You can view the agenda on the website
or use a smart phone camera and scan the code

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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 29 March 2021

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

HEALTH AND WELLBEING BOARD

Thursday, 8th April, 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 - 12)

Minutes of the meeting held on 21 January 2021, 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 13 - 18)

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity, which reviews progress against the overarching priorities identified in the Joint Health and Wellbeing Strategy for Devon 2020-2025.

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

BOARD BUSINESS - MATTERS FOR DECISION

6 Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements (Pages 19 - 22)

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 Strategic Approach to Housing (Pages 23 - 60)

Report of the Associate Director of Commissioning (Care and Health), attached.

8 CCG Updates (Pages 61 - 66)

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

9 Homelessness Reduction Act Update

An update from the Chief Environmental Health Officer, North Devon District Council, on the Homelessness Reduction Act.

OTHER MATTERS

10 References from Committees

NIL

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 67 - 68)

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 15 July 2021 @ 2.15 pm
Thursday 28 October 2021 @ 2.15 pm
Thursday 13 Janaury 2022 @ 2.15 pm
Thursday 7 April 2022 @ 2.15pm

Annual Conference

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.

MEETINGS INFORMATION AND NOTES FOR VISITORS

Getting to County Hall and Notes for Visitors

For SatNav purposes, the postcode for County Hall is EX2 4QD

Further information about how to get to County Hall gives information on visitor parking at County Hall and bus routes.

Exeter has an excellent network of dedicated cycle routes. For further information see the Travel Devon webpages.

The nearest mainline railway stations are Exeter Central (5 minutes from the High Street), St David's and St Thomas. All have regular bus services to the High Street.

Visitors to County Hall are asked to report to Main Reception on arrival. If visitors have any specific requirements, please contact reception on 01392 382504 beforehand.

Membership of a Committee

For full details of the Membership of a Committee, please visit the Committee page on the website and click on the name of the Committee you wish to see.

Committee Terms of Reference

For the terms of reference for any Committee, please visit the Committee page on the website and click on the name of the Committee. Under purpose of Committee, the terms of reference will be listed. Terms of reference for all Committees are also detailed within Section 3b of the Council's Constitution.

Access to Information

Any person wishing to inspect any minutes, reports or background papers relating to an item on the agenda should contact the Clerk of the Meeting. To find this, visit the Committee page on the website and find the Committee. Under contact information (at the bottom of the page) the Clerk's name and contact details will be present. All agenda, reports and minutes of any Committee are published on the Website

Public Participation

The Council operates a Public Participation Scheme where members of the public can interact with various Committee meetings in a number of ways. For full details of whether or how you can participate in a meeting, please look at the Public Participation Scheme or contact the Clerk for the meeting.

In relation to Highways and Traffic Orders Committees, any member of the District Council or a Town or Parish Councillor for the area covered by the HATOC who is not a member of the Committee, may attend and speak to any item on the Agenda with the consent of the Committee, having given 24 hours' notice.

Webcasting, Recording or Reporting of Meetings and Proceedings

The proceedings of any meeting may be recorded and / or broadcasted live, apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to our webcasting pages

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chair. Filming must be done as unobtrusively as possible without additional lighting; focusing only on those actively participating in the meeting and having regard to the wishes of others present who may not wish to be filmed. Anyone wishing to film proceedings is asked to advise the Chair or the Democratic Services Officer in attendance.

Members of the public may also use social media to report on proceedings.

Declarations of Interest for Members of the Council
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.

WiFI
An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall.

Fire
In the event of the fire alarm sounding, leave the building immediately by the nearest available exit following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings; do not use the lifts; and do not re-enter the building until told to do so. Assemble either on the cobbled car parking area adjacent to the administrative buildings or in the car park behind Bellair.

First Aid
Contact Main Reception (Extension 2504) for a trained first aider.

Mobile Phones
Please switch off all mobile phones before entering the Committee Room or Council Chamber

Alternative Formats
If anyone needs a copy of an Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Customer Service Centre on 0345 155 1015 or email: committee@devon.gov.uk or write to the Democratic and Scrutiny Secretariat in G31, County Hall, Exeter, EX2 4QD.

Induction Loop available

HEALTH AND WELLBEING BOARD

21 January 2021

Present:-

Devon County Council
Councillors A Leadbetter (Chair), R Croad, B Parsons and J Brazil
Steve Brown, Director of Public Health
Jennie Stephens, Chief Officer for Adult Care and Health
Suzanne Tracey, Chief Executive, RD&E
Dr Paul Johnson, Devon Clinical Commissioning Group
Jeremy Mann, Environmental Health Officers Group
Diana Crump, Joint Engagement Forum
Councillor Andrew MacGregor, Teignbridge District Council
Nick Pennell, Health Watch Devon

Apologies:-

Councillor James McInnes, Devon County Council
Phillip Mantay, Devon Partnership NHS Trust
Adel Jones, Torbay and South Devon NHS Foundation Trust

*** 187 Minutes**

RESOLVED that the minutes of the meeting held on 8 October 2020 be signed as a correct record.

*** 188 Items Requiring Urgent Attention**

There were no items requiring urgent attention.

*** 189 Coronavirus Update**

The Director of Public Health outlined there were still high rates of infections in many areas in the country, and whilst some had seen a levelling off, the South West was still rising, as well as Devon.

The key messaging of staying at home was crucial and not leaving home unless absolutely essential.

The presentation from the Public Health consultant presented the UK summary which now included those vaccinated with their 1st doses, the number being almost 4,973,248.

The national data showed that growth had slowed slightly but caution was still required with the data as rates had fluctuated since the Christmas break.

The number of deaths within 28 days and patients admitted to hospital (nationally) was still rising.

The Devon statistics showed 1456 cases in latest week equating to approximately 181.5 per 100k population (whilst below the England average, it was one of the highest rates seen).

Other data shown was the trend when compared to neighbouring Local Authorities which again showed a continued increase, but signs this was slowing.

The age profile was also shown, which highlighted the large increase in the aged 80 plus cohort, mainly attributable to outbreaks in care homes and the interactive map showed cases and data at neighbourhood level, demonstrating outbreaks and higher cases in areas such as Newton Abbot, Honiton and Cullompton.

The number of workplace cases had also been rising, as well as rises in primary age children. This could be due to pandemic fatigue, and it was therefore important to reiterate the key public health messages of Hands, Face and Space.

The data shown during the presentation was available at:

DCC Covid-19 Dashboard: Coronavirus dashboard and data in Devon - Coronavirus (COVID-19)
National Coronavirus Tracker: Daily summary | Coronavirus in the UK (data.gov.uk) National Coronavirus Interactive Map: Interactive Map | Coronavirus in the UK (data.gov.uk)

Members discussion points included:

- In terms of seeing a positive outcome of the vaccination on the statistics, the Director of Public Health advised that the vaccination programme was about reducing serious health issues experienced by the most vulnerable, and it was unlikely that we would see the positive effects of the vaccine just yet. Research was still being conducted into the effects of the vaccine, and whether those who had been vaccinated could still transmit the virus if they didn't maintain social distancing measures. It was anticipated a reduction should be seen in the next few weeks and months in the seriousness of health problems in the most vulnerable and a reduction in the number of deaths and hospital admissions.
- The vaccination programme was not about getting all the community vaccinated and reducing social distancing measures but focussed on reducing deaths and the number of seriously ill patients in order to reduce the impact on the NHS – therefore it targeted the most vulnerable.

- The rollout of community testing programmes had begun, which focussed specifically around asymptomatic testing and picking up those 1 in 3 people who had the virus but no symptoms. This testing would be targeted at key and critical workers who were unable to work from home. The first site was being launched at County Hall next week.

* **190** **Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring**

The Board considered a Report from the Director of Public Health, 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 full Health and Wellbeing Outcomes Report for January 2021, along with this paper, was available on the Devon Health and Wellbeing website: www.devonhealthandwellbeing.org.uk/jsna/health-andwellbeing-outcomesreport . The Report monitored the four Joint Health and Wellbeing Strategy 2020-25 priorities, and included breakdowns by local authority, district and trends over time. These priorities areas included:

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

The indicators below had all been updated since the last report to the Board;

- **Percentage with NVQ4+** (aged 16-64), 2019 – The percentage of people who had achieved qualifications at NVQ level 4 or above in Devon was 37.6% (down from 40.1% in 2018), statistically similar to the England average of 40%. Variation existed 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 had no NVQ qualifications in Devon was 4.2% (down from 5.1% in 2018), significantly better than the England average of 7.5%. Variation was 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 were in absolute low-income families was 12.2%, significantly better than the England average of 15.3%. Variation was minimal across Districts with all being significantly better than the England average bar Torridge (17.3%), who were significantly worse.

- **Gross Value Added, 2018** – The increase in the value of economy due to the product of goods and services in Devon was £21,061 (up from £20,843 in 2016), significantly lower than the England average of £29,356. Variation was 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 was 12 (up from 11.2 in 2016-18), significantly worse than the England average of 10.1. There was 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) were significantly worse than the England average.
- **Mortality Rate from Preventable Causes, 2017-19** – The mortality rate in Devon from preventable causes was 119.3 (down from 159.9 in 2017-19), significantly better than the England average of 142.2. There was minimal variation across Districts, with most being significantly better than the England average, except Exeter (150.5) and Mid Devon (130.9), who were statistically similar.

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

The Board, in discussion, highlighted the increased concerns over mental health and suicide rates related to lockdown measures and the associated economic downturn due to the pandemic. It was suggested that future outcomes reporting should be time orientated and based on real time data, so that services could be based upon this information. It was noted that the service was looking to bring the data around the impacts on mental health and economics due to COVID -19, onto the dashboard recovery.

RESOLVED that the performance report be noted and accepted.

* **191** **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. The BCF was the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. It 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.

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

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

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, which had been delayed from March due to the pandemic. The statement set 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 of the NHS Act 2006, with an appropriate governance structure which reported to the Health and Wellbeing Board.

- The contribution to social care from the CCG via the BCF was agreed and met or exceeded the minimum expectation

- Spend on CCG commissioned out of hospital services met or exceeded the minimum ringfence.

- CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

The Report highlighted that national reporting of Delayed Transfers of Care (DToC) was suspended from the 19 March 2020 and instead, providers were expected to provide daily data through the Strategic Data Collection Service (SDS). 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 addition, the Report highlighted that fewer older people were placed in residential/nursing care relative to population than comparator and national averages. However, there was an upward trend in permanent admissions to the end of March 2020. Also, the percentage of people still at home 91 days after hospital discharge into rehabilitation / reablement services had declined significantly to 72.9% at the end of Quarter 2 (September 2020), due to the pandemic. This was 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 had to be reduced; and
- some staff had been redeployed to other services supporting people to remain in their own homes such as rapid response.

In respect of the total number of specific acute non-elective spells per 100,000 population, these were emergency admissions and whilst some were essential, the aim was to reduce the number of avoidable emergency admissions by targeting the preventative support services to the most vulnerable - in order to avoid an unplanned or emergency admission.

RESOLVED that the Board note the national requirements and latest performance data.

*** 192 CCG Updates**

The Board received the Report of the Chair of the NHS Devon Clinical Commissioning Group which provided an update on CCG business, Devonwide 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:

- **Vaccination Programme** - Thousands of people in Devon were being vaccinated against COVID-19 every day as the biggest vaccination programme in the NHS's history gathered pace. The NHS had a clear vaccine delivery plan and would contact local people when it was their turn to get the vaccine.
- **How local people could play their part** - There were four actions that people in Devon could 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 needs as GPs were now managing extra pressures from the vaccine programme. Consider self-care for minor illnesses and injuries. Face-to-face appointments at your local practice could still happen if your GP felt this was appropriate.
  ii. Attend all appointments, whether for a vaccine, to see a GP or at hospital.
  iii. Don't make things harder for the NHS by calling hospitals or GP practices about getting the vaccine – the NHS will contact people at the appropriate time. Blocking phonelines with queries stopped other people getting healthcare and diverts staff time, meaning the vaccine rollout would be slower.
  iv. Follow Government rules – the vaccines were a significant development, but the country was not out of the woods. Remember, 'Stay at home, protect the NHS, save lives' and 'Hands Face
- **Vaccinations in care homes** - Care home residents and staff had been set as the highest priority group by the independent Joint Committee on Vaccination and Immunisation. Unlike the Pfizer vaccine, the Oxford vaccine did not need to be stored at ultra-low temperatures and was much easier to move, making it easier to use in care homes.
- **Hospital hubs** - Derriford Hospital in Plymouth, Torbay Hospital in Torquay, the Royal Devon and Exeter Hospital and North Devon

District Hospital in Barnstaple were all giving vaccinations to priority groups.

- **GP-led local vaccination centres** - GP practices were working together to set up local vaccination centres across Devon, with 16 now established, serving 104 practices, with more to follow soon.

- **CCG Accountable Officer and Chief Executive of Devon's Integrated Care System** - The CCG had been recruiting for the joint post of Accountable Officer for both the CCG and the Chief Executive of Devon's Integrated Care System. This was in line with national policy and mirrored the joint CCG and system arrangements put in place in some successful systems nearby. Jane Milligan had been appointed to the role, had worked for the NHS for 33 years and had extensive strategic commissioning and operational experience.
- **Integrated Care Systems** - 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. Devon CCG was in a good position for these changes having already 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; and
  - Providers collaborating and sharing resources.
- **Teignmouth and Dawlish consultation -** the CCG Governing Body approved a series of recommendations, which would 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.
  - **Outstanding engagement** - The CCG has been rated 'outstanding' for patient and community engagement for the second year running
  - **Think 111 First model introduced in Devon from Tuesday 1 December** - In line with the rest of the country the CCG had launched a campaign advising the public on how to make the right healthcare choices to ensure their safety, as well as making sure they got the right treatment in the most appropriate place – this was known as Think 111 First.

Members discussion points included:

- There were more patients in hospital than in the previous two peaks, with approximately 10% requiring intensive care treatment. The Nightingale hospital was now open and being provided with additional support from the armed forces to help staff the hospital.
- Devon was currently doing better than its neighbouring authorities and was looking at how NHS Services could support patients from outside of Devon.
- Vaccinations – all 4 hospitals in Devon were providing the Pfizer vaccine. There were 20 GP practices up and running. Care homes were also being vaccinated, and the County was on target to get all

care homes vaccinated by the end of this weekend, as per Government targets. Pharmacies would also start to support the vaccination rollout, especially in North Devon and Plymouth. One mass vaccination site had opened in Taunton, with two more sites within Devon expected to be announced in due course.

- Devon was following national guidance, and repeating the 2nd vaccine dose after 12 weeks. Should national or international research and guidance change, the County was in a position to be able to return to the 3 week gap between doses.
- In Devon, 98,234 vaccines had been given to date. This had been a Countywide effort, with support from leisure centres, pavilions, job centres all helping out to deliver the vaccines, and was a testament to the work of the people of Devon to make this possible.
- The RDE had struggled with levels of staffing during this latest peak; this had improved slightly post-Christmas. Whilst the hospital was doing better than forecast, compared to the first wave staff were not just responding to COVID but also the usual winter pressures, and other illnesses etc.
- The vaccination programme was being delivered primarily by the CCG, along with primary care teams and hospitals. They were also working alongside the LA to identify carers as part of second cohort.
- The vaccination programme had been positively received by residents within Devon.

RESOLVED that the Report be noted

*** 193 Mental Health Prevention Concordat Action Plan**

The Board considered an update report from the Director of Public Health 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 Board received updates on the following areas:

Suicide Prevention - a number of STP–wide Suicide Prevention initiatives were now in place or about to start including:

- NHSE 3rd Wave Transformation Monies – this funding would provide an additional £235,000 a year for 3 years to enable the Council to develop a system–wide suicide prevention programme, with a focus on community/ population initiatives;
- NHSE Transformation Funding for Suicide Bereavement and Postvention 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.
- NHSE Trailblazer Funding (Self Harm) - Supporting a 'Family Intervention Pilot' in Torbay, with the intention to share the learning across the Devon STP footprint;

- Men's Mental Health Project - working with The Lions Barbers Collective, to deliver training to barbers/ hairdressers, including via the Further Education Colleges

Devon Suicide Prevention Strategic Group - The Devon Suicide Prevention Action Plan was currently being updated and the Strategic Group had chosen to prioritise the following areas:

- Preventing Suicide in Public Places;
- Developing a Postvention Hub;
- Supporting Victims of Crime; and,
- Preventing Suicide in Children and Young People.

Better Mental Health For All

- Workplace Wellbeing: Devon County Council were setting up a 'Listening Ear' Project aimed at the business community, delivered by Devon Communities Together.
- The Communities Team were supporting another 'Listening Ear' Initiative being delivered by The City Community Trust and the District Council, which was being offered to people across Devon experiencing Loneliness and Social Isolation.
- Prevention Concordat Action Plan - Public Health England had relaunched the Prevention Concordat meaning that Devon could officially sign up. Work would commence on developing a Devon Action Plan with the ambition for it to provide the framework for DCC's Recovery work.

Members noted the need to ensure continued good practice regarding mental health and wellbeing of staff within all workplaces in Devon during the pandemic.

RESOLVED that the Report be noted.

*** 194 <u>Strategic Economic Assessment & Development Strategy</u>**

The Board received a presentation from the Head of Economy, Enterprise and Skills on the Economic assessment of Devon's economy and impacts from COVID-19 which covered the following areas:

- Pre- pandemic: Lower than national average productivity, near full levels of employment, lower than average wages.
- Annual economic decline in 2020/21 would be deeper than originally expected, up to approximately 13-14%.
- Picture for individual sectors remained mixed. Manufacturing and Construction seemed to be operating well, with purchasing indexes positive. Healthcare was performing strongly. Digital businesses rising to the challenge. Accommodation, Hospitality and parts of Retail sector were being badly affected. Business cashflow was an issue for many – half of hospitality, accommodation had been coping with less then 3 months cashflow.

- DCC Oxford Economics modelling pointed to a protracted recovery in much of Devon, especially in Mid and West Devon – only Exeter and Plymouth were performing better (Health, education, public sector, naval and digital business concentrations helping).
- Employment had a significant impact as a result of the pandemic.
- Impact of furlough - Several areas remained more vulnerable. Northern Devon and Torbay / Teignbridge were more exposed to issues than other places.
- April – the end of furlough may be a challenge for Devon should the third lockdown be extended through to later March. Remobilisation of visitor economy and other services was likely to take 2-3 months.
- Economic Vulnerability Index – this looked at the pre-COVID economic situation, including health deprivation.
- Emerging knowledge of the impacts on people: this looked at mental health, delayed education, career and relationship starts especially impacting on younger people, increased loneliness for some single people, increased foodbank usage, younger people's jobs impacted most March to July – the rate of claimant increase was now slowing; there had been an increase in over 50s losing their jobs.

The Board noted that Devon's GDA had only increased by 2% compared to between 2016 – 2018, compared to the national average of 8%. It was noted that Devon's GDA was below national average, and the pandemic had resulted in a 14% drop in output. Growth was expected to return in 2021, however further lockdown restrictions would impact on the economy.

*** 195 References from Committees**

Nil

*** 196 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.

*** 197 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 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	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 7 April 2022 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing

	Papers, Updates & Matters for Information
Annual Reporting	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.

* **198** **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.

* **199** **Dates of Future Meetings**

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

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

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

The Meeting started at 2.15 pm and finished at 4.16 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, April 2021

2.1 The full Health and Wellbeing Outcomes Report for **April 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**

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

- **Key Stage 4 Performance, 2019/20**

The percentage of pupils achieving grades 5 or above (in English and Mathematics GCSEs) in Devon is 48.7%. This is significantly lower compared to the England average of 49.9%. Across Devon, there is variation across the Districts. North Devon and Torridge are significantly lower than the England average (42.3% and 40.2% respectively).

- **Overall Rate of Crime, 2019/20**

In Devon, the rate of crime from incidents recorded by the police is 47.4 per 1,000 population, a rate which is significantly lower compared to the England average. Across Devon, there is variation in rates across the Districts. Exeter and North Devon rates are higher compared to the Devon average (73.9 and 55.1 respectively).

- **Emergency Hospital Admissions for Intentional Self-Harm**, **2019/20**

In Devon, the rate of emergency hospitalisations for self-harm is 230.1 per 100,000 population, a rate which is significantly higher compared to the England average. Across Devon, there is variation in rates across the Districts. North Devon and Torridge rates are significantly higher compared to the England average (326.8 and 253.8 respectively).

- **Self-Reported Wellbeing (low happiness score %), 2019/20**

The percentage of people who self-reported with a low happiness score in Devon is 5.7%. This is significantly lower compared to the England average of 8.7%. No district data is available.

- **Social Contentedness, 2019/20**

The percentage of service users who reported that ‘they had as much social contact as they would like’ in the Adult Social Care and Carers Survey in Devon is 45.8%. This is statistically similar compared to the England average. Across Devon, all Districts are statistically similar to the England average.

- **Alcohol-Specific Admissions in Under 18s, 2017-20**

In Devon, the rate of under 18s hospitalisations for alcohol specific causes is 51.4 per 100,000 population, a rate which is significantly higher compared to England average. Across Devon, there is some variation across the Districts. East Devon, North Devon, South Hams, Teignbridge and West Devon are significantly higher compared to the England average (45.1,62.5, 64.9, 61.9 and 50.0 respectively).

- **Cancer Diagnosed at Stage 1 or 2, 2018**

The percentage of cancers diagnosed at an early stage in Devon is 58.4%. This is significantly higher compared to the England average of 55.0%. Across Devon, there is some variation across the Districts. East Devon, Exeter, South Hams and Teignbridge are significantly higher compared to the England average (58.9%, 60.4%, 59.6% and 58.8% respectively).

- **Re-ablement Services (Effectiveness), 2019/20**

The percentage of persons 65 and over who were still at home 31 days after discharge into reablement/rehabilitation in Devon is 85.8%. This is significantly higher compared to the England average of 82.0%. Across Devon, there is some variation across the Districts. South Hams and West Devon are significantly higher compared to the England average (97.8% and 93.6% respectively).

- **Re-ablement Services (Coverage), 2019/20**

The percentage of persons 65 and over who were offered reablement services following discharge in Devon is 1.7%. This is significantly lower compared to the England average of 2.6%. No district data available.

- **Injuries Due to Falls, 2019/20**

In Devon, the rate of hospitalisations for fall-related injuries in persons 65 and over is 1697.8 per 100,000 population, a rate which is significantly lower compared to the England average. Across Devon, all rates by Districts are significantly lower compared to the England average.

Please note that many 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

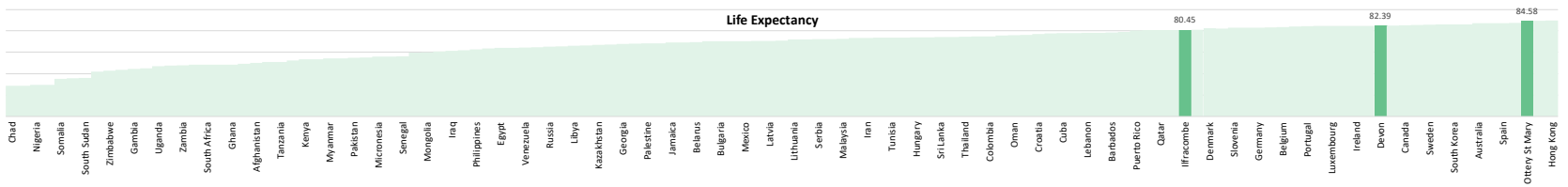
Electoral Divisions: All
Cabinet Member for Adult Social Care and Health Services: Councillor A Leadbetter and Cabinet Member for Community, Public Health, Transportation and Environmental Services: Councillor R Croad

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
Key Stage 4 Performance*^	2019/20	48.7%	49.8%	49.9%	-	58.1%	50.3%	49.8%	42.3%	57.3%	50.0%	40.2%	50.5%	-	%	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	2019/20	66.0%	69.8%	70.2%		65.9%	58.0%	64.0%	65.6%	62.1%	67.9%	58.7%	65.9%		%	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*	2019/20	47.4	67.5	88.3	-	39.4	73.9	42.1	55.1	35.8	43.9	40.0	35.7		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*	2019/20	230.1	264.2	192.6		225.2	273.8	193.7	326.8	161.0	195.7	253.8	206.3		DASR per 100,000	Lower is better
Self-Reported Wellbeing (low happiness score %)*	2019/20	5.7%	8.1%	8.7%		-	-	-	-	-	-	-	-	-	%	Lower is better
Social Contentedness*	2019/20	45.8%	46.4%	45.9%		46.6%	37.7%	42.0%	47.6%	43.3%	47.0%	39.1%	48.8%	-	%	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*	2017-20	51.4	45.4	30.7		45.1	37.2	39.6	62.5	64.9	61.9	40.2	50.0		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*	2018	58.4%	56.3%	55.0%		58.9%	60.4%	59.2%	57.9%	59.6%	58.8%	55.0%	55.7%		%	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)*	2019/20	85.8%	83.8%	82.0%		75.0%	79.4%	76.5%	81.3%	97.8%	88.0%	83.8%	93.6%		%	Higher is better
Re-ablement Services (Coverage)*	2019/20	1.7%	2.5%	2.6%		-	-	-	-	-	-	-	-	-	%	Higher is better
Injuries Due to Falls*	2019/20	1697.8	2067.2	2221.8		1528.3	1855.7	1663.2	1661.4	1603.2	1818.8	1801.1	1844.3		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

- trend
- Static trend
- trend
- `-` data

Health and Wellbeing

Devon County Council

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.
Key Stage 4 Performance	Percentage of pupils achieving grades 5 or above in English and Mathematics GCSEs	Percentage of pupils achieving grades 5 or above in English and Mathematics GCSEs
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	Emergency Hospital Admissions for Intentional Self-Harm, directly age standardised rate, all ages.	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 GP practice population in quinary age bands to age and sex specific dementia prevalence rates from the 2007 Dementia UK prevalence study. Rate divides the number on the GP 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
8 April 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.

~~~~~~

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 As previously reported to the Health and Wellbeing Board, whilst awaiting national 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.

2.2 Following receipt of the national guidance in December, DCC and the CCG are now in the process of formally signing the Section 75 agreement for 2020/21.

3. Performance in 2020/21

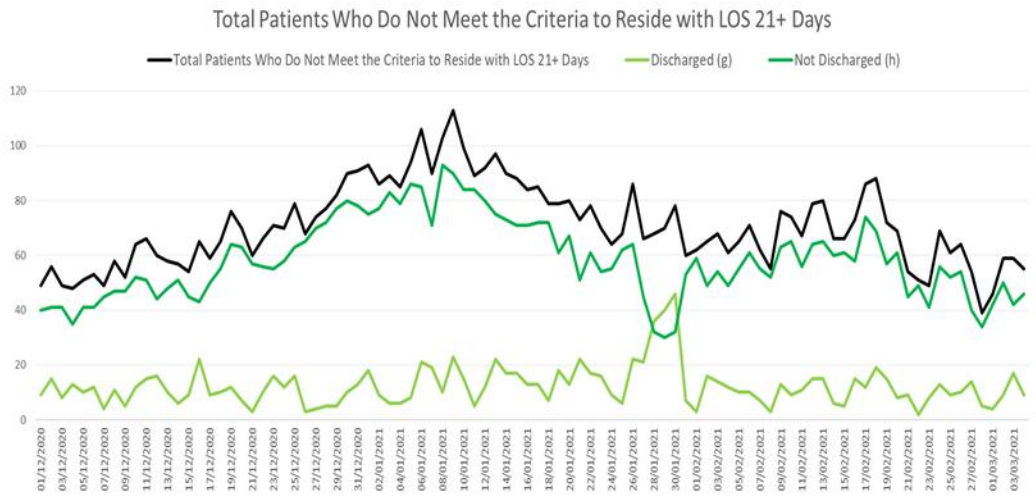
3.1 Delayed Transfers of Care (DToC)

National reporting of Delayed Transfers of Care (DToC) was suspended in March 2020 and is no longer required.

Instead, providers are expected to provide daily data through the Strategic Data Collection Service (SDS). These arrangements identify the number of people leaving hospital and their discharge destination, and the reasons why people remain in hospital.

Hospital discharge 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.



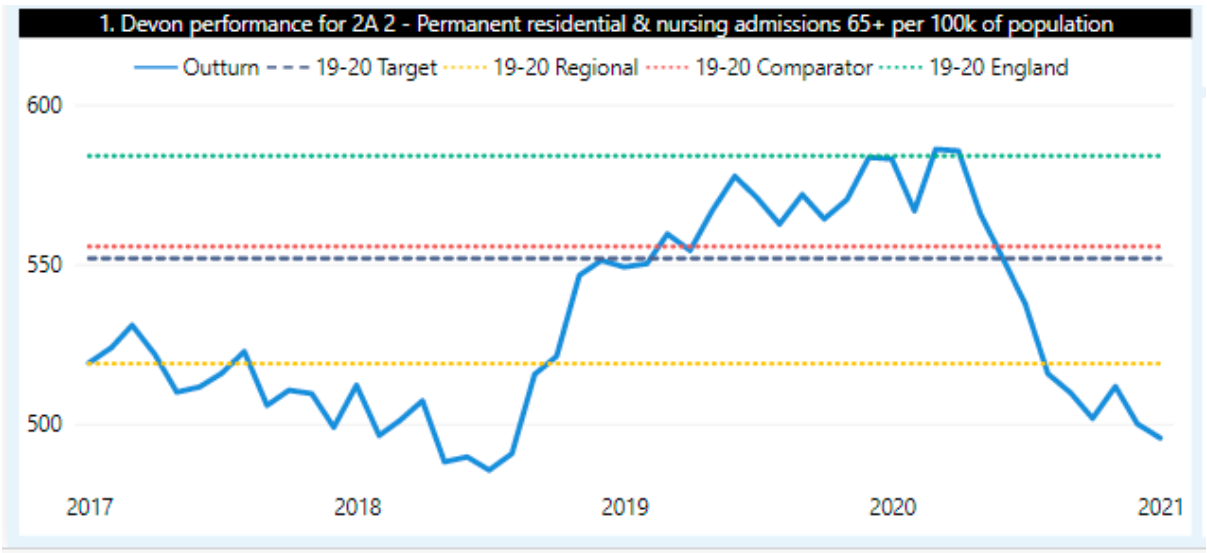
Pressure on the system from covid-19 hospitalisations is easing as the level of community infection continues to fall and hospital admissions are reducing significantly.

There is still pressure evident as a result of patients remaining in hospital although they no longer meet the criteria to reside, although there is a reducing trend in those greater than 21 days.

Delays relate to market capacity issues (residential/nursing/personal care), lack of short term reablement support and/or personal choice (users and carers).

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.



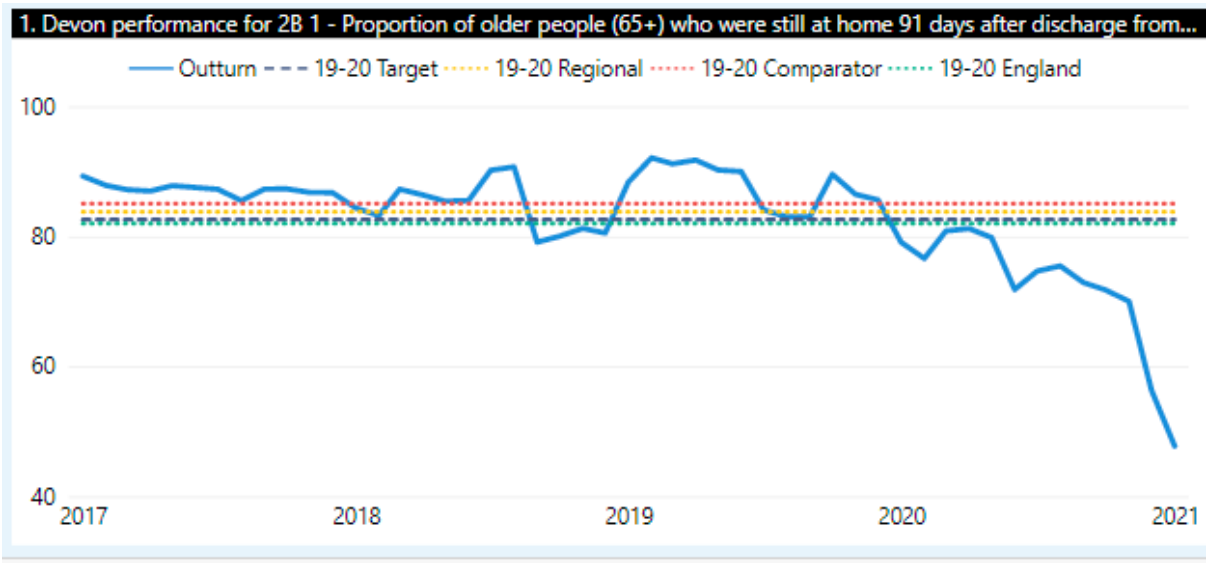
From April, we saw increased pressure within the system as a result of Discharge to Assess pathways out of hospital, which increased numbers of placements, particularly short-term admissions.

However, the number of permanent admissions has continued to reduce which we think is likely due to personal choice and available capacity due to outbreaks closing care homes to admissions. As at the end of January 2021, the rate per 100,000 population (65 and over) was 495.6 compared to 583.4 at the end of January 2020.

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 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 47.8% at the end of January 2021. This is as a result of:

- changes to the recording of hospital discharges: Discharge to Assess guidance means people are funded by health for longer and cannot be recorded in the indicator,
- a reduction in the take up of the service offer, for example with people self-isolating
- some staff self-isolating meaning the service has had to be reduced; and
- some staff have been redeployed to other services 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 3 has seen volumes returning to similar levels to last year:

The non-elective admissions CCG Plan for Q3 2020/21 was 36,873 - actual admissions were 33,390. That is 3,483 fewer than Q3 plan and 1,851 fewer than Q3 in 2019/20.

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 Commissioning- Eastern Locality, NHS Devon CCG
Tel No: 01392 675344
Room: 2nd Floor, The Annexe, County Hall

BACKGROUND PAPER	DATE	FILE REFERENCE
Nil		

ACH/21/134
Health and Wellbeing Board
8th April 2021

HOUSING AND ACCOMMODATION STRATEGY FOR ALL ADULTS

Report of the Associate Director of Commissioning (Care and Health)

1. Purpose

1.1 On March 11th 2020, DCC Cabinet formally adopted the Housing and Accommodation Strategy, Healthy Lives, Vibrant Communities, Housing Choices 2020 to 2025. The purpose of this report is for the Health and Wellbeing Board to discuss the strategy and consider next steps for taking it forward.

1.2 The strategy is enclosed at Appendix A, along with an Easy Read version at Appendix B.

2. Background

2.1 We are committed to promoting the independence of all adults across Devon. A key part of delivering this work is increasing the range of housing and accommodation for people who receive or may receive health and care support over the course of their lives to sustain and/or maximise their capacity for independent living.

2.2 The joint health and care strategy was jointly developed by Devon County Council and Devon's Clinical Commissioning Group, in consultation with a range of partners, including the District Councils, people and their families/carers.

2.3 It sets out how we will work in partnership to increase the range of housing and accommodation so that more people can live in their own homes and make informed and planned choices about where they live throughout their lives.

2.4 The strategy is for all adults, including adults of working age with mental health needs and/or disabilities, young people with health and care needs who are approaching adulthood, and older people with increasing frailties. It is for the Devon County Council footprint only and does not cover the wider STP (specifically Torbay and Plymouth) given the differing housing responsibilities in these areas.

2.5 The strategy includes all the types of homes that people might live in, temporarily or permanently during their lives; with mainstream housing at one end of a spectrum of intensity of support, housing with some levels of care and support in the middle and residential/nursing care at the highest end.

2.6 Work to deliver this strategy has been paused over the last 12 months and resource redirected to support the Covid19 pandemic. Work is currently underway to set out detailed action plans for the work at locality level to achieve our strategic intent, building on what we have learnt during the pandemic.

3. Overview of the strategy

3.1 A home is a critical foundation in all our lives, physically and psychologically, and is our primary location of care and support. Good quality housing and accommodation in the right place contributes to health and wellbeing and cohesive communities. It opens up opportunities for people to live the independent life that is right for them.

3.2 Across Devon, accessible housing and accommodation options that support people with a range of needs to live in the community are limited. People tell us that they want more options to be available in communities to help them to live with and/or be

supported by their family and friends in their own homes. They want information to help them and their families/carers to plan for the future.

3.3 This strategy sets out our vision for giving people a true choice in where they live; so that more people live in their own homes and make informed and planned choices about where they live throughout their lives. People's views have informed the strategy and we will continue to listen to residents and actively involve them in planning, shaping and reviewing support.

3.4 People's care and support needs change over time and so might the housing and accommodation that they choose to support them to live as independently as possible. We will increase the range of good quality homes across Devon and make it easier for people to move between different housing options to develop their independence. We will shift away from traditional residential care models.

3.5 Our housing pathway will inform local plans, offer real choice for people and ensure that moves are planned and appropriate. No person will move straight from their home on a long-term basis at a point of crisis or when discharged from hospital. We will promote the use of Technology Enabled Care and Support (TECS) and encourage appropriate infrastructure to promote self-care.

3.6 To achieve the ambitions within the strategy we will need to develop effective partnerships with District Councils, the wider health and care system, voluntary, community and independent sector, housing and care providers and people in local communities. The strategy aligns with national and local approaches within the Devon health and care system and will inform planning in District Councils.

3.7 The strategy sets out priority areas of focus to increase the range of housing and accommodation within the community. The priority areas are set out in the table below and described in more detail within the strategy, supported by an action plan.

1	Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.
2	Increase the supply of accessible homes through new developments or adaptations to existing homes.
3	Develop the housing market so that housing with support settings are more flexible, support a wider range of needs and a fair price of care.
4	Develop residential and nursing homes for people with only the most complex health and care needs and frailties.
5	Support recruitment and retention of the workforce through access to housing.

3.8 The strategy also sets out how we will measure the impact of our approach. It will be regularly reviewed and informed by future developments.

4. Work in partnership with District Councils to understand impact of pandemic and inform plans

4.1 To achieve the ambitions within this strategy we will work in partnership with District Councils to inform local planning decisions. Throughout the development of the strategy we had (and continue to have) positive discussions with housing and planning leads in each of the District Councils. They are supportive of the strategic ambitions and we are working together to develop and deliver practical actions in each area. This includes sharing information and data to inform District housing strategies and plans.

4.2 Our joint plans will also take account of the local impacts of and learning from the pandemic. We are listening to what people tell us is important to them going forward. This includes the impact of lockdown, shielding and reduced social contact on people, particularly in terms of increasing demand for support and escalation of need. We are working with District Councils, providers and the voluntary and community sector to harness the community capacity so evident during the pandemic and the innovative ways people were supported. This includes developing more housing and accommodation that enables people to be part of the community.

5. Next steps

5.1 We are currently refreshing our joint workplans to take account of the impact of Covid19 on the way people want to be supported going forward and on providers of care and support. Whilst the strategic direction of travel remains the same, we are working with partners to prioritise the key areas of focus over the next 12 months to realistically achieve change. This is being informed by discussions with each of the Districts to agree the practical actions for each area.

5.2 Alongside this, a STP Housing Officer has been appointed to work across Devon, Plymouth and Torbay to develop housing solutions for people with complex needs. The work will build on the recent work of the Transforming Care Partnership to develop community-based providers of care and support for people with complex needs. The workplan for this post is being defined and will support delivery of this strategy.

5.3 Governance arrangements are also being refreshed to ensure that there is sufficient oversight of delivery of the whole housing and accommodation pathway and pipeline. It is important that the work taking place in each sector is supporting delivery of the wider strategic aims of this strategy for people.

6. Consultations/Representations/Technical Data

People's views have informed this strategy and we will continue to listen to residents and actively involve them in planning, shaping and reviewing support. The strategic approach has been informed by and shared with a range of partners, including the District Councils, health partners, people and their families/carers.

7. Financial Considerations

The proposals within this strategy will support delivery of the adult care and health budget in 2021/22 and beyond.

8. Sustainability Considerations

We want people to lead meaningful lives within their communities. There are clear social and economic benefits in supporting all adults to live as independently as possible.

9. Carbon Impact Considerations

The impact on carbon emissions will be neutral.

10. Equality Considerations

It is intended that this approach will promote the equality of opportunity for people in Devon. We want people with health and care needs to have the same opportunities as everyone else and to lead meaningful lives in their communities. An equalities impact assessment of the joint strategy has been published.

11. Legal Considerations

There are no specific legal considerations in our approach.

12. Risk Management Considerations

No risks have been identified.

13. Public Health Impact

Public Health are taking forward actions developed across the wider Council to support people to live as independently as possible within their communities and to reduce health inequalities. This strategy aligns with *Healthy and Happy Communities*, Devon's Joint Health and Wellbeing Strategy 2020 to 2025.

Tim Golby
Associate Director of Commissioning (Care and Health)

Electoral Divisions: All
Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter
Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS
Contact for Enquiries: Rebecca Hudson, Senior Commissioning Manager for Adults
Tel No: 01392 383000 Room: 2nd floor, The Annexe, County Hall

Background Paper	*Date*	*File Reference*
Nil		

HEALTHY LIVES, VIBRANT COMMUNITIES, HOUSING CHOICES

A JOINT STRATEGIC APPROACH TO SUPPORTING PEOPLE TO LIVE INDEPENDENTLY IN DEVON

2020 to 2025

Devon County Council

NHS Devon Clinical Commissioning Group

Executive Summary

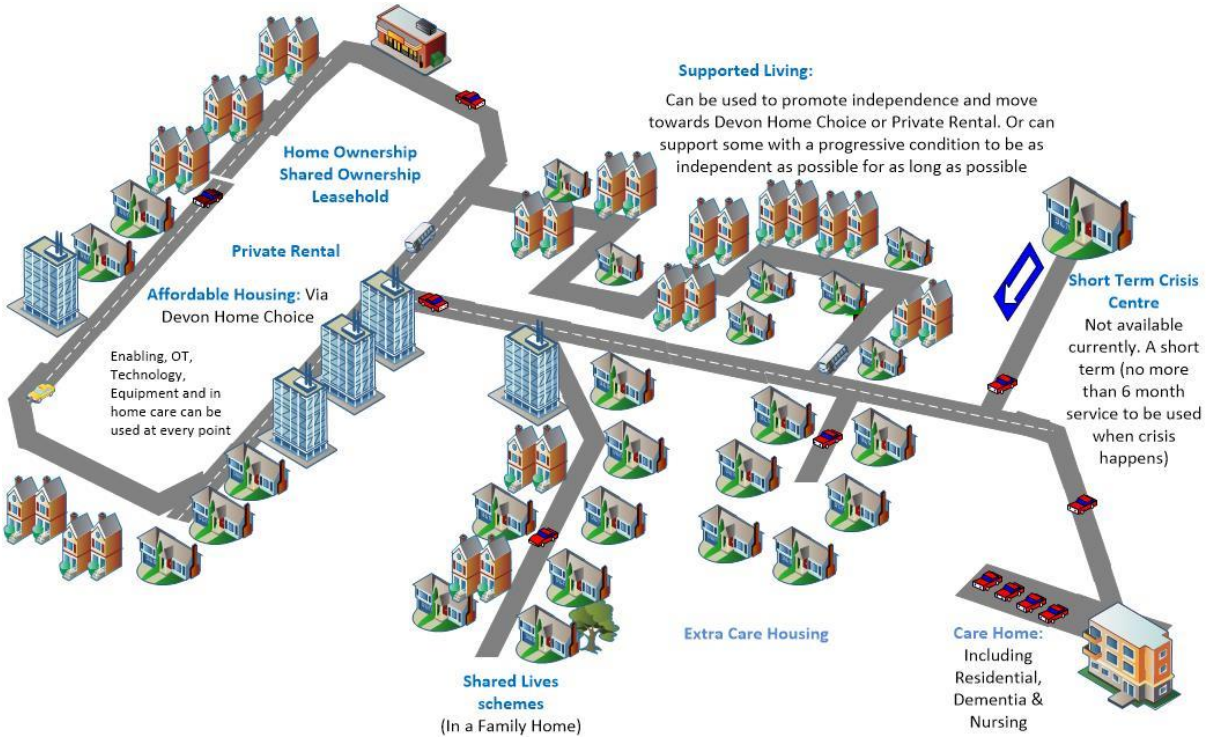
This strategy describes our vision for giving people a true choice in where they live.

It sets out how we will work in partnership to increase the range of housing and accommodation **for all adults, including older people and young people approaching adulthood who receive or may receive health and care support during their lives** to sustain and/or maximise their capacity for independent living.

It has been developed by Devon County Council and Devon's Clinical Commissioning Group, in consultation with a range of partners. It is for the Devon County Council area.

The strategy includes all the types of homes that people might live in, temporarily or permanently during their lives; with mainstream housing at one end of a spectrum of intensity of support, housing with some levels of care and support in the middle and residential and nursing care at the highest end.

Devon's Housing Pathway



Contents

Introduction

A home is a critical foundation in all our lives, physically and psychologically, and is our primary location of care and support. Good quality housing and accommodation in the right place contributes to good health and wellbeing and cohesive communities. It opens up opportunities for people to live the independent life that is right for them.

Across Devon, accessible and quality housing options that support people with a range of needs to live in the community are limited. This includes adults of working age with mental health needs and/or disabilities[i], young people with health and care needs who are approaching adulthood, and older people with increasing frailties.

People tell us that they want more options in communities to help them to live with and/or be supported by their family and friends in their own homes. They want information to help them and their families/carers to plan for the future. People's views have informed this strategy[ii] and we will continue to listen to and actively involve people in planning, shaping and reviewing support.

This strategy sets out our vision for giving people a true choice in where they live. It sets out how we will work in partnership to increase the range of housing and accommodation for people who receive or may receive adult health and care support during their lives to sustain and/or maximise their capacity for independent living.

To achieve the ambitions within this strategy, we will continue to develop effective partnerships with District Councils, the wider health and care system, the voluntary, community and independent sector, housing and care providers and people. The strategy aligns with national and local approaches across Devon and will fulfil the priorities in our Transforming Care Partnership Housing Plan[iii]. This strategy will inform planning in localities. It will be regularly reviewed and informed by future developments.

In this strategy, housing and accommodation means all types of homes that people who receive or may receive adult health and care support during their lives might live in, temporarily or permanently. It includes mainstream housing at one end of a spectrum of intensity of support, housing with variable levels of care and support in the middle and residential/nursing care at the highest end[iv].

Our vision

Our vision is for more people to live in their own homes in Devon and make informed and planned choices about where they live throughout their lives.

We want local people to drive the delivery of care, and health and wellbeing in communities across Devon so that people feel safe, healthy, connected and able to help themselves and each other.

Our vision is ***for more people to live in their own homes in Devon and make informed and planned choices about where they live throughout their lives.***

People's care and support needs change over time and so might the housing and accommodation that they choose to support them to live as independently as possible. We will increase the range of good quality homes across Devon and make it easier for people to remain in their current home or to move between different housing options to develop their independence. We will shift away from traditional residential care models.

Our housing pathway will inform local plans, offer real choice for people and ensure that moves are planned and appropriate. No person will move straight from their home on a long-term basis at a point of crisis or when discharged from hospital. We will promote the use of Technology Enabled Care and Support (TECS) and encourage appropriate infrastructure to promote self-care.

Wider health, care and housing context

This strategy sits within the overarching context of the Sustainability and Transformation Partnership (STP) for Devon. This includes the Care Act 2014, Devon County Council's Promoting Independence Policy[v], Devon's Sustainability and Transformation Partnership[vi], Transforming Care Partnership [vii], Joint Commissioning strategies, Market Position Statements, and *Better for You, Better for Devon* long term plan (currently in development).

The strategy aligns with District Council housing strategies and plans. It supports *Healthy and Happy Communities*, Devon's Joint Health and Wellbeing Strategy 2020-2025, and the 'healthy, safe, strong and sustainable communities' priority on creating conditions for good health and wellbeing where we live, work and learn. The outcomes in this priority are to improve housing conditions, reduce homelessness and increase supply of appropriate housing; and create conditions for good health, physical activity and social interaction.

The Devon STP is working towards an Integrated Care System; to achieve equal chances for people living in Devon, Plymouth and Torbay to lead long healthy lives and to harness the value of partners tackling problems together. It will focus on creating the right social, economic, commercial and environmental conditions for health; access to homes that are safe, warm and stable, quality work and workplaces and reduce social isolation by establishing thriving communities for all.

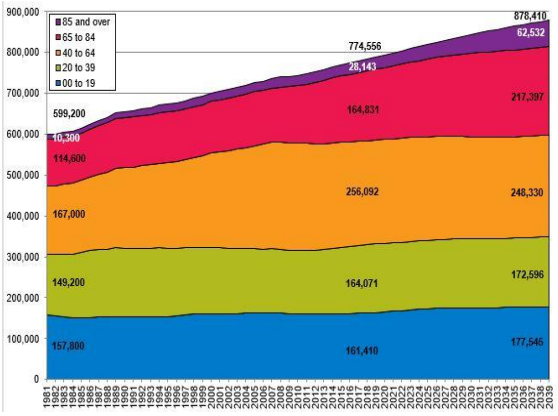
The housing and accommodation strategy supports wider work to address health inequalities of people in Devon and sets out a more proactive approach to local partnership working to develop sustainable services for the future. There is much work already being delivered through local partnerships (for example through the Devon Safeguarding Adults Partnership) and real value in health, care and housing organisations working closely together locally.

Where we are now

Housing is complex and there is no single organisation in control of housing or planning across Devon. Devon is a two-tier authority, with District Councils having responsibility for housing. Whilst housing policy is determined by central and local government, most housing and accommodation is delivered by the private sector operating in a market that is sensitive to macro-economic forces and changes in resources. This strategy needs to be sensitive to the fact that there is a market in provision and support people to make informed choices at the right time for them.

A rapidly expanding population and complexity of need

People are living longer in Devon with more complex needs[viii]. This includes young people moving into adulthood, people with disabilities living longer than their parents/carers and people over the age of 90 with increasing frailties. The table below shows the projected population in Devon to 2039 for all age groups.



In Devon, we have a rapidly expanding older population and a range of housing and accommodation that is at or near capacity. There are currently 200,271 people in the County who are over age 65. 3.4% of these live in care homes, increasing to 15.2% for over 85s.

According to the latest Census (2011), 38,626 people living in the county aged 18 to 64 have a disability. 78.6% of people with a learning disability live in their own home or with their family in Devon (compared to 77.4% England average) and 13.7% of people aged 18-64 in receipt of long term services with a disability were living in a care homes[ix].

There are approximately 84,292 people aged 18-64 living in Devon who have a common mental health disorder[x]. 61% of people who are in contact with mental health services on a Care Programme Approach live at home in Devon, compared to 58% England average[xi]. 11.7% of people receiving adult social care services live in care homes.

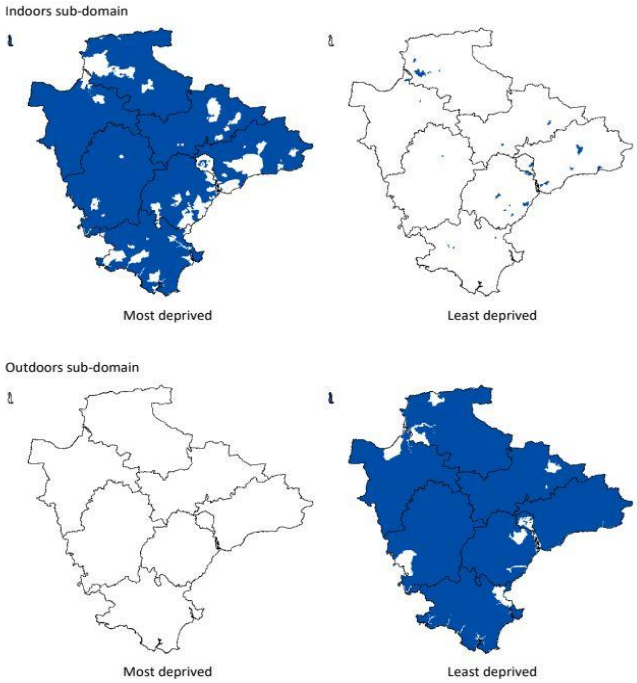
There are also increasing numbers of young people with disabilities and mental health needs who need to be supported as adults to live as independently as possible throughout

their lives. Young people and their families/carers regularly tell us that their experience of transition from children to adult services could be improved.

Shortage of a range of housing and accommodation in the community

Across Devon, accessible housing and accommodation options that support people to live in the community are limited. Unsuitable and poor-quality housing can lead to an increase in people's needs and reliance on statutory services[xii]. Without better housing in the communities in which people belong, the choice can lie between getting by in an unsuitable home or uprooting to an institutional home, often removed from familiar surroundings.

Barriers to housing and the indoor environment are a challenge for certain parts of Devon based on the Indices of Deprivation[xiii]. The *Living Environment* is split into two sub-domains; indoors-quality of housing, and outdoors-measures of air quality and road traffic accidents. The maps show significantly higher levels of deprivation within the indoor sub-domain (quality of housing) and low levels of deprivation relating to the outdoor sub-domain (air quality and road traffic accidents).



1 in 8 Devon households are considered to experience fuel poverty and there are a number of small rural communities across Devon[xiv]. More homes need to be built or adapted with the specific needs of people with disabilities, complex needs, people who engage in substance misuse, or older people with increasing frailty in mind[xv].

There is limited flexibility within Supported Living, Extra Care Housing and Shared Lives schemes to meet people's changing needs as they progress towards independence or as their independence reduces. Most Supported Living settings in Devon are multi-occupancy buildings with 24-hour care. Their location often reduces choice for people to remain close to their families and/or local connections, and if people do not want to share accommodation, there are limited community-based options.

Moves to residential and/or nursing care are usually triggered by a crisis, and even where they are planned, they are constrained by location, availability and tenure. People may be accommodated in care homes when they have the potential to live in less dependent settings. There are also not enough nursing homes to support older people with dementia.

Limited leverage in the market to develop supply and ensure fair price of care

Current provision is comprised of a mix of spot purchase and block contract arrangements with inconsistencies in contract terms and service provision being offered. There are limited ways to contract with new providers to the market and historic arrangements with no common monitoring or performance oversight. It is difficult to track spend and forecast need, and there is limited leverage in the housing market to ensure a fair price of care.

Housing and accommodation pathway not understood or used

Operational teams and housing providers tell us that the housing and accommodation pathway is not clear and is therefore not used. Alongside this, the housing and accommodation offer in Devon is often focused on age rather than need, which limits choice. Extra Care Housing is almost exclusively used for older people, with Supported Living and Shared Lives schemes aimed at working age adults.

People do not plan for independent living

Many people, including people with disabilities or long-term ill-health and their family/carers, make no plans for their future housing and accommodation needs[xvi]. This can mean that people are admitted into care homes at a point of crisis when an earlier opportunity for more independent living might have been possible[xvii].

Lack of collaboration at a local level to inform new developments

New homes and adaptations to existing homes offer opportunities to encourage healthier lifestyles, greater independence and access to community facilities. However, collaborative action is limited by gaps in understanding across health, care and housing organisations, meaning opportunities are missed. Local planners and providers tell us that they want to understand the types of housing and accommodation required to inform provision. We need to improve local collaboration, including through the Market Position Statement.

Working together to address homelessness

Homelessness is a significant issue in Devon, with average earnings below the national average and house prices over the national average. Nationally, Exeter has the 9th highest volume of rough sleepers and North Devon is in the top 50 areas with the highest rough sleeping[xviii]. Bringing together local resources has supported homeless people to recover their independence. We need to build on this and ensure that commissioning arrangements are informed by a local understanding of why people are homeless.

Difficult to recruit health and care workers

Across Devon, it is difficult to recruit health and care workers to support people in housing and accommodation settings. The adult social care workforce is growing and has increased by 6% in the South West region since 2012. If the workforce grows proportionally to the projected number of people aged 65 and over, by 2035, in Devon it is estimated that approximately 30,000 care workers will be needed. This is more than double the current number of care workers in Devon which is approximately 13,500.

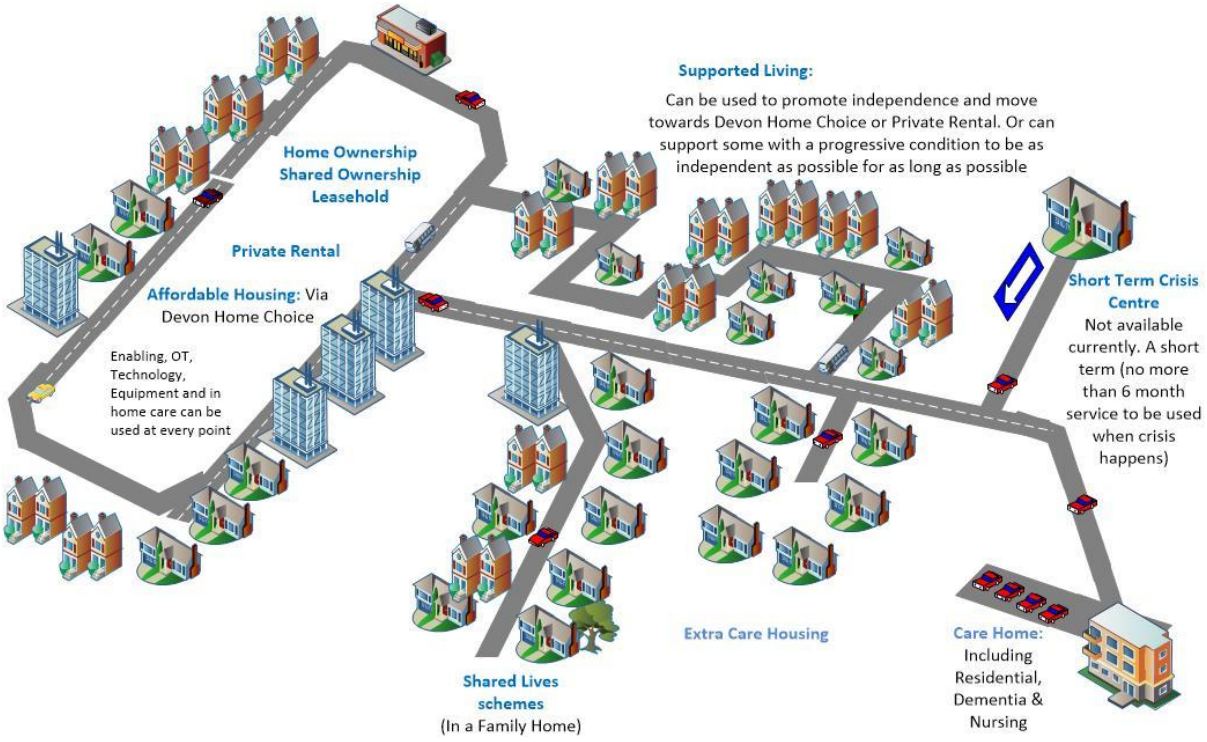
What we will do to achieve our vision

We will develop a clear housing pathway for people, communities, housing planners, providers and the wider health and care system. It will inform local plans, offer real choice and ensure that moves are planned, appropriate and support people to live as independently as possible.

Our approach will be multi-faceted and flexible as people's needs and contexts change over the course of their lives. It will be based on how needs and goals can best be supported, rather than by age. It will also adhere to the principles of '*Building the right support for people with a learning disability and/or autism who display behaviours that challenge'*.

Working in partnership, we will work to ensure that people have timely access to information about their housing and accommodation needs. This includes current housing advice and support and reviews of a person's care or support needs, including young people transitioning to adulthood.

The housing and accommodation pathway, set out below, shows the range of housing options for people. It is described in more detail throughout this strategy.



To achieve our strategic intent and develop the housing and accommodation pathway, priority areas of focus are set out in the table below and described in more detail within this section of the strategy. They are supported by a detailed action plan.

Priority 1

- Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.

Priority 2

- Increase the supply of accessible homes through new developments or adaptations to existing homes.

Priority 3

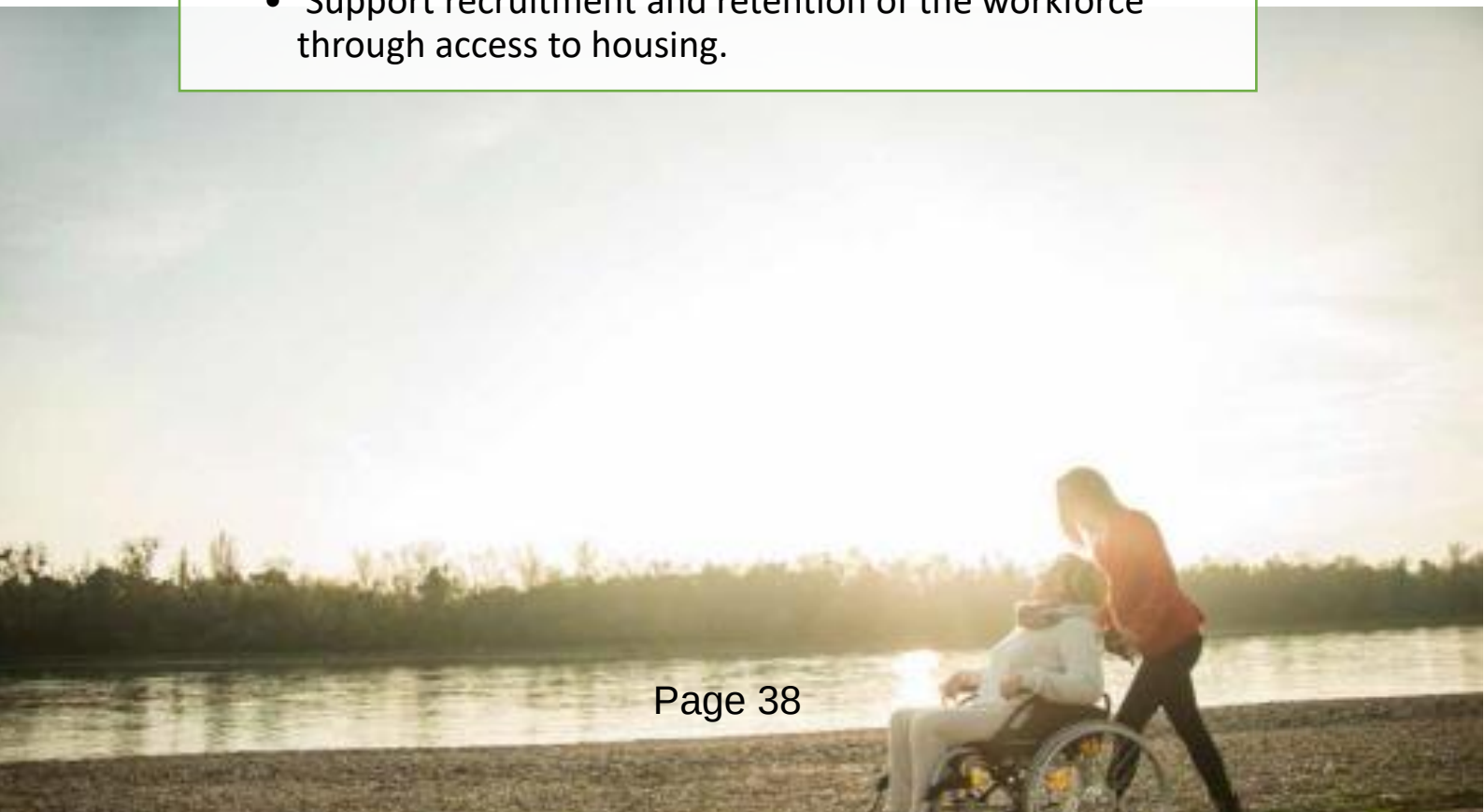
- Develop the housing market so that housing with support settings are more flexible, support a wider range of needs and a fair price of care.

Priority 4

- Develop residential and nursing homes for people with only the most complex health and care needs and frailties.

Priority 5

- Support recruitment and retention of the workforce through access to housing.



Priority One: Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.

We will support communities and providers to have a shared knowledge of local housing and accommodation supply and demand, alongside other opportunities to support people to live independently. We will work together at a local level towards shared goals to develop the range of independent living and improve outcomes for people, such as social isolation and confidence to self-manage health needs.

To get there we will:

Improve local information and data sharing across health, care and housing to understand how people are currently living in localities and the types of homes they want to live in, to shape future provision to help people achieve what matters to them. This includes supporting District Councils as they refresh their housing strategies.
Be clear with housing planners and providers about the types of homes we need and where, including through the Market Position Statement.
Improve information for people and their families/carers about how (with or without social care support) they can access housing and accommodation, information on understanding tenancies and negotiating splits of utility bills, etc.
Create three designated housing leads whose role is to coordinate and share knowledge on housing, health and care across Devon.

Priority Two: Increase the supply of accessible homes through new developments or adaptations to existing homes.

We will increase the supply of general housing (new and existing stock) through improved health, care and housing collaboration at a local level, with District Councils, to share information, develop plans and deliver actions. New housing and community developments are ideal opportunities to create inclusive neighbourhoods that are accessible for all people.

To get there we will:

Through active involvement in the preparation of local housing plans we will: • ensure that local assessments of housing need include the needs of people who require health and care support; • shape planning requirements for new developments and housing policies to provide more homes that meet accessibility standards; • support Local Planning Authorities to ensure the built environment meets health and care needs and enables access to community facilities; • encourage all new builds to be fitted with appropriate infrastructure to enable TECS to be easily incorporated within the home; • describe our requirements as part of negotiated agreements (section 106 agreements) between planners/developers to stimulate development of housing; and • ensure planning applications for new developments are consistent with our strategic intentions and understood levels of need.
Align work in communities with Primary Care Networks so people have access to a far broader range of alternatives to statutory interventions where appropriate.
Promote the use of adaptations and technology enabled care and support (TECS) and home improvements.
Make existing homes more adaptable, including through the Disabled Facilities Grant, sheltered, private, and rented accommodation, floating support arrangements and keyring schemes.
Identify people whose health and or independence is at risk due to poor housing to target multi-agency support, including where appropriate, supporting a move to more suitable accommodation.
Support multi-agency arrangements that address homelessness prevention and offer support with the additional challenges faced.

Priority Three: Develop the housing market so that housing with support settings are more flexible, support a wider range of needs and a fair price of care.

Develop Supported Living, Extra Care Housing and Shared Lives schemes, as part of the housing pathway, to be more flexible in the range of needs that they can support, support achievement of outcomes and be part of the community. Our approach will be informed by learning from supporting people in the Transforming Care Partnership cohort from hospital settings to greater independence within local communities.

To get there we will:

Develop and implement a new 'housing with support' contracting framework to support people with a range of needs, achieve personalised outcomes (including use of TECS), ensure quality and be located in the right place.
Create leverage in the market to ensure a fair price of care through a fairer pricing policy. Where we are unable to resolve pricing discussions, we will develop options to change the provider and consider direct care provision in this sector for people with complex needs.
Develop options for where people want to share support that are not based within a house/building. For example, hub and spoke and 'on call' support.
Progress a more flexible Shared Lives schemes offer to support people with high levels of needs as short-term respite and alternative to residential care, or to develop independent living skills.
Work earlier with young people to understand needs and jointly commission housing that is part of the community to support their progression and prevent transition to residential care.
Develop enhanced provider engagement and contract management infrastructure in localities to support our strategic approach.
Develop short-term provision for people to avoid residential care placements at a time of crisis.
Work across the STP to develop good quality housing and accommodation to support people with complex needs in communities (including through the Transforming Care Partnership and in accordance with NICE guidelines).
Stimulate the development of and commission effective models of Supported Living, including Extra Care Housing, in areas where people want to live.

Priority Four: Develop residential and nursing homes for people with only the most complex health and care needs and frailties.

Whilst our aim is for people to live in their own homes, there will always be a need for some residential and nursing care for people with complex and/or intensive health and care needs[xix]. We will encourage the development of residential and nursing homes in Devon that deliver high quality care for these people.

To get there we will:

Ensure residential and nursing homes deliver quality person-centred care to meet the needs of people with behaviours that challenge, with advanced dementia and those that are at the end of life.
Work more closely with care homes to prevent admission to hospital and work with the acute hospitals to find appropriate settings for people on discharge from hospital.
Increase cost transparency and improve quality of care homes through our contracting vehicles.
Ensure high quality and safe care through robust contract management.
Support care homes, where appropriate, to develop a more community-based offer.
Work with people currently living in care homes who have the potential to live more independently, to consider alternative housing and accommodation that is based in the community and will better support them to achieve their goals.

Priority Five: Support recruitment and retention of the workforce through access to housing.

We will continue work with housing planners and providers to support potential health and care workers to be able to live and work in Devon, to improve recruitment and retention of this valuable workforce.

To get there we will:

Explore with District Councils, through their housing and planning approaches, the options to widen access to affordable housing for health and social care workers where there is a relevant need.
Work with partners to promote and target local and national schemes.
Explore approaches in other Local Authorities and Health Care Trusts to understand good practice and initiatives.

How we will know if we have been successful

This strategy will be reviewed every year to understand the impact of our approach and to reframe plans accordingly. Our approach will evolve over time and we will continue to listen to the views of people and their families/carers as we progress to inform our work.

The impact measures, through which we will understand our impact, include:
• % of people who are in residential and/or nursing care
• % of people living independently (either in housing with care or mainstream housing
• Proportion of people who say that they feel safe and connected in their communities
• % of people who report good social contact
• Satisfaction of people and their families/carer
• Number of people who use adaptions/TECS to enable them to remain in their own home
• % new build properties constructed to M4(2) and M4(3b) standards
• Number of people waiting for Extra Care Housing

Appendix A: Learnings from people and their families / carers

We regularly listen to people with disabilities (learning disabilities, physical disabilities, sensory needs and/or autism) and older people. Their feedback is summarised below and informed this strategy. We will continue to listen to people and understand the impact of our approach.

This is what people have told us….

I often do not have the same freedom, choice, dignity and control as other people at home.

I do not feel that I have been given a choice about where I could live or how I am supported. I want to understand how the location of where I live affects my access to transport, support networks and work so I can make informed choices.

I want transparency over money so I can get involved in choosing where I live and how I am supported.

I want to live with other people and to know these people well, for example, friends or a partner. I would like to live in a house, in a quiet area and with a garden. I would like the choice to have pets. I don't always want to share the same living space with others.

I want my views and aspirations to be considered when decisions are made in my local area. I want to know whether my local area is doing as well as others.

I want to know how to connect with other people. I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am.

I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.

I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism.

I want to know that my family can get help and support when they need it.

I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies. I need information about how housing changes at different stages in my life so I can plan.

Appendix B: Glossary

Type	Definition
Mainstream housing (or general needs housing)	Includes (privately owned or rented) general housing with no specialised features. Housing can be adapted homes to meet the needs of residents or designed to meet access and adaptability standards for people.
Age exclusive housing	Schemes or developments that cater exclusively for older people and may have communal facilities but do not provide any regular on-site support to residents.
Sheltered Housing (specialist housing)	Developments of self-contained homes, with support available via a full or part time manager whose job includes providing support and advice to residents. This enables residents to continue to live independently. Properties may be purchased or rented.
Extra Care Housing (specialist housing)	Developments that comprise self-contained homes with on-site care and support who can provide personal care and support to meet resident's needs. Residents may be owners, part owners or tenants. The homes have been designed with features and services available to enable self-care and independent living. Can be called housing with care.
Supported Living (or housing with care)	Arrangement whereby someone who has support from a "Care and Support" provider who already has or wants their own tenancy, is helped to live as independently and safely as possible. People who live in Supported Living arrangements can live in different settings: • With other people with similar needs but have their own tenancy agreement and bedroom. This provides both independence and companionships. • In their own in flat / house or bungalow, with their own tenancy but in close proximity to other people with similar needs. "Care and Support" providers visit to help residents live as independently and safely as possible.

Shared Lives schemes (within a family environment/ carer households)	The schemes (from age 16) match someone who needs care with an approved carer. The carer shares their family and community life and gives care and support to the person with care needs. Some people move in with their Shared Lives carer, while others are regular daytime visitors. Some combine daytime and overnight visits. This offer supports people to be introduced to higher levels of independence, whilst remaining in a safe and protective family environment.
Residential Care Homes	Provides living accommodation and personal care for people who may not be able to live independently but aren't yet in need of nursing care. Staff are available 24 hours a day, 7 days a week.
Nursing Care Homes	A nursing home, as distinct from a residential care home, provides medical care from a qualified nurse who is on site 24 hours a day 7 days a week.

Appendix C: References

[i] People with a learning disability, physical disability, autism and/or sensory needs.
[ii] Detailed feedback is set out in Appendix A.
[iii] Devon Transforming Care Partnership Housing Plan for people with complex needs.
[iv] Detailed definitions are set out in Appendix B.
[v] Promoting Independence Policy. Available at: https://devoncc.sharepoint.com/sites/PublicDocs/AdultSocialCare/SocialCareAndHealth/Policies/Promoting%20independence/Promoting%20Independence%20policy.pdf?slrid=94a2609e-90af-5000-9951-466607a9e19c
[vi] Sustainability and Transformation Plan 2016. Available at: https://www.devonstp.org.uk/wp-content/uploads/2018/07/2016-11-03-wider-Devon-STP-Published-Final-4-1-1.pdf
[vii] Source: Devon Transforming Care Partnership (2018). Devon TCP/learning disability/mental health housing plan 2018/19-2020/21
[viii] Kingstone et al., (2017) Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies (CFAS). *The Lancet,* 390(10102), pp.1676-1684; Public Health England (2017). *Improving health through the home.* Available at: https://www.gov.uk/government/publications/improving-health-through-the-home
[ix] Source: ASCOF 1G 2018/19
[x] Source: Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 (2016), NHS Digital
[xi] Source: ASCOF 1H 2018-19.
[xii] Public Health Directorate NHS Devon (2011). 'Housing Health Needs Assessment 2011'. Available at: http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/08/Housing-HNA-2011.pdf; Alzheimer's Society (2016). Factsheet: risk factors for dementia. Available at: https://www.alzheimers.org.uk/download/downloads/id/1770/factsheet_risk_factors_for_dementia.pdf Equality and Human Rights Commissions (2018). Housing and disabled people: Britain's hidden Crisis.
[xiii] 2019 The Indices of Deprivation Devon. Available at: https://drive.google.com/file/d/18Y-3VtpLRPdrKmGZPCTUhB-FoYFxehrT/view
[xiv] Public Health Devon (2018). Joint Strategic Needs Assessment: Devon Overview 2018. Available at: https://www.devonhealthandwellbeing.org.uk/jsna/overview/
[xv] Department for Communities and Local Government (2014). As cited in Government Office for Science (2014) Future of an ageing population: evidence review. Available at: https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/gs-15-11-future-ageing-homes-neighbourhoods-er21.pdf; Equality and Human Rights Commissions (2018). *Housing and disabled people: Britain's hidden Crisis.* Available at: https://www.equalityhumanrights.com/en/publication-download/housing-and-disabled-people-britains-hidden-crisis
[xvi] Strutt and Parker (2017). Housing Futures: Platinum Generation. Available at: https://www.struttandparker.com/publications/platinum-generation-2017; Sense (2018) *When I'm Gone. Securing long-term care and support for disabled adults.* Available at: https://www.sense.org.uk/support-us/campaigns/when-im-gone/
[xvii] Alzheimer's Society 2009 -YouGov Poll for Alzheimer's Society March 2013; Holland, C et al., (2015) Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the Extra Care Charitable Trust. *Aston University* Available at: https://www2.aston.ac.uk/migrated-assets/applicationpdf/lhs/245545-final%20report1.pdf; Bolton, J and Provenzano, P. (2017) Six Steps to Managing Demand in Adult Social Care : A Performance Management Approach. *Institute of Public Care.* Oxford Brookes University, Oxford.
[xviii] Ministry of Housing, Communities and Local Government (2017) *Rough sleeping in England: autumn 2016* Available at: https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016
[xix] NHSE (2016). *Enhanced Health in care homes frameworks* Available at: https://www.england.nhs.uk/ourwork/new-care-models/vanguards/care-models/care-homes-sites/

HEALTHY LIVES, VIBRANT COMMUNITIES, HOUSING CHOICES

2020 to 2025

EASY READ VERSION

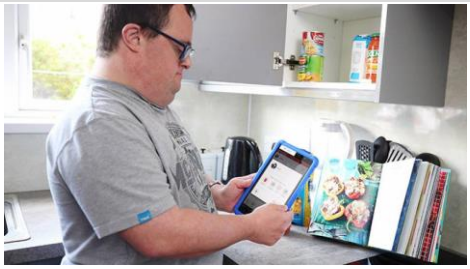
Devon County Council

NHS Devon Clinical Commissioning Group

	Housing and Accommodation strategy (plan)
	Introduction – about the plan
	A home is an important part of all our lives.
	Having good quality housing in the right place supports our health and wellbeing and community life, providing opportunities to live the independent life that is right for us.
	Across Devon, there needs to be more accessible housing and accommodation options that support people with a range of needs to live in the community.

	This includes adults of working age with mental health needs and/or disabilities, young people with health and care needs and older people.
	People have told us that they want more options to help them live with and/or be supported by their family and friends in their own home.
	People want more information to help them and their families/carers to plan for the future.
	This strategy (plan) sets our vision (what we want to happen) for giving people real choice in where they live.

	The strategy (plan) explains how we will work with others so that there are more housing options for people who receive adult health and care support during their lives.
	People's views have informed this strategy and we will continue to listen to people and involve them in planning, shaping and reviewing support.
	This strategy (plan) is part of the bigger plan for the whole of Devon for everyone to lead long, happy and healthy lives.
STP A Sustainability and Transformation Partnership for Devon	It links to the work of the Sustainability and Transformation Partnership (STP) for Devon.
	Our Vision (what we want to happen)

	Working in partnership, our vision (what we want to happen) is for more people to live in their own homes.
	For people to be able to make planned choices about where they live during their lives.
	People's care and support needs change over time. They may choose to change their housing and accommodation to support them to live as independently as possible.
	There will be more good quality homes across Devon to make it easier for people to move between different housing options to improve their independence.
	We will promote the use of technology enabled care and support (TECS) and support people to be as independent as they can be.

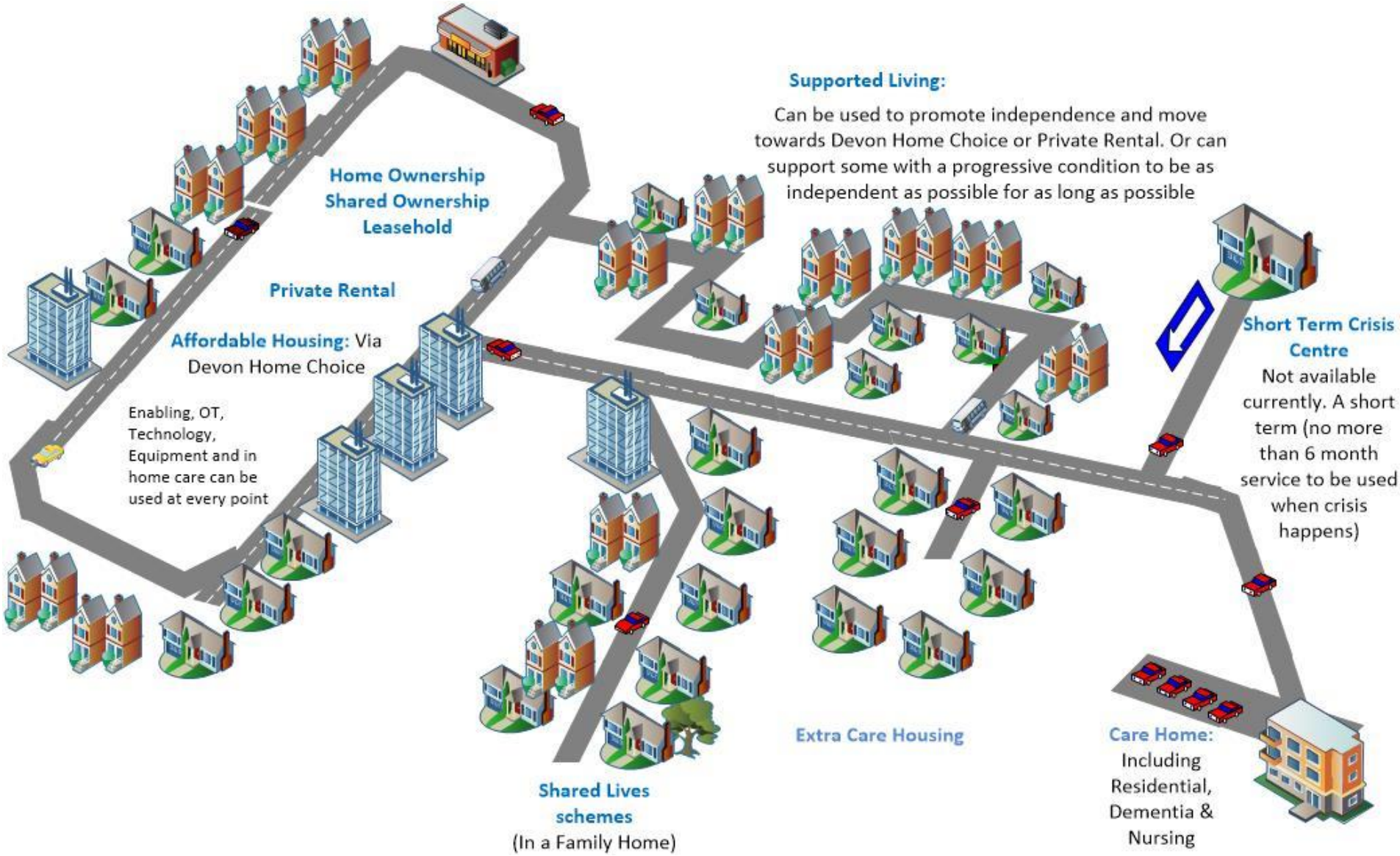
	What we will be doing to achieve our vision
	We will develop a clear housing pathway for people and communities, including housing planners, providers and the wider health and care system.
	Our housing pathway will inform other local plans.
	Our housing pathway will offer real choice and make sure moves are planned and right for the person.
	The housing pathway will support plans for people to live as independently as possible within the community.

	Together we will make sure that people have information about their housing and accommodation needs.
	This includes housing advice and support and reviews of a person's care or support needs, including young people transitioning to adulthood.
	Priority areas we will work on
	1. Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.
	2. Increase the supply of accessible homes through building new homes or adapting existing homes.

	3. Develop the housing market so that housing with support settings support a wider range of needs and a fair price for care.
	4. Develop residential and nursing homes for people with only the most complex health and care needs.
	5. Support recruitment and retention of the workforce through access to housing.
	Making sure the plan is working
	We will check that the plan is working to improve outcomes for people every year.

	We will do this by checking the numbers of people who:
	• are in residential and/or nursing care.
	• are living independently.
	• say that they feel safe and go out in their communities.
	• say they have a good social life.
	• are happy.

Housing Pathway



NHS Devon Clinical Commissioning Group

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

1. Mass Vaccination

1.1. The vaccination programme in Devon has been a huge success. Over half a million people have received their first dose and nearly all those most vulnerable have been vaccinated as well as those who care for them.

- **593,532 people** in Devon received a first vaccine dose between 8 December and 21 March, meaning about six in ten people aged 16 and over in Devon have had a first dose
- **15,202 second doses** were also given in the week leading to the 21 March, with over **45,000** second doses given since the programme began in Devon.
- The data also shows that in the South West, **78.6%** of people who are aged 16-64 who are at risk or a carer (excluding residents of younger adult care homes) have had at least one dose – the highest of any NHS region.

1.2. The challenge, particularly in Primary Care, of delivering the vaccinations and continuing to care for patients has been significant. I would like to express my thanks for their hard work, energy, enthusiasm and versatility in being a key part in protecting our older and extremely vulnerable residents. We continue to plan and adapt to the opportunities and availability of vaccines to ensure that every vaccine that arrives in Devon gets to those who most need it.

1.3. On 17 March, the Medical Director for Primary Care at NHS England and NHS Improvement wrote to the NHS to update on the latest position on vaccine supply and deployment over the next six weeks. The letter says that after two weeks of increases, there will be a significant reduction in weekly supply from 29 March, estimated to last for four weeks, due to 'reductions in inbound vaccine supply'.

1.4. The supply constraint means that as of last week, no further first dose appointments will be made available on the National Booking Service (nationwide) from 1-30 April. Depending on when they opened, some sites are yet to reach the time when they need to start administering second doses.

1.5. All vaccination centres – GP-led sites, large centres and pharmacies – have always flexed their opening hours in line with supply. Therefore they are likely to be operating less in April due to the national supply constraints.

1.6. A small number of appointments are being rescheduled to alternative days and the NHS will contact anyone affected directly.

2. Working with local communities to increase vaccine up-take

2.1. We are working with people from minority ethnic communities and those who have learning disabilities to increase take up the coronavirus vaccination.

2.2. Recent engagement work we led suggests that the reasons for vaccine hesitancy locally mirror concerns identified nationally. And, like other areas of the country, take-up of the vaccination in Devon among some communities is lower than in the overall population.

2.3. Among the outcomes of the work were that people taking part in the engagement had concerns regarding vaccine safety and side effects.

2.4. Acting on suggestions made during the engagement, 'vaccine ambassadors' representing different communities will be working with local groups to provide information and reassurance, so people feel confident to accept an offer of vaccination when they are called as part of the national programme. Other initial support measures we've put in place locally include:

- Asking people from communities where uptake is low or concerns are high to get in touch with the local NHS so support can be offered
- Translating key information about registering with GPs into different languages, with further translated materials to follow
- Developing a film in partnership with a Devon equality organisation to address concerns people may have
- Using social media advertising to reach groups who may be vaccine hesitant with reassurance messaging

2.5. Those with learning disabilities who took part in the engagement felt that:

- Information about what to expect at the vaccination appointment would help allay anxieties
- Delivering vaccinations in safe and familiar environments would support vaccine uptake
- Clear information in accessible formats were required.

2.6. Following this feedback, we're developing Easy Read leaflets and have published a short film to allay anxieties and support people with learning disabilities to have the COVID-19 vaccination.

2.7. The joint project between the CCG, NHS England and The Turning Tides Project features 'Michelle' and her carer 'Holly' who were filmed at Mid Devon Healthcare Primary Care Network's vaccination site at Lords Meadow Leisure Centre in Crediton.

3. Integrated Care System

3.1. We are delighted that Devon has been approved by NHS England and NHS Improvement to be designated as an Integrated Care System for Devon (ICSD) from 1 April 2021.

3.2. ICSD will bring together our health, social care and wider partners to give patients and service users more joined up care and help us improve population health. We have been building the foundations towards an ICS for the past four years. We have, for example:

- Built strong partnerships between our organisations – including joint posts between the NHS and local authorities.
- Set up a new collaborative agreement between three of our hospital providers.
- Merged our two CCGs to enable us to commission services more effectively across the whole county.
- Forged strong links with our Voluntary, Community and Social Enterprise (VCSE) partners.
- Partnership working has been at the heart of our remarkable response to the coronavirus pandemic and the vaccination programme. The establishment of our ICS will help to ensure that agile approach and can-do attitude follows into the future.

3.3. ICSD will see the CCG, our three local authorities, NHS Trusts, general practice, community services, mental health trusts, and the voluntary, community and social enterprise sector work closely together to improve the health of all residents, better support people living with multiple and long term conditions, prevent illness, tackle variation in care and deliver seamless services while getting maximum impact for every pound.

3.4. As we continue our transition to integrated care systems and await the outcome of the White Paper proposals, it is important we get the governance of the wide system and commissioning functions right. To this end, the shadow ICS partnership Board has established a task and finish group to develop a proposed governance model that will help in this next 12 months of transition and be ready to potentially take on statutory functions next April.

4. Integration and innovation: working together to improve health and social care for all

4.1. On 11 February, the Department of Health and Social Care published the legislative proposals for a Health and Care Bill. The proposals in the white paper are a combination of:

- Proposals developed by NHS England (NHSE) to support the implementation of the NHS Long Term Plan
- Additional proposals that relate to public health, social care, and quality and safety matters, which require primary legislation

4.2. The White Paper emphasises that the legislative proposals should be seen in the context of broader current and planned reforms to the NHS, social care, public health and mental health. It commits to bringing forward detailed proposals for reform on these key policy areas later this year.

4.3. As the Board is aware, Devon has been preparing to become an ICS for the past few years. As part of these preparations, we have made changes to how our organisation works so that we strengthen partnership and system working. These changes mean that we are in a good position to implement the proposals set out in the White Paper.

4.4. The White Paper seeks to underpin two forms of integration with new legislation:

- Integration within the NHS to remove some of the boundaries to collaboration and to make working together an organising principle.
- Greater collaboration between the NHS and local government, and wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

4.5. To deliver this integration, measures will be brought forward to place Integrated Care Systems (ICS) on a statutory footing. These will be comprised of an ICS Health and Care Partnership and an ICS NHS Body.

4.6. The ICS NHS Body will be responsible for the day to day running of the ICS and will merge some of the functions currently carried out Devon's STP /ICS with the functions of Clinical Commissioning Groups (CCGs). The ICS NHS body will be able to delegate significantly to place level.

4.7. The ICS Health and Care Partnership will bring together the NHS, local government and other local partners to support integration and develop a plan to address the systems' health, public health and social care needs. The ICS NHS body and local authorities will have to have regard to that plan when making decisions.

4.8. The ICS will be expected to work closely with local Health and Wellbeing Boards (HWB) and the ICS NHS body will have a formal duty to have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy.

4.9. Integration will be supported by a broad duty to collaborate across the health and care system. A new duty to collaborate will be placed on NHS organisations (both ICSs and providers) and local authorities and will replace two existing duties to cooperate.

4.10. Within the White Paper there is the possibility of further delegation of Primary Care commissioning passing to the Devon system, opening up the opportunity to work more closely with wider primary care providers.

4.11. To that end I am pleased to have been invited to both the Local Pharmaceutical Committee, who I met with on 3 March, and the Local Optical Committee to discuss both our Covid experience and the potential that ICS brings. Both are very keen to explore how we can work more closely together and this brings yet more opportunity to integrate the care and support we provide.

4.12. Overall, the commitment to further integration and the recognition of the importance of place as a building block for integrated care is welcome. The document is in line with the recent policy direction and builds on the closer working and collaboration between the NHS and local government at a system level. These initial proposals will have implications for the whole Devon ICS system. However, the full impact cannot be assessed until the full text of the Bill is published and further guidance is issued.

5. 2021/22 priorities and operational planning guidance

5.1. The NHS's operational planning guidance outlines how the NHS will operate in 2021-2021. The government has agreed an additional £8.1bn for the first six months of the year, and the financial settlement for the second half will be agreed later. The sum includes £1.5bn allocated for elective recovery, mental health, and workforce development.

5.2. This years guidance is markedly different from those that went before it, the guidance focuses staff wellbeing as its first priority, other priorities include -

- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- Working collaboratively across systems to deliver on these priorities.

5.3. The CCG's teams are currently revieing the impact of guidance for the 2021/22 year and I will provide the Board an update at a future meeting.

6. Long Term Plan

6.1. As the committee will be aware, at the beginning of the pandemic response NHS England directed local systems to defer the publication of local Long Term Plans.

6.2. As the system begins to de-escalate further work is continuing on the Long Term Plan. As part of the development of the shadow ICS the road map for meeting the requirements of the National NHS LTP reflecting local service delivery and priorities for action are being reviewed.

6.3. This roadmap for implementation of the Devon LTP will be discussed widely as it develops and will form basis of strategy work going forward including the New Hospital Programme which is developing in 3 of the localities.

6.4. Progress will be overseen by the shadow ICS Partnership board.

7. Devon Together newspaper reaching thousands

7.1. I'm pleased that we have published a community newspaper containing essential information on coronavirus vaccinations, testing, safety and local services to hundreds of thousands of people across the county.

7.2. The 16-page colour newspaper, which was jointly commissioned by the CCG, Devon County Council and Devon and Cornwall Police and Crime Commissioner's Office, is being included as a pull-out supplement in more than 300,000 newspapers published across Devon.

7.3. It is also being delivered free directly to homes as well as being offered in selected supermarkets and other publicly-accessible settings.

HEALTH AND WELLBEING BOARD – FORWARD PLAN

Date	Matter for Consideration
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 Children's Social Care Services OFSTED update Devon Smokefree Alliance JSNA / Strategy Refresh 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 Population Health Management & and Integrated Care Management (Presentation) CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 13 January 2022 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 7 April 2022 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information

Annual Reporting	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