

Phil Norrey Chief Executive

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

County Hall Topsham Road Exeter Devon EX2 4QD

(see below)

Your ref : Our ref : Date : 2 October 2019 Please ask for : Stephanie Lewis 01392 382486 Email: stephanie.lewis@devon.gov.uk

#### HEALTH AND WELLBEING BOARD

Thursday, 10th October, 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

#### <u>A G E N D A</u>

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

- 1 <u>Apologies for Absence</u>
- 2 <u>Minutes</u> (Pages 1 8) Minutes of the meeting held on 11 July 2019, attached.
- 3 <u>Items Requiring Urgent Attention</u>
   Items which in the opinion of the Chair should be considered at the meeting as matters of urgency.

#### PERFORMANCE AND THEME MONITORING

4 <u>Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring</u> (Pages 9 - 20)

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 <a href="http://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/">http://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/</a>

#### BOARD BUSINESS - MATTERS FOR DECISION

- 5 <u>Devon's Safeguarding Adults Board annual report</u> (Pages 21 58) Report of the Chair of the Devon Safeguarding Adults Board (DSAB), attached.
- Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements (Pages 59 - 64)
   Joint report of the Head of Adult Commissioning and Health, NEW Devon CCG and South Devon and Torbay CCG on the BCF, Quarter Return, Performance Report and Performance Summary on the BCF, Quarter Return, Performance Report and Performance Summary, attached.
- 7 <u>Healthy and Happy Communities: Devon's Joint Health and Wellbeing Strategy 2020-25</u> (Pages 65 - 78)

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on Healthy and Happy Communities: Devon's Joint Health and Wellbeing Strategy, 2020-25, attached.

- 8 <u>Children and Families Plan</u> (Pages 79 116) Report of the Chief Officer for Children's Services, attached.
- 9 <u>CCG Updates</u> (Pages 117 124)
   An update by the Chair of NHS Devon Clinical Commissioning Group, attached.

#### **OTHER MATTERS**

10 References from Committees NIL

11

- <u>Scrutiny Work Programme</u> 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; <u>http://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutinywork-programme/</u>
- 12 <u>Forward Plan</u> (Pages 125 126) To review and agree the Boards Forward Plan, attached.
- 13 Briefing Papers, Updates & Matters for Information
- 14 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.

<u>Meetings</u> Thursday 16 January 2020 @ 2.15pm Thursday 9 April 2020 @ 2.15pm Thursday 16 Jul 2020 @ 2.15 pm Thursday 8 Oct 2020 @ 2.15 pm Thursday 21 Jan 2021 @ 2.15 pm Thursday 8 Apr 2021 @ 2.15 pm 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.

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

#### Membership

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), Councillor Carol Whitton (Devon County Council), Councillor Andrew MacGregor (Teignbridge District Council), Ken Wenman (CEO, South Western Ambulance Service NHS Trust) and Adel Jones (Torbay and South Devon NHS Foundation Trust)

#### **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

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

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

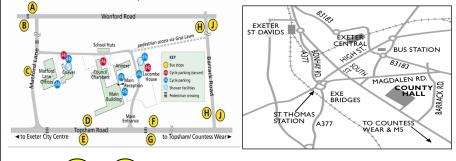
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Denotes bus stops

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#### First Aid

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

#### HEALTH AND WELLBEING BOARD

#### 11 July 2019

#### Present:-

<u>Devon County Council</u> Councillors A Leadbetter (Chair), R Croad, J McInnes, B Parsons and C Whitton

Councillor A MacGregor, Devon Districts Representative Virginia Pearson, Chief Officer for Communities, Public Health, Environment and Prosperity Dr Paul Johnson, Devon Clinical Commissioning 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

#### Apologies:-

Dawn Butler, Torbay and South Devon NHS Trust Suzanne Tracey, Chief Executive, RD&E Jennie Stephens, Chief Officer for Adult Care and Health Jeremy Mann, Environmental Health Officers Group

#### \* 113 <u>Election of Chair</u>

**RESOLVED** that Councillor Leadbetter be elected Chair of the Board for the ensuing year.

#### \* 114 Appointment of Vice-Chair

**RESOLVED** that Dr P Johnson be elected Vice Chair of the Board for the ensuing year.

#### \* 115 <u>Minutes</u>

**RESOLVED** that the minutes of the meeting held on 11 April 2019 be signed as a correct record.

#### \* 116 <u>Items Requiring Urgent Attention</u>

(An item taken under Section 100B (4) of the Local Government Act 1972)

The Chair agreed that the Committee should consider as a matter of urgency the Better Care Fund (BCF) Plan for 2019/20. Members were informed that Government had indicated that the Board would be required to approve the BCF Plan for 2019/20 but had yet to publish their requirements or timescales. It was therefore likely that the Chair would have to approve the Plan on behalf of the Board as timescales indicated this would need to happen before the Board next meets in October.

It was **MOVED** by Dr Pearson, **SECONDED** by Mr Rogers and

**RESOLVED** that the Better Care Fund Plan 2019/20 be circulated to Members for feedback once available and that the Chair be given delegated powers to sign the Plan on behalf of the Board.



#### \* 117 <u>Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes</u> <u>Monitoring</u>

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 Board received an 'updates only' version of the Health and Wellbeing Outcomes Report. The report was themed around the five Joint Health and Wellbeing Strategy 2016-19 priorities and included breakdowns by local authority, district and trends over time. The 13 indicators below had all been updated since the last report to the Board;

- 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 was lower but not significantly different to the South West and local authority comparator group. It was higher than the England rate. There was variability across the districts with rates highest in East and Mid Devon and the lowest in Torridge.
- Teenage Conception Rate, 2017 Conceptions to under 18s continued to fall in Devon and were lower than the South West, comparator group and England rates.
- Alcohol-specific admissions in under 18s, 2015-16 to 2017-18 Approximately 63 admissions occurred each year in Devon related to alcohol-specific causes in under 18s. The rate per 100,000 in Devon was 43.6. This was broadly in line with the South West (43.6). However, the rate was significantly above the local authority comparator group (37.2 per 100,000) and England (32.9) rates. Rates had 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. There was variability across the districts 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 was significantly above the South West (70.7%), comparator group (67.4%) and 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 had 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 were highest in Exeter (18.3).
- Emotional Wellbeing of Looked After Children, 2017-18 The average difficulty score in Devon was 16.9, which was 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%) was 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 was significantly above the South West (62.0%), comparator group (56.9%) and national rates (57.0%).

The outcomes Report also featured an explanation of current actions and projects across the five priorities including health checks, Food Exeter, Connect 5 training, suicide prevention training and sugar smart campaigns, to name but a few.

The Board also noted the proposed changes to the Devon Health and Wellbeing Outcomes Report, December 2018 where an easy read report had been produced, working alongside Living Options Devon.

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

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

- equality issues and a widening poverty gap across the county, with large concerns over health and education in the north of the county with higher rates of self harm and lower attainment rates in education;
- the importance of working with district councils and other partnerships in order to address these inequalities;
- funding bids being allocated to areas with the least need e.g. Sport England bid to deliver a pilot scheme in Cranbrook and Exeter, which currently has the highest rates of physically active adults in Devon;
- establishing relationships with different groups to work together to resolve inequality issues across Devon; and
- the Joint Health and Wellbeing Strategy to engage with partners at all levels.

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

#### **RESOLVED** that

- (a) the performance report be noted and accepted; and
- (b) the Chair of the Board and the Director of Public Health write to Devon District Leaders to bring to their attention the variations of outcomes across the County and to look at how partner agencies may work together to help resolve these issues.

#### \* 118 <u>Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy</u> <u>2020-25 Update</u>

The Board considered a Report from the Chief Officer for Communities, Public Health, Environment and Prosperity which gave an update on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy for 2020-25.

Health and Wellbeing Boards had a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA), which was an assessment of current and future health and care needs in the local population, and a Joint Health and Wellbeing Strategy (JHWS), addressing the needs identified in the JSNA.

A new JHWS for Devon to cover the period 2020 to 2025 was currently being produced in accordance with the timeline and principles agreed by the Health and Wellbeing Board in April 2019 and the Report described the current status of both the JSNA and JHWS.

A summary of the main challenges for Devon from the JSNA was included in Appendix 1 to the Report. It outlined how the changing population of Devon, with wider social and economic



factors, contributed to health outcomes and health inequalities. It further highlighted specific local challenges that existed 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.

Work was also underway to further develop the JSNA and ensure its content met the requirements of different users, for example explanatory users (those seeking a quick summary), exploratory users (those wanting to explore / interrogate in more detail and analytical users who might extract JSNA data and undertake further analytical work.

In relation to the Strategy 2020-25, this was being developed with a number of key principles including being a short document (up to 10 sides in length) with web interface, written from a 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, a life course approach and a five-year strategy from 2020 to 2025

Consultation on the new Strategy would be launched at the Devon Health and Wellbeing Board Stakeholders Conference on the 11th of July 2019. The details of the consultation could be found at <u>http://devon.cc/jhws</u>

The Report also outlined a table of the vision and priorities which were;

- Priority 1. Creating opportunities for all (inclusive economic growth, education and social mobility);
- Priority 2. Healthy, safe and strong communities (creating conditions for good health and wellbeing where we lived, worked and learned);
- Priority 3. Focus on mental health (building good emotional health and wellbeing, happiness and resilience) and
- Priority 4. Maintain good health for all (supporting people to stay as healthy as possible for as long as possible)

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

- rural loneliness and the steps being taken by the Council and partners to address these issues – the Board noted that Healthwatch Devon did a deep dive review into loneliness;
- the ability of partners to contact hard to reach populations;
- the use of resources to develop Crowdfund Devon to raise additional funding from partners;
- the need to avoid increasing inequality across the County by giving funding to those areas where it is not required;
- Chief Officers of the Voluntary Sector having greater input and engagement into the Health and Wellbeing Strategy; and
- concerns around young people and drugs, county lines, hidden harm and mental health issues in young people, and how this is managed by the Police and Partners and through the Community Safety Partnership.

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

#### **RESOLVED** that

- (a) the Board acknowledge the progress on the development of the Joint Strategy 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; and
- (b) that the Safer Devon Partnership be invited to present a paper at the next meeting on the strategic needs of the Partnership and how this is achieved.

#### \* 119 Learning Disability Partnership Board - Update

The Board received a presentation from the Chair of the Learning Disability Partnership Board, providing an update on the work being undertaken to empower people with learning disabilities to become active citizens in their communities.

The key areas of the Presentation included:

- The Learning Disability Devon website was now live and people were finding it extremely helpful;
- Friendship Groups continue to be set up, which are important for people to make new friends and be able to go out in their community;
- Citizenship Project Devon People First were working with people with learning disabilities in their communities to empower them to enact their rights and become active citizens. This included co-producing an easy read Citizenship pack that would support people with learning disabilities to become active citizens;
- ensuring that people's voices are heard by the Partnership Board and sharing that information with partner agencies;
- tackling employment and health inequalities by working with the Quality Checking Team, hosted by Devon Link-Up; and
- a focus on housing and making sure that people with learning disabilities had the same rights and opportunities to access social housing as everyone else.

Members' discussion points included:

- understanding the difficulties in navigating the Devon Home Choice website and the need to ensure this is as clear as possible for people with learning disabilities to enable them to access vital services;
- connections with the police to share information it was noted that members of the Partnership Board sit on the Safer Devon Partnership;
- Devon Digital Lives scheme and making accessibility of websites for people with learning disabilities a focus for champions to work with the Partnership Board.

The Committee thanked the Chair of the Learning Disability Partnership Board for his attendance and speaking to Members.

#### \* 120 <u>NHS Long Term Plan</u>

The Board considered a report from the Joint Associate Director of Commissioning (DCC) on the approach to developing a wider Devon system plan in response to the NHS long-term plan. It was noted that Health and Wellbeing Boards and individual partners had a key role in shaping and delivering Devon's system plan and the broadened scope of the NHS Long Term Plan (LTP), particularly in seeking to strengthen action on prevention and inequalities, provided an opportunity for contributing and working in collaboration to address challenges at both local and system level.

The Board noted that national planning guidance has now been published and the Report provided an update on the process and timescale for developing the Devon system response to the LTP including the process for engagement and an update on population need and shared priorities for wellbeing that would inform the plan.

The Report also gave a description of the overall process and timescale although each system (Sustainability and Transformation Partnership area) was expected to develop its plan by autumn 2019. The process was designed to ensure that the local system plan was developed through involving local communities and delivery partners, using evidence of population need to inform priorities, building upon the existing agreed system plans and strategies, defining how outcomes would be delivered and how local and national good



practice initiatives would be adopted consistently and how financial stability and sustainability would be achieved.

The Board noted the Reports description of the plans for engagement at Locality, District, County and STP wide levels, including tier 1 – strategic engagement (Devon-wide), Devon virtual voices, focus groups and hard to reach groups.

In Devon, the Long-Term Plan development was being led through the Devon Sustainability and Transformation Partnership chaired by Dame Suzi Leather, with Phil Norrey in the role of interim Chief Executive. Each constituent NHS and Local Authority organisation would be key partners in both the development and delivery of the Long-Term Plan. 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 would play a key role.

The Board also noted that in relation to the Health and Wellbeing Board's in Devon, Plymouth and Torbay, it was proposed that a joint working arrangement was implemented to develop a common set of Health and Wellbeing priorities.

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

- the provision of staffing, GPs and Nurses, across the Plan, with workforce supply being the single biggest restraint; and
- the need to develop a different model that treated people outside the A&E model currently used.

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

#### RESOLVED

(a) that the Board acknowledge 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; and

(b) that the Board develops 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.

#### \* 121 <u>CCG updates</u>

The Board received the Report of the Chair of the NHS Devon Clinical Commissioning Group which provided an update on CCG business, Devon-wide and national developments within the NHS. It was intended to provide the Board with summary information to ensure Members were kept abreast of important developments affecting the NHS.

The Board noted the updates in relation to CCG business, Devon wide issues and NHS updates including;

- the Primary Care Networks and that the CCG had approved 31 applications for Primary Care Networks (PCNs), all of which were under development;
- the CCG's inaugural Celebrating You Awards took place on 18 June, which had been set up in response to feedback from staff and recognised excellent achievement;
- the Annual Reports 2018/19 of Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG were submitted to NHS England at the end of May and had now been published;
- embedding new values and behaviours in the CCG the 'Working Together' group had met and discussed ways of embedding behaviours that supported the CCG's new values (One Team, Respect for All, Quality in everything we do and Everyone is a leader);
- NHS Long Term Plan update (see minute \*120);

- Mental Health and that a garden co-designed by HRH The Duchess of Cambridge would be making its way to the Dewnans Centre at Langdon, Dawlish (the Devon Partnership NHS Trust had successfully bid for the garden, which had been displayed at the RHS Chelsea Flower Show); and
- an update on NHS 111 which had prevented more than 12 million unnecessary A&E visits.

**RESOLVED** that the Report be noted.

#### \* 122 <u>References from Committees</u>

Nil

#### \* 123 <u>Scrutiny Work Programme</u>

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.

#### \* 124 Forward Plan

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

Date	Matter for Consideration
Thursday 10 October 2019 @2.15pm	
	Business / Matters for Decision Better Care Fund Q2 Report Homelessness Report - 12 month update Child Poverty in Devon Safer Devon Partnership update Working Together Protocol for Strategic Partnerships in Devon - Update Devon's Safeguarding Adults Board annual report Children and Families Plan CCG Updates
	Other Matters Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 16 January 2020 @2.15pm	
	Business / Matters for Decision 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

#### Agenda Item 2 8 HEALTH AND WELLBEING BOARD

11/07/19

Thursday 9 April 2020 @2.15pm	Performance / Themed Items         Health & Wellbeing Strategy Priorities and Outcomes Monitoring         Theme Based Item (TBC)         Business / Matters for Decision         Better Care Fund - frequency of reporting TBC         CCG Updates         Other Matters         Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Annual Reporting	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)
Other Issues	Equality & protected characteristics outcomes framework

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

#### \* 125 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; <a href="http://www.devonhealthandwellbeing.org.uk/">http://www.devonhealthandwellbeing.org.uk/</a>

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

#### \* 126 <u>Dates of Future Meetings</u>

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

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

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

The Meeting started at 2.15 pm and finished at 4.00 pm

NOTES:

- Minutes should be read in association with any Reports or documents referred to therein, for a complete record.
   The Minutes of the Board are published on the County Council's website at
   <u>http://democracy.devon.gov.uk/ieListMeetings.aspx?Cld=166&Year=0</u>

   A recording of the webcast of this meeting will also available to view for up to six months from the date of the
- 3. A recording of the webcast of this meeting will also available to view for up to six months from the date of meeting, at <u>http://www.devoncc.public-i.tv/core/portal/home</u>

### Agenda Item 4

#### Devon Health and Wellbeing Board 30 September 2019

#### 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.

#### 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, October 2019

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

- Adult Smoking Prevalence, 2017 The latest figures from the Annual Population Survey (APS) indicate that 13.4% of the Adult population in Devon smoke. Rates remain lower than the South West, local authority comparator group and England. Differences between local authority district in Devon were not statistically significant.
- Feel Supported to Manage Own Condition, 2018-19 In Devon during 2018-19, 84.2% of people with a long-term condition in the GP survey, felt they had enough support to manage their own condition. This is significantly higher than South West (81.8%), local authority comparator group (83.6%) and England (78.4%) rates. Rates have increased from 2017-18. Rates were highest in the West Devon (88.4%).
- **Deaths in usual place of residence, 2017** 53.2% of Devon residents who died during 2017 did so in their usual place of residence (home, care home or religious establishment). This was the same as the South West rate (53.2%), and above local authority comparator group (50.5%) and England (46.6%) rates. Within Devon the highest rates were in the South Hams (57.3%) and West Devon (56.7%), and the lowest were in Exeter (47.8%). Rates have generally increased over time.
- **Fuel Poverty, 2017** Just over one in ten households in Devon are in fuel poverty (11.6%). Levels of fuel poverty increased from last year (10.9%) but remain lower than 2015 (12.2%) and 2014 in Devon but fell or remained stable in many other areas of the country. Despite this, rates continue to remain above the South West and local authority comparator group rates.
- Estimated Dementia Diagnosis Rate (65+), 2019 In 2019, it is estimated that 7,764 people in Devon aged 65 and over were on a GP register for dementia. Recent data shows that Devon (59.8%) is lower than the South West (62.4%), local authority comparator group (64.9%) and significantly lower than England (68.7%) rates. Within the county, the highest rates are seen in Exeter (71.9%) and lowest in the South Hams (41.4%). Devon does not meet the dementia diagnosis target set at 67% by NHS England.

#### **3. Proposed changes to the Devon Health and Wellbeing Outcomes Report** No changes to note in this paper/presentation

#### 4. Legal Considerations

There are no specific legal considerations identified at this stage.

#### 5. Risk Management Considerations

Not applicable.

#### 6. Options/Alternatives

Not applicable.

### Agenda Item 4

#### 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 (October 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	2018	13.4%	13.9%	13.5%	14.4%	*****	8.6%	17.2%	13.3%	14.4%	17.3%	14.1%	7.1%	14.3%	%	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	650	602	632.3	•••••	534	638	574	743	583	631	644	516	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	184.5	136.6	158.5	176.0	153.8	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	2019	84.2%	81.8%	83.6%	78.4%	• •	87.2%	83.5%	83.8%	83.6%	84.3%	82.7%	80.0%	88.4%	%	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-angement Services (Coverage)	2017/18	1.8%	2.6%	2.1%	2.9%	******	-	-	-	-	-	-	-	-	%	Higher is better	ASCOF 2B Part 2
Heathy Life Expectancy Male	2015-17	66.7	64.7	64.7	63.4	• • • • • • • •		-	-	-	-	-	- 1	-	Years	Higher is better	PHOF 0.01
Hearty Life Expectancy Female	2015-17	66.3	65.1	65.3	63.8	• • • • • • • •	1	-	-	-	-	-	- 1	-	Years	Higher is better	PHOF 0.01
Injuries Due to Falls	2017/18	1715	2056	1931	2170.4	• • • • • • • • • •	1586	1746	1465	1692	1781	1989	1683	1709	DASR per 100,000	Lower is better	PHOF 2.24 (i)
*Deaths in usual place of residence	2017	53.2%	53.2%	50.5%	46.6%	***********	56.5%	47.8%	50.9%	49.6%	57.3%	52.0%	55.0%	56.7%	%	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	-	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	2017	11.6%		9.7%	10.9%	*****	10.3%	12.4%	11.2%	12.6%	11.2%	10.9%	13.2%	12.6%	%	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+)	2019	59.8%	62.4%	64.9%	68.7%	• •	64.8%	71.9%	52.1%	61.0%	41.4%	59.1%	58.5%	58.8%	%	Higher is better	PHOF 4.16
Key Symbols		Significan	ice comp	ared to En	gland figu	ire											
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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.

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 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

#### LOCAL UPDATE - Current Actions

2. Health Improvement	3. Good Health and Wellbeing in Older Age
<b>Smoking Prevalence</b> - • The Public Health team in Devon continue to commission stop smoking services across the County. • The team continue to co-ordinate the Smokefree Devon Alliance. The Smokefree Devon Alliance is a partnership of organisations committed to reducing the harm caused by smoking to the Devon population. They are working towards the priorities outlined in the latest strategy. For more information on Smokefree work in Devon, please visit www.smokefreedevon.org.uk.	<ul> <li>Deaths in usual place of residence - No local update available</li> <li>4. Strong and Supportive Communities</li> <li>Fuel Poverty - A Fuel Poverty topic overview produced by PH was realongside Cosy Devon.</li> </ul>
3. Good Health and Wellbeing in Older Age	5. Life Long Mental Health
Feel supported to manage own condition - • planning to pilot three self-management apps My Heart My COPD and My Diabetes in each locality. • The use of Patient Activation Measures PAM is being rolled out. Initial indications are it is going well and impact is positive. • Help to Overcome Problems Effectively (HOPE) courses being rolled out these are going well and having a positive impact.	Estimated Dementia Diagnosis Rate (65+) - • Public Health linking in meetings. • The Dementia Advisor Service runs across Devon and To support workers are successfully engaging with GPs to provide more

recently published. Public Health continue to work

in with the Dementia Steering Group, quarterly Forbay. One focus in is North Devon where dementia re support.

## Devon Health and Wellbeing Board

### **Outcomes Reporting**

## October 2019



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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

Devon 💋

Health and Wellbeing

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## **Updated Outcome Measures**

#### 4 indicators updated

#### Living Well

Page 15

Adult smoking prevalence

Good Health and Wellbeing in Older Age

- Feel supported to manage own condition
- Deaths in usual place of residence

Strong and supportive communities

Fuel Poverty

Life Long Mental Health

• Estimated dementia diagnosis (65+)



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## **Updated Outcome Measures**

		Gap across district rates		Devon Trend
13.4%	Adult smoking prevalence (2018)	<mark>South Hams</mark> <mark>17.3%</mark>	Torridge 7.1%	
84.2%	Feel supported to manage own condition (2019)	<mark>Torridge</mark> 80.0%	West Devon 88.4%	-
11.6%	Fuel poverty (2016)	Torridge 13.2%	East Devon 10.3%	
<b>59.8%</b>	Estimated dementia diagnosis rate (2019)	South Hams 41.4%	<mark>Exeter</mark> 71.9%	-
53.2%	Death in usual place of residence (2017)	Exeter 47.8%	South Hams 57.3%	Û
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## **Current Actions**

Living Well	Good Health and Wellbeing in Older Age
<ul> <li>Smoking cessation service commissioned by Public Health         <ul> <li>Targeting in areas with high deprivation</li> </ul> </li> <li>Smokefree Devon Alliance – working towards priorities identified in the latest strategy</li> </ul>	<ul> <li>Plan to pilot three self management apps <ul> <li>My heart</li> <li>My COPD</li> <li>My diabetes</li> </ul> </li> <li>Use of Patient Activation (PAM) measures are being rolled out</li> <li>Help to overcome problems effectively (HOPE) course rolled out</li> </ul>

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## Current Actions (cont'd)

Strong and supportive communities	Life Long Mental Health
Fuel poverty topic overview	Public Health linking in with Dementia Steering Group
• Exeter community energy (ECO-E) and 361 energy are working with the acute trusts to identify those who would benefit from interventions to tackle cold homes	<ul> <li>Dementia advisor service ( Devon and Torbay)</li> </ul>
<ul> <li>Districts in Devon have agreed with DCC to use Improved BCF for improving housing conditions</li> </ul>	Focused work in North Devon where dementia support workers are engaging with GPs to provide more support
<ul> <li>Districts funding streams to help landlords and homeowners improve energy efficiency in homes</li> </ul>	
<ul> <li>Public health planning application commentary</li> </ul>	

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## Updates

- New H&WB outcomes report to reflect the new JHWS to be presented at the January Board
- New JSNA headline (explanatory) tool is scheduled for publication in November
- New topic overviews available on the H&WB website in the library section
  - Global Burden of Disease
  - Fuel Poverty
  - Eye Health
  - Gambling



## **Useful Links**

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



## Devon Safeguarding Adults Board Annual Report 2018/19



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15. What are our plans moving forward?					

### 1. Introduction from Independent Chair

Welcome to my third Annual Report – a different style adopted because, in the spirit of continuing to improve how we communicate the activities of the Devon Safeguarding Adults Board (DSAB); we wanted to add in some more information about how we delivered against our strategic priorities for 2018/ 2019. We also wanted to add in some data and facts, which are helpful to people in determining how successful we are as a partnership. Last year we listened to feedback from Devon's elected Councillors at Health & Adult Care Scrutiny Committee, who asked for this information and I hope this annual report is more informative.

I continue to believe in the power of personal stories which help us all to understand the impact of what we do, supporting those with care and support needs who suffer abuse, neglect and harm. At every DSAB meeting, we listen to a personal story, often presented by the person with lived experience. This gives us many learning opportunities which are cascaded by partners through into their organisations. A Safeguarding Adults Board has a duty to act to prevent people experiencing abuse, neglect and harm and these powerful stories show us that it is often the simple things we need to do which make the difference. These experiences add to the learning from Safeguarding Adult Reviews and all this plays its part in continuously improving services – Greg's and Tom's stories are included in this Annual Report.

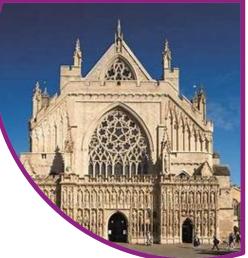
The DSAB has a duty to publish findings from Safeguarding Adult Reviews which have been delivered in the year. Section 14 of this Report outlines three SARs delivered in the year. Our position is to usually publish these unless there is a compelling reason, e.g. to protect and ensure the safety of others, why we should not to so. SAR Adrian Munday is published in full on the DSAB website and a summary is included in this Annual Report. SAR Sally is still awaiting publication as there is more work being completed with her family and this SAR will be published in full on the DSAB website in the coming months. SAR Rita was also completed in this year and the Board is currently working with the family prior to full publication planned for October 2019. I commend to you the work of the Board's sub-groups, where a wide number of people work hard to ensure that the Board's strategy and work plan is delivered. In particular I would like to highlight the work of the Community Reference Group which has matured this year and now comprises a proactive group of people with lived experience of safeguarding and those who are supporting people who have been safeguarded; working with the DSAB on projects such as the development of the Board's website and with plans to support us on our continuing safeguarding awareness campaign. This group is led by 'Living Options', whose Chief Officer is also now a member of the Board.

Finally I would like to thank the Board team who work incredibly hard to deliver an effective partnership and support me to bring this together. I hope you find this report readable and informative and I look forward to continuing to work with you in 2019/ 2020.

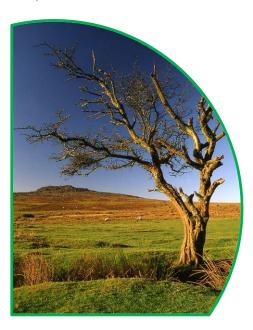
Siân Walker

### 2. Introduction to Devon

Devon is the third largest county in England, covering 2,534 square miles. It is also one of the most sparsely populated counties, its 780,000 residents distributed between the city of Exeter, twenty or so coastal and market towns, and several hundred rural communities, some of which are isolated.



In Devon there is a higher proportion of older people than the national average due to a high migration into the county at retirement age, and a migration out of the county of younger adults. The county enjoys high levels of employment, but lower than average wages and productivity, and higher than average housing costs. There are areas of deprivation, but they are dispersed rather than concentrated.



There are eight district councils in the Devon County Council administrative area and two unitary authorities in Devon, Plymouth City Council and Torbay Council. From 1<sup>st</sup> April 2019 two Clinical Commissioning Groups (CCGs) merged to form NHS Devon Clinical Commissioning Group covering the geographic area of the Devon Sustainability and Transformation Partnership. Four Acute Hospital Trusts serve the area: Northern Devon Healthcare NHS Trust, Royal Devon and Exeter NHS Foundation Trust, South Devon Healthcare NHS Foundation Trust, and University Hospitals Plymouth NHS Trust, with mental health services and specialist learning disability services provided by the Devon Partnership NHS Trust on a county-wide basis. Police services are the responsibility of Devon and Cornwall Police.

## 3. What is Safeguarding Adults?

Safeguarding adults' means protecting an adult's right to live in safety, free from abuse and neglect. It is something that everyone needs to know about.

The legal framework for safeguarding adults work is set out by the Care Act 2014. Safeguarding involves:

- People and organisations working together;
- Preventing abuse or neglect from happening in the first place;
- Stopping abuse and neglect where it is taking place;
- Protecting an adult in line with their views, wishes, feelings and beliefs;
- Empowering adults to keep themselves safe in the future; and,
- Everyone taking responsibility for reporting suspected abuse or neglect.

#### Who is an adult at risk?

An adult at risk of abuse or neglect is someone who has care and support needs and is therefore unable to protect themselves from either the risk of, or the experience of, abuse or neglect. Their care and support needs may be due to a mental, sensory or physical disability; age, frailty or illness; a learning disability; substance misuse; or an unpaid role as a formal/ informal carer for a family member or friend. More information is available on the Board's website at: <a href="https://www.devonsafeguardingadultspartnership.org.uk/">https://www.devonsafeguardingadultspartnership.org.uk/</a>

#### **6** Safeguarding Principles



**Empowerment**: people being supported and encouraged to make their own decisions and give informed consent



Prevention: It is better to act before harm occurs



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Proportionality: the least intrusive response appropriate to the risk presented



Protection: support and representation for those in greatest need



**Partnership**: local solutions through services working with their communities- communities have a part to play in preventing, detecting and reporting neglect and abuse.



Accountability: accountability and transparency in safeguarding practice

# 4. What do we mean by abuse?

Abuse is an intentional or unintentional act that harms, hurts or exploits another individual/s. Abuse can take many forms, but no type of abuse is acceptable.

Abuse can happen just once or many times; it can be done on purpose or by someone who may not realise they are doing it.

It can happen anywhere including at home, in care homes or in day care centres or hospitals.

#### The different types



What happens when a Safeguarding Adults Concern is raised?

- (1) Wherever possible, the adult will be contacted by the professional who has received the concern, to ask them about their situation and to find out what they would like to see done about it.
- (2) Actions are then identified to achieve this wherever possible.

Sometimes, concerns are raised due to confusion over what is happening in a certain situation. Sometimes, concerns are raised because a family member is struggling to care for an adult with needs and requires support. Sometimes concerns are raised because someone really is being abused or neglected.

(3) The Safeguarding Adults Enquiry establishes the facts and works with the adult and those most close to them, to ensure their safety and to resolve the issues putting the adult at risk.

### 5. Personal stories presented to the Board

## Greg's Story

Greg's support was funded by the NHS because of his health needs; he received one to one support during the day and shared support with other people during the night.

In March 2018 concerns were raised about Greg's support in respect of emotional and physical neglect. A Social Worker met with Greg, listened to his story and asked him what he wanted to happen and what outcomes he wished for.

The safeguarding enquiry found that there were some key themes including a lack of communication with him and his family; an absence of consideration that Greg's support was being delivered in his own home; a need to ensure that Greg received continuity of care which was uninterrupted and overall that there needed to be consideration of what Greg would like to achieve.

The enquiry found that that the support service needed to reorganise its staff, so they worked with individuals at specific times and not share a number of hours of support across a number of people who lived as neighbours to Greg. The way Greg's support had been organised meant that sometimes Greg did not receive the necessary support and his support hours were sometimes used for other people. A change of culture and attitude was needed by the Support Provider.

Greg was given the option to move into other accommodation whilst the investigation was underway. Greg stated that he was happy to stay where he was and he gave the Social Worker permission to inform his parents of any issues he had, as they knew what the problems were and could give their side of the story. At first Greg wanted to keep the investigation private and did not want the staff to know.

With the support of his parents, the Social Worker and his Mental Health worker, Greg felt confident to speak openly and honestly in the first formal safeguarding meeting. This period of time was described as tough and on occasions Greg was still asked if his staff could be used for other people. Greg reported this, and his Social Worker was made aware and it was investigated. The Manager for the service which worked with Greg, his keyworker and Social Worker agreed to bring about the changes to the service that were required. The Manager knew the new model could work but a change in staff attitude was needed to assist this.

Greg was allocated his own full-time key worker which offered him more stability and control. It was agreed that Greg and his staff would be open and honest about their day during the hand over period to ensure that any issues were dealt with. Initially Greg found it difficult to be more assertive, but he is growing in confidence with support. Greg now choses his own support team and he raises any issues straight away.

#### Greg spoke to the board about his experience:

Greg described himself as being in a bad way during the review period saying that at times he felt like he wanted to die. He questioned the point of the safeguarding investigation as at one point (on the morning of the safeguarding meeting) his staff were still being used elsewhere. He felt that things were continuing and indeed getting worse and Greg began to self-harm. However, his relationship with the Social Worker and Mental Health worker gave him hope. He found it empowering that they were working with him and believed in him.

The outcome of the enquiry is that Greg is now 'the boss' and feels in control. He is leading a busy life which requires extensive diary management. The activities Greg wants to do are matched by the support from staff. Greg reported that the service he receives now is better than it ever was. Greg's self-esteem and feelings of self-worth have increased, and he feels confident to make decisions. He is now the Service Representative for the service where he lives although he is rarely at home. Greg related that he has found his voice, knows what he wants and what he needs and will not take any rubbish!

Greg and his family believe they would not have reached this point without the help of the Social Worker and the safeguarding process. The safeguarding enquiry acted as a catalyst for improvements to the service for everyone.

### Tom's Story

Tom is a 37-year-old man who is diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), bipolar affective disorder, alcohol and substance dependence, and psychosis. He has children from a previous relationship and his parents have custody of the children. Tom has contact with his children on a regular basis, supervised by his parents who provide support to Tom where-ever possible. Tom's father is a retired health professional and has acted as guarantor for Tom's current accommodation. Tom has been given notice on this property by the private landlord due to non-payment of rent.

Safeguarding Concerns were originally raised in August 2018 by Tom's care coordinator who was concerned about Tom's chaotic life style, drug and alcohol intake and his blood-letting.

During the Safeguarding Enquiry, Tom described being involved in the distribution of drugs (know as 'county lines' activity; Where he was being targeted on his journey to obtain methadone from the Pharmacy. He alluded to owing people money and was open about selling his body sexually for money to pay his rent. Tom also described other people staying at his property. This is sometimes referred to as 'cuckooing'. He was clear that he could not say no to these people as they were violent – he described them as 'weaponed-up' and he described the gang of people as coming from Manchester.

A safety plan was agreed with Tom, that he would continue to work with together re his drug use, consider rehab/detox outside of his current location, that he would have a sexual health screen to support his physical health and his GP (present at the meeting) would monitor Tom's blood to ensure his blood-letting was not impacting on him physically. Tom did say this practice was very infrequent at the time of the meeting. Tom agreed that the threats of violence from the Manchester gang would be discreetly escalated to the police. Local Policing Team have opened a criminal inquiry in response to Tom's disclosures. Tom assured the professionals at the meeting that he was able to and happy to call the police should he feel in danger and is regularly meeting with the local beat manager and his care coordinator who are supporting his safety in the community. Tom has been supported to address his accommodation and has set up a payment plan with the council who have paid his rent arrears to enable him time to source alternative accommodation. Tom was clear that he did not wish for his family to be informed of anything at this point. Staff involved in supporting Tom advised that him that they will reassess lone working and update care records.

The staff supporting Tom used an approach often described as 'Making Safeguarding Personal'. The Devon Partnership Trust (DPT) worked quickly with Tom in a way that meant that Tom hasn't been over whelmed by the increase in professionals scrutinising his life style. He was supported to participate in the investigation and all the meetings to express his views, wishes and anxieties at this time. Tom wanted and received support in liaising with the police, about his concerns about being targeted; he also requested that police only attend his address in plain clothes. Tom received the support he wanted in attending appointments, managing paperwork and forms. Tom's wishes changed throughout the time of the 1st and 2nd S42 Enquiry Meetings. He wanted to at one point leave his area for rehab/detox and then decided against this. He wanted to have his daily method prescription changed. However, the GP explained his rationale for not doing this and Tom was happy with this explanation. It was important for Tom to received support with reading the minutes and making sense of them.

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## 6. How to report abuse

If you report a safeguarding concern you will be listened to, supported and involved in any decisions.

If you think that you, or someone you know, is being abused or neglected you can:



Call Care Direct on 0345 1551 007

OR



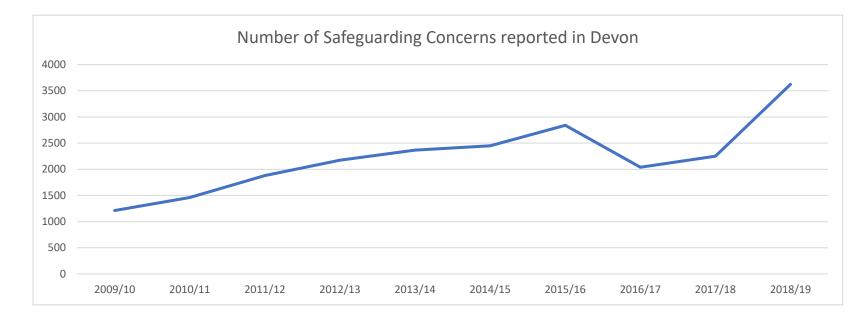
Email <a href="mailto:csc.caredirect@devon.gov.uk">csc.caredirect@devon.gov.uk</a>

(Monday-Friday 8am-8pm and Saturday 9am-1pm – outside of these hours or on bank holidays call 0845 6000 388 or email the address above)

Alternatively a safeguarding adult concern referral can be made to Care Direct using the referral form on the DSAB website: <u>https://www.devonsafeguardingadultspartnership.org.uk/reporting-a-concern/</u>

## If it's an emergency, call 999

## 7. Safeguarding activity in Devon



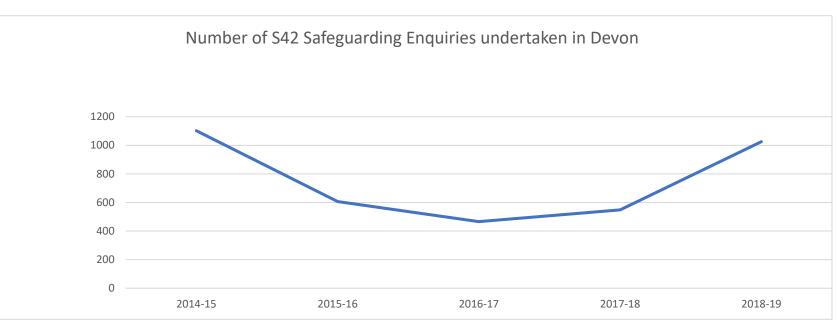
Since the Care Act came into force in April 2015, the number of adult safeguarding concerns reported began to increase and then dipped in 2016-17 to 2017/18.

Devon Safeguarding Adults Board (DSAB) undertook a Deep Dive Audit to provide further analysis. It was identified that a proportion of safeguarding issues were being managed without reporting the incident formally to Devon County Council (DCC) as a safeguarding concern. This did not mean that the concerns were not being responded to, but the findings indicated that they were being directed to more appropriate pathways e.g. to receive an assessment of needs.

Since the Deep Dive Audit our trend has changed. In 2018/19 the number of concerns reported has significantly increased. Over the last 12 months Devon has seen a **61% increase** in Concerns raised bringing us closer to the local authority comparator group average in 2017-18. However, we still experienced a lower rate of concerns relative to the population in 2018-19 when compared to our comparator group local authorities and England rate in 2017-18 (2018-19 benchmarking not yet available).

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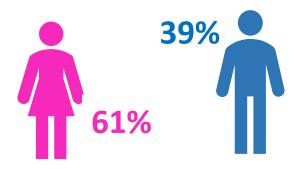
Since the Care Act came into force, the number of section 42 safeguarding enquiries (concerns that meet the threshold for further investigation) decreased but has now significantly increased again in 2018/19.

However, we still experienced a lower rate of s42 enquiries relative to the population in 2018-19 when compared to the comparator group local authorities and England rate in 2017-18 (2018-19 benchmarking not yet available).

#### Devon County Council (DCC) understanding of increased numbers of concerns and enquiries.

DCC are undertaking work to better understand demand and their activity in this area. DCC have been proactively working with Community Health and Care Teams to ensure that safeguarding concerns are raised as appropriate, promoting the safeguarding process as a positive way of understanding and responding in partnership for better outcomes for people at risk of harm.

There is some anecdotal evidence (that this increasing trend would support) that historically, teams 'deal' with issues within their local system as business as usual without raising a concern and working through any subsequent S42 enquiry.



61% of individuals involved in safeguarding concerns in 2018-19 were female. This is consistent with previous years and remains slightly above the national trend. This is disproportionate to the overall, although not necessarily the elderly population in Devon, which the majority of our safeguarding activity relates to.

Approaches to safeguarding should be person-led and outcome-focused. In Devon, people were asked about their desired outcomes in 68% of safeguarding enquiries in 2018-19. This is an increase on the previous year.



53% of enquiries of abuse or neglect pursued in 2018-19 took place within the person's own home. This is consistent with previous years but a higher proportion than the national picture (46% in 2017-18).

A lower proportion of enquiries were recorded in care homes in 2018-19 than the previous year and significantly below the national picture in 2017-18.

A higher proportion of enquiries were recorded in hospital settings in 2018-19 than the previous year and  $\Omega$  bringing us in line with the national picture in 2017-18.

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87% of individuals involved in safeguarding concerns in 2018-19 recorded their ethnicity as white. The proportion of people in Devon who describe themselves as white British increases with each age group and safeguarding data on ethnicity should therefore be considered in conjunction with data on age. This data shows that the majority of Safeguarding concerns in Devon relate to individual's aged 65+.

Agenda Item 5

## 8. Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (2005).

The safeguards apply to people over the age of 18 who lack capacity to consent to their care and treatment arrangements in a hospital or care in a care home.

Sometimes a person may need high levels of support and supervision to maintain their wellbeing. The level of care and support provided may amount to a deprivation of their liberty. The DoLS are designed to ensure that in those circumstances the person's rights are protected. The person will have the right to representation and any authorisation should be monitored, can be reviewed and the person has the right to appeal.

People can also be deprived of their liberty in other settings such as supported living or their own home. However, in such cases the deprivation can only be approved by the Court of Protection and applications for authorisations be made to the Court.

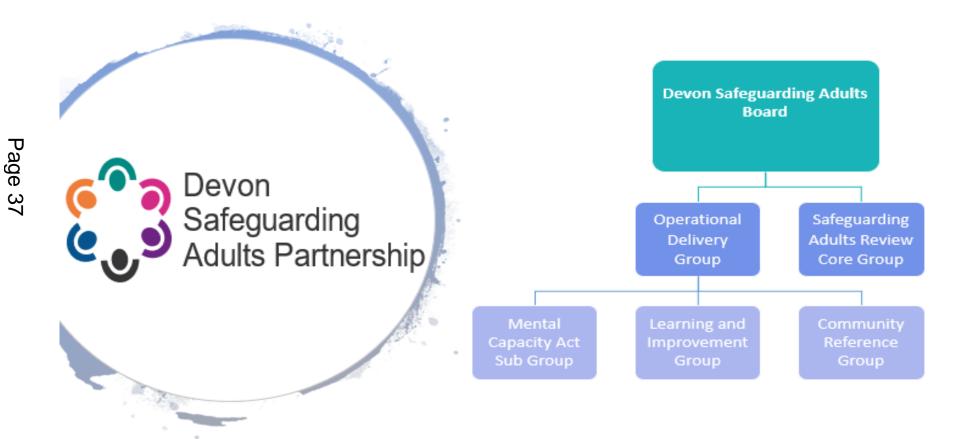
The DoLS scheme has been criticised for many things including being overly bureaucratic and costly. These criticisms have been exacerbated by the increase in demand for authorisations since the Supreme Court judgment of 2014 in the case now popularly known as 'Cheshire West', which effectively lowered the threshold for eligibility and significantly increased the volume of requests. The workload demands in relation to the DoLS remains a challenge, nationally and locally.

In March 2014, a House of Lords Select Committee published a detailed report concluding that the DoLS arrangements were "not fit for purpose" and recommended that they be replaced. The Mental Capacity (Amendment) Act 2019 received Royal Assent on 16 May 2019. The Deprivation of Liberty Safeguards legal framework will be replaced by the Liberty Protection Safeguards which are expected to come into force on the 1<sup>st</sup> October 2020.

## 9. Introduction to the Board and its subgroups

The Devon Safeguarding Adults Board (DSAB) is a statutory board set up in accordance with the S44 of the Care Act 2014.

Its main objective is to assure itself that local safeguarding arrangements and partners act to help and protect adults at risk and those most vulnerable, in its area. To help the DSAB achieve this objective, there a number of focused subgroups in place.



Agenda Item 5

## 10. The work of the Safeguarding Adults partnership subgroups

#### The Mental Capacity Act (MCA) Subgroup

The Mental Capacity Act (2005) is a legal framework designed to empower and protect the rights of people who may lack the mental capacity to make some of their own decisions.

Over the last year the MCA Subgroup, (a joint sub-group with Torbay Safeguarding Adults Board), focused on advocacy, learning from Safeguarding Adult Reviews and Liberty Protection Safeguards. A programme of joint work was initiated to ensure increased awareness of eligibility in relation to the legal requirements to provide advocacy including Independent Mental Capacity Advocates (IMCA), Care Act and Independent Mental Health Advocates (IMHA).

Partner agencies have used legal frameworks within formal supervision, clinical supervision, peer oversight and line management relationships to help put legal literacy into practice.

## Safeguarding Adults Review Core Group (SARCG)

This group has a key role in organising and delivering the Reviews and then ensures that they are presented to the Board for discussion, dissemination of key learning and review amongst all partner organisations. In 2018/19, this group commissioned 6 Safeguarding Adults Reviews which aim to improve the quality of lives of people with care and support needs in Devon. Details of the Reviews published in 2018/2019 are set out later in this report

#### Learning and Improvement (L&I) Subgroup

The joint Devon and Torbay Learning and Improvement sub group has continued to focus on five work streams to support the Board in ensuring staff in all organisations are undertaking safeguarding training and that processes are in place to support improvements in practice. These work streams include Multi-Agency Case Audit; a Training and Competency framework review; DSAB commissioned training; Embedding Learning into Practice and the interface between Domestic Abuse and Sexual Violence with Safeguarding Adults.

#### **Operational Delivery Subgroup (Ops Group)**

The Operational Delivery Group is responsible for delivering the objectives set out in the DSAB Business Plan. The ODG considers multi-agency processes across Devon to ensure that there is effective communication and working practices in place that contribute to protecting members of the public from potential abuse.

The group works closely with the other sub-groups of the Board and will ensure that any potential duplication is minimised. This will be achieved through close communication between the DSAB, this group and the Chairs of the individual sub-groups

#### **Community Reference Group (CRG)**

The Community Reference Group includes people recruited from local Voluntary, Community and Social Enterprise (VCSE) and people with lived experience of safeguarding investigations across Devon

The CRG focus group supported the development of the new Safeguarding Website, and gave suggestions resulting in improved accessibility of the website. The CRG also helped Identify key priorities for future work, raise awareness of safeguarding and develop clear and understandable leaflets so that people who are going through safeguarding investigations can better understand what to expect.



## 11. What have we done in the last year?

The Devon Safeguarding Adults Board's Strategic Plan for 2018/2019 focuses on three key priorities. These priorities have guided our focus through the last year and helped to shape our practice.

#### Our 2018/19 priorities were:

1. Ensuring that people in Devon feel safer

2. Protecting people from harm by proactively identifying people at risk, whilst promoting independence

3. Increase legal literacy of practitioners in respect of the Mental Capacity Act

#### How have we addressed these?

#### **Priority 1**

Delivery of Communications plan for 2018/19	Ensuring Making Safeguarding Personal (MSP) is the golden thread through all of our work including developing a focus on preventative work (to highlight each of the partners MSP priorities)	Ensuring that strengths based practice is integral to the work of the Board	Completion of 'Safeguarding Deep Dive Audit' and embed lessons learned	Identification of recommendations from SARs completed to include learning events
<ul> <li>The development of a new Devon Safeguarding Adults Board website</li> <li>The development of leaflets and posters</li> <li>Looking further in to a public awareness campaign</li> </ul>	<ul> <li>Agencies are undertaking their own audits with a MSP approach</li> <li>The completion of 5 Safeguarding Adult Reviews with this approach</li> <li>Quarterly multiagency case audits</li> <li>Cross System Learning Events</li> </ul>	<ul> <li>Practice Quality Review Audits</li> <li>All partners are ensuring that a strength based approach is embedded throughout training</li> <li>There is a commitment by all partners to align their training to the intercollegiate document</li> </ul>	<ul> <li>The Operational Delivery Group undertook a multi- agency safeguarding deep dive audit.</li> <li>The focus was on: practice in joint health and social care team, practice in primary and secondary health, safeguarding enquires where the 'risk remains' and service users' perceptions of safety.</li> <li>A multi-agency action plan was developed</li> <li>A themed peer challenge</li> </ul>	<ul> <li>Action and Learning Groups</li> <li>Safeguarding Improvement Group</li> </ul>

event will be planned to monitor the actions

#### **Priority 2**

Address key issues around Safeguarding for Housing and homeless people	Developing a multi- agency approach to vulnerability and risk	Key themes from Multi- Agency Case Audit shared across partners to ensure lessons learned and best practice embedded	Circulate clear information around training - how do staff identify and report potential abuse	Completion of actions identified from Learning Improvement Self-Assessment	Proactive sharing of training plans across organisations
<ul> <li>Holding a 6-monthly Devon Cross Authority Housing Forum</li> <li>Good engagement at a strategic level for driving housing priorities around safeguarding forward</li> </ul>	<ul> <li>Looked at other models of best practice</li> <li>A workshop held on the 12<sup>th</sup> February looking at Creative Solutions in Devon</li> </ul>	<ul> <li>Themes include: improving legal literacy in relation to the Mental Capacity Act, ensuring Making Safeguarding Personal is the golden thread throughout all safeguarding work and accountability in terms of robust recording of actions taken.</li> <li>Partners are addressing the lessons learned from their specific audits with the relevant practitioners.</li> </ul>	<ul> <li>Level 1 E-Learning training is under review</li> <li>Level 2 &amp; 3 is internal to organisations and are being aligned to the inter-collegiate document</li> <li>Level 4 individual training has been running for the past year ½ and has received positive feedback from all partners</li> </ul>	Planned to be completed later in 2019	<ul> <li>Whole Service Training specification has been developed with partners and given to a multi- trainer to produce.</li> <li>Partners have agreed 10% of places available for other agencies</li> </ul>

## **Priority 3**

Identify actions from completed Safeguarding Adult Reviews (SARs) to capture the Mental Capacity Act themes	Improving overall understanding of legal literacy and practice	Increase overall awareness of advocacy services across all partners
Currently reviewing South West SARs	• A short paper is in development that raises awareness of the mental capacity act for staff and the public	• A combination of increased contract capacity, the creation of easy-read flow charts for Independent Mental Capacity Advocacy (IMCA) and Independent Mental Health Advocacy (IMHA) and a revision of the referral form to clarify eligibility of IMCA has aided a reduction in the waiting list for IMCA's

## 12. Learning Events

In 2018/19 Devon Safeguarding Adults Board contacted the whole of the Operations Sub Group to ask about any learning events taking place within our partner agencies, these were some of the responses:

Livewell Southwest & Quality Assurance Improvement Team (QAIT) led some reflective learning following the closure of a care home last year DSAB ran multiple learning events in relation to Safeguarding Adult Reviews (SARs) to better understand the barriers to effective multi agency working and as a means of sharing learning across the partnership Devon County Council (DCC) led multi-agency reflective learning events following whole service safeguarding processes. These explored strategic and systemic issues arising from recent whole service enquiries processes

DCC Adult Social Care ran an action learning event following a South Gloucestershire Safeguarding Adults Review as DCC had placed one person within the care home investigated.

Devon Partnership NHS Trust have and continue to run events to feedback findings from Domestic Homicide Reviews and Safeguarding Adults Reviews to staff

The Clinical Commissioning Groups (CCG) delivered a safeguarding conference for Practice Nurses working in Primary Care

## 13. Partners' Key achievements 2018/19

#### **Devon and Cornwall Police**



- We continue to develop safeguarding processes to protect vulnerable adults from being exploited from drug dealers.
- We have commissioned an independent peer review from the College of Policing, examining its response to vulnerability, and the recommendations from that review have been incorporated into the force safeguarding processes
- We are a key member of a multi-agency process to better identify vulnerability amongst adults, encouraging 'professional curiosity' and better signposting
- We have strengthened our processes to ensure recommendations from Safeguarding Adult Reviews and will be taking these forward, primarily through the Force Safeguarding Business Board.

#### **HMP Exeter**

- HMP Exeter was subject to an Urgent Notification protocol following the HMIP (Her Majesty's Chief Inspector of Prisons) visit in 2018 and has worked with support to move out of this process. A follow up visit from HMIP (the Independent Review of Progress) identified improvements in safety for men residing in HMP Exeter. This was achieved through a reduction in violence and assaults.
- HMP Exeter has improved systems for people coming into custody to identify risk factors and to take the appropriate action once identified, by offering support through the 'Challenge Support and Intervention Plan' (CSIP) and the 'Assessment, Care in Custody and Teamwork' processes.
- Prison staff are supported by the Mental Health Team when any concerns around mental capacity are raised and individuals can be discussed at multi-professional case conference clinics to ensure support from healthcare, social care and prison staff is linked together and appropriate information sharing which ensures that support takes place.



#### **Devon County Council Adult Social Care**

- Devon County Council (DCC) have a risk profile tool used by the Quality Assurance and Improvement Team to identify services that might benefit from support. There are regular 'quality huddles' which feed in to this strategic county wide meeting.
- Level 2 & 3 internal safeguarding adult training has been revamped in line with the intercollegiate document, as agreed by all partners at the DSAB. In addition, DCC has proactively worked with Children's Services to ensure the co-delivery of new Domestic Abuse training to all social work staff within care management services. Further work is planned with Children's Services around joint protocols for working with parents with disabilities and whole service safeguarding across children's and adult services.
- DCC is developing a practice model based on promoting independence and has developed a significant workforce plan to support workforce organisational change. This forms part of a disability transformation initiative which centres on our aspirations for how we work with people who experience an intellectual disability, mental health issues and/ or autism. This focuses on strengths-based approaches, risk and decision making, the provision of solution focussed approaches training, seminar-based workshops on specialist areas of practice e.g. working with those with intellectual disability and autism and stronger links with advocacy.
- DCC has worked with the Safer Devon, Partnership, Devon Safeguarding Adults Board and Devon Children & Families Partnership to develop an 'Exploitation Toolkit'. This toolkit is for anyone who, through their paid or voluntary work, may encounter people who are vulnerable to exploitation. It will support people to understand, identify and report signs of exploitation, and access guidance and support. In addition, DCC has developed a risk assessment tool for professionals to use for assessing risk and impact.
- DCC is in the process of reviewing its Mental Capacity Act training offer to its staff to ensure that it is fit for purpose and supports people to understand decision making; particularly where there are issues around undue influence or unwise decision making. DCC is recruiting a Mental Capacity Act Practice Lead Practitioner responsible for supporting the development of best practice guidance and learning and development by end of 2019.



## Northern, Eastern and Western (NEW) Devon and South Devon & Torbay Clinical Commissioning Groups (CCGs)



#### Northern, Eastern and Western Devon Clinical Commissioning Group



South Devon and Torbay Clinical Commissioning Group

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- During 2018/2019, NEW Devon CCG and South Devon & Torbay CCG safeguarding teams worked as an integrated team. As a commissioning organisation we ensure that safeguarding is a key requirement of any tender process and is embedded within all contracts.
  - The CCG developed and implemented a Safeguarding Training Strategy ensuring that all staff completed safeguarding training appropriate to their role. Training supports staff to identify and respond to safeguarding concerns whilst acknowledging the need to promote the independence. Training compliance is monitored and regularly reported to the CCG Quality Assurance Committee.
  - The CCG's Mental Capacity Act (MCA) Lead has developed a support network among the MCA leads of NHS providers to discuss case law and learning relating to the Mental Capacity Act. Additionally, a key element of their role is to support CCG staff in meeting their legal requirements.

#### **National Probation Service (NPS)**

- The National Probation Service and Devon & Cornwall Police are the lead agencies for managing
  dangerous individuals under Multi Agency Public Protection Arrangements (MAPPA). The NPS also
  contribute to other partnerships, such as Multi Agency Safeguarding Hubs (MASH), Multi Agency Risk
  Assessment Conferences (MARAC), Integrated Offender Management (IOM) meetings which support
  the management of the safety and welfare of people of Devon.
- In all cases, for people supervised by the NPS, the risk of harm posed is assessed and a Risk Management Plan is identified. This can include referrals to adult safeguarding where appropriate.
- All NPS Practitioners are required to attend safeguarding training every 2 years, including relevant guidance on safeguarding legislation. In addition, the NPS uses MAPPA to seek advice, support and guidance from safeguarding professionals when required to manage cases safely.

#### **RD&E Hospital**

- We have built on the work undertaken in the Trust last year to raise awareness of domestic violence and continue to train more staff. Since April 2019 we have a full time Independent Domestic Violence Advisor funded by Pathfinder Project to support staff and patients.
- We have developed information leaflets for patients about the safeguarding adult process. This information gives patients and their families the key messages and opens a route for further discussion. The leaflets have also been useful for junior staff members to understand the safeguarding process and to give them confidence to talk to patients and their families about safeguarding
  - Awareness of County Lines, Modern Slavery & Human Trafficking has become embedded within the Trust, with more staff considering this as an issue when talking to the people they meet and considering their personal circumstances. This has resulted in safeguarding referrals being made.

#### **Devon Partnership Trust (DPT)**

- By ensuring that patients in DPT are routinely offered information about safeguarding and that bespoke posters and leaflets about safeguarding are displayed in all clinical areas and waiting rooms.
- Over 85% of our registered clinicians have now completed their Level 3 Safeguarding Training (in both adults and children) ensuring they can proactively identify those who may be at risk. Integration of the risk management system with safeguarding ensures robust oversight of all incidents reported to identify any patterns
- Training on the Mental Capacity Act is mandatory for all clinical staff working for Devon Partnership Trust and audit of completed assessments is reported through the Mental Health Act Scrutiny Committee and ultimately to the Trust Executive Committee. This ensures robust oversight of the implementation of the legislation. Lessons from enquiries and incidents relating to legal literacy are implemented across the Trust and shared with all clinicians through a variety of means including bimonthly internal Safeguarding Bulletin.



Royal Devon and Exeter

NHS Foundation Trust

#### **Public Health Devon**

Public Health Devon

- The Safer Devon Partnership has worked on several initiatives with the Safeguarding Adults Board to
  prevent and tackle the exploitation of vulnerable adults such as the development of the <u>Preventing
  Exploitation Toolkit</u> for frontline professionals and continuing the work of the following Working
  Groups: the Dangerous Drugs Network (County Lines) Partnership and the Anti-Slavery Partnership
- The Safer Devon Partnership (SDP) and Public Health Devon have worked with the Safeguarding Adults Board on establishing a 'Creative Solutions' Forum and SDP has continued to work collaboratively with the Safeguarding Adults Board on Domestic Homicide Reviews/Safeguarding Adults Reviews. It has recently published a briefing note for frontline professionals which summarises the learning from three Domestic Homicide Reviews which involved older couples
- Public Health is leading on the work in relation to drug-related Deaths. The whole ethos of Drug & Alcohol Service interventions is about keeping individuals, families and communities safe. The commissioned Sexual Violence & Domestic Violence & Abuse service works with people at highest risk of severe harm from domestic violence and abuse. Over the past two years we have developed clinical enquiry in primary care that has successfully identified people who have experienced or are experiencing serious domestic violence and abuse and work with perpetrators has continued to progress.

#### **University Hospitals Plymouth NHS Trust**

- Refined systems and processes for referral to safeguarding teams within the trust and to multiagency partners.
- UHP response Increased the frequency of publicity publishing improving the profile of the team and ensuring up to date information is available to staff.
- Trained 700+ staff to ensure a deeper understanding of the use of the Mental Capacity Act and correct use of DoLS.



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#### South Western Ambulance Service NHS Foundation Trust

- The safeguarding service has begun to liaise more closely with some Local Community Safety Partnerships (LCSPs). These statutory partnerships have responsibility overview of local delivery of strategies for domestic abuse prevention and other safeguarding issues. In some regions within the area of operation of the Trust, some Lost Adult and Child Safeguarding Boards and Partnerships and LCSPs have announced their intention to merge into single partnerships within the next couple of years.
- The service manages allegations by: setting up a weekly confidential peer-review meeting for case discussion to improve the consistency of decision-making within the safeguarding team; provided training, assisting managers and HR to make decisions about making disclosure and barring (DBS) referrals; and the Safeguarding Service works collaboratively with the Trust's Learning and Development Team to develop and plan safeguarding training for staff. This enables key themes emerging from safeguarding activity and analysis to be embedded in the training

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#### Torbay and South Devon NHS Foundation Trust

#### **Torbay and South Devon NHS Foundation Trust (TSDFT)**

- The safeguarding 'Golden Thread' theme is embedded in mandatory safeguarding adult training for <u>all</u> staff, linking to the Human Rights Act principles, NHS Constitution and Trust core values. Making Safeguarding Personal is embedded as baseline principle of safeguarding adult practice at all levels of safeguarding adult training. Safeguarding Adult Review (SAR) learning posters have been developed for dissemination for all staff, covering key themes from a regional thematic review which directly links to how staff say they want to be kept informed of SAR learning feedback.
- The Trust is a core member of the Torbay Safeguarding Adults Board / Devon Safeguarding Adults Board Learning and Improvement sub group with membership extended to include The Trust's Head of Education and Workforce development. All staff receive notice of safeguarding training required for their role and when an update is required. Compliance has been consistently within Trust targets of 90% or above for level 1, 80% for all other levels. 'Prevent' training data is compliant with local Clinical Commissioning Groups (CCG) targets. The Learning & Improvement sub group safeguarding adult

self-assessment tool has been updated and presented to the TSDFT safeguarding governance committee.

The trust is a core member of Mental Capacity Act (MCA) Sub Group and also the regional MCA ٠ Network. MCA training feedback is collated regarding knowledge impact and the MCA training framework identifies what level of training is recommended to all staff

#### **Northern Devon Healthcare NHS Trust**

- The Trust focussed internally on systems and process including enhanced access and support from independent Domestic Violence Advisors and running of information campaigns around Hate crime and PREVENT.
- We have worked with our community teams and wider social care to identify risk with some key • projects to enhance support at home including work with Devon and Somerset Fire and Rescue Service, equally ensuring standard questions around risk of harm are asked at ED attendances.
- Significant work has been undertaken with clinical teams both at a work based level and enhanced • training to increase confidence and assurance around MCA.

Northern Devon Healthcare Page

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**NHS Trust** 

#### Dorset, Devon and Cornwall Community Rehabilitation Company (CRC)



- We have developed a benchmark for practice for safeguarding adults which has been shared with all teams across Devon. The standard sets out expected practice when working with vulnerable adults and sits alongside the Safeguarding Policy for the organisation.
- We have worked to increase understanding in relation to 'mate crime' and share learning across the region as to effective approaches in assessing and managing risk presented to and by our service users in relation to others.
- We have promoted and encouraged our practitioners to access the Devon Exploitation Toolkit to help improve skills and knowledge in identification and interventions. We have also promoted the Plymouth Exploitation Screening Tool across the teams

#### **Health Watch Devon**

- Healthwatch Devon is a consumer champion organisation for Health and Social Care across Devon. Over an annual period, we might receive in excess of 400 Speak Out Forms from members of the public bringing to our attention matters that concern them most about Health and Social Care. In 2018-19, seven cases warranted reporting to the authorities responsible for personal safety and safeguarding. Healthwatch Devon partner, Citizens Advice Devon, provide a team of Healthwatch Champions who follow the national Citizens Advice Safeguarding policy and procedures. The principles are used to guide safeguarding activities. Fundamental to this policy is our aim to involve the client in decisions about what should happen wherever possible
  - Healthwatch Devon undertakes Enter and View visits to Health and Social Care services. We have worked with the Devon County Council Quality Assurance Improvement Team in order to extend our Good Care Matters programme. Reports are generated detailing findings from our visits, any concerns and any subsequent recommendations.



• Our Citizens Advice HWD Champions have worked closely with the England Illegal Money Lending Team to raise awareness of loan sharks and the incidence of illegal money lending in Devon. Citizens Advice local offices are introducing a new approach to gender violence and abuse, training all volunteers and staff so they can approach the issues as a routine enquiry during face to face interview

## 14. Learning from Safeguarding Adults Reviews (SARs)

The Care Act 2014 specified that it is the duty of a Safeguarding Adults Board (SAB) to commission SARs under the following circumstances:

- (1) A SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if –
- a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
- b) condition 1 or 2 is met.
- (2) Condition 1 is met if -

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- a) the adult has died, and
- b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not It knew about or suspected the abuse or neglect before the adult died)
- (3) Condition 2 is met if
  - a) the adult is still alive, and
  - b) the SAB knows or suspects that the adult has experienced serious abuse or neglect



SABs can decide to undertake a SAR in any other situations involving an adult in its area with needs for care and support. Reviews should determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case, and those lessons applied to future cases to prevent similar harm occurring again. The apportioning of blame is not the purpose of the review.

We set out below the summaries of SARs which were completed and approved by the Board in 2018/2019. For those SARs published, the full details are on the DSAB website. Full publication is not mandatory, and decision are made on a case by case basis.

#### Summary of SAR Sally (approved by the Board in September 2018, awaiting publication)

Sally was 26 years old when she died on 14th October 2015. The Coroner gave a verdict of natural causes contributed to by neglect. The pathologist gave a cause of death of Bronchopneumonia with side effects of opiates (prescribed) in a female with physical, psychological and nutritional compromise.

Sally had 2 young children who had been placed in the care of their paternal grandmother and a husband who, although not always living with her, was described as her main family carer. She had been known to mental health services since the birth of her second child in 2011. She had a history of drug misuse and self-harm. Sally had been diagnosed in October 2013 with peripheral sensory neuropathy and having rejected the physiotherapy offered, the illness left her with very little mobility. She eventually spent long periods in bed sleeping and was unable to attend to any of her personal care needs without help. Sally was in receipt of care and support from various services including personal care in her home.

In the 6 months prior to her death Sally made a number of allegations against her husband namely that he left her without care for several days, stole money from her and ultimately that she did not feel safe in the house with him. However, she went on to withdraw these statements and did not want any action taken.

#### Summary of SAR Adrian Munday (published in December 2018)

Adrian Munday (51) died on 6th October 2015. Police were called to Adrian's home where they discovered his body, following a fire which had occurred in his accommodation. A forensic post mortem held on 15<sup>th</sup> October established that Adrian had suffered significant trauma injuries not consistent with a fire, and a murder enquiry was instigated.

On 17th October 2015 SH was arrested on suspicion of Adrian's murder. He was later charged with the murder of Adrian between 2nd and 6th October 2015. SH was found guilty of murder on 14th June 2016. The court heard that SH had met Adrian on 18th September 2015, had moved into Adrian's accommodation, and had exploited him for money and his possessions. Adrian had received significant injuries all over his body, his death was caused by head and brain injuries. SH had set fire to his body. SH was given a life sentence. He was diagnosed with cancer whilst serving this sentence [while on remand] and died in prison on April 2nd 2017.

At the time of his death Adrian was being supported by a care agency and was seen regularly by a Recovery Coordinator and a Psychiatrist according to his Care Programme Approach plan.

#### Summary of SAR Rita (approved by the Board in March 2019, awaiting publication)

Rita was a woman in her late 40's, who had been admitted to hospital on 14th October 2017 following a 111 call by her partner as he was concerned about her apparent breathing difficulties. She did not recover consciousness. The initial Safeguarding referral from the hospital outlined significant concern about her physical condition, a significant number of what appeared to be burn marks on her body and known IV drug use. The medical cause of death was Infected Endocarditis and Intravenous Drug Use. Rita had a history of illicit drug abuse and was known to inject intravenously. This led her to develop infected endocarditis, from which she died on 20th October 2017 at Hospital. The Coroner concluded that Rita's death was drug-related. Rita had a diagnosed mild learning disability and was known to a number of agencies. There was concern in relation to self-neglect and that Rita had withdrawn herself from services in the year prior to her death.

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#### Review findings/themes from these examples:

- The importance of **involving the person** when working with them and ensuring **continuity of care** across organisations
- The importance of **engagement with families** in support planning, risk assessment and management of the work
- Inter-agency working the need for a clear process for identifying a lead agency in complex cases where there are many agencies involved in supporting an individual or family.
- Staff need to be clear when they can and must **share information** appropriately to understand and respond to risk
- Staff knowledge of the Mental Capacity Act must improve
- The importance of **professional curiosity and challenge** at all times when working with individuals at risk
- The need for professionals to have access to robust safeguarding training to promote their understanding of and ability to work within an **intimidatory atmosphere** and ban understanding of its **impact on professional practice**.
- There was a missed opportunity to work in a collaborative way under safeguarding in relation to self-neglect. This would have provided a multi-agency framework. The framework does not give any additional powers to act, however would have brought recognition that management of the risks required multi-agency collaboration; clarity on seeking consent to share information, or to justify sharing it without consent; assessment of the level of risk based on more informed input; and a shared record of what had been agreed.
- The need for professionals (practitioners and commissioners) to ensure effective **communication and coordination** in high risk, highly complex cases.
- Staff need to have effective **awareness of services available** alongside a thorough understanding of the Care Act (section 42) which describes the requirements to respond to safeguarding concerns, investigate and proceed to Enquiries.

## 15. What are our plans moving forward?

As highlighted in this report, the DSAB has made a number of achievements this year, however there continues to be a number of areas requiring further work and focus. Our <u>Strategic Plans</u> for 2019/20 aim to measure our progress in achieving our targets

#### **Strategic Priorities 2019/20**

1. Finding the right solution at the right time for the most at-risk people.



Key goals:

- Promote multi-agency communication, ensuring cooperation as the underlying principle of frontline social care work.
- Equip all agencies with the tools to promote collaboration and integration, making sure agency frameworks allow for the sharing of information.
- Support the development of a unanimous understanding of what vulnerability and exploitation is.
- Ensure the Making Safeguarding Personal (MSP) framework is embedded in staff practice

#### 2. Increasing the public awareness of Safeguarding

Key goals:

- Increase public knowledge regarding the recognition of abuse and/or exploitation.
- Promote the reporting of abuse from the public.
- Encourage a sense of community responsibility for safeguarding within all communities.
- Improve the understanding of safeguarding amongst Black, Asian and other minority ethnic groups through effective engagement and increased awareness

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3. Improving the experience of children transitioning (moving) to adult services, working together to ensure they remain safe.

Key goals:

- Ensure early intervention systems are in place
- Increase awareness on trauma and adverse childhood experiences to inform and shape future practice.
- Ensure commissioning arrangements for transitional periods are in place and effective.

#### 4. Increasing our staff understanding of the law in relation to Safeguarding Adults.

Key goals:

- Increase legal literacy regarding the Mental Capacity Act and Liberty Protection Safeguards.
- Increase awareness and understanding of Restrictive Intervention and Seclusion
- Ensure professionals have a current, working understanding of legislation and are competent at putting it into practice.

Health and Wellbeing Board October 2019

#### **BETTER CARE FUND PLAN Q4 REPORT**

Report of the Joint Associate Director of Commissioning, DCC and NHS Devon CCG

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

**Recommendation:** that the Board note and approve the Devon Better Care Fund planning return following its submission to NHS England on the 27<sup>th</sup> September 2019

1. Background/Introduction

- 1.1 The Better Care Fund is the only mandatory policy to facilitate integration, providing a framework for joint Health and Social Care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant and funding paid to local government for adult social care services.
- 1.2 This year guidance was released on the on the 18<sup>th</sup> July 2019 with a return required for NHS England on the 27<sup>th</sup> September. This return has been made having been approved by a number of senior officers and Councillor Leadbetter as chair of this Board.
- 1.3 Over the coming year we will also be required to agree a S75 and deliver quarterly returns, more detail of which is included below.

#### 2. Compliance with national conditions

2.1 We have confirmed we have met each of the national conditions required of the submission ...

	PR1	A jointly developed and agreed plan that all parties sign up to	
NC1: Jointly agreed plan	PR2	A clear narrative for the integration of health and social care	
	PR3	A strategic, joined up plan for DFG spending	
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	
NC4: Implementation of the High Impact	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	

Change Model for Managing Transfers of Care		
Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?
	PR8	Indication of outputs for specified scheme types
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?

#### 3. Strategic narrative – Integration of health and social care

We have been asked for narrative returns under 4 headings the responses for which are summarised below

**A) Person-centred outcomes** Your approach to integrating care around the person

We have described the importance of key areas in the delivery of person-centred outcomes, crucially comprehensive assessment to identify those who are frail or soon to be so – a single point of access to make it easier for GPs and others to obtain additional support when it is needed - and a comprehensive rapid response (care at home) service to help people to remain at home rather than be admitted to hospital or remain there beyond what is needed

We have also detailed the feedback we have received from the long-term plan engagement which highlights amongst other things the need for a focus on prevention and early detection of illness, the accessibility of care in a large rural county like Devon, the quality and affordability of local residential homes, that treatment should be a joint decision made in partnership with medical staff and that there is a desire to increase the use of technology whilst recognising it is not for everyone.

Lastly, we have described how we are a demonstrator site for personalised care and that we have already far exceeded our targets for personalised / integrated budgets, embedded Making Every Conversation Count training, delivering HOPE (Help Overcoming Problems Effectively) programmes, and are working on increasing our social prescribing initiatives.

B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable)

We have described the emerging shared management structure which brings together commissioners and providers leading on more strategic work streams led by the STP Programme Delivery Executive Group (PDEG). We have also layed out how we expect to establish a system wide Devon, Plymouth and Torbay 'Deal' and at a system STP level how we have a shared outcomes framework to which all organisations subscribe.

We have also explained that there are joint commissioning arrangements for a number of areas including carers; mental health; older people with mental health needs; learning disabilities; older people with physical disabilities - mostly supported by joint teams and strategies and collocated where possible. And that we have joint delivery arrangements between local authority and health providers with services focussed around complex care teams to support people when they are most vulnerable, working closely with primary care including the newly formed Primary Care Networks (PCNs), and the voluntary sector.

B) (ii) Your approach to integration with wider services (e.g. Housing) - This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the (Regulatory Reform Order 2002)

We have explained how we have built upon the good working practices established over the past 3 years including reaching an agreement with the 8 district councils in Devon which prioritises the delivery of major adaptations, supports the delivery of a range of local grants., top-slices monies for modular ramps and distributes the remaining DFG funding to district councils on an agreed local funding formula. We have also confirmed that the system continues to seek to improve its wider collaboration in this area.

#### C) System level alignment

We have described how the BCF plan is owned by the H&WBB supported by the Commissioning Coordinating Group (JCCG) with monies distributed to scheme leads and local joint arrangements e.g. A&E boards for delivery. We have also restated our ambition to act as a mature Integrated Care System by April 2021 and explained that the working conditions and relationships built in part by the BCF are supporting that direction of travel, including beginning to share BCF outcomes across the County of Devon. Lastly, we have described how the BCF investment aligns with the Long Term Plan ambitions which has been developed jointly by Devon's NHS organisations and Devon County, Plymouth City and Torbay Councils in consultation with the people of Devon

#### 4.0 High Impact Change Model

4.1 We were required to assess our progress against each of the metrics outlined in the High Impact Change Model – a set of best practice recommendations for tackling delayed transfers of care.

Having consulted with local systems leads our submission focussed on consolidating our position seeking to be a mature system in all but one of the areas and recognising that we are submitting the return six months into the year and are about to enter winter.

Please enter the maturity level planned to be reached by March 2020

Early discharge planning	Mature	Mature
Systems to monitor patient flow	Mature	Mature
Multi-disciplinary/Multi- agency discharge teams	Mature	Mature
Home first / discharge to assess	Established	Mature
Seven-day service	Established	Established
Trusted assessors	Established	Mature
Focus on choice	Mature	Mature
Enhancing health in care homes	Mature	Mature

#### 5.0 Metrics

5.1 For the return we were asked to outline our 19/20 target and plan around 4 key metrics. For each area a summation of performance and plans is included below -

#### Total number of specific acute non-elective spells per 100,000 population

Performance is challenging in this area but we remain around 5% ahead of our 2019/20 plan after Q1 with 33,43 Non-elective admissions against a system target of 35,361. This will be difficult to maintain but our plan focusses on -

- Population Health Management capability to be embedded at neighbourhood and place which enables the delivery of proactive care.
- A 'One Team' model blurring organisational boundaries at place that is agile and adaptable to population need.
- Maturing Primary Care Networks delivering integrated care to meet population needs and working as part of that one team
- Continued investment in core approaches such as clinical triage at emergency departments, extending primary care and therapy support to Care Homes and developing voluntary sector capacity

Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)

DTOC performance continues to be a challenge across the system with focus on the Exeter area in particular. Delays are monitored on a daily basis across the all Devon's Acute trusts and local A&E Delivery Boards taking ownership locally.

In response acute hospitals and the local authority are increasing capacity in the domiciliary and care home market, building intermediate care capacity and skills, extending community services

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and therapy and pharmacy hours are extending to provide capacity at key weekends and escalation times. This work ties together with broader recruitment and retention initiatives across Devon linked to the regional Proud to Care campaign and strong relationships with and investment in the 3rd sector and with carers.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population

There has been a sustained upward trend in admissions, with a profile of needs which is older, and both increasingly frail and with prevalence of dementia and behaviours that challenge which makes this a continued area of focus for us despite Devon County Council continuing to place fewer older people in residential/nursing care relative to population than comparator and national averages.

Our aim is to ensure we have sufficient and robust alternatives. This includes our integrated care model as detailed above but also a continuation of community based intermediate care solutions, such as Rapid Response, Social Care Reablement and regulated personal care to support people to remain in their own homes for as long as possible. Alongside this we are continuing to focus on developing a range of alternatives including Extra Care Housing and Supported Living.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

The 2018-19 outturn for this indicator was 80.1% a decline on 2017-18 (82.6%). The target has been based on improving performance to 82.6% over the current year.

Previous arrangements screened people into the service rather than out and we now seeking to support those with the most potential to recover independence rather than those that need temporary support while they make a recovery. Extending the reach of services in this way may actually impact on current performance but we feel is the right thing to do.

We also recognise that co-ordination of care and support will also be essential to ensuring people remain at home, and our ongoing development of a 'one team' self-organising ethos with multidisciplinary working that encourages blurring of professional boundaries and active management and ownership of people within a locality is core to this; again Primary Care Networks will be key; as will the vital role that carers play.

#### 6.0 2019/20 BCF Monitoring

- 6.1 We currently expect to have to submit returns in quarters, 2, 3 and 4 with the second two fitting with H&WBB meeting dates. It is likely that the format will change from previous years, but that detail is still emerging.
  - Quarter 1: not required
  - Quarter 2: Wednesday 30 Oct 2019 Page 63

- Quarter 3: Friday 24 Jan 2020
- Quarter 4: Friday 1 May 2020

#### 7.0 Section 75

7.1 We have also been asked to ensure that a section 75 is in place for the BCF monies with H&WBB approval by the 15<sup>th</sup> December. We expect to be able to build on previous arrangements and will bring it back to the January H&WBB for final signoff.

#### 8.0 Future Years

8.1 Early indications are that Better Care Funding will continue in 2020/21 at similar levels although final details and conditions are still not 100% clear. Further updates will follow as they become available.

Tim Golby Joint Associate Director of Commissioning, DCC and NHS Devon CCG

#### Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS Contact for Enquiries: Solveig Sansom, Senior Manager, Adult Commissioning and Health Tel No: 01392 383 000 Room: 1st Floor, The Annexe, County Hall

BACKGROUND PAPER DATE FILE REFERENCE

#### Agenda Item CX/10/. Devon Health and Wellbeing Board 10<sup>th</sup> October 2019

#### Healthy and Happy Communities Devon's Joint Health and Wellbeing Strategy, 2020-25 Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

**Recommendation:** That the board approve the final draft and agree the next steps in relation to publication of the final strategy, outcomes framework, and further work to embed the strategy.

#### 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 During 2019 the board has been developing its new Joint Health and Wellbeing Strategy to cover the period 2020 to 2025. Following the publication of the draft for consultation on in July 2019, this paper summarises the consultation, changes made to the strategy, and sets out next steps.

#### 2. Consultation

2.1 Following the launch of the draft strategy at the Devon Health and Wellbeing Board annual stakeholder conference on 11 July 2019, the consultation lasted for eight weeks, ending on 5 September 2019. The consultation consisted of an online consultation survey, yielding 135 responses; focus groups with various groups coordinated by Living Options Devon involving 173 people including people with learning disabilities, LGBTQ communities, young people, disabled and deaf people, and BME communities; and table discussions at the annual stakeholder conference.

2.2 Around three quarter of survey responses were from residents, with the rest coming from organisations from across the county. Feedback relating to the vision, principles and priorities in the strategy has been positive. Figure 1 summarises the extent of agreement with the vision and the principles in the draft strategy, with 74% of respondents agreeing or strongly agreeing with the vision. There was also strong agreement with the principles, with the strongest agreement for the principle concerning prevention and early intervention. Figure 2 summarises the extent of agreement with the four priorities, with 90% of respondents agreeing with the 'Create opportunities for all' priority and 95% agreeing with the other three priorities (healthy, safe and strong communities; focus on mental health; maintain good health for all). Further analysis revealed a similar extent of agreement to the individual outcomes within the priorities, with around 90-95% agreeing; and less than 2% disagreeing across the full range of priorities and outcomes. Whilst disagreement with the vision, principles and priorities was fairly minimal, the consultation did yield some further feedback around wording and emphasis which were used in the finalisation of the strategy.

#### Figure 1, Consultation survey results concerning level of agreement with vision and principles

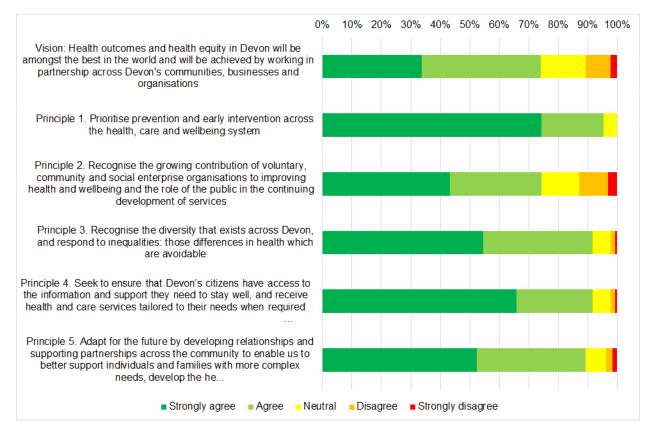
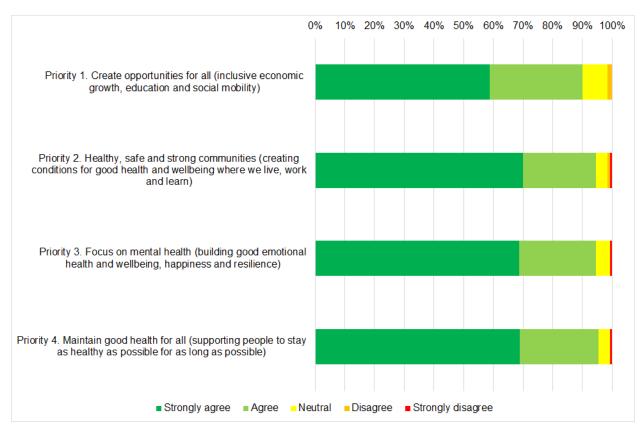


Figure 2, Consultation survey results concerning level of agreement with priorities



2.3 As well as providing feedback of the strategy's vision, principles and priorities, the consultation also gathered information on what individuals and organisations could contribute, people's experiences, and details of a wide range of organisations, projects and facilities that could contribute to local work across the priorities. This will be subject to further analysis to inform the next stage of work.

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### Agenda Item 7

#### 3. Changes to the strategy

3.1 Final changes to the strategy were discussed and agreed by board members and representatives at a meeting on 27 September 2019. At this meeting the following changes were made to the strategy, reflecting consultation feedback and further discussions:

- Slight change of wording to vision to emphasise partnership working
- Slight change of wording to principle 2 with stronger emphasis on supporting voluntary, community and social enterprise organisations
- Separated principle 5 into two principles (5 and 6) with one covering supporting partnerships and complex needs, and the other covering workforce and digital solutions
- Addition of increasing supply of appropriate housing to outcome 2a
- Removal of reference to the planning system and community development under outcomes 2b
- Change from 'helping people' to 'enabling people' under outcome 4a
- Additional outcome related to supporting carers (4d) added under priority 4
- For priority 2, under 'Who will we be linking with on this priority?' reference added to local strategic housing and planning groups, and National Park Authorities
- For priority 3, content on self-harm added under 'Why is this important in Devon?'
- For priority 4, content on carers added under 'Why is this important in Devon?'
- Details of Health and Wellbeing Board champions added to each priority page.

#### 4. Final Draft for Board Approval

4.1 The final draft of the Joint Health and Wellbeing Strategy is included separately for final approval by the board. For reference, the vision and priorities from the draft JHWS are summarised in the table below:

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

Vision:	Heal	th outcomes and health equa	ality in Devon will be amongst the	e best in the world and will be
	achie	eved by Devon's communities	s, businesses and organisations	working in partnership
Principle 1.	Prior	itise prevention and early inte	ervention across the health, care	e and wellbeing system
Principle 2.	ente		ng contribution and needs of vol ving health and wellbeing, and th es	
Principle 3.		ognise the diversity that exists rences in health which are av	s across Devon, and respond to roidable	inequalities: those
Principle 4.			ens have access to the informati care services tailored to their ne	
Principle 5.			g relationships and supporting pa and families with more complex	
Principle 6.	Deve	elop the wider health and wel	Ibeing workforce and embrace d	ligital solutions
Priority 1. Crea opportunities f all Inclusive econo. growth, educatio and social mobi	<b>for</b> mic on	Priority 2. Healthy, safe and strong communities Creating conditions for good health and wellbeing where we live, work and learn	Priority 3. Focus on mental health Building good emotional health and wellbeing, happiness and resilience	Priority 4. Maintain good health for all Supporting people to stay as healthy as possible for as long as possible
<ul> <li>a. Narrow gaps educational attainment and adult skills</li> <li>b. Reduce level child poverty</li> <li>c. Support economic growt more disadvantaged areas</li> <li>d. Increase soci mobility</li> </ul>	s of th in	<ul> <li>a. Improve housing conditions, reduce homelessness, and increase supply of appropriate housing</li> <li>b. Create conditions for good health, physical activity and social interaction</li> <li>c. Support healthy workplaces and schools</li> <li>d. Help keep communities and individuals safe</li> </ul>	<ul> <li>a. Reduce loneliness in all age groups</li> <li>b. Identify people at risk and intervene to improve poor mental health as soon as possible</li> <li>c. Proactively address the mental health consequences of trauma and adverse childhood experiences</li> <li>d. Promote a positive approach to mental health and wellbeing</li> </ul>	<ul> <li>a. Prevent ill health by enabling people to live healthier lives</li> <li>b. Detect disease in the early stages to reduce impact on health</li> <li>c. Support those living with long-term conditions to maintain a good quality of life</li> <li>d. Support carers to improve and maintain their own health and wellbeing</li> </ul>

### Agenda Item 7

#### 5. Next Steps

5.1 Once the strategy has been signed off by the Health and Wellbeing Board, the final version of the strategy will be designed and produced. As well as the strategy report, the content will be made available as a set of webpages on the Devon Health and Wellbeing Board website. An 'easy read' version of the strategy will also be produced to make the information easier to understand for people who have difficulties with reading.

5.2 To accompany the new strategy an updated Devon Health and Wellbeing Outcomes Report will be produced to monitor progress against the priorities identified. This will continue to include breakdowns by local area and comparison with peers but will also include a greater emphasis on inequalities. This will be produced for the January 2020 Health and Wellbeing Board meeting.

5.3 The final version of the strategy and the updated outcomes reports will be shared with local authority districts, NHS organisations, local strategic partnerships, and other organisations, to help inform local organisations and gather intelligence on local programmes and initiatives to support work on priorities.

5.4 A workshop for board members to refine the programme of meetings for the Health and Wellbeing Board, including updating appropriate working and reporting arrangements with relevant strategic partnerships and organisations, supported by the finalisation and application of the 'Working Together' protocol for strategic partnerships in Devon should also be considered.

#### 6. Risk Management Considerations

Not applicable.

#### 7. Options/Alternatives

Not applicable.

#### 8. 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

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

Background Papers Nil

# Healthy and Happy



### DEVON'S JOINT HEALTH AND WELLBEING STRATEGY, 2020-25 FINAL DRAFT FOR BOARD APPROVAL, OCTOBER 2019





### Introduction

#### **Devon's Health and Wellbeing Board**

http://www.devonhealthandwellbeing.org.uk/board/

Health and Wellbeing Boards bring leaders from the local health and care system together to work with other partners to improve the health and wellbeing of the local population.

Devon's Health and Wellbeing Board includes councillors and chief officers from Devon County Council and Devon's district councils, along with representatives from Healthwatch Devon, NHS Devon Clinical Commissioning Group, the Joint Engagement Forum, Probation Services, Devon and Cornwall Police, Devon Partnership Trust, the Royal Devon & Exeter NHS Foundation Trust, and Torbay and South Devon NHS Devon Trust.

#### <u>a</u>

The board has a duty to produce a Joint Strategic Needs Assessment or JSNA (an assessment of current and future health and care needs in the Cal population) and a Joint Health and Wellbeing Strategy (a local strategy for the local population addressing the needs identified in the JSNA).

The NHS Long-Term Plan was published in 2019 and sets a 10-year vision for the health and care system, including developing primary care networks, focusing on prevention, developing the NHS workforce, making better use of digital technology and increasing cost effectiveness.

Sustainability and Transformation Partnerships (STPs), were set up to better coordinate local health and care services and develop integrated care. Devon STP, which covers Devon, Plymouth and Torbay will publish a local five-year long-term plan in Autumn 2019, which will describe how the local health and care system responds to local and national challenges and delivers national standards. This strategy will form part of the local evidence base for the Devon Long-Term Plan. The increasing collaboration between the three health and wellbeing boards in the STP area (Devon, Plymouth and Torbay) will also support STP work.

#### **Developing this strategy for Devon**

This strategy is guided by the principles in the following national and international frameworks for improving public health.

#### King's Fund: Four Pillars of Population Health (2018)

https://www.kingsfund.org.uk/publications/vision-population-health

This is a framework for action around four areas to focus on to improve population health outcomes:

- 1. **The wider determinants of health** the range of social factors such as income, employment, housing and transport which are the most important driver for health
- 2. **Our health behaviours and lifestyles** covering behaviours such as smoking, alcohol consumption, diet and exercise which are the second most important driver for health
- 3. **The places and communities we live in and with** which influence our health behaviours, social relationships and networks
- 4. An integrated health and care system to coordinate and tailor services to individual needs rather than to suit organisations.

### World Health Organisation: The Minsk Declaration (life-course approach)

http://www.euro.who.int/en/publications/policy-documents/the-minsk-declaration

This declaration sets out a life-course approach which looks at the influence of factors across people's lives. It's three principles are:

- 1. Acting early as the earliest years of life set the tone for the whole of the lifespan
- 2. Acting appropriately during periods of change as timely action to protect health during life's changes creates benefits down the line
- 3. Acting together as no life is lived alone, and all human lives are connected to others in the household, community or nation.

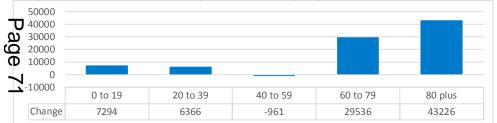
### Health and Wellbeing in Devon

www.devonhealthandwellbeing.org.uk/jsna

#### **Population and Development**

Around 800,000 people live in Devon, which has an older population profile than England and population growth above the national average, influenced by the inward migration of people aged 40 to 75. The population is set to grow by 88,000 (11%) over the next 20 years, with low growth in under 65s (2%), but considerable growth in the older population (94% increase in people aged 85 and over). Over 75,000 dwellings are planned in the next 15-20 years with a greater concentration in the South and East of the county.

#### Projected population change in Devon by age, 2020 to 2040



#### **Community and Economy**

Devon has a skilled workforce with higher than average qualifications, but lower than average earnings. Overall crime rates are low but there are increasing risks from drugs, child sexual exploitation, domestic abuse and modern slavery. Fuel poverty and poor housing conditions, particularly in the private rented sector, are a major issue in many areas, especially in rural parts of Northern and Western Devon, which impacts on health and wellbeing. Homelessness is increasing, with more than 15,000 families on the housing register, and average house price more than nine times annual earnings, compared to seven times nationally. There have been recent increases in child poverty and more people are accessing emergency food supplies. Devon has higher levels of rural deprivation than the national average, particularly in Northern and Western Devon, and pockets of more severe deprivation in some urban areas. Social mobility (the ability of people to advance through education and employment) and access to housing and services are issues in these areas. Considerable inequalities in health are seen with a 15-year gap in life expectancy between Central Ilfracombe (75 years) and Exmouth Liverton (90 years). This gap has not decreased in over a decade.

#### Inequalities gap at neighbourhood level

Measure	Worst in Devon	Best in Devon
Life expectancy	75years, Ilfracombe Central	90 years, Liverton
Long-term health	8.2%, Exeter Sidwell	0.8%, Widecombe-in-
issue (16-64)	Street	the-Moor
Child Poverty	33.3%, Forches	1.1%, Teignmouth Road
	(Barnstaple)	(Dawlish)
Fuel Poverty	27.9%, Mount Pleasant	3.6%, Douglas Avenue
	(Exeter)	(Exmouth)

#### **Devon's health and wellbeing challenges**

The following are highlighted as the main current and future health and wellbeing challenges across the Devon Sustainability and Transformation Partnership area:

- 1. An ageing and growing population
- 2. Access to services, including socio-economic and cultural barriers
- 3. Complex patterns of urban and rural deprivation
- 4. Housing issues (quality and affordability)
- 5. Earlier onset of health problems in more deprived areas (typically 10-15 years earlier than the least deprived areas)
- 6. Poor mental health and wellbeing, social isolation and loneliness
- 7. Poor health outcomes caused by modifiable health-related behaviours
- 8. Pressures on services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity and frailty
- 9. Shifting to a prevention focus across the health and care system
- 10. Unpaid care and associated health outcomes for carers.

### **Our Strategy**

The priorities identified in this strategy reflect the four pillars of population health, the Minsk Declaration on the life-course approach, and draw on evidence collected in the JSNA, and through board meetings and workshops. Under each priority area, we identify the outcomes we want to achieve and the local community assets and partners we will work with.

#### **Our Vision**

Health outcomes and health equality in Devon will be amongst the best in the world and will be achieved by Devon's communities, businesses and organisations working in partnership.

### **Our Principles**

- 1. Prioritise prevention and early intervention across the health, care and wellbeing system
- 2. Recognise and support the growing contribution and needs of voluntary, community and social enterprise organisations to improving health and wellbeing, and the role of the public in the continuing development of services
- 3. Recognise the diversity that exists across Devon, and respond to inequalities: those differences in health which are avoidable
- 4. Seek to ensure that Devon's citizens have access to the information and support they need to stay well, and receive health and care services tailored to their needs when required
- 5. Adapt for the future by developing relationships and supporting partnerships across the community to support individuals and families with more complex needs
- 6. Develop the wider health and wellbeing workforce and embrace digital solutions.

### **Our Priorities**

#### 1. Create opportunities for all

#### inclusive economic growth, education and social mobility

- a. Narrow gaps in educational attainment and adult skills
- b. Reduce levels of child poverty
- c. Support economic growth in more disadvantaged areas
- d. Increase social mobility

#### 2. Healthy, safe and strong communities

### creating conditions for good health and wellbeing where we live, work and learn

- a. Improve housing conditions, reduce homelessness, and increase supply of appropriate housing
- b. Create conditions for good health, physical activity and social interaction
- c. Support healthy workplaces and schools
- d. Help keep communities and individuals safe

#### 3. Focus on mental health

### building good emotional health and wellbeing, happiness and resilience

- a. Reduce loneliness in all age groups
- b. Identify people at risk and intervene to improve poor mental health as soon as possible
- c. Proactively address the mental health consequences of trauma and adverse childhood experiences
- d. Promote a positive approach to mental health and wellbeing

#### 4. Maintain good health for all

### supporting people to stay as healthy as possible for as long as possible

- a. Prevent ill health by enabling people to live healthier lives
- b. Detect disease in the early stages to reduce impact on health
- c. Support those living with long-term conditions to maintain a good quality of life maintain
- d. Support carers to improve and maintain their own health and wellbeing

#### **Priority 1: Create opportunities for all** inclusive economic growth, education and social mobility

Education, employment and income have a considerable impact on health outcomes. People with lower educational attainment, without regular employment and on lower incomes have a much greater likelihood or having poorer physical and mental health. Social mobility, the ability of people to advance through education and employment, is also limited in some areas and groups, creating further inequalities.

#### Why is this important in Devon?

- There are large gaps in educational attainment in Devon. People living in more deprived communities, boys, and pupils with English as a second language all experience poorer attainment
- Lower employment rates are seen for people in more deprived • areas, and people with long-term conditions, learning disabilities and mental health problems
- Page One in eight children live in poverty in Devon, with a large gap between the highest (33.3% in the Forches area, Barnstaple) and 73 lowest (1.1% in Teignmouth Road, Dawlish) rates
  - Areas of the county which have seen less economic growth such as Torridge and North Devon, have lower levels of social mobility, particularly during adulthood.

#### What have people told us?

Discussion at the 2018 board stakeholder conference and the workshop with board and health scrutiny members called for a much stronger focus on the wider determinants of health, health inequalities and local challenges, along with a focus on earlier intervention, particularly in childhood. Educational attainment, economic development and inclusive economic growth, or economic development that benefits the whole community and not just sectors, were identified as issues to emphasise. 90% of respondents to the consultation on the Joint Health and Wellbeing Strategy conducted in July to September 2019 agreed with this priority.

#### What are the main outcomes we want to achieve?

- a. Narrow gaps in educational attainment and adult skills
- b. Reduce levels of child poverty
- c. Support economic growth in more disadvantaged areas
- d. Increase social mobility

#### What assets do we have in our communities?

Many assets exist across our communities which can be drawn upon to increase opportunities for education and employment. These include Learn Devon, and schools, colleges and universities who play a critical role in education across the life course. Outside of the traditional educational sector many opportunities for learning and skill development exist including volunteering, youth groups, clubs, societies and the Duke of Edinburgh Award scheme. Devon has seen considerable economic growth, business relocation and development, so the involvement of businesses is very important. Devon's libraries, provided by Libraries Unlimited, provide further opportunities for lifelong learning within our communities.

#### Who will we be linking with on this priority?

We will work with the following strategic partnerships on this priority:

- Heart of the South West Local Economic Partnership
- Devon Children's and Families Partnership

We will also link with the following teams through board members and stakeholder networks:

- Devon County Council Economy, Enterprise and Skills team
- Devon County Council Children's Services ٠
- Local Authority District Economic Development teams

#### Who are the local health and wellbeing champions?

Councillor Andrew Leadbetter will be the local health and wellbeing board champion for this priority. Board champions will advocate for work in this area and provide a link to other partnerships.

#### **Priority 2: Healthy, safe and strong** communities

creating conditions for good health and wellbeing where we live, work and learn

Poor housing conditions are associated with poorer health outcomes, increased risk of circulatory and respiratory diseases, and mental ill health. The neighbourhoods in which we live, work and study can have positive and negative effects on our health, influencing health behaviours and opportunities for social interaction. The physical and natural environment, the ability to travel safely, perceptions and levels of crime, and formal and informal community networks all contribute to our ability to live healthy lives.

### Why is this important in Devon? Page

- The Indices of Deprivation 2015 reveals that the aspects of deprivation where Devon communities have the greatest needs 74 relate to the indoor environment and access to housing and services
  - Levels of fuel poverty are above the national average, reflecting ٠ lower incomes and higher cost of living, with rural parts of Northern and Western Devon particularly severely affected
  - Increasing levels of obesity and physical inactivity, with low levels of active travel, particularly in new housing developments
  - Increasing risks from drug networks, child sexual exploitation, domestic and sexual violence and abuse and modern slavery, which disproportionately affect certain communities.

#### What have people told us?

Discussion at the 2018 board stakeholder conference and workshop with board and health scrutiny members highlighted the guality and availability of housing as an important issue locally. Feedback also emphasised the critical role local communities can play in improving health and wellbeing, and the relationship between community safety and wellbeing. 95% of consultation respondents agreed with this priority.

#### What are the main outcomes we want to achieve?

- a. Improve housing conditions, reduce homelessness, and increase supply of appropriate housing
- b. Create conditions for good health, physical activity and social interaction
- c. Support healthy workplaces and schools
- d. Help keep communities and individuals safe

#### What assets do we have in our communities?

Thousands of community organisations, groups and communal facilities exist throughout Devon which support local neighbourhoods and provide opportunities to improve health and wellbeing. Community infrastructure organisations also coordinate and develop community capacity. Neighbourhood Watch, community warden and community speed watch schemes contribute to community safety. Organisations like Sustrans and Devon Wildlife Trust support active travel and environment improvement.

#### Who will we be linking with on this priority?

We will work with the following strategic partnerships on this priority and support the development of local strategic collaboration around housing and road safety:

- Safer Devon Partnership and Community Safety Partnerships
- Devon Safeguarding Adults Board
- Devon and Cornwall Housing Options Partnership
- Devon Planning Policy Group ٠
- Devon Strategic Environmental Health Managers Group •
- Dartmoor and Exmoor National Park Authorities

We will also link with the local voluntary, community and social enterprise organisations, local authority housing and planning teams and housing providers through board members and stakeholder networks.

#### Who are the local health and wellbeing champions?

Councillor Roger Croad, Dr Virginia Pearson and Jeremy Mann will be the health and wellbeing board champions for this priority. Board champions will advocate for work in this area and provide a link to other partnerships.

#### **Priority 3: Focus on mental health** *building good emotional health and wellbeing, happiness and resilience*

Poor mental health and wellbeing has a considerable impact on quality of life and is a major contributor to premature death. Mental and physical health problems are closely linked. Loneliness is often a precursor for mental health problems and is seen across the life course and most frequently in younger adults. Prevention, coupled with early detection and treatment is vital, and the 'five ways to wellbeing' highlight the importance of being active, taking notice, learning, giving and connecting with others.

#### Why is this important in Devon?

- Many communities have a high risk of loneliness, and younger renters with little sense of belonging to their area, unmarried middle-agers with long-term conditions, and widowed older people living alone with long-term conditions are at increased risk
- Poorer mental health outcomes are seen in Devon including suicide rates, social connectedness, and mental health outcomes for vulnerable groups
- Rates of admission for self-harm have increased and are above the national average, with the highest rates in young people aged 10 to 24, females and those living in more deprived areas
- Lower employment rates and higher mortality rates for people with mental health conditions are seen in Devon compared to the England average
- The considerable impact that loneliness and poor mental health has on demand for a wide variety of health and care services.

#### What have people told us?

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Discussion at the 2018 board stakeholder conference and workshop with board and health scrutiny members revealed that stakeholders want as strong an emphasis for mental health as physical health within the strategy, and consideration of the interaction of the two. 95% of consultation respondents agreed with this priority.

#### What main outcomes we want to achieve?

- a. Reduce loneliness in all age groups
- b. Identify people at risk and intervene to improve poor mental health as soon as possible
- c. Proactively address the mental health consequences of trauma and adverse childhood experiences
- d. Promote a positive approach to mental health and wellbeing

#### What assets do we have in our communities?

Community organisations and groups can be important for reducing loneliness and exemplifying the five ways to wellbeing. Social prescribing schemes which have emerged across the county, and programmes to support groups at higher risk of loneliness, such as Living Options Devon's 'Time to Talk' project to tackle loneliness in disabled people and deaf people can also be useful. Both specialist support and brief interventions across the health and care system can support early detection and treatment.

#### Who will we be linking with on this priority?

We will work with the following strategic partnerships on this priority:

- Devon Sustainability and Transformation Partnership
- Devon Children's and Families Partnership
- Devon Safeguarding Adults Board

We will also link with the following teams through board members and stakeholder networks:

- Mental Health service providers
- Voluntary, Community and Social Enterprise organisations
- Workplaces

#### Who are the local health and wellbeing champions?

Councillor Carol Whitton will be the local health and wellbeing board champion for this priority. Board champions will advocate for work in this area and provide a link to other partnerships.

#### Priority 4: Maintain good health for all

supporting people to stay as healthy as possible for as long as possible

Poor health can often be prevented through maintaining a healthy lifestyle, and where illness is present, long-term health outcomes can be improved through early detection and treatment. The NHS long-term plan highlights the need for a greater prevention focus across the health and care system with demographic change and financial pressures contributing to the urgent need for this shift. Advancements in medicine and digital technology offer new possibilities for how this could be done.

#### Why is this important in Devon?

- Health-related behaviours such as smoking, excess alcohol usage, physical inactivity, poor diet, obesity and risk-taking lead to ill health and premature death in Devon, with considerable
- variation in these risk factors between Devon's communities
- The late detection of disease, influenced by the low take-up of
- screening, reluctance to seek help and other barriers to using health and care services in certain groups, contributes to poorer health outcomes and health inequalities in Devon
  - Over 1,300 premature deaths for causes considered preventable occur each year in Devon, with the highest rates in the most deprived areas, and preventable conditions greatly impacting on demand for health and care services.
- Over 80,000 people providing unpaid care, which can impact on their own health and wellbeing, quality of life and the balance between their caring responsibilities and other aspects of their life.

#### What have people told us?

Discussion at the 2018 board stakeholder conference and workshop with board and health scrutiny members highlighted that stakeholders wanted a clear emphasis on prevention and early intervention. Health inequalities, health literacy and health related behaviours such as smoking, alcohol use, inactivity and obesity were strongly emphasised. 95% of consultation respondents agreed with this priority.

#### What main outcomes we want to achieve?

- a. Prevent ill health by enabling people to live healthier lives
- b. Detect the early signs of disease to reduce impact on health
- c. Support those living with long-term conditions to maintain a good quality of life
- d. Support carers to improve and maintain their own health and welbeing

#### What assets do we have in our communities?

Health and care organisations across the local system who are increasing shifting their emphasis towards prevention and early intervention. A focus on digital transformation in the long-term plan for health and care services provides further opportunities to prevent illness, improve care and support people in their communities. Public health teams who have responsibility for commissioning certain preventive services and have expertise in relation to prevention and population health. Voluntary, community and social enterprise organisations who have a role in preventing ill-health and providing formal and informal support and improve quality of life for those affected by long-term conditions.

#### Who will we be linking with on this priority?

We will work with the following strategic partnerships on this priority:

- Devon Sustainability and Transformation Partnership
- Devon Children's and Families Partnership
- Natural Devon: the Local Nature Partnership

We will also link with the following teams through board members and stakeholder networks:

- Devon County Council Public Health team
- Devon Clinical Commissioning Group
- Health and care service providers
- Active Devon

#### Who are the local health and wellbeing champions?

Dr Paul Johnson and David Rogers will be the health and wellbeing board champions for this priority. Board champions will advocate for work in this area and provide a link to other partnerships.

# How we will work together and monitor progress

#### **Next Steps for the Board**

As the local system develops, Health and Wellbeing Boards will play a vital role in overseeing the system and supporting integration. In 2018 the board set six objectives for development which will guide this work:

- 1. Establishing alignment with other partnerships focused on the wider determinants of health
- 2. Establish a wider Health and Wellbeing Network to support, inform and disseminate the work of the Health and Wellbeing Board
- 3. Utilise a tiered approach to geography with democratic accountability at all levels and a two-way information flow to inform local priority
- D setting
- 4. Strengthen and formalise the role of the board in providing assurance
- that the commissioning plans of local organisations reflect boards
   priorities
- Establish the board's role in the strategic planning of health, care and wellbeing
- 6. Increase collaboration between Devon, Plymouth and Torbay Health and Wellbeing Boards.

#### **Working Together**

The dual focus on the wider determinants of health, and the health and care system in this strategy requires increased collaboration and coordination between strategic partnerships in Devon.

Following approval of this strategy, cross-partnership processes for collaboration will be set up to support work on common objectives. The following table describes the main strategic partners the board will link with for each of the four Joint Health and Wellbeing Strategy priorities.

#### Partnership alignment for Health and Wellbeing Board priorities

Priority	Strategic Partners
1. Create	Heart of the South West Local Enterprise Partnership,
opportunities for all	Devon Children's and Families Partnership
2. Sustain healthy	Housing and Planning Partnerships, Safer Devon
neighbourhoods	Partnership, Devon Safeguarding Adults Board
3. Focus on mental	Devon STP, Devon Children's and Families
health	Partnership, Devon Safeguarding Adults Board
4. Maintain good	Devon STP, Devon Children's and Families
health for all	Partnership

#### **Monitoring Progress**

www.devonhealthandwellbeing.org.uk/jsna

Progress will be monitored through an updated Devon Health and Wellbeing Outcomes Report, and emerging issues and challenges during the life of this strategy will be identified through the Devon JSNA. The new outcomes report and JSNA will include the following elements:

Health and Wellbeing Outcomes Report:

- Updated indicator list to reflect new priorities, with alignment to other partnership outcome frameworks as appropriate
- Breakdowns by local authority district and comparison with peers
- Greater emphasis on inequalities, revealing differences at neighbourhood level, and by area deprivation and type

Joint Strategic Needs Assessment:

- Refreshed and interactive Devon Overview
- New community profiles tool and topic summaries
- Summaries of needs and priorities by town, network and locality





### Agenda Item 8

Health and Well Being Board 10 October 2019 CS1926

### DEVON CHILDREN AND FAMILIES PARTNERSHIP'S CHILDREN AND YOUNG PEOPLES PLAN

Report of the Chief Officer Children's Services

#### Recommendation:

That Health and Wellbeing Board note the Devon Children and Families Partnership's Children and Young Peoples Plan and the connections to the priorities of the Health and Wellbeing Strategy.

#### 1. Introduction

- 1.1. The Devon Children and Families Partnership (DCFP) was established in 2018 in response to the Wood Review reforms subsequently set out in statutory guidance, Working Together 2018. The DCFP strategic plan sets out the vision and priorities for children and families in Devon for the next three years.
- 1.2. The DCFP is led by three local safeguarding partners, Devon County Council, the Clinical Commissioning Group (CCG) and Devon and Cornwall Police. Membership of the partnership spans education, including schools, social care, public health, CCG, health providers, district councils, voluntary sector, police and children and families.
- **1.3.** The partnership has responsibility to safeguard and promote the welfare of children and young people in Devon. To do this, partners need to work together effectively. The core purpose of the partnership is to ensure that **children and families get the right support, in the right place, at the right time.**

#### 2. Background

#### The Plan is attached at Appendix A

- 2.1. The development of the Children and Young Peoples Plan (CYPP) has been coordinated by the DCFP through a range of multi-agency events with key partners and stakeholders. The plan refreshes the commitments we made and the direction we set in 2017 when we published our Delivery Plan for Devon's Children' Services 2017-2018.
- 2.2. The voice of children and families in Devon has been a critical foundation to the priorities of the plan. The CYPP has been developed drawing on engagement across a range of service development areas throughout 2017/18 for example Stand Up Speak Up messages from Children In Care, Community Health and Wellbeing reprocurement engagement, Devon Parent Carer Voice and Local Offer Reference Group.
- 2.3. We will continue to engage with children and families throughout the life of the plan to refine our interventions and demonstrate our impact.
- 2.4. At a partnership level we have reviewed data about our population in Devon taken from the Joint Strategic Needs Analysis and Devon Children and Young People's

### Agenda Item 8

Sustainability and Transformation Plan Data Pack. This informed priorities within the CYPP and challenged stakeholders to consider the impact on outcomes for children of current projects and service development.

- 2.5. The style of the plan breaks with tradition and moves towards total digital communication. It puts the purpose and priorities of the partnership in the hands of staff and children, accessible through mobile devices and accessible in language and design, giving everyone the digital navigation system and connection to drive our collective efforts.
- 2.6. The draft plan has been widely shared. This has included the Early Help Roadshows running in each locality of the County through June, an online questionnaire with supported engagement by youth services, childrens centres, school councils, placement providers, schools, maternity and public health nursing, District Councils, parent, carer representative groups. Feedback has been overwhelmingly positive.
- 2.7. The DCFP has launched the plan on 30th September 2019. This has included social media and website content.
- 2.8. The plan will be supported by more detailed documents such as an Outcomes Framework a Workforce Development Strategy and a Joint Commissioning Plan and there are multiple sub-strategies and plans. The plan will be annually refreshed. The significant strengthening of the engagement and participation with Children and Families over the coming year will be a significant influence on the refreshed plan.
- 2.9. Working Together 2018 requires independent scrutiny of the effectiveness of the partnership in safeguarding and promoting the welfare of children and young people. We intend that the independent scrutiny will precede the annual plan refresh, and will include all stakeholders, including children and young people.

#### 3. Environmental Impact Considerations

3.1 Children and young people have expressed their deep concern about Climate Change. We have not yet included this as a priority in the plan as we are still exploring this with young people to determine our collective action.

#### 4. Equality Considerations

4.1 An Impact Assessment has been undertaken to inform the plan. The design process has ensured that issues of inequality are addressed through the priorities of the plan.

#### 5. Public Health Impact

5.1 The CYPP has been informed by the Joint Strategic Needs Analysis the Director of Public Health Annual Review 2018 on Children and Young People and Annual Review 2019 focused on Mental Health. The plan prioritises prevention and early help and routes to tackle inequalities and narrow the gap.

Chief Officer for Childrens Services: Jo Olsson Contact for Enquiries: Fiona Fleming, Head of Commissioning. <u>Fiona.fleming@devon.gov.uk</u>, 01392 383000 Appendix A – Children and Young People Plan



# Children and Young People's Plan

2019 - 2022

#We Are Devon Working together for children and families





# Our Purpose: To ensure children and families receive **the right support**, at the right time, and in the right place.





We believe that every child in Devon should have the best possible start in life and the opportunity to thrive

**Getting Advice** 

Getting

**Risk Support** 

Page 83

**Getting Help** 

Getting

More Help

THRIVING

# A Snapshot of Children in Devon



Number with English as an additional language 4.2% 3.3% SECONDARY PRIMARY

### 144,720

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children and young people under the age of 18 years live in Devon

18.4% of the population Largest minority ethnic group are Mixed and Asian or Asian British

Number entitled to free school meals 9.6% 8.8% PRIMARY SECONDARY **14%** of the local authority's children are living in poverty

Number of children and young people from minority ethnic groups living in:

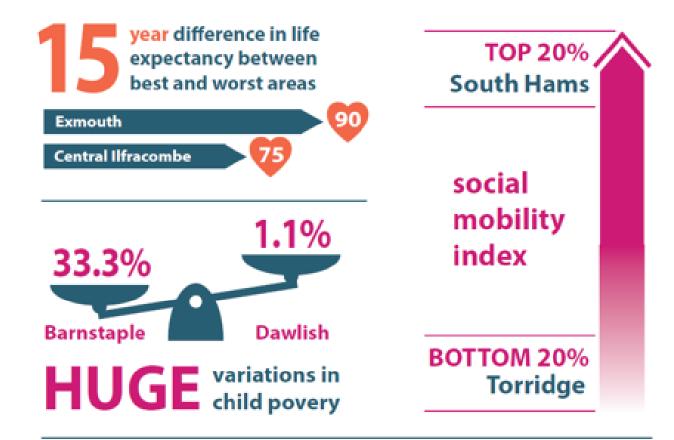
UK Devon 7.6%

32%

#WeAreDevon Working together for children and families

# Impact of Poverty on Children in Devon







number of children achieving a good level of pre-school development



all children





# Strong Foundations

We know:





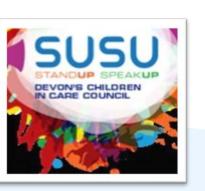
**Devon Parent Carers' Voice** 

- Our population
- What children and families value
- What has worked already and what still needs to be done or accelerated
- The national policy landscape



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eAre Devon Working together for children and families







# Equality



Many things in life impact on people's access to opportunities whether this is through poverty, where you live, your readiness for education or the health of your family.

We want to narrow the gap in health outcomes and life chances between those who live in the most and least disadvantaged areas in Devon and believe every child has a right to routes out of poverty and disadvantage. All our priorities in this plan aim to help in achieving this.





# Valuing Diversity



We recognise and value diversity in all its forms and know that:

- Families come in many different shapes and sizes and that these unique relationships are the fundamental building block of people's lives
- Communities across Devon are often very different and diverse in nature and can play a vital role in helping to give children and families the support they need

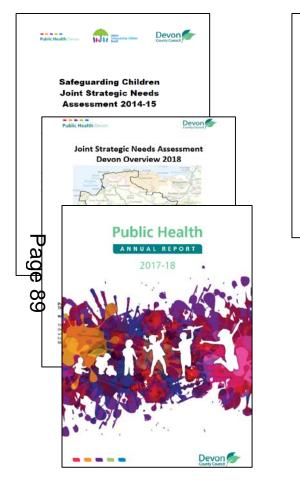


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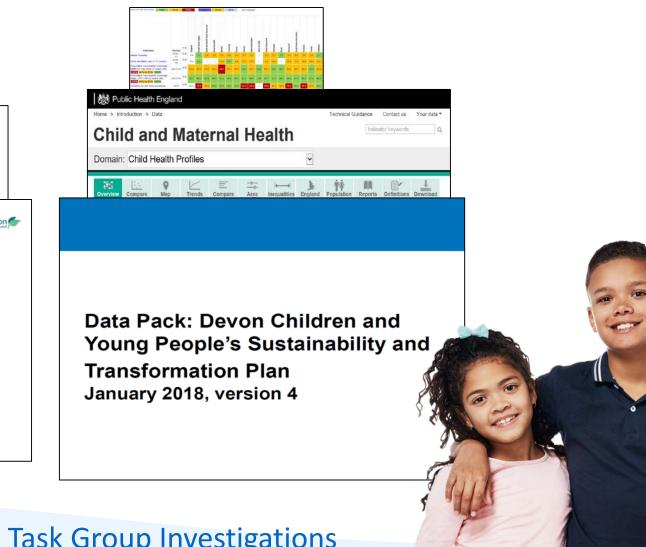


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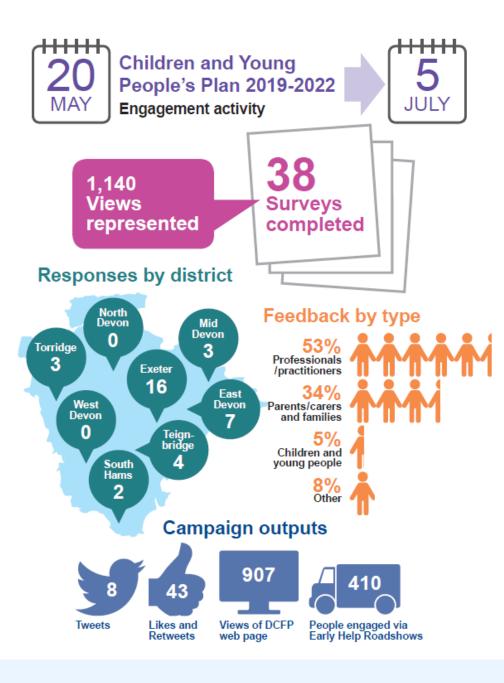








**O** Children's Scrutiny Committee Task Group Investigations





# Delivery Plan 2016-2018 Our Values



# Five Key Shifts:

- Strengths based practice
- Strengthening Early Help
- Locality model
- Integration of systems and services
- Bespoke and personalised



# Delivery Plan 2016-2018 Our Values

# Four Principles:

- Children are best brought up in families
- We will support families to find their own solutions
- We will listen to each other and work together with services shaped by all
- Children and families will always know where they stand with us





# What kind of Plan now?



- Something to **communicate our priorities** to children and families clearly
- That gives a strong identity to be proud of
- That **challenges** keeps us on our toes, agile and ready for the future
- That is aspirational and ambitious and talks to the heart and mind
- That is human, with a **focus on purpose, impact and outcomes** for our children and their families
- That helps to create the conditions for good practice to flourish, both restorative and trauma informed
- And is fit for a digital world is adaptable, flexible and connects things up





# Our Core Values

What you have been saying....



At our multi-agency events we have asked staff to set out the personal values they bring to work every day and the values that bind us together as a partnership.

#We Are Devon Working together for children and families

# How we work

We will always aim to help children and families be more resilient, strengthen relationships and build social connections and are committed to working together to:

- Listen, hear and understand
- Get under the surface to understand what is driving your problems
- Help you help yourself through information, advice and support as early as possible
- Support your whole family & build on your strengths where needed
- Be flexible, adaptable and personalised
- Work in ways that are right for you with support that is integrated and community-based



We believe children are best brought up in families with the right support that wraps around them when needed



Devon

Families Partnership

Children and

### Backed by specific plans and strategies



We believe all children and young people in Devon have the right to:

Life Chances	Be Healthy and Well	Feel Safe	Be Protected from Harm
achieve their potential with the opportunities to of thrive.	have the best start in life, stay well and thrive. With good information and specialist help when they need it.	be protected from neglect and supported when vulnerable.	be protected from harm, abuse and exploitation.



### **Life Chances**

We are ambitious for all our children and young people and have **high expectations of our schools**, colleges, settings and partnership support services.

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We want all children in Devon to have the **best start in life** and, as they grow into young adults, to have **access to opportunities** for training, education, employment and apprenticeships to help them gain the skills they need to **become independent and thrive**.

We have a strong **focus on disadvantage** and want to help everyone to access their right to an education, be included and **achieve their full potential**. You have the right to achieve your potential with opportunities to thrive

We Are Devon Working together for children and families

### **Life Chances**

# **1. A good education for all**

We will:

Page 99

- Work together with schools, colleges and others to raise overall educational outcomes and to narrow the attainment gap for boys and disadvantaged pupils
- Maintain our **focus on inclusion** and ensuring all children get their right to a full education
- Continue to develop local opportunities for training, education, employment and apprenticeships with particular support for young people with additional needs or from disadvantaged backgrounds.





### **Life Chances**

# 2. Better support for children in care and care leavers

We want all our children in care and those leaving care to be set up for life to **aspire and achieve.** 

We will do what it takes to keep children in care in **good**, **local**, family based placements so that their education, friendships and community connections can be sustained.







### **Life Chances**

### 3. Improving our Special Educational Needs (SEND) offer

We will have a major review and redesign in order to:

- Improve access to advice, support and guidance
- Ensure lead practitioners help families navigate the system and
- remove barriers
- Page 101 Ensure everyone that needs one gets a timely and
  - comprehensive Education Health and Care Plan
  - Improve the multi-agency response to Autistic Spectrum Conditions
  - Integrate services and wrap support around children and families
  - Ensure more support to improve the transition into adulthood







### Healthy and Well



For most children, the **family and community** ensure their health and wellbeing.

Families need access to good information and advice, and our Ante-natal, Maternity, Public Health Nursing Services and Children's Centres will all work together to ensure that **no** infant, child or family slips through the net, with support tailored to their needs.

We will continue to improve care for children with **long term conditions** such as asthma and diabetes, and focus on **prevention** to tackle issues like child obesity and tooth decay.



We Are Devon Working together for children and families

You have the right to the best start in life, to stay well and thrive. With help when you need it

### Healthy and Well

## 1. Emotional wellbeing, mental health and self-harm

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Supporting the emotional wellbeing and mental heath of children and young people with their families continues to be a priority. We will continue to embed preventative strategies and support across schools, public health nursing and wider support services.





O CAMHS Transformation Plan

### Healthy and Well

### 2. Early support for Autism

We will continue to work together to develop our local offer to autistic children by working with parents and children to make sure we make an impact and improve life chances.

We will:

- Not wait for a diagnosis before giving support to children who display behaviours linked to autism
- Support the emotional health and wellbeing of children, young people and their families who may be living with autism
- Provide more self-help information for parents

Community Health & Wellbeing Service Strategy







### **Healthy and Well**

### **3. Improving Speech and Language services**

Speech, language and communication needs must not prevent a child in Devon achieving in school and will be better understood and responded to by all professionals and practitioners.

- Page We will: 105 Interv Intervene early and offer ongoing support for the communication needs of children.
  - Adapt school and community environments to ensure communication barriers are removed
  - Continue to **develop and provide training** for schools and settings to support early communication, speech and language development

**Community Health & Wellbeing Service Strategy** 





## **Feel Safe**



Preventing **neglect** continues to be a top priority and we want to ensure the right support is always available for children and families where drugs, alcohol and other multiple issues significantly impact on children.

The **exploitation of children by adults** such as that relating to drugs and other criminal activity is a growing concern. We will continue to work together to ensure information and training is in place.

We will also work together to **improve the way we reach out** to vulnerable young people, including those missing education, and to intervene where there is a risk of crime, radicalisation, gangs, knife crime or anti-social behaviour. You have the right to be protected from neglect and supported when vulnerable

Devon

Families Partnership

Children and

### Help to feel safe

# 1. Better identification and prevention of neglect

Where the needs and actions of parents may impact

히 the care of children leading to neglect, we will work together more effectively to identify it, prevent it or intervene early.





### Help to feel safe

Page 108

### 2. Support for vulnerable young people at risk We will:

- Work together to prevent children missing education, particularly those from disadvantaged and vulnerable backgrounds
- Work with the community and youth services to support young people at risk of becoming part of gangs or involved in crime and anti-social behaviour
- Support families and carers if a young person is missing and after they return home
- Identify and support vulnerable young people at risk of radicalisation or of exploitation by adults



Working together for children and families #We Are Devon



#### Champions Champions Champions Children and Families Partnership

### Help to feel safe

# 3. Helping children stay out of care

We want to help more children and young people to stay out of care by supporting them in their own families and communities. This means ensuring help and support is available earlier and managing often high levels of risk, need and complexity in a different way. We will:

- Develop a multi-agency team to support children and young people in crisis where there is a risk of family breakdown
- Develop a crisis response for children in care to help them off the roller coaster of placement crisis/breakdown

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# **Protect from Harm**

Page 110

We have a statutory responsibility to intervene in families to protect children at risk of harm. In a few cases this can mean removing children from families and making alternative arrangements for their long term care.

We want to improve the way this system works, and to strengthen our partnership with schools, health, the police and others to ensure no child at risk slips through the net.

Protecting children from domestic violence and sexual abuse remains our top priority. The harmful impact of child exploitation is becoming an ever growing concern as is the impact of self-harm, with increasing numbers of children being admitted to hospital. You have the right to be protected from harm, abuse and exploitation



### **Protect from Harm**

- 1. Protecting and supporting children where there is domestic or sexual violence and abuse We will:
- Protect children from the harm of domestic abuse
- Page 11 Support children and young people who live in
  - families where there is domestic abuse
    - Ensure adult and children's services work together with the whole family
  - Ensure all services support parenting in addition to dealing with any immediate need

# VSA Strategy and Action Plan





### **Protect from Harm**

# 2. Helping children experiencing emotional distress and reducing the impact of self harm

We will:

Page 112

- Ensure children and families have the right information and support to help if experiencing a crisis
- Make sure people know how to ask for help
- Help individuals and families develop alternative strategies for dealing with emotional distress
- Provide good information so children can keep themselves safe, particularly from the risks online

# CAMHS Transformation Plan



### **Protect from Harm**

# **3. Preventing exploitation**

We will:

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- Be there to help young people break free from exploitation
- Work together to disrupt all exploitation
- Better understand the impact of young people as perpetrators of exploitation and develop an offer to intervene







# Workforce development and improvement



To deliver on our commitments, we will further develop our workforce to help children and families be more resilient, strengthen relationships and build social connections and are committed to working together to:

- Listen, hear and understand
  - Get under the surface to understand what is driving your problems
  - Help you help yourself through information, advice and support as early as possible
  - Support your whole family & build on your strengths where needed
  - Be flexible, adaptable and personalised
  - Work in ways that are right for you with support that is integrated and community-based

We Are Devon Working together for children and families

# Workforce development and improvement



Life Chances	Healthy and Well	Feel Safe	Protected from Harm
<ul> <li>Partnership approach (with Schools, Regional Schools Commissioner, Devon Schools Alliance, Teaching Schools Alliance, One Devon Team South West and Ofsted) to skills development, peer mentoring, on-line learning and good practice.</li> <li>Strengthened, focused and integrated leadership across health, education and social care for children in care and care leavers leading to more targeted workforce development initiatives.</li> </ul>	Autism and communication training to all schools Different conversations training focused on developing choice and control for families of disabled children. Graduated response tool training to support children with SEND Psychological therapies training for staff (IAPT)	Multi-agency safeguarding training Neglect toolkit and graded care profile training Exploitation toolkit	Developing strength's based practice Multi agency training on Domestic Violence and Abuse. Roll out of training for restorative approaches including supervision Development of appreciative inquiry

An increasing number of children benefit from coordinated multi-agency early help. More will be done to further develop the Early Help Offer and to increase the number of impactful early help interventions with Lead Practitioners.

aga

# Measuring Our Success



Life Chances	Healthy and Well	Feel Safe	Protected from Harm
<ul> <li>EYFS &amp; education outcomes</li> <li>Effective early help, reducing rate of statutory intervention</li> <li>Higher levels of inclusion and EET or vulnerable groups</li> <li>Timeliness of EHCP's &amp; SEND reinspection</li> <li>Children in care placement moves, school moves, and changes in social worker.</li> <li>Care Leavers in suitable accommodation, EET, emotional well being &amp; mental health</li> </ul>	<ul> <li>Rate of children with communication needs achieving expected progress in school</li> <li>Number of CYP receiving support from CAMHS</li> <li>Number and wait times for children accessing speech, language and communication services</li> <li>Reduce the number of CYP admitted to Tier 4 inpatient units</li> </ul>	<ul> <li>Increase reporting of exploitation</li> <li>Intelligence about interventions with children involved in all forms of exploitation</li> <li>Effective interventions Neglect and/or Child Sexual Abuse</li> <li>Outcomes and impact of audit, Local Child Safeguarding Reviews and practice learning events</li> </ul>	<ul> <li>Rate of care entry of older children</li> <li>Rate of children in care placed in local in-house foster care</li> <li>Reduce the number of children admitted to hospital for self harm.</li> <li>Reduce the number of domestic abuse incidents with children present and increase the number of children victims or witnesses to DV supported.</li> <li>ILACS (Annual Conversation, Focused Visit, JTAI, and ILACS Inspection)</li> </ul>

#### Health and Wellbeing Board 10 October 2019

#### CCG UPDATE PAPER

Report of the Chair of NHS Devon CCG.

#### 1. Recommendation

- 1.1 That the Health and Wellbeing Board is recommended to
  - i) note the report;
  - ii) to delegate to the Director of Public Health, in consultation with Chair and Vice Chair, final approval of the Long Term Plan before submission on the 15 November 2019.

#### 2. Purpose

2.1 To provide an update on latest news from the Clinical Commissioning Group.

#### 3. NHS Long Term Plan update

- 3.1 Devon is developing a local version of the NHS Long-Term Plan, called Better for you, Better for Devon. The plan will make sure we are fit for the future, providing high quality care and better health outcomes for people and their families, through every stage of life.
- 3.2 People across Devon have helped to shape the future of health and care in the county by sharing their views in the Long-Term Plan (LTP) engagement programme, which launched on 11 July and closed on the 5 September 2019
- 3.3 The engagement took a two-tier approach, engaging stakeholders at a strategic level across geographical Devon, and a second tier during which local engagement was undertaken by Local Care Partnerships in the Northern, Eastern, Western and Southern areas of Devon (LCP).
- 3.4 Multiple channels of engagement and participation were used, incorporating online surveys, focus groups, face to face questionnaires and telephone interviews across age groups from 16 to over 75's.
- 3.5 Healthwatch Devon are currently evaluating the engagement and will provide assurance, through an independent report, on all the findings from the engagement which will be published in October.

#### 3.6 Next steps –

Date	Action
30/09/19	Review of draft plans by regional teams
Approximately 11/10/19	Feedback from NHE/I regional teams
October	Review and update of plan including narrative and technical information in response to feedback and continuing local planning.
10– 17 October 2019	System review / assurance meetings – dates / times and attendees tbc.
04/11/19	Amended system plans shared with regional teams.
15/11/19	Final narrative Strategy Delivery plans agreed with system leads and regional teams and submission of completed Strategic Planning Tool (technical templates).
Early December 2019	Aggregated national Strategic Implementation Plan published

3.7 Submission dates are not aligned with scheduled meetings of committees of the Local Authority, therefore the Health and Wellbeing Board is recommended to delegate to the Director of Public Health in consultation with Chair and Vice Chair, final approval of the Long-Term Plan before submission on the 15 November 2019.

#### 4. The quality of health and care services in Devon

- 4.1 The CQC has updated all of the <u>local area profile documents</u>. Of particular note locally is that 100% of GP surgeries in the DCC footprint are rated either Good (77%) or Outstanding (23%), better than national and comparator averages. And, adult social care provision within the DCC footprint also continues to be rated as better quality than national and comparator averages
- 4.2 GP practices across Devon have also been praised after achieving excellent results in the <u>annual national patient survey</u>.

- 88% of patients described the overall experience of their GP practice as good or very good
- 90% of patients reported feeling that the healthcare professional at their last appointment recognised or understood any mental health needs they had (compared with 86% nationally).
- Almost eight in ten patients (77%) reported a good experience of NHS services when they wanted to see a GP but their GP practice was closed.
- 90% of patients felt that the healthcare professional at their last appointment recognised or understood any mental health needs they had, compared to 86% nationally

# 5. Devon Sustainability and Transformation Partnership shortlisted for Public Sector Campaign of the Year

5.1 **Thumbs Up For Coby**, a powerful Devon STP campaign to encourage parents to make sure children get the flu vaccination, has been shortlisted for three Chartered Institute of Public Relations (CIPR) awards. The campaign, which reached more than one million people online and contributed to an increase in flu vaccinations for 2-3year-olds by 10%, is shortlisted in the following categories in the South of England and Channel Islands awards: Public Sector Campaign of the Year; Regional Campaign of the Year; Best Use of Social Media.

### 6. CCG earns prestigious Green Star for engagement

- 6.1 NHS England has published ratings for every CCG in England on how effectively they manage engagement with patients and the public.
- 6.2 Out of 195 CCGs nationally, NEW Devon CCG and South Devon and Torbay CCG were part of a cohort of 25 who were rated as outstanding and given the Green Star classification. We were the only CCGs within the South West region to receive this.
- 6.3 The NHS England assessment report said: "This [rating] demonstrates the positive planning and strong leadership shown in this area across Devon."
- 6.4 Devon was also successful in being awarded funding for setting up a Citizens Panel to further develop their engagement work, and we now have access to over 1,700 people from across Devon who we can test ideas and seek their views.
- 6.5 The CCG's efforts in working with key people from across Devon from MPs to partner organisations was also recognised in NHS England's 360° Stakeholder Survey undertaken earlier this year.

- 6.6 The survey, which assesses how CCGs are performing locally, found that:
  - 84% of people said they had a very/fairly good working relationship with Devon CCG.
  - 74% said that Devon CCG considers the benefits of the whole health and care system when making a decision.
  - 73% said that Devon CCG works collaboratively with system partners to improve the health of the population.
- 6.7 The assessment is a clear endorsement of the efforts of both CCGs to engage local people on the health services that affect them. Over the last year, we made a concerted effort to improve the way we talk with and listen to patients, the general public and community groups across Devon. Colleagues from across the CCGs have been instrumental in enabling us to improve what we do.

### 7. NHS and Local Government working together in Dartmouth

- 7.1 Ambitious plans to build a new health and wellbeing centre in Dartmouth have received a <u>triple boost</u>. The local NHS, South Hams District Council (SHDC), Dartmouth Medical Practice and other partners are working together to build a state-of-the-art new home for GP and NHS services in the town.
- 7.2 SHDC's Executive has approved the business case for the scheme and GPs from Dartmouth Medical Practice have formally announced they will relocate from their Victoria Road surgery to the new site after terms were agreed with Devon CCG. Torbay and South Devon NHS Foundation Trust, which provides local NHS services, has also announced it had approved the financial model for the scheme and confirmed details about the sums being invested by the NHS. The overall project cost is £4.8million.
- 7.3 The new building will be light, airy and built to modern health and energy standards, providing an improved experience for patients.

# 8. Devon Doctors to provide 111 and out of hours from 1 October 2019

8.1 Devon Doctors have been the main provider for the Integrated Urgent Care Service (IUCS) in Devon for three years, with the NHS 111 telephony service for Devon sub-contracted to Vocare. Together we have been reviewing how the IUCS is provided in future, specifically the provision of NHS 111 and out-of-hours care (triage, treatment centre and home visits).

- 8.2 The objective of the review focuses on ensuring a high-quality and efficient service, diversity in roles and job security and delivering a sustainable model for the future service which has a really important role to play in delivering the ambitions of the Long Term Plan for the NHS.
- 8.3 Devon Doctors will begin directly providing the Devon NHS 111 telephony service on 1 October 2019. The sub-contact with Vocare will cease. This means Devon Doctors will provide the entire IUCS service directly, from initial NHS 111 call right through to clinical consultation at either CAS, treatment centres or by home-visiting clinicians.

### 9. Peninsula Clinical Services Strategy

- 9.1 The Peninsula Clinical Services Strategy (PCSS) brings together NHS partners across Devon and Cornwall and the Isles of Scilly to shape the future of hospital-based clinical services, ensuring their safety, quality, accessibility, resilience, performance and affordability.
- 9.2 The strategy is vital to address some of the fundamental challenges faced by the NHS, which will escalate in the next five to ten years. By enabling clinical teams to work together across hospitals, sharing access to diagnostics and expensive equipment we aim to deliver the best standard of care we can throughout the peninsula and work together to manage waiting times so they are kept as short as possible for our population.
- 9.3 Clinical teams are working hard to meet the increasing need for their services but are challenged by difficulties in recruiting essential staff and their access to specialised facilities and equipment.
- 9.4 Through this strategy, which is led by local doctors and will involve clinicians and hospital managers from each trust, we want to spread collaboration, clinical networking and best practice in the services where we are facing our greatest challenges. A briefing document on the PCSS is <u>available to download</u>.

### 10. Results of the Better Births engagement.

10.1 In 2018, the Local Maternity System (LMS) in Devon - consisting of NHS and health care organisations - undertook 8 weeks of intensive engagement to gather the thoughts, experiences, and views of parents and families about births in Devon.

- 10.2 2,267 parents gave their feedback, and this has helped us shape the priorities for maternity services in Devon, working with the <u>Maternity</u> <u>Voices Partnership (MVP)</u>
- 10.3 During the engagement, we explored the recommendations of NHS England's Better Births review. This national review focuses on personalised care, continuity of carer (i.e. seeing the same health professionals), postnatal and perinatal mental health care, digital medical records and the wider planning of maternity services.
- 10.4 Since the engagement took place, the LMS has been looking at the recommendations and how they are implemented locally
- 10.5 The full report is available <u>online</u> that details all of the recommendations received including the following:
  - More shared decision-making and better communication between families and health professionals
  - Consistent information is needed regarding safety, this is a big part of the decision-making process for families when deciding where to have their baby. They should be given all relevant information regarding safe birthing options before they are asked to decide where they want to deliver their baby. For example, parents wanted more information about home birthing
  - Antenatal and postnatal care could be much better at a local level, parents were concerned about the reduction of groups in the community and peer-to-peer opportunities that used to happen in children's centres. They also felt antenatal classes missed opportunities and could provide much better advice and information to help parents plan and make informed decisions
  - Birthing plans are a personal decision taken by families, however a strong recommendation from families was regarding post birth when a birth has not gone to plan. They would like a de-brief, offer of further support if they are struggling (this could be counselling or support groups, for example), and the chance to talk it through with a health professional.
  - Feeding choices parents feel there is more that can be done to help them make informed choices, they shared experiences of being given contradicting advice from professionals. Feeding was the main theme that seemed to cause added stress and confusion postnatally. They felt there was limited opportunities in the community for peer-to-peer feeding support, unless volunteer groups existed.
  - In terms of perinatal and postnatal mental health, families felt there should be better support for those who have experienced a

traumatic birth. They also want to see better community support and more peer-to-peer groups. It was felt the reduction in postnatal groups could have a significant impact on families and women, as the opportunity to come together in the community to socialise, support each other through feeding and developmental milestones is highly valued.

- 10.6 Better Births engagement in numbers:
  - 12,500 births per year in Devon
  - 1,370 people completed an online survey
  - 29 focus groups were held across Devon
  - 78 children's centre events were attended over 8 weeks reaching 324 parents (60 children's centres were involved)
  - 438 engagements on the dedicated 'Better Births in Devon' Facebook page (social media proved a very successful channel for engagement)
  - Over 300 people registered their interest in being further involved in the development of maternity services. People continue to be involved on the <u>Better Births in Devon Facebook page</u>

### 11. Devon part of NHS Digital pilot on patient records

- 11.1 NHS Digital is piloting a reasonable adjustment flag on patient records, which will let doctors, nurses and other health and care staff know that a patient has a learning disability and has specific needs that require adjustments to the services provided so they get the best care.
- 11.2 The reasonable adjustment flag can include a patient's need for a longer appointment or a quiet waiting area as well as how to communicate with them or who to involve in decisions about their health and care.
- 11.3 The Devon pilot will involve various care settings including a small number of GP surgeries in Exeter, hospitals and community services for learning disability. They will look at how care is impacted when that information is readily available to staff from the first point of contact onwards.

### 12. Out-of-hours treatment centres in Tiverton and Newton Abbot

12.1 Devon Doctors has undertaken a comprehensive review of its service provision across the county in response to a number operational challenges.

- 12.2 Devon Doctors says that this as a result of the review, it became apparent that the clinical resource required to operate the treatment centres in Newton Abbot and Tiverton was disproportionate to the demand from service users and that some of this resource could be better used elsewhere.
- 12.3 The organisations say that consolidating resources in acute hospitals will increase the resilience of centres supporting Emergency Departments by taking primary care patients into a more appropriate setting.
- 12.4 Therefore, opening hours will at Tiverton and Newton Abbot out-ofhours treatment centre will be reduced. Patients will continue to access out-of-hours treatment centres via the NHS111 service.

#### 13. Torbay Hospital selected to test new cancer standard

- 13.1 Torbay and South Devon NHS Foundation Trust is among 11 trusts participating in a pilot that will help inform the full implementation of the 28-day faster diagnosis standard for cancer.
- 13.2 This is part of a wider clinical review of access targets led by NHS National Medical Director Professor Stephen Powis.

#### Dr Paul Johnson

Chair, NHS Devon Clinical Commissioning Group

### Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

#### LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:Ross JagoTel No:01626204902BACKGROUND PAPERDATEFILE REFERENCE

Nil

### HEALTH AND WELLBEING BOARD – FORWARD PLAN

Date	Matter for Consideration
Thursday 10 October 2019 @2.15pm	Performance / Themed Items         Health & Wellbeing Strategy Priorities and Outcomes Monitoring         Theme Based Item (TBC)         Dementia Friends Training (TBC)         Business / Matters for Decision         Better Care Fund Q2 Report         Devon's Safeguarding Adults Board annual report         Child Poverty in Devon         Safer Devon Partnership update         Working Together Protocol for Strategic Partnerships in Devon - Update         Children and Families Plan         CCG Updates
	Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 16 January 2020 @2.15pm	Performance / Themed Items         Health & Wellbeing Strategy Priorities and Outcomes Monitoring         Theme Based Item (Child Poverty in Devon)         Business / Matters for Decision         Better Care Fund - frequency of reporting TBC         Inter-Board Collaboration         Homelessness Report - 12 month update         Strategic Approach to Housing         CCG Updates
	Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 9 April 2020 @2.15pm	Performance / Themed Items         Health & Wellbeing Strategy Priorities and Outcomes Monitoring         Theme Based Item (TBC)         Business / Matters for Decision         Better Care Fund - frequency of reporting TBC         CCG Updates
	Other Matters Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Annual Reporting	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)
Other Issues	Equality & protected characteristics outcomes framework