

Tuesday, 27 February 2024

Meeting of the Health and Wellbeing Board

Thursday, 7 March 2024

2.00 pm

Banking Hall, Castle Circus entrance on the left corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Councillor David Thomas (Chairman)

Councillor Hayley Tranter

Councillor Nick Bye

Pat Teague, Ageing Well Assembly

Alison Brewer, Primary Care Representative

Tara Harris, Divisional Director of Community and Customer Services

Pat Harris, Healthwatch Torbay

Matt Fox, NHS Devon Clinical Commissioning Group

Jo Williams, Director of Adults Services

Adel Jones, Torbay and South Devon NHS Foundation Trust

Nancy Meehan, Director Children's Services

Lincoln Sargeant, Director of Public Health

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

Roy Linden, Devon and Cornwall Police

Paul Phillips, Department for Work and Pensions

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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 - 11)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 14 December 2023.
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 decides are urgent.
5. **Devon, Cornwall and Isles of Scilly Health Protection Annual Assurance Report 2022/23** (Pages 12 - 80)
To consider the Devon, Cornwall and Isles of Scilly Health Protection Annual Assurance Report 2022/23.

(Note: to be presented by Julia Chisnell, Consultant in Public Health, Torbay Council and Mandy Guy, Public Health Specialist, Torbay Council).

6. **Torbay Joint Health and Wellbeing Strategy** (Pages 81 - 137)
To consider the Torbay Joint Health and Wellbeing Strategy 6 monthly monitoring reports.
- (Note: to be presented by Julia Chisnell, Consultant in Public Health, Torbay Council).
7. **Greener Way for Our Bay - consultation on new Torbay framework and action plan to tackle climate change**
To receive a verbal update and presentation provided by Andrew Gunther, Principal Planning and Public Health Officer, Torbay Council and Jacqui Warren, Principal Climate Emergency Officer, Torbay Council.
- A Greener Way for Our Bay Framework and Action Plan and the Consultation Website and Survey Response form can be found at:
- <https://torbaycouncil.ntropydata.co.uk/project/159b27a9-7fd1-489f-9678-f2bd8921c561>
8. **Joint Forward Plan Update** (Pages 138 - 238)
To receive a presentation and update on the Joint Forward Plan.
- (Note: to be presented Jenny Turner, Programme Director, NHS Devon).
9. **Integrated Care Board and Local Care Partnerships Business Programme update**
To receive a verbal update provided by Derek Blackford, Locality Director (South and West), NHS Devon.
10. **Establishment of Devon LCP South Engagement Sub-Group "Community and Development Learning"**
To receive a verbal update provided by Chris Winfield, Associate Director for Strategy and Provider Partnerships, Torbay and South Devon NHS Trust and Kevin Dixon, Chairman, Healthwatch.
11. **Turning the Tide on Poverty/Cost of Living update**
To receive a verbal update provided by Lincoln Sargeant, Director of Public Health, Torbay Council and Jo Williams, Director of Adult and Community Services, Torbay Council.
12. **Risk Register** (Pages 239 - 241)
To receive an update on the Risk Register.
- (Note: presented by Lincoln Sargeant, Director of Public Health, Torbay Council).

Minutes of the Health and Wellbeing Board

14 December 2023

-: Present :-

Pat Harris, Matt Fox, Jo Williams, Lincoln Sargeant, Tanny Stobart, Paul Northcott, Roy Linden, Councillor Nick Bye, Councillor David Thomas and Councillor Hayley Tranter

35. Apologies

Apologies for absence were received from Adel Jones, Torbay and South Devon NHS Trust who was represented by Chris Winfield and Sarah Newham, Department for Work and Pensions, who was represented by Paul Phillips.

36. Minutes

The Minutes of the Health and Wellbeing Board held on 28 September 2023 were confirmed as correct and signed by the Chairman.

37. Health and Wellbeing Board Work Programme 2024

The Director of Public Health, Torbay Council introduced the submitted report which outlined the Work Programme and workshops for the Health and Wellbeing Board for 2024.

The Board was informed that the work programme currently set out five areas of focus across the Health and Wellbeing Strategy which also included cross cutting themes. In addition, the programme included statutory reports for endorsement by the Board. Additional items could be added to the work programme if necessary during the year. In addition, development workshops would be held to spotlight progress and activity around key areas from the Joint Health and Wellbeing Strategy.

Members resolved by consensus that the Health and Wellbeing Board:

1. endorse the Health and Wellbeing Board Work Programme for 2024 as set out in the submitted report.

38. Suicide Action Prevention Plan

Rachel Bell, Public Health Specialist, Torbay Council outlined the submitted report which sought to provide a summary of the new National Suicide Prevention Strategy 2023 – 2028 together with local intelligence and a summary of the new local Suicide Prevention Action Plan 2024 – 2027.

The Board was informed that there was a large difference between male and female rates of suicide and that during the pandemic, there was not an increase but

we had now returned to pre-pandemic levels. However, despite seeing a stabilising of rates in recent years, Torbay remains the fourth highest Local Authority area for suicide rates.

The aim of the national Strategy 2023-28 was to:

- reduce the suicide rate over the next 5 years;
- improve support for people who have self-harmed;
- improve support for people bereaved by suicide.

The priority areas for action were identified as:

- improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted;
- providing tailored, targeted support to priority groups, including those at higher risk;
- addressing common risk factors linked to suicide at population level by providing early intervention and tailored support;
- promoting online safety and responsible media content to reduce harms, improve support and signposting and provide helpful messages about suicide and self-harm.

It was explained that the priority groups related to children and young people; people who have self-harmed; people in contact with mental health services; those in contact with the justice system; autistic people and pregnant women and new mothers. Common risk factors had been identified such as physical illness; financial difficulty; gambling; alcohol and drug misuse; social isolation and loneliness and domestic abuse.

The Board was informed that it was essential to provide effective crisis support to help those individuals who had reached crisis point and it was also important to reduce access to the means and methods of suicide. Effective bereavement support to those affected by suicide was also identified as significant and to make suicide everyone's business so that the collective impact could be maximised to prevent suicides.

In terms of the Suicide Action Prevention Plan, a local priority setting event had been held in July 2023 which had proven very successful with over fifty multi-agency partners in attendance. The Torbay Mental Health and Suicide Prevention Alliance and multi-agency partners agreed the draft Suicide Prevention Action Plan, the main aim of which was to continue the consistent downward trajectory towards the regional average with action areas concentrated on ensuring mental health and emotional support was accessible to all together with acknowledging and working with Torbay's risk factors for suicide and pooling resources to reduce suicide. The approach going forward was to establish Task and Finish Groups who would prioritise collaborative actions to take forward and report to the Torbay Suicide Prevention Plan Group quarterly. The Action Plan would be refreshed and refined in the later part of 2024.

The Board was also informed that:

- there was close work underway with the voluntary and community sector through the Suicide Prevention Alliance, including community builders;
- support was available to schools for prevention work and in managing any cases that may arise;
- the disparity between risk factors for Torbay when compared with Plymouth may be due to the fact that Plymouth's prevention plan had been in place for longer, but that Torbay and Plymouth were working closely to share learning;
- a multi-organisational approach, sharing information was essential;
- currently a trauma informed approach is being adopted by the suicide prevention plan and this feeds into the broader focus area the Strategy of Mental Health with work carried out around the positive aspects of prevention and wellbeing.

By consensus the Board resolved that:

1. the progress since last year's Suicide Prevention Action Plan be noted;
2. the new multi-agency Suicide Prevention Action Plan be endorsed; and
3. Board members' respective organisations be invited to contribute towards the multi-agency actions as set out in the Local Suicide Prevention Action Plan 2024 – 2027.

39. Torbay and South Devon Adult Safeguarding Partnership Annual Report

Paul Northcott, Chair of Torbay and South Devon Safeguarding Adults Board introduced the submitted report and explained that the Care Act 2014 required the Safeguarding Adults Board ("SAB") to publish an annual report detailing work carried out by the SAB during the year to achieve its main objective and implement its strategic plan together with details of what each member had done to implement the strategy and the findings of any safeguarding adults' reviews and subsequent actions.

Members were informed that the report covered the period 2022 – 2023 and had been submitted to the Board for information; had already been sanctioned by the Partnership Board and would also be submitted to other forums for information.

It was explained that the report was split into ten sections covering purpose; scope; membership and key data relating to adult safeguarding, for example. The report illustrated the progress made over the last 12 months and highlighted the value of the partnership and work undertaken. Priorities would be renewed in the coming year and on an annual basis. For this year the partnership had made a conscious decision to focus on the progression and completion of safeguarding adult reviews which played an integral part of the assurance process and allowed the partnership to work with frontline staff, managers and families to identify areas of improvement and best practice.

The Board was informed that the strong local partnership between Torbay and Devon had resulted in sharing best practice and learning.

By consensus the Board resolved that:

1. The Torbay and South Devon Adult Safeguarding Partnership (“TDSAP”) Annual Report 2022/23 and the requirement to publish the report be noted.

40. Children's Safeguarding Partnership Annual Report

Shaun Evans, Head of Service, Safeguarding, Early Help and Business Intelligence and Neil Cotton Business Manager Torbay Safeguarding Children Partnership introduced the submitted report which provided an annual update for 2022–2023. It was a statutory requirement for the report to be submitted to the Health and Wellbeing Board, although it had already been sanctioned by the Partnership's Executive.

The report concentrated upon the following areas:

- the current governance arrangements and structure of the partnership;
- the role of the independent scrutineer;
- the priority areas of focus for the partnership;
- the financial arrangements;
- the local background and context;
- any statutory reviews and audits that have taken place and the impacts of these;
- child death overview arrangements;
- learning and development; and
- allegations that have taken place against people that work with children.

Members were informed that due to the date range, the report also contained an update on the impact of Covid-19 on Torbay Safeguarding Children Partnership activity that took place during this time.

It was explained that the four key priority areas were:

- to reduce the level of child neglect in the Torbay areas and challenge the causes of local neglect to prevent re-occurrences;
- to prevent child exploitation and sexual harm within the Torbay area and to ensure the safety of all children, resident or visiting Torbay, from these forms of abuse;
- to prevent children in Torbay from being harmed by the effects of domestic abuse;
- to ensure that children in Torbay receive appropriate mental health support at their time of need and that this support dovetails with any other care planning needs of the child.

Whilst a lot of progress had been made against the key priorities, it was acknowledged that there was still progress to be made in respect of the mental health priority.

The Board acknowledged the importance of both statutory and non-statutory agencies working in partnership together across Local Authority boundaries and welcomed the news that more non-statutory agencies were becoming involved with the Torbay Safeguarding Children's Partnership.

By consensus the Board resolved that:

1. The contents of the Torbay Safeguarding Children Partnership ("TSCP") Annual Report 2022 – 2023 be noted and endorsed.

41. Torbay Drug and Alcohol Partnership Report

The Director of Public Health presented the Torbay Drug and Alcohol Partnership ("TDAP") Report which provided a progress update against three priority areas:

- breaking drug supply chains;
- delivering a 'world-class' treatment and recovery system;
- achieving a shift in the demand for drugs.

It was explained that the three key priorities were underpinned by eighteen commitments, for example, around ensuring better integration into family hubs to provide mental health support; employment opportunities; good recovery pathways and better integration with schools, utilising existing relationships particularly through the Local Education Board and promoting life skills in schools. Funding was in place for more dedicated outreach work, particularly for those individuals not engaging with the system. There was also a pilot of an opiate replacement modality (Buvidal) which offered another option to methadone to support recovery in cohort of people who may have more complex needs. It was acknowledged that there was still further work to be done around drug and alcohol related deaths.

Members were informed that there had been an increase in the number of individuals treated for alcohol misuse and continuity of care, for example, individuals leaving prison and connecting with Drug and Alcohol Services and that there had been a reduction in the reported use of substances by young people. There had been an assurance that capacity for young people accessing treatment would improve and the Partnership had highlighted mental health and the unmet need for adults and children in that respect.

Members were informed that the key milestones achieved to date had been:

- the formalisation of how TDAP operates, including membership, terms of reference, it's governance as well as outlining the roles and responsibilities of the group;

- completion of the partnership's Joint Strategic Needs Assessment. This document was being used to identify key TDAP priorities for action which informs the TDAP Delivery Plan;
- establishing TDAP's outcome metrics, identifying areas of improvement and best practice. These metrics would help steer the delivery plan and identify subsequent task and finish groups;
- completion of TDAP's annual membership review, ensuring the right individuals were present and could contribute to TDAP's progress;
- a mapping exercise had identified 17 existing groups currently working in some way towards the commitments outlined within the drug strategy, whilst also highlighting current system gaps;
- the creation of task and finish groups focused on the gaps identified from the mapping exercise;
- the successful completion of all national audit requirements for the 2022/23 reporting period.

By consensus the Board resolved that:

1. The Torbay Drug and Alcohol Partnership Report be noted;
2. The Director of Public Health provides the Board with data and information to establish the level of performance against the key milestones and demonstrate the progress achieved against the three priority areas as outlined within the Government's 2021 drug strategy "From Harm to Hope".

42. Director of Public Health Annual Report

The Director of Public Health introduced the Annual Public Health Report 2023 and explained that preparation of the report was a statutory requirement under the National Health Service Act 2006. The content of the report had been developed in partnership with wider colleagues with contributions from primary and secondary care clinicians, Torbay Happy Hearts support group, voluntary sector organisations and Your Health Torbay (healthy lifestyles provider).

Members were informed that this year's report focussed on cardiovascular disease which remained one of the biggest causes of premature death and disability, with an impact worsened by the Covid-19 pandemic. The Annual Report discussed the risk factors for cardiovascular disease and looked at promotion of prevention, early detection and how to optimise treatment and support.

It was explained that prevention measures included:

- healthy eating;
- getting more active;
- spatial planning and environment;
- reducing smoking and alcohol;
- getting a good start to life and accessing information and advice.

In terms of detection, there were Devon-wide targets to identify and treat three cardiovascular disease risk factors early, such as atrial fibrillation, high blood pressure and high cholesterol. Outreach health checks in the community assisted those underserved and daily blood pressure checks were available at the Paignton Community Hub.

Members were informed that in relation to optimisation, there was strong evidence for medications such as statins and holistic interventions such as support groups and that optimising treatment for 80% of people with high blood pressure could prevent 158 heart attacks and 235 strokes and save up to £4.5 million. The South West Innovation Partnership worked with GP practices to identify patients who could benefit from improved treatment and the Lipid project improved the treatment pathway for high cholesterol. Peer groups such as 'Torbay Happy Hearts' also helped in terms of optimisation.

The Annual report contained six recommendations and implementation of those recommendations would be overseen by the Torbay Healthy Heart Partnership. Progress would be monitored during the year and reported formally in the 2024 Annual report.

In addition, Members were informed that funding was now available around highlighting the message of "stop smoking" and supporting people to quit. The risks of vaping in young people were recognised and enforcement of underage sales was a feature of national policy. It was important to work with partners to achieve a coordinated approach. Torbay Council have recently awarded a new contract for lifestyle services including smoking cessation and so support would not be reduced.

By consensus Members resolved that:

1. The contents of the Annual Public Health Report 2023 be noted.

43. Local Care Partnership Business Programme

The Board noted a verbal update provided by Justin Wiggins, Head of Integrated Care (South and West), NHS Devon who informed the Board that the South Local Care Partnership ("LCP") continued to develop its programme delivery structure to progress the implementation of the Joint Forward Plan and that the current delivery and pace of LCP development was in the context of urgent and emergency care, winter pressures and system financial pressures. It was explained that the South Unscheduled Programme Board was focussing on a range of priorities to alleviate urgent emergency care pressures, for example, high intensity users of the emergency department; discharge delays; admission avoidance; coordination of care; falls and frailty; urgent community response and end of life. Population health remained a key focus working with Public Health to build on the Joint Strategic Needs Assessment and one Devon Data Set to better understand the South population to support the identification of priorities; launch and fund organisations to focus on population health and prevention needs and to develop support for individuals waiting for surgery who were most impacted by health inequalities and wider determinants.

44. Turning the Tide on Poverty/Cost of Living update

The Board noted a verbal update provided by the Director of Public Health who advised that there had been improvements compared to last winter in terms winter planning in the NHS. With the opening of the acute medical unit at Torbay Hospital and other developments in the Emergency Department reports of ambulance turnaround times had improved, for example. In terms of Torbay Council, much of what was in place would continue. The Council would not be funding warm banks directly but it was likely that some voluntary sector organisation may offer these. It was acknowledged that the economic situation was slightly different and that inflation was coming down. The issues flagged as concerns related to housing (people maintaining tenure) and with the expectation that as people saw the ending of fixed-rate mortgages it was recognised that this could present an acute 'pinch point' with new mortgages being unaffordable for many households. Ongoing sustainability of food banks and social supermarkets was being monitored, since both relied upon people's donations. As a system there remained a drive towards looking at the longer term and developing a better understanding of what was currently available in terms of employment and skills opportunities and how those opportunities might be increased and better targeted.

Meeting: Health and Wellbeing Board **Date:** 7 March 2024

Wards affected: All

Report Title: Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance Report 2022/23

When does the decision need to be implemented? Report for information

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1. Purpose of Report

- 1.1 The purpose of this report is to share with members the Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance Report 2022/23.

2. Reason for Proposal and its benefits

- 2.1 The Devon, Plymouth, Torbay and Cornwall & Isles of Scilly Health Protection Committee prepares an annual assurance report for the constituent Health and Wellbeing Boards, detailing progress against statutory duties and strategic priorities during the previous year.
- 2.2 The report describes how partners, including Torbay Public Health, work together to protect our population from infectious disease and environmental hazards.

3. Recommendation(s) / Proposed Decision

- 3.1 Members are asked to note the content of the annual assurance report.

Appendices

Appendix 1: The annual assurance report of the Devon, Cornwall and Isles of Scilly Health Protection Committee Annual Assurance Report 2022/23

Supporting Information

1. Introduction

- 1.1 Devon, Plymouth, Torbay and Cornwall & Isles of Scilly 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.
- 1.2 The Committee prepares an annual assurance report for the constituent Health and Wellbeing Boards, detailing progress against statutory duties and strategic priorities during the previous year.
- 1.3 The report considers the 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.
- 1.4 The report sets out for each of these domains:
 - Assurance arrangements
 - Performance and activity during 2022/23
 - Actions taken against health protection priorities identified for 2022/23
 - Priorities for 2023/24.
- 1.5 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, the report also contains some information in relation to activities undertaken during 2023/24, to provide a timelier picture of progress.

2. Key points from the report for Torbay

- 2.1 Post pandemic, the system responded to a number of infectious outbreaks or particular high levels of disease during the year including Avian influenza, Mpox, Gonorrhoea, Group A strep and Scarlet fever.
- 2.2 The Public Health team worked with partners to maintain and strengthen resilience planning, and infection prevention and control arrangements across local settings including care, education, and refugee / asylum.
- 2.3 There was a focus on supporting immunisation, health screening and response for refugee and asylum seekers, with two asylum hotels in the Bay.
- 2.4 A new action programme was established with partners across Devon to increase the uptake of vaccinations, with specific focus on MMR, school based vaccines, flu and Covid. Uptake data is shown in the report at Appendix 1.
- 2.5 Priorities identified for 2023/24 included: tackling the climate emergency, infection prevention and management, vaccine uptake, pandemic preparedness, inclusion and inequalities.

3. Financial Implications

- 3.1 None.

4. Legal Implications

- 4.1 None.

5. Engagement and Consultation

- 5.1 Key stakeholders have contributed to the assurance report.

7. Tackling Climate Change

- 7.1 A new chapter was added to the report in 2022/23 focusing on Climate and Environment (see pages 35-36) and sustainability remains one of the priorities for the Committee. Health protection is critically affected by climate change, in particular flooding, heatwave, cold weather, and risk of increased infection / vector transmission.

8. Associated Risks

- 8.1 No risks associated with the assurance report.

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	Positive (particularly vulnerable to certain health risks or hazards and a focus of support)		
People with caring Responsibilities	Positive (as above)		
People with a disability	Positive (as above)		
Women or men			No differential impact although some infections or conditions affect one sex more than another.
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)	Positive (as above)		
Religion or belief (including lack of belief)			No differential impact
People who are lesbian, gay or bisexual			No differential impact
People who are transgendered			No differential impact
People who are in a marriage or civil partnership			No differential impact
Women who are pregnant / on maternity leave	Positive (a focus for particular vaccine programmes)		
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Positive (a focus for support and intervention for disadvantaged populations)		

Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Positive		
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10. Cumulative Council Impact

10.1 The health protection agenda should have positive impacts on the work of the Education and Adult Social Care sectors through infection prevention and disease control.

11. Cumulative Community Impacts

11.1 None.



**Devon, Cornwall, and Isles of Scilly Health Protection
Committee**

Annual Assurance Report

2022/23

published 06 February 2024

for the Health and Wellbeing Boards of Devon County Council,
Torbay Council, Plymouth City Council, Cornwall Council, and
the Council of Isles of Scilly

TORBAY COUNCIL



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1 Introduction

1.1 About this report

This report provides a summary of the assurance functions of the Devon, Cornwall, and Isles of Scilly Health Protection Committee (the Committee) and reviews performance for the period from 1 April 2022 to 31 March 2023 for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council, and the Council of the Isles of Scilly.

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:

- Assurance arrangements/structures
- Performance and activity during 2022/23
- Actions taken against health protection priorities identified for 2022/23
- Priorities for 2023/24

1.2 Acronyms and definitions

AMR	Antimicrobial resistance
APHA	Animal and Plant Health Agency
ARIs	Acute Respiratory Infections
Care OBRA	Care Outbreak Risk Assessment
CHIS	Childhood Health Information Service
Core20PLUS5	Approach to inform action to reduce healthcare inequalities
The Committee	DCIoS Health Protection Committee
CIoS	The geographical area of Cornwall and Isles of Scilly
COMF	Contain outbreak management funding
DEFRA	Department for Environment, Food and Rural Affairs
DTaP-IPV	Diphtheria, tetanus, pertussis, and polio (immunisation)
E. coli	Escherichia Coli
EPRR	Emergency Planning, Resilience and Response
GAS	Group A streptococcal
HEAT	Health Equity Assessment Tool

HES	Hospital Eye Services
HPAG	Health Protection Advisory Group
HPV	Human papillomavirus
ICB	Integrated Care Board
ICS	Integrated Care System
iGAS	Invasive group A streptococcal
IPC	Infection Prevention and Control
IT	Information Technology
JCVI	Joint Committee on Vaccination and Immunisation
JFP	Joint Forward Plan
KPIs	Key Performance Indicators
LSOA	Lower Layer Super Output Areas
LRF	Local resilience forum
LHRP	Local Health Resilience Partnership
MIUG	Maximising Immunisation Uptake Group
MRES	Measles and Rubella Elimination Strategy
MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
NHS	National Health Service
NHSE	National Health Service England
NHSESW	National Health Service England South West
NPO	National power outage
OCT	Optical Coherence Tomography
PHE	Public Health England
RDUH	Royal Devon University Hospital
SCI	Severe Combined Immunodeficiency
TOR	Terms of Reference
UKHSA	United Kingdom Health Security Agency
VaST	NHSE Vaccination and Screening Team
VSCE	Voluntary Community and Social Enterprise

2 Assurance Arrangements

2.1 Assurance role

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. The 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 the prevention, surveillance, planning, and response required to protect the public's health.

2.2 Meetings

The Committee met on 15.06.22, 21.09.22, 07.12.22 and 29.03.23 and action notes, an action log, screening and immunisation and infection prevention control (IPC) reports were circulated. A summary of Terms of Reference (TOR) with affiliated groups listed is included in Appendix 1 [*TOR for the Committee were updated subsequent to this reporting period, on 15.08.23*]. A summary of organisational roles in relation to delivery, surveillance and assurance is included at Appendix 2.

2.3 Reporting

The Committee's Annual Assurance Report for 2021-22 was circulated to committee members on 18.01.23, for local authority health protection leads to submit to their respective health & wellbeing boards. (Cornwall Council were lead authors of that report).

2.4 Local Health Protection Structures

In Devon, a renewed approach was taken to joint working with the commencement of the Devon System Health Protection Huddle monthly meeting which began on 20.06.22 as a regular touch point for the three Devon local authority health protection leads, Devon Integrated Care Board (ICB) IPC lead, the NHSE Vaccination and Screening Team (VaST), and UKHSA locality leads. Brief meeting notes and an action log are kept and reviewed monthly. Cornwall and Isles of Scilly link with relevant stakeholders more strategically via the quarterly Health Protection Board (which was initiated during the pandemic but moved to a whole health protection board in 2022). In addition, local structures support delivery and monitoring of health protection activity at local authority level in Torbay and Plymouth.

2.5 National Health Protection Structure

In October 2021 (during the previous reporting period) the health protection function of Public Health England (PHE) transitioned to the United Kingdom Health Security Agency

(UKHSA). This significant organisational change is now complete but references to PHE remain in some relevant documents.

2.6 System Developments Following the Health and Care Act

In April, the Health and Care Act 2022 formally established the Integrated Care System structure of Integrated Care Boards and Integrated Care Partnerships and a requirement to publish integrated care strategies ^[1].

2.6.0 Devon System

The Devon Integrated Care System (ICS) published a single strategy in December 2022 which comprises the five-year integrated care strategy. The accompanying Joint Forward Plan (JFP) was issued in June 2023 (*subsequent to the reporting period of this 2022-23 Committee report*) describing how the strategy for health and care will be put into practice and how strategic goals will be achieved. One of the nine key delivery programmes set out in the Devon JFP is health protection. These goals will be considered from 2023-24 onwards.

2.6.1 Cornwall and Isles of Scilly System

The 10-year Cornwall and Isles of Scilly ICS Strategy was bought together in the second half of 2022 and the first version was published in March 2023 with the Cornwall and Isles of Scilly 5-year JFP in first draft.

Links to the online strategies and plans for both Devon and Cornwall & Isles of Scilly are available in Appendix 3.

3 Prevention and Control of Infectious Disease

3.1 Surveillance Arrangements

UKHSA regularly provide a quarterly verbal update to the Committee covering epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level. These updates are delivered and recorded in meeting notes. At the 29.03.23 meeting a report presentation was also circulated.

Stakeholder notifications of all incidents and outbreaks are sent to the relevant local authority health protection teams, including relevant information and any requests for local action.

UKHSAs Field Epidemiological Service produce a fortnightly bulletin providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus for the UKHSA South West region. Monthly locality data packs for each area started to be produced and circulated by UKHSA following the 21.09.22 Committee meeting.

The Devon Health Protection Advisory Group (HPAG) met twice during this reporting period on 03.10.2022 and 01.02.2023 and the Heath Protection Cornwall and Isles of Scilly (HPCIoS) group met in July, October, and December 2022. These meetings are led by UKHSA to provide a forum for stakeholders, including hospital microbiologists, environmental health officers, consultants in public health, water companies and infection prevention control teams, to share intelligence and any risks identified in local arrangements to manage communicable disease incidence. *HPAG and HPCIoS are each due to be convened three times during 2023-24.*

3.2 Activity in 2022/23

UKHSA South West Health Protection Team provide the specialist response to infectious disease and hazard related situations across Devon and Cornwall and Isles of Scilly, supported by local, regional, and national expertise. The winter of 2022-2023 was a busy season with COVID-19, influenza, avian influenza, and the group A Streptococcal national outbreak. The team has responded to outbreaks in a variety of settings including but not limited to care homes, educational settings, asylum seeker settings and custodial institutions. A summary table of situations is available in Appendix 4.

3.2.0 COVID-19 Pandemic

Since the end of December 2019, the UK has seen peaks and troughs of COVID-19 cases. The COVID-19 and seasonal influenza vaccination programmes were operated

independently in autumn/winter 2022 but into 2023 the programmes began working towards alignment of cohorts and co-administration.

From the start of April 2022 case numbers continued to decline (from a peak in January 2022, when the highest case numbers so far in the pandemic were recorded). Cases and outbreaks reduced significantly by June 2022 and stabilised by September 2022 across Devon, Cornwall, and the Isles of Scilly.

National guidance in June 2022 emphasised a return to a pre-pandemic footing, with mask wearing in healthcare settings no longer being compulsory and local risk assessment becoming the preferred approach.

In February 2023 the legal position regarding standing down the Devon local outbreak engagement board was considered.

The handover of adult social care response work from local authority back to UKHSA (as it was pre-pandemic) was largely completed by the end of March 2023 but local authorities still fielded many enquiries and offered some support to help providers through the transition. Local authorities' health protection and UKHSA South West health protection teams' operational capacity and numbers of personnel reduced at the end of March 2023 with the end of the contain outbreak management funding (COMF) and inclusion of COVID-19 within 'business as usual' operations.

As part of the business-as-usual approach, UKHSA began to develop a care outbreak risk assessment (care OBRA) tool for adult social care settings, to streamline the reporting of outbreak information by care providers to the UKHSA Health Protection Team. *This development was delayed and subsequently the care OBRA tool launched outside this reporting period in August 2023.*

3.2.1 Influenza

In 2022/23 the nation saw the first post pandemic influenza season which was concentrated into a relatively short, early season with most cases occurring in adult social care settings.

3.2.2 Avian Influenza

In September 2022 there was a large-scale outbreak resulting in deaths of wild birds which continued into winter. The outbreak significantly affected Paignton Zoo and the seabird population, with numbers of dead birds in public areas. The Torbay Council public health team collaborated with all partners in liaison with the Animal and Plant Health Agency (APHA), UKHSA, Department for Environment, Food and Rural Affairs (DEFRA) and Trading Standards. Local operational response was led with South West Integrated Services Company (waste provider, public spaces, and roads) with public phonenumber, posters in public

areas, and dead bird collection. IPC measures were risk assessed and deployed in discussion with UKHSA.

The Cornwall and Isles of Scilly ICB and Cornwall County Council developed an avian influenza pathway and refined it with UKHSA. This has since been used as a model for avian influenza work in other areas.

The avian Influenza pathway requires health professionals to swab symptomatic individuals and those who have been exposed to birds, to quickly exclude avian influenza infection. Antiviral prescribing pathways are in place in Cornwall and Isles of Scilly and Devon. The swabbing pathway in Cornwall and Isles of Scilly is in place, however Devon's lack of a swabbing pathway is recorded as a risk on the Devon ICB Risk Register. This risk sits with the ICB as a commissioner. It was agreed to record this on other Committee member organisations' risk registers and remains a risk after this reporting period.

3.2.3 Lyme Disease

The Fingertips tool updated to include Lyme Disease in March 2022. The South West historically has seen a high incidence with an average of 40 laboratory confirmed cases in Devon and 11 in Cornwall and Isles of Scilly, however not all cases are laboratory confirmed and the reported numbers may therefore be an underestimation. The national UKHSA social media campaign was uplifted by local authority communications around being "tick aware".

3.2.4 Gonorrhoea

Devon Sexual Health noticed an increase in gonorrhoea cases in October 2022 and reported this to commissioners and UKHSA sexual health regional facilitator. A regional incident management team was established to analyse intelligence and conduct enhanced surveillance across the South West region. The design and development of a regional targeted prevention intervention e.g., a campaign/messaging was also planned. Cases continued to increase in young adult heterosexuals (an age/gender group not targeted by national campaigns) into January 2023 (in the context of an overall increase in cases in England in 2022) so this group was targeted for action by adapting general sexually transmitted infection messaging to be used locally. A regional incident was declared in February 2022 and incident management meetings were held by UKHSA. Commissioners and health protection colleagues from Public Health also attended the meetings to support the response from a public health perspective to ensure prevention, communications and data was appropriately covered.

3.2.5 Mpox

Diagnostic, treatment, and vaccination pathways were developed locally and implemented via the Devon Integrated Care System (ICS) and through the four hospital trusts, specifically

sexual health services and infection control specialties. All three Devon local authority public health teams engaged with this work, with roles and responsibilities as the commissioner of some sexual health services, health protection assurance and linkage to wider community support systems. By September 2022 there were 14 confirmed cases across Devon, Cornwall, and Isles of Scilly. One isolated response was highlighted as reflecting a lack of health protection training in healthcare when hazmat suits were used for a suspected mpox response, possibly due to misunderstanding/fear. The Eddystone Trust helped co-produce messaging with gay, bisexual and men who have sex with men communities to help address stigma for Mpox. They also received funding from UKHSA to recruit and train volunteers to continue this work and promote vaccines. Devon specialist sexual health services planned collaboratively with COVID-19 vaccination centres to invite the target group for vaccination and deploy vaccines. In Cornwall and Isles of Scilly there was also a successful vaccination programme working across the hospital trust and sexual health provider.

3.2.6 Group A Streptococcal Infection

Work related to Group A streptococcal (GAS) and invasive Group A streptococcal (iGAS) infections increased during the winter months due to a national GAS outbreak. The UKHSA health protection team supported multiple educational settings, early years settings, care homes and complex lives settings. Torbay Council public health team helped to prevent and manage cases of iGAS in homeless settings in collaboration with UKHSA. Cornwall Council public health developed an information pack for professionals working with the homeless population. Cornwall Council's communications department also produced a combined public health and paediatrician piece to highlight specific GAS symptoms and when to contact 111 or the GP. Devon and Plymouth public health teams have worked successfully with nursery settings.

3.2.7 Scarlet Fever

There were high levels of scarlet fever throughout 2022 with a dramatic increase from pre-pandemic infection rates. The Devon County Council, Torbay Council and Plymouth City Council public health teams worked with UKHSA and local health systems to support management of high volumes of infections notified. Good practice was promoted with specific settings including schools and early years, to support smooth running of education and primary care.

National Scarlet Fever communications were published for schools. A national helpline was set up late 2022/early 2023 to deal with low-risk high-volume calls.

Building on relationships with partners and the public, Cornwall Council public health increased communications for awareness and prevention messaging and the understanding of antibiotics, with support from UKHSA.

3.2.8 Escherichia coli

In Autumn 2022 a national increase in E. coli was observed, affecting a range of ages, with no clear epidemiological links. From July-September 2022 there were 24 cases in Devon and 38 in Cornwall and Isles of Scilly.

3.3 Infection Management and Outbreak Prevention

Cornwall County Council employed two outbreak prevention specialist practitioners until March 2023. The posts provided a service to care homes which filled a pre-pandemic gap as well as delivering the anticipated pandemic support during outbreak situations and promoting resilience to a variety of possible future outbreak scenarios.

Torbay public health-maintained links with their NHS community infection management and control team and the care sector in readiness for future outbreaks or pandemic resurgence, building on the excellent work during the COVID-19 pandemic.

Jointly, the Devon local authorities continued to employ a COMF funded IPC practitioner, who was based in Devon County Council public health, health protection team but who worked across the geography of Devon. This post supported settings including nurseries, schools, and vaccination centres with IPC self-assessment checklists, delivered high level filtering facepiece respiratory mask training and shared appropriate personal protective equipment guidance for non-healthcare settings (as these settings are not covered by ICB IPC). *Subsequent to this reporting period, COMF ceased March 2023, so the IPC Practitioner post ended. In autumn 2023, IPC support for non-healthcare settings, was recorded as a risk on the NHS Devon ICB Risk Register due to ICB system pressures.*

3.4 Public Health Advice, Communications, Engagement, and Prevention Messaging

UKHSA collaborated with NHSE to deliver a series of 23 webinars to celebrate World Antimicrobial Awareness Week 2022. Over 200 attendees from a variety of stakeholders including the NHS, educational settings and local authorities benefited from the webinars. The webinars were also made available on the NHS Futures website for those who could not attend.

UKHSA delivered multiple educational and awareness raising events on health protection including infection prevention webinars for schools and early years settings and the regional health protection conference.

UKHSA facilitates the networking of partners via the Migrant Health Network, Environmental Health Officer Network, Early Years and Educational Settings Network, and South West Care Settings Health Protection Network and the overarching South West Health Protection Network.

3.5 Safe Events Management

With the removal of COVID-19 restrictions, many events, and festivals, re-started during this year, leading to the increased spread of infections that were common pre-pandemic. The local authority health protection teams continued to support large event planning with infection control, heatwave planning and wider health protection guidance to promote safe operation.

3.6 Work with Specific Settings and Populations

3.6.0 Supporting Migrant Health and Resettlement

Health protection remained a key element of the multi-agency approach to supporting asylum seekers and refugees arriving at temporary accommodation in Devon, Torbay, and Cornwall. Over 2022/23 there were two hotel settings already established and a further six opened across Devon and Cornwall.

IPC visits were carried out in Devon, by the COMF funded IPC practitioner whenever possible ahead of, or on opening, to offer support and advice to the staff managing the settings to support keeping residents and staff well and to reduce risk of transmission should anyone become unwell. An early visit was not possible in Cornwall due to having no advance notice of the hotel opening but this was provided by the mobile vaccination team for Cornwall. An IPC checklist was developed to support knowledge in the setting as there were regular changes in hotel staff and new staff coming into support residents. Information was also provided to hotel staff and primary care to ensure they understand routes for escalating any health protection concerns if they arose.

COVID-19 testing, and vaccinations were provided for residents and staff in hotels, in line with guidance, via the Devon County Council public health outreach team and NHS Devon outreach vaccination teams. In Cornwall this was provided by the mobile vaccination team. UKHSA created a contact form to gather details of relevant contact details in agencies supporting hotels to enable them to respond to any health protection incidents.

Different hotels supported people arriving in the UK through different routes including the Afghan Relocations and Assistance Policy route, via small boats or via ports and airports. All arrivals were supported to register with NHS General Practitioners (GPs). NHS Devon and NHS Kernow worked with primary care and provided funding to enable enhanced health checks for all patients registered. GP Practices were agile and creative to support arrivals whilst working to provide translation in multiple languages for each group of arrivals, and to address multiple and challenging health needs. The Migrant Health Guide ^[2] supported health services to establish what additional health needs or screening may be required, including information around prevalence of various infections in the migrants' home nations/travel routes, and how primary and secondary care could help people access screening and immunisations in line with the UK immunisation schedules.

In 2022 the UK opened a scheme to support families fleeing the Ukraine war by enabling people to be hosted by and live within UK households. The Devon County Council area has welcomed over 2000 people with the 8th highest number of arrivals by upper tier authority areas in England. Cornwall have welcomed just over 1000, Plymouth 240 and Torbay 190 people. Specific support and information sources were put in place for these groups.

3.6.0.1 Diphtheria

Higher-than-expected cases of diphtheria were identified in asylum seekers and refugees arriving in the UK via small boats, so UKHSA recommended a course of prophylactic antibiotics and a diphtheria containing vaccine within 10 days of arrival for this cohort of migrants. With several large asylum hotels opening in a short time frame, the outreach vaccination teams (who had worked on delivering winter vaccinations across Devon and Cornwall) supported primary care delivering prophylactic vaccinations. Their skills in communicating around the reasons for vaccination and antibiotics were invaluable and enabled them to also support practices with triaging health needs on arrivals. The outreach team ran vaccination clinics as the hotels continued to receive arrivals. There were frequent movements in and out of hotels, with residents arriving from other hotels where prophylactic measures had already been offered. Some new arrivals were new to the country, but in much smaller numbers and so then the arrangements for prophylactic measures moved to be supported by primary care as part of initial arrival health checks.

3.6.0.2 Tuberculosis

As part of initial health screening, new arrivals were screened for active TB signs and symptoms. Where cases of TB were identified, the UKHSA South West health protection team worked with the individuals along with local hotel managers and teams supporting unaccompanied asylum-seeking children. Local authority public health and the Home Office worked to identify close contacts requiring screening. The NHS in Devon does not have a

dedicated commissioned TB service and so local respiratory services worked together to facilitate contact screening, and in some cases additional services were commissioned by Devon ICS to provide additional capacity. Identifying and locating contacts to enable screening was challenging and time consuming due to the pace of arrivals and movements between hotels nationally.

The NHS England migrant health guide recommends latent TB screening for people aged 16- to 35-year-olds who have arrived in England in the last 5 years and who were born or lived for more than 6 months in sub-Saharan Africa or countries where the TB incidence is more than 150 per 100,000 population. Latent TB screening services are only commissioned by NHS England in areas of higher prevalence and Devon, Cornwall and Isles of Scilly do not have a service. Therefore, this creates a challenge for screening to take place in line with the guide for those people arriving from high prevalence countries.

The increased need for TB services and related demand on respiratory teams was added to the Devon ICB risk register in 2023.

3.6.0.3 Scabies

Many hotels required mass treatment for scabies. This was facilitated by a multi-agency response working with voluntary, community, social enterprise (VCSE) organisations to source clothing for residents to ensure a clean set of clothing was available after treatment. Translation and interpreters were required for multiple languages to enable the treatment process to be explained to residents, including the process for laundry and application of creams. Hotels needed to organise mass laundry around treatment dates and have adequate understanding to support residents to ensure treatment plans were followed. The Cornwall IPC team supported the Cornwall hotel with assessments and checklists to ensure the treatment and environmental cleaning were coordinated and completed appropriately.

4 Screening Programmes

4.1 Background

Population screening programmes make a significant impact on early diagnosis, contributing to a reduction in deaths and ill-health. There are six programmes: bowel, breast and cervical cancer screening programmes, antenatal and new-born screening (six sub-programmes), abdominal aortic aneurysm and diabetic eye screening programmes.

4.2 Recovery

All screening programmes successfully recovered from the impact of the COVID-19 pandemic with additional offers to those whose appointments had been delayed due to the impacts of the pandemic on health services. For some programmes, this required significant investment, both regional and national to increase capacity over and above 100% to clear the backlog of appointments. All screening programmes have returned to a business-as-usual footing. The additional investment has been designed to build in increased capacity to ensure more robust and sustainable services into the future.

The impact of the COVID pandemic meant that there were impacts on the ability to meet national standards during this period (for example, round length and coverage) but these continue to improve.

All programmes are now starting to focus on undertaking health equity audits and developing a more comprehensive approach to improve coverage and reduce inequalities.

The following table gives a summary of performance, challenges, and developments during 2022/23 alongside future developments.

Bowel	<ul style="list-style-type: none"> • All programmes have improved performance since recovering from COVID impact though challenges remain with diagnostic waits for colonoscopy. • North and East Devon centre had a service improvement plan in place to support improvements in diagnostic wait times for colonoscopy. • All programmes commenced aged extension to 58-year-olds. • Text messaging pilot was undertaken by the Southern Hub to improve uptake with support of primary care. • Work was undertaken with primary care to scope the use of text messaging to improve uptake as part of the primary care direct enhanced service contract arrangements. • An Inequalities subgroup of the screening programme board was established in all areas.
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<p>Bowel</p>	<ul style="list-style-type: none"> • Workforce: The COVID-19 pandemic resulted in a 94% reduction in endoscopy training. Using NHS England South West (NHSESW) reserves, the NHSESW VaST working with the South West Endoscopy Training Academy set up a Fellowship scheme to support regional speciality trainees to achieve Joint Advisory Group accreditation for colonoscopy so they can contribute to the screening service as soon as they have completed their training, thus accelerating the training pathway for future regional Bowel Cancer Screening Programme colonoscopists to ensure a constant pipeline of endoscopists into the programme to meet future capacity requirements. Royal Devon University Hospital (RDUH) participated in the scheme with one Fellowship post. <p>Future developments:</p> <ul style="list-style-type: none"> • Age extension: Planning for age extension to those aged 54. • Lynch Syndrome: Planning for screening of individuals with Lynch syndrome from April 2023. • It is hoped that from 2024 onwards the endoscopy Fellowship programme will become permanent through substantive legacy bowel scope screening funding in several Trusts, but this is subject to final agreement.
<p>Breast</p>	<ul style="list-style-type: none"> • All programmes in Devon, Cornwall and Isles of Scilly were sustainably recovered by the end of the period with at least 90% of women being invited within 36 months of their last appointment. • Coverage data has been significantly impacted by the delays to the offer of screening caused by the pandemic. Published data shows that the coverage is recovering and is above 70% for all programmes in Devon, Cornwall and Isles of Scilly (the acceptable target) – see Appendix 5. • The above improvements were enabled by significant financial investment in for example, new screening rooms and mobiles, Radiology fellows, international radiographer recruits, apprenticeship opportunities, practice educators to support staff in training, 2 extra admin staff for each screening provider, move to open invites to make use of every appointment, introduction of text messaging reminders, additional calls to women who had not attended. • Providers have undertaken forward planning to smooth the invitation and round length to avoid future spikes in demand in the next 3 yearly screening round caused by the intense activity to clear the COVID-19 backlog. <p>Future developments:</p> <ul style="list-style-type: none"> • Workforce challenges locally and nationally continue to significantly affect the South West programmes and is a continued focus. • Working closely with cancer service teams as high symptomatic demand continues to create competing pressures on screening teams that share roles across the whole breast pathway. • Focus on improving uptake and reducing inequalities using the PHE Health Equity Assessment Tool (HEAT) and action planning – the Long-term plan ambition is 80% coverage. • Review of moving back to timed appointments as part of improving coverage work.

<p>Cervical</p>	<ul style="list-style-type: none"> • Cervical screening launched in Cornwall sexual health services in December 2022 (already in place in Devon services). • RDUH drop in sample-taking clinics piloted. • Successful performance improvement plan was put in place with the regional cervical sample laboratory to improve a drop-in turnaround time resulting from staffing issues. • NHSE VaST has worked closely with all providers and ICBs to enable the management of the increase in colposcopy referrals resulting from the introduction of primary Human Papillomavirus screening that has stretched colposcopy capacity. Torbay has had pressures impacting its referral waiting times for both urgent and routine referrals and has working through a business case to increase capacity with an extra clinic room and additional staffing. <p>Future developments:</p> <ul style="list-style-type: none"> • Focus on increasing coverage and health inequalities work including support to GP practices with the lowest uptake, insights survey to primary care to understand challenges within GP practices, developing a suite of interventions for targeted work, a pack to help sample taker support people with learning disability through screening, and a training package for sample takers to support people with their mental illness.
<p>Antenatal/ Neonatal</p>	<ul style="list-style-type: none"> • Coverage of the antenatal and new-born screening programme remains very high, as these are integral to routine maternity care. • All antenatal screening programmes were fully recovered with performance against national Key Performance Indicators (KPIs) and standards back to pre-COVID-19 levels. However, there is concern that ongoing staffing pressures in maternity have continued to have an intermittent impact on screening team functions with some trusts having increased number of incidents, less timely submission of KPIs and closure of incidents. • The NHSE VaST has worked closely with the RDUH screening team to support the achievement of compliance with some national standards and key performance indicators following a quality assurance pathway review. • Performance in certain aspects of the new-born blood spot screening programme continues to be a challenge due to multiple factors. All providers have systems in place to address these challenges and this work is closely supported by the NHSE VaST. Coverage of new-born blood spot in those who move into the area has been particularly challenging with the observation by local teams of an increase in movement in of families under the Afghan Relocation and Assistance Policy scheme, from Ukraine and asylum seekers which has led to more challenges making timely contact with families and highlighted the need for easy access to translation and interpretation in community services. • Devon New-born Hearing screening service successfully transitioned from a community model to a hospital model at the start of April 2023 with most babies now being screening prior to discharge home with screening offered in community clinics if not screened prior to leaving hospital.

<p>Antenatal/ Neonatal</p>	<p>Future developments:</p> <ul style="list-style-type: none"> • A deep dive into new-born bloodspot performance is planned for 2023/24 • Publication of good practice guidance for new-born programmes • NHSE VaST delivery of training sessions for health visitors that will include relevant aspects of antenatal and new-born screening.
<p>Diabetic Eye Screening (DES)</p>	<ul style="list-style-type: none"> • All programmes were fully recovered from COVID-19 delays within this period. • Annual coverage remains high in Devon for 2022/23 (84%, national achievable target is 85%) and has been stable at this level for several years; annual coverage for Cornwall was also 84% and this performance has greatly improved from 77% in 2020/21. • Performance against the other national Key Performance Indicators and standards has been good though meeting the acceptable level of 80% for timely referrals into Hospital Eye Services (HES) continues to be a challenge; this is closely monitored and although improving is expected to remain a risk until HES are able to return to pre-pandemic capacity. • Health inequalities work has progressed with the use of PHE HEAT and action plans with a focus on addressing people who serially do not attend appointments, understanding their reasons, exploring ways to engage these patients with screening, collaborative working with learning disability nurses and reviewing clinic accessibility. <p>Future developments:</p> <ul style="list-style-type: none"> • National guidance on introduction of Optical Coherence Tomography (OCT) into screening pathway awaited. Early conversations will take place with ICBs who currently fund OCT through Ophthalmology. • Reduced screening interval changes planned for 2023 with national working group established to meet monthly until implementation. • Possible review of the referral into hospital eye services standard given this is not within the control of diabetic eye screening providers.
<p>Abdominal Aortic Aneurysm (AAA)</p>	<ul style="list-style-type: none"> • All three Devon and Cornwall programmes made excellent progress during 2022/23 achieving 100% offer by the end of the year. Coverage continues to be high, and all three providers achieved over the achievable target of 85% and ranked in the top six providers across England. • The main challenge in the programme was the continued breaches of the vascular referral pathway with a high proportion of patients having to wait for longer than 8 weeks for surgery due to ongoing pressures within surgery and intensive care services. All breaches longer than 12 weeks were notified to NHSE VaST and the team has worked closely with the screening services and the regional Vascular Surgery Network to closely track these patients to ensure surgery is done at the earliest opportunity. • All providers have completed the PHE HEAT and developing action plans to further improve uptake and reduce inequalities.

5 Immunisation Programmes

5.1 Immunisation Performance

Immunisations are one of the most significant public health developments in the prevention of infectious disease. The routine vaccine schedule in the UK is available via the link in Appendix 6. In addition to the routine immunisation programmes, the COVID-19 vaccination programme has continued to be delivered in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance. In 2022/23 there was a successful Autumn-Winter programme, and a Spring Booster programme for those at higher risk. The ongoing impact of the COVID-19 pandemic meant that there were some challenges meeting some national uptake and coverage standards in some programmes and for these areas, action plans and improvement plans were put in place alongside the recovery plans.

5.2 Programme Summary

Performance, challenges, and developments during 2022/23 alongside future developments are laid out in the following table.

<p>Pre School-Immunisations</p>	<p>Nationally, childhood vaccine coverage in 2022–23 decreased compared to 2021–22, and none of the scheduled vaccines met the 95% target. Coverage rates in the South West have remained high relative to the England average. In Devon, Cornwall and Isles of Scilly, the priority remains the uptake of the Measles, Mumps and Rubella (MMR) dose 1 and 2 and Diphtheria, tetanus, pertussis and polio (DTaP-IPV) preschool booster vaccines in 5-year-olds, which although still high, also reduced a little compared to 2021/22; Torbay and Cornwall have coverage less than 90% for both MMR dose 2 and the preschool booster (see Appendix 6). There was not an immediate impact from the pandemic but all but Devon local authority areas have seen a small drop in child immunisation uptake over the last two years.</p> <p>The UK-wide Measles and Rubella Elimination Strategy (MRES) was released in 2019 and a South West-wide action plan was developed to support implementation of the plan following a regional conference on measles held in February 2020. Following a pause during the COVID-19 pandemic, the regional strategy was updated and shared with system stakeholders to ensure a co-ordinated, collaborative approach that includes both local, regional, and national objectives and priorities. Analysis of Childhood Health Information Service (CHIS) MMR data was undertaken to support a re-refresh of the MRES work to support local work. A national MMR call-recall took place in 2022 for children up to age 6 years.</p>
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	<p>2022–23 saw the development of System-level Maximising Immunisation Uptake Groups (MIUG), led by the NHSE VaST with a key focus on increasing the uptake of childhood immunisations, particularly MMR and pre-school booster vaccines. These groups have developed an evidence-based action plan that identifies targeted interventions to improve uptake. In Devon, the priorities are MMR, preschool booster, and school aged immunisations; and in Cornwall the priorities are MMR, preschool booster, and maternal pertussis with a specific focus on improving the data recording and data flows as anecdotally is it thought that uptake is higher than the national published figures.</p> <p>Devon, Cornwall, and Isles of Scilly (and Bristol, North Somerset & South Gloucestershire) CHIS procurement was completed, and the new provider commenced delivery April 2023.</p> <p>Future developments:</p> <ul style="list-style-type: none"> • Targeted work at a practice level planned as part of the new CHIS contract. • Development of more comprehensive and timely data dashboards to support planning, delivery and monitoring of targeted actions to increase uptake and coverage. • Analysis of CHIS preschool booster using CHIS data for all 0–19-year-olds enabling a population view of coverage in addition to the GP practice-based analysis. • Vaccine confidence project to be undertaken in collaboration with University of Bristol and national NHSE 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 MMR and is planned to be piloted in Devon.
<p>Targeted Immunisations</p>	<p>The enhanced Hepatitis B and Tuberculosis programmes continue to be delivered to eligible babies (number of eligible babies in Devon, Cornwall and Isles of Scilly are relatively low). Uptake of the Hepatitis B vaccination remains good with most infants completing the full immunisation programme and having a 12-month serology test. There were no known cases of infants contracting Hepatitis B before their first birthday during 2022/23.</p> <p>Following large scale changes to the infant Tuberculosis programme from September 2021 due to the national new-born bloodspot screening Severe Combined Immunodeficiency pilot (in other parts of England not in the South West) all providers had to change their models of delivery to deliver vaccination in a clinic setting ideally by age 28 days. However, it is taking time for providers to fine-tune their clinic offer and a very low proportion of infants in Devon and Cornwall are currently being vaccinated by 28 days of age.</p>

	<p>Future developments:</p> <ul style="list-style-type: none"> • Improvements to Tuberculosis data collection and fail safes to monitor uptake and timeliness and assure that a high level of uptake is being maintained. • More regular meetings to be implemented with individual providers to better understand challenges and develop quality improvement plans.
<p>School-aged immunisations</p>	<p>The school-aged immunisation programme was 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, and the COVID-19 vaccination programme for 12-15s and the expanded flu vaccination programme has impacted the subsequent academic years. Both Devon, Cornwall and Isles of Scilly providers have worked hard to deliver the routine programme as well as an ongoing offer of community clinics including over the summer holidays to catch-up as many missing vaccinations as possible.</p> <p>Data for the 2021/22 cohort shows that uptake is mostly recovered or achieved near pre-covid uptake levels, within the range of normal variation. Data for 2022/23 cohort showed ongoing challenges so NHSE VaST reviewed providers operational plans and additional catch-up activity was scheduled by the school aged immunisations services to ensure recovery was completed before the end of the school year. This was supported by additional NHSESW financial investment to both providers.</p> <p>A new lesson plan and resources pack called EDUCATE (from the University of Bristol) was shared across school aged immunisations services teams and local authority teams to increase the understanding of the human papillomavirus vaccine.</p> <p>There was a procurement for the Devon service and a new provider commenced delivery on 01/08/2023.</p> <p>Future developments:</p> <ul style="list-style-type: none"> • Procurement for the Cornwall service during 2023/24 with new contracts to start 01/08/2024. • Addition of an offer of MMR alongside the routine immunisations will be introduced into the specification for 2023/24 supported by additional investment. • Planning for human papillomavirus vaccine schedule change due September 2023 which will move from two to one dose.

<p>Vaccinations in pregnancy</p>	<p>Vaccinations in Pregnancy include Influenza and Pertussis (and COVID-19 - not currently a Section 7a commissioned programme). All Devon, Cornwall and Isles of Scilly providers offer both influenza and pertussis vaccinations.</p> <p>Delivery of vaccination in maternity settings can be affected by several operational issues such as lack of clinic space and staff capacity. More frequent meetings were implemented to closely monitor service delivery and a checklist tool developed to support providers to plan and mitigate against these issues and better align all three vaccinations.</p> <p>Uptake was slightly below the South West average uptake (see Appendix 6). There are data issues that affect interpretation of vaccine uptake data including denominator definition, data uploading between maternity and primary care systems, administration workload to ensure accurate data, and reporting delays. Work is underway in the Cornwall MIUG to look into these processes.</p> <p>Future developments:</p> <ul style="list-style-type: none"> • Review of delivery models and scoping of additional actions for 2023/24 with maternity immunisations leads to inform planning (and business cases) for 2023/24 • Review of maternity self-assessment checklist • Review findings from Seasonal Influenza programme end of year review and acute trust debrief to inform planning for 2023/24 Influenza/COVID-19 season
<p>Older people Immunisations</p>	<p>Shingles vaccination is first offered at age 70 years and eligibility continues until age 80. Uptake in the first year of offer is low at about 20% and then the cumulative uptake increases year on year up to age 78 when it drops off (this is due to these older age groups being part of a catch-up group and having less time to be vaccinated). Latest data shows cumulative uptake across Devon and Cornwall is in line with or above the national average (see Appendix 6).</p> <p>NHSE VaST produced a primary care Shingles toolkit and issued a number of Shingles communications to support uptake of this vaccination; firstly, to the 20% of GP practices with the lowest uptake across all systems to encourage action to offer to those aged 78 as this group only have 2 years before ceasing to be eligible and in addition to all practices to remind that Shingles vaccination is an active call-recall at age 70.</p> <p>In addition to Zostavax, a second vaccine Shingrix is now available to offer to all those who are aged 70-80 who are immunocompromised (and so not eligible for Zostavax). There are some data quality issues with uptake for this new cohort which are being investigated.</p> <p>The latest published data for Pneumococcal vaccination is 2021/22 with coverage stable for Devon and Cornwall ICBs around 70% in keeping with the England average and meeting the acceptable lower threshold of 65% and under the target uptake of 75%.</p>

	<p>As with Shingles, the uptake at 65 years (the age of first offer) is low and uptake increases year on year up to age 75 and over, emphasising the importance of continuing to offer these vaccinations in older years and also of the need to do more work to improve the timeliness of the vaccination closer to the age of first eligibility in order to gain more protection from the vaccine for these groups.</p>
<p>Influenza immunisations</p>	<p>The influenza vaccination programme continued to be a high priority during the 2022/23 seasonal programmes placing pressure on GP practices and school aged immunisations services providers who at the same time were delivering the COVID-19 vaccination programme. Delivery through community pharmacy was further expanded to support the programme.</p> <p>Multi-agency arrangements established in 2021/22 in Devon and Cornwall to manage the delivery of the seasonal vaccination programmes including both COVID-19 and influenza were further embedded.</p> <p>Overall, the South West had the highest uptake in all eligible cohort groups of any region and higher than the England average (see Appendix 6). Cornwall, although generally in line with uptake across the region, had the lowest uptake in all eligible cohorts and had particularly low uptake in pregnant people. This may be in part an impact of the complex data flows and recording issues, hence the importance of this work being done by the Cornwall MIUG.</p>

5.3 COVID-19 Vaccinations Supported by Local Systems

Both the Devon and Cornwall and Isles of Scilly ICBs delivered vaccinations through Primary Care Networks, Community Pharmacies, Large Vaccination Centres and Outreach activities as per the following:

Autumn 2022 – Cohorts included people aged 50+, all Care Home residents and staff, housebound patients, Health and Social Care Workers and Clinically Extremely Vulnerable groups as identified by the Green Book. 482,678 COVID-19 vaccinations were provided to patients registered in Devon which equated to an uptake of 72.1% of those that were eligible. 217,962 COVID-19 vaccinations were provided to patients registered in Cornwall which equated to an uptake of 70.3% of those that were eligible.

Spring 2023 – Cohorts included people aged 75+, all Older Adult Care Home residents and staff, housebound patients, and patients that were immunosuppressed as identified by the Green Book. 135,484 vaccinations were provided to patients registered in Devon which equated to an uptake of 72.3% of those that were eligible. 73,576 vaccinations were provided to patients registered in Cornwall which equated to an uptake of 83.5% of those that were eligible.

5.4 COVID-19 Health Inequalities and Vaccination Outreach

5.4.0 Vaccination Programme commendation

Devon ICB COVID-19 outreach vaccination programme has received commendations from several organisations and was praised by Sir Robert Francis, Chair of Healthwatch England when he visited the Exeter Mosque where vaccinations took place in June 2022.

5.4.1 National Work

Devon and Cornwall Chinese Association and Devon ICB vaccine ambassadors supported NHS England to produce a video to demonstrate the benefits of receiving the COVID-19 vaccination.

5.4.2 Key Outcomes of the Health Inequalities Cell

- ***Pandemic led to richer intelligence on vaccination*** –uptake data by cohort, age, gender, ethnicity, area of residence (down to Lower Super Output Areas [LSOA] a small neighbourhood area), and GP practice via the Immunisation Management Service reporting system.
- ***Health Inequalities (HI) data dashboard*** developed by the Local Authority Public Health Intelligence Team with input from NHS Business Intelligence – this enabled deep dives into specific cohorts with lower uptake through themed/dedicated Health Inequalities cell meetings to explore barriers and facilitators to vaccination and to agree actions to increase uptake for specific groups.
- ***21 “high need” geographical areas*** were identified by Local Authority Public Health Intelligence Team and underpinned our approach to outreach ensuring roving and regular pop-up vaccination clinics in these areas of greatest need across Devon (areas were identified based on deprivation, ethnicity, uptake) with later alignment to Core20PLUS5 work.
- ***Local insights fed into the HI Cell*** including insight gathered via our outreach teams/vaccinators; Local authority place based intelligence and connections; and our dedicated Outreach Involvement Manager who was recruited to provide a link with communities and the Voluntary Community and Social Enterprise (VSCE) sector – this led to bespoke outreach offers for specific cohorts based on data/insight/need e.g., pop-up vaccination clinics in community cafes, faith centres, workplaces.

5.4.3 Use of a Flexible, Bespoke Delivery Model

- Extensive Outreach programme with mobile units working in community venues and trusted spaces.

- A collaborative approach working with local authority and multi-agency partners including public, private and charity sectors using an intelligent, data-driven approach to planning and design.
- Developed extensive local communication and engagement networks across Devon that could be built upon as each phase and booster programme came through.
- Approach used involved overlaying inequalities data with vaccination uptake and supplemented with local qualitative enquiry.
- Allowed for bespoke arrangements & delivery within the community.
- Learning that has helped shape and improve ongoing system design for our priority groups.
- Allowed for targeted outreach for particular groups.
- Identified other needs to be addressed as part of the Making Every Contact Count agenda and created an “in” for other support.

5.4.4 Working with Peer-to-peer Networks

- **Vaccine ambassador scheme** is part of the wider outreach programme which aims to tackle health inequalities in vaccinations.
- **Engagement** with local groups, community leaders and the VCSE that informs bespoke outreach approaches e.g., via VCSE Assembly, Joint Engagement Forum.
- **Outreach Covid Vaccination and COMF** for voluntary and community organisations to run innovative engagement to improve uptake of the vaccine and increase vaccine confidence with our most vulnerable communities. This programme aims to support the outreach model and increase engagement with vulnerable communities. Activities can include supporting vaccination outreach, building vaccine confidence and undertaking engagement with vulnerable communities such as to explore barriers to uptake. Between 2022 until April 2023: 24 projects were funded, over 22,250 individuals were reached via the vaccine activities, over 3300 vaccinated.
- **Maximising uptake through targeted engagement work and communication activity** - working closely with the Equality, Diversity and Inclusion Team and Comms Team within NHS Devon and our partners, particularly the VCSE. Communications targeted at high-risk groups through a variety of media and channels, as set out in the Communications and marketing campaign plan for Devon, including an emphasis on community champions who represent the target population groups.

Please see two case studies relating to this work in Appendix 7.

6 Health Care Associated Infections & Antimicrobial Resistance

6.1 Key Performance

The following information summarises the key performance position and developments for health care associated infections, antimicrobial resistance work and key challenges over 2022/23 across the geography of Devon and Cornwall and Isles of Scilly (CloS).

6.1.0 Infections	
Methicillin Resistant Staphylococcus Aureus (MRSA)	<p><i>Devon:</i> There were a total of 17 cases over 2022/23, with an overall rate of 1.3 per 100,000 (mid-high quartile nationally). The majority were community-onset community-associated and were unlinked.</p> <p><i>CloS:</i> There were a total of 7 cases over 2022/23, with an overall rate of 1 per 100,000. Lessons identified include improving dressing pathways for midlines, raising MRSA risk awareness with intravenous drug users, and improving pre-operative assessment and inter-organisational surgical pathways.</p>
Methicillin Sensitive Staphylococcus Aureus (MSSA)	<p><i>Devon:</i> There were a total of 386 cases over 2022/23, with an overall rate of 30 per 100,000 (mid-high quartile nationally). This was a significant increase on 2021/22 (105 more). Each trust monitors healthcare associated numbers and has reduction strategies in place. There was no monitoring of community cases at this time.</p> <p><i>CloS:</i> There were a total of 182 cases over 2022/23, with an overall rate of 25.6 per 100,000, 18 cases above the previous year (2021/22). The increase of case numbers and rates (especially within community-onset cases) have formed the ICB's infection prevention and control's 2023/24 workplan.</p>
<i>Clostridioides difficile</i> (C. difficile)	<p><i>Devon:</i> There were a total of 414 cases over 2022/23, with an overall rate of 32 per 100,000 (low-mid quartile nationally). This is an increase of 24 from 2021/22. The system infection control lead is representing the Devon system at a national C. difficile strategic level, and Devon is a member of the regional C. difficile data collaborative. Individual trusts each have C. difficile reduction strategies.</p> <p><i>CloS:</i> There were a total of 256 cases over 2022/23, an overall rate of 29.3 per 100,000, a total of 35 cases above trajectory. Cornwall system is involved in NHS EI collaborative improvement and each C. diff case is investigated to provide learning. The analysis of these investigations showed the need for quality improvement measures, which have formed the ICB's infection prevention and control's 2023/24 workplan, including a patient held C. diff passport and a 'Think C. diff' primary care awareness poster.</p>
<i>Escherichia Coli</i> (E. coli)	<p><i>Devon:</i> There were a total of 1029 cases over 2022/23, with an overall rate of 80 per 100,000 (mid-high quartile nationally). This was a 115-case increase from 2021/22. Reduction projects underway include being a pilot area for a regional NHS England hydration project.</p> <p><i>CloS:</i> There were a total of 417 cases over 2022/23, an overall rate of 54.5 per 100,000, 13 cases below the threshold target set by NHS England and 31 case decrease from the previous year (2021/23).</p>

6.1.1 Antimicrobial resistance (AMR) working groups

6.1.1.1 Devon AMR Group

Devon Antimicrobial Resistance Group (DARG) met on 17 Jan and 21 Feb 2023. Due to operational pressures as well as sickness, other meetings were postponed. There was also delay as the purpose and intent of the meetings were discussed. Operationally AMR work continues within the medicines optimisation team within NHS Devon

6.1.1.2 Cornwall AMR group

Cornwall Antimicrobial Resistance Group (CARG) met on 27.04.22, 23.05.22 (recovery plan meeting), 22.06.22 and 17.08.22. Operating as 'One Health' group, the meetings focused on antimicrobial resistance recovery plans for each sector. Since the pandemic, maintaining attendance at these meetings has been a challenge and interaction with colleagues such as dentists and veterinarians has decreased. Engagement continues to be encouraged.

6.1.1.3 Devon and CloS Group

In 2022/23 a system change was proposed for antimicrobial resistance work, with the DARG and CARG outlining a merger to avoid duplication and form a more strategic and wider focussed Peninsula Antimicrobial Resistance Group (PARG).

Subsequent to 22/23 reporting period, PARG initially met on 16.05.23 and discussed TOR only. Meetings are set to continue quarterly from November 2023 and will be chaired by Devon & Cornwall alternately.

6.1.2 Healthcare workforce

At the start of 2022, the former NHS Devon Clinical Commissioning Group had recorded a workforce risk with the recent departure of their System IPC Lead. A new post holder was recruited in June 2022 System Lead for Infection Prevention & Control, Integrated Care System for Devon, NHS Devon.

6.2 Progress on Key Health Care Associated Infection & AMR Challenges

6.2.0 Continuing to support the COVID-19 response

Management of COVID-19 moved towards being considered alongside, rather than separate to other Acute Respiratory Infections (ARIs). Communications had to reflect the fears and concerns perceived within the public domain and public perception continued to make return to business as usual a challenge. This was particularly seen in the challenges within social care settings and the acceptance of new or returning residents due to COVID-19 infection did not align to the more willing acceptance of those with other diagnosed ARIs. Providing assurance to the sector as well as the ICB operational/tactical team around delays in discharges caused considerable demand on the small IPC team within the ICB.

6.2.1 Implementing E. coli & C. difficile reduction strategies

The ICB is a member of the C. difficile. national collaboration with NHSE. As a consequence, new initiatives will be developed which will have a positive influence on Primary Care as well as Community Care.

6.2.2 Ensuring consistent information and analysis from community infections

There have been significant challenges, within IPC. Work will commence when financial constraints and access to sufficiently trained/experienced IPC staff allow.

6.2.3 Strengthening Antimicrobial Resistance

Urinary Tract Infection reduction work has gone on across the footprint of NHS Devon. Challenges to other progress have included constraints within the system as reorganisation continues, workforce capacity and staff availability/prioritisation of strategic level meetings for operational staff which means planned developments have not been realised. This area of the work programme will be taken forward in 2023/24 including the creation of the Peninsula Antimicrobial Resistance Group (PARG). The new NHS Contract for 2023/24 will include AMR specific targets to be implemented. A new AMR National Action Plan will be published in 2024 and aspects of this will need implementing at the local level by ICS partners. A lead will be taken from the significant work done by UKHSA around AMR.

7 Emergency Planning, Resilience and Response

7.1 DCIoS Response

Emergency Planning, Resilience and Response (EPRR) is led across the region by the NHS with the support of local authority partners as part of a multi-agency partnership; the Devon, Cornwall and the Isles of Scilly Local Resilience Forum (LRF). Despite the stand down from pandemic response, extreme pressures persisted throughout the year. Relevant forum members responded to the following significant incidents in 2022/23:

- Extreme Heat, July 2022
- The Death of Her Majesty, Queen Elizabeth II, September 2022
- Suspected Infectious Disease, November 2022
- Fire and Evacuation of Properties in Newquay, December 2022,
- Severe Winter Weather, December 2022
- Large scale industrial action across the health sector

7.1.0 Industrial Action

There has been wide scale public sector industrial action from late 2022 ongoing into 2023. Most notably the system has been affected by ambulance service, nursing, and junior doctor strikes. A robust planning regime was implemented, and system wide industrial action plans developed working collaboratively with providers. Debriefs have been held after each period on industrial action and learning identified embedded into the next iteration of planning assumptions.

7.2 Devon EPRR Response Activity

- Two information technology (IT) outages at University Hospitals Plymouth, required system wide co-ordination and response. These episodes highlighted the vulnerability of patient care to loss of IT.
- A cyber-attack on a national IT provider significantly affected one mental health trust in the Peninsula, taking more than eight months to resolve.
- Several storms and severe weather events required support from a multi-agency incident response across the community.
- A national requirement to identify any sites built with Reinforced Autoclaved Aerated Concrete (RAAC) was introduced and it was established that the system is in a good position with no issues identified on the Devon estate at this time.

7.3 Cornwall and Isles of Scilly EPRR Response Activity

7.3.0 Mpox Response

Detection of cases of mpox (previously known as Monkeypox) infection, acquired within the UK, were confirmed in England from 6 May 2022. The outbreak had mainly been in gay, bisexual, and other men who have sex with men without documented history of travel to endemic countries. NHS England tasked systems to deliver a testing and subsequent vaccination plan at pace. The CloS EPRR team created a standard operating protocol (SOP) working collaboratively with system partners, public health and sexual health clinics which structured the delivery of the response program in the most accessible way for the affected communities and any other people at risk. The program was successful and further embedded EPRR practice to work at a system level, engaging with partners who were not normally in EPRR scope of practice.

7.3.1 Avian Flu Response

In August 2022 CloS experienced a large outbreak of avian flu mainly in the sea bird population and in poultry. The team rapidly created a revised standard operating model for the response which included coordinating the testing model for those who had been exposed to infected birds and had become symptomatic. The previous model had focused on delivery of a testing model for an outbreak at large poultry farm sites with the request to test exposed workers, however this response was dynamic requiring a mobile testing model and delivery of antivirals if required. The developed model was reviewed by UKHSA and deemed to be best practice as it highlighted excellent system working across all sectors and provided a seamless process for members of communities that may have been exposed. The model is now embedded and can be activated when required.

7.3.2 Cornwall Drought Conditions

Over the autumn/winter 2022/23 reservoir levels have been depleted in Cornwall due to low rainfall. The team have been working with the LRF partners to risk model the likelihood of water shortages, how this could affect vulnerable people and how members of the population could become vulnerable if water supplies are restricted. Reservoirs remain below expected capacity. The risk remains going into 2024.

7.3.3 Large Scale Public Events

The CloS team continue to work closely with local authority colleagues' events teams to ensure that any large events have robust on-site medical plans and consider the potential impact on health at a system level. Due to the large number of events, a system health working group has been set up which meets monthly to review potential risks from key events and mitigate these at a system level. Notably high-profile events included

Boardmasters, the funeral of Her Majesty Queen Elizabeth II, the World Pilot Gig Championships, National Armed Forces Day, and numerous music events. The team have noted the recommendations from the Manchester Arena Inquiry and have a standalone working group set up to review these and their implications on health planning for events and crowded places, at a system level with all key stakeholders.

7.3.4 COVID-19 Public Inquiry

The CloS EPRR team public inquiry officer collated evidence working with ICB and system colleagues to ensure evidence is captured against each module of the inquiry. This involves meeting with key teams to capture decisions and rationale during the response.

7.4 Devon, Cornwall, and Isles of Scilly Exercises & Planning

Valuable lessons were taken from each of these exercises undertaken which have been built into workplans going forward.

7.4.0 Regional Mass Casualty Exercise of the Casualty Distribution Plan

Systems as a whole participated in exercising this plan, which would be used in the event of large numbers of casualties created by an incident.

7.4.1 Vulnerable People Framework

As part of a programme of work with LRF partners a LRF vulnerable people framework has been developed and is going through sign off process. This provides a process for the identification of who may be vulnerable during an incident and where they are in the affected area. This also ties into the ongoing national power outages (NPO) work with LRF partners (see 7.4.6 for details of priority groups identified).

7.4.2 Exercise Amore

In November 2022 the team tested the system incident response plan with providers and NHS England. The scenario tested major incident response and command and control at a system level.

7.4.3 Exercise Artic Willow

This national exercise held over three days to exercise the System's winter response, testing Category One response surge and escalation against concurrent operational issues and winter pressures.

7.4.4 Chemical, Biological, Radiological, Nuclear

DCIoS EPRR are represented at the Regional Radiation Monitoring Unit Working Group with work ongoing locally and regionally aimed at planning provision of a facility to monitor contamination among populations local to a radiation release.

National Chemical, Biological, Radiological, Nuclear (CBRN) Initial Operational Response project EPRR teams are engaged with this project and support several of the programme groups within the LRF.

In June 2022, **Exercise Short Sermon** was delivered as a modular exercise of the Devonport Naval Base Off-Site Emergency Plan (DOSEP). This was conducted as required by the Radiation (Emergency Preparedness and Public Information) Regulations 2019 (REPPPIR) requirements and is conducted every 3 years. Science and Technical Advice Cell (STAC) training and a recovery element were delivered covering potential nuclear & radiological incidents.

7.4.5 National Power Outage

The current climate of conflict in Ukraine and rising energy prices has made the risk a potential NPO more prominent in the minds of central Government and EPRR (it is one of the highest risks on the National Risk Register). There has been a major drive by central government to put preparations in place. A significant amount of work has been undertaken within the system and with LRF partners; this has included preparation and support of several health and multi-agency exercises.

Exercise Lemur was delivered at a Local Resilience Forum level and tested the implications of NPO on the LRF and its key responders.

The team worked at a system level throughout 2022/23 to plan for reasonable worst-case scenario of a no notice power disruption, rather than the potential four hour rolling blackouts that were predicted to happen in winter 2022. An assessment was made of what services could be offered via community hubs to assist vulnerable people and prevent admission to the acute providers. This included working with primary care colleagues to ensure they can continue to deliver services during periods of power outages. The review of ICB business continuity plans in 2022/23 is focused on the loss of power scenario. Continued work with regional colleagues on potential NPO will feed into national planning assumptions.

The UKHSA **Exercise Yarrow** risk assessment states that, specific consideration should be given to groups whose health may be particularly affected by loss of power due to unmet access and functional needs. These groups are likely to be overlapping and interdependent in many cases. The evidence shows that individuals may belong to several priority groups, thus presenting with multiple needs. People belonging to multiple priority groups may be placed at greater risk due to accumulating needs, although more research is required on this topic.

Priority groups currently identified are:

1. People reliant on electronic powered devices
2. People who may have mobility difficulties
3. People with psychiatric conditions (diagnosed or otherwise) including mental health conditions and neurodevelopmental disorders
4. People with alternative communication needs
5. People with other access and functional needs which may be unmet in an NPO (e.g., people who need specific medications, treatments, or care, including infants/older adults with physical needs)
6. People living in rural communities, geographically remote locations or living alone
7. People from lower socio-economic backgrounds

7.4.6 High Consequence Infectious Diseases (HCID) plan

This has been developed jointly between Devon and Cornwall and the Isles of Scilly ICBs, with input from Public Health and IPC colleagues. Robust working relationships and mutual understanding of roles have been built which can be called upon for any future response to high consequence infectious disease outbreaks.

7.4.7 Severe Weather Plans

Revision has been made due to the changes brought in by the UKHSA Adverse Weather and Health Plan. Criticism of the new national plan has been fed back to the UKHSA National Team as it is felt that the new plan is less practical to implement than its predecessor. Consideration is being given as to how best to protect systems through utilising alternative Meteorological Office advance warnings of severe hot/cold weather.

7.5 Assurance

The Devon system's outcomes from the national EPRR assurance process have been completed, with all bar one provider and the ICB being assessed as substantially compliant with the NHS England core standards for EPRR; the exception being Patient Practice Group (PPG) which was assessed to be fully compliant with the core standards.

7.6 Training

CloS EPRR deliver the Principles of Health Command at a Peninsula level, working in collaboration with Devon EPRR team. Principles of Health Command is mandatory for all staff on call at a strategic level under the minimum occupational standards for EPRR. CloS also offer this training opportunity out to providers, and it has been well received.

The CloS EPRR team continue to deliver a robust training program to support delivery of our Category one status, this has focused for 2022/23 business continuity with the focus on response to power outage and category one training. The category one training program includes Director on Call training for all on call staff.

8 Climate and Environment

This new section of the Committees report seeks to continue development from the setting of work programme priority 6 (see section 9.6) on climate in last year's Committee report.

Much of what is done now and in the near future to reduce the impacts of climate change will also reduce harms to human health. Taking a 'Health in All Policy' approach will ensure that policies for mitigating and adapting to climate change are driven by health outcomes. As health harms are increasing, there will be some unavoidable adaptation required, such as heat related impacts on cardiovascular disease and respiratory symptoms. To protect public health, co-benefits must be sought; reducing air pollution not only reduces gases that contribute to climate change, but also reduces impacts on human health. Reducing the extremes of climate change will protect future populations from the biggest threat to human health in our time.

The Devon, Cornwall, and Isles of Scilly Climate Impacts Group, chaired by the Environment Agency, was formed in 2019 in response to declarations of climate emergency across the area. This group is responsible for assessing the impacts faced in the South West region and reviewing current levels of community preparedness for a warmer world. The group have been working towards the Devon Cornwall and Isles of Scilly Adaptation Strategy which includes the Risk Register, Adaptation Plan, and an Action Plan. Please see the link to this information in Appendix 3.

The Local Government Association Public Health Annual Report 2023 stated "The impact of climate change is a growing challenge for many councils and is a key public health priority. In the summer, the UK Health Security Agency (UKHSA) issued a succession of heat-health alerts and councils activated local heatwave plans due to extreme heat and record temperatures. Flooding affected some areas early in 2022 and again at the end of the year."

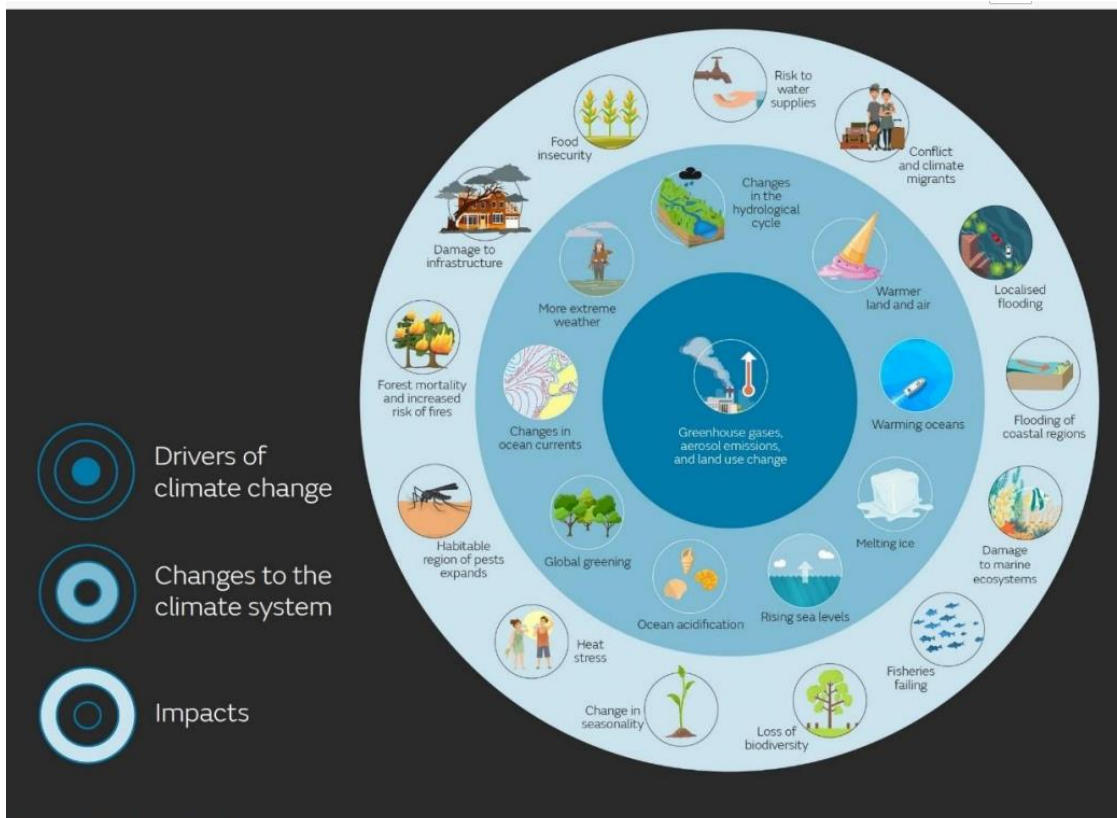
[1]

With extreme heat and drought/water supply shortages in both Devon and Cornwall in 2022 action must be taken to prepare for weather events exacerbated or caused by climate change. Climate related issues are included in the Devon Joint Forward Plan and are intrinsically linked with health protection topics.

At a National level, UKHSA launched their Centre for Climate and Health Security in October 2022 with "a mission to deliver a step change in capabilities" [4] and "the increasing impact of climate change on our day-to-day lives" is mentioned in the foreword of the 2023 National Risk Register and explained as one of four chronic risks (another of the four is AMR). [5].

The Devon ICS Strategy highlights a risk rating table for Devon and Cornwall which reveals significant climate related risks to the region. The Strategy also features an infographic showing relevant drivers of climate change and impacts. Both the table and infographic were published by the Meteorological Office in 2022 and are featured in the ICS strategy (see link in Appendix 3) and copied below for reference.

Risk	Locations 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



Source: Met Office 2022

9 Progress on Work Programme Priorities for 2022/23

9.1 COVID-19

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

All areas maintained a response proportionate to the risk and available capacity, transitioning to 'business as usual' situation for COVID-19, embedding all hazards planning and resilience into standard practice, and working with NHS and other system partners to keep infection prevention on the agenda. The main focus was on maximising COVID-19 immunisation in response to the booster, the evergreen offer and additional eligibility groups that came online during the year, whilst working to reduce inequalities. Capacity to support non-NHS settings with IPC through COMF continued as the 3 Devon Local Authorities maintained the links with these settings built through the pandemic until the COMF IPC practitioner post ended in March 2023.

9.2 Preparedness

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

Cornwall and Isles of Scilly EPRR have produced a High Consequence Infectious Disease/Pandemic plan, and this is the first plan of its kind to be approved at Devon and Cornwall level and has been shared with our health partners. In March 2023 Devon County Council conducted a debrief into their health protection response for adult social care settings (with feedback shared with relevant partner organisations onwards into 2023-24 with actions identified). NHS Devon and associated local authorities participated in the UKHSA led winter preparedness exercise which looked at care home outbreaks and special educational needs and disabilities settings outbreaks in autumn 2022. Consideration has been given to the combined experience of the pandemic, including readiness to stand up systems as needed, and maintaining training for core and non-core staff teams. The coming COVID-19 enquiry will inform action in future reporting periods.

9.3 Screening and Immunisation

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.

MIUGs were established in Cornwall and Isles of Scilly in June 2022 followed by Devon in January 2023. These were instigated by SW NHSE Screening and Immunisation Teams (subsequently renamed Vaccination and Screening Teams) to address challenges in uptake, especially Measles, Mumps and Rubella and preschool booster. Low level data was shared, a baseline mapped, and action plans developed. Most screening services recovered during 2022/23 with clear plans in place to fully recover during early 2023/23. All programmes will now be focusing on improving uptake and coverage. School aged immunisations providers continue to implement recovery plans to catch up backlogs and additional investment has been agreed. Collaborative working arrangements between system partners on interdependencies within cancer pathways and improving immunisation uptake are being strengthened.

In Devon, Cornwall and Isles of Scilly joint work at local level was carried out to promote, support and deliver vaccination for influenza and COVID-19. In Devon the health inequalities group supported and influenced work in community settings such as churches, homeless shelters, town shopping centres, pubs, libraries, community centres and with VCSE groups to facilitate this.

9.4 Infection Prevention Control

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 South West IPC Strategy Work.

The COMF funded IPC support post in Devon for non-health and care settings ceased at the end of March 2023. This has left a gap which remains on the ICB risk register. The ICB Community Infection Management Services teams have, when possible, provided support but this is not their prime function and the four teams continue to be managed through the acute trusts IPC teams.

Devon ICB IPC team has maintained good links with local authority health protection colleagues and UKHSA through the Devon Huddle (Devon wide health protection monthly

meeting). The Cornwall and Isles of Scilly System and Cornwall and Isles of Scilly IPC Alliance remain linked. The South West IPC strategy and AMR priorities are being localised. Devon, Cornwall, and Isles of Scilly colleagues continue to engage with the wider local health protection collaborative arrangements including the bi-weekly UKHSA Health Protection Network (with alternating strategic and touch point meetings) and monthly UKHSA Care Settings Health Protection Network.

9.5 Health Protection Improvement

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.

The GAAP analysis was commenced and pathway gaps for action were identified. Updated self-assessments against the sector led improvement tool were completed identifying areas for continuous improvement across the Peninsula.

9.6 Climate Emergency

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

In Devon joint work has commenced at a local level between climate sustainability and health protection colleagues. After full consultation, the final Devon Carbon Plan was published on 16 November 2023, as a roadmap of how Devon will reach net-zero emissions by 2050 at the latest and health is a cross-cutting theme in the plan. In 2022 Plymouth City Council published the third of 11 action plans in the City Council's annual Climate Emergency Action Plan series. The Climate Emergency Action Plan lists all the actions that are being taken with partners in the Plymouth Net Zero Partnership, to reduce emissions across the city and to encourage others to do the same. See appendix 3 for the link to the Plymouth Climate Action Plan. The head of Cornwall and Isles of Scilly EPRR leads on the system level net zero programme and hold a quarterly climate collaboration meeting which includes all providers, volunteer Cornwall, local authority and NHSE, all working towards reviewing the system Green Plan in 2024.

The formative Devon, Cornwall, and Isles of Scilly Climate Adaptation Plan was discussed during the 2022/23 reporting period.

9.7 Health Protection Governance

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.

Devon consolidated links with the Medical Directorate in Devon ICB. Governance has yet to be revisited following the NHS Devon restructure. Significant joint work over the ICS Strategy and Joint Forward Plan took place with health protection featuring strongly in the plan, as one of the nine areas of work identified for action. A joint forward plan health protection operational group is being established to oversee the governance of this work.

In Cornwall and Isles of Scilly a review of terms of reference has taken place and mapping of current meetings developed.

9.8 Continuous Professional Development

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

Devon County Council have procured logging training and legal awareness training. Health Education England (now NHSE) continue to offer places on the health protection short courses to local authorities. For CloS EPRR see 7.4.9 training above

10 Ongoing Work Programme Priorities

The ongoing work programme priorities of the Health Protection Committee are set out below. These are the priorities against which the next Health Protection Committee assurance report will report against. Subsequent reports will be published 6 months after the reporting period (financial year) ends. These priorities will be reviewed and updated as part of the annual reporting process.

10.1 Priorities agreed by Health Protection Committee members

1. Climate Emergency

Work closely with partners to address the climate emergency and develop plans in relation to flooding, heatwave, cold weather, and other climate related mitigations or emergencies, with an emphasis on the impact on vulnerable groups.

2. Infection Prevention and Management

Take action to strengthen infection prevention arrangements and tackle anti-microbial resistance;

- a. promote health protective behaviours
- b. strengthen infection prevention systems within health and care and wider settings
- c. reduce healthcare associated infections
- d. tackle antimicrobial resistance
- e. implement the regional Infection Prevention and Management Strategy at local level

3. Vaccinations

Work via the Maximising Immunisation Uptake Groups on shared objectives, to protect our population against outbreaks, by implementing targeted local actions.

4. Pandemic Preparedness

Develop and strengthen all hazards planning and pandemic preparedness, promote resilience, and build on learning from the Covid Inquiry as findings are shared.

5. Continuous Improvement in Health Protection

Work towards continuous improvement in health protection. Implement the Sector Led Improvement, and Gap Analysis Action Plans and audit performance against the What Does Good Look Like in health protection tool, sharing best practice and embedding learning from experience.

6. Inclusion & Inequalities

Protect the health of people experiencing greater inequalities in health or access. Implement the Inclusion Health Agenda through health protection systems.

7. Work to support local strategic plans

See links to plans in Appendix 3 - e.g. for Devon, implement the year 1-5 Health Protection objectives and milestones in the Devon ICS Joint Forward Plan. Work similarly in Cornwall and the Isles Of Scilly as plans are finalised.

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With thanks to all contributors from members of the Health Protection Committee

12 Appendices

12.1 Appendix 1 – Devon, Cornwall, and Isles of Scilly Health Protection Committee - Summary terms of reference & affiliated groups

Membership of the Committee:

- Local Authority Public Health
- UK Health Security Agency
- NHS England
- NHS Devon and Cornwall Integrated Care Boards

Meetings of the Committee are held quarterly.

Several groups sit alongside the Committee with remits for:

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

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

NHSE, UKHSA and ICBs provide quarterly performance, surveillance, and assurance reports to the Committee.

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 Committee for consideration and agreement.

12.2 Appendix 2 - Roles in relation to delivery, surveillance, and assurance

12.2.0 Prevention and control of infectious disease

UKHSA local 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 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.

Integrated Care Boards 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, have 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 and UKHSA, supported by the local. 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.

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.

12.2.1 Screening and Immunisation

Population Screening and Immunisation programmes are commissioned by NHS England 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 ICB Maternity Payment Pathway arrangements, although NHS England remains the accountable commissioner.

UK Health Security Agency is responsible for setting national immunisation policy and standards through expert groups (including the Joint Committee on Vaccination and Immunisation). The National Screening Committee is part of the Department of Health and Social Care and advises ministers and the NHS in the 4 UK countries about all aspects of screening and supports implementation of screening programmes. At a local level, specialist public health staff in NHSE Vaccination and Screening Teams 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 NHS England in efforts to improve programme coverage and uptake.

The NHSE South West Vaccination and Screening 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 NHS England specialists to agree mitigating activities.

Serious incidents that occur in the delivery of programmes are reported by NHSE SW VaST 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 has been re-introduced in 2022 and badged as MIUGs, where all local activity to improve coverage and reduce inequalities is planned and co-ordinated working with local system partners.

Separate planning and oversight groups are in place for seasonal influenza and COVID-19.

There are Programme Boards (oversight groups) 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 into individual partners.

12.2.2 Healthcare associated infections

NHS England 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. NHS England holds Integrated Care Boards to account for performance against indicators under this domain, which includes incidence of healthcare associated methicillin-resistant *Staphylococcus aureus* bacteraemia and incidence of *Clostridium difficile* infection.

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 ICBs 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. In addition, ICBs 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 UKHSA, supported by the ICB.

The Regional Infection Prevention & Control (IPC) Network is a monthly forum for all stakeholders working towards the elimination of avoidable health care associated infections. 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 ICB and is a cross-agency forum involving Acute and Community NHS Trusts, Ambulance and Out of Hours Doctors, Local Authority Public Health, UKHSA, Medicines Optimisation and NHS England.

In Cornwall there is an IPC system alliance 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.

12.2.3 Emergency planning and response

Local resilience forum (LRF) is a multi-agency partnership 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 forum covers, reflects the police area of 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, UKHSA and local authority 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.

12.3 Appendix 3 – links to Strategies and Plans

Cornwall and Isles of Scilly ICS Strategy

<https://cios.icb.nhs.uk/ics/>

Cornwall and Isles of Scilly Joint Forward Plan

<https://docs.cios.icb.nhs.uk/DocumentsLibrary/NHSCornwallAndIslesOfScilly/Organisation/Policies/230405JFPJune2023edition.pdf>

Devon ICS Strategy and Devon Joint Forward Plan

<https://onedevon.org.uk/about-us/our-vision-and-ambitions/our-devon-plan/>

Plymouth Climate Emergency Action Plan

<https://www.plymouth.gov.uk/climate-emergency-action-plan-2022>

Devon, Cornwall, and Isles of Scilly Climate Adaptation Strategy

[https://www.climateresilient-dcios.org.uk/#:~:text=View%20Consultation%20Report-.The%20Devon%2C%20Cornwall%20and%20Isles%20of%20Scilly%20\(DCioS\)%20Climate.change%20increasingly%20affects%20the%20UK.](https://www.climateresilient-dcios.org.uk/#:~:text=View%20Consultation%20Report-.The%20Devon%2C%20Cornwall%20and%20Isles%20of%20Scilly%20(DCioS)%20Climate.change%20increasingly%20affects%20the%20UK.)

12.4 Appendix 4 - Counts of Situations by Principle Contexts and Infectious Agents in DCIoS 01 April 2022 to 31 March 2023 from Field Services, UKHSA

UKHSA Situations

Counts of Situations (by Principle Contexts and Infectious Agents)
Local Authority: All (Cornwall and Isles of Scilly, Devon, Plymouth and Torbay)
01 April 2022 to 31 March 2023

		Principle Context					Total
		Adult Social Care	Education	Healthcare	Other	Workplace	
Infectious Agent	COVID-19	1201	6	2	10	0	1219
	Seasonal Influenza A Virus	30	0	0	0	0	30
	Other	95	169	1	58	11	334
	Total	1326	175	3	68	11	1583

Caveats: Please note, metrics included in this report should not be considered official statistics. This data includes counts of HPZone (case management system used by UKHSA) 'Situations' for DCIoS, where 'Date Entered' was from 01 April 2022 to 31 March 2023 (inclusive).

Other Infectious Agent: Brucella spp, Campylobacter spp, Chemical agent, unknown, Chlamydomphila psittaci, Escherichia coli O157, Herpes simplex virus, Measles virus, Mycobacterium spp, unspecified, Mycobacterium tuberculosis complex, Norovirus, Respiratory syncytial virus (RSV), Scabies mite, Staphylococcus aureus – PVL, Streptococcus, Group A, Varicella-zoster virus, Yersinia enterocolitica, Influenza A virus (Avian), Influenza A virus, H5N1

Other Principle Context: Asylum Seeker Accommodation, Childminder/Childcare Provision, Children's Residential Home, Community, Custodial Institution, Environmental Exposure, Food Outlet / Restaurant, Hotel, Music Venue, Visitor Attraction, Homeless Accommodation, Household

12.5 Appendix 5 - Screening coverage (Latest available publicly available published data) 2022/23

SOURCE: Local Authority Dashboard, Public Health Outcomes Framework, Futures website, downloaded 13/11/2023

Cancer Screening by Local Authority (Devon)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
C24a - Cancer screening coverage: breast cancer	70	80	< 70 70 - 80 ≥ 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	71.1
				England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80 ≥ 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	74.2
				England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80 ≥ 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	77.5
				England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6
C24d - Cancer screening coverage: bowel cancer	55	60	< 55 55 - 60 ≥ 60	Devon						60.5	63.1	64.8	64.8	66.0	69.6	72.5	76.1
				England							57.3	58.4	59.2	59.5	60.5	64.3	66.1

Cancer Screening by Local Authority (Plymouth)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
C24a - Cancer screening coverage: breast cancer	70	80	< 70 70 - 80 ≥ 80	Plymouth	79.9	80.6	80.1	78.7	78.4	79.1	79.3	79.0	78.2	78.2	77.4	70.2	74.5
				England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80 ≥ 80	Plymouth	75.2	74.3	74.6	73.5	73.9	73.7	72.6	71.7	71.5	73.1	73.7	71.2	69.5
				England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80 ≥ 80	Plymouth	81.2	80.7	80.9	80.6	80.2	79.3	78.7	77.7	76.2	75.9	76.0	75.4	75.0
				England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6
C24d - Cancer screening coverage: bowel cancer	55	60	< 55 55 - 60 ≥ 60	Plymouth						62.0	62.1	61.8	62.0	62.7	66.8	69.3	73.2
				England							57.3	58.4	59.2	59.5	60.5	64.3	66.1

Cancer Screening by Local Authority (Torbay)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
C24a - Cancer screening coverage: breast cancer	70	80	< 70 70 - 80 ≥ 80	Torbay	79.2	78.6	76.9	77.0	76.5	76.7	74.7	74.1	74.4	74.2	77.0	75.5	70.3
				England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80 ≥ 80	Torbay	75.4	75.0	75.1	73.4	74.0	73.9	72.7	71.9	71.5	73.4	74.3	72.1	70.6
				England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80 ≥ 80	Torbay	80.5	79.4	79.5	79.4	79.4	79.1	78.1	76.9	75.2	75.0	75.2	74.3	73.1
				England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6
C24d - Cancer screening coverage: bowel cancer	55	60	< 55 55 - 60 ≥ 60	Torbay						62.6	62.0	62.0	61.7	62.4	65.9	68.5	71.7
				England							57.3	58.4	59.2	59.5	60.5	64.3	66.1

Cancer Screening by Local Authority (Cornwall)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
C24a - Cancer screening coverage: breast cancer	70	80	< 70 70 - 80 ≥ 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	71.9
				England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80 ≥ 80	Cornwall	76.2	75.4	75.7	74.0	74.8	75.2	74.3	73.4	73.4	75.0	75.9	72.9	72.2
				England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80 ≥ 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	74.6
				England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6
C24d - Cancer screening coverage: bowel cancer	55	60	< 55 55 - 60 ≥ 60	Cornwall						58.2	61.1	62.1	62.1	63.2	67.0	68.9	73.3
				England							57.3	58.4	59.2	59.5	60.5	64.3	66.1

Other Screening by Local Authority (Devon)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75 75 - 85 ≥ 85	Devon	87.4	87.3	86.1	87.2	87.1	87.4	84.4	87.0	88.8
				England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98 98 - 99.5 ≥ 99.5	Devon	98.6	98.7	98.8		99.1	99.0	95.0	96.2	93.3
				England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95 95 - 97.5 ≥ 97.5	Devon								99.1	98.6
				England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

Other Screening by Local Authority (Plymouth)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75 75 - 85 ≥ 85	Plymouth	83.1	81.2	83.1	85.1	81.9	84.1	80.7	82.0	82.7
				England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98 98 - 99.5 ≥ 99.5	Plymouth	99.2	99.4	99.4		99.2	99.5	98.4	98.4	99.4
				England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95 95 - 97.5 ≥ 97.5	Plymouth								98.8	97.2
				England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

Other Screening by Local Authority (Torbay)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75 75 - 85 ≥ 85	Torbay	85.4	84.3	80.2	85.3	86.8	84.3	79.7	86.2	86.6
				England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98 98 - 99.5 ≥ 99.5	Torbay	98.9	99.4	99.4		99.1	99.1	99.1	99.8	99.6
				England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95 95 - 97.5 ≥ 97.5	Torbay								98.2	98.1
				England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

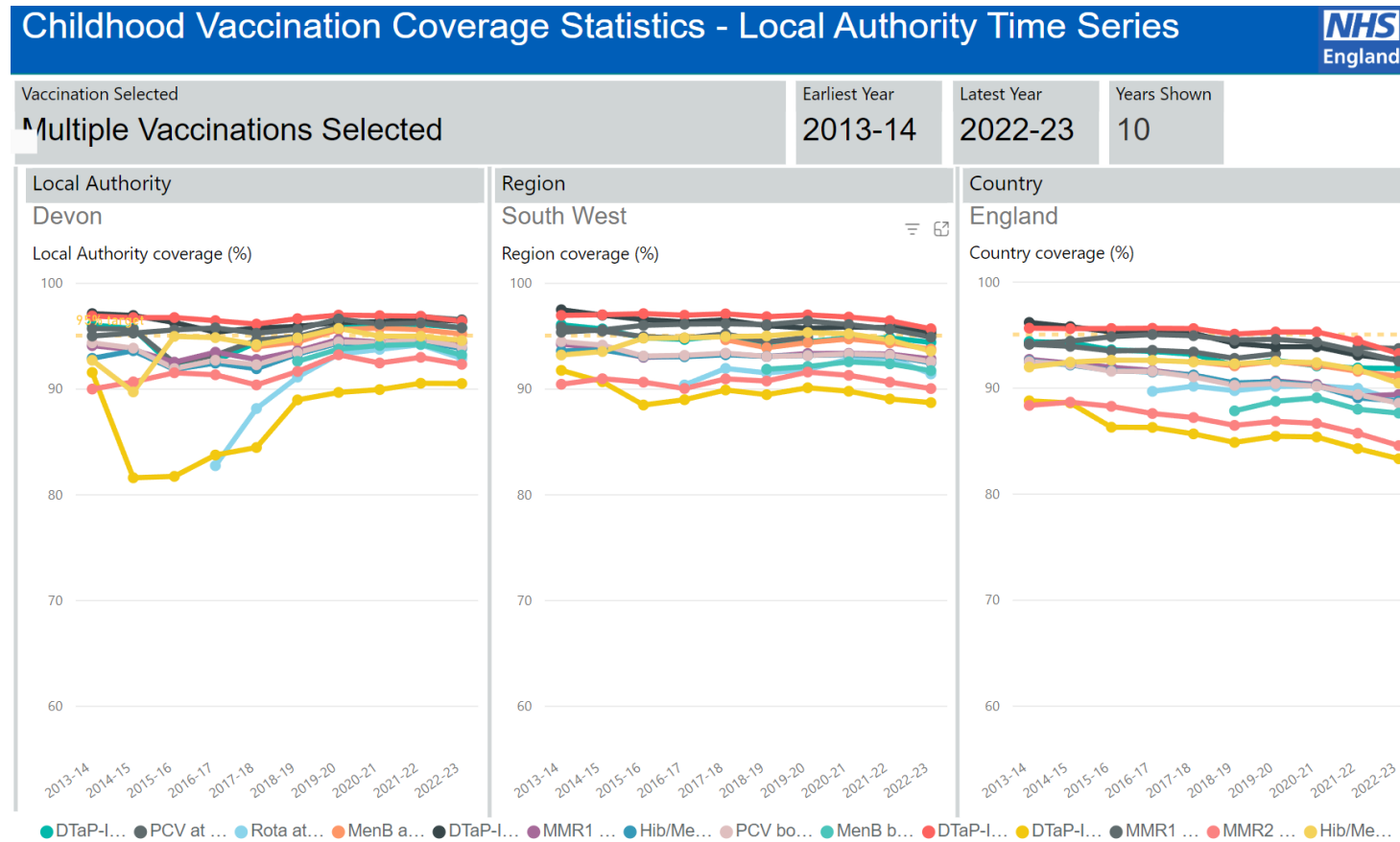
Other Screening by Local Authority (Cornwall)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75 75 - 85 ≥ 85	Cornwall	83.8	83.3	83.5	84.9	84.1	86.5	81.2	85.3	85.3
				England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98 98 - 99.5 ≥ 99.5	Cornwall	99.5	99.8	99.8		99.8	99.8	95.7	97.0	99.8
				England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95 95 - 97.5 ≥ 97.5	Cornwall								97.6	95.4
				England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

12.6 Appendix 6 - Immunisation performance 2022/23

Immunisation schedule; <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule/the-complete-routine-immunisation-schedule-from-february-2022>

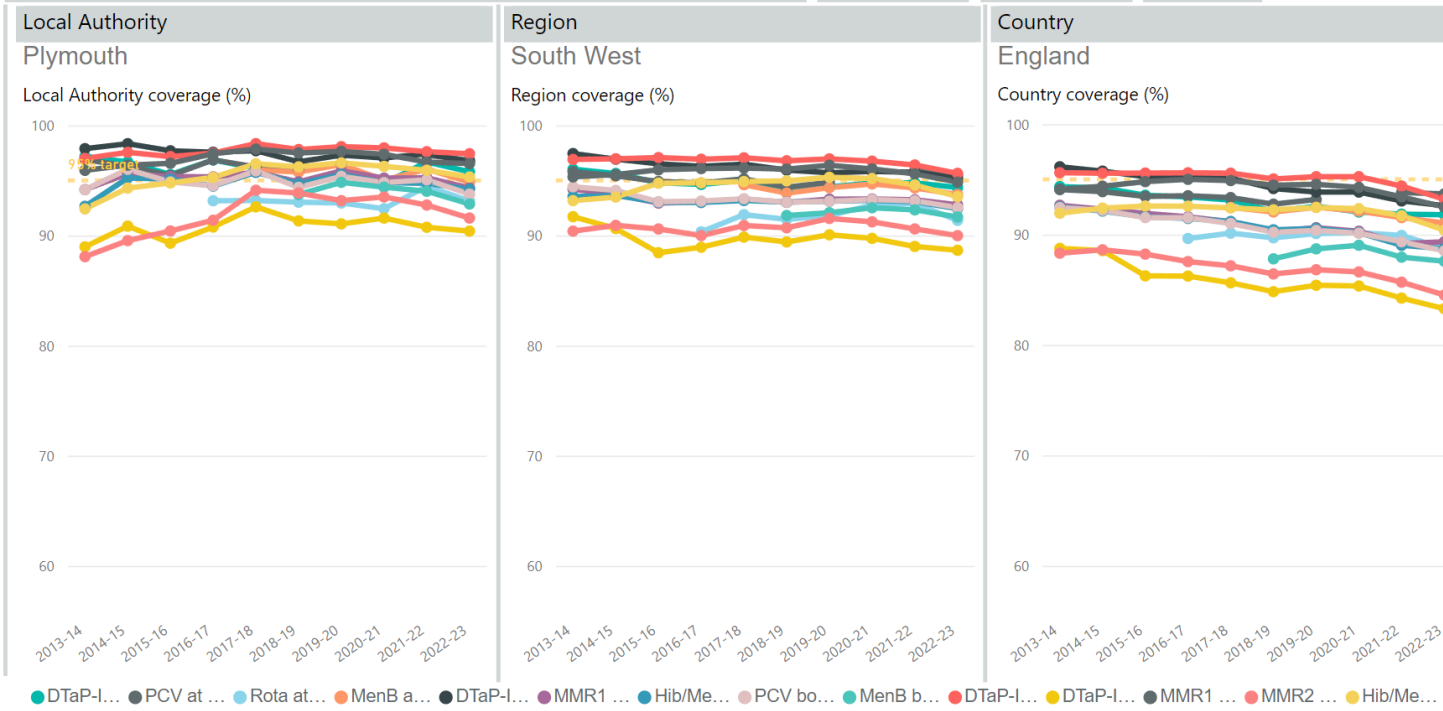
Preschool – Annual COVER statistics 2022/23 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>



Childhood Vaccination Coverage Statistics - Local Authority Time Series

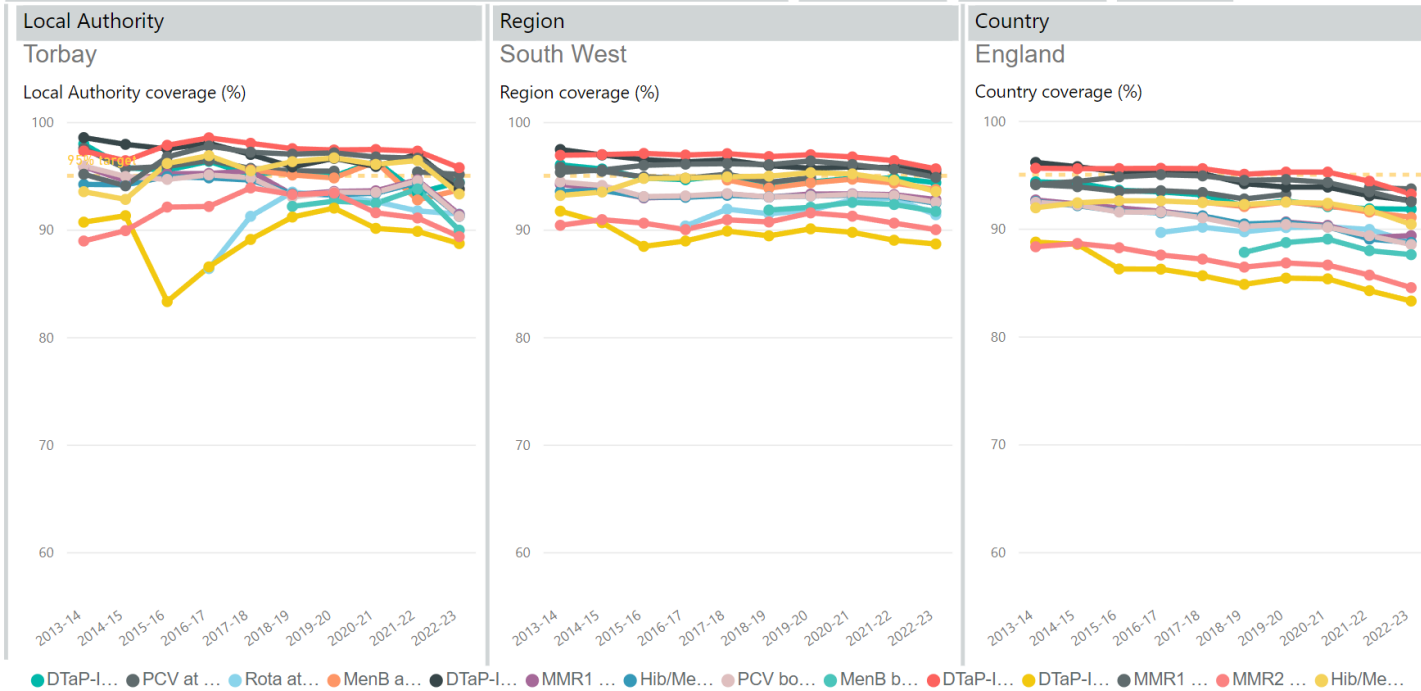


Vaccination Selected	Earliest Year	Latest Year	Years Shown
Multiple Vaccinations Selected	2013-14	2022-23	10



Childhood Vaccination Coverage Statistics - Local Authority Time Series

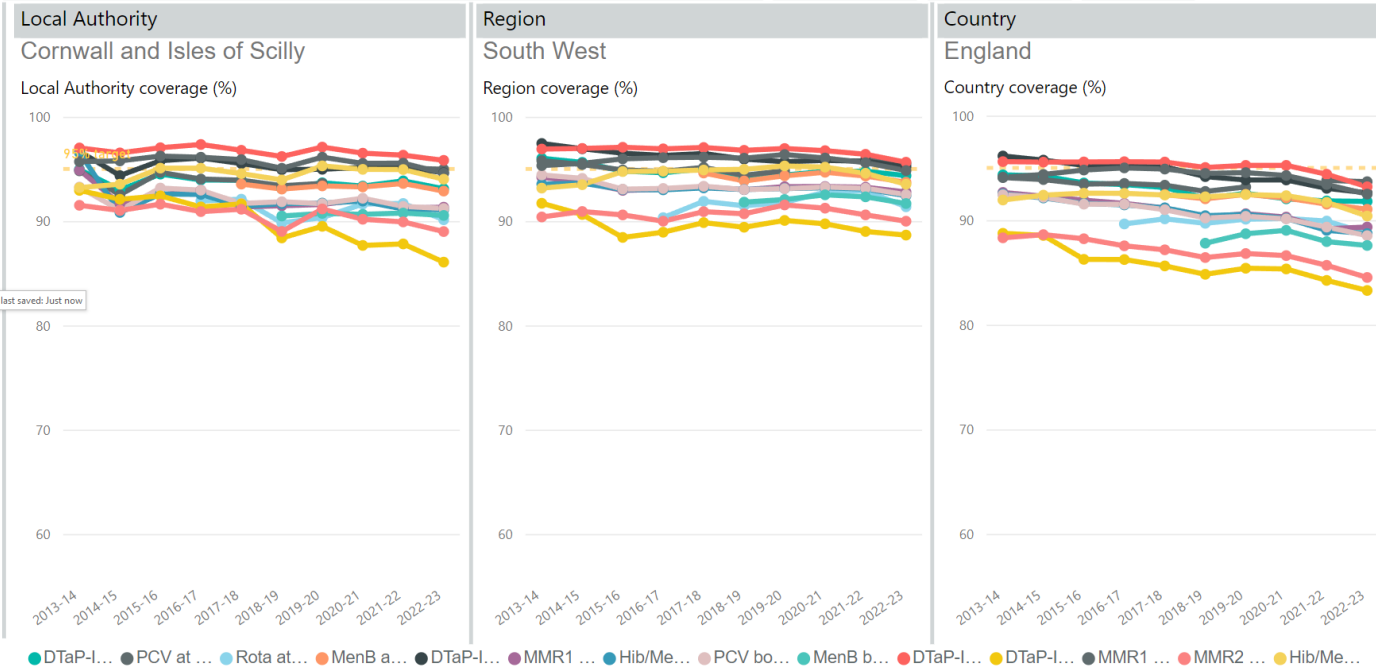
Vaccination Selected	Earliest Year	Latest Year	Years Shown
Multiple Vaccinations Selected	2013-14	2022-23	10



Childhood Vaccination Coverage Statistics - Local Authority Time Series



Vaccination Selected: **Multiple Vaccinations Selected** | Earliest Year: **2013-14** | Latest Year: **2022-23** | Years Shown: **10**



Annual other immunisations 2021/22 (Latest available publicly available published data)

Annual Other Immunisations by Local Authority (Devon)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Devon England				92.2	87.2	86.9	86.2	82.5	84.3	73.2	64.6	61.5
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Devon England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Devon England						85.8	86.6	80.8	81.3	70.4	61.6	63.6
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Devon England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 80 - 90 ≥ 90	Devon England							84.4	91.9	91.1	74.8	69.0	66.8
D06b - Population vaccination coverage: PPV	65	75	< 65 65 - 75 ≥ 75	Devon England	69.6	70.0	69.6	69.9	70.2	70.2	70.5	69.9	70.1	70.2	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Devon England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Devon England	71.5	72.6	71.4	71.5	70.8	69.8	69.8	72.9	72.5	73.0	82.8	85.3
D03l - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Devon England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D04d - Population vaccination coverage: Flu (primary school aged children) ³	N/A	N/A	NA	Devon England	48.8	49.9	47.8	47.8	44.5	42.0	46.2	50.0	49.2	45.5	58.1	60.3
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years) ⁴	50	60	< 50 50 - 60 ≥ 60	Devon England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
				Devon England					43.8	42.6	46.6	53.3	63.4	59.6	70.6	61.5
				Devon England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
				Devon England										62.3	66.5	57.5
				Devon England										60.4	62.5	57.4
				Devon England										51.0	46.9	45.0
				Devon England										49.1	48.2	44.0

Annual Other Immunisations by Local Authority (Plymouth)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Plymouth England				82.6	86.7	89.4	85.1	86.6	83.6	65.8	64.9	55.5
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Plymouth England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Plymouth England						86.1	78.6	82.3	79.9	69.9	57.2	59.8
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Plymouth England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 80 - 90 ≥ 90	Plymouth England							77.7	76.8	78.9	74.3	65.0	62.5
D06b - Population vaccination coverage: PPV	65	75	< 65 65 - 75 ≥ 75	Plymouth England	72.5	71.1	70.9	70.4	69.4	68.7	68.7	67.1	68.2	65.6	68.1	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Plymouth England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Plymouth England	73.6	76.1	75.3	73.2	73.4	71.5	70.3	71.7	71.2	71.4	81.2	82.6
D03l - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Plymouth England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D04d - Population vaccination coverage: Flu (primary school aged children) ³	N/A	N/A	NA	Plymouth England	54.3	54.8	54.1	51.8	49.9	44.9	46.0	47.7	46.7	41.2	52.3	53.9
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years) ⁴	50	60	< 50 50 - 60 ≥ 60	Plymouth England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
				Plymouth England					39.2	34.9	40.1	44.7	53.3	50.9	63.0	52.9
				Plymouth England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
				Plymouth England										57.5	63.2	48.7
				Plymouth England										60.4	62.5	57.4
				Plymouth England										42.9	46.5	45.3
				Plymouth England										49.1	48.2	44.0

Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance Report 2022/23

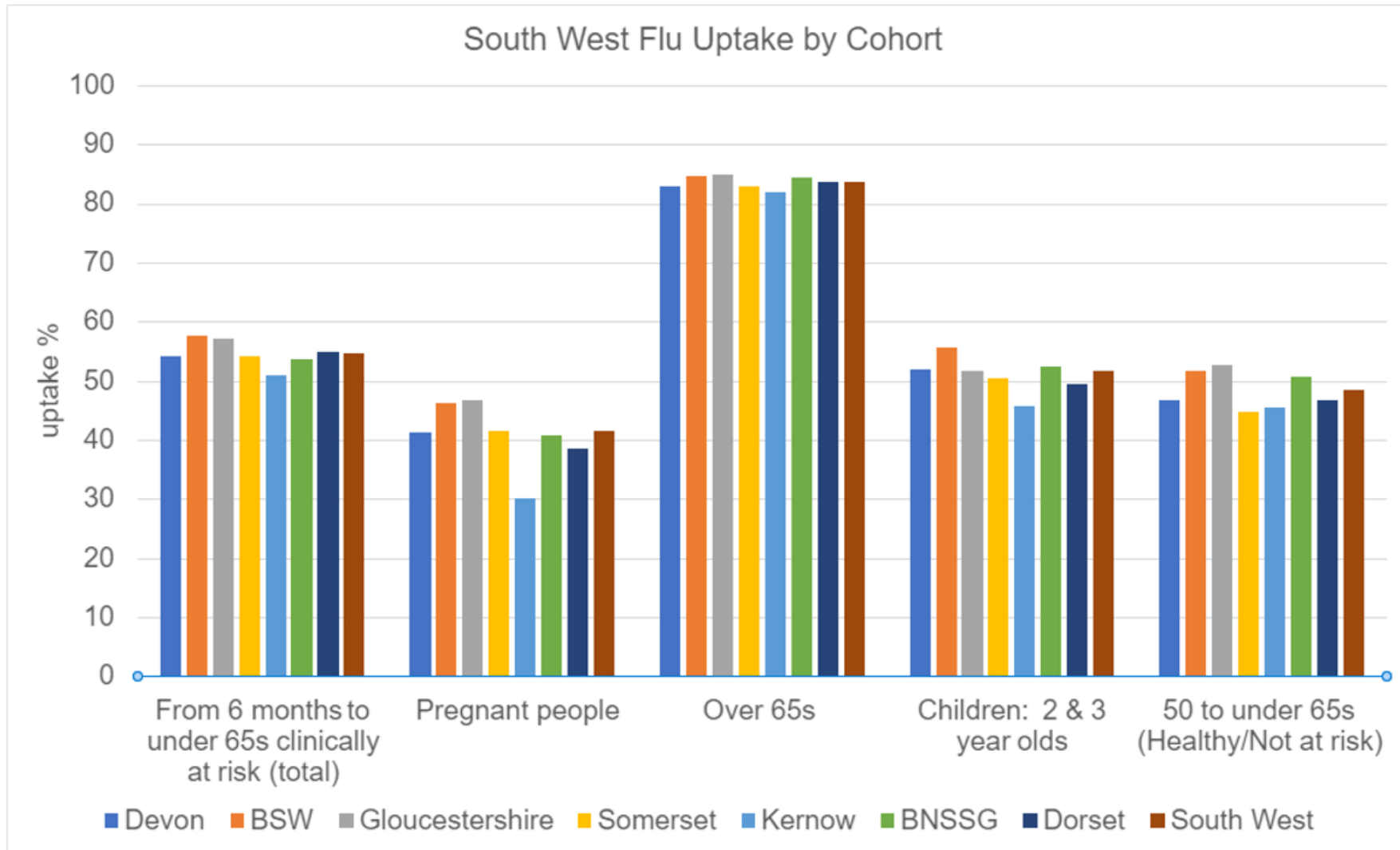
Annual Other Immunisations by Local Authority (Torbay)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Torbay				89.8	87.2	83.1	85.0	86.2	86.2	68.0	67.4	55.6
				England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Torbay										49.0	64.5	47.1
				England										54.4	71.0	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Torbay						80.7	83.7	77.4	83.9	71.4	61.6	64.2
				England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Torbay											44.0	60.1
				England											54.4	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 80 - 90 ≥ 90	Torbay							78.0	79.6	79.1	77.0	63.6	56.7
				England							82.5	84.6	86.7	87.0	80.9	79.6
D06b - Population vaccination coverage: PPV	65	75	< 65 65 - 75 ≥ 75	Torbay	70.5	67.6	64.1	67.5	68.1	67.5	67.7	68.8	69.2	68.2	68.0	
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Torbay	70.0	70.3	69.7	68.3	67.3	66.4	66.4	71.6	71.5	71.5	79.8	81.7
				England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Torbay	48.8	46.8	47.8	48.6	44.6	40.6	45.8	49.3	47.2	44.8	54.8	54.3
				England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
D03l - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Torbay					39.7	35.9	40.7	45.0	56.3	47.8	58.5	47.3
				England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children) ³	N/A	N/A	NA	Torbay										57.6	61.7	45.1
				England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years) ⁴	50	60	< 50 50 - 60 ≥ 60	Torbay										44.5	37.7	34.5
				England										49.1	48.2	42.1

Annual Other Immunisations by Local Authority (Cornwall)

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Cornwall				77.9	81.4	79.5	78.6	81.9	78.4	78.0	76.7	66.4
				England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Cornwall										67.5	70.5	57.0
				England										54.4	71.0	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Cornwall						71.5	57.6	73.1	70.5	73.0	78.0	74.3
				England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Cornwall											71.1	68.1
				England											54.4	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 80 - 90 ≥ 90	Cornwall							79.6	77.2	76.0	76.5	80.0	74.6
				England							82.5	84.6	86.7	87.0	80.9	79.6
D06b - Population vaccination coverage: PPV	65	75	< 65 65 - 75 ≥ 75	Cornwall	67.7	66.6	67.0	66.5	66.3	67.0	66.7	66.2	64.3	65.3	68.1	
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Cornwall	70.0	72.5	71.6	71.3	70.4	69.4	68.4	66.2	70.3	70.6	80.3	83.7
				England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Cornwall	49.9	51.8	51.6	52.5	49.4	45.6	44.4	48.8	46.0	43.2	54.2	56.2
				England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
D03l - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Cornwall					36.6	33.7	37.0	38.7	50.3	47.4	60.6	50.8
				England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children) ³	N/A	N/A	NA	Cornwall										58.6	65.5	56.0
				England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years) ⁴	50	60	< 50 50 - 60 ≥ 60	Cornwall										45.7	33.5	38.5
				England										49.1	48.2	42.1

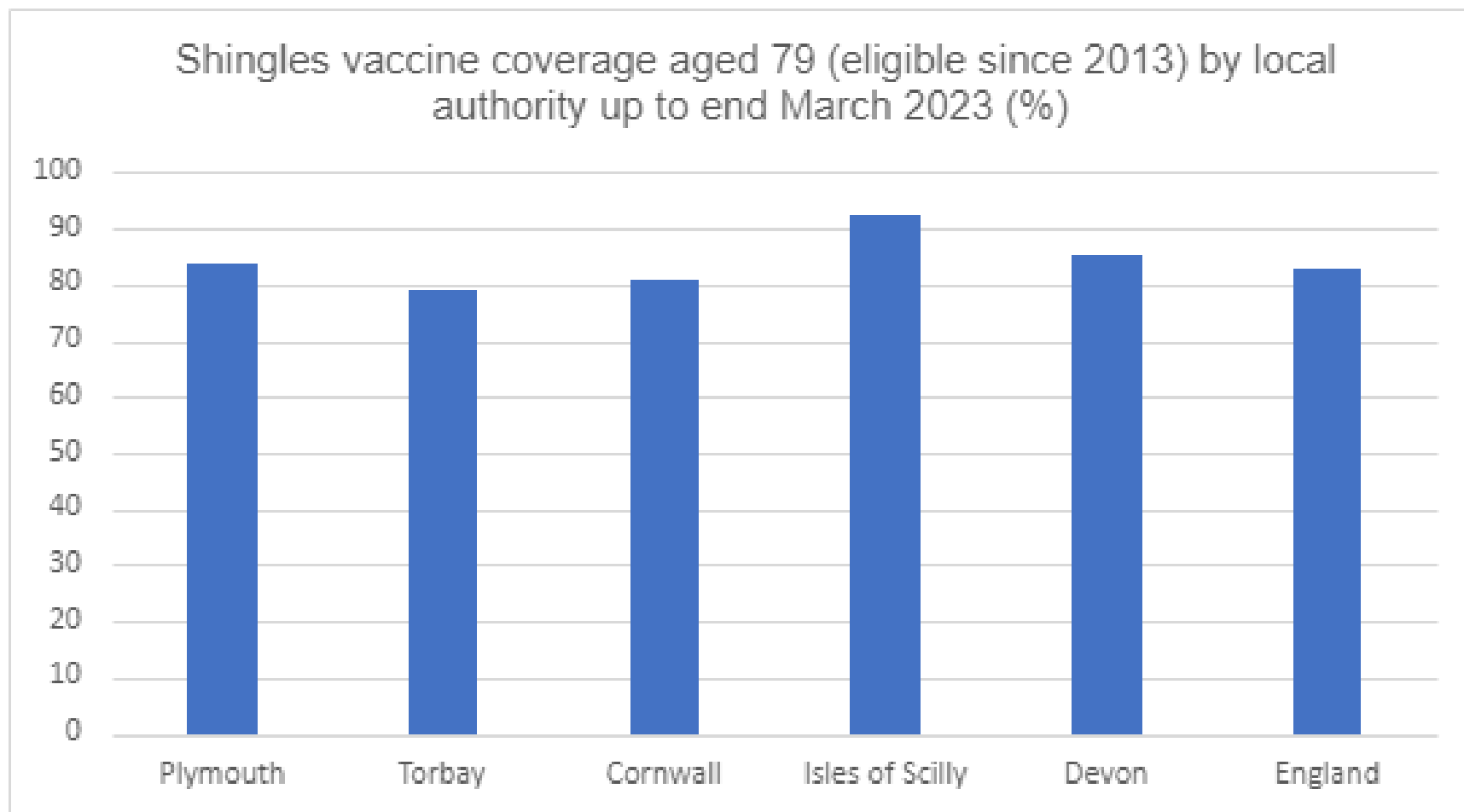
Seasonal Influenza uptake by priority groups 2022/23



Pregnancy – Pertussis vaccination uptake, April 2023 (Source: Immform)

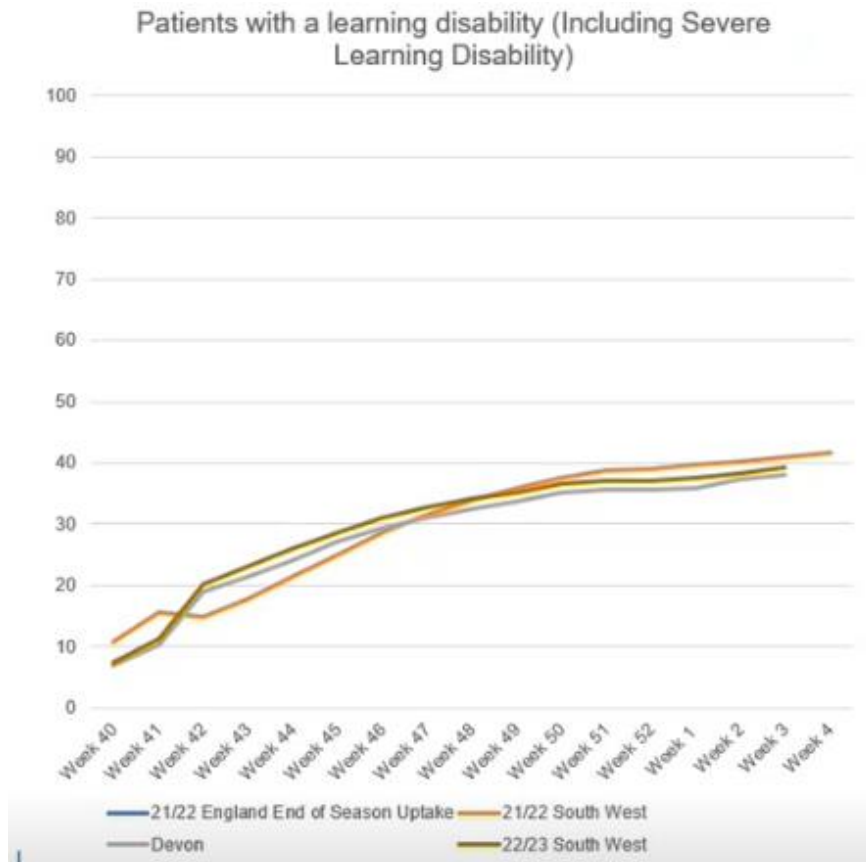
Org Name	April 2023 report				
	No. of practices	% of practices responding	No. of women who delivered in the survey month regardless of gestational age at birth	No. of women receiving pertussis vaccination in the 26 weeks prior to delivery	% Uptake
NHS DEVON ICB	121	99.2	656	432	65.9
NHS CIOS ICB	55	98.2	296	199	67.2
Total South West region	543	98.9	3423	2362	69

Older people - Shingles



12.7 Appendix 7 – Devon ICB Vaccination Outreach Case Studies

Case Study 1: Anything is possible – New films support vaccines and health checks for people with a learning disability.



NHS Devon launched a series of films encouraging people with a Learning Disability to have their Covid and flu vaccinations and annual health checks.

The films feature Kylie, who is a carer for her mum, and Damon, who is needle phobic. They explain how reasonable adjustments can be made to make it easier for people to access their vaccinations.

The films have been well received and are also being used by other systems.

Since launching the films, with a press release, an increase in the number of people with a Learning Disability having their flu vaccination has been seen, bringing Devon back in line with the regional average

<https://onedevon.org.uk/one-devon-news/anything-is-possible-new-films-support-vaccines-and-health-checks-for-people-with-a-learning-disability/>

Case Study 2: Working with vaccine ambassadors.

The ability to reach a diverse audience is essential to tackling health inequalities however in some cases these diverse audiences may not be receiving or receptive to material shared through NHS and Local Authority channels. For this reason the NHS in Devon developed a team of volunteer COVID-19 vaccine ambassadors from the health and social care sector as part of the work to address inequalities amongst under-served communities. The vaccine ambassadors represent communities where there is lower uptake of the COVID-19 vaccination.

Working collaboratively with partner organisations including local NHS Trusts and Healthwatch enabled the recruitment of a diverse team of ambassadors who are regularly engaging in activities to support vaccination. Training and support were provided for the volunteer ambassadors. Volunteers received a weekly briefing document which contained the latest local and national vaccine information and are briefed prior to attending community meetings or being interviewed by the media.

Trusted ambassadors work with local groups to provide information and reassurance:

- ambassador support was pivotal to our approach to working with the mosques in Plymouth, the ambassador connected the Vaccine Outreach Program team to the mosque leaders and supported outreach activities at the mosques
- a Mandarin speaking ambassador worked with the Devon and Cornwall Chinese Association to provide workshops for members of the Chinese community to talk about vaccination
- attended Exeter Mosque and spoke about the vaccine during prayers
- joined the panel for a webinar about vaccination, fertility, pregnancy, and breastfeeding
- attended a meeting organised by community group HIKMAT to meet people from minority ethnic communities and answer questions
- appeared in the media and in social media campaigns for Devon
- shared key messages about the vaccine on their social media channels to enable the NHS in Devon to reach a more diverse audience



Queenie, our vaccine ambassador on Together for Devon social media campaign

13 References

- [1] Public health annual report 2023: Supporting communities in difficult times, Local Government Association (20 March 2023)
<https://www.local.gov.uk/publications/public-health-annual-report-2023-supporting-communities-difficult-times> [accessed November 2023]
- [2] Migrant health guide - GOV.UK (www.gov.uk) [accessed November 2023]
- [3] Responding to cost-of-living challenges: Cornwall Council - An interview with Rachel Wigglesworth, Director of Public Health, Cornwall and Isles of Scilly (20 March 2023)
<https://www.local.gov.uk/case-studies/responding-cost-living-challenges-cornwall-council> [accessed November 2023]
- [4] UKHSA blog; climate and health security <https://ukhsa.blog.gov.uk/2023/02/08/climate-and-health-security-looking-ahead-to-2023/> [accessed November 2023]
- [5] HM Government National Risk Register 2023 edition
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1175834/2023_NATIONAL_RISK_REGISTER_NRR.pdf

Meeting: Torbay Health & Wellbeing Board **Date:** 7 March 2024

Wards affected: All

Report Title: Torbay Joint Health & Wellbeing Strategy 6 monthly progress report

When does the decision need to be implemented? March 2024

Cabinet Member Contact Details: Hayley Tranter, Cabinet Member Adult & Community Services, Public Health & Inequalities Hayley.Tranter@torbay.gov.uk

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1. Purpose of Report

- 1.1 The Torbay Joint Health and Wellbeing Strategy 2022-26 was published in July 2022. The Health and Wellbeing Board receives six monthly progress reports and this paper provides a fourth progress report on implementation.
- 1.2 The paper highlights latest developments and any risks or challenges that have been flagged by individual programmes, for members to review.

2. Reason for Proposal and its benefits

- 2.1 The proposals in this report will help us to deliver improvements in the health and wellbeing of our population by setting priorities for delivery and monitoring achievement.

3. Recommendation(s) / Proposed Decision

Members are asked to:

1. Note progress in delivery.
2. Note the updated risk in relation to the digital inclusion programme and consider options for the future position of this programme within the strategy.

Appendices

Appendix 1: Data summary report.

Appendix 2: Emotional health and mental health training and development offers

Appendix 3: Torbay Healthy Ageing summary report

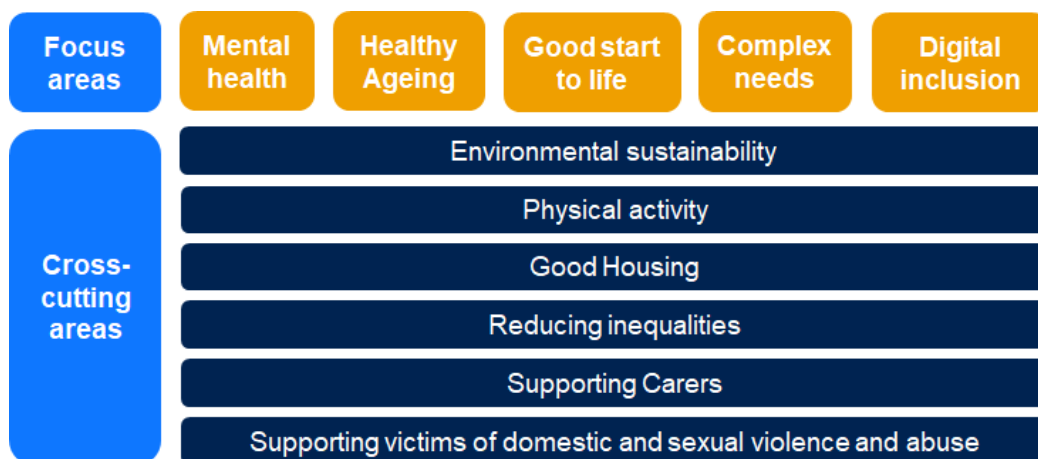
Appendix 4: Multiple Complex Needs co-production report

Supporting Information

1. Introduction

1.1 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 in response to the Joint Strategic Needs Assessment.

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



1.3 An outcome framework was developed 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.

- 1.4 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**.

2. Progress on delivery to September 2023

- 2.1 Progress is reported against each priority programme area below.

Mental health and wellbeing

Programme update: Overall on track

Torbay Multi-agency Suicide Prevention Plan 2024-27 was endorsed by the Health and Wellbeing Board in December 2023. Members received a substantial report on content at that time.

Torbay Council has signed a memorandum of understanding with Samaritans South Devon to promote their third-party referral service to staff and residents who interact with their services who are vulnerable or in distress. This is the first agreement of this kind in the region.

Community: Local Action on Suicide Prevention grants have launched for a third consecutive year to enable community and voluntary sector organisations to help reduce the number of preventable deaths locally.

Torbay Alliance has been working on a specification for adult mental health support – with emphasis on peer-support – based on recent lived experience co-production work. This will link to the Torbay Community Helpline (and Adult Social Care Frontdoor).

Torbay Public Health and other members of the Torbay Mental Health and Suicide Prevention Alliance contributed to, attended and will be supporting the recommendations of the Children and Young People Overview and Scrutiny Board which focussed on emotional wellbeing and mental health.

A Children and Young Peoples health needs assessment has been developed to support the commissioning of children and families' 0-19 services.

Emotional health and mental health training and development offers – many of which are free – have been collated in one place and shared with partners. The training offer can be found at these links and is also attached at **Appendix 2**. New trainers have been recruited and trained to deliver 4 Mental Health Emotional Resilience and Community Suicide Awareness training.

Risks and issues:

Good start to life

Ensuring families have access to the services they need

Through the Family Hubs partnership, a collaborative Start for Life offer has been developed for Torbay families. The Family Hubs programme has enabled the development of further Start for Life services, including support with infant feeding, perinatal infant mental health, speech, language and communication needs, home learning, and offering a comprehensive family support and prevention service.

The Family Hubs provide a welcome space for families, with a comprehensive peer support programme embedded into the service.

Via the Family Hub network, Torbay has seen an expansion of universal services which have a focus on prevention and which are available for all children, young people and their families to access. The expansion includes enhancing delivery of services funded by the 'Start for Life' programme and wider services including enhancing the youth offer.

Start for Life Services comprise:

- Infant Feeding
- Peri-natal Parent and Infant Mental Health
- Parenting
- Home Learning Environment

Wider Services: (not an exhaustive list)

- Drop-in surgeries including:
 - Cost of Living partnership with Housing and DWP colleagues
 - Youth Homeless Prevention
 - Family Group Conference
 - Reducing Parental Conflict
- Youth Services
- SEND support and advice
- Oral Health improvement
- Nutrition and weight management
- Social Prescribing and links with Primary Care

There are three physical Family Hubs, one in each town of Paignton, Torquay and Brixham. The Torquay Family Hub has recently moved to a bigger premises to support co-location and increase the number of services available.

The Virtual Family Hub Home - Family Hub (torbayfamilyhub.org.uk) went live in April 2023, providing a hub for children and their families to access a wealth of information, including how to connect with services and book onto training and support programmes. The Virtual Hub also includes a practitioner area providing information and resources to all practitioners including education providers.

The Virtual Family Hub will also host the 'Tell it Once' area for children and their parents/carers, allowing parents with children who experience SEND to record their child's journey and exchange information with key practitioners without the need to continuously repeat their story. The development of this work neared its completion in 2023 and is

planned to go live in the first half of 2024 following testing and sign off for compliance and data security (this is a delay on the previous report due to the data compliance issue).

The development, expansion, and alignment of Universal and Targeted Services reflects a conscious move towards children, young people and their families being supported within their local community. The next steps are to develop a hub and spoke model with the aim of removing barriers to access services for our underserved communities.

The Family Hubs Start for Life workforce has been developed and is skilled to meet the changing needs of children and families. Specialist health and community practitioners have been recruited under each workstream, with a comprehensive workforce development plan in place across the Start for Life offer. Some examples of the Start for Life evidence-based and clinical training programmes accessed across the workforce include:

- Institute of Health Visiting – various programmes
- Unicef’s Baby Friendly Initiative – various infant feeding, bonding and attachment programmes
- Chat, Play, Read Champions and Train the Trainer
- Early Talk Boost
- Champion training Early Years Alliance in Early Years settings
- Newborn Baby Observation
- Understanding Attachment
- NHS England Perinatal Infant Mental Health
- Lactation Consultant Training
- Frenulotomy - Tongue Tie training.

Risks and issues:

Data compliance issues in relation to the virtual family hub now overcome.

Supporting people with multiple complex needs

Programme update: On track

- The MCN Alliance is in place. Implementation of the alliance principles, values and behaviours continue to be embedded across the provider services. Performance remains stable.
- Plans to embed lived experience across the alliance is progressing well, with lived experience representatives now present at key alliance workstream and operational meetings.
- Integration of alliance and mental health services is an identified area of priority. Existing pathways for working with mental health are currently under review. There is some capacity within the Alliance to support dual diagnosis.
- Staff are trained in trauma informed approach, with support for enhancing this well established.
- Flow through the hostel is improving, but onward accommodation remains challenging.
- Integrated approach to support children where domestic abuse and/or substance misuse is an issue, is developing.

- The Council's Oversight Board and the MCN Alliance are developing mechanisms to understand impact more holistically. Improvements in data collection, quality analysis and actions to increase benefit are being observed.
- The joint support of people who experience significant mental health and substance misuse issues is improving with dedicated resource to support this cohort.
- Most staff are trained and supported in delivering a trauma informed approach. Practitioner networks continue to operate successfully to support staff to embed this approach.
- Flow through the hostel is improving, but onward accommodation remains challenging.
- Integrated approach to support children where domestic abuse and/or substance misuse is recognised. Assessment of the impact of domestic abuse on the child is being focused on. Work is to start on understanding the identification and support needs of children who live in a household where there is parental substance misuse.
- A progress review meeting between the Oversight Board and members of the alliance Leadership Team has taken place that identified shared areas of focus to progress the strategic intent of the alliance.

Risks and issues:

- Access to suitable and affordable accommodation is the greatest issue. This is identified on the wider Council risk register.
- Events have been scheduled to increase alignment within the alliance in terms of the overall vision and objectives. Staff will be joining a joint Oversight Board/Alliance meeting in March 2024 and a regular staff forum is being established.

Healthy Ageing

A new Healthy Ageing Partnership Board is being established across Torbay and South Devon, bringing together work across the locality to report into the Torbay and South Devon Local Care Partnership.

This report focuses on progress in the healthy ageing (prevention) element of the work.

From March 2023 to 31 Dec 2023 the programme has exceeded performance in the previous year, with 538 participants, 62 training sessions, 250 licences disbursed, 57 collaborating groups, 57 additional events, 225 referrals in and 214 referrals out.

The programme also receives feedback from Torbay Assembly on ongoing issues related to older people in the community, as well as data from Torbay Community Helpline. The programme is an active member of Age Friendly UK Network and WHO Global Age Friendly Community Network and provides an extensive referral network for people in need through Torbay Community Helpline.

The healthy ageing / live Longer Better programme is in discussion with local PCNs around a pilot which would reach GPs patients who would benefit from increased

awareness, activation and activity. Support would be delivered on a graduated basis to offer most intensive support for those with the greatest need.

The national team for Live Longer Better see the Torbay approaches as innovative - based on the face-to-face person-centred delivery model, and the extra modules locally created. Learning is supported by the LLB online learning portal.

Performance against targets for 2023/24 have been met or exceeded.

Live Longer Better Training:

Sets of courses have been run for the public for three quarters in Torbay, Paignton and Brixham. Lots of great feedback has been received regarding building confidence, new friends and coping better with diagnosis or long term health conditions. People learn about the ageing process, overcoming ageing and how increasing activity can improve health, cognition and emotional resilience. The programme also supports core needs, providing referrals around housing, benefits etc, and linking them to community builder, wellbeing, social prescriber, Torbay Community Helpline, or Active Devon teams. Courses have expanded to include:

- Breathing and relaxation techniques - overcoming anxiety triggers, reducing tension and improving sleep patterns
- Healthy eating, diet, nutrition
- Hydration
- Falls prevention – Fall Fighters (ROSPA) course.
- Personal skills: motivation, confidence, routines and overcoming isolation.
- Understanding Ageing
- Maintaining and improving skill and coordination
- Increasing stamina
- Increasing suppleness
- Developing strength and power
- Increasing brain ability and reducing the risk of dementia
- Improving physical fitness and reducing the risks of falls and frailty
- Preventing and coping with disease
- Understanding the changing brain and mind
- Understanding and changing how people think about ageing
- Exercises you can do at home - 15 minutes sessions, daily routine, furniture-based approaches, stretch and relaxation, strength—based and in-bed routines
- Importance and purpose of later life planning. - power of attorney, wills, lifestyles and remaining independent.
- Dying well as well as living well
- Activities - introduction to classes and groups in Torbay that fit with a person's lifestyle. Each course has an activities week and there is a Summer programme where people try different activities

Other themes are developed with participants as required, so the courses are always person centred, relevant and up-to-date (ie accessing health services).

- **Engagement and Reach:** There is a catch up session for all participants at the end of each quarter to reconnect them to other opportunities.
- **Summer Activity Programme:** Over the summer holiday period there is a Summer Activity Programme as a series of sessions that encourage people to become more active and try new experiences.
- **Professional Training:** The programme incorporates input from an increasingly wide range of professionals – through training workshops so they better understand how to work with and treat older people – as well as the benefits of staying active on longevity and health. The next sessions will be for Torbay Hospital staff.
- **Healthy Ageing Board:** The programme is actively involved in the creation of a Healthy Ageing Board for Torbay and South Devon – to represent VSCE – this is part of the One Devon – Local Care Partnership delivery for Torbay and South Devon.
- **National Programme:** Healthy Ageing Torbay provides insight to the national Live Longer Better teams and is seen to be leading the way in group learning and participation. There will be a presentation from Torbay / Devon – in the next annual LLB conference.
- **Working with Care Homes:** This continues, led by Jess Slade and Pam Prior.
- **Assembly:** The Assembly Action group continues to have oversight of the programme and also Age Friendly work in Torbay linked to the National and Global networks.

A summary of the healthy ageing work across Torbay is included at **Appendix 3**.

Risks and issues:

There is no recurrent funding for the Healthy Ageing programme and there is ambition to expand the work across Torbay and South Devon to provide a prevention programme across the Local Care Partnership. Bids will be made into different funding opportunities as these arise.

Digital inclusion

Programme update:

The formal programme is currently paused however related work is covered below.

Work has continued, albeit at a reduced level, to support people to improve their digital literacy. Without additional funding this will reduce further over the coming months, however, a funding opportunity has arisen and a bid has been submitted.

Engaging Communities South West are developing the capacity to accept used laptops from the Trust for redistribution. Work is being undertaken by Torbay & South Devon NHS Trust to enact this.

Currently there are weekly drop in sessions delivered by South Devon College students as part of their course at Paignton Community Hub and Engaging Communities South West's digital work (via Digital Health Devon).

In addition to this, Eat That Frog is continuing to deliver digital support sessions from their Torquay Offices, although their sessions at Paignton Community Hub were discontinued due to financial constraints.

A joint bid with both Engaging Communities South West and Eat That frog has been submitted to Torbay Council for Lot 4 (Funding to support local digital skills) of their UK Shared Prosperity Fund (People and Skills and Sector Pathways Programme Delivery). If successful this will enhance the local digital skills support offer in Torbay.

Engaging Communities South West are currently in the process of redeveloping their Digital Health Devon e-Learning website to show people how to use local online health, care and wellbeing tools. This will be re-launching soon via www.digitalhealthdevon.co.uk.

Engaging Communities South West have also been working on developing an ability to recycle laptops from Torbay & South Devon NHS Trust.

Risks and issues:

The Digital Inclusion Network has been stood down due to insufficient engagement, although regular one-to-one meetings with key members are still in place.

With the student placements and Eat That Frog funding both finishing in the coming months there will be a stop to the digital support offer being provided in Paignton Community Hub.

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	Local Motion work with children and young people focussing on emotional health and wellbeing and the academic pressure experienced whilst in education.
Good start to life	Recognising the need to work at pace to deliver the Start for Life Programme, parents were engaged as much as possible in the development and implementation of the workstreams, including the comprehensive infant feeding peer support programme, a teenage parent peer support group, building babies brains and chat, play, read.

	Peer supporters and parent carers are involved in the working group that is investigating ways in which to engage with the underserved communities across Torbay.
Multiple complex needs	<p>Codesign and coproduction is integral to the development and delivery of the MCN Alliance. To support the integration of co-design and co-production within the alliance, a co-production strategy has been developed (in collaboration with individuals with lived experience). This is attached at Appendix 4.</p> <p>The alliance has also consulted on the name and branding of the alliance. Votes secured the name 'Growth in Action'.</p> <p>The branding for the alliance has also been out to consultation recently. Beth Hill, Creative design Manager at Torbay council produced a creative concepts YouTube video describing the various branding options, how the different formats can be used and how the different options met certain regulatory requirements.</p> <p>The designs were generated in collaboration with the alliance co-production group. Votes were evenly split between 2 branding options and so based on feedback there will be some small tweaks to one option and the 2 favourites will go back out for final consultation.</p>
Healthy Ageing	<p>The healthy ageing programme builds relationships with the people supported, so there are ongoing opportunities for them to feed into and influence delivery. Development of the programme is continuous and person-centred and guided by participants, Torbay Assembly Action group and LLB Steering Group.</p> <p>The report at Appendix 3 includes participant feedback and case studies</p>
Digital inclusion	None in this reporting period.

Data indicators

A summary of all data indicators, by priority area, is included at **Appendix 1**. Figures which have been updated since the last report are:

Mental Health

- People with a low happiness score – slight increase, in common with national trend
- People with a high anxiety score – generally increasing
- Prevalence of mental health issues (all ages) on GP registers (schizophrenia, bipolar affective disorder and other psychoses) – remains high
- Prevalence of depression (aged 18+) on GP registers – remains high and increasing
- Suicide rate – reduced although remains high

Children and young people

- Good level of development at the end of the Early Years Foundation Stage – lower than England
- Key Stage 2 pupils meeting the expected standard in reading, writing and maths – consistent
- Pupils with SEND (special educational needs and disabilities) – high but stable
- Children in care/ looked after – remains high compared with England
- Population vaccination coverage- MMR for two doses (by aged 5 years) – reducing but above England average
- Children overweight (including obesity) in year 6 – similar to England

Multiple complex needs

- Households owed a duty (prevention or relief) under the Homelessness Reduction Act – significantly above England rate
- Successful drug treatment- opiate users (aged 18+) – similar to England
- Successful alcohol treatment (aged 18+) – similar to England

Ageing

- Proportion who use adult social care services who reported that they had as much social contact as they would like (aged 65+) – increasing post pandemic
- Population vaccination coverage Flu (aged 65+) – decrease on previous year
- Emergency hospital admissions due to hip fractures (aged 65+) – similar to England
- Dementia estimated diagnosis rate (aged 65+) – consistent or reducing rates, likely to be under diagnosing

Digital

- Fixed broadband coverage- Residential premises capable of receiving full fibre broadband – above England
- Fixed broadband coverage- Commercial premises cable of receiving full fibre broadband – increasing.

It should be noted that figures fluctuate and the important factor is the overall, consistent trend. Many figures are reported one or two years retrospectively.

A further report on progress will be brought to the Board in September 2024.

5. Financial Opportunities and Implications

5.1 None.

6. Engagement and Consultation

6.1 Engagement is included in the Strategy progress reports in Section 2.

7. Tackling Climate Change

7.1 Environmental sustainability is one of the cross-cutting areas in the Strategy.

8. Associated Risks

8.1 Risks and delays to implementation are identified against each programme in Section 2.

8.2 A key question for the Board to consider is the whether the digital inclusion element of the strategy should be stood down as a discrete priority area and moved to an under-pinning programme. Project funding for the objectives in the strategy has come to an end. Programme members are bidding for further funding for specific initiatives but the majority of the work is within business as usual programmes at individual organisational level.

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	Y		
People with caring Responsibilities	Y		
People with a disability	Y		
Women or men	Y		
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)	Y		
Religion or belief (including lack of belief)	Y		
People who are lesbian, gay or bisexual	Y		
People who are transgendered	Y		

People who are in a marriage or civil partnership			Y
Women who are pregnant / on maternity leave			Y
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Y		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Y		

10. Cumulative Council Impact

10.1 None.

11. Cumulative Community Impacts

11.1 None.



Title: Torbay Joint Health and Wellbeing Strategy Outcomes Framework update and progress, March 2024

Wards Affected: All

To: Health and Wellbeing Board **On:** Thursday 7 March 2024

Contact: Dr Lincoln Sargeant, Director of Public Health; Claire Truscott, Public Health Intelligence Analyst

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1. Purpose

- 1.1 March 2024 update of the Torbay Joint Health and Wellbeing Strategy Outcomes Framework

2. Recommendation

- 2.1 That 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+)	2022/23	%	11.4%	7.3%	8.9%		Lower is better	
2	People with a high anxiety score - self reported (aged 16+)	2022/23	%	27.4%	21.8%	23.3%		Lower is better	
3	Prevalence of mental health issues (all ages)- on GP registers (schizophrenia, bipolar affective disorder and other psychoses)	2022/23	%	1.30%	1.04%	1.00%		Lower is better	Highest quintile in England
4	Prevalence of depression (aged 18+) - on GP registers	2022/23	%	14.8%	13.8%	13.2%		Lower is better	2nd highest quintile in England
5	Hospital admissions as a result of self-harm (aged 10-24 years)	2021/22	Per 100,000	711.1	638.3	427.3		Lower is better	
6	Suicide rate	2020-22	Per 100,000	16.6	12.5	10.3		Lower is better	

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

- In Torbay 11.4% of people reported **low happiness levels** (1) in 2022/23, the England average was 8.9%. This is an increase but not statistically different to England or other years. The previous five years have varied from 8% - 9% in Torbay.
- The percentage reporting **high anxiety levels** (2) in Torbay has fluctuated in the last few years but is on a generally increasing trend over the years shown, with a value of 27.4% in 2022/23.

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** (3) in Torbay practices has remained in the highest quintile (i.e. the highest fifth) in England for the 11 years shown. The value has remained quite level for a number of years although a gradually increasing trend over the time period in both Torbay and England.
- Just over one in seven patients aged 18+ are recorded as having **depression** (4) in Torbay GP registers in 2022/23. Torbay has been in the second highest quintile in England for seven years. It is on a steadily increasing trend, as is the England figure.

Hospital admissions for self-harm are more prevalent in younger people and far more so in females. The admission rate for **self-harm in 10-24 year olds** (5) has fluctuated but has remained significantly higher than the England average for at least the last decade. 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) (classified as intentional self harm or undetermined intent) remains significantly higher than England as it has for the last seven periods (a period equals three years combined). In the most recent period, 2020-22, Torbay has the same rate as the previous period at 16.6 per 100,000. This equates to 58 individuals. Torbay's rate has been gradually reducing since the peak in 2016-18 but there have been around 20 suicides registered per year for a number of years.

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) ¹	2021/22	%	21.6%	19.0%	19.9%		Lower is better	●
8	Good level of development at the end of the Early Years Foundation Stage ²	2022/23	%	63.5%	66.2%	67.2%		Higher is better	●
9	Key Stage 2 pupils meeting the expected standard in reading, writing and maths (combined) ³	2022/23	%	58.6%	56.5%	59.8%		Higher is better	●
10	Pupils with SEND (special educational needs and disabilities)	2022/23	%	18.4%	19.1%	17.1%		Lower is better	●
11	Children in care/ looked after	2023	Per 10,000	125	76	71		Lower is better	●
12	Population vaccination coverage- MMR (Measles, mumps and rubella) for two doses (aged 5 years)	2022/23	%	89.3%	91.8%	84.5%		Higher is better	●
13	Children overweight (including obesity) in year 6 ⁴	2022/23	%	35.6%	31.7%	36.6%		Lower is better	●
14	16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2023	%	7.4%	6.5%	5.2%		Lower is better	●

¹ 2021/22 values are marked as provisional

² 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 and 2022/23 figures are not comparable with previous years

³ 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 in the writing teacher assessment frameworks in 2018

⁴ 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 21.6% in Torbay in 2021/22 which is significantly higher (worse) than the England value. In the previous year Torbay had been measured as significantly better than England. A family is defined as being in relative low income when their income is below 60% of the UK average (median) income. They must have claimed Child Benefit as well as Universal Credit,

Tax Credits and/or Housing Benefit in the year to be included in this measure. These low income statistics do not take housing costs into account.

Just over six out of ten children (63.5%) have attained a **good level of development at the end of the Early Years Foundation Stage (EYFS)** in 2022/23 in Torbay schools (8). This has remained level with the previous year while the England figure has risen by two percentage points (to 67.2%, from 65.2%) which has made Torbay become significantly lower than the England figure in 2022/23. 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) is similar in Torbay to the England figure in 2022/23 (Torbay- 58.6%, England- 59.8%). Torbay's percentage is similar to the previous year. Figures published in 2018/19, before the COVID-19 pandemic, are significantly higher in Torbay at 66.0%, also the trend for England. Data covers state funded schools.

The percentage of school pupils with **special educational needs and disabilities (SEND)** (10) is significantly higher than England at 18.4% in Torbay in 2022/23. This encompasses children at 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 eight years shown in the data, between 17.2% and 18.4%.

The rate of **children in care** (11) (also known as children looked after) remains significantly higher than the England average in 2023 as it has been in the previous years shown. Figures encompass children aged under 18 years and exclude those looked after under a series of short-term placements. The rate is as on 31 March of each year.

Coverage of the **MMR vaccine** (two doses by aged five years) (12) has been on a decreasing trend for several years in Torbay. In 2022/23, 89.3% of five year olds had completed the course, this is red compared to the goal of 95% coverage. Torbay's coverage, however, has been significantly higher than the England average for the last eight years. England has been on a decreasing trend during this time.

Over a third of **children in year 6 (10-11 year olds) are overweight (including obesity)** (13) in 2022/23. This is similar to the England figure as Torbay has been for the last decade (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) has increased since the year before at 7.4% in 2023 compared to 5.3% in 2022 and is higher than England. Torbay's figure fluctuates for the five years shown. The figures for each year are the average of December of the previous year and January and February of the current 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	2022/23	Per 1,000	18.5	16.5	12.4		Lower is better	●
17	Hospital admissions for alcohol related conditions (Narrow definition)	2021/22	Per 100,000	507	465	494		Lower is better	●
18	Successful drug treatment- opiate users (aged 18+)	Apr 22 - Mar 23 ⁵	%	4.70%	4.67%	4.99%		Higher is better	●
19	Successful alcohol treatment (aged 18+)	Apr 22 - Mar 23 ⁵	%	36.16%	34.98%	34.88%		Higher is better	●

⁵ 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) with the most recent quarter of data (July – September 2022) being the highest 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 four years with a 2022/23 rate of 18.5 per 1,000 households which equates to 1,188 Torbay households, compared to an England rate of 12.4 per 1,000.

Hospital admissions for alcohol related conditions (narrow definition) (17) is where the primary diagnosis is an alcohol-related condition. Torbay's rate is slightly higher than England in 2021/22 but statistically similar, after being significantly higher than England for the previous five years reported.

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. Both drugs (opiates) and alcohol successful treatment figures fluctuate over the years:

- **Drugs-** the success rate for treatment for opiates is 4.70% in April 22 - March 23 which is similar to the England value of 4.99%
- **Alcohol-** the success rate for alcohol treatment is 36.16% in April 22 - March 23, similar to the England value of 34.88%

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+)	2022/23	%	42.1%	44.0%	41.5%		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+)	2022/23	%	79.2%	82.8%	79.9%		Higher is better	●
24	Emergency hospital admissions due to falls (aged 65+)	2021/22	Per 100,000	1,891	1,766	2,100		Lower is better	●
25	Emergency hospital admissions due to hip fractures (aged 65+)	2022/23	Per 100,000	606	545	558		Lower is better	●
26	Dementia- estimated diagnosis rate (aged 65+)	2023	%	59.4%	55.6%	63.0%		Higher is better	●

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The proportion of Adult Social Care users aged 65+ who reported that they had **as much social contact as they would like** (20) rose to 42.1% (England- 41.5%) in 2022/23. Figures in the previous two years were in the early to mid 30s in Torbay- covering periods affected by social restrictions, guidance and anxiety caused by COVID-19 which is likely to have affected the figures.

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 similar to the England figures.

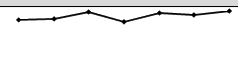
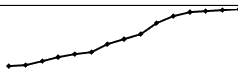
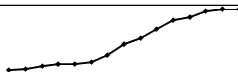
The percentage of **flu vaccinations of those aged 65+** (23) has been higher than the World Health Organisation target of 75% in Torbay for the last three years. However, the national vaccine uptake ambition for 2022/23 was to achieve and ideally exceed the uptake levels of the previous year (2021/22) which did not happen in Torbay or nationally as both saw a decrease in uptake in 2022/23.

The rate of **emergency hospital admissions due to falls for those aged 65+** (24) is lower than England in 2021/22 at 1,891 per 100,000 in Torbay. Many falls injuries do not result in emergency hospital admissions so this does not show the extent of need in this area.

The rate of **emergency hospital admissions due to hip fractures in people aged 65+** (25) has been statistically similar to England for the 13 years shown. This measures a primary diagnosis of fractured neck of femur. Those who suffer this debilitating injury can experience permanently lower levels of independence and the need to move into long term care.

The **estimated diagnosis rate of dementia** (aged 65+) (26) has in 2023 in Torbay remained level with the last couple of years at 59.4%, all of which are below the goal of 66.7%. There has been a gradual decreasing trend over the seven years of data. 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+) (no longer updated)	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 2023 ⁶	%	78%	56%	56%		Higher is better	●
29	Fixed broadband coverage- Commercial premises capable of receiving full fibre broadband	Sept 2023 ⁶	%	58%	46%	37%		Higher is better	●
⁶ Data points are 4 monthly- January, May and September of each year									

The 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 seven years shown, at 96.3% in 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 steadily from 8% of residential and 3% of commercial premises in January 2019 to 78% of residential and 58% of commercial premises in September 2023.

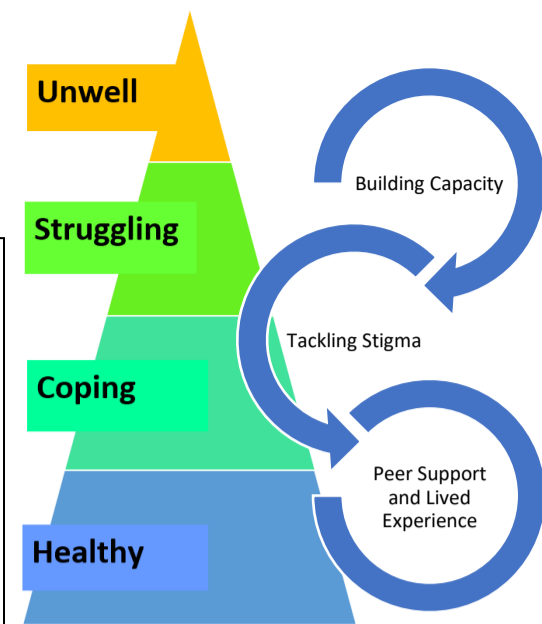
Key

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
Measures below with the Office of Health Improvement and Disparities (OHID) as a source can be found in the public health profiles 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 at https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2022-23 RAG rating calculated 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 at https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment/2022-23 RAG rating calculated by Torbay Public Health Team
10	Percentage of pupils with special educational needs and disabilities (SEND)- state funded schools, academic year - School census, Department for Education at 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 at https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2023 RAG rating calculated by Torbay Public Health Team
12	D04c- Population vaccination coverage- MMR for two doses by aged 5 years (Health and Social Care Information Centre) - Benchmarking against goal- <90%= red, 90%-95%= amber, ≥95%= green - Public Health Outcomes Framework, OHID
13	C09b- Year 6: Prevalence of overweight (including obesity) (National Child Measurement Programme) - Public Health Outcomes Framework, OHID

No.	Name of measure, Goal (where applicable), Source
14	16-17 year olds not in education, employment or training (NEET) or whose activity is not known - Department for Education at https://explore-education-statistics.service.gov.uk/find-statistics/participation-in-education-training-and-neet-age-16-to-17-by-local-authority/2022-23 RAG rating calculated by Torbay Public Health Team
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 at https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness Rates and RAG rating calculated by Torbay Public Health Team
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 at 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 at 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+)- Adult Social Care Outcomes Framework, NHS England at 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+ - Public Health Outcomes Framework, OHID
25	E13- Emergency hospital admissions due to hip fractures in people aged 65+ - 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	Percentage of adults who have used the internet in the last 3 months - Office for National Statistics at https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/datasets/internetusers
28	Fixed broadband coverage- Percentage of residential premises capable of receiving full fibre broadband - Connected Nations reports, Ofcom at https://www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research/connected-nations-2023 RAG rating calculated by Torbay Public Health Team
29	Fixed broadband coverage- Percentage of commercial premises capable of receiving full fibre broadband - Connected Nations reports, Ofcom at https://www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research/connected-nations-2023 RAG rating calculated by Torbay Public Health Team

Mental Health and Wellbeing Learning and Development Opportunities (2023)



The opportunities listed here are to help those working with others learn more about mental health and wellbeing. When working with others, we need to recognise we also have mental health and wellbeing needs and what you find below may also help you.

The opportunities you find below include e-learning and face-to-face learning (virtual and in person), as well as resources to support you. Some of the courses will be free, some will be funded and some will require a fee to attend.

Courses will aim to tackle the stigma surrounding mental health and build your capacity to support the mental health of others. Some courses will help to support your own mental health with some linking to and/or providing peer support and lived experience throughout.

Key	Delivery model:	e	e-learning	F2F	Face to Face	B	Blended
	Costs:	F	Free	£F	Funded	£	Costs apply
	Colour coding below will enable you to link the course to the section of the mental continuum:						
Healthy		Coping		Struggling		Unwell	
Course Name (Hyperlink)	Delivery	Cost	Course level	For those working with:			
Understanding Depression and Low Mood in YP (Young People)	e	F	Introductory	Young People			
Social and Emotional Development: Supporting Teenage Wellbeing	e	F	Introductory	Young People			
Mindful Wellbeing for Teachers with Stress and Anxiety	e	F	Introductory	School age C&YP			
Self Care and Wellbeing: A Practical Guide for Health and Social Care.	e	F	Introductory	Self-care			
Wellbeing and Resilience at Work	e	F	Introductory	Self-care			
Mental Health in Construction	e	F	Introductory	Adults			
The science of wellbeing	e	F	Introductory	Self-care			
Mindfulness and Wellbeing: Living with Balance and Ease	e	F	Introductory	Self-care			
Build Personal Resilience	e	F	Introductory	Self-care and others			
Mind ed (provides a variety of courses)	e	F	Introductory	Children and Young People			
Emotional Resilience – 4MH	e or F2F	£F	Introductory	Self – 13 years plus			
Trauma Informed Practice Level 1 (learningpool.com)	e	F	Introductory	C&YP / Adults			
Make Every Contact Count (MECC)	e or F2F	£F	Introductory	Adults			
Managing Mental Health and Stress	e	F	Introductory	Adults in the workplace			
Youth Mental Health: Supporting Young People Using a Trauma Informed Approach	e	F	Introductory	Young people			
Self-Harm Awareness (Children and Young People)	e	F	Introductory	Children & young people			
Personalised Conversations: Health Coaching Skills 1	F2f		Intermediate	Young people & adults			
Connect 5 (mental health and well being)	F2F	£F	Introductory	16 years plus			
HOPE Programme	F2F	F	Course related	Self-care			
Body Image and Mental Health in Young People	e	F	Intermediate	Young People			
Psychological First Aid: Supporting Children and Young People	e	F	Introductory	Children & young people			
Psychological First Aid	e	F	Introductory	Adults			
Devon Recovery Learning Community – range of courses	B	F	Course related	Self-care			
BeWell@StepOne – range of courses	B	F	Course related	Adults			
Suicide Awareness (options available)	e	F	Introductory	16 years plus			
We Need to Talk About Suicide	e	F	Intermediate	Adults			
Mental Health First Aid	e or F2F	£	Advanced	Adults			
Mental Health First Aider Qualification	e or F2F	£	Advanced	Adults			
START (Suicide prevention)	e	£	Introductory	15 years plus			
SafeTALK (Suicide prevention)	F2F	£	Introductory	15 years plus			
Bereavement and Loss	F2F	£	Introductory	Adults			
BarberTalk Lite (Suicide prevention)	e	£F	Introductory	Young people & adults			
Community Suicide Awareness - 4MH	e or F2F	£F	Introductory	Young people & adults			
Suicide First Aid	F2F	£	Intermediate	Adults			
Suicide First Aid Lite	F2F	£	Introductory	Adults			
Five Steps to Suicide Awareness	F2F	£	Introductory	Adults			
Applied Suicide Intervention Skills Training (ASIST)	F2F	£	Advanced	Adults			
BarberTalk	F2F	£	Introductory	Young people & adults			
ASK	B	£	Intermediate	5-14 years			



Healthy Ageing Torbay

Inspiring people to actively age

Healthy Ageing Report - 2024

HEALTHY AGEING TORBAY

Our Healthy Ageing Live Longer Better (LLB) programme works with the people facing health inequalities in Torbay and our underlying aim is to mobilising community assets to tackle health inequalities. We work to improve the quality of life and independent living for people by improving their activity levels, fitness, health, wellbeing, longevity and awareness of the ageing process.

Building on our experience of Ageing Well Torbay across 7 years working to reduce isolation and loneliness we have now combined the learning with Live Longer Better – a national programme that we deliver locally, in a unique way. We piloted this work in 2022/23 and have continued to develop the scope and ambition of the programme. Our longer term aim is to establish sustainable funding to continue delivering this programme and support other areas in Devon to develop similar approaches.

Our programme works with people promoting active lives, build fitness and resilience to prevent health decline, disease and chronic conditions. We work with people in Torbay who would not of their own volition take up fitness activities, pursue a healthy lifestyle or join a gym (ie those furthest from having a healthy lifestyle). Many have underlying health conditions. Many live in areas of deprivation. (19.8% of older people in Torbay live in income deprivation compared to 16.2% in England (IDAOPi IMD 2015). 32.3% of Torbay residents live in the 20% most deprived areas in England - IMD 2015).

Our programme is linked to a growing national network delivering across the UK aimed at prevention. The key principle is - the increase in prevalence of disease as people live longer is mainly due to their environment rather than ageing process and can be reduced/reversed. The effects of disease are often complicated by accelerated loss of fitness. Documentation proves that people who make the choice to stay fit and active have less illnesses, recover from illness quickly, are less likely to suffer from chronic illnesses, spend less time in hospital or using medical services, contribute more to their communities and lead longer productive lives.

LIVE LONGER BETTER

Live Longer Better Torbay is working across communities to transform our awareness of the benefits of staying active.

- **Facilitated training with community groups and professionals**
- **Live Longer Better champions**
- **Community infrastructure to support people on to an active pathway**

STAYING HEALTHY

National prevention programme encouraging people to stay active in their communities.

- In Torbay we offer creative training packages to groups and professionals that connects them to the community.
- Fitness starts to decline at 25 years and our aim is to increase levels of physical activity and fitness as we age.
- Ageing by itself is not a cause of major problems until later years. The problems that occur in everyone are due to: disease, (the majority of which is preventable), negative attitudes and loss of physical, emotional and cognitive fitness.

www.torbayassembly.com/live-longer-better/



BENEFITS

The benefits of the programme are:

- **Improved cardiovascular heart rate, lung capacity, respiratory health, muscle tone, strength, power, suppleness and balance.**
- **Increased physical, emotional and mental capacity, and motivation.**
- **Improved breath and diaphragmatic control.**
- **Prevention and reduced impacts of infection, diseases and diagnosed conditions.**
- **Helps to change harmful habits.**
- **Helps in prevent of other conditions (falls, heart disease, obesity, dementia) that can make people susceptible to infection.**
- **Reduced dependency on the medical system, social welfare and carers.**

Overall, we are working towards improved health outcomes, great resilience in the community, reduced demand on health services, better delivery of health services and prevention of long term degenerative conditions, greater awareness, sharing of knowledge and network of health support in the community – and better understanding between local people, patients and health professionals.



Physical activity reduces your chance of:

Type 2 diabetes
by up to
58%

Cardiovascular disease
by up to
35%

Falls by up to
30%

Joint and back pain
by up to
25%

Cancers by up to
10-40%

Depression by up to
30%

Cognitive decline
by up to
40%

Hypertension by up to
33%

Lower risk of death by
20-30%

World Health Organisation: <https://www.who.int/news-room/fact-sheets/detail/physical-activity>

National Health Service (UK): <https://www.nhs.uk/live-well/exercise/exercise-health-benefits/>

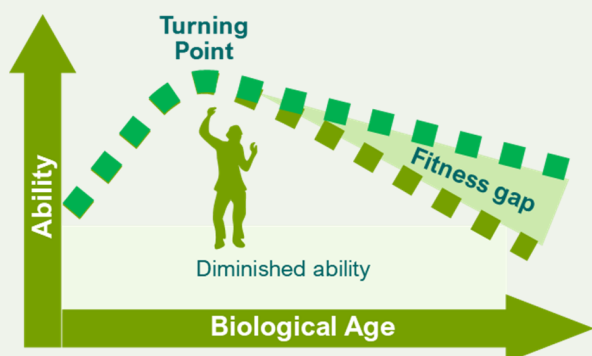
Centres for Disease Control and Prevention (US): <https://www.cdc.gov/physicalactivity/index.html>

UK Chief Medical Officers' physical activity guidelines, 2019. <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>

HEALTHY AGEING PARTICIPANT COURSES

The courses cover:

- **Breathing and relaxation techniques** - overcoming anxiety triggers, reducing tension and improving sleep patterns.
- **Healthy eating** - diet, nutrition and eating habits.
- **Hydration** - improving habits.
- **Falls prevention** – Fall Fighters (ROSPA) course.
- **Personal skills:** Motivation, confidence, routines and overcoming isolation.
- **Understanding Ageing.**
- **Maintaining and improving skill and coordination.**
- **Increasing stamina.**
- **Increasing suppleness.**
- **Developing strength and power.**
- **Increasing brain ability and reducing the risk of dementia.**
- **Improving physical fitness and reducing the risks of falls and frailty.**
- **Preventing and coping with disease.**
- **Understanding the changing brain and mind.**
- **Understanding and changing how people think about ageing.**
- **Exercises you can do at home** - 15 minutes sessions, daily routine, furniture-based approaches, stretch and relaxation, strength-based and in-bed routines.
- **Importance and purpose of later life planning.** - power of attorney, wills, lifestyles and remaining independent.



- **Dying well as well as living well.**
- **Activities** - introduction to classes and groups in Torbay that fit with a person's lifestyle. Each course has an activities week and we run a Summer programme where people try different activities.

Other themes are developed with participants as required, so the courses are always person centred, relevant and up-to-date (ie accessing health services).



PROFESSIONAL TRAINING

We address ageing and overcoming barriers with professionals when working with people – so there is an understanding of the importance of health inequalities, recognising the barriers created in service delivery, improving the experience, or outcomes among patients, providing an opportunity to reflect on the role of the healthcare professional in narrowing the gap on health inequalities and applying quality improvement methodology. Staff learn ways to engage with people, encourage them in safe exercise practices as well as respecting their experiences and ambitions. We coach them to remove ageist barriers and language from their organisations. The professionals we work with include - Social Prescribers, Wellbeing Coordinators, Community Builders, GPs, NHS and Care home staff, fitness instructors etc. We are starting to work with care homes, carer networks and Torbay Hospital. We are experienced in delivering codesign for service delivery and there is scope to develop this further in the programme.

PROGRAMME DELIVERY

The way we work is strength based - we build on people's passions and ambitions to ensure that they are taking the lead in their own life. What we find is that as people progress they become champions/advocates and start to support others in the programme. We have case studies of people who have made major life changes through engaging in physical activity. For example, LT with fibromyalgia and arthritis has overcome opioid addiction and also lost weight through taking up walking - she has become an advocate for the therapeutic benefits of activity.

The programme is delivered by a fulltime coordinator and we have run a one-year pilot to establish best practice, and working relationships with participants and with professionals. Jess, our Participant Development Lead, has been running training workshops and activities with participants, making referrals to other activity providers as part of a large VCSE network in Torbay and training professionals to work with people. Through our networks we promote and signpost people to new opportunities and activities delivered in local communities.

This is supported by group learning and online learning packages that cover themes of health and wellbeing, hydration, breath, understanding ageing, improving physical fitness and reducing the risk of falls and frailty, preventing and coping with disease, understanding the changing brain and mind, understanding the changing how people think about ageing, developing strength and power, the importance of purpose and planning, maintaining and improving skills and coordination, increasing stamina, increasing suppleness, increasing brainability and reducing the risk of dementia, and dying well as well as living well.

The way we work was developed through consultation with older people across Torbay as well as by the LLB national team of advisors and is guided by Torbay Assembly Action Group. We believe people can take the lead in their own recovery and our aim is to support them in that process.

The programme grows and develops based on feedback from the community and participants. We encourage people to provide feedback to service providers and promote codesign principles when training professionals.

Delivery and support of volunteers / champions is from our Community Participation Lead. In working with people she links into a wider network of Community Builders, Torbay Community Helpline VCSE sector support, Age UK Wellbeing Coordinators, the Healthy Life styles team, Active Devon, Torbay Assembly, Engaging Communities SW as well as Social Prescribers and NHS professionals.

We have a representative steering group overseeing strategy and delivery of the programme that has included Torbay Assembly representing people voice, Active Devon, Age UK Torbay, Engaging Communities SW – Healthwatch, NHS - Torbay and South Devon Frailty Partnership - Torbay Primary Care Networks - Social Prescribers - Devon CCG - Torbay and South Devon NHS Foundation Trust, Torbay Community Development Trust, Torbay Council - Public Health – Healthy Lifestyles - Adult Social Care.



ADDRESSING HEALTH INEQUALITIES

Our Healthy Ageing programme Live Longer Better addresses health inequalities in Torbay by mobilising community assets. It has a focus on awareness of ageing processes works with people promoting active lives, and build fitness and resilience to prevent health decline, disease and chronic conditions. The programme is open to all adults, and we don't exclude people - but through the legacy of Ageing Well we target our work to people who are inactive, isolated and vulnerable, and have underlying health conditions.

The programme address health inequalities including - protected characteristics of age and disability; non-medical inequality factors: age (there are international figures that show that ageism can reduce life expectancy by up to 7 years), housing instability, social isolation, loneliness, deprivation, and as well as poor physical and mental health; deprivation, areas of multiple deprivation; PLUS population groups, people with multiple long-term health conditions, inclusion health groups coastal communities (where there are small areas of high deprivation hidden amongst relative affluence); High Intensity Users; Core20PLUS5 Prevention: COPD - chronic Obstructive Pulmonary Disease (COPD) and hypertension, minimising the risk of myocardial infarction and stroke. There is strong evidence that risks of developing COPD and hypertension are greatly reduced through regular physical activity with improved cardiovascular heart rate, lung capacity, respiratory health, muscle tone, strength, power, suppleness and balance, improved breath and diaphragmatic control, reduced dependency on the medical system, social welfare and carers and reduction in the risk of cardiovascular disease by up to 35%. We also address the cross-cutting issues that can impact on health – housing and living situation, stress, mental health, cost of living etc to support people in their recovery.

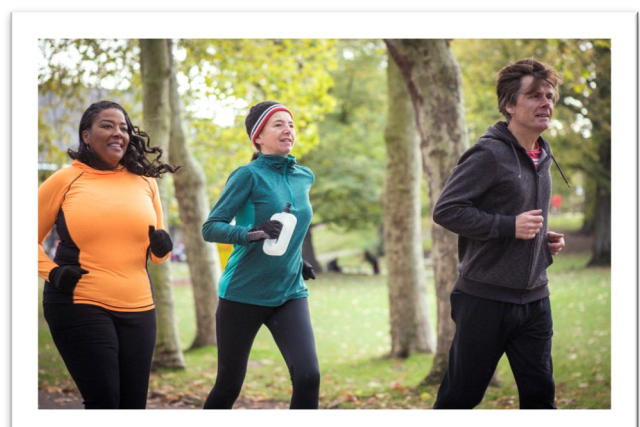
In line with the NHS Joint Forward Plan – we deliver against Community Development and Learning; Health Protection guidelines; wider determinants of health; how we share learning and create system value; changing the way we all work and building capability and resilience in community.

AIMS AND OBJECTIVES

- **Deliver the Healthy Ageing Live Longer Better training programme, working with professionals, voluntary partners and people themselves to build fitness and resilience to infection, disease and chronic conditions and to increase social and cognitive engagement.**
- **Deliver the programme through a trained coordinator and a community network of health professionals and volunteers.**
- **Establish this a longer term funded programme integrated into community delivery that addresses health inequalities through preventive approaches.**

Every individual:

- Understands the ageing process and is aware of ways for preventing and living with disease.
- Has their choices and ambitions acknowledged and promoted.
- Is able to choose the level of support that will enable them to live independent and socially connected lives.
- Has the opportunity to optimise 'brain ability' and reduce the risk of dementia.
- Is able to improve physical fitness and reduce their risk of injury from falling or from frailty.
- Is respected for their life experiences and abilities.
- Is treated with dignity in all health and care services.
- Is better informed about dying well as well as living well.



To make this happen we:

- Challenge how people think about ageing, so that we all see ageing as a positive part of life and each stage as an opportunity for new, positive experiences.
- Adopt a whole community approach inclusive of all ages and cultures, and require the same of our partners.
- Ensure health and care services are shaped by people with lived experience and from diverse backgrounds.
- Enable trusted relationships that fully support peoples' wellbeing.
- Promote and support the wellbeing of carers.
- Promote services that are accessible, inclusive and effective.
- Ensure support is targeted at prevention and is determined by need, not age.
- Actively challenge discrimination.
- Ensure that when care is needed it is accessible, compassionate and of high quality.

Expand reach:

- Work with people in Torbay who would be less likely to take up a healthy lifestyle or who have underlying health conditions.
- Encourage participation from people in care homes, domiciliary care, people who are isolated from their local community.
- Take referrals from Social Prescribers, Wellbeing Coordinators, Community Builders, Good Neighbour Networks and Active Devon coordinators.
- Encourage group and peer learning as a way to change people's habits in the community.
- **Community:** Mobilize community assets to tackle health inequalities by fostering collaborative working in local communities.
- **NHS:** continue to integrate VCSE and NHS delivery and to develop an active and representative Healthy Ageing Board.

Financial benefit of healthy life expectancy:

Financial savings of 6.1M: The national programme is a population based and digitally enabled system for living longer better, which will help individuals and their families to benefit from living a larger proportion of their lives independently and in good health. It deliver societal benefits by reducing the need and demand for social care and healthcare, both long term and acute. According to the King's Fund, this benefit amounts to £45m p.a. per million population for every additional year of healthy life expectancy. With a total population of c. 140,000, the benefit to Torbay of an extra year of healthy life expectancy would be £6.1M p.a.. The government's goal, supported by the All Party Parliamentary Group on Longevity, is to increase healthy life expectancy by 5 years by 2035.

OUTCOMES

Through the programme we help public and professionals to understand how to:

- See ageing in a positive way and value the contribution of people.
- Increase physical, emotional and mental capacity.
- Improve awareness of maintaining a healthy body.
- Reduce the impacts of infection, diseases and diagnosed conditions.
- Change harmful habits.
- Realise how activity becomes a daily life practice.
- Share learning with others and be an inspiration.
- Reduce dependency on the medical system, social welfare and carers.
- Associated outcome being reduction in need for and use of health and care services



OUTCOME MEASURES

Training sessions: Core participant training sessions are 3 – 3.5 hour 7 week courses run three times a year in Brixham, Paignton and Torquay (ie 63 in all the towns) with a max of 18 people per session, plus three group combined reflections.

Engagement sessions: We promote the work through engagement sessions, working with participants who don't generally engage in regular physical activity to improve their health, wellbeing, confidence and motivation. Most wouldn't consider sports clubs or regular fitness training. Showcase events in Paignton providing opportunities for people – presentation by a range of providers and updates on local plans affecting peoples independent living.

Professionals: We run training groups and sessions for people working with people – Community Builders, Wellbeing Coordinators, Social Prescribers, Link Workers, activity providers, GP practice nurses, carers, staff on wards, care homes etc – we are looking at approximately 26 sessions this year for 160 people. We get invited to lifestyle, leisure, wellbeing and activity events / festivals where we promote the training, which leads to further sessions. We have monthly meetings for the LLB Steering Group, LLB Action Group and Assembly Action Group. We also run quarterly 3hr sessions for the public. We contribute and learn from national LLB research, events and webinars. Ongoing work with care homes providing training and garden and nature activities. We are developing training for Torbay Hospital elderly wards and associated staff.

COLLABORATION

Collaboration is at the heart of all our work. The Healthy Ageing Torbay Programme delivers outcomes based on the Health and Wellbeing Board—Healthy Ageing Strategy, the Torbay On The Move Strategic Report, strategies of the Falls and Frailty Partnership and NHS prevention measures. We are a partner in developing a Healthy Ageing Board for Torbay and South Devon and a sub group focusing on prevention.

TORBAY ON THE MOVE

Torbay on the Move aims to support and encourage residents to be more active at a level that really improves both physical and mental well-being. Of the eight themes Healthy Ageing Torbay contribute to:

Active environments: We make full use of our amazing green and blue spaces by running activity sessions for each course and over the Summer.

Active travel: Participants as they progress report that they return to cycling and walking options.

Active for health: We train and support health care professionals to prescribe physical activity, have conversations about moving more, support patients to improve their well-being and recovery- and provide a safe and fun way for patients to start to engage through our courses. We believe the prevention work we do encourages people to age well and reduce the pressure on primary care services.

Active clubs: We link with clubs and activity providers to offer taster sessions where people have an opportunity to try and learn a variety of activities. This supports community clubs to provide places to be active, volunteering and skill development for people, more jobs and economic opportunities.

Active places: A place where we harness the power of the people in our communities. We empower people to have a greater say in their health and lives. This helps to an active culture and lifestyles in Torbay and create .

Active for all: A place that helps people get involved and supports those that are least active. This gives people the best opportunity to make a positive impact. This will then reduce demand on health and other services.

Active workforces: We train staff and health professionals so they can really understand people's needs. We want people taking their first steps into activity to enjoy the experience.



EVALUATION

Healthy Ageing LLB Torbay is working across communities to transform our awareness of the benefits of staying active and healthy ageing – for all ages. We keep all data on a CRM system (Apricot) – managed by a Data Manager. We monitor participants ambitions at the start and end of the training.

We monitor our programme through a CRM programme (Apricot) and also build strong working relationships with each client/participant closely following their journey. Many of the people we work are involved in a wider Healthy Ageing Network delivered by CDT so through that we maintain contact over a number of years. People who complete the programme can choose to become activity champions so sharing their learning and successes with others and often increase their contributions to their local community.

The way we work is person-centred, holistic, strength-based and relational. We build long term trusted relationships with participants, which allows us to monitor progress and provide guidance. We also encourage shared learning and for them to support their progress through peer support.

We also get feedback from Torbay Assembly on ongoing issues related to older people in the community – as well as data from Torbay Community Helpline. We are active members of Age Friendly UK Network and WHO Global Age Friendly Community Network, we provide an extensive referral network for people in need through Torbay Community Helpline.

As a relatively new programme this funding will allow us to improve our methods of monitoring and evaluation.

Activity measures give an indication of the range, breadth and depth of the programme and reach into target groups.

We are starting to develop a pre and post programme aspirations and participant feedback form to give a qualitative indication of change in knowledge, skills and confidence of programme participants.

The programme is currently being evaluated with the aim of developing some clear indicators to capture to best measure impact in terms of activation and

physical / social activity in future developments. Target groups experiencing health inequalities as identified by partners such as people released from secure accommodation, people identified as mildly frail in town centre practice etc.

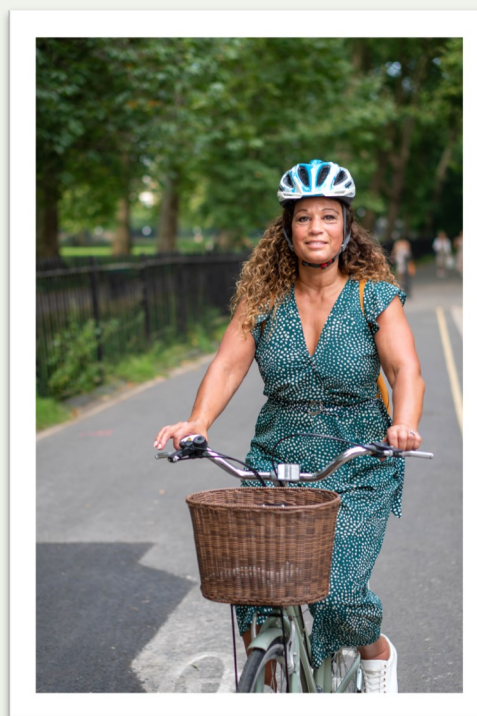
Evidence of service users and citizens participating in planning and evaluation – quarterly reports.

Participant feedback. Feedback through group sessions / focus groups, testimonials and case studies, compiled through Apricot CRM.

Partnership issues covered monthly through Steering Group. Monthly meetings for Steering Group, Action Group and Assembly.

Summary of key learning, innovation, and wider system change. Quarterly and annual report.

All reports are shared with stakeholders.



IMPACT

The table above shows participants and impacts from 31 March 2023 to 31 Dec 2023 and has already exceeded our annual targets. In the previous year we had 449 participants in the training programme for the year (398 public and 51 professional) and we also ran the Ageing Well Festival which had over 2000 attendees and further 8 participant showcase events—with 208 attendees.

We also get feedback from Torbay Assembly on ongoing issues related to older people in the community – as well as data from Torbay Community Helpline. We are active members of Age Friendly UK Network and WHO Global Age Friendly Community Network, we provide an extensive referral network for people in need through Torbay Community Helpline.

As a relatively new programme funding will allow us to improve our methods of monitoring and evaluation.

We are also in discussion with local PCNs and proposing a pilot which would reach GPs patients who would benefit from increased awareness and activity. Support would be delivered on a Red, Amber and Green basis—so Red targeting those with the greatest need.

The national team for Live Longer Better see our approaches as innovative - based on our face-to-face person-centred delivery model, and the extra modules we have created - learning is then supported by the LLB online learning portal.

Targets for 2023/24:

- Delivery across all quarters – based on funding. **Demonstrated in the report.**
- Evaluation pipeline measures of programme success and stakeholder engagement. **This will be completed at the end of the year.**
- Number and range of partners engaged. Target 22 **Q1-Q3 = 57**
- Number of participants and direct beneficiaries - 400+ **Q1-Q3 = 553**
- Number of new licences - 280 **Q1-Q3 = 250 strategic decision to only allocate when people want to access.**
- Number of training sessions delivered – 63 **Q1-Q3 = 62**
- Number of champions / volunteers – 25 **Q1-Q3 = 35**

Q1-3:23 IMPACTS	Q1-3
Live Longer Better Training	Apr / Sept
Participants - people you have worked with	538
Engagements - tasks with people	1292
People with licenses	250
Staff Hours	1591
Community Volunteers	14
Programme Volunteers	21
Programme Volunteer hours	1016
Organisations / groups collaborating	57
Training Sessions	62
Events	57
Economic Investment	£45,000
Referrals In	225
Referrals Out	214
Level 1 - People needing intensive support	110
Level 2 – People needing general support	428
Professional events	34

AGEING WELL APPROACHES

A comprehensive and independent survey of participants over five years of the Ageing Well Programme in Torbay showed the success of a collaborative and prevention-based approach to people's wellbeing. Through Healthy Ageing Torbay and our networks we continue with the same approaches. (Ecorys evaluation results 2020).

- **Up 2.4 points:** People's sense of community improved 2.4 points.
- **Up 11 points:** People who meet up with friends and family improved 11 points.
- **Up 2.6 points:** The number of family members and friends in people's lives improved 2.6 points.
- **Up 10 points:** The proportion of people who felt they participated in social activities *"more than most"* compared to other people of their age, improved 10 points.
- **Less lonely:** Respondents became less lonely, improving across three separate measures - 0.6 points (De Jong Gierveld scale), 14 points (UCLA) and 1.3 points (Campaign to End Loneliness scale).
- **Up 2.6 points:** Mental wellbeing has improved 2.6 points and fewer people reported experiencing anxiety and depression.
- **Up 7% points:** Perceptions of Ageing have improved. *"As I get older, I expect to be able to do the things I've always done"* agreement up 7% points.
- **Up 12% points:** Influencing decision-making improved. *"My local community works together to identify and implement actions for the benefit of the community"* is up 12% points.
- **Up 6 points:** Openness to volunteering improved. *"Do you intend to volunteer in the future?"* - up 6 points.
- **Up 7 points:** People's perception of their Health improving is up 7 points.
- **Up 12% points:** People stating that they were not anxious or depressed improved 12%.
- **Down 6 points:** Accessing health and care services showed a decrease in the percentage of people who were admitted to hospital in the previous 12 months down 6 points.
- **Up 1 point:** Value and purpose – peoples self-acceptance scores improved 1.0 point.





Age-Friendly Torbay

Age Friendly Torbay is coordinated through the Torbay Assembly in partnership with community and statutory organisations. We are an active member of the Age Friendly UK Network and the World Health Organisation Global Network. We are working to improve engagement and communication, increase representation and improve sustainability.



We are working to improve outcomes in the areas of: EMPLOYMENT, HEALTH, SOCIAL PARTICIPATION, COMMUNICATIONS, HOUSING, ENVIRONMENT, TRANSPORT, EQUALITY & INCLUSION. Our aim is to work together with people and organisations to develop Torbay as a thriving, inspiring and vibrant place to live and work.

<p>Community Support and Health Services: Health, social care, volunteering</p> <p>A person's health status impacts on their ability to work, participate in society and on their quality of life and relationships.</p>	<p>Respect and Social Inclusion:</p> <p>The extent to which people participate in the social, civic and economic life of our community is closely linked to their experience of inclusion.</p>
<p>Civic Participation and Employment:</p> <p>We need to ensure people's rights are maintained as the organisation of work, training and volunteering continues to transform our communities.</p>	<p>Housing:</p> <p>Good housing is essential to safety and wellbeing and influences independence and people's quality of life.</p>
<p>Social Participation:</p> <p>Social participation and social support are strongly connected to good health and wellbeing throughout life.</p>	<p>Outdoor Spaces and Buildings:</p> <p>The outside environment and public buildings have a major impact on the mobility, independence and quality of life of people and affect their ability to 'age in place'.</p>
<p>Communication and Information:</p> <p>Staying connected with events and people - and getting timely, practical information to manage life and meet personal needs is vital for active ageing.</p>	<p>Transport:</p> <p>Integrating good transport with 'Liveable Communities' is important for improving access, connections, social participation and health.</p>

Age Friendly Torbay is integral to Healthy Ageing Delivery

Let's get active



TORBAY ASSEMBLY

We work within a range of themes across Brixham, Paignton and Torquay to give local people a voice and we have representatives on planning groups in the Bay. We invite other organisations to link with us to improve inclusion in decision-making through the Torbay Charter. Our Action Group meets monthly, we will run showcase events quarterly, we are seeking people to champion the Age Friendly themes AND Healthy Ageing Torbay.

A platform for residents of Torbay to influence local decision-making, be heard, counted and celebrated, working alongside local services, authorities and organisations.

Origins

Ageing Well Torbay, a programme aimed at reducing loneliness and isolation amongst Torbay's over fifties, initially worked with people over 50 and organisations across Torbay in the form of The Torbay Over Fifties' Assembly (TOFA).

Now dubbed The Torbay Assembly, this platform will enable any Torbay residents regardless of age to discuss what's important to them, and share those views with peers from around the bay.

The assembly was a key element of Ageing Well Torbay's initial bid to the National Lottery Community Fund, and is, therefore, an important feature and legacy of the programme; ensuring a powerful platform for Torbay residents to voice their concerns was established.

Aim of Torbay Assembly: To be the voice of people in Torbay



What does the Assembly do?

- Influence decisions regarding local services and policies so that they take into account the needs and interests of Torbay residents
- Ensure that locals have the opportunity to share their knowledge and experience to improve current services
- Provide feedback on changes to services and policies
- To support and drive the local authority, statutory, voluntary and private organisations to achieve and maintain Age-friendly Status
- Represent all Torbay residents
- Celebrate people of all ages

The Charter – organisations sign up to our charter to show they are working responsibly and engaging with people to improve service delivery.

Member quarterly showcase events

We run regular showcase events for members. Check for dates and venues on www.torbayassembly.com

When local people lead communities thrive

CASE STUDIES

'The course made me realise the importance of looking after myself both physically and mentally.'

SELF AWARENESS - Julia, 2023.

'After completing the Living Longer Better course delivered by Jess Slade, I felt very motivated to move forward positively and firstly start looking after my own health and wellbeing a bit more. The course made me realise the importance of looking after myself both physically and mentally.'

LEARNING AND FACILITATION

'...her commitment to empowering and motivating others to become the best versions of ourselves we can possible be and her support of us all on our journeys to improving our health and wellbeing. She has a brilliant personality, and she is very good at networking and bringing communities together and this is reflected in the amazing weekly guest speakers she procures for each session from Nutritionists, Physiotherapists to Community Builders to volunteer NHS Slips and Trips Advisors.'

OPTIMISTIC

'By the end of the course I felt a lot more positive and optimistic about my future and a lot less fearful about ageing. I had also made some good social connections and I am now feeling a lot less lonely. I have kept in touch with a number of people I met whilst doing the course who are becoming new friends.'

'I felt a lot more positive and optimistic about my future and a lot less fearful about ageing. I had also made some good social connections and I am now feeling a lot less lonely.'

Completing my Life Book - Janine Burt, 2024.

I am not a very confident person and find it difficult to meet new people, strike up a conversation with somebody I don't know and try new things on my own. BUT

I loved the course, so informative, and I can't praise Jess enough on how she delivers the content. I feel that all over 50's should complete the course and start thinking about retirement and healthy lifestyle choices, so they are going to be happy healthy older people.

Now I feel more positive, confident and motivated to make my health and wellbeing my priority. I challenge myself to converse more at groups and activities I attend. And I also speak to people about the courses and advocate for everyone to do it! The earlier the better.

'Now I feel more positive, confident and motivated to make my health and wellbeing my priority. I challenge myself to converse more at groups and activities I attend.'

I complete brain training now 2 or 3 times a day all sorts of different games and word searches and challenges, which I can certainly say I am enjoying, and hoping it is helping to keep my brain and mind busy and healthy.

When I started the course I also started back on my bicycle – first of all just a 10 min wobble around the block but now I am averaging 2 km each day now, most days of the week! It was collecting dust and not used for months – but I am enjoying the exercise and feeling more confident to go further as the weeks pass.

Jess introduced us to exercise videos on You Tube from Move It Or Lose It. These are brilliant and I complete different videos 3 times a week and also trying to walk more – I do think now if it's nice I will walk rather than drive and plan the time to walk rather than drive. I walked to Torbay Hospital for an appointment last week! And got the bus back. Never would have done that before. I also love Lucinda's class Jess introduced us too I go every Thursday

and I have made new friends and we go for coffee and cake afterwards for a social.

Since completing the course, I have been actively completing my Life Book and sorting paperwork for my Power of Attorneys – I had a Will but not thought about POA before the course. I have discussed this with two of my children to split the role. I have spoken to my solicitors to update my will for both myself and my partner. I have also sorted my finances out, closing unused bank accounts, updating savings accounts and sorted my direct debits to come out in the same week of the month and making it all a bit simpler and ensuring my children have all the important info re accounts

Do more each year as we age, NOT LESS - Annette Burkette, 2024.

I find that I am a naturally negative person, I can often find a reason why I shouldn't do something before I think of a reason why I should.....BUT taking part in the course I have really noticed my personal attitude and perceptions change, well actually my husband first of all noted how much happier and brighter I seemed after just the first 2 weeks of the course and I now feel I am more positive and am seeing highs in a more glass half full rather than glass half empty way.

I have made a good friend on the course – Janine. Now we go to Lucinda's Over 55's exercise class every Thursday and have also invited 2 friends and we all go and then have a coffee afterwards with some of the classmates meet up with us too like Tess from the class.

I now feel happy and more confident about getting out of the house on my own – I go to a local coffee shop and sit and do a few sudoku and sit on my own which I would have never have done before but now I feel comfortable and confident to do so. I can do the easy ones and the medium now but the hard ones are so frustrating and I often ask the girls in the café - Any clues please?

I complete the cuppa tea challenge Jess shared with us every day, multiple times a day. It really is surprising how much better my strength and balance is now and how much easier it is to do the exercises compared to the first couple of weeks. I have shared the cuppa tea challenge up north with my family

members so they do it every day too - bit of a competition plus sharing the learning across the country.

Hydration is not something I had really considered to be so important – unlike healthy eating which I am very conscious of. This has stayed with me as a key message – I carry a bottle of water with me all the time now and keep topping it up, we are made up of 2/3s liquid – got to keep topped up and lubricated!

Biggest key message for me from the course. We must do more each year as we age – NOT LESS - I can and I will do more and give new things ago, from now on.

'Biggest key message for me from the course. We must do more each year as we age – NOT LESS - I can and I will do more and give new things ago, from now on.'

Reduction in pain from an injury and the value of hydration and new friends - Merv, 2024.

One of my main objectives was to meet new people and make friends, which has been a success I have met some lovely people who I see regularly. I helped Tess with her car and she convinced me to go to the doctors re the tremors I have and now her car is working and didn't cost anything and my tremors are so well controlled I can pick up a pen and write this for you Jess!

Making new friends is so important for me as I get older, having friendship groups and looking out for one another and being able to help other people, feel useful and share my skills.

I now have an Essential tremors diagnosis but I got medication from the doctors and it has helped so much. Also made friends with Christine on the course and Marianne's walking group – lots of interesting people there and get some exercise and

fresh air and then to the café.

I reconnected with Julia McDonald who is the falls lady – her classes for strength and balance are brilliant and Exercise Easy when my COPD will allow.

I have a good friend of 92 who we now do exercises together which I learnt during the course over Whats App together. I had a shoulder injury from cycling and now with completing my exercises each morning I now have more movement back in my shoulder / arms to reach up to get things out of cupboards in the kitchen and no PAIN!

I had a shoulder injury from cycling and now with completing my exercises each morning I now have more movement back in my shoulder / arms to reach up to get things out of cupboards in the kitchen and no PAIN!

I have learnt many things from the course, but that as we get old I should be doing more exercise NOT less was something I hadn't thought about. With my COPD I needed to find appropriate groups and exercises I can do. Walking group Friday, exercise videos more to do. Always more to do.

Since the class and completing the module regarding Life Books and future planning, I have brought this subject up several times and now starting to help people to think about it and giving them books to help them make the future plans and have the difficult conversations now so they can have quality time with friends and family later on.

I found very reassuring to be totally natural to lose or miss place things and that it isn't early sign so of dementia. That scares me. I do lose things or miss place them but I can now logically look for them and not worry, "I am losing my marbles"

Hydration – Had a Water retention problem from being dehydrated for a long time. But I have been drinking lots of water now since the course and understanding that it helps with my medication which requires to work best when hydrated.

I think it was a great course and beautifully presented by Jess – informative but fun.

The video was not shot very well as it distracted you from concentrating on the content of the module while the camera focusing on one subject to another. Could be filmed a lot better – perhaps I can make recommendations – this is my interest and hobby now ☐

I would just like to say 12 months ago I spent Christmas in hospital and I was very unwell with a urine Infection – to be honest I didn't think I was going to make it..... but I now realise this was dehydration that caused it and I still have so much life to live.

Thank you Jess for a course which was actually useful and helpful for me.

A new sense of purpose - Jenny Pankhurst, 2024.

I was a lonely, 77 year old widow, in transition when I joined the Live Longer Better course and suffering from Long Covid and missing everything I had done before lockdowns and Covid. I say in transition because I was desperately seeking some purpose in my life. The course provided me with hope for the future, where advancing in age and decrepitude were not inevitable outcomes. I completed it in May / June of 2023.

I found the structure of the course was all inclusive covering all aspects e.g Physical being through healthy eating and exercises of all sorts on offer – especially the mobility, strength and balance and stamina area for me. As I have had several falls was particularly useful. Mental Attitudes towards ageing played an important part for me, and through discussion and interaction with other participants it was made clear how much older people have to offer their communities and each other.

From an emotional point of view the support I received from Jess and her team was a great comfort and confidence builder. It is so easy to lose confidence when you are isolated and no longer have work or family commitments.

The activities weeks were so much fun and I found several which I have now taken up as regular activities and met so many new people. The Summer Programme for me was superb. I did things I would not have done "on my own" such as swimming in the sea again after many years of not doing so. I was introduced to organisations and groups, who were

accessible and made single people very welcome.

I feel like I have my "spirit of adventure" back now, I am the person I always was. I never thought I would fly again or plan a major trip but through the course and creating aspirational goals and achievable milestones. I have just visited Kenya on a trip to visit a young women who I have been sponsoring through education and I am continuing with my fundraising and raising awareness back here at home.

What a fantastic experience, I am not sure I would have felt in a position to do so with out the help and support from Jess and the Healthy Ageing Project.

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3.Person in wheelchair, ibid, RS10364, Elliot Manches.
4.Walking group, ibid, RS7736, Peter Kindersley.
5.Running group, ibid, RS7705, Peter Kindersley.
6.Fitness class, CDT.

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Live Longer Better -Torbay

PRACTITIONER PROGRAMME

Advancing changes in knowledge, attitude and confidence

The national programme has surveyed 5,000 Practitioners trained in the LLB programme – the outcomes show significant improvements in:

- Understanding ageing and the importance of activity.
- Confidence in speaking about ageing.
- Number of conversations about ageing held weekly.

‘There us so much more to do and that we can do as health professionals. Inform older adults with the right messages, give them tools that enable them to take control over their health.’

‘I look forward to...changing cultural beliefs and attitudes towards old age...it certainly inspired me toinfluence others.’

‘This course prompted me to step back a little and encourage our clients to help themselves a bit more. Support independence, not take away. Promote movement to increase mobility and suppleness to increase happiness and a longer more independent healthier life. intentionally connect people, places and spaces.

‘We are delighted to have been able to ‘test and learn’ our theory and are delighted to report here that the impact of our work in the neighbourhoods of Torbay has been more significant, more productive and more insightful than even we would have believed possible.’

Professional training in the workplace:

- Community Builder team
- Wellbeing Coordinators
 - Social Prescribers
 - Care Workers
 - Care Homes
 - Torbay Hospital
 - GP Surgeries
- Healthy Lifestyle Team
- Fitness Instructors

Investing in people and relationships - and building on local assets and potential



Torbay Communities

Developing stronger communities across Torbay

Encouraging people to do what they do best

Supporting groups to thrive

Making connections and stimulating co-operation

Bringing people together

Established following discussions with more than 100 voluntary sector representatives, Torbay Communities has the intention of making Torbay a place where all people feel included. The Trust builds on existing strengths where key assets are people in their environment.

Call us on **01803 212638**

Email us on info@torbaycdt.org.uk

Check out our programmes on www.torbaycommunities.com

Torbay Community Development Trust
4-6 Temperance Street, Torquay, Devon,
UK, TQ2 5PU. Registered Charity 1140896,
Registered Company 07546840

We have so much to share. Call us for a chat. Come visit and see for yourselves or let us train you and your people in the Torbay Way.

The Coproduction Express



Our journey map of how we will all develop Growth in Action together.

September 2023 – 2027

Coproduction is more than just a word; it is **a process** in which all people with the same interest **work together as equals** to combine their expertise and experience to shape and improve services.

- Torbay Growth in Action Coproduction group

Safety and wellbeing are our priority on the coproduction express, which we will talk about throughout our plan.

What is it?

This strategy sets out our aspiration for the development of co-production within Growth in Action.

About this strategy

Why do we need it?

Coproduction is a great idea because it brings together the people who use services and the professionals who provide them, giving everyone an equal say in how things are done. When we coproduce, we can create services that truly meet the needs and preferences of the people they are designed for. It helps us build stronger, more effective services by combining our knowledge, experiences, and ideas.

We can point to some good examples of co-productive practice across Growth in Action, but we want to embed it across everything we do, which we need a plan for.

Who developed it?

This strategy was co-produced with the Torbay Co-production Group with support from an independent organisation called Davis and Associates. This group met every two weeks and includes people with lived experience who access the Alliance services as well as staff from across Growth in Action including Torbay Domestic Abuse Service (TDAS), Torbay Recovery Initiatives (TRI) and Torbay Council's Hostel.

All aboard!

An introduction to coproduction

Coproduction is more than just a word; it is a process in which all people with the same interest work together as equals to combine their expertise and experience to shape and improve services.

Growth in action's definition of coproduction



Coproduction looks like:

People with lived experience (which may include friends or family members) as well as people working in services sharing their knowledge and skills at all stages of service development, including problem-solving together and making decisions. Coproduction includes developing mutual respect for the strengths all individuals can bring in developing services.

What does coproduction actually look like?

Making rules together:

This can sometimes be called ‘policy development’. Coproduction in policy development means that people who use a service and the people that deliver it work together to make the rules or guidelines for how the service should work. For example, a survivor’s group might team up with people who have experienced abuse to create rules about how survivors can get involved, so everyone's ideas count when decisions are made.

Making services better:

This is often called ‘service design’. In coproduction it means that people who use the service, staff, and others work together to make the service work even better. For example, a mental health service might team up with people who use the service to make the first steps of getting help easier and more helpful for each person.

Learning together:

In training and development, coproduction means that the people who use the service and the staff work together to create training programs. For example, a substance use recovery program might team up with people who have gone through recovery to make training sessions about issues with drugs and/or alcohol. They use their own experiences to make the training better.

Making the system better:

This can be called ‘quality improvement’ and in coproduction means that the people who stay at a homeless shelter and the staff work together to make the shelter better. They might create a team to check how things are, listen to suggestions, and make changes to improve the place where people stay based on what everyone thinks.

What we've achieved already



One example of coproduction is the way that we developed this document. All of the ideas that we have included came from a group of people with lived experience, staff and managers. That included what we will include, how we word things and what the document should look like. We have all worked together to create this.

Another example is the Alliance itself and what it should be called. We all worked together to think of ideas for a name, tag line and logo. A smaller group took these ideas and worked with someone who specialises in branding to help bring them to life

Why is coproduction important for Growth in Action?

When we coproduce, we can create services that truly meet the needs and preferences of the people they are designed for. It helps us build stronger, more effective services by combining our knowledge, experiences, and ideas.

Planning the journey

Our principles



Passengers

Making sure everyone has what they need to get involved.



Our approach



Tickets

Making sure everyone knows how to get involved.



Mind the gap

Making sure everyone can get involved safely.

Our coproduction principles



When we talk about principles in coproduction, we mean **the key ideas and values that help us all work together** to make things better. These principles are like our guiding lights.

Listen Actively: We pay close attention to each other, valuing everyone's input.

Respect: We treat each other with kindness and consideration.

Clear Communication: We share information in a way that's easy to understand.

Take Action: We turn ideas into real improvements.

Learn Together: We share knowledge and experiences to enhance services.

Transparency: We are open and honest in all we do.

Feedback Loop: We keep the conversation going, ensuring everyone is heard.

Celebrate Success: We recognise and appreciate our achievements.

Flexibility: We adapt to different needs and situations.

Ownership: We take pride in making things better, together.

The drivers cabin.

This cabin is for people who are the most involved in coproduction. They might be involved in facilitating groups for example. They're the people keeping our train going; like drivers and engineers.

The regular commuters cabin.

This cabin is for people who want a lot of involvement in how Growth for Action develops. They are likely to be our 'Co-Pro Patron's'.



The quiet cabin.

This cabin is for people that we aren't hearing from very much at the moment, but they might want to still know what is going on.

The day trippers cabin.

This cabin is for people who want to have their say about how Growth in Action develops but aren't involved on a day to day basis.

Making sure our passengers have what they need on board.

People on the coproduction express might need a certain set of skills, behaviours, and knowledge to get involved. This might be different depending on how involved they want to be. **It is everyone's choice which cabin they want to get on**, and people can join any cabin at any time. They can even change cabins. We have options in each cabin to help people to develop the skills, knowledge and behaviours that might be helpful for them, like a snack trolley with options for people in each cabin. And like picking snacks its all based on people's own choices around which learning and development opportunities they pick to get involved in. We will just make sure our snack trolley always has the options!



Tickets

Making sure everyone knows how to get involved.

Growth in Action Co-Pro Network

The coproduction network is a space for peer support and gathering voices from across the 'Coproduction Express'. The network is made up of our 'Co-Pro Patron's'. It meets regularly, with face to face and virtual options, and works with all parts of Growth in Action to support all of the decisions that need to be made.

Community listening spaces

Our co-pro patron's all have their own groups and communities that have valuable views that could help Growth in Action to develop. Our patrons are the conduit between the wider community and our alliance.

Service listening spaces

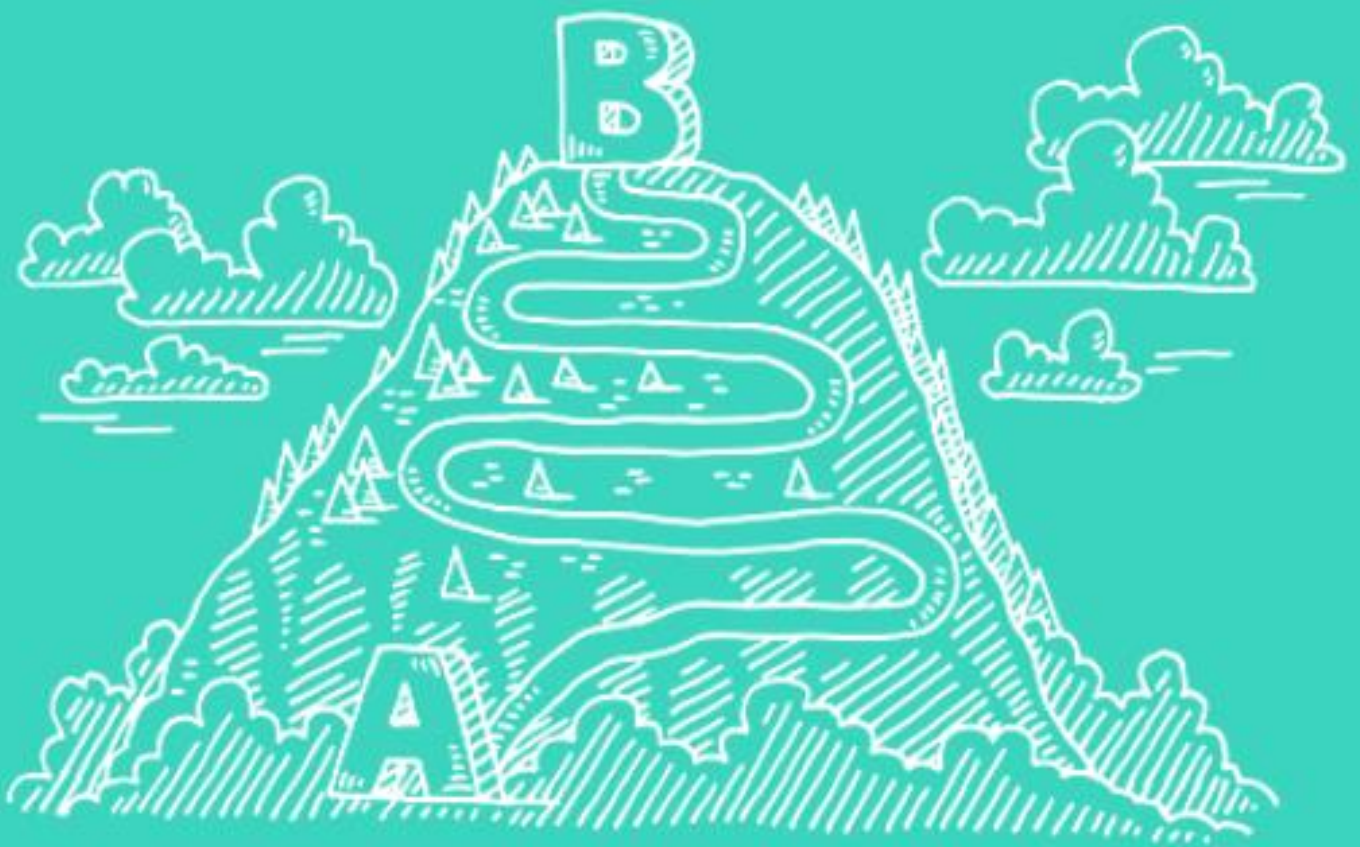
Growth in action is made up of three organisations working together as one service. Although we coproduce all together, sometimes there are really specific things that each service might want to focus on. Each organisation will have its own coproduction space.



Mind the gap

Prioritising safety	<p>We commit to creating an environment where everyone feels physically and emotionally secure throughout any coproduction activity. Our approach is characterised by proactive measures to prevent harm, protect physical and emotional wellbeing, and ensure inclusivity. To support this, we will:</p> <ul style="list-style-type: none">• Create a coproduction safeguarding policy.• Create an induction process for people involved, but particularly our co-pro patrons.• Provide non-group and anonymous opportunities to get involved for those who do not feel safe meeting people they don't know well.
Emotional wellbeing	<p>We recognise that coproduction can be an intense and deeply personal experience, especially when addressing issues related to substance use, domestic abuse, and homelessness services. We are committed to prioritising the emotional wellbeing of everyone involved. In addition to the above we will:</p> <ul style="list-style-type: none">• Create supportive, inclusive atmosphere's where everyone can participate by helping our co-pro patrons to develop supportive facilitation skills.• Ensure we have pathways in to support services so that anyone involved in coproduction that needs specific support can access it at any time.
Inclusive approach	<p>Inclusivity means making sure that everyone, no matter who they are, feel welcome, valued, and part of coproduction. It's about including people from all different backgrounds, experiences, and perspectives so that nobody feels left out.</p> <p>Inclusivity is the cornerstone of effective coproduction. We are committed to creating an inclusive environment where every voice is heard, valued, and respected. We will:</p> <ul style="list-style-type: none">• Work hard to make sure we reach out to all communities across Torbay and invite them to come aboard.• Provide a range of options and different ways for people to get involved so that people with additional needs, whether its physical mobility or sensory needs, don't experience any barriers to getting involved.
Trauma informed.	<p>A trauma-informed approach means that we understand that some people may have experienced difficult or painful things in their lives. We make sure to treat everyone with care, respect, and kindness. We are aware and will acknowledge beforehand, that discussion and exploration of topics can trigger painful memories and emotions. We will actively inform people of potential triggers and offer support to all to manage distress and emotions in a positive and healing way, thereby allowing distress to transform into a source of learning and empowerment to the individual and the whole group.</p>

Our end destination



By 2028, our destination is a future where everyone (including people with support needs, staff, and leaders) work seamlessly together, driving innovation and transformation across the Growth in Action Alliance.

Our stops along the way

- Set up the Co-Pro Network.
- Recruitment of a coproduction coordinator.
- Begin Co-Pro Patron training and development.
- Map out virtual solutions.

- All groups across Growth in Action include people with lived experience and staff.

Final stop

Mobilisation junction

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Inception station

Collaboration terminal

- Elected Co-Pro Patrons integrated into governance groups.
- Identify diversity gaps and plan to increase representation.
- Evaluate and monitoring of the coproduction strategy.

Implementation depot

- Develop coproduction strategy.
- Agree resource for training/development and coproduction coordinator.
- Develop coproduction raising awareness plan to get everyone on board.
- Develop coproduction safeguarding policy.

- Co-Pro Patrons elected on to Growth for Action governance groups.
- Virtual solutions for the network
- Map Co-Pro Patrons listening spaces and develop feedback loop into the Network.

How we will know we have succeeded

Monitoring our strategy

For everything we have said we will do in this plan, we will create some indicators that we can keep checking on to make sure we are doing what we have said. We will make an action plan for each of our stops so we know exactly how we will do things, and when.

Evaluating whether our plan has had an impact.

Growth in Action has an overall plan for developing the service. This strategy should mean that this plan and the implementation of it is all completely coproduced. We will continuously review and evaluate whether that happens, which will let us know whether this strategy has been effective, or not.

Title: Refreshed Devon Joint Forward Plan

Wards Affected: all

To: Health and Wellbeing Board **On:** 7 March 2024

Contact: Jenny Turner, Programme Director, NHS Devon.

Telephone:

Email: Jenny.turner3@nhs.net

Introduction

1. The first Joint Forward Plan (JFP) for Devon was published in July 2023 and is due to be refreshed for April 2024. Integrated Care Board (ICBs) and their partner trusts are required to publish a refreshed JFP before the start of each financial year, setting out how they intend to exercise their functions in the next five years. This draft is being presented to the Board for consideration and comment, the final version will be presented to the NHS Devon Board for approval at its meeting in March 2024.
2. This is a refresh of the Joint Forward Plan for Devon written in collaboration with partners across our system. It describes how the health and care sector plans to meet the challenges facing Devon, meet the population's health needs and the strategic objectives set out in the Integrated Care Strategy over the next five years.
3. The JFP (attached as an Annex to this report) reflects the work that is happening across the wider Devon system, in the health and care sectors and beyond, and demonstrates how this work aligns with the strategic goals in the Strategy and how it will deliver the required improvements in health and wellbeing.
4. The Joint Forward Plan reflects an intention to work in collaboration and partnership to deliver our system ambitions, but it is important to acknowledge that statutory duties remain with individual organisations. There are some specific statutory duties that the Integrated Care Board needs to deliver as part of its statutory function, that must be met through the JFP, and these duties are incorporated throughout the plan.
5. Development of the Integrated Care Strategy and the Joint Forward Plan was informed by analysis of extensive public feedback about health and care (collected across system partners) between 2018 and 2022 and direct engagement in production the plan with Overview and Scrutiny committees,

Health and Wellbeing Boards and system partners including VSCE and Healthwatch representatives.

Feedback on the 2023/24 JFP

6. Feedback has been received on the JFP from a variety of sources including Trust Boards, Health and Wellbeing Boards, senior system leaders and NHS England (NHSE). Programme leads have been provided with the feedback relevant to their individual programmes for consideration when refreshing their plans.
7. On the plan overall, it was felt that it was too long, did not link programmes to the ICS aims, did not create links between the programmes and our overall ambition, did not articulate priorities and did not explain the difference the plan would make to the people of Devon. But it did clearly articulate a strategic link to the Devon Integrated Care System (ICS) objectives and the programme plans were clear.

Refreshed JFP for 2024/25

8. The plans outlined in the JFP have not significantly changed from the version published in 2023 although the structure of the plan has been amended and the content reduced in response to feedback.
9. The refreshed plan is structured around three themes/priorities: Healthy People; Healthy, safe communities; and Healthy, sustainable system.
10. The content of each programme plan has not materially changed from the version published in July.
11. New content for each programme describes: their key achievements in 2023/24, what people in Devon will see as a result of the programme and shows which of the ICS aims the programme supports delivery of. We have removed the programme detailed action plans and milestones.
12. There is an immediate requirement to recover both the financial and performance position for Devon to ensure that we have a sustainable system going forward. This will require improvement in both financial and operational performance, access and quality of care. All the programmes have outlined both their short-term objectives to support recovery and system exit from NOF4 and their longer term objectives to transform the way we work together across our system so that it is healthy and sustainable in the future.

Recommendations

13. The Health and Wellbeing Board is asked to:
 - Consider the refreshed Devon Joint Forward Plan, and provide comment and feedback to the Integrated Care Board to support its ongoing development, and
 - Endorse the Plan and assure that it takes account of the current health and wellbeing strategy for Devon.

Appendices

Refreshed Joint Forward Plan 2024

Background Papers:

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

[Devon Joint Forward Plan July 2023](#)

DRAFT

Devon 5-Year Joint Forward Plan

April 2024

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Foreword

We are excited to publish this refresh of our Devon 5-Year Joint Forward Plan (JFP), which demonstrates a different way of working within the Devon system, bringing together plans from across different sectors within health and care in response to the One Devon Integrated Care Strategy. Local Authorities and the NHS have agreed that they will work together and be held jointly responsible for delivering the plan.

The Strategy sets out the key challenges for our Integrated Care System, known as One Devon health and care system, and a set of strategic goals aimed at tackling these challenges over the next five years. Over the last 12 months, system partners have been working to ensure that they take account of the Strategy in their planning and delivery of services, in a way that ensures alignment between health and other sectors. The Devon 5-Year Joint Forward Plan brings together the strategies and plans that are in place or in development across our system, in individual organisations, in collaboratives and in system programmes, into a single over-arching Plan and has aligned these to the strategic goals set out within the Integrated Care Strategy.

We are pleased to be able to describe some of the key achievements across Devon that shows how the programmes we are working on together are making a difference for people who live and work in Devon. We should also recognise that the last 12 months have been challenging for public sector services. NHS partners have been delivering plans to support both NHS Devon and partner NHS trusts moving out of segment 4 of the NHS Oversight Framework and Local Authority Partners have been managing their own significant operational and financial pressures. The JFP recognises this context and the need to ensure that our system recovery is prioritised in the early years of the Plan and that we earn the autonomy we need to deliver transformational change.

The JFP does not cover everything that we are doing across our system – it includes priorities in areas of wider social and economic importance, such as housing and employment, as we know that their impact on health and wellbeing is significant, and these are areas where we need to develop our collaborative working.



Sarah Wollaston

Steve Moore

Health and Wellbeing Board Opinions

To be updated if requested by H&WBs

There has been ongoing engagement with the three Devon Health and Wellbeing Boards throughout development of the Joint Forward Plan. Each of the Boards has submitted a formal opinion on the extent to which the JFP reflects their Health and Wellbeing Strategy, which is reproduced below.

Torbay Council

By consensus [Health and Wellbeing Board] Members resolved that:

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- the draft Joint Forward Plan takes proper account of the Joint Local Health and Wellbeing Strategy;
- the minutes of the Board meeting on the 9 March 2023 will constitute the response in writing of the Health and Wellbeing Board and its opinion in respect of (1).

This opinion has been confirmed as unchanged in relation to the final published JFP.

Plymouth City Council

Plymouth's HWB has been engaged throughout the process of development of the JFP and has been consulted, with the opportunity to raise questions and highlight potential omissions.

The Plymouth HWB endorses the Plan and is assured that it takes account of the current health and wellbeing strategy for Plymouth. The focus on inequalities in access and in outcomes is welcomed, and we look forward to seeing the shift in resources required to deliver on this aim.

Devon County Council

The Devon Health and Wellbeing Board has been engaged throughout the process of development of the JFP and has been consulted on each formal draft, raising questions and highlighting potential omissions.

The DCC HWB is happy to endorse the Plan and is assured that it takes account of the current health and wellbeing strategy for Devon.

Introduction

Purpose of 5-Year Joint Forward Plan

The plan is structured around three themes: **Healthy People; Healthy, safe communities; and Healthy, sustainable system** and sets out our vision and ambition for the next five years and describes the programmes of work that we will be delivering.

This is a refresh of the Joint Forward Plan for Devon written in collaboration with partners across our system. **It describes how the health and care sector plans to meet the challenges facing Devon, meet the population's health needs and the strategic objectives set out in the Integrated Care Strategy over the next five years.** This JFP reflects the work that is happening across the wider Devon system, in the health and care sectors and beyond, and demonstrates how this work aligns with the strategic goals in the Strategy and how it will deliver the required improvements in health and wellbeing.

The JFP **brings together many strategies and plans** that already exist or are in development across the system, including, but not limited to: Joint local health and wellbeing strategies, Local authority strategies (eg: adult social care strategies); Local Care Partnership (LCP) objectives; Provider trust strategies; Provider collaborative priorities, AHP strategy and our Recovery plan.

The Devon 12 challenges

1. An ageing and growing population with increasing long-term conditions, co-morbidity and frailty
2. Climate change
3. Complex patterns of urban, rural and coastal deprivation
4. Housing quality and affordability
5. Economic resilience
6. Access to services, including socio-economic and cultural barriers
7. Poor health outcomes 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. Pressures on health and care services (especially unplanned care)

One Devon's Integrated Care Strategy on a page

Our Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Our Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
Our Strategic Goals	One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money			
	Every suicide will be regarded as preventable and we will work together as a system to make suicide safer communities across Devon and reduce suicide deaths across all ages	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.	People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.	People in Devon will be provided with greater support to access and stay in employment and develop their careers.
	We will have a safe and sustainable health and care system.	Everyone in Devon will be offered protection from preventable diseases and infections.	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.	Children and young people will be able to make good future progress through school and life.
	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.	Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place	We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.	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).
	Population health and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death and disability	The most vulnerable people in Devon will have accessible, suitable, warm and dry housing	We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.	Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people
	Children and young people (CYP) will have improved mental health and well-being	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.		Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably
	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.			

About Devon

Devon is a complex system, with many different arrangements across deliver functions and geographies. Elements of the plan are delivered across a range of provision including:

- Two unitary authorities (Plymouth City Council and Torbay Council)
- One county council (Devon), with 8 district councils,
- 121 GP practices, in 31 Primary Care Networks
- Devon Partnership Trust (DPT) and Livewell South West (LWSW) provide mental health services
- Four acute hospitals – North Devon District Hospital and the Royal Devon and Exeter Hospital, both managed by the Royal Devon University Healthcare NHS Foundation Trust (RDUH), Torbay and South Devon NHS Foundation Trust (TSDFT) and University Hospitals Plymouth NHS Trust (UHP)
- One ambulance trust – South Western Ambulance Service NHS Foundation Trust (SWASFT)
- Dental surgeries, optometrists and community pharmacies
- A care market consisting of independent and charitable/voluntary sector providers
- Many local voluntary sector partners across our neighbourhoods

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Developing a sustainable future for health and care in Devon

- The JFP describes how the Integrated Care System plans to deliver health and care services that meet population need and are sustainable in response to the Integrated Care Strategy.
- The JFP is underpinned by a **three key themes** that reflect the system priorities, and foster conditions for successful enabling functions.
- Each theme is supported by a series of programme plans that articulate how the JFP will be delivered in the short, medium and long-term
- The programme plans encompass both **delivery** of services and the requirements to **enable** success.



Delivering a sustainable future for health and care in Devon

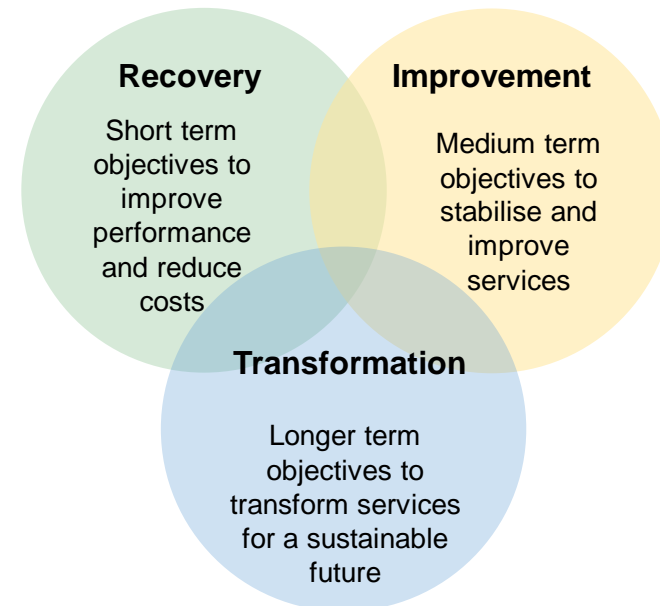
- In order to develop a sustainable future for the health and care services in Devon, we need to **recover our system, stabilise services and deliver long term sustainable improvements.**
- Each programme plan describes:
 - The programme **ambition**
 - The **difference** the programme will make to the people of Devon
 - **Achievements** delivered in 2023/24
 - **Short term objectives** to improve performance and reduce costs (recovery)
 - **Medium term objectives** to stabilise and improve services
 - **Longer term objectives** to transform services for a sustainable future

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Ambition

Achievements Impact

Objectives



Developing our JFP

Delivering our ICS Aims

Each programme highlights which of the ICS aims it supports, providing a **golden thread** throughout the plan.



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

Recovery is central to our JFP

There is an immediate requirement to **recover both the financial and performance position for Devon** to ensure that we have a sustainable system going forward. Devon ICB and xx of our acute hospital trusts are in section 4 of the NHS National Oversight Framework (NOF4). Exit from NOF 4 will require to **improvement in both financial and operational performance, access and quality of care.**

The JFP includes how we are approaching system recovery. All the programmes have outlined both their short-term objectives to support recovery and system exit from NOF4.

Engagement

Development of the Integrated Care Strategy and the Joint Forward Plan was informed **by analysis of extensive public feedback** about health and care (collected across system partners) between 2018 and 2022 and **direct engagement** in production the plan in 2023 with Overview and Scrutiny committees, Health and Wellbeing Boards and system partners including VSCE and Healthwatch representatives. Programme leads have engaged with relevant stakeholders in the refresh of their plans.

Statutory Duties

The Joint Forward Plan is a system wide plan, which broadly describes the services we have in place and will develop to meet the needs of our whole population as set out in the Integrated Care Strategy. It reflects an intention to work in collaboration and partnership to deliver our system ambitions, but it is important to acknowledge that **statutory duties** remain with individual organisations. There are some specific statutory duties that the Integrated Care Board needs to deliver as part of its statutory function, that must be met through the JFP, and these duties are incorporated throughout the plan and referenced in appendix A.

The System Recovery Programme (SRP) is committed to exiting NOF4 measures in quarter 1 of the financial year 2024/25

NOF4 exit criteria

Theme	Criteria
Leadership	<ul style="list-style-type: none"> Demonstrate collaborative decision-making in delivering all the SRP exit criteria at both system and organisational levels, based on the principle of delivering the best, most sustainable and most equitable solutions for the whole population served by the system
Strategy	<ul style="list-style-type: none"> Delivery of Phase 1 of the Acute Services Sustainability Programme.
UCC	<ul style="list-style-type: none"> Make demonstrable progress towards achieving national UEC objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement.
	<ul style="list-style-type: none"> Achieve the defined expectations of the National Taskforce.
Elective Recovery	<ul style="list-style-type: none"> Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement
Finance	<ul style="list-style-type: none"> Develop and deliver a short-term financial plan (2023/24) that is signed off regionally and nationally
	<ul style="list-style-type: none"> Develop an outline longer-term financial plan that shows non-recurrent balance in 2024/25, and recurrent balance for 2025/26, that has Board agreement from all Devon organisations
	<ul style="list-style-type: none"> Develop and agree a Capital Plan that is clearly aligned to system strategic priorities

Estimated Segment 4 Exit Date : Q1 2024/25

Underpinning each exit criterion is a set of agreed metrics and trajectories which form the basis of the system SRP oversight and performance management arrangements



Delivery Principles – we will find solutions that follow these principles:

- Seek solutions that work for the system.
- No organisation will knowingly create an adverse impact on another or the system.
- Standardise practice and services where it makes sense to do so.
- Focus on cost reduction, cost containment and productivity improvements
- Recognise that participation will be required at system, locality, neighbourhood, and organisational level on the priority areas.
- Ensure equitable distribution of funding and outcomes by locality.
- Not make new investments that lead to a deterioration in the underlying position
- Consider financial decisions alongside quality, safety and any impact on patient experience of care.
- Share risks and benefits across the system and ensure they are fully understood by all parties.

Getting the system in balance – NHS recovery

Financial balance is to be achieved through a system recovery programme focussed on operational, system, clinical and intra-organisation transformation

What needs to be achieved

Three-year financial plan linked to activity, workforce, performance:

- 2023/24 reported position no worse than £42.3m deficit
- 2024/25 c.£30m deficit through use of non-recurrent means
- 2025/26 breakeven exit run rate position

How we will achieve this

- Used the Drivers of the Deficit analysis as the baseline for planning and Cost Improvement Programme (CIP) expectations aligned to model hospital, GIRFT and regional benchmarks
- Stretched CIPs from 1.3% recurrent cost out to 4.5% (with system schemes in support)
- Accelerating the delivery of system-wide shared schemes
- Whole system clinically-led and planned transformation – acute through to community/primary care
- Intra-organisation wide schemes and redesign

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1 Operational improvement cost out – to 4.5%

Moving Trust CIP plans in line with national expectations of 4.5% cost out, through an initial focus on grip and control measures introduced by summer

2 System wide schemes – targeting c.£60m reduced run rate by Q4 23/24

Stretching the delivery of strategic schemes to be delivered across the system. This includes shared corporate services, peoples services, clinical support services, enhanced primary and community services, outpatient transformation, estates, new models of care, procurement, digital, CHC, allocative efficiency

3 Intra-organisation working and redesign

Looking to intra-organisation opportunities in areas such as:

1. Single system pathways (Shared PTL, integrated pathway management etc.)
2. Single system ways of working i.e., redesign of group models, single EPR solutions across Devon and Cornwall and workforce planning.

4 System Performance Improvement

Developing system-wide integrated improvement plans at pace through two streams of work, prioritised across UEC and Elective. Initially beginning with key system issues (e.g. frailty) and broadening out to support care pathway demands (e.g. through a surgical strategy):

1. Integrated collaborative community and social care services – working through in sequence frailty, long term conditions, urgent care; and
2. Networked acute care – through networked urgent care, elective, fragile services, virtual

Activity and Performance

1. The activity required is challenging given the historic position and will require a clear Devon-wide clinical plan and new ways of working
2. Delivering on the performance position – or improving it further – will require different ways of thinking about capital, estates, digital etc (e.g. a cold elective site, single PTL, sub-specialty centres etc) as stated.

Workforce

Workforce will achieve a net -2% workforce change against the current establishment.

Metric	2023/24 M12 (Planned)
65+ Week waits	2,956
78+ Week waits	0
104+ Week waits	0
A&E 4 Hours	72%
Cancer Faster Diagnostic	76%
System Financial Plan	(£42.3m)
Workforce	-2%

Getting the system in balance – local authority recovery

Torbay

Torbay's approach to adult social care is a collaboration Torbay Council, Torbay and South Devon NHS Foundation Trust, and our VCSEs enabling a comprehensive and focused approach to enhancing the well-being and independence of our community. Our integrated partnership aims to strengthen care and support and is aligned to Torbay's clear strategic vision of maximising people's choices and enabling them to live a fulfilling life in their own community. Torbay's vision is supported by system-wide transformation and guided by the values of the Adult Social Care Strategy and the Devon 5-year Joint Forward Plan. To support the accomplishment of our goals, Torbay has key objectives:

- Increasing independence, choice, and control through strategic shaping and oversight of Torbay's market with a focus on building independence through support for living and partnership with the VCSE sector and communities. Hospital discharge, supported by the expertise of Adult Social Care, is a seamless and personalised transition aimed at ensuring individuals return home with the necessary support, reablement, and community resources to foster independence and holistic well-being.
- Adult Social Care, transformed by data, technology, and digital improvements, enhances service accessibility, efficiency, and personalisation, ensuring a responsive and tailored approach to meet the diverse needs of our community members.
- Efficiency and innovation ensuring that Torbay's resources are optimally utilised, achieving better value for money while maintaining high-quality services and enhancing the well-being of individuals in our community.
- In embracing these objectives and vision, Torbay remains dedicated to the continual improvement of adult social care services, fostering a community where individuals thrive with autonomy, support, and a collective commitment to well-being.

Plymouth

Plymouth City Council faces significant financial risks, given the continuing forecast shortfall, uncertainty about resourcing from central government, the wider economic environment and the council's comparatively low levels of financial reserves. Savings plans totalling £25.8m have been developed across the authority for 2023/24, with further work ongoing around future years. The council is experiencing significant pressures post-Covid with increasing acuity of need and cost pressures within both children's and adult social care.

A recovery and transformation programme is in place for adult social care, which focuses on a number of key areas:

- Improving access to advice, information and support to neighbourhoods, through a network of health and wellbeing hubs, our community capacity builders and community assist offer
- Early intervention and reablement to provide enabling support for our most vulnerable and their unpaid carers
- Focussed review and reassessment programme led by Livewell Southwest
- Development of new model of care for working age adults, including targeted work on transition pathways and specialist housing provision in the city
- Remodelling of our homecare market to deliver a neighbourhood model, reducing travel across the city, supporting our net zero carbon agenda
- Reshaping of our existing care home market to increase specialist dementia capacity
- Supporting providers of health and care to recruit, develop and retain a workforce for the future through our Health and Skills Partnership.

Devon

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

With key local partners we will continue to quality assure, benchmark and improve how we do things so we can continue to deliver vital local services and improve outcomes for the people of Devon as efficiently and effectively as we can with a focus on strengthening partnerships and evidencing. Delivery of the savings and improvement programme will not be easy, but the level of commitment from teams, working together as one organisation, and the level of assurance that has been involved in the budget-setting process, mean that the 2024/25 budget is as robust as possible and will deliver best value for the people of Devon.

Our Joint Forward Plan

Our Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Our Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
Our Themes	Healthy People		Healthy, safe communities	Healthy, sustainable system
	↓		↓	↓
Our programmes	Population Health	Housing		Recovery, Finance and Procurement
	Primary and Community Care	Employment		System Development
	Acute Services	Community Development		Workforce
	Health Protection	Communications and Involvement		Digital and Data
	Children and Young People	Equality, diversity and inclusion		Research, Innovation and Improvement
	Mental Health, Learning Disability and Neurodiversity			Estates and Infrastructure
	Suicide Prevention			Green Plan

Healthy People



Healthy People

Some of our key challenges in Devon relate to the health and well-being of people.

- We have **an ageing and growing population with increasing long-term conditions, co-morbidity and frailty**, the Devon population is older than the overall population of England we have a disproportionately small working age population relative to those with higher care needs.
- Significant inequalities exist across One Devon, with people living in deprived areas and certain population groups, experiencing significant health inequalities as a result. People living in more deprived areas have **poorer health outcomes caused by modifiable behaviours and earlier onset of health problems** than those living in the least deprived communities. This leads to lower life expectancy and lower healthy life expectancy in these communities, coupled with higher and earlier need for health and care services. The proportion of the population providing **unpaid care is increasing**, with higher levels of the One Devon population caring for relatives, both the physical and mental health of carers can suffer as a result.
- The Covid-19 pandemic has **changed the pattern of infectious disease** and along with increasing levels of healthcare associated infections and the risks posed by anti-microbial resistance. These diseases have disproportionately affected the most disadvantaged and vulnerable in our society and contribute further to health inequalities.
- 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.

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

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

Our Vision

We will work together across our local NHS organisations to deliver **high quality, safe, sustainable and affordable services** as locally as possible improving patient outcomes and experience. We will ensure that addressing health inequalities are a focus of all our work and that the whole population of Devon is able to access the care they need. We will make sure people access the right service at first time through **effective navigation** around the care system; people with a care need should be seen by **the right professional, in the right setting, at the right time**.

What Devon will see

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Services stabilised in the short-term with increased productivity, maximised capacity and best practice adopted and embedded



Services sustained in the medium term delivering high quality clinical outcomes for the whole population and consistently meeting agreed performance targets



Services transformed in the longer term working as one joined-up system of services without organisational barriers and improved equity of access for all



Improved A&E waiting times and ambulance response times



Improved access to urgent treatment centres



Reduction in waiting times for elective surgery



Faster access to diagnostics



Increase in cancers diagnosed at stages 1 and 2



Easier navigation around our urgent care system



Increased working with services in Cornwall to ensure that together we deliver the best possible services to patients

Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
<ul style="list-style-type: none"> Improve productivity and efficiency of all acute services through optimising of pathways and developing a common and shared workforce model 	☑	☑	☑
<ul style="list-style-type: none"> Reduce the number of long waiting patients for elective care and return to waits of less than 18 weeks by 2027 by increasing productivity, maintaining high quality services, reducing health inequalities and maximising elective capacity in Devon. 	☑	☑	☑
Stabilise acute services that are fragile	☑		
Transform acute services to ensure workforce, clinical and financial sustainability	☑	☑	☑
<ul style="list-style-type: none"> Increase diagnostic capacity including Community Diagnostic Centres 	☑		
<ul style="list-style-type: none"> Increase the percentage of cancers diagnosed at stages 1 and 2 in line with 75% early diagnosis ambition 	☑	☑	☑
<ul style="list-style-type: none"> Improve A&E waiting times so that no less than 72% of patients are seen within 4 hours by March 2025 	☑		
<ul style="list-style-type: none"> Improve category 2 ambulance response times to an average of 30 minutes by March 2025 	☑		
<ul style="list-style-type: none"> Improve effective navigation around the urgent care system including implementation of a care co-ordination hub and spoke model for healthcare professional 	☑		
<ul style="list-style-type: none"> Enhance the role of community urgent care to manage demand for urgent care through Urgent Treatment Centres 	☑	☑	☑

What we have achieved in 2023/24

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1

Number of people waiting over 104 weeks reduced from 167 to 0

Number of people waiting over 78 weeks reduced from 1329 to xx

2

Number of people receiving acute elective care xxx

3

Implemented Clinical Co-ordination hub and spoke model to support the delivery of right care, first time for patients.

4

New 111/out of hour provider in place delivering improved call performance targets, call abandonment rate has reduced from xx – to xx, clinical call back and validation rates have improved

Primary and Community Care

Our Vision

Our vision is to deliver **an integrated model of care across our communities** to support all people (including carers and families) to be as healthy and independent as possible in their own homes and able to access the right care when they need it. This integrated health and care offer, which includes primary care, community services, social care, the independent sector and the voluntary and community sector, will ensure that we meet people's needs in a way that matters to them and that supports them to stay living safely at home in their community, retaining their independence for as long as possible, living the life they want to lead.

What Devon will see

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People will experience a more multi-disciplinary, personalised and strength-based approach by services that focuses on keeping people connected and supported in their own communities



People will receive services that are aimed at preventing poor health



People will be able to access services on the same day (when clinically appropriate) when they have an urgent need



People will be able to remain living at home, independently for longer



People will know what services are available in their community and how to access them



People will be able to have access to specialist support in the community where appropriate



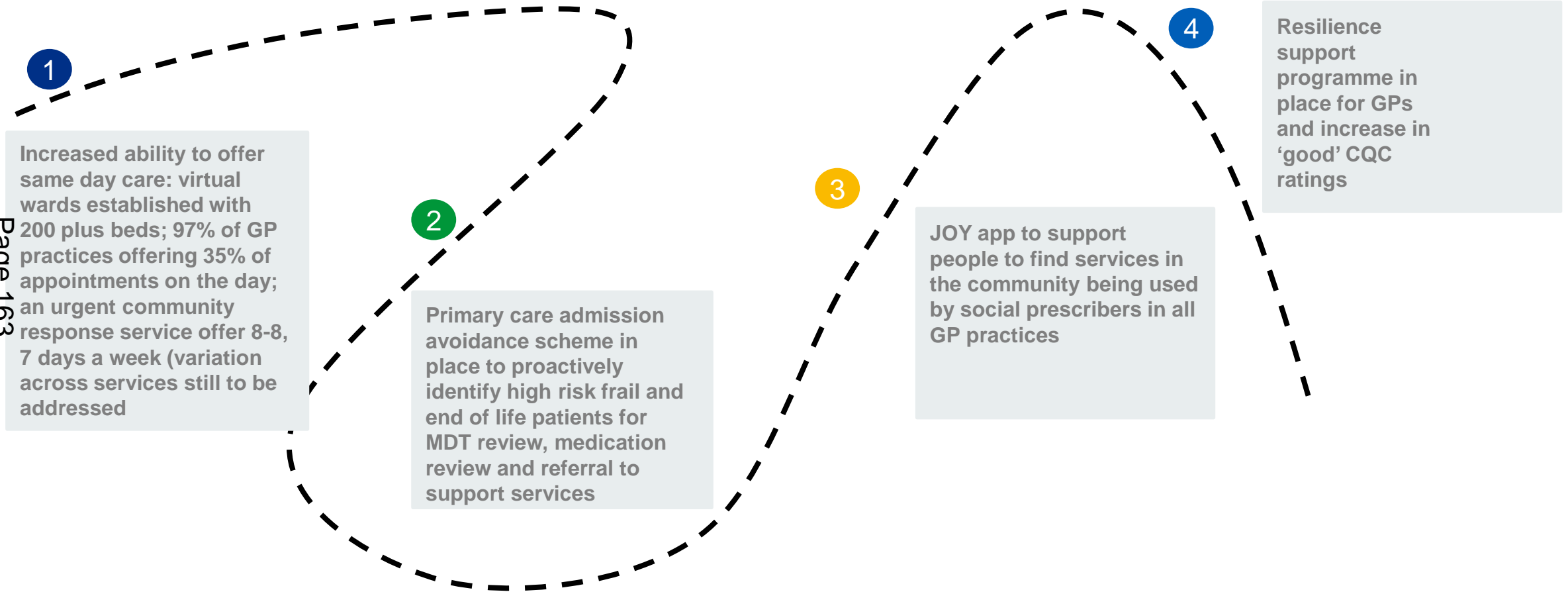
GP practices will be more resilient and able to meet clinically appropriate demand



Objectives	Year 1-2	Year 3-4	Year 5+
<ul style="list-style-type: none"> We will develop a collaborative approach to working across communities. By 2025, we will have effective collaborative mechanisms in place for primary care, community services, voluntary and community services and independent social care providers. 	☑		
<ul style="list-style-type: none"> We will have an integrated approach, neighbourhood approach focussed on PCN boundaries. By 2025, we will have developed integrated ways of working that encompass primary care, community services, mental health, social care, voluntary and community services and acute services working as part of a multi-disciplinary team to jointly deliver services 	☑		
<ul style="list-style-type: none"> By 2025, We will develop our same day services so they can consistently meet people's urgent needs and avoid emergency admission to hospital. This includes pro-actively identifying people at high risk of admission, virtual wards, timely access to general practice and community pharmacy services, urgent community response, social care support and access to specialist support. 	☑		
<ul style="list-style-type: none"> By 2026, each PCN will adopt an integrated, proactive approach, with a focus on prevention and early intervention. PCNs will use population health data to support the identification of the people that are most likely to benefit from this approach. 	☑	☑	
<ul style="list-style-type: none"> By 2025, we will have developed consistent, robust pathways for End of Life and falls and frailty, so people are able to access the right, expert input to support them at home. By 2026, we will have developed outreach models to hospital specialists are supporting professionals in the community to look after people in their own homes. 	☑	☑	
<ul style="list-style-type: none"> By 2026, people will be easily able to understand what community-based services are available and how to access them. By 2024, we will have implemented the consistent use of the Joy App by social prescribers across 100% of PCNs. 	☑	☑	
<ul style="list-style-type: none"> A personalised approach will be utilised across every integrated team, prioritising those population groups who will benefit most from the approach (end of life, frailty and dementia) 	☑	☑	☑
<ul style="list-style-type: none"> By 2028, we will have resilient, sustainable and high-quality general practice which is able to meet clinically appropriate demand, offer timely access, operate at scale and have a planned approach to managing change. 	☑	☑	☑
<ul style="list-style-type: none"> We will maximise the potential of pharmacy services; by 2028 we will have increased service resilience and improved patient access, safety and quality of care. 			
<ul style="list-style-type: none"> Local authorities will meet their Care Act duties by ensuring a sufficient care market 	☑	☑	☑
<ul style="list-style-type: none"> Innovative extra care and supported living schemes will be developed to provide people with greater independence and support them to remain in their own homes 	☑	☑	☑
<ul style="list-style-type: none"> By 2028 the ICB will have commissioned sufficient dental services to ensure all disadvantaged groups have access to a routine dental check-up, every 24 months for adults and 6-12mths for children, as well as enough capacity to meet demand for urgent care 	☑	☑	☑

What we have achieved in 2023/24

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1

Increased ability to offer same day care: virtual wards established with 200 plus beds; 97% of GP practices offering 35% of appointments on the day; an urgent community response service offer 8-8, 7 days a week (variation across services still to be addressed)

2

Primary care admission avoidance scheme in place to proactively identify high risk frail and end of life patients for MDT review, medication review and referral to support services

3

JOY app to support people to find services in the community being used by social prescribers in all GP practices

4


Resilience support programme in place for GPs and increase in 'good' CQC ratings


Our Vision


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


What Devon will see


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 Adults who have serious mental illness can get an annual physical health check, and, if they need it, support to improve their physical health.


 People of all ages experiencing mental health crisis will be able to get the help they need as early as possible without needing to go to A&E.


 People of all ages will have access to 24/7 mental health advice and support via 111.


 People with an Eating Disorder will get timely access to more onward care and support

 More children and young people will get access to timely and co-ordinated mental health support

 People will have a timely dementia diagnosis and planned onward care and support.

 Adults and older adults with severe mental illness will get help with their health and social care needs including housing and physical health as close to home as possible.

 People of all ages who need to be admitted to hospital for treatment of a mental illness will be treated in a hospital in Devon whenever it is clinically safe.

 People of all ages who need mental health care get treatment within 4 weeks of referral.

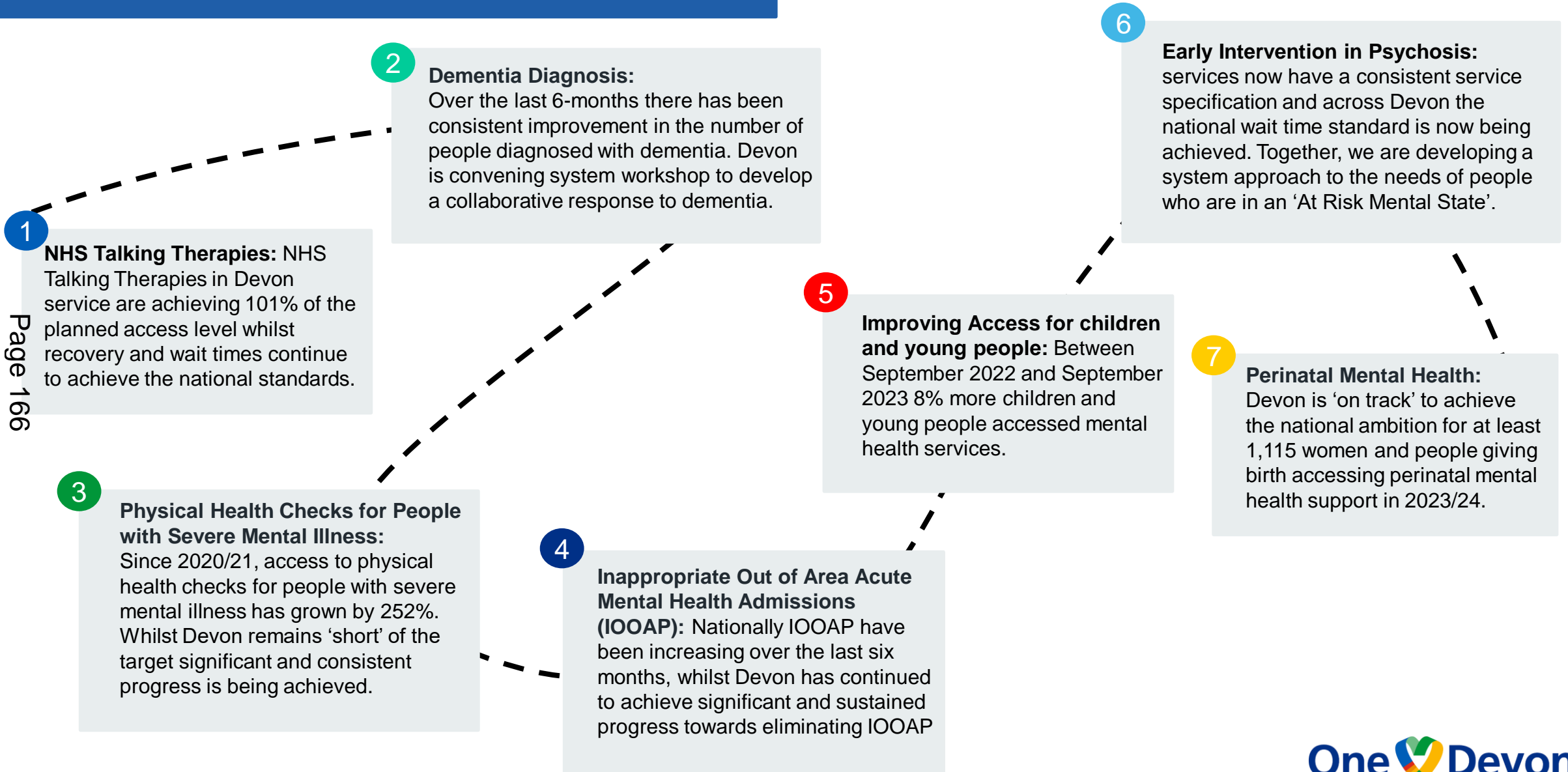
Our objectives

Which ICS Aim(s)



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

What we have achieved in 2023/24




Learning Disability and Autism

Our Vision


The Learning Disability and Autism Partnership reviewed up to 30 different national strategic documents, Acts and legislation that are associated with the system provision of health and social care for Learning Disabilities and Autistic People (LDAP). As a system we agreed that for our approach to have value and commitment to the people we serve, we would reduce those strategies to a number of measurable described and defined pledges. Those pledges will be co-owned through an integrated governed system - mobilised, monitored and overseen in the Learning Disability and Autism Partnership.


What Devon will see


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 Our vision is that autistic people get the support and opportunities they need to lead full and happy lives. As partners, we will work to improve services, reduce waiting lists, support the removal of barriers for autistic people of all ages and their families/carers, through improving training and awareness, such as Oliver McGowan, provision of meaningful support, assessment and diagnosis, early identification and reducing the reliance on inpatient care through community services


 The empowerment of people and families to work with us as partners in making sure people get the best care and support possible. We want to find more ways to bring this to life in the work of the innovations we support. Reaching out to those communities, that are difficult to engage due to rurality and culture, hearing more balanced views and increasing opportunities to co produce.

 Opportunities to increase the number of our adult working age community into meaningful employment

 A reduction in health inequalities and improvement in health outcomes for people with a learning disability and autistic people delivered through actions and learning.

 Collaborative working, with system ownership, shared outcomes and examples of good practice and innovation, led by expertise and clinical knowledge and experience.

 Housing and Accommodation: A new model of delivery for people with learning disabilities and autism, including those with the most complex needs. Housing-based needs share five common principles of providing the best living environment; a clear common pathway for delivery; ensuring better life outcomes and making best use of financial resources to create sustainable housing and services over the long-term

 Golden thread of reasonable adjustments to access all services across Devon

Our objectives

Which ICS Aim(s)



Objectives

Year 1-2

Year 3-4

Year 5+

- Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 as well as continue to improve the accuracy and increase size of GP Learning Disability registers.



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- Reduce reliance on Mental Health locked and secure inpatient care, while improving the quality of Mental Health inpatient care, so that by March 2028 (in line with national target) no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an Mental Health inpatient unit



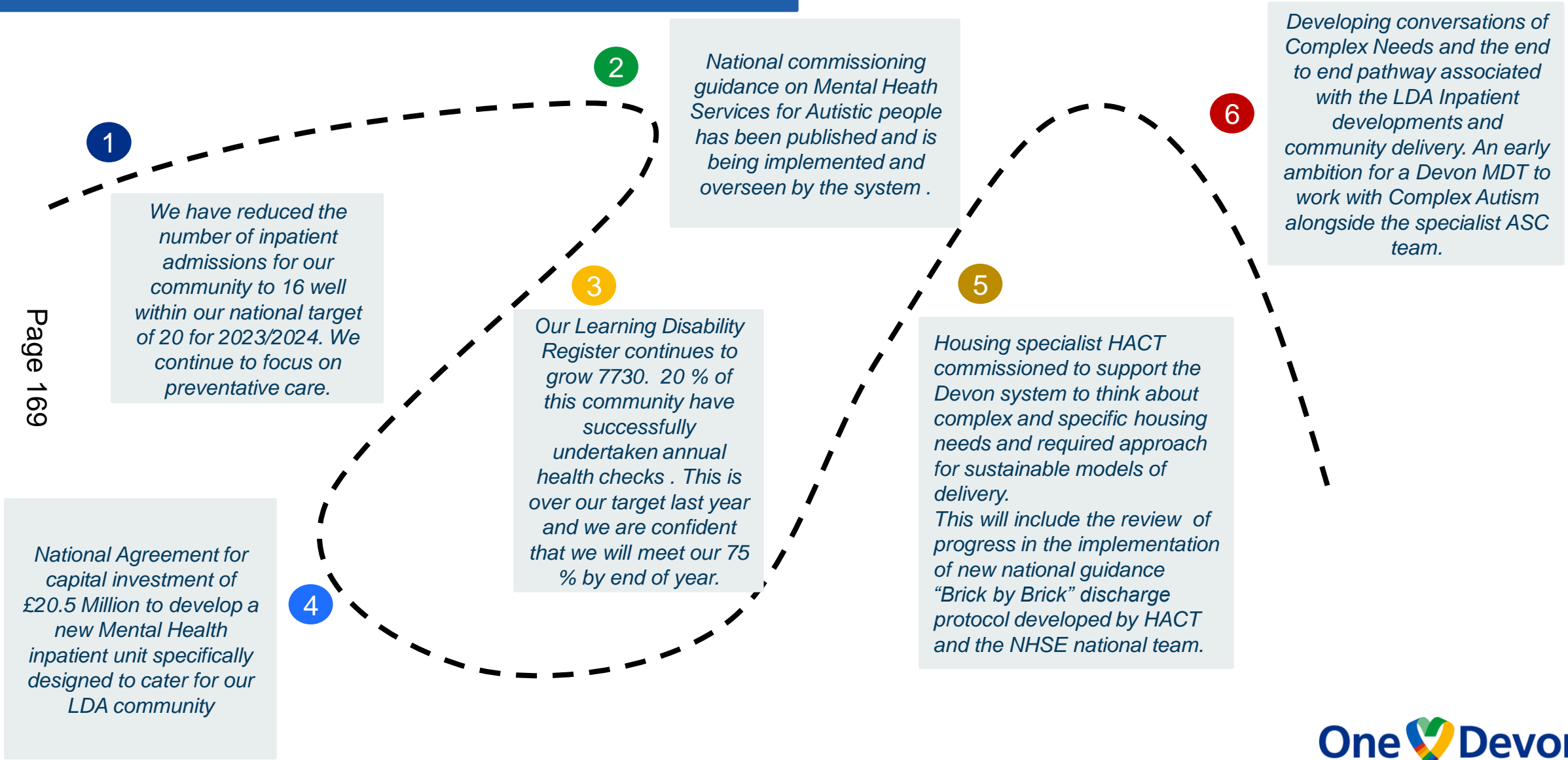
- Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times by March 2028



- Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in the guidance



What we have achieved in 2023/24



Children and Young People and Women's Health

Our Vision

Our vision is to create an Integrated System and Care Model for Children and Young People (CYP) that supports all aspects of their health (including mental health) and wellbeing, for children and their families so that they can make good future progress through school and life. Our work spans from birth, through transition to young adults. We will ensure that Maternity and Neonatal care is safe, equitable, personalised and kind, delivered through a positive culture of respect, learning and innovation. We will work effectively in an integrated and equitable way within and across health, care and education and will achieve this by sharing information, providing access to care, advice and knowledge and adopting a strength-based approach.

What Devon will see

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Using our collective resources, **we will create, inclusive, accessible and sustainable services** and settings where children can learn and achieve their potential in life.



We will **ensure safe birth and optimise the first 1000 days of a child's life** and **enable the early identification of issues** for children.



We will **listen to our communities** to truly understand the needs of children and young people and their families, women and birthing people.



We will **identify and set steps for improvement within these key priorities:**

1. Waiting list recovery and transformation: acute and community
2. Integrated approach to support vulnerable children and young people with Complex Needs
3. Improve women's health and maternity care
4. Strengthen our data and intelligence
5. Embed co-production in all our work



We will meet the **requirements of the Core20PLUS5** by **proactively addressing health inequalities, working collaboratively with communities and the voluntary sector** to shift to a child and family driven approach, ensuring that safeguarding is a golden thread.



We will ensure that **transition for young people into adulthood** and achieving their potential will be focus for every relevant pathway.



The needs of CYP with Special Education Needs and Disabilities (SEND) are a specific focus for our health, care and education system, so that we can respond effectively to the weaknesses identified through inspection and the challenges experienced by our children and families.



Our approach will be informed by **joint use of high-quality data and information.**

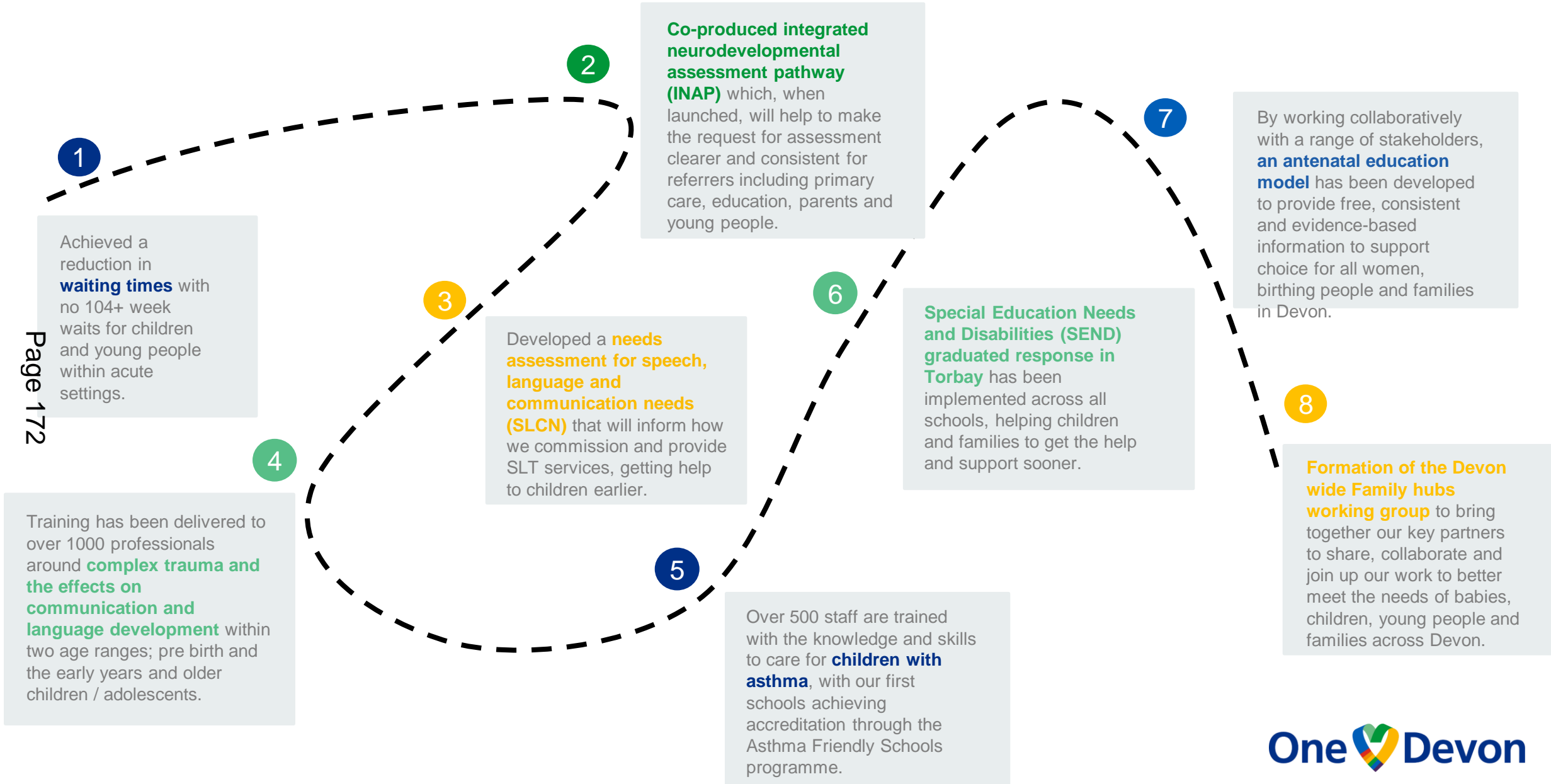
Our objectives

Which ICS Aim(s)



Objectives – Children and Young People	Year 1-2	Year 3-4	Year 5+
<ul style="list-style-type: none"> Services for children who need urgent treatment and hospital care will be delivered as close as possible to home. There will be a recognition on the potential impact and harm for CYP and their families whilst on waiting lists for paediatrics within acute, community and surgery procedures. By the transformation of pathways to better prioritise the use of clinical capacity, waiting times will steadily improve across the next five years. 	☑	☑	☑
<ul style="list-style-type: none"> Through implementation of the neurodiversity offer by, 2027 children and families with neurodiverse, emotional and communication needs will be able to access services and be supported across health, care and education, preventing crisis and enabling them to live their best life (incl. wait list recovery for community services). 	☑	☑	
<ul style="list-style-type: none"> Through our work to improve outcomes for children with long term conditions, we are focussing on reducing health inequalities by understanding differences for our Core20PLUS5 populations. To address significantly poorer outcomes for care experienced children and young people, we will tackle issues affecting access and equity of care. 	☑	☑	☑
<ul style="list-style-type: none"> We will fulfil our statutory safeguarding responsibilities under ‘Working Together to Safeguard Children’ (2018) and respond to the local safeguarding children partnership priorities; to ensure that the health needs of all vulnerable children are identified and met by 2028. 	☑	☑	
<ul style="list-style-type: none"> Family Hub and Early Help models will be developed across Devon ICS and in each local area by 2026, working with Local Authorities and other key partners to collaborate, identify and ensure a joined-up approach is taken to meet the needs of babies, children, young people and families across Devon at an earlier stage through a more holistic approach. 	☑		
<ul style="list-style-type: none"> The Special Education Needs and Disabilities (SEND) of children and families will be prioritised across the Devon ICS. SEND reforms will be embedded across the three Local Authorities to address the weaknesses identified through the Torbay, Devon and Plymouth Local Area Inspection’s within the mandated timeframes for each local area. 	☑	☑	
Objectives – Women’s Health and Maternity	Year 1-2	Year 3-4	Year 5+
<ul style="list-style-type: none"> Through a 5 year maternity and neonatal delivery plan, maternity care will be delivered safely and will offer a personalised experience to women, birthing people and their families. Maternity and neonatal workforce will be inclusive, well trained and fit for the future. The Core20PLUS5 approach for women and birthing people will be implemented as part of the core programme. 	☑	☑	
<ul style="list-style-type: none"> We will work collaboratively with System Partners to establish and deliver responsive, data led, inclusive and accessible services to meet the health needs of young girls and women across their life cycle through local implementation of the national Women’s Health Strategy. Women’s Health hubs will be developed and implemented across Devon ICS by 2025. 	☑		

What we have achieved in 2023/24



Our Vision

As the Integrated Care System develops, there will be an increasing focus on improving the health of the population: shifting the allocation of resources from treatment to prevention, increasing access to services and reducing health inequalities. This will require changes throughout all parts of the system and, in particular, in the way the ICB carries out its roles as both a commissioner and a system convenor and facilitator. These changes will be embedded in the ICS development programme as we move to a longer term focus.

What Devon will see



Devon ICB will lead system partners to increase their focus on population health and ensure that all decisions are made with an understanding of the impact on population health and health inequalities



There will be a co-ordinated programme of work across all parts of the system focused on improving population health



There will be an expert Population Health Team who can support others to deliver the programme and share and learn from their experiences



Everyone working in Health and Social Care will have the skills, tools and knowledge to deliver change (including using the PHM approach)



We will improve the way that we share and use data to support what we do



Improved performance against Core20+5 targets



We will work together as Anchor Organisations to support social and economic development

Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Our LCPs and Provider Collaboratives will have the support and evidence base they need to deliver change at local level and will be empowered to make decisions with their populations on an ongoing basis	☑	☑	☑
Ensure delivery of Core20+5 deliverables (including adult and CYP) in line with national reporting requirements	☑	☑	☑
Implement co-ordinated prevention plans in priority areas including CVD, diabetes and respiratory	☑	☑	☑
Develop the ICB and NHS partners as Anchor Organisations by March 2025	☑		
Support the implementation of new ways of working focused on population health by April 2025	☑		

What we have achieved in 2023/24

1

The PHM Programme has been rolled out with over 400 representatives joining Action Learning Sets and taking forward implementation of local initiatives

2

The Population Health Improvement Committee has been established to ensure that Population Health is considered in all aspects of system working

3

We have worked across Devon to improve our response to High Intensity Use and ensure that we meet the needs of the most vulnerable members of our population

4

The multi-agency CVD Prevention Group has been established and developed a plan which will impact significantly on the use of services as well as patient outcomes

Our Vision

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

What Devon will see



Reduced health care associated infections.

Working collaboratively across organisational boundaries, to drive forward further reductions in healthcare associated infection across the whole system.



- **Effective antimicrobial use** Deliver the UK 5-Year Action Plan for Antimicrobial Resistance (2019-2024) which has a strong focus on infection prevention and control..



Improve uptake of cervical & breast screening

Supporting vulnerable and underserved populations.



Improved vaccination uptake

Focusing on MMR, the 4-in-1 pre-school booster and school-age immunisations and working to reduce health inequalities.



100% offer to eligible cohorts for influenza and Covid vaccination programmes

Working to reduce health inequalities.



A system that can respond to health protection incidents Pathways in place for key pathogens and communities.

Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Reduce occurrences of healthcare associated infections (HCAI) (Clostridium difficile (C. diff), methicillin-resistant Staphylococcus aureus (MRSA) and community onset community associated (COCA) occurrences of HCAs	☑	☑	☑
Ensure effective antimicrobial use in line with NICE guidance and the Start Smart Then Focus principles to optimise outcomes, reduce the risk of adverse events and to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection	☑	☑	☑
Providers must demonstrate a 100% offer to eligible cohorts for influenza and Covid vaccination programmes – with particular focus on Devon’s priority populations (CORE20PLUS5) for children and young people (CYP) and adults and aim to achieve at least the uptake levels for influenza of the previous seasons for each eligible cohort, and ideally exceed them where applicable.	☑	☑	☑
Vaccine coverage of 95% of two doses of MMR by the time the child is five, with particular focus on Devon’s priority populations (Core20PLUS5) for CYP	☑	☑	☑
Vaccine coverage of 95% of 4-in-1 pre-school booster by the time the child is five, with particular focus on Devon’s priority populations (Core20PLUS5) for CYP	☑	☑	☑
Achieve recovery of School-aged Immunisation (SAI) uptake to pre-Covid levels, with secondary aim to achieve year on year improvement in uptake working towards the 90% target as stated in national service specification with particular focus on Devon’s priority populations (CORE20PLUS5) for CYP	☑	☑	☑
Halt the decline in cervical screening coverage and then to improve uptake year on year towards a goal of 80%, with focus on first invitation and Devon’s priority populations (Core20PLUS5) for Adults	☑	☑	☑
Work closely with NHS England commissioner to support the delivery of the upcoming national campaign to increase breast screening uptake and reduce inequalities coverage (NHS England and provider led) with focus on Devon’s priority populations (Core20PLUS5) for Adults	☑	☑	☑
Addressed the commissioning and delivery gaps identified in the 2022 South West Gap Analysis Action Plan Tool for Health Protection Frontline Services to ensure that Devon has pathways in place for key pathogens and capabilities and can respond effectively to health protection related incidents and emergencies across different communities in Devon	☑	☑	☑

What we have achieved in 2023/24

1

The Peninsula Antimicrobial Resistance Group has been established.

Reduction strategies are in place for healthcare associated infections across NHS Devon

2

Excellent uptake in care home residents of flu and COVID vaccinations, increased co-administration, continued focus on vulnerable populations and inequalities and success in outreach accessibility.

3

The multi-agency Devon Maximising Immunisation Uptake Group has been established with an initial focus on MMR uptake. A dashboard has been developed to review data at ICS, locality, practice and school level.

4

A new school age immunisation provider is now in place across the ICS with positive relationships being built and plans in place to improve uptake across all immunisations.

5

West Devon breast screening programme has secured new static site in central Plymouth - will be available Mar/Apr24.

6

Data analysis undertaken to identify GP practices with lowest coverage for cervical cancer screening . Support packages for targeted work with practices and underserved cohorts such as learning disability developed.

7

The GAAP tool has been developed and measures being taken to strengthen assessment and treatment pathways in outbreaks across all target settings.

Suicide Prevention

Our Vision

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

What Devon will see

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Partners across Devon, Plymouth and Torbay working together to support wellbeing and build suicide safer communities.



Suicide prevention is considered everyone's business



Targeted suicide prevention for people at most risk of suicide



Community awareness and skills in suicide prevention is increased through suicide prevention training



People bereaved by suicide are supported in compassionate and timely manner



People are supported at times of crisis

Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
<ul style="list-style-type: none"> Local Suicide Prevention Groups to each have a published annual action plan based on the national strategy which sets out local delivery priorities for the year 	☑	☑	☑
<ul style="list-style-type: none"> Local Suicide Prevention Groups to report annually on their suicide rates and their annual action plan to their respective Health and Wellbeing Boards 	☑	☑	☑
<ul style="list-style-type: none"> Local suicide prevention leads to present local suicide prevention action plans and suicide rates for whole of the ICS area to NHS Devon Suicide Prevention Oversight Group 	☑	☑	☑
<ul style="list-style-type: none"> Devon ICS to prioritise provision of appropriate suicide prevention training to relevant workforces and the wider population to continue to expand system knowledge of suicide and suicide prevention 	☑	☑	☑
<ul style="list-style-type: none"> Devon ICS to prioritise the ongoing provision of a suicide bereavement service and a real-time suspected suicide surveillance system, coordinated across the whole of Devon 	☑	☑	☑

What we have achieved in 2023/24

Page 181

1

Local Suicide Prevention action plans 2023/24 have been agreed for Devon, Plymouth and Torbay

2

The local action plans have been presented to NHS Devon Suicide Prevention Oversight Group and have/planned to be presented to Health and Wellbeing Boards

3

Suicide prevention training has been delivered to 440 people since 1st April 2023

4

In the last 12 months, Suicide bereavement support has been provided to 364 individuals and 14 organisations

One Devon Healthy, safe communities

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Healthy, safe communities

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

- Devon has **complex patterns of urban, rural and coastal deprivation**, hotspots of urban deprivation are evident, with the highest overall levels in Plymouth, Torbay and Ilfracombe. Many rural and coastal areas, particularly in North and West Devon experience higher levels of deprivation, impacted by lower wages, and a higher cost of living.
- Housing is **less affordable in Devon, and the age and quality** of the housing stock poses significant challenges in relation to energy efficiency and issues associated with excess heat, excess cold and damp.
- **Varied education, training and employment opportunities, workforce availability and wellbeing** is impacting on success later in life for children, the health of our economy and our ability to deliver high quality, safe services.
- **Access to health and care services varies significantly across Devon**, both in relation to geographic isolation in sparsely populated areas, as well as socio-economic and cultural barriers. Poorer access is evident in low-income families in rural areas who lack the means to easily access urban-based services. Poorer access is also seen for people living in deprived urban areas, certain ethnic groups and other population groups, where traditional service models fail to take sufficient account of their needs.

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

- The most vulnerable people in Devon will have accessible, suitable, warm and dry housing
- 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.
- People in Devon will be provided with greater support to access and stay in employment and develop their careers.
- Children and young people will be able to make good future progress through school and life.
- 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).
- 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

Our Vision

Our vision in Devon is to create a supportive and inclusive employment landscape where those facing significant barriers, can access meaningful employment opportunities and career development. Focused on empowering the most vulnerable groups, including young people transitioning into adulthood, those with disabilities, mental health conditions, or other health-related employment barriers, and residents from the most deprived communities, we aim to harness the health and social care sector as an inclusive employment destination. This approach not only supports those in need of assistance but also strengthens our workforce, ensuring a healthier, more prosperous community for all.

What Devon will see



Youth unemployment reduced: we will see a significant reduction in the number of young people who are Not in Employment, Education or Training (NEET), especially among those from complex backgrounds and health related barriers to progression, leading to more young people transitioning smoothly into adulthood with stable careers and education paths.



Disability and health barriers overcome: we will see enhanced employment rates and career progression among individuals with disabilities or mental health challenges, reflecting a more inclusive and equitable job market.



Inclusive employment: we will see individuals from the most vulnerable and deprived communities overcoming barriers to employment, leading to a decrease in poverty levels and an increase in community resilience and economic stability.



Inclusive health and social care workforce: we will see a robust and diversified health and social care sector, with a workforce enriched by the inclusion of individuals from varied backgrounds, enhancing the quality and accessibility of care services.



Flexible and appropriate employment opportunities for carers: We will see unpaid carers supported to remain in employment or re-enter the labour market.

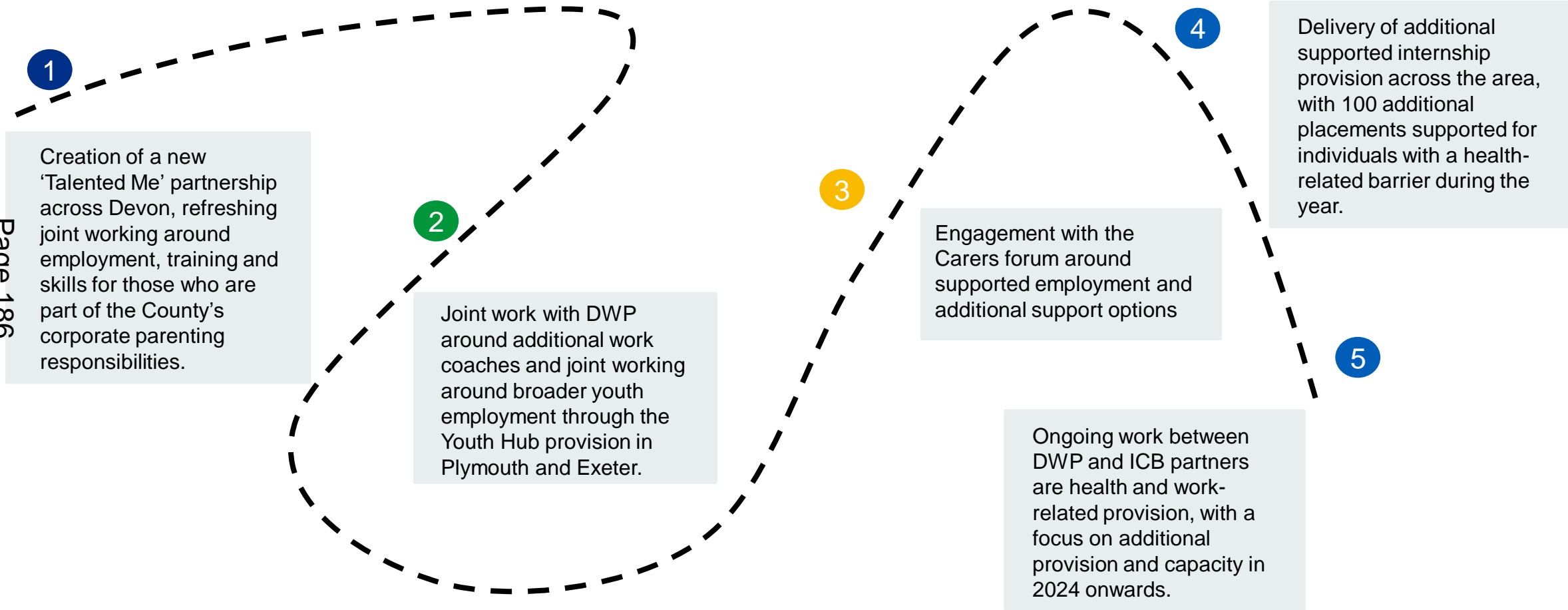
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Seek to reduce level of 16-18-year-olds Not in Education Employment and Training ('NEET') in Devon by 1% by 2027	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reduction in number of individuals with a disability or mental health need who are unemployed compared to the national average by 4% by 2027	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Build on resources developed across the local authorities and wider partners to support more vulnerable people into employment, working closely with DWP and wider health partners.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Unpaid carers will be supported to remain in or re-enter employment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

What we have achieved in 2023/24



Our Vision

Devon's vision is to foster a thriving community through the provision of high-quality, affordable, and sustainable housing. This vision encompasses improved health outcomes via enhanced living conditions, increased availability of specialist housing for the most vulnerable, greater independence for the elderly and disabled through suitable housing options, accessible and affordable housing for key workers and the broader population, and a robust approach to effectively preventing homelessness.

What Devon will see



Support for people with health conditions caused, or exacerbated, by poor housing conditions:

Residents will benefit from better health outcomes due to improved housing conditions. This includes homes that are warm, dry, and free from mould, which are crucial factors in preventing health issues.



Increase in the availability of specialist housing:

The availability of specialist housing will increase, particularly for vulnerable groups such as those with complex learning disabilities and autism. This expansion will include wheelchair-accessible and supported accommodation, addressing specific needs and promoting inclusivity.



Effective homelessness prevention:

Devon will see a reduction in homelessness, supported by comprehensive systems aimed at addressing the root causes. These systems will include strong support networks, providing essential help to those in need.



More people living independently in their own homes:

There will be a noticeable enhancement in the independence and quality of life for the elderly and disabled in Devon. This improvement will be supported by a range of suitable housing options and necessary adaptations, located in sustainable areas.



An increase in the supply of affordable and accessible housing:

There will be an increase in high-quality, affordable housing, including for key health and care workers and the wider population in high-demand areas. This will help address housing affordability and accessibility issues.

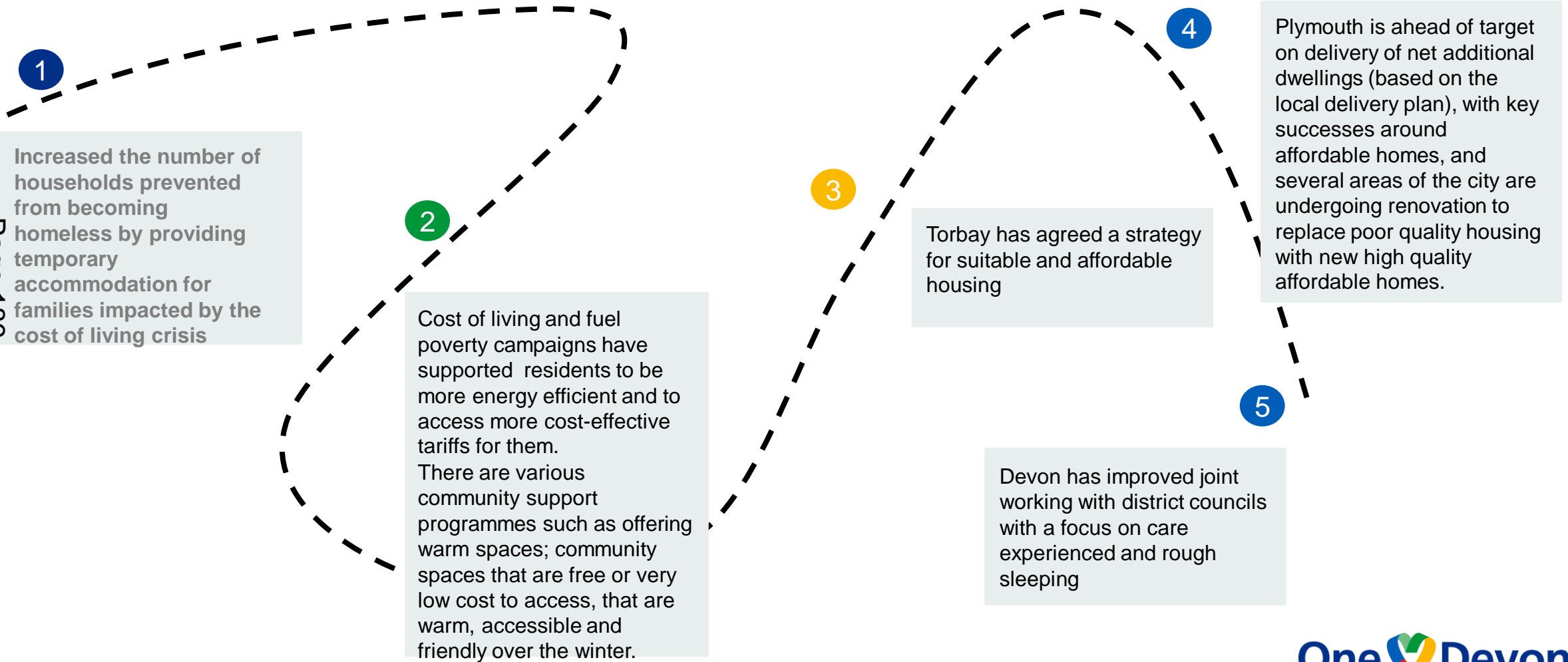
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
By 2025, we will establish processes to systematically identify vulnerable groups with chronic conditions such as children and young people with asthma, living in substandard housing and direct them to appropriate support services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
By 2028, our aim is to decrease health issues arising from poor housing conditions. This will be achieved by increasing referrals of those living in inadequate housing to a variety of health, social, and VCSE support services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
By 2025, we will implement processes to identify vulnerable individuals in poor quality housing on admission and discharge. This will improve the efficiency of admission/discharge planning and enhance the referral process for additional support.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
By 2028 the ICS will work to ensure that Local Plans reflect the needs of older people and those with health conditions, to support the delivery of suitable housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>We will reduce homelessness in Devon, through the implementation of comprehensive support systems, and the expansion of support services. Specific targets include:</p> <ul style="list-style-type: none"> Ensuring no family stays in B&B accommodation for more than six weeks. Achieving a 10% reduction in the number of households in temporary accommodation. Increasing the success rate of preventing homelessness by 30%. Offering accommodation to 100% of individuals who sleep rough. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

What we have achieved in 2023/24



Community Development

Our Vision

Communities are strong, resilient, inclusive and connected, where people support one another in an environment that promotes health and wellbeing

What Devon will see

Page 190



A collaborative system that supports the VCSE and community groups to maximise the health and wellbeing of their local citizens through people led change.



People have multiple opportunities to influence the decisions that affect their health & wellbeing - 'no decision about me without me'



Community partnerships have identified their local priorities and goals



Community partnerships will have identified existing assets (incl. networks, forums and community activities) so they can harness these to tackle gaps in local provision



A learning culture that challenges, examines and reflects on our community development practice, providing accountability, reassurance and protection



A strategic framework as an ICS approach to building health capacity in communities with communities



Communities will have a greater sense of purpose, hope, mastery and control over their own lives and immediate environment



Cross-sector partnerships established to enable collaborative working in communities

Our objectives

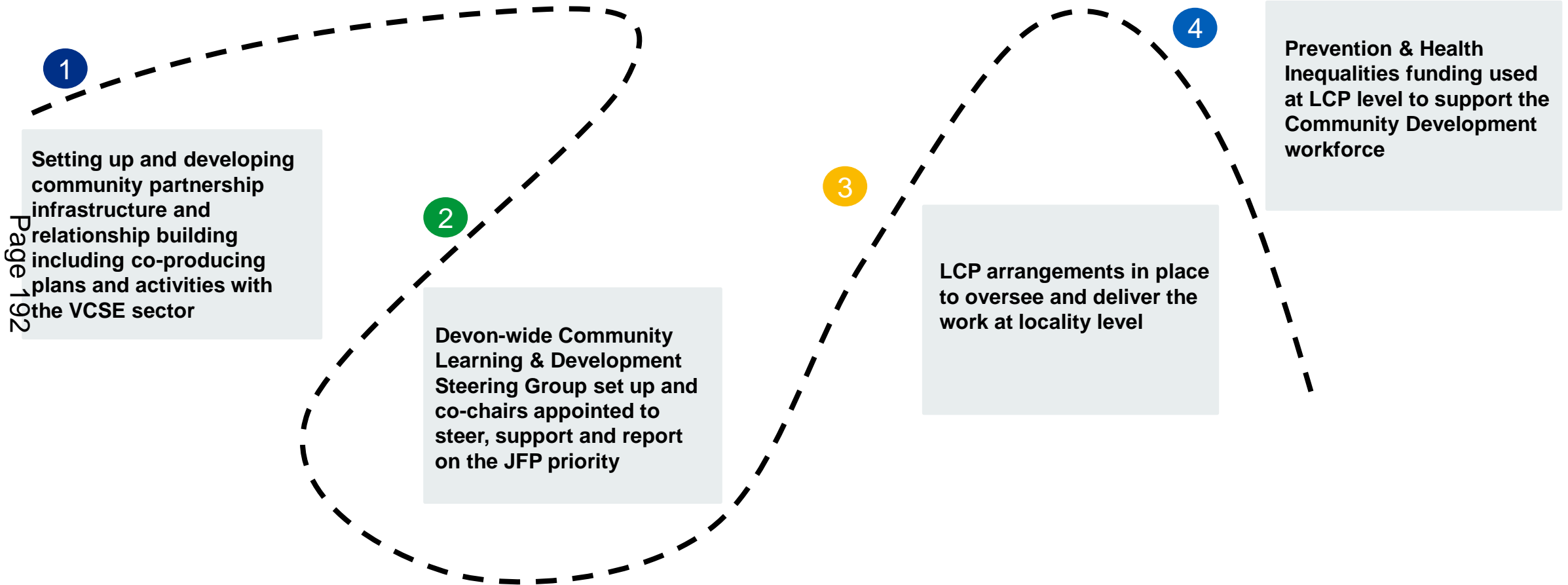
Which ICS Aim(s)



Page 191

Objectives	Year 1-2	Year 3-4	Year 5+
<ul style="list-style-type: none"> By 2028, local communities, and particularly disadvantaged groups, will be empowered by placing them at the heart of decision making through inclusive and participatory processes and have an active role in decision-making and governance – ‘no decision about me without me’ 		☑	☑
<ul style="list-style-type: none"> By 2028, local communities will work in partnership to bring about positive social change by identifying their collective goals, engaging in learning and taking action to bring about change for their communities. 	☑	☑	☑
<ul style="list-style-type: none"> By 2028, a community development workforce will be supported, equipped and trained to agreed standards, code of ethics and values-based practice 	☑	☑	☑
<ul style="list-style-type: none"> By 2028, Local Care Partnerships will have integrated the role of community partnerships into their infrastructure and planning to ensure the communities of Devon are an equal partner both at system and local level 		☑	☑

What we have achieved in 2023/24



Our Vision

Through inclusive and meaningful involvement, we will work in partnership with Devon's people and communities so that health and care services meet the needs of our population. We will champion involvement through a culture of ongoing conversations and collaboration, so that we act on what we hear and continue to build trusted relationships with a shared purpose

What Devon will see

Good involvement will directly contribute to NHS Devon's ability to deliver safe, high quality and efficient services by:

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Improving safety, experience and performance through ongoing and continuous feedback and quality improvement.



Improving health outcomes and reducing health inequalities for local populations by understanding lived experiences and designing services that meet people's needs.



Better planning and decision making as the voices of patients, service users, communities and staff are heard and that their insights influence change.



Confidence and trust with the public given a focus on transparency and the provision of clear public information about vision, plans and progress.



Understanding barriers to access which impact on the efficiency and sustainability of services and work together in solutions to address them.



Improving efficiency and sustainability by prioritising resources to where they have the greatest impact based on the needs, knowledge and experience of communities.



Improving value for money and use of NHS resources as people have the right services to meet their needs which reduces the need for further, additional care or treatment.



Reducing risks of legal challenges in line with section 14Z45(2) of the 2006 Act, which, if we fail to meet, can result in substantial costs and delays to transformation as well as damage to relationships, trust and confidence between organisations, people and communities.



Improving accountability by ensuring decisions in the NHS are transparent and clear to the public, patients and staff.

Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Strategic Communications Group - Develop a system approach to communications, working with professionals from all system partners to support consistent communications, involvement, collaboration, sharing of best practice, and co-production	☑	☑	☑
Involvement Operational Group - Develop a system approach, working with professionals from all system partners to support consistent involvement practice, collaboration, sharing of ways of working and resources and genuine co-production.	☑		
Develop the One Devon involvement platform to be the single online space for the One Devon Partnership, focussing on engagement and involvement with people and communities, including the One Devon Citizens Panel. This will be achieved by ensuring a Local Care Partnerships are all actively using the platform to support local engagement work	☑	☑	
Develop an involvement identity to be used by the One Devon Partnership to raise the profile of and awareness of involvement activity undertaken by system partners across Devon	☑	☑	
Establish Healthwatch Devon Plymouth Torbay as part of NHS Devon ICB governance to enable them to provide appropriate scrutiny to the ICB involvement work, whilst continuing to provide insight and intelligence to inform decision making at all levels of the ICB.	☑		
Work with the Integrated Care Partnership (ICP) and the Voluntary Community and Social Enterprise (VCSE) sector, to deliver engagement on behalf of the ICB and to provide insights from, and connection to, local people and communities	☑	☑	☑
Work in partnership with JFP programmes by providing expertise and guidance on working with diverse and vulnerable communities, building a continued dialogue with all people and communities in Devon, supporting delivery of the principles for best practice co-production, involvement and consultation, and holding the accountability of adherence to legal duties around involving people and Overview and Scrutiny Committees (Devon, Plymouth and Torbay)	☑	☑	☑

What have we achieved so far?

People and communities' involvement



Our Vision

NHS Devon will be a great place to work where staff will feel valued and have a strong sense of belonging. As an organisation we will champion diversity as our route to innovation and improved performance. We will tackle health inequalities by working hand in hand with local populations and our partners to understand barriers to care and designing services that have the needs of everyone at their core

What Devon will see

Equality, Diversity and Inclusion (EDI) are essential components of effective health and social care. Good EDI practices ensure that services meet people's needs, give value for money and are fair and accessible to everyone. EDI means people are treated as equals, get the dignity and respect that deserve, and differences are celebrated. Some specific benefits also include:

Improving innovation and value for money



- New perspectives and different ideas that come from a diverse workforce support innovation.
- Diversity results in better decision making and therefore improves financial performance.
- Efficient services that better meet peoples' needs and keep people in good health can reduce the need for costly and prolonged care further down the line.

Improved workforce recruitment and retention



- An inclusive working environment, that encourages everyone to bring their own ideas forward helps employees feel valued, appreciated, and encouraged.

Building our reputation



- Equality and Diversity ensures we meet the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010 which in turn builds trust with local communities and helps build our reputation as a positive and inclusive place to work.

Improving health outcomes and reducing health inequalities



- Equality and diversity help us overcome barriers to care so we can design services that meet the needs of everyone.
- Inclusive services provide better outcomes and experience and therefore help to tackle health inequalities.

Delivering better care



- When staff feel valued with a sense of belonging, they are likely to provide better care to patients.

Our objectives

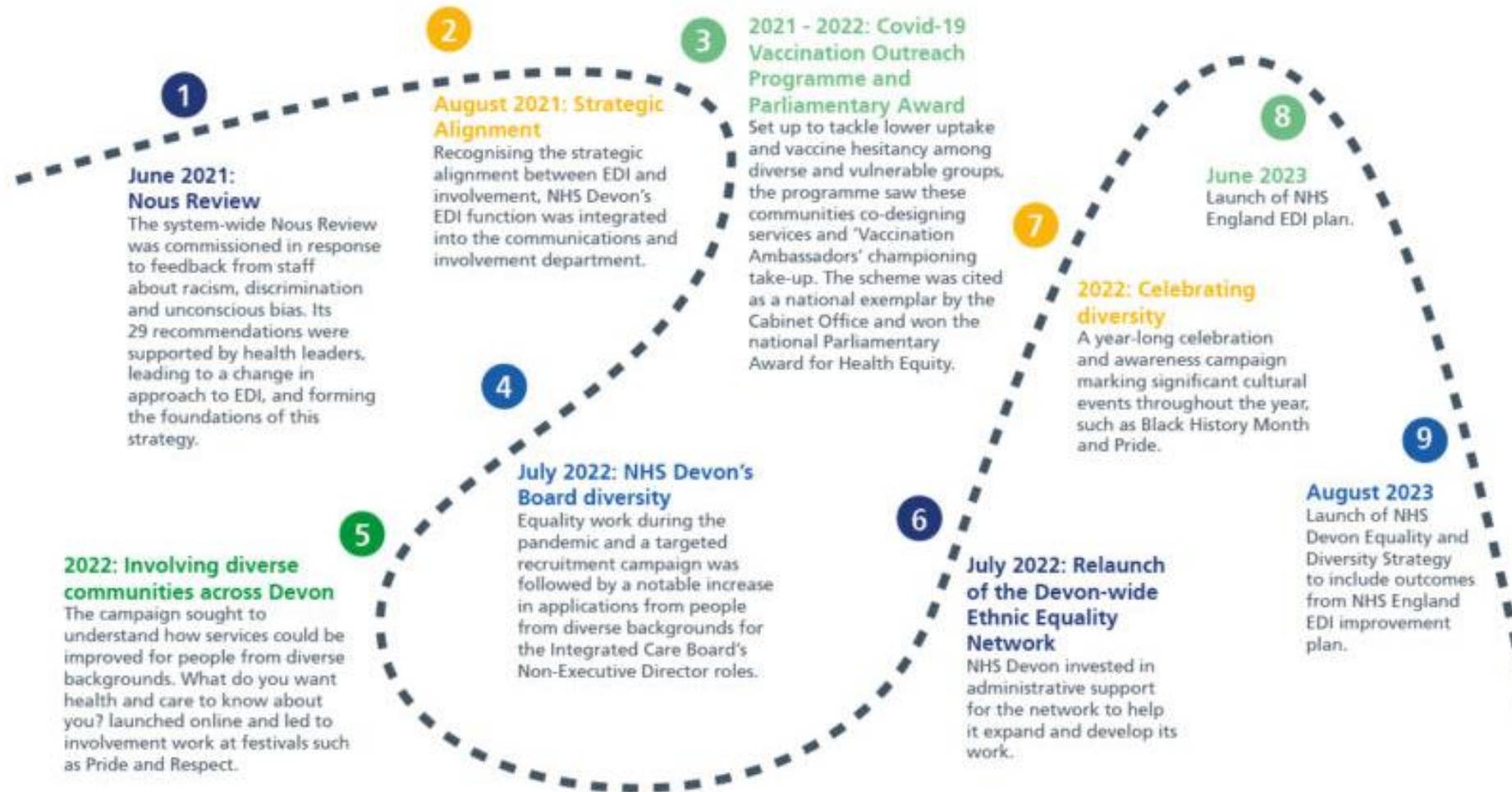
Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Develop inclusive approaches to recruitment that encourage diverse populations to work for NHS Devon so that we can build a more diverse workforce that is reflective of Devon's local population with an initial focus on race and ethnicity (4% to 8%) LGBTQ+ (1% – 3%) and people with a disability (5% – 20%). This will build a culture where our people feel valued, heard and able to be their best selves at work	☑	☑	☑
Continue to support our leaders to champion the benefits of equality and diversity and represent EDI at a Board, Executive and Senior Leadership level	☑	☑	☑
Work with HR to further develop an NHS Devon Staff Network that is representative of our communities with a focus on; Providing peer support for our colleagues. Creating a reference point when undertaking inclusion initiatives. Seeking support and resourcing with campaigns	☑	☑	☑
Identify opportunities through the NHS Devon governance review to embed EDI to ensure we are learning and developing through an EDI lens through the Organisation Change process	☑	☑	☑
The EDI programme will celebrate diversity, raise awareness of discrimination, and involve our staff and communities on the EDI priorities that develop through our work. We will do this through targeted and effective integrated communications opportunities.	☑	☑	☑
Through an involvement campaign, ensure staff recruited via the International Recruitment Hub, are well supported in their roles and deliver a campaign that celebrates our diverse workforce, tackles racism and builds cohesion in the community	☑	☑	☑
Deliver inclusive involvement in collaboration with the People and Communities Strategy to support the ICB and ICS key aim of tackling inequalities in outcomes, experience and access.	☑	☑	☑
As part of the Organisation Change Programme deliver inclusive Recruitment training to Executives, Senior Leadership Team and recruiting managers to ensure people are aware of their biases when recruiting to their teams.	☑	☑	☑
As a system, work collaboratively to agree shared EDI priorities and work collectively on achieving a shared vision, with an initial focus on the six high impact actions in the NHS England EDI Improvement Plan.	☑	☑	☑

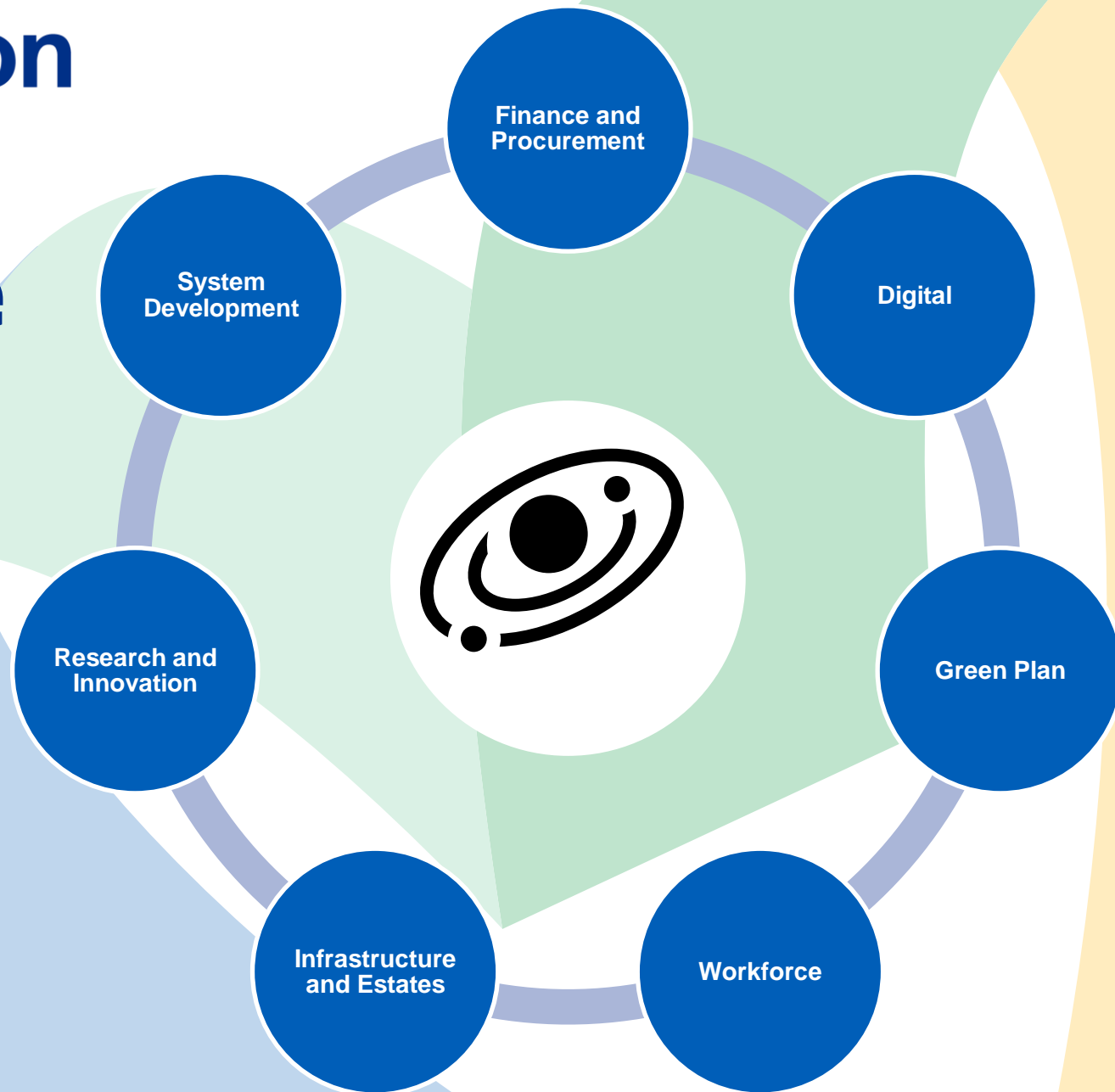
What have we achieved so far?

Equality Diversity and Inclusion



Healthy, sustainable system

Healthy, sustainable system



Healthy, sustainable system

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

- There is an immediate requirement to stabilise the financial position and recover activity, to improve operational performance, access and quality of care. In order to achieve both, we need to transform the way we **work together across our system** so that it is healthy and sustainable in the future.
- The **financial challenge** facing all our health, social care and wellbeing partners is significant. Lower salaries and higher housing costs, with rising bills for energy, fuel, food and other costs in the One Devon area will increase the impact of the cost of living crisis. People and communities already experiencing higher levels of poverty will be disproportionately affected.
- **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.
- 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.

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

- We will have a safe and sustainable health and care system.
- People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.
- People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.
- We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.
- We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.
- Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably

Our Vision

A financial framework that supports **integrated and collaborative working arrangements**, through the Devon Operating Model, that will **deliver better experience and outcomes for the people of Devon and greater value for money**. We will enhance every patient experience through delivering **maximum value and the best quality service through our collective procurement and supply chain excellence**.

What Devon will see

Page 202

- ✓ Recurrent balanced financial position by 2025/26. With a financial framework that:
 - supports collaborative working
 - reflects the Devon Operating Model and delegation of budgets to LCPs and provider collaboratives.
 - promotes innovative funding models and pooled budget arrangements.

- ✓ Movement of funds into prevention.

- ✓ A commitment to shared services, doing things once for Devon or the wider Peninsula where it makes sense to do so.

- ✓ **Patients** will see the healthcare services they need are delivered on time and of the best quality.

- ✓ **Clinicians** will be equipped with the goods and services they need to deliver world-class care.

- ✓ **Taxpayer will see** the NHS is achieving value for every pound spent and delivering government priorities such as sustainability, NetZero and eradicating modern slavery.

- ✓ **Suppliers will find** the NHS is easier to do business with, with opportunities to develop more innovative solutions to meet NHS and government challenges

Our objectives

Which ICS Aim(s)

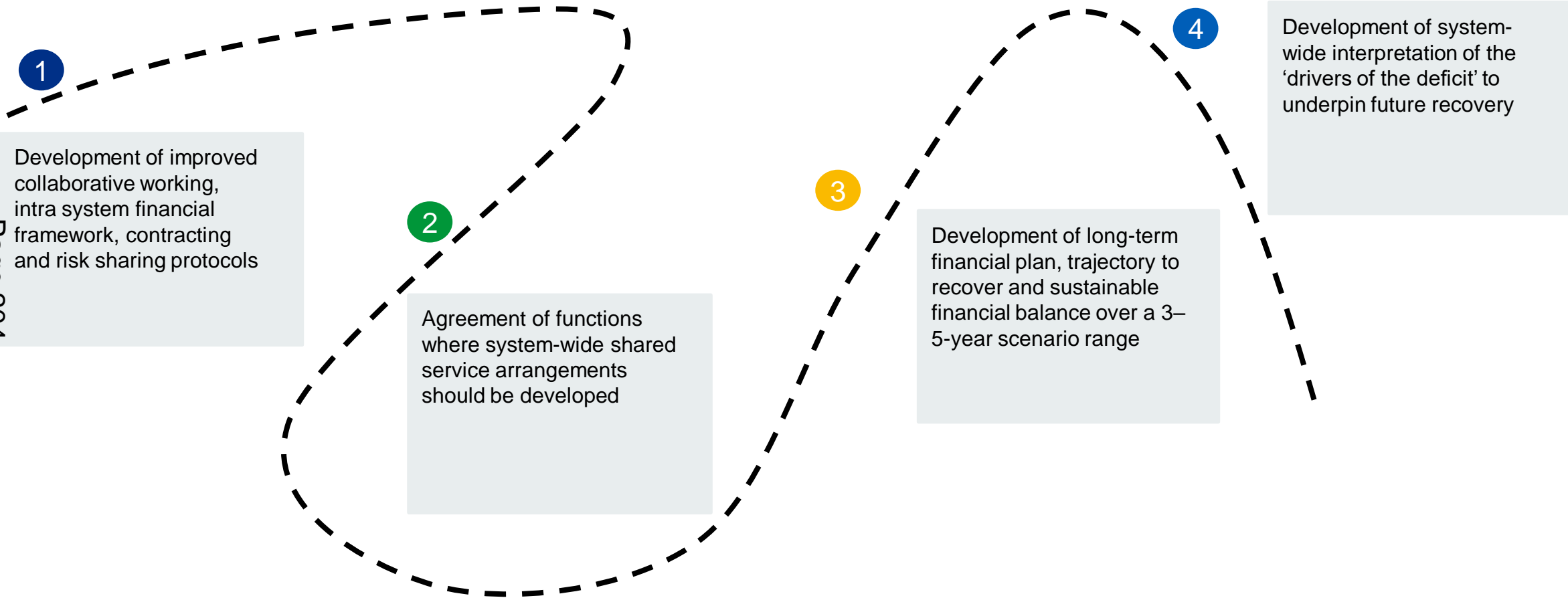


Objectives	Year 1-2	Year 3-4	Year 5+
Implement agreed shared service arrangements to increase efficiency and productivity and reduce costs	<input checked="" type="checkbox"/>		
Delivery of 2024/25 recovery and Cost Improvement Programmes both organisational, strategic collaborative, and structural	<input checked="" type="checkbox"/>		
Commence reprioritisation of funding upstream towards prevention and health inequalities		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Take on formal delegation of specialised commissioning functions	<input checked="" type="checkbox"/>		
Deliver corporate ICB right-sized for RCA (Running Cost Allowance) allocations	<input checked="" type="checkbox"/>		
Deliver the long-term financial plan to achieve sustainable financial balance by system and by organisation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Reduce total procurement cost by driving 'at scale' procurement delivery; enabling greater efficiency and effectiveness through the potential to standardise and minimise unwarranted variation	<input checked="" type="checkbox"/>		
Improve supplier management by increased collaboration to leverage scale and value attained through our supplier base through a single voice for categories	<input checked="" type="checkbox"/>		

2024-25
 Objectives

What we have achieved in 2023/24

Page 204



Our Vision

To ensure that our estates and infrastructure are fit for purpose and located within the right places.

What Devon will see

Page 205



A redeveloped the **acute hospital estate** through the funds available via the New Hospital Programme



A **community services and mental health estate** with more specialist services outside of the traditional hospital setting



Development of the primary care to integrate primary care with community service developments



A roadmap for estates and facilities activity to reach **Net Carbon Zero by 2040**



Estates and facilities contracts that leverage buying power for providers on behalf of the ICS



One Public Estate opportunities are maximised



Estates and facilities expertise **working in collaboration** across the ICS to ensure efficiency, skill sets and joint delivery programmes remain optimal

Our objectives

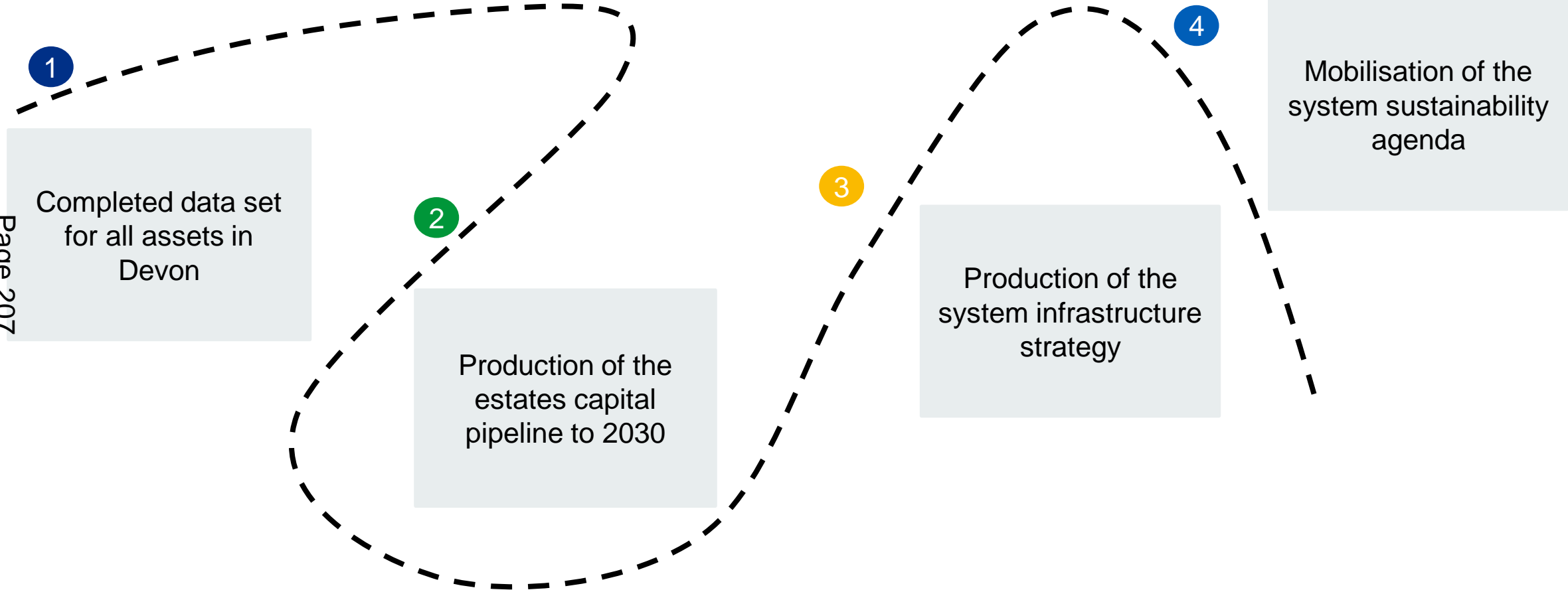
Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Undertake strategic review of the ICS-wide health estate	☑		
Develop an investment plan and a five-year capital prioritisation pipeline	☑		
Develop a cross-matrix team that can support the delivery of estates and facilities at an ICS-wide level	☑		
Deliver a public facing ICS Estates Strategy	☑		
Categorise all of the estate into 'core, flex and tail' and agree strategies for each site or development opportunity	☑		
Prioritise funding allocations while taking advantage of national funding review outcomes and TIF funding	☑		
Integrate provider service departments where possible to create resilience, efficiencies and succession planning	☑		
Commence delivery of the implementation plans that shall support each area of the Estates Strategy	☑		

What we have achieved in 2023/24

Page 207



System development

Our Vision

The Integrated System Development Programme aims to strengthen integrated and collaborative working in One Devon, to enable partners to implement innovative ways to collectively tackle our shared challenges improving the access to effective health and care for people in Devon.

What Devon will see

Page 208

System Partners will collectively own the delivery of the Programme, actively involving communities and people with lived experience, and will adopt five core principles to underpin all of our work together:

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



An innovative approach to reset the way we work together and apply learning will fundamentally change mindsets and improve the outcomes and experience for people across Devon. As a result the Programme will primarily support recovery of services and care in the short term and achievement of the overarching strategic goal outlined in the 5-Year Integrated Care Strategy:



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 2026/7 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.



An increased role for provider collaboratives – undertaking some functions currently performed by the ICB and making better joint use of total provider capacity.



An increased role for Local Care Partnerships – bringing partners together at 'place' to improve population health and reduce health inequalities.

Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
<ul style="list-style-type: none"> a strong shared purpose across system partners, Local Care Partnerships and provider collaboratives will support delivery of our Devon Plan achieving thriving ICS Maturity Assessment standards 	☑		
Page 209 levels of trust and collaboration between system partners, Local Care Partnerships and provider collaboratives will have increased achieving thriving ICS Maturity Assessment standards	☑	☑	☑
a 'learn by doing' approach will be embedded within our culture of improvement achieving thriving ICS Maturity Assessment standards	☑	☑	☑
<ul style="list-style-type: none"> system partners, Local Care Partnerships and provider collaboratives will be consistently implementing priorities achieving thriving ICS Maturity Assessment standards 	☑	☑	
<ul style="list-style-type: none"> a unified system focus will be demonstrated by all system partners, Local Care Partnerships and provider collaboratives achieving thriving ICS Maturity Assessment standards 		☑	☑

What we have achieved in 2023/24

Page 210

1

Developed LCP governance structures, agreed priorities and joint delivery around UEC

2

Peninsula Acute Provider Collaborative has undertaken service reviews around front door services for Medicine, Surgery and Paediatrics.

3

Primary Care Provider Collaborative has been established and is forming its partnership working and development priorities.

4

The Mental Health, Learning Disabilities and Neurodiversity Provider Collaborative has led MHLDN priorities for the system.

Workforce

Our Vision

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

What Devon will see

Page 211



Innovative and effective solutions that enables the attraction, recruitment and retention of talent across our health and care providers, reducing duplication and streamlining processes.



Our Devon 2035 workforce vision brought to life and informing strategic workforce planning which will identify new roles and ways of working, informing our talent supply pipelines with national, regional and local training & education providers



Our One Devon Workforce Strategy Themes and Principles embedded into workforce planning and service transformation and delivery



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.



Our objectives

Which ICS Aim(s)



Page 212

Objectives	Year 1-2	Year 3-4	Year 5+
• Objective 1 - Strategic workforce planning embedded at System level.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
• Objective 2 - System level attraction solutions in place that source new talent and position Devon System as an employer of choice.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
• Objective 3 - Development of new roles and new ways of working embedded across Devon ICS.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

What we have achieved in 2023/24

Page 213

1

One Devon Workforce Strategy developed and launched setting out Devon 2035 workforce vision and supporting themes and delivery principles

2

One Devon have designed and built a Strategic Workforce Intelligence & Forecasting Tool (SWIFT) to enable workforce planning to be completed across providers and at System level. Due to go live in 23/24 Q4 for health providers and 24/25 for PC/SC providers

3

Work in progress and on track for 5-year future workforce numerical plan to be published end of 23/24 Q4 for health providers.

4

Devon careers page launched to promote Devon health and care system career opportunities.

MOU designed and on track to be launched 23/24 Q4 enabling mobility of workforce across Devon health providers.

Our Vision

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

What Devon will see



Digital Citizen:

Empower citizens to take ownership of their wellbeing and care, through digital technology and contact across the system. Digital will offer new ways of delivering care to help citizens manage their care at home.



Electronic Patient Records (EPR) & Operational Systems:

The convergence to common digital solutions that meets the information sharing and workflow needs of the various organisations across the ICS.



Devon and Cornwall Care Record (DCCR):

DCCR will allow information to be available across care settings and coordination of care through specific functionality such as read/write for key flags and care plans.



Business Intelligence & Population Health Management:

A cross-system intelligence function to support operational and strategic conversations, as well as building platforms to enable better clinical decisions. This will necessitate linked data, accessible by a shared analytical resource that can work on cross-system priorities.



Unified and Standardised Infrastructure:

Levelling-up and consolidation of infrastructure, to support future enterprise scale digital systems such as Shared EPRs, digital technologies for citizens and also agile and frictionless cross-site working and support experience for the workforce.



Our objectives

Which ICS Aim(s)



Objectives	Year 1-2 24/25 to 25/26	Year 3-4 26/27 to 27/28	Year 5+ 28/29+
▪ Number of eligible citizens connected to the NHS App increased to support national target of 75% of people registered by 2024.	<input checked="" type="checkbox"/>		
▪ Standardisation of GP practice websites achieved within 2025.	<input checked="" type="checkbox"/>		
▪ Achieve planned Virtual Ward bed targets by April 2024 across the TSDFT, UHP and RDUH	<input checked="" type="checkbox"/>		
▪ EPRs implemented in TSDFT and UHP by 2026	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ Peninsula PACS solution for the clinical network procured and implemented by 2025	<input checked="" type="checkbox"/>		
▪ Peninsula LIMS solution for the clinical network procured and implemented by 2025	<input checked="" type="checkbox"/>		
▪ Re-procurement of GP EPR clinical system by 2024	<input checked="" type="checkbox"/>		
▪ Remaining core health and care organisations connected to the Devon and Cornwall Care Record by 2028	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ Additional functionality of the Devon and Cornwall Care Record scoped and implemented by 2028	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Develop PHM architecture and reporting by March 2025	<input checked="" type="checkbox"/>		
▪ Develop an ICS data platform and associated reporting, linked to EPR implementation and national developments including the Federated Data Platform by 2026	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ Work collaboratively with regional ICS teams to develop the regional secure data environment to support future research	<input checked="" type="checkbox"/>		
▪ Data centre rationalisation subject to business case approval	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Non-pay contract savings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

What we have achieved in 2023/24

1

- ✓ ICS Devon developed 'GP in the Cloud' remote working solution for GP locums short-listed for a HSJ award
- ✓ Devon and Cornwall Care Record – hospices connected, first tranche of care homes/domiciliary care providers connected

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2

- ✓ Early business case completed for IT services target operating model
- ✓ Early business case completed for IT Shared Service Desk
- ✓ Digital TEP developed in DCCR and in pilot stage

3

- ✓ DPT procured and implemented an Electronic Patient Record.
- ✓ TSDFT and UHP achieved sign-off of OBC for a new Electronic Patient Record
- ✓ Business case completed on expanding the capability and implementation of Robotic Process Automation within the ICS.

4

- ✓ Digitising Social Care programme performed higher than the national average and expected to hit target of 80% care home and domiciliary care providers with a digital social care record.
- ✓ Successfully bid for cyber security funding
- ✓ Successfully bid for funding to support virtual wards, point of care testing, remote monitoring and digital neighbourhoods

Our Vision

We will work together to promote research and innovation to enhance the productivity of the Health and Care System, strengthen how we attract and retain our workforce and increase inward investment into the system. By doing this we will improve population health, prevent ill health and reduce inequalities. As we develop as a system we will spread research, learning and innovation into other rural and coastal regions in the UK and globally.

What Devon will see



Increased collaboration between health and social care and academic partners across the South West Region to increase opportunities for research and innovation and make best use of shared assets. This will include streamlined processes for governance and the innovation pipeline.



A research engaged workforce with an increased level of skills and an understanding of the benefits of research and how everyone can participate



An increased evidence base on what can make an impact in improving population health, preventing illness and reducing inequalities.



Rapid implementation of interventions with demonstrated effectiveness.



Increased inward investment from research and commercial partners



Increased patient and public participation in all stages of the research pathway



Increased alignment of research and innovation activity with the priorities of the health and care system with a specific focus on population health

Our objectives

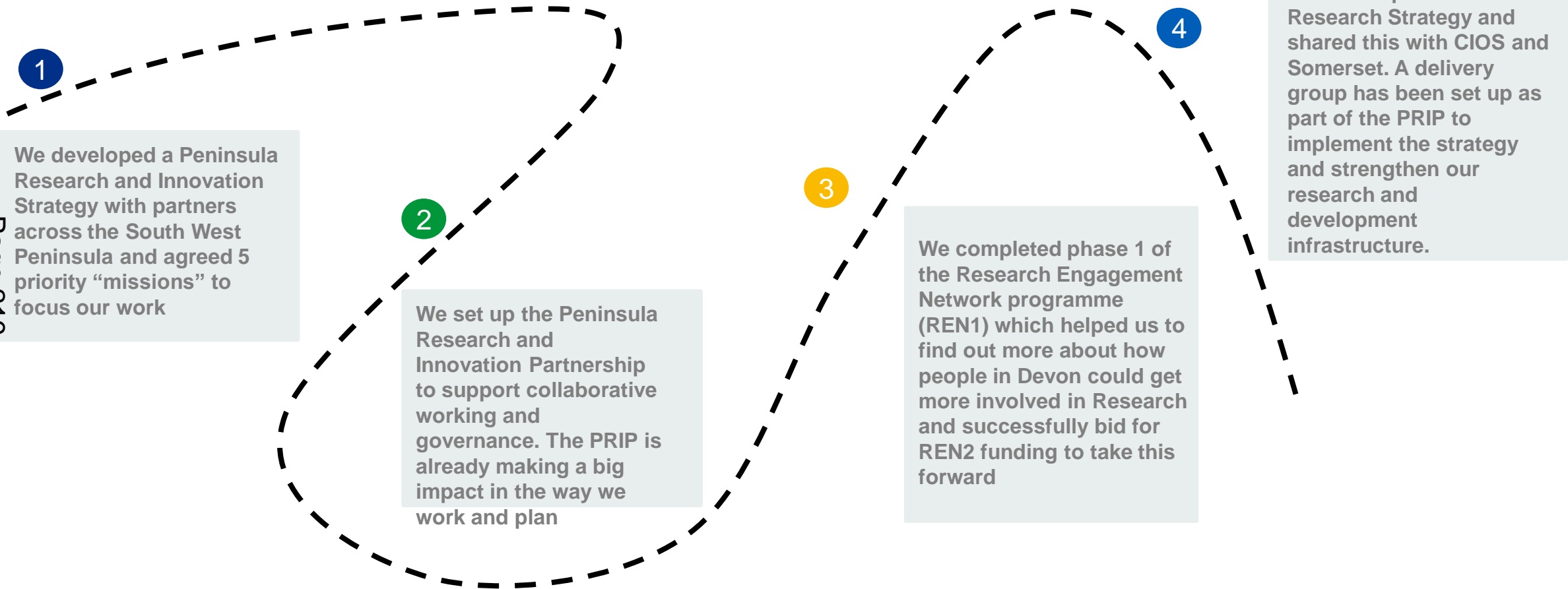
Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Build and strengthen networks at local, system, regional and national level by March 2025	☑		
Promote research and increase patient sign-up with demonstrable increase by end 2026	☑	☑	
Ensure all system workplans are underpinned by robust evidence of research and innovation by March 2025	☑		
Develop capacity and capability by having an ICB RII Team in place by April 2024	☑		
Develop underpinning structure and governance mechanisms including evaluation and links to Value-Based Approach principles by end of March 2025	☑		

What we have achieved in 2023/24

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Our Vision

We will create a greener, fairer and more environmentally sustainable health and care system in Devon, that adapts to and mitigates climate change and promotes actions to create healthier and more resilient communities

What Devon will see

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A system that plays a significant contribution to the NHS target to achieve net zero emissions by 2040 with an interim target of 80% reduction by 2028-2032.



A workforce that understands the Green ambitions of Devon ICB and knows how it can make an active contribution.



A system that buys locally where possible and promotes the Devon Pound.



Data collection that shows the current position across all partners



A revised and refreshed ICS Green Plan in 2025.



A programme tracker for each NHS organisation in Devon to enable an understanding of performance and risk areas.

Our objectives

Which ICS Aim(s)

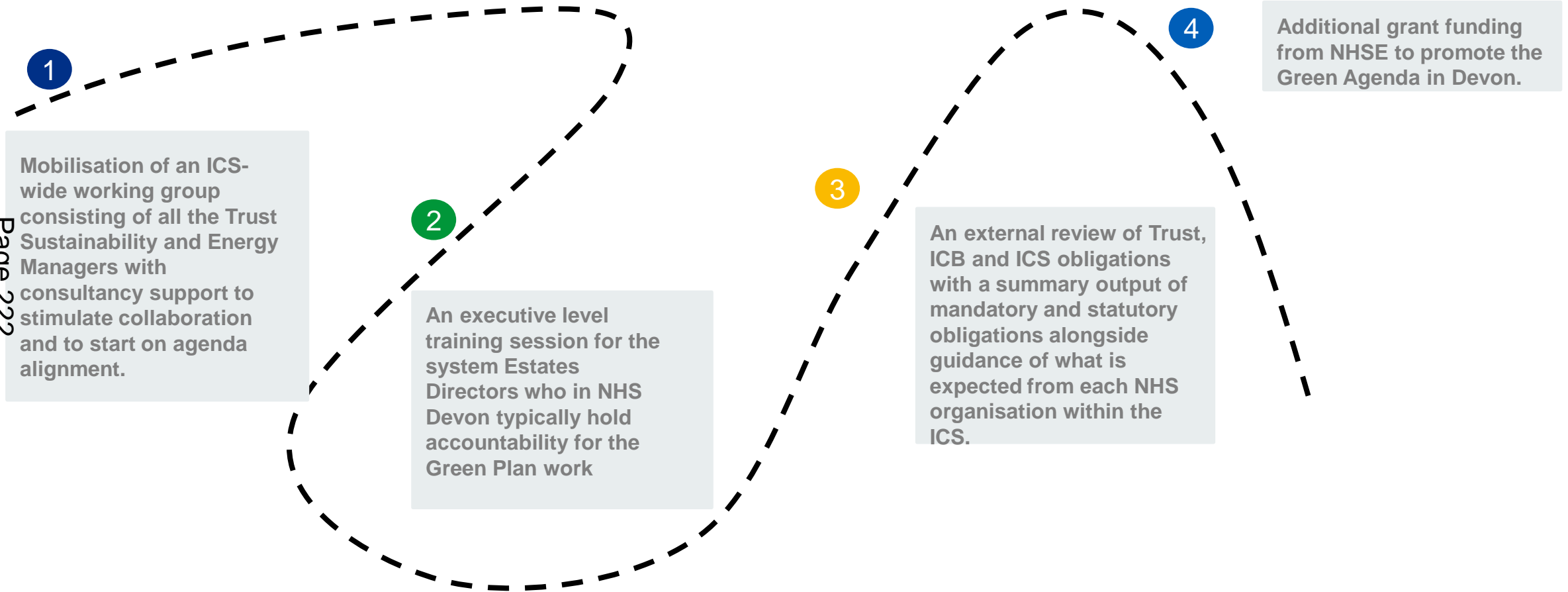


Objectives	Year 1-2	Year 3-4	Year 5+
More Devon ICB staff will make greener journeys to work.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Devon ICB will be a paper free organisation by 2028		<input checked="" type="checkbox"/>	
More products and services are bought locally promoting the concept of the Devon Pound across the ICS and its partners		<input checked="" type="checkbox"/>	

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What we have achieved in 2023/24

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Delivering the Joint Forward Plan and future development

Delivering the plan in 2023/24
Devon Operating Model
Governance
Outcomes framework

Delivering the JFP

Delivery

The JFP will be delivered through system architecture that includes:

- Primary care networks and collaboratives
- Local care partnerships
- Networks
- Provider collaboratives
- System level transformation programme boards

Assurance

- Outcomes framework will be used to monitor progress towards the strategic goals
- The System Recovery Board will drive delivery of the recovery plan
- Delivery of work programme milestones will be monitored through system programme infrastructure
- Progress towards delivery of ICS strategic goals will be overseen by the System Management Executive and will report to the One Devon Partnership
- System development will be measured through the ICS maturity framework

Engagement

- Targeted engagement by programmes with people and communities

Annual refresh

- On-going work with system partners and programme leads to refresh each year

Accountability

Equal chances for everyone in Devon to lead long, happy and healthy lives

Our Vision	One Devon Partnership	Equal chances for everyone in Devon to lead long, happy and healthy lives													
Our Aims	One Devon Partnership NHS Devon	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				
Our Strategic Goals	One Devon Partnership	Every suicide will be regarded as preventable and we will work together as a system to make suicide safer communities across Devon and reduce suicide deaths across all ages			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.			People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.			People in Devon will be provided with greater support to access and stay in employment and develop their careers.				
		We will have a safe and sustainable health and care system.			Everyone in Devon will be offered protection from preventable diseases and infections.			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.			Children and young people will be able to make good future progress through school and life.				
		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.			Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place			We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.			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).				
		Population health and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability			The most vulnerable people in Devon will have accessible, suitable, warm and dry housing			We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.			Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people				
		Children and young people (CYP) will have improved mental health and well-being			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.						Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably				
		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.													
Delivery Programmes	NHS Devon/ Local Authorities/ Programme Boards	Mental health, learning disability and neurodiversity		Women and Children	Acute Services Sustainability		Primary and Community Care	Housing		Community Development and Learning		Employment		Health Protection	Suicide Prevention
Enabling Programmes		System Development	Workforce		Digital and Data	Estates and Infra-structure	Finance and Procurement		Communications and Involvement	Research, Innovation & Improvement	Equality, Diversity and Inclusion		Green Plan		Population Health

ICS outcomes framework

The framework is available via an interactive dashboard with 'drill down' ability to highlight inequalities and drive local action

It offers of breakdowns of information at three ICS 'tiers' (system, LCP and PCN), two local authority 'tiers', and inequalities (socio-economic, geographic, personal characteristics, clinical factors)

Page 226
 It aligns with other frameworks (NHS, public health, Adult Social Care Outcomes Framework, health and wellbeing board)

Some narrative (qualitative) measures

Ongoing co-design process with strategic commissioning partnership to ensure fitness for purpose

Flexibility in terms of addition of new indicators

Indicators

Admissions Following Accidental Fall
 Deaths in usual place of residence
 Total Carbon Emissions (kt CO2)
 NHS and LA Attributable Carbon Emissions (kt CO2)
 Deaths attributable to air pollution
 Index of Multiple Deprivation
 Access to Community Facilities
 Rough sleepers per 1,000 households
 Average house price to FT salary ratio
 Households in temp accommodation
 Supply of key worker housing
 Fuel poverty
 One Devon Cost of Living Index
 Community/Business investment
 Experience of navigating services
 Waiting Times
 Support from local organisations to manage own condition
 Digital exclusion risk index (DERI)
 Unified digital infrastructure

Healthy Life Expectancy at birth
 Gap in Healthy Life Expectancy at birth
 Under 75 mortality rate from preventable causes (persons <75yrs)
 Global Burden of Disease: Top 10 Causes (DALYs) and Top 10 Modifiable Risk Factors (DALYs)
 Children achieving a good level of development at the end of Reception
 16-17 year olds not in education, employment or training (NEET)
 Employment of people with mental illness or learning disability
 Workforce diversity (employment profile vs Devon by EDI characteristics)
 Uptake/coverage of local authority Carer Support Services
 Unpaid Carers Quality of Life
 Carers Social Connectedness
 MMR vaccine uptake (5 years old)
 Flu vaccine uptake (at risk individuals)

Covid-19 vaccination rates
 Children and young people accessing mental health services
 Coverage of 24/7 crisis MH support
 Suicide rate
 Social Prescribing Uptake Rates
 Access to CYP eating disorders services
 Avoidable admissions for ambulatory care-sensitive conditions
 Patient Activation Measures
 Access to dentists / pharmacy / optometry / primary care
 Vacancy Rate for ICS Organisations
 Financial sustainability
 Unified approach to procurement and commissioning
 Community empowerment/volunteering

Governance

- Who is responsible for what – functions and decisions map to follow
- How is the journey going to be managed – system approach to transformation programme management
- Devon operating model
- How we will know it has delivered?

APPENDICES

APPENDIX A
Universal NHS commitments
Statutory Duties

National NHS objectives 2023/24

To be updated when available

Area	Objective
Urgent and emergency care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary care	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach

ICB core functions and statutory duties

Our NHS statutory duties	How we will meet our duties
Describe health services the ICB proposes to arrange to meet needs	This Joint Forward Plan broadly describes the health services we have in place, and will arrange, to meet the needs of our population as set out in the Integrated Care Strategy. Each year we also produce an Operating Plan that provides more detail about the planned performance of services.
Duty to promote integration	The Joint Forward Plan is an integrated system-wide plan that encompasses a wide range of programmes that will contribute to improving the health and wellbeing of people living and working in Devon. Each programme describes how system partners are working together to deliver joined up services.
Duty to have regard to wider effect of decisions	The Joint Forward Plan is a system-wide plan to meet the aims and strategic goals set out in the Integrated Care Strategy. The strategy is overseen by the One Devon Partnership which will have the remit to ensure the full consequences of any decisions made are understood
Implementing any JLHWS	There are three Health and Wellbeing Boards in Devon and we have worked closely with all three to ensure that their priorities are reflected in this plan.
Financial duties	The national financial framework sets requires a collective responsibility to not consume more than the agreed share of NHS resources. Slides 37- 42 outline how we plan to achieve system balance.
Duty to improve quality of services	Everybody has the right to feel safe and have confidence in the services provided across Devon. We are committed to securing continuous improvement and will ensure that our services are of appropriate quality and that we have robust mechanisms in place to intervene where quality and safety standards are not being met or are at risk. We have developed robust metrics to measure the impact of the plan through our outcomes framework and have a performance and quality reporting function in place. Our Chief Nursing Officer provides executive leadership for oversight of quality across our system.
Duty to reduce inequalities	One of our system aims is ‘tackling inequalities in outcomes, experience and access’ and two of our strategic goals focus on the top five risk factors and causes of death and disability. A third strategic goals explicitly states that we want ‘everyone to have an equal opportunity to be healthy and well’. To achieve this the delivery programmes outline how they will contribute to reduce inequalities, particularly in relation to Core20PLUS5 and, in line with the 2022 Armed Forces Bill, with regard to serving military personnel, reservists, veterans and their families. To support this work, the Population Health enabler programme has been developed.
Duty to promote involvement of each patient	We are committed to promoting personalised care across all the services we deliver across our organisations. Our approach outlined in the strategic goal ‘People in Devon will be support to stay well at home, through preventative, proactive and personalised care’. Specifically, the Primary and Community Care programme describes how it will use the comprehensive model of personalised care to deliver this ambition.
Duty to involve the public	Our Working with People and Communities Strategy sets out our principles for involving local people. The communications and involvement enabling programme outlines how we will support delivery leads to ensure people and communities are involved in a meaningful way.
Duty to enable patient choice	We support patient choice in our commissioning plans in a number of ways. These include expanding the use of personal budgets through our personalised care commissioning and the use of the Devon Referral Support Service (DRSS), which supports patient choice at the point of referral into secondary care.

ICB Core Functions and Statutory Duties

Our NHS Statutory Duties	How we will meet our duties
Duty to obtain appropriate advice	We ensure that we obtain appropriate advice throughout the development of plans. This includes from: clinicians (both local and through regional networks), NHSE (regional and national), the South West Clinical Senate and legal advice. Obtaining advice is particularly important to us in our delivery of transformation. Our system approach to delivering the JFP means that relevant partners are included on our Programme Boards and are able to influence and give advice as appropriate, this includes police, housing, education and public health.
Duty to promote innovation	We work closely with the South West Academic Health Science Network to ensure we are cognisant of innovation and best practice. The Research and Innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.
Duty in respect of research	We work closely with the South West Academic Health Science Network to ensure we are cognisant of research and best practice and that we promote research within Devon. The research and innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.
Duty to promote education and training	Our Joint Forward Plan has three strategic goals related to education and training including – school readiness, supporting people to access and stay in employment and ensuring we have people with the right skills within our system. The Children and Young people delivery programme focuses on this whilst the employment and workforce enabling programmes outline how they will support these ambitions.
Duty as to regard to climate change etc	Our Green Plan enabling programme outlines our clear commitment to successfully deliver targets for all local authorities to be carbon neutral by 2030 and the NHS by 2040.
Addressing the particular needs of children and young people	Our plan includes two specific strategic goals on children and young people and the children and young people delivery programme outlines the wide programme of work.
Addressing the particular needs of victims of abuse	<p>Serious violence has a devastating impact on lives of victims and families, instils fear within communities and is extremely costly to society. NHS Devon has a domestic abuse and sexual violence (DASV) strategy that outlines actions to improve the health response to victims and perpetrators who are staff or patients in Devon. Over the last two years much has been achieved (eg: a network of DASV champions, robust DASV policies, commissioning of an Interpersonal Trauma Primary Care service, due to commence in April 2023). Locally, compliance with the Duty will be monitored through the Safeguarding and Vulnerable People Steering Group, which will report quarterly to the Quality and Performance Committee and updates regarding Duty activity will be included in safeguarding reports to the System Quality and Performance Group.</p> <p>The case study on slide 30 shows how the ICS is working collaboratively to progress this important agenda.</p>

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APPENDIX B

Glossary

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Glossary (A-C)

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

Glossary (D-I)

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

Glossary (J-N)

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



Glossary (N-S)

Abbreviation	Meaning
NPDA	National Paediatric Diabetes Audit
NSS	Non-site specific
Ofsted	Office for Standards in Education, Children's Services and Skills
ONS	Office for National Statistics
OP	Outpatient
OPFU	Outpatient Follow Up
ORCHA	Organisation for the Review of Care and Health Apps
OSC	Overview and Scrutiny Committee
PACS	Picture Archiving and Communication System
PASP	Peninsular Acute Sustainability Programme
PAU/CAU	Paediatric/Children's assessment unit
PCBC	Pre-Consultation Business Case
PCN	Primary Care Network
PHE	Public Health England
PHM	Population Health Management
PIFU	Patient-Initiated Follow-Up
PS	Property Service
PTL	Patient tracking list
RDUH	Royal Devon University Healthcare NHS Foundation Trust
RI	Research, improvement and innovation
CGM	Real time continuous glucose monitoring
RTT	Referral to Treatment
SABA inhalers	Short-acting beta agonists
SAI	School-aged immunisation
SCORE Culture surveys	Anonymous, online tool that can be used to gain insight into a team's safety culture to help the team identify strengths and weaknesses and start to drive genuine improvement
SDEC	Same Day Emergency Care
SEMH	Social Emotional Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SET	Senior Executive Team
SIAG	System Improvement Assurance Group
SIC ODN	Surgery in Children Operational Delivery Network
SLCN	Speech and Language Communication Needs
SLT	Speech and Language Therapist
SMART objectives	Specific; Measurable; Achievable; Realistic; Timebound

Glossary (S-Z)

Abbreviation	Meaning
SOP	Standard Operating Procedure
SRM	Supplier Relationship Management
SRP	System Recovery Programme
STAMP	Supporting Treatment and Appropriate Medication in Paediatrics
STOMP	Stopping overmedication of people with a learning disability, autism or both
Suicide Safer Communities	https://www.every-life-matters.org.uk/suicide-safer-communities/
SW	South West
SWAHSN	South West Academic Health Science Network
SWAST	South Western Ambulance Service NHS Foundation Trust
THRIVE	The THRIVE Framework for system change is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families.
TIF	Tech Innovation Framework
TLHC	Targeted Lung Health Check Programme
TSDFT	Torbay and South Devon NHS Foundation Trust
UCR	Urgent Community Response
UDA	Unit of Dental Activity
UEC	Urgent and Emergency Care
UHP	University Hospitals Plymouth NHS Trust
UKHSA	UK Health Security Agency
VBA	Value-Based Approach
VCSE	Voluntary, Community and Social Enterprise
VW	Virtual Ward
WRES	Workforce Race Equality Standard

RISK REGISTER AND ISSUES LOG

TORBAY HEALTH & WELLBEING BOARD

Version: 1.0
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Risk Register

The purpose of this document is to record the receipt and current status of relevant programme risks.

Risks identified should present a risk to delivery of key strategic objectives of the Board, for example through delays to implementation of an area of the Joint Health & Wellbeing Strategy.

Definitions of impact

- 1 Minor – minor impact on timing or delivery of a key strategic area
- 2 Moderate – moderate impact on timing or delivery of a key strategic area
- 3 Significant – significant impact on timing or delivery of a key strategic area
- 4 Major – major impact on timing or delivery of a key strategic area

Open Risks

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Risk No.	Risk Description	Impact	Owner	Date Identified	Date Last Updated	Resolution to Manage the Risk	Organisations / individuals tasked with action to manage the risk	Current Status
		1-4						Open Closed
1	No further funding to support the Torbay Digital Inclusion Network (DIN).	4	Torbay Health & Wellbeing Board	01/06/2022	01/04/2023	Ensure all projects successfully complete. Continuation of the Network at a reduced scale on a voluntary basis.	Torbay Council Engaging communities South West	Closed
2	Risk that the ICB decision to stand-down and/or delay the work of the Devon-wide digital inclusion group.	3	Torbay Health & Wellbeing Board	29/06/2023	13/09/2023	Digital leads to work with local partner organisations to engage with the Devon ICB and wider Devon partners to mitigate the risks and identify appropriate opportunities to coordinate digital inclusion	NHS Devon Torbay & South Devon foundation Trust	Open

Risk No.	Risk Description	Impact	Owner	Date Identified	Date Last Updated	Resolution to Manage the Risk	Organisations / individuals tasked with action to manage the risk	Current Status
		1-4						Open Closed
	<ul style="list-style-type: none"> Delays the delivery of the local “digital citizen enablement” strategy (shared with TSDFT) Reduces opportunities to work coherently at scale across Devon Delays or reduces the benefits of other digitally-enabled services 					at an appropriate scale.		
	The voluntary approach to the Torbay Digital Inclusion Network (DIN) is unsustainable.	3	Torbay Health & Wellbeing Board	01/04/2023	13/09/2023	<p>Opportunistic funding is identified, and bids are developed and submitted by DIN partners in collaboration.</p> <p>Individual projects deliver against the Network’s and Health & Wellbeing Board’s objectives.</p>	Engaging Communities South West	Open