HEALTH AND WELLBEING BOARD

15 July 2021

Present:

Councillors J McInnes (Chair), Y Atkinson, R Croad, A Leadbetter and A Saywell
Councillor A MacGregor, District Councils
Dr P Johnson, CCG
Steve Brown, Director of Public Health
Melissa Caslake, Chief Officer for Children's Services
Jennie Stephens (part), Chief Officer for Adult Care and Health
Diana Crump, Joint Engagement Forum
Jonathan Drew, Heathwatch, Devon
Joe Hassell, Devon & Somerset Fire & Rescue Service

Apologies:

Suzanne Tracey, RD&E NHS Foundation Trust Lee Howell, Devon & Somerset Fire & Rescue Service Jeremy Mann, Environmental Health Officers Group Adel Jones, Torbay & South Devon NHS Foundation Trust

* 1 Appointment of Vice-Chair

RESOLVED that Dr P Johnson.be elected Vice-Chair for the ensuing year.

* 2 Minutes

RESOLVED that the minutes of the meeting held on 8 April 2021 be signed as a correct record.

* 3 Items Requiring Urgent Attention

There were no items requiring urgent attention.

* 4 <u>Coronavirus update</u>

The Director of Public Health updated the Board on the current position relating to the Coronavirus, stating that cases in Devon were rising on a daily basis in all age groups and were at their highest level since the start of the pandemic.

The Director recommended that social distancing and hand sanitising should continue, and that masks should still be worn inside crowded public spaces.

The presentation from the Public Health consultant presented the UK summary which revealed higher rates in the south of the country and a high level of community spread.

The CCG lead reported that NHS hospital admissions had increased, with the majority of admissions having had either one or no vaccination and there was concern from the NHS around the delivery of frontline services.

The data shown during the presentation was available at:

<u>DCC Covid-19 Dashboard: Coronavirus dashboard and data in Devon</u> - Coronavirus (COVID-19)

<u>National Coronavirus Tracker</u>: Daily summary | Coronavirus in the UK (data.gov.uk)

National Coronavirus Interactive Map: Interactive Map | Coronavirus in the UK (data.gov.uk)

Members discussed the impact on workforce especially in the critical services when the restrictions were relaxed on 19 July. It was noted that National guidance was expected shortly which would clarify such issues as vaccinations and testing for NHS and care home staff.

* 5 <u>Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes</u> Monitoring

The Board noted the update 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/healthandwellbeingoutcomesreport

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:

% with NVQ4+ (aged 16-64), 2020

The percentage of people aged 16-64 with an NVQ4+ qualification in Devon was 40.7%. This was significantly lower compared to the England average of 42.8%. Across Devon, there was some variation across the districts. All districts were significantly lower compared to the England average except for Exeter and South Hams, which were significantly higher compared to the England average (51.8% and 47.2% respectively).

% with No Qualifications (NVQ) (aged 16-64), 2020

The percentage of people aged 16-64 with no qualifications in Devon was 3.7%. This was significantly lower compared to the England average of 6.2%. Across Devon, there was some variation across the districts. East Devon and Mid Devon were significant higher compared to England average (7.8% and 7.5% respectively).

Not in Education, Employment or Training, 2020

The percentage of people aged 16-19 not in education, employment or training (NEET) or whose activity was not known in Devon was 5.0%. This was significantly lower compared to the England average of 6.0%. Across Devon, there were some variation across the districts. All districts were significantly lower compared to the England average except for Exeter, Mid Devon and West Devon, which were statistically similar compared to the England average (6.2%, 5.6% and 6.0% respectively).

Rough Sleeping, 2020

In Devon, the rate of rough sleepers counted or estimated by the local authority was 1.5 per 10,000 households, a rate which was significantly lower compared to the England average of 2.0. Across Devon, there was variation in rates across the districts. All districts were statistically similar compared to the England average except for East Devon and West Devon, which were significantly lower compared to the England average (0.8 and 0.0 respectively).

Overall Rate of Crime, 2020/21

In Devon, the rate of crime from incidents recorded by the police was 41.4 per 1,000 population, a rate which was significantly lower compared to the England average of 76.3. Across Devon, there was little variation in rates across the districts. All districts were significantly lower compared to the England average.

Adults Excess Weight, 2019/20

The percentage of adults classified as overweight or obese in Devon was 59.3%. This was significantly lower compared to the England average of 62.8%. Across Devon, there was variation across the districts. North Devon was significantly higher compared to the England average (67.5% respectively).

Proportion of Physically Active Adults, 2019/20

The percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity in Devon was 74.1%. This was significantly higher compared to the England average of 66.4%. Across Devon, there was little variation across the districts. All districts were significantly higher compared to the England average.

Fruit and Vegetable Consumption (5-a-day), 2019/20

The percentage of the population who reported that they had eaten the recommended 5 portions of fruit and vegetables on a usual day in Devon was 63.7%. This was significantly higher compared to the England average of 55.4%. Across Devon, there was little variation across the districts. All districts were significantly higher compared to the England average except for Torridge, which was statistically similar compared to the England average (54.2% respectively).

Feel Supported to Manage Own Condition, 2020

The percentage of people feeling supported to manage their condition according to the GP Patient Survey in Devon was 85.8%. This was significantly higher compared to the England average of 77.5%. Across Devon, there was little variation across the districts. All districts were significantly higher compared to the England average.

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

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

- further detail was requested on the percentage of people in Devon 'Not in Education, Employment or Training' (NEET), which was below the England average of 6% and this would be followed up; and
- rough sleeping no trend was currently available, but further detail was being worked on.

* 6 <u>Joint Commissioning in Devon, the Better Care Fund and Governance</u> <u>Arrangements</u>

The Board noted the joint Update Report from the Associate Director of Commissioning (Care and Health) Devon County Council and NHS Devon Clinical Commissioning Group on the Better Care Fund (BCF), Quarter Return, Performance Report and Performance Summary covering the final quarter of 2019/20.

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.

National guidance on planning arrangements for the current year 2021/22 had yet to be published but was expected shortly.

During discussion, the Board asked questions on:

- the End of Life Care Groups which met monthly in the 4 localities; and the market sufficiency position statement which was being refreshed and would be presented to Cabinet in September; and
- the Discharge to Assess pathways and the monitoring thereof.

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

* 7 Children's Social Care Services OFSTED update

The Chief Officer of Children's Services updated the Board following the Ofsted report that had just been published on <u>Ofsted's website</u> summarising the findings of the focussed visit that had taken place on 26/27 May 2021.

In the report, it recognised that Devon's Children's Services and Schools had provided a well-co-ordinated and effective response to the challenges of COVID-19. It acknowledged that Children's Services had risen to the enormous challenges by maintaining services to children and families, ensuring greater school attendance than nationally, especially for vulnerable children, maintaining regular contact with children who were the subject of child in need or child protection plans, and enabling schools, partners and communities to come together to deliver timely and collaborative support for children and young people. The Chief Officer of Children's Services wished to put on record her thanks to all schools for their contribution to this.

The report also recognised that while improvements had been made since the previous visit, Children's Services were still at an early stage of their improvement journey and there was still more to do to deliver the best outcomes for children and families to ensure best possible life chances by intervening at the right time and with the right support.

Next steps included working with Leeds Relational Practice Centre for which the Department for Education had just confirmed resources; and a significant recruitment and retention strategy that would be presented to Cabinet in September for approval, to enable a stable and high performing workforce for the future.

Discussion points included:

 The significant waiting list for children to receive an autistic diagnosis assessment, where an additional team had been put in place to help; and • In addition to working with Leeds, the more rural authorities of Cornwall and Torbay had been consulted on best practice.

* 8 <u>Devon Suicide Prevention Action Plan</u>

The Board noted the Devon Suicide Prevention Action Plan 2021-2022 which had been produced in partnership with Health, Blue light, statutory services, the voluntary sector and communities. There was a Strategic Group which met 4 times a year to oversee the delivery of the Action Plan.

In Devon, the suicide rate had been rising since 2018 following the national trend. With a suicide rate of 12 per 100,000, Devon's suicide rate was higher than England and the South West.

The Action Plan included information on the Coronavirus Pandemic; Achievements so far, Current funding and Projects; the Devon Suicide Prevention Strategic Group Priorities; and the Eight Priorities.

Discussion points with Members included:

- That Devon's designated place of safety was in Torbay and the merits of having one also in Torridge or North Devon. The Public Health Specialist agreed to raise this at the relevant Suicide Prevention Oversight Group which met next week.
- The robust procedures in place for suicide in young people, including children in care, and the close working with CAMHS and health partners.
- Work with Plymouth and Torbay Councils and the CCG on the commissioning of a countywide digital health and wellbeing offer for adults, similar to that already in place for children.

* 9 Devon Smokefree Alliance

The Board received the Smokefree Devon Alliance Strategy 2018-2023 progress report. The Strategy aimed to improve the health of Devon's population by reducing the prevalence of smoking and exposure to second-hand smoke thus reducing health inequalities and smoking related illness and deaths.

The Strategy's three priorities were:

- To protect children and young people from tobacco and e courage Smokefree pregnancies;
- To reduce health inequalities caused by smoking and support vulnerable groups to be Smokefree; and
- To create and support Smokefree organisations, particularly NHS organisations.

An online version was available at: <u>Smokefree Devon Alliance Progress</u> <u>Report 2021 (office.com)</u>.

* 10 Health Protection Annual Assurance Report 2019/20

The Board received the Health Protection Committee Annual Report 2019/20, which provided a summary of the assurance functions of the Devon, Cornwall and Isles of Scilly Health Protection Committee and reviewed performance for the period from 1 April 2019 to 31 March 2020. It was during this period that the magnitude of impacts of the novel coronavirus SARS Co-V became apparent.

The report considered the following domains of Health Protection:

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

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

The following priorities for the period 2020/21 had been agreed by all Health Protection Committee members and reflected areas for focused work in order to meet identified health protection needs for the populations of Devon, Cornwall and the Isles of Scilly:

- Continuing to support the COVID-19 pandemic through national, regional and local response, preventing disease transmission and responding to situations and outbreaks. Locally this would be delivered through the Local Outbreak Management Plans and associated local Health Protection and Local Engagement Boards.
- 2. To support the implementation of emerging interventions aimed at reducing COVID-19 transmission.
- 3. Working with partners from across the system to identify, mitigate and monitor for the effects of COVID-19 on the health protection system and the services it delivers.
- 4. Working with partners from across the health protection system to support the restoration of key health protection public health services and activities disrupted by COVID-19.
- 5. Working with partners from across the health protection system to support the restoration of the screening programmes disrupted by COVID-19.
- 6. Working with partners from across the health protection system to support the recovery of the immunisation programmes disrupted by COVID-19.

- 7. All members would continue efforts to ensure high uptake of flu vaccinations locally, particularly amongst at risk groups and frontline health and social care workers, and to support effective roll-out to the Year 7 primary school cohort and other additional cohorts that may be recommended. Efforts would be directed through regional and local flu groups and networks.
- 8. All members supported the ongoing local action following declaration of a climate change emergency.

Members' questions covered what the impact on resources would be if a local and global pandemic came together and the example of the recent Exeter bomb disposal was given where all agencies came together to ensure resilient plans were in place.

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

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

The Board considered the Report from the Chief Officer for Communities, Public Health, Environment and Prosperity which gave an update on the Joint Strategic Needs Assessment (JSNA) 2021.

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

The <u>Devon JSNA Summary 2021</u> had been published on the Devon Health and Wellbeing website with a changed format to reflect a more summarised presentation of findings through an interactive Microsoft SWAY platform. The Devon JSNA was made up of different products including reports and interactive tools covering a wide range of health and wellbeing measures across a variety of different geographies and characteristics, which complimented the Devon JSNA Summary 2021.

RESOLVED that progress be noted on the continued development of the JSNA which included an interactive Microsoft SWAY summary overview, an interactive JSNA Headline tool, Outcomes Report Tool, Vital Statistics Tool, Inequalities Tool and an Exploratory Tool.

* 12 Pharmaceutical Needs Assessment - timeline

The Board noted the Report of the Director of Public Health on the Pharmaceutical Needs Assessment (PNA) 2021 to 2024, which assessed the current and future pharmaceutical needs of the local population.

The Board had a legal duty to ensure the production of the PNA and to publish a revised assessment within three years of the previous publication.

As a result of the COVID-19 pandemic, the requirement to publish renewed PNAs was suspended until October 2022 and a draft timeline had been produced to meet the revised deadline, namely:

- Production of the Devon PNA 2021-24 led by Devon County Council Public Health Intelligence Team to begin in July 2021.
- Draft for consultation to be shared at the July 2022 Board meeting, marking the beginning of the consultation period.
- Final version of the PNA to be presented and discussed at the October 2022 Board meeting.
- Publishing of the PNA on or before the October 2022 deadline.

* 13 <u>CCG updates</u>

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

- 'Just think 111 first' Summer campaign
- Access to Primary Care, including survey results
- Long Term Plan
- Coronavirus Vaccination in Devon
- Healthwatch survey on vaccination attitudes

Discussion points with Members included:

- the review of extra clinical support for the 111 call centre service;
- pressure on the South West Ambulance Service, where the Devon & Somerset Fire & Rescue Service had seconded additional ambulances across Devon and Somerset to assist the high demand; and
- the consequential effect of preparing for the pandemic on access to GP services.

* 14 <u>References from Committees</u>

Nil

* 15 Scrutiny Work Programme

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

16 <u>Forward Plan</u>

The Board considered the contents of the Forward Plan, as outlined below:

<u>Date</u>	Matter for Consideration
Thursday 28 October 2021 @ 2.15pm	Performance / Themed Items Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)
	Business / Matters for Decision Food Insecurity in Devon Better Care Fund - frequency of reporting TBC Adults Safeguarding annual report Population Health Management & and Integrated Care Management (Presentation) Self-Harming and Young People alcohol specific admissions in under-18s and links to deprivation VCSE partners & the opportunities available around the support for COVID-19 Integrated Care Systems Pharmaceutical Needs Assessment 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 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 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 Homeless Reduction Act – 12 month update 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.

17 <u>Briefing Papers, Updates & Matters for Information</u>

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.

* 18 Dates of Future Meetings

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

All meetings will be held in person - Council Chamber, County Hall, Exeter Thursday 28 October 2021 at 2.15 pm
Thursday 13 January 2022 at 2.15 pm
Thursday 7 April 2022 at 2.15pm

NOTES:

- 1. Minutes should always be read in association with any Reports for a complete record.
- 2. If the meeting has been webcast, it will be available to view on the webcasting site for up to 12 months from the date of the meeting

* DENOTES DELEGATED MATTER WITH POWER TO ACT

The Meeting started at 2.15 pm and finished at 5.01 pm