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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 31 December 2024

Contact: wendy.simpson@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 9th January, 2025

A meeting of the Health and Wellbeing Board is to be held on the above date at 2pm in the Committee Suite, County Hall, Exeter to consider the following matters.

Donna Manson
Chief Executive

A G E N D A

PART I - OPEN COMMITTEE

- 1 Apologies for Absence
- 2 Declarations of interest

Members of the Council will declare any interests they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

The other registrable interests of Councillors of Devon County Council, arising from membership of City, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes: [A list of county councillors who are also district, borough, city, parish or town councillors](#).

- 3 Minutes (Pages 1 - 6)

Minutes of the meeting held on 24 October 2024.

4 Items Requiring Urgent Attention

Items which in the opinion of the Chair should be considered at the meeting as matters of urgency.

4a Appointment of Vice-Chair

5 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 7 - 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](#).

6 Better Care Fund Update (Pages 11 - 16)

Report of the Director of Integrated Adult Social Care (IASC/25/02).

7 NHS Devon Update (Pages 17 - 18)

Update report from NHS Devon.

8 Pharmacy Update (Pages 19 - 22)

Pharmacy briefing attached.

9 Climate Change Dashboard (Pages 23 - 26)

Report of the Director of Public Health.

10 Early Years Strategy - progress update (Pages 27 - 78)

Report of the Director of Public Health (PH/25/01).

11 Devon Youth Council - Mental Health in Schools and Colleges (Pages 79 - 100)

Presentation.

OTHER MATTERS

12 Scrutiny Work Programme

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

13 Forward Plan (Pages 101 - 102)

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

14 Dates of Future Meetings

Development Workshop: Friday 14 March 2025, 1pm-4pm at County Hall.

Next Board meeting: 20 March 2025

Future meeting dates are included in the Council's [Meetings Calendar](#).

PART II ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF THE PRESS AND PUBLIC

None

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

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Induction Loop available



HEALTH AND WELLBEING BOARD

24 October 2024

Present:-

Councillors R Croad (Chair) A Leadbetter, F Letch (remote) and A Saywell (remote)
V Bendle (representing S Collins)
S Brown, Director of Public Health
T Forster, Director of Integrated Adult Social Care
S Lewis, Joint Engagement Forum
S Lonton, Healthwatch Devon
I Luscombe, Environmental Health Officer Group

Apologies:-

Councillor P Bullivant and S Collins, Director of Children & Young People's Futures

Members attending in accordance with Standing Order 25

Councillor J McInnes

* **161** **Appointment of Chair**

RESOLVED that Councillor Croad be elected Chair for this meeting, in the absence of Councillor Bullivant.

* **162** **Appointment of Vice-Chair**

This item was deferred to the next meeting.

* **163** **Declarations of interest**

The Chair reminded Members they should declare any interests they may have in any item to be considered, prior to any discussion taking place on that item.

* **164** **Minutes**

RESOLVED that the minutes of the meeting held on 18 July 2024 be signed as a correct record.

* **165** **Items Requiring Urgent Attention**

There were no items requiring urgent attention.

Agenda Item 3

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HEALTH AND WELLBEING BOARD

24/10/24

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

The Board noted the Report from the Director of Public and Communities (CX/PH24/10) on the performance for the Board, which monitored the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2020-25.

The latest Health and Wellbeing Outcomes Report 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

Six indicators had been updated since the last report to the Board, namely:

Adjusted antibiotics prescribing in primary care by the NHS (per STAR-PU) (Persons) 2023
Estimated dementia diagnosis rate (Persons) 2024
Fuel poverty (low income, low energy efficiency methodology) (%) 2022
Low birth weight of term babies (%) (Persons) 2022
Population vaccination coverage – Flu (aged 65+) (%) (Persons) 2023/24
Population vaccination coverage – Flu (at risk individuals) (%) (Persons) 2023/24

In discussion, concern was raised at the low dementia diagnosis rates across Devon, and the Board **RESOLVED** that this issue be examined at a future meeting to better understand the data, working with the NHS and other stakeholders to develop a comprehensive strategy.

* **167** **Better Care Fund Update**

The Board received the Report of the Director of Integrated Adult Social Care (IASC/24/15) on the Better Care Fund, covering latest performance.

The Better Care Fund (BCF) was the mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brought together ring-fenced budgets from NHS allocations, ring-fenced BCF grants from Government, the Disabled Facilities Grant and voluntary contributions from local government budgets, including the Adult Social Care Discharge Fund. This Health and Wellbeing Board had oversight of the BCF and was accountable for its delivery.

The report provided information on the BCF 2024/25 Quarter 1 return for the Additional Discharge Fund, noting that under delegated powers Councillor Bullivant in his capacity as Chair of the Board, had approved the submission on 14 August 2024.

RESOLVED that the Better Care Fund Quarter 1 submission be endorsed.

* 168

Smokefree Devon Alliance Progress Report

The Board received the report and [presentation](#) of the Director of Public Health and Communities (PH24/09), which provided an update on the Smokefree Devon Alliance progress; requesting that the Board considered its contribution in supporting the introduction of the Tobacco and Vapes Bill; and continued to consider opportunities for reducing harm caused by tobacco through existing linked programmes of work.

The Smokefree Devon Alliance strategy was launched in 2023, promising annual progress reports to review progress towards the Alliance's priorities to:

1. Protect children and young people from the harms of tobacco and de-normalise tobacco use to help prevent uptake.
2. Reduce health inequalities caused by smoking, by supporting high quality evidence-based interventions, with a focus on achieving equity and fairness.
3. Ensure cross-sector, strategic collaboration around tobacco control, and support the development of a smokefree culture within key organisations.

The report and [presentation](#) outlined the key findings of the annual review, including:

- A reduction in smoking prevalence in Devon, with the rate decreasing from 13.9% in 2022 to 10.8% in 2023.
- The importance of addressing smoking in priority groups, e.g. pregnant women, children and individuals with mental health conditions, to reduce health inequalities.
- A Smokefree NHS steering group had been established to focus on encouraging strategic prioritisation of treating tobacco dependence within acute and mental health trusts.
- That Government would soon be introducing the Tobacco and Vapes Bill, which stood to be the most significant public health intervention in a generation.

It was reported that the Government had just announced plans to introduce legislation to ban the sale of single-use vapes from June 2025.

The Board discussed the report and presentation and were happy to note its contents.

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HEALTH AND WELLBEING BOARD

24/10/24

* **169** **Health Impact Assessment of the draft Local Transport Plan 4**

The Board noted the Report of the Director of Public Health and Communities on the Health Impact Assessment of the draft Local Transport Plan 4

The report explained that transport had the potential to greatly influence the public's health, both positively and negatively. The next Local Transport Plan would set the strategic direction of travel for investment in transport in Devon and Torbay over the next 10-15 years. This presented a significant opportunity to promote a transport system that would support health and wellbeing and reduce health inequalities.

The Rapid Health Impact Assessment attached to the report provided a summary assessment of the potential impacts of the draft Local Transport Plan 4 and considered a range of health impacts and identified population groups that required specific consideration.

The Board were invited to contribute their comments and any relevant intelligence for inclusion in the Health Impact Assessment of the Local Transport plan, by no later than 8 November 2024. The Board could also submit responses to the public consultation on the Local Transport Plan, which ran until 30 November 2024.

* **170** **Peninsula Acute Sustainability Programme - Developing the Case for Change**

The Board received the Peninsula Acute Sustainability Programme (PASP) paper on Developing the Case for Change, presented by Chief NHS Officers.

The paper covered the following:

- Context and Background of the PASP Programme
- The outputs from Phase 1
- Our plans for Phase 2
- A summary of the Case for Change
- How we plan to work with local populations during Phase 2 to develop a Case for Change.

Chief Officers explained that the Peninsula Acute Provider Collaborative aimed to develop a clinical strategy that ensured sustainable acute hospital services, focused on clinical and workforce sustainability and financial viability. The importance of public engagement in developing the clinical strategy was emphasised. The collaborative planned to use the DARZI review as a platform to gather public input on what a good, sustainable acute hospital service should look like.

The Board welcomed the paper and the request for Board Members to support raising awareness locally and to encourage local people to take part in the engagement.

* **171** **NHS Devon Update**

The Board noted the update presented by the Chief Medical Officer, NHS Devon, which provided 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.

Highlights of the update included:

- Winter Vaccinations – there had been a strong start to the Winter campaign, which included additional offers to protect pregnant women and young children from respiratory viruses like RSV.
- Dental Services – emphasis on the importance of oral health and the efforts to address the challenges in providing dental care in Devon.
- Homeless Service – Inclusion Health Devon was a new community interest company formed to provide services for the homeless, aiming to support this vulnerable group and address their healthcare needs.

The Board requested a further update on Pharmacy closures at a future meeting.

* **172** **Healthwatch Devon Update**

The Board noted the Healthwatch Devon update report, which provided updates on various initiatives, including the unpaid carers' action plan; engagement with children in care; and a pilot project with Libraries Unlimited to gather feedback on social care.

The Board welcomed the informative report.

* **173** **Health & Wellbeing Board Development**

(Councillor McInnes attended in accordance with Standing Order 25 and spoke to this item.)

The Board noted the report of the Chair of the Health and Wellbeing Board, as presented by the Director of Public Health and Communities.

The report discussed the need for a review and development of the Health and Wellbeing Board, considering the changes in membership and the evolving landscape. The Director emphasised the importance of identifying priorities and holding parties accountable for delivering them.

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HEALTH AND WELLBEING BOARD

24/10/24

The Board noted the report and welcomed participation in the development meetings and workshop planned for November/December 2024 to drive Board development and impact.

* **174** **Pharmaceutical Needs Assessment Update and Timeline**

The Board noted the report of the Director of Public Health and Communities on the proposed development timeline for the Pharmaceutical Needs Assessment (PNA) 2025-28 for Devon.

It was explained that under the Health and Social Care Act 2012, the Board had a legal duty to ensure the production of the PNA. The Board was required to publish a revised assessment within three years of the previous publication, which was on 1 October 2022.

* **175** **Carers Partnership Steering Group**

The Board **resolved** that Councillor F Letch and Mr G Ellis be elected as representatives on the Carers Partnership Steering Group.

* **176** **Dates of Future Meetings**

Next meeting: 9 January 2025 at the new time of 2.00pm

Future meeting dates of the Board could be found on the Council's website - [Browse meetings - Health and Wellbeing Board - Democracy in Devon](#)

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 3.37 pm

CX/PH25/01
Devon Health and Wellbeing Board
January 2025

Health and Wellbeing Outcomes Report, January 2025

Report of the Director of Public Health

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

1) Recommendation

That the Cabinet / Committee be asked to note the update of the Joint Health and Wellbeing Strategy (JHWS) outcomes reporting update and if there are any additional more detailed updates required on specific topics in the JHWS outcomes reporting for the next board.

2) Background / Introduction

The purpose of this report is to inform the Devon Health and Wellbeing Board of the latest data updates in the Devon Health and Wellbeing Outcomes Report and provide descriptive analysis around how the updated indicators has changed since their last update.

3) Main Body / Proposal

The Devon Health and Wellbeing Outcomes Report monitors intelligence pertaining to the four priorities identified by the Joint Health and Wellbeing Strategy 2020-25, broken down by local authority, district, and trends over time. These four priorities are to create opportunities for all; to create healthy, safe, strong, and sustainable communities; to focus on mental health; and maintain good health for all.

This report supplements the full Devon Health and Wellbeing Outcomes Report for January 2025, which is available on the Devon Health and Wellbeing website, accessible at: <https://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/>

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

- **Smoking Prevalence in adults (aged 18 and over) - current smokers (APS) (%) (Persons) (1 year range) (Persons) (2023)**
Prevalence of smoking among persons aged 18 years and over.

The Devon rate is 10.8% which is statistically similar to the England rate at 11.6%.

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East Devon (7.3%) is statistically better than England; Exeter (9.1%), Mid Devon (12.3%), North Devon (12.5%), South Hams (6.6%), Teignbridge (17.0%) Torrridge (9.4%) West Devon (13.8%) were all statistically similar; no districts were statistically worse than England.

- **Under 75 mortality rate from causes considered preventable (per 100,000) (Persons) (2023)**

Directly age-standardised mortality rate from causes considered preventable, per 100,000 population, in those aged under 75 years.

The Devon rate is 125.7 which is statistically better than England at a rate of 153.0.

East Devon (114.2), South Hams (75.0) Teignbridge (105.6) Torrridge (120.7) West Devon (112.8) are all statistically better than England; Exeter (171.0) Mid Devon (137.6) and North Devon (178.2) are all statistically similar to England; no districts were statistically worse than England.

- **Suicide rate (Per 100,000) (10+ years) (Persons) (2021-23)**

Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population.

Devon has a rate of 13.7 which is statistically worse than England at a rate of 10.7.

No districts were significantly better than England; East Devon (13.3) South Hams (8.5) Teignbridge (11.5) Torrridge (11.7) are all statistically similar to England; Exeter (15.8) Mid Devon (17.1) North Devon (16.4) and West Devon (20.5) are all statistically worse when compared to England.

4) Options / Alternatives

Nil

5) Consultations / Representations / Technical Data

Nil

6) Strategic Plan

The JHWS priorities align to the Devon County Council Plan 2021 – 2025:

<https://www.devon.gov.uk/strategic-plan/> . The JHWS outcomes reporting is a regular quarterly item where the board notes progress on the strategic outcome indicators.

7) Financial Considerations

Nil

8) Legal Considerations

Nil

9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

Nil

10) Equality Considerations

There are no specific equality considerations. This report is an update to the Health and Wellbeing Board on JHWS outcome measures identified in the JHWS Strategy. Public Health Intelligence monitors population health and inequalities across Devon, and further detailed information can be found in the Joint Strategic Needs Assessment resources on the Health and Wellbeing Board Website.

11) Risk Management Considerations

Nil

12) Summary / Conclusions / Reasons for Recommendations

Nil

Steve Brown
Director of Public Health

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IASC/25/02
Health & Wellbeing Board
9 January 2025

BETTER CARE FUND - UPDATE

Report of the Director Integrated Adult Social Care.

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

1) Recommendation:

1.1 The Board acknowledges the latest BCF performance against required metrics for Quarter 2 of 2024/25. (To note Cllr Bullivant in his capacity as Chair of the HWB approved the submission 31/10/24 to align with national timescales).

2) Background / Introduction

The Better Care Fund (BCF) is the 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 NHS allocations, ring-fenced BCF grants from Government, the Disabled Facilities Grant and voluntary contributions from local government budgets, including the Adult Social Care Discharge Fund. The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery.

This report:

1. Provides information about the BCF 2024/25 Q2 return for the Additional Discharge Fund, approved by Cllr Bullivant in his capacity as Chair of the HWB on 31/10/24 to align with national timescales
2. Asks the Board to note that the quarter 3 return is due 14 February, which will also fall outside of the HWB meeting schedule. The HWB chair will be asked to approve the return before submission, and it will be brought to a future HWB meeting for endorsement.

3) Devon BCF 2024-25 Q2 report – Additional Discharge Fund

3.1 Governance

Quarterly BCF reporting templates were issued in October for submission on 31 October. Quarter 2 required reports on progress toward our agreed plans for avoidable admissions, falls, discharge to usual place of residence and residential admissions for both DCC and NHS Devon ICB.

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The due date was 31 October, falling outside of the HWB meeting date. The Chair exercised their delegated authority to sign on behalf of the board, with the decision noted at this meeting, being the next available Board.

Cllr Bullivant in his capacity as Chair of the HWB approved the submission 31/10/2024.

3.2 Metric Targets (N.B. for 2024/25 only)

3.2.1 Avoidable Admissions

Definition: Unplanned hospitalisation for chronic ambulatory care sensitive conditions rate per 100,000 population.

We measure this as we would expect to be able to manage these conditions without the need for hospital admission.

Plan for 2024/25:

	<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>
<i>Target</i>	175.4	171.8	165.6	165.6
<i>Actual</i>	174.5			

Latest available actual data indicates Devon's is on track to achieve its target. Clinical coding backlog is impacting on data reporting. Revised local data for Q1 indicates performance at 174.5.

Programmes have been established to focus on those people who are admitted frequently and where this could have been avoided (High Intensity Use). This includes looking at how the voluntary and community sector can help us in developing peer support groups. The following providers deliver HIU services within the Devon County Council footprint:

- British Redcross, South Devon and Torbay,
- Encompass SW, North Devon,
- Encompass SW and CoLab Exeter, East Devon
- FUSE, Plymouth and West Devon

A challenge in this area includes recruitment delays and differences in approach across localities.

3.2.2 Falls

Definition: Emergency hospital admissions due to falls in people aged 65 & over, directly standardised rate per 100,000.

We measure this as we would aim to prevent and mitigate falls in older people.

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<i>2023/24 Actual</i>	<i>2024/25 Plan</i>
1684.4	1550.7

2024/25	Q1	Q2	Q3	Q4
Target (maximum)	388	388	388	388
Actual	433.4	450 (est)		

Data indicates Devon is not on track to achieve its target.

Quarter 2 local performance data shows 433.4 admissions, whereas we would be looking for no more than 388 per quarter.

We have developed a cross-county approach to deliver evidence based Falls and Management Exercise programme (FaME), with further locality based developments linking into all three NHS trusts.

A challenge in this area is the different approaches to falls prevention across localities, and operational pressures and vacancies in intermediate care and community teams across health and social care. Work has started across ICS footprint to strategically plan a consistent approach to manage falls and frailty in the community.

3.2.3 Discharge to Usual Place of Residence

Definition: The percentage of people who are discharged from acute hospital to their normal place of residence.

We measure this as we aim to support people back to independence in their own homes, rather than on to further care settings.

	<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>
<i>Target</i>	92.8%	92.8%	92.8%	92.8%
<i>Actual</i>	93.26%	93.09%		

Latest available actual data indicates Devon is currently on track to meet the target. Quarter 2 performance shows an actual of 93.09% for this metric and therefore above the target.

Our Hospital Discharge Transformation Programme focuses on market capacity to deliver the type of care needed, and making best use of reablement services rather than bed based care.

3.2.4 Residential Admissions

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

Agenda Item 6

We measure this as we aim to support people to remain independent in their own home and only those who absolutely need it would be admitted to care homes.

<i>2023/24 Actual</i>	<i>2024/25 Plan</i>
556.8	533

Q1 24/25	Q2	Q3	Q4
553.8	573.9		

Devon is not in track to achieve its target for 2024/25. Quarter 2 local performance data shows 573.9 admissions.

Health and care commissioners and providers are working together to improve this performance, as we have seen an unintended impact on numbers of long-term admissions to care homes as a result of the programme.

Work includes a focus on increasing capacity to enable more people to be discharged home with the right support. We are also focusing on the sufficiency and effectiveness of the reablement / intermediate care support in care homes, to ensure people are supported to return home rather than end up as a long-term admission.

4) Options/Alternatives

None.

5) Consultations/Representations/Technical Data

None.

6) Strategic Plans

Plans for the BCF in Devon align with both DCC and ICB strategic intentions in respect of services to vulnerable adults.

7) Financial Considerations

As a result of the BCF plan 2024/25 update being approved nationally, NHS England funding has been released for use. The Q2 return for the BCF 2024/25 is noted in this report.

8) Legal Considerations

The lawful implications/consequences of the planned use of the BCF in Devon have been considered in the preparation of this report.

9) Environmental Impact Considerations (Including Climate Change)

There are no specific impacts on environment and environmental related issues. The majority of the BCF spend in Devon, has a socio-economic impact through the commissioning and provision of services to vulnerable people and employment of those providing those services.

10) Equality Considerations

The national planning requirements for the use of the BCF provide specific requirements for the delivery of the Public Sector Equality Duty. Regional and national moderation and approval of plans provides additional assurance regarding the consideration of equalities in the plans.

11) Risk Management Considerations

This report has been assessed and all necessary safeguards or action have been taken / included to safeguard the Council's position

12) Summary

The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery. This report provides and update on the Quarter 2 return.

Tandra Forster

Director of Integrated Adult Social Care

Electoral Divisions: All

Local Government Act 1972: List of background papers

Background Paper: Nil

Date: Nil

File Reference: Nil

Contact for Enquiries:

Nicola Tribble (Senior Manager Commissioning – Markets)

Integrated Adult Social Care Commissioning

Email: Nicola.Tribble@devon.gov.uk

Room: The Annexe, County Hall

Devon Health and wellbeing board January 2025

Vaccination update (data as of 23rd November)

Data for Covid-19, flu and RSV vaccinations.

- Uptake for Covid-19 vaccinations is currently at 51% of eligible cohorts
- Uptake for Flu vaccinations is currently at 56% of eligible cohorts
 - Over 56% of those having a Covid-19 vaccination have opted to have a flu vaccination at the same time
- Uptake for RSV catch up vaccinations (75 – 79 year olds) is currently at 39%
- 250 outreach clinics have taken place with further clinics planned to take place up to 31 January 2025.
- Clinics targeting underserved groups have been held, which includes the following:
 - o Highly deprived areas
 - o Farming communities
 - o Homelessness
 - o Elderly/frail cohorts
 - o Fishing communities
 - o Carers events
- Various future clinics are planned to reach the low uptake areas and hard to reach communities.

The vaccination team are building on the model used previously to drive innovative engagement activities, increase vaccine confidence, and improve uptake through relaunching the VCSE outreach vaccination fund. There has been £30,000 allocated from the Access and Inequalities funding to target inclusion groups and our diverse communities in Devon.

There have been 7 successful applications and circa £26,000 has been awarded. The scheme is still open to applications and VCSE organisations have until 31 March 2025 to complete their projects.

Waiting times

78 week wait position

The system remains behind trajectory in September for 78ww clearance with a total of 72 against a plan of zero, with patients remaining to be seen in October with a predicted position of 62 (data as of 13/09/24).

65 week wait position

Patients within the 65ww cohort are also behind trajectory for September and October with a position of 897 for September and 667 for October against planned positions of 378 and 104 respectively.

Agenda Item 7

10 Year Plan

The [Devon 10 Year plan engagement programme](#) launched on 18 November 2024. This has been promoted through a number of digital and non-digital channels across Devon.

As of 19 December, over 700 responses have been received to the Devon 10 Year Health Plan survey from staff and the people and communities.

Throughout January – a series of engagement days are taking place across Devon to raise awareness of the engagement opportunities and explore experiences and opinions in more detail through a series of workshops.

Paignton Library – 17 January 2025
Ivybridge Library – 24 January 2025
Exeter Library – 28 January 2025
Barnstaple Library – 30 January 2025
Drakes Circus Plymouth – 31 January 2025

The survey responses and outputs from the workshops will be used to support the development of the 10 Year Health Plan for England which is due to launch in Spring 2025. The findings will also inform local priorities in Devon and support existing work programmes.

Devon Health and Wellbeing Board members can support this programme by;

- Raising awareness of the Devon 10 Year Health Plan survey with local communities
- Promote the engagement days and support recruitment to the workshops

The surveys, promotional materials and details of the engagement days and workshops are available on the dedicated [One Devon Webpage](#).

NHS Pharmacy Services in Devon

Stakeholder briefing

December 2024

Introduction

The Pharmacy First Service is a national service commissioned by NHS England. All community pharmacies in England have the opportunity to sign up and deliver the service however, - it is not mandatory. In Devon, over 95% of community pharmacies are signed up to the scheme.

The service launched on the 31 January 2024 and enables community pharmacists to complete episodes of care for patients without the need for the patient to visit their general practice. This means pharmacists can complete a patients care for some conditions from start to finish, by having the ability to supply the patient with certain medication, if appropriate, without a prescription from a GP.

This service, alongside expansions to the pharmacy blood pressure checking and contraception services, is estimated by NHS England to save up to 10 million general practice team appointments a year and is designed to help patients access quicker and more convenient care, including the supply of appropriate medicines for minor illness.

The Pharmacy First Service builds on the previous Community Pharmacist Consultation Service (CPCS) by enabling community pharmacies to manage patients for seven common conditions, following specific clinical pathways. For more information, please visit our ICB [webpage](#) or NHS England's [website](#).

The overall service consists of three core elements:

- Clinical pathways for 7 common conditions - this is a new part of the service
- NHS referrals for minor illness consultations (patients can be referred via their GP or 111)
- Urgent repeat medicine supply

Pharmacy workforce issues and national medicine supply issues associated with some medicines are multi-faceted and provision of a national clinical service, such as the Pharmacy First Service, does not seek to resolve these issues. However, the service does signify a shift in the core function of community pharmacy and provides

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recognition of the clinical skills and potential of community pharmacists to deliver an increased scope of direct patient care.

Update on supply of drugs

The Department for Health and Social Care (DHSC) is responsible for the continuity of supply of medicines and manufacturers have a legal requirement to inform DHSC of any supply problems. DHSC works closely with NHS England, the Medicines and Healthcare products Regulatory Agency (MHRA), the wider NHS, pharmaceutical companies, wholesalers, and others in the supply chain to ensure consistency of supply of medicines.

Supply of ADHD and HRT medications

Updates on significant supply issues are regularly communicated by NHS England and the DHSC directly to General Practice and pharmacies in the form of Medicines Supply Notifications. These contain information such as any recommended action including possible alternative treatments, the likely length of disruption and any other suggested action to be taken. These have been issued nationally for some treatments for ADHD and HRT medications over the last 12 months

Where a supply issue is thought to have the potential to have a significant patient safety or system wide impact, the DHSC medicines supply team may issue a National Patient Safety Alert or Supply Disruption Alert. These will contain actions for various stakeholders within the system, including ICBs, as well as primary and secondary care providers. For example, NHS Devon ICB was involved in facilitating the production and dissemination of local guidance relating to the shortages of various ADHA medications earlier this year.

The DHSC and NHS England have produced guidance for contractors and commissioners on handling medicines supply issues [here](#)

Support for pharmacists' mental health and wellbeing.

Community Pharmacy Devon (the local representative body for Community Pharmacies) regularly signpost pharmacy teams to the mental health and wellbeing resources that are available both in Devon and nationally. Further information can be found via the link below.

<https://devon.communitypharmacy.org.uk/pharmacy-resources/document-library-n-z/wellbeing-of-pharmacists-and-pharmacy-staff/>

Pharmacy support for vulnerable and elderly people taking prescribed medication.

Where a service provider, such as a pharmacy, is providing a service to the public, the provider must not discriminate against a person requiring the service by not providing the service. They have a duty to make reasonable adjustments or small manageable changes to how the service is delivered in order to ensure all members

of the public are able to access the service; under the Equality Act (2010), patients must receive a reasonable adjustment to their care if there is an established need.

Within the pharmacy, the reasonable adjustment could involve the way medicines are supplied when a patient requires support with their medicines taking, which may include a determination of whether a Monitored Dosage System (MDS) is appropriate for the patient. When patients require support, they should be able to receive that support from their chosen community pharmacy (including online pharmacies). A multidisciplinary approach is more likely to produce the correct outcome for the patient. All practitioners have an important role to play in supporting patients in the optimisation of their medicines. ICB guidance on this can be found here: [Resources for health and social care professionals - One Devon](#))

In addition to reasonable adjustments, the GP contract, Primary Care Network (PCN) Directed Enhanced Service (DES) and the requirements relating to addressing polypharmacy via Structured Medication Reviews (SMRs) state that providers are required to identify patients who would benefit from a Structured Medication Review (SMR) specifically those:

- in care homes;
- with complex and problematic polypharmacy, specifically those on 10 or more medications;
- on medicines commonly associated with [medication errors](#);
- with severe [frailty](#), who are particularly isolated or housebound or who have had recent hospital admissions and/or falls;
- using potentially addictive pain management medication.

These are largely carried out by pharmacists working in general practice.

Both pharmacists and pharmacy technicians in General Practice have a responsibility to provide leadership for medicines optimisation systems across PCNs including ensuring there are safe repeat prescribing systems, and timely monitoring and management of medicines, particularly those that are high risk. The ICB employed medicines optimisation team works with general practice to promote safe, appropriate, and cost-effective prescribing. The [Repeat Prescribing Toolkit](#), jointly produced by the Royal College of General Practitioners and the Royal Pharmaceutical Society was recently shared with all GP practices and offers further support and advice regarding safe repeat prescribing processes.

Complaints and patient communications

To complain about primary care services in Devon – including pharmacy – contact NHS Devon for advice and signposting.

- Telephone – 0300 123 1672
- Email – d-icb.patientexperience@nhs.net
- Post – Patient experience team, NHS Devon, Aperture House, Pynes Hill,

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The One Devon website is dedicated to local information about NHS services, which is regularly updated with key information and signposting.

<https://onedevon.org.uk/>

ENDS

Health and Wellbeing Board
January 9th 2025

Climate and health input to the Joint Strategic Needs Assessment Dashboard

Report of the Director of Public Health

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

1) Recommendation

(a) That the Health and Wellbeing Board note and comment on the content of the first outline Climate dashboard to inform the Joint Strategic Needs Assessment. The JSNA dashboard is formed around those indicators where data available that could be used, or the indicator is currently in use, that directly inform policy within the Council.

2) Background

The Climate Change Dashboard has been developed following a report to the Health and Wellbeing Board in 2024 (CX/24/07). Our specific aim for Devon is to develop a JSNA that informs local climate, health, and equity as part of a Health in All Policy approach. Although the ideal would be to design the JSNA around priority indicators first, this may not be possible due to lack of availability. A pragmatic approach has been taken to develop a tool with available indicators that meet priority needs, and seek to influence creation of adoption of further indicators deemed most important.

3) Main Body / Proposal

The Climate Change dashboard will be presented and link shared <https://www.devonhealthandwellbeing.org.uk/climate-change/> so that the Board can note and comment on content and inform any development that they consider should be prioritised.

4) Options / Alternatives

- a) Preferred: continue development of tool and consider existing and emerging evidence further to inform design using available indicators and incorporate additional information that becomes available.
- b) Alternative: Wait until UKHSA has completed the National dashboard to inform indicators.

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5) Consultations

Some internal consultation on the initial dashboard has been carried out. As we proceed this will be broadened out to additional audiences.

6) Strategic Plan

The updated Joint Strategic Needs Assessment will address existing public health concerns with additional indicators around climate change. These climate change indicators will inform the Health and Wellbeing Strategy update, as well as being available to planners, community bodies, and others with an interest. It is intended to be 'evergreen', in that the dashboard may be adapted to encompass future indicators, or needs of users.

7) Financial Considerations

The creation of the local dashboard will be within existing budgets, with staff resource being released for other work as UKHSA are developing the main indicators.

8) Legal Considerations

There are no specific legal considerations.

9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

The JSNA will seek to address public health impacts of climate change, and inform co-benefits of adaptation and mitigation.

10) Equality Considerations

Consideration will be given as to how the indicators may be presented with other indicators to determine populations at particular risk, including those considered more vulnerable, in greater deprivation, and, where possible, intersectional. However, this Report has no specific equality, sustainability or legal implications that are not already covered elsewhere within the Authority.

11) Risk Management Considerations

If for any reason there is significant delay in publishing appropriate indicators we will review whether to develop interim indicators to inform current plans.

12) Reasons for Recommendations

Given that UKHSA are now developing indicators we are seeking to work alongside in this development.

Steve Brown

Director of Public Health

Electoral Divisions: All

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PH25/01
Health and Wellbeing Board
9th January 2025

Early Years Strategy for Devon 2024-2034

Report of the Director of Public Health and Communities

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

1) Recommendation

To endorse the Early Years Strategy and agree to receive regular updates on the implementation of the strategy and support associated actions.

2) Background / Introduction

In July 2023 the Early Years Health Needs Assessment was presented to the Health and Wellbeing Board. This item updates the Board on progress in presenting the Early Years Strategy 2024-2034 for endorsement.

3) Main Body / Proposal

The Early Years Strategy 2024-2034 is attached. The overall vision, strategic priorities and guiding principles are presented below.

a) Vision

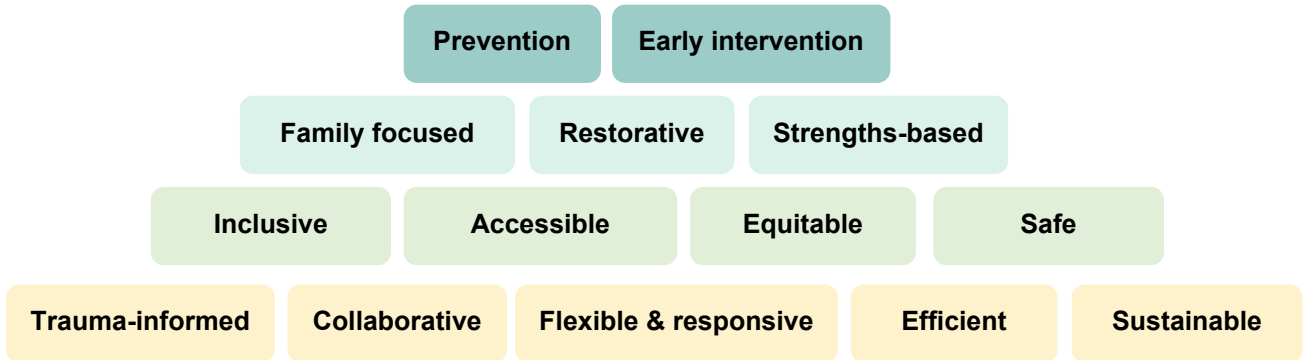
“All children in Devon will have the best possible start in life with happy, healthy, and safe childhoods, to realise their full potential and thrive.”

b) Strategic Priorities

1. From conception, parents/carers and their children are supported to fulfil their potential by an effective and connected Early Years System
2. All children have a positive journey through their early years to the end of Reception, and are well supported and ready to start Year 1 in school
3. Families and children are well supported when experiencing stressors, to reduce their burden and the likelihood of adverse outcomes
4. Children’s early development and learning is expertly supported by a strong, skilled, knowledgeable and well led Early Years System workforce who always advocate for the safety of all children
5. Parents can access sufficient, high quality, and fully inclusive childcare places that support early learning and childcare needs
6. Communities are strengthened to enable families to be the best they can be

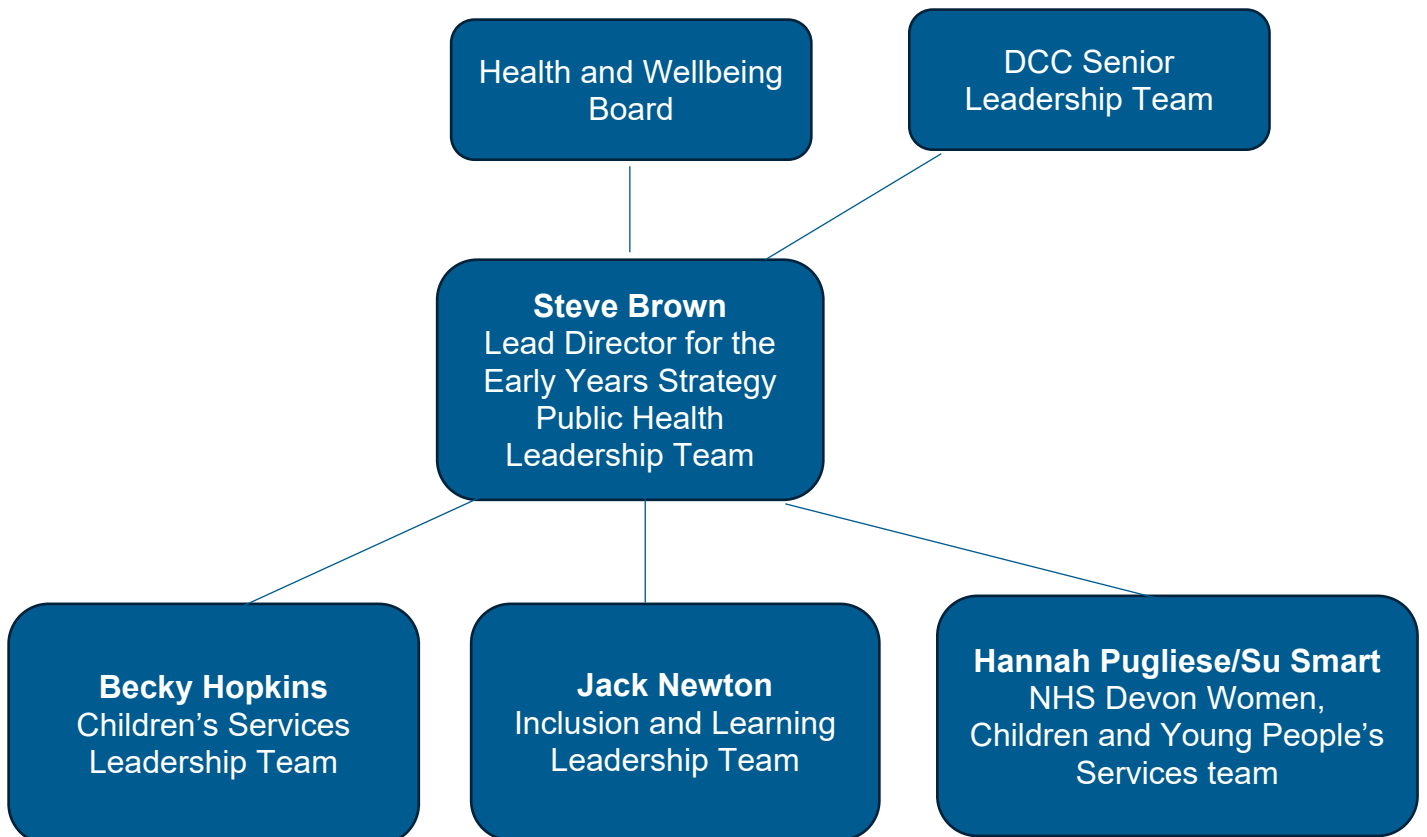
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c) Guiding principles



d) Proposed governance structure

The proposed Lead Director for the Early Years Strategy is Steve Brown (Director of Public Health and Communities). The key groups that will collaboratively lead on the strategy implementation are represented within the governance structure chart below. These are the Public Health and Communities team, Children's Services, the Inclusion and Learning team and the NHS Devon Women, Children and Young People's Services team. Each team has a named senior sponsor to be a representative for the Early Years Strategy.



e) Next steps

The next steps include developing a strategic action plan through engagement with partners and families.

4) Options / Alternatives

N/A

5) Consultations / Representations / Technical Data

The Early Years Strategy has been discussed with the Public Health Leadership Team, the Children's Services Leadership Team, the Inclusion and Learning Leadership Team, as well as the NHS Devon Women, Children and Young People's Services team and some parent groups. All groups have supported the strategy.

6) Strategic Plan

The Early Years Strategy aligns with the vision and priorities in the Council's Strategic Plan 2021 – 2025 - <https://www.devon.gov.uk/strategic-plan>

This includes:

- **Respond to the climate emergency**
One of the guiding principles in the Early Years Strategy is Sustainability:
"Sustainability: Work together to reduce carbon emissions across the Early Years System and support families and communities to be more sustainable"
- **Be ambitious for children and young people**
The overall vision of the Early Years Strategy is:
"All children in Devon will have the best possible start in life with happy, healthy, and safe childhoods, to realise their full potential and thrive."
- **Support sustainable economic recovery**
From an economic perspective, people who are healthier and happier are more productive in their community, which also leads to gains in the labour market such as an improvement in earnings and employment. In enabling people to be in their best health however, the evidence suggests that late intervention is costly, with a 2016 Early Intervention Foundation report estimating that approximately £17 billion per year is spent on late intervention in England and Wales. Prevention and early intervention may therefore bring significant economic benefits, and reduce the need for late intervention, and reduce the demands and costs for public sector services in the long-term.
Investing in the Early Years system and placing emphasis on the wider determinants of health supports Devon's economic recovery.

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- **Tackle poverty and inequality (address poverty, health and other inequalities)**

Addressing child poverty and unfair inequalities are at the heart of the Early Years Strategy. Equity is another one of the guiding principles:

“Equity: Reduce inequalities by considering the wider determinants of health and using a proportionate universalism approach to deliver resources according to need”

Strategic Priority 3 is that: Families and children are well supported when experiencing stressors, to reduce their burden and the likelihood of adverse outcomes.

- **Improve health and wellbeing, including any public health impacts**

The focus of the Early Years Strategy is on improving health and wellbeing, including more broad public health impacts.

- **Help communities be safe, connected and resilient.**

The guiding principles in the Early Years Strategy include safety, accessibility, collaborative, flexible & responsible.

The final Strategic Priority is: Communities are strengthened to enable families to be the best they can be.

7) Financial Considerations

No funding is being requested.

8) Legal Considerations

There are no specific legal considerations.

9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

The Early Years Strategy aims to have a positive effect on environment and environmental related issues. As mentioned above One of the guiding principles in the Early Years Strategy is Sustainability: *“Work together to reduce carbon emissions across the Early Years System and support families and communities to be more sustainable”*.

There are many ways in which improvements in Early Years can also have a positive impact on the climate including work related to healthy eating and active travel for example.

10) Equality Considerations

The Early Years Strategy gives due regard to the Equality Act 2010 and it is included within the Appendices. Equality, Diversity and Inclusion are considered throughout the strategy and promoted.

11) Risk Management Considerations

No risks have been identified.

12) Summary / Conclusions / Reasons for Recommendations

We recommend that the Health and Wellbeing Board approve the Early Years Strategy and agree to oversee the implementation of it. This will allow vital work to continue to improve the health and wellbeing of the population.

Name

Director: Steve Brown

Electoral Divisions: All

Cabinet Member for Public Health and Communities: Councillor Roger Croad

Local Government Act 1972: List of background papers

Nil

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Early Years Strategy for Devon 2024 – 2034

Making Devon the best place to grow up

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Executive Summary

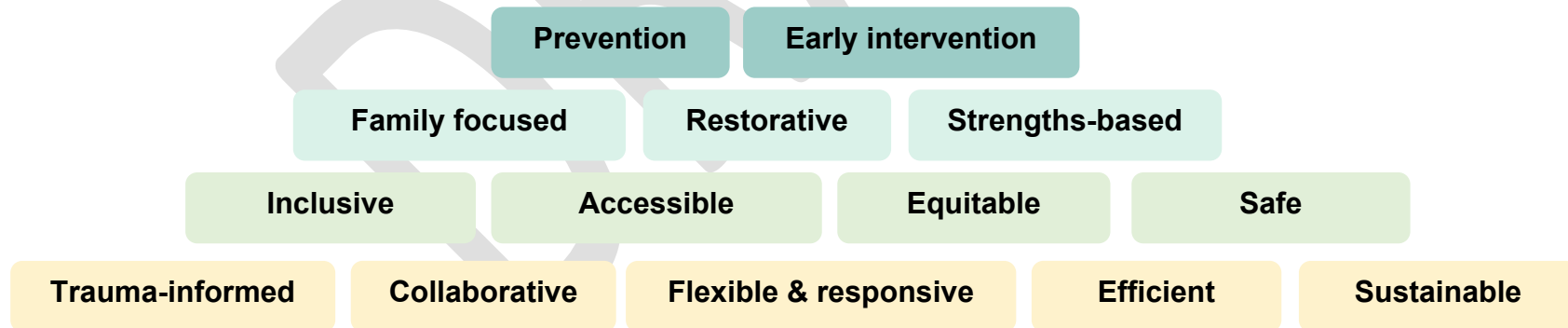
The Early Years describes the period from conception to age five, and is one of the most critical periods in life. As brain growth is rapid in this time, early life stimuli, relationships, and experiences can shape how the brain develops, laying the foundation for a child’s growth, development, wellbeing, and behaviours. The impact of early childhood experiences are significant, affecting nearly every aspect of life and contributing to numerous child, adolescent, and adult outcomes.

The care provided by parents/carers is at the core of children’s development, however there are many other professionals, practitioners, services, organisations, and agencies who have the opportunities and responsibility to provide the best conditions and support children and their families in this critical period so they can thrive, and to help reduce inequalities. Working together across the whole of the Early Years System is essential to achieve this. There is not currently an overarching strategy that sits across all the organisations involved, this strategy aims to address that.

What are we trying to achieve in Devon?

“All children in Devon will have the best possible start in life with happy, healthy, and safe childhoods, to realise their full potential and thrive.”

An enduring commitment of Devon County Council is to make sure that Devon is the best place for all children to grow up, by ensuring that children have the best start in life, with happy, healthy, and safe childhoods, and have the opportunities to realise their full potential and thrive. This is the overarching aim of our strategy and central to our vision, underpinned by our guiding principles that inform what we do and how:



Our Strategic Priorities

There are six strategic priorities outlined in the strategy, each one detailing what it means for families and professionals. The priorities are aligned with several other local strategies (e.g., Devon County Council Strategic Plan 2021 – 2025; Joint Health & Wellbeing Strategy 2020-2025; Early Help Strategy 2023-2025; SEND Strategy 2021-2024) and are reflective of the local context and needs of Devon. There are also several policy, legislative, and economic drivers on a national level that provide the backdrop to our strategy development.

1 From conception, parents/carers and their children are supported to fulfil their potential by an effective and connected Early Years System

2 All children have a positive journey through their early years to the end of Reception, and are well supported and ready to start Year 1 in school

3 Families and children are well supported when experiencing stressors, to reduce their burden and the likelihood of adverse outcomes

4 Children's early development and learning is expertly supported by a strong, skilled, knowledgeable and well led Early Years System workforce who always advocate for the safety of all children

5 Parents can access sufficient, high quality, and fully inclusive childcare places that support early learning and childcare needs

6 Communities are strengthened to enable families to be the best they can be

Context of our Strategy

One of the largest counties in the country, Devon has rich natural environment with countryside, moorland, and two coastlines. It is home to around 800,000 people, and host to thousands of visitors each year. There is great potential for people to live healthy and happy lives in Devon, however the geography and demographic characteristics bring some complex challenges.

The county has a higher than average population growth and age profile, largely due to the inward migration of people aged 40-70. There are around 145,000 children and young people aged 0-17, and around 6,000 new births each year. Devon has areas that experience significant deprivation, which sit alongside those which are affluent. There are coastal areas for example in North Devon, Ilfracombe and Barnstaple, which are in the top 10% most deprived areas in the country. Deprivation in Devon is characterised by poor availability of affordable, secure, and decent homes, significant fuel and food insecurity, and high levels of transport poverty which often manifests as poor access to services and support. Earnings in Devon are below the national average, exacerbated by tourism and seasonal employment which creates wage fluctuations and employment instability. Recently, following the COVID-19 pandemic and the cost-of-living crisis, child poverty has been increasing, with sharp increases in children eligible for Free School Meals, and 15,000 families currently on the housing register.

Strategy Alignment

There The Early Years Strategy for Devon aligns with several other strategies and plans in the Early Years System. From a Devon County Council perspective, it contributes to the delivery of the key overarching priorities in the current strategic plan, including being ambitious for children and young people; improving the health and wellbeing of residents; and helping communities to be safe, connected, and resilient. Investing in the Early Years system and placing emphasis on the wider determinants of health and prevention also supports the strategic priorities of tackling inequality and Devon's economic recovery.

Measuring Impact

A detailed action plan will be created to support implementation of the strategy and enable its priorities to be achieved and our vision for children and families and the Early Years System in Devon to be realised.

An approach to measure the impact of the strategy and its action plan are in the process of development, and will include both quantitative and qualitative measures to help us fully understand whether progress is being achieved in the short, medium, and longer term. Measures will include local data sets and proxy indicators, workforce data, and service quality assessments to provide indicators of success and progress at population and system-wide levels. This will be taken alongside qualitative data and insight from families and other key stakeholders, which will provide greater depth, understanding, and meaning to what we do.

Introduction: Why are the Early Years so important?

From conception to the age of five is arguably the most critical period of a child's life. Due to how rapidly the brain grows during this time, early life stimuli, relationships, experiences, and environmental exposures can shape how the brain develops. This lays the foundation for a child's personal, social, and cognitive development, and their wellbeing and behaviours as they grow. As such, the impact of early childhood experiences are significant, affecting nearly every aspect of life and contributing to child, adolescent, adult, and even intergenerational outcomes. These include:

- Physical and mental health and wellbeing
- Emotional intelligence, resilience, and how stressors are responded to
- How relationships throughout life are formed and maintained
- The ability to learn and communicate well
- Engagement at school and school outcomes
- Job satisfaction and financial stability
- Risk of involvement in harmful or offending behaviours
- Likelihood of requiring social care and welfare support

This is why the early years are so vitally important. Whilst the brain has the plasticity to reshape, ensuring positive and nurturing environments in these formative years will maximise children's potential, and set the right trajectory from the very beginning.

The care and environment provided by parents are at the core of children's development in the early years, and without doubt are the most influential factors, but it "takes a village" to raise a child, and there are many different professionals, practitioners, services, organisations, and agencies that make up the Early Years System. These all have the opportunity and responsibility for creating the right environment for children to live, play, grow, and learn, and for supporting children and their families in this important period so they are able to thrive and be at their best, and not be overburdened with navigating life's stressors alone. An effective Early Years System is able to identify children's needs and provide the support required to enable access to universal early years education and school and taking a broader view, having sufficient and high quality early years education and childcare can support families with work, training, and education, helping to reduce inequalities.



National context

Nationally there are several policy, economic, and legislative drivers (see Appendix 1) that underpin and provide context to this strategy, as well as national work programmes that relate to the Early Years System more broadly.

NB: A new government was elected at time of writing this strategy, and so it is possible the national context for Early Years may change. The Action Plan that accompanies the strategy will be reflective of this, and evolve in the event that new policies or drivers emerge.

Best Start for Life

As part of the Early Years Healthy Development Review, The government's Best Start for Life provides the backdrop to improving the Early Years System and ensuring children and their families are supported during the first 1,001 days of life. This vision recognises the importance of this period and its potential impact on future health and wellbeing, as well as the benefits of prevention and early intervention. The vision is structured around six action areas, summarised below, which are a key thread through our strategy.

Figure 1: Summary of Best Start for Life Action Areas

Ensuring families have access to the services they need	Ensuring the Start for Life system is working together to give families the support they need
<ul style="list-style-type: none">○ Seamless support for families: a coherent joined up Start for Life offer available to all families○ A welcoming hub for families: Family Hubs as a place for families to access Start for Life services○ The information families need when they need it: designing digital, virtual, and telephone offers around the needs of the family	<ul style="list-style-type: none">○ An empowered Start for Life workforce: developing a modern skilled workforce to meet the changing needs of families○ Continually improving the Start for Life offer: improving data, evaluation, outcomes, and proportionate inspection○ Leadership for change: ensuring local and national accountability and building the economic case

Family Hubs

Family Hubs are local community assets home to a range of professionals, organisations, and services, designed to support families with children and young people aged 0-19, extending to 25 for young people with special educational needs and disabilities. Each Family Hub is relatively unique to their location and community, adapted to the needs of the local children and families they are there for. The idea is that Family Hubs serve as a one-stop-shop to make it easier to get help and services in a way that is accessible, better connected, and relationship centred.

Understanding the broader factors that influence health and wellbeing, Family Hubs may therefore connect and facilitate access to support across a wide variety of topics and needs. This could include advice on housing, debt, and finances, as well as providing access to youth services and domestic abuse support, for example. This will streamline access to services and remove some barriers, through a single point of access for families and closer partnership working across services and the voluntary sector.

Family Hubs are currently being developed and rolled out by many local authorities across the country. Plymouth City Council and Torbay Council already have family hubs. Devon County Council intends to move to a Family Hub Approach from 2025.

Early Education and Childcare

The Childcare Act 2006 introduced the availability of 15 hours free early education provision for eligible two, three, and four year olds. In 2016, this was extended so that working parents of three and four year olds can access up to 30 hours per week for 38 weeks per year (or equivalent time). In the government's spring budget in March 2023, the Chancellor announced a further expansion to the entitlement which will be introduced in a phased schedule:

- April 2024 all working parents of two year olds can access 15 hours per week
- September 2024 all working parents of children aged nine months up to three years can access 15 hours per week
- September 2025, all working parents of children aged nine months up to three years can access 30 hours free childcare per week

Economic Drivers

From an economic perspective, people who are healthier and happier are more productive in their community, which also leads to gains in the labour market such as an improvement in earnings and employment. In enabling people to be in their best health however, the evidence suggests that late intervention is costly, with a 2016 Early Intervention Foundation report estimating that approximately £17 billion per year is spent on late intervention in England and Wales. Prevention and early intervention may therefore bring significant economic benefits, and reduce the need for late intervention, and reduce the demands and costs for public sector services in the long-term.

Impact of the COVID-19 pandemic



The COVID-19 pandemic was an unprecedented time of collective trauma and uncertainty, with impacts across the whole of the Early Years System and beyond. Children and young people in particular have experienced profound and lasting impacts, with many, in effect, losing years of their childhood and missing out on key social and developmental milestones and experiences.

The pandemic both shone a light on and compounded pre-existing social inequalities. In particular, periods of isolation, school and childcare closures, increasing financial pressures, and a lack of social engagement and face-to-face support most significantly impacted families who were already experiencing disadvantage.

Many parents going through maternity services reported negative experiences of remote or solo appointments within a strained healthcare system that was struggling to cope. Additionally for parents of infants and young children, 'Stay at Home' restrictions removed access to peer support groups and minimised the availability of early social and sensory experiences. There have also been destabilising impacts across the childcare system. Periods of closure and frequent isolation for children and staff have taken their toll, with many experiencing increased financial pressures and losses in the early years workforce.

For school age children, isolation, school closures, and the widespread shift to remote learning for all with the exception of children of 'key workers', widened gaps in education, with children from low-income and already disadvantaged families experiencing barriers to online learning. Learning was also taking place in home environments where in many instances parents were overburdened with juggling work, childcare, and schooling, and tasked with stepping into the role of teacher. These home learning environments also eliminated crucial support systems that many children and families rely upon, for example access to free school meals and social services, and created increased pressure on families.

Understandably, the experience of the pandemic intensified and created mental health difficulties, and the demand for mental health support increased exponentially, particularly around stress, anxiety, isolation, and disordered eating behaviours in young people. Opportunities to notice and address concerns early on were lost, and this has been associated with worsening waiting times for services and increasing clinical thresholds, disproportionately impacting vulnerable populations.

Local context



Devon is one of the largest counties in the country, boasting a beautiful natural environment with countryside, moorland, and two coastlines, and home to around 800,000 residents and host to thousands of visitors each year. There is great potential for people to live healthy and happy lives in Devon, however the geography and demographic characteristics bring some unique and complex challenges.

Population characteristics

Devon has an older population profile than other counties, influenced by higher than average population growth due to relocation to the county of people aged 40 – 75. This trend is predicted to continue, with an 11% increase over the next two decades. The majority of the population growth is set to be within the 85+ age range, with low growth in the under 65s. Devon remains a predominantly white population, with only 3 – 5% from black, Asian, or minority ethnic backgrounds. The county is home to around 145,000 children and young people aged 0 to 17, of which 34,490 are under 5s, and there are around 6,000 new births each year.

Community and economy

Devon has a skilled workforce with higher than average qualifications but lower than average earnings. There are areas in the county that experience significant deprivation and disadvantage, higher than the national average, particularly in rural areas of North and West Devon (see Appendix 2). Ilfracombe and Barnstaple in North Devon for example are in the top 10% most deprived areas in the country. There are pockets of severe deprivation in more urban areas as well, with areas in Exeter, Newton Abbot, and Teignmouth in the top 20% most deprived areas nationally. Patterns of deprivation in Devon are complex, with pockets of deprivation and disadvantage sitting alongside areas of affluence.

Deprivation in Devon is characterised by poor availability of affordable, secure, and decent housing, high levels of fuel poverty and food insecurity, and a lack of available, affordable, accessible, and reliable transport options. Many of these factors are experienced in tandem, overloading people and families with environmental, contextual, and social stressors. On a systemic level, this often also manifests as poor and inequitable access to public services and support. Whilst tourism and seasonal employment are main players in Devon's economy, this contributes to the lack of available housing, wage fluctuations, and employment instability. Homelessness has also increased following the COVID-19 pandemic and the cost-of-living crisis, with more than 15,000 families on the housing register, and the average house price more than nine times annual earnings.

Alongside this, child poverty has increased, partly reflected in the substantial rise in children eligible to receive Free School Meals (FSM) where 19.8% (19,153) of children are currently eligible, and the number of households with children requiring support from emergency and community food organisations.

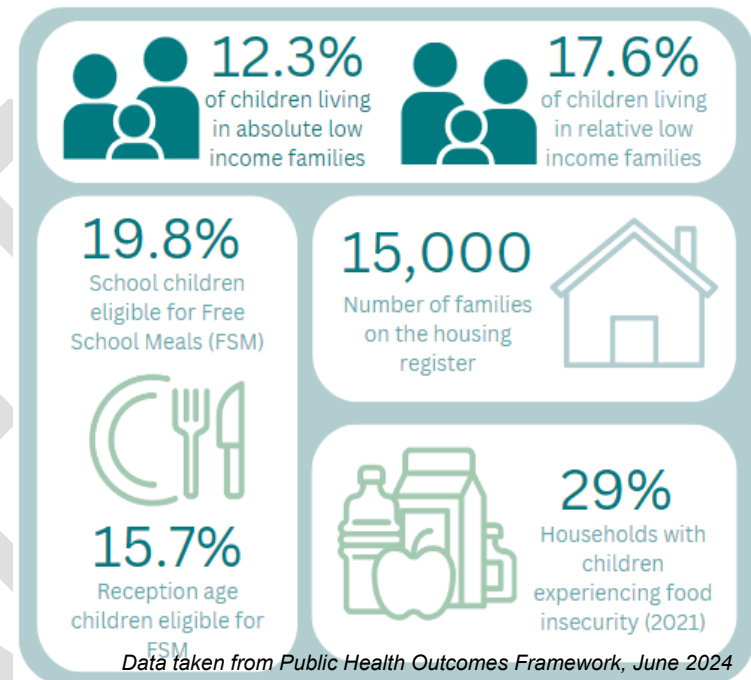
Climate Emergency

Devon County Council is part of the Devon Climate Emergency Response Group which is a collaboration of public, private, and voluntary organisations. Recognising the significant implications of climate change for Devon's communities, including impacting upon the natural environment, infrastructure, economy, and health and wellbeing, a climate and ecological emergency was declared in 2019. Therefore this is considered throughout all of Devon County Council's work and services, and the council is committed to building a low carbon economy, that reduces climate risks and supports the development of more sustainable, healthy, and fair places to grow up, live, and work.

Social mobility

Social mobility describes the change in someone's socioeconomic situation either in relation to their parents or throughout their lifetime, and includes the ability and opportunity to advance through education and employment. A 2022 report by the University of Exeter revealed the South West has the lowest educational outcomes for pupils experiencing disadvantage of any English region. In 2019, 40% of disadvantaged pupils attained a pass grade in GCSE English and Maths, and only 17% went on to university - the lowest nationally.

Crime



Overall crime rates in Devon are low, with antisocial behaviour and theft offences being most common. However there are increasing risks posed from serious and violent crimes such as drug networks that capitalise on the rurality of the county, Child Criminal Exploitation (CCE), Child Sexual Exploitation (CSE), and domestic violence.

The Serious Violence Needs Assessment carried out by Devon County Council in 2023 identified that adverse childhood experiences (ACEs) are associated with an increased vulnerability to experiencing violence in later life, as well as increased risk of involvement with the criminal justice system with children and young people with experience of the care system disproportionately represented in the youth justice system. ACEs are wide ranging, and include abuse, physical and emotional neglect, parental substance misuse, poor mental health of a parent, parental separation, domestic violence, and familial imprisonment. These can be compounded by poverty, discrimination, lack of economic and social mobility and capital, and poor quality housing at a systemic level.

Health and wellbeing

The health and wellbeing challenges in Devon are broadly reflective of the wider social, geographic, and demographic context and economic environment. The Joint Health and Wellbeing Strategy for 2020-2025 highlights the ten main challenges Devon currently faces, and is likely to face in the future:

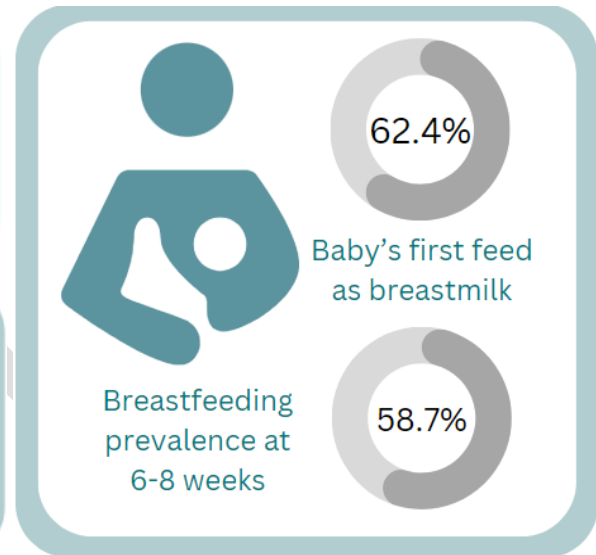
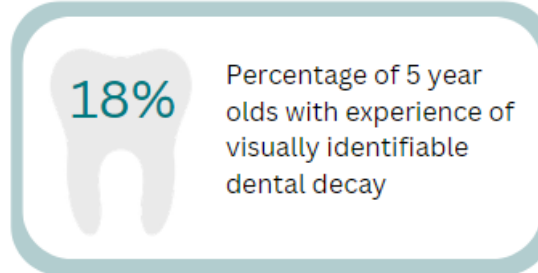
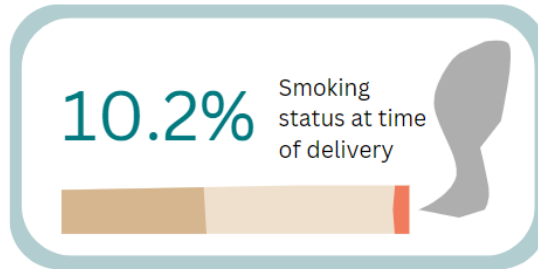
1. An ageing population
2. Access to services
3. Complex patterns of urban or rural deprivation
4. Housing issues (quality & affordability)
5. Earlier onset of health problems in more deprived areas
6. Poor mental health and wellbeing, social isolation, loneliness
7. Poor health outcomes caused by modifiable health-related behaviours
8. Pressures on services caused by long-term conditions, multi-morbidity, & frailty
9. Shifting to a prevention focus across the health and care system
10. Unpaid care and associated health outcomes for carers

There are additional health and wellbeing challenges for children and young people in Devon that remain a priority, particularly where Devon has worse outcomes than the national average. In pregnancy, this includes a current smoking at time of delivery rate of 10.2%, above the national average of 8.2%, and breastfeeding rates, where 62% of babies have breastmilk as their first feed, and 58.7% are still being breastfed at 6-8 weeks. By age five, 18% of children also have visible dental decay, partly reflective of limited availability of NHS dental care and its accessibility.

Devon also has a higher than average proportion of children and young people with SEND, with 13,624 receiving SEN support in school in 2021, and 25% of all Education Health and Care Plans (EHCPs) issued before the start of school at age four. The main needs experienced by these children primarily relate to speech, language, and communication (25%), and social, emotional, and mental health (22%).

Development and school readiness

Broadly, the term school readiness describes the developmental milestones that are required for children to be able to attend and engage with school. This includes speech and language, cognitive, and social and emotional development, as well as overall health, and is assessed by teachers through the Early Years Foundation Stage (EYFS) profile. In Devon, 67% of children achieve a good level of development by the end of Reception year, however this is only 47% of children eligible for Free School Meals. Additionally, as of June 2024, a fifth of children do not have the expected level of communication and language skills at the end of Reception, potentially impacting their experience at school.



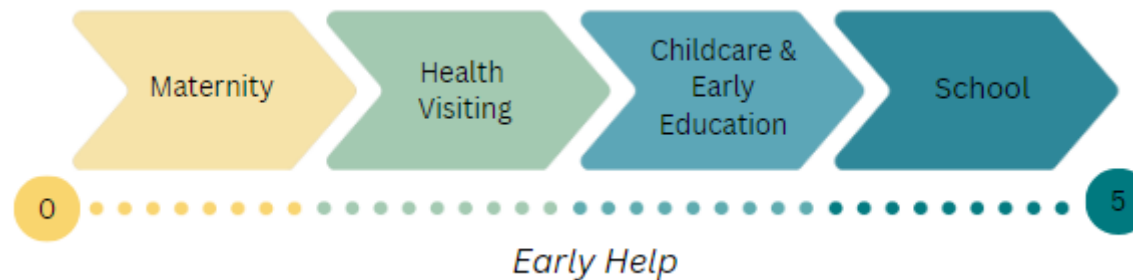
Data taken from Public Health Outcomes Framework, June 2024



Early Years Service Journey

The Early Years journey starts at conception and lasts until the end of Reception year at school, so there are many services, organisations, and professionals forming the Early Years System that may come into contact with and provide support to children and their parents/carers during this time. The main services include maternity, health visiting, early education and childcare, and school, with Early Help and targeted support running in tandem (Figure 2), but may also include Devon County Council, health services, and the voluntary and community sector.

Figure 2: Illustration of the Early Years service journey from 0 – 5 years



Devon has a committed and passionate early years workforce, and in general, families are well supported (see Appendix 3 for quality ratings). There have been significant pressures placed on the Early Years System in recent times, and there is some work to do to embed good level of practice equitably across the county and ensure all actors in the system work more effectively together around the needs of families.

Maternity

Maternity services in Devon are delivered by three NHS trusts across the whole county, including Plymouth and Torbay: Royal Devon University Healthcare NHS Trust; Torbay and South Devon NHS Foundation Trust; and University Hospitals Plymouth NHS Trust. Information on the quality of care available in maternity services can be found in Appendix 3.

Health Visiting

The Health Visiting service is part of Public Health Nursing and provides health services and support on child development and key milestones to all families, additional specialist support for more vulnerable children and families, and works to protect and safeguard children.

Childcare and Early Education

Provision of childcare is a key factor in parents/carers ability to access employment, so maximising take-up of funded provision and ensuring availability of good quality provision is important. In Devon, there are 1,338 providers of childcare and early years education, including childminders, pre-schools, day nurseries, and schools with Early Years Foundation Stage (EYFS) provision. In general, there is good take-up of free childcare entitlement (see Table 1), and good quality provision, with 97% of settings rated by Ofsted as Outstanding or Good (see Appendix 3 for more information). The latest Childcare Sufficiency Assessment for Devon carried out in 2022-2023 found that overall early education and childcare provision is sufficient, although the rural vs. urban spread of different types of provision varies, and there are hotspots of concern with insufficient childcare.

School

The early years journey continues into Reception year in school, where teachers deliver the Early Years Foundation Stage (EYFS) curriculum to work towards completing of the EYFS profile. This is a statutory assessment of children's development at the end of Reception, which is assessed against Early Learning Goals across areas of communication and language, personal and social development, physical development, literacy, mathematics, understanding the world, and expressive arts and design. The purpose is to support children to transition into Year 1, and assessments are made by teachers using their professional judgement and knowledge of what each child knows, understands, and can do.

Early Help

Early Help describes an approach that involves collaborative and integrated working of a range of different services and teams who work with the whole family to make improvements for all and meet the needs of the family being experienced at that time. It is not a service in itself, but a way that all services and organisations support families and children when help is needed. The aim is to identify a family's strengths and help them to resolve their own challenges, whilst providing the support to develop any skills as appropriate to prevent challenges down the line.

Table 1: Childcare provision and uptake data, Autumn 2023

Childcare entitlement type	Take up of eligible children
2 year olds accessing a funded place	85.7%
Universal entitlement for 3-4 year olds	95.7%
Working Parents entitlement for 3-4 year olds	53.7%
Disadvantaged funding for 2 year olds	91.9%
Working Parents entitlement for 2 year olds	<i>No data currently available</i>
Working Parents entitlement for under 2s	<i>No data currently available</i>

What are we trying to achieve in Devon?

“All children in Devon will have the best possible start in life with happy, healthy, and safe childhoods, to realise their full potential and thrive.”

An enduring commitment of Devon County Council is to make sure that Devon is the best place for all children to grow up, by ensuring that children have the best start in life, with happy, healthy, and safe childhoods, and have the opportunities to realise their full potential and to thrive. This is the central focus of our vision and overarching aim, underpinned by our guiding principles:

Prevention: Strive to prevent problems occurring, by supporting families to have healthy pregnancies and be prepared for parenthood and through the provision of high-quality, health-promoting early years services

Early intervention: Maximise opportunities for early intervention by identifying challenges as early as possible to ensure families can access the right support at the right time, reduce harm, and prevent escalation

Family focused: View the health and wellbeing of children through a holistic lens, considering the family as a whole and seeking to address their collective needs

Restorative: Build strong, meaningful, and trusting relationships with families and apply the ‘Five R’s’ of restorative practice throughout our work

Strengths based: Recognise the strengths and assets that exist in families and communities, empower families, and build capacity to promote health and wellbeing from within the community

Inclusive: Embed a culture of inclusivity across the early years, celebrating diversity and promoting initiatives that actively support and engage children and families from all backgrounds

Accessible: Ensure that support and services are truly accessible by tailoring support to communities and addressing common accessibility barriers

Equitable: Reduce inequalities by considering the wider determinants of health and using a proportionate universalism approach to deliver resources according to need

Safe: Work together to realise our collective responsibility to advocate for and keep children safe

Trauma-informed: Recognise trauma is a possible response to adversity, and work across the Early Years System to prevent adversity, address trauma in a timely manner, and restore wellbeing and resilience

Collaborative: Work together in partnership as a system, valuing each other’s roles and contributions and working with a shared language, vision, priorities, and outcomes

Flexible & responsive: Work together to create a system that is responsive to children and families through meaningful engagement and co-production with communities, treating families as equal partners and ensuring that their views and experiences are at the heart of what we do

Efficient: Share data, intelligence, and family feedback across the system to identify shared solutions, reduce duplication, and improve efficiency

Sustainable: Work together to reduce carbon emissions across the Early Years System and support families and communities to be more sustainable

Our Strategic Priorities

Priority 1: From conception, parents/carers and children are supported to fulfil their potential by an effective and connected Early Years System

What does this look like for families?

- Families feel that their experiences and voices are heard, respected and valued.
- Families only have to tell their stories once.
- Families are never turned away when they reach out for help.
- There is local accessible and inclusive support for individuals, families, and communities to address multiple sources of disadvantage that occur throughout children's lives.
- Antenatal information, support, and advice is accessible and relevant to all parents/carers.

What does this look like for professionals?

- Shared understanding and use of language throughout the Early Years System.
- A cohesive and collaborative Early Years System without gaps and duplication, demonstrating effective multiagency working.
- Clear and effective governance arrangements are in place.
- All partners in the Early Years System feel their contribution is recognised, respected, and valued.
- All partners in the Early Years System have a good understanding of the different roles and responsibilities in supporting parents/carers, and work collaboratively to provide appropriate information, advice, and support.
- Accurate, responsive, and joined up local data systems inform strategic planning, effective targeting of support, monitoring, and continual improvement of the offer.
- Health agencies delivering early support to expectant and new parents/carers provide access to good quality information and support in the ante- and post-natal periods.

Strategic Priority 2: All children have a positive journey through their early years to the end of Reception and are well supported and ready to start Year 1 in school

What does this look like for families?

- All children are well supported by their families, communities, and local organisations, whatever their unique needs, abilities, culture, and ethnicity.
- Parents/carers understand the role they play in supporting children to prepare for moving into Reception class and starting Year 1.
- Families can access appropriate information and advice on providing safe and nurturing environments for their children throughout the early years and into Year 1.

What does this look like for professionals?

- All partners in the Early Years System understand the importance of their role in supporting children to be well prepared for Year 1.
- The Balanced System® Framework is implemented across the Early Years System with improvements in children's early language and communication, relationships, and attachment.
- The Early Years System is supported with appropriate information on policy, research, and insight about how best to support children in the early years.
- An agreed system-wide approach to improving oral health and reducing oral health inequalities in children aged 5 and under.
- An agreed system-wide approach in recognition of the importance of social and emotional health in the early years to reduce the impact of Adverse Childhood Experiences and promote good mental health and wellbeing across the life course.
- Schools recognise they are a key partner in the Early Years System.

Strategic Priority 3: Families and children are well supported when experiencing stressors, to reduce their burden and the likelihood of adverse outcomes

What does this look like for families?

- All families who need it can access appropriate support, information, and advice to make informed decisions and know where to get help.
- The Early Years System supports all families in Devon, with a scale of support that is proportionate to need.
- All families experience a welcoming and supportive Early Years System regardless of their unique intersecting needs.
- Parents/carers and families receive the support to alleviate the impacts of child poverty.
- All children and families benefit from Ordinarily Available Inclusive Provision (OIAP).

What does this look like for professionals?

- Our Early Help approach provides effective, coordinated support as early as possible when children and families need it.
- All partners in the Early Years System have the knowledge and skills to support families whatever their unique intersecting needs, abilities, culture, and ethnicity.
- Appropriate information, advice, and support is accessible to the families of children who may be at risk of poor outcomes to help them thrive.
- All partners in the Early Years System have a good understanding of Ordinarily Available Inclusive Provision (OAIP) and the groups of children who may be at risk of poor outcomes, and are able to help them access support needed for them to reach their potential.
- A trauma, shame, and neurodivergence informed Early Years System mitigates the impact of childhood adversity and prevents further harm.

Strategic Priority 4: Children’s early development and learning is expertly supported by a strong, skilled, knowledgeable, and well led Early Years System workforce who always advocate for the safety of all children

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Strategic Priority 5: Parents can

What does this look like for families?

- All children can access high quality early years provision and are supported by skilled and knowledgeable Early Years Practitioners.
- Families and children see a diverse and inclusive Early Years workforce.
- Families receive timely help, advice, and support.
- Families hear consistent messaging and information across different parts of the Early Years System.

What does this look like for professionals?

- Careers in the Early Years System in Devon are well respected, valued, and popular.
- There are good recruitment and retention rates across all parts of the Early Years System.
- There is a more diverse and inclusive Early Years workforce.
- Good leadership enables all staff working in early years settings to have appropriate support, management, and supervision to enable them to excel in their roles.
- The Early Years workforce access a shared training and development offer which contributes to continued and sustained professional development.
- All staff are appropriately trained and confident to have professional curiosity and always advocate for the wellbeing and safety of the child
- Staff wellbeing is valued and promoted.

access sufficient, high quality and fully inclusive childcare places that support early learning and childcare needs

Strategic Priority 6: Communities are strengthened to enable families to be the best they can be

What does this look like for families?

- There is sufficient pre-Reception and school age education and childcare in Devon to meet the needs of parents/carers, and those wanting to access funded entitlements.
- All Early Years settings are inclusive, accessible, and capable of meeting the diverse, unique, and intersecting needs of children.
- All parents are aware of and know how to access their free early education entitlement.
- A positive transition from pre-Reception to Reception.
- The importance of informal childcare to parents is recognised and support is given to those both using and providing informal childcare.
- Employers in Devon offer flexible working to enable parents/carers to fulfil childcare responsibilities.

What does this look like for professionals?

- Early Years settings are well managed, planned effectively, and financially robust, reflected in their financial security and the quality of care provided.
- The long-term sustainability of our Early Years and childcare sector is effectively supported.
- Clear and rewarding career paths for Early Years staff.
- Early Years settings and schools are an integrated part of the Early Years System and Family Hubs.
- Early Years settings and schools work together to ensure children are achieving well at the end of Foundation Stage and are ready for Year 1.

What does this look like for families?

- Children and families are resilient and feel empowered to reach their full potential.
- Families can access appropriate information, advice, and support to make informed decisions.
- Families are supported by social networks and peer support in their communities.
- Support is available and accessible to all families.
- Families whose children are at greater risk of poor outcomes are involved in the co-design and co-delivery of the Early Years System.

What does this look like for professionals?

- The Early Years System is an integral part of Family Hubs enabling a seamless whole family approach.
- There is a joined up offer of support delivered by local authority and NHS services, VCS organisations, libraries, and other organisations and groups that meet the needs of local communities.
- The support offered to parents is evidence based, reflects local insight, and is monitored and evaluated to ensure it is responsive to need and improving the lives of families.
- Information, advice, and guidance is available through an online single point of access resource.
- Schools are anchor organisations at the heart of communities.
- The early years are included in housing, transport, economy, and environment plans and policies.

Alignment to local strategies and plans

The Early Years System interlinks with other local systems, and is a key component required to achieve the aims of Devon County Council and the One Devon Integrated Care Board (ICB). As such, this strategy builds upon and aligns with other strategies and plans in the local area, including:

- [Children and Young People's Plan 2019 – 2023](#)
- [Corporate Parenting Strategy 2022-2024](#)
- [Devon County Council Strategic Plan 2021-2025](#)
- [Early Help Strategy 2023 – 2026](#)
- [Early Years One Devon](#)
- [Joint Health and Wellbeing Strategy 2020-2025](#)
- [One Devon Joint Forward Plan and Integrated Care Strategy](#)
- [SEND Strategy 2021-2024](#)
- [Sufficiency Strategy 2022-2024](#)
- [Serious Violence Prevention Strategy 2024-2029](#)
- [Devon Carbon Plan](#)

In particular, from a Devon County Council perspective, this strategy contributes to the delivery of the key overarching priorities which are set out in the current strategic plan. This includes being ambitious for children and young people; improving the health and wellbeing of residents; and helping communities to be safe, connected, and resilient. Additionally, investing in the Early Years and placing an emphasis on prevention to improve the health and wellbeing of children and families ultimately contributes to the strategic priorities of tackling poverty and inequality, and investing in Devon's economic recovery.

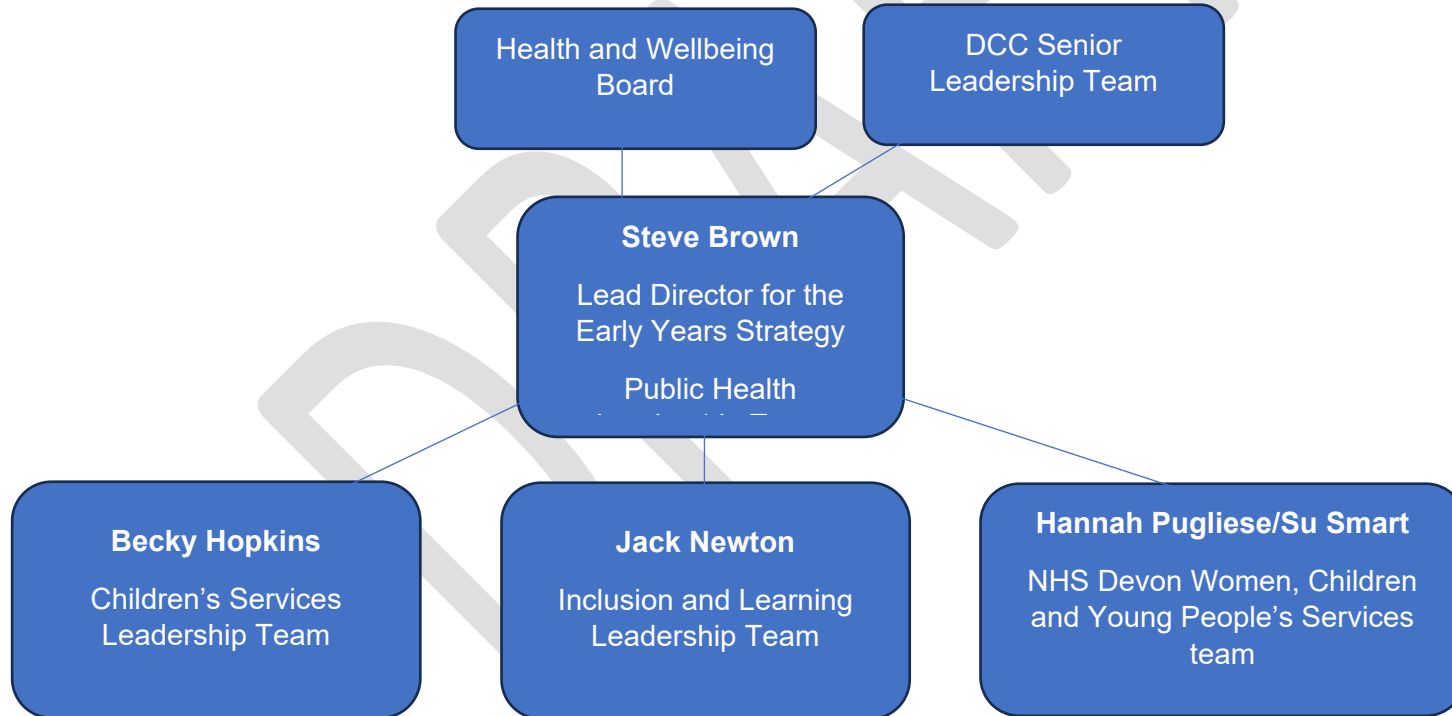
The strategy also aligns with the delivery of One Devon's Joint Forward Plan and Integrated Care Strategy, which outlines a vision of "Equal chances for everyone in Devon to lead long, happy, and healthy lives", and a specific ambition for "all children and young people to have the best start in life, grow up in loving and supportive families, and be happy, healthy, and safe".

Governance and measuring impact

A comprehensive and detailed action plan will be developed to enable the priorities of the strategy to be achieved and our vision for the Early Years System and children and families in Devon to be realised.

Governance

The proposed Lead Director for the Early Years Strategy is Steve Brown (Director of Public Health and Communities). The key groups that will collaboratively lead on the strategy implementation are represented within the governance structure chart below. These are the Public Health and Communities team, Children’s Services, the Inclusion and Learning team and the NHS Devon Women, Children and Young People’s Services team. Each team has a named senior sponsor to be a representative for the Early Years Strategy.



Measuring impact

An approach to measure the impact of this strategy and its action plan are currently being developed, and it will include both quantitative and qualitative measures to help us understand whether progress is being achieved in the short, medium, and longer term for children and their families and the Early Years System, and to help us be responsive to their needs and changing contexts.

Quantitative measures will include local data, and include proxy indicators, to provide an overview on a population level. Overall assessments of service quality such as the CQC and Ofsted inspections of services will also be included to give indicators at a system level, and workforce indicators such as staffing levels, recruitment and retention, and turnover will also be used. Qualitative data and insight from families and other key stakeholders in the Early Years System will also be routinely gathered and evaluated to provide greater depth, understanding, and meaning to the outcomes of this strategy, and ensure there is a complete picture available.

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Appendices

Appendix 1: Key Legislation & Guidance

Children Act 1989

Key legislation in safeguarding children and promoting their welfare. This act places a duty on local authorities to safeguard children who are in need, and requires them to proactively assess whether or not a child is suffering or likely to suffer significant harm and judge whether action is required.

Education & Inspections Act 1996

This act places a duty on local authorities to promote high standards and the fulfilment of every child's educational potential. It places a duty on local authorities to promote fair access to educational opportunity.

Childcare Act 2006

The Childcare Act 2006 (updated in 2016 and 2018) addresses the provision and regulation of childcare services and is driven by enhancing the wellbeing and development of children and reducing child poverty and inequalities. It outlines key principles for standards for childcare settings, and emphasises the importance of partnerships between parents and childcare providers, promoting communication and collaboration. A key objective is to improve the quality and accessibility of childcare, and provides legal duties on local authorities to improve outcomes for children up to five years old and reduce inequalities between them. The act also established the Early years Foundation Stage statutory framework that sets out standards for learning, development, and care of children up to age five. Updates to the Act include extending Free Early Education Entitlement.

Working Together to Safeguard Children 2018

Statutory guidance setting out responsibilities that everyone must safeguard and promote the welfare of children and the expected arrangements that local areas should establish to enable collaboration between agencies.

The Equality Act 2010

The Equality Act brings together multiple pieces of legislation into a single act to provide a legal framework to protect the rights of individuals and advance equality and opportunity for all. It provides protection against direct and indirect discrimination, harassment, and victimisation for anyone using public services and in the workplace. This includes local authorities, schools, and early years and childcare providers. The Public Sector Equality Duty provides a legal requirement on public bodies to consider the impact of their decisions and policies on anyone who has a protected characteristic.

The Children & Families Act 2014

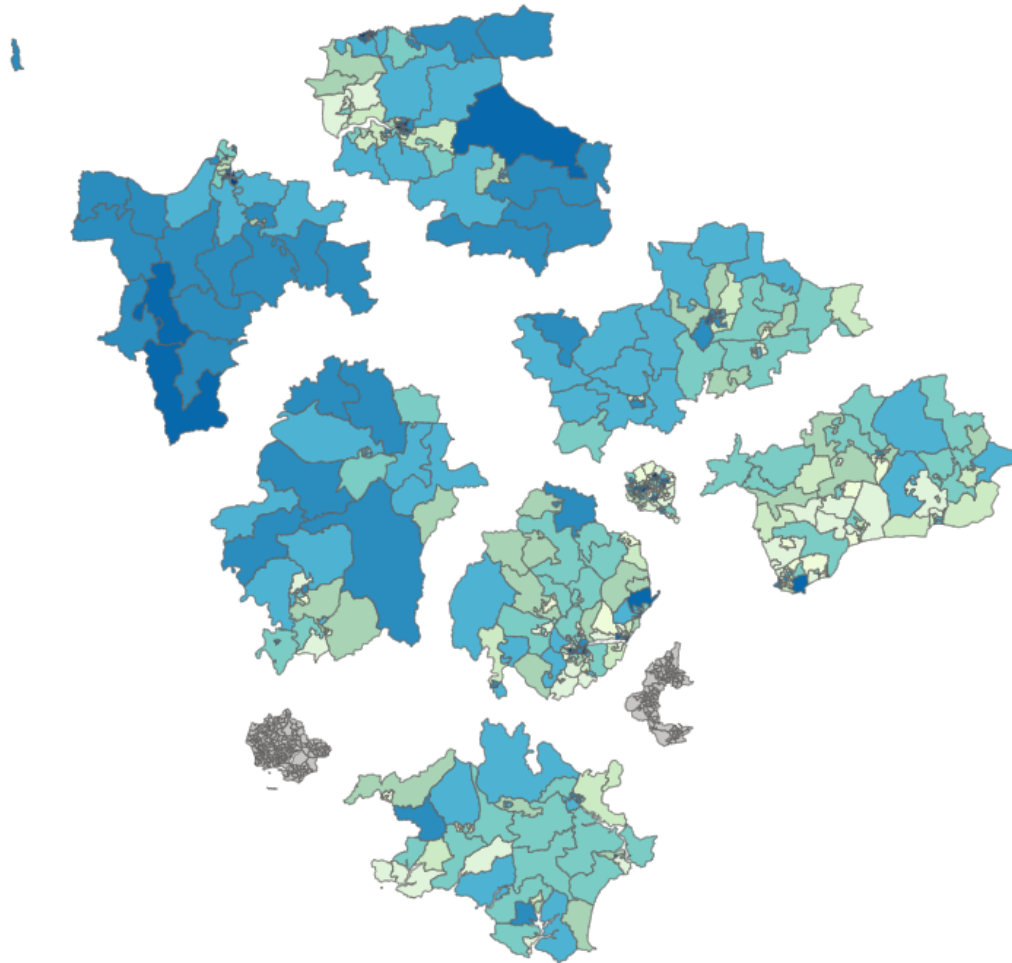
The Children and Families Act 2014 includes childcare, children's welfare, and changes in local authority statutory duties in relation to the Local Offer for children with SEND. The Act brings together the separate arrangements for children with SEND in schools and young people in post-16 education and training up to their 25th birthday, and outlines the Integrated Education, Health, and Care Plan.

SEND Code of Practice 2015

The SEND Code of Practice provides statutory guidance on the SEND system for children and young people aged 0-25. It outlines the legal requirements and statutory guidelines for schools, academies, and local authorities. The Code requires educational establishments to identify and address the needs of their pupils with SEND.

Appendix 2: Map of deprivation by LSOA

IMD ● 1 ● 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ● 9 ● 10



The English Indices of Deprivation (IoD) is the official measure of relative deprivation in the 32,844 small areas or neighbourhoods, known as Lower-layer Super Output Areas (LSOAs) in England. LSOAs are designed to be of similar population size, with an average of 1500 residents or 650 households. The IoD is comprised of seven domains of deprivation which are income, employment, education, health, crime, housing, and living environment. These domains are weighted together to form the Index of Multiple Deprivation (IMD) which is used as an overall measure of deprivation. Deprivation domain ranks are used to rank each LSOA from most deprived to least deprived.

This map shows the IMD in Devon in 2019. LSOAs are coloured according to deprivation deciles, with 1 being most deprived, and 10 least deprived.

Appendix 3: Service Quality

Maternity & Early Years Maturity Matrix

The Maturity Matrix is an assessment tool developed by the Early Intervention Foundation to support local areas in taking a system-wide approach to improving outcomes for children and families. The tool involves a local and multi-agency self-assessment, and focuses on the local arrangements for early childhood intervention and identifies strengths and areas for improvement across several key elements and dimensions (see Table 2 for a summary).

Table 2: Summary of the EIF Maternity & Early Years Maturity Matrix.

Dimensions	Key Elements	Progress Levels			
Plan	1. Strategy	1 Basic Level Principle accepted and commitment to action	2 Early Progress Initial development	3 Substantia l Progress Initial results achieved and positive outcomes evident	4 Mature Embedded good practice, others learning from achievements
	2. Commissioning				
	3. Workforce planning				
Lead	4. Partnership				
	5. Leadership				
	6. Community ownership				
Deliver	7. Services and interventions				
	8. Information sharing				
Evaluate	9. Outcomes				
	10. Using and generating evidence				

In 2021, Devon undertook assessment utilising the EIF framework, and has been rated as ‘Early Progress’ across the majority of the elements. This is reflective of the commitment to take action and the developing programme of work.

CQC Ratings

Table 3: CQC Ratings for Health Services

Service	Rating
Maternity Services - North Devon District Hospital	Requires Improvement
Maternity Services - Royal Devon University Healthcare Exeter	Good
Maternity Services - Torbay Hospital	Requires Improvement
Maternity Services - University Hospital Plymouth	Requires Improvement
Health Visiting – Devon County Council	Good

In addition to the CQC's ratings of maternity services, annual surveys seeking to understand the experiences of pregnant women and people found in 2023 the level of care at NHS trusts in Devon were 'about the same' compared with other trusts nationally, with the exception of 'labour and birth' experiences at University Hospital Plymouth NHS Trust and Torbay and South Devon Foundation Trust which were rated 'better than expected'.

The 2022 CQC inspection of Devon's Health Visiting service identified outstanding examples of practice, whilst acknowledging the main challenges to the service of staffing shortages, performance issues, and difficulties with the interface between clinical management systems.

Ofsted

SEND

A 2018 inspection of SEND services by Ofsted identified significant weaknesses. These predominantly centred around the completion and quality of education, health, and care (EHC) plans, identification and assessment of children with autism spectrum disorder (ASD), poor communication with parents, and a lack of strategic clarity amongst stakeholders. A second inspection was carried out in 2022 to review progress and improvements, however this found that insufficient progress had been made to address the weaknesses identified. Details of the Ofsted inspection can be found [here](#).

Childrens Social Care

An Ofsted inspection of children's social care services in 2020 identified serious failures in the service provision, which are summarised below:

Table 4: Summary of Ofsted ratings

Judgement	Grade
The impact of leaders on social work practice with children and families	Inadequate
The experiences and progress of children who need help and protection	Requires improvement to be good
The experiences and progress of children in care and care leavers	Inadequate
Overall effectiveness	Inadequate

Ofsted have carried out six additional monitoring visits since the 2020 inspection to drive forward improvements in children’s social care services across Devon. The details of the findings can be found at [DCC - Ofsted inspection reports](#).

Early Years and School

Table 5: Proportion of settings by Ofsted rating (%)

Setting type	No. of settings	Rating	Proportion of settings
Early Years (day nurseries and pre-schools)	209	Outstanding	17%
		Good	80%
		Requires Improvement	2%
		Inadequate	0.5%
Schools	429	Outstanding	8%
		Good	69%
		Requires Improvement	10%
		Inadequate	1%
		No rating available	12%

In terms of the quality of the available childcare, the report also found there has been a slight decrease in the number of providers graded as ‘Good’ or ‘Outstanding’ by Ofsted, indicative of the current recruitment difficulties and the impact of the COVID-19 pandemic on children’s social and emotional development.

Appendix 4: Websites & Resources

Childcare & Education

[Family Information Service - Devon County Council](#)

[Early years funding and help with childcare costs – Education and Families \(devon.gov.uk\)](#)

[For providers - Information for childcare providers \(devon.gov.uk\)](#)

[Working in early years and childcare - Information for childcare providers \(devon.gov.uk\)](#)

[Childcare Sufficiency Assessment - Information for childcare providers \(devon.gov.uk\)](#)

[Education Health and Care Plans \(EHCPs\) in Devon](#)

[Ordinarily Available Inclusive Education Framework - Support for schools and settings \(devon.gov.uk\)](#)

Services

[Early Help - Devon Safeguarding Children Partnership \(devonscp.org.uk\)](#)

[The Devon Safeguarding Children Partnership \(Devon SCP\)](#)

[Your Health Visiting Service - Devon | Health for Under5s](#)

SEND

[About the SEND Local Offer - Find out about support for SEND in Devon](#)

[Devon's SEND strategy - Education and Families](#)

Legislation

[Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](#)

[Children Act 1989 \(legislation.gov.uk\)](#)

[Children Act 2004 \(legislation.gov.uk\)](#)

[Education and Inspections Act 2006 \(legislation.gov.uk\)](#)

[Childcare Act 2016 \(legislation.gov.uk\)](#)

[Children and Families Act 2014 \(legislation.gov.uk\)](#)

Guidance & Policy

[The best start for life: a vision for the 1,001 critical days - GOV.UK \(www.gov.uk\)](#)

[Early years foundation stage \(EYFS\) statutory framework - GOV.UK \(www.gov.uk\)](#)

[SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](#)

[Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](#)

Appendix 5: Glossary of terms

Adverse Childhood Experiences (ACEs)

Potentially traumatic events and experiences that occur in childhood that have lasting impacts. This can include, but is not limited to, experiencing physical, sexual, or emotional abuse; physical or emotional neglect; parental mental health difficulties; parental substance misuse problems; parental separation/divorce; bullying; parental imprisonment. ACEs can affect physiological and psychological responses to stress and are associated with physical and mental wellbeing challenges throughout life.

Best Start for Life

A vision for improving support for families from conception to age two, to ensure every baby in England has the best possible start. It recognises this period as a fundamental part of improving health and wellbeing and reducing inequalities.

Child Criminal Exploitation (CCE)

Child Criminal Exploitation describes when children and young people are exploited and manipulated into illegal activity.

Child Sexual Exploitation (CSE)

Child Sexual Exploitation is a type of sexual abuse when a child or young person is coerced, manipulated, or deceived into sexual activity in exchange for gifts, money, drugs, status, or affection.

CQC (Care Quality Commission)

The CQC is the independent regulator of health and social care in England.

Early Help

A collaborative and integrated way of working between a range of different services and teams. The focus is the whole family to make improvements for all as soon as possible when help is needed, to meet the needs of the family being experienced at that time.

Early Learning Goals

Early Learning Goals are targets for children to achieve by the end of Reception year. There are 17 goals in the categories of communication and language; personal, social, and emotional development; physical development; literacy; mathematics; understanding the world; and expressive arts and design.

Early Years Foundation Stage (EYFS)

The EYFS covers the education of children until the end of Reception year at school. The EYFS framework sets out the standards for development, learning, and care of children, and applies to all schools and Ofsted registered early years providers.

Early Years Foundation Stage Profile

The EYFS profile is a statutory assessment of children's development at the end of the early years foundation stage, before starting school. It is an assessment in the 17 Early Learning Goals based on the professional judgement of teacher's knowledge of each child, and provides a representation of each child's development to support their transition into Year 1.

Early Years System

The Early Years System comprises all stakeholders who have a responsibility or duty, or who provide services or support for parents/carers, children, young people, and families. This includes parents/carers themselves, statutory services, and voluntary and community sector organisations.

Education Health and Care Plan (EHCP)

An EHCP is a legally binding document that outlines a child or young person's special educational, health, or social care needs.

Family Hubs

Local community assets home to a range of professionals, organisations, and services, designed to support families with children and young people aged 0-19, extending to 25 for young people with special educational needs and disabilities. Family Hubs serve as a one-stop-shop to make it easier to get help and services in a way that is accessible, better connected, and relationship centred.

Formal childcare

Formal childcare refers to Ofsted registered childcare and education providers, including schools, day nurseries, preschools, and childminders; wraparound care for school-age children e.g., breakfast clubs; and Independent schools.

Free School Meals (FSM)

Free School Meals is a means tested government scheme to provide meals in educational settings to children, primarily from low-income families. Universal FSM are provided however to all children until the end of Key Stage 1 (Year 2).

Informal childcare

An arrangement where care is provided by grandparents, relatives, friends, or a babysitter outside of Ofsted registered childcare providers.

Ofsted (Office For Standard in Education, Children's Services, and Skills)

Ofsted inspects and regulates organisations and individuals providing education, training, and care in the UK. Childcare and educational settings are subject to Ofsted inspections and required to meet criteria, and are rated based on performance.

One Devon Integrated Care Board (ICB)

The One Devon ICB is a collaboration of the NHS and local councils, as well as a range of other organisations such as the voluntary and community sector, who are working together to improve the lives of people in Devon.

Parents/carers

We use this term in the strategy to describe a person who is responsible for looking after a child or young person. This includes but is not limited to parents, carers, legal guardians, foster carers, primary and secondary care givers, and birthing and non-birthing parents.

Restorative Practice

Restorative Practice is about supporting strong, meaningful, trusting, and respectful relationships, and repairing relationships when risk, challenge, or harm arises that impacts on the wellbeing of children. The framework comprises the 'Five R's' of Relational, Responsibility, Respect, Resilience, and Reflective.

School readiness

Refers to how ready children are to start school in Year 1 in terms of their social, physical, and cognitive development.

Sufficient childcare

Is a local authority duty to provide enough childcare places to meet the needs of parents to help them to take up work or access education or training as well as providing enough early learning funded places for eligible 2 year olds, and all 3 and 4 year olds.

Special Education Needs and Disabilities (SEND)

A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need health and education support.

The Balanced System Framework

A whole system, outcome based framework that can be used to understand, plan, and evaluate services to support children and young people. The framework emerged from work to support children and young people with speech, language, and communication needs.

Transition

Refers to the changes that children experience as they move from one educational setting or stage to another. This period can have a significant impact on academic, social, and emotional development.

Trauma Informed

Trauma informed practice recognises that trauma can affect individuals, groups, and communities. In trauma informed practice the impact of trauma on people is understood, and the aim is to create a safe, empowering, and positive environment to support the person based on their needs, and avoid re-traumatisation.



Early Years Strategy for Devon 2024 – 2034

Making Devon the best place to grow up

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Health and Wellbeing Board
9th January 2025

Why are the early years so important?

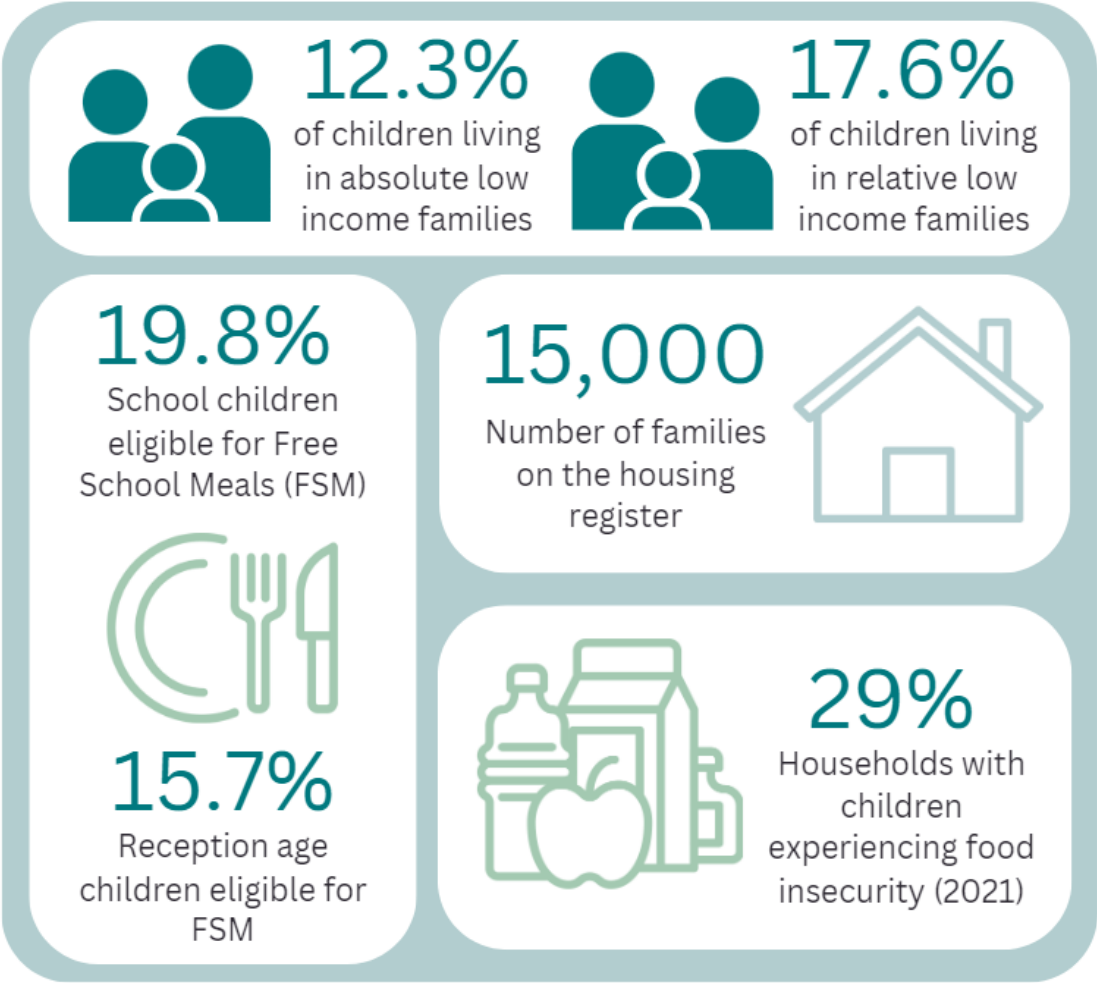
The impact of early childhood experiences are significant, affecting nearly every aspect of life and contributing to child, adolescent, adult, and even intergenerational outcomes. These include:

- Physical and mental health and wellbeing
- Emotional intelligence, resilience, and how stressors are responded to
- How relationships throughout life are formed and maintained
- The ability to learn and communicate well
- Engagement at school and school outcomes
- Job satisfaction and financial stability
- Risk of involvement in harmful or offending behaviours
- Likelihood of requiring social care and welfare support



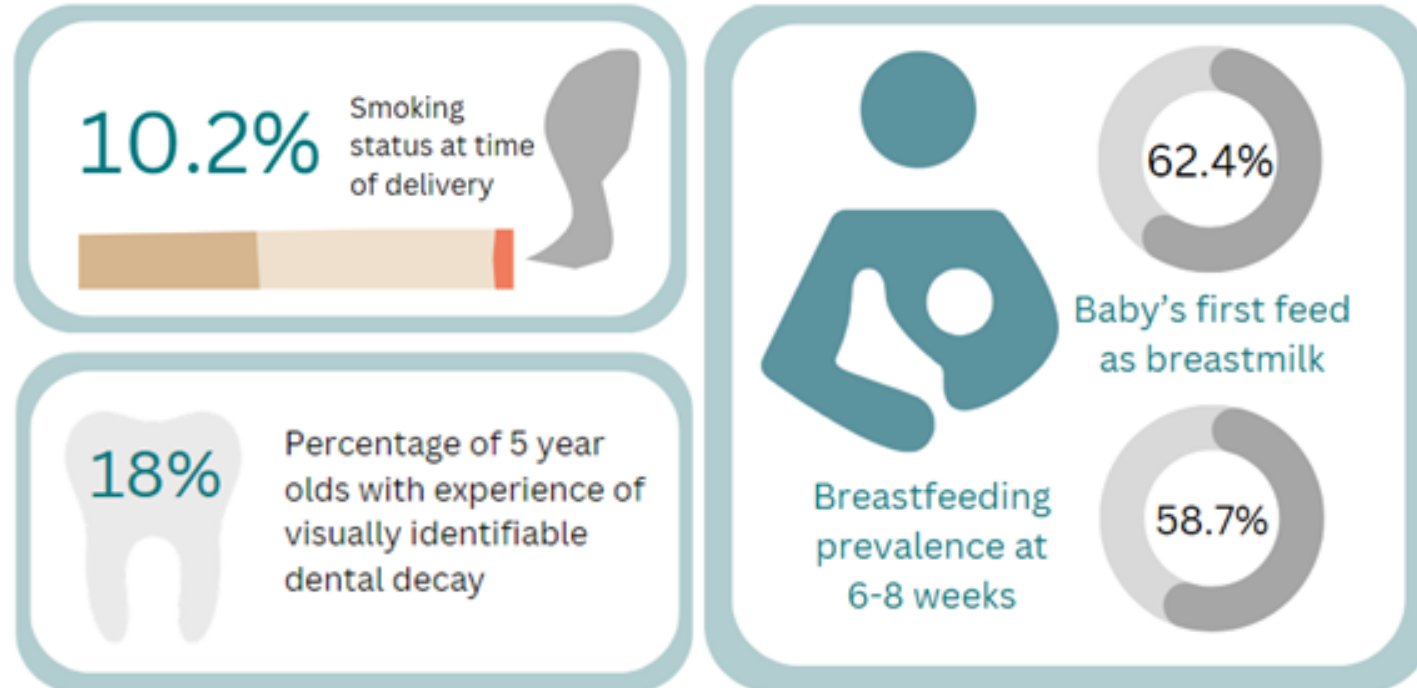
Deprivation in Devon

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Data taken from Public Health Outcomes Framework, June 2024

Health data



Data taken from Public Health Outcomes Framework, June 2024

School readiness

		England	South-West	Devon
School readiness (% achieving GLD)	2021/22	65.2	66.3	65.8
	2022/23	67.2	68.0	67.4
School readiness in children eligible for Free School Meals (% achieving GLD)	2021/22	49.1	46.1	44.9
	2022/23	51.6	47.5	47.1

Source: DCC 'Starting well' JSNA Headline Report

Early Years Strategy for Devon 2024-2034

Our vision

All children in Devon will have the best possible start in life with happy, healthy, and safe childhoods, to realise their full potential and thrive.

Our aims

Achieve prioritisation



Prioritise the early years across the system

Emphasise prevention



Highlight system-wide benefits of prevention and early intervention

Create sustainability



Collaborate to create a sustainable and resilient Early Years System

Foster connectivity



Work together to create an Early Years System that is connected and aligned

Our strategic priorities

- 1 System connectivity & effectiveness
- 2 Early development & school readiness
- 3 Provision of accessible support
- 4 Workforce wellbeing & development
- 5 Childcare sufficiency, inclusion, & accessibility
- 6 Community strengthening

6 Strategic Priorities

1

From conception, parents/carers and their children are supported to fulfil their potential by an effective and connected Early Years System

2

All children have a positive journey through their early years to the end of Reception, and are well supported and ready to start Year 1 in school

3

Families and children are well supported when experiencing stressors, to reduce their burden and the likelihood of adverse outcomes

4

Children's early development and learning is expertly supported by a strong, skilled, knowledgeable and well led Early Years System workforce who always advocate for the safety of all children

5

Parents can access sufficient, high quality, and fully inclusive childcare places that support early learning and childcare needs

6

Communities are strengthened to enable families to be the best they can be

Guiding principles

Prevention

Early intervention

Family focused

Restorative

Strengths-based

Inclusive

Accessible

Equitable

Safe

Trauma-informed

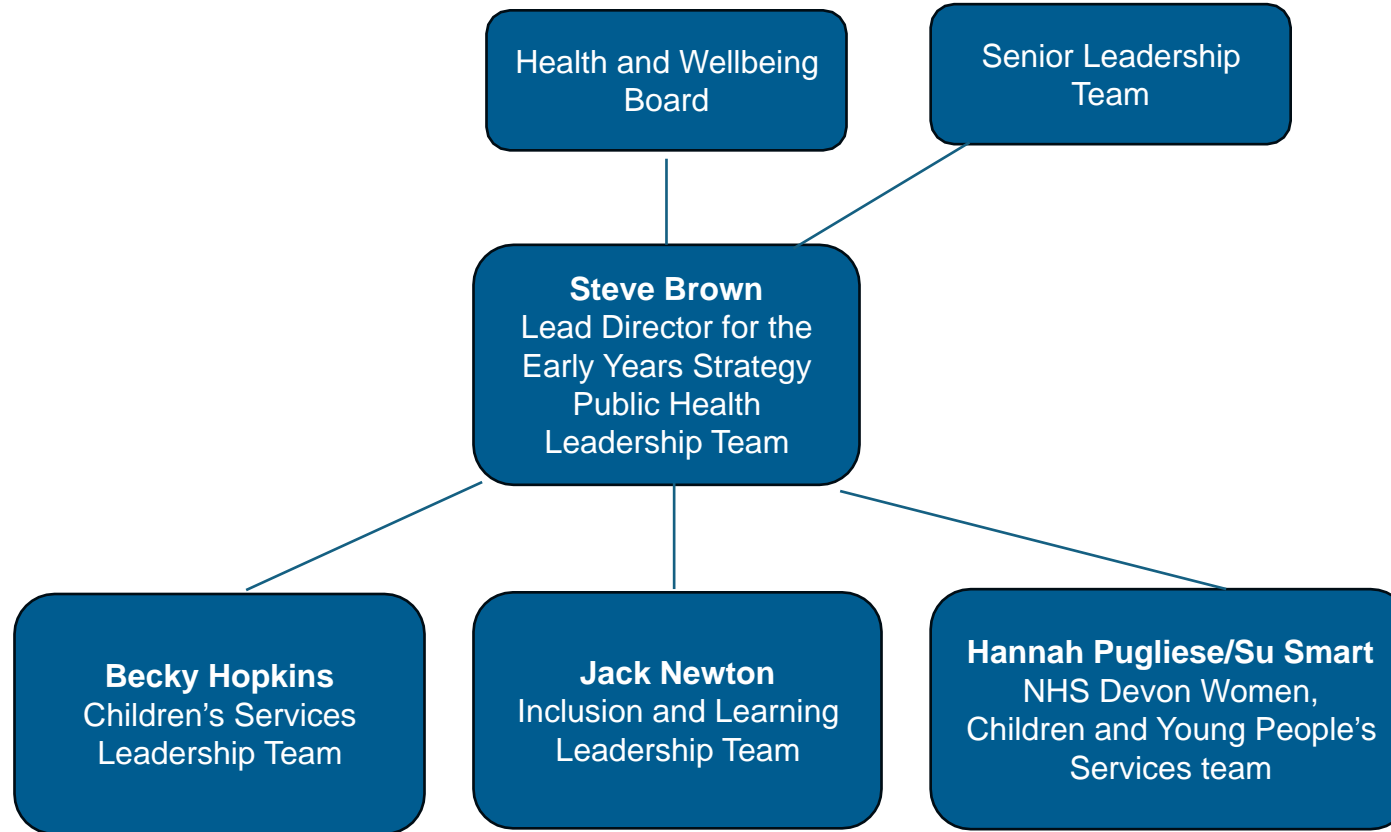
Collaborative

Flexible & responsive

Efficient

Sustainable

Proposed governance structure



Next steps

- Governance arrangements to be agreed
- Strategy to be signed off and published
- Action plan to be developed with partners and stakeholders
- Working group to be set up to take actions forward

Mental Health in Schools and Colleges

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2024



Introduction



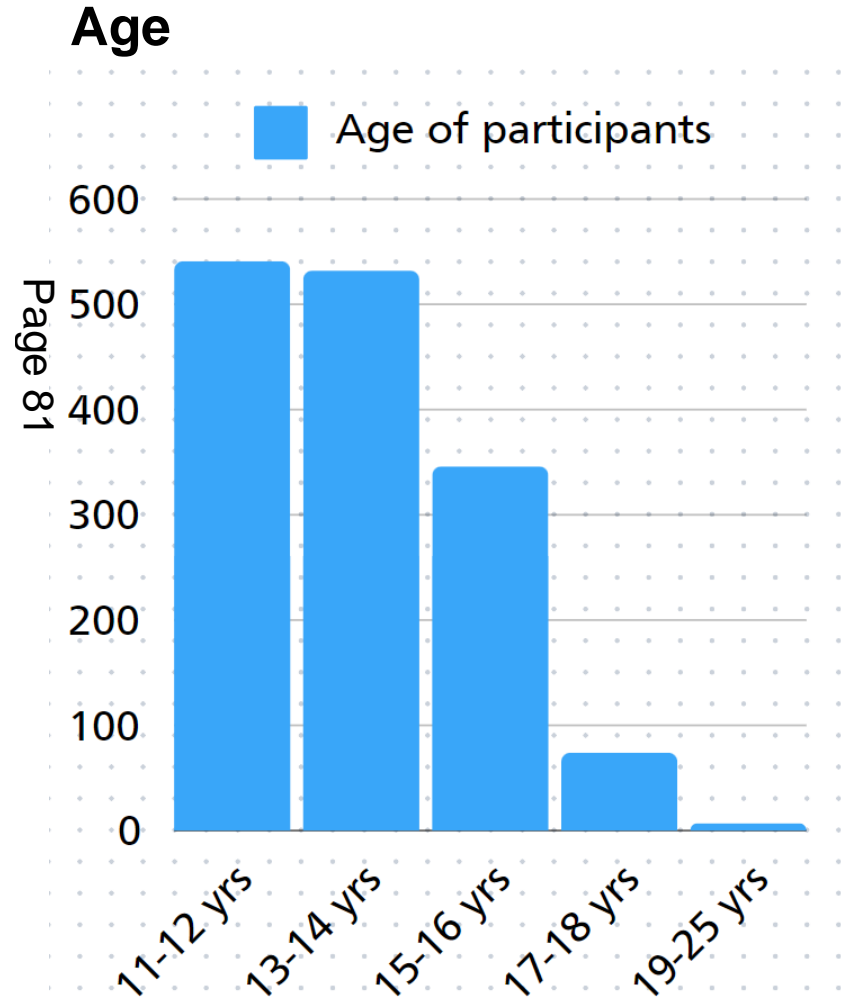
The 2024 Make your Mark survey showed that Mental Health is still the top issue for young people in Devon.

The Devon Youth Council have worked to explore this issue with a focus on mental health support in schools and colleges. We have:

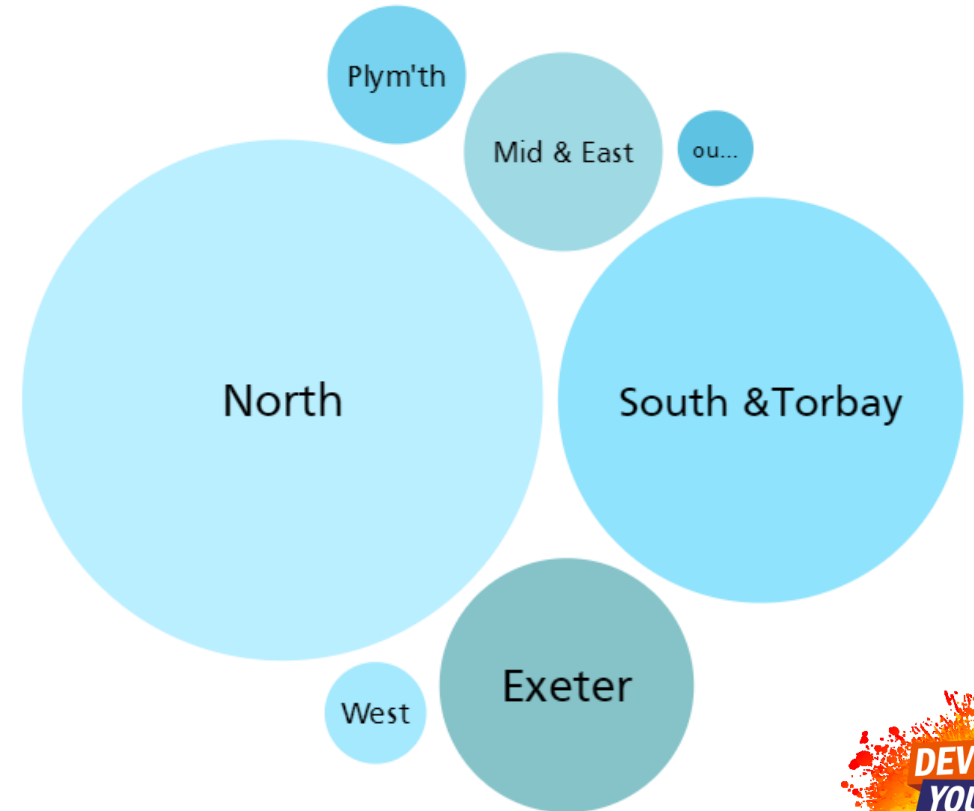
- Sent out a survey for young people across Devon, Torbay and Plymouth
- Conducted some focus groups in youth centres
- Been asked by NHS Devon to support the peer review of Mental Health in Schools Teams (MHST) - to be completed by the end of November.
- Created this presentation to share with you results of our findings and to share some of our lived experiences.

Who took part in the survey?

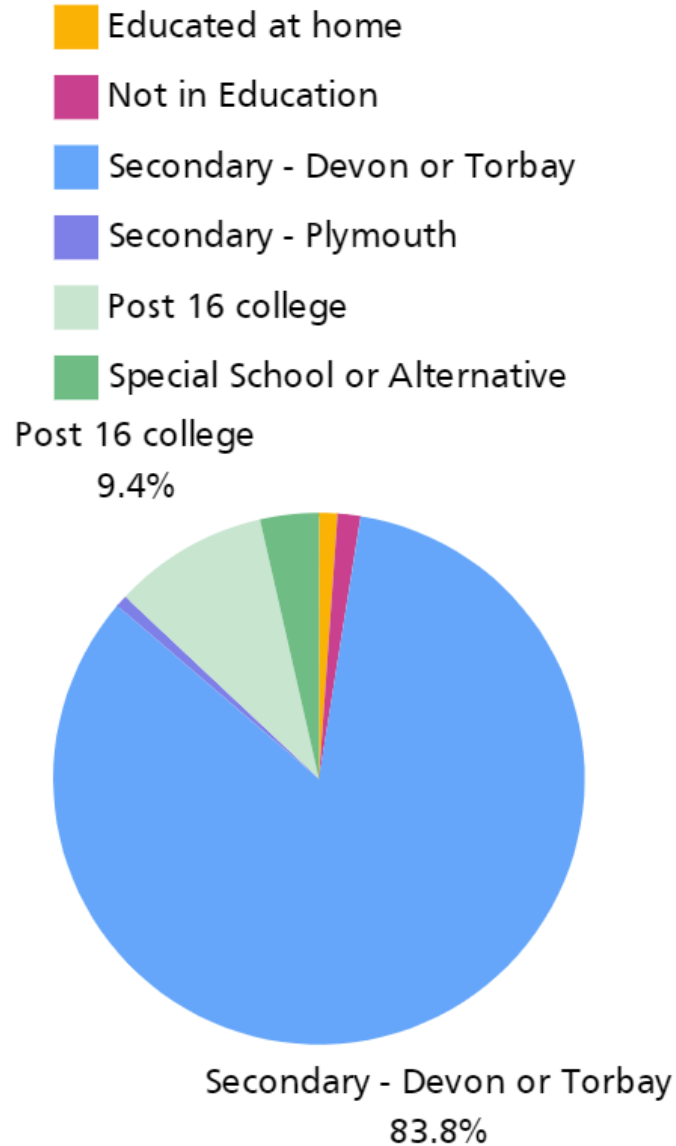
So far, we have had 1500 responses to the survey and have carried out 2 focus groups.



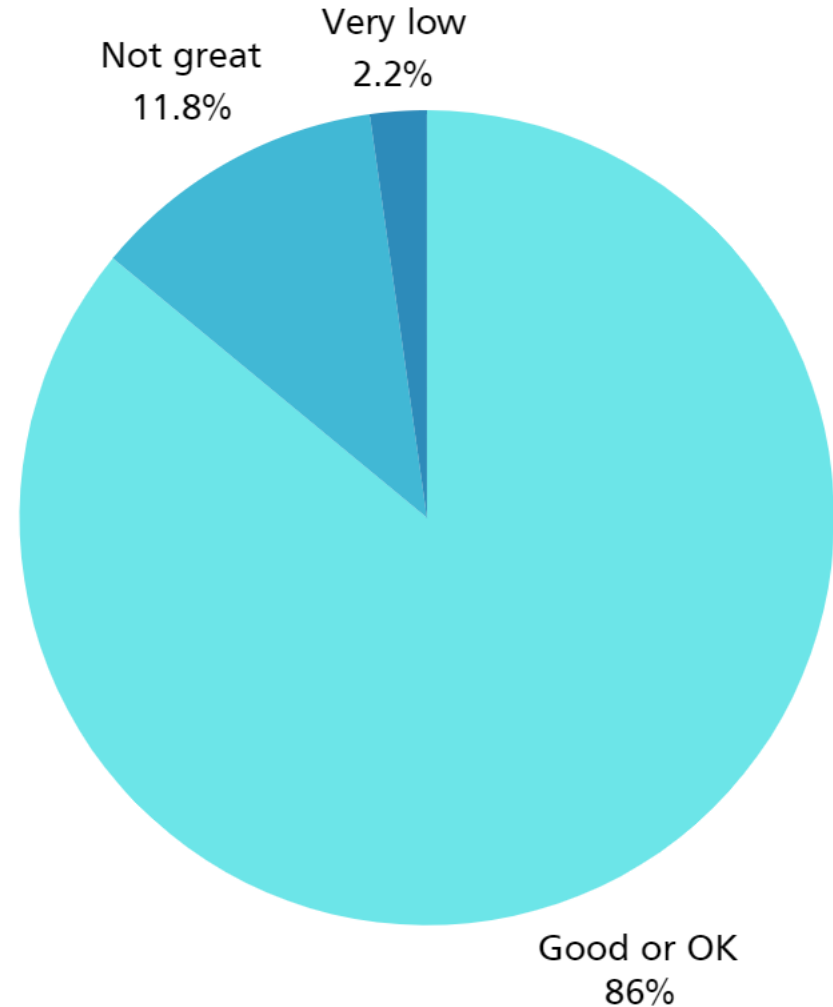
Home location



School/college their

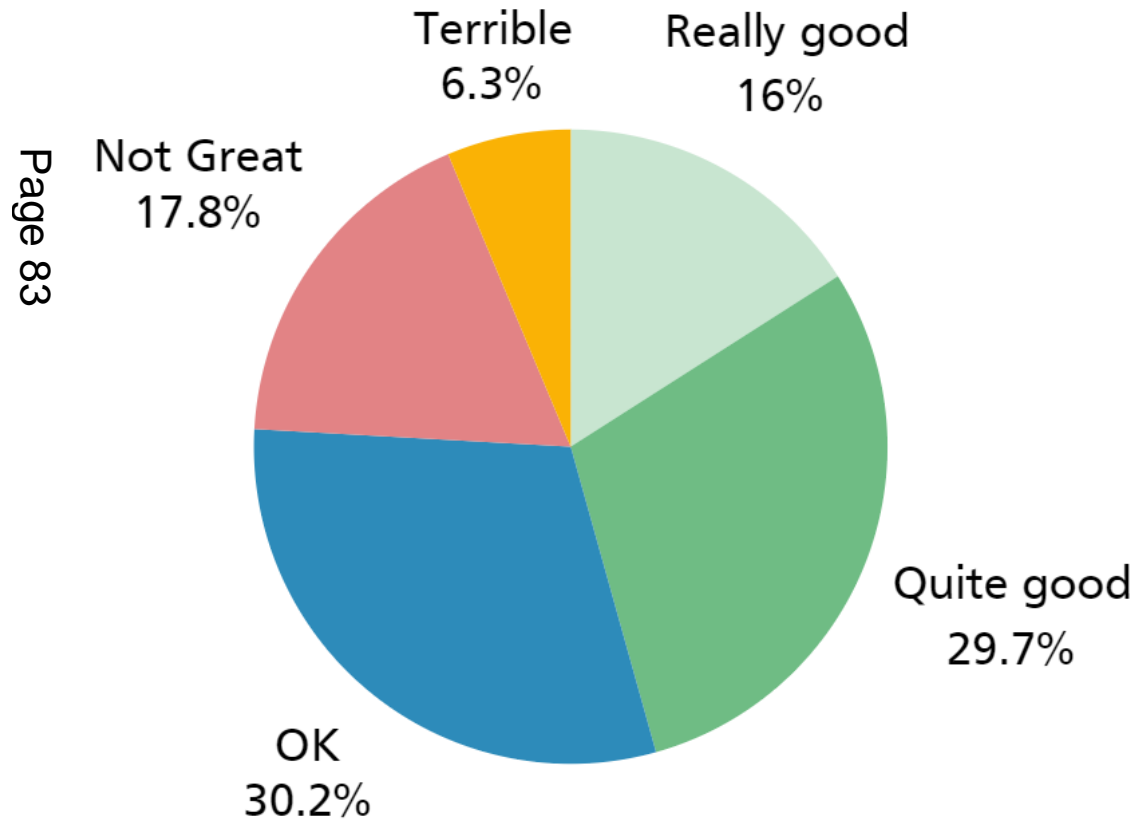


Young people's views of attendance levels

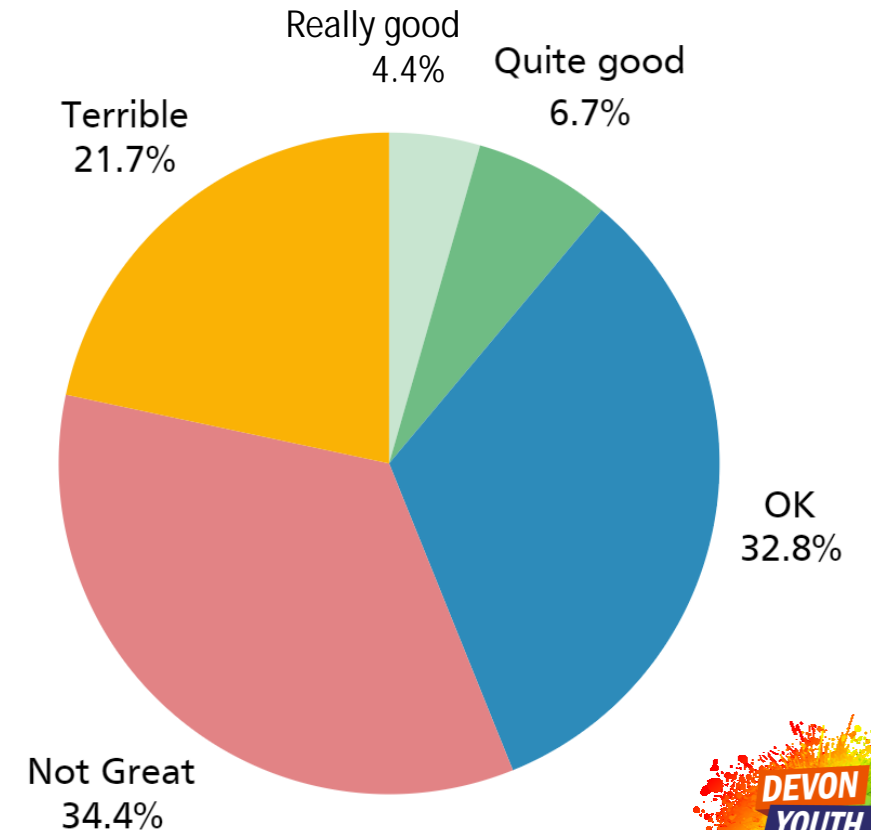


Young people's views of their mental health

Mental health of those with good/ OK attendance

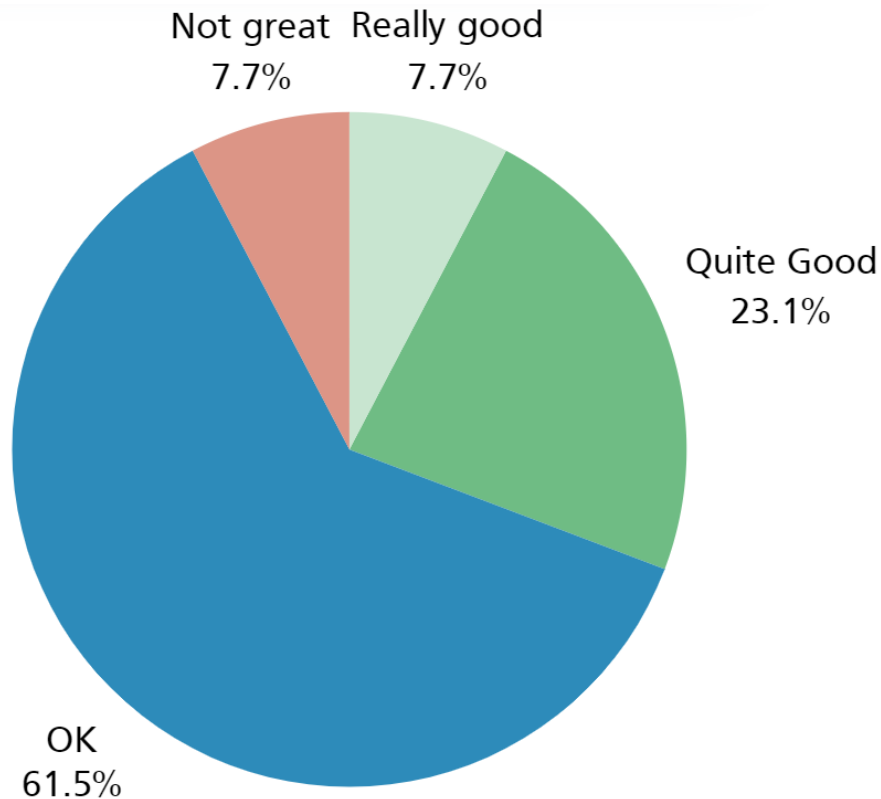


Mental health of those with low attendance

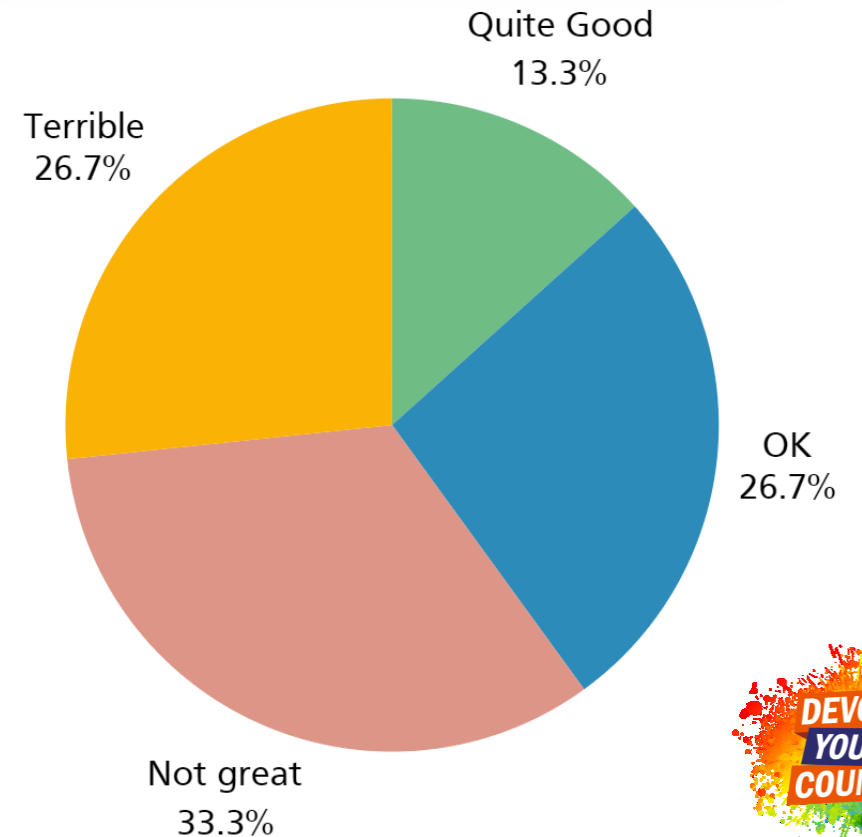


Young people's views of their mental health – not in school/college

Mental health of those educated at home out of personal choice (13 young people in this survey)



Mental health of those not in education (15 young people in this survey, mostly aged 15-18)



Those who had good or OK attendance

The following were the top 10 reasons they identified that helped good attendance:

1. Good friends in schools/ college (77%)
2. Teachers who are kind and supportive
3. School/ college being close to home
4. Lessons which I enjoy and find interesting
5. Clubs and activities I enjoy
6. Someone to talk to in school/ college
7. Support and encouragement from parents/ carer to attend
8. Feeling listened to, valued and understood at school
9. Good support for Mental Health in school/ college
10. Affordable transport to and from school/ college

"My school is really good when it comes to teachers being good friends and mentors to students.. it's nice to know that you always have someone you can go to if you want guidance or a laugh".



Those not in education or educated at home other than out of personal choice

Top 8 reasons:

1. School/ college was too stressful
2. My anxiety was too high to cope in school/ college
3. I felt lonely and isolated in school/ college
4. I was bullied in school.
5. The school/ college that was best for me was too far away
6. I tried to reach out to staff but didn't feel heard or supported
7. The school/ college couldn't meet my needs
8. The school/ college was too big and there were too many people

Quotes from those not in education/who struggle to attend

"They need to understand mental health and anxiety at school is real. ...Lack of support in 2 of my 3 schools left me with trauma which still impacts me now significantly. I can't leave the house alone and I have few friends, but I am happy at home, safe and doing my interests"

"Teachers need training on neurodiversity, they did not understand me. School made me feel like an alien."

"I have no friends in my lessons I get a sick feeling in my stomach going to my lessons knowing I'm sat alone all day"

"This school hasn't been really good for certain parts of my trauma and others trauma. Sometimes it is hard to come in. Being shouted at constantly and having strict rules is constantly affecting people's mental health. please change the way my school is run it is causing fear into my head . i hate the idea of failing."

"Despite telling people what I need , they still don't listen and expect me to do things I can't and are surprised when I don't attend college."

More quotes from Survey from those not in education/ who struggle to attend

"I feel that the school is more concerned that I attend and not that I struggle in school. It would take someone literally dying in order to be allowed home in the school day because attendance is all that really matters to them"

"Most teachers do not understand how hard it is for me to sit still and stay silent for such a long period of time. The behaviour policy doesn't support people like me"

"I would like school to understand how hard it is to be a young carer sometimes and provide support for me. Sometimes when I come in to school I don't feel great then there's always a person in my class who has to make it worse by saying something not very nice which on a normal day wouldn't upset me. Some days I feel like if I had my dog there everything would be ok because she's always so calm and it makes me feel better"

"They don't offer advice on how to unwind after a long week, or to take a break sometimes, they just expect everything of us with no recognition of how it affects our mental health"

"I have sensory challenges and the uniform at my school is not friendly to my needs as I am forced to wear tight skirts and shirts with itchy labels and forced to tuck in my top which makes me feel trapped. I hate sitting in the playground because it's too loud and busy but because I don't have a diagnosis, I don't get any adjustments. Even though I have extreme levels of anxiety, I am not allowed to sit in the art room where I feel safe"

For those who don't attend regularly, what would support more regular attendance?

Top ten suggestions:

1. Good friends in school including more opportunities to go to clubs and activities
2. Teachers who are kind and supportive
3. Better support for Mental Health in school including someone to talk to
4. Feeling listened to, understood and valued - this also involves schools doing what they say they are going to do in terms of support
5. Lessons which are enjoyable, interesting and interactive so I don't have to sit still for so long
6. Movement breaks for those who need them
7. The option to do less subjects
8. A more supportive approach to behaviour
9. A quiet space or sensory room if I need a break in lesson time
10. A calm safe space to go at lunch breaks

Accessing support

Of the total who answered the survey:

- 60% have an adult they can talk to if they need to
- 42% struggle either to understand or communicate their feelings

Of those who don't feel good and need support,

- 56% haven't spoken to anyone about it
- 31% are on a waiting list for mental health support
- 43% have accessed some kind of mental health support.

The most common forms of mental health support accessed are School Mental Health workers; Counsellors; CAMHS and Young Devon. Kooth and creative therapies are also in the top few. Young people often access more than one.

A broad range of other therapies, groups and people are also mentioned.

mental health support services accessed

- 42% of those who have accessed support went to School Mental Health workers
- 39% - Counsellors
- 33% - CAMHS
- 10% - Young Devon

45% of young people who accessed School Mental Health support said it was good or really good.

42% felt it was OK but didn't make much difference.



According to those who answered the survey, what are the most common offers in schools/ colleges for mental health support?



1. Assemblies
2. Quiet calming space in school
3. School mental health worker/ pastoral support worker
4. Exit cards
5. Peer mental health ambassadors

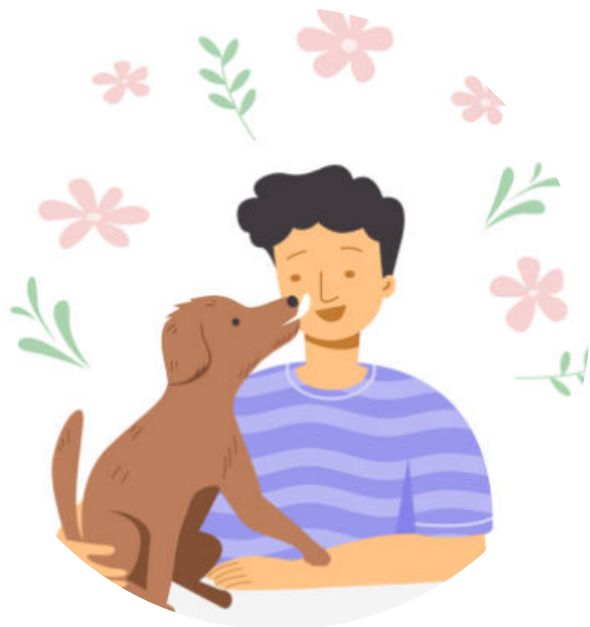
Different schools provide other options too but the above are the most common.



What would young people most like to see in school/ college to support positive mental health?

In addition to general awareness (assemblies/ lessons):

1. A quiet calming space to go if you need a bit of a break
2. Therapy pets
3. Safe and easy access to the toilets when needed
4. Good two-way communication with students and also with parents/carers
5. A space to move around and get rid of some energy if needed
6. A trained professional to talk to in school/ college if needed
7. Exit cards
8. Sensory room/ creativity zone
9. Therapy involving art/ music or play rather than just talking
10. All staff to be trained to understand/ support the impact of trauma



Although not quite in the top ten, a high percentage of young people answering this survey wanted more adjustments and understanding around neurodivergence and SEND (with or without diagnosis) and several wanted more clubs and support to make friends.

Those who went to special schools felt that their school provided most of these things which was in stark comparison to mainstream schools.

Quotes from survey on what would work in terms of mental health support

“A doodle book would help me listen better but we get told off for doodling”

“Do add in therapy animals because they’re the only thing that I understand and they understand me and will never let you down”

“i believe that all pupils should have a trusted adult in school maybe more like relating teacher to talk to them who stays the same through your years in school”

“I feel like it would be helpful if I was able to be with somebody for those classes I sit alone in – preferably a likeable person.. I think that’d help my mental health and help me improve things”

"I think people assume that if you are a high achieving student that you must be doing well mentally..there's a general feeling of "anything but your best is not good enough" and I find that very overwhelming. I think it would be good if mental health support staff checked in more with high achieving students as well as disruptive ones and also supplied better support during/soon before exams.

"We should have a meeting about our mental health if someone has stuff going on with family and if anyone is feeling upset they can go to people that are in a room and they are the people that you can talk to"

"Not every disability is visible. When I was diagnosed with a hidden (neurodivergent) disability earlier this year, my school haven't made allowance for this - I would appreciate a more partial timetable, to avoid corridors at busy times, better transport options to avoid crowds, knowing there are members of staff I can speak to, and being able to leave lessons if I want break from it all"

"I would like teachers to let me go to the toilet when I need to. It's not good for you to keep it in"

"My school and college both had Mental Health workers but they didn't keep visits confidential or anonymous, they let your teachers know and some teachers would talk about it to you in front of other classmates. And parents were alerted. How am I meant to get better if I fear what will happen if I tell them?"

"Wellbeing teachers don't do random check ins with students. You have to ask to speak with them and they often have their favourites who they are always with. I think there should be more drop-in options"

"I have a lot of ADHD symptoms but I have never been tested or diagnosed and for that reason anytime I tell someone I would prefer to have breaks or do something that doesn't mean sitting down all the time or something similar I'm told that I don't have any reason to need that. (By the way I can't get diagnosed even if I wanted to because my family 'does not believe in adhd') so i just want to be able to have accommodations made for those people who can't get diagnosed."





Photos from the Youth Voice Saturday
9 November 2024. Tiverton Youth Centre



Attendees' response - aspirations

Attendees were asked to write their goals and aspirations in response to the presentation on clouds around a rainbow. They can be summarised as follows:

- Equal value placed on wellbeing and connections as academic results
- A calming space in every school with someone to talk to
- Time and space to make personal connections in school: both a trusted adult and a friendship
- Every child in school to have a positive relational plan
- Youth worker-type support in every school
- An individualised package of support to help children and young people get back to school if they have been out of education
- MHSTs in all schools in Devon, helping to ensure a whole school approach to emotional wellbeing and mental health
- A mandatory mental health Ambassador programme in every school
- An integrated approach across education and wider organisations
- A platform for Devon Youth Council to be heard by School leaders
- Continuing mental health support and a trusted adult when turning 18

Attendees' response - barriers

Attendees were asked to write barriers to achieving their goals. The barriers can be summarised as follows:

- Money/ funding was the most frequently cited barrier though someone also pointed out that talking about money is also a barrier
- Time and capacity
- Ofsted criteria for measuring success
- Lack of consistency in approach and culture across schools
- Silo working and lack of shared priorities in partnership work with schools
- Lack of vision, aspiration and skilled leadership
- Identifying colleagues in schools to work with in partnership
- Lack of real engagement by politicians
- Doing the same things but expecting different outcomes
- Pressure on school staff
- Resistance to change

Attendees' response – steps to change

Attendees were asked to write steps towards achieving their goals. The steps can be summarised as follows:

- Support schools by offering training, advice and support around inclusion and belonging – relationships over interventions
- Provide low-cost training for mental health strategy development and create a mental health strategy template for schools
- Focus on Ordinarily Available Inclusive Provision in schools (what all schools are expected to do) [Ordinarily Available Inclusive Provision - Support for schools and settings](#)
- Compile some creative solutions to support children back to school and share good practice
- Work towards all schools having a quiet calming space that is not related to punishment
- Promote investment in activities and groups to create personal connection – more focus on preventative work is cheaper and better for young people
- Schools supported to have time to really listen to WHY young people may be struggling
- Develop better co-production as a system – working together with young people and for young people.
- Create a platform for Devon Youth Council young people to speak to school systems and leaders.

Next steps

- This presentation is being shared with all of those invited to the Youth Voice Saturday and will be sent out in the Headteachers newsletter and the School Governors newsletter. It will also be shared at the Mentally Healthy Schools conference on 21 Nov.
- A young person's summary of this presentation will be sent out to all members of the Devon Youth Council. You can download the young person's summary version here: [Mental Health Support For Schools - Update Nov 24.pdf](#)
- The survey also included specific questions about MHSTs in school. The Youth Participation team in partnership with NHS commissioning colleagues will be compiling the results from those questions so that we can get a picture of whether pupils feel that MHSTs are effective and providing the right kind of support. This will be added to the other data collected by Commissioners on MHSTs and help to inform the best use of resources to support the mental health of young people in schools and colleges.



Health & Wellbeing Board - Forward Plan

Items / Committee Date	Frequency
Health & Wellbeing Strategy Priorities and Outcomes Monitoring (including updates)	
Better Care Fund Update / sign off	
Adults Safeguarding Annual Report	Annual report
Joint Commissioning Strategies – Action Plans	Annual report
Torbay & Devon Safeguarding Adults Partnership	Annual report
Future Items	
Smokefree Devon Alliance progress report	
Dementia rates in Devon	Board request (24/10)
Pharmaceutical Needs Assessment sign off	
14 March 2025, 1pm-4pm – Development Workshop	
20 March 2025	
Health & Wellbeing Strategy Priorities and Outcomes Monitoring (including updates)	
Themed session: Age-Friendly Communities	
Equality paper	
Joint Forward Plan sign-off	
Pharmacy Closures	
10 July 2025	
Health & Wellbeing Strategy Priorities and Outcomes Monitoring (including updates)	

Health & Wellbeing Board - Forward Plan

Items / Committee Date	Frequency
Health in All Policies (HiAP)	
23 October 2025	
Health & Wellbeing Strategy Priorities and Outcomes Monitoring (including updates)	
8 January 2026	
Health & Wellbeing Strategy Priorities and Outcomes Monitoring (including updates)	