

Public Document Pack



SOUTH HAMS OVERVIEW AND SCRUTINY PANEL - THURSDAY, 5TH FEBRUARY, 2015

Agenda, Reports and Minutes for the meeting

Agenda No Item

1. **Agenda Letter - Community Life & Housing Panel** (Pages 1 - 2)

2. **Reports**

Reports to CL&H:

a) Item 8 - Health and Wellbeing Board Update (Pages 3 - 66)

b) Item 9 - New Homes Bonus Allocation to Dartmoor National Park Authority (Pages 67 - 74)

c) Item 10 - Task & Finish Updates (Pages 75 - 94)

- a. Sites for Gypsies and Travellers – concluding report
- b. Affordable Housing Delivery Models – concluding report
- c. Disabled Facilities Grants

3. **Minutes** (Pages 95 - 102)

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Agenda Item 1

Please reply to: Darryl White
Service: Corporate Services
Direct Telephone: 01803 861247
E-Mail: darryl.white@southhams.gov.uk

To: Chairman & Members of the Community Life and Housing Scrutiny Panel
(Cllrs Brazil, Carson, S Cooper, Cuthbert, Gorman, Hannaford, Hodgson,
Holway, Jones, May, Pearce and Steer).

cc: Cllr Wright (for agenda items 8 and 10)
Cllr Hicks (for agenda item 9)
Remainder of the Council for information
Usual press and officer circulation

28 January 2015

Dear Councillor

A meeting of **Community Life and Housing Scrutiny Panel** will be held in the **Cary Room**, Follaton House, Plymouth Road, Totnes, on **Thursday, 5 February 2015 at 10.00am** when your attendance is requested.

Yours sincerely

Darryl White
Democratic Services Manager

<p>FOR ANY QUERIES ON THIS AGENDA PLEASE CONTACT DARRYL WHITE, DEMOCRATIC SERVICES MANAGER ON DIRECT LINE 01803 861247</p>

A G E N D A

1. **Minutes** - to approve as a correct record and authorise the Chairman to sign the minutes of the meetings of the Panel held on 6 November 2014 (pages 1 to 7);
2. **Urgent Business** - brought forward at the discretion of the Chairman;
3. **Division of Agenda** - to consider whether the discussion of any item of business is likely to lead to the disclosure of exempt information;
4. **Declarations of Interest** - Members are invited to declare any personal or prejudicial interests, including the nature and extent of such interests they may have in any items to be considered at this meeting;
5. **Public Forum** - a period of up to 15 minutes is available to deal with issues raised by the public (page 8 only);

6. **Executive Forward Plan – published on 2 January 2015** (pages 9 to 11);

Note: If any Member seeks further clarity, or wishes to raise issues regarding any future Executive agenda item, please contact Member Services before 12 noon on **Monday 2 February 2015** to ensure that the lead Executive Member(s) and lead officers are aware of this request in advance of the meeting.

7. **Devon Carers Group** – to receive a presentation from Devon Carers Group;

8. **Health and Wellbeing Board Update** – to consider a paper which presents an update on the changes in public health legislation and the impacts that these have on the Council (pages 12 to 22). Due to the volume of papers contained within the District Public Health Plan 2014/15, this document has been uploaded on to the website: (<http://shdcweb.swdevon.lan/article/2989/Community-Life--Housing-Scrutiny-Panel>)

9. **New Homes Bonus Allocation to Dartmoor National Park Authority** – to consider a report which provides information on the projects being funded by DNPA from the New Homes Bonus allocated by the Council (pages 23 to 28);

10. **Task and Finish Group Updates:**

- a. Sites for Gypsies and Travellers – concluding report (to follow);
- b. Affordable Housing Delivery Models – concluding report (to follow);
- c. Disabled Facilities Grants – update report attached at pages 29 to 42.

Members of the public may wish to note that the Council's meeting rooms are accessible by wheelchairs and have a loop induction hearing system

* * * * *

- N.B.** Legal and financial officers will not, as a general rule, be present throughout all meetings, but will be on standby if required. Members are requested to advise Member Services in advance of the meeting if they require any information of a legal or financial nature.

* * * * *

**MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER
THIS AGENDA HAS BEEN PRINTED ON ENVIRONMENTALLY FRIENDLY PAPER**

If you or someone you know would like this publication in a different format, such as large print or a language other than English, please call Darryl White on 01803 861247 or by email at: darryl.white@southhams.gov.uk

South Hams District and West Devon Borough Councils and Public Health

MEMBERS' INFORMATION SHEET – Update 2014-15

Purpose

- To update Members of the changes in public health legislation and the impacts that these have on SHDC and WDBC.
- To clarify the roles of both SHDC and WDBC in the new regime.
- To provide links to further information.
- To provide an overview of the Public Health Plan for both authorities.

Background

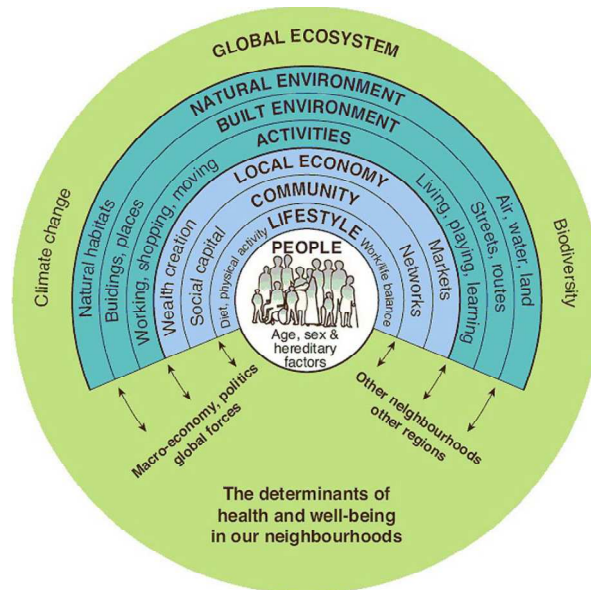
The Government's Public Health White Paper *Healthy Lives, Healthy People's* recognised the importance that local communities have in public health decision making and in tackling local health inequalities. The White Paper recognised that the nation's health profile is changing and that there are many reasons for health inequalities across the country. The White Paper also identified that many health issues can be dealt with at a local level and that the people who are responsible for health delivery services need to be more accountable to the people that they serve.

As of April 2013, upper tier local authorities have been given the responsibility for improving the public health of the populations they serve under the Health and Social Care Act 2012. As one of the requirements of the Act, a Director of Public Health who oversees the public health responsibility for the whole of Devon has been employed by Devon County Council. In addition a Health and Wellbeing Board has been set up at Devon County Council along with Clinical Commissioning Groups.

What is public health?

Public health is all about improving the health of a population and preventing ill health. A key concept behind public health is 'prevention is better than cure'. There are many factors that can impact on a person's health and their likelihood to develop illness or disease. These factors can be shown in the following 'Health Map' which

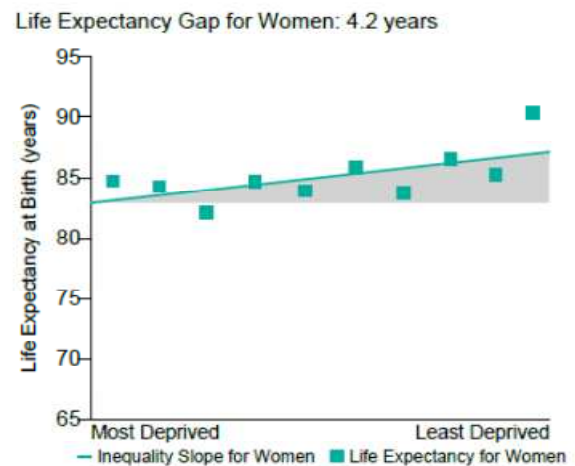
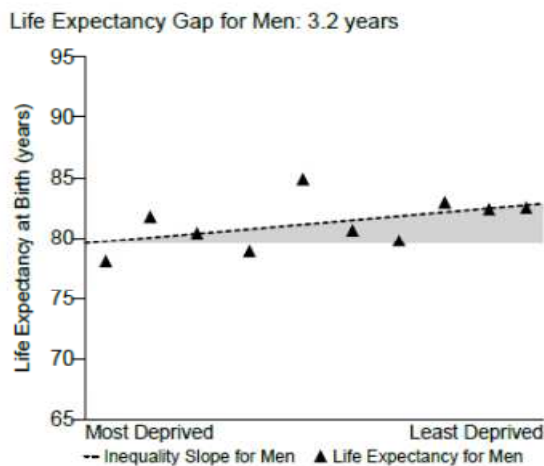
demonstrates that there is a huge range of determinants of health and wellbeing from global influences down to an individual's genetic make-up.



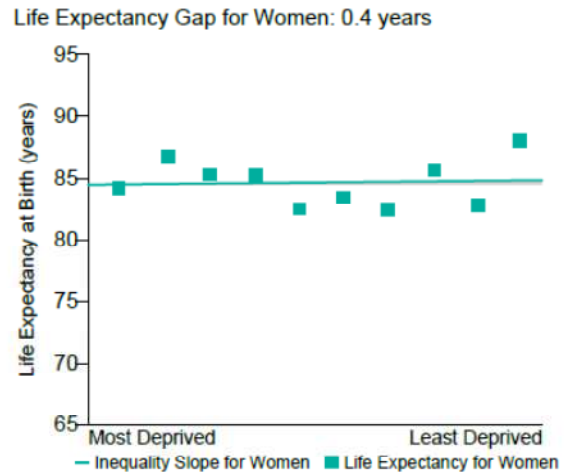
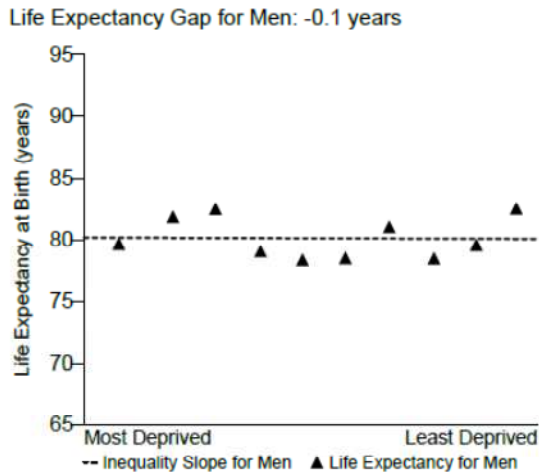
As the diagram shows, the Councils have a significant impact on public health determinants and health & wellbeing through the services that we provide.

What are health inequalities?

Health inequalities are differences in health between different population groups in an area. Typically health inequalities reflect population differences in circumstances and behaviours that are usually socially determined. This is demonstrated in the Health Profiles for West Devon and South Hams in 2012 which show that life expectancy in the more deprived areas is lower than life expectancy in the least deprived areas as shown by the following graphs:



South Hams Health Profile 2012



West Devon Health Profile 2012

Devon County Council’s Health and Wellbeing Board has committed itself to promote health equality through a collaborative approach with the borough, district and city authorities in Devon to oversee the impact of local actions on the range of health and wellbeing outcomes and progress to reduce health inequalities. Improvements aimed for include increased life expectancy; and reduced differences in life expectancy and healthy life expectancy between communities – including differences between and within local authorities.

Devon County Council produces a Public Health Plan for South Hams and West Devon which is a mechanism for monitoring and prioritising health and wellbeing issues across both areas. The plan guides the work of the Public Health Team in Devon County Council and colleagues working in the NHS, local authorities, and other organisations, identifying both priority issues and priority communities within local areas. A number of areas of health and wellbeing have been identified in the report as being those that will have the greatest impact on health inequality in South Hams and West Devon as follows:

- 1) Reducing smoking.
- 2) Increasing the proportion of the population that are a healthy weight.
- 3) Detecting and treating disease earlier, such as heart disease, high blood pressure, diabetes and cancer.

- 4) Targeting preventative interventions at those vulnerable groups with the worst health, including those who may be at risk of domestic or sexual violence and abuse.
- 5) Investing in the health and wellbeing of children and young people.
- 6) Improving mental health and emotional health and wellbeing, and preventing loneliness.
- 7) Increasing income levels and employment, and reducing poverty.
- 8) Improving the quality and warmth of housing.
- 9) Reducing misuse of substances, including alcohol and drugs.
- 10) Helping people in their neighbourhoods to live healthier and happier lives.

The Public Health Plan for 2013-14 can be found at the following internet link: <http://www.devonhealthandwellbeing.org.uk/jsna/himp/>. There is a draft Plan for 2014-15 which is currently in the process of being agreed on with DCC>

Who is the Director of Public Health for Devon and what are her responsibilities?

Dr Virginia Pearson is the Director of Public Health for Devon and works closely with Clinical Commissioning Groups, local NHS providers, and the eight District Councils in Devon, as well as the Police and the voluntary sector. One of the responsibilities of the Director of Public Health is to produce an annual report on the public health of Devon's occupants, including South Hams and West Devon residents. The latest report can be found at www.devonhealthandwellbeing.org.uk/aphr/.

What is the Health and Wellbeing Board?

The Devon Health and Wellbeing Board is a forum for key leaders from the health, public health and care systems to work together to improve the health and wellbeing of the population and reduce health inequalities.

Board members collaborate to understand communities' needs, agree priorities and encourage commissioners to work in a more joined up way.

The Board has a duty to encourage integrated working for the purpose of advancing the health and wellbeing of the people in its area.

The Board has the following terms of reference:

- ensure the delivery of improved health and wellbeing outcomes for the population of Devon, with a specific focus on reducing inequalities
- promote the integration of health, social care and public health, through partnership working with between the NHS, Social Care Providers, District Councils and other public sector bodies
- promote an integrated health improvement approach to public health service provision
- provide a local governance structure for the local planning of and accountability for all health and wellbeing related services
- assess the needs and assets of the local population and lead the development of the statutory Devon Joint Strategic Needs Assessment (JSNA) in partnership with Clinical Commissioning Groups
- similarly, produce and update a Devon Joint Health and Wellbeing Strategy to provide a strategic framework to meet the needs identified in the JSNA.
- promote joint and joined-up commissioning and pooled budget arrangements, where that makes sense as a means of promoting integration and partnership working across areas.
- ensure that all commissioning plans and policies reflect the health and wellbeing priorities identified through the joint needs assessment process.

At present Robert Norley (Chief Environmental Health Officer – Exeter City Council) and Cllr Philip Sanders (West Devon BC) sit on the Health and Wellbeing Board to represent the lower tier authorities in Devon.

The Board has produced a Joint Health and Wellbeing Strategy for Devon 2013-2016.

Joint Health and Wellbeing Strategy for Devon 2013-2016

The strategy produced by the Devon Health and Wellbeing Board explains the priorities that have been set to tackle the needs identified in the Joint Strategic Needs Assessment to improve the health of Devon's population. The Strategy has set initial priorities for joint action to reduce health inequalities.

Four priorities have been identified in the Strategy and will be reviewed and refreshed each year. These priorities are listed as follows:

1. A focus on families in particular poverty, targeted family support, domestic and sexual violence and abuse, education outcomes, and transition from children's to adults' services.
2. Lifestyle choices specifically alcohol, contraception and sexual health, screening services for cancer and other conditions, physical activity, healthy eating and smoking, and high blood pressure.
3. Independence in older age especially fall prevention, support for people with dementia, and carers' support.
4. Social capital and building communities to develop community co-operation. Specific priorities include mental and emotional health and wellbeing, the home environment, social support, offender health, and housing.

A copy of the strategy can be found at:

<http://www.devonhealthandwellbeing.org.uk/strategies/>.

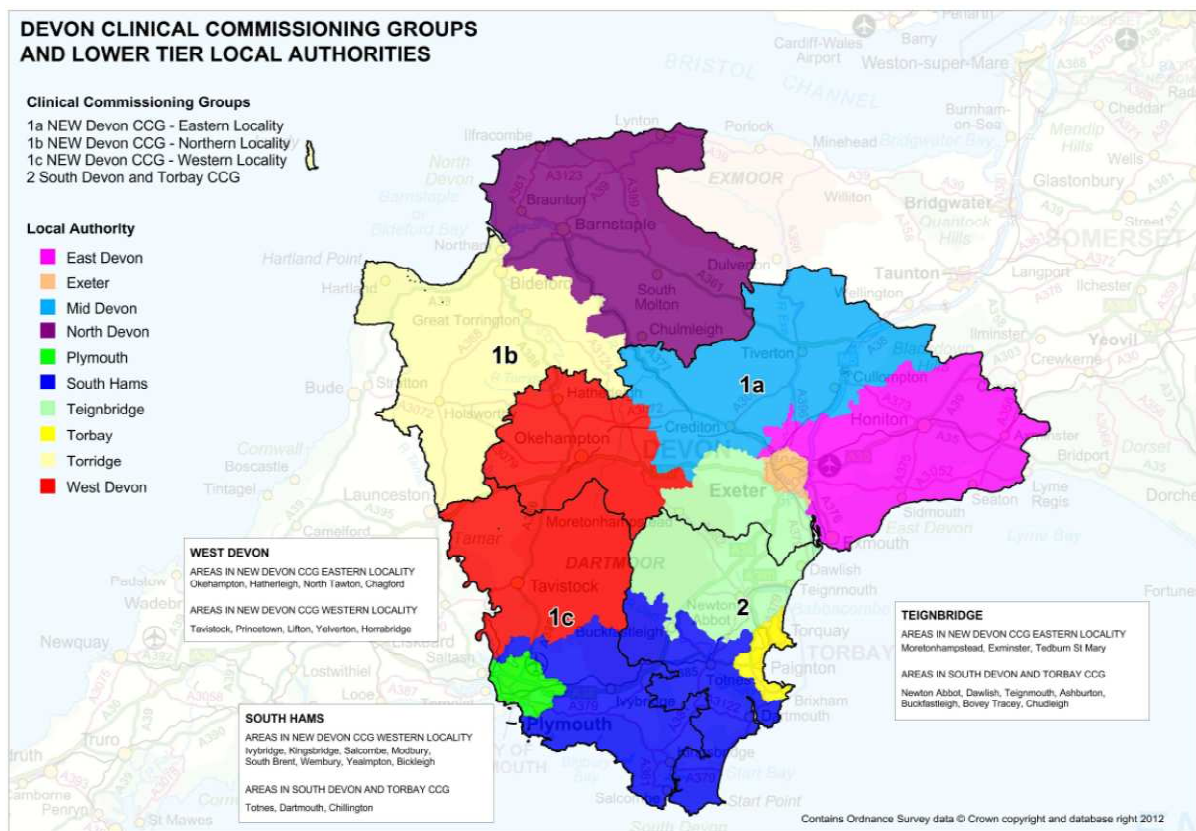
Further information about the Joint Strategic Needs Assessment for Devon can be found at the following link: <http://www.devonhealthandwellbeing.org.uk/jsna/about/>.

Role of the Clinical Commissioning Groups

The Clinical Commissioning Groups (CCGs) are a core part of the Government's reforms to the health and social care system. In April 2013, they replaced primary care trusts as the commissioners of most services funded by the NHS in England. They now control around two-thirds of the NHS budget and have a legal duty to support quality improvement in general practice. CCGs are groups of GPs that are responsible for designing local health services by commissioning or buying health and care services including elective care, urgent care, and most community health services. The CCGs play a key role in promoting integrated care and, as members of the Devon Health and Wellbeing Board, in assessing local needs and strategic priorities.

South Hams District is covered by two CCGs: New Devon CCG – Western Locality and South Devon & Torbay CCG. West Devon Borough is covered by New Devon

CCG – Eastern Locality and New Devon CCG – Western Locality. The following map highlights which CCGs cover each local authority in Devon.



Further information about the CCGs can be found on their websites using the following internet links:

NEW Devon CCG: <http://www.newdevonccg.nhs.uk/>

South Devon and Torbay CCG: <http://southdevonandtorbayccg.nhs.uk/#>

Existing public health work of South Hams District and West Devon Borough Councils

Many of the services provided by both Councils revolve around preventing illness, exposure to harmful substances, and protecting and improving the public's health. Traditionally the work of the Environmental Health and Housing Section centres around protecting public health.

In addition to the work of the Environmental Health and Housing Section, other services within the Council have a huge impact on residents' health and wellbeing. These services include:

Service Area	Key Functions relating to Public Health
Building Control	Protection from harm caused by dangerous buildings and structures
Community Safety	Providing a crime-free and safe environment
Community Development	Improving links within communities leading to improved services
Development Control	Regulation and strategic management of development
Economic Development	Improving economic status leading to improved employment prospects for residents
Emergency Planning	Management of incidents impacting on potentially large numbers of population
Environmental Health	Public protection from biological, physical and chemical hazards to health
Housing	Provision of affordable housing Homelessness services Assistance in finding housing
Landscape and Leisure	Provision of facilities for exercise
Revenues & Benefits	Provision of financial assistance for those in need
Waste Management	Removal and disposal of waste

The following diagram demonstrates how district councils are the key stakeholders in improving the wider determinants of health, providing health improvement, and health protection:



(District Councils' Network 2013)

Public Health Plan for West Devon and South Hams

The Public Health Plan 2014-15 for both authorities is currently in draft form. The Plan identifies work that is carried out across all services that contribute to the health and wellbeing of residents and addresses the priorities of the Devon Health and Wellbeing Strategy and the Public Health Outcomes Framework, including projects that have been implemented or will be using the public health grant from DCC. In order to carry out this work Public Health Plan working groups consisting of key players across both Councils has been formed to discuss and formalise how our work contributes to the public health priorities for Devon, including identifying new interventions and strategies that can be incorporated into the Plan.

The Public Health Plan is a 'live' document to enable it to be amended in response to any changes to the Devon Health and Wellbeing Strategy and emerging public health arrangements. The Plan can be viewed on the internal 'S' drive in a folder called 'Health and Wellbeing > Devon County Council'.

Devon County Council has allocated a £40 000 grant per year for both authorities to enable the Councils to achieve the following:

- To undertake specific public health focussed work locally to help people live healthy lifestyles, make health choices, and to reduce health inequalities.

- To make improvements in wider factors that affect health and wellbeing and health inequalities.

The key objectives of the Plan are to:

- Be informed by the Joint Strategic Needs Assessment.
- Reflect the national public health outcomes, local authority public health commissioning responsibilities and the Devon Joint Health and Wellbeing Strategy priorities.

Tina Henry and Nicola Glassbrook from DCC are our designated Public Health Specialists who are assisting in this work and are responsible for assuring the intended spend is in line with the Public Health Plan. Officers are currently evaluating how best to support the Health and Well Being Board's priorities within the context of the plan for later discussion with Members.

Current Projects and Future Proposals

Switch and Save – community energy switching scheme

Health Impact Assessments of Our Plans

Fuel Poverty Project

Mental Health Training

Mental Health Toolkit

Development of specific Public Health Policy for both authorities in line with Our Plan and the Public Health Plan

Development of webpage on Health and Wellbeing

More Comfort with Less Cost scheme

Sign up to NHS Workplace Wellbeing Charter

Further Information

Various documents can be found on the S drive in the folder called 'Health and Wellbeing'. If further advice and information is required please contact either Georgina Fox, Nicola Glassbrook, or Tina Henry.

Contact details :

Georgina Fox

georgina.fox@southhams.gov.uk

01803 861239

Nicola Glassbrook	Nicola.glassbrook@devon.gov.uk	01392 386390
Tina Henry	tina.henry@devon.gov.uk	01392 386383

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South Hams District Council and West Devon Borough Council



District Public Health Plan 2014-15

The South Hams and West Devon district health plan is a mechanism for monitoring and prioritising health and wellbeing issues across South Hams and West Devon.

Public Health Annual Report 2013-14 Executive Summary

The priorities for improving the health and wellbeing of the Devon population are:

1. Continuing to reduce health inequality across Devon, ensuring that the needs of our most vulnerable or unhealthy populations are being met.
2. Improving levels of physical activity and the proportion of people at a healthy weight.
3. Reducing excessive, harmful alcohol consumption.
4. Reducing the proportion of people in Devon who still smoke, particularly pregnant women, and preventing young people from starting smoking.
5. Ensuring all children have the best possible start in life.
6. Improving mental health and emotional wellbeing, particularly in children and young people.
7. Working to prevent domestic and sexual violence and abuse.
8. Detecting and preventing the onset of chronic (long term) health conditions.
9. Increasing the early detection and treatment of cancer.
10. Increasing social connectivity in communities to reduce social isolation and loneliness, and increasing the opportunities we have to improve our own health and wellbeing.

South Hams and West Devon Priorities

The priorities for improving the health and wellbeing of the South Hams and West Devon population are:

PRIORITY ISSUES:

Mental health
Malignant melanomas
Fuel poverty
Domestic abuse and sexual violence
Road safety
Falls in over 65 year olds
Housing: provision, quality, and affordability
Deprivation and health inequalities
Smoking

PRIORITY GROUPS & COMMUNITIES:

>85 population age group
Gypsy/travellers
Homeless

PRIORITY GEOGRAPHICAL AREAS:
























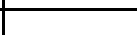

































Kingsbridge
Totnes
Tavistock
Wards identified as high on index of deprivation

LOCALITY BUDGET:

£20 000 per authority

SOUTH HAMS PUBLIC HEALTH OUTCOMES REPORT

Indicator List (follow links for detailed indicator reports)

RAG	Indicator	Value	England	Trend	SH/Dev/Eng
G	0.01 Life Expectancy Male	81.2	78.9		
G	0.01 Life Expectancy Female	84.2	82.0		
G	0.02 Gap in Life Expectancy Male	3.2	9.2		
G	0.02 Gap in Life Expectancy Female	4.2	6.6		
A	1.01 Children in Poverty	12.3%	20.3%		
A	1.10 Killed or Seriously Injured on Roads	41.9	39.7		
G	1.11 Domestic Violence	7.9	18.8		
G	1.17 Fuel Poverty	10.2%	10.4%		
G	1.18 Social Contaminants	62.2%	44.2%		
G	2.03 Smoking at Time of Delivery	3.1%	12.7%	-	
A	2.04 Under 16 Conception Rate	26.2	27.7		
A	2.06 Excess Weight in Four / Five Year Olds	21.9%	22.2%		
A	2.06 Excess Weight in 10 / 11 Year Olds	26.8%	33.3%		
G	2.07 Hospital Admissions for Injury, 0 to 14	99.4	103.8		
-	2.08 Emotional difficulties in looked after children	-	-	-	-
-	2.09 Smoking at Age 16	-	-	-	-
A	2.10 Hospital Admissions Self-Harm, 10 to 24	326.5	346.0		
-	2.11 Diet	-	-	-	-
G	2.12 Excess Weight Adults	60.9%	53.3%	-	
G	2.13 Proportion of Physically Active Adults	63.5%	55.5%		
A	2.14 Adult Smoking Prevalence	20.3%	19.5%		
-	2.15 Drug Treatment Completion, Opiates	-	-	-	-
-	2.16 Drug Treatment Completion, Non Opiates	-	-	-	-
G	2.18 Alcohol-Related Admissions	501.9	600.0		
G	2.19 Cancer Diagnosed at Stage 1 or 2	46.8%	41.3%	-	
R	2.22 Percentage Offered an NHS Health Check	13.7%	23.3%		
A	2.22 Percentage Receiving an NHS Health Check	3.9%	11.2%		
-	2.23 Self-Reported Wellbeing (% low happiness)	-	-	-	-
G	2.24 Injuries Due to Falls	1747.9	2011.0		
A	3.02 Chlamydia Diagnosis Rate	1326.7	2016.6		
R	3.03 Population Vaccination (MMR Aged 5)	81.7%	98.4%		
G	4.03 Mortality Rate from Preventable Causes	145.7	167.8		
G	4.04 Under 75 Mortality Rate Circulatory Disease	58.1	81.1		
G	4.05 Under 75 Mortality Rate All Cancers	113.3	146.5		
A	4.10 Suicide Rate	10.1	8.5		
-	4.12 Preventable Sight Loss (Registrations)	-	-	-	-
-	4.13 Health-Related Quality of Life	-	-	-	-
R	4.16 Dementia Diagnosis Rate	34.8%	48.1%		

RAG Ratings


























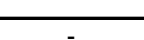

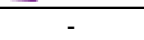




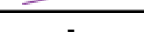






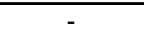
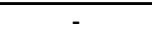












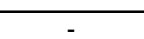



R	RED: Major cause for concern locally, benchmarking poor / off-target
A	AMBER: Possible cause for concern locally, benchmarking average / target at risk
G	GREEN: No major cause for concern in locally, benchmarking good / on-target

Indicator Types (Devon): Core – core measure significant impact/cost, Improve – poor outcomes or trend

www.devonhealthandwellbeing.org.uk/jsna/performance/phof/devon-reports

WEST DEVON PUBLIC HEALTH OUTCOMES REPORT

Indicator List (follow links for detailed indicator reports)

RAG	Indicator	Value	England	Trend	WD/Dev/Eng
G	0.01 Life Expectancy Male	80.3	78.9		
G	0.01 Life Expectancy Female	84.0	82.9		
G	0.02 Gap in Life Expectancy Male	0.0	9.2		
G	0.02 Gap in Life Expectancy Female	0.4	6.8		
A	1.01 Children in Poverty	12.8%	20.6%		
R	1.10 Killed or Seriously Injured on Roads	55.7	39.7		
G	1.11 Domestic Violence	9.9	18.8		
A	1.17 Fuel Poverty	11.6%	10.4%		
G	1.18 Social Contentedness	63.9%	44.2%		
G	2.03 Smoking at Time of Delivery	11.2%	12.7%	-	
A	2.04 Under 18 Conception Rate	28.2	27.7		
A	2.06 Excess Weight in Four / Five Year Olds	26.3%	22.2%		
A	2.06 Excess Weight in 10 / 11 Year Olds	26.8%	33.3%		
A	2.07 Hospital Admissions for Injury, 0 to 14	104.4	103.8		
-	2.08 Emotional difficulties in looked after children	-	-	-	-
-	2.09 Smoking at Age 15	-	-	-	-
R	2.10 Hospital Admissions Self-Harm, 10 to 24	471.8	346.3		
-	2.11 Diet	-	-	-	-
A	2.12 Excess Weight Adults	63.5%	63.8%	-	
G	2.13 Proportion of Physically Active Adults	68.3%	55.6%		
G	2.14 Adult Smoking Prevalence	15.1%	19.5%		
-	2.15 Drug Treatment Completion, Opiates	-	-	-	-
-	2.15 Drug Treatment Completion, Non-Opiates	-	-	-	-
G	2.18 Alcohol-Related Admissions	570.9	633.8		
A	2.19 Cancer Diagnosed at Stage 1 or 2	41.3%	41.6%	-	
A	2.22 Percentage Offered an NHS Health Check	20.9%	23.3%		
R	2.22 Percentage Receiving an NHS Health Check	6.6%	11.2%		
-	2.23 Self-Reported Wellbeing (% low happiness)	-	-	-	-
G	2.24 Injuries Due to Falls	1556.6	2011.0		
A	3.02 Chlamydia Diagnosis Rate	1525.6	2015.6		
A	3.03 Population Vaccination (MMR Aged 5)	85.4%	88.4%		
G	4.03 Mortality Rate from Preventable Causes	148.4	187.8		
G	4.04 Under 75 Mortality Rate Circulatory Disease	65.0	81.1		
G	4.05 Under 75 Mortality Rate All Cancers	137.7	146.5		
A	4.10 Suicide Rate	0.0	8.5		
-	4.12 Preventable Sight Loss (Registrations)	-	-	-	-
-	4.13 Health-Related Quality of Life	-	-	-	-
R	4.16 Dementia Diagnosis Rate	40.6%	48.1%		

RAG Ratings









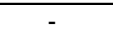






















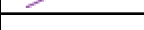









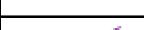
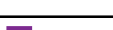
R	RED: Major cause for concern locally, benchmarking poor / off-target
A	AMBER: Possible cause for concern locally, benchmarking average / target at risk
G	GREEN: No major cause for concern in locally, benchmarking good / on-target

Repeat for Types (Devon): Core = core measure significant impact/cost, Improve = poor outcomes or trend

Indicators From Local Health and Wellbeing Outcomes Report

SOUTH HAMS HEALTH AND WELLBEING OUTCOMES REPORT

Indicator List (follow links for detailed indicator reports)

RAG	Indicator	Value	England	Trend	SH/Dev/Eng
Priority 1: A Focus on Families					
A	Children in Poverty	12.3%	20.6%		
G	Early Years Foundation Score (social/emotional)	70.8%	52.0%		
G	Smoking at Time of Delivery	8.1%	12.7%	-	
A	Teenage Conception Rate	26.2	27.7		
-	Child/Adolescent Mental Health Access Measure	-	-	-	-
A	Hospital Admissions for Self-Harm, Aged 10 to 24	325.5	346.3		
Priority 2: Healthy Lifestyle Choices					
G	Proportion of Physically Active Adults	63.5%	55.6%		
A	Excess Weight in Four / Five Year Olds	21.9%	22.2%		
A	Excess Weight in 10 / 11 Year Olds	26.8%	33.3%		
G	Alcohol-Related Admissions	581.9	633.8		
A	Adult Smoking Prevalence	20.3%	19.5%		
G	Under 75 Mortality Rate - Circulatory Diseases	58.1	81.1		
G	Under 75 Mortality Rate - All Cancers	113.3	146.5		
Priority 3: Good Health and Wellbeing in Older Age					
-	Incidence of Clostridium Difficile	-	-	-	-
G	Injuries Due to Falls	1747.9	2011.0		
R	Dementia Diagnosis Rate	34.8%	48.1%		
G	Feel Supported to Manage Own Condition	73.2%	63.9%		
G	Re-ablement Services (Effectiveness)	90.5%	81.9%		
-	Re-ablement Services (Coverage)	-	-	-	-
A	Readmissions to Hospital Within 30 Days	9.9	11.8		
Priority 4: Strong and Supportive Communities					
A	Suicide Rate	10.1	8.5		
G	Male Life Expectancy Gap	3.2	9.2		
G	Female Life Expectancy Gap	4.2	6.8		
-	Self-Reported Wellbeing (low happiness score %)	-	-	-	-
G	Social Contentedness	62.2%	44.2%		
-	Carer Reported Quality of Life	-	-	-	-
G	Stable/Appropriate Accommodation (Learn. Dis.)	74.6%	73.3%		
-	Stable/Appropriate Accommodation (Mental Hlth)	-	-	-	-

RAG Ratings












































R	RED: Major cause for concern locally, benchmarking poor / off-target
A	AMBER: Possible cause for concern locally, benchmarking average / target at risk
G	GREEN: No major cause for concern in locally, benchmarking good / on-target

Indicator Types (Devon): Chall = Devon Board role is to challenge lead organisations on poor outcomes, Improve = Joint working required to improve outcomes, Watch = outcomes good, monitoring role for board

www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/

WEST DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Indicator List (follow links for detailed indicator reports)

RAG	Indicator	Value	England	Trend	WD/Dev/Eng
Priority 1: A Focus on Families					
A	Children in Poverty	12.8%	20.6%		
G	Early Years Foundation Score (social/emotional)	60.0%	52.0%		
G	Smoking at Time of Delivery	11.2%	12.7%	-	
A	Teenage Conception Rate	28.2	27.7		
-	Child/Adolescent Mental Health Access Measure	-	-	-	-
R	Hospital Admissions for Self-Harm, Aged 10 to 24	471.8	346.3		
Priority 2: Healthy Lifestyle Choices					
G	Proportion of Physically Active Adults	68.3%	55.6%		
A	Excess Weight in Four / Five Year Olds	26.3%	22.2%		
A	Excess Weight in 10 / 11 Year Olds	26.8%	33.3%		
G	Alcohol-Related Admissions	570.9	633.8		
G	Adult Smoking Prevalence	15.1%	19.5%		
G	Under 75 Mortality Rate - Circulatory Diseases	65.0	81.1		
G	Under 75 Mortality Rate - All Cancers	137.7	146.5		
Priority 3: Good Health and Wellbeing in Older Age					
-	Incidence of Clostridium Difficile	-	-	-	-
G	Injuries Due to Falls	1556.6	2011.0		
R	Dementia Diagnosis Rate	40.6%	48.1%		
G	Feel Supported to Manage Own Condition	65.6%	63.9%		
A	Re-ablement Services (Effectiveness)	82.4%	81.9%		
-	Re-ablement Services (Coverage)	-	-	-	-
A	Readmissions to Hospital Within 30 Days	9.9	11.8		
Priority 4: Strong and Supportive Communities					
A	Suicide Rate	0.0	8.5		
G	Male Life Expectancy Gap	0.0	9.2		
G	Female Life Expectancy Gap	0.4	6.8		
-	Self-Reported Wellbeing (low happiness score %)	-	-	-	-
G	Social Contentedness	63.9%	44.2%		
-	Carer Reported Quality of Life	-	-	-	-
A	Stable/Appropriate Accommodation (Learn. Dis.)	64.2%	73.3%		
-	Stable/Appropriate Accommodation (Mental Hlth)	-	-	-	-

RAG Ratings

R	RED: Major cause for concern locally, benchmarking poor / off-target
A	AMBER: Possible cause for concern locally, benchmarking average / target at risk
G	GREEN: No major cause for concern in locally, benchmarking good / on-target

Indicator Types (Devon): Chall = Devon Board role is to challenge lead organisations on poor outcomes, Improve = Joint working required to improve outcomes, Watch = outcomes good, monitoring role for board

www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/

The Public Health England Health Profile for South Hams 2014 shows no indicators that are statistically significantly worse than the England rate. West Devon shows statistically significantly higher rates for hospital stays for self-harm and rates of killed and seriously injured on roads. Link: [Health Profiles](#). The Devon Health and Wellbeing pages provide further information in the Joint Strategic Needs Assessments (JSNA) for the South Hams and West Devon District Council Areas and Devon towns as well as GP practice profiles. Link: [Devon Health and Wellbeing Pages -JSNA](#)

Health Summary for South Hams

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator, however, a green circle may still indicate an important public health problem.

Domain	Indicator	Local No Per Year	Local value	Eng value	Regional average ^a		England Average		England Best
					Eng worst	25th Percentile	England Range	75th Percentile	
Our communities	1 Deprivation	1,066	1.3	20.4	83.8			0.0	
	2 Children in poverty (under 16s)	1,645	12.3	20.6	43.6			6.4	
	3 Statutory homelessness	22	0.6	2.4	11.4			0.0	
	4 GCSE achieved (5A*-C inc. Eng & Maths)	652	67.8	60.8	38.1			81.9	
	5 Violent crime (violence offences)	518	6.2	10.6	27.1			3.3	
	6 Long term unemployment	113	2.3	9.9	32.6			1.3	
Children's and young people's health	7 Smoking status at time of delivery	65	9.9	12.7	30.8			2.3	
	8 Breastfeeding initiation	509	77.8	73.9	40.8			94.7	
	9 Obese children (Year 6)	97	13.0	18.9	27.3			10.1	
	10 Alcohol-specific hospital stays (under 18)	4	28.3	44.9	126.7			11.9	
	11 Under 18 conceptions	36	26.2	27.7	52.0			8.8	
Adults' health and lifestyle	12 Smoking prevalence	n/a	20.3	19.5	30.1			8.4	
	13 Percentage of physically active adults	n/a	63.4	56.0	43.8			68.5	
	14 Obese adults	n/a	16.8	23.0	35.2			11.2	
	15 Excess weight in adults	133	60.9	63.8	75.9			45.9	
Disease and poor health	16 Incidence of malignant melanoma	20	18.6	14.8	31.8			3.6	
	17 Hospital stays for self-harm	105	138.4	188.0	596.0			50.4	
	18 Hospital stays for alcohol related harm	515	572	637	1,121			365	
	19 Drug misuse	144	2.8	8.6	26.3			0.8	
	20 Recorded diabetes	3,233	5.1	6.0	8.7			3.5	
	21 Incidence of TB	4	3.6	15.1	112.3			0.0	
	22 Acute sexually transmitted infections	367	439	804	3,210			162	
Life expectancy and causes of death	23 Hip fractures in people aged 65 and over	121	557	568	828			403	
	24 Excess winter deaths (three year)	39	13.7	16.5	32.1			-3.0	
	25 Life expectancy at birth (Male)	n/a	81.3	79.2	74.0			82.9	
	26 Life expectancy at birth (Female)	n/a	84.7	83.0	79.5			86.6	
	27 Infant mortality	2	2.3	4.1	7.5			0.7	
	28 Smoking related deaths	146	229	292	480			172	
	29 Suicide rate	9	10.1	8.5					
	30 Under 75 mortality rate: cardiovascular	54	58.1	81.1	144.7			37.4	
	31 Under 75 mortality rate: cancer	104	113	146	213			106	
	32 Killed and seriously injured on roads	32	37.9	40.5	116.3			11.3	

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 6 Crude rate per 1,000 population aged 16-64, 2013 7 % of women who smoke at time of delivery, 2012/13 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2012/13 9 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % adults achieving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2009-2011 17 Directly age sex standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 21 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2012/13 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08-09-31.07.12 25 At birth, 2010-2012 26 At birth, 2010-2012 27 Rate per 1,000 live births, 2010-2012 28 Directly age standardised rate per 100,000 population aged 35 and over, 2010-2012 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-2012 30 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 31 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 32 Rate per 100,000 population, 2010-2012 ^ "Regional" refers to the former government regions.

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Health Summary for West Devon

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

Domain	Indicator	Local No Per Year	Local value	Eng value	Regional average ^A		England Range	England Best
					England Worst	England Average		
					25th Percentile	75th Percentile		
Our communities	1 Deprivation	0	0.0	20.4	83.8			0.0
	2 Children in poverty (under 16s)	1,110	12.8	20.6	43.6			6.4
	3 Statutory homelessness	5	0.2	2.4	11.4			0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	309	62.2	60.8	38.1			81.9
	5 Violent crime (violence offences)	348	6.5	10.6	27.1			3.3
	6 Long term unemployment	120	3.7	9.9	32.6			1.3
Children's and young people's health	7 Smoking status at time of delivery	48	9.9	12.7	30.8			2.3
	8 Breastfeeding initiation	377	77.8	73.9	40.8			94.7
	9 Obese children (Year 6)	61	13.8	18.9	27.3			10.1
	10 Alcohol-specific hospital stays (under 18)	4	36.2	44.9	126.7			11.9
	11 Under 18 conceptions	26	28.2	27.7	52.0			8.8
Adults' health and lifestyle	12 Smoking prevalence	n/a	15.1	19.5	30.1			8.4
	13 Percentage of physically active adults	n/a	61.3	56.0	43.8			68.5
	14 Obese adults	n/a	22.8	23.0	35.2			11.2
	15 Excess weight in adults	90	63.5	63.8	75.9			45.9
Disease and poor health	16 Incidence of malignant melanoma	12	18.1	14.8	31.8			3.6
	17 Hospital stays for self-harm	109	232.0	188.0	596.0			50.4
	18 Hospital stays for alcohol related harm	328	580	637	1,121			365
	19 Drug misuse	144	4.4	8.6	26.3			0.8
	20 Recorded diabetes	2,719	6.0	6.0	8.7			3.5
	21 Incidence of TB	2	3.7	15.1	112.3			0.0
	22 Acute sexually transmitted infections	n/a	-	804	3,210			162
Life expectancy and causes of death	23 Hip fractures in people aged 65 and over	76	534	568	828			403
	24 Excess winter deaths (three year)	19	10.5	16.5	32.1			-3.0
	25 Life expectancy at birth (Male)	n/a	79.9	79.2	74.0			82.9
	26 Life expectancy at birth (Female)	n/a	84.5	83.0	79.5			86.6
	27 Infant mortality	1	2.8	4.1	7.5			0.7
	28 Smoking related deaths	86	220	292	480			172
	29 Suicide rate	4	-	8.5				
	30 Under 75 mortality rate: cardiovascular	36	65.0	81.1	144.7			37.4
	31 Under 75 mortality rate: cancer	79	138	146	213			106
	32 Killed and seriously injured on roads	28	52.8	40.5	116.3			11.3

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 6 Crude rate per 1,000 population aged 16-64, 2013 7 % of women who smoke at time of delivery, 2012/13 8 % of all mothers who breastfed their babies in the first 48hrs after delivery, 2012/13 9 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % adults achieving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2009-2011 17 Directly age sex standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 21 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2012/13 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.09-31.07.12 25 At birth, 2010-2012 26 At birth, 2010-2012 27 Rate per 1,000 live births, 2010-2012 28 Directly age standardised rate per 100,000 population aged 35 and over, 2010-2012 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-2012 30 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 31 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 32 Rate per 100,000 population, 2010-2012 ^A "Regional" refers to the former government regions.

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Population Estimates

South Hams has a population of 83,850 and West Devon has a population of 53,919.

Figure 1: South Hams and West Devon population pyramid compared to England (June 2013) Data source: Patient and Practitioner Services Agency

Population Pyramid - South Hams Population - 2013

The table and population pyramid below show the population broken down by age and sex for the area against England. The age and gender of your population can have a significant impact on their health and social care needs.

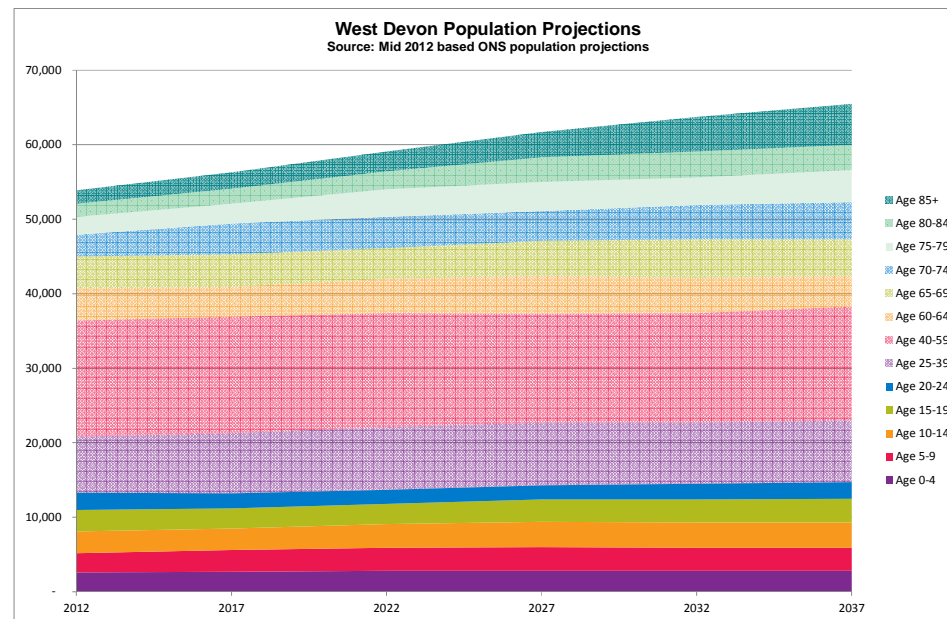
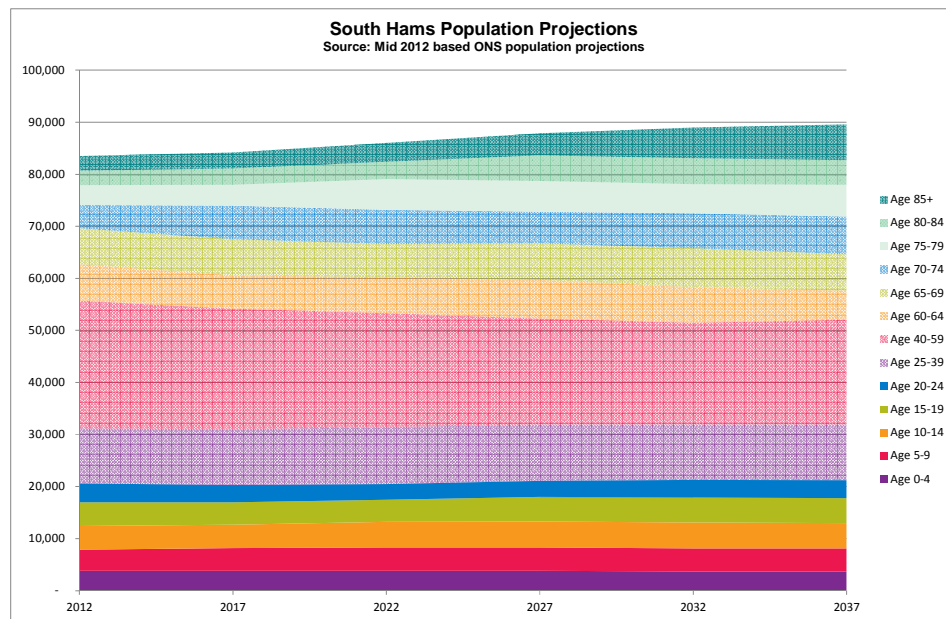


Population Pyramid - West Devon Population - 2013

The table and population pyramid below show the population broken down by age and sex for the area against England. The age and gender of your population can have a significant impact on their health and social care needs.

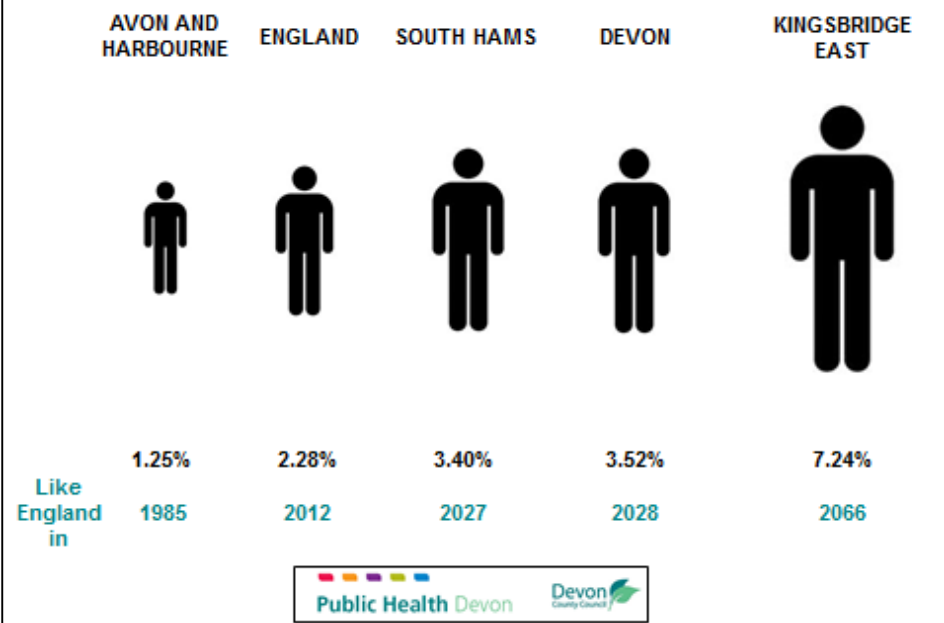


Population Projections

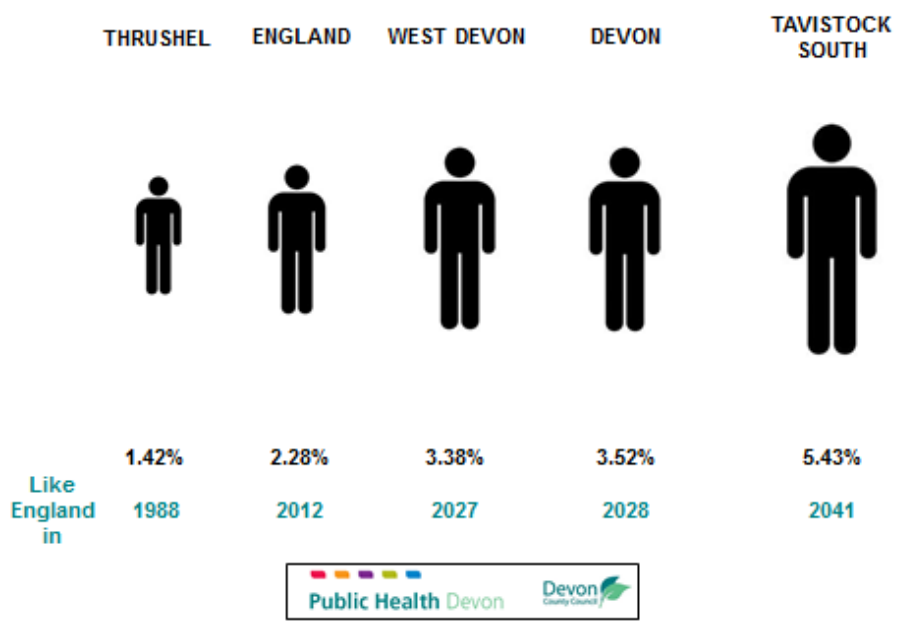


The proportion of people 85 years or more in South Hams is 3.40% compared with the English average of 2.28%. Kingsbridge East has a proportion of 7.24% which is well above the Devon and national averages. The proportion of people 85 years or more in West Devon is 3.38% compared with the English average of 2.28%. Tavistock South has a proportion of 5.43% which is well above the Devon and national averages.

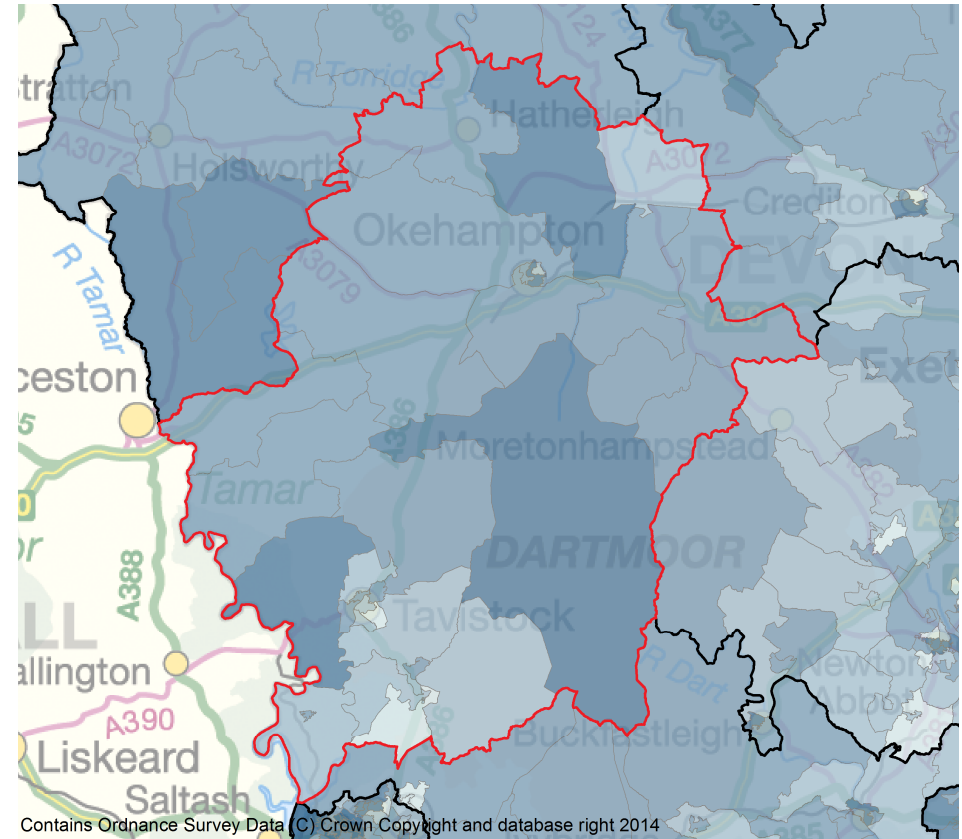
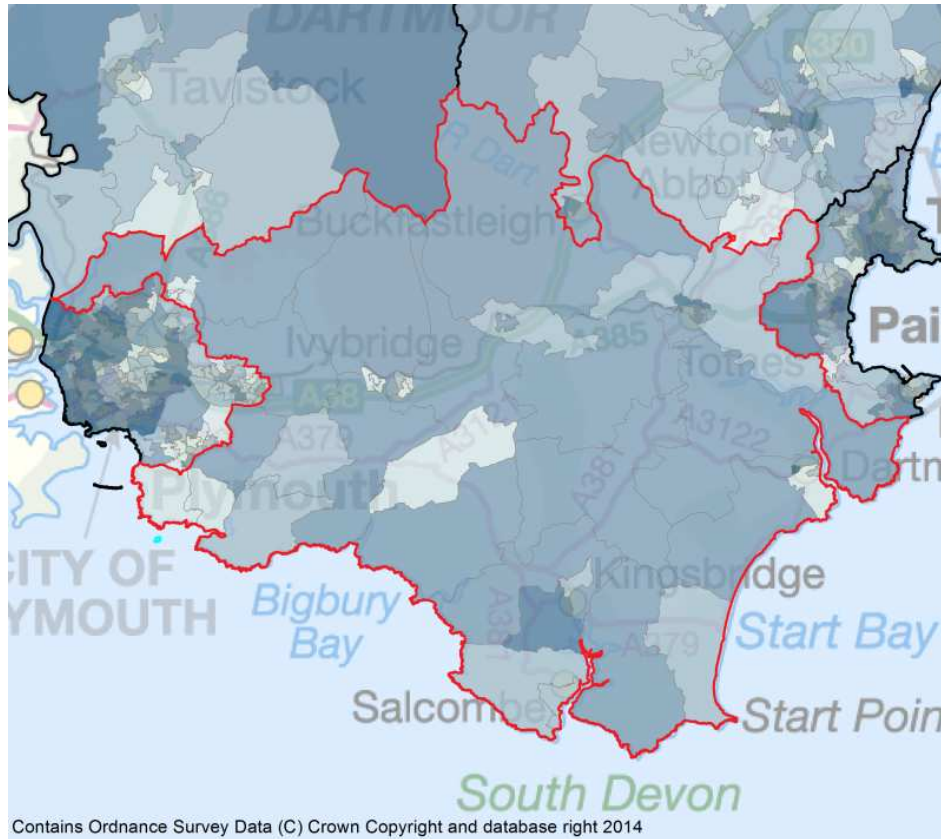
South Hams: Over 85 Population, 2012



West Devon: Over 85 Population, 2012

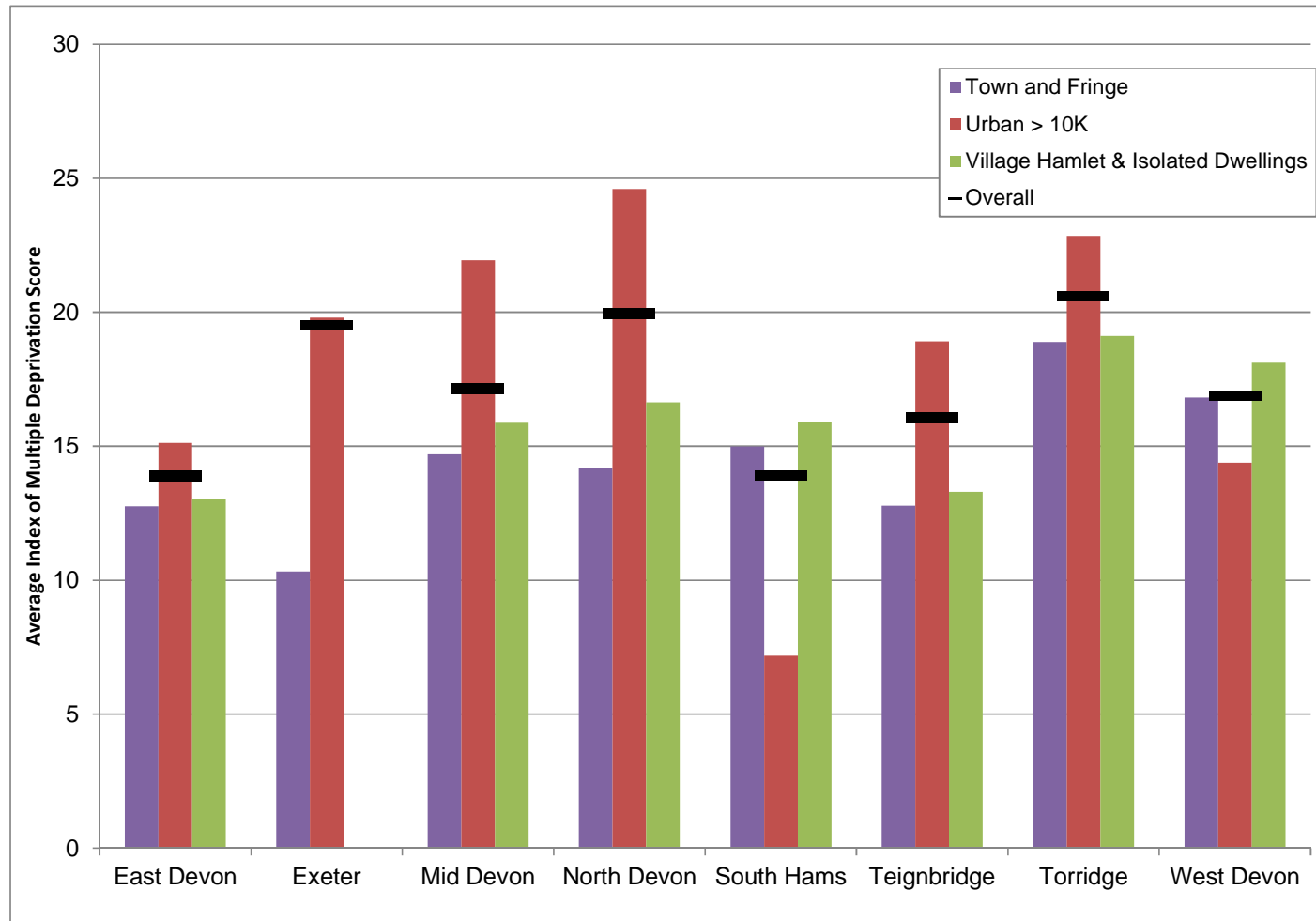


Deprivation



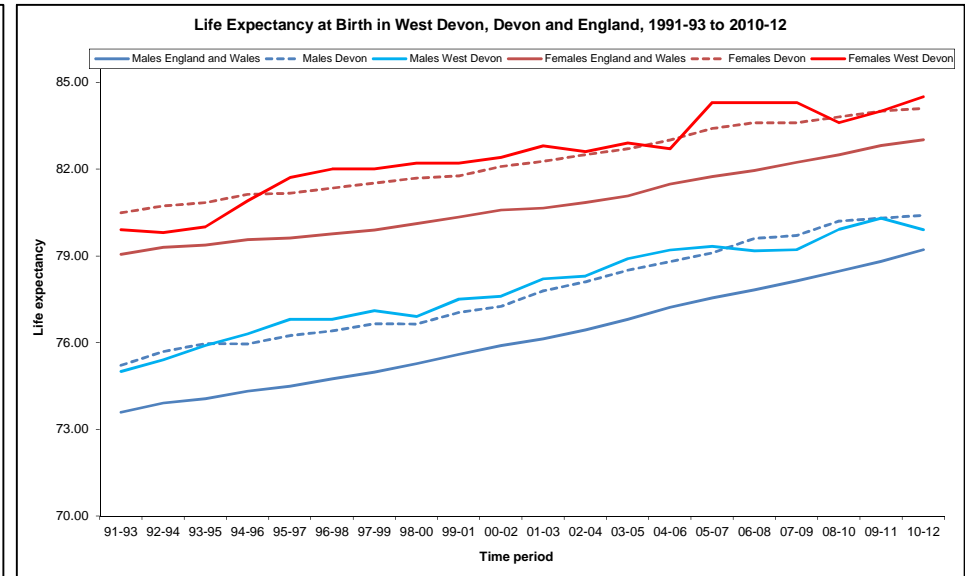
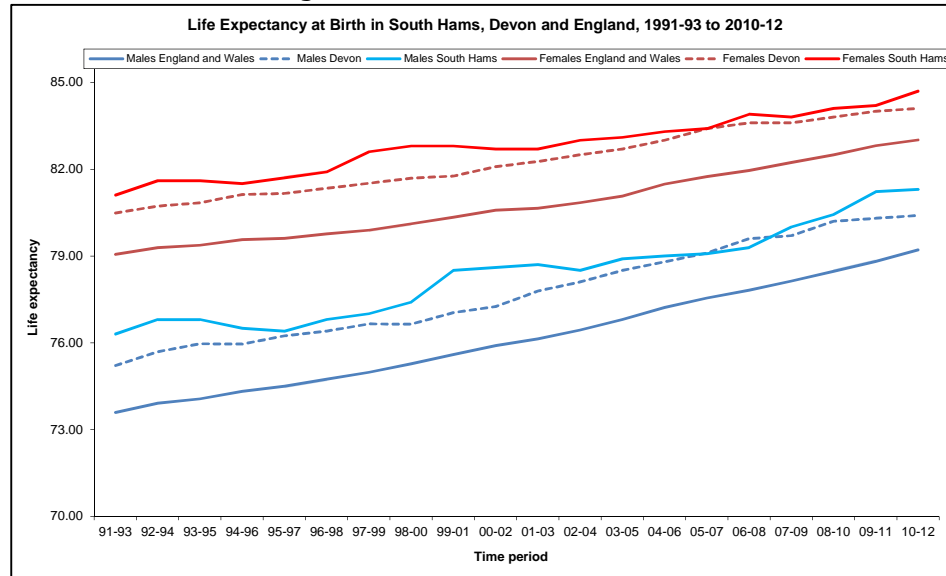
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Urban / Rural Deprivation Charts

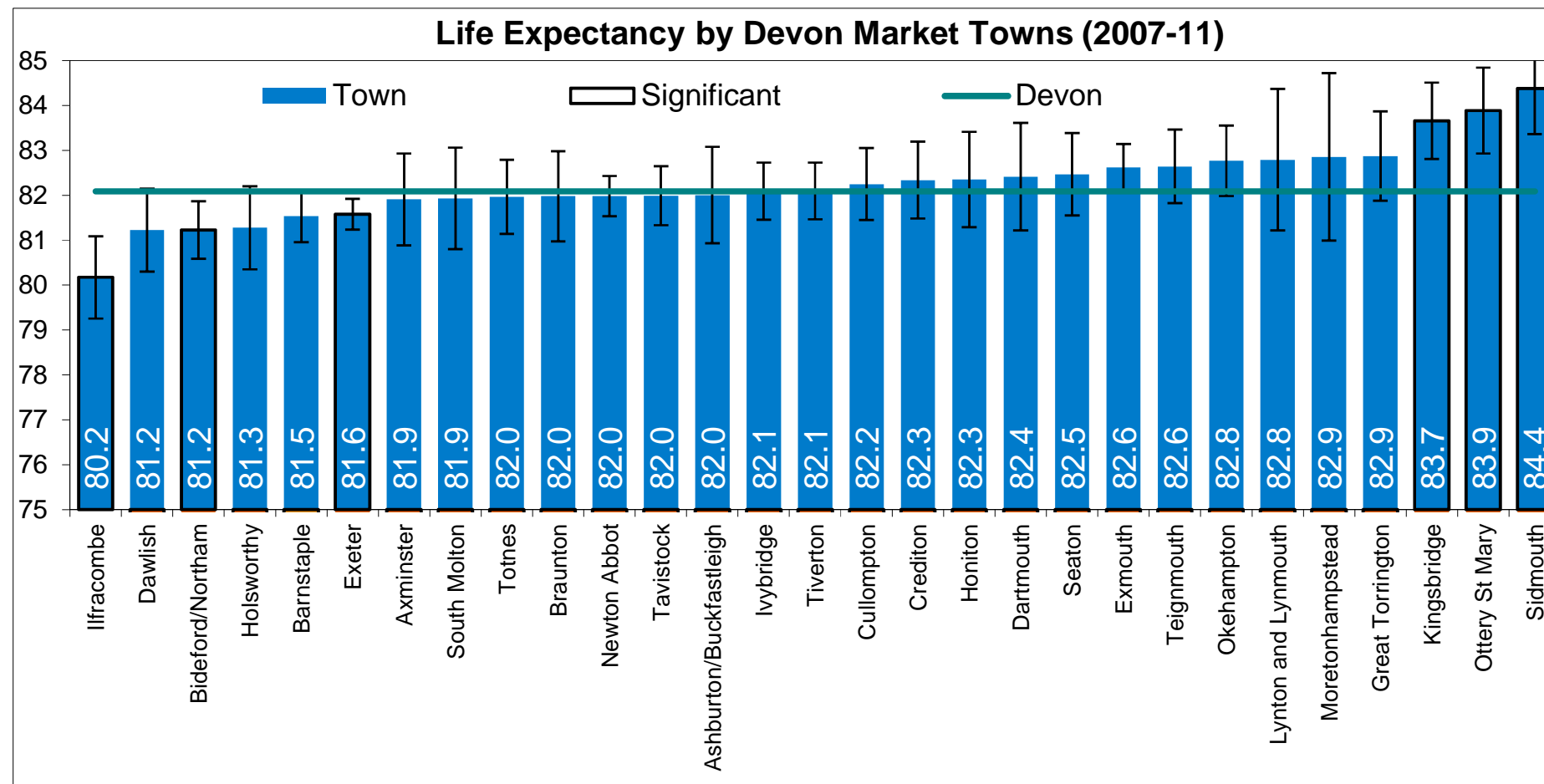


Life Expectancy

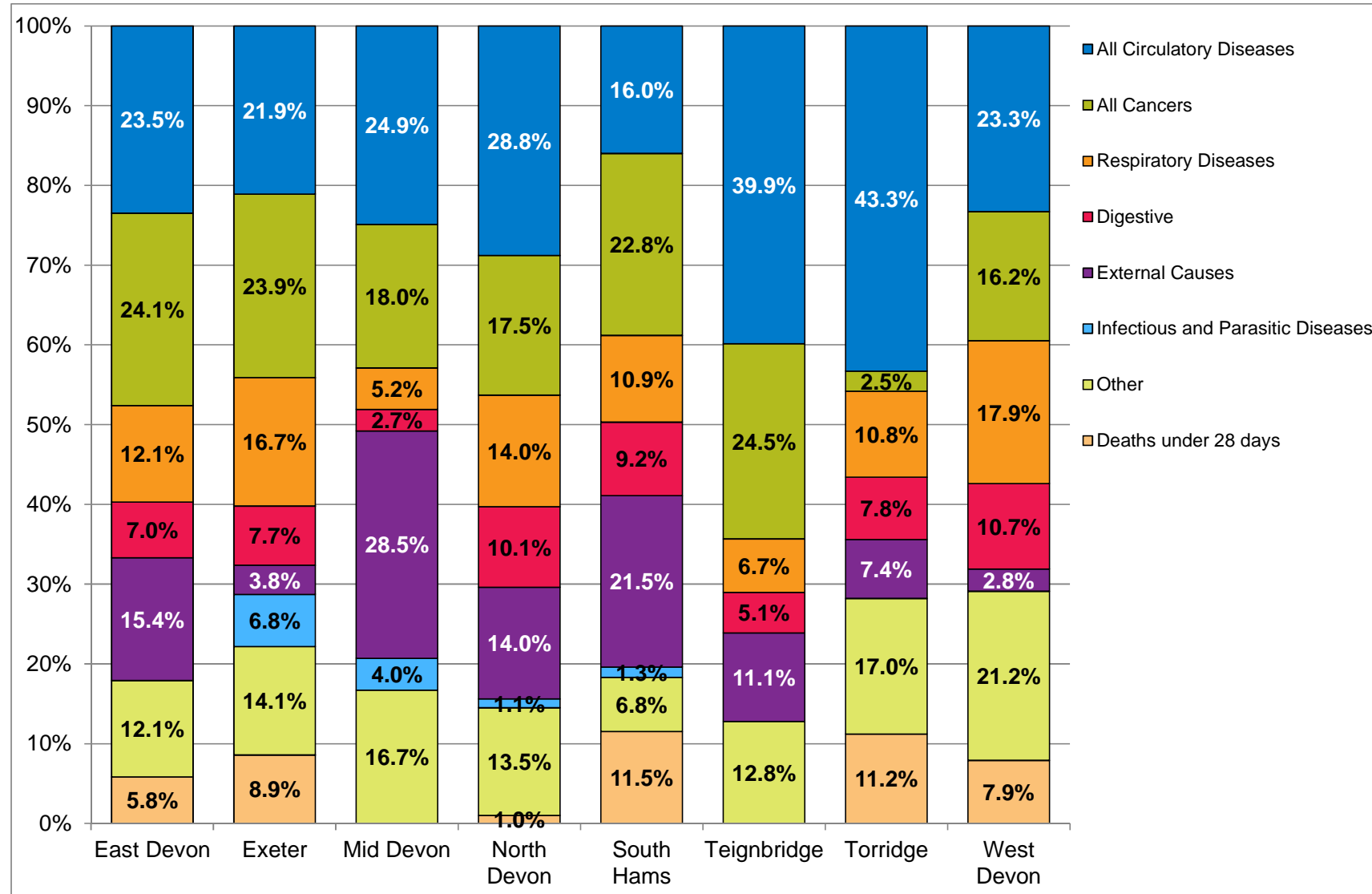
The average life expectancy for the female population of the South Hams district is 84.7 years and 81.3 years for the male population. In West Devon, the female life expectancy is 84.5 and males 79.9. This compares well with the Devon average of 84.1 years for females and 80.4 for males and the national average of 83.0 for females and 79.2 for males.



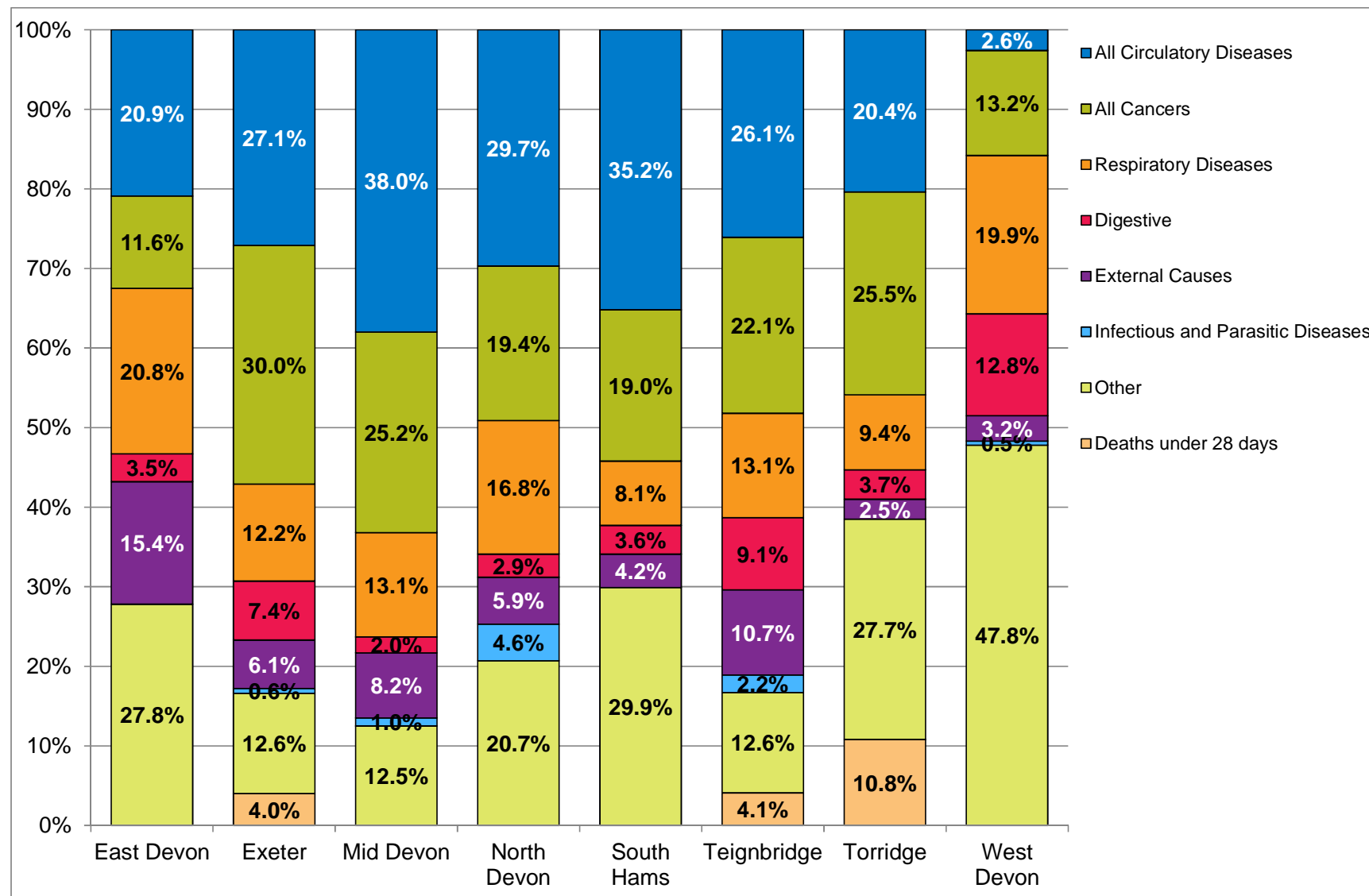
Life expectancy in the South Hams and West Devon town areas of Totnes, Tavistock, Ashburton/Buckfastleigh, Ivybridge, Dartmouth and Okehampton are around the Devon average and are not statistically significantly different to the Devon average. Kingsbridge has a statistically significantly higher life expectancy compared to the Devon average.



Conditions Contributing to the Life Expectancy Gap between Most Deprived and Least Deprived Communities: Males



Conditions Contributing to the Life Expectancy Gap between Most Deprived and Least Deprived Communities: Females

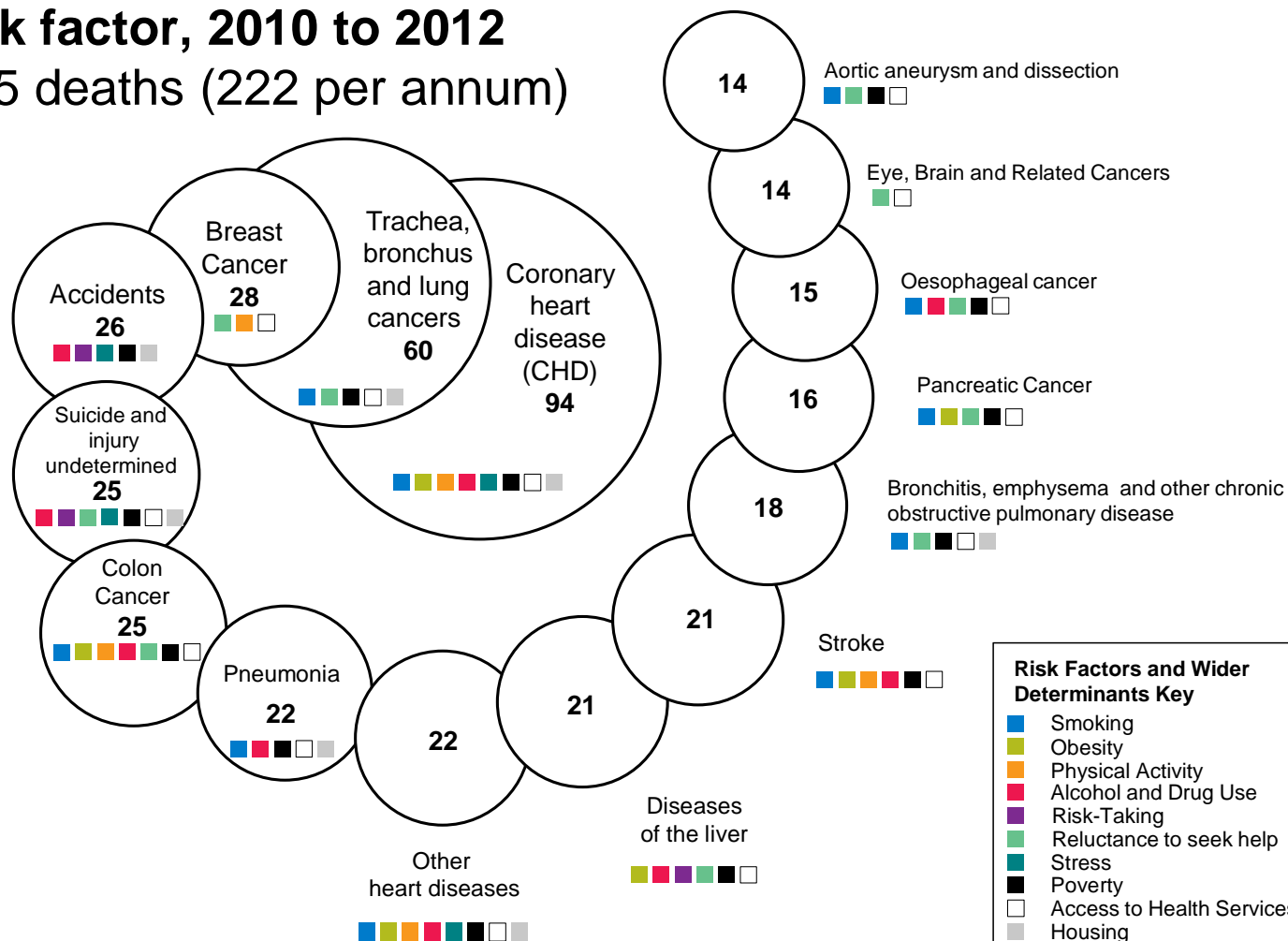


Mortality in Under 75s by main cause of death and risk factors

Deaths of under 75s in South Hams by main cause and risk factor, 2010 to 2012

665 deaths (222 per annum)

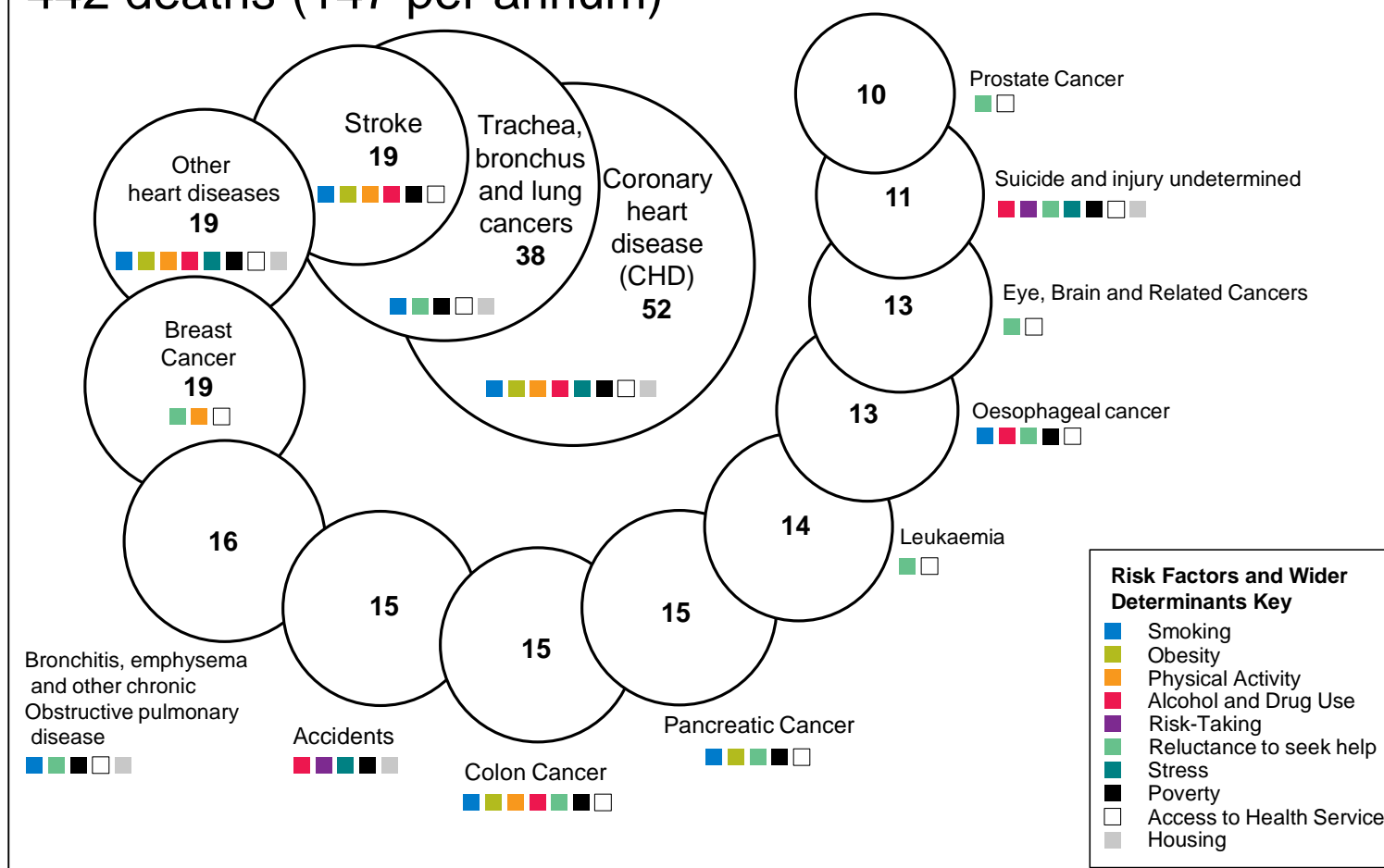
Page 34



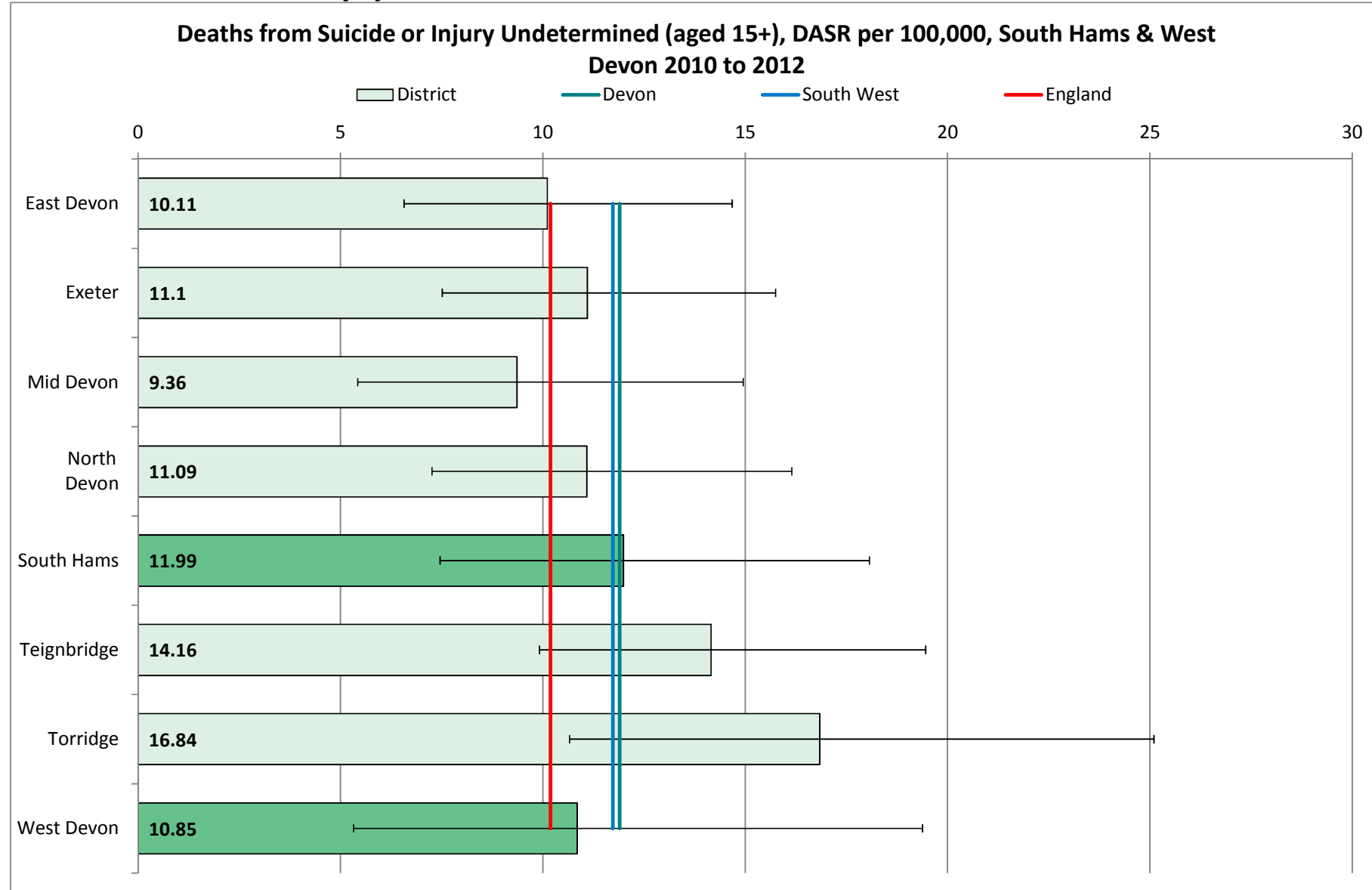
Deaths of under 75s in West Devon by main cause and risk factor, 2010 to 2012

442 deaths (147 per annum)

Page 35

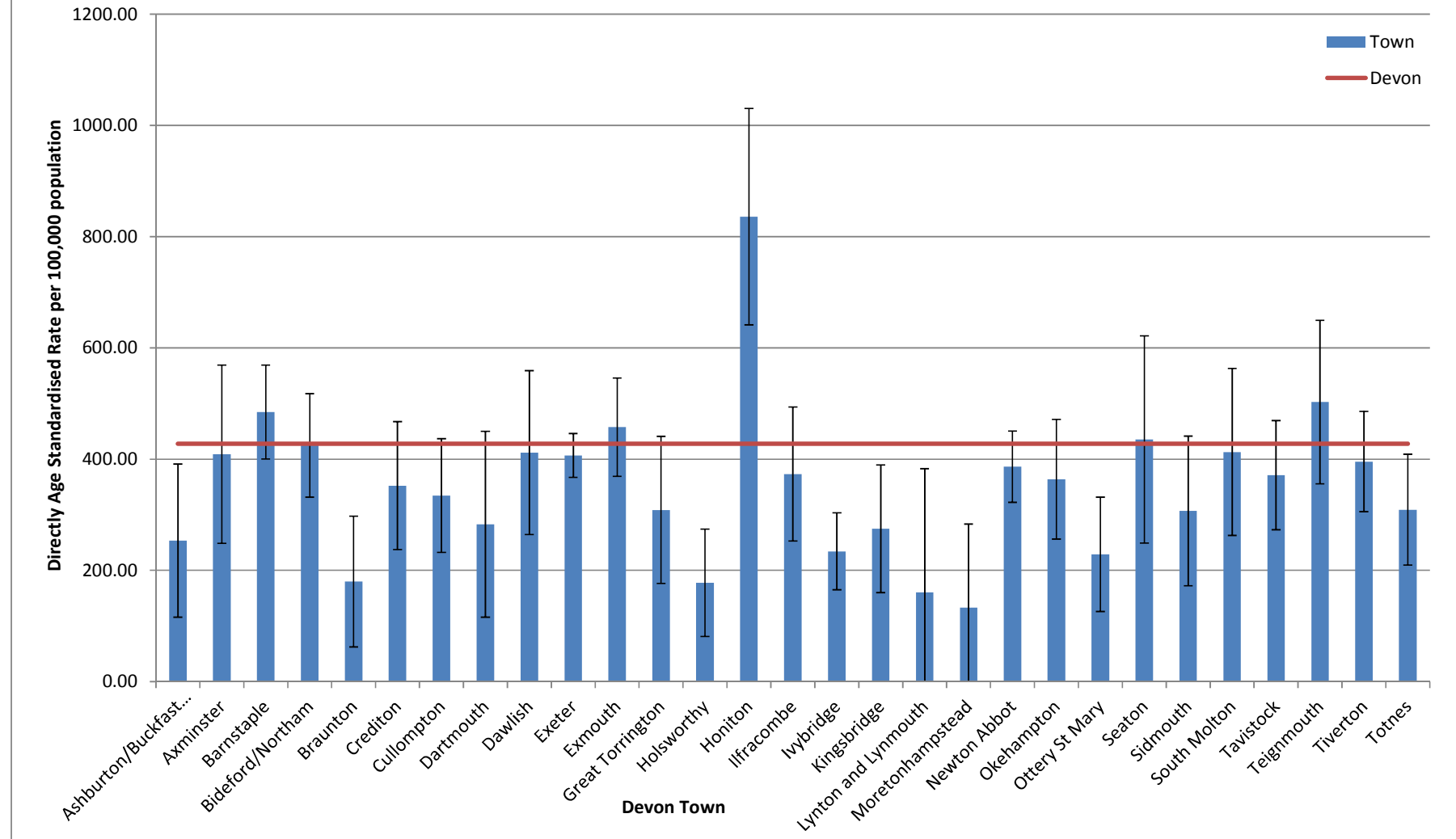


Suicide and Undetermined Injury

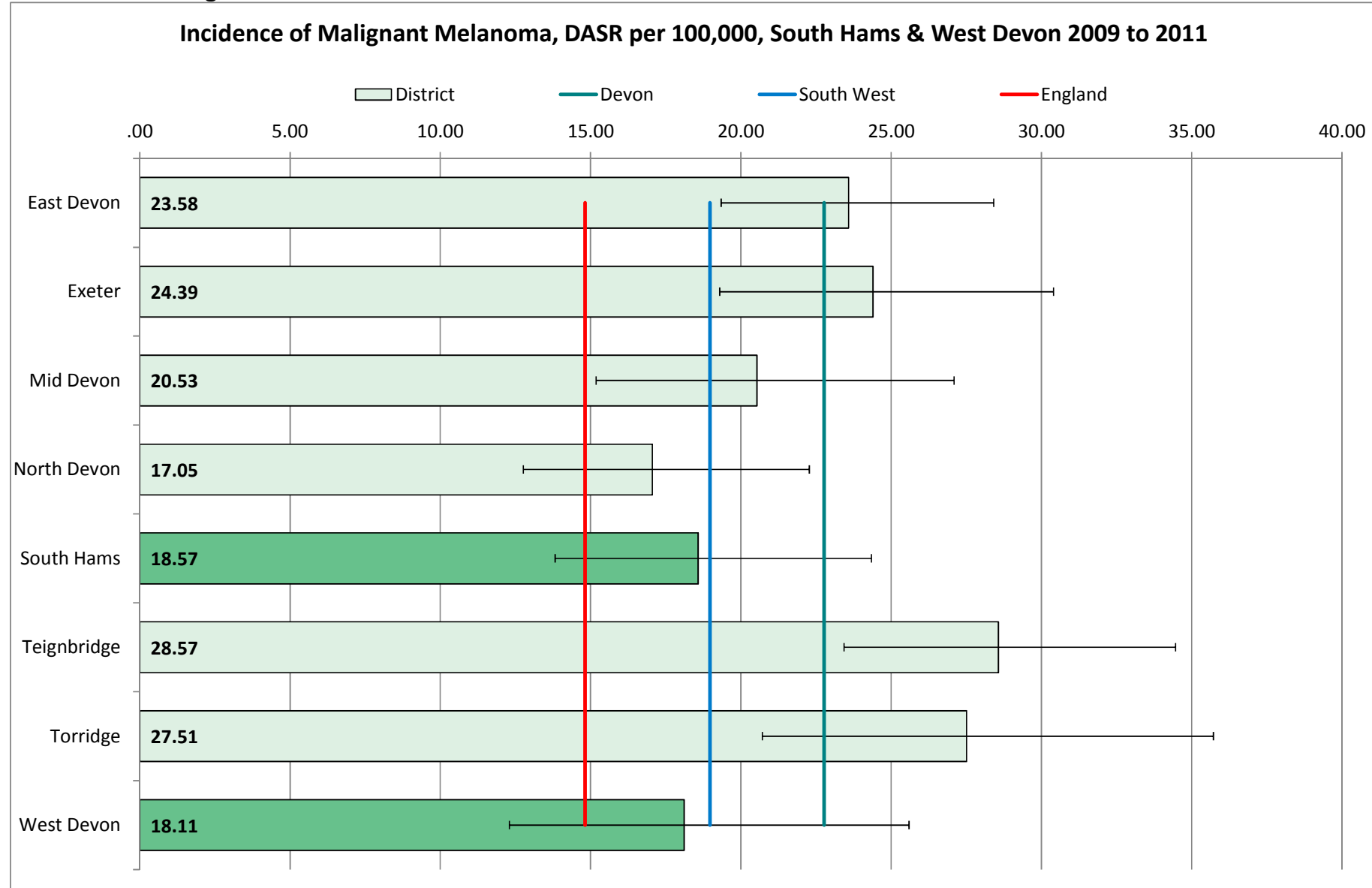


Hospital Stays for Self Harm

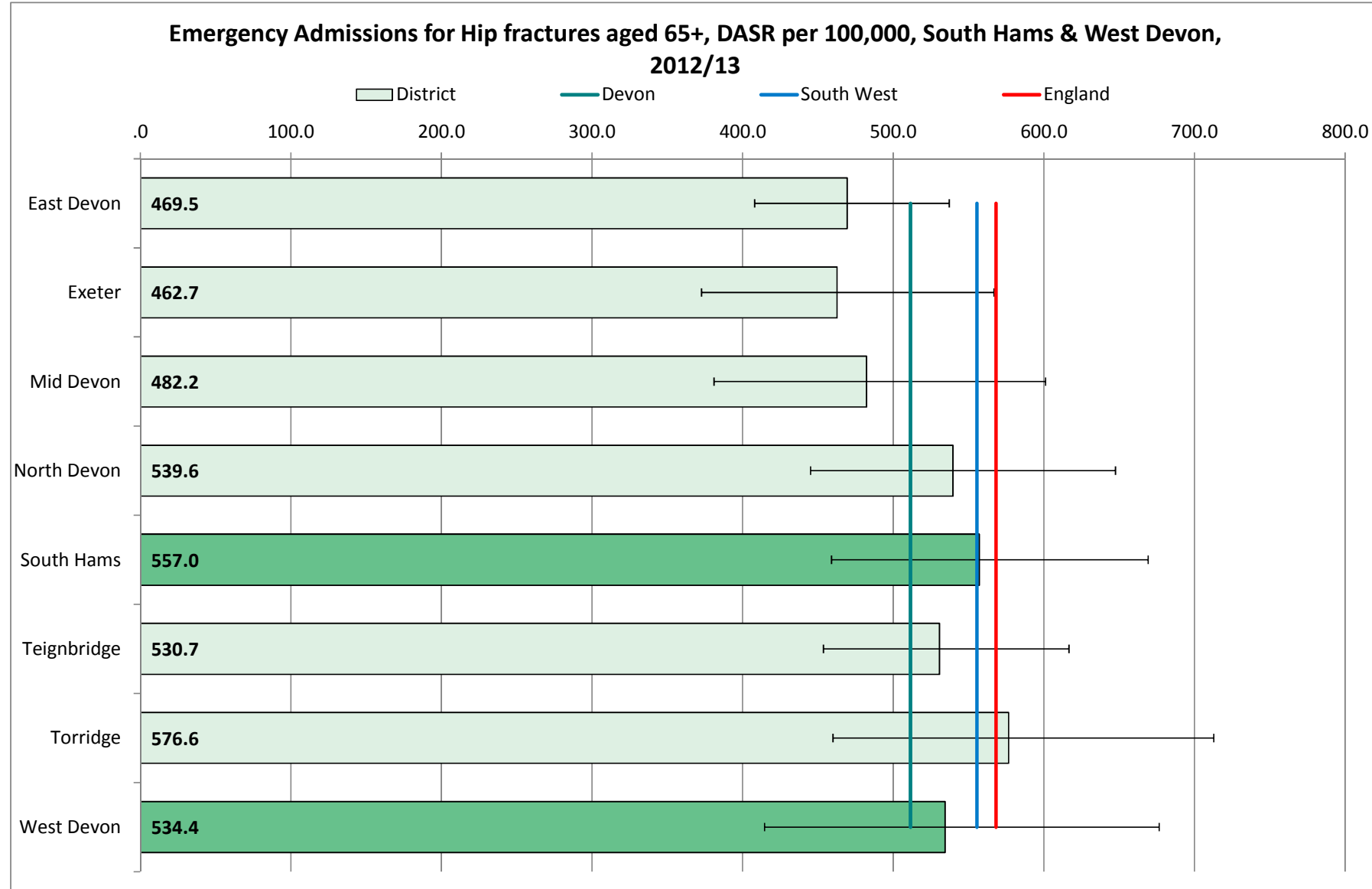
Directly Age Standardised Hospital Admission
Rates for Self Harm by Devon Town
Ages 10-24, 2010/11 - 2012/13



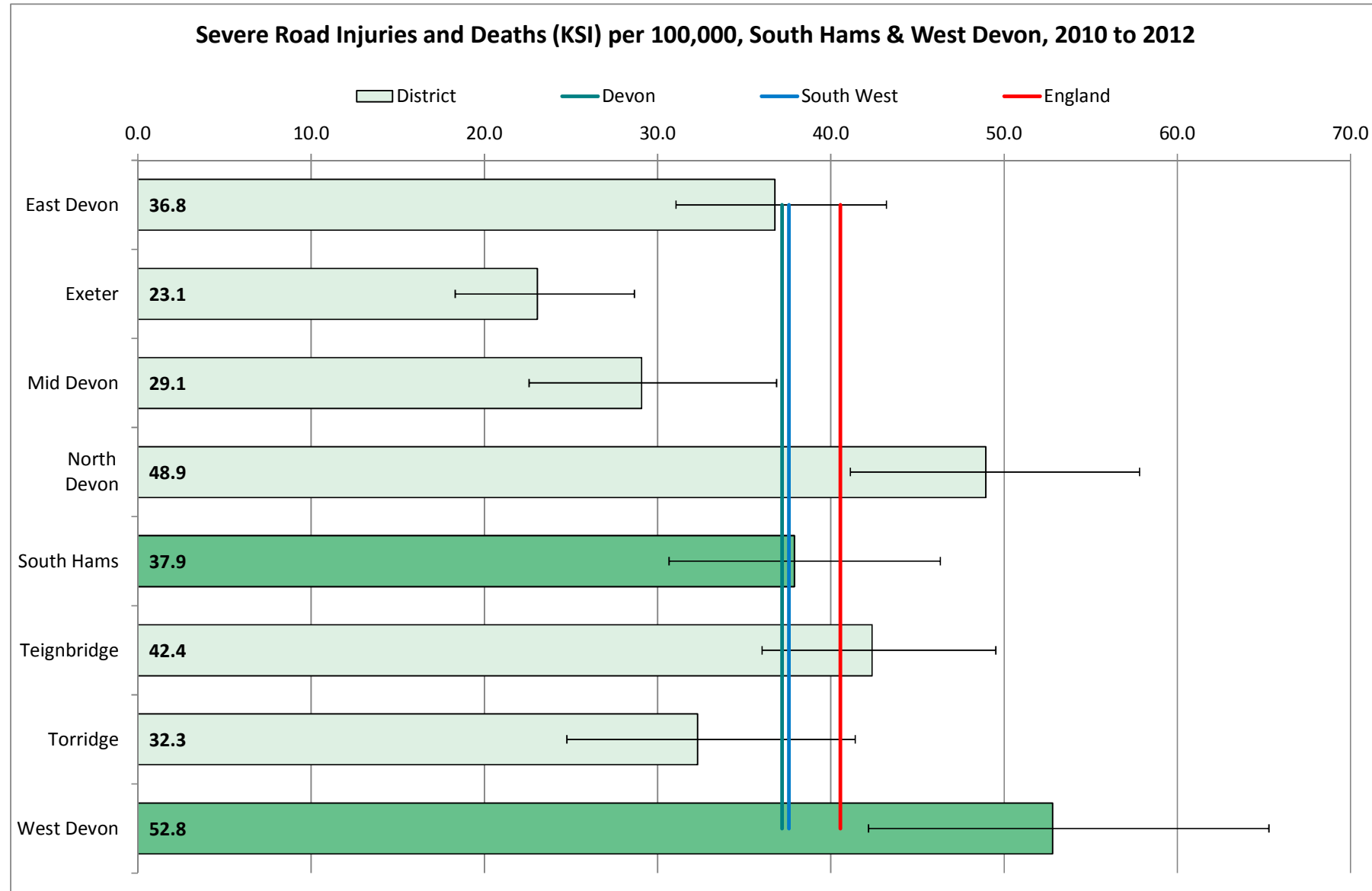
Incidence of Malignant Melanoma



Falls

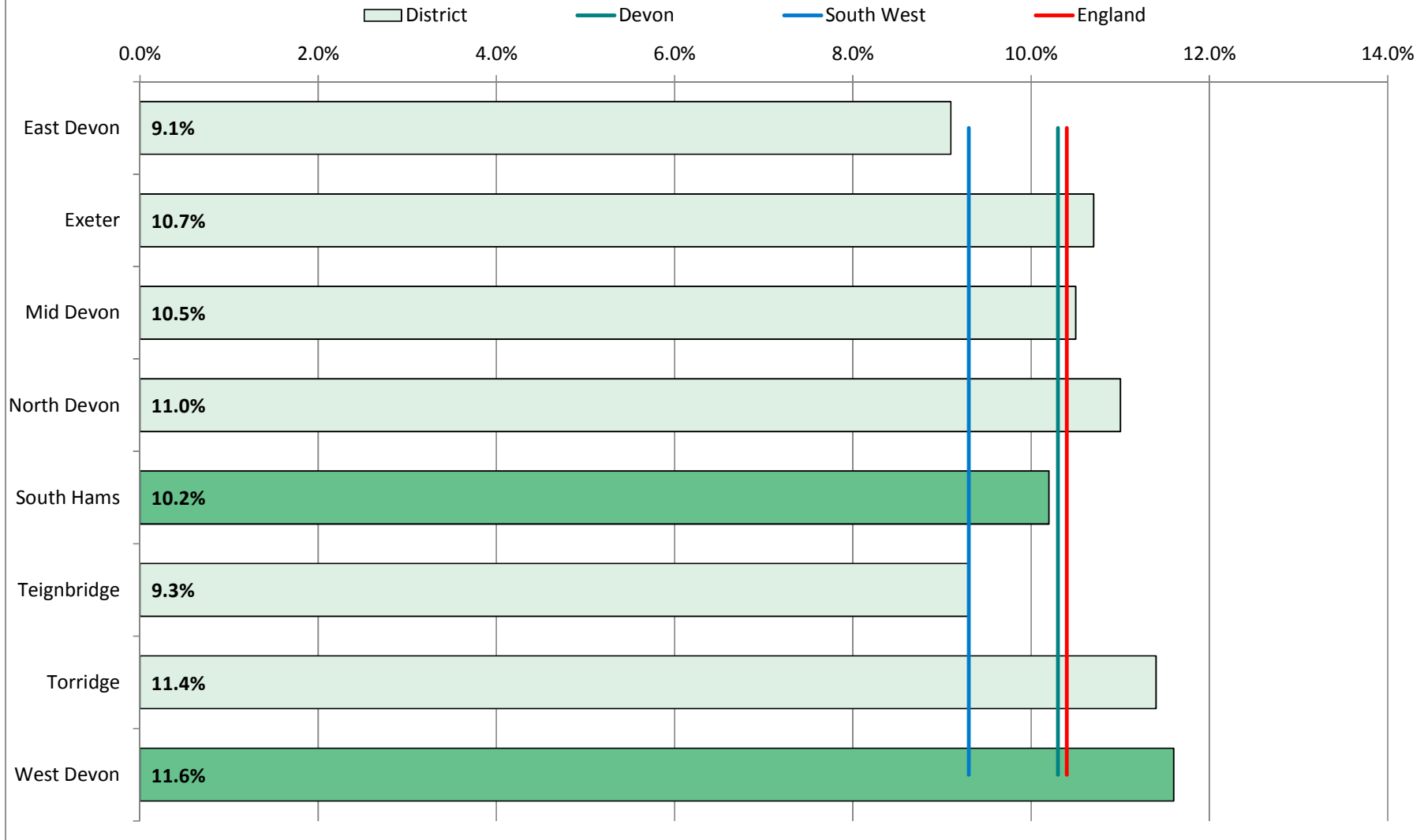


Road Traffic Accidents

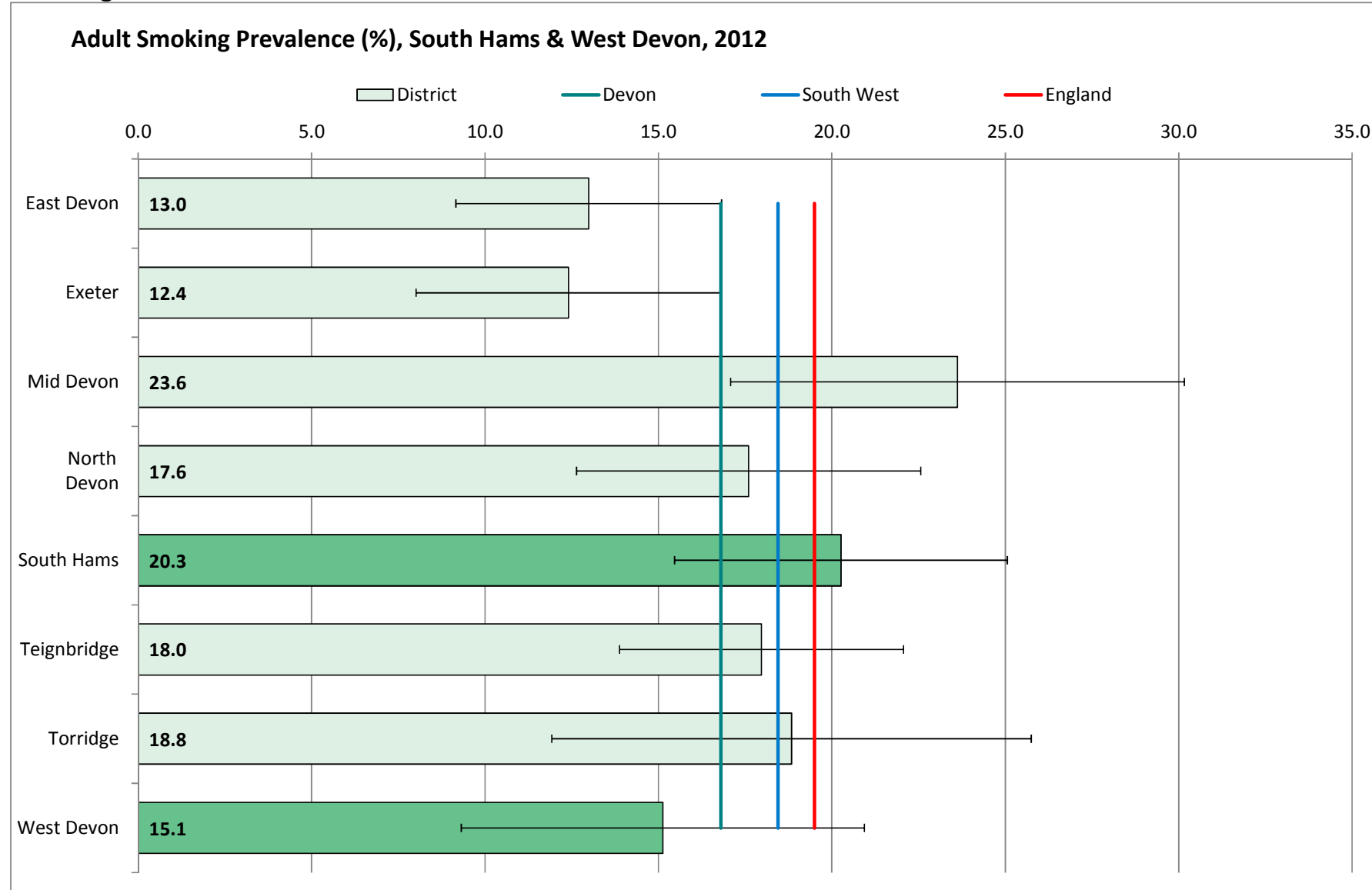


Fuel Poverty

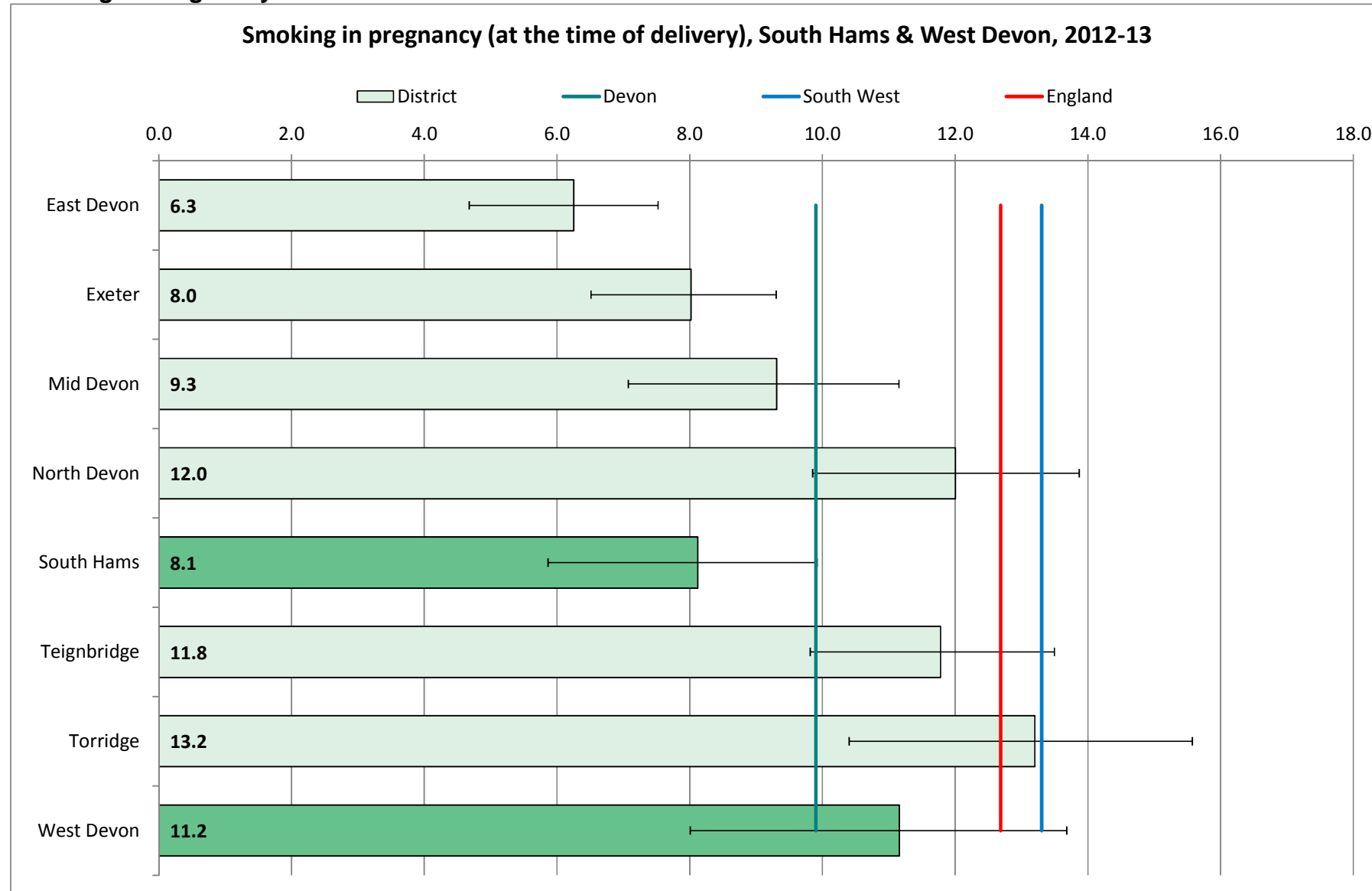
Households in Fuel Poverty (%), South Hams & West Devon, 2012



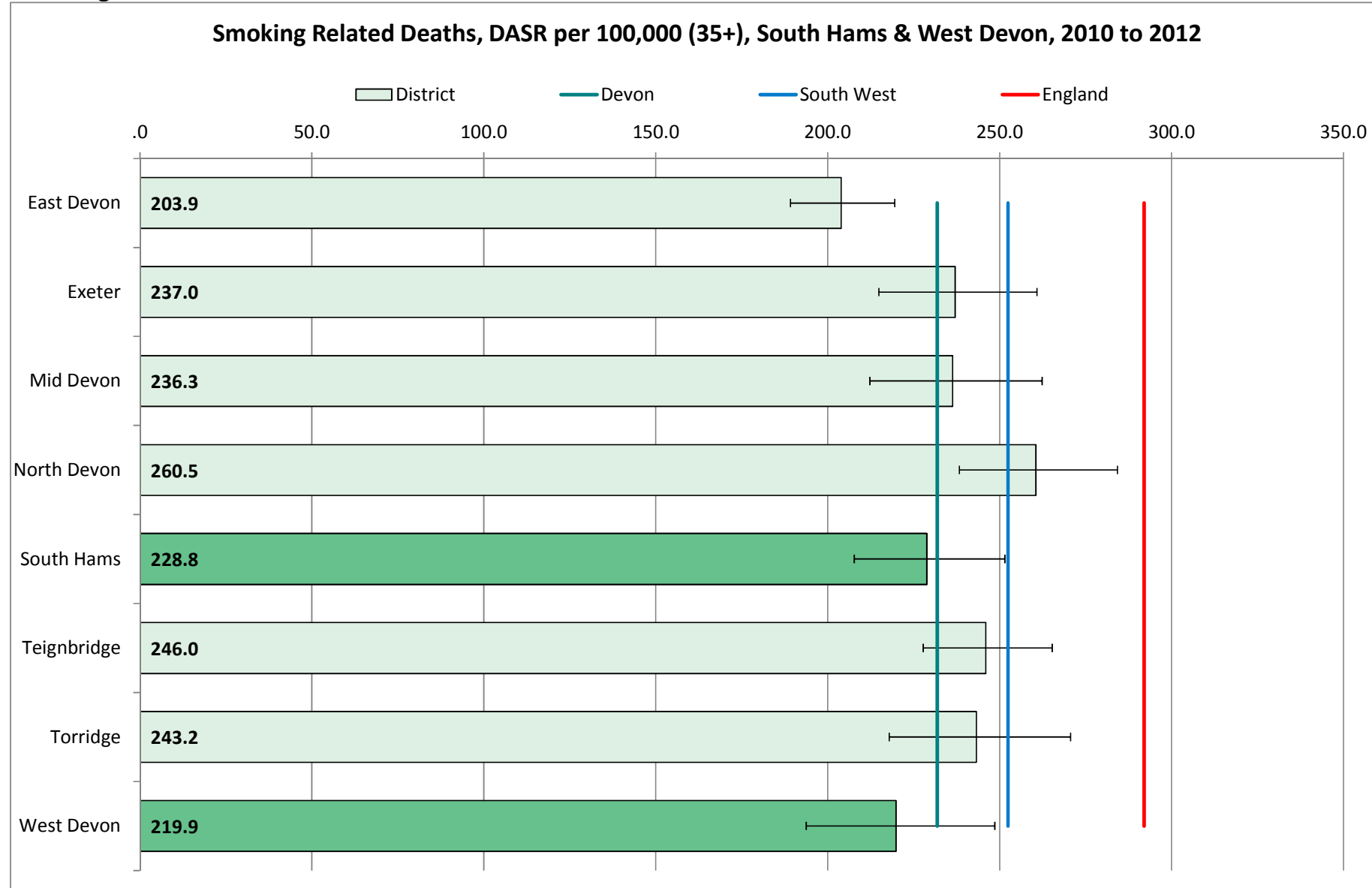
Smoking Prevalence



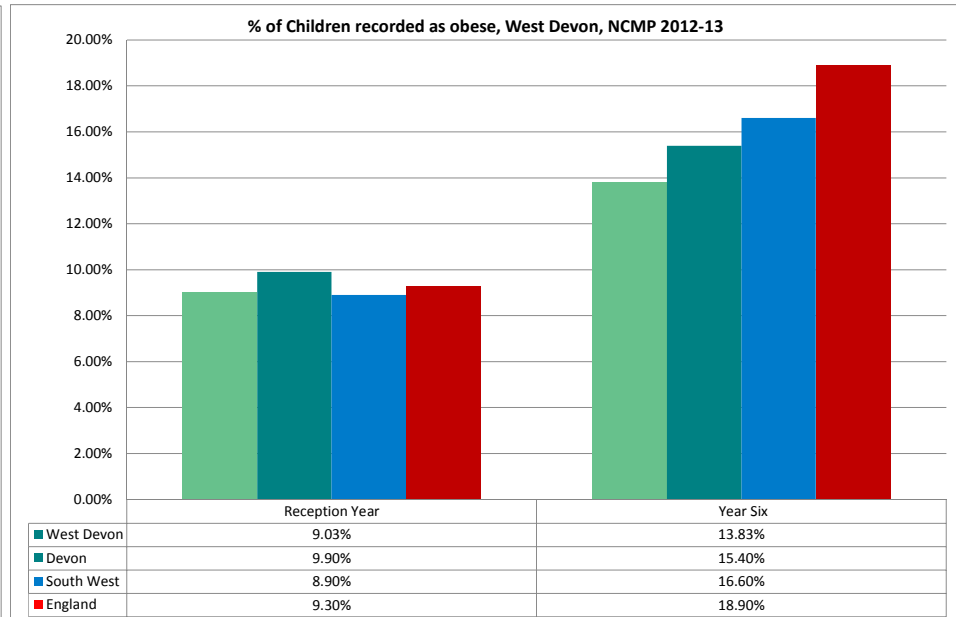
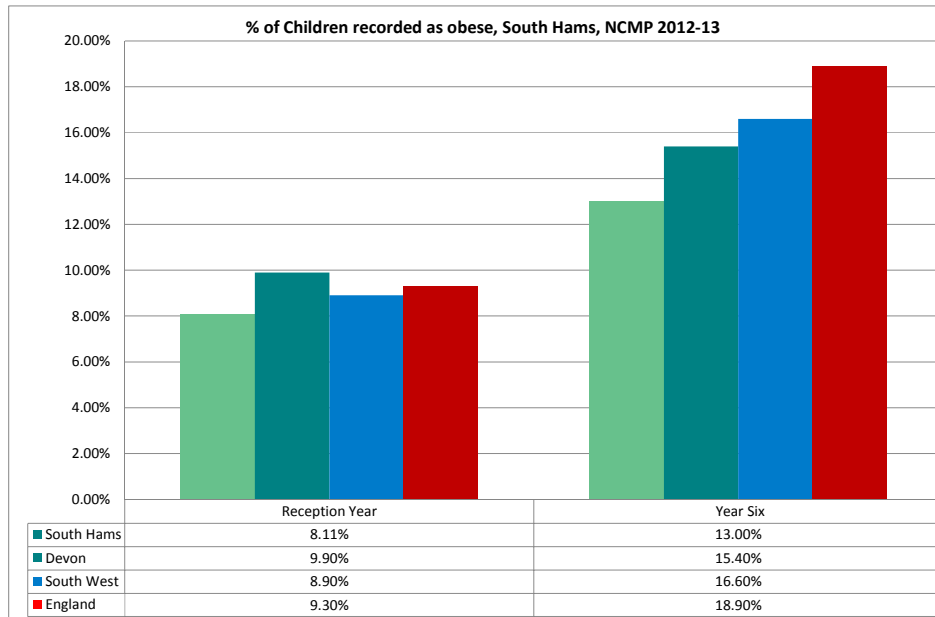
Smoking in Pregnancy



Smoking Related Deaths

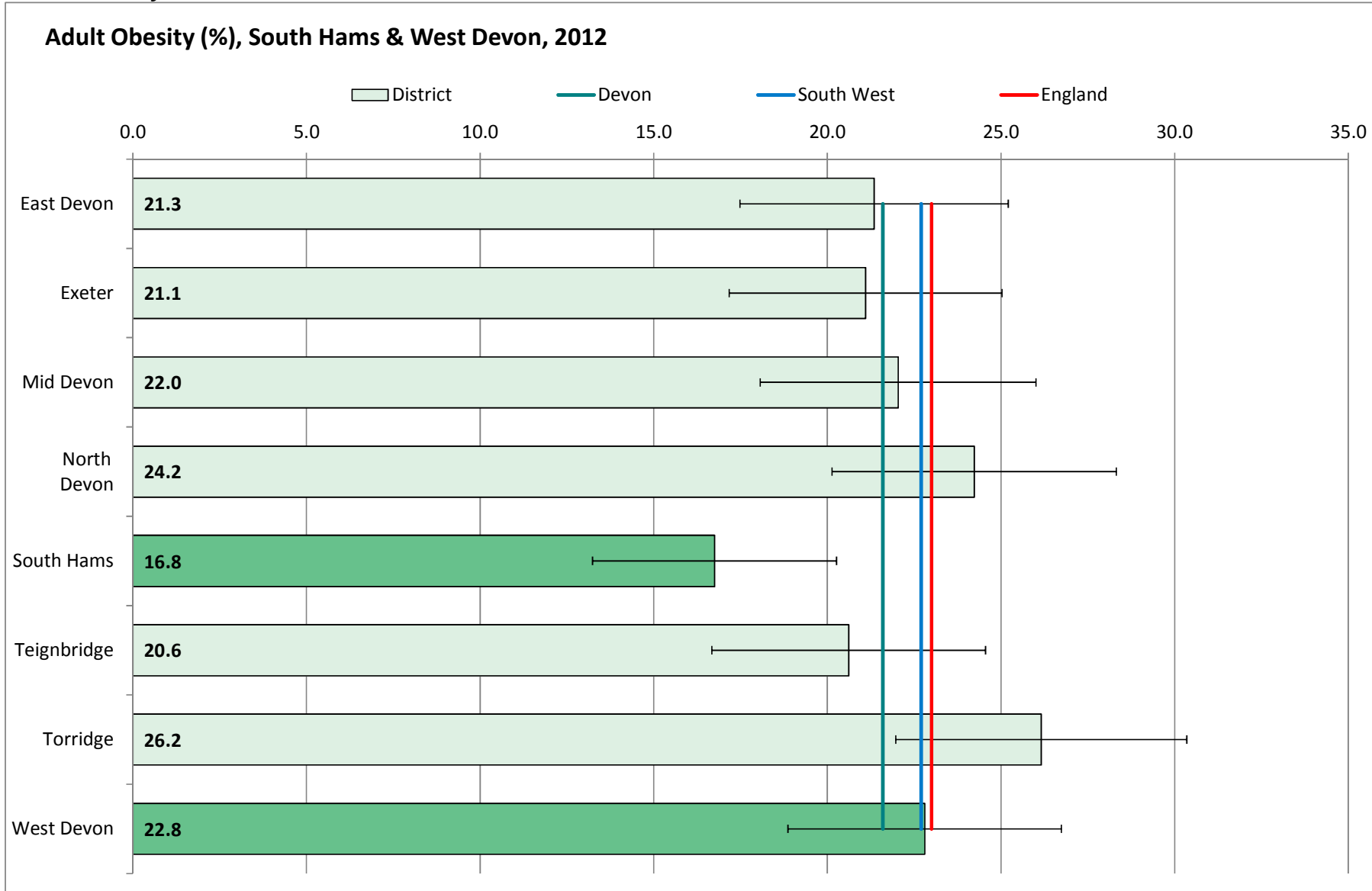


Childhood Obesity



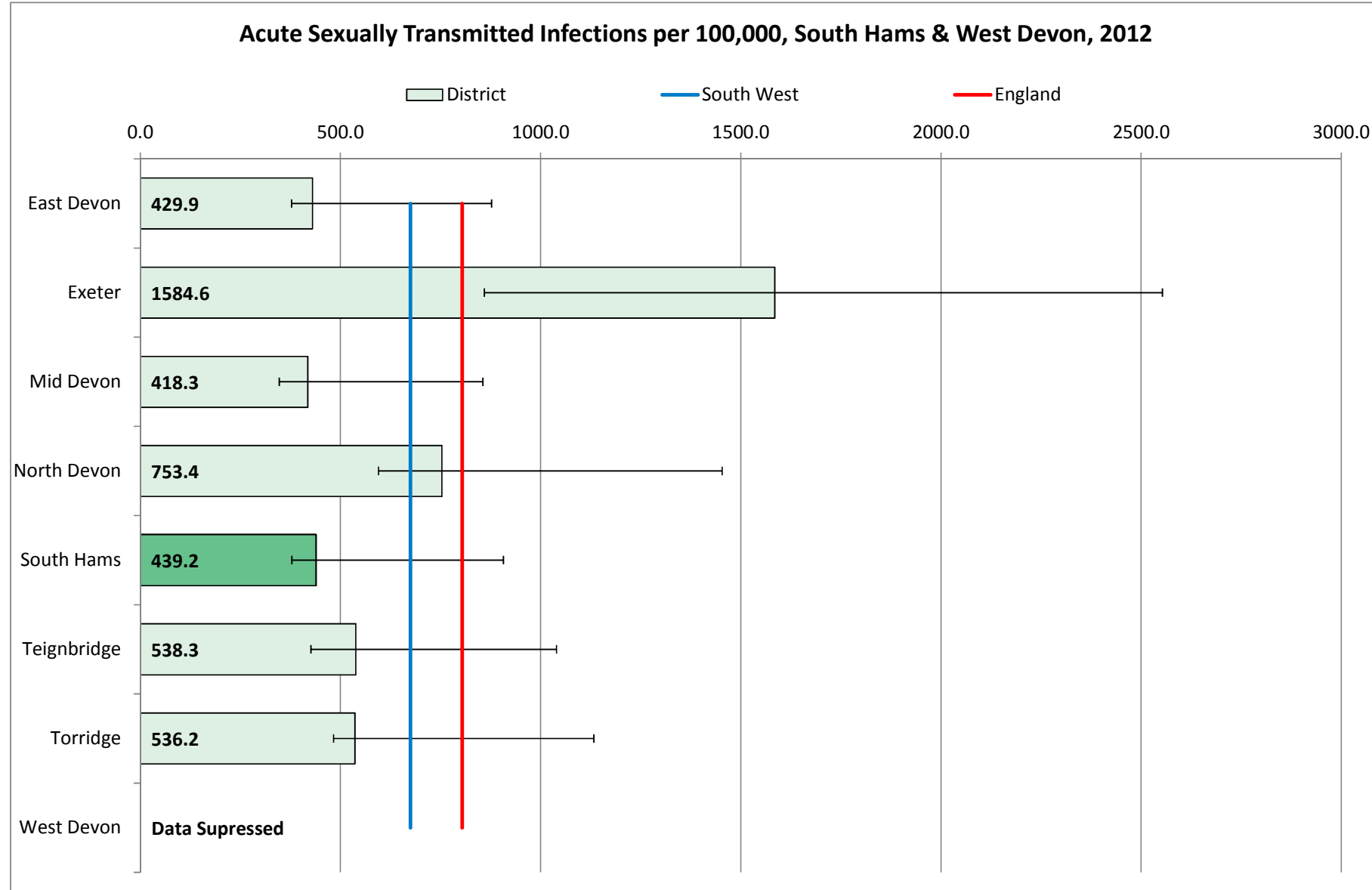
Adult Obesity

Adult Obesity (%), South Hams & West Devon, 2012

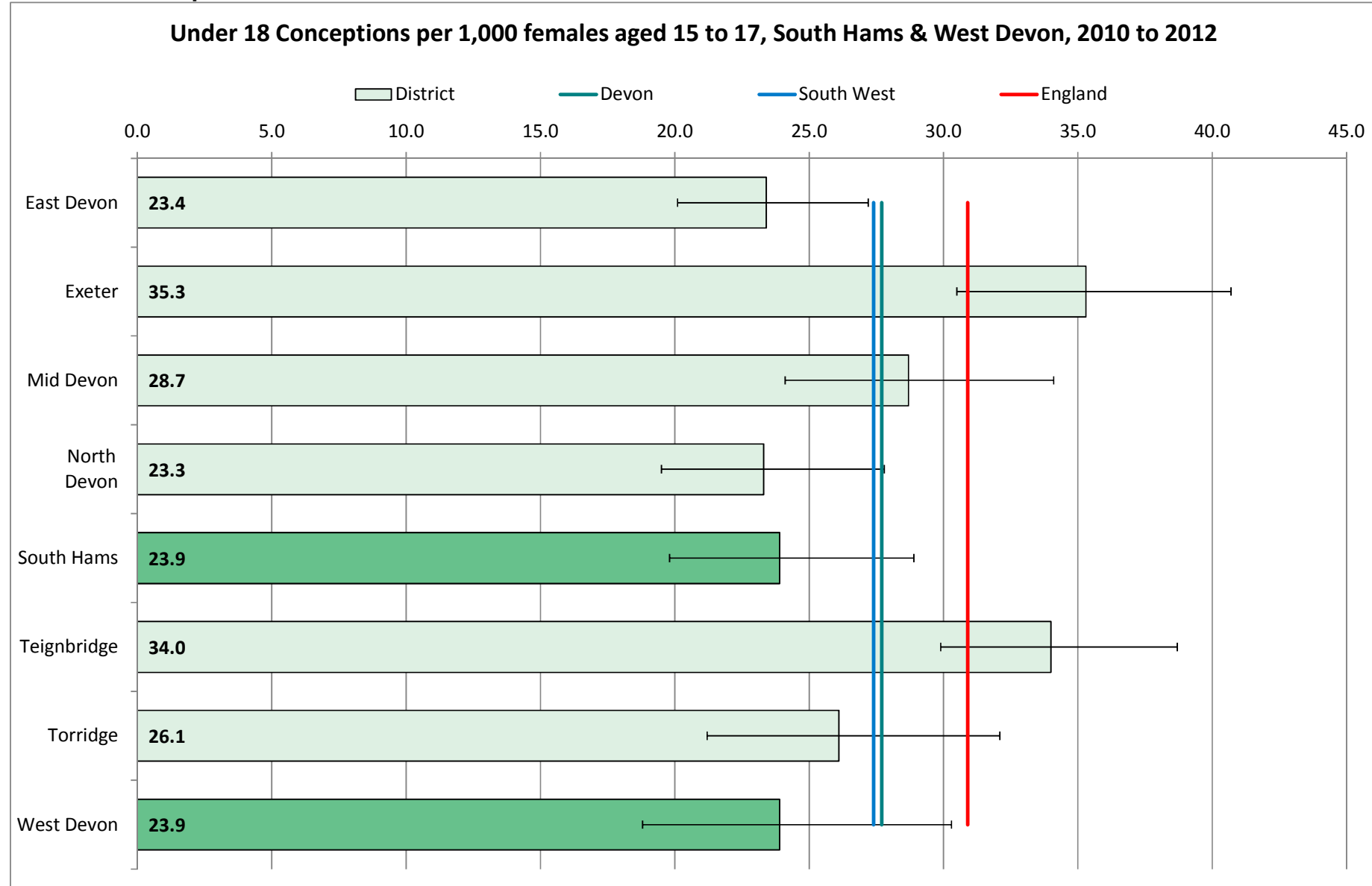


Sexual Health

Acute Sexually Transmitted Infections per 100,000, South Hams & West Devon, 2012



Under 18 Conceptions



Mortality by Cause South Hams


















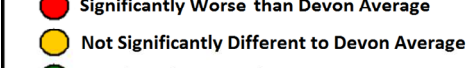
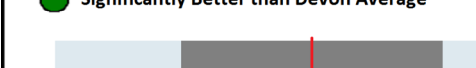
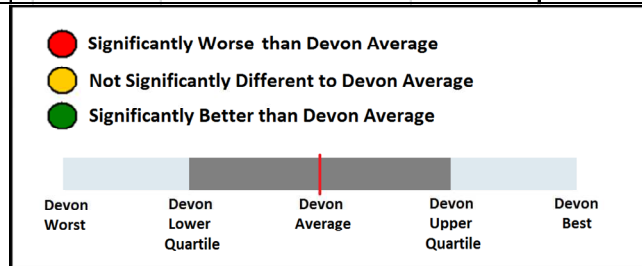
Mortality Data	Devon	District	Worst	Devon Range	Best
All	477.8	460.5	510.8		445.4
Male	559.2	544.8	605.0		511.5
Female	409.5	388.6	444.9		388.6
All (U75)	214.7	200.6	244.0		197.3
Male (U75)	260.1	247.5	297.2		234.0
Female (U75)	171.0	154.6	199.5		154.6
Cancer	153.9	144.4	163.7		144.4
Cancer (U75)	93.2	84.7	101.6		84.7
Circulatory Disease	148.3	150.7	160.2		132.3
Circulatory Disease (U75)	50.6	50.1	58.5		41.4
CHD	69.5	69.3	74.1		61.9
CHD (U75)	29.3	29.5	34.1		23.0
Stroke	40.6	39.4	48.6		36.5
Stroke (U75)	8.6	7.3	10.2		7.1
Smoking	85.3	82.3	92.2		79.1
Suicide*	7.0	5.4	7.8		5.4
Accidental Injury	14.8	16.7	18.2		12.2
Alcohol	6.6	5.2	10.3		4.2
Drugs	4.7	3.3	6.2		3.2

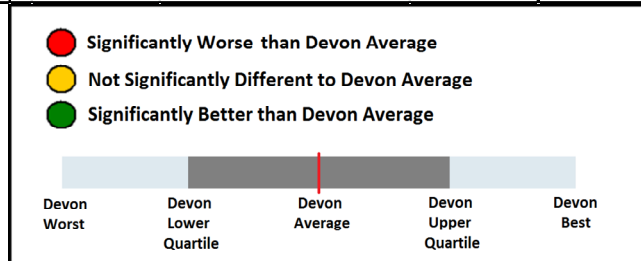
Figure 12: Standardised mortality rates for South Hams compared to Devon (2007-11) Data
source: MORTALITY DATASET



West Devon

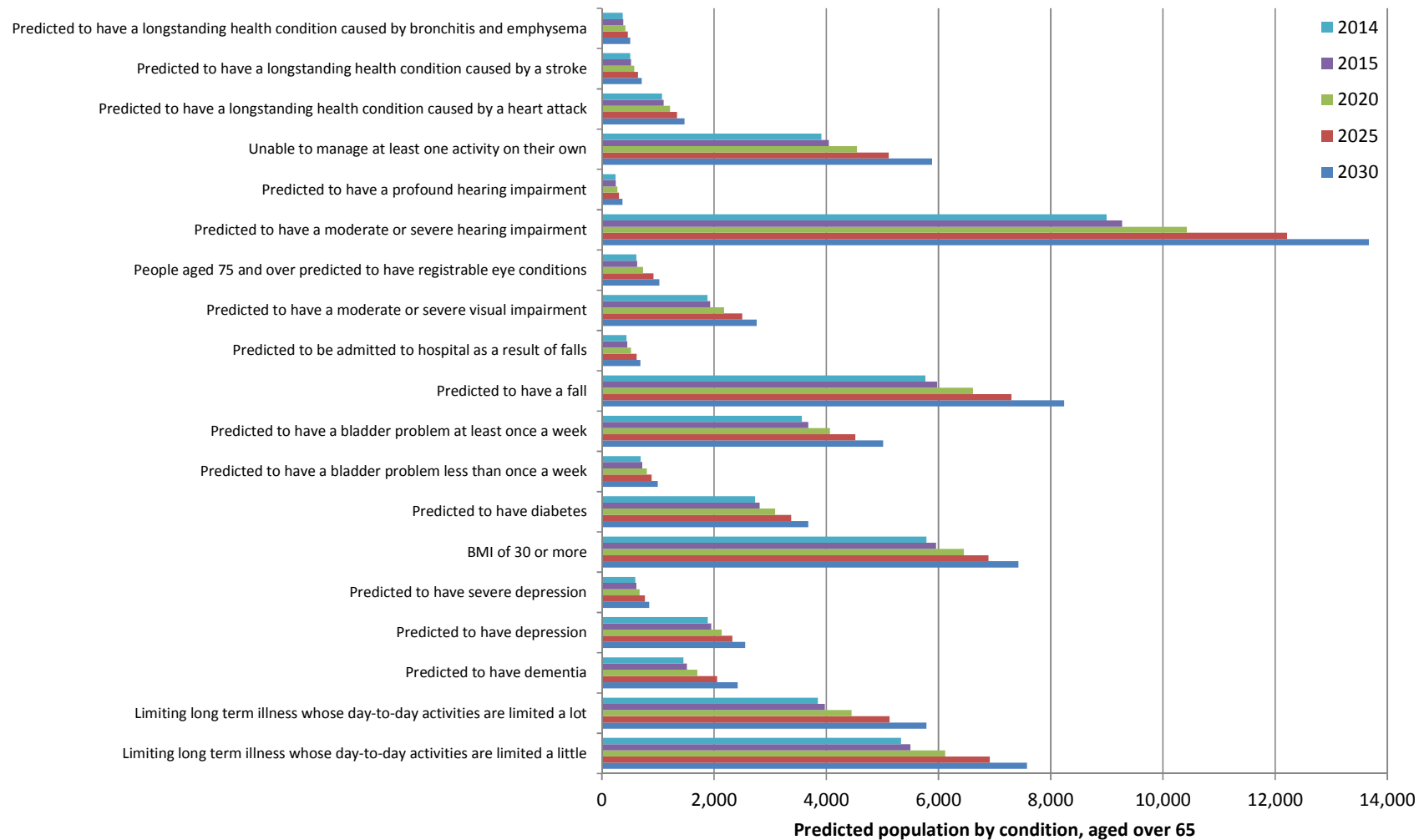
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Figure 12: Standardised mortality rates for West Devon compared to Devon (2007-11) Data source: MORTALITY DATASET

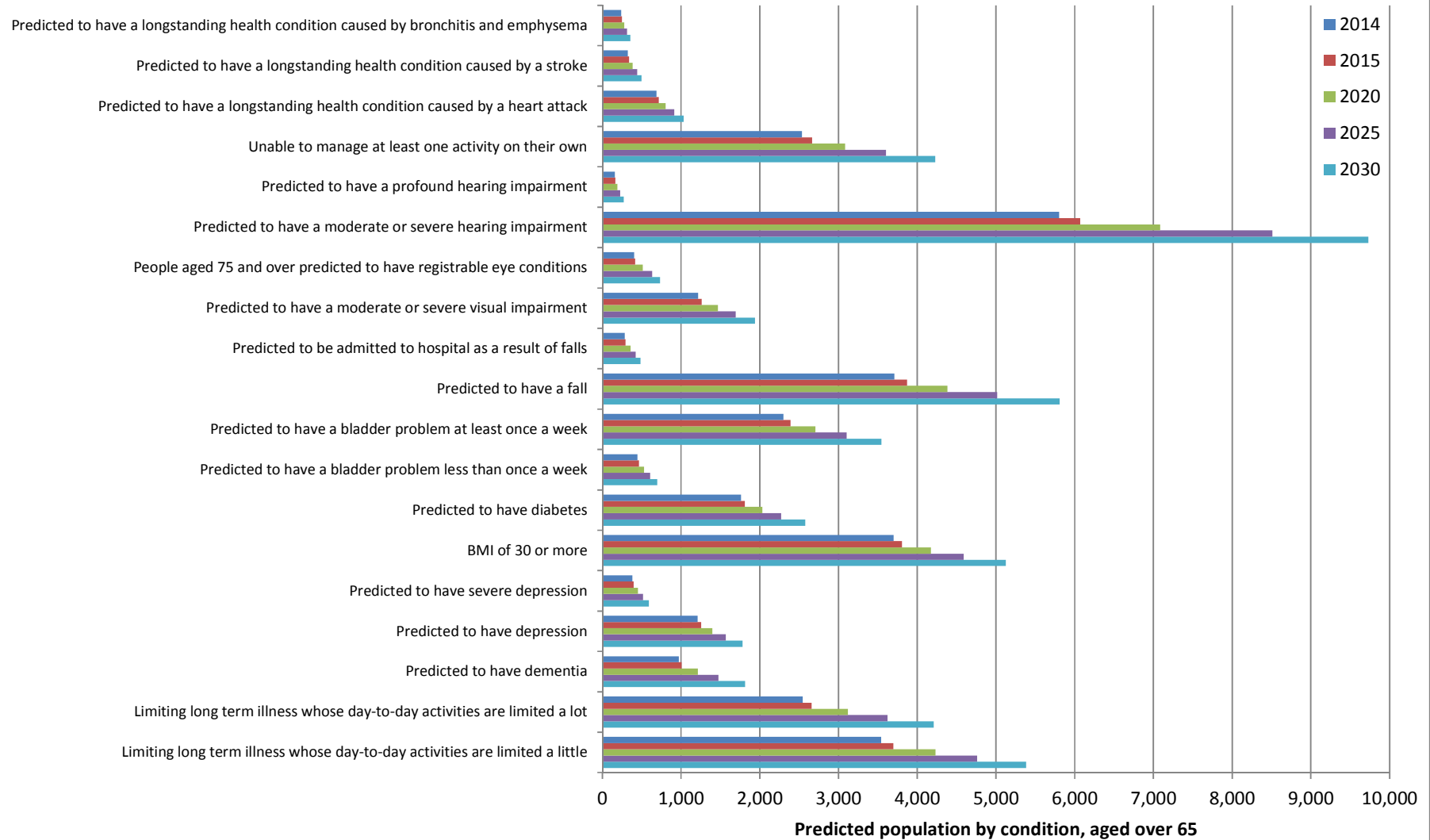


Projections of Health and Social Care Conditions

Projections of Predicted South Hams Population by Health and Social Care Related Conditions, Aged 65 and Above (Source: POPPI)



Projections of Predicted West Devon Population by Health and Social Care Related Conditions, Aged 65 and Above (Source: POPPI)

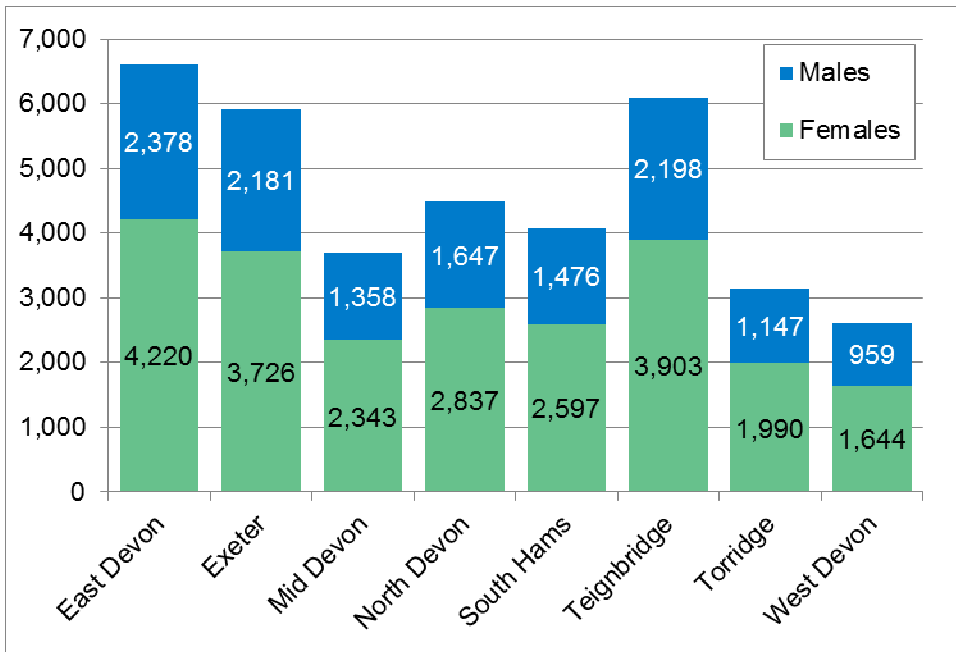


Domestic Abuse and Sexual Violence Factsheet

- An estimated 7.3% women and 5% of men have been a victim of domestic abuse past 12 months.
- An estimated 2% women and 0.5% of men experienced sexual assaults (including attempts) in the past 12 months.
- Domestic abuse and sexual violence can affect anyone, though those from certain groups including younger people (under 25), women, LGBT, those with physical disabilities and mental health needs, and people from BME groups are all at higher risk of experiencing violence and abuse.
- Perpetrators of abuse and violence come from all sectors and parts of society
- Patterns of abuse at home are often repeated in successive relationships and across generations.
- Over 90% of victims of sexual violence know the perpetrator. Locally 33% of rape crisis clients have ongoing contact with the perpetrator.
- The costs of domestic violence and sexual abuse are extensive to the public purse. In Devon, Home Office research estimates that domestic violence costs the statutory agencies over £70 million¹.
- Domestic abuse can have a profound effect on the whole family. Children are present at 39% of incidents reported to the police. Of those children using Devon's domestic violence support services in 2012-13:
 - 96% were often in the house when abuse took place.
 - 37% had intervened to try and stop abuse
 - 18% having been physically injured as a result of abuse of a parent
 - 27% were exhibiting signs of abusive behaviour.The average age of these children was just 9 years old.
- Experiencing abuse causes or exacerbates a wide range of other vulnerabilities and needs. Of those using Devon's domestic violence services in 2012-13:
 - 34% reported Mental Health Issues
 - 20% reported Suicide Attempts and Self-harm
 - Substance Misuse (8% reported alcohol abuse and 4% drug abuse)
 - 26% experienced Financial Problems
 - Many experienced homelessness and housing issues
 - Parenting Problems were common (45% of their children were had social services involvement)

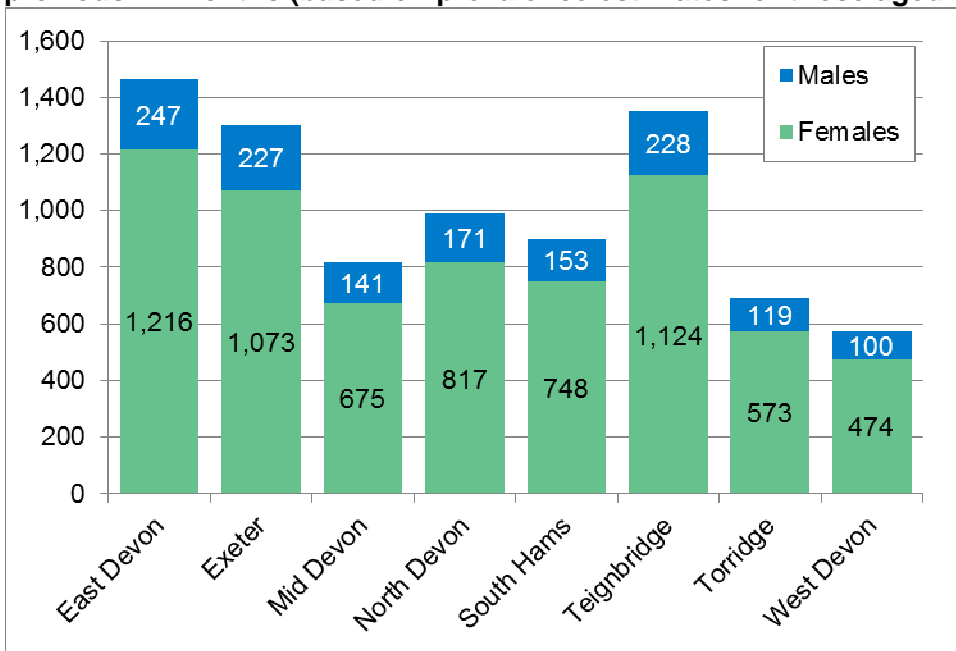
¹ Walby S. The cost of domestic violence; update 2009. Lancaster, Lancaster University;2009
http://www.lancs.ac.uk/fass/doc_library/sociology/Cost_of_domestic_violence_update.doc (accessed 03 August 2010) calculated for local authorities by Trust for London and the Henry Smith Charity

Estimated number people who experienced domestic abuse in the previous 12 months (based on prevalence estimates for those aged 16-59)



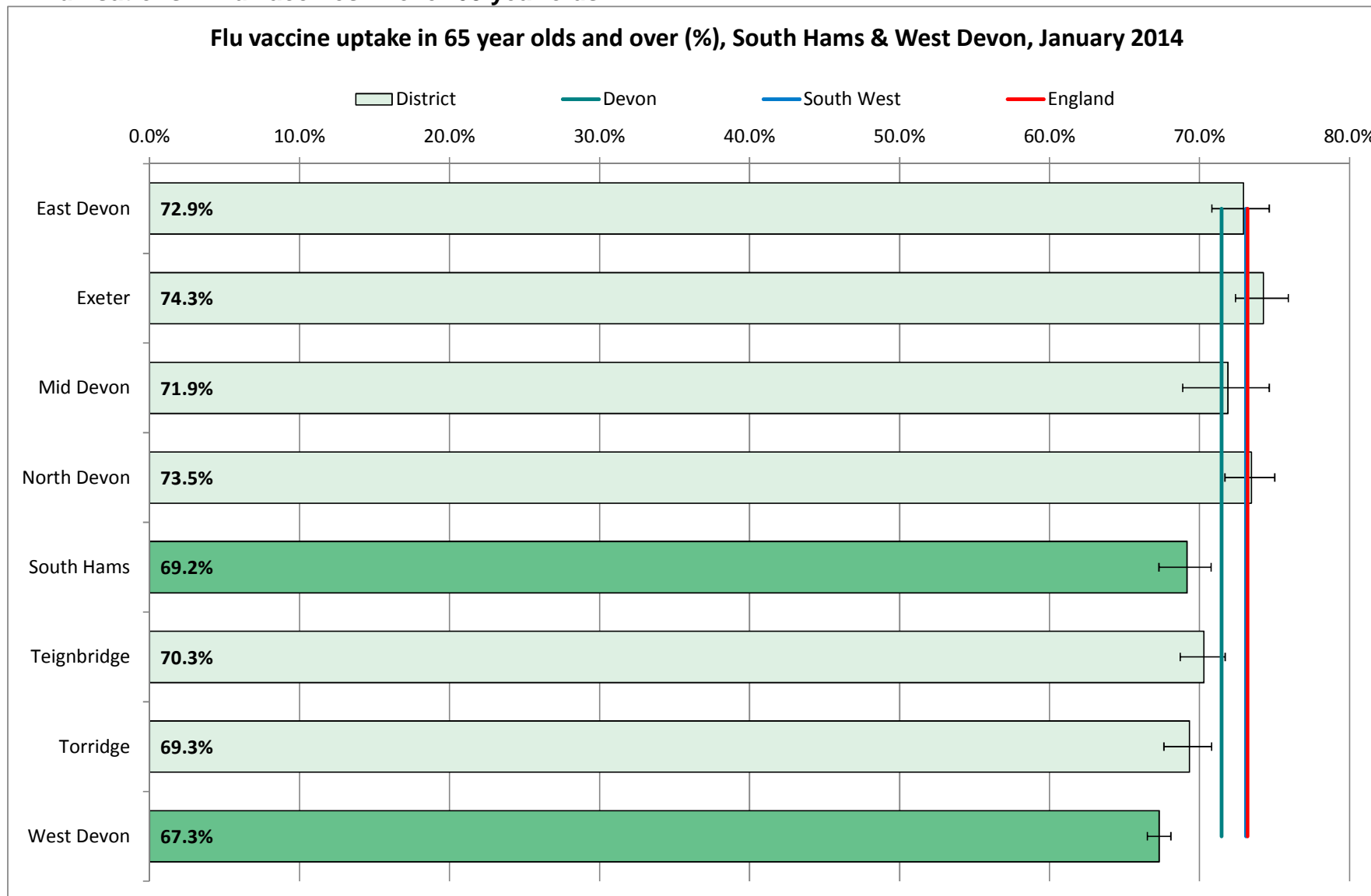
Source: Crime Survey for England and Wales 2012-13 and NOMIS Mid-Year population estimates 2013

Estimated number people who experienced sexual assault (including attempts) in the previous 12 months (based on prevalence estimates for those aged 16-59)

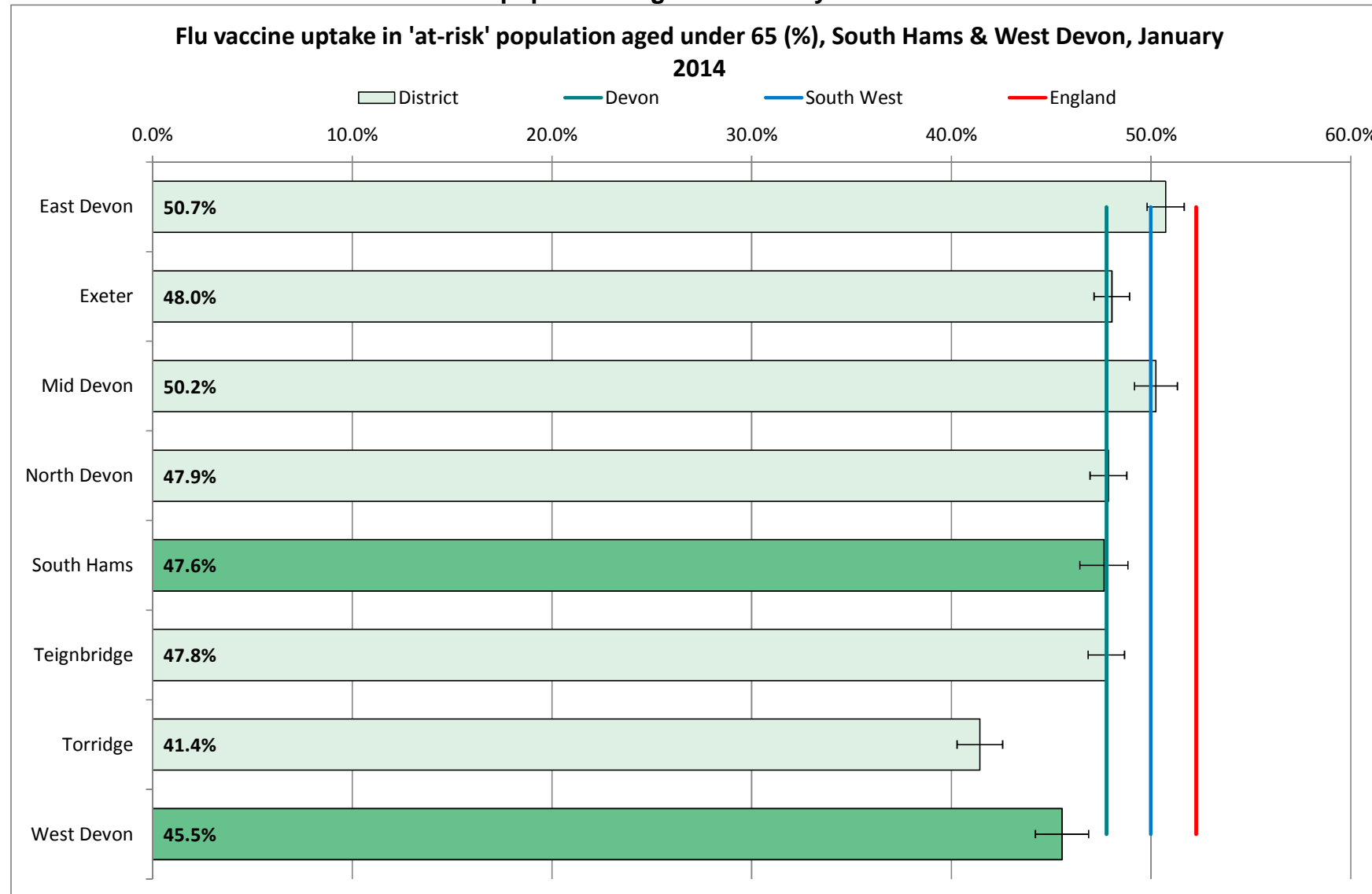


Source: Crime Survey for England and Wales 2012-13 and NOMIS Mid-Year population estimates 2013

Immunisations – Flu vaccines in over 65 year olds

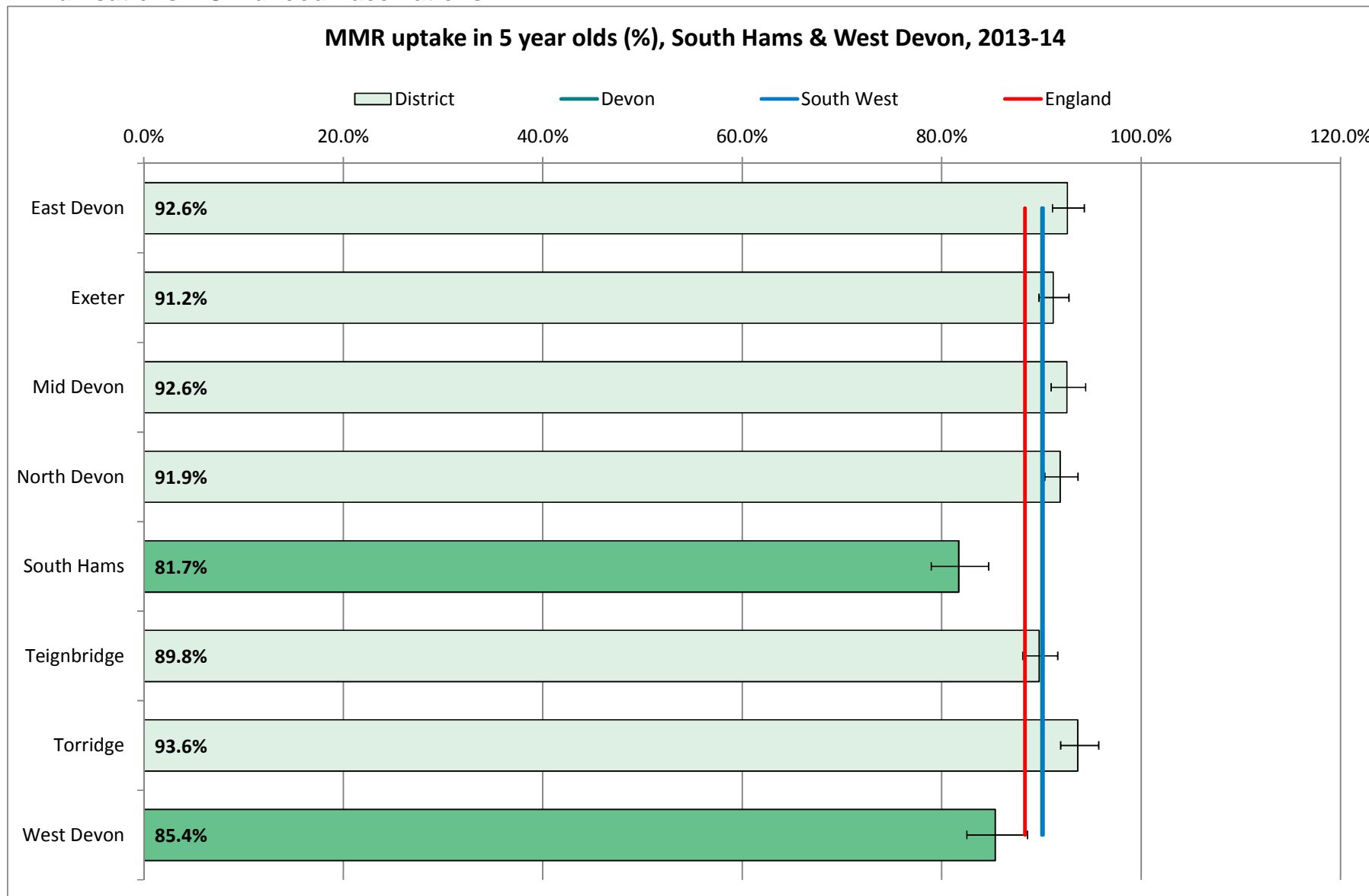


Immunisations – Flu vaccines in 'at-risk' population aged under 65 year olds

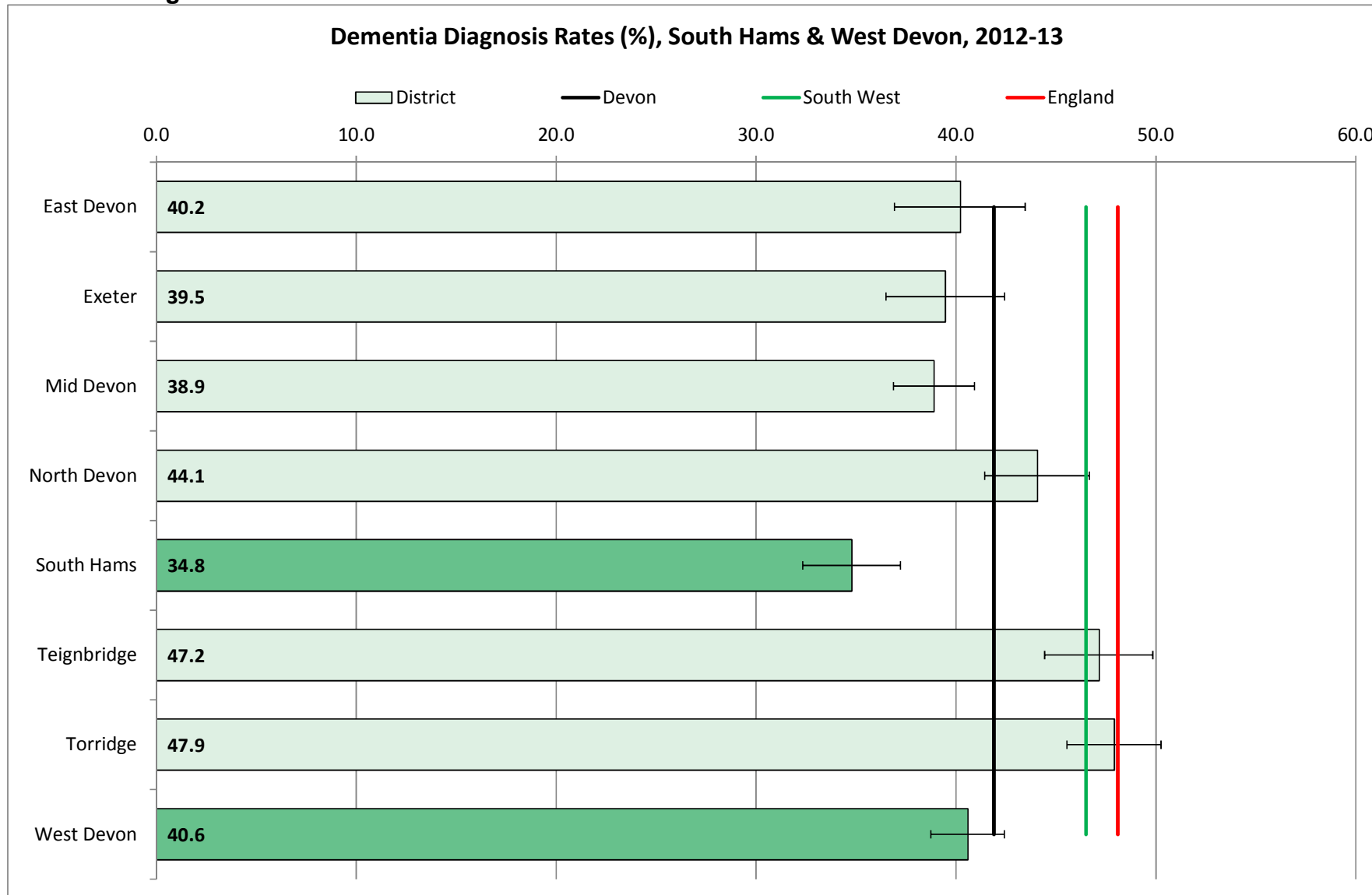


Immunisations – Childhood Vaccinations

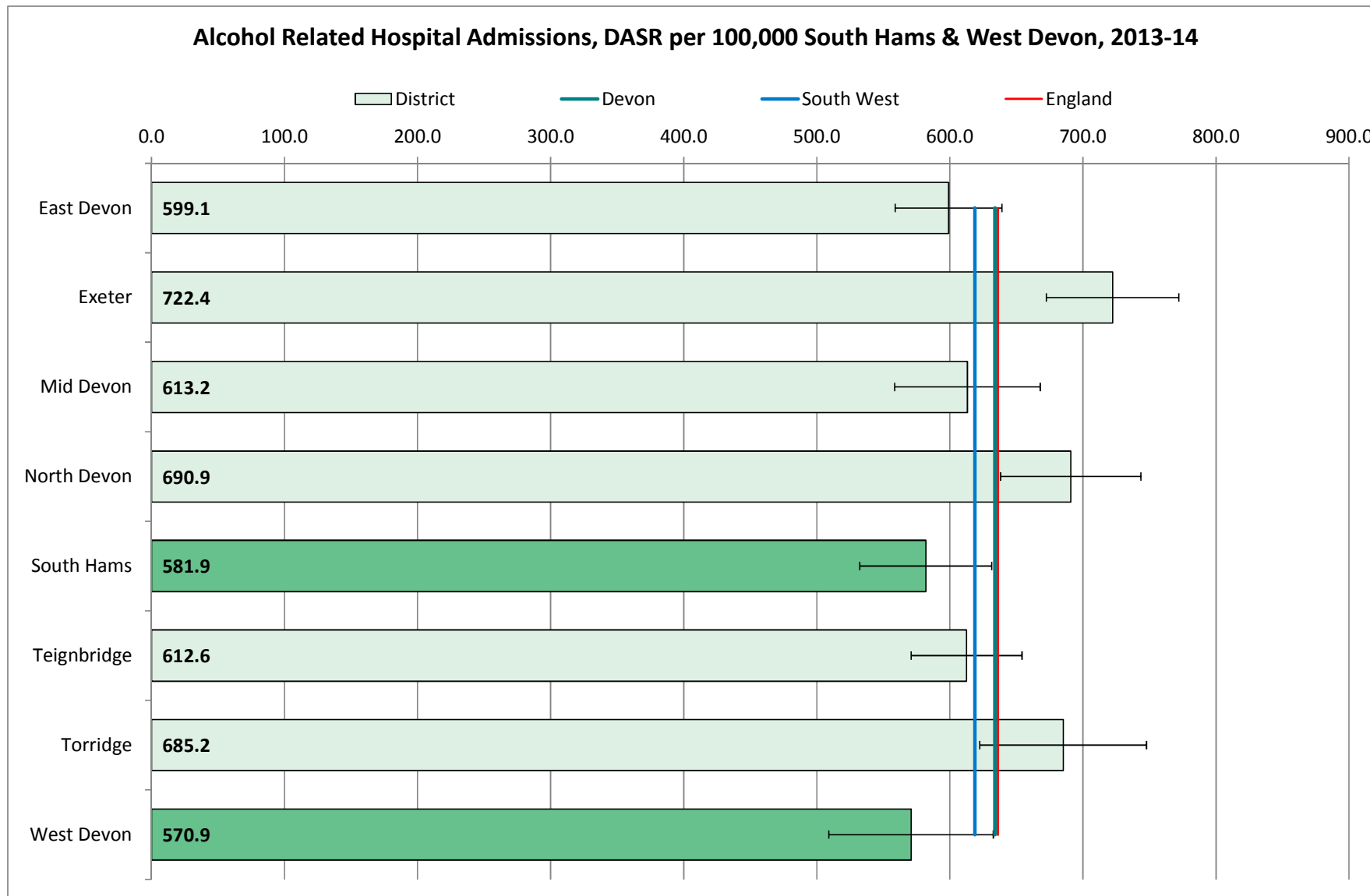
MMR uptake in 5 year olds (%), South Hams & West Devon, 2013-14



Dementia Diagnosis Rates



Alcohol Related Hospital Admissions



Area of Focus	Public Health and DCC Commissioned Services	South Hams and West Devon and Partner Activity	Areas for Joint Development (Evidence based - building on local assets)	Public Health Outcomes & Joint Health and Wellbeing Strategy (JHWBS) priorities
Wider Determinants of Health				
Planning and Policy Making	Consideration of health and wellbeing impact of significant plans and policies	Local plan Forward planning to develop planning policy guidance on health and wellbeing Use of Health Impact Assessments Public Health as consideration of risk assessment for each Committee Report Health Impact Assessment of Our Plan Development of PH Policy for both authorities Development of webpage on Health and Wellbeing Formation of Public Health Working Group(s)	Support for development of local plan and neighbourhood development plans	JHWBS
Welfare Reform and employment	Welfare reform advisory group Free Friday's libraries	Economy Priority	Support local people through welfare reform addressing the issues of local employment and suitable housing	Children in Poverty 16-18 year olds not in education, employment or training People with a long term health condition in employment JHWBS: Priority 1
Fuel poverty and Housing Standards	Safe at Home and Warm and Well. Increase uptake of support for measures to improve energy efficiency in homes	Homes Priority Housing Needs Survey Loans for insulation and	Reduce fuel Poverty from 21.1% of households in West Devon and 18.3% in South	Fuel poverty JHWBS: 4.2 & 4.3

Area of Focus	Public Health and DCC Commissioned Services	South Hams and West Devon and Partner Activity	Areas for Joint Development (Evidence based - building on local assets)	Public Health Outcomes & Joint Health and Wellbeing Strategy (JHWBS) priorities
Homelessness	for vulnerable groups and older people Health Audit of Totnes Homeless Polation	repairs / improvements South West Devon Community Energy Partnership Green Deal Planning Enforcement work on unauthorised development (occupied sheds and caravans) Empty Homes Strategy Gypsy and Traveller count and strategy. Local Development Framework – Core Strategy, Affordable Housing Development Plan Document, Development Plan Document Fuel Poverty Project including Switch and Save and Cosy Devon Local Discretionary Welfare Scheme More Comfort with Less Cost scheme	Hams Act on the findings of the Totnes homeless health audit Develop improved pathways between health and community services and housing standards for patients with chest complaints and at risk of falls	
Priority Communities and Groups	Townstal Community Partnership - Connecting Communities Community Development workers at Health Promotion Devon and CVS supporting priority areas and groups	Community Life Priority Connect outreach programme Town and Parish Voice Families needing targeted support programme	Continue multi-agency support for Townstal Community partnership Ensure Community Life Priorities focus on	Increased healthy life expectancy and reduce health inequalities JHWBS: Priority 1

Area of Focus	Public Health and DCC Commissioned Services	South Hams and West Devon and Partner Activity	Areas for Joint Development (Evidence based - building on local assets)	Public Health Outcomes & Joint Health and Wellbeing Strategy (JHWBS) priorities
	supporting access to services and personal and community resilience Families needing targeted support programme Domestic and sexual violence and abuse services Rurality and social isolation	Domestic and sexual violence and abuse services	communities experiencing rural deprivation to support access to services and reduce social isolation (particularly in West Devon)	& 4
Targeted family support	Roll out of Targeted family support programme	Phase 2 commences April 2015 Practitioners Forum attendance Strategic Management support	Co-ordinated support for targeted families support programme	
Road traffic accidents	Road safety campaigns	SDDCSP: Honest Truth campaign and Learn to Live	Monitor trend in road traffic accidents (worse than national rates in latest statistics) Evaluate the impact of the Honest Truth Campaign	
Health Improvement				
Childhood obesity and physical activity	Roll out of HENRY programme in children's centres and support for Food for Life partnership (FFL) in The Grove and St John's primary schools in Totnes Commissioning of family weight management programme 5 -14 Commissioning of young person weight management programme	Community Life Priority Young people's play and support activities Junior Lifeskills Facilities, activities and sites as below Healthy Eating programmes including HENRY via	Monitor local childhood obesity rates and ensure programmes and activities include a life-course approach to reducing obesity starting with children and families	Breastfeeding Excess weight 4-5 and 10-11 year olds Utilisation of green space for exercise/health reasons JHWBS: 2.4

Area of Focus	Public Health and DCC Commissioned Services	South Hams and West Devon and Partner Activity	Areas for Joint Development (Evidence based - building on local assets)	Public Health Outcomes & Joint Health and Wellbeing Strategy (JHWBS) priorities
		Childrens Centre Advisory Boards		
Adult Healthy weight, nutrition & physical activity	<p>Obesity tier 1, 2 & 3 pathways Tier 3 started April 2012, tier 2 going through procurement process 2013, tier 1 goes live with weight management on referral hub January 2014 Food For Life partnership Development of physical activity pathway and tool. Let's Get moving and weight management primary care training Walking your Way to health project Cycling Walking works and Evolve Your Commute campaigns</p>	<p>Community Life Priority Policies:</p> <p>Active & Healthy Communities South Hams & West Devon Community Sport & Physical Activity Network Plan Public Space / Sport Strategies Planning Policy – Open Space, Sport and Recreation PPG- new CIL policy</p> <p>Range of facilities including leisure centres 5 of 6 with pools, sports pitches, play areas, tennis courts and skate parks Range of activities including active villages, health walks, leisure youth nights, club support and sports events Range of sites including countryside sites, recreational paths, cycle paths, countryside activities, allotments and gardens and beaches</p>	<p>Promotion and support for physical activity Improved connection with physical activity and healthy weight pathways with the CCG, public health and Local Nature Partnership</p> <p>Target resources and delivery at identified areas of greatest need through the Healthy Communities and health checks programme</p> <p>Develop a plan to address future provision of walk and talk programmes</p>	<p>Diet Excess weight Physical activity Utilisation of green space for exercise/health reasons</p> <p>JHWBS: 2.1 & 2.4 & 2.5</p>

Area of Focus	Public Health and DCC Commissioned Services	South Hams and West Devon and Partner Activity	Areas for Joint Development (Evidence based - building on local assets)	Public Health Outcomes & Joint Health and Wellbeing Strategy (JHWBS) priorities
Tobacco control	Reduce smoking prevalence to 15% through Tobacco Control Alliance activity and stop smoking service support Health checks programme (eligible population aged 40-74)	Smokefree implementation		Smoking status at time of delivery, smoking prevalence in adults and young people
Alcohol	Alcohol related support and treatment	Community Life Priority SDDCSP priority area	Priority areas addressed in SDD CSP planning such as H2O project and honest truth campaign Support the Breaking Free On-line programme through community safety teams Support use of alcohol related violence and admission rates to identify local issues	Alcohol related hospital admissions
Sexual health	Promote existing commissioned local sexual health services in Newton Abbot, Kingsbridge, Ivybridge and Tavistock		Services are commissioned through public health. Partners need to be aware of the importance of local sexual health and contraception services and support	Under 18 conceptions JHWBS: 2.2
Health Protection				
Immunisation and Screening Air Quality Infectious disease	Projects to increase uptake of childhood immunisation in Totnes and South Brent supporting PHE	Implementation of the air quality action plans Investigation of outbreaks and prevention work through EH services	Address fuel poverty and support increased coverage of flu vaccination programmes (identifying and supporting the most vulnerable)	

Area of Focus	Public Health and DCC Commissioned Services	South Hams and West Devon and Partner Activity	Areas for Joint Development (Evidence based - building on local assets)	Public Health Outcomes & Joint Health and Wellbeing Strategy (JHWBS) priorities
Seasonal mortality Pool water quality	Monitor pool water outbreaks through PHE	Warning signage on streams on beaches Link to ECO procurement Inspection and sampling of local pools		
Healthcare Public Health and Preventing Premature Mortality				
Falls prevention	Introduce fracture liaison service for South Devon and implement increased evidence based strength and balance classes as part of the prevention strategy. (Ivybridge one of pilot areas)	DFGs HHSRS Education and advice on fall prevention Care and Repair	Add value to falls pilot work - move on sessions through walk and talk and leisure centres Improve private sector housing to reduce slips and falls risks (Collate local statistics)	Hip fractures over 65's JHWBS: 3.1
Older people due to demographic change	Devonwide priority promoting volunteering, befriending and other Prevention Strategy priorities	Community and Voluntary Voice	Consider the approach to reducing social isolation in rural areas	Dementia and its impact JHWBS: 3.2 & 3.3
Early diagnosis - skin cancer, carers and health checks programmes	Maintain 'Know Your Skin' Pharmacy campaign in South Devon for over 50's early diagnosis and 'Love Your Skin' campaign in colleges. Increase carers health and wellbeing checks uptake and roll out of vascular health checks programme for 40-74 year olds.		Use evidence based opportunities to raise awareness of skin cancer and improve early diagnosis Improve access to health checks particularly rural areas and certain communities such as farmers	Mortality from causes considered preventable JHWBS: 2.3 & 2.5 & 3.2
Emotional health and well-being Suicide prevention	5 ways to wellbeing promotion by Devon Partnership Trust. Access to evidence based interventions in South Devon Public mental health and suicide	Frontline staff provide an opportunity to provide a first point of contact for some vulnerable residents	Develop a programme to support staff and engage with other agencies and voluntary and community sector	Self reported wellbeing Suicide JHWBS: 4.1 & 4.4

Area of Focus	Public Health and DCC Commissioned Services	South Hams and West Devon and Partner Activity	Areas for Joint Development (Evidence based - building on local assets)	Public Health Outcomes & Joint Health and Wellbeing Strategy (JHWBS) priorities
	prevention strategies being written 2013/14	Mental Health Toolkit for employees Sign up to NHS Workplace Wellbeing Charter Provision of mental health awareness training for frontline staff and other agencies	partners	

NOT FOR PUBLICATION

This report contains exempt information as defined in
Paragraph 3 of Part 1 of
Schedule 12A to the Local Government Act 1972
(applies to Appendices A and B only)

AGENDA
ITEM

9

SOUTH HAMS DISTRICT COUNCIL

AGENDA
ITEM

9

NAME OF COMMITTEE	Community Life and Housing Scrutiny Panel
DATE	5 February 2015
REPORT TITLE	New Homes Bonus Allocation to Dartmoor National Park Authority (DNPA)
Report of	Community Manager
WARDS AFFECTED	DNPA Wards

Summary of report:

This report provides Members with information on the projects being funded by Dartmoor National Park Authority (DNPA) from the New Homes Bonus allocated by the District Council and gives Members the opportunity to comment and make suggestions on future allocation and its use.

Financial implications:

There are no direct financial implications from this report as funding is agreed as part of the budget setting process.

During 2014/15 budget setting Members agreed that £17,277, representing the entitlement for 2012/13 and 2013/14, be paid to DNPA from the Council's 2014/15 New Homes Bonus allocation. Budget proposals for 2015/16 recommend a further allocation of £5,779.

RECOMMENDATIONS:

It is RECOMMENDED that Community Life and Housing Scrutiny Panel:-

- **Note the projects being funded by Dartmoor National Park Authority from the New Homes Bonus funds allocated to them by South Hams District Council; and**
- **Make recommendations to the EXECUTIVE as to future allocation of funds and their use.**

**Officer contact: Debbie Bird, Community Manager, debbie.bird@swdevon.gov.uk
01822 813515**

1. BACKGROUND

- 1.1 The Council receives New Homes Bonus in respect of the net increase in housing stock for the District, including empty homes returned to use. Monies are payable for a period of six years and cover developments that have completed since April 2009. All funds are paid by Government to the District Council and include development that has taken place in the South Hams area that sits within the DNPA, although they are a separate Local Planning Area.
- 1.2 As DNPA does not receive any direct allocation the District Council agreed to transfer the sum of £17,277 as part of the 2014/15 budget setting process towards a Dartmoor National Park Sustainable Community Fund to fund community projects in DNPA communities where development has taken place. The funds were awarded as a one off payment to DNPA to allocate and administer the funding scheme and are the calculated entitlement for 2012/13 and 2013/14. There is a further recommendation that £5,779 be allocated for 2015/16 to be discussed by Members as part of the budget setting process.
- 1.3 The payment is made with the following conditions:
- decisions must be taken in consultation with the South Hams District Council local Ward Member(s);
 - funding can only be used for capital spending on projects in those parts of Dartmoor National Park which fall within the South Hams District Council Boundaries and enable the Dartmoor National Park to carry out its social and economic responsibilities; and
 - Dartmoor National Park reports on the progress in the application of, and use of the funds to the Community Life and Housing Panel on a six monthly basis and in time for budget decisions to be made.
- 1.4 This is the first report to the Scrutiny Panel to allow time for DNPA to develop and launch the scheme and take the first round of applications.

2. DARTMOOR COMMUNITIES GRANT FUND ALLOCATIONS FOR 2014/15

- 2.1 Appendix A is a scoring table summarising the evaluation of the projects submitted to the fund. Appendix B provides a brief description of each proposal.
- 2.2 The total pot available was £20,527 as DNPA added a further £3,250 from their own resources to the fund.
- 2.3 Five projects were submitted requesting funding of £35,668. Of these four were funded with total funding allocated of £20,522. Two projects were awarded the full sum requested and two were awarded a partial sum.
- 2.4 Local Ward Members were consulted and projects included improvements to community halls, a community shop/tearoom and a recreation ground.

3. LEGAL IMPLICATIONS

- 3.1 A condition of approval for the funding is that regular reports be made to Community Life and Housing Scrutiny Panel on the application and use of the funds.

- 3.2 The Local Government Act 2000 gave the Council the power to promote the economic, social and environmental wellbeing of the area.
- 3.3 Localism Act 2011 – General Power of Competence, a local authority has power to do anything that individuals of full legal capacity may do giving authorities the power to take reasonable action they need ‘for the benefit of the authority, its area or persons resident or present in its area’.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications from this report as funding is agreed as part of the budget setting process.
- 4.2 During 2014/15 budget setting Members agreed that £17,277, representing the entitlement for 2012/13 and 2013/14, be paid to DNPA from the Council's 2014/15 New Homes Bonus allocation. Budget proposals for 2015/16 recommend a further allocation of £5,779.

5. RISK MANAGEMENT

The Risk Management implications are shown at the end of this report in the Strategic Risks Template.

Corporate priorities engaged:	Homes, Economy, Environment and Community Life
Statutory powers:	Local Government Act 2000 Localism Act 2011 – General Power of Competence
Considerations of equality and human rights:	Grants will provide funding to a wide range of community groups, therefore promoting equal opportunities
Biodiversity considerations:	None
Sustainability considerations:	Grants contribute to increasing the sustainability of communities in the South Hams
Crime and disorder implications:	None
Background papers:	23 January 2014 Executive Report and Minutes, Budget Proposals 2014/15 13 February 2014 Council Report and Minutes Budget Proposals 2014/15
Appendices attached:	<i>Appendix A – Dartmoor Communities Grant Fund Scoring Table</i> <i>Appendix B – Dartmoor Communities Grant Fund Description of Projects</i>

STRATEGIC RISKS TEMPLATE

No	Risk Title	Risk/Opportunity Description	Inherent risk status			Mitigating & Management actions	Ownership	
			Impact of negative outcome	Chance of negative outcome	Risk score and direction of travel			
1	Delivery of Outcomes and Value for Money	<p>Failure to deliver outcomes to the community and provide value for money for the Council's contributions.</p> <p>Opportunity for DNPA communities where development has taken place to benefit from this new Fund to support local community projects</p>	3	2	6	↔	<p>Scheme set up similar to District Council Community Reinvestment Project Fund with assessment/ scoring system.</p> <p>Funds paid in arrears on submission of proof of allocation</p> <p>Regular reporting on allocation of funds to the Community Life and Housing Scrutiny Panel</p> <p>The benefits of this new Fund to communities are likely to outweigh the risks associated with its operation</p>	Community Manager

Direction of travel symbols ↓ ↑ ↔

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Agenda Item 10(a)

Update from Task and Finish Group – Sites for Gypsies and Travellers

- In the South Hams there is a disproportionate number of unauthorised G&T encampments and no official sites. This lack of provision has implications for the planning enforcement regime.
- Many such sites are on DCC highway land. Subject to the occupants meeting the requirements set out in the DCC Code of Practice and Handbook, DCC will normally tolerate such unauthorised encampments as “areas of temporary acceptance”.
- A Gypsy and Traveller Accommodation Needs Assessment has been undertaken to complement the Plymouth area Strategic Housing Market Needs Assessment (SHMNA). It includes recommendations on the number of permanent G&T pitches required in the future.
- The Assessment presents the pitch requirement for the district as a range between 22 and 30 pitches to be delivered between 2013 and 2017. It indicates that there will be no additional need arising during the period following up to 2027.
- A Land Availability Assessment (LAA) has been undertaken recently to inform the preparation of Our Plan. The process included consideration of the sites for G&T use.
- A site in the Totnes area has been promoted by the landowner and has received an initial favourable assessment. The suitability of this site is being considered further and discussions with the landowner are on-going.
- The preparation of Our Plan will provide an opportunity to identify and allocate an official G&T site or sites.
- SHDC and DCC are continuing to work together in order to address this issue in both the short and longer terms. This has recently included an assessment of the potential of public sector owned sites for G&T accommodation provision. This included County Farms land and a site south of Lee Mill was assessed. It was concluded that due to the small size of the holding the release of part of it could jeopardise the future operation of the farm.
- Officers of both authorities liaise regularly on the range of G&T issues. To assist with working towards an appropriate way forward, direct engagement with the G&T community is envisaged.

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Item 10(b): Update from Task and Finish Group – Affordable Housing Delivery Models

1. Group Objectives

1.1 The Task and Finish Group was established to consider issues concerning the RENTplus model. In undertaking this task it was necessary to consider housing delivery in a wider context including alternative delivery models.

1.2 The Group consisted of;

- Cllr Holway - Chair
- Cllr Cuthbert – Deputy Chair
- Cllr S Wright
- Cllr Hodgson
- Cllr Gorman
- Cllr Steer
- Cllr Carson
- Cllr Cooper
- Cllr J Hawkins
- Affordable Housing Manager (AHM)
- Affordable Housing Officer

2. Outcomes

2.1 The Group met on two occasions to consider the RentPlus model and other alternative delivery models. In respect of Rent Plus, the Group agreed and recommended that;

- a) the level of Rent Plus be limited to a maximum 10% of all affordable housing delivered in the South Hams in a financial year.
- b) that Rent Plus only be considered on sites that achieve 35% or more affordable housing. RentPlus units would be in addition to that 35%; and
- c) that Rent Plus was introduced on a trial basis for a period of 5 years.

2.2 The above recommendation was subsequently approved by the Executive on 24 July 2014. (Minute Ref. E.15/14)

2.3 The Group were keen to explore alternative delivery models and how the Council could develop an approach to investment which delivered affordable housing and contributed toward income generation.

2.4 The AHM advised the group that the Council were progressing a small number of development projects which might be retained to generate income. A small programme would be permissible outside of a Housing Revenue Account (HRA) but should the Council wish to increase the level of retained stock/assets, it would need to consider establishing an appropriate vehicle. There were number options such as Local Development Companies which could hold stock/assets free of HRA requirements.

3 Additional Areas of Work

The Group recommended that a detailed report on Alternative Housing Investment Models be submitted to a future meeting of the Community Life and Housing Scrutiny Panel.

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South Hams
District Council



West Devon
Borough
Council

Working together



Supporting Independent Living Task and Finish Group

South Hams DC
Disabled Facilities Grants

Working together



Agenda

- Introductions
- Nomination of Chair
- Background Presentation – Drew
- Options for future investigation
- Date of next meeting



Background to DFG's:

- The context within which we operate
- Our aims when delivering DFGs
- The changes that have been made recently to ensure VFM
- The demand and cost of delivery over time
- The Better Care Fund and the challenges
- Options for further consideration



The Context

- Local Authorities have a statutory duty to fund and administer Disabled Facility Grants.
- Funded through Govt grant (£280K plus top up)
- Grants are subject to a means test (other than children)
- The maximum grant is £30K
- The service is delivered in partnership with Devon County Council's Occupational Therapists (OTs) and Independent Futures (DCH until March 2015)
- The OTs assess whether someone is in need and that an adaptation is 'necessary and appropriate'
- They produce a Statement of Need (SON)



The Context

- We then assess whether it is ‘reasonable and practicable’ to carry out the adaptation
- Legislation/guidance helps determine all of the above
- www.gov.uk/government/publications/disabled-facilities-grant
- The grant to cover the eligible works is awarded to the applicant
- We operate fast track processes to make it easier, quicker and cheaper for work to be completed



The Council's Aims

- To support people to live independently
- To act in a timely manner to secure the adaptation in line with the risk that the applicant is exposed to
- To secure value for money both in terms of capital cost for works and revenue costs for service delivery
- To support 'local' business and employment
- The procedure and associated processes are focussed around what is best for the customer
- We're often dealing with vulnerable individuals or families in difficult circumstances



Changes in Past Few Years

- Cessation of Devon-wide Contract for Care and Repair – saved £50K revenue
- Intro of Schedule of Rates (Local) – change in process facilitated
- Stair lift contract procured – reduction in unit cost
- Devon/Cornwall Schedule of rates – 24% until saving on Level Access Showers
- Completion time reduced from av 200 days to approx 80.
- Customer satisfaction High 90's%



Volume (DFG's approved and spend in year)

Year	Danger	Deteriorati on	Difficulty	Total	Spend (1000's)
10/11	39	48	9	96	545
11/12	33	35	6	74	412
12/13	41	53	3	97	516
13/14	42	62	4	106	530
14/15 (12Jan)	29	72	5	106 (to date)	515

Factors influencing spend

- SLA negotiated and signed 2009 with Tor Homes covering first 4K for adaptations in their stock
- Invoiced Tor for £280K July 10 - Jan 12
- Tor spend approx. £250K per annum
- Agreement ceased in September 2013
- Estimated 60-70% work is now taking place on DCH property.



The Better Care Fund

- Social care and DFG funding
- Joint CCG
- Funding secured for 2015/16
- Evidence based practice
- CR Contract with DCH terminated by DCC – ends March 31
- Devon-wide AL Council owned company



Options for further consideration

- Relationship with DCH – alignment with improvement programmes, 1K minor works etc.
- Move-on grants
- Devon Home Choice
- New build – lifetime homes



d1 DCH properties all require plan except stairlifts
dpowell, 26/06/2014

Minutes of Task and Finish Group Meeting – Independent Living and Disabled Facilities Grants

Thursday 15th January 2015

Present:- Cllr Cuthbert, Cllr Pearce, Cllr Hollway, Cllr Hannaford

Cllr Simon Wright (Executive Member)

Officers:- Drew Powell (DP) (Divisional EHO), Alison Adams (AA) (Team Leader PSH), Mark Nicol (MN)(Environmental Health Technician)

1. Introductions – Members and Officers were introduced, where necessary, and Cllr Holway was elected as Chair for the group
2. DP outlined the role of the Council in delivering Disabled Facilities Grants and it was agreed that the meeting would be based around the attached presentation. The key drivers for setting up the T&F group were agreed as the increasing demand for DFG's and its impact on the Capital Programme and the introduction of the new Better Care Fund which meant that control over then Government Grant for DFG's would pass to the Joint Clinical Commissioning Groups whilst the statutory function remained with the Council.
3. The presentation covered;
 - The context within which we operate
 - Our aims when delivering DFGs
 - The changes that have been made recently to ensure VFM
 - The demand and cost of delivery over time
 - The Better Care Fund and the challenges
 - Options for further consideration
4. Members expressed their support for the work of the team and were impressed with the initiatives that had been implemented and the associated savings both in terms of revenue and capital. The increase in demand resulting from the wider, national trend towards care within your own home was highlighted as a risk factor moving forward. The marked improvement in performance in terms of delivery times and the associated very high customer satisfaction were noted although it was pointed out that the speed of delivery

of adaptations means that the budget was spent more quickly. The counter argument being that slower delivery simply stores up a backlog of work for the next financial year whilst crucially not delivering what the person needs in a timely manner.

5. A number of areas for further investigation by the group were highlighted as follows;
 1. The relationship with Devon and Cornwall Housing – as a major housing provider it was considered that there could be closer working around adaptations, planned improvement and transfers
 2. Occupational Therapist referrals – promoting consistency and ensuring expectations are managed
 3. Lifetime Homes – future proofing buildings to remove/reduce the need for adaptation
 4. Housing Options – early intervention and effective use of Devon Home Choice were possible

6. It was agreed that the group would look into the above and meet again in late May.

**MINUTES OF THE MEETING OF THE
COMMUNITY LIFE AND HOUSING SCRUTINY PANEL
HELD AT FOLLATON HOUSE, TOTNES ON
Thursday, 5 February 2015**

Panel Members in attendance			
* Denotes attendance		∅ Denotes apology for absence	
*	Cllr J Brazil	*	Cllr J M Hodgson
*	Cllr B E Carson	*	Cllr T R Holway (Chairman)
∅	Cllr S E Cooper	∅	Cllr L P Jones
*	Cllr P K Cuthbert (Vice-Chair)	*	Cllr D W May
∅	Cllr A S Gorman	∅	Cllr J A Pearce
*	Cllr M Hannaford	*	Cllr R C Steer

Members also in attendance and participating
Cllrs K J Baldry, A D Barber, H D Bastone, M J Hicks, P W Hitchins, J T Pennington, M F Saltern, L A H Ward and S A E Wright

Members also in attendance and not participating
Cllrs I Bramble, P C Smerdon and R J Tucker

Item No	Minute Ref No below refers	Officers and Visitors in attendance and participating
7	CLH.31/14	Devon Carers Manager
8	CLH.32/14	Environmental Health Officer
9	CLH 33/14	Community Manager
10(a)	CLH.34/14(a)	Forward Planning Manager
10(b)	CLH.34/14(b)	Affordable Housing Manager

CLH.27/14 MINUTES

The minutes of the meeting held on 6 November 2014 were agreed as a correct record and signed by the Chairman.

The Chairman proceeded to exercise his discretion and permitted a Member to provide an update following the Devon and Cornwall Housing – Annual Update which was considered at the previous meeting (minute CLH.22/14 refers).

In so doing, the Member proceeded to expand upon his comments in relation to the apparent inconsistencies in service charge levels and was of the view that the Panel had been misinformed during this meeting.

Following a brief discussion, it was then:-

RESOLVED

That authority be delegated to the Democratic Services Manager, in consultation with the Chairman of the Panel, to write a letter to Devon and Cornwall Housing expressing the Panel's concerns regarding the accuracy of some of the information relating to Service Charges which was presented to the Panel at its last meeting.

(Post Meeting Note: Since the meeting took place, and before the letter was compiled, a reply to the initial query was received (as attached at Appendix A).

CLH.28/14 DECLARATIONS OF INTEREST

Members and officers were invited to declare any interests in the items of business to be considered during the course of the meeting and these were recorded as follows:-

Cllr B E Carson declared a Disclosable Pecuniary Interest in Item 1: 'Minutes' (Minute CLH.27/14 above refers) by virtue of having been nominated by the Council to serve on the Devon and Cornwall Housing Community Interest Company (CIC) Board and left the meeting during consideration of this item.

CLH.29/14 PUBLIC FORUM

There were no issues raised during this agenda item.

CLH.30/14 EXECUTIVE FORWARD PLAN

No items were raised in accordance with the most recently published Forward Plan.

CLH.31/14 DEVON CARERS GROUP

Having been invited by the Panel to attend a meeting, the Devon Carers Manager conducted a presentation which had the primary purpose of raising awareness of the workings of the Devon Carers Group.

At the conclusion of this presentation, the following points were raised:-

- (a) In welcoming the work undertaken by the Carers Group, some Members commented that there was a need to raise general awareness of its existence amongst communities and town and parish councils. In addition, the view was expressed that a contacts list of local carers groups would be very useful for local Members and town and parish councils;

- (b) With regard to the budget cuts which were being experienced by local government, a Member questioned the likely impact of these on the Carers Group. In response, the Panel was informed that the Group was not immune to the austerity measures and recognised the need to continually review its working practices to ensure it was working as effectively as possible and thereby making best use of its monies. However, the Manager did inform that the County Council was very supportive of the organisation and did recognise the added value which it delivered;
- (c) When questioned, the Manager confirmed that the impact of the New Care Act was likely to be two-fold. Firstly, it would drive more carers towards local authorities and thereby help to engage with more carers who were currently unidentified. Secondly, since the Government was to promote the new rights entitled to carers, it was anticipated that there would be a much more structured approach in this regard;
- (d) In respect of managing expectations, the Manager acknowledged that this was a real issue which could not be avoided since there would be less available monies in the next year. In his experience, the only way to deal with this issue was to always be totally honest with carers and to date, the Manager had been pleasantly surprised at their level of understanding and acceptance. However, the Panel also recognised that this issue was a major worry for carers and there was a consequent need for an honest and ongoing public debate;
- (e) A Member queried the relationship between Devon Carers and local GPs. In reply, the Manager confirmed that there was definite scope to improve this relationship and the overriding aim was to work with as many local GPs as possible and offer a monthly drop-in session. Furthermore, there was also considered to be great potential in developing better relationships with local schools, especially when considering the recent estimate whereby there were at least two children in each primary school classroom who had some carer responsibility. In support of this point, a Member made reference to joint training days which were held in schools and it was felt that this could be explored as a means of promoting Devon Carers;
- (f) The Manager confirmed that, whilst a challenge, Devon Carers was proactive in establishing local carers groups in areas where there were perceived gaps.

In conclusion, the Chairman thanked the representative for his informative presentation and his honest responses to Member questions. Members were full of admiration for the work undertaken by Devon Carers and gave assurances that the Council was committed to the Health and Wellbeing agenda.

CLH.32/14 HEALTH & WELL-BEING BOARD UPDATE

A paper was discussed which presented an update on the changes in public health legislation and the impacts that these had on the Council. The paper also sought to clarify the role of the Council in the new regime and provided an overview of the Public Health Plan.

In discussion, reference was made to:-

- (a) beach bathing water standards. There was an acknowledged issue with regard to water run-off from fields on to beaches, which was not always of the highest quality. To inform beach users of the potential hygiene quality of such water, a bid had been submitted for appropriate signage to be erected on affected beaches. A Member expressed his view that there were already a number of public bodies involved in this issue and he therefore felt that public health should not be involved and he warned that excessive signage could have a negative impact on the tourism industry;
- (b) air quality issues. Some Members considered that, in submitting their consultation responses during the planning process, Highways Officers were giving insufficient emphasis to the detrimental impact on air quality arising from applications for large scale developments. In expanding upon this point, a Member made reference to the 'Our Plan' document and the comments included whereby health impact assessments should be borne in mind on larger developments. In reply, officers confirmed that they would ask colleagues to review these comments in the context of the adopted Air Quality Management Strategy. However, the role of the Highways Authority in this regard could not be underestimated and if its officers were not making any recommendations in relation to air quality during the planning consultation process, then the Development Management Committee was currently in no reasonable position to refuse an application on such grounds. Some Members were also of the opinion that public health officers should be in attendance at Committee meetings when large scale developments were being determined. Following further raised concerns, the Panel concluded that it should convey a strong message to DCC outlining its concerns at the lack of emphasis which was being given to air quality implications which arise from large developments in the planning process;

- (c) the £20,000 funding received by the Council. In highlighting the overall public health budget for Devon County Council (DCC) amounting to £26 million, some Members commented that £20,000 was an insignificant amount of money to be able to make a real difference. Furthermore, Members requested feedback on the success and outcomes of those initiatives for which monies had been allocated and emphasised their belief that the £20,000 should not be spread too widely, with it being focused towards some tangible and specific outcomes. In reply, the Panel was advised that joint initiatives across the county were currently being considered to maximise the benefits generated by combining monies. In addition, officers informed that it would be helpful if DCC could provide some clarity around how these monies should be spent. At this point, a Member (who was also a DCC Member) asked the officer and lead Executive Member to provide him with their comments which he would then report to the DCC Health and Wellbeing Scrutiny Board;
- (d) mental health awareness training. In light of their direct contact with residents, the Panel recognised the importance of Members also being in receipt of mental health awareness training;
- (e) dementia diagnosis rates. A Member expressed her surprise that rates in the South Hams were amongst the lowest in Devon and felt there was therefore likely to be an issue with under diagnosis in the district;
- (f) the importance of a joined up approach being taken to health and well-being across a number of relevant partner agencies.

It was then:

RESOLVED

1. That the contents of the information sheet be noted; and
2. That a letter be sent to DCC outlining the Panel's concerns at the lack of emphasis being given during the planning process to air quality implications which arise from large developments.

CLH.33/14 NEW HOMES BONUS ALLOCATION TO DARTMOOR NATIONAL PARK AUTHORITY

Members discussed a report that provided information on the projects being funded by Dartmoor National Park Authority (DNPA) from the New Homes Bonus allocated by the Council. In addition, the report provided an opportunity for Members to comment and make suggestions on future allocation and its use.

In discussion, reference was made to:-

- (a) the involvement of local ward Members and local parish councils in the process being welcomed;

- (b) the scoring matrix applied to projects. A Member expressed his concern at the added bureaucracy of applying a scoring matrix for this process. As a consequence, an amendment to the recommendation was **PROPOSED** and **SECONDED** as follows:-

'That, in the future, the process to allocate the funds be simplified, with the Fund being wholly allocated to those local Ward Members who represented areas located in the DNPA area to spend as they so wished.'

In support of the proposed amendment, some Members felt that a scoring matrix was not justified when considering the relatively small amount of funding involved in this process. In contrast, other Members felt that the current process worked well and was sufficiently transparent and straightforward.

When put to the vote, the amendment was declared **LOST**.

It was then:

RESOLVED

1. That the projects being funded by Dartmoor National Park Authority from the New Homes Bonus funds allocated to them by the Council be noted; and
2. That the Executive be **RECOMMENDED** that the status quo be retained in relation to the process adopted for the future allocation of funds.

CLH.34/14 **TASK AND FINISH GROUP UPDATES**

(a) Sites for Gypsies and Travellers

In discussion on the update report, the following points were raised:-

- (a) In relation to enforcement action, whilst sites were considered on their own merits, officers confirmed that there was an accepted tolerance procedure in place;
- (b) It was noted that there had been a change in definition from central government in respect of what constituted a site for Gypsies and Travellers which could have an impact on the level of need in the South Hams;
- (c) The Panel was provided with an update in respect of the proposed site at Broadley Park, Roborough. In response, some Members wished to reiterate the depth of feeling amongst local businesses in that area over the perceived detrimental impact of this site.

It was then:

RESOLVED

That the concluding report be noted and the work and progress made by the Task and Finish Group be acknowledged.

(b) Affordable Housing Delivery Models

In discussion on the update report, reference was made to the Rent Plus model. The Affordable Housing Manager reminded the Panel that the Group had been principally established to consider the merits of the Rent Plus Model. The Panel noted that this would be the subject of a future report to the new Overview and Scrutiny Panel (post May 2015) and Members requested that this report should include an analysis of the positives and negatives of each possible Model. In particular, Members requested that this should include an assessment of the advantages and disadvantages of establishing a Housing Revenue Account.

It was then:

RESOLVED

1. That the concluding report be noted and the progress made by the Task and Finish Group be acknowledged; and
2. That the Overview and Scrutiny Work Programme for 2015/16 be updated to include a report on Affordable Housing Delivery Models.

(c) Disabled Facilities Grants

The Chairman confirmed that the Task and Finish Group had met once and it was his hope that, following the May 2015 local elections, the new Overview and Scrutiny Panel would recognise the importance of this work and, as a consequence, agree to re-establish this Group.

(The meeting started at 10.00 am and concluded at 12.40 pm)

Chairman

Appendix A

'With regard to the discussion at the recent Community Life and Housing Scrutiny Panel meeting I attended, in answer to Cllr Hannaford's question about service charges, I explained that there is no standard service charge. This is because the charge made is dependent upon the actual services received for a scheme which is then divided equally amongst all the properties in the scheme; this results in the monthly service charge payable for each property. The weekly, and therefore monthly, charges range significantly across our properties as a result; typically flats will attract higher service charges than houses due to the range of communal services provided for residents.

I apologise if I misunderstood Cllr Hannaford's question at this meeting regarding the constituent's service charge – I was referring to typical charges of £2 – 3 per week, not per month, which would also be more typical of a house not a flat; it is difficult to comment generally when the answer is related to the specific details of a particular scheme. My response at the Scrutiny Panel was qualified by my earlier statement regarding the fact that there is no standard service charge; charges are entirely reliant on the actual costs of services provided to each specific scheme.

With regard to the specific case Cllr Hannaford has brought to my attention, my first comment is that the service charges would have been explained to the customer at the point at which he bought his home (through shared ownership), and thus would not have been a surprise. However, having investigated the specific case, I have established that the service charge for the property has been £33.80 since the customer bought the property in December 2012 and has not been increased since this time. I can confirm that the charge has been set in accordance with my explanation above (i.e. related to the actual services received at the property) and therefore no refund is due.

I trust this satisfactorily answers your query regarding this case.

*Sue Coulson
Group Director of Housing & Communities'*