



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: 20 October 2021

Contact: Wendy Simpson 01392 384383
Email: wendy.simpson@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 28th October, 2021

A meeting of the Health and Wellbeing Board is to be held on the above date at 2.15 pm at Teams meeting 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 15 July 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 COVID-19 Update

Verbal update from the Deputy Director of Public Health.

- 5 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 13 - 14)

Report of the Director of Public Health, which reviews progress against the overarching priorities identified in the [Joint Health and Wellbeing Strategy for Devon 2020-2025](#).

BOARD BUSINESS - MATTERS FOR DECISION

- 6 Torbay & Devon Safeguarding Adults Partnership (TDSAP) Annual Report 2020/21 (Pages 15 - 30)

Report of the Independent Chair, Mr Paul Northcott.

- 7 Population Health Management

Panel presentation.

- 8 CCG Updates (Pages 31 - 34)

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

OTHER MATTERS

- 9 References from Committees

Nil

- 10 Scrutiny Work Programme

In order to prevent duplication, the Board will review the Council's [Scrutiny Work Programme](#).

- 11 Forward Plan (Pages 35 - 36)

To review and agree the Board's Forward Plan, attached.

- 12 Briefing Papers, Updates & Matters for Information

13 Dates of Future Meetings

Please note that dates of future meetings and conferences will be included in the Devon County Council meetings calendar.

Meetings

13 January 2022

7 April 2022

14 July 2022

20 October 2022

19 January 2023

6 April 2023

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

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** **Coronavirus update**

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.

Agenda Item 2

2

HEALTH AND WELLBEING BOARD

15/07/21

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:

[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 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

Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes 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).

Agenda Item 2

4

HEALTH AND WELLBEING BOARD

15/07/21

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

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 [Ofsted's website](#) 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

Agenda Item 2

6

HEALTH AND WELLBEING BOARD

15/07/21

- In addition to working with Leeds, the more rural authorities of Cornwall and Torbay had been consulted on best practice.

* 8 **Devon Suicide Prevention Action Plan**

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 cigarette use and encourage 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: [Smokefree Devon Alliance Progress Report 2021 \(office.com\)](#).

* **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:

1. 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.

Agenda Item 2

8

HEALTH AND WELLBEING BOARD

15/07/21

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 **Joint Strategic Needs Assessment and Joint Health and Wellbeing 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 [Devon JSNA Summary 2021](#) 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** **CCG updates**

The Board received the Report of the Chair of the NHS Devon Clinical Commissioning Group which provided an update on CCG business, Devon-wide and national developments within the NHS. It was intended to provide the Board with summary information to ensure Members were kept abreast of important developments affecting the NHS.

The Board noted the updates, 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** **References from Committees**

Nil

* **15** **Scrutiny Work Programme**

Agenda Item 2

10

HEALTH AND WELLBEING BOARD

15/07/21

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 Forward Plan

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

<u>Date</u>	<u>Matter for Consideration</u>
Thursday 28 October 2021 @ 2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> 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</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 13 January 2022 @ 2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Gap in employment rate for those with mental health CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>

Thursday 7 April 2022 @ 2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Homeless Reduction Act – 12 month update CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Annual Reporting	<p>Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)</p>
Other Issues	<p>Equality & protected characteristics outcomes framework</p>

RESOLVED that the Forward Plan be approved.

17 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.

*** 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

Agenda Item 2

12

HEALTH AND WELLBEING BOARD

15/07/21

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

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, October 2021

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

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

- **Children in absolute low-income families (Under 16s), 2019/20**

The percentage of children aged under 16 living in absolute low-income families in Devon is 12.5%. This is significantly lower compared to the England rate of 15.6%. Across Devon, all districts, except for Torridge, are significantly lower compared to the England average. Torridge is significantly higher compared to the England average (17.3%).

- **Estimated Dementia Diagnosis Rate (65+), 2021**

In Devon, the estimated dementia diagnosis rate of persons aged 65+ is 56.3%. This is significantly worse compared to the national target of 66.7%. Across Devon, there is some variation across the districts. Mid Devon, South Hams, Teignbridge Torridge and West Devon have rates that are significantly worse compared to national average. The East Devon, Exeter and North Devon rates are statistically similar to the national value.

- **Fuel poverty, 2019**

The percentage of households in Devon that experience fuel poverty in Devon is 10.7%. The England average is 13.4%. Across Devon all districts are statistically similar to the national 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 interactive Outcomes Reporting tool has been developed and can be found on the Devon Health and Wellbeing website [Health and Wellbeing Outcomes Report - Devon Health and Wellbeing](#)

Agenda Item 5

Health and Wellbeing Outcomes Report Indicator Overview

Indicator Priority	Updated In This Report										
All	All										
Indicator	Devon	South West	England	East Devon	Exeter	Mid Devon	North Devon	South Hams	Teignbridge	Torrridge	West Devon
% With No Qualifications (NVQ) (Aged 16-64) (2020) (%)	3.7	5.0	6.2	7.8		7.5	2.6		5.1		
% With NVQ4+ (Aged 16-64) (2020) (%)	40.7	40.5	42.8	39.4	51.8	27.7	38.5	47.2	40.7	31.7	35.5
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
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
Adults Excess Weight (2019/20) (%)	59.3	62.0	62.8	56.7	56.8	67.0	67.5	51.4	61.1	63.9	54.5
Alcohol-Related Admissions (Narrow) (2018/19) (per 100,000)	546.8	680.0	663.7	460.7	589.9	478.6	702.8	459.1	593.4	653.9	455.7
Alcohol-Specific Admissions in Under 18s (2017/18 - 19/20) (per 100,000)	51.4	45.4	30.7	45.1	37.2	39.6	62.5	64.9	61.9	40.2	50.0
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
★ Child Poverty (2019/20) (%)	12.5	11.7	15.6	10.9	10.5	12.6	14.0	12.2	12.1	17.3	13.1
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
Emergency Hospital Admissions for Intentional Self-Harm (2019/20) (per 100,000)	230.1	264.2	192.6	225.2	273.8	193.7	326.8	161.0	195.7	253.8	206.3
★ Estimated Dementia Diagnosis Rate (65+) (2021) (%)	56.3	57.7	61.6	62.2	67.1	49.3	56.3	40.8	55.3	54.2	54.3
Feel Supported to Manage Own Condition (2020) (%)	85.8		77.5	85.9	86.2	82.4	86.8	85.8	85.4	89.6	84.4
Fruit and Vegetable Consumption (5-A-Day) (2019/20) (%)	63.7	60.1	55.4	67.7	62.7	61.1	61.9	67.5	64.2	54.2	66.9
★ Fuel Poverty (2019) (%)	10.7	10.6	13.4	9.5	11.9	11.5	11.5	9.4	9.9	11.8	11.5
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
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
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
Good Level of Development (Free School Meals) (2018/19) (%)	54.7	55.6	55.5	58.1	57.7	55.7	53.4	56.5	55.6	48.0	53.2

Statistically significantly better compared to England

Statistically similar compared to England

Statistically significantly worse compared to England

3.2 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 J McInnes and Cabinet Member for Public Health, Communities and Equality: Councillor R Croad

Contact for enquiries: Maria Moloney-Lucey, County Hall, Topsham Road, Exeter. EX2 4QD Tel No: (01392) 386375

Background Papers

Nil

**Torbay & Devon Safeguarding Adults Partnership
(TDSAP)**

2020-21 Annual Report



**Torbay and Devon
Safeguarding
Adults Partnership**

Agenda Item 6

Contents

Section 1: Chair’s Foreword	3
1.1 Paul Northcott – Chair of the Torbay and Devon Safeguarding Adults Partnership	3
1.2 Julie Foster – Former Chair of the Torbay Safeguarding Adults Board	3
1.3 Sian Walker – Former Chair of the Devon Safeguarding Adults Partnership....	4
Section 2: Our Role and Purpose	5
Section 3: Our Structure	6
Section 4: Our Partnership Members	6
Section 5: Safeguarding Adult Reviews	7
Section 6: TDSAP Sub-Groups	9
6.1 Community Reference Group	9
6.2 Learning & Improvement Sub-Group	9
6.3 Mental Capacity Act Sub-Group	10
6.4 Operational Delivery Group	10
Section 7: TDSAP Priorities 2020/21	11
Section 8: Our Work During 2020/21	12
Section 9: Looking Ahead	13

Section 1: Chair's Foreword



1.1 Paul Northcott – Chair of the Torbay and Devon Safeguarding Adults Partnership (TDSAP)

The merger of both the Torbay and Devon Safeguarding Adults Boards into the TDSAP has presented a unique opportunity to strengthen the partnership and build on the previous successes that have been achieved in both areas. I would like to thank the two previous Chairs and the senior managers for all of their commitment and vision in progressing the merger.

Joint working opportunities have enabled us to progress the work that has been detailed in this report whilst also enabling us to plan for the challenges that we will encounter in the future.

The new priorities for the partnership will ensure that we focus on those areas that will improve safeguarding practice and ensure that we are effectively working together to deliver services that meet the needs of vulnerable individuals and the wider community. Community and service user engagement continues to be developed and is seen by the partnership as essential in building on the progress that has been achieved and informing future practice.

1.2 Julie Foster – Former Chair of the Torbay Safeguarding Adults Board

Like many other organisations across the world, Torbay Safeguarding Adults Board has had to adjust the way it operates during the current pandemic. Meetings have had to be convened virtually and some of our activities suspended temporarily whilst pressing priorities to safeguard a much wider population were actioned.



The responsiveness and flexibility of our partners has been fantastic and, despite the need to work differently, safeguarding adult's activity has continued relentlessly and those at risk from harm have been protected. Steps have been taken to publish the help available in cases of both domestic and financial abuse - issues which caused a particular concern during lockdown. We have also taken steps to monitor the impact of very busy health and care systems on hospital discharge and care at home to ensure adults at risk do not fall through gaps.

It is to the credit of our senior managers that the plans to develop a new Safeguarding Adults Partnership between Devon and Torbay have reached fruition during the past year. Torbay is keen to maintain its own identity and has its own particular opportunities and threats, but it makes sense to build on our close links with Devon to provide a consistent approach across the area and to reduce the duplication and resource requirements of two separate Boards

Agenda Item 6



1.3 Siân Walker – Former Chair of the Devon Safeguarding Adults Partnership

The pandemic had a massive impact on all of us, especially on vulnerable people living in Devon's communities. Whilst, like others, we had to adjust the way we worked, the Devon Safeguarding Adults Board continued to function well, adapting to more regular updates from statutory partners from the Council, Police, NHS and the voluntary and community sector. This provided information and data which enabled us to take immediate action where appropriate. The Board continued to function with virtual meetings but work behind the scenes changed as Board Support staff were deployed to front line services, importantly to resource services to support effective safeguarding. We maintained a good overview and I felt assured that safeguarding remained a top priority by all partners. I worked alongside other Safeguarding Chairs in the south-west so we could all learn from one another, adapt and be agile to these new circumstances. I ensured that we maintained our ability to respond well to the very many circumstances in which people found themselves, both citizens and professionals across the partnership, as we supported them all in their Covid response. Plans were progressed during this time to merge the Devon & Torbay Safeguarding Adults Boards, something which I fully supported in the knowledge that our partners worked across both Council areas, and it enabled a more dynamic and efficient way of working.

I was delighted, after chairing the Devon Safeguarding Partnership for 5 years, to leave it in a far healthier position. I am grateful for the opportunity I had to work across our county and delighted to hand over to Paul Northcott with the newly merged Partnership Board.

Section 2: Our Role and Purpose

The Torbay & Devon Safeguarding Adults Partnership (TDSAP) is the collective name for the partners that work with the Board to safeguard adults across Torbay and Devon.

The **Torbay & Devon Safeguarding Adults Partnership (TDSAP)** was founded in the final quarter of 2010/21 by Devon County Council and Torbay and South Devon NHS Foundation Trust as a requirement of the Care Act 2014. It provides strategic leadership for adult safeguarding across Torbay & Devon. Prior to the creation of the TDSAP there were two separate Boards operating in Torbay and Devon; the Devon Safeguarding Adults Partnership and the Torbay Safeguarding Adults Board.

The TDSAP is completely independent, with an independent chair.

The core objective of the Partnership, set out in section 43(2) of the Care Act 2014, is to help and protect adults in its area in cases where an adult has care and support needs and;

- They are experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs, they are unable to protect themselves from either the risk of or the experience of abuse or neglect

The TDSAP acts as the key mechanism for agreeing how agencies work together to safeguard and promote the safety and wellbeing of adults at risk and/or in vulnerable situations. It does this by co-ordinating what each of the TDSAP members does and makes sure that they do it effectively.

The TDSAP multi-agency partnership, aims to promote awareness and understanding of abuse and neglect among service users, carers, professionals, care providers and the wider community. It works to generate community interest and engagement in safeguarding to make sure that **'safeguarding is everyone's business'**.

The TDSAP also commissions Safeguarding Adults Reviews for people who have experienced poor safeguarding outcomes, to ensure that lessons are learned for the future.

Agenda Item 6

Section 3: Our Structure

The TDSAP established the below structure to undertake the work on behalf of the Partnership. These meetings are supported by the Partnership Business Manager and Partnership Co-Ordinator. Each sub-group has a regularly reviewed Terms of Reference.

When required, Task & Finish groups are established to deliver key elements of work commissioned by and reported to the Partnership. These Task and Finish groups comprise of representatives nominated by Partnership members who have sufficient knowledge and skills to contribute to the required task.



TDSAP Organisational Structure

Section 4: Our Partnership Members

The TDSAP has representatives from the following organisations; Torbay & South Devon NHS Foundation Trust, Northern Devon Healthcare NHS Trust, Royal Devon & Exeter NHS Trust, University Hospitals Plymouth NHS Trust, NHS Devon Clinical Commissioning Group, NHS England/Improvement, Torbay Council, Devon County Council, East Devon District Council, Devon Partnership Trust, Livewell Southwest, South Western Ambulance Service Foundation Trust, Devon & Cornwall Police, HM Prison & Probation Service, Devon & Somerset Fire & Rescue Service, Care Quality Commission, Living Options, Healthwatch, Trading Standards, Housing and The Department of Work and Pensions.

Section 5: Safeguarding Adult Reviews

The Torbay & Devon Safeguarding Adults Partnership (TDSAP) must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult.

The TDSAP must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. Boards may also arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

Consistent SAR themes from 2020/21 referrals include:

- Mental Health
- Suicide
- Self-Neglect
- COVID Lockdown Impact

The SAR Core Group continues to meet quarterly and has done so throughout the COVID pandemic. The Core Group is attended by representatives from partner organisations including CCG, NHS, Local Authorities and the Police.

SAR Activity During 2020/21:

- There have been 24 SAR referrals during the period of 2020-2021.
- 10 SAR referrals were received by Devon Safeguarding Adults Partnership. 3 SAR referrals were received by Torbay Safeguarding Adults Board. 11 SAR referrals were received by the TDSAP.
- There have been 4 SAR Learning Events across Torbay and Devon

In 2020-21 the Devon Safeguarding Adults Partnership published one SAR – ‘SAR Ben’.

Summary of SAR Ben:

Ben was 57 years old when he died. He was reported missing on 3rd November 2018. His body was found off the coast of Devon on 5th November 2018. He had not been seen for several days before this.

Ben had Huntington’s Disease. Huntington’s Disease is a relentlessly progressive neurodegenerative disorder which, for Ben, resulted in complex care needs. The difficulties Ben experienced as a result of the impact on his frontal lobe resulting from his Huntington’s Disease, impacted on his ability to cope with daily life.

Given Ben’s complex needs and associated risks, his care and support needed to be considered in a multi-agency and multi-disciplinary way.

Agenda Item 6

At the time of his death Ben was being supported by several agencies. Ben's family held a view that a different approach to working alongside Ben was needed.

Learning Point: Experience, skills and confidence of staff working with Huntington's Disease

The experience, skills and confidence of staff working with someone who has a complex long-term condition plays a big part in the success of such support. In Ben's case more could have been done to utilise the expertise of both services and family members with relevant experience. Ben was well known to the Huntington's Disease regional advisor who could have been contacted to assist with care planning. However, this did not happen. Staff should have proactively engaged the support of condition-specific specialist services in their assessment and planning of care. There should have been greater focus on Ben's strengths and personal goals.

Learning Point: Mental health commissioning arrangements

The review highlights the disjointed nature of Devon mental health commissioning arrangements for people with a diagnosis of Huntington's Disease. In Devon there are several commissioned services within the community, both for long term conditions and mental health, which may be able to support a person's mental health needs. The suitability of the service would be dependent on a person's presentation, stage and primary need and diagnosis. In Ben's case, services available appeared to be based on diagnosis rather than need. As the Community Mental Health service in Devon is not commissioned to provide a single identified 'neuropsychiatric care' service, Ben did not receive community mental health support. There does not appear to have been consideration of alternative services to provide support. There is an apparent lack of awareness across the health and care system regarding the range of services available for people with a diagnosis of Huntington's Disease, the criteria, the limitations of the services, and how these services can be accessed.

Learning Point: Risk assessment and risk management

The perception that multi-agency risk management can't occur unless under the auspices of undertaking a safeguarding enquiry needs addressing. In Ben's case there was a significant delay in getting a multi-disciplinary team response to risk. There was a difference of opinion across organisations around what are acceptable levels of risk for Ben. There needs to be more regular use of multi-disciplinary risk management meetings with clear outcomes and actions attributed to all agencies. Multi-agency risk assessments must be of a sufficiently high standard and include feedback from key agencies and significant others in the person's life.

Further information on TDSAP SARs, including copies of previously published SARs, please visit our website.

For more information on how to raise a concern please visit our website.

Section 6: TDSAP Sub-Groups

6.1 Community Reference Group

The newly formed Joint TDSAP Community Reference Group (CRG) includes people recruited from local Voluntary, Community and Social Enterprise (VCSE) and people with lived experience of the safeguarding process, across the TDSAP area.

The CRG has grown from strength to strength undertaking co-production, consultation and engagement work. Methods to gather intelligence have included focused task and finish groups, on-line and telephone surveys and varied user led dialogue. The CRG has provided new ways for people who have been through safeguarding processes to input directly into the work of the partnership.

The CRG provides feedback on key priorities for future work, is raising awareness of safeguarding with the adult population and two-way communication channels with representatives within and across the VCSE.

During 2021 the CRG brought the voice of the service user into the Annual Partnership Development Day and ensured that the voice of the people we support, remains central to the planning of future partnership priorities.

6.2 Learning & Improvement Sub-Group

The Learning and Improvement Subgroup has continued to undertake and complete key areas of work, despite meeting less frequently than usual in 2020/21 due to partner agencies responding to health and social priorities related to the COVID 19 pandemic. These areas of work include the Partnership reviewing, retendering and awarding a contract to provide a comprehensive range of safeguarding adults and mental capacity act training. The majority of the training during the year, was delivered virtually due to the COVID 19 pandemic. The safeguarding adults training strategy has remained a key focus following its approval last year. Assurance was sought from partners regarding individual progress in order to develop a partnership wide implementation plan.

Agenda Item 6

6.3 Mental Capacity Act Sub-Group

Over the previous 12 -month period the work of the Mental Capacity Act Subgroup experienced some disruption as a consequence of the Covid19 pandemic response. Although some of the sub group meetings were stood down, to allow partners to concentrate on their COVID 19 pandemic responses, the existing work plan was regularly reviewed and updated once the group was in a position to reconvene.

There is renewed energy amongst our partners for collaborative working wherever possible and a recognition that there continues to be an ongoing need to increase legal literacy across operational staff groups to protect the wellbeing and rights of people we support across Torbay and Devon.

The priority work will continue to be focussed on the following areas:

- Increasing understanding and application of Legal Literacy across partner organisations
- The Liberty Protection Safeguards which are expected to come into force in 2022.
- The use of lawful restrictive measures
- The Mental Capacity Act 2005 learning outcomes from SARs

The group continues to work in tandem with the Learning and Improvement Sub Group and the interaction between these 2 sub-groups is regularly reviewed to ensure this organisational arrangement is fit for purpose to help deliver the strategic priorities of the partnership.

6.4 Operational Delivery Group

The Operational Delivery Group (ODG) oversees all of the above sub-groups and reports directly to the Partnership Board. In 2021/21, following a review of the Safeguarding Insight Data, the ODG established four Task and Finish groups to review the data and suggest areas for improvements. The four groups focused on; Care Homes, Types of Abuse, Blue Light Services and Health Referrals.

The Partnership has been supporting the Local Authorities to help inform a national picture in relation to the COVID 19 pandemic. The results of which are shared back to local authorities and our Partnership to inform future learning opportunities, via an Insights Data Report.

The ODG continues to review and consider developing areas of adults safeguarding to ensure that partners are well informed to respond to emerging themes and trends.

Section 7: TDSAP Priorities 2020/21

Prior to the establishment of the TDSAP in Dec 2020, the Torbay Safeguarding Adults Board and the Devon Safeguarding Adults Partnership had separate strategic priorities held within their own business plans.

Former Torbay Safeguarding Adults Board (TSAB)

The TSAB Business Plan was for the period 2018-2021 and included the below priorities:

1. Embedding Making Safeguarding Personal
2. Learning from Safeguarding Adult Reviews
3. The Interface Between Safeguarding Adults at Risk and Domestic Abuse / Sexual Violence
4. Preventative and Creative Solutions
5. Mental Capacity Act
6. Market Shaping and Commissioning

Former Devon Safeguarding Adults Partnership (DSAP)

The DSAP Business Plan for 2020-2021 included the below priorities:

1. Safeguarding within the Covid-19 Pandemic:
 - To work in partnership to ensure continuity of safeguarding adults business.
2. Living Well:
 - The DSAP Board aims to support partners to deliver preventative actions, to safeguard those with care and support needs through learning together and delivering change.

Copies of both of the above business plans can be found on our partnership website.

Agenda Item 6

Section 8: Our Work During 2020/21

COVID-19 had a significant impact on both Safeguarding Adults Boards and the newly merged Board and the core work that continued during the pandemic. A decision was made, in consultation with partners, to re-prioritise and strategically pause some work, to enable partners to concentrate on their pandemic response as a priority.

Despite adopting a focus on statutory assurance and support, the Boards continued to maintain their Care Act 2014 obligations for safeguarding adults with regular assurance gained from their key safeguarding partners.

Partners provided assurance reports to the Independent Chairs including updates on their COVID 19 crisis response. This approach ensured that partners provided proportionate strategic overview during the pandemic.

In December 2021 the Devon Safeguarding Adults Partnership and the Torbay Safeguarding Adults Board merged to form the TDSAP. This included a successful process to appoint a new Independent Chair to the TDSAP. The merger was completed in Quarter 4 of 2020/21 and since then the TDSAP has been working to ensure their policies and procedures are aligned across the new partnership.

The TDSAP has undertaken a review of Safeguarding and Mental Capacity Act training to ensure the offer from the TDSAP is up to date and in line with legal literacy. The TDSAP increased safeguarding training capacity for partners to meet increased demand following an awareness campaign launched in 2020.

The TDSAP undertook a review of the referral process for SARs as a result of an increased number of SARs being received. An evaluation criteria was introduced to ensure the process is as effective and efficient as possible.

Learning from SARS continues to be a priority piece of work for the TDSAP going into 2021/22 and beyond, as detailed in the Strategic Priorities 2021/2024.

Section 9: Looking Ahead

The Strategic Priorities for the TDSAP have been agreed and published in the 2021-2024 TDSAP Business Plan.

A copy of the strategic priorities can be found by clicking here: [Strategic Priorities 2021/2024](#)

The priorities are detailed below:

Strategic Priority	What we will do to deliver this priority
<p>To embed the learning from Safeguarding Adult Reviews (SARs) into organisational practice</p>	<ul style="list-style-type: none"> • Partners will contribute to the SAR process and play a key role to identify the relevant learning • We will embed a process to identify immediate learning and implement this swiftly • We will ensure the learning is SMART with key success criteria in place • Partners will provide strong evidence to assure the TDSAP that sustained improvements have been embedded • Promote multi-organisational communication, ensuring cooperation as an underlying key principle • Develop swift and dynamic processes for delivery of Safeguarding Adults Reviews • Each Safeguarding Adults Review will have an underlying principle to 'Focus on the Learning' for each organisation • We will regularly monitor, identify and resolve reoccurring SAR themes to prevent reoccurrence

Agenda Item 6

Strategic Priority	What we will do to deliver this priority
<p>To work with partners to better understand and reduce the risk of ‘Hidden Harm’, especially in the context of COVID 19</p>	<ul style="list-style-type: none"> • Support and encourage all safeguarding partners to focus on the ‘Hidden Harm’ that is usually out of sight from public view and often not recognised or reported • Ensure that the emphasis is on having a culture of ‘spotting early signs’ to prevent risks escalating • Use COVID 19 data and information to seek assurance that partners are all uncovering and responding to hidden harm • Ensure that all safeguarding partners who work with people who have needs for care and support, exercise professional curiosity and take appropriate action • Embed the theme of ‘professional curiosity’ within multi agency case audits (MACA) • Develop and deliver a multi-organisational workshop and awareness campaign for partners and service representatives to better understand, encourage and support professional curiosity and escalation within their organisations
<p>To improve outcomes for people with needs for care and support by finding the right solution for them</p>	<ul style="list-style-type: none"> • To seek assurance that partners and service representatives work together to establish more effective coordination to achieve person centred solutions • Work with partners and service representatives to better understand and embed a creative approach to finding effective solutions for people with complex lives • We will develop and share key data and information to help develop effective communications and co-ordination between partner organisations, including strengthening links with the districts and community safety partners • We will focus on preventative strategies to better understand how we can avoid the need for safeguarding intervention • We will work with service representatives and commissioning partners to better understand people’s needs and support them to achieve their desired outcomes • To have regular assurance from partners that people are safeguarded during and after the COVID-19 pandemic and that attention to safeguarding continues in accordance with statutory responsibilities, recognising that some people will be put at greater risk as a consequence of the pandemic

Agenda Item 6

Strategic Priority	What we will do to deliver this priority
Improving Involvement and Engagement with people in receipt of safeguarding services	<ul style="list-style-type: none">• We will build on past Safeguarding Awareness Campaigns by targeting communications within our communities to raise further awareness of safeguarding• We will learn from COVID 19 experiences and use this feedback to shape future engagement• We will work with key partners to improve the interface with children's services especially for those who transition to adult services• To seek assurance that all partners are involving and listening to people about their experience of safeguarding• Ensuring that all people are listening to, valuing and responding to relatives, friends and people in communities• The partnership will have a focus on 'Making Safeguarding Personal' to ensure that safeguarding is person-led and outcome-focussed• We will continue to invest and engage with community groups to ensure the 'voice of the person' is central to partnership working

NHS Devon Clinical Commissioning Group
Chair's Report
Devon Health and Wellbeing Board

1. Introduction

1.1. This month on top of all the current challenges and pressures we have had to deal with, I have found some real encouragement in the wealth of multi-disciplinary clinicians we have working within Devon. This was all too evident in the Academic Health Science Network (AHSN) annual report, the Allied Health Professional celebration week, and the presentation at Clinical Cabinet from the Mental Health Professionals. Our Integrated Care System will be stronger, more resilient and more able to meet the complex needs of our patients because of them.

2. NHS Clinical Commissioners – The CCG Legacy

2.1. It was a privilege to be part of an NHS Clinical Commissioners panel on 6 October to contribute to a document they are creating to capture the great work that CCGs have achieved in the last few years. This in part will be a celebration and recognition of all the hard work of all of my colleagues within NHS commissioning, and in part, a chance to capture all we have learnt about commissioning and clinical leadership that we must not lose as we establish Integrated Care Systems. I look forward to sharing the product of this work in the near future.

3. South West AHSN

3.1. The AHSN have undertaken an annual review. This is now available on their website and I'd encourage you to read it and see some of the pieces of work they've been involved in over the last 12 months:
<https://www.swahsn.com/wp-content/uploads/2021/09/SWAHSN-Annual-Review-2021-PUBLISHED.pdf>

4. AHP Celebration Week

4.1. 14 October was National AHP week and to celebrate our AHP Council put on a series of lunchtime presentations showcasing some of the great work that colleagues are doing around the county. Joining them at the beginning of the week I was inspired to hear how Occupational Therapy is becoming embedded in one of our primary care teams, technology is being used to support diabetic patients with foot conditions managed by podiatrists and the work that the AHP faculty is doing. This certainly demonstrates the great care and innovative practice our AHP teams provide and how it will be essential in the Integrated Care System that we work much more collaboratively with our colleagues from all clinical and professional backgrounds.

5. Clinical and Professional Cabinet

5.1. Clinical and Professional Cabinet (CPC) met on 14 October. Key agenda items included an update on our Long Term Plan, clinical criteria for orthopaedic surgery at the previous Nightingale Hospital site and an insight into the 'day in the life of an approved mental health professional'.

6. James Wooldridge

6.1. I would like to pay tribute and remember James Wooldridge who has been a valued member of our Governing Body as an Associate Non-Executive for the last two years. He sadly died earlier this month and for us in the CCG leaves behind a legacy of prioritising health and wellbeing (our own as much as our patients'), parity of mental health and an open and honest approach. He will be missed by many in the CCG and our thoughts are very much with his wife.

Agenda Item 8

7. Health services remain under intense pressure

- COVID-19 impacts and increased demand for services means that Devon's health and care system remains under pressure. Those in most urgent need are being prioritised, but some patients will wait longer for treatment.
- Hospitals across Devon are working together to address the significant challenges they are facing with rising demand for care across routine, urgent and emergency services.
- Along with the rest of the NHS, there are high numbers of people attending our emergency departments; many are ill and need to be admitted, some are using ED inappropriately for minor conditions.
- Services across the health and care system are affected by staffing issues which are also affecting social care providers ability to resource care packages which makes it harder to discharge patients from hospital.
- In order to keep caring for those most in need, the NHS has had to temporarily stop undertaking some routine work, including operations, outpatient appointments and some follow-up appointments for patients with long-term conditions. We know that this means people will be waiting longer for care and we are deeply sorry. These decisions are not taken lightly.
- Colleagues in primary care, social care and community care are also seeing increased demand for care and are extremely busy. We know that the actions we are having to take are also impacting on their staff and services and we will continue to work in partnership with them to care for as many people as we can.
- Long treatment waits have risen substantially because some services were halted during the pandemic to allow the NHS to focus on treating Covid-19 patients and maintaining emergency and urgent cancer care.
- We know long waits cause anxiety and impact on people's lives and all NHS partners in Devon are working together to focus on treating the most urgent patients and those waiting longest. We are also working on how best to support people on waiting lists and will keep them informed.

8. Improving children's mental health services together

- A series of newly-approved projects to boost child and adolescent mental health services (CAMHS) in Devon will see NHS teams working with schools and other partners.
- Devon Partnership NHS Trust has received funding and approval for three schemes that will improve access help people with eating disorders and deliver crisis response.
- The Mental Health Support Team project builds on current services and allows it to expand with an additional two teams in Torbay and South Devon to support a wider cohort of children and young people in the county. MHST is funded jointly by NHS England and NHS Improvement and the Department for Education.
- Teams are based in education settings and provide early intervention on mental health and emotional wellbeing issues including mild to moderate anxiety and helping school or college staff provide a 'whole school approach' to mental health and wellbeing.
- The developments and improvements to the existing CAMHS eating disorder service will enable the trust to meet the growing demands on the service, develop the workforce around the unique needs of our local population and meet the waiting time standards set out within the NHS Long Term Plan. Each area will provide a comprehensive crisis service, comprising assessment, home treatment and intensive intervention.

9. Local primary care communications campaign

- The CCG's communications team is working with GP practices in Devon on a local campaign to bust myths around access to GP appointments and highlight the pressures currently being faced by the sector. The aim is to address the increasingly negative coverage in national media and correct the misinformation that is shared about access to GPs.
- Many practices in the county are now regularly facing abuse and aggression from people, while dealing with a significant increase in demand for their services and helping to deliver hundreds of thousands of flu and COVID-19 vaccines to local people.

10. As part of the campaign, the CCG is:

- Writing to local MPs outlining the challenges and factors that are currently impacting on primary care and inviting local MPs to spend time in practices to gain first-hand experience of current pressures
- Developing resources for general practice that can be easily shared with the media, on websites, on social media, in waiting areas, etc. (see graphic below)
- Raising awareness of the increased abuse that frontline staff are experiencing through a system-wide campaign
- Running a social media campaign supporting GPs, highlighting key information including high levels of patient satisfaction

Agenda Item 8

- Working with BBC and ITV and on social media to show local people what life is like in local practices
- Working with the LMC identifying suitable case studies for use locally as part of the campaign, highlighting innovation in general practice, positive experiences of online consultations, as well as examples of abuse and poor behaviour aimed towards general practice teams



11. Pulling together to help families who fled Afghanistan

- Local authorities, the NHS and local communities are working together to support Afghan families who are temporarily staying in a seafront hotel in Devon.
- The UK Home Office has placed 12 Afghan families in Exmouth – the families had worked with and for the UK forces in Afghanistan.
- They had been staying in Covid-19 quarantine facilities in London before being temporarily placed in 'bridging' accommodation in Exmouth. The families will be staying in the town in the short term until they are found permanent, long term accommodation in locations across the country.
- Dr Paul Johnson, chair of NHS Devon Clinical Commissioning Group, said: "We're proud to welcome refugee families from Afghanistan to Devon. We know many people left their home in traumatic circumstances and we will work closely with the Home Office and other local partners to provide medical services and help where needed."

12. Listening to communities to facilitate vaccine take-up

- The NHS and public health teams are working with local communities who may experience health inequalities to encourage Covid-19 vaccine take-up.
- The current focus of the work is specifically with groups who are often impacted by health inequalities:
 - Ethnic minority communities
 - People with learning disabilities
 - Gypsy, Roma and Traveller communities
 - People with mental illness / Neurodiversity
 - People experiencing homelessness
 - Those from deprived or low-income communities
 - Younger people
 - LGBTQ+
 - Refugees and undocumented migrants
- Recent work has included working with faith leaders to understand the needs of different communities (including joint work with the Piety mosque, Plymouth, and the Piety Mosques and Islamic Centre – see picture), attending

Agenda Item 8

community events (including Crediton Diversity Festival, Exeter Respect and Bicton College's freshers' fair), developing materials in different languages and formats and working in partnership with Living Options to understand needs and hesitancy among people with disabilities and deaf people.

- Devon County Council has also partnered with the NHS to use mobile testing vehicles to deliver vaccinations and Covid lateral flow tests, to areas where there is low vaccine uptake.

13. Staff and teams across the CCG are being encouraged to take part in the Race Ahead campaign as part of Black History Month.

- Celebrating Black History month is part of our journey to achieve racial equality across Devon
- Racial justice and equality has come into stark focus over the past 18 months and over the next few weeks, every team in the CCG is asked to make time to discuss how they can promote racial equality in the NHS under three headings:
 - What can I do to tackle racism and promote racial equality in the NHS?
 - What can we as a team do to tackle racism and promote racial equality in the NHS?
 - What can our organisation do to tackle racism and promote racial equality in the NHS?
- Conversations about race aren't always easy and we sometimes shy away from it for fear of saying the 'wrong thing'. The purpose of these sessions is to talk, share ideas, and get used to talking about race openly.
- Throughout October, a range of events are also taking place in Devon and beyond to explore how everyone can work together on this important issue. Black History Month takes place every October to honour the achievements, culture and history of black people

HEALTH AND WELLBEING BOARD – FORWARD PLAN

<u>Date</u>	<u>Matter for Consideration</u>
Thursday 13 January 2022 @ 2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Integrated Care Systems Gap in employment rate for those with mental health Food Insecurity in Devon Alcohol specific admissions in under-18s and links to deprivation Self-harming and Young People CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Thursday 7 April 2022 @ 2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Homeless Reduction Act – 12 month update VCSE partners & the opportunities available around the support for COVID-19 CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
Annual Reporting	<p>Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)</p>
Other Issues	<p>Equality & protected characteristics outcomes framework Pharmaceutical Needs Assessment</p>

