 population increased by 6% in England, and by 2% in NEW Devon CCG, by 9% in South Devon and Torbay CCG and by 16% in Kernow CCG.

**Table 1: *E.coli* bacteraemia rates per 100,000 population, by CCG and England, 2013/14 to 2016/17**

| Financial Year | North, East and West (NEW) Devon CCG | South Devon and Torbay CCG | Kernow CCG | England |
|----------------|--------------------------------------|----------------------------|------------|---------|
| 2013/14        | 57.2                                 | 78.2                       | 55.9       | 63.7    |
| 2014/15        | 66.9                                 | 77.2                       | 53.7       | 65.9    |
| 2015/16        | 68.4                                 | 80.1                       | 61.4       | 69.8    |
| 2016/17        | 69.6                                 | 87.6                       | 71.0       | 74.1    |

Source: HCAI Data Capture System

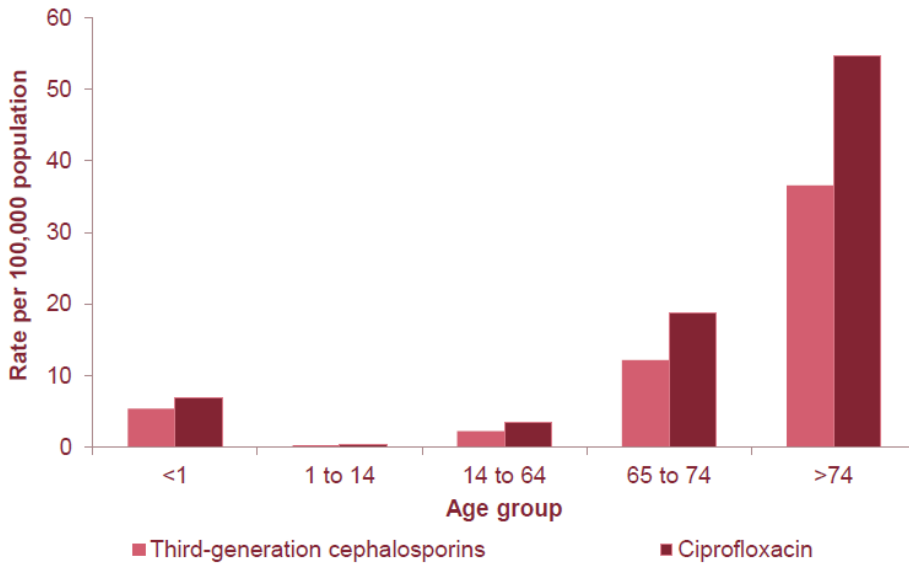
The PHE Health Protection Report on *E.coli* bacteraemia<sup>1</sup> reported that between 2012 and 2016 in England there was no change in the antibiotic resistance of *E.coli* isolates to selected antimicrobials, except for resistance to piperacillin/tazobactam and amoxicillin/clavulanate which increased from 10% to 12% and from 37% to 41% respectively. However, these increases are likely to be due to changes in testing methods.

In 2016 in England, resistance of *E.coli* bacteraemia isolates to gentamicin, ciprofloxacin, third generation cephalosporins, piperacillin/tazobactam and amoxicillin/clavulanate were 10%, 19%, 22%, 12% and 41% respectively. Therefore, the increases in *E.coli* bacteraemia infections mean that the number of people affected by antibiotic-resistant infections is increasing.

Rates of *E.coli* resistant bacteraemia are substantially higher in the elderly, with elevated rates also seen in infants (<1 year old). **Figure 1**, taken from the English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) report 2016<sup>2</sup>, demonstrates this for two antibiotic classes. Therefore, when implementing interventions to reduce antibiotic resistance it may be necessary for particular focus to be placed on these age groups<sup>2</sup>.

# Agenda Item 8

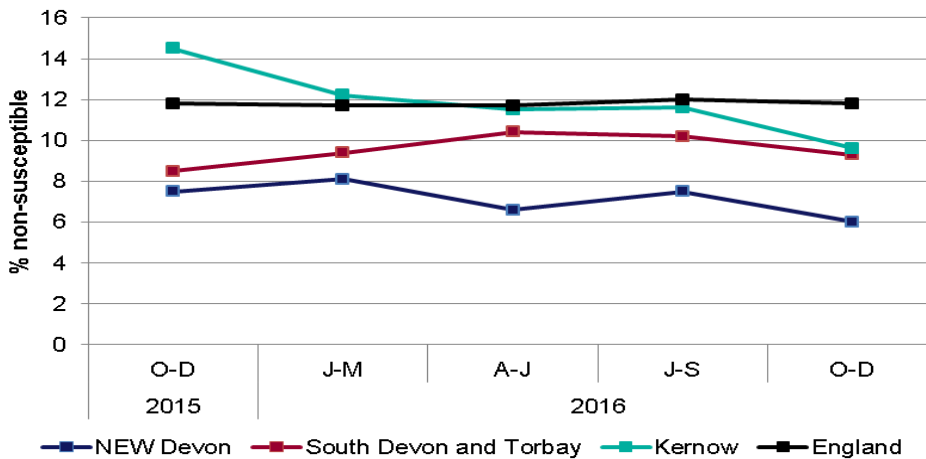
**Figure 1: Rates of *E. coli* bacteraemia resistant to third-generation cephalosporins or ciprofloxacin in patients of different age groups.**



Data derived from voluntary reports to SGSS; 85% of isolates were subject to susceptibility tests  
 Source: ESPAUR Report 2016<sup>2</sup>

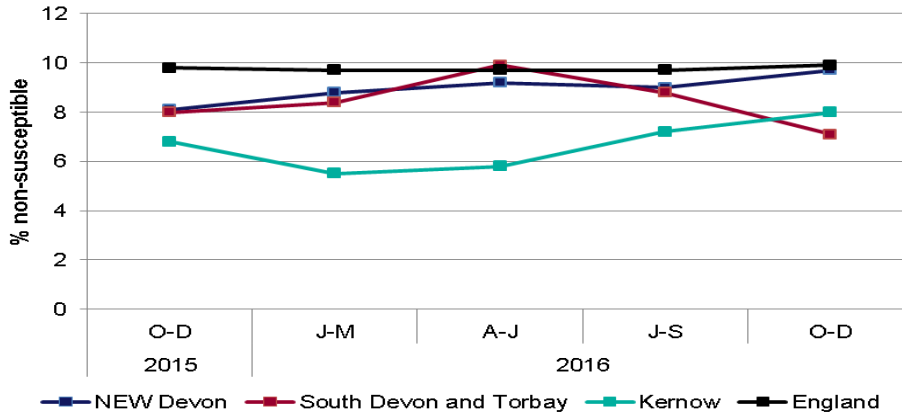
The AMR local indicators provide further local data on the resistance of *E. coli* to important antibiotics. The indicators present the proportion of *E. coli* blood specimens that are non-susceptible to certain antibiotics (3<sup>rd</sup> generation cephalosporins, ciprofloxacin, gentamicin and piperacillin/tazobactam), where non-susceptible means that the organism isolated from the specimen is resistant to the antibiotic. Data from these indicators for NEW Devon, South Devon and Torbay and Kernow CCG are presented below.

**Figure 2: Rolling quarterly average proportion of *E. coli* blood specimens non-susceptible to 3<sup>rd</sup> generation cephalosporins, by quarter**



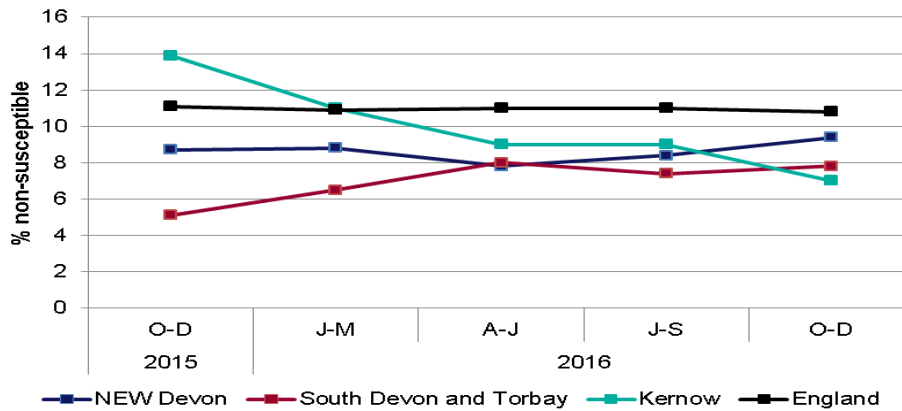
Source: PHE AMR local indicators<sup>3</sup>

**Figure 3: Rolling quarterly average proportion of *E. coli* blood specimens non-susceptible to gentamicin, by quarter**



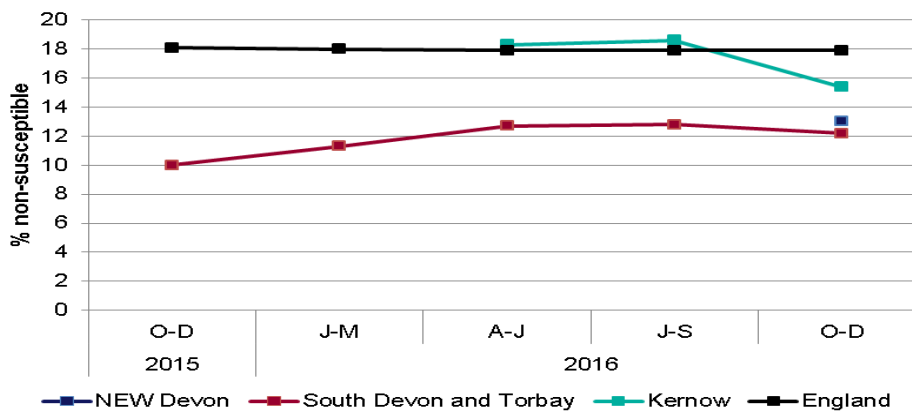
Source: PHE AMR local indicators<sup>3</sup>

**Figure 4: Rolling quarterly average proportion of *E. coli* blood specimens non-susceptible to piperacillin/tazobactam, by quarter**



Source: PHE AMR local indicators<sup>3</sup>

**Figure 5: Rolling quarterly average proportion of *E. coli* blood specimens non-susceptible to ciprofloxacin, by quarter\***



\*Where less than 70% specimens have been tested for a particular CCG the results have been suppressed for data quality reasons.

Source: PHE AMR local indicators<sup>3</sup>

# Agenda Item 8

For these particular drug/bug combinations, resistance within the Devon and Cornwall areas are similar to or lower than those in England. For NEW Devon, Kernow and South Devon and Torbay CCGs, these proportions were in the lower three quintiles of all CCGs in England. However, it must be noted that these are only a small subsection of antimicrobial resistance data. In order to effectively monitor changes in antibiotic resistance it is vital that isolates are tested for their susceptibility to antibiotics.

The AMR local indicators also provide data on the percentage of *E.coli* blood specimens that are tested against various antibiotics (3<sup>rd</sup> generation cephalosporins, ciprofloxacin, gentamicin, piperacillin/tazobactam and a carbapenem), with this data benchmarked against the goal of 100% of blood specimens susceptibility tested.

For these antibiotic classes, testing in NEW Devon CCG did not reach the benchmark of 100% of *E.coli* blood specimens tested in quarter 4 of 2016. In quarter 4 of 2016, Kernow CCG also did not reach the benchmark for *E.coli* blood specimens tested against gentamicin and NEW Devon, Kernow and South Devon & Torbay CCGs all did not reach the 100% benchmark for *E.coli* blood specimens tested against piperacillin/tazobactam. However, it must be noted that in all instances where an aforementioned CCG did not reach the 100% benchmark, testing of *E. coli* blood specimens remained high, at over 95%.

## ***Klebsiella* bacteraemia**

Between 2015 and 2016 the total number of reports of *Klebsiella spp.* bacteraemia in England, Wales and Northern Ireland increased by 15%, an increase in population rate from 13.0 to 15.0 per 100,000 population. Between 2012 and 2016 antimicrobial resistance in *Klebsiella spp.* bacteraemia isolates in England and Northern Ireland remained relatively stable. Increases in resistance to piperacillin/tazobactam were seen with resistance reported in 17% of isolates in 2016 compared to 13% in 2012<sup>4</sup>. However, this may reflect recent changes to testing. Nevertheless, as with *E.coli* bacteraemia, increases in *Klebsiella spp.* bacteraemia will result in increases in the number of antibiotic resistant infections occurring.

## **Changes to mandatory surveillance**

The increases in gram-negative bloodstream infections, as described above in relation to *E.coli* and *Klebsiella spp.*, have resulted in a focus on these infections. The Secretary of State for Health has announced an ambition to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021. Consequently, from April 2017 the surveillance of bacteraemias has been extended to include *Klebsiella spp.* and *Pseudomonas aeruginosa* infections. Although not yet mandatory, it is expected that this additional surveillance will become mandatory, and the mandate will be backdated to April 2017.

## **Carbapenemase producing organisms**

Carbapenemase-producing organisms (CPO) are organisms that have resistance to carbapenems through the production of enzymes called carbapenemases. Although carbapenem resistance remains uncommon, data from the PHE Antimicrobial Resistance and Healthcare Associated Infections (AMRHAI) Reference Unit show a continued year-on-year increase in the numbers of confirmed CPOs, with 1893 Enterobacteriaceae confirmed as carbapenemase-producing in 2015<sup>2</sup>. In 2016/17 there were 13 isolates referred from hospitals within Devon, Torbay, Cornwall and Plymouth local authorities that were confirmed as CPOs by AMRHAI, an increase from 2015/16, in which 9 isolates were confirmed CPOs. The Health Protection Team liaised with each Trust involved to ensure that they were comfortable with following the procedures for dealing with CPO positive cases as outlined in the Trust toolkit.



## References

1. Public Health England. Laboratory surveillance of *Escherichia coli* bacteraemia in England, Wales and Northern Ireland: 2016. Health Protection Report 2017;11(18)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/615340/hpr1817\\_ecoli.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/615340/hpr1817_ecoli.pdf)
2. Public Health England. English surveillance programme for antimicrobial utilisation and resistance (ESPAUR). Report 2016  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575626/ESPAUR\\_Report\\_2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575626/ESPAUR_Report_2016.pdf)
3. Public Health England. AMR Local Indicators <https://fingertips.phe.org.uk/profile/amr-local-indicators>
4. Public Health England. Laboratory surveillance of *Klebsiella* spp. bacteraemia in England, Wales and Northern Ireland: 2016. Health Protection Report 2017;11(18)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/615375/hpr1817\\_klbsll.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/615375/hpr1817_klbsll.pdf)



Devon Health and Wellbeing Board  
14<sup>th</sup> December 2017

## Pharmaceutical Needs Assessment 2018 to 2021

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

One of the responsibilities of a Health and Wellbeing Board is the production of a Pharmaceutical Needs Assessment (PNA), which is a comprehensive assessment of the current and future pharmaceutical needs of the local population. Whilst the Joint Strategic Needs Assessment focusses on the general health needs of the population of Devon, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England. The PNA will be used by NHS England to inform:

- decisions regarding which NHS funded services need to be provided by community
- pharmacies and dispensing appliance contractors in Devon
- whether new pharmacies or services are needed
- decision-making about the relocation of existing pharmaceutical premises in
- response to applications by providers of pharmaceutical services
- the commissioning of locally Enhanced services from pharmacies

Production of Devon's 2018-21 PNA has been led by Devon County Council's Public Health Intelligence Team. Devon, Plymouth and Torbay public health have worked with NHS England, the Local Pharmaceutical Committee and a dispensing doctor representative to produce PNAs for the Devon, Plymouth and Torbay areas for 2018-2021.

Prior to publication, the PNA must go through a 60-day consultation period. Consultation on the Devon PNA started on Monday 4th December 2017 via the Devon County Council Have Your Say website and will run until Sunday 4<sup>th</sup> February 2018.

Once the consultation period ends, a consultation report will be produced and changes to the PNA will be considered. The final version of the PNA will then be presented and discussed at the Health and Wellbeing Board meeting scheduled for 8 March 2018. This will enable the 2018-21 PNA to be published on or before the April 1st 2018 deadline.

The Devon PNA and consultation can be found here:

<http://www.devonhealthandwellbeing.org.uk/board/pharmaceutical-need-assessment/>

<https://new.devon.gov.uk/haveyoursay/categories/health/>





Northern, Eastern and Western Devon  
Clinical Commissioning Group



South Devon and Torbay  
Clinical Commissioning Group

We are presenting the Local Transformation Plan for supporting the emotional health and wellbeing of children and young people for decision from the Health and Wellbeing Board to agree style and content of the plan; so that it can be placed on the CCGs websites and submitted to NHS England.

Due to changes in the dates for circulation to you, the document presented requires additional information which will be inputted prior to publication. It is anticipated that this additional information will be available for you to review on the 14<sup>th</sup> December when this plan is presented.

The style of the plan is that it has been written for children and young people. The required submission to NHS England and publication date is 8<sup>th</sup> January 2018. If the decision is made to agree to this style and content, prior to publication we will be finalising the format of the plan so that it is accessible to children and young people. We have been speaking to young people around the format of this plan. There will be no material changes to the content of the plan.



Support for  
Children and  
Young People's  
Emotional  
Health and  
Wellbeing:  
Devon, Torbay  
and Plymouth

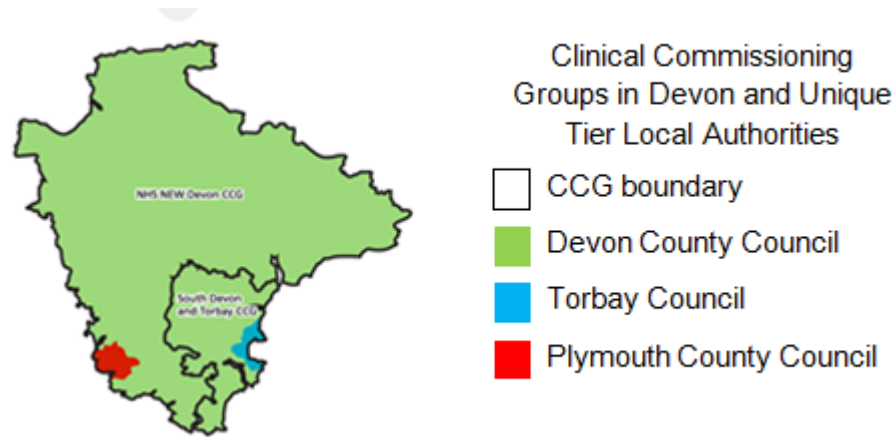
2017-2022

**Background:**

This Local Transformation Plan refresh has been used as an opportunity to bring together two Clinical Commissioning Groups and three Local Authorities to develop an agreed approach with shared priorities across one geographical area. The geographical area includes Plymouth, Devon and Torbay.

The map below  
this plan applies to:

shows the area that



In this plan we will use ‘Devon’ to refer to this whole area.

The refresh provides information on the shared priorities for the Devon area. Although we share these priorities how the support is delivered will need to be personal to you and the area you live.

This plan has been written for you, as children and young people living in Devon. The way it is written and design of the plan has been based on what you have told us would work best for you. This is why there are different styles of this plan available.



## Our vision

As children and young people living in Devon, we want you to experience good emotional health and wellbeing. Research has shown five ways that are important to good emotional health and wellbeing. These are:

- 1) Being **connected** to those around you
- 2) Being **active**
- 3) Being able to **learn** new skills and interests
- 4) Being able to **give** to others by helping or supporting them
- 5) Being curious and **mindful** of the moment you are in

We will use these five ways to help you experience the best emotional health and wellbeing that you can. These five ways and your safety will be kept at the centre of the support you receive.

Each of you will have different experiences that will affect your ability to develop or maintain your emotional health and wellbeing. Some of these experiences will be positive. Some will not. This means that the support you need must be built around you. It must be based on your experiences and who you are as a person.

No one service or person can be responsible for your emotional health and wellbeing. We all need to continue to work together to make sure your emotional health and wellbeing is supported. By everyone, we include you and those closest to you and everyone that may work or be involved with you. Our goal is that together we will build a system of support that will mean you can get the

- ✓ right support
- ✓ at the right time
- ✓ in the right place
- ✓ from the right person

By the **right support**, we mean the support you need for your emotional health and wellbeing. This may mean a specific ‘talking therapy;’ or those around you doing things to support you; or it may mean you being able to read information online and trying different strategies by yourself; or going to a sports club, affordable gym or a local youth group. The support you need will be personal to you. It will be built around your strengths and needs. The support should be based in evidence or research.

**By right time** we mean that you receive the support you need at the time you need it. This means support will be available outside of ‘office hours.’ This means that your emotional health and wellbeing needs will not need to get worse before you get the support you need. It also includes making sure that you receive the support you need in the right order. It also means that you do not have to wait too long for any of the support you need.

By the **right place**, we mean in the best place for you. We want this to be as close to your home as possible. Your safety and that of anyone that you are working with must always be the most important thing when we think about the right place.

From the **right person** we mean the person that is best to help you. The right person will depend on lots of different things such as who you want to be supported by and the skills the person needs to help you.

## How will we do this?

We will build support around a framework called THRIVE. This was developed at the Anna Freud Centre in London. The framework is shown below in figure 1. This framework will let us build support that focuses on supporting your emotional health and wellbeing so you can stay well, as well as providing support when you experience a challenge to your emotional health and wellbeing. This framework tries to balance your emotional health and wellbeing needs with the type of support that you may need.

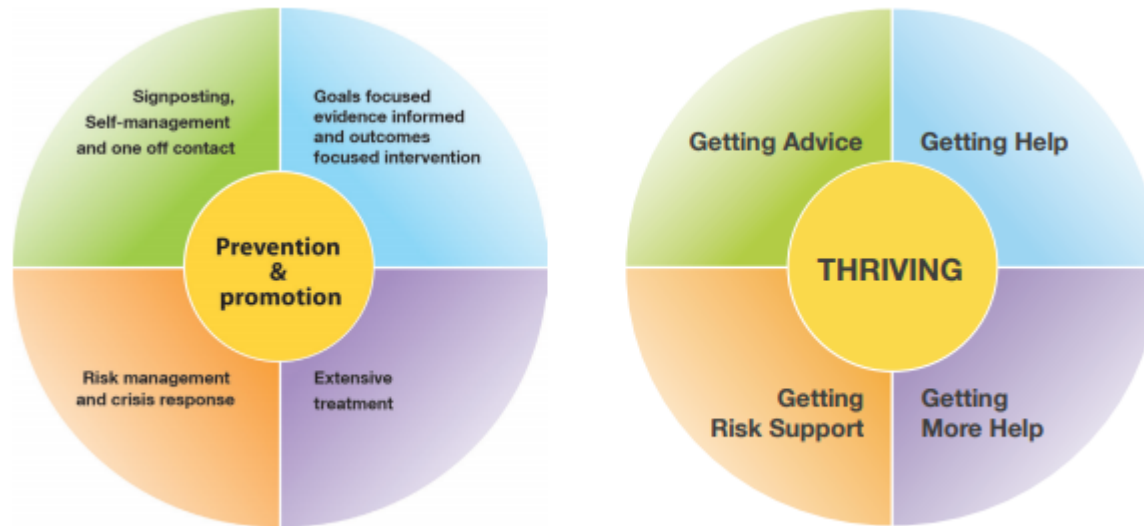


FIGURE 1: THRIVE framework. THRIVE Elaborated 2016.

Each part of the framework has a slightly different focus.

**Thriving:** this focuses on supporting the development of good emotional health and wellbeing. This is taking a preventative approach.

**Getting Advice:** the challenges you experience mean you need advice or information so you can manage your own emotional health and wellbeing.

**Getting Help:** the challenges that you experience mean you need some specific support. The support you need is likely to be time limited.

**Getting More Help:** the challenges that you experience mean you need support that is likely to be long term. This may be for example for an Eating Disorder or Early Intervention in Psychosis (EIP).

**Getting Risk Support:** the challenges that you experience mean that you need crisis support. Your emotional health and wellbeing needs are such that you need immediate support to keep you safe.

The support you will be able to receive may be directly from a person or may involve digital technology. We will make sure all support is of good quality and safe.

You can find more information about the THRIVE framework at <http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf> or <http://www.implementingthrive.org/about-us/the-thrive-framework/>

Everyone needs to be involved in building and delivering the support you may need. We cannot list everyone but to give you an idea of who we mean:

- You
- Your family. Everyone's family is different. By family we mean those that are important in your life.
- Foster carers
- Early Help workers
- GPs
- Schools and colleges
- CAMHS
- Social workers
- Local community groups
- Voluntary and independent groups
- Hospital nurses, doctors and consultants
- Police, fire and ambulance staff
- Educational psychologists
- Youth offending workers
- Clinical psychologists
- School nurses
- Health visitors

- Early years workers
- Therapists such as speech and language therapists, physiotherapists, occupational therapists
- Public Health
- Local Authorities
- Clinical Commissioning Groups

We have already started to build support around this framework, but we need to do more.

### **What do we want this support to do?**

Challenges to your emotional health and wellbeing can have a negative impact on you and your family. This impact can be both immediate and long term. Impact can also be referred to as outcomes. We want you to achieve the best outcomes you can. The outcomes that we want from the support you receive are that:

- More of you will have good emotional health and wellbeing
- More of you with emotional health and wellbeing needs will recover
- More of you with emotional health and wellbeing needs will have good physical health and more children and young people with physical health will have better emotional health and wellbeing.
- More of you will have a positive experience of care and support
- More of you will have access to high quality support, as close to home as possible.
- More people will have an understanding of Emotional health and wellbeing.

There has been a lot of information written around the impact of not supporting your emotional health and wellbeing. If you want to read more, we would recommend looking at a report called 'Future in Mind'

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

## **What else does this plan tell you?**

We have described the support for your emotional health and wellbeing that we want to deliver for all of you aged 0-18 years who are living in Devon. The rest of this plan will tell you

- 1) Some of what we know about your emotional health and wellbeing
- 2) What we did in 2016-2017.
- 3) What we want to do over the next five years

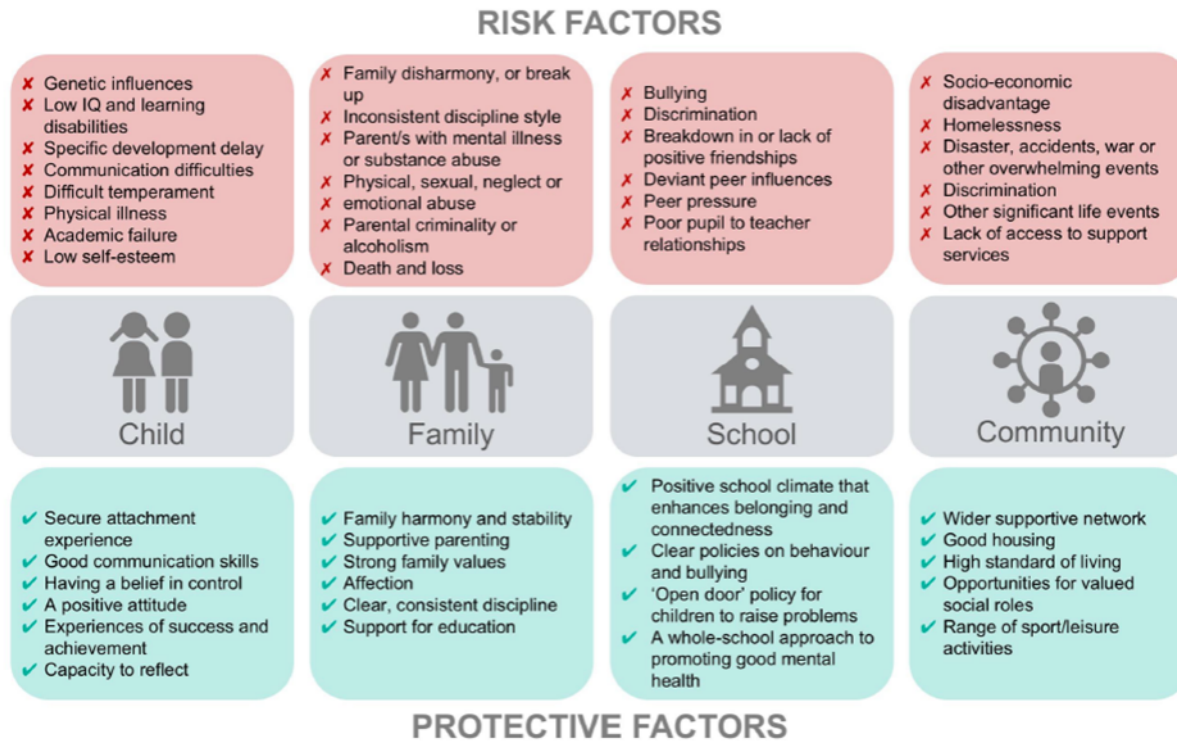
At the end of this plan, there are some appendices. Two of these appendices tell you:

Appendix 1: How we will make this plan become a reality

Appendix 2: The steps we will take to make the priorities become real.

## What do we know about your emotional health and wellbeing?

We collect a lot of information within different services and organisations. We need to use this information to understand what this means for your emotional health and wellbeing. A framework has been developed that identifies the positive and negative factors that can influence your emotional health and wellbeing. Public Health England developed this framework. Public Health England are an organisation who as part of their work identify what keeps people well and can make them unwell. The framework they developed is below.



Public Health England (2016) The Mental Health of Children and Young People in England

We used this framework to understand what this means for your emotional health and wellbeing living in Devon. This information is on pages 10 and 11. Not all of the information that we would want to know is available. This is something we are working on. Some of the information in this diagram is also not complete or might not be from a very reliable source. Appendix 3 has more information about where and how we got this information.

The information on pages 10 and 11 uses some acronyms. The acronyms and their meaning are:

DCC: Devon County Council. This is one of the local authorities in Devon. The other two are Plymouth City Council and Torbay Council. The areas they cover are in their name. A local authority is responsible for services that you may need for example, social care.

STP: Sustainability and Transformation Partnership. You can read more about this in appendix 1.

CCGs: Clinical Commissioning Groups. They are responsible for buying health services in your area. The areas they buy health services are in their names: South Devon and Torbay CCG and Northern, Eastern and Western Devon CCG



## OVERVIEW OF RISK FACTORS FOR YOUR EMOTIONAL HEALTH AND WELLBEING

### CHILD

#### ×Physical illness and long-term conditions:

- At least one in ten children in Devon STP is likely to have a long-term health condition such as asthma
- More young people aged 16-24 say their activities are limited due to disability or a long term condition in Torbay compared to the national average; Devon, Plymouth and Torbay also have more young people saying they are 'limited a little'<sup>1</sup> than the rest of the country

#### ×Low academic achievement

Young people in Plymouth do not do as well at GCSE on average compared to national results<sup>1</sup>

#### ×Low self-esteem

- School surveys suggest girls in poorer areas are scoring lowest on self esteem<sup>2</sup>

#### ×Communication difficulties

- There are rising numbers of children with speech, language and communication needs (SLCN), the second most common special educational need in Devon schools<sup>1</sup>;
- In Plymouth the percentage with SCLN is higher than the national average
- The percentage of children identified with autism spectrum disorder has risen over time<sup>4</sup>

#### ×Learning disabilities

- Schools in DCC and Torbay have a higher proportion of pupils identified with a learning disability than the national and regional average<sup>2</sup>

### FAMILY

#### ×Parents with poor mental health:

- We don't have good or complete information about the number of parents with mental health problems in the STP.
- In Plymouth, the Health Visitor Surveys have reported rising rates of mental ill health in parents which is worse in poorer areas<sup>5</sup>

#### ×Physical, sexual, neglect or emotional abuse:

- Around 1 in 5 children have seen or heard domestic abuse; this would add up to 50,000 children in the STP
- Rates of looked after children (children in care) are higher in Plymouth and Torbay; even compared to similar local authorities<sup>1</sup>

#### ×Death and loss

*There is no suitable information available to show here*

#### ×Family conflict or break-up

*There is no suitable information available to show here*

#### ×Parental criminality, substance misuse or alcoholism

- *There is no public information we can show here*

#### ×Parents having difficulty managing child's behaviour and setting boundaries

- *There is no suitable information available to show here*

### SCHOOL AND PEERS

#### ×Bullying:

- In school surveys, children and young people in schools across the STP have said they have concerns about bullying<sup>6,7</sup>

#### ×Peer pressure:

- Amongst pupils in Plymouth and DCC secondary schools, more than 1 in 20 said they had been pressured by their boyfriend/girlfriend into having sex or doing other sexual things<sup>2,7</sup>

#### ×Exclusions from school

- A higher percentage of children in Torbay are excluded from school than the national average. The most common reason for most being excluded was behaviour<sup>1</sup>

#### ×Lack of positive friendships

- There is no suitable information available to show here

#### ×Drugs and alcohol

- The Torbay and South Devon Children Count survey suggested that many young people in the areas were using illegal drugs<sup>7</sup>
- According to the What About Youth survey; 4-6% of 15-year olds across the STP said they had used cannabis in the past month<sup>1</sup>
- Hospital admissions due to alcohol in under-18s have been higher across Devon, Plymouth and Torbay than the national average<sup>1</sup>

### COMMUNITY

#### ×Socio-economic disadvantage

- The Social Mobility Index looks at how well children from poorer backgrounds do as adults in the area (for example, in getting jobs and buying homes)<sup>8</sup>
- Plymouth, North Devon, Torridge and Mid Devon have the lowest scores on the Index in the STP.
- Plymouth and Torbay have the highest levels of children living in poverty. However, in the Devon County Council area there are still some areas with high numbers of children growing up in poverty.

#### ×Homelessness

- Compared to the rest of the country, there are fewer homeless families in the STP. However, some housing is not of good quality and the cost of heating is also a concern<sup>9</sup> (fuel poverty)

#### ×Problems getting access to services (like health or leisure)

- People living in some areas of Devon live a long way from major towns and cities and are in the bottom 10% nationally in terms of geographical access to services<sup>9</sup>

#### ×Discrimination

- In some surveys, young people with special needs have told us that they cannot join in some activities or get access to the places that they want to go<sup>10</sup>

## OVERVIEW OF PROTECTIVE FACTORS FOR YOUR EMOTIONAL HEALTH AND WELLBEING

### CHILD

- Experiences of success and achievement
  - *Each child or young person has their own individual successes and so it is hard to give any information here*
- Secure relationship with parents or carers
  - *There is no suitable information available to show here*
- Good communication skills,
- More children (especially in Torbay and Plymouth) are achieving the goals expected in communication and language in the Early Years Foundation Stage Profile (EYFSP)<sup>11</sup>. The profile helps to measure how very young children are developing.
- Having a belief in control, ability to think and reflect and a positive attitude
- School children in Plymouth reported an increase in feelings of confidence and in control between 2014 and 2016<sup>2</sup>
- The percentage of children achieving at least expected scores across all learning goals in personal, social and emotional development in the EYFSP has increased across the STP over time<sup>11</sup>

### FAMILY

- Family harmony and stability
  - Supportive parenting
    - School surveys in Plymouth suggested an increase in the proportion of pupils saying parents like to hear their ideas<sup>3</sup>
  - Strong family values
  - Affection
  - Clear consistent discipline
  - Support for education
- For many of these factors there is no suitable information to show***

### SCHOOL

- Positive school climate enhancing connectedness
  - Clear policies on bullying and behaviour
  - 'Open door' policy for children to raise problems
    - School surveys in Plymouth suggested an increase in the proportion of pupils saying their teachers listen to them<sup>2</sup>
  - A whole school approach to promoting good mental health:
    - Plymouth and Devon currently have early help for mental health programmes which include support for schools and teachers
- For many of these factors there is no suitable information to show***

### COMMUNITY

- Wider supportive network
  - Good housing
    - The percentage of families who are homeless family is generally lower than average across the STP - but see Risk Factors above
  - Opportunities to learn and to do things that other people value
    - The percentage of young people not in employment, education or training has been decreasing over time in Devon<sup>1</sup>
  - Range of sport and leisure opportunities:
    - Our area has lots of green space, countryside and coastlines but there can be problems with getting to these areas – for example where public transport is not very good<sup>9</sup>
- For many of these factors there is no suitable information to show***

## What have you told us about support for your emotional health and wellbeing?

We have always tried to listen to what you have said you want. We have used different ways to listen to you including focus groups, meeting you face to face, online surveys and conferences. Some of the key themes from this have been:

- Changes to crisis care so that you can get support before crisis point.
- Focus on individual outcomes
- Improved transition
- Earlier help
- Focus on prevention
- Work with education
- Improve waiting times

This information has helped us to identify the areas that we need to focus upon to support your emotional health and wellbeing. We know we need to do more to work with you in delivering the support you want.

This plan will describe what we did during 2016-2017 and then the priority areas for 2017 -2022.

We know that we need to reduce the negative experiences that you may have that will affect your emotional health and wellbeing. Other plans in Devon are focusing on reducing the negative experiences you may have. If you want to read these plans, then please look at the websites for your local authority or your CCG.

## What did we do in 2016-17?

Between 2015 and 2020, the government have promised to give the Clinical Commissioning Groups (CCGs) some additional money to improve support for your emotional health and wellbeing.

Every year the CCGs need to publish a document that describes how they have used this money to improve support for your emotional health and wellbeing and how they are working to deliver the targets in the Five Year Forward View for Mental Health. As the two CCGs are working together as part of the Devon Sustainability Transformation Partnership, this plan includes this information for 2016-17.

The previously published CCG plans can be found using these links:

Northern, Eastern and Western Devon (NEW DEVON CCG): <https://www.newdevonccg.nhs.uk/children-and-young-people/local-transformation-plan-for-mental-health-services-camhs-102753>

South Devon and Torbay CCG: <http://www.southdevonandtorbayccg.nhs.uk/about-us/commissioning/our-plans/Pages/camhs-transformation-plan.aspx>

Some of the changes during 2016-17 involved funding additional support and some involved making changes to existing support. These are just some of the new things we have done. The area where this change happened has been included. In this section only, where we have used 'Devon' we mean Devon County Council geographical area. The map on page X shows the areas covered by the councils.

**Devon:** Redesigned the pathway for identifying and supporting the EHWB\* needs of those of you who are Looked After. This will mean that if you are a 'looked After Child' and you need specialist support from CAMHS, you will receive this within 11 weeks of entering care.

**Torbay, Plymouth and Devon:** investment to reduce waiting times for CAMHS

**Torbay:** we started to redesign the pathway for support for those of you who are Looked After, but we did not finish. We will complete this in 2017-18.

**Plymouth:** Funding from a group of schools for a 3 year project. Some of the achievements from the first year are:

- 100% of schools have a Mental Health Lead
- 42 school based staff have received mental health awareness training
- 53 Young People were trained as Peer Listeners
- 24 staff from special schools have been trained in Level 1 Theraplay, MIM\* and Group Theraplay
- 20 staff from special schools have been trained in Level 2 Theraplay and Marschak Interaction Method
- 1636 CYP accessed Kooth and of these 463 different CYP have engaged in online support
- 616 different CYP have accessed face to face counselling

**Torbay, Plymouth and Devon:** through collaborative commissioning plans with NHS England, invested in additional CAMHS and Speech and Language Therapy support for those children and young people who are referred to the Youth Offending Teams.

**Torbay and South Devon:** Finalised plans for a Community Based Eating Disorder Service. The service went live in November 2017.

**Devon, Torbay and Plymouth:** successful in securing funding across the next 3 years to invest in increasing perinatal mental health services. This is a service for parents who need support from specialist mental health practitioners.

**Torbay:** Invested in an enhanced Crisis Resolution and Home Intervention Team. This team works 9am -10pm during the week and 9am-5pm at weekends.

**Torbay and South Devon:** 6000 children and young people have completed an online survey in their schools. This survey will tell us what challenges you face to your Emotional health and wellbeing.

**Devon:** started to pilot the use of Personal Health Budgets for some of you who Looked After. Our target is to have 40-50 personal budgets in place for by March 2018. We currently have 43 young people accepted and 5 'live' personal budgets underway. A personal budget is an agreed amount of money that can be spent to support your emotional health and wellbeing in a creative way.

**Torbay, Plymouth and Devon:** funded CAMHS staff to attend CYPIAPT courses. For more information please see page 25.

**Plymouth:** CAMHS offer a consultation within six weeks when needs identified. This consultation is face-to-face.

**Torbay and South Devon:** finalised plans for a pilot Creative Arts Project to work with some of you who were moving from year 6 to year 7 or who had just started in year 7. These projects started in June 2017.

**Devon:** 68 teaching assistants were trained to become Emotional Literacy and Support Assistants (ELSA). This included six days of training on loss, bereavement and family break up, managing emotions including anger and anxiety, active listening and reflective conversation skills and using social and therapeutic stories.

**Devon:** Attachment Based Mentoring. This model has three parts: Attachment and relationships, Development and Practical Support. This is offered to schools in Devon.

**Plymouth:** The CAMHS crisis service started to work extended hours: 8am -8pm.

**Devon:** The School Health Education Unit did a survey with 5541 children to understand how they feel about their own health and wellbeing. This told us about some of the things that worry you and what support you think would help.

**Torbay:** through joint funding between schools and Torbay Children's services, the Torbay Education safeguarding Service provides advice to schools.

**Plymouth:** 4342 pupils from years 8 and 10 completed the health related behaviour survey to tell us what life is like for them.. Reference is [https://www.plymouth.gov.uk/sites/default/files/Child%20Mental%20health%20and%20resilience%20summary%20report%202016\\_Final\\_v1.1.pdf](https://www.plymouth.gov.uk/sites/default/files/Child%20Mental%20health%20and%20resilience%20summary%20report%202016_Final_v1.1.pdf)

Here are some of the things we continued to support during 2016 -17. This is not everything just a few examples,

**Devon:** a community based eating disorder for those of you who live in Northern and Eastern Devon.

**Devon:** Early Help for Mental health. Over 300 schools in Devon have had training to help school staff support you at school with your emotional health and wellbeing. If you need more help, there is face-to-face and online counselling available for you. For more information about this, please see appendix 4.

**Torbay, Plymouth and Devon:** funding for a Place of Safety. A place of safety is used by the police. The police may find a child or young person in a public place and they are concerned for their emotional health and wellbeing. They will take them to the place of safety for an assessment of their needs.

**Torbay:** a CAMHS participation group for you and your families.

## How did we spend the money we had?

The tables below show how much funding each CCG has made.

| <b>CAMHS (IN £'000)</b> | <b>14/15</b>  | <b>15/16</b>  | <b>16/17</b>  | <b>17/18 Plan</b> |
|-------------------------|---------------|---------------|---------------|-------------------|
| NEW Devon CCG           | 8,181         | 8,917         | 10,123        | 11,095            |
| SD&T CCG                | 2,709         | 3,163         | 3,723         | 3,752             |
| <b>TOTAL</b>            | <b>10,890</b> | <b>12,080</b> | <b>13,846</b> | <b>14,847</b>     |

| <b>2016/17</b>                  | <b>NEW Devon CCG</b> | <b>SD&amp;T CCG</b> |
|---------------------------------|----------------------|---------------------|
| <b>Core CAMHS</b>               | 8,232                | 2,877               |
| <b>Transformation</b>           | 1,891                | 616                 |
| <b>Vanguard (non recurrent)</b> | -                    | 230                 |
| <b>TOTAL</b>                    | <b>10,123</b>        | <b>3,723</b>        |

The CCGs are committed to supporting the transformation of Emotional Health and Wellbeing for Children and Young People.

The CCGs will be agreeing how it will spend future funding in line with the priorities within the Five Year Forward View and the wider transformation described in this plan.



## What do we want to do next?

### **PRIORITIES SET 1: CHANGES TO THE WAY SUPPORT IS DEVELOPED AND DELIVERED**

#### **Priority 1.A. Support for your emotional health and wellbeing will be built and delivered around the THRIVE framework and its principles.**

The THRIVE framework was described on page 4. Through having one framework we will have a shared approach. Through working together, we can make it happen.

#### **Priority 1.B Families, schools, colleges, local communities and services will be able to develop and support resilience.**

Life can present challenges that we need to overcome. We all need to learn ways to do this. We want to support you in developing the knowledge, tools and skills to do this. This will mean that you have different ways to manage the challenges in your life.

While we support you to develop these skills, we also need to look at the challenges you face and work to overcome these. The framework on page 9 shows the risk and protective factors to your emotional health and wellbeing. Other areas of the Sustainability and Transformation Partnership and services within Health, Education and Social Care will support these such as safeguarding and making sure you receive outstanding teaching. They are an important part of the approach to supporting your resilience.

We will also support your resilience by making sure that those around have the tools, knowledge and support for their own resilience. Those around you can only support you, if they are resilient.

Our focus on resilience will be part of our preventative approach to emotional health and wellbeing. It will be the focus of the 'Thriving' part of the THRIVE framework. The five ways to emotional health and wellbeing (see page 2) will be at the centre of our work on resilience.

#### **Priority 1C: Your emotional health and wellbeing needs will be supported earlier in order to prevent enduring and serious mental ill health**

We think we can do this by identifying your needs and supporting you as soon as possible.

We need to make sure that those you may talk to understand emotional health and wellbeing and have the confidence and skills to talk about this with you.

One of the key ways that we want to do this is through working with your schools and colleges. We know that you spend a lot of time at school and college. We also know that your emotional health and wellbeing will affect how you feel about being at school and how well you are able to do. Most of you have told us that you want your schools and colleges to be part of helping you but also that support should be provided in other places.

#### **Priority 1D: Transitions**

Transition is a term used when you move between support. We want you to experience an easy, planned transition no matter what support you are receiving. The Children and Young People's Work Programme in the Devon STP is going to lead on improving transitions. We will work with them.

#### **Priority 1E: Working with you**

We have described some of the ways that we have worked with you on pages 12, 14,15,20 -21. We need to do more. As you will be the people using the support, we want to co-design and co-produce the support for your emotional health and wellbeing.

**Priority 1F: Deliver the targets of the Five Year Forward View for Mental Health. This will mean that for those of you who need support from specialist mental health services, you will receive the support you need.**

NHS England has set targets that the CCGs must achieve by 2020. These targets are in the 'Five Year Forward View for Mental Health.' You can read this by following these links: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> and <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>. Please see pages 22-25 for more information around what we have done so far and what else we need to do.

**Priority 1G You will receive effective support and help when in crisis but we will also focus on supporting you to prevent crises occurring.**

This priority links to the target in the Five Year Forward View around delivery of an effective 24/7 crisis response. Please see pages 24 for more information around what we want to do.

**Priority 1H: The support you receive for your emotional health and wellbeing will be evaluated against outcomes that are the same wherever, however and whoever you receive support from.**

**Priority 1I: We will have processes in place that enable us to collect and evaluate data around the risk and protective factors for your emotional health and wellbeing so that we can identify where we need to target support for your emotional health and wellbeing.**

These two priorities are different but linked.

We collect a lot of information around what different services do. We collect a lot of information about what is happening for you in Devon.

We need to get better at collecting information that shows what difference the support you receive makes to you. We need to understand how it is improving outcomes for you.

We need to get better at using the data to understand your emotional health and wellbeing needs. This will help us to know where we need to target support to you now but also where we could have put support at an earlier point.

We have started to think about this and using information against the Risk and Protective Factors is one of the steps we have taken.

## **PRIORITIES SET 2: Support for your emotional health and wellbeing needs because of specific experiences.**

**Priority 2A: We will make sure that if you have experienced abuse (sexual, physical, emotional and/or neglect) you will be able to access the support you need to support for your emotional health and wellbeing needs. This will be part of a wider system of support.**

**Priority 2B: We will make sure if your parent(s)/carer(s) experience mental ill health that your emotional health and wellbeing needs are supported. This pathway of support will begin during pregnancy.**

**Priority 2C: We will make sure that the emotional health and wellbeing needs of those experiencing physical ill health are supported. This will be part of a wider system of support for your physical health needs.**

**Priority 2D: We will make sure that the emotional health and wellbeing needs of those with Autism Spectrum Disorder are supported. This will be part of a wider system of support for autism spectrum disorder.**

**Priority 2E: We will make sure that those of you who are demonstrating 'challenging behaviour' receive the support you need for your emotional health and wellbeing needs. This will be part of a wider system of support for those with challenging behaviour.**

During 2016/17 and continuing into 2017/18, we talked with you and those closest to you around the changes that you would want to see within different services that you may use. This is because the contracts we have with people to provide some of this support are to be renewed. We needed to understand

what you would want from this new contract. This new contract is due to start 2019. This process is called procurement. When we were talking with you and your families around the changes that you wanted from these new contracts, you spoke a lot around these priority areas. We know that although you can access support, the support you receive is not as you want or need it to be. Everything you told us has been written up and published online. The full report can be found here: [INSERT LINK TO REPORT](#).

These priorities will be focused upon as part of the changes made through procurement. We will need to plan any work that we do before procurement carefully.

CONFIDENTIAL DRAFT

## The Five Year Forward View for Mental Health

On page 4 we described the THRIVE framework that we want to build support around. The targets in the Five Year Forward View connect to the support that you are more likely to need within Getting More Help or Getting Risk Support. This support is likely to involve specialist mental health support. In your local area, Child and Adolescent Mental Health Services (CAMHS) provide this. If you live in Plymouth, Livewell South West (LSW) provides this support. If you live in Torbay, Torbay and South Devon Foundation Trust (TSDFT) provide this support. For those of you living in the rest of Devon, Virgin Care Limited (VCL) provide this support.

We will take each target in this document and tell you how we are doing. The targets we will talk about are those that apply to you as children and young people.

**TARGET: By 2020/21, a Community Eating Disorder Service will be in place. For urgent referrals you will be seen and start treatment within one week. For routine referrals treatment will begin within four weeks.**

If you live in Torbay or Devon (except Plymouth), community based eating disorder services have been commissioned so that these waiting times will be met. The model of care being delivered has been recommended by NHS England's commissioning guidance. The model of care includes specialist CAMHS practitioners, Consultant Psychiatrists, Dieticians and Community Paediatricians and Nurses all working together. Virgin Care Limited holds the contract for this support in these areas. They are a member of the Quality Network for Community CAMHS Eating Disorders. This means that other CAMHS services review the service they provide and suggest areas for improvement. These plans will be shared with commissioners.

If you live in Plymouth, plans have been finalised for providing a similar service for you. New staff are being recruited. If you have an eating disorder and live in Plymouth you do receive support. The changes that are being finalised will mean that the waiting times above are met and that all the requirements in the Five Year Forward View are met.

**INSERT DATA TO SHOW CURRENT PERFORMANCE AGAINST THESE WAITING TIMES: 2015-16, 2016-17.**

**TARGET: By 2020/21, at least 35% of you with a diagnosable mental health condition will be receiving treatment from an NHS funded service.**

Our three CAMHS providers send data to the CCGs showing how many of you they are supporting. They also send data to NHS England as part of the Mental Health Minimum Dataset (MHMDS). At the moment, all this data does not seem to be matching and we need to understand why. We need to do this so that we can be sure that those of you who need support from CAMHS are receiving this.

**TARGET: By 2020/21, we will have reduced the number of you who are admitted to a tier 4 unit, as the support you need will be delivered in your local area.**

A tier 4 unit is a specialist mental health unit where you stay while you receive the support you need. These tier 4 units are not always close to where you live. National and local evidence is showing that by changing the way we offer support to you where you live, we can help you to stay at home.

The data below shows how our admissions to tier 4 have been reducing. This reduction matches changes to the way your local CAMHS teams deliver support in the community. This support is more intensive, works outside of normal CAMHS opening times and is often delivered in the home.

INSERT TIER 4 admissions data: 2015-16, 2016-17

Some of the challenges to your emotional health and wellbeing needs will mean that you are best supported in a tier 4 unit. Your local CAMHS team make sure that as soon as you are able to leave, they support you to return home.

**TARGET: By 2020/21, we will be delivering a community based 24/7 crisis response.**

This will help you to be supported at home when this is the best place for you to receive your support. If you have needed to be supported within a tier 4 unit, then this support should make your length of stay in a tier 4 unit as short as possible.

In your local areas, if you need an urgent or a crisis response from CAMHs you are able to access support. There are differences to the way your CAMHs teams are commissioned to support your emotional health and wellbeing needs when you are in crisis or need support urgently.

The data in the table below shows you how many crisis or urgent referrals your CAMHS team receive. It also shows you how quickly they are able to respond to you.

**INSERT NUMBER OF CRISIS OR URGENT REFERRALS AND TIME FRAME THEY WERE RESPONDED WITHIN.**

The support you need when you are in a crisis will be different for each of you. Some of you will need support that is led by CAMHs. Some of you will need support that is led by Social Care. When we have spoken to you or your families, you tell us that most of the time you know when you are about to 'hit crisis.' We want to make sure that you receive effective support when you are in crisis but we also want to focus on supporting you before you 'hit crisis.'

There is not very much evidence that shows the best way to provide you with a 24/7 crisis response. Across the country, some areas are testing different ways of doing this. The results of these different ways of working should be ready in April 2018. In Torbay we are testing an enhanced Crisis Resolution and Home Intervention Service so that within four hours, you have an urgent and emergency mental health care plan in place. This enhanced service has been collecting a great deal of data during 2017 that we are now able to learn from.

As part of our work within the Devon STP, we have a small group leading this work. This group includes leads from CAMHs, Social Care, the local hospitals and those of you who have experienced crisis. We are in the process of collecting information so that we understand your needs before you are in crisis; and what happens when you 'hit crisis.' Some of this information includes:

- When you are admitted to your local hospital in crisis

- The reasons you are admitted
- The length of time you stayed in hospital
- Was there a delay in you leaving? Why?
- Who did you need support from to help you recover from crisis?
- What difference did the support make?
- At a point in time, how many of you are approaching crisis? How many of you are known to CAMHS, social care and both?
- What are the similarities and/or differences in those of you approaching crisis.

**TARGET: By 2020/21, there will be 1700 more trained therapists and supervisors. This is the target across the whole of England.**

**INSERT INFORMATION AROUND INCREASES IN CAMHS WORKFORCE AND NUMBER WHO HAVE BEEN TRAINED IN CYPIAPT. WAITING ON UNIVERSITY OF EXETER AS WELL AS LOCAL INFORMATION.**

In appendix 5, you will see information that will tell you how quickly your CAMHS team are able to see you.

**TARGET: By 2020/21, 60% of you will receive treatment for Early Intervention in Psychosis within two weeks of referral. This 60% target includes adults.**

Devon Partnership Trust provides support for Early Intervention in Psychosis. They are a specialist provider of mental health services for adults. They offer a NICE recommended evidence based treatment pathway for people aged 14+ who have Early Intervention in Psychosis.

It is likely that your local CAMHS team will be the first people to identify your need for support from this pathway. They have arrangements in place with Devon Partnership Trust so that you can receive the support you need from Devon Partnership Trust.

**INSERT DATA THAT SHOWS PERFORMANCE TARGETS FOR EARLY INTERVENTION PSYCHOSIS.**



## Summary

We hope that you feel this plan will provide the support you need for your emotional health and wellbeing.

We have tried to talk about this plan with as many people as we could, but we could not speak to everyone. We would like to hear your views and those closest to you. If you want to ask a question or comment then please contact: **INSERT CONTACT DETAILS – awaiting confirmation of which details to include.**

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## Appendix 1: How we will make this plan happen

### Local changes

There have been some changes in the way your local organisations work.

The organisations that provide support for you or who have responsibility for buying support for you are all now working together across Devon. This is known as a Sustainability and Transformation Partnership (STP). The Devon STP has shared priorities that all these organisations have agreed to focus on.

Your Emotional Health and Wellbeing is one of these priorities.

The Devon STP has responsibility for making sure that the support you need is of good quality, meets your needs and is affordable.

The following is a list of some of the organisations involved in the Devon STP:

- Devon County Council
- Devon Partnership Trust
- Livewell Southwest
- Northern, Eastern and Western Devon Clinical Commissioning Group
- Northern Devon Healthcare NHS Trust
- Plymouth City Council
- Plymouth Hospitals NHS Trust
- Royal Devon and Exeter NHS Foundation Trust
- South Devon and Torbay Clinical Commissioning Group
- South Western Ambulance Service Trust
- Torbay and South Devon Hospitals NHS Foundation Trust
- Torbay Council

As we are all working together on the same priority, we are writing one plan that describes what we want to achieve across Devon for the next five years.

If you want to find out more about STPs and the Devon STP, here are some suggestions: [INSERT LINKS.](#)

### **How will the Devon STP make this plan happen?**

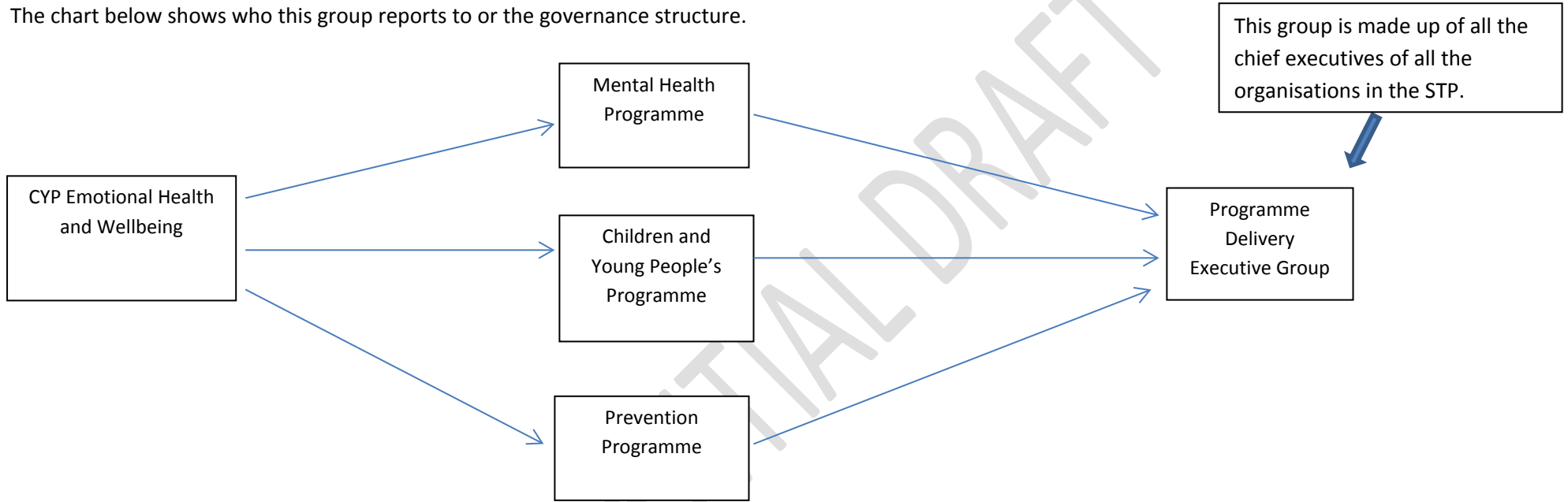
Under the STP there is a workstream called 'Children and Young People's Emotional Health and Wellbeing.' This group will have responsibility for making this plan happen. This group is made up of leads from across Devon including:

- Education including leads from Special Educational Needs
- Social care
- CAMHS
- CCGs
- Local Authorities
- Public Health
- Early Help
- GP
- Hospitals

This group will work together and with others in their local areas to make the changes that need to happen.

This group reports to three Programme Groups. They make sure we are doing what we need to be doing. Some of the changes we would like to make we may need their help to make happen. If this so, we present our plans to the Programme groups. They can agree to this or they may need to ask the Programme Delivery Executive Group.

The chart below shows who this group reports to or the governance structure.



The reason that this work stream reports to three different programme groups is because of the approach we are taking. We are focusing on prevention all the way through to specialist mental health services.

The Mental Health Programme has a Citizens Panel that includes young people who have experienced challenges to their emotional health and wellbeing. The leads of the Mental Health Programme meet with this panel to discuss the work and to gain their views.

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**APPENDIX 2: THE STEPS WE WILL TAKE TO MAKE THE PRIORITIES HAPPEN**

| Priority                                       | 2017-18                                                                                                                                                                                                                                                                                                                                                                                            | 2018-19                                                                                                                                                                                                                                                                                     | 2019 onwards                                                                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Priority 1A: Implementing THRIVE</b></p> | <p>Work with the specialists at the Anna Fried Centre to ensure we all have a shared understanding of the THRIVE framework.</p> <p>Develop actions plans of how together we will build support around the THRIVE framework. We will need to begin with understanding how 'THRIVE like' we are already.</p>                                                                                         | <p>Smaller local areas will meet and continue to develop and implement their action plans. They will become 'Local Communities of Practice'</p> <p>Devon wide events will be held to review how 'THRIVE like' support in Devon is becoming.</p> <p>Continue to implement best practice.</p> | <p>Continue to build and evaluate support around the THRIVE framework.</p> <p>Local action plans will become available once written</p> |
| <p><b>Priority 1B: Support Resilience</b></p>  | <p>Talk to specialists in resilience and look at different resilience frameworks.</p> <p>Understand what we are doing now in supporting resilience in different areas.</p> <p>Review approaches in other areas such as Blackpool and Somerset.</p> <p>Share this learning with you and those that work with you.</p> <p>Create an action plan of how we will implement a resilience framework.</p> | <p>Smaller local areas will meet and continue to develop and implement their action plans.</p>                                                                                                                                                                                              | <p>Continue to implement and evaluate our action plans.</p> <p>Local action plans will become available once written</p>                |

| Priority                             | 2017-18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2018-19                                                                                                                           | 2019 onwards                                                                                                             |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Priority 1C: Early Support</b>    | <p>Review all our local approaches to support in school and other non-school settings to understand what has worked well</p> <p>Review other approaches that have been tried in other areas.</p> <p>Understand the Green Paper that was released by the government in December 2017. This Green Paper focuses on the role that schools and colleges need to have to support your emotional health and wellbeing.</p> <p>Develop a shared framework that describes how support will be delivered.</p> | Develop plans and begin implementation                                                                                            | <p>Continue to implement and evaluate our action plans.</p> <p>Local action plans will become available once written</p> |
| <b>Priority 1D: Transitions</b>      | <b>Support the transition work and keep you informed</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                   | →                                                                                                                        |
| <b>Priority 1E: Working with you</b> | <p>Review all our local approaches to understand what has worked well.</p> <p>Review other approaches that have been tried in other areas.</p> <p>Develop a shared approach and framework that describes how we will co-design and co-produce with you.</p>                                                                                                                                                                                                                                          | <p>Agree the approach</p> <p>Agree the accountability for involving children and young people.</p> <p>Develop an action plan.</p> | <p>Implement the action plan and evaluate progress.</p> <p>Local action plans will become available once written</p>     |

|                                                                                                              |                                                                                                                                                                                                                 |                                                                                                                                                                        |                                                                                                 |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Priority 1F: Deliver Five Year Forward Targets</b>                                                        | See table below.                                                                                                                                                                                                |                                                                                                                                                                        |                                                                                                 |
| <b>Priority 1G: Crisis Support</b>                                                                           |                                                                                                                                                                                                                 |                                                                                                                                                                        |                                                                                                 |
| <b>Priority 1H: Support delivered against outcomes</b><br><b>Priority 1H: Collecting and evaluating data</b> |                                                                                                                                                                                                                 | <p>Review how other areas are doing this.<br/>Review our local approaches to this.</p> <p>Develop an action plan that will show how we will achieve this priority.</p> | Implement the action plan and evaluate progress.                                                |
| <b>Priority 2A – 2E</b>                                                                                      | <p>Review the information that you told us around the changes that you wanted</p> <p>Review guidance and best practice in other areas</p> <p>Use this information in the redesign of services across Devon.</p> | <p>Develop an action plan and start to work on these priorities.</p> <p>.</p>                                                                                          | New contracts will be awarded and we will be able to develop plans across the next three years. |



| Five Year Forward View Targets                            | 2017-18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2018 -19                                                                                                                                                                                | 2019 onwards                     |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Community Eating Disorder Service                         | <p>Plymouth: plans finalised and recruitment begun.</p> <p>Continue to monitor and review performance of the community eating disorder services in place.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                         |                                  |
| 35% will be receiving treatment from a NHS funded service | <p>Work with NHS England to understand these data discrepancies.</p> <p>Create a local data dashboard that is based on the Five Year Forward View. The information needed to complete this will be similar to the MHMDS. By comparing the data the CCG have and the data that CAMHS send in to complete this dashboard, we will identify where the differences are.</p> <p>Complete the trialling of a CAMHS online modelling tool. By using this tool, we will be able to work out how many more appointments CAMHS need to be able to offer, so that more of you can receive support from CAMHS if you need it. By knowing how many more appointments need to be offered, we can work out how many more specialist mental health practitioners we need. We will also</p> | <p>Based on the work completed in 2017 -18, we will identify what we need to do next to make sure that we reach this target.</p> <p>Actions plans will be available for you to see.</p> | Target will be achieved by 2020. |

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                        |  |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                       | <p>be able to use this tool to know what evidence based support these practitioners will need to be trained in. This online modelling tool will be ready to use by January 2018.</p>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        |  |
| <p>Deliver a community based 24/7 crisis response</p> | <p>Collect data and information to understand your needs when you are in crisis or approaching crisis. This will be our baseline that we will be able to show the impact of changes.</p> <p>Start to develop a new way of working so that we have pathway of support across all areas of Devon that will reduce admissions, support recovery from crisis and prevent crises occurring. We will be basing response times on the Expert Reference Guidance which recommends that you have a care plan in place within 4 hours of referral to the crisis team.</p> | <p>Finalise our plans and identify the funding needed. This plan will involve working with NHS E specialist commissioning.</p> <p>Implement plans.</p> |  |
| <p>CYP IAPT training</p>                              | <p>Complete the trialling of a CAMHS online modelling tool. By using this tool, we will be able to work out how many more appointments CAMHS need to be able to offer, so that more of you can receive support from CAMHS if you need it. By knowing how many more appointments need to be offered, we can work out how many more</p>                                                                                                                                                                                                                           | <p>Based on the work completed in 2017 -18, we will identify what we need to do next to make sure that we reach this target.</p>                       |  |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|  | <p>specialist mental health practitioners we need. We will also be able to use this tool to know what evidence based support these practitioners will need to be trained in. This online modelling tool will be ready to use by January 2018.</p> <p>Develop a workforce plan based on the information above.</p> <p>Confirm the additional funding that will be needed to ensure the existing workforce is trained.</p> <p>Work with the workforce programme of the STP so that the training needs of the workforce are supported.</p> |  |  |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

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### Appendix 3: Risk and Protective Factors Emotional Health and Wellbeing: Local Data

The overview aims to present a brief summary of factors that have been identified as important influences on your emotional health and wellbeing.

Below each factor, the bullet points give further information about our local STP area, highlighting points such as:

- Risk factors where the prevalence may be higher within the STP than the national average, where reports suggest the risk factor is an existing concern, or where we know about a trend;
- Protective factors where there may be assets to build on or improving outcomes within the STP
- Important areas where there is little available data e.g. on parental mental health

Much of the data presented may be a 'proxy measure' for the factor in the absence of specific information. In some cases there is much more detail about a risk factor than can be included in a summary. There are also influences on mental health and wellbeing that arguably are not appropriate or not possible to 'quantify' easily or summarise in a few indicators – for example 'strong family values' or 'secure attachment'.

Whilst some of the information in the overview comes from well-validated sources, such as school attainment or hospital admissions, other information is based on local reports and surveys – especially those carried out in schools. The Schools Health Education Unit (SHEU) recently carried out school surveys in Plymouth and in Devon County Council (DCC). In Torbay and South Devon, the Children Count survey analysis has not yet been published although there are some preliminary results available. This data may have various weaknesses and may not always be representative of the views of all CYP in the STP. However, it is included to provide an indication of factors that might need further investigation.

Similarly, the overview diagram is not intended to be a detailed needs assessment; there are existing analyses and needs assessment carried out by the various partnerships, commissioning groups and local authorities which make up the CCG; and these are the authoritative sources of in-depth local knowledge and challenges across this wide and varying geographical area. The main data sources used to create the overview are presented in the Data Sources box, the most comprehensive being the Public Health England Fingertips tool. You can look at this by: <https://fingertips.phe.org.uk/>

## Data Sources

1. Public Health England (2017) Public Health Profiles [online] Available at: <http://fingertips.phe.org.uk>
2. Plymouth City Council (2016) Young People in Plymouth 2016 [online]  
[https://www.plymouth.gov.uk/sites/default/files/Child%20sexual%20health%20summary%20report%202016\\_Final\\_v1.2.pdf](https://www.plymouth.gov.uk/sites/default/files/Child%20sexual%20health%20summary%20report%202016_Final_v1.2.pdf)  
[https://www.plymouth.gov.uk/sites/default/files/Child%20mental%20health%20and%20resilience%20summary%20report%202016\\_Final\\_v1.1.pdf](https://www.plymouth.gov.uk/sites/default/files/Child%20mental%20health%20and%20resilience%20summary%20report%202016_Final_v1.1.pdf)
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4. Taylor B, Jick H MacLaughlin D (2013). Prevalence and incidence rates of autism in the UK: time trend from 2004–2010 in children aged 8 years. *BMJ Open*;3:e003219 doi:10.1136/bmjopen-2013-003219
5. Plymouth City Council (2016) Survey of Health Visitor Caseloads:  
[https://www.plymouth.gov.uk/sites/default/files/HealthVisitorSurveyReport%202016\\_FINAL\\_v1.0.pdf](https://www.plymouth.gov.uk/sites/default/files/HealthVisitorSurveyReport%202016_FINAL_v1.0.pdf)
6. Torbay Health and Wellbeing Board (2017) Highlight Report: Mental Health prevention and early intervention  
<http://www.torbay.gov.uk/DemocraticServices/documents/s42289/Mental%20Health%20Prevention%20and%20Early%20Intervention.pdf>
7. Schools Health Education Unit (2017) Supporting the Health of Young People in Devon. A summary report of the Children and Young People Survey 2017. Schools Health Education Unit. Contact rachel.humphries@devon.gov.uk
8. Social Mobility and Child Poverty Commission. The Social Mobility Index  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/496103/Social\\_Mobility\\_Index.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496103/Social_Mobility_Index.pdf)
9. Devon County Council (2017) Joint Strategic Needs Assessment: Devon Overview [Online] Available at  
<http://www.devonhealthandwellbeing.org.uk/jsna/>
10. Public Health Devon (2016) A Rapid Health Needs Assessment of Children and Young People living with Long Term Neurological Conditions and Associated Physical Disability in Devon <http://www.devonhealthandwellbeing.org.uk/library/needs-assessments/>
11. Department for Education (2017) Early years foundation stage profile (EYFSP) results: 2017  
<https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2016-to-2017>

#### Appendix 4: Early Help 4 Mental Health

The EH4MH programme is an emotional, psychological and social wellbeing service, aiming to improve resilience in children and young people. The programme is an important part of the early help system and supports the drive for prevention and early-intervention services which tackle mental health problems before they become more serious.

The programme has been in operation since September 2015 and encompasses two elements; direct support to children and young people (of secondary school age) through online and face-to-face counselling on a self-referral basis; and school support which aims to build the capacity of school staff to support pupils emotional health and wellbeing through a whole school approach.

Around 84% of Devon schools are working with the EH4MH programme (just over 300) and through this support; staff can access a range of training to enhance their knowledge, skills and confidence to manage low-level issues. As well as introductory courses in mental health, training also includes anxiety, bereavement, attachment patterns, self-harm and promoting resilience. Schools can also access clinical supervision for staff and specialist consultation sessions; these can be used to discuss concerns, identify emerging mental health problems and develop solutions to better support the children and young people they are responsible for. The programme is supporting cultural change, helping schools and staff to develop a common language around emotional health and wellbeing issues. In a recent survey with Devon schools (77 responded) 9 out of 10 said the EH4MH training has made a difference in their school.

In terms of direct support, Young Devon offers a range of therapeutic interventions across Devon including face-to-face counselling, mentoring and workshops in schools, working directly with pupils around issues impacting on their emotional health and wellbeing. The online service 'Kooth' offers online Chat where children can speak directly to a counsellor, as well as messaging, live moderated forums and self-help materials (available up to 10pm in the evening 365 days a year). Kooth can also signpost to further support such as face-to-face support from Young Devon. 70% of Kooth log-ins are outside of office hours (9am-5pm) demonstrating how well this service fits in around young peoples' lives. To date, Young Devon has seen over 1,300 young people access their support services, and nearly 3,200 young people have registered and are using Kooth.

Visibility within schools has led to an increasing number of younger children seeking support through EH4MH, with 14-15 year olds the most prevalent age group accessing the direct support service. 50% of children and young people using Kooth heard about it at school; this demonstrates the success of the collaborative approach of the providers promoting services in schools.

The programme is largely funded by Public Health Devon, with contributions from schools, CCGs and Devon County Council Social Care. The Social Care funding and the CCG funding are from the Better Care Fund.

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**APPENDIX 5 LOCAL CAMHS DATA**

INSERT DATA Around number of referrals received, accepted and time frame responded.

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# Scrutiny Work Programme

The Scrutiny Work Programme details the planned activity to be undertaken over the coming months. The items on the work programme are determined by the Committee in line with the Council's Scheme of Delegation (Part 3 of the Constitution) and the Scrutiny Procedures Rules. This includes provision for the rights of County Councillors to ask for any matter to be considered by a Committee or to call-in certain decisions

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.

Before an issue is added to the work programme Members should consider:

- Whether the issue is in the public interest
- Is there a change to National Policy?
- Does it affect people across Devon?
- Are there performance concerns?
- Is it a safety issue?
- Can scrutiny add value by looking at it?
- Is it ACTIVE ? –

The Work Programme will be submitted to and agreed by Scrutiny Committees at each meeting and will be published on the Council's website 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.

The Timescales/dates are indicative of when a Scrutiny Committee will review the item it is however possible that they 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.

Topics highlighted in **yellow** are provisional and have yet to be confirmed by the relevant Scrutiny Committee.

## Children’s Scrutiny Committee

| Date             | <b>Masterclass (Members only)</b>                                                                                                                                                                                                                                                                                                                                                                | <b>Committee (Public Meeting)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16 November 2017 | <p><b>Purpose:</b> An information sharing and member development session where issues can be presented informally to members to raise awareness and increase knowledge– open to all members of the Council.<br/>No formal minutes or notes taken.</p> <p><b>Frequency:</b> The morning before each Committee meeting</p> <ul style="list-style-type: none"> <li>- ICS</li> <li>- SEND</li> </ul> | <p><b>Purpose:</b> A formal public meeting where active items are discussed and actions taken. Covered by the constitution.</p> <p><b>Frequency:</b> Approx. 5 times a year</p> <ul style="list-style-type: none"> <li>- In -Year Budget Briefing</li> <li>- Improvement Board North</li> <li>- Improvement Board Early Help</li> <li>- Performance – Education Quarterly</li> <li>- Devon Inclusion Project and Annual School Exclusions Report</li> <li>- Commissioning and Re-Design Children’s Health Services</li> <li>- SEND</li> <li>- Social Work Office Site Visits</li> <li>- Performance – Children’s Social Care</li> </ul> |
| 23 January 2018  | <ul style="list-style-type: none"> <li>- Quality Assurance Framework / Scrutiny Relationship with Devon Safeguarding Children’s Board</li> </ul>                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>- Children &amp; Young People’s Emotional Health &amp; Wellbeing Task Group</li> <li>- Children in Care Strategy</li> <li>- Children and Young People’s Plan</li> <li>- Strategic Review of Special Educational Needs Provision</li> <li>- Performance – Education including Annual Children in Care Report</li> </ul>                                                                                                                                                                                                                                                                           |

| Date              | Masterclass (Members only) | Committee (Public Meeting)                                                                                                                                                                                                                                                                                                                                                    |
|-------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |                            | <ul style="list-style-type: none"> <li>- Performance – Children’s Social Care</li> <li>- School Transport</li> <li>- Children’s Centres</li> <li>- Joint Targeted Area Inspection</li> <li>- Workforce Data</li> <li>- Child protection in the UK 2017 (NSPCC)</li> <li>- Domestic &amp; Sexual Violence &amp; Abuse</li> <li>- Children’s Services Budget 2017/18</li> </ul> |
| 19 March 2018     | - TBC                      | <ul style="list-style-type: none"> <li>- Top 10 Update</li> <li>- Performance – Education</li> <li>- Performance – Children’s Social Care</li> <li>- Early Years Funding</li> <li>- School Organisation including Small Schools</li> <li>- PRU Provision</li> <li>- Youth Offending, Substance Misuse and Safer Devon Partnership Board</li> </ul>                            |
| 4 June 2018       | - TBC                      | <ul style="list-style-type: none"> <li>- Performance – Education</li> <li>- Performance – Children’s Social Care</li> </ul>                                                                                                                                                                                                                                                   |
| 17 September 2018 | - TBC                      | <ul style="list-style-type: none"> <li>- Performance – Education</li> <li>- Performance – Children’s Social Care</li> </ul>                                                                                                                                                                                                                                                   |

## Health & Adult Care Scrutiny Committee

| Date                 | <b>STP Standing Overview Group (Committee Members only)</b><br><b>Purpose:</b> An information sharing and member development session where issues can be presented informally to members of the committee to raise awareness and increase knowledge. Action points reported to committee. | <b>Masterclass (Members only)</b><br><b>Purpose:</b> An information sharing session where issues can be presented informally to members to raise awareness and increase knowledge– open to all members of the Council. No formal minutes or notes taken.<br><b>Frequency:</b> The morning before each Committee meeting | <b>Committee (Public Meeting)</b><br><b>Purpose:</b> A formal public meeting where active items are discussed and actions taken. Covered by the constitution.<br><b>Frequency:</b> Approx. 5 times a year                                                                              |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21 November 2017     |                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>- Care Quality Commission</li> <li>- Mental Health</li> </ul>                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>- Budget 2017/18 In Year Briefing</li> <li>- SWAST reporting on performance</li> <li>- Health Watch Annual Report?</li> <li>- Performance</li> <li>- Learning Disabilities</li> </ul>                                                           |
| 12 <sup>th</sup> Dec | SOG meeting<br>- Urgent Care                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |
| 25 January 2018      |                                                                                                                                                                                                                                                                                           | <b>**No Masterclass – all day meeting**</b>                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>- Budget scrutiny – all morning incl. Health</li> <li>- Devon Safeguarding Adults Board</li> <li>- Mental health</li> <li>- Adult Social Care Annual Report and outcomes framework</li> <li>- Spotlight Review Report – NHS in Devon</li> </ul> |
| 28 <sup>th</sup> Feb | SOG meeting<br>- Learning Disability                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |
| 22 March             |                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>- Transition</li> </ul>                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>- Peer review findings?</li> </ul>                                                                                                                                                                                                              |

| Date      | <b>STP Standing Overview Group<br/>(Committee Members only)</b> | <b>Masterclass (Members only)</b> | <b>Committee (Public Meeting)</b>                                                                       |
|-----------|-----------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------|
| 2018      |                                                                 | -                                 | <ul style="list-style-type: none"> <li>- BCF TG?</li> <li>- Disabilities transformation plan</li> </ul> |
|           | SOG meeting                                                     | -                                 | -                                                                                                       |
| June 2018 | -                                                               | - TBC                             | -                                                                                                       |

## Corporate Infrastructure & Regulatory Services Scrutiny Committee

| Date             | <b>Masterclass (Members only)</b>                                                                                                                                                                                                                                                             | <b>Committee (Public Meeting)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | <p><b>Purpose:</b> An information sharing session where issues can be presented informally to members to raise awareness and increase knowledge– open to all members of the Council. No formal minutes or notes taken.</p> <p><b>Frequency:</b> The morning before each Committee meeting</p> | <p><b>Purpose:</b> A formal public meeting where active items are discussed and actions taken. Covered by the constitution.</p> <p><b>Frequency:</b> Approx. 5 times a year</p>                                                                                                                                                                                                                                                                                                                                                   |
| 28 November 2017 | <ul style="list-style-type: none"> <li>- Budget Scrutiny / Finance training</li> <li>- Emergency Planning</li> </ul>                                                                                                                                                                          | <ul style="list-style-type: none"> <li>- Budget 2017/18 In Year Briefing</li> <li>- HoSW proposed Joint Committee Productivity Plan</li> <li>- Flood Risk Management (to include comment and representation from other Flood Risk Management Authorities)</li> <li>- Treasury Management Mid Year Report</li> <li>- Local Policing Spotlight Review report</li> <li>- Community Strategy</li> <li>- Broadband &amp; Mobile Phone Connectivity Task Group update</li> <li>- Clear Channel update – Member Investigation</li> </ul> |
| 31 January 2018  | <i>No Masterclass</i>                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>- Budget Scrutiny</li> <li>- Co-ordination of Highway activity (to include quality of Highway reinstatements)</li> <li>- Treasury Management Strategy</li> <li>- Income Generation Task Group – update on recommendations</li> <li>- Broadband &amp; Mobile Phone Connectivity Task Group update</li> <li>- <b>Impact of Brexit on Devon Economy</b></li> </ul>                                                                                                                            |

| Date           | Masterclass (Members only)                                                                                                                                                          | Committee (Public Meeting)                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 27 March 2018  | <ul style="list-style-type: none"> <li>- Highways performance monitoring</li> <li>- Understanding and use of highway accident data</li> <li>- Current speed limit policy</li> </ul> | <ul style="list-style-type: none"> <li>- Monitoring of PFI Contracts</li> <li>- Audit Annual Report</li> <li>- Risk Management Annual Report</li> <li>- Impact of gambling on individuals, families and communities</li> <li>- Agriculture Task Group – update on recommendations</li> <li>- Broadband &amp; Mobile Phone Connectivity Task Group final report (tbc)</li> <li>- LEP update (to inc. impact of Government review of LEPs) (tbc)</li> </ul> |
| June 2018      | <ul style="list-style-type: none"> <li>- Trading Standards</li> <li>- Prevent agenda and Channel programme</li> </ul>                                                               | <ul style="list-style-type: none"> <li>- Skanska – first year of operation</li> <li>- County Council Speed Limit Policy</li> </ul>                                                                                                                                                                                                                                                                                                                        |
| September 2018 | <ul style="list-style-type: none"> <li>- TBC</li> </ul>                                                                                                                             | <ul style="list-style-type: none"> <li>- Commissioning of property consultancy service</li> </ul>                                                                                                                                                                                                                                                                                                                                                         |
| Future items   | N/A                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>- Deprivation of Liberty Safeguards – new legislation</li> </ul>                                                                                                                                                                                                                                                                                                                                                   |

## Scrutiny Task Group and Spotlight Reviews

**Task Group:** An in-depth review undertaken by a small group of Members over a number of meetings, will determine its own terms of reference and report back to public committee with recommendations.

**Spotlight Review:** A short, sharp, focussed investigation, usually undertaken on one day, will report back to public committee with recommendations.

**Frequency:** Determined by Committee, good practice is for a limited number to look at in depth, focussed issues e.g. 2 per committee.

| Start date   | Scrutiny Committee                             | Title/description                                       | Chair                  | Scrutiny Officer          | Anticipated end date         |
|--------------|------------------------------------------------|---------------------------------------------------------|------------------------|---------------------------|------------------------------|
| June 2017    | Children's Scrutiny                            | Re-Commissioning of Children's Centres                  | Cllr Rob Hannaford     | Dan Looker                | TBC                          |
| July 2017    | Children's Scrutiny                            | Children & Young People's Emotional Health & Wellbeing  | Cllr Christine Channon | Dan Looker                | November 2017 / January 2018 |
| August 2017  | Corporate Infrastructure & Regulatory Services | Broadband & Mobile Phone Connectivity Task Group        | Cllr Alistair Dewhirst | Vicky Church              | Spring 2018                  |
| August 2017  | Health & Adult Care                            | Spotlight Review NHS in Devon: Cabinet notice of motion | Cllr Brian Greenslade  | Camilla de Bernhardt Lane | January 2017                 |
| Summer 2017  | Health & Adult Care                            | Better Care Fund and additional monies                  | Cllr Hilary Ackland    | Camilla de Bernhardt Lane | TBC                          |
| October 2017 | Corporate Infrastructure & Regulatory Services | Impact of Changes to Local Policing Spotlight Review    | Cllr Alistair Dewhirst | Vicky Church              | November 2017                |
| TBC          | Corporate Infrastructure & Regulatory Services | (TBC) Air Quality, Congestion and Permit Parking        | TBC                    | TBC                       | TBC                          |
| Spring 2018  | Corporate Infrastructure & Regulatory Services | SCARF Process Spotlight Review                          | TBC                    | TBC                       | TBC                          |







## HEALTH AND WELLBEING BOARD – FORWARD PLAN

| <u>Date</u>                         | <u>Matter for Consideration</u>                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Thursday 8 March 2018 @ 2.15pm      | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p> |
| Thursday 14 June 2018 @ 2.15pm      | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p> |
| Thursday 13 September 2018 @ 2.15pm | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p> |
| Thursday 13 December 2018 @ 2.15pm  | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p> |
| <b>Annual Reporting</b>             | <p>Delivering Integrated Care Exeter (ICE) Project – Annual Update (March)<br/>Children’s Safeguarding annual report (September / November)<br/>Adults Safeguarding annual report (September / December)<br/>Joint Commissioning Strategies – Actions Plans (Annual Report – December)<br/>JSNA / Strategy Refresh – (June)</p>                                                                                                  |
| <b>Other Issues</b>                 | <p>Equality &amp; protected characteristics outcomes framework</p>                                                                                                                                                                                                                                                                                                                                                               |

