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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 5 January 2022

Contact: Wendy Simpson 01392 384383

Email: wendy.simpson@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 13th January, 2022

A meeting of the Health and Wellbeing Board is to be held on the above date at 2.15 pm in the Council Chamber, County Hall, Exeter 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 - 8)

Minutes of the meeting held on 28 October 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.

4 Announcements

PERFORMANCE AND THEME MONITORING

5 Coronavirus update

Verbal update from the Director of Public Health.

- 6 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 9 - 10)

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

- 7 Better Care Fund - Update (Pages 11 - 16)

Report of the Locality Director (Care and Health) – North and East), Devon County Council and NHS Devon Clinical Commissioning Group, attached.

- 8 Self-harm in Children and Young People (Pages 17 - 26)

Presentation from Public Health Devon.

- 9 Food Insecurity in Devon (Pages 27 - 34)

Report of the Head of Communities, attached.

- 10 CCG Update (Pages 35 - 40)

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

OTHER MATTERS

- 11 References from Committees

- 12 Scrutiny Work Programme

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

- 13 Forward Plan (Pages 41 - 42)

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

- 14 Briefing Papers, Updates & Matters for Information

- 15 Dates of Future Meetings

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

Meetings (at 2.15pm)

7 April, 14 July, 20 October 2022

19 January, 6 April 2023

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Induction Loop available



HEALTH AND WELLBEING BOARD

28 October 2021

Present:-

Councillors J McInnes (Chair), Y Atkinson, R Croad and A Saywell (DCC)
Diana Crump, Joint Engagement Forum
Jonathan Drew, Heathwatch Devon
Suzanne Tracey, RD&E NHS Foundation Trust (part)

Tina Henry, Deputy Director, Public Health
Wayne Rawlins, Devon & Somerset Fire & Rescue Service
Dr Simon Kerr, Devon CCG

Apologies:-

Steve Brown, Director of Public Health
William Warrender, South West Ambulance Service
Lee Howell, Devon & Somerset Fire & Rescue Service
Philip Mantay, Devon Partnership NHS Trust
Dr Paul Johnson, Devon CCG
Jennie Stephens, Chief Officer for Adult Care & Health
Councillor A Leadbetter (DCC)
Councillor A MacGregor (District Council)

* 19

Minutes

RESOLVED that the minutes of the meeting held on 15 July 2021 be signed as a correct record.

* 20

Items Requiring Urgent Attention

There were no items requiring urgent attention.

21

COVID-19 Update

The Deputy Director of Public Health updated the Board on the current position relating to the Coronavirus.

The Deputy Director stated that a new Covid-19 Response: Autumn and Winter Plan 2021 had now been published, where the priority response was around vaccination supported by test and trace interventions.

During Devon's enhanced response status, extra support had been provided for hard to reach local communities, the impact of which was currently being evaluated. The county's enhanced status had now ended. Case numbers were currently high in Devon, and in the south west particularly, being above

Agenda Item 2

2

HEALTH AND WELLBEING BOARD

28/10/21

the English rate, but the vaccination programme was proving successful and it was important that precautions were still taken.

Members queried whether vaccination rates by gender, and also local stats, were available online, and it was agreed this information would be shared with Members post meeting.

There was some confusion around timing and eligibility of the booster vaccination and it was clarified that people would be called forward approximately six months after having had their second vaccination.

The Board noted the good work being undertaken in the voluntary sector and the vulnerable, hard to reach groups.

Data 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)

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

The Board noted the 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 latest Health and Wellbeing Outcomes Interactive Report, along with this paper, was available on the [Devon Health and Wellbeing website](#).

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:

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 was 12.5%. This was significantly lower compared to the England rate of 15.6%. Across Devon, all districts, except for Torridge, were significantly lower compared to the England average. Torridge was 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+ was 56.3%. This was significantly worse compared to the national target of 66.7%. Across Devon, there was some variation across the districts. Mid Devon, South Hams, Teignbridge Torridge and West Devon had rates that were significantly worse compared to national average. The East Devon, Exeter and North Devon rates were statistically similar to the national value.

Fuel poverty, 2019

The percentage of households in Devon that experience fuel poverty in Devon was 10.7%. The England average was 13.4%. Across Devon all districts were statistically similar to the national average.

The Board's discussion covered:

- the level of dementia diagnosis rates in Devon;
- the time lag in the data not reflecting the impact of COVID over the last year, and predictive modelling; and
- that a self-harm and suicide update was planned for the January Board meeting.

23 Torbay & Devon Safeguarding Adults Partnership (TDSAP) Annual Report 2020/21

The Board received the Annual Report of the Torbay and Devon Safeguarding Adults Partnership (TDSAP) 2020/21. The TDSAP was founded in 2021 by Devon County Council and Torbay and South Devon NHS Foundation Trust following the merger of the Torbay and Devon Safeguarding Adults Boards, and provided strategic leadership for adult safeguarding across Torbay and Devon.

The TDSAP Annual Report included sections covering:

- Role and Purpose
- Structure
- Partnership Members
- Safeguarding Adult Reviews
- Sub-Groups

Agenda Item 2

4

HEALTH AND WELLBEING BOARD

28/10/21

- Priorities 2020/21
- Work During 2020/21

The strategic priorities for the TDSAP and published in their 2021-24 Business Plan were:

- To embed the learning from Safeguarding Adult Reviews into organisational practice;
- To work with partners to better understand and reduce the risk of 'Hidden Harm', especially in the context of COVID 19;
- To improve outcomes for people with needs for care and support by finding the right solution for them; and
- Improving Involvement and Engagement with people in receipt of safeguarding services.

Further information on the Board's work including the Safeguarding Board Annual Report was available on the [Torbay and Devon Safeguarding Adults Partnership](#) website.

The Chair thanked Paul Northcott, Independent Chair, for the comprehensive report.

24 Population Health Management

The Board received presentations from a number of Officers on, firstly, Public Health Management (PHM) that covered:

- What is Population Health Management?
- The PHM Cycle
- Components of effective PHM: Infrastructure, Intelligence, Interventions and Incentives
- Devon PHM Development Programme
- One Devon Dataset/Components
- Primary Care Networks workstream
- Case Studies
- PHM development programme: lessons learnt
- PHM Roadmap

Population Health Management was about:

- Improving health inequalities by taking action'
- Using data-driven insights and evidence of best practice to inform targeted, proactive interventions to improve the health and wellbeing of specific populations and cohorts;
- The wider determinants of health, not just health and care;
- Making informed judgements - clinical, public health and analysts working together;

- Best use of collective resources – workforce and incentives - to have the best impact;
- Acting together – the NHS, local authorities, public services, the VCS, communities, activists & local people. Creating partnerships of equals; and
- Achieving practical tangible improvements for people and communities.

The second presentation covered Primary Care Flow, Northern Devon's PHM Pilot. Copies of both presentations would be circulated to Board Members post meeting.

The Chair welcomed the presentations and discussion, and thanked Officers for their attendance.

25 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:

- The South West AHSN annual review now available on their website;
- Health services remain under intense pressure;
- Improving children's mental health services together; and
- Local primary care communications campaign; and
- Listening to communities to facilitate vaccine take-up.

There followed discussion around the pressure that the Health Services remained under and the mechanisms in place for ensuring that those people on waiting lists were given the correct level of priority according to need.

*** 26 References from Committees**

Nil

*** 27 Scrutiny Work Programme**

The Board reviewed the Council's Scrutiny Work Programme in order to avoid any potential duplications.

*** 28 Forward Plan**

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

Agenda Item 2

6

HEALTH AND WELLBEING BOARD

28/10/21

<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	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 Pharmaceutical Needs Assessment

RESOLVED that the Forward Plan be approved.

* **29** **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 on the [Devon Health and Wellbeing website](#).

No items of correspondence had been received since the last meeting.

* **30** **Dates of Future Meetings**

RESOLVED that future meetings of the Board would be held on the following dates:

13 January 2022
7 April 2022
14 July 2022
20 October 2022
19 January 2023
6 April 2023

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 4.33 pm

Agenda Item 2

Health and Wellbeing Outcomes Report

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

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

1. Context

This paper and accompanying presentation introduces the updated outcomes report for the Devon Health and Wellbeing Board.

2. Summary of the Health and Wellbeing Outcomes Report, January 2022

2.1 The full Health and Wellbeing Outcomes Report for **January 2022**, 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:

- **Mortality Rate from Preventable Causes (Under 75), 2020**

The mortality rate from preventable causes for people aged under 75 per 100,000 in Devon is 107.7. This is statistically significantly lower than England rate of 140.5. There is variation in the rate across the districts in Devon. East Devon, Mid Devon, South Hams, Teignbridge and West Devon have statistically lower rates than England and Exeter, North Devon and Torridge have a statistically similar rate to England.

- **Suicide Rate, 2018-20**

The suicide rate in Devon per 100,000 is 11.9. This is statistically worse than the England rate of 10.4. Exeter, Mid Devon and Teignbridge are all significantly statistically worse than the England rate. East Devon, North Devon, South Hams, Torridge and West Devon are all statistically similar to the England rate.

- **Under 18s Conception Rate, 2019**

The under 18s conception rate in Devon per 1,000 is 11.7. This is statistically significantly lower than the England rate of 15.7. The Devon districts are statistically similar to the England rate with the exception of South Hams which is statistically significantly lower.

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](#)

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.

Agenda Item 6

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

BETTER CARE FUND - UPDATE

Report of the Locality Director (Care and Health) – North and East), Devon County Council and NHS Devon Clinical Commissioning Group.

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect

Recommendation

That the Health & Wellbeing Board note and endorse the national planning requirements and the Plan for Devon for 2021/22.

1. Background

The Better Care Fund (BCF) is the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, ring-fenced BCF grants from the Government, the Disabled Facilities Grant and voluntary contributions from local government budgets. The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery.

This report covers the planning and activity for Devon for 2021/22 and the latest information for 2022/23.

2. Partnership and planning arrangements

2.1 National planning requirements for the BCF were finally published on 30 September 2021 by the Department of Health and Social Care and the Department for Levelling Up, Housing and Communities. The requirements include:

- Submission of an annual plan by 16 November 2021. NHS England will approve plans in consultation with the DHSC and DLUHC, writing to areas to confirm that the CCG minimum funding can be released. These letters are expected from 11 January 2022.
- A s.75 (NHS Act 2006) agreement between DCC and Devon CCG to be completed by 31 January 2022. The agreement cannot be finalised until the annual plan has been approved by NHS England.

2.2 The BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved (the same as in previous years). These are:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.
3. Invest in NHS commissioned out-of-hospital services.

Agenda Item 7

4. Plan for improving outcomes for people being discharged from hospital.
- 2.3 The annual plan for Devon was submitted by the required deadline although the letter of approval from NHS England has not yet been received.

3 Annual Plan 2021/22

3.1 The Plan consists of two documents:

- A narrative plan (headings as recommended by the planning requirements)
- A template spreadsheet return

The following is a summary of the plan.

3.2 Devon has a long history of integrated working. The integration of health & social care, person centred care, approaches to delivering joint assessments, promoting choice, independence and personalised and self-care are embedded in everything we do. We recognise that integration is not an end in of itself but that taking an integrated approach to person-centred care is vital and to do this requires system integration.

The Better Care Fund is an enabling funding stream to support the delivery of integrated care; working with enhanced primary care, community, social care and voluntary & community services to promote independence and provide more care and support for out of hospital care.

Since the last BCF plan, Primary Care Networks and Local Care Partnerships have come into being, with a focus on embedding these as a delivery mechanism for place-based integrated care.

Our priorities for 2021- 22:

- Respond to the challenge of the Covid-19 Pandemic
- Further embedding of discharge to assess pathways
- Sustainability of the care market and care workforce
- Embedding the Community Mental Health Framework

3.3 Summary of Funding and Spending

3.3.1 NHS Devon CCG received an overall budget uplift of 5.22%, so was therefore mandated to increase their 2021-22 BCF contribution by £3.035 million.

3.3.2 To comply with National condition two, contributions to social care must also be raised by 5.22%. For the Devon BCF this means a further £1.191 million must be invested.

3.3.3 This has been achieved with the Devon BCF Leadership Group approving the increase in planned spending for all its social care services from £22.798 million to £23.989 million for the 2021-22 financial year.

3.3.4 The remaining £1.844 million has been added to the planned spending on out of hospital services, which ensured the national condition three has also been achieved.

3.3.5 Changes to overall funding:

The Devon BCF fund increased overall by £8.57 million, due in the main to an increase in the amount of carry-forward required, along with the mandated CCG increased contribution mentioned above:

<u>2020-21</u>	<u>2021-22</u>	<u>Change</u>
£'000	£'000	£'000
£100,502	£109,075	£8,573

Changes to contributions from 2020-21 are as follows:

	<u>2020-21</u>	<u>2021-22</u>	<u>Change</u>
	£'000	£'000	£000
Capital	£8,246	£8,246	£0
iBCF	£28,270	£28,270	£0
CCG	£58,091	£61,126	£3,035
DCC	£5,895	£11,433	£5,538
	<u>£100,502</u>	<u>£109,075</u>	<u>£8,573</u>

3.3.6 Spending plan – Summary:

NHSE Scheme Types	£'000
Assistive Technologies and Equipment	£7,841
Bed based intermediate Care Services	£9,427
Care Act Implementation Related Duties	£172
Carers Services	£4,186
DFG Related Schemes	£8,245
Enablers for Integration	£714
High Impact Change Model for Managing Transfer of Care	£4,565
Home Care or Domiciliary Care	£17,387
Integrated Care Planning and Navigation	£2,276
Other	£933
Personalised Budgeting and Commissioning	£5,930
Personalised Care at Home	£29,773
Prevention / Early Intervention	£2,218
Residential Placements	£15,408
Total	£109,075

3.4 Five new metrics have been introduced for 2021/22 and will be reported on a quarterly basis. The metrics are:

3.4.1 Avoidable Admissions

Unplanned hospitalisations for chronic ambulatory care sensitive conditions – these are conditions which when treated and controlled appropriately should mean hospital admissions can be avoided: for example flu, epilepsy, diabetes and asthma.

Actual 2020-21	Plan 2021-22
666.4	600.0

Agenda Item 7

A number of schemes to reduce avoidable admissions are in place including:

- GP as part of the Urgent Community Response Team (UCR)
- Expansion of UCR team and implementation of the national standard of 2 hour urgent community response 8-8pm, 7 days a week
- Partnership work with the voluntary sector working alongside the multi-disciplinary community teams

3.4.2 Length of stay

This target is in place because it is important people are not in hospital any longer than necessary. Spending a long time in hospital can lead to an increased risk of falling, sleep deprivation, catching infections and sometimes mental and physical deconditioning.

This target measures the percentage of people who have been an inpatient in an acute hospital for:

- i) 14 days or more
- ii) 21 days or more

Targets for Devon were agreed as part of the response to the national Hospital Discharge Policy and Operating Model. However, at the time the targets were set (May 2021) the Devon system was in the top ten nationally for the proportion of patients with a 14+ and 21+ length of stay and therefore stretch targets were agreed: 14+ Days 21%, 21 Days 11%.

	2021-22 Q3 plan	2021-22 Q4 plan
Proportion of inpatients resident for 14 days or more	13%	13%
Proportion of inpatients resident for 21 days or more	7%	7%

The aim is to maintain achievement to year end as set out in the above table. Achievements of these targets will be challenging due to pressures including high demand, the complex caseload and community capacity.

3.4.3 Discharge to Normal Place of Residence

The percentage of people who are discharged from acute hospital to their normal place of residence. This is a measure of how successful we have been in returning people to their previous level of independence.

The current ambition for Devon is to achieve 92% for this target at year end.

3.4.4 Residential Admissions

Long term support needs of older people (aged 65 & over) met by admission to residential & nursing care homes, per 100,000 population.

We aim to support people to be as independent as possible in their own homes, so we would expect this number to remain stable or reduce.

2019-20 Plan	2019-20 Actual	2020-21 Actual	2021-22 Plan
564	539	510	520

Agenda Item 7

Care homes have been impacted by the pandemic and significant work has been undertaken throughout the pandemic to work in partnership with the care sector to support them with business continuity.

3.4.5 Reablement

Proportion of older people (65 & over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

This measures the success of our reablement services in supporting people back to independence.

Our reablement capacity has been increased through the recruitment of additional support workers.

2019-20 Plan	2019-20 Actual	2021-22 Plan
82.6%	85.8%	79.3%

The plan is based on numbers achieved in the five years to 2020-21.

4. BCF Arrangements for 2022/23

4.1 We expect the planning requirements for 2022/23 to be published before the start of that year.

4.2 The BCF Policy Framework from 2022 will set out further detail on how BCF plans fit within the new legislative framework for Integrated Care Systems.

Tim Golby

Locality Director (Care and Health) – North and East), DCC and NHS Devon CCG

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor James McInnes

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:

Rebecca Harty, Head of Commissioning- Eastern Locality, NHS Devon CCG

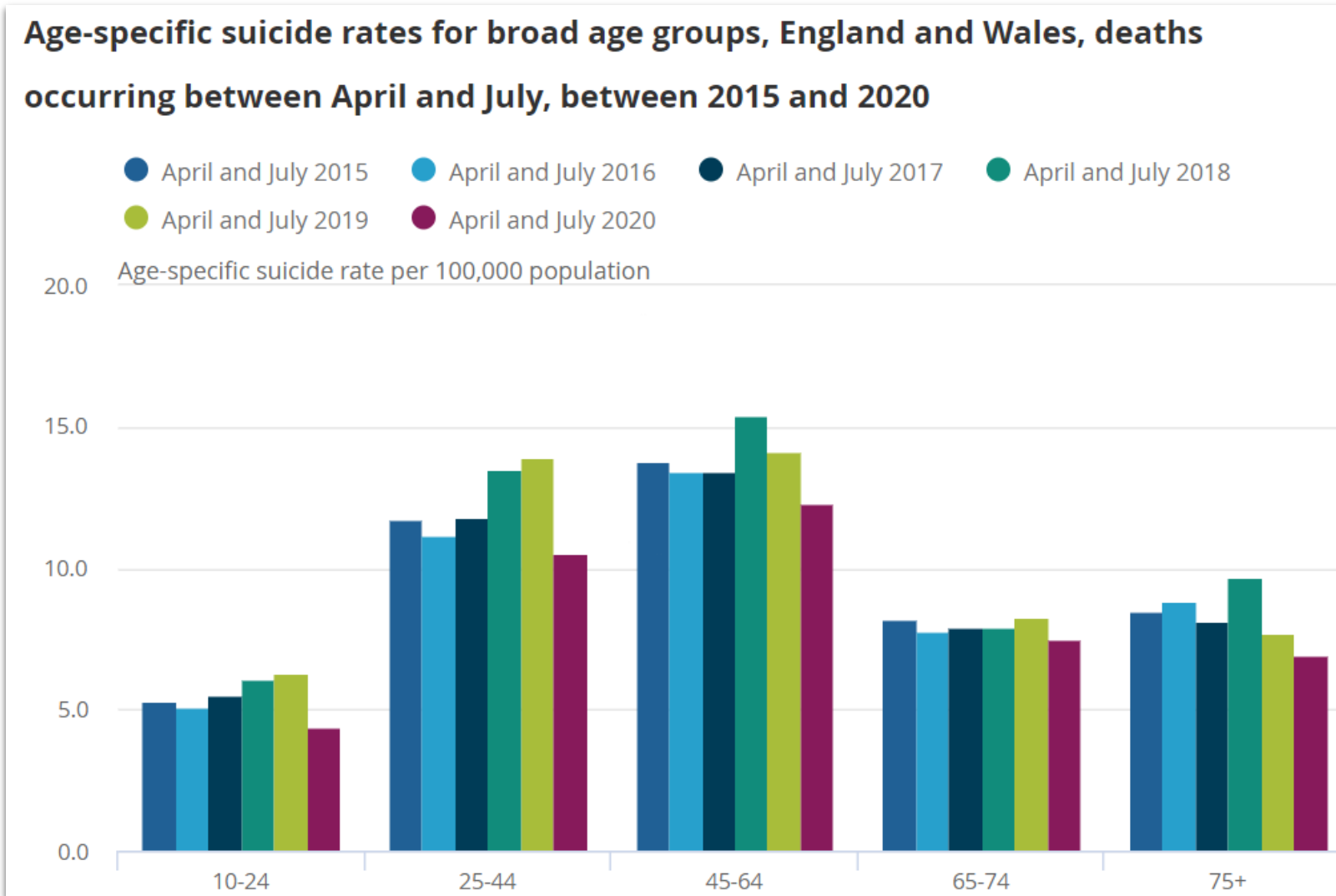
Tel No: 01392 675344

Room: 2nd Floor, The Annexe, County Hall

<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
Nil		

Self Harm in Children and Young People

What do we know? – National Data



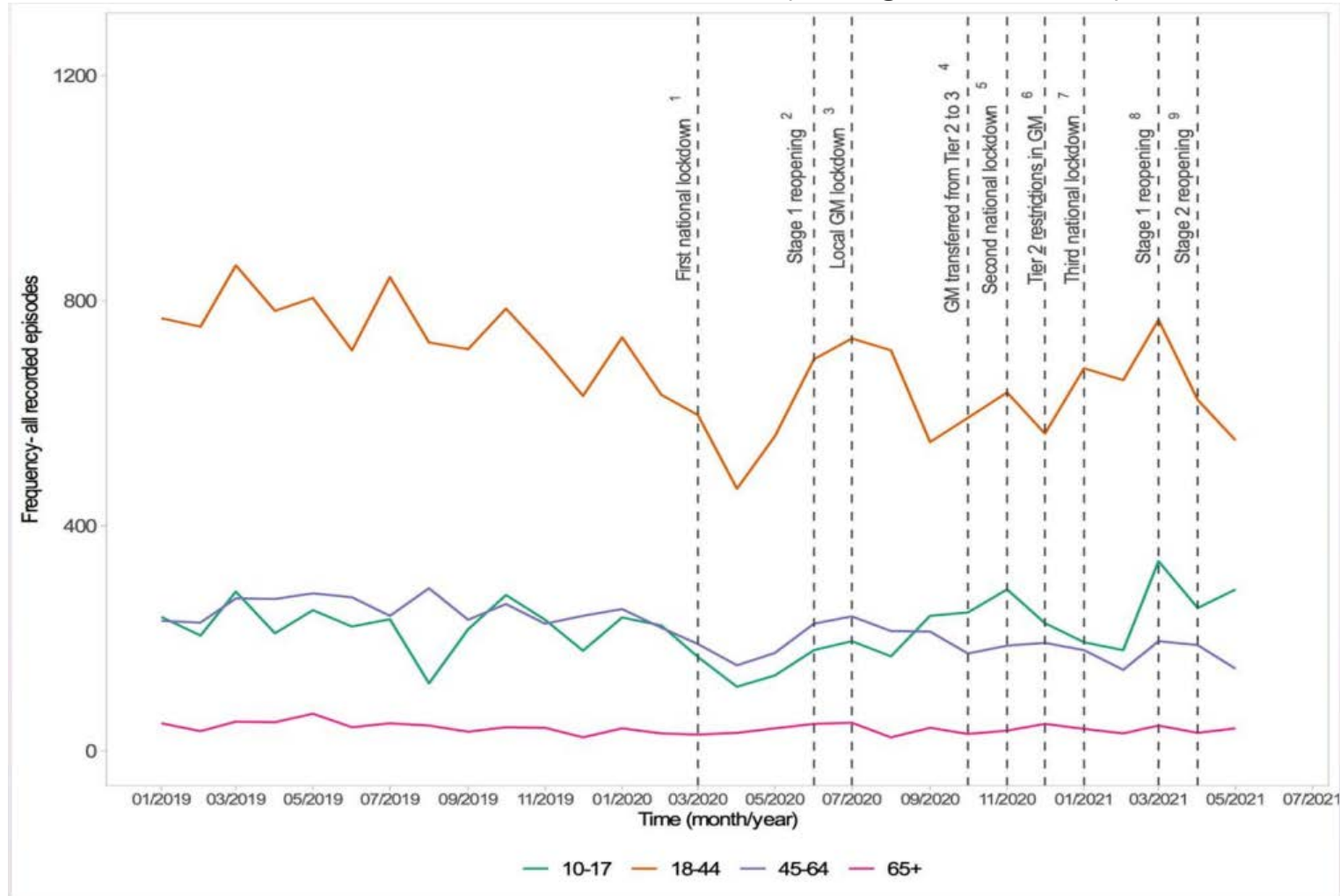
- There is a statistically significant decrease in the age-specific suicide rate for persons aged 10-24 years in Apr-Jul 2020
- Late registrations are unlikely to impact the interpretation of these results, even when allowing for the disruption to coroners' inquests caused by the Covid-19 pandemic.

Source: ONS

What do we know? – National Data

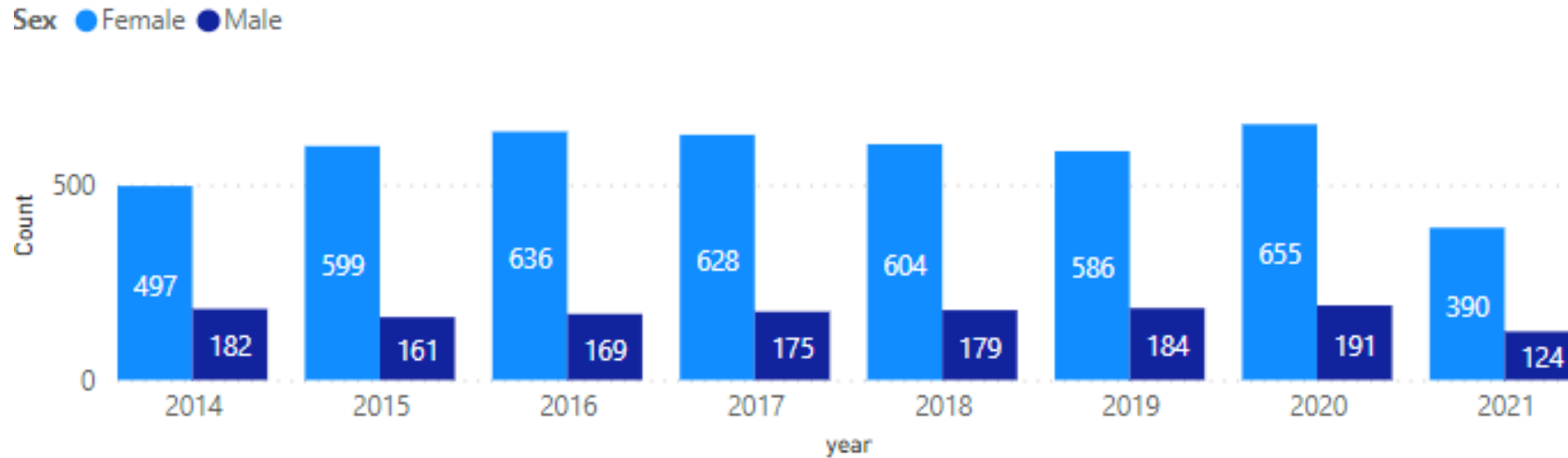
Self harm presentations to Primary Care (includes some hospital presentations) Jan 2019 to May 2021

Source: Greater Manchester electronic healthcare records, (Steeg et al, 2021)



What do we know? Local data

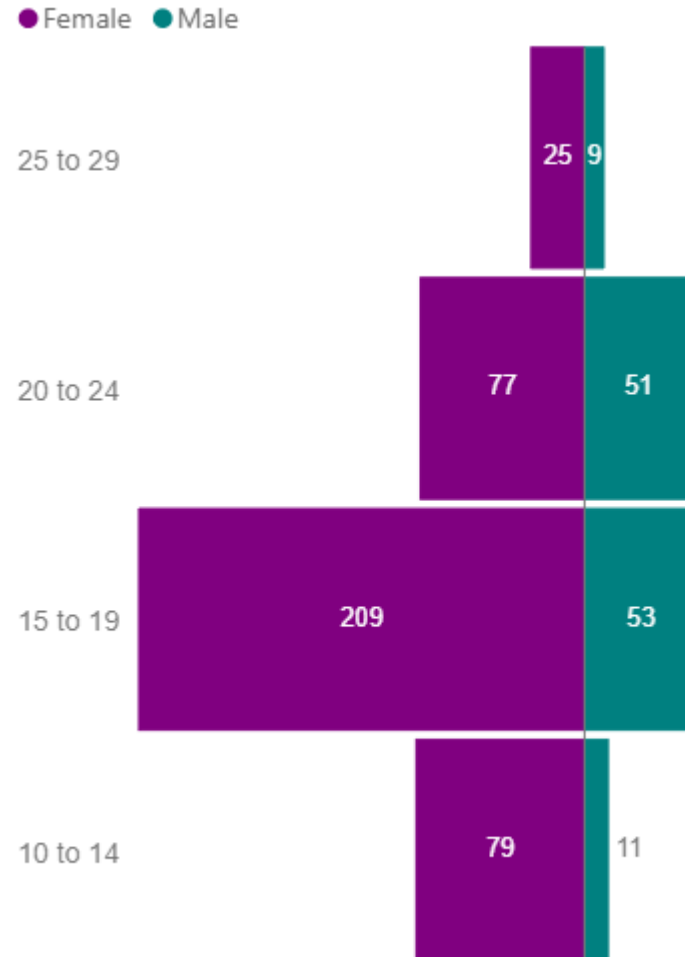
Trend in Number of Emergency admissions to hospital for self-harm by financial year
Ages 0-25, Devon



- The majority of those presenting at hospital are female
- Most admissions relate to self-poisoning
- The number of admissions in 2020/21 (2021 on chart) have fallen in comparison to previous years, this could mean that people aren't accessing services in the same way due to the pandemic

What do we know? Local data

2020/21 No. Emergency admissions to hospital for self-harm by age and sex
Ages 0-25, Devon

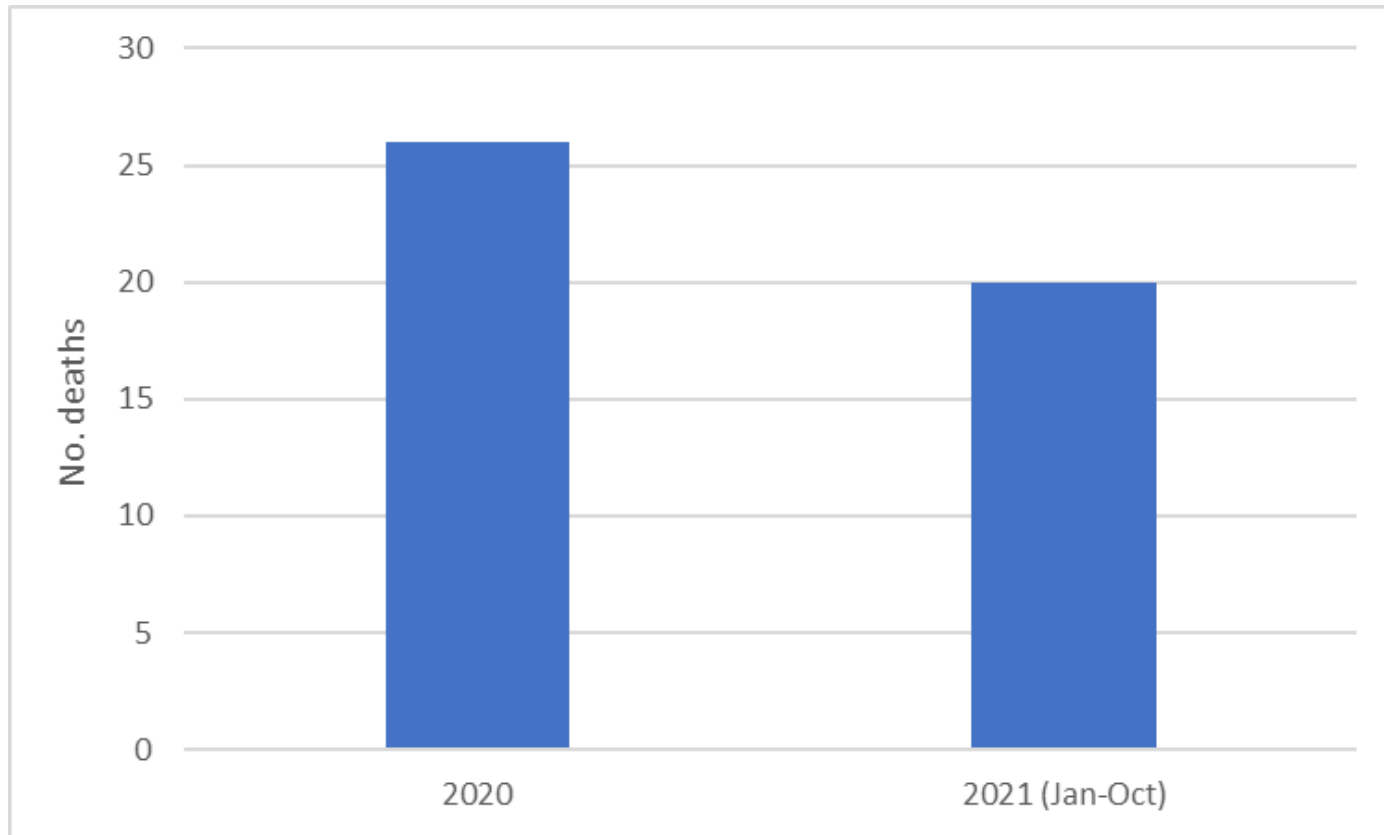


- Age and sex profile for 2020/21 are similar to previous years for those aged 0-25

What do we know? Local data

Sudden Self Inflicted Deaths in under 25's, in Devon Plymouth and Torbay

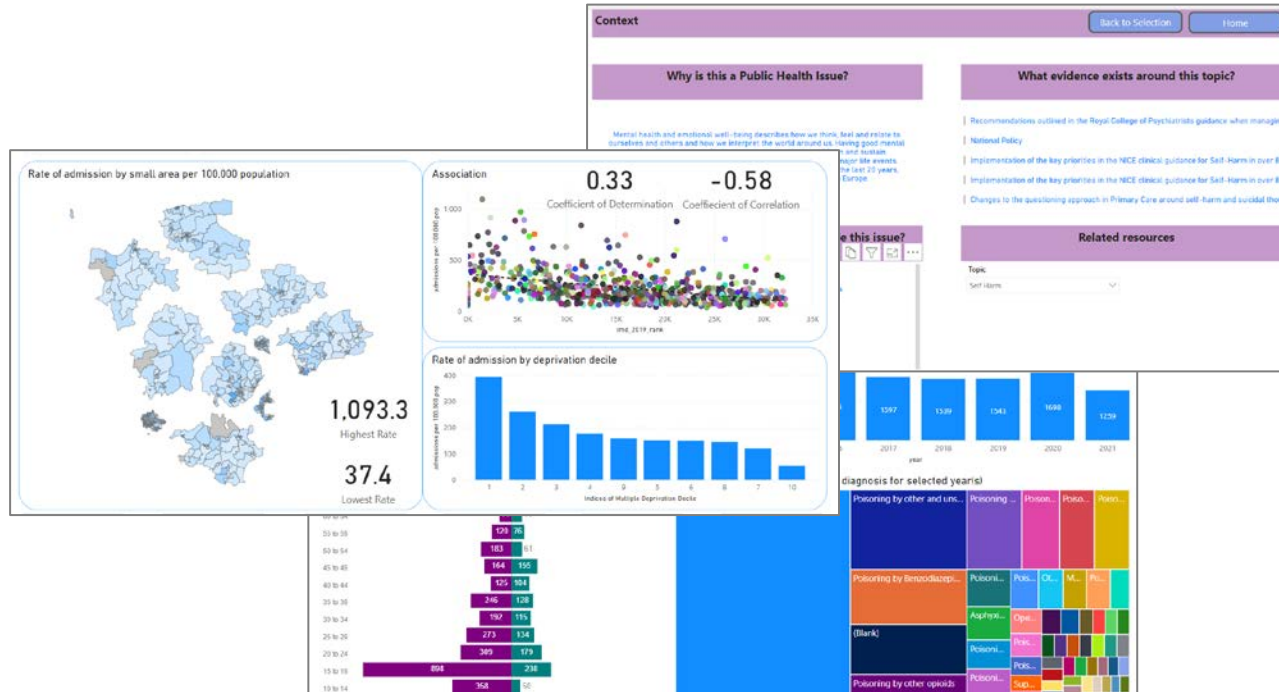
Source: Devon Real Time Surveillance System



- These are pre-inquest and not coroner confirmed suicide deaths; likely to include some drug related deaths
- Deaths are higher in males as is seen nationally

Local Intelligence Developments

Currently developing an exploratory tool, initially focussed on self harm and suicide



Wider determinants and Risk factors

Page 24



- Age - self harm rates peak in 16 to 24 year old woman and 25 to 34 year old men
- Socio-economic disadvantage
- Social Isolation
- Stressful life events such as relationship difficulties, previous experience in the armed forces, child maltreatment, or domestic violence
- Bereavement by suicide
- Mental health problems, such as depression, psychosis or schizophrenia, bipolar disorder, post-traumatic stress disorder, or a personality disorder
- Chronic physical health problems
- Alcohol and/or drug misuse
- Involvement with the criminal justice system (with people in prison being at particular risk)
- People who are lesbian, gay, bisexual or gender reassigned
- Woman of South-Asian ethnicity
- Factors such as education, housing and wider macro-socioeconomic trends such as unemployment rates may also contribute directly, or by influencing a person's susceptibility to mental health problems

What are we doing?

- Support for carers :
School based initiatives including School Nurses
Family Intervention Approach Pilot in Torbay
VCSE organisations – Parent Plus, Youth Arts Health Trust
Other community initiatives including Social Prescribing
- Connect 5 training:
Roll out across DCC including Primary Care Networks, VCSE and Social Care
- Suicide prevention strategy:
CYP priority focus, Real time surveillance - timely bereavement support and monitoring for any clusters
- Improves communication between different CYP groups.

Areas for Development

- . Ensuring equitable provision across Devon Schools
- Specific training for Primary Care Staff; Project Hope
- Develop support for wider system/carers
- Further join up of various Forums that meet to discuss CYP issues and the recovery work of DCC

Food Insecurity and the Council's emerging response and strategy

1. Introduction

The Covid-19 Pandemic has highlighted a range of inequalities across Devon, including a rise in levels of poverty and food insecurity. This has coincided with the Council operating during the pandemic (and subsequent 'recovery') in areas directly supporting people around food, and other essential provision including, food and connection with the clinically extremely vulnerable; the provision of free school meals during holidays and lockdowns; and provision of grants to organisations delivering emergency food provision.

This has allowed the opportunity for significant local learning around the levels of food insecurity in Devon and with it the opportunity to understand the delivery and effectiveness of local support arrangements to those who need it. During the last year, the Council has invested over £5m in the provision of 'food' and essential supplies, particularly to those families eligible to free school meals (18,000 and rising), utilising post Covid funding made available from the Department of Work and Pensions (DWP). A further £5M is being made available for this Autumn/Winter.

The Council has agreed the need to *Tackle poverty and inequality* as one of its key strategic priorities.

2. What is food insecurity?

Household food security is assured when members are confident of having economic and physical access to sufficient, acceptable food for a healthy life (Defra, 2014). Conversely, food insecurity was defined in the Low-Income Diet and Nutrition Survey, commissioned by the Food Standards Agency, and conducted across the UK between 2003 and 2005, as: Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.

So, food security is impacted by many factors including household income, and the supply, quality, variety, and desirability of diet. It relates to every part of the entire food system, and the County Councils emerging strategy and response aims to cover each aspect.

3. Learning from COVID

Prior to the pandemic, Councils in Devon had limited understanding around the issues surrounding food insecurity and had

Agenda Item 9

limited connection to organisations providing food support to local people, or a sense of their local capacity and reach.

Given the need to support people in lockdown, the Council provided significant investment in the voluntary and community organisations (VCSE) to develop infrastructure and to fund support around food and essential supplies over the last eighteen months. The Council was asked to co-ordinate support to the 60,000 clinically extremely vulnerable (alongside wider communities), which was delivered through significant and positive collaboration with VCSE organisations, community groups and District, Town, and Parish Councils as 'Team Devon'. During this time scores of 'mutual aid' groups were formed around food and wider support, often at a local, community level.

As lockdowns eased, the need for support from some communities diminished and with that change, many mutual aid groups ceased to operate. However, as evidenced by the significant rise in those families eligible for free school meals, presentations with Early Help teams, childrens centres and district councils, the growth of food banks and the increase in local levels of food insecurity, there remains a longstanding challenge in addressing the impacts of poverty.

By November 2020 Officers were keen to better understand:

- What was the capacity of food support organisations and how they could best connect in Devon?
- The reach of food insecurity in the County and how those impacted were being supported?
- How best to ensure those most in need were able to access the help they required.

4. Food Networks and local research into Food Insecurity

Devon Community Foundation was grant funded by Devon County Council in late 2020 to commission local research leads (from local food or infrastructure organisations) at a district level to explore the nature of organisations working in some way with food, and whether and how they might work together more closely in future. This research was gathered at a District level and individual reports were produced and shared with partners, with an overall summary report produced alongside recommendations for future work.

The work highlighted effective organisations and positive work underway across Devon alongside a general agreement that better collaboration was required and that future networking and close working with Councils should continue. However, the work also highlighted some overlap and competition in organisations and many gaps in local provision due to geography, transport links and the different purposes and targeting from food organisations.

Working alongside district councils and other partners the Council should continue to invest in work at a network level to develop capacity

and further collaboration locally, particularly to enhance support to those suffering from food insecurity.

The County Council commissioned a 2021 report to establish the level of food insecurity in Devon. Results showed that levels of household food insecurity are at high levels across the county. Overall, 17% of Devon households were shown to experiencing food insecurity, with one in ten Devon households (10%) experiencing substantial disruptions to their eating patterns, with household members eating less and going hungry. These households have reduced food intake because they do not have sufficient money to pay for enough food.

Prior to the pandemic, most UK households were food secure, with high food security (87%) or marginal food security (6%). Only a minority were food insecure, with low food security (4%) or very low food security (4%). Clearly the pandemic has had a significant impact on these levels at a national and local level.

Of significant concern within the research was that many of those most at risk of food insecurity are the least likely to access or able to access support from food organisations. Alongside this, families also struggled to access support from organisations offering wider support such as welfare funding, benefit advice or access to benefits themselves. This will be a result of a range of issues including geography and transport as well as stigma and barriers through language.

The Council and its key partners should continue to invest in learning to better understand the needs of those impacted to ensure that the right and appropriate solutions and support are accessible to them and if required re-designed and delivered.

In June 2021, this learning was shared with the Team Devon Leaders and Chiefs Executive's monthly meeting in the context of work to support households needing financial support in Devon. The Council had provided significant funding to District Councils for this during the pandemic and it had highlighted the opportunity to add greater consistency to the distribution of funding, particularly to ensure those most in need to access support.

The group agreed to *“Reaffirm their commitment to using Covid-19 funds in Devon to meet the Team Devon priorities to tackling economic Impacts and addressing poverty by:*

- 1. Continuing to provide short-term support and helping to people who are economically vulnerable or in financial hardship and*
- 2. Supporting ongoing work across Team Devon to understand and tackle the causes of poverty by working with community, voluntary and social enterprise organisations.*
- 3. Delegate to Simon Kitchen on behalf of Team Devon the development of a shared scheme to contribute to those priorities.”*

Agenda Item 9

Local Councils continue to work together closely in this area and there is a shared commitment across key officers on the development of shared arrangements, funding and learning to ensure vital support to families in Devon can be accessed by families in greatest need across the County. This partnership will be a key foundation to addressing food poverty locally, building on local networks focussing on food and the causes of poverty.

5. Winter Support Grant and Household Support Grant

In December 2020, the DWP as part of a national fund, provided a grant of £2M to DCC to provide support direct to families over the Winter. Officers had a matter of days to develop plans and delivery, in part hampered by a range of restrictions on how the money could be utilised. This provided for the delivery of supermarket vouchers (£30) to children and families eligible for free school meal meals over the Christmas holidays to cover they missed whilst being away from school. This offer was extended to eligible young people in colleges. The Council also promoted the free school meal eligibility and encouraged families to apply (which in part has been highlighted by the rise in eligibility from 15,000 to 18,000 over the last year).

In addition, significant funding was distributed to a range of food organisations (community kitchens, food banks, food box providers) alongside the funding of a scheme with Citizens Advice to provide support around energy bills and debt advice. Extra support was made available to the most vulnerable children, with Early Help Teams, Childrens Centres and organisations specifically supporting BAME communities able to help families with an additional grant of up to £100 per family to support them to buy food and pay utility bills over the winter.

This funding was extended several times (Covid Local Support Grant) up to the end of September 2021 meaning that each of the subsequent school holidays families have been given vouchers to cover free school meals alongside the funding of a range of innovation to support families in need.

The Winter Grant and subsequent Covid Local Support Grant was used to fund the Goodie Box and Get a Healthy Start projects, where recipe kits for families with young children experiencing financial difficulty were delivered during school holidays. This project has run three times during 2021, with almost 6000 deliveries of food, recipes and wellbeing activities for children being made directly to the houses of vulnerable families. Evaluation showed it was successful in not only providing food but encouraging children to get involved in food preparation and supporting families to try new healthy and sustainable recipes with no financial risk. The Goodie Box will likely run again for February 2022 half term.

Funding has also been secured to support the development of community fridges across the county. Although these have a focus on reducing food waste and sustainability rather than insecurity, they can play a key role in

creating more accessible ways of obtaining free or low-cost food in communities for those who need it most.

The Holiday Activities and Food Programme has also provided important support to families in receipt of free school meals; programmes across the County have provided enriching activities and nutritious meals during the Easter and Summer holidays, utilising funding from the Department of Education.

The coronavirus pandemic continues to impact on family budgets, and many people are finding it especially difficult now as we move into colder winter months. The government has recently announced a new Household Support Fund to help those most in need this winter. It will be available until Thursday 31 March 2022, and Devon's allocation of it will be just over £5 million. The fund is designed to support households in most need with food, energy and water bills, and other associated essential costs. DCC is working with the eight district councils and other partners to make the funding available as quickly as possible. Details for how households can access the funding will be available as soon as it is confirmed.

Whilst this funding has and will continue to have significant impact on thousands of families in poverty, due to restrictions in the funding it is unable to be used to build longer term capacity in the local food system. Concerns continue that many people in food poverty will continue to fall through the net when inconsistencies remain regarding support and eligibility, alongside the challenge that many local sources of support are not accessible due to geography or stigma. Partners must look to address this.

The Council has begun initial conversations with DWP to explore an agreement to work closely, likely through an initial local pilot, to provide support proactively and direct to families identified as those most under financial strain. This would not only give confidence that support was being delivered to those greatest at risk of food insecurity but would also allow partners to learn from these families around what support could provide lasting impact on them and their lives.

6. Wider strategic work in Food

The Devon Food Partnership has been established as a strategic food partnership for Devon, Plymouth and Torbay, enabling collaboration and open communications with food stakeholders across the county. The partnership brings the County Council together with other key organisations in an Interim Steering Group. It also facilitates smaller task groups to complete discreet projects and act.

The scope of the partnerships work is guided by the six Sustainable Places principles:

- **Healthy Food For all:** Tackling food poverty, diet related ill-health and access to affordable healthy food.

Agenda Item 9

- **Food for the Planet:** Tackling the climate and nature emergency through sustainable food and farming and an end to food waste.
- **Food Governance and Strategy:** Taking a strategic and collaborative approach to good food governance and action.
- **Sustainable Food Economy:** Creating a vibrant, prosperous, and diverse sustainable food economy.
- **Catering and Procurement:** Transforming catering and procurement and revitalizing local and sustainable food supply chains.
- **Good Food Movement:** Building public awareness, active food citizenship and a local good food movement.

The Interim Steering Group is creating an initial draft strategy for the partnership, informed by consultation with stakeholders in the food system. The outputs of this activity will be important to inform the development of strategic direction for DCC around food and food insecurity more specifically.

The multi -agency Devon Recovery Group, chaired by Meg Booth, is also likely to highlight Food Insecurity and Poverty as one of its priorities for future work and focus, having considered evidence regarding its local impact post pandemic.

6. Next Steps for the Council

As this report highlights, the Council should continue to work with a range of partners on both the long-term opportunities to learn and develop change alongside the short-term distribution of support from funds such as the Household Support Grant.

The following are the current priorities for the Council to develop in partnership, over the next 12 months.

- **Deliver the Household Support Fund to families across Devon to 31 March 2022**
- **DCC/District Councils to commission/grant fund development of Food Networks in Devon, working across VCSE partners**
- **Work jointly on developing a new learning phase building on the experiences around food insecurity to link with wider hardship/welfare**
- **Agree common Team Devon principles for welfare/hardship/support and wider poverty, where helpful**
- **Develop a menu outlining a common offer with minimum expectations for each District area. Include consideration of digital inclusion and how data is shared.**

Agenda Item 9

- **Develop a common Team Devon strategy for this work**

Simon Kitchen
Head of Communities
Devon County Council

Health and Wellbeing Boards update

December 2021

1. Omicron emergency boost

- On 12 December, the Prime Minister, together with the NHS, launched an urgent national appeal calling for people to get jabbed.
- It came as the UK Chief Medical Officers increased the UK Covid Alert Level from Level 3 to Level 4 due to a rapid increase in cases of the Omicron variant.
- Recent data suggests that vaccine efficacy against symptomatic infection is substantially reduced against Omicron with just two doses, but a third dose boosts protection back up to over 70%.
- Between 8 December 2020 and 12 December 2021 973,122 first doses have been given in Devon while 904,812 second doses have been given and 486,736 third and booster doses. A total of 2,365,868 doses
- There is still need for ongoing caution and we will continue to be very clear around the need for regular self-testing, hand washing, use of masks and social distancing.
- Even after a long, difficult and intense year, teams across Devon have rallied and are providing additional capacity to help us achieve our target – their dedication is outstanding. Thank you also to everyone who continues to come forward for the vaccination.

2. The Devon response

- The NHS in Devon is rising to the challenge, working flat out to deliver jabs, save lives and ensure the NHS is not overwhelmed this winter with an influx of Omicron cases.
- In Devon, we need to increase the average number of weekly vaccinations given from 55,000 to 112,000 - this is a huge task at short notice and people in Devon are being thanked for their patience while arrangements to increase capacity are made.
- Local people are asked to be patient with staff and volunteers, who are continuing to work tirelessly. Most patients are polite, but too often, verbal abuse is leaving staff in tears and deeply distressed as they seek to do their job. In the words of Emergency Department consultant Dr Tony Hudson, of the Royal Devon and Exeter NHS Foundation Trust: "We do everything we can to get people the care they need as quickly as possible while ensuring those with the most urgent needs are prioritised. In return, we ask that people continue to be polite, patient and respectful towards us - kindness makes such a difference to our day."
- To deliver the ramped-up vaccination programme, NHS staff will need to be redeployed away from non-urgent services. This means that all primary care services will focus on urgent clinical need and vaccines, and some non-urgent appointments may be postponed until the New Year.

Agenda Item 10

- Additional capacity is always being added to the national booking service (NBS) and demand is high so the advice is to persevere and keep checking back but please do not phone your GP about vaccinations - they will contact you if needed, and they cannot help with national booking service enquiries.
- Drop-in/pop-up clinics will be advertised through media and social media when they are available and when sites have availability.
- We will prioritise people who are housebound and those who are vulnerable.
- When attending vaccination sites, be prepared for a wait. Bring warm clothes, a flask of tea, anything that helps you while you wait. Staff are doing everything they can to get you seen, so please be kind and bear with them. If you are frail or have mobility difficulties, or if you are pregnant, there are people looking out for you to take you to seating areas and if you need help, please tell a marshal.
- Use public transport where possible when accessing vaccination sites as demand is high and traffic congestion has been reported at many sites.
- Across our hospitals some of the sickest patients in intensive care are not vaccinated. You stand the greatest chance against Covid if you are triple vaccinated, and if you haven't had any yet, the more you do to progress your vaccination status the better protected you are against Covid.
- Dr Sarah Wollaston, newly appointed leader of Devon's health and care system, has urged people who haven't yet had a Covid-19 vaccine to reconsider. Dr Wollaston has been volunteering as a vaccinator alongside GP teams in Exmouth – *see picture*.



3. Increasing vaccinations in Devon

Large vaccination centres

- Have moved to seven-day-a-week operation (subject to fixtures at Home Park, Plymouth)
- Have extended their opening hours, in many cases to midnight, and in some cases beyond
- Vaccinations will be offered at the majority of sites on the Bank Holidays of Monday 27, and Tuesday 28 December (but staff will be given a well-earned break on Christmas Day, Boxing Day and New Year's Day)

Vaccination centres run by GP practices / primary care networks (PCNs)

- At present, there are 20 GP led Local Vaccination sites across Devon
- Two thirds of the GP practice groupings (PCNs) are offering Covid vaccination clinics
- Many sites have added additional clinics and extended their opening hours and days for these sites
- The remaining PCN's have all agreed to support the vaccination programme over the Christmas period either through providing pop up clinics or providing staff support other vaccination clinics.

Community pharmacy

- Opening hours and days of operation are being extended
- Discussions are taking place to bring more community pharmacy sites online

Outreach programme

- Staff are being redeployed to support the programme
- Further clinics are being arranged in isolated, rural and very popular (for example, Exeter city centre) locations, as well as places where uptake is known to be lower

Additional measures

- An additional site has been reopened at North Devon District Hospital in Barnstaple and appointments are available through the national booking service
- We are redeploying staff wherever possible to help as vaccinators and administration support to the programme
- A coordinated media and social media campaign by health and care partners is underway to encourage people to take up their vaccine
- A drive-through service has been set up at Greendale, Exeter and will be opened during periods of high footfall at the center/
- The number of walk-in and pop-up sessions have increased

4. Impact on local NHS services

- We are clinically prioritising services in primary care and across the NHS to free up maximum capacity to support the COVID-19 vaccination programme over the next few weeks, alongside delivering urgent or emergency care and other priority services such as cancer
- That could include pausing routine and non-urgent care and redeploying staff to support delivery of COVID-19 vaccinations
- This means some appointments will need to be postponed
- Further guidance is expected from the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA)
- Following the Government's call to accelerate the Covid-19 booster vaccination programme, the majority of our GP practices have, at very short notice, reallocated the majority of their workforce to delivering Covid-19 vaccines over the next two weeks.
- Patients should continue to contact their GP practice for urgent health advice, but are urged to consider calling in the new year if it can wait, or if they can get help from another service such as a pharmacy, to allow teams to prioritise delivery of the vaccination programme.
- There is a wealth of self-help health information on the NHS website – www.nhs.uk – including reliable guidance on managing common winter illnesses. The [HANDi paediatric app](#) has been developed by paediatric consultants for parents and provides access to home care plans, as well as GP and hospital clinical guidelines, for the most common childhood health care conditions.
- Cancer checks will continue to be prioritised. People who are concerned about symptoms which could be cancer should continue to contact their GP. This could include a new lump, blood in wee or poo, or a condition that isn't getting any better. People will be seen in person if they need to be examined, but most conditions can be discussed by phone, or by video call with a clinician.
- Please be kind to the reception team who are working under huge pressure to help everyone get the help they need this winter.

Agenda Item 10

5. Integrated Care System for Devon – leadership appointments

- **Dr Sarah Wollaston** has been appointed chair of the Integrated Care System for Devon (ICSD) for the next 12 months. Dr Wollaston, a practising GP in Devon, was MP for Totnes from 2010 to 2019, during which time she served as chair of the Health and Social Care Select Committee in the Commons for five years.
- Dr Wollaston succeeds **Dame Suzi Leather**, who has chaired the Devon health and care system since 2018.
- Dame Suzi had announced that she would not be seeking further office as the chair of the ICS for Devon. However, she agreed to continue in the role for a short period after a national recruitment process run earlier in the year did not appoint to the position of Chair Designate for Devon's new Integrated Care Board (ICB).
- Dr Wollaston, who lives in South Devon, has worked in hospital and primary care settings and returned to clinical practice during the pandemic as a GP and to help with the COVID vaccination programme. She was recently awarded an honorary fellowship with the Royal Society of Medicine in recognition of her work in public health and scrutiny of health policy.
- **Jane Milligan** has been formally appointed to the role of Chief Executive Officer for the new Integrated Care System for Devon (ICSD), when it officially comes into being from 1 April 2022.
- Following a rigorous national process for all new ICS Chief Executive Officer posts, NHS England has now approved Jane in this role. Jane joined the Devon system in April 2021, having previously worked in north east London.

6. Winter pressures

Factors causing the pressures include:

- Sustained demand for Covid beds. Although numbers are currently lower than previous waves, there is a significant impact on beds and staffing available for other patients including those who are due to undergo planned procedures
- High numbers of people attending emergency departments (ED) - many of these patients are very unwell and need to be admitted into hospital beds. Bed occupancy is very high in all our hospitals.
- People using ED inappropriately. People who have an emergency should attend ED but those who attend for treatment for minor conditions will have a very long wait and are putting unnecessary pressure on these already stretched services. Only use an emergency department in a genuine emergency.
- Delays in discharging people from hospital. Existing pressures are impacting on social care providers' ability to deliver their services, meaning that care packages in the community are difficult to resource. This means that there are many people in hospital who are ready to leave, consequently we can't use their beds for patients who are waiting in ED. The NHS is working with [local authorities](#) on a number of [measures](#) to relieve these pressures.
- Pressure on staffing due to staff absences and job vacancies - there are vacancies across the health and care system. For example, we need at least 1,000 more social care workers locally and there currently 1,400 NHS vacancies in Devon.
- Demand for NHS 111 is up to 12% higher than expected on some days

7. Devon Long Term Plan

- A working group has been established to oversee the development of the Long-Term Plan Case for Change and the Business Case for any possible public consultation.
- The group includes Liz Davenport (CEO lead for the Long Term Plan); Carol Beckford, who has joined to support the planning of the Plan; Dr Rob Dyer, who is supporting and working with clinicians and others to develop the case for change; Dr David Greenwell, and a communications representative.
- The Group are looking to develop three versions of the Plan, tailored to specific audiences:
 - A summary version, which will be used within the system to set out why change is needed.
 - A longer technical document (primarily aimed at clinicians, senior leaders, and regulators) with greater detail on the drivers for change and the impact, costs and benefits.
 - A public-facing document that explains the proposals simply and coherently. This will be supported by a wide range of other channels to reach as many people as possible.
- The Case for Change will take a population health lens, not just an acute agenda, with strong financial and business intelligence components.
- The next steps are to finalise and agree the timelines, and process for involving the public and stakeholders.

8. Emergency Department Survey Report

- NHS Devon Clinical Commissioning Group commissioned Healthwatch in Devon, Plymouth, and Torbay to [engage with people using Emergency Departments in Devon](#).
- Healthwatch volunteers and staff conducted surveys in four emergency departments (EDs) across Devon: Torbay Hospital (Torquay), Derriford Hospital (Plymouth), North Devon District Hospital (Barnstaple), and the Royal Devon and Exeter Hospital (Exeter).
- 407 people completed the surveys across the 4 EDs in Devon.
- Healthwatch also gathered feedback via its three local websites from people who had used one of the four EDs in the past two months.

Next steps

- The findings were shared extensively within the CCG, with urgent care leads, hospital trusts and other partners, where the approach, engagement and findings was welcomed.
- The CCG has used these detailed findings to help improve services, patient experience and access to services across the system.
- In response to this report, the urgent care system in Devon is developing an action plan and has discussed the findings at a system-wide urgent care summit. This action plan will determine the issues that need to be addressed within the wider system.

HEALTH AND WELLBEING BOARD – FORWARD PLAN

<u>Date</u>	<u>Matter for Consideration</u>
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 Integrated Care Systems Alcohol specific admissions in under-18s and links to deprivation 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>
14 July 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 CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
20 October 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 CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
19 January 2023	
6 April 2023	
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>

