

Phil Norrey  
Chief Executive

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

County Hall  
Topsham Road  
Exeter  
Devon  
EX2 4QD

(see below)

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Your ref :  
Our ref :

Date : 3 July 2019  
Please ask for : Stephanie Lewis 01392 382486

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

## **HEALTH AND WELLBEING BOARD**

Thursday, 11th July, 2019

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 Chair
- 2 Appointment of Vice-Chair
- 3 Apologies for Absence
- 4 Minutes (Pages 1 - 10)  
Minutes of the meeting held on 11 April 2019, attached.
- 5 Items Requiring Urgent Attention  
Items which in the opinion of the Chair should be considered at the meeting as matters of urgency.

### **PERFORMANCE AND THEME MONITORING**

- 6 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 11 - 30)  
Report of the Chief Officer for Communities, 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/>

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

- 7 Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2020-25 Update (Pages 31 - 34)  
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2020-25, attached.
- 8 Learning Disability Partnership Board - Update  
Update from the Chair of the Learning Disability Partnership Board.
- 9 NHS Long Term Plan (Pages 35 - 44)  
Report of the Deputy Director of Strategy (NHS Devon CCG), attached.
- 10 CCG updates (Pages 45 - 48)  
An update by the Chair of NHS Devon Clinical Commissioning Group, attached.

### **OTHER MATTERS**

- 11 References from Committees  
NIL
- 12 Scrutiny Work Programme  
In order to prevent duplication, the Board will review the Council's Scrutiny Committee's Work Programmes. The latest round of Scrutiny Committees confirmed their work programmes and the plan can be accessed at;  
<http://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/>
- 13 Forward Plan (Pages 49 - 50)  
To review and agree the Boards Forward Plan.
- 14 Briefing Papers, Updates & Matters for Information
- 15 Dates of Future Meetings  
Please note that dates of future meetings and conferences will be included in the Devon County Council meetings calendar. All will take place at County Hall, unless otherwise stated.  
  
Meetings  
Thursday 10 October 2019 @ 2.15pm  
Thursday 16 January 2020 @ 2.15pm  
Thursday 9 April 2020 @ 2.15pm

<p><i>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.</i></p>
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**Membership**

Dawn Butler (Torbay and South Devon NHS Trust), Suzanne Tracey (Chief Executive, RD&E), Councillor Andrew Leadbetter (Devon County Council) (Chair), Councillor Roger Croad (Devon County Council), Councillor James McInnes (Devon County Council), Councillor Barry Parsons (Devon County Council), Dr Virginia Pearson (Chief Officer for Communities, Public Health, Environment and Prosperity), Jennie Stephens (Chief Officer for Adult Care and Health), Jo Olsson (Chief Officer for Childrens Services), Dr Paul Johnson (Devon Clinical Commissioning Group), Jeremy Mann (Environmental Health Officers Group), Diana Crump (Joint Engagement Forum), David Rogers (Healthwatch Devon), Chief Superintendent Samantha Dereya (Devon Commander - Devon and Cornwall Police), Phillip Mantay (Devon Partnership NHS Trust), Emma Richards (Probation Service) and Councillor Carol Whitton (Devon County Council)

**Declaration of Interests**

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

**Access to Information**

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

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Induction loop system available

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

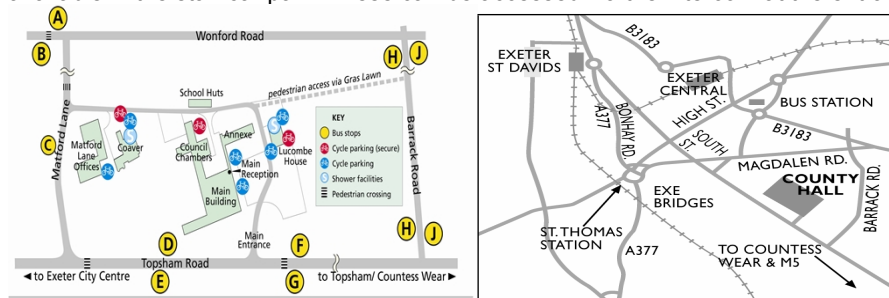
## **Car Sharing**


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**NB**   **Denotes bus stops**

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



## HEALTH AND WELLBEING BOARD

11 April 2019

### Present:-

#### Devon County Council

Councillors A Leadbetter (Chair), J McInnes, B Parsons and P Sanders

Virginia Pearson, Chief Officer for Communities, Public Health, Environment and Prosperity  
Jennie Stephens, Chief Officer for Adult Care and Health  
Dawn Butler, Torbay and South Devon NHS Trust  
Diana Crump, Joint Engagement Forum  
David Rogers, Healthwatch Devon  
Inspector Rob Curtis, Devon and Cornwall Police (Representative)  
Dr Simon Kerr, NHS Devon Clinical Commissioning Group (Representative)

### Apologies:-

Suzanne Tracey, Chief Executive, RD&E  
Jo Olsson, Chief Officer for Childrens Services  
Dr Paul Johnson, South Devon and Torbay CCG  
Councillor Hilary Ackland, Devon County Council  
Chief Superintendent Samantha Dereya, Devon Commander - Devon and Cornwall Police  
Phillip Mantay, Devon Partnership NHS Trust

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### Minutes

**RESOLVED** that the minutes of the meeting held on 13 December 2018 be signed as a correct record.

\* 99

### Items Requiring Urgent Attention

There were no items requiring urgent attention.

\* 100

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

The Board considered 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 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.

- Children in Poverty – Rates of child poverty in Devon (12.5%) were significantly lower compared to England (17.0%) and had been slowly decreasing over the last decade. Local authority districts had not been published for 2016, however previous data had

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shown that there were higher levels of child poverty across many small areas in Devon.

- Excess weight in 4 and 5-year olds – More than 1 in 5 children aged between 4 and 5 years old were either overweight or obese. Rates for Devon (21.3%) remained significantly lower compared to England (22.4%).
- Excess weight in 10 and 11-year olds – More than 1 in 4 children aged between 10 and 11 years old were either overweight or obese. Rates for Devon (27.7%) remain significantly lower compared to England (34.3%).
- Alcohol related admissions – Admissions for alcohol in Devon (604.1 DASR per 100,000) were significantly lower compared to England (632.8 DASR per 100,000). Variability across the districts in Devon was observed with higher rates across areas with increased levels of deprivation.
- Male Life Expectancy Gap – Overall Devon had a male life expectancy gap of 5.6 years which was significantly lower compared to England (9.4 years). Variability across the districts in Devon was observed with higher gaps in districts with higher rates of mortality from preventable causes.
- Female Life Expectancy Gap – Overall Devon had a female life expectancy gap of 4.5 years which was significantly lower compared to England (7.4 years). Variability across the districts in Devon was observed with higher gaps in districts with higher rates of mortality from preventable causes.
- Healthy Life Expectancy (Male) – In Devon, Healthy Life Expectancy for Males was around 66.7 years. This suggested that males in Devon, on average, were living almost 14 years of their life in ill health (Life expectancy at birth for males 80.4 years).
- Healthy Life Expectancy (Female) – In Devon, Healthy Life Expectancy for Females was around 66.3 years. This suggested that females in Devon, on average were living almost 18 years of their life in ill health (Life expectancy at birth for females 84.2 years).
- Self-Reported Wellbeing (Low Happiness Score) – Rates for low happiness in Devon (6.9%) were below England (8.2%) but not statistically different.

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

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

- the disparity of life expectancy rates between North Devon and other parts of Devon and whether there was anything the Council could do to reduce this gap more quickly – it was noted there were many factors that affected a person's life expectancy, including their environment, their health seeking behaviours, interaction with GPs and getting an early diagnosis however the Council was working with Partners to address this issue;
- the number of children in living in poverty had increased and the Board needed to access more up to date data on this issue; and
- partnership work and the need to share valuable information from the Outcomes Report with relevant organisations and look at how we better communicate and share information with relevant partners to help spread messages and important information.

It was **MOVED** by Councillor McInnes, **SECONDED** by J. Stephens and

**RESOLVED** that

- (a) the performance Report be noted and plans to formally update and increase the accessibility of the outcomes report from March 2019 onwards be supported; and
- (b) further work be carried out regarding available information on child poverty in Devon to be reported to a future meeting of the Board.

\* 101

## **Joint Health and Wellbeing Strategy Timeline**

The Board considered a Report from the Chief Officer for Communities, Public Health, Environment and Prosperity on the timeline and principles for updating the current Joint Health and Wellbeing Strategy, covering the period 2016 to 2019, due to be updated during 2019, and how the Board would contribute to this process.

The timeline for the completion of the Joint Health and Wellbeing Strategy was set out below and included the establishment of a draft for consultation by the end of June to be launched at the annual stakeholder conference in July 2019, followed by sign-off of the strategy by the Board in October 2019. This aligned with the timetable for producing the NHS Long-Term Plan for Devon, which was due to be published in October 2019 with detailed engagement planned during the summer.

Date	Activity
May 2019	First draft of strategy circulated to Board Members for comment at the end of May 2019
June 2019	Incorporating feedback from Board Members, a draft for consultation would be produced by the end of June 2019
11 July 2019	Launch of consultation draft at annual stakeholder conference with eight-week consultation period, including Devon County Council 'Have your say' website and direct engagement with relevant groups, bodies and partnerships during July and August.
September 2019	Consultation period ends on 5th of September. Task group of Board Members convenes to consider consultation feedback and update strategy accordingly
10 October 2019	Joint Health and Wellbeing Strategy goes to board for approval
16 January 2020	First board meeting under new strategy and format

At the June 2018 stakeholder conference, table discussions on the strategy provided an opportunity for Board Members, scrutiny members, local authority officers, local NHS representatives, community and voluntary sector representatives and other partners to inform the refresh. Whilst it was felt that the existing strategy's vision and priorities were broadly appropriate, there was a call to shift to plain English and for the document to be written from a community rather than a 'service-led' perspective. Mental health, housing, physical activity, disability, inequalities, rurality, workforce, economic development, and health literacy featured prominently in priority discussions.

Following the Conference, a joint workshop for board and scrutiny members was held in December 2018 to share and discuss the findings, and to refine and agree the principles for the update. The agreed principles were:

- Short document (up to 10 sides in length) with web interface
- Written from community lens in plain English
- A focus on poorer outcomes and challenges
- An emphasis on the wider determinants of health
- Strategic alignment with the STP and other partnerships, including joint priorities, collaboration and reporting arrangements with other partnership boards
- Life course approach
- A five-year strategy from 2020 to 2025

The Board welcomed the agreed principles, in particular the aim to use plain English and make the Strategy more accessible to the public in order to effectively engage with local communities on the Joint Health and Wellbeing Strategy, alongside the consultation around the NHS Long Term Plan.

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

**RESOLVED** that the timeline and principles for the update of the Joint Health and Wellbeing Strategy be agreed and the Board contribute to the development of the new Strategy.

\* **102**      **Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements**

The Board considered a joint Report from the Joint Associate Director of Commissioning, NEW Devon CCG and South Devon and Torbay CCG on the Better Care Fund (BCF), Quarter Return, Performance Report and Performance Summary.

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 Coordinating Commissioning Group through the high level metrics reports and progress overview.

The Report informed Members that the BCF had met each of the four national conditions, as well as confirmation of a s75 pooled budget. It was on track to meet two of the four metrics which included a reduction in the number of non-elective admissions and the proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services. However, targets had not been met for the rate of permanent admissions to residential care per 100,000 (65yrs+); and delayed transfers of care.

Members discussion points included:

- in the last 6 weeks, the figures for the Delayed Transfers of Care had significantly improved and were back on target - this should be seen in the next quarter's performance;
- the need to ensure Carers receive respite and how this may impact on residential care homes - the Board noted the Council had a contract with Westbank that offered Carers an assessment and range of support services;
- how to ensure that those individuals in supported living arrangements are not forgotten and are also engaged with to receive the appropriate level of support and care; and,
- the difficulty in being able to recruit the staff needed to carry out the work, to manage demand better and enable communities to do more for themselves.

**RESOLVED** that the Devon Better Care Fund Q4 Report be noted.

\* **103**      **Devon's Loneliness Campaign Update Report (including risk profiling and heat maps) (Minute \*71 refers)**

The Board considered a Report from the Chief Officer for Communities, Public Health, Environment and Prosperity providing an update on the '12 days, 12 ways to combat loneliness' campaign which ran in December 2018, aimed at raising awareness and supporting community members to identify and address the signs of loneliness.

The campaign featured short films which were promoted through social media to raise awareness of the issue of loneliness over the festive period, reflected in the campaign title '12 days, 12 ways to combat loneliness'. The films were themed around the five ways to wellbeing to highlight ways in which loneliness could be combated through social connection, being active, taking notice, lifelong learning and giving to others. The overall reach of the messages was 791,000, with 178 shares of all videos and 146 likes.

In other developments, Living Options Devon (LOD) launched the 'Time To Talk' project ([www.livingoptions.org/supporthelp/time-talk](http://www.livingoptions.org/supporthelp/time-talk)), which aimed to tackle isolation and loneliness

amongst disabled people and deaf people. The project tackled the problem of isolation and loneliness in Devon, Plymouth and Torbay by providing a variety of services which were funded by the National Lottery Community Fund.

Members discussion points and questions included:

- the excellent campaign carried out by Devon County Council's communication and marketing Team around loneliness in Devon;
- the effectiveness of the short films that were created to reach a large target audience;
- the Campaign signposting people to an adult social care webpage, where different services could be accessed such as Time to Talk, Men in Sheds, MINDS, DCC Show you Care and the Campaign to End Loneliness;
- the risk of loneliness in children and young people, highlighted by a recent Office of National Statistics report which identified 1 in 8 children as being lonely;
- Spare Chair Sunday – a website which allowed families to invite individuals to join them for Sunday lunch to help combat loneliness; and
- intergeneration aspects and the importance of community projects which brought together children and old people.

**RESOLVED** that Devon's Loneliness Campaign update Report be noted and that the Health and Adult Care Scrutiny Committee be invited to assess the effectiveness of the local health and care systems response to loneliness.

\* 104

## **Working Together Protocol for Strategic Partnerships in Devon**

The Board considered a Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on a draft 'working together' protocol, which had been developed by officers supporting strategic partnership boards in Devon to describe working relationships and support collaboration between Boards including the Health and Wellbeing Board, Children and Families Partnership, Safeguarding Adults Board, Safer Devon Partnership and Sustainability and Transformation Partnership. The establishment of a protocol between partnership boards would also support the refresh of the Joint Health and Wellbeing Strategy, which would seek to align Board priorities with other partnerships.

The Partnerships aimed to achieve:

- a reduction in inequalities by targeting and supporting people, groups and areas of greatest need
- an integrated approach to tackling key issues and commissioning services by sharing information and intelligence; for example, contributing to and learning from the Joint Strategic Needs Assessment, the Strategic Assessment of Crime and Disorder in Devon and Organised Crime Local Profiles
- Partnerships working together to develop effective joint approaches and to understand the impact of services on outcomes.
- alignment of annual plans with shared strategic priorities, including safeguarding children, young people and adults
- a co-ordinated approach to sharing information/intelligence between partnerships to inform effective responses to specific threats or risks to reduce harm
- complementary approaches to performance and risk management, quality assurance and transformational change
- collaboration in relation to workforce planning and development
- a co-ordinated approach to multi-agency learning reviews which included Domestic Homicide Reviews, Serious Case Reviews and Safeguarding Adults Reviews
- an integrated approach to developing a broader awareness and understanding of trauma (including Adverse Childhood Experiences) and the impact it had on individuals, families and communities and exploring system-wide solutions to addressing this across the wider Devon area.

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**RESOLVED** that the Working Together Protocol for Strategic Partnerships in Devon Report be noted and an update be brought to a future Board meeting.

\* 105

## **STP Update and feedback of involvement of Devon HWBBs**

Report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) providing an update on the Sustainability and Transformation Plan (STP) and feedback of the involvement of Devon HWBBs.

On the 7 January 2019 the NHS long term plan was launched which set out how the NHS would move to a new service model in which patients would receive more options, better support, and properly joined-up care at the right time in the optimal care setting. It also expressed the action the NHS would take to:

- strengthen its contribution to prevention and health inequalities;
- improve care quality and outcomes;
- tackle current workforce pressures and support staff;
- upgrade technology and digitally enabled care across the NHS; and
- put the NHS back onto a sustainable financial path.

Members noted it was an opportunity to produce a collaborative response to the NHS Long Term Plan which ensured that local communities engaged with the health system. There needed to be a focus on prevention, self-care and working with local communities. It was also an opportunity for collaborative working with other Health and Wellbeing Boards in Devon. Moving forward, it was important to consider how health organisations dealt with Democratic Accountability, Engaging Partners and Leadership in Communities.

**RESOLVED** that the STP Update Report be noted.

\* 106

## **Dementia Update**

Report of the Clinical Chair of NHS Devon CCG, and the Joint Associate Director of Commissioning, DCC and NHS Devon CCG outlining the ambition to: increase the dementia diagnosis rate; provide appropriate support post-diagnosis; further raise awareness of dementia across Devon and reduce the potential stigma of diagnosis.

Around 17,935 people in Devon were estimated to have dementia, nearly 2 per cent of the population. This figure was expected to rise to around 25,000 in the next ten years, affecting nearly 3 per cent of the population, and around 6.5% of the over 65's.

The Council worked in partnership with the CCGs to commission dementia support services, with shared priorities and funding through the Better Care Fund. Ensuring that individuals received a timely and appropriate dementia diagnosis and received the right services for individuals and their families post-diagnosis, were key aims.

The national target for dementia diagnosis was to diagnose 66.7% of the people who had dementia in each area. In Devon, performance towards this target had been flat and remained approximately 8% below the target.

Services to support people living with dementia and their families included:

- **Dementia Support Workers** – through the Alzheimer's Society, a Dementia Support Worker enabled people with dementia and their carers to navigate the system and find the right information and support at the right time;
- **Memory Cafes** - supported people living with dementia and their carers through the Memory Cafe movement, making sure they had access to peer support, information, advice and meaningful activities. There were over 60 memory cafes in Devon;
- **Care home education and support** - to support care homes so they were able to look after people with more complex conditions in appropriate care home settings.

- **Grants to the voluntary sector** – to support those with dementia and their families.

It was **MOVED** by J Stephens, **SECONDED** by Councillor McInnes and

**RESOLVED** that the approaches outlined within the Report be supported and a training session on Dementia Friends be arranged for Members of the Board.

\* **107**      **CCG Updates**

The Board noted that South Devon and Torbay CCG and NEW Devon CCG had now merged into NHS Devon CCG and was the fifth largest CCG (based on number of patients) in the Country. It was still early days, having merged on 1 April, however things were progressing well, and the CCG was keen to work with Local Authorities to progress various work streams.

\* **108**      **References from Committees**

Nil

\* **109**      **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.

\* **110**      **Forward Plan**

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

<b><u>Date</u></b>	<b><u>Matter for Consideration</u></b>
<b>Thursday 11 July 2019 @2.15pm</b>	<p><b><u>Performance / Themed Items</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund JSNA / Strategy Refresh Child Poverty in Devon Learning Disability Partnership Board – Update from Chair CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>
<b>Thursday 10 October 2019 @2.15pm</b>	<p><b><u>Performance / Themed Items</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) Dementia Friends Training</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund Homelessness Report -12 month update Working Together Protocol for Strategic Partnerships in Devon - Update Children's Safeguarding annual report CCG Updates</p>

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		<b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
<b>Thursday 16 January 2020 @2.15pm</b>		<b><u>Performance / Themed Items</u></b> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)  <b><u>Business / Matters for Decision</u></b> Better Care Fund - frequency of reporting TBC Adults Safeguarding annual report CCG Updates  <b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
<b>Thursday 9 April 2020 @2.15pm</b>		<b><u>Performance / Themed Items</u></b> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)  <b><u>Business / Matters for Decision</u></b> Better Care Fund - frequency of reporting TBC CCG Updates  <b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
<b>Annual Reporting</b>		Children's Safeguarding annual report (September / November) Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)
<b>Other Issues</b>		Equality & protected characteristics outcomes framework

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

\* 111

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

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

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

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## **Dates of Future Meetings**

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

Meetings

Thursday 11 July 2019 @ 2.15pm  
Thursday 10 October 2019 @ 2.15pm  
Thursday 16 January 2020 @ 2.15pm  
Thursday 9 April 2020 @ 2.15pm

Annual Conference

Thursday 11 July 2019 @ 9.30am

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

The Meeting started at 2.15 pm and finished at 4.35 pm

**NOTES:**

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



## Health and Wellbeing Outcomes Report

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

**Recommendation:** It is recommended that the Devon Health and Wellbeing Board note the updated Health and Wellbeing Outcomes Report and support the accessibility of the outcomes report as easy read versions from July 2019 onwards.

#### 1. Context

This paper and accompanying presentation introduces the updated outcomes report for the Devon Health and Wellbeing Board.

#### 2. Summary of the Health and Wellbeing Outcomes Report, July 2019

2.1 The full Health and Wellbeing Outcomes Report for July 2019, along with this paper, is available on the Devon Health and Wellbeing Website: [www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report](http://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report). The report monitors the five Joint Health and Wellbeing Strategy 2016-19 priorities, and includes breakdowns by local authority, district and trends over time. 13 indicators have been updated with new data and cover the following areas:

- **Early Years Foundation Score** – in 2017/18, 71.7% of children in Devon achieved a good level of development at school entry, compared to 71.3% for the South West, 72.0% for the local authority comparator group and 71.5% for England.
- **GCSE Attainment, 2017/18** – 64.2% of year 11 pupils in Devon achieved five or more GCSEs at grades 9-4, equivalent to A\* to C, including English and Maths. The Devon rate is lower but not significantly different to the South West and local authority comparator group. It is higher than the England rate. Variability across the districts in Devon is observed with rates highest in East Devon and Mid Devon and the lowest in Torridge.
- **Teenage Conception Rate, 2017** – Conceptions to under 18s continue to fall in Devon and are lower than the South West, comparator group and England rates.
- **Alcohol-specific admissions in under 18s, 2015-16 to 2017-18** – Approximately 63 admissions occur each year in Devon related to alcohol-specific causes in under 18s. The rate per 100,000 in Devon is 43.6. This is broadly in line with the South West (43.6). However, the rate is significantly above the local authority comparator group (37.2 per 100,000) and England (32.9) rates. Rates have fallen slightly since 2015-16 levels.
- **Excess Weight in Adults, 2017/18** – 60.1% of the adult population in Devon had a BMI in excess of 25 (overweight or obese) in 2017-18. This was below the South West (61.0%), the local authority comparator group (62.9%) and England (62.0%) rates. Variability across the districts in Devon is observed with the lowest rates of excess weight seen in East Devon and Exeter and highest in Teignbridge.
- **Proportion of Physically Active Adults, 2017-18** – 72.8% of adults in Devon were physically active for at least 150 minutes per week. This is significantly above the South West (70.7%), comparator group (67.4%) and the national (66.3%) rates.
- **Diet – Fruit and Veg ‘5-a-day’, 2017/18** – In Devon in 2017-18, 62.3% of the adult population consumed five or more portions of fruit and vegetables per day. This was above the South West (61.2%) and significantly above the local authority comparator group (58.5%) and England (54.8%) rates. Within Devon the highest rates were seen in the South Hams (67.9%) and the lowest in East Devon (58.3%).
- **Domestic Violence, 2017-18** – Devon has a rate of 13.2 per 1,000, below the South West (19.9), comparator group (20.7) and England (25.1) rates. The Devon rate increased on 2015-16 levels. Locally, rates are highest in Exeter (18.3).

# Agenda Item 6

- **Emotional Wellbeing of Looked After Children, 2017-18** – The average difficulty score in Devon is 16.9, which is higher than the South West (15.4), local authority comparator group (14.9), and England (14.2) averages.
- **Hospital Admissions for Self-Harm, Aged 10 to 24, 2017-18** – There were 759 hospital admissions for self-harm in persons aged 10 to 24 in Devon in 2017-18. The rate per 100,000 in Devon was 593.7, is lower than the South West (621.0), but higher than the local authority comparator group (480.8) and England (421.2) rates. Within Devon, rates were highest in Torridge and lowest in the Mid Devon.
- **Gap in employment rate (mental health service users), 2017-18** – The gap in employment rate between mental health service users and the overall employment rate in Devon (71.3%) is wider than the gap for the South West (67.2%), and England (68.2%).
- **Stable and Appropriate Accommodation (Mental Health Clients), 2017-18** – 69.0% of adults in contact with a secondary mental health service were living in stable and appropriate accommodation, which is significantly above the South West (62.0%), comparator group (56.9%) and national rates (57.0%).

### 3. Proposed changes to the Devon Health and Wellbeing Outcomes Report, December 2018

3.1 The easy read report has been produced, working alongside Living Options Devon. A Focus group was conducted, and the final versions created. One report will be showcased in the presentation by Nichola Blackmore, Living Options Devon.

### 4. Legal Considerations

There are no specific legal considerations identified at this stage.

### 5. Risk Management Considerations

Not applicable.

### 6. Options/Alternatives

Not applicable.

### 7. Public Health Impact

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

**Dr Virginia Pearson**

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

### Electoral Divisions: All

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

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

Background Papers

Nil

HEALTH AND WELLBEING OUTCOMES REPORT 2016-19 (June 2019)

Priority and Indicator	Time Period	Devon	SW	LACG	Eng	Devon Trend	East Devon	Exeter	Mid Devon	North Devon	South Hams	Teignbridge	Torridge	West Devon	Value	Guide	Source
1. Children, Young People and Families																	
Children in Poverty	2016	12.5%	14.0%	12.9%	17.0%		11.2%	13.4%	11.6%	13.4%	10.5%	12.8%	16.0%	12.3%	%	Lower is better	PHOF 1.01
*Early Years Foundation Score	2017/18	71.7%	71.3%	72.0%	71.5%		71.5%	68.8%	72.2%	73.2%	76.2%	72.5%	67.2%	71.5%	%	Higher is better	DforE/Babcock LDP
Excess Weight in Four / Five Year Olds	2017/18	21.3%	21.9%	22.7%	22.4%		19.0%	20.1%	20.0%	20.5%	22.8%	24.5%	21.1%	23.2%	%	Lower is better	PHOF 2.06(i)
Excess Weight in 10 / 11 Year Olds	2017/18	27.7%	30.3%	31.6%	34.3%		26.3%	26.2%	30.0%	26.1%	23.7%	28.4%	33.7%	29.5%	%	Lower is better	PHOF 2.06(ii)
*GCSE Attainment	2017/18	64.2%	65.0%	65.1%	59.4%		69.1%	64.3%	68.5%	60.2%	67.9%	60.8%	49.4%	68.3%	%	Higher is better	D for E
*Teenage Conception Rate	2017	12.4	14.9	15.1	17.8		15.4	12.8	14.3	9.7	7.5	11.5	15.6	12.1	Per 1,000	Lower is better	PHOF 2.04
*Alcohol-Specific Admissions in under 18s	2015/16-17/18	43.6	43.6	37.2	32.9		49.1	42.5	20.1	49.2	43.6	61.1	37.7	26.7	Per 100,000	Lower is better	LAPE
2. Living Well																	
Adult Smoking Prevalence	2017	13.5%	13.7%	13.8%	14.9%		9.2%	12.4%	16.9%	15.3%	16.2%	16.3%	15.4%	4.9%	%	Lower is better	PHOF 2.14
*Excess Weight Adults	2017/18	60.1%	61.0%	62.9%	62.0%		55.8%	55.8%	60.8%	64.7%	60.1%	68.7%	66.3%	58.6%	%	Lower is better	PHOF 2.12
*Proportion of Physically Active Adults	2017/18	72.8%	70.7%	67.4%	66.3%		77.3%	80.0%	70.8%	65.8%	70.1%	69.7%	72.7%	70.1%	%	Higher is better	PHOF 2.13
Alcohol-Related Admissions	2017/18	604.1	649.7	601.7	632.3		534.4	534.4	534.4	534.4	534.4	534.4	534.4	534.4	DASR per 100,000	Lower is better	PHOF 2.18
*Fruit and Vegetable Consumption (5-a-day)	2017/18	62.3%	61.2%	58.5%	54.8%		58.3%	59.6%	62.6%	62.9%	67.9%	64.1%	64.6%	61.6%	%	Higher is better	PHOF 2.11
Mortality Rate from Preventable Causes	2015-17	161.0	166.0	164.6	181.5		143.2	197.5	152.0	143.2	143.2	143.2	143.2	143.2	DASR per 100,000	Lower is better	PHOF 4.03
Male Life Expectancy Gap	2015-17	5.6	7.5	7.3	9.4		3.9	7.2	4.8	7.1	2.9	5.5	7.0	1.9	Years	Lower is better	PHOF 0.02 (iii)
Female Life Expectancy Gap	2015-17	4.5	5.8	5.5	7.4		3.3	6.0	4.0	5.3	3.5	6.4	4.0	3.4	Years	Lower is better	PHOF 0.02
3. Good Health and Wellbeing in Older Age																	
Feel Supported to Manage Own Condition	2017/18	85.1%	82.7%	81.8%	79.4%	-	83.3%	86.1%	85.5%	85.6%	84.1%	85.7%	84.1%	86.9%	%	Higher is better	NHS OF 2.1
Re-ablement Services (Effectiveness)	2017/18	82.6%	80.2%	82.3%	82.9%		77.5%	79.5%	79.5%	76.1%	97.8%	81.9%	87.1%	94.6%	%	Higher is better	ASCOF 2B Part 1
Re-ablement Services (Coverage)	2017/18	1.8%	2.6%	2.1%	2.9%		-	-	-	-	-	-	-	-	%	Higher is better	ASCOF 2B Part 2
Healthy Life Expectancy Male	2015-17	66.7	64.7	64.7	63.4		-	-	-	-	-	-	-	-	Years	Higher is better	PHOF 0.01
Healthy Life Expectancy Female	2015-17	66.3	65.1	65.3	63.8		-	-	-	-	-	-	-	-	Years	Higher is better	PHOF 0.01
Injuries Due to Falls	2017/18	1714.5	2056.4	1931.0	2170.4		1586.1	1745.8	1465.1	1692.2	1780.8	1988.7	1683.2	1709.3	DASR per 100,000	Lower is better	PHOF 2.24 (i)
Deaths in usual place of residence	2016	54.9%	51.8%	49.2%	45.8%		56.4%	50.2%	53.4%	57.6%	55.0%	52.1%	55.8%	61.5%	%	Higher is better	End of Life CP/PCMD
4. Strong and Supportive Communities																	
*Domestic Violence incidents per 1,000 population	2017/18	13.2	19.9	20.7	25.1		11.5	18.3	11.8	16.6	8.4	13.6	11.9	9.9	Crude rate per 1,000	Lower is better	PHOF 1.11
Stable/Appropriate Accommodation (Learn. Dis.)	2017/18	76.0%	75.5%	74.2%	77.2%		82.1%	84.3%	77.0%	76.5%	81.5%	80.9%	80.0%	68.2%	%	Higher is better	ASCOF 1G,PHOF 1.06i
Re-offending rate	2014	22.7%	24.5%	23.7%	25.4%		24.5%	28.0%	19.4%	24.0%	17.2%	23.6%	16.7%	11.0%	%	Lower is better	Ministry of Justice
Rough sleeping rate per 1,000 households	2017	0.23	0.24	0.16	0.20		0.10	0.65	0.09	0.49	0.18	0.05	0.13	0.00	Per 1,000 households	Lower is better	DCLG
Dwellings with category one hazards	2014/15	15.4%	15.6%	11.5%	10.4%		14.7%	9.4%	17.3%	17.7%	15.8%	13.4%	26.2%	13.8%	%	Lower is better	LAHS
Private sector dwellings made free of hazards	2014/15	1.0%	1.0%	0.9%	1.2%		1.1%	1.7%	1.1%	1.9%	0.4%	1.5%	0.1%	0.5%	%	Higher is better	LAHS
Fuel Poverty	2016	10.9%	10.2%	10.4%	11.1%		9.6%	11.6%	11.0%	11.6%	10.1%	10.5%	12.4%	11.7%	%	Lower is better	PHOF 1.17
5. Life Long Mental Health																	
*Emotional Wellbeing Looked After Children	2017/18	16.9	15.4	14.9	14.2		-	-	-	-	-	-	-	-	Average score	Lower is better	PHOF 2.08(i)
*Hospital Admissions for Self-Harm, aged 10 to 24	2017/18	593.7	621.0	480.8	421.2		512.5	401.9	563.6	816.8	658.9	790.4	820.4	494.1	DASR per 100,000	Lower is better	PHOF 2.10
*Gap in employment rate (mental health clients)	2017/18	71.3%	67.2%	68.7%	68.2%		-	-	-	-	-	-	-	-	%	Lower is better	APS
*Stable/Appropriate Accommodation (Mental Hlth)	2017/18	69.0%	62.0%	56.9%	57.0%		-	-	-	-	-	-	-	-	%	Higher is better	ASCOF 1H,PHOF 1.06ii
*Self-Reported Wellbeing (low happiness score %)	2017/18	6.9%	7.4%	7.7%	8.2%		-	-	-	-	-	-	-	-	%	Lower is better	PHOF 2.23
Suicide Rate	2015-17	10.5	10.6	10.5	9.6		7.9	14.3	8.6	13.2	7.9	10.6	12.4	11.5	DASR per 100,000	Lower is better	PHOF 4.10
Social Contentedness	2017/18	42.8%	46.0%	45.9%	46.0%		-	-	-	-	-	-	-	-	%	Higher is better	PHOF 1.18
Estimated Dementia Diagnosis Rate (65+)	2018	59.4%	61.8%	63.5%	67.5%		62.9%	69.3%	50.5%	59.4%	44.7%	62.8%	58.0%	57.3%	%	Higher is better	PHOF 4.16

Key Symbols

- \* Updated indicator
- Data not available
- # Value missing due to small sample size
- ^ Change in methodology
- ^^ National method for calculating Confidence Intervals are being revised

Significance

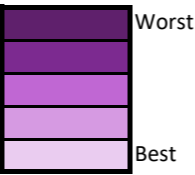
- Significantly higher
- Not significantly different
- Significantly lower

Significance compared to England figure

- Higher
- Similar
- Lower

Trend over time difference

- Worsening
- Little/no change
- Improving



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HEALTH AND WELLBEING OUTCOMES REPORT 2016-19

Overview

The public health outcomes framework sets the context and 'strategic direction' for the new public health system with the vision of 'improving and protecting the nation's health while improving the health of the poorest fastest'. There are two overarching indicators concerning healthy life expectancy and life expectancy, and four domains with 66 further indicators, and around 130 sub-indicators. The domains are improving the wider determinants of health, health improvement, health protection, and healthcare public health. A prioritisation exercise was completed in 2013 and updated in 2016 which looked at performance, human impact, and financial costs for these indicators and the prioritisation grid which lists out all indicators is available at [www.devonhealthandwellbeing.org.uk/jsna/performance/phof](http://www.devonhealthandwellbeing.org.uk/jsna/performance/phof).

Indicators which have a large impact in terms of numbers affected and impact, or which are high spend areas for Public Health Devon, as well as indicators for areas where performance is poorer than similar areas or deteriorating and improvements to outcomes are required were selected for be covered by this report. Other indicators covering areas where local outcomes are positive and the scale, human impact and cost are not high are monitored through the Public Health Outcomes Tool: [www.phoutcomes.info](http://www.phoutcomes.info) and other sources.

Local Authority District – highlighting differences within Devon between local authority districts. South West and Local Authority Comparator Group Benchmarking - showing the position of Devon relative to the these rate. Trend – showing change over time on the selected indicator in Devon.

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

Any queries on this report should be directed to the Devon Public Health Intelligence Team at [publichealthintelligence@devon.gov.uk](mailto:publichealthintelligence@devon.gov.uk)

LOCAL UPDATE - Current Actions

1. Children, Young People and Families	2. Living Well
<b>Early Years Foundation Score - GLD in 2018</b> <ul style="list-style-type: none"><li>Devon slightly better than regional and national averages</li><li>Exeter, North Devon and Torridge districts identified as target areas for the Babcock Early Years Lighting Up Learning (LUL) project</li><li>Strong focus on improving outcomes for disadvantaged children so they receive high-quality support across the EYFS.</li><li>Girls continue to outperform boys, 79% compared to 65%, the gap has reduced from 14.9 to 14.1. Closing the gender gap and improving outcomes for boys was a focus for CPD training offered to schools and settings in 2017/18.</li></ul>	<b>Excess Weight Adults</b> - Devon County Council is working towards adopting the Local Authority Healthy Weight Declaration late this year. The Declaration is about reframing the environments we live, work and play in to offer a better balance of healthy and unhealthy products. 3 key action areas identified are: <ol style="list-style-type: none"><li>Making water freely available across DCC owned sites</li><li>Working with food industry in Devon to reduce the fat, salt and sugar being consumed by the population</li><li>Prevent the marketing of food and drinks high in fat, salt and sugar to children- building on the Sugar SMART campaign</li></ol>
<b>Teenage Conception Rate</b> <ul style="list-style-type: none"><li>Continuing downward trend</li><li>Young people continue have access to quality assured contraception and sexual health services in a variety of settings across Devon</li></ul>	<b>Proportion of Physically Active Adults</b> <ul style="list-style-type: none"><li>We are continuing to support those who are not already active via our Healthy lifestyle service.</li><li>Working with Active Devon as the county sports partnership to target areas and populations in greatest need to offer and access local opportunities.</li><li>Active Devon were recently successful in a bid to the STP for funding to enhance their offer of entry grade level Walking for health and this will be focused on areas of gaps including North Devon and Torridge.</li><li>The Sport England funded Local Delivery Pilot in Exeter and Cranbrook is developing and will support the local population.</li></ul>
<b>Alcohol-Specific Admissions in under 18s</b> <ul style="list-style-type: none"><li>A recent Strategic Assessment of Substance Misuse for all ages, undertaken by the Safer Devon Partnership, recognised that there was a mismatch between the data on hospital admissions and the local young people’s substance misuse service’s (Y-Smart) experience of hospital referrals.</li><li>Public Health and Y-Smart will therefore undertake a rapid review of the needs and the pathways for young people in order to understand this mismatch and make any service or pathway improvements necessary.</li></ul>	<b>4. Strong and Supportive Communities</b> <b>Domestic Violence incidents per 1,000 population</b> <ul style="list-style-type: none"><li>Seeking to affirm/reaffirm partner commitment to delivering the DSVA strategy by developing a tighter set of outcomes relating to specific partner priorities, e.g. child protection, criminal justice and health and more clearly articulating partner contributions to their delivery</li><li>The outcome of the above bullet will determine the future direction of the strategic DSVA work currently led by Public Health and Communities.</li></ul>
<b>GCSE Attainment</b> <ul style="list-style-type: none"><li>Young Devon provides support, information and counselling to children and young people in the community; this includes workshops and information on dealing with exam stress and worries at school. Evidence shows higher levels of resilience and positive mental health can have an impact on school attainment.</li><li>EH4MH provides support and training to schools in Devon, helping schools to support positive emotional health and wellbeing of their students; which in turn helps them to be happy and healthy at school and providing a good foundation for learning.</li></ul>	<b>5. Life Long Mental Health</b> <b>Hospital Admissions for Self-Harm, aged 10 to 24</b> <ul style="list-style-type: none"><li>There is a joint DCC and CCG workstream just set up to look at this in more detail, to analyse the data in more detail and look for patterns/associations, so we can understand the need, as well as a review of effective preventative interventions. This is leading to a paper summary so that when/if funding is forthcoming we are in a better position to make the case for investment.</li><li>Funding has been awarded to Torbay from NHSE to pilot a new self-harm therapy model, this pilot will be evaluated and the results will inform work across the rest of the STP including Devon County Council area</li></ul>

# Devon Health and Wellbeing Board

## Outcomes Reporting

July 2019



Health and Wellbeing



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# Introduction

- The H&WB outcomes report monitors priority measures identified in the JH&WB strategy (2016-19)
- Updated outcome measures will be presented to the board
- Recommended that the H&WB note the updated H&WB outcomes report

# Updated Outcome Measures

## 12 indicators updated

### Children, Young people and families

- Early years foundation score (school readiness – good level of development)
- GCSE attainment
- Under 18 conception rate
- Alcohol-specific admissions (under 18)

### Living Well

- Excess weight in adults
- Physically active adults
- Fruit and vegetable consumption (5 a day)

### Strong and supportive communities

- Domestic violence incidents

### Life Long Mental Health

- Emotional wellbeing of looked after children
- Hospital admissions for self-harm 10-24 years
- Gap in employment rate
- Stable and appropriate accommodation (Mental Health)
- Self-reported wellbeing (low happiness)

# Updated Outcome Measures



7 in 10 pupils in reception are achieving good level of development



Higher GCSE attainment



1 in 8 women were teenage mothers



Higher rates of alcohol-specific admissions in under 18s



3 in 5 adults are either overweight or obese



7 in 10 adults are physically active

Gap across district rates		Devon Trend
Torridge 67.2%	South Hams 76.2%	↑
Torridge 49.4%	East Devon 69.1%	→
Torridge 15.6	South Hams 7.5	↓
Teignbridge 61.1	Mid Devon 20.1	↓
Teignbridge 68.7	Exeter and East Devon 58.8	-
North Devon 65.8%	Exeter 80.0%	-

# Updated Outcome Measures



3 in 5 people eat the recommended 5 a day



1 in 8 people reported a domestic violence incident



Higher average score for emotional wellbeing for looked after children



Higher rates of self-harm in children and young people (10-24 years)



Larger gap in employment rate for mental health clients



2 in 3 mental health clients are in stable accommodation

Gap across district rates		Devon Trend
East Devon 58.3%	South Hams 67.9%	-
Exeter 18.3	South Hams 8.4	-
Not available	Not available	-
Torridge 820.4	Exeter 401.9	-
Not available	Not available	↑
Not available	Not available	-

# Current Actions

## Children, young people and families

- Babcock Early Years Lighting Up Learning (LUL) project. Targeted at Exeter, North Devon and Torridge districts. Focus is on language and literacy with an aim to improve partnership working and strengthening transition at all points from EYFS to KS1.
- Early Help for Mental Health (EH4MH) helping schools to support positive MH and well being of students.
- Young Devon provides support, information and counselling to children in the community including information on how to deal with stress during exams.

## Children, young people and families

- Range of contraceptive services commissioned by Public Health and wider.
- Currently identifying ways to collaborate and optimise the sexual health offer including the anticipated introduction of mandatory relationships and sex education in schools across Devon.
- A recent assessment of substance misuse in adults and transition from youth to adult substance misuse services.
- Further work being carried out through the Safer Devon Partnership including a rapid review of young people and substance misuse services to identify service and pathway improvements.



# Current Actions (cont'd)

## Living Well

- Health Improvement programme:
  - Lifestyles service
  - Health checks
- Healthy weight declaration
- Sugar smart campaign
- Public Health working closely with Active Devon. Active Devon recent successful STP bid to enhance current offer with a focus on areas of gaps such as North Devon and Torridge.
- Sports England local delivery pilot in Exeter and Cranbrook.

## Strong and supportive communities

- Multiagency approach to delivering the DSVa strategy. Currently developing an outcome framework to support and monitor progress.

# Current Actions (cont'd)

## Life Long Mental Health

- Joint DCC and CCG workstream to develop a more detailed understanding of self-harm across the Devon STP.
- Successful bid in Torbay from NHSE to pilot a new self-harm therapy model. Evaluation of this project is planned and results will inform work across the Devon STP.
- PHE publication on self harm and a further paper to be published in the summer.

# Easy Read



- **Living Options Devon:** “translating” the H&WB outcomes report for people with learning disabilities who use Easy Read.



- Focus group with CEDA: consultation with people with lived experience of learning disabilities.



- Using pictures and words to communicate complex ideas and facts.

Photos courtesy of Photosymbols, the Easy Read Photo Library

# Easy Read Example

From “Children, Young People and Families.”

	<p>Number of children who go to hospital because of alcohol</p>
	<p><b>1 out of 2 thousand</b> children in Devon go to hospital because of alcohol.</p> <p>This is <b>more</b> than children in the country of England.</p> <p>This is a <b>bad</b> thing.</p> 

- CEDA focus group suggested emojis.
- Pictorial stories support simplified words and concepts.
- Audience may read independently, or have the support of a carer.

# Useful Links

- Full report available at:  
<http://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/>
- JSNA Overview available at:  
<http://www.devonhealthandwellbeing.org.uk/jsna/overview/>
- JSNA data tool available at:  
<http://www.devonhealthandwellbeing.org.uk/jsna/profiles/>






Health and Wellbeing

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	<p><b><u>Children, Young People and Families</u></b></p>
	<p>Number of children who are poor</p>
	<p><b>1.2 out of 10</b> children in Devon are poor.</p> <p>This is <b>less</b> than people in the country of England.</p> <p>This is a <b>good</b> thing.  </p>
	<p>The development of children who are starting school</p>
	<p><b>7.2 out of 10</b> Early Years Foundation children in Devon get good scores.</p> <p>This is <b>more</b> than Early Years Foundation children in the country of England.</p> <p>This is a <b>good</b> thing.  </p>



Number of children who are 4 or 5 and Overweight



**2.3 out of 10** children in Devon who are 4 or 5 and overweight.

This is **more** than children in the country of England.

This is a **bad** thing.



Number of children who are 10 or 11 and Overweight














**2.9 out of 10** children in Devon who are 10 or 11 are overweight.

This is **less** than children in the country of England.

This is a **good** thing.



	<p>Number of people who get 5 or more GCSEs at grades A* to C</p>
	<p><b>6.4 out of 10</b> people in Devon get 5 or more GCSEs at grades A* to C.</p> <p>This is <b>more</b> than people in the country of England.</p> <p>This is a <b>good</b> thing.  </p>
	<p>Number of teenagers who become pregnant</p>
	<p><b>1.2 out of 100</b> teenagers in Devon get pregnant.</p> <p>This is <b>less</b> than teenagers in the country of England.</p> <p>This is a <b>good</b> thing.  </p>
	<p>Number of children who go to hospital because of alcohol</p>

 <p>Hospital</p>	<p><b>1 out of 2 thousand</b> children in Devon go to hospital because of alcohol.</p> <p>This is <b>more</b> than children in the country of England.</p> <p>This is a <b>bad</b> thing.</p> 
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## **Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2020-25 Update**

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

**Recommendation:** The Health and Wellbeing Board should note progress on the development of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, raise awareness about the consultation process through their networks, and support task group work to finalise the strategy in September 2019.

#### **1. Context**

1.1 Health and Wellbeing Boards have a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA), an assessment of current and future health and care needs in the local population, and a Joint Health and Wellbeing Strategy (JHWS), a local strategy for the local population addressing the needs identified in the JSNA. The plans of local organisations and bodies should address the needs identified in the JSNA and the priorities set in the JHWS.

1.2 The Devon JSNA, including the overview for Devon, topic-specific information and community profiles is updated on an ongoing basis. A new JHWS for Devon to cover the period 2020 to 2025 is currently being produced in accordance with the timeline and principles agreed by the Health and Wellbeing Board in April 2019. The development of the new JHWS has been guided by discussions at the Health and Wellbeing Stakeholder Conference in June 2018, and the Health and Wellbeing and Scrutiny joint workshop in December 2018. This paper describes the current status of the JSNA and JHWS.

#### **2. Joint Strategic Needs Assessment Update**

2.1 A summary of the main challenges for Devon from the JSNA is included in appendix 1. This highlights how the changing population of Devon along with wider social and economic factors contribute to health outcomes and health inequalities across the county. It also highlights the specific local challenges that exist in relation to child poverty, the impact of lower incomes on fuel and food affordability, access to services, mental health, health-related behaviours, long-term conditions and housing.

2.2 Work is currently underway to further develop the JSNA and ensure that JSNA content in Devon meets the requirements of different users. This will also reflect changes in the wider health, care and wellbeing system in relation to integrated care, primary care networks and long-term plan development across the health, care and wellbeing system. Through discussions with users of JSNA resources, including councillors, officers and community organisations three usage types were identified:

- **Explanatory:** people seeking a quick summary of an area or theme.
- **Exploratory:** people wishing to explore and interrogate the information in more detail
- **Analytical:** people wishing to extract JSNA data and undertake further analytical work

Work is currently focused on the 'explanatory' usage to ensure that the content, language, navigation and visual aspects are appropriate and best provide a summary for the area or theme of interest. New content and tools will be made available in due course.

#### **3. Joint Health and Wellbeing Strategy 2020-25 Update**

3.1 The new JHWS has been developed with reference to the following principles

- Short document (up to 10 sides in length) with web interface
- Written from community lens in plain English
- A focus on poorer outcomes and challenges
- An emphasis on the wider determinants of health
- Strategic alignment with the Sustainability and Transformation Partnership and other partnerships, including common priorities, collaboration and reporting arrangements
- Life course approach
- A five-year strategy from 2020 to 2025

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3.2 Consultation on the new strategy will be launched at the Devon Health and Wellbeing Board Stakeholders Conference on the 11<sup>th</sup> of July 2019. The consultation will run for eight weeks until the 5<sup>th</sup> of September 2019 and will include a consultation questionnaire through the Devon 'Have your say' webpages (direct link: <http://devon.cc/jhws>), as well as some further specific engagement with local groups, organisations and strategic partnerships. The updated priorities will also inform the development of and engagement on the Devon Long-Term Plan, with engagement on this also due to run from the 11<sup>th</sup> of July to the 5<sup>th</sup> of September 2019.

3.3 The vision and priorities from the draft JHWS are summarised below:

**Table 1, Draft Joint Health and Wellbeing Strategy 2020-25: Vision and Priorities**

<b>Vision:</b> Health outcomes and health equality in Devon will be amongst the best in the world and will be achieved by working in partnership across Devon's communities, businesses and organisations.			
<b>Priority 1. Create opportunities for all</b> <i>Inclusive economic growth, education and social mobility</i>	<b>Priority 2. Healthy, safe and strong communities</b> <i>Creating conditions for good health and wellbeing where we live, work and learn</i>	<b>Priority 3. Focus on mental health</b> <i>Building good emotional health and wellbeing, happiness and resilience</i>	<b>Priority 4. Maintain good health for all</b> <i>Supporting people to stay as healthy as possible for as long as possible</i>
<b>a.</b> Narrow gaps in educational attainment and adult skills <b>b.</b> Reduce levels of child poverty <b>c.</b> Support economic growth in more disadvantaged areas <b>d.</b> Increase social mobility	<b>a.</b> Improve housing conditions and reduce homelessness <b>b.</b> Create conditions for good health, physical activity and social interaction through the planning system and community development <b>c.</b> Support healthy workplaces and schools <b>d.</b> Help keep communities and individuals safe	<b>a.</b> Reduce loneliness in all age groups <b>b.</b> Identify people at risk and intervene to improve poor mental health as soon as possible <b>c.</b> Proactively address the mental health consequences of trauma and adverse childhood experiences <b>d.</b> Promote a positive approach to mental health and wellbeing	<b>a.</b> Prevent ill health by helping people to live healthier lives <b>b.</b> Detect disease in the early stages to reduce impact on health <b>c.</b> Support those living with long-term conditions to maintain a good quality of life

## 4. Next Steps

4.1 The development of the JHWS will proceed as set out in the timeline and principles agreed by the Health and Wellbeing Board in April 2019.

4.2 Following the end of the consultation period on the 5<sup>th</sup> of September 2019 a task group of board members will be convened and will meet to consider consultation feedback and update the strategy accordingly before the final strategy goes to the Health and Wellbeing Board on the 10<sup>th</sup> of October 2019 for approval.

## 5. Risk Management Considerations

Not applicable.

## 6. Options/Alternatives

Not applicable.

## 7. Public Health Impact

The development of the Joint Health and Wellbeing Strategy and the identification of priorities relating to health inequalities and the wider determinants of health will focus on improving public health in Devon.

**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

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Contact for enquiries: Simon Chant, Room 148, County Hall, Topsham Road, Exeter. EX2 4QD  
Tel No: (01392) 386371

Background Papers  
Nil

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## Appendix 1: Summary of main challenges from Devon JSNA, 2019



### **Devon JSNA: The main challenges in Devon, 2019**

Devon has an older and growing population attributable to longer life expectancy and internal migration. Older people tend to be more frequent users of health and social care services. This presents a challenge in how we configure services to meet the needs of the population, equity of access to healthcare and how we can improve population health to reduce service demand in secondary care.

Challenges exist around income and poverty. Devon has a higher than average skilled workforce, yet average annual earnings are below the national average which impact on the affordability of food and fuel contributing to poorer outcomes. Furthermore, variation across districts is evident and is closely associated with deprivation.

There are lower proportions of the population that live in the top 20% most deprived areas relative to England. However, disparity across Devon between different communities exist in relation to deprivation and contribute to poorer health and wellbeing outcomes. Child poverty in Devon continues to slowly reduce and while there is evidence of the inequality gap narrowing overall, there are communities in Devon which have disproportionately higher rates of child poverty compared to others.

Access to services, influenced by socio-economic, cultural and geographic factors present a challenge in Devon and contribute to health outcomes. In the Indices of Deprivation, indoor environment is also recognised as a challenge in Devon with more than half of the Devon population living in areas in the top 20% most deprived nationally for housing quality and the availability of central heating. This contributes to an increased risk of certain health conditions, mental health issues, falls and fractures.

Improving mental health and wellbeing is recognised as a challenge in Devon. Poorer mental health has a great social and economic impact. It can affect people at any stage of the life course and can diminish the life chances of individuals, significantly impacting on their physical health, educational and employment prospects and life expectancy. Equally poor physical health can lead to an increased risk of developing mental health problems. Rates of self-harm, suicide, and mental, behavioural admissions from drug misuse and injuries in young people are increasing in Devon and further work is required to understand where the opportunities are across the system in terms of prevention and early intervention.

Health-related behaviours such as smoking, excess alcohol use, physical inactivity, poor diet and obesity remain as the top five contributory factors of the burden of disease and premature death in Devon and across England. While many lifestyle measures are improving in Devon, variation exists across different communities. The development of frailty, long term conditions and multi-morbidity is greatly influenced by social and behavioural risk factors. This impact is even greater where inequalities are present.

## Report for Devon Health and Well-Being Board Meeting 11 July 2019

### A LONG TERM PLAN FOR DEVON

Report of the Deputy Director of Strategy (NHS Devon CCG)

**Recommendation:** That the Committee agrees to;

1. note the progress to date and the proposed process, timescales, materials and levels of engagement for the development of Devon's Long-Term Plan and endorses the robustness of the process before the engagement starts.
2. Develop a joint working arrangement to agree a common set of Health and Wellbeing priorities and to maintain oversight of the implementation of the Long-Term Plan, insofar as it relates to the Devon STP geography in aggregate.

#### 1. Purpose

- 1.1. At the meeting in April 2019, the Health and Well Being Board discussed the approach to developing a wider Devon system plan in response to the NHS long-term plan.
- 1.2. As previously discussed, Health and Well Being Boards and the individual partners have a key role in shaping and delivering Devon's system plan. The broadened scope of this NHS Long Term Plan (LTP), particularly in seeking to strengthen action on prevention and inequalities, provides a clear opportunity for contributing and working in collaboration to address challenges at both local and system level.
- 1.3. National planning guidance has now been published and the purpose of this paper is to both:
  - Provide an update on the process and timescale for developing the Devon system response to the LTP including the process for engagement.
  - Provide an update on population need and shared priorities for well-being that will inform the plan.
- 1.4. This in turn can ensure a clear and credible plan that Members feel not only takes account of the needs of the communities they represent, but also how they can contribute to improving population health and well-being and the delivery of health and care services in Devon. In doing this the plan is to engage not only with county Members, but also District

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Councils, the public and the voluntary sector. This has been built into the process described in this paper.

## 2. A description of the overall process and timescale


2.1. As a reminder The NHS Long Term Plan, published in January 2019 sets out how the NHS will:


- Move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting
- Strengthen its contribution to prevention and health inequalities
- Improve care quality and outcomes
- Tackle current workforce pressures and support staff
- Upgrade technology and introduce digitally enabled care across the NHS
- Put the NHS back onto a sustainable financial path
- Support every system to become an Integrated Care System by April 2021

2.2. Each system (current Sustainability and Transformation Partnership area) is expected to develop its plan by autumn 2019. The process as outlined below is designed to ensure that our local system plan is developed through:

- Involving local communities and delivery partners in its development
- Using evidence of population need to inform priorities and targeted action
- Building upon the existing agreed system plans and strategies
- Defining how outcomes will be delivered and how local and national good practice initiatives will be adopted consistently across the system
- Outlining how financial stability and sustainability will be achieved.

2.3. National planning guidance recently published sets out the framework and timescales for development and submission of local system plans. The overarching timescale for developing Devon's Long-Term Plan is set out in the table below.

	Date	Activity
	June 2019	Collating information and evidence to underpin the plan, including views from prior engagement
	July 2019	Launch of 8-week period of focused engagement in Devon Long-Term Plan commencing 11 <sup>th</sup> July*
	August 2019	Continuation of engagement and development of information for Devon Long-Term Plan
	September 2019	Completion of focus engagement on 5 <sup>th</sup> Sept.

		Update plans and submit first draft to NHSE / I
	October 2019	Revise and update plan in response to engagement, partner contribution and feedback from regulator. Mid Oct. start of period of organisational review and endorsement of Long-Term Plan
	November 2019	Mid Nov. endorsed Devon Long Term Plan finalised for publication by the end of November
	December 2019	National Long -Term Plan publication by the end of Dec. to inform detailed 2020/21 planning

\* Engagement in the Devon Long Term Plan will be fully aligned with Devon Health and Wellbeing Strategy consultation.

2.4. The overall process will be undertaken in the following phases:

2.5. **Phase 1: Preparation and set up:** This has included establishing the team and governance arrangements for the Long-Term Plan as well as early briefings and engagement with organisations and key stakeholders.

2.6. **Phase 2: Developing the evidence base:** Building on information and work already done in Devon, actions are underway to ensure a strong evidence base for the Long-Term Plan including:

- Current and projected health needs of the population and the key health challenges
- A review of prior engagement and messages from the forthcoming engagement to ensure the voices of local people in the plan
- An assessment of health and care demand, how this may change within the life of the Long-Term Plan and key points for attention
- A baseline review to check the maturity of current strategies, plans and performance in the context of the new Long-Term Plan requirements
- An outline of best practice locally and in other areas and opportunities to be explored further for the Long-Term Plan
- A description of constraints and opportunities in relation to finance, workforce, digital and other key resources for a sustainable plan

2.7. **Phase 3: Engagement and co-creation:** With a clear purpose to engage in the key topics in the NHS Long Term Plan and to consider the challenges and opportunities to address the local priorities for health, wellbeing and care. The plan for this phase is described in more detail in the section below. As shown in the timeline, focused engagement for the Long-Term Plan will commence in July 2019, aligned in Devon with the Health and Wellbeing Strategy consultation.

2.8. **Phase 4: Developing the plan:** The plan development will take account of the national requirements, the evidence base and messages from local engagement as described above. The national Long-Term Plan planning

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framework sets out foundation requirements to be addressed in early phase of system plans.

**2.9. Phase 5: Testing, approvals and publication:** Approval for the draft system plan will be sought through the collective system groups, including system leaders and collaborative board and subject to statutory organisations individual governance arrangements as determined by respective partners. In addition, it will be tested for robustness and subject to a process of approval and external assurance through NHS England and Improvement prior to publication at the end of 2019.

## **3. A description of the plans for engagement at Locality, District, County and STP wide levels**

3.1. The engagement plan sets out the scope, content and approach to engagement; the methods or channels to be used; the collation of views and feedback; and the audiences and groups for engagement.

3.2. It is important to note that there has already been a range of engagement relevant to the Long-Term Plan:

- NHS national Long-Term Plan engagement in 2018
- Healthwatch national survey on the Long-Term Plan
- Devon STP programme engagement e.g. mental health, maternity etc

3.3. Given the need to build on existing system plans, a review of the themes arising from this prior engagement is underway and will form part of the refreshed local evidence base.

3.4. In addition, Healthwatch is currently engaging people in Devon, Plymouth and Torbay including holding six focus groups on the following points:

- Making it easier for people to access support closer to home and via technology
- Doing more to help people stay well
- Providing better support for people with cancer, dementia, heart and lung disease

3.5. Responses on these topics will be formulated in a Healthwatch report which is due in early June 2019 to contribute to the Devon Long Term Plan.

3.6. The engagement is planned to take a two-Tier approach.

*Tier 1 – Strategic engagement (Devon-wide)*

3.7. Engagement in the Long-Term Plan will need to be system-wide on some of the key challenges it faces, for example developing digital capabilities and recruiting and sustaining a flexible workforce. The areas of focus system-wide, are;

- Understanding how technology can better support individuals to stay well
- Creating a sustainable workforce fit for the future
- What the NHS can do to help people stay well, live better

<i>Tier 1 – strategic engagement (Devon-wide)</i>	
Activity:	Engagement to be delivered by:
Devon Virtual Voices Panel – 1500 members (x 2 surveys during 8 weeks)	Devon CCG
Focus groups: Devon-wide recruitment: Digital Workforce Helping people to stay well and live better for longer <i>One focus group on each topic.</i>	Devon CCG
Generic survey (15 questions) – hosted on CCG website and supported by social media and marketing activity (drive quantitative feedback) – paid for advertising online, weekly theme.	Devon CCG
DRSS tele-survey – DRSS speak to 1500 per day, they will ask each caller 2 questions regarding planned outpatient appointments (to test their views on the use of digital to support planned care)	Devon CCG Devon Referral Support Service
MPs (Devon-wide) A session with Devon MPs will be set up to brief them on process and timeline	Devon CCG
Health and Wellbeing Boards (x3) H&WBB will work with the three public health teams in Devon, Plymouth and Torbay to address issues and challenges in chapter 2 of the LTP and provide recommendations and priorities back.	H&WBB Devon + Public Health Devon  H&WBB Plymouth + Public Health Plymouth  H&WBB Torbay + Public Health Torbay

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## 3.8. Using our engagement channels Devon-wide (Devon CCG):

### *Devon Virtual Voices*

3.9. This is an online panel of people who have specifically signed up to being surveyed about health and social care. By the end of June our panel will be up to 1500 and membership is screened based on a representative sample of Devon. We expect to receive a response rate of 45/50% for each survey issued.

3.10. Individuals can self-select areas of interest or preference when they join, meaning we can target them with chapter specific surveys as well as the generic. We will issue two surveys to the panel:

- Week 1 (8 July) – welcome to the panel and short survey (theme: digital)
- Week 4 (29 Aug) – generic survey (no more than 10 questions)

### *Focus groups*

3.11. Recruitment to focus groups will be Devon-wide, but this will specifically target different representative groups to make the attendance mixed – geographic, demographic, psychographic etc. There would be no-more than 15 people in each focus group. Proposed focus groups include:

- Digital: how technology can better support individuals to stay well
- Workforce: how can the NHS create a sustainable workforce
- Wellness agenda: what can the NHS do to help people stay well, live better for longer

### *Using social media*

3.12. We will use social media in two ways. Firstly, we will run paid for advertising on social media to promote all surveys and drive people to complete them. This worked very well during our Better Births engagement. We will do themed weeks to ensure our communication is targeted and aligns to specific groups. This engagement plan will be supported by a full PR and communications plan.

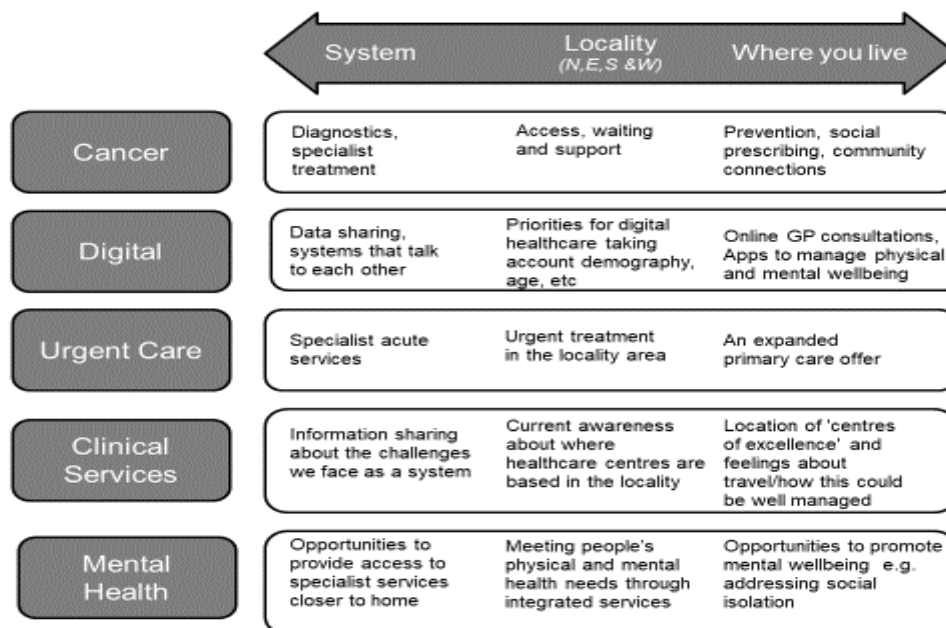
3.13. The second element of social media will be to target specific groups and forums that already exist. This will enable online focus groups with online communities.

### *Hard to reach groups*

- 3.14. Working with the Devon Joint Engagement forum there will be some targeted work with the members of the committee, linking in with similar forums in Torbay and Plymouth.

## Tier 2 - Localities

- 3.15. Engagement will also be planned in the Northern, Eastern, Southern and Western Localities. Locality based engagement will provide the opportunity engage in the delivery of integrated care to better address the key challenges that are specific to that area. Each locality will agree how they will engage on priorities and topics from within the Long-Term Plan using the data and tools provided that illustrate the local challenges and opportunities. This will identify clear themes from the locality-based engagement to inform the Devon Long-Term Plan.
- 3.16. In determining which issues might best be considered at which levels it is also clear that different elements of the same issue may be considered at different levels on a continuum. While the detail of the content is still being developed, the diagram below illustrates the nature of the engagement and influencing opportunities that may take place system level to where they live.



## 4. Planning guidance, population need and priorities

- 4.1. In Devon, the Long-Term Plan development is being led through the Devon Sustainability and Transformation Partnership which is chaired by Dame Suzi Leather, with Phil Norrey in the role of interim Chief Executive.

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Each constituent NHS and Local Authority organisation<sup>1</sup> will be key partners in both the development and delivery of the Long-Term Plan.

4.2. Health and Wellbeing Boards, in their role of ensuring the delivery of improved health and wellbeing outcomes for the population, reducing inequalities, and promoting integration will play a key role in the development and delivery of the NHS Long Term Plan and will be engaged and invited to endorse that the final Long-Term Plan addresses the priority needs of the population.

4.3. The Long Term Plan implementation network was published at the end of June 2019. This framework identified the approach that our local system is expected to take in order to create our five year strategic plan. In Summary -

- All systems must deliver on foundational commitments for both service transformation and system development in line with nationally defined timetables or trajectories
- Systems will also have substantial freedoms to respond to local need, prioritise, and define their pace of delivery for the majority of commitments but will need to plan to meet the outcomes as expressed in the Long Term Plan.
- Plans should prioritise actions that will help improve the quality of, and access to, care for their local populations, with a focus on reducing local health inequalities and unwarranted variation. System plans must consider not just how to deliver health services but how to prevent ill health.
- Plans which will cover the four-year period April 2020 to March 2024 will also need to set out how systems will continue to maintain and improve performance for cancer treatment, mental health, A&E and elective care activity
- System plans should expect to be developed in conjunction with Local Authorities and with consideration of the need to integrate with relevant Local Authority services.
- Driving innovation: All system plans must consider how to harness innovation locally.

## 5. Population Need

5.1. Public Health teams across the Devon developed a common need based assessment and priorities for health and well-being across the STP geography. This work will form the foundation of our Devon system plan and be used to inform planning process with regard to local priorities and phasing in accordance with planning guidance.

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<sup>1</sup> Constituent *organisations* in the Sustainability and Transformation Partnership are set out on [STP website](#)

Common Challenges (JSNA)	Common Priorities (JHWS)
An ageing and growing population	Common vision to reducing health inequalities and addressing wider determinants of health
Access to services, including socio-economic & cultural barriers	Mental health across the life course
Complex patterns of urban and rural deprivation	A focus on communities, housing and the built environment
Housing issues (low incomes / high costs)	Giving children the best start in life
Earlier onset of health problems in more deprived areas (10-15 year gap)	A focus on living well, encouraging health lifestyles and prevention
Poor mental health and wellbeing, social isolation & loneliness	Maintaining independence and good health into older age
Poor health outcomes caused by modifiable behaviours	
Pressures on services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity and frailty	
Shifting to a prevention focus	
Unpaid care and associated health outcomes	

## 6. Health and Wellbeing Board Joint Working

6.1. In relation to the Health and Wellbeing Board's in Devon, Plymouth and Torbay, it is proposed a joint working arrangement is implemented to develop a common set of Health and Wellbeing priorities; and review of the implementation of the Long-Term Plan, insofar as it relates to the Devon STP geography in aggregate.



## **Report of the Chairs of NEW Devon and South Devon & Torbay Clinical Commissioning Groups for Devon Health and Well Being Board meeting**

### **Recommendation**

The Health and Wellbeing Board notes the updates and progress within the Devon health and care system.

### **Introduction**

The following paper provides updates on CCG business, Devon-wide and national developments within the NHS. It is intended to provide the Health and Wellbeing Board with summary information to ensure that members are kept abreast of important developments affecting the NHS.

### **CCG BUSINESS**

#### **Primary Care Networks**

- Devon CCG has approved 31 applications for Primary Care Networks (PCNs) and these are currently under development. Each PCN has identified a Clinical Director.
- Each PCN application received was approved and all practices in Devon are confirmed as part of a PCN. This means that Devon's population will begin to receive PCN-provided services from 1 July 2019.
- There has been extensive joint working between practices and the CCG on PCN configuration.
- PCNs build on core current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

#### **Inaugural Celebrating You Awards**

- The CCG's inaugural Celebrating You Awards took place on 18 June.
- The awards were set up in response to feedback from staff and recognise excellent achievement by people at the CCG.
- Congratulations to everyone who was shortlisted – and thank you to all those who submitted nominations.
- The awards are being used to showcase the achievements of staff internally and externally.
- Holsworthy Community Involvement Group won the collaboration of the year award. This is a joint initiative between **Devon County Council**, NHS Devon Clinical Commissioning Group, Northern Devon Healthcare NHS Trust and the community of Holsworthy to design services in the area.

#### **Annual report 2018/19**

- The annual reports of Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG were submitted to NHS England at the end of May and have now been published.
- NEW Devon and SDT ended the year with planned deficits of £20 million and £5 million, respectively, in line with the plans agreed with NHS England at the start of the financial year.

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- By delivering these year-end positions, the CCGs met the financial conditions necessary to receive money from the Commissioner Sustainability Fund (CSF), which was introduced by NHS England to incentivise financial performance. This money fully offset the planned deficits and meant the CCGs ended the financial year in balance.
- This demonstrates the progress the CCGs have in delivering improved financial performance.
- There are financial challenges ahead, not least due to an anticipated steep rise in demand in coming years, but STP partners are working together to rise to these challenges through the Devon NHS Long Term Plan.

## **Embedding new values and behaviours in the CCG**

- The CCG's Working Together group, made up of more than 30 volunteer staff members, met for the second time in May and discussed ways of embedding behaviours that support the CCG's new values.
- A short staff survey has been launched asking two questions on how well we currently demonstrate the new values and behaviours.
- The outcome will help provide a baseline against which progress can be measured.
- The vision, mission and values underpin everything we do.
- Vision: Working together for Devon
- Mission: Working together to commission the right services that improve the lives of those who live in Devon
- Values:

### **One team**

- We think corporately, but act locally
- We work together with staff, partners, patients, families, carers, communities and professionals to commission the right services for our population
- We share information, skills and resources

### **Respect for all**

- We treat people with respect and compassion
- We listen to understand people's priorities, needs, abilities and limits
- We are open, honest and transparent
- We take our own health and wellbeing seriously

### **Quality in everything we do**

- We develop safe, effective and accessible services
- We make decisions that are evidence-based, cost-effective and innovative
- We recognise achievements and celebrate success
- We take pride in our work and learn when things go wrong

### **Everyone is a leader**

- We lead by example
- We demonstrate leadership and expect to be held responsible for our actions and performance
- We are accountable to each other, and to our population
- We are responsive, consistent and professional

## DEVON-WIDE ISSUES

### NHS Long Term Plan update

- Engagement on Devon's version of the [Long Term Plan](#) is due to begin this month. This will be aligned with Devon County Council's Health and Wellbeing Board's strategy refresh.
- As well as pan-Devon engagement on strategic issues like technology and workforce, Local Care Partnerships (LCPs) in each locality will use their local knowledge to play a key role in designing and delivering the engagement.
- Engagement that has been undertaken recently or is currently in progress will be taken into account as part of the process.
- LCPs will be expected to use a range of techniques and involve key local stakeholders and partners in the process.
- The STP is working with local partners and stakeholders to make sure as many people and groups can participate in engagement.
- The aim of the engagement is to make sure Devon's plan is relevant to local needs and clearly sets out the Devon system's vision for the future.

### Mental Health

- **A garden co-designed by HRH The Duchess of Cambridge will be making its way to the Dewnans Centre** at Langdon, Dawlish. Devon Partnership NHS Trust successfully bid for the garden, which was displayed at this year's RHS Chelsea Flower Show, as part of the RHS' 'Greening Great Britain' campaign for health and the environment. The trust hopes the garden will provide 'a sanctuary, a spiritual and peaceful space for patients, staff and carers to enjoy'. The woodland design by the Duchess and landscape architects Andree Davies and Adam White featured a crafted hollow log, a den, waterfall, stream and tree house.

## NATIONAL NEWS

### NHS 111 prevents more than 12 million unnecessary A&E visits

- The NHS 111 urgent care advice line has saved over 12 million unnecessary A&E visits, figures from NHS England and Improvement have revealed.
- There were 80 million calls to 111 between its foundation in April 2011 and September 2018. Analysis of calls over that time shows that more than one in four people, 28%, would otherwise have had to go to A&E. One in six, 16%, would have phoned for an ambulance, meaning 111 prevented three million 999 calls that could have resulted in unnecessary ambulance call-outs.
- Increasing numbers of people are getting the health care help they need by phone or online without having to spend time in A&E or call an ambulance.
- The NHS 111 service dealt with almost 75,000 extra calls over this winter, with the proportion of calls receiving input from a clinician increasing to 53.7% in March 2019, compared to 48.8% in March 2018.



## HEALTH AND WELLBEING BOARD – FORWARD PLAN

<u>Date</u>	<u>Matter for Consideration</u>
Thursday 11 July 2019 @2.15pm	<p><b><u>Performance / Themed Items</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund JSNA / Strategy Refresh Child Poverty in Devon Learning Disability Partnership Board – Update from Chair CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>
Thursday 10 October 2019 @2.15pm	<p><b><u>Performance / Themed Items</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) Dementia Friends Training</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund Homelessness Report -12 month update Working Together Protocol for Strategic Partnerships in Devon - Update Devon's Safeguarding annual report CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>
Thursday 16 January 2020 @2.15pm	<p><b><u>Performance / Themed Items</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund - frequency of reporting TBC Adults Safeguarding annual report CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>
Thursday 9 April 2020 @2.15pm	<p><b><u>Performance / Themed Items</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>

# Agenda Item 13

<b>Annual Reporting</b>	Children's Safeguarding annual report (September / November) Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)
<b>Other Issues</b>	Equality & protected characteristics outcomes framework