TORBAY COUNCIL

Tuesday, 28 February 2023

Meeting of the Health and Wellbeing Board

Thursday, 9 March 2023
2.00 pm
Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Councillor Stockman (Chairwoman)
Pat Harris, Healthwatch Torbay
Matt Fox, NHS Devon Clinical Commissioning Group
Jo Williams, Director of Adult Services
Nancy Meehan, Director of Children's Services
Lincoln Sargeant, Director of Public Health
Councillor Law, Cabinet Member for Children's Services
Vacancy – NHS England

Co-opted Board Members

Pat Teague, Ageing Well Assembly
Ian Ansell, Torbay Safeguarding Children Board
Alison Brewer, Primary Care Representative
Tara Harris, Divisional Director of Community and Customer Services
Alison Hernandez, Police and Crime Commissioner
Adel Jones, Torbay and South Devon NHS Foundation Trust
Chris Forster, Torbay Community Development Trust
Tanny Stobart, Imagine This Partnership (Representing the Voluntary Children and Young People Sector)
Anthony Reilly, Devon NHS Partnership Trust
Paul Northcott, Adult Safeguarding Board
Sarah Newham, Department for Work and Pensions
Roy Linden, Devon and Cornwall Police

HEALTH AND WELLBEING BOARD
AGENDA

1. Apologies
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.

2. Minutes (Pages 4 - 6)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 8 September 2022.

3. Declaration of interest

3(a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

3(b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

4. Urgent items
To consider any other items that the Chairman/woman decides are urgent.

5. Peninsula Health Protection Annual Report 2021/22 (Pages 7 - 50)
To consider the Peninsula Protection Annual Report 2021/22.

6. Torbay Joint Health & Wellbeing Strategy 6 monthly monitoring reports (Pages 51 - 84)
To consider the Torbay Joint Health and Wellbeing Strategy 6 monthly monitoring reports.

7. Building a Brighter Future - New Hospitals Programme update (Torbay & South Devon NHS Foundation Trust strategy) (Pages 85 - 87)
To consider the Building a Brighter Future (Torbay and South Devon NHS Foundation Trust Strategy) report.

8. **Devon Integrated Care Strategy System** (Pages 88 - 241)

To consider the One Devon Integrated Care Strategy report.

9. **Integrated Care Board & Local Care Partnership business programme update**

To receive a verbal update in respect of the Integrated Care Board and Local Care Partnership business programme.

10. **Turning the Tide on Poverty & Cost of Living work programme updates**

To receive a verbal update on the Turning the Tide on Poverty and Cost of Living work programmes.

Meeting Attendance

Please note that whilst the Council is no longer implementing Covid-19 secure arrangements attendees are encouraged to sit with space in between other people. Windows will be kept open to ensure good ventilation and therefore attendees are recommended to wear suitable clothing.

If you have symptoms, including runny nose, sore throat, fever, new continuous cough and loss of taste and smell please do not come to the meeting.

TORBAY COUNCIL

Minutes of the Health and Wellbeing Board

8 September 2022

-: Present :-

Pat Teague, Tara Harris, Pat Harris, Matt Fox, Jo Williams, Councillor Jackie Stockman, Lincoln Sargeant, Becky Thompson and Lee Tozer

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1. Apologies

Apologies for absence were received from Councillor Law, Paul Northcott, Adel Jones, Alison Hernandez, Nancy Meehan who was represented by Becky Thompson.

2. Minutes

The Minutes of the Health and Wellbeing Board held on 17 March 2022 were confirmed as a correct record and signed by the Chairwoman.

3. Torbay Pharmaceutical Needs Assessment 2022 - 2025

The Director of Public Health, Lincoln Sargeant and Public Health Analyst, Simon Baker outlined the submitted report. The Board was informed that the Pharmaceutical Needs Assessment (PNA) was a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas. The Health and Wellbeing Board had a legal duty to ensure the production of a PNA for Torbay.

Members noted that the recent assessment had not identified gaps in pharmaceutical provision within Torbay despite the number of pharmacies in Torbay falling from 37 in 2018/19 to 31 in 2021/22 mostly as a result of the merger of pharmacy premises in close proximity to each other. Members further noted that Torbay still had more pharmacies per head of population than the South West and England. Members were advised that going forward, close attention would need to be paid to housing developments within Collaton St Mary which could lead to a significant population rise in that area.

Members made the distinction between pharmacy provision and pharmacist provision, questioning whether the PNA took into account the amount of time pharmacies were closed as a result of a pharmacist not being available and the impact this has on primary care. The Director of Public Health agreed to raise this issue through the Integrated Care System and with the responsible commissioner for NHS England.

By consensus the Board resolved:

That the Torbay Pharmaceutical Needs Assessment for 2022-2025 be approved and published on Torbay Council's website.

4. Torbay Suicide and Self-harm Prevention Action Plan Update

The Board noted the update on the Torbay Suicide and Self-harm Prevention Action Plan. Members were advised that over the last year Torbay's rate of suicide had dropped slightly. However, the suicide rate was still significantly higher than many other areas in the country and combined with an economic position that currently challenges the most vulnerable individuals in our society, officers and partners could not become complacent.

The Board was informed of the significant contribution Torbay Community Helpline had made in addressing mental health by looking at an individual holistically. The 'train the trainers' approach to skilling up people to recognise and respond to mental health issues in the community was noted to be a successful method that had aided the delivery of a range of courses that aimed to boost wellbeing. The self-harm prevention pilot in Torbay schools had also been extended for another year and had already delivered some positive outcomes. New priorities had been identified and included 'tackling basic needs' as a means of preventing poor mental health and tailoring approaches to improving mental health in children and young people.

5. Family Hubs

The Board noted a verbal report from the Divisional Director of Children's Safeguarding, Becky Thompson on the Family Hubs. The Board was informed that there was strong indication that the Family Hub funding would be available on a work stream basis with the programme centred around pre-birth to five year olds. Whilst there would be opportunities to go beyond five year olds these opportunities would not be funded by the Government. The Board noted that Torbay had applied to be accepted on program and to be included as a trail blazing authority. An announcement of those successful trail blazing authorities was expected to be made in November 2022, with delivery expected to start during the beginning of 2023.

6. Torbay Joint Health and Wellbeing Strategy progress report September 2022

The Board noted the progress report on the Torbay Joint Health and Wellbeing Strategy. Members were informed that the progress reports were quite positive with reasonable progress in each area of focus and the cross-cutting themes. The Board welcomed the suggestion that the next iteration of the progress reports include details of barriers and delays for the Board to explore where partners can assist.

7. Cost of Living Crisis - Update on Activities

The Board noted that the Council would be holding a cost of living summit towards the end of September 2022, with key partners. The DWP also confirmed they would be holding a workshop in Plymouth which if successful would be rolled out

further. The Divisional Director of Customer and Community Services also set out details of the third round of the Household Support Fund with the Director of Public Health sharing details of plans to create warm banks, provide practical items such as slow cookers and blankets to assist those experiencing fuel poverty.

Chairman/woman

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title: Devon & Cornwall Health Protection Committee Annual Report 2021/22

Wards Affected: All

To: Health and Wellbeing Board **On:** 9 March 2023

Contact: Julia Chisnell, Consultant in Public Health
Mandy Guy, Public Health Specialist

Email: Julia.Chisnell@torbay.gov.uk
Mandy.Guy@torbay.gov.uk

1. Purpose

To present the annual assurance report of the Devon and Cornwall Health Protection Committee 2021/22 for information.

2. Recommendation

Members are asked to note the annual assurance report.

3. Supporting Information

Background to the report

Devon, Plymouth, Torbay and Cornwall Local Authority Public Health teams are partners in the Devon and Cornwall Health Protection Committee which provides assurance that health protection functions are being effectively discharged across the Peninsula.

The Committee prepares an annual assurance report for the constituent Health and Welbeing Boards, detailing progress against statutory duties and strategic priorities during the previous year.

The report considers the following key domains of Health Protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance
- Emergency planning and response.

The report sets out for each of these domains:

- Assurance arrangements
- Performance and activity during 2021/22
- Actions taken against health protection priorities identified for 2021/22
- Priorities for 2022/23.

The COVID-19 pandemic remained a high priority throughout 2021/22, alongside work to recover mainstream health protective activity, including general screening and immunisation programmes.

There is a delay between the reporting period and the preparation of the report due to the timetable for publication of annual performance data. Because of this time lag, this year's report also contains some information in relation to activities undertaken during 2022/23, to provide a timelier picture of progress.

Key points from the report for Torbay

Management of COVID-19 outbreaks

The report includes the numbers of outbreak by setting type notified to UKHSA. Torbay managed the majority of the outbreaks locally, including those in education, businesses and hospitality settings. This worked well due to officers' local knowledge. Complex care settings continued to be managed in collaboration with UKHSA although the Public Health team continued to take a lead on care sector outbreaks until September 2022 when normal arrangements were resumed.

The report describes the continuing changes to guidance and legislation which required continuing adaptation of working practices and intervention by the Public Health team in partnership with the NHS and local settings. In February 2022 legal restrictions ended in England, resulting in the local contact tracing team being stood down. Rates of non-COVID infectious diseases reported to UKHSA remained lower than pre-COVID figures during the pandemic.

Local areas of innovation and good practice

COVID-19 funding enabled on-site infection prevention support to non health and care settings in the community. Multi-lingual training, resources and checklists were provided to support education, workplaces, homeless settings, businesses, asylum hotels and for events.

COVID-19 testing continued to be coordinated peninsular wide, with targeted community testing, including the deployment of fixed and mobile PCR and LFD testing sites. This included the targeting of testing to specific sites and workplaces where it was vital to keep services running.

Winter 2021 saw a surge in COVID-19 vaccination due to the emergence of the highly transmissible Omicron variant. Torbay Public Health team continued to work with the vaccination inequalities programme to run local pop-up vaccination clinics in

areas of high deprivation and low uptake across the Bay. A number of these were supported with door to door leafleting and face to face engagement. Outreach vaccine pop up clinics remain in place.

The flu vaccination programme continued to be a priority during 2021/22 with extension to new eligible groups including school years 8-11, and those aged 50-64.

Local Outbreak Engagement Boards in all areas helped local authorities to keep in touch with key stakeholders. COVID Community Champions continued to be a valued source of support and information, acting as trusted voices in promoting key messages with their local networks, and feeding back local issues and concerns.

Torbay Public Health team established the local health protection response for refugees and people seeking asylum. Coordination is now led by NHS Devon. Health screening of all new entrants is led by local primary care teams, ensuring top up immunisations, screening for active TB, and Covid and Flu vaccination. Practitioners and host families were also offered trauma informed training to recognise the traumatic situations many refugees had experienced and guide their approach to communications.

Screening & Immunisation programmes

All screening programmes suffered from the impact of the COVID-19 pandemic to varying degrees, with the focus during 2021/22 to support providers to implement detailed recovery plans to safely recommence screening and tackle the backlog that had developed during the pandemic.

Good progress was made across all programmes although some areas remain lower than target. In summary:

- Cancer and non-cancer screening services in Devon reported coverage significantly better than the national averages for 2021.
- Immunisation coverage is lower than target for second dose MMR and for some school vaccinations, and these are a priority for the new multi-agency Devon Maximising Immunisation Uptake Group established in 2022.
- The Covid and Flu vaccination programme will continue to promote higher uptake in all risk groups during 2023/24.

Healthcare associated infections

This section covers infections which are acquired through contact with health services and also frequently difficult to treat: *MRSA, MSSA*, *C.difficile*, and *E.coli.*

Key challenges for 2022/23 have been to strengthen the antimicrobial resistance programme, continue to support the COVID-19 response,to implement *E.coli* and *C. difficile* reduction strategies, and to ensure consistent information and analysis from community infections.

Trends in these infections showed an overall stable position. The Devon Antimicrobial Resistance Group has been reconvened and will be working in

collaboration with the Cornwall group on programmes to reduce healthcare association infections further and to promote campaigns to tackle anti-microbial resistance in line with the national 10 year strategy.

Health Protection Committee Priority areas

Progress against the 2021/22 priority areas is described in the report.

Peninsula wide priorities for action in 2022/23 are below:

1. Maintain response to COVID-19

2. Ensure preparedness and system wide resilience to respond to future pandemic or health protection emergencies

3. Recovery of screening and immunisations programmes, with a focus on addressing health inequalities

4. Strengthen community infection management services to prevent and respond to infections, aligning to the broader SW IPC Strategy work

5. Reduce healthcare associated infections and tackle antimicrobial resistance across our communities

6. Work towards continuous improvement in all areas of health protection

7. Maintain a focus on local action to address the climate emergency.

Progress against these will be included in the next annual assurance report.

4. Relationship to Joint Strategic Needs Assessment

The health protection agenda is aligned to areas of inequality identified in the JSNA. All areas of action are designed to protect and support individuals and settings at greatest need or risk.

5. Relationship to Joint Health and Wellbeing Strategy

Health protection is inextricably linked to wider health and wellbeing. Actions to prevent and respond to infectious disease are a key part of delivering improvements in healthy life expectancy.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

As above.

Appendices

A copy of the Peninsula health protection assurance report 2021/22

Agenda Item 5
Appendix 1

Annual Health Protection Assurance Report for the Health and Wellbeing Boards of Cornwall and the Isles of Scilly Councils, Devon County Council, Plymouth City Council, and Torbay Council

1 April 2021 – 31 March 2022

Contents

1. Introduction

1.1 This report provides a summary of the assurance functions of the Devon, Cornwall and Isles of Scilly Health Protection Committee and reviews performance for the period from 1 April 2021 to 31 March 2022, for the Health and Wellbeing Boards of Cornwall Council and the Council of the Isles of Scilly, Devon County Council, Plymouth City Council, and Torbay Council.

1.2 The report considers the following key domains of Health Protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance
- Emergency planning and response.

1.3 The report sets out for each of these domains:

- Assurance arrangements
- Performance and activity during 2021/22
- Actions taken to date against health protection priorities identified for 2021/22
- Priorities for 2022/23.

2. Assurance arrangements

2.1 Local authorities, through their Director of Public Health, have an assurance role to ensure that appropriate arrangements are in place to protect the health of their populations.

2.2 The Devon and Cornwall Health Protection Committee is mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, and Cornwall Council and the Council of the Isles of Scilly to provide assurance that adequate arrangements are in place for prevention, surveillance, planning, and response to communicable disease and environmental hazards.

2.4 Summary terms of reference for the Committee and affiliated groups are listed at **Appendix 1**.

2.5 A summary of organisational roles in relation to delivery, surveillance and assurance is included at **Appendix 2**.

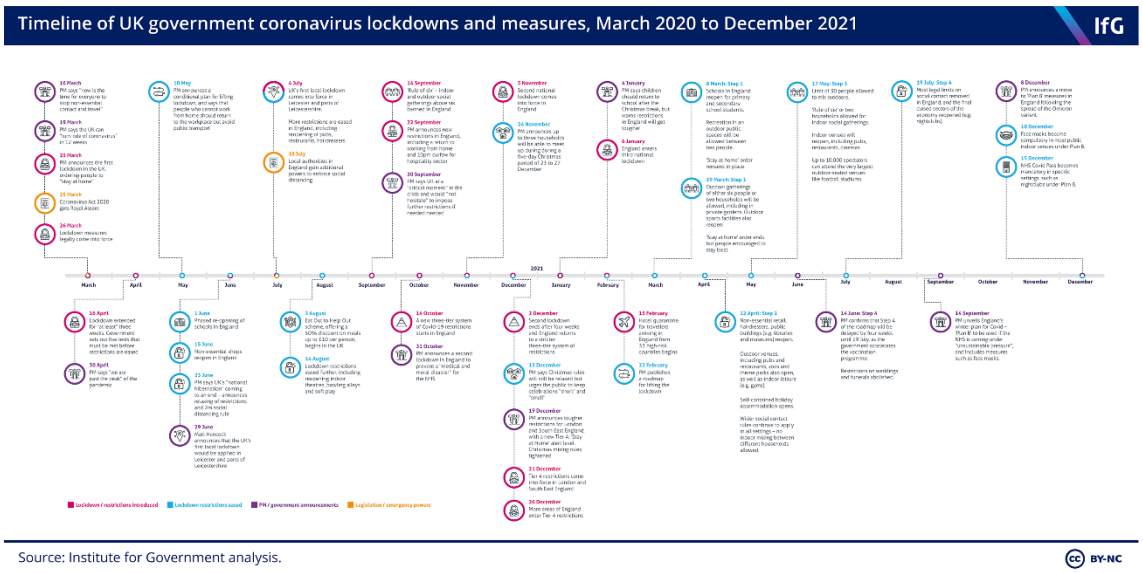
2.6 A major organisational change has been the transition from Public Health England (PHE) to the UK Health Security Agency (UKHSA) which took place in October 2021.

3. Prevention and control of infectious disease

3.1 Since the end of December 2019 when the first cases of COVID-19 were reported in China, to now, the world, Europe, the UK and DCIOS have seen waves and troughs of cases. This is expected to continue.

3.2 From December 2020 the first COVID-19 vaccinations were administered and vaccination programme established. Winter 2021 saw a surge in vaccination due to the emergence of the highly transmissible Omicron variant.

Activity in 2021/22



Jan 2022

Isolation period reduced to 10 days (or 7 days following two negative lateral flow tests 24 hours apart). Fully vaccinated contacts are not required to self-isolate and are advised to take lateral flow tests every day for 7 days, only being required to isolate following a positive result. Unvaccinated contacts will still need to isolate for 10 days.

11th Jan those testing positive using a lateral flow test no longer need to take a PCR test to confirm the result.

The Government reintroduced the Statutory Sick Pay Rebate Scheme which had previously ended on 30 September 2021.

Feb 2022

End of legal restrictions in England.

End of routine contact tracing.

Close contacts who are fully vaccinated no longer required to test and unvaccinated close contacts no longer required to self-isolate.

Care home staff asked to take lateral flow test before their shifts rather than weekly PCR tests.

Outbreak management rules reduced to 14 days from 28 days.

March 2022

18th March – Government removed the remaining international travel restrictions.

31st March Free PCR testing in the community ended.

Targeted Community Testing ended.

Care home staff testing daily using lateral flow tests prior to each shift. All residents test monthly using a PCR test.

3.3 UKHSA, peninsula local authorities and CCGs worked in partnership to support settings with high-risk cases or outbreaks of COVID-19. Common settings where an outbreak response is required include care homes, supported living settings, early year and education settings,

health care settings, workplaces (particularly those associated with national infrastructure or are otherwise high risk) prisons and homelessness settings. Table 1 shows the number of COVID-19 situations recorded on HPZone (UKHSA case management system) by principal context and local authority area in the year 2021-2022. This will be a significant under representation of the number of settings reported as it does not include situations where the local authority led the response. For example, where the local authority led on providing a response to local schools or workplaces these will not be included in the setting figures below.

Table 1 Number of Covid-19 situations recorded on PHE/UKHSA system between 1 April 2021 – 31 March 2022 by Local Authority and setting type

3.4 The table below represents notifications made to UKHSA, and not necessarily situations managed by UKHSA. Many situations (schools and workplaces) were managed locally. Local authorities all developed their own systems to support and manage outbreaks in a range of settings and these figures will not reflect the totality of the work down across the system to support the settings with situations or in outbreak.

Local Authority	Adult Care Home	Educational setting	Workplace	Healthcare	Other
Cornwall*	399	47	12	5	<5
Devon**	529	99	8	<5	7
Plymouth	224	47	8	<5	<5
Torbay ***	127	107	<5 101	<5	<5

*In Cornwall between June 21 and Jan 22 553 businesses were supported with Covid activity within their workforce/customers.
**Devon is much lower as they managed a significant number of their outbreaks locally – without direct involvement from the HPT. The above figures are an underestimation of impact.
*** Torbay managed the majority of outbreaks locally. Figures include education, business and hospitality settings April 2021 – March 2022

3.5 UKHSA regional Health Protection Teams provided the specialist response to other infectious disease and hazard related situations across Devon and Cornwall, supported by local, regional and national expertise.

3.6 Situations responded to alongside management of COVID-19 have included:

- Non-covid related outbreaks in early years, schools and residential care settings
- System pressures (patient flow from acute through to care homes / POC)
- Plymouth shooting
- Bomb threats made to NHS and a secondary school in connection with the Covid 19 vaccination programme
- Major incident declared in December 2021 for mass vaccination booster programme
- G7 summit hosted in Cornwall, 9-11th June 2021

- Boardmasters Festival, 6th-8th August 2021
- Outbreak of GI illness associated with consumption of Oysters (North Cornwall), November 2021

Area of response	Detail
Public Health advice	Throughout 2021/22 public health advice continued to be developed and disseminated in relation to the identification and management of symptoms, case and outbreak response, promotional campaigns, and support for all sectors in relation to the pandemic. Proactive support was provided through a suite of assets and communication tools hosted by local authority, CCG and UKHSA agencies. Examples include early year and education setting regular webinars, care home webinars, flow charts communicating actions to take following possible or confirmed case(s), checklists, and risk assessment tools.
Contact tracing	UKHSA, working with local authority public health teams and NHS Test and Trace, led the process of contact tracing, testing and isolation, interpreting and implementing changing national guidance during the phases of the pandemic. Local Authorities took on more cases over time and adopted Local Zero. Use of a Local number lead to early contact tracing *Area of good practice* Cornwall case review service – bespoke service set-up in advance of the wider national contact tracing service. Dependent upon case incidence large percentage of confirmed Covid 19 cases contacted by in-house Cornwall Council case review team. Intelligence gathered and support offered to schools, early year settings, businesses etc to keep people safe and an employment. This model excelled when working with partner organisation during the G7 summit. The G7 world leaders' event was held in May 2021 at Carbis Bay hotel and Tregenna Castle on the outskirts of St Ives. The event was managed in a way to reduce the risks of Covid infections to delegates, support staff, police, security staff and the general population. It involved liaising with PHE at a national level to determine testing regimens prior to the event for all those attending and working in connection with the event, having testing regimens established and embedded into daily practice during the event and the ability to isolate and contain any cases or outbreaks during the event. Close working practices evolved during the build up to the event and were essential during the 5 day event where there were a small number of cases which were contained as effectively as possible. A surveillance system was established with Field Epidemiology Services to monitor the cases and contacted in relation to the event.

Testing

Area of local good practice

Testing was coordinated across Devon and Cornwall by a regional testing strategist, bringing together clinical, commissioning and public health expertise regularly to review latest guidance and manage implementation in the most effective way for a geographically dispersed population. Testing capacity and capability was targeted to ensure all communities were able to access symptomatic and asymptomatic testing services, taking into account the needs of those without easy access to transport, and vulnerable populations.

Targeted community testing, including deployment of fixed and mobile PCR and LFD testing sites, was used to maximise testing uptake across the peninsula.

Boardmasters was one of only a few music festivals that went ahead in the summer of 2021. It was a four-day event based just outside Newquay which involved music and camping in the evenings and surfing competitions in Newquay during the day. Over 50,000 people attended the events. The Public Health team worked closely with the event organisers to ensure the Covid guidance at that time was followed and also established additional Covid mitigation such as a second Lateral Flow test for all attendees after 2 days at the festival. Despite these mitigations a large number of cases were identified after the event as possibly been transmitted during the event. The learning from the event included the need not to rely on the general public doing unsupervised testing to ensure they able to attend such an event. Learning from the event has been and will continue to be referred to as more events are organised in the future.

Testing teams adapted over time increasingly supporting inclusion health and access wider health protection services allowing area based and targeted solutions to meet local need whilst increasing access to testing.

Vaccination

Area of local good practice

Local authorities continued to work with CCGs to develop an outreach offer, through use of all vaccine partners – CCG, acute trusts, GPs and pharmacies, and use of community settings in areas of high deprivation and low uptake. Inclusion health groups have also been prioritised over the past year along with the evergreen offer for those who have not yet taken up the offer for covid vaccination. During winter 21/22, where possible covid and flu were co-administered and learning from that season will be used for a much wider rollout of co-administration for winter 22/23.

The Devon Health Inequalities (HI) Cell was established early on to address inequalities in uptake of covid vaccinations and focus on priority groups who were least likely to be vaccinated and/or who may be more susceptible to the severe consequences of infection. This group includes representation from a wide range of stakeholders and has been led by a

Consultant in Public Health on behalf of the three Devon Local Authorities. For some time now this group has been expanded to include Flu, focusing on increasing uptake across both vaccination programmes building on the excellent work, outreach programme and relationships that have been established through delivery of the COVID programme. Through the work of the cell, a health inequalities hub and data dashboard have been developed and the learning is being embedded into wider system work to address health inequalities. The work of the cell and its partners has received regional and national recognition, including the NHS Devon Equality and Diversity Award and the National NHS Parliamentary Health Inequalities Award. An example of one project delivered through the work of the cell is below:

Case Study: Devon and Cornwall Chinese Association

- The Chinese community were worrying about deportation when accessing the vaccine centre due to their visa/residency status.
- We met with the Chinese leaders explained them their rights and addressed their worries. To meet Chinese community's needs we organised a focussed 2hr slot for people to attend a vaccine centre/pop up clinic with Chinese volunteers who walked through the process with people having their jabs.
- To alleviate concerns about immigration status, the DCCAcoordinated bookings for vaccination clinics. The DCCAscheduled the vaccines, worked with individuals to make travel arrangements, and relied on DCCAstaff and volunteers to interpret and support people at the clinics.

Variants of concern

UKHSA led the response to investigating single cases and outbreaks of variants of concern, working closely with local authorities to ensure containment and, in the case of Delta and Omicron, mitigate spread.

Settings based prevention & case & outbreak response

Prevention and response programmes were developed for all settings to prevent and control outbreaks:

- Schools and early years
- Care homes and domiciliary care
- Businesses & hospitality
- Places of detention
- Homelessness settings

Excellent collaborative working continued with all sectors to support them to keep staff, clients and students safe, minimise disruption and keep premises open and functioning.

Communications & engagement

Area of local good practice

Local Outbreak Engagement Boards continued in each local authority and brought together stakeholders from health and care, education, business, hospitality, voluntary and community sectors, faith groups, police, and other sectors to feed into local policy and ensure clear communications to all parts of the community.

Covid community champions continued to be a valued source of support and information, acting as trusted voices in promoting key messages with their local networks, and feeding back local issues and concerns.

Across all the LAs, teams worked in a variety of ways to develop and support communications for inclusion health groups. This included door-door leafleting, face-face engagement, targeted social media, and webinars.

Surveillance Arrangements

3.7 UKHSA provides a quarterly report to the Committee containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level.

3.8 Fortnightly bulletins are produced throughout the winter months, providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus. These bulletins report information for the UKHSA (South West). UKHSA also provides a list of all community outbreaks all year round.

3.9 The Devon Health Protection Advisory Group and the CIOS Health Protection Group, led by UKHSA and convened quarterly (twicer per year for CIOS), provides a forum for stakeholders, including hospital microbiologists, environmental health officers, consultants in public health, water companies and infection control nurses, to share intelligence and any risks identified in local arrangements to manage communicable disease incidence.

4 Screening programmes

4.1 This section summarises some of the key developments for the individual screening programmes during 2021/22.

4.2 All screening programmes suffered from the impact of the COVID-19 pandemic to varying degrees with the focus during 2021/22 to support providers to implement detailed recovery plans to safely recommence screening and tackle the backlog that had developed during the pandemic to return programmes back to a business-as-usual footing. For some programmes, this has required significant investment, both regional and national to increase capacity over and above 100% to be able to deliver screening and to offer screening to all those individuals who were affected by the pause in the programmes in as timely a way as possible. As a consequence, this investment has been designed to build in increased capacity to ensure more robust and sustainable services into the future.

4.3 The impact of the COVID pandemic has meant that there have been challenges meeting some national standards (for example, round length and coverage) and for these areas, action plans and improvement plans are in place alongside the recovery plans.

4.4 The text below provides a summary of performance, challenges, and developments during 2021/22 and future developments.

Screening programme:

Bowel

Both routine and surveillance programmes had to be paused at the start of the pandemic due to several factors, including IPC concerns at colonoscopy. Invitations were recommenced in a phased way to enable providers to manage flow of patients through the screening pathway and providers increased invitation rates and colonoscopy capacity (compared to pre-Covid) to recover backlogs. All providers met the national recovery ambition. As part of the national recovery plan, bowel scope screening was paused and then a decision made to cease this programme. Any individuals who were invited to bowel scope screening but were not able to be screened due to the pause of services were invited to bowel screening.

In addition to recovery, nationally, age extension of the bowel cancer screening programme commenced from mid May 2021. This is a 4-year extension programme starting with 56-year olds in 2021-22 to include 50 year olds by 2024-25. All providers have commenced age extension to 56-year olds with a plan to launch age 58 invites in Q1 2022/23 in line with national guidance, subject to regional finance allocations.

It has been agreed that screening of individuals with Lynch syndrome will be introduced in 2023/24 with planning around process, IT systems and finance led nationally in 2022/23.

Recovery Progress / Service Delivery

- All providers have recovered.
- North & East Devon have performance improvement plans in place. QA visit scheduled for 28th September 2022.

Key risks to programme delivery

- Notified in August 2022 that there is a national issue with the bowel prep supply required for the diagnostic tests. Not currently impacting the service and is being monitored, and likely to be resolved by October 2022.

Breast

Recovery Progress / Service delivery

- The SW backlog has had a continued downward trend. Three programmes have recovered their backlog to at least 90% of women being invited within the 36 month round length, with the remaining six programmes expected to achieve this by November 2022.
- Uptake in Q4 21/22 in the South West slightly improved to 56.8% (acceptable standard 70%).

Arising issues of note by exception

- Three radiology fellows have been recruited to the far South -West which should significantly increase capacity. The SW is a national outlier for Radiologists in Breast Screening.
- Task group set up to develop shared, dedicated practice educator roles across SW
- Guidance on smoothing the round received to reduce peaks and troughs. National round length planning tool due to be rolled out to all programmes.
- National Demand & capacity tool does not reflect recovery position of four of our programmes – this has been reported to national team.
- Across the SW, services have been affected by capital delays, arising workforce changes and high levels of sickness absence, compounded by summer holiday annual leave

Key risks to programme delivery

- Workforce challenges locally and nationally continue to significantly affect the South-West further delaying recovery / full restoration. Key staff now retiring post recovery.
- High symptomatic demand

Cervical

Recovery Progress / Service delivery

- Performance Improvement Plan with NBT is looking to sustain this performance.
- Cervical screening in sexual health commissioned across all systems except Cornwall. Currently working with provider Brook to start service in next few months.
- Trusts are starting to submit data for 28-day faster diagnosis standard (currently incomplete data)

Arising issues of note by exception

- Torbay – working through business case to increase capacity/staffing. Trust having conversation with ICB to explore different funding avenues.

Key risks to programme delivery

- Increase in colposcopy referrals as a result of the introduction of primary HPV has stretched colposcopy capacity for the providers in the South West (outside of BNSSG). All providers and CCGs have been contacted about this as the CGGs fund colposcopy
- Negative reaction to Wales' decision to increase interval from 3 to 5 years for younger cohort may affect England's rollout date.

Antenatal/ Neonatal

Recovery Progress / Service delivery

- All antenatal screening programmes are fully recovered. Business as usual governance arrangements are in place with 6monthly programme boards and operational mtgs in between for all providers. Monthly incident review mtgs with SQAS enable close oversight of all incidents through to closure. Quarterly KPI submissions have continued and are reviewed by the team and discussed with providers outside of programme boards to ensure actions are in place and being progressed.

Arising issues of note by exception

- There are open incidents across several of the programmes. All are on track for investigation and closure.
- Concern that staffing pressures in maternity may be starting to have an impact on screening team functions with some trusts having increased number of incidents, poor timeliness investigation of incidents, lack if capacity to submit KPIs, single point of failure for some tasks.

Key risks to programme delivery

- Performance improvement plan in place in, RDE to comply with national standards and key performance indicators

New-born Hearing

Recovery Progress / Service delivery

- All new-born screening programmes are fully recovered. Business as usual governance arrangements are in place with 6 monthly programme boards and operational meetings in-between for all providers and the NBT new-born lab. Monthly incident review mtgs with SQAS enable close oversight of all incidents through to closure. Quarterly KPI submissions have continued uninterrupted and are reviewed by the team and discussed with providers outside of programme boards to ensure actions are in place and being progressed.

Arising issues of note by exception

- New-born bloodspot KPIs continue to be a challenge across the region to consistently meet acceptable and achievable standards. NB1 coverage – several factors may have impacted in the past year, including problems with lab (in Q2), postal delays (Christmas and lock down related issues) and the implementation of NEMS (post NEMS, blood spot results are now not received until all 9 tests are completed, whereas previously results would have been received as completed).
- NB2 avoidable repeats - 2020/21 annual lab data confirms that overall performance in NB2 has declined a little in the last year though some providers do meet the standards. All providers have done extensive work in this area over many years and there has been gradual improvement. New national lab criteria are to be introduced (date TBC) and we anticipate that this will increase the number of samples that will be rejected. The South West region average for NB2 is one of the highest and above the England average. The team will be considering whether a new regional project is needed for this area.
- NB4 movers-in coverage – this is a challenging indicator and most parts of the country do not meet the acceptable standard of a result being recorded in CHIS by 21 days of notification of a mover-in. Several factors impact on performance, including small numbers effect, unable to remove parental declines from denominator, challenges for HV making contact with families, referral pathways into paediatric outpatient departments. The team have been working with system colleagues to improve the local pathway and will be publishing updated regional best practice guidance shortly.
- There are open incidents across most of the programmes. All are on track for investigation and closure.

Key risks to programme new-born delivery

- Devon NHSP service transitioning from a community model to a hospital model on the 27th April 2022. This will impact future KPI's as the target for completion moves from 5 weeks to 4 weeks.

Diabetic Eye Screening (DES)

Service delivery

- Health inequalities work progressing with use of HEAT tool reviewing what has gone well in last 12 months and planning for the next 12. A lot of the work will focus on addressing serial DNA patients, understanding reasons, and exploring ways to engage these patients with screening.

Arising issues of note by exception

- National guidance on introduction of Optical Coherence Tomography (OCT) into screening pathway awaited. Early conversations taking place with CCGs who currently fund OCT through Ophthalmology.
- Reduced screening interval changes planned for 2023 with national working group established to meet monthly until implementation.

Key risks to programme delivery

- Capacity within the majority of Hospital Eye Services (HES) continues to be an issue for screening programmes for routine referrals and follow up patients, however this is closely monitored by the programmes and although improving will remain a risk until HES are able to return to pre covid capacity.

Abdominal Aortic Aneurysm (AAA)

Service delivery

- Finished the April 2021 -March 2022 screening cohort in January 2022, two months ahead of schedule.
- Programme now coming to the end of the April 2022-March 2023 cohort.
- No breaches have occurred in the vascular referral pathway, all patients who could have surgery were operated on within the 12 week framework. Any delays were down to allowable patients' factors.
- With GP surgeries now back open issues finding suitable rooms to hold clinics have reduced. Plus, work done during the pandemic to find alternative rooms e.g. rugby clubs and football clubs has helped with the ongoing issues of suitable clinic space.
- All providers requested to complete/refresh HEAT tool

Arising issues of note by exception

- Lone working policy redacted nationally - some programmes disappointed due to extra flexibility offered by policy in rural settings.
- Capital funding for van secured by Cornwall local authority – plans to evaluate impact on inequalities in development.

Key risks to programme delivery

- Vascular capacity to meet 8-week target to surgery challenging given wider pressures within surgery/ITU.
- SIAFs reviewed for every breach post 12 weeks (predominantly due to co-morbidities). All referrals tracked.
- Most indicate complex needs and good examples of where patient needs are being respected in the face of the challenge of meeting the targets.
- Some examples of where if person tests positive for Covid, current guidance indicates surgery should be pushed back at least 6 weeks from positive test. This still stands and may indicate risk assessed delay at the point of the surgery dates within screening referrals.

5 Immunisation programmes

5.1 This section summarises some of the key developments for the individual immunisation programmes during 2021/22.

5.2 National pandemic guidance prioritised the continuation of all immunisation programmes to ensure that public health protection was maintained, and outbreaks of vaccine preventable diseases were prevented.

5.3 The impact of the COVID pandemic has meant that there have been challenges meeting some national standards in some programmes (for example, recommended intervals between doses and coverage) and for these areas, action plans and improvement plans are in place alongside the recovery plans.

5.4 The following table gives a summary of performance, challenges, and developments during 2021/22 alongside future developments.

Targeted Immunisations

- All infants (aged 0 to 12 months) with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater. Numbers eligible are low.
- Due to the Severe Combined Immunodeficiency pilot in other parts of England vaccinations not given at birth but at 28 days of age or soon afterwards to give time for blood spot result to be received. Still observed in SW even though not part of pilot as baby may have been tested if born elsewhere.
- BCG vaccination cannot be given until the dry blood spot result is available for the patient, but national target is for babies to be offered by 28 days. All SW providers struggle to get babies booked in to such a tight timeframe as they have limited numbers of clinics running due to low number of eligible patients and if parents can't make a specified date the next available is likely after 28 days of age. This issue is being seen nationally not just in SW.

Immunisation programme:
Pre School Immunisations

- On average over last few quarters above optimal threshold of 90% for all immunisation uptake for primary immunisations by the time the child turns 12 months old.
- Rotavirus remains below the optimal standard and has high fluctuations in variation. There are some quarters where this has dipped below 90% but more recently over the last three this has been above.
- Emerging improved variation for primaries and pneumococcal conjugate vaccine (PCV), with PCV above optimum of 95% in Q3

Service Delivery

- The pattern of immunisation uptake across the SW appears to be following normal levels of variation and is comparable to previous years as shown by the Child Health Information Services (CHIS) covid dataset and is also confirmed by the annual 2020/21 COVER data and the latest 2021/22 Q4 data.

- Maximising Uptake Groups are to be relaunched with co-ordinated improvement plans to improve uptake based on national regional and local priorities. Targeted work at a practice level alongside bespoke data analysis will be incorporated into these plans. New routine locality data packs have been created to help support the

identification of practices where uptake is reducing thus enabling more rapid support and intervention. These will be updated quarterly.

Arising issues of note by exception

- Emerging feedback from some GP practices due to potential loss of income in relation to non-achievement of the new QOF targets for childhood immunisations. This is a national issue, and the outcome of these discussions are awaited. Local implications are being managed on a case-by-case basis. An operational working group has been established to investigate the technical aspects of these contractual changes and the outcomes of this workstream will be about identifying opportunities to optimise workload, delivery, recording and reporting, and uptake of immunisations, with the anticipated benefit that this will maximise income for practice within the nationally negotiated contract.
- National Measles and Rubella Elimination Strategy Task and Finish Group commenced to oversee the development and delivery of action plans that take forward the recommendations set out in the UK Measles and Rubella Elimination Strategy (2019).

Development work

- New SW Measles and Rubella Elimination Strategy (MRES) action plan being drafted.
- Maximising immunisation uptake groups improvement plans being developed based on underpinning quality improvement methods to support achievement of aims. Work to address uptake and inequalities will be embedded in the locality work of the team within all systems, with jointly agreed action plans.
- Analysis of CHIS Measles Mumps and Rubella (MMR) data is underway to support a re-fresh of the Measles and Rubella Elimination Strategy project plan and will support local discussions to support targeted interventions. The analysis will be repeated on an up-to-date extract of CHIS data for all 0–19-year-olds enabling a population view of coverage and GP practice-based analysis.
- In view of the lower uptake of the preschool booster, analysis of CHIS preschool booster will shortly be commenced using data for all 0–19-year-olds enabling a population view of coverage in addition to the GP practice-based analysis.
- Baseline assessment tool for vaccine uptake in general population has been completed to evaluate whether NHSE screening and immunisations team (SIT) team is meeting recommendations set out in NG218 and its application to the maximising immunisation uptake groups.
- Vaccine confidence project underway in collaboration with University of Bristol & National NHSEI team to develop a training resource to support health, social care and other practitioners to have conversations with individuals to encourage take-up of vaccinations. Initial focus is covid and flu vaccinations and this will be piloted in Devon with a few to expanding to cover other routine vaccinations.

Primary childhood immunisations:

All practices continued to deliver the routine child immunisation programmes throughout the pandemic. Routine data collections that monitor uptake and coverage (COVER) do not provide timely data, so the SW Screening and Immunisation Team worked with the Child Health Information Services to develop new real-time data sets that have enabled close monitoring of the impact of the pandemic. These have shown that uptake of primary immunisations has been maintained. Annual Cover of Vaccination

Evaluated Rapidly COVER data for 2021/22 is also reassuring. The real-time datasets however do show that for immunisations at 12 months of age and at 3 years 4 months a larger proportion of children are not immunised as close to the age of eligibility as is recommended. Further investigations will be taking place and improvement plans put in place as necessary.

School-aged immunisations

The school-aged immunisation programme has been severely impacted by the pandemic due to the initial lockdown, the second wave of school closures, and ongoing outbreaks that have prevented immunisation teams attending schools for clinics. These factors prevented the 2019/20 programme being completed in the Spring and Summer terms 2020 and have continued to impact delivery of the 2020/21 programme. In addition, the COVID vaccination programme for 12-15s and the expanded flu vaccination programme has impacted the 2021/22 programme. Both Devon, Cornwall and Isles of Scilly (DCIOS) providers restarted immunisation clinics during the first COVID lockdown have worked hard to deliver as much of the routine programme as possible as well as catch-up clinics over the summer periods. The aim is to complete the routine programme for those in 2019/20, 2020/21 and 2021/22 cohorts by the end August 2022.

The Cornwall programme had nearly completed the routine programme at the time of the first lockdown in 2020 and was able to achieve expected uptake levels for the 2019/20 cohort. Uptake for the 2020/21 cohort is also good.

The Devon programme was significantly disrupted by the first lockdown and had large numbers of catch-up clinics in the Spring/Summer 2020 terms. The provider was also heavily impacted by involvement in the delivery of the covid programme for 12-15s. Uptake at this stage is therefore lower and it is hoped will improve by the end of August 2022. Work is still underway to complete HPV for the 2020/21 cohort, which is the clinical priority and some second doses may extend into the coming academic year.

Business cases are being developed to expand the provider workforce to achieve the ambition to complete the routine programme for those in 2019/20, 2020/21 and 2021/22 cohorts by the end of August 2022.

Vaccinations in pregnancy

- Vaccinations in Pregnancy include Flu, Pertussis and COVID. COVID vaccination is not a Section 7a programme.
- The Vaccines in Pregnancy Network meets quarterly to review and address issues across systems. The South West Maternity Collaboration for COVID vaccination in pregnancy meets once a month to discuss point of care access, ways to support staff to have vaccine confidence conversations and to develop regional communications materials. It is likely that there will be one

"vaccines in pregnancy" meeting for each system, monthly, from September.

- There are significant data issues including:
- denominator definition
- data uploading between systems, vaccination programmes and providers
- administration workload to ensure accurate data
- reporting delays

There are inconsistent and inequitable pertussis vaccination delivery models across the South West. A business case to commission all maternity services to provide pertussis is being prepared. Delivery of vaccination in maternity settings has been affected by poor capacity, lack of space, and Trust demands to redeploy stock or staffing to support vaccination elsewhere (i.e. healthcare workers, mass vaccination clinics). Plans for the flu season were developed to include more frequent meetings with Trusts, a checklist as part of the support pack for key lines of enquiry (KLOEs) to acute Trusts, and align flu, COVID and pertussis better.

Older people Immunisations

Recovery Progress / Service delivery

- New Quality and Outcomes Framework (QOF) indicator for Shingles: The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years. Payment thresholds 50-60%. On average all systems meet this, however there may be more likely to be below threshold, reducing in likelihood when the cohort now 78 turns 80.
- Shingles communications issued to all GPs who are within the lowest 20% within the CCG for Shingles uptake in aged 78 over Q1/Q2 2020/21. Possible issues with the data now reported for practices on TPP (electronic health record platform) however no current feedback over error from practices (and few on SW on TPP). Updated data now received – light review to see if this changes any practice assumptions.
- Shingrix has been available to offer to all those who are age 70-80 who are immunocompromised (and so not eligible for Zostavax) since Q2 2021/22. Data is under investigation – quality issues of overall data set and review if GPs are coding correctly for this cohort.

Key updates

- All practices reminded that shingles is an active call at age 70, and all persons eligible for Shingrix can be actively called for the programme. This was distributed via the GP bulletin, practice networks and will be used in specific ICARS responses where this is appropriate as part of feedback (i.e. excess Zostavax in a cold chain).

Flu immunisations

The flu vaccination programme has continued to be a priority during the 2020/21 and 2021/22 programmes with extension to the eligible groups (2021/22 addition of years 8-11 and those aged 50-64byears) placing pressure on GP practices and Schools immunisation providers at the same time as delivering the COVID

vaccination programme. Delivery through community pharmacy has expanded to support the programme.

Multi-agency arrangements were established in Devon and Cornwall to manage the delivery of the seasonal vaccination programmes including both COVID-19 and influenza.

6 Health Care Associated Infections

6.1 The following table summarises the key performance position and developments for health care associated infections over 2021/22. Note that targets were relaxed due to the pandemic.

Infection type:	
MRSA	*Devon:* There were 8 cases over 2020/21, for an overall rate of 0.68/100,000. The majority or MRSA cases were community-associated and unlinked. *Cornwall:* There was a total of 1 case over 2021/22, an overall rate of 0.17/100,000. There was no prior MRSA history and no clear source for infection identified in the post infection investigation process and therefore the case was deemed unavoidable.
MSSA	*Devon:* There were 312 cases over 2020/21, for an overall rate of 26.4/100,000. MSSA bacteraemia rates continued to be steady, with higher variability in North Devon Healthcare NHS Trust (NDHT) and Torbay and South Devon NHS Foundation Trust (TSDFT) due to the smaller population in these areas. *Cornwall:* There were a total of 164 cases over 2021/22, with an overall rate of and 28.7/100,000. 26 cases above the incidence of previous year 2020-21.
C. difficile Infection	*Devon:* There were 311 cases over 2020/21, for an overall rate of 26.3/100,000. During 2020/21 there was limited scope for investigation and analysis of community cases, despite the new team set up to do so; this is due to that team having to pivot to offering pandemic support. Cases did not rise significantly during this year. *Cornwall:* There were a total of 216 cases over 2021/22, an overall rate of 37.9/100,000, a total of 48 cases above trajectory. Cornwall system is involved in NHS EI collaborative improvement and each C. diff case is investigated to provide learning.
E. coli Bacteraemia	*Devon:* There were 1009 cases over 2020/21, for an overall rate of 85.0/100,000. Projects for *E. coli* reduction have been limited by the necessities of the pandemic response. *Cornwall:* There were a total of 448 cases over 2021/22, an overall rate of 78.5/100,000. 10 cases above the incidence of previous year 2020-21, however, 58 cases below trajectory for this year.

Antimicrobial resistance	*Devon:* AMR group meetings recommenced in the latter half of 2020/21, however the Chair and primary care lead for the group stood down during 2020/21 and this, along with the impact of the pandemic, limited action during the year. *Cornwall:* The AMR planning and delivery group continues to meet with group members attending from acute, community, local authority, NHSE and ICB. Cornwall Antibiotic Resistance Group (CARG) continues to operate as a 'one health' group with representation from human and animal health sectors.

6.2 The key challenges for 2022/23 include strengthening the antimicrobial resistance programme, continuing to support the COVID-19 response, implementing *E. coli* & *C. difficile* reduction strategies, and ensuring consistent information and analysis from community infections.

7. Emergency Planning and Response

7.1 Emergency planning continued to be dominated during 2021-2022 by the response to the pandemic. This involved a very substantial amount of work during the year and substantially challenged our systems to deliver. In summary the response involved:

- Activation of emergency structures
- A strategic co-ordinating group was established to manage the local response in support of the UK's response to COVID-19. This SCG structure ensured the effective co-ordination of the Local Resilience Forum and other specialist resources.
- To maximise co-ordination across the Peninsula, one Tactical Co-ordinating Group for DCIOS was established rather than four across the area.
- Organisations across DCIOS stood up their incident management structures and held desk-top exercises.
- With the need for local multi-agency working groups to respond to COVID-19 below the level of the LRF-wide Tactical Co-ordinating Group (TCG), local Operational Incident Cells were also established.
- Logistical supply chains were set up for obtaining and co-ordinating PPE supplies.
- The South West Regional Strategic Coordination Group instigated in response to the pandemic will be further developed as a concept post COVID-19.

7.2 In addition to the pandemic response there were a number of other events during 2021/22:

- System pressures (patient flow from acute through to care homes / POC)
- Plymouth shooting
- Bomb threats made to NHS and a secondary school in connection with the Covid 19 vaccination programme
- Major incident declared in December 2021 for mass vaccination booster programme
- G7 summit hosted in Cornwall, 9-11th June 2021
- Boardmasters Festival, 6th-8th August 2021
- Outbreak of GI illness associated with consumption of Oysters (North Cornwall), November 2021

7.3 Despite the pandemic, local and regional exercises were held over the period, these included exercises for G7, Boardmasters festival and Short Sermon (Devonport Dockyard).

7.4 It is safe to say that the year 2021/22 saw unprecedented challenges across health and social care systems. The primary focus was on responding and adapting to the issues and risks that arose, from which substantial learning, improvement and good practice has been, and continues to be, identified.

8. Work Programme Priorities 2021/22- Progress

8.1 Progress against 2020/21 priorities is set out below.

	Priority	Progress on delivery
1	Maintain response to COVID-19 and ensure preparedness and resilience to respond to future pandemics or health protection emergencies. As part of this, lead efforts to target vaccination inequalities	Throughout the course of the pandemic, DCIOS local authorities put in place health protection response systems to respond to COVID19 outbreaks. These worked in collaboration with a wide range of partners to support settings to respond to C19 outbreaks. This is currently being maintained at a level which reflects current activity but with surge plans in place to ensure that we are ready to respond to an escalation in covid cases or another pandemic. Devon is running a regular training and CPD programme to ensure that health protection skills and knowledge maintained across the wider Public Health Team. Other teams are similarly working to maintain resilience with a significantly reduced core workforce. Winter preparedness exercise completed and plans in place. System wide winter vaccination plan/comms plan agreed. Continue to identify communities with low uptake of vaccine using Core 20+5 framework via targeted communications, pop ups, bespoke clinics and adapted delivery models.
2	Recover screening and immunisation programme delivery, coverage and uptake	Most services are recovered and now need to focus on improving uptake School aged immunisations providers implementing recovery plans to catch up COVID backlogs following investment being agreed Maximising immunisations uptake groups forming to address challenges in uptake, especially MMR and preschool booster

		Collaborative working arrangements between system partners on interdependencies within cancer pathways and improving immunisation uptake are being strengthened
3	Embed and strengthen community infection management services to prevent and respond to infections throughout the community	As a result of COMF funding, IPC in person site visits to non-health and care settings were able to provide valuable insight identifying issues and poor practice, as well as support to provide advice and guidance to make improvements. A variety of resources, which supplement national guidance, have been published to support education settings, homelessness settings, workplaces and events and where relevant translated into different languages. Checklists have been developed to support specific settings in meeting IPC settings in a practical and pragmatic way. Having fit tester skills and competency (to ensure mask fit for staff members) in the team enable us to help minimise hospitals delays where staff in the community required to be fit tested for respiratory protective equipment.
4	Work to reduce the incidence of healthcare associated infections and to tackle antimicrobial resistance across our communities	International Infection Prevention week and World Antimicrobial Awareness Week campaigns have been used to celebrate and shine a light on the good work of the IPC community protecting everyone in their everyday lives as well as highlighting the relevance of IPC behaviours to prevent Sepsis and tackle AMR. A dedicated resource using Microsoft SharePoint was developed to keep the DCC HP Team updated with all relevant IPC information and resources. Similarly, CIOS have information sharing protocols in place. Work is under way to consider the consolidation of Devon and CIOS antimicrobial resistance groups, with the aim of creating create a peninsula action plan aligning with the national plan

5	Focus efforts to address health inequalities, in particular health protection pathways for migrant and homeless communities	In CIOS, a Population health fellow appointed to work on gypsy & traveller needs assessment and gap analysis. One main focus will be on increasing uptake of cervical screening. Integrated homeless health project funding awarded and will run over the next 3 years with a focus on integrated health and care delivery. This will include improving screening and immunisations uptake alongside other activities such as GP registration. A multi-agency approach was taken when temporary hotel settings were set up to support people arriving in Devon and Torbay, including guidance for the hotels around IPC measures, Covid testing via the Devon public health outreach teams and support for staff to understand routes for escalating any health protection concerns. Health screening for all new refugees and those seeking asylum was expanded to include health protection checks and led by local primary care teams in each area, with translation and other support available. TB screening clinics were also mobilised in support. Practitioners and host families were offered trauma informed training to recognise the traumatic situations many refugees had experienced. Regular public health nursing (PHN) clinics to support families were established and the relationships PHN were able to build with residents was also valuable in being able to share health protection guidance, infection prevention and control advice and also pick up and direct any concerns to either public health or primary care. Support was also provided to help people settle in the areas, to access local services around health, education, and local activities. Community groups were also keen to be involved supporting by sourcing clothes, toys and offering support around language lessons, example support for GP registration; skin care advice; hepatitis C advice and wider support offers such as dental care and pet care
6	Maintain a focus on local action to address the climate emergency.	Public health inputs to the Climate Emergency infrastructure via the Devon, Cornwall and the Isles of Scilly Climate Impacts and Adaptation Group, the Devon Climate Emergency Response Group, and Devon Tactical Group. The Cornwall

Carbon Neutral Plan was published in July 2019 and the Devon Carbon Plan published in September 2022. These provide a road map for partnership working. Examples of good practice have been the establishment of the Devon Food Partnership which supports the development of a localised, sustainable food system that tackles the issues of food-poverty, diet-related ill health, food waste and unsustainable farming practices.

Plymouth City Council published its Climate Emergency Action Plan 2022- the third of 11 action plans in the City Council's annual Climate Emergency Action Plan series. The action plan addresses the following five themes: Buildings; Mobility; Power and Heat; Waste and Engagement & Responsibility

Cornwall and Devon Public Health consultants have begun a piece of Sector Lead Improvement work to establish and share Public Health and Climate Emergency good practice.

9. Work Programme Priorities 2022/23

9.1 Priorities agreed by Health Protection Committee members for 2022/23 are to:

1 Maintain response to COVID-19 in line with current guidance, resourcing and activity.

2 Ensure preparedness and system wide resilience to respond to future pandemics or health protection emergencies, including sharing learning to inform future approaches.

3 Continue recovery of screening and immunisation programmes including launch of the Maximising Immunisation Uptake Groups and a renewed focus on addressing health inequalities in uptake, including a focus on flu and covid uptake amongst vulnerable and inclusion health groups.

4 Embed and strengthen community infection management services to prevent and respond to infections throughout the community, ensuring that there is IPC support for all settings, aligning to the broader SW IPC Strategy Work.

5 Continue work to reduce the incidence of healthcare associated infections and to tackle antimicrobial resistance across our communities

6 Work towards continuous improvement in all areas of health protection through audit, peer review, training, and development. Specifically address improvement areas highlighted by the Sector Led Improvement self-assessment and the UKHSA Gap Analysis/Action Planning tool.

7 Maintain a focus on local action to address the climate emergency, building on the findings of the SW sector-led improvement Climate and Public Health work.

8 Refresh health protection governance structures in line with integrated care board and integrated care system strategy development including a review of existing meetings and terms of reference.

9 Advocate for a rolling CPD and training programme to ensure a robust and resilient system which can respond to major incidents and emergencies.

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11. Glossary

AMR	Antimicrobial resistance
CCG	Clinical Commissioning Group
E. coli	Escherichia Coli
HPV	Human papillomavirus testing (for risk of developing cervical cancer)
IPC	Infection Prevention and Control
MMR	Measles, Mumps and Rubella (immunisation)
MRSA	Methicillin resistant Staphylococcus aureus
MSSA	Methicillin sensitive Staphylococcus aureus
NEW Devon CCG	Northern, Eastern and Western Devon Clinical Commissioning Group
NHSEI	NHS England and NHS Improvement
NIPE	New-born Infant Physical Examination
PHE	Public Health England
PPE	Personal Protective Equipment
SCID	Severe Combined Immunodeficiency
UKHSA	UK Health Security Agency

12. Appendices

Appendix 1 Health Protection Committee terms of reference & affiliated groups
Appendix 2 Roles in relation to delivery, surveillance and assurance
Appendix 3 Screening performance 2021/22
Appendix 4 Immunisation performance 2021/22

Appendix 1

Health Protection Committee
Summary terms of reference & affiliated groups

Membership of the Committee:

- Local Authority Public Health
- Public Health England (PHE), now UK Health Security Agency (UKHSA)
- NHS England & Improvement (NHSEI)
- NHS Devon and Cornwall Clinical Commissioning Groups (CCG).

Meetings of the Health Protection Committee are held quarterly.

A number of groups sit alongside the Health Protection Committee with remits for:

- Infection Prevention and Control
- Antimicrobial Stewardship
- Immunisation
- Screening
- Seasonal vaccination
- Emergency planning (including Local Resilience Forums)
- Migrant and Refugee health
- TB & Hepatitis.

All oversight groups have Terms of Reference and clear escalation routes to ensure accountability both within NHS England and Public Health England / UKHSA and into individual partner organisations.

NHSE, PHE / UKHSA and CCG provide quarterly performance, surveillance, and assurance reports to the Health Protection Committee.

The Local Authority lead officers review surveillance and performance monitoring information to identify health protection risks and/or under performance prior to committee meetings. Officers are responsible for liaising with relevant partners to ensure that actions have been agreed to mitigate against any identified risks, or to improve performance. The outcomes of these discussions are formally reported to the Health Protection Committee for consideration and agreement.

Appendix 2

Definition of roles and arrangements in relation to delivery, surveillance and assurance

Prevention and control of infectious disease

Normal working arrangements are described in the paragraphs below. During the pandemic there has been an enhanced response to infectious disease, with additional responsibilities taken on by Local Authority Public Health teams in relation to COVID-19 tracing, isolation and containment, funded in part through the national Contain and Outbreak Management Fund.

Public Health England (now UKHSA) health protection teams lead the epidemiological investigation and the specialist health protection response to public health outbreaks or incidents. They have responsibility for declaring a health protection incident, major or otherwise and are supported by local, regional and national expertise.

NHS England / Improvement is responsible for managing and overseeing the NHS response to any incident that threatens the public's health. They are also responsible for ensuring that their contracted providers deliver an appropriate clinical response.

Clinical Commissioning Groups ensure, through contractual arrangements with provider organisations, that healthcare resources are made available to respond to health protection incidents or outbreaks.

Local Authorities, through the Director of Public Health or their designate, has overall responsibility for strategic oversight of an incident or outbreak which has an impact on their population's health. They should ensure that an appropriate response is put in place by NHSE/I and UKHSA, supported by the local Clinical Commissioning Group. In addition, they must be assured that the local health protection system response is robust and that risks have been identified, are mitigated against, and adequately controlled.

Public Health England / UKHSA provides a quarterly report to the Committee containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level.

Surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus, are published during the Winter months. These bulletins report information for the Public Health England Centre geography (Devon, Cornwall and the Isles of Scilly, and Somerset). Public Health England also provides a list of all community outbreaks all year round.

The Devon Health Protection Advisory Group, led by Public Health England and convened quarterly, provides a forum for stakeholders, including hospital microbiologists, environmental health officers, consultants in public health, water companies and infection control nurses, to share intelligence and any risks identified in local arrangements to manage communicable disease incidence.

Screening and Immunisation

Population Screening and Immunisation programmes are commissioned by NHS England and Improvement under what is known as the Section 7A agreement. There are 20 population immunisation programmes and 11 population screening programmes. These programmes cover the whole life course from antenatal to elderly persons and, in any one year, approximately 70% of the population will become eligible for at least one immunisation or screening test. These programmes are a core element of prevention and early diagnosis and offer opportunities for accessing populations to improve wider health and wellbeing.

NHS England is the lead commissioner for all immunisation and screening programmes except the six antenatal and new-born programmes that are part of the CCG Maternity Payment Pathway arrangements, although NHS England remains the accountable commissioner.

Public Health England has been responsible for setting national screening and immunisation policy and standards through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff in Screening and Immunisation Teams, employed by NHSE/I, work alongside NHS England Public Health Commissioning colleagues to provide accountability for the commissioning of the programmes and system leadership.

Local Authorities, through the Director of Public Health, are responsible for seeking assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local populations. Public Health Teams are responsible for protecting and improving the health of their local population under the leadership of the Director of Public Health, including supporting NHSE/I in efforts to improve programme coverage and uptake.

The South West Screening and Immunisation Team provides quarterly reports to the Health Protection Committee for each of the national screening and immunisation programmes. Reports are considered by lead Local Authority Consultants in Public Health and any risks identified are considered with NHSE/I specialists to agree mitigating activities.

Serious incidents that occur in the delivery of programmes are reported to the Director of Public Health for the Local Authority and to the Health Protection Committee.

Locality Immunisation Group activity was suspended during the pandemic but is being re-introduced from 2022 and badged as Maximising Immunisation Uptake Groups.

Separate planning and oversight groups are in place for seasonal influenza and covid.

There are oversight groups (Programme Boards) for all screening programmes and these form part of the local assurance mechanisms to identify risks and oversee continuous quality improvement. In addition, specific project groups are convened, as necessary, to oversee significant developments in the programmes and the introduction of new programmes.

All the oversight groups have Terms of Reference and clear escalation routes to ensure accountability both within NHS England and Improvement and into individual partners.

Healthcare associated infections

NHS England and NHS Improvement sets out and monitors the NHS Outcomes Framework which includes Domain Five (safety): treating and caring for people in a safe environment and protecting them from avoidable harm. The Area Locality Teams of NHS England and NHS Improvement hold local Clinical Commissioning Groups to account for performance against indicators under this domain, which includes incidence of healthcare associated methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia and incidence of Clostridium difficile infection (CDI).

UKHSA, through its consultants in communicable disease control, leads the epidemiological investigation and the specialist health protection response to wider community non-hospital outbreaks, and is responsible for declaring a health protection incident.

The Clinical Commissioning Group's role is to ensure, through contractual arrangements with provider organisations, that health care associated infection standard operating procedures are in all provider contracts and are monitored regularly. NHS Devon Clinical Commissioning Group deploys this role through the Nursing and Quality portfolio. In addition, Clinical Commissioning Groups must be assured that the Infection Prevention and Control Teams covering the hospital and NHS community healthcare provided services sector are robust enough to respond appropriately to protect the local population's health, and that risks of health care associated infection have been identified, are mitigated against, and are adequately controlled.

The Local Authority, through the Director of Public Health or their designate, has overall responsibility for the strategic oversight of a health care associated infection incident affecting their population's health. They should ensure that an appropriate response is put in place by NHS England and NHS Improvement and Public Health England, supported by the Clinical Commissioning Group.

The Devon Infection Prevention & Control (IPC) Forum is a forum for all stakeholders working towards the elimination of avoidable health care associated infections (HCAI) for the population of Devon, including the Unitary Authorities of Plymouth and Torbay. The group covers health and social care interventions in clinical, home and residential care environments, identifying risks, sharing best practice and collaborating in system-wide approaches. The group is co-ordinated by NHS Devon Clinical Commissioning Group and is a cross-agency forum involving Acute and Community NHS Trusts, Ambulance and Out of Hours Doctors, Local Authority Public Health, Public Health England, Medicines Optimisation and NHS England and NHS Improvement. The Group meets quarterly with more frequent sub-groups as required.

In Cornwall there is a Directors of Infection Control Group with multi-agency attendance working on a similar agenda, also reporting into the Health Protection Committee. There is cross-attendance between the Devon and Cornwall groups.

Emergency planning and response

Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency, and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act. The geographical area the forums cover is based on police areas (Devon, Cornwall and the Isles of Scilly).

The LRFs aim to plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities.

The Local Health Resilience Partnership (LHRP) is a strategic forum for organisations in the local health sector. The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level. It supports the NHS, Public Health England (PHE) and local authority (LA) representatives on the LRF in their role to represent health sector Emergency Planning, Resilience and Response (EPRR) matters.

All Councils continue to engage with the Local Resilience Forum and the Local Health Resilience Partnership in undertaking their local engagement, joint working, annual exercise programme, responding to incidents and undertaking learning as required.

APPENDIX 3: CANCER SCREENING COVERAGE

Annual cancer screening coverage trends DEVON

Source: PHOF, PHE

Key:

- Significantly better than the national average
- Similar to national average
- Significantly worse than the national average

[1] Lower threshold based on the 2018-19 Public Health Functions Agreement

[2] Standard is the clinical standard required to control disease and ensure patient safety.

* This indicator was first introduced in December 2015

NHS England South West

Indicator	Lower threshold[1]	Standard[2]	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2.20i - Cancer screening coverage - breast cancer (%)	70	80	Devon	79.2	80.4	80.1	80.0	79.1	79.1	78.8	78.3	78.3	78.2	78.1	69.2
			England	76.9	77.1	76.9	76.3	75.9	79.2	78.9	78.5	78.3	78.2	77.6	64.1
2.20ii - Cancer screening coverage - cervical cancer age 25-49 (%)	75	80	Devon	79.1	78.0	77.0	75.2	75.7	76.1	75.3	74.9	75.1	76.7	77.2	75.2
			England	78.0	77.6	77.2	75.2	75.2	74.9	74.4	74.0	73.8	75.0	75.6	68.0
2.20ii - Cancer screening coverage - cervical cancer age 50-64 (%)	75	80	Devon	82.6	82.2	81.6	81.1	80.2	80.1	79.8	79.0	78.1	78.2	78.4	77.3
			England	81.5	82.3	82.0	81.6	81.1	80.4	80.1	79.4	78.5	78.6	78.8	74.7
2.20iii - Cancer screening coverage - bowel cancer (%)*	55	60	Devon						60.5	62.6	64.2	64.2	65.4	69.0	71.4
			England						62.0	62.7	63.6	63.4	64.1	67.9	65.2

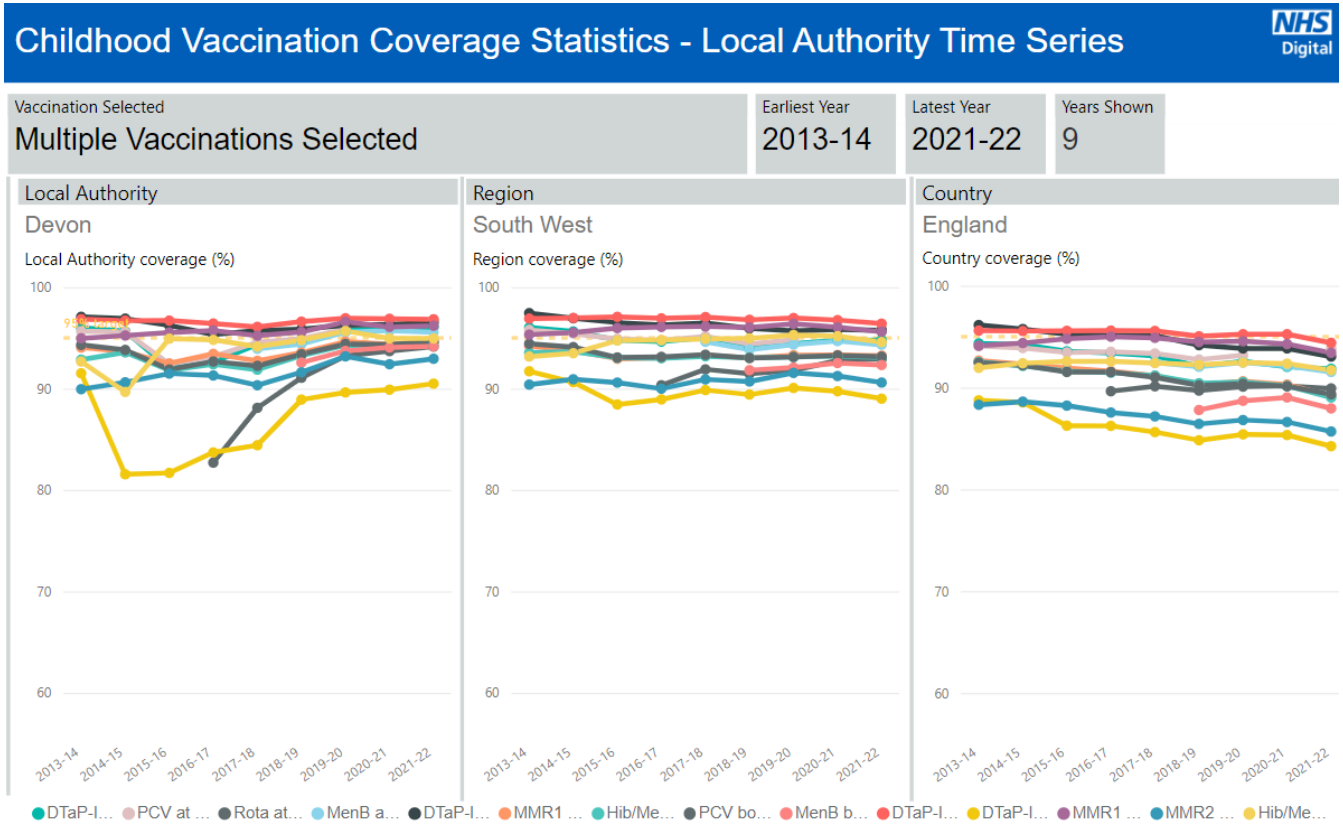
Annual cancer screening coverage trends CORNWALL

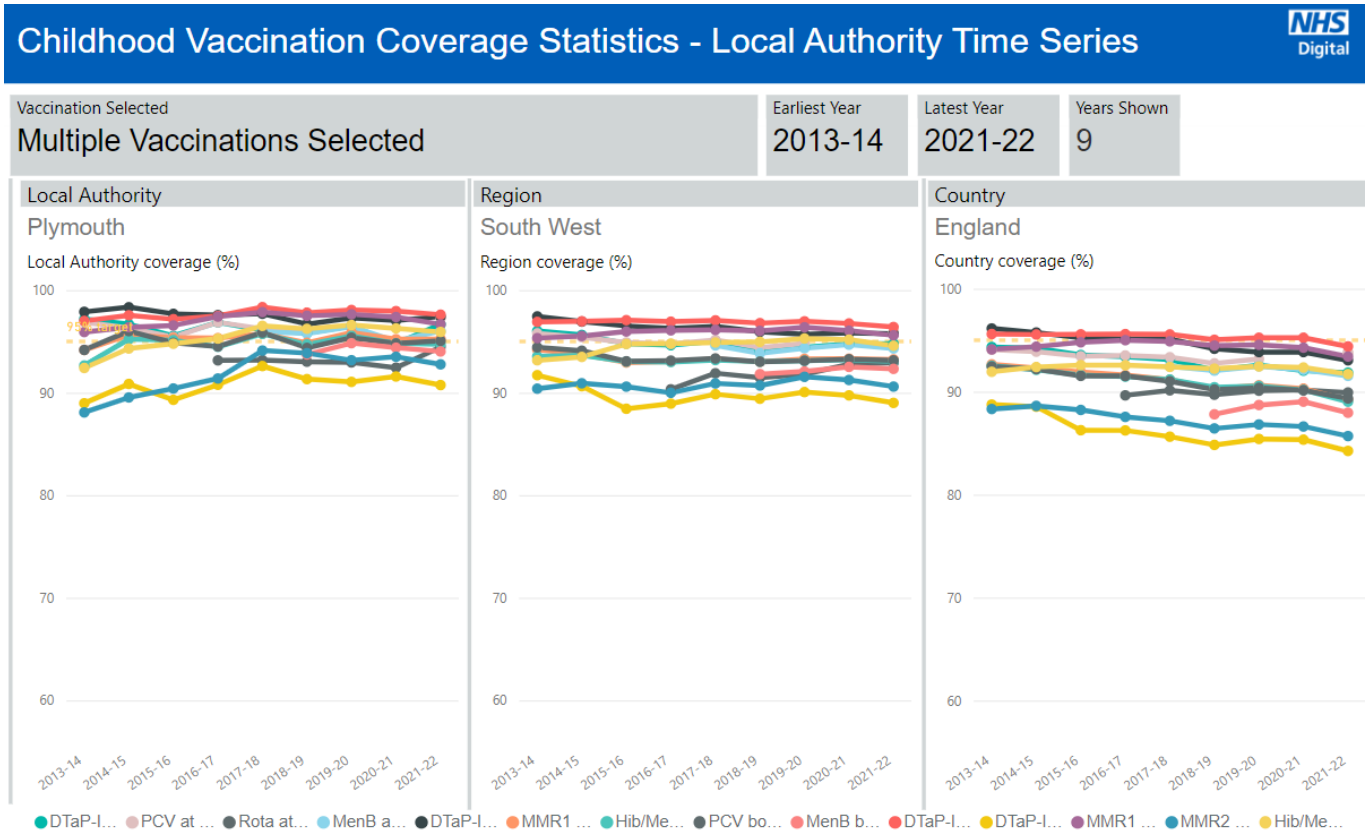
NHS England South West

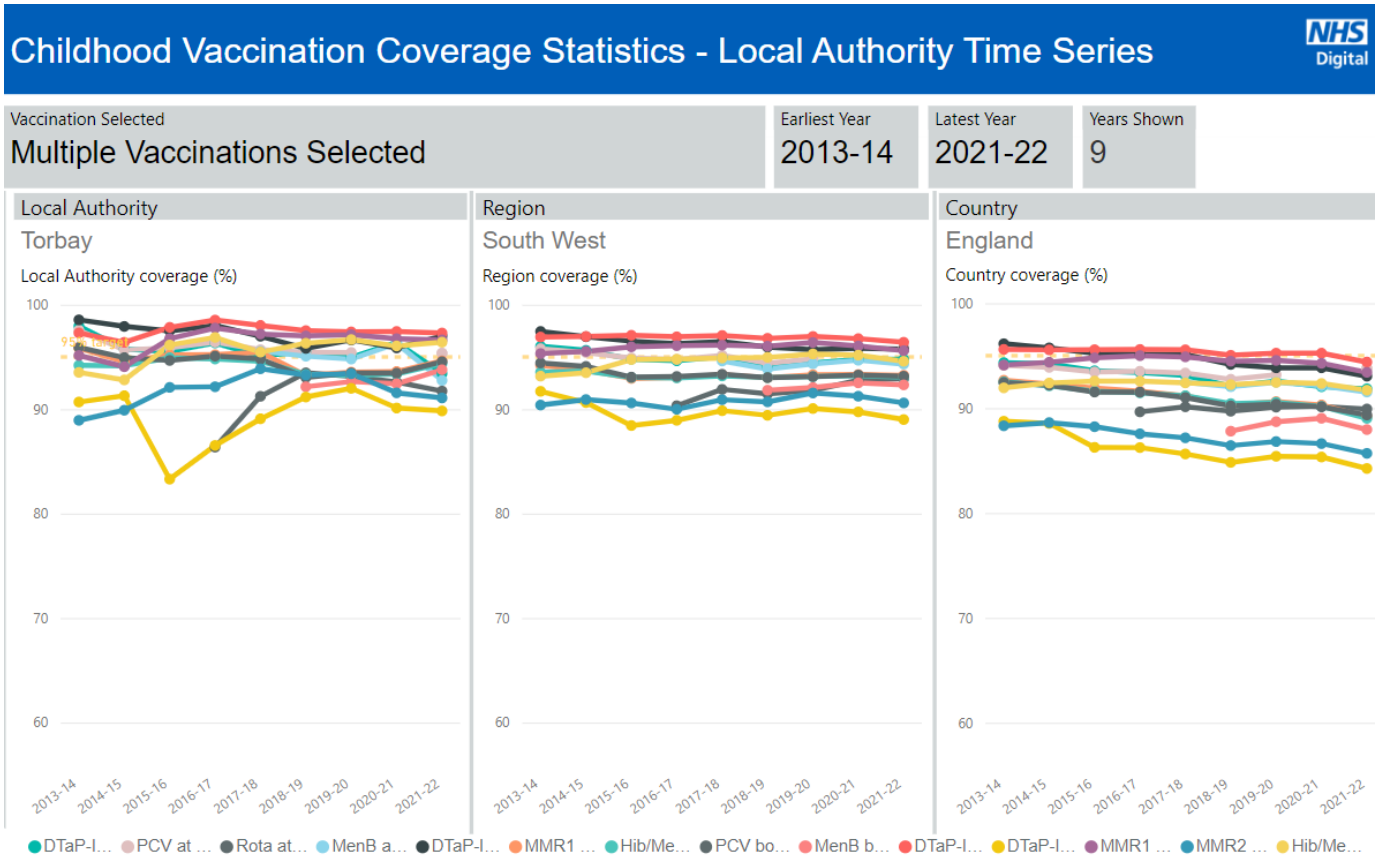
Indicator	Lower threshold[1]	Standard[2]	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2.20i - Cancer screening coverage - breast cancer (%)	70	80	Cornwall	80.0	79.8	79.3	79.9	80.1	80.3	80.0	79.3	78.4	78.2	78.1	72.1
			England	76.9	77.1	76.9	76.3	75.9	79.2	78.9	78.5	78.3	78.2	77.6	64.1
2.20ii - Cancer screening coverage - cervical cancer age 25-49 (%)	75	80	Cornwall	78.2	75.4	75.7	74.0	74.8	75.2	74.3	73.6	73.6	75.0	75.9	72.9
			England	78.0	77.6	77.2	75.2	75.2	74.9	74.4	74.0	73.8	75.0	75.6	68.0
2.20ii - Cancer screening coverage - cervical cancer age 50-64 (%)	75	80	Cornwall	80.0	79.7	80.0	79.4	78.8	78.2	77.8	77.2	76.3	76.1	76.0	74.6
			England	81.5	82.3	82.0	81.6	81.1	80.4	80.1	79.4	78.5	78.6	78.8	74.7
2.20iii - Cancer screening coverage - bowel cancer (%)*	55	60	Cornwall						58.3	60.5	61.7	61.5	62.7	66.6	67.9
			England						62.0	62.7	63.6	63.4	64.1	67.9	65.2

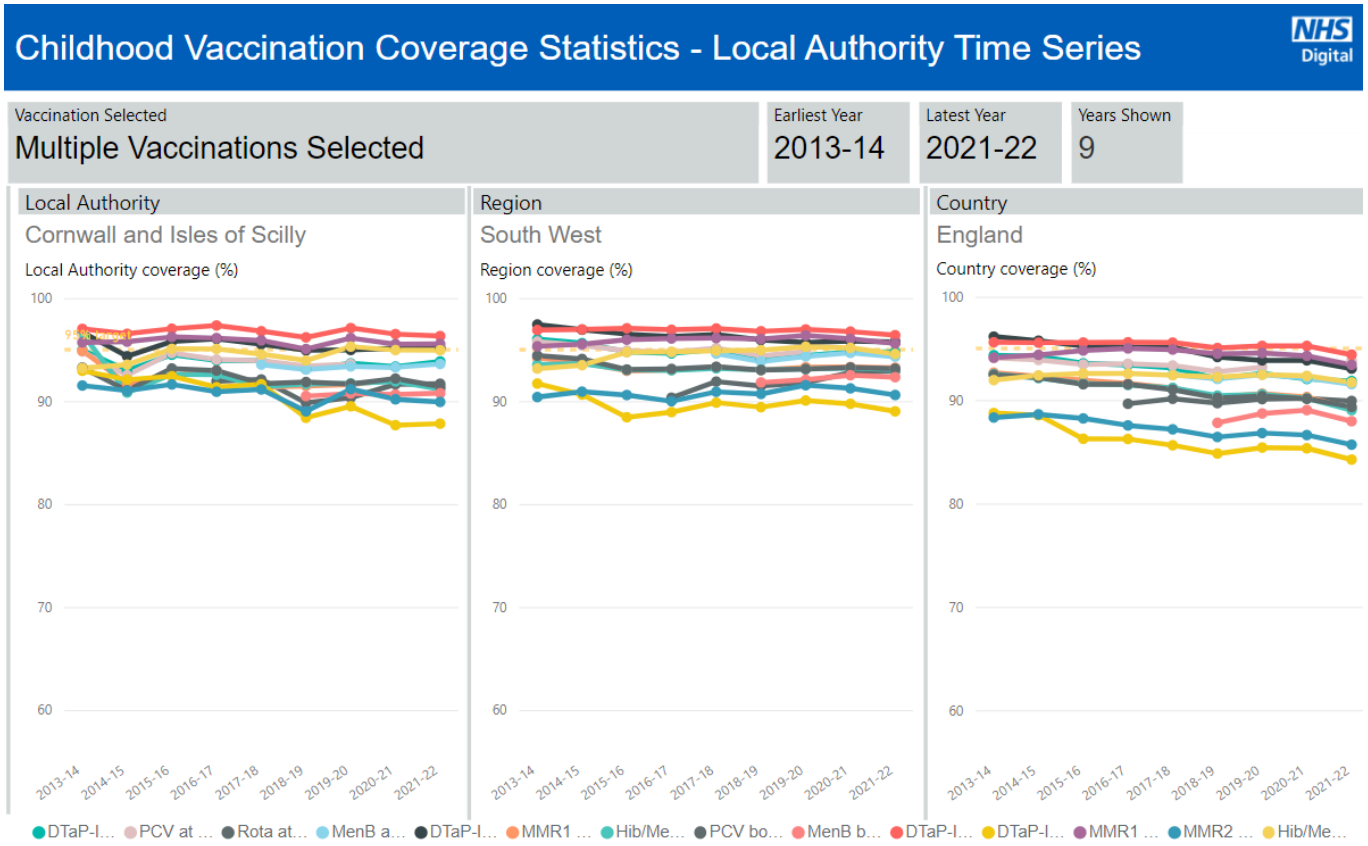
Appendix 4: Immunisations

PRESCHOOL

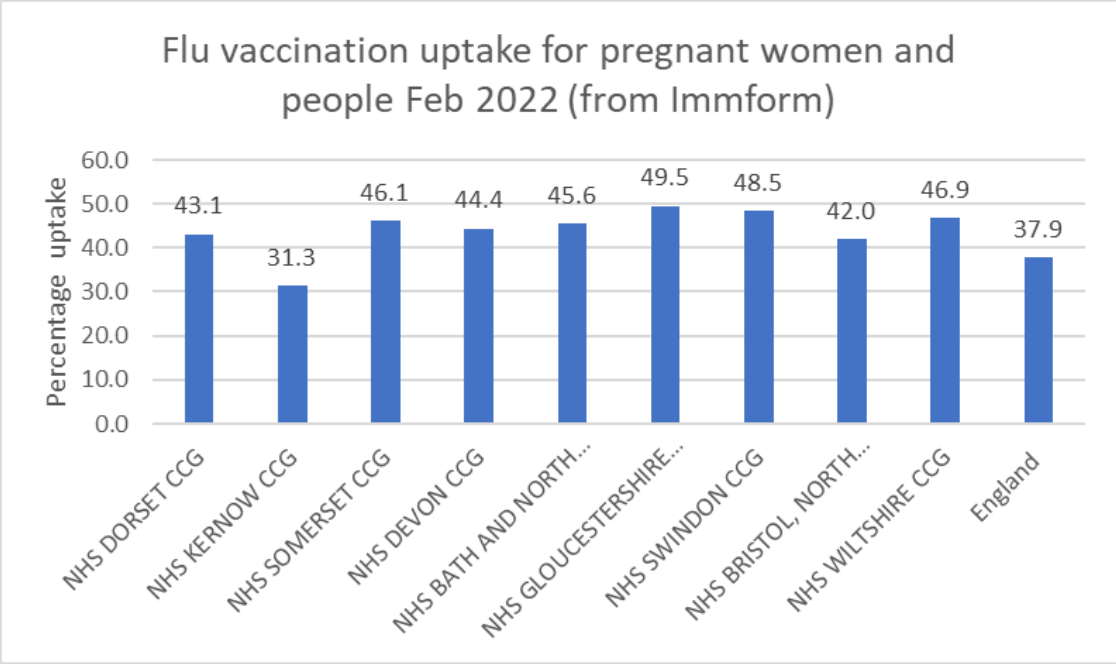



Childhood Vaccination Coverage Statistics - Local Authority Time Series
NHS Digital
Vaccination Selected
Multiple Vaccinations Selected
Earliest Year
2013-14
Latest Year
2021-22
Years Shown
9
Local Authority
Plymouth
Local Authority coverage (%)
Region
South West
Region coverage (%)
Country
England
Country coverage (%)
100
90
80
70
60
2013-14
2014-15
2015-16
2016-17
2017-18
2018-19
2019-20
2020-21
2021-22
DTaP-I...
PCV at ...
Rota at...
MenB a...
DTaP-I...
MMR1 ...
Hib/Me...
PCV bo...
MenB b...
DTaP-I...
DTaP-I...
MMR1 ...
MMR2 ...
Hib/Me...


Childhood Vaccination Coverage Statistics - Local Authority Time Series
NHS Digital
Vaccination Selected
Multiple Vaccinations Selected
Earliest Year
2013-14
Latest Year
2021-22
Years Shown
9
Local Authority
Torbay
Local Authority coverage (%)
Region
South West
Region coverage (%)
Country
England
Country coverage (%)
100
90
80
70
60
2013-14
2014-15
2015-16
2016-17
2017-18
2018-19
2019-20
2020-21
2021-22
DTaP-I...
PCV at ...
Rota at...
MenB a...
DTaP-I...
MMR1 ...
Hib/Me...
PCV bo...
MenB b...
DTaP-I...
DTaP-I...
MMR1 ...
MMR2 ...
Hib/Me...


Childhood Vaccination Coverage Statistics - Local Authority Time Series
NHS Digital
Vaccination Selected
Multiple Vaccinations Selected
Earliest Year
2013-14
Latest Year
2021-22
Years Shown
9
Local Authority
Cornwall and Isles of Scilly
Local Authority coverage (%)
Region
South West
Region coverage (%)
Country
England
Country coverage (%)
100
90
80
70
60
2013-14
2014-15
2015-16
2016-17
2017-18
2018-19
2019-20
2020-21
2021-22
DTaP-I...
PCV at ...
Rota at...
MenB a...
DTaP-I...
MMR1 ...
Hib/Me...
PCV bo...
MenB b...
DTaP-I...
DTaP-I...
MMR1 ...
MMR2 ...
Hib/Me...

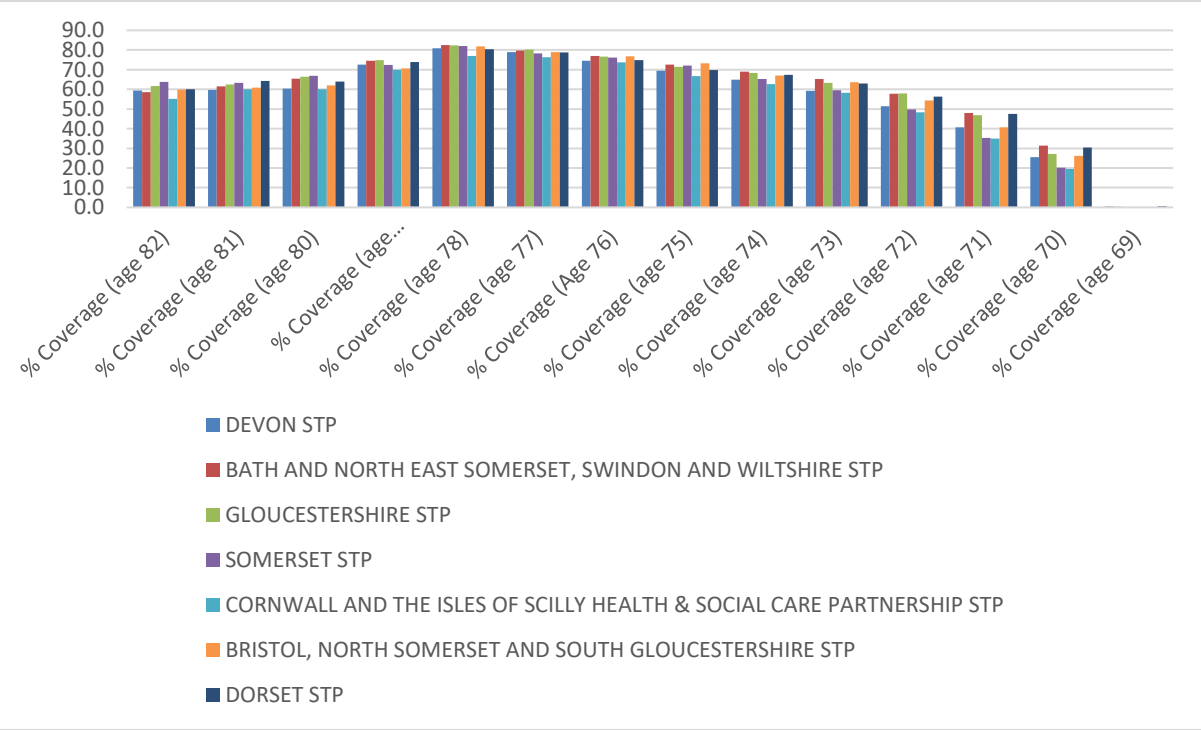
PREGNANCY


Flu vaccination uptake for pregnant women and people Feb 2022 (from Immform)
Percentage uptake
60.0
50.0
40.0
30.0
20.0
10.0
0.0
43.1
31.3
46.1
44.4
45.6
49.5
48.5
42.0
46.9
37.9
NHS DORSET CCG
NHS KERNOW CCG
NHS SOMERSET CCG
NHS DEVON CCG
NHS BATH AND NORTH...
NHS GLOUCESTERSHIRE...
NHS SWINDON CCG
NHS BRISTOL, NORTH...
NHS WILTSHIRE CCG
England

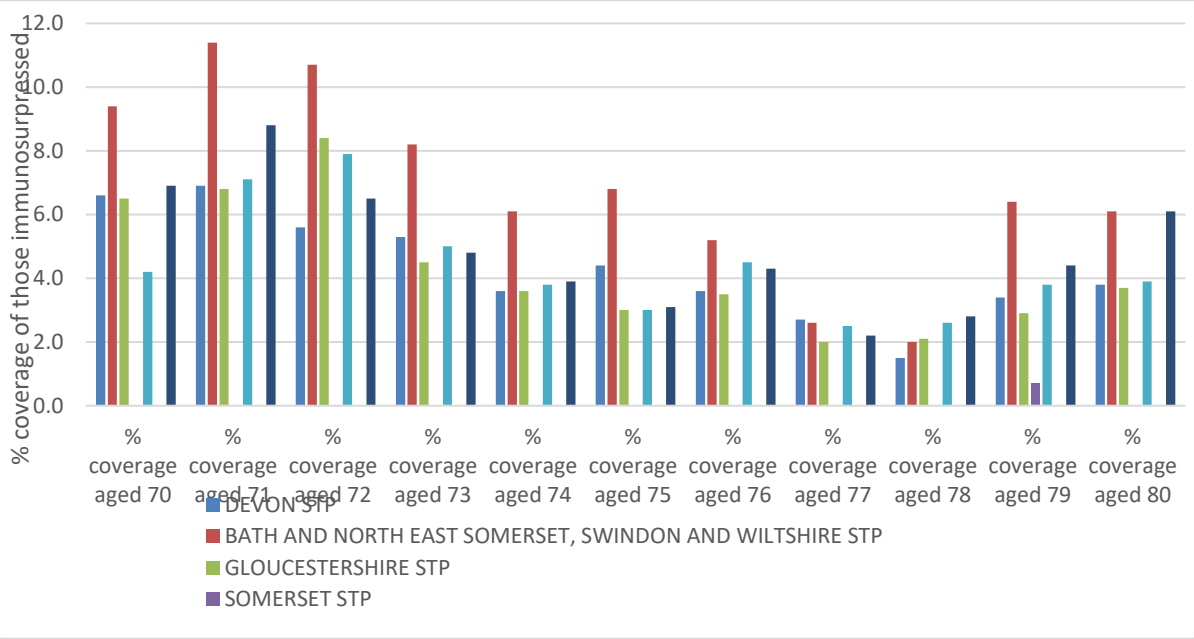
OLDER PEOPLE

Shingles

Total Shingles vaccine coverage - cohort vaccinated at any time who are of this age between 01/04/2021 and 23/03/2022

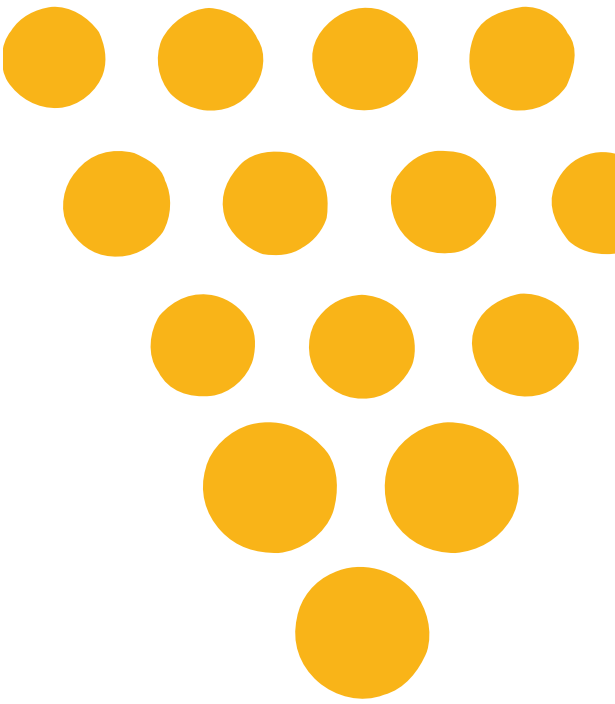


Uptake of Shingrix - cohort vaccinated with dose 1 of Shingrix at any time who are of eligible age and recorded immunosuppressed between 01/04/2021 and 23/03/2022



Caution – Potential Data Quality Issues

Prepared by:
Whitney Curry
Advanced Public Health Practitioner
Wellbeing and Public Health
18 January 2023



TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title: Torbay Joint Health and Wellbeing Strategy progress report March 2023

Wards Affected: All

To: Health and Wellbeing Board **On:** 9 March 2023

Contact: Julia Chisnell, Consultant in Public Health
Telephone:
Email: Julia.Chisnell@Torbay.gov.uk

1. Purpose

The Torbay Joint Health and Wellbeing Strategy 2022-26 was published in July 2022. The Health and Wellbeing Board receives six monthly progress reports. This paper provides a second progress report on implementation.

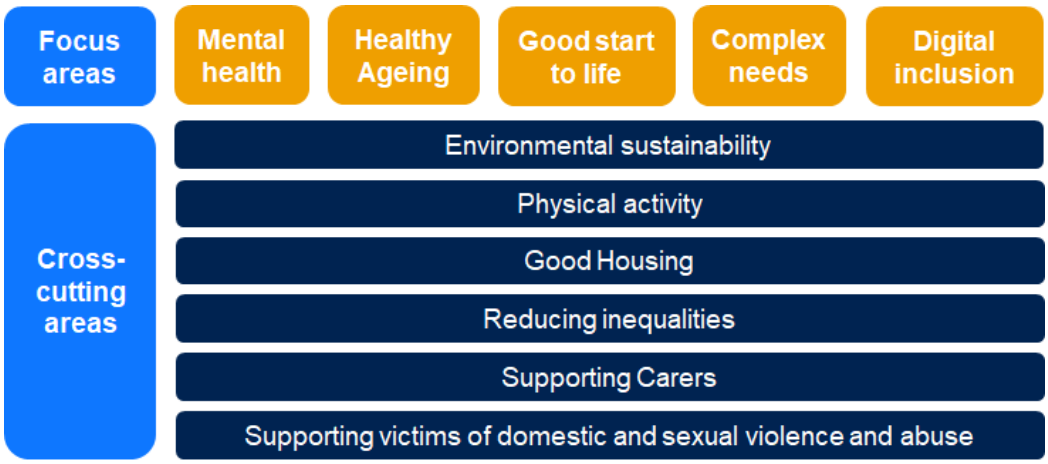
2. Recommendation

Members are asked to note the report.

3. Supporting Information

The Joint Health and Wellbeing Strategy is a statutory requirement for all upper tier local authorities and represents the priorities and work programme of the Health and Wellbeing Board.

The Joint Health and Wellbeing Strategy 2022-26 set out five areas of focus and six cross-cutting areas:



Progress on delivery to March 2023

An outcome framework has been created to monitor delivery of the Strategy. Each priority area is required to report to the Health and Wellbeing Board on a six monthly basis, covering progress against objectives, support for cross-cutting areas, and any engagement work undertaken with communities. Each report also gives an overall statement on progress with the opportunity to highlight risks or barriers.

A separate report is produced by the Public Health Intelligence team with the latest data indicators for each priority area. Key points are included in the summaries below and the full data report is included at **Appendix 1**. Some of the indicators have been updated since the September report and now include 2021/22 figures.

Summary of progress by priority programme area

Mental health and wellbeing

Changes in data indicators since the September report:

- Increase in 'low happiness' levels
- Reduction in high anxiety levels
- Slightly lower suicide rate although still high

Programme update:

The programme is on track. Torbay Public Health is leading the Devonwide needs assessment into self-harm. Research into the experience and support for with people with experience of self-harm has been undertaken. The updated suicide and self-harm prevention plan is in the implementation phase. Further small grant funding has been made available to support small local initiatives to promote mental wellbeing, safe spaces and suicide prevention. Active Devon is leading a combined project to support the improvement of both physical and mental health together.

Good start to life

Changes in data indicators since the September report:

- Reduction in key stage educational attainment levels (likely impact of the pandemic) and increase in young people not in education, employment or training
- Slight reduction in MMR vaccination coverage (this is a target for vaccine uptake work across Devon 2023/24)
- Increase in children overweight or obese at year 6
- Reduction in rate of cared-for children

Programme update:

The programme is on track.

Key developments are partnership working to implement the new model of Early Help and the new Family Hubs. Support for children and young people's emotional health and wellbeing remains a focus. Good progress is being made on the implementation of the SEND (Special Educational Needs and Disabilities) written statement of action.

Risks and issues:

A need for additional investment in early intervention for emotional health and wellbeing for children and young people has been identified as a barrier to children accessing early help. New approaches to co-commissioning offer an opportunity to develop appropriate services within the resource available.

Supporting people with complex needs

Changes in data indicators since the September report:

- Increase in the need for homeless support
- Increase in incidents of domestic abuse
- Increase in successful drug treatments and reduction in successful alcohol treatments

Programme update:

Good progress has been made in mobilising the new Multiple Complex Needs Alliance which went live at the start of February 2023. The homeless hostel has been successfully brought in-house as part of the programme. Wider links with mental health provision, and family hubs, are in development.

Risks and issues:

Recruitment delay has affected one element of the project but is now addressed.

Healthy Ageing

Changes in data indicators since the September report:

- The only updated figure since the September report is the proportion receiving Adult Social Care who report as much social contact as they would like, which has increased slightly.

Programme update:

The programme is on track. The Live Longer Better training has been delivered to ten cohorts including community builders, carers, care homes and domiciliary care teams, NHS staff as well as local citizens. Positive feedback has been received from participants in terms of their confidence and motivation to take up physical and social activities following the training. An Age Friendly pilot in Watcombe has been

focusing on community engagement with local planning to improve the functionality of the environment for residents as they age. Case studies are available to share.

A healthy ageing commissioning handbook has been produced for Devon Integrated Care System and Torbay and South Devon along with other localities are self-assessing against this. A new Healthy Ageing Board, with membership from the existing partnerships, is being established under the Local Care Partnership to oversee relevant work across the locality.

Risks and issues:

The Live Longer Better programme is funded short term and the partnership is working to develop a business case for longer term investment and development from 2024.

Digital inclusion

Changes in data indicators since the September report:

- Broadband coverage has risen sharply

Programme update:

The workstream is on track. The Digital inclusion network is well established with good engagement. An initiative commissioned by Adult Social Care and led by Eat That Frog has successfully completed, providing refurbished digital devices to vulnerable groups in Torbay to support them to access digital opportunities and engage online. Quantitative and qualitative outcomes are included in the project reports (word and powerpoint documents) at **Appendix 2 and 3**.

Risks and issues:

A key issue is the ending of the current fixed-term funding from the end of March 2023. The networking aspect of the programme will continue.

For 2023/24 there will be no commissioned delivery programmes to support people to get online.

Progress against cross-cutting areas

The table below summarises activities in each priority programme area which relate to the cross-cutting targets.

Cross-cutting area objective	Programme delivery update
Environmental sustainability	
➢ Include environmental sustainability as a key element in all policies ➢ Make environmental sustainability a factor in decision making in all new policies & procurement contracts	*Best start in life:* As part of the Youth Investment Fund project work with partners, environmental impact and sustainability are key factors of consideration with regards to repurposing buildings. *Healthy Ageing:* All partners have their own organisational environmental policies (examples provided). *Digital inclusion:* Redistribution of pre-owned IT equipment is part of the programme of work.
Physical activity	
➢ Explore how physical activity can be included ➢ Work with us to implement Torbay on the Move	*Complex needs programme:* Physical activity recognised by the Multiple Complex Needs Alliance as part of people's recovery. Successful bid into Back to Sport II for cycling equipment. Discussions beginning to link recovery with wider Torbay on the Move strategic developments. *Best start in life programme:* Play Infrastructure developed as part of COMF funded project. New roles in place to support collaboration between Education and Public Health to implement healthy living in education settings. Collaborative work is currently being undertaken with Active Devon and other partners on projects such as the Youth Investment Fund. *Healthy Ageing:* Physical activity is the foundation of the programme and a core part of our delivery. As you age you need to increase, not decrease your physical activity to slow the effects of ageing. Steering Group members contributed to Torbay on The Move and Active Devon's Strategies and will continue to engage in the initiative.

Housing	
➢ Participate in a system wide approach to **housing** including homeless prevention, quality of accommodation and availability of affordable accommodation ➢ Work in partnership with other agencies to identify and prevent homelessness in those accessing your service	*Complex needs programme:* Alliance core to homeless response The insourcing of the Hostel is facilitating connectivity with the Housing Option team and RSI to enable an integrated systems across services. *Best start in life:* Active involvement in the University of Exeter Children's Research Project, linking deprivation to children in need of support services and informed by parents and children. Commitment to support with implementing the recommendations from the findings, creating a legacy. There is a Housing Officer collocated in the Local Authority's homelessness and poverty reduction team. A new youth homeless prevention joint housing / Children's Services protocol has been developed and has now been implemented. The multi-agency Youth Homeless and Resource Allocation Panel meets fortnightly to have oversight of all 16/17 year olds who are homeless or at risk of homelessness and also all 18 to 25 year old care experienced young people at risk of homelessness. *Healthy Ageing:* Torbay Assembly are working with Sustrans and Torbay council on an age friendly pilot for active travel / independent living in Watcombe. The Assembly have also contributed to Housing strategies. For the Age Friendly baseline report and three year action plan, consultations were undertaken with residents (by the Ageing Well team) with housing and independent living showing as major themes for older people. Steering Group partners are contributing to the Making Melville Marvellous programme. Torbay Community Helpline, Community Builders and Age UK (Wellbeing Coordinators) play a significant role in finding pathways for people to access suitable housing.
Tackling inequalities	
➢ Carry out an EIA for all service changes ➢ All employees trained to recognise the needs of minority & ethnic groups ➢ Ensure that digital care pathways increase inclusion	*Best start in life:* All Children's Services staff complete diversity training as part of their mandatory induction programme. *Healthy Ageing:* No service changes planned.

	The work we undertake with people supports equality of access and opportunity, with specific work to overcome ageism and ageist language. Recent world wide studies have shown that ageist practices can short a persons life by up to 7 years. Ageing Well supported the development of NetFriends and contributed to the Torbay Digital Inclusion strategy and the group meetings. *Digital inclusion* Core to delivery.
Supporting carers	
➢ Sign up to the Devonwide Commitment to Carers ➢ Proactively identify & report on carers in the workforce ➢ Health & care set targets for identifying carers ➢ Become 'carer-friendly' organisations	*Best start in life:* On-going support for carers and strong links with Torbay Youth Trust *Healthy Ageing:* Torbay Carers Service contributes to the Live Longer Better initiative through Torbay Assembly. *Digital inclusion:* Carers are a key target population, with a number of projects focused on this cohort.
Domestic & Sexual Violence and Abuse	
➢ Health & Care provide training on domestic abuse and sexual violence & use a trauma-informed approach	*Complex needs programme:* Central to the MCN Alliance contract and work *Best start in life:* The Local Authority's internal Early Help service has a matured programme of training delivery activity around domestic abuse with one of the Family Intervention Teams leading on this work as a priority specialism. Training is delivered internally and externally to partners. *Healthy Ageing:* Domestic Abuse coordinators were asked to present to the Assembly in 2022 on issues related to older people. Trauma Informed training will be offered to the group.

Risks

Risks and issues are highlighted under each priority area above.

Engagement undertaken

The table below includes a summary of engagement work undertaken in each programme area over the last six months.

Mental health and wellbeing	Research undertaken with people with experience of self-harm.
Good start to life	Community engagement events arranged to support the development of the new Family Hubs. Community engagement has been a strong element of the children's social care research project undertaken by embedded researchers from the University of Exeter to inform the development of the Early Help model.
Multiple complex needs	Co-production work central to the development of the Alliance. Development of a framework for co-production and co-design, and for peer support recovery.
Healthy Ageing	Facilitated *Live Longer* Better training has been undertaken with community groups as well as with groups of professionals and voluntary organisations.
Digital inclusion	Public event held by Paignton Library to support local residents to become digitally engaged. Further similar engagement events planned for 2023.

Plans for the next six months

A workshop is being planned for priority and cross-cutting area leads to identify where programmes can work more closely on specific objectives and maximise impact.

A further report on progress will be brought to the Board in September.

4. Relationship to Joint Strategic Needs Assessment

4.1 Priorities of the JSNA are reflected in the strategy.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 This paper outlines progress against the priorities of the Joint Health and Wellbeing Strategy 2022-26.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

6.1 As above.

Appendices

1 Data indicator report
2 Digital project output report
3 Digital project output summary slides

Title:	Torbay Joint Health and Wellbeing Strategy Outcomes Framework update and progress, February 2023		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	Thursday 9 March 2023
Contact:	Claire Truscott, Public Health Intelligence Analyst		
Telephone:	01803 208377		
Email:	claire.truscott@torbay.gov.uk		

1. Purpose

1.1 February 2023 update of the Torbay Joint Health and Wellbeing Strategy Outcomes Framework

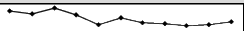
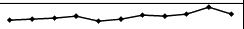
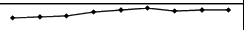
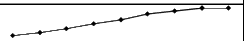
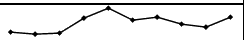
2. Recommendation

2.1 The following tables and narrative are considered for information purposes, with issues discussed

3. Supporting Information

3.1 The tables below contain measures for each of the priority areas of Torbay's Joint Health and Wellbeing Strategy 2022-26. The narrative below each table gives main points about each of the indicators.

3.1.1 **Good mental health**

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Good mental health									
1	People with a low happiness score - self reported (aged 16+)	2021/22	%	9.0%	8.2%	8.4%		Lower is better	
2	People with a high anxiety score - self reported (aged 16+)	2021/22	%	23.7%	21.2%	22.6%		Lower is better	
3	Prevalence of mental health issues (all ages)- on GP registers (schizophrenia, bipolar affective disorder and other psychoses)	2021/22	%	1.25%	0.99%	0.95%		Lower is better	Highest quintile in England
4	Prevalence of depression (aged 18+) - on GP registers	2021/22	%	14.2%	13.2%	12.7%		Lower is better	2nd highest quintile in England
5	Hospital admissions as a result of self-harm (aged 10-24 years)	2020/21	Per 100,000	931.0	538.1	421.9		Lower is better	
6	Suicide rate	2019-21	Per 100,000	17.2	12.6	10.4		Lower is better	

The Annual Population Survey asks people to rate their personal wellbeing:

- There has been an increase in the percentage of people reporting **low happiness levels** (1) in 2021/22 - 9.0% in Torbay compared to 8.4% in England. The last five years have varied from 8% - 9% in Torbay
- There has been a decrease in the percentage of people reporting **high anxiety levels** (2) in 2021/22 after an upward trend for a number of years, both in Torbay and nationally. In 2021/22 this has decreased to 23.7% from 27.7% the year before

The GP Quality and Outcomes Framework (QOF) records the proportion of patients with various mental health issues:

- The recorded percentage of patients with **schizophrenia, bipolar affective disorder and other psychoses** in Torbay practices (3) has remained in the highest quintile (i.e. the highest fifth) in England for the nine years shown. The value has remained quite static for a number of years
- The proportion of patients with **depression** (4) has been in the second highest quintile in England for six years. It has been on an increasing trend although it has levelled out in the most recent year (2021/22)

The hospital admission rate for **self-harm in 10-24 year olds** (5) has increased to 931.0 per 100,000 in 2020/21. The rate fluctuates but it has remained significantly higher than England for at least 10 years. As this data shows admissions rather than individuals it will be influenced by individuals admitted more than once, sometimes several or many times.

Torbay's **suicide rate** (6) remains significantly higher than England as it has for the most recent six periods. There were 17.2 suicides per 100,000 in the three years combined of 2019-21 (10.4 in England) This compares to 18.8 in the previous period so a slight reduction. Figures have been very gradually reducing since the peak in 2016-18.

3.1.2 **A good start to life**

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
A good start to life									
7	Children in relative low income families (aged under 16)	2020/21	%	17.2%	15.3%	18.5%		Lower is better	
8	Good level of development at the end of the Early Years Foundation Stage[1]	2021/22	%	63.7%	65.0%	65.2%	One year of data	Higher is better	
9	Key Stage 2 pupils meeting the expected standard in reading, writing and maths (combined)[2]	2021/22	%	57.6%	56.7%	58.9%		Higher is better	
10	Pupils with SEND (special educational needs and disabilities)	2021/22	%	17.6%	18.5%	16.3%		Lower is better	
11	Children in care/ looked after	2022	Per 10,000	118	73	70		Lower is better	
12	Population vaccination coverage- MMR (Measles, mumps and rubella) for two doses (aged 5 years)	2021/22	%	91.1%	92.7%	85.7%		Higher is better	
13	Children overweight or obese in year 6[3]	2021/22	%	36.5%	32.8%	37.8%		Lower is better	
14	16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2021	%	5.3%	5.4%	4.7%		Lower is better	

[1] The statistics releases for 2019/20 and 2020/21 were cancelled due to Covid-19. Due to significant revision of the Early Years Foundation Stage profile (assessment framework) in 2021 the 2021/22 figures are not comparable with previous years

[2] The statistics releases for 2019/20 and 2020/21 were cancelled due to Covid-19. Attainment is not directly comparable previous to 2017/18 due to changes to writing teacher assessment frameworks in 2018

[3] 2017/18 and 2020/21 values not published due to low participation rates, the latter year impacted by Covid-19

The percentage of **children in relative low income families** (7) is 17.2% in Torbay in 2020/21 which is lower than the England value as it has been for the last five years (2016/17 - 2020/21). A relative low income family is defined as being in low income Before Housing Costs (BHC) and has claimed Universal Credit, Tax Credits and/or Housing Benefit in the year. Relative low income sets a threshold as 60% of the UK average (median) income and moves each year as average income changes. It is used to measure the number and proportion of individuals who have income below this threshold.

Just over six out of ten children (63.7%) have attained a **good level of development at the end of the Early Years Foundation Stage (EYFS)** in 2021/22 (8). This is similar to the England figure. Outcomes are likely to have been affected by the Covid pandemic due to disruption to early years provision and the limiting of social contact. Other factors such as deprivation also impact development. Data covers children who at the end of the EYFS are registered for government funded early years provision.

Key Stage 2, meeting the expected standard in reading, writing and maths combined (9) has decreased sharply in 2021/22 to 57.6% since the last published figures in 2018/19 which were 66.0%. The England figure has also decreased (from 65.4% to 58.9%). 2021/22 figures cover pupils in year 6 who took assessments in the Summer of 2022. There was disruption to learning for these children during the Covid pandemic, particularly at the end of year 4 and in year 5. All figures include Local Authority maintained schools, academies and free schools, excluding alternative provision and independent schools.

The percentage of school pupils with **special educational need and disabilities (SEND)** (10) is significantly higher than England at 17.6% in 2021/22. This encompasses children at Torbay state funded schools with special educational needs (SEN) support or an education, health and care (EHC) plan. The trend has stayed quite level in Torbay for the last seven years shown in the data, between 17.2% and 18.0%.

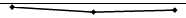
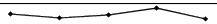
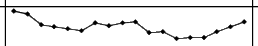
The rate of **Children Looked After** (11) reduced in March 2022 to 118 per 10,000, the last three years (2020-2022) have seen a reduction. The rate however remains much higher than England as it has for the 12 years shown. Figures exclude children looked after under a series of short-term placements.

The **MMR vaccine** (two doses for five year olds) (12) has been received by 91% - 94% of five year olds for the last seven years (2015/16 – 2021/22) with 91.1% coverage in 2021/22. The target is 95% or more. Torbay's coverage is higher than the England figure and has been for nine years.

Over a third of **children in year 6 (10-11 year olds) are overweight/ obese** (13) in 2021/22, similar to the England figure. This is the highest figure since 2012/13 (there was no published data in 2017/18 or 2020/21). These figures are calculated from height and weight measurements taken by the National Child Measurement Programme.

The percentage of **16/17 year olds who are NEET** (not in education, employment or training) or whose activity is not known (14) is much the same as the year before at 5.3% in 2021. The England figure however has reduced to 4.7%. Torbay's figure fluctuates for the six years shown. The figures for each year are the average of December of the year and January and February of the following year.

3.1.3 **Supporting people with complex needs**

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Supporting people with complex needs									
15	Domestic abuse crimes and incidents	2022/23 (Jul-Sept 22)	Number	1,009				Lower is better	N/A
16	Households owed a duty (prevention or relief) under the Homelessness Reduction Act	2021/22	Per 1,000	17.1	14.3	11.7		Lower is better	
17	Hospital admissions for alcohol related conditions (Narrow definition)	2020/21	Per 100,000	599	449	456		Lower is better	
18	Successful drug treatment- opiate users (aged 18+)	Apr 21 - Mar 22[4]	%	6.04%	5.17%	5.06%		Higher is better	
19	Successful alcohol treatment (aged 18+)	Apr 21 - Mar 22[4]	%	40.89%	35.74%	36.54%		Higher is better	

[4] Reported quarterly as a rolling annual figure in this report

The quarterly number of **domestic abuse crimes and incidents** (15) fluctuates over the 4 ½ years shown (from the start of 2018/19) but has increased in the most recent quarter (July – September 2022) to 1,009 which is the highest quarterly figure in the 4 ½ year time period. These are crimes and incidents recorded by the police. It should be taken into account that figures only relate to crimes and incidents that are reported. Domestic abuse is often not reported to the police so data held by the police can only provide a partial picture of the actual level of domestic abuse experienced.

Households owed a prevention or relief duty under the Homelessness Reduction Act (16) is where a statutory duty is owed to assist eligible households who are threatened with homelessness within 56 days (prevention) or who are already homeless (relief). The Act came into force in 2018. Torbay is significantly higher than England for the three years shown at 17.1 per 1,000 households compared to 11.7 in England in 2021/22.

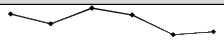
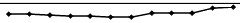
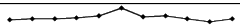
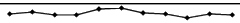
Hospital admissions for alcohol related conditions (narrow definition) (17) is where the primary diagnosis is an alcohol-related condition. Torbay has had significantly higher rates than England for the five years reported (2016/17 – 2020/21).

Drug and alcohol treatment (18 & 19)- this is successfully completing treatment and then not re-presenting to treatment services within six months. The data is shown quarterly in this report with each data point being a rolling annual figure

- **Drugs-** the rate for opiates is on an increasing trend for the last three periods (Oct 20–Sept 21 – Apr 21-Mar 22) in Torbay. It has increased in the last period to 6.04%, compared to 5.06% in England

- **Alcohol-** this is decreasing again at 40.89% in Apr 21-Mar 22 which is higher than England (36.54%) although it is rated amber so not significantly different to England. Both drugs (opiates) and alcohol successful treatment figures fluctuate over the years

3.1.4 **Healthy ageing**

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Healthy ageing									
20	Proportion who use adult social care services who reported that they had as much social contact as they would like (aged 65+)	2021/22	%	34.6%	44.7%	37.3%		Higher is better	
21	Healthy life expectancy at 65 (Female)	2018-20	Years	11.4	12.9	11.3		Higher is better	
22	Healthy life expectancy at 65 (Male)	2018-20	Years	10.9	12.1	10.5		Higher is better	
23	Population vaccination coverage - Flu (aged 65+)	2021/22	%	81.7%	84.4%	82.3%		Higher is better	
24	Emergency hospital admissions due to falls (aged 65+)	2020/21	Per 100,000	1,931	1,764	2,023		Lower is better	
25	Emergency hospital admissions due to hip fractures (aged 65+)	2020/21	Per 100,000	550	535	529		Lower is better	
26	Dementia- estimated diagnosis rate (aged 65+)	2022	%	59.5%	55.6%	62.0%		Higher is better	

The proportion of Adult Social Care users aged 65+ who reported that they had **as much social contact as they would like** (20) rose slightly in 2021/22 to 34.6% (37.3% in England) after previous decreases. Both 2020/21 and 2021/22 covered periods affected by social restrictions, guidance and anxiety caused by Covid-19 which is likely to have affected the figures for these years.

Healthy life expectancy at 65 (21 & 22) shows the average number of years beyond the age of 65 that a person can expect to live in good health (rather than with a disability or in poor health). In 2018-20 (three years combined) for females and males the number of years is quite close to previous periods at 11.4 years for females and 10.9 years for males. Values for both females and males are amber compared to the England figure.

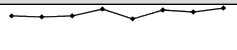
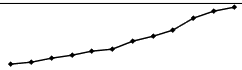
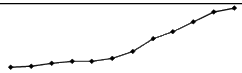
In 2021/22 the percentage of **flu vaccinations of those aged 65+** (23) has continued to rise after the sharp increase in 2020/21. It is higher than the World Health Organisation (WHO) target of 75% (Torbay is 81.7%) but lower than the national ambition for 2021/22 of 85%. The Office of Health Improvement and Disparities (OHID) has marked Torbay as green against the 75% target. The increases follow the England trend.

The rate of **emergency hospital admissions due to falls for those aged 65+** (24) has increased in Torbay in 2020/21 to 1,931 per 100,000 whereas the England rate, although still slightly higher at 2,023 per 100,000, has decreased. This now makes the Torbay figure similar to the England figure. For the previous two years Torbay's rate had fallen.

The rate of **emergency hospital admissions due to hip fractures in people aged 65+** (25) has been similar to England for the 11 years shown. The rate has remained quite level for several years.

The **estimated diagnosis rate of dementia** (aged 65+) (26) has in 2022 remained level with the year before at 59.5% compared to 59.9% in 2021, both of which are red compared to the goal of 66.7%. This indicator measures the percentage of people diagnosed with dementia out of the number estimated to have it- therefore higher is better.

3.1.5 **Digital inclusion and access**

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Digital inclusion and access									
27	Percentage of adults who have used the Internet in the last 3 months (aged 16+)	2020	%	96.3%	91.3%	92.1% (UK)		Higher is better	Not calculated
28	Fixed broadband coverage- Residential premises capable of receiving full fibre broadband	Sept 2022[5]	%	74%	45%	41%		Higher is better	
29	Fixed broadband coverage- Commercial premises capable of receiving full fibre broadband	Sept 2022[5]	%	51%	32%	27%		Higher is better	

[5] Data points are 4 monthly- January, May and September of each year

The measure for percentage of adults who have **used the internet in the last three months** (27) has fluctuated but is on a generally increasing trend in Torbay in the eight years shown, at 96.3% in 2020. This is higher than the UK figure for 2020. The UK is on a steadily increasing trend. The three months are January – March of each year.

Fixed broadband coverage (28 & 29)- the percentages of residential and commercial premises with full fibre broadband available (if they choose to connect to it) are significantly higher in Torbay than England as a whole. In Torbay, percentages have risen steeply from 8% of residential and 3% of commercial premises in January 2019 to 74% of residential and 51% of commercial premises in September 2022.

Key

RAG (Red, amber, green) rating:	
🔴	Torbay value is statistically significantly worse than the England value/ Torbay value is worse compared to the goal
🟡	Torbay value is not statistically significantly different to the England value/ Torbay value is similar compared to the goal
🟢	Torbay value is statistically significantly better than the England value/ Torbay value is better compared to the goal
* All indicators below with the Office of Health Improvement and Disparities (OHID) as a source can be found at: https://fingertips.phe.org.uk	

No.	Name of measure, Goal (where applicable), Source
1	C28c- Self-reported well-being- people with a low happiness score (Annual Population Survey) - Public Health Outcomes Framework, OHID
2	C28d- Self-reported well-being- people with a high anxiety score (Annual Population Survey) - Public Health Outcomes Framework, OHID
3	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on GP practice registers (Quality and Outcomes Framework) - OHID
4	The percentage of patients aged 18 and over with depression, as recorded on GP practice registers (Quality and Outcomes Framework) - OHID
5	Hospital admissions as a result of self-harm (aged 10-24 years) - OHID
6	E10- Suicide rate - Public Health Outcomes Framework, OHID
7	B01b- Children aged under 16 in relative low income families (experimental statistics) - Public Health Outcomes Framework, OHID
8	Good level of development at the end of the Early Years Foundation Stage- percentage of children - Department for Education, https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2021-22 RAG rating calcuated by Torbay Public Health Team
9	Key stage 2 pupils meeting the expected standard in reading, writing and maths- percentage of children - Department for Education, https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment/2021-22 RAG rating calculated by Torbay Public Health Team
10	Percentage of pupils with special educational needs and disabilities (SEND)- state funded schools, academic year - Department for Education, https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england RAG rating calculated by Torbay Public Health Team
11	Children looked after at 31 March of the year (rate per 10,000 population aged under 18 years) - Department for Education, https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2022 RAG rating calculated by Torbay Public Health Team
12	D04c- Population vaccination coverage- MMR for two doses (5 years old). Benchmarking against goal- <90%= red, 90%-95%= amber, ≥95%= green - Public Health Outcomes Framework, OHID
13	C09b- Year 6: Prevalence of overweight (including obesity) - Public Health Outcomes Framework, OHID

No.	Name of measure, Goal (where applicable), Source
14	B05- 16-17 year olds in education, employment or training (NEET) or whose activity is not known - Public Health Outcomes Framework, OHID
15	Domestic abuse crimes and incidents- Torbay Council Community Services
16	Households owed a prevention or relief duty under the Homelessness Reduction Act - Department for Levelling Up, Housing and Communities, https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness Rates and RAG rating calculated by Torbay Public Health Team using ONS household projections
17	C21- Admission episodes for alcohol-related conditions (narrow definition) - Public Health Outcomes Framework, OHID
18	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months - National Drug Treatment Monitoring System, https://www.ndtms.net/Monthly/PHOF RAG rating calculated by Torbay Public Health Team
19	Proportion of alcohol users that left alcohol treatment successfully who do not re-present to treatment within 6 months - National Drug Treatment Monitoring System, https://www.ndtms.net/Monthly/PHOF RAG rating calculated by Torbay Public Health Team
20	Proportion of people who use services who reported that they had as much social contact as they would like (aged 65+) - NHS Digital, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/ RAG rating calculated by Torbay Public Health Team
21	A01a- Healthy life expectancy at 65 (Female) - Public Health Outcomes Framework, OHID
22	A01a- Healthy life expectancy at 65 (Male) - Public Health Outcomes Framework, OHID
23	D06a - Population vaccination coverage- Flu (aged 65+). Benchmarking against goal- <75%= red, ≥75%= green - Public Health Outcomes Framework, OHID
24	C29- Emergency hospital admissions due to falls in people aged 65 and over - Public Health Outcomes Framework, OHID
25	E13- Emergency hospital admissions due to hip fractures in people aged 65 and over - Public Health Outcomes Framework, OHID
26	E15- Estimated dementia diagnosis rate (aged 65 and over)- as in March of the year. Benchmarking against goal- <66.7%(significantly)= red, similar to 66.7%= amber, >66.7%(significantly)= green - Public Health Outcomes Framework, OHID
27	17.8.1- Percentage of adults who have used the internet in the last 3 months - Office for National Statistics, a measure for Sustainable Development Goal number 17- https://sdgdata.gov.uk/17-8-1/
28	Fixed broadband coverage- Percentage of residential premises capable of receiving full fibre broadband - Ofcom, https://www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research/connected-nations-2022/data RAG rating calculated by Torbay Public Health Team
29	Fixed broadband coverage- Percentage of commercial premises capable of receiving full fibre broadband - Ofcom, https://www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research/connected-nations-2022/data RAG rating calculated by Torbay Public Health Team

DIGITAL INCLUSION PROJECT

Project	Eat that Frog have worked on a project with Torbay Council Adult Social Care, the National Databank and others to help people overcome barriers around digital inclusion. It is probably fair to say that most of us, use online services for many of our day-to-day tasks, but there are still quite a few people who for one reason or another still can't get online. Therefore, missing out on the benefits that the internet can offer. Eat that Frog have received referrals from open source to support residents who live in the Torbay area to help them overcome these obstacles with no costs to themselves. Outcomes: - Provide refurbished digital devices to people in Torbay to support them to access digital opportunities and engage online - Provide support needed to enable people to set up, access and effectively use online resources that they need
Eligibility	Residents from Torbay Area – Referral Form completed meeting criteria as described in barrier to digital inclusion
Duration	Open until depletion of funds. Started Jan 2022 - completion date planned end January 2023
Management	Monthly progress check – online reporting
Data Management	Main Referral details – Contact form held by ETF in secure online SharePoint. Paper Referral Form held in Torquay Centre, lockable storage.
Delivery Model	**Referral: digital inclusion questionnaire**: Customer Service Coordinator: Take referrals passes to Coordinator Coordinator: Checks criteria and makes initial appointment between individuals and the IT mentor when appropriate **Device Match:** IT Mentor: Meets individuals for assessment of needs, capabilities and suitability of device. Project Manager to order stock of devices required. **Issue Device:** Issues kit and devices, gives advice on security & internet safety. Arranges follow up appointments. **Further support:** IT mentor to make referral to Net Friends or education provision as needed. Finance gathers information monthly for costings and monitoring.
Delivery	Started as a group session but changed to 1-1 only as identified person centred approach needed. Especially around use of passwords etc. Approx. 5 sessions per individual.
Location	Referral Torbay Only Postcodes: Delivery in ETF Centres or by prior arrangement at chosen location

DIGITAL INCLUSION PROJECT

Summary

- Timeline – approximately 12 months from launch to completion
- Slow start to embed the project to ensure delivered to meet individuals needs
- Initial plan of donating devices and refurbishing these was too costly and high risk due to security certification
- Worked with local approved organisation to provide refurbished device with relevant security and certification in place
- Started as group sessions but changed to 1-1 only as identified person centred approach needed. Especially around use of passwords etc and confidence
- On average 1 person had 5 sessions from referral to issuing device with support
- Most referrals received from word of mouth/walk into centres and support workers
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- 115 devices provided to 80 individuals with approx. 50% also provided with data
- Many had phones but couldn't afford data and broadband
- Data issued (data bank) to use phone as personal hotspot and taught how to do this and provide a simple step by step guide
- Majority provided with Chromebook and iPhone to use personal hotspot with free SIM
- Chromebooks most suitable as simple to use, with cloud based storage for documents and photos and easy access to email
- Internet safety big knowledge and skills gap
- Sep by step guide provided on how to access internet at home
- Reminders for passwords
- 10 referrals made to Net Friends for further support to use device

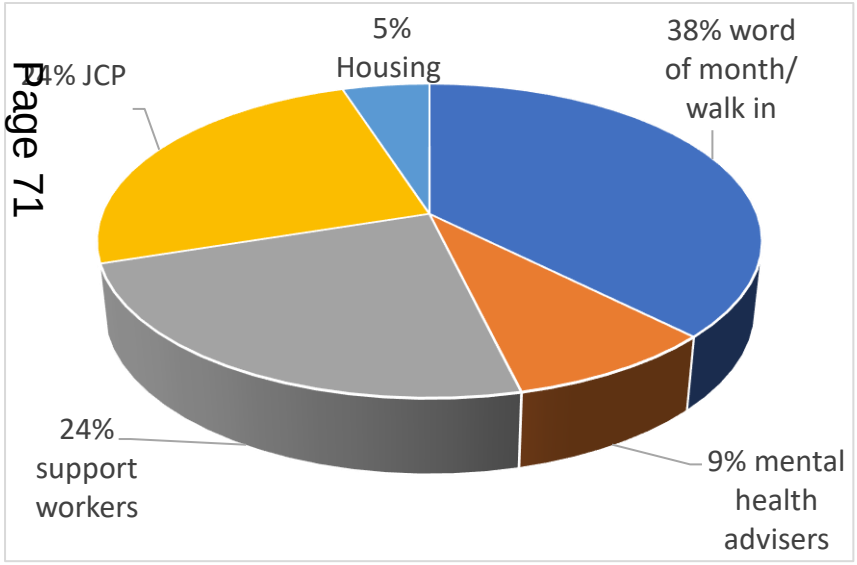
Although Eat That Frog got off to a slow start to launch the delivery of this project, it soon took off, with referrals exceeding expectation to a point where the IT mentor was needed 3 days a week, rather than the planned 1 day a fortnight. The devices purchased as refurbished, were perfectly suitable. Simple to use, with cloud based storage for documents and photos, easy access to email and correspondence, that could all be synced to other devices. Many individuals already had phones but could not afford to buy data. They were not able to afford broadband connection at home and lived in temporary accommodation. In this situation, individuals were shown how to use a phone as a Personal Hotspot and providing them with a free data sim card.

Internet safety advice was offered along with personalised training material…step by step guides how to use and connect their device when they got home. The devices were also customised with names and preferred passwords. Those who would benefit from further sessions using their devices were referred to Net Friends, some also attended IT Courses at ETF or shown how to bookmark the websites by Good Things Foundation and Learn My Way.

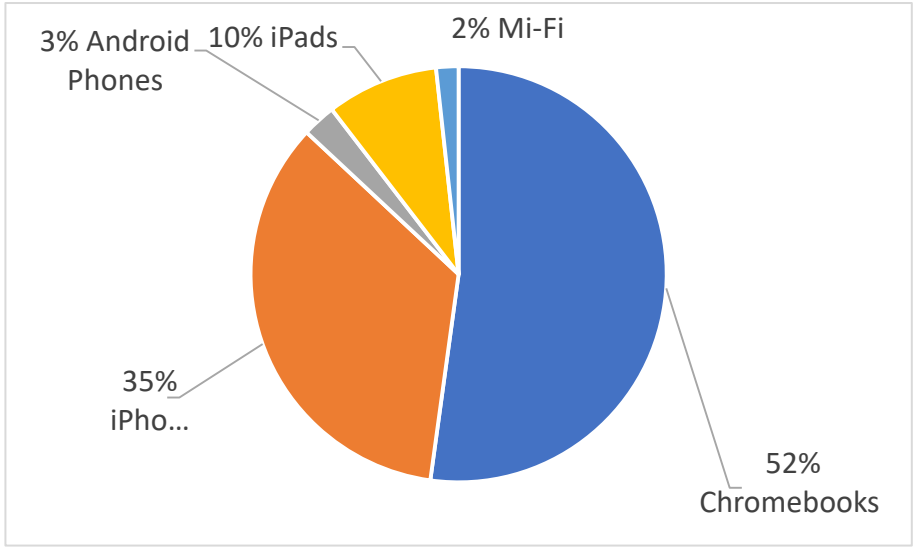
There were some challenges with the delivery. The model was initially set at delivering to small groups, thinking this would provide a social networking atmosphere. However, it was soon identified as a barrier for some, whilst one or two individuals would take a lot of time resource with forgotten passwords and confidence others were quiet and didn't engage in the group session. It was then decided that 1-1 sessions were more appropriate. There was also high non-attendance at booked appointments - many referred were low in confidence and took some time to engage with the project.

The IT mentor delivering the project needed to have good experience and knowledge to problem solve some of the situations that individuals find themselves in. Working across many platforms and sound knowledge of settings, network/wifi, security etc. was a necessity. There were difficulties knowing geographically if there are any problems with blackspots from the various network providers in the Torbay area. Signals strength can vary from place to place. Devices can work in centre but when taken to another location, experience weak signal issues.

Referral Source:



Devices Issued:



Main Barriers Identified:

- DIGITAL LITERACY SKILLS Residents don't have the technical knowledge
- ACCESSIBILITY Ranging from broadband connectivity and assistive technology to meet needs
- AFFORDABILITY Unable to afford subscription or equipment. Have no fixed abode so can't get a subscription
- MOTIVATION Resistance to use technology or see reasons why it would be a good thing
- TRUST Being safe online, worry of being scammed, keeping data safe
- CONFIDENCE Not knowing if the device might break or clicking in the wrong place

Suggestion for future:

- Skilled IT mentor resource with knowledge across multiple platforms and devices
- One to one support and training e.g. 'smart centre' or a range of activities and 'digital champions' to support – aimed at low level confidence and skills
- Broadband provision within housing associations
- Funding to provide devices
- Awareness of blackspots for getting online with different networks – local geography
- Local space to access free WIFI and support
- Support refurbished device provision and encourage organisations to donate devices to be refurbished
- Raise awareness and provision of data banks

Quotes

TB “I am delighted that I can now stay in touch with my family”

MB “I am able to use the powerpack in my trailer to charge my phone and Chromebook”

VS “I can now phone my sister; I haven’t spoken to her in years”

KSS “I can now apply for jobs and see what I am doing. I only had a phone before”

MB “I lost my phone and laptop due to theft – these devices have helped me get started again. (see letter)

DMc “I can now access all my documents again that I had stored years ago. Helps me to get a job

AT “This has really helped me with my Self Employment”

”

IC “This is like all my birthdays and Christmas come at once. I never thought I would own a laptop and iphone

MO “I am no longer afraid to use my laptop”

Letter received from project beneficiary

13th September 2022

Dear Sir/Madam

I recently applied for help from Eat that Frog under the governments Digital Inclusion Scheme after being referred by my work coach at the Job Centre.

I explained to your team that I am a Chartered Accountant & Chartered Manager that had struggled during Covid. I had also recently been the victim of a theft and the digital equipment used for work had been stolen. This made return to work very difficult. As a professional person who has not encountered financial hardship in the past it was not easy to have to ask for help. However, I was reassured by the enthusiasm and professionalism of the team at Eat that Frog and it was clear that there was an genuine desire to help people in my situation throughout the organisation. I would like to extend special thanks to Charly on reception who I believe went above and beyond in order to help, despite clearly being extremely busy.

Eat that frog provided me with a smartphone and laptop after a meeting to assess my requirements. Within 3 days of receiving these items, I found gainful employment working as a Site Project Manager with a large construction firm in Exeter. This is an incredible opportunity for me, working as a senior manager on a muti million-pound contract managing over 150 construction workers. This opportunity may not have arisen without the support of Eat that Frog and I am extremely grateful for your help in this respect. During my short tenure in this role, I have already made several referrals to Eat that Frog to some younger, unskilled workers who are looking for opportunities for training.

If I can ever be of assistance to Eat that Frog in my guise as an accountant or construction management professional, please do not hesitate to contact me.

Please also find enclosed the iPhone I was provided by Eat that Frog to be passed to someone else under the Digital Inclusion Scheme.

Kind regards

Eat That Frog

Digital Inclusion Project

Torbay Council Adult Social Care , Eat That Frog and NetFriends

Digital Inclusion Project Outcomes

Provide refurbished digital devices to vulnerable people in Torbay to support them to access digital opportunities and engage online

Provide support needed to enable people to set up, access and effectively use the online resources that they need to engage in online activities

Digital Inclusion Devices

Refurbished device (laptop, desktop, tablet or mobile)	• **locally sourced through Eat That Frog**
Devices paired with free connectivity from national databank	• **Free sims and mobile data: Virgin Media O2, Vodafone and Three** • **Provide up to 6 months – 20GB data per month**

Digital Inclusion Process

Referral

Complete digital inclusion questionnaire

Device Match

Suitability of device and confirming need

Issue Device

Setting up device, issuing data and getting online

Further Support

NetFriends 3 month support

ETF digital skills programme

Summary

- Timeline – approximately 12 months from launch to completion
- Worked with local approved organisation to provide refurbished device with relevant security and certification in place
- Started as group sessions but changed to 1-1 only as identified person centred approach needed. Especially around use of passwords etc and confidence
- On average 1 person had 5 sessions from referral to issuing device with support
- Most referrals received from word of mouth/walk in to centres and support workers
- Main barrier to digital inclusion was affordability
- High rate of fail to attend and commitment to face to face sessions

Summary

- 115 devices provided to 80 individuals with approx. 50% also provided with data
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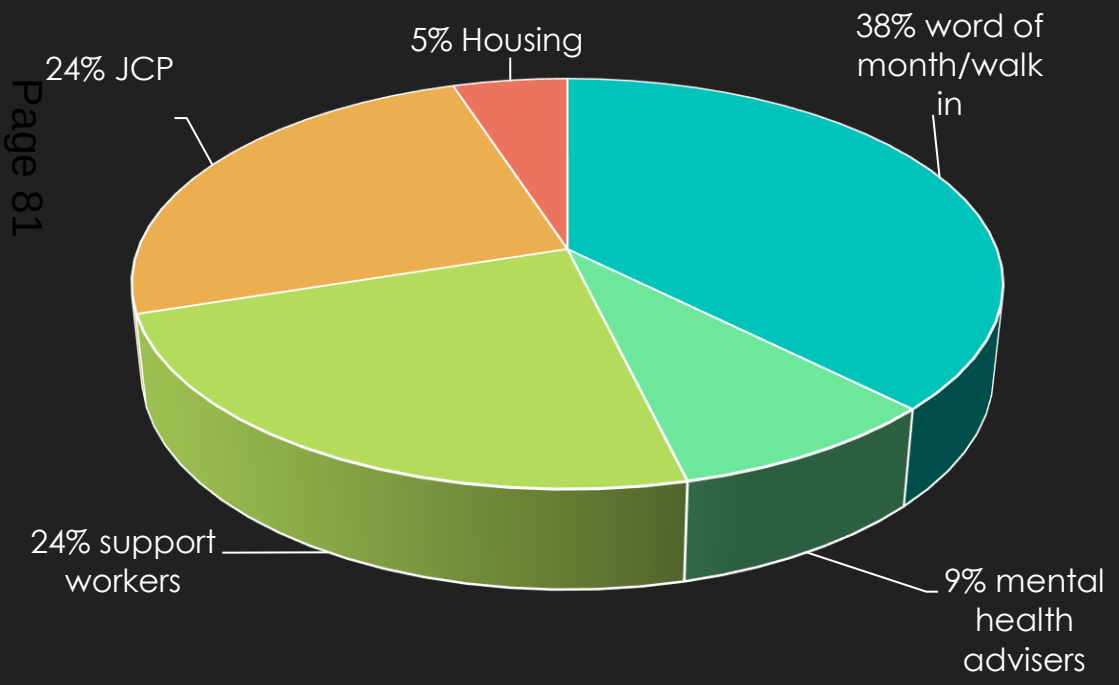
Devices and Referrals

Referral Source: 80



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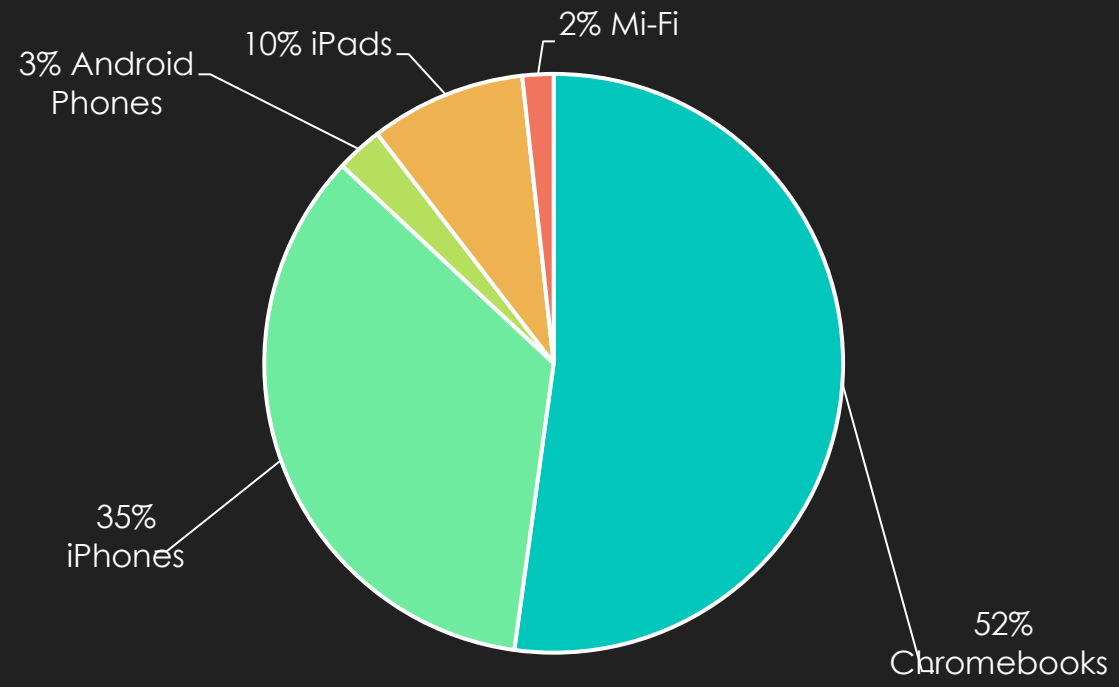

Barriers Identified

- DIGITAL LITERACY SKILLS Residents don’t have the technical knowledge
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Skilled resource with knowledge across multiple platforms and devices

Awareness of blackspots for getting online with different networks – local geography

One to one support and training e.g. 'smart centre' 'digital champions'

Local space to access free WIFI and support

Broadband provision within housing associations

Support refurbished device provision (data and device bank)

Title:	Torbay and South Devon New Hospital Programme update		
Wards Affected:	All wards		
To:	Health and Wellbeing Board	**On:**	09 March 2023
Contact:	Emily Taylor, Communications and Engagement Manager, New Hospital Programme team		
Telephone:			
Email:	Emily.taylor37@nhs.net		

1. Purpose

1.1 To update the Health and Wellbeing Board on the current status of Torbay and South Devon's New Hospital Programme. We last provided an update to the board on 09 September 2021.

2. Recommendation

2.1 To note the contents of this paper and to agree how frequently the board would like to be updated on the programme's developments. We would also ask for the board's continued support of the programme.

3. Supporting Information

3.1 The opportunity

- We have been given a share of £3.7 billion government funding for a new hospital development. This is a once in a lifetime opportunity to make a real difference in how we deliver services with, to and for our people
- This is not only about building a better hospital in Torquay, but exploring opportunities to deliver our services in ways that provide better outcomes for our population and better working environments for staff across all the communities that we serve
- This gives us the opportunity to further build on our integrated approach to service delivery and will be led and shaped by our health and care model
- Building a brighter future focuses on our estate, our people and our digital set-up – these are where our biggest challenges are and where we can have the most impact

3.2 Our Strategic Outline Case

Where we are –

Our Strategic Outline Case has been submitted to the New Hospital Programme national team for consideration. We hope to hear back in Spring 2023.

Meanwhile, we are progressing with our site enabling plans so that our estate will be ready for construction as soon as possible.

The four key principles within our Strategic Outline Case -

1. Reprovision of medical beds and emergency surgery beds in the hospital
2. Separation of planned and unplanned services
3. Non-clinical services to be moved off the hospital site
4. ED and Same Day Emergency Care (SDEC) services to be completely upgraded

3.3 Our progress over the last 12 months

National

- Programme Business Case for current spending review period has been approved
- Programme Business Case for next spending review period being submitted in December
- National team resourcing is continuing to develop

Strategic Outline Case (£497m)

- Digital now being funded through a separate route
- Revised Strategic Outline Case submitted in September 2022
- Our specific timetable to be confirmed in March / April 2023
- Still a national requirement to complete by the end of the decade

Site enabling (£50m)

Hoping to commence in Autumn 2023

3.4 Current timescales (as of 21/02/2023)

- Completion of Site Enabling Business Case (OBC) – April 2023
- Approval of New Hospital Programme Strategic Outline Case – April 2023
- Receive New Hospital Programme Outline Business Case seed funding – April 2023
- Commencement of New Hospital Programme Outline Business Case - April 2023
- Completion of Site Enabling Business Case Full Business Case - June 2023

4. Relationship to Joint Strategic Needs Assessment

4.1 The New Hospital Programme will help Torbay and South Devon Foundation Trust provide better health and care for all.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 As above.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

(i.e. Does anything need to change in future versions of the JSNA and/or JHWS as a result of what you're asking the Board to do?)

6.1 No changes required.

Appendices

Background Papers:
The following documents/files were used to compile this report:

TIP – List here any documents that you used to compile this report. You should include any documents that disclose any facts that the report has been based on or information relied on. Exempt or confidential information should also be referred to, but be identified as exempt or confidential to the public. You are required to make available these documents for public inspection for six years after the report is published.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title: One Devon Integrated Care Strategy

Wards Affected: All

To: Health and Wellbeing Board **On:** 9 March 2023

Contact: Lincoln Sargeant, Director of Public Health
Telephone:
Email: Lincoln.Sargeant@torbay.gov.uk

1. Purpose

The purpose of this report is to present for information the One Devon Interim Integrated Care Strategy, which has been developed on behalf of the One Devon Partnership by the Devon Plan Working Group and to outline the approach to the development of the Joint Forward Plan.

2. Recommendation

Members are asked to review the strategic goals set out within the Integrated Care Strategy.

Members are asked to confirm the process for their response to the Joint Forward Plan.

3. Supporting Information

Integrated Care Strategy

The One Devon Interim Integrated Care Strategy has been developed on behalf of the One Devon Partnership by the Devon Plan Working Group.

The Strategy sets out:

- the Devon context;
- the themes that have emerged from recent health and other system engagement;
- the needs analysis, set out as the 12 Devon challenges;
- the strategic goals, which have been developed and refined following engagement with Oversight and Scrutiny Committees, Local Care Partnerships, and the One Devon Partnership.
- the conditions for success, including creating an environment for success, ensuring robust system enablers, and transforming key areas.

The Interim Strategy was shared with all system partners at the end of December

The Health and Wellbeing Board is therefore asked to review the strategic goals set out within the Strategy.

System partners need to respond to the Strategy - the 5 Year Joint Forward Plan (JFP). Together, the Integrated Care Strategy and the 5 Year Joint Forward Plan will form the Devon Plan.

5 year Joint Forward Plan (JFP)

Integrated Care Boards and partner trusts have a duty to prepare a first JFP before the start of 23/24. The JFP Guidance (published on 23 December 2022) specifies that the date for publishing and sharing the final Plan is 30 June 2023 however, it is expected that the process of development should enable production of a version by 31 March 2023, allowing time for further iterations after this date.

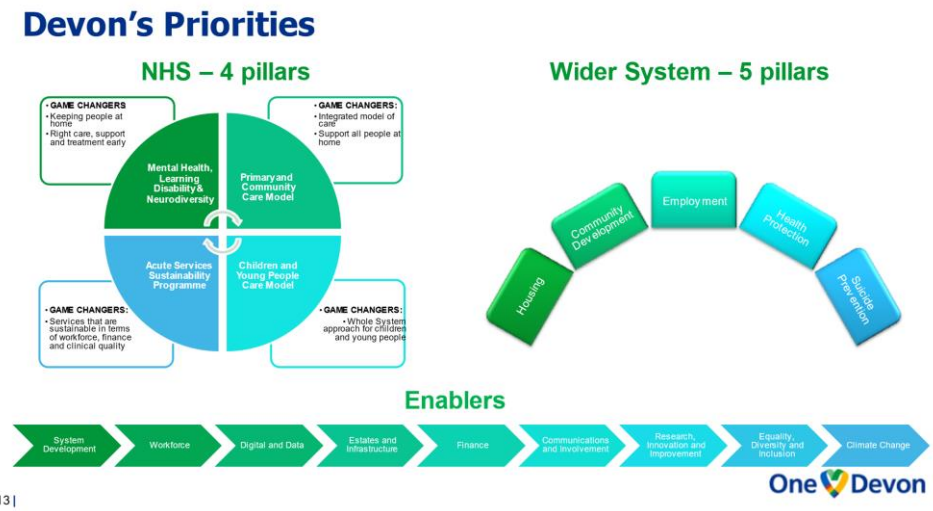
Systems have 'significant flexibility' to determine the scope of the JFP and how it is developed and structured. The minimum requirement is that the JFP describes how the ICB and partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs, including delivery of universal NHS commitments (as described in the annual NHS priorities and operational planning guidance and NHS Long Term Plan), addressing the 4 core purposes of ICSs and meeting legal requirements.

However, NHSE is encouraging systems to use the JFP to develop a shared delivery plan for the Integrated Care Strategy and Joint Local Health & Wellbeing Strategies (JLHWSs), that is supported by the whole system, including Local Authorities and Voluntary, Community and Social Enterprise (VCSE) partners. The One Devon Partnership has agreed that our JFP should be a broader shared delivery plan and should include a system wide response to the Integrated Care Strategy, not just an NHS response.

The Joint Forward Plan is being developed to respond to the Integrated Care Strategy under 9 programmes of work:

- Mental health, learning disability and neurodiversity
- Primary and Community Care
- Acute Services Sustainability
- Children and Young People
- Housing
- Community Development
- Employment
- Health Protection
- Suicide Prevention

These programmes will be supported by 9 enabling programmes.



The Guidance states that the draft JFP must be shared with each Health and Wellbeing Board, and they must be consulted on whether the draft takes proper account of the JLHWS. Each Health and Wellbeing Board must respond in writing with their opinion and the final JFP must include a statement of the final opinion of each Health and Wellbeing Board consulted. The Health and Well-being Board is asked to confirm the process for their response.

National Integrated Care System guidance states that the draft Joint Forward Plan must be shared with each Health and Wellbeing Board, and they must be consulted on whether the draft takes proper account of the Joint Health and Wellbeing Strategy. Each Health and Wellbeing Board must respond in writing with their opinion and the final Joint Forward Plan must include a statement of the final opinion of each Health and Wellbeing Board consulted. The Health and Wellbeing Board is asked to confirm the process for their response.

4. Relationship to Joint Strategic Needs Assessment

4.1 Priorities of all JSNAs in Devon are reflected in the strategy.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 Priorities reflect areas of priority within the Torbay Joint Health and Wellbeing Strategy and it will be important to ensure consistency in implementation.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

6.1 Future iterations of the Joint Health and Wellbeing Strategy will take account of the Integrated Care Strategy priority areas.

Appendices

1 Interim Integrated Care Strategy is appended.

One Devon

One Devon Partnership
Interim Integrated Care Strategy

December 2022

#OneDevon

Foreword

The creation of Integrated Care Systems (ICSs) and Partnerships (ICPs) in England has provided an opportunity for partner organisations from across Devon to work more closely together on behalf of local people. We know that there is a close relationship between broad social and economic factors and health outcomes and that we need to understand and act on these to improve lives. Factors such as education, quality housing, meaningful employment and accessible healthcare are all important if we are to address the inequalities across our county.

Devon has a unique set of challenges and opportunities, including a combination of coastal, rural and urban deprivation sitting alongside areas of high second home ownership which further drives inequality in access to housing. We have an older than average population with high levels of frailty but adult social care and health sectors that are experiencing extreme workforce shortfalls. Children and young people are experiencing increasing difficulties with mental health and wellbeing and we know that we need to shift to a greater emphasis on prevention and early intervention not only for this but for other areas of health concern. We would like to do more to recognise and respond to the needs of Devon's distinct communities, for example veterans and those serving in the military. The Five Year Integrated Care Strategy sets out the strategic direction, our strategic goals and a framework within which system partners can work collectively towards the vision of the One Devon Partnership: ***equal chances for everyone in Devon to lead long, happy and healthy lives.*** The Strategy outlines how Devon will meet the four aims of an Integrated Care System:

- 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

The Strategy has been co-produced through extensive engagement with stakeholders and the public. We have built upon previous work undertaken across all parts of our system over recent years which seeks to address the issues that are important to our communities and improve the experience and outcomes for the people of Devon. As a result of the significant level of engagement with stakeholders during the development process, Devon, for the first time, will have a comprehensive Strategy which reflects the collective views of a variety of partners who work as part of the health and care system in Devon.

It has also been informed by the Joint Strategic Needs Assessments (JSNAs) for the three Health and Wellbeing Boards in Devon, Plymouth and Torbay and the Joint Health and Wellbeing Strategies (JHWSs). Many of the challenges set out in the JSNAs and JHWSs are specific to a local authority area; these are being addressed locally and will continue to be so, but there are a range of challenges that are common across our three Health and Wellbeing Board areas. The 5-year Integrated Care Strategy summarises these common challenges - including the current cost-of-living crisis, changing patterns of infectious disease, climate challenge and the longer term impact of the COVID-19 pandemic. In addition it sets out the Strategic Goals, our delivery strategy (including the conditions for success and core enablers) all of which will drive the co-design of Devon's response to the Strategy – this response will include the 5-year Joint Forward Plan as well as combining this with the response from Local Authority partners.

Partners will now work together to respond to Devon's challenges and realise the ambitions set out in the Strategy. All partners will take account of the Strategy in their planning in a way that will ensure alignment between housing, education, care and health that has not been seen before.

add signature

Councillor James McInnes
Chair of One Devon Partnership

add signature

Dr Sarah Wollaston
Vice Chair of One Devon Partnership

Contents

Executive Summary

Executive Summary

Introduction

Integrated Care Systems (ICSs) aim to bring together local authorities, NHS organisations, voluntary, community and social enterprise, and others, to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas for people and communities.

The ICS in Devon is known as One Devon and includes all health and care partners working throughout Devon. Each ICS is required to produce an Integrated Care Strategy, to set the direction for the system, setting out how NHS commissioners, local authorities, providers and other partners can deliver more joined-up, preventative and person-centred care for the whole population across the course of their life. The Strategy is intended for use by all partners within the System, who will need to respond to it in their own future plans. It will drive a focus on the challenges and opportunities to improve the health and wellbeing of people and communities.

The Integrated Care Strategy sets out the assessed needs of the population and the priority strategic goals, focusing on the ***four core purposes of ICSs***:

- 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

The vision of the One Devon Partnership is ***equal chances for everyone in Devon to lead long, happy and healthy lives***

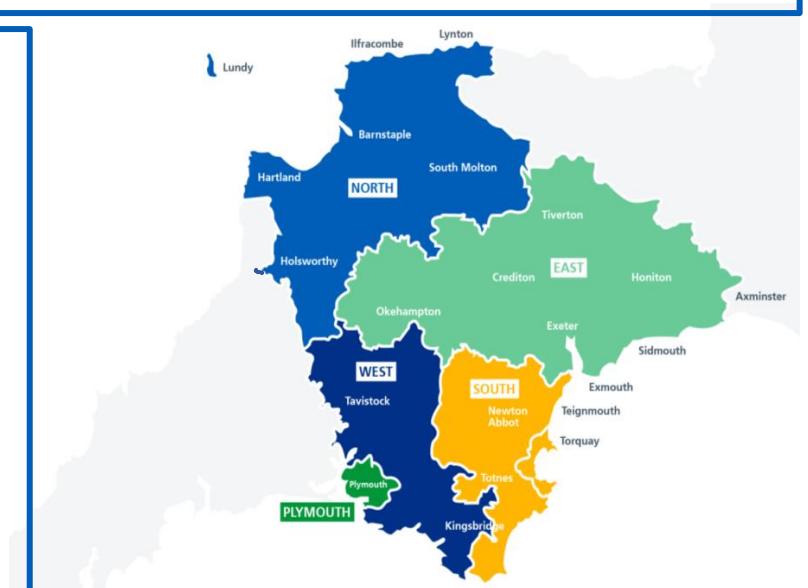
Context

Our health is not only explained by our age, sex and genetics, it is a complex interaction of a wide variety of factors, strongly shaped by social and economic factors in wider society, local neighbourhoods and families. These circumstances can affect our health and life chances, for better or worse. Efforts to improve population health and wellbeing need to take full account of these determinants and the resulting inequalities that exist because of them.

One Devon partners work in collaborative arrangements at System, Place and Neighbourhood levels to deliver care to 1.2 million people, through:

- **Provider Collaboratives** of health and care providers working to improve care pathways and deliver better outcomes for patients and service users, making the best use of system resources in areas such as workforce, technology, and estates;
- **Place-based partnerships** – our 5 Local Care Partnerships (LCPs), which bring together a wide range of organisations, including the NHS, Local Authorities, District Councils and Voluntary, Community and Social Enterprise, to deliver integrated health and care services; and
- **Neighbourhoods**, within which partners such as primary care services, NHS community services, social care and other providers work to deliver improved outcomes for their population.

Each of Devon's five LCPs has different demographics and different needs.



One Devon

12 Devon Challenges

There are 12 key challenges facing Devon, some of which are common across other areas of the country, but others that reflect the unique make up of our county.

1. An ageing and growing population, with increasing long term conditions, co-morbidity and frailty
2. Climate Change
3. Complex patterns of urban and rural deprivation
4. Housing quality and affordability
5. Economic Resilience
6. Access to services including socio-economic and cultural barriers
7. Poor health caused by modifiable behaviours and earlier onset of health problems in more deprived areas
8. Varied education, training and employment opportunities, workforce availability and wellbeing
9. Unpaid care and associated health outcomes
10. Changing patterns of infectious diseases
11. Poor mental health and wellbeing, social isolation and loneliness
12. Pressure on services (especially unplanned care)

One Devon

Executive Summary – 12 Challenges

1. An ageing and growing population win increasing long term conditions, co-morbidity and frailty

The Devon population is older than the overall population of England and is facing demographic challenges around 15 years before similar challenges will be seen nationally. Population growth is above the national average, and is up to twice the national average in some districts, largely driven by internal migration within the UK, predominantly those aged between 50 and 70 from the South-East of England. We have a disproportionately small working age population relative to those with higher care needs.

2. Climate change

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.

3. Complex patterns of urban, rural and coastal deprivation

The pattern of socio-economic deprivation in Devon is distinct. Hotspots of urban deprivation are evident, with the highest overall levels in Plymouth, Torbay and Ilfracombe, and hotspots in other urban centres, including Exeter and Barnstaple. 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.

4. Housing quality and affordability

Measures of both housing quality and affordability in One Devon indicate more significant challenges compared to England as a whole. 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.

5. Economic resilience

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.

6. Access to services, including socio-economic & cultural barriers.

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.

Executive Summary – 12 Challenges

7. Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Physical inactivity, excess weight, excess alcohol use, drug misuse and smoking have a significant impact on health, contributing to premature death, ill-health and a lower quality of life. 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 an onset of long-term conditions, multi-morbidity and frailty typically 10 to 15 years earlier 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.

8. Varied education, training and employment opportunities, workforce availability and wellbeing

The education of our children and young people is a determining factor for later success in life. Health and wellbeing are also intrinsically linked to the health of our economy. Access to secure employment and well paid jobs is about far more than the resources to buy goods and services. Health and care systems nationally and locally are facing extreme challenges in relation to staff burnout, high vacancies, high turnover and low levels of retention. This is impacting on the quality and safety of services that can be delivered.

9. Unpaid care and associated health outcomes

The proportion of the population providing unpaid care is increasing, with higher levels of the One Devon population caring for relatives, often for many hours, with limited external support. Both the physical and mental health of carers can suffer as a result.

10. Changing patterns of infectious diseases

The Covid-19 pandemic has changed the pattern of infectious disease over the last three years. Increasing levels of healthcare associated infections have also been seen and the risks posed by anti-microbial resistance continue to grow. These diseases have disproportionately affected the most disadvantaged and vulnerable in our society and the longer-term impacts of infection, such as Long-Covid, contribute further to health inequalities.

11. Poor mental health and wellbeing, social isolation, and loneliness

Mental Health provision in Devon is good, but our population experiences poorer than average outcomes in relation to some measures of mental health and wellbeing. 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, and a higher proportion are affected by loneliness. Disadvantaged communities and clinically vulnerable individuals are disproportionately affected. Mental health issues have increased through the Covid-19 pandemic and current ‘cost of living’ crisis.

12. Pressures on health and care services (especially unplanned care)

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.

One Devon

Executive Summary

Engagement and Involvement

The integrated care strategy is intended to meet the needs of local people in Devon, so it is more important than ever that we take the opportunity to understand those needs.

There has been an extensive amount of work done involving the people and communities across Devon and Cornwall over recent years, across a wide range of topics and issues. A comprehensive review has been undertaken on the findings of all involvement activities (where a published report was available) across Devon in the past four years. The review includes involvement programmes led by organisations across One Devon as well as national studies.

From 34 publications reviewed between 2018 – 2022 from we have gathered the views, feedback and insight from over 20,000 people from across Devon and Cornwall (including two national studies). The feedback collated through the review has been themed and aligned to the four aims of an ICS and has informed the development of the ICS's strategic goals. Some examples of the feedback are below:

- Younger people, people with mental health illness and people from ethnic or diverse backgrounds suffer poorer experience and outcomes compared to other groups.
- People only want to tell their story once and value the consistency of the support (e.g. seeing the same clinician during treatment) they receive
- Waiting times for health and care services are a major concern for people (and staff)
- People perceive they are likely to get a poorer service because of their background/identity which can make people wary of using NHS services.
- Poverty and low wages in Devon directly contribute to the lack of affordable housing, which in turn has a direct impact on peoples (and staff) health and wellbeing.
- People and staff would like to see more community based, collaborative approaches that enable health, care and wellbeing services to work in a truly joined up way
- People see the real value and impact of local voluntary services so want to see improved communication and coordination with the Voluntary, Community and Social Enterprise (VCSE) sector.
- Generally, people are willing (and are able) to use technology to access their health and care support, but it must be effective, reliable and give confidence to the user.
- People are more concerned about cost of living rising and the impact on the nation's health and wellbeing rather than their own.

Executive Summary – the Strategy

In response to all of the information presented above and through ongoing engagement with stakeholders across the Devon System, a set of high level strategic System goals have been developed that support the vision of the ICS - ***equal chances for everyone in Devon to lead long, happy and healthy lives*** - and that align to the four aims of an ICS.

These high level strategic goals are the goals of the 'One Devon Integrated Care Partnership'. The partnership will need to work closely with all sectors, including primary care, carers, VCSE, public health, housing, employers and education to deliver the strategic goals set out in this strategy.

There is also one over-arching strategic goal: **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.**
By 2025 we will have: adopted a single operating model to support the delivery of health and care across Devon and will have achieved thriving ICS status.

For each goal where appropriate measures exist, a more specific target measure has been appended to the goals, for delivery within a defined timescale. This will allow the Integrated Care Partnership (ICP) to monitor the extent to which the actions put in place to achieve the strategic goals are impacting. The targets are measured from a baseline of 2021/22, unless otherwise detailed against a goal.

Our strategic goals are set out in the following slides.

Improving Outcomes in population health and healthcare

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.

By 2024: each LCP will have a suicide prevention plan.

We will have a safe and sustainable health and care system.

By 2025 we will: deliver all our quality, safety and performance targets within an agreed financial envelope

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.

By 2028 we will: extend personalised care through social prescribing and shared decision making and increased health literacy

Population heath 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

By 2028 we will have: decreased the gap in healthy life expectancy between the least deprived and most deprived parts of our population by 25% and decreased the under 75 mortality rate from causes considered preventable by 25%

Children and young people (CYP) will have improved mental health and well-being

By 2024/25 we will have: at least 15,500 CYP aged (0-18) accessing NHS-funded services, 100% coverage of 24/7 crisis and urgent care response for CYP and 95% of children and young people with an eating disorder able to access eating disorder services within 1 week for urgent needs and 4 weeks for routine needs

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.

By 2025 we will reduce the level of preventable admissions by 95%

Tackling inequalities in outcomes, experience and access

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.

By 2028 we will increase the number of people who can access and use digital technology and improved access to dentists, pharmacy, optometry, primary care

Everyone in Devon will be offered protection from preventable infections.

By 2028 we will have: increased the numbers of children immunised as part of the school immunisation programmes by 10%, increased the uptake of those eligible for Covid and Flu vaccines by 10% and reduced the number of healthcare acquired infections by 10%.

Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place

By 2028 we will have: increased the number of people dying in their preferred place by 25% and those who want it will have advanced care planning in place

The most vulnerable people in Devon will have accessible, suitable, warm and dry housing

By 2028 we will have: decreased the % of households that experience fuel poverty by 2% and reduced the number of admissions following an accidental fall by 20%

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.

By 2026 Devon's workforce across the multiple organisations will be supported, empowered and skilled to deliver fully inclusive services for everyone, and Devon will be a welcoming and inclusive place to live and work where diversity is valued and celebrated;
By 2027 Devon's workforce will be representative of local populations; and
By 2028 our estates, information and services will be fully inclusive of the needs of all our populations

Enhancing productivity and value for money

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.

By 2026 patients will report significantly improved experience when navigating services across Devon.

We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.

By 2028 we will have: a unified approach to procuring goods, services and systems across sectors and pooled budget arrangements

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.

By 2028 we will have: provided a unified and standardised Digital Infrastructure

We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.

By 2028 we will have: vacancies amongst the lowest in England in the health and social care sector

Helping the NHS support broader social and economic development

People in Devon will be provided with greater support to access and stay in employment and develop their careers.

By 2028 we will have:

- *Reduced the gap between those with a physical or mental long term condition (aged 16-64) and those who are in receipt of long term support for a learning disability (aged 18-69) and the overall employment rate by 5%;*
- *Decreased the number of 16-17 year olds not in education, employment or training (NEET) by 25%;*
- *Increased the number of organisations with Gold award status for the Defence Employer Recognition scheme.*

Children and young people will be able to make good future progress through school and life.

By 2027 we will have: increased the number of children achieving a good level of development at Early Years Foundation Stage (school readiness) as a % of all children by 3% and 60% of Education, Health and Care Plans (EHCPs) will be completed within 20 weeks.

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).

By 2028 we will: be on-track to successfully deliver agreed targets for all Local Authorities in Devon being carbon neutral by 2030 and the NHS being carbon neutral by 2040

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

By 2024: Local Care Partnerships will have co-produced with local communities and community groups in their area, a plan to empower and support groups to be more resilient.

Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably

By 2028 we will have; directed our collective buying power to invest in and build for the longer term in local communities and businesses

Executive Summary – Delivering the Strategy

The Integrated Care Strategy will need all partners within the One Devon Partnership to work together to ensure that we deliver our ambitious goals for Devon.

The pace of delivery of these goals will vary by Local Authority area and Local Care Partnership, reflecting the differing needs and different starting points of each part of our System. The overriding principle is that we will strive to ensure that each ambition is met within the timeframes set out within this Strategy. Furthermore, the Strategy does not replace or supersede those priorities that are best delivered at a local level, through Local Care Partnerships and local Health and Wellbeing Strategies.

Work is underway to set out the Devon Integrated Care Board's NHS response to the Strategy in the 5 Year Joint Forward Plan (JFP). The NHS Devon JFP will set out how the health elements of the Strategy will be met between 2023 and 2028, through the four pillars of work:

- Mental Health, Learning Disability and Neurodiversity *****
- Primary and Community Care
- Children and Young People Care Model
- Acute Sustainability Programme

These pillars will be supported by the strategic work underway to enable the successful delivery of our Integrated Care Strategy, focusing on:

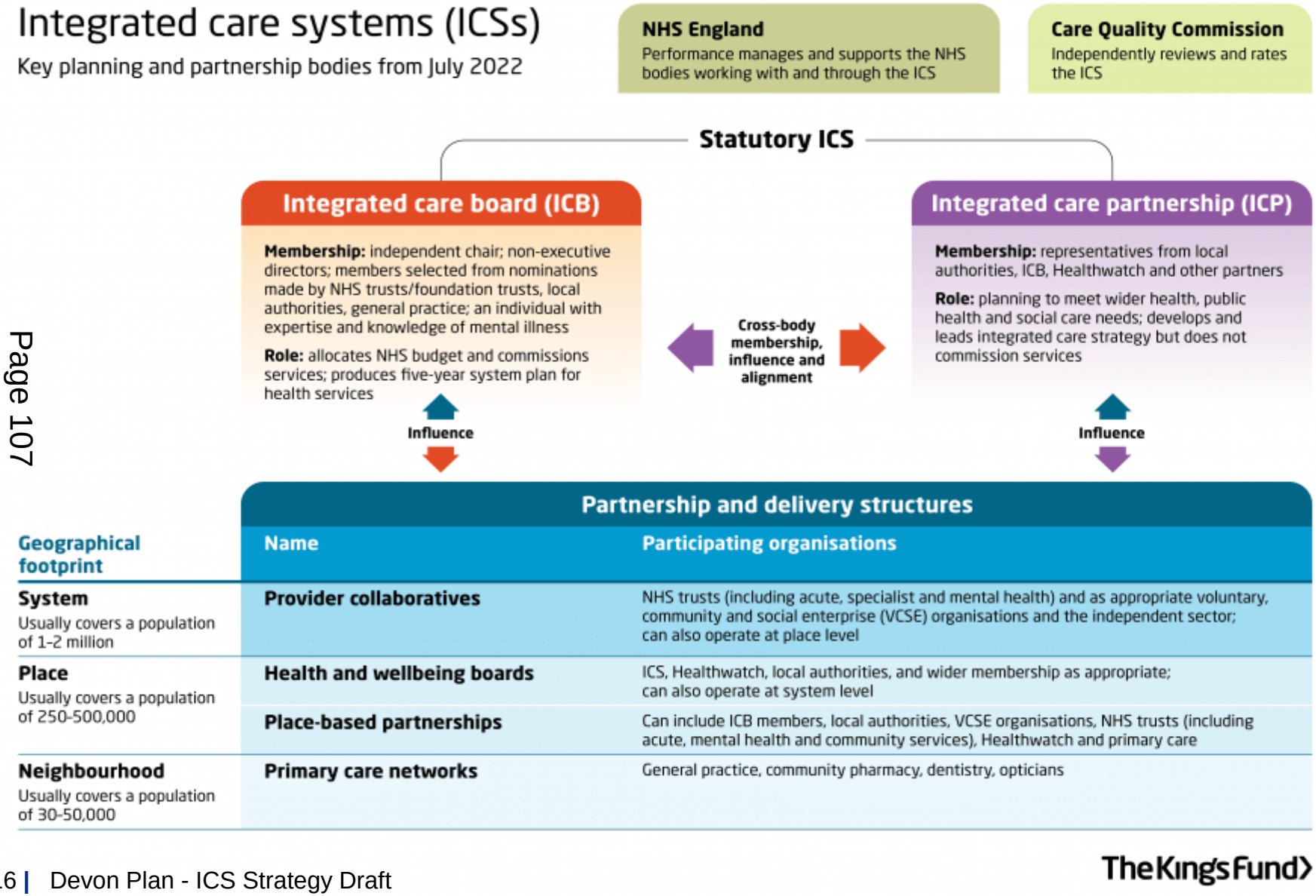
- Creating an environment for success, including strengthening collaborative and integrated working, involving people and communities, embedding equality, diversity and inclusion, and harnessing the impact of research and innovation.
- Ensuring robust system enablers, including workforce, finance, digital, estates & infrastructure, and the environment.
- Transforming key areas, including Mental Health, Learning Disability & Neurodiversity, Primary & Community Care, Children & Young People Care Model, the Acute Sustainability Programme, Public health & Prevention, Education, Employment and Housing.

Some elements of the Strategy will be delivered by other partners. The Partnership will look to local authorities, VCSE, independent sector and NHS England to also set out how they will exercise their functions to deliver the Strategy.

*** *Neurodiversity* refers to the diversity of human brains and minds, contributing to variation in neurocognitive functioning within our species. The term *neurodivergent* describes people whose brain differences affect how their brain works. This means they have different strengths and challenges from people whose brains don't have those differences. This includes people with Dyslexia, attention-deficit hyperactivity disorder, and autistic spectrum disorders.**

Introduction

What is an Integrated Care System (ICS)?



ICS Core Aims

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development

Purpose of an Integrated Care Strategy

Integrated Care Systems

Integrated care systems (ICSs) have been in development for several years; there are 42 nationally and their aim is to bring together local authorities, NHS organisations, voluntary, community and social enterprise, and others, to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas. In recognition of the varying nature of ICSs nationally, such as geographies and populations, this legislation gave significant flexibility on how they operate.

There is a long history of collaborative and integrated working in Devon. The ICS in Devon is known as One Devon, and includes all health and care partners working throughout Devon. The Health and Care Act 2022 transferred statutory powers from Clinical Commissioning Groups to other organisations, primarily the newly created Integrated Care Boards (ICBs), in our case NHS Devon. ICBs work closely with Integrated Care Partnerships (ICPs), in our case One Devon; these are statutory committees that bring together a wide range of system partners to develop a health and care strategy for an area.

Purpose of Integrated Care Strategies

Each ICS is required to produce an Integrated Care Strategy, to set the direction for the system, setting out how NHS commissioners, local authorities, providers and other partners can deliver more joined-up, preventative and person-centred care for the whole population across the course of their life.

The Strategy is intended for use by all partners within the System, who will need to respond to it in their own future plans. It will drive a focus on the challenges and opportunities to improve the health and wellbeing of people and communities. The Strategy should focus on areas where the ICS can add value by coming together - at place, the 3 Health and Wellbeing Board strategies will still be key.

2022/23 is a transitional year and it is recognised that strategies will evolve as ICSs mature. This is therefore an Interim Strategy, with an expectation that it will be refreshed on an annual basis.

What an Integrated Care Strategy must include

The Integrated Care Strategy sets out the assessed needs of the population and the priority strategic goals, focusing on the ***four core purposes of ICSs***:

- 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

Within this, consideration should also be given to:

- Personalised care
- Disparities in health and social care
- Population health and prevention
- Health protection
- Babies, children, young people, their families and health ageing
- Workforce
- Research and innovation
- ‘Health-related’ services
- Data and information sharing

Context

Health Determinants

Our health is not only explained by our age, sex and genetics, it is a complex interaction of a wide variety of factors, strongly shaped by social and economic factors in wider society, local neighbourhoods and families.

The figure sets out how these factors affect our health, with wider political, social, economic and environmental factors, shaping our position in society. This in turn affects our access to different resources like education, employment and housing and shapes our standard of living. These circumstances can affect our health, for better and worse, and shape how we act and how our bodies react.

Efforts to improve population health and wellbeing need to take full account of these determinants and the resulting inequalities that exist because of them across One Devon, attempting to influence or adapt to these wider factors.

Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level, with frameworks for adults and children.

At a Devon system level, the priority target population cohort includes:

- 20% most deprived nationally, as defined by the Index of Multiple Deprivation (IMD)
- Individuals, families and communities experiencing rural and coastal deprivation
- Individuals, families and communities adversely affected by differential exposure to the wider determinants of health – for example, homeless persons, vulnerable migrants and/or those experiencing domestic abuse
- Persons with severe mental illness and learning disability and neurodiversity

One Devon is a partnership of health, local government and care organisations which are working to provide sustainable, quality health and care outcomes for people in Devon

Our One Devon Vision is: ***equal chances for everyone in Devon to lead long, happy and healthy lives.***

One Devon Partners

One Devon is made up of:

- Two unitary authorities (Plymouth City Council and Torbay Council)
- One county council (Devon), with 8 district councils,
- Two national parks (Exmoor and Dartmoor)
- Two cities (Exeter and Plymouth)
- 121 GP practices, in 31 Primary Care Networks
- Adult social care is provided by Livewell Southwest (LWSW) CIC in Plymouth, TSDFT in Torbay and Devon County Council (DCC) in Devon
- A care market consisting of independent and charitable/voluntary sector providers
- Many local voluntary sector partners across our neighbourhoods
- Devon Partnership Trust (DPT) and LWSW provide mental health services with a number of sites across the county.
- 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 West Ambulance Service Foundation Trust (SWASFT)
- Dental Surgeries, Optometrists and Community Pharmacies

One Devon partners work in collaborative arrangements at System, Place and Neighbourhood levels to deliver care to 1.2 million people:

- **Provider collaboratives** – these bring together health and care providers to improve care pathways and deliver better outcomes for patients and service users, making the best use of system resources in areas such as workforce, technology, and estates.
- **Place-based partnerships** – known as Local Care Partnerships (LCPs) in Devon, these bring together a wide range of organisations, including the NHS, Local Authorities, District Councils and Voluntary, Community and Social Enterprise, to deliver integrated health and care services across Devon. ***The graphics on the following pages set out the population details for Devon in its entirety and for each of our 5 LCPs.***
- **Neighbourhoods** – these bring together primary care services, NHS community services, social care and other providers to deliver more co-ordinated and proactive care throughout Devon. They work closely with other partners to deliver improved outcomes across different neighbourhoods.

Local Care Partnerships in Devon

Prior to the official launch of Integrated Care Partnerships and Boards in July 2022, the Devon system had undertaken or commissioned several pieces of work to inform development of our System:

- The Way We Do Things Together in Devon
- Value-based Approach
- Maturity self-assessment
- Devon System Diagnostic

Much of the content of this Strategy draws on these pieces of work and on the Devon Case For Change produced earlier in 2022.
These pieces of work are described in detail within **Appendix 1**.

If Devon was a village of 100 people

Devon has a population of around 1.2 million people.

5 would be under the age of 5

14 would be aged between 5 and 17

8 would be aged between 18 and 24

17 would be aged between 25 and 39

3[illegible] would be aged between 40 and 64

13 would be aged between 65 and 74

11 would be aged over 75

12 people would live in one of the 20% most deprived LSOAs in England

9 people would be living with a long-term health condition or disability which limits their day to day activities a lot

11 people would be unpaid carers

4 people would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

9 people would not have a car or vehicle in their household

Around 20% of children aged 4 would be overweight

Less than 1% of children would be in care

63% of adults would be overweight or obese

Over 1 in 10 adults would have a diagnosis of depression

15% of people over the age of 15 would smoke

Over one fifth of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 84 years old, and men would live to be 80 years old

One Devon

 Sources: see Appendix 2

If the Northern LCP was a village of 100 people

The Northern locality has a population of around 168,000 people, and includes the areas of Barnstaple, Bideford, Holsworthy, Ilfracombe, South Molton and Torrington.

5 would be under the age of 5

14 would be aged between 5 and 17

6 would be aged between 18 and 24

15 would be aged between 25 and 39

34 would be aged between 40 and 64

14 would be aged between 65 and 74

12 would be aged over 75

9 people would live in one of the 20% most deprived LSOAs in England

9 people would be living with a long-term health condition or disability which limits their day to day activities a lot

11 people would be unpaid carers

2 people would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

8 people would not have a car or vehicle in their household

Over one fifth of children aged 4 would be overweight

Less than 1% of children would be in care

65% of adults would be overweight or obese

Over 1 in 10 adults would have a diagnosis of depression

15% of people over the age of 15 would smoke

Over 18% of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 83 years old, and men would live to be 80 years old

Sources: see Appendix 2

If the Eastern LCP was a village of 100 people

The Eastern locality has a population of around 400,000 people, and includes the areas of Exeter, Okehampton and Sidmouth.

5 would be under the age of 5

14 would be aged between 5 and 17

10 would be aged between 18 and 24

17 would be aged between 25 and 39

31 would be aged between 40 and 64

12 would be aged between 65 and 74

12 would be aged over 75

3 people would live in one of the 20% most deprived LSOAs in England

8 people would be living with a long-term health condition or disability which limits their day to day activities a lot

11 people would be unpaid carers

4 people would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

Nearly everyone would have a car or vehicle in their household

Around one fifth of children aged 4 would be overweight

Less than 1% of children would be in care

63% of adults would be overweight or obese

Over 1 in 10 adults would have a diagnosis of depression

13% of people over the age of 15 would smoke

Over 25% of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 84 years old, and men would live to be 80 years old

Sources: see Appendix 2

One Devon

If the West LCP was a village of 100 people

The West LCP has a population of around 60,000 people.

4 would be under the age of 5

14 would be aged between 5 and 17

6 would be aged between 18 and 24

14 would be aged between 25 and 39

35 would be aged between 40 and 64

15 would be aged between 65 and 74

12 would be aged over 75

No one would live in one of the 20% most deprived LSOAs in England

8 people would be living with a long-term health condition or disability which limits their day to day activities a lot

12 people would be unpaid carers

1 person would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

5 people would not have a car or vehicle in their household

Nearly one fifth of children aged 4 would be overweight

Less than 1% of children would be in care

57% of adults would be overweight or obese

1 in 10 adults would have a diagnosis of depression

11% of people over the age of 15 would smoke

Over 17% of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 83 years old, and men would live to be 80 years old

Sources: see Appendix 2

One Devon

If the South LCP was a village of 100 people

The South LCP has a population of around 300,000 people.

4 would be under the age of 5

14 would be aged between 5 and 17

6 would be aged between 18 and 24

15 would be aged between 25 and 39

34 would be aged between 40 and 64

15 would be aged between 65 and 74

13 would be aged over 75

14 people would live in one of the 20% most deprived LSOAs in England

10 people would be living with a long-term health condition or disability which limits their day to day activities a lot

12 people would be unpaid carers

3 people would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

9 people would not have a car or vehicle in their household

Nearly one fifth of children aged 4 would be overweight

Less than 1% of children would be in care

60% of adults would be overweight or obese

13% of adults would have a diagnosis of depression

16% of people over the age of 15 would smoke

A quarter of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 84 years old, and men would live to be 80 years old

Sources: see Appendix 2

One Devon

If the Plymouth LCP was a village of 100 people

The Plymouth locality has a population of 262,839 people.

5 would be under the age of 5

15 would be aged between 5 and 17

11 would be aged between 18 and 24

20 would be aged between 25 and 39

30 would be aged between 40 and 64

10 would be aged between 65 and 74

9 would be aged over 75

30 people would live in one of the 20% most deprived LSOAs in England

10 people would be living with a long-term health condition or disability which limits their day to day activities a lot

11 people would be unpaid carers

5 people would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

12 people would not have a car or vehicle in their household

Nearly one fifth of children aged 4 would be overweight

Less than 1% of children would be in care

69% of adults would be overweight or obese

Nearly 16% of adults would have a diagnosis of depression

19% of people over the age of 15 would smoke

Over 17% of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 83 years old, and men would live to be 79 years old

Sources: see Appendix 2

One Devon

The 12 Devon Challenges

Data and further detail in Appendix 3

12 Devon Challenges

1. An ageing and growing population, with increasing long term conditions, co-morbidity and frailty

2. Climate Change

3. Complex patterns of urban and rural deprivation

4. Housing quality and affordability

5. Economic Resilience

6. Access to services including socio-economic and cultural barriers

7. Poor health caused by modifiable behaviours and earlier onset of health problems in more deprived areas

8. Varied education, training and employment opportunities, workforce availability and wellbeing

9. Unpaid care and associated health outcomes

10. Changing patterns of infectious diseases

11. Poor mental health and wellbeing, social isolation and loneliness

12. Pressure on services (especially unplanned care)

Devon Challenge 1: An ageing and growing population with increasing long term conditions, co-morbidity and frailty

The Devon population is older than the overall England population and is facing demographic challenges around 15 years before similar challenges will be seen nationally. Population growth above the national average, and is up to twice the national average in some districts, largely driven by internal migration within the UK, predominantly those aged between 50 and 70 from the South-East of England. We have a disproportionately small working age population relative to those with higher care needs.

- According to the 2021 Census the population of One Devon is 1,215,642; with 811,629 residents in the Devon County Council area, 264,691 in the Plymouth City Council area and 139,322 in the Torbay Council area.
- Population growth is above the national average, and up to twice the national average in some districts. This is largely driven by internal migration within the UK, predominantly by those aged between 50 and 70 years, coming from the South-East of England. This growth in population has been centred on older age groups, with flat growth in children, slow growth in the working age population, and rapid growth in older age groups. Population Growth between the 2011 and 2021 censuses reveals variation within Devon with the East Devon and Exeter area experiencing particularly rapid population growth compared to the national average.
- Two major patterns exist when we look at migration within the UK into and out of the One Devon area. The first is from ages 18 to 37, where apart from a net influx of University students to Exeter and Plymouth, there is a net outflow relating largely to migration for work and low retention of students. The second pattern is a net inflow of people from the ages 38 to 74, relating to in-migration for older working age groups and at retirement, with the greatest net flows coming from London, the South East and elsewhere in the South West.
- The population profile in Devon is significantly older than the national profile, with a higher proportion of people 50 years and over, leading to an imbalance between the working age population and those needing care. This is influenced by significant in-migration into Devon and longer life expectancy. Exeter and Plymouth universities contribute to a slightly higher proportion of those aged 18 to 21 years in the One Devon population. Typically however there is a greater tendency for younger adults to leave the county and low retention of graduates who come to study in Devon. Coastal and rural areas tend to have an older population, for example, East Devon where 30% of the population is aged 65 and over.
- In addition to more people living into old age, there will also be higher levels of complexity and comorbidity in the future. The prevalence of dementia is increasing at 1% annually but within 10 years it will be growing at 3%. This growth is expected across a number of long-term conditions between 2018-2024 in Devon.

One Devon

Devon Challenge 2: Climate Change

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.

- Climate change poses a serious threat to our quality of life, now and for future generations. It is damaging biodiversity, disrupting food production, damaging infrastructure, threatening jobs and harming human health. Addressing climate change requires a shift in our behaviour in relation to sustainable travel and reducing our carbon footprint in both our home and working lives.

- Air pollution, excess heat and excess cold have a significant impact on our health, particularly in relation to increases in cases of and deaths from respiratory and circulatory conditions like Asthma, Heart Disease and Stroke, with an increase in severe weather events leading to further direct risks to human health. For 2020, the Public Health Outcomes Framework estimated that 4.7% of deaths in Devon, 5.1% of deaths in Plymouth, 4.9% of deaths in Torbay, and 5.6% of deaths in England were attributable to air pollution.

- The expected impacts on Devon include:

    - **Higher temperatures** – could **increase** risk of heatwaves, other severe weather, droughts, certain health risks, wildfires, but could **decrease** risk of prolonged low temperatures, heavy snow and/or ice.
    - **Higher rainfall** – could **increase** risk in flooding (river, surface water and groundwater), other severe weather, land movements, structural failures, certain health risks.
    - **Sea level rise** – could **increase** risk of coastal/tidal flooding and coastal erosion (including land movements) and hence increased impacts on coastal infrastructure including transport routes.

Devon Challenge 3: Complex patterns of urban, rural and coastal deprivation

The pattern of socio-economic deprivation in Devon is distinct. Hotspots of urban deprivation are evident with the highest levels in Plymouth, Torbay and Ilfracombe, and hotspots in other urban centres, including Exeter and Barnstaple. 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.

- Devon has hotspots of urban deprivation with the highest overall levels in Plymouth, Torbay and Ilfracombe, and hotspots in other urban centres, including Exeter and Barnstaple. Many rural and coastal areas, particularly in North and West Devon experience higher levels of deprivation, impacted by low wages and a high cost of living.
- Significant gaps in earnings are seen between the counties top and bottom earners and average full-time salaries for females are 17% lower than for males. Lower levels of social mobility are also seen in rurally deprived areas.
- When levels of deprivation are compared with the South-West and England using the ONS Rural Urban Classification, it is evident that Devon typically experiences higher levels of deprivation than the national average for different classifications. This is particularly so for rural and sparsely populated areas.
- Whilst material deprivation has declined over recent decades, some increases have been seen in recent years due to the Covid-19 pandemic and cost of living crisis. Areas with lower levels of social mobility and economic development have experienced more persistent levels of deprivation including parts of Northern Devon, and in parts of Plymouth and Torbay where population growth and economic development has been slower than Eastern Devon.

Devon Challenge 4: Housing Quality and affordability

Measures of both housing quality and affordability in One Devon indicate more significant challenges compared to England as a whole. 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.

- The places we live in have a profound impact on our health and wellbeing, as well as impacting on the ability to remain independent. Good housing contributes to health and wellbeing and helps keep people healthy.
- Devon faces particular challenges in relation to housing quality and housing affordability. Significant challenges exist in Devon with many areas in the top 10% or 25% nationally for the indoor environment deprivation domain.
- High levels of in-migration to Devon, centred on those aged 50 to 70, and previously residing in South-East England has increase demand for accommodation in Devon, driving up house prices. However, with lower-than-average earnings, this has generated a higher average house price to full-time salary ratio than England as a whole.
- Fuel poverty and poor housing conditions, particularly in the private rented sector, are a major issue in many areas. Unsuitable and poor standard housing contributes to poor health, lower educational attainment and is a recognised contributor to, and symptom of, child poverty, with approximately a third of unsuitable housing occupied by people in receipt of some sort of benefit. In Plymouth there are an estimated 13,578 households (11.8 per cent) in fuel poverty, which is slightly above the national figure of 11.1 per cent, and Torbay has a higher percentage than the regional and national rates over the five-year period 2013 to 2017.
- In Devon, the estimated number of rough sleepers is below the England average, but homelessness is increasing, with a growing number of families on the housing register and average house prices more than nine times annual earnings (compared to seven times nationally).
- The cost of living and energy crises along with increasing levels of homelessness have the potential to result in decreases in health and widening of inequalities across Devon.
- Other housing quality and affordability indicators in the Public Health Outcomes Framework and Devon's Joint Strategic Needs Assessments reveal: high levels of household hazards including damp, excess heat and excess cold associated with age of housing stock, particularly in privately rented sector and limited availability of key worker housing schemes, despite a higher level of public sector employment

One Devon

Devon Challenge 5: Economic Resilience

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.

- The current cost of living crisis is driven by the cost of everyday essentials like groceries and bills are faster than average household incomes. As of November 2022 annual inflation stands at 11%, a 40 year high, with the Bank of England predicting inflation and price levels to remain high.
- Since March 2020 demand for accommodation and the cost of housing in Devon have increased significantly. The economic and financial pressures seen through the pandemic, coupled with rising inflation and increasing energy, food and fuel costs mean that One Devon citizens have been particularly affected. In the SW, there are approximately half a million low paid workers, c150k in the One Devon area. This means that whilst the cost of living is increasing across the UK, Devon is particularly vulnerable due to lower-than-average salaries, and above average living and housing costs. A 'Cost of Living' dashboard has been developed for One Devon, which highlights Devon communities particularly at risk in the crisis. This highlights particularly high levels of risk is parts of Plymouth, Torbay, Northern Devon and in other hotspots across the country.
- NHS expenditure in Devon started to become financially challenged in 2013/14, with a small deficit returned for the year, the position deteriorated sharply again in 2019/20 and it is still currently forecasting a deficit position of over £18 million for 2022/23.The drivers of this position are many and complex, but fundamentally it is as a result of growth in expenditure, linked to growing service demand and operational inefficiency, outstripping the growth in the allocation for the population.
- The NHS in Devon is not alone in facing financial challenges. At the start of November 2022, Devon County Council announced that is must save £73 million from its budget this financial year. Plymouth City Council is facing similar challenges and is considering measures to address a £37 million budget gap for 2023/24. It also has a £15.5 million gap in this year's budget. In addition to providing invaluable services to people requiring care and support, the Adult Social Care Sector plays a central role in the economy. Our voluntary and independent social care providers are also facing significant economic, financial and labour issues.

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

Access to health and care services varies significantly in 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.

- Some barriers to services are physical. As a large rural county, Devon has a higher proportion of population living is sparsely populated areas, smaller market and coastal towns and villages.
- Significant social and cultural barriers also exist in relation to health and care services, as highlighted by the four domains of health inequalities. This highlights the interaction of socio-economic deprivation, personal characteristics, geography and vulnerable groups in driving health inequalities.
- One Devon has a significantly higher proportion of armed forces veterans than the national average, with the highest concentrations centred in Plymouth, Exmouth, Sidmouth and Ivybridge. In contrast to the majority of the general population, veteran and their families experience unique factors, which can increase physical and mental health and wellbeing needs.
- Digital technology has changed our lives beyond recognition over the last 20 years including how we access services. However, there are challenges related to sharing information between services and digital inclusion especially in rural areas, deprived communities and older people.

One Devon

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Physical inactivity, excess weight, excess alcohol use, drug misuse and smoking have a significant impact on health, contributing to premature death, ill-health and a lower quality of life. 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 an onset of long-term conditions, multi-morbidity and frailty typically 10 to 15 years earlier 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.

- Behavioural risk factors are the leading cause of morbidity and mortality in Devon.
- Devon has a growing and ageing population with higher life expectancy compared to other areas across England. However within Devon, life expectancy varies considerably and particularly in areas with higher deprivation and challenges around access to services.
- Moreover, the difference between life expectancy and healthy life expectancy is stark when comparing the more deprived areas to the least deprived areas. This suggests that while people are living longer, they are living longer in poorer health.
- In terms of recent trends in behaviour factors, generally in recent years smoking and substance misuse has tended to decline, and obesity has increased.
- Considerable and widening inequalities exist in relation to behavioural risk factors, including:
  - Higher levels of smoking which are falling more slowly in more deprived communities, people in routine and manual occupations, younger age groups, and males. Children living in households with adult smokers are also much more likely to smoke themselves.
  - Higher levels of excess weight in middle aged individuals, people living in more deprived areas
  - Higher levels of physically inactivity in more deprived communities, older age groups and females
  - Higher levels of excess alcohol use in more deprived communities, male and middle aged individuals
- Smoking, poor diet, physical inactivity and alcohol use feature particularly prominently in as drivers for the early on-set of ill-healthand cost the NHS billions every year.

Devon Challenge 8: Varied education, training and employment opportunities, workforce availability and wellbeing

The education of our children and young people is a determining factor for later success in life. Health and wellbeing are also intrinsically linked to the health of our economy. Access to secure employment and well paid jobs is about far more than the resources to buy goods and services. Health and care systems nationally and locally are facing extreme challenges in relation to staff burnout, high vacancies, high turnover and low levels of retention. This is impacting on the quality and safety of services that can be delivered.

- The education of our children and young people is a determining factor for later success in life and all of our local authorities face challenges in this area, with educational performance varying greatly across the county. In Plymouth, school readiness by the end of Reception is lower than the England average and there are a higher number of 16–17-year-olds not in education, employment or training (NEET). In Torbay there are a high number of children and young people with education, health and care plans and rates of exclusions are high. At a ward level, in 2019 two wards in Northern Devon were in the bottom 10% nationally for educational performance.
  There are hotspots of education domain deprivation in urban neighbourhoods within Plymouth, Torbay and Exmouth, and in many coastal and market towns across the county. Higher levels of education domain deprivation are seen in rural areas of North and West Devon, reflecting particular challenges around social mobility and economic development.
  Research by the Health Foundation reveals that many areas of Devon and Cornwall have a particularly high proportion of low paid jobs relative to other local authorities. Rates are highest in rural districts and Devon, with North Devon (26%), Mid Devon (25%), Torridge (24%), West Devon (24%) and Teignbridge (24%). This is double the level seen in the Home Counties and London.
- In Devon there are currently around 14,000 people unemployed, which equates to a rate of 1.8% unemployment, half of the national level of 3.8%. The number of people choosing to drop out of the labour market has doubled in recent years and now stands at circa 5%. Looking forward, the working age population across Devon is not predicted to grow significantly in the years ahead. Levels of employment vary on a seasonal basis in One Devon. During January, February and March, Jobseekers Allowance claimant rates are typically around 10-15% higher than they are during Summer and early Autumn months.
- The challenge we face is twofold - colleagues are all working exceptionally hard, but, whilst vacancy rates are 7% in health and 13% in social care, across the system we are spending too much money on delivering our services. The health workforce has grown faster than the demand for services and ahead of the national average.

Devon Challenge 9: Unpaid care and associated health outcomes

The proportion of the population providing unpaid care is increasing, with higher levels of the One Devon population caring for relatives, often for many hours, with limited external support. Both the physical and mental health of carers can suffer as a result.

- The number of people providing unpaid care in the county according to the 2011 Census, is over 84,000 carers and over 18,000 providing unpaid care for 50 hours or more per week.

- Carers tend to be in poorer health than non-carers, and higher levels of unpaid care are associated with particularly poor general health. The figures below provide a breakdown of health by age for non-carers, carers, and those who provide unpaid care for 50 hours or more from the 2011 census. The health of young carers and persons aged 25 to 49 is notably worse than non-carers. Levels of good health are significantly higher in non-carers in the 50 to 64 age group, and for persons aged 65 and over whilst the general health of carers and non-carers is similar, for those providing unpaid care for 50 hours or more general health is notably worse.

- Levels of economic activity are also much lower in persons who provide unpaid care. Non-carers have higher employment levels, whilst unpaid carers are more likely to be long-term sick or disabled, or defined as ‘looking after family or home’.

- An analysis of the pattern of unpaid care and intensive unpaid care (50 hours plus) at a community level in Devon reveals that whilst unpaid care is higher in predominantly coastal and rural areas partly reflecting retirement patterns, unpaid care for 50 hours a week is much more concentrated in towns and cities, deprived urban areas such as Plymouth, Torbay and Ilfracombe, and deprived rural areas in North and West Devon.

One Devon

Devon Challenge 10: Changing patterns of infectious diseases

The Covid-19 pandemic has changed the pattern of infectious disease over the last three years. Increasing levels of healthcare associated infections have also been seen and the risks posed by anti-microbial resistance continue to grow. These diseases have disproportionately affected the most disadvantaged and vulnerable in our society and the longer-term impacts of infection, such as Long-Covid, contribute further to health inequalities.

- Devon is predicted to be the fourth worst County in England impacted by COVID-19. Initial data for the area suggests that around 60% of all Devon business were closed during the lockdown phases and almost 40% of all those in work (both employed and self-employed) were furloughed or sought self-employment support due to not being able to work. More widely, unemployment increased by 180% in the three months to June 2020, with sharp increases in youth unemployment.
- This will have an impact on the mental health and wellbeing of people living in Devon - the rates of common mental health problems in people aged 16–64 were 14.1% for those in full-time employment, 16.3% for those in part-time employment, 28.8% for those who are unemployed and looking for work, and 33.1% for those who are economically inactive. Unemployment increases the risk of poor mental health and suicide, this is because it creates an additional psychosocial burden through experiencing stigma, isolation, and loss of self-worth.
- As well as the impact of Covid-19, changing patterns of infectious disease are also evident. Compared to recent years, in late 2022, notable trends that we are experiencing include:
  - Higher levels of seasonal influenza
  - Increases in respiratory syncytial virus
  - Increases in scarlet fever invasive group A streptococcal infections
  - Increases in healthcare associated infections
  - Increases in anti-microbial resistance, influenced by antibiotic usage
- Flu vaccination uptake in Devon for all ages between 6 months and 64 years (clinically at risk) and for the over 65s are below the England and Southwest averages and remain significantly below the rates seen prior to the pandemic.
- The update of Covid-19 and Flu vaccination also vary significantly across the population, with the lowest uptake in areas with higher levels of deprivation, non-White British ethnic groups, males and younger age groups. People with mental health conditions and learning disabilities also have lower uptake rates.

Devon Challenge 11: Poor mental health and wellbeing, social isolation and loneliness

Mental Health provision in Devon is good, but our population experiences poorer than average outcomes in relation to some measures of mental health and wellbeing. 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, and a higher proportion are affected by loneliness. Disadvantaged communities and clinically vulnerable individuals are disproportionately affected. Mental health issues have increased through the Covid-19 pandemic and current 'cost of living' crisis.

- One Devon is performing below the national average for mental health outcomes, particularly suicide rates in Torbay.
- A wide range of indicators from the Public Health Outcomes Framework also highlight poorer mental health outcomes in the One Devon area including higher self-harm admission rates, lower employment rates for people with mental health conditions, and lower levels of access to and usage of services.
- This pattern is reflected across the South-West Peninsula, where rural and coastal deprivation also contribute to mental health and wellbeing.
- Mental health outcomes in the South West Peninsula are poorer than the national average. All five upper tier/unitary local authorities have rates of emergency admission for self-harm and suicide rates above the England average
- Measures of mental health and wellbeing reveal greater need in more deprived communities. For instance, self-harm admission rates are three times higher in Devon communities with the highest levels of deprivation, compared to those with the lowest levels of deprivation.

One Devon

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

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.

		standard	Devon
MENTAL HEALTH/ LEARNING DISABILITY	Early intervention psychosis entering treatment in 2 wks	60%	70%
	IAPT 6 weeks	75%	94.10%
	IAPT recovery	50%	50.90%
	Inappropriate out of area bed days	0%	479
	Annual health checks for people with a learning disability	75%	19.00%
	Reducing adults & CYP with a learning disability in specialist inpatient beds	31	45
URGENT CARE	A&E All Types seen within 4 Hours	95%	57.70%
	Time lost to ambulance handover delays	0	10,673
	Mean ambulance response times cat 1	7 mins	11 mins
	Mean ambulance response times cat 2	18 mins	79 mins
PLANNED CARE	RTT over 104 weeks	0	
	RTT over 52 weeks	0	16,380
	Diagnostics within 6 weeks	99%	64.20%
	Cancer 2 week wait	93%	51.90%
	Cancer 62 day	85%	60.60%
	Cancer faster diagnosis (28 days)	75%	70.20%

- Devon is facing a number of significant performance challenges. The current position against some of the key national standards is shown in the table.
- Improving performance against these targets will be a key focus during the coming months and years.

One Devon

Outcomes from Engagement and Involvement

Outcomes from Engagement and Involvement

Approach

- The integrated care strategy is intended to meet the needs of local people in Devon, so it is more important than ever that we take the opportunity to understand those needs.
- There has been an extensive amount of work done involving the people and communities across Devon and Cornwall over recent years, across a wide range of topics and issues.
- A comprehensive review has been undertaken on the findings of all involvement activities (where a published report was available) across Devon in the past four years. The review includes involvement programmes led by organisations across One Devon as well as national studies.
- From 34 publications reviewed between 2018 – 2022 from we have gathered the views, feedback and insight from over 20,000 people from across Devon and Cornwall (including two national studies).
- Feedback collated through the review has been themed and aligned to the four aims of the ICS strategy
- A full list of set of the involvement projects is available in **Appendix 4**.

Outcomes from Engagement and Involvement

Improving Outcomes in Population health and healthcare

- People have told us they value local health services, that are appropriate (for their age and support needs), accessible and give them good quality outcomes regardless of where they live in Devon or Cornwall.
- Younger people, people with mental health illness and people from ethnic or diverse backgrounds suffer poorer experience and outcomes compared to other groups.
- People (whether they are on a waiting list or not) will travel further for their one-off needs if they can be seen quicker and by trusted clinicians but expect on-going care to be provided locally in Devon and Cornwall.
- People are attending the hospitals' emergency departments as it is the easiest and most familiar option.
- People are unsure of what services are available locally and/or do not have the most up to date or accessible information to enable them to make the right decisions. Often ending up at multiple points of care repeating their story.
- Lack of mental health support services is a consistent concern for people of all ages, communities and needs, especially for children and younger people
- Perceptions are that the standard of health and care services have dropped over the last 12 months (2021/22)
- There is a general view in Devon that the care provided is generally excellent, people's experience of the pathway leads to a poorer outcome.
- People only want to tell their story once and value the consistency of the support (e.g. seeing the same clinician during treatment) they receive
- Waiting times for health and care services is a major concern for people (and staff) as waiting lists are seen to be getting longer with no demonstrable solution
- Giving people choice, and involving them the decisions about their health and care is a vital part of people feeling they have had a good outcome

Outcomes from Engagement and Involvement

Tackling inequalities in outcomes, experience and access

- The geography of Devon and Cornwall has a direct impact on access, availability and quality of health and care services available to people
- There is a significant lack of awareness of local services, where people can, or should, go for support, combined with a perceived lack of clear, accessible supporting communications.
- Accessibility is more than documents, consideration needs to be given to languages and translation, learning disabilities, physical disabilities, staff training and support and providing services and buildings aligned to the needs of staff and patients.
- People perceive they are likely to get a poorer service because of their background/identity which can make people wary of using NHS services.
- Staff from diverse background feel underrepresented in the workforce and experience substantial inequalities, finding limited support available in their employment. This contributes to them feeling undervalued.
- Staff need ongoing and co-designed support and training, if they are to confidently and consistently meet the needs of a diverse population.
- Recognising unconscious bias is a positive step to be able to put in place actions to support staff to meet the needs of the people who need additional support.
- Equality, Diversity and Inclusion needs to be a top priority for all organisations and the unique skills, abilities and experiences of people from diverse backgrounds should be celebrated.
- Travelling to services, parking at sites for staff and patients, access to reliable public transport and the associated costs remain a significant concern for people in Devon and Cornwall, and even more so in the most rural areas.
- The health and care system is very complex to navigate especially for those with additional needs. It needs to be simpler to understand and to access the support required.
- People and staff want to see more services joined up, seamless services providing care with as few barriers or variations as possible
- Food insecurity is linked with malnutrition, obesity, eating disorders and depression, which has a significant impact on NHS services.
- Primary-school-age children from England's most deprived areas are around five times more likely to be living with severe obesity
- Poverty and low wages in Devon directly contributes to the lack of affordable housing, which in turn has a direct impact on peoples (and staff) health and wellbeing.

Outcomes from Engagement and Involvement

Enhancing Productivity and Value for Money

- Long waiting times for health and care services are directly impacting on patients' and staff's mental and physical wellbeing.
- Lack of integration of services can have a negative impact by increasing the duplication of services, increasing the complexity of access or referral to services and increasing estates costs.
- Centralising services into single place (e.g. health and wellbeing hubs) gives the opportunity for people (and the workforce) to access a much wider range of complementary services to help more people in one place
- Public and staff want to see investment in existing sites and integration with existing services rather than the expense of building additional estates.
- People recognise the strengths of the existing health and care workforce and are very keen to see investment which will result in the building and maintaining of skillsets in Devon and Cornwall, contributing to a sustainable work/life balance.
- People need services to meet their expectations by getting it right first time for them, or they will seek alternatives, and potentially less appropriate services.
- People want to see a reduction in the infrastructure barriers such as separate IT systems, helping services integrate - reducing costs and making for better outcomes.
- People and staff would like to see more community based, collaborative approaches that enable health, care and wellbeing services to work in a truly joined up way.

Outcomes from Engagement and Involvement

Helping the NHS support broader social and economic development

- People see the real value and impact of local voluntary services so want to see improved communication and coordination with the VCSE.
- Generally, people are willing (and are able) to use technology to access their health and care support, but it must be effective, reliable and give confidence to the user.
- Younger people prefer access to ‘fast answers’ utilising functions such as Live Chat and text message over traditional face to face interactions.
- People are more concerned about cost of living rising and the impact on the nation’s health and wellbeing rather than their own.

One Devon

Strategy for Devon

#OneDevon

Our Strategy

In response to all of the information presented in previous chapters of this document - the national and local context, the assessment of need and the detailed review of all of the engagement undertaken across the System over recent years - and through ongoing engagement with stakeholders across the Devon System, a set of high level strategic System goals have been developed that support the vision of the ICS: ***equal chances for everyone in Devon to lead long, happy and healthy lives.***

The high level strategic goals are the goals of the 'One Devon Integrated Care Partnership'. The partnership will need to work closely with all sectors, including primary care, carers, public health, housing, employers and education to deliver the strategic goals set out in this strategy.

The goals have been aligned to the four aims of an ICS:

- 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

In addition to the goals in the following pages, there is one over-arching strategic goal that the Partnership has set:

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.

By 2025 we will have: adopted a single operating model to support the delivery of health and care across Devon and will have achieved thriving ICS status

Where appropriate measures exist, a more specific target measure has been appended to the goals, based on ambitious improvement towards and beyond national averages, for delivery within a defined timescale. This will allow the Integrated Care Partnership (ICP) to monitor the extent to which the actions put in place to achieve the strategic goals are impacting. The targets are measured from a baseline of 2021/22, unless otherwise detailed against a goal. The baseline for the improvement targets is captured in **Appendix 5**.

Improving Outcomes in population health and healthcare

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.

By 2024: each LCP will have a suicide prevention plan.

We will have a safe and sustainable health and care system.

By 2025 we will: deliver all our quality, safety and performance targets within an agreed financial envelope

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.

By 2028 we will: extend personalised care through social prescribing and shared decision making and increased health literacy

Population heath 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

By 2028 we will have: decreased the gap in healthy life expectancy between the least deprived and most deprived parts of our population by 25% and decreased the under 75 mortality rate from causes considered preventable by 25%

Children and young people (CYP) will have improved mental health and well-being

By 2024/25 we will have: at least 15,500 CYP aged (0-18) accessing NHS-funded services, 100% coverage of 24/7 crisis and urgent care response for CYP and 95% of children and young people with an eating disorder able to access eating disorder services within 1 week for urgent needs and 4 weeks for routine needs

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.

By 2025 we will reduce the level of preventable admissions by 95%

Tackling inequalities in outcomes, experience and access

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.

By 2028 we will increase the number of people who can access and use digital technology and improved access to dentists, pharmacy, optometry, primary care

Everyone in Devon will be offered protection from preventable infections.

By 2028 we will have: increased the numbers of children immunised as part of the school immunisation programmes by 10%, increased the uptake of those eligible for Covid and Flu vaccines by 10% and reduced the number of healthcare acquired infections by 10%.

Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place

By 2028 we will have: increased the number of people dying in their preferred place by 25% and those who want it will have advanced care planning in place

The most vulnerable people in Devon will have accessible, suitable, warm and dry housing

By 2028 we will have: decreased the % of households that experience fuel poverty by 2% and reduced the number of admissions following an accidental fall by 20%

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.

By 2026 Devon's workforce across the multiple organisations will be supported, empowered and skilled to deliver fully inclusive services for everyone, and Devon will be a welcoming and inclusive place to live and work where diversity is valued and celebrated;
By 2027 Devon's workforce will be representative of local populations; and
By 2028 our estates, information and services will be fully inclusive of the needs of all our populations

Enhancing productivity and value for money

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.

By 2026 patients will report significantly improved experience when navigating services across Devon.

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.

By 2028 we will have: provided a unified and standardised Digital Infrastructure

We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.

By 2028 we will have: a unified approach to procuring goods, services and systems across sectors and pooled budget arrangements

We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.

By 2028 we will have: vacancies amongst the lowest in England in the health and social care sector

Helping the NHS support broader social and economic development

People in Devon will be provided with greater support to access and stay in employment and develop their careers.

By 2028 we will have:

- *Reduced the gap between those with a physical or mental long term condition (aged 16-64) and those who are in receipt of long term support for a learning disability (aged 18-69) and the overall employment rate by 5%;*
- *Decreased the number of 16-17 year olds not in education, employment or training (NEET) by 25%;*
- *Increased the number of organisations with Gold award status for the Defence Employer Recognition scheme.*

Children and young people will be able to make good future progress through school and life.

By 2027 we will have: increased the number of children achieving a good level of development at Early Years Foundation Stage (school readiness) as a % of all children by 3% and 60% of Education, Health and Care Plans (EHCPs) will be completed within 20 weeks.

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).

By 2028 we will: be on-track to successfully deliver agreed targets for all Local Authorities in Devon being carbon neutral by 2030 and the NHS being carbon neutral by 2040

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

By 2024: Local Care Partnerships will have co-produced with local communities and community groups in their area, a plan to empower and support groups to be more resilient.

Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably

By 2028 we will have; directed our collective buying power to invest in and build for the longer term in local communities and businesses

Delivering the Strategy - Conditions for Success

Delivering the Strategy

The Integrated Care Strategy will need all partners within the One Devon Partnership to work together to ensure that we deliver our ambitious goals for Devon. The pace of delivery of these goals will vary by Local Authority area and Local Care Partnership, reflecting the differing needs and different starting points of each part of our System. The overriding principle is that we will strive to ensure that each ambition is met within the timeframes set out within this Strategy. Furthermore, the Strategy does not replace or supersede those priorities that are best delivered at a local level, through Local Care Partnerships and local Health and Wellbeing Strategies.

One Devon has significant strategic work underway to enable the successful delivery of our Integrated Care Strategy, focusing on:

- Creating an environment for success, including strengthening collaborative and integrated working, involving people and communities, embedding equality, diversity and inclusion, and harnessing the impact of research and innovation.
- Ensuring robust system enablers, including workforce, finance, digital, estates & infrastructure, and the environment.
- Transforming key areas, including:
  - Mental Health, Learning Disability and Neurodiversity
  - Primary and Community Care
  - Children and Young People Care Model
  - Acute Sustainability Programme
  - Public Health & Prevention
  - Education
  - Employment
  - Housing.

The Devon Integrated Care Board's NHS response to the Strategy, the 5 Year Joint Forward Plan (JFP), will set out how the health elements of the Strategy will be met between 2023 and 2028. Other elements of the Strategy will be delivered by other partners and the Partnership will look to local authorities, VCSE, independent sector and NHS England to also set out how they will exercise their functions to deliver the Strategy.

The following chapters set out how we will create the environment for success and how partner organisations will draw up plans to deliver the Strategy. Collectively, this work responds to the significant scale of change required to achieve our vision and ambitions, as outlined in this document and 'the way we do things together in Devon' narrative. **[ADD LINK]**

An Outcomes Framework will be developed to support monitoring of progress against the targets set out in this Strategy.

Creating an environment for success

Creating an environment for success

One Devon Development Roadmap

One Devon is committed to becoming a thriving Integrated Care System. As a result of the diagnostic activities outlined in the Case for Change, we established a baseline from which to improve.

In response, an overarching ICS Development Roadmap was developed, including the implementation of a single operating model, to support us to achieve our commitment.

The diagnostic activities will be repeated in 2023 to evaluate progress to this end.

Creating an environment for success

Integrated System Development Programme

Aim: The Integrated System Development (ISD) Programme aims to strengthen integrated and collaborative working, to support One Devon to become a thriving ICS. Improving system working was identified as a key determinant to One Devon successfully delivering the Devon Plan, by ICS Executives.

Opportunity Area	Hypothesis
Learn by Doing	Real change will come from undertaking real work together and acting upon the learning we generate. Our System will be able to continually develop if we embed a culture of learning and of improvement.
Prioritise & Implement	Implementing a small number of priority projects and programmes will create the conditions for us to deliver real change together on the journey towards achieving the System vision.
Shared Purpose	Defining and articulating (and continuously re-articulating) why we are doing, what we are doing and what we hope to achieve from it, thus supporting us as a system us to collaborate to realise a common purpose.
Trust & Collaboration	Increasing levels of trust and collaboration between us will be vital to creating the conditions for progress towards our System vision.
Move towards a system focus	Movement towards our System vision will be enabled by the extent to which we seek to understand, listen to, and take into consideration each other's needs and constraints.

Approach: Collaborative and integrated system working are at the heart of the ISD Programme, with a wide range of partners involved in co-developing and co-delivering system development for One Devon.

The design phase saw hundreds of colleagues across health and care participate in a System Diagnostic and ICS Maturity Assessment, to build a shared understanding of current ways of working and identify opportunities for improvement. The outcomes informed the scope and focus of the ISD Programme Implementation Plan and five opportunities to strengthen system working.

The ISD Programme is now supporting the delivery of key system developments, including the One Devon Operating Model, the Devon Plan, and senior system leadership development responding to the recommendations from the Messenger Review*; along with embedding the five opportunities to strengthen integrated working within priority programmes such as Urgent & Emergency Care.

A Communications, Engagement and Education Programme ensures that people are actively involved and promotes learning and opportunities to strengthen system working across One Devon. For example, the One Devon Discovery Series, which enables senior leaders to gain a shared understanding of key system issues, and the Change Leaders Events, which provide a protected space for senior leaders to collaborate on key strategic work and build relationships.

*** Independent report from General Sir Gordon Messenger and Dame Linda Pollard into leadership across health and social care in England, 8 June 2022**

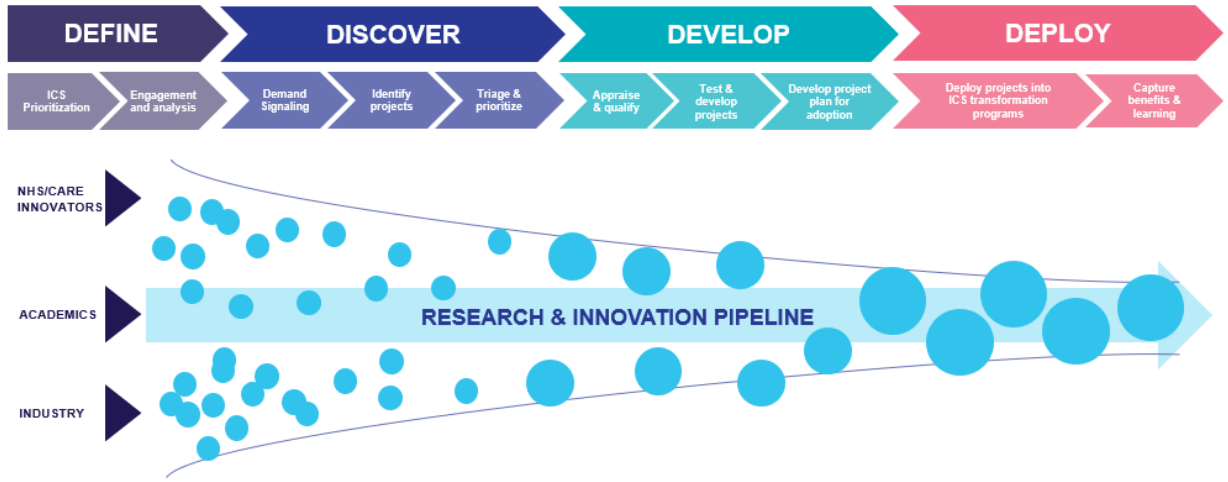
Creating an environment for success

Research, Innovation and Improvement

A lack of capacity and capability has been identified as a key factor limiting the spread of innovation in Devon. A review of Devon's innovation and improvement capability in December 2021 identified three common barriers to accessing, deploying and embedding research, innovation and improvement:

1. Absence of system level process for accessing, deploying and embedding research, innovation and improvement
2. Absence of the right system level capacities and capabilities within the system's organisations to make best use of research, innovation and improvement
3. Absence of a systematic approach to learning

Although the ICS holds the ambition to improve care outcomes in the context of financial and workforce constraint, it is currently difficult for people working in the system to see and share research and innovation, particularly as no single organisation has the overview of the innovation and improvement landscape.



In response, One Devon aims to equip and empower its workforce to do new things, in new ways, and to stop doing some things that don't add value. As a partnership, we will provide our workforce with the framework, tools and support, to innovate in its broadest sense. To be successful, the ICS is working with the South West Academic Health and Science Network (SWAHSN), PenARC, CRN and universities of Plymouth and Exeter, to develop the right research and innovation architecture to deliver the strategic ambitions outlined in this plan, building an evidence base and innovation pipeline which directly responds to known health and care needs and the Devon Case for Change. In tandem, we will build the absorptive capacity of teams and organisations so that we achieve widespread adoption of high value innovations aligned with One Devon's priorities, utilising systematic research and improvement approaches to support rapid implementation. In doing this, we will drive spread and adoption of what works, to increase value and achieve optimal use of resources and best outcomes for the people of Devon. Funding has recently been agreed for a joint role to lead the development of this new Research, Innovation and Improvement Framework. The programme will be overseen by NHS Devon's Chief Medical Officer to ensure consistency with the aims and ambitions of the One Devon Partnership.

Creating an environment for success

Communication and Engagement

One Devon communications and involvement aims to ensure that everything we do is inclusive of our people and communities across Devon. We will prioritise co-production, create more opportunities to actively involve local diverse communities, and tackle health inequalities by listening to the voices of our population and develop an inclusive relationship with them. Our senior leaders will champion diversity and inclusive involvement through a culture of ongoing conversations and collaboration, building on trusted relationships and a shared purpose. We will provide a consistent and joined up approach with partners, using insight and local intelligence to deliver high quality communications and meaningful involvement. Over the last few years in Devon, we have established a strong track record, and won multiple awards for communications campaigns and involving communities in shaping services.

One Devon's strategic communications and involvement aim to:

1. Enhance One Devon's reputation nationally and regionally, highlighting progress/achievements on priorities in the Devon plan
2. Produce a People and Communities Strategy, that champions a preferred standard for co-production, engagement and consultation with patients, service users and the public on Devon-wide priorities
3. Utilise the new One Devon involvement platform to host the citizens' panel and act as the gateway for all involvement activities across Devon
4. Strengthen and develop relationships and partnerships with the Devon voluntary, community and social enterprise (VCSE) sector
5. Develop the One Devon Involvement Network bringing together involvement professionals from all system partners to work in collaboration, share best practice, co-produce involvement and deliver Devon-wide priorities
6. Coordinate campaigns and provide professional expertise to operational teams
7. Continue to work in partnership with Healthwatch Devon, Plymouth and Torbay, ensuring feedback from service users is listened to and acted upon

Delivered through the:

- **One Devon strategic communications network:** bringing together NHS and local authorities senior communications leads
- **One Devon involvement network:** bringing together engagement and involvement professionals from across Devon to share insights and best practice
- **One Devon Involve platform:** an online involvement community – available to all system partners. This also hosts the Devon Citizens panel
- **Equality, Diversity and Inclusion network:** bringing together Equality Diversity and Inclusion professionals across Devon to share insights and best practice
- **VCSE assembly - collaboration with Healthwatch and the VCSE:** partnerships and collaboration across One Devon to ensure wide reach of involvement and engagement insights

Creating an environment for success

Equality Diversity and Inclusion

Devon is a diverse County in both communities and geography. From areas of great wealth to extreme deprivation, metropolitan cities to coastal rurality, and a vast range of ethnically diverse, faith and belief communities, LGBTQ+ communities and people with disabilities.

The risk of exclusion for Devon's diverse populations is greater than larger metropolitan areas simply because the numbers of people within these groups is smaller. Learning from the Messenger Review, proactive strategies to deliver Equality Diversity and Inclusion (EDI) are therefore fundamental to ensure our health and care services meet the needs of everyone living and working in Devon.

Our goal is to promote and embed EDI principles across One Devon so that people live and work in a county that:

- Delivers equal health and care access, outcomes and experiences for everyone in Devon
- Celebrates diversity in all its forms and,
- Is fully inclusive of all its staff, patients, and communities

Key to achieving our goals is a strong focus on partnership working that will include (but is not limited to) the following networks and groups:

- **Equality, Diversity and Inclusion network:** bringing together Equality Diversity and Inclusion professionals across Devon to share insights and best practice
- **Devon-wide Ethnic Equality network:** a Devon wide staff network that brings people together from organisations across One Devon to tackle racism and promote racial equality
- **One Devon Involve platform:** One Devon online involvement community – available to all system partners. This also hosts the Devon Citizens panel
- **VCSE assembly - collaboration with Healthwatch and the VCSE:** partnerships and collaboration across One Devon to ensure wide reach of involvement and engagement insights.
- **Staff Networks across organisations**
- **One Devon involvement network:** bringing together engagement and involvement professionals across Devon to share insights and best practice

Ensuring robust system enablers

Ensuring robust system enablers

‘One workforce defining the possible’

A key enabler in delivering Health and Care is a sufficiently skilled workforce in sustainable numbers. One Devon’s workforce strategy adopts a vision of creating ‘one workforce’ across Health and Care, breaking down silo working and sector boundaries.

The ‘one workforce’ model will create a financially sustainable future workforce that meets the health and care needs of Devon’s population, as well as offering new employment opportunities and supporting economic prosperity.

This supports national workforce programmes, recommendations from the Messenger Review and policies, while seeking out local solutions and innovations, in line with the ethos of ‘The way we do things together in Devon’.

It is one pillar of the system approach to delivering our One Devon People Plan, focussing on future workforce models, skills sets & multi-professional expertise. The broader elements of strategic people management (i.e. health and wellbeing, diversity and inclusion, recruitment & retention etc.) will be delivered through strong system leadership support and collaborative work on the other pillars (see below).

- Workforce Strategy and Planning
- Learning, Education & Development
- Best Place to Work
- Workforce Capacity

The Strategy Themes & Principles have been developed through extensive engagement with System leaders across clinical, professional and workforce specialties and collectively they summarise our key ambitions forming the foundations for the future phases of strategy development.

	System working	We work collaboratively to enable our workforce to move flexibly across sectors and create new roles to meet the needs of the population and services.
	Stability	We stabilise the workforce by supporting new and diverse career pathways for our current and future workforce.
	Learning & Education	We commit to investing in the workforce through enrichment of development opportunities ensuring that quality and safety is at forefront.
	Digital	We utilise digital technology to support innovation and transformation to our workforce and across all services we deliver.
	Sustainable	We commit to achieving a skilled workforce built on a system that is financially sustainable.

Ensuring robust system enablers

Digital Transformation

One Devon aims to standardise and unify our digital infrastructure across Devon, in order to improve the patient experience and drive better outcomes of care, regardless of location.

We will take a 'do it once for Devon' approach, through the development of common technical standards, policies and procedures; unified procurements and contracts for all technical and digital infrastructure; and an active plan to converge our clinical/care and operational systems. This will enable us to:

- Connect organisations across the county in a seamless way
- Drive best value and maximise economies of scale
- Provide standard systems for use by front line staff, increasing our resource flexibility
- Ensure common data standards and outputs

Mobile applications will enable patients to view their records, as well as acting as a data capture and communication tool between patients and their carers, enabling:

- More proactive, preventative and remote care to take place.
- The ICS to access organisation and patient level information for improved care planning and research.

Access to the right data at the right time, in the right format will be key for driving and maximising a value-based approach, removing waste and delivering high quality services.

Digital solutions will enable the delivery of our strategic ambitions through a set of digital priorities. These will provide 'future-proofed' digital solutions, recognising care delivery models continue to change.

Priorities:		*Key implications*	*Critical next steps*
1	Digital Citizen	Move to a tailored set of channels through a unified digital front door	Simplifying access: transform booking services and digital care models
2	Shared EPR & Op system	Build on Acute EPR strategy: convergence within other care settings	Case for Change for MH, Primary, Community and Social Care EPRs
3	Devon & Cornwall Care Record (DCCR)	DCCR is key to share information across settings and achieve ICS priorities	Accelerate provider feeds and spread adoption and use across organisations.
4	Single BI & PHM platform	Interactive visualisation tool recognising stakeholder maturity and data quality	BI strategy, focusing on enablers inc. workforce, IG, real-time feeds
5	Unified and Standardised Infrastructure	Data centre, voice and mobile investment and access management to unlock sustainability	Data centre consolidation approach, voice and mobile agreements
+	Digital governance & operating model	Complex portfolio but with significant potential synergies for joint working	Single ICS digital service governance and target operating model

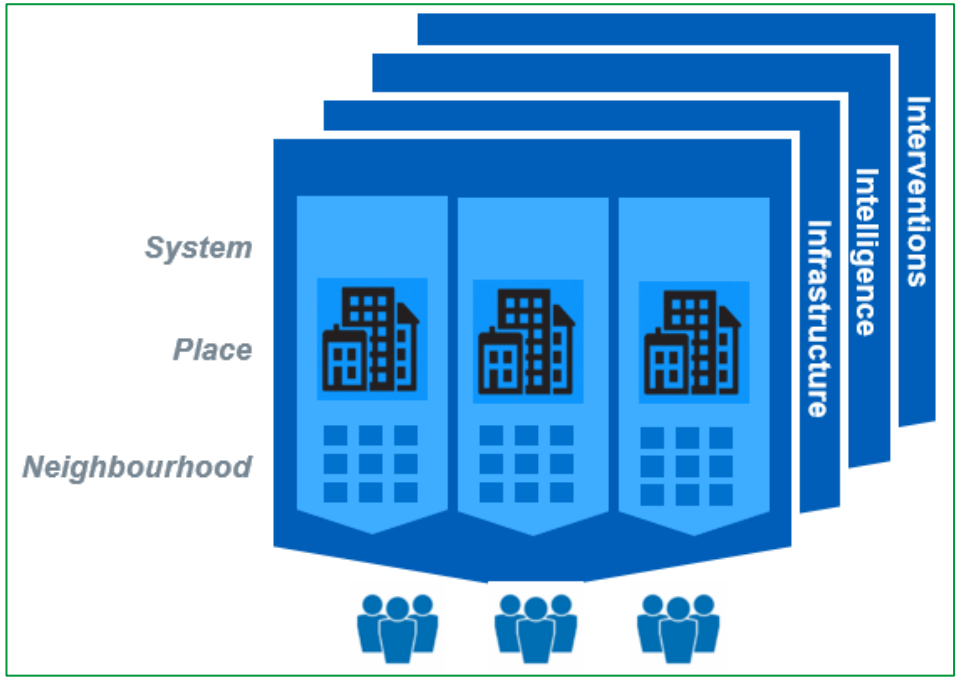
Ensuring robust system enablers

Data and Information Sharing

One Devon will continue to develop its population health management approach, utilising linked datasets to better understand current and future population health and care needs and identifying cohorts for targeted interventions, preventative care and proactive condition management.

Developing the right digital and data infrastructure to enable this is critical and the ICS will build on the development of the One Devon Dataset (ODD), which includes primary care, social care, mental health and acute provider data, to make the most of this important resource.

System partners will work collaboratively with academia, the Academic Health and Science Network and researchers to link ODD with data on the wider determinants of health, producing insight and intelligence to support strategic planning.



Ensuring robust system enablers

Enhancing financial mechanisms to support integration

It will not be possible to achieve the levels of savings required without considerable changes to financial mechanisms and the way services are configured and delivered.

To support greater collaboration, we will review and enhance mechanisms such as pooled budgeting arrangements supported by Section 75 of the National Health Service Act 2006 and the Better Care Fund, to support and incentivise integrated working, service transformation and innovation.

This is a long process that will require support from all partners in the county, as well as engagement and consultation, where appropriate, with local people and staff.

More detail of the financial framework that will support delivery of the strategic goals will be set out in the NHS response, the 5 Year Joint Forward Plan.

Estates and physical infrastructure

Our strategy is embarking on one of the biggest developments in Devon infrastructure, with three of our hospitals participating in the national New Hospital Programme for redevelopment and the transformation of our community services and primary care assets as part of our Primary Care Network strategy, which will see more traditional in-hospital services delivered in out of hospital settings.

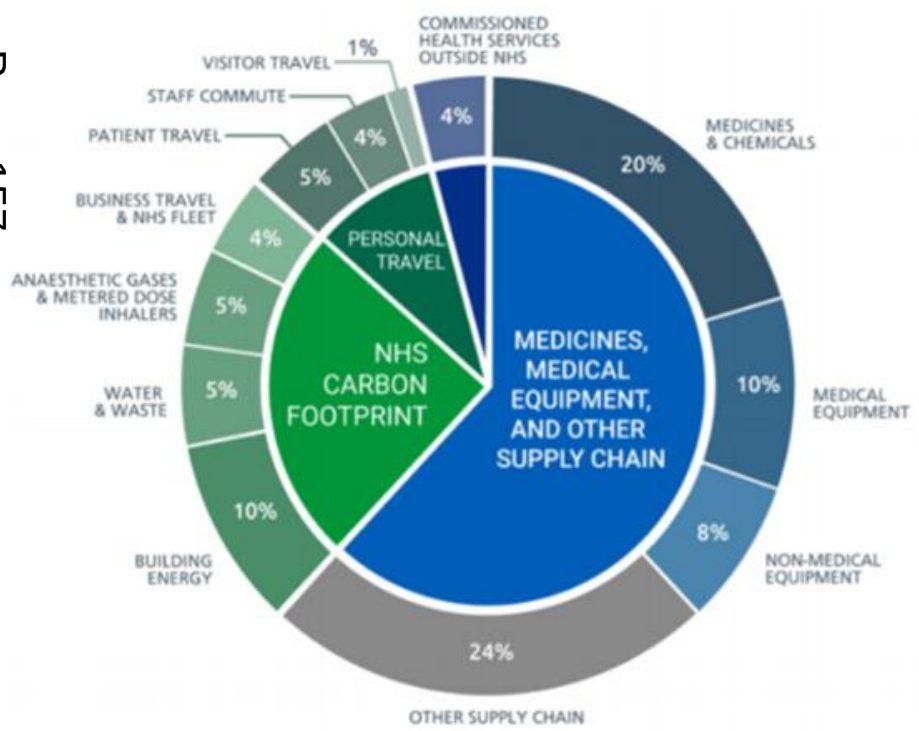
In addition, Devon has a One Public Estate collaboration and One Devon is committed to working with our public sector partners to take advantage of other infrastructure, such civic buildings, that can be used for the delivery of patient care to improve accessibility, reduce excessive travel and reduce pressure on traditional health facilities.

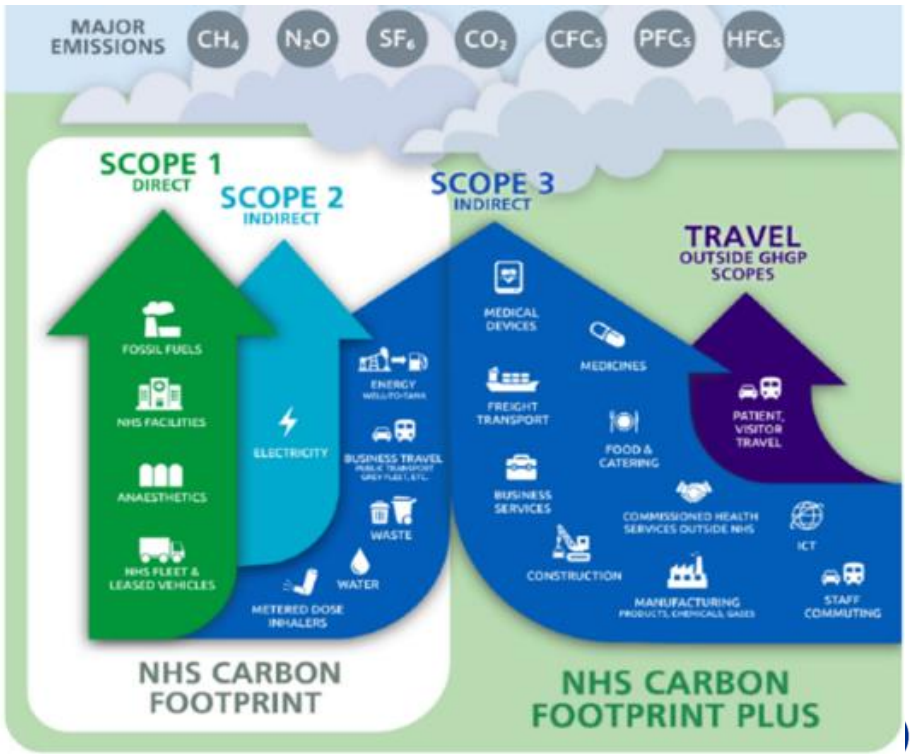
Ensuring robust system enablers

The Green Plan

One Devon must decrease its carbon footprint by approximately 15% per year, if it is to achieve the target of 80% reduction by 2028 – 2032. The figures below illustrate the key areas of focus that the NHS must deliver on in order to reduce its carbon footprint, to deliver the national carbon reduction targets and support environmental sustainability. One Devon has developed a 'Green Plan' and, as the ICS matures, the plan will be refined and sustainability will be developed as part of business-as-usual activity.

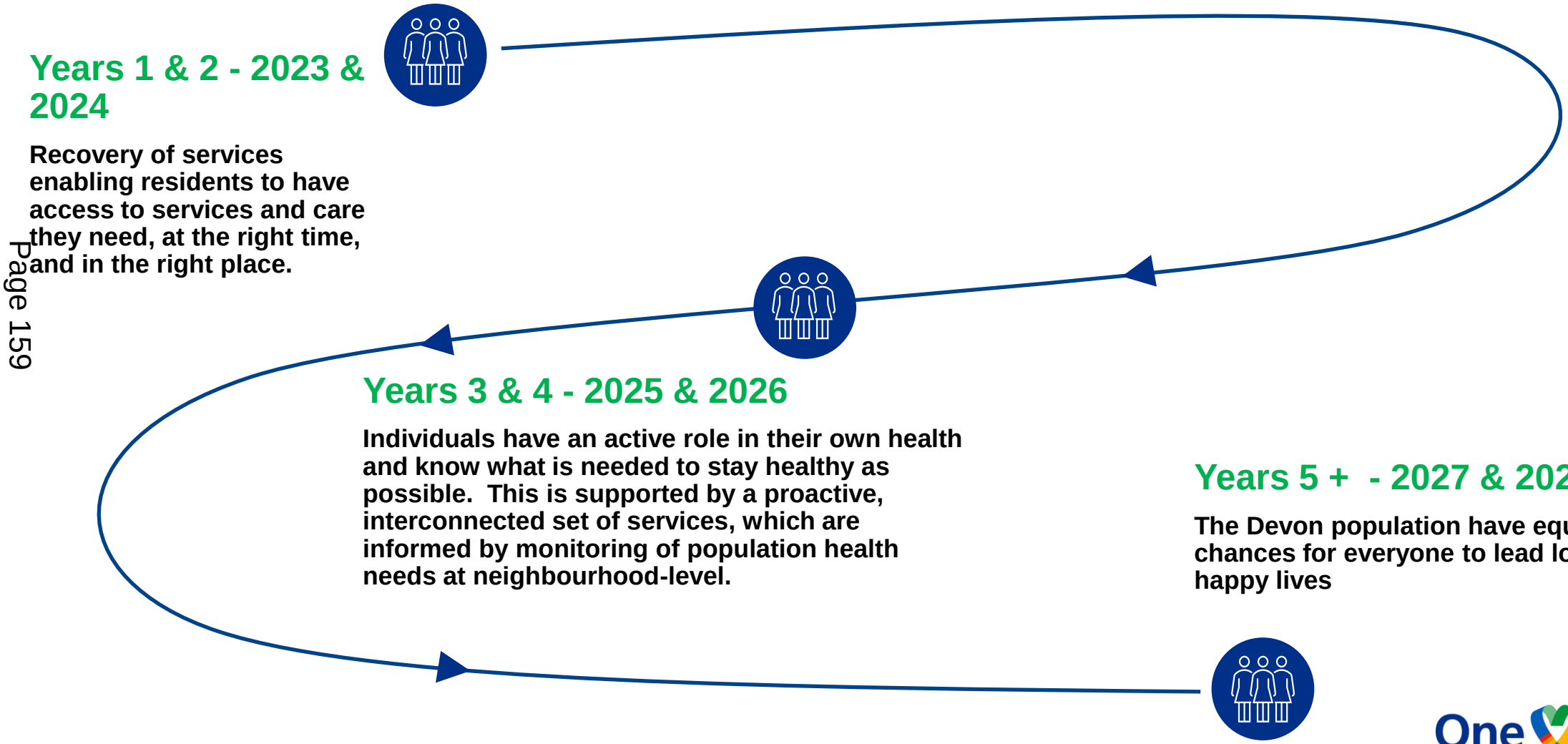
The plan will be reviewed once a year by the One Devon Partnership to ensure that agreed actions are being delivered and that the activities described remain relevant to current and emerging challenges.





Transforming key areas

The Integrated Care Strategy will deliver more joined-up, preventative and person-centred care for the whole population of Devon across the course of their life



Years 1 & 2 - 2023 & 2024

Recovery of services enabling residents to have access to services and care they need, at the right time, and in the right place.

Years 3 & 4 - 2025 & 2026

Individuals have an active role in their own health and know what is needed to stay healthy as possible. This is supported by a proactive, interconnected set of services, which are informed by monitoring of population health needs at neighbourhood-level.

Years 5 + - 2027 & 2028

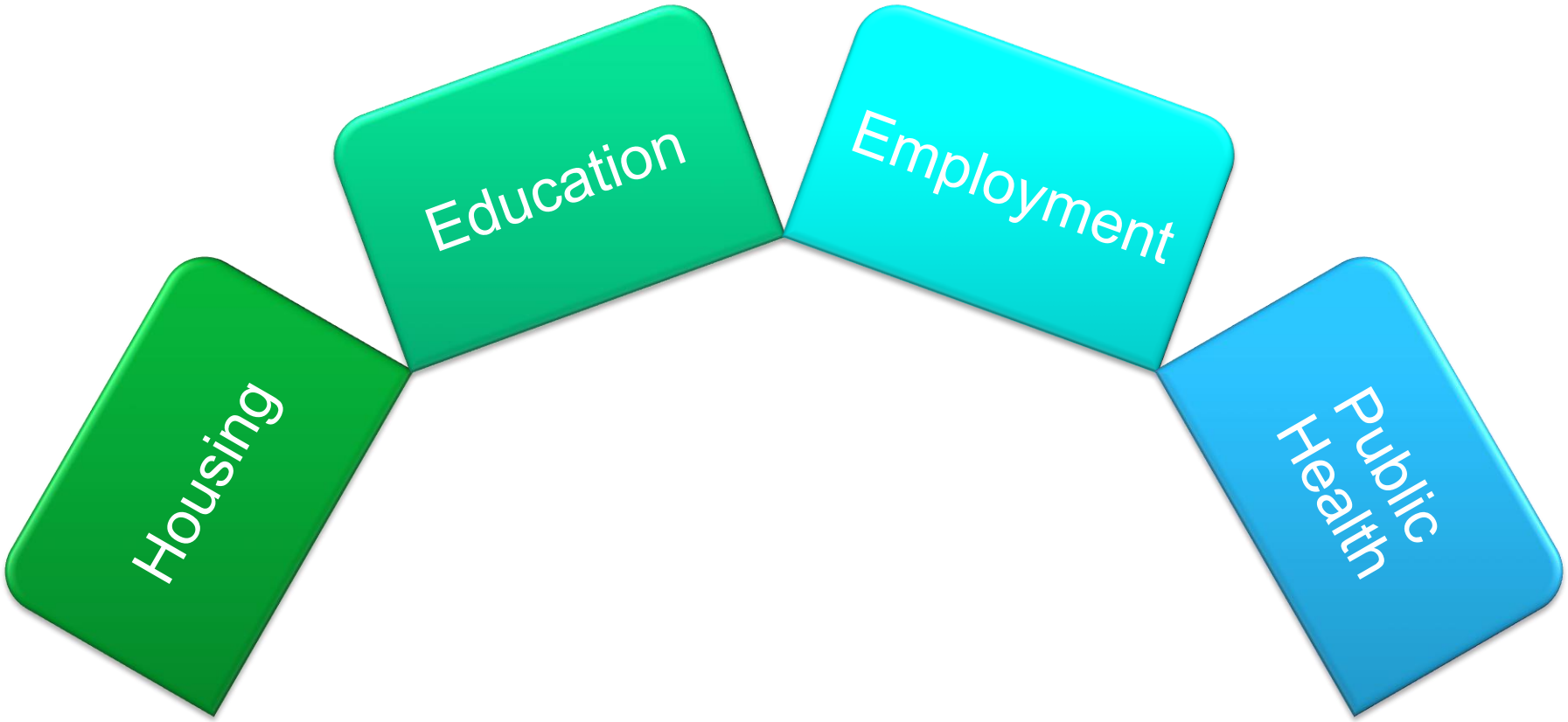
The Devon population have equal chances for everyone to lead long, happy lives

Transforming key areas

NHS Joint Forward Plan

Transforming key areas

System Plans



Further development

Further Development

The NHS Devon response to the Strategy, the 5 Year Joint Forward Plan (JFP) will set out the actions that will be taken over the next five years to deliver the strategic goals, including setting trajectories towards the measurable targets and defining how funding will be allocated.

However, all partners will need to work together to respond to Devon's challenges and realise the ambitions set out in the Strategy. All partners will take account of the Strategy in their planning in a way that will ensure alignment between housing, education, care and health that has not been seen before.

There is a national requirement for Integrated Care Strategies to be refreshed on an annual basis.

This draft Strategy has been developed within a very short timescale, building on the significant engagement undertaken during the past 4-5 years.

Over the coming months we will continue to engage with the population of Devon and with colleagues within the Devon health and care system, to further refine our goals.

Furthermore, we will engage with our population in a different way, using the Value-based Approach that the System has recently adopted.

APPENDICES

Appendix 1

Setting the Change Agenda

- The way we do things in Devon
- Adopting a value-based approach
- Maturity index
- System diagnostic

Setting the Change Agenda

The way we do things together in Devon

Aim: a narrative which sets out what Devon currently does well and to identify what changes need to be made in order to deliver improved health and care services to the people of Devon.

Guiding principles:

- **Provide a personalised approach to health and care:** 'joined-up' packages based on individual need
- **Support our workforce:** to ensure people are able to do their best work
- **Ensure shared Decision-making:** consistently applied across all services
- **Use high value interventions:** consistently and earlier in pathways and stop providing health and care that does not add value and may be causing harm
- **Reduce our environmental impact**
- **Tackle unwarranted variation in practices, outcomes and inequality**
- **Manage risk across the system:** ensuring that decisions made in one place do not increase the risk in another and addressing challenges from a whole population perspective
- **Spread improvement and innovation**
- **Develop a 'Culture of Stewardship'**

The narrative was co-developed with Clinical and Professional Leadership groups across health and care and reviewed and agreed by senior leadership teams and Boards across One Devon.

As a result of this collaborative work, system partners have broadly agreed a set of guiding principles. These will inform the Devon change agenda and guide the priorities and approach we undertake to deliver improved care and services.

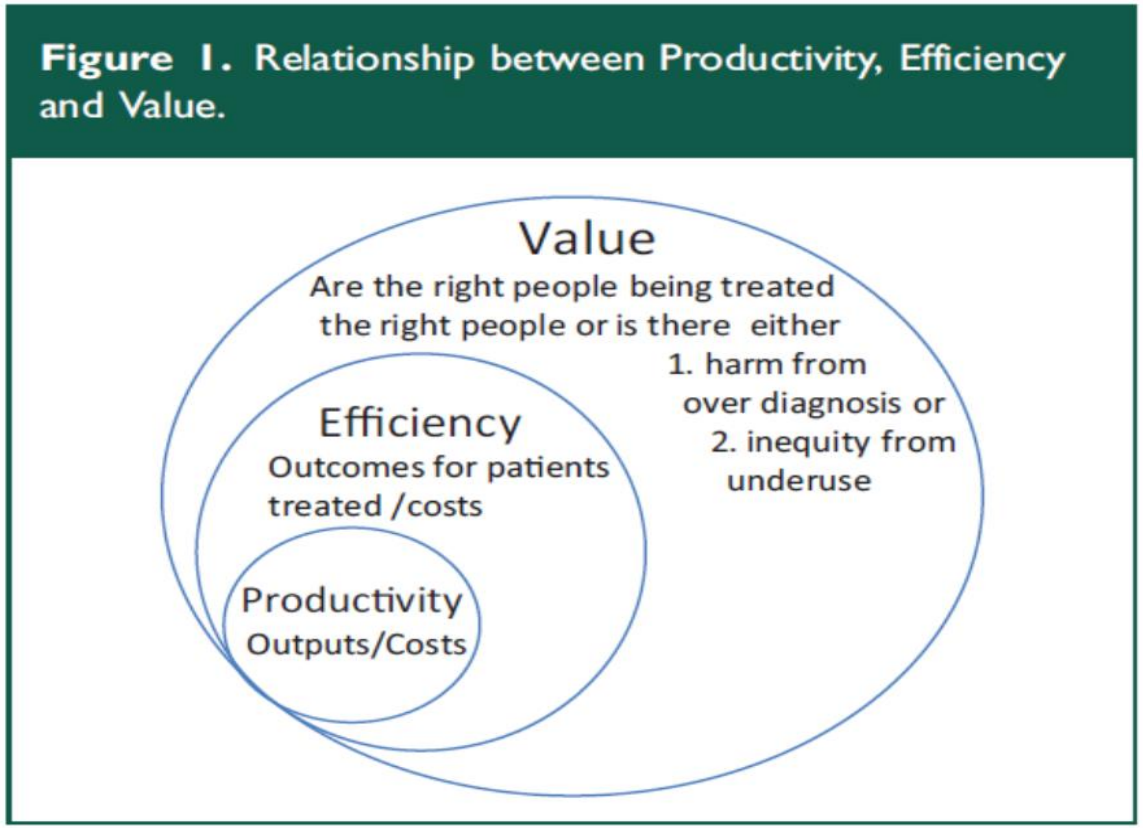
Our overarching philosophy

Adopting a Value-Based Approach

Devon's change agenda supports the principles outlined in 'The way we do things together in Devon' narrative to be realised. The principles are consistent with integrated working and were heavily influenced by the adoption of a value-based approach, which provides a strong framework to support delivery of Devon's strategic ambitions.

The value-based approach is the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person. Strong clinical and professional support exists for the implementation of this approach in Devon and this is further supported by evidence of its effectiveness elsewhere (link to VBA lit review).

The adoption of a value-based approach in Devon will not be a distinct enabler plan, instead it is a philosophy to support the achievement of existing and future priorities and will be the lens through which we maximise value to the population of Devon by transforming services. As a next step, Devon will produce a Value-based Approach Full Business Case exploring various options of Adoption *(link to VBA report).*

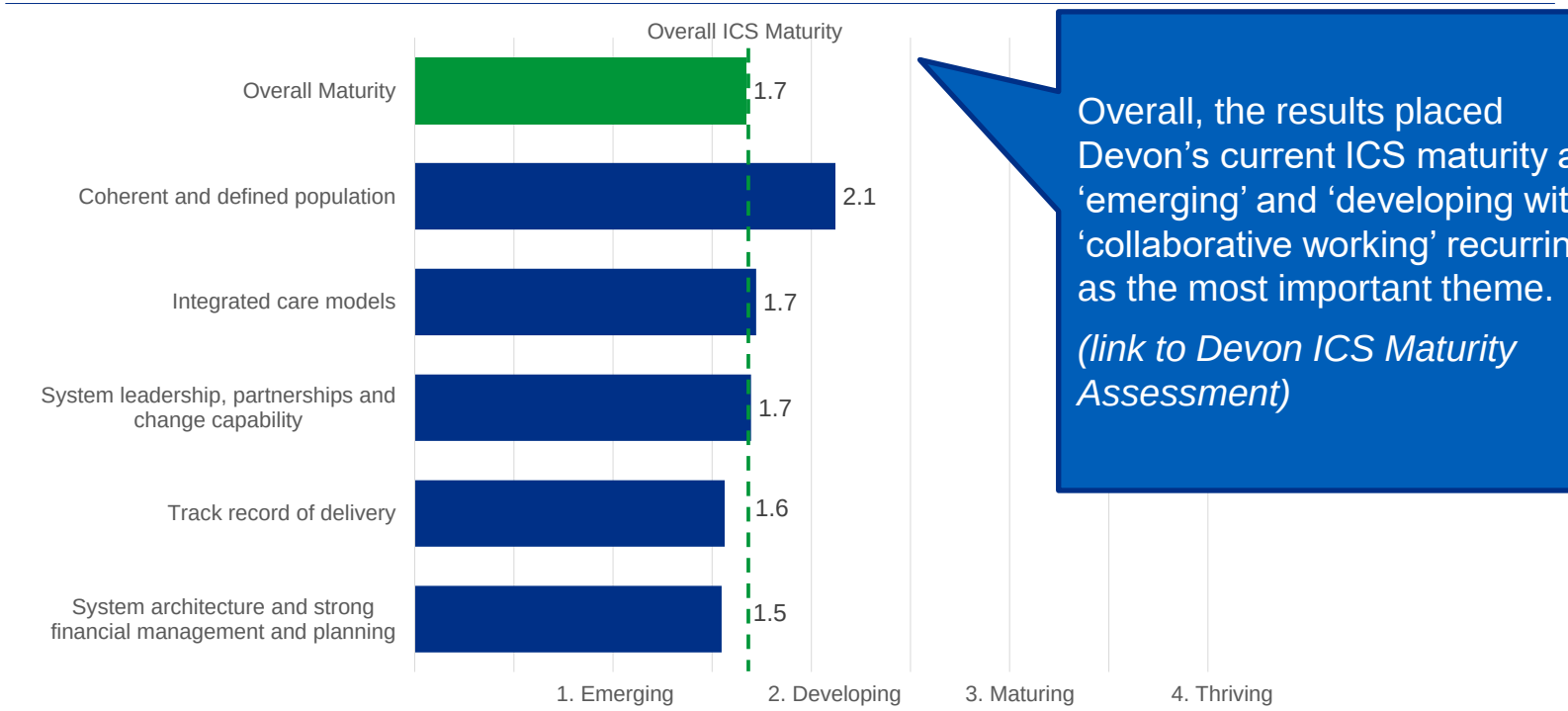


Understanding the current state

National ICS Assessment Tool

To provide One Devon with a shared understanding of our current system way of working, two diagnostic activities were undertaken in the Spring of 2022. The first, utilising a national ICS Maturity Self-assessment Tool, helped to identify One Devon's current ICS Maturity, mapped against five key domains, and the improvements required to enable us to become a 'thriving ICS'. The assessment will be repeated in 2023 to evaluate One Devon's progress.

Maturity by Domain



Overall, the results placed Devon's current ICS maturity as 'emerging' and 'developing with 'collaborative working' recurring as the most important theme.

(link to Devon ICS Maturity Assessment)

Written feedback by theme, ranked by occurrence:

1. Collaborative Working
2. Clear and Defined Goals
3. Shared Vision and Understanding
4. Performance Variation
5. Implementation
6. Organisational Boundaries
7. Tacking Inequalities
8. Accountability
9. Leadership
10. Governance
11. Culture of Change

Strengthening system working

Devon System Diagnostic

The second diagnostic activity completed was supported by partners at the Southwest Academic Health and Science Network and focused on building a shared understanding of One Devon's current ways of working and opportunities to strengthen a collaborative and integrated approach.

The results were triangulated with output from the ICS Maturity Assessment and other sources and demonstrated consistent development themes and opportunities. The learning informed the scope and focus of the Integrated System Development Programme and provided reassurance regarding the approach.

5 opportunity areas to strengthen system working identified:

- Learn by doing
- Prioritise and implement
- Shared purpose
- Trust and collaboration
- System focus

Results Summary:
The need for a new way of working was strongly evidenced. In particular, the need to strengthen leadership, governance and One Devon's ability to work together collaboratively were identified as key issues.

Whilst the majority of people felt inspired by One Devon's Vision and an average to high number perceived a strong appetite to collaborate, there was low confidence in our ability to achieve it, based on current ways of working and repeating patterns that undermine our ability to thrive.

One Devon was strongly perceived as challenged, complex and fragmented; with average to low levels of trust between leaders and an average to low ability to understand and consider each other.

Appendix 2

Data sources – ‘100 People’ Infographics

‘100’ People Infographic

Sources

Item	Data source
Population	ONS mid-year LSOA population estimates 2020
20% most deprived LSOAs	ONS mid-year LSOA population estimate 2020 where LSOA has IMD Decile of 1 or 2 (20% most deprived LSOAs) in 2019
People living with long-term health condition or disability which limits day to day activities a lot	Census 2011 – Long-term health problem or disability
Unpaid carers	Census 2011 – Provision of unpaid care
People who do not speak English as their main language	Census 2021 – Main language (detailed)
People who identify as lesbian, gay or bisexual	Annual Population Survey, Office for National Statistics - % of people in the South West whose sexual identity is bisexual, or gay or lesbian
Smoking prevalence	QOF smoking prevalence 2020/21 for Devon CCG
Diagnosis of depression	Depression QOF register 2021/22
No car or vehicle in household	Census 2011 – Car or van availability
Adult Excess Weight (Overweight/Obese)	Public Health Outcomes Framework
Life expectancy	Office for National Statistics life expectancy 2018-2020 for age <1 for Devon
Children aged 5 with dental decay	Oral health survey of five-year old children 2019 – Public Health England - % for Devon CCG
Children aged 4 who are overweight	National Child Measurement Programme (2019/20)
Children in care	GOV UK – Children looked after in England including adoptions (2020) – Rate per 10,000 children aged under 18 for Devon and Plymouth

One Devon

Appendix 3

12 Devon Challenges detail

Joint Strategic Needs Assessments

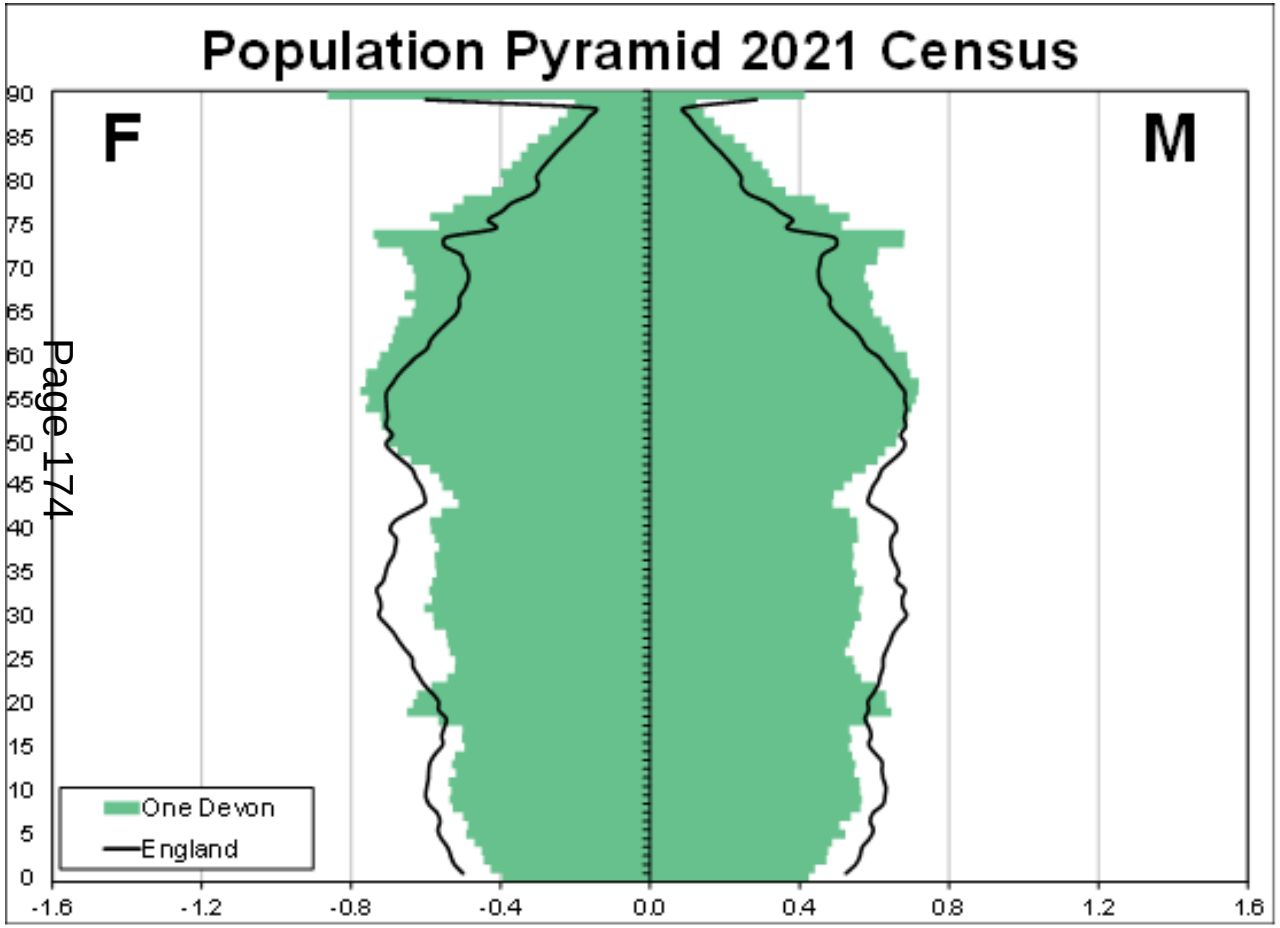
Joint Strategic Needs Assessment (JSNAs) are the responsibility of health and wellbeing boards, with separate assessments for the three boards in Devon, Plymouth and Torbay. JSNAs describe current and future population health and wellbeing needs, whilst Joint Health and Wellbeing Strategies (JHWSs) set priorities for the Health and Wellbeing Boards based on these assessments. Individual JSNAs are available here:

- **Devon:** https://www.devonhealthandwellbeing.org.uk/jsna/
- **Plymouth:** www.plymouth.gov.uk/publichealth/factsandfiguresjointstrategicneedsassessment
- **Torbay:** http://www.southdevonandtorbay.info/needs-assessment/

One Devon

Devon Challenge 1: An ageing and growing population win increasing long term conditions, co-morbidity and frailty

Population

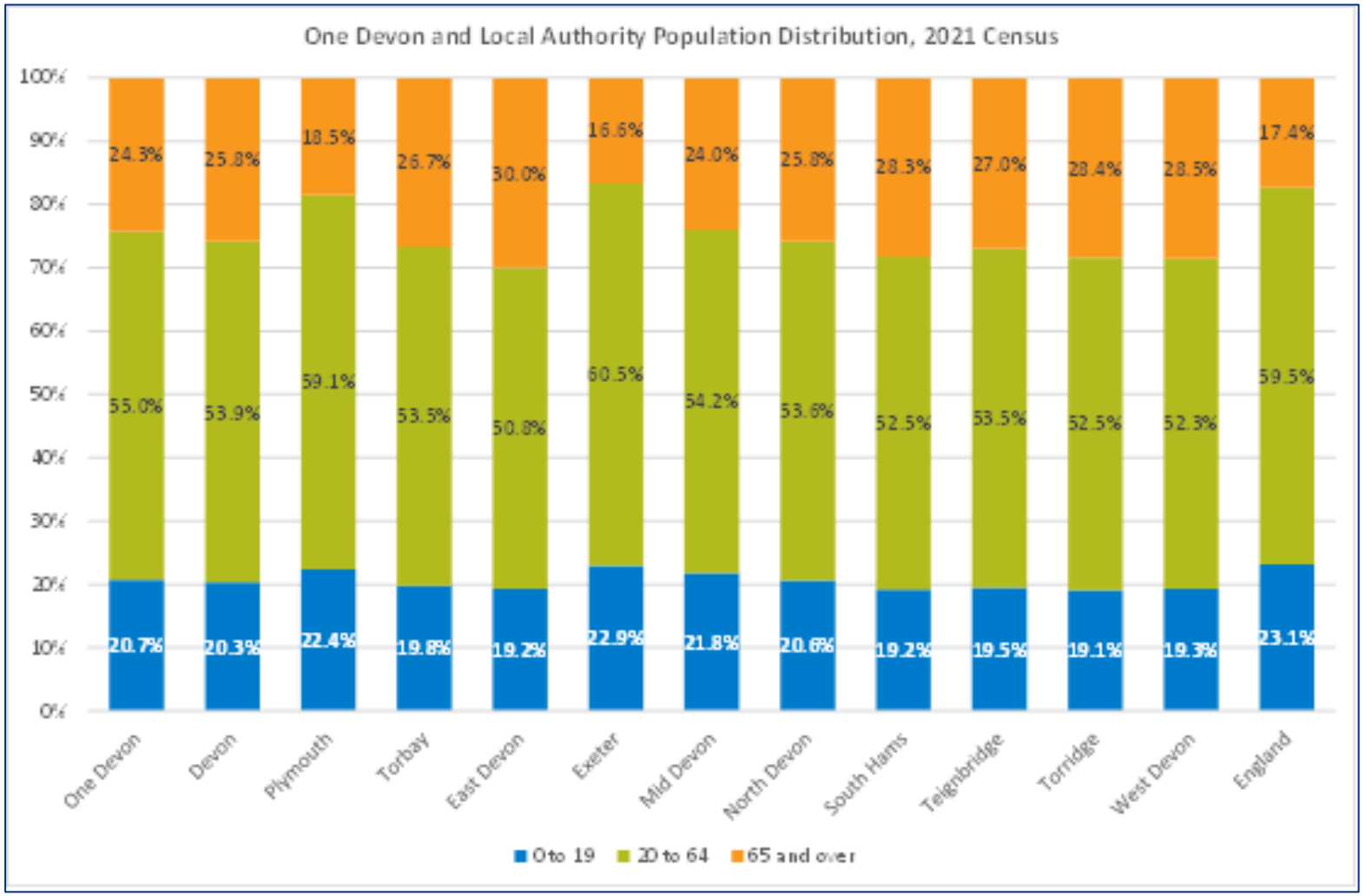


- According to the 2021 Census the population of One Devon is 1,215,642; with 811,629 residents in the Devon County Council area, 264,691 in the Plymouth City Council area and 139,322 in the Torbay Council area.
- Population growth is above the national average, and up to twice the national average in some districts. This is largely driven by internal migration within the UK, predominantly by those aged between 50 and 70 years, coming from the South-East of England.
- The population profile in Devon is significantly older than the national profile, with a higher proportion of people 50 years and over. This is influenced by significant in-migration into Devon and longer life expectancy.
- Exeter and Plymouth universities contribute to a slightly higher proportion of those aged 18 to 21 years in the One Devon population. Typically however there is a greater tendency for younger adults to leave the county and low retention of graduates who come to study in Devon.

Source: 2021 Census, Office for National Statistics

Devon Challenge 1: An ageing and growing population win increasing long term conditions, co-morbidity and frailty

Age Profile



Source: 2021 Census

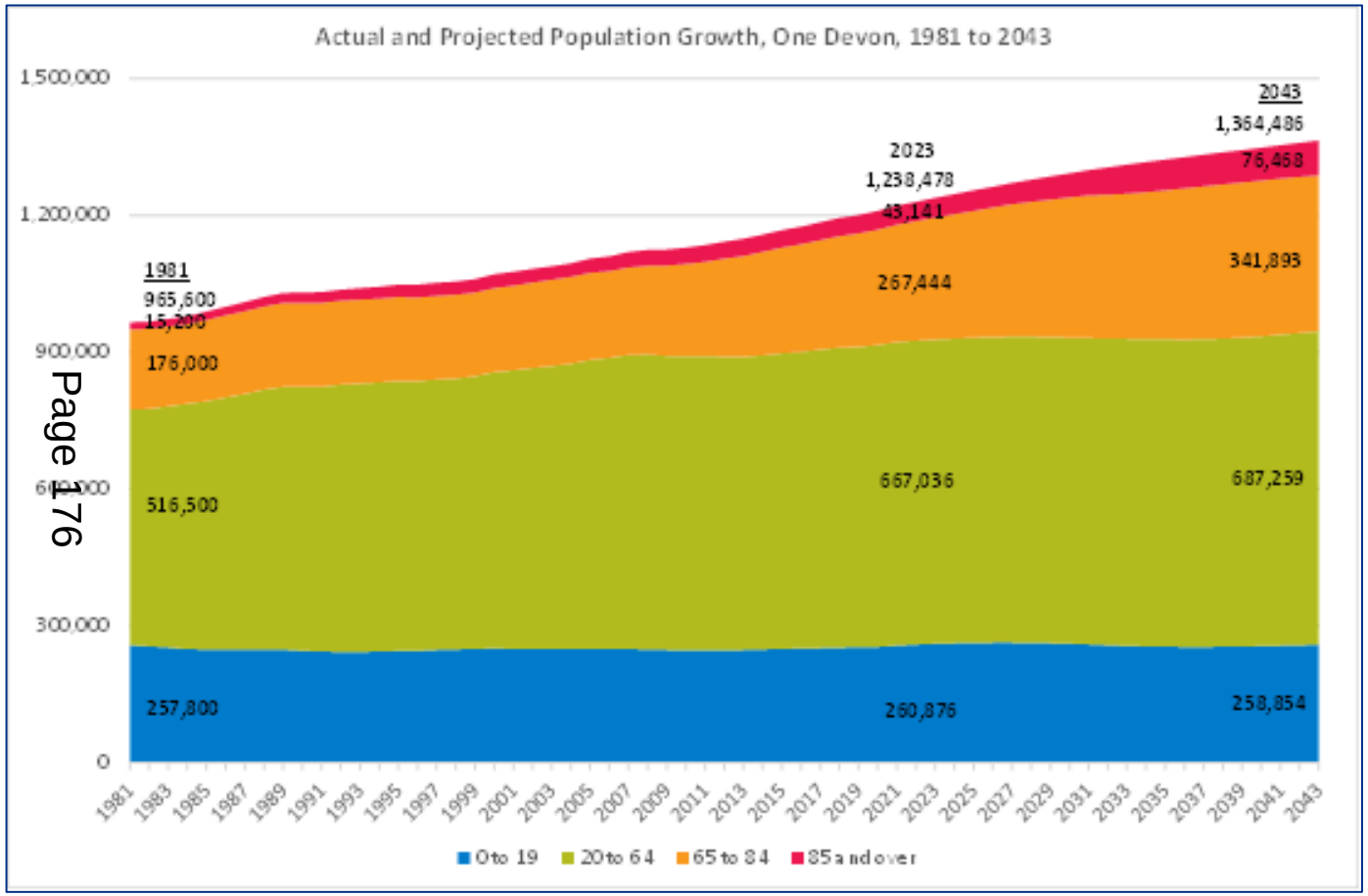
Around 21% of One Devon residents are aged 0 to 19 years, 55% aged 20 to 64 years, and 24% of residents aged 65 years and over.

Plymouth and Exeter both have younger age profiles more typical of the national picture, but all other districts have an older age profile.

This is particularly seen in coastal and rural areas like East Devon where 30% of the population is aged 65 and over.

Devon Challenge 1: An ageing and growing population win increasing long term conditions, co-morbidity and frailty

Population Growth



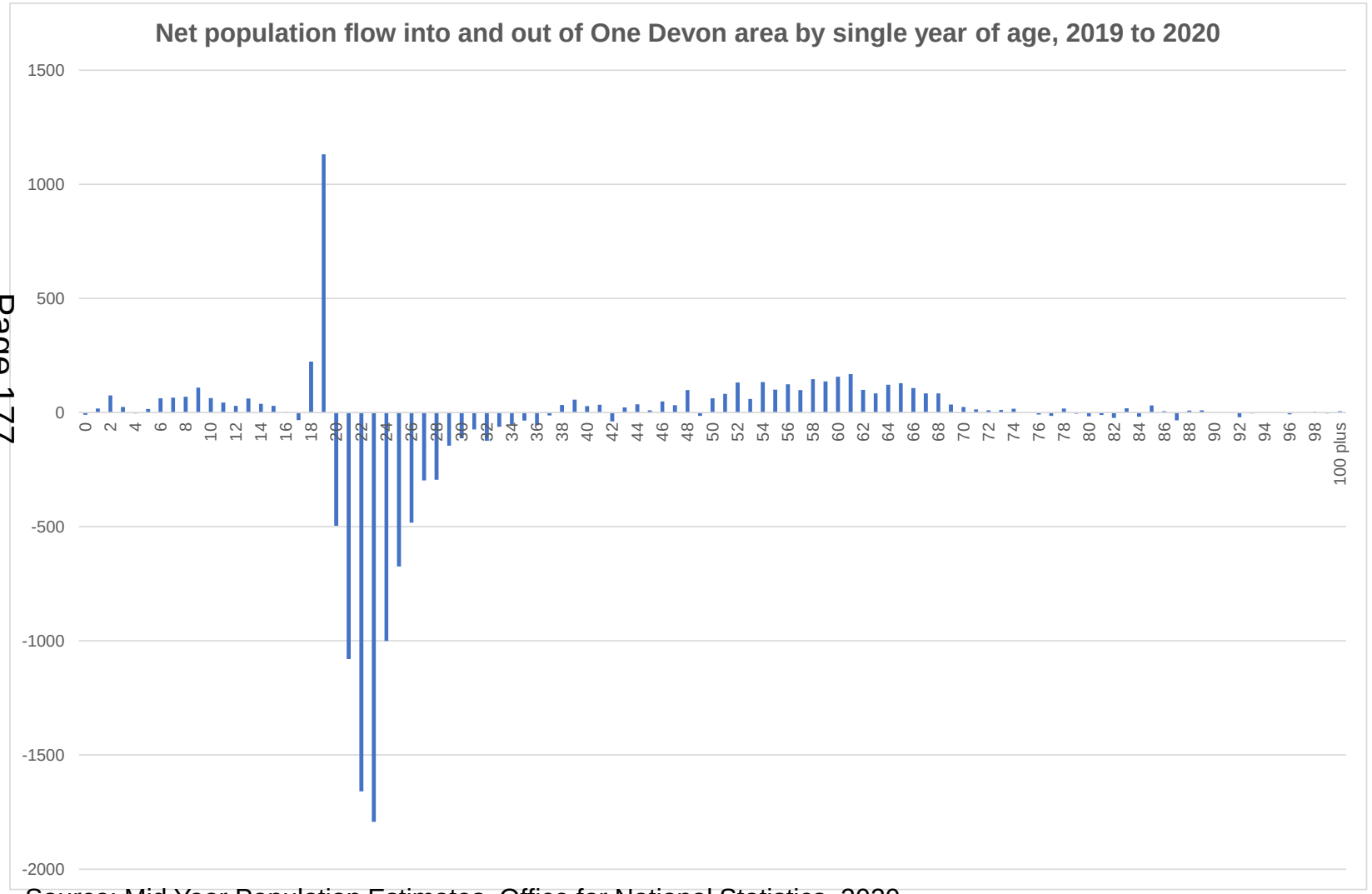
Source:

Population growth in Devon is One Devon over recent years has been considerable and is expected to rise significantly over the next 20 years. Population growth between 1981 and 2023 in One Devon (25.3%) exceeded national growth (20.7%), and growth between 2023 and 2043 is expected to be higher in One Devon (12.8%) than national growth (9.2%). This growth in population has been centred on older age groups, with flat growth in children, slow growth in the working age population, and rapid growth in older age groups. Between 2023 and 2043 there is expected to be a 1% decline in the 0 to 19 population, 3% growth in the 20 to 64 population, 28% in the 65 to 84 population, and 77% in the 85 and over population. The growth, coupled with the older age profile in One Devon contributes to greater demand for health and care services.

Population Growth between the 2011 and 2021 censuses reveals variation within Devon with the East Devon and Exeter area experiencing particularly rapid population growth compared to the national average.

Devon Challenge 1: An ageing and growing population win increasing long term conditions, co-morbidity and frailty

Internal Migration Flows

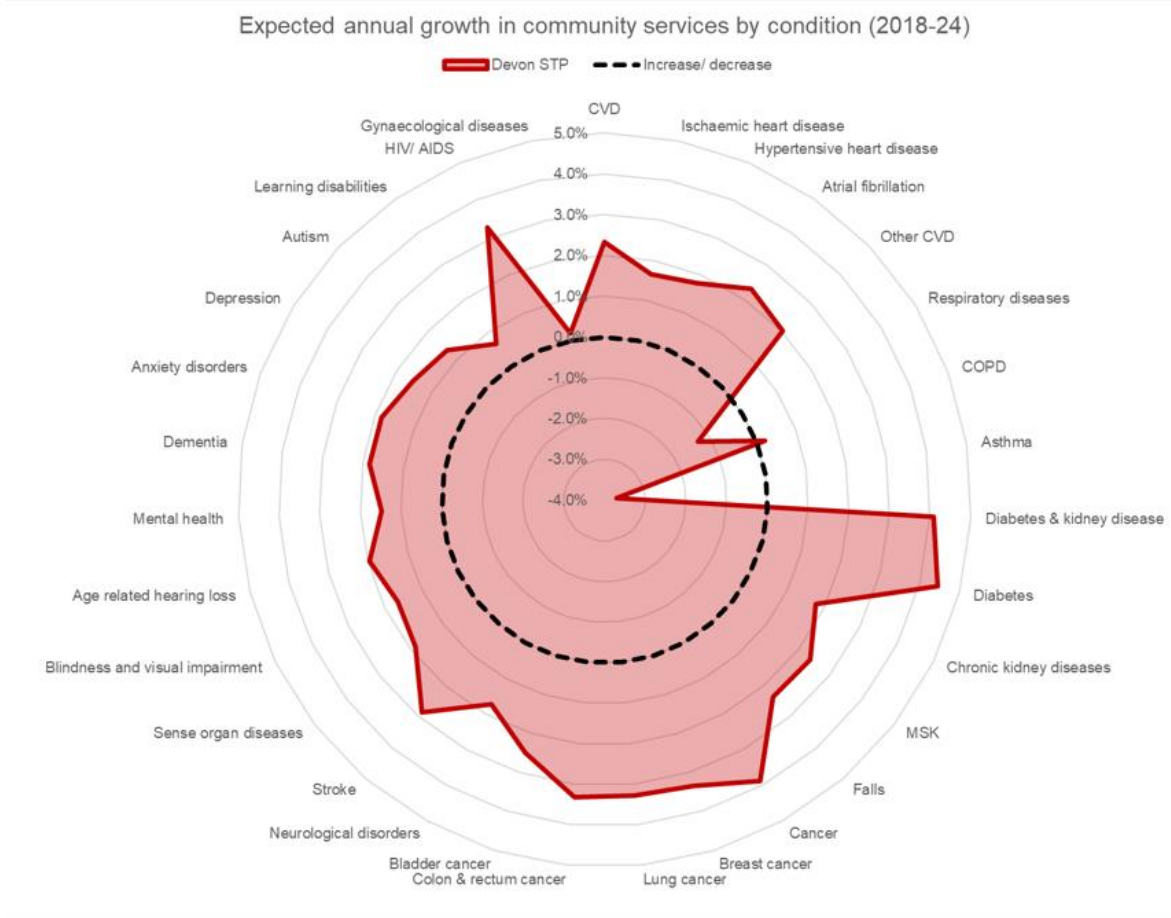


Source: Mid Year Population Estimates, Office for National Statistics, 2020

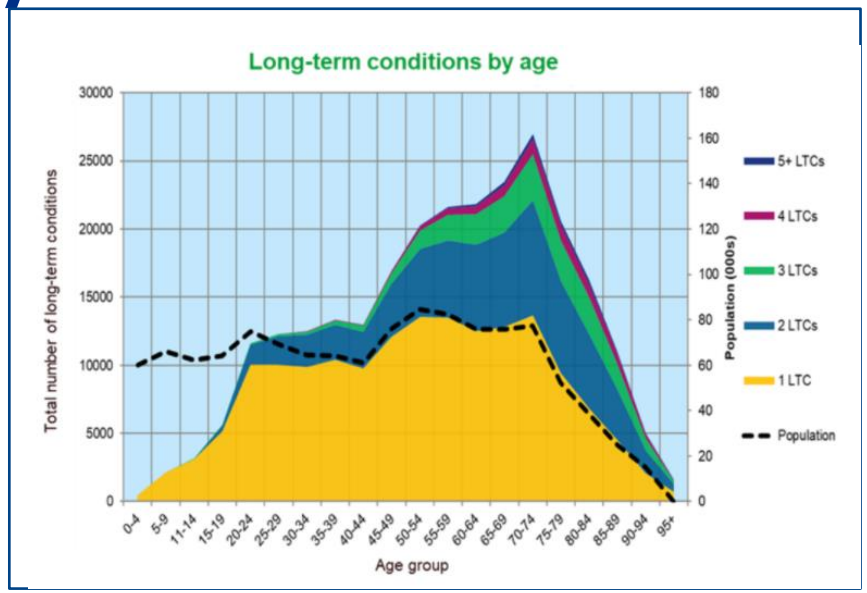
- Two major patterns exist when we look at migration within the UK into and out of the One Devon area.
- The first is from ages 18 to 37, where apart from a net influx of University students to Exeter and Plymouth, there is a net outflow relating largely to migration for work and low retention of students.
- The second pattern is a net inflow of people from the ages 38 to 74, relating to in-migration for older working age groups and at retirement, with the greatest net flows coming from London, the South East and elsewhere in the South West.

Devon Challenge 1: An ageing and growing population with increasing long term conditions, co-morbidity and frailty

Long Term Conditions



Source: ONS (2021), One Devon Case for Change



In addition to more people living into old age, there will also be higher levels of complexity and comorbidity in the future. The prevalence of dementia is increasing at 1% annually but within 10 years it will be growing at 3%. This growth is expected across a number of long-term conditions between 2018-2024 in Devon. High levels of growth are expected in diabetes, cancer, stroke, and HIV, with moderate growth in CVD MSK, sense organ diseases and mental health. Lower growth is expected in LD/neurodiversity, respiratory conditions and gynaecological conditions.

People living in more disadvantaged communities are likely to have an earlier onset of health problems and an increased need to access health and care services. Typically, more disadvantaged communities have poorer access to and/or uptake of preventive and elective services, leading to greater demands on unplanned and urgent care.

Devon Challenge 1: An ageing and growing population with increasing long term conditions, co-morbidity and frailty

Long term Condition Prevalence

Quality and Outcomes Framework (QOF) prevalence percentage

% of patients registered to a GP practice with a condition (most recent data – 2019/20 or 2021) **Key** > Greater than England average

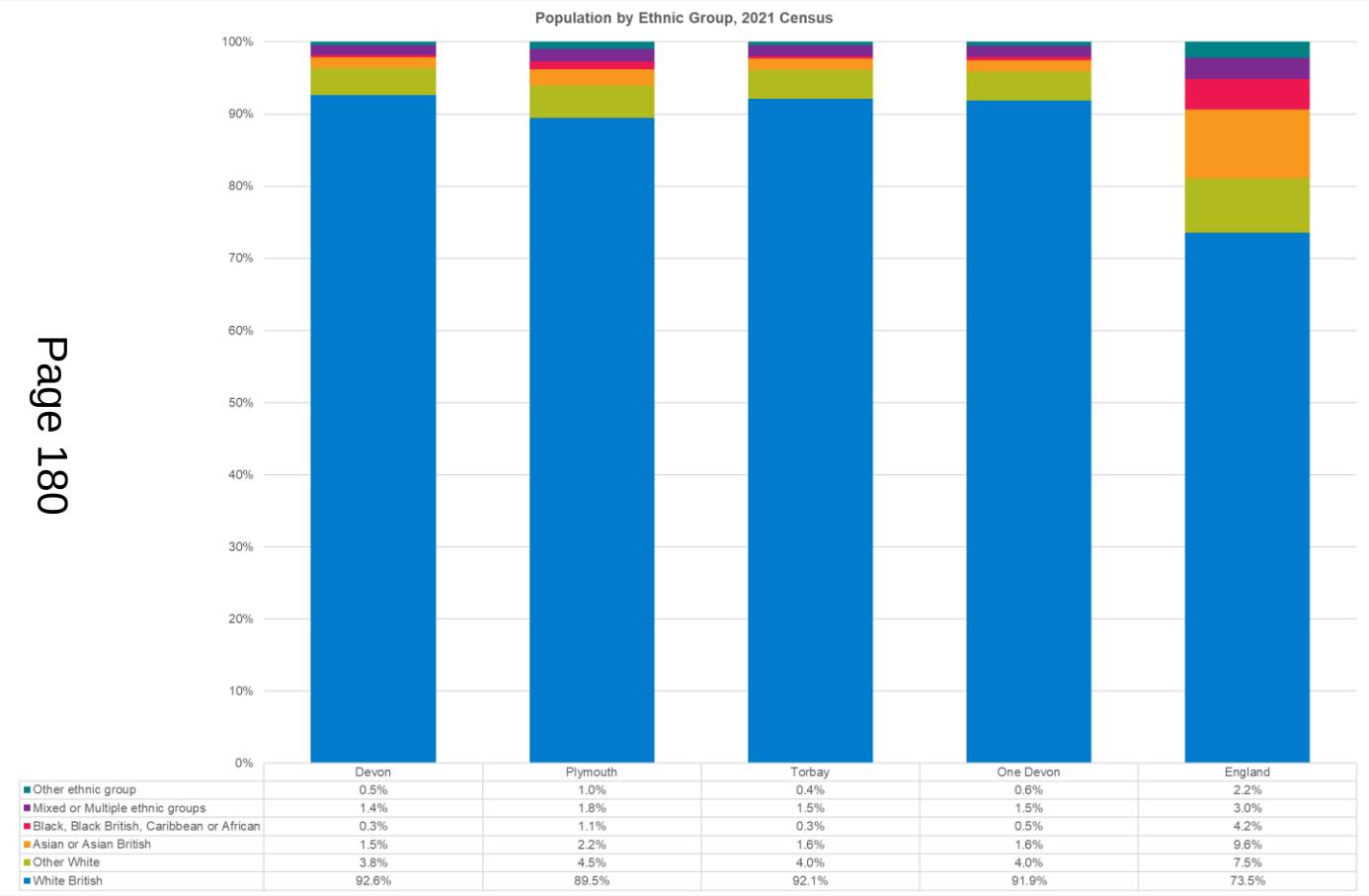
QOF prevalence of chronic conditions	One Devon	England
Asthma	7.3%	> 6.3%
COPD	2.3%	> 1.9%
Cancer	4.0%	> 3.2%
Atrial fibrillation	2.8%	> 2.1%
Heart Failure	1.0%	> 0.9%
Epilepsy	0.9%	> 0.8%
Diabetes	7.2%	> 7.1%
Stroke	2.5%	> 1.8%
Obesity (BMI overweight or obese)	7.1%	> 6.9%
Rheumatoid arthritis	0.9%	> 0.8%
Dementia	0.9%	> 0.7%
Learning disability	0.6%	> 0.5%
Depression	13.0%	> 12.3%

One Devon has a higher prevalence of the conditions listed in the Quality and Outcomes Framework compared to the national average, influenced by the older age profile. All thirteen of the conditions listed are more prevalent in One Devon than the national averages.

The top three most prevalent conditions in One Devon are Depression, Asthma and Diabetes. The largest difference in prevalence between One Devon and the national averages is Asthma (1 percentage point higher) and Cancer (0.8 percentage points higher).

Devon Challenge 1: An ageing and growing population with increasing long term conditions, co-morbidity and frailty

Inequalities and Disparities



	Devon	Plymouth	Torbay	One Devon	England
Other ethnic group	0.5%	1.0%	0.4%	0.6%	2.2%
Mixed or Multiple ethnic groups	1.4%	1.8%	1.5%	1.5%	3.0%
Black, Black British, Caribbean or African	0.3%	1.1%	0.3%	0.5%	4.2%
Asian or Asian British	1.5%	2.2%	1.6%	1.6%	9.6%
Other White	3.8%	4.5%	4.0%	4.0%	7.5%
White British	92.6%	89.5%	92.1%	91.9%	73.5%

Source: 2021 Census, Office for National Statistics

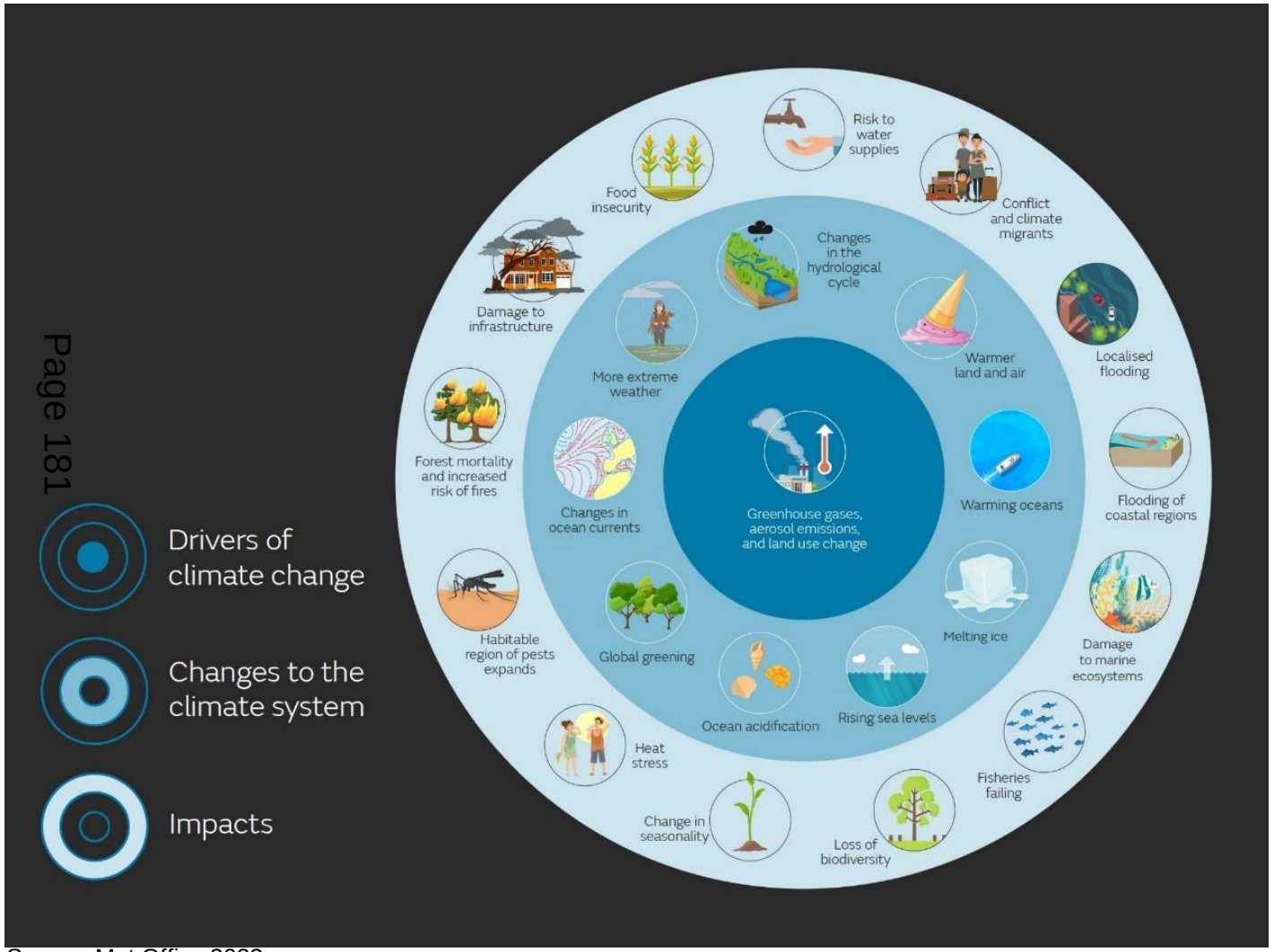
The non-white British population makes up 7% of One Devon's population, compared to 19% nationally. The largest minority group nationally is Asian/Asian British, whereas across Devon it is 'Other White'. Inclusion groups tend to face poorer access to health and care services and poorer health outcomes than the general population. The Integrated Care Strategy guidance names the following as examples of inclusion health groups:

- People experiencing homelessness
- Vulnerable migrants
- Gypsy, Roma, and Traveller communities
- Sex workers
- Victims of modern slavery
- People with drug and alcohol dependency
- People in touch with the criminal justice system

The consistent and complete coding of ethnicity and protected characteristics within local health and care systems is essential for monitoring and ensuring equitable access to health and care services. Sourcing insight into inclusion health group needs and population sizes highlights a potential opportunity to work with the voluntary, community and social enterprises who may already be working with these groups.

Devon Challenge 2: Climate Change

Drivers of Climate Change



Source: Met Office 2022

- Climate change poses a serious threat to our quality of life, now and for future generations. It is damaging biodiversity, disrupting food production, damaging infrastructure, threatening jobs and harming human health. Addressing climate change requires a shift in our behaviour in relation to sustainable travel and reducing our carbon footprint in both our home and working lives.
- Climate change is driven by greenhouse gas emissions, aerosol emissions and changes to land use. This leads to more extreme weather, global warming, rising sea levels and changes in the hydrological cycle and the wider ecosystem. Impacts include increased food insecurity, risks to water supply, flooding, ecosystem damage, heat stress, reduced biodiversity and other wider impacts on the natural and built environments.
- Air Pollution, excess heat and excess cold has a significant impact on our health, particularly in relation to increases in cases and deaths from respiratory and circulatory conditions like Asthma, Heart Disease and Stroke, with an increase in severe weather events leading to further direct risks to human health. For 2020, the Public Health Outcomes Framework estimated that 4.7% of deaths in Devon, 5.1% of deaths in Plymouth, 4.9% of deaths in Torbay, and 5.6% of deaths in England were attributable to Air Pollution.

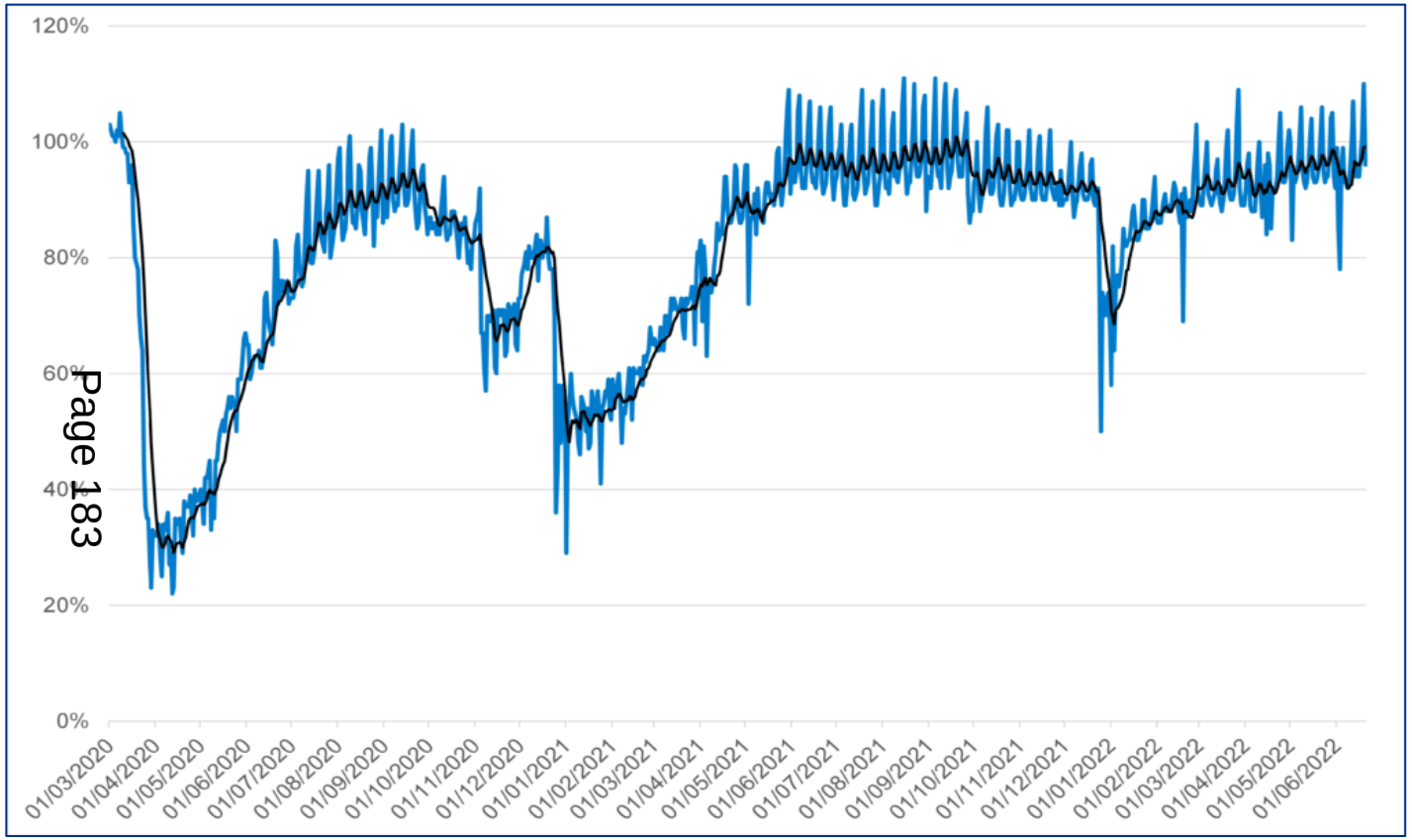
Devon Challenge 2: Climate Change

Devon/Cornwall Risk Assessment

Risk	Location/s in Cornwall, Devon and Isles of Scilly (IoS)	Current Risk rating	Current Lead Assessor
Major Tidal and Coastal Flooding	All	Very High	Environment Agency
Major Fluvial Flooding	All	Very High	Environment Agency
Prolonged Low Temperatures, Heavy Snow and/or Ice	All	High	Torbay Council
Localised flooding (sudden flash, fluvial or surface water flooding)	All	High	Environment Agency
Severe Storms and Gales	All	Medium	Torbay Council
Heat Wave	All	Medium	Public Health England
Drought	All	Medium	Environment Agency
Forest, wood or moorland fire	All	Medium	Cornwall Fire and Rescue Service
Heavy Snow or Ice on vulnerable areas of the highways network	All	Low	Torbay Council
Building Collapse	All	Low	Devon and Somerset Fire and Rescue Service
Bridge Closure or Collapse	All	Low	Devon and Somerset Fire and Rescue Service
Major reservoir dam failure caused by loss of structural integrity or controlled release or overtopping	All	Medium	Environment Agency
Land Movement (Tremors and Landslides)	All	Medium	Devon County Council
Catastrophic failure of mine water treatment works and/or sludge storage dam	Wheal Jane complex, Nr Baldhu, Cornwall	Medium	Cornwall Council
Epidemic/ Pandemic Influenza	All	Very High or High	Public Health England
Industrial Accidents and Environmental Pollution, Major Air Quality Incident	All	High	Environment Agency

Devon Challenge 2: Climate Change

Daily Car Usage in the UK as a percentage of baseline, 2020 to 2022



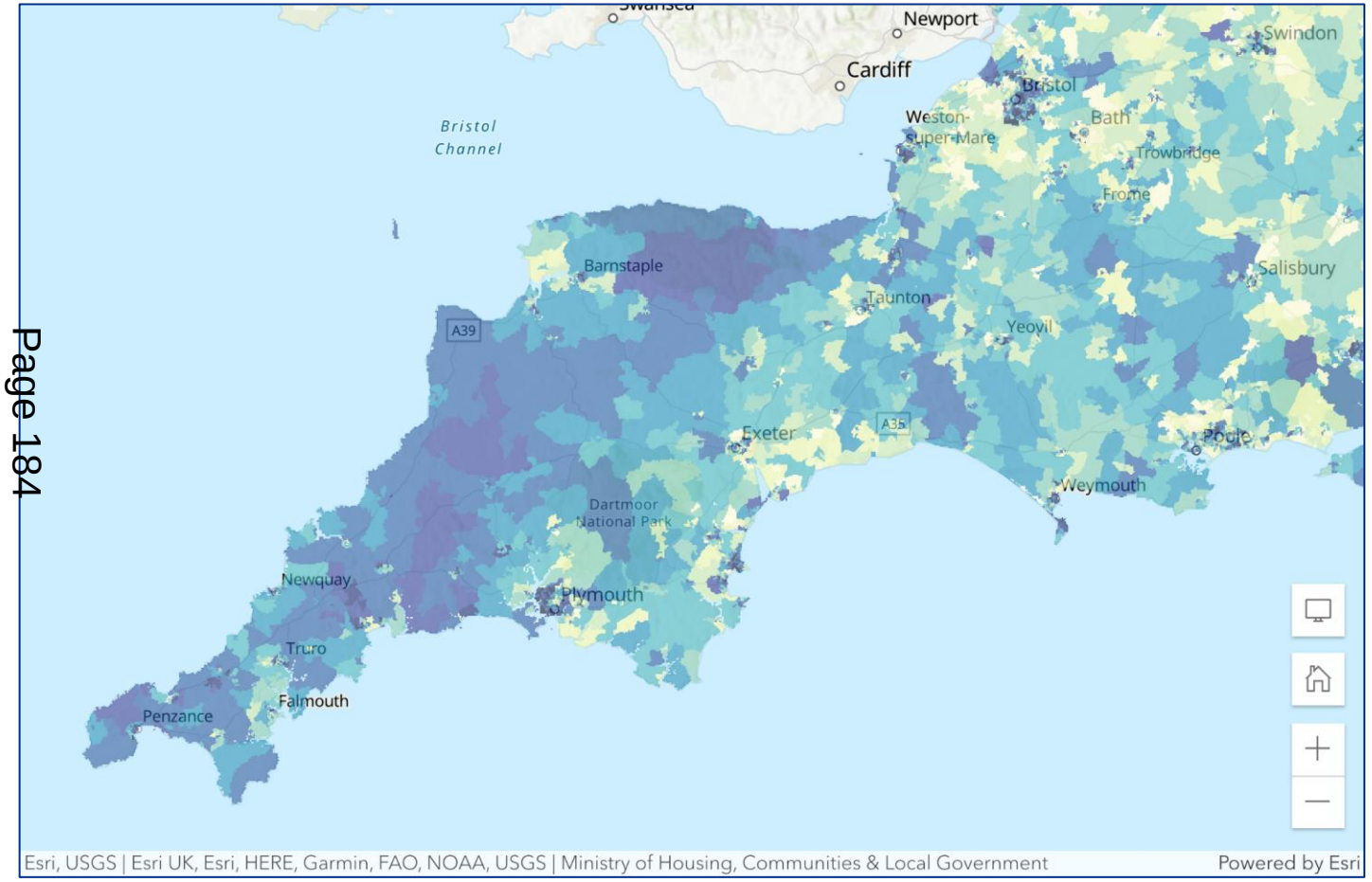
Source: Department for Transport, 2022 Transport use during the coronavirus (COVID-19) pandemic – GOV.UK (www.gov.uk)

Inequalities and Disparities

Both nationally and internationally the greatest impacts are likely to be on households and individuals already experiencing the greatest inequalities, who may be more likely to live in areas prone to flooding and pollution and lack the means to be able to take actions to protect themselves.

Whilst fundamental shifts in vehicle usage were observed during the pandemic, reflecting periods of lockdown where car usage fell by up to two thirds, as society has reopened car usage has returned to the pre-2020 baseline meaning some of the green benefits were short-lived.

Devon Challenge 3: Complex patterns of urban, rural and coastal deprivation

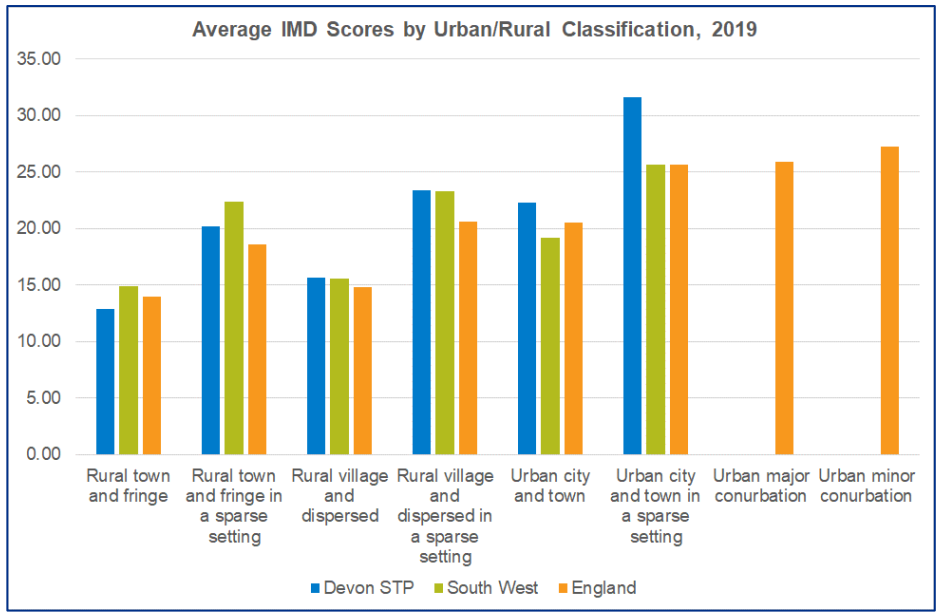


- Devon has hotspots of urban deprivation with the highest overall levels in Plymouth, Torbay and Ilfracombe, and hotspots in other urban centres including Exeter and Barnstaple (**darker blue is more deprived**)
- Many rural and coastal areas, particularly in North and West Devon experience higher levels of deprivation, impacted by low wages and a high cost of living.

Devon Challenge 3: Complex patterns of urban, rural and coastal deprivation

Deprivation by Urban/Rural Classification

When levels of deprivation are compared with the South-West and England using the ONS Rural Urban Classification, it is evident that Devon typically experiences higher levels of deprivation than the national average for different classifications. This is particularly so for rural and sparsely populated areas. There is also a strong relationship between sparsity and poorer outcomes, where more deprived and remote rural areas experience higher needs and worse health outcomes than less deprived and more connected ones. Worse health outcomes in urban deprived areas can also be linked with migration to be closer to services, as health conditions deteriorate.



Source: Indices of Deprivation 2019 and Urban Rural Classification, Office for National Statistics

The 2021 Census includes a deprivation dimensions indicator which estimates deprivation based on four domains at a household level. These domains are education (no-one achieving level 2 qualifications (GCSE) or without full-time students aged 16-18), employment (any member unemployed or disabled), health (any member disabled), and housing (overcrowding, shared dwelling or no central heating). The table below shows the 10 census output areas, of which there are almost 4,000 in One Devon, with the highest proportions of residents with three or more dimensions present. This reveals some hotspots that are missed in indices using larger neighbourhood areas like the Index of Multiple Deprivation.

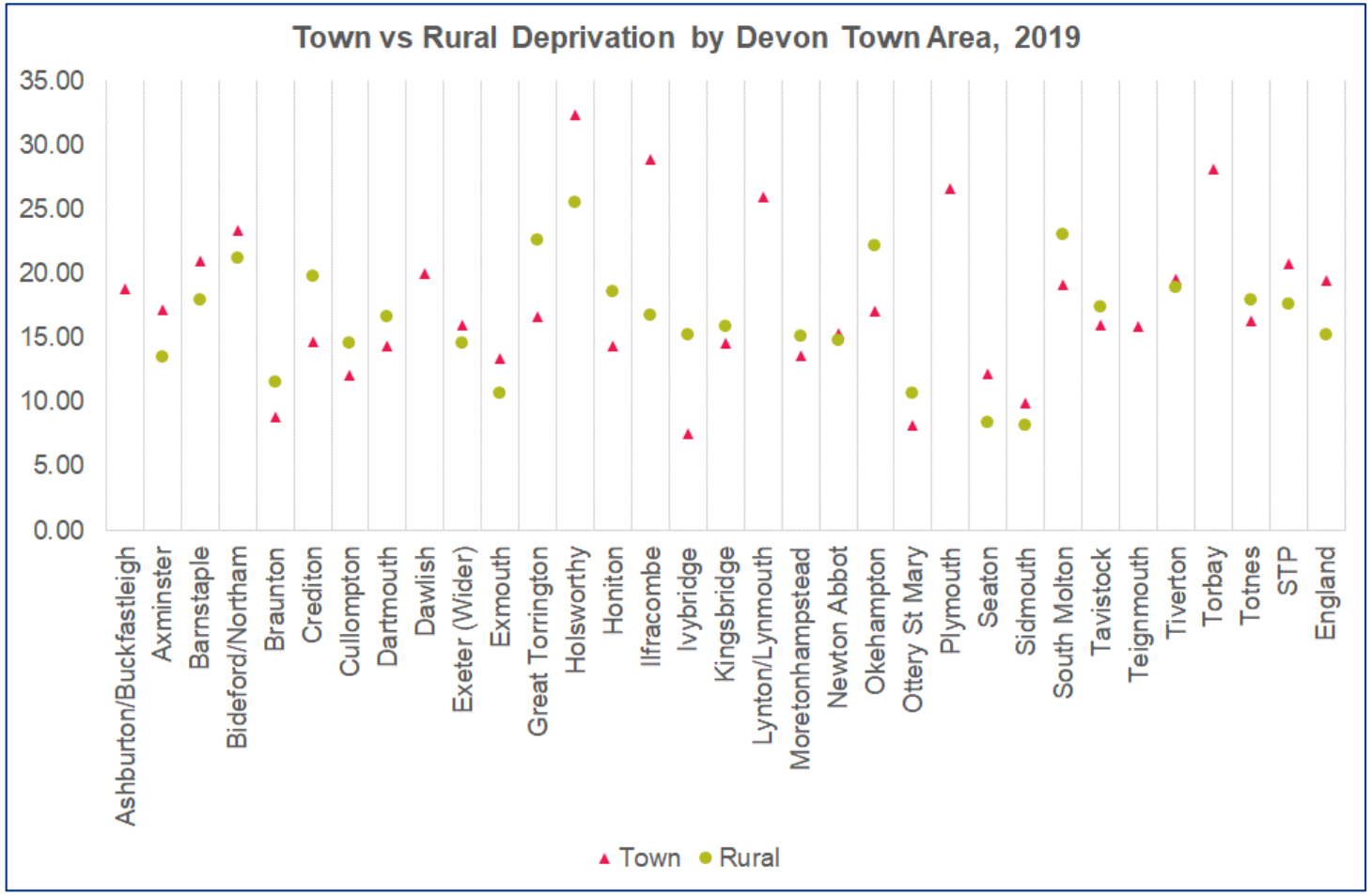
Whilst material deprivation has declined over recent decades, some increases have been seen in recent years due to the Covid-19 pandemic and cost of living crisis. Areas with lower levels of social mobility and economic development have experienced more persistent levels of deprivation including parts of Northern Devon, and in parts of Plymouth and Torbay where population growth and economic development has been slower than Eastern Devon.

Top 10 Output Areas in Devon, Three Plus Deprivation Dimensions, 2021 Census

Output Area Code	Description	Percentage
E00077115	Abbey and Croft Roads, Tormohun, Torquay	30.3%
E00076563	St Mary Street, Stonehouse, Plymouth	22.7%
E00102468	Beach Street area, Dawlish	22.4%
E00076894	Market and Queen Streets, Torquay	22.1%
E00101314	Mount Dinham and Exe Street, Exeter	21.0%
E00076978	Hyde Road and Princes Street, Paignton	20.3%
E00076708	Radford Avenue, Laira Bridge, Plymouth	20.2%
E00076546	Eton Place, Plymouth	20.0%
E00076183	Lark Hill, North Prospect, Plymouth	19.3%
E00076509	Colebrook Road, St Budeaux, Plymouth	19.2%

Devon Challenge 3: Complex patterns of urban, rural and coastal deprivation

Inequalities and Disparities



Devon experiences hotspots of both city/town and rural poverty which are notably above the national average, with particularly high levels of rural deprivation observed in North and West Devon.

Source:

Devon Challenge 4: Housing Quality and affordability

Health and Housing

The places we live in have a profound impact on our health and wellbeing, as well as impacting on the ability to remain independent. Good housing contributes to health and wellbeing and helps keep people healthy. Every £1 invested delivers nearly £2 of benefit through costs avoided to public services including care, health, and crime costs. Work has been undertaken in the following areas:

- The importance of housing and the impact it can have on health outcomes eg: cold housing. Over a fifth of all excess winter deaths are caused by cold housing, with 40% from cardiovascular disease and 35% from respiratory disease. 70% of the total estimated savings that would come from tackling housing that does not meet the Decent Homes Standard for warmth would fall to the NHS (Housing Challenge paper, 2017).
- Flexible housing that enables people to remain more independent through life eg: accessible housing and adaptations. Adapting homes is a way of improving the suitability of the home environment and doing so enables people to maintain their independence for longer. The benefits include reducing the risk of falls and accidents, relieving pressures on accident and emergency services, increasing the speed of hospital discharge and reducing demand for residential care (Housing Challenge Paper, 2017).
- Specialist housing for specific care groups, eg: learning disability and mental health
- Housing growth in the county, the opportunities, and implications for effective planning for health and wellbeing and how capital resources secured through the planning process can be deployed to support new models of care.

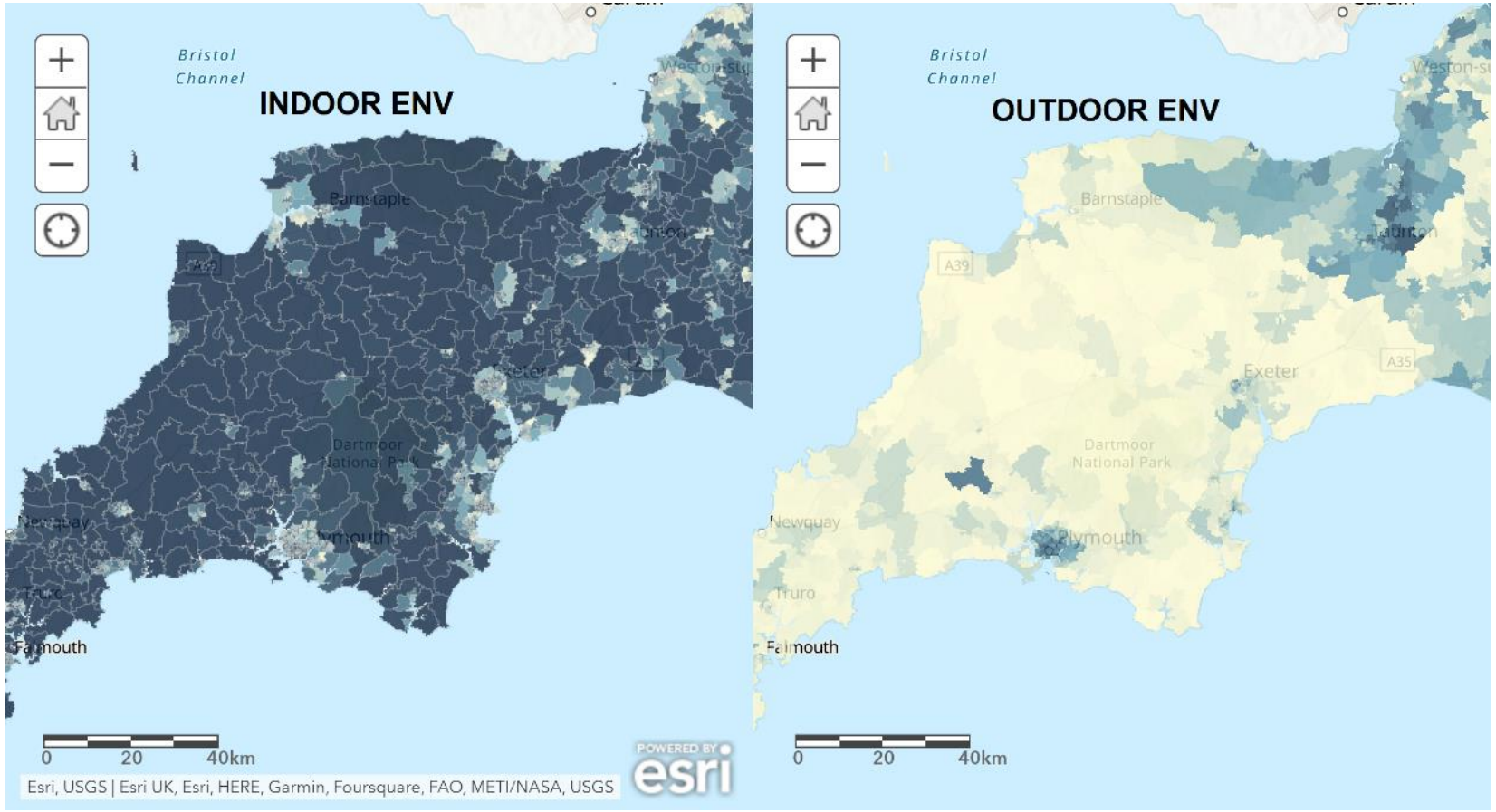
Fuel poverty and poor housing conditions, particularly in the private rented sector, are a major issue in many areas. Unsuitable and poor standard housing contributes to poor health, lower educational attainment and is a recognised contributor to, and symptom of, child poverty, with approximately a third of unsuitable housing occupied by people in receipt of some sort of benefit.

In Devon, the rate of rough sleepers counted or estimated by the local authority is 1.5 per 10,000 households, a rate which is significantly lower compared to the England average of 2.0. However, homelessness is increasing. In the Devon County Council area alone there are more than 15,000 families on the housing register and average house prices are more than nine times annual earnings, compared to seven times nationally. The cost of living and energy crises along with increasing levels of homelessness have the potential to result in decreases in health and widening of inequalities across Devon.

Devon Challenge 4: Housing Quality and affordability

Indoor and outdoor environment sub-domain ranks (darker blue is more deprived), 2019 Indices of Deprivation

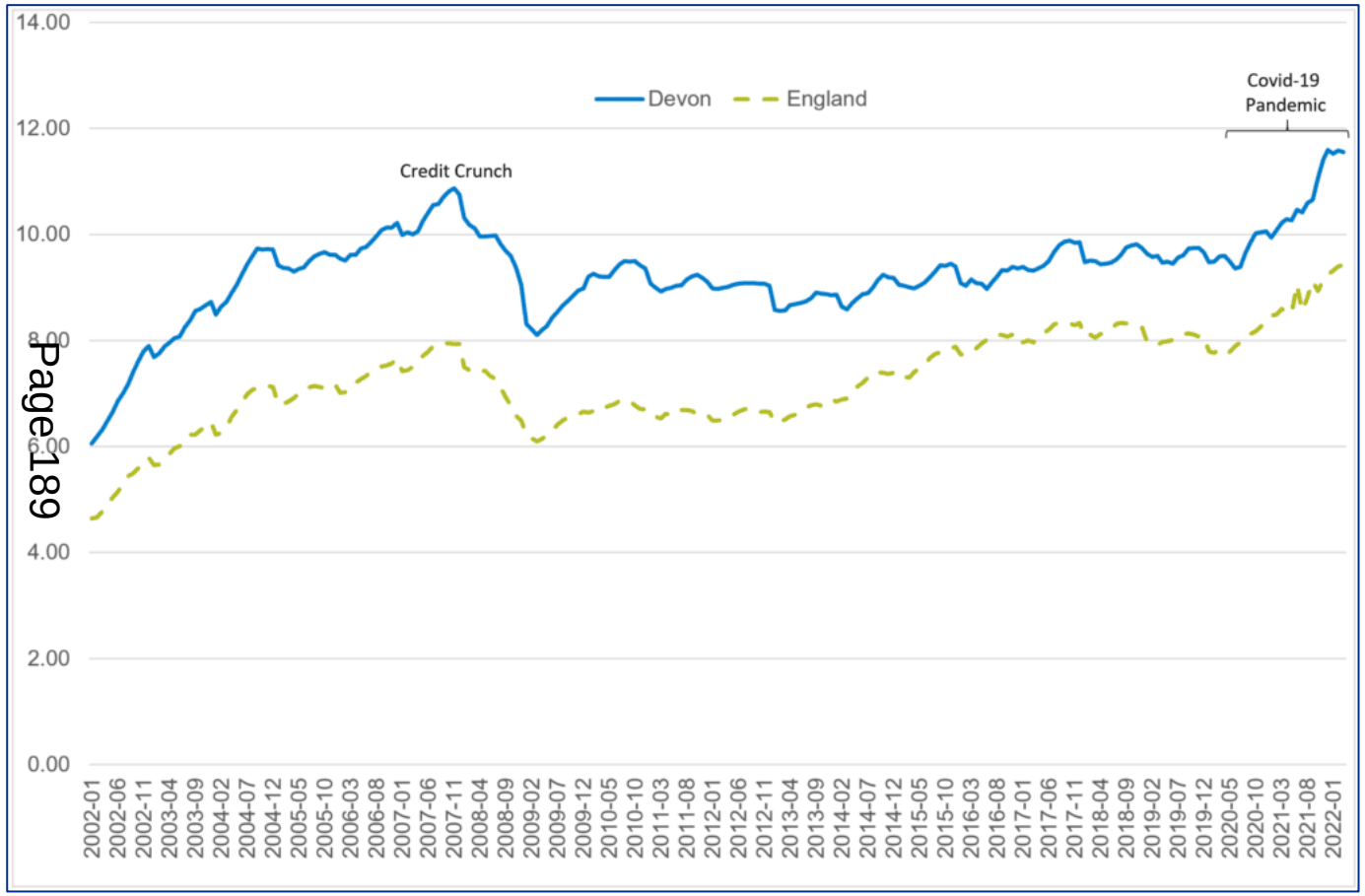
- Devon faces particular challenges in relation to housing quality and housing affordability.
- A comparison of the indoor (decent home standard and central heating availability) and outdoor (air quality and pedestrian/cyclist accidents) environment domains in the Indices of Deprivation reveal the significant challenges that exist in Devon with many areas in the top 10% or 25% nationally for the indoor environment deprivation domain.



Devon Challenge 4: Housing Quality and affordability

Housing Demand

Average House Price to Full-Time Salary Ratio, Devon vs England, 2002 to 2022



Source: Land Registry UK House Price Index (data.gov.uk) and Annual Survey of Hours and Earnings Nomis – Official Census and Labour Market Statistics (nomisweb.co.uk)

High levels of in-migration to Devon, centred on those aged 50 to 70, and previously residing in South-East England has increase demand for accommodation in Devon, driving up house prices. However, with lower-than-average earnings, this has generated a higher average house price to full-time salary ratio than England as a whole. The figure compares the ratio over time, which stands at its highest level on record at 11.6 for Devon and 9.4 for England in early 2022. This ratio surged prior to the credit crunch in 2008 and has also surged through the Covid-19, remaining significantly above England throughout.

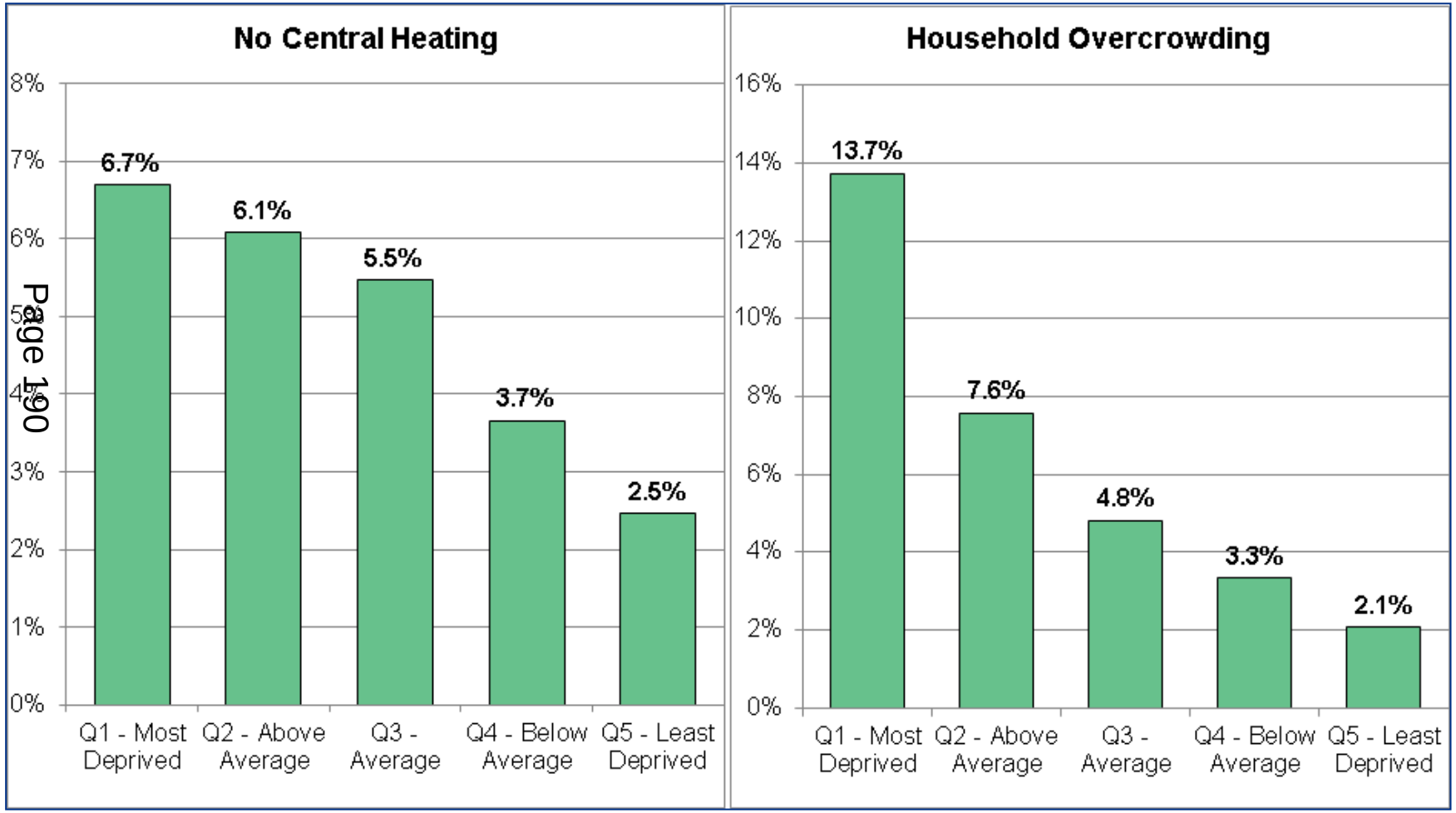
Other housing quality and affordability indicators in the Public Health Outcomes Framework and Devon's Joint Strategic Needs Assessments reveal:

- Higher levels of rough sleeping in Devon, particularly in Exeter, Totnes, Barnstaple, Plymouth, Torbay
- High levels of household hazards including damp, excess heat and excess cold associated with age of housing stock, particularly in privately rented sector
- Limited availability of key worker housing schemes, despite a higher level of public sector employment
- Higher levels of fuel poverty, particularly in areas with older housing stock and rurally deprived areas.

One Devon

Devon Challenge 4: Housing Quality and affordability

Inequalities and Disparities



Poor housing quality and a lack of affordable housing disproportionately affect those living in more deprived areas and lower income households. Census-based measures of housing quality as illustrated here are significantly worse in more deprived areas, with almost three times the proportion of households in the most deprived areas of Devon (6.7%) having no central heating compared to the least deprived, and over six times the proportion of households in the most deprived areas (13.7%) experiencing overcrowding, compared to the least deprived (2.1%). Households with low income and people with disabilities experience significantly challenges in relation to housing affordability.

Source: 2011 Census, Office for National Statistics

Devon Challenge 5: Economic Resilience

Financial Challenges

NHS financial challenges

NHS expenditure in Devon started to become financially challenged in 2013/14, with a small deficit returned for the year. After a period of stabilisation and improvement over the three years 2016/17 to 2018/19, the position deteriorated sharply again in 2019/20.The drivers of this position are many and complex, but fundamentally it is as a result of growth in expenditure, linked to growing service demand and operational inefficiency, outstripping the growth in the allocation for the population.

The 2020/21 and 2021/22 financial years were operated under a different financial regime, with significant extra resources provided by Government to support the NHS in dealing with COVID-19. However, as we return to the regular funding regime and the additional resources start to be taken out, significant savings and efficiencies will be required to maintain a financially balanced system in a sustainable way.

Operational planning for 2022/23 was particularly challenging. The ending of the COVID-19 financial regime has led to a squeeze on resources which has been compounded by ongoing operational pressures and significant inflationary costs. Following a contribution of £27 million from NHS England to offset inflationary costs the local system has identified additional savings of £60 million but it is still currently forecasting a deficit position of over £18 million.

Financial challenges in Local Authorities

The NHS in Devon is not alone in facing financial challenges. At the start of November 2022, Devon County Council announced that is must save £73 million from its budget this financial year. The council has budgeted to save about half of the amount so far, and anticipates that another £75 million of savings will be needed in the next financial year. Plymouth City Council is facing similar challenges and is considering measures to address a £37 million budget gap for 2023/24. It also has a £15.5 million gap in this year's budget.

The growing deficits are due to rising demand for care and support, continuing costs of the COVID-19 pandemic, and rises in costs and inflation. As well as affecting the councils and local residents, these budget issues have a knock on impact on the NHS. For example, if there is not enough social care in the community then people who are ready to leave hospital cannot be discharged safely.

This further increases the pressure on hospitals as there are fewer beds or care support at home for people who need them, which can lead to delays in ambulance handovers.

Devon Challenge 5: Economic Resilience

The pressures facing our charitable and independent sectors

In addition to providing invaluable services to people requiring care and support, the Adult Social Care Sector plays a central role in the economy. Our voluntary and independent social care providers are also facing significant economic, financial and labour issues.

Not-for-profit providers make a massive contribution to social care provision in Devon. The grants upon which many of our voluntary and independent not-for-profit providers rely were largely unavailable during the COVID pandemic and some services were forced to close for periods of time, such that the knock-on effect of COVID funding pressures is still being experienced in some organisations. Rising inflation has exacerbated this, to the extent that many providers are now operating in a deficit position and are struggling to attract staff to the sector.

The charities that work as part of the Devon System are concerned about the financial landscape and the fine balance between levels of funding and the desire to increase staff costs, to support teams and retain staff.

Recruitment is difficult, with every part of the sector taking longer to recruit, with an impact on time and energy. Charity staff in the health and social care sector are under massive strain, following 3 years of relentless change and increase in need, coming on top of 10 years of stripping social capital from communities. Many are at breaking point and also experiencing pressures in their own families, increasing the number leaving, including to take on roles as carers in their own networks.

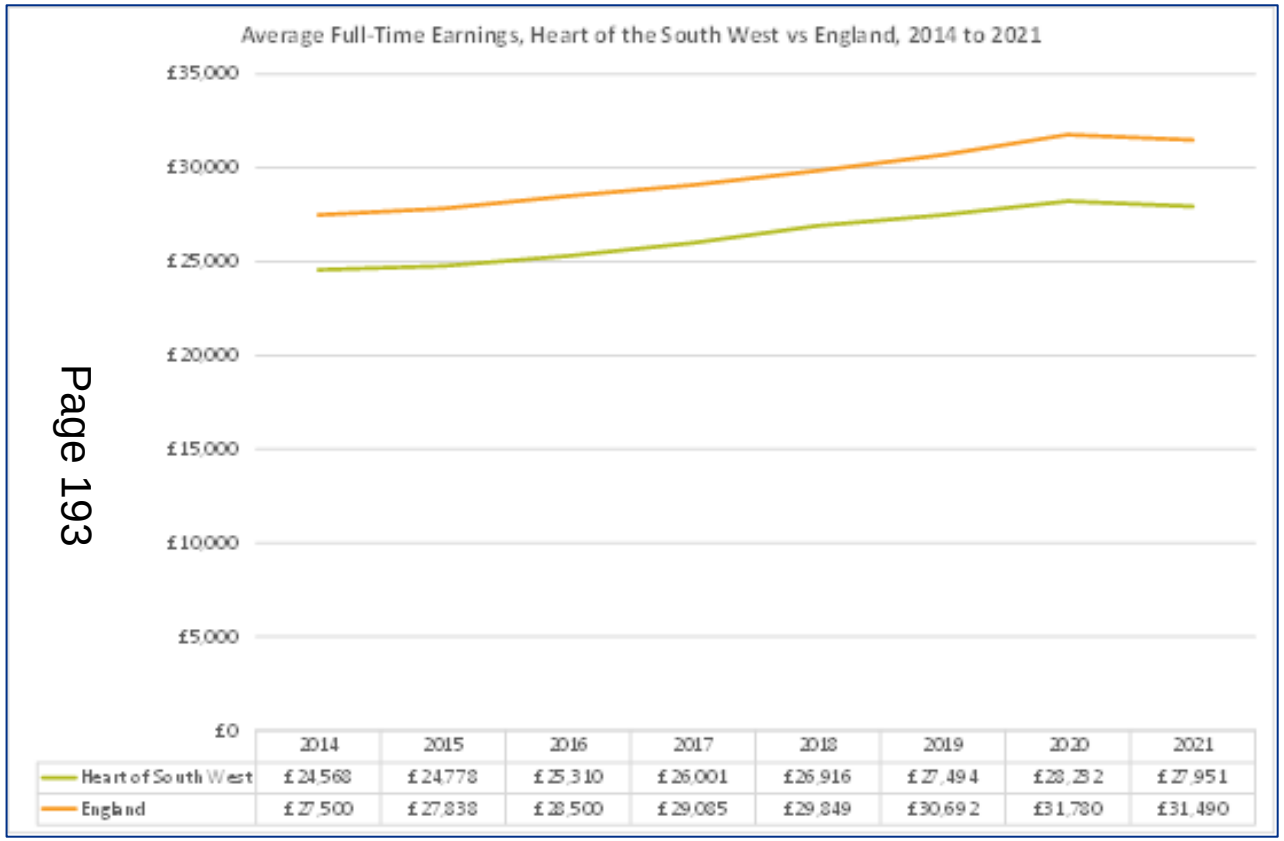
Charities are facing a massive increase in demand, between 200% and 300% in some cases and often without any increase in funding to support, and this is likely to only be the beginning, as we go into the winter and the cost of living impacts even more.

Those charities running properties are extremely concerned about the increase in energy costs and how services will be affordable going forward.

Colleagues in the charitable sector remain passionate and positive about the difference VCSE organisations can make in Devon, despite the challenges faced, and how a wider focus on integration and early help could be transformative.

Devon Challenge 5: Economic Resilience

Cost of Living



	2014	2015	2016	2017	2018	2019	2020	2021
Heart of South West	£24,568	£24,778	£25,310	£26,001	£26,916	£27,494	£28,252	£27,951
England	£27,500	£27,838	£28,500	£29,085	£29,849	£30,692	£31,780	£31,490

Source: Annual Survey of Hours and Earnings, Office for National Statistics

The current cost of living crisis is driven by the cost of everyday essentials like groceries and bills are faster than average household incomes. As of November 2022 annual inflation stands at 11%, a 40 year high, with the Bank of England predicting inflation and price levels to remain high. Inflation is being driven by sharp increases in global energy and fuel prices, higher price of goods and domestic wage pressures. When inflation is driven by rising costs, as opposed to demand pressures, this form of inflation has a direct impact on living standards.

The Office for Budget Responsibility (OBR) projects that real disposable income will fall by 7% over the next two years which would be the largest decline on record. This fall impacts those worst off most with low-income households and people living in poverty spending a larger share of their income on energy and food.

Increases in inflation not only has a direct impact on the health of the poorest households, described further in this chapter but also has an impact on people's mental health. There is a strong correlation between deprivation and poor mental health. People with pre-existing conditions are likely to suffer most with an increased risk of stress and anxiety as they struggle with rising costs.

The COVID-19 pandemic has also contributed to the cost-of-living crisis in Devon. Since March 2020 demand for accommodation and the cost of housing have also increased significantly. The economic and financial pressures seen through the pandemic, coupled with rising inflation and increasing energy, food and fuel costs mean that One Devon citizens have been particularly affected. In the SW, there are approximately half a million low paid workers, c150k in the One Devon area. This means that whilst the cost of living is increasing across the UK, Devon is particularly vulnerable due to lower-than-average salaries, and above average living and housing costs.

According to the Office of National Statistics, around 9 in 10 (89%) adults in Great Britain continue to report that their cost of living has increased, equal to around 46 million people.

The most common reasons reported by these adults for their increased cost of living were:

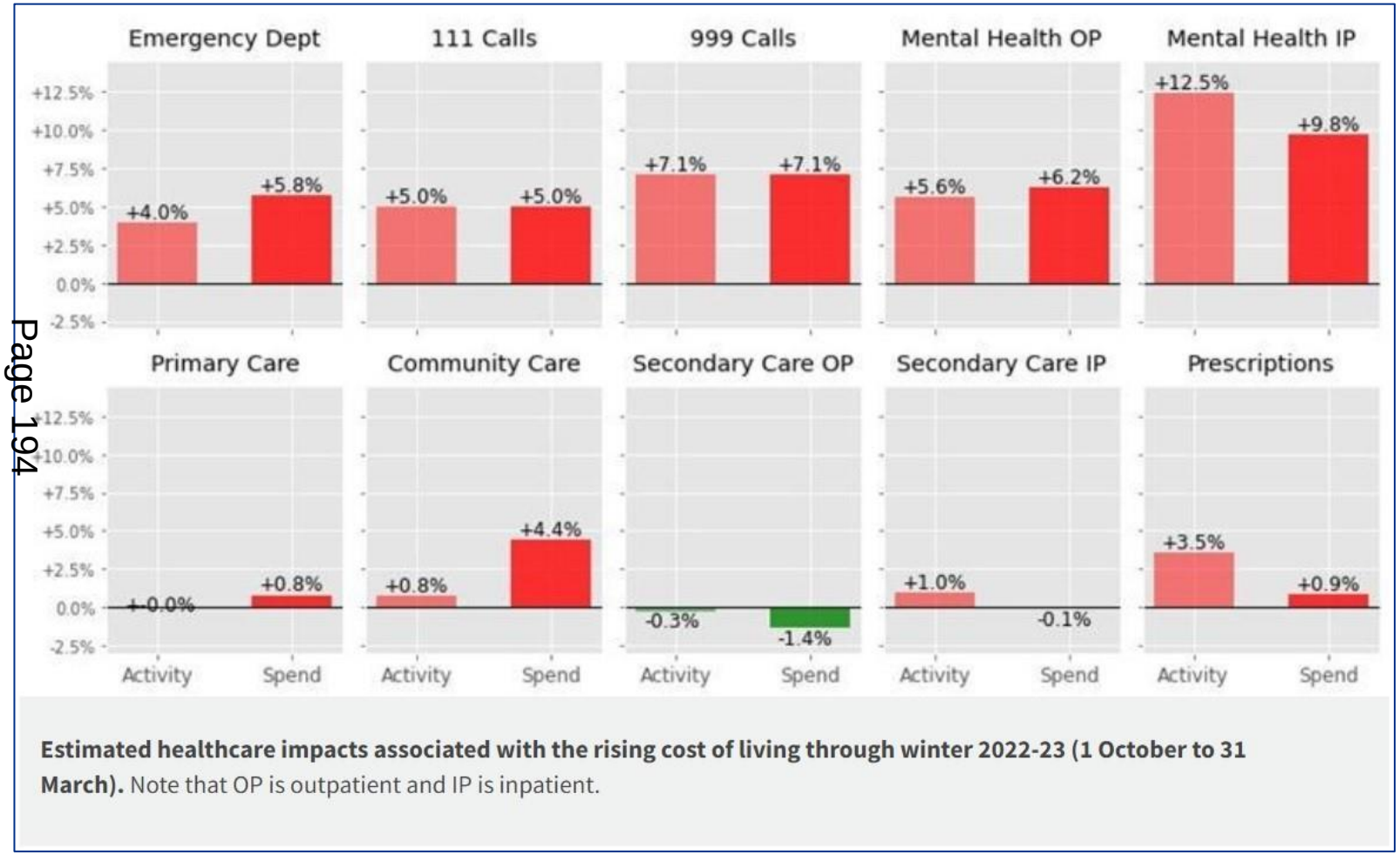
- an increase in the price of their food shop (94%)
- an increase in gas or electricity bills (82%)
- an increase in the price of fuel (77%)

51%, around 24 million people: using less gas and electricity in their home. More than a third of those whose cost of living had gone up cut back spending on food and essentials (35%, around 16 million people). Almost a quarter (23%, around 11 million people) used savings to cover costs, and 13% (around 6 million people) said they were using more credit than usual

Salary levels in One Devon have remained consistently below the national average in Devon, exposing communities to greater risk of cost-of-living crisis impacts.

Devon Challenge 5: Economic Resilience

Impact of cost of living crisis on demand



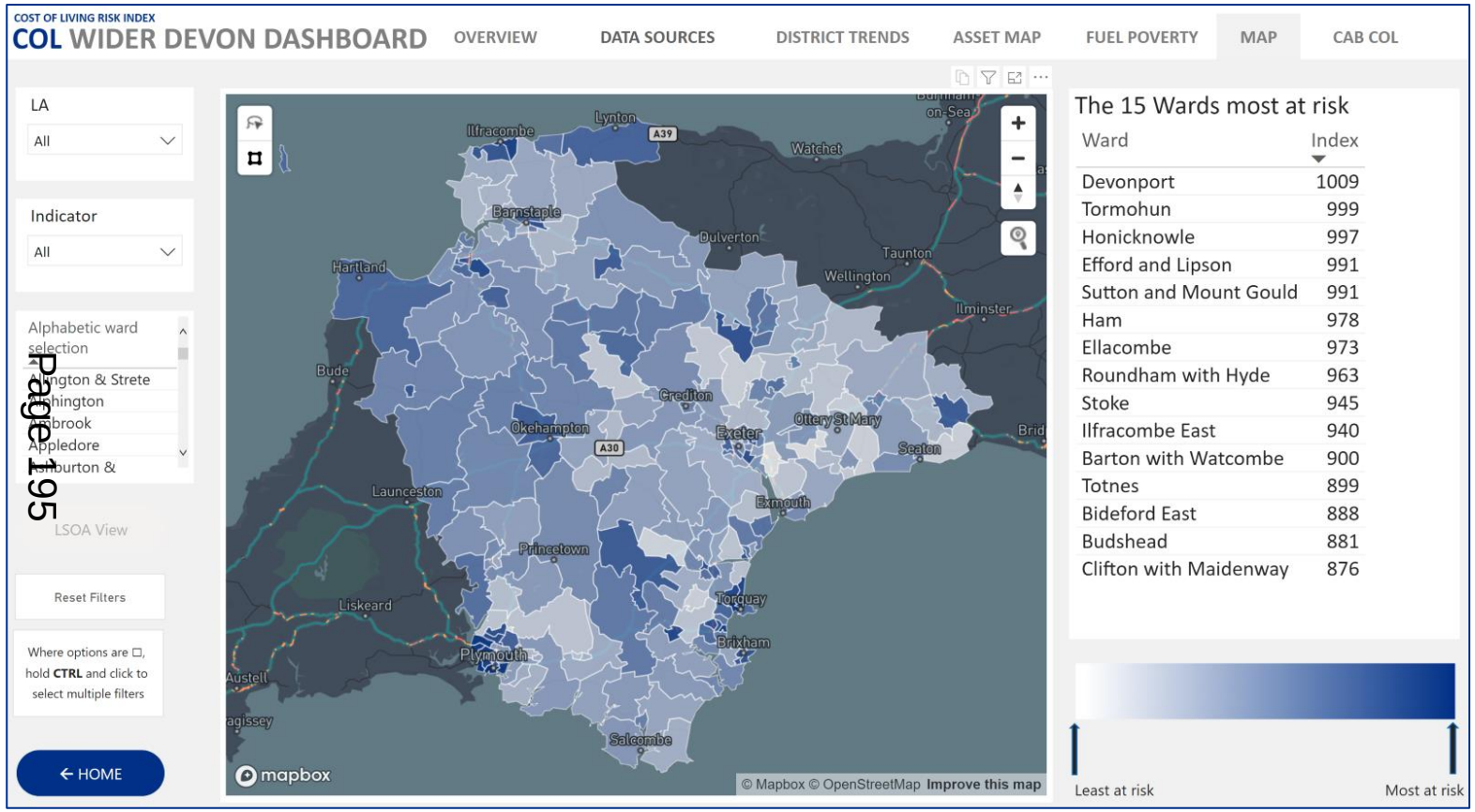
Estimated healthcare impacts associated with the rising cost of living through winter 2022-23 (1 October to 31 March). Note that OP is outpatient and IP is inpatient.

Source: Wood et. al., Health Service Journal, Nov 2022

The crisis is also likely to impact on increase demand for emergency and mental health care. NHS analysts and modellers from Bristol University have investigated the possible impact of the 'cost of living' pressures for the coming winter, finding an estimated 5 to 13% additional demand for 111, 999 and mental healthcare.

Devon Challenge 5: Economic Resilience

Inequalities and Disparities



Source: One Devon –Cost of Living Dashboard

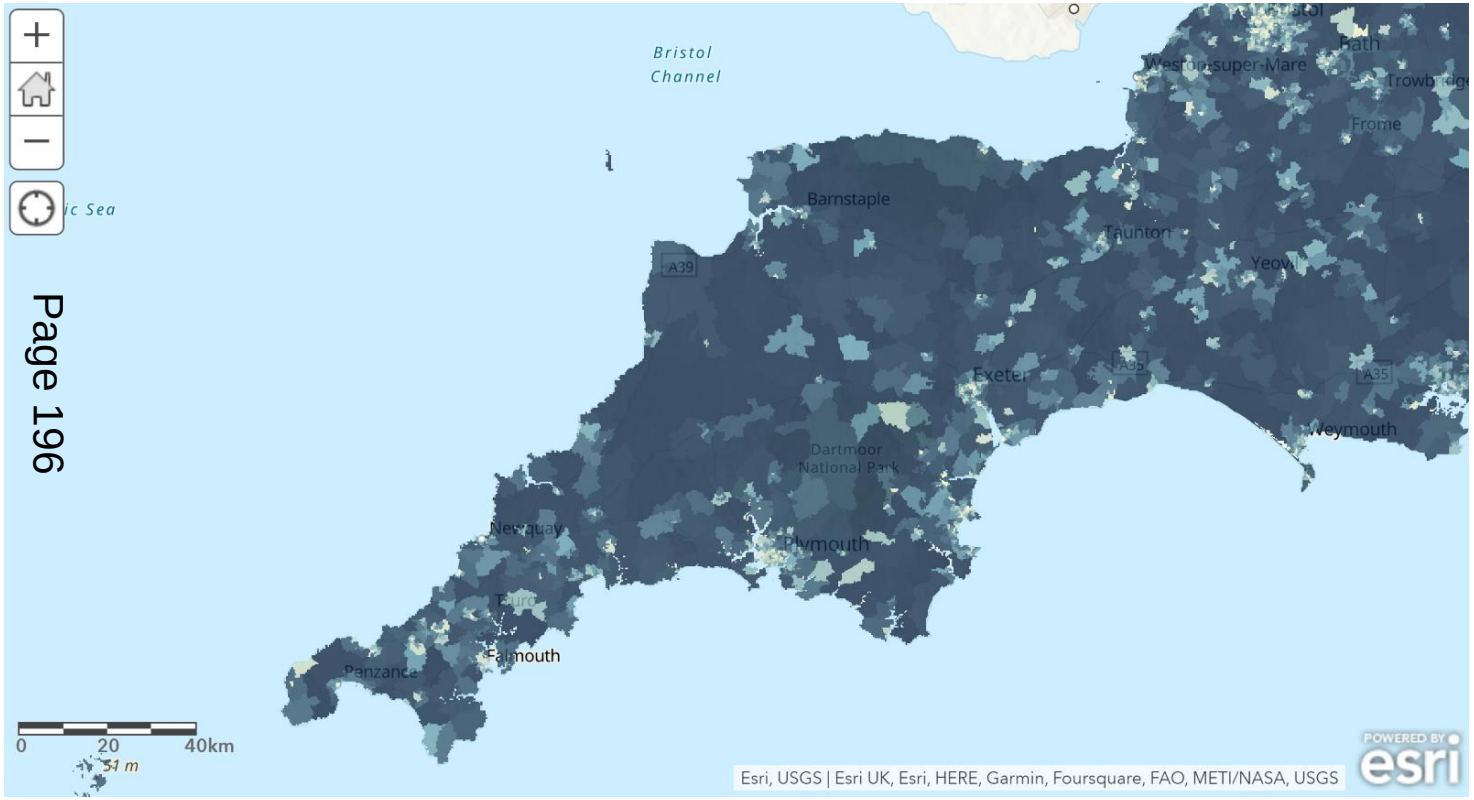
Whilst the cost-of-living crisis is impacting nearly everyone in One Devon, some areas and groups are disproportionately affected. Greater inequalities are seen in relation to:

- **Deprivation:** those living in the most deprived areas were more likely to have cut back on food/essentials (42%) compared to average (35%) and least deprived (27%)
- **Disability:** Disabled people were more likely than non-disabled people to have reduced their spending on food/essentials (42%, compared with 31%)
- **Housing tenure:** People living in rented housing (46%) or shared ownership (42%) more likely to have reduced their spending on food/essentials than home owners (30%)
- **Child Poverty:** Children much more likely to live in households dependent on tax credits or benefits (Indices of Deprivation 2019) than adults or older people, with up half of children living in poverty already in some neighbourhoods across Devon
- **Older Households and fuel:** People aged between 55 and 74 years were more likely to be cutting their energy use than those in the majority of other age groups, with around 6 in 10 reporting doing so
- **Unpaid carers:** More likely to be living in poverty and be disproportionately affected by increasing cost of living
- **Care and health workforce:** A quarter of UK residential care workers live in or on brink of poverty, with 1 in 10 experiencing food insecurity, and 1 in 8 of their children materially deprived (access to fresh fruit and vegetables, winter clothing etc.).

A ‘Cost of Living’ dashboard has been developed for One Devon, which highlights Devon communities particularly at risk in the crisis. This highlights particularly high levels of risk is parts of Plymouth, Torbay, Northern Devon and in other hotspots across the country.

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

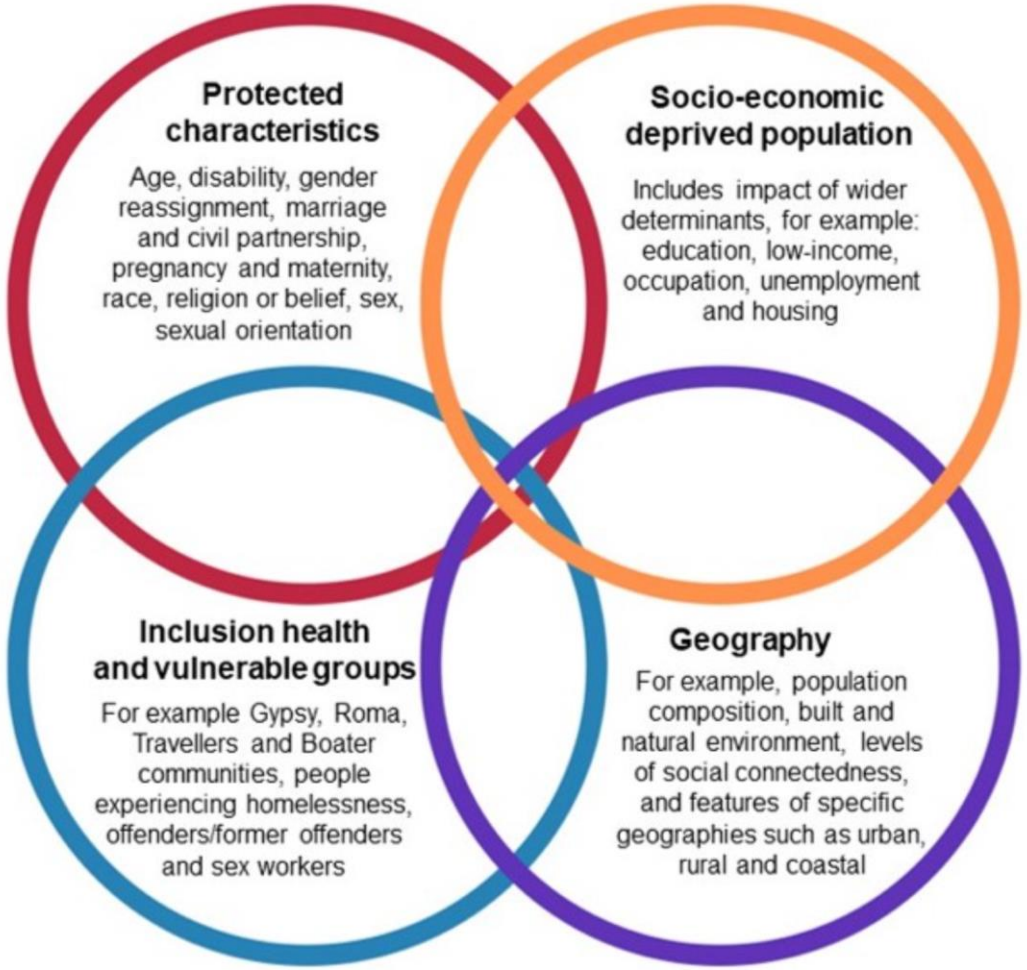
Geographic barriers



Some barriers to services are physical. As a large rural county, Devon has a higher proportion of population living is sparsely populated areas, smaller market and coastal towns and villages. The geographic barriers sub-domain from the 2019 Indices of Deprivation, which is a composite measure of distance from services (GP, post office, shops and primary schools), highlights high levels of deprivation in this domain, particularly centred in the North and West of the County. These areas also experience higher levels of deprivation and lower wages, with challenges for many households in terms of transportation availability and costs.

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

Four domains of inequalities

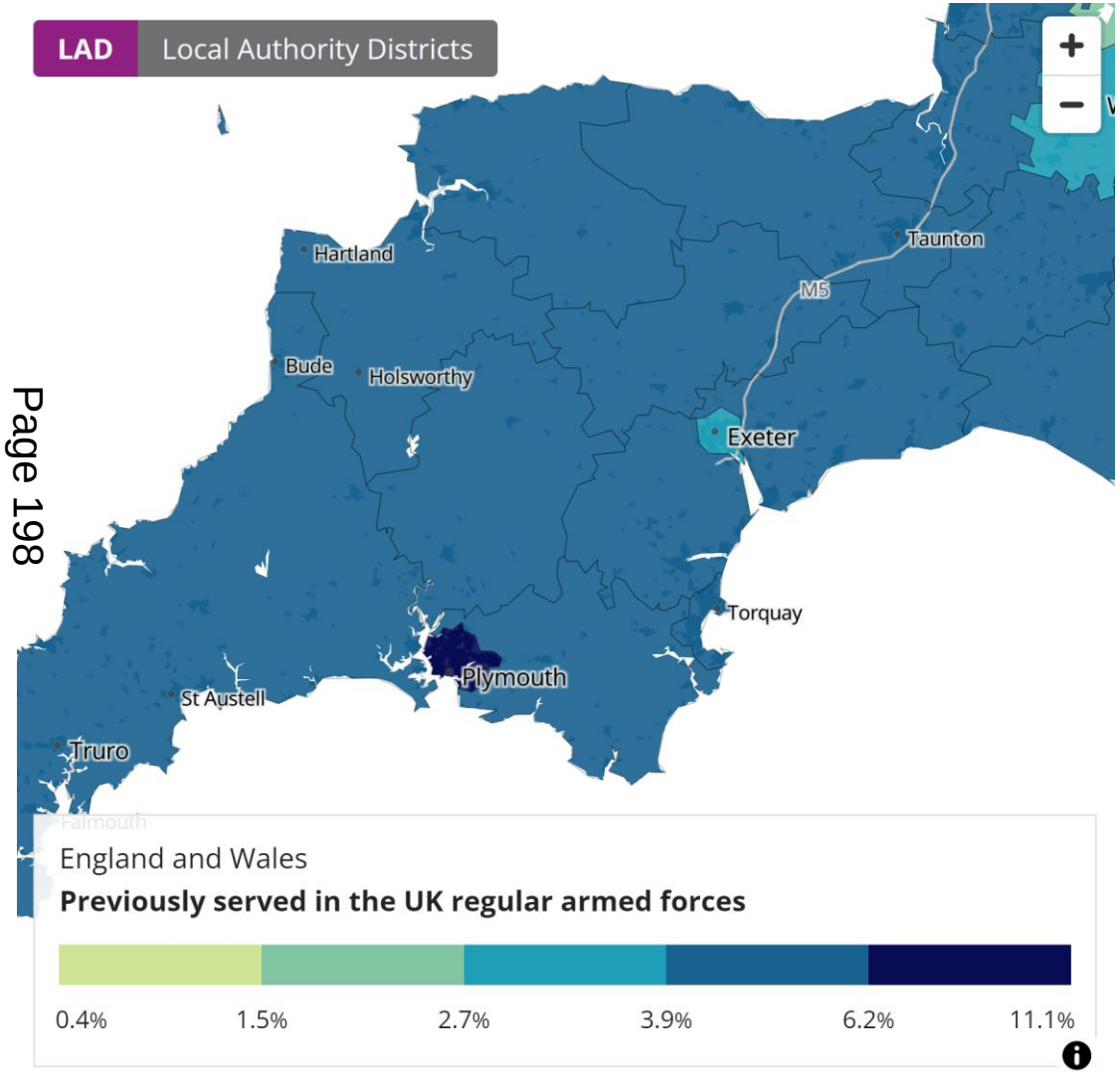


Source: Office for Health Improvement and Disparities, 2022

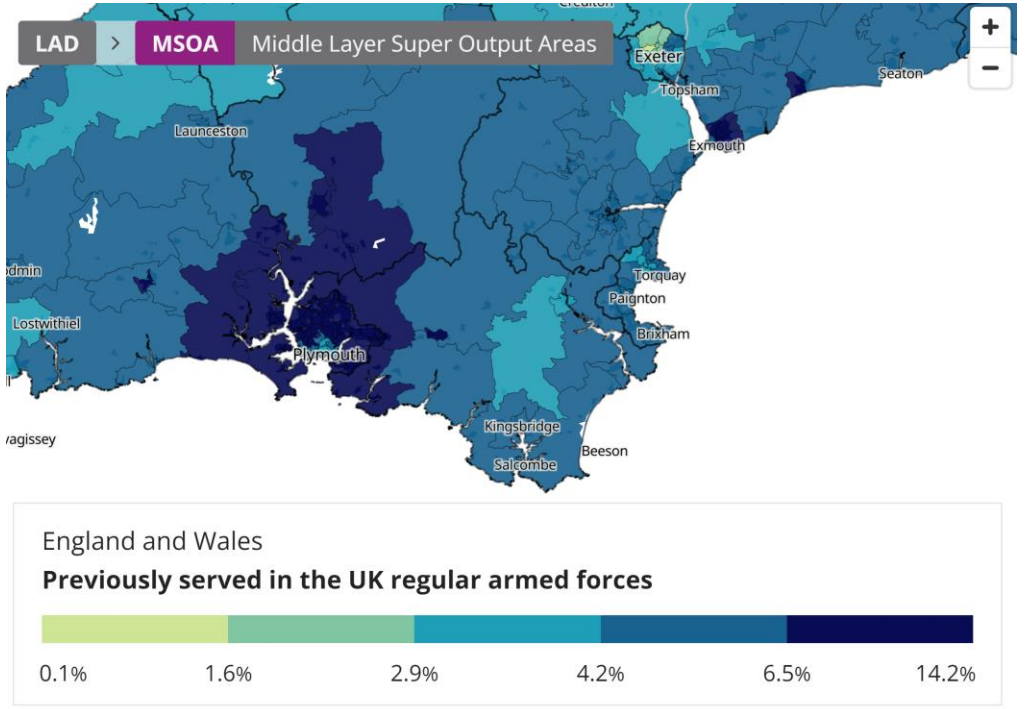
Significant social and cultural barriers also exist in relation to health and care services, as highlighted by the four domains of health inequalities. This highlights the interaction of socio-economic deprivation, personal characteristics, geography and vulnerable groups in driving health inequalities. Inclusion health refers to people in our communities who may experiences additional challenges reaching traditional health services and where alternative approaches may be required, and including Gypsy, Roma, traveller and boater communities, as well as other groups who may more vulnerable including homelessness, offenders, ex-offenders and sex workers. Protected characteristics refers to those personal characteristics that are protected in law through the 2010 Equality Act. local health and care organisations plan and target services to improve access and address inequalities in access and outcomes.

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

Veterans



- One Devon has a significantly higher proportion of armed forces veterans than the national average, with the highest concentrations centred in Plymouth, Exmouth, Sidmouth and Ivybridge.
- In contrast to the majority of the general population, veteran and their families experience unique factors, which can increase physical and mental health and wellbeing needs.



Source: 2021 Census, Office for National Statistics

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

Digital Access

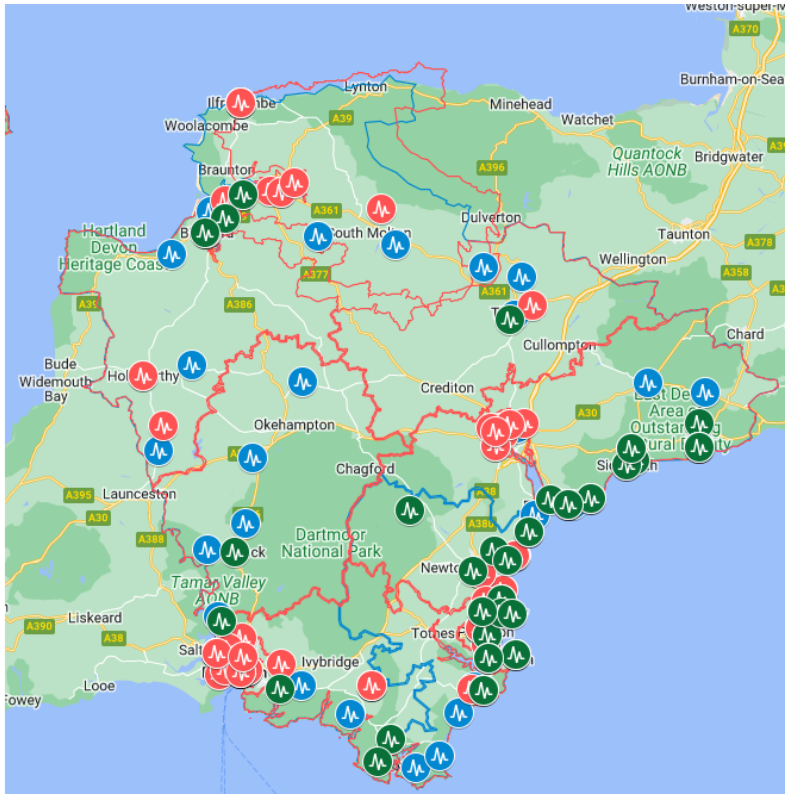
Digital technology

- Digital technology has changed our lives beyond recognition over the last 20 years. Whilst we frequently manage our finances, shopping and spend our leisure time online, we have yet to fully exploit the benefits that digital technology can bring to the health and care system.
- In 2020, the arrival of the COVID-19 pandemic fundamentally changed how our organisations and services operated across Devon. The national and local focus is very much on transformational digital change including the need to use data to manage the health of the population.
- The 'What Good Looks Like' (WGLL) framework (August 2021) sets out a common vision for good digital practice to enable frontline leaders to accelerate digital transformation in their organisations. Based on consultation with a wide array of NHS and care stakeholders, WGLL identifies seven core dimensions of good digital practice – well led, smart foundations, safe practice, support people, empower citizens, improve care and healthy populations.
- Within the next 5 years digital technology will play an increasing role in the care process, changing the working lives of our care professionals. They will spend an increased amount of time interacting with technology and we must ensure that this results in positive ways of working to meet the changing needs of our population.
- Embracing digital approaches is about more than technology – it is about changing the way people live, connect, communicate and work. The pandemic has accelerated progress in the use and acceptance of technology that could never have been envisaged in the NHS pre pandemic.
- The Integrated Care System (ICS) Digital Strategy comes at a critical point in the ICS's transformation journey. Digital is one of the five ICS priorities and is identified as a key driver for change. It is recognised that traditional approaches cannot deliver sustainable services nor achieve the move to a value-based approach to healthcare.

Data and Information Sharing

A common theme running across our ICS priorities is the need to be able to share information across care settings and providers. Consequently, the role of the Devon & Cornwall Care Record (DCCR) remains critical with the ever increasing need for care-coordination across care settings in delivering the ICS five priorities.

The national requirements have set out the need for ICSs to be able to provide 'basic information sharing' which means providing information sharing between primary care and NHS Trusts (acute, mental health and community). At a local level, there is the need to move beyond primary and NHS trusts to include information sharing across health and care.



Source: NHS X Initiatives

Digital Exclusion

The map shows that we have several areas in Devon that are at risk of digital exclusion due to the age of the population, deprivation and internet access.

- The red circles with a squiggle show the areas in the lowest decile on the Index of Multiple Deprivation
- The green circles denote the highest proportion of the population aged 65+
- The blue circles are where people have been identified as at risk of digital exclusion (based on internet usage)

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

Inequalities and Disparities

Case Study: Devon and Cornwall Chinese Association

- The Chinese community were worrying about deportation when accessing the vaccine centre due to their visa/residency status.
- We met with the Chinese leaders explained them their rights and addressed their worries. To meet Chinese community's needs we organised a focussed 2hr slot for people to attend a vaccine centre/pop up clinic with Chinese volunteers who walked through the process with people having their jabs.
- To alleviate concerns about immigration status, the DCCA coordinated bookings for vaccination clinics. The DCCA scheduled the vaccines, worked with individuals to make travel arrangements, and relied on DCCA staff and volunteers to interpret and support people at the clinics.

- The rural and coastal areas of Devon most geographically distant from services in North and West Devon also experience the highest levels of rural deprivation, and also have the lowest salaries, limiting ability to travel and increasing current cost of living challenges for those communities. Strong relationships also exist between rural deprivation, sparsity of population and poorer health outcomes.
- The impact of the Covid-19 pandemic also highlighted challenges in relation to access to services in relation to socio-economic and cultural barriers. People from non-White British ethnic groups, people with disabilities, those living in more deprived communities, people with learning disabilities and serious mental illness all experienced worse health outcomes from Covid-19 and Long Covid.
- Variation in Covid-19 uptake is also driven mostly by social and economic factors, with lower uptake in:
  - younger age groups, especially males
  - areas with higher levels of deprivation, especially younger age groups and clinically vulnerable groups
  - non-White British ethnic groups – lowest in Black
  - clinical risk groups compared to older age-specific cohorts
  - people with severe mental illness
  - people with learning disability
  - people who are obese
  - people who have Chronic Liver Disease
- We have also worked closely with our partners and the community and voluntary sector to gather insight about barriers to uptake. An example of local intelligence and engagement leading to action to address inequality in uptake is outlined in case study.

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Leading causes of death

Rank	1997 GBD	2017 GBD
1	Cardiovascular diseases	Neoplasms
2	Neoplasms	Cardiovascular diseases
3	Neurological disorders	Neurological disorders
4	Respiratory infections and TB	Chronic respiratory
5	Chronic respiratory	Respiratory infections and TB

Source: Global Burden of Disease

- The Global Burden of Disease (GBD) is the most comprehensive effort to date which measures trends in patterns and causes of disease worldwide. It is based on over 80,000 different data sources used by researchers to produce the most scientifically rigorous estimates possible. It describes mortality and morbidity for major disease, injuries and risk factors to health. In 2017, the GBD published data at local authority level.
- Over the last 20 years the top five leading causes of death for all ages in Devon remain the same however the order in which they rank has changed. The top five leading causes for Devon are the same as England.
- Changes in the ranking of cardiovascular disease may have been influenced by the reduction in tobacco use between 1997 and 2017, as well as improvements in early intervention and treatment. This paired with the increase in alcohol use may have influenced the shift between cardiovascular disease and neoplasms. The trends for the top five 2017 causes of death show reductions in cardiovascular disease and respiratory infections &TB. Recent increases have been observed in neoplasms, neurological disorders and chronic respiratory.

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Top five mortality risk factors

In terms of risk factors, behavioural risk factors are the leading cause of death in Devon, followed by metabolic risks and environmental/occupational risks. The top five risks factors for Devon are:

- 1. Dietary risks
- 2. Tobacco
- 3. High blood pressure
- 4. High fasting plasma glucose
- 5. High BMI

These top five risk factors are shared with Torbay, Plymouth and Devon with slight differences in rankings. When observing all risk factors, there are some factors which have worsened over the last 20 years. In Devon, alcohol use and drug use have increased the most compared to other risk factors. Equally, cholesterol, impaired kidney function and low physical activity have improved the most in Devon.

Top five disability related life risk factors

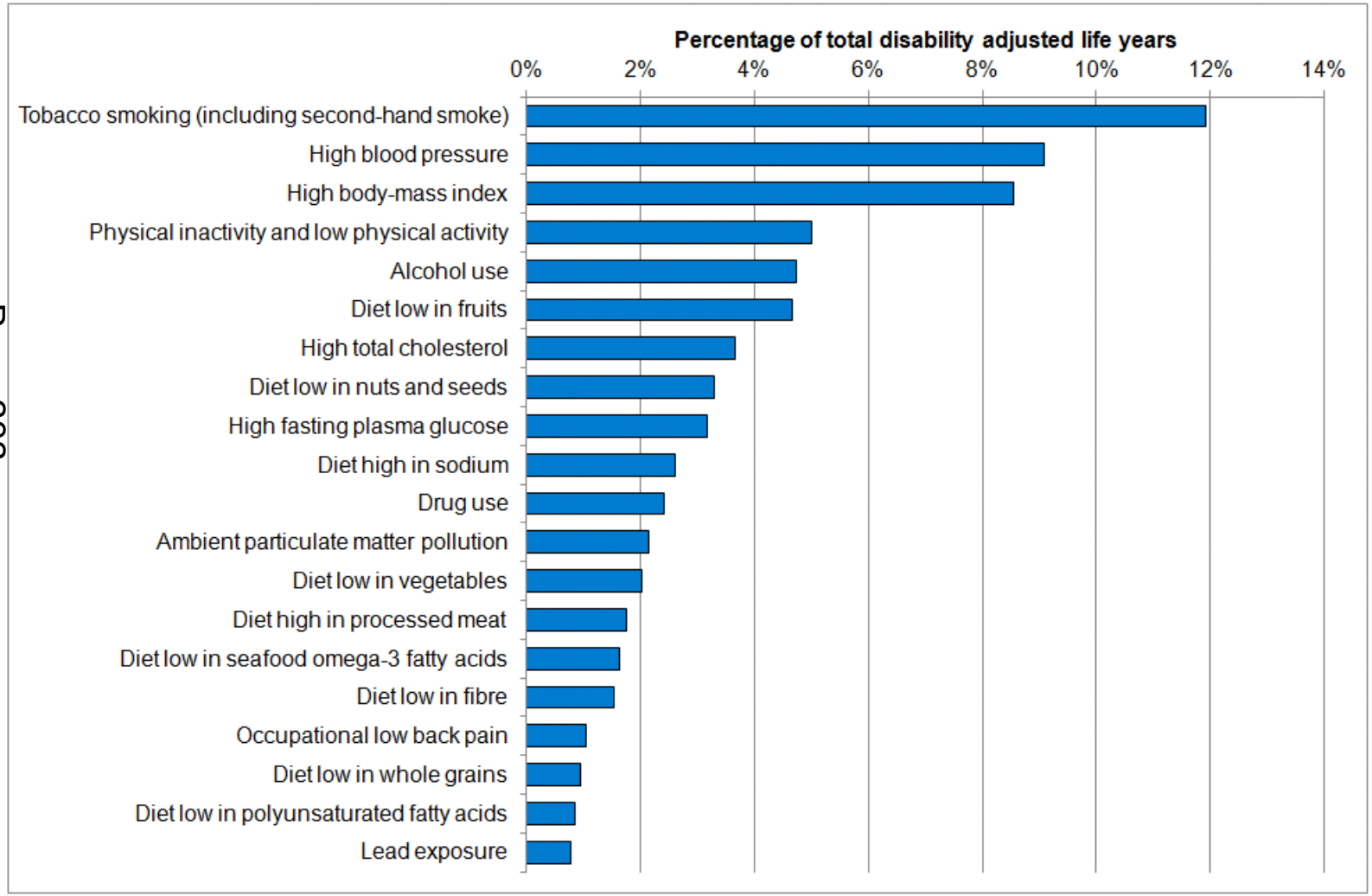
In relation to disability related life years (DALYs) rather than mortality the leading risk factors are:

- 1. Tobacco
- 2. Dietary risks
- 3. High BMI
- 4. High blood pressure
- 5. High fasting plasma glucose

Substance use, air pollution and occupational risks are among the top 10 risk factors. Devon share the same leading risk factors with Torbay, Plymouth and England albeit the order slightly varies.

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Cost and demand drivers



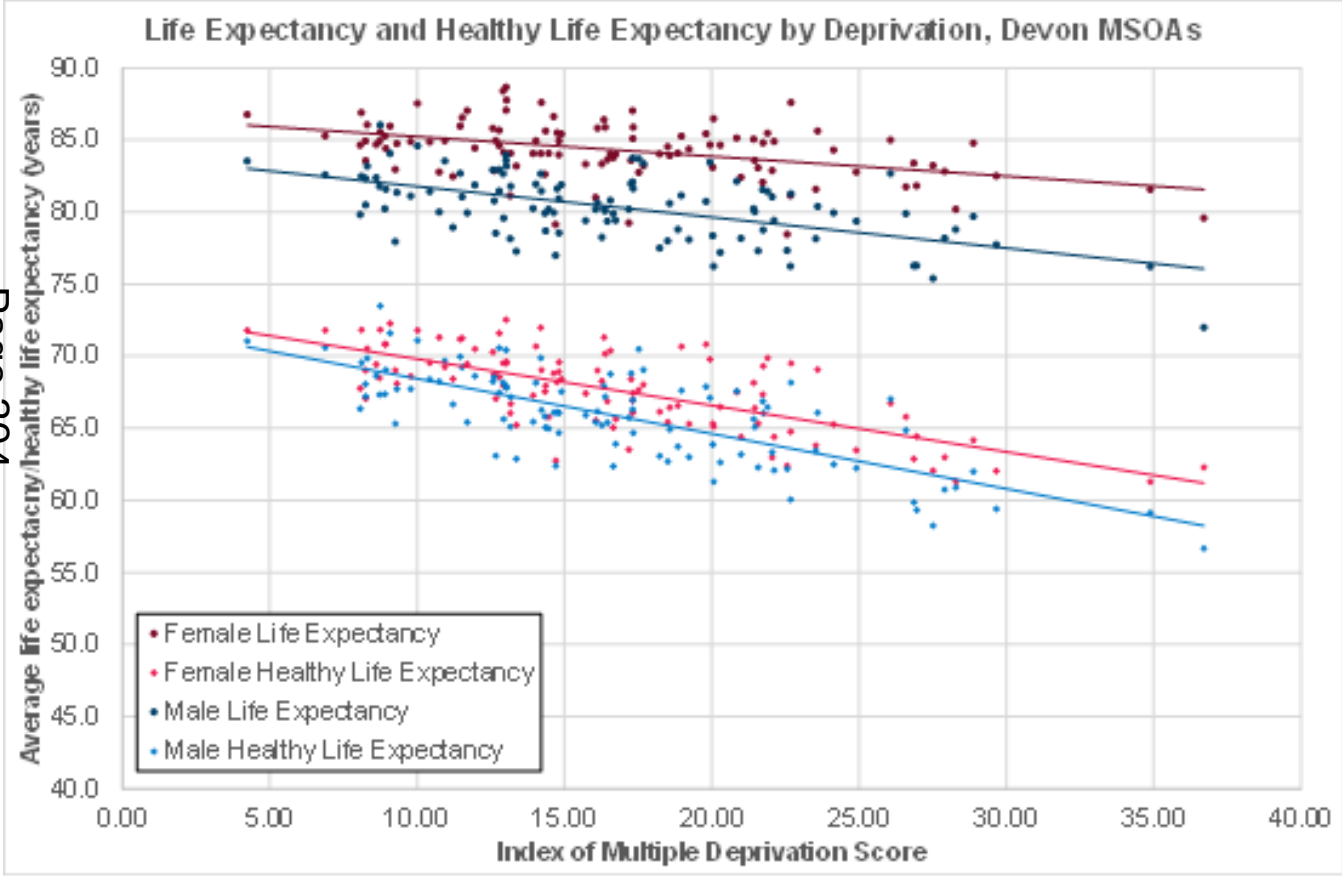
- These 20 behavioural and lifestyle factors are the main drivers for the early onset of ill health, and resulting demand and costs for health services.
- Smoking, poor diet, physical inactivity and alcohol use feature particularly prominently in these drivers and cost the NHS billions every year.

Source: Devon Prevention Strategy, 2015

One Devon

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Life Expectancy and Health Life Expectancy

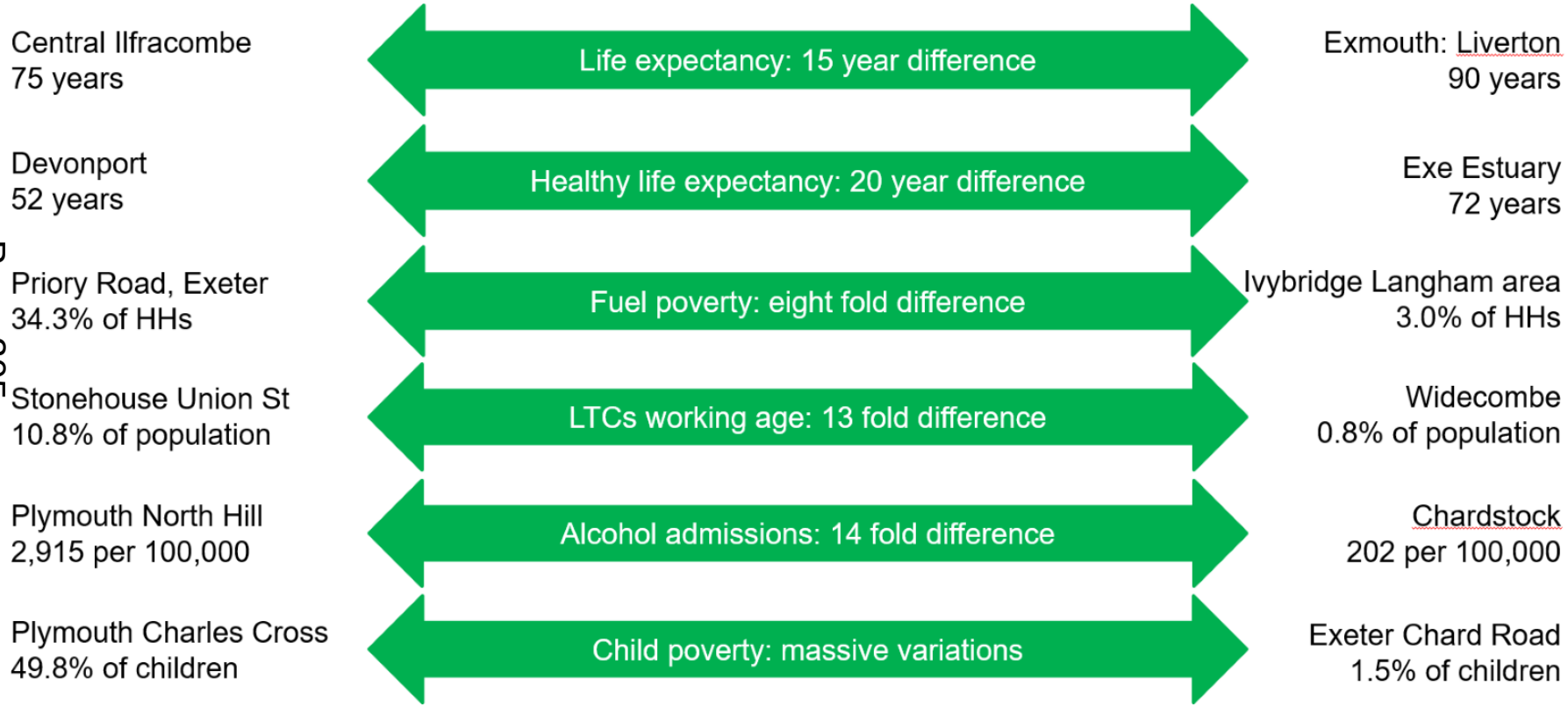


This chart compares deprivation (horizontal axis) with average life expectancy and healthy life expectancy by Devon neighbourhood (MSOA). This highlights that more deprived communities experience much shorter life and health expectancy. A larger gap for healthy life expectancy means people in poorer communities spend more years of their life in poor health as well as dying younger.

Source: Office for National Statistics, 2015 and Indices of Multiple Deprivation 2019

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Inequalities and Disparities



Source: Devon Joint Strategic Needs Assessment, 2022

Even greater differences are seen when comparing One Devon's communities at a neighbourhood level. There is a 15 year gap in life expectancy and a 20 year gap in healthy life expectancy between the neighbourhood's with the shortest and longest expectancies, and significant variation for measures of health outcomes and socio-economic need.

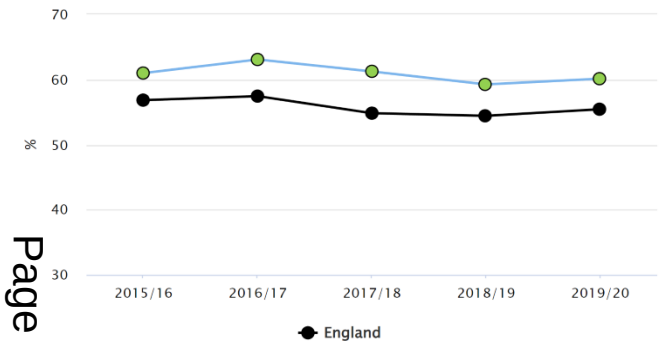
Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Public Health Outcomes Framework, South West

C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)

Proportion - %

Show confidence intervals | Show 99.8% CI values | More options



Recent trend: Could not be calculated

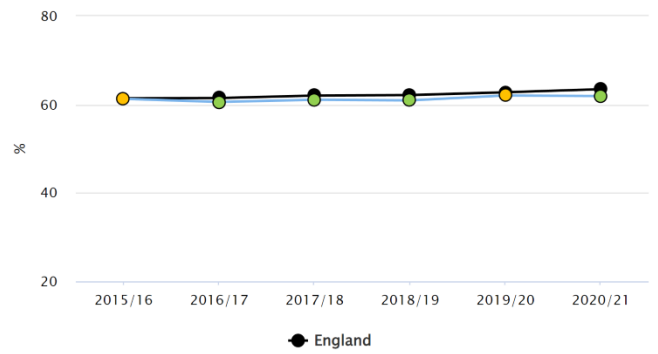
Period		South West region Count	Value	95% Lower CI	95% Upper CI	England
2015/16		-	61.0%	60.4%	61.6%	56.8%
2016/17		-	63.1%	62.4%	63.7%	57.4%
2017/18		-	61.2%	60.6%	61.9%	54.8%
2018/19		-	59.2%	58.5%	59.9%	54.4%
2019/20		-	60.1%	59.4%	60.9%	55.4%

Source: Office for Health Improvement and Disparities (based on Active Lives Adult Survey, Sport England)

C16 - Percentage of adults (aged 18+) classified as overweight or obese

Proportion - %

Show confidence intervals | Show 99.8% CI values | More options



Recent trend: Could not be calculated

Period		South West region Count	Value	95% Lower CI	95% Upper CI	England
2015/16		-	61.3%	60.6%	62.0%	61.4%
2016/17		-	60.6%	59.9%	61.3%	61.5%
2017/18		-	61.1%	60.3%	61.8%	62.0%
2018/19		-	60.9%	60.2%	61.6%	62.1%
2019/20		-	62.0%	61.2%	62.8%	62.8%
2020/21		-	61.9%	61.1%	62.7%	63.5%

Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

Source: Public Health Outcomes Framework

- In summary, behavioural risk factors are the leading cause of morbidity and mortality in Devon and present considerable opportunities for prevention and early intervention.
- Devon has a growing and ageing population with higher life expectancy compared to other areas across England. However within Devon, life expectancy varies considerably and particularly in areas with higher deprivation and challenges around access to services.
- Moreover, the difference between life expectancy and healthy life expectancy is stark when comparing the more deprived areas to the least deprived areas. This suggests that while people are living longer, they are living longer in poorer health.
- GBD provides insight into this statistic where it offers comparable metrics across different health problems which contribute to years of life lived with a disability and years of life lost. This presents an opportunity for the wider system to identify more upstream interventions to tackle these health problems and reduce the gap between life expectancy and healthy life expectancy.
- In terms of recent trends in behaviour factors, generally in recent years smoking and substance misuse has tended to decline, and obesity has increased.

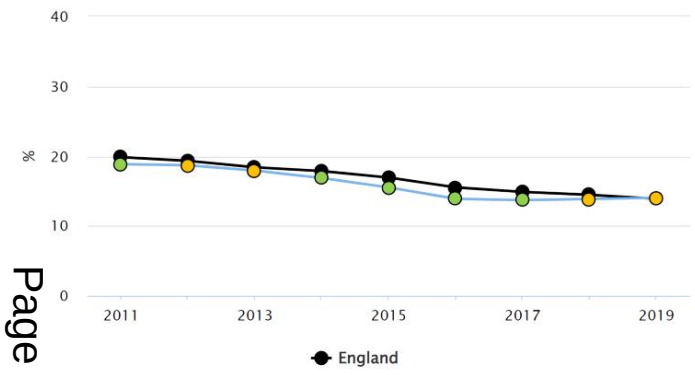
Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Public Health Outcomes Framework, South West

C18 - Smoking Prevalence in adults (18+) - current smokers (APS)

Proportion - %

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: Could not be calculated

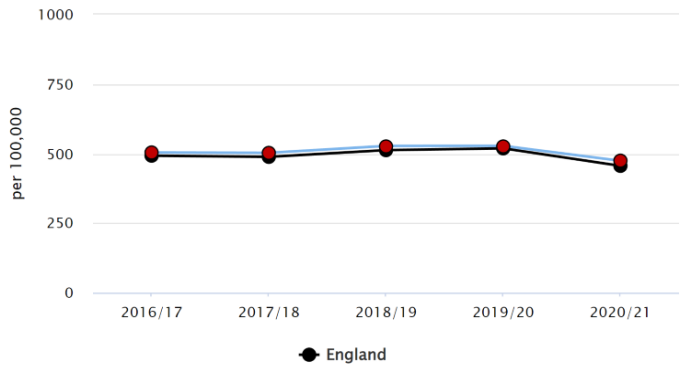
Period		South West region Count	Value	95% Lower CI	95% Upper CI	England
2011		-	18.8%	18.1%	19.6%	19.8%
2012		-	18.7%	17.9%	19.4%	19.3%
2013		-	17.9%	17.1%	18.7%	18.4%
2014		-	16.9%	16.1%	17.6%	17.8%
2015		-	15.5%	14.8%	16.2%	16.9%
2016		-	13.9%	13.2%	14.6%	15.5%
2017		-	13.7%	13.0%	14.4%	14.9%
2018		-	13.9%	13.2%	14.5%	14.4%
2019		-	14.0%	13.3%	14.7%	13.9%

Source: Annual Population Survey (APS)

C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)

Directly standardised rate - per 100,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Period		South West region Count	Value	95% Lower CI	95% Upper CI	England
2016/17		27,943	504	498	510	492
2017/18		28,170	503	497	509	488
2018/19		29,814	528	522	534	512
2019/20		30,093	528	522	534	519
2020/21		27,112	474	469	480	456

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

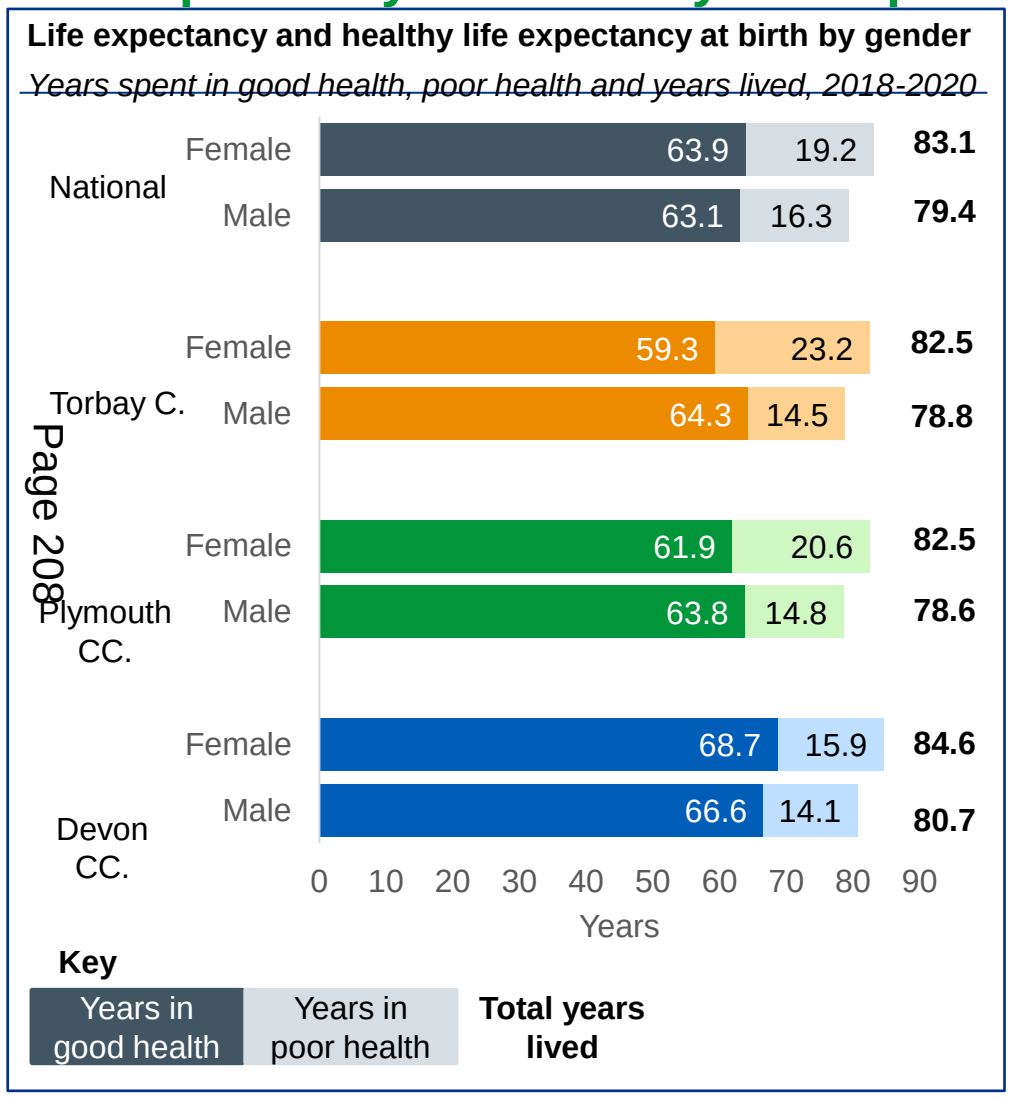
Considerable and widening inequalities exist in relation to behavioural risk factors, including:

- Higher levels of smoking which are falling more slowly in more deprived communities, people in routine and manual occupations, younger age groups, and males. Children living in households with adult smokers are also much more likely to smoke themselves.
- Higher levels of excess weight in middle aged individuals, people living in more deprived areas
- Higher levels of physically inactivity in more deprived communities, older age groups and females
- Higher levels of excess alcohol use in more deprived communities, male and middle aged individuals

Source: Public Health Outcomes Framework

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Life expectancy and healthy life expectancy by gender



Source: Public Health Outcomes Framework, 2022

Devon Challenge 8: Varied education, training and employment opportunities, workforce availability and wellbeing

Education

Plymouth

Educational attainment is a key focus for Plymouth. School readiness by the end of Reception is lower than the England average, educational achievement is below average in both primary and secondary schools and we have a higher number of 16-17 year olds who are not in education, employment or training (NEET). Attainment and engagement in education amongst our disadvantaged children, including those with Special Educational Needs or Disability (SEND) and care leavers, is below average.

Aspiration has been identified as an issue and there is an ongoing drive to help our pupils to see the opportunities that Plymouth offers; through a range of outreach programmes into schools (e.g. around Science, Technology, Engineering and Mathematics [STEM], which accounts for nearly 60% of all jobs in the city).

Torbay

The education of our children and young people is a determining factor for later success in life. Access to education and training, provides life long benefits, leading to greater opportunities for employment. As a coastal town Torbay faces some significant challenges in closing the gap of education attainment for all children and young people. A large proportion of children living in Torbay are living in poverty compared with children living in other areas, there are a high number of children and young people with education, health and care plans and our rates of exclusions are high.

The Local Area is working collaboratively to address these challenges. Our SEND improvement plan is building the capacity and resilience to make changes for our children and young people, co-producing new ways of working directly with parents/carers and upskilling our workforce. Making our system more inclusive and meeting needs at the earliest opportunity. The collaborative early help response, is supporting the identification of need and proactively working to overcome barriers that can lead to education disadvantage. Our work with early years providers, schools and colleges is focused on improving inclusivity, meeting needs within the provision and providing an equality of opportunity across our local area.

Devon

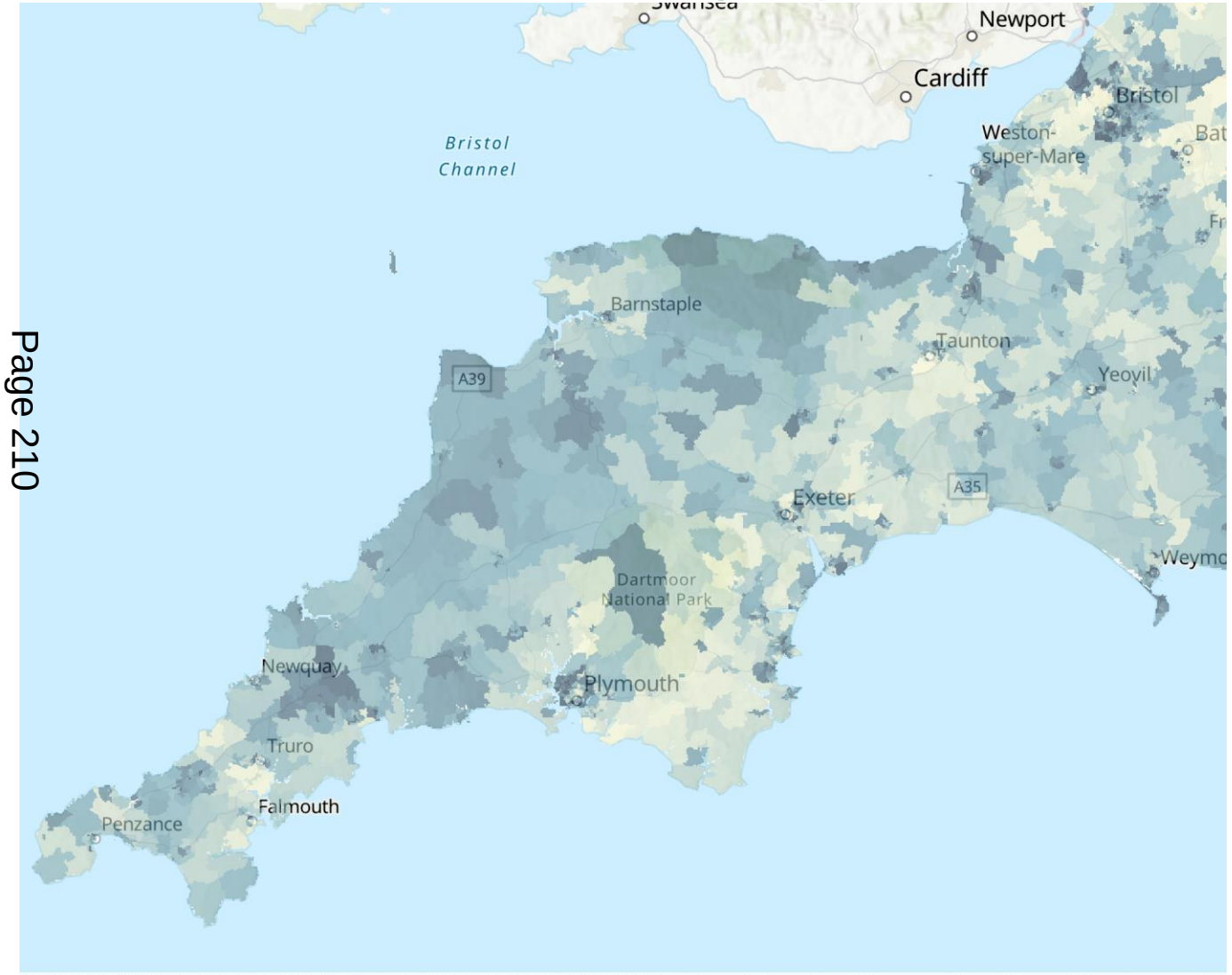
Educational performance in Devon is a mixed picture. At the County Level, Devon performs broadly in line with the national average for Attainment 8 (the Government's preferred educational metric), with an aggregate score of 48.1 in 2022 and 51 in 2021 (compared to 48.7 for the whole UK). GCSE performance at Grade 5 and above was around 49% for the area, roughly in line with the UK average. NEET levels within the area were slightly below the national average at 5.1% in 2021 (compared to 5.5% for England).

Educational performance however varies greatly across the County. In 2022, the average attainment score in Torridge was 44.1 compared to 51.8 in East Devon, and whilst 53.8% of students in Exeter achieved a 5 plus grade in English and Maths during the year, only 37.1% managed the same in Torridge. At a ward level in 2019, 2 wards in Northern Devon were in the bottom 10% nationally for educational performance. Significant differences were also in place for those with a SEND or other protected characteristic, with both achievement levels and NEET status amongst those of 16-21 being of concern when compared to the wider cohort.

As a County, Devon is strongly committed to supporting educational achievement and progression wherever possible. This includes management and deployment of the area's Careers Hub service, with a focus on enhanced careers information, advice and guidance within Devon's schools, and a specific focus on those furthest from opportunity / facing a barrier to progression, and provision of a full transition and support service for 14-21 year olds at risk of NEET status or NEET themselves. Through its early years and wider community engagement, partners within Devon are also focused upon addressing aspiration and ambition amongst younger students, working within the most deprived wards and schools with socio-economic partners to target those likely to be at future risk of educational challenge and progression.

Devon Challenge 8: Varied education, training and employment opportunities, workforce availability and wellbeing

Education, Skills and Training Deprivation



- The Indices of Deprivation 2019 include the Education, Skills and Training Domain, which includes educational attainment and skills for young people and adults.
- The measure reveals hotspots of education domain deprivation in urban neighbourhoods within Plymouth, Torbay and Exmouth, and in many coastal and market towns across the county. Higher levels of education domain deprivation are seen in rural areas of North and West Devon, reflecting particular challenges around social mobility and economic development.

Source: Indices of Deprivation, 2019

Devon Challenge 8: Varied education, training and employment opportunities workforce availability and wellbeing

Employment

Plymouth

The rate of employment in Plymouth (75.5% of 16-64 year olds) is the same as the national average. However, median gross weekly pay is low. The Skills 4 Plymouth Strategy (launched July 22) aims to close the skills gaps (in the current workforce) and skills shortages (difficulties in recruitment) that have been holding Plymouth back economically. The Skills Launchpad targets support for young people through the new Youth Hub and supporting those who are facing redundancy through the new Adult Hub. The intention is to help local people to build the skills that local employers need both today and in the future to fill the jobs. There has been a focus recently on recovering through covid helping the city and it's businesses to recover and to prosper; but the impact of the cost of living on the economy is clearly and issue.

The health of our people is intrinsically linked to the health of our economy. Access to jobs and well paid jobs give people resources to buy goods and services, a sense of purpose and pride, improved confidence and ultimately better health and wellbeing.

Torbay

Torbay faces some significant economic challenges: low productivity levels and the gap between Torbay and the UK is widening every year; reducing work force across most age groups; reducing skills levels; over 1 in 4 of our population live in the most deprived areas of the country. A failing economy present challenges for the health and well-being of our people.

Despite these challenges, Torbay has some key strengths and opportunities that can turn this around. Torbay's Economic Growth Strategy will support the Council's place shaping ambitions recognising that economic success is a key determinant of other outcomes by enabling the conditions for job creation; helping people develop skills to find work or better work and the activities through the strategy will support turning the tide on poverty and improve health and wellbeing; in creating a positive environment for businesses to grow or relocate and deliver regeneration schemes enabling investment and reinvestment that increases the value of the local economy which in turn will help sustain or grow Council incomes. Successful delivery and a sustained focus on the Economic Strategy will drive the economic health of Torbay.

Devon

Devon benefits from a claimant rate that is significantly below the national average (2.0% in October 2022 compared to the 3.6 % nationally and 2.4% across the wider South West), as well as economic activity rates that are broadly aligned with the national position (78.7%).

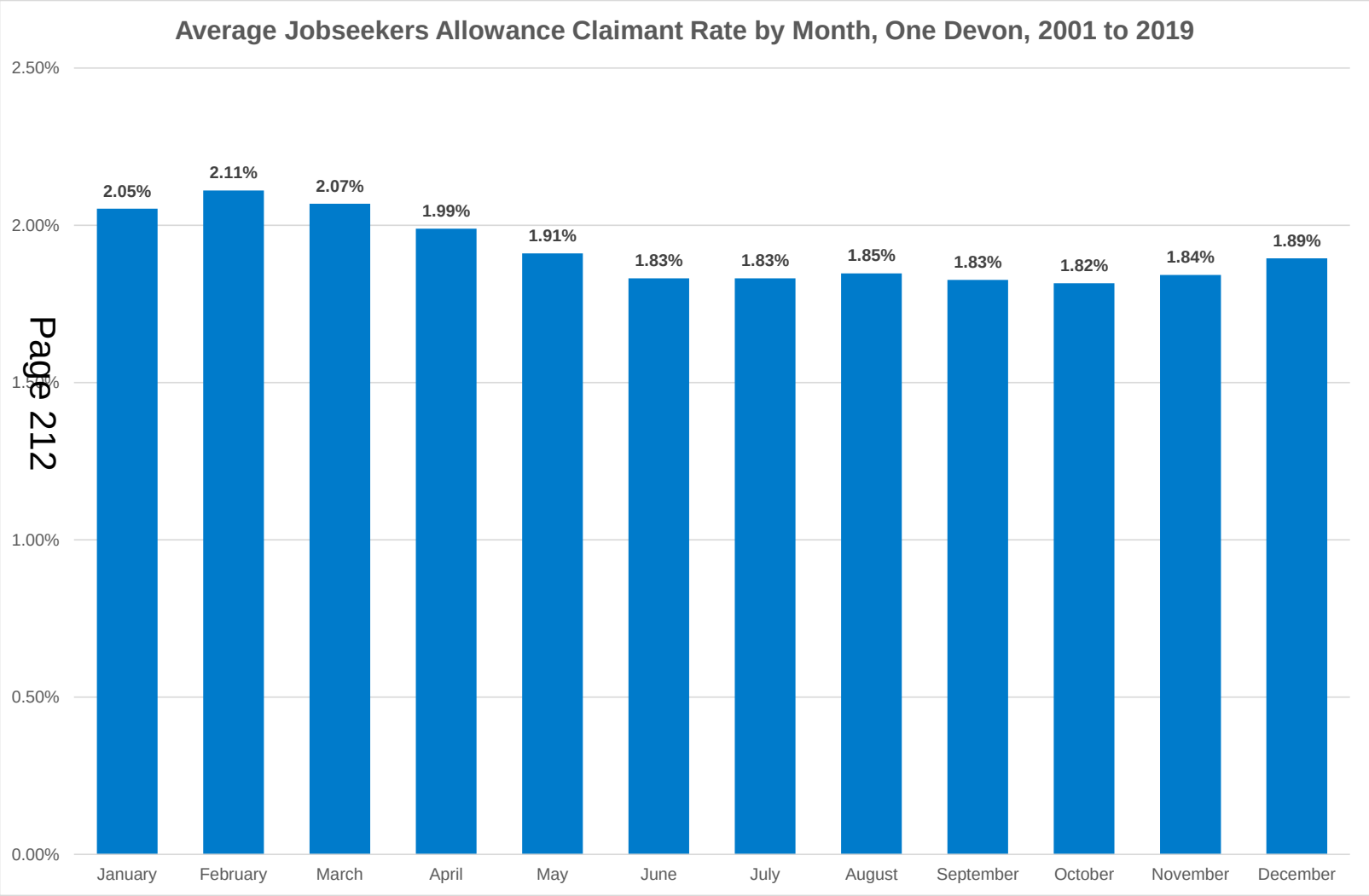
However, as with education, averages within the County disguise significant granular differences across the area, in terms of both income and employment outcomes. Whilst the average weekly salary for a resident of Mid Devon in 2021 for example was £596 (97% of the national average), it was just £515 in North Devon (84% and 12th lowest in Great Britain). Unemployment was similarly 0.75% higher in North Devon, whilst skills performance at degree level differed 27% between the best and worst performing district (with 49% holding a degree within Exeter, compared to 22% in Torridge). In many ways, these differentials within the County are often more important than those with neighbouring areas.

Despite these challenges however, vacancy demand in late 2022 across the area was consistently high, with the tightest labour market in a generation. In November 2022, 12,300 live vacancies were on offer across the County on a daily basis, including 1,000 care workers, 600 nursing posts, 590 administration positions, 550 customer service roles and 500 logistics adverts. With only 9,100 individuals currently claiming the employment element of Universal Credit however and around half of those having been unemployed for over six months/with multiple complex needs, employers were universally reporting skills and labour shortages. This situation was exacerbated by a significant reduction in the number of economically active adults between 2019 and 2022, with over 20,000 leaving the labour market during the pandemic. In response, a range of high skilled / high demand areas including all health occupations, advanced manufacturing and engineering roles , digital occupations, and across a primary occupations such as logistics, agricultural, hospitality and retail staff were classified as hard to fill during the past year.

In response, partners within Devon are currently taking forward a multifaceted and comprehensive post-COVID approach, seeking to working with employers, training providers and wider community partners to support harder to reach individuals into the labour market, as well as provide more effective advice and guidance to those seeking to jump careers, and retain young people in the area. This includes initiatives like the area's Youth Hub programme, providing face to face to support for those up to 25 to move into work; focused work around supported employment, working with those with more complex SEND and other need to access work, working with individuals and employers; and Devon's Skills Bootcamp programme, providing rapid retraining opportunities for individuals wishing to pursue a new career or progress in their existing role.

Devon Challenge 8: Varied education, training, employment opportunities, workforce availability and wellbeing

Seasonal Employment



- Levels of employment vary on a seasonal basis in One Devon.
- During January, February and March, Jobseekers Allowance claimant rates are typically around 10-15% higher than they are during Summer and early Autumn months.
- This reflects seasonal patterns of employment, reflecting changing levels of employment, and the impact of service sector jobs including tourism, entertainment and food and drink.

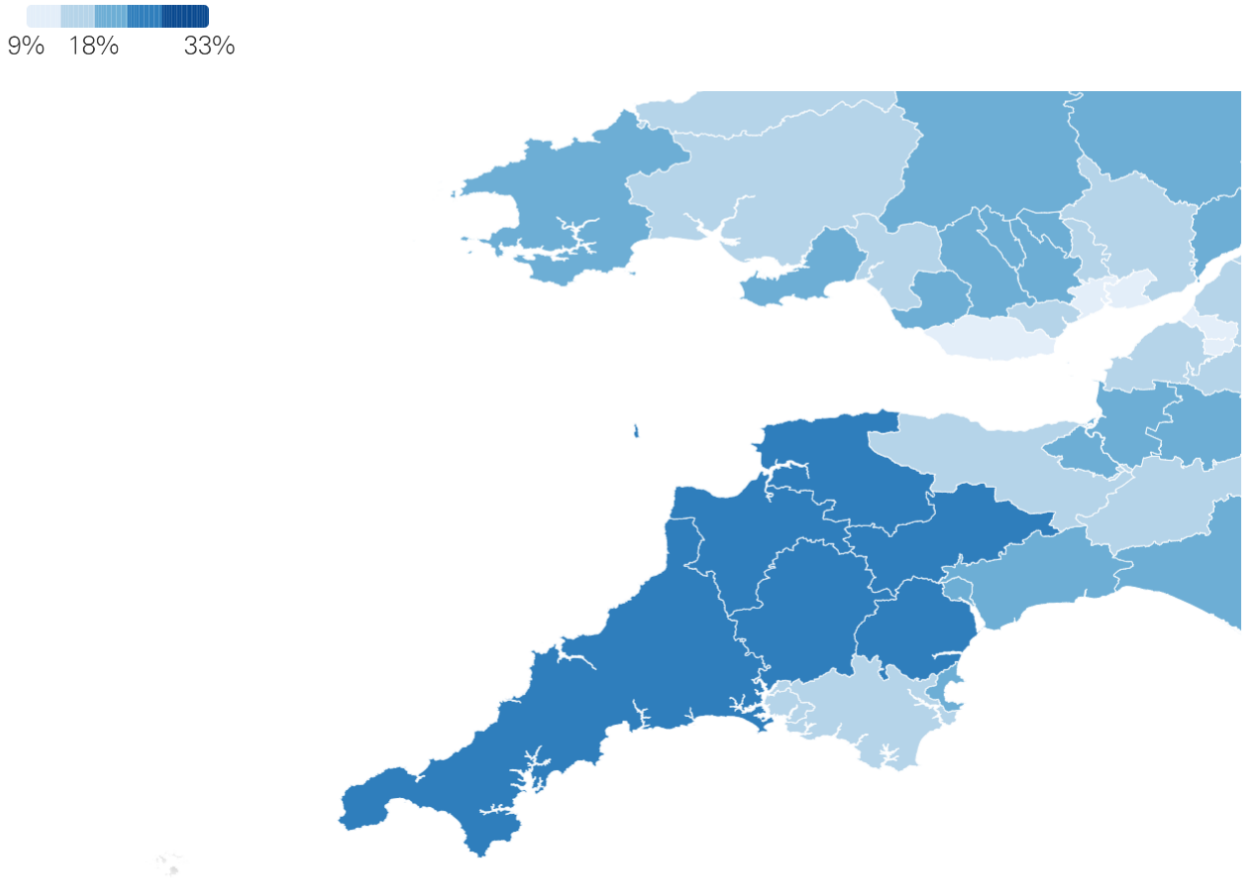
Source: Claimant Count, Nomis, 2022

Devon Challenge 8: Varied education, training, employment opportunities, workforce availability and wellbeing

Low Paid Employment

- The Health Foundation have investigated the percentage of jobs by local authority which are low paid (where pay is less than two thirds of the national average). This reveals that many areas of Devon and Cornwall have a particularly high proportion of low paid jobs relative to other local authorities.
- Rates are highest in rural districts and Devon, with North Devon (26%), Mid Devon (25%), Torridge (24%), West Devon (24%) and Teignbridge (24%). This is double the level seen in the Home Counties and London.

Percentage of jobs with pay at two-thirds below UK hourly gross median pay by local authority: Great Britain, 2020



The Health Foundation
© 2022

Source: Health Foundation analysis of the Office for National Statistics Annual Survey of Hours and Earnings 2020 • Note: UK median gross hourly pay for all workers was £13.68 in 2020, 2/3 of this median is £9.12, Data presented is based on full time and part time jobs. Figures for the City of London and the Isles of Scilly are not included because data are missing, or statistically unreliable.

Devon Challenge 8: Varied education, training, employment opportunities, workforce availability and wellbeing

Workforce

The challenge for health and social care in Devon

- In its broadest sense, our workforce includes people that work for primary care (including GPs, dentists, community pharmacists and ophthalmic opticians), secondary care, community health services, adult and children's social care, public health and the VCSE and independent sector. Health and care systems nationally are facing extreme challenges in relation to staff burnout, high vacancies, high turnover and low levels of retention. This is impacting on the quality and safety of services that can be delivered, but, in addition to this, Devon has its own unique challenges.
- In Devon there are currently around 14,000 people unemployed, which equates to a rate of 1.8% unemployment, half of the national level of 3.8%. The number of people choosing to drop out of the labour market has doubled in recent years and now stands at circa 5%. Looking forward, the working age population across Devon is not predicted to grow significantly in the years ahead. And, of course, not everyone of working age wants to work or is able to do so, with long term sickness, full time studying and caring responsibilities among the most common reasons. This context means that the health and care system is likely to be more heavily reliant on international recruitment for longer than we would wish.
- In terms of the statutory sector health and social care workforce, there are around 70,000 staff in Devon; some are part time, so this equates to 60,000 full time employees (31,000 in health, 25,000 in social care, of which 95% are employed within the independent sector, and 4,000 in primary care). The challenge we face is twofold - colleagues are all working exceptionally hard, but, whilst vacancy rates are 7% in health and 13% in social care, across the system we are spending too much money on delivering our services. The health workforce has grown faster than the demand for services and ahead of the national average. The risk is that we will be unable to find sufficient workforce or be able to afford for our workforce to grow in line with the anticipated future demand.
- We need to transform how we deliver our services and enable our colleagues to work in more effective and efficient ways, through service redesign and use of technology. This will enable us to have a different skill mx and enable colleagues to do things we do not enable them to do at the moment.

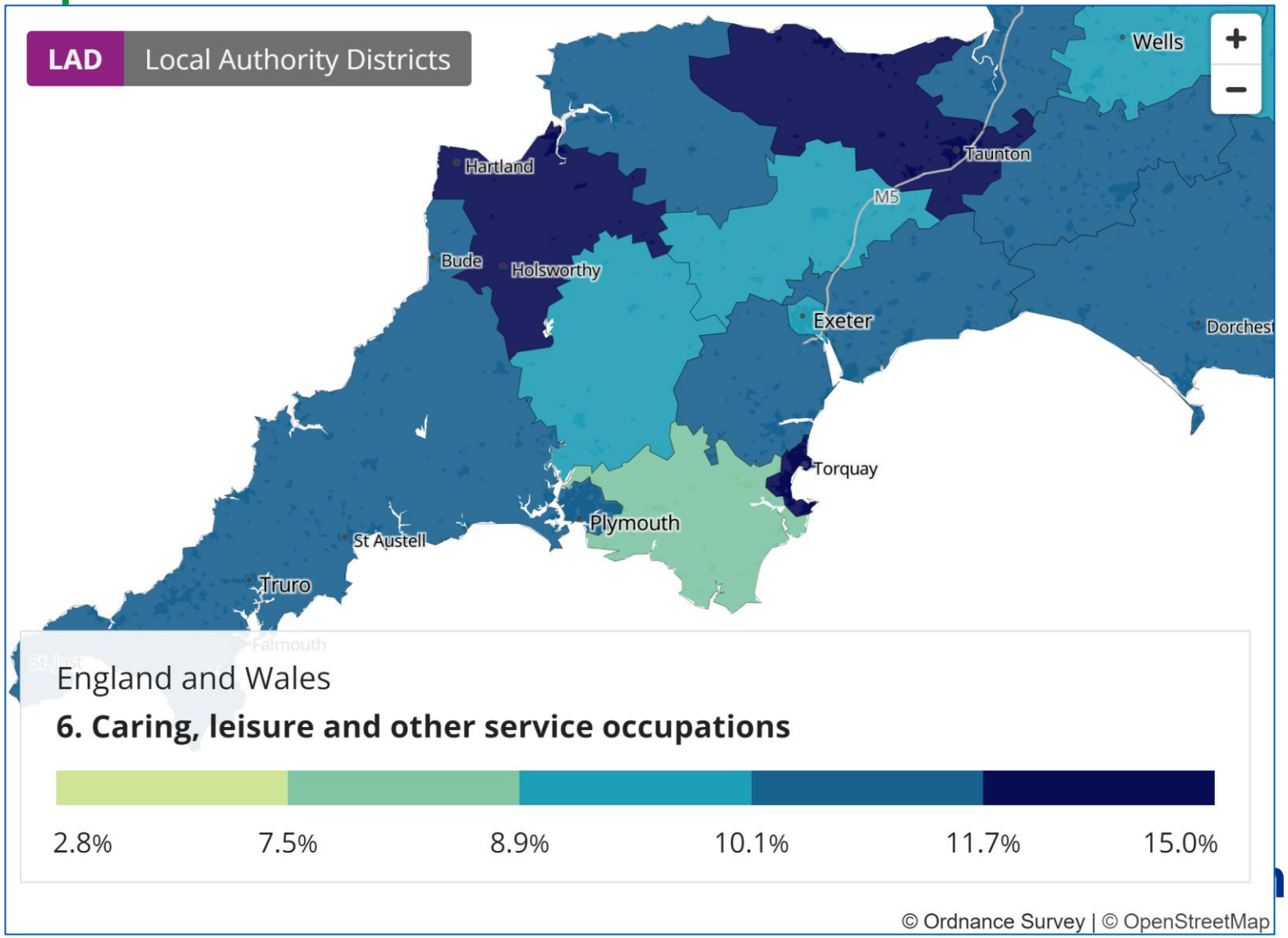
Supporting our Veterans

The Defence Employer Recognition Scheme (ERS) encourages employers to support defence and inspire others to do the same. The scheme encompasses bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the armed forces community, and align their values with the Armed Forces Covenant. Given the significant veteran community and serving armed forces population within our county, all statutory organisations within the Devon System have signed the armed forces covenant and pledged support for our veterans. The Integrated Care Board (ICB) currently has a bronze award, whilst all of our providers and local authorities have a minimum of the silver award, University Hospitals Plymouth (UHP) achieving the gold award. Work is underway to move the ICB towards a silver award and to work collectively, learning from each other, towards gold award status for our system.

Devon Challenge 8: Varied education, training, employment opportunities, workforce availability and wellbeing

Caring, leisure and service occupations

- One Devon has higher proportions of the population in caring, leisure and service occupations, as highlighted in the 2021 Census, with the highest levels in coastal areas like Torbay, Torridge, North Devon, Plymouth, Teignbridge and East Devon.
- These industries are more seasonal in nature, with higher levels of unemployment, shorter-term and zero hour contracts. These are also more vulnerable to changing economic conditions, including pandemic and cost of living impacts.



Source: 2021 Census, Office for National Statistics

Devon Challenge 9: Unpaid care and associated health outcomes

Carers in One Devon

The table below shows the number of people providing unpaid care in the county according to the 2011 Census, which reveals over 84,000 carers and over 18,000 providing unpaid care for 50 hours or more per week. The 2021 Census figures will be release in January 2023.

Carers in One Devon area and hours of care provided: 2011 Census

- Provides unpaid care: Total 84,492
- Provides 1 to 19 hours unpaid care a week 56,249
- Provides 20 to 49 hours unpaid care a week 9,831
- Provides 50 or more hours unpaid care a week 18,412

Source: 2011 Census, Office for National Statistics

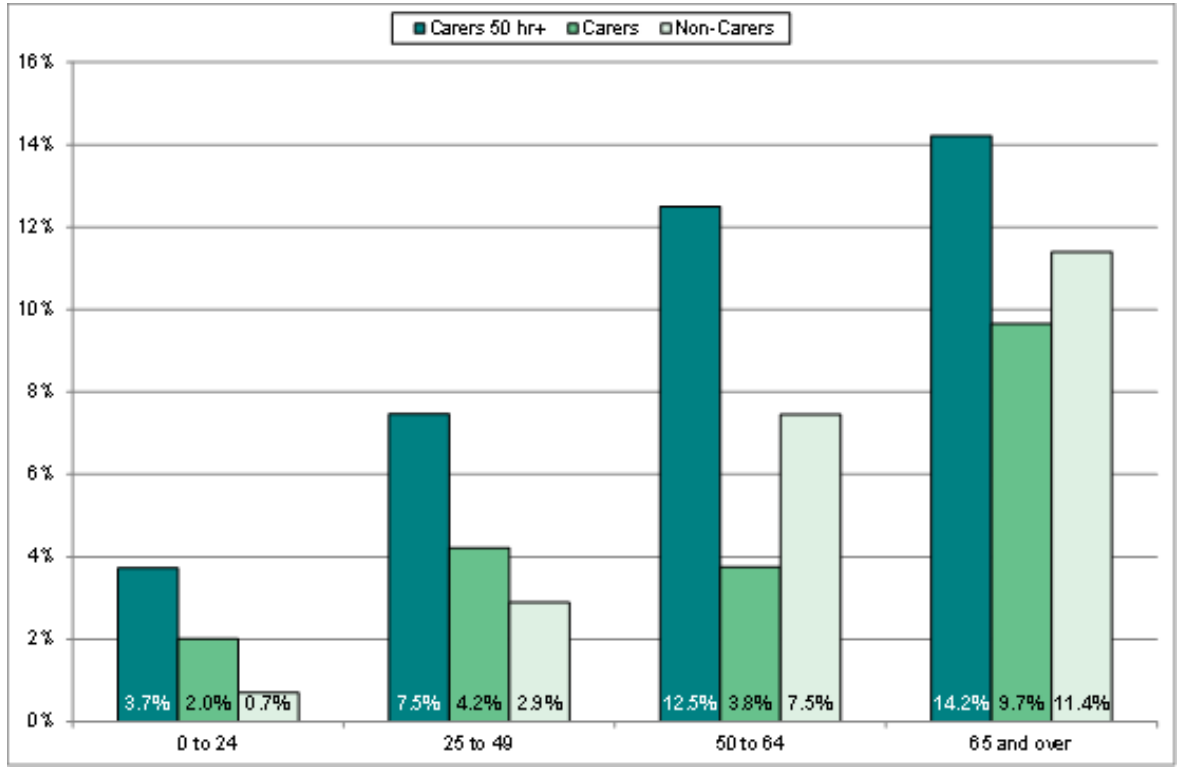
- While recognising the particular needs of young carers and for preventive action the 2010 Carers Needs Assessment recommended carer support should be particularly targeted at carers who are:
  - Caring for more than 50hrs per week
  - Over the age of 65
  - Caring for someone with a deteriorating physical condition or mental health problems
  - Making the transition from caring for a child in transition to adulthood
  - Caring for someone at the end of their life
- Carers tend to be in poorer health than non-carers, and higher levels of unpaid care are associated with particularly poor general health. The figures below provide a breakdown of health by age for non-carers, carers, and those who provide unpaid care for 50 hours or more from the 2011 census. The health of young carers and persons aged 25 to 49 is notably worse than non-carers. Levels of good health are significantly higher in non-carers in the 50 to 64 age group, and for persons aged 65 and over whilst the general health of carers and non-carers is similar, for those providing unpaid care for 50 hours or more general health is notably worse.

Devon Challenge 9: Unpaid care and associated health outcomes

Self-Reported Health by Unpaid Care Provision and Age in Devon County Council area, 2011 Census

Source: 2011 Census, Office for National Statistics

Percentage in Bad Health by Unpaid Care Provision and Age in Devon County Council area, 2011 Census

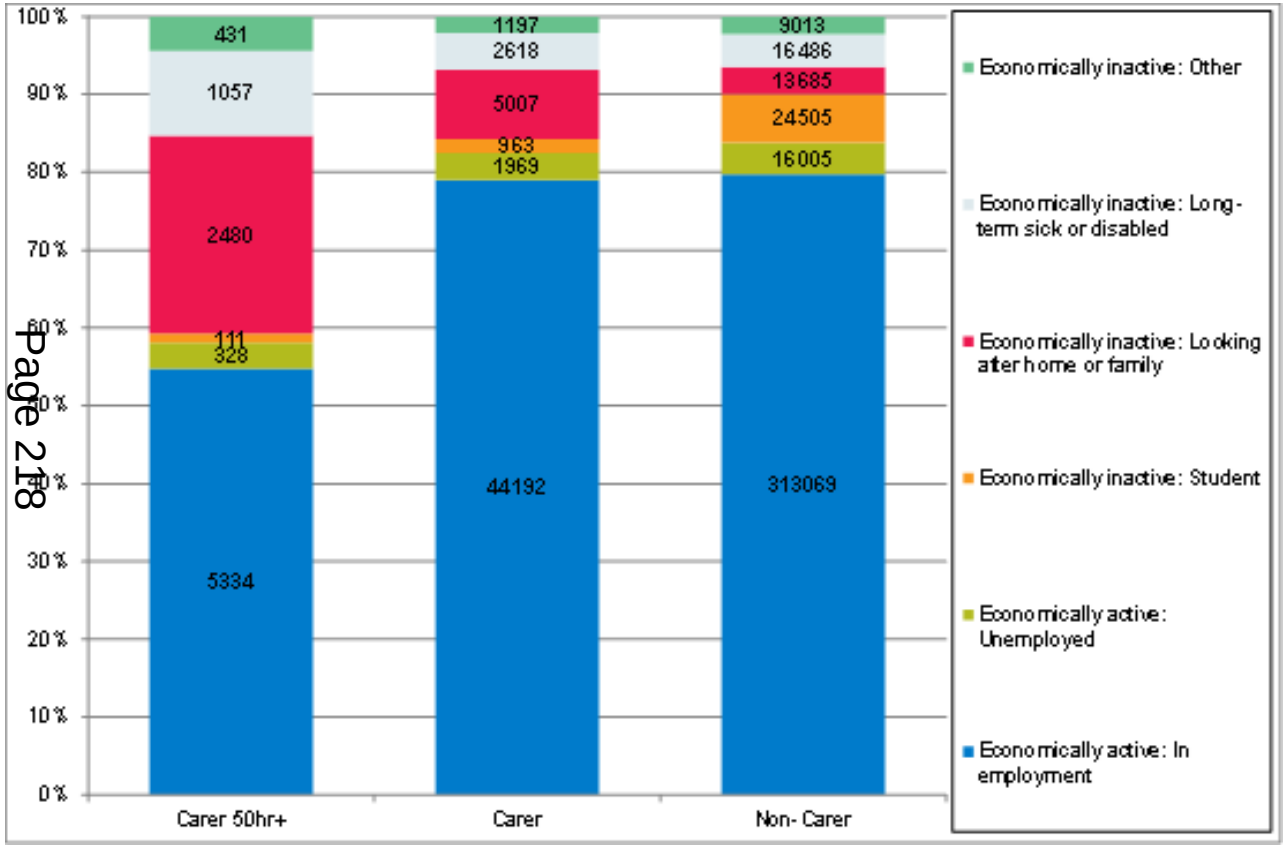


Source: 2011 Census, Office for National Statistics

Carers tend to be in poorer health than non-carers, and higher levels of unpaid care are associated with particularly poor general health. The figures below provide a breakdown of health by age for non-carers, carers, and those who provide unpaid care for 50 hours or more from the 2011 census. The health of young carers and persons aged 25 to 49 is notably worse than non-carers. Levels of good health are significantly higher in non-carers in the 50 to 64 age group, and for persons aged 65 and over whilst the general health of carers and non-carers is similar, for those providing unpaid care for 50 hours or more general health is notably worse.

Devon Challenge 9: Unpaid care and associated health outcomes

Economic Activity by Unpaid Care Provisions in Devon County Council area (16+), 2011 Census (excluding retirees)



Source: 2011 Census, Office for National Statistics

Levels of economic activity are also much lower in persons who provide unpaid care. The figure below reveals non-carers have higher employment levels, whilst unpaid carers are more likely to be long-term sick or disabled, or defined as 'looking after family or home'.

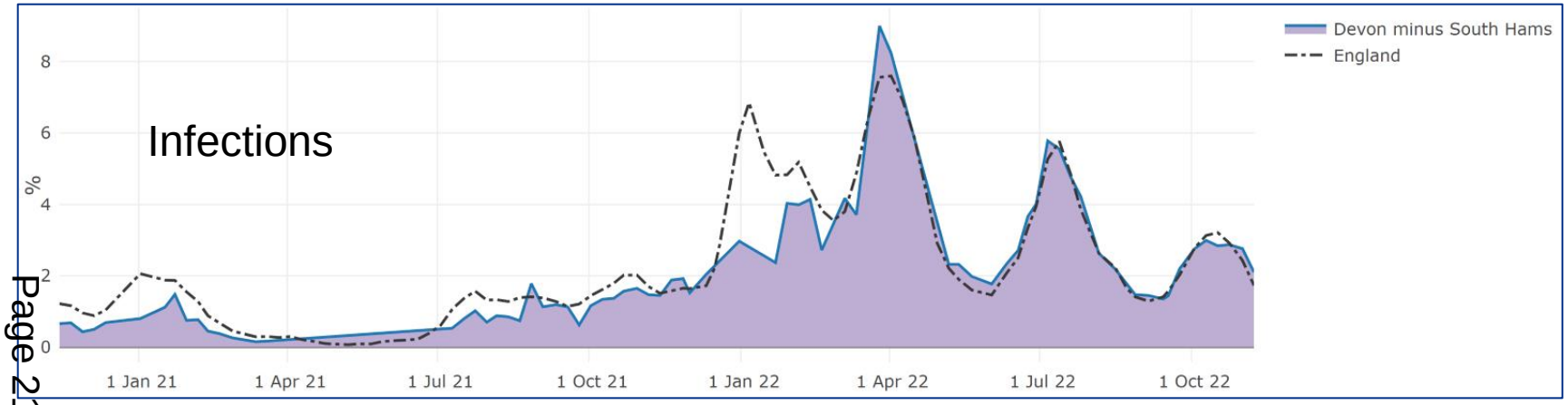
Inequalities and Disparities

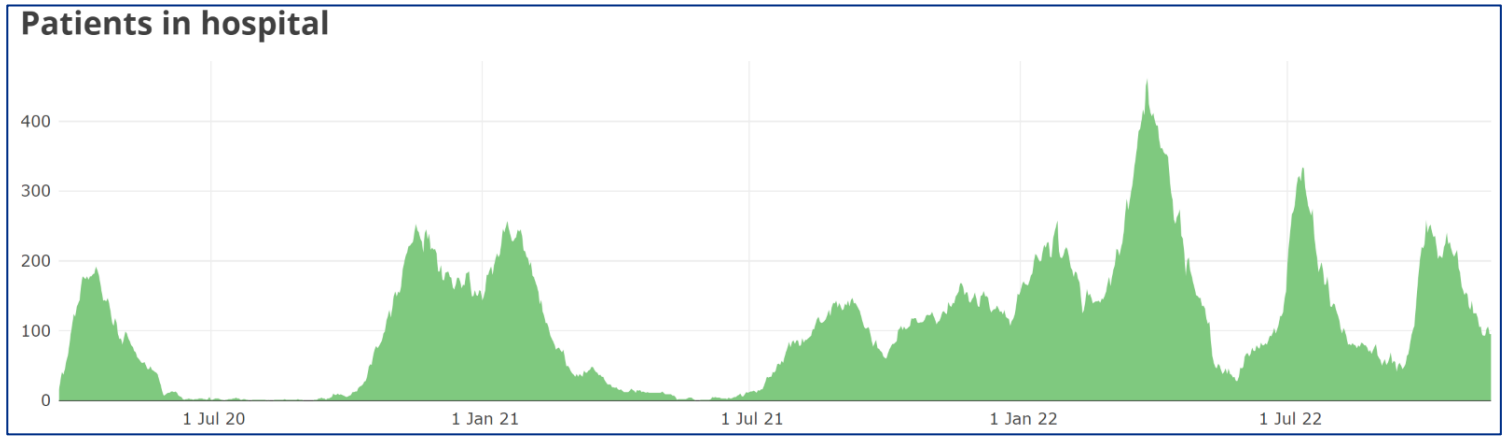
An analysis of the pattern of unpaid care and intensive unpaid care (50 hours plus) at a community level in Devon reveals that whilst unpaid care is higher in predominantly coastal and rural areas partly reflecting retirement patterns, unpaid care for 50 hours a week is much more concentrated in towns and cities, deprived urban areas such as Plymouth, Torbay and Ilfracombe, and deprived rural areas in North and West Devon.

One Devon

Devon Challenge 10: Changing patterns of infectious diseases

Covid-19



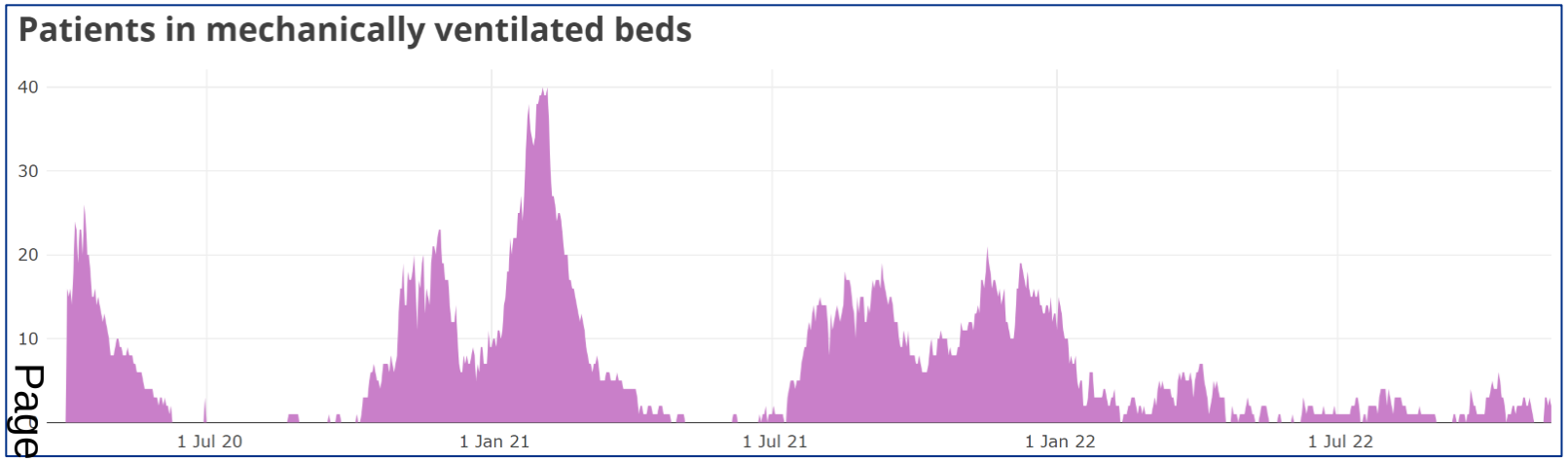


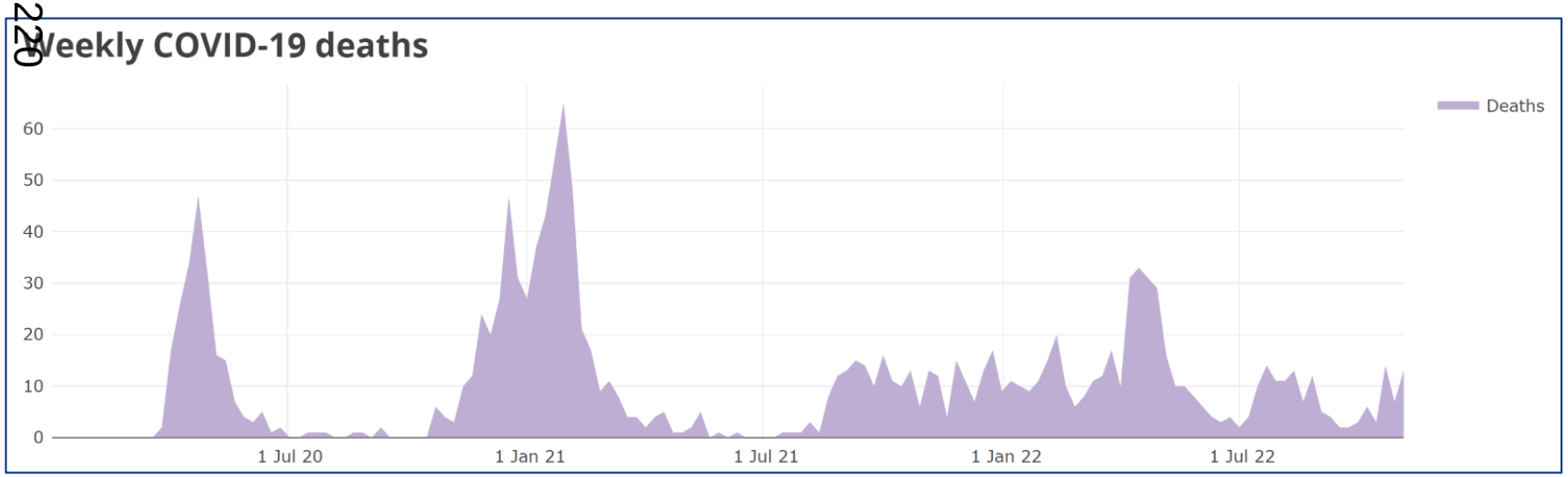
The Devon Coronavirus dashboard monitors trends in Covid-19. Infections persist with around 1 in 50 people testing positivity locally in the ONS infection survey in mid-November, with further increases in cases expected in the autumn. Cases in hospital across One Devon have varied peaking at over 400 in Spring 2022, although very few currently require mechanical ventilation largely due to the Covid-19 vaccination programme. There are around 10 deaths per week which mention Covid-19 on the death certificate, where it is typically included as a alongside other conditions.

Source: Devon Coronavirus Dashboard, 2022

Devon Challenge 10: Changing patterns of infectious diseases

Covid-19





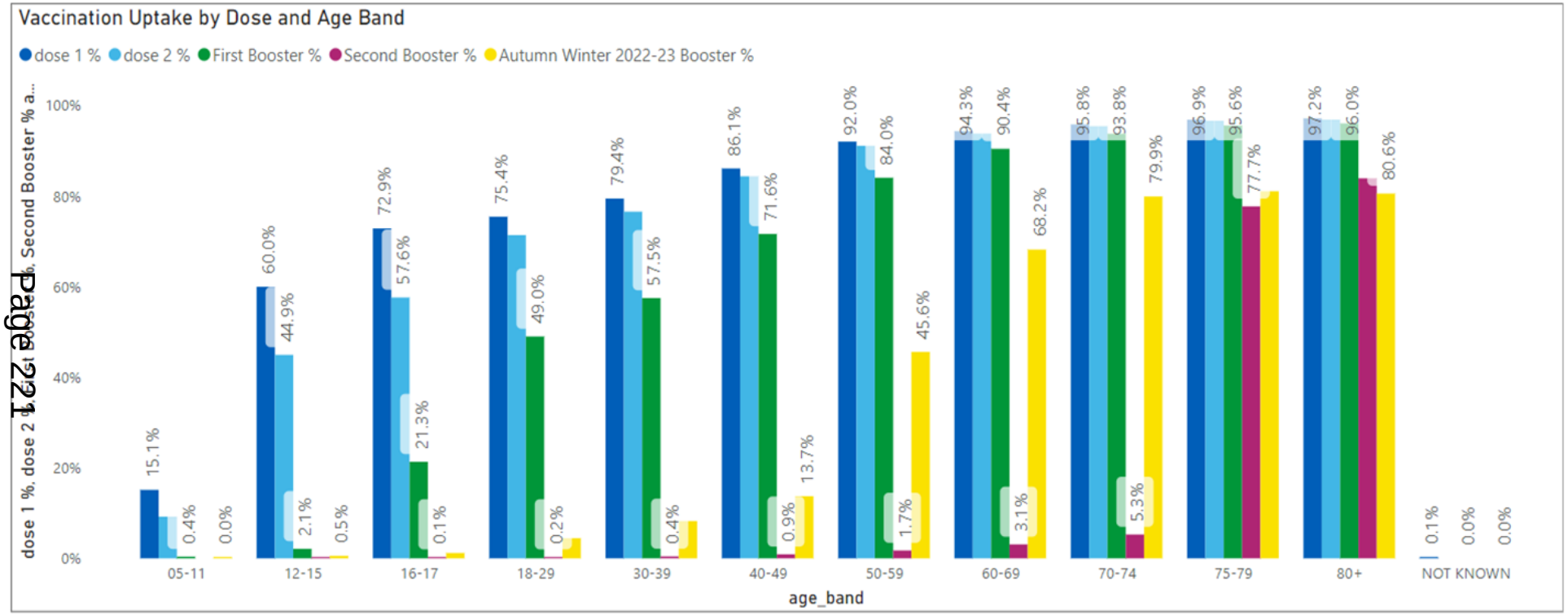
As well as the impact of Covid-19, changing patterns of infectious disease are also evident. Compared to recent years, in late 2022, notable trends that we are experiencing include:

- Higher levels of seasonal influenza
- Increases in respiratory syncytial virus
- Increases in scarlet fever invasive group A streptococcal infections
- Increases in healthcare associated infections
- Increases in anti-microbial resistance, influenced by antibiotic usage

Source: Devon Coronavirus Dashboard, 2022

Devon Challenge 10: Changing patterns of infectious diseases

Covid-19 Vaccinations

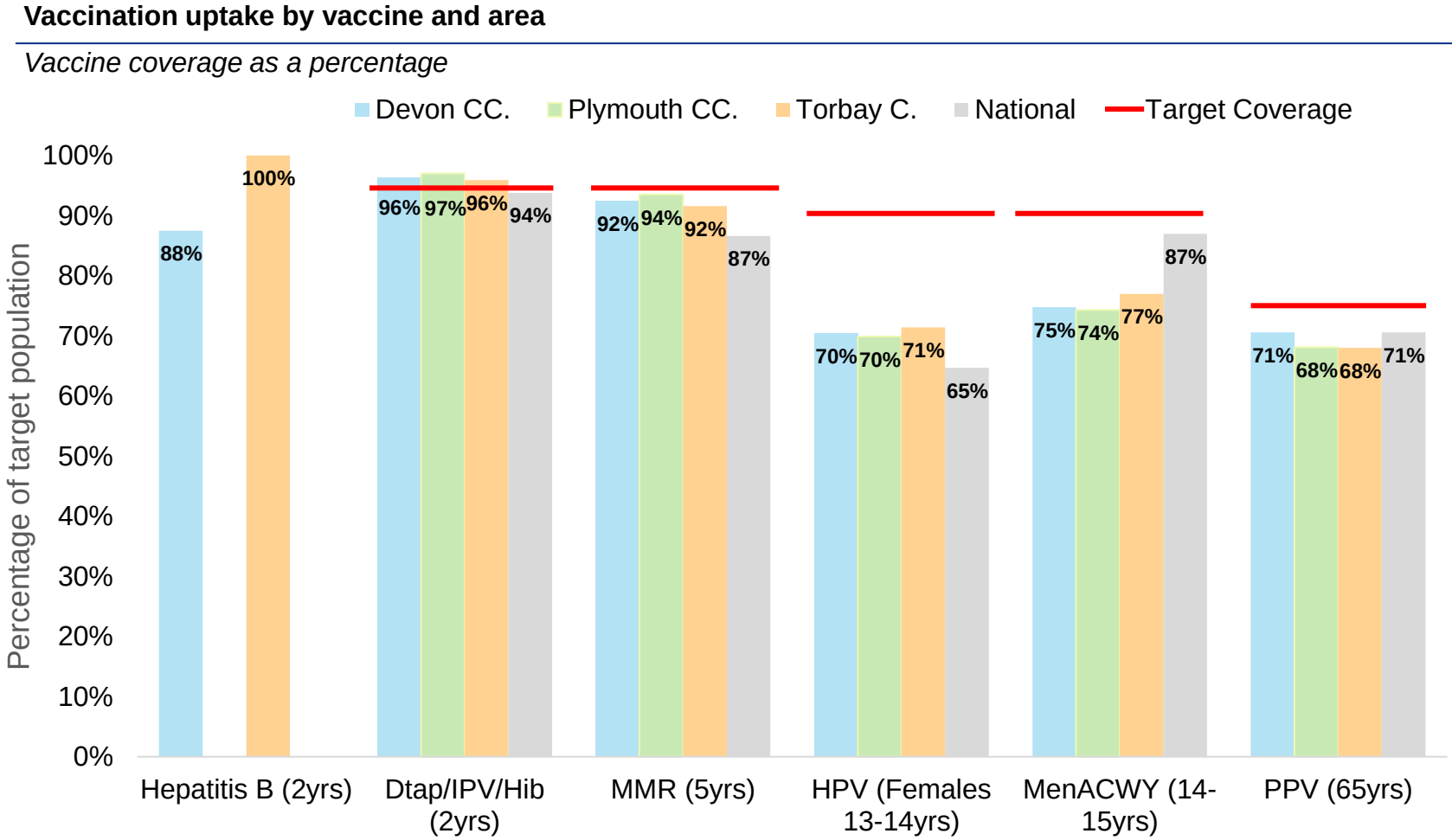


Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

As the pandemic eases, the system must continue to be well prepared to deal with the potential recurring and seasonal impact of COVID-19 and the vaccination programme. It is anticipated that in future years the surge in demand experienced each winter may increase as normal seasonal viruses such as flu impact at the same time as future COVID-19 waves.

Devon Challenge 10: Changing patterns of infectious diseases

Vaccinations



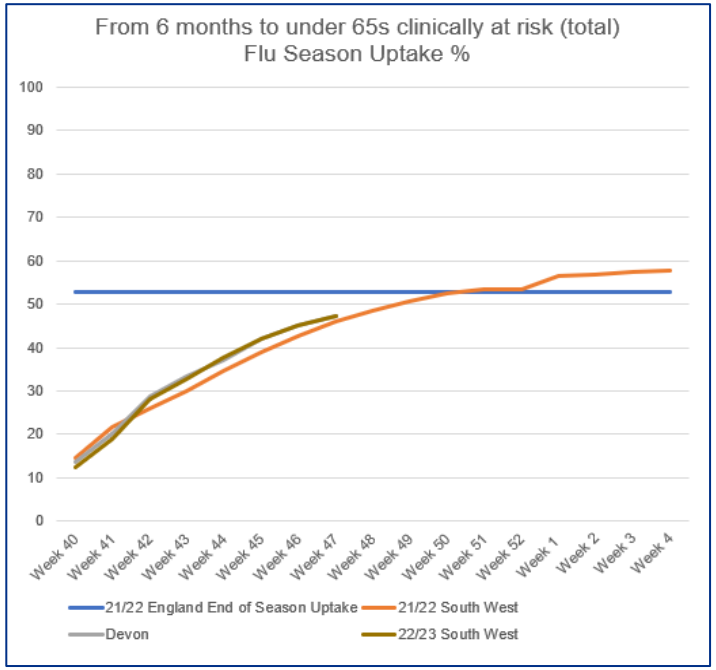
Source: Fingertips

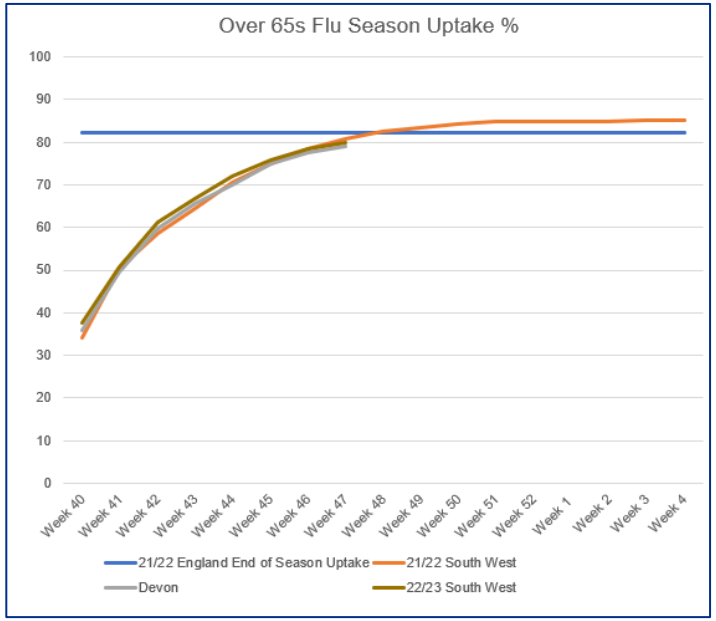
- A sample of vaccinations across different age groups is shown. Data was unavailable for Plymouth CC. and England for Hepatitis B (2yrs).
- Where vaccines require multiple doses this graph shows uptake of a full course.
- Different uptake targets are associated with different vaccines. This information is unavailable for Hepatitis B (2yrs).
- HPV vaccinations saw substantial declines in coverage following COVID-19 due to usually being offered in schools
- In One Devon the proportion of looked after children who are up-to-date with their childhood vaccinations ranges from 79% to 94% across One Devon
- Flu vaccination uptake in Devon for all ages between 6 months and 64 years (clinically at risk) and for the over 65s are below the England and Southwest averages and remain significantly below the rates seen prior to the pandemic.

Devon Challenge 10: Changing patterns of infectious diseases

Flu Vaccinations

Cohort	England Total Uptake last season 2021/22	South West Total Uptake last season 2021/22	Uptake 2021/22 IMMFORM week 47	Uptake 2022/23 IMMFORM week 47 current season
From 6 months to under 65s clinically at risk (total)	52.9%	58.2%	45.9%	47.3%
Patients with chronic liver disease	Data not split into specific at risk cohorts	52.4%	57.5%	57.2%
Patients with chronic neurological disease		58.0%	69.5%	70.8%
Pregnant people	37.9%	44.0%	38.1%	35.0%
Over 65s	82.3%	85.3%	80.9%	79.8%



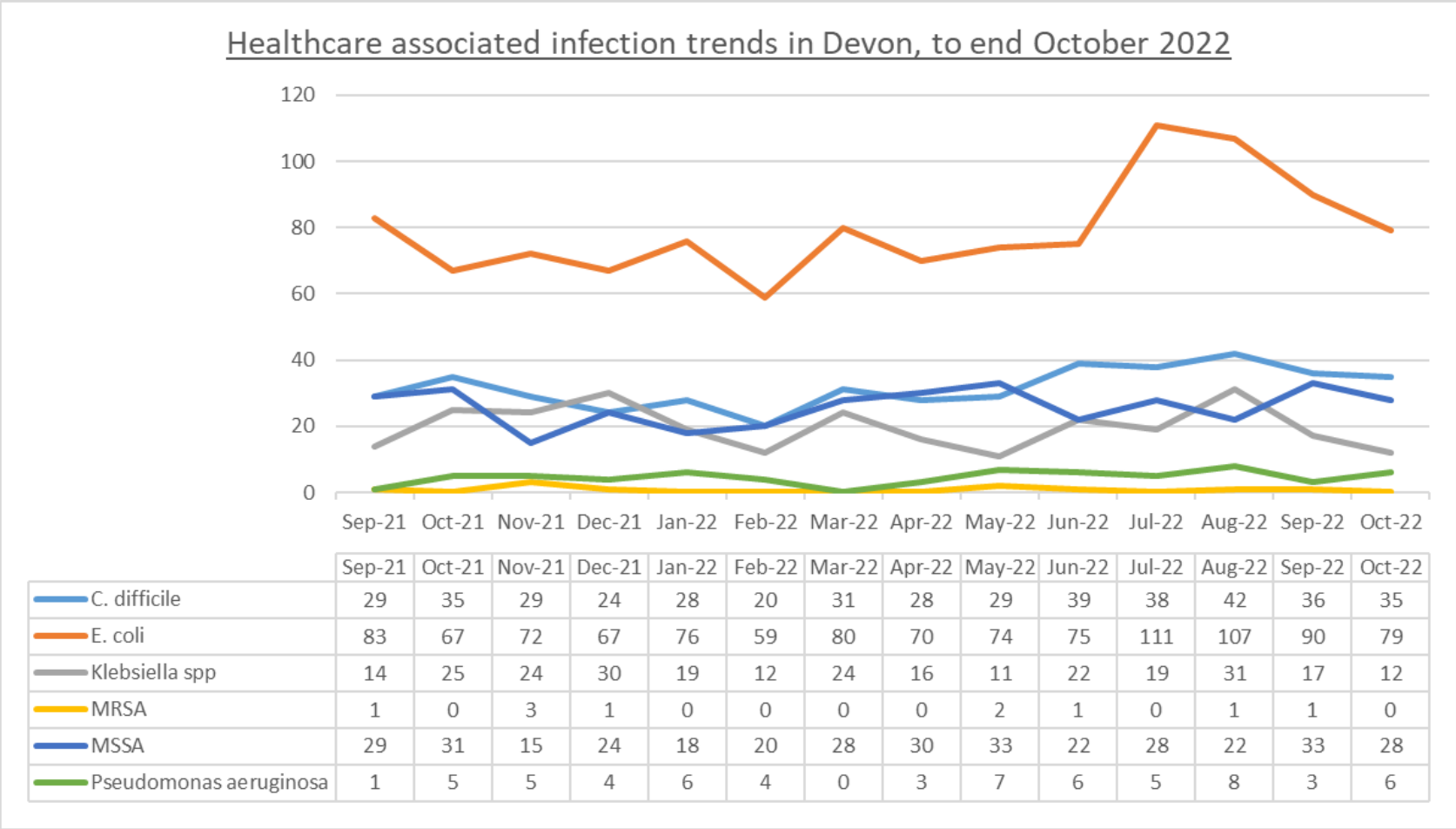


The data is based on GP practice returns in the latest available week (week 47). It shows the corresponding figures for the same week last year and the England and Southwest averages from last season.

Uptake of Flu vaccinations remains significantly below the rate seen prior to the COVID-19 pandemic, as very little Flu has been seen over recent winters.

Devon Challenge 10: Changing patterns of infectious diseases

Healthcare associated infections



	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
C. difficile	29	35	29	24	28	20	31	28	29	39	38	42	36	35
E. coli	83	67	72	67	76	59	80	70	74	75	111	107	90	79
Klebsiella spp	14	25	24	30	19	12	24	16	11	22	19	31	17	12
MRSA	1	0	3	1	0	0	0	0	2	1	0	1	1	0
MSSA	29	31	15	24	18	20	28	30	33	22	28	22	33	28
Pseudomonas aeruginosa	1	5	5	4	6	4	0	3	7	6	5	8	3	6

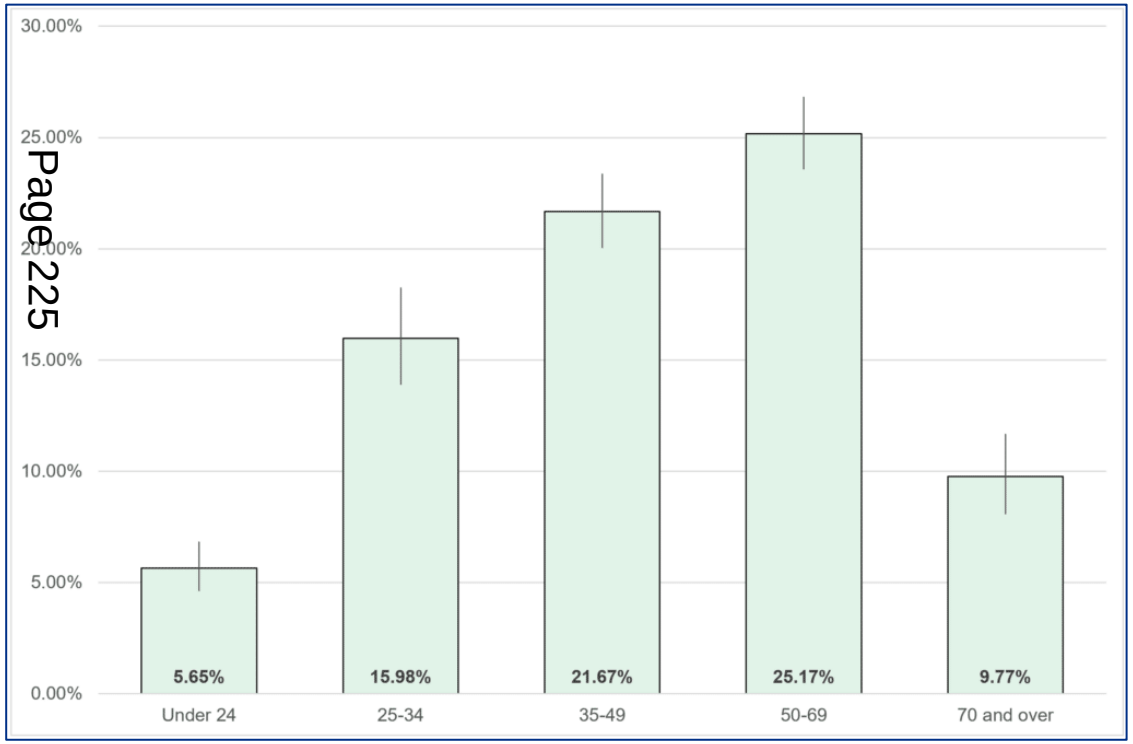
Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

- The *E. coli* increase over the summer has now reduced, consistent with a seasonal fluctuation.
- There have been recent cases of diphtheria in the Devon system, reflecting a national increase and linking in with a national incident concerning diphtheria.

Devon Challenge 10: Changing patterns of infectious diseases

Inequalities and Disparities

Percentage of those predicted to require long-covid service presenting and referred to services, Devon, 2021/22



Source: Devon County Council and Devon Clinical Commissioning Group, 2022

The highest levels of infections, serious illness, hospital admissions and deaths during the Covid-19 pandemic were seen in the most disadvantaged communities, including those living in areas with higher deprivation, non-White British ethnic groups, people with disabilities, and people in lower paid close contact occupations.

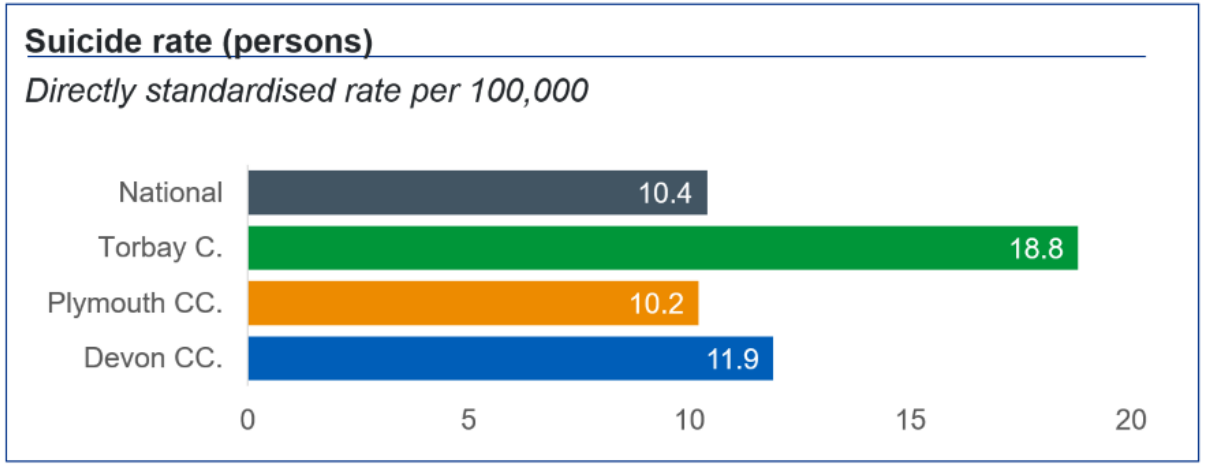
The update of Covid-19 and Flu vaccination also vary significantly across the population, with the lowest uptake in areas with higher levels of deprivation, non-White British ethnic groups, males and younger age groups. People with mental health conditions and learning disabilities also have lower uptake rates.
'Post-Covid syndrome', known as 'Long Covid' for short, describes those experiencing longer term symptoms from a COVID-19 infection, lasting more than 12 weeks after their initial COVID-19 diagnosis and not explained by other conditions. Frequently reported symptoms include breathlessness, fatigue, confusion or 'brain fog', stress and anxiety. The effects can be debilitating and impact mental health and wellbeing. To address the effects of Long Covid, NHS England produced a five-point plan in October 2020, issuing clinical guidance, the 'Your Covid recovery' platform to help people self-manage their recovery from Covid, and developed and funded local treatment services. As of April 2022, It was estimated that 1.3 million people in the UK (2.0% of the population) were still experiencing symptoms 12 weeks after contracting COVID-19 Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK – Office for National Statistics (ons.gov.uk)
Groups experiencing higher levels of Long Covid include:
•Those aged 35 to 69
•Females (rates are 41% higher than males)
•People living in more deprived areas (rates are 49% higher than less deprived areas)
•People employed in social care, health, teaching, retail and hospitality occupations
•People with existing health conditions (three times higher in the most clinically vulnerable compared to those with no health conditions)
It is currently estimated that around 16,000 people in Devon are still experiencing COVID-19 symptoms 12 weeks after contracting COVID-19. As with the national picture, those aged 35 to 69, females, people living in more deprived areas, people in care and close contact professions and those with long-term health conditions are at greater risk of developing Long Covid.
Around one in six (17%) of people estimated to be affected by Long Covid in Devon presented and were referred to Long Covid treatment services. Specifically:
•Children and Older People were less likely seek help and be referred on to services (see figure 3.4.1 below)
•Men were less likely to seek help and be referred to services than females
•People living in more deprived areas were less likely to seek help and be referred.

Devon Challenge 11: Poor mental health and wellbeing, social isolation and loneliness

Mental Health Outcomes

	Devon	National
Percentage of adults who have completed IAPT treatment who are "moving to recovery"	51.0 %	51.9 %
Proportion of discharges from hospital followed up within 72 hours	19.0 %	74.4 %
People subject to Mental Health Act rate per 100,000	Insert	Insert

Key: Devon | National

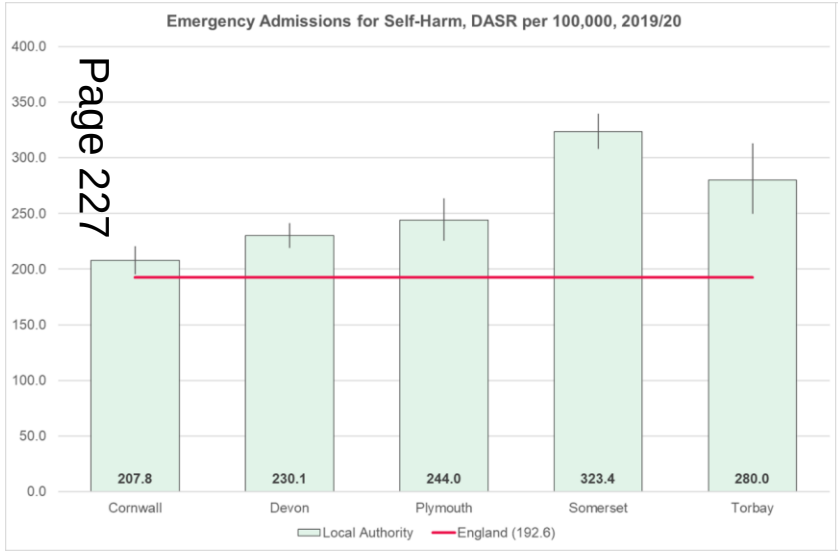


- One Devon is performing worse than the national average for mental health outcomes, particularly suicide rates in Torbay.
- A wide range of indicators from the Public Health Outcomes Framework also highlight poorer mental health outcomes in the One Devon area including higher self-harm admission rates, lower employment rates for people with mental health conditions, and lower levels of access to and usage of services.
- This pattern is reflected across the South-West Peninsula, where rural and coastal deprivation also contribute to mental health and wellbeing.

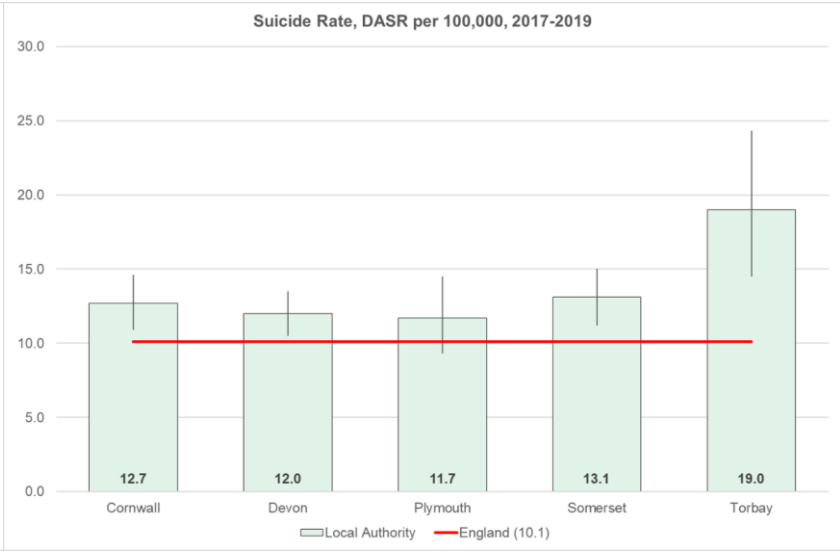
Devon Challenge 11: Poor mental health and wellbeing, social isolation and loneliness

Mental Health Outcomes

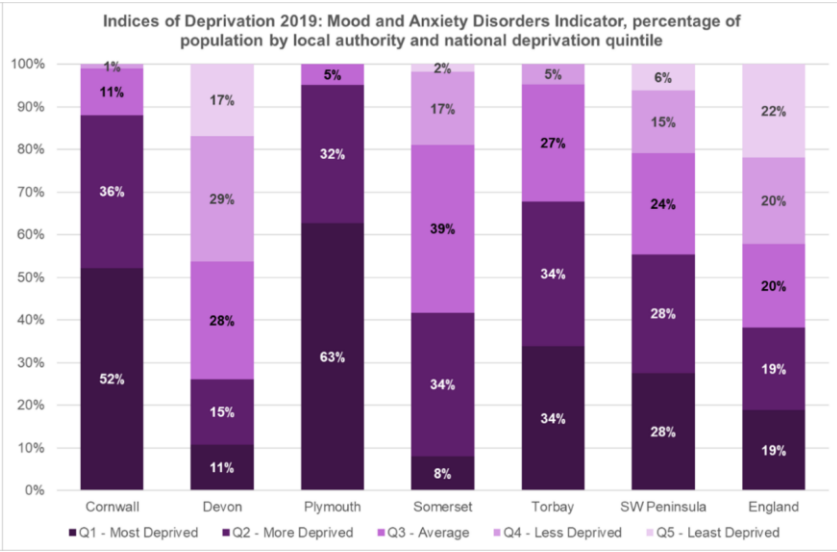
Mental health outcomes in the South West Peninsula are poorer than the national average. All five upper tier/unitary local authorities have rates of emergency admission for self-harm and suicide rates above the England average (sources: Public Health Outcomes Framework and Public Health Annual Profiles, Public Health England). According to the 2019 Indices of Deprivation indicator for Mood and Anxiety Disorders, a higher proportion of the South West peninsula population appear in the most deprived population quintiles for this measure, highlight higher levels of these disorders, particularly in Plymouth, Cornwall and Torbay.



Source: Public Health Outcomes Framework, 2022



Source: Public Health Outcomes Framework, 2022



Source: Indices of Deprivation, 2019

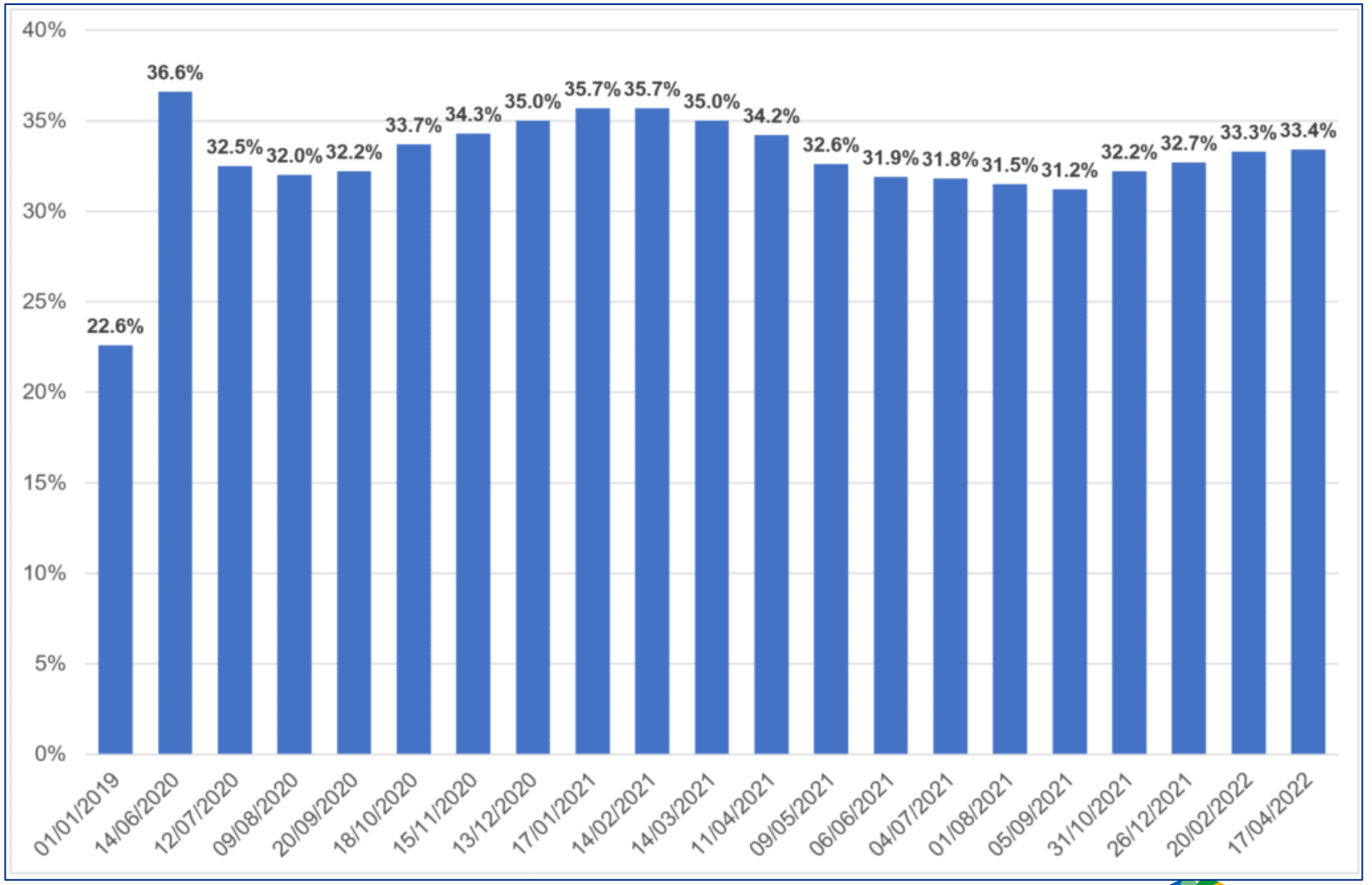
Devon Challenge 11: Poor mental health and wellbeing, social isolation and loneliness

Impact of pandemic

The evidence indicates that the pandemic has had a detrimental impact on people's mental health, with the current cost of living crisis and climate emergency further exacerbating the situation. The following chart highlights significantly higher levels of anxiety than pre-pandemic levels.

Inequalities and Disparities

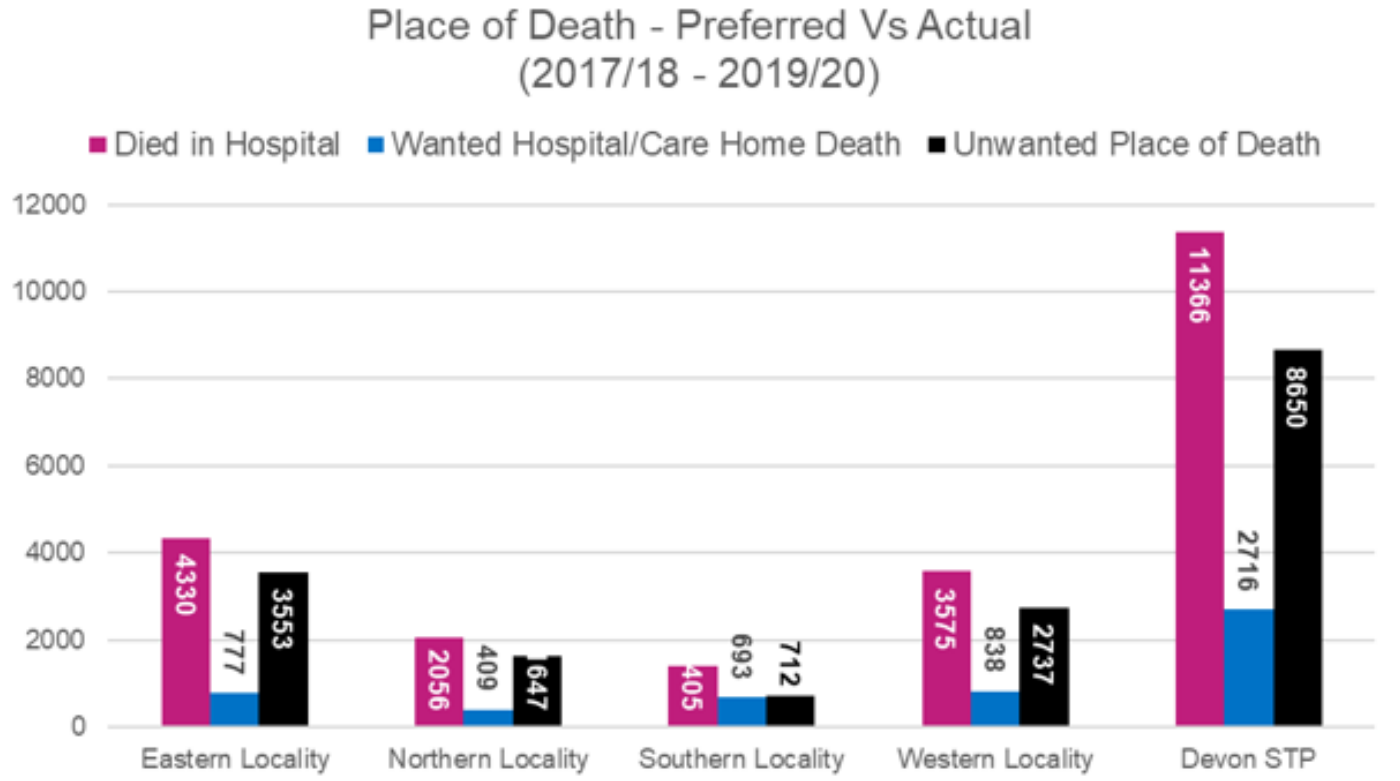
Measures of mental health and wellbeing reveal greater need in more deprived communities. For instance, self-harm admission rates are three times higher in Devon communities with the highest levels of deprivation, compared to those with the lowest levels of deprivation.



Source: Office for Health Improvement and Disparities Mental Health and Wellbeing Surveillance Report

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

End of Life Care



In relation to end of life care, many people would prefer to die at home or hospice setting, but a relatively low proportion across Devon end up dying in their preferred place of death, putting additional strain on hospital and care services.

Source: ONS (2021), One Devon Case for Change

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

Urgent and Emergency Care – system overview

				System			Royal Devon University NHS Foundation Trust			Torbay and South Devon NHS Foundation Trust			University Hospitals Plymouth NHS Trust		
	Metric	Target	Latest Date	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance
UEC	A&E all types seen within 4 hours	95%	2022-10	57.7%			58.1%			57.0%					
	A&E Type 1 seen within 4 hours	95%	2022-10	45.0%			49.2%			35.7%					
	Attendances Type 1		2022-10	23,915			10,934			5,521			7,460		
	Type 1 Admissions (conversion rate)		2022-10	27.7%			29.8%			22.4%			28.4%		
	Emergency Admissions via A&E		2022-10	6,622			3,262			1,239			2,121		
	ambulance arrivals delayed over 30 minutes		2022-10	49.0%			29.1%			68.5%			73.9%		
	12 hr trolley waits	0	2022-10	1,694			486			313			895		
	Time lost to Ambulance Handover Delays		2022-10	10,673			797			3,348			5,880		
	Mean ambulance response times cat 1	7	2022-10	11											
	Mean ambulance response times cat 2	18	2022-10	79											

Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

Planned Care – system overview

				System		
	Metric	Target	Latest Date	Value	Variation	Assurance
RTT	RTT Incomplete Waiting list		2022-09	175,200		
	RTT 18 weeks	92%	2022-09	52.4%		
	RTT over 104 weeks	0	2022-09	630		
	RTT over 78 weeks		2022-09	3,394		
	RTT over 52 weeks		2022-09	16,380		
Diagnostics	Diagnostics within 6 weeks	99%	2022-09	64.2%		
	Diagnostic Total activity		2022-09	39,107		
Cancer	Cancer 2 week wait	93%	2022-09	51.9%		
	Breast Symptomatic 2 week wait	93%	2022-09	31.3%		
	Cancer 31 day First	96%	2022-09	92.4%		
	Cancer 31 day follow-up drug	98%	2022-09	99.6%		
	Cancer 31 day follow-up sugery	94%	2022-09	80.9%		
	Cancer 31 day follow-up radiotherapy	94%	2022-09	97.8%		
	Cancer 62 day urgent	85%	2022-09	60.6%		
	Cancer 62 day screening	90%	2022-09	78.3%		
	Cancer 62 day Upgrade	85%	2022-09	70.4%		
	Cancer Faster diagnosis	75%	2022-09	70.2%		

Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

Mental Health – system overview

			September 2022 Data		
Key Performance Indicator	**National Target**	**System Target**	**Actual**	**Variation**	**Assurance**
Community Mental Health access (2+ contacts)	18,942 Q4	17,452 Q4	16,360		F
Children & Young People's Access (1+ contacts)	14,037 Q4	13,477 Q4	12,200		F
Children & Young People Eating Disorders routine cases	95% Q1	95% Q4	44.4%	L	F
Children & Young People Eating Disorders urgent cases	95% Q1	95% Q3	85.71%		F
Dementia Diagnosis Rate	66.7% Q1	60% Q4	55.2%	L	F
Early Intervention in psychosis (EIP): % entering treatment within two weeks	60%	60%	70%		?
IAPT Access	9,310 Q4	7,983 Q4	7,144		F
IAPT – first appointment within 6 weeks	75%	75%	94.13%		P
IAPT – first appointment within 18 weeks	95%	95%	100%		P
IAPT Recovery	50%	50%	50.9%		?
Individual Placement and Support (IPS) access	300 Q1 954 Q4	642 Q4	397	N/A	N/A
Perinatal Access Rate	1,115 Q4	1,028 Q4	1,034	H	F
Physical health checks for people with severe mental illness (SMI)	7,448 60%	7,448 60% Q3	40.43%	H	F
Inappropriate out of area bed days	0 Q4	0 Q2	479	L	F
Annual health checks for people with a learning disability	75%		19%	N/A	N/A
Reducing adults and CYP with LD in specialist inpatient beds	31		45		F

Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

Integrated Quality, Performance and Finance Report Key

Variation	Assurance: P	Assurance: ?	Assurance: F	Assurance: (blank)
H	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
L	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
(common)	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is capable and will consistently **PASS** the target if nothing changes.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is not capable and will **FAIL** the target without process redesign.	Common cause variation, **NO SIGNIFICANT CHANGE**. Assurance cannot be given as there is no target.
H	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
L	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
↗				Special cause variation of an increasing nature where **UP** is not necessarily improving or concerning. Assurance cannot be given as there is no target.
↘				Special cause variation of an increasing nature where **DOWN** is not necessarily improving or concerning. Assurance cannot be given as there is no target.
(blank)				There is insufficient data to determine either special cause or common cause variation. Assurance cannot be given as there is no target.

Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

Appendix 4

Engagement detail

Engagement (1/2)

Organisation	Project title (Date)	Summary of audience/responses
Multiple NHS	Acute Services Review (2017/18)	Engagement with clinical and non-clinical workforce and public involvement (extensive coverage but exact numbers are unknown)
Multiple NHS	Peninsula Clinical Services Review (2017/18)	Engagement with Patient experience, complaints and compliments, Yellow cards and MP enquiries reviews (extensive coverage but exact numbers are unknown)
NHS Devon	Better for you, Better for Devon (2019)	Engaging with 5,707 people across the population of Devon to inform the Long Term Plan
NHS Devon	Integrated Urgent Care Service (2021)	Review of multiple pieces of public engagement, including specific engagement with people with additional needs (including the Deaf community, LD community)
NHS Devon	Protecting Elective Care – Public (2022)	Engaging with people on the waiting list for care, people, specific conversations with people covered by EDI, the LGBTQ+ community and those impacted by rurality
NHS Devon	Protecting Elective Care – Staff (2022)	Engaging with over 100 clinical and non-clinical staff about the early thinking on protecting elective care
Multiple Health and Care	Community Mental Health Framework (2021)	A comprehensive review of the services for adults with severe mental health illness
Healthwatch Devon, Plymouth and Torbay	Emergency Department Review (2021)	Healthwatch conducted surveys in four emergency departments across Devon to ask 407 people about their visit, had the sough help prior to and any issues with access
NHS Devon	Ethical Framework for Devon (2020)	Engaging with 69 people on the development of an Ethical Framework with people from Devon, those covered by EDI, including specific conversations with Black and Ethnic Minority groups and people with a disability
NHS Devon	Better Births in Devon (2018/19)	Engagement to involve parents and families in the development of the Devon Maternity Strategy
NHS Devon	Support needs for COVID vaccination (2021)	Over 1800 people engaged to help support people to access the COVID vaccination
NHS Devon	NHS Here for you (2021)	Over 170 people engaged on what would make people feel safe if they were to attend a medical appointment or seek help during the COVID pandemic
Multiple Health and Care	Experiences of health and care in Devon for Ethnically Diverse communities and staff	Engagement with patients, public, community groups staff, organisations from or supporting ethnically diverse backgrounds to understand their experiences in Devon
NHS Devon	Accessing GP appointments during COVID (2021)	Engagement with nearly 200 people to understand people's perceptions of accessing their GP, what influences their decision making and how we can support people to access services.
Healthwatch Devon, Plymouth and Torbay	Health and wellbeing service in Teignmouth and Dawlish (2020)	Over 1000 people involved in a formal consultation with the local population about local health and wellbeing services moving into a central hub
NHS Devon	West End health and wellbeing hub (2021)	Local engagement programme asking nearly 900 people to share their views on the services and facilities they think could go into a central hub in Plymouth
Royal Devon University Hospitals (NDHT)	Hospital Services in Northern Devon programme (2019)	Engagement with over 400 patients, public and staff about what is important to them about hospital services
NHS Devon	Pride events feedback (2022)	Engagement with over 200 people from the LGBTQ+ community asking them 'What do you want us to know?'
NHS Devon	Respect events feedback (2022)	Engagement with over 200 people from the ethnically diverse communities asking them 'What do you want us to know?'

Engagement (2/2)

Organisation	Project title (Date)	Summary of audience/responses
NHS Devon	LGBTQ+ - staff listening event (2022)	Engagement with staff from the LGBTQ+ community and staff with a disability in separate forums to understand their experiences.
NHS Devon	Disability - staff listening event (2022)	Engagement with staff from the LGBTQ+ community and staff with a disability in separate forums to understand their experiences
Royal Devon University Hospitals	The changing public perception of the NHS and what it means for us (2021)	Engagement with local people about their current perceptions of the NHS and its services
One Northern Devon	Healthy Ageing in North Devon (2021)	Surveys, engagement, workshops and case studies with nearly 300 local people to understand their experiences of integration of services and ageing in North Devon
One Northern Devon	Food insight report (2021)	A review of the community food support for the people of North Devon
One Northern Devon	Health inequalities project the biggest challenges (2022)	Engagement with over 450 people to explore the challenges that people across Northern Devon are facing
Healthwatch Cornwall	Ageing Well – Urgent Care Response review (2021)	Engagement to understand patients and staff experience of the Ageing Well Urgent Community Response programme
Kernow Maternity Voices Partnership	Maternity journey feedback (2018 – 2020)	Engagement with nearly 800 parents and families who have had baby to help inform, develop, and design new maternity services
Healthwatch Cornwall	Accessing mental health support in Cornwall (2021)	Engagement with the public about their experiences of mental health services in Cornwall
Healthwatch Cornwall	Health and social care during COVID (2021)	Engaging with over 1,700 local people about the impact of the pandemic on people's mental health and wellbeing to inform health and care provision
Healthwatch Cornwall	Young People's Views on Digital Health Information and Support (2019)	Engaging nearly 300 young people about their experiences and preferences for accessing health and social care information and support
Healthwatch Cornwall	Appreciative Inquiry – the voice of people [staff] delivering mental health services (2019)	An Appreciative Inquiry (AI) style engagement into commissioned mental health services in Cornwall with over 230 staff
Healthwatch Cornwall	NHS Long Term Plan (2019)	Engagement with nearly 200 people in Cornwall to gather feedback, insights and experiences on and for Cornwall's Long Term Plan
Health Foundation (National)	Public perceptions of NHS	Research into public perceptions of health and social care with over 2,068 people across the UK
NHS Confed (National)	Why preventing food insecurity will support the NHS and save lives	Reporting on multiple sources of information

One Devon

Appendix 5

Strategic Goals Baseline

Improving Outcomes in population health and healthcare

Strategic Goal	Metric	Baseline	Challenge
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.	*By 2024 each LCP will have a suicide prevention plan*.	144 suicides in the latest year (2021)	11
Population heath 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	*By 2028 we will have: decreased the gap in healthy life expectancy between the least deprived and most deprived parts of our population by 25% and decreased the under 75 mortality rate from causes considered preventable by 25%*	Current healthy life expectancy variance by LA is: Torbay Female: 23.2 years, Male: 14.5 years, Plymouth F: 20.6 and M: 14.8 and Devon F: 15.9 and M: 14.1. Under 75 mortality rate from preventable causes: 2016-20, Devon 4,948, Plymouth 1,885, Torbay 1,229. Standardised rates (England = 100) are Plymouth 112.1, Torbay 111.8 and Devon 78.9.	1, 6, 7
We will have a safe and sustainable health and care system.	*By 2025 we will: deliver all our quality, safety and performance targets within an agreed financial envelope*		1, 12
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.	*By 2025 we will: reduce the level of preventable admissions by 95%*	Preventable admissions: Ambulatory Care Sensitive (ACS) conditions 23,604 in 2021/22, 95% is a reduction of 22,424	6, 7
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.	*By 2028 we will: extend personalised care through social prescribing and shared decision making and increased health literacy*		6, 9
Children and young people we have improved mental health and well-being	*By 2024/25 we will have: at least 15,500 CYP aged (0-18) accessing NHS-funded services, 100% coverage of 24/7 crisis and urgent care response for CYP and 95% of children and young people with an eating disorder able to access eating disorder services within 1 week for urgent needs and 4 weeks for routine needs*		8, 11

Tackling inequalities in outcomes, experience and access

Strategic Goal	Metric	Baseline	Challenge
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.	*By 2028 we will increase the number of people who can access and use digital technology and and improved access to dentists, pharmacy, optometry, primary care*		6
The most vulnerable people in Devon will have accessible, suitable, warm and dry housing	*By 2028 we will have: decreased the % of households that experience fuel poverty by 2%, reduced the number of admissions following an accidental fall by 20%*	2020 figures for % of households with fuel poverty: Plymouth 13.9%, Torbay 12.4% and Devon 11.8% (although range within DCC of 13.3% Exeter to 10.6% East Devon). SW position is 11.4% and national 13.2%. From previous LTP work there are around 6k falls-related admissions each year in Devon.	4
Everyone in Devon will be offered protection from preventable infections.	*By 2028 we will have: increased the numbers of children immunised as part of the school immunisation programmes by 10%, increasing the uptake of those eligible for Covid and Flu vaccines by 10% and reduced the number of healthcare acquired infections by 10%.*		10
Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place	*By 2028 we will have: increased the number of people dying in their preferred place by 25% and those who want it will have advanced care planning in place.*	2019/20 baseline is 8,650 people died in an unwanted place of death across the ICS	1, 6
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.	*By 2026 Devon's workforces will be supported, empowered and skilled to deliver fully inclusive services for everyone, and Devon will be a welcoming and inclusive place to live and work where diversity is valued and celebrated; by 2027 Devon's workforce will be representative of local populations; and by 2028 our estates, information and services will be fully inclusive of the needs of all our populations*		6

Enhancing productivity and value for money

Strategic Goal	Metric	Baseline	Challenge
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	*By 2026 patients will report significantly improved experience when navigating services across Devon.*		12
We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.	*By 2028 we will have: a unified approach to procuring goods, services and systems across sectors and pooled budget arrangements*		5, 12
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.	*By 2028 we will have: provided a unified and standardised Digital Infrastructure*		6
We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.	*By 2028 we will have: vacancies amongst the lowest in England in the health and social care sector*	Vacancy rates: varies depending on organisation and work group. Overall for Devon ASC 6.8%, NHS 7.2%. We already benchmark well versus the England average (9.7% for the NHS) and SW position.	12

One Devon

Helping the NHS support broader social and economic development

Strategic Goal	Metric	Baseline	Challenge
People in Devon will be provided with greater support to access and stay in employment and develop their careers	*By 2028 we will have: reduced the gap between those with a physical or mental long term condition (aged 16-64) and those who are in receipt of long term support for a learning disability (aged 18-69) and the overall employment rate by 5% and decreased the number of 16-17 year olds not in education, employment or training (NEET) by 25%.*	End 2020 NEET (16-17 yrs old) was Devon 514, Plymouth 225 and Torbay 111. NEnd 2020 NEET (16-17 yrs old). Employment: 2 indicators: 1. Gap in the employment rate between those with a physical or mental long term condition (aged 16-64) and the overall employment rate: 21/22: Plymouth 9.9, Devon 9.7, Torbay 11.3 (SE region 9.7 average, England 9.9 average) 2. Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 69) and the overall employment rate: 20/21: Plymouth 71.6, Devon 72.3, Torbay 67.7 (SE region 72.4 average, England 70.0 average)	3, 5, 8, 11
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).	*By 2028 we will: be on-track to successfully deliver agreed targets for all Local Authorities in Devon being carbon neutral by 2030 and the NHS being carbon neutral by 2040*		2
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	*By 2024: Local Care Partnerships will have co-produced with local communities and community groups in their area, a plan to empower and support groups to be more resilient.*		11
Children and young people in Devon will be able to make good future progress through school and life.	*By 2027 we will have: increased the number of children achieving a good level of development at Early Years Foundation Stage as a % of all children by 3%*	The 2019 position for % achieving a good level of development (not measured since) was Devon: 72.7%, Torbay 70.8% and Plymouth 68.3%. The SW average is 72.0% and nationally 71.8%.	3, 8
Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably	*By 2028 we will have; directed our collective buying power to invest in and build for the longer term in local communities and businesses*		2, 3, 5