Phil Norrey
Chief Executive

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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(see below)

Your ref :
Our ref :

Date : 31 May 2017
Please ask for : Karen Strahan 01392 382264

Email: karen.strahan@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 8th June, 2017

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

P NORREY
Chief Executive

A G E N D A

PART I - OPEN COMMITTEE

1 Election of Chairman

2 Appointment of Vice Chairman

3 Apologies for Absence

4 Minutes (Pages 1 - 8)

Minutes of the meeting held on 9 March 2017.

5 Items Requiring Urgent Attention

Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.

PERFORMANCE AND THEME MONITORING

6 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 9 - 34)

Report of the Chief Officer for Community, Public Health, Environment and Prosperity, which reviews progress against the overarching priorities identified in the Joint Health

and Wellbeing Strategy for Devon 2016-2019.

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

7 Theme Based Item - Strong and Supportive Communities (Pages 35 - 36)

Panel discussion on the theme of 'Strong and Supportive Communities', as outlined as a priority in the Joint Health and Wellbeing Strategy. A biography of Panel Members is attached.

3.00PM - BOARD BUSINESS - MATTERS FOR DECISION

8 Health and Wellbeing Joint Strategy / Joint Strategic Needs Assessment Refresh (Pages 37 - 48)

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on the refresh of the Health and Wellbeing Joint Strategy and Joint Strategic Needs Assessment, attached. A presentation will also be given at the meeting.

The draft 2017 JSNA Devon Overview can be found here. http://www.devonhealthandwellbeing.org.uk/jsna/overview/draft-2017/

The Health and Wellbeing Joint Strategy 2016-2019 is also attached.

The Board are being asked to note that the main challenges identified in 2016 remain broadly the same, hence asking the Board to endorse the recommendation that JHWS priorities remain valid and no update is required at this time.

9 Integrated Care Exeter - Progress Update (Pages 49 - 64)

A report of the Development Director, Integrated Care Exeter, attached.

Members will also receive a presentation from the Development Director of Integrated Care Exeter on the progress with the Integrated Care Exeter Project.

10 Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements (Pages 65 - 68)

Joint report of the Head of Adult Commissioning and Health, NEW Devon CCG and South Devon and Torbay CCG on the BCF, Quarter Return, Performance Report and Performance Summary

11 New Children's Young Peoples Partnership Arrangements and Delivery Plan (Pages 69 - 90)

Report of the Chief Officer for Children's Services (CS/17/19), attached.

12 Clinical Commissioning Groups - Verbal Updates

Verbal Updates from the Clinical Commissioning Group's on matters of interest or pertinence to the Board.

(NEW Devon CCG have indicated their intention to provide a short verbal update on CCG matters)

13 Pharmacy Application: Norsworthy Ltd, Topsham and Future Consolidation Applications. (Pages 91 - 94)

Under a recent amendment to the Pharmaceutical Services Regulations (paragraph 19 of schedule 2 of the regulations), the Board is required by law to provide a response (within 45 days) to consolidation applications to NHS England.

The Board is therefore asked to:

a) Endorse the proposed response to the consolidation application in relation to the site at 18 Fore Street, Topsham, Devon EX3 0BN of Norsworthy Ltd already at that site and Norsworth Ltd currently at 3 Fore Street, Topsham, Devon EX3 0HF
b) Consider that future consolidation application responses be delegated to the Chief Officer for Communities, Public Health, Environment and Prosperity in consultation with the Chairman of the Health and Wellbeing Board and relevant Local Member.

OTHER MATTERS

14 Scrutiny Work Programme

In order to prevent duplication, the Board will review the Council's Scrutiny Committee's Work Programmes. However, due to Elections, the Scrutiny Committees have yet to formulate their work programmes.

15 Forward Plan (Pages 95 - 96)

To review and agree the Boards Forward Plan.

16 Briefing Papers, Updates & Matters for Information

No items received.

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

Membership

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

Declaration of Interests

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

Access to Information

Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact Karen Strahan on 01392 382264.
Agenda and minutes of the Committee are published on the Council's Website and can also be accessed via the Modern.Gov app, available from the usual stores.

Webcasting, Recording or Reporting of Meetings and Proceedings

The proceedings of this meeting may be recorded for broadcasting live on the internet via the 'Democracy Centre' on the County Council's website. The whole of the meeting may be broadcast apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to: http://www.devoncc.public-i.tv/core/

In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi availability at other locations, please contact the Officer identified above.

Emergencies

In the event of the fire alarm sounding leave the building immediately by the nearest available exit, following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings, do not use the lifts, do not re-enter the building until told to do so.

Mobile Phones

Please switch off all mobile phones before entering the Committee Room or Council Chamber

If you need a copy of this Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Information Centre on 01392 380101 or email to: centre@devon.gov.uk or write to the Democratic and Scrutiny Secretariat at County Hall, Exeter, EX2 4QD.

Induction loop system available

NOTES FOR VISITORS

All visitors to County Hall, including visitors to the Committee Suite and the Coaver Club conference and meeting rooms are requested to report to Main Reception on arrival. If visitors have any specific requirements or needs they should contact County Hall reception on 01392 382504 beforehand. Further information about how to get here can be found at: https://new.devon.gov.uk/help/visiting-county-hall/. Please note that visitor car parking on campus is limited and space cannot be guaranteed. Where possible, we encourage visitors to travel to County Hall by other means.

SatNav – Postcode EX2 4QD

Walking and Cycling Facilities

County Hall is a pleasant twenty minute walk from Exeter City Centre. Exeter is also one of six National Cycle demonstration towns and has an excellent network of dedicated cycle routes – a map can be found at: https://new.devon.gov.uk/travel/cycle/. Cycle stands are outside County Hall Main Reception and Lucombe House

Access to County Hall and Public Transport Links

Bus Services K, J, T and S operate from the High Street to County Hall (Topsham Road). To return to the High Street use Services K, J, T and R. Local Services to and from Dawlish, Teignmouth, Newton Abbot, Exmouth, Plymouth and Torbay all stop in Barrack Road which is a 5 minute walk from County Hall. Park and Ride Services operate from Sowton, Marsh Barton and Honiton Road with bus services direct to the High Street.

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

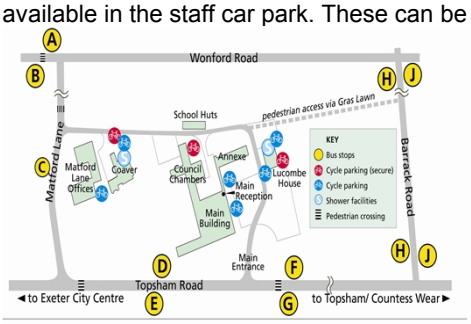
Car Sharing

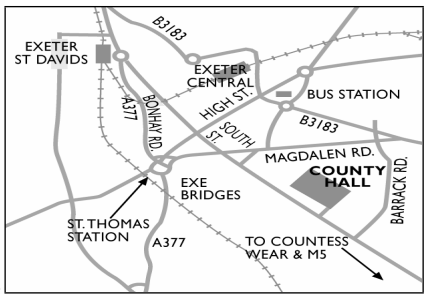
Carsharing allows people to benefit from the convenience of the car, whilst alleviating the associated problems of congestion and pollution. For more information see: https://liftshare.com/uk/community/devon.

Car Parking and Security

There is a pay and display car park, exclusively for the use of visitors, entered via Topsham Road. Current charges are: Up to 30 minutes – free; 1 hour - £1.10; 2 hours - £2.20; 4 hours - £4.40; 8 hours - £7. Please note that County Hall reception staff are not able to provide change for the parking meters.

As indicated above, parking cannot be guaranteed and visitors should allow themselves enough time to find alternative parking if necessary. Public car parking can be found at the Cathedral Quay or Magdalen Road Car Parks (approx. 20 minutes walk). There are two disabled parking bays within the visitor car park. Additional disabled parking bays are available in the staff car park. These can be accessed via the intercom at the entrance barrier to the staff car park.





NB A J **Denotes bus stops**

Fire/Emergency Instructions

In the event of a fire or other emergency please note the following instructions. If you discover a fire, immediately inform the nearest member of staff and/or operate the nearest fire alarm. On hearing a fire alarm leave the building by the nearest available exit. The County Hall Stewardesses will help direct you. Do not stop to collect personal belongings and do not use the lifts. Assemble either on the cobbled car parking area adjacent to the administrative buildings or in the car park behind Bellair, as shown on the site map above. Please remain at the assembly point until you receive further instructions. Do not re-enter the building without being told to do so.

First Aid

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

HEALTH AND WELLBEING BOARD

9 March 2017

Present:-

Devon County Council

Councillors A Davis (Chairman), J Clatworthy and R Croad

Dr V Pearson, Chief Officer for Communities, Public Health, Environment and Prosperity
J Olsson, Chief Officer Children's Services
Dr Derek Greatorex, South Devon & Torbay CCG
David Rogers, Healthwatch

Apologies:-

Councillor Stuart Barker
Councillor James McInnes
Jennie Stephens, Chief Officer for Adult Care and Health
Dr Tim Burke, NEW Devon CCG
Mr Robert Norley, Environmental Health
Mr John Wiseman, Probation Service
Councillor Philip Sanders, District Councils
Alison Hernandez, Police and Crime Commissioner
Carol Brown, Joint Engagement Board

In Attendance
Mrs C McCormack Hole, Joint Engagement Board
Mr A Ennis, Service Lead – Environmental Health

* **31** **Minutes**

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

RESOLVED that the minutes of the meeting held on 15 December 2016 be signed as a correct record.

* **32** **Items Requiring Urgent Attention**

The Chairman placed on record her thanks to Mr Robert Norley (Chief Environmental Health Officer), who had been a Board Member since its inception, for his valued contributions and commitment to the work to the Board.

RESOLVED that the Board write to the Chief Environmental Officers Group for confirmation of the new representative.

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

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

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

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

GCSE Attainment 2015-16, Alcohol-Related Admissions 2015-16, Healthy Life Expectancy (Male) 2013 to 2015, Healthy Life Expectancy (Female) 2013 to 2015, Re-offending Rate 2014, Rough Sleeping Rate 2016, Emotional Wellbeing of Looked After Children 2015-16 and Self-reported Wellbeing (low happiness score) 2015-16.

Following approval at a previous meeting, a Red, Amber, Green (RAG) rating was included in the indicator list and a performance summary on page 12 of the reports pack. Areas with a red rating included Fuel Poverty and Hospital Admissions for Self-harm, aged 10 - 24.

The report also featured a summary of the priority areas (March 2017):

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

Table 5 of the report showed how Devon compared with the Local Authority Comparator Group (LACG) for all Health and Wellbeing outcome measures (March 2017). This included how Devon compared / performed against both the LACG and England and their rank position.

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, highlighted and asked questions on;

- Why Exeter was reporting a particularly high number of rough sleepers and the links between high housing costs;
- The new processes and links with CAMHS in respect of young people entering the care system;
- The attainment statistics for GCSE's in the North Devon and Torridge areas and the concern that the inequalities graph appeared to show a widening rather than improvement (further work would be undertaken on this, albeit this was a national issue, aligned to a particular cohort of students); and
- The issue for the Council with a limited influence over academy schools and their performance.

The Board noted that the updated figures in relation to educational performance would be incorporated into the Joint Strategic Needs Assessment, which was being brought to the Board in June 2017.

* **34** **Theme Based Report - Living Well**

The Board held a round table discussion on the 'Living Well' priority, as detailed in the Joint Health and Wellbeing Strategy, which included attendance of representatives who formed an 'expert panel'. A biography of each attendee was appended to the agenda and included Mr S Brown Deputy Director of Public Health (Devon County Council), Mr J Hulland Transport Planning and Road Safety Manager (Devon County Council), James Bogue Senior Development Manager (Active Devon) and Sue Goodfellow (Chair of Natural Devon).

The Panel also gave a supporting presentation which considered the proportional contributions to premature death, including behaviours, genetics, social circumstances and environments. The 20 leading risk factors relating to ill health in adults were explained as well as the challenges when looking at the number of adults who smoked (79,000), were obese (141,200), physically inactive (163,900) and were drinking at harmful levels (120,600).

The presentation outlined the One Small Step service, the new 'are you sitting comfortably' campaign, the challenges (and opportunities) with transport issues and the definitions of an inactive lifestyle. Lastly, the target to help at least 125k people to get more active and the campaign of 'Natural Devon' (Devon Local Nature Partnership) to take forward a 'Naturally Healthy Campaign' (funding had been applied for) to help inactive people aged 55+ become more active by connecting them with nature.

The Devon Local Nature Partnership also outlined their vision, which was about everyone in Devon having the opportunity and confidence to be 'naturally active' in order to improve their health and well-being. They also highlighted the 77 varied events that took place in Devon in May 2016 for Naturally Healthy Month, reiterating that access to green space was one of the few health interventions which reduced health inequalities. For May 2017, the naturally healthy month was being extended into Somerset. More information was available at www.naturaldevon.org.uk.

The Board discussed and asked questions on the following;

- That the 'natural health service' was crucial in supporting general health and wellbeing;
- How the partners were engaging with schools, to ensure healthy habits and lifestyles from an early age;
- The importance of linking green spaces with new developments, particularly urban development, the role of public transport and innovative uses for S106 monies, for example to improve Public Rights of Way;
- The impact of the sugar tax and the revenue that might be raised from that and potential uses;
- Clarification of how the initiatives target the most vulnerable, including links with disabilities;
- And the importance of evaluation and how success might be measured.

* **35** **Joint Commissioning in Devon, the Better Care Fund and Governance**

The Board considered a joint report from the Head of Adult Commissioning and Health, NEW Devon CCG and South Devon and Torbay CCG on the BCF, Quarter Return, Performance Report and Performance Summary. The Board noted that the 3rd quarter return had been submitted on 3 March 2017.

Regular reports were provided on the progress of the Devon Better Care Fund Plan to enable monitoring by the Health and Wellbeing Board. Performance and progress was reviewed monthly by the Joint Co-ordinating Commissioning Group through the high level metrics reports and progress overview.

The report summarised the BCF activity in terms of the work towards the National Conditions, and outlined all the conditions had been met.

It also provided 'Outcome' measures which included agreement on a system wide action plan to reduce delayed transfers of care (developed with providers and owned by the multi-agency A & E Delivery Boards), a summary of BCF schemes focused on reduction of non-elective admissions, monitoring the support for people with dementia, including assessing the length of stay for people with dementia admitted to hospital rather than diagnosis rates, the permanent admissions to residential and nursing care homes (the rate being significantly below the South West average) and effectiveness of re-ablement services (which were effective for around 88% of older people).

Members of the Board noted that Delayed Transfers of Care was still a challenging target and that coverage (rather than effectiveness) of re-ablement services was still benchmarking lower than desired.

RESOLVED that the 3rd quarter return be endorsed.

*** 36 Devon Safeguarding Adults Board Annual Report 2015/2016**

The Board considered the Devon Adults Safeguarding Board Annual Report for 2015/16, presented by Sian Walker, Independent Chair of the Devon Adults Safeguarding Board.

The report highlighted the role of the Executive Board and other subgroups such as the Mental Capacity Act (MCA) Sub-Group, Operational Sub-Group, Safeguarding Adults Review Group, the Learning and Improvement Group and also the benefits of the themed workshops.

The Business Plan for 2016-19 would focus on improving people's experience of safeguarding, the prevention of harm and neglect in care and health services, improving awareness and application of MCA, protecting people from harm, identifying people at risk, reducing financial abuse / scams, reducing the prevalence of modern slavery and the PREVENT agenda.

The report also outlined partner key achievements which included, inter alia, increased resources in Sexual Offences and Domestic Abuse Investigation Teams (Police), training for care management staff and improved approaches to quality assurance of safeguarding practice (DCC), a street triage service, information sharing and place of safety suites with Devon Partnership Trust as well as other initiatives and projects with NEW Devon CCG, North Devon Health Care NHS Trust, South Devon and Torbay CCG, the South Western Ambulance Service NHS Foundation Trust and Torbay and South Devon NHS Foundation Trust.

Finally, the vision for the future was 'making safeguarding personal', so ensuring that services to vulnerable people were person-centred, easy to access and promoted independence as well as ensuring people were supported to keep themselves safe and were able to express what outcomes they wished to achieve.

The Board further questioned how adult's services and children's services could work together to either strengthen links or share successes.

RESOLVED that the report be welcomed and the Chair of the Board be thanked for her presentation.

*** 37 South Devon & Torbay CCG - Transforming Community Services**

The Board considered the report of the South Devon and Torbay Clinical Commissioning Group (CCG) on their Transforming Community Services Programme and the outcomes of recent consultations, including decisions made by the CCG governing body at its meeting on 26 January 2017 and the subsequent implementation process.

The consultation reflected proposals to switching funding from bed based to community based care and 12 weeks of formal public consultation ran from 1 September to 23 November 2016. The report outlined the key concerns raised during that consultation and also the Governing Body meeting which considered the feedback, alternative proposals and the proposed model of care.

It had been agreed that changes would not be made to existing services until new provision was in place and operating at a level where demand could be met. The CCG Board had outlined a set of parameters in relation to this including, contracts for intermediate care placements, medical leadership, medical contracts, referral systems, capacity and community clinics appropriate to need.

The report outlined what needed to happen before the MIU's could be removed from the community hospitals and also a summary of changes town by town, including Ashburton/Buckfastleigh, Newton Abbot, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Totnes, Newton Abbot, Paignton, Totnes and Torquay.

It was recognised that achieving change in the NHS was not easy and it caused concern for local people. The new model of care was expected to reduce demand for hospital admissions, provide viable alternatives to A&E and put greater focus on prevention, health promotion and self-care.

The Board checked that the aims of the reconfiguration reflected other strategic plans, including that of the children's alliance.

*** 38 Clinical Commissioning Groups - Updates**

The Board received a verbal update from Dr Greatoex (South Devon & Torbay CCG) that it would be his last meeting of the Board.

He further updated Board Members that whilst the Sustainability and Transformation Plan (STP) was being developed for a wider Devon, work was continuing on place based commissioning to develop a more localised agenda, reflecting community need at either CCG level or even town / locality level.

RESOLVED that Dr Greatorex be thanked for his contributions and commitment to the Board, having been a member since its inception, and the Board note that Dr Johnson had been appointed as the Clinical Chair for South Devon and Torbay CCG, thereby replacing Dr Greatorex on the Board.

*** 39 References from Committees**

There were no references from Committees.

*** 40 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.

*** 41 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 8 June 2017 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (Strong and Supportive Communities Panel…. including issues such as rough sleeping / fuel poverty) **Business / Matters for Decision** Better Care Fund - TBC Children's and Young Peoples Strategy / Delivery Plan STP – Work Stream / Children and Young People STP Engagement Plan Integrated Care Exeter JSNA / Strategy Refresh CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 7 September 2017 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (Children, Young People and Families) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 14 December 2017 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates Adults Safeguarding annual report CAMHS refresh Local Transformation Plans **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 8 March 2017 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information

Annual Reporting	Delivering Integrated Care Exeter (ICE) Project – Annual Update (March) Children's Safeguarding annual report (September / November) Adults Safeguarding annual report (December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)
Other Issues	Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)

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

* **42** **Briefing Papers, Updates & Matters for Information**

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

However, no items of correspondence had been received since the last meeting.

* **43** **Dates of Future Meetings**

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

Meetings
Thursday 8th June 2017 @ 2.15pm
Thursday 7th September 2017 @2.15pm
Thursday 14th December 2017 @ 2.15pm

Annual Conference
Thursday 8th June 2017 @ 10.00am

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

The Meeting started at 2.00 pm and finished at 4.00 pm

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

Devon Health and Wellbeing Board
8th June 2017

Health and Wellbeing Outcomes Report

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

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

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

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

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

- **Teenage conception rate, 2015** – The latest rate (18.3 per 1,000 females aged 15 to 17) was broadly in line with South West (17.0), local authority comparator group (18.1) and England (21.0) rates. Rates have fallen significantly over recent years.
- **Alcohol-specific admissions in under 18s, 2015-16** – The rate per 100,000 population in Devon (51.8) is broadly in line with the South West rate (46.8), and significantly above the local authority comparator group (39.3) and England (37.3) rate.
- **Alcohol-related admissions, Q3 2016-17** – Admission rates have fallen on 2014-15 levels and are significantly below the South West and England rates.
- **Male life expectancy gap, 2013 to 2015** – For males in Devon the average gap between the most and least deprived communities is 5.9 years, which is significantly lower than the gaps for the South West (7.7), and England (8.2).
- **Female life expectancy gap, 2013 to 2015** – For females in Devon the average gap between the most and least deprived communities is 3.9 years, which is significantly lower than the gaps for the South West (5.0), and England (6.4).
- **Injuries due to falls, 2015-16** – The age standardised rate per 100,000 was 1788.0 in Devon, which is below the South West (2046.5), local authority comparator group (1954.8) and England (2169.4) rates.
- **Reported domestic violence incidents per 1,000 population, 2014** – Devon has a rate of 12.00 per 1,000, below the South West (19.37), comparator group (19.34) and England (22.07) rates. Within Devon rates are highest in Exeter (15.91).
- **Hospital admissions for self-harm in persons aged 10 to 24, 2015-16** –The admission rate per 100,000 in Devon was 614.1, which is above the South West (597.8), local authority comparator group (507.6) and England (430.5) rates.
- **Gap in employment rate (mental health service users), 2015-16** – The gap in employment rate between mental health service users and the overall employment rate in Devon (73.2%) is wider than the gap for the South West (68.0%), and England (67.2%).

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

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

Table 3: Indicator List and Performance Summary, June 2017

Priority	RAG	Indicator	Rate	Trend	Dev/SW/Eng
1. Children, Young People and Families	A	Children in Poverty	14.3%		
	G	Early Years Foundation Score	72.2%		
	A	Excess Weight in Four / Five Year Olds	22.6%		
	A	Excess Weight in 10 / 11 Year Olds	28.7%		
	A	GCSE Attainment	58.6%		
	G	Teenage Conception Rate *	18.3		
	A	Alcohol-Specific Admissions in under 18s *	51.8		
2. Living Well	G	Adult Smoking Prevalence	12.2%		
	G	Excess Weight Adults	63.8%		
	G	Proportion of Physically Active Adults	60.7%		
	A	Alcohol-Related Admissions *	605.0		
	G	Fruit and Vegetable Consumption (Five-a-day)	61.5%		
	G	Mortality Rate from Preventable Causes	156.7		
	G	Male Life Expectancy Gap *	5.9		
	G	Female Life Expectancy Gap *	3.9		
3. Good Health and Wellbeing in Older Age	G	Feel Supported to Manage Own Condition	66.6%		
	G	Re-ablement Services (Effectiveness)	87.1%		
	A	Re-ablement Services (Coverage)	1.3%		
	G	Healthy Life Expectancy Male	65.3		
	G	Healthy Life Expectancy Female	66.5		
	G	Injuries Due to Falls *	1788.0		
	G	Deaths in usual place of residence	52.3%		
4. Strong and Supportive Communities	A	Domestic Violence incidents per 1,000 population *	12.0	-	
	A	Stable/Appropriate Accommodation (Learn. Dis.)	70.0%		
	G	Re-offending rate	22.7%		
	A	Rough sleeping rate per 1,000 households	0.22		
	A	Dwellings with category one hazards	15.4%		
	A	Private sector dwellings made free of hazards	1.0%		
	R	Fuel Poverty	13.0%		
5. Life Long Mental Health	A	Emotional Wellbeing Looked After Children	16.7		
	R	Hospital Admissions for Self-Harm, aged 10 to 24 *	614.1		
	A	Gap in employment rate (mental health clients) *	73.2%		
	G	Stable/Appropriate Accommodation (Mental Hlth)	63.8%		
	G	Self-Reported Wellbeing (low happiness score %)	7.7%		
	A	Suicide Rate	10.8		
	A	Social Contentedness	42.8%		
	A	Dementia Diagnosis Rate	56.5%		

* updated indicators

Table 4: Priority Area Summaries, June 2017

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

Table 5: Devon compared with the Local Authority Comparator Group for all Health and Wellbeing outcome measures, June 2017

Measure	Rate			Significance		LACG Rank / Position	
	Devon	LACG	England	LACG	England	Rank	Position (Now / 2016)
Fruit and Veg 5-a-day (%)	61.5%	56.8%	52.3%	Better	Better	1 / 16	
Life Expectancy Gap in Years (Female)	3.9	5.4	6.4	Better	Better	1 / 16	
Domestic Violence incidents per 1,000 pop'n	12.0	19.3	22.1	Better	Better	1 / 16	
Deaths in usual place of residence (%)	52.3%	49.6%	46.0%	Better	Better	2 / 16	
Adult Smoking Rate (%)	12.2%	15.3%	16.9%	Better	Better	2 / 16	
Life Expectancy Gap in Years (Male)	5.9	6.8	8.2	Better	Better	3 / 16	
Early Years Good Development (%)	72.2%	70.2%	69.3%	Better	Better	3 / 16	
Excess Weight in Adults (%)	63.8%	65.9%	64.8%	Better	Similar	3 / 16	
Excess Weight in Year Six (%)	28.7%	31.6%	34.2%	Better	Better	3 / 16	
Feel Supported to Manage own Condition (%)	66.6%	64.0%	63.1%	Better	Better	3 / 16	
Physical Activity (%)	60.7%	58.6%	57.0%	Better	Better	3 / 16	
Preventable Deaths, under 75	156.7	164.7	184.5	Better	Better	4 / 16	
Admission Rate for Accidental Falls	1788.0	1954.8	2169.4	Better	Better	5 / 16	
Private sector dwellings made free of hazards	1.0%	0.9%	1.2%	Better	Worse	5 / 16	
Child Poverty (%)	14.3%	15.2%	20.1%	Better	Better	6 / 16	
Re-offending rate (%)	22.7%	23.7%	25.4%	Similar	Better	6 / 16	
Low Happiness Score (%)	7.7%	8.1%	8.8%	Similar	Similar	7 / 16	
GCSE Attainment (%)	58.6%	58.0%	57.7%	Similar	Similar	7 / 16	
Healthy Life Expectancy (Female)	66.5	66.0	64.1	Similar	Better	7 / 16	
Stable Accommodation - MH (%)	63.8%	55.6%	58.6%	Better	Better	7 / 16	
Healthy Life Expectancy (Male)	65.3	65.2	63.4	Similar	Better	8 / 16	
Reablement Services Effectiveness (%)	87.1%	83.8%	82.7%	Similar	Better	8 / 16	
Teenage Conception Rate per 1,000	18.3	18.1	20.8	Similar	Similar	9 / 16	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Alcohol Admission Rate (Narrow Definition)	605.0	617.2	647.6	Similar	Better	9 / 16	
Suicide Rate	10.8	10.7	10.1	Similar	Similar	11 / 16	
Excess Weight in Reception Year (%)	22.6%	22.1%	22.1%	Similar	Similar	12 / 16	
Social Connectedness	42.8%	44.6%	45.4%	Worse	Worse	12 / 16	
Stable Accommodation - LD (%)	70.0%	73.4%	75.4%	Worse	Worse	12 / 16	
Rough Sleeping rate per 1,000 dwellings	0.22	0.15	0.18	Worse	Similar	13 / 16	
Alcohol-specific Admissions in under 18s	51.8	39.3	37.4	Worse	Worse	13 / 16	
Hospital Admission Rate for Self-Harm	614.1	507.6	430.5	Worse	Worse	13 / 16	
Mental Health Looked After Children	16.7	14.8	14.0	Worse	Worse	14 / 15	
Dwellings with category one hazards	15.4%	11.5%	10.4%	Worse	Worse	14 / 16	
Reablement Services Coverage (%)	1.3%	2.5%	2.9%	Worse	Worse	14 / 16	
Gap in employment rate (mental health clients)	73.2%	68.4%	67.2%	Worse	Worse	15 / 16	
Fuel Poverty (%)	13.0%	10.3%	10.6%	Worse	Worse	16 / 16	

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

4. Risk Management Considerations
Not applicable.

5. Options/Alternatives
Not applicable.

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

Dr Virginia Pearson
CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH, ENVIRONMENT AND PROSPERITY
DEVON COUNTY COUNCIL

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

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

Background Papers
Nil

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

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

1. Starting Well – We want all children in Devon to have the best start in life, and grow up happy, healthy & safe in loving and supportive families.

2. Living Well – We want people in Devon to live healthy lives by taking responsibility for their own health and wellbeing.

3. Ageing Well – We want adults to develop and maintain health and independence as long as possible so they can live life to the full.

4. Strong and Supportive Communities – We want people to thrive in supportive communities with people motivated to help one another.

5. Lifelong Mental Health – We want to ensure positive attitudes to mental health are fostered and prevention and early intervention supports lifelong mental health.

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

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

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

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

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

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

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

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

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

Compiled by the Devon County Council Public Health Intelligence Team

Report last updated: 18 May 2017
Next update due: September 2017

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Indicator List

Priority	RAG	Indicator	Rate	Trend	Dev/SW/Eng
1. Children, Young People and Families	A	Children in Poverty	14.3%		
	G	Early Years Foundation Score	72.2%		
	A	Excess Weight in Four / Five Year Olds	22.6%		
	A	Excess Weight in 10 / 11 Year Olds	28.7%		
	A	GCSE Attainment	58.6%		
	G	Teenage Conception Rate *	18.3		
	A	Alcohol-Specific Admissions in under 18s *	51.8		
2. Living Well	G	Adult Smoking Prevalence	12.2%		
	G	Excess Weight Adults	63.8%		
	G	Proportion of Physically Active Adults	60.7%		
	A	Alcohol-Related Admissions *	605.0		
	G	Fruit and Vegetable Consumption (Five-a-day)	61.5%		
	G	Mortality Rate from Preventable Causes	156.7		
	G	Male Life Expectancy Gap *	5.9		
	G	Female Life Expectancy Gap *	3.9		
3. Good Health and Wellbeing in Older Age	G	Feel Supported to Manage Own Condition	66.6%		
	G	Re-ablement Services (Effectiveness)	87.1%		
	A	Re-ablement Services (Coverage)	1.3%		
	G	Healthy Life Expectancy Male	65.3		
	G	Healthy Life Expectancy Female	66.5		
	G	Injuries Due to Falls *	1788.0		
	G	Deaths in usual place of residence	52.3%		
4. Strong and Supportive Communities	A	Domestic Violence incidents per 1,000 population *	12.0	-	
	A	Stable/Appropriate Accommodation (Learn. Dis.)	70.0%		
	G	Re-offending rate	22.7%		
	A	Rough sleeping rate per 1,000 households	0.22		
	A	Dwellings with category one hazards	15.4%		
	A	Private sector dwellings made free of hazards	1.0%		
	R	Fuel Poverty	13.0%		
5. Life Long Mental Health	A	Emotional Wellbeing Looked After Children	16.7		
	R	Hospital Admissions for Self-Harm, aged 10 to 24 *	614.1		
	A	Gap in employment rate (mental health clients) *	73.2%		
	G	Stable/Appropriate Accommodation (Mental Hlth)	63.8%		
	G	Self-Reported Wellbeing (low happiness score %)	7.7%		
	A	Suicide Rate	10.8		
	A	Social Contentedness	42.8%		
	A	Dementia Diagnosis Rate	56.5%		

* updated indicators

Summary

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

RAG Ratings

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

Now 2016

Measure	Rate			Significance		LACG Rank / Position	
	Devon	LACG	England	LACG	England	Rank	Position
Fruit and Veg 5-a-day (%)	61.5%	56.8%	52.3%	Better	Better	1 / 16	
Life Expectancy Gap in Years (Female)	3.9	5.4	6.4	Better	Better	1 / 16	
Domestic Violence incidents per 1,000 pop'n	12.0	19.3	22.1	Better	Better	1 / 16	
Deaths in usual place of residence (%)	52.3%	49.6%	46.0%	Better	Better	2 / 16	
Adult Smoking Rate (%)	12.2%	15.3%	16.9%	Better	Better	2 / 16	
Life Expectancy Gap in Years (Male)	5.9	6.8	8.2	Better	Better	3 / 16	
Early Years Good Development (%)	72.2%	70.2%	69.3%	Better	Better	3 / 16	
Excess Weight in Adults (%)	63.8%	65.9%	64.8%	Better	Similar	3 / 16	
Excess Weight in Year Six (%)	28.7%	31.6%	34.2%	Better	Better	3 / 16	
Feel Supported to Manage own Condition (%)	66.6%	64.0%	63.1%	Better	Better	3 / 16	
Physical Activity (%)	60.7%	58.6%	57.0%	Better	Better	3 / 16	
Preventable Deaths, under 75	156.7	164.7	184.5	Better	Better	4 / 16	
Admission Rate for Accidental Falls	1788.0	1954.8	2169.4	Better	Better	5 / 16	
Private sector dwellings made free of hazards	1.0%	0.9%	1.2%	Better	Worse	5 / 16	
Child Poverty (%)	14.3%	15.2%	20.1%	Better	Better	6 / 16	
Re-offending rate (%)	22.7%	23.7%	25.4%	Similar	Better	6 / 16	
Low Happiness Score (%)	7.7%	8.1%	8.8%	Similar	Similar	7 / 16	
GCSE Attainment (%)	58.6%	58.0%	57.7%	Similar	Similar	7 / 16	
Healthy Life Expectancy (Female)	66.5	66.0	64.1	Similar	Better	7 / 16	
Stable Accommodation - MH (%)	63.8%	55.6%	58.6%	Better	Better	7 / 16	
Healthy Life Expectancy (Male)	65.3	65.2	63.4	Similar	Better	8 / 16	
Reablement Services Effectiveness (%)	87.1%	83.8%	82.7%	Similar	Better	8 / 16	
Teenage Conception Rate per 1,000	18.3	18.1	20.8	Similar	Similar	9 / 16	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Alcohol Admission Rate (Narrow Definition)	605.0	617.2	647.6	Similar	Better	9 / 16	
Suicide Rate	10.8	10.7	10.1	Similar	Similar	11 / 16	
Excess Weight in Reception Year (%)	22.6%	22.1%	22.1%	Similar	Similar	12 / 16	
Social Connectedness	42.8%	44.6%	45.4%	Worse	Worse	12 / 16	
Stable Accommodation - LD (%)	70.0%	73.4%	75.4%	Worse	Worse	12 / 16	
Rough Sleeping rate per 1,000 dwellings	0.22	0.15	0.18	Worse	Similar	13 / 16	
Alcohol-specific Admissions in under 18s	51.8	39.3	37.4	Worse	Worse	13 / 16	
Hospital Admission Rate for Self-Harm	614.1	507.6	430.5	Worse	Worse	13 / 16	
Mental Health Looked After Children	16.7	14.8	14.0	Worse	Worse	14 / 15	
Dwellings with category one hazards	15.4%	11.5%	10.4%	Worse	Worse	14 / 16	
Reablement Services Coverage (%)	1.3%	2.5%	2.9%	Worse	Worse	14 / 16	
Gap in employment rate (mental health clients)	73.2%	68.4%	67.2%	Worse	Worse	15 / 16	
Fuel Poverty (%)	13.0%	10.3%	10.6%	Worse	Worse	16 / 16	

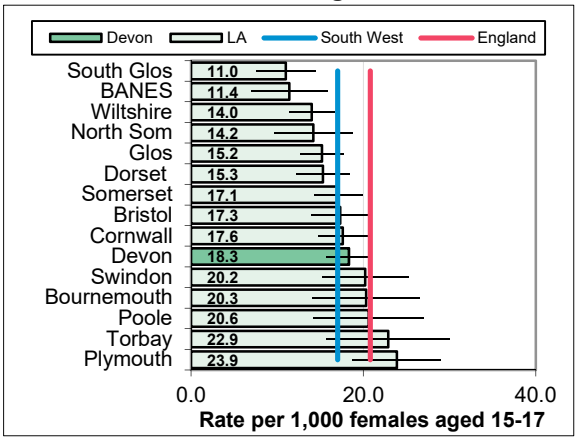
DEVON HEALTH AND WELLBEING OUTCOMES REPORT
Priority 1: Chidren, Young People and Families
Indicator: Teenage Conception Rate
Period: 2015 ***UPDATED INDICATOR***

RAG Rating	
G	Green
	Amber
	Red

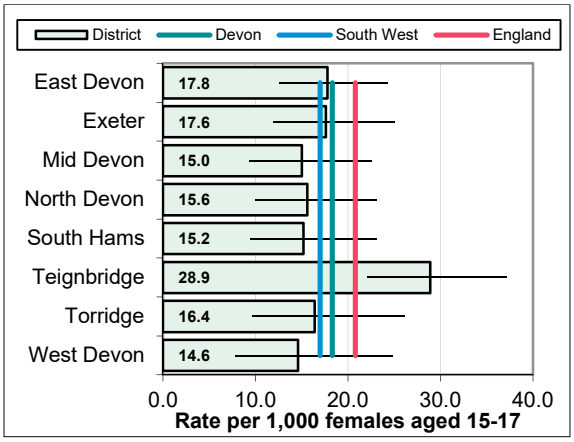
Overview	There were 223 conceptions in Devon during 2015 for females aged under 18, with around half leading to a birth. The latest rate (18.3 per 1,000 females) was broadly in line with South West (17.0), local authority comparator group (18.1) and England (21.0) rates. Rates have fallen significantly over recent years.

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

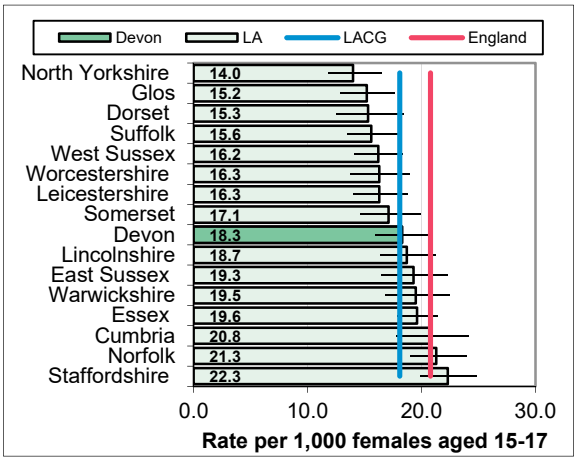
South West Benchmarking



Local Authority District



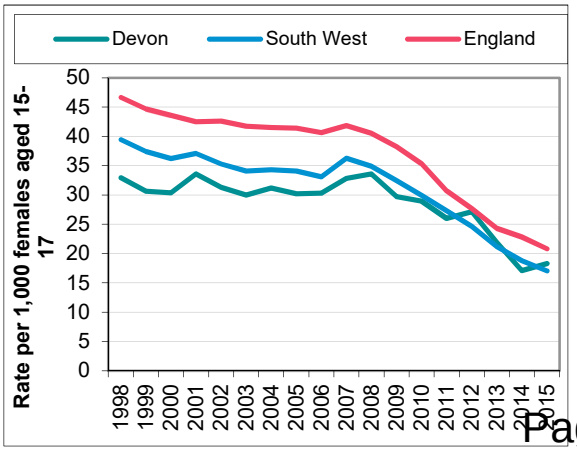
Local Authority Comparator Group (LACG)



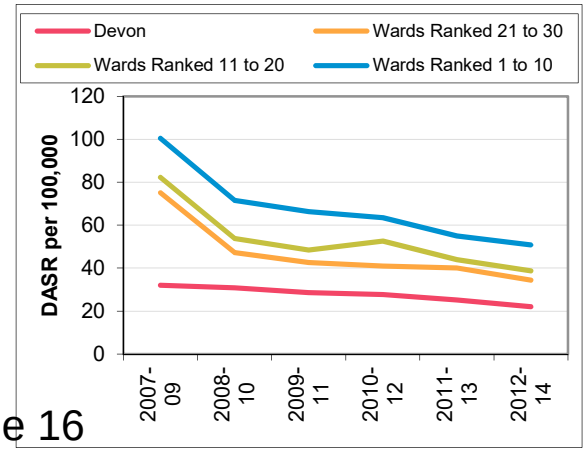
CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

Trend



Inequalities



DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 1: Chidren, Young People and Families
Indicator: Teenage Conception Rate
Period: 2015

Description	Conceptions in women aged under 18 per 1,000 females aged 15-17.
Source	Office for National Statistics
Update Frequency	Quarterly - 16 months in arrears (Q1 2016 due June 2017)
Outcomes Framework	Public Health Outcomes Framework Indicator 2.04
Detailed Specification	Number of pregnancies that occur to women aged under 18, that result in either one or more live or still births or a legal abortion under the Abortion Act 1967. Population aged 15 to 17 derived from Office for National Statistics Mid Year Population Estimates. Conceptions are divided by population and then multiplied by 1,000.
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Rates are not currently available at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Compares rates in the wards with the highest teenage conception areas with the Devon average over time.

DEVON HEALTH AND WELLBEING OUTCOMES REPORT
Priority 1: Chidren, Young People and Families
Indicator: Alcohol-specific admissions in under 18s
Period: 2015-16

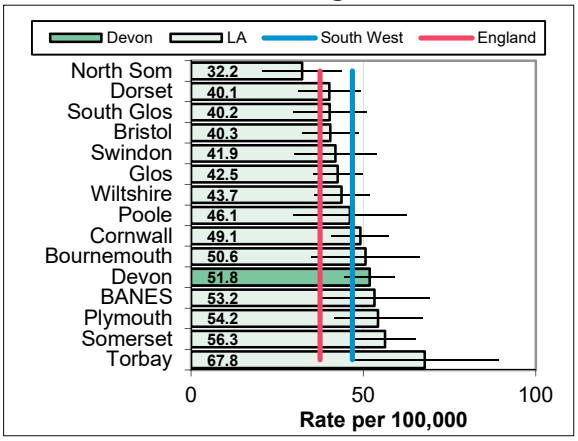
UPDATED INDICATOR

RAG Rating	
	Green
A	Amber
	Red

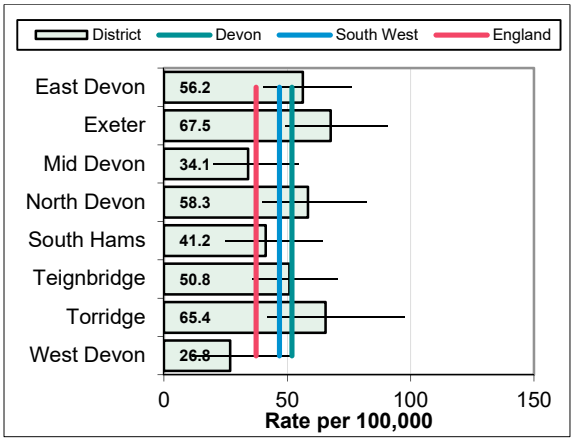
Overview	There are around 70 admissions per year for alcohol-specific causes in under 18s in Devon. The rate per 100,000 in Devon (51.8) is broadly in line with the South West rate (46.8), and significantly above the local authority comparator group (39.3) and England (37.3) rate. Within Devon, rates in Exeter (67.5), Torridge (65.4) and North Devon (58.3) are significantly above the England average. Whilst rates have fallen over time, they have been fairly static over recent years in Devon.

Equalities	Alcohol-specific admission rates in under 18s are higher in more deprived areas, and tend to be higher in males than females. Multiple admissions are seen for some under 18s, and a relationship is evident between mental health problems and alcohol-specific admissions.

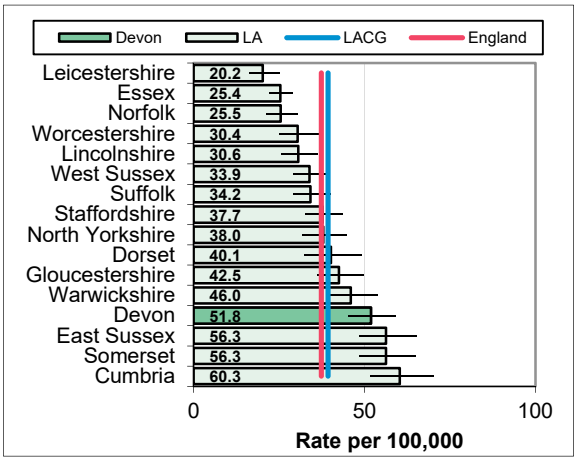
South West Benchmarking



Local Authority District



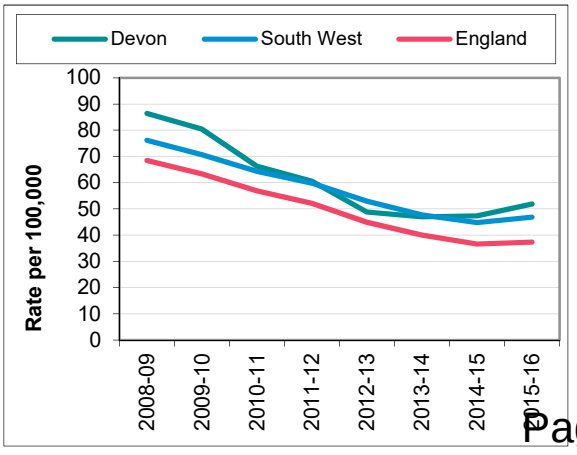
Local Authority Comparator Group (LACG)



CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

Trend



Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 1: Chidren, Young People and Families
Indicator: Alcohol-specific admissions in under 18s
Period: 2015-16

Description	Hospital admissions for alcohol-specific causes in persons aged under 18 per 100,000 population
Source	Local Alcohol Profiles for England
Update Frequency	Annually, to be confirmed
Outcomes Framework	Not applicable.
Detailed Specification	Persons aged less than 18 years admitted to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition for three financial years pooled. In addition, individuals admitted are only counted once per financial year. Denominator is ONS mid-year population estimates for 0-17 year olds. Three years are pooled. Rate is a crude rate per 100,000 population. See LAPE user guide for further details - http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Rates are not currently available at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Rates cannot currently be calculated at a local level.

DEVON HEALTH AND WELLBEING OUTCOMES REPORT
Priority 2: Living Well
Indicator: Alcohol-Related Admissions (narrow definition)
Period: 2016-17 Q3

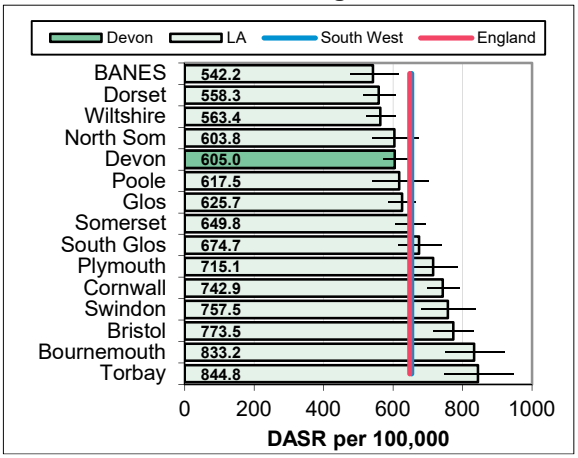
UPDATED INDICATOR

RAG Rating	
	Green
A	Amber
	Red

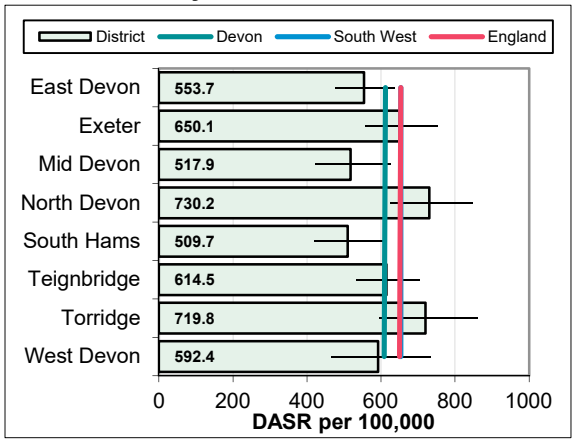
Overview	Using the narrow definition from the Public Health Outcomes Framework, there were around 4,900 alcohol-related admissions to hospital for Devon residents in the year to December 2016. The Direct Age Standardised Rate of admissions (605.0 per 100,000) is below South West (654.0), local authority comparator group (617.2) and England (647.6) rates. Rates within Devon are highest in Torridge, North Devon and Exeter. Rates are higher in more deprived areas.

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

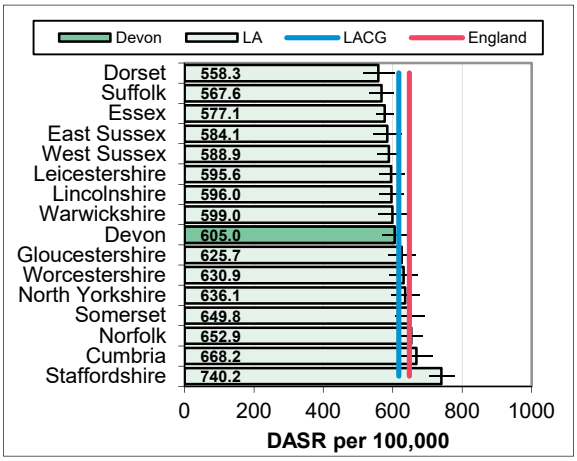
South West Benchmarking



Local Authority District



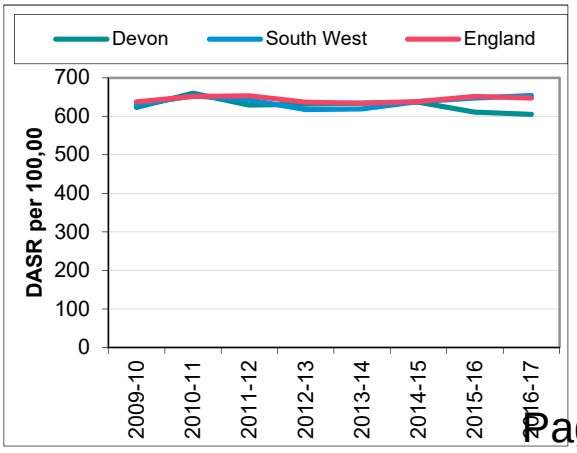
Local Authority Comparator Group (LACG)



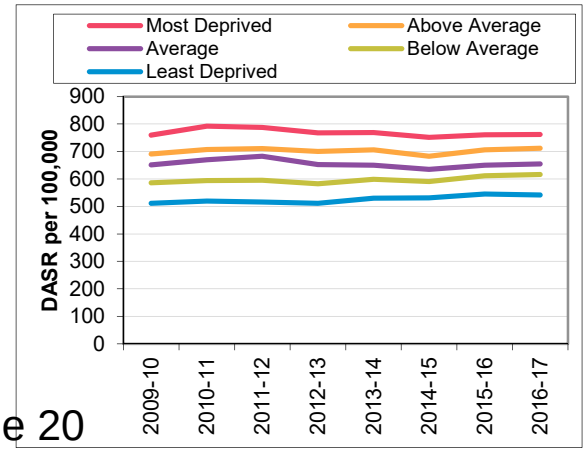
CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL.

Trend



Inequalities (Deprivation - England)



DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 2: Living Well
Indicator: Alcohol-Related Admissions (narrow definition)
Period: 2016-17 Q3

Description	Direct age-standarised rate of hospital admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population.
Source	North West Public Health Observatory (South West Benchmarking, Local Authority District, Trend and Local Authority Comparator Group). Devon Public Health Intelligence Team (local breakdowns)
Update Frequency	Quarterly - typically six months in arrears.
Outcomes Framework	Public Health Outcomes Framework Indicator 2.18
Detailed Specification	Admissions to hospital involving an alcohol-related primary diagnosis or an alcohol-related external cause. Admissions of children under 16 were only included if they had an alcohol-specific diagnosis i.e. where the attributable fraction = 1, meaning that the admission is treated as being wholly attributable to alcohol. For other conditions, estimates of the alcohol-attributable fraction were not available for children. A detailed definition of the numerator data used for this indicator can be found at: www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
Chart Notes South West	Compares Primary Care Trusts in the South West Region. Will be changed to upper tier / unitary local authority analysis in 2013-14. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Rates cannot currently be calculated at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Compares areas within England based on area deprivation. National deprivation quintiles from the 2015 Indices of Deprivation (Index of Multiple Deprivation) used.

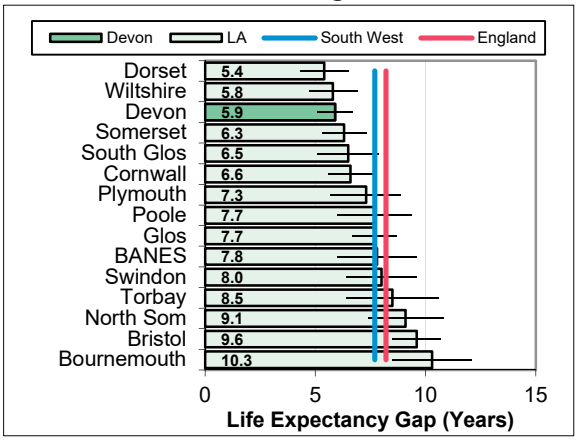
DEVON HEALTH AND WELLBEING OUTCOMES REPORT
Priority 2: Living Well
Indicator: Male Life Expectancy Gap
Period: 2013-2015 ***UPDATED INDICATOR***

RAG Rating	
G	Green
	Amber
	Red

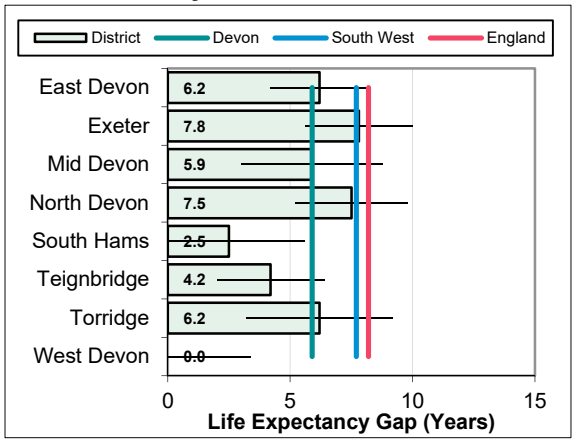
Overview	The Slope Index of Inequality compares life expectancy in the most deprived and least deprived communities within an area's population, revealing the gap in life expectancy in years. For males in Devon the gap is 5.9 years which is significantly lower than the gaps for the South West (7.7), and England (8.2).

Equalities	As the slope index of inequality compare the most and least deprived communities within an area's population, the smaller gap seen is partly a product of less severe social inequalities compared to other areas. The gap is more notable at the extremes with a 15 year gap in life expectancy at an electoral ward level. The life expectancy gap is much larger for males than females.

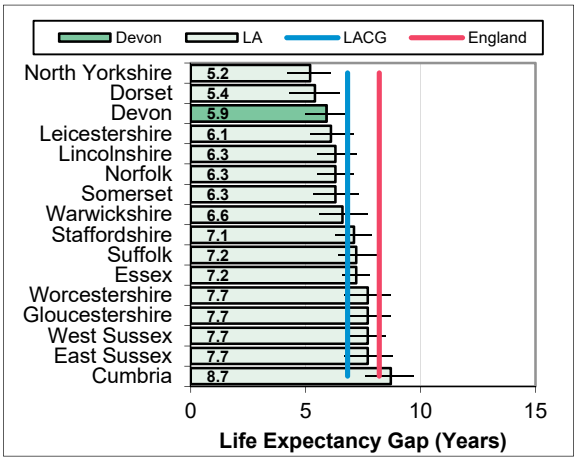
South West Benchmarking



Local Authority District



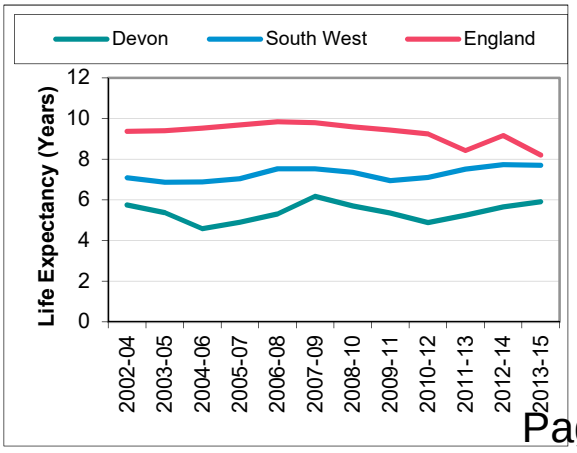
Local Authority Comparator Group (LACG)



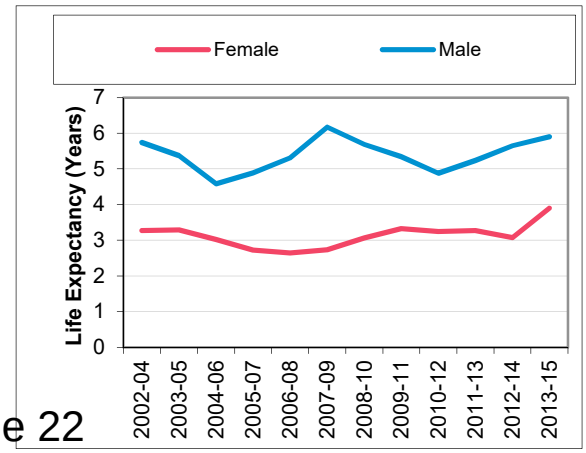
CCG and Locality Comparison

NOT CURRENTLY AVAILABLE
AT A LOCAL LEVEL

Trend



Inequalities (Sex)



DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 2: Living Well
Indicator: Male Life Expectancy Gap
Period: 2013-2015

Description	Estimated gap in male life expectancy in years between the most and least deprived communities in a given area
Source	Slope Index of Inequality, Association of Public Health Observatories, London and East Midlands Public Health Observatories (now Public Health England)
Update Frequency	Annually, typically around 14 months in arrears
Outcomes Framework	Public Health Outcomes Framework, Overarching Indicator 0.2
Detailed Specification	Local authority populations divided into 10 local deciles using Index of Multiple Deprivation 2010 at a Lower Super Output Area (LSOA) level. Life expectancy calculated for each local decile using Office for National Statistics annual mortality extracts and mid-year population estimates. Regression analysis performed across 10 local deciles to produce estimated gap in life expectancy in years within area.
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Rates cannot currently be calculated at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Shows overall average life expectancy for the most deprived 10% of the population and least deprived 10% of the population and other groups over time.

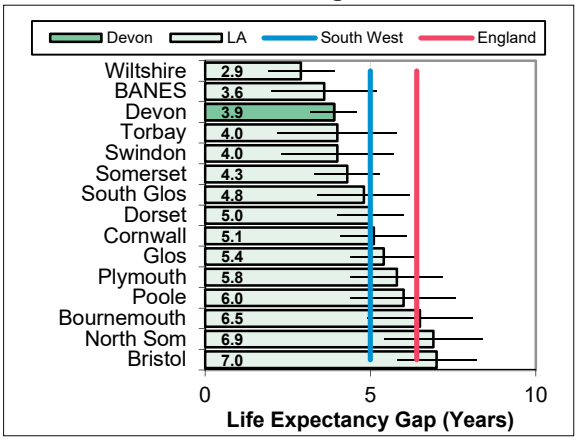
DEVON HEALTH AND WELLBEING OUTCOMES REPORT
Priority 2: Living Well
Indicator: Female Life Expectancy Gap
Period: 2013-2015 ***UPDATED INDICATOR***

RAG Rating	
G	Green
	Amber
	Red

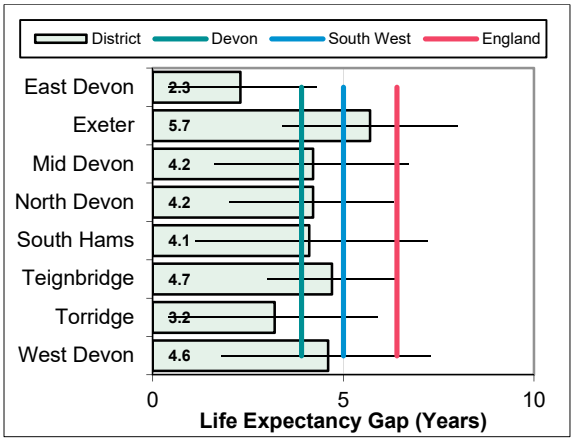
Overview	The Slope Index of Inequality compares life expectancy in the most deprived and least deprived communities within an area's population, revealing the gap in life expectancy in years. For females in Devon the gap is 3.9 years which is significantly lower than the gaps for the South West (5.0), the local authority comparator group (5.4), and England (6.4).

Equalities	As the slope index of inequality compare the most and least deprived communities within an area's population, the smaller gap seen is partly a product of less severe social inequalities compared to other areas. The gap is more notable at the extremes with a 15 year gap in life expectancy at an electoral ward level. The life expectancy gap is much larger for males than females.

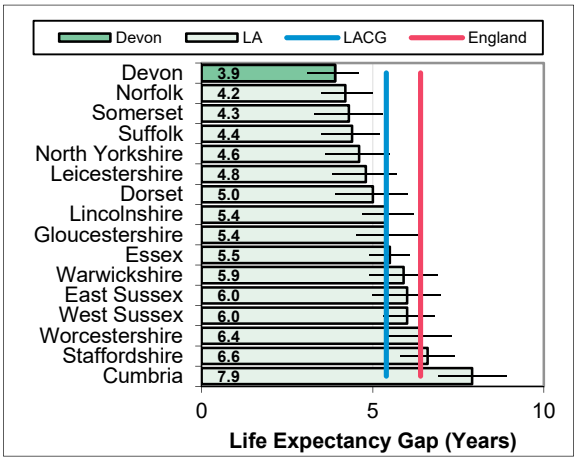
South West Benchmarking



Local Authority District



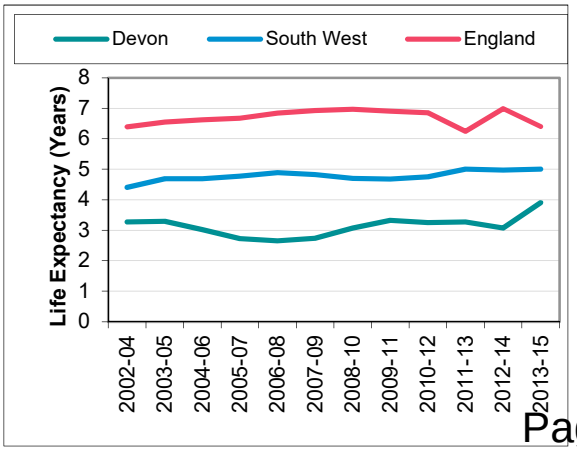
Local Authority Comparator Group (LACG)



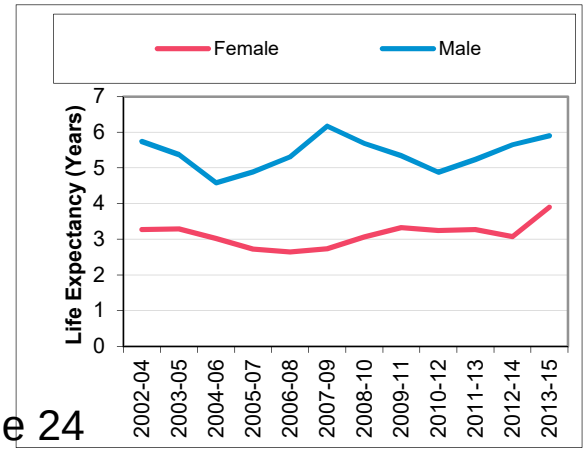
CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

Trend



Inequalities (Sex)



DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 2: Living Well
Indicator: Female Life Expectancy Gap
Period: 2013-2015

Description	Estimated gap in female life expectancy in years between the most and least deprived communities in a given area
Source	Slope Index of Inequality, Association of Public Health Observatories, London and East Midlands Public Health Observatories (now Public Health England)
Update Frequency	Annually, typically around 14 months in arrears
Outcomes Framework	Public Health Outcomes Framework, Overarching Indicator 0.2
Detailed Specification	Local authority populations divided into 10 local deciles using Index of Multiple Deprivation 2010 at a Lower Super Output Area (LSOA) level. Life expectancy calculated for each local decile using Office for National Statistics annual mortality extracts and mid-year population estimates. Regression analysis performed across 10 local deciles to produce estimated gap in life expectancy in years within area.
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Rates cannot currently be calculated at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Shows overall average life expectancy for the most deprived 10% of the population and least deprived 10% of the population and other groups over time.

DEVON HEALTH AND WELLBEING OUTCOMES REPORT
Priority 3: Good Health and Wellbeing in Older Age
Indicator: Injuries Due to Falls
Period: 2015-16

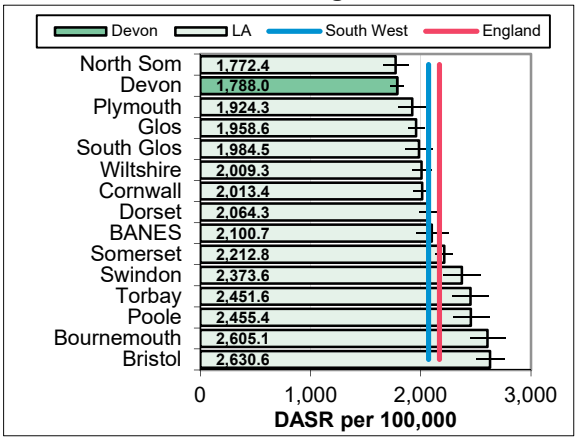
UPDATED INDICATOR

RAG Rating	
G	Green
	Amber
	Red

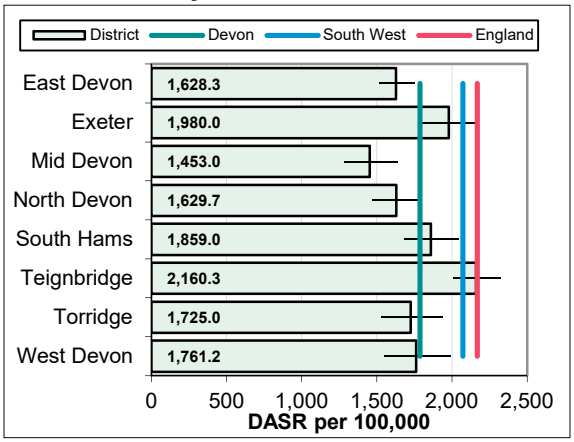
Overview	There were 3,535 admissions due to falls in 2015-16 in Devon for people aged 65 and over. The age standardised rate per 100,000 was 1788.0 in Devon, which is below the South West (2046.5), local authority comparator group (1954.8) and England (2169.4) rates. The rate in Devon is the second lowest in the South West. Within Devon rates were significantly lower in Mid Devon. Rates in Devon are similar to 2014-15 levels.

Equalities	Rates are higher in females (2053.8) than males (1401.9). Age standardised admission rates have remained consistently higher in the most deprived deprivation quintile. Rates increase sharply with age with an age-specific rate of 424.3 for persons aged 65 to 69, compared with 6421.4 for those aged 85 and over.

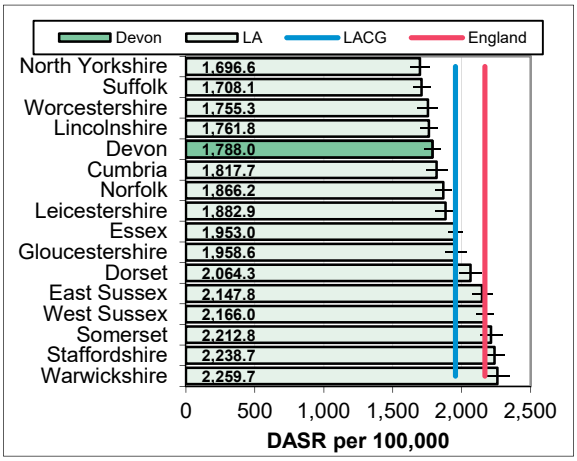
South West Benchmarking



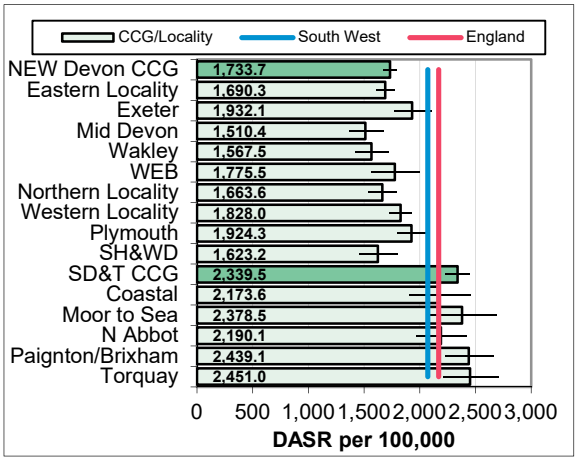
Local Authority District



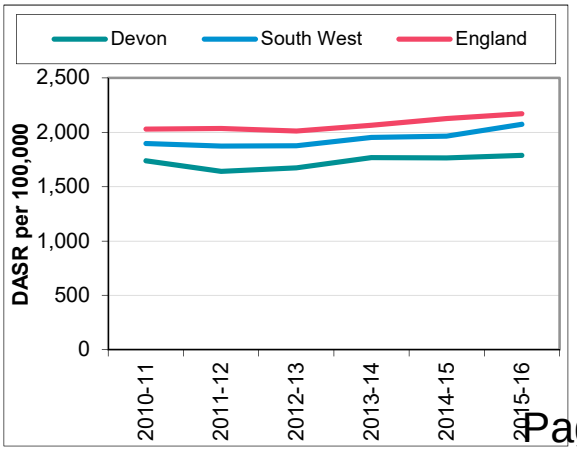
Local Authority Comparator Group (LACG)



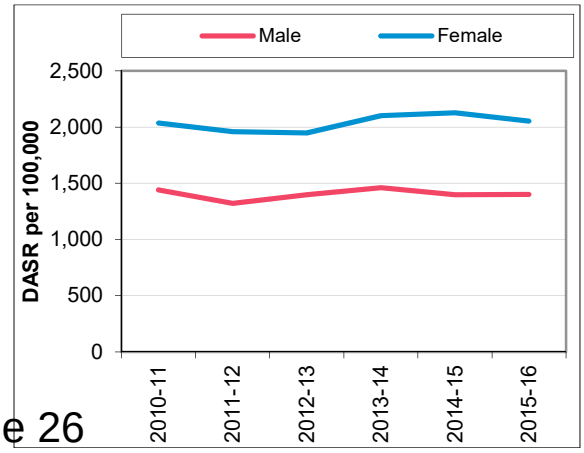
CCG and Locality Comparison



Trend



Inequalities



DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 3: Good Health and Wellbeing in Older Age
Indicator: Injuries Due to Falls
Period: 2015-16

Description	Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.
Source	Hospital Episode Statistics (HES), Health and Social Care Information Centre: analysed nationally by West Midlands Knowledge and Information Team, and locally by Devon Public Health Intelligence Team
Update Frequency	Annually, around six months after year end (2016-17 national comparators due Autumn 2017).
Outcomes Framework	Public Health Outcomes Framework Indicator 2.24
Detailed Specification	Emergency admissions for falls injuries classified by primary diagnosis code (ICD10 code S00-T98) and external cause (ICD10 code W00-W19) and an emergency admission code. Age at admission 65 and over.Counted by first finished consultant episode (excluding regular and day attenders) in financial year in which episode ended, by local authority and region of residence from the HES data. Population based on Local Authority estimates of resident population produced by ONS. Analysis uses the quinary age bands 65-69, 70-74, 75-79, 80-84 and 85+, by sex. Calculated using the 2013 European Standard Population.
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Displays rates for the two Clinical Commissioning Groups in the wider Devon area, their localities, and their sub-localities. This is based on GP practice attributions. Error bar is 95% confidence interval.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Compares areas within Devon based on sex.

DEVON HEALTH AND WELLBEING OUTCOMES REPORT
Priority 4: Strong and Supportive Communities
Indicator: Domestic Violence Incidents per 1,000 population
Period: 2015-16

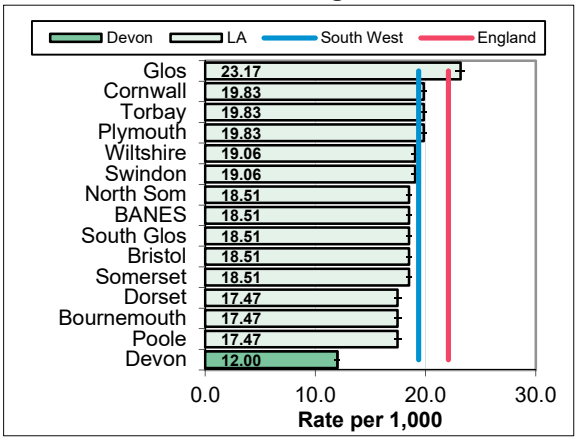
UPDATED INDICATOR

RAG Rating	
	Green
A	Amber
	Red

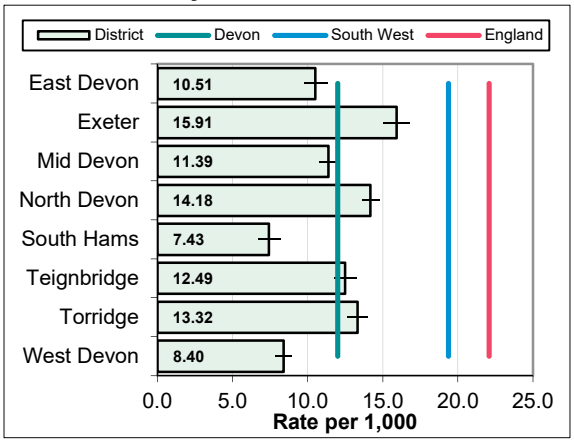
Overview	Domestic Violence incidents recorded by police are reported by Police Force through the Public Health Outcomes Framework. However, Devon breakdowns are possible through local sources and have been added. Devon has a rate of 12.00 per 1,000, below the South West (19.37), comparator group (19.34) and England (22.07) rates. Within Devon rates are highest in Exeter (15.91).

Equalities	CSEW estimate that 7.7% of women and 4.4% of men experienced any type of domestic abuse in the last year. Overall, 26% of women and 14% of men had experienced domestic abuse since the age of 16 (Crime Survey England and Wales). Compared to 2012, the prevalence of domestic abuse has reduced and this change is statistically significant.

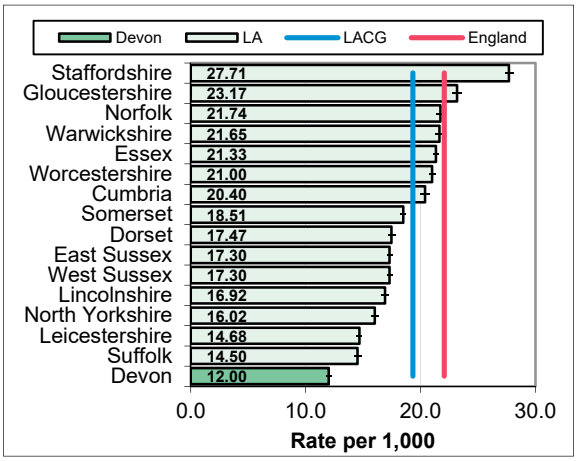
South West Benchmarking



Local Authority District



Local Authority Comparator Group



CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

Trend

NOT CURRENTLY AVAILABLE

Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 4: Strong and Supportive Communities
Indicator: Domestic Violence Incidents per 1,000 population
Period: 2015-16

Description	Domestic abuse incidents recorded by the police, crude rate per 1,000 population
Source	Crime Statistics, Focus on: Violent Crime and Sexual Offences (Office for National Statistics)
Update Frequency	Annually, around 14 months in arrears
Outcomes Framework	Public Health Outcomes Framework Indicator 1.11
Detailed Specification	Numerator is the number of incidents of domestic violence recorded by the police. Denominator is the over 18 rounded mid-year population of the area. Rate is numerator divided by denominator multiplied by 1,000.
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Figures are not currently available at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate (Devon and Cornwall) with South West region and England over time.
Chart Notes Inequalities	Figures are not currently available for an inequalities analysis at a local level.

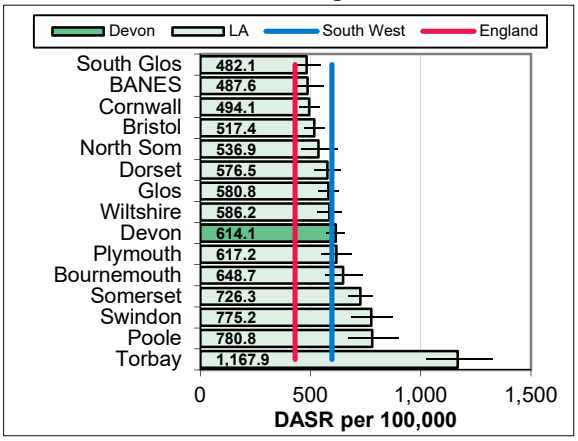
DEVON HEALTH AND WELLBEING OUTCOMES REPORT
Priority 5: Life Long Mental Health
Indicator: Hospital Admissions for Self-Harm, Aged 10 to 24
Period: 2015-16 ***UPDATED INDICATOR***

RAG Rating	
	Green
	Amber
R	Red

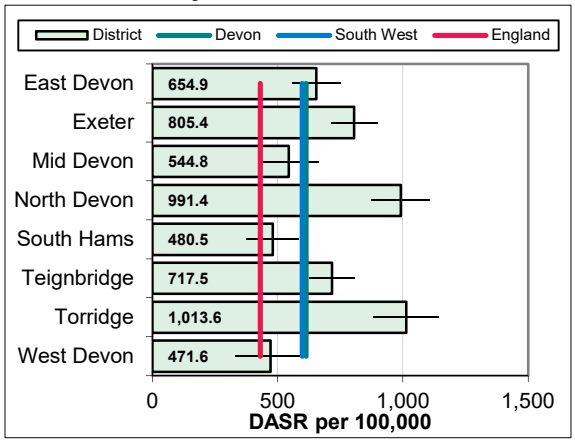
Overview	There were 792 hospital admissions for self-harm in persons aged 10 to 24 in Devon in 2015-16. The rate per 100,000 in Devon was 614.1, which is above the South West (597.8), local authority comparator group (507.6) and England (430.5) rates. Admission rates increased from 376.6 in 2007-08 to 614.1 in 2015-16. Within Devon rates were highest in Exeter, and lowest in the South Hams.

Equalities	Rates of hospital admission for self-harm are three times higher in females than males and the gap has widened in recent years. Within the 10 to 24 age group admission rates were highest in those aged 15 to 19 (1036.6). Admission rates also are higher in more deprived areas, with a rate of 1485.3 in the most deprived areas compared with 314.7 in the least deprived areas in 2015-16.

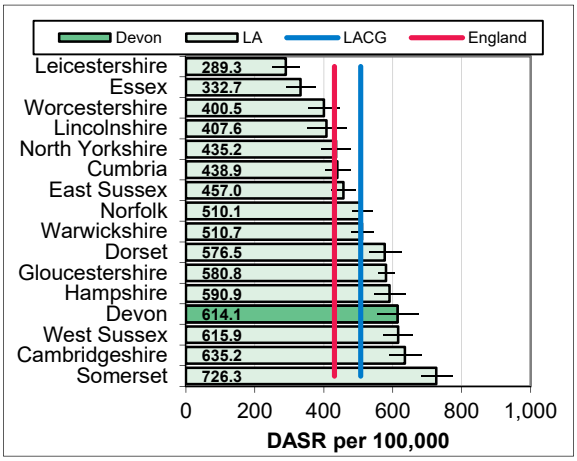
South West Benchmarking



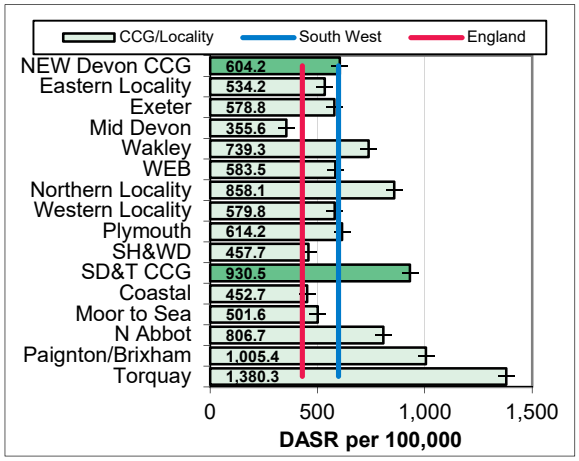
Local Authority District



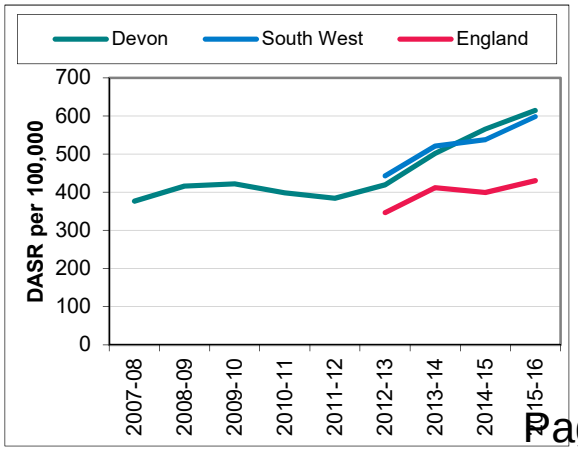
Local Authority Comparator Group (LACG)



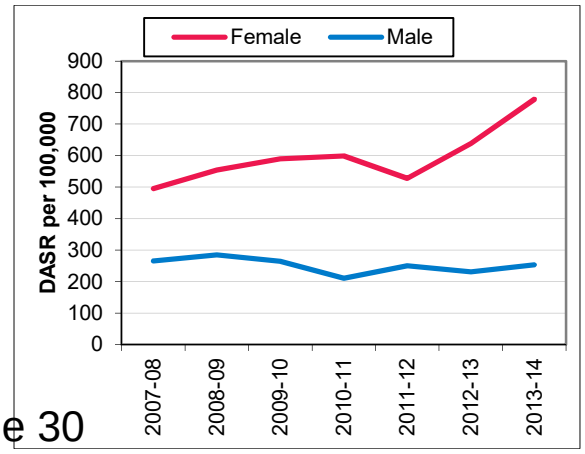
CCG and Locality Comparison



Trend



Inequalities (Sex)



DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 5: Life Long Mental Health
Indicator: Hospital Admissions for Self-Harm, Aged 10 to 24
Period: 2015-16

Description	Direct Age Standardised Rate of finished admission episodes for self-harm per 100,000 population aged 10 to 24 years
Source	Source: CHIMAT Child Health Profiles http://www.chimat.org.uk/profiles Uses Hospital Episode Statistics from Health and Social Care Information Centre
Update Frequency	Annual, 2016-17 due mid-2018
Outcomes Framework	Local Proxy Indicator based on CHIMAT Child Health Profiles.
Detailed Specification	Numerator is number of finished admission episodes in children aged between 10 and 24 years where the main recorded cause is between 'X60' and 'X84' (Intentional self-harm). Population for people aged 10 to 24, aggregated into quinary age bands. Age specific rates are calculated and multiplied by the standard population for each age group and aggregated to give the age adjusted count of deaths for the area, and divided by the total standard population and multiplied by 100,000 to give the age standardised mortality rate for the area. The 2013 revision to the European Standard Population has been used.
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
Chart Notes CCG/Locality	Displays rates for the two Clinical Commissioning Groups in the wider Devon area, their localities, and their sub-localities. This is based on the geographic areas defined at Lower Super Output Area level www.devonhealthandwellbeing.org.uk/library/maps. Error bar is 95% confidence interval.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Compares rates within Devon by sex.

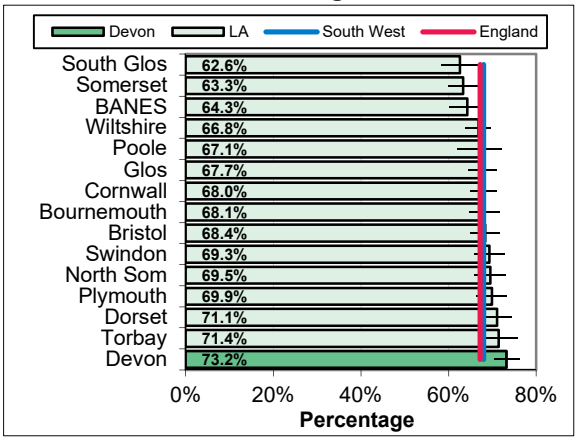
DEVON HEALTH AND WELLBEING OUTCOMES REPORT
Priority 5: Life Long Mental Health
Indicator: Gap in employment rate (mental health service users)
Period: 2015-16 ***UPDATED INDICATOR***

RAG Rating	
	Green
A	Amber
	Red

Overview	The gap in employment rate between mental health service users and the overall employment rate in Devon (73.2%) is wider than the gap for the South West (68.0%), local authority comparator group (68.3%) and England (67.2%). The gap has increased over recent years.

Equalities	Mental health service users are more likely to come from deprived areas, which means these areas will be more affected by the employment rate gap. Nationally the employment rate gap is higher in males (80.5) than females (66.1%).

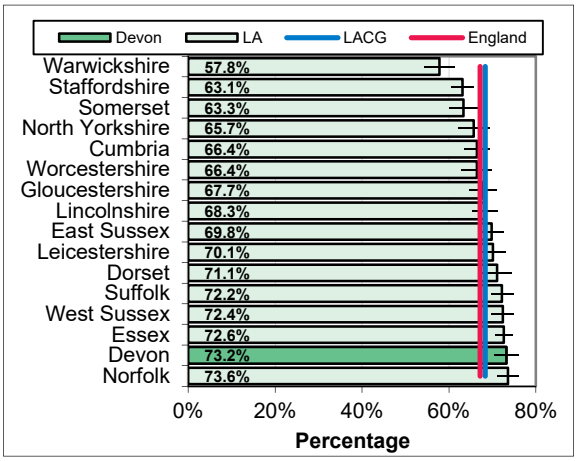
South West Benchmarking



Local Authority District

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

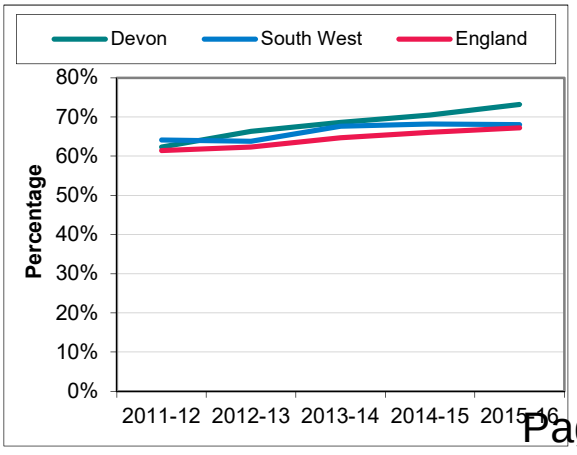
Local Authority Comparator Group (LACG)



CCG and Locality Comparison

NOT CURRENTLY AVAILABLE AT CCG / LOCALITY LEVEL

Trend



Inequalities

NOT CURRENTLY AVAILABLE AT A LOCAL LEVEL

DEVON HEALTH AND WELLBEING OUTCOMES REPORT

INDICATOR SPECIFICATION

Priority 5: Life Long Mental Health
Indicator: Gap in employment rate (mental health service users)
Period: 2015-16

Description	Gap in employment rate for those in contact with secondary mental health services and the overall employment rate
Source	Annual Population Survey www.nomisweb.co.uk
Update Frequency	Annual, to be confirmed
Outcomes Framework	Public Health Outcomes Framework Indicator 1.08iii
Detailed Specification	The percentage point gap between the percentage of working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed (aged 18 to 69) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64).
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. 95% confidence intervals are not calculable.
Chart Notes Local Authority	Rates cannot currently be calculated at a local level.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. 95% confidence intervals are not calculable.
Chart Notes CCG/Locality	Rates are not currently available at a Clinical Commissioning Group and locality level.
Chart Notes Trend	Compares Devon rate with South West region and England over time.
Chart Notes Inequalities	Rates cannot currently be calculated at a local level.

Devon Health and Wellbeing Board – Strong, Safe and Supportive Communities Panel

Simon Kitchen, Head of Communities, Devon County Council

Simon joined the Council in 2006 having worked previously in the private sector and civil service including the Met Office. Simon's current remit includes the co-ordination of the council's work and policies around communities and community development; the commissioning of a range of community based services and support; the lead for community safety, Prevent and Channel; and in coordinating support to vulnerable groups including refugees, gypsies and travellers and victims of hate crime. Simon is board member of Active Devon and Programme Lead for Integrated Care Exeter. In his hometown, Crediton, Simon is a girl's rugby coach and board member of small educational trust, having previously served for 8 years as a school governor.

Jim Gale, Partnership Superintendent, Devon and Cornwall Police

Jim joined Devon and Cornwall Police in 1992 as a Special Constable, has now has over twenty years' experience as a regular officer with the force, mainly in operational or strategic roles, and has been a firearms commander for the last six. He holds a doctorate from Exeter University for a thesis which linked neighbourhood policing with counter terrorism, a project which he completed part-time alongside his full-time job. In his spare time, he is a trustee of Broadclyst Primary School, and the South West Police Heritage Trust, and invents match reports for his son's football team! His current policing role is focused on building strong relationships with partners in pursuit of better services for communities in Devon, a significant shift from his previous role in which he led the delivery of a core IT system for the force.

Fiona Carden, Director Learning & Innovation at CoLab Exeter

Fiona Carden has worked as an educationalist for over 20 years. Starting in education and research at Exeter University Fiona's early career saw her work as an education consultant for BT, Fujitsu and ICL working in some of the most deprived areas of the UK. Fiona managed nationwide innovative projects researching the impact of cutting edge technology in improving educational attainment for socially disadvantaged communities.

Fiona completed a degree in adult and community learning with a focus on education as tool for social change and has worked across the region designing and delivering a range of adult and community learning provision. In the last 5 years Fiona has worked in management and strategic development of learning and innovation in the VCSE and is now Director of Learning and Innovation at CoLab.

Devon Health and Wellbeing Board
8th June 2017

Joint Strategic Needs Assessment: Devon Overview 2017 and
Joint Health and Wellbeing Strategy 2016-2019

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

Recommendation: It is recommended that the Devon Health and Wellbeing Board approve the draft Joint Strategic Needs Assessment (JSNA) Devon Overview 2017, and that no changes are required to the Joint Health and Wellbeing Strategy 2016-19

1. Context
This paper introduces the updated JSNA Devon Overview for 2017. The Devon overview looks at the overall pattern of health and care needs in the county, including the impact of population change, deprivation and economic conditions. The draft 2017 JSNA Devon Overview can be found here: http://www.devonhealthandwellbeing.org.uk/jsna/overview/draft-2017/

2. The JSNA Devon Overview 2017

2.1 The JSNA Devon Overview 2017 uses the same document structure as the 2015 and 2016 overview and includes updates to text, tables and figures. New information added in 2017 includes:

- A sub-section about the Devon Sustainability and Transformation Plan in the introduction section, highlighting common challenges and priority areas across Devon, Plymouth and Torbay
- Removes the 'equality and diversity' section and embeds the content across the introduction, population, starting well, living well and ageing well sections
- Improved links and additional content in relation to Devon Economic Assessment and Strategy for Growth in the 'economy' section
- Improved links and additional content from the Devon Strategic Assessment and other crime and community safety sources in the 'community and environment' section
- Further information and additional content relating to frailty, visual impairment, social isolation, loneliness, food poverty, healthy eating, mental health and climate change

3. The main health and wellbeing challenges in Devon

3.1 The conclusion of the document summarises the main health and wellbeing challenges in Devon which reflect and build upon the challenges identified in 2016:

- An ageing population resulting in an increase in demand for services
- New towns and growth in existing towns with a younger population profile and different health and wellbeing needs providing an opportunity for a different approach
- Financial pressures requiring a different solution to improving health and wellbeing
- Complex organisational configuration
- Rurality and access to services impacting on the model of care and support
- A high quality outdoor environment but poor quality indoor environment in some areas due to poor housing
- Below average earnings and high cost of living and housing impacting on poverty, fuel poverty, homelessness and mental health
- The need to focus on prevention and living well at all ages to improve health in later life and address the 10-15 year inequalities gap
- Mental health and the focus on groups and places where outcomes are poor
- Social isolation and loneliness particularly in older people, certain groups and isolated places
- Changing patterns of health-related behaviour, particularly in the young and challenges to local services in responding to these.
- Long-term conditions and multi-morbidity and the impact on health in later life and the need for services to adapt to multiple conditions
- Growing levels of severe frailty and onset of pre-frailty at a younger age due to health inequalities providing an opportunity to act early
- A diverse population. Inequality takes many forms and can be hidden

4. Joint Health and Wellbeing Strategy 2016-2019

4.1 The Devon Health and Wellbeing Board approved its second Joint Health and Wellbeing Strategy (JHWBS) on the 8th September 2016. http://www.devonhealthandwellbeing.org.uk/strategies/

The new strategy is high level and simple and seeks to reflect progress that the wider system has made as separate organisations and collectively over the last three years. The JSNA and JHWB strategy provide strategic oversight that health needs and health inequalities are being addressed to support its vision to 'Improve Health and Promote Health Equality.'

4.2 The Board agreed a new health and wellbeing outcomes framework based on the new strategy priorities with an increased focus on mental health and housing indicators to reflect challenges in these areas. The Board takes a themed based approach to its meetings to allow discussion on the outcomes and priorities. There has been a focus on 'Lifelong Mental Health' and 'Living' well to date.

4.3 Based on the updated JSNA the priorities in the Strategy remain valid and it is felt that no update to the strategy is required at this time.

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

6. Risk Management Considerations
Not applicable.

7. Options/Alternatives
Not applicable.

8. Public Health Impact
The Joint Strategic Needs Assessment is a statutory requirement of the Health and Wellbeing Board and informs priority setting in the Joint Health and Wellbeing Strategy. The JSNA overview and profiles contain information on public health issues and other relevant health, social care and wellbeing related issues, and a specific focus on health inequalities.

Dr Virginia Pearson
CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH, ENVIRONMENT AND PROSPERITY
DEVON COUNTY COUNCIL

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

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

Background Papers
Nil

Health and Wellbeing in Devon

A Joint Health and Wellbeing Strategy for 2016–2019

Committed to promoting health equality

www.devonhealthandwellbeing.org.uk

South Devon and Torbay Clinical Commissioning Group

Northern, Eastern and Western Devon Clinical Commissioning Group

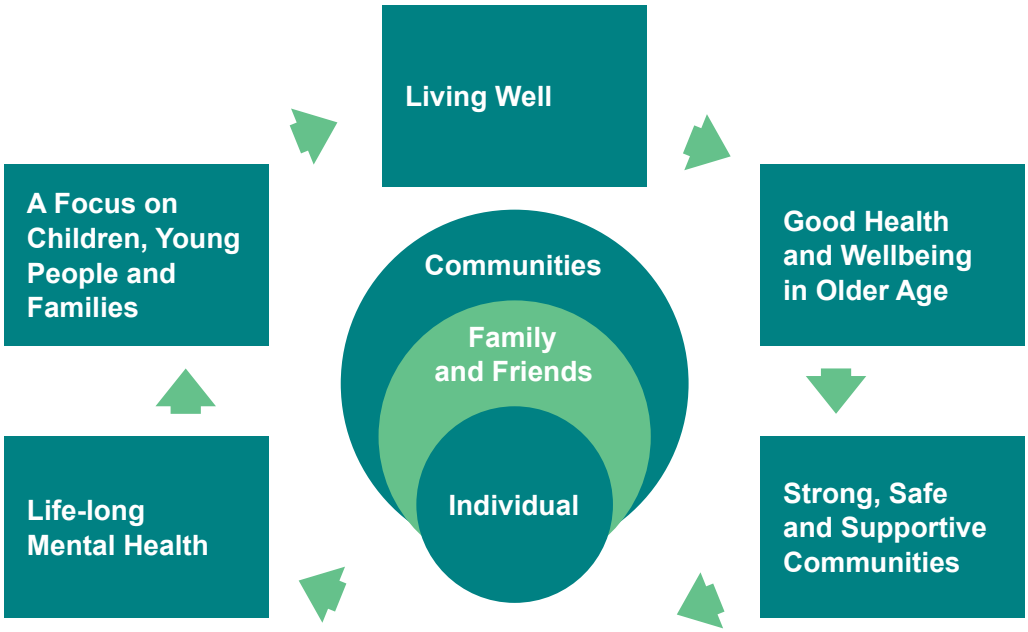
Devon County Council

Introduction

The Devon Health and Wellbeing Board has reviewed its priorities and approach for 2016-19. Current demand on services, high costs and demographic pressures coupled with the impact of preventable premature morbidity and mortality and reduced funding will continue to put pressure on the local health and care system.

A new vision for place-based health is emerging and people must be empowered to take greater control over their own lives, to influence personalised services and to take greater responsibility for their health outcomes. We want to focus on the individual, supported by families and friends within their local communities. All resources and assets in places must be used to support the wider determinants of health and improve health and wellbeing outcomes. There needs to be a shift towards prevention and early intervention which will require services to organise and professionals to behave in very different ways.

Improving Health and Promoting Health Equality



Living Well Through Life

The Board has been tracking the progress we have made over the last three years to improve the health and wellbeing of Devon's population and how we are impacting on health inequalities, in some areas we have made great progress and are working creatively with our local communities but in other areas such as mental health we are not improving and we would like to see that position changed in the next three years despite challenging financial circumstances.

Chairman Devon Health and Wellbeing Board,
Councillor Andrea Davis

Priority 1 A Focus on Children, Young People and Families

Starting Well

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

The Facts:

- Child poverty levels continued to fall in 2013
- Recorded levels of child development are above the South West and England averages
- Rates of smoking at delivery are falling over time and are amongst the lowest in the South West
- Teenage conception rates have fallen sharply, particularly in more deprived areas
- Self-harm admissions in younger people are above the national average, with higher risk in females and more deprived areas
- Alcohol-related admissions for persons aged under 18 are above the national average
- Excess weight in children at reception remains similar to the national average but at year 6 is better.

Achievements so far

- The Children, Young People and Families Alliance was established with a clear vision and set of priorities
- Looked after Children and Neurological Conditions in Children Health Needs Assessment undertaken to support development of future support and services
- Teenage conception rates continue to fall.

Goals for 2016-2019

- Early help for children, young people and families will be embedded
- Healthy weight for children at reception year will be better than the national average and continue to improve at year 6
- Educational attainment in some areas where not doing so well will improve
- There will be greater understanding of the needs of local children with a physical disability.

See priority: 2

Looked after children: What makes you happy?

In October 2015, Children in Care in Devon were surveyed and asked about their views on their health and well-being, as part of a wider Health Needs Assessment in support of the JSNA. Independent of age group, all children and young people placed a high value on 'family', 'friends' and 'hobbies & sports' to support their happiness. Older participants (16 and over) also focused on being 'safe and loved' and 'entertainment, having fun and play'. The word cloud shows the responses to the question – with the most popular represented by larger size words.

Priority 2
Living Well

We want people in Devon to choose to live healthy lives – by taking responsibility for their own health and wellbeing and particularly by eating healthy food, moving more every day, not smoking, not drinking alcohol excessively, and being mindful of their mental health and wellbeing. We recognise this can be more difficult for some people and we want to see recognition of this in strategies to improve the health of the poorest much faster. We want to see a reduction in avoidable long-term conditions particularly in more deprived areas for example diabetes.

The Facts:

There are changing patterns of health-related behaviour particularly in the young but in Devon:

- 79,000 adults smoke
- 141,200 adults are obese (412,900 including overweight)
- 163,900 adults are physically inactive
- 120,600 adults drinking at potentially harmful levels
- 2,177 deaths under 75s in Devon 2014

Achievements so far

- Smoking prevalence has reduced significantly from 16.4% in 2013 to 12.2% in 2015
- A new healthy lifestyle offer has been commissioned based on insight with a new approach to empower and support people to make lifestyle change
- There are many examples of joined up work to improve activity through walking, cycling and enjoying Devon
- The Board has a compact with the Local Nature Partnership and has delivered a 'naturally healthy' programme with a wide range of stakeholders including the National Parks making the most of Devon's natural assets.

Goals for 2016-2019

- There will be a focus across the life-course and care pathways on moving more, drinking less, stopping smoking and eating well
- The national pre-diabetes programme will provide support to individuals in Devon
- Routine and manual smoking rates will also fall
- Alcohol admission rates will improve.

See priority:

1 3

1

Working together to keep Devon smokefree

Stover Country Park near Newton Abbot is taking a lead in encouraging visitors to keep the park smoke free. New signs have been placed throughout the park's picnic areas and bird hide to thank visitors for helping keep Devon smoke free. Stover is the latest addition to a number of smoke free areas in the county which now include many play parks and all of its children's centre grounds, hospital sites and the Council's County Hall headquarters. The 2015 visitor survey showed that people visited the park mainly to walk, exercise and enjoy the peace and quiet supporting the priority to keep people naturally healthy.

Priority 3 Good Health and Wellbeing in Older Age

Ageing Well

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

The Facts:

- Devon has an ageing population and the older population will increase significantly over the next 30 years
- A significant healthy life expectancy and life expectancy gap persists in some places and with some groups
- There are many unknown carers who may need support
- The accidental falls rate is not benchmarking as well as previously
- Long term conditions and multiple long term conditions continue to increase and contribute a significant proportion of local spend
- Too many people are dying in hospital rather than their usual place of residence.

Achievements so far

- Life expectancy and healthy life expectancy are high and many people are living long and healthy lives
- Carers support has been reviewed and improved in response to the Care Act
- Devon Carers is now supporting more Carers than ever – 20,040, of which 3054 are young carers aged 17 or under
- Living Well at Home has been commissioned to improve the quality of personal care and support across Devon and to help people remain independent in their own homes. Rapid response has also been expanded.

Goals for 2016-2019

- There will be a greater understanding of future demands on health and care services
- An End of Life health needs assessment will be completed to inform future models of care
- People will be supported to remain well and independent for as long as possible.

See priority:

1 2 4 5

1 2

2 4 5

New Approach to carers

There are more than 84,000 Carers in Devon of whom 18,412 provide 50 hours or more of care per week. Their combined contribution to care is valued at £1.6 billion annually, so they are essential to the sustainability of public services. Protecting their health and wellbeing and therefore their potential to continue to care in a financially challenged context, in the most cost-effective ways possible, will be a major challenge.

The top priority has to be developing a balanced system that promotes and protects Carers' independence and wellbeing while being responsive to higher level needs within our resources. The highest priority during the remainder of 2016 and the start of 2017 is listening and understanding how we need to change services to better meet carers' needs in the most cost effective way.

Priority 4 Strong, Safe and Supportive Communities

We want people to thrive in supportive communities, with people motivated to help one another. Our communities are strong, vibrant places to live, where people are not anxious about violence and abuse or criminal activity and social disorder, and where individuals are supported by families and friends within their communities and are not lonely or isolated. A shift towards place based health will be delivered by a step-change in the nature and quality of out-of-hospital care recognising the importance of the home and the need for it to be warm and safe and for individuals and communities to support one another.

The Facts:

- Devon has a diverse population and deprivation is dispersed, inequality takes many forms
- 20% of the older population are mildly lonely, 8-10% of the older population are intensely lonely
- 57% of social care users do not have as much social contact as they would like
- Highest risk groups are lone pensioners, older carers, people over 75, the recently bereaved and older people in deprived areas
- Domestic violence and abuse affects a large number of people, with an estimated 8.2% of women and 4.0% of men aged 16 to 59 had been a victim of domestic abuse past year according to the Crime Survey for England and Wales) for 2015-16 we estimate 27,500 women and 12,500 men experienced domestic violence in the past 12 months, and 91,000 women and 41,100 men experiencing domestic violence since the age of 16
- Fuel poverty rates are high and many households experience high cost and poor quality housing
- Many areas are in the most deprived nationally for the indoor environment.

Achievements so far

- There are many examples of our vibrant and thriving voluntary and community sector
- There are many examples of place based approaches to meet local need and building on local assets. For example Integrated Care Exeter (ICE)
- Cranbrook has achieved Healthy New Town status and a Health, Care and Wellbeing Strategy has been developed to ensure the health of the new younger population
- Protected characteristics are now embedded in the JSNA
- The number of households accepted as homeless has increased nationally, but in Devon the number of homeless acceptances has decreased and rough sleeping amongst single homeless people in Devon has increased however, this rise is significantly less than the national increase of 30%.

Goals for 2016-2019

- The learning from Cranbrook will be shared with our other new and growing towns
- The learning from programmes such as ICE will support development of the new place based approaches
- Develop the domestic and sexual violence and abuse strategy to move towards ending domestic violence and abuse in Devon
- We need to address the quality, affordability and warmth of homes in Devon and ensure housing is an important aspect of any new model of care
- Develop closer links with the Safer Devon Partnership.

See priority:

1 2

3

Integrated Care for Exeter: Getting Serious about Prevention

Mobilisation of a City-wide architecture for prevention and community resilience - Integrated Care Exeter (ICE) is a strategic alliance of leading public, voluntary and community sector organisations, set up in recognition that, to meet the needs of our changing and older population, we have to find another way of delivering public services. The model builds on what already exists in the city, and stakeholder enthusiasm to pool resources. This establishes a single structure for encouraging preventative behaviours by individuals and promoting “resilience” within the system and across communities. In practical terms this means offering a range of community-based options to individuals, who can access what they want to maintain health and wellbeing, reducing the need for statutory care services now and into the future.

Cosy Devon Central Heating Fund transforms elderly couples’ life

A retired couple from Devon have had their lives transformed; they suffer from ill health and lived without proper heating for decades until they were given support via the Central Heating Fund a grant secured by Devon Local Authorities.

Mr Burgess suffers with COPD and uses a stair lift and an oxygen tank. Before the central heating they had numerous electric plug-in heaters, an open fire and at one point used butane cylinders. But they were advised by Torbay Hospital that due to the oxygen tank they needed to keep his equipment 10 metres away from potential fire hazards. This gave Frank very limited space to be able to put his oxygen tank. The hospital had also advised them to get central heating. Mr Burgess commented: ‘Our home is now much easier to heat and we are much more comfortable. We no longer need to worry about the risk of open flames and the oxygen tank.’

A fuel poverty and health course has been delivered to health professionals and others to support referrals to the scheme and raise awareness.

Priority 5
Life-long Mental Health

We want to ensure a positive attitude to mental health and wellbeing is fostered and that prevention and early intervention to support lifelong mental health is everyone's priority. Mental was part of strong and supportive communities but is now a priority in its own right in recognition of some of the challenges locally and the Five Year Forward View for Mental Health and we want mental and physical health to be equally important. This priority includes promoting positive mental health using assets across the community and tools such as five ways to wellbeing.

The Facts:

People with mental health conditions have a lower life expectancy and poorer physical health outcomes than the general population. Evidence suggests this is due to a combination of clinical risk factors, socioeconomic factors and health system factors. The outcomes report shows that Devon does compare well for some mental health indicators.

Achievements so far

- Early Help 4 Mental Health services commissioned with schools to support young people online and face to face to meet their needs
- Improved access and recovery outcomes related to Improving Access to Psychologic Therapies (IAPT) with improving access to IAPT
- Improved provision of places of safety so people of all ages can avoid being detained in police custody
- Dementia diagnosis rates are improving and support services are improving. Take up of memory matters has increased and there are now 57 memory cafes.

Goals for 2016-2019

- Implement the 5 year forward view for mental health and ensure a focus on prevention early intervention and pathway development
- Improve mental health outcomes in Devon so that we are no longer worse than the England average
- Eliminate the stigma and discrimination felt by those with a mental illness
- Realise the opportunities from Devolution and the Sustainability and Transformation Plan mental health priorities to improve health outcomes and reduce health inequalities.

See priority:

Summary

The strategy seeks to address some of the main challenges identified in the Devon Joint Strategic Needs Assessment (JSNA) below and provides some areas of focus for the next 3 years.

- An ageing population resulting in an increase in demand for services
- New towns and growth in existing towns with a younger population profile and different health and wellbeing needs providing an opportunity for a different approach
- Financial pressures requiring a different solution to improving health and wellbeing
- Complex organisational configuration
- Rurality and access to services impacting on the model of care and support
- A high quality outdoor environment but poor quality indoor environment in some areas due to poor housing
- Below average earnings and high cost of living and housing impacting on poverty, fuel poverty, homelessness and mental health
- The need to focus on prevention and living well at all ages to improve health in later life and address the 10-15 year inequalities gap
- Mental health and the focus on groups and places where outcomes are poor
- Social isolation and loneliness particularly in older people, certain groups and isolated places
- Changing patterns of health-related behaviour particularly in the young
- Long-term conditions and multi-morbidity and the impact on health in later life and the need for services to adapt to multiple conditions
- Growing levels of severe frailty and onset of pre-frailty at a younger age due to health inequalities providing an opportunity to act early
- A diverse population. Inequality takes many forms and can be hidden

The full JSNA is available at **www.devonhealthandwellbeing.org.uk/jsna** and local are profiles are available. The Health and Wellbeing Library contains all published Health Needs Assessments developed in response to local need and challenges to support local commissioning and decision making. **http://www.devonhealthandwellbeing.org.uk/library/needs-assessments/**

Next Steps for the Board

Devon Health and Wellbeing Board is a Statutory Board responsible for the development of the JSNA and producing the Joint Health and Wellbeing Strategy based on local need and priorities The Board has a role to support commissioning by understanding need, assets and areas for focus. The commissioning approach is shifting locally with a focus on the whole system, a user centred approach, building on individual and community assets. Now that the Board is established and is positioned in wider governance structures there is an opportunity for key shifts for the Board as described in 'Get Well Soon' (2015). The changing organisational landscape provides an opportunity to put health and wellbeing at the centre.

Now	Key shifts	The opportunity
Board operating in parts of the system	→	Board overseeing the system
Consulting with but then doing to communities	→	Empowering resilient communities
Reactive and supply side–focussed	→	Proactive and demand side–focussed
Good understanding of what is happening	→	Build insight into why it is happening
Focus on topics, projects and institutions	→	Focus on outcomes, systems and place

Outcomes Reporting: How will we know we are making a difference?

We will focus on outcomes, tracking progress and responding to changes and emerging issues and we will empower communities to engage with the challenges and develop the solutions.

Devon compared with the Local Authority Comparator Group for all Health and Wellbeing outcome measures, September 2016:

Devon compared with the Local Authority Comparator Group (LACG) for Health and Wellbeing outcomes Now 2013

	Rate			Significance		LACG Rank / Position	
Measure	**Devon**	**LACG**	**England**	**LACG**	**England**	**Rank**	**Position**
Life Expectancy Gap in Years (Male)	5.6	7.0	9.2	Similar	Better	1 / 16	
30 Day Readmissions to Hospital (%)	10.3	11.0	11.8	Better	Better	1 / 16	
Reablement Services Effectiveness (%)	88.8%	82.8%	82.1%	Better	Better	1 / 16	
Low Happiness Score (%)	6.3%	8.0%	9.0%	Similar	Better	1 / 16	
Life Expectancy Gap in Years (Female)	3.1	5.4	7.0	Better	Better	1 / 16	
Early Years Good Development (%)	71.6%	67.1%	66.3%	Better	Better	2 / 16	
Circulatory Disease Deaths, under 75	59.1	65.4	75.7	Better	Better	2 / 16	
Excess Weight in Year Six (%)	28.7%	31.0%	33.2%	Better	Better	2 / 16	
Adult Smoking Rate (%)	12.2%	15.3%	16.9%	Better	Better	2 / 16	
Feel Supported to Manage own Condition (%)	66.6%	64.0%	63.1%	Better	Better	3 / 16	
Physical Activity (%)	60.3%	58.6%	57.0%	Better	Better	3 / 16	
Carer Reported Quality of Life	8.100	7.806	7.900	Better	Better	3 / 16	
Admission Rate for Accidental Falls	1763.7	1903.5	2124.6	Better	Better	4 / 16	
Alcohol Admission Rate (Broad Definition)	1795.1	1911.7	2188.6	Better	Better	4 / 16	
Child Poverty (%)	12.4%	14.1%	18.6%	Better	Better	5 / 16	
Cancer Deaths, under 75	129.7	132.1	141.5	Similar	Better	6 / 16	
Stable Accommodation - MH (%)	60.9%	55.2%	59.7%	Better	Better	8 / 16	
Teenage Conception Rate per 1,000	20.8	21.2	24.0	Similar	Better	9 / 16	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Alcohol Admission Rate (Narrow Definition)	611.1	617.6	651.3	Similar	Better	9 / 16	
Smoking at Time of Delivery (%)	11.7%	11.0%	10.6%	Worse	Worse	10 / 16	
Excess Weight in Reception Year (%)	22.4%	21.8%	21.9%	Similar	Similar	10 / 16	
Social Connectedness	42.8%	45.4%	44.8%	Worse	Worse	12 / 16	
Stable Accommodation - LD (%)	65.6%	69.9%	73.3%	Worse	Worse	12 / 16	
Incidence of Clostridium Difficile	30.9	28.5	26.0	Similar	Worse	13 / 16	
Suicide Rate	10.4	9.6	8.9	Similar	Worse	13 / 16	
Hospital Admission Rate for Self-Harm	565.1	436.2	398.8	Worse	Worse	15 / 16	
Reablement Services Coverage (%)	1.4%	2.8%	3.1%	Worse	Worse	15 / 16	

(Local Authority Comparator Groups: Cumbria, Dorset, East Sussex, Essex, Gloucestershire, Leicestershire, Lincolnshire, Norfolk, North Yorkshire, Somerset, Staffordshire, Suffolk, Warwickshire, West Sussex, Worcestershire)

The **Devon Health and Wellbeing Outcomes Report** is updated for each Health and Wellbeing Board meeting and there are individual reports for each measure.

Integrated Care for Exeter Review Draft June 2017

Document Purpose

This document is a position statement from the Integrated Care for Exeter Executive setting out a summary of progress as at May 2017. It has been produced for Board members to share within their organisations and with other interested parties.

For further information please contact:

Jo Yelland, Development Director: email: *jyelland@nhs.net*

Contents **Page**

1.0 Background

Integrated Care for Exeter (ICE) Board was established in 2014 in recognition that, to meet the needs of our changing and older population, we have to find another way of delivering public services. Demand on service is already increasing as living longer often means people are living with several complex conditions that need constant care and attention. We already have a higher proportion of older people than other parts of the UK (it will be 2027 before the proportion of older age groups in England resembles the current picture in Devon). There is a growing body of international evidence that shows that, by working better together to jointly plan and deliver services in a genuine partnership with communities, there is much the public sector can do to improve the delivery of services, achieve the outcomes people want and provide better value for money.

In September 2014 Devon County Council was successful in achieving a Transformation Challenge Award (TCA) from the Department for Communities and Local Government to support the transformation work of the partnership and a Development Director took up post in January 2015. The TCA funding is non-recurring money to support the programme, test out new roles in the voluntary and community sector; undertake test beds for new models of prevention and to track outcomes to inform whole system transformation.

The ICE Vision document published in January 2015 set out the vision of an integrated system and a programme of change that will meet the challenges facing the health and social care system. Whilst ICE initially will focus on the population within Exeter it is intended to be a test bed for the rest of Eastern Devon.

2.0 Vision and Programme

The ICE vision is that, in the future, local services will be arranged on an individual basis; they will provide preventive care and support, and will be designed and delivered in partnership with communities where people live. A new model of population health and wellbeing will be developed, with a greater focus on early intervention and prevention; more care and support out of hospital and services designed around the needs of individuals and their family.

In future services will be connected, deliver quality outcomes and use resources efficiently and effectively so that:

- Services are easy to explain; access and navigate through and will be provided on the basis of individual need.
- Health and well-being is actively promoted, and health inequalities reduced through concerted community action focussed on early intervention and prevention.
- Only people who clinically need to be are admitted or treated in a hospital and they will only be there as long as is clinically necessary.
- People experience quality services wrapped around their needs
- Public and voluntary sector resources are more effectively used by combining budgets, skills, staff and data.

We will deliver a care system for adults that:

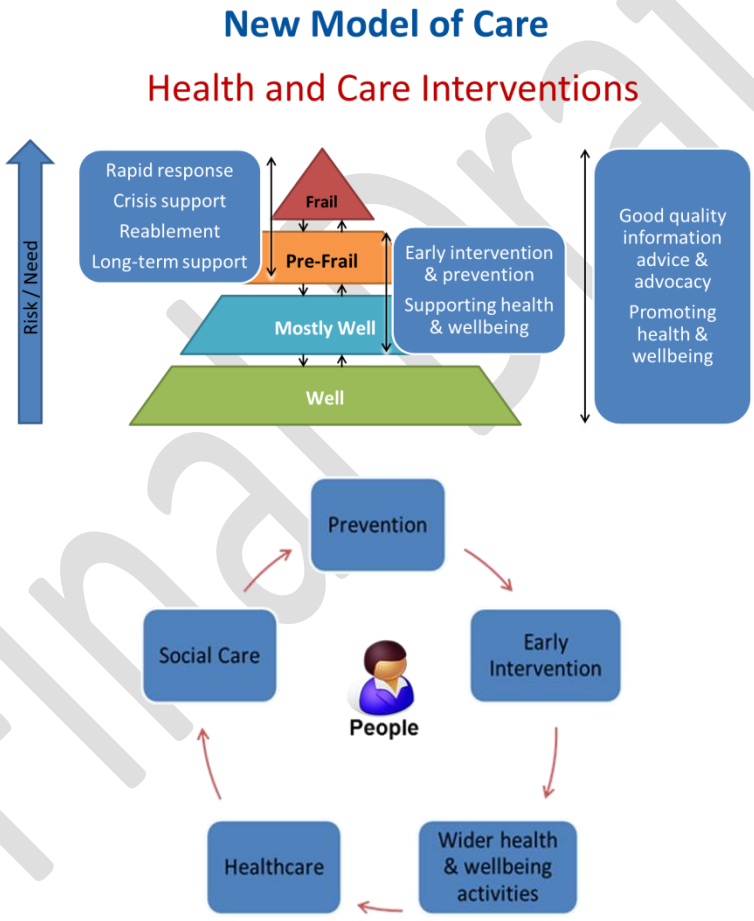
- Enables people to improve and promote their own health and well-being
- Delivers a better experience of care
- Achieves improved health and social care outcomes
- Provides care more cost effectively

System Priorities

1. Helping people to stay healthy independent and socially connected and to live well with long term conditions however complex and however many they have.
2. Providing timely safe support as close as possible to home at times of crisis whilst also providing the very best hospital care where needed and to enable people to return to their home as safely and swiftly as possible.
3. Ensure people have choice and control over their care and support at all times including towards the end of their life.

New Model of Care: Population Health and Well-being

During February 2015, through the work of the ICE partners at a Care Design Workshop facilitated by Royal Devon & Exeter NHS Foundation Trust, a new model of place based care focused on population health and well-being has been agreed.



Between February and April 2015 over 40 people from across the alliance worked together to co-produce the work programme for delivering during 2015/17.

Purpose of the Delivery Programme

On 12th June 2015 the ICE Board agreed a 3 year delivery programme to test out a range of new ways of working to achieve improved population health and well-being in specific areas of Exeter, starting with the West, with a view to rolling out successful projects across the City and the rural and coastal parts of Devon where it is right to do so.

Programme Priorities and Timeline

2015/6	2016/7	2017/8
Deliver real operational change in service delivery.	Test out the new model of population health and wellbeing rolling out the new pathway for adults with complex needs across the City alongside the scale up and roll out of community prevention approaches.	Consolidate the learning from the Exeter roll out and expand where appropriate across Eastern Devon ensuring sustainability is achieved through mainstream commissioning.
Prepare the groundwork for testing out community prevention approaches.	Share the learning with commissioners to inform strategic activity to mainstream effective elements of the programme.	
Get a greater understanding of what we need to do to support community resilience.	Support and encourage community resilience activities.	

Programme Requirements and Design Principles

The key system requirements are:

1. Those working in the care system – from primary to community to hospital to social care, and whether working as public employees, independent practitioners, or private and not-for-profit contractors have to recognise that there is "one system, one budget".
2. We have to get the best possible outcomes for the individual within the resources available across the system rather than the interests (financial or otherwise) of individual organisations and practitioners.
3. The goal is to deliver the right care, in the right place, at the right time, by the right person. The service offer should be standardised so that the population has equitable access to care.

Our values will keep people at the centre of our work by delivering on the outcomes set out as "I" statements. These statements have developed over the course of our engagement with people in contact with services, the public and people who work in the local health and care system.

- I will take responsibility to stay well and independent as long as possible in my community.
- I can plan my own care with people who work together to understand me and my family.
- The team supporting me allow me control and bring services together for outcomes that are important to me.
- I can get help at an early stage - to avoid a crisis at a later time
- I tell my story once, and I always know who is coordinating my care
- I have the information and the help I need to make decisions about my care and support
- I know what resources are available for my care and support and I can determine how they are used
- I will receive high quality services that meet my individual needs and are appropriate to my level of support or vulnerability, that they fit around my circumstance to keep me safe.
- I experience joined up and seamless care across organisational and team boundaries
- I can expect my services to be based on the best available evidence to achieve the best outcomes for me.

Design principles that apply to all ICE service development activity are:

- Single entry point: people service
- Rapid response for all referrals
- One team with one culture
- Single care and support plan
- Care co-ordination and navigation
- Focus on prevention and self-care
- Family, carer, community
- Single assessment process, care, support and contingency plan
- Single care record
- Virtual pooled budgets: permission to act
- Improved outcomes

3.0 What we have done: high level summary of the delivery plan

A programme plan and governance framework was established in June 2015 these have developed overtime into 3 programme areas:

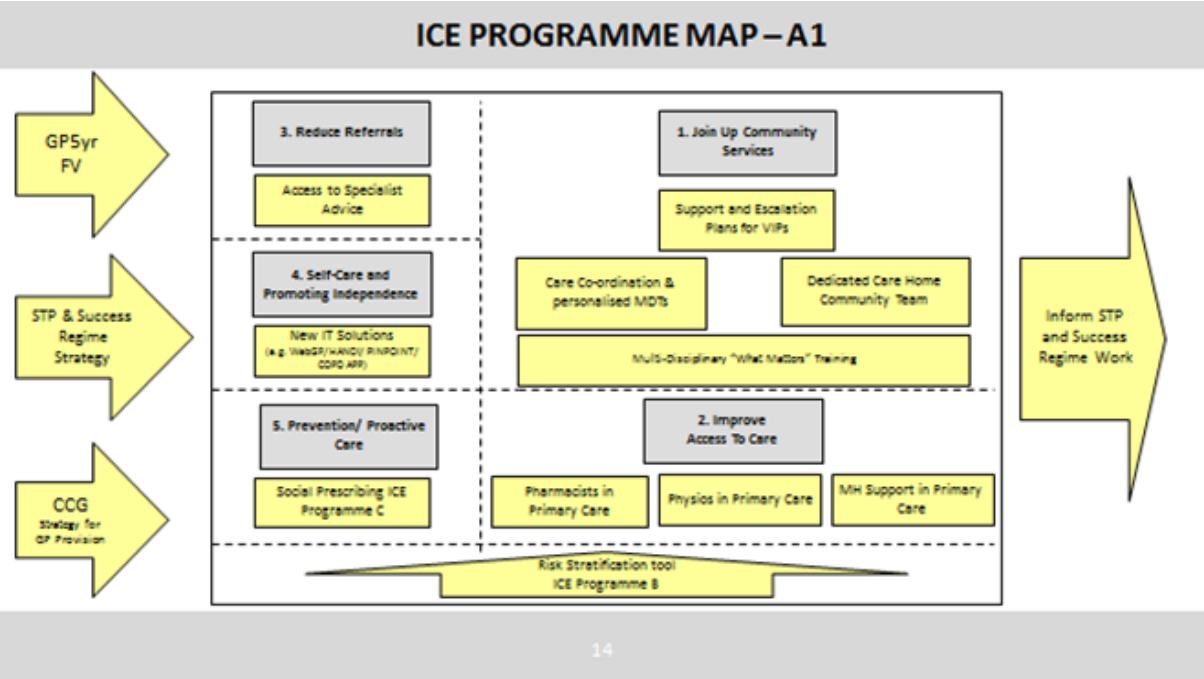
Programme A1 New Models of care: Joining Up Primary, Community and Acute Care: Could we make better use of resources and improve outcomes and experience for people with high level needs?
Programme A2 New Models of care: ***Street Homeless & Vulnerably Housed:*** Could we make better use of resources and improve outcomes and experience for people with high level needs?
Programme B Understanding need & risk stratification: Is there a way to systematically identify communities and individuals who could most benefit from early intervention and prevention?
Programme C Community Resilience and Social Prescribing & Prevention: How do we build more resilient and connected communities and how to we better connect people better connect people so they can do more to help themselves and each other and reduce demand statutory services?

Here is a high level overview of each programme.

Programme A1 New Models of care: Joining Up Primary, Community and Acute Care: Could we make better use of resources and improve outcomes and experience for people with high level needs?		
2015/6 Preparing the groundwork	**2016/7 Building the foundations**	**2017/8 Create the load-bearing framework & make it watertight**
Rapid Review of hospital discharge and interface with community team. Designed and implemented a proof of concept for Discharge2Assess (D2A) TCA funds additional capacity for the Proof of Concept delivery team and for additional home care support to enable the test of change	D2A becomes a business as usual within the RD&E and the learning influences the new model of care published by the CCG for the future transformation of out of hospital care including a single point of professional contact underpinned by "what matters to you" approach. Seven Exeter GP practices volunteer to work together to look at new models of care. **TCA funds GP capacity** for design workshops. Publish primary care strategy and small	Successful application to join National Primary Care Home Collaborative. **RD&E funds Clinical Pharmacist** for 6 months for ToC with Ide Lane (Dr Hilton) and Topsham (Dr Wood). . Dr Govier & other GPs networking through Kings Fund and National Vanguards to learn from others. Mount Pleasant (Dr Hynam) and Foxhayes (Ms Champion) work with RD&E Complex Care Teams to improve joint working on high need patients. Wonford Green (Dr Hoerning) provides

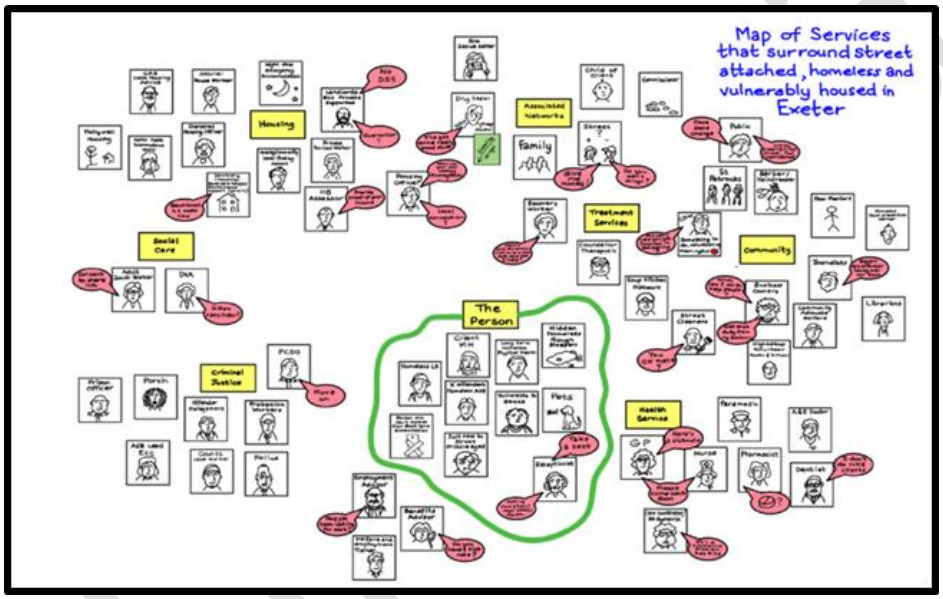
	scale tests of change programme	clinical leadership and mentoring support to Wellbeing Exeter **TCA Funds GP capacity and practices using** "at scale funding". SWAHSN providing evaluation on ToC.

This diagram sets out the current work programme being co-ordinated under this programme.

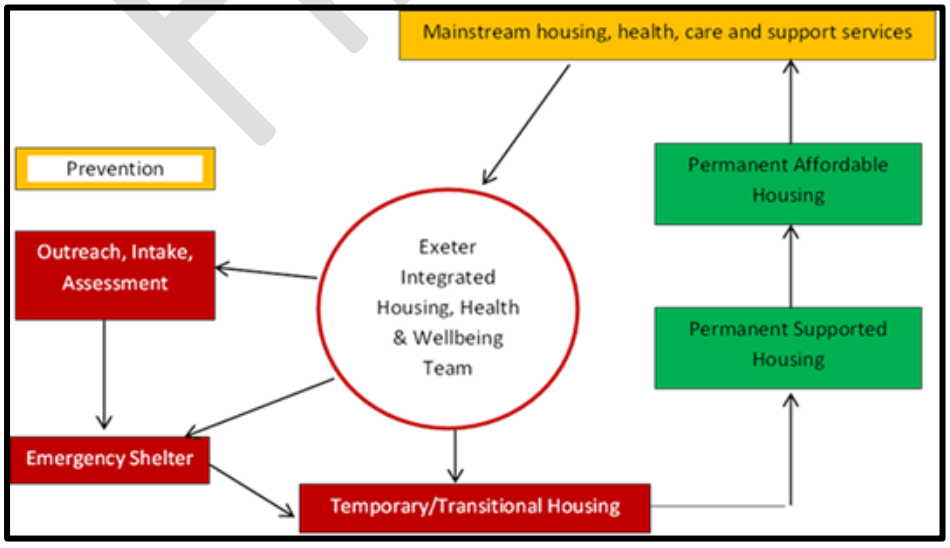


A2 New Models of care: Street Homeless & Vulnerably Housed: Could we make better use of resources and improve outcomes and experience for people with high level needs?		
2015/6 Preparing the groundwork	**2016/7 Building the foundations**	**2017/8 Create the load-bearing framework & make it watertight**
Undertook a whole system review and identified complex system issues including: Fragmented commissioning and provision with contracts designed around individual services. Lack of coherent system and pathways resulting in duplication and gaps: creates competition, reduces collaboration. Differing approaches and thresholds leading to tension between harm reduction & abstinences approaches: lack of engagement with people who are not 'in recovery'. Some services don't like to a.sk	Completed Health Needs Assessment with @ 125 individuals: We know that the health of people who live on the streets is significantly impaired: Life Expectancy: 30 years less than national average: 50% have complex mental and physical health needs: 58% will have substance misuse issues: 45% have significant issues with offending: Street homeless people 9 times more likely to commit suicide Deaths from RTA and falls 3 times as likely and from infections twice. Ethnographic	Delivery plan agreed for analysis of future commissioning options and for tests of change to prove the delivery model concept. TCA Funds Commissioning and Delivery leads appointed April 2017 and a new Stewardship Group established and final recommendations to be published in October 2017

question that are outside their "remit" so opportunities for meeting need get lost. Support/prevention services for vulnerably housed can conflict with housing policy. BUT plenty of good to build on. We reached consensus on the principle of total transformation and the need for political buy-in. We supported for ECVS development of Co-Lab (Integrated Hub) in Exeter TCA funds Bay6 project to support homeless people being discharged from hospital.	research was undertaken with clients and stakeholders Voice of the Customer multi agency design workshops result in the agreement of single vision and delivery model. TCA funds Bay6. ECC wins Homeless Prevention Grant on the basis of this underlying work.	



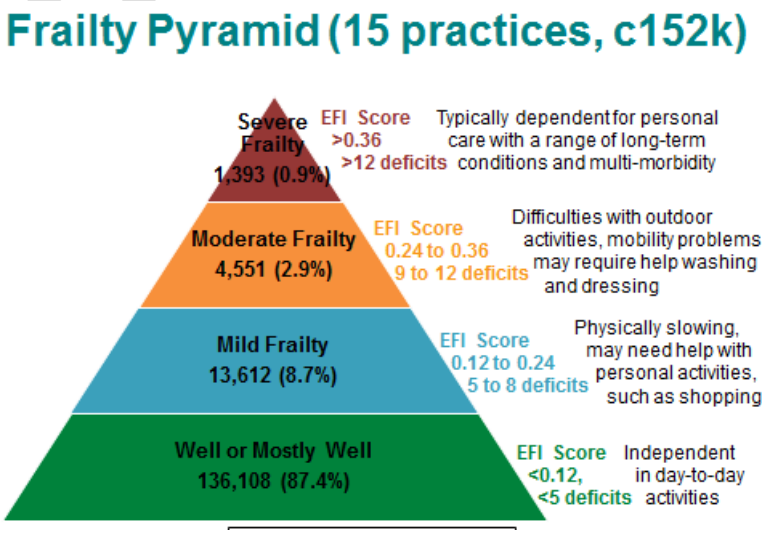
System map illustrating the complexity and fragmentation of the current offer for people in Exeter

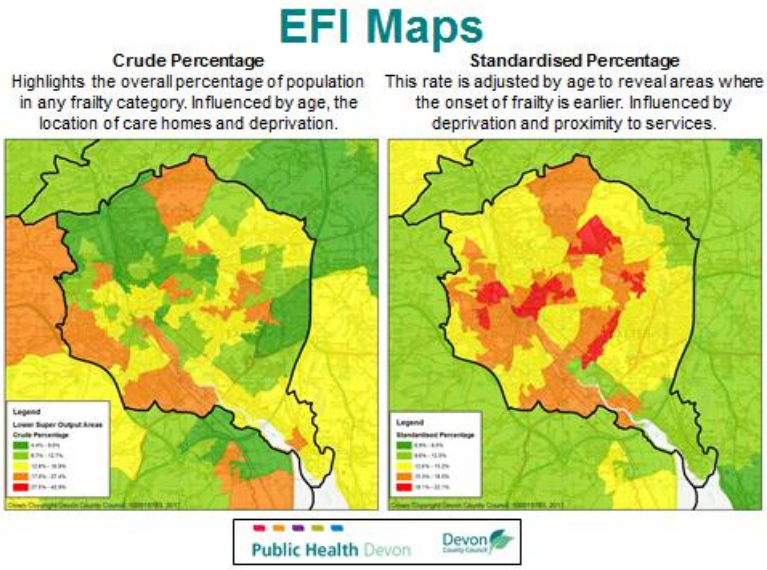


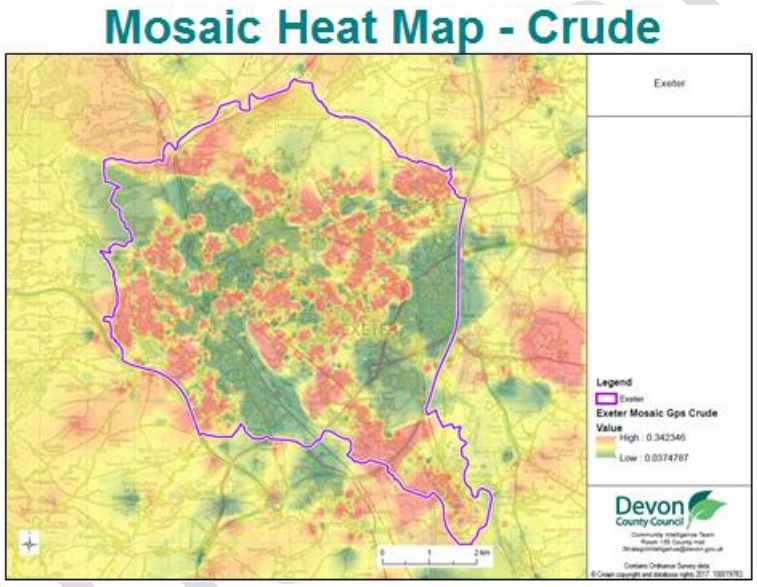
System map illustrating the comparative simplicity of the new delivery model to be tested for people in Exeter

B Understanding need & risk stratification: Is there a way to systematically identify communities and individuals who could most benefit from early intervention and prevention?		
2015/6 Preparing the groundwork	**2016/7 Building the foundations**	**2017/8 Create the load-bearing framework & make it watertight**
Delivery team established with GPs, Public Health, data analysts supported by SWAHSN. Key principles agreed and existing risk stratification tools evaluated. Agreed frailty models were likely to be most effective as predictive approaches. Networked with experts including York University. Agreed to test the Electronic Frailty Index based on the validated Rockwood Frailty score as a starting point. Foxhayes practice agreed to test of change: Information Sharing Agreement (ISA) was written and signed. 10 years data extracted and analysed: results demonstrated that the tool could be predictive as it showed frailty changing over time. All Exeter practices were invited to share data to further test out the approach: 6 practices agreed.	Data validation, extraction process and ISA stress tested as more practices come on board. Data dashboards designed for practices. JSNA heat maps are generated. Agreed to include hospital and social care activity and costing data to the tool to see if there are links with high frailty and spend. Complex information sharing issues now dominate this part of the project and development grinds to a halt. Focus shifts to other data sets that could be linked and agreement reached to purchase licence for geo-segmentation data. Evaluation panel set up and consensus to purchase Mosaic licence for 12 months TCA Grants funds Mosaic Licence	16 practices now sharing date: population @ 150,000. ICE A1 GPs start to look at how the data can be used to help target test of change. Reports published with early findings. Particular interest in clear link with housing type and tenure with future potential frailty and the relatively young age at which frailty start to impact. Also shows that octogenarians are not necessarily frail. Geo segmentation data added to the dashboards and heat maps. Wellbeing Exeter Community Builders start to overlay lived experience to contextualise the data. ISA issues finally resolved and activity and costing data will be added in June 2017. Plans underway for automated data extraction process and rolling out across the STP area during 2017.

Here are some examples of the dashboards being created from the combined data set.







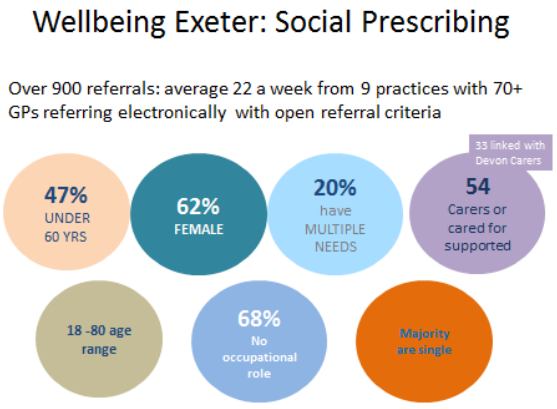
C Diverting demand: Community Resilience and Social Prescribing & Prevention: How do we build more resilient and connected communities and how to we better connect people better connect people so they can do more to help themselves and each other and reduce demand statutory services?		
2015/6 Preparing the groundwork	**2016/7 Building the foundations**	**2017/8 Create the load-bearing framework & make it watertight**
TCA grant funds existing services provided by Age UK (Exeter) and Westbank whose grants from external funders for pilots (Living Well and Neighbourhood Friends) has run out. Agreement is for these services to develop as a community resilience model emerges. Social prescribing	Interim Evaluation indicates potential for approach to reduce system costs as well as improve lives. ICE Executive agrees to proposal to expand social prescribing pilot but also to invest in ABCD. Devon Community Foundation (DCF) appointed as System Leader and Commissioner to expand	Exeter City Council adopts an ABCD policy and facilitated the delegation of £600,000 CIL funding to support ABCD in the City for 3 years from September 2017. Evaluation framework agreed with support from SWAHSN and Plymouth University. Electronic referral process and common operating

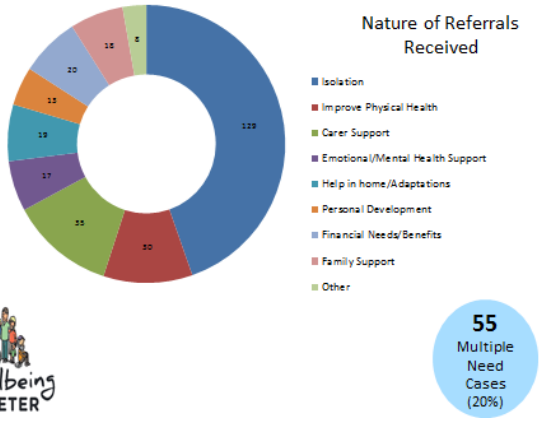
pilot is agreed with Dr John Fox from St Thomas Practice. TCA funds Dr Fox to lead the project. SWAHSN appoint Plymouth University as evaluation partner. TCA funds evaluation. 2 other practices join the pilot testing our different models. 511 referrals come into the pilot over 15 months. Simultaneously discussion take place with local community groups/leaders to consider what community resilience means. Exeter City Council invites Cormac Russell to facilitate a conversation about ABCD . Partners are inspired to consider how this could be taken forward in the City. TCA funds further support from Cormac Russell.	the pilot and develop the collaborative with delivery partners. TCA funding granted to DCF. Wellbeing Exeter is born to test out a pioneering approach to social prescribing, in combination with ABCD to provide firm foundations to enable individuals and communities to improve and promote their own health and wellbeing. DCF appoints delivery partners and negotiates terms. Delivery network commences for both social prescribing and community building A1 GP practices plus original pilot practices sign up as partners to the delivery collaboration. DCC Peer Review highlights approach as best practice.	model agreed with delivery partners and GPs. Mid-term review and qualitative evaluation very positive. External investors show interest. Information governance issues resolved May 2017 allowing for quantitative analysis on service usage using pathway costing methodologies (linked to B) to be prepared for June 2017 Recommendations being discussed in May/June 2017 on: extending pilot until March 2018 and bridge funding for further 2 years.

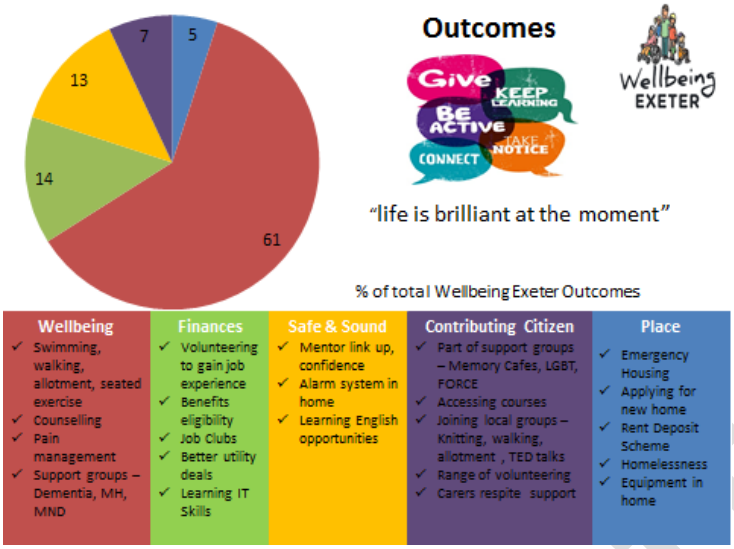
An extract from the draft Wellbeing Exeter qualitative evaluation report

"The qualitative evaluation data suggests that Wellbeing Exeter is successfully delivering the type of support that is highly needed, yet unavailable for patients within primary care. Through signposting and one-on-work, Wellbeing Exeter is helping people to improve their mental wellbeing, reduce loneliness, re-engage with their community and manage their own health".

- Community Connectors' signpost clients to a range of services within the community tailored to their individual needs.
- Community Connectors' approach to supporting clients and the continuity of care they offer helps clients to feel ready and make the first steps towards positive change.
- Clients' narratives exhibits improvements to their mental wellbeing being, social engagement and displays a growing sense of empowerment to begin to self-manage their own health and wellbeing.







4.0 Key Learning

It is important to recognise that, since the commencement of the ICE Delivery Plan in June 2015, there has been significant turbulence in the wider system such as the NHS Success Regime (SR), Devolution (Devo) agenda in local government and more recently the Devon Sustainability and Transformation Plan (STP). Within this context the programme is still in place and key people are "all still in the room" which demonstrates that individuals have been agile and adaptive to external factors and have used the experience of ICE to influence the SR, STP & Devo discussions. We also recognise that nature of organisations and individuals involvement has changed over time which had led to some conflicts as well as benefits. The approach taken to "light" programme management and an embedded matrix delivery model has worked well and has sustained projects during "dark days". The open approach to governance has enabled us to experiment, fail quickly yet safely and deliver on many of the intended outcomes. Access to development funds through the TCA grant has been essential.

The two years of the ICE delivery programme and our focus on evaluation have highlighted some significant learning points for future collaborative working. Many of these points are set out in the formal Strategic Added Value Review conducted by SERIO (Plymouth University) and published in April 2017: the Executive Summary can be found in Appendix 1.

In Summary the key learning points to take forward into future work are:

In Year one:

- **Pace:** *everything* has taken much longer than we expected
- **Complexity and fragmentation:** we have had to involve a ***lot*** of people to get anything done
- **Time & money:** capacity of very busy people to lead the change process and different attitudes to risk have hampered progress
- **Project fatigue:** has made it difficult to engage some "seen it all before.."
- **Perspective:** no single version of the truth so hard to keep focussed on "what" problem we are trying to resolve
- **Unaligned behaviours** resulting in decisions made at strategic level not reflected through the system

In Year two:

There is a clearer understanding at a senior, strategic level of the importance of rejecting heroic leadership in favour of more ***collaborative, system leadership***. It takes time to build relationships and really get to grips with others perspectives and we can only go at the speed of trust. Collaborative approaches require leaders to shift mind-set beyond their own organisational boundaries and deliver without being in direct control of resources. Succeeding in these environments requires a far more sophisticated repertoire of leadership behaviours and a more versatile style than ever before.

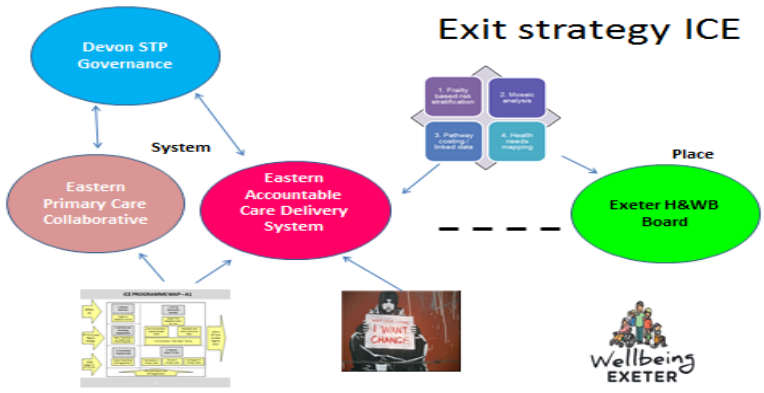
However we found this hard to disperse into our organisations and at times this limited the initial impact of service delivery projects e.g. D2A & Integrated Team for Homeless. This emphasises the need for organisations to become more fluid and supportive rather than silo-ed and controlling, yet we have seen that in the "dark days" there is a strong pull into the familiar command and control. However we have planted some quality seedlings through the project work within the delivery programmes; with the eventual resolution of the information governance issues underpinning the data sharing across the system as one good example.

The role of ***place*** in public services needs to be much more recognised: people have a strong loyalty to the neighbourhoods and towns/cities in which they live and work. The ICE Risk Stratification Tool is a potential game changer in how the "system" views needs in the context of population health & wellbeing. Wellbeing Exeter has shown us that place based approaches have real potential bringing ***new insights*** – there is another way of delivering public services. Recognition that there are ***new suppliers/resources*** – people themselves, neighbours, the community, 3rd sector.

The concept of from **"what's the matter with you to what matters to you"** as a vision is gaining momentum and this is most evident in our Wellbeing Exeter Pilot with GPs responding to the underlying needs of medical presentation through social prescribing and the delivery partners working alongside people through coaching and mentoring. This philosophy has also underpinned the design of the new operating model for street homeless provision which will be tested out during 2017.

5.0 Next Steps

The ICE project is due to come to a close in December 2017 and exit strategies are currently in the process of being deployed. It is anticipated that components of each of the 4 programme areas will be embedded into businesses usual. The starting point for planning is set out in the diagram below and firm decisions are expected to have been made by the end of July 2017.



6.0 Appendix One Executive Summary: Integrated Care Exeter: A Strategic Added Value Review March 2017: SERIO: Research and Innovation, Plymouth University

Commissioned by: South West Academic Health Science Network on behalf of Integrated Care Exeter Executive Team

Despite early challenges, the research identified a high level of consensus on the value and impact of the ICE programme, not just on the packages of work but on the wider working of services and on the individuals themselves. Interviewees highlighted the following impacts:

- A shift in thinking amongst those at the highest levels in each organisation with movement towards a new person-centred model of care, where the focus is on the individual
- Increased understanding and acceptance that a collaborative systems approach was necessary going forward, as the issues being faced were beyond the scope of any individual organisation
- Advanced levels of trust across partner organisations, paving the way for more productive collaborative working
- A broadening of stakeholders' scope and understanding of the wider system resulting from the space and capacity to come together
- Heightened levels of organisational empathy driven by increased understanding of the challenges faced by co-collaborators
- Increased confidence in having robust, challenging conversations in terms of delivery methods and actions
- More actively exploring new and innovative modes of working
- A desire to take the learning from ICE and use it to enhance their own organisations way of working.
- The approach of ICE starting to move into the wider system e.g. GPs referring to themselves as ICE GPs.

There were some early challenges evident in taking the ICE approach forward. These included

- The distribution of power and allocation of programme roles; reaching consensus on when it was appropriate to take the lead or take a step back
- Operating an inclusive partnership, managing engagement and ensuring appropriate partner representation, whilst acknowledging it would not be possible to have all potential parties involved
- The considerable time investment required to build trust and reciprocity across partner organisations
- A degree of cynicism from those external to ICE
- Finding a common language which was accepted and understood by stakeholders from different areas of work, and reaching a shared understanding of objectives
- Agreement and decision making on the mobilisation of financial resources

Finally, stakeholders identified a number of on-going challenges as the programme moves into the delivery phase:

- Embedding the ICE values, making them systemic and permanent
- Continuing to reach consensus around resource allocation
- Sustained stakeholder engagement alongside the pressures of delivering 'business as usual' within their own organisations
- Accelerating delivery progression down to front line services, where stakeholders can gather tangible impact and cultural change evidence

- The need for continued financial investment and further strategic leadership to propel the delivery phase
- Adopting a place-based approach with regards to the wider roll out of ICE, delivering a toolkit with ICE principles intact which can be tailored locally
- Disseminating ICE more broadly in order to share stakeholders' learning across the wider system, and ensure that important lessons are acted upon

Health and Wellbeing Board
8 June 2017

BETTER CARE FUND
2016/17 FOURTH QUARTER RETURN AND PERFORMANCE REPORTING

Recommendation: That the Board note this report.

1. Introduction

The Health and Wellbeing Board is required to consider the high level metrics that are contained in the agreed Better Care Fund Plan. This is normally done through the monthly performance reports, which are received by the Joint Commissioning Coordinating Group (JCCG) and the BCF finance group monthly.

On a quarterly basis the Health and Wellbeing Board is also required to formally endorse the template supplied by the central Better Care Fund Programme support team.

2. BCF 2016/17 Fourth Quarter Return

The BCF 2016 /17 fourth Quarter Return was submitted on 31st May 2017 and this paper provides an overview and summary of that return.

3. Performance Summary

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

Fig 1. Performance against National Conditions

1) Plans to be jointly agreed	Yes
2) Maintain provision of social care services	Yes
3) In respect of 7 day services – please confirm i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes

4) In respect of Data Sharing - please confirm i) Is the NHS Number being used as the consistent identifier for health and social care services? ii) Are you pursuing Open APIs (ie system that speak to each other)? iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance? iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes

4. Outcome measures

Agreement on local action plan to reduce delayed transfers of care

The level of delayed transfers of care continues to be in excess of the same period in 2015-16. This remains a particular issue in the Royal Devon and Exeter hospital. It should be noted that improvement has been made in recent months in line with the agreed trajectory. There is a comprehensive plan in place to reduce delays and this will be a particular focus for 2017/18.

Non-elective admissions

Non-elective admissions are slightly above the levels reported in the previous year. The has been a high number of A&E attendances but work is ongoing to ensure this does not convert into high numbers of non-elective admissions

The BCF schemes that are focused on reduction of non-elective admissions are developed, implemented and monitored via the A&E Delivery Boards. This is in addition to further investment in Rapid Response in 2015/16 and close monitoring of outcomes to inform future intentions.

Local metric - dementia

We monitor our support for people with dementia, but instead of monitoring diagnosis rates (which continue to be monitored elsewhere), we now measure the length of stay for people with dementia who are admitted to hospital. Length of stay for

patients with dementia has remained stable in 16/17 but there has been a slight increase in the number of emergency admissions. There is a comprehensive, multi-agency 10 point dementia plan in place, based on best practice and national direction.

Permanent admissions to residential and nursing care homes
Out target for 2016/17 was 514.6 admissions per 100,000 population (aged 65 and over). Current performance has slipped and now stands at 530.9 per 100,000 population (aged 65 and over). However, performance is still ahead of 2015-16 comparators.

Effectiveness of re-ablement services
Our reablement services are effective for around 87% of older people who were in receipt of these services in Devon, above our target of 81.5%. This is significantly higher than the South West (84%), our local authority comparator group (82.8%) and England (82.1%).

5. Year end feedback

As this is the final submission for 2016/17, we are required to provide feedback on our performance throughout the year.

Statement	Comments
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Joint health and social care teams have continued to develop and innovate services. Vertical Integration of Acute and Community providers in Eastern Devon has assisted in furthering whole system working.
2. Our BCF schemes were implemented as planned in 2016/17	Plans for 2016/7 were delivered as set out in the planning document. Some schemes under-utilised resources which were then released for increased discharge work during the winter period.
3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality	The teams have continued to work in an integrated manner to deliver seamless health and social care. Introduction of a single point of access within the acute trust will further facilitate joint working.
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions	The Rapid Response teams have helped maintain people within their own homes. This in turn has had a positive impact on the level of potential NEL admissions.
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care	DTOC has reduced across the system this year with trajectories in place to get levels further reduced. Due to bed reductions, the proportionate level of DTOC may have a temporary increase, however, the system remains focussed on absolute levels of DTOC.

6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Improvements in the discharge to assess, domiciliary care provision and rapid response/social care reablement teams have helped to maintain patients within their own homes for longer periods of time.
7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	System wide initiatives, both within and additional to the Better Care Fund, are seeing a culture shift to one of promoting independence and reducing reliance on bed-based care. This includes improved personal care provision, and the joining up of rapid response and reablement teams.

6. Better Care Fund Plan 2017-19

At the time of writing, the formal planning guidance for the Better Care Fund for 2017-19 had not been published, and is unlikely to be released until after the General Election.

Tim Golby
Devon County Council
Rob Sainsbury
NEW Devon CCG
Simon Tapley
South Devon and Torbay CCG

Electoral Divisions: All

Chief Officer: Adult Care and Health: Jennie Stephens
Cabinet Member: Cllr Leadbetter – Adult Social Care and Health

Contact for Enquiries: Solveig Sansom, Senior Manager (Older People), Adult Commissioning and Health solveig.sansom@devon.gov.uk

CS1719
Health and Wellbeing Board
8 June 2017

NEW CHILDRENS PARTNERSHIP ARRANGEMENTS
Report of the Chief Officer for Children's Services

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

Recommendation*:* that the Board notes the new children's partnership arrangements and considers any potential synergies between the work programme of Health and Wellbeing Board and the children's delivery plan.

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

Background/Introduction

In May 2016 the government published the Wood Review of Local Safeguarding Children Boards (LSCB). The review recognised some of the challenges and limitations of LSCBs and made a series of recommendations to transform children's partnership working. The recommendations were all accepted by government and enacted through the Children and Social Work (CSW) Act which was granted Royal Assent on the 27th April 2017. Detailed revisions to existing national guidance and regulation in order to implement the CSW Act will follow.

In Devon we have decided to become early adopters of the Wood review.

Devon's existing children's partnership structures – the Devon Safeguarding Children Board (DSCB) and the Children, Young People and Families Alliance (the Alliance) - have been reviewed and a new streamlined partnership structure has been developed. The restructure seeks to strengthen partnership working in Devon, address the weaknesses identified locally and nationally and to do away with overlapping structures by merging the functions of the DSCB and the Alliance. The new structure incorporates the statutory requirements for Devon to have an LSCB.

Partners are taking the proposed changes through their respective governance systems. DCC has recommended to Cabinet that DCC's statutory safeguarding arrangements are discharged through the new arrangements.

The changes capture both the spirit and the detail of the Wood Review and its recommendations. The main changes include;

- Assign stronger leadership responsibility to three key partners, health, police and local authority. Responsibility previously has rested with the local authority.
~~~~~~~~~~~~~~~~~~~~

- Separate more clearly the coordination and monitoring functions of LSCB and deploy the role of the independent chair purposefully in monitoring and quality assurance, locating the coordinating function with the statutory Director of Children's Services
- Locate responsibility for all children within the partnership, balancing well-being (universal), safeguarding (targeted) and protection (specialist).

The new partnership, which will be called ***The Devon Children and Families Partnership***, will be operational from 1st July 2017. The partnership executive will have its first meeting on 19th July 2017. A new Children Plan will be developed during the course of 2017 to set the priorities for the new partnership. In the interim a one year delivery plan has been adopted by the partnership (see Appendix 1).

Conclusions

Stronger and more effective partnership improves outcomes for children and will provide evidence to support the judgement that leadership and governance of children's services in Devon is good.

JO OLSSON
Chief Officer for Children's Services

Appendix 1

Delivery Plan for Devon's Children's Services

March 2017- 2018

1. INTRODUCTION

1.1 The future of Devon rests with its children and young people. Devon's future prosperity, success and ultimate sustainability depends upon the education, health and wellbeing of our children and young people today. Children, young people and families are therefore at the heart of the ambitions of the Devon Children and Families Partnership[1]. It is only by working together effectively that we can realise the potential of our children and young people and build a sustainable future for Devon.

1.2 We have high ambitions for our children and young people and high expectations of schools, colleges, settings and services. We want all children in Devon to have the best start in life and, as they grow into young adults, we want them to have good routes into education, employment and apprenticeships that enable them to stay in Devon and lead fulfilling and happy lives. Our principal focus is always on the child.

1.3 The purpose of this document is to outline the delivery plan for Children's Services in Devon 2017-2020. The delivery plan details how the strategic vision set out in My Life, My Journey will be operationalised in Devon. The delivery plan also underpins the "Children and Young People" priority in the Wider Devon Sustainability and Transformation Plan (STP) and the "Preventing and Deterring Crime" priority along with

[1] "The Devon Children and Families Partnership" is the name for the new children's partnership structure in Devon that follows the merge of the functions of the Devon Safeguarding Children Board (DSCB) and the Children, Young People and Families Alliance.

the “Protecting People who are at risk of abuse or who are vulnerable” priority in the Police and Crime Plan 2017-20 for Devon, Cornwall and the Isles of Scilly.

1.4 The My Life, My Journey strategy will be revisited in late 2017 with a view to update the strategy by mid-2018. The delivery plan and the revised strategy is the responsibility of the Devon Children and Families Partnership.

2. THE CASE FOR CHANGE

2.1 Devon must find a new way to deliver children’s services. The need for children’s services has increased significantly as has the complexity of need. Simultaneously the resources available to meet need have reduced significantly.

2.2 We must change the way we do things in order that we can continue to meet the needs of children and families in our communities effectively and sustainably. We do not intend to lower our aspirations. We intend to deploy the very significant resources we have at our disposal purposefully to maximise the impact we are able to achieve.

2.3 We want children, young people and families in Devon to experience professionals who are working with them to find solutions that build on their strengths and that deliver the best outcome for the individual child, young person and family. We want children, young people and families to experience professionals that intervene when needed, before problems have escalated and crisis has set in. We want to move away from episodic care to a responsive, committed model that focuses on getting the right outcomes for individual children and young people. Through this delivery plan we are setting the direction of travel for all work with children, young people and families in Devon and thereby ensuring that the whole system, seamlessly, is pulling in the same direction.

2.4 There are five key shifts we need to make. The first of these is moving to **asset or strengths-based practice**. For too long we have been focused on what people can't do, not on what they can. We have had a paternalistic approach that assumes experts know best and which has been over-focused on risk, without sufficient attention to strengths and assets. As a partnership we are committed to implement the RESILIENCE FRAMEWORK into all our work with children, young people and families[2].

2.5 A strategic approach to community engagement is being developed alongside this delivery plan. This aims to help communities build stronger relationships, and become more empowered and resilient.

2.6 The second key shift is **a strengthening of our Early Help system** in Devon. Our current system is out of balance. Too many children come into the children's statutory system and specialist services (such as CAMHS). We see this in Social Care, in Special Educational Needs and in CAMHS. There is good evidence to show that it is detrimental for families to be escalated into a statutory system when they don't need to be.

2.7 Strengthening Early Help will result in more children, young people and families being supported at an earlier stage and consequently a reduction in children that are escalated into statutory and specialist services. For this to happen higher levels of complexity, risk and need will be managed within the universal and targeted parts of the system than is currently the case. This demands that we better deploy specialist services to support and build capacity in targeted and universal services Our commitment to strengthening Early Help extends the first objective of the Early Help Strategy 2013.

'*The overall aim of Early Help is to build resilient families who are able to find their own solutions to challenges and create a happy, healthy home'* is extended to include *'and to prevent unnecessary escalation into statutory service'*

[2] See hyperlink and http://www.boingboing.org.uk/ for further information re. the Resilience model.

2.8 In order to achieve this, we have to THINK FAMILY and understand that the key to the child achieving good outcomes is very often held by the parents (the younger the child, the more that this is so) and it is only by working in partnership with parents that we can lever change for children.

2.9 Our Early Help system is described in the Child Journey and is principle-based.

2.10 The third key shift that needs to happen in Devon is **a locality based model** with integrated systems and services rooted in the community. When needed, we want expert resources available where the family is, joining the team of professionals around the family and child. In this way we intend to build capacity, competence and confidence. As a partnership we have agreed[3] that local partnership working is at the core of a strong and effective children's services system. Devon County Council (DCC) is taking steps to restructure our services around 4 locality footprints. Partners are committed to aligning service planning and delivery to the Local Authority boundaries wherever possible.

2.11 The fourth shift that needs to happen is **an integration of systems and services.** We want our whole system to be joined-up and we want services and functions to be delivered by co-located, or virtually co-located, locality-based teams who take a whole systems approach. This is particularly important for children and young people (and their families), who have special educational needs and/or are disabled. We want children and their families to be able to access support that responds to their specific situation rather than them battling the boundaries of separate services that address their issues partially and in a piecemeal fashion. We don't want children and their families to experience that the different parts of the system they interact with are unable to communicate and cooperate. Concretely this will mean that functions currently

[3] Devon Children, Young People and Families Alliance Executive meeting on the 19th July 2016

delivered by Babcock, Virgin Care Limited and other providers as well as DCC and other statutory partners will in future be integrated and delivered through locality based teams and partnerships.

2.12 The final key shift is **bespoke and personalised services**. We want services to be responsive, flexible and agile. This means that services will be less shaped by specifications and traditional professional demarcations and more by family needs. We want Devon children and families to experience that services are co-produced with them and creative solutions are sought to fit their particular situation. Where appropriate this will mean using individual budgets to fit the particular situation and background of children, young people and their families.

2.13 These key shifts build upon the Partnership Principles. They reflect deep cultural change and a transformational approach to service delivery and outcomes for children; marginal improvements will not be sufficient to achieve our ambitions.

2.14 The key shifts are designed to enable us to deliver services in a responsive and flexible way that ensures no child falls through the gaps that have historically existed between different organisations and defined service areas. We intend to empower our workforce to work with families to get the right outcomes by doing the right things.

3. CONTEXT

3.1 There are approximately 160.000 children and young people in Devon and this is set to rise to 171.000 by 2037. On average Devon children and young people are doing well when measured against national benchmarks such as physical health, exam grades and crime levels. However, this average masks inequalities that some children and young people in Devon live with. Many do not enjoy the high quality of life for which the county is renowned; parts of the county experience much higher rates of poverty and ill health than others. Rates of anxiety and

depression and self-harm are high compared to the national average, and some children are at risk of harm or neglect[4]. Many young people do not see a prosperous future ahead of them in Devon and feel that their access to good jobs, public transport and affordable housing is limited[5].

3.2 Childhood experiences lay the foundations for later life. Growing up in poverty can damage physical, cognitive, social and emotional development. The impact of child poverty is increasingly well researched with evidence pointing to increased child mortality, low birth weights, child accidental deaths, teenage pregnancy, poor housing conditions, lower educational attendance and attainment and youth suicide. Approximately 14% of the local authority's children are living in poverty, and the proportion of children entitled to free school meals is as follows:

- in primary schools, 13% (the national average is 15.2%)
- in secondary schools, 12% (the national average is 14.1%).

3.3 Children and young people from minority ethnic groups account for 7% of all children living in the area, compared with 30% in the country as a whole. The two largest minority ethnic groups in the area are Any Other White Background and mixed ethnicity (White and Asian). The proportion of children and young people with English as an additional language:

- in primary schools is 4% (the national average is 20%)
- in secondary schools is 3% (the national average is 16%)[6].

4 "My Life, My Plan" Children's Alliance Plan 2015-2020
5 The Community Insight Survey 2015
6 Data sources; Child Poverty: HMRC 2014 – snapshot as at 31 August 2014 – 152 Local Authorities in England; FSM – local data from Autumn 2016 School Census (Oct 16), national data DfE SFR20_2016 Schools, Pupils and their Characteristics: January 2016 (national data - primary schools includes nursery schools) andEthnicity and First Language – DfE SFR20_2016 Schools, Pupils and their Characteristics: January 2016

3.4 In addition Devon's coastal areas and agricultural areas have transient populations due to seasonal work. There are a significant number of children from other authorities who are looked after in Devon[7].

3.5 We are committed to **promoting equality and to closing the gaps in outcomes** for vulnerable children. In particular we want to ensure that our children in care, care leavers, disabled children, those experiencing domestic abuse or substance abuse, children and young people who are lesbian, gay, bisexual, transgender and questioning (LGBTQ), black or minority ethnic (BME) children, children of lone parents, teenage mothers and pregnant teenagers and children from low income backgrounds experience equality of opportunity. We intend to promote equality by making our services fit the particular situation and background of the children and young people we work with and by recognising diversity, barriers and inequality as a whole system.

3.6 The priorities identified in section 6 of this document are based on the full population analysis in the JSNA Devon Overview Report 2016, workshops and partnership meetings that have taken placed in Devon over the last 12 months, as well as numerous consultations and conversations with children, young people and parents/carers.

4. THE POLITICAL CONTEXT

4.1 The national political context for children's work is one of change and uncertainty. All statutory partners working with children are faced with significant change to the legislative framework they operate within, including:

* Major reform of the statutory framework for education with significant implications for schools and local authorities,

[7] Ofsted Inspection report 2015

- Major structural change of the local health and care landscape being implemented through Sustainability and Transformation Plans (STP),
- An anticipated restructure of the local duty to corporate with clear leadership responsibilities assigned to the Police, Local Authority and Health (Wood's Review).
- Children's Social Care reforms that will have implication for how children's social services are delivered in the future.
- SEND reforms
- Significant resource constraints

4.2 Uncertainty also surrounds the future of major agendas such as devolution, benefit reform, the apprenticeship scheme and continued fiscal restraint. Added to this is the uncertainty brought on by the UK referendum on EU membership. These moving agendas will have implications for the context within which Children's Services are delivered at a local level.

4.3 A new Council administration will be elected in May 2017. All political parties have been consulted in the development of this delivery plan.

5. GOVERNANCE

5.1 Devon is an early adopter of the reforms to partnership proposed in the Wood Review of Local Safeguarding Children Boards (LSCB). Devon has a Children and Familes Partnership responsible for delivering the children's services outlined in this delivery plan which includes the coordinating functions of a Local Safeguarding Children Board (LSCB). The Partnership has an independent Quality Assurance function which incorporates the monitoring functions of LSCB.

5.2 The Devon Children and Families Partnership consists of a central Commissioning Executive that drives forward the delivery of this strategy, an Expert Reference System (including Experts by Experience) that will set the yearly priorities for the partnership and an independent Quality Assurance function that will scrutinise the delivery of services at the frontline to test the impact on outcomes and the experience of children and families. The independent chair of LSCB will lead the Quality Assurance function and co-chair the Executive.

The Commissioning Executive, the Expert Reference System and the Quality Assurance function are founded on a strong locality structure organised into the following 4 locality footprints:

- Northern Devon (North Devon & Torridge)
- East/Mid Devon
- Exeter
- Southern Devon (Teignbridge/West Devon & South Hams)

The partnership will continuously be sense-checked against the lived experiences of Devon children, young people, their families and carers who will give their views through an Expert by Experience structure.

5.3 Geographical boundaries within the partnership are not coterminous. The local authority is establishing 4 locality footprints that are coterminous with district councils in order to better align with housing and Community Safety Partnerships. This will work well for primary schools which tend to serve local communities but be more complicated for secondary schools and Multi Academy Trust arrangements can add further complexity. Health boundaries have historically been aligned around GP practices and acute hospital catchment populations, while the Police are organised across a much larger footprint spanning four Local Authorities in the South West. Partners are committed to aligning service planning and delivery to the Local Authority boundaries wherever possible.

5.4 We are early adopters of the Wood's review and through the Devon Children and Families Partnership we are implementing the greater flexibility given to local areas to streamline partnership working and to do away with overlapping structures.

5.5 The three key partners, the Local Authority, the Police and Health, are identified in the Wood's review to drive multi-agency arrangements across the three domains of **well-being, safeguarding and protection**. We have identified priorities for each of these domains and outlined the actions that need to be taken in order to achieve these priorities. Families don't sit neatly or separately under our administrative domain headings of well-being, safeguarding and protection. The system has to be dynamic and responsive if it is to avoid the pitfalls of silo'ed working.

6. PRIORITIES

6.1 This delivery plan does not set out everything that all partners will do during 2017/18. Its purpose is to sharpen the focus and drive the improvement in order to deliver good children's services in Devon[8]. Good children's services are characterised by systemic coherence where strong and effective partners deploy their resources and capacity together to best meet the complex needs of families, targeting as required to achieve the greatest impact for the kinds of vulnerabilities families have and the kinds of challenges they face.

6.2 Health are the lead agency in relation to **wellbeing** which covers all aspects of physical, emotional and sexual health as well as education and captures public health as well as health service delivery. In Devon we have set the following priorities for wellbeing:

6.2.1 A good school for every Devon child, and every child ready for school

Devon already has a very high percentage of children attending a good or outstanding school or early years setting and Devon children achieve a good level of development pre-school and achieve well in primary and secondary school. Very successful strategies have

[8] Ofsted, CQC and HMIC are charged with assessing the quality of children's services.

been embedded to achieve this. However, there are groups of children, whose needs are less well met, pre-school and in school; these are often children with emotional, behavioural, social and/or communication difficulties. These groups of children will be our priority in this plan, this is captured in the actions related to special educational needs and disabilities (SEND) see below. We intend to build upon the excellent initiatives already in place to strengthen our response to those children who are not necessarily thriving in schools, **electively home educated children, those with anxiety-based school avoidance and those excluded or at risk of exclusion.** The actions will be set out in the Babcock annual delivery plan for 2017/18 and are not reproduced here.

Partnership Lead: Beverley Dubash, Babcock International

6.2.2 Achieve good outcomes for children and young people with SEND

A SEND peer review in November 2016 confirmed our self-assessment. There is some outstanding and innovative frontline practice in settings, schools and services but the whole system is not sufficiently joined up. We have the SEND Improvement Board in place and our SEND strategy is out for consultation. **We will implement the SEND Improvement Plan** where actions are set out and they are not reproduced here.

Partnership Lead: Julia Foster, DCC SEND Strategy Manager

6.2.3 Promoting the health and wellbeing of children, young people and families and reducing inequalities in health.

The health outcomes for children, young people and families within Devon have improved greatly over the past 20 years, with reductions in alcohol and smoking rates in young people and an increase in fruit and vegetable consumption. However levels of obesity and excess weight and physical activity have been more stubborn and remain relatively fixed over recent years. More needs to be done to address the health inequalities which are still apparent with lower levels of breastfeeding and higher levels of smoking, including

smoking in pregnancy, obesity and poor diets in more deprived areas. Giving every child the best start in life is crucial to reducing health inequalities across the life course. Ensuring preventative programmes and early intervention for pregnant women, babies, children, young people and families is a priority.

The better alignment of services that are core to the Early Help system, public health nursing, children's centres, early years settings and schools will be achieved through the **re-commissioning of children's centres and public health nursing services.** The actions are set out in the service plan for Early Years and Child Care and in the delivery plans for Public Health.

Partnership Leads: Claire Rockliffe, DCC Senior Manager Early Years and Childcare Service & Becky Applewood, DCC Public Health.

A key focus of activity for the partnership is the **re-commissioning of child health services for children with additional needs and for CAMHS.** The Procurement Board, under the direction of the Joint Commissioning Board, has developed and will implement the project plan.

Partnership Leads: Simon Tapley, Chief Operating Officer/ Dep. Chief Officer, South Devon and Torbay CCG, Caroline Dawe, Deputy Chief Operating Officer, North and East PDU & Fiona Fleming, DCC Commissioning Manager Children and Families

Identifying and meeting the health needs of children in care remains a priority and an area where accelerated improvement is still needed. Actions related to children in care are captured in the Children's Social Care Improvement Plan.

Partnership Lead: Vivien Lines, DCC Head of Children's Social Care

6.2.4 Significant improvement in the emotional health and wellbeing of children and young people

Nationally, a third of children and young people are reporting symptoms of anxiety and/or depression. Around one in 10 children in Devon has a mental health disorder but only a small proportion are in contact with mental health services. The rate of self-harm admissions for 10 to 24 years olds is higher than for similar local authorities and is much higher in deprived areas of the County.

Devon has put in place Early Help for Mental Health with universal on-line access for children and young people and targeted face to face services. Good progress has been made to strengthen access to specialist CAMHS and to implement an assertive outreach approach to prevent acute admissions. The Police and Crime Commissioner is seeking the further development of services to help children and young people who are the victims of serious crime to overcome trauma through the provision of timely therapeutic care. A more innovative response to the needs of children coming into care has been developed and will be fully implemented in 2017/18.

The Partnership has committed itself to **implementing a Resilience Framework** across Children's Services. The South Devon and Torbay CCG will lead this piece of work. The CCG's delivery plans for 17/18 will include relevant actions.

Partnership Lead: Louise Arrows, South Devon and Torbay CCG.

We have identified three priority areas for system re-design in 17/18; **short breaks for disabled children, a better response to children with communication, speech and language needs and for those with neuro-developmental needs, autistic spectrum conditions.** The actions for these priorities are captured in the project plans of the Strategic Partnership Forum (SPF). SPF developments read across into the SEND Improvement Board.

Partnership Leads: Fiona Fleming, DCC Commissioning Manager Children and Families, Marian Martin, DCC Senior Manager & Sharon Matson, NEW Devon CCG.

6.3 Police are the lead agency for **safeguarding** which covers domestic and sexual violence, youth violence, gangs and extremism-radicalisation. Safeguarding also includes initiatives designed to prevent poor outcomes for vulnerable groups of children and young people. Early Help is at the heart of safeguarding, preventing escalation into statutory service and ensuring all children have the best possible opportunity to achieve optimal outcomes. In Devon we have set the following priorities for safeguarding:

6.3.1 Strengthen Early Help practice in universal and targeted services

Our position as reported in the 2015 Ofsted report was not strong and evidence suggests it has further deteriorated. We will not achieve good children's services without a good and effective multi-agency Early Help offer to children and families. Accelerated improvement is required. **The review of MASH, Early Help triage and the Virgin Single Point of Access (SPA)** that we will undertake in 2017/18 is designed to make the system work for families rather than for professionals and organisations. Plans for this area are set out in the Improvement Plan for Children's Social Care.

Partnership Leads: Vivien Lines, DCC Head of Children's Social Care, Andrea Morris, DCC Senior Manager, DCC Locality Director with lead responsibility for Early Help.

Improved data sharing and information sharing governance and protocols are required so that practice in Devon matches that of the best Local Authorities is a priority. **Actions for this area are still to be developed and will be picked up in the social care improvement plan. Developing Early Help practitioners' competence and confidence** is a key strand in our workforce development plan.

Partnership Leads: Dawn Stabb, DCC Head of Education and Learning, Vivien Lines, DCC Head of Children's Social Care, & DCC Locality Director with lead responsibility for Early Help.

Early identification of **vulnerable children and young people who are at risk of going missing** is a key area of focus. A piece of work is taking place to ensure a common and clear understanding of the issue and drivers for people, in particular children who go missing , and the support services, prevention and help needed for vulnerable people. A strategy is being developed and implemented to reduce the levels of vulnerable missing children and to ensure that the children's system becomes better at managing the risk of these children and young people without unnecessary escalation to statutory services.

Partnership Lead: Jim Gale, Partnership Superintendent, Devon and Cornwall Police

6.3.2 End domestic violence and sexual abuse

Domestic violence and abuse affects many families in Devon. Children and young people were present in 36% of incidents reported to police in 2013-14. The consequences can be profoundly harmful for children and this issue alone drives a huge amount of activity in all public services. Risks of harm to children are compounded when domestic violence is accompanied by mental ill-health and or alcohol/substance misuse and/or parental learning difficulties. This is often referred to as inter-sectionality. Survivors of childhood sexual abuse intra or extra-familial, are over-represented in homelessness, incarceration, mental health services, drug and alcohol services, domestic violence and so improving the quality of our response to **Child sexual abuse and child sexual exploitation remain priorities for 17/18.** Actions are captured in the CSA and CSE sub-groups and in the social care improvement plan.

Partnership Leads: Vivien Lines, DCC Head of Children's Social Care

The Safer Devon Partnership has the overarching responsibility for the implementation of the Domestic and Sexual Violence and Abuse (DSVA) strategy, and it is here that the detail of all actions will be co-ordinated. Children's services will make appropriate contributions to the strategy and associated implementation plan. The **children's workforce will strengthen its responses to children and families experiencing DSVA and develop tools to support practice development.** Actions are captured partly under the broad workforce development heading and in relation to the development of tools, in the Social Care improvement plan.

Partnership Leads: Vivien Lines, DCC Head of Children's Social Care

6.3.3 Ambitious routes into employment, education and training, strengthening transitions so vulnerable young people don't drop out, building a strong and effective apprenticeship offer

A job and a sense of positive prospects offer huge security and resilience for young people. Most young people, with support from their family, friends, school and college will transition successfully into adulthood without any additional help. Vulnerable young people need some scaffolding in place to support that transition and it needs to be in place early enough and with enough consistency to tolerate some missed opportunities and false starts. A strengths-based practice culture that supports independence, choice and control rather than dependence needs to be further developed in Devon. **The development of a strategy for this area will be led by the Head of Education and Learning.**

Partnership Leads: Dawn Stabb, Head of Education and Learning

Transitions for some vulnerable children are captured under SEND and for care leavers are captured in the social care improvement plan reporting to the Corporate Parenting Board.

Partnership Leads: Julia Foster, DCC SEND Strategy Manager & Marian Martin, DCC Senior Manager

Strengths based practice that supports independence choice and control is captured under workforce development.

6.4 The local authority is the lead agency for **protection** which covers all forms of abuse, physical, emotional, sexual and neglect. In Devon we have set the following priorities for protection:

6.4.1 Teenagers at the threshold of care are supported through a multi-agency assertive outreach response

Our response to teenagers in difficulties needs to be further strengthened and this depends upon managing risk and complexity in the community, deploying the expertise of a multi-agency assertive outreach function into the team around the child to achieve the required outcomes ensuring a sustainable support system around the young person and family is in place.

Partnership Leads: Vivien Lines, DCC Head of Children's Social Care, Marian Martin, DCC Senior Manager & DCC Locality Director with lead responsibility for Safeguarding.

This priority also addresses **placement stability for children in care**, where Devon's performance needs to be strengthened. We are too quick to move a child when the going gets tough, and it will often get tough for children in care who often carry the burdens of unresolved trauma derived from childhood abuse and neglect.

Partnership Leads: Vivien Lines, DCC Head of Children's Social Care & DCC Locality Director with lead responsibility for Children in Care.

6.4.2 A strengths based model for child protection conferences has been introduced; this will be fully implemented in 17/18 and embedded thereafter. To be successful the practice model has to be embedded throughout the child protection journey and in all aspects of social work and multi-agency child protection practice.

Partnership Lead: Jean Kelly, DCC Senior Manager

6.4.3 Achieve good outcomes and consistently good practice across Devon for children, young people and families in contact with the Council's children's services (early help, children in need, child protection, children in care and care leavers)

In 2015 Children's Services were judged to require improvement to be good and services for care leavers were judged inadequate. The 2016/17 improvement plan is in place and will be refreshed for 2017/18. A self-assessment has been completed and a mock unannounced inspection has been commissioned. These will provide the platform for the next phase of the improvement journey.

Partnership Lead: Vivien Lines, DCC Head of Children's Social Care

6.5 Workforce Development

The following priorities for multi-agency workforce development have been identified and will inform the planning around workforce development for 2017/18

- Leadership of multi-agency and multi-disciplinary practice, systems and services
- Resilience and strengths based practice (including child protection conferences)
- The principles of personalisation, independence, preparation for adulthood, and excellence in EHCPlanning
- Working with men and a new approach to DVSA
- Risk management; a new approach to working with teenagers

- Managing risk, need and complexity in Early Help
- LGBTQ and Race/Culture awareness

Final version 07.04.2017 as signed off by joint meeting of Alliance and DSCB executive boards on the 21st March 2017.

NHS England

Our Ref: CAS-133609-L9W1M8

Primary Care Support England

PCSE Enquiries, P O Box 350
Darlington DL1 9QN
Email PCSE.marketentry-leeds@nhs.net
Phone 0333 014 2884
Fax 0113 2776912

Devon Health and Wellbeing Board
County Hall
Topsham Road
Exeter
EX2 4QD

12th May 2017

Email: chairman@devonhealthandwellbeing.org.uk

Dear Sir/Madam

Re: Consolidation onto the site at 18 Fore Street, Topsham, Devon EX3 0BN of Norsworthy Ltd already at that site and Norsworth Ltd currently at 3 Fore Street, Topsham, Devon EX3 0HF

We have received the above application, a copy of which is enclosed, and have completed our preliminary checks. We are now notifying interested parties of the application.

Schedule 2, paragraph 19(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) requires the Health and Wellbeing Board to make representations on consolidation applications to NHS England.

Those representations must (in addition to any other matter about which the Health and Wellbeing Board wishes to make representations) indicate whether, if the application were granted, in the opinion of the Health and Wellbeing Board the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services.

The Health and Wellbeing Board's representations should be sent to me at the above address within 45 days of the date of this letter i.e. by 26th June 2017. You should note that any comments submitted will be shared with other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested.

NHS England

Primary Care Support England

We will consider all representations that are received and will arrange an oral hearing to determine the application if we identify a matter on which we wish to hear further evidence

Yours Sincerely

Thomas Rogers
Market Entry Officer
Enc

Date: 8th June 2017

PCSE.marketentry-leeds@nhs.net

Your reference: CAS-133609-L9W1M8

County Hall
Topsham Road
Exeter EX2 4QL

Tel: 01392 386396

email:tina.henry@devon.gov.uk
direct dial: 01392 386383

Dear Market Entry Team,

Re: Consolidation onto the site at 18 Fore Street, Topsham Devon EX3 OBN of Norsworthy Ltd already at the site and Norsworthy Ltd currently at 3 Fore Street, Topsham Devon.

In accordance with the relevant legislation the Devon Health and Wellbeing Board acknowledges the above application and does not wish to make representation. If the application is granted the Devon Health and Wellbeing Board do not believe the proposal would create a gap in pharmaceutical services to meet future demand or impact on improvements or better access to pharmaceutical services and will consider the changes as part of the Statutory Pharmaceutical Needs Assessment.

Yours sincerely

Councillor Andrew Leadbetter
CHAIRMAN DEVON HEALTH AND WELLBEING BOARD

Chief Executive: Phil Norrey

HEALTH AND WELLBEING BOARD – FORWARD PLAN

Date	Matter for Consideration
Thursday 8 June 2017 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (Strong and Supportive Communities Panel…. including issues such as rough sleeping / fuel poverty) **Business / Matters for Decision** Better Care Fund Children's and Young Peoples Strategy / Delivery Plan Integrated Care Exeter JSNA / Strategy Refresh CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 7 September 2017 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (Children, Young People and Families) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates Adults Safeguarding annual report STP – Work Stream / Children and Young People STP Engagement Plan **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 14 December 2017 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates CAMHS refresh Local Transformation Plans **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 8 March 2017 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information

Annual Reporting	Delivering Integrated Care Exeter (ICE) Project – Annual Update (March) Children's Safeguarding annual report (September / November) Adults Safeguarding annual report (December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)
Other Issues	Equality & protected characteristics outcomes framework Winterbourne View (Exception reporting)