HEALTH AND WELLBEING BOARD

15 January 2015

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 Sanders

Health Watch
Dr H Ackland

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

Environmental Health
Mr R Norley

Apologies:

Mr T Hogg (Police and Crime Commissioner)
Dr D Greatorex (South Devon and Torbay Devon Clinical Commissioning Group (CCG)
Mr R Menary (Probation Service)
Ms C Brown (Joint Engagement Board)

*132 Announcements

The Chairman welcomed Mrs Saltmarsh who was attending the meeting in her capacity as a Co-opted Member of the Council's Standards Committee to observe and monitor compliance with the Council's ethical governance framework.

*133 Minutes

RESOLVED that the minutes of the meeting held on 13 November 2014 be signed as a correct record.

PERFORMANCE AND THEME MONITORING

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

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

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

The indicators relating to Children in Poverty (2012), Early Years Foundation Score (2013-14), Smoking at Time of Delivery (2013-14), Teenage Conception Rate (Q3 2013), Excess Weight in Four / Five Year Olds (2013-14), Excess Weight in 10 / 11 Year Olds

(2013-14), Adult Smoking Prevalence (2013), Under 75 Mortality Rate – All Cancers (2011-2013), Under 75 Mortality Rate – Circulatory Diseases (2011-2013) and Suicide Rate (2011-2013) had all been updated since the last report to the Board.

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

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

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

The Board, in discussion, noted that the 'smoking at time of delivery' indicator was no longer available on a Local Authority basis, but at CCG level only. They further requested consideration be given to an alternative word to 'supressed' within the data, as this didn't portray its actual meaning.

Members were also given a more detailed explanation of the teenage conception data and the work that had been undertaken in schools to address this issue. The success of this targeted activity was welcomed.

***135 Theme Based Report – A Focus on Children and Families**

The Board considered a discussion paper from the Director of Public Health which focused upon the 'Children and Families' priority area from the Joint Health and Wellbeing Strategy which was centred on giving children the best possible start in life, with early family intervention and support where needed.

The Board noted that the Devon Safeguarding Children Joint Strategic Needs Assessment 2014-15 had highlighted some areas of particular risk which included Domestic Violence and Abuse, Children in Care, Mental Health, Substance Misuse and Legal Highs and Child Sexual Exploitation.

Furthermore, the analysis of the Joint Strategic Needs Assessment had identified the following priorities for this overarching objective. The report gave further examples of local developments for each one. These priorities were Poverty, Targeted Family Support, Domestic and Sexual Violence and Abuse, Children's Centres, Rollout of Educational Places for Disadvantaged Two-year-olds, Key Stage Results, Children in Care, Transition, Assertive Outreach, Tier 4 Specialist Beds and Places of Safety, Ensuring a Muti-Agency Early Help Strategy was Implemented and Targeting Smoking Cessation Support to Vulnerable Groups.

The report also gave a commentary on progress against outcomes and provided an analysis of relevant outcomes measures from the Devon Health and Wellbeing Outcomes Report which covered all indicators under the priority 'a focus on families' and the two excess weight in childhood indicators under the 'healthy lifestyle choices' priority.

The paper demonstrated the complexity of the needs of children and young people and the interrelationship between individuals within families including adults. It further demonstrated the importance of universal services and early intervention (particularly where mental health problems, learning disability, substance misuse and domestic abuse occurred in households) in improving the safety and wellbeing of children and young people.

There was also evidence of need in relation to the emotional health and wellbeing of children and young people and there were a number of work programmes in place / being

developed to address this. This work would also be supported by the emerging Children, Young People and Families Alliance.

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

Hilary Ackland, on behalf of Health Watch Devon and the Devon Joint Engagement Board, presented the public, service user and carer perspective using two case study examples, one from the perspective of a young person using the CAMHS services and the second from the parental perspective of a young person requiring help, to illustrate the Children and Families theme and promote Board member discussion on what community support should have been in place to prevent the situation from reaching crisis point.

The Board discussed the following in terms of what the data and case study presentation highlighted for future learning and ensuring that new early intervention services were accessible to all, including those groups that were hard to reach.

- that the position in Devon was currently good, but there were challenges to be addressed and these challenges needed to be reflected in partners' commissioning strategies;
- out of County placements, the costs of such placements and the quality of provision;
- backlog issues with beds, which meant, by virtue, a focus on the acute rather than prevention;
- there needed to be a bigger focus on integration and there was further work with providers to achieve full integration of services;
- that the South West was, on the whole, not well served. Whilst it was not possible to have units in every location, to meet demand would inevitably mean spare capacity at time, so a balance had to be struck;
- the important role of schools in supporting young people and that domestic abuse appeared to be the biggest cause of emotional issues in children and young people;
- the project being supported from the public health grant and schools funding to support young people;
- the role that out of hours psychiatric assessments could play and how this might be funded, including devolved budgets from NHS England; and
- the potential for an performance / outcome indicator to allow the Board to monitor performance in tackling Child Sexual Exploitation;

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

RESOLVED

(a) that all Board members note and welcome the report and case study as highlighting some highly pertinent issues; and

(b) that the Director Public Health be asked to undertake research into the possibility of having a 'outcome indicator' to monitor performance in preventing Child Sexual Exploitation.

BOARD BUSINESS - MATTERS FOR DECISION

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

The Board received a presentation from Mr T Golby (Head of Social Care Commissioning, Devon County Council) on current progress with the Better Care Fund. The purpose of this fund was a drive towards integration and a seamless service user / patient experience being at the forefront of developments around health and social care. The key areas of focus were Prevention and independence, Crisis response and Regaining independence.

This Board also received the updated Better Care Fund planning template. This had received further attention since the September submission which had then been classified as '**Approved with Support'**. This had meant the review process had identified a number of areas for improvement which, once addressed, would enable the plan to move to a fully approved status.

The Board were advised that following the Nationally Consistent Assurance Review (NCAR), the Devon BCF plan was assessed as Fully Approved. They were also informed there was a National Programme of Implementation Support with a KPMG led consortium to provide a national programme of support which included materials, tools and coaching which would be available until the end of March.

The presentation also outlined the Governance arrangements including the role of the BCF Delivery Group in the delivery of the BCF plan and that membership included representation from main providers and System Resilience Groups to improve collaboration and links. Furthermore, the BCF Delivery Group reported into the Joint Commissioning and Coordinating Group (JCCG).

Lastly, the presentation outlined the priorities in terms of the implementation of Devon Plan which included, inter alia, finalising pooled fund agreements, the Disabled Facilities Grant being passed to District Councils with spend linked to BCF aspirations and a refresh of the Action Plan to ensure delivery of National BCF Conditions.

The Board questioned the current progress with the pooled funding agreement and also how the Board would be kept informed of the progress, which included clarification of the terms 'exception reporting' and 'escalation', as referred to in the report.

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

RESOLVED that the update be noted.

*137 Delivering Integrated Care Exeter (ICE) Project

The Board considered a report from the Chief Executive and Chair of the ICE Programme Board on the Delivering Integrated Care Exeter (ICE) Programme. The aim of the programme was to look at collaborative ways of working to formulate an integrated care vision for Exeter, working as a system rather than individual organisations, to impact on the delivery of health and social care with a focus on early intervention and preventative measures.

The Board noted that the 3 year fixed term programme was to drive:

- service redesign - to deliver a high quality, safe and effective health and social care service which was is financially sustainable (given increasing needs);
- develop new care models in partnership between health and social care, other statutory bodies and the voluntary sector based on an assessment of need using public health joint strategic needs assessment; and

- to provide cost effective sustainable care models.

The programme had already established a working Integrated Care Exeter Programme Board, attended by a Chief Officer or named delegate from the Local Authorities, NHS Trusts, Ambulance, Fire and Police and Third Sector representatives (Westbank. Healthwatch and Age UK).

The Board also heard that the Programme Board had been successful in securing £1.6m in revenue funding and up to £1.1m of capital receipts flexibility. This success provided the Board with a unique opportunity to make significant and lasting change, in partnership, to the local health and wellbeing landscape.

The Board discussed the following;

- the potential for a wider rollout across the County, also considering the rurality issues that might need to be overcome;
- that this arrangement could be the 'launchpad' for the future arrangement and delivery of services;
- the patient focus element of the initiative was to be commended; and
- the importance of evaluation and clarification of how the project would be evaluated;

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

RESOLVED that

(a) the aims and objectives of the Integrated Care Exeter Programme be endorsed;
(b) the Board welcomes the successful bid for Transformation Challenge Award funding of up to £2.666M; and
(c) the Board receive a short annual report from the Integrated Care Exeter Programme, incorporating key points on progress; and

***138 Joint Strategies from Devon County Council and NEW Devon Clinical Commissioning Group.**

RESOLVED

(a) that discussion on this item be deferred until the next meeting; and

(b) that the strategy documents be made available to Board Members for consultation and comment prior to the next Board meeting.

***139 Crisis Care Concordat**

The Board considered the report of the Director of Public Health on the Mental Health Crisis Care Concordat. The aim of the Concordat was to improve outcomes for people experiencing mental health crisis (Department of Health 2014) and was about how a range of public service bodies could work together to deliver a high quality response when people of all ages with mental health problems urgently need help. This required detailed coordination arrangements between agencies to allow a whole system response.

Bodies had been invited to sign up to the Concordat and information on those organisations that had signed up was available online at: http://www.crisiscareconcordat.org.uk/areas/devon/

The Board noted that the Mental Health Crisis Care Concordat already had 'sign up' by a wide range of local and national public, private and voluntary and community sector organisations and there was an expectation that action plans would be developed in response.

The Board asked for clarification on who the lead partner for this initiative was.

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

RESOLVED that

(a) the aims of the Concordat be noted; and

(b) that the Chair of the Board write to NHS England for clarification of lead agency and also what work is being undertaken in response to the Concordat.

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

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

This was linked to the publication of 'Next Steps Towards Primary Care Co-Commissioning' which set out three possible models for primary care co-commissioning (greater involvement, joint commissioning and delegated commissioning) and the next steps towards implementation. As part of this there was encouragement for Health and Wellbeing Boards to engage with their local commissioners of primary care, both CCGs and NHS England.

Both NEW Devon CCG and South Devon CCG updated the Board on their actions in response to responsibility for primary co-commissioning.

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

RESOLVED that the update be noted and a more detailed report be brought to the next meeting of the Board.

OTHER MATTERS

***141 References from Committees**

Nil

***142 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.

***143 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 12th March 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring (include progress on possibility for PI for CSE min 135b) Theme Based Report (Healthy Lifestyle Choices) to include Alcohol issues / links with other initiatives (Minute 118b).

	Business / Matters for Decision Better Care Fund Progress Effective Engagement between Health & Wellbeing Boards / Major Providers (report back from Joint Health & Social Care Commissioning Group). CCG Updates Adult Safeguarding Review of Mental Health Services Joint Strategies from Devon County Council and NEW Devon CCG. South Devon & Torbay CCG Operating Plan Devon Pharmaceutical Needs Assessment (final) EIAs / Consideration of PSED for the Board. Primary Care Co-commissioning – response to NHS England letter **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 Children's Safeguarding annual report (annually in September) Adult Safeguarding annual report (annually in September) **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 Delivering Integrated Care Exeter (ICE) Project – Annual Update **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 10 March 2016 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Items to Add	Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)

RESOLVED that the Forward Plan be approved.

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

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

Items of interest included;

- The Mental Health Crisis Concordat, Dementia Action Alliance Carers Call to Action and Disabled Children's Charter http://www.devonhealthandwellbeing.org.uk/board/archives/

***145** **Dates of Future Meetings**

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

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

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

***146 Dates of Future Seminars**

Thursday 12th February 2015 @ 1.30pm – 4.00pm (**note revised start time**)
Thursday 8th October 2015 @ 10.30am – 4.00pm

Thursday 11th February 2016 @ 10.30am – 4.00pm

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

The meeting started at 2.00pm and finished at 4.03pm.

Devon Health and Wellbeing Board
12th March 2015

Health and Wellbeing Outcomes Report

Report of the Chief Executive

Recommendation: It is recommended that the Devon Health and Wellbeing Board note the updated Health and Wellbeing Outcomes Report and agree the further actions outlined under section 3.1.

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 March 2015 is included separately. The report is themed around the four Joint Health and Wellbeing Strategy 2013-16 priorities, and includes breakdowns by local authority, district, clinical commissioning group, inequalities characteristics and trends over time.

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

- Teenage Conception Rate (2013)
- Alcohol-Related Admissions (Q2 2014-15)
- Dementia Diagnosis Rate (December 2014)
- Feel Supported to Manage Own Condition (Q1-Q2 2014-15)
- Male Life Expectancy Gap (2011-2013)
- Female Life Expectancy Gap (2011-2013)

2.3 There were 21.9 conceptions per 1,000 females aged 15 to 17 in Devon in 2013. This was not significantly different from the South West (21.2) and local authority comparator group (21.1) rates, but significantly below the England rate (24.3). The Devon rate continues to fall and is the lowest on record.

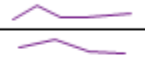
2.4 There were around 5,000 admissions to hospital for Devon residents between October 2013 and September 2014, with an alcohol-related primary diagnosis or a secondary external cause (accidents, intentional harm or self-harm). The Direct Age Standardised Rate of admissions (639.7 per 100,000) is broadly in line with the South West (635.9) and England (636.1) rates but significantly above the local authority comparator group rate (597.2). Admission rates are higher in more deprived areas.

2.5 In December 2014, 7,295 people in Devon were on a GP register for dementia, compared with an expected prevalence of 13,937, a diagnosis rate of 52.3%. Rates in Devon are below the South West (55.1%), local authority comparator group (53.1%) and England (57.4%) rates. Diagnosis rates have improved in recent years, increasing from 28.0% in 2006-07 and 44.9% in March 2014, and the gap has narrowed.

2.6 In Devon during early 2014-15, 68.8% 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 South West (66.2%), local authority comparator group (64.4%) and England (63.7%) rates. Rates in NEW Devon CCG (67.4%) and South Devon and Torbay CCG (67.9%) were broadly similar, and highest in the Moor-to-Sea locality (73.9%). Rates have also increased over recent years.

2.7 The Slope Index of Inequality compares life expectancy in the most deprived and least deprived communities within an area's population, revealing the gap in life expectancy in years. For males in Devon the gap is 5.2 years which is significantly lower than the gaps for the South West (7.5), the local authority comparator group (7.2), and England (8.4). For females in Devon the gap is 3.3 years which is significantly lower than the gaps for the South West (5.0), the local authority comparator group (5.4), and England (6.2).

Table 1: Indicator List and Performance Summary, March 2015

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
1. A Focus on Children and Families	A	Children in Poverty	Chall		
	G	Early Years Foundation Score	Chall		
	G	Smoking at Time of Delivery	Watch		
	A	Teenage Conception Rate *	Watch		
	-	Child/Adolescent Mental Health Access	Improve	-	-
	R	Hospital Admissions for Self-Harm, Aged 10-24	Improve		
2. Healthy Lifestyle Choices	G	Proportion of Physically Active Adults	Chall		
	A	Excess Weight in Four / Five Year Olds	Chall		
	A	Excess Weight in 10 / 11 Year Olds	Chall		
	A	Alcohol-Related Admissions *	Watch		
	G	Adult Smoking Prevalence	Watch		
	G	Under 75 Mortality Rate - All Cancers	Improve		
	G	Under 75 Mortality Rate - Circulatory Diseases	Improve		
3. Good Health and Wellbeing in Older Age	A	Incidence of Clostridium Difficile	Chall		
	G	Injuries Due to Falls	Chall		
	A	Dementia Diagnosis Rate *	Chall		
	G	Feel Supported to Manage Own Condition *	Watch		
	G	Re-ablement Services (Effectiveness)	Watch		
	A	Re-ablement Services (Coverage)	Watch		
	A	Readmissions to Hospital Within 30 Days	Improve		
4. Strong and Supportive Communities	A	Suicide Rate	Chall		
	G	Male Life Expectancy Gap *	Chall		
	G	Female Life Expectancy Gap *	Chall		
	G	Self-Reported Wellbeing (low happiness score)	Watch		
	G	Social Contentedness	Watch		
	G	Carer Reported Quality of Life	Watch	-	
	A	Stable/Appropriate Accommodation (Learn. Dis.)	Improve		
	G	Stable/Appropriate Accommodation (Mental	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, March 2015

Priority	Summary
1. A Focus on Children and Families	Child poverty levels fell between 2011 and 2012. Recorded levels of child development are above the South West and England averages. Rates of smoking at delivery are falling over time. Teenage conception rates have fallen over time, particularly in more deprived areas. Self-harm admissions in younger people are above the national average.
2. Healthy Lifestyle Choices	Higher levels of physical activity are seen in Devon. Levels of excess weight in children are above average at age 4/5 and below average at age 10/11. The alcohol-related admissions (narrow definition) rate is similar to England. Adult smoking rates are below the national average. Mortality rates are falling.
3. Good Health and Wellbeing in Older Age	Clostridium Difficile incidence aligns with South West and national rates. The gap between Devon and the South West and England for the detection of dementia has narrowed. Devon has relatively low levels of injuries due to falls. A higher proportion feel supported to manage their long-term condition in Devon. Re-ablement service effectiveness is above average, but recorded coverage is low. Readmission rates are below average but are increasing over time.

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

3. Child Sexual Exploitation

3.1 Following discussion at the January 2015 Health and Wellbeing Board further research was carried out into the possibility of developing an indicator to monitor outcomes in relation to tackling and preventing child sexual exploitation. At present there are no available overarching indicators which can be effectively compared with other areas locally, regionally or nationally, which relate to outcomes rather than processes, or are suitably robust and consistently defined across areas. However, this is an area of development both locally and nationally, and the Devon Safeguarding Children Board is currently working with partners to produce a scorecard which tracks local progress in relation to Child Sexual Exploitation. It is recommended that in lieu of an appropriate overarching indicator, future versions of this report should provide a short summary of the latest scorecard, drawing out relevant issues for attention, and providing a link to the scorecard once available.

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

5. Risk Management Considerations
Not applicable.

6. Options/Alternatives
Not applicable.

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

Dr Phil Norrey
CHIEF EXECUTIVE
DEVON COUNTY COUNCIL

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

Contact for enquiries: Tina Henry
Room No 255, County Hall, Topsham Road, Exeter. EX2 4QU

Background Papers
Nil

Devon Health and Wellbeing Board
12th March 2015

Healthy Lifestyle Choices
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 **public, service user and carer perspective** presentation by Healthwatch and the Joint Engagement Board

1. Context
This priority area from the Joint Health and Wellbeing Strategy is centred on supporting people to take responsibility for their own health, and the health of their family and people in their care, by helping them to address aspects of their lifestyle which are likely to be detrimental to their current and future health.

Non-communicable diseases such as coronary heart disease, lung cancer, stroke and liver disease are the leading cause of premature mortality and ill-health so individual, community and service provided preventive action is important.

The NHS Five Year Forward View sets out how health services need to change, arguing for a more engaged relationship with patients, carers and citizens so that wellbeing and prevention of ill-health can be promoted. In 2002 the Derek Wanless report spoke of a 'fully engaged scenario' but this has not yet materialised. Public Health England's new strategy sets out priorities for tackling obesity, smoking and harmful drinking: ensuring children get the best start in life: and reducing the risk of dementia through tackling lifestyle risk. Physical inactivity and poor diet are also risk factors that can be modified. Primary prevention is essential but secondary prevention is also important at first diagnosis to prevent increasing ill-health. Almost 3 million people in England are living with diabetes and another seven million are at risk of becoming diabetic with significant costs to the health and wider economy. In 2013/14, over 46,000 individuals with diabetes were recorded on practice systems in NEW Devon Clinical Commissioning Group (CCG) and over 14,000 in South Devon and Torbay CCG.

Health inequalities account for variation of both mortality and morbidity at a local level and multi-morbidity in the most deprived areas can be experienced 10-15 years earlier than the least deprived areas. Health inequalities are also experienced by certain groups within the population so support and preventive action may need to be targeted. Mental health and physical health should be of equal importance as they are so intrinsically linked and improving physical health will have a considerable impact on wellbeing.

Figure 1 highlights the relationship between health-related behaviours and deprivation, with charts to reveal the inequality gradient, with bars running from left to showing the most deprived through to the least deprived areas. The strongest associations between higher deprivation and health-related behaviours are seen in relation to smoking and obesity in childhood. In terms of regular alcohol use, levels are currently higher in the least deprived areas, although the pattern for alcohol-related admissions to hospital reveals that rates of admission remain higher in the most deprived areas. Drug use and adult obesity are also higher in more deprived areas, although the differences are not as stark as those seen for smoking and obesity in childhood.

Figure 1, Health-Related Behaviours by Area Deprivation, England

Indicator	Most Deprived	Above Average	Average	Below Average	Least Deprived	Inequalities Chart
Smoking: current	29.5%	22.9%	18.8%	15.2%	12.3%	
Alcohol: any use in last week	45.0%	45.0%	56.0%	65.0%	77.0%	
Alcohol: use in five or more days in last week	9.0%	11.0%	12.0%	13.0%	18.0%	
Alcohol: Standardised Admissions to Hospital per 100,000	726.3	653.5	586.5	546.6	486.6	
Drug Use: any illicit drug use in last year	10.4%	8.5%	8.5%	8.5%	8.0%	
Obesity: adults	28.5%	28.4%	25.7%	24.4%	22.4%	
Obesity: children aged 4 or 5	11.8%	10.6%	9.2%	8.2%	7.1%	
Obesity: children aged 10 or 11	24.2%	21.4%	19.1%	16.5%	13.9%	

Sources: Health Survey for England, 2012; ONS Opinions and Lifestyles Survey 2012; Local Alcohol Profiles for England 2013-14; British Crime Survey 2013-14; National Child Measurement Programme 2013-14

2. Priorities – what and why?

Analysis of the Joint Strategic Needs Assessment identified the following priorities for this overarching objective. Some examples of local developments for each one are as follows:

Alcohol misuse

The topic paper covers the impact of alcohol misuse in detail and shows the changing patterns of alcohol use over time the impact is wide ranging including hospital admissions, early mortality, increased crime and disorder, domestic and sexual violence and health and social inequalities. A new substance misuse service (RISE Recovery) was commissioned from April 2014 with a focus on recovery. Since the service started in April 2014, alcohol referrals rose 8% Q1 to Q2 and rose 17.5% from Q2 to Q3 (to 565). The treatment outcome at 6 months included 38% stopped drinking and 23% had improved use. The new service monitors outcomes including work, training and housing status and provides life-skills support for clients. In 2013/14 the service user age range was predominantly 25-54 years with only 3% over 55 and 17% aged 18-24. Most referrals are self-referrals or family and friends followed by GP referral.

Contraception and sexual health

The consequences of poor sexual health are wide ranging from brief episodes to long-term disability and ill-health. Sexual health services are a mandatory commissioning responsibility of public health. Devon County Council commissions a range of contraception and sexual health services to meet the sexual health needs of the population in Devon. Specialist community contraception and sexual health

clinics are open to individuals of all ages. To supplement a general contraception service, GPs are commissioned to provide the contraceptive implant and contraceptive coil to women of childbearing age.

Young people under 25 can request Chlamydia screening through the Freetest.me website or access emergency contraception and Chlamydia screening directly in GP practices, local pharmacies and school/college settings. Condom distribution is available in young people's settings.

Targeted HIV prevention, early diagnosis and support services are available for those people who are living with or affected by HIV. The Clinical Commissioning Group is responsible for HIV treatment and abortion services.

Screening
Commissioning of screening services for cancer and other conditions are now the responsibility of NHS England and are monitored by Public Health England. Screening rates vary in some areas and within some groups and are an essential component of early detection and intervention. Learning disability has been a priority group for increasing screening coverage but local data are no longer available as it is only available at a population level. There have been a number of campaigns ran nationally and uplifted locally to improve screening.

Physical activity, healthy eating and smoking cessation
Lifestyle factors can be associated with increased risk of ill-health and developing long-term conditions, stopping smoking, increasing physical activity, eating a healthy diet and preventing obesity will improve healthy life expectancy and should be addressed at important life-stages and remain important in later life. The stop smoking service support are large number of individuals to quit smoking, the largest group accessing the specialist service are routine and manual workers. A range of services are available including the specialist service, GP practices and pharmacy. In 2013/14 5323 individuals were supports and 2858 quit smoking. Males and females equally access support and the majority of service users are white British, there were 171 individuals from other minority ethnic groups. The age profile is quite mixed with young people also being supported to quit (figure 2) and a higher percentage of smokers accessing services are from more deprived areas (figure 3).

Figure 2, Age Group of Service Users of Stop Smoking Services

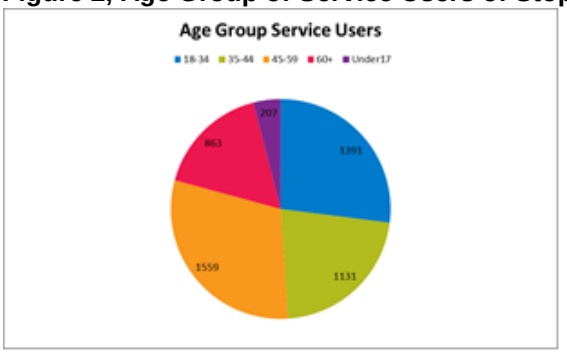
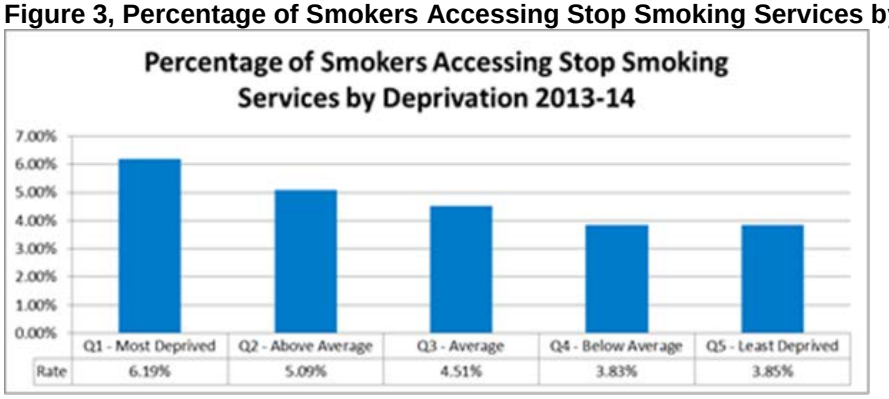


Figure 3, Percentage of Smokers Accessing Stop Smoking Services by Deprivation



The recently commissioned healthy weight service has a range of support offers to individuals who are ready to change and meet the referral criteria. The Devon Weight Management Service received 1641 referrals at the end of Q 3 for tier 1 and 2 services, Tier 1 is a guided self-help package and 79% signed off from this service are reporting weight loss, 82% of referrals are female with a good age spread including 29% of referrals aged 60+. For the tier 2 service 189 individuals have already completed the 12 week programme with 89% losing weight and 53% reaching target of 5% of weight or more lost in 12 weeks. The least and most deprived areas are accessing the service equally but the majority of referrals are from the middle quintile. The public health grant has also allowed commissioning of weight management services for children.

Action to address access to opportunities to be 'naturally active' are being driven through the Naturally Healthy work of the Local Nature Partnership a scoping report has been produced which supports organisations and the environment sector to work with individuals to make the most of the beautiful natural environment Devon offers. Get Active Devon (www.getactivedevon.co.uk/) and Explore Devon (www.exploredevon.info/) provide tools and websites to support individual choice. This links closely with the work of Active Devon and Walking for Health in Devon which is a volunteer led programme to support low level physical activity. Devon is well placed to increase physical activity due to its natural assets and vibrant voluntary and community sector.

High blood pressure (hypertension)
Improving the early detection and treatment of high blood pressure would reduce the risk of ill-health from a range of conditions. High blood pressure was identified as a priority due to the low percentage of people with high blood pressure being known to their GP and receiving treatment this was even worse in more deprived areas. In July 2013 the NHS health check programme was introduced to provide a health check once every five years for individuals aged 40-74 who are not already on a disease register. At the end of Q3 66,875 residents had been offered a health check and 32,908 had received a health check providing an opportunity for early identification and prevention of future ill-health. An outreach service targeting groups at increased risk of cardiovascular disease has been piloted in 2014/15 and is currently being commissioned.

Summary of actions in the JHWBS 2013-16:

- increase engagement in responsibility for own health
- the growth in alcohol related hospital admission remaining below national average
- providing an accessible range of sexual health services particularly for young people
- screening targeting particularly for learning disability
- reduce the number of people who smoke and stop young people from starting
- increase the number of adults and children who are a healthy weight through healthy eating and physical activity

Long-term conditions were an additional priority in the 2013 strategy refresh and span the healthy lifestyle choices and good health and wellbeing in older age themes. Action at an early age and throughout the life-course to prevent long-term conditions and take action on first diagnosis will increase healthy life expectancy. A long-term conditions health needs assessment is due to be published shortly.

The additional actions agreed in the strategy refresh were:

- increase identification of patients at risk of circulatory diseases particularly from communities of disadvantaged and offer healthy lifestyle support
- increase opportunities to be active
- implement a tier 2 weight management programme
- agree and secure commitment to integrated care pathways for self-care.

The progress and development in all areas of this theme of the JHWBS have been significant but more may be required to determine the impact on health inequalities, ensuring support is accessible and with equitable outcomes.

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.

Figure 4, Devon Health and Wellbeing Outcomes Report, Healthy Lifestyle Choices Indicators

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

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

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

- **Physically Active Adults** – 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. Levels of physical activity increased from 59.5% in 2012 to 60.9% in 2013.
- **Excess Weight in Children aged Four or Five** – This measure of 'excess weight' covers children classified as overweight or very overweight. In reception year (aged four or five) 23.4% of pupils in Devon were recorded in the excess weight category, compared to 23.5% for the South West (22.9%), 22.3% for the local authority comparator group, and 22.5% for England. Within Devon, Exeter (27.0%), and Torridge (25.6%) were significantly above the national rate. Rates decreased on 2013-14 levels.
- **Excess Weight in Children aged 10 or 11** – In year six (aged 10 or 11) 30.3% of pupils in Devon were recorded in the excess weight category, which was below the South West (31.0%), local authority comparator group (30.8%), and England (33.5%) rates. The rates in the East Devon, North Devon and the South Hams were significantly below the South West and national rates. Rates have remained fairly level over recent years.
- **Alcohol-Related Admissions** – This 'narrow' measure includes admissions where the primary diagnosis was alcohol-related or where there was an alcohol-related external cause (including accidents, self-harm or intentional injury). There were around 5,000 admissions between October 2013 and September 2014, with a direct age standardised rate of 639.7 per 100,000 in Devon, which is broadly in line with the South West (635.9) and England (636.2) rates. Rates within Devon are highest in Exeter and North Devon and admission rates are higher in more deprived areas.
- **Adult Smoking Prevalence** – The latest figures from the Integrated Household Survey suggest that 16.4% of the adult population in Devon smoke. This is below the South West (17.3%), local authority comparator group (16.7%) and England rate (18.4%). Smoking rates in Devon are higher in people working in routine and manual occupations (24.6%).
- **Under 75 Mortality: All Cancers** – In 2013, there were 942 deaths due to cancer in under 75s, with an direct age standardised rate of 130.9 per 100,000 for 2011-13. The Devon rate in 2011-13 was below the South West (134.3), local authority comparator group (134.3), and England (144.4) rates. Mortality rates by year have fallen from 157.2 in 2001-03. Mortality rates are higher in more deprived areas, although the health inequality gap has decreased over recent years.
- **Under 75 Mortality: Circulatory Diseases** – In 2013, there were 500 circulatory deaths in under 75s, with an direct age standardised rate of 63.8 per 100,000 for 2011-13. The Devon rate in

2011-13 was below the South West (67.1), local authority comparator group (66.7) and England (78.2) rates. Mortality rates fell from 107.7 in 2001-03. Whilst rates have fallen more quickly in areas of above average deprivation, the gap persisted for those in the most deprived areas.

4. Summary
'Healthy lifestyle choices' is a broad theme that requires long-term and sustained action to address some of the leading causes of premature mortality and morbidity. Devon has the natural and voluntary and community sector assets to further improve the health and wellbeing related outcomes of its population. It has been able to invest in some new public health programmes through the public health grant but this is a finite resource that needs to focus on priority areas. To achieve lifestyle change a systematic approach is needed. The impact on the health inequalities experienced by certain communities and groups in terms of access to services and outcomes is paramount.

5. 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.

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

7. 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.

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

9. 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 Wellbeing: Councillor Andrea Davis

Contact for enquiries: Tina Henry Room No 120, County Hall, Topsham Road, Exeter. EX2 4QU
Tel No: (01392) 386383

Background Papers
Nil

Devon Health and Wellbeing Board
12th March 2015

The Public, Service User and Carer perspective

Theme 2: Healthy Lifestyle Choices

1. Presentation by Healthwatch and the Joint Engagement Board

Healthwatch and the Joint Engagement Board are well placed to bring the real-life experience of local people into the Board.

To complement the theme report and help inform our discussions the Devon Health and Wellbeing Board will receive a presentation from Carol Brown on behalf of the Devon Joint Engagement Board and Healthwatch Devon on health and wellbeing issues, pertinent to the priorities in this theme, and drawn from the experience of people in Devon

HEALTHWATCH DEVON AND DEVON JOINT ENGAGEMENT BOARD

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

Contact for enquiries: Tina Henry
Room No 120, County Hall, Topsham Road, Exeter. EX2 4QU
Tel No: (01392) 386383

Background Papers
Nil

Devon Health and Wellbeing Board
12th March 2015

Report of the Director of Public Health:
Alcohol Topic Paper

1. Recommendation

It is recommended that the Devon Health and Wellbeing Board note the report and discuss in conjunction with the **Healthy Lifestyle Choices** paper.

2. Introduction

Alcohol is an intrinsic part of socialising. In Devon, 85% of adults drink alcohol, compared with 85% in the South West and 79% in England. Of those that drink in Devon, most do so within recommended levels (72% drink less than 3 to 4 units per day on most days for men or less than 2 or 3 units per day on most days for women). However, if misused, alcohol can cause significant harm.

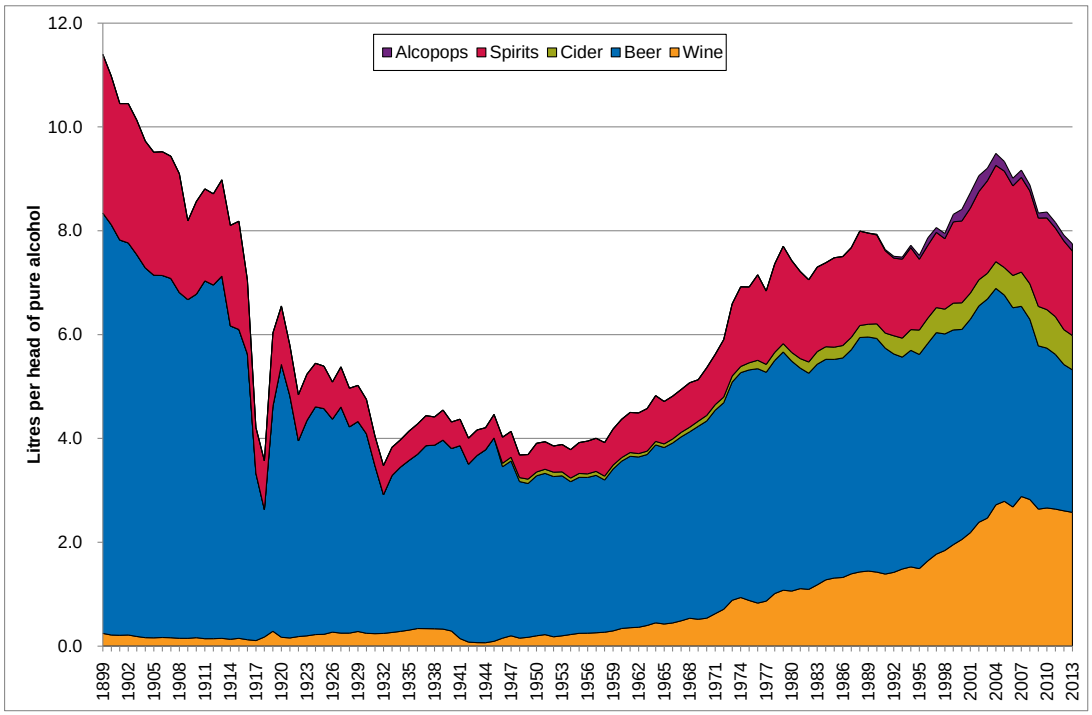
The risk and type of alcohol-related harm varies according to the quantity of alcohol consumed and the pattern of drinking, with the risk of harm increasing with the more alcohol that is consumed. Approximately, 21% of adults in Devon engage in increasing risk drinking (regularly exceeding recommended levels) and 7% in higher risk drinking (regularly drinking more than either 8 units of alcohol per day or 50 units per week for men or more than either 6 units per day or 35 units per week for women). The disinhibiting effect of alcohol can make people more prone to committing criminal and anti-social acts and placing themselves at risk, particularly from injury, sexually transmitted diseases or unwanted pregnancy. Harmful alcohol consumption can cause acute and chronic mental and physical health problems, ranging from poisoning to cancer, as well as social consequences, such as trouble at work, money problems or family and relationship breakdown.

These harmful consequences translate to an estimated total annual cost to society of over £21 billion, comprised of £3.5 billion cost to the NHS, £7 billion from lost productivity and £11 billion from crime in England.

3. Changing patterns of alcohol consumption

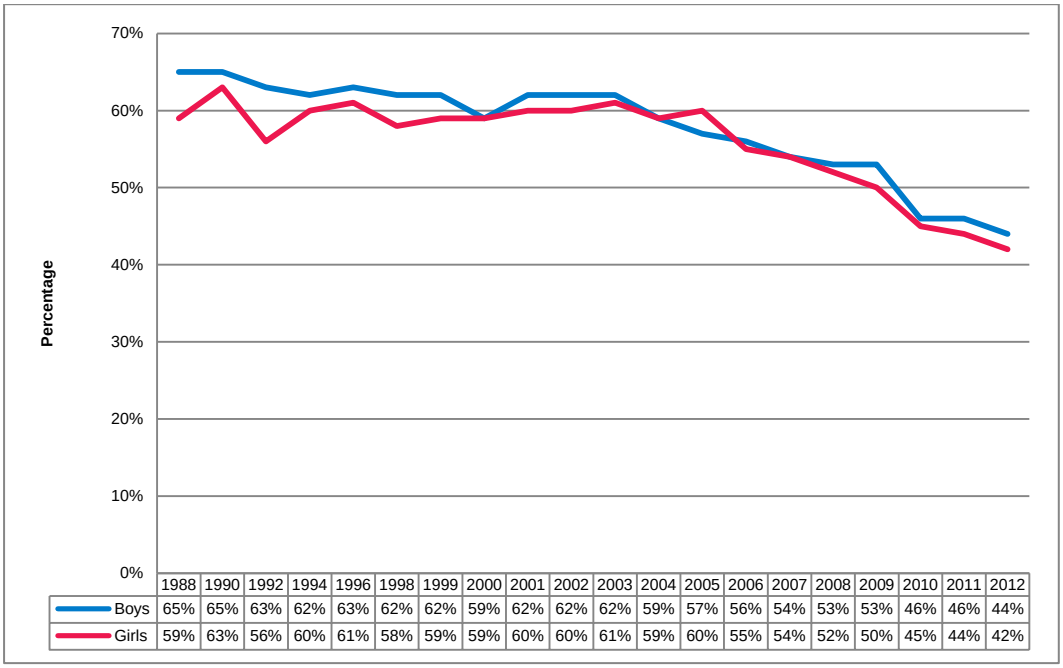
The volume of alcohol consumed per person in the UK has been decreasing since 2004 (figure 1).

Figure 1: Litres of pure alcohol consumed per person per year by type, United Kingdom, 1899 to 2013[1]



This is being driven by a reduction in the number of young people drinking alcohol, shown in figure 2.

Figure 2: Proportion of pupils at age 15 in England who had ever had an alcoholic drink (1988-2012)[2]

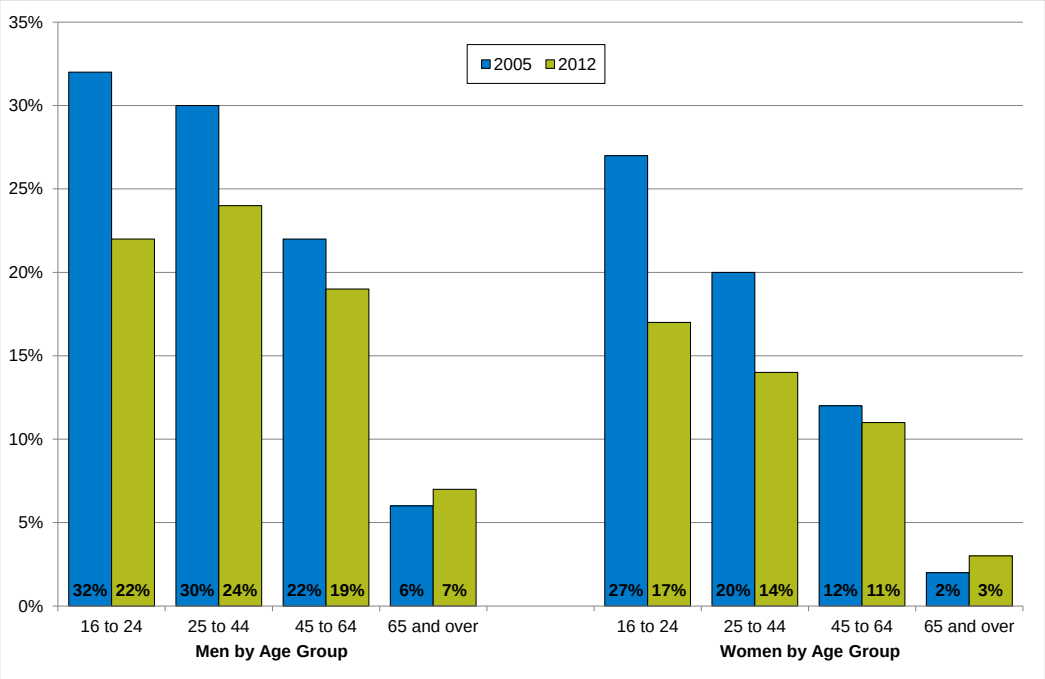


	1988	1990	1992	1994	1996	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Boys	65%	65%	63%	62%	63%	62%	62%	59%	62%	62%	62%	59%	57%	56%	54%	53%	53%	46%	46%	44%
Girls	59%	63%	56%	60%	61%	58%	59%	59%	60%	60%	61%	59%	60%	55%	54%	52%	50%	45%	44%	42%

[1] British Beer and Pub Association, 2014
[2] http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/06/Devon-Annual-Public-Health-Report-2013-14.pdf

Figure 3 reveals that the proportion of people binge drinking (men who have consumed more than 8 units of alcohol and women more than 6 units at least once in the past week) has also reduced. This is in all age groups, except those aged 65 years and over, with the steepest falls in binge drinking the youngest drinkers.

Figure 3: Binge drinking in men and women by age group, UK, 2005 to 2012[3]



4. Alcohol-related harm

4.1 Alcohol-related hospital admissions

Two related measures of alcohol-related hospital admissions exist. The first is a narrow definition, used in the Public Health Outcomes Framework, which covers admissions where the primary diagnosis was alcohol-related or where there was an alcohol-related external cause including accidents, self-harm and intentional injury. The broad definition also includes admissions where secondary diagnoses were alcohol-related, which captures a wider range of chronic health conditions where alcohol is a contributory factor. The further analyses in this report use the broad definition of alcohol-related hospital admission to better represent the overall impact on alcohol use.

There were around 17,900 admissions to hospital due to alcohol-related conditions in Devon in 2013-14, at a cost of around £30 million. North Devon and Torridge have the highest alcohol-related hospital admission rates, as shown in table 1. However, there is considerable variation within local authority districts, with the highest rate within small local areas in Devon (lower super output areas) around 13 times higher than the lowest.

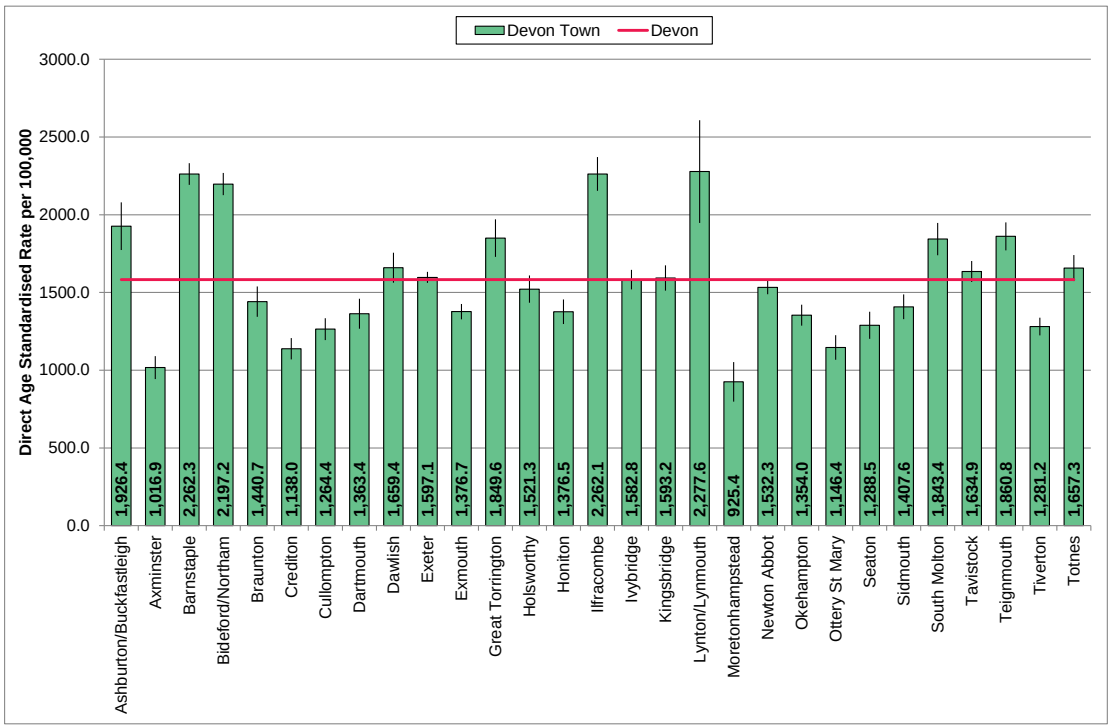
[3] Opinions and Lifestyle Survey, ONS, 2012

Table 1: Alcohol-related admission rates by Devon local authority district, 2011-12 to 2013-14, direct-age standardised rate (DASR) per 100,000

District	Overall DASR	Area with highest rate		Area with lowest rate	
		Name	DASR	Name	DASR
East Devon	1277.1	Honiton King Street area	2537.9	Uplyme and Axmouth area	465.3
Exeter	1683.6	Longbrook Street area	3963.0	Matford Lane and St Leonards road	654.5
Mid Devon	1234.7	Tiverton: The Avenue area	2135.1	Clayhanger and surrounding areas	634.5
North Devon	2064.2	Barnstaple Town Centre	6061.3	Woolacombe and surrounding areas	1136.6
South Hams	1568.2	Ivybridge Central	2965.8	Dittisham and surrounding areas	971.8
Teignbridge	1569.3	Newton Abbot: Windsor Avenue, Buckland	3247.3	Combeinteignhead and surrounding areas	740.8
Torridge	1950.5	South East Bideford	4465.8	Clawton and surrounding areas	1006.4
West Devon	1512.3	Tavistock East	2979.2	Beaworthy and surrounding areas	849.5
Devon	**1582.5**	**Barnstaple Town Centre**	**6061.3**	**Uplyme and Axmouth area**	**465.3**

Figure 4 provides a breakdown by settlement, which encompasses the town and surrounding rural areas. This reveals significantly higher rates than the Devon average in Lynton, Barnstaple, Ilfracombe, Bideford, Ashburton, Teignmouth, Great Torrington and South Molton. This is displayed as a map in appendix 1.

Figure 4: Alcohol-related hospital admission rates by Devon town, 2011-12 to 2013-14, direct age standardised rate (DASR) per 100,000



4.2 Type of harm

Chronic long-term conditions make up the largest group of alcohol-related hospital admissions accounting for 13,061 admissions (74.6%), with mental illness the next biggest group (3,256 admissions, 18.6%), and acute conditions the smallest group (1,187 admissions, 6.8%), as shown in figure 5. Appendix 2 summarises admissions by type and cause in Devon during 2012-13.

Figure 5: Number of alcohol-related admissions by condition type

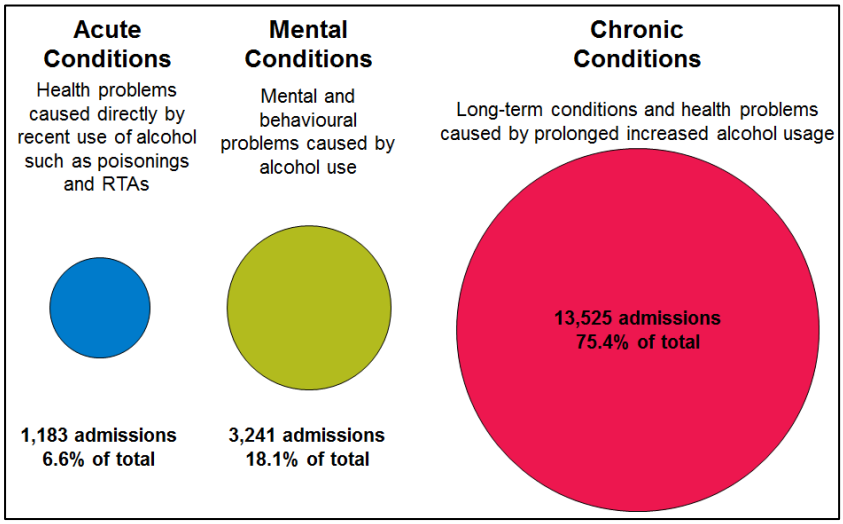
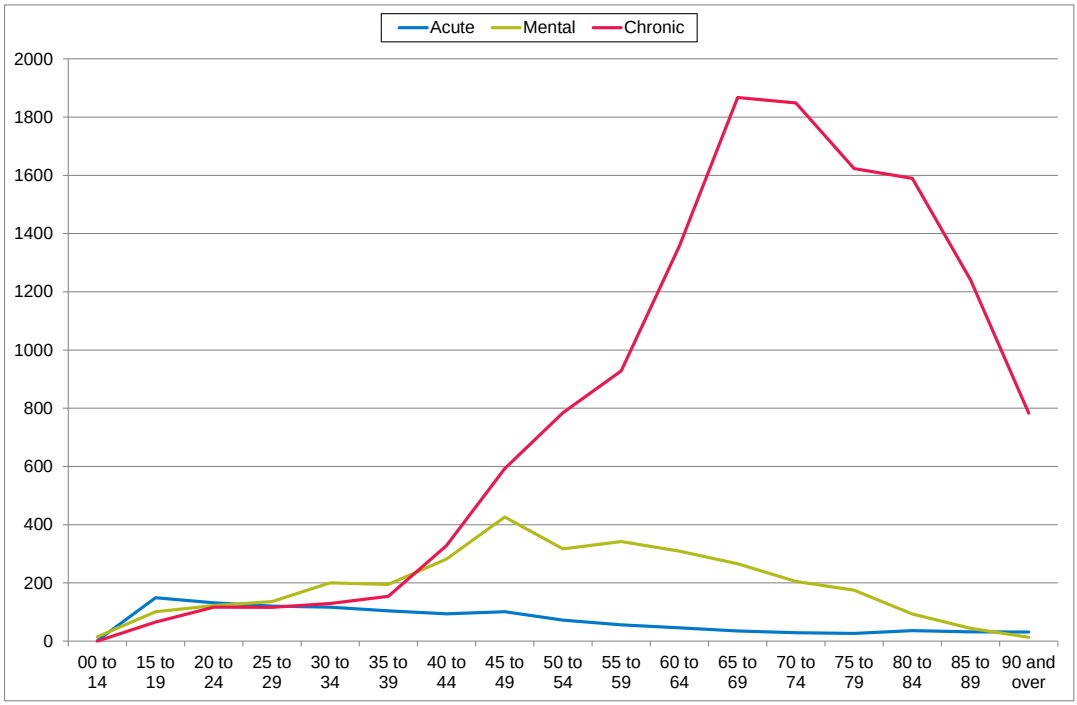


Figure 6 illustrates that acute onset risks to health, such as injury and poisoning occur more frequently in younger age groups, with admissions for alcohol-related mental health conditions peaking in the 40s, 50s and 60s, and chronic long-term health conditions increasing in later life. The ageing population in Devon will lead to considerable growth in both chronic and mental conditions.

Figure 6: Alcohol-related hospital admissions by age and type, 2013-14



4.3 Deprivation

Adults living in affluent areas consume alcohol more regularly. Figure 7 shows that households on higher incomes are more likely to have drunk alcohol in the last week and to have done so on five or more days. However, adverse effects of alcohol disproportionally affect those living in areas with higher deprivation. Figure 8 reveals that people living in the most deprived areas are around two and a half times more likely to be admitted for an alcohol-related condition than those in the least deprived areas.

Figure 7: Drinking patterns among adults by weekly household income quintile, United Kingdom, 2011[4]

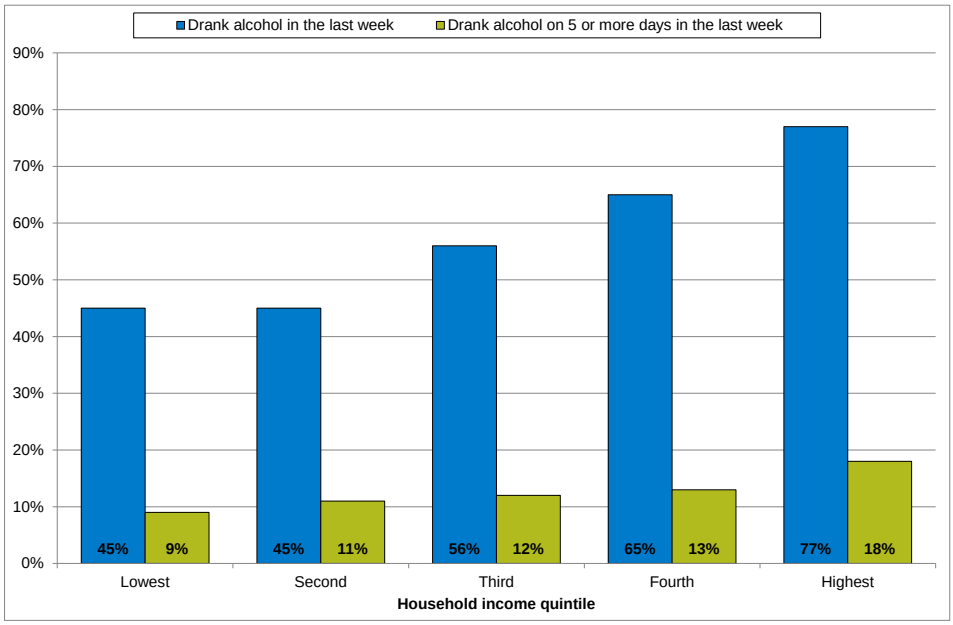
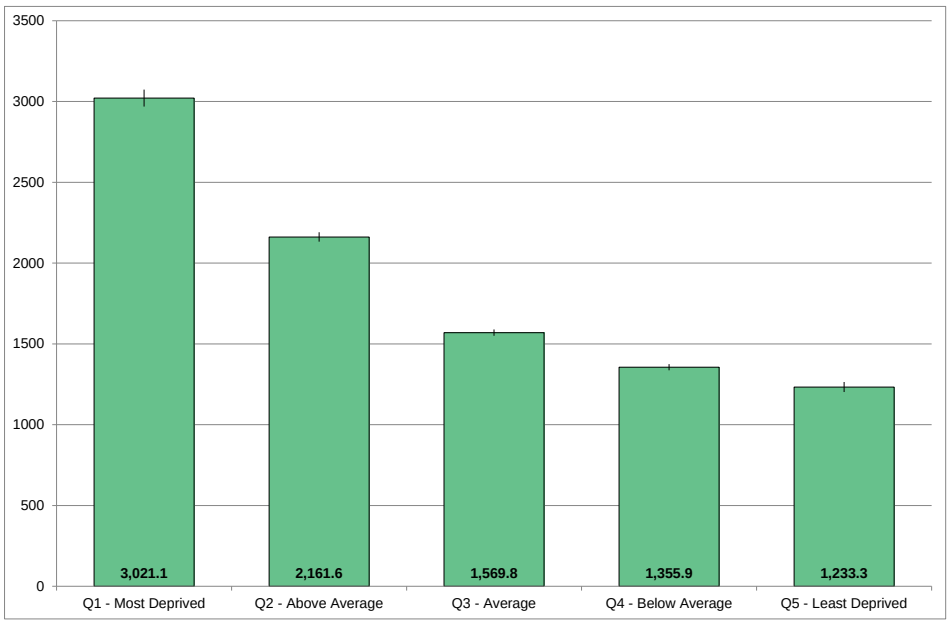


Figure 8: Alcohol-related admission rates by National Deprivation Quintile, Devon, 2011-12 to 2013-14, direct age standardised rate per 100,000

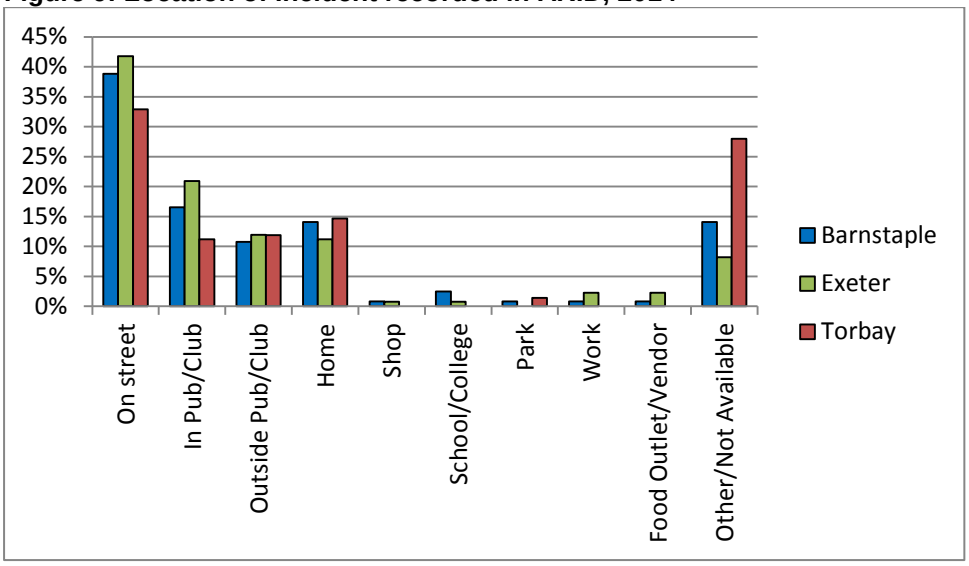


[4] General Lifestyle Survey, ONS, 2011

4.4 Crime

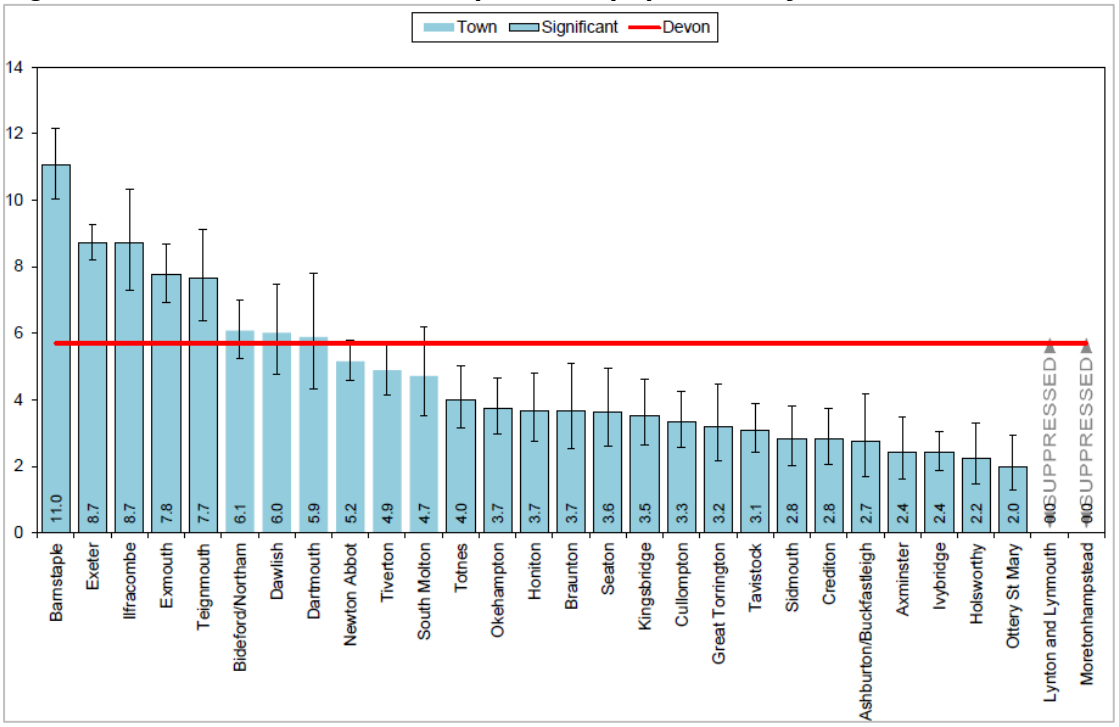
When patients attend emergency departments with assault-related injuries, details of the incidents are recorded in the assault-related incident database (ARID). These are anonymised and shared with police and local authorities. In 2014, alcohol was associated with 70% of the 522 assaults seen at North Devon District, Royal Devon and Exeter and Torbay Hospitals recorded in ARID. The majority of patients were aged between 18 and 30 years, followed by those aged over 41 years. Figure 9 shows that most incidents recorded took place on the street.

Figure 9: Location of Incident recorded in ARID, 2014



There is considerable variation in alcohol-related crime rates in towns across Devon as illustrated by figure 10. Barnstaple, Exeter, Ilfracombe, Exmouth and Teignmouth have significantly higher alcohol-related crime rates than the Devon average.

Figure 10: Alcohol-related crimes per 1,000 population by town, 2012-13



5. What works?

How much alcohol people drink is related to the availability and affordability (price) of alcohol, which is why strategies to prevent alcohol-related harm focus on these two factors to create an environment that supports lower-risk drinking.

5.1 Affordability

Making alcohol less affordable is the most effective way of reducing alcohol-related harm. The two main ways of doing this are through excise duty (although this may not result in a price increase) and by introducing a minimum price per unit of alcohol. In 2015, the Local Government Association, called for the Government to divert a fifth of the annual duty on alcohol to Local Authorities to invest in alcohol harm reduction.[5]

Locally, Torridge have introduced *Stop the Strength*. This multiagency partnership aims to reduce alcohol-related harm by reducing the availability of cheap, high-strength (>6.5% ABV) beers, ciders and lagers (appendix 3).

5.2 Availability

Making it less easy to buy alcohol by reducing the number of outlets selling in a given area or the days or hours when it can be sold is also effective in reducing harm. Licensing can be used to influence, although this can be challenging.

Responsible Authorities must be notified of all license variations and new applications and can make representations regarding them, against the four licensing objectives:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

Protection of the public's health is included in the licensing objectives in Scotland.[6] The Local Government Association have called for the introduction of a new 'public health' objective in England.[7] Licensing departments can take into account the number of outlets in a given area, the times when alcohol is on sale and potential links to crime and disorder, alcohol-related illness and death, through:

- Early Morning Alcohol Restriction Orders
- Late Night Levies
- Cumulative Impact Policies (on- and off-trade premises)
- Immediate sanctions for any premises in breach of their licence

Although there is potential for licensing regulations to reduce alcohol-related harm, no Early Morning Restriction Orders have been introduced and only Newcastle-upon-Tyne has introduced a Late Night Levy, which it did in 2013/14 raising £300,000.[8]

Cumulative Impact Areas have been used more frequently, with 208 at present.[9]

[5] http://www.local.gov.uk/documents/10180/6869714/L14-794+100+Days+Alcohol+Misuse_v10.pdf/e3b71f8f-9bb5-4b6d-8ac4-041bdc215c95
[6] http://www.legislation.gov.uk/ukpga/2003/17/section/4
[7] http://www.local.gov.uk/publications/-/journal_content/56/10180/5884676/PUBLICATION
[8] https://www.gov.uk/government/publications/alcohol-and-late-night-refreshment-licensing-england-and-wales-31-march-2014/alcohol-and-late-night-refreshment-licensing-england-and-wales-31-march-2014#reviews-hearings-and-appeals

Locally, Exeter and Torridge have introduced a cumulative impact policy. Mid Devon have a non-enforcement approach to responsible retailing by off-trade premises and underage sales, which has resulted in a reduction in attempted illegal sales and young persons in possession of alcohol. The number of premises licensed to sell or supply alcohol by the licensing authorities in Devon is shown in tables 2.[7]

Table 2: Number of premise licences permitted to sell or supply alcohol by licensable activity, 31st March 2014

District	On-sale/supply alcohol only	Off-sale alcohol only	On- and off-sale/supply alcohol	Licenses with late night refreshment	Total	Rate per 10,000 population over 18
East Devon	115	121	284	**257**	777	70
Exeter	66	109	208	232	615	61
Mid Devon	53	64	144	124	385	62
North Devon	**121**	**122**	**343**	217	**803**	**106**
South Hams	114	95	216	129	554	81
Teignbridge	93	114	249	188	644	63
Torridge	51	51	157	76	335	63
West Devon	54	47	138	100	339	77
Devon	**667**	**723**	**1,739**	**1,323**	**4452**	**72**

5.3 Marketing

Exposure to alcohol advertising is associated with the onset of drinking among young people and increased drinking amongst those that already drink.

Locally, a regional Behaviour Change Programme to promote a positive approach to reducing the harm caused by alcohol is currently being procured and will comprise:

- A social marketing campaign
- A South West Tracking survey to monitor drinkers' awareness towards alcohol advertising, as well as claimed behaviour change
- Surveillance of shifts of public opinion around alcohol issues and social norms
- The amplification and uplift of national campaigns, such as Dry January, through public relations support to local authorities
- Proactively work with licensing teams to support their advocacy role
- Collaboratively work with licensing teams regarding licensing conditions
- Robust regional evaluation of the programme

5.4 Screening and brief advice

Screening and brief advice can help make people aware of potential risks they are taking or harm they may be doing and change their behaviour. They can be delivered in a variety of settings including primary care, pharmacies, emergency departments, other health care services, criminal justice system, social services and higher education.

Health checks are well placed to do this as they contain a risk assessment of alcohol consumption using a brief initial screening questionnaire, such as AUDIT-C or FAST. Positive results should then be followed by a full screen using AUDIT to identify

[9] https://www.gov.uk/government/statistics/alcohol-and-late-night-refreshment-licensing-england-and-wales-31-march-2014-data-tables

increasing and higher risk drinkers, who then receive brief alcohol lifestyle advice immediately following screening. Simple brief advice on the benefits of and tips for cutting down can make a big difference in reducing alcohol-related harm and does not require extensive training.

Locally, North Devon has recently started delivering screening and brief advice through Healthy Living Pharmacies.

5.5 Diagnosis, assessment and management

Higher risk drinkers with possible dependence should be considered for referral to specialist assessment and appropriate treatment.

A third of serious case reviews mention alcohol misuse. When parents or carers misuse alcohol the impact on the child or young person must be considered. The parent or carer should be referred for specialist assessment and any safeguarding concerns followed up.

Locally, the Devon draft substance misuse strategy *Reducing harm, enabling change, empowering recovery 2014-17: A partnership strategy for the development and delivery of a recovery orientated substance misuse system for adults in Devon* sets out the following priorities**:**

- Support people to make positive choices and reduce harms caused by substance misuse
- Develop an ambitious, high quality, personalised treatment and recovery system that empowers clients and facilitates recovery
- Support families to thrive
- Reduce substance misuse related crime and disorder
- Make the best use of partners and explores multiple opportunities to maximise the social value of commissioned services and the wider system

Family Drug and Alcohol Court, piloted in London, is to be rolled out in Exeter.

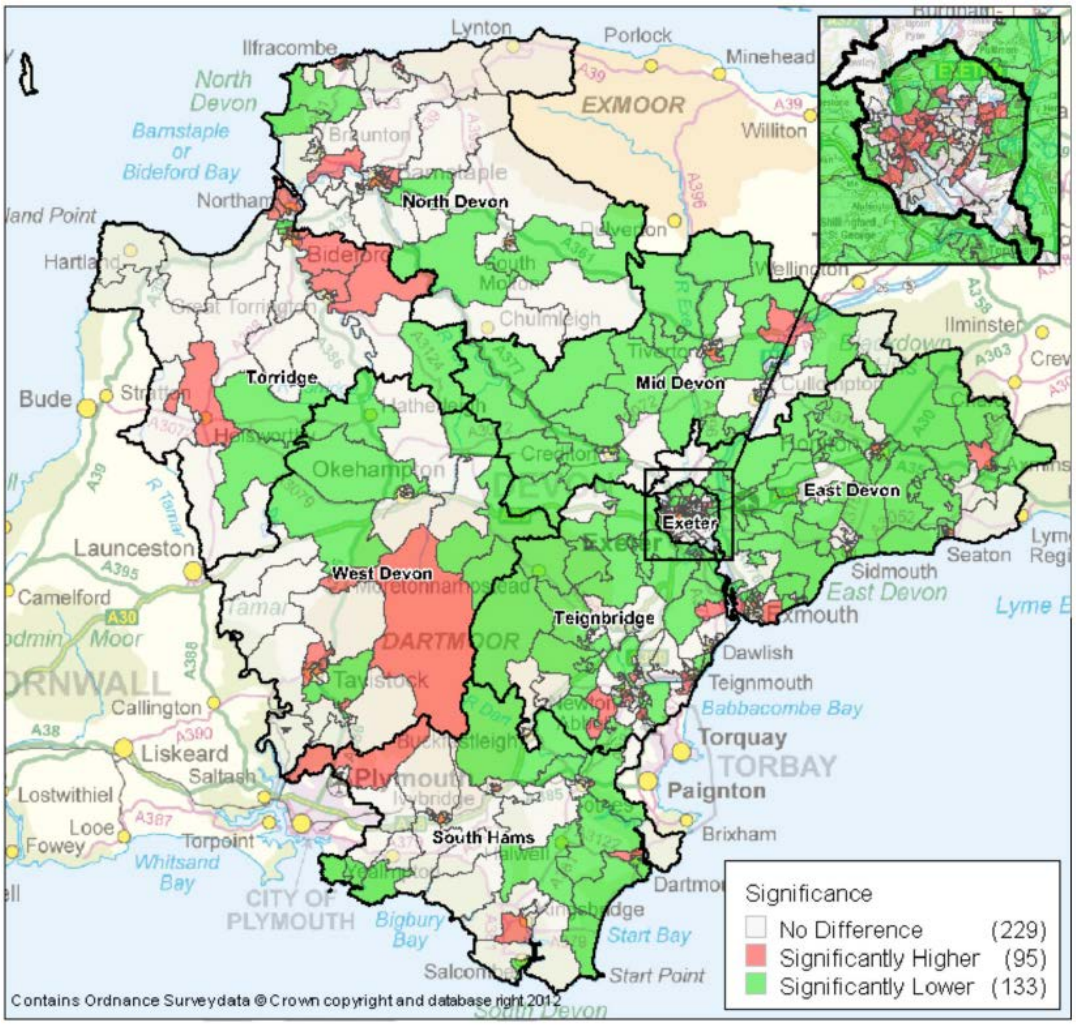
5.6 Partnership working

In collaboration, Local Authorities, Clinical Commissioning Groups, Police, Emergency Departments, Schools and other local partners, can reduce alcohol-related harm by:

- Influencing where and when alcohol is consumed or sold
- Enforcing laws on underage sales, sales to people who are intoxicated, proxy sales or non-compliance with any other licencing condition to ensure licensed premises operate responsibly and collaborate to reduce alcohol-related harm
- Promoting and advising people about sensible drinking
- Support a whole schools approach to alcohol, including alcohol education in schools as part of personal, social, health and economic education curricula (YSmart to develop this programme with the University of Exeter).
- Delivering screening and brief advice through Health Checks
- Setting up data sharing partnerships between Emergency Departments, Police and Local Authorities and using the information gathered to inform licensing, target policing and influence community safety partnerships, e.g. Cardiff model or assault-related incident database (ARID)
- Commissioning alcohol prevention and specialist treatment
- Sharing good practice

Appendix 1

Map of alcohol-related hospital admissions in Devon



Appendix 2

Alcohol-related admissions by type and cause, Devon, 2013-14

Type	Cause	Total
Acute Conditions	Ethanol poisoning	356
	Fall injuries	290
	Intentional self-harm/Event of undetermined intent	286
	Spontaneous abortion	80
	Assault	61
	Road traffic accidents (driver/rider)	42
	Work and machine injuries	19
	Toxic effect of alcohol, unspecified	17
	Pedestrian traffic accidents	10
	Fire injuries	9
	Other Acute Conditions	14
	Total Acute Conditions	1,183
Mental Conditions	Mental and behavioural disorders due to use of alcohol	3,241
	Total Mental Conditions	3,241
Chronic Conditions	Hypertensive diseases	5,736
	Cardiac arrhythmias	4,416
	Epilepsy and Status epilepticus	1,320
	Alcoholic liver disease	476
	Liver Cirrhosis	372
	Malignant neoplasm of breast	319
	Malignant neoplasm of lip, oral cavity and pharynx	225
	Malignant neoplasm of oesophagus	146
	Oesophageal varices	108
	Psoriasis	96
	Acute or chronic pancreatitis	60
	Haemorrhagic stroke	44
	Malignant neoplasm of rectum	42
	Malignant neoplasm of colon	38
	Malignant neoplasm of larynx	24
	Chronic pancreatitis (alcohol induced)	22
	Ischaemic stroke	21
	Gastro-oesophageal laceration-haemorrhage syndrome	15
	Malignant neoplasm of liver and intrahepatic bile ducts	12
	Degeneration of nervous system due to alcohol	11
	Alcoholic cardiomyopathy	10
	Other Chronic Conditions	12
	Total Chronic Conditions	13,525
	Total Admissions	**17,949**

Appendix 3


STOP THE STRENGTH!
NO TO > 6.5%
THIS STORE SUPPORTS THE TORRIDGE 'STOP THE STRENGTH' SCHEME AND DOES NOT SELL BEER, CIDER OR LAGER ABOVE 6.5% ABV
TORRIDGE DISTRICT COUNCIL
safer North Devon
DEVON & CORNWALL CONSTABULARY
Public Health Devon
Devon County Council
WORKING TOGETHER FOR A SAFER TORRIDGE

Devon Health and Wellbeing Board
12 March 2015

Devon Better Care Fund Governance and Risk Sharing Arrangements

Report of the Director of Partnerships, NEW Devon CCG; Director of Commissioning, South Devon and Torbay CCG; Head of Social Care Commissioning, Devon County Council.

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

Recommendation: that the Board is asked to endorse the proposed Devon Better Care Fund governance and risk sharing arrangements.

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1. Background/Introduction

The Better Care Fund (BCF) is a government initiative to drive the integration of health and social care across organisational boundaries. It requires Local Authorities and CCGs in the same H&WB area to agree a pooled budget to support transformational change to improve care, outcomes and experience for service users and carers.

Devon BCF is a pooled budget between Devon County Council (DCC), NEW Devon CCG and South Devon and Torbay CCG. In 2015/16 the fund will be £59,865k and it is worth restating that this is not new money. Robust governance and risk sharing arrangements are therefore required that are agreed by all partners and put in place by 1st April.

This report sets out and formally requests the Board's endorsement of the proposed arrangements for Devon which are subsequently subject to final approval by each partner organisation.

2. Main Text/Proposal

2.1 Legal agreement and establishment of the pooled fund

In line with NHS England requirements Devon partner organisations are fulfilling their statutory duties by pooling funds under a section 75 (s75) agreement which has been drawn up by a jointly appointed legal advisor. There are three parties to this agreement:

1) Devon County Council
2) North, East and West Devon Clinical Commissioning Group
3) South Devon and Torbay Clinical Commissioning Group
~~~~~~~~~~~~~~~~~~~~

The construction of the pool is as follows and totals £59.9m.

Construction of the Pool	**NEW Devon CCG**	**SD&T CCG**	**DCC**	**Total**
	£000	**£000**	**£000**	**£000**
Disabilities Facilities Grant			3,392	3,392
Social Care Capital Grant			1,991	1,991
Reablement	3,198	702		3,900
Carers	1,243	297	1,994	3,534
Existing s256 Agreements	11,145	2,755	1,963	15,863
Existing Support to Social Care	3,379	845		4,224
Devon Community Services/Torbay ICO	11,421	3,540		14,961
15/16 Additional Support to Social Care	8,000	2,000		10,000
Cost of implementing the Care Bill	1,600	400		2,000
Total Pooled Fund	**39,986**	**10,539**	**9,340**	**59,865**

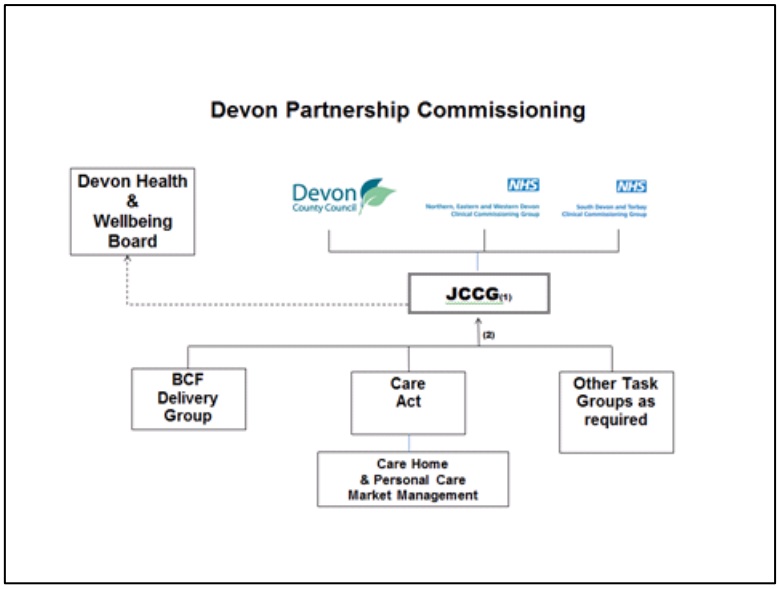
The working assumption agreed between Devon County Council (DCC) and the CCG's is that the pooled fund will be managed by DCC assuming the role of 'Pooled Fund Manager'. This will utilise the reporting arrangements that currently exist to support the s256 agreement between NHS England and DCC.

2.2 Governance Structure

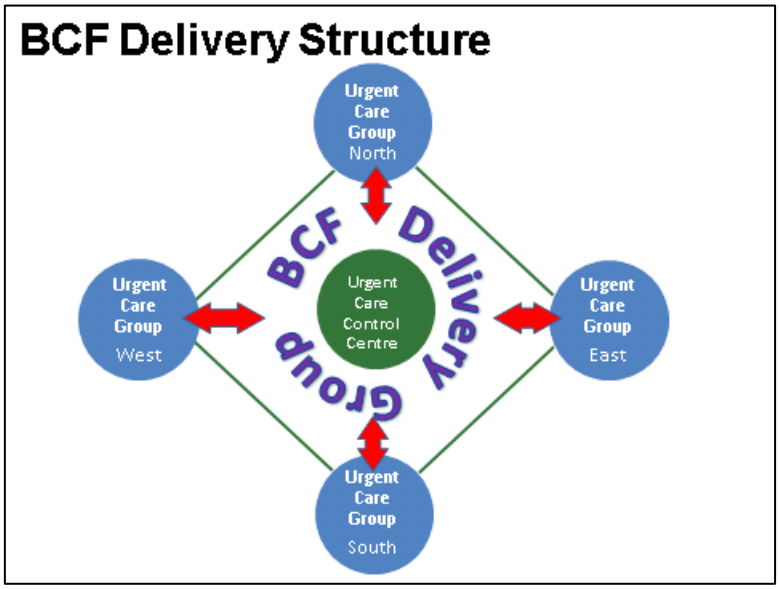
Whilst the Board is required to sign off the BCF, accountability for delivery of the BCF rests with the Joint Coordinating Commissioning Group (JCCG).

In order to assist the JCCG in this duty a BCF Finance task group and BCF Delivery Group have been established. Membership of the Delivery Group includes representatives of our main community service providers, acute hospitals and Devon Partnership NHS Trust. To address any potential conflicts of interest a conflict of interest policy is contained within the s75 agreement at schedule 7 and commissioning decisions and recommendations rest with the three commissioning parties of the s75 agreement and must be unanimous.

New partnership commissioning governance arrangements (shown in the following diagram) have been approved by the Health and Social Care Development Group. These arrangements aim to strengthen joint decision making whilst reducing duplication and bureaucracy. An overview of the JCCG can be found in Appendix 1.



The BCF delivery structure is shown in the following diagram which recognises that a significant proportion of the BCF Plan will be delivered through the four Urgent Care Groups. An overview of the BCF Delivery Group can be found in Appendix 2.



2.3 Risk share

Given the financial pressures facing partner organisations, increasing demand on health and social care services and the size of the BCF (£59,685k) compared to its predecessor s256 (£20,288k) DCC and both CCGs need to be assured that funding streams within the BCF are spent appropriately and for the benefit of their respective populations.

The following risk pools have therefore been proposed:

- 2 locality pools (one for north, east and west Devon, and one for south Devon)
- 2 central pools– one of which has a risk of under / over spend and one which has no risk attached to it. (These are schemes where costs are

fixed regardless of activity level. This category is also used for contributions to larger schemes such as support to social care.)
- A pool of uncommitted funds – this is s256 money which was previously spent on schemes which ended in 2014/15.

Movement between schemes in the same pool are permitted on the decision of the BCF Delivery Group.

Movement of funds between pools are permitted only on the decision of JCCG who will take in to account the following considerations:

- Geographical boundaries and effect on overall spending of the fund in relation to contributions to it
- The extent to which different areas have achieved relevant BCF performance targets
- The objectives of the fund
- Recommendations of BCF Delivery Group

The BCF Delivery group will decide on use of underspends within pools.

The JCCG will decide on use of underspends between pools.

Disinvestments remain in the pools where the money was disinvested unless all parties agree otherwise.

2.4 Performance funds

THE BCF pooled budget has a performance related element that is linked to achieving 3.5% reduction in emergency hospital admissions during the period Q4 2014/15 – Q3 2015/16 (compared to the same period last year). This performance element is included within the totals above and is currently being spent on community services. All parties recognise this and there is no expectation that the performance fund is released for investment in year other than through changes to existing services commissioned from the pooled fund resulting in uncommitted funds. Uncommitted funds are retained by the CCG's and only committed to the pooled fund on achievement of the 3.5% emergency admissions target. The mechanism for calculating the commitment will follow the national guidance for the performance fund.

2.5 Overspends

Overspends will be apportioned between partners on a pool by pool basis according to a formula agreed by all parties as part of the s75.

2.6 Underspends

Underspends will be returned to the partners based on the same formula as overspends. Relevant partners can agree to carry forward an underspend to the next year to the same pool if they wish to do so.

All parties agree that the funds should be used for the benefit of the health and wellbeing of the people of Devon and as such underspends should not be actively pursued.

3. Final sign off

Following endorsement by the HW&B each party to the organisation will sign or seal the s75 agreement in line with its own scheme of delegation.

The signed / sealed agreement will be in place by 31st March 2015 to allow the funds to be drawn down by the CCGs and put into the BCF.

Financial Considerations

The BCF is a pooled budget of £59,865k.

Legal Considerations

The section 75 agreement has been drawn up by a legal advisor jointly appointed by the three parties to the agreement.

Equality Considerations

The risk share arrangements will ensure the BCF is used for the benefit of the respective parties' populations.

Risk Management Considerations

Responsibility for maintaining and managing the BCF risk register sits with the BCF Delivery Group who will report on exceptions to the JCCG.

Having an agreed s75 in place by 31st March 2015 will mitigate the risk of there being no agreement in pace by 1st April 2015.

Public Health Impact

The BCF Plan aims to improve health and care services for the population of Devon and has a strong focus on prevention and wellbeing services.

Summary/Conclusions/Reasons for Recommendations

The Board has endorsed the BCF Plan and is now asked to endorse the proposed governance and risk sharing arrangements

Electoral Divisions: All

Cabinet Member for Social Care: Councillor Stuart Barker

Strategic Director, People: Jennie Stephens

APPENDIX 1: Overview of Joint Coordinating Commissioning Group

Authority - The JCCG is not a formal committee of any of the statutory partners; authority is exercised by the individual officers on behalf of the organisations to whom they are accountable and within their delegated limits. Within these parameters decisions can be made at the meeting of the JCCG.

Membership:
Tim Golby DCC; Paul O'Sullivan, NEW Devon CCG; Simon Tapley, South Devon & Torbay CCG
Finance officers: John Holme, DCC, Kevin Wheller NEW Devon CCG, Derek Blackford SD&T CCG

Attendees:
Commissioning Managers with responsibility for work programmesas required to support reporting on progress and inform key decisions.

Business support to include programme management, performance reporting and admin.

Responsible for:

- Programmes of joint commissioning work for adult health and social care
- Establishing working or task groups as required to deliver on programmes of joint commissioning
- Management of the BCF pooled fund and any other areas of joint funding associated with the programmes
- The commitment or redeployment of resources associated with the programmes within limits delegated by statutory partners to the individual officers
- Establishment and maintenance of a performance management and reporting framework in order to monitor and take action to improve performance against outcomes and to account for performance, progress and use of resources / finance
- Providing reports to committees of the partner statutory organisations and to Health and Well Being Board on relevant topics.

JCCG will receive progress reports and recommendations from the delivery or task groups and take the required decisions or direct the actions of these groups to ensure progress of the respective work streams.

APPENDIX 2: Overview of Better Care Fund Delivery Group

Purpose: To provide a clear and collaborative delivery structure for the Better Care Fund covering the Devon County footprint

Responsible for: Delivery of the Better Care Fund outcomes for improved health and social care services

Aim: to enable effective collaborative working between providers of services and commissioners in order to inform the optimum use of resources to achieve the required outcomes.

- To enable an active dialogue between local delivery mechanisms and county wide coordination functions
- To support delivery of schemes at local SRG and County wide level as needed to improve services and outcomes
- To share best practice across the county and scale up schemes where they have proven benefit
- To support local differentiation in delivery as required to reflect the specific needs of the local population or service configuration

Membership to include representation from:
DCC, NEW Devon CCG, SD&T CCG
Urgent care lead nominated by each System Resilience Group
Operational leads from Acute Trust Providers, Community Service Providers, Mental Health Service provider.

Health and Wellbeing Board
March 2015

Effective Engagement between Health and Wellbeing Boards and Major Providers

Report of the Chairs of NEW Devon CCG and South Devon and Torbay CCG

Recommendation*:* that the Devon Health & Wellbeing Board agrees the arrangements for engagement with main providers as set out in the proposal below

1. Background/Introduction

At the meeting of the 13th November 2014 the Devon Health and Well Being Board considered the letter from the Secretary of State regarding the engagement of main providers of services in the Health and Well Being Board. A number of options were considered, but the Board resolved that the joint health and social care commissioning group (chaired by Dr T Burke) be asked to consider the matter further and report back to the Board in due course.

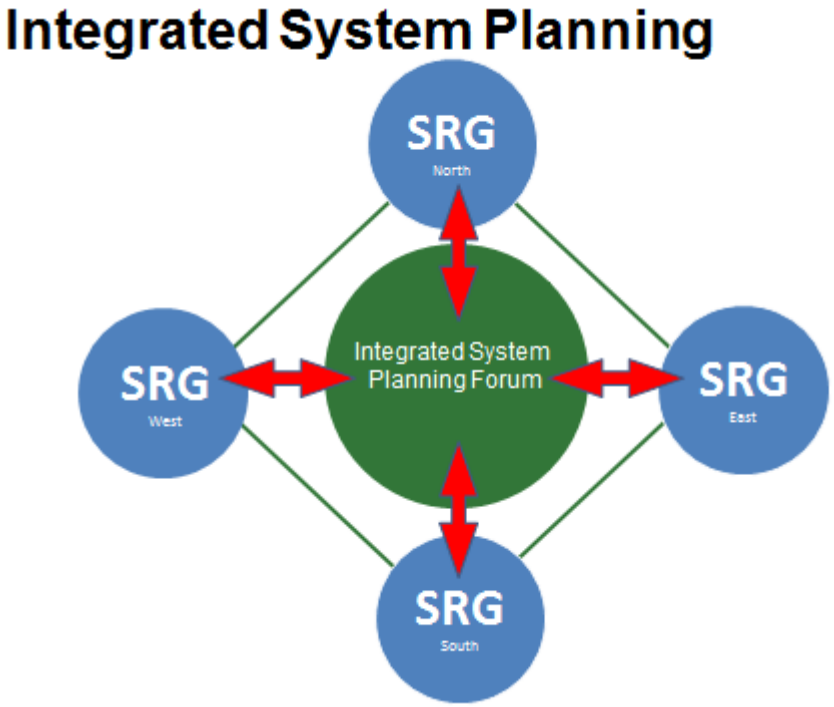
2. Main Text/Proposal

The Joint Health & Social Care Development Group met on 10th February 2015 to give further consideration to this topic and review the options for provider engagement. The Joint Health and Social Care Development Group agreed that it was necessary to optimise the use of existing forums to enhance the engagement of the main providers whilst also improving or addressing any gaps in the current arrangements. Consequently the Joint Health and Care Development Group agreed to put forward the following proposal:

1. All main providers are already engaged in each of the 4 System Resilience Groups (SRG's) or Urgent Care Boards that currently meet in Devon covering each of the acute trust geographical areas. Therefore the Board should use these forums to disseminate or share information on the work of the Board and to support feedback from these groups on the work to improve health and wellbeing

2. On a quarterly basis it would be beneficial to bring the main providers together into one county wide planning forum to enable a two way dialogue regarding the Health and Well Being Boards plans and the work taking place in each SRG area. This would be particularly relevant in considering the Joint Strategic Needs Assessment and the Joint Health and Well Being Strategy. The meeting would be chaired by one of the CCG clinical chairs who is also a member of the Health and Well Being Board.

3. In addition the main providers have been invited to be members of the Better Care Fund Delivery group; a monthly meeting that will review performance against the Better Care Fund outcomes and consider how best to deploy resources where required to improve performance.
proposal will reflect/contribute to the Council's priorities/strategic plan/corporate goals.



This proposal was subsequently discussed at the Health and Well Being Board development session on 12th February in order to give an opportunity for further consideration prior to formally put to the meeting of the Board.

Financial Considerations

There are no specific financial considerations.

Legal Considerations

There are no specific legal considerations.

Summary/Conclusions/Reasons for Recommendations

It is recommended that the Devon Health and Well Being Board support the proposal as set out above. Further planning will then take place with to develop the Planning Forum involving the Public Health team and to address communication with the main providers and SRG's.

Department of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk

To: Chairs of Health and Wellbeing Boards

Cc: Chief Executives of NHS Trusts and NHS Foundation Trusts

- 7 OCT 2014

Dear colleagues,

Effective Engagement between health and Wellbeing Boards and Major Providers

As we move towards a modern, effective health and care system the importance of working together across local health and care economies only grows. Effective engagement between Health and Wellbeing Boards and the major providers who serve their communities is critical to our shared success.

The Better Care Fund (BCF) plans were submitted on 19 September following a great deal of hard work in local areas. These plans are built on the foundation of conversations taking place that have never happened before, and I do want to commend local areas for all their efforts to bring this about. However, it has become clear through this process that there are differences in the level of engagement between Boards and providers. The results of the National Consistent Assurance Review (NCAR) process for the BCF will be made available shortly, and we want to take steps now to ensure that all local areas will be working effectively together to lay strong foundations for the implementation of the BCF plans from April 2015.

The BCF, among other changes, will lead to a reduction in emergency admissions across England and a changing pattern of care with more being done in the community. This will have a significant impact on major NHS providers and so the BCF planning necessitates strong relationships, open conversations and new ways of working. Strong, constructive dialogue from all local partners involved in developing and delivering BCF plans will be crucial to success.

How this engagement works in practice will be different in each area. Where providers have been included as full members on boards, there have been clear advantages – for example full involvement and challenge throughout the process of developing and signing off BCF plans. Around two thirds of boards do not include local NHS providers, and I know that in many areas, this has been a considered

decision. In such cases there are some examples of engagement working well through secondary mechanisms such as partnership groups, provider forums and workshops convened to explore specific local issues.

However, there are cases where this engagement does not seem to have worked effectively and this is unacceptable. Boards and providers must be positively engaging in the local decision making process, and it is the responsibility of all parties to ensure that engagement is effective, timely and meaningful. I would therefore urge Boards that do not include providers to reconsider this position, or at the least to consider their current arrangements, and assure themselves that the right structures and relationships are in place.

Support is available to Boards and providers to support effective engagement, through the Health and Wellbeing System Improvement Programme (delivered by the Local Government Association with DH funding)
http://www.local.gov.uk/health-and-wellbeing-boards

I would welcome your feedback on the issues raised in this letter. In particular, further examples of where you believe engagement is working well and how this has been achieved; and suggestions for further support from system leaders that you think would be helpful.

Yours sincerely

Jeremy Hunt

JEREMY HUNT

Devon Health and Wellbeing Board
12th March 2015

Devon Pharmaceutical Needs Assessment (2015-2018)

Report of the Director of Public Health

Recommendation: It is recommended that the Devon Health and Wellbeing Board endorse the Pharmaceutical Needs Assessment (PNA) for Devon.

1. Context
1.1 This paper follows on from previous reports received by the Devon Health and Wellbeing Board, (June 2014 and November 2014) describing the Board's statutory duty to ensure the production of a Pharmaceutical Needs Assessment for Devon by April 2015.

1.2 The final Pharmaceutical Needs Assessment is available to view on the Devon Health and Wellbeing website (http://www.devonhealthandwellbeing.org.uk/board/pharmaceutical-need-assessment/)

2. A Pharmaceutical Needs Assessment for Devon
2.1 Public Health teams in Devon, Plymouth, Torbay and Cornwall working closely with NHS England and the Local Pharmaceutical Committee have produced the draft PNA in a consistent but locally relevant format, which complies with the regulations.

3. Consultation
3.1 As highlighted in the November Board report there is statutory requirement to undertake a consultation on the Pharmaceutical Needs Assessment. The 60-day consultation period took place between 17th November and 16 January 2015. The draft Devon Pharmaceutical Needs Assessment received 24 formal responses. Responses were received from:

- NEW Devon Clinical Commissioning Group
- South Devon and Torbay Clinical Commissioning Group
- Devon Local Pharmaceutical Committee
- Devon Local Medial Committee
- Royal Devon and Exeter NHS Foundation Trust
- Northern Devon Healthcare NHS Trust
- Devon Partnership Trust
- Dispensing Doctors' Association
- NHS England
- Somerset Health and Wellbeing Board
- Dorset Local Medical Committee
- Pharmacists (x12)
- General Practice (x3)

3.2 The Pharmaceutical Needs Assessment Steering Group reviewed all of the comments and the key themes are included within chapter 10 of the final document. The majority of the feedback received was positive and supportive of the format and content of the Pharmaceutical Needs Assessment. There were some comments raised about the lack of coverage given to dispensing practices and the health needs information contained within the summary sheets to ensure sufficient information is available to support control of entry decisions. The draft document has been updated and amended to include, where possible, additional information on dispensing practices and the presentation of health information.

4. Summary
4.1 The draft Pharmaceutical Needs Assessment underwent a comprehensive consultation exercise for a 60-day period in compliance with the statutory regulations. The Steering Group reviewed all the responses and took decisions on the necessary amendments to be made to the document. It is recommended the Health and Wellbeing Board endorse the Devon Pharmaceutical Needs Assessment.

5. Financial Consideration
There are no financial considerations.

6. Legal Considerations
The Pharmaceutical Needs Assessment is used to support the control of entry for new pharmacies. There is a potential risk that an unsuccessful pharmacy application, turned down as a result of the Pharmaceutical Needs Assessment, may result in a legal challenge.

7. Environmental Impact Considerations
There are no environmental considerations.

8. Equality Considerations
The needs of people and communities, particularly those most vulnerable or disadvantaged are made explicit in the Devon Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. There are no specific equality issues related to the Pharmaceutical Needs Assessment.

9. Risk Management Considerations
No risks have been identified.

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

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

Dr Virginia Pearson
Director of Public Health
DEVON COUNTY COUNCIL

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

Contact for enquiries: Steven Brown
Room No 148, County Hall, Topsham Road, Exeter. EX2 4QU
Tel No: (01392) 383000

Background Papers
Nil

Devon Health and Wellbeing Board
12th March 2015

Public Sector Equality Duty and Equality Impact Assessments

Report of the Director of Public Health

Recommendation: It is recommended that the Devon Health and Wellbeing Board note the report and considers organisational and collective response to the public sector equality duty.

1. Context

The Public Sector Equality Duty requires public bodies to give due regard to the need to (in relation to nine protected characteristics):

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

The protected characteristics are age, disability, gender re-assignment, marriage and civil partnership, pregnancy/maternity, race, religion and belief, sex and sexual orientation. Marriage and civil partnership only applies in relation to employment. The characteristics are described in figure 1.

Figure 1, Infographic describing the protected characteristics

This means that when decisions are being made consideration should be given of how the decision will affect the protected characteristics and consider in what way negative impacts can be removed or minimised and positive impacts improved upon. Most public sector organisations use a process of Equality Impact Assessment (EIA) to consider the impacts.

2. Commentary on action to date

The Devon Health and Wellbeing Board through its Joint Health and Wellbeing Strategy (JHWBS) has committed to promoting health equality ensuring increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities. The equality should be considered in terms of access to services and health and wellbeing outcomes.

The 2013 JHWBS Strategy update included the health of protected characteristic groups as a new priority as the protected characteristic groups include some people who are known to be vulnerable and at risk of poorer health. The action included to produce a Joint Strategic Needs Assessment (JSNA) for protected characteristic groups and associated performance framework.

The 2013 JSNA had a number of sections related to the protected characteristic groups but the 2015 overview which will be presented to the Board in June will have dedicated sections. To support the JSNA and inform Commissioners a Health Needs Assessments (HNA) has been undertaken for lesbian, gay, bi-sexual and transgender groups.
http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2014/09/Devon-LGBT-Health-Needs-Assessment-2014.pdf The health needs assessments such as the Care Homes HNA had an appendix explicitly considering the protected characteristics.

3. Board Member Organisational Approach

Public Sector organisations will have their own process for undertaking Equality Impact Assessments. Within Devon County Council a group called the Equality Reference Group act as a 'critical friend' and help the Council consider the impacts on different groups. The Equality Reference Group includes representatives from the voluntary and community sector with specialism in the protected characteristic groups. In reviewing the Council's impact assessments for the budget 2015/6 the Group highlighted the need for the Clinical Commissioning Groups and Devon County Council to consider the impacts of service cuts collectively.

This could mean, for example, where a service is being closed by the NHS, as part of its impact assessment process it considers the knock-on effect on partners/stakeholder agencies such as Devon County Council or the voluntary and community sector alongside the protected characteristic groups. Consideration should include whether partner agencies will be able to mitigate against any negative impacts on protected characteristic groups or whether the change will result in a greater burden, including an inability to cope with demand.

Devon County Council found that prior to 1 April 2014; around 20% of high/medium risk decisions did *not* include an impact assessment as part of the papers. For the first quarter this year this reduced to 10% with a target of 0%.

There has been a noticeable improvement in the quality of impact assessments due to a number of factors including: early engagement in the process; new training; improved guidance/support and early consultation with the Equality Reference Group (prior to writing the assessment).

To improve further, the Equality Reference Group has suggested greater collaboration between Health services and the County Council in understanding impacts and exploring mitigations. The Group also made a recommendation to collectively monitor actual impacts over time. The work to integrate services between health and social care in particular require greater alignment of EIA considerations.

NEW Devon CCG recently redesigned its EIA and combined it with quality so it assesses the impact on patient safety, experience and effectiveness. It also includes a section on other impacts, but doesn't explicitly include impacts on partner organisations. South Devon and Torbay CCG is reviewing its process also to consider EIA in a wider context.

The Districts, Police and Probation will have their own processes for EIA.

4. Summary

Due to the multi-organisational membership of the Board it is important that the JHWBS and JSNA provide an overall picture of the health needs of the protected characteristic groups so that individual decisions can be based on the need and impact on health inequalities. Board members need to consider whether organisational decisions consider partner impacts and the overall impact on the protected characteristic groups as a whole when making decisions. A mechanism for monitoring outcomes for protected characteristic groups as part of the JSNA to ensure the health and wellbeing outcomes for protected characteristic groups are considered over time. The updated JHWBS will have an EIA undertaken and a continued commitment is required to address health inequalities on a geographical and population group basis.

5. 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.

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

7. 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.

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

9. 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 Wellbeing: Councillor Andrea Davis

Contact for enquiries: Tina Henry Room No 120, County Hall, Topsham Road, Exeter. EX2 4QU
Tel No: (01392) 386383

Background Papers
Nil

Health and Wellbeing Board
12 March 2015

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

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

Recommendation: that the Board:

1. **Welcomes the Joint Commissioning Strategies for Learning Disability, Mental Health and Carers, which are now ready for publication**
2. **Notes the Introduction to the strategies and the common themes that are identified (Appendix 1)**
3. **Supports the delivery of the strategies as implementation plans are refined**
4. **Notes the intention to report progress to the Board annually in June, starting in June 2015**

1. Introduction

During 2014 a suite of Joint Commissioning strategies were developed by the two Clinical Commissioning Groups, Devon County Council, Plymouth City Council and Torbay Council. The first of these, the Dementia Strategy, was endorsed by the Health and Well Being Board early in 2014 but is also attached for the sake of completeness.

Three further strategies have now been prepared in relation to Learning Disability, Mental Health and Carers. These have been extensively consulted on with service users and carers and a wide range of stakeholders.

They are presented to the Health and Well-Being Board for information and to secure the support of the Board in their implementation.

2. Context

The strategies have been developed by the Joint Commissioning Team. They are supported and facilitated by the Devon Health and Social Care Development Group and the Joint Commissioning Co-Ordinating Group will be responsible for ensuring their delivery.

They align with Devon County Council's strategy, "Better Together", the "I Plan" and the Better Care Fund and are people-focused, rather than organisation-focused. They are underpinned by integrated, preventive approaches that focus on promoting independence, reablement and recovery and will look to develop innovative solutions to the challenges we face. Where appropriate, we will work across geographic and organisational boundaries to share skills and resources, secure economies of scale and achieve greatest impact.

An implementation plan is being developed for each strategy and progress will be reported annually, each June.

The strategies will be published on NHS and DCC websites shortly. They will be accompanied by an Introduction, which sets out the context for the strategies and identifies common themes. The introduction is attached at Appendix 1 (NB this is text only and will have images embedded when published)

Consultations/Representations/Technical Data

Each strategy has been consulted upon differently, taking account of the different stakeholder groups and interests involved. Participation has been extensive and the strategies are commended to the Board with confidence that they have widespread support.

Financial Considerations

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

Legal Considerations

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

Equality Considerations

These strategies have been prepared in line with the partners' Public Sector Equality Duty. They recognise where positive action needs to be taken to address the needs of underrepresented groups and those with protected characteristics e.g. in meeting the needs of particular groups of carers.

Summary/Conclusions/Reasons for Recommendations

The suite of strategies represents an important step forward in our integration journey and are commended to the Board.

Tim Golby
Head of Social Care Commissioning

Electoral Divisions: All

Strategic Director, People/Place: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS
Contact for Enquiries: Mary Palmer
Tel No: 07870681505, Floor 1, Annexe

BACKGROUND PAPERS

Mental Health Strategy
Learning Disability Strategy
Carers Strategy
Dementia Strategy

Appendix 1

INTRODUCTION TO JOINT STRATEGIES

Context
The Health and Social Care Act 2012 and the Care Act 2014 set out the expectation of deepening integration of health and social care, where everyone experiences truly joined up service provision and commissioning. We are committed to working together to put individuals, families and communities at the heart of everything we do. We want to build on their strengths and ambition and to reduce reliance on services, whilst offering the best possible response when people are in need of our support.

We want to convey our ambition to be the best we can and to deliver to the highest possible standard in all that we do. We want to celebrate health and care in Devon so that our citizens can be proud of what we offer and are confident in its safety and quality.

To achieve this we need to clearly set out what we are trying to achieve and how we are going to move forward together as a health and social care community and with our partners. Over the last year the two CCGs and the three Councils of Devon, Plymouth and Torbay have been developing and refreshing a suite of joint strategies that set out our ambition in a number of areas. We have worked closely with partners and the public to ensure that our strategies reflect their advice and concerns.

Four of these strategies are now complete:

Learning Disability
Mental Health
Dementia
Carers
See link to strategies: https://new.devon.gov.uk/adultsocialcareandhealth/policies-and-procedures/

NB: An Autism Strategy is also being developed and will be completed by Summer 2015.

They are underpinned by the "Journey to I", our plan for integration and the Better Care Fund. See below for link to BCF documents.

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

And a set of unifying principles – The "I Statements"

They are concise documents that set out the direction of travel. Taken together, they represent a significant expression of our intent and of our ways of working. The strategies are largely focused on adults and young people in transition to adulthood but they relate closely to strategies relating to children and families, in particular Early Help, Emotional Health and Well-Being and Maternity. In so doing, their intent is to think about people not just as individuals but as members of families and communities.

Our understanding of need is derived from the Joint Strategic Needs Assessment (JSNA) and related needs assessments for specific groups. The strategies, as part of the integration plan, are intended to support the delivery of the Joint Health and Well

Being Strategy. They are influential in guiding the intent to jointly commission integrated health and care services whilst shifting focus and resources to community services and prevention. They align with the vision and strategic plans of each of the partners.

Themes
A common set of themes runs through the strategies;

- They are people-focused, not organisation-focused. They see the person, not just their needs and risks and look to personalised solutions, designed with and around the individual, their carers and their families. In so doing, they strive to create the conditions in which everyone can participate as fully as possible in community life

- They convey a shift towards greater prevention – people and communities doing more to help themselves but with focused and targeted support where our expertise and resources are required

- They focus on promoting independence, reablement and recovery - giving people the right help when they need it and avoiding long-term dependence wherever possible

- They emphasise the importance of safeguarding vulnerable people but they also guard against being risk averse, recognising that people need to be supported to take the decisions that they want to achieve the best possible quality of life

- They reflect a shift to meeting outcomes, giving providers and the people they support maximum flexibility to meet need in the most effective and sensitive way

- They aim to integrate services and pathways so that they are clear and easy for people to find the information and services they need

- They prioritise our effort so that we deliver well on the issues that are most important to the people we serve and ensure the safety and well-being of those who are most vulnerable

- They are committed to finding new ways to arrange services so that we make the most of the resources that are available to us

- In so doing, they recognise the importance of investing in the workforce – across all sectors – and of working with providers to ensure a diverse and responsive mix of services and opportunities and to find new ways of working

- They seek to address equity and accessibility and to be coherent across the county whilst being locally sensitive, reflecting that different solutions may be needed in different places

- They look to achieve social value, adding to the well-being of Devon, over and above a contract price

Implementation
Strategies are only as good as the action that is taken to make them a reality. Work is already under way to deliver the objectives set out in the strategies and a series of implementation plans are being developed to co-ordinate and further develop that work. In so doing, we will aim for consistent outcomes across Devon, whilst respecting the variations in approach that may be needed in different geographical areas of the county. The plans will set out the accountabilities, timeframes and performance monitoring frameworks that will deliver our objectives and on which we will report on progress.

Each June, we will publish a report of progress to celebrate achievements and to set out our priorities for the coming year.

The strategies are published at a time of enormous pressure on resources and this means that we have to focus on the things that are most important, to innovate and to use our still considerable resources in the most effective way possible. In so doing we will take opportunities to work together across geographic and organisational boundaries so that we share skills and resources to achieve economies of scale and achieve greatest impact.

Governance
In the Devon County Council area, the strategies are supported and facilitated by the Devon Health and Social Care Development Group. This high level group is an informal meeting of decision makers involving Devon County Council, NEW Devon CCG and South Devon and Torbay CCG. It is designed to facilitate the setting of the direction, set out the parameters of the shared health and social care agenda, enable partnership arrangements, and resolve obstacles to progress through an approach characterised by trust, honesty and "no surprises" in our shared journey to integration.

The strategies have been presented to the three Health and Wellbeing Boards in the geographic Devon area and support the delivery of the joint Health and Wellbeing Strategies. The Health and Wellbeing Boards will receive progress reports to enable partners to engage in delivery of the strategies.

Their detailed delivery will be overseen by the Joint Commissioning Co-Ordinating Group (JCCG), which also provides leadership for the Better Care Fund. The JCCG will monitor progress, resolve any barriers to progress and measure impact.

Strategy Leads
Each strategy has a designated lead, responsible for developing the strategy and ensuring that accountability for its implementation is clear, that performance is reported and that any barriers to progress are resolved. Each lead works with a delivery partnership, although the nature of these varies.

The relevant delivery partnership is set out below:

Strategy	**Delivery Partnership**
Dementia	OPMH Steering Group Dementia Partnership
Learning Disability	Learning Disability Partnership Board
Mental Health	Joint Commissioning Co-ordinating Group
Carers	Carers Strategy Delivery Board
Autism	Autism Partnership (newly forming)

Northern, Eastern and Western Devon
Clinical Commissioning Group

Primary Care Co-Commissioning
Update Devon Health and Wellbeing Board

1. Update

1.1 The Committee has previously been made aware of issues relating to the Primary Care Co-commissioning agenda through guidance such as 'Next Steps Towards Primary Care Co-commissioning' and 'Primary Care Co-commissioning Update'. Also, Health and Well Being Board Chairs received an update letter from NHS England.

1.2 NEW Devon CCG is going forward with primary care co-commissioning at level 1 – greater involvement in primary care decisions making. This means that the actual decision making responsibility will still remain with NHS England (this is the same as the present position). Officially the 'greater involvement in primary care decision making' commences from 1st April 2015, although theoretically it presently occurs through the Primary Care Oversight Group (see below).

1.3 Presently this works with NEW Devon CCG being a member of the Primary Care Oversight Group (PCOG). This group is chaired by local arm of NHS England. The other CCGs across the Peninsula are also members of this group. Through this mechanism NEW Devon CCG seeks to ensure that the CCG priorities are taken into account in relation to the commissioning of primary care in the CCG area.

1.4 In the short term NEW Devon CCG envisages that 'greater involvement in primary care decision making' will be through a similar process to PCOG. There is a general consensus that in the longer term there will be a move towards an even greater involvement of CCGs in the commissioning of primary care, although it is unlikely there will be any significant changes before the general election.

1.5 As outlined in the letter from NHS England to the Health and Wellbeing Board Chair if NEW Devon CCG was to take on greater responsibility for primary care commissioning, be that devolved or joint commissioning, then we would look to invite a member of the Local Health and Wellbeing Board to whatever CCG decision making forum was formed.

1.6 Whilst at Level 1, NEW Devon CCG has formed a Primary Care Commissioning and Development Group. This group has been formed to fully utilise clinical input

in the development of primary care, be that service development or more strategic areas such as the taking forward the 5 Year Forward View. There is also Public Health representation on the group. The Director of Public Health for Devon is invited to attend the group on behalf of both Directors of Public Health. This group will be required to ensure that there is a direct line of sight from the Health and Wellbeing priorities, through the CCG priorities into the co-commissioning of primary care.

28 January 2015

DEVON COUNTY COUNCIL

SCRUTINY WORK PROGRAMME

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

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

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

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

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

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

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

SCRUTINY WORK PROGRAMME

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
Corporate Services Scrutiny Committee					
14 Apr 2015	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	Report	Task Group with report back to committee
	Devon Audit Partnership Work Programme	Service-specific audit plan	Head of Devon Audit Partnership	Report	Committee meeting only
	Section 106 agreements	To review how they are established and what checks and balances are in place	Head of Service	Report	Committee meeting at this stage
Suggested future topics	Commissioning – Benefit Realisation of Contracts	Scrutiny's role in commissioning	All Heads of Service	Report back to committee	Spotlight review/seminar
Place Scrutiny Committee					
19 Mar 2015	Waste Task Group Refresh	Refresh of Task Group's March 2013 Report	Scrutiny Officer	Report	Committee meeting only
	Connecting Devon & Somerset Broadband	See Minute *61	Head of Economy & Enterprise	Report	Committee meeting only
	Devon Audit Partnership Work Programme	Service-specific audit plan	Head of Devon Audit Partnership	Report	Committee meeting only
	Dispensation Parking Permits	Introduce new products and charges for traders' parking	Head of Highways, Capital Development & Waste	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
	Energy Policy Task Group – Implementation of Recommendations	Including progress with installing solar PV on landfill and park & ride sites (contract pending)	Various Heads of Service	Report	Committee meeting only
Briefing	Energy Policy				
	Ensuring business continuity during times of disruption				

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
17 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
	Devon Audit Partnership	Service-specific annual report	Head of Devon Audit Partnership	Report	Committee meeting only
	LEP Strategic Economic Plan	LEP Strategic Economic Plan (incl. the EU Strategic Investment Framework)	Head of Economy & Enterprise	Report	Committee meeting only
	Young People and Employment	Task Group Report	Scrutiny Officer	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
11 Sept 2015	Flooding Task Group Update	Recommendations, including progress with flood alleviation schemes	Scrutiny Officer	Report	Committee meeting only
	Performance Dashboard	Summary of performance	All Heads of Service	Report	Committee meeting only
16 Nov 2015	In-Year Budget Briefing	Delivery of the 2015/16 budget, including impact of electricity prices on street lighting	All Heads of Service	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
	Department of Transport 20mph Speed Limits	National guidance local implementation	Head of Services for Communities	Report	Committee meeting only
Future Briefings	Gypsies and Travellers	Roles and Polices on 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		
People's Scrutiny Committee					
17 Mar 2015	Safeguarding Children Task Group	Update on progress	Chair	Report	Committee meeting only
	Educational Outcomes Task Group	Update on progress	Cabinet Member / Head of Education & Learning	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
	Devon Youth Service Options Appraisal	Call-in	Cabinet Member	Report	Committee meeting only
	Devon Education Performance 2014	Review the education performance at all Key Stages across the County	Head of Education & Learning	Report	Committee meeting only
	School Exclusions	Update on data for academic year 2014/15	Head of Education & Learning	Report	Committee meeting only
	Adult Residential /Day Centre Closures	Update on progress	Head of Adult Social Care	Report	Committee meeting only
	Devon Audit Partnership Work Programme	Service-specific audit plan	Head of Devon Audit Partnership	Report	Committee meeting only
22 Jun 2015	Safeguarding Children Task Group	Update on progress	Chair	Report	Committee meeting only
	Children's Centres Task Group	Update on progress	Task Group	Report	Committee meeting only
	Devon Audit Partnership	Service-specific annual report	Head of Devon Audit Partnership	Report	Committee meeting only
8 Sept 2015	Safeguarding Children Task Group	Update on progress	Chair	Report	Committee meeting only
	Devon Safeguarding Children Board Annual Report 2014/15	Review the Annual Report	DSCB Chairman	Report of the DSCB Chairman	Committee meeting only
	Annual Childcare Sufficiency Report	Outlining how the Council is meeting its statutory duty to secure sufficient early years and childcare places and identifying challenges and actions for the coming year in relation to meeting the duty	Head of Education & Learning	Report	Committee meeting only
18 Nov 2015	Safeguarding Children Task Group	Update on progress	Chair	Report	Committee meeting only
	In-Year Budget Briefing	Delivery of the 2015/16 budget	All Heads of Service	Report	Committee meeting only
8 Jan 2016	Safeguarding Children Task Group	Update on progress	Chair	Report	Committee meeting only
	Safeguarding Adults Board Annual Report 2013/14	Review the report	DSCA Chairman	Report	Committee meeting only
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

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
	Safeguarding Adults	New task group	Scrutiny Officer and witnesses	Written and oral evidence	Task Group with report back to Committee
Suggested future topics	Domestic violence and abuse	Possible new task group. See Minute *86)	Scrutiny Officer and witnesses	Written and oral evidence	Task Group with report back to Committee
Health & Wellbeing Scrutiny Committee					
24 Mar 2015	Integration	scrutiny involvement and consideration of the agenda with CFPS and LGA	CCGs, Adult Social Care, public health and comm and vol sector	Report of the spotlight review	Spotlight review
	NEW Devon CCG planned measures to reduce the budget deficient	Investigation of impact that planned measures will have	NEW Devon CCG and members of the scrutiny committees		Seminar to verbally report back to committee
	Devon Audit Partnership Work Programme	Service-specific audit plan	Head of Devon Audit Partnership	Report	Committee meeting only
	TCS	Ongoing consideration of changes as they are proposed across Devon	NEW Devon CCG	Report	Committee meeting only
	Axminster consultation	Follow up from concerns raised at last scrutiny meeting	Northern Devon Healthcare Trust	Report	Committee meeting only
	Making Every Adult Matter (MEAM) and rough sleepers in Devon and Exeter	To further investigate this area of concern raised in the budget meetings	Public Health	report	Report to committee
	Torrington	Further investigation into the services proposed in Torrington	Councillors	Report?	Member investigation
18 Jun 2015	Emergency provision – what service when?	Investigation into where people present in an emergency, A&E, pharmacies, walk in centre, GP	commissioners	Report	Committee meeting only
	Coastal Locality Consultation	Progress on consultation and Health Watch input to process	South Devon and Torbay CCG	Update on consultation	Committee meeting only
	Hospital discharge	To consider the factors affecting patients leaving hospital and identify blockages	RD&E NEW Devon CCG	Report	Committee Meeting/possible task group
	Devon Audit Partnership	Service-specific annual report	Head of Devon Audit Partnership	Report	

Date for Consideration	Matter for Discussion	Scope of Investigation or Purpose of Report	Contributors or Heads of Services to be involved	Documents to be considered	Likely timescale for Investigation or Consideration
18 Jun 2015	Dentistry and appointment system	Review how difficult it is to get an NHS dentist and how long patients have to wait for appointments		Report	Committee meeting only
Suggested future topics	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

HEALTH AND WELLBEING BOARD – FORWARD PLAN

Date	Matter for Consideration
Thursday 11 June 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (Review of Health and Wellbeing Strategy / JSNA) **Business / Matters for Decision** Better Care Fund CCG Updates Prevention Offer / Care Act Adult Safeguarding Review of Mental Health Services (Deferred from March) **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information
Thursday 10 September 2015 @ 2.00pm	**Performance / Themed Reporting** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Report (TBC) **Business / Matters for Decision** Better Care Fund CCG Updates Children's Safeguarding annual report (annually in September) Adult Safeguarding annual report (annually in September) **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 Delivering Integrated Care Exeter (ICE) Project – Annual Update **Other Matters** Scrutiny Work Programme / References Board Forward Plan Briefing Papers, Updates & Matters for Information

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

PCC
Office of the Police and Crime Commissioner
Devon and Cornwall

Endeavour House, Woodwater Park,
Pynes Hill, Exeter, EX2 5WH
01392 225555 / 225570 Fax 01392 225567
opcc@devonandcornwall.pnn.police.uk
www.devonandcornwall-pcc.gov.uk

TH/nl

19 February 2015

Chair - Health & Wellbeing Boards
Cornwall / Devon / Plymouth / Torbay and
The Isles of Scilly

Introduction

As we approach a new financial and performance year for policing I wanted to write to you as PCC to share perspectives on topics of mutual interest and make recommendations. I would ask that this letter be tabled as an agenda item in a future meeting of the Board.

In Devon and Cornwall I am responsible for the 'totality of policing', for an effective criminal justice system and for commissioning a wide range of services to community safety. As PCC I am a member of, or am represented on, and aim to attend, the five Health and Well-being Boards (HWB) of the Devon and Cornwall policing area. I have devolved my community safety funding and commissioning to the nine Community Safety Partnerships (CSP) in our area, empowering them to make lives better for our communities. I am also a member of the single Local Criminal Justice Board (LCJB) for the area.

Alongside this local work I am the national PCC lead for alcohol abuse, a member of national PCC groups on finance and the CJS and I sit on the national Criminal Justice Council for all PCCs.

As I write, my team are working to finalise revisions to my Police and Crime Plan after consultation closed this week. An on-line version of the plan can be found here http://www.devonandcornwall-pcc.gov.uk/About-Us/The-Plan.aspx . I mention this in more detail below. I see new or increased tasks relating to Child Sexual Exploitation, cybercrime, immigration crime and others putting increased pressure on resources, which I intend to reflect in the revised Plan.

At the same time partners are under the same pressures and I firmly believe that it is essential that we in the HWBs join up our responses to these key community threats. I have asked the Chief Constable to look, over the coming months, at the future management of demands on policing and how we need to transform policing services to deal with the serious financial challenges we face. This will impact on partners and HWB members need to be aware of this work. I undertake to keep you updated on this work as it develops.

As public sector savings begin to bite hard for us all I see the HWBs as critically important for bringing key empowered partners together each to generate one local agenda and perhaps (in time) an increasing degree of pooled resourcing. In my work with HWBs over the last year my central issue on the governance side has been to encourage Boards to include community safety as a third area of equal strategic interest alongside the original/ existing areas of health and social care. I see this widening of perspective as essential in order to address 'wellbeing' within our communities. My understanding is that Boards have generally accepted this point but as you bring your plans together for the year ahead I am asking that you consider giving real prominence to community safety in the strategic aims of the board. I fully accept that other priorities exist alongside these within HWBs, with obesity, dementia and social care provision for our ageing population presenting considerable pressures on resources but would urge you to ensure we give the right levels of prominence to community safety.

In seeking to join up the thinking of senior boards in the community, I am delighted to say that the Local Criminal Justice Board has at their last meeting asked me to provide a link to the work of the HWBs. I would aim to start modestly by providing that link between the boards and raising issues of common interest (position statements) from time to time in both fora. My hope is that your Board members will approve of this initiative.

In this new role 'linking' HWBs and the Local Criminal Justice Board I thought it would be helpful to set out the key areas where I think 'health and wellbeing' and 'community safety' interact and which should form part of the HWB's agenda for the year ahead.

Safeguarding

Traditionally safeguarding (and before that, child protection) was seen as a relatively narrow, specialist topic. It is the Chief Constable's intention, working with partners, to make safeguarding much a broader concept at the centre of community safety and policing, and in the minds of police officers.

That said our Safeguarding Children and Adult Boards have very clear remits. I met recently with the Chairmen of the Safeguarding Boards in this policing area and have committed to increasing my own investment in these Boards to assist them in carrying out their work. I wanted to make the point with you that these important community safety boards do not currently feel well-connected to the work of HWBs. This disconnect surprised me given the fundamental link between safeguarding and 'wellbeing'. Can I suggest that we consider strengthening our links with these boards at a time when Child Sexual Exploitation, Modern Slavery and Human Trafficking are near the top of our agendas.

Mental Health

We have a National position where 'parity of esteem' is painfully slow in gestation. We have a national 'Mental Health Concordat' and a sub-set of the local (Devon and Cornwall) Criminal Justice Board has developed a local interpretation. Closer to policing we have a situation where the Chief Constable has had to be very direct with partners over the use of 'Section 136' powers (detention of those with mental health problems in custody). We have clear examples of the benefits that can be delivered through diversion schemes and 'street triage' in our local area but the future of such schemes is under threat due to continued austerity. I am keen to see acknowledgement, ownership and oversight of these issues at local HWBs to fully engage and involve commissioners.

Substance misuse (including alcohol)

As stated above, I have the national PCC lead for tackling alcohol related crime and harm across all 43 policing areas. Locally one of the functions of my office has been to try and bring together the various often very good alcohol plans across communities in Devon and Cornwall to see where we can work more collectively and to add value. We are providing direct support to innovative pilots in a number of areas to tackle pre-loading, creating a clear agenda on education and awareness to drive cultural change, supporting recovery and investing in data quality and evidence collection to ensure that we can gain a clearer picture of the relationship between alcohol and offending. I would welcome a chance to share a common agenda with you on alcohol and to gain your views on a collective sense of direction in this difficult subject. I will be presenting the cost of alcohol misuse and our alcohol agenda at the Criminal Justice Council in the near future. This may help understanding in the senior judiciary of the pressures on licencing authorities.

We must all work together to continue to tackle drug addiction and support recovery services and to attack the illegal drug trade. Alongside this we must work together on the issue of New Psychoactive Substances. We need to collect a clearer evidence base around these new substances – to understand who is using these products and their motivations and to use all available tools to deal with the negative impact they can have on community safety as well as health. Good work has already begun on this issue in Devon, including action to shut down a 'head shop' due to its linkage with local ASB and I hope that we can all work together, through the HWBs to drive further progress.

Victims

My team, working with the police will launch a brand new service for Victims from, 1 April 2015. This involves more than 60 partners and complies with the national Victims Code. It is essential that HWB partners understand this provision and I and my team would be happy to offer presentations to the Board to explain this service where that would be helpful.

Sexual Violence

Together with other key partners, I have been contributing to the cost of maintaining services in the three Sexual Abuse Referral Centres (SARC's) and Independent Sexual Violence Advisor posts across Devon and Cornwall. The demands placed on these services continues to be high and the HWB partners have a vital role to play in ensuring there is a seamless transition into other health and therapeutic care services.

Domestic Abuse

We all need collectively to continue to work to ensure victims of domestic abuse have confidence and trust in our services to enable them to seek help and support. Such crimes have a huge impact on both the individuals directly involved, their children, family and friends. Where there are identified risks of harm being caused the multi agency arrangements to protect victims are effective in the vast majority of cases. However, there are still too many occasions when victims continue to suffer violence and abuse without seeking help for a number of reasons. The new victims network contains a number of organisations dedicated to supporting victims of domestic abuse but again there are often waiting lists for services such as adult and child therapeutic care which must be monitored and highlighted in HWB agendas.

If we are to succeed in uniting these agendas we need to make full use of all available channels to help us focus resources. There are, in my view, a number of key enablers that could help us draw these areas closer together.

Supporting our Community Safety Partnerships: I have empowered the CSPs to act by devolving my community safety funding to them at the local level. In return I have asked them to support delivery of the Police and Crime Plan and to be sure to engage the general public and the voluntary sector in their work. CSPs, like so many other parts of the public sector are being impacted by public sector cuts and we must all remain alive to the potential impact of reducing capacity and expertise within the CSP. We need to be alert to this threat to their work and look to support them where we can.

Effective public communication: all of us have varying degrees of interaction with the public but as we move forward on a variety of issues how we communicate with our communities and get messages across to them will be critical. I think there is scope for us all to work more with CSPs, Public Health England and other partners to make full use of wider expertise and experience in areas such as behavioural change and to draw upon these channels to help us deliver our desired outcomes.

Accessing national funding: The Home Office top-slices the national policing budget each year to create an innovation fund. As PCC I am against the principle of short-term centralisation of funding in this way but we have no option but to work with the principal and try to bring local funding back where it deserves to be. I am interested to explore over the coming months areas where we might be able to work together to develop proposals for future bidding rounds so we can maximise resources for Devon and Cornwall.

Encouraging active citizenship: since my election in 2012 I have been clear that I see a key role for volunteering and active citizenry in the area of community safety. We now have a number of schemes across Devon and Cornwall where the public are playing an increasingly active part in their own wellbeing. There is of course more to be done and the police are currently reviewing opportunities for volunteering and community engagement, to help us make even greater progress. I think within the HWB, we should be aware of these schemes, and actively looking to support and build capacity in this area to cope with the future public sector funding landscape.

Conclusion

I see the HWB as the 'senior' empowered body in communities where those able to make things happen attend and take real action. Having sat through HWB LGA peer group assessments and a number of away days I feel we don't need permission to lead – we already have it. To move forward now we just need to work towards a truly joint agenda (and commissioning) and be more visible in our work for our communities.

Tony Hogg
PCC for Devon and Cornwall and the Isles of Scilly

c.c. Leaders of Councils (Cornwall, Devon, Plymouth, Torbay and Isles of Scilly)
District Council Leaders
Directors of Public Health