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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 13 January 2021

Contact: Stephanie Lewis 01392 382486
Email: stephanie.lewis@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 21st January, 2021

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

Phil Norrey
Chief Executive

A G E N D A

PART I - OPEN COMMITTEE

1 Apologies for Absence

2 Minutes (Pages 1 - 14)

Minutes of the meeting held on 8 October 2020, 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 Coronavirus Update

An update from the Director of Public Health.

5 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 15 - 18)

Report of the Director of Public Health, 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/

BOARD BUSINESS - MATTERS FOR DECISION

6 Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements (Pages 19 - 24)

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 CCG Updates (Pages 25 - 30)

An update by the Chair of NHS Devon Clinical Commissioning Group, attached.

8 Mental Health Prevention Concordat Action Plan (Pages 31 - 38)

An update Report of the Director of Public Health on the 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, attached.

9 Strategic Economic Assessment & Development Strategy

A presentation from the Head of Economy, Enterprise & Skills.

OTHER MATTERS

10 References from Committees

11 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/

12 Forward Plan (Pages 39 - 40)

To review and agree the Boards Forward Plan.

13 Briefing Papers, Updates & Matters for Information

14 Dates of Future Meetings

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

Meetings
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

Members are reminded that Part II Reports contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). They need to be disposed of carefully and should be returned to the Democratic Services Officer at the conclusion of the meeting for disposal.

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It is to be noted that Members of the Council 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.

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Induction Loop available

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 retuned. 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 bar 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** **<u>Adults Safeguarding Board Annual Report</u>**

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).

Date	Matter for Consideration
Thursday 21 January 2021 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting 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 **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 8 April 2021 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC Devon Smokefree Alliance Population Health Management & and Integrated Care Management (Presentation) JSNA / Strategy Refresh CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 15 July 2021 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates

	<u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 28 October 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 Adults Safeguarding annual report CCG Updates **<u>Other Matters</u>** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 13 January 2022 @ 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 7 April 2022 @ 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.

*** 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 available to view for up to six months from the date of the meeting, at http://www.devoncc.public-i.tv/core/portal/home*

Devon Health and Wellbeing Board

Health and Wellbeing Outcomes Report

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

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

1. Context

This paper 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 2021

2.1 The full Health and Wellbeing Outcomes Report for January 2021, along with this paper, is available on the Devon Health and Wellbeing website: www.devonhealthandwellbeing.org.uk/jsna/health-andwellbeing-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**

Six indicators have been updated with new data and are as follows:

- **Percentage with NVQ4+ (aged 16-64), 2019 –** The percentage of people who have achieved qualifications at NVQ level 4 or above in Devon is 37.6% (down from 40.1% in 2018), statistically similar to the England average of 40%. Variation exists across the districts, with South Hams (43.2%), Teignbridge (43.1%) and West Devon (48.4%) being significantly better than the England average.
- **Percentage with no NVQ qualifications (aged 16-64), 2019 –** The percentage of people who have no NVQ qualifications in Devon is 4.2% (down from 5.1% in 2018), significantly better than the England average of 7.5%. Variation is minimal across the districts with all except Torridge (7.1%) being significantly better than the England average.
- **Child Poverty, 2018/19 –** The percentage of children under 16 in Devon who are in absolute low-income families is 12.2%, significantly better than the England average of 15.3%. Variation is minimal across districts with all being significantly better than the England average bar Torridge (17.3%), who are significantly worse.
- **Gross Value Added, 2018 –** The increase in the value of economy due to the product of goods and services in Devon is £21,061 (up from £20,843 in 2016), significantly lower than the England average of £29,356. Variation is minimal with all but Exeter (£41,172) being lower than the England average.
- **Suicide Rate, 2017-19 –** The mortality rate from suicide and injuries of undetermined intent in Devon is 12 (up from 11.2 in 2016-18), significantly worse than the England average of 10.1. There is variation between districts, with East Devon (7.5), North Devon (11.3), South Hams (7.5), Torridge (13.9) and West Devon (12) being statistically similar to the England average. Exeter (15.3), Mid Devon (15) and Teignbridge (15) are significantly worse than the England average.
- **Mortality Rate from Preventable Causes, 2017-19 –** The mortality rate in Devon from preventable causes is 119.3 (down from 159.9 in 2017-19), significantly better than the England average of 142.2. There is minimal variation across districts, with most being significantly better than the England average, except Exeter (150.5) and Mid Devon (130.9), who are statistically similar.

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.

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

3.1 The 'Explanatory' Headline resource was published online in December and has recently been revamped and updated in May. This can be used to compliment the outcomes report as it provides information at many different geographical levels.

3.2 The 'Exploratory' resource is still in development with delays caused due to the Coronavirus global pandemic. 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 is also in development, with delays caused due to the Coronavirus global pandemic.

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.

Steve Brown
Director of Public Health

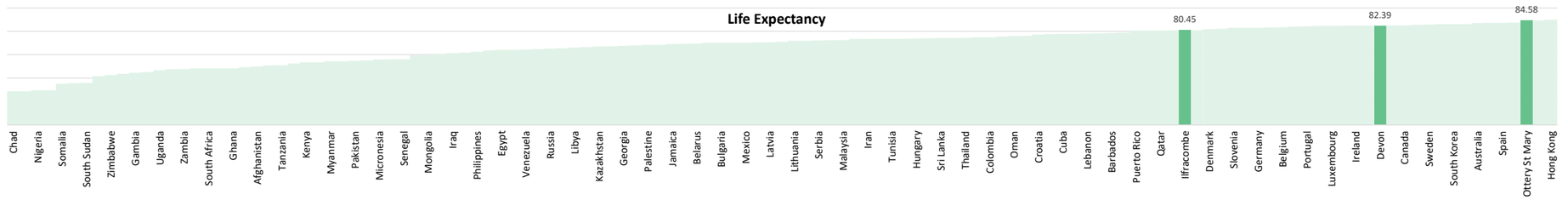
Electoral Divisions: All
Cabinet Member for Adult Social Care and Health Services: Councillor A Leadbetter and Cabinet Member for Community, Public Health, Transportation and Environmental Services: Councillor R Croad

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

Background Papers
Nil

HEALTH AND WELLBEING OUTCOMES REPORT 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	Teignbridge	Torridge	West Devon	Deprivation MD <-------> LD	Value	Guide
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)	2018/19	54.7%	53.0%	56.5%	⚑	58.1%	53.7%	55.7%	53.4%	59.5%	56.8%	49.0%	52.5%		%	Higher is better
Good Level of Development	2018/19	72.7%	72.0%	71.8%	⚑	73.5%	71.7%	70.3%	72.5%	77.7%	73.3%	68.8%	74.2%		%	Higher is better
% with NVQ4+ (aged 16-64)*	2019	37.6%	39.2%	40.0%	⚑	32.9%	39.0%	34.3%	33.9%	43.2%	43.1%	27.2%	48.4%		%	Higher is better
% with no qualifications (NVQ) (aged 16-64)*	2019	4.2%	5.3%	7.5%	⚑	4.0%	3.0%	4.3%	3.9%	4.1%	4.7%	7.1%	4.6%		%	Lower is better
Child Poverty ^*	2018/19	12.2%	11.2%	15.3%	⚑	10.8%	9.8%	11.8%	14.4%	12.1%	11.4%	17.3%	14.1%		%	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)*	2018	£ 21,061	£ 24,891	£ 29,356	⚑	£18,716	£ 41,172	£ 15,827	£ 23,515	£ 23,950	£ 17,359	£ 13,839	£ 14,137	-	£	Higher is better
2. Healthy, safe strong and sustainable communities																
Fuel Poverty	2018	10.7%	10.3%	9.4%	⚑	9.7%	10.4%	11.0%	11.7%	10.8%	9.6%	12.6%	12.3%		%	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*	2017-19	12.0	11.3	10.1	-	7.5	15.3	15.0	11.3	7.5	15.0	13.9	12.0		DASR per 100,000	Lower is better
Emergency Hospital Admissions for Intentional Self-Harm	2018/19	210.4	272.8	193.4	⚑	187.6	216.8	158.9	309.6	176.9	232.3	273.5	128.4		DASR per 100,000	Lower is better
Self-Reported Wellbeing (low happiness score %)	2018/19	5.7%	7.3%	7.8%	⚑	-	-	-	-	-	-	-	-	-	%	Lower is better
Social Contentedness	2018/19	44.7%	46.6%	45.9%	-	-	-	-	-	-	-	-	-	-	%	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	2018/19	60.7%	61.3%	62.3%	⚑	55.7%	59.9%	67.9%	65.2%	61.6%	59.7%	62.7%	56.8%		%	Lower is better
Proportion of Physically Active Adults	2018/19	74.8%	71.8%	67.2%	⚑	78.8%	75.1%	73.9%	72.1%	75.2%	72.9%	71.5%	77.5%		%	Higher is better
Alcohol-Related Admissions	2018/19	547.0	680.0	664.0	-	461.0	590.0	479.0	703.0	459.0	593.0	654.0	456.0		DASR per 100,000	Lower is better
Alcohol-Specific Admissions in Under 18s	2016-19	46.1	44.1	31.6	-	45.8	37.5	30.0	63.2	54.4	62.2	26.8	50.1		Rate per 100,000	Lower is better
Fruit and Vegetable Consumption (5-a-day)	2018/19	63.4%	59.5%	54.6%	⚑	68.1%	61.4%	64.1%	61.3%	62.9%	62.3%	58.6%	68.0%		%	Higher is better
Mortality Rate from Preventable Causes ^*	2017-19	119.3	126.0	142.2	⚑	107.5	150.5	114.3	130.9	98.3	116.5	123.7	121.2		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	2018/19	1785.0	2113.0	2198.0	⚑	1681.0	1862.0	1831.0	1866.0	1812.0	1900.0	1733.0	1550.0		DASR per 100,000	Lower is better
Adult Smoking Prevalence	2019	13.5%	14.0%	13.9%	⚑	10.3%	11.4%	10.6%	16.5%	20.4%	11.8%	12.6%	20.6%		%	Lower is better
Estimated Dementia Diagnosis Rate (65+)	2020	59.7%	61.8%	67.4%	⚑	65.3%	70.8%	52.1%	60.2%	41.6%	58.5%	59.2%	59.7%	-	%	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

* Updated indicator

Significance compared to England figure

- Significantly worse
- Not significantly different
- Significantly better

Trend

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

Health and Wellbeing

Devon

Committed to promoting health equality

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 (<16) in a local area, living in absolute low income families.	Percentages have been derived by dividing the number of children aged 0 to 15 in absolute low income families by the number of all children aged 0-15 (sourced from ONS mid-year population estimates) and multiplying by 100.
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/m2. 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-standarised 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	Age-standardised mortality rate from causes considered preventable in persons aged less than 75 years per 100,000 population	Number of deaths that are considered preventable (classified by underlying cause of death recorded as ICD codes A00-A09, A35, A36, A80, A37, A39, A40.3, A41.3, A49.2, A50-A60, A63, A64, B01, B05, B06, B15-B19, B20-B24, B50-B54, G00.0, G00.1, A15-A19 (at 50% of total count), B90 (at 50% of total count), J65 (at 50% of total count), C00-C16, C22, C33-C34, C45, C43, C67, C53 (at 50% of total count), D50-D53, E10-E14 (at 50% of total count), I71, (at 50% of total count), I10-I13 (at 50% of total count), I15 (at 50% of total count), I20-I25 (at 50% of total count), I60-I69 (at 50% of total count), I70 (at 50% of total count), I73.9 (at 50% of total count), J09-J11, J13-J14, J40-J44, J60-J64, J66-J70, J82, J92, A33, A34, Q00, Q01, Q05, V01-V99, W00-X39, X46-X59, X66-X84, Y16-Y34, X86-Y09, U50.9, E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, Q86.0, R78.0, X45, X65, Y15, K73, K74.0-K74.2, K74.6-K74.9, F11-F16, F18, F19, X40-X44, X85, Y10-Y14, X60-X64. Registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands (0-4, 5-9,..., 70-74).
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 Statitstics (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 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.

Health and Wellbeing Board
21 January 2021

BETTER CARE FUND 2020/21 - UPDATE

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:

1. That the Health & Wellbeing Board notes the national requirements and latest performance data.

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1. Background/Introduction

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

2. Arrangements for 2020/21

2.1 In December 2020 the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government published the Better Care Fund Policy Statement 2020 to 2021. This had been delayed from March due to the pandemic. The statement sets out the requirements for 2020/21 including no requirement to submit a BCF plan for this year . However, the following conditions must be met:

- Agree the use of mandatory minimum funding and place this in a pooled arrangement by an agreement under s.75 NHS Act 2006, with an appropriate governance structure which reports to the Health and Wellbeing Board.
- The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation
- Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

2.2 Whilst awaiting this guidance DCC and the NHS CCG had agreed that, in order to preserve the position of each partner organisation and to continue to support services, there would be an extension of the 2019-20 Section 75 BCF agreement on those previous terms . This was achieved formally by the signing of a joint letter in May 2020. With the publication of
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the Policy Statement in December, DCC and the CCG will now move to the signing of the Section 75 agreement for 2020/21.

2.3 Guidance for the BCF in 2020-21 received prior to the start of the financial year stated the minimum increases to the Devon BCF overall from the CCG and within that the growth of the minimum contribution to adult social care spending. Working together, both organisations agreed a draft budget that achieved both national requirements, along with ensuring the CCG spending on CCG commissioned out of hospital services met (and in Devon's case continued to exceed) the minimum ringfence. Therefore, these national conditions have been met.

3. Performance in 2020/21

3.1 Delayed Transfers of Care (DToC)

National reporting of Delayed Transfers of Care (DToC) was suspended from the 19 March 2020 with no plans to return to these arrangements. In place, providers are expected to provide daily data through the Strategic Data Collection Service (SDS). These arrangements identify the number of people leaving hospital and where they are discharged to, and the reasons why people remain in hospital. This information is required to enable tracking of the effectiveness of the policies outlined in the Hospital Discharge Service Policy and Operating Model (published 21 August 2020).

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. In the period May to September delays increased steadily as elective services recommenced.

In response we continue to:

- increase capacity in the domiciliary and care home market
- build intermediate care capacity and skills
- extend community services and therapy and pharmacy hours to provide capacity at key weekends and escalation times.

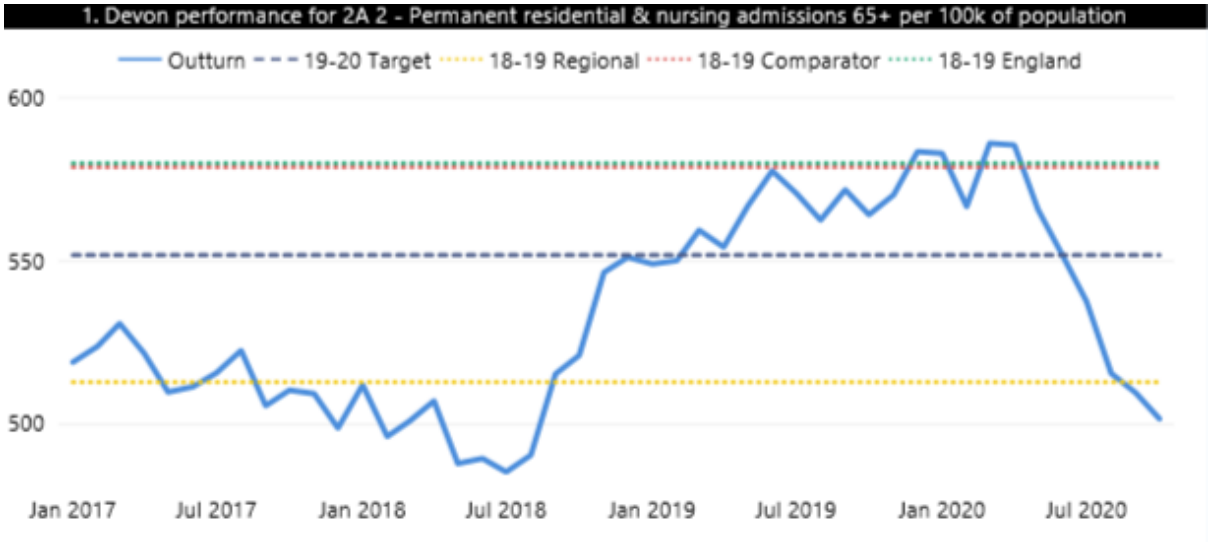
This work ties together with recruitment and retention initiatives across Devon linked to the Proud to Care campaign and strong relationships with and investment in the voluntary and community sector and with carers.

The Covid-19 pathways to facilitate hospital discharge are reviewed daily. The implementation of these pathways and the discharge to assess model has meant that:

- All hospital discharges are now supported by a Covid health funding stream. Arrangements are now in place to ensure from September 2020 that service users are assessed/reviewed at around 6 weeks of discharge to ensure that services are funded from the correct source.
- No social care assessments occur in hospital setting, except Mental Capacity Act and safeguarding assessments.
- No Continuing Healthcare (CHC) assessments take place for the duration of the Covid funding pathway.

3.2 Permanent Admissions to Residential and Nursing Care – Rate per 100,000 (age 65 and over)

We place fewer older people in residential/nursing care relative to population than comparator and national averages. However, we had seen an upward trend in permanent admissions to the end of March 2020.



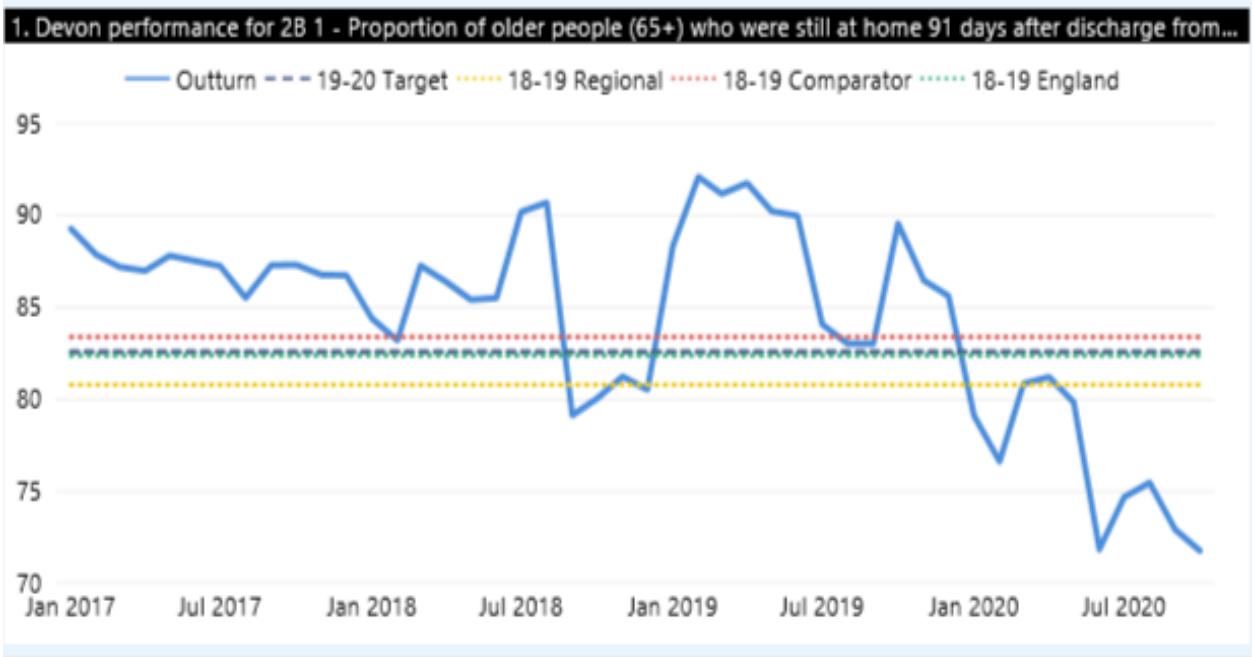
From April, we saw increased pressure within the system as a result of Discharge to Assess pathways out of hospital, which increased numbers of placements. However, the number of permanent admissions has continued to reduce which we think likely due to personal choice and available capacity due to outbreaks closing care homes to admissions. As at the end of September 2020, the rate per 100,000 population (65 and over) was 509.74 compared to 584.1 at the end of March 2020.

Our ongoing aim is to ensure we have sufficient and robust alternatives to allow us to support people to remain living as independently as possible. This includes our integrated care model and a continuation of community based intermediate care solutions, such as Rapid Response, Social Care Reablement and regulated personal care. Alongside this we are continuing to focus on developing a range of alternatives including Extra Care Housing and Supported Living.

3.3 Percentage of People Still At Home 91 Days After Hospital Discharge Into Rehabilitation / Reablement Services

This target attempts to measure the effectiveness of rehabilitation and reablement services in keeping people out of hospital.

The provisional 2019-20 outturn for this indicator was 85.8%, which is an improvement on the 2018-19 position of 80.1%.



Due to the pandemic, performance has declined significantly to 72.9% at the end of Quarter 2 (September 2020). This is as a result of:

- a reduction in the take up of the service offer, for example with people self-isolating,
- changes to the recording of hospital discharges due to the Discharge to Assess guidance,
- some staff self-isolating meaning the service has had to be reduced; and
- some staff have been redeployed to other services supporting people to remain in their own homes such as rapid response.

3.4 Total Number of Specific Acute Non-Elective Spells Per 100,000 Population

These are emergency admissions and whilst some are essential, we aim to reduce the number of ***avoidable*** emergency admissions by targeting our preventative support services to the most vulnerable - in order to avoid an unplanned or emergency admission.

Quarter 2 has seen volumes returning to the levels seen last year. The non-elective admissions system target for Q2 2020/21 was 33,046. We are currently performing well against this indicator, with 32,266 non-elective admissions, 780 fewer than predicted.

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

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS
Contact for Enquiries:
Rebecca Harty, Head of Integrated Care Model Northern and Eastern
Tel No: 01392 675344
Room: 2nd Floor, The Annexe, County Hall

BACKGROUND PAPER	DATE	FILE REFERENCE
Nil		

Health and Wellbeing Board
21 January 2021

NHS Devon Clinical Commissioning Group Update

Report of the Clinical Chair, NHS Devon Clinical Commissioning Group.

Recommendation: that Health and Wellbeing Board be asked to note the report

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1. Vaccination Programme

1.1. Thousands of people in Devon are being vaccinated against COVID-19 every day as the biggest vaccination programme in the NHS's history gathers pace. The NHS has a clear vaccine delivery plan and will contact local people when it's their turn to get the vaccine.

1.2. This will be a marathon, not a sprint, and we cannot let down our guard. People must stay at home where they can and follow all the rules to stop the spread of coronavirus.

1.3. Anyone who has had the vaccine must continue to follow government guidance on social distancing and wearing a mask, as immunity takes weeks to develop.

How local people can play their part

1.4. There are four main things that people in Devon can do to help the NHS give the vaccine to as many local people as possible, as quickly as possible:

i. Choose the right service for your needs as GPs are now managing extra pressures from the vaccine programme. Consider self-care for minor illnesses and injuries. You will still get a face-to-face appointment at your local practice if your GP thinks you need one.
ii. Attend all appointments, whether it is for a vaccine, to see your GP or at hospital, unless they are personally contacted by your provider and told otherwise.
iii. Don't make things harder for the NHS by calling your local hospital or GP practice about getting the vaccine – the NHS will contact you when it's your turn. Blocking phonelines with queries stops other people getting healthcare and diverts staff time, meaning the vaccine rollout will be slower
iv. Follow Government rules – the vaccines are a wonderful development, but we are not out of the woods yet. Remember, 'Stay at home, protect the NHS, save lives' and 'Hands Face

Space'. Act as if you have COVID, even after you've been vaccinated

1.5. Three main ways the vaccine is being delivered in Devon -

i. All four of the county's main hospitals – in Plymouth, Exeter, Torquay and Barnstaple – are giving the vaccination to priority groups in line with national guidance
ii. GP practices are working together in groups to set up local vaccination centres. Across the county, 16 centres are now in operation, serving 104 of Devon's 123 practices, with more starting in coming days to cover the remaining parts of the county
iii. GP-led facilities are delivering the vaccine to residents and staff in care homes

1.6. Large-scale vaccination centres serving wide areas are also planned nationwide and more details will follow on arrangements in Devon when they are confirmed.

Vaccinations in care homes

1.7. Care home residents and staff were set as the highest priority group by the independent Joint Committee on Vaccination and Immunisation.

1.8. Unlike the Pfizer vaccine, the Oxford vaccine does not need to be stored at ultra-low temperatures and is much easier to move, making it easier to use in care homes. Local vaccination services are being issued with small packs of Pfizer jabs which can be used in care homes.

1.9. GP-led and hospital vaccination services have made good progress in vaccinating staff and residents in care homes in Devon and the focus will now be on offering the vaccine to everyone in care homes as soon as possible.

Hospital hubs

1.10. Derriford Hospital in Plymouth, Torbay Hospital in Torquay, the Royal Devon and Exeter Hospital and North Devon District Hospital in Barnstaple are all giving vaccinations to priority groups.

GP-led local vaccination centres

1.11. GP practices are working together to set up local vaccination centres across Devon, with 16 now established, serving 104 practices, with more to follow soon.

1.12. As well as using NHS locations like GP surgeries and health centres, some local vaccination centres in Devon are being opened in more unusual, specially adapted, venues like Exmouth Tennis and Fitness Centre, Plymouth Pavilions, the Riviera International Centre in Torquay and Barnstaple Leisure Centre.

1.13. To minimise wastage, local vaccination sites are using unfilled appointments to vaccinate frontline healthcare workers, including pharmacy, dental and optometry teams.

1.14. NHS England has written to all practices this week asking them to prioritise the vaccination programme and they have set out some measures to support them to do that.

2. CCG Accountable Officer and Chief Executive of Devon's Integrated Care System

2.1. The CCG has been recruiting for the joint post of Accountable Officer for both the CCG and the Chief Executive of Devon's Integrated Care System (ICS – see below). This is in line with national policy and mirrors the joint CCG and system arrangements put in place in some successful systems nearby.

2.2. **Jane Milligan** has been appointed to the role. Jane has worked for the NHS for 33 years and has extensive strategic commissioning and operational experience. Having first qualified as a physiotherapist working in Devon and Cornwall, Jane has held a range of senior roles in CCGs and Primary Care Trusts (PCTs) and thoroughly understands primary care and commissioning.

2.3. Jane currently works in a similar role as Accountable Officer for the NHS North East London Commissioning Alliance (seven CCGs) and is the Senior Responsible Officer for the North East London STP. Jane is familiar with the county, its health and care needs and challenges, and will bring a breadth and depth of experience and personal attributes to help build a stronger health and care system in Devon

3. Integrated Care Systems

3.1. On the 26 November 2020 NHS England considered a document outlining legislative recommendations that could make ICSs statutory corporate NHS bodies. This could mean CCG statutory functions being merged into the ICS.

3.2. The CCG is in a good position for these changes having prepared for system working by:

- Merging the two Devon CCGs
- Updating senior leadership structure
- Implementing joint teams and roles across the CCG and the Devon system
- Providers collaborating and sharing resources

3.3. As part of the changes, NHS England has committed to support staff by:

- Not making significant changes to roles below the most senior leadership roles
- Minimising the impact of organisational change to staff
- Preserving terms and conditions to the new organisations (even if not required by law) to help provide stability and to remove uncertainty

3.4. Further information will be shared over the course of 2021.

4. Teignmouth and Dawlish consultation

4.1. At its meeting on 17 December 2020, the CCG Governing Body approved a series of recommendations, which will see some services moved from Teignmouth Community Hospital to a new Health and Wellbeing Centre in the town centre and some services to Dawlish Community Hospital.

4.2. Members also approved a recommendation to continue with a model of community-based intermediate care and reverse a previous decision to establish 12 rehabilitation beds at Teignmouth Community Hospital.

4.3. During the Governing Body session, members considered a range of evidence, including a report by Healthwatch in Devon, Plymouth and Torbay on the outcomes of a formal public consultation on a proposal for the future delivery of services, which ran from 1 September to 26 October 2020.

4.4. The report provided an analysis of the responses to the consultation questionnaire, as well as highlighting common themes, comments and criticisms, and listing a range of alternative proposals and suggestions made by local people.

4.5. The report highlighted how 61% of respondents said that, all things considered, they supported the overall proposal to relocate services and reverse the previous decision on the 12 rehabilitation beds. 34% of respondents said they did not support the proposal.

5. Outstanding engagement

5.1. The CCG has been rated ‘outstanding’ for patient and community engagement for the second year running

5.2. The CCG has been awarded a coveted ‘green star’ (the top rating) by NHS England in recognition of efforts to put local people at the heart of the CCG’s work and ensuring services meet the population’s needs.

6. Think 111 First model introduced in Devon from Tuesday 1 December

6.1. In line with the rest of the country the CCG has launched a campaign advising the public on how to make the right healthcare choices to ensure their safety, as well as making sure they get the right treatment in the most appropriate place – this is known as Think 111 First.

6.2. The new approach directs people to contact NHS 111 first, whether online or by phone, if they have an urgent – but not serious or life-threatening – medical need and in some cases, they will be able to book direct appointments or get a referral for a time slot into a service that is right for them, including ED.

6.3. It's important to note that arrangements will not change for people with serious or life-threatening illnesses or injuries. People should continue to dial 999 as before. People who attend an ED without contacting 111 first will not be turned away and will be prioritised depending on clinical need, as is the current practice.

Health and Wellbeing Board
21 January 2021

Prevention Concordat for Better Mental Health – Update

Report of the Director of Public Health

Recommendation: that the Board be asked to note the following update.

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1. Suicide Prevention

Governance: There are now a number of STP – wide Suicide Prevention initiatives in place or about to start:

NHSE 3rd Wave Transformation Monies were awarded last year (although the money has not yet 'flowed' down to the Local Authorities). The funding will provide an additional £235,000 a year for 3 years to enable us to develop a system – wide suicide prevention programme, the focus of this money is on community/ population initiatives. Please see appendix a for further information.

NHSE Transformation Funding for Suicide Bereavement and Post Vention Support: In 2019 Devon STP were awarded monies to expand the existing Suicide Bereavement and Support service, (Pete's Dragons) across the Devon STP footprint. This is currently out to tender and a fully commissioned service will commence in April 2021.

NHSE Trailblazer Funding (Self Harm) – Supporting a 'Family Intervention Pilot' in Torbay, with the intention to share the learning across the Devon – STP footprint.

STP Prevention monies are supporting further initiatives;

Men's Mental Health Project – working with The Lions Barbers Collective, to deliver training to barbers/ hairdressers, including via the Further Education Colleges. Due to Covid, this project has been postponed, with elements of it being delivered on line.

Wider post vention support including the roll out of an on- line training course focussing on understanding grief, Suicide Prevention Awareness and Suicide Bereavement, aimed at non- clinical professionals working with 'at risk populations.

In order to monitor the progress of these projects, an STP- Wide oversight Group has been established. The Suicide Prevention Oversight Group (SPOG) is chaired by Sarah Lees (Consultant in Public Health, Plymouth) and the membership comprises of the other 2 Local Authority Public Mental Health Leads, a representative from the CCG Mental Health Commissioning Team, The Associate Director for Mental Health (CCG) representatives from DPT, Livewell South West (adult and Children's services) and a representative from Child Family Health Devon.
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Terms of Reference make it clear that the governance for Suicide Prevention sits with the respective Local Authority Health and Well Being Boards and a reporting chart has been devised to illustrate this (see appendix b).

Devon Suicide Prevention Strategic Group Update:

The Devon Suicide Prevention Action Plan is currently being updated. The Strategic Group have chosen to prioritise the following areas:
Preventing Suicide in Public Places
Developing a Post Vention Hub
Supporting Victims of Crime
Preventing Suicide in Children and Young People

Task and Finish Groups have been set up for the first three priorities, Children and Young People may become an STP -Wide workstream which the Devon Strategic Group will support.

2. Better Mental Health For All

Workplace Wellbeing

Devon County Council are setting up a 'Listening Ear' Project aimed at the business community. Devon Communities Together will be delivering the project. Volunteers will receive Connect 5 Training.

The Communities Team are supporting another 'Listening Ear' Initiative being delivered by The City Community Trust and the District Council. This service is being offered to people across Devon experiencing Loneliness and Social Isolation. Volunteers will receive Connect 5 Training.

Prevention Concordat Action Plan.

Public Health England have relaunched the Prevention Concordat. This means that Devon can officially sign up.

Work will commence on developing a Devon Action Plan with the ambition for it to provide the framework for DCC's Recovery work.

Steve Brown
Director of Public Health
Devon County Council

[Electoral Divisions: All]

Cabinet Member for Community, Public Health, Transportation and Environmental Services: Councillor R Croad

Contact for Enquiries: Nicola Glassbrook, 01392 386390

Devon STP Suicide Prevention Funding 2020/2021

Introduction:

2020 has been an extraordinary year. Worldwide the Spread of Covid -19 has resulted in major disruption to public and private life. Whilst the aim of limitations on all our lives has primarily been to reduce the spread of the virus, it is anticipated that prolonged social isolation and lack of employment will result in an increase of poor mental health. This along with economic difficulties and relationship breakdowns could also see a rise in the suicide rate. Whilst it is too early at this stage to identify any rise in suicides, evidence from the 2003 Sars outbreak in Hong Kong shows that there was a subsequent a spike in suicide numbers.

This paper sets out a proposal to amend the project plan that was submitted to NHSE in January 2020 in response to the Covid – 19 Pandemic and its anticipated repercussions.

Background:
The Devon STP area which includes Devon County Council, Plymouth City Council and Torbay were invited by NHSE to put together a funding proposal for suicide prevention initiatives. This was because NHSE were looking to award £235,336 a year from 2020/21 – 2022/23.

The STP Devon Area have already been awarded a recurrent fund of £88,000 to extend the Suicide Bereavement service to cover the STP footprint, plus an additional £87,000 from the STP to set up and operate a Real Time Surveillance system. The STP have also awarded £87,000 aimed at improving men's Mental Health.

A funding proposal was submitted in January 2020 and it consisted of six elements:

- Safer Suicide Communities – Monies to support grass roots community initiatives that raise awareness and aim to prevent suicide.

- Safer Suicide Primary Care – training for Primary Care staff – working with Dr Becki Osborne to expand her training offer from Cornwall into Devon.

- Targeted Training offer - aimed at non-clinical staff working with high risk groups and 'Bystanders'; taxi drivers, dog walkers, etc.

- Understanding Torbay's suicide and self-harm rate – A piece of research utilising people with Lived experience.

- Communications and Media Reporting – working with a range of partners including the press to ensure that any reports of potential suicides are within Samaritans Guidelines

- Programme support – Project Management and Admin to support the delivery of the programme

Figure one: Initial financial proposal for Officer support submitted 27.01.2020

Pay 2020/21							
Description	AFC Grade (or equivalent)	WTE	Q1 (£)	Q2 (£)	Q3 (£)	Q4 (£)	TOTAL
Programme Support Officer	LG F/25	*yes*		9,152.10	9,152.10	9,152.10	**27,456.30**
Admin Support Officer	LG D/10	*yes*		6,250.00	6,250.00	6,250.00	**18,750.00**
Total Pay			-	15,402.10	15,402.10	15,402.10	**46,206.30**

Figure two: Initial funding breakdown by project submitted 27.01.2020

Non-Pay 2020/21					
Description	Q1 (£)	Q2 (£)	Q3 (£)	Q4 (£)	TOTAL
Safer Suicide Communities		16,250.00	16,250.00	16,250.00	48,750.00
Safer Suicide Primary Care		3,000.00	3,000.00	4,000.00	10,000.00
Targeted |Training offer		18,750.00	18,750.00	18,750.00	56,250.00
Understanding Torbay's Suicide Rate		11,500.00	21,500.00	21,500.00	54,500.00
Safer Suicide Communications and Media Reporting		1,500.00	1,500.00	1,500.00	4,500.00
People with Lived experience engagement fund		10,000.00	2,500.00	2,500.00	15,000.00
Total Non Pay	-	61,000.00	63,500.00	64,500.00	189,000.00
Total 2020/21 cost	-	76,402.10	78,902.10	79,902.10	235,206.30

<u>Project Support:</u>

Figures below have been revised to include on-costs for each post including pension contributions.

Arguably, the Programme Support Officer needs to be at a salary to attract a person with the right set of skills, so at this point the salary remains unchanged. The addition of NI contributions and pension means that the FTE for this post is £44,772. However, it is more realistic to expect this post to be in place by 01.09.2020 rather than 01.07.2020 so there may be some savings in this financial year.

The admin support officer has been reduced to a .5 post which would hopefully be adequate to cover their responsibilities. It may be easier to recruit this post as soon as the money has been awarded.

Figure three: Revised Project Support Costs

Description	AFC Grade (or equivalent)	WTE	Q1 (£)	Q2 (£)	Q3 (£)	Q4 (£)	TOTAL
Programme Support Officer	LG F/25	*yes*		11,193.00	11,193.00	11,193.00	**33,579.00**
Admin Support Officer	LG D/10	*0.5*		3,500.00	3,500.00	3,500.00	**10,500.00**
Total Pay			-	14,693.00	14,693.00	14,693.00	**44,079.00**

Actions:

- Need to agree the role of the Programme Support Officer and their level of pay
- Need to agree which Public Health team will host the PSO and Admin Support.
- Need to agree Job Descriptions for both posts and start recruitment process.

<u>Allocation of Funds for Specific Projects</u>

Suicide Safer Communities:

During the Covid-19 Pandemic, there have been many great examples of how communities have come together to support each other and their more vulnerable neighbours, during the 'lockdown period'. There is arguably an opportunity to build upon this by supporting communities to develop their own suicide prevention initiatives.

The proposal is to maximise the budget for the Safer Suicide Communities strand of the programme. This money will then be distributed to each Public Health Team. The amount will be calculated by taking into consideration, size of respective populations; suicide rate per 100,000, levels of deprivation and geographical spread. Each Public Health Team would then have their action plans to suit local geography and need. There should however be common elements:

- Year one – scoping out what is already in place, engaging with communities to identify what is needed, seed funding to support new initiatives or to expand existing ones.
- Year two – building on and developing work started in year one.
- Year three evaluation and support to make projects sustainable.
- Involvement of People with Lived Experience in all aspects of the project.

Monies can be used to employ 'Community Development Workers' or Community Connectors or to fund Community Groups directly. The funds may be distributed directly from Public Health or through a third party e.g. a VCSE organisation.

Action Points:

- Agreement needed to expand the Safer Suicide Communities Budget between the three PH teams and NHSE
- Need to agree a formula of how to split the money between the three PH teams. This could be done independently using an algorithm if there is no agreement between the teams.

Safer Suicide Primary Care:

This remains the same; the proposal is to expand the training being currently developed and delivered in Cornwall by Dr Becki Osborne.

Actions:

- Agree spend for 2020/21
- Contact Becki to agree payment for her services.

Targeted training Offer:

Currently remains the same, although we may need to consider the implications of Covid – 19 in relation to face to face training.

It would be helpful to work with current training providers to understand what training is currently being delivered and what professions/ groups/ communities have received the training

Actions:

- Agree Spend for 2020/21
- Explore on-line training opportunities
- Carry out a training audit for each Public Health area
- Review training offer in light of Covid-19 e.g. could training be offered to the NHS volunteers.

Understanding Torbay's Suicide Rate

The proposal is to use the first year 2020/21 to develop relationships with Academic bodies with the aim of gauging their interest and gaining support. There could also be a scoping exercise and initial engagement with 'People with Lived Experience', by making contact with

existing support groups such as Recovery Devon. A research proposal would then be produced which could then be used to attract further funding and support.
As part of the Third wave of Suicide Prevention funding we are already linked into the NCISH and the RCPSYCH, so it may also be worth approaching them.

Actions:

- Agree amendments to the project plan
- Make contact with Exeter University Mind Disorder unit
- Carry out a Literature Review
- Ask for support from the National Suicide Prevention Alliance
- Ask for support from NCISH, RCPSYCH and NHSE

Local Media Reporting:

This remains the same for 2020/201 but the event has been moved until later in the year, in the anticipation that an event of this size may be allowed to take place by then.

Actions:

- Review holding an event.

Engagement fund for People with Lived Experience

This money has now been added to the Safer Suicide Communities fund so that each Public Health Team can develop their own arrangements.

At the time of writing the bid it was anticipated that the Devon Suicide Prevention Alliance would be one of the organisations that would support the involvement of people with lived experience, to enable them to actively contribute to local suicide prevention activity. The future and role of the Alliance is to be discussed, but each Public health Team will need to explore how they may include People with Lived Experience in each aspect of the project plan.

Actions:

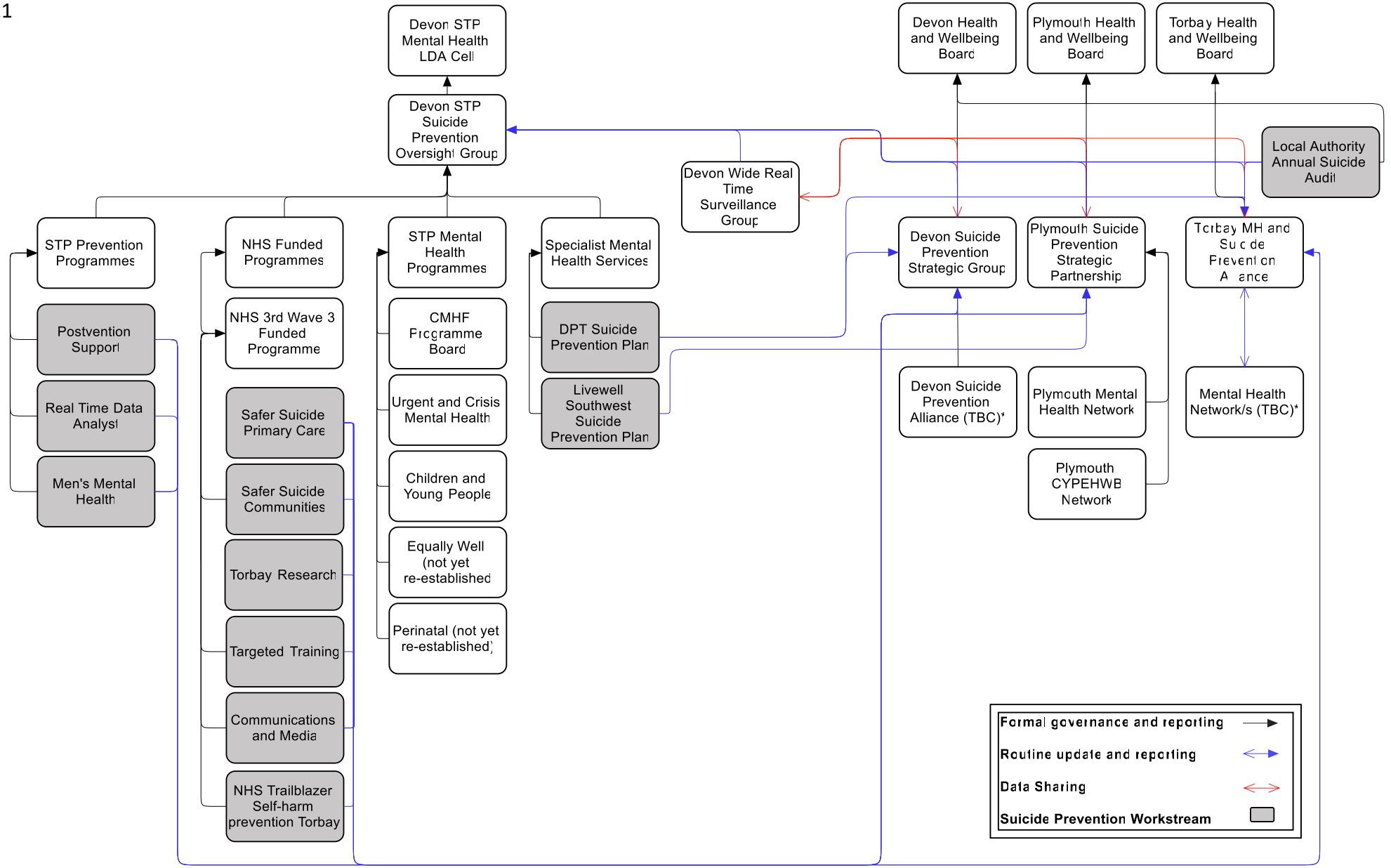
- Agree Above.

Figure Four: Revised Project Funding Allocation

Description	Q1 (£)	Q2 (£)	Q3 (£)	Q4 (£)	TOTAL
Safer Suicide Communities		35,000.00	35,000.00	40,000.00	110,000.00
Safer Suicide Primary Care		3,000.00	3,000.00	4,000.00	10,000.00
Targeted |Training offer		18,750.00	19,000.00	19,000.00	56,250.00
Understanding Torbay's Suicide Rate				10,000.00	10,000.00
Safer Suicide Communications and Media Reporting			4,500.00		4,500.00
People with Lived experience engagement fund					
Total Non Pay	-	56,750.00	61,500.00	73,000.00	191,250.00
Total 2020/21 cost	-	71,443.00	76,193.00	87,693.00	235,329.00

Suicide Prevention System Diagram

13/01/21



HEALTH AND WELLBEING BOARD – FORWARD PLAN

Date	Matter for Consideration
Thursday 21 January 2021 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting Strategic Economic Assessment & Development Strategy - presentation Mental Health Prevention Concordat Action Plan Update CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 8 April 2021 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC Devon Smokefree Alliance Strategic Approach to Housing Homelessness Reduction Act Report - 12 month update Children's Social Care Services OFSTED update Population Health Management & and Integrated Care Management (Presentation) JSNA / Strategy Refresh CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 15 July 2021 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC Gap in employment rate for those with mental health CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 28 October 2021 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC Adults Safeguarding annual report CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information

Thursday 13 January 2022 @ 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 7 April 2022 @ 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