

HEALTH AND WELLBEING BOARD

21 January 2021

Present:-

Devon County Council

Councillors A Leadbetter (Chair), R Croad, B Parsons and J Brazil

Steve Brown, Director of Public Health

Jennie Stephens, Chief Officer for Adult Care and Health

Suzanne Tracey, Chief Executive, RD&E

Dr Paul Johnson, Devon Clinical Commissioning Group

Jeremy Mann, Environmental Health Officers Group

Diana Crump, Joint Engagement Forum

Councillor Andrew MacGregor, Teignbridge District Council

Nick Pennell, Health Watch Devon

Apologies:-

Councillor James McInnes, Devon County Council

Phillip Mantay, Devon Partnership NHS Trust

Adel Jones, Torbay and South Devon NHS Foundation Trust

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Minutes

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

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Items Requiring Urgent Attention

There were no items requiring urgent attention.

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Coronavirus Update

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

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

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

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

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

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

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

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

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

The data shown during the presentation was available at:

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

Members discussion points included:

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

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

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

The Board considered a Report from the Director of Public Health, on the performance for the Board, which monitored the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2020-25.

The indicator list and performance summary within the full report set out the priorities, indicators and indicator types, and included a trend line, highlighting change over time.

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

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

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

- **Percentage with NVQ4+** (aged 16-64), 2019 – The percentage of people who had achieved qualifications at NVQ level 4 or above in Devon was 37.6% (down from 40.1% in 2018), statistically similar to the England average of 40%. Variation existed across the Districts, with South Hams (43.2%), Teignbridge (43.1%) and West Devon (48.4%) being significantly better than the England average.
- **Percentage with no NVQ qualifications** (aged 16-64), 2019 – The percentage of people who had no NVQ qualifications in Devon was 4.2% (down from 5.1% in 2018), significantly better than the England average of 7.5%. Variation was minimal across the Districts with all except Torridge (7.1%) being significantly better than the England average.
- **Child Poverty, 2018/19** – The percentage of children under 16 in Devon who were in absolute low-income families was 12.2%, significantly better than the England average of 15.3%. Variation was minimal across Districts with all being significantly better than the England average bar Torridge (17.3%), who were significantly worse.

- **Gross Value Added, 2018** – The increase in the value of economy due to the product of goods and services in Devon was £21,061 (up from £20,843 in 2016), significantly lower than the England average of £29,356. Variation was minimal with all but Exeter (£41,172) being lower than the England average.
- **Suicide Rate, 2017-19** – The mortality rate from suicide and injuries of undetermined intent in Devon was 12 (up from 11.2 in 2016-18), significantly worse than the England average of 10.1. There was variation between Districts, with East Devon (7.5), North Devon (11.3), South Hams (7.5), Torridge (13.9) and West Devon (12) being statistically similar to the England average. Exeter (15.3), Mid Devon (15) and Teignbridge (15) were significantly worse than the England average.
- **Mortality Rate from Preventable Causes, 2017-19** – The mortality rate in Devon from preventable causes was 119.3 (down from 159.9 in 2017-19), significantly better than the England average of 142.2. There was minimal variation across Districts, with most being significantly better than the England average, except Exeter (150.5) and Mid Devon (130.9), who were statistically similar.

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

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

RESOLVED that the performance report be noted and accepted.

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

The Board considered a joint Report from the Associate Director of Commissioning (Care and Health) and NHS Devon Clinical Commissioning Group (CCG) on the Better Care Fund (BCF), Quarter Return, Performance Report and Performance Summary. The BCF was the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. It brought together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant and funding paid to Local Government for adult social care services. The Health and Wellbeing Board had oversight of the BCF and was accountable for its delivery.

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

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

In December 2020 the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government published the Better Care Fund Policy Statement 2020 to 2021, which had been delayed from March due to the pandemic. The statement set out the requirements for 2020/21 including no requirement to submit a BCF plan for this year. However, the following conditions must be met:

- Agree the use of mandatory minimum funding and place this in a pooled arrangement by an agreement under s.75 of the NHS Act 2006, with an appropriate governance structure which reported to the Health and Wellbeing Board.
- The contribution to social care from the CCG via the BCF was agreed and met or exceeded the minimum expectation
- Spend on CCG commissioned out of hospital services met or exceeded the minimum ringfence.
- CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

The Report highlighted that national reporting of Delayed Transfers of Care (DToC) was suspended from the 19 March 2020 and instead, providers were expected to provide daily data through the Strategic Data Collection Service (SDS). DToC performance was greatly affected by COVID-19. Delayed transfers started to decrease in March due to the requirement to reduce bed occupancy levels to 50% as part of the pandemic response, dropping to a very low level in April and May. In the period May to September delays increased steadily as elective services recommenced.

In addition, the Report highlighted that fewer older people were placed in residential/nursing care relative to population than comparator and national averages. However, there was an upward trend in permanent admissions to the end of March 2020. Also, the percentage of people still at home 91 days after hospital discharge into rehabilitation / reablement services had declined significantly to 72.9% at the end of Quarter 2 (September 2020), due to the pandemic. This was as a result of:

- a reduction in the take up of the service offer, for example with people self-isolating,
- changes to the recording of hospital discharges due to the Discharge to Assess guidance,
- some staff self-isolating meaning the service had to be reduced; and
- some staff had been redeployed to other services supporting people to remain in their own homes such as rapid response.

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

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

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CCG Updates

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

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

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

- **GP-led local vaccination centres** - GP practices were working together to set up local vaccination centres across Devon, with 16 now established, serving 104 practices, with more to follow soon.
- **CCG Accountable Officer and Chief Executive of Devon's Integrated Care System** - The CCG had been recruiting for the joint post of Accountable Officer for both the CCG and the Chief Executive of Devon's Integrated Care System. This was in line with national policy and mirrored the joint CCG and system arrangements put in place in some successful systems nearby. Jane Milligan had been appointed to the role, had worked for the NHS for 33 years and had extensive strategic commissioning and operational experience.
- **Integrated Care Systems** - NHS England considered a document outlining legislative recommendations that could make ICSs statutory corporate NHS bodies. This could mean CCG statutory functions being merged into the ICS. Devon CCG was in a good position for these changes having already prepared for system working by:
 - Merging the two Devon CCGs;
 - Updating senior leadership structure;
 - Implementing joint teams and roles across the CCG and the Devon system; and
 - Providers collaborating and sharing resources.
- **Teignmouth and Dawlish consultation** - the CCG Governing Body approved a series of recommendations, which would see some services moved from Teignmouth Community Hospital to a new Health and Wellbeing Centre in the town centre and some services to Dawlish Community Hospital.
 - **Outstanding engagement** - The CCG has been rated 'outstanding' for patient and community engagement for the second year running
 - **Think 111 First model introduced in Devon from Tuesday 1 December** - In line with the rest of the country the CCG had launched a campaign advising the public on how to make the right healthcare choices to ensure their safety, as well as making sure they got the right treatment in the most appropriate place – this was known as Think 111 First.

Members discussion points included:

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

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

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

RESOLVED that the Report be noted

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Mental Health Prevention Concordat Action Plan

The Board considered an update report from the Director of Public Health on the Prevention Concordat for Better Mental Health, developed by Public Health England as a mechanism for promoting good mental health and providing a focus for cross sector action to increase the adoption of public mental health approaches. The Board received updates on the following areas:

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

- NHSE 3rd Wave Transformation Monies – this funding would provide an additional £235,000 a year for 3 years to enable the Council to develop a system-wide suicide prevention programme, with a focus on community/ population initiatives;
- NHSE Transformation Funding for Suicide Bereavement and Postvention Support - In 2019 Devon STP were awarded monies to expand the existing Suicide Bereavement and Support service, (Pete's Dragons) across the Devon STP footprint.
- NHSE Trailblazer Funding (Self Harm) - Supporting a 'Family Intervention Pilot' in Torbay, with the intention to share the learning across the Devon STP footprint;

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

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

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

Better Mental Health For All

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

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

RESOLVED that the Report be noted.

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Strategic Economic Assessment & Development Strategy

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

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

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

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

* **195** **References from Committees**

Nil

* **196** **Scrutiny Work Programme**

The Board received a copy of Council’s Scrutiny Committee work programme in order that it could review the items being considered and avoid any potential duplications.

* **197** **Forward Plan**

The Board considered the contents of the Forward Plan, as outlined below (which included the additional items agreed at the meeting).

<u>Date</u>	<u>Matter for Consideration</u>
Thursday 8 April 2021 @ 2.15pm	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Devon Smokefree Alliance</p>

	<p>Strategic Approach to Housing Homelessness Reduction Act Report - 12 month update Children's Social Care Services OFSTED update Population Health Management & and Integrated Care Management (Presentation) JSNA / Strategy Refresh CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 15 July 2021 @ 2.15pm</p>	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Gap in employment rate for those with mental health CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 28 October 2021 @ 2.15pm</p>	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC Adults Safeguarding annual report CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 13 January 2022 @ 2.15pm</p>	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information</p>
<p>Thursday 7 April 2022 @ 2.15pm</p>	<p><u>Performance / Themed Items</u> Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><u>Business / Matters for Decision</u> Better Care Fund - frequency of reporting TBC CCG Updates</p> <p><u>Other Matters</u> Scrutiny Work Programme / References, Board Forward Plan, Briefing</p>

	Papers, Updates & Matters for Information
Annual Reporting	Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)
Other Issues	Equality & protected characteristics outcomes framework

RESOLVED that the Forward Plan be approved, including the items approved at the meeting.

* **198** **Briefing Papers, Updates & Matters for Information**

Members of the Board received regular email bulletins directing them to items of interest, including research reports, policy documents, details of national / regional meetings, events, consultations, campaigns and other correspondence. Details were available at; <http://www.devonhealthandwellbeing.org.uk/>

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

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

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

Meetings

Thursday 8 Apr 2021 @ 2.15 pm
Thursday 15 Jul 2021 @ 2.15 pm
Thursday 28 Oct 2021 @ 2.15 pm
Thursday 13 Jan 2022 @ 2.15 pm
Thursday 7 Apr 2022 @ 2.15 pm

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

The Meeting started at 2.15 pm and finished at 4.16 pm

NOTES:

1. Minutes should be read in association with any Reports or documents referred to therein, for a complete record.
2. The Minutes of the Board are published on the County Council's website at <http://democracy.devon.gov.uk/ieListMeetings.aspx?CId=166&Year=0>
3. A recording of the webcast of this meeting will also be available to view for up to six months from the date of the meeting, at <http://www.devoncc.public-i.tv/core/portal/home>