HEALTH AND WELLBEING BOARD

12 June 2014

Present:-

Devon County Council
Councillors Davis (Chairman), Barker, Clatworthy and McInnes, Ms J Stephens (Strategic Director, People) and Dr V Pearson (Director of Public Health)

District Council Representative
Councillor P Sanders

Northern, Eastern & Western (NEW) Devon Clinical Commissioning Group (CCG)
Dr T Burke

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

NHS England
Ms C Williams

Environmental Health
Mr R Norley

Health Watch
Dr H Ackland

Joint Engagement Board
Ms C Brown

Apologies:

Mr T Hogg (Police and Crime Commissioner)

*87 Minutes

RESOLVED that the minutes of the meeting held on 6 March 2014 be signed as a correct record.

MATTERS FOR DECISION

*88 Clinical Commissioning Groups'

(a) NHS Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group

The Board considered a report (with supporting papers) from the Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group (CCG) which provided an update in relation to the Community Services Strategic Framework. This process had commenced in May 2013 to establish the strategic direction and delivery arrangements for community services. The co-production phase of the programme was complete, therefore the strategic framework for community services set out the proposed way forward.

A short summary version of the framework (Integrated, Personal and Sustainable: Community Services for the 21st century) was circulated with the papers, but the full draft strategic framework document was available at:
https://www.newdevonccg.nhs.uk/involve/community-services/101039

A presentation from Ms J McNeill was given to engage and invite Board views ahead of the next Clinical Commissioning Group Governing Body meeting in July 2014. The presentation focused upon building on current strengths, views to the future including the six priorities built from engagement activities, the context for the changes required, preventative and personalised support, the pathways for complex needs, urgent care in the community, community specialty services and the next steps.

In addition, the glossary of terms which has been requested at the last meeting was made available for the meeting and also on the web at http://www.newdevonccg.nhs.uk/who-we-are/glossary/100357

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

RESOLVED that comments and feedback from the Board, on the direction of travel for community services, as outlined in the strategic framework, be welcomed and further views could be submitted online, via email to D-CCG.Community@nhs.net or in writing by 8 July 2014.

(b) Shared Ambitions and Priorities

The Board received a presentation from NHS England and NEW Devon CCG on shared ambitions and priorities, in particular to describe Call to Action on Primary Care Phase 1 Report, describe current joint working initiatives between NHS England & the CCG, using the 'integrated frailty pathway' as an example of joint working.

Dr Burke first outlined the biggest challenge facing the GP workforce, in that it was aging and had been insufficient graduates choosing General Practice in recent years. The challenge was to ensure a sustainable service for the next decade. In order to support locally-led transformations in primary care, there was a focus at national level on seven areas, namely empowering patients and the public, empowering clinicians, defining, measuring and publishing 'quality', joint commissioning, supporting investment and redesigning incentives, managing the provider landscape and workforce, premises and IT.

Dr Burke also highlighted the co-commissioning agenda, including Local Primary Care Co-Commissioning Initiatives.

Ms C Williams then focussed upon frailty and multimorbidity (relationships between the number of long term conditions and cost), including an update on the NHS England frailty guidance, changes to the General Practice contract to focus on older people living with frailty, the elements of a pathway of care and interventions (with evidence of how those initiatives worked) at all stages of the pathway.

Also circulated was the national guidance on 'safe, compassionate care for frail older people using an integrated care pathway which could be found at;
http://www.england.nhs.uk/wp-content/uploads/2014/02/safe-comp-care.pdf

The presentation concluded with some thoughts around how far organisations had progressed with implementing an 'end to end' pathway of care for older people living with frailty, what support they required and the challenges of that?

The Board discussed;

- that a report was due to be considered at the next Board meeting relating to frailty – as a topic based report, focusing on supporting people and the impact

within communities;
- the importance of succession planning and whether lessons could be learned from the teaching shortage and recruitment drive which had occurred several years earlier; and
- the need for a flexible workforce and potentially new roles, equipped to work across agencies and traditional skill bases.

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

RESOLVED

(a) that the issues raised and contents of the presentation be discussed further at a Health and Wellbeing Board seminar at a future date; and

(b) that the Lead Officer (Helen Lyndon) could be invited to attend and contribute; and

(c) that Mr Norley be asked to prepare a briefing note on the pertinent issues raised under interventions, such as housing (page 69).

(c) Letter on Co-Commissioning

The Board received both a covering report from the NEW Devon Clinical Commissioning Group and a copy of a letter from NHS England, which outlined how CCGs could submit expressions of interest to develop new arrangements for co-commissioning of primary care services. The work was proposed to be done through the NHS Commissioning Assembly to support CCGs and area teams in developing co-commissioning arrangements.

CCG's were being invited to submit expressions of interest by 20 June 2014.

The Board noted that these expressions of interest should include information on the following areas and include the views of member practices, patient groups, provider organisations and local authority colleagues:

- at individual CCG or group of CCGs level;
- scope;
- nature of co-commissioning;
- governance;
- monitoring and evaluation; and
- engaging member practices and stakeholders

The CCG had not yet agreed or decided at which level or 'spectrum of potential form' the co-commissioning might take, but consultation was underway.

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

RESOLVED that the CCG's intention to express an interest be noted and the Board be invited to submit any comments / views to Dr Burke.

(d) NHS South Devon and Torbay Clinical Commissioning Group (CCG)

The Board considered the report of the South Devon and Torbay Clinical Commissioning Group, on the Strategic Plan and progress on other issues such as Care Quality Commission, Musculoskeletal Service (including key work streams), Community Hub Developments and the Pioneer Bid.

The Board noted that the Strategic Plan 2014-19 had been signed-off by the SDTCCG Governing Body in April 2014 and been as subsequently submitted to NHS England. The plan set out the high level priorities for the organisation and partners. In conjunction with the plan, the CCG were required to submit improvement trajectories for the indicators

within the Quality Premium. The Board were asked to review this list, which was at appendix A to the report, with particular attention to the 'local determination' indicators, to ensure they were content with the responses.

As part of the CCG update, a report was presented on the CQC National Inpatient Survey 2013, with separate appendices for the Northern Devon Healthcare NHS Trust, Plymouth Hospitals NHS Trust, Royal Devon and Exeter NHS Foundation Trust and South Devon Healthcare NHS Foundation Trust. The report detailed the key findings from the 2013 survey of adult inpatient services. It was the eleventh survey of its kind and involved 156 acute and specialist NHS trusts. There were responses from 62,400 patients (a response rate of 49%). It was important to note there were no areas of failure, but many areas were in line with the average, therefore room for improvement.

The reports relating to individual trusts could be found at;
http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/inpatient-survey-2013

The Board discussed;

- clarification of actions required to address concerns, such as medicine delays, and the role of contract monitoring in this process;
- caution over terminology – the word community hub had a different meaning in Local Government; and
- the importance of tackling delays, before acute conditions became chronic.

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

RESOLVED

(a) that the Board receive, in November 2014, an action plan from the two CCG's in response to the issues raised in the patient survey. The update should also include provider responses; and

(b) that the national quality premium measures and quality premium local priorities, as outlined in the appendix to the report, be endorsed.

***89 Joint Commissioning in Devon and the Better Care Fund (formally the Integration and Transformation Fund)**

The Board received a joint presentation from the Head of Social Care Commissioning (Devon County Council), Managing Director Partnerships (NEW Devon CCG) and the Director of Commissioning (South Devon and Torbay CCG) on current progress with the Better Care Fund. The purpose of this was a drive towards integration and a seamless service user / patient experience being at the forefront of developments around health and social care.

The presentation outlined the journey to date including section 256, the joint strategies and teams, TCS co-production feedback, 'I' Principles and 'I' Plan, the South Devon and Torbay pioneer and also preparation for the Better Care Fund. The plan was submitted in April 2014, having been approved by the Vice Chair, following the agreement of the Board In March 2014 that authority be delegated to endorse the revised submission to meet the deadline of 4 April 2014.

The Board were reminded of the key features of the Better Care Fund which included some national conditions as well as performance metrics and timelines. A revised submission had to be submitted to NHS England by 27 June 2014, but national guidelines were still awaited on the required content.

The presentation further explained the next steps in the process which included ongoing discussion regarding the holding of shared funds for 2015/2016 and the draft pooled budget agreed for 2014/2015, ongoing engagement with providers, the progression of

vision, further development as schemes develop through operational groups (scheme development to take place with locality leads to cover 2014/15 and 2015/16, so performance metrics and national conditions would be met), the local metric to be agreed as well as performance elements for April 2015 and October 2015 and then the governance arrangements.

In respect of the section 256 schemes and funding for 2014/15, the schemes proposed were, increasing social care capacity, admissions avoidance, reablement, rehabilitation and recovery, improved delayed discharge and prevention. The strategic allocation was suggested as;

- £13,407,857 for social care with a benefit to health (agreement between DCC and NHS England);
- £3,900,000 NHS funding for post hospital discharge and reablement (agreement between DCC and the CCGs);
- the sums above, total £17.3m to be used for the purposes set out above, the impact to be monitored against national and local indicators using the performance dashboard; and
- £2,980,000 (agreement between DCC and NHS England) to be used for preparing for the implementation of the Better Care Fund in 2015 and to make early progress against the national conditions and performance measures set out in the template submitted in April 2014

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

RESOLVED

(a) that Board note the progress on the Better Care Fund, the proposed governance structure and performance proposals for monitoring progress;

(b) that the S256 2014/15 strategic allocation and deployment of funding to be transferred from NHS England be endorsed; and

(c) that the plans for the use of the funding identified to prepare for the Better Care Fund and to support outcomes, as set out above, also be endorsed.

***90** **Establishment of a Devon Children, Young People and Families Alliance**

The Board considered the report of the Strategic Director People on proposals for the formation of a high level strategic multi-agency 'Children's Alliance'. This was not proposed to be a formal committee of the Council but rather a strategic alliance, owning and ensuring delivery of a multi-agency Children and Young People's plan on behalf of that wider partnership and reporting to the Health and Wellbeing Board.

An appendix to the report outlined the terms of reference, which included purpose, function, core membership and frequency of meetings, together with a diagrammatic representation of the proposals.

The Strategic Director welcomed comments on both the proposals and membership of the alliance, including the addition of representation from NHS England and also that the terminology should reflect the importance of families.

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

RESOLVED that the draft Governance Proposals, as outlined in the report, be endorsed subject to the comments made above.

***91** **Pharmaceutical Needs Assessment**

The Board considered the report of the Director of Public Health on proposals for the production of a Pharmaceutical Needs Assessment (PNA) for Devon.

The Board noted it had a statutory duty to ensure the production of a Pharmaceutical Needs Assessment for Devon. The Health and Social Care Act 2012 transferred responsibility to develop and update PNAs from Primary Care Trusts (PCTs) to Health and Wellbeing Boards. In accordance with the regulation, each Health and Wellbeing Board had to assess needs for pharmaceutical services in its area, and publish a statement of its first assessment and any revised assessment.

Work had been initiated by Public Health teams in Devon, Plymouth and Torbay (working with NHS England) to agree a consistent but locally relevant format which complied with the regulations. It was proposed that a draft document would be consulted upon in October and November 2014 with the revised Pharmaceutical Needs Assessment being presented to the Board in January 2015.

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

RESOLVED that the proposed approach for the production of a Pharmaceutical Needs Assessment (PNA) for Devon be endorsed.

MATTERS FOR INFORMATION

***92** **Children's Safeguarding Board – Children's Sexual Exploitation Review**

The Board considered a report from the Chair of the Devon Children's Safeguarding Board on the review and progress since their in-depth review of the safeguarding child sexual exploitation (CSE) system within Devon.

The report outlined the Peninsula Child Sexual Exploitation Structure and how it was contributing to making improvements including a review and rewrite of the Peninsula CSE working protocol.

Issues arising from the in depth review included the joining up of operational and strategic functions, the roll-out of awareness training regarding CSE, information sharing governance, Early Intervention in terms of sex education of 9 to 13 years (vulnerable children), looked after children (commissioning), development of the operational pathway, missing children (education and runaways) and online safety.

The Board discussed that this was a key priority in the work of the newly formed Devon Children, Young People and Families Alliance and it was important to make the links with corporate parenting, looked after children, schools and educational programmes.

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

RESOLVED that the work of the Devon Safeguarding Children Board to improve the safeguarding children practices of staff in Devon, in relation to supporting the content of the Safeguarding Children JSNA, as outlined in the main body of the report, be supported.

***93** **Oral Health Strategy**

(Councillor Davis declared a personal interest in this matter by virtue of her husband being an NHS dentist)

The Board considered a report from Mr P Howard-Williams which outlined the Local Dental Network (LDN) Oral Health Strategy 2014 – 2016.

By way of a background, the NICE draft guidelines for local authority oral health improvement strategies were linked on the agenda and could be found at;
http://www.nice.org.uk/nicemedia/live/13664/67139/67139.pdf

The Strategy outlined the key priorities and actions for commissioners to ensure the achievement of better oral health and improved dental services for the people of Devon, Cornwall and the Isles of Scilly starting at an early age and continuing throughout life. The main focus was the introduction of evidence-based preventive strategies delivered within primary dental care, in high quality safe environments by skilled dental teams working collaboratively with the involvement of everyone responsible for delivering health and wellbeing.

Mr Howard-Williams described the links between deprivation, poor health and poor oral health. He stated that poor oral health was preventable and partnerships were crucial in this preventative work.

The Board discussed the following;

- the role of public health improvements and the inclusion of oral health in this;
- emergency access to dentistry and the role of the 111 system;
- issues of affordability, even for NHS dentists, and the impact on other agencies, partners, for example GP's; and
- that resources needed to be deployed to the areas of greatest need, thereby reducing health inequalities.

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

RESOLVED

(a) that the Strategy and its contents and ethos be welcomed; and

(b) that the link to oral health and its impacts be included within the JSNA; and

(c) that oral health promotion be supported and that further opportunities for oral health promotion and education be explored in light of the Council's new statutory responsibilities.

***94 Winterbourne Review Concordat**

The Board considered a report from the Managing Director of Partnerships (NEW Devon CCG) outlining the progress against key winterbourne view concordat commitments. The stocktake exercise had been presented to the Board at every meeting since September 2013 and it had been agreed that regular progress reports be presented to the Board.

This national Concordat plan was developed in response to a Panorama investigation which had showed abuse of patients at Winterbourne View and, as a response, six separate reports were developed nationally. These had generated a multitude of recommendations for many services, including regulators, providers and health and social care commissioners.

The final Concordat was clear about the key aims of preventing further placements of people away from their homes, and supporting those in current services to move back to their community. The end goal was moving people into appropriate community placements by 1st June 2014. Within Devon, (and as a response to Winterbourne View), a 'seven step pathway' had been developed for returning people to appropriate community support arrangements.

The paper further outlined the local progress, focussing on the actions undertaken regarding local services immediately after Winterbourne and the number of people that

had to be returned to appropriate community placements and the actions necessary to achieve this, updated figures as at April 2014 which are shown below;

Step 1 - 4
Step 2 - 2
Step 3 - 1
Step 4 - 2
Step 5 - 2
Step 6 - 0
Step 7 - 11
Placed - 10

In addition, the outcomes for individuals, ongoing monitoring of placements and scrutiny requirements were identified.

The report concluded that the health and social care services in Devon were making good progress with the current population and had more people placed in the community. Most of the people had required high levels of planning and coordination to get them home and maintain them safely in their community. There was a challenge for commissioners to create a sustainable position that addressed the young people currently out of area. This required a real cultural shift and changed practice throughout the system.

The Board discussed the following;

- the onerous reporting process regarding Winterbourne View to many different groups and the resource it took away from delivering the action plan;
- the role of the adults safeguarding board in closely monitoring the situation;
- the data cleansing required in order that out of county statistics were a true reflection;
- the role of other authorities in repatriation and the impact on budgets, particularly learning disability budgets;
- the legal processes that could add delay into current processes;
- the role of Councillors in lobbying MP's; and
- the Joint Improvement Board and its role in recommending JSNA updates in relation to transitions between children and adults services.

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

RESOLVED that the progress be noted and welcomed, including the role of the Adult Safeguarding Board in providing assurance and that future updates be on an exception basis.

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

The Board considered a report on the performance for the Board, which monitored the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2013-2016.

The Board received an 'updates only' version of the Health and Wellbeing Outcomes Report. The report was themed around the four Joint Health and Wellbeing Strategy 2013-16 priorities and included breakdowns by local authority, district, clinical commissioning group, inequalities and trends over time.

The indicators relating to Teenage Conception Rate (2013 Q1), Hospital Admissions for Self-Harm, Aged 10 to 24 (2012-13), Alcohol-Related Admissions (2012-13), Injuries Due to Falls (2012-13), Dementia Diagnosis Rate (2012-13), Male Life Expectancy Gap (2010 to 2012) and Female Life Expectancy Gap (2010 to 2012) had all been updated since the last report to the Board.

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

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

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

RESOLVED that the Health and Wellbeing Outcomes Report be noted, in particular the excellent position in relation to the female life expectancy gap.

***96** **HealthWatch**

The Board received a report on the current work and progress of Healthwatch, in particular the main activities and focus of Healthwatch Devon since the last Board meeting.

The report outlined feedback from service users and their relatives/carers, which indicated high levels of anxiety about possible Council care homes and day centres closures. In addition, Healthwatch were due to submit its response to the NEW Devon CCG "Integrated, personal and sustainable" strategic framework for community services.

In relation to Mental health Services, the report outlined that concerns had been raised about access to care at times of crisis, delays in accessing psychological therapies, a lack of inpatient intensive care beds in Devon leading to patients being placed out of county and a lack of continuity when people are discharged from hospital back into the community.

A recent survey by Healthwatch Devon, in relation to Access to Non Urgent Care, was undertaken and the results were soon to be reported to NHS England and Commissioners,

The report also outlined current items in their forthcoming work plan.

RESOLVED that the issues raised in the report and the actions taken by Healthwatch in relation to care homes, day centres, the community services strategic framework, mental health services and non-urgent care be noted.

***97** **Joint Engagement Board (JEB) Update**

The Board received a report on the current work and progress of the Joint Engagement Board.

This included involvement in the Tough Choices consultation and Members of the networks reported they were pleased to have been involved in those engagement and consultation activities, in particular day centres and care homes projects. The feedback and concerns were over;

- the appropriateness of alternative provision, some of which was seen as not fit for purpose for vulnerable people, especially those with complex needs;
- the gap between the ‘Peoples’ and ‘Place’ parts of the Council, given People appeared to be withdrawing from providing services, but Place was encouraging community take-up of services where possible; and
- the way in which individual service users will be transferred from existing services to alternative provision and whether this would be carried out sensitively. A real concern that financial pressures would dictate too fast a pace for suitable support to be in place.

As well as Tough Choices, the user networks have participated in high volume of involvement activities including, inter alia, the adults safeguarding board service user sub-group, Devon Carers strategy Board, NHS out of hours services consultation, focus groups on stroke services, Devon Partnership Trust target-setting and work with the Care Quality Commission, Care Direct mystery shopping exercise, RD & E carers survey, SEND Pathfinder involvement and listening events for parents of children with special needs.

OTHER MATTERS

***98 Letter from Jane Ellison (MP) Parliamentary Under Secretary of State for Health**

The Board received a copy of a letter from Jane Ellison (MP) Parliamentary Under Secretary of State for Health on the Governments public health reforms and how they have shifted power to local authorities.

The letter was written to mark first anniversary of the establishment of Health and Wellbeing Boards and to thanks Boards for their hard work in improving the local population's health in creative and innovative ways. The letter further highlighted some priorities and recent work in and out of Parliament, as well as some of the public health issues that have been of particular interest to parliamentary colleagues in recent months, such as the Collaborative Tuberculosis Strategy for England 2014 to 2019, all Party Parliamentary Group on FGM, Headsmart campaign on brain tumours in children, Debates on cancer and Moving More, Living More – the Olympic and Paralympic Physical Activity Legacy for the Nation.

The Director of Public Health reported that she was writing to schools in Devon to encourage them to support the HeadSmart campaign.

***99 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.

***100 Forward Plan**

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

Date	Matter for Consideration
Thursday 11th September 2014 (2.00pm)	CCG Updates Adults Safeguarding – Annual Report Children's Safeguarding – Annual Report (BF June - request of DCSB) Better Care Fund Topic based report Health & Wellbeing Strategy Priorities and Outcomes Monitoring Healthwatch Update Joint Engagement Board Update Scrutiny Work Programme Briefing Papers, Updates & Matters for Information
Thursday 13th November 2014 (2.00pm)	CCG Updates CQC Patient Survey – Action Plans (min 88(d)(a) Health & Wellbeing Strategy Priorities and Outcomes Monitoring

	Better Care Fund Topic based report Healthwatch Update Joint Engagement Board Update Scrutiny Work Programme Briefing Papers, Updates & Matters for Information
Thursday 15th January 2015 (2.00pm)	CCG Updates Devon Pharmaceutical Needs Assessment Health & Wellbeing Strategy Priorities and Outcomes Monitoring Better Care Fund Topic based report Healthwatch Update Joint Engagement Board Update Scrutiny Work Programme Briefing Papers, Updates & Matters for Information
Thursday 12th March 2015 (2.00pm)	CCG Updates Health & Wellbeing Strategy Priorities and Outcomes Monitoring Better Care Fund Topic based report Healthwatch Update Joint Engagement Board Update Scrutiny Work Programme Briefing Papers, Updates & Matters for Information
Items to Add	Equality & protected characteristics outcomes framework Children's Safeguarding annual report (annually in June / September) Engage Project – possibly as a topic based report Winterbourne View (Exception reporting)

RESOLVED that the Forward Plan be approved.

***101** **Briefing Papers, Updates and Matters for Information**

Items of interest, including research reports, policy documents, details of national / regional meetings and events and consultations which had come to the attention of the Health and Wellbeing Support Officers were listed on the agenda for Board members information.

These were 'a Councillors Guide to the Health System in England' http://www.local.gov.uk/documents/10180/5854661/A+councillor's+guide+to+the+health+system+in+England/430cde9f-567f-4e29-a48b-1c449961e31f

***102** **Dates of Future Meetings**

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

Thursday 11th September 2014 @ 2.00pm
Thursday 13th November 2014 @ 2.00pm

Thursday 15th January 2015 @ 2.00pm
Thursday 12th March 2015 @ 2.00pm

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

The meeting started at 2.00pm and finished at 5.08pm.

Devon Health and Wellbeing Board
11th September 2014

Health and Wellbeing Outcomes Report

Report of the Chief Executive

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

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

2. The Health and Wellbeing Outcomes Report

2.1 An 'updates only' version of the Health and Wellbeing Outcomes Report for September 2014 is included separately. The report is themed around the four Joint Health and Wellbeing Strategy 2013-16 priorities, and includes breakdowns by local authority, district, clinical commissioning group, inequalities characteristics and trends over time.

2.2 The following indicators have been updated since the last report:

- Teenage Conception Rate (2013 Q2)
- Proportion of Physically Active Adults (2013)
- Alcohol-Related Admissions (2013-14)
- Incidence of Clostridium Difficile (2013-14)
- Feel Supported to Manage Own Condition (2013-14)
- Re-ablement Services – Effectiveness (2013-14)
- Re-ablement Services – Coverage (2013-14)
- Social Connectedness (2013-14)
- Stable and Appropriate Accommodation – Learning Disability (2013-14)
- Stable and Appropriate Accommodation – Mental Health (2013-14)

2.3 The latest teenage conception rate for Devon (24.1 per 1,000) is the lowest on record. Stronger decreases in the rate nationally mean that Devon remains above the South West (22.5) and local authority comparator group (22.2) rates.

2.4 Physical activity rates in Devon (60.9%) in 2013 were above South West (57.7%), local authority comparator group (57.9%) and England (55.6%) rates.

2.5 Alcohol-related admission rates in Devon (633.8) are broadly consistent with the South West (618.7) and England (633.8) rates.

2.6 There were 302 cases of Clostridium Difficile in 2013-14 in Devon, Plymouth and Torbay. The incidence rate per 100,000 in Devon (26.4) was broadly in line with the South West (26.6), nearest neighbour (25.1) and England (25.0) rates.

2.7 In Devon during 2013-14, 68.4% of people with a long-term condition in the GP survey felt they had enough support to manage their own condition. This is significantly higher than national (63.9%), South West (66.2%) and local authority comparator group (64.3%) rates.

2.8 In 2013-14, re-ablement services were effective for 89.8% of older people who received the service in Devon, which was significantly higher than the South West (79.4%), local authority comparator group (82.6%) and England (81.9%).

2.9 In 2013-14 2.0% of older people discharged from hospital in Devon were offered re-ablement services, which was significantly lower than the South West (3.7%), local authority comparator group (3.4%) and England (3.3%) rates.

2.10 Within Devon 47.5% of social care users surveyed in 2013-14 reported being satisfied with their social situation. This was significantly above South West (44.3%), local authority comparator group (45.2%) and England (44.2%) rates.

2.11 In 2013-14 74.0% of adults with a learning disability in Devon (known to the council) were living in their own home or with their family, compared with 72.7% in the South West, 72.1% in the local authority comparator group and 74.8% nationally.

2.12 In 2013-14 54.5% of adults in contact with a secondary mental health service in Devon were in stable and suitable accommodation. This is higher than the South West (50.3%) and local authority comparator group (45.2%), but below the England rate (60.9%).

2.13 The outcomes report is available on the Devon Health and Wellbeing website www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report. This includes a full report, a two page summary report, the 'updates only' report, individual two page indicator specific reports, and this briefing paper.

Table 1: Indicator List and Performance Summary, September 2014

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

RAG Ratings

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

Table 2: Priority Area Summaries, September 2014

Priority	Summary
1. A Focus on Children and Families	Child poverty levels fell slightly between 2010 and 2011. Recorded levels of child development are above the South West and England averages. Rates of smoking at delivery are falling over time and are amongst the lowest in the South West. Conception rates have fallen over time, particularly in more deprived areas. Self-harm admissions in younger people are above the national average.
2. Healthy Lifestyle Choices	Higher levels of physical activity are seen in Devon. Levels of excess weight in children are above average at age 4/5 and below average at age 10/11. The narrow alcohol-related admissions rate is similar to England. Adult smoking rates are below the national average. Mortality rates are falling.
3. Good Health and Wellbeing in Older Age	3. Good Health and Wellbeing in Older Age - Clostridium Difficile incidence aligns with South West and national rates. Devon is below South West and national rates for the detection of dementia, although detection is improving. Devon has lower levels of injuries due to falls. A higher proportion feel supported to manage their long-term condition in Devon. Re-ablement service effectiveness is above average, but recorded coverage is low. Readmission rates are below average but are increasing over time.
4. Strong and Supportive Communities	4. Strong and Supportive Communities - Suicide rates in Devon are consistent with the national average. There is a smaller gap in life expectancy between the most and least deprived communities in Devon. Self-reported wellbeing in Devon tends to be better than the national average. The proportion stating that they have as much social contact as they would like is above the national average. Quality of life for carers aligned with the national average. Devon had similar levels of people with learning disabilities in stable and appropriate accommodation than the national average, but lower rates for people with mental health issues.

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

4. Risk Management Considerations
Not applicable.

5. Options/Alternatives
Not applicable.

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

Dr Phil Norrey
CHIEF EXECUTIVE
DEVON COUNTY COUNCIL

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

Contact for enquiries: Ian Tearle
Room No 255, County Hall, Topsham Road, Exeter. EX2 4QU
Tel No: (01392) 367761

Background Papers
Nil

HEALTH AND WELLBEING OUTCOMES REPORT
11TH SEPTEMBER 2014
DEVON HEALTH AND WELLBEING BOARD
UPDATES ONLY VERSION

The Joint Health and Wellbeing Strategy has four priority areas and the selected indicators in this report align to these. Further to this, there are three types of indicators reflecting how the board will address the issue in question. These three types are:

Challenge Indicators – these cover areas where outcomes are poor, where inequalities are widening locally, or areas which are critical to future plans to improve health and wellbeing. The board will monitor these indicators and challenge current processes and practices in lead organisations in these areas.

Monitoring 'Watching Brief' Indicators – these cover areas where local outcomes are positive or where improvements have been made. The role of the board will be to monitor these indicators and intervene should outcomes deteriorate.

Commissioning Improvement Indicators – these are indicators for areas where joint working is required to improve outcomes and where the board will need to play a more active role in coordinating local commissioning.

Joint Health and Wellbeing Strategy indicators are set out in the grid on the next page, grouped against the four Joint Health and Wellbeing Strategy priorities and three indicator types. The outcomes framework they align to is identified within brackets. 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 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 and sub localities.

Trend and Future Trajectory – showing change over time on the selected indicator compared to the South West and England, and where available a future trajectory based on local targets or ambitions.

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

Any queries on this report should be directed to the Devon Public Health Intelligence Team at

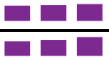
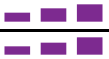
Health and Wellbeing

Devon County Council

Committed to promoting health equality

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Indicator List

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

RAG Ratings

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

Priority Area Summaries

1. A Focus on Children and Families - Child poverty levels fell slightly between 2010 and 2011. Recorded levels of child development are above the South West and England averages. Rates of smoking at delivery are falling over time and are amongst the lowest in the South West. Conception rates have fallen over time, particularly in more deprived areas. Self-harm admissions in younger people are above the national average.

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

3. Good Health and Wellbeing in Older Age - Clostridium Difficile incidence aligns with South West and national rates. Devon is below South West and national rates for the detection of dementia, although detection is improving. Devon has lower levels of injuries due to falls. A higher proportion feel supported to manage their long-term condition in Devon. Reablement service effectiveness is above average, but recorded coverage is low. Readmission rates are below average but are increasing over time.

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

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

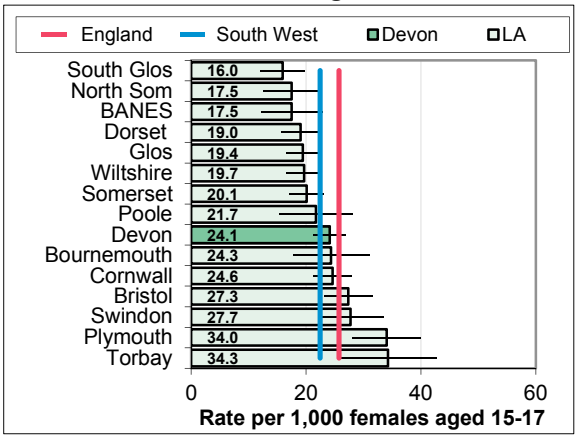
Priority 1: A Focus on Children and Families
Indicator: Teenage Conception Rate
Period: 2013 Q2 (rolling year) ***UPDATED INDICATOR***

RAG Rating	
	Green
A	Amber
	Red

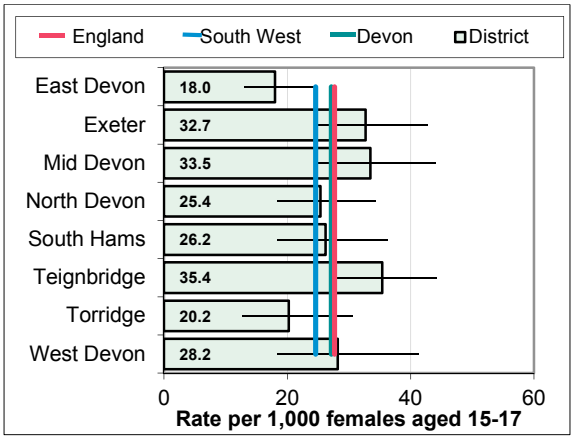
Overview	There were 303 conceptions in Devon between July 2012 and June 2013 for females aged under 18, with around half leading to a birth. The latest annual conception rate is 24.1 per 1,000 females compared with 22.5 for the South West, 22.2 for the local authority comparator group and 25.7 for England. Higher rates are seen in Exeter, Mid Devon and Teignbridge but the difference is not statistically signficant. Stronger decreases in the national rate mean the gap has narrowed.

Equalities	There is a very clear link between area deprivation and teenage conception, with rates in the most deprived areas around four times higher than the least deprived areas both locally and nationally. Most teenage conceptions occur at the age of 17, and there are only a small proportion under the age of 16 (around 60 to 70 per annum), and less than 10 births per annum to under 16s.

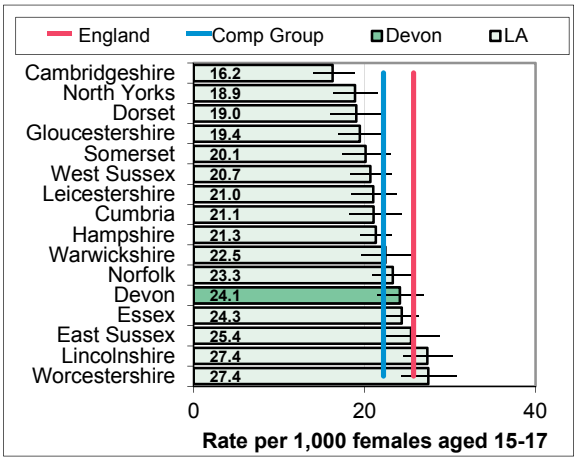
South West Benchmarking



Local Authority District (2012)



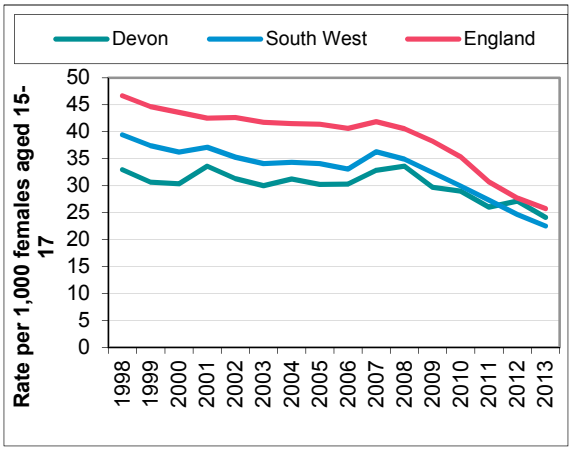
Local Authority Comparator Group



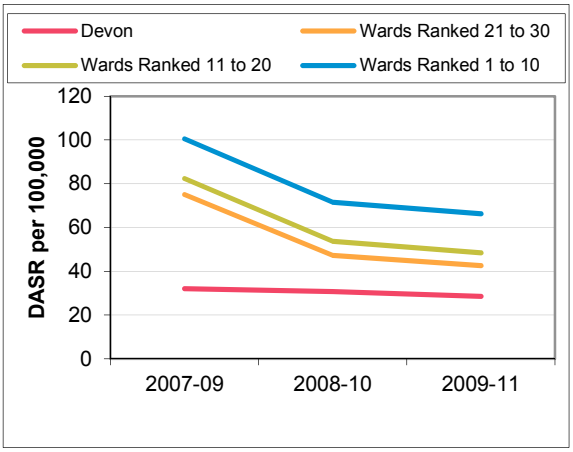
CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

Trend and Future Trajectory



Inequalities



DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 1: A Focus on Children and Families
Indicator: Teenage Conception Rate
Period: 2013 Q2 (rolling year)

Description	Conceptions in women aged under 18 per 1,000 females aged 15-17.
Source	Office for National Statistics
Update Frequency	Quarterly - 15 months in arrears (Q3 2013 due December 2014)
Outcomes Framework	Public Health Outcomes Framework Indicator 2.04
Detailed Specification	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.
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Rates are not currently available at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate with South West region and England over time. Trajectory is based on 0.5 fall in rate per annum from 2009 baseline.
Chart Notes Inequalities	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: Healthy Lifestyle Choices

Indicator: Proportion of Physically Active Adults

Period: 2013

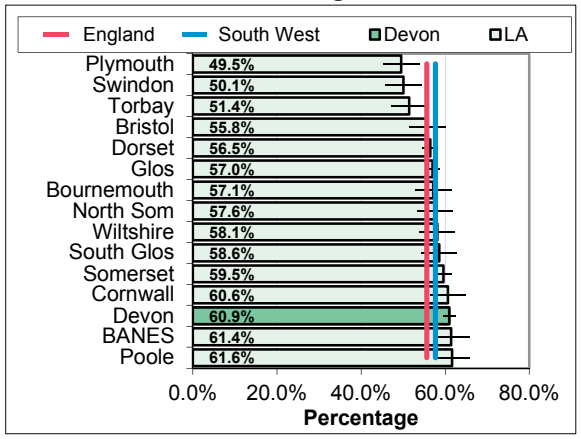
UPDATED INDICATOR

RAG Rating	
G	Green
	Amber
	Red

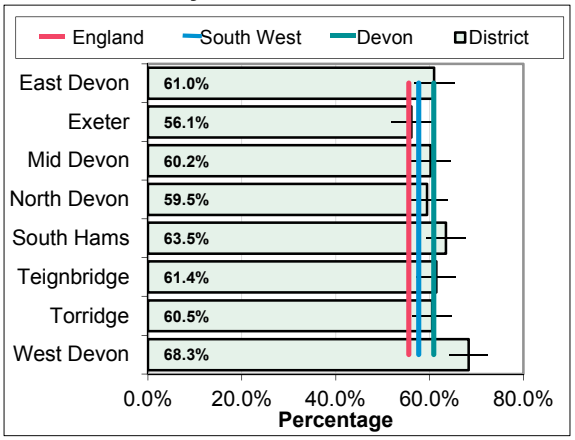
Overview	60.9% of adults in Devon were physically active for at least 150 minutes per week in 2013. This is significantly above the South West (57.7%), comparator group (57.9%) and national (55.6%) rates. Rates in Devon were the highest in the local authority comparator group. Rates were significantly higher in West Devon (68.3%), although the differences between the districts themselves were not statistically significant. Levels of physical activity increased from 59.5% in 2012 to 60.9% in 2013.

Equalities	Local breakdowns by deprivation or equality characteristics 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.

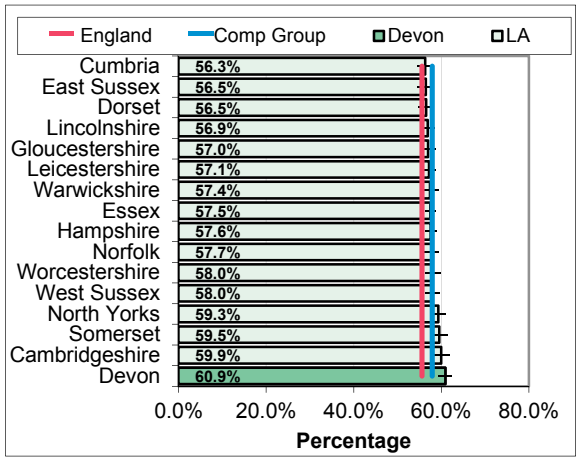
South West Benchmarking



Local Authority District



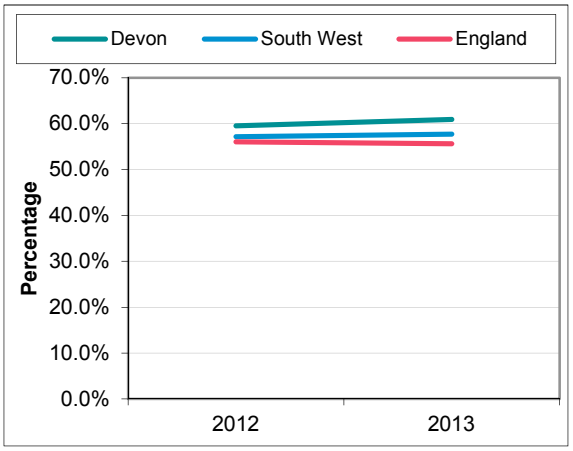
Local Authority Comparator Group



CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

Trend and Future Trajectory



Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 2: Healthy Lifestyle Choices
Indicator: Proportion of Physically Active Adults
Period: 2013

Description	Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity.
Source	Sport England's Active People Survey (APS) http://www.sportengland.org/research.aspx
Update Frequency	Annually, around eight months in arrears (2014 update expected August 2015)
Outcomes Framework	Public Health Outcomes Framework Indicator 2.13 will relate to physical activity / inactivity - indicator still in development and likely to deviate from this measure.
Detailed Specification	The number of respondents aged 16 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.
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Rates cannot currently be calculated at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Rates cannot currently be calculated at a local level.

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 2: Healthy Lifestyle Choices

Indicator: Alcohol-Related Admissions (narrow definition)

Period: 2013-14

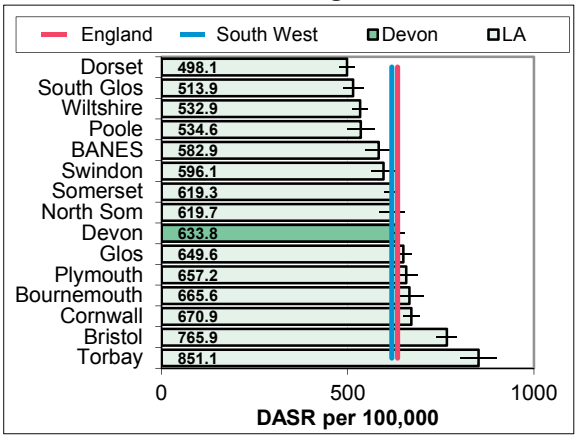
UPDATED INDICATOR

RAG Rating	
	Green
A	Amber
	Red

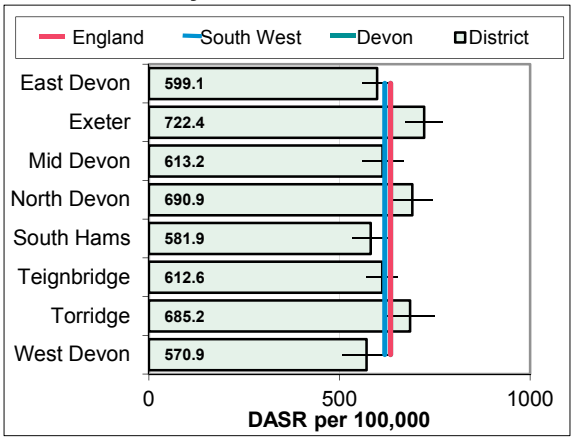
Overview	Using the new narrow definition as used in the Public Health Outcomes Framework, there were around 4,957 alcohol-related admissions to hospital for Devon residents in 2013-14. The Direct Age Standardised Rate of Admissions (633.8 per 100,000) is broadly in line with the South West and national rates but significantly above the local authority comparator group rate. Rates within Devon are highest in Exeter and Northern Devon. Admission rates are signficantly higher in more deprived areas.

Equalities	Alcohol-Related Admission rates vary by age, with the highest rates in older age groups, reflecting the long-term effects of alcohol-use through life. Acute admissions (accidents and poisonings) are most common in young adults, mental health admissions in persons in their 40s and 50s, and admissions for chronic conditions in older age groups. Admission rates are higher for males than females.

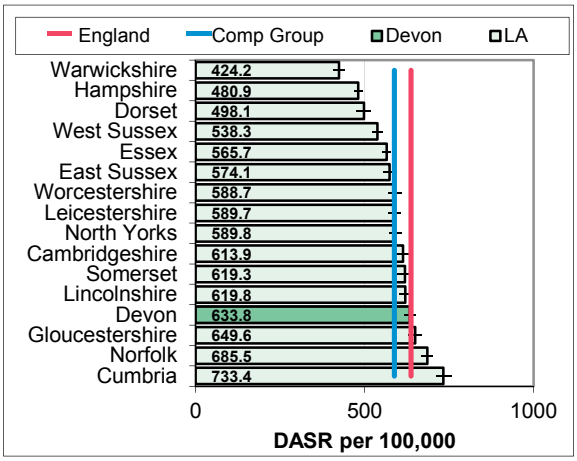
South West Benchmarking



Local Authority District



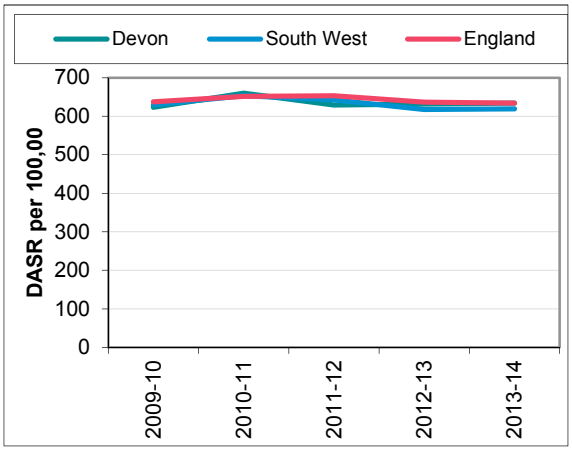
Local Authority Comparator Group



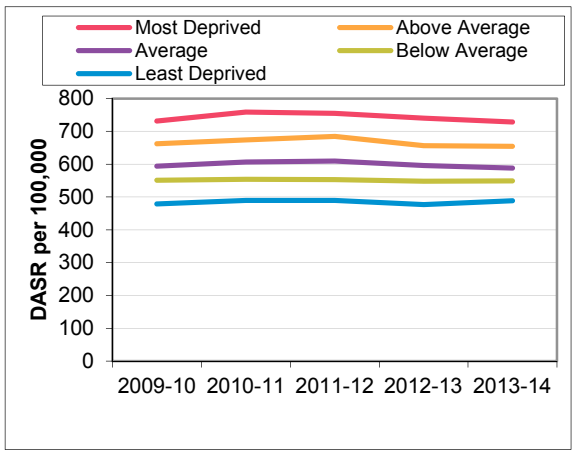
CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL.

Trend and Future Trajectory



Inequalities (Deprivation - England)



DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 2: Healthy Lifestyle Choices
Indicator: Alcohol-Related Admissions (narrow definition)
Period: 2013-14

Description	Direct age-standarised rate of hospital admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population.
Source	North West Public Health Observatory (nationally published data) and Devon Public Health Intelligence Team (local breakdowns)
Update Frequency	Quarterly - typically six months in arrears, Annually - typically nine months in arrears. Local data feeds typically two months in arrears.
Outcomes Framework	Public Health Outcomes Framework Indicator 2.18
Detailed Specification	Admissions to hospital involving an alcohol-related primary diagnosis or an alcohol-related external cause. Admissions of children under 16 were only included if they had an alcohol-specific diagnosis i.e. where the attributable fraction = 1, meaning that the admission is treated as being wholly attributable to alcohol. For other conditions, estimates of the alcohol-attributable fraction were not available for children. A detailed definition of the numerator data used for this indicator can be found at: www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
Chart Notes South West	Compares Primary Care Trusts in the South West Region. Will be changed to upper tier / unitary local authority analysis in 2013-14. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Rates cannot currently be calculated at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Compares areas within England based on area deprivation. National deprivation quintiles from the 2010 Indices of Deprivation (Index of Multiple Deprivation) used.

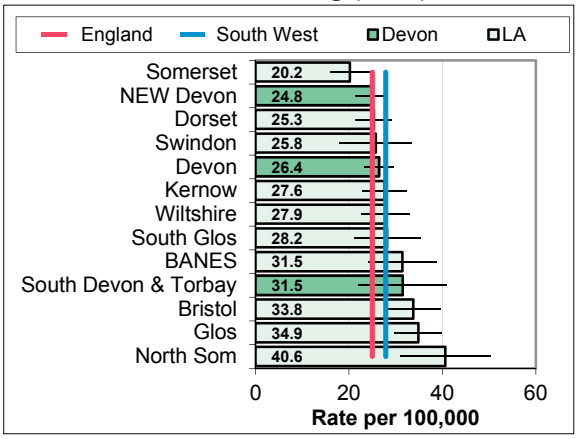
DEVON HEALTH AND WELLBEING OUTCOMES REPORT
Priority 3: Good Health and Wellbeing in Older Age
Indicator: Incidence of Clostridium Difficile
Period: 2013-14

UPDATED INDICATOR

RAG Rating	
	Green
A	Amber
	Red

Overview	There were 302 cases of Clostridium Difficile in 2013-14 in Devon, Plymouth and Torbay. The incidence rate per 100,000 in Devon (26.4) was broadly in line with the South West (26.6), nearest neighbour (25.1) and England (25.0) rates. Infection rates have reduced over time, and a particularly notable fall was seen between 2011-12 and 2012-13 following the introduction of consistent national guidance for reporting.
Equalities	Incidence of Clostridium Difficile increases significantly with age, with a rate in 2012-13 of 9.7 per 100,000 in those aged 40 to 59 compared to 282.0 per 100,000 for those aged 80 and over. This is a consequence of higher hospital admissions in these age groups, a greater likelihood of living in a communal establishment (care homes) and poorer general health. Rates are also higher in females and in more

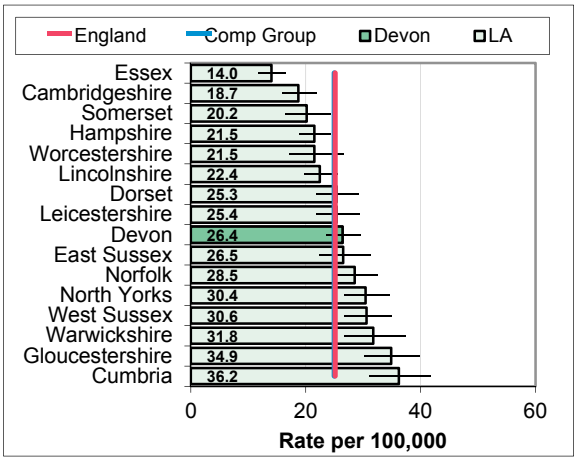
South West Benchmarking (CCG)



Local Authority District

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

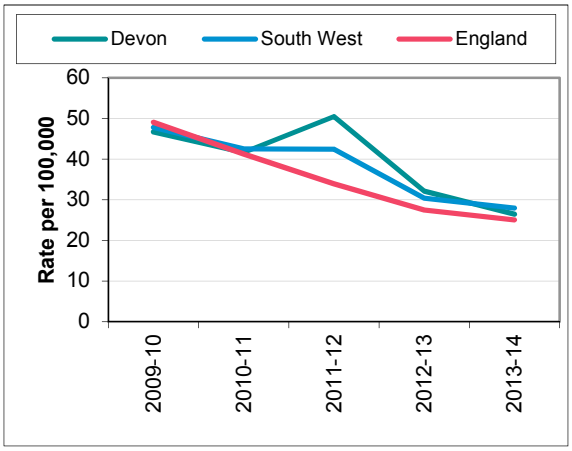
Local Authority Comparator Group



CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

Trend and Future Trajectory



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: Incidence of Clostridium Difficile
Period: 2013-14

Description	Total number of Clostridium Difficile (acute trust and community attributable) detected in the period per 100,000 people aged 2 and over.
Source	Public Health England HCAI (Health Care Associated Infection) Data Capture System
Update Frequency	Annually around four months in arrears, 2014-15 expected in July 2015.
Outcomes Framework	NHS Outcomes Framework Indicator 5.2ii
Detailed Specification	**IMPORTANT NOTE: Due to changes to reporting, data are no longer produced on a local authority basis. THese measures represent CCG numbers and rates attributed by 'best fit' to local authority areas. Where 'Devon' figures are shown these are the aggregate of the two local CCGs.** Overall number of cases of C. difficile Indicator construction: Based on mandatory surveillance of C. difficile as reported to the Health Protection Agency Data Capture System. Denominator from ONS Mid Year Population Estimates (persons aged 2 and over). In line with national reporting processes, the rate is a crude rate and is not standardised by age group.
Chart Notes South West	Compares Devon and Clinical Commissioning Groups in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	No longer available at local authority level.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	No longer available for Clinical Commissioning Group localities or sub-localities.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	No longer available.

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

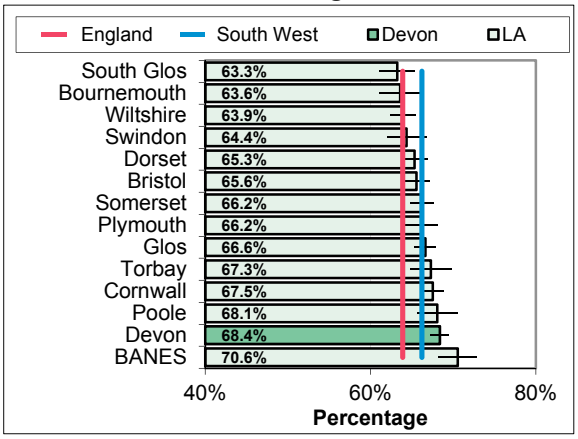
Priority 3: Good Health and Wellbeing in Older Age
Indicator: Feel Supported to Manage Own Condition
Period: 2013-14

UPDATED INDICATOR

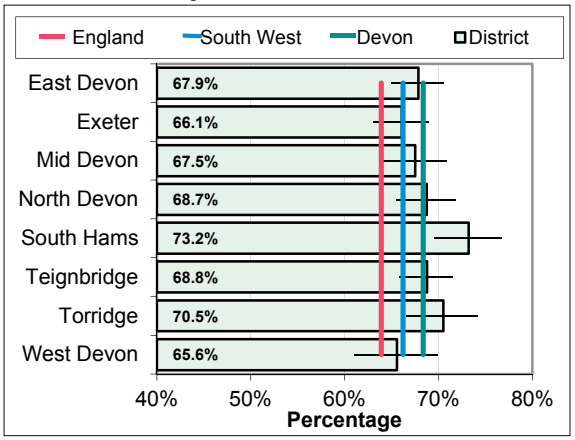
RAG Rating	
G	Green
	Amber
	Red

Overview	In Devon during 2013-14, 68.4% of people with a long-term condition in the GP survey, felt they had enough support to manage their own condition. This is significantly higher than national (63.9%), South West (66.2%) and local authority comparator group (64.3%) rates. Rates in NEW Devon CCG (67.5%) and South Devon and Torbay CCG (68.4%) were broadly similar, and highest in the Moor-to-Sea locality (73.9%). Rates have also increased on 2012-13 levels.
Equalities	There was no clear relationship between feeling supported to manage their own condition and deprivation. National results reveal the older age groups (85 and over, 69.2%) feel better supported than younger age groups (18 to 24, 58.2%), males (65.3%) feel better supported than females (62.0%), and minority ethnic groups feel less well supported.

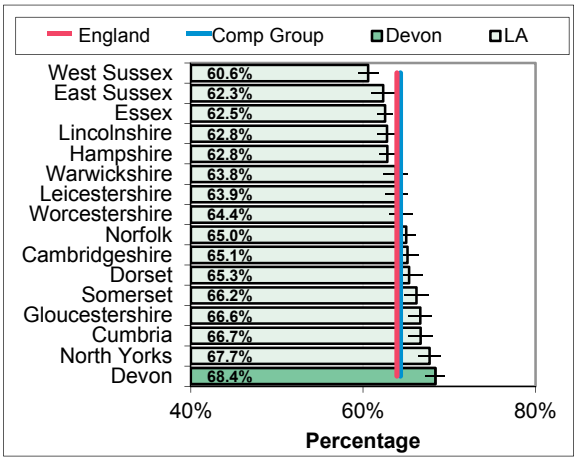
South West Benchmarking



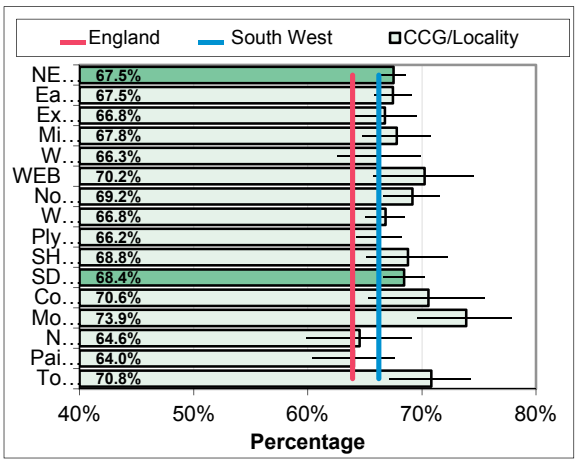
Local Authority District



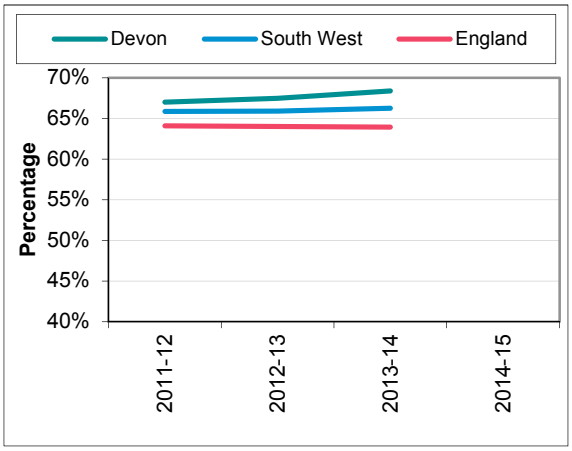
Local Authority Comparator Group



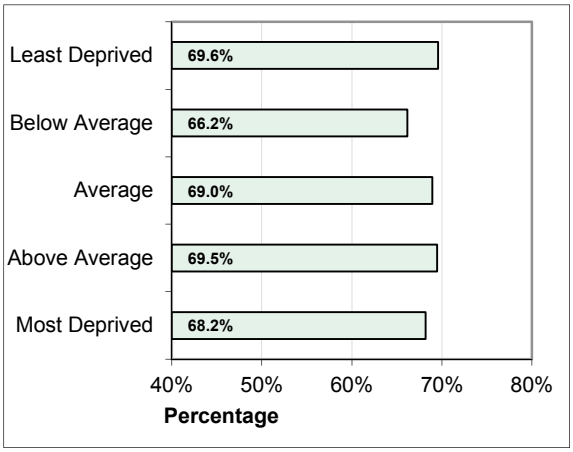
CCG and Locality Comparison



Trend and Future Trajectory



Inequalities



DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 3: Good Health and Wellbeing in Older Age
Indicator: Feel Supported to Manage Own Condition
Period: 2013-14 Q1-Q2

Description	Weighted percentage of people feeling supported to manage their condition.
Source	NHS GP Patient Survey
Update Frequency	Two times a year, next update due January 2015.
Outcomes Framework	NHS Outcomes Framework Indicator 2.1
Detailed Specification	Numerator: For people who answer yes to the Question 30 "Do you have a long-standing health condition", the numerator is the total number of 'Yes, definitely' or 'Yes, to some extent' answers to GPPS Question 32: In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term condition(s)? Please think about all services and organisations, not just health services • Yes, definitely • Yes, to some extent • No • I have not needed such support • Don't know/can't say. Responses weighted according to the following 0-100 scale: "No" = 0 "Yes, to some extent" = 50 "Yes, definitely" = 100.
Chart Notes South West	Compares Former Primary Care Trusts in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Displays rates for the two Clinical Commissioning Groups in the wider Devon area, their localities, and their sub-localities. This is based on GP practice attributions. Error bar is 95% confidence interval.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Compares areas within Devon based on local GP practice deprivation quintiles. Calculated using the 2010 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: 2013-14

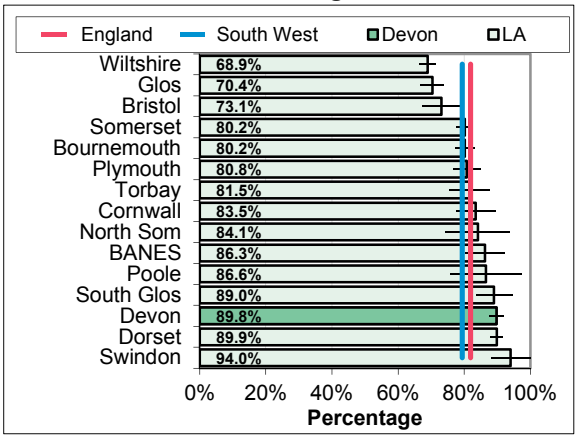
UPDATED INDICATOR

RAG Rating	
G	Green
	Amber
	Red

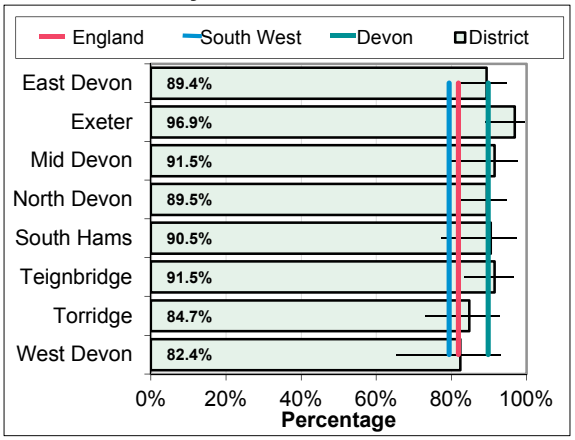
Overview	In 2013-14, reablement services were effective for 89.8% of older people who received the service in Devon, which was significantly higher than the South West (79.4%), local authority comparator group (82.6%) and England (81.9%). The rate increased from 87.9% in 2012-13. Within Devon the highest rates were seen in Exeter (96.9%).

Equalities	There is no significant link between the effectiveness of reablement services and deprivation levels in Devon.

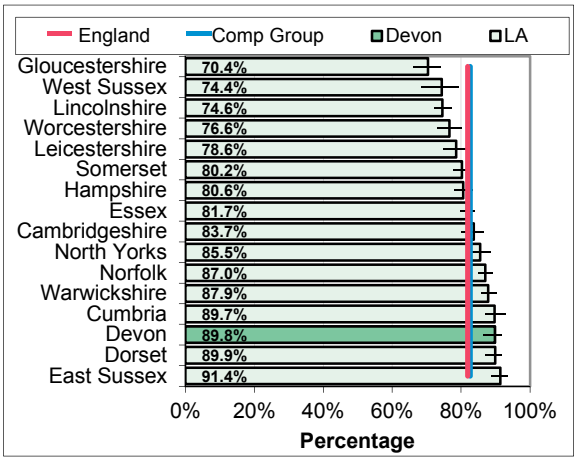
South West Benchmarking



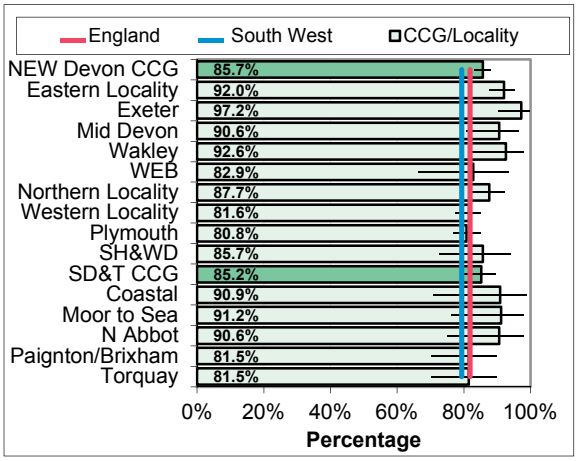
Local Authority District



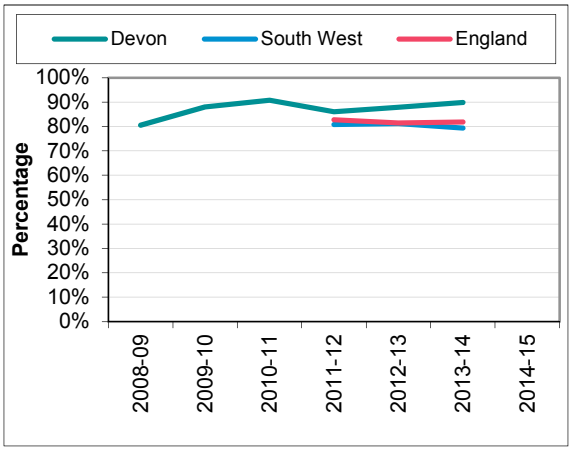
Local Authority Comparator Group



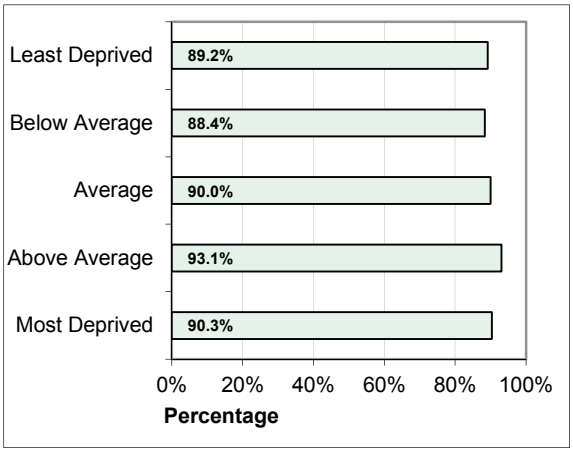
CCG and Locality Comparison



Trend and Future Trajectory



Inequalities



DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 3: Good Health and Wellbeing in Older Age
Indicator: Re-ablement Services (Effectiveness)
Period: 2013-14

Description	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
Source	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)
Update Frequency	Annually around four months in arrears.
Outcomes Framework	Adult Social Care Outcomes Framework Indicator 2B Part 1
Detailed Specification	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
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Rates are not currently available at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Compares areas within Devon based on local GP practice deprivation quintiles. Calculated using the 2010 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: 2013-14

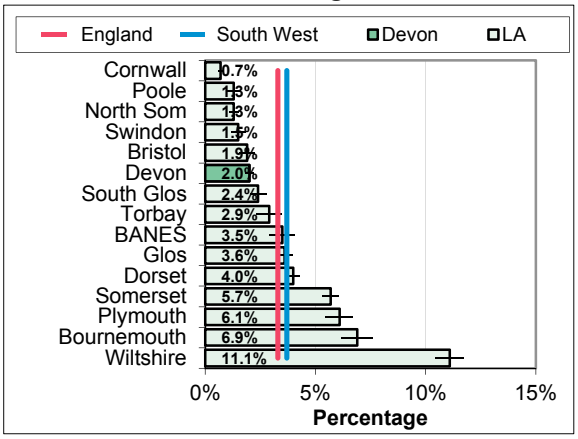
UPDATED INDICATOR

RAG Rating	
	Green
A	Amber
	Red

Overview	In 2013-14 2.0% of older people discharged from hospital in Devon were offered reablement services which was significantly lower than the South West (3.7%), local authority comparator group (3.4%) and England (3.3%) rates. Rates increased from 1.7% in 2013-14.

Equalities	Not currently available at a local level.

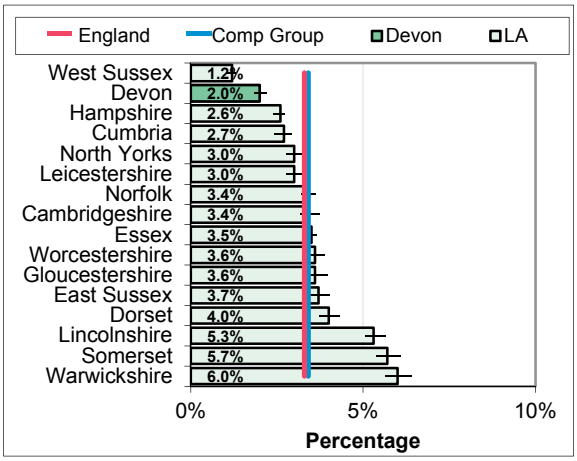
South West Benchmarking



Local Authority District

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

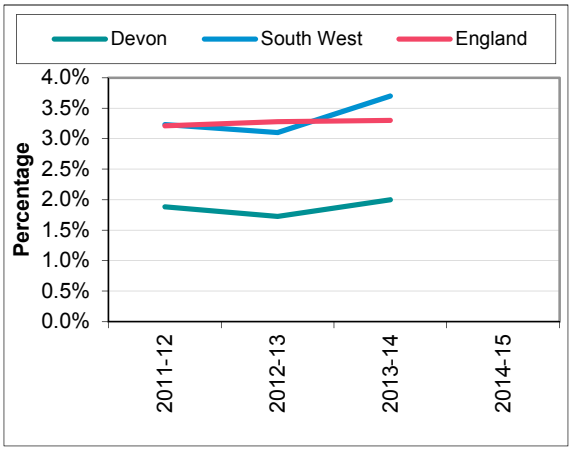
Local Authority Comparator Group



CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

Trend and Future Trajectory



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: 2013-14

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

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

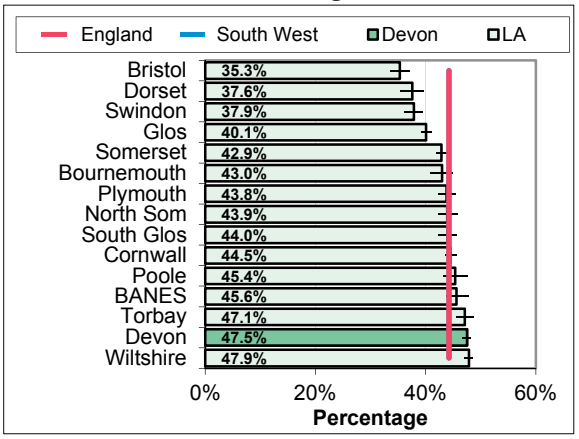
Priority 4: Strong and Supportive Communities
Indicator: Social Contentedness
Period: 2013-14

UPDATED INDICATOR

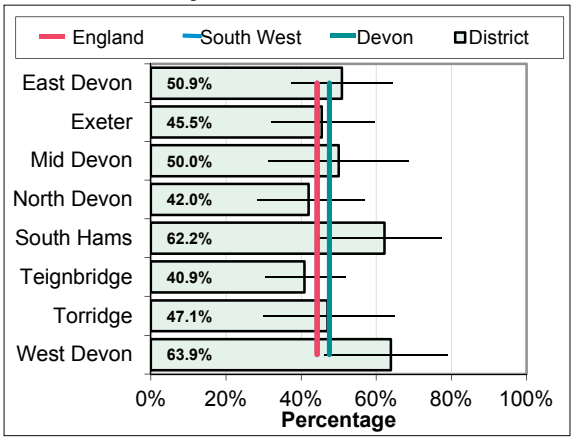
RAG Rating	
G	Green
	Amber
	Red

Overview	47.5% of social care users surveyed in Devon in 2013-14 reported being satisfied with their social situation. This was significantly above South West (44.3%), local authority comparator group (45.2%) and England (44.2%) rates. Within Devon whilst there is some variation in responses at district level, smaller sample sizes mean the differences are not statistically significant. Rates increased significantly on 2012-13 levels.
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.

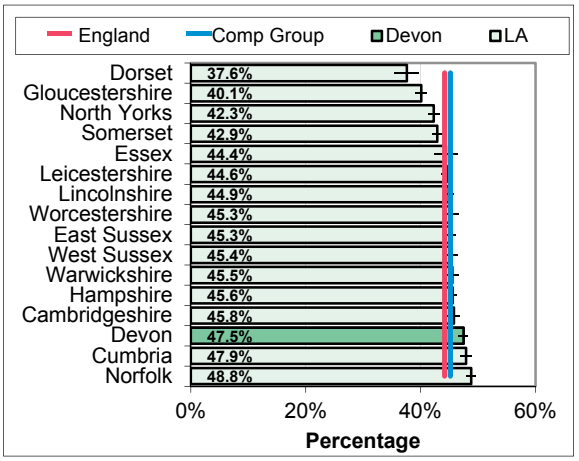
South West Benchmarking



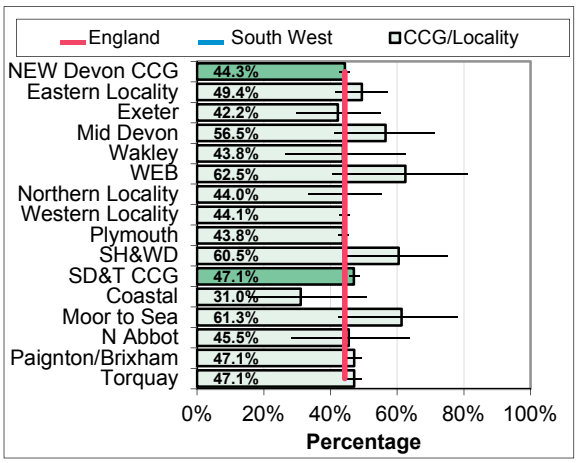
Local Authority District



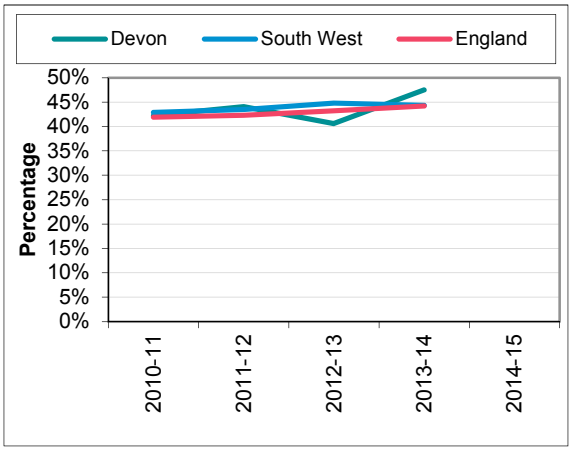
Local Authority Comparator Group



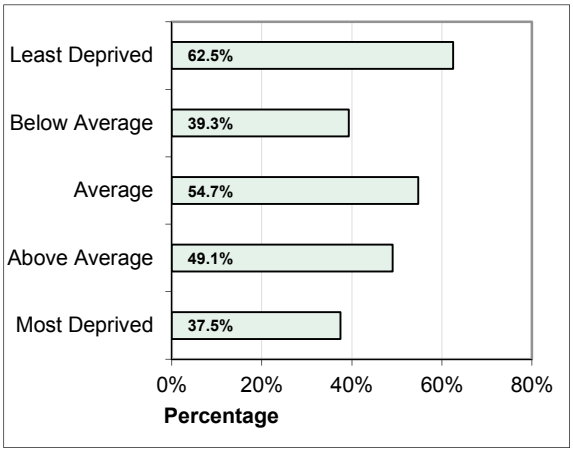
CCG and Locality Comparison



Trend and Future Trajectory



Inequalities



DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 4: Strong and Supportive Communities
Indicator: Social Contentedness
Period: 2013-14

Description	Proportion of people who use services who reported that they had as much social contact as they would like.
Source	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)
Update Frequency	Annually for social care users, around four months in arrears. Bi-annually for Carers, around four months in arrears.
Outcomes Framework	Adult Social Care Outcomes Framework Indicator 1i, Public Health Outcomes Framework Indicator 1.18
Detailed Specification	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
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	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 www.devonhealthandwellbeing.org.uk/library/maps. Error bar is 95% confidence interval.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Compares areas within Devon based on area deprivation. National deprivation quintiles from the 2010 Indices of Deprivation (Index of Multiple Deprivation) used.

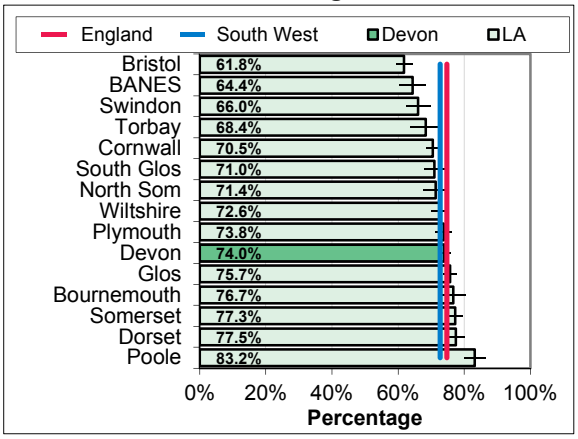
DEVON HEALTH AND WELLBEING OUTCOMES REPORT
Priority 4: Strong and Supportive Communities
Indicator: Stable/Appropriate Accommodation (Learning Dis.)
Period: 2013-14

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 2013-14 74.0% of adults with a learning disability in Devon (known to the council) were living in their own home or with their family, compared with 72.7% in the South West, 72.1% in the local authority comparator group and 74.8% nationally. Rates increased on 2012-13 levels (69.1%).
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.

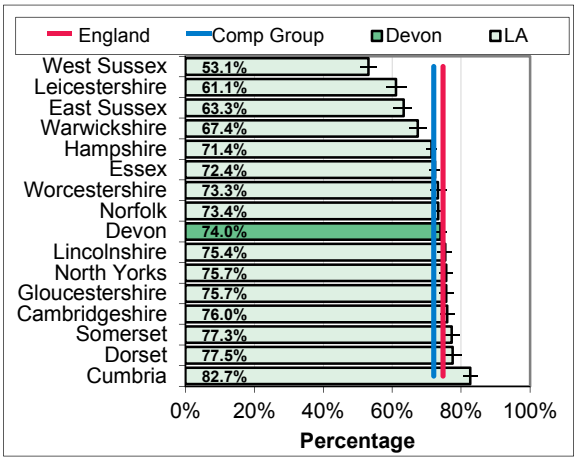
South West Benchmarking



Local Authority District

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

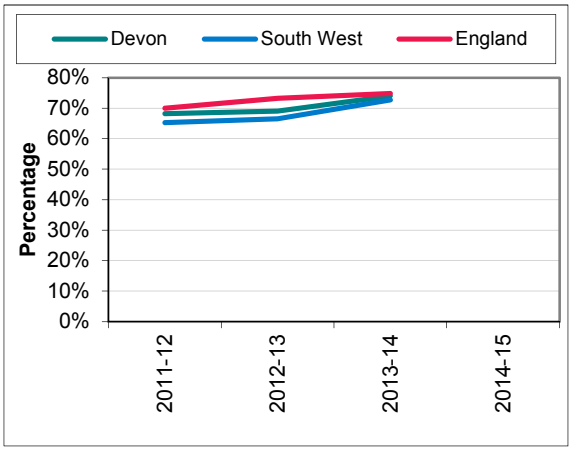
Local Authority Comparator Group



CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

Trend and Future Trajectory



Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 4: Strong and Supportive Communities
Indicator: Stable/Appropriate Accommodation (Learning Dis.)
Period: 2013-14

Description	Proportion of adults with a learning disability who live in their own home or with their family.
Source	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)
Update Frequency	Annually, around four months in arrears.
Outcomes Framework	Adult Social Care Outcomes Framework Indicator 1G, Public Health Outcomes Framework Indicator 1.6
Detailed Specification	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.
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Rates cannot currently be calculated at a local level.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Rates are not currently available at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Rates cannot currently be calculated at a local level.

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Priority 4: Strong and Supportive Communities

Indicator: Stable/Appropriate Accommodation (Mental Health)

Period: 2013-14

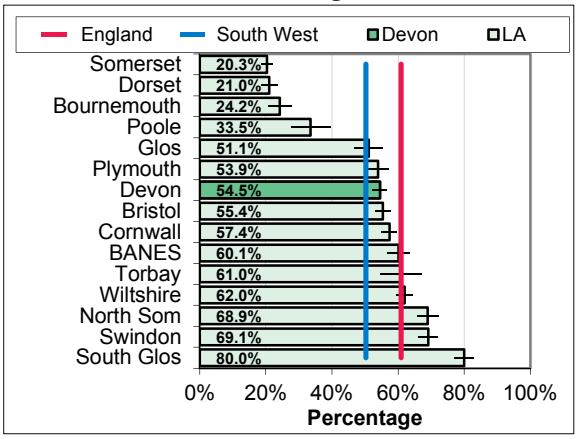
UPDATED INDICATOR

RAG Rating	
G	Green
	Amber
	Red

Overview	Stable and appropriate accommodation is closely linked to improving safety and reducing the risk of social exclusion. In 2013-14 54.5% of adults in contact with a secondary mental health service in Devon were in stable and suitable accommodation. This is higher than the South West (50.3%) and local authority comparator group (45.2%), but below the England rate (60.9%). Rates have decreased in Devon over recent years.

Equalities	Not currently available at a local level.

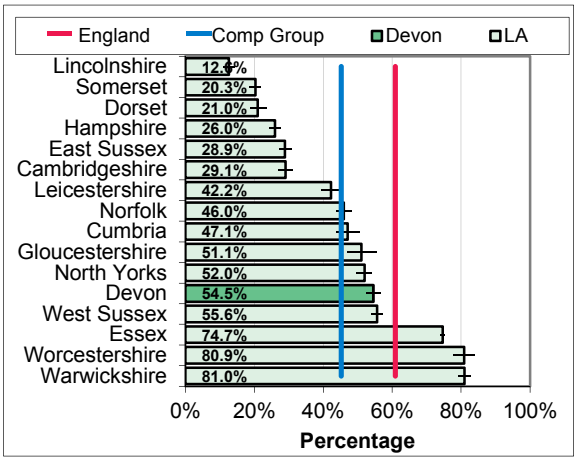
South West Benchmarking



Local Authority District

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

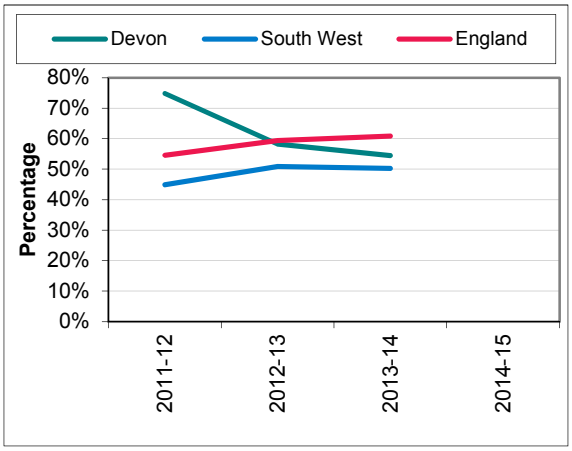
Local Authority Comparator Group



CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

Trend and Future Trajectory



Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 4: Strong and Supportive Communities
Indicator: Stable/Appropriate Accommodation (Mental Health)
Period: 2013-14

Description	Proportion of adults in contact with secondary mental health services living independently, with or without support.
Source	Mental Health Minimum Data Set v4. National Adult Social Care Intelligence Service (South West Benchmarking, Trend and Local Authority Comparator Group)
Update Frequency	Annually, around four months in arrears.
Outcomes Framework	Adult Social Care Outcomes Framework Indicator 1H, Public Health Outcomes Framework Indicator 1.6
Detailed Specification	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
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Rates cannot currently be calculated at a local level.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Rates are not currently available at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Trend data not currently available.
Chart Notes Inequalities	Rates cannot currently be calculated at a local level.

Devon Health and Wellbeing Board
11 September 2014

Good Health and Wellbeing in Older Age

Report of the Director of Public Health

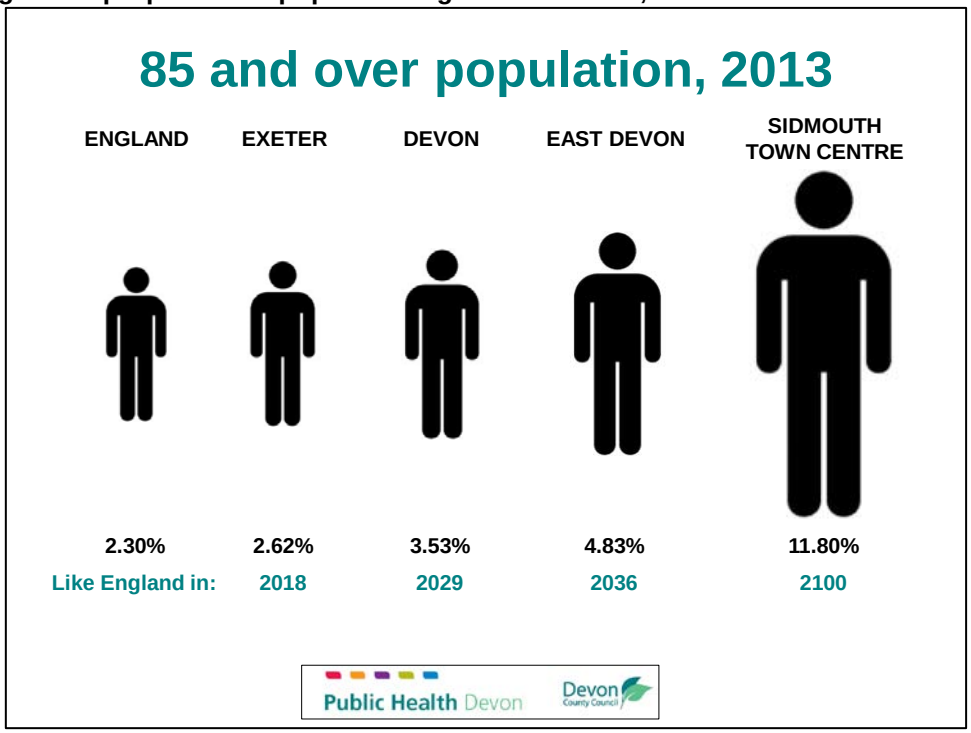
Recommendation: It is recommended that the Devon Health and Wellbeing Board note the report and discuss in conjunction with the **Frail Older People** discussion paper and the **Public, service user and carer perspective** presentation by Healthwatch and the Joint Engagement Board

1. Context
The importance of promoting good health and wellbeing in older age within the County is well documented (Director of Public Annual Report 2013-14, Devon County Council 2014) and is reinforced by a number of factors including the:

- proportion of older people living and working in Devon
- evidence base to the benefits of maintaining good health and wellbeing
- inclusion as an overarching priority in Joint Health and Wellbeing Strategy 2013 – 16

Devon has an older population structure than England as a whole. The diagram below shows the relative size of the 85 and over population and the year in which the national population profile will match the local population profile for the selected areas. This highlights that district with the youngest population profile in Devon, Exeter (2.62%) still has a larger proportion aged 85 and over than England (2.30%), and has a demographic structure five years ahead of England in terms of the older population. Devon (3.53%) is 16 years ahead of England, and the district with the oldest profile, East Devon (4.83%), is 23 years ahead of England, with more than double the proportion of persons aged 85 and over. The area in Devon with the highest proportion aged 85 and over, Sidmouth Town Centre (11.80%), has more than five times the proportion in that age group than England.

Scaled Diagram of proportion of population aged 85 and over, 2013



Source: Office for National Statistics Mid-Year Population Estimates, 2013

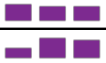
2. Priorities – what and why?

Analysis of the Joint Strategic Needs Assessment has identified the following priorities:

- reducing falls and fractures in older people,
- raising awareness of dementia in communities,
- identifying hidden carers,
- producing an end-of-life care integrated pathway

3. Commentary on progress against outcomes

An analysis of relevant outcomes measures from the Devon Health and Wellbeing Outcomes Report is set out in the following table:

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

A more detailed analysis of the indicators reveals the following points:

- **Incidence of Clostridium Difficile** – There were 302 cases of Clostridium Difficile in 2013-14 in Devon, Plymouth and Torbay. The incidence rate per 100,000 in Devon (26.4) was broadly in line with the South West (26.6), local authority comparator group (25.1) and England (25.0) rates. Incidence of Clostridium Difficile increases significantly with age, with a rate in 2012-13 of 9.7 per 100,000 in those aged 40 to 59 compared to 282.0 per 100,000 for those aged 80 and over. This is a consequence of higher hospital admissions in these age groups, a greater likelihood of living in a communal establishment (care homes) and poorer general health.
- **Injuries Due to Falls** – There were 3,259 admissions due to falls in 2012-13 in Devon for people aged 65 and over. The age standardised rate per 100,000 was 1672.8 in Devon, which is below the South West (1875.6), local authority comparator group (1809.9) and England (2011.0) rates. Rates increase sharply with age with an age-specific rate of 484.2 for persons aged 65 to 69, compared with 6146.8 for those aged 85 and over.
- **Dementia Diagnosis Rate** – In 2012-13, 5,483 people in Devon were on a GP register for dementia, compared with an expected prevalence of 13,093, leading to a diagnosis rate of 41.9%. This is below the South West (46.5%) and England (48.1%) rates. Prevalence rates for dementia increase rapidly with age, with one in 1400 affected under the age of 65, compared with more than one in five in those aged 85 and over.
- **Feel Supported to Manage Own Condition** – In Devon during 2013-14, 68.4% of people with a long-term condition in the GP survey, felt they had enough support to manage their own condition. This is significantly higher than England (63.9%), the South West (66.2%) and the local authority comparator group (64.3%). National results reveal that older age groups (85 and over, 69.2%) feel better supported than younger age groups (18 to 24, 58.2%) to manage their own condition.
- **Re-ablement Services (Effectiveness)** –In 2013-14, re-ablement services were effective for 89.8% of older people who received the service in Devon, which was significantly higher than the South West (79.4%), local authority comparator group (82.6%) and England (81.9%) rates.
- **Re-ablement Services (Coverage)** – In 2013-14 2.0% of older people discharged from hospital in Devon were offered re-ablement services, compared with 3.7% in the South West and 3.3% nationally.
- **Readmissions to Hospital Within 30 Days** – In Devon in 2010-11, 10.29% of patients discharged after an emergency admission were readmitted within 30 days. This is significantly below the South West (10.93%), local authority comparator group (10.95%) and England (11.78%) rates.

The dementia diagnosis rate and re-ablement services indicators are also included as underlying indicators for the Better Care Fund, alongside permanent admissions to care homes and delayed transfers of care, and an overarching indicator on emergency admissions to hospitals.

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

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

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

7. Options/Alternatives
The Health and Social Care Bill requires all upper tier authorities to establish a statutory Board by April 2013.

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

Dr Virginia Pearson
DIRECTOR OF PUBLIC HEALTH
DEVON COUNTY COUNCIL

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

Contact for enquiries: Ian Tearle
Room No 141, County Hall, Topsham Road, Exeter. EX2 4QU
Tel No: (01392) 386386

Background Papers
Nil

Devon Health and Wellbeing Board
11th September 2014

Frail in Older People

Theme 3: Good Health and Wellbeing in Older Age

1. Discussion Paper on Frail Older People

The Devon Health and Wellbeing Board will receive a discussion paper on frail older people

2. Discussion Points

- This paper will help inform the wider discussion on good health and wellbeing in older people

HEALTHWATCH DEVON AND DEVON JOINT ENGAGEMENT BOARD

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

Contact for enquiries: Emily Youngman
Room No 141, County Hall, Topsham Road, Exeter. EX2 4QU
Tel No: (01392) 386396

Background Papers
Nil

Devon Health and Wellbeing Board
11th September 2014

Frail Older People

Report of the Director of Public Health

Recommendation: It is recommended that the Devon Health and Wellbeing Board note the report and discuss in conjunction with the **Good Health and Wellbeing in Older Age** discussion paper and the **Public, service user and carer perspective** presentation by Healthwatch and the Joint Engagement Board

1. Background

1.1 What is frailty?

Frailty is not an inevitable consequence of ageing. Many people live to an advanced age while maintaining physical and cognitive function, functional independence and a full and active life, with ill health and disability compressed into a relatively short period before death.[1] However, in a proportion of people, the normal gradual age-related decline in multiple body systems is accelerated, resulting in limited functional reserve, so that even a relatively minor illness or event has a substantial impact on health.[2] This increased vulnerability is termed frailty.

1.2 How can frailty be identified?

There is no single characteristic that identifies frailty in older people. Although frailty increases with age, comorbidity and disability, it can be present in individuals without any of these three factors.[2]

Clinically, frailty can present with:[3]

- Non-specific symptoms (such as extreme fatigue, unexplained weight loss or frequent urinary infections)
- Falls
- Delirium
- Fluctuating disability

The Edmonton Frail Scale is a multidimensional assessment instrument and is a valid reliable and feasible method for identifying older people with frailty.[2] However, the diagnostic accuracy of this test has not been determined, which means that it is not known how many non-frail people may be incorrectly diagnosed as frail (false positives) or how many frail older people may be missed (false negatives).

The gold standard for the identification of frailty is the comprehensive geriatric assessment. This is a multidisciplinary assessment of an older person's medical, psychological and functional capability used to inform a coordinated and integrated plan for treatment and follow-up.[3] This method can be time and resource intensive.

1.3 Why is frailty important?

An increased risk of adverse health outcomes can be predicted by early identification of frailty, and adverse outcomes prevented by appropriate multidisciplinary interventions.

Frailty in older people negatively impacts on their quality of life and causes ill-health and premature mortality. Older people who are frail have an increased risk of falls, disability, long-term care and death.[2]

[1] NICE Public Health Draft Guideline PHG64 (2014). *Dementia, disability and frailty in later life – mid-life approaches to prevention.*
[2] Clegg et al (2013). Frailty in elderly people. *Lancet*; 381:pp752-62.
[3] NHS England (2014). *Safe, compassionate care for frail older people using an integrated care pathway.*

There is also a significant cost associated with the frail older population. Over half of gross local authority spending on adult social care and two thirds of the primary care prescribing budget is spent on people over 65 years of age.[3]

Interventions to reduce the prevalence or severity of frailty can help to reduce morbidity, prevent avoidable admissions to hospital and long term care and their associated costs, and improve quality of life of older people.[1,3]

In addition, failure by health and care professionals to identify frailty in older people potentially exposes frail older people to interventions from which they might not benefit and may actually be harmed. Therefore, simply identifying older people who are frail can help prevent harm in this vulnerable group of adults.[4]

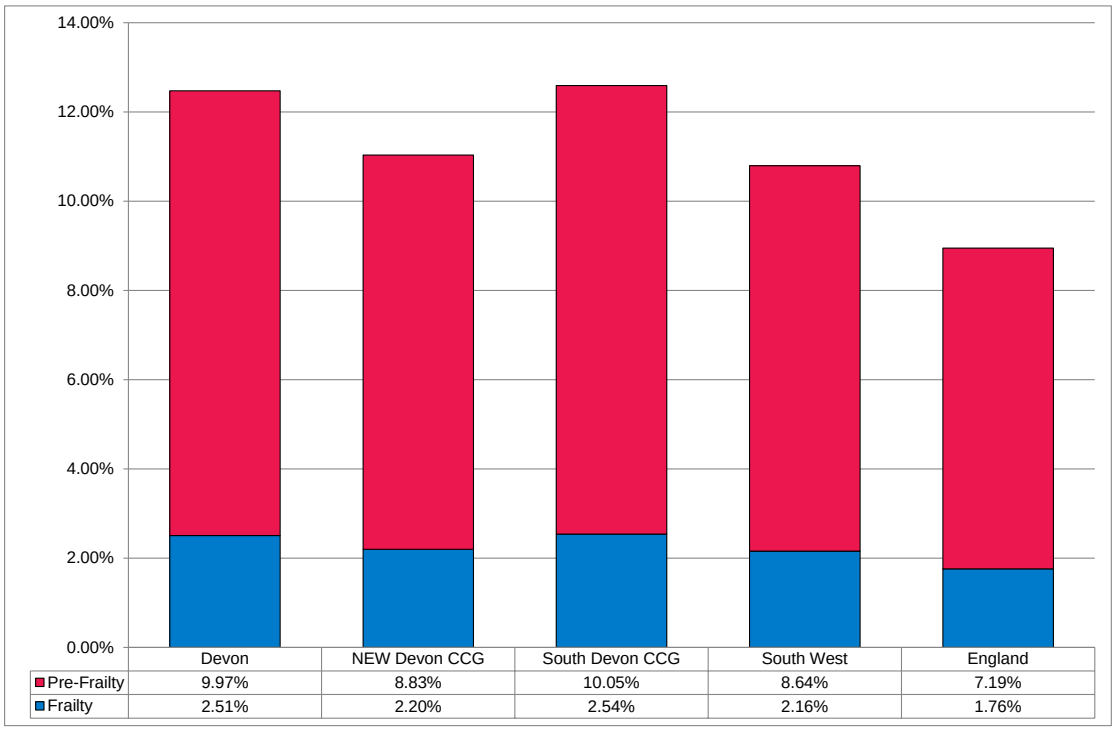
Conversely, it is possible for older people who are not frail to be refused treatment when decisions are based on age alone if it is assumed all older people are frail. Between 25 to 50% of over 85 year olds are frail. This means that up to 75% may not be frail.[4]

2. How many frail older people are there in Devon?

It is estimated that approximately 11% of over 65 year olds are frail, defined as having three or more symptoms from weight loss, self-reported exhaustion, low energy expenditure, slow gait speed and weak grip strength.[5] About 42% of over 65 year olds have one or two of these symptoms and are categorised as pre-frail.

This equates to 2.51% (19,001 people) of the Devon population who are frail and 9.97% (75,546 people) who are pre-frail (graph 1 and table 1).

Graph 1: Estimated percentage of total population who are frail or pre-frail and aged 65 and over



	Devon	NEW Devon CCG	South Devon CCG	South West	England
Pre-Frailty	9.97%	8.83%	10.05%	8.64%	7.19%
Frailty	2.51%	2.20%	2.54%	2.16%	1.76%

[4] Clegg et al (2013). Frailty in elderly people. *Lancet*; 381:pp752-62.
[5] Collard et al (2012). Prevalence of frailty in community-dwelling older persons: A systematic review. J Am Geriatr Soc; 60: pp1487-92.

Table 1: Older People Frail Estimates: Devon (Devon County Council), 2013

Age Group	Reported Frailty Rate	Reported Pre-Frailty Rate	Population	Estimated Frailty	Estimated Pre-Frailty
65 and over	-	41.6%	181,600	19,001	75,546
65 to 69	4.0%	-	56,422	2,257	-
70 to 74	7.0%	-	40,334	2,823	-
75 to 79	9.0%	-	32,639	2,938	-
80 to 84	15.7%	-	25,408	3,989	-
85 and over	26.1%	-	26,797	6,994	-

As these estimates focus on older people over 65 years of age with either frailty or pre-frailty, it is important to note that these are likely to be underestimates, as a proportion of the under 65 year old population will meet the criteria for frailty and pre-frailty.

Estimates frailty and pre-frailty in older people in Northern, Eastern and Western Devon Clinical Commissioning Group are displayed in table 2 and for South Devon and Torbay Clinical Commissioning Group in table 3.

Table 2: Older People Frail Estimates: Northern, Eastern and Western Devon Clinical Commissioning Group (part of Devon County Council and Plymouth City Council), 2013

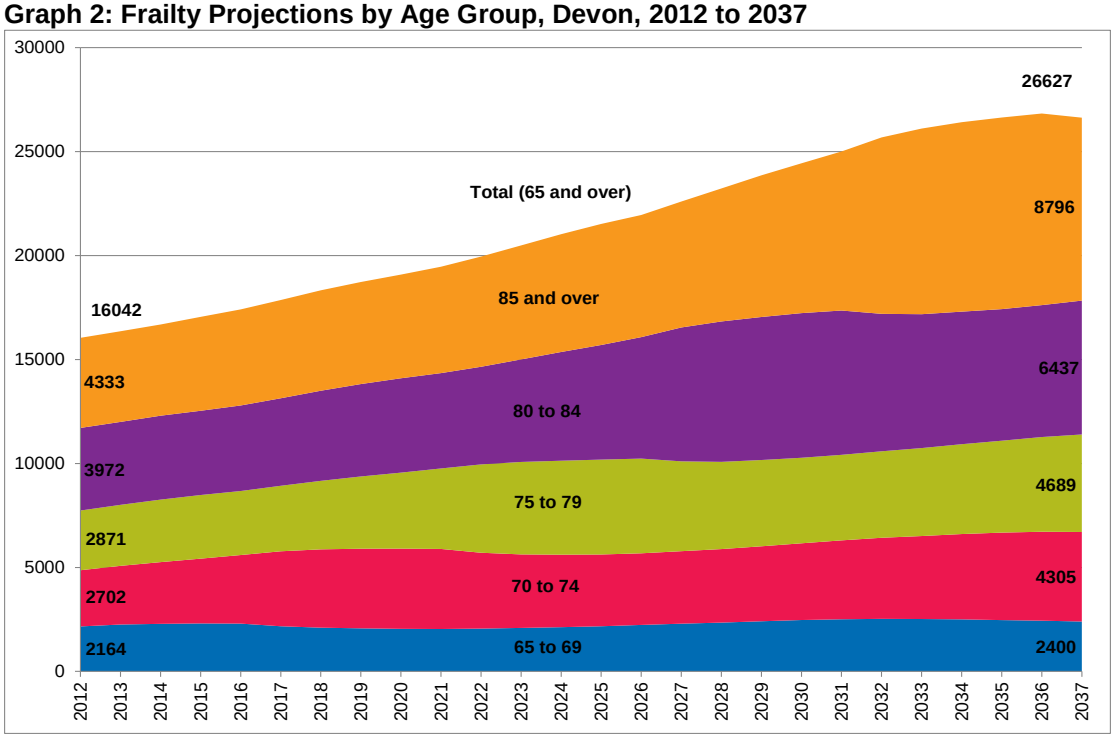
Age Group (years)	Reported Frailty Rate	Reported Pre-Frailty Rate	Population	Estimated Frailty	Estimated Pre-Frailty
65 and over	-	41.6%	190,811	19,741	79,377
65 to 69	4.0%	-	59,505	2,380	-
70 to 74	7.0%	-	42,775	2,994	-
75 to 79	9.0%	-	34,832	3,135	-
80 to 84	15.7%	-	26,767	4,202	-
85 and over	26.1%	-	26,932	7,029	-

Table 3: Older People Frail Estimates: South Devon and Torbay Clinical Commissioning Group (part of Devon County Council and Torbay Council), 2013

Age Group (years)	Reported Frailty Rate	Reported Pre-Frailty Rate	Population	Estimated Frailty	Estimated Pre-Frailty
65 and over	-	41.6%	69,783	7,337	29,030
65 to 69	4.0%	-	21,676	867	-
70 to 74	7.0%	-	15,447	1,081	-
75 to 79	9.0%	-	12,472	1,122	-
80 to 84	15.7%	-	9,646	1,514	-
85 and over	26.1%	-	10,542	2,751	-

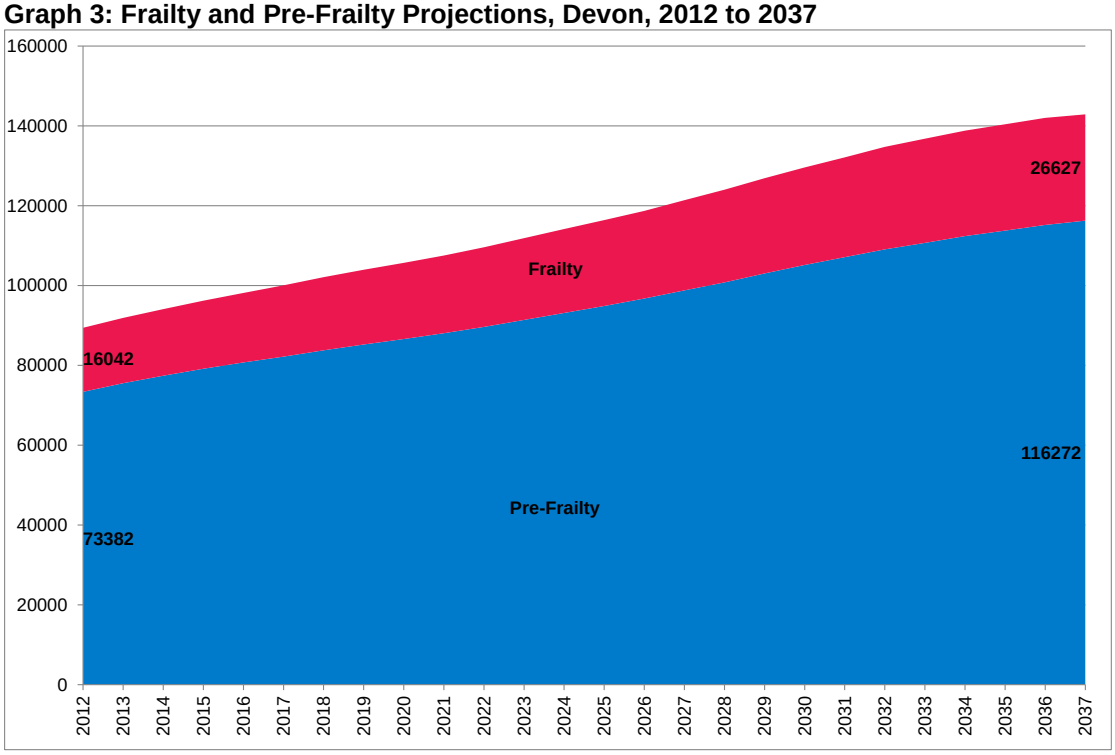
The number of older people who are frail is predicted to rise over the next 25 years (graph 2).

Graph 2: Frailty Projections by Age Group, Devon, 2012 to 2037



It is predicted that by 2037 there will be 26,627 older people who are frail and 116,272 who are pre-frail (graph 3).

Graph 3: Frailty and Pre-Frailty Projections, Devon, 2012 to 2037



3. What can we do about frailty?

In January 2014, NHS England published *Safe, compassionate care for frail older people using an integrated care pathway.*[6] Their pathway contains nine stages, each containing evidence-based examples (taken from the Silver Book[7] and the King's Fund's *Making our health and care systems fit for an ageing population*[8]):

1. Healthy active ageing and supporting independence
2. Living well with simple or stable long-term conditions
3. Living well with complex comorbidities, dementia and frailty
4. Rapid support close to home in a crisis
5. Good acute hospital care when (and only when) needed
6. Good discharge planning and post-discharge support
7. Good rehabilitation and re-ablement after acute illness or injury
8. High quality nursing and residential care for those who truly need it
9. Choice, control and support towards the end-of-life

3.1. Healthy active ageing and supporting independence

Aim: Older people should be able to enjoy long and healthy lives, feeling safe at home and connected to their community.

Healthy ageing is associated with **being physically active, not smoking, eating healthily, maintaining a healthy weight and drinking alcohol sensibly**. Therefore, changing these common behavioural risk factors during adult life, not only reduces the risk of non-communicable disease (such as heart disease or stroke), but also helps prevent dementia, disability and frailty.

The National Institute for Clinical Excellence (NICE) have recently published draft guidance on **mid-life approaches** to the prevention of dementia, disability and frailty.[9] The guidance emphasises changes to these behavioural risk factors during adult life will reduce the risk of dementia, disability and frailty in later life. The **NHS Health Check programme** provides one mechanism to do this. Individual behaviour change approaches such as this are likely to be more cost effective and less likely to widen health inequalities when combined with **population-based approaches**.

Uptake of the **breast, bowel and abdominal aortic screening programmes** should be encouraged to ensure the cost-effectiveness of the programmes.

Psychosocial risk factors such as **social isolation**, loneliness and social exclusion are associated with cognitive decline and dementia. They reduce resilience to disease onset and progression, increasing morbidity and mortality. Interventions to improve social connectedness reduce GP attendances, hospital admissions and long-term care requirement. Evidence of effective interventions is limited, but group-based interventions, older people undertaking volunteering, or those that combine public services action with volunteering and greater involvement of families and communities are more likely to be effective. Low level interventions, such as household repairs and other practical support can also help to maintain independence.

Winter planning, including influenza and pneumococcal immunisation, actions to combat fuel poverty and improve housing preparedness (insulation), and capacity planning, helps prevent excess winter deaths.

[6] NHS England (2014). *Safe, compassionate care for frail older people using an integrated care pathway: Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders.*
[7] http://www.bgs.org.uk/campaigns/silverb/silver_book_complete.pdf
[8] The King's Fund (2014). *Making our health systems fit for an ageing population*
[9] NICE Public Health Draft Guidance (PHG64) *Dementia, disability and frailty in later life – mid-life approaches to prevention*

Ensuring **appropriate housing** in terms of location, affordability, size, tenure and facilities is crucial for making sure older people can remain in their own homes. New housing stock must reflect the needs of the local ageing population and existing housing should be adapted to maximise the independence and safety of older people.

Locally:

- *33,153 people in Devon were offered a health check in 2013-14. This represents 13.54% of the eligible population (244,934), which is below the South West (16.17%), comparator group (18.79%) and England (18.45%) rates.*[10]
- *14,142 people in Devon received a health check in the first three quarters of 2013-14. This represents 5.77% of the eligible population (244,934), which is below the South West (7.35%), comparator group (8.43%) and England (9.03%) rates.*[11]
- *Uptake of influenza immunisation in over 65 year olds, and in particular in at-risk under 65 year olds, is low compared with child immunisation uptake rates. A programme of work is underway to increase uptake rates in these groups.*[12]
- *Just under 1 in 10 people in Devon live in fuel poverty (9.73%), which is above the South West average (9.39%), but below the local authority comparator group (10.05%) and England (10.90%) rates. Within Devon the highest levels of fuel poverty were seen in Exeter (10.88%) and the lowest were seen in Mid Devon (8.87%).*[13]
- *Self-reported wellbeing (low happiness score) - Within Devon, 9.2% of the population had a low happiness score (ranked 0-4 on a scale of 10) on the index compared with 10.4% for the South West, 9.4% in the local authority comparator group and 10.4% in England overall.*[14]
- *Social contentedness - 40.6% of social care users surveyed in Devon in 2012-13 reported being satisfied with their social situation, this is slightly below the South West, local authority comparator group and England rates at 44.8%, 45.2% and 43.2% respectively.*[15]

3.2. Living well with simple or stable long-term conditions

Aim: Older people with simple or stable long-term conditions should be enabled to live well, avoiding unnecessary complications and acute crises. Older people should receive the same care and support as younger people with the same long-term condition.

The principles of effective management of long-term conditions apply equally to people of all ages. Decisions should not be based on age alone.[16] Nationally, there is substantial evidence that care and support for older people is unjustifiably inequitable.

Population risk stratification through targeted case finding of at-risk groups within the older population may be effective in identifying unmet need, but only if these are combined with evidence-based, tailored interventions for each group.

Decision making should be shared with older people and **personalised care plans** developed. This is repeatedly identified by patients and their families as important.

Self-management[17] support is a portfolio of techniques and tools to help patients choose healthy behaviours, combined with a fundamental transformation of the patient-caregiver

[10] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon_PHOF_Jun14_2.22_Offered_NHS_Health_Check.pdf
[11] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon_PHOF_Jun14_2.22_Received_NHS_Health_Check.pdf
[12] http://www.devonhealthandwellbeing.org.uk/aphr/2013-14/
[13] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon_PHOF_Jun14_1.17_Fuel_Poverty.pdf
[14] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon_PHOF_Jun14_2.23_Wellbeing_Low_Happiness_Score.pdf
[15] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon_PHOF_Jun14_1.18_Social_Contentedness.pdf
[16] *The Equality Act 2010*

relationship into a collaborative partnership.[18] As such, patients should be offered the opportunity to co-create a **personalised self-management plan** (tailored to their condition), which could include:[19]

- Patient and carer education programmes
- Medicines management advice and support
- Advice and support about diet and exercise
- Use of telecare and telehealth to aid self-monitoring
- Psychological interventions (e.g. coaching)
- Pain management
- Patient access to their own records

Self-management can be supported through appropriate **assistive technologies.**[20] This ranges from memory aids to telecare[21] and telehealth[22]. Evidence on the benefits of telecare is equivocal, but it is most likely to be effective if used as part of, rather than instead of, integrated locality-based services to support older people. Telehealth may possibly benefit older people with single specific long-term conditions, such as heart failure, diabetes or stroke, or for remote and rural populations, but the evidence is mixed for people with multiple long-term conditions and there is no definitive evidence that it will reduce hospital admissions or costs.

Older people should be offered the choice of **personalised care budgets and direct payments**, but safeguards need to be in place to ensure that vital care and support needs not covered are provided. Most personal budget holders report a positive impact on many aspects of their lives, but in older people these benefits are more uncertain and may be offset by increased anxiety and uncertainty.

Locally:

- *In Devon between January and September 2013, 68.1% of people with a long-term condition in the GP survey, felt they had enough support to manage their own condition. This is significantly higher than the national (64.0%), South West (66.1%) and local authority comparator group (64.7%).*[23]

3.3. Living well with complex comorbidities, dementia and frailty

Aim: Health and care services should support older people with complex multiple comorbidities to remain as well and independent as possible and to avoid deterioration and complications.

Care focused on individual long-term conditions can be chaotic, inefficient and ineffective (e.g. polypharmacy). Coordination of care around all of the needs of a frail older person could be facilitated by improving relational continuity of care with an identified keyworker who acts as a case manager and coordinator of care across the system; e.g. the new GP contract in England will ensure all people over 75 years of age with complex multiple co-morbidities have a **named GP**.[24] Multi-component approaches to improve coordination of care are more likely to be effective than single component approaches. **Community-based multi-professional**

[17] Self-management can be defined as a subset of self-care, it is about individuals making the most of their lives by coping with difficulties. It includes managing or minimising the way the condition limits the individual as well as what they can do to feel happy and fulfilled despite their condition

[18] de Sliva D (2011). *Helping People Help Themselves.* London: The Health Foundation.

[19] The King's Fund (2012). From Vision to Action: Making patient-centred care a reality. London: The King's Fund

[20] Assistive technology is an umbrella term for any device or system that allows an individual to perform a task they would otherwise be unable to do or that increases the ease and safety with which the task can be performed

[21] Telecare can be defined as the use of electronic sensors and aids that aim to make the home environment safer, enabling people to live at home, independently, for longer. Sensors automatically raise alarms through call centres, wardens or friends and family

[22] Telehealth is the use of electronic sensors or equipment to monitor people's health in their own homes (e.g. blood pressure, weight, oxygen levels). Information can be monitored by clinicians without the individual leaving their home

[23] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon-HWB-Outcomes-Report-June-2014-Manage-Own-Condition.pdf

[24] DoH (2014). *Transforming Primary Care. Safe, proactive, personalised care for those who need it most*

teams based around general practices and comprehensive geriatric assessments to develop **coordinated, integrated plans for long-term treatment and follow-up** are key components.[25]

Outcomes are improved in frail older people who are encouraged to be more active, therefore opportunities to participate in exercise should be provided. Older people are more likely to participate if delivered as communal activity to improve wellbeing with professional support.

Falls prevention services and comprehensive services to ensure both the **early diagnosis and adequate care and support of dementia** are vital.

There is an extensive evidence base on effective interventions to reduce falls and the National Institute for Clinical Excellence (NICE) have published the NICE Clinical Guideline (CG161) *Falls: assessment and prevention of falls in older people*. The key issues set out in the NICE Commissioning Guide (CMG48) *Support for Commissioning Dementia Care*, NICE Clinical Guideline (CG42) *Dementia: Supporting people with dementia and their carers in health and social care* and the government's *Living well with dementia: a national dementia strategy* (2009) include accurate early diagnosis, information and support, corresponding capacity in support services to match the improved diagnosis, reduced antipsychotic prescribing and training for carers.

Carers of frail older people should be offered an independent assessment of their needs and signposted to interventions to support them in their caring role.

Locally:

- *There were 3,259 admissions due to falls in 2012-13 in Devon for people aged 65 and over. The age standardised rate per 100,000 was 1672.8 in Devon, which is below the South West (1875.6), local authority comparator group (1809.9) and England (2011.0) rates. The rate is Devon is the second lowest in the South West.*[26]
- *The diagnosis of dementia in Devon needs to be improved. In 2012-13, 5,483 people in Devon were on a GP register for dementia, compared with an expected prevalence of 13,093, this is a diagnosis rate of 41.9%. This is the third lowest ratio in the South West, and is below the South West (46.5%) and England (48.1%) rates.*[27]
- *The carer reported quality of life in Devon is in line with both the South West and national average.*[28]

3.4. Rapid support close to home in a crisis

Aim: Frail older people can become rapidly immobile or confused, fall or go from coping to not coping when they experience even a minor illness or event. When their health or independence rapidly deteriorates, they should have rapid access to urgent care, including effective alternatives to hospital.

There should be a **single point of access to community services**. A **comprehensive geriatric assessment** should take place within four hours of referral, 8am to 8pm, seven days a week. This will require **rapid access ambulatory clinics** available in acute and community hospital settings for specialist advice from the multidisciplinary team, including mental health and community geriatrician support, and ambulatory emergency care pathways. This could be facilitated by personalised care plans, including an emergency contingency plan and advanced care plan, as well as shared care protocols with ambulance organisations to enable older people to remain at home.

[25] The King's Fund (2012). From Vision to Action: Making patient-centred care a reality. London: The King's Fund
[26] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon-HWB-Outcomes-Report-June-2014-Injuries-Due-to-Falls.pdf
[27] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon-HWB-Outcomes-Report-June-2014-Dementia-Diagnosis-Rate.pdf
[28] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon-HWB-Outcomes-Report-June-2014-Carer-Quality-of-Life.pdf

Locally:

- *In the period from October 2012 to September 2013 the rate of avoidable emergency admission per 100,000 population was 1787.8 in Devon, which was in line with the South West rate (1786.6), but significantly below the England rate (1976.3).*[29]

3.5. Good acute hospital care when (and only when) needed

Aim: Acute hospital care must meet the needs of frail older people. Hospitals should ensure they provide access to specialist input, minimise ward moves, minimise preventable harm (including malnutrition, delirium and immobility as a result of bed rest) and provide compassionate and person-centred care.

One way of delivering this would be **an identified frailty unit or service** with staff trained how to look after frailty, focusing on rapid comprehensive geriatric assessment, treatment and rapid discharge.

All hospitals should compare their own standards of assessment and treatment of frail older people against those set out in the Silver Book guidelines on emergency care for older people. NICE have published guidance on Delirium: Diagnosis, prevention and management (NICE Clinical Guideline (CG103)).

Robert Francis's report into the failings at the Mid Staffordshire Foundation Trust recommends the need to develop the right culture of care within the NHS through better leadership, training, information and transparency. In their response the government reinforces the link between culture and compassionate care for older people. Part of this response involved reforming the law relating to care and support for adults. The Department of Health's *The Care Act 2014* sets out the responsibility of local authorities to promote wellbeing when carrying out any of their care and support functions. It recognises that in doing so, local authorities will need to move towards a model centred on meeting needs through preventing or delaying care and support needs, rather than simply the provision of services.

Locally:

- *There were three cases of MRSA Bacteraemia in 2013-14 in Devon, Plymouth and Torbay. The incidence rate per 100,000 in Devon (0.3) was below the South West (0.8) and England (0.8) rates.*[30]
- *There were 302 cases of Clostridium Difficile in 2013-14 in Devon, Plymouth and Torbay. The incidence rate per 100,000 in Devon (26.4) was broadly in line with the South West (26.6), and England (25.0) rates.*[23]
- *Overall, the percentage of patients in the 2012 Devon hospital bed occupancy in Devon acuity audit who were "fit to leave" was 30.5%. This is a reduction of 1.6% since 2011, where 32.1 % of patients in a comparable setting were classed as "fit to leave" and a reduction of 8.1% since 2010, where 38.6% of patients in a comparable setting were classed as "fit to leave".*[31]

3.6. Good discharge planning and post-discharge support

Aim: Discharge planning should start on admission to hospital and involve older people and their carers or families in decision making. The NHS and social care must work together to ensure patients can leave hospital once their clinical treatment is complete, with good post-discharge support in the community to prevent readmission.

Communication between services and coordination of care is essential whenever there is a transfer of care. This can be achieved by a **hospital-based multidisciplinary team integrated with the community team**, focused on the facilitation of discharge and the

[29] Devon Better Care Fund Outcomes Report – 4th August 2014
[30] NHS Outcomes Framework CCG assigned cases
[31] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2012/10/Acuity-Audit-2012-FINAL.pdf

provision of Care Packages to support discharge within 24 hours of referral to Adult Care and Support.

Locally:

- *In Devon in 2010-11, 10.29% of patients discharged after an emergency admission were readmitted within 30 days. This is significantly below the South West (10.93%), local authority comparator group (10.95%) and England (11.78%) rates.*[32]

3.7. Good rehabilitation and re-ablement after acute illness or injury

Aim: Frail older people should receive adequate rehabilitation and re-ablement when needed to prevent permanent disability, greater reliance on care and support, avoidable admissions to hospital, delayed discharge from hospital.

To prevent inappropriate placements, there should be adequate periods of assessment and recovery before any decision is made to move into long-term care. **Contracting and commissioning services on the basis of outcomes** rather than time periods and tasks would facilitate this.

Although there must be adequate inpatient rehabilitation, the majority of rehabilitation services could be provided in the community. **Shared assessment frameworks** across health and social care would lead to a personalised care plan for each individual and improve continuity of care.

Locally:

- *In 2010 Devon implemented a countywide in-house social care re-ablement service for older people. The service works with people who would normally receive long term personal care to get back on their feet as quickly as possible and help them to stay independent for longer. In 2012-13, re-ablement services were effective for 87% of older people who received the service in Devon, compared with 81% in the South West and 81% nationally.*[33]
- *In 2012-13 1.7% of older people discharged from hospital in Devon were offered re-ablement services, compared with 3.1% in the South West and 3.3% nationally.*[34]

3.8. High quality nursing and residential care for those who truly need it

Aim: Frail older people should only move into long-term care when treatment, rehabilitation and other alternatives have all been exhausted.

If all older people for whom long-term care is being considered had **a comprehensive geriatric assessment of need**, adequate treatment of medical problems which are precipitating decisions to move, adequate rehabilitation and wherever possible, were not admitted directly from acute hospital settings, avoidable long-term care admissions would be prevented.

Frail older people living in long-term care should consistently receive high quality care that is person-centred and dignified. **Care home staff, both registered and non-registered, should receive training** together on site.

Frail older people living in long-term care should have access to the same high-quality, multi-disciplinary and multi-agency health care as those not living in long-term care. This could be achieved by making **healthcare for those living in long-term care an actively**

[32] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon-HWB-Outcomes-Report-June-2014-Readmissions-to-Hospital-Within-30-Days.pdf
[33] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon-HWB-Outcomes-Report-June-2014-Reablement-Services-Effectiveness.pdf
[34] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon-HWB-Outcomes-Report-June-2014-Reablement-Services-Coverage.pdf

commissioned service with clear service specifications, including, for example, a comprehensive geriatric assessment on admission and a personalised care plan, linked to quality standards detailed in contracts.

NICE has published guidance on managing medicines in care homes (NICE Guideline (SC1)).

Locally:

- *There were 625.0 permanent admissions to care homes per 100,000 persons aged 65 and over in Devon in 2012-13. This is below the South West (680.8), local authority comparator group (685.9), and England (697.2) rates.*[35]

3.9. Choice, control and support towards the end-of-life

Aim: End-of-life care services should provide high-quality care, support, choice and control, and should avoid 'over medicalising' what is a natural phase of the ageing life course.

The main goal in delivering good end of life care is to be able to clarify peoples' wishes, needs and preferences and deliver care to meet these needs. This can be facilitated by using a structured approach such as The National Gold Standards Framework Centre in End-of-Life Care, ensuring **advanced care planning** with older people as they approach the end of their life.[36]

Locally:

- *In 2012, 20.0% of deaths in Devon occur in a person's own home compared with 20.3% nationally. In a 2002 survey the proportion of people who stated they would prefer to die at home was 56%.*[37]

4. Summary

The guidance set out in NHS England's *Safe, compassionate care for frail older people using an integrated care pathway* aims to transform the way frail older people experience health and social care. The recommendations contained within the document can be condensed into the following 4 principles:

1. Prevention is key
    - Primary prevention (reducing the incidence of disease and health problems within the population)
    - Secondary prevention (systematically detecting the early stages of disease and intervening before full symptoms develop)
    - Tertiary prevention (reducing the impact of disease and promoting quality of life)
2. Care decisions should be based on functionality, not age alone
3. Promotion of integrated care
    - Shared decision making with older people
    - Person-centred care, not disease specific care (comprehensive geriatric assessment and personalised care plan)
    - Continuity of care (relational continuity)
    - Coordination of care (improved communication between and links across services)
4. Improvements to the quality of care
    - Responsiveness
    - Safety
    - Compassionate services

[35] Devon Better Care Fund Outcomes Report – 4th August 2014
[36] http://www.goldstandardsframework.org.uk/
[37] 2012 End-of-Life profiles

5. Equality and Legal Considerations
This report has no specific equality or legal implications that are not already covered by or subsumed within the detailed policies or actions referred to therein'.

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

Dr Virginia Pearson
DIRECTOR OF PUBLIC HEALTH
DEVON COUNTY COUNCIL

Electoral Divisions: All

Cabinet Member for Improving Health and Wellbeing: Councillor Andrea Davis

Contact for enquiries: Emily Youngman

Room No 141, County Hall, Topsham Road, Exeter. EX2 4QU

Tel No: (01392) 386396
Background Papers
Nil

Northern, Eastern and Western Devon Clinical Commissioning Group

Health and Wellbeing Board
September 11th 2014

INTEGRATED DIGITAL CARE FUND BID

Report of the Managing Director Delivery, NHS NEW Devon CCG

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

Recommendation: that the Board be asked to endorse the integrated digital care fund bid made by North Devon District Hospital in partnership with the NEW Devon CCG to NHS England.

~~~~~~~~~~~~~~~~~~~~

1. Background/Introduction

NHS England announced availability of funding for technology through the Integrated Digital Care Fund in June 2014. A total of six bids were submitted in accordance with the deadline from both hospitals and local authorities across the NEW Devon CCG area. One of these bids was a joint bid across North Devon District Hospital and NEW Devon CCG. The criteria for the bidding process stated that any joint bid should have the support of the local Health and Wellbeing Board. In order to support the bidding process timescale the Chair of the Health and Wellbeing Board provided a letter of support, subject to the board ratifying the support at the September Health and Wellbeing Board. This paper summarises the bid in order that the Health and Wellbeing Board has sufficient information to provide its support.

2. Main Text/Proposal

Our strategic aim as a health and care economy is to improve the health and wellbeing of the local people we serve. One way is by developing systems and processes which make the best use of limited financial resources and remove duplication when patients/clients receive treatment in different places from different professionals. Currently there is little or no opportunity for relevant information to be shared in a timely way between health and care professionals. This means that tests may be repeated because a result is not accessible or that the patient/client has to tell their story again and again. Improved flow of information is essential to inform clinical decision making and improve the client/patient experience and outcomes.

This bid will enable the purchase of a system that enables the sharing of appropriate patient information between clinicians, thereby improving the information flow and supporting more effective clinical decision making. It can cover all 123 GP practices in the NEW Devon CCG area. It should be noted that there will continue to be important safeguards in place to respect patient confidentiality and the data protection act.
~~~~~~~~~~~~~~~~~~~~

Consultations/Representations/Technical Data

A draft Information Technology Strategy has been co-produced by health and care organisations across the NEW Devon CCG geography. It is clear from this work to date that the purchase and implantation of this system will form the foundation of achieving more efficient and effective patient/client care and reduce the need for paper records long term.

Financial Considerations

See appendix 1 for cost/benefit analysis.

Legal Considerations

The project will require data sharing agreements to be in place in accordance with patient confidentiality and the data protection act. This will form a key task in the project plan.

Environmental Impact Considerations

N/A

Equality Considerations

A full equality impact assessment will be completed as part of the Project Initiation once funding is secured.

Risk Management Considerations

A full risk register will be developed once funding is secured.

Public Health Impact

N/A

Summary/Conclusions/Reasons for Recommendations

On the basis that this project will improve clinical decision making, improve the patient/client experience and provide a better outcome the Health and Wellbeing Board is recommended to support the bid submission

Annette Benny
Managing Director Delivery

1.0 Introduction

1.1 NHS England announced availability of funding for technology through the Integrated Digital Care Fund in June 2014. A total of six bids were submitted in accordance with the deadline from both hospitals and local authorities across the NEW Devon CCG area. One of these bids was a joint bid across North Devon District Hospital and NEW Devon CCG. The criteria for the bidding process stated that any joint bid should have the support of the local Health and Wellbeing Board. In order to support the bidding process timescale the Chair of the Health and Wellbeing Board provided a letter of support, subject to the board ratifying the support at the September Health and Wellbeing Board. This paper summarises the bid in order that the Health and Wellbeing Board has sufficient information to provide its support.

1.2 This bid will enable the purchase of a system that enables the sharing of appropriate patient information between clinicians, thereby improving the information flow and supporting more effective clinical decision making. It can cover all 123 GP practices in the NEW Devon CCG area. It should be noted that there will continue to be important safeguards in place to respect patient confidentiality and the data protection act.

2.0 Overview

2.1 The submitted bid is for the purchase of a system which allows a real-time view of patient information from the GP record using a mechanism called an interoperability gateway and forms the basis to enable further integration of information in support of improving the patient experience and their health outcomes.

2.2 This aligns with the ambition held by all providers of NHS services of achieving paperless records as it enables them to avoid storing paper versions of record summaries that are mostly faxed or sent with the patient when receiving care.

2.3 Health and care professionals can, subject to consent and data access agreements, access a rich array of data including the following in support of patient/client care:

- patient summary
- problems
- diagnoses
- medication (current, past and issues)
- risk and warnings
- procedures
- investigations
- blood pressure measurements
- encounters, admissions and referrals
- patient demographics

Often these pieces of information are either not available and require repeat tests, phone calls, faxes from GPs, or requires taking of a full history from a patient/client again and again. Medicines reconciliation is not possible in many care settings without this ability, meaning that it is harder and more time consuming to ensure that the health professional is fully aware of all the medication that is prescribed for the patient/client.

As part of the second phase of the project NHS 111 / GP Out of Hours services and other health and care providers in Devon will also benefit from access via their own triage/Electronic Health Record systems thus improving the time it takes to treat the patient

and avoid admission or reduce onward appointments that become unnecessary as a result of making the right decision first time.

3.0 Cost/Benefits

3.1 This project will enable clinicians to view records across the patient/client care pathway. It helps providers of hospital care to move to electronic records quicker by encouraging clinicians to use technology to access clinical information.

Identified benefits include:

- Secure data sharing. Sharing agreements ensure that GPs have complete control of how much patient information is shared.
- Improved patient care. Clinicians can provide safer, more efficient care 24/7 based on real-time patient information including current medication, allergies and current problems.
- Reduced admissions or onward referral to see GP or go to accident and emergency from the out of hours services/NHS111
- Efficient working. Clinicians no longer need to contact GPs for patient information, reducing the number of calls and faxes.
- Fully integrated. Clinicians have instant access to patient records within own application without the need for separate system.
- Real-time data. With no intermediate repository clinicians assured they are viewing the most up-to-date information available.
- Measurably more quality time with our patients rather than spending time chasing for information not present at the point at which the patient presents (e.g. A&E, minor injuries unit, out of hours, at home during a community visit, or in a crisis situation)
- Improve patient confidence in NHS
- Measurably less time re-keying in information or duplicating data capture
- Clinical Staff feeling satisfied at fulfilling their role effectively

Greater detail on cost benefit analysis can be found at appendix 1.

4.0 Ongoing funding

4.1 The bid requests funding for project implementation and the ongoing revenue costs of this system will be funded by the CCG budget.

5.0 Recommendation

5.1 That the Health and Wellbeing Board support the bid submission.

Appendix 1 - Cost / Benefits Assessment

(£ 000's)

Financial Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	TOTAL
Discount rate	1.00	0.97	0.93	0.90	0.87	0.84	0.81	0.79	0.76	0.73	
Cost category (excluding VAT)											
1. Initial Capital expenditure	£ 240	£ 285									£ 525
2. Ongoing capital costs											
3. Transition costs	£ 105	£ 150									£ 255
4. Additional revenue costs associated with investment	£ 28	£ 64	£ 67	£ 65	£ 64	£ 62	£ -	£ -	£ -	£ -	£ 351
TOTAL COSTS	£ 373	£ 499	£ 67	£ 65	£ 64	£ 62	£ -	£ -	£ -	£ -	£ 1,131
Benefit category											
5. cost savings		£ 366	£ 366	£ 366	£ 366	£ 366	£ -	£ -	£ -	£ -	£ 1,830
6. increased productivity of staff		£ 52	£52	£52	£52	£52	£0	£0	£0	£0	£ 260
TOTAL BENEFITS		£ 418	£ 418	£ 418	£ 418	£ 418	£ -	£ -	£ -	£ -	£ 2,090
UNDISCOUNTED TOTAL OF COSTS AND BENEFITS	-£ 373	-£ 81	£ 351	£ 353	£ 354	£ 356	£ -	£ -	£ -	£ -	£ 959
DISCOUNTED TOTAL OF COSTS AND BENEFITS	-£ 373	-£ 78	£ 327	£ 318	£ 308	£ 300	£ -	£ -	£ -	£ -	£ 802
Undiscounted costs	£ 373	£ 499	£ 67	£ 65	£ 64	£ 62	£ -	£ -	£ -	£ -	£ 1,131
Undiscounted benefits		£ 418	£ 418	£ 418	£ 418	£ 418	£ -	£ -	£ -	£ -	£ 2,090
Discounted costs	£ 373	£ 482	£ ` 63	£ 59	£ 56	£ 52	£ -	£ -	£ -	£ -	£ 1,085
Discounted benefits		£ 404	£ 390	£ 377	£ 364	£ 352	£ -	£ -	£ -	£ -	£ 1,887
Discounted benefit to cost ratio	**1.74**										

Benefit description	Benefit (value £ contributing to table above)	Assumptions / calculations
Reduction in unnecessary admissions	£ 144,900	2% reduction in non - elective admissions as a result of access to GP record in AE e.g. for medicines reconciliation etc. 2300 excess admissions (Source: NEW Devon CCG)
Providers avoid AE breaches fines as information improves time through AE for patients	£ 40,000	Estimate of reduction in AE fines across all providers
Reduced AE attendance following NHS 111 and OOH calls	£ 125,442	10% of OOH consultations result in onward referral to hospital AE. Each AE visit costs at least £100 to the health economy - this scheme could reduce onward AE referral by 10%. 909k population, 138 OOH calls per 100 population, £100 per AE attendance.
Reducing the time, effort and resources required to obtain this information from the patient's GP surgery	£ 52,000	2 WTE Band 4 across all agencies
Inappropriate prescribing - wasted drugs	£ 42,480	Saving of 15% (Source SCR benefits - Conservative estimate per Trust in bid (based on 10% of hospital drug budgets - i.e. for AE/MAU prescribed drugs) - prescribing drug if patient has allergy, adverse reaction, contraindicated, already has drug, wrong dose/strength/frequency
Reductions in paper / fax lines / paper storage / telephony costs	£ 12,500	Estimated at around average £2500 per agency per year

Qualitative Benefits

- Patients Receive better care leading to more independent living and quality of life
- Visibility of records shown to reduce onward referral in OOH settings avoids patients having to book further appointments and attend further appointments- carbon footprint reduction
- Reduced patient risk as a result of more timely clinical decisions and integrated care
- Processes standardised across geography removing unnecessary clinical variation
- Reduced duplication of data capture and better patient experience
- Clinicians can make better decisions so care is higher quality
- Improve Clinical & Information Governance compliance as a result of RBAC, capture of client consent, and improved date security
- Supporting safer and more informed prescribing by providing timely access to accurate information

Resource requirements and costs:

(£ 000's)	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21 Onwards
INITIAL PROJECT COSTS (Including VAT)							
Capital Expenditure - Centrally Funded Element	195	195					
Capital Expenditure - Trust Funded (i.e matched funding)	45	90	0				
Revenue Expenditure - Trust Funded (i.e. matched funding)	105	150	0	0			
FOLLOW-ON COSTS (Including VAT)							
Capital Expenditure - Trust Funded			0				
Revenue Expenditure - Trust Funded Other							
Revenue Expenditure - Trust Funded Cost of Capital Charge	4	12	15	13	11	9	0
Revenue Expenditure - Trust Funded Depreciation	24	53	53	53	53	53	0

(£ 000's)	Nov-14	Apr-15
INITIAL PROJECT COSTS		
Capital Expenditure - Centrally Funded Element	195	195

Northern, Eastern and Western Devon Clinical Commissioning Group

Quality Premium

1. National conditions

1.1 The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

1.2 The quality premium paid to CCGs in 2015/16 – to reflect the quality of the health services commissioned by them in 2014/15 – will be based on six measures that cover a combination of national and local priorities. These are:

- Reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15 per cent of quality premium);
- Improving access to psychological therapies (15 per cent of quality premium);
- Reducing avoidable emergency admissions (25 per cent of quality premium);
- Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator (15 per cent of quality premium);
- Improving the reporting of medication-related safety incidents based on a locally selected measure (15 per cent of quality premium);
- A further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies (15 per cent of quality premium).

1.3 The total quality premium payment for a CCG will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to:-

(a) Maximum 18-week waits from referral to treatment,
(b) Maximum four-hour waits in A&E departments
(c) Maximum 14-day wait from an urgent GP referral for suspected cancer,
(d) Maximum 8-minute responses for Category A red 1 ambulance calls.

1.4 The maximum quality premium payment for a CCG will be expressed as £5 per head of population, calculated using the same methodology as for CCG running costs. (This is in addition to a CCG's main financial allocation for 2014/15 and in addition to its running costs allowance).

2. NEW Devon CCG target improvements

Indicator	Response	Local determination	Rationale
Reducing potential years of lives lost through causes considered amenable to healthcare	3.2% improvement from 2013 to 2014	Y	Target based upon minimum required improvement of 3.2%
Improving access to psychological therapies	Achieve IAPT access levels of at least 15% by 31 March 2015	N	Target to achieve national minimum level by March 2015
Reducing avoidable emergency admissions	National condition for a reduction or a zero per cent change, in emergency admissions for a CCG population between 13/14 and 14/15;	N	Target based upon minimum required improvement i.e. no growth. This takes into account demographic pressures
Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15	a) Agree plan with local providers b) Obtain appropriate assurance c) Support local providers in rollout Yes/ No	N	Target based upon national requirement
FFT showing improvement in a locally selected patient experience indicator	Improved average score for A&E FFT	Y	Significant CCG focus to improve A&E. Supported by local CQUINs (Commissioning for Quality & Innovation) where appropriate
Improving the reporting of medication-related safety incidents based on a locally selected measure	Agree a specified increased level of reporting of medication errors from specified local providers for the period between Q4, 13/14 and Q4, 14/15 and these providers achieve the specified increase.	Y	Target improvements provisionally agreed in CQUINs for NDHT, DPT and RDE (see below) PHNT and PCH are encouraged to adopt the same approach

Dementia diagnosis rate (local metric)	Increase dementia diagnosis rate to 51.5% in 14/15 A further improvement to 55.5% planned in 15/16 not part of quality premium this year	Y	Local priority shared with the better care fund, significant scope for improvement. Target based upon maintaining rate of improvement. Link to Better Care Fund.

3. Further details

3.1 The draft milestones for the CQUIN around improving the reporting of medication-related safety incidents based on a locally selected measure are set out below:-

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (%)
Quarter 1	Medicines incident pathway mapped internally, including how near misses are dealt with and recorded. Share at peer review meeting hosted by CCG Medicines Optimisation. Cross organisational boundary incidents mapped at peer review meeting	14 May 2014	10%
Quarter 1	Baseline audit	01 July 2014	15%
Quarter 2	Formally share baseline audit at peer review meeting and provide commentary around three highest priority areas for review (e.g. areas of low reporting, incomplete forms)	01 October 2014	10%
Quarter 2	Develop and implement action plan to address any differences in reporting and priority areas identified in baseline audit.	01 October 2014	10%
Quarter 3	Focus on subset of incidents identified in Q1 baseline audit related to transfer of care and frail elderly. Identify themes to share at peer review meeting and develop action plan to address relevant issues.	01 January 2015	15%
Quarter 4	Benchmark to assess improvements in incident reporting. Percentage improvement to be agreed between commissioner and provider following Q2 peer review meeting	30 April 2015	30%
Quarter 4	Evaluate action plans, make recommendations for continued improvements on transfer of care and frail elderly patients and report at quarterly peer review meeting.	30 April 2015	10%

3.2 The three Trusts involved in the CQUIN are currently undertaking an audit into their medication incident reporting. This will be shared at the Devon and Cornwall chief pharmacist's network meeting in October and action plans including an increase in reporting to be agreed. They will re-audit in Q4 against the criteria set in October.

4. Recommendations

1. The Health & Wellbeing Board are requested to support the recommendation to use the dementia diagnosis rate as the local metric for NEW Devon CCG
2. The Health & Wellbeing Board are requested to support the improvement trajectories as set out in section 2 above.

Health and Wellbeing Board
11th September 2014

Devon Safeguarding Children Board Annual Report 2013/14 Final Draft

Report of the Independent Chair of the Devon Safeguarding Children Board

Conclusion

The DSCB seeks support from the Health and Wellbeing Board to help address the identified areas reported within the Annual Report 2013/14 to improve the safeguarding children practice of staff in Devon as outlined within the report.

David Taylor
Independent Chair
Devon Safeguarding Children Board

Devon Safeguarding Children Board Annual Report 2013/14

Final Draft

Authors: Julie Mitchell and David Taylor, 2014

Acknowledgement: The authors acknowledge the many people from organisations across Devon whose expertise, knowledge and comments have informed this report.

Important: This report covers the period 1st April 2013 to 31st March 2014 and reflects the national and local Devon structures that were in place up to the end of March 2014.

CONTENTS	Page
Forward: Devon Safeguarding Children Board Chair, David Taylor	
Summary of progress during 2013/14	

Appendices

Forward: Devon Safeguarding Children Board Chair, David Taylor

Since April 2013 there has been a consistent focus nationally on safeguarding children practice impacting on agencies within Devon.

- The Office for Standards in Education, Children's Services and Skills (Ofsted) has consulted and agreed the framework for inspection of safeguarding and looked after children including the review of Local Safeguarding Children Boards (LSCB).

- A number of high profile serious case reviews (SCR) have been published nationally including Keanu Williams and Daniel Pelka which have highlighted the importance of robust multi-professional practice and a collective understanding of risk.

- The development of new school governance arrangements and the changing role of the Local Authority (LA) require different solutions in respect to supporting consistent and strong safeguarding practice in schools.

- The Children and Families Act 2014 has become law meaning a greater focus on securing timely permanent care arrangements for vulnerable children as well as ensuring more multi-agency support for children and young people with special educational needs as well as young carers.

- For all public agencies there are real challenges from financial pressures through ongoing budget reductions as well as increased demand for services. In addition, for a number of partners, there are significant changes as a result of national reconfiguration of roles and responsibilities particularly evident in respect to Health Services and Probation.

- For all areas developing consistent and robust arrangements in respect to early help and also a joined up response to child sexual exploitation have been clear priorities.

The national picture presents both challenges and opportunities for the LSCB and many of the issues identified nationally have local resonance.

Local scrutiny

The Devon Safeguarding Children Board (DSCB) identified in its last Annual Report the need for all agencies to improve the effectiveness of their contribution to safeguard and improve outcomes for children and young people, through a focus on a number of key areas:-

- The early recognition of children and family problems as they arise:
- The timely sharing of information to trigger appropriate responses from all DSCB partners supported by comprehensive 'early help' services;
- Speedy improvements to practice; policy and management based on evidence of the quality of safeguarding practice;
- Sustaining changes to professional and organisational behaviours.

Since the Ofsted Inspection of Devon safeguarding arrangements for Children in April 2013, Devon has seen:

- the launch of a revised and improved Early Help pathway, complete with a new Devon Assessment Framework (DAF), a universal Threshold Tool and supporting computer system. Training to managers complemented with videos and e-learning for staff and a new Early Help Co-ordination Centre to support staff and encourage commitment from agencies for the new pathway (Appendix 11)
- the appointment of a Devon County Council (DCC) Participation Lead to improve the gathering and understanding of children's views and experiences across the whole child's safeguarding journey (Appendix 10)**;**

- the DSCB training implementation plan agreed, which will include promotion of training to increase take-up, delivery of multi-agency training in response to Ofsted, SCRs and multi-agency case audit (MACA) findings (for example risk assessment training) and utilisation of user feedback (Appendix 9);
- the development of quality assurance frameworks within DCC and the DSCB (Appendix 4);
- A new DSCB website complete with active social media to present up-to-date safeguarding children news, training materials and information, including findings from SCRs and MACAs to professionals and the wider public;
- Implementation of a new social work structure to aid more consistent practice as well as develop local links;
- A revised DSCB structure with an Executive Board of members overseeing the day-to-day business of the Board freeing the main Board to focus in-depth on specific parts of the safeguarding children system;
- The learning arising from two published SCRs (Appendix 6) and one SCR reported in 2012/13 (now re-assigned as a management review) actioned by the Board agencies as well as one SCR in another local authority.
- A DSCB self-evaluation against the Ofsted Inspection Framework and Working Together 2013, to assist with understanding gaps, weaknesses and priorities for the Board;
- Demonstrable challenge from the DSCB in the following areas:
    - Police staffing with the Police Commissioner
    - Use of restraint and children running away in care
    - Attendance at initial and review case conference – all partners
    - CAMHS Tier 4 provision with Nation Health Service (NHS) England
    - Psychiatric cover for children and young people out of hours with the Clinical Commissioning Groups (CCG)
    - Adult Mental Health presence in the multi-agency safeguarding hub (MASH) and links with children's social care
    - Vulnerable children on reduced timetables
    - Engagement with District Council safeguarding children leads and leisure and housing providers
    - Links between Police and social care
    - Housing of 16 year olds in Exeter

- A joint training day with Torbay Safeguarding Children Board (TSCB), identifying similarities and differences in strengths and weaknesses compared to Ofsted good criteria.

The DSCB has supported the work of the Safeguarding Children Improvement Board and its Chair, predominately through scrutiny of the performance of social care and addressing all multi-agency issues. The DSCB Chair bi-annually attends the DCC Scrutiny Committee and through providing evidence to a task and finish group in relation to safeguarding children (following the Ofsted Report) and answering members safeguarding children questions has assisted its work. The DSCB Annual Report is presented to Scrutiny and also the Health and Wellbeing Board (Appendix 23 for the H&WBB governance arrangements) where the Chair seeks confirmation from the Board for support in delivering the challenges within the report. Additionally the Chair has been party to the development of the Children Young People and Families Alliance and active in pursuing collaborative arrangements with the Devon Adult Safeguarding Board for more effective working.

Summary of progress against the priorities identified for 2013/14

The DSCB identified four priorities for action during 2013-14

Priority	Progress
A quality assurance framework and regular performance information that enables the DSCB to understand multi agency operational practice and to provide effective challenge where appropriate to all agencies and organisations so that children and young people are kept safe	The DSCB has published its Learning and Improvement Framework, complete with an agreed performance data set, the SCR Toolkit and MACA pack. Planned MACAs themes complement in-depth reviews of specific parts of the safeguarding system. The Training plan reflects learning arising from these findings. The gathering of the relevant information from agencies is still work in progress including the gathering of feedback on a regular basis from children and young people and their parents. The DSCB Executive has still to begin using this information to promote effective challenge.
A clear and coherent Early Help offer that enables timely and effective services to vulnerable children and young people which is well supported and linked to more specialist services	The new Early Help system was launched in April 2014, complete with an Early Help Co-ordination Centre, a new Threshold Tool and a computer system for the management of the DAF. The system will go live in the summer 2014 and produce current information about activity in early help. There are different levels of commitment to the implementation of the early help arrangements by partners and the DSCB had held an in-depth review on this issue.
A Training and workforce development programme that enables effective multi agency working and supports the priorities and key developments of the Board	The Training Implementation Plan sets out the direction of travel following the agreement of the Training Strategy in the Autumn 2013. The Plan seeks to expand on-line learning and focus face to face training to address multi-agency training needs and findings arising from MACAs and SCRs. Details of the programme will be finalized in 2014-15 along with outstanding issues in respect to the financial contribution of health agencies to training.
A DSCB fit for purpose with a structure that enables it to exercise clear leadership in improving multi professional working to safeguard children and young people	The creation of an Executive Board of members allows the full Board to focus in-depth on specific parts of the safeguarding children system, with full confidence that the usual Board business remains carefully considered by the Executive members. The Locality Forum Chairs are members of the Learning and Improvement subgroup and all subgroups have a Chair who reports directly to the Executive (Appendix 2). The Locality Forums are still developing their full function alongside improving the MACA process.

Overall Effectiveness and Key Challenges going forward

The DSCB's judgment on the effectiveness of the safeguarding children arrangements in Devon is that these are progressing towards a position of 'requires improvement' with further improvements needed and some significant challenges outlined below.

This judgment is based on the following evidence:

- progress made in response to the challenges identified in the DSCB Annual Report 2012/13 (as above);

- DSCB Self-Evaluation against Ofsted criteria of good (Appendix 4);
- MACA findings and the conclusions from the DSCB in-depth reviews, (Appendix 5);
- Section 11 audits from 13 Devon organisations, including those that work across a number of Safeguarding Boards, including findings from the Section 11 Staff Survey July 2013 (Appendix 6);
- completed SCRs and their findings, (Appendix 7);
- workforce development and safeguarding training impact, (Appendix 9);
- our understanding the views of our most vulnerable children and young people (Appendix 10);
- safeguarding children performance information included throughout this report;
- the analysis of information contained within the remaining appendices of this report.

The challenges for 2014/15 are:

1. Develop a training programme that facilitates effective multi agency safeguarding practice and responds to the findings of SCRs and case audit.
2. Strengthen local multi agency working relationships.
3. Understand the safeguarding experience and voice of the child and their families and ensure this influences how services and joint work are developed.
4. Ensure effective supervision across all agencies.

The following key commitments are required of all agencies as they underpin these four challenges and are considered instrumental in taking safeguarding children practice in Devon to the level of good, (described more fully in the DSCB Business Plan 2014/15):

- Embedding the Early Help pathway so all of the children's workforce fully understand their contribution and how they can access services for the benefit of families and their children; (Source- **MACA Early Help**)

- Conducting robust multi-agency assessments of risks to children across all aspects of the safeguarding children system including where services are provided to parents and carers, leading to multi-agency engagement and plans which are carefully monitored, challenged and create measurable and lasting improvements to the safety and care of the child; (Source - **SCR CN08/ OFSTED What about the Children)**

- Following the referral pathway in respect to child sexual exploitation which enables the early sharing of information and an appropriate response to concerns **(**Source -**Office of Children's Commissioner – If only someone had listened; SCR CN10)**

- Implementing the neglect strategy with early identification of issues and ensuring that there is focused and timely intervention in such cases as well as proper oversight by all agencies. **(**Source- **OFSTED – In the Childs Time/MACA Early Help)**

- Ensuring effective, timely and accessible CAMHS provision for children and young people at all levels successfully linked into the early help arrangements **(**Source - **SCR CN09)**

- Participation in the multi-agency training showing demonstrable impact on multi-agency practice including recognition, information sharing and collective risk assessment as well as the appropriate level of professional challenge **(**Source - **SCR CN08;CN10)**

- Gathering, analysing and understanding the experience, views and wishes of children and young people, their families and carers and actively using this knowledge to influence the services and plans they agree to improve of outcomes for children; (Source – **MACA's**)

- Contributing to the work of the locality forums so that robust and comprehensive multi-agency case auditing and dissemination of findings occurs which improves front line practice;

- Providing regular qualitative and quantitative data and information to allow the Board to understand and scrutinise multi-agency arrangements and the outcomes for children and young people;

- Ensuring staff are made aware of the work of the DSCB and its website as the main source of local safeguarding information, especially staff within schools, pre-schools and GP practices enabling early recognition of safeguarding issues and appropriate escalation of concerns **(Source MACA Early Help; SCR CN08, SCR Daniel Pelka Review -deeper analysis and progress report)**

Appendices

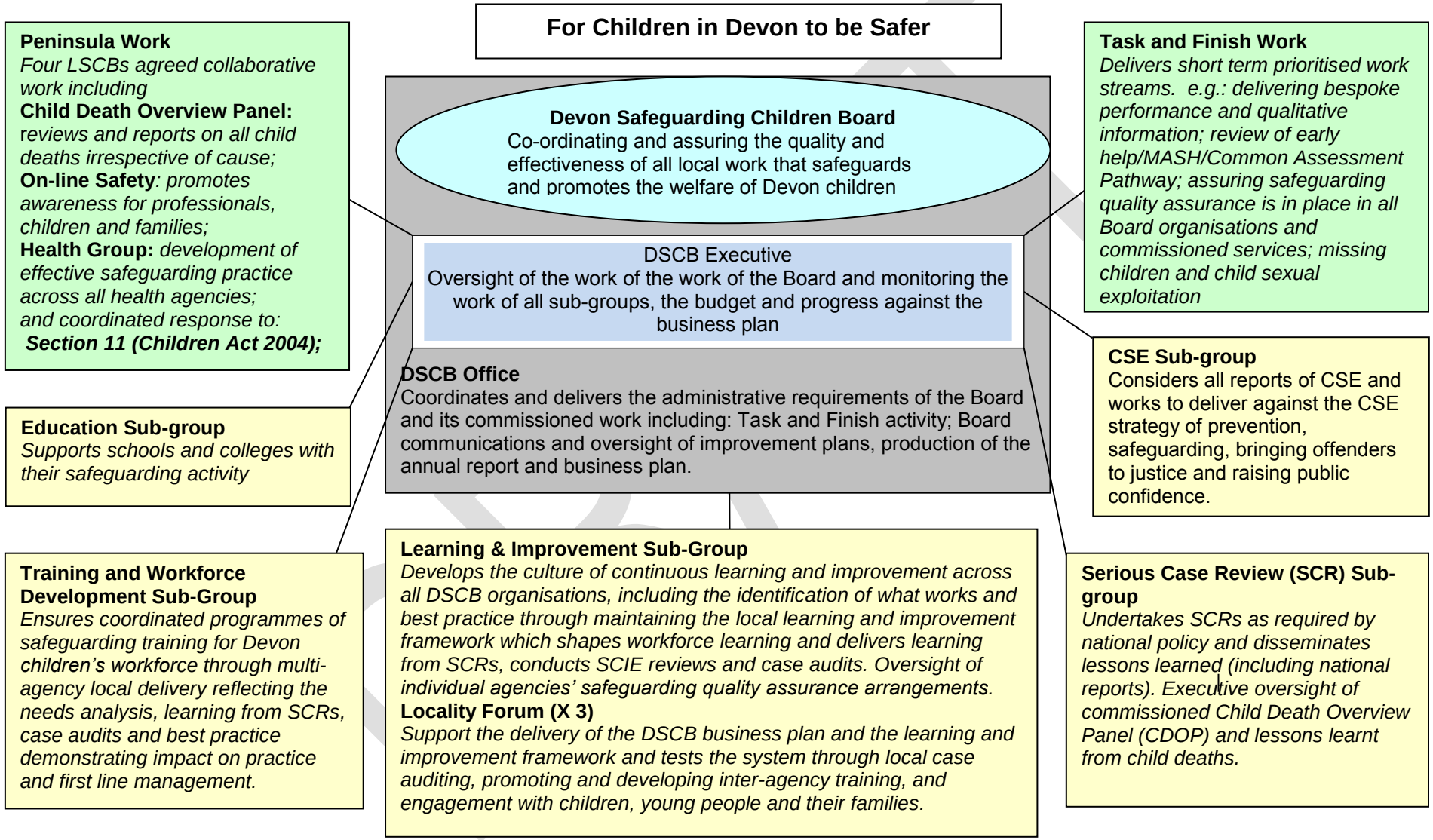
1. DSCB Members Attendance 2013/14

Agency	Name	Role	% attendance * (including substitutes)
Independent	David Taylor	Chair of the Devon Safeguarding Children Board (DSCB)	100%
Children and Family Court Advisory and Support Service (CAFCASS)	Belinda Clarke	Service Manager (Exeter)	50%
Careers South West Ltd	John Davey	Director of Service Delivery	100%
National Society for the Prevention of Cruelty to Children (NSPCC)	Jacky Moon	Service Manager	75%
Voluntary Organisations for Young People and Children (YOYC Devon)	Mark Goodman	Manager	100%
Devon and Cornwall Police	Paul Northcott	D/Superintendent	100%
Devon and Cornwall Probation Area	Charlotte Coker	Assistant Chief Officer	75%
Devon County Council	Will Mumford	Councillor and Cabinet Member	75%
Babcock International (Learning & Development Partnership)	Beverly Dubash	Deputy Head of Service	100%
Devon County Council	Fiona Fitzpatrick	Head of Child and Adult Protection	100%
Devon County Council	Jennie Stephens	Strategic Director People	100%
Devon County Council	Nicky Scutt	Senior Manager for Children's Safeguarding	100%
Virgin Care	Jayne Carroll	Head of Integrated Children Services	50% (25%)
Devon County Council Youth Offending Team	Jim Wood	Area Manager for Devon Youth Offending Team Exeter, East & Mid Devon	100%
District Councils representative	Kevin Finan	Director of Communities	75%
National Health Service	Stephen Richardson (left)	Designated Doctor	100%

(NHS) Devon		Child Protection	
Devon Partnership Trust	Liz Davenport	Director Operations	75% (25%)
Local Medical Committee	Katharine Gurney	General Practitioner	100%
NEW Devon Clinical Commissioning Group	Jenny Winslade	Director of Nursing	75%
NEW Devon Clinical Commissioning Group	Helen Hyland (left)	Designated Nurse Child Protection	100%
Torbay & Southern Devon Health and Care NHS Trust	Bob Brown	Director of Nursing & Professional Practice	100%
Devon County Council (previously NHS Devon)	Virginia Pearson	Director of Public Health	100%
North Devon Healthcare NHS Trust	Toby Cooper Carolyn Mills (left)	Director of Nursing	25% 75%
Royal Devon & Exeter Hospital Foundation Trust	Michele Thornberry	Nurse Consultant Safeguarding Children	100%
Royal Devon & Exeter Hospital Foundation Trust	Martin Cooper	Medical Director	0%
Royal Devon & Exeter Hospital Foundation Trust	Dr Colin Berry (left)	Joint Medical Director	25%
South Devon Healthcare NHS Foundation Trust	Heather Parker	Director of Nursing	75% (25%)
South Devon & Torbay Clinical Commissioning Group	Dr Trish Allen David Barratt (left)	Interim Clinical Lead for Safeguarding & Chair of the Children's Clinical Pathway Groups	25% 25%
NHS England	Mandy Cox	Policy Lead for Children, Young People, Maternity	100%
Representing Devon Association of Primary Head Teachers	Caroline Boother	Head Teacher of South Brent Primary School	100%
Representing Devon Association of Secondary Head Teachers	Matthew Shanks	Head Teacher of Coombeshead College	75%
Representing Special Head Teacher Association Devon	Claire May	Head Teacher of Pathfield School	75%

% attendance at four board meetings* (including substitutes)

Appendix 2. DSCB Structure for 2014/15



DSCB Structure

National objectives for LSCBs (Working Together)	National Expectation of LSCB functions	How the Devon Safeguarding Children Board (DSCB) works to achieve these objectives
To co-ordinate local work to safeguard and promote the welfare of children	Develop policies and procedures for safeguarding and promoting the welfare of children	The Learning and Improvement sub group through the Learning and Improvement Framework and regular auditing, assess the fitness for purpose and people's compliance with the established multi-agency and single agency safeguarding policies and procedures. This includes the application of thresholds; training of people who work with children; learning from investigations, dealing with privately fostered children, standards of recruitment and selection. Regular multi-agency scrutiny of case files informs the DSCB of recommended improvements and developments of safeguarding procedures or policies (e.g. thresholds guidance, pre-birth protocol, development of MASH, See the Adult See the Child). Task and Finish groups are established to deliver specific policy requirements, e.g. child sexual exploitation. The DSCB also deploys co-operative arrangements with neighbouring LSCBs through peninsula working arrangements, e.g. CDOP.
	Participate in the planning of services for children	Through the DSCB and the Devon H&WB's governance arrangements, the safeguarding JSNA identifies the needs and demands for service commissioners to deliver the agreed shared vision for Devon's children, emphasising the importance of early help and the identification of signs of risk. Recommendations within the JSNA are monitored through the Board office and the annual Section 11 process confirms to the Board that all partners and the services they commission are compliant with the standards within Section 11 Children Act 2004. Commissioners through their monitoring arrangements assure the Board of the effectiveness of achieving safer outcomes for children to deliver the Board's safeguarding priorities.
	Communicate the need to safeguard and promote the welfare of children	Board members champion the pre-eminence of safeguarding children being everybody's responsibility, through their leadership/ governance arrangements. The Board office ensures a regular flow of safeguarding information to practitioners and members of the public, through the DSCB website, newsletters, conferences, dissemination of learning from SCR and promoting DSCB safeguarding training. Voluntary sector, statutory and non-statutory agencies plan awareness campaigns, e.g. domestic violence and abuse week, e-safety day, audits, the staff survey and DSCB professional development opportunities provide evidence on the effectiveness of communication.
To ensure the effectiveness of that work	Monitor and evaluate the effectiveness of what is done to safeguard and promote the welfare of children	The DSCB meet quarterly and monitors regular safeguarding children performance information supported by reports detailing improvement, developments and areas of concern across all safeguarding services. The Learning and Improvement sub-group coordinates all multi-agency case auditing and provides assurance of the quality of Devon's safeguarding systems. DSCB partners take part in in-depth reviews, safeguarding peer review/challenge activity (LGA) and

		the Section 11 audit. Thematic inspections provide specific evidence about key issues e.g. effective working between children and adult services. As part of quality assurance processes within the governance arrangements of each DSCB partner, it is expected that there are regular reports to leadership and governance groups such as the Safeguarding Improvement and Delivery Board (DCC), the Trust Executive Safeguarding Children Committee (Health Trust). All these are part of the agreed and published DSCB Learning and Improvement Framework.
	Undertake Serious Case Reviews and advise on lessons to be learned	All SCRs undertaken by the DSCB are monitored by the SCR sub group with findings and recommendations reported directly to the Board prior to publication on the DSCB website. Learning is disseminated to staff as part of the Learning and Improvement Framework via Board members, through the Locality Forums, the website and the DSCB office. The learning is embedded in the multi-agency case auditing process and the DSCB training plans alongside learning from national and peninsula published SCRs.
	Coordinate the response to unexpected child deaths and collect and analyse information about all child deaths	The DSCB with its neighbouring peninsula LSCBs, have secured shared arrangements for the co-ordinated response to child deaths. The CDOP features as a sub-group for each LSCB and reports quarterly to the Executive and to the LSCB Business Managers meetings. The CDOP annual report forms part of the DSCB annual report. The CDOP considers every child death in Devon and reports quarterly with annual reporting direct to the Board on themes and learning from child deaths.
	Publish an Annual Report on the effectiveness of local arrangements to safeguard and promote the welfare of children	The DSCB reports annually to the Leader of the Council, the DCC Chief Executive, the Police and Crime Commissioner and to the H&WB, a rigorous and transparent assessment on the performance and effectiveness of local arrangements. It identifies areas of weakness, the causes of weakness and actions to be taken to address them. The report is published on the DSCB website and widely circulated including to the DSCB Chief Executives, school head teachers and their Chair of Governors. The Annual Report sets out clear challenges for the future based on the DSCB assessment of the robustness of the safeguarding system.

3.Financial Arrangements

Management and Support

A shortfall in the DSCB budget for management and support arose at the close of the financial year March 2014, due to the commissioned contract with KOR Communications to create a communications strategy, implement a new website and promote the launch of the new early help infrastructure and training and three SCRs (CN 08, 09 and 10). These costs will be met from reserves.

Expenditure type	Forecast Outturn £
Staffing costs	135,018
Professional fees	26,358
Travel expenses	2,709
Other fees and charges	28,681
Admin, Venue & Office Costs	7,058
CDOP	51,474
Annual Report / Reprint & Postage	501
Serious Case Review Costs	7,905
Total	**259,704**
Contributions from DSCB Partners	254,290
Shortfall for 2012/13	**5,414**

Training

In October 2013 the training team relocated from DCC HROne to the DSCB office, bringing with them a significant deficit budget which has realised into £105,717 overspend.

The principal reasons for this overspend are believed to be:

- An expenditure overrun as a result of courses running below occupancy and venue cancellation fees; and an increase in the charge for external trainers;
- Un-realistic assumptions of income made when setting the budget for the year 2013/14 and a failure to charge agencies for additional places taken over-and-above their allocation as had occurred in 2012/13.

Expenditure type	Predicted Outturn £
Staffing costs	76,529
Travel expenses	1,424
Trainers	91,074
E learning licences	42,431
Admin & Office Costs	8,087
Venues	24,981
Total	**244,526**
Contributions from DSCB Partners	129,144
Income from Training	9,665
Shortfall for 2012/13	**105,717**

Reserves budget

The reserves budget has accumulated over a number of years and is normally called upon to support strategic and specific developments. For 2014/15 it has been agreed that the reserves

budget will be proactively used (up to £20k) to provide additional investment in training provision to ensure the all the outcomes are achievable and also to invest in additional dedicated practice time to support the work of the locality forums.

	Management & Support Surplus/ (shortfall)	Training Surplus/ (shortfall)	Total Surplus
	£	£	£
Closing Balance March 2014	**107,242**	**176,393**	**283,635**
Transfers to/(from) reserves	(5,414)	(105,717)	(111,131)
Opening Balance April 2014			**172,504**
Projected (shortfall)/surplus in 2014-15			(6,627)
Projected surplus to be c/fwd to 2014-15			**165,877**

Following a recent decision at the Executive the cumulative reserves have now been amalgamated and will no longer be shown separately between Management and Support and Training.

Partner contributions for 2014-15 have also been amalgamated and agreed as follows:

Partner	
DCC - Social Care	£231,857
DCC - Early Years	£20,000
Police & Crime Commissioner	£8,157
National Probation Service	£5,068
NEW Devon CCG	£63,617
South Devon & Torbay CCG	£8,675
NHS Acute Trusts:	
R D & E Foundtation Trust	£12,021
North Devon Healthcare Trust	£7,199
South Devon Healthcare Trust	£6,215
Devon Partnership Trust	£12,736
Connexions	£5,068
Total	**£380,613**

4. Quality Assurance, Monitoring and Evaluation

The DSCB and the LSCBs in the far South West peninsula agreed a Learning an Improvement Framework as set out in Working Together 2013, that supports a culture of continuous learning and improvement, includes the views of children, young people and their families, is transparent in publishing learning arising from SCRs, management reviews and case audits and monitors and evaluates practice, the findings of which impact on the training provided to staff.

During 2013/14 with the appointment of a new Independent Chair, an Executive Board of members was created enabling the full Board to use its scheduled quarterly meetings to focus in-depth on key parts of the safeguarding children system. The December 2013 Board meeting considered the approaches taken in Devon to working with children, parents and carers suffering mental illness and in March 2014 the Board reviewed the Devon progress in dealing with child sexual exploitation. These in-depth reviews of practice have resulted in targeted improvement actions, greater awareness by Board members of the strengths and weaknesses of the service/s involved and a better understanding of the experience of children, young people and their families accessing these services.

The creation of a new post within the DSCB to support the collection and analysis of multi-agency performance data and other information accompanied by the findings of SCRs, MACAs, single agency audits, management reviews, Section 11 submissions and staff survey results ensure a wide ranging source of information to provide quality assurance to the Board on the effectiveness of Devon's safeguarding children practice. This work continues to gain strength and a full report is expected during mid-year 2014.

In 2013 the DSCB attended a joint workshop with members of the TSCB, resulting in a number of actions to improve the working of both Boards. In Devon this work was complimented with a self-evaluation against the Ofsted Framework judgements for good practice. This self-evaluation, available on the DSCB website (DSCB self evaluation), will be used to help determine the priorities for 2014/15 and as a rolling document will be reviewed quarterly to extract issues.

The DSCB will ensure MACAs facilitate parents and carers to comment on the services they have received and that the experiences of the child are central to all case audits.

5. Multi Agency Case Audits and In-depth Reviews

During 2013/14, the three DSCB Locality Forums undertook two MACAs reviewing 24 child protection cases, where either domestic abuse or mental health was a significant factor to the child being on a care plan. The key messages from these audits and their subsequent agreed actions aim to improve practitioners work in multi-agency settings and give better outcomes for children and their families. These messages were promoted through the DSCB newsletter and Locality Forum feedback events.

MACA key messages:

1. **Gaps in information sharing particularly in relation to some significant incidents**. This has been regularly identified as an on-going issue and cited within the findings of a Devon SCR. The DSCB further promoted the need for proportionate information sharing through its newsletter and website. The MASH has been re-developed and staff made aware of what constitutes appropriate safeguarding information for sharing. Audits within agencies will identify any particular issues regarding data protection and information sharing.

2. **Too few strategy meetings that were multi-agency in attendance**
   Strategy meetings have frequently not been multi-agency with mainly police and social care attending. The police, health and social care are reviewing how best to resource such meetings and developing a quality assurance process.

3. **A lack of effective challenge between professionals**
   The Threshold Tool will help develop a common language for discussing concerns across the whole of the Devon workforce and good regular staff supervision will address both challenge and care planning decisions. Agencies are asked to confirm their policy and procedure for staff supervision. The DSCB has promoted and published an escalation policy for agencies where they have concerns.

4. **Frequent poor risk assessments**
   The Threshold Tool will facilitate better assessments of risk. The DSCB Training and Workforce Development sub-group have identified risk assessment training as a priority area within the 2014/15 training plan. The DSCB will consider the need for identifying and adopting a common shared risk assessment format during 2014/15.

5. **Ineffective care planning and reflection on plans**
   The new child protection case conferences facilitate professionals to address families directly with their concerns, be clear as to the actions required and timeframes and create care plans in plain language with clear written actions. The Independent Review Unit will monitor attendance and the quality of plans.

6. **Use of different chronologies amongst agencies**
   The Learning and Improvement sub-group will consider the usefulness across Devon of a new system for recording chronologies being implemented within DCC and produce recommendations for the Board.

7. **Workers deterred by aggressive reactions of parents**
   Whilst this is addressed in the DSCB Resistant Families training it is recognized as a wider issue than adults with mental ill-health. The current training which has largely been attended by social workers, will be re-launched to attract a multi-agency audience. The police will review its training and provide the DSCB training team with any applicable training materials.

8. **General lack of evidence of people understanding the impact (including historical perspective) on children and young people of adult mental ill-health.**

This finding was also identified within a Devon SCR and in a recent Torbay SCR and encompasses an over pre-occupation with the needs of the adult and insufficient focus on the child under the care of the adult. The DSCB will ensure that all its training links to SCR dissemination and to risk assessments, especially the assessment of risk and impact to a child of a parent that may suffer a mental illness relapse. The Training and Workforce Development sub-group will be promoting joint training between adult mental health workers and the children's workforce. Agencies have been advised to confirm their policy and procedure for supervision of staff.

9. **Poor reflection on the experience and views of the child**
   All staff are expected to record the views and experience of the child within their records and ensure these views are represented in reports. The MACA tool focuses on how well the experience and views of the child are captured and to what extend these views have been acted upon and this will continue to be audited and reported to the Board.

MACAs planned for 2014/15 will provide information to support the DSCB in-depth reviews of specific aspects of the child safeguarding system in Devon including neglect, self-harm and sexual abuse.

The DSCB has agreed to ensure support of the Locality Forums so that they can undertake robust and comprehensive MACAs and disseminate findings, alongside a commitment to pro-actively improve communication and increase practice time to support the Forums and to have more capacity to implement the finding of SCRs.

The DSCB will focus on multi-agency working arrangements and ensure effective staff supervision across all services for children's, along with adequate recording of decisions and direction provided in all case files.

In-Depth Reviews

During 2013/14 the DSCB revised its structure with an Executive Board of members overseeing the day to day business of the Board to allow the main Board to focus in-depth on specific areas of the safeguarding children system and provide challenge as to the effectiveness of these areas.

In December 2013 the focus was on safeguarding adults and children with mental illness.
The actions arising from this review were to:

- pursue a solution regarding the lack of level 4 beds; *completed*
- engage the CCG to commission Adult Mental Health Services as part of the MASH triage arrangements; *completed*
- communicate the findings from SCR O8 in respect to discharge arrangements; *in progress*
- request that IROs monitor and report to the DSCB the involvement of mental health workers in initial and review case conferences; *in progress*
- promote effective information sharing between professionals; *on-going*
- ensure the DSCB multi-agency training 2014 promotes effective core groups; *planned*
- request the Health and Wellbeing Board addresses gaps and changes in practice identified in the Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services; *completed*

In March 2014 the Board reviewed the child sexual exploitation system.
The key actions agreed were to:

- join up operational and strategic functions and ensure child sexual exploitation was an integral part of the DSCB structure; *completed*
- continue to promote child sexual exploitation awareness linked to early help e-learning and the Threshold Tool; *on-going*
- ensure targeted communications promoting the necessity to share Information where there are safeguarding concerns related to child sexual exploitation; *planned*

- request schools and education agencies review their sex education for 9 to 13 years promoting understanding of what constitutes a healthy relationship; *planned*
- determine the number and reason why children in care go missing; *in progress*
- develop the operational pathway and to look at the links between those dealing with individual cases and the police oversight of organised child sexual exploitation and how advice and support is given to practitioners; *in progress*
- monitor those children who go missing from home and those missing education; *in progress*
- utilise the expertise of South West Grid for Learning to give support in respect to on-line safety in schools; *completed*
- embed these findings into the refresh of the Devon child sexual exploitation protocol and the associated action plan for 2014/15. *completed*

6. Compliance with Section 11, Children Act 2004 and Section 157/ 175 Education Act, 2002

During July 2013, 2646 workers and volunteers completed the Peninsula staff safeguarding on-line survey of which 1166 responses were from people who indicated that they worked with children predominately in Devon. The questions were derived from the standards set out within Section 11 and whilst many questions resulted in highly positive response the following observations were noted:

- **Knowing what to do and who to contact.**
  Some agencies have staff that answered that they do not know what to do or who to contact if they have concerns. The DSCB is explicit in that safeguarding is everyone's responsibility and agencies should ensure this information is known by their workforce.

- **Organisational focus on safeguarding children and workforce development**
  Responses from staff indicated that most agencies need to promote safeguarding children messages to their workforce, including information arising from SCRs and safeguarding children related guidance. The DSCB's new approach to training will to help address these issues alongside the promotion of SCR reports and learning through its newsletters and website.

- **Sharing safeguarding information from a third party** raises concerns for staff. Many comments and the data indicate staff were unsure about passing on third party safeguarding information, including that related to bruising in babies and non-mobile children. The DSCB has promoted messages through a poster campaign and through its website and further promoted the DSCB information sharing guidance 'Golden Rules'.

- **The work of the DSCB is not well understood by Devon's children workforce.**
  The DSCB contracted with KOR Communications for 6 months to April 2014 and agreed a communications strategy for the DSCB to enable a more robust approach to engaging with the children's workforce in Devon and promoting safeguarding children information. This resulted in a new website, a twitter account and re-vamped newsletter with an increased database of subscribers.

- **MASH is frequently commented as an area for improvement**.
  The MASH review identified actions to improve the function of MASH to ensure issues identified are addressed.

All agencies named within Section 11 of the Children Act 2004 are annually requested to assure the DSCB of their compliance with the standards within Section 11. Many organisations complete a declaration of compliance yet there remains dissonance between what is declared, oversight of practice and the findings arising from the DSCB MACAs and SCR findings

The following table sets out each agency's submission to assure the respective LSCBs in the peninsular of their compliance.

Peninsula organisations	Declaration	Responded to survey results	SCR 2012	Completed Audit	AP update 2013/14	AP for 2014/15
British Transport Police	Letter					
CAFCASS				✓		
Careers SW	✓	✓	✓		✓	✓
NHS England - Devon and Cornwall Area Team		✓	?			✓
CCG NEW Devon	✓	✓	✓			✓
CCG South Devon	✓	✓	✓	✓	not seen	✓
Devon and Cornwall Probation	✓		✓			✓
Devon and Cornwall Constabulary	✓		✓	✓		✓
Devon Partnership NHS Trust	✓ Partial	✓				✓
Devon & Somerset Fire & Rescue	✓			✓		✓
Northern Devon NHS Healthcare Trust	✓		✓	✓		✓
South West Ambulance NHS Foundation Trust				✓		✓
South Devon Healthcare NHS Foundation Trust	✓		✓	used their peer review	✓	
Devon Doctors			✓			
Torbay and Southern Devon Health and Care NHS Trust	✓					

Devon local organisations	Declaration	Responded to survey results	SCR 07	Completed Audit	AP update 2013/14	AP for 2014/15
Devon County Council		✓		✓		✓
DCC - Intergrated Children Services	✓	not included in survey	✓	✓		✓
East Devon District Council	✓	✓		✓		✓
Exeter City Council	✓		✓		✓	✓

Mid Devon District Council		✓		✓		✓
North Devon District Council	✓		✓			✓
Royal Devon & Exeter Hospital Foundation Trust	✓	✓	✓		✓	✓
South Hams and West Devon District Council	✓	✓	✓			✓
Teignbridge District Council	✓		✓	✓		✓
Torridge District Council	✓		✓			✓

Section 157/ 175 Education Act, 2002

Annually the LA conducts a schools audit of compliance against Section 157/175 to understand school safeguarding practice and processes and gain assurance that schools are meeting their legal responsibilities. This self audit by schools is supplemented by: school safeguarding audits conducted throughout the year; scrutiny of school child protection files; scrutiny of MASH enquiries which reveal deficiencies in practice and the work of Devon Audit Partnership. 100% of Devon schools returned the audit.

Summary of Reponses:

Percentage of schools that:	
have a Senior Designated Officer for Child Protection	98%
have a Deputy Senior Designated Officer for Child Protection	90%
have a Designated Governor	94%
have a Child Protection policy	98%
have a Comprehensive Single Central Record in place	97%
report 'good' procedures in place for reporting persistent absentees and children missing education	96.7%
report policies and procedures are in place and monitored by the Governing Body	95.7%
report that there are adequate security arrangements for the grounds and buildings	89%
state that pupils feel safe in school and are free from bullying and harassment	94%
report that child protection records are stored securely and separately from pupil records	97%

Future challenges for schools and the LA include:

- Ensuring schools can identify the signs and symptoms of child sexual exploitation and neglect.
- Helping schools to feel confident in keeping children safe online, by understanding e-safety and communicating this effectively to pupils and their parents.
- Supporting schools to contribute fully to the Early Help strategy and use the DAF.
- Communicating key child protection and safeguarding messages to all schools by a variety of means.
-

The DSCB has agreed these priorities for the new education sub-group 2014/15

Of the 97 maintained schools and academies inspected by Ofsted in 2013/14, 87 (89.6%) were judged to be outstanding or good in the 'behaviour and safety' category. Of the ten schools which were judged to 'require Improvement', none were due to poor safeguarding practice.

7. Serious Case Reviews

The DSCB commenced three serious case reviews during 2013/14 as well as one SCR in another LA and considered a number of other cases which did not meet the criteria for either a management review or a SCR but valuable learning was realised through MACAs. Two SCRs were published in April 2014 with a further expected to be published in the autumn of 2014. The full reports are available on the DSCB website.

The publication of an SCR commissioned in January 2012 and reported in the DSCB annual report 2012/13 was delayed publication pending the outcome of criminal proceedings. In February 2014 these proceedings were completed and the parents found not guilty. In light of this finding the report has now been designated a management review and although not published the learning from this review has been acted upon.

The DSCB is assured that the recommendations and actions arising from all SCRs and management reviews are being addressed. The recommendations arising from the two published SCRs are:

SCR 08 Recommendations	**DSCB Response**
All services engaged primarily with adults to develop practice tools that will assist staff to identify the risks that adults may pose to their children. All agencies working with adults must make their own assessment of risk to children and should not rely on whether or not the child is known to children's Social Care as the basis for this assessment.	A consultant to be commissioned to deliver an over-arching protocol which identifies the practice and risk assessment tools for adult services to use to help identify risks posed by adults to children. The DSCB will review the risk tool/s developed by adult services ensuring that they link to the Threshold Tool and audit how effective the tools have been.
Where there is a risk of further illness in the parent that is likely to have an effect on the child/children, a multi-agency meeting should be called. The purpose of this meeting is to jointly assess the potential impact on the child/children and agree a contingency plan should protective factors be removed. The plan must be communicated to other agencies that may have contact with the family.	All agencies are to report to the DSCB on their activity rate of calling such multi-agency meetings. The commissioned protocol will identify this as good practice.
General practitioner (GP) practices need to find ways to receive and respond to indicators of risk to children, including incidents of domestic violence. A nominated senior person within every GP practice is to ensure that there is a recognised and effective system within their practice to flag up incidents (including domestic abuse) and fulfil their safeguarding responsibilities.	All GP practices to confirm to the DSCB that they have effective systems that can flag up incidents and indicators of risk to children. GPs to nominate a child protection person in each practice.
A process should be commissioned to enable GP practices to receive police 121A's.	The Police together with NHS England to confirm that GP practices receive 121 A's.
The findings from this Serious Case Review relating to the MASH should be referred to the current MASH review/MASH Board.	The MASH Board to provide regular progress on MASH developments and assure the DSCB of a screening process, previous history and contact back to the referrer.
An appropriate representative from all agencies who are signed up to the multi-agency risk assessment conference (MARAC) operating protocol should ensure regular and effective attendance at all MARAC meetings. Alongside the	The DSCB to receive regular MARAC reports which includes details of attendance and analysis of risks to children. Attendance, participation, number

assessment of risk to the adult victim, the risk to children should be specifically considered in every case. The chair of the MARAC is responsible for ensuring that risks to children are thoroughly considered.	of vulnerable children cases discussed plus those that went to MASH/ escalation.
The DSCB will receive an annual report from MARAC with specific reference to the identification of risk to children and the appropriate referral of children to the MASH in incidents where the risk meet the threshold for social care intervention.	The DSCB to receive an annual report from MARAC.
SCR 10 Recommendations	**DSCB Response**
Develop and implement a system to ensure multi-agency training, practice initiatives and quality assurance systems to improve assessment and front-line practice in relation to safeguarding children from sexual abuse	To review existing multi-agency training in relation to sex abuse and ensure this is a component in the training and/ or e-learning package.
Develop, maintain and use a multi-agency model of chronologies to summarise key involvements and assessments	Test out the possibility of a multi-agency chronology for complex stuck cases. Develop protocol and build links to the MACA process for reviewing stuck cases. We will test out with neglect cases as part of out preparation for the October LGA Peer Review.
Ensure 'non resident' parents (with parental responsibility) are informed about child protection concerns for their children and that consideration is given to their potential contribution to the protection and care of their children	As an integral part of every MACA reviewed we will ensure that absent parents have been contacted and will report on compliance with ensuring non-resident parents are kept informed.
National Probation Service to review and implement a policy (that complies with the Data Protection Act 1998) to ensure that historic case records of offenders who have been assessed as posing a risk to children are retained for an increased period that is in proportion to the risk posed by the offender	Probation to confirm that their new system ensures that they retain historic records of offenders that pose a risk to children.
Ensure protocols are developed to ensure full representation at Multi-Agency Public Protection Arrangements (MAPPA) meetings and that individual sex offenders are monitored, with information, and concerns appropriately escalated if they move into a household with children	Probation are to provide a protocol for MAPPA and all DSCB members are to confirm full representation and describe to the Board how they maintain full representation at MAPPA. Probation to report on the percentage of attendance through its annual report.
All services engaged primarily with adults to develop practice tools that will enable staff to identify the risks that adults may pose to their children and assist in fulfilling their safeguarding responsibilities. Ensure that they share information appropriately; refer to the appropriate child protection agencies and work together to safeguard children	A consultant to be commissioned to deliver an over-arching protocol which identifies the practice and risk assessment tools for adult services to use to help identify risks posed by adults to children.

8. Child Death Overview Panel

When any child up to the age of 18 dies the DSCB considers all relevant information relating to the death to determine whether there were any modifiable factors that may have contributed to the death and any consequent actions that could be taken to prevent future child deaths. The Child Death Overview Panel (CDOP) commissioned by Cornwall and the Isles of Scilly, Plymouth, Torbay and Devon Safeguarding Children Boards coordinates responses to unexpected deaths involving two interrelated processes:

- a multi-agency 'Rapid Response' to investigate unexpected child deaths, and
- a multi-agency expert peninsula CDOP review of all child deaths;

and reviews all deaths to identify patterns and trends and makes recommendations to LSCBs to try to prevent future deaths.

During April 2013 – March 2014, there were sadly 93 deaths of children under the age of 18 across the four LSCBs. 48 (52%) were expected deaths and 45 (48%) were unexpected. In 24 of these cases there was a full or modified Rapid Response. The remaining unexpected deaths (21) did not meet the criteria for requiring a Rapid Response as, although the death was unexpected at that time, it was not 'unexplained' meaning the case of death was understood.

During the past 5 years there has been a steady decline of child deaths across the peninsula, from 114 during 2009/10 to 93 during 2013/14.

Child deaths in 2013-14	Devon	Peninsula
Expected Deaths	25	48
Unexpected Deaths	6	21
Rapid Response	7	24
Total	38	93

There were more notifications of deaths of boys than girls. In Devon there were 24 male and 14 female child deaths. The largest proportion of these child deaths occurred in neonatal units with most children not leaving the hospital since birth.

During 2013 a review of all child death suicides from many South West regional CDOPs covering the period January 2008 to March 2013 was completed. 25 case histories were considered. All of the presumed suicide deaths were white British. The average age at death for males was 15.25 years (range 11 to 17 years) and 14.5 years for females (range 12 – 16 years). The report considered place and mode of death, family history, parenting issues, educational achievement and other factors such as 'known to the police or social care' and also a range of child attributes, such as 'mental ill health', 'substance misuse', 'self-harm', 'aggressiveness' and 'abuse'.

Whilst care must be taken with the interpretation of the results as the sample was small certain factors appear to be significant. 17 children had problems with family relationships, with parental separation being a factor for 13 children, and emotional/mental health within the family and/ or significant family financial stress being important. In 18 cases the death occurred at home. Over half of the children were making good progress at school but 28% had a history of being bullied and over a third had previously threatened self-harm or expressed suicidal ideation. 6 had self-harmed previously. The birth father did not play a role in 36% of families. Many deaths were triggered by a significant event. Death was by strangulation/hanging in 84% of cases.

Following this report the DSCB agreed public health would create guidance for schools and other agencies and the findings would be considered within the commissioning of a CAMHS tier 2 service, to include the provision of counselling services within schools as feedback from young people indicates this is variable in quality with insufficient choice. The DSCB is proposing an independent review of the CDOP arrangements for 2015/16.

9. Workforce Development and Safeguarding Training

During 2013 the DSCB agreed to move to a more cost effective model of training provision, with greater accessibility and flexibility for learners based on a competency framework of the skills and knowledge expected of those responsible for keeping children safe. Findings of MACAs and Devon SCRs identified weaknesses in sharing information, effective risk assessment and case planning and working together across agencies especially with appropriate challenge. These areas will be addressed within the multi-agency training provided by the DSCB during 2014-15.
The core inter-agency safeguarding course is delivered by members of the College of Trainers and the materials were reviewed during the year to incorporate some of the emerging information about Early Help, Special Educational Needs and Disabilities (SEND) pathway and the new Threshold Tool. The College of Trainers will be offered the opportunity to undertake a recognised trainer course certificated by City and Guilds at Levels 3 and 4 to ensure the quality of the delivery of inter-agency training but also to benefit individual agencies from these staff members having enhanced training skills. Overall most participants agreed that attending the training had increased their learning and skills.

Total Number of Courses: 76

Total Number of Participants: 1545

Percentage of Participants who completed evaluations: 96%

Average Number of Participants per course: 20

	Group 3					Group 4		
Item	**Core**	**The Impact of Parental Substance Misuse**	**Emotional Abuse and Neglect**	**Child Sexual Abuse**	**Child Sexual Exploitation**	**Assessing Analysing and Managing Risk**	**Child Sexual Exploitation**	**All courses**
Number of courses	37	4	5	1	17	2	10	76
Total number of participants	928	51	76	16	291	18	165	1545
Average number of participants per course	25	13	15	16	17	9	16	20
Knowledge increased to some extent (%)	38	33	34	0	42	33	44	39
Knowledge increased to a great extent (%)	41	31	43	75	44	50	47	42
Knowledge increased fully (%)	11	10	12	19	9	16	5	10
Knowledge did not increase at all (%)	0.3	0	0	0	2	0	0.6	0.5
Skills improved to some extent (%)	42	47	37	19	41	33	45	28
Skills improved to a great extent (%)	40	27	39	62	44	44	37	27
Skills improved fully (%)	11	2	12	12	9	22	6	9
Skills did not improve (%)	3	0	1	0	2	0	0	2
There are no barriers to								

being able to apply the learning (%)	**73**	**15**	**49**	**56**	**47**	**61**	**62**	**56**
There are some barriers to being able to apply the learning (%)	**15**	**4**	**34**	**38**	**33**	**33**	**30**	**21**
There are significant barriers to being able to apply the learning (%)	**4**	**2**	**7**	**0**	**9**	**5**	**3**	**3**
It will not be possible to apply the learning at all (%)	**2**	**0**	**1**	**0**	**6**	**0**	**0**	**2.5**

Notes:

- **Not all participants complete evaluation sheets**
- **Not all questions are answered on each evaluation sheet**
- **E-learning is not included in evaluations**

Some agencies are now delivering their own single agency training and tools are being developed to assure the DSCB of the quality of these courses using a Kitemark for agencies to self-evaluate their training against. Work has been undertaken with GPs to develop and roll out an experiential learning tool which allows them to reflect on their experience of dealing with a safeguarding case through guided discussion.

Feedback from attendees to Group 3 training:

- Great! I really enjoyed the course; very well thought out and presented.
- I liked the group activity that graded scenarios in terms of concern; trusted the trainers' knowledge on the subject.
- Great day, great information, great communication!

Additionally the DSCB delivered two conferences on CSE (57 participants general) and 35 fostering service.

The education commissioned services under Babcock International Ltd, delivered to schools 27 child protection raising awareness sessions to 763 delegates during Jan to March 2014 and a further 9 Child Protection level 3 sessions to 301 delegates.

Child protection raising awareness training feedback from 403 evaluations received	Good or better
Effective delivery	97%
Usefulness for using within school	95%
Met expectations	95%

"It has made me aware of school policies", "Excellent hard hitting delivery – very powerful!"

The Voluntary Organisation for Young People and Children (VOYC) delivered the DSCB approved Group 2 (Awareness Raising course) with 419 participants attending from 64 different organisations. Overall delegates agreed the course met their expectations stating it was "well presented and actively encouraged peer learning" providing "clear guidelines when someone discloses" and a "greater awareness of issues and recording of information".

In conjunction with adult services the DSCB has continued to promote and deliver a range of courses developing practitioner awareness of domestic abuse.

adva Training Course	**Number of delegates 2013 -14**	**Number of delegates 2012-13**
Level 1 - Tackling Domestic Violence and Abuse	624	513

Level 2 - Domestic Violence and Abuse - The Impact on Children	79	106
The MARAC Process in Devon - increasing safety for victims of domestic violence and abuse	118	98
Tackling Abusive Behaviour - taking responsibility	7	53
Managers Tackling Domestic Violence and Abuse	10	8
Total	838	778

The DSCB has agreed the provision of a responsive high-quality training programme that has active participation from all agencies and demonstrates impact on multi-agency practice including recognition, information sharing and collective risk assessment. This will include evaluations of in-house courses with improved quality assurance to demonstrate the impact of training.

10. Hearing the Voice and Experience of Children and Young People

2013/14 has seen meaningful efforts to increase the engagement of children and young people and ensure that their voices are heard understood and acted upon by Board members and their agencies. The Board has ensured that their views are included in each in-depth review, shaping the actions arising and providing a grounded view of life for the child receiving services. The Chair of the Board and the Director of Children's Services have met twice with groups of young people to hear their thoughts about living in Devon and how safeguarding practice can be improved. As a result of feedback from young people the Board is conducting an in-depth review into self harm in December 2014 and have asked education to consider including healthy relationship work within their sex and relationship work in schools. Where possible children have contributed to the findings of the MACAs as set out in the Learning and Improvement Framework.

The DSCB's new website has pages dedicated to providing advice and guidance for children and young people and DCC is commissioning a new website co-designed by children and young people who access their services. DCC has seen young people involved in individual assessment, case work, planning and decision making including:

- mapping current practice and identifying gaps and strengths;
- re-designing 'My Review' form for children within the care system;
- consultations on the Children's Advocacy Service, Children's Residential Homes, the Early Help system and the Pledge to Our Children in Care;
- participation in the recruitment of Early Help Advisers and Independent Reviewing Officers;
- participation in the Social Work Conference;
- creation of two films, 'Listen to Us' for DCC Workforce Development team and 'Later Life Letters' for the Adoption Service;
- leading 'Skills to Foster' training.

The views expressed by children and young people during consultations and engagement events have:

- shaped the content of the Advocacy Service specification,
- influenced the recommendations for the future of DCC's Children's Residential Units,
- assisted in planning for the delivery of Early Help,
- helped re-design 'Our Pledge to Children in Care'
- prioritised an DSCB in-depth review of self-harm for December 2014;

When social care finish working with a family, parents are asked to reflect on their experiences. The results show evidence of good, but variable, relationships between individual workers and families. Important themes are clear, timely communication with workers with families needing to better understand the 'outcome' of their involvement with social care. 'Work with us, not for us' and 'take more opportunity to talk to us directly, at all levels' and 'ask me what I want to change and when things have been changed, let me know.'

How other agencies understand children and young people's views	
ICS Devon Virgin Care	We conduct engagement events and use advocacy services for liaison with special schools
Devon Youth Service	We conduct an annual satisfaction survey which includes 'feeling safe' questions and views are collected through Area youth panels, Children in Care Council, UK youth parliament.
Youth offending team	We plan to ask ' how can we help you reduce your vulnerability' and act on it.
Police	We respect and recognize the '10 wishes' identified by the Devon Youth project and audit investigations involving children to assess recognition of the voice of the child. Young people are involved in the training of officers to conduct evidential interviews with children and young people.

South Devon Healthcare NHS Foundation Trust	We conduct bi-monthly surveys of adolescents on wards and outpatients to capture their views and ask how safe they feel as an inpatient or outpatient.
Devon Young Carers Network	We engage and consult on service development using a 'Young Carers Council' and the Senior Involvement Officer working alongside those responsible for running this programme of work.
Babcock International Ltd.	We hold regular focus groups with schools and teams and use feedback forms after specific events to gather views on how to improve these for the future.
The Adoption Service	We complete life story work with children who have an adoption plan and gain further feedback from Child Appreciation days on all aspects of a child's journey. During 2014 we recruited a Voice Worker to work with older children who have been adopted.
South Devon CCG	We support a number of young people projects across South Devon and Torbay, such as facilitated events, interactive radio shows and the Big Shout Out. Young people also sit on the Children's Redesign Board linked at a strategic level.
East Devon District Council	We invest in community consultation to invite views and have a young people elected member champion
Mid Devon District Council	We invest in a Consultation and Youth Involvement Officer who works with young people and a youth forum 'Youth Outloud' with dedicated webpage with information
South Hams and West Devon Councils	We have an active on-line young people voice and engage with young people through face to face interviews. Young people helped design questions and develop a Facebook page and website.

The DSCB agencies will promote a cultural challenge across all agencies to listen and act on what young people are saying and not rely solely on what the adults in their lives, including practitioners think is best for them. It will plan a programme of engagement so that the experience, views and wishes of children and young people, their families and carers are actively sought, understood and used to influence the services and plans agreed for improvement of outcomes for children; including the views of children and young people gathered through the REACH service, SARC, CAMHS, children's centres and from the Independent Reviewing Officers, with MACAs facilitating parents and carers to comment on the services they have received.

11. Early Help

To address a priority weakness identified through the Ofsted inspection 2013 the Director of Public Health guided the improvement work required to embed a new Early Help Strategy for children and families in Devon (http://www.devonsafeguardingchildren.org/documents/2014/03/early-help-strategy-2.pdf) approved by the DSCB in December 2013.

With the newly developed Devon Assessment Framework (DAF) aligned to the SEND Pathfinder and a new endorsed Threshold Tool the Early Help pathway was formally launched in April 2014 to better identify, record and share information about the early help needs of children, young people and families. An e-DAF IT system (HolistiX) is planned to be implemented in July 2014 to enable DAF assessments and plans to be held securely and shared with those who are involved.

An Early Help Co-ordination Centre (EHCC) commenced operation in April 2014, sited alongside the MASH to maintain the e-DAF IT system and monitor the quality of assessments and plans. Four Early Help Advisers located across the county will provide a source of expertise, advice and communications to practitioners helping to develop skills and resolve barriers to effective multi-agency working.

The DSCB has supported these developments providing regularly communications to the children's workforce via the website and its newsletters and leading the delivery of workforce learning with a number of face-to-face events, the development of early help videos and e-learning solutions. The DSCB will continue monitor the activity and outcomes for children and their families arising from the DAF IT system and ensure ownership and engagement in the early help system by all agencies. The DSCB has planned an in-depth review of the Early Help system at its June 2014 Board meeting.

The Targeted Family Support Programme

As part of its early help provision, Devon has engaged in the Government's Troubled Families Programme (through its Targeted Family Support Programme) aiming to 'turn around' the lives of families by:

- getting children back into school,
- getting adults back into work,
- reducing youth crime and family anti–social behaviour.

Since Autumn 2013 the programme in Devon has been operational across all areas.
The cost effectiveness of the approaches used in this programme is being evaluated.
Against a total cohort of 1370 families to engage in the programme, as of May 2014, 1620 are identified (118%) and 1086 families are engaged (79%).

Since July 2013 Devon has 'turned around' (against national criteria) 325 families showing reductions in youth crime and anti-social behaviour and increased attendance at school. 38 families have moved into and sustained continuous employment and 80 families have been involved in a Progress to Work programme (Families Action Programme) that provides support and training to enable progress to employment.

Analysis of the Devon cohort	
Number families open to social care - 639 out of 1629	39%
Number of families with unemployment – 1207 families out of 1629	74%
Number of families with crime/anti-social behaviour – 1172 families out of 1629	72%
Number of families with poor school attendance – 1152 families out of 1629	71%

Note: As families need to meet 2 out of three criteria these numbers overlap.

Case Study

At the point of identification the police had attended a number of instances of domestic violence at a family home where dad was a known drug user (later to be imprisoned). The oldest child was regularly late to school, often tired and pale with ill-fitting worn clothes. The younger child was poorly supervised, not yet at school and displayed aggressive behaviour. Both parents were unemployed. The youngest child was assessed by the Special Needs Team. The mother's mental health and ability to cope was a concern as was the release of the father from prison.

There was some support from the grandparents though the mother has issues with her own family having been disbelieved that she was sexually abused as a teenager.
The mother has considerable debts and struggles to cope. It is believed she is no longer a drug user but has a mental health diagnosis of being bi-polar with prescribed medication which she has struggled to take regularly in the past. She very openly struggles with how to parent her children, believing her youngest child 'hated her' from the moment he was born.

The family have an open CAF and well supported TAC meetings and are seen weekly at the Children's Centre, by the independent family worker and the TFS Family Practitioner.

Following work through the Targeted Family Support programme the following outcomes for the child were noted
Education: The children are attending school and pre-school and the pattern of lateness has gone. The independent family worker supported mum on Thrive work at home with both children – the older child had been Thrive assessed by the school already.
For the adult
Crime and ASB - There has been no crime since this family became known to the TFS and mum is confident about what is acceptable behaviour towards herself and her children and knows what to do if there is a problem.
Unemployment - Mum is now in education and is actively looking for work.
Social Concern - Mum is aware of her own mental health needs and is in the process of accessing appropriate counselling support while being able to stay on her medication. The independent family worker with the help of CAB, have supported the mother with her debt and created a realistic budget. The mother has been supported by both the Children's Centre and the TFS worker to maintain her separation from dad and attend courses on how to parent better.
Comment from lead worker: "Taking the time to build up good relationships with the mother meant that when it was time to challenge her she was able to hear the challenge and stay engaged with the professionals in her life."
Comment from the mother: "Yep that's fine. It's a bit scary to see it all written down like that"

The DSCB welcomes the proposal to explore bringing together the arrangements under the targeted family support programme with the early help programme during 2014/15. The DSCB will support embedding the Early Help pathway so all the children's workforce fully understand their contribution and how they can access services for the benefit of families and their children.

12. Multi-Agency Safeguarding Hub

The MASH is the single point of contact for enquiries regarding children where there are safeguarding concerns in Devon which may require a multi-agency response or social care services. The aim of the MASH is to share partnership information at the earliest point of a concern being identified. The MASH has representation from children's Social Care, Devon and Cornwall Constabulary, local Health services, Education services, Devon and Cornwall Probation Trust, Devon Youth Offending Service, Domestic Violence Services, Early Years and Families' services and Children and Family Court Advisory and Support Service (CAFCASS).

The Ofsted inspection report (April 2013) highlighted 'inconsistent decision making in the application of child in need and child protection thresholds' and 'that too many enquiries into the MASH are directed to early help services when it is clear statutory intervention is required to protect children'.

Addressing these weaknesses identified by Ofsted has been one of the key priorities for 2013/14. The MASH was reviewed and under the governance of a new MASH and Early Help Strategy Group the following actions have been progressed:

- Agreement on partner agency resource and staffing arrangements;
- A single MASH and Early Help Strategy Group to provide operational oversight and strategic direction;
- Updated 'MASH Working Principles Agreement' information sharing agreement;
- Oversight of MASH assessment quality and decision-making within the DCC Quality Assurance Framework and DSCB Learning and Improvement Framework;
- Focus on more efficient handling of enquiries to improve response times and communication with families, professionals and wider stakeholders;
- Effective use of the Threshold Tool;
- Early Help Coordination Centre staffed and co-located with MASH went live on 22nd April 2014;
- Roll out of Devon Assessment Framework.

MASH enquires witnessed a significant spike during July 2013 (1818) with further albeit smaller spikes in October and November. With the launch of the new Threshold Tool and the Devon Assessment Framework as elements of the new Early Help pathway enquires dropped below 1000 in February and March 2013 culminating in a total number of enquires to MASH of 14662 for the year 2013/14. Over 50% of all enquires came from schools, Police (including121a's) and family members/ carers or relatives.

There remain some concerns about the quality of the feedback from the MASH to referrers. In addition it is difficult to understand until there is better early help data, what proportion of MASH enquiries results in no further action.

There is further work to be done to improve the links between the MACA and MASH and a protocol and a joint referral form is in development.

When the MASH is not operating during the evenings and at weekends Devon's Emergency Duty Team provide a county wide service for safeguarding adults and children, 365 days a year including Bank Holidays.

Referral and Assessment	2013/14		2012-13		2011/12	
	No.	%	No.	%	No.	%
Number of MASH enquiries (any contact)	14664		9985		9146	
Number of children these enquiries relate to	11734		9200		7148	
Children subject to more than one MASH enquiry	2336	19.9%			1496	20.90%
Children subject to two enquiries	1884	16.1%			1100	15.40%
Children subject to three enquiries	379	3.2%			316	4.40%
Children subject to four enquiries	59	0.5%			59	0.80%
Children subject to five or more enquiries	14	0.12%			21	0.30%
Percentage of MASH enquiries which were a repeat enquiry within 12 months of a previous enquiry	-	tbc	-	35.20%	-	-
MASH enquiry outcome 'social care referral'	5409	36.89%	4350	43.60%	4885	53.40%
MASH enquiry outcome ' Early Response Services/ CAF'	2107	14.37%	3535	35.40%	2771	30.30%
MASH enquiry outcome ' No further Action'	1150	7.84%	1020	10.20%	1248	13.60%
MASH enquiry outcome ' information only/ not multi-agency processed'	337	2.30%	1030	10.30%	234	2.60%
MASH enquiry outcome 'refer to Integrated Children's Services'	50	0.34%	50	0.50%	8	0.10%
Number of social care referrals received (this included referrals via MASH – above)	9158		5648		6115	
Percentage of referrals which were a re-referral within 12 months of a previous referral	20.3% **		-	23.20%	-	25.60%
Number of Single Assessments completed	361					
Number of initial assessments completed	5992*		4840		5334	
Number of core assessments completed	2147*		1141		1348	

All data is provisional. Quality assurance checks are currently underway for statutory returns and final figures will be available in August 2014.
* full year totals not available due to change to Single Assessment in February 2014. Previous data not comparable.

Future actions include:

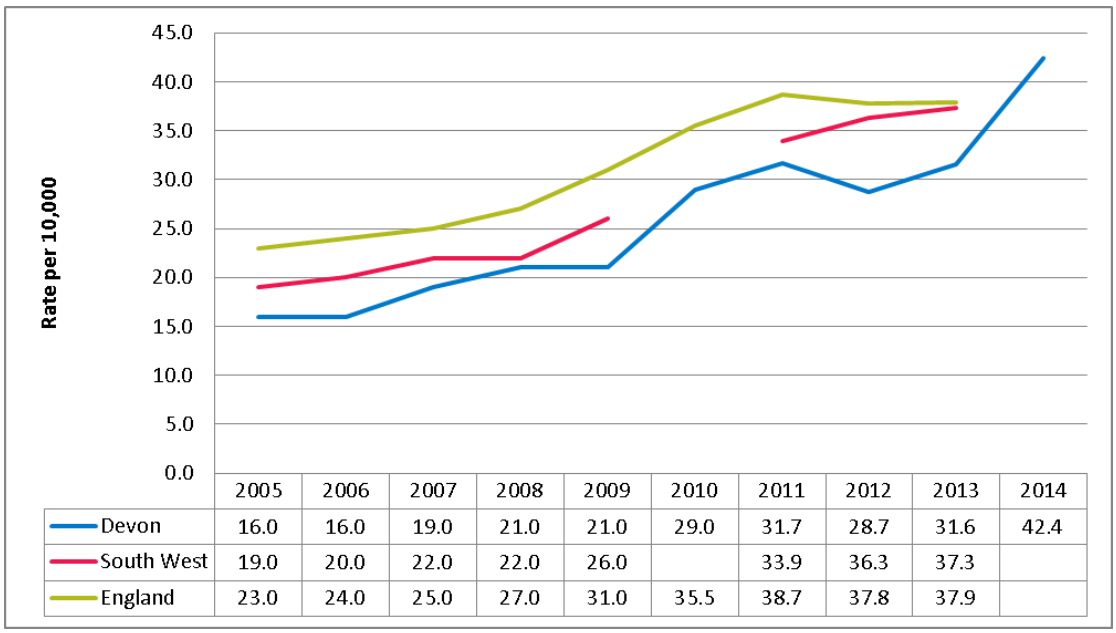
- **the implementation of the neglect strategy to ensure focused and timely intervention in such cases; and**

- **robust assessments of risks to children across all aspects of the safeguarding children system including where services are provided to parents and carers, leading to multi-agency engagement and plans which are carefully monitored, challenged and create measurable and lasting improvements to the safety and care of the child.**

13. Children subject to a Child Protection Plan

The number of children subject to a child protection plan saw a steady increase from July 2013 until January 2014 (660). Whilst numbers have continued to fall since January 2014, the number subject to a CPP remains comparable to the statistical neighbour level (600 compared with 526). As at end of March 2014 all CP cases were allocated to qualified social worker.

Children who are the subject of a Child Protection Plan - rate per 10,000 children aged under 18



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Devon	16.0	16.0	19.0	21.0	21.0	29.0	31.7	28.7	31.6	42.4
South West	19.0	20.0	22.0	22.0	26.0		33.9	36.3	37.3	
England	23.0	24.0	25.0	27.0	31.0	35.5	38.7	37.8	37.9	

Source: DfE Children in Need Census. Note: 2013/14 figure for Devcn is provisional until Oct14.

The percentage of children subject to a Child Protection Plan for more than 2 years has reduced to 1.7% suggesting that previous issues of drift and delay are being addressed.

7% of children subject to Child Protection Plans during 2013/14 in Devon had a plan categorised as Sexual Abuse. This is comparable to the national average of 5% reported in 2012/13.

Children Subject to a Child Protection Plan as at 31 March 2014 by Category of Abuse

CP Category of Abuse	No of CPP	%	National 2012/13
NEG - Neglect	217	36%	42%
PHY - Physical Abuse	81	14%	10%
SAB - Sexual Abuse	42	7%	5%
EMO - Emotional Abuse	260	43%	34%
MUL - Multiple/Not Recommended	0	0%	10%
Missing/Invalid Value	0	0%	0%
Total	**600**	**100%**	**100%**

Source: Devon CIN Census (provisional – 29/08/14)

Child Protection				**Comparator data 12/13**	**Comparator data 12/13**
Child Protection Indicator	**2013/ 14**	**2012/ 13**	**2011/ 12**	**National**	**Statistical Neighbour**
Rate of section 47 enquiries per 10,000 under 18 population	156.5	87.1	84.1	111.5	96.26

Number of section 47 enquiries initiated	2208	1229	1204	-	-
Section 47 enquiry outcomes (% substantiated)		73.1%	68.2%		
Rate of initial child protection conferences per 10,000 under 18 population	63.9	45.8	40.7	52.7	53.3
Number of initial child protection conferences held	902	646	582	-	-
Percentage of initial child protection conference held within 15 working days of Section 47 enquiry	33%	49.1%	55.3%	70.0%	75.0%
Percentage of initial child protection conferences leading to a child protection plan	87%**	85.4%	85.9%		
Number of children starting a child protection plan	809	550	500	-	-
Timeliness of core group meetings (within 10 days of CP conference)	61.7%**	50.8%	39.2%	-	-
Timeliness of visits	82.1%**	54.2%	37.7%	-	-
Percentage of child protection reviews completed within required timescales	41.2%	95.3%	97.8%	96.2%	96.9%
Number of children with a child protection plan as at 31st March	600	446	404		
% of child protection plans ending after two or more years	3.2%	4.8%	3.7%	5.2%	4.9%
% of children subject to a child protection plan for a second or subsequent time	16.9%	17%	16%	14.9%	15.89%
Children becoming subject to a child protection plan within 12 months of ending a previous one	3.9%**	5.1%	3.0%		
Children becoming subject to a child protection plan within 2 years of ending a previous one (NI65)	7.5%**	8.8%	6.4%		

Note: All 2013/14 figures are provisional until the final validation of the Children in Need Census in October 2014.

***Average of monthly/quarterly performance for the year, final 2013/14 to be confirmed*

***Provisional** – based on Mar13 monthly report – will update to correlate with the 600 CP cases as at 31 March 2014 calculated via the CIN Census*

Age	Unborn	Male	Female	NULL	Total	% of Total
Unborn	11				**11**	1.8%
< 1 Year	6	28	25		**59**	9.5%
1 - 4 years		102	85	1	**188**	30.1%
5 - 9 years		102	71	2	**175**	28.0%
10 - 15 years		83	93		**176**	28.2%
16 + years		6	9		**15**	2.4%
Total	**17**	**321**	**283**	**3**	**624**	100.0%
% of Total	2.7%	51.4%	45.4%	0.5%	100.0%	

Duration of plan	Number	% of Total
<3 mths	174	27.9%
3 mths < 6 mths	165	26.4%
6 mths < 12 mths	204	32.7%
1 yr < 2 yr	70	11.2%
2 yr < 3 yr	7	1.1%
3 yrs+	4	0.6%
Total	**624**	**100.0%**

CP cases of a duration of 9 months or more have been subject to review by the Independent Reviewing Unit between April and July 2014. As at 31 July 2014, no open CP cases had a duration of 3 years or more.

CP Plans as at 31 March 2014 by Ethnicity of Child
(to follow from CIN census data)

CP Plans by Area
(to follow from CIN census data)

14. Protecting Children that go Missing, Sexual Exploitation and Protection from Abuse using Information Technology

On 7th January 2014, Devon had 448 children in care aged 10 and over. Sixty two (13.84%) of these were recorded by the police as at risk of child sexual exploitation with 54 of these 62 children and young people having missing episodes recorded by the police. Reports of children missing have dropped by over 13.0% in Devon compared with 2012/13 whilst repeat missing persons have remained similar to last year at 33.9% compared with 34.9 (2012/13) and 33.2% (2011/12). 19 out of the top 20 most prolific children missing were looked after children (as at July 2013), these 20 children accounting for more than 440 episodes of missing.

The DSCB has written to the Director of Children's services asking for more detail about the children who go missing and to understand how children's services are addressing this. In addition it has requested the policy on restraint in residential settings and how its occurrence is being monitored by the Local Authority.

The REACH team; a multi-agency team responsible for reducing exploitation and absences from care and home, continue to review all missing children reports and complete return home interviews where social care are not working with the child including completing a child sexual exploitation risk indicator to allow for escalation of any concerns.

Devon has four local multi-agency Missing and Child Sexual Exploitation, (MACSE) forums operational in the North, Exeter, East and Mid, and South Devon to identify and manage child sexual exploitation risk to children at an early stage. They are monitored by a Devon Strategic forum which translates and implements actions from the Peninsula Steering group (a DSCB subgroup) into local areas and ensures good practice is shared and improvements made.

During the past year the focus has been establishing the membership and operational activity of the MACSEs with the next 12 months' focus on reviewing the impact on protecting children through the analysis of data and feedback from children.

The Steering Group will focus on how each local authority area is delivering against the Peninsula Child Sexual Exploitation Strategy under four categories: prevention, safeguarding, bringing offenders to justice and raising public confidence.

On 7th March 2014 the DSCB undertook an in-depth review of child sexual exploitation and how this was being tackled in Devon identified the following priorities:

• **Join up operational and strategic functions**

The Chair of the Devon Strategic Child Sexual Exploitation Forum will report to the Executive on a regular basis providing information on the performance of the local MACSEs, police investigations, how missing children are managed, MASH activity and allegations made against staff of partner agencies. The REACH team will also provide feedback from children who have gone missing, reporting on their experiences to enable partners to assess their services based on the needs of the children. A data set has been developed with the Peninsula working protocol to support this requirement and will be used in Devon.

• **Roll-out of child sexual exploitation awareness training**

A working group will be established to develop and deliver a training and awareness strategy. Initial focus will be to deliver e-learning packages through the DSCB website and to review national campaigns used to raise child sexual exploitation awareness.

• **Information sharing governance**

Information sharing will form part of targeted key messages to the children's workforce in Devon. Partners will be expected to ensure that their staff are trained and have guidance about the necessity to share information where there are safeguarding concerns. The revised Peninsula Child Sexual Exploitation Working Protocol provides new guidance on information sharing to assist professionals.

• **Early Intervention: Sex Education – 9 to 13 years (vulnerable children)**

The DSCB will be working with schools and education agencies through the education sub-group to understand how they are delivering messages about what constitutes a healthy relationship, especially to the most vulnerable children and young people. **In addition it is promoting the offer from the NSPCC to run programmes in primary schools to make children aware of appropriate and inappropriate touching and what they might do about this.**

- **Children in Care (commissioning)**

The DSCB has identified high instances of children in care in the Local Authority area who are going missing on more than one occasion. The Local Authority will be determining who these children are and the reasons for repeated missing episodes and develop proposals to tackle this.

• **Developing the operational pathway**

The new Peninsula Child Sexual Exploitation Working Protocol includes referral pathways for professionals and will be linked to the Threshold Tool. The Protocol will be published on the DSCB website and available to all professionals through their agencies.

• **Missing children (education and runaways)**

The DSCB have asked the police to review their data along with other agencies to see how this information on children and young people missing from education and those who go missing from home can be assessed and presented in a more joined up way.

Online safety

There were 86 referrals to the Police between April 2013 and March 2014 regarding people who had accessed indecent images of children on line (compared to 222 across the whole force area). The Police will report in the Annual Report 2014/15 on an increased data set including how many cases led to a positive action, the outcomes of these referrals and if children were living at the address of the suspect.

The police have led one complex criminal investigation in response to child sexual exploitation. Supported by partner agencies a high number of children were seen and safeguarded and one person arrested. This action disrupted criminal behaviour which was putting children at risk and prevented children becoming victims of sexual abuse.

A number of specific strategy meetings were held in South Devon and whilst no criminal investigations were completed, agencies worked together to safeguard children and disrupt behaviour who through information and intelligence gathering had been identified as being at risk of child sexual exploitation.

South West Grid for Learning (SWGfL) continued to support the peninsula Child On-line Safety sub-group. They contributed to two DSCB conferences and delivered 45 sessions to schools in Devon reaching 2257 pupils, 297 parents and 1190 teachers, reflecting the importance of this agenda within schools. Evaluations report high satisfaction from delegates (over 95% good or excellent rating). Safer Internet Day (February 2014) co-ordinated by the peninsula sub-group saw many schools, libraries and children's centres promoting messages of child on-line safety.

The DSCB would like to see how the expertise of SWGfL, particularly in relation to understanding the risks but also educating parents and young people, might more effectively be used. The DSCB will contract for the South West Grid for Learning Peninsula on-line safety leads meetings.

15. Parents/ Carers with Harmful Behaviours (substance misuse, emotional health and wellbeing, domestic abuse)

The Devon family health needs profile 2012, reached 4,700 households containing 8,238 children, including 48 unborn children, (less children than 10% of the under five population in Devon) and identified 341 families (containing 659 children) where at least one parent was recorded as misusing drugs and/or alcohol.

Within the alcohol treatment services, a total of 1392 adults were in treatment in the financial year 2013/14. Out of 914 individuals starting a new treatment episode during this period,

- 20% were parents living with their own children;
- 4% had other child contact and were living with children; and
- 25% had other child contact & were not living with children.

There were only 3 referrals recorded as coming from children and family services. *Source Q4 2013/14 Red report for Devon adult alcohol services.*

Within the drug treatment services, a total of 1429 adults were in treatment in the financial year 2013/14. Out of 388 individuals starting a new treatment episode in this period, 82 (21%) had children living with them.
Source Q4 2013/14 Green report for Devon

The Addaction 'Breaking the Cycle' programme undertakes work with families where there is parental substance misuse. The care package takes into account the needs of the whole family and offers a wide range of support including access to information on personal counselling, housing and health issues.

Referrals to Addaction

	South & West	Exeter, East and Mid	Northern	Total
2011/12	8	9	11	28
2012/13	23	25	18	66
2013/14 up to end Dec 2013	21	12	12	45
Cumulative successful completions	17	12	14	43

The Devon guidance for all adult and children's services where the health of adults impacts on their safeguarding children capability "See the adult, see the child – Think Family" is currently being re-written alongside a further protocol being developed specifically around substance misusing parents for adult treatment services and children's social care. The guidance aims to ensure that children and young people are kept safe and protected from inappropriate caring responsibilities.

Young people affected by family substance misuse are supported through the YProject (Section 16).

Emotional Health and Wellbeing
The Devon Partnership Trust provides services provide emotional health and wellbeing services to adults including those with parental responsibilities. During 2013 – 14 work has been undertaken to improve the safeguarding of children including auctioning a number of safeguarding recommendations arising from serious case reviews and audits. Safeguarding children training for staff has been a priority at all levels within the organisation and alongside regular audits of clinical records safeguarding children awareness amongst staff is rapidly improving. Examples of good practice include the appointment of three workers to support trouble families, roll out of Threshold

Tool and DAF, Perinatal Mental Health Services and in principle agreement for a dedicated mental health worker in the MASH and joint workshops alongside social care staff. The Devon Partnership Trust has set future planning to include further improvements to safeguarding children awareness and practice including that staff record information about children on clinical records and the embed of the Think Family protocol and thresholds for referral.

Domestic Abuse

The Multi Agency Risk Assessment Conference (MARAC) is a multi agency meeting for sharing information and identifying actions by each agency to safeguard the immediate risk of serious harm to high risk victims of domestic abuse.

Whilst MARAC is not a statutory obligation the DSCB in 2008 agreed to be the interim governing body for MARACs through the MARAC Steering Group and ensure that children in Devon attached to MARACs would not be missed.

A change in national definition of domestic abuse in March 2013 has meant that since October 2013 data on the number of 16 and 17 year old victims being referred to MARAC is collected however there is not enough data to date for meaningful analysis.

Between 31 December 2012 and 1 January 2014, 805 cases were referred to one of Devon four MARACs. Of these cases, 959 children and young people were identified as being in high risk domestic violence and abuse households. 27% of the total cases were repeat cases to MARAC but the data does not determine what percentage of these had children attached.

Sixty five per cent (524) of the total referrals were made by the Police and 35% (280) were made by other agencies. This is a significant change from when MARACs started in 2005 when virtually all referrals came from the Police. In the 12 months to 1 January 2014, there has been an upward trend in referrals from children's Social Care, Primary Care and Secondary Care/Acute Trusts.

An analysis of MARAC Repeat Profile data carried out in September 2013 identified that:

- More cases are recorded where victims have children, true for both repeat and initial cases to MARAC.
- 68.4% of the study sample were repeat victims with children, including pregnancy, compared with 31.6% of victims who did not have children
- 33.6% of initial cases and 36.8% of repeat cases referred to MARAC have a diagnosed mental health condition
- In 6.6% of initial cases and 10.3% of repeat cases, drug use is recorded as a factor
- In 25.5% of initial cases and 31.6% of repeat cases, alcohol use is recorded as a factor

There is some evidence to suggest that drug use, alcohol use and mental ill-health are slightly more prevalent in repeat cases than in initial cases. The inference is that if one (or more) of these three factors is recorded there is a slightly greater likelihood of the case becoming a repeat case in the future.

During 2013 the Steering Group sought to simplify the referral process to MARAC. A combined form has been designed for approval at the MARAC Steering Group in June 2014 with the existing referral process remaining within adult safeguarding. Further improvements have been evidenced in creating a letter to flag high-risk cases to GPs and gaining sign up from children centre provider governing bodies to the MARAC Information Sharing Protocol alongside secure email facility for referrals. **Further work includes developing a MARAC and MASH protocol. The DSCB will monitor MARAC activity and its links to effective safeguarding of children and young people.**

16. Children and young people with harmful behaviours (substance misuse, emotional health and wellbeing, self harm and bullying, accident and emergency and hospital admissions)

Y-Smart (Devon's specialist young people's substance misuse service) provides targeted prevention and treatment services for young people who are misusing substances and for those who are considered to be in vulnerable groups where there is concern over possible future use of substances. The service works primarily with young people under the age of 18 but will continue to work with them until the care plan has been completed or they are successfully transitioned to adult service if it is considered beneficial for the young person.

During 2013/14 of the 222 young people treated, (142 new referrals, 80 continuing treatment) 79% left treatment in an agreed and planned way, having met their treatment goals.

- 63% were male and 37% female.
- 13% were children in care.
- Referrals came from universal education settings (32%), the Youth Offending Service (14%), Children and Family Services (7%) and self or family referrals (17%).
- 69% in treatment had their primary substance used listed as cannabis, 20% alcohol.
- 75% referred into treatment were regularly using more than one drug.
- 157 young people received brief intervention/ prevention work.
- 282 young people identified as vulnerable to future substance misuse received education and prevention targeted group work. This work is targeted to those out of mainstream education, looked after young people, young people at risk of exclusion through substance misuse related behaviour and young people in the criminal justice system.

The YProject is designed to assess the concerns that children and young people have about their families giving them a safe space to talk about their fears and worries and provide age and experience appropriate drug and alcohol information about the nature of addiction.

During 2013/14 106 children and young people engaged with YProject with 68 being new referrals.

- 10 young people declined a service.
- The main referring source for the YProject is schools (34%), followed by children's social work (24%) and adult treatment services (21%)

Devon "See the adult, see the child" protocol is being refreshed. This seeks to ensure agencies recognise and take protective action where the behaviours of adults with whom they are providing services cause safeguarding risks to children and young people.

The Child and Adolescence Mental Health Service operates within an emotional health and wellbeing system and includes the full range of early help services alongside specialist pathways for more complex children including those who deliberately self harm and who have eating disorders.

Although progress was made in improving CAMHS waiting times prior to the 1st April 2013, referral to treatment within the agreed timeframe has remained at 60% for several months. Referral numbers have been sustained throughout 2013-March 2014 following a 25% increase in the summer of 2012 (over 4000 for 2013/14 compared with less than 3000 2011/12). In addition to this increase in overall numbers there has also been an increase in the number of complex children needing treatment and the number of urgent referrals. This includes the following:

- A significant increase in the number of children presenting with **overdoses or deliberate self- harm**.
- A significant increase in the number of young people presenting with an **eating disorder** to 130 current cases.
- a significant increase in the number of young people needing to be **admitted to inpatient units** and the support required pre and post discharge.

These increased demands on the system has compelled the need for a service re-design to a more responsive care pathway model alongside group based interventions and brief solution therapy.

Tier 4 provision

There has been a large increase in the numbers of young people admitted to both paediatric wards and Tier 4 units. Currently there are 22 young people in a Tier 4 bed of which only 4 are in the local unit in Plymouth. This situation deteriorated further with the closure of the Somerset tier 4 unit in Spring 2013. Challenge from the DSCB and others has resulted in the re-opening of the unit in 2014.

During 2013/14 50 young people have been placed in out-of-county units across the country in places such as Kent, London, Northampton, Birmingham, Manchester and Glasgow. Not only does this put additional pressure on young people, some as young as 12, who are several hundred miles away from their family, it also is very difficult for families to be part of any therapy at this distance.

CAMHS agency staff have worked with young people with mental health issues placed on the acute paediatric wards when a tier 4 bed was not available which places wards under significant pressure for beds and care of others when these often quite disruptive young people put other young people at risk.

The assertive outreach service being commissioned for 2014/15 by the Clinical Commissioning Groups aims to improve the local offer and reduce the number of young people placed out-of-area and although it does not include out-of-hours support it should reduce the crisis management required at the moment.

The CAMHS team had 9 serious incidents in the 12 months to March 2014 that all involved a lack of Tier 4 provision or care within a Tier 4 setting. This has included placing 3 young people on an adult ward and 3 young people in a police cell when a tier 4 bed was not available.

The Care Quality Commission (CQC) compliance (2013) shows significant progress made in the last 2 years across the CAMHS service as a whole. Whilst most people spoke highly about the CAMHS service, concerns were raised about difficulties accessing CAMHS in some areas. The participation of service users was also acknowledged as a key strength within the Devon CAMHS services.

The DSCB December 2013 in-depth review of the Mental Health system identified the importance of an accessible CAMHS provision at all levels effectively linked into the early help arrangements and have prioritised the following for action:

- **support for children and young people within an early help environment including a joint commissioned Tier 2 service;**
- **urgent development of assertive outreach and associated infrastructure;**
- **provision of out-of-hours clinical assessment of young people with mental health difficulties**
- **the provision of suitable places for tier 4 beds;**
- **a place of safety.**

Self-Harm and bullying

Self-harm has been identified as an issue for young people in Devon. Young people have told the DSCB that bullying continues to be an issue for them and sometimes the interventions of adults can make the situation worse. There were 536 hospital admissions in Devon for young people who self-harmed (406 female and 130 males) which is above the national average. The DSCB will be conduting a multi-agency case audit in October on cases where self harm is a safeguarding

concern, the findings of which will be presented to an in-delth review of self harm scheduled for the Board meeting in December 2014..

Accident and Emergency and hospital admissions
The highest attendance rates to accident and emergency (A&E) are in younger age groups, with particularly high rates in those aged 0 to 4, with 15 to 19 with attendance rates higher at all ages in more deprived areas.

The pattern of A&E attendances in Devon reveals the following:

- assault injuries occur throughout the day, with peaks in mid-afternoon, and in the early hours of the morning.
- the risk of attendance for deliberate self-harm gradually increases through the day, peaking between 10pm and midnight.

All agencies have a role in contributing to reducing unintentional injuries to children and young people within Devon and should include relevant actions within their commissioning and/or implementation plans. Devon successfully secured a mentoring programme with the Child Accident Prevention Trust which ran during 2013-14 and provided support to local health organisations and their partners in relation to reducing childhood accidents in Devon. Successful multi-agency partnership awareness sessions and tailored support were provided throughout the year.

A&E Attendances by gender and patient grouping, persons aged 0 to 19, 2013-14

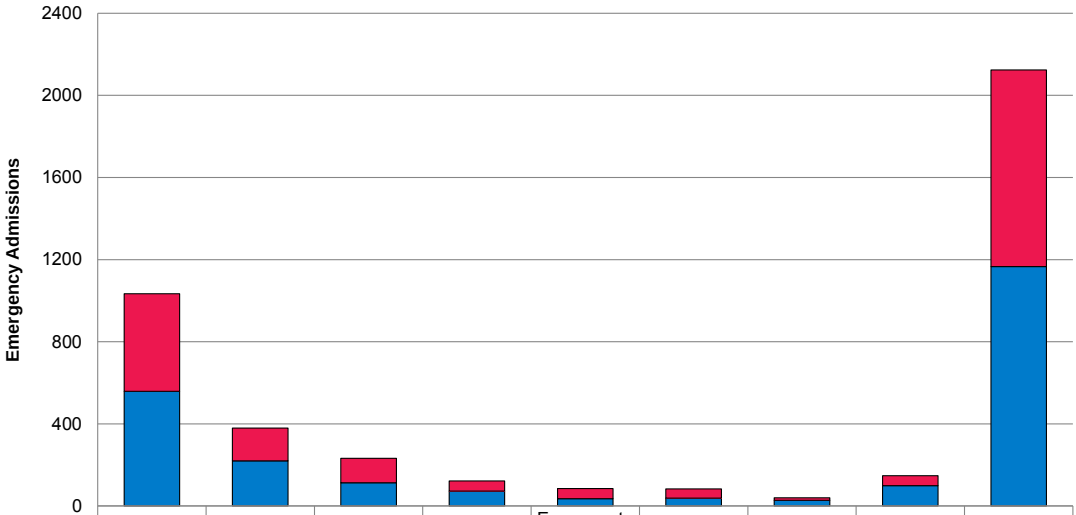
Patient Group	Female	Male	Persons
Deliberate Self-Harm	406 (75.7%)	130 (24.3%)	536
Road Traffic Accident	202 (42.9%)	269 (57.1%)	471
Assault	108 (29.3%)	260 (70.7%)	368
Firework Injury	14 (33.3%)	28 (66.7%)	42
Sports Injury	932 (25.7%)	2,691 (74.3%)	3,623
Other Accident	14,443 (45.1%)	17,582 (54.9%)	32,025
Other Than Above	13,014 (48.7%)	13,732 (51.3%)	26,746
Total	29,119 (45.6%)	34,692 (54.4%)	63,811

Hospital Admissions

Young people are most likely to be admitted to hospital in Devon because of fall injuries, complications from medical and surgical care, intentional self-harm, transport injuries or exposure to mechanical forces. The admission rates per 1,000 persons aged 0 to 17 over last three years continues to decline with most accidental harm admissions being male except in regard to accidental poisonings. Transport accidents and self-harm tends to be more common in older children (and more prevalent in females) and poisoning and accidental drowning / submersion more likely in much younger children.

The DSCB has raised concerns with NHS England about the high number of young people admitted to children's wards without then receiving a mental health assessment . The lack of availability of an out of hours clinical assessment and the lack of appropriate tier 4 beds has meant that some young people are in appropriately being kept in such settings which poses risks to them and possibly other children in this setting .

Hospital Admissions from accidental causes in persons aged under five, 2008 to 2012



	Falls	Exposure to inanimate mechanical forces	Accidental poisoning	Contact with heat and hot substances	Exposure to animate mechanical forces (e.g. animal bites)	Transport Accidents	Threats to breathing / drowning	Other accidents	Total
Persons	1034	380	232	122	85	83	40	148	2124
Female	475	160	119	49	49	45	12	49	958
Male	559	220	113	73	36	38	28	99	1166

17. Young Carers

As at 31st March 2014 Devon Carers service were in touch with 2,836 young carers who were providing regular or ongoing care and emotional support to a family member. Figures from the Census 11 estimate that there are around 4,700 carers aged up to 24 years in Devon. Young carers can be put into positions of great responsibility at a very young age dealing with situations that many adults would find a challenge, often not only looking after their relative but also helping to bring up siblings and run a household.

Devon Carers provide a range of services to help protect young carers from inappropriate caring responsibilities and provide access to opportunities similar to other young people and access to support, including emotional support, for their caring role. These services include:

- Respite activities and clubs
- Transport to and from activities
- Family support and counselling
- Advocacy
- Information and signposting
- Access to grants and take a break vouchers to mitigate the impact of caring on health and well-being and give young carers a chance to enjoy being themselves
- A Young Carers Council where young carers can voice concerns and influence commissioning

Young Carers concerns are raised with the commissioner and many have influenced the refreshed carers strategy. These concerns include wanting further recognition for their roles by the professionals working with the people they care for, having a named young carers lead in school to provide support particularly at times of transition and exams and the provision of counselling services.

A school resource pack highlights issues that affect young carers and ways in which schools can support them to ensure they achieve their potential. Input into schools and colleges to identify and promote support for young carers needs to continue.

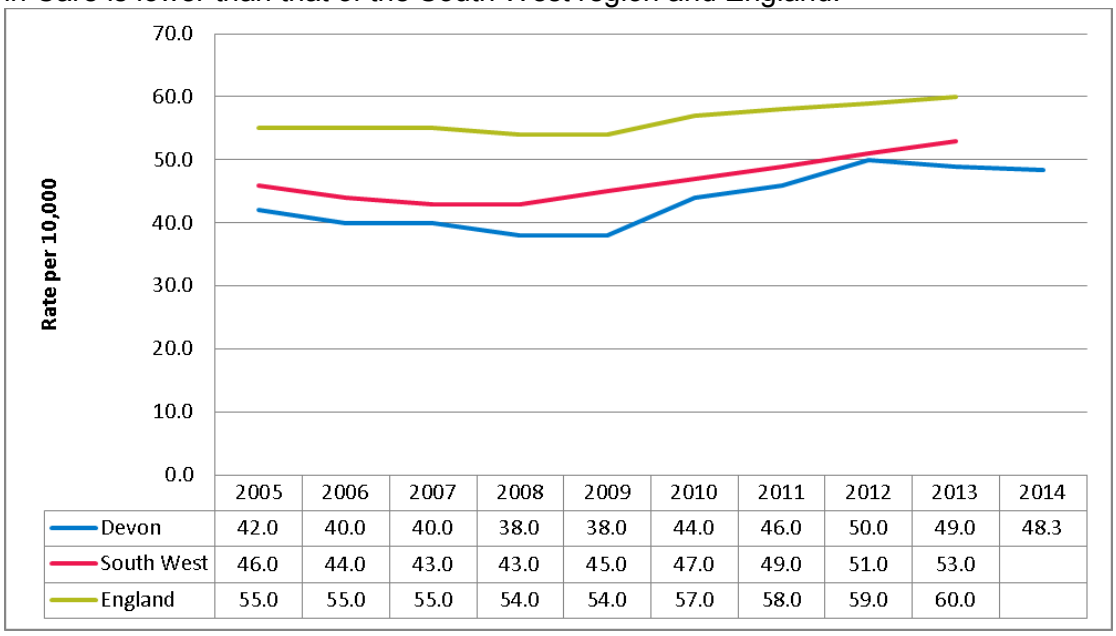
The Children and Families Care Act, March 2014, will ensure that all carers under the age of 18 have the right to an assessment of need regardless of who they care for, what type of care they provide or how often they provide it. Local authorities will have a clearer duty to undertake an assessment though this may add further pressure on young carer services and joint partnership work. It is likely that more young carers will be assessed using the DAF and may be considered to be Children in Need.

Needs of those cared for	**%**		**Relationship to young carer**	**%**
Physical/ sensory disability	53%		Parent	69%
Mental health	35%		Sibling	38%
Sibling with additional needs	29%		Grandparent	3%
Alcohol/ substance misuse	6%		Other relation	1%
Learning disability	4%		Other no relation	1%
Other	2%			
Frail/ elderly/ dementia	1%		**Age profile of young carers**	
End of life	1%		Under 11 years	25%
			11 to 16 years	55%
			17 and 18 years	14%

Note: percentages exceed 100% where there is more than one category of need

18. Children in Care and Care leavers

The number of children in care at the end of March 2014 reflects the previous year (684 compared to 693 2012/13). Expressed as a rate per 10,000 population aged 0-17, Devon's rate of Children in Care is lower than that of the South West region and England.

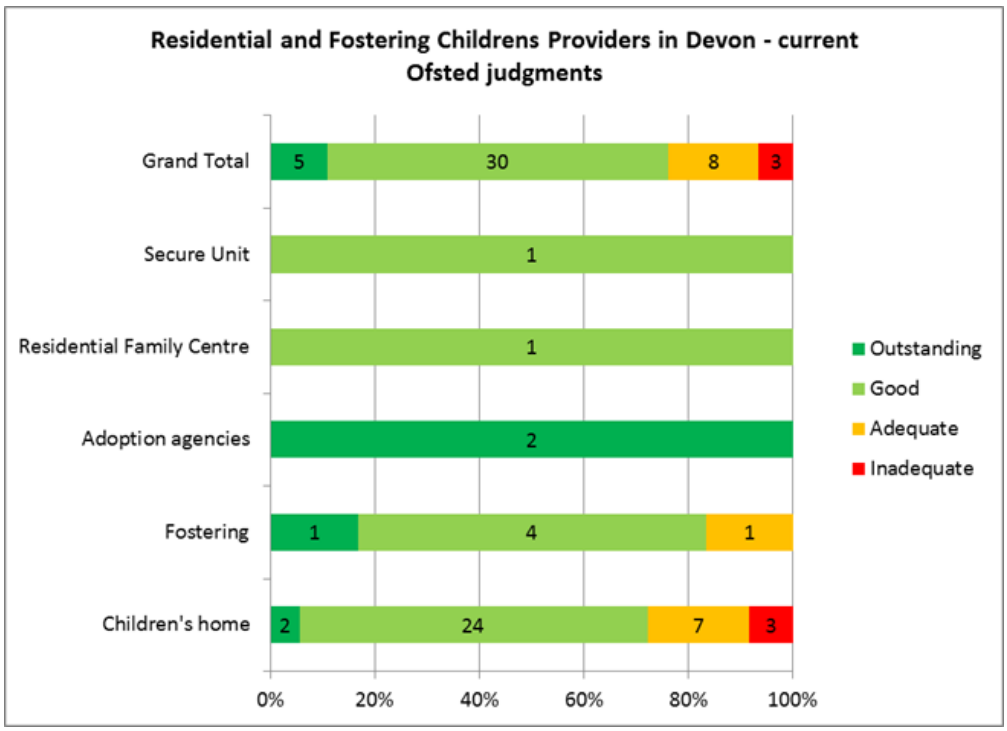


	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Devon	42.0	40.0	40.0	38.0	38.0	44.0	46.0	50.0	49.0	48.3
South West	46.0	44.0	43.0	43.0	45.0	47.0	49.0	51.0	53.0	
England	55.0	55.0	55.0	54.0	54.0	57.0	58.0	59.0	60.0	

Consistently over 98% of children in care were allocated to a social worker and the majority of children are seen within agreed timescales. Placement stability has improved from 2012/13 alongside a marked improvement of children in care being cautioned or convicted. However the percentage of children with an up-to-date personal development plan has declined and the outturn percentage of children in care achieving 5 or more GCSE's including English and Maths at key stage 4 was less than 10% in 2013.

Children in care going missing from their placement and from school has been highlighted as an area of concern and is included in the priorities for the Board for 2014/15.

'Stand Up! Speak Up!' meets monthly throughout the year and provides a regular forum which captures the views that young people express about their experience within the care system. The forum also acts as an expert adviser and consultation group; recent activity informed by the group includes developing the 'My Review' document, informing commissioners developing the advocacy specification and reviewing The Pledge to Children in Care. There are two additional satellite groups that meet fortnightly and are aimed at young people in care aged 11 to 16. There is 'JAM' based in Barnstaple & 'RIO' based in Exeter. These groups are facilitated by the Youth Participation team.



Care leavers in suitable accommodation and those in education, employment or training is an area for improvement showing a declining pattern throughout 2013/14 in part due to the increased reporting framework from up to 19 years to now including those aged 20 and 21 years old.

Children in Care Indicator Table

Indicator Title	2013/14	2012/13	Comparator 2012/13
Percentage of children who ceased to be looked after who were adopted	**11.97%**	**7.6%**	14% England 15.9% Stat Neighbours
Percentage of children who ceased to be looked after because of a Special Guardianship Order	**7.69%**	**4.90%**	n/a
The proportion of young people aged 19, 20 or 21 who were looked after aged 16 who were not in employment, education or training	**38.94%**	*n/a (new calculation for 2013/14)*	n/a
The proportion of young people aged 19, 20 or 21 who were looked after aged 16 who were in suitable accommodation	**67.28%**	*n/a (new calculation for 2013/14)*	n/a
The percentage of young people aged 19 who were looked after aged 16 who were in higher education	**3.92%**	*n/a (new calculation for 2013/14)*	n/a
The percentage of children looked after at 31 March with three or more placements in the year	**14.77%**	*14.0%*	11% England 11.6% Stat Neighbours
Children in Care Reviews Held Within Timescale	**91.6%**		n/a

Source: LAC Return 2013/14

Profile of Children in Care as at 31 March 2014

Ethnic Origin of Children Looked After

Ethnicity	Number of CiC
White	644
Mixed	30
Asian or Asian British	2
Black or Black British	4
Other ethnic groups	4

Category of Need for Children in Care

Category of Need	Number of CiC
Abuse or neglect	391
Disability	58
Parental illness or disability	12
Family in acute stress	106
Family dysfunction	93
Socially unacceptable behaviour	9
Low income	3
Absent parenting	12

Age Profile of Children in Care

BOYS		GIRLS	
Under 1:	17	Under 1:	18
1 - 4:	49	1 - 4:	40
5 - 9:	81	5 - 9:	36
10 - 15:	136	10 - 15:	105
16 - 17:	112	16 - 17:	90
18 & over and placed in a community home:	0	18 & over and placed in a community home:	0
TOTAL BOYS:	**395**	**TOTAL GIRLS:**	**289**

Placement Type

		Number of CiC
Foster placement with relative or friend:	Inside local authority	28
	Outside local authority	4
Placement with other foster carer:	Inside local authority	353
	Outside local authority	55
Secure unit		4
Homes and hostels		28
Hostels and other supportive residential placements		53
Residential schools		35
Other residential settings		30
Placed for adoption (including placed with former foster carer)		40
Placed with own parents		24
In lodgings, residential employment or living independently		24
Absent from agreed placement		3
Other placement		3

19. Children Living in Private Fostering Arrangements

Children fostered privately may be living away from their birth families for a variety of reasons; ranging from planned language school placements to unplanned 'sofa surfing' situations and many circumstances in between.

The work to raise awareness amongst the workforce and the general public of Devon has included:

- Mailshots to all Independent schools in the Devon Local Authority area and closer working with school admissions;
- Gathering feedback from young people and carers to establish a better feedback tool;
- Presentation and information sharing at children's social work teams, language schools and guardianship agencies, Refugee Support Group Devon and at the 'Excellence not Excuses' group (a multi-ethnic advisory group challenging racism and inequalities in Devon);
- Private Fostering week July 2013 Article in Local paper and information on all Devon County Council employees wage slips.

Devon has a very high level of private fostering work compared many local authorities. This is in part due to having developed strong relationships with local language schools, guardianship agencies and private schools (and further compounded by the significant number of these organisations located in the county). Whist referral rates in Devon to the Private Fostering Team have continued to rise and timely statutory visits remains high, the numbers of 'local' children who are subject to private fostering arrangements are more in line with comparator authorities and are those children likely to be at potentially greater risk.

Regulation 4 (Initial) Visits

Devon is performing significantly above both the England and South West (66.9% and 50.5% respectively).

	New notifications	Had a Reg 4 visit	Visit within 7 working days	
Devon	207	207	198	95.7%

Regulation 8 (Review) Visits

Devon is performing significantly above both the National (69.0%) and South West (62.0%) average for new arrangements and significantly above both the National (67.0%) and South West (48.0%) average for on-going Reg. 8 visits.

	New notifications	Had a Reg 8 visit	Visit within 42 working days	On-going Reg 8 visits on time
Devon	208	203	97.6%	94.4%

Good practice:

- All carers and household members 16 years and over (including adults who frequently visit or who stay overnight), are screened through Disclosure and Barring Scheme checks, medical checks, local authority checks, education checks (if appropriate), and personal references. The service is currently working with language schools and guardianship agencies to ensure any over 16 year old students placed with under 16 students bring a current Certificate of Good conduct with them (as UK DBS checks do not apply in these instances). Assessments are currently scrutinised by an independent panel made up of fostering panel members.

- Young people and children are always interviewed alone unless there is a very good reason why not. Their views are always recorded. Overseas students and those children/young people whose first language is not English or who are not fluent in English are seen with an interpreter. All overseas students are given written information in their own language about the role and contact details for the private fostering team.

Areas for improvement
Accessing and maintaining links with faith and community groups across the county to ensure that private fostering is understood and reported to the local authority.

Case study
Four year old T was placed with his great Aunt as his mother and immediate family were unable to provide him a supportive home. His aunt applied for a Special Guardianship Order and with the support of the local housing association they moved to a flat nearby so that T could have his own room.

T has been living with his Great Aunt for the past 10 months and through his play and the worker's observation has demonstrated that he has made a good attachment to her. With extra help at school he is in the process of having an educational statement of his needs. T's mum feels more settled about T living with her aunt and would like to be more in his life. The private fostering arrangement successfully prevented T going into care and kept him within his family.

20. Public Protection

Devon and Cornwall Probation Trust works closely with offenders who have been identified as a risk or potential risk to children. Between April 2013 and March 2014 there were 610 such offenders. On average, there are 4 children associated with each offender and in Devon the average age of the child is 9 years. The largest proportion of offenders were the parents of the child/children.

	No. of Offenders	Percentages
Devon *(excl. Plymouth & Torbay)*	210	34%
Torbay	122	20%
Plymouth	160	26%
Cornwall	118	19%
Total	**610**	

During the last year the Devon & Cornwall Probation Trust has monitored outcomes for these offenders. The pre and post stage risk of harm scores have demonstrated short-term change in key areas. With offenders that have issues with substance misuse or violence the assumption is that a reduction in the severity of those issues has a positive impact the child/children associated with that offender.

During 2013 the Trust was subject to an Inspection by Her Majesty's Inspectorate of Probation (HMIP) which found the Trust with a significant uplift in performance although early help is an area for improvement. In 2013 Devon & Cornwall Probation Trust Probation commissioned a new Women's only service, OPEN, which creates a women only space to access various services from key locations. This is targeted at women offenders who also often have children.

The DSCB have requested quarterly reports on the effectiveness of the Multi-Agency Public Protection Arrangements (MAPPA) as this was been identified as a key issue arising from the findings within SCR 10 in relation to sex offenders.

In addition it is asking for information from the probation service and CRC about the number of children and young people who are receiving early help services , are children in need or subject to a safeguarding plan where the parent has an involvement with their service.

21. Inappropriate Behaviour of People who Work with Children

Awaiting report

22. Children in the Criminal Justice System

The Youth Offending Service and partners have been successful in reducing numbers of children and young people entering the criminal justice system (214 in 2013/14 compared to 335 the previous year equating to a 28% reduction), and the number of offences committed during 2013/14. In addition this 12 months period has seen the lowest ever number of young people sentenced to Custody since the youth offending service began (9 in 2013/14 compared with 13 the previous year).

Through listening to young people and engaging with their families the service seeks to reduce the vulnerability of many very troubled young people that find themselves subject to the Criminal Justice System. The multi-agency approach within the YOT has a proven record in improving the outcomes for many quite complex and difficult children who can not only cause considerable harm to themselves but also to others

In 2013/14 the service commenced 255 interventions following initial assessments on 159 young people (statutory cases). Of these 5 young people were on a child protection plan (a further 31 had previously been on a plan) and 18 were subject to a care order (5 previously subject to a care order). 37% of children in the cohort either were or had been in care or on a child protection plan.

Of the offences committed, the highest category relates to theft and handling (474) (not including vehicle theft (13), followed by violence against the person (428), criminal damage (276) and drug related offences (121). There were 17 sexual offences. There are three levels of intervention:

- Standard – 2 contacts per month
- Enhanced – 4 contacts per month
- Intensive – 12 contacts per month

The level of intervention is decided looking at previous offending history and needs of the individual identified from the initial assessment.

The fact that 77% of young people (197 out of 255) required an enhanced or intensive level of input is reflective of the high level of young people with complex needs that the service is working with.

32.9% of offenders re-offended within 12 months compared to the national figure of 35.3%.

Of those cases closed during 2013/14, 97% were in suitable accommodation (223 out of 231 cases closed). Of the remaining 8 young people, I was in sheltered accommodation, 1 in custody and 6 were in accommodation not deemed suitable for their needs placing them at greater risk of re-offending.

23. Governance arrangements

The Health and Wellbeing Board

The report from the DSCB to the Health and Wellbeing Board (H&WB) (March 2013, sought to describe its governance arrangements with the Board identifying that without a Children's Trust, the DSCB would report its Annual report to the H&WB for consideration as to how the challenges set out in each Annual Report are prioritised within the commissioning and provider arrangements within Devon. The Chair of the DSCB continues to attend the H&WB to report progress, raise emerging issues and impart challenge into the commissioning of services, particularly areas of high safeguarding children risk. The Chair has reviewed the draft protocol presented with the March 2013 report, an extract detailing the formal working relationship between the H&WB, the DSCB and the Devon Safeguarding Adults Board is summarised as follows:

- *An integrated approach to the Joint Strategic Needs Assessment (JSNA), ensuring comprehensive safeguarding data analysis in the JSNA, and the production and regular updating of specific Safeguarding JSNAs at the request of the Safeguarding Boards*
- *Aligning the work of the DSCB and Devon Safeguarding Adult Board with the H&WB Strategy and related priority setting.*
- *Ensuring safeguarding is ''everybody's responsibility'', and is reflected in all service commissioning and provision, and in related strategies*
- *Evaluating the impact of the H&WB Strategy on safeguarding outcomes, and of safeguarding on wider determinants of health outcomes*
- *Identifying a coordinated approach to performance management and quality assurance that assures compliance with Section 11 Children Act 2004 , Working Together 2013 and the new statutory framework for Safeguarding Adult Boards*
- *Cross Board scrutiny , challenge and ''holding to account'': the H&WB for prioritising and embedding safeguarding, and the Safeguarding Boards for overall performance and contribution to the H&WB Strategy.*

Arrangements to secure co-ordination between the Boards.

- *In September each year the Independent Chair of the two Safeguarding Boards will present to the H&WB the Safeguarding Annual Reports evaluating the effectiveness of the safeguarding arrangements that are in place, the achievement against the objectives and key challenges that have been agreed, and the evidence on which this is based. This provides the opportunity for the H&WB to scrutinise and challenge the performance of the Safeguarding Boards and to reflect on key issues that may need to be incorporated in the refresh of the Devon Health and Wellbeing Strategy.*
- *The Safeguarding JSNAs to be kept under review and refreshed annually and the identified priorities along with the H&WB Strategy and its priorities to be considered by the Safeguarding Boards to enable them to scrutinise and challenge performance of the Devon H&WB*
- *The Chair of the Safeguarding Boards to provide regular safeguarding monitoring reports to the H&WB identifying key national and local issues that the H&WB need to consider .*
- *Maximum effort to be applied to minimise duplicatory effort between the Boards by the sharing of 'intelligence' , performance information and emerging priorities that need addressing once only*
- *This 'protocol' to be revised as a consequence of expected changes in statutory expectations and as a minimum annually.*

24. Information sources

Suicide in Young People up to the Age of 18 Years
Evaluation of Data from Local Safeguarding Children Board
Child Death Overview Panels in the NHS South West Region, November 2013
Ofsted report: What about the Children

25. Glossary

A&E	Accident and Emergency
CAFCASS	Children and Family Court Advisory and Support Service
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CQC	Care Quality Commission
DAF	Devon Assessment Framework
DCC	Devon County Council
DSCB	Devon Safeguarding Children Board
EHCC	Early Help Coordination Centre
GP	General Practitioner
H&WB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
MACA	Multi-Agency Case Audit
MACSE	Multi-Agency Child Sexual Exploitation
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
NHS	National Health Service
Ofsted	Office for Standards in Education, Children's Services and Skills
REACH	A multi-agency team to reduce sexual exploitation
SCR	Serious Case Review
SEND	Special Educational Needs and Disabilities
SWGfL	South West Grid for Learning
TSCB	Torbay Safeguarding Children Board

ASC/14/04
Health and Wellbeing Board
11 September 2014

SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Report of the Chair of the Safeguarding Adults Board

Recommendation: The Health and Wellbeing Board is asked to endorse the Safeguarding Adults Board Annual Report.

~~~~~~~~~~~~~~~~~~~~

1. Background/Introduction

The Safeguarding Adults Board provides multi agency strategic coordination and oversight of Safeguarding Adults in Devon. It is chaired independently and the Chair also chairs the Torbay Safeguarding Adults Board. The SA Board's governance structure appears in the annual report and includes its connection with the Health and Wellbeing Board.

The Board's vision for safeguarding adults in Devon is:

People who have or may have care needs are able to live a life free from harm, in communities that have a culture that does not tolerate abuse, where people work together to prevent abuse and know what to do when abuse happens.

The report outlines definitions and reporting arrangements for concerns about vulnerable adults who may be experiencing or at risk of abuse or neglect.

The report describes the new legal requirements of the Care Act in relation to safeguarding adults. The Care Act's requirements of Local Authorities and Board members are based on existing practice and functions of the Local Authority and the SA Board, such as the need to publish an Annual Report. These requirements have therefore not required any substantial changes in how we currently work but do help to re enforce the importance of this work.

The report includes an update on progress with the Board's Business Plan and on the work of the Boards' 5 sub-groups, which include a group for people with care needs and carers. This sub group is represented on the Board by one of its members and its chair. The priorities of people who use services and of carers, is reflected in the Annual Report and the Board's Business Plan. The Business Plan is currently being reviewed.

The Annual Report is published on the Safeguarding Adults Web site.

Equality Considerations

Safeguarding vulnerable adults from abuse is a way protecting the basic human rights of people with care needs and of tackling age and disability discrimination.

Legal Considerations

Note Care Act implementation implications
~~~~~~~~~~~~~~~~~~~~

Summary/Conclusions/Reasons for Recommendations

The Health and Wellbeing Board is asked to endorse the Safeguarding Adults Board Annual Report and support the work of the Safeguarding Adults Board as described in the Annual Report and its Business Plan.

Bob Spencer
Chair of Devon Safeguarding Adults Board

[**Electoral Divisions**: All

Strategic Director, People Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS
Contact for Enquiries: Paul Grimsey
Tel No: 01392 383000 Room: AG08

22 August 2014

DEVON COUNTY COUNCIL

SCRUTINY WORK PROGRAMME

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

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

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

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

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

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

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

SCRUTINY WORK PROGRAMME

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
Corporate Services Scrutiny Committee					
23 Sept 2014	Police and Crime Panel update on work	Programme of work and how scrutiny might input	Chair of the PCP	Verbal report	Committee meeting only
	Search and Rescue Service	Concern over the privatisation and relocation of the service Details	Scrutiny Officer and witnesses	Written and oral evidence	Task Group with report back to Committee
	Performance Management	New approach aligning with new Strategic Plan *Better Together 2014-2020*	All Heads of Service	Report	Committee meeting only
25 Nov 2014	Community resilience task group	Changing nature of the Council's relationship with communities in Devon and identify ways of supporting them	Scrutiny officer and witnesses		Task Group with report back to committee
	2014/15 Budget: In Year Briefing	Delivery of the current year's budget against the Council's agreed priorities and objectives	All Heads of Service	Report	Committee meeting only
22 Jan 2015	2015/16 Draft Revenue Budget and Capital Programme	Consider the draft budget	All Heads of Service	Report	Committee meeting only
29 Jan 2015	Joint Scrutiny Budget Day	Consider the draft for the 2015/16 revenue budget and capital programme	All Heads of Service	Report	Committee meeting only
Suggested future topics	Commissioning/ benefit realisation of contracts	Scrutiny's role in commissioning	All Heads of Service	Report back to committee	Spotlight review/seminar
	Armed Forces Covenant	18 months on – review progress and impact	Scrutiny Officer and witnesses	Report	Spotlight Review with report back to Committee
Place Scrutiny Committee					
19 Nov 2014	2014/15 Budget: In Year Briefing	Delivery of the current year's budget against the Council's agreed priorities and objectives	All Heads of Service	Report	Committee meeting only

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
19 Nov 2014	Fuel Poverty	Focus and activities on fuel poverty at district level and with Health and Wellbeing	Head of Planning, Transportation and Environment	Report	Committee meeting only
	Environmental Policy Task Group	Report on task group activities	Scrutiny Officer	Report	Committee meeting only
	Performance Management	New approach aligning with new Strategic Plan *Better Together 2014-2020*	All Heads of Service	Report	Committee meeting only
Briefing	Trading Standards Strategic Assessment	To inform the trading standards future priorities	Head of Trading Standards & ACL		Members' Briefing
9 Jan 2015	LEP Strategic Economic Plan	LEP Strategic Economic Plan (incl. the EU Strategic Investment Framework)	Head of Economy & Enterprise	Report	Committee meeting only
20 Jan 2015	2015/16 Draft Revenue Budget and Capital Programme	Consider the draft budget	All Heads of Service	Report	Committee meeting only
29 Jan 2015	Joint Scrutiny Budget Day	Consider the draft for the 2015/16 revenue budget and capital programme	All Heads of Service	Report	Committee meeting only
Jun 2015	Civil Parking Enforcement	Cost-neutrality and approach to parking on pavements/footpaths (see Minute *42)	Head of Highways, Capital Development & Waste	Report	Committee meeting only
Suggested future topics	Rail infrastructure	Possible future rail routes and resilience of the rail infrastructure	Head of Services for Communities	Report or task group	Committee meeting or Task Group
	School Transport: Behavioural Issues on Buses	Conduct Policy	Head of Services for Communities	Report or task group	Committee meeting or Task Group
Future Task Groups	Young People and Employment	Joint task group with the People's Scrutiny Committee	Scrutiny Officer	Task Group and Report to Committee	Task Group and Report to Committee
Future Briefings	Gypsies and Travellers	Councils' Roles and the Polices surrounding Unauthorised Gypsy & Traveller Sites	Head of Services for Communities		Members' Briefing
	Planning	Process by which DCC officers respond to district councils as consultees to planning applications	Head of Planning, Transportation and Environment		

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
People's Scrutiny Committee					
19 Sept 2014	Safeguarding Children Task Group	Verbal report	Scrutiny Officer	Report	Committee meeting only
	Devon Safeguarding Children Board (DSCB) Annual Report	Review the 2013/14 Annual Report	DSCB Chair	Report	Committee meeting only
	Meals Service	Update	Head of Social Care Commissioning	Report	Committee meeting only
	Integrated Children's Services	Overview	Interim Head of Children's Social Work Service and Child Protection	Report	Committee meeting only
	Performance Management	New approach aligning with new Strategic Plan *Better Together 2014-2020*	All Heads of Service	Report	Committee meeting only
	Care Act	Update	Head of Social Care Commissioning	Report	Committee meeting only
	Risk Register and Accommodation Strategy (Adult Social Care)	Report on market sufficiency	Head of Social Care Commissioning	Report	Committee meeting only
20 Nov 2014	2014/15 Budget: In Year Briefing	Delivery of the current year's budget against the Council's agreed priorities and objectives	All Heads of Service	Report	Committee meeting only
	Safeguarding Children Task Group	Update	Chair	Verbal report	Committee meeting only
	Educational Outcomes Task Group	An evaluation of educational outcomes for children and young people with a particular focus on Children in Care.	Scrutiny Officer	Report	Committee meeting only
8 Jan 2015	Support for Carers / Young Carers Task Group Update	Review of implementation of recommendations	Scrutiny Officer		Committee to consider / Task Group
	Children's Centres Task Group	Update on recommendations	Head of Education & Learning	Report	Committee meeting only
	Devon Safeguarding Adults Board (DSAB) Annual Report	Review the 2013/14 Annual Report	DSAB Chairman	Report of the DSAB	Committee meeting only
	Domestic Violence	Update to include response from partner agencies (including Police)	Director of Public Health / SPLITZ Support Services	Report	Committee meeting only

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
19 Jan 2015	2015/16 Draft Revenue Budget and Capital Programme	Consider the draft budget	All Heads of Service	Report	Committee meeting only
29 Jan 2015	Joint Scrutiny Budget Day	Consider the draft for the 2015/16 revenue budget and capital programme	All Heads of Service	Report	Committee meeting only
Suggested future topics	Social Care: Direct Payments and Personal Budgets	For details see Minute *93b	Scrutiny Officer and witnesses	Written and oral evidence	Task Group with report back to Committee
	Accommodation for 16-25 year olds in transition from care to independent living	For details see Minute *21	Scrutiny Officer and witnesses	Written and oral evidence	Task Group / Spotlight Review with report back to Committee
	Safeguarding Adults	New Task Group	Scrutiny Officer and witnesses	Written and oral evidence	Task Group with report back to Committee
Health & Wellbeing Scrutiny Committee					
18 Sept 2014	Transforming Community Services – particular look at specific proposals	Strategic direction of community services particularly changes from bed based models of care to those in community settings	NEW Devon CCG	Report	Following the Spotlight Review discussion at committee
	Child and Adolescent Mental Health Services (CAMHs)	Investigate concerns about the service	Scrutiny Officer and witnesses	Report	Spotlight review
	Discharge rates at the RD&E	To investigate concern over discharge	RD&E	Report	Committee meeting only
	Mortality Rates – possible quality surveillance dashboard from CQC	To examine cause for concern raised by the Cabinet member	Care Quality Commission	Dashboard?	Committee meeting only
	Community Hospital Task Group	Progress against recommendations	NHS Commissioners/ Providers	Task Group Report	Spotlight review if necessary
	Psychological Services (see Minute *67)	To report progress on reducing waiting lists	CCG/DPT	Previous Report Report	Committee meeting only
	Northern Devon Maternity Service	Reviewing changes to the service including performance	Northern Devon Healthcare Trust and NEW Devon CCG	Report	Committee meeting only following the spotlight review
17 Nov 2014	Engagement on the future of Community Health and Social Care Services, South Devon and Torbay CCG	Further report on detailed proposals	South Devon and Torbay CCG	Report	Committee meeting only
16 Jan 2015	Better Care Fund	Fund creation and distribution			Committee meeting

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
16 Jan 2015	2015/16 Draft Revenue Budget and Capital Programme	Consider the draft budget	All Heads of Service	Report	Committee meeting only
29 Jan 2015	Joint Scrutiny Budget Day	Consider the draft for the 2015/16 revenue budget and capital programme	All Heads of Service	Report	Committee meeting only
24 Mar 2015	Torrington Community Hospital	Update on developments	Northern Devon Healthcare Trust and NEW Devon CCG	Report to be circulated to committee members in Nov 2014 then followed with detailed Report to committee	
Suggested future topics	JSNA priorities and scrutiny contributions				

HEALTH AND WELLBEING BOARD – FORWARD PLAN

Date	Matter for Consideration
Thursday 11th September 2014 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Good Health and Wellbeing in Older Age) **Business / Matters for Decision** Better Care Fund CCG Updates Adults Safeguarding – Annual Report Children's Safeguarding – Annual Report (From June - request of DCSB) **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 13th November 2014 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Strong and Supportive Communities) **Business / Matters for Decision** Better Care Fund CCG Updates NEW Devon – TCS next steps endorsement CQC Patient Survey – Action Plans (min 88(d)(a) **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 15th January 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (A focus on Children and Families) **Business / Matters for Decision** Better Care Fund CCG Updates Devon Pharmaceutical Needs Assessment **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 12th March 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Healthy Lifestyle Choices) **Business / Matters for Decision** Better Care Fund CCG Updates **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information

Thursday 11 June 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Review of Health and Wellbeing Strategy / JSNA) **Business / Matters for Decision** Better Care Fund CCG Updates **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 10 September 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 12 November 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 14 January 2016 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 10 March 2016 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates **Other Matters** Scrutiny Work Programme / References Board Forward Plan

	Briefing Papers, Updates & Matters for Information
Items to Add	Equality & protected characteristics outcomes framework Children's Safeguarding annual report (annually in June / September) Winterbourne View (Exception reporting)