

HEALTH AND WELLBEING BOARD

8 October 2020

Present:-

Devon County Council

Councillors A Leadbetter (Chair), R Croad, J McInnes, B Parsons and J Brazil
Diana Crump, Joint Engagement Forum
Phillip Mantay, Devon Partnership NHS Trust
Councillor Andrew MacGregor, Teignbridge District Council
Nick Pennell, Health Watch Devon
Dr Virginia Pearson, Chief Officer for Communities, Public Health,
Environment and Prosperity
Jennie Stephens, Chief Officer for Adult Care and Health

Jo Turl, Director of Commissioning NEW Devon CCG (Substitute)
Steve Brown, Deputy Director of Public Health

Apologies:-

Suzanne Tracey, Chief Executive, RD&E
Jo Olsson, Chief Officer for Childrens Services
Dr Paul Johnson, Devon Clinical Commissioning Group
Jeremy Mann, Environmental Health Officers Group
Emma Richards, Probation Service
Adel Jones, Torbay and South Devon NHS Foundation Trust

* 171 **Minutes**

RESOLVED that the minutes of the meeting held on 16 July 2020 be signed as a correct record.

* 172 **Items Requiring Urgent Attention**

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

The Director of Public Health updated the Board on the most current circumstances around COVID-19 in Devon; presenting the most up to date statistics, as available on the Council's website, and the increasing cases at the University of Exeter.

Huge amounts of work had been undertaken by all agencies across Devon, including the NHS, Educational settings (Schools, colleges and Universities), the community and voluntary sector and the people of Devon, in order to slow the spread of the virus.

However, the picture had significantly changed across the country over the past 2 weeks – with an increase in new cases. Since the last meeting of the Board on 16 July, there had been very low incidence rates over the summer; heading into September there was a small rise due to returning international travellers from holidays, and in the last week there had been a spike in cases from an outbreak at the University of Exeter, which was not unexpected. There had been 549 confirmed cases in the past week, but no further developments occurring with hospital admissions or deaths.

Devon's Public Health Team had been working very closely with the University of Exeter, where an increase in cases had been expected when students returned. Joint standard operating procedures and plans had been developed since July. The University had put in place preventative measures including private coronavirus testing, self-isolation of students, and restrictions on student mixing, COVID secure environments, limited face to face teaching, and health and wellbeing support for students.

The Director of Public Health advised that the recent missed cases due to the national track and trace technical issue, had resulted in limited impact in Devon and many of the tests were from the north of England due to the sheer volume of testing being done – and the missing cases from Devon had already been fed into the system.

* 173

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 2020-25.

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

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

- Fuel Poverty, 2018 - The percentage of people classified as 'fuel poor' in Devon was 10.7% (down from 11.6% in 2017), placing Devon in the middle IMD quintile in England. Variation across the districts was minimal with all but Teignbridge (9.6%) being significantly worse than the England average (9.4%);

- Adult Smoking Prevalence, 2019 - The percentage of adults in Devon who were currently smokers was 13.5% (up slightly from 13.4% in 2018), statistically similar to the England average of 13.9%. Variation across the districts was minimal with all districts being statistically similar to the England average; and,
- Estimated Dementia Diagnosis Rate (65+), 2020 - The estimated proportion of adults aged 65 and over with a dementia diagnosis in Devon was 59.7% (down slightly from 59.8% in 2019), significantly worse than the England average at 67.4%. Variation was minimal across the districts with all except, East Devon (65.3%), Exeter (70.8%) and West Devon (59.7%), being significantly worse than the England average.

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

RESOLVED that the performance report be noted and accepted.

* 174

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

The Board considered a joint Report from the Associate Director of Commissioning (Care and Health) and NHS Devon Clinical Commissioning Group (CCG) on the Better Care Fund (BCF), Quarter Return, Performance Report and Performance Summary.

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

The Better Care Fund (BCF) was the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brought 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 had oversight of the BCF and was accountable for its delivery.

The Report advised that the new national BCF Guidance for 2020-21 was still to be published, though it was expected that any requirements for a new plan would be light touch.

The Report highlighted that as a result of the pandemic, national reporting of Delayed Transfers of Care (DToC) was put on hold from March 2020. Delays were monitored daily across all Devon's Acute trusts, with local A&E Delivery

Boards taking ownership. DToC performance was greatly affected by COVID-19. Delayed transfers started to decrease in March due to the requirement to reduce bed occupancy levels to 50% as part of the pandemic response, dropping to a very low level in April and May. Since May delays had been steadily increasing as elective services recommenced.

The Report advised that each locality had been allocated winter pressures funding based on over 75's population, and an allocation had also been made for mental health. The aim of the fund was to develop services that would support the health and care systems to manage winter demand, e.g. to avoid admission or support discharge. These schemes formed part of the Devon Winter Plan, the spend and impact was monitored via the bi-monthly BCF reporting process and reported centrally via the BCF quarterly returns.

In response to questions from the Board, officers advised that funding was based on Local Authority boundaries, however Devon worked very closely with Plymouth and Torbay to agree common outcomes and priorities. They also explained that a lot of work was underway around increasing delivery of care within the home, in particular with specialist care. Members highlighted the difficulty of finding placements in some areas where there were not enough carers available to provide care within the home; where some areas of Devon had a high cost of living and house prices, which meant carers could not afford to live locally. Officer advised that the Council's Proud to Care campaign aimed at recruiting more people into the care sector but acknowledged this was a challenge.

RESOLVED that the Board continued with current 2019/20 arrangements for 2020/21 (as detailed within the report) pending receipt of national requirements.

* 175

Adults Safeguarding Board Annual Report

The Board received a presentation from the Chair of the Devon Safeguarding Adults Board on its Annual Report 2019/20 which focussed on four key priorities:

- Finding the right solution at the right time for the most at-risk people;
- Increasing the public awareness of Safeguarding;
- Improving the experience of children transitioning (moving) to adult services, working together to ensure they remain safe; and,
- Increasing our staff understanding of the law in relation to Safeguarding Adults.

The Chair of the Safeguarding Adults Board highlighted that whilst the period covered by the report only went up to the end of March 2020, challenging times remained with the impact of Covid-19. These challenges had led organisations to restructure the way they organised their services, though it was impressive that despite these additional pressures, all partners to the Board had continued to work effectively together and to respond when being held to account by the Safeguarding Adults Board.

The Annual Report included the work of the DSAB subgroups such as the Mental Capacity Act, the Safeguarding Adults Review Core Group, the Learning and Improvement Group, Operational Delivery and Community Reference Group

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/>]

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.

* 176 **Safer Devon Partnership Update**

The Board received a presentation from the Communities and Strategies Officer on the work of the Safer Devon Partnership, which was responsible for providing strategic leadership for community safety work across the county. Those with responsibility for community safety were required to protect communities from the threat and consequences of crime, antisocial behaviour and harm by reducing the incidence and fear of these issues. This required a holistic approach, with responses focused on prevention, early intervention, support and protection, and recovery, and which draw on the expertise and resources of multiple agencies and community assets.

The presentation outlined key areas of work such as:

- Domestic Violence and Sexual Abuse – significant demand in support services during covid-19 lockdown and concerns over the impact of domestic violence abuse on children;
- Violence (with injury including serious violence) – concern over younger age groups and children, and links to serious and organised crime including drug related exploitation;
- Problem drinking and problem drug use – positive development of Y-Smart and Together have worked on strengthening the transition between and child and adult services;
- Modern Slavery and Human Trafficking – concerns over county lines and drug networks within Devon. Increase in local populations being targeted in exploitation in drug related crime and links to serious forms of violence. Impact of COVID-19 and the rising demand for jobs may increase opportunities to recruit people into exploitative employment;

- Radicalisation and violent extremism – increase in online radicalisation and extremism, especially during Lockdown.

The strategic priorities of the Partnership for 2020-21 were:

- Intra and extra-familial violence and abuse;
- Problem drinking and drug use;
- Exploitation;
- Offending and reoffending; and
- COVID-19 – impacts and knock on effects.

Members discussion points included:

- The work that went into domestic homicide reviews;
- Reasons for under reporting due individuals not wanting to report hidden crime and not all victims wanting to pursue a criminal justice outcome;
- The changing nature of neighbourhood policing and crime, with more focus on cybercrime; and,
- Positive work of the Safer Devon Partnership focussing on early intervention and prevention, looking at trying to address root causes of issues rather than responding to the immediate crisis; e.g. Domestic Violence focus was on victim support and recovery, and is now shifting toward focus on perpetrators of abuse and children, with investment in piloting Behaviour Change programmes across Devon.

Link to the Safer Devon Partnership: <https://saferdevon.co.uk/>

(presentation attached to these minutes)

* 177 **Mental Health Prevention Concordat Action Plan**

(Councillor Scott attended remotely in accordance with Standing Order 25(2) and the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 and spoke to this item).

The Board considered an update report from the Chief Officer for Communities, Public Health, Environment and Prosperity on the Prevention Concordat for Better Mental Health, 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.

The Devon Health and Wellbeing Board and Devon County Council signed up to the prevention Concordat in early 2020, however the COVID-19 pandemic had meant that the action plan had not been developed as public health staff and partner agencies had been focussed on responding to the pandemic.

During the response period of the pandemic, the mental health and wellbeing of workforces has been a priority.

It is expected that mental ill health will have increased widely as a result of the direct impact of COVID-19 infection and through its impacts upon the wider determinants of health. During the first month of lockdown, the equivalent of 7.4 million people (14.3%) of the population said that their wellbeing had been affected by being lonely.

The Report highlighted that the health and social effects of the previous decade of austerity meant that already disadvantaged groups were even more vulnerable to the socioeconomic impacts of the pandemic. It was estimated that 1.1 million more people could face poverty at the end of 2020, bringing the total number of children living in poverty in the UK to 4.5 million, an increase of nearly 5%. Unemployment was also expected to reach just under 10% by the end of 2020. A report by the mental health foundation highlighted the mental health effects of financial inequalities, noting that employment was one of the most strongly evidenced determinants of mental health.

Research by the Early Intervention Foundation highlighted the impact of lockdown and social distancing on the delivery of early intervention and early help services. They noted that the ability of services to support children and families had been seriously affected at a time when they were facing even greater challenges. They anticipated that would likely be a rapid increase in referrals to children's social care, acute services and early help as lockdown eased.

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

RESOLVED that the Board support work to develop an action plan that focussed on supporting the emotional health and wellbeing of the Devon population during and following the Covid-19 pandemic and that a further update be provided at the January Board meeting.

* 178 **Strategic Economic Assessment & Development Strategy**

With the agreement of the Chair and the Board, this item was postponed to the January Board meeting.

* 179 **Joint Health and Wellbeing Strategy Update**

The Board received an update Report from the Chief Officer for Communities, Public Health, Environment and Prosperity following a review of the Joint Health and Wellbeing Strategy priorities to ensure the strategy was fit for purpose.

Discussion at the July 2020 Health and Wellbeing Board confirmed that the existing Strategy, with its priorities around creating opportunities for all, supporting communities, focusing on mental health and maintaining good health for all, remained fit for purpose. The impacts of the Covid-19 pandemic

in relation to employment, mental health and loneliness, access to education and health inequalities were identified as being particular areas of focus which related to themes already included within the Strategy.

The Board had agreed to a further sub-priority (4e) to be added under priority four 'maintain good health for all' to reflect the importance on public health measures in controlling the spread of infectious disease:

Promote public health interventions to prevent the spread of infectious disease.

A review was required to the Health and Wellbeing Board champions listed against each priority in the strategy, who advocated for work in these areas and provided a link to other partnerships, given that two previous champions are no longer members of the Board. The current allocations for existing Board Members were as follows, with new champions highlighted in red:

Priority	Health and Wellbeing Board champion(s)
1. Create opportunities for all	Cllr Leadbetter
2. Healthy, safe, strong and sustainable communities	Cllr Croad, Dr Virginia Pearson, Jeremy Mann
3. Focus on mental health	Cllr Andrew MacGregor and Cllr Richard Scott
4. Maintain good health for all	Dr Paul Johnson

RESOLVED that the Board noted the addition of the new sub-priority in the Joint Health and Wellbeing Strategy and selected the additional Board Champion roles for the four main priority areas as highlighted above.

* 180

Health Protection Committee Annual Report 2018-19

The Board received the report of the Chief Officer for Communities, Public Health, Environment and Prosperity on the Health Protection Committee Annual Report (2018-19), which provided a summary of the assurance functions of the Devon, Cornwall and Isles of Scilly Health Protection Committee and reviewed performance for the period from 1 April 2018 to 31 March 2019.

The report considered the following domains of Health Protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance

The aim of the Health Protection Committee was to provide assurance to the local Health and Wellbeing Boards that adequate arrangements were in place for prevention, surveillance, planning and response to communicable disease and environmental hazards, to protect the public's health.

The following priorities for the period 2019/20 had been agreed by all Health Protection Committee members and reflected areas for focused work in order to meet identified health protection needs for the populations of Devon, Cornwall and the Isles of Scilly.

- **Integrating and strengthening the Health Protection system** - all members would continue to work collaboratively to build a resilient workforce and maximise opportunities to strengthen health protection within emerging integrated health and social care system;
- **Surveillance and intelligence** – the Health Protection Committee would continue to drive improvements to the local health protection system through improved and more timely intelligence and surveillance along with more effective performance monitoring mechanisms;
- **Cancer and non-cancer screening programmes** - all members had agreed to work more closely with partners to drive improvements in screening uptake, to improve the quality of our screening programmes and to reduce inequalities;
- **Immunisation locality groups** – all members would support the implementation or refresh of immunisation locality groups for Devon, Torbay, Plymouth, Cornwall and the Isles of Scilly;
- **MMR vaccination programme** – all members would continue to support work to increase uptake of the MMR vaccination with the ambitious aim of achieving and then sustaining >95% coverage of the second dose of MMR by 5 years of age;
- **Pandemic flu** – an ongoing priority for 2019/20 was to continue to support local planning arrangements for pandemic flu and to strengthen our response to major incidents and emergencies;
- **Seasonal flu vaccination programme** – all members would continue efforts to ensure high uptake of flu vaccinations locally, particularly amongst at risk groups and frontline health and social care workers;
- **Community Infection Prevention and Control** – all members would work to ensure that community infection prevention control was embedded and supported within emerging Integrated Care System structures to strengthen the local health protection system;
- **Antimicrobial resistance** - all members would support action taken by both the Devon AMR Group and the Cornwall Antimicrobial Resistance Group (CARG) to tackle antimicrobial resistance;
- **Complex lives** – all members would support work locally to address health protection challenges for people with complex lives;
- **Climate change** – all members would lead and support local action following declaration of a climate change emergency, including assurance that action was being taken to secure improvements to air quality where required.

RESOLVED that the Health Protection Committee Annual Report 2018-19 be noted and accepted.

* 181 **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:

- **Restoration and Recovery** - work was progressing on Devon's third phase of the NHS response to COVID-19; Devon's winter plan was also in development, with a focus on local system planning, including demand and capacity planning and escalation;
- **Teignmouth and Dawlish** – the first online public consultation meeting was held on the future shape of health and care services in the Teignmouth and Dawlish area;
- **Integrated Care System (ICS) Partnership Board** - the ICS Partnership Board would be key in ensuring the CCG maintained a system focus for both commissioners and providers, and health and local authority;
- **Devon People Plan** -the CCG was developing a Devon People Plan to grow, train and support the workforce, whilst introducing new ways of working to improve patient care. This had been developed in collaboration with health providers across Devon, and would outline the ambitions and commitments to deliver change for people through four key priorities: 1. Looking after our people 2. Belonging in the NHS 3. New ways of working and delivering care 4. Growing for the future;
- **NHS Devon CCG Senior leadership structure** – the recruitment for a combined role of System Lead Executive and CCG Accountable Officer Recruitment was underway;
- **Think 111 First** - the Think 111 First Programme Board and clinical workstream was underway and the programme Board was working towards launch in October.

RESOLVED that the Report be noted.

* 182 **References from Committees**

Nil

* 183 **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.

* 184 **Forward Plan**

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>
Thursday 21 January 2021 @ 2.15pm	<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 Children's Social Care Services OFSTED update Strategic Approach to Housing Strategic Economic Assessment & Development Strategy - presentation Gap in employment rate for those with mental health Homelessness Reduction Act Report - 12 month update Mental Health Prevention Concordat Action Plan Update CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 8 April 2021 @ 2.15pm	<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 Devon Smokefree Alliance Population Health Management & and Integrated Care Management (Presentation) 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>
Thursday 15 July 2021 @ 2.15pm	<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 CCG Updates</p>

	<p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 28 October 2021 @ 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> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 13 January 2022 @ 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 CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 7 April 2022 @ 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 CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Annual Reporting</p>	<p>Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)</p>
<p>Other Issues</p>	<p>Equality & protected characteristics outcomes framework</p>

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

* 185 **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.

* 186 **Dates of Future Meetings**

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

Meetings

Thursday 21 Jan 2021 @ 2.15 pm
Thursday 8 Apr 2021 @ 2.15 pm
Thursday 15 Jul 2021 @ 2.15 pm
Thursday 28 Oct 2021 @ 2.15 pm
Thursday 13 Jan 2022 @ 2.15 pm
Thursday 7 Apr 2022 @ 2.15 pm

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

The Meeting started at 2.15 pm and finished at 4.34 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>



Community Safety update for the Health & Wellbeing Board

8th October 2020

Julie Richards

Communities Team, Devon County Council



Working together to make Devon even safer

- The Safer Devon Partnership is responsible for providing **strategic leadership for community safety** work across the county
- Those with responsibility for community safety are required to **protect communities** from the threat and consequences of crime, antisocial behaviour and harm by reducing the incidence and fear of these issues
- This requires a **holistic approach**, with responses focused on prevention, early intervention, support and protection, and recovery, and which draw on the expertise and resources of multiple agencies and community assets.

2020 Community Safety Strategic Assessment

- Update on the 2019 assessment – with focus on highest level threats
- Uses the MoRiLE framework to assess threat, risk and harm
- Developed in consultation with key stakeholders
- Data from April 2019 - March 2020, but assessment also takes account of the impacts from current societal issues

Headlines

- Similarities in impacts, trends, and highest level threats
- Continued challenges for partners:
 - **Intelligence and analysis** – continued underreporting
 - **Sustainability of responses** – in the context of increased demand, continued resourcing pressures and the current fiscal climate
- Underlying themes:
 - **Vulnerability and trauma** – ACEs and trauma as a key driver
 - **Complexity** – complexity of need and interrelationships between issues
 - **Inequality** – disparities driven by deprivation, poverty, and disproportionate impacts on some groups of people with existing vulnerabilities

Impacts of COVID-19

- Increased isolation and reduced oversight from support agencies and protective factors.
- Difficulty accessing services safely.
- Changed service provisions and challenges of meeting demand.
- Increased stress, personal and financial uncertainty.
- Increased risk for those already vulnerable and rise in 'newly vulnerable' groups.

Domestic violence and abuse and sexual violence

	Physical	Psychological	Community	Frequency	Trend	Forecast	Intel	Ability to mitigate	Risk
DVA	Moderate	Severe	Moderate	Daily	<10% increase	<10% increase	55-75%	V. Limited	High
Rape/serious sexual offences	Moderate	Severe	Moderate	Daily	<10% increase	<10% increase	55-75%	V. Limited	High

Headlines

- Continued **rise in referrals** (and increase in severity and intensity of violence and abuse during lockdown).
- Continued differences in presentation across age groups.
- Concern over children** - impact of DVA on vulnerability in adolescence and adulthood; sexual violence in peer groups/relationships; and increased cases of child-parent abuse.
- Indications that domestic abuse is an **important factor in local homelessness**.
- Domestic homicides - continued low numbers but significant complexity.
- Legislation – new **Domestic Abuse Bill**.

Violence (with injury, including serious violence)

	Physical	Psychological	Community	Frequency	Trend	Forecast	Intel	Ability to mitigate	Risk
Violence with injury (non-DA)	Moderate	Substantial	Moderate	Daily	<10% decrease	<10% decrease	55-75%	Emerging issue	

Headlines

- **Complex issue:**
 - Covers violence with injury, including serious violence, and the fear of violence
 - Focuses on violence outside of the home, acknowledging **links between intra and extra familial violence**
 - Scale, prevalence and trends is unclear and underreporting is a significant theme.
- Crime data indicates a substantial decrease in serious violence and a slight increase in other violence with injury.
- Possessions of weapons is low but is increasing in prevalence.
- **Concern over younger age groups;** and links to serious and organised crime, including drug related exploitation
- Fear of violence is significant, contributing to underreporting and weapons possession.
- Legislation: new duty and requirements from the **Serious Violence Bill**.

Problem drinking and problem drug use

	Physical	Psychological	Community	Frequency	Trend	Forecast	Intel	Ability to mitigate	Risk
Problem drinking	Substantial	Severe	Moderate	Daily	<10% decrease	<10% decrease	55-75%	V. Limited	High
Problem drug use	Substantial	Severe	Moderate	Daily	<10% increase	<10% increase	55-75%	V. Limited	High

Headlines

- Stable prevalence of alcohol misuse, **increasing prevalence of drug misuse.**
- Devon is an outlier in:
 - Alcohol related hospital admissions
 - Drug related deaths (which have continued to increase)
- Increased referrals into provider services and **continued complexity and vulnerability** in cases.
- COVID-19: increased drinking; changes in the sourcing and type of drugs being used; **concerns over high toxicity substances**
- **Transitions: Y-Smart and Together have strengthened transitions between child and adult services.**



Modern slavery and human trafficking (drug related exploitation)

	Physical	Psychological	Community	Frequency	Trend	Forecast	Intel	Ability to mitigate	Risk
Drug related exploitation	Substantial	Severe	Severe	Daily	<10% increase	<10% increase	55-75%	V. Limited	High

Headlines

- **Substantial rise in drug related offences** (trafficking and possession) - including offences relating to under 18s.
- Drug related exploitation features most prominently within intelligence and NRMs relating to modern slavery and human trafficking .
- Young people and existing substance users remain more likely to be targeted by drug gangs.
- **COVID-19 has lead to increased targeting of local populations** and online exploitation, and increased violence towards those involved in drug activities.
- Continued **links to serious forms of violence**, and sexual violence is also a concern.
- Drug related violence is more likely to have **visible impacts on communities** than other forms of exploitation.

Modern slavery and human trafficking (labour, sexual and criminal exploitation)

	Physical	Psychological	Community	Frequency	Trend	Forecast	Intel	Ability to mitigate	Risk
Labour & sexual exploitation	Substantial	Severe	Moderate	1-2 weeks	<10% increase	<10% increase	25-30%	V. Limited	High

Headlines

- Prevalence remains unclear due to **underreporting**.
- Labour and sexual exploitation are likely to occur most frequently.
- COVID-19 has likely forced exploitation further underground and led to diversification in how people are exploited.
- **Rising demand for jobs may increase opportunities to recruit people into exploitative employment.**
- Child exploitation:
 - Data is too limited to provide accurate prevalence figures.
 - Significance of **child sexual exploitation and drug related exploitation**.
 - The **role of the internet** continues to increase, with a shift to ‘groom now exploit later’ models.

Radicalisation and violent extremism

	Physical	Psychological	Community	Frequency	Trend	Forecast	Intel	Ability to mitigate	Risk	
Radicalisation and violent extremism	Catastrophic	Severe	Catastrophic	Annually	No change	No change	25-35%	Limited	High	▶
Hate crime	Low	Substantial	Substantial	Daily	<10% increase	<10% increase	55-75%	Limited	Moderate	▲

Headlines

- The threat from terrorism remains ‘substantial’ – greatest threat from low sophistication attacks carried out by lone actors.
- The threat of **online radicalisation** continues to increase – grooming and self radicalisation.
- High level of **complexity, vulnerability and underlying need** in local cases.
- **Significance of local and international events** in acting as a route to radicalisation.
- COVID-19: role of lockdown in increasing the risks of online radicalisation.
- **Increased hate crime and intolerance within communities is contributing to the spread of hate and extremism.**

Update on lower scoring issues

	Physical	Psychological	Community	Frequency	Trend	Forecast	Intel	Ability to mitigate	Risk
Child sexual abuse	Moderate	Severe	Moderate	1-2 weeks	<10% increase	<10% increase	25-35%	Limited	Moderate
RTCs - fatal and serious	Substantial	Severe	Severe	Daily	<10% decrease	<10% decrease	80-90%	Limited	Moderate
Cybercrime and fraud	Low	Substantial	Moderate	Daily	<10% increase	<10% increase	40-50%	Limited	Moderate
ASB (& street drinking)	Moderate	Moderate	Substantial	Daily	>10% decrease	<10% increase	55-75%	Partial	Moderate

Child sexual abuse	Road traffic collisions	Financial exploitation	ASB including street drinking)
<ul style="list-style-type: none"> Continues to be heavily underreported. Police data suggests a decrease in crimes but partners indicate a sustained increase. Familial sexual abuse remains significant. Online abuse and peer-on-peer abuse remain growing concerns. 	<ul style="list-style-type: none"> Continued decrease in fatal and serious injuries across most districts, continuing a long term trend. Year-on-year increases in fatal and serious collisions in Exeter, South Devon & Dartmoor. Year-on-year increases in lower injury collisions in East & Mid Devon and South Devon & Dartmoor. 	<ul style="list-style-type: none"> Observed increase, especially in cyber related crime. Unclear if this represents a true increase or a shift in tactics. High prevalence of COVID-19 related crimes - affecting a wider population cohort. 	<ul style="list-style-type: none"> Partners have observed a rise in incidents - not reflected in crime data. This is largely linked to COVID-19 related non compliance, neighbourhood disputes and street drinking The pandemic has created a change in attitudes and decreased tolerance.

Strategic Priorities 2020-21

- **Intra and extra-familial violence and abuse**
 - Develop effective and proportionate responses to new legislation, namely: Domestic Abuse Bill and Serious Violence Bill
- **Problem drinking and problem drug use**
 - Evaluate existing responses to harm from alcohol and drug misuse
- **Exploitation**
 - Strengthen and expand intelligence and knowledge and inter-partnership collaboration
- **Offending and reoffending (cross cutting)**
 - Develop a Youth Crime Prevention Strategy
- **COVID-19 – impacts and knock-on effects (cross-cutting)**
 - Influence/co-ordinate an appropriate system response aligned to the wider work on recovery

