



Phil Norrey
Chief Executive

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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(see below)

Your ref :
Our ref :

Date : 8 January 2020
Please ask for : Stephanie Lewis 01392 382486

Email: stephanie.lewis@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 16th January, 2020

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

AGENDA

PART I - OPEN COMMITTEE

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

PERFORMANCE AND THEME MONITORING

- 4 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 11 - 32)
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 2020 – 2025.

The appendix is available at <https://www.devonhealthandwellbeing.org.uk/strategies/>

- 5 Child Poverty in Devon (Pages 33 - 38)
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on the theme of 'Child Poverty in Devon', as outlined as a priority in the Joint Health and Wellbeing Strategy, attached.

BOARD BUSINESS - MATTERS FOR DECISION

- 6 Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements (Pages 39 - 46)
Joint Report of the Associate Director of Commissioning (Care and Health) Devon County Council and NHS Devon CCG on the Better Care Fund (BCF), Quarter Return, Performance Report and Performance Summary on the BCF.
- 7 Devon Strategic Partnerships Collaboration Agreement (Pages 47 - 50)
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity, attached.
- 8 Prevention Concordat for Better Mental Health (Pages 51 - 54)
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity, attached.
- 9 Healthy Weight Declaration (Pages 55 - 56)
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity, attached.
- 10 CCG Updates (Pages 57 - 60)
An update by the Chair of NHS Devon Clinical Commissioning Group, attached.

OTHER MATTERS

- 11 References from Committees
NIL
- 12 Scrutiny Work Programme
In order to prevent duplication, the Board will review the Council's Scrutiny Committee's Work Programmes. The latest round of Scrutiny Committees confirmed their work programmes and the plan can be accessed at;
<http://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/>
- 13 Forward Plan (Pages 61 - 62)
To review and agree the Boards Forward Plan.
- 14 Briefing Papers, Updates & Matters for Information

Dates of Future Meetings

Please note that dates of future meetings and conferences will be included in the Devon County Council meetings calendar. All will take place at County Hall, unless otherwise stated.

Meetings

Thursday 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

Annual Conference

Thursday 16 July 2020 @ 9.30am

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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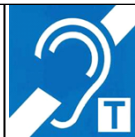
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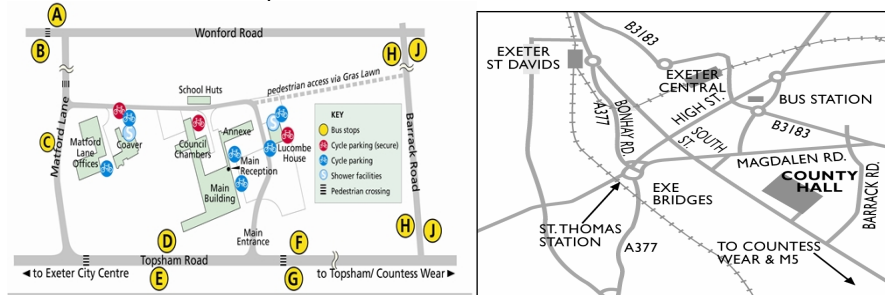
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NB   Denotes bus stops

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First Aid

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

HEALTH AND WELLBEING BOARD

10 October 2019

Present:-

Devon County Council

Councillors A Leadbetter (Chair), R Croad, B Parsons and C Whitton

Councillor A MacGregor, Devon Districts Representative
Virginia Pearson, Chief Officer for Communities, Public Health, Environment and Prosperity
Sonja Manton, Devon Clinical Commissioning Group
Diana Crump, Joint Engagement Forum
David Rogers, Healthwatch Devon
Chief Superintendent Samantha Dereya, Devon Commander - Devon and Cornwall Police
Councillor Andrew MacGregor, Teignbridge District Council
Adel Jones, Torbay and South Devon NHS Foundation Trust
Ralph Heywood, Devon Partnership NHS Trust

Apologies:-

Suzanne Tracey, Chief Executive, RD&E
Councillor James McInnes, Devon County Council
Dr Paul Johnson, Devon Clinical Commissioning Group
Jeremy Mann, Environmental Health Officers Group
Phillip Mantay, Devon Partnership NHS Trust
Ken Wenman, CEO, South Western Ambulance Service NHS Trust

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Announcements

The Chair welcomed Sir Simon Day who was attending the meeting in his capacity as a Co-opted Member of the Council's Standards Committee to observe and monitor compliance with the Council's ethical governance framework.

* 128

Minutes

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

* 129

Items Requiring Urgent Attention

There were no items requiring urgent attention.

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Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring

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

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

The 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

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and included breakdowns by South West benchmarking, local authority district and local authority comparator group, clinical commissioning group, and locality comparison, trend and future trajectories and inequalities characteristics. The indicators below had all been updated since the last report to the Board;

- **Adult Smoking Prevalence, 2017** – The latest figures from the Annual Population Survey (APS) indicated that 13.4% of the Adult population in Devon smoked. Rates remained 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, 84.2% of people with a long-term condition in the GP survey, felt they had enough support to manage their own condition. This was significantly higher than South West (81.8%), local authority comparator group (83.6%) and England (78.4%) rates. Rates had increased from 2017-18 and were highest in 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 had generally increased over time.
- **Fuel Poverty, 2017** – Just over one in ten households in Devon were in fuel poverty (11.6%). Levels of fuel poverty increased from last year (10.9%) but remained lower than 2015 (12.2%) and 2014 in Devon but fell or remained stable in many other areas of the country. Despite this, rates continued to remain above the South West and local authority comparator group rates.
- **Estimated Dementia Diagnosis Rate (65+), 2019** – In 2019, it was estimated that 7,764 people in Devon aged 65 and over were on a GP register for dementia. Recent data showed that Devon (59.8%) was 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 were seen in Exeter (71.9%) and lowest in the South Hams (41.4%). Devon did not meet the dementia diagnosis target set at 67% by NHS England.

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

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

- whether the rates of Death in usual place of residence was affected by the availability of beds in hospitals or community hospitals;
- the Gap in Employment (mental health clients) rates in Devon being significantly higher (71.3%) compared to South West comparators (67.2%) and England rates (68.2%) – it was noted that last year Devon Partnership Trust received additional funding from NHS England for a number of programmes which placed mental health clients with employers to help them get established at work; the Board agreed to undertake further work in this area;
- the dementia diagnosis rates in Devon having been static for some time; work was ongoing between the NHS, GPs and primary care networks, with issues around reporting and recording, and the need to address the stigma attached with diagnosis;
- alcohol specific admissions in under 18's was significantly higher in Teignbridge; the Board noted that Teignbridge District Council were undertaking work in this area, particularly in Newton Abbot; and
- the lack of availability of statistics on stable/appropriate accommodation for those clients with poor mental health.

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

RESOLVED that the performance report be noted and accepted and the Board undertake a future piece of work on the gap in employment rate for those with poor mental health.

* 131 **Devon's Safeguarding Adults Board Annual Report**

The Committee received a presentation from the Chair of the Devon Safeguarding Adults Board on its Annual Report 2018/19 and covered:

- What is Safeguarding Adults?
- The six safeguarding principles
- What is meant by Abuse and Personal stories
- How to report abuse
- Safeguarding activity in Devon
- Deprivation of Liberty Safeguards (DoLS)
- The Board and its Sub-Groups and their work
- What had been done: last year actions and priorities?
- Learning Events and lessons from Safeguarding Adults Reviews (SARs); and
- Plans moving forward.

The Annual Report included the work of the DSAB sub groups such as the Mental Capacity Act, the Safeguarding Adults Review Core Group, the Learning and Improvement Group, Operational Delivery and Community Reference Group. Furthermore, the Report outlined the 2018-19 Priorities which included ensuring that people in Devon felt safer, protecting people from harm by proactively identifying people at risk, whilst promoting independence and increasing the legal literacy of practitioners in respect of the MCA.

The Report concluded with the key achievements that had been made with partner agencies including the Police, the Council, Healthwatch Devon, the Dorset and Cornwall Community Rehabilitation Company, HM Prison Exeter, Probation Service, Public Health Devon, Clinical Commissioning Groups, NHS and Ambulance etc.

[NB: The Safeguarding Board Annual Report will also be available, alongside other documentation, such as Safeguarding reviews at: <https://new.devon.gov.uk/devonsafeguardingadultsboard/>]

Members' discussion points/comments with the Chair of the Board included:

- the value of the personal stories as a tool for learning and development and context;
- the increased number of referrals from the public which was a positive sign of improved awareness;
- a deep dive audit that took place on the reporting of safeguarding concerns;
- liaison and representation on the Safer Devon Partnership to aid communication and help avoid duplication;
- an important theme of the Board included improving the experience of children transitioning into adult care services; and
- staff understanding of the Mental Capacity Act and the new Creative Solutions programme.

RESOLVED that the Report be welcomed and the Committee place on record its thanks to the Chair and those involved in the production of the Report.

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

The Board considered a joint Report of the Joint Associate Director of Commissioning, Devon County Council and NHS Devon CCG on the BCF, Quarter Return, Performance Report and Performance Summary.

Regular reports were provided on the progress of the Devon Better Care Fund Plan to enable monitoring by the Health and Wellbeing Board. Performance and progress was reviewed

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

The Report informed Members that the recent return to NHS England on 27 September 2019 had met each of the national conditions required of the submission. As part of the return, the submission outlined the 2019/20 targets and plan around four key metrics:

- total number of specific acute non-elective spells per 100,000 population;
- delayed transfers of care per day (daily delays) from hospital;
- long term support needs of older people met by admission to residential and nursing care homes older 100,000 population; and
- proportion of older people who were still at home 91 days after the discharge from hospital into reablement / rehabilitation services.

Members discussion points included:

- Delayed Transfers of Care had improved across the County, apart from Exeter where this was above the 3.5% target;
- winter monies – social care received £3.5m to cope with additional demand over the winter period to enhance capacity and invest in Primary Care and hospitals;
- funding from the BCF to help support districts to provide appropriate housing;
- the Proud to Care campaign and the aim to integrate workforces under the banner of the NHS; and
- the difficulty in being able to recruit the staff needed to carry out the work, to manage demand better and enable communities to do more for themselves.

RESOLVED that the Devon Better Care Fund Report be endorsed.

* 133

Healthy and Happy Communities: Devon's Joint Health and Wellbeing Strategy 2020-25

The Board considered a Report from the Chief Officer for Communities, Public Health, Environment and Prosperity on the Joint Health and Wellbeing Strategy to cover the period 2020 to 2025.

Health and Wellbeing Boards had 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.

During 2019, Devon's Health and Wellbeing Board had been developing its new Joint Health and Wellbeing Strategy to cover the period 2020 to 2025. Following the publication of the draft for consultation in July 2019, the Report summarised the consultation, changes made to the Strategy, and set out the next steps. The consultation consisted of an online consultation survey, yielding 135 responses; focus groups with various people coordinated by Living Options Devon involving 173 people which included those with learning disabilities, LGBTQ communities, young people, disabled and deaf people, and BME communities; and table discussions at the annual stakeholder conference.

The vision and priorities from the draft JHWS were summarised in the table below:

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

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.
Principle 1.	Prioritise prevention and early intervention across the health, care and wellbeing

system			
<p>Principle 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</p> <p>Principle 3. Recognise the diversity that exists across Devon, and respond to inequalities: those differences in health which are avoidable</p> <p>Principle 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</p> <p>Principle 5. Adapt for the future by developing relationships and supporting partnerships across the community to support individuals and families with more complex needs</p> <p>Principle 6. Develop the wider health and wellbeing workforce and embrace digital solutions</p>			
<p>Priority 1. Create opportunities for all <i>Inclusive economic growth, education and social mobility</i></p>	<p>Priority 2. Healthy, safe and strong communities <i>Creating conditions for good health and wellbeing where we live, work and learn</i></p>	<p>Priority 3. Focus on mental health <i>Building good emotional health and wellbeing, happiness and resilience</i></p>	<p>Priority 4. Maintain good health for all <i>Supporting people to stay as healthy as possible for as long as possible</i></p>
<p>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</p>	<p>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</p>	<p>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</p>	<p>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 d. Support carers to improve and maintain their own health and wellbeing</p>

The final version of the strategy and the updated outcomes reports would 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.

The Board discussed and asked questions on the following;

- Under Priority 2 (a) Healthy, Safe and strong communities, whether there was a definition or increased information around what constituted ‘appropriate’ housing conditions, for this to be supplied to Districts to help ensure consistent standards across the County;
- Reference to Climate Change within the Report, given the Council’s declaration of a climate emergency;

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- How to hear from hard to reach communities who didn't have a voice, to ensure their thoughts were captured within the Strategy; and
- How to ensure the need to combat loneliness was also reflected within the Strategy.

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

RESOLVED that the final draft and next steps in relation to publication of the final Strategy, outcomes framework, and further work to embed the Strategy, be approved by the Board.

* 134

Children and Families Plan

The Board received the Report of the Chief Officer for Children's Services (CS/19/26) on the Devon Children and Families Partnership Children and Young People's Plan and the connections to the Health and Wellbeing Strategy.

The Devon Children and Families Partnership (DCFP) was established in 2018 in response to the Wood Review reforms and subsequently set out in statutory guidance 'Working Together 2018'. The DCFP strategic plan set out the vision and priorities for children and families in Devon for the next three years. It was led by three local safeguarding partners, being the Council, the Clinical Commissioning Group (CCG) and Devon and Cornwall Police, although membership spanned education, schools, social care, public health, health providers, District Councils, voluntary sector, police and children and families. The partnership had a responsibility to safeguard and promote the welfare of children and young people in Devon.

The development of the Plan had been coordinated through a range of multi-agency events and refreshed the commitments made and direction that had been set in 2017. The voice of children and families had been a critical foundation to the priorities.

The vision and priorities identified in the Children and Young People's Plan included all children / young people having the right to:

1. **Life Chances** – including a good education for all, better support for children in care and care leavers and improving the Special Educational Needs and Disabilities (SEND) offer.
2. **Be Healthy and Happy** – including emotional wellbeing, mental health and self-harm, early support for autism and improving speech and language services.
3. **Feel Safe** – including better identification and prevention of neglect, support for vulnerable young people at risk and helping more people stay out of care.
4. **Be Protected from Harm** – including protecting and supporting children where there was domestic or sexual violence and abuse, helping children in crisis and reducing the impact of self-harm and preventing exploitation.

The Partnership would continue to engage with children and to refine interventions and demonstrate impact. It had also reviewed population data taken from the Joint Strategic Needs Assessment and Devon Children and Young People's Sustainability and Transformation Plan Data Pack which informed the priorities.

The Plan broke with tradition and moved towards total digital communication, putting the purpose and priorities in the hands of staff and children, accessible through mobile devices and accessible in language and design. The Report further highlighted how the plan had been shared and the positive feedback received.

The Plan would be supported by more detailed documents such as an Outcomes Framework a Workforce Development Strategy and a Joint Commissioning Plan and there were multiple sub-strategies and plans. The priorities were focused on areas of increased demand or high spend and the preventative and early intervention support required to prevent increased demand in the future, which was challenging in current financial conditions.

Members discussion points with officers included:

- ongoing work with young people to include climate change actions within the Plan;
- an emphasis on children living in poverty and deprivation and aiming to give young people the best start in life; and
- an updated Devon and Cornwall Police Drug Strategy Policy included a push towards supporting vulnerable young people – to be circulated to Board Members once published.

RESOLVED that the Children and Young People's Plan be noted.

* **135** **CCG Updates**

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 NHS Long Term Plan – called 'Better for you, Better for Devon' to ensure the County was fit for the future, providing high quality care and better health outcomes for people and their families;
- the quality of health and care services in Devon;
- the Devon Sustainability and Transformation Partnership had been shortlisted for the Public Sector Campaign of the Year;
- the CCG had earned a prestigious Green Star for engagement;
- the NHS and Local Government were working together in Dartmouth to build a new health and wellbeing centre;
- Devon Doctors would provide 111 and out of hours from 1 October 2019;
- the Peninsula Clinical Services Strategy update; and
- the results of the Better Births engagement which consisted of NHS and health care organisations undertaking 8 weeks of engagement to gather the thoughts, experiences and views of parents and families about births in Devon.

RESOLVED

(a) that the CCG Updates Report be noted, including the current position with the NHS Long term Plan and the required submission dates; and

(b) that the Health and Wellbeing Board note that the final approval of the NHS Long term Plan will be undertaken in line with the Council's Constitution and Budget and Policy Framework, although the documentation will be considered by the Director of Public Health, in consultation with the Chair, on behalf of the Board.

(Post Meeting Note – The NHS Long Term Plan is due to be considered by the Council's Cabinet on 13 November 2019).

* **136** **References from Committees**

Nil

* **137** **Scrutiny Work Programme**

The Board received a copy of Council's Scrutiny Committee work programme in order that it could review the items being considered and avoid any potential duplications.

* **138** **Forward Plan**

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

<u>Date</u>	<u>Matter for Consideration</u>
<p>Thursday 16 January 2020 @ 2.15pm</p>	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item - Child Poverty in Devon</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Inter-Board Collaboration Homelessness Reduction Act Report - 12 month update Safer Devon Partnership update Strategic Approach to Housing Working Together Protocol for Strategic Partnerships in Devon - Update CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 9 April 2020 @ 2.15pm</p>	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Gap in employment rate for those with mental health CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 16 July 2020 @ 2.15pm</p>	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC JSNA / Strategy Refresh CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 8 October 2020 @ 2.15pm</p>	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Adults Safeguarding annual report CCG Updates</p> <p><u>Other Matters</u></p>

Agenda Item 2

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HEALTH AND WELLBEING BOARD
10/10/19

	Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 21 January 2021 @ 2.15pm	<u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) <u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates <u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 8 April 2021 @ 2.15pm	<u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) <u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates <u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Annual Reporting	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.

* 139

Briefing Papers, Updates & Matters for Information

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

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

* 140

Dates of Future Meetings

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

Meetings

Thursday 16 January 2020 @ 2.15pm

Agenda Item 2

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HEALTH AND WELLBEING BOARD

10/10/19

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

Annual Conference

Thursday 16 Jul 2020 @ 10.00am

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

The Meeting started at 2.15 pm and finished at 3.50 pm

NOTES:

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

Health and Wellbeing Outcomes Report

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

Recommendation: It is recommended that the Devon Health and Wellbeing Board support the refreshed Health and Wellbeing Outcomes Report which reflects the priorities in the Joint Health and Wellbeing strategy 2020-25.

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, January 2020

2.1 The full Health and Wellbeing Outcomes Report for January 2020, along with this paper, is available on the Devon Health and Wellbeing Website: www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report. The report monitors the four Joint Health and Wellbeing Strategy 2020-25 priorities, and includes breakdowns by local authority, district and trends over time. These priorities areas include:

- **Create opportunities for all**
- **Healthy safe, strong and sustainable communities**
- **Focus on mental health**
- **Maintain good health for all**

Outcome indicators in the Devon Health and Wellbeing Outcomes report identify the following indicators as being **significantly worse** compared to the national average at a Devon level:

- **Good level of development**
- **GCSE attainment**
- **Fuel poverty**
- **Dwellings with category 1 hazards**
- **Suicide**
- **Self-harm admissions**
- **Alcohol specific admissions in under 18s**
- **Reablement coverage**
- **Estimated dementia diagnosis rate**

Remaining outcome indicators demonstrate health and wellbeing inequalities across smaller areas which may not always be apparent when observing only the Devon figure.

Please refer to the Devon Health and Wellbeing Outcomes report for a full list of indicators.

Life expectancy across the world has been included in the new report which reflects the vision outlined in the 2020-25 Joint Health and Wellbeing strategy: *'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'*.

A tartan rug approach remains consistent for this report because it enables the audience to identify areas of high need more easily and compare against Devon local authority, Devon districts, South West and England.

The trend graph has been removed for this report and a flag has been introduced to provide interpretation of improving, static or worsening trends.

A deprivation section has been introduced which provides insight into the health inequalities for each indicator by deprivation quintile.

Agenda Item 4

3. Future developments to the Devon Health and Wellbeing Outcomes Report

3.1 The Devon Health and Wellbeing Outcomes report has been refreshed to reflect the new priorities outlined in the Joint Health and Wellbeing strategy 2020-25.

3.2 The 'Explanatory' Headline resource was published online in December and can be used to compliment the outcomes report. It provides information at many different geographical levels.

3.3 The 'Exploratory' resource is currently in development. This tool will provide information on health and wellbeing across the life course focusing on geographic variation, trends, deprivation inequalities and correlations.

3.4 An easy read version of the Devon Health and Wellbeing Outcomes report will commence on approval of the new report.

3.5 To support the board, a series of short topic overviews will be developed to provide a more detailed understanding of health and wellbeing issues across Devon.

4. Legal Considerations

There are no specific legal considerations identified at this stage.

5. Risk Management Considerations

Not applicable.

6. Options/Alternatives

Not applicable.

7. Public Health Impact

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

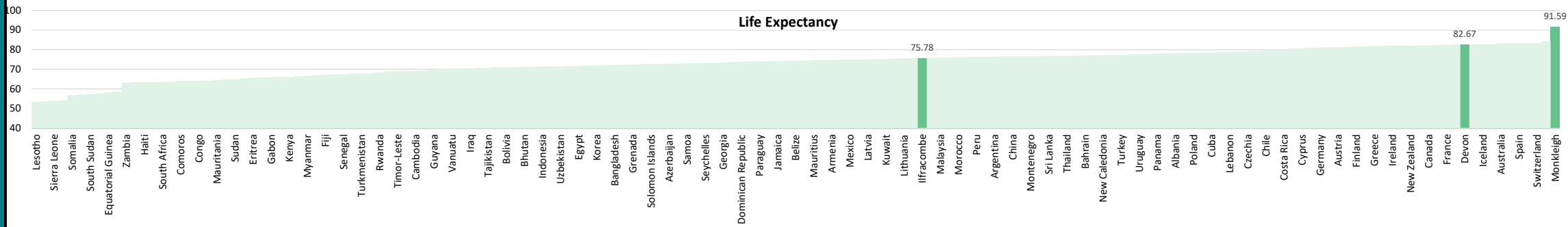
Cabinet Member for Adult Social Care and Health Services: Councillor A Leadbetter and Cabinet Member for Community, Public Health, Transportation and Environmental Services: Councillor R Croad

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

Background Papers

Nil

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



Priority and Indicator	Time Period	Devon	SW	Eng	Devon Trend	East Devon	Exeter	Mid Devon	North Devon	South Hams	Teignbridge	Torridge	West Devon	Deprivation	Value	Guide
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1. Create opportunities for all

GCSE Attainment (Free School Meals)	2018	18.2%	17.7%	21.7%	-	28.2%	21.1%	25.0%	17.9%	26.2%	17.5%	13.2%	16.7%		%	Higher is better
GCSE Attainment	2018	41.0%	43.2%	43.5%	-	48.0%	41.9%	45.3%	36.7%	45.2%	36.1%	28.0%	41.2%		%	Higher is better
Good Level of Development (Free School Meals)	2017/18	49.5%	52.3%	56.6%	▲	49.1%	54.3%	42.2%	46.9%	40.5%	51.1%	53.8%	53.7%		%	Higher is better
Good Level of Development	2017/18	71.7%	71.2%	71.5%	▲	71.5%	68.8%	72.2%	73.1%	76.2%	72.5%	67.2%	71.5%		%	Higher is better
% with NVQ+ (aged 16-64)	2018	40.1%	38.7%	39.0%	▲	35.8%	40.6%	40.3%	30.5%	45.7%	46.4%	33.6%	50.0%		%	Higher is better
% with no qualifications (NVQ) (aged 16-64)	2018	5.1%	5.3%	7.6%	▲	6.5%	4.4%	5.4%	9.2%	2.4%	5.1%	-	5.5%		%	Lower is better
Child Poverty	2016	12.5%	14.0%	17.0%	▲	11.2%	13.4%	11.6%	13.4%	10.5%	12.8%	16.0%	12.3%		%	Lower is better
Not in Education, Employment or Training	2019	6.3%	6.7%	6.0%	-	5.9%	8.5%	6.0%	6.8%	4.8%	6.0%	6.0%	5.7%		%	Lower is better
Gross Value Added - Per Head (Output)	2016	£ 20,843	£ 23,091	£ 27,108	▲	£17,246	£ 31,446	£ 16,663	£ 20,929	£ 23,847	£ 18,583	£ 16,094	£ 17,371		£	Higher is better

2. Healthy, safe strong and sustainable communities

Fuel Poverty	2017	11.6%	10.8%	10.9%	▲	10.3%	12.4%	11.2%	12.6%	11.2%	10.9%	13.2%	12.6%		%	Lower is better
Rough Sleeping	2018	1.5	1.9	2.0	-	0.8	3.2	0.9	2.9	1.8	1.2	0.9	0.0		Rate per 10,000	Lower is better
Dwellings with category one hazards	2014/15	15.4%	15.6%	10.4%	▲	14.7%	9.4%	17.3%	17.7%	15.8%	13.4%	26.2%	13.8%		%	Lower is better
Private sector dwellings made free of hazards	2014/15	1.0%	1.0%	1.2%	▲	1.1%	1.7%	1.1%	1.9%	0.4%	1.5%	0.1%	0.5%		%	Higher is better
People who use services who feel safe	2018/19	69.2%	70.0%	70.1%	▲	78.7%	63.7%	68.5%	70.2%	66.7%	72.2%	60.8%	66.7%		%	Higher is better
Proportion of people with poor access to healthy assets	2017	26.5%	18.1%	21.1%	-	37.4%	-	30.7%	23.8%	38.4%	15.7%	44.6%	44.0%		%	Higher is better
Overall rate of crime	2018/19	57.1	67.1	67.3	▲	44.0	84.0	45.0	60.0	41.0	52.0	43.0	40.0		Rate per 1,000	Lower is better

3. Focus on mental health

Suicide Rate	2016-18	11.2	11.1	9.6	▲	7.0	15.0	12.9	13.0	6.7	13.7	12.8	8.9		DASR per 100,000	Lower is better
Emergency Hospital Admissions for Intentional Self-Harm	2017/18	210.3	250.2	185.5	▲	153.0	208.9	170.2	327.2	194.6	225.2	263.9	183.3		DASR per 100,000	Lower is better
Self-Reported Wellbeing (low happiness score %)	2017/18	6.9%	7.4%	8.2%	▲	-	-	-	-	-	-	-	-		%	Lower is better
Social Contentedness	2017/18	42.8%	46.0%	46.0%	▲	-	-	-	-	-	-	-	-		%	Lower is better
Access to psychological therapies	2017	17.5%	-	18.3%	-	16.8%	20.1%	16.1%	18.8%	13.3%	18.9%	17.3%	15.3%		%	Higher is better

4. Maintain good health for all

Adults Excess Weight	2017/18	60.1%	61.0%	62.0%	-	55.8%	55.8%	60.8%	64.7%	60.1%	68.7%	66.3%	58.6%		%	Lower is better
Proportion of Physically Active Adults	2017/18	72.8%	70.7%	66.3%	-	77.3%	80.0%	70.8%	65.8%	70.1%	69.7%	72.7%	70.1%		%	Higher is better
Alcohol-Related Admissions	2017/18	604.1	649.7	632.3	▲	534.4	638.3	573.7	742.8	582.6	630.7	643.6	515.7		DASR per 100,000	Lower is better
Alcohol-Specific Admissions in Under 18s	2015-18	43.6	43.6	32.9	▲	49.1	42.5	20.1	49.2	43.6	61.1	37.7	26.7		Rate per 100,000	Lower is better
Fruit and Vegetable Consumption (5-a-day)	2017/18	62.3%	61.2%	54.8%	▲	58.3%	59.6%	62.6%	62.9%	67.9%	64.1%	64.6%	61.6%		%	Higher is better
Mortality Rate from Preventable Causes	2016-18	159.9	167.2	180.8	▲	136.8	193.1	154.8	183.6	137.4	157.5	175.4	157.6		DASR per 100,000	Lower is better
Cancer Diagnosed at Stage 1 or 2	2017	56.1%	53.3%	52.2%	▲	58.5%	59.9%	56.0%	49.3%	57.4%	54.2%	57.1%	56.6%		%	Higher is better
Overall satisfaction of carers with social services	2018/19	38.3%	38.5%	38.6%	-	43.9%	47.1%	50.0%	32.4%	28.6%	36.0%	33.3%	30.0%		%	Higher is better
Feel Supported to Manage Own Condition	2019	84.2%	81.8%	78.4%	-	87.2%	83.5%	83.8%	83.6%	84.3%	82.7%	80.0%	88.4%		%	Higher is better
Re-ablement Services (Effectiveness)	2017/18	82.6%	80.2%	82.9%	▲	77.5%	79.5%	79.5%	76.1%	97.8%	81.9%	87.1%	94.6%		%	Higher is better
Re-ablement Services (Coverage)	2017/18	1.8%	2.6%	2.9%	▲	-	-	-	-	-	-	-	-		%	Higher is better
Injuries Due to Falls	2017/18	1714.5	2056.4	2170.4	▲	1586.1	1745.8	1465.1	1692.2	1780.8	1988.7	1683.2	1709.3		DASR per 100,000	Lower is better
Adult Smoking Prevalence	2018	13.4%	13.9%	14.4%	▲	8.6%	17.2%	13.3%	14.4%	17.3%	14.1%	7.1%	14.3%		%	Lower is better
Estimated Dementia Diagnosis Rate (65+)	2019	59.8%	62.4%	68.7%	▲	64.8%	71.9%	52.1%	61.0%	41.4%	59.1%	58.5%	58.8%		%	Higher is better

Key Symbols

- Data not available
- # Value missing due to small sample size
- ^ Change in methodology
- ^^ National method for calculating Confidence Intervals are being revised
- Most deprived <-----> Least deprived

Significance compared to England figure

- Significantly higher
- Not significantly different
- Significantly lower

Trend

- Worsening trend
- Static trend
- Improving trend
- Not enough data



Indicator	Description	Detailed specification
1. Create Opportunities for All		
GCSE Attainment (Free School Meals)	Percentage of pupils achieving five or more GCSEs at grades 9 to 5 including English and Maths that are part of the Free School Meal 6 status.	Number of pupils at end of Key Stage 4 in schools maintained by the local education authority (includes special schools and pupil referral units) achieving five or more GCSEs at grades A* to C or equivalent, including English and maths GCSE as a percentage of all pupils at end of Key Stage 4.
GCSE Attainment	Percentage of overall pupils achieving five or more GCSEs at grades 9 to 5 including English and Maths.	Number of pupils at end of Key Stage 4 in schools maintained by the local education authority (includes special schools and pupil referral units) achieving five or more GCSEs at grades A* to C or equivalent, including English and maths GCSE as a percentage of all pupils at end of Key Stage 4.
Good Level of Development (Free School Meals)	The percentage of children with free school meal status achieving a good level of development at the end of reception	All children defined as having reached a good level of development at the end of the EYFS by local authority. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.
Good Level of Development	The percentage of children achieving a good level of development at the end of reception	All children defined as having reached a good level of development at the end of the EYFS by local authority. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.
% with NVQ4+ (aged 16-64)	Percentage of people aged 16-64 with and NVQ4+ qualification	The number of people with NVQ 4 equivalent and above, e.g. HND, Degree and Higher Degree level qualifications or equivalent divided by the total population age 16-64.
% with no qualifications (NVQ) (aged 16-64)	Percentage of people aged 16-64 with no qualifications (%)	The number of people with no formal qualifications divided by the total population aged 16-64.
Child Poverty	Percentage of children (aged 0 to 15) living in households dependent on benefits or tax credits.	Children living in families in receipt of Child Tax Credit (CTC) whose reported income is less than 60 per cent of the median income or are in receipt of income support (IS) or Income-Based Jobseeker's Allowance (JSA), as a proportion of the total number of children in the area.
Not in Education, Employment or Training	16-19 year olds not in education, employment or training (NEET) or whose activity is not known	The estimated number of 16-19 year olds not in education, employment or training or whose activity is not known. The England and South West figure represents the estimated proportion of 16-17 year olds not in education, employment or training or whose activity is not known.
Gross Value Added - Per Head (Output)	The value generated by any unit engaged in the production of goods and services.	A measure of the increase in the value of the economy due to the production of goods and services. It is measured at current basic prices, which includes the effect of inflation, excluding taxes (less subsidies) on products. GVA plus taxes (less subsidies) on products is equivalent to gross domestic product (GDP).
2. Healthy, Safe, Strong and Sustainable Communities		
Fuel Poverty	The percentage of households that experience fuel poverty based on the "Low income, high cost" methodology	Under the "Low Income, High Cost" measure, households are considered to be fuel poor where: 1.They have required fuel costs that are above average (the national median level) 2.Were they to spend that amount, they would be left with a residual income below the official fuel poverty line. The key elements in determining whether a household is fuel poor or not are income, fuel prices, and fuel consumption (which is dependent on the dwelling characteristics and the lifestyle of the household)
Rough Sleeping	The number of rough sleepers counted or estimated by the local authority as a rate per 1,000 households	These annual rough sleeping counts and estimates are carried out in October or November. Each local authority district either conducts a street count or provides an estimate. A count is a single night snapshot of the number of rough sleepers in a local authority area. Counts are independently verified by Homeless Link. An estimate is the number of people thought to be sleeping rough in a local authority area on any one night in a chosen week. Local authorities decide annually whether to provide a count or an estimate in light of their local circumstances. Counts and estimates may underestimate the true extent of rough sleeping.
Dwellings with category one hazards	Percentage of total dwellings with hazards rated as serious (category one) under the housing health and safety rating system (HHSRS)	The housing health and safety rating system (HHSRS) is a risk-based evaluation tool introduced under the Housing Act 2004, which identifies 29 hazards including damp, excess cold, excess heat, the presence of pollutants (including Asbestos), space, security, light, noise, hygiene, sanitation, water supply, and risk of accidental injury. Risks rated as category one pose a serious risk to health and safety. The numerator is the total number of dwellings identified as having category one hazards present (f6a). The denominator is the total number of dwellings from Live Table 100 (dwelling stocks by local authority).
Private sector dwellings made free of hazards	Percentage of private sector dwellings identified as having hazards rated as serious (category one) under the housing health and safety rating system (HHSRS) which were made free of these hazards in the previous financial year	The housing health and safety rating system (HHSRS) is a risk-based evaluation tool introduced under the Housing Act 2004, which identifies 29 hazards including damp, excess cold, excess heat, the presence of pollutants (including Asbestos), space, security, light, noise, hygiene, sanitation, water supply, and risk of accidental injury. Risks rated as category one pose a serious risk to health and safety. The numerator is the total number of private sector dwellings made free of category one hazards through local authority intervention. The denominator is the total number of private sector dwellings identified as having category one hazards present.
People who use services who feel safe	The measure is defined by determining the percentage of all those responding who choose the answer "I feel as safe as I want" from the Adult Social Care Survey.	This measures one component of the overarching 'social care-related quality of life' measure. It provides an overarching measure for this domain.
Proportion of people with poor access to healthy assets	Access to Healthy Assets & Hazards Index	Percentage of the population who live in LSOAs which score in the poorest performing 20% on the Access to Healthy Assets & Hazards (AHAH) index. The AHAH index is comprised of four domains: access to retail services (fast food outlets, gambling outlets, pubs/bars/nightclubs, off licences, tobacconists), access to health services (GP surgeries, A&E hospitals, pharmacies, dentists and leisure centres), the physical environment (access to green spaces, and three air pollutants: NO2 level, PM10 level, SO2 level) and air pollution (NO2 level, PM10 level, SO2 level).
Overall rate of crime	The rate of crimes, crude rate per 1,000	Numerator is the number of crime incidents recorded by the police. Denominator is the rounded mid-year population of the area. Rate is numerator divided by denominator multiplied by 1,000.
3. Focus on Mental Health		
Suicide Rate	Direct age-standardised mortality rate (DASR) from suicide and injury of undetermined intent per 100,000 population	Number of deaths from suicide and injury of undetermined intent (classified by underlying cause of death recorded as ICD10 codes X60-X84 (all ages), Y10-Y34 (ages 15+ only) registered in the respective calendar years, aggregated into quinary age bands, with corresponding mid-year population totals. Age specific rates are calculated and multiplied by the standard population for each age group and aggregated to give the age adjusted count of deaths for the area, and divided by the total standard population and multiplied by 100,000 to give the age standardised mortality rate for the area. New 2013 European Standard population used.
Emergency Hospital Admissions for Intentional Self-Harm	Direct Age Standardised Rate of finished admission episodes for self-harm per 100,000 population aged 10 to 24 years	Numerator is number of finished admission episodes in children aged between 10 and 24 years where the main recorded cause is between 'X60' and 'X84' (Intentional self-harm). Population for people aged 10 to 24, aggregated into quinary age bands. Age specific rates are calculated and multiplied by the standard population for each age group and aggregated to give the age adjusted count of deaths for the area, and divided by the total standard population and multiplied by 100,000 to give the age standardised mortality rate for the area. The 2013 revision to the European Standard Population has been used.
Self-Reported Wellbeing (low happiness score %)	Self-reported well-being - percentage of people with a low happiness score	The percentage of respondents who answered 0-4 to the question "Overall, how happy did you feel yesterday?" ONS are currently measuring individual/subjective well-being based on four questions included on the Integrated Household Survey. Responses are given on a scale of 0-10 (where 0 is "not at all happy" and 10 is "completely happy")The first full year data from these questions was published by ONS in July 2012 and are being treated as experimental statistics. In the ONS report, the percentage of people scoring 0-6 and 7-10 have been calculated for this indicator.
Social Contentedness	Proportion of people who use services who reported that they had as much social contact as they would like.	The percentage of users responding "I have as much contact as I want with people I like" and carers choosing "I have as much contact as I want" to questions based on their social situation in the Adult Social Care Survey and Carers Survey. Currently just measuring social care users. Measures for users and carers will be presented separately
Access to psychological therapies	Access to IAPT services: people entering IAPT (in month) as % of those estimated to have anxiety/depression	The number of people entering IAPT services as a proportion of those estimated to have anxiety and/or depression.

4. Maintain good health for all

Adults Excess Weight	Percentage of adults classified as overweight or obese.	Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m ² . Denominator is number of adults ages 18+ with valid height and weight recorded. Height and weight is self-reported but is adjusted by age and sex using Health Survey for England data to adjust for differences between self-reports and actual BMI. Prevalences are weighted to be representative of the whole population at each level of geography and have been age-standardised.
Proportion of Physically Active Adults	Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity.	The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16. This includes physical activity as a mode of transportation to work, as well as direct leisure activities.
Alcohol-Related Admissions (Narrow)	Direct age-standardised rate of hospital admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population.	Admissions to hospital involving an alcohol-related primary diagnosis or an alcohol-related external cause. Admissions of children under 16 were only included if they had an alcohol-specific diagnosis i.e. where the attributable fraction = 1, meaning that the admission is treated as being wholly attributable to alcohol. For other conditions, estimates of the alcohol-attributable fraction were not available for children.
Alcohol-Specific Admissions in under 18s	Hospital admissions for alcohol-specific causes in persons aged under 18 per 100,000 population	Persons aged less than 18 years admitted to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition for three financial years pooled. In addition, individuals admitted are only counted once per financial year. Denominator is ONS mid-year population estimates for 0-17 year olds. Three years are pooled. Rate is a crude rate per 100,000 population. See LAPE user guide for further details - http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
Fruit and Vegetable Consumption (5-a-day)	Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on a usual day.	Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on the previous day. Respondents to the Active Lives Survey who answered both of the following questions were included: 1) How many portions of fruit did you eat yesterday? Please include all fruit, including fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies. Fruit juice only counts as one portion no matter how much you drink. 2) How many portions of vegetables did you eat yesterday? Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate. Beans and pulses only count as one portion no matter how much of them you eat.
Mortality Rate from Preventable Causes	Direct age-standardised mortality rate from causes considered preventable per 100,000 population	Numerator is number of deaths that are considered preventable (classified by underlying cause of death recorded as ICD codes A15-A19, B17.1, B18.2, B20-B24, B90, C00-C16, C18-C22, C33-C34, C43, C45, C50, C53, E10-E14, F10-F16, F18-F19, G31.2, G62.1, I20-I26, I42.6, I71, I80.1-I80.3, I80.9, I82.9, J09-J11, J40-J44, K29.2, K70, K73-K74 (excl. K74.3-K74.5), K86.0, U50.9, V01-Y34, Y60-Y69, Y83-Y84) registered in the respective calendar years, aggregated into quinary age bands (0-4, 5-9, ..., 80-84, 85+). The 2013 revision to the European Standard Population has been used for this measure.
Cancer Diagnosed at Stage 1 or 2	Proportion of cancers diagnosed at an early stage	New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin). This indicator is labelled as experimental statistics because of the variation in data quality: the indicator values primarily represent variation in completeness of staging information.
Overall satisfaction of carers with social services	The measure is defined by determining the percentage of all those responding who identify strong satisfaction, by choosing the answer "I am extremely satisfied" or the answer "I am very satisfied" from the Adult Social Care Survey.	This measures the satisfaction with services of carers of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of user surveys suggests that reported satisfaction with services is a good predictor of the overall experience of services and quality.
Feel Supported to Manage Own Condition	Weighted percentage of people feeling supported to manage their condition.	Numerator: For people who answer yes to the Question 30 "Do you have a longstanding health condition", the numerator is the total number of 'Yes, definitely' or 'Yes, to some extent' answers to GPPS Question 32: In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term condition(s)? Please think about all services and organisations, not just health services • Yes, definitely • Yes, to some extent • No • I have not needed such support • Don't know/can't say. Responses weighted according to the following 0-100 scale: "No" = 0 "Yes, to some extent" = 50 "Yes, definitely" = 100.
Re-ablement Services (Effectiveness)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.	The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.
Re-ablement Services (Coverage)	Proportion of older people (65 and over) offered reablement services following discharge from hospital.	The number of older people (65 and over) offered reablement services as a proportion of the total number of older people discharged from hospitals based on Hospital Episode Statistics (HES)
Injuries Due to Falls	Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.	Emergency admissions for falls injuries classified by primary diagnosis code (ICD10 code S00-T98) and external cause (ICD10 code W00-W19) and an emergency admission code. Age at admission 65 and over. Counted by first finished consultant episode (excluding regular and day attenders) in financial year in which episode ended, by local authority and region of residence from the HES data. Population based on Local Authority estimates of resident population produced by ONS. Analysis uses the quinary age bands 65-69, 70-74, 75-79, 80-84 and 85+, by sex. Calculated using the 2013 European Standard Population.
Adult Smoking Prevalence	Percentage of adults aged 18 and over who smoke	The number of persons aged 18+ who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response. Denominator is Total number of respondents (with valid recorded smoking status) aged 18+ in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
Estimated Dementia Diagnosis Rate (65+)	Number of persons recorded on a GP Dementia Disease Register as a % of those in the area estimated to have dementia (using age and sex based estimates)	Numerator is the number of people on a GP practice dementia disease register at the end of the given period and reported through the Quality and Outcomes Framework. Numbers predicted to have dementia apply local GP practice population in quinary age bands to age and sex specific dementia prevalence rates from the 2007 Dementia UK prevalence study. Rate divides the number on the QOF register by the predicted number with dementia to give the percentage diagnosed. GP practice numerators and denominators are aggregated to areas based on location of practice.

Devon Health and Wellbeing Board

Outcomes Reporting

January 2020



Health and Wellbeing



Committed to promoting health equality

Introduction

- The H&WB outcomes report monitors priority measures identified in the Joint Health and Wellbeing Strategy (2020-25)
- Purpose of today is to introduce the new outcomes report to the board
- On a quarterly basis updated outcome measures will be presented to the board
- Recommended that the H&WB note the updated H&WB outcomes report

HEALTH AND WELLBEING OUTCOMES REPORT 2020-25

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



Priority and Indicator	Time Period	Devon	SW	Eng	Devon Trend	East Devon	Exeter	Mid Devon	North Devon	South Hams	Taignton	Torridge	West Devon	Deprivation	Value	Guide
1. Create opportunities for all																
GCSE Attainment (Free School Meals)	2018	14.2%	17.7%	21.7%	-	28.2%	21.1%	25.0%	17.9%	26.2%	17.9%	13.2%	16.7%	%		Higher is better
GCSE Attainment	2018	43.0%	47.2%	43.5%	-	48.0%	43.9%	42.3%	36.7%	45.2%	38.2%	28.0%	41.2%	%		Higher is better
Good Level of Development (Free School Meals)	2017/18	43.5%	51.3%	56.6%	-	40.1%	54.3%	42.2%	46.9%	40.5%	51.2%	53.8%	53.7%	%		Higher is better
Good Level of Development	2017/18	75.7%	71.2%	71.5%	-	71.5%	68.8%	72.2%	71.1%	76.2%	72.5%	67.2%	75.3%	%		Higher is better
% with NVQ+ (aged 16-64)	2018	40.1%	38.7%	39.0%	-	38.8%	40.6%	40.3%	30.5%	45.7%	46.4%	33.6%	50.0%	%		Higher is better
% with no qualifications (NVQ) (aged 16-64)	2018	5.3%	5.1%	7.6%	-	6.5%	4.4%	5.4%	8.2%	2.4%	3.2%	-	5.5%	%		Lower is better
Child Poverty	2016	12.5%	14.0%	17.0%	-	11.2%	13.4%	11.4%	13.4%	10.5%	12.8%	16.0%	12.3%	%		Lower is better
Not in Education, Employment or Training	2019	6.3%	6.7%	6.0%	-	5.9%	6.5%	6.0%	6.8%	4.8%	6.0%	6.0%	5.7%	%		Lower is better
Gross Value Added - Per Head (Output)	2016	£ 20,840	£ 22,081	£ 27,108	-	£ 17,348	£ 21,446	£ 18,663	£ 20,023	£ 23,847	£ 18,581	£ 10,894	£ 23,271	£		Higher is better
2. Healthy, safe strong and sustainable communities																
Fuel Poverty	2017	11.8%	10.8%	10.9%	-	10.3%	11.4%	11.2%	12.8%	11.2%	10.9%	11.2%	12.8%	%		Lower is better
Rough Sleeping	2018	1.5	1.9	2.0	-	0.8	2.2	0.8	2.0	1.8	1.2	0.9	0.0	Rate per 1000		Lower is better
Dwellings with category one hazards	2014/15	13.4%	13.4%	10.4%	-	18.7%	9.4%	17.3%	17.7%	13.8%	11.4%	28.2%	13.8%	%		Lower is better
Private sector dwellings made free of hazards	2014/15	1.0%	1.0%	1.2%	-	1.1%	1.7%	1.1%	1.3%	0.4%	1.5%	0.2%	0.5%	%		Higher is better
People who use services who feel safe	2018/19	69.2%	70.0%	70.2%	-	78.7%	61.7%	68.5%	70.2%	66.7%	72.2%	60.8%	66.7%	%		Higher is better
Proportion of people with poor access to healthy assets	2017	28.5%	18.1%	21.1%	-	17.4%	-	30.7%	23.8%	38.4%	21.7%	44.6%	44.0%	%		Lower is better
Overall rate of crime	2018/19	57.1	67.1	67.1	-	44.0	64.0	45.0	60.0	41.0	52.0	43.0	40.0	Rate per 1000		Lower is better
3. Focus on mental health																
Suicide Rate	2016-18	11.1	11.1	9.6	-	7.0	15.0	12.9	13.0	6.7	11.7	12.8	9.3	Rate per 100,000		Lower is better
Emergency Hospital Admissions for Intentional Self-Harm	2017/18	208.8	260.2	285.5	-	153.0	208.9	170.2	217.2	194.8	228.1	260.8	183.1	Rate per 100,000		Lower is better
Self-Reported Wellbeing (low happiness score %)	2017/18	6.5%	7.4%	8.2%	-	-	-	-	-	-	-	-	-	%		Lower is better
Social Contentedness	2017/18	42.8%	46.0%	46.0%	-	-	-	-	-	-	-	-	-	%		Lower is better
Access to psychological therapies	2017	17.5%	-	18.3%	-	18.8%	20.2%	18.1%	14.8%	13.3%	18.8%	17.3%	15.3%	%		Higher is better
4. Maintain good health for all																
Adults Excess Weight	2017/18	60.1%	61.0%	62.0%	-	55.8%	55.8%	60.2%	64.7%	60.1%	66.7%	66.3%	58.6%	%		Lower is better
Proportion of Physically Active Adults	2017/18	72.8%	70.7%	66.3%	-	77.3%	80.0%	70.8%	69.8%	70.3%	69.7%	72.7%	70.1%	%		Higher is better
Alcohol-Related Admissions	2017/18	804.1	881.7	832.3	-	534.4	638.3	573.7	742.8	582.8	650.7	643.6	515.7	Rate per 100,000		Lower is better
Alcohol-Specific Admissions in Under 18s	2015-18	43.4	45.8	32.9	-	48.1	42.5	20.1	40.2	43.6	61.1	37.7	26.7	Rate per 100,000		Lower is better
Fruit and Vegetable Consumption (5-a-day)	2017/18	62.3%	61.2%	54.8%	-	58.3%	59.6%	62.6%	62.9%	67.9%	64.1%	64.9%	61.6%	%		Higher is better
Mortality Rate from Preventable Causes	2015-18	159.0	167.2	180.3	-	136.6	133.1	154.3	133.6	157.4	157.3	175.4	157.4	Rate per 100,000		Lower is better
Cancer Diagnosed at Stage 1 or 2	2017	56.1%	53.3%	52.2%	-	58.5%	59.9%	56.0%	49.3%	57.4%	54.2%	57.1%	56.6%	%		Higher is better
Overall satisfaction of carers with social services	2018/19	38.3%	38.5%	38.6%	-	43.9%	47.1%	50.0%	32.4%	28.6%	36.0%	33.3%	30.0%	%		Higher is better
Feel Supported to Manage Own Condition	2019	84.2%	81.8%	78.4%	-	87.2%	83.5%	83.3%	83.6%	84.4%	82.7%	80.7%	84.6%	%		Higher is better
Re-ablement Services (Effectiveness)	2017/18	82.6%	80.2%	82.9%	-	77.6%	79.5%	79.3%	76.1%	87.8%	81.9%	87.1%	84.6%	%		Higher is better
Re-ablement Services (Coverage)	2017/18	1.8%	2.6%	2.9%	-	-	-	-	-	-	-	-	-	%		Higher is better
Injuries Due to Falls	2017/18	1734.0	2056.4	2170.4	-	1386.1	1745.8	1465.1	1692.2	1700.8	1888.7	1683.2	1708.0	Rate per 100,000		Lower is better
Adult Smoking Prevalence	2018	13.4%	13.3%	14.4%	-	8.6%	17.2%	13.3%	14.4%	17.3%	14.1%	7.1%	14.5%	%		Lower is better
Estimated Dementia Diagnosis Rate (65+)	2019	36.8%	62.4%	68.7%	-	64.8%	71.3%	52.0%	63.0%	43.4%	58.1%	58.3%	58.8%	%		Higher is better

Key Symbols
 - Data not available
 # Value missing due to small sample size
 * Change in methodology
 ** National method for calculating Confidence Intervals are being revised
 Most deprived ← → Least deprived

Significance compared to England figure
 Significantly higher
 Not significantly different
 Significantly lower

Trend
 Worsening trend
 Static trend
 Improving trend
 Not enough data





- To reflect our vision in the JHWS 2020-25, included some international context

Priority and Indicator	Time Period	Devon	SW	Eng	Devon Trend	East Devon	Easter	Mid Devon	North Devon	South Hams	Taigbridge	Torrige	West Devon	Deprivation	Value	Guide
I. Create opportunities for all																
GCSE Attainment (Free School Meals)	2018	33.2%	17.7%	21.7%	-	28.2%	23.1%	25.0%	17.9%	18.2%	17.5%	33.2%	16.7%		%	Higher is better
GCSE Attainment	2018	41.2%	43.2%	48.5%	-	48.0%	41.3%	45.3%	36.7%	45.2%	38.2%	28.0%	41.2%		%	Higher is better
Good Level of Development (Free School Meals)	2017/18	49.0%	52.0%	56.6%	▶	49.1%	54.3%	62.2%	46.3%	40.5%	51.1%	51.8%	53.7%		%	Higher is better
Good Level of Development	2017/18	71.7%	71.2%	71.5%	▶	71.5%	68.8%	72.2%	73.1%	76.2%	71.5%	67.2%	71.5%		%	Higher is better
% with NVQ4+ (aged 16-64)	2018	40.1%	18.7%	39.0%	▶	39.8%	40.8%	40.3%	38.0%	45.7%	46.4%	31.8%	30.0%		%	Higher is better

- **Priority and indicator name**
 - Create opportunities for all
 - Healthy, safe strong and sustainable communities
 - Focus on mental health
 - Maintain good health for all
- **Time period**
- **Different geography levels**
- **Tartan rug effect** (significance compared to England average)
- **Devon trend**
- **Deprivation**
- **Value**
- **Guide**

Outcome measures

(Significantly worse compared to England)

- GCSE attainment
- Good level of development
- Not in education, employment or training
- GVA per head
- Fuel poverty
- Dwellings with category 1 hazards
- Suicide rate
- Emergency admissions for self-harm
- Alcohol specific admissions in under 18s
- Reablement (coverage)
- Estimated dementia diagnosis rate (65+)

Outcome measures

(Other important points to note)

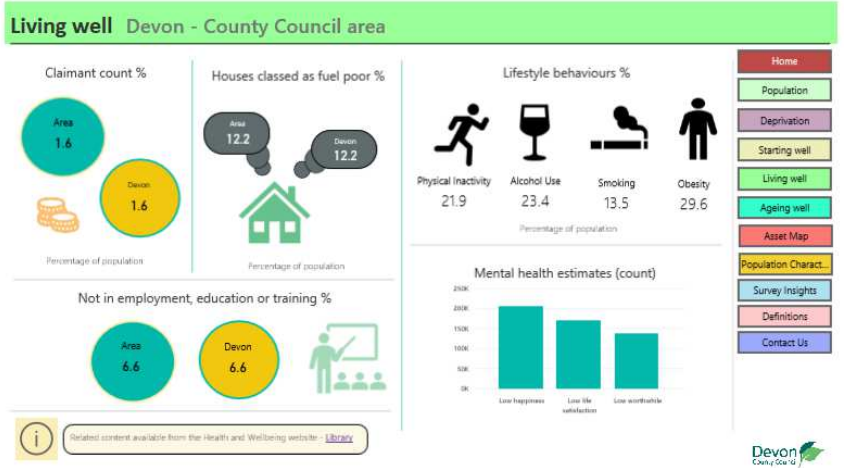
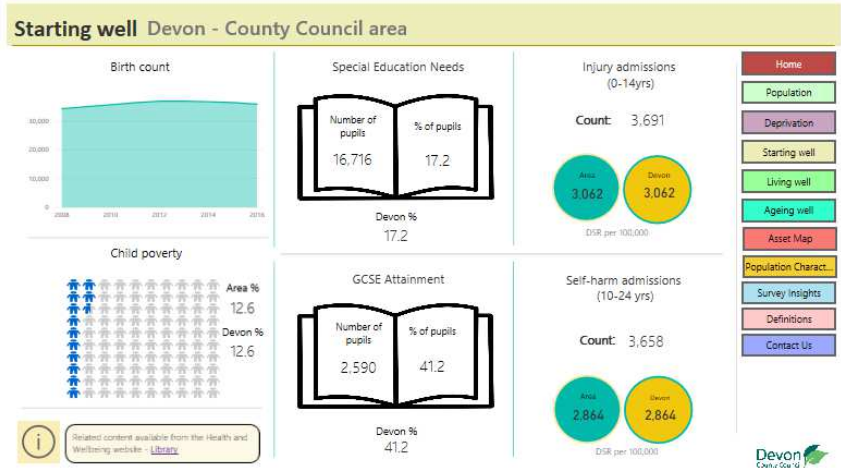
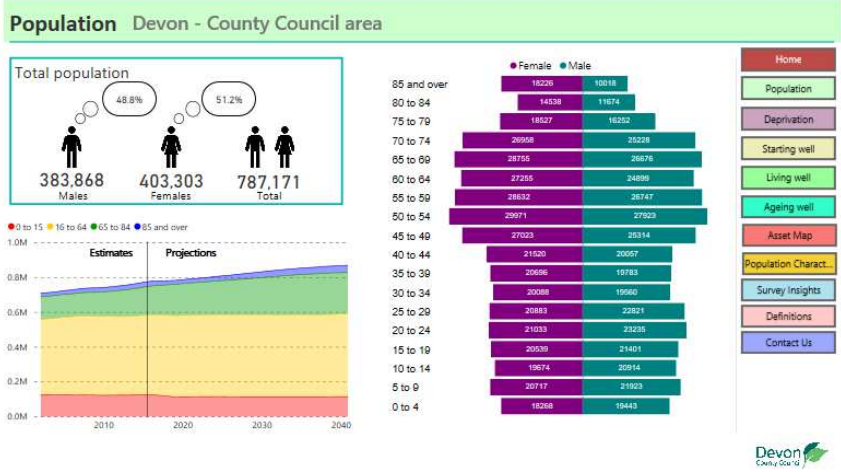
- Value for Devon alone may mask the inequalities within this large footprint
- Considerable variation across district areas which presents opportunities to improve outcomes
- Some priority areas present more challenge particularly across more upstream indicators
- Devon trend identifies outcome measures that:
 - Are emerging challenges
 - Challenges that continue to remain the same
 - Improving challenges
- Collectively many of these outcome indicators represent the wider determinants, of which many are within our gift in the local authority to influence



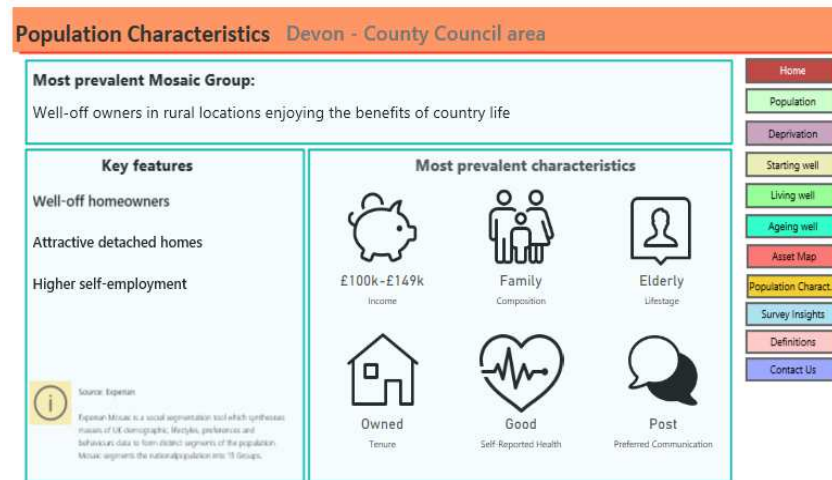
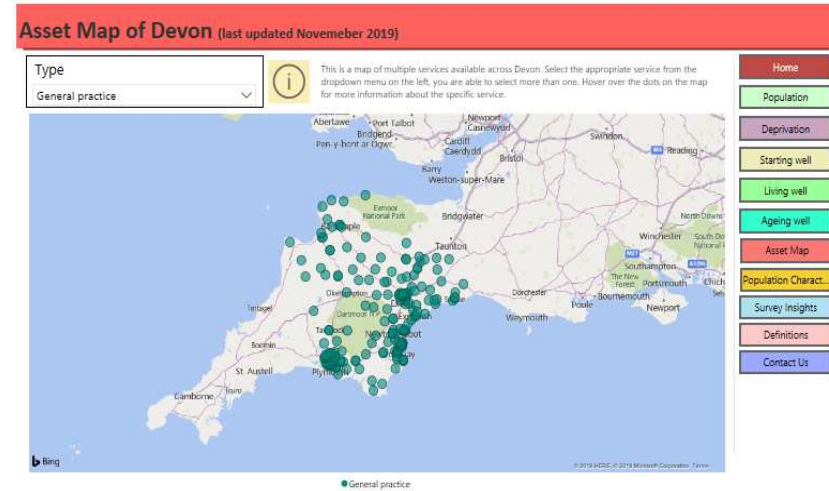
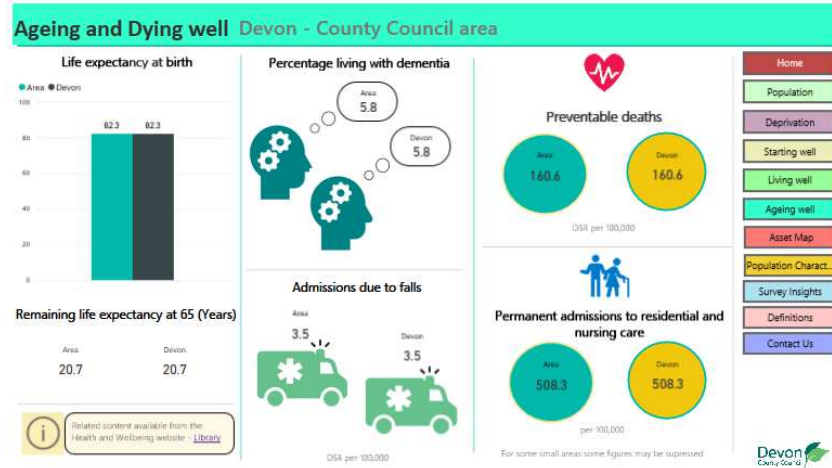
To support outcomes report

- Topic overviews
- JSNA resources
 - Headline ‘Explanatory’ Tool
 - ‘Exploratory Tool’
 - Health Needs Assessments
 - Annual Public Health Report

Explanatory Headline Tool



Explanatory Headline Tool



We

Exploratory Tool (Comparative)

Indicator	Period	England	South Hams	Allington & Strete	Bickleigh & Cornwood	Blackawton & Stoke Fleming	Charterlands	Dartington & Staverton	Dartmouth & East Dart	Ermington & Ughorought	Hybridge East	Hybridge West	Kingsbridge	Loddiswell & Avelton Gifford	Marridon & Littlehempston	Newton & Yealinton	Salcombe & Thurlestone	South Brent
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	100.0	78.3	72.1	83.7	73.6	73.4	74.8	81.4	75.8	80.5	80.5	87.7	73.8	77.1	73.7	75.5	76.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	100.0	68.7	63.7	68.1	62.7	69.0	58.0	62.1	68.4	82.4	82.4	79.8	61.9	61.9	69.5	69.5	65.3
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	100.0	88.4	81.5	75.1	84.1	86.4	88.6	97.9	80.7	92.6	92.6	98.3	91.3	91.6	79.2	94.4	81.0
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	100.0	68.1	70.8	67.0	68.9	62.5	69.6	66.0	63.4	87.2	87.2	65.6	65.4	62.4	63.9	57.6	65.4
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	100.0	47.8	36.9	43.6	39.0	38.2	35.3	61.1	34.7	65.2	65.2	63.5	35.2	42.4	36.6	32.8	33.7
Incidences of all cancers, standardised incidence ratio	2012 - 16	100.0	98.5	101.8	100.5	100.9	88.6	99.0	93.0	97.3	96.3	96.3	94.2	95.9	99.5	94.4	101.4	100.7
Incidence of breast cancer, standardised incidence ratio	2012 - 16	100.0	97.9	91.5	87.2	96.0	107.4	106.3	92.4	107.9	100.8	100.8	67.7	103.8	104.7	108.9	92.6	107.6



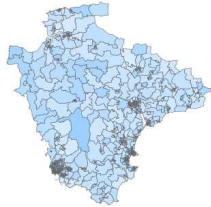
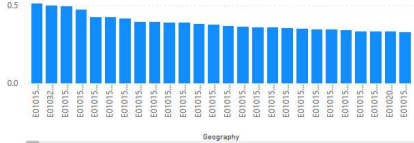
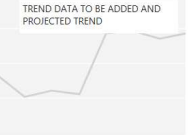
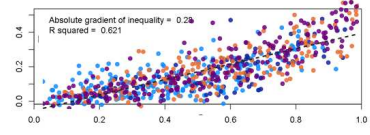
Exploratory Tool (Investigative)

Exploratory resource Health and Wellbeing

Indicator name: Children living in low income families
Time Period: 2016
Unit of measure: Proportion

Locality:
 Geography Type:
 Indicator Name:

[Interactive Tool](#)
[Headline summary](#)
[Context](#)
[Raw data](#)
[Notes](#)
[Definitions](#)
[Contact us](#)









Source: HMRC

Child Poverty

Summary **Risk factors**

- Child poverty has a decreasing trend across Devon.
- Latest data shows that child poverty for Devon is 11.3%. This is significantly lower compared to the England average of xx%.
- Within Devon, the highest child poverty rate is located in AREA 1 in TOWN 1. The lowest child poverty rate is located in AREA 2 in TOWN 2.
- Child poverty rates in Devon have a moderate correlation with the Indices of Multiple Deprivation.

Take me to:

- [Interactive Tool](#)
- [Headline summary](#)
- [Context](#)
- [Raw data](#)
- [Notes](#)
- [Definitions](#)
- [Contact us](#)

Child Poverty

<p>Why is this a Public Health Issue?</p> <p>Children living in poverty suffer from poorer physical and mental health which can also affect their life course trajectories.</p> <p>Rates of child poverty are higher in younger families due to higher benefit claimant rates and lower incomes in persons aged between 20 and 30 years. Single parent households, particularly where headed by a female, are also more like to experience economic poverty, as are children of disabled parents.</p>	<p>What does the evidence suggest?</p> <p>This section will include what evidence there is available.</p>
<p>What work is happening in Devon to tackle this issue?</p> <p>This section would include information around what work is currently happening in Devon to tackle this issue.</p> <p>It could also be mentioned here whether Child Poverty is a priorities according to the JHWS.</p>	<p>Related resources</p> <p>This section would detail what related resources there are to child poverty such as health needs assessments, strategies and other documents.</p>

Page updated: 13/12/2019

Raw data view

This section provides the raw data which is used in this Health Equity Tool. Please credit Devon Public Health Intelligence team when reusing this data.

Group	Group Type	Indicator	Value
Achieving neighbourhoods	ONS Area Classification Group	Acute Morbidity	100.04
Affluent communities	ONS Area Classification Group	Acute Morbidity	96.50
Ageing rural neighbourhoods	ONS Area Classification Group	Acute Morbidity	96.03
Ageing suburbanites	ONS Area Classification Group	Acute Morbidity	98.62
Ageing urban communities	ONS Area Classification Group	Acute Morbidity	106.94
Ashburton-Buckfastleigh	Town	Acute Morbidity	106.19
Aspiring urban households	ONS Area Classification Group	Acute Morbidity	108.81
Axminster	Town	Acute Morbidity	88.03
Barnstaple	Town	Acute Morbidity	117.26
Barnstaple Alliance	PCN	Acute Morbidity	117.26
Baywide	PCN	Acute Morbidity	113.43
Beacon Medical Group	PCN	Acute Morbidity	105.51
Bideford-Northam	Town	Acute Morbidity	109.95
Braunton	Town	Acute Morbidity	101.95
Brixham & Paignton	PCN	Acute Morbidity	119.23
Challenged white communities	ONS Area Classification Group	Acute Morbidity	139.30
City	PCN	Acute Morbidity	126.47
Coastal	PCN	Acute Morbidity	103.11
Comfortable neighbourhoods	ONS Area Classification Group	Acute Morbidity	108.45

Useful Links

- Full outcomes report available at:
<http://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/>
- JSNA Headline tool:
<https://www.devonhealthandwellbeing.org.uk/jsna/profiles/jsna-headline-tool/>
- Joint Health and Wellbeing strategy:
 - Print version:
<https://devoncc.sharepoint.com/:b:/s/PublicDocs/PublicHealth/ERl2qaV25ctDh8-lc06zFfgBiQGrgfBwS2Wwgq1Vo-bZbw?e=IQNdW0>
 - Story map version:
<https://dcc.maps.arcgis.com/apps/Cascade/index.html?appid=a57ef336552c4124b26420c4a604e4cd>
 - Easy read version:
http://www.learningdisabilitydevon.org.uk/?page_id=2355&preview=true



Child Poverty Overview for Devon

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

Recommendation: That the board note the content and findings of the child poverty overview for Devon.

1. Context

1.1 Following the July 2019 Health and Wellbeing Board meeting a request was made for more detailed overview of child poverty to provide more detail and context to the information available in the Health and Wellbeing Outcomes Report.

1.2 Topic overviews have recently started to be published as part of the Devon Joint Strategic Needs Assessment. These overviews provide additional information about a specific topic and include a more detailed overview of the issue, further information around local trends and patterns, and further information about local work on the issue. A draft topic overview for child poverty has been produced.

2. Child Poverty Overview

2.1 The draft topic overview for child poverty is included separately. This highlights that the causes of child poverty are broad and the experience of child poverty can vary significantly across our communities. Whilst levels of child poverty have generally declined, considerable variation exists across Devon.

2.2 A challenge with complex issues like child poverty where the causes are broad and multiple, is that no local organisation or body takes an overall lead on the issue. This means that local work to address the causes and ameliorate the impact of child poverty will typically be focused on specific individual causes and consequences of child poverty rather than tackling the issue as a whole. Strengthening collaboration between organisations and strategic partnerships on these issues is therefore important.

3. Conclusions and Next Steps

3.1 Other topic overviews currently available or in development include eye health, housing and fuel poverty. This overview will form part of this developing suite of documents.

3.2 It is recommended that the board note the content and findings of the child poverty overview for Devon.

4. Risk Management Considerations

Not applicable.

6. Options/Alternatives

Not applicable.

7. Public Health Impact

Greater collaboration between strategic partnerships across Devon with enhance work on the wider determinants of health and support the delivery of the Joint Health and Wellbeing Strategy.

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

Child Poverty: An overview for Devon

Child poverty is an important issue for public health, with evidence suggesting it can lead to premature mortality and poor health outcomes in subsequent adulthood. In 2013, it was estimated that child poverty costs the country around £25 billion per year. This cost relates to lower productivity and higher risk of employment in adults who grew up in poverty and additional public spending required to address social problems resulting from high levels of child poverty.

This paper seeks to provide an overview of child poverty in Devon.

Definition

In the Public Health Outcomes Framework children poverty (also known as children living in low income families) is classified as the percentage of all dependent children in relative poverty.

Relative poverty is defined as living in households where income is less than 60 per cent of median household income before housing costs. Therefore, it is a **relative measure** of the gap between the poorest and the middle rather than the poorest and the richest.

Experience of child poverty

The experience of poverty can be summarised into three groups¹:

- **Persistent poor** – experience of relative low income for a sustained period
- **Recurrent poor** – experience a cycle of in and out of poverty
- **Transient poor** – experience relative low income for a short period of time

Determinants of child poverty

There are many factors which influence each experience of child poverty. Those who experience recurrent and persistent poverty tend to have circumstances or factors which may be influenced by additional factors known as the **'causes of causes'**.

For example, income levels may be a factor contributing to child poverty but the 'causes of causes' may be the level of skills and qualifications of the parent, their health status, caring responsibilities, or sectoral composition of the job market in certain areas.

Equally children who live in poverty tend to experience poorer outcomes into adulthood which can increase the risk of the poverty cycle.

Figure 1: The Poverty Cycle

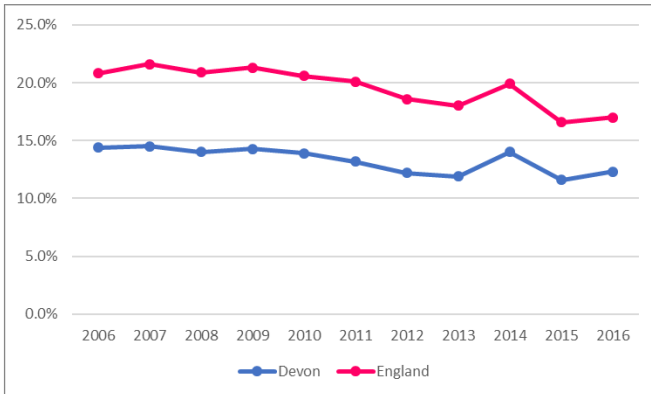


¹ Tri-Borough Joint Strategic Needs Assessment - https://www.jsna.info/sites/default/files/Child%20Poverty%20JSNA%20-%20April%202014_0.pdf

Trend

In Devon, children in low income families has continued to follow a downward trajectory below the national figure. Recent data for 2016 show that 12.3% of children in Devon are in low income families compared to 17% for England (figure 2).

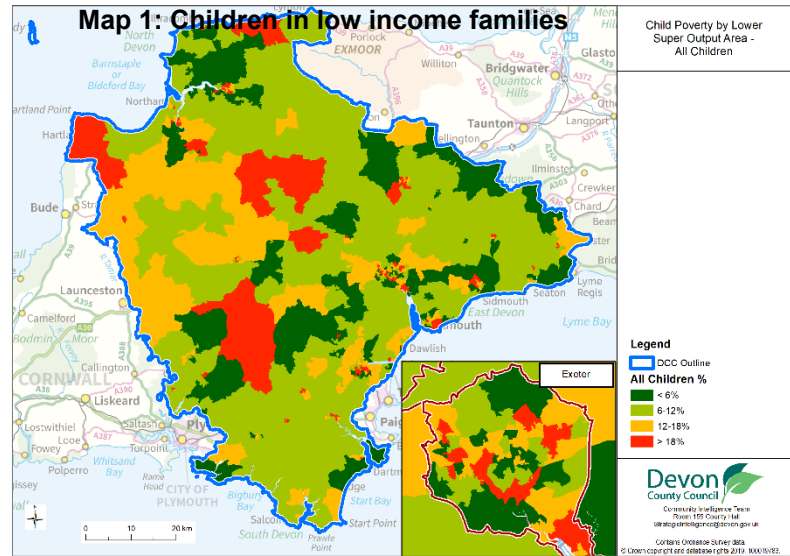
Figure 2: Children in low income families



Source: Public Health Outcomes Framework, 2019

While the overall Devon figure represents an encouraging trend, data at lower geographical areas shows the disparity between different areas across Devon as a whole.

There are areas across Devon that have around **1 in 3 children living in low income families** (Barnstaple – Forches avenue area LSOA 33.3%) compared to areas in Teignmouth with 1.1% of children living in low income families. Map 1 illustrates how child poverty disproportionately affects different areas across Devon.



Source: HM Revenue and Customs, 2019
Note: Lower super output area (LSOA) approximately 1,500 population

Changes over time

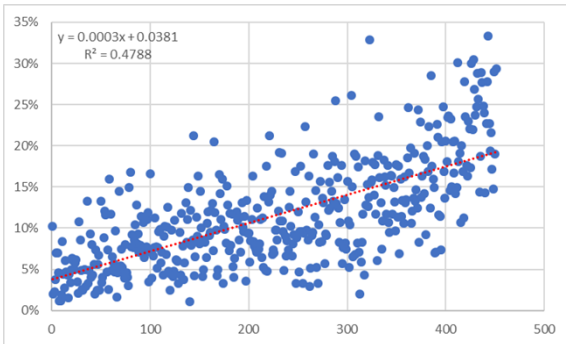
Comparing child poverty rates between 2013 and 2016 shows that the majority of small areas within each of the local authority districts have had changes in child poverty rates. Most changes are generally marginal, however areas such as Longbridge, Bovey, College, Upper Yeo, Topsham and Exmouth Withycombe Raleigh have increased in rates of child poverty (between 10 to 13 percentage points).

Areas with the largest reductions in child poverty rates are Teignmouth East, and Dartmouth and Kingswear (-14 and -12 percentage points).

Deprivation

There is an association between child poverty and deprivation where higher rates tend to be in the most deprived compared to the least deprived areas. Additionally, as deprivation increases, an increased risk in child poverty is observed (figure 3, overleaf).

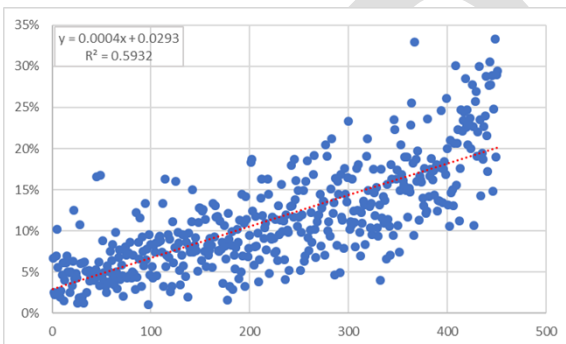
Figure 3: Indices of Deprivation by child poverty (LSOA)



Source: Indices of Multiple Deprivation

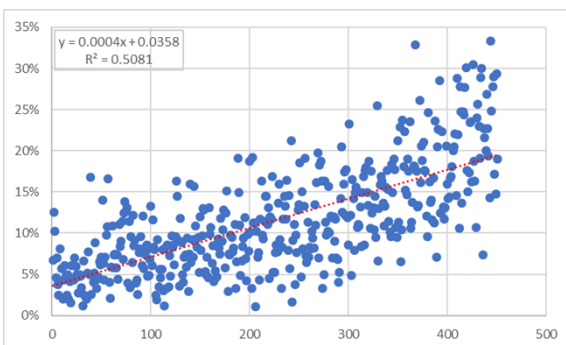
Similarly, for income and employment there are higher child poverty rates in areas that are more income and employment deprived (figure 4). This is not unusual given that the child poverty measure is mainly economically driven.

Figure 4: Income deprivation by child poverty (LSOA)



Source: Indices of Multiple Deprivation

Figure 5: Employment deprivation by child poverty (LSOA)



Source: Indices of Multiple Deprivation

Economic profile

Data suggests that the economy in Devon has recovered since the financial crisis in 2008, however an instability remains and there are residual effects on some measures that have yet to return to their pre-crash level.

Devon has a higher than average skilled workforce compared to England which suggests there is a potential to yield higher earnings, yet it is unclear whether these skills are being poorly matched with jobs on offer or due to the sectoral composition of Devon which creates low earning and low productivity job opportunities.

Claimant count (Job Seekers Allowance and Universal Credit) rates across Devon are higher in urban areas such as Exeter, Barnstaple and Ilfracombe, though overall it is lower compared to the England average.

Areas with higher claimant rates tend to also have higher child poverty rates which is not unusual given that the child poverty measure is based mainly on data around DWP benefits and tax credits.

Social segmentation

Experian Mosaic is a social segmentation tool which synthesises UK demographic, lifestyles, preferences and behaviours data to form distinct segments of the population. Mosaic segments the national population into 15 Groups and 66 different Types. Locally Groups and Types are allocated based on household or postcode.

Areas with higher child poverty rates in Devon have been profiled using Experian mosaic and this shows that the most common types of population with higher rates of child poverty in Devon include **'M55 Families on a Budget'** and **'M56 Solid Economy'**.

Generally, these households tend to be families living in council housing with an average household income of less than £15,000 per annum. The average age of people within these types are between 18 and 30 years. The top channel preference for 'Families on Budgets' and 'Solid Economy' is mobile call or text message.

Current work

European social fund

There are several European Social Fund (ESF) projects that cover Devon, Plymouth and Torbay which aim to progress skills and improve employment opportunities. Families with children living in poverty are not a specifically targeted group, however there are a range of projects available through the ESF which may impact upon these groups.

Economic strategy

Devon County Council Economic strategy is currently in development. While children in poverty is not a specific priority identified, poverty in general is captured within the strategy.

Joint Health and Wellbeing strategy

Tackling child poverty across Devon is a priority identified in the new Joint Health and Wellbeing strategy 2020-25.

BETTER CARE FUND PLAN Q3 REPORT

Report of the Associate Director of Commissioning, (Care and Health), Devon County Council and NHS Devon Clinical Commissioning Group.

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

Recommendation:

The Board note:

1. National approval of the Section 75 Framework Agreement and associated Service Specifications for 2019/20, underpinning the Better Care Fund arrangements between the Council and CCG.
2. That the Q3 BCF return will be submitted to NHS England on 24th January and delegate approval to the Chair given timeline constraints around the Health and Wellbeing Board meetings. This report provides a broad overview of the anticipated submission.

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### 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. The Health and Wellbeing Board is required to complete a BCF plan each year for endorsement by NHS England alongside the Section 75 agreement which details the agreement for how the fund be utilised and operated between the Council and CCG.

### 1.2 Summary of changes to the Section 75 Framework Agreement 2019/2020

- A complete refresh to reflect changed organisational arrangements with the CCG.
- Update to the terms of reference agreed by the Joint Commissioning and Coordinating Group (JCCG) in March 2019
- The previous 2017 to 2019 Section 75 Framework Agreement covered two financial years. This new iteration is for the 2019-20 financial year only, so all budget references and totals are now representing a single financial year only.
- The Better Care Fund will have four pools in 2019/ 20, as opposed to the three that existed within the 2017 to 2019 agreement:

|      | 2017-19                          | 2019-20                                                     |
|------|----------------------------------|-------------------------------------------------------------|
| Pool | Revenue<br>Capital<br>iBCF grant | Revenue<br>Capital<br>iBCF grant<br><b>Winter Pressures</b> |

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The Winter Pressures fund was mandated by the Ministry of Housing Communities and Local Government to be managed within the overall BCF framework for 2019-20, accompanied by its own specific spending mandate. Relevant references to Winter Pressures have subsequently been required within many sections of the revised S.75 agreement.

- Risk sharing arrangements, as with 2017 to 2019 agreement all pools will have the same risk share percentage split, with that now moving to an equal 50:50 (DCC: CCG) split for 2019-20, from the 40:60 (DCC: CCG) share seen in the previous arrangement

|               |      |
|---------------|------|
| NHS Devon CCG | 50%  |
| Devon CC      | 50%  |
| Total         | 100% |

## 2. Q3 Return

### 3. Compliance with national conditions

- 3.1 We will confirm that we have met each of the national conditions required of the submission:

|                                                                                    |     |                                                                                                                                                                                               |
|------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NC1: Jointly agreed plan                                                           | PR1 | A jointly developed and agreed plan that all parties sign up to                                                                                                                               |
|                                                                                    | 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 Change Model for Managing Transfers of Care | PR6 | Is there a plan for implementing the High Impact 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?                                                                                            |

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

We will provide narrative returns under 4 headings the responses which are summarised below:



## **A) Person-centred outcomes**

Your approach to integrating care around the person

We will describe the importance of key areas in the delivery of person-centred outcomes, crucially comprehensive assessment and risk stratification 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 will detail 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 will describe how we are a demonstrator site for personalised care and that we have already far exceeded our targets for personalised / integrated budgets, embedding 'Making Every Conversation Count' (MECC) training, delivering HOPE (Help Overcoming Problems Effectively) programmes, and are increasing our social prescribing initiatives through the STP Social Prescribing Programme.

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

We will describe the shared management structure which brings together commissioners and providers leading on more strategic work streams led by the STP Programme Delivery Executive Group (PDEG); and our ambitions within the Long-Term plan at system STP and the outcomes framework to which all organisations subscribe.

We will outline that there are joint commissioning arrangements in place for carers services; mental health; older people with mental health needs; learning disabilities; older people with physical disabilities - mostly supported by joint teams and strategies and co-located where possible. And that we have joint delivery arrangements between local authority and health providers with services focussed around community-based health and social 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 will describe 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

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delivery of major adaptations, supports the delivery of a range of local grants, secures the supply of 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 will describe 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 will describe 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 are 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 focuses 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 current position of maturity | 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 are 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:

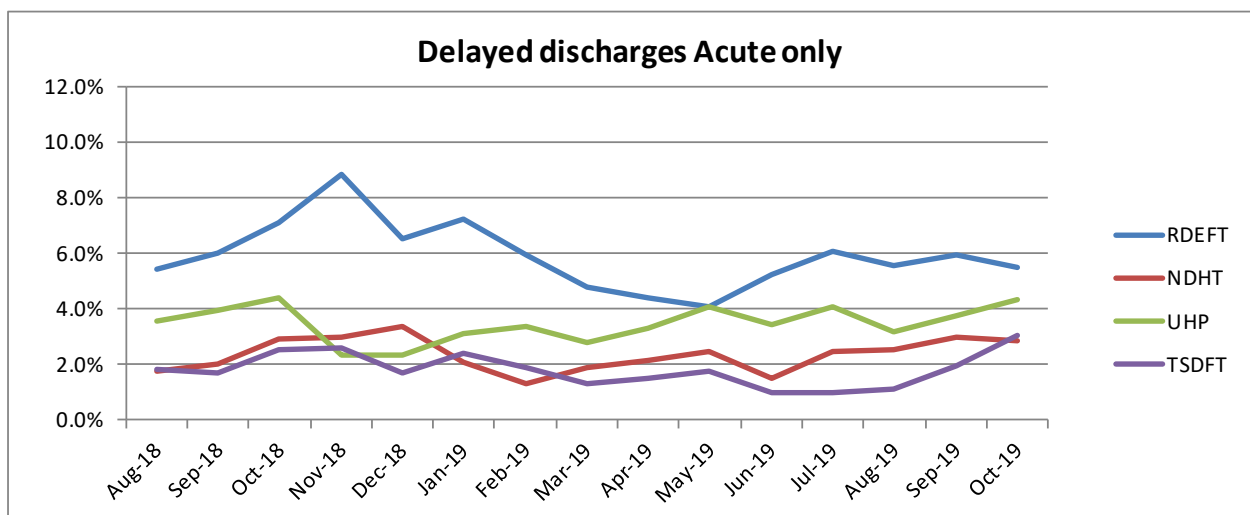
## Total number of specific acute non-elective spells per 100,000 population

Performance is challenging in this area, but we remain around 5.53% below our 2019/20 plan with 36791 non-elective admissions against a system target of 38947. 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 Eastern area in particular. Delays are monitored daily across the all Devon's Acute trusts and local A&E Delivery Boards taking ownership locally.



The majority of acute delays in Devon are caused by one of three main issues:

1. Care Packages in own home
2. Patients waiting for further non-acute NHS care

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## 3. Patients awaiting residential care home placements

The reasons for delay vary by organisation and also whether they are acute or non-acute delays. Non-acute delays generally have a wider spread of contributory factors focused around the patients' longer-term care needs, for instance higher levels of delays linked to housing, public funding or family choice

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 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.

A flow action plan has been developed in Eastern which specifically focuses on:

- Developing a discharge pathway to show the options available but focusing on the home first principle
- Reviewing community hospital bed criteria to ensure alignment with use of other beds
- Review of criteria and authorisation process for spot purchase beds
- Review of community hospital discharge team staffing and development
- Development of trusted assessor model
- Completion of Fasttrack assessments
- Review of Single Point of Access processes
- Review of Urgent Community Response Teams to ensure consistency
- A range of specific initiatives utilising winter pressure moneys including: Block purchase of beds within nursing home for winter, use of agency staffing, pilot GP's within Urgent Community Response Team.

These actions should provide assurance of how performance in this area will be recovered.

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 impact on current performance.

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 Winter Pressures**

The Q3 return asks for brief narrative on the progress of the spend of the Social care winter funding. Our submission will state that the £3.5 million has been invested to strengthen acute admission prevention schemes, such as targeted care home management, early care home visiting for medical reviews, prescribing and medication reviews for patients who are 65+ (by either primary care, community pharmacists, and wider community services). Investment with this money means more people cared for at home with wrap around community services support that prevents escalation of care needs to an acute partner.

### **7.0 Next steps Q3 return**

To complete the return and request endorsement for submission from the Chair of the Health and Wellbeing Board.

### **8.0 2019/20 BCF Monitoring**

8.1 We currently expect to have to submit returns in quarters 3 and 4. It is likely that the format will change from previous years, but that detail is still emerging.

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

### **9.0 Future Years**

9.1 Early indications are that Better Care Funding will continue in 2020/21 at similar levels although final details and conditions are yet to be confirmed, further updates will follow as they become available. At the JCCG January meeting the membership will consider proposals around the funding principles, allocation and governance of the fund.

Tim Golby  
Associate Director of Commissioning, (Care and Health), DCC and NHS Devon CCG

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**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:

Rebecca Harty, Head of Integrated Care Model Northern and Eastern

Tel No: 01392 675344

Room: 2nd Floor, The Annexe, County Hall

| <u>BACKGROUND PAPER</u> | <u>DATE</u> | <u>FILE REFERENCE</u> |
|-------------------------|-------------|-----------------------|
|-------------------------|-------------|-----------------------|

Nil

## **Devon Strategic Partnerships Collaboration Agreement Report of the Chief Officer for Communities, Public Health, Environment and Prosperity**

**Recommendation:** That the Devon Health and Wellbeing Board approve and formally sign-off the Devon Strategic Partnerships Collaboration Agreement.

### **1. Context**

1.1 One of the six objectives for Health and Wellbeing Board development set in September 2018 was establishing alignment with other partnerships focused on the wider determinants of health. This is reinforced in 'Healthy and Happy Communities', Devon's Joint Health and Wellbeing Strategy for 2020-25, which highlights the importance of collaboration between partnerships and identifies the partnerships the board will work with on the priorities in the strategy.

1.2 This paper introduces the Devon Strategic Partnerships Collaboration Agreement (included separately), which describes how partnerships will work together to improve outcomes across Devon.

### **2. Devon Strategic Partnerships Collaboration Agreement**

2.1 The Devon Strategic Partnerships Collaboration Agreement covers the Devon Health and Wellbeing Board, the Children and Families Partnership, Safeguarding Adults Board, Safer Devon Partnership and Sustainability and Transformation Partnership. It describes future working relationships between these partnerships, setting the outcomes the partnerships collectively want to achieve, and the reporting and working arrangements that will be established to support this.

2.2 The agreement (previously known as the 'working together' protocol) was discussed and refined at the Health and Wellbeing Board and other partnerships during 2019. The content was finalised at a meeting of strategic partnership chairs and managers in November 2019. It has been signed by the chairs of the Children and Families Partnership, Safeguarding Adults Board, Safer Devon Partnership and Sustainability and Transformation Partnership, and comes to the Health and Wellbeing Board for final sign-off.

### **3. Conclusions and Next Steps**

3.1 Once approved and signed off by the board, the agreement will be adopted, and progress will be monitored and reviewed.

### **4. Risk Management Considerations**

Not applicable.

### **6. Options/Alternatives**

Not applicable.

### **7. Public Health Impact**

Greater collaboration between strategic partnerships across Devon will enhance work on the wider determinants of health and support the delivery of the Joint Health and Wellbeing Strategy.

**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



# Devon Strategic Partnerships Collaboration Agreement

16<sup>th</sup> January 2020

## 1. Aim:

The Devon Strategic Partnerships Collaboration Agreement describes the new ways in which strategic partnerships will work together, through co-ordinated partnership activity, to achieve better and more equal outcomes for the people of Devon.

## 2. Scope:

The Devon Strategic Partnerships Collaboration Agreement has been developed by:

- Devon Health and Wellbeing Board (HWB)
- Devon Children's and Families Partnership (DCFP)
- Devon Safeguarding Adults Partnership (DSAP)
- Safer Devon Partnership (SDP) including Devon Community Safety Partnerships (CSPs)
- The Devon Sustainability and Transformation Partnership (STP)

This agreement covers the relationships between these partnerships, with the intention of extending the agreement over time to include other strategic partnerships covering the wider Devon area.

## 3. What we want to achieve:

- **Alignment of strategic priorities across partnerships** to identify specific areas for inter-partnership collaboration and reduce duplication, including cross-cutting issues such as Adverse Childhood Experiences
- **An integrated approach to tackling key issues and commissioning services by sharing information and intelligence;** such as more closely aligning the Joint Strategic Needs Assessment, the Strategic Assessment of Crime and Disorder in Devon and Organised Crime Local Profiles, and outcomes reporting across partnerships
- **A co-ordinated approach to sharing information/intelligence between partnerships** with the aim of reducing risk and harm
- **Developing complementary approaches to performance and risk management, quality assurance and transformational change**
- **The developing of effective joint evaluation and monitoring approaches** to understand the impact of new and existing services on outcomes
- **Collaboration** in relation to **workforce planning and development**
- **A co-ordinated approach to multi-agency learning reviews** which include Domestic Homicide Reviews, Child Safeguarding Practice Reviews and Safeguarding Adults Reviews

**4. How we will do this:**

- We will share information through regular or thematic reports that also include the response and/or action required from the receiving partnership board/executive and partners.
- Annual reports and other relevant reports and strategies will be shared between partnership boards/executives to inform priority setting.
- We will ensure that all annual reports and other relevant reports and strategies include an open and transparent evaluation of performance against annual plans and provide an opportunity for reciprocal scrutiny and challenge that will inform the development of future years' strategies and action plans.
- We will share needs analyses such as the Joint Strategic Needs Assessment and the Strategic Assessment of Crime and Disorder with partnership boards/executives at key points in the planning cycle, with a specific focus on identifying inequalities.
- Business plans will be shared between partnership boards/executives in the formulation stages to avoid duplication, identify gaps, and enable co-ordination and shared business priorities where areas of work overlap.
- Chairs and lead officers for each partnership board/executive will review progress, ensure that key issues are identified, and respective roles and responsibilities are clear in emerging areas of concern. The lead officers will also identify opportunities for joint working to reduce duplication of effort.
- Membership of each partnership board/executive will include appropriate cross-partnership chief officer representation to enable on-going communication and provide opportunities for cross-cutting issues to be raised directly and acted upon in meetings by lead members.
- This agreement will be reviewed annually to identify benefits, measure progress and ensure approaches are fit for purpose.
- Consideration will be given to wider partnership participation across the South West Peninsula.

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**Signed By:**

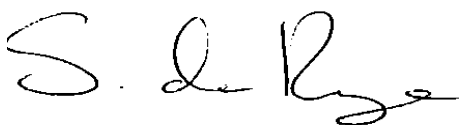
\_\_\_\_\_ **Devon Health and Wellbeing Board**



\_\_\_\_\_ **Devon Safeguarding Adults Partnership**



\_\_\_\_\_ **Devon Children's and Families Partnership**



\_\_\_\_\_ **Safer Devon Partnership**



\_\_\_\_\_ **Devon Sustainability and Transformation Partnership**



## **Prevention Concordat for Better Mental Health**

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

**Recommendation:** That the Health and Wellbeing Board support work to develop an action plan through their constituent organisations, and sign-up to the Prevention Concordat for Better Mental Health.

#### **1. Context**

1.1 Poor mental health and wellbeing has a considerable impact on the quality of life and is a major contributor to premature death. This is highlighted in 'Healthy and Happy Communities', Devon's Joint Health and Wellbeing Strategy for 2020-25, which sets a priority to focus on mental health and build good emotional health and wellbeing, happiness and resilience.

1.2 The Prevention Concordat for Better Mental Health was developed by Public Health England as a mechanism for promoting good mental health and providing a focus for cross-sector action to increase the adoption of public mental health approaches.

#### **2. Prevention Concordat for Better Mental Health**

2.1 Public mental health is fundamental to public health in general, because mental health is both a cause and consequence of physical health as well as a resource for living. A public mental health approach is concerned with promoting mental wellbeing, preventing future mental health problems and recovery from mental health problems.

2.2 Everyone, irrespective of where they live, has the potential to achieve good mental health and wellbeing, including communities facing the greatest barriers and those people who have overcome greater disadvantages. This includes those living with and recovering from mental illness.

2.3 The Prevention Concordat for Better Mental Health Programme aims to:

- Galvanise local and national action around the prevention of mental health problems and promotion of good mental health;
- Facilitate every local area to put in place effective prevention planning arrangements led by health and wellbeing boards, clinical commissioning groups, and local authorities;
- Enable every area to use the best data available to plan and commission the right mix of provision to meet local needs, increase equity and reduce health inequalities.

The work covers prevention in the widest sense covering the full range of activity from the promotion of good mental health through to living well with mental health problems.

2.4 The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. The Concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost effectiveness of this approach will be enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing.


2.5 Local organisations or bodies intending to sign up to the Concordat are required to complete an action plan template to highlight their commitment to undertake specific actions on the prevention of mental health problems and promotion of good mental health. These local action plans are signed by a chief executive or senior leader, and then submitted to Public Health England for review and approval.

2.6 Whilst upper tier/unitary local authorities are the most common signatories of the Prevention Concordat for Better Mental Health, eight Health and Wellbeing Boards are also signatories (Doncaster, Dudley, Norfolk, Nottinghamshire, Oxfordshire, Suffolk, Thurrock and Warwickshire), representing the cross-sector focus of this work. In Oxfordshire, NHS organisations, local Healthwatch, district councils and other local organisations are also signatories.

2.7 Figure 1 sets out some of the main aspects of a local framework for action around public mental health, highlighting elements required for a local action plan.

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Figure 1, Prevention Concordat for Better Mental Health, planning overview for local areas



## Prevention Concordat for Better Mental Health: Prevention planning resource for local areas

### Why? The case for action:

**1 in 10** children experience a mental health problem

**1 in 6** adults have had a common mental health problem in the last week






**1 in 5** adults has considered taking their life at one point

**9 in 10** people with mental health problems experience stigma and discrimination

Good mental health is a vital asset for **dealing with** the different **stresses** (physical and mental) and problems in life

Good mental health is associated with better **physical health, increased productivity** in education and at work and **better relationships** at home and in our community

### What good looks like: A five domain framework for local action

- **Needs and asset assessment - effective use of data and intelligence**
  - analyse quantitative and qualitative data
  - analyse and understand key risk and protective factors
  - engage with the community to map useful and available assets
  - agree the priority areas
- **Partnership and alignment**
  - form a local multi-agency mental health prevention group
  - establish opportunities to bring mental health professionals from wider networks together
  - involve members of the community with lived experiences in the planning
  - pool resources together and share benefits
- **Translating need into deliverable commitments**
  - modify existing plans to include mental health
  - determine the approach that best meets local need
  - provide varying approaches in the action plan
  - ensure a community centred approach to delivery
  - reinforce actions with existing and new Partnership plans
  - use the human rights-based approach
  - regularly invite feedback
- **Defining success outcomes**
  - map out who the interventions work with and why, as well as recognising inputs and outputs
  - identify 5-10 measures from already available data sources which most closely resemble what success looks like
  - develop a measurement, evaluation and improvement strategy to:
    - identify the impact
    - highlight areas for development
- **Leadership and accountability**
  - delegate a leader
  - work is linked and aligned to other strategic priorities
  - develop a clear accountability structure

### Consider How to support mental health across:

- Whole population approaches**
  - strengthening individuals eg mental health literacy
  - strengthening communities and healthy places eg housing, social networks
  - addressing wider determinants eg mentally healthy policy
- Life course approaches**
  - family, children and young people
  - working age
  - older people
- Targeted prevention approaches**
  - groups facing higher risk eg criminal justice
  - individuals with signs and symptoms eg suicidal behaviour
  - people with mental health problems eg recovery

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### **3. Conclusions and Next Steps**

3.1 In light of the mental health challenges highlighted in the Joint Strategic Needs Assessment and Health and Wellbeing Outcomes Report, and the prioritisation of mental health in the Joint Health and Wellbeing Strategy, adopting the Prevention Concordat for Better Mental Health in Devon should provide a local focus to local partnership work on preventive approaches to mental health. Following the precedent set by others, sign-up by the Health and Wellbeing Board could be useful in encouraging a cross-sector approach.

3.2 It is recommended that the Health and Wellbeing Board support work to develop an action plan through their constituent organisations, and sign-up to the Prevention Concordat for Better Mental Health.

### **4. Risk Management Considerations**

Not applicable.

### **5. Options/Alternatives**

Not applicable.

### **6. Public Health Impact**

Poor mental health is a major public health issue, and work to develop a more preventive approach and promote good mental health should have a positive impact.

**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 Weight Declaration

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

**Recommendation:** That the board note local work on the health weight declaration and support future work to promote healthy weight and healthy eating across local organisations.

#### 1. Context

1.1 The 'maintain good health for all' priority from 'Healthy and Happy Communities', Devon's Joint Health and Wellbeing Strategy for 2020-25, is focused on supporting people to stay as healthy as possible for as long as possible. Poor health can often be prevented through maintaining a healthy lifestyle. Health-related factors such as poor diet, physical inactivity and obesity lead to ill health and premature death, with considerable variation in these risk factors between Devon's communities. The influence of these factors starts in the earliest years of life, and in Devon one in five children starting school show signs of tooth decay and live with excess weight.

1.2 Food Active has designed the Local Authority Declaration on Healthy Weight to support local government to exercise their responsibility in developing and implementing policies which promote healthy weight.

#### 2. Healthy Weight Declaration

2.1 The aim of the Healthy Weight Declaration is to achieve a local authority commitment to promote healthy weight and improve the health and wellbeing of the local population; and to recognise the need for local authorities to exercise their responsibility in developing and implementing policies which promote healthy weight.

2.2 The declaration is underpinned by 14 standard commitments, covering commercial partnerships, provision of food and drink in public buildings, facilities and providers, supplementary guidance for hot food takeaways and infrastructure to influence active travel. A support pack and monitoring and evaluation tool is also provided to local authorities to support local work.

2.2 In October 2019, Devon County Council became the first local authority in the South West to sign up to the Healthy Weight Declaration for local authorities developed by Food Active. The Council has committed to a series of pledges that help improve access to nutritious foods low in fat, salt and sugar in places that we each live, work and play. A survey completed by over 400 Devon parents indicated that they are most concerned about the impact of food and drink on the oral health of their children, volumes of sugar available in food and drink as well as the marketing of junk foods directed at young people.

2.3 Through the declaration there is also an opportunity for local authorities to develop and sign up to any local commitments that are specific to the needs of the local community. Devon County Council have been working on these local pledges for the declaration. Work is underway to improve the food and drink offer across its campuses and are working in partnership with food businesses in Devon to develop local approaches. Further considerations include making water freely available across its sites, encouraging schools to sign up and be Sugar Smart, banning the advertising of junk foods on its campuses and encouraging responsible retailing by supporting the voluntary ban of energy drinks to under 16-year-olds.

2.4 Northern Devon Healthcare NHS Trust has been selected by Public Health England and Food Active as one of four pilot sites to implement the Healthy Weight Declaration for NHS Trusts, demonstrating their commitment to improving the health and wellbeing of their workforce as well as those accessing their services.

#### 3. Conclusions and Next Steps

3.1 This paper summarises work between Devon County Council and partners to promoting and creating the conditions for healthy weight. This work is ongoing and will develop new approaches and create opportunities to promote healthy weight across local partners.

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3.2 It is recommended that the board note local work on the health weight declaration and support future work to promote healthy weight and healthy eating across local organisations.

#### **4. Risk Management Considerations**

Not applicable.

#### **5. Options/Alternatives**

Not applicable.

#### **6. Public Health Impact**

The Healthy Weight Declaration and supporting work is focused on improving health outcomes and reducing 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 148, County Hall, Topsham Road, Exeter. EX2 4QD  
Tel No: (01392) 386371

Background Papers: Nil

## **CCG UPDATE PAPER**

Report of the Chair of NHS Devon CCG.

### **1. Recommendation**

1.1. The Health and Wellbeing Board is recommended to note the report.

### **2. Purpose**

2.1. To provide an update on latest news from Devon Clinical Commissioning Group (CCG).

### **3. NHS Long Term Plan update**

3.1. The CCG continues to develop the Devon Long Term Plan. The final document, along with a summary version, is due to be published early in 2020.

3.2. The NHS and social care are facing challenges in coming years including –

- People living longer, often with multiple illnesses
- Preventable illnesses such as type 2 diabetes are increasing
- Vital health and care jobs remain unfilled
- There have been increases in NHS funding, but people's needs for services are growing faster
- Devon's population is expected to rise by 33,000 in the next five years.
- Over 5,700 pieces of engagement have been received which will be used to support the development of the Long Term Plan for Devon.

### **4. Winter campaign update**

4.1. Every year health and social care partners across Devon work together to prepare for winter pressures and the CCG leads operational measures across the system, working closely with the A&E Delivery Board.

4.2. Part of the work involves a system-wide winter communications strategy, which has an initial focus is on ensuring eligible groups

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receive the free flu vaccination through GP surgeries, pharmacies and schools.

- 4.3. The second phase of the campaign, Help Us Help You, focuses on the promotion of NHS 111 (including 111 online), improved access across primary care and pharmacy services, as well as the general Stay Well This Winter messaging that helps people choose appropriate services for their needs and encourages people to consider their own self-care options and be better prepared for a cold snap.
- 4.4. As well as making preparations, system partners are working together to support each other and co-ordinate responses when areas of the system experience increased pressures. It is currently a very busy time for frontline and support services and staff across the NHS are working extremely hard.

## **5. Development of the Devon strategy for general practice**

- 5.1. The CCG is developing a five-year strategy for general practice, which will support the wider Long Term Plan for Devon.
- 5.2. Our vision is that primary care in Devon will offer each local community a wide and flexible range of information, support and services to enable people to live happy healthy lives.
- 5.3. To do this, we must address a number of challenges. Increasing demand, difficulties in recruitment and retention, and funding that includes estates and IT are areas that need our attention.
- 5.4. The strategy was approved by the CCG's Governing Body in December 2019. The plan will soon be shared with Health and Wellbeing Boards and Scrutiny Committees in Devon. Further communications will follow with practices and the Local Medical Committee shortly.

### **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 Jago  
Tel No: 01626 204902

| <u>BACKGROUND PAPER</u> | <u>DATE</u> | <u>FILE REFERENCE</u> |
|-------------------------|-------------|-----------------------|
|-------------------------|-------------|-----------------------|

Nil



## HEALTH AND WELLBEING BOARD – FORWARD PLAN

| <u>Date</u>                       | <u>Matter for Consideration</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Thursday 16 January 2020 @ 2.15pm | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item - Child Poverty in Devon</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>Inter-Board Collaboration<br/>Homelessness Reduction Act Report - 12 month update<br/>Strategic Approach to Housing<br/>Working Together Protocol for Strategic Partnerships in Devon - Update<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p> |
| Thursday 9 April 2020 @ 2.15pm    | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>Gap in employment rate for those with mental health<br/>Strategic Approach to Housing<br/>Safer Devon Partnership update<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>                                                                                          |
| Thursday 16 July 2020 @ 2.15pm    | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>JSNA / Strategy Refresh<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>                                                                                                                                                                                           |
| Thursday 8 October 2020 @ 2.15pm  | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>Adults Safeguarding annual report<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>                                                                                                                                                                                 |

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|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Thursday 21<br/>January 2021 @<br/>2.15pm</b></p> | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers,<br/>Updates &amp; Matters for Information</p> |
| <p><b>Thursday 8 April<br/>2021 @ 2.15pm</b></p>        | <p><b><u>Performance / Themed Items</u></b><br/>Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring<br/>Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b><br/>Better Care Fund - frequency of reporting TBC<br/>CCG Updates</p> <p><b><u>Other Matters</u></b><br/>Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers,<br/>Updates &amp; Matters for Information</p> |
| <p><b>Annual Reporting</b></p>                          | <p>Adults Safeguarding annual report (September / December)<br/>Joint Commissioning Strategies – Actions Plans (Annual Report – December)<br/>JSNA / Strategy Refresh – (June)</p>                                                                                                                                                                                                                                                   |
| <p><b>Other Issues</b></p>                              | <p>Equality &amp; protected characteristics outcomes framework</p>                                                                                                                                                                                                                                                                                                                                                                   |