

# One Devon Five-Year Joint Forward Plan

2025-2030 DRAFT V.01



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# Foreword

We are pleased to publish this refreshed Five-Year Joint Forward Plan (JFP), setting out how we will work together across the health and care system to respond to the One Devon Integrated Care Strategy. This plan brings together the collective ambitions of NHS organisations, local authorities, and other system partners to ensure a coordinated and aligned approach to improving health and care services for the people of Devon.

The NHS and local authorities in Devon are working together and take joint responsibility for delivering this plan. Over the last 12 months, system partners have embedded the JFP into their planning and service delivery, strengthening alignment between health and other sectors. This plan integrates the work of individual health and care organisations, Provider Collaboratives, and Local Care Partnerships into a single, overarching plan to deliver the strategic goals of our Integrated Care Strategy over the next five years.

The last year has been a challenging time for all public sector services. NHS partners have been working hard to support both NHS Devon and partner NHS trusts in moving out of segment four of the NHS Oversight Framework. Local authorities have also been managing significant financial and operational pressures.

Our plan acknowledges these challenges and prioritises system recovery in the early years. However, it also sets out how we will balance immediate recovery and financial stability with a longer-term focus on transformation. This balance is crucial for ensuring we continue to improve outcomes for the people of Devon while securing a sustainable future for our services in years to come.

## Key developments shaping this plan

Several significant developments are reflected in this update:

- The development of the system's **Medium-Term Financial Plan (MTFP)**, which sets out the financial parameters and key assumptions that NHS organisations will work within over the next five years.
- The launch of our **Transforming Devon Programme**, a multi-year, system-wide change programme structured around four strategic pillars. This programme will drive both short-term recovery and longer-term transformation.
- The recognition that the strategic context for health and care is evolving and will change significantly in the next few years, with the publication of the **Darzi Review** likely to shape our future direction.

In addition to these key developments, the publication of the **NHS 10-Year Plan** and local government reorganisation linked to English devolution are likely to have a significant impact on our work in future years, bringing changes to policy and joint delivery arrangements in Devon.

In response to this evolving context, we expect to undertake a significant review of our Integrated Care Strategy in 2025–26. Insights gathered through engagement with our communities and partners will help us refine our local plans and ensure they remain aligned with national and regional priorities.

Engaging with our communities is at the heart of how we plan and deliver services in Devon. This year, NHS Devon led a county-wide engagement programme to inform the national NHS 10-Year Plan. Gathering more than 2,000 responses from staff, people, and communities across Devon, including significant input from Core20PLUS5 communities. The insights gained from this work will not only shape national policy but also strengthen our local plans and future Integrated Care Strategy.

Through this One Devon Five-Year Joint Forward Plan, we are reaffirming our commitment to collaboration, innovation, and shared responsibility in delivering high-quality, sustainable health and care services. We will continue working closely with our partners, listening to our communities, and responding to the challenges and opportunities ahead.

Steve Moore / Kevin Orford

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# Health and Wellbeing Board opinions

There has been ongoing engagement with the three Devon Health and Wellbeing Boards regarding the JFP since it was first published in 2023. Each year, as the plan has been updated, each Board has submitted a formal opinion to confirm that the JFP aligns with the local Health and Wellbeing Strategy and addresses the local population needs identified in the Joint Strategic Health Needs Assessments (JSNAs).

## Devon County Council

To be added after HWBB consideration 20 March 2025

## Plymouth City Council

To be added after HWBB consideration 6 March 2025

## Torbay Council

To be added after HWBB consideration 6 March 2025

# Introduction

## About Devon

Devon is a complex system, with many different arrangements delivering functions across a unique geography. Elements of the plan are delivered across a range of provisions including:

- Two unitary authorities (Plymouth City Council and Torbay Council).
- One county council (Devon), with eight district councils.
- 117 GP practices across 31 Primary Care Networks (PCNs) .
- Devon Partnership Trust (DPT) and Livewell South West (LWSW) provide mental health services.
- Four acute hospitals – North Devon District Hospital and the Royal Devon and Exeter Hospital, both managed by the Royal Devon University Healthcare NHS Foundation Trust (RDUH), Torbay and South Devon NHS Foundation Trust (TSDFT) and University Hospitals Plymouth NHS Trust (UHP).
- One ambulance trust – South Western Ambulance Service NHS Foundation Trust (SWASFT).
- Dental surgeries, optometrists and community pharmacies.
- A care market consisting of independent and charitable/voluntary sector providers.
- Many local voluntary sector partners across our neighbourhoods.



# Purpose of the Five-Year Joint Forward Plan

The JFP 2025–30 outlines how NHS Devon and partner NHS trusts will deliver the One Devon Integrated Care Strategy over the next five years responding to the 12 Devon Challenges described below. It aligns with national requirements, demonstrating how the local NHS will meet the physical and mental health needs of the population, fulfil statutory commitments, and addresses the four core purposes of Integrated Care Systems (ICSs).

This year's JFP refresh has been a light-touch update, in line with national guidance, as the One Devon system awaits publication of the NHS 10-Year Plan. We have focused on aligning the JFP with new and emerging priorities, including the Devon Medium-Term Financial Plan (MTFP), the NHS Devon Annual Plan, and the Transforming Devon Programme, as well as updating content in response to NHS operational planning guidance published recently in February 2025.

This JFP reflects the work happening across the wider Devon system, in the health and care sectors and beyond, demonstrating how this work aligns with the strategic goals in One Devon's Integrated Care Strategy.

The JFP consolidates various local plans across the system, including, but not limited to:

- The NHS Devon Annual Plan.
- NHS Operational Plans.
- Joint local health and wellbeing strategies.
- Plans developed at a Local Care Partnership (LCP), Provider Collaborative and NHS Provider level.
- Internal local authority plans (e.g., adult social care, children's services).

## Devon main challenges

- An ageing and growing population with increasing long-term conditions, co-morbidity and frailty.
- Climate change.
- Complex patterns of urban, rural and coastal deprivation.
- Housing quality and affordability.
- Economic resilience.
- Access to services, including socio-economic and cultural barriers.
- Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas.
- Varied education, training and employment opportunities, workforce availability and wellbeing.
- Unpaid care and associated health outcomes.
- Changing patterns of infectious diseases.
- Poor mental health and wellbeing, social isolation, and loneliness.
- Pressures on health and care services (especially unplanned care).

# Integrated Care Strategy summary

Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
Strategic goals	One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money			
	Suicide prevention	Access to information and services	Improving experiences and productivity	Careers support
	Safe and sustainable system	Protection from preventable diseases and infections	Shared digital system	Supporting children and young people through school
	Support people to be involved as in their health and care	End-of-life care	Make the best use of funding	Greener and environmentally sustainable system
	Population health and prevention	Housing	Recruitment, retention and training	Empowering communities and groups
	Children and young people's mental health and wellbeing	Equality, diversity and inclusion		Supporting economical and sustainable development
	Preventative, pro-active and personalised care			

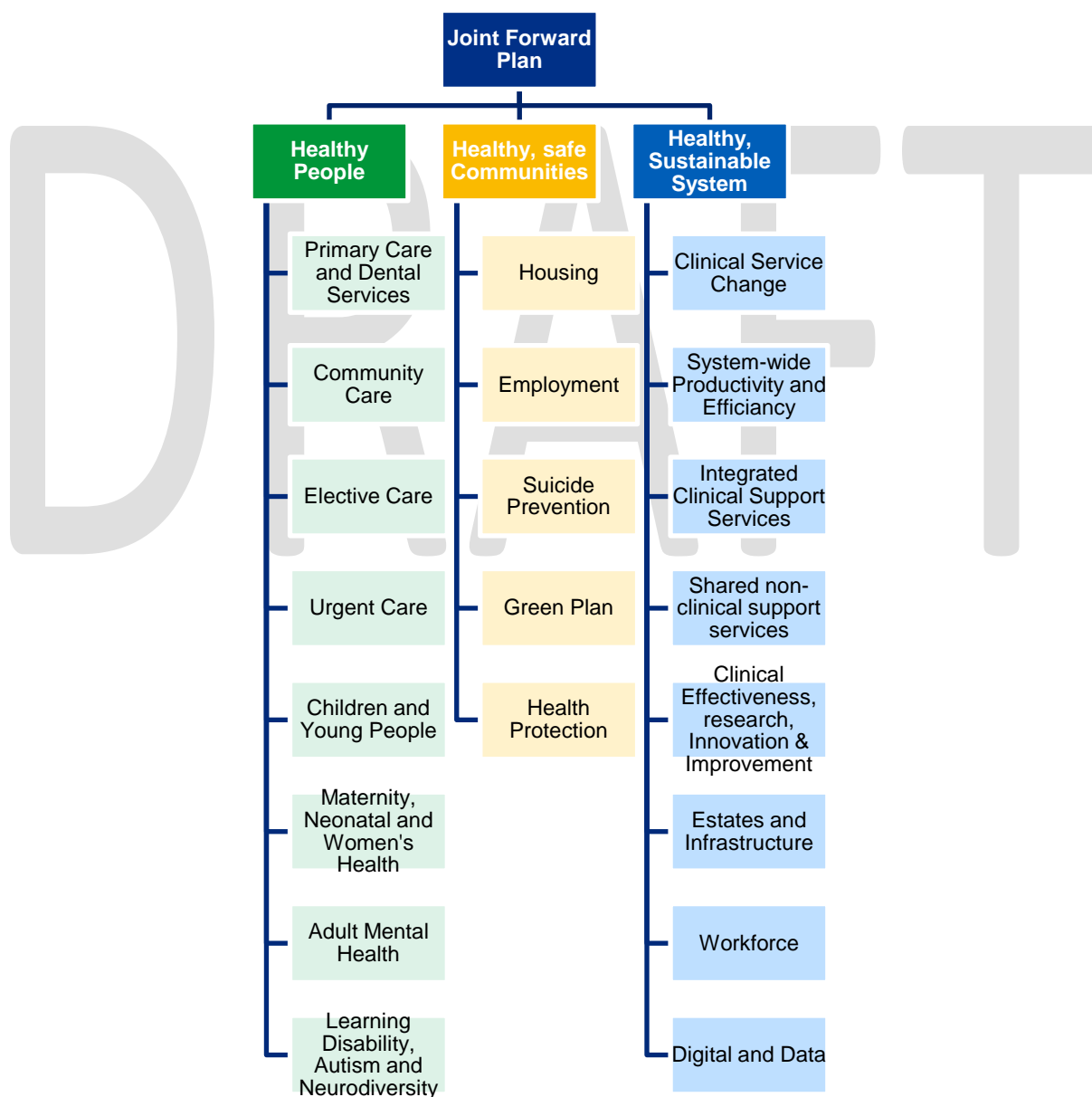


## Developing a sustainable future

The JFP describes how the Integrated Care System (ICS) plans to deliver health and care services that meet population needs and remain sustainable, in response to the Integrated Care Strategy.

Our plan is once again structured around three themes: Healthy People, Healthy, Safe Communities, and a Healthy, Sustainable System.

Each theme is underpinned by a series of high-level delivery plans, which articulate what partners aim to achieve collectively through the JFP in the short, medium, and longer term.



Our plan sets out our vision and ambition for the next five years across a wide range of health and care services. In line with the fourth ICS purpose, our plan also articulates the work that the NHS does with its partners to support broader social and economic development.

To develop a sustainable future for the health and care services in Devon, we need to recover our system, stabilise services and deliver long term sustainable improvements.

Each section of our plan therefore describes:

- The workstream ambitions and objectives.
- The difference that delivery of the objectives will make to the people of Devon.
- Achievements and outcomes delivered in 2024/25.
- Short term objectives to improve performance and reduce costs in line with requirements in the 2025/26 operational planning guidance.
- Medium term objectives to stabilise and improve services.
- Longer term objectives to transform services for a sustainable future.
- Which of the ICS aims the activities described support, providing a golden thread throughout the plan.

## Developing and Updating our JFP



The One Devon Integrated Care Strategy has not been updated this year due to the extensive work already undertaken to develop it. The case for change, which underpins the strategy, was developed through a thorough and wide-reaching process in 2023. This involved significant engagement across system partners and the public, ensuring that the priorities set out remain relevant and reflective of local need. Given the depth of this work and the fact that the case for change is still current, a further update this year was deemed unnecessary. Additionally, the upcoming NHS 10-Year Plan will require a substantial review and revision of our

strategy in 2025/26. Instead, our focus this year remains on delivering against the existing strategy while preparing for the future changes ahead.

Each workstream section of the plan highlights the ICS aims it supports, ensuring a clear and consistent thread throughout.

In 2024/25, workstream leads engaged with relevant stakeholders to refresh their high-level delivery plans. These updates have been reviewed by the **Joint Forward Plan Steering Group** and One Devon's SLG to ensure alignment current strategic and operational priorities.

There is an immediate need to recover Devon's financial and performance position to ensure a sustainable system going forward and this need is reflected throughout our plan. This year's JFP references the newly established Transforming Devon Programme, set up in-year to support system recovery. Each high-level delivery plan outlines both short- and longer-term objectives to support recovery and prioritises the actions we need to take individually and collaboratively to exit NOF4.

The JFP is a system-wide plan. It reflects our commitment to working collaboratively and in partnership to deliver system ambitions. However, it is important to acknowledge that statutory duties remain with individual organisations.

There are also specific statutory duties that NHS Devon must deliver as part of its legal responsibilities. These duties are incorporated throughout the plan and are referenced specifically in Appendix A.

## Getting the system in balance

### NHS recovery

There is an immediate need to recover both the financial and performance position for Devon to ensure a sustainable health system going forward. To meet the requirements set out in the latest operational planning guidance, NHS partners in Devon must develop plans that are affordable within the 2025/26 allocations and demonstrate that all opportunities to improve productivity and reduce waste have been fully explored.

Providers in Devon will need to significantly reduce their cost base and improve their overall productivity in 2025/26.

When prioritising resources to best meet the health needs of our local population, we need to consider both the in-year and medium-term impacts on quality, finance, and population health as different options are identified and developed.

NHS Devon and 3 of our acute hospital trusts remain in Segment 4 of the NHS National Oversight Framework (NOF4). Exiting NOF4 will require improvements in

leadership, strategy, Urgent and Emergency and Elective care performance as well as Finance.

Key financial challenges for 2025/26 include:

- Delivery of financial balance (post-deficit support).
- Delivery of a challenging cost improvement programme.
- Improvement to underlying financial positions.
- Measuring and mapping productivity improvements.
- Delivery of capital plans.

The Transforming Devon programme has been established to support the delivery of strategic, system-level financial recovery opportunities. In addition to this, each NHS organisation will lead recovery within its own organisation, while also working collaboratively across organisational boundaries to implement system-wide solutions where they are most effective.

## Local authority recovery

### Devon County Council

Our overriding focus is to meet the needs of the young, old and most vulnerable across Devon. We will work closely with our One Devon partners to support and develop the local health and care system, to help support the local economy, improve job prospects and housing opportunities for local people. We will respond to climate change, champion opportunities and improve services and outcomes for children and young people, support care market sustainability, and address the impacts of the rising cost of living for those hardest hit.

With key local partners we will continue to quality assure, benchmark and improve how we do things. So we can continue to deliver vital local services and improve outcomes for the people of Devon as efficiently and effectively as we can with a focus on strengthening partnerships and evidencing.

**Delivery of the savings and improvement programme will not be easy.** However, the level of commitment from teams, working together as one organisation has been vital. The level of assurance that has been involved in the budget-setting process, mean that the 2024/25 budget is as robust as possible and will deliver best value for the people of Devon.

### Plymouth City Council

Plymouth City Council is ambitious in its vision and objectives for the City. It is committed to ensuring that services to children and vulnerable adults, the provision of affordable housing and helping those affected by homelessness continue to be key priorities. Like all Councils, we have continued to see big increases in our costs and rising demand for our homelessness and social care services for the elderly,

vulnerable adults, and children. We spend around 83% of our total revenue budget on these vital services.

Within Adult Social care we are working with partners to respond proactively to shifting demand and regulatory expectations, ensuring services adapt to meet these evolving needs. The new Colwill and The Vine facilities, expected in May 2026, will expand day and respite services, reducing the need for high-cost out-of-area placements.

The Council is committed to continuous improvement as we look to the future. The challenges ahead remain substantial, but we are determined to meet them head-on. Through a Prevention-First Strategy including focusing on early identification and intervention, leveraging AI and data insights, and building resilience through community partnerships, we will fundamentally shift how services are designed and delivered. We are now building a prevention programme focussing on children's social care, homelessness and adult services.

## Torbay

Torbay's approach to Adult Social Care (ASC) is a long-standing integrated approach between Torbay Council and Torbay and South Devon NHS Foundation Trust - working closely with the local Community and Voluntary Sector.

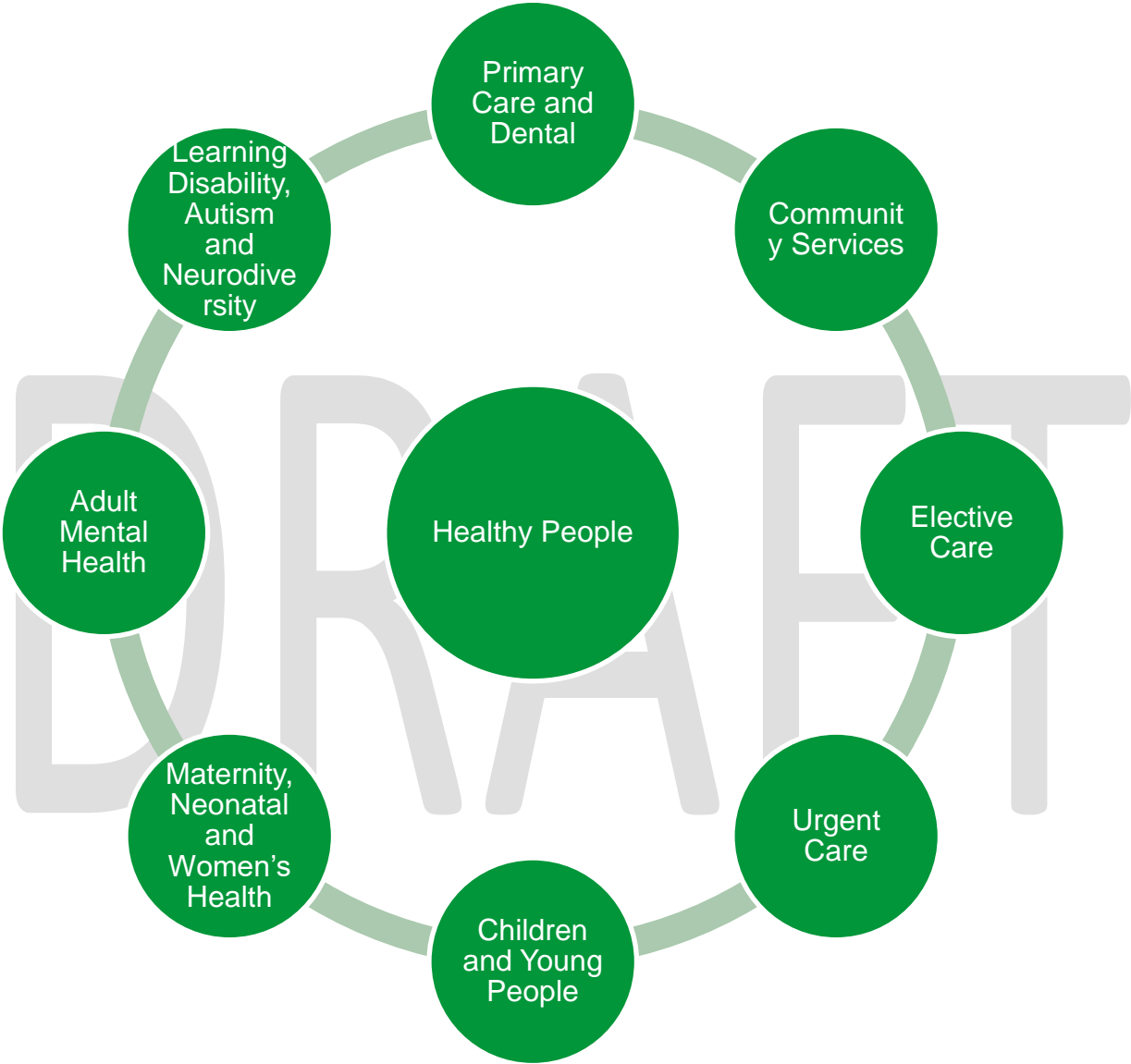
ASC faces significant financial challenges, given the forecast shortfall and rising cost and demand. Going forward, we are continuing with our extensive transformation plan which focuses on:

- Expanding the role of digital in our ASC, especially through our front door.
- Promoting independence through reablement and intermediate care.
- A new Target Operating Model.
- Enhanced market shaping and promoting the role of housing with a particular focus on working age adults.
- Close working with the Community and Voluntary Sector, through our Community Wellbeing contract.

# Our Joint Forward Plan

Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
Themes	<b>Healthy People</b>	<b>Healthy, safe communities</b>	<b>Healthy, sustainable system</b>	
Programmes	Primary Care and Dental	Housing	Clinical Service Change	
	Community Services	Employment	System-wide productivity and efficiency	
	Elective Care	Suicide Prevention	Integrated clinical support services	
	Urgent Care	Green Plan	Shared non-clinical support services	
	Children and Young People	Health Protection	Clinical Effectiveness, research, Innovation & Improvement	
	Maternity, Neonatal and Women's Health		Estates and Infrastructure	
	Adult Mental Health		Workforce	
	Learning Disability, Autism and Neurodiversity		Digital and Data	

# Healthy People



## Challenges

Some of our key challenges in Devon relate to the health and wellbeing of people.

- We have **an ageing and growing population with increasing long-term conditions, co-morbidity and frailty**, the Devon population is older than the overall population of England we have a disproportionately small working age population relative to those with higher care needs.
- Significant inequalities exist across One Devon, with people living in deprived areas and certain population groups, experiencing significant health inequalities as a result. People living in more deprived areas have **poorer health outcomes caused by modifiable behaviours and earlier onset of health problems** than those living in the least deprived communities. This leads to lower life expectancy and lower healthy life expectancy in these communities, coupled with higher and earlier need for health and care services. The proportion of the population providing **unpaid care is increasing**, with higher levels of the One Devon population caring for relatives, both the physical and mental health of carers can suffer as a result.
- Our population experiences **poorer than average outcomes in relation to some measures of mental health and wellbeing**.

## Strategic objectives

To address these challenges, we have set the following strategic objectives:

- People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.
- Population health and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability
- Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people
- Children and young people (CYP) will have improved mental health and wellbeing
- Children and young people will be able to make good future progress through school and life.
- People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.
- People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.
- Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place



# Primary Care and Dental Services

## Our vision:

We will create a strong, collaborative system across primary care, community services, voluntary and community organisations, and independent social care providers. Our goal is to build a resilient, high-quality general practice that meets demand, ensures timely access, and operates at scale.

We will expand NHS dental provision, reducing inequalities and targeting those most in need. Community pharmacies will play a greater role in delivering care, increasing access, safety, and service quality.

By integrating these services within neighbourhood health models, we will strengthen primary care, improve patient outcomes, and ensure sustainable, high-quality care for all.

## What Devon will see

1. Resilient, sustainable, high quality and patient valued General Practice and Community Pharmacy services as part of an integrated neighbourhood health service offer.
2. Improved dental offer with expanded NHS offer that has materially reduced baseline inequality gaps.

## Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. We will develop a collaborative approach to working across communities. By 2026, we will have effective collaborative mechanisms in place for primary care, community services, voluntary and community services and independent social care providers.	x		
2. We will have an integrated, neighbourhood approach focussed on PCN boundaries. By 2026, we will have developed integrated ways of working that encompass primary care, community services, mental health, social care, voluntary and community services and acute	x		

services working as part of a multi-disciplinary team to jointly deliver services			
3. By 2026, we will develop our same day services so they can consistently meet people's urgent needs and avoid emergency admission to hospital. This includes pro-actively identifying people at high risk of admission, virtual wards, timely access to general practice and community pharmacy services, urgent community response, social care support and access to specialist support.	x		
4. During 2025/6 we will test and evaluate 4 different models of PCN delivered Primary Medical Services, and achieve upper decile performance at ICB level against core identified access performance indicators.	x		
5. During 2026/7, and supported by transfer of funding towards General Practice, we will start meaningful rollout of revised models of Primary Medical Services at PCN level. By 2027, we will have reduced variation and aggregated upwards such that all PCN levels core access measurements place Devons PCNs within the upper quartile nationally.		x	
6. By 2028, we will have resilient, sustainable and high-quality general practice which is able to meet clinically appropriate demand, offer timely access, operate at scale and have a planned approach to managing change. By 2029/30 we will see upper quartile performance for all PCNs against national patient survey indicators.			x
7. We will start work on building greater resilience among our community pharmacy contractors, including increasing the supply of local enhanced services from them by 40%. During 2026/7 we will evaluate work undertaken designed to improve contractor resilience and build a formal resilience programme for community pharmacy.	x		
8. By 2027/8 we will commission local enhanced services from community pharmacy providers that are 100% above baseline. We will maximise the potential of pharmacy services; by 2028 we will have increased service resilience and improved patient access, safety and quality of care. By 2027/8 we will commission local enhanced services from community pharmacy providers that are 150% above baseline.		x	x

9. During 2025/6 we will make a number of contractual and delivery changes that increase NHS dental supply in Devon by 10%. During 2026/7 we will start rebasing contracts and redirecting released funding towards identified populations such that we start addressing dental inequalities.	x		
10. By 2027/8 a combination of our urgent, stabilisation and rebasing programmes will have increased dental activity by 25% against baseline. By 2028 the ICB will have commissioned sufficient dental services to ensure all disadvantaged groups have access to a routine dental check-up, every 24 months for adults and 6-12mths for children, as well as enough capacity to meet demand for urgent care.		x	
11. By 2029/30 a combination of our urgent, stabilisation and rebasing programmes will have increased dental activity by 40% against baseline.			x
12. Ensure delivery of Core20+5 deliverables (including adult and CYP) in line with national reporting requirements.	x	x	x
13. Implement co-ordinated prevention plans in priority areas including CVD, diabetes and respiratory.	x	x	x
14. Take on formal delegation of specialised commissioning functions.		x	x

## What we have achieved in 2024/25

- Achieved the lowest level of Did Not Attend (DNA) rates for General Practice appointments of any ICB area (most recent data – December 2024).
- Ranked second highest in the raw offer of General Practice-provided clinical contacts of any ICB area (most recent data – December 2024).
- Reduced the number of GP practices with high/very high resilience challenges by approximately 40%, with national interest in our resilience programme.
- Launched four different pilot models of General Practice at the PCN level.
- Initiated multiple dental programmes and service changes to deliver an increase in dental activity in 2025/26.
- Delivered the ‘Know Your Numbers’ campaign to raise awareness of high blood pressure, its risks, and local services where people can check their blood pressure and get clinical advice or treatment.

# Community-based Care and Support

## Our vision

We will commission, deliver, and develop community-based care models while strengthening health and care services at both 'place' and neighbourhood levels. This includes empowering the voluntary, community, and social enterprise (VCSE) sector and developing initiatives to address health inequalities.

Our aim is to support and enable communities to be strong, resilient, inclusive, and connected—where people support one another in an environment that promotes wellbeing.

This integrated neighbourhood health and care offer, which includes primary care, community services, social care, the independent sector, and the voluntary and community sector, will ensure that we meet people's needs in a way that matters to them and that supports them to stay living safely at home in their community, retaining their independence for as long as possible, living the life they want to lead.

## What Devon will see

1. Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people.
2. Community partnerships will have Identified existing assets (incl. networks, forums and community activities) so they can harness these to tackle gaps in local provision.
3. People have multiple opportunities to influence the decisions that affect their health & wellbeing - 'no decision about me without me'.
4. A collaborative system that supports the VCSE and community groups to maximise the health and wellbeing of their local citizens through people led change.
5. Increased public awareness of health risks and prevention, reducing illness and healthcare costs while improving overall well-being.

## Our objectives

*ICS aims*



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Further to the Darzi report and Neighbourhood Health Guidelines for 2025/2026, develop a pan-Devon neighbourhood health service core offer and delegate to place the specific operating and delivery models in line with local need and existing assets.	x	x	x
2. Using risk stratification, a personalised approach will be utilised across every integrated team, prioritising those population groups who will benefit most from the approach (e.g. end of life, frailty and dementia)	x	x	x
3. By 2026, we will have developed consistent, robust pathways for falls and frailty, so people are able to access the right, expert input to support them at home. This will include the development of outreach models so that hospital specialists are better able to support professionals in the community to look after people in their own homes.	x		
4. By 2028, we will have developed an improved End of Life care pathway across Devon, where early identification, advanced care planning and care coordination are prioritised. Services will be funded equitably and there will be an evidenced reduction in unplanned care and crises for people in the last year of their life.	x	x	
5. By 2027, we will have a consistent offer of 'home first', 'discharge to re-able to assess' hospital discharge pathways across Devon to ensure people spend no longer than necessary in hospital and the majority of people return home with little or no long-term care.	x		
6. By 2026, there will be a range of community-based admissions avoidance offers to reduce the demand into ED, linked into the Neighbourhood Health model of care.	x		
7. By 2026, each PCN will adopt an integrated, proactive approach, with a focus on prevention and early intervention. PCNs will use population health data to support the identification of the people that are most likely to benefit from this approach.	x		
8. By 2026, people will be easily able to understand what community-based services are available and how to access them. By 2026, we will have implemented the consistent use of the Joy App by social prescribers across 100% of PCNs.	x		

6. Local authorities will meet their Care Act duties by ensuring a sufficient care market.	x	x	x
7. Innovative extra care and supported living schemes will be developed to provide people with greater independence and support them to remain in their own homes.			
8. Our places, called Local Care Partnerships (LCPs) will have the support and evidence-base they need to deliver change at local level and will be empowered to make decisions with their populations on an ongoing basis.	x		
9. Develop an action plan to deliver the Anchor Institutions Strategy. Ensure that all ICS partners are engaged in delivering as Anchor organisations.	x		
10. By 2028, local communities, and particularly disadvantaged groups, will be empowered by placing them at the heart of decision making through inclusive and participatory processes and have an active role in decision-making and governance – ‘no decision about me without me’.	x	x	
11. By 2028, local communities will work in partnership to bring about positive social change by identifying their collective goals, engaging in learning and taking action to bring about change for their communities.	x	x	
12. By 2028, a community development workforce will be supported, equipped and trained to agreed standards, code of ethics and values-based practice.	x	x	
13. By 2028, Local Care Partnerships will have integrated the role of community partnerships into their infrastructure and planning to ensure the communities of Devon are an equal partner both at system and local level.	x	x	
14. We will develop the One Devon involvement platform to be the single online space for the One Devon Partnership, focussing on engagement and involvement with people and communities, including the One Devon Citizens Panel. This will be achieved by ensuring a Local Care Partnerships are all actively using the platform to support local engagement work.	x		
15. Deliver inclusive involvement in collaboration with the People and Communities Strategy to support the ICB and ICS key aim of tackling inequalities in outcomes, experience and access.	x		

## What we have achieved in 2024/25

- Completed the Anchor Organisation Strategy.
- Secured a successful National Lottery bid for the One Northern Devon Local Care Partnership, in collaboration with the VCFSE, to fund six Community Developer roles and two Connector roles across Northern Devon (Youth/Rural).
- Continued the use of Prevention and Health Inequalities funding at LCP level to support the Community Development workforce.
- Established the Devon Engagement Partnership (DEP) to bring together health and care engagement professionals, including partners from Healthwatch and the VCSE Assembly.

## Elective Care

### Our vision:

One Devon is committed to delivering excellent health outcomes for patients while reducing waiting times for elective procedures, cancer diagnosis, and treatment. We will achieve this by driving productivity through efficiency and innovation, ensuring that resources are used effectively to provide value-for-money services for the people of Devon.

Tackling health inequalities will be central to our decision-making, helping to remove barriers to care for those who experience inequalities in access. By taking a population health approach—recognising the county's diverse demographics and rurality—we will ensure patients receive timely, effective, and efficient elective care, improving outcomes, experiences, and access. Wherever possible, we will bring elective care closer to home so that patients receive the right care, in the right place, at the right time.

NHS Devon will work closely with local partners, including councils, independent providers, and third-sector organisations, to ensure elective care is embedded in Devon's wider social and economic development.

### What Devon will see

- 92% of patients receiving elective treatment within 18 weeks.
- Faster cancer diagnosis and improved adherence to waiting time standards.
- 95% of patients receiving diagnostic procedures within six weeks.
- Optimised elective care pathways, maximising productivity through workforce efficiency, digital innovation, and infrastructure improvements.
- Fewer unnecessary follow-ups, reducing system pressure and patient inconvenience.
- Reduced health inequalities, ensuring fair access to care.

### Our objectives

## ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Reduce the time people in Devon wait for their elective care procedure by improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% in line with the national objective by March 2026, and with every trust to deliver a minimum 5%-point improvement.	x		
2. Reduce the time patients in Devon wait for their elective care and return to the constitutional standard of waits of less than 18 weeks by 2029. This will be achieved by increasing productivity, maintaining high quality services, reducing health inequalities and maximising elective capacity in Devon.	x	x	
15. The system will continue to improve in cancer performance against the 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026.	x		
16. The system will continue to improve in cancer performance against the 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively.	x	x	x
17. Increase diagnostic capacity including Community Diagnostic Centres and return to patients receiving their diagnostic within 6 weeks.	x	x	x

## What we have achieved in 2024/25

- Clearance of all 104ww patients.
- Significant reduction in all long waiting patients across the system.
- System achievement of the 28-day faster cancer diagnosis and the 62 day performance.
- Community Diagnostic Centre (CDC) opened in Torbay with an additional expansion opened in Exeter.
- System achievement of the Patient Initiated Follow Up (PIFU) 5% deliverable.
- System achievement of Advice and Guidance utilisation deliverable.



# Urgent Care

## Our vision:

We will work together across the NHS in Devon to deliver high-quality, safe, and sustainable urgent and emergency care as close to home as possible, improving both patient outcomes and experience. Reducing health inequalities will be at the heart of everything we do, ensuring that everyone in Devon can access the care they need.

Our focus will be on making sure people receive the right care, in the right place, at the right time—first time. To achieve this, we will prioritise:

- Co-ordination – to deliver an integrated and responsive health and care system that helps people stay well for longer through proactive support, preventative interventions, and timely primary care.
- Signposting and Navigation – Ensuring patients can access urgent care 24/7 via NHS 111, where they will receive expert advice and be directed to the most appropriate service.
- Alternatives to hospital – Expanding access to safe, high-quality care closer to home, maintaining as much continuity of care as possible.
- Rapid response – Ensuring people who are seriously ill, injured, or in a mental health crisis receive the fastest and most appropriate response for their needs.
- Hospital care and discharge – Optimising hospital care from the point of admission and ensuring people can return home or to their community as soon as it is safe to do so.
- Home first – Prioritising home-based recovery, supporting people to regain independence quickly and safely following a hospital stay.

## What Devon will see

1. Improved A&E waiting times and ambulance response times.
2. More patients treated in community settings, avoiding unnecessary hospital visits.
3. New, improved pathways for healthcare professionals, enhancing care coordination.
4. Easier navigation of urgent care services, improving patient experience.
5. Better access to community urgent care services.

## Our objectives

*ICS aims*



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Building on the excellent work in 2024/25 to bring all Urgent Treatment Centres (UTCs) in line with national specifications, we will implement the recommendations of the strategic review of Minor Injuries Unit (MIU) services across the county to further improve our out-of-hospital urgent care offer.	x	x	x
2. One Devon is committed to ensuring that people with urgent care needs receive treatment in the right place, first time. Building on the success of the Single Point of Access (SPOA), we will define a longer-term plan for Care Coordination and set out how it will be implemented across the county including ensuring the service enables ambulance services to increase see & treat activity.	x		
3. Clinically Safe Alternatives to Admission: Over the past two years, our Integrated Urgent Care Service (IUCS) provider has consistently improved performance and is now recognised as one of the best in the country. We will build on this success by working with our provider to further strengthen this service.	x	x	
4. One Devon will improve A&E waiting times and ambulance response times compared to 2024/25 with a minimum of 78% of patients seen within 4 hours in March 2026.	x		
5. One Devon will continue to drive improvements in ambulance performance, ensuring that ambulance response times average no more than 30 minutes across 2025/26.	x		
6. As part of our commitment to improving mental health crisis care, NHS Devon will pilot Mental Health Response Vehicles. Following evaluation, if the outcomes are positive, we will consider a wider rollout across the system.	x		
7. To remove unwarranted variation across Devon, we will establish a system-wide approach to Discharge to Assess (D2A) and Trusted Assessors. We will work closely with acute providers to develop bespoke locality plans aimed at improving No Criteria	x	x	

to Reside (NCTR) rates to an agreed standard.			
8. In partnership with Local Authorities, we will develop a long-term strategy for sustainable market management and commissioning of post-discharge care.	x		
9. We will fully implement a 'Home First approach', reducing the risk of readmission by supporting more people to return home safely after a hospital stay. This aligns with the recommendations of the Darzi Review, reinforcing the shift from hospital-based to home-based care.	x	x	x

## What we have achieved in 2024/25

- Delivered progress across six core workstreams: SDEC, Virtual Wards, Frailty, End of Life, UCR, and Community Urgent Care.
- Achieved a significant reduction in ambulance handover delays.
- Improved performance in Emergency Departments and Category 2 response times.
- Successfully transitioned Care Coordination into the IUCS service.
- Took a system-wide approach to winter communications for the eighth consecutive year, building on award-winning work to provide clear, practical advice to vulnerable groups on staying healthy during colder months.

## Children and Young People

### Our vision:

To create an Integrated System and Care Model for Children and Young People (CYP) that supports all aspects of their health, emotional wellbeing and mental health, so that they can make good future progress through school and life. Our work spans from birth, through transition to young adults. We will work effectively in an integrated and equitable way within and across health, care and education and will achieve this by sharing information, jointly commissioning services (where appropriate), providing access to care, advice and knowledge, and adopting a strength-based approach.

### What Devon will see:

1. Inclusive, accessible and sustainable services and settings where children can learn and achieve their potential in life.

### Our objectives – children and young people

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Services for children who need urgent treatment and hospital care will be delivered as close as possible to home. There will be a recognition of the potential impact and harm for CYP and their families whilst on waiting lists for paediatrics within mental health provision, acute, community and surgery procedures. By the transformation of pathways to better prioritise the use of clinical capacity, waiting times will steadily improve across the next five years.	x	x	x
2. Through implementation of the neurodiversity offer, by 2027 children and families with neurodiverse, emotional and communication needs will be able to access services and be supported across health, care and education, preventing crisis and enabling them to live their best life.	x		
3. We will improve outcomes for children with long term conditions and will reduce health inequalities by understanding differences for our Core20PLUS5 populations. We will work to address significantly poorer outcomes for care experienced children and young people, and other vulnerable groups by tackling issues affecting access and equity of care.	x	x	x
4. We will fulfil our statutory safeguarding responsibilities under 'Working Together to Safeguard Children' (2023) and respond to the local safeguarding children partnership priorities; to ensure that the health needs of all vulnerable children are identified and met by 2028.	x	x	
5. The Special Education Needs and Disabilities (SEND) of children and families will be prioritised across the Devon ICS. SEND reforms will be embedded across the three Local Authorities to address the weaknesses identified through the Torbay, Devon and Plymouth Local Area Inspection's within the mandated timeframes for each local area.	x		

6. We will improve the emotional wellbeing and mental health of children and young people through improved access to advice, guidance and help, strengthened support, and care and treatment specifically developed for mental health crisis, and eating disorders pathways.	x	x	x
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## What we have achieved in 2024/25

- Multi Agency Safeguarding Hub (MASH) capacity increased to enable the Devon to meet its statutory duties under Working Together to Safeguard Children responsibilities.
- Improved reporting and increased access for children and young people with needs relating to emotional wellbeing and mental health both in 2024/25 and in future years through investment in Mental Health Support Teams and the procurement of the system wide Emotional Wellbeing & Mental Health Service.
- Autism recovery programme implemented across the Devon system to establish a more streamlined pathway of support, assessment and delivery models.
- Neurodiversity Hub established on MyHealth Devon providing support, information and resources for children, young people and families.
- Children and Young People provider services represented on the System escalation dashboard to enable reporting on operational pressures.
- Launched Council for Disabled Children SEND level 1 training and developed Standard Operating Processes across the health system for SEND statutory processes.

## Maternity, Neonatal and Women’s Health

### Our vision:

We will ensure that Maternity and Neonatal care is safe, equitable, personalised and kind, delivered through a positive culture of respect, learning and innovation. We will provide women and girls in Devon with timely, appropriate and easily accessible women’s healthcare, as outlined in the Women’s Health Strategy through collaborative working across health and care sectors.

### What Devon will see

1. Reduction in number of women and birthing people presenting with pelvic floor issues postnatally due to pelvic floor muscle exercise education.
2. A reduction in perinatal mortality, intrapartum brain injury and maternal de
3. A reduction in mortality and morbidity associated with complex social factors for vulnerable pregnant women.

4. Increased proportion of women and birthing people maintaining breastfeeding/exclusive breastfeeding as a result of improved support.
5. Increased awareness of birth choices, the progression of a typical birth and potential interventions, with the potential to reduce levels of psychological damage/trauma.
6. Improved access to expertise to support women experiencing adverse menopause symptoms.

## Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

## Our objectives

Objective	Year 1-2	Year 3-4	Year 5+
1. Through a 5-year maternity and neonatal delivery plan, maternity care will be delivered safely and will offer a personalised experience to women, birthing people and their families. Maternity and neonatal workforce will be inclusive, well trained and fit for the future. The Core20PLUS5 approach for women and birthing people will be implemented as part of the core programme.	x	x	x
2. To lead the delivery of a high performing Local Maternity and Neonatal System (LMNS), which oversees the delivery of each Trust's national Maternity Safety Support Programme (MSSP), and that responds to the maternity and neonatal objectives within the Peninsula Acute Sustainability Programme (PASP), with a focus on those at greatest risk of health inequalities, by March 2027.	x		
3. We will work collaboratively with System Partners to establish and deliver responsive, data led, inclusive and accessible services to meet the health needs of young girls and women across their life cycle through local implementation of the national Women's Health Strategy.	x	x	x

## What we have achieved in 2024/25

1. Perinatal Pelvic Health Services (PPHS) have been implemented in all Trusts
2. All Trusts have provided sufficient evidence to be compliant with Saving Babies Lives.
3. Development of definition and criteria of complex social factors (CSF) to support the work for vulnerable pregnant women and development of a system wide infant feeding strategy.
4. Implementation of Real Birth Company antenatal education in all Trusts.
5. **Implementation of the Devon Menopause Service (DMS).**

## Adult Mental Health

### Our Vision:

To work together to improve the mental health of our population by improving care and support for people with mental illness across Devon; we commit to improving life opportunities for people who have mental ill health. People with mental illness, carers, staff and our communities will co-produce, lead and participate to deliver our shared purpose; we commit to engage, listen and act with intent and integrity to improve the mental health and wellbeing for the people of Devon.

### What Devon will see

1. People requiring support and/or treatment for their mental health will be able to access this at the earliest point of needs presenting.
2. Co-production will be core to service development and pathways will be co-produced so that the provision available meets and responds to the needs of those requiring support.
3. Ongoing improvements to pathways for those presenting in Mental Health crisis.
4. Ongoing developments to ensure that people with a severe mental illness will be able to access timely identification and treatment of any physical health needs.
5. Implementation of the Dementia Strategy to support identification (diagnosis), treatment and support for those living with dementia.

### Our objectives

*ICS aims*



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. More women and families get help early in development of perinatal mental health need (access to increase from 1,115 NHS Long Term Plan (LTP) target and wait time baseline to be established in 2024/25).	X	X	X
2. More adults and older adults with serious mental illness will have a complete physical health check which leads on to each person having a meaningful action plan and access to follow up care as needed (TBC access in 2024/25 and pilot evaluation and roll out.)	X	X	X
3. More people (of all ages) will have access to treatment within 4 weeks (Community Mental Health- establish baseline and improvement plan of 10%, increase IAPT access to achieve the LTP target for 2023/24, 32,474) and a larger proportion of support will be delivered by VCSE (establish baseline and improvement plan of 10%).	X	X	X
4. People (of all ages) experiencing mental health crisis will be able to get the help they need as early as possible. In 2024/25 this includes 111 option 2 'going live' (all age), increasing call handling performance for telephony-based service offers (dropped calls and hold times) and increasing access to non-ED crisis response services (establish baseline access levels to non-acute offer and increase access by 10%).	X	X	
5. Devon will sustainably eliminate inappropriate out of area bed use for adults and older adults who need hospital admission for acute mental ill health. (zero new admissions by 2024/25)	X		
6. People will have a timely dementia diagnosis and planned onward care and support (at least 66.7% of prevalence diagnosed and wait times from referral to treatment/ diagnosis in a specialist team will decrease)	X	X	X

## What we have achieved in 2024/25

- Met the NHS Long-Term Plan target, ensuring 1,115 women and birthing people could access perinatal mental health support.
- Developed a GP information and resource pack to support engagement with individuals with Severe Mental Illness, improving uptake of annual health checks.



- Implemented the 111 Press 2 option, creating a single point of contact for those experiencing a mental health crisis.
- Drafted a dementia strategy through the Mental Health Collaborative.
- Completed the first year of implementing the Mental Health Inpatient Strategy, providing a clearer understanding of capacity requirements and gender-specific needs for inpatient beds.
- Conducted a review of the Psychiatric Liaison Service across the NHS Devon footprint.

## Learning Disability, Autism and Neurodiversity

### Our vision:

Our vision is built on national strategies and legislation, shaped into clear, measurable pledges to improve health and social care for people with learning disabilities and autism. These pledges will be owned and delivered through the Learning Disability and Autism Partnership.

We will expand Health Action Plans in primary care, improving outcomes for people with learning disabilities. Specialist hospital care will be designed by experts with lived experience, ensuring care is provided closer to home.

Workforce training will embed awareness of reasonable adjustments, ensuring neurodiverse individuals receive the support they need. More people will receive timely ASC and ADHD diagnoses, with ongoing support in place.

Above all, we will maintain a system-wide focus on reducing health inequalities, ensuring no missed opportunities for care.

### What Devon will see

1. Expanded Health Action Plans in primary care for people with learning disabilities (LD), improving health outcomes.
2. Specialist hospital care closer to home for people with LD and autism, designed by experts with lived experience.
3. Greater workforce awareness of reasonable adjustments needed for LD and neurodiversity support.
4. More people receiving timely diagnosis and ongoing support for ASC and ADHD.
5. A system-wide focus on reducing health inequalities, ensuring no missed opportunities for care.

### Our objectives

*ICS aims*



Population health



Enhancing productivity



Objective	Year 1-2	Year 3-4	Year 5+
1. Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and a quality health action plan. Increase the number of eligible people on the GP Learning Disability registers.	x	x	x
2. Reduce reliance on Mental Health locked and secure inpatient care, while improving the quality of Mental Health inpatient care, so that by March 2028 (in line with national target) no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an Mental Health inpatient unit. 10% reduction as per NHSE 2025/26 Operational Planning Guidance.	x	x	x
3. Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times by March 2028.	x	x	
4. Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in the guidance.	x	x	x

### What we have achieved in 2024/25

- As of December 2024, performance is up 1% on the previous year, with an increase in Learning Disability register size to 8,053, continuing the expected upward trajectory, with the majority of uptake recorded in Q4.
- Relocated LD/MH inpatient beds to the South West following £40 million in capital investment. Established a partnership with BSW ICB to offer a regional bed provision and introduced the South West Regional Front Door protocol for bed admissions.
- Gained a greater understanding of the LDA community’s needs through bed occupancy analysis, leading to quantifiable data that informs future commissioning—particularly a shift from single LD diagnoses to more complex cases involving ASC and other mental health comorbidities.
- Established a governance structure and accreditation process for Right to Choose, supporting the delivery of Autism and ADHD diagnoses. This has led to increased provision and strengthened quality and safety assurance.
- Continued the rollout of Oliver McGowan Mandatory Training across the health system, improving awareness and access to support for people with learning disabilities and autism.

- Developed workforce plans to support the end-to-end pathway in the community, helping to drive progress in reducing health inequalities. This includes work on screening, digital Red Flag alerts, learning from LeDeR, and ongoing AHC audits.

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# Healthy, safe communities



## Challenges

Some of our key challenges relate the wider determinants of health in our communities:

- Devon has **complex patterns of urban, rural and coastal deprivation**, **hotspots** of urban deprivation are evident, with the highest overall levels in Plymouth, Torbay and Ilfracombe. Many rural and coastal areas, particularly in North and West Devon experience higher levels of deprivation, impacted by lower wages, and a higher cost of living.
- Housing is **less affordable in Devon**, and the **age and quality** of the housing stock poses significant challenges in relation to energy efficiency and issues associated with excess heat, excess cold and damp.
- **Varied education, training and employment opportunities, workforce availability and wellbeing** is impacting on success later in life for children, the health of our economy and our ability to deliver high quality, safe services.
- **Access to health and care services varies significantly across Devon**, both in relation to geographic isolation in sparsely populated areas, as well as socio-economic and cultural barriers. Poorer access is evident in low-income families in rural areas who lack the means to easily access urban-based services. Poorer access is also seen for people living in deprived urban areas, certain ethnic groups and other population groups, where traditional service models fail to take sufficient account of their needs.
- The Covid-19 pandemic has **changed the pattern of infectious disease** and along with increasing levels of healthcare associated infections and the risks posed by anti-microbial resistance. These diseases have disproportionately affected the most disadvantaged and vulnerable in our society and contribute further to health inequalities.
- **Suicide rates and self-harm** admissions are above the national average, anxiety and mood disorders are more prevalent, there are poorer outcomes and access to services for people with mental health problems.

## Strategic objectives

To address these challenges, we have set the following strategic objectives:

- The most vulnerable people in Devon will have accessible, suitable, warm and dry housing
- People in Devon will be provided with greater support to access and stay in employment and develop their careers.
- Every suicide should be regarded as preventable and we will save lives by adopting a zero-suicide approach in Devon, transforming system wide suicide prevention and care.
- We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).
- Climate change poses a significant risk to health and wellbeing and is already contributing to excess death and illness in our communities, due to pollution,

excess heat and cold, exacerbation of respiratory and circulatory conditions and extreme weather events.

- Everyone in Devon will be offered protection from preventable infections.

## Housing

### Our vision

Our vision for Devon is to create thriving communities with high-quality, affordable, and sustainable housing.

We want everyone to have a home that supports their health and wellbeing. This means improving housing conditions, increasing specialist housing for those most in need, enabling older and disabled people to live independently, ensuring key workers and residents have access to affordable homes, and taking a strong, proactive approach to preventing homelessness.

### What Devon will see

1. People with existing health conditions being able to live in warm and dry homes which will result in a reduction in emergency attendances and admissions for a number of conditions.
2. People are supported to have warm and dry homes, regardless of the current health status, recognising that this will help to reduce the development of health conditions and/or support the management of them.
3. That no one will be without a home. There are a myriad of risks faced by people, including children, who do not have safe and secure housing, ranging from the obvious impact on low level mental health to the longer term development of physical health issues.

### Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. By 2026 we will establish processes to systematically identify vulnerable groups with chronic conditions such as children and young people with asthma, living in substandard housing and direct them to appropriate support services.	X		

2. By 2028, our aim is to decrease health issues arising from poor housing conditions. This will be achieved by increasing referrals of those living in inadequate housing to a variety of health, social, and VCSE support services.	X	X	
3. By 2026, we will implement processes to identify vulnerable individuals in poor quality housing on admission and discharge. This will improve the efficiency of admission/discharge planning and enhance the referral process for additional support.	X		
4. By 2028 the ICS will work to ensure that Local Plans reflect the needs of older people and those with health conditions, to support the delivery of suitable housing	X	X	
5. We will reduce homelessness in Devon, through the implementation of comprehensive support systems, and the expansion of support services. Specific targets include: <ul style="list-style-type: none"> <li>a. Ensuring no family stays in B&amp;B accommodation for more than six weeks.</li> <li>b. Achieving a 10% reduction in the number of households in temporary accommodation.</li> <li>c. Increasing the success rate of preventing homelessness by 30%.</li> <li>d. Offering accommodation to 100% of individuals who sleep rough.</li> </ul>	X	X	X

## What we have achieved in 2024/25

- We have continued to identify and support low-income households living in poor-quality homes, providing advice on improving housing conditions, reducing fuel costs, and maximising income. Efforts have been targeted at high-risk groups, such as older people not receiving Pension Credit and those with frequent hospital admissions.
- Data sharing across the ICS is improving, helping to better target interventions through tools like the One Devon Dataset and Low-Income Family Tracker.
- The Devon Housing Commission has reported its findings, with recommendations being taken forward by the Combined Authority and local agencies. Plymouth’s Housing Taskforce has developed an action plan to address local housing challenges.
- Homelessness remains a pressing issue. While Exeter has the highest recorded rates, rural homelessness is harder to measure. Plymouth faces significant challenges but prevents hundreds of families from becoming homeless each quarter. Work continues across Devon to support those at risk or already homeless.

# Employment

## Our vision

Our vision in Devon is to create a supportive and inclusive employment landscape where those facing significant barriers, can access meaningful employment opportunities and career development.

Focused on empowering the most vulnerable groups, including young people transitioning into adulthood, those with disabilities, mental health conditions, or other health-related employment barriers, and residents from the most deprived communities, we aim to harness the health and social care sector as an inclusive employment destination.

This approach not only supports those in need of assistance but also strengthens our workforce, ensuring a healthier, more prosperous community for all.

## What Devon will see

1. Fewer young people NEET– Reduction in the number of young people Not in Education, Employment, or Training (NEET), particularly those with complex needs, and improving transition into adulthood.
2. Inclusive employment opportunities – Increase in disabled people and those with mental health conditions gaining access to sustainable work, in roles which support fair career progression.
3. More inclusive employment opportunities– Fewer barriers to employment for vulnerable groups.
4. A diverse, skilled health and social care workforce – More resilient NHS and care services delivered by a representative, inclusive workforce.
5. Better support for unpaid carers – More flexible employment opportunities enabling carers to remain in or return to work.

## Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Seek to reduce level of 16-18-year-olds Not in Education Employment and Training ('NEET') in Devon by 1% by 2027.	x		
2. Reduction in number of individuals with a disability or mental health need who are	x		



unemployed compared to the national average by 4% by 2027			
3. Build on resources developed across the local authorities and wider partners to support more vulnerable people into employment, working closely with DWP and wider health partners.	x	x	x
4. Unpaid carers will be supported to remain in or re-enter employment	x	x	x

## Suicide Prevention

### Our vision:

In Devon is for all suicides to be considered preventable and that suicide prevention is everyone's business. The ambition for suicide prevention is to deliver a consistent downward trajectory in the suicide rate for all areas of Devon, Plymouth and Torbay so that they are in line with or below the England average.

### What Devon will see

1. Primary care clinicians with more knowledge and skills in supporting people with thoughts of suicide.
2. More of the public and professional workforces aware of suicide and how to initially support others before professional help.
3. Grassroots and community organisations supporting populations more at risk of suicide with their wellbeing.
4. More professionals in Devon aware of the links between domestic abuse and suicide.
5. A responsive suicide bereavement service that has no waiting lists and can support anybody affected by suicide at any point in their lives.

### Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities

Objective	Year 1-2	Year 3-4	Year 5+
1. Local Suicide Prevention Groups to each have a published annual action plan based on the national strategy which sets out local delivery priorities for the year.	x	x	x
2. Local Suicide Prevention Groups to report annually on their suicide rates and their annual	x	x	x

action plan to their respective Health and Wellbeing Boards.			
3. Local suicide prevention leads to present local suicide prevention action plans and suicide rates for whole of the ICS area to NHS Devon Suicide Prevention Oversight Group.	x	x	x
4. One Devon Suicide Prevention Oversight group to consider development of a single One Devon Suicide Prevention Plan.	x	x	x
5. One Devon to prioritise provision of appropriate suicide prevention training to relevant workforces and the wider population to support system knowledge of suicide and suicide prevention. Identification of funding to progress this objective is required following utilisation of NHSE suicide prevention grant.	x	x	x
6. One Devon to prioritise the ongoing provision of a suicide bereavement service and a real-time suspected suicide surveillance system, coordinated across the whole of Devon.	x	x	x

## What we have achieved in 2024/24

- In 2024, Pete's Dragons suicide bereavement service have supported 686 (387 new and 299 existing) people affected by suicide.
- Delivered Community Suicide Awareness and Emotional Resilience training to 801 participants across Devon in 2024.
- Delivered Primary Care Suicide Prevention Training to 89 clinicians across Devon ICS in 2024.
- Put on a Domestic abuse and Suicide Conference - November 2024, attended by over 120 delegates.
- Development and distribution of thousands of 'It's OK to talk about suicide leaflets' - co-designed with people with lived experience.
- Provided small-grants suicide prevention funding of between £1,000 and £10,000 to 26 community and grass roots organisations across Devon ICS.

## Green Plan

### Our vision

We will create a greener, fairer and more environmentally sustainable health and care system in Devon, that adapts to and mitigates climate change and promotes actions to create healthier and more resilient communities. As an ICS we are committed to delivering the national ambition for the NHS to become the first net zero health service, ensuring that we respond to climate change while improving health outcomes for the population of Devon.

Aligned with the NHS Long Term Plan and the Greener NHS strategy, we will take local action to reduce emissions, embed sustainability into healthcare delivery, and drive system-wide transformation.

We will aim to achieve net zero for emissions we control directly by 2040 (NHS Carbon Footprint) and influence wider emissions to reach net zero by 2045 (NHS Carbon Footprint Plus). Our approach will integrate the opportunities and requirements in the NHS Net Zero Travel and Transport Strategy, Net Zero Building Standard, and the Estates Net Zero Carbon Delivery Plan into a local ICS Green Plan outlining our system-wide response to nationally determined targets.

## What Devon will see

1. More products and services are bought locally promoting the concept of the Devon Pound across the ICS and its partners.
2. One Devon will achieve net zero for emissions we control directly by 2040 and influence wider emissions to reach net zero by 2045.

## Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
Develop and deliver ICS Green Plan to reduce emissions, embed sustainability into healthcare delivery, and drive system-wide transformation (in response to NHSE Green Plan guidance, NHS Net Zero Travel and Transport Strategy, Net Zero Building Standard, and the Estates Net Zero Carbon Delivery Plan).	x	x	x

## Health Protection

### Our vision

Protecting our population from preventable diseases, hazards and infections. This is set within the context of new and emerging threats, including antimicrobial resistance and climate change. Diseases disproportionately impact on our most vulnerable communities. We also know that some communities in Devon are less likely to access preventative services, and yet are more likely to experience the severe consequences of diseases and infections.

## What Devon will see

1. More walk-in opportunities for winter vaccination to increase opportunistic vaccinations.
2. Improved insight to accurate vaccination for 0-5s uptake and identification of gaps to be addressed.
3. Proactive health campaigns that educate and empower people to make healthier lifestyle choices, preventing disease and promoting long-term health.
4. Targeted outreach to communities most affected by health inequalities, improving access to healthcare and encouraging positive health behaviours across society.

## Our objectives

### ICS aims



Objective	Year 1-2	Year 3-4	Year 5+
Reduce occurrences of healthcare associated infections (HCAI) (Clostridium difficile (C. diff), methicillin-resistant Staphylococcus aureus (MRSA) and community onset community associated (COCA) occurrences of HCAs.	x		
Ensure effective antimicrobial use in line with NICE guidance. Optimising outcomes, reducing the risk of adverse events and slowing the emergence of antimicrobial resistance. Ensure that antimicrobials remain an effective treatment for infections.	x		
Providers to demonstrate a 100% offer to eligible cohorts for influenza and Covid vaccination programmes – with particular focus on Devon’s priority populations (CORE20PLUS5) for children and young people and adults, aiming to achieve uptake levels comparable for the previous year for influenza and ideally exceed them where applicable. Maintain current levels of access to influenza and Covid vaccination programmes and demonstrate improvement in year-on-year uptake levels of seasonal vaccinations.	x	x	
Continue current access levels to eligible cohorts for influenza and Covid vaccinations across Community Pharmacies, GP Surgeries and VCs, supported by the Outreach model.	x		

Increase uptake among front line health and social care workers to reduce impact on providers during periods of peak demand. Halt decline in year-on-year uptake levels of seasonal vaccinations.			
Achieve vaccine coverage of 95%+ (children under 5) of two doses of MMR, with particular focus on Devon's priority populations (Core20PLUS5) by adapting to new MMRV vaccination and changes to the routine immunisation schedule. Work with Family Hubs and Early Years Champions to target barriers to uptake and General Practice to improve data quality.	x	x	x
Achieve vaccine coverage of 95% of the 4-in-1 pre-school booster by the time the child is five, with particular focus on Devon's priority populations (Core20PLUS5) by working with Family Hubs and Early Years Champions to target barriers to uptake and General Practice to improve data quality.	x	x	x
Achieve recovery of School-aged Immunisation (SAI) uptake to pre-Covid levels, with secondary aim to achieve year on year improvement in uptake working towards the 90% target as stated in national service specification with particular focus on Devon's priority populations (CORE20PLUS5) for CYP.	x	x	x
Halt the decline in cervical screening coverage and improve uptake year on year towards a goal of 80%, with focus on first invitation and Devon's priority populations (Core20PLUS5) for Adults. Continue the delegation of screening commissioning working with NHSE to support their delivery of this objective in 2025/26 and to plan for delegation in future years.	x	x	
Work closely with NHSE commissioner, supporting the delivery of the national campaign to increase breast screening uptake. Reducing areas of inequalities (NHS England and provider led) focussing on Devon's priority populations (Core20PLUS5) for Adults. Continue to work with NHSE to support their delivery of this objective in 2025/26 and to plan for delegation in future years.	x		
Address the commissioning and delivery gaps identified in the 2022 South West Gap Analysis project. Ensuring that Devon has available pathways and capabilities responding to key pathogens, health protection related incidents and	x		

emergencies. Minimising the impact across different communities in Devon.			
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## What we have achieved in 2024/25

- Increased access to winter vaccinations through wider provision from Community Pharmacies and outreach teams.
- Increased activity to data cleanse 0-5s vaccination records to support accurate reporting and identification of future priorities.
- Delivered a range of vaccination campaigns targeting different groups, contributing to some of the highest vaccination uptake rates in the country.

DRAFT

# Healthy, sustainable system



## Challenges

Some of our key challenges relate to how we work together as a system

- There is an immediate requirement to stabilise the financial position and recover activity, to improve operational performance, access and quality of care. In order to achieve both, we need to transform the way we work together across our system so that it is healthy and sustainable in the future.
- The financial challenge facing all our health, social care and wellbeing partners is significant. Lower salaries and higher housing costs, with rising bills for energy, fuel, food and other costs in the One Devon area will increase the impact of the cost-of-living crisis. People and communities already experiencing higher levels of poverty will be disproportionately affected.
- An older age profile and more rapid population growth in Devon, coupled with the impacts of the Covid-19 pandemic and current 'cost of living' crisis, are contributing to increased demand for health and care services. The greatest increased demand is for unplanned care and mental health services, with those living in disadvantaged communities and clinical vulnerability likely to be most severely impacted.

## Strategic objectives

To address these challenges, we have set the following strategic objectives:

- We will have a safe and sustainable health and care system.
- People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.
- People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.
- In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.
- We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.
- We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.
- Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably.
- We will improve quality, equity, access and performance including by shifting the focus from hospital to community and sickness to prevention.
- We will together make the best use of collective system assets to deliver clinical, workforce and financial sustainability.
- We will strengthen organisational leadership capacity and capability.
- We will prioritise performance and financial improvement so we can exit NOF4 sustainably breaking the cycle of moving in and out of escalation.



# Clinical Service Change

## Our vision

We will reshape healthcare delivery across Devon, shifting more care into the community while strengthening hospital services. By managing demand effectively, we will reduce unnecessary hospital reliance, address secondary care fragility, and develop new acute care models that improve health outcomes and reduce health inequalities.

Through clinical service change and transformation, we will stabilise acute services, remove duplication, and ensure people receive the right care in the right place. Our approach will prioritise efficiency, sustainability, and patient-centred care, to ensure high-quality, sustainable services across Devon.

## What Devon will see

1. A shift towards a home-first approach, reducing reliance on hospital care.
1. Integrated care pathways between primary and secondary services, improving patient journeys and experience.
2. Interoperable digital solutions, enabling seamless information sharing and improvements in productivity and service efficiency.
3. Targeted interventions available for high-risk and vulnerable groups, particularly those with mental health disorders, long-term conditions, and those facing access inequalities.
4. A new acute care model, designed to improve productivity, increase service stability and improve patient outcomes.

## Our objectives

ICS aims



Enhancing productivity

Objective	Year 1-2	Year 3-4	Year 5+
1. Complete the design of a new model for Out of Hospital delivery.	x		
2. Implement the new model for Out of Hospital delivery.		x	x
3. Stabilise services identified as fragile across the Peninsula.	x		
4. Development of the New Model for Acute services.	x	x	x
5. Delivering the recommendations of the Dementia Strategy.	x	x	
6. Development of 24/7 Mental Health Community response.	x		

7. Explore digital options that may be able to support people to remain at home rather than be admitted to hospital.	x		
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## System-wide productivity and efficiency

### Our vision

We will undertake financial planning and resource allocation collaboratively to maximise value for money. Our focus will be on high-cost, high-impact services, making the best use of system assets to build NHS capacity and reduce reliance on the independent sector.

By driving system-wide efficiency, we will support Devon's financial recovery, ensuring those on waiting lists are more likely to be seen by NHS providers. Every investment will be targeted to maximise impact, reduce health inequality, and deliver sustainable improvements in care while securing the future of local NHS services.

### What Devon will see

1. This priority will contribute to the financial recovery of the system.
2. Those that are on waiting lists will be more likely to be seen by an NHS service than by an independent sector provider.

### Our objectives

ICS aims



Enhancing productivity



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Repatriate activity from the Independent Sector back to the NHS. Future objectives still to be defined	x		
2. Review of all ICB investments to ensure delivery of value for money.	x		
3. Identification of a digital solution to enable greater efficiency within the AACC team.	x		
4. Development of a system wide approach to commissioning placements.	x	x	

# Integrated Clinical Support Services

## Our vision:

We will transform Radiology and Pathology services to make the best use of resources and deliver better outcomes for patients. Standardised diagnostic processes and service redesign will enhance efficiency, ensuring faster, more effective diagnostic reporting.

By improving access to high-quality diagnostics, we will support earlier and better-informed clinical decision-making, leading to faster treatment times and improved patient care.

## What Devon will see

1. Improved clinical services through enhanced diagnostics, leading to better patient outcomes.
2. Faster, more effective diagnostic reporting, improving treatment times.

## Our objectives

ICS aims



Enhancing productivity



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
5. Develop an optimised model of Pathology delivery across the system.	x		
6. Transform Pathology services to deliver the new model of delivery.	x	x	x
7. Extension of the Shared Insourced Reporting programme.	x		
8. Development of a clinical effectiveness programme to support clinical change.	x	x	x

# Shared non-clinical Support Services

## Our vision

We will explore the development of a single managed service for back-office functions, including Finance, HR, Payroll, and Procurement, to maximise efficiency, effectiveness, and cost savings across the system.

By streamlining corporate services, we will improve resource flexibility between partners and contribute to the financial recovery across the system. Our approach will reduce duplication, increase resilience, and allow frontline services to focus on delivering high-quality patient care.

## What Devon will see

1. Efficient use of corporate services across all health partners.
2. More flexible use of resource between partners.
3. This priority will contribute to Financial recovery.

## Our objectives

ICS aims



Enhancing productivity



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
9. Design of the Target Operating model and digital implementation for People Digital and Payroll.	x		
10. Optimise shared HR and Payroll services.	x		
11. Transition of all shared services to a single host and explore commercial opportunities.		x	x
12. Transitional Target Operating model for Procurement services to be delivered.	x	x	x
13. Optimise and deliver shared Procurement services.	x	x	x
14. Deliver single Target operating model for Digital and Business intelligence functions.	x	x	x
15. Begin Pre-implementation of the finance model.	x		
16. Go live for the Shared Finance model.	x		

17. Develop and deliver the full Corporate services implementation model.	x	x	x
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## Clinical Effectiveness, Research, Innovation and Improvement

### Our vision

To build a research-positive culture across One Devon ICS that maximises the benefits of performing research for our population, our patients, our organisations and our staff.

### What Devon will see

1. Greater visibility of research and innovation projects, increased investment in research and innovation and evidence that findings from research and innovation are informing commissioning.
2. Delivery of clinically effective, evidence-based healthcare, ensuring high standards of care.
3. Devon's NHS leading in research and innovation, using research to advance care and improve patient outcomes.

### Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
Strengthen research and innovation networks by increasing collaboration, mapping, and coordinating activity across localities, system organisations, and academic partners to maximise impact.	x	x	
Expand research opportunities by reviewing existing commercial activity, benchmarking performance against other regions, and identifying areas of regional expertise—including within universities and NHS organisations—to better inform investment bids.	x	x	
Develop joint schemes with NIHR infrastructure, supporting pump-prime investment.			

Create a Regional Innovation Strategy that brings together a network of organisations and individuals in Devon to drive research and innovation.	x		
Increase patient and public involvement and equity of access to research by co-designing proposals with local/national experts, raising awareness, and supporting recruitment.	x		
Work with One Devon involvement networks to embed research in ongoing engagement, ensuring diverse groups have opportunities to participate.	x	x	
Ensure the workforce is engaged in research by routinely sharing findings, promoting a pro-research culture, recognising the value of evidence, and facilitating research education and training.	x		
Raise awareness of research opportunities for staff and patients, embedding research within the everyday work of One Devon to increase participation.	x		
Strengthen leadership commitment and accountability by: <ol style="list-style-type: none"> <li>1. Increasing the visibility of research and innovation.</li> <li>2. Appointing a named Research Champion at the executive level across stakeholder organisations.</li> <li>3. Establishing an appropriate level of investment to support research infrastructure.</li> </ol>	x	x	x
Use research outcomes to drive service improvements, embedding learning from local, national, and international research into commissioning and delivery, ensuring people receive the most effective care.	x	x	
Increase research activity annually by expanding the number of PCNs active in research within Primary Care and Community Settings.	x	x	

## What we have achieved in 2024/25

- Agreement of £50k funding for PRIP for 2024/25
- PRIP Mission groups established and supported by One Devon colleagues
- Letter of support for PenARC bid
- Involvement in design of national R&I metrics as a member of ICB R&I metrics pilot project.
- Collaboration with neighbouring ICBs to share approaches to improving connections between R&I work and commercial research activity

# Estates and Infrastructure

## Our Vision

One Devon ICS is committed to ensuring that our estates and infrastructure are fit for purpose, future-proofed, and located in the right places to meet the health and care needs of our population and maximise workforce productivity. We will take a system-wide approach to estate planning, ensuring that our facilities are sustainable, accessible, and aligned with national priorities.

To achieve this, we will undertake a strategic review of the ICS-wide estate, ensuring our infrastructure supports the delivery of high-quality care. We will develop and deliver a public-facing ICS Estates Strategy, setting out our vision and priorities for investment. A five-year capital prioritisation pipeline and investment plan will provide a clear roadmap for addressing critical infrastructure challenges.

A dedicated cross-system estates and facilities team will be established to drive delivery and improve collaboration making best use of capacity and capability across the ICS. We will also develop a local framework/implementation plan to deliver with Phase 1 of the revised New Hospital Programme (NHP), ensuring that hospital upgrades and infrastructure improvements are delivered.

## What will Devon see

- Implementation of the infrastructure strategy over a 15 year period
- Cross-system estates and facilities team in place making best use of capacity and capability across the ICS
- Phase 1 of the revised New Hospital Programme (NHP), progressing and infrastructure improvements being delivered.

## Our objectives

### ICS aims



Enhancing productivity



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Undertake strategic review of the ICS-wide health estate	X		
2. Deliver a public facing ICS Estates Strategy – to be delivered over a 15-year implementation period	x	X	x

Develop an investment plan and a five-year capital prioritisation pipeline in conjunction with system partners and build in the interdependencies to Cornwall and the Isles of Scilly with multi boundary opportunities	x	x	
3. Develop a cross-matrix team that can support the delivery of estates and facilities at an ICS-wide level.	x		
4. Establish local framework/plan to address critical infrastructure needs and hospital upgrades in line with phase 1 on the revised national New Hospital Programme (NHP).	x	x	x

## What we have achieved in 2024/25

1. Delivery of an ICS system infrastructure strategy
2. NHS estate in Devon mapped out in considerable detail
3. PCN estates strategy completed
4. Achieved full system of collaboration of Estates and Facilities Directors



# Workforce

## Our vision

Develop and deliver a system-wide plan to improve staff wellbeing, workforce productivity and efficiency, by increasing our focus on inclusion, coordinating training pathways, supporting recruitment and retention initiatives, and ensuring sustainability through workforce transformation.

## What Devon will see

1. Improved productivity and stability across System workforce
2. Improvements in colleague representation
3. Highly productive and effective System leadership.

## Our objectives

ICS aims



Enhancing productivity

Objective	Year 1-2	Year 3-4	Year 5+
Design and deliver workforce programmes to support System Transformation priorities, including those within the Transforming Devon Programme, to achieve the Medium-Term Financial Plan.	x	x	x
Develop future workforce models for talent attraction and development to ensure optimal service delivery and workforce sustainability.	x	x	x
Develop and implement a workforce redesign toolkit across NHS providers, aligning workforce and clinical redesign.	x		
Develop and deliver talent attraction models, such as Career Hubs, to build new talent pipelines and help the ICS meet its Anchor Institution responsibilities.	x		
Increase placement capacity by 20% by the end of 2025/26, expanding placement experiences by 30% and reducing under-utilisation by 30% to maximise opportunities	x		
Increase domestic nursing and AHP supply through undergraduate, T-level, and apprenticeship recruitment.	x		
Ensure a sustainable supply of domestic nursing, midwifery, and AHP staff to meet the long-term workforce plan. By 2025/26, Devon will increase	x		

apprenticeships by 20% and implement service redesign to expand the number of advanced practitioners by 20%.			
Achieve 100% compliance with the Advanced Practice Governance Matrix by the end of 2025/26	x		
Implement at least four components of the Student Learner Experience Charter by 2025/26, increasing the number of registrants supporting learning, assessment, and supervision by 20%.	x		
Expand Oliver McGowan Mandatory Training by the end of 2025/26, increasing the number of 'Train the Trainers' by 50% and delivering Tier 2 training across the system.	x		
Develop and deliver a comprehensive Organisational Development plan for the Devon System in preparation for the successful delivery of the NHS 10-year plan and a single operating model for Devon.	x	x	x
Support the implementation of the regional 'Leading for Inclusion' strategy within the Devon system and work collectively on achieving a shared vision. Initially focussing on the six high impact actions in the NHS England EDI Improvement Plan.	x		

## What we have achieved in 2024/25

- Robust system wide workforce controls implemented securing associated financial savings and improvements including reduction in agency usage to 2.1% of pay bill (lowest agency usage in Southwest)
- Implementation and delivery of workforce financial recovery programs supporting workforce transformation, reduced reliance on temporary workforce, improved medical & non-medical productivity.
- Commencement of programs to support workforce transformation (i.e. standardised job evaluation, development of workforce transformation product).

## Digital and Data

### Our vision

Through investment we will make the most of advances in digital technology to help people stay well, prevent ill health, provide care, better support our staff in their roles and enable the delivery of sustainable, effective and efficient services. People will only tell their story once. First contact will be digital where appropriate and more advice and help will be available online.

### What Devon will see

- Citizens will only need to tell their story once.
- Digital tools will be empowering patients to manage their health and conditions.
- Citizens will be able to engage digitally through simplified channels.
- Our staff will be empowered with active notifications and workflow at the point of care.
- Staff will benefit from connected data across the ICS.

## Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities

Objective	Year 1-2	Year 3-4	Year 5+
1. Number of eligible citizens connected to the NHS App increased to support national target of 60%.	x		
2. Production of standard GP practice website templates by March 2027.	x		
3. Remaining core health and care organisations connected to the Devon and Cornwall Care Record by March 2028.	x	x	
4. To prepare the business case for the re-procurement of the Devon and Cornwall Care Record (DCCR) and subject to approval to procure and implement the DCCR.	x	x	
5. Additional functionality of the Devon and Cornwall Care Record scoped and implemented subject to funding.	X	x	x
6. Re-procurement of GP EPR clinical system completed by March 2028	X		
7. EPRs implemented in TSDFT and UHP by 2026 including LIMS.	X		
8. We will assure the ICS Digital Strategy delivery of data centre rationalisation as opportunities are progressed.	X	x	x
9. We will aim to achieve £400k of savings in 2025/26 from mobile contracts and work as a system to identify additional savings.	x	x	x
10. Building on the One Devon Dataset, further develop PHM data architecture and reporting by March 2026, with a focus on supporting the system prevention priorities.	X	x	

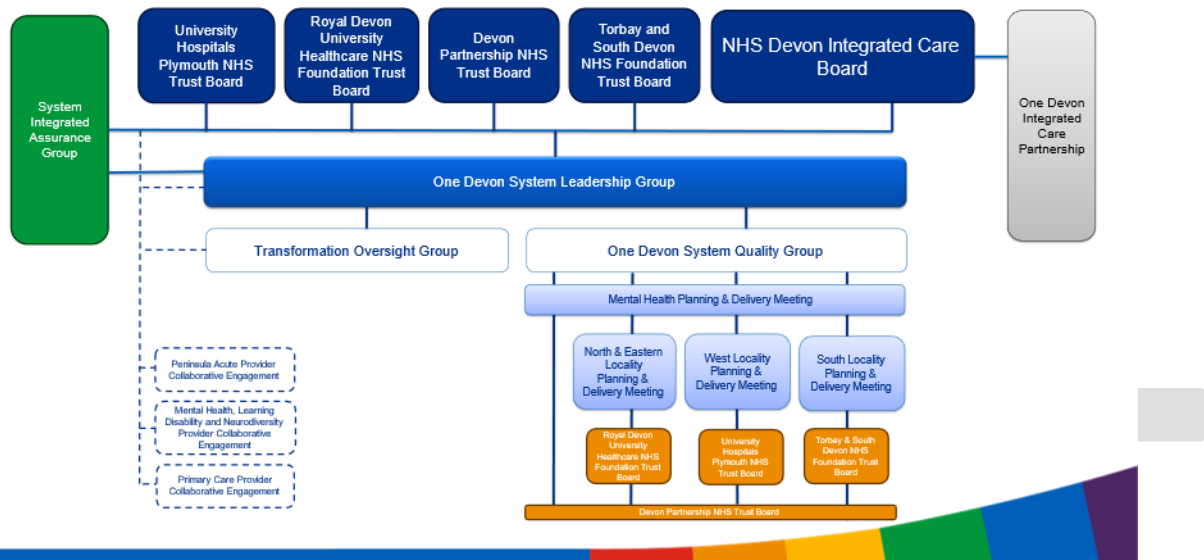
Develop an ICS data platform and associated reporting, linked to EPR implementation during 2026. Optimise the use of national developments including the Federated Data Platform (FDP).	X	x	x
11. Work collaboratively with regional ICS teams to implement and develop the regional secure data environment to support future research	x		
12. Implement the national Digital Inclusion Framework, working in partnership with the population health team, to increase accessibility to digital health resources among underserved populations.	x	x	x

## What we have achieved in 2024/25

- Devon and Cornwall Care Record – eTEP implemented on the DCCR now with over 19,500 eTEPs, 20,000 users, RDUH connected with 6,000 users, supported the development of the National Record Locator within the Orion Health platform.
- Roadmap developed for a Digital Collaborative Corporate Service
- TSDFT and UHP achieved sign-off of FBC for a new Electronic Patient Record
- Digitising Social Care programme performed higher than the national average and is currently exceeding the national target of 80% with 92% of care home and domiciliary care providers with a digital social care record.
- Rationalisation of data centres from 15 to 8
- HSJ Winner (Gold) for the Virtual Care Project of the Year 2024 for ICS  
Devon developed 'GP in the Cloud' remote working solution for GP locums

# Delivering the Joint Forward Plan and future development

One Devon Integrated Care System Governance and Assurance Structures 2025/26



In 2024/25, the NHS Devon Integrated Care Board (ICB), with the agreement of its NHS system partners, established new governance and assurance structures for the One Devon Integrated Care System.

## NHS Devon

The **NHS Devon Board** is accountable for approving and delivering the ICB's actions associated with the improvement plan agreed with NHS England. It also has a role in relation to providing strategic leadership for the system-wide recovery process, by facilitating whole-system approaches to service and financial sustainability.

Assurance to the NHS Devon Board with regard to system recovery-related activity has been provided through Quality and Patient Experience Committee, and Finance and Performance Committee, both of which are chaired by an Independent Non-Executive Member of the Board.

## One Devon System Leadership Group (SLG)

The **One Devon Leadership Delivery Group (SLG)** acts as the key group for the co-ordination of decision-making across the One Devon ICS. It is chaired by the NHS Devon Chief Executive Officer and through it the NHS partners in the One Devon ICS work together to ensure the delivery of system recovery, the Joint Forward Plan and other agreed system priorities, as well as informing in-year priorities.

The SLG ensures that key system decisions are agreed in principle before being disseminated to One Devon ICS NHS partner organisations for formal approval (if necessary – many of the decisions of the SLG will relate to high level operational issues that fall within the delegated authority of its members). In 2025/26, the focus of the SLG will be on delivery of the plans agreed by members' Boards.

## Transformation

A major development this year has been the launch of our Transforming Devon Programme—a multi-year, complex, system-wide change programme spanning four strategic pillars.

Transforming Devon will serve as the vehicle for supporting system recovery from NOF4 while also driving the longer-term transformational work outlined in our JFP. The programme's initial focus areas are:

- Clinical Service Change
- System Productivity and Efficiency
- Integrated Clinical Support Services
- Shared Non-Clinical Support Services

Agreement has already been reached to progress each of these pillars through a system-wide Transforming Devon programme. The programme will not only enable us to take forward the strategic opportunities set out in the MTFP, it also enables us to develop the system governance and delivery architecture to drive broader system-level transformations, such as those described in our JFP.

Over time, the infrastructure and capability the Transforming Devon Programme will be further developed and strengthened to support the system's long-term journey toward clinical and workforce sustainability.

## Transformation Oversight Group (TOG)

The Transformation Oversight Group (TOG) is the forum through which delivery of system-wide transformation programmes is driven, managing interdependencies, ensuring alignment of outcomes and unblocking tactical delivery issues.

The scope of the TOG encompasses the workstreams identified as part of the Transforming Devon Programme; however, it is designed to also cater for any programme across the One Devon Integrated Care System that delivers across multiple organisations or is complex due to its interdependencies across the system.

Programmes being driven through the TOG may be initially conceived elsewhere (Provider Collaboratives, SLG, NHS Devon etc.), with SLG commissioning and agreeing those programmes that are driven through TOG and any changes in scope.

The TOG will not act as the formal decision making forum for programmes, but will provide a forum for jointly agreed recommendations to be made in regards to the

optimal delivery and alignment of programmes, which will ultimately allow organisational boards to take sovereign decisions.

The TOG will enable a standardised approach to reviewing progress of system wide programmes of work, and will be the forum for agreeing the standard Transformation and Programmatic approach to be taken across the One Devon Integrated Care System.

## Planning and Delivery Meetings supporting the SLG

Three **Locality Planning and Delivery Meetings (LDPMs)** have been established, reporting into the SLG, as follows:

- North & Eastern Locality Planning and Delivery Meeting
- West Locality Planning and Delivery Meeting
- South Locality Planning and Delivery Meeting

Alongside these meetings, a **Mental Health Planning and Delivery Meeting** has also been set up, which works on a system-wide basis.

Chaired by the NHS Devon Chief Executive Officer, each planning and delivery meeting is attended by relevant NHS Devon Chief Officers and Locality Leads, as well as the Executive Team of the relevant NHS provider. In 2025/26 Primary and Community Care representatives, Local Authority colleagues, other key stakeholders and relevant NHSE colleagues (South West Regional Team/National RSP Team/other National Teams as appropriate) will also be invited to join these meetings.

Each of these meeting follows a standard agreed agenda and data and to enable specific scrutiny of performance including but not limited to; RTT, Cancer, Diagnostics, Urgent Care including ambulance handover, out of hospital services, ERF activity, Quality issues and any further metrics related to NOF (not just those areas in Segment 4). This process would recognise the accountability of individual providers in achieving performance, explore the support that they require from NHS Devon and be focussed on future improvements against agreed performance standards, including rigorous review of trajectories and action plans for areas of performance not meeting agreed standards.

An aggregated dashboard and highlight report of the issues discussed by each meeting is submitted to the One Devon SLG and the NHS Devon Executive, in advance of its submission to the NHS Devon Finance and Performance and Quality and Patient Experience Committees, as appropriate, and the NHS Devon Board. This report is also be shared with the System Integrated Assurance Group (SIAG). This enables the SIAG to take assurance of the steps being taken to address the overarching actions required to meet the system's NOF4 exit criteria, as well as the actions required to address each individual provider's NOF segmentation.

In due course, each Locality (all constituent partners including NHS Trusts) will be expected to develop Delivery Plans in response to the One Devon Integrated Care System Operational Plan. The LPDM will then become the place where all partners

are then required to demonstrate progress against these plans and course correct as necessary. Work will begin on this as soon as possible.

## System Co-ordination – working more closely with the Provider Collaboratives

To ensure the work of the existing Provider Collaboratives reflects support the delivery of the key system priorities dedicated **Provider Collaborative Engagement Meetings (PCEMs)** are being established with each as follows:

- Peninsula Acute Provider Collaborative Engagement Meeting
- Mental Health Learning Disability and Neurodiversity Provider Collaborative Engagement Meeting
- Primary Care Provider Collaborative Engagement Meeting

Each of the Provider Collaboratives within the One Devon Integrated Care System is at a different level of maturity. Chaired by the NHS Devon Chief Executive Officer, the expectation is each PCEM would be attended by all relevant NHS Devon Chief Officers and the leadership of the relevant Provider Collaborative.

The detail of the business conducted at each of these meetings will be worked through collaboratively over the course of the next few months. It is envisaged that it will focus on:

- Longer term projects and strategy development
- Specific pieces of work that can only be delivered through working in partnership
- Ensuring clear plans in place to address fragile services
- Reviewing challenges in-year

The outcomes of these meetings will be presented to the SLG.

As the meetings should be co-designed with the Provider Collaboratives, it is likely that they will differ in focus and scale, with some taking place at Locality level, whilst others may look to whole peninsula working and require engagement with NHS Cornwall and the Isles of Scilly Integrated Care Board.

## System Integrated Assurance Group (SIAG)

The **System Integrated Assurance Group (SIAG)** is an assurance meeting that was established by NHS England to oversee the progress being made by NHS system partners within the One Devon ICS towards NOF4 exit.

Due to NHS Devon's NOF4 status and the identified gap in performance management and oversight, NHSE's South West Regional and National Teams have assumed this role in an attempt to gain further assurance particularly focussing on elective long waiters and urgent care.



## One Devon Integrated Care Partnership

The **One Devon Integrated Care Partnership (ICP)** is a joint committee established by NHS Devon and its Local Authority partners which includes a range of organisations and groups who can influence people's health, wellbeing and care. Its primary aim is driving integration by producing a strategy to join-up services, reduce inequalities, and improve people's wellbeing, outcomes and experiences.

All partners are jointly accountable for delivering this strategy by:

- Facilitating joint action to improve people's health and care, and reduce inequalities
- Influencing wider factors that affect health (like housing) to create healthier environments
- Building a culture of collaboration to promote and support wellbeing, and involve people

Work has been undertaken to refresh the One Devon ICP in 2024/25 and a new Chair has recently been appointed. This committee will focus on the review of the integrated care strategy and neighbourhood health in 2025/26.

## Accountability

The One Devon ICP has overall accountability for the vision, aims and strategic goals contained in One Devon's Integrated Care Strategy. NHS Devon, local authorities and NHS provider organisations are accountable for the delivery of key plans described in this overarching Joint Forward Plan which is designed to implement the strategy.

## ICS outcomes framework

The Integrated Care System Outcomes Framework is an interactive dashboard designed to track progress against the strategic goals set out in the One Devon Integrated Care Strategy. Aligned with national frameworks such as NHS Outcomes, the Public Health Outcomes Framework, and the Social Care Outcomes Framework, it focuses on quantitative measures to provide a clear, data-driven view of system performance with a focus on understanding the impact of our work over the medium and longer term.

The framework enables us to demonstrate progress over time, evaluating whether our strategic priorities are being delivered and whether our work is achieving the desired outcomes for Devon's population.

It is a valuable tool for the One Devon Integrated Care Partnership, our System Leadership Group, and other relevant groups and bodies, supporting assurance, evidence-based planning and continuous improvement.

The framework is available via an interactive dashboard with drill down functionality to highlight inequalities and support local action.

The dashboard provides breakdowns of information at three ICS tiers (system, LCP and PCN), two local authority tiers and for inequalities (socio-economic, geographic, personal characteristics and clinical factors). The ICS outcome measures and key indicators are shown below.

ICS Outcome Framework Measures		
Admissions Following Accidental Fall	Support from local organisations to manage own condition	Population vaccination coverage (5 years old)
Deaths in usual place of residence	Digital exclusion risk index (DERI)	Flu vaccination coverage (at risk individuals)
Total Carbon Emissions (kt CO2)	Unified Digital Infrastructure	Covid-19 vaccination rates
NHS and LA Attributable Carbon Emissions (kt CO2)	Healthy Life Expectancy at birth	Children and young people accessing mental health services
Deaths attributable to air pollution	Gap in Healthy Life Expectancy at birth	Coverage of 24/7 crisis support for mental health
Index of Multiple Deprivation	Under 75 mortality rate from causes considered preventable	Suicide Rate
Access to Community Facilities	Global Burden of Disease: Top 10 Causes (DALYs)	Placeholder: Social Prescribing Uptake Rates
Rough sleepers per 1,000 households	Global Burden of Disease: Top 10 Modifiable Risk Factors (DALYs)	Access to eating disorders services for CYP
Average house price to full time salary ratio	Children achieving a good level of development at the end of Reception	Avoidable admissions for ambulatory care-sensitive conditions
Households in temporary accommodation	16-17 year olds not in education, employment or training (NEET)	Patient Activation Measures
Supply of key worker housing	Employment of people with mental illness or learning disability	Access to dentists / pharmacy / optometry / primary care
Fuel poverty	Workforce diversity (employment profile vs Devon by EDI characteristics)	Vacancy Rate for ICS Organisations
One Devon Cost of Living Index	Uptake/Coverage of Local Authority Carer Support Services	Financial Sustainability
Investment in Local Communities and Businesses	Unpaid Carers Quality of Life	Unified Approach to Procurement and Commissioning
Improved experience of navigating services	Carers Social Connectedness	Community Empowerment / Volunteering
Waiting Times		

# Appendices

## Appendix A: Universal NHS commitments, Statutory Duties and How These will be Delivered

NHS statutory duties	How we will meet our duties	ICB Duty Sections
Describe health services the ICB proposes to arrange to meet needs	This Joint Forward Plan broadly describes the health services we have in place, and will arrange, to meet the needs of our population as set out in the Integrated Care Strategy. Each year we also produce an Operating Plan that provides more detail about the planned performance of services.	14Z52, 14Z53, 14Z54
Duty to promote integration	The Joint Forward Plan is an integrated system-wide plan that encompasses a wide range of programmes that will contribute to improving the health and wellbeing of people living and working in Devon. Each section describes how system partners are working together to deliver joined up services.	14Z42
Duty to have regard to wider effect of decisions	The Joint Forward Plan is a system-wide plan to meet the aims and strategic goals set out in the Integrated Care Strategy. The strategy is overseen by the One Devon Partnership which will have the remit to ensure the full consequences of any decisions made are understood	14Z43
Implementing any JLHWS	There are three Health and Wellbeing Boards in Devon and we have worked closely with all three to ensure that their priorities are reflected in this plan.	14Z52, 14Z53, 14Z54
Financial duties	Refresh of system-wide Medium Term Financial plan that will set out how Devon will achieve financial balance over the JFP 5 year period. Year on year delivery of agreed annual financial plan.	223M
Duty to improve quality of services	Everybody has the right to feel safe and have confidence in the services provided across Devon. We are committed to securing continuous improvement and will ensure that our services are of appropriate quality. In accordance with the National Quality Board (NQB) guidance have robust mechanisms in place to enable proactive improvement and risk	14Z34

	management where quality and safety standards are not being met or are at risk. We have developed ways to effectively share intelligence and triangulate insights. and have a performance and quality reporting function in place. Our Chief Nursing Officer provides executive leadership for oversight of quality across our system recognising responsibility sits in different teams across provider, ICBs and others.	
Duty to reduce inequalities	One of our system aims is 'tackling inequalities in outcomes, experience and access' and two of our strategic goals focus on the top five risk factors and causes of death and disability. A third strategic goals explicitly states that we want 'everyone to have an equal opportunity to be healthy and well'. To achieve this each section of our plan outlines how relevant workstreams will contribute to reducing inequalities, particularly in relation to Core20PLUS5 (including Children) and, in line with the 2022 Armed Forces Bill, with regard to serving military personnel, reservists, veterans and their families., NHS Devon's newly established Population Health function will be a key enabler and will co-ordinate our cross system work in this area	14Z35
Duty to promote involvement of each patient	We are committed to promoting personalised care across all the services we deliver across our organisations. Our approach outlined in the strategic goal 'People in Devon will be support to stay well at home, through preventative, proactive and personalised care'. Specifically, the Primary and Community Care workstream describes how it will use the comprehensive model of personalised care to deliver this ambition.	14Z37
Duty to involve the public	Our Working with People and Communities Framework sets out our principles for involving local people. The communications and involvement enabling programme outlines how we will support delivery leads to ensure people and communities are involved in a meaningful way.	14Z45
Duty to enable patient choice	We support patient choice in our commissioning plans in a number of ways. These include expanding the use of personal budgets through our personalised care commissioning and the use of the Devon Referral Support Service (DRSS), which	14Z37

	supports patient choice at the point of referral into secondary care.	
Duty to obtain appropriate advice	We ensure that we obtain appropriate advice throughout the development of plans. This includes from: clinicians (both local and through regional networks), NHSE (regional and national), the South West Clinical Senate and legal advice. Obtaining advice is particularly important to us in our delivery of transformation. Our system approach to delivering the JFP means that relevant partners are included on our Programme Boards and are able to influence and give advice as appropriate, this includes police, housing, education and public health.	14Z38
Duty to promote innovation	We work closely with Health Innovation South West and Peninsula Research and Innovation Partnership to ensure we are cognisant of innovation and best practice. The Research and Innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.	14Z39
Duty in respect of research	We work closely Health Innovation South West and Peninsula Research and Innovation Partnership to ensure we are cognisant of research and best practice and that we promote research within Devon. The research and innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.	14Z40
Duty to promote education and training	We work collaboratively with our academic institutions, NHS and social care providers to promote health and care as a career option, supporting the development of programmes and learners within practice.  Our ambitious plans align with the transformation of services to provide a supply of skilled staff, providing care at the right time, in the right place, with the right reporting framework and robust metrics.	14Z41
Duty as to regard to climate change etc	Our Green Plan enabling programme outlines our clear commitment to successfully deliver targets for all local authorities to be carbon neutral by 2030 and the NHS by 2040.	14Z44
Addressing the particular needs of children and young people	Our plan includes specific strategic goals on children and young people and the children and young people delivery programme outlines the wide programme of work. Specific work programmes ensure that the ICB duties are	

	<p>met for;</p> <ul style="list-style-type: none"> <li>• Special Education Needs and Disabilities (SEND)</li> <li>• Safeguarding</li> <li>• Children in Care</li> </ul>	
Addressing the particular needs of victims of abuse	<p>We are active members of the three Safety Partnerships, two Safeguarding Adult Boards and three Safeguarding Children Partnerships in Devon. We work together to improve recognition of and protection of victims of abuse, to understand the needs of victims and survivors so they feel safe and can recover, and to work with communities to prevent and tackle community safety issues. We undertake individual case reviews to identify good practice and areas for improvement, and we work with partners to embed learning into practice to improve care, safety, and patient experience.</p> <p>We work with our health providers to improve the recognition of and response to those affected by violence and abuse, whether they be patients or staff members, and to meet the health needs of those impacted by trauma.</p>	

## Appendix B: National priorities and success measures for 2025/26

Priority	Success measure
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement.
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement.
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026.

	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)
Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance



## Appendix C: Glossary

Abbreviation	Meaning
A&E	Accident and Emergency
A&G	Advice and Guidance
ABCD	Asset-based-community-development
ACE	Adverse Childhood Experience
ACS	Ambulatory Care Sensitive
A-EQUIP model	Advocating and Educating for Quality Improvement
AHC	Annual Health Checks
AHSN	Academic Health Science Network
AMR	Antimicrobial resistance
ARC	Applied Research Collaboration
ARRS	Additional Roles Reimbursement Scheme
ASC	Adult Social Care
B&B	Bed and Breakfast
BFI	Baby Friendly Initiative
BMI	Body Mass Index
BPTP	Best Practice Timed Pathway
C. diff	Clostridium difficile
C2C	Clinician to Clinician
CAS	Clinical Assessment Service
CFO	Chief Finance Officer
CHC	Continuing Healthcare
CIC	Community Interest Company
CIOS	NHS Cornwall and Isles of Scilly
CIP	Cost Improvement Programme
CLD	Community learning and development
CMO	Chief Medical Officer
COCA	Community onset community associated
Core20PLUS5	The most deprived 20% of the national population PLUS the 5 ICS chosen population groups experiencing poorer than average health access, experience and/or outcomes that may not be captured in the core 20.
CPD	Continued Professional Development
CQC	Care Quality Commission
CRGs	Clinical Referral Guidelines
CRN	Clinical Research Network
CSDS	s Data Set
CT	Computerised tomography
CTR	Care and Treatment review
CUC	Community Urgent Care
CVD	Cardiovascular disease
CYP	Children and Young People

DASV	Domestic abuse and sexual violence
DCCR	Devon and Cornwall Care Record
DDR	Dementia Diagnosis Rate
DMBC	Decision-Making Business Case
DNA	Did Not Attend
DOS	Directory of Services
DPT	Devon Partnership NHS Trust
DSR/C(E)TR Policy	Dynamic Support Register (DSR) and Care (Education) and Treatment Review C(E)TR policy
DWP	Department for Work and Pensions
EBI	Evidence-Based Interventions
Ecosia	Search engine that uses the advertising revenue from searches to plant trees
ED	Emergency Department
EDI	Equality, diversity and inclusion
EHCP	Education, health and care plan
EHCS	Emergency Healthcare Plan
EPC	Energy Performance Certificate
ePHR	Electronic Patient Held Record
EPR	Electronic Patient Record
EPRR	Emergency Preparedness, Resilience and Response
EQIA	Equality and Quality Impact Assessment
ERF	Elective Recovery Fund
G&A	General and Acute
GIRFT	Getting it right first time national programme, designed to improve the treatment and care of patients through in-depth review of services
GRAIL	Healthcare company focused on saving lives and improving health by pioneering new technologies for early cancer detection
HbA1C	Haemoglobin A1c (HbA1c) test measures the amount of blood sugar (glucose) attached to your haemoglobin
HCAI	Healthcare associated infections
HEE	Health Education England
HEI	Higher Education Institution
HI	Health Inequalities
HR	Human Resources
HVLC	High Volume Low Complexity
HWB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board (NHS Devon)
ICP	Integrated Care Partnership (One Devon Partnership)
ICS	Integrated Care System (One Devon)
Immedicare	Telemedicine service providing 24/7 NHS video-enabled clinical support for care homes nationally
IPS	Individual Placement Support
IUCS	Integrated Urgent Care Service
JCP	Job Centre Plus
JFP	Joint Forward Plan
JLHWS	Joint Local Health and Wellbeing Strategy

JOY app	Real-time directory and case management tool that enables GPs and other health and social care professionals to easily refer into local services, helping to create a more joined-up system for service users.
JSNA	Joint Strategic needs Assessment
L&D	Learning and Development
LA	Local Authority
LCP	Local Care Partnership
LD	Learning Disability
LDA	Learning Disability and Autism
LDAP	Learning Disabilities and Autistic People
LeDer	Learning from Lives and Deaths (People with a Learning Disability and Autistic People)
LES	Local Enhanced Services
LGBTQ+	Lesbian, gay, bisexual, transgender, queer (sometimes questioning) plus other identities included under the LGBTQ+ umbrella
LIMS	Laboratory Information Management System
LMNS	Local maternity and neonatal system
LOS	Length of Stay
LPA	Local Planning Authorities
LTC	Long term condition
LTP	Long Term Plan
MD	Medical Director
MDT	Multi-disciplinary team
MECC	Making every contact count
MH	Mental Health
MHLDN	Mental Health, Learning Disability and Neurodiversity
MHST	Mental Health Support Teams in Schools model
MIS	Maternity Information System
MMR	Measles, mumps, and rubella
MRI	Magnetic resonance imaging
MRSA	Methicillin-resistant Staphylococcus aureus
MSW	Maternity Support Worker
NCTR	No criteria to reside
NEET	Not in employment, education, or training
NHP	New Hospitals Programme
NHSE	NHS England
NHSEI	NHS England and NHS Improvement
NICE	National Institute for Health and Care Excellence
NOF / NOF4	NHS Oversight Framework / NHS Oversight Framework segment 4
NOS	National Occupational Standards
NPA	National Partnership Agreement
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JFP	Joint Forward Plan
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NHSEI	NHS England and NHS Improvement
NICE	National Institute for Health and Care Excellence
NOF / NOF4	NHS Oversight Framework / NHS Oversight Framework segment 4
NOS	National Occupational Standards
NPA	National Partnership Agreement
SOP	Standard Operating Procedure
SRM	Supplier Relationship Management
SRP	System Recovery Programme
STAMP	Supporting Treatment and Appropriate Medication in Paediatrics
STOMP	Stopping overmedication of people with a learning disability, autism or both

Suicide Safer Communities	<a href="https://www.every-life-matters.org.uk/suicide-safer-communities/">https://www.every-life-matters.org.uk/suicide-safer-communities/</a>
SW	South West
SWAHSN	South West Academic Health Science Network
SWAST	South Western Ambulance Service NHS Foundation Trust
THRIVE	The THRIVE Framework for system change is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families.
TIF	Tech Innovation Framework
TLHC	Targeted Lung Health Check Programme
TSDFT	Torbay and South Devon NHS Foundation Trust
UCR	Urgent Community Response
UDA	Unit of Dental Activity
UEC	Urgent and Emergency Care
UHP	University Hospitals Plymouth NHS Trust
UKHSA	UK Health Security Agency
VBA	Value-Based Approach
VCSE	Voluntary, Community and Social Enterprise
VW	Virtual Ward
WRES	Workforce Race Equality Standard