TORBAY COUNCIL

Friday, 28 February 2025

Meeting of the Health and Wellbeing Board

Thursday, 6 March 2025
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)
Matt Fox, NHS Devon Clinical Commissioning Group
Pat Harris, Healthwatch Torbay
Tara Harris, Divisional Director of Community and Customer Services
Adel Jones, Torbay and South Devon NHS Foundation Trust
Roy Linden, Devon and Cornwall Police
Nancy Meehan, Director Children's Services
Paul Northcott, Adult Safeguarding Board
Paul Phillips, Department for Work and Pensions
Lincoln Sargeant, Director of Public Health
Tanny Stobart, Imagine This Partnership (Representing the Voluntary Children and Young People Sector)
Pat Teague, Ageing Well Assembly
Jo Williams, Director of Adults Services
Councillor Bye
Councillor David Thomas
Councillor Tranter

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 5 - 10)

To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 12 December 2024.

3. Declaration of interest

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

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

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

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

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

4. Urgent items

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

5. Torbay Joint Health & Wellbeing Strategy 6 monthly monitoring reports & developing the Health and Wellbeing Strategy 2026 - Julia Chisnell (20 mins) (Pages 11 - 24)

To consider a report that monitors the delivery of the Torbay Joint Health and Wellbeing Strategy.

6. Suicide Prevention Annual Update - Rachel Brett (20 mins) (Pages 25 - 34)

To consider a report that provides an update on the Torbay suicide prevention action plan 2024-27 and a proposal to develop a One Devon Integrated Care System suicide prevention action plan.

7. **Devon Joint Forward Plan - John Taylor (10 mins)** (Pages 35 - 116)
To consider a report on the Joint Forward Plan (JFP) 2025–30 which sets out how the NHS Devon Integrated Care Board (ICB) and its partners will deliver the One Devon Integrated Care Strategy over the next five years.

8. **Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance Report 2023/24 - Julia Chisnell (15 mins)** (Pages 117 - 196)
To note the report.

9. **Draft South Local Care Partnership Strategy to Tackle Health Inequalities - Jo Curtis (15 mins)** (Pages 197 - 224)
To consider the Torbay and South Devon Inequalities Strategy.

10. **Integrated Care Board and NHS 10 Year Plan Updates - Karen Barry (10 mins)** (Verbal Report)
To note a verbal update on the above.

11. **Local Care Partnership - update - Anna Coles (5 mins)** (Verbal Report)
To note the update.

12. **Turning the Tide & Cost of Living programmes - Lincoln Sargent & Jo Williams (5 mins)** (Verbal Report)
To note the update.

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Minutes of the Health and Wellbeing Board

12 December 2024

-: Present :-

Councillor Nick Bye, Matt Fox, Paul Northcott, Miranda Pusey, Lincoln Sargeant, Tanny Stobart, Councillor David Thomas and Jo Williams

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16. Apologies

Apologies for absence were received from Pat Harris (Healthwatch), Nancy Meehan (Director of Children's Services, Torbay Council) and Roy Linden (Devon and Cornwall Police) who was represented by Miranda Pusey.

17. Minutes

The Minutes of the meeting of the Health and Wellbeing Board held on 26 September were confirmed as a correct record and signed by the Chairman.

18. Torbay and South Devon NHS Foundation Trust - Integrated Care Model - Dawn Butler (30 minutes)

The Board noted a presentation on the Integrated Care Model for Torbay and South Devon NHS Foundation Trust. Dawn Butler, Deputy Director of Transformation and Partnerships for the Torbay and South Devon NHS Foundation Trust informed Members that when you look at the population of Torbay there are troubling trends, economic fragility, children being looked after, aging demographic all need health and social care services to work really well. Dawn explained that the case for change was really clear, services were disjointed, difficult to navigate and people were coming to harm as they were leaving it too long to access care resulting in complexities of chronic illnesses. As an Integrated Care Organisation (ICO) have clear strategic intents. The ICO wanted to deliver safe quality care in a less intensive setting. There are lots of specialist and diagnostic capabilities in hospital, but they were not used at the onset of diagnosis. There was a high reliance on high-cost reactive care, which as an organisation the ICO knew was not viable as it cost too much.

Dawn informed Members that as an organisation the ICO needed to be better at being proactive, at identifying things that were getting in the way of people leading their lives. She explained that as a hospital it did not co-ordinate well with community teams, despite having previously been successful at pooling resources and making decisions around people.

The 10 Year Health Plan brings together a set of actions that need to be taken forward to respond and react to the challenges faced by the health system. The Plan seeks to strengthen Community Care Partnerships and their connectivity to

primary care. Care co-ordination requires clinicians and social care workers, working as one team undertaking high level triage thereby enabling support of patients through other pathways rather than through the Emergency Department. Care co-ordination was an important part of the change.

Members welcomed the honest assessment of the state of health services in Torbay and sought confirmation of a timetable – when would change start to happen? Dawn confirmed that she would present to a future meeting of the Health and Wellbeing Board the 'how, what and when'. There were things within our gift to do quickly, some however would require changes to services.

Members queried how those driving the transformation would work with the local Integrated Care Board? Dawn advised that all needed to work towards one mission, with the need to once again focus on 'Mrs Smith'. Recognising that, as an ICO there was a really powerful story to tell, the legacy was long, having started as care trust, learning that integration was not a destination but something you have to keep working at.

19. Annual Director of Public Health Report 2024: Women's Health - Lincoln Sargeant (30 minutes)

The Board considered the Director of Public Health Annual Report, the production of which was a statutory independent requirement of the Director of Public Health. The Board were advised that the report for 2024 focused on women's health. Women make up 51.3% of the Torbay population. Despite progress made, unacceptable inequalities persist. By taking a focus on women, girls and gender and sex-based barriers to health, economic prosperity, community safety, community wellbeing, health and care barriers can be directly addressed. The Annual Report had been informed by interviews and engagement with a diversity of women in Torbay. Insights had been gathered through community groups and organisations, commissioned services and peer and grass-roots networks as well as individuals living in Torbay.

The key themes covered by the Annual Report were:

- Women, employment, and household labour
- Working with vulnerable women
- Discrimination, inclusion, and exclusion
- Connecting with communities
- Reproductive Health
- Barriers to being physically active

The Director Public Health invited colleagues and leaders across Torbay to commit to principles and actions which would see the recommendations become an area of distinct measurable focus for all, notably within the corporate planning cycles and business plans.

By consensus, the Board resolved that the contents of the Director of Public Health's Annual Report be noted.

20. Community Wealth Building/ Anchor Institutions - Paul Norrish (20 minutes)

The Board noted a presentation provided by Paul Norrish on Community Wealth Building and the anchor institutions involved. Paul informed Members that in May 2022 organisations such as Torbay Council, Torbay Hospital and South Devon College signed up to the Community Wealth Building approach which focuses on growing spend and supporting local businesses to bid for local public sector contracts. Members were informed that some of the issues Torbay Hospital was trying to fix were influenced by social determinants. As an anchor institution work had been undertaken with Torbay Hospital to review how much of their spend left Torbay, within 12 months of asking 'can we buy this locally' £7 million had been retained within the area.

The Director of Public Health, Lincoln Sargeant advised that a mapping exercise of other anchor institutions in Devon had been undertaken, in order to try and get a Devon wide strategy. Lincoln advised that there was a lot of good work to be built on and landing the message that 'prevention is more than just blood pressure checks, it's how we address poverty' was key.

21. Torbay and Devon Adults Safeguarding Partnership - Annual Report 2023/2024 - Paul Northcott/Jo Williams (15 minutes)

Section 43 of the Care Act 2014 places a legal duty on local authorities to establish a Safeguarding Adults Board (SAB) in its area. The objective of the SAB was to help and protect adults in its area where there was reasonable cause to believe the adult had care and support needs and was at risk of or experiencing abuse or neglect and unable to protect themselves.

The Annual Report covered the period April 2023 to March 2024. It was separated into 10 sections including a forward by the Independent Chair Paul Northcott and the arrangements and key activities of the TDSAP during the report period.

By consensus the Board resolved that the contents of the Torbay and Devon Adults Safeguarding Partnership Annual Report 2023/2024 be noted.

22. Torbay Safeguarding Children Partnership Annual Report - 2023/2024 - Nancy Meehan (15 minutes)

The Board were advised that the Department for Education (DfE) published revised Working Together to Safeguard Children guidance in July 2018 (WT2018), which set out what organisations and agencies who have functions relating to children must do to safeguard and promote their welfare in England. The major shift was the responsibility for safeguarding children being shared between the local authority, health partners and the police.

Members were informed that the Torbay Safeguarding Children Partnership (TSCP) 2023/24 Annual Report had been written under the 2018 arrangements, the TSCP was in the process of implementing the new Working Together to Safeguard Children (WT2023) arrangements. The annual report provided an update on the activity of the TSCP over a 12-month period from April 1 2023 to March 31 2024.

By consensus, the Board resolved that the contents of the Torbay Safeguarding Children Partnership be noted.

23. 2025 Health and Wellbeing Board Work Programme - Julia Chisnell (5 minutes)

The Board reviewed the draft work programme for 2025 and requested that the lead officer for the Community Wellbeing Contract present to the Board in quarter three, explaining the work that the contract covers and any challenges that was being experienced.

By consensus the Board resolved that the contents of the 2025 Health and Wellbeing Board Work Programme be noted.

24. Update/ reflection from Family Hubs HWBB workshop - All (5 minutes)

The Board Members who attended the workshop, found it to be informative and positive, but would welcome time for those present to be able to ask 'what can I do?' to secure added value for those attending.

25. Integrated Care Board & Local Care Partnership Business Programme - Karen Barry/Justin Wiggin (10 minutes)

The Board received a verbal update on the Integrated Care Board and Local Care Partnership (LCP) Business Programme. Members were advised that the LCP had allocated £144,000 that had been allocated to fund two initiatives, one in Torbay and one in South Devon. The aim was to:

- Enable primary care and Voluntary, Community and Social Enterprise (VCSE) sector to work together to identify, patients most at risk of unplanned attendance at hospital over the next 12 months.
- Undertake individual care planning and ensure the VCSE sector were able to provide support to address wider social determinants of health.
- Key focus would be on healthy ageing with associated dementia and mental health.

The application deadline was 6 December 2024 with organisations being notified of the outcome of their application week commencing 16 December 2024. Members requested that a paper be presented to a future meeting on the reasons for people presenting at the Accident and Emergency Department.

Members were also informed that Adel Jones, Deputy Chief Executive, and Chief Strategy and Transformation Officer, TSDFT had stepped down from the role of Chair for the LCP. In preparation for finding a new Chair, a review was being undertaken into work completed by the LCP and the impact it had. Members expressed the need for the LCP to focus on the needs of the population and wider organisations and deliver some tangible outputs for the residents of Torbay.

With regards to the Integrated Care Board (ICB) Members were advised that the ICB were responsible for delivering and supporting the local engagement on the NHS 10 Year Health Plan. Members were informed that NHS Devon had been part of the national co-production group to shape what national and local engagement should look like. Locally the ICB wanted to make sure that system partners had the opportunity to feed into the engagement approach. Outputs from the engagement will lead into 2026 priorities and into 10 year plan on national basis. The engagement started in November 2024 and would continue through to January 2025. The Board Members were asked to help support promotion of the consultation and engagement and encourage people to engage in the conversation.

26. Turning the Tide & Cost of Living Work Programmes - Lincoln Sargeant/Jo Williams (5 minutes)

The Director of Public Health informed the Board work was ongoing, however, the challenge to people's resilience posed by rising interest rates have subsided given the view that interest rates had peaked. The challenge of how to continue to support the most vulnerable in our communities remained. The Household Support Fund had been extended further with just over £1.2m to be spent on energy and water, food, essentials linked to food, and wider essentials such as bikes/cars. Members were informed that advice services were reporting that people who approached them for help with budgeting, were seeing small surplus in household budgets, there were now seeing a deficit. There were a number of elements in place through the Household Support Fund and other council mechanisms to try help people get through winter.

By consensus, the Board resolved that the contents of the verbal report be noted.

Chairman/woman

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Meeting: Torbay Health & Wellbeing Board **Date:** 6 March 2025

Wards affected: All

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

When does the decision need to be implemented? No decision required, report for information

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

Director Contact Details: Lincoln Sargeant, Director of Public Health Lincoln.Sargeant@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 sixth 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

3.1 Members are asked to note progress in delivery and to agree to receive one further 'outturn' report on the implementation of the 2022/26 Strategy in March 2026.

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 sets out four areas of focus and seven cross-cutting areas:

1.3 An outcome framework was developed to monitor delivery of the Strategy. Each priority area has been 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 has also given an overall statement on progress with the opportunity to highlight risks or barriers.

1.4 A data summary report is produced by the Public Health Intelligence team with the latest data indicators for each priority area. These are included under each priority programme area below.

1.5 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. Figures highlighted in red have been updated since the September 2024 report. Figures in black have not been updated.

2. Progress on delivery to March 2025

2.1 Progress is reported against each priority programme area below.

Mental health and wellbeing
Programme update: Overall on track An update on the *Torbay Multi-agency Suicide Prevention Plan 2024-27* is being presented to the Health & Wellbeing Board at the March meeting. The data section of the self-harm health needs assessment has been shared in draft with relevant stakeholders. Mental health and wellbeing support via the helpline has continued for another year, with a reduced capacity for higher level mental health needs. Continued investment means Torbay residents are able to access mental health and wellbeing support that is person-centred, accessible, timely and can work alongside NHS provision where relevant. Arrangements are being made to continue this support for 2025/26. NHS Devon and partners have collaborated on the re-procurement of children's emotional health and wellbeing services which includes face to face and digital support prior to CAMHS for 11-18 year olds. Torbay has been successful in its application to the national Baton of Hope charity to host the South West leg of the tour on 30 September 2025. This is the UK's largest suicide prevention initiative.
Risks and issues:
Data report

Number	Measure	Time period	Unit type	Torbay	Devon wide	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)	2023/24	%	1.29%	1.02%	0.96%		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 to 24 years)	2022/23	Per 100,000	605.4	458.5	319.0		Lower is better	
6	Suicide rate	2021-23	Per 100,000	12.5	12.4	10.7		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%. Torbay has increased since previous years but is not statistically different (using 95% confidence intervals) 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 and is 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 over the decade. The figure is significantly higher than England throughout the decade.
- 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. This measure is no longer being updated in the QOF.
- Hospital admissions for self-harm are more prevalent in younger people and in females. The admission rate for **self-harm in 10 to 24 year olds** (5) continues to remain significantly higher than the England average as it has for at least the last decade. It has been on a generally reducing trend since a peak in 2015/16. As this data shows admissions rather than individuals it will be influenced by individuals admitted more than once, sometimes several or many times.
- Torbay has historically had a significantly higher **suicide rate** (6) (classified as intentional self harm or injury/poisoning of undetermined intent) than the England average. It remained at around 20 registered suicides a year for a number of years. However, the most recent period (rolling figure of 3 years combined), 2021-23, sees a drop in the rate which appears to show a rate similar to the regional one. However it is our understanding that this drop is due to a significant backlog in coroners' inquests

rather than a reduction in suicides so the new figure is not being used to guide activity in this area.

Good start to life

Programme update: Overall on track

Ensuring families have access to the services they need

The Family Hubs Start for Life programmes continue to be delivered from the Family Hubs in Torbay. The offer continues to be collaborative across the Council, health care services, and voluntary sector. Start for Life government grant funding has been extended for another year, 2025 – 2026.

A new Family Hubs 0-19 contract will be in place from April 2025 that incorporates the Healthy Child Programme and is jointly commissioned between Torbay Public Health and Children's Services.

Public Health Nurses were accredited with UNICEF BFI (Baby Friendly Initiative) Gold accreditation, the highest standard for health services offering infant feeding and parent infant relationship support to families.

Public Health Nurses are delivering mandated health checks in families' homes to a high standard, and are in general meeting the nationally set targets.
Infant Feeding clinics and peer support programmes continue to be delivered from the Family Hubs, with good uptake and excellent feedback from those accessing them.

A face-to-face antenatal programme is being delivered from the Family Hubs by Health Visitors, Action for Children and Maternity, with excellent attendance.

Parenting Programme as part of the Family Hubs offer

A dedicated parenting worker has been employed who is attached to the hubs and has a particular focus on delivering the Solihull Parenting Programme to parents with children under 5. The work is also undertaking outreach work to local nurseries and working with early years practitioners to support parents with young children using evidence based techniques.

The Housing and Cost of Living surgeries at the Hubs continue to have very good attendance, especially with children's services. Parents can self-refer through the bookings system on the Family Hubs website.

AfC and Family Hubs parenting offers have QR codes for self-referral including into Early Help - which is the mechanism for targeted support with multi agency planning. Early help has its own front door in terms of a portal and referrals no longer must come via the Multi Agency Safeguarding Hub (MASH), which reduces barriers for families receiving support.

Early Years Settings, Health Visitors, midwives, parent care panels and other practitioners are signposting and referring into the Hub services which enables families to access support at a universal level. Examples of the parenting support offer includes:

- Adapted parenting offer (i.e. parenting workshops 4 weekly).
- Parenting with play sessions operate monthly.
- Weekly parenting drop ins (Torquay and Brixham),
- housing and cost of living surgeries monthly in each hub.
- Reducing parental conflict offer - virtual and physical in each Hub
- Restore relationships course (women only) run from Paignton Hub (Jan - April 2024).

Risks and issues:

Data report

Number	Measure	Time period	Unit type	Torbay	Devon wide	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]	2022/23	%	21.5%	19.1%	19.8%		Lower is better	
8	Good level of development at the end of the Early Years Foundation Stage[2]	2023/24	%	68.8%	68.4%	67.7%		Higher is better	
9	Key Stage 2 pupils meeting the expected standard in reading, writing and maths (combined)[3]	2023/24	%	60.3%	58.4%	61.1%		Higher is better	
10	Pupils with SEND (special educational needs and disabilities)	2023/24	%	18.8%	19.8%	18.1%		Lower is better	
11	Children in care/ looked after	2024	Per 10,000	121	75	70		Lower is better	
12	Population vaccination coverage- MMR (Measles, mumps and rubella) for two doses (aged 5 years)	2023/24	%	89.2%	90.4%	83.9%		Higher is better	
13	Children overweight (including obesity) in year 6[4]	2023/24	%	34.1%	32.4%	35.8%		Lower is better	
14	16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2024	%	5.9%	5.8%	5.4%		Lower is better	

[1] Figures for the latest year 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 years from 2021/22 onwards 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

[4] 2017/18 and 2020/21 figures 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 21.5% in Torbay in 2022/23 which is significantly higher (worse) than the England figure. This was also the case in the previous year. The percentage has been on an increasing trend since 2016/17. A family is defined as being in relative low income when their income is below 60% of the UK median income and they must have claimed Universal Credit, Tax Credits and/or Housing Benefit in the year. These low income statistics do not take housing costs into account.
- Almost seven out of ten children (68.8%) have attained a **good level of development at the end of the Early Years Foundation Stage (EYFS)** in 2023/24 in Torbay schools (8). This is five percentage points higher than the previous year while the England average has increased by half a percentage point compared to the previous year. Torbay's percentage is now similar to the England average after being

significantly lower than England in the previous year. 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 2023/24 (Torbay- 60.3%, England- 61.1%). Torbay's percentage has increased slightly since 2021/22. Figures published in 2018/19, before the COVID-19 pandemic, are significantly higher in Torbay at 66.0% which is also the trend for England. Data covers state funded schools and shows attainment in assessments taken by pupils at the end of year 6, when most are aged 11.
- The percentage of school pupils with **special educational needs and disabilities (SEND)** (10) is significantly higher than England at 18.8% in Torbay in 2023/24 and has been gradually increasing for the last four years. England's percentage is on an increasing trend. This encompasses children with special educational needs (SEN) support or an education, health and care (EHC) plan who are pupils in state-funded nursery, primary, secondary and special schools, non-maintained special schools and alternative provision schools.
- The rate of **children in care** (11) (also known as children looked after) remains significantly higher than the England average in 2024 as it has been in the previous years shown. Rates in Torbay have remained quite level for several years. 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 since 2017/18 (six years) in Torbay. In 2023/24, 89.2% 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 nine years. England has been on a decreasing trend during this time.
- Just over a third of **children in year 6 (10 to 11 year olds) are overweight (including obesity)** (13) in 2023/24. This is similar to the England figure as Torbay has been for the last decade (please note that there was no published data in 2017/18 or 2020/21). Torbay has remained broadly level over this time. These figures are calculated from height and weight measurements taken in mainstream state-maintained schools by the National Child Measurement Programme.
- Torbay's percentage of **16 to 17 year olds who are NEET** (not in education, employment or training) or whose activity is not known (14) fluctuates over the six years shown and is similar to the England figure in 2024- Torbay is 5.9% and England is 5.4%. Torbay was significantly higher than England in the year before (2023) as well as in 2020.

Supporting people with multiple complex needs

Programme update: Whilst there has been improvement in delivery, the transformational change afforded by commissioning the Multiple Complex Needs Alliance (MCNA) is not on a path for realising its full potential at this juncture.

- To date, there has been evidence of improvement in experience and outcomes, as well as evolution in how the Alliance works collaboratively. However, progress against some of the transformative aspects of the Alliance Agreement have been sub-optimal for this point in the contract term. The areas for development that require greatest attention are:
    - The primacy of relationships for people who use services, to avoid unnecessary handovers, so that people keep the trusted relationships with professionals that is known to matter most.
    - The development of a sustainable and resourced learning model. This is to allow the Alliance to gain an understanding of people's experience of the support offer and using this to change and develop the offer in a continuous way to improve the experience and outcomes for people.
    - The creation of an optimal coproduction model. There is recognition of the transformational opportunities of involving people with lived experience in understanding how services, work can be improved and shaped, but this can mean it takes longer to progress key activities, to ensure that those who use services are heard and acted upon. Getting the balance between benefit of coproduction as an approach; developing optimal methods for meaningfully involving those who use services; representation of service users; pace of change; and understanding impact need further work.
    - Development of an Alliance-wide workforce rather than a service-specific one.
    - To promote a greater focus and progress on these transformational elements, greater input and support from the MCN Oversight Board has been occurring through regular meetings and a joint session focusing on Human Learning Systems.

Risks and issues:

- The main challenge facing the Alliance has been around access to affordable 'move on' accommodation, which is affecting throughput. This relates to the homeless hostel, the community and residential rehabilitation services as well as those in safe accommodation with the Domestic Abuse Service. Addressing these sits outside the control of the Alliance itself.
- Staff within the Alliance remain unaligned with the alliance vision and are not engaged with the transformational expectation of the Alliance Agreement
- A clear 'end-state' model in accordance with the Alliance Agreement has not been developed.

These risks are recorded and managed through the Alliance programme and are not recommended for inclusion separately in the Health and Wellbeing Board risk register.

Data report

Number	Measure	Time period	Unit type	Torbay	Devon wide	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	2024/25 (Oct-Dec 24)	Number	963				Lower is better	N/A
16	Households owed a duty (prevention or relief) under the Homelessness Reduction Act	2023/24	Per 1,000	16.2	12.9	13.4		Lower is better	🔴
17	Hospital admissions for alcohol related conditions (narrow definition)	2023/24	Per 100,000	672	519	504		Lower is better	🔴
18	Successful drug treatment- opiate users (aged 18+)	Apr 23 - Mar 24[5]	%	5.85%	4.07%	5.16%		Higher is better	🟡
19	Successful alcohol treatment (aged 18+)	Apr 23 - Mar 24[5]	%	36.20%	36.96%	34.42%		Higher is better	🟡

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

- The quarterly number of **domestic abuse crimes and incidents** (15) has fluctuated over the six and a half years shown (from the beginning of 2018/19) but the first three quarters of 2024/25 (April to December) are showing higher numbers than this period in any of the previous years. These are crimes and incidents recorded by the police and include domestic abuse non crime incidents. 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 five years with a 2023/24 rate of 16.2 per 1,000 households which equates to 1,051 Torbay households, compared to an England rate of 13.4 per 1,000.
- **Hospital admissions for alcohol related conditions** (narrow definition) (17) is where the primary diagnosis of someone admitted to hospital is an alcohol-related condition. Torbay's rate of alcohol related admissions is significantly higher than the England average in 2023/24 as it has been for all but one of the eight years of data. This is the case for both male and female admissions. The male rate is much higher than the female rate as is the situation in England as a whole. In the last three years combined (2021/22 to 2023/24), males made up 68% of these admissions in Torbay and 65% in England as whole.
- **Drug and alcohol treatment** (18 and 19)- this is successfully completing treatment (free of drug(s) of dependence) and then not re-presenting to treatment services within six months. The data is shown quarterly in this report with each data point being a rolling annual figure:
  - **Drugs-** the success rate for treatment for opiates is 5.85% in April 23 to March 24 which is similar to the England figure of 5.16%. The value has fluctuated over the years

- **Alcohol-** the success rate for alcohol treatment is 36.20% in April 23 to March 24, similar to the England figure of 34.42%. The figure has been on a generally decreasing trend for a couple of years but has been broadly steady over the last year.

Healthy Ageing

Programme update: On track

This work is overseen by the *Torbay and South Devon Healthy Ageing Partnership Board* which reports into the *Torbay and South Devon Local Care Partnership*.

Age Friendly Torbay

- The Torbay Citizens Assembly remains very active in this arena and the Council is looking to work increasingly closely with Assembly members on specific areas of *age Friendly* activity over the next year.

South Healthy Ageing Partnership Board

- The Partnership Board is looking to run a workshop in May that brings groups together to review priorities and plan a shared work programme.

The Torbay Live Longer Better (LLB) programme is progressing well.

- Delivery is on track and the programme is embarking on a new citizen activation 'Healthy Ageing Programme' working in a collaborative partnership that includes Paignton / Brixham PCN, Baywide PCN, Active Devon, Learning With Experts, Teignbridge CVS and Newton Abbot CIC, extending the LLB delivery to work with South Devon. There will be four training options available from online to group to professional training, partially funded through NHS prevention and inequalities funding.

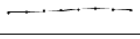
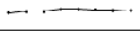
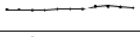
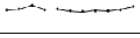
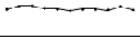
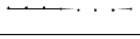
- The course themes continue to be developed based on participant feedback and now include nutrition, hydration, stress release, breathing and a range of other topics. The programme seeks to make all material relevant to local context. There is a waiting list for each course in Torquay, Paignton and Brixham.

- Torbay and South Devon have brought together a new Healthy Ageing Prevention Group that includes VCSE and statutory members, meets 6 times a year and reports to the South Healthy Ageing Programme Board and Local Care Partnership. The group has started to map local delivery and submitted a first summary report of activity.

Risks and issues:

- Securing recurrent funding remains a challenge for the Live Longer Better programme delivery.
- VCSE groups report dealing with increasingly complex needs in the sector across all programmes, including for mental health support, which can be challenging for staff and volunteers.
- Access to affordable public transport remains an issue highlighted by members of the community.

Data report

Number	Measure	Time period	Unit type	Torbay	Devon wide	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+)	2023/24	%	42.9%	42.3%	43.1%		Higher is better	
21	Healthy life expectancy at 65 (Female)	2021-23	Years	12.1	12.3	11.2		Higher is better	
22	Healthy life expectancy at 65 (Male)	2021-23	Years	10.8	11.1	10.1		Higher is better	
23	Population vaccination coverage - Flu (aged 65+)	2023/24	%	75.6%	80.6%	77.8%		Higher is better	
24	Emergency hospital admissions due to falls (aged 65+)	2023/24	Per 100,000	2,334	1,650	1,984		Lower is better	
25	Emergency hospital admissions due to hip fractures (aged 65+)	2023/24	Per 100,000	535	449	547		Lower is better	
26	Dementia- estimated diagnosis rate (aged 65+)	2024	%	61.4%	58.1%	64.8%		Higher is better	

- The proportion of Adult Social Care users aged 65+ who reported that they had **as much social contact as they would like** (20) has stayed almost level in 2023/24 with the year before, back towards pre COVID-19 levels. Percentages in the previous two years (2020/21 and 2021/22) 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 and 22) shows the average number of years a person aged 65 can expect to live in good health (rather than in poor health) going forward. This uses a change in methodology and previous periods have been updated to reflect this. Each period is reported annually as a rolling figure of three years combined and the first period in this report is 2014-16. For females, healthy life expectancy was slightly rising until the last few years as is the case in England. For males it has been slightly reducing for several years now, as in England. In Torbay, females and males are similar to England figures throughout the last decade.
- The percentage of **flu vaccinations of those aged 65+** (23) is measured based on the World Health Organisation target of 75%. Torbay has exceeded this for the last four years as has the England average. However, the national vaccine uptake ambition for 2023/24 was to equal or exceed the uptake levels of the previous year (2022/23) but both Torbay and England saw a decrease in uptake in 2023/24. Uptake has decreased in the last couple of years (2022/23 and 2023/24) after a steep increase in 2020/21 and a further rise in 2021/22.

- Torbay's rate of **emergency hospital admissions due to falls for those aged 65+** (24) is significantly higher than England in 2023/24 and has significantly increased from the previous year. Future data will determine if this is a one off or becomes a trend. Previously the figure moved between significantly lower and similar to England over seven years and there is no discernible trend. 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 broadly in line with England for the 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) measures the percentage of people diagnosed with dementia out of the number estimated to have it- therefore higher is better. Torbay's estimated diagnosis rate is on a generally decreasing trend in the eight years shown although it has slightly increased in 2024 to 61.4% but still below the goal of 66.7%. The England average has been increasing in the last three years.

2.2 A final report will be brought to the Board in March 2026.

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 No new significant risks identified. The risks remaining to the digital programme remain as detailed in the Health and Wellbeing Board risk register.

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 Impact is expected to be positive if programmes are delivered.

TORBAY COUNCIL

Meeting: Torbay Health and Wellbeing Board **Date:** 6 March 2025

Wards affected: All

Report Title: Suicide prevention annual update

When does the decision need to be implemented? March 2025

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

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

Author: Rachel Brett, Public Health Specialist, Rachel.brett@torbay.gov.uk

1. Purpose of Report

1.1 This report provides an update on the Torbay suicide prevention action plan 2024-27 and recommends a proposal to develop a One Devon ICS suicide prevention action plan.

2. Reason for Proposal and its benefits

2.1 The information and priorities outlined in this report will help us to collaboratively deliver improvements in the lives of residents in mental health distress, will help to reduce the number of suicides in our community and support those bereaved by suicide.

3. Recommendation(s) / Proposed Decision

1. Note progress since last year's suicide prevention action plan.

2. Note the difference between national and local statistics and why this is the case

3. Endorse the development of a One Devon ICS suicide prevention action plan

4. Consider the governance process of members respective organisations to enable the development of a One Devon ICS suicide prevention plan.

Background Documents

Torbay Multi-agency Suicide Prevention Plan

National suicide prevention strategy

National suicide prevention action plan

Torbay Joint Strategic Needs Assessment suicide profile

Torbay Joint Strategic Needs Assessment self-harm profile

1. Introduction

1.1 A death by suicide is a tragic and traumatic event. Its most fundamental impact is the loss of the opportunity for that person to experience all that life holds. It is also a devastating bereavement for family and friends and the pain and grief can be immense and long lasting. The impact also extends into the wider community, workplaces and to all services involved.

The causes of suicide are complex and individual. There is rarely a single cause, but suicide is more often the result of a complex combination of risk factors and stressing events. These risk factors often reflect wider inequalities in social and economic circumstances.

Suicide can be preventable, but it is essential that the preventative approach addresses the complexity of the issue. No one organisation is responsible for suicide prevention and there are no simple measures to prevent suicide. Suicide prevention is broad and includes measures to improve emotional wellbeing, support for people with mental health issues (from early intervention through to crisis care) and support for people who are bereaved by suicide.

Suicide prevention is everyone's business. A whole systems approach is required between national and local organisations, communities and individuals so that partners are working in collaboration towards the same priorities.

2. Multi-agency suicide prevention plan update

2.1 The Torbay Mental Health and Suicide Prevention Alliance has now been replaced by the Torbay Suicide Prevention Plan Group (TSPPG) to avoid duplication of agendas and membership. This is the strategic group that monitors our suicide prevention action plan as well as related mental health and wellbeing workstreams.

2.2 The infographic on the following page outlines some of our achievements since last year.

2.3 Of significant note is our successful application to the national Baton of Hope charity to host the South West leg of the 2025 tour on Tuesday 30th September. This has really pushed forward priority three of our plan – Harness passion, commit to collaborate and pool resources to reduce suicides.

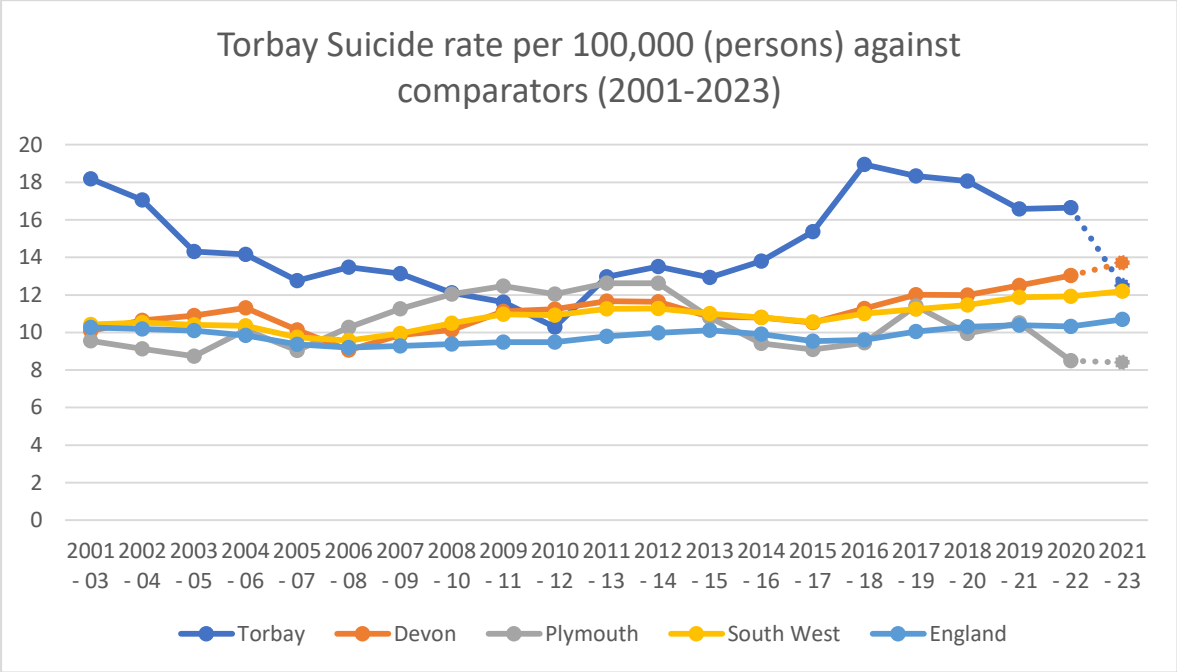
2.4 Other actions include showcasing what emotional and mental health support is already available for children and young people via an online webinar as well as mapping and

gapping current provision. Sharing suicide audit and self-harm admissions intelligence with key stakeholders and highlighting the suicide risk of gambling harm through free training.

Continued to see a **decline in our local suicide rate**		Continued to **flexibly support people who are feeling suicidal** via the Torbay Community Helpline	
Co-delivered a successful **Domestic Homicide Review/Suicide Prevention conference** to 137 Devon delegates (more online).		Successfully applied to be the South West host location for the Baton of Hope 2025 tour. **UK's biggest ever suicide prevention initative**	
Shared our suicide audit and self-harm admissions intelligence with a range of relevent stakeholders		Continued to invest in **community grants (CLASP) for** creative and innovative **local suicide prevention projects**	
Collaborated with multi-agency colleagues on the procurement of the **Devon Emotional Health and Wellbeing Service for Children and Young People**		Hosted a successful **webinar on emotional health and wellbeing support for children and young people** for 164 Devon and Torbay professionals (more retrospective views)	

. Data and intelligence

3.1 Encouragingly our ONS suicide rate has continued to decline since our last reporting at the Health and Wellbeing Board. In 2022 our suicide rate was 16.6 per 100,000. This is a positive trend, however, rates are still significantly above national and regional rates as shown in the following chart.



Our suicide rate for 2023 has been reported to show a radical reduction to 12.5 per 100,000 – similar to the regional suicide rate. Dramatic shifts in population rates are uncommon. On further investigation lengthy coronial delays mean that the number of deaths registered within the year are not reflective of the number of deaths that we would expect (3 deaths registered in 2023 compared to an average of 20 deaths per year). This has been triangulated with local real time surveillance data which indicates that the number of suspected suicides is not out with our norm. The Health and Wellbeing Board is therefore advised to base prioritisation and decision making on previous ONS data from 2022 and to assume a similar rate and review when future figures are available.

4. One Devon ICS suicide prevention plan

4.1 Our vision is for every suicide to be seen as a tragedy from which learning and understanding can be taken and that suicide prevention is everyone's business. Our system aspires to make Devon, Plymouth and Torbay suicide safer communities that builds personal and community resilience and supports people in times of crisis. We hope to deliver a consistent reduction in the suicide rate for all areas of Devon, Plymouth and Torbay so that they are at least in line with the national average, with an ambition to be below the national average.

4.2 Currently, each Local Authority in the Devon ICS area has its own suicide prevention action plan that is accountable to their respective Health and Wellbeing Boards. Each local plan is based on the priorities of the national suicide prevention strategy for England: 2023 to 2028 and therefore there is significant overlap between the plans

4.3 We recommend moving to a single, Integrated Care System (ICS) wide, strategy action plan with core system partners. This shared action plan would continue to be based on the national strategy and, importantly, it would maintain the focus on the local elements of each area based on local priorities. The national suicide prevention strategy provides a platform and framework to facilitate a One Devon Suicide Prevention Action Plan, with local collaboration across key partner organisations, including NHS, voluntary, community and social sectors (VCSE), employers and individuals.

4.4 There are several **benefits** of a transition to a single, ICS-wide, integrated plan:

- Coordination of interconnected actions through oversight of a single plan (including opportunities for joint work, mutual support and innovation). This will reduce duplication of effort and maximise impact of limited resources.
- Enhanced collaboration with core system partners (such as, but not limited to: Police, NHS Devon, Devon Partnership Trust / Livewell South West, Devon Mental Health Alliance, Network Rail, Highways England, Pete's Dragons). Many organisations that are key to suicide prevention work across larger footprints than local authorities. Engaging these organisations once, rather than three times across Devon ICS, would improve engagement.
- A stronger collective voice in advising and identifying priority action with respect to suicide prevention within the Devon system.

4.5 Mapping of the three existing suicide prevention action plans from Plymouth, Torbay and Devon local authorities has demonstrated the feasibility of a shared plan and highlighted:

- All existing actions plans align to the priority areas of the national strategy
- Some areas of local work are mentioned across all three plans, highlighting existing effective collaboration, but areas of duplicated reporting.
- Overlap in membership of locality suicide prevention partnerships placing increased demands on some roles and organisations who work across boundaries.

4.6 To achieve this goal, we are seeking to:

- Confirm core partnership member agreement to transition to a One Devon Suicide Prevention action plan.
- Confirm approach to this transition, including identification of the essential stakeholders required to develop the plan, and to ensure that the governance processes for this action plan are robust.

4.7 Devon, Plymouth and Torbay each have local suicide prevention partnerships, which bring together a wide range of statutory and voluntary organisations to understand local challenges and influence suicide prevention activity. These partnerships have strong

engagement from across the system and are crucial to local suicide prevention activity and making suicide prevention everyone's business.

Under this recommendation these local suicide prevention partnership will play a key role in the development of the shared plan, ensuring that local priorities are captured. Furthermore, the local partnerships will continue to provide a forum for delivery of the plan at a local authority level.

4.7 There is a precedent for single plans across an ICS:

- Dorset ICS has a single suicide prevention strategy that is a partnership between the two local authorities, NHS commissioners, service providers, VCSE organisations and other statutory services, that reports to their respective Health and Wellbeing Boards.
- The Peninsula Health Protection Committee works collaboratively across the Devon, Cornwall and Isles of Scilly health protection system, providing one set of strategic priorities and annual reports to their respective Health and Wellbeing Boards.

4.8 A single One Devon ICS suicide prevention action plan would maintain local elements key to suicide prevention as well as accountability to each Health and Wellbeing Board and would provide annual reports to the boards. Local partners would continue to inform the development of the plan and to lead local implementation.

5. Financial Opportunities and Implications

5.1 None.

6. Engagement and Consultation

6.1 The Torbay Suicide Prevention Plan has engagement from a wide range of local partners who continue to be involved through the strategic and working groups. Devonwide colleagues are involved through the Devon Suicide Prevention Oversight Group.

7. Tackling Climate Change

7.1 Tackling climate change is an ongoing agenda item of groups directly associated with the Torbay multi-agency suicide prevention action plan.

8. Associated Risks

8.1 The risk that suicide prevention is not owned by the wider system, and of a fragmented approach, will be mitigated by co-developing a One Devon ICS suicide prevention plan.

8.2 The risk that local priorities and local engagement is reduced with the development of a single integrated plan will be mitigated with inclusive co-development of the plan and the continuation of existing local authority strategic and operational groups.

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.

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TORBAY COUNCIL

Title: One Devon Joint Forward Plan – Draft

Wards Affected:

To: Health and Wellbeing Board **On:** 6th March, 2025

Contact: Jon Taylor

E-mail: jontaylor@nhs.net

1. Purpose

The Joint Forward Plan (JFP) 2025–30 sets out how NHS Devon Integrated Care Board (ICB) and its partners will deliver the One Devon Integrated Care Strategy over the next five years. It aligns with national requirements, ensuring the local health and care system meets physical and mental health needs, delivers statutory commitments, and addresses the four core purposes of Integrated Care Systems (ICSs).

This year's JFP refresh has been a light-touch update, in line with national guidance, as the system awaits the NHS 10-Year Plan. The strategic goals remain unchanged, and the refresh focuses on aligning the JFP with emerging priorities, including the Devon Medium-Term Financial Plan (MFP) and NHS's Devon Annual Plan and NHS operational planning guidance.

The JFP 2025–30 is structured around three key themes:

- Healthy People
- Healthy, Safe Communities
- Healthy, Sustainable System

The governance section of the plan has been updated to reflect the recently agreed One Devon system arrangements, with the System Leadership Group (SLG) overseeing delivery. The JFP Steering Group, comprising of NHS Directors of Strategy and Directors of Public Health from local authorities, has overseen the refresh process.

The JFP must be submitted to NHS England by 31 March 2025, with final approval by NHS Devon and NHS Provider Boards in March. The Health and Wellbeing Board is asked to formally endorse the draft plan confirming alignment with local priorities, namely those described in relevant Health and Wellbeing Strategies.

2. Recommendation

The Health and Wellbeing Board is asked to:

ENDORSE the updated draft Joint Forward Plan (2025-30) and confirm it aligns with the priorities identified in the latest Health and Wellbeing Strategy.

3. Supporting Information

The Joint Forward Plan (JFP) is a mandatory five-year plan for Integrated Care Boards (ICBs) and ICS partners. It sets out how the Integrated Care Strategy will be delivered and describes how the local NHS and local government partners will:

- Meet physical and mental health needs.
- Deliver universal NHS commitments and fulfil ICB statutory duties.
- Address the four core purposes of Integrated Care Systems (ICSs).

The JFP consolidates local plans (e.g., HWBSs, NHS operational plans) to ensure alignment of transformation efforts, reduce duplication, and support stakeholder engagement and consultation. It is designed to be public-facing and aims to:

- Align health and care stakeholders to focus on delivering a single Integrated Care Strategy.
- Set clear milestones to achieve the strategic goals outlined in the Integrated Care Strategy.
- Describe how system partners will work together to meet population health needs.

The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their ICS partners to prepare a JFP, setting out how they propose to exercise their functions over the next five years. The plan must be reviewed and/or revised annually before the start of each financial year.

This year's NHS planning guidance states that ICBs and trusts are required to undertake a limited, light-touch refresh of their JFPs in 2024-25 ahead of the anticipated publication of the NHS 10-year plan.

As NHS England (NHSE) is responsible for ensuring that JFPs meet the 17 legislative requirements, NHS Devon is required to submit an updated version of the Joint Forward Plan to NHSE by 31 March 2025, ahead of its publication.

As part of the update, systems are required to:

- Highlight priorities and progress since the last refresh.
- Describe how they plan to address the 17 statutory requirements for ICBs.
- Align content with the latest strategic, operational, and financial priorities.

- Update objectives to reflect the new plan duration (2025-2030).
- Seek endorsement from local Health and Wellbeing Board to confirm that that the updated plan aligns with local Health and Wellbeing Strategies (HWBSs)

The delivery of the JFP remains a key part of NHS England's performance assessment of ICBs.

Appendix 1 contains Devon's draft Joint Forward Plan, which has been updated in line with national advice and guidance and follows the approach agreed by One Devon's System Leadership Group.

Local Approach to Updating the Joint Forward Plan

The One Devon System Leadership Group (SLG) previously agreed that there will be no update to the One Devon Integrated Care Strategy in 2024/25, as the system awaits the publication of the NHS 10-Year Plan. A full update to the Integrated Care Strategy is planned for 2025/26, with a process and timeline to be set out in due course.

The 2025 local refresh process has been light-touch, in line with national advice, with the strategic goals (linked to the One Devon ICS Strategy) in the JFP (2025-30) remaining unchanged from the previous year. As a result, there has been no requirement for extensive local stakeholder or public consultation ahead of publication this year.

The Joint Forward Plan is structured around three key themes that reflect system priorities:

- Healthy People
- Healthy, Safe Communities
- Healthy, Sustainable System

The overarching financial content has been updated to align with Devon NHS Medium-Term Financial Plan (MTFP), which was not in place when the JFP was first developed. Additionally, workstreams described in the JFP will be updated to reflect:

- The NHS Devon Annual Plan.
- 2025-26 Operational planning requirements .
- Other relevant local developments.

The delivery structure and governance arrangements described in the JFP have also been updated to reflect the recently agreed One Devon system governance arrangements, including recognising the leadership role of One Devon Integrated Care Partnership and One Devon System Leadership Group (SLG) supporting the delivery of the JFP.

Updates to the Health and Wellbeing Board statements will be made in March, after the draft plans have been reviewed by all three Devon Health and Wellbeing Boards.

There have been no updates to the ICS Outcomes Framework, as it is linked to the Integrated Care Strategy and will be revisited when the new strategy is developed.

Governance and Oversight

The refresh of the Joint Forward Plan (JFP) has been supported by a JFP Steering Group, which includes representatives from health and local authorities and reports to the System Leadership Group (SLG). The Steering Group will review the draft plan (attached) and provide advice on any further revisions required before final agreement and publication.

The draft plan will now be considered by all three Devon Health and Wellbeing Boards and the One Devon Integrated Care Partnership before the final version is agreed by the System Leadership Group. It will then be submitted for approval by the NHS Devon and NHS Provider Boards in March.

Timeline

NHS England (NHSE) has confirmed that the JFP must be completed by April 2025, with a copy of the document submitted to NHSE by 31 March 2025.

4. Relationship to Joint Strategic Needs Assessment

4.1 The Joint Forward Plan is informed by the Join Strategic Needs Assessment

5. Relationship to Joint Health and Wellbeing Strategy

5.1 The Joint Forward Plan describes how relevant elements of the Joint Health and Wellbeing Strategy will be delivered by the NHS.

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

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

Future changes to the above will be addressed when the Joint Forward Plan is next updated in 2026-27

6.1

Appendices

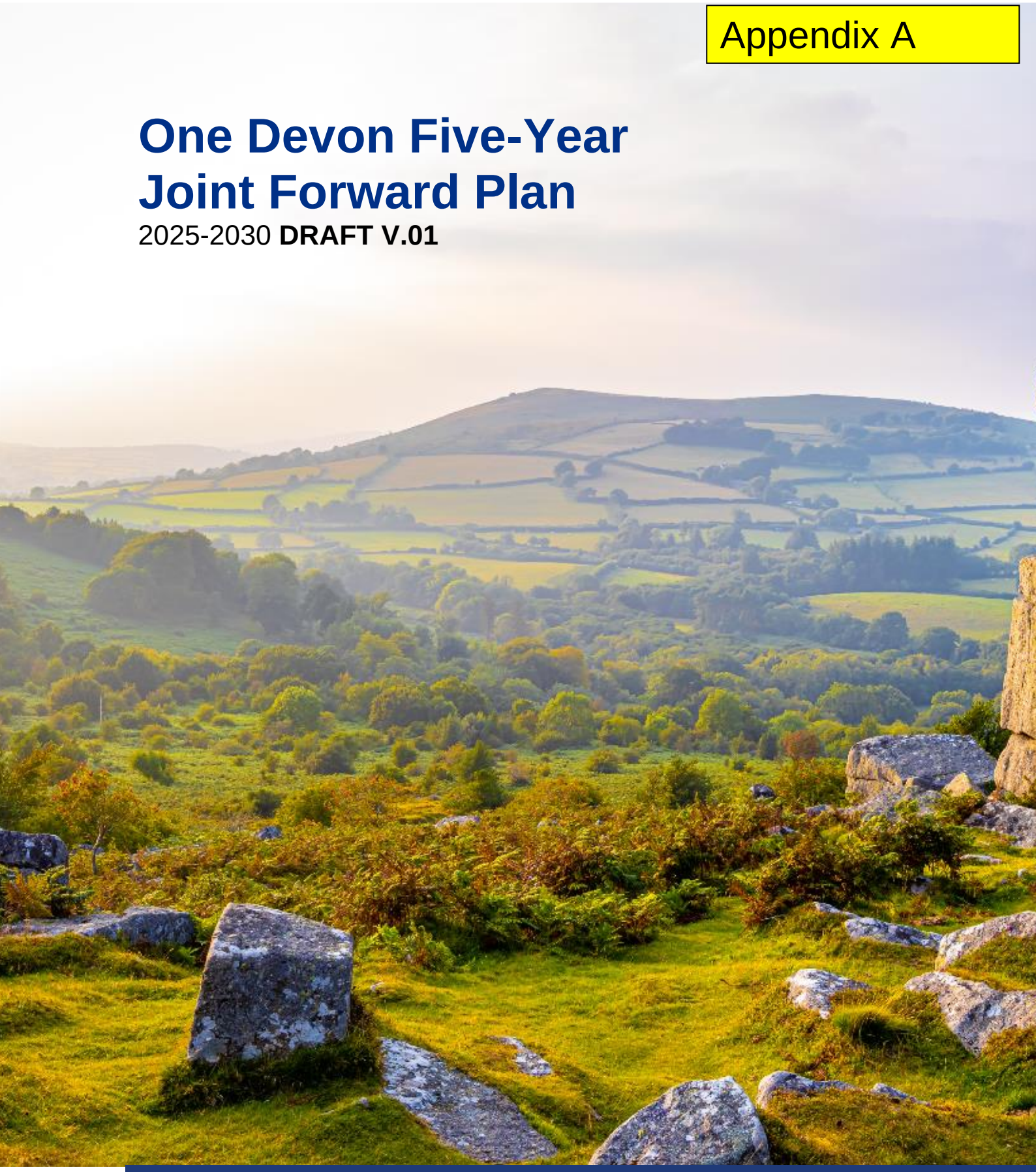
Appendix 1: Joint Forward Plan 2025-30 (Draft)

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

Appendix A

One Devon Five-Year Joint Forward Plan

2025-2030 **DRAFT V.01**



NHS and CARE working with communities and local organisations to improve people'

Contents

Foreword

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

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

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

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

Key developments shaping this plan

Several significant developments are reflected in this update:

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

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

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

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

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

Steve Moore / Kevin Orford

Health and Wellbeing Board opinions

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

Devon County Council

To be added after HWBB consideration 20 March 2025

Plymouth City Council

To be added after HWBB consideration 6 March 2025

Torbay Council

To be added after HWBB consideration 6 March 2025

Introduction

About Devon

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

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

Purpose of the Five-Year Joint Forward Plan

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

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

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

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

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

Devon main challenges

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

Integrated Care Strategy summary

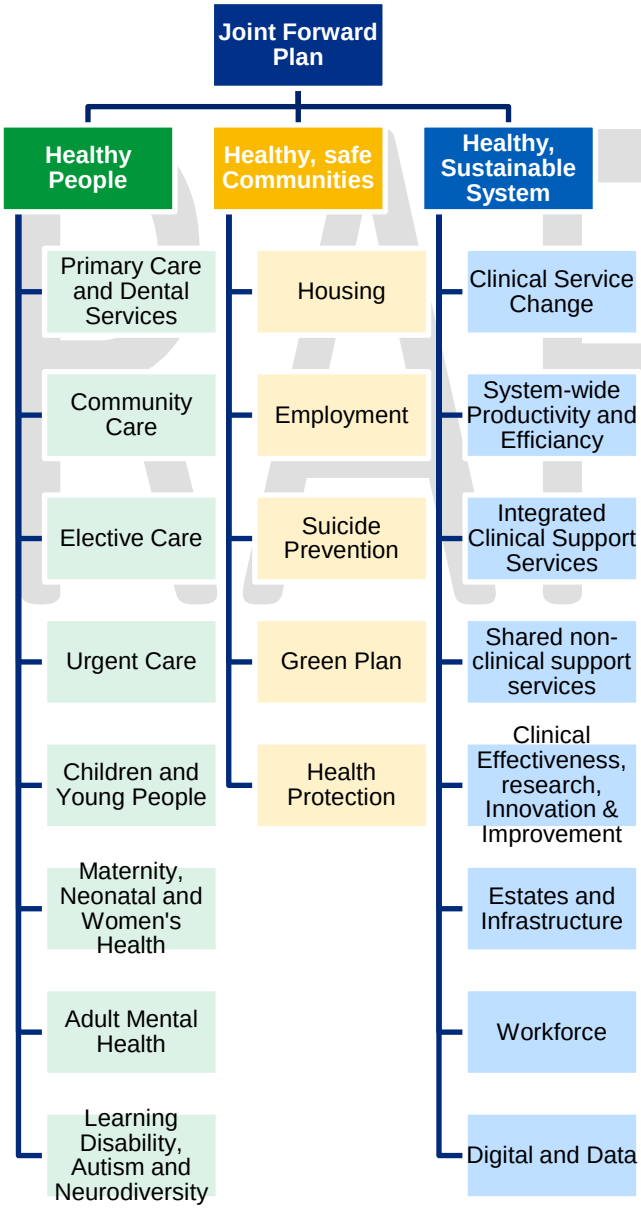
Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development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

Developing a sustainable future

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

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

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



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

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

Each section of our plan therefore describes:

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

Developing and Updating our JFP

Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development

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

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

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

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

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

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

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

Getting the system in balance

NHS recovery

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

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

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

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

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

Key financial challenges for 2025/26 include:

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

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

Local authority recovery

Devon County Council

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

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

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

Plymouth City Council

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

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

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

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

Torbay

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

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

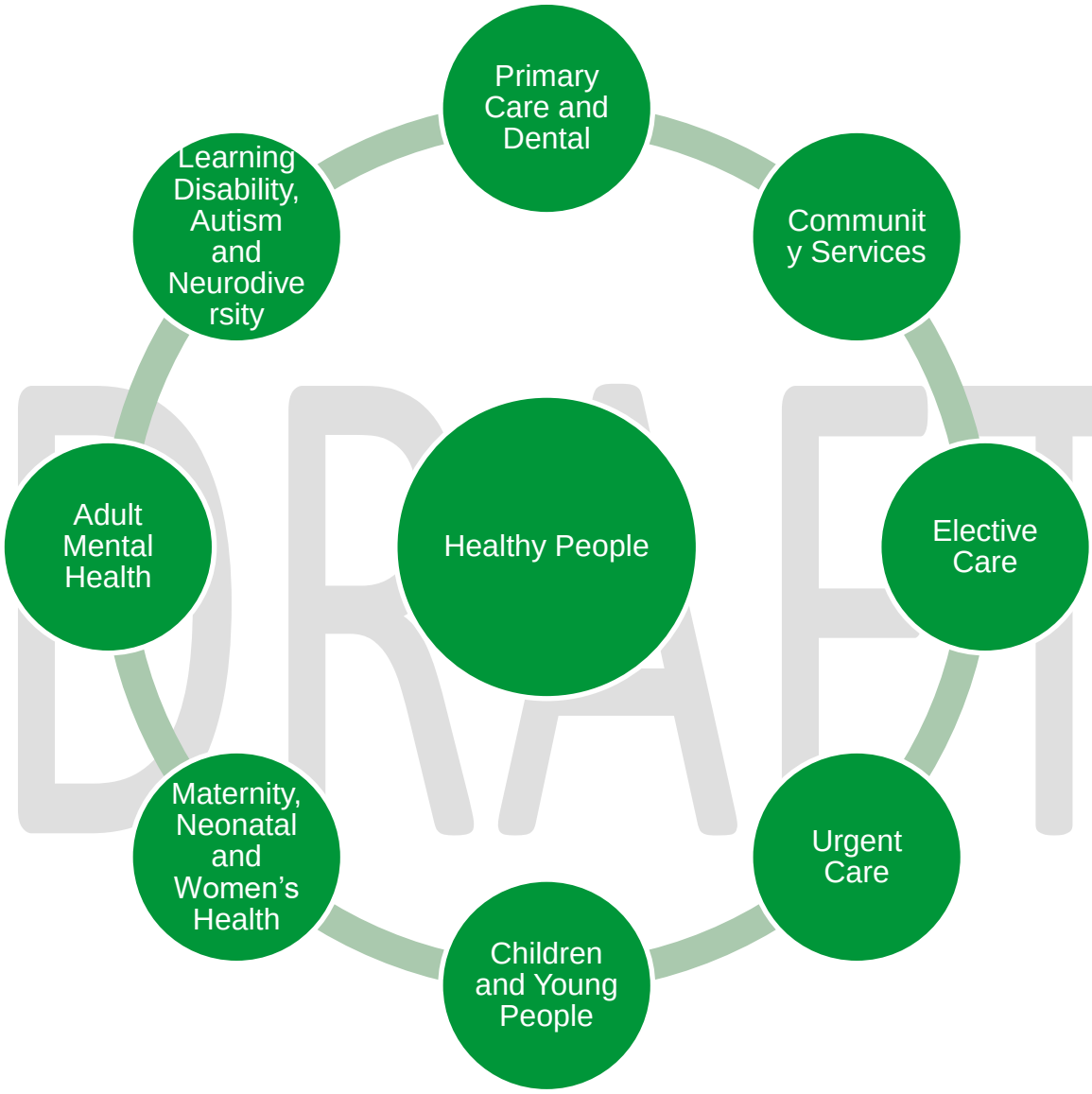
- Expanding the role of digital in our ASC, especially through our front door.
- Promoting independence through reablement and intermediate care.
- A new Target Operating Model.
- Enhanced market shaping and promoting the role of housing with a particular focus on working age adults.
- Close working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

Our Joint Forward Plan

Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development

Themes	Healthy People	Healthy, safe communities	Healthy, sustainable system
Programmes	Primary Care and Dental	Housing	Clinical Service Change
	Community Services	Employment	System-wide productivity and efficiency
	Elective Care	Suicide Prevention	Integrated clinical support services
	Urgent Care	Green Plan	Shared non-clinical support services
	Children and Young People	Health Protection	Clinical Effectiveness, research, Innovation & Improvement
	Maternity, Neonatal and Women's Health		Estates and Infrastructure
	Adult Mental Health		Workforce
	Learning Disability, Autism and Neurodiversity		Digital and Data

Healthy People



Challenges

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

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

Strategic objectives

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

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

Primary Care and Dental Services

Our vision:

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

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

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

What Devon will see

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

Our objectives

ICS aims

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

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

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

What we have achieved in 2024/25

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

Community-based Care and Support

Our vision

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

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

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

What Devon will see

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

Our objectives

ICS aims

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

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

What we have achieved in 2024/25

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

Elective Care

Our vision:

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

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

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

What Devon will see

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

Our objectives

ICS aims


Population health


Tackling inequalities


Enhancing productivity


Supporting broader development

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

What we have achieved in 2024/25

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

Urgent Care

Our vision:

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

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

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

What Devon will see

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

Our objectives

ICS aims

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

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

What we have achieved in 2024/25

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

Children and Young People

Our vision:

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

What Devon will see:

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

Our objectives – children and young people

ICS aims


Population health


Tackling inequalities


Enhancing productivity


Supporting broader development

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

6. We will improve the emotional wellbeing and mental health of children and young people through improved access to advice, guidance and help, strengthened support, and care and treatment specifically developed for mental health crisis, and eating disorders pathways.	x	x	x

What we have achieved in 2024/25

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

Maternity, Neonatal and Women's Health

Our vision:

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

What Devon will see

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

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

Our objectives

ICS aims

Our objectives

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

What we have achieved in 2024/25

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

Adult Mental Health

Our Vision:

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

What Devon will see

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

Our objectives

ICS aims

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

What we have achieved in 2024/25

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

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

Learning Disability, Autism and Neurodiversity

Our vision:

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

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

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

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

What Devon will see

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

Our objectives

ICS aims

Population health | Enhancing productivity

Tackling inequalities | Supporting broader development

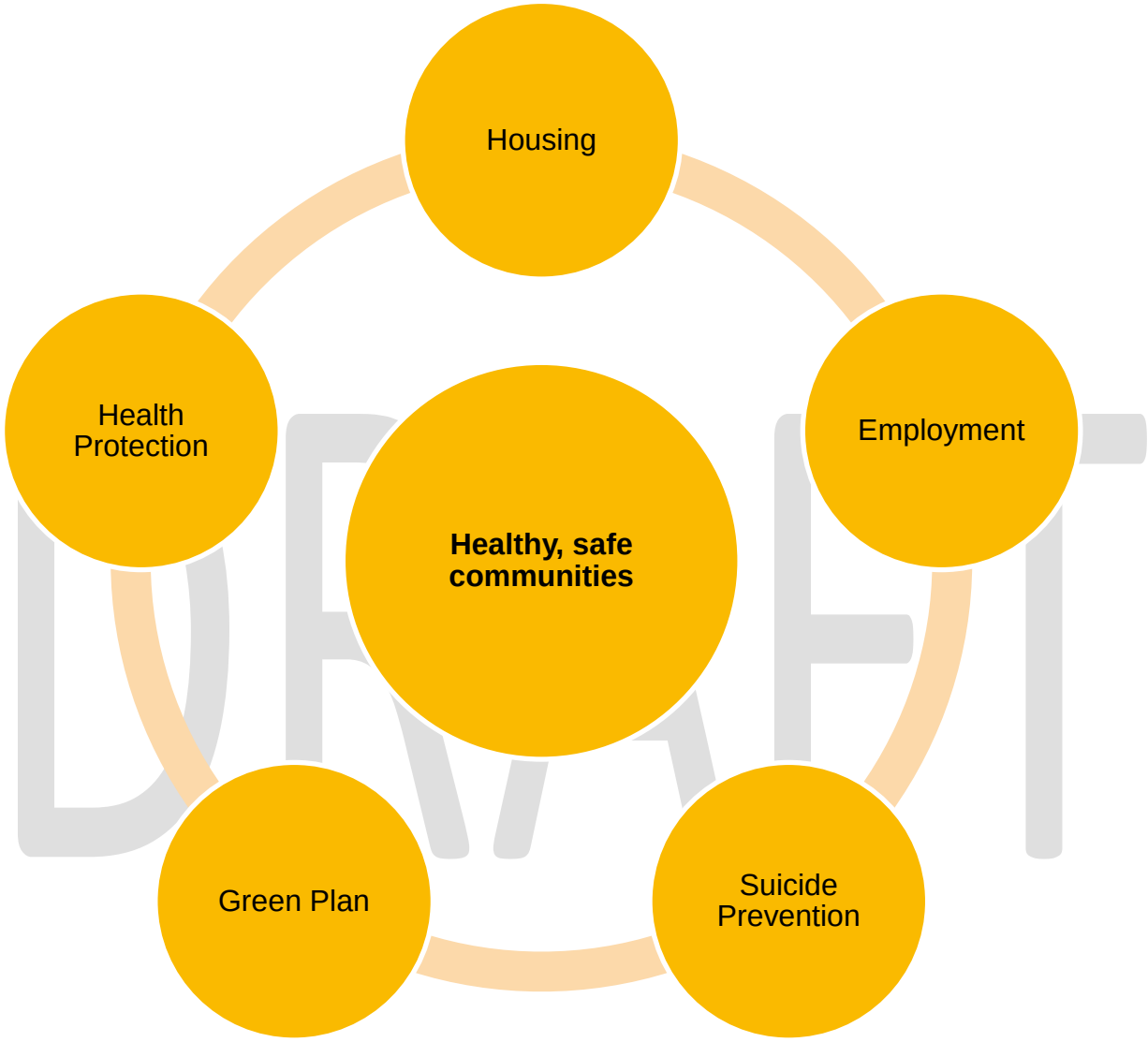
Objective	Year 1-2	Year 3-4	Year 5+
1. Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and a quality health action plan. Increase the number of eligible people on the GP Learning Disability registers.	x	x	x
2. Reduce reliance on Mental Health locked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

What we have achieved in 2024/25

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

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

Healthy, safe communities



Challenges

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

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

Strategic objectives

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

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

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

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

Housing

Our vision

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

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

What Devon will see

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

Our objectives

ICS aims

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

2. By 2028, our aim is to decrease health issues arising from poor housing conditions. This will be achieved by increasing referrals of those living in inadequate housing to a variety of health, social, and VCSE support services.	X	X	
3. By 2026, we will implement processes to identify vulnerable individuals in poor quality housing on admission and discharge. This will improve the efficiency of admission/discharge planning and enhance the referral process for additional support.	X		
4. By 2028 the ICS will work to ensure that Local Plans reflect the needs of older people and those with health conditions, to support the delivery of suitable housing	X	X	
5. We will reduce homelessness in Devon, through the implementation of comprehensive support systems, and the expansion of support services. Specific targets include: a. Ensuring no family stays in B&B accommodation for more than six weeks. b. Achieving a 10% reduction in the number of households in temporary accommodation. c. Increasing the success rate of preventing homelessness by 30%. d. Offering accommodation to 100% of individuals who sleep rough.	X	X	X

What we have achieved in 2024/25

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

Employment

Our vision

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

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

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

What Devon will see

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

Our objectives

ICS aims

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

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

Suicide Prevention

Our vision:

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

What Devon will see

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

Our objectives

ICS aims

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

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

What we have achieved in 2024/24

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

Green Plan

Our vision

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

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

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

What Devon will see

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

Our objectives

ICS aims

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

Health Protection

Our vision

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

What Devon will see

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

Our objectives

ICS aims

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

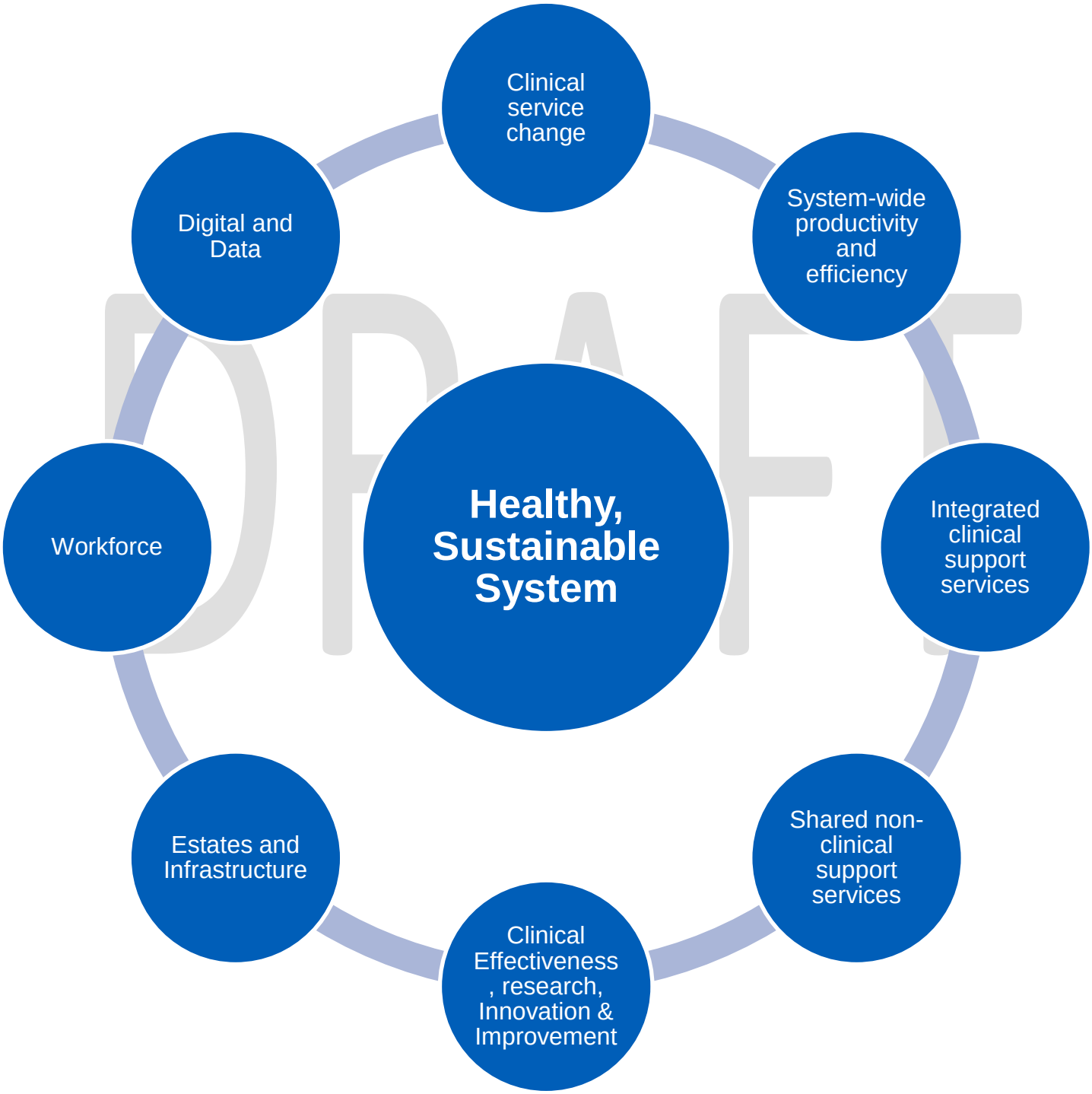
Increase uptake among front line health and social care workers to reduce impact on providers during periods of peak demand. Halt decline in year-on-year uptake levels of seasonal vaccinations.			
Achieve vaccine coverage of 95%+ (children under 5) of two doses of MMR, with particular focus on Devon's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

emergencies. Minimising the impact across different communities in Devon.			

What we have achieved in 2024/25

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

Healthy, sustainable system



Challenges

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

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

Strategic objectives

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

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

Clinical Service Change

Our vision

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

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

What Devon will see

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

Our objectives

ICS aims

Enhancing productivity

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

7. Explore digital options that may be able to support people to remain at home rather than be admitted to hospital.	x		

System-wide productivity and efficiency

Our vision

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

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

What Devon will see

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

Our objectives

ICS aims

Enhancing productivity

Supporting broader development

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

Integrated Clinical Support Services

Our vision:

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

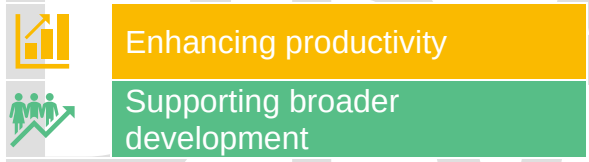
By improving access to high-quality diagnostics, we will support earlier and better-informed clinical decision-making, leading to faster treatment times and improved patient care.

What Devon will see

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

Our objectives

ICS aims



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

Shared non-clinical Support Services

Our vision

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

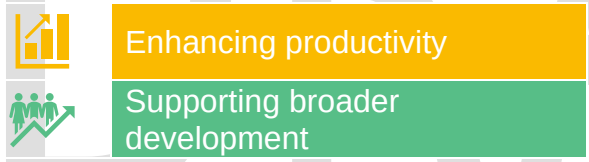
By streamlining corporate services, we will improve resource flexibility between partners and contribute to the financial recovery across the system. Our approach will reduce duplication, increase resilience, and allow frontline services to focus on delivering high-quality patient care.

What Devon will see

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

Our objectives

ICS aims



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

17. Develop and deliver the full Corporate services implementation model.	x	x	x

Clinical Effectiveness, Research, Innovation and Improvement

Our vision

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

What Devon will see

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

Our objectives

ICS aims

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

Create a Regional Innovation Strategy that brings together a network of organisations and individuals in Devon to drive research and innovation.	x		
Increase patient and public involvement and equity of access to research by co-designing proposals with local/national experts, raising awareness, and supporting recruitment.	x		
Work with One Devon involvement networks to embed research in ongoing engagement, ensuring diverse groups have opportunities to participate.	x	x	
Ensure the workforce is engaged in research by routinely sharing findings, promoting a pro-research culture, recognising the value of evidence, and facilitating research education and training.	x		
Raise awareness of research opportunities for staff and patients, embedding research within the everyday work of One Devon to increase participation.	x		
Strengthen leadership commitment and accountability by: 1. Increasing the visibility of research and innovation. 2. Appointing a named Research Champion at the executive level across stakeholder organisations. 3. Establishing an appropriate level of investment to support research infrastructure.	x	x	x
Use research outcomes to drive service improvements, embedding learning from local, national, and international research into commissioning and delivery, ensuring people receive the most effective care.	x	x	
Increase research activity annually by expanding the number of PCNs active in research within Primary Care and Community Settings.	x	x	

What we have achieved in 2024/25

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

Estates and Infrastructure

Our Vision

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

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

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

What will Devon see

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

Our objectives

ICS aims

Enhancing productivity

Supporting broader development

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

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

What we have achieved in 2024/25

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

Workforce

Our vision

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

What Devon will see

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

Our objectives

ICS aims

Enhancing productivity

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

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

What we have achieved in 2024/25

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

Digital and Data

Our vision

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

What Devon will see

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

Our objectives

ICS aims

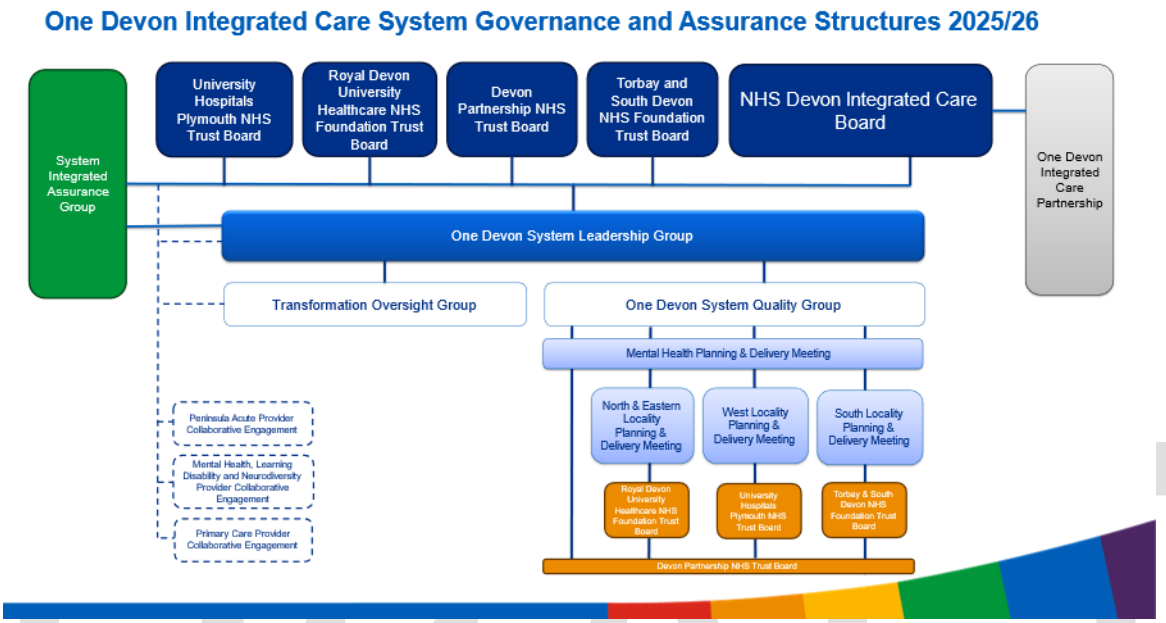
Objective	Year 1-2	Year 3-4	Year 5+
1. Number of eligible citizens connected to the NHS App increased to support national target of 60%.	x		
2. Production of standard GP practice website templates by March 2027.	x		
3. Remaining core health and care organisations connected to the Devon and Cornwall Care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

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

What we have achieved in 2024/25

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

Delivering the Joint Forward Plan and future development



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

NHS Devon

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

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

One Devon System Leadership Group (SLG)

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

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

Transformation

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

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

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

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

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

Transformation Oversight Group (TOG)

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

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

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

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

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

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

Planning and Delivery Meetings supporting the SLG

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

System Integrated Assurance Group (SIAG)

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

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

One Devon Integrated Care Partnership

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

All partners are jointly accountable for delivering this strategy by:

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

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

Accountability

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

ICS outcomes framework

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

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

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

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

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

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

Appendices

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

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

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

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

	met for; • Special Education Needs and Disabilities (SEND) • Safeguarding • Children in Care	
Addressing the particular needs of victims of abuse	We are active members of the three Safety Partnerships, two Safeguarding Adult Boards and three Safeguarding Children Partnerships in Devon. We work together to improve recognition of and protection of victims of abuse, to understand the needs of victims and survivors so they feel safe and can recover, and to work with communities to prevent and tackle community safety issues. We undertake individual case reviews to identify good practice and areas for improvement, and we work with partners to embed learning into practice to improve care, safety, and patient experience. We work with our health providers to improve the recognition of and response to those affected by violence and abuse, whether they be patients or staff members, and to meet the health needs of those impacted by trauma.	

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

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

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

Appendix C: Glossary

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

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

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

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TORBAY COUNCIL

Meeting: Health and Wellbeing Board **Date:** 6 March 2024

Wards affected: All

Report Title: Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance Report 2023/24

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

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 purpose of this report is to share with members the Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance Report 2023/24

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 2023/24

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 2023/24
- Actions taken against health protection priorities identified for 2023/24
- Priorities for 2024/25.

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 2024/25, to provide a timelier picture of progress.

2. Key points from the report including highlights for Torbay

2.1 The wider system responded to a range of infectious disease outbreaks or particular high levels of disease during the year including acute respiratory infections, pertussis, and sexually transmitted infections. Torbay worked with other partners worked on measles and

high consequence infectious disease preparedness although no cases were recorded locally.

2.2 The Public Health team worked with partners to maintain and strengthen resilience planning, infection prevention and control arrangements, and antimicrobial resistance across local settings. A Torbay AMR (antimicrobial resistance) group was set up to localise the work across the Bay, focusing on education, business, and the care sector. Work with education providers included awareness, hand-washing training and resource packs for early years, along with education sessions for providers.

2.3 Campaigns during the year included heat health, measles, vaccination and winter preparedness.

2.4 Areas where local screening or immunisation coverage is comparatively low had – and continue to have – special focus:

- Screening: the regional screening and immunisation team has been working with providers both to increase overall breast screening uptake and to the use health equity tools to identify actions to target particular groups where uptake is lower.

- Vaccination: there was a focus on childhood and school based vaccines including MMR and HPV, and a programme of activity to improve uptake of Winter vaccines including flu, Covid and shingles.

2.5 Torbay has not traditionally been a risk area for tick infections given the terrain, but laboratory reports of acute Lyme disease infection, although low numbers, have shown a peak in recorded cases. There is an annual promotion and prevention programme, and an awareness toolkit, which Torbay will use to highlight the risk for residents when visiting areas of woodland, grassland and moorland or where there are deer, sheep or other host wildlife.

2.5 Public Health have been working closely with partners on the challenges of climate change on health, with work including mitigation measures, adaption and best practice.

2.6 Priorities identified for 2024/25 followed the same key themes:

- Tackling the climate emergency

- Infection prevention and management

- Improving vaccination coverage, pandemic preparedness, inclusion health, and addressing inequalities.

Further progress will be covered in the 2024/25 end of year report.

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. Protecting our naturally inspiring Bay and 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. Chapter eight of the report focuses on Climate and Environment (see pages 50-51) and the climate emergency remains one of the priorities for the Health Protection Committee. Health protection is critically affected by climate change and the frequency and intensity of environmental health threats such as flooding and heatwaves, which heightens the risk of infectious diseases.

8. Associated Risks

8.1 No risks associated with the assurance report.

9. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	**Data and insight**	**Equality considerations (including any adverse impacts)**	**Mitigation activities**	**Responsible department and timeframe for implementing mitigation activities**
Age	18 per cent of Torbay residents are under 18 years old.	The Protection Assurance Report covers the arrangements in place to protect and		Public Health with partners

	55 per cent of Torbay residents are aged between 18 to 64 years old. 27 per cent of Torbay residents are aged 65 and older.	improve the health of the population. It covers all ages, but focuses on those more vulnerable more vulnerable to certain health risks or hazards.		
Carers	At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.	No differential impact although carers are prioritised for certain programmes eg flu and covid vaccination.		Public Health with partners
Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.	No differential impact although those vulnerable through health conditions are prioritised for certain programmes eg vaccination.		Public Health with partners
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is	No differential impact		Public Health with partners

	lower than England.			
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	No differential impact		Public Health with partners
Pregnancy and maternity	Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.	No differential impact although pregnant women and infants are prioritised for certain programmes eg vaccination.		
Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South West and England. Black,	No differential impact		

	Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.			
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	No differential impact		
Sex	51.3% of Torbay's population are female and 48.7% are male	No differential impact		Public Health with partners
Sexual orientation	In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.	No differential impact		Public Health with partners
Armed Forces Community	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously served in the UK armed forces.	No differential impact		Public Health with partners

Socio-economic impacts (Including impacts on child poverty and deprivation)		No differential impact		Public Health with partners
Public Health impacts (Including impacts on the general health of the population of Torbay)		No differential impact		Public Health with partners
Human Rights impacts		No differential impact		Public Health with partners
Child Friendly	Torbay Council is a Child Friendly Council, and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people.	No differential impact		Public Health with partners

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

2023/24

Published January 2025

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

Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance Report 2023/24

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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	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
HMO	House of Multiple Occupancy
HPV	Human papillomavirus
ICB	Integrated Care Board
ICS	Integrated Care System
IMT	Incident Management Team
IPC	Infection Prevention and Control
JCVI	Joint Committee on Vaccination and Immunisation
JESIP	Joint Emergency Service Interoperability Programme
JFP	Joint Forward Plan
KPIs	Key Performance Indicators
LRF	Local resilience forum
LHRP	Local Health Resilience Partnership
MIUG	Maximising Immunisation Uptake Group
MECC	Make Every Contact Count
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
OCT	Optical Coherence Tomography OR Outbreak Control Team
PHE	Public Health England
RDUH	Royal Devon University Hospital
TOR	Terms of Reference
UKHSA	United Kingdom Health Security Agency
VaST	NHSE Vaccination and Screening Team
VSCE	Voluntary Community and Social Enterprise

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) 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, and reviews performance for the period from 1 April 2023 to 31 March 2024.

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 2023/24
- Actions taken against health protection priorities identified for 2023/24
- Priorities for 2024/25

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 quarterly and action notes, an action log, screening and immunisation and infection prevention control (IPC) reports were circulated. Terms of Reference (TOR) were updated during this year and a summary of these with affiliated groups listed is included in Appendix 1. A summary of organisational roles in relation to delivery, surveillance and assurance is included in Appendix 2.

2.3 REPORTING

The Committee's Annual Assurance Report for 2022-23 was published 06 February 2024 and circulated to committee members for local authority health protection leads to submit to their respective Health & Wellbeing boards.

2.4 LOCAL HEALTH PROTECTION STRUCTURES

Local health protection structures include:

- Devon System Health Protection Huddle monthly meeting serving 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 United Kingdom Health Security Agency (UKHSA) locality leads.

- Cornwall and Isles of Scilly link with relevant stakeholders strategically via a quarterly Cornwall Health Protection Board (which was initiated during the pandemic but moved to a whole health protection board in 2022).

In addition, other locally determined structures and groups support delivery and monitoring of health protection activity at local authority level.

2.5 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.

2.5.1 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 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.

2.5.2 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.

2.6 HEALTH PROTECTION COMMITTEE PRIORITIES 2023/24

The health protection committee consider the system assurance priorities as part of the annual assurance process and provides these within the annual report. The 2023/24 annual priorities are shown below, and the remainder of the report contains the evidence of the progress against these.

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;

   - promote health protective behaviours
   - strengthen infection prevention systems within health and care and wider settings
   - reduce healthcare associated infections
   - tackle antimicrobial resistance
   - 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

3. PREVENTION AND CONTROL OF INFECTIOUS DISEASE

3.1 SURVEILLANCE ARRANGEMENTS

UKHSA 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.

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

UKHSA produce monthly locality surveillance data packs which is shared with each of the four Local Authorities. Local shared arrangements in Devon enable the sharing of these to yield intelligence across the ICB area.

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 Southwest region.

During this reporting period, the Heath Protection Cornwall and Isles of Scilly (HPCIoS) group met on three occasions and the Devon Health Protection Advisory Group (HPAG) met in August 2023 to review the purpose of the meeting in light of other groups functions. 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. Additionally, UKHSA have established a quarterly Regional Environmental Health Network for UKHSA and environmental health teams to engage and share learning. The SW Zoonoses Liaison Group continues to meet every 6 months and held a regional face-to-face event in March 2024.

3.2 RESPONSE

UKHSA Southwest 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 2023-2024 was a busy season with influenza, COVID19 and whooping cough outbreaks. 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.

3.3 SPECIFIC INFECTIONS

3.3.1 Acute Respiratory Infections- Covid-19 and Influenza

For 2023-24 the COVID19 response has focused on embedding COVID19 response alongside the other viral acute respiratory infections (ARIs). National protocols and guidance were updated to reflect this.

The COVID-19 vaccination programmes were undertaken in both the spring campaign and then alongside influenza vaccination for the autumn 2023/24 campaign, with an increased focus towards alignment of cohorts and co-administration.

Local authorities' health protection and UKHSA Southwest 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. 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 enquiries and offered some support to help providers through the transition.

As part of the business-as-usual approach, UKHSA developed 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. The care OBRA tool launched in August 2023.

Influenza activity in **England** during the 2023 to 2024 season was more prolonged than the 2022 to 2023 season, but peak activity was lower.[1] Across most indicators cumulative

[1] Surveillance of influenza and other seasonal respiratory viruses in the UK, winter 2023 to 2024 - GOV.UK (www.gov.uk)

burden estimates were lower in the 2023 to 2024 season than in the 2022 to 2023 season. Influenza A predominated, with co-circulation of the A(H3N2) and A(H1N1)pdm09 subtypes. Influenza B type Victoria lineage circulated at low levels and became more prominent in 2024 as influenza A declined. All characterised viruses belonged to the same genetic clades as the vaccine strains.

Details on work to maximise COVID19 and influenza vaccine uptake can be found in section 5.

3.3.2 Avian Influenza

UKHSA works with the Animal and Plant Health Agency (APHA), the Department for Environment, Food and Rural Affairs (Defra) and the public health agencies of the 4 nations to monitor the risk to human health of avian influenza (influenza A H5N1) in England. However, viruses evolve all the time and UKHSA continues to closely monitor the situation for any evidence of changing risk to the public, including through the surveillance of people who have come into contact with infected poultry. Testing for diagnostic and surveillance purposes requires health professionals to swab symptomatic individuals for those who have been exposed to a probable or confirmed bird case of avian influenza. [2,3]

A swabbing pathway in Cornwall and Isles of Scilly is in place, however Devon's lack of a swabbing pathway was recorded as a risk on the Devon ICB Risk Register during 2023-24. Work has been ongoing to address this, and progress is being made towards addressing the remaining gaps.

Antiviral prescribing pathways are in place in Cornwall and Isles of Scilly and Devon.

3.3.3 Lyme Disease

The Fingertips tool was updated to include Lyme Disease in March 2022. The South West historically has seen a high incidence when compared to England and this remains the case. The rates of acute Lyme disease by local authority are likely to be an underestimate of the

[2] Investigation into the risk to human health of avian influenza (influenza A H5N1) in England: technical briefing 5 - GOV.UK (www.gov.uk)
[3] UKHSA update on avian influenza - GOV.UK (www.gov.uk)

true incidence of acute Lyme disease in England as cases of Lyme disease are not statutorily notifiable by medical practitioners and cases may be diagnosed clinically and treated without laboratory diagnostics being performed as per NICE guidelines. Additionally, cases diagnosed at local NHS or private laboratories but not sent to the Rare and Imported Pathogens Laboratory (RIPL) for confirmation are not included in this dataset.

Table 1: Rate of laboratory Lyme disease diagnosis per 100,000 population (2023)

Acute Lyme disease laboratory confirmed incidence rate / 100,000 population[4]					
England	Southwest Region	Devon LA	Plymouth LA	Torbay LA	C&IOS LAs (combined)
2.0	5.3	6.4	3.0	6.5	2.4

Colour coding: Red: Worse than England figure Amber: No different from England figure

The national UKHSA social media campaigns continue to be supported by local communications for being "tick aware".

3.3.4 Measles

Towards the end of 2023, national surveillance identified an increase in measles cases in the London area. By spring outbreaks were also being seen in the Midlands areas. A UKHSA risk assessment identified a number of population groups and areas for cases and outbreaks to occur including teenagers, young people and unvaccinated / under vaccinated communities and in London as an area with particularly low vaccine coverage.

Response focussed on preparing for outbreaks and work to maximise vaccinations uptake.

A shadow Regional Measles Incident Management Team (IMT) was established to provide a regional tier of coordination in the Southwest, linking the national incident coordination to the work in local systems. A measles cell was established within the UKHSA Acute Response Centre (ARC) to ensure plans and protocols were in place, staff briefed and trained. Devon and Cornwall NHS organisations, ICBs and LA teams participated in a

[4] Fingertips | Department of Health and Social Care (phe.org.uk)

UKHSA led regional measles preparedness exercise to examine local pathways and arrangements.

Details on work to maximise MMR vaccine uptake can be found in section 5.

3.3.5 Pertussis

Pertussis rates started to increase significantly during winter 2023/2024 nationally and locally[5]. Pertussis is a cyclical disease that peaks every 3 to 5 years, with the last cyclical increase occurring in 2016 and the last major outbreak occurring in 2012.

Infants are at the highest risk of severe disease and are too young to be fully vaccinated. Maternal vaccination is very effective against pertussis disease and hospitalisation. Primary prevention has focused on vaccine uptake as levels in pregnant women, babies and young children have fallen in recent years across England. Secondary control measures focus on exclusion of symptomatic cases, and antibiotic prophylaxis for close contacts in at risk groups.

Details on work to maximise pertussis vaccine uptake can be found in section 5.

3.3.6 Sexually Transmitted Diseases

In 2023 there were national increases in the number of gonorrhoea and infectious syphilis diagnoses compared to 2022/2023. STIs continue to disproportionately affect gay, bisexual and other men who have sex with men (GBMSM), young people (aged 15 to 24) and some minority ethnicities.

In response to rising gonorrhoea rates in particular, sexual health services worked closely with local authority public health commissioners throughout 2023 and into 2024, and in collaboration with UKHSA field services to understand and analyse any trends and patterns at local level. Prevention strategies focussed on a targeted campaign co-developed partnership with the voluntary sector.

[5] Confirmed cases of pertussis in England by month - GOV.UK (www.gov.uk)

Table 2: Sexually transmitted diseases indicators and trend direction for across the local authority areas relative to Southwest and England in 2023. To note that the trend shown by the arrow is for the last five annual data points.[6]

2023	Syphilis Diagnostic rate / 100,000	Gonorrhoea Diagnostic rate / 100,000	Chlamydia screen Proportion of females aged 15-24 year old	New STI diagnosis Diagnostic rate / 100,000 (excludes chlamydia aged under 25 years)
England	16.7 ↑	149 ↑	20.4% ↓	520
Southwest	6.8 →	81 ↑	19.6%	319 →
Cornwall	2.1 →	54 ↑	27.8%	242 →
Isles of Scilly			26.4%	307
Devon	4.2 →	79 ↑	23.5%	293 →
Plymouth	6.0 →	392 →	17.1%	514 →
Torbay	7.2 →	86 ↑	29.0%	361 →

3.4 NOTABLE LOCAL OUTBREAKS AND INCIDENTS

3.4.1 STEC Cornwall 2023

Multi-agency IMTs were convened by UKHSA, and a large-scale screening exercise undertaken in response to shiga-toxin producing Escherichia coli (STEC) O26 within an early years setting. Environmental Health Officers (EHOs) visited the setting to risk assess and make infection prevention and control recommendations. New testing processes were utilised which improved the timeliness for receipt of results necessary to inform risk management but also to enable the children and their families to return their usual daily activities as soon as possible.

3.4.2 Cryptosporidium Outbreak Cornwall 2023

Routine questionnaires completed by Environmental Health Officer (EHO) colleagues identified that individuals reporting illness had taken part in lamb feeding/handling activities in

[6] Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care

the days prior to their onset of symptoms. An incident management team (IMT) was convened by UKHSA and attended by representatives from local authority public health, EHOs, UKHSA Field Epidemiology Services, UKHSA communications, local laboratories, and the Cryptosporidium Reference Unit. EHOs visited the setting and identified a number of improvements and made recommendations. As a precaution, the HSE guidance and other resources were circulated to open farms and visitor attractions in Cornwall and Isles of Scilly to remind and raise awareness of the potential for zoonotic infections to be transmitted between animals and people.

3.4.3 Cryptosporidium Outbreak Devon 2023

In April 2023, a large outbreak of cryptosporidium occurred linked to lamb petting event, with cases across Devon, Plymouth and Cornwall. A multi-agency response was initiated after the field epidemiology service identified an exceedance of cryptosporidium cases in Devon and Cornwall. EHOs concurrently identified through trawling questionnaires that several cases had attended a lamb petting event at the same venue. An Outbreak Control Team (OCT) was convened with attendees from local authority public health, environmental health, UKHSA Field Epidemiology Services, UKHSA communications, local laboratories and the Cryptosporidium Reference Unit. The event was time-limited so there was no ongoing exposure, however EHOs visited the venue to risk assess and make recommendations for future events, warn and inform letters were sent to all attendees to raise awareness of signs and symptoms of cryptosporidium and given hygiene and exclusion advice to prevent secondary spread. The outbreak investigation identified 23 confirmed *Cryptosporidium parvum* cases with a distinct outbreak strain, and a cohort study was undertaken which identified 83 cases of cryptosporidiosis-like illness associated with the event.[7]

[7] A large cryptosporidiosis outbreak associated with an animal contact event in England; a retrospective cohort study, 2023 — UK Health Security Agency (ukhsa.gov.uk)

3.4.4 PVL Staphylococcus aureus

In Cornwall, a gypsy and traveller site has been experiencing a PVL staphylococcus aureus infection outbreak that has affected a number of residents during this time frame. An IMT met regularly to assess the situation and provide a response including advice and recommendations to the community to prevent transmission and ensuring residents have the IPC knowledge they need to keep themselves well. Due to the complexity all multi-agency partners remain engaged in supporting residents.

3.4.5 Brucella Canis (*B. Canis*)

Since summer 2020, there has been an increase in the number of reports of *B. canis* infection in dogs, the majority of which have been in dogs imported into the UK from Eastern Europe or linked to imported dogs from Eastern Europe. *B. canis* is a type of bacterial species which causes an infection known as brucellosis. It is a recognised zoonotic pathogen, but human cases are rarely reported. Dog breeders and owners of imported dogs may be at a higher risk and should take steps to reduce the risk of infection. If a dog has been diagnosed with *B. canis,* the HPT will follow-up to ask about interactions that people may have had with the dog to risk assess any potential exposure and provide further advice. UKHSA has followed-up diagnoses of *B. canis* in dogs in both Cornwall and Devon.[8,9]

3.4.5 Scabies

UKHSA and the ICB regularly provide support to care homes with scabies outbreaks, giving advice on coordinated treatment for cases and contacts, and IPC advice. A national shortage during 2023/2024 of treatment permethrin created challenges, however stocks held for outbreak response at University Hospitals Plymouth NHS Trust were generally robust and

[8] HAIRS risk assessment: Brucella canis - GOV.UK (www.gov.uk) Brucella canis: information for the public and dog owners - GOV.UK (www.gov.uk)

[9] Brucella canis: information for the public and dog owners - GOV.UK (www.gov.uk)

there was minimal impact on outbreak responses. UKHSA and the ICBs in Devon and Cornwall have worked together on shared scabies pathways to strengthen existing partnership working and outbreak response.

3.4.6 Group A Streptococcal Infection

Devon County Council team, in collaboration with UKHSA, dealt with a significant cluster of group A streptococcal (GAS) infection in inclusion health groups in Exeter, working with local services on IPC and advice/guidance. This highlights an area of need recognised on the Devon ICB risk register, as the system lacks specialist IPC support for non-health or care settings.

3.5 INFECTION MANAGEMENT AND OUTBREAK PREVENTION

Both Devon and Cornwall and IoS ICBs have community infection management services in place to support health and care settings with IPC practice, queries and response to communicable disease risk and management.

During COVID19, the four local authorities utilised Contain Outbreak Management Fund (COMF) to provide additional IPC capacity to support other community settings including nurseries, schools, supported living accommodation and vaccination centres with IPC support, training and guidance. This funding has ended, and the service is no longer provided.

A range of IPC resources and guidance are provided, hosted and shared in a variety of ways, including through training, liaison with provider networks; hosting on various electronic platforms and via communications such as newsletters.

Strategic multi-agency groups are in place within both ICB areas that ensure a joined-up system approach to IPC challenges.

Public Health teams support the provision of health protection communications, with regular public facing communication promoting good hygiene practices, infection prevention

and control advice and vaccine uptake for example via Resident Newsletters; printed medium and social media and shares updates, guidance and health protection messaging and resources shared directly with Schools, Early Years, SEND settings, Nurseries and Registered Childcare providers via the relevant local platforms, newsletters, bulletins and other communication routes.

In autumn 2023, IPC support for non-health and care settings, was recorded as a risk on the NHS Devon ICB Risk Register due to ICB system pressures. Similarly Cornwall have also raised concerns about the lack of community IPC provision and this has been escalated to LHRF and via various UKHSA network meetings, including the South West Health Protection Strategic meeting. System responses therefore rely on case by case responses and flex of ICB IPC teams rather than a systematic offer.

In Cornwall local monitoring and surveillance of gastrointestinal infection cases and other communicable diseases bolsters UKHSA regional work.

3.6 PUBLIC HEALTH ADVICE, COMMUNICATIONS AND ENGAGEMENT

UKHSA delivered multiple educational and awareness raising events on health protection including infection prevention webinars for schools and early years settings and the regional Southwest Health Protection Conference, SW Zoonoses Conference, TB awareness day and the 'Tackling Infections in Complex Lives' conference.

UKHSA facilitates the networking of partners via the Migrant Health Network, Environmental Health Officer Network, Early Years and Educational Settings Network, and Southwest Care Settings Health Protection Network and the overarching Southwest Health Protection Network. A new Southwest Public Health Climate Change Network/Community of Practice was established in January 2024 to support public health leads in sharing best practice in their work on climate change.

All LAs contributed to an infection, prevention and management strategy development day and attended vaccination practice development, seasonal debriefs and vaccination strategy workshops.

Local Authorities continued work locally to uplift of national/regional/local UKHSA communications around a wide range of campaigns or issues including for example, Lyme disease / tick awareness, heat health, measles, vaccination and winter preparedness.

Local Authority public heath teams and UKHSA supported medical student education across the Peninsula in the delivery of lectures, workshops and special study units relating to Health Protection.

Local Authorities also engaged staff in learning and training in relation to the climate emergency and carbon literacy.

The Cornwall system IPC alliance planned and delivered an IPC conference in November 2023 attended by a combination of acute, community and care sector staff. Subjects covered included decontamination, AMR, IPC impacts on climate change, public health and vaccination and healthcare associated infections. System discussion and a post-event quality improvement workshop enabled the generation of IPC improvement plans that have subsequently been implemented within primary care.

The Devon and CIoS ICBs, Local Authorities, vaccination teams and communication colleagues have coordinated significant communications and engagement to increase MMR and pertussis vaccination uptake. This work supports the vaccination priorities of the MIUG, and includes:

- Organic and paid for social posts using local images and national toolkit where appropriate
- Localising messages to specific cohorts and geographies for example, using reels filmed in Cornwall and engaging target cohorts with vaccination messaging and education
- Utilising a range of online and social media formats across different cohort groups including Google Display Network ads, Facebook and Instagram, and also TikTok and Snapchat for younger cohorts
- Using radio advertisements and local and regional print media to reach audiences not online
- Using bus stops and outdoor advertising opportunities to reach target audience in high footfall locations in areas of deprivation

- Building on established relationships through previous vaccination outreach work and local vaccine ambassadors to share information to groups where uptake might have been missed / be lower (including community and voluntary sector groups, traveller liaison officers, migrant/asylum seeking services and communities, universities and colleges, district councils, health and wellbeing coordinators and social prescribers)

All agencies participated in the Covid Inquiry in response to the initial modules. All learning will be fed back into practice to inform future response.

3.7 WORK WITH SPECIFIC SETTINGS AND POPULATIONS

3.7.1 Supporting Migrant Health and Resettlement

As in the past few years, 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.

All but one hotel closed during 2023/24, and residents transferred elsewhere.

One large family contingency hotel accommodating asylum seekers remains open. Housing has been stood up in areas of Devon for refugees arriving from Afghanistan via Pakistan on the Afghan Relocations and Assistance Policy (ARAP) scheme, as well as other dispersed accommodation for asylum seekers in accommodation within private rentals, family homes and HMOs. The movement of residents posed some challenges for the provision of physical and mental health support and continuity of care.

All arrivals in Devon have been supported and/or encouraged to register with NHS General Practitioners (GPs). NHS Devon worked with primary care supporting the hotels and provided funding to enable enhanced health checks for all patients registered. GP Practices were agile and creative to support arrivals to address multiple and challenging health needs. Support from the Devon ICB outreach vaccination team has been provided to support vaccine confidence as well as delivery and uptake of vaccinations to move people in line with the UK vaccination schedule.

UKHSA has supported settings and primary care with case management of infections as required and DCC have helped with providing messaging around the importance of infection prevention and management to staff, settings and residents.

Work is being undertaken to develop a TB screening pathway for these groups.

Local authorities, NHS and voluntary partners continued to offer support for health, care, education and wider needs.

Both Plymouth and Cornwall Council have a Resettlement Service, which work with partners to meet the wider needs of refugees and support new arrivals.

4 SCREENING PROGRAMMES

4.1 BACKGROUND

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

Table 3: Summary, by exception, of activity during 2023/24

BOWEL
• **Age extension** has progressed well with all programmes screening those aged 54 and above by the end of the year. The 50-52 year age extension was initially on hold pending discussions regarding regional finance allocations, however during 2024/25 this has been resolved and Cornwall has commenced invitations for this final group and Devon providers will commence in Q3 2024/25. • Surveillance for those with **Lynch Syndrome** successfully implemented from April 2023. • **Diagnostic wait times for colonoscopy** for those who are screen positive continues to be a challenge; workforce resilience and physical capacity to meet demand plus clear any backlogs alongside continued high symptomatic pressure being the recurrent theme. Close working alongside the ICB's, diagnostic leads and the Endoscopy Network continues to align planning.
BREAST
• Progress to establish a **new permanent city centre static screening site in Plymouth** following eviction in October 2023 from the previous venue has been slower than planned. Part way through the project, a second new site had to be found as the original new site was found to be not suitable. A temporary site using a mobile screening van just outside of the city centre has been in use in the interim

with additional weekend clinics to help mitigate initial concerns about an impact on uptake of appointments and uptake has been stable as a result.

- **Coverage** data has continued to improve during the year following the disruption to the offer of screening during the pandemic. Published data at the end of the year showed that the coverage was above the 70% efficiency standard for all programmes in Devon and Cornwall except Torbay (67%) and all providers are on an improving trajectory. In the Southwest, providers continue to utilise open invites which benefits productivity making best use of every appointment but does mean women often take longer to book an appointment, thus more women do not have their screening episode closed prior to 6 months after eligibility, which is the cut off of calculation of coverage rates. This is evidenced in the large gap between monthly and 12 monthly rolling uptake rates (unpublished data). A decision by the national team about the future invitation methodology is anticipated in Autumn 2024 and use of open invites by Southwest providers will be reviewed at that stage. For context, the SW region in Q2 2024/25 has the second highest coverage in the country at 72.1% overall and is following the same steady improvement trajectory as all other regions despite the difference in invitation methodology.
- A national serious incident affecting **very high-risk breast referrals** was declared in Feb 2024. Women who have received radiotherapy for Hodgkins Lymphoma when under the age of 35 have an increased risk of breast cancer and should be offered annual screening. A national audit identified that historically some women had not been referred. Whilst not a breast screening incident, local screening programmes have been asked to offer all affected women the appropriate screening tests and then ensure an offer of annual screening. Numbers affected in Devon and Cornwall are relatively small and all providers have responded quickly to complete screening and follow-up of any screen-positive women. This will be completed by August 2024.

CERVICAL

- NHSE VaST has continued to work closely with all providers and ICBs to enable the management of the **increase in colposcopy referrals** resulting from the introduction of primary human papillomavirus (HPV) screening and the sustained high

number of referrals coming through the symptomatic pathway from GPs, that have stretched colposcopy capacity. High risk referrals have been managed, however routine referrals within 6 weeks intermittently breach. All providers have action plans and performance has been closely monitored throughout the year.

- Work is ongoing to implement the new national **NHS Cervical Screening Management System** (CSMS) – this will go live Summer 2024.
- Following the positive impact of the HPV immunisation programme, national planning is underway to **change routine screening intervals for those aged 25–49** from every 3 years to every 5 years. The date is yet to be confirmed and is dependent on the successful implementation of CSMS.
- **Coverage** data shows that this was improving in the younger cohort prior to the pandemic, however, has been decreasing again over the last few years. There is a different pattern in the two age cohorts – the eligible older cohort is increasing and so is the number of people attending screening resulting in a fairly static coverage %; the eligible younger cohort is also increasing but the number attending is static hence resulting in a reducing coverage %. Work continues to increase coverage and address health inequalities including support to GP practices with the lowest uptake, insights surveys 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. This will continue in 2024/25.
- A successful bid as part of the Accelerator Programme, run by NHS England and the Institute for Healthcare Improvement, enabled Cornwall's public health team to access resources to begin to address some of the health inequality challenges affecting Cornwall's Gypsy, Roma and Traveller community. One priority was to improve early cancer diagnosis rates, focusing initially on cervical screening for women aged 25-64. This was a partnership between primary care, public health and local voluntary sector organisations. The work was done at one of three residential Gypsy and Traveller sites run by Cornwall Council. It enabled people eligible for cervical screening to attend an on-site information session run by a nurse and GP, and the majority then received screening.

- In addition to this, a community survey was run for the residents of the site to explore issues relating to health service access and issues around health and cultural beliefs, education and barriers to healthcare. The results of the survey will help to shape future work. These initiatives pave the way for similar work to be conducted at other council-run sites.

ANTENATAL / NEONATAL

- **Coverage** of the antenatal and newborn screening programme remains very high, as these are an integral part of routine maternity care.
- **Performance** against national key performance indicators (KPIs) and standards is mostly meeting requirements, however, there is concern that post pandemic ongoing staffing pressures in maternity continue 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 been working closely with the Royal Devon University Hospital (RDUH) to support the achievement of **compliance with national standards** and key performance indicators following a QA pathway review and good progress in year has been made (this was completed in Q1 2024/25).
- Performance in certain aspects of the **newborn 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 newborn 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 from a larger range of countries, 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. A regional best practice guide has been published and work to address this is planned in 2024/25 as part of a wider vaccination and screening perinatal pathway work programme.
- Since the successful transition of Devon Newborn Hearing screening service from a community model to a hospital model at the start of April 2023, the national team has changed the national standards removing the ‘screen by 5 weeks’ screening

window for the remaining services in the Southwest region who have a community model so that they now have to comply with the '**screen by 4 weeks'** screening window. All the remaining Devon and Cornwall providers have successfully made this transition and are meeting this new requirement.

DIABETIC EYE SCREENING

- Successful introduction of **reduced screening intervals** (2 yearly for those with normal screening history) with minimal impact on programmes.
- Annual **coverage** continues to meet national achievable target in Devon and Cornwall (85%) with providers having a continued focus on reducing inequalities.
- Performance against the other national KPIs 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 and is closely monitored.
- Planning in 2024/25 is underway to introduce **Optical Coherence Tomography** (OCT) (a more detailed screen to reduce referrals into Hospital Eye Services thus enabling improved performance for timely referrals) into the screening programme from October 2024 following the reduction in activity resulting from the change in screening intervals.

ADOMINAL AORTIC ANEURYSM

- All three Devon and Cornwall programmes continue to deliver excellent services. **Coverage** continues to be high, and all three providers have already achieved the acceptable target of 75% (Q3) and are on track to achieve the achievable target of 85% by the end of Q4 2023/24 (data not yet available); and continue to be ranked in the top 10 providers across England. All providers have completed the PHE Health Equity Assessment Tool (HEAT) tool and have action plans to further improve uptake and reduce inequalities.
- The main challenge in the programme continues to be the 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.

5 IMMUNISATION PROGRAMMES

5.1 BACKGROUND

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 here along with vaccine acronyms used in this section.[10] 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.

Table 4: Summary, by exception, of activity during 2023/24

PRE SCHOOL IMMUNISATIONS
Routine: Nationally, childhood vaccine coverage in 2023–24 decreased compared to 2022–23, and none of the scheduled vaccines met the 95% target. However, coverage rates in the Southwest have remained high relative to the England average. In Devon and Cornwall, the priority remains the uptake of the MMR dose 1 and 2 and DTaP-IPV preschool booster vaccines in 5-year-olds, which although remains high also reduced a little compared to 2022/23; Torbay and Cornwall have coverage less than 90% for both MMR dose 2 and all four LA are now just below 90% for the preschool booster DTaP-IPV at 5 years (see Appendix 6.1). Work has continued aiming to increase MMR and child immunisations uptake and reduce inequalities through the Devon and Cornwall Maximising Immunisation Vaccination Groups and the ICB Vaccination Teams utilising the evidence-based regional MMR action plan produced by NHSE VAST and, in Devon, Vaccination Innovation Funding (VIF) was also used to enable GP practices to undertake local work for their registered patients.

[10] Routine childhood immunisation schedule - GOV.UK (www.gov.uk)

Response to increase in measles cases and outbreaks:

In response to the rising number of measles cases and outbreaks across the country and in other parts of the Southwest region (no unexpected rise in cases seen in Devon and Cornwall was experienced), additional work was undertaken as part of the rapid outbreak response including:

- Accelerated 17-30 MMR system projects funded by NHSE SW and VIF projects (Devon only) – these mainly focussed on supporting GP practices to data cleanse and then offer vaccination if needed. Thousands of records were cleansed across both systems. As a result of the 17-30 project approx. 1500 extra people were vaccinated (1200 Devon, 300 Cornwall – mainly first doses). Evaluation from both projects has identified a lot of lessons learnt that will be used for future initiatives and to plan how best to utilise VIF (and other) funding going forward.
- Two national MMR recall campaigns for the under 6's led by primary care and 6-11's led by national recall.
- Creation of more detailed Child Health Information Services MMR dashboards to enable local identification of communities and practices with low uptake and to target interventions
- Devon ICB and LA colleagues collaborated to provide MMR targeted communications to areas of lower uptake utilising data from Childhood Health Information Service (CHIS).
- Comprehensive communications campaigns were undertaken in both ICB areas and in partnership with Local Authorities to raise measles awareness with the general public and healthcare staff around the signs and symptoms of measles, and the importance of having two MMR vaccinations for protection against measles and to target communities with low uptake.

ICB vaccination team was also able to help a small number of practices with low uptake to deliver MMR catch-up clinics.

National teams published (August 2024) an evaluation of the impact of the national and regional measles catch-up activity. In the SW, the largest increase in MMR1 was observed in children aged 15 months to 5 years of age and in MMR2 in children aged 3 years 7 months

and 5 years. The largest coverage increases for MMR1 and MMR2 were consistently seen in people from African, Arab, other black, and white Gypsy and Irish Traveller ethnic groups, which are all groups with historically lower MMR coverage. The smallest coverage increases for MMR1 and MMR2 were consistently seen in the white British ethnic group (ethnicity data not broken down by region or ICB). For all cohorts for both MMR1 and MMR2, the greatest percentage change in coverage was observed in the most deprived deciles (decile 1), whilst the smallest percentage change was observed in the least deprived deciles (deciles 9 and 10). This demonstrates that the work undertaken by systems was appropriately targeting groups with the lowest uptake.

Table 5: Percentage change in recorded MMR pre (end Aug2023) to post campaign (end April 2024)[11]

Catch-up cohort	Devon ICB	Cornwall ICB
MMR1 - 15 months to 5 years	0.96	2.11
MMR1 - 3 years 7 months to 5 years	0.38	0.73
MMR2 - 3 years 7 months to 5 years	2.48	2.96
MMR1 – 6 to 11 years	0.24	0.2
MMR2 – 6 to 11 years	0.37	0.35
MMR1 – 12 to 25 years	0.14	0.15
MMR2 – 12 to 25 years	0.17	0.2

NHSE SW completed a vaccine confidence project undertaken in collaboration with University of Bristol and the national NHSE team and has produced a training resource to support health, social care and other practitioners to have conversations with individuals to encourage take-up of vaccinations. This will be used by system teams to support ongoing vaccine confidence training with a range of staff groups during 2024/25 and NHSE SW will be producing an additional version for non-health care workers.

[11] Evaluating the impact of national and regional measles catch-up activity on MMR vaccine coverage in England, 2023 to 2024 - GOV.UK (www.gov.uk)

SCHOOL AGED IMMUNISATIONS

To Note: Data for 2023/24 not published at the time of writing

Both Devon, Cornwall and Isles of Scilly (DCIOS) providers have worked hard to continue to offer catch-up opportunities to those impacted by the pandemic as well as deliver the routine programmes.

Uptake data for 2022/23 cohort (see appendix 6.2) showed ongoing challenges, so NHSE VAST reviewed providers operational plans and commissioned additional catch-up activity which was delivered by the school aged immunisations services (SAIS). This was supported by additional NHSE SW financial investment to both providers.

A new provider commenced in Devon on 01/08/2023 and the same (incumbent) provider commenced a new contract on 01/08/2024. Core specifications have been expanded to now include an offer of MMR alongside the routine immunisations with catch-up up to and including year 11, it is hoped that this will help the continued drive to ensure all children are fully vaccinated.

In September 2023, the HPV programme changed to a one dose schedule.

In 2024/25, both MIUGs are planning to pilot the use of EDUCATE resource (University of Bristol: EDUCATE (pshe-association.org.uk) lesson plan and resources) in low uptake schools to increase understanding of HPV vaccine and support vaccine confidence.

VACCINATIONS IN PREGNANCY

Vaccinations in Pregnancy include Flu and Pertussis (and COVID - not currently a Section 7a commissioned programme). All Devon and Cornwall providers offer both flu and pertussis vaccinations. From 01/09/2024, RSV vaccination will be introduced in to core maternity services.

Uptake for flu vaccination 2023/24 was slightly below 2023/23 levels (see Appendix 6.3).

However, 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 was undertaken in the Cornwall MIUG to look at maternity data flow processes for pertussis.

NHSE SW has introduced a new Perinatal Pathway work programme supported by additional funding for Maternity Services to support the planning, delivery and monitoring of the performance and quality of vaccination programmes given during pregnancy, and in particular to improve data quality as it is felt that published vaccination uptake data is not currently fully complete. The regional team has been working closely with Devon and Cornwall Vaccination SROs to implement the quality improvements –the initial priority will be the successful mobilisation of the RSV programme.

During the year, UKHSA alerted concerns about the rising number of pertussis cases and deaths in newborns. Devon and Cornwall maintain high coverage overall of routine childhood immunisations, so the focus of the response was on maternal vaccination with extensive communications to pregnant women and people led by the two ICB teams. The Perinatal Pathway work programme is the key vehicle to deliver ongoing improvements to access and acceptability of the vaccination programme to maximise uptake.

Both the Devon and CIoS ICBs and associated vaccination teams have coordinated significant communications and engagement to promote pertussis vaccination uptake.

The Cornwall MIUG had a particular focus on Pertussis during 2023/2024 given Cornwall's low uptake rate of the pertussis vaccination. Work has included:

- A review of the pertussis event data between maternity and general practice, as well as administration of event data at general practice, such as coding. This work has highlighted issues with data recording which are currently being addressed.

- The ICB conducted research to understand attitudes towards and understanding of the pertussis vaccination. This was carried out with both pregnant women and also midwives, to identify any training need around vaccine knowledge and confidence.

Quarter 3 2023/24 pertussis vaccine data is shown in appendix 6.3

OLDER PEOPLE IMMUNISATIONS

Shingles vaccination is first offered at age 70 years and eligibility continues until age 80. Across the Southwest, 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 that uptake in Devon and Plymouth is a little above the national average, however, uptake in Torbay and Cornwall is a little below the national average (see Appendix 6.2).

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.

In addition to Zostavax, a second vaccine Shingrix was introduced to offer to all those who are aged 70-80 who are immunocompromised (and so not eligible for Zostavax).

The latest published data for Pneumococcal vaccination is 2022/23 with coverage stable for Devon and Cornwall and meeting the acceptable lower threshold of 65% and under the target uptake of 75% (see appendix 6.2). Uptake is a little above the national average in Devon and Cornwall and on a small upward trend, and a little below the national average but stable in Plymouth and Torbay. 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.

SEASONAL IMMUNISATIONS (FLU AND COVID19 IMMUNISATIONS)

Both the Devon and Cornwall and Isles of Scilly ICBs delivered vaccinations through Primary Care Networks, Community Pharmacies, Large Vaccination Centres and a wide range of outreach activities.

Autumn 2023/24 (COVID19 and influenza)

The Seasonal Influenza season in 2023-2024 ran from September 2023 until end of March 2024. Cohorts included people aged 65+, all Care Home residents and staff, housebound patients, Health and Social Care Workers and Clinically Extremely Vulnerable groups as identified by the Green Book.

155,294 COVID-19 vaccinations were provided to patients registered in Cornwall which equated to an uptake of 62.4 % of those that were eligible.

337,428 COVID-19 vaccinations were provided to patients registered in Devon which equated to an uptake of 62% of those that were eligible.

Devon and Cornwall were 7th and 10th respectively of the 42 ICB systems in England

One of the prime aims this year was the co-administration of both the influenza and autumnal COVID vaccination. Increases were also seen in co-administration with 35.5% of vaccine being co-administered in Devon.

Table 6: Seasonal influenza immunisation uptake for season in 2023-2024

	Aged 65 and over	Under 65's (at risk)	2–3-year-olds	Primary school aged
Devon	81.6%	48.2%	56.9%	63.6%
Plymouth	79.9%	45.0%	47.3%	59.8%
Torbay	75.6%	42.0%	42.0%	52.5%

Devon ICB	79.8%	43.8%	53.2%	61.5
Cornwall & IOS ICB	78.7%	41.5%	46.7%	53.5%
Southwest	81.3%	46.5%	51.9%	62.0%
England	77.8%	41.4%	44.4%	55.1%

Source: Fingertips | Department of Health and Social Care

Spring 2024 (COVID19)

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.

61,070 vaccinations were provided to patients registered in Cornwall which equated to an uptake of 63.1% of those that were eligible.

130,039 vaccinations were provided to patients registered in Devon which equated to an uptake of 72.4% of those that were eligible.

Inequalities continued to be a strong focus of the programmes with outreach into areas of deprivation and/ or low uptake and in locations which increased access, such as food banks; community centres; soup runs; complex lives settings; and bespoke clinics for specific groups such as carers. Providing added value of these contacts continues to be a priority with other needs identified and addressed as part of the Making Every Contact Count agenda and created an "in" for other support.

In terms of seasonal influenza Devon and Cornwall & IOS had some of the highest uptakes across England in nearly all cohorts. However, disappointingly both adult social care and healthcare staff in general, had a lower uptake across both vaccination programs. which reflects the national picture. Gaps in offer around non-NHS care staff flu vaccination provision remains and this has been raised at national level.

Two Devon schools were hit by a late season influenza outbreaks. As the flu vaccination uptake was low in these school, the School Aged Immunisation Team stood up additional flu vaccination clinics.

Devon ICB was able to make funding available for organisations across Devon to apply for enable then to support the increase uptake of seasonal flu and COVID19 vaccinations.

6. HEALTH CARE ASSOCIATED INFECTIONS & ANTIMICROBIAL RESISTANCE

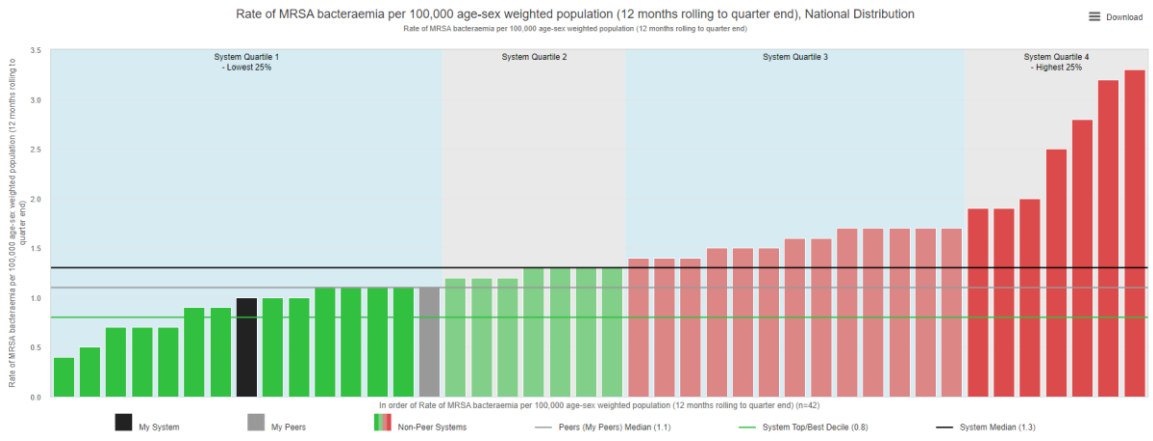
6.1 KEY PERFORMANCE

The following information summarises the key performance position and developments for health care associated infections, antimicrobial resistance work and key challenges over 2023/24 across the geography of Devon and Cornwall and Isles of Scilly (CIoS).

The shared data charts in table 6, are courtesy of Model Health System, NHS Digital, are given as rates per 100,000 population and are age-sex weighted by population. Whilst the numerator is sourced from the healthcare-associated infection (HCAI) data capture system (DCS), UKHSA, the denominator source is a 12-month average GP registered population. The calculated rates are 12 months rolling to quarter end. This data is also used for reporting to health protection committee, to maintain consistency. Cornwall is displayed in black and Devon in grey.

Table 7: Cases and rates for key organisms 2023/24

Methicillin Resistant Staphylococcus Aureus (MRSA)



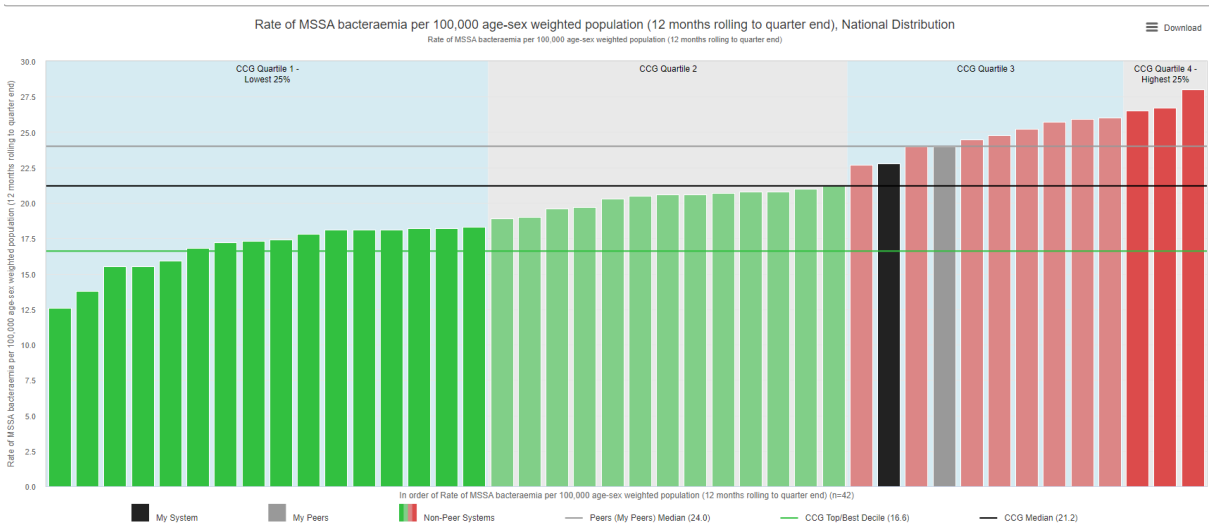
NHS Cornwall ICB:

There have been a total of 7 cases of MRSA blood stream infections (BSI) in Cornwall from 1st April 2023 to 31 March 2024, at the end of quarter 4 (year-end), this is a rate of 1 per 100,000, below the system median of 1.3 and places Cornwall in the lowest quartile.

NHS Devon ICB:

There have been a total of 16 cases of MRSA blood stream infections (BSI) in Devon from 1st April 2023 to 31 March 2024, at the end of quarter 4 (year-end), this is a rate of 1.1 per 100,000, below the system median of 1.3 and places Devon in the lowest quartile.

Methicillin Sensitive Staphylococcus Aureus (MSSA)



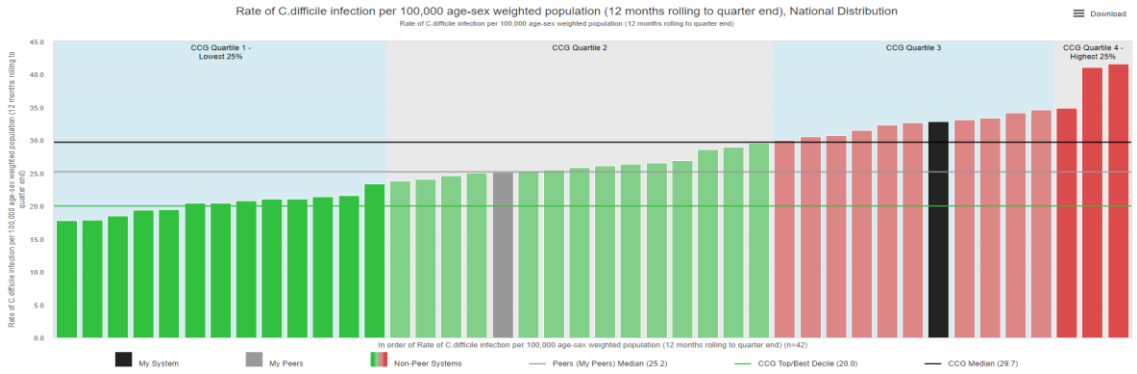
NHS Cornwall ICB:

There have been a total of 176 cases of MSSA blood stream infections (BSI) in Cornwall from 1 April 2023 and 31 March 2024. At the end of quarter 4, this is a rate of 24.3 per 100,000, above the system median of 21.9 and places Cornwall in the third (mid-high) quartile.

NHS Devon ICB:

There have been a total of 378 cases of MSSA blood stream infections (BSI) in Devon from 1 April 2023 and 31 March 2024. At the end of quarter 4, this is a rate of 24.9 per 100,000, above the system median of 21.9 and places Devon in the third (mid-high) quartile.

Clostridioides difficile (C. difficile)



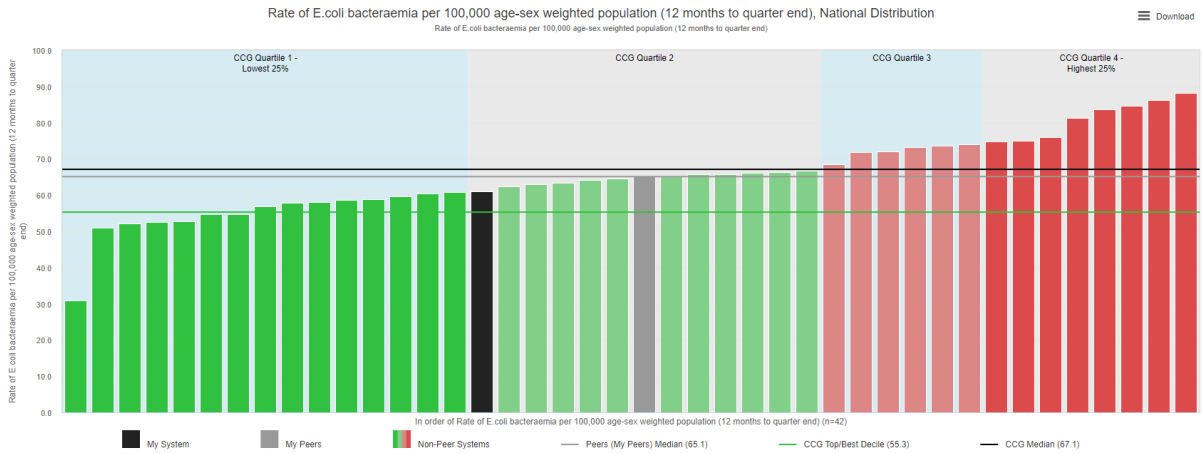
NHS Cornwall ICB:

There have been a total of 254 cases of *C. difficile* in Cornwall from 1 April 2023 to 31 March 2024. At the end of quarter 4, this is a rate of 32.9 per 100,000, above the system median of 29.7 and places Cornwall in the third (mid-high) quartile.

NHS Devon ICB:

There have been a total of 409 cases of *C. difficile* in Devon from 1 April 2023 to 31 March 2024. At the end of quarter 4, this is a rate of 25.2 per 100,000, below the system median of 29.7 and places second (low-mid) quartile.

Escherichia Coli (E. coli)



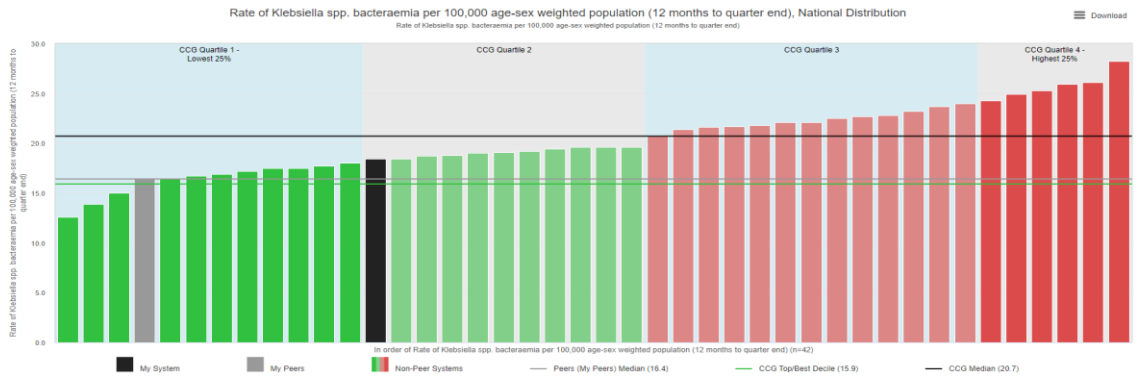
NHS Cornwall ICB:

There have been a total of 481 E. coli BSI in Cornwall from 1 April 2023 to 31 March 2024. At the end of quarter 4, this is a rate of 61.1 per 100,000, below the system median of 67.1 and places Cornwall in the second (low-mid) quartile.

NHS Devon ICB:

There have been 1076 cases of *E. coli* BSI in Devon between 1 April 2023 and 31 March 2024. At the end of quarter 4, this is a rate of 65.1 per 100,000, below the system median of 67.1 and in the second (low-mid) quartile.

Klebsiella



NHS Cornwall ICB:

There have been a total of 143 cases of *Klebsiella* spp. BSI in Cornwall from 1 April 2023 to 31 March 2024. At the end of quarter 4, this is a rate of 18.4 per 100,000, below the system median of 20.7 and places Cornwall in the second (low-mid) quartile.

NHS Devon ICB:

There have been a total of 265 cases of *Klebsiella* spp. BSI in Devon from 1 April 2023 to 31 March 2024. At the end of quarter 4, this is a rate of 16.4 per 100,000, below the system median of 20.7 and places Devon in the first (lowest) quartile.

6.2 ANTIMICROBIAL RESISTANCE (AMR) WORKING GROUPS

6.2.1 Peninsula AMR Group

Following a decision to merge the Devon and Cornwall AMR groups to a peninsula-wide group (PARG), a first meeting was held in May 2023 to formalise TOR. Since then, the PARG has met on a quarterly basis.

The PARG is made up of representatives across Devon, Cornwall and IoS systems with good representation in the group from primary care (both in-hours and out-of-hours), acute trusts, Academia, IPC, Public Health (LAs and UKHSA), private health providers and animal husbandry.

Going forward, the work of the PARG will be delivered through themed groups who will coordinate work on the ambition areas of the government's long-term plan for antimicrobial resistance expressed in the AMR National Action Plan, alongside the Southwest Infection Prevention Strategy and the draft Cornwall and Isles of Scilly IPC Strategy. Of note within this is a commitment to Health and Social Care teams, recognising that social care is an important arena for infection prevention and management and the use of antibiotics.

In 2023/24 there was a national mandatory Commissioning Quality & Innovation (CQUIN) in place, applicable to secondary health providers, related to movement of intravenous (IV) to oral routes for antibiotics administration. This looked at the percentage of patients in hospital that can or could be switched to oral antibiotics and those that had remained on IV antibiotics past the point they should have been switched to oral, and what was indicated that the percentage of patients was found to be quite low. Trusts within the region had low numbers. Unfortunately, for 2024/25the CQUIN is non-mandatory which risks less engagement although it is an easy AMR fix; as well as being sustainable, reducing patient stays and therefore improving patient flows in our hospital settings, the main benefit for the patient is from the patient safety element of reducing the risk of a new HCAI developing.

Torbay AMR group was set up to localise the work across the locality, focusing on settings – education, business, care sector. Education work included promotion, hand-washing training and resource packs for early years, along with education sessions for providers.

Cornwall AMR delivery and Implementation Group provides a system-wide approach to the containment and control of AMR in human health services of Cornwall and Isles of Scilly. It has been subject to some governance limitations but has continued to provide a local NHS focus on the four pillars of the national AMR programme; infection prevention; antimicrobial stewardship; diagnostics and decision support, and sepsis. A group workshop, held in October 2023, used systems thinking methodology to interrogate perceptions and consider next steps.

6.2.2 WORLD ANTIMICROBIAL AWARENESS WEEK 2023

Activities and information was disseminated across NHS trusts, Local Authorities and Universities and schools were delivered across the Peninsula as part of AMR engagement activity for World Antimicrobial Awareness Week 2023, which included both public facing and staff communications.

6.3 PROGRESS ON KEY HCAI & AMR CHALLENGES

Investigations into all healthcare-onset, healthcare-associated cases have been undertaken. Within Cornwall, these have identified key learning themes which include missed opportunities for face-to-face GP consultation, no documented follow up of urinary tract infections (UTI), midstream urine samples not being collected, dipping urine (a Point of Care Testing (POCT)) in patients over the age of 65, missed testing due to lack of detail on microbiology request forms, and multiple cannulation attempts. The picture in Devon was similar and also found the majority of cases were community-onset or community-associated (COCA).

MSSA work has been less well covered during the pandemic due to the many other pressures. However, both systems are placing this work within their IPC 2024-2025 work plans focusing on non-infection specific quality improvement plans within the following themes: wound care, UTI, pneumonia, timely care, sampling, and prescribing patterns.

C. Difficile has shown an increase both regionally and nationally in the numbers of cases and is an area where work is currently underway and where further work is being development. Early analysis shows the need for additional quality improvement measures which will be included in the IPC 2024/25 work plan.

Within the Cornwall system a patient-held, 'Think C. diff' passport continues to be rolled out across Cornwall for all patients with a *C. difficile* infection diagnosis. The system infection control lead is representing the Devon system at a national *C. difficile* strategic level, and both Devon and Cornwall are a member of the regional *C. difficile* data collaborative. In addition, individual trusts each have *C. difficile* reduction strategies in place and results from some of these works have been shared at national level. Community onset *C. difficile* monitoring and theme/trend analysis is taking place in Devon localities but has yet to be combined across the Devon footprint.

Surveillance into cases of *Klebsiella* specimens in October 2023, processed at Cornwall's acute hospital identified that 33% of cases (3/9) had been admitted due to exacerbation of COPD. Other predisposing risk factors identified were UTI and acute cholecystitis. These finding will feed through into the planned workplan for action.

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 multi-agency partnerships; in the Peninsula this is the Devon, Cornwall and the Isles of Scilly Local Resilience Forum (LRF).

Relevant forum members responded to the following major/ critical incidents in 2023/24:

- Operation Foster – the response to the discovery of a 500kg unexploded World War 2 bomb in the Keyham area of Plymouth in February 2024. This response saw NHS Devon, University Hospitals Plymouth and Livewell Southwest work closely with multi-agency partners to identify vulnerable residents and support in the evacuation of more than 10,000 residents, over a period of three days. The device was made safe by military Explosive Ordinance Disposal (EOD) staff, transported to Torpoint, transferred to a barge and taken out to sea for a sub-surface detonation late that evening. This Operation was one of the largest population evacuations undertaken in the UK and also involved the first live use of the new Emergency Alert System to ask residents to evacuate the area.
- In May 2023 and on several other occasions in this period, heavy and sudden onset rainfall led to significant and widespread flooding across multiple district areas. Initially primarily over the East Devon area, later flooding events impacted communities across wider Devon, with public health advice being issued to support safe recovery operations.
- Devon and C&IOS System Critical Incidents: Robust system responses were activated on several occasions due to various causes for example, escalating pressures upon urgent and emergency care services and care and system level IT outage.

7.2 INDUSTRIAL ACTION

There has been wide scale public sector industrial action from late 2022 ongoing into 2023/24. A robust planning regime was implemented, and system wide industrial action plans developed working collaboratively with providers. Debriefs have been held after each period

of industrial action and learning identified embedded into the next iteration of planning assumptions.

7.3 EPRR RESPONSE ACTIVITY

7.3.1 Devon

The team have continued to deliver a robust EPRR function with highlights listed below:

- Deliver annual nationally mandated EPRR Assurance process requiring assessment of the state of emergency preparedness of all Devon providers and the ICB against the Core Standards for EPRR
- Maintenance of on-call staff training to maintain incident response effectiveness
- Joint Devon & Cornwall ICBs HCID & Pandemic Plan – now being adapted to a LHRP Framework
- System & ICB debriefings of IT Outages; System pressures, Public Holidays & Industrial Action over winter; a UHP Full Lockdown; and Operation Foster
- Chair the LHRP Business Management Group (BMG), acting as Capability Lead for Health on the LRF

7.3.2 Cornwall and Isles of Scilly

The team have continued to deliver a robust EPRR function with highlights listed below:

- Delivery of joint principles of health command training across the Peninsula with sessions delivered by both Devon and Cornwall EPRR leads
- Delivery of the EPRR annual assurance process, supporting providers through a quarterly meeting assessment process to deliver collaborative working and support
- Lead the LHRP function including delivery of the risk register and associated work plan
- Head of EPRR is part of a national group led by NHS England revising the Management of self-presenters (CBRN) guidance, the guidelines are now awaiting publication
- Development of LHRP/ LRF Mass Casualty Framework
- Act as Senior Responsible Officer (SRO) for Health on the LRF

7.4 DEVON, CORNWALL, AND ISLES OF SCILLY EXERCISES & PLANNING

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

Exercise Galvanise (November 2023) – LRF Strategic Co-ordinating Group (SCG) exercise of response to a National Power Outage (NPO). Both ICBs participated representing their systems. The learning from the exercise highlighted areas for further action planning.

Exercise Morgawr (1st May 2024) was hosted by Pendennis Shipyard, Falmouth and brought together those agencies and organisations with a role in responding to maritime emergencies and their impact ashore, to share best practice and support arrangements to mitigate those risks effectively and efficiently.

Various other exercises have taken place to test agency responses across partners to a range of scenarios.

In the last 12 months the DCC team have been working on developing evacuation and shelter planning for Exeter and also the identification of suitable centres across the rest of Devon. We have adopted and trained on our latest Coastal Pollution response plan.

7.4 HIGH CONSEQUENCE INFECTIOUS DISEASES (INCORPORATING PANDEMIC) PLAN

The drafting of this plan has commenced and will be progressed to completion at the beginning of 2025.

7.5 SEVERE WEATHER PLANS

Severe weather plans are reviewed annually against any changes in guidance and assessed through the annual EPRR assurance process. We are running a capability style delivery of the LHRP workplan with a specific workgroup for this capability to ensure all plans are aligned with national guidance at operational levels.

7.6 ASSURANCE

The annual EPRR assurance was delivered in 2023 and 2024 and signed off by the LHRP.

7.7 TRAINING

Training is delivered at a system and Peninsula level for principles of health command. Locally within CIOS we also deliver system level loggist training and all Directors on call have access to LRF level training such as JESIP.

As well as the joint PHC training referred to above, all NHS Devon on-call staff undergo internal on-call Induction/ Refresher training each year to maintain their awareness of the processes and systems in place for a multi-agency emergency response. Similarly, there is also a refresher programme in CIOS and on-call staff have access to LRF multi-agency training.

8. CLIMATE AND ENVIRONMENT

This section of the report was introduced last year, seeking to continue development from the setting of work programme priority on climate in the 2021-22 Committee report.

The changing climate poses one of the greatest health security and societal challenges, impacting everything from the air we breathe to the quality and availability of our food and water. Climate change is increasing the frequency and intensity of environmental health threats like flooding and heatwaves and is creating conditions which heighten the risks from infectious diseases. Climate change is now the context in which we need to protect health from environmental hazards and infectious diseases and will determine future risks to health including new challenges such as wildfires and droughts and growing problems such as antimicrobial resistance or future pandemics.

Whilst everyone will be at some risk from adverse health impacts from climate change, the impacts will vary at individual level and the most disadvantaged both here in the UK and around the world will be disproportionately affected.

In 2022 UKHSA launched the Centre for Climate and Health Security (CCHS), which is a national hub of climate and health security work, mainly focused on adaptation but with an advocacy role around the co-benefits of mitigation/net zero actions. In 2023/2024 they published the Adverse Weather Health Plan and the fourth Health Effects of Climate Change in the UK report, which provides evidence, analysis and recommendations based on climate change projections for the UK.

In the Southwest, UKHSA, OHID, FPH sustainability representatives and LA leads from Devon and Cornwall worked together to establish a Southwest Climate Change Public Health Leads Network, to provide a space for public health leads to share best practice and increase their impact and influence on climate change. The network is also building wider connections with professionals across Greener NHS and emergency planning.

UKHSA SWHPT ran the Southwest Health Protection Conference in February 2024 and featured climate change as a plenary session, with speakers from UKHSA CCHS, and further climate change CPD sessions are taking place in 2024/2025.

In DCIOS, the Devon, Cornwall and Isles of Scilly (DCIoS) Climate Impacts Group (CIG) is the main partnership that coordinates Peninsula-wide action on climate adaptation, preparing communities and organisations for a changing climate, and improving resilience across the region, and has published a risk register and the DCIOS Climate Adaptation Strategy. Work on de-carbonisation and net zero is coordinated through the Devon Climate Emergency net zero plan and the Cornwall Climate Emergency plan.

The DCIOS Health Protection Committee and regular locality meetings have 'climate change' on the agenda as standing item as an ongoing prompt to consider the risks and opportunities for actions that have climate, health and equity co-benefits.

CIOS are working at system level on health creation models and adaptation and mitigation plans which reduce the production of carbon by considering a wellness health model rather than the traditional sickness model. The climate change work in health is not just focused on response to climate change e.g. floods and heatwaves but the bigger picture of meeting the Net Zero targets in Green Plans through overall channel shift into health creation, healthier societies, moving care closer to communities and reducing the requirement for carbon intensive secondary care.

There are many actions already taking place across the Peninsula that are successfully reducing greenhouse gas emissions, increasing resilience and implementing the four local authorities carbon neutral / net zero plans. Please refer to local websites and plans for detail on specific actions.

https://www.cornwall.gov.uk/climateemergencydpd

https://devonclimateemergency.org.uk/devon-carbon-plan/

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

https://www.torbay.gov.uk/council/climate-change/carbon-neutral-council-action-plan/

9. ONGOING WORK PROGRAMME PRIORITIES

The DCIOS Health Protection Committee has reviewed the work programme priorities in the formulation of this report and has agreed that these remain unchanged from last year, due to the ongoing nature of the related work and are set out below:

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;
   - promote health protective behaviours
   - strengthen infection prevention systems within health and care and wider settings
   - reduce healthcare associated infections
   - tackle antimicrobial resistance
   - 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

10. AUTHORS AND CONTRIBUTORS

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

11. APPENDICES

APPENDIX 1: DEVON, CORNWALL, AND ISLES OF SCILLY HEALTH PROTECTION COMMITTEE: SUMMARY TERMS OF REFERENCE

1. Aim, Scope & Objectives

Aim

1.1 To provide assurance to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health.

Scope

1.2 The scope of health protection to be considered by the committee will include prevention and control of infectious diseases, immunisation and screening, healthcare associated infections, non-infectious environmental hazards, and emergency planning and response (including severe weather, environmental and non-environmental hazards).

Objectives

1.3 To provide strategic oversight of the health protection system operating across Devon, Plymouth, Torbay, Cornwall Council & the Council of the Isles of Scilly.

1.4 To oversee the development, monitoring and review of a memorandum of understanding that outlines the roles and responsibilities of the UKHSA, Integrated Care Systems (Devon, and Cornwall & the Isles of Scilly), and upper tier/lower tier/unitary authorities in relation to health protection.

1.5 To provide oversight of health protection intelligence reported to the committee and be appraised of risks, incidents, or areas of underperformance.

1.6 To review and challenge the quality of health protection plans and arrangements to mitigate any risks.

1.7 To share and escalate risks, incidents and underperformance to appropriate bodies (e.g. Health and Wellbeing Boards/Local Health Resilience Partnership, NHS England) when health protection plans and arrangements are insufficient to protect the public. The escalation route will depend on the risk or area of underperformance.

1.8 To agree an annual programme of work to further improve local health protection arrangements as informed by the respective Health and Wellbeing Strategies for Devon, Plymouth, Torbay, Cornwall Council and the Council of the Isles of Scilly and their Director of Public Health's Annual Report and Joint Strategic Needs Assessments.

1.9 To review and challenge arrangements for the delivery of existing and new national screening and immunisation programmes or extensions to existing programmes.

1.10 To promote reduction in inequalities in health protection across Devon, Plymouth, Torbay, and Cornwall & the Isles of Scilly.

1.11 To oversee and ratify a Health Protection Committee Annual Report.

2. Membership

Chair: Director of Public Health

Business Support

Members:

- *UKHSA Health Protection Consultants*
- *NHS England Southwest Vaccinations & Screening Team*
- *NHS Devon IPC Team*
- *NHS Kernow ICB Director of IPC*
- *Consultant in Public Health: Local Authority Health Protection Lead*
- *EPRR Leads from NHS Devon ICB and NHS Kernow ICB*
- *Co-Chair of Health Protection Advisory Group*
- *Local Health Resilience Partnership Co-Chair*
- *Devon Strategic Environmental Health Group Representative*
- *Co-Chairs of Peninsula AMR Group*

Minutes are also circulated to:

- *Chief Nursing Officer, NHS Devon ICB and NHS Kernow ICB*

3. Meetings & Conduct of Business

3.1 The Chairperson of the Health Protection Committee will be either a Director of Public Health from Devon County Council, Plymouth City Council, Torbay or Cornwall Council. Directors of Public Health serving these councils will review this position annually.

3.2 For meetings to be quorate they must comprise:

- *The Chairperson of the Health Protection Committee, or their deputy*
- *Leads or their deputies from the Local Authority Public Health (minimum of one representative from Cornwall and one from the Devon Local Authorities)*
- *Leads or their deputies from the Integrated Care Board*
- *Leads or their deputies from the UKHSA*
- *Leads or their deputies from the VAST*

3.3 All meeting papers will be circulated at least seven days in advance of the meeting date.

3.4 The agenda (standing items listed in 3.6 below) and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 14 working days of the meeting.

3.5 Meetings will be held quarterly.

3.6 Standing agenda items will include the following:

- *Health Protection Exception Reports*
- *Communicable Diseases, Environmental Hazards & Health Protection UKHSA Quarterly Update*
- *Healthcare Associated Infections Quarterly Report*
- *Screening and Immunisation Quarterly Performance and Risk Monitoring Report*
- *Peninsula Cancer Prevention Alliance: Feedback from Devon & Cornwall Meeting*
- *Emergency Planning update*
- *Annual Assurance Report*
- *Update on ongoing work programme priorities[12] (where not already provided)*
- *Joint Forward Plans*
- *Gap Analysis Action Plan (GAAP) Tool Implementation*
- *Risks*
- *Any Other Business*

[12] as outlined in the Annual Assurance Report

3.7 An annual report of the Committee will be forwarded to members of the Health and Wellbeing Boards for Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council & the Council of the Isles of Scilly. Also present as an annual agenda item to the Local Health Resilience Partnership.

3.8 Terms of Reference to be reviewed annually.

Reviewed 14th March 2024

AFFILIATED GROUPS

In addition, 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.

APPENDIX 2: ROLES IN RELATION TO DELIVERY, SURVEILLANCE AND ASSURANCE

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 authorities and NHS. 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.

SCREENING AND IMMUNISATION

Population Screening and Immunisation programmes are commissioned by NHS England and Improvement under what is known as the Section 7A agreement. There are 20 population immunisation programmes and 11 population screening programmes. These programmes cover the whole life course from antenatal to elderly persons and, in any one year, approximately 70% of the population will become eligible for at least one immunisation or

screening test. These programmes are a core element of prevention and early diagnosis and offer opportunities for accessing populations to improve wider health and wellbeing.

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

UK Health Security Agency is responsible for setting national screening and immunisation policy and standards through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff in Screening and Immunisation Teams, employed by NHS England work alongside NHS England Public Health Commissioning colleagues as part of a wider Vaccination and Screening Team to provide accountability for the commissioning of the programmes and system leadership.
Local Authorities, through the Director of Public Health, are responsible for seeking assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local populations. Public Health Teams are responsible for protecting and improving the health of their local population under the leadership of the Director of Public Health, including supporting NHS England in efforts to improve programme coverage and uptake.
The Southwest 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 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 Maximising Immunisation Uptake Groups, 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.

There are oversight groups (Programme Boards) for all screening programmes and these form part of the local assurance mechanisms to identify risks and oversee continuous quality improvement. In addition, specific project groups are convened, as necessary, to oversee significant developments in the programmes and the introduction of new programmes.
All the oversight groups have Terms of Reference and clear escalation routes to ensure accountability both within NHS England and individual partners.

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 Devon IPC 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.

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.

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.

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/

Devon Carbon Plan
https://devonclimateemergency.org.uk/devon-carbon-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

APPENDIX 4: COUNTS OF SITUATIONS BY PRINCIPAL CONTEXTS AND INFECTIOUS AGENTS IN DCIOS 01 APRIL 2023 TO 31 MARCH 2024 FROM FIELD SERVICES, UKHSA13

Table 8: Counts of respiratory situations by Principal Context and infectious agent in DCIOS footprint

	Primary context			
Infective organism	**Care Home**	**Nursery/ School**	**Other**	**Total**
Bordetella spp	**<5**	**<5**	**<5**	**<5**
COVID-19	**102**	**<5**	**<5**	**108**
Influenza A virus, Seasonal	**21**	**<5**	**<5**	**24**
Influenza B virus	**<5**	**<5**	**<5**	**<5**
Parainfluenza virus	**<5**	**<5**	**<5**	**<5**
Respiratory syncytial virus (RSV)	**<5**	**<5**	**<5**	**<5**
(blank)	**<5**	**<5**	**<5**	**<5**
Total	**128**	**7**	**8**	**143**

Other context = Custodial institution, Hospice, Hospital, Household, Supported living facility, workplace

Where the numbers of incidents are small, they are denoted as <5 to protect anonymity.

Table 9: Counts of gastrointestinal situations by Principal Context in DCIOS footprint (NB 98 out of the 112 situations related to Norovirus).

Primary context	Number of Situations
Care Home	59
Nursery	16
School	29
Other	8
Grand Total	112

Other context = boat, custodial institution, hotel, visitor attraction, workplace

[13] **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).

APPENDIX 5: SCREENING COVERAGE (LATEST AVAILABLE PUBLICLY AVAILABLE PUBLISHED DATA) 2022/23

Table 10: Cancer screening coverage by Local Authority 2010-2023

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	2023
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	71.6
						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	66.2
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	72.4
						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	65.8
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	77.4
						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	74.4
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	77.4
						England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3	72.0

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	2023
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	72.2
						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	66.2
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	66.9
						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	65.8
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	74.4
						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	74.4
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	74.8
						England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3	72.0

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	2023
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	66.1
						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	66.2
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	69.1
						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	65.8
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	73.2
						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	74.4
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	73.4
						England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3	72.0

Cancer Screening by Local Authority (Cornwall)

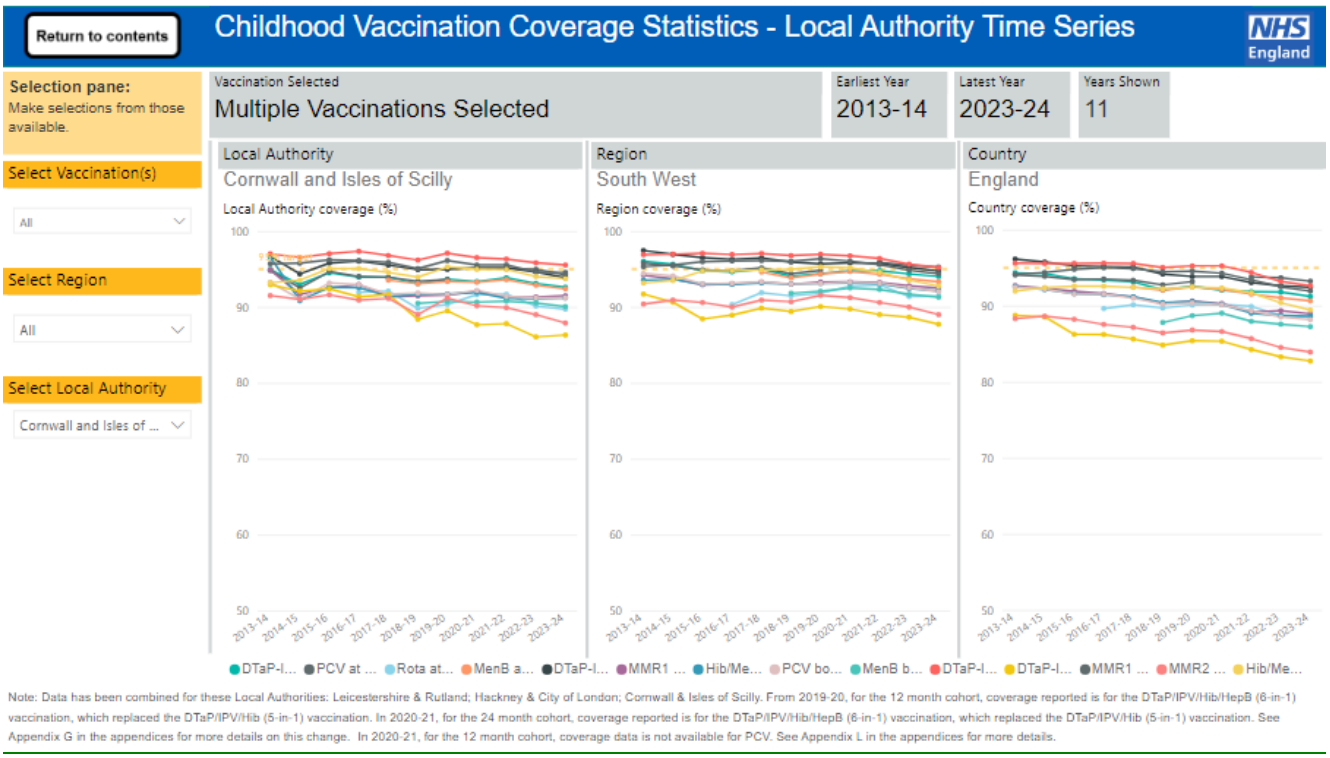
Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
C24a - Cancer screening coverage: breast cancer	70	80	< 70	70 - 80	≥ 80	Cornwall	80.0	79.8	79.3	79.9	80.1	80.3	80.0	79.3	78.4	78.2	78.1	72.1	71.9	70.4
						England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2	66.2
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	70.5
						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	65.8
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	74.2
						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	74.4
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	74.6
						England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3	72.0

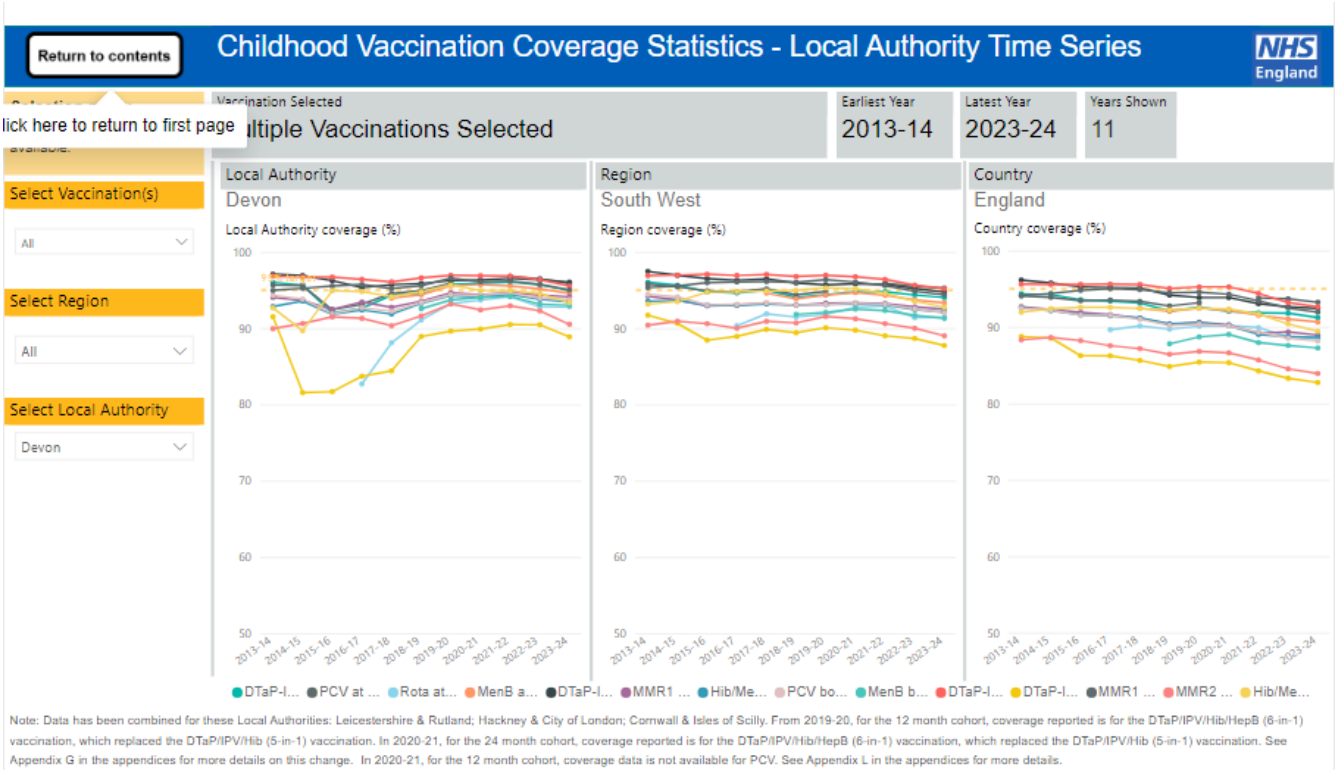
SOURCE: Local Authority Dashboard, Public Health Outcomes Framework, Futures website, downloaded 30/08/2024

APPENDIX 6: IMMUNISATIONS

APPENDIX 6.1 Preschool Immunisations– Annual COVER statistics 2023/24 by Local Authority

Childhood Vaccination Coverage Statistics - NHS Digital (accessed 29/10/24)

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Childhood Vaccination Coverage Statistics - Local Authority Time Series
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Country
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Local Authority coverage (%)
Region coverage (%)
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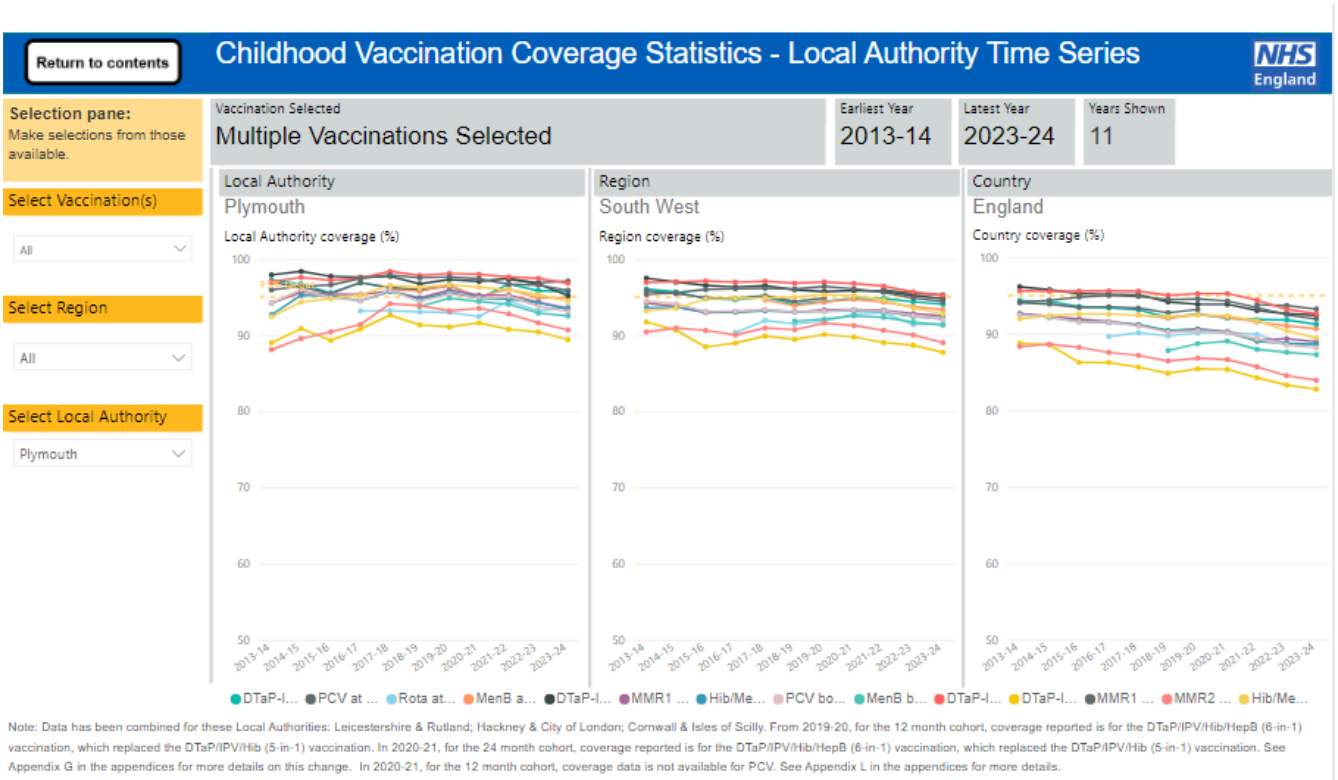
Note: Data has been combined for these Local Authorities: Leicestershire & Rutland; Hackney & City of London; Cornwall & Isles of Scilly. From 2019-20, for the 12 month cohort, coverage reported is for the DTaP/IPV/Hib/HepB (6-in-1) vaccination, which replaced the DTaP/IPV/Hib (5-in-1) vaccination. In 2020-21, for the 24 month cohort, coverage reported is for the DTaP/IPV/Hib/HepB (6-in-1) vaccination, which replaced the DTaP/IPV/Hib (5-in-1) vaccination. See Appendix G in the appendices for more details on this change. In 2020-21, for the 12 month cohort, coverage data is not available for PCV. See Appendix L in the appendices for more details.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Childhood Vaccination Coverage Statistics - Local Authority Time Series
NHS England
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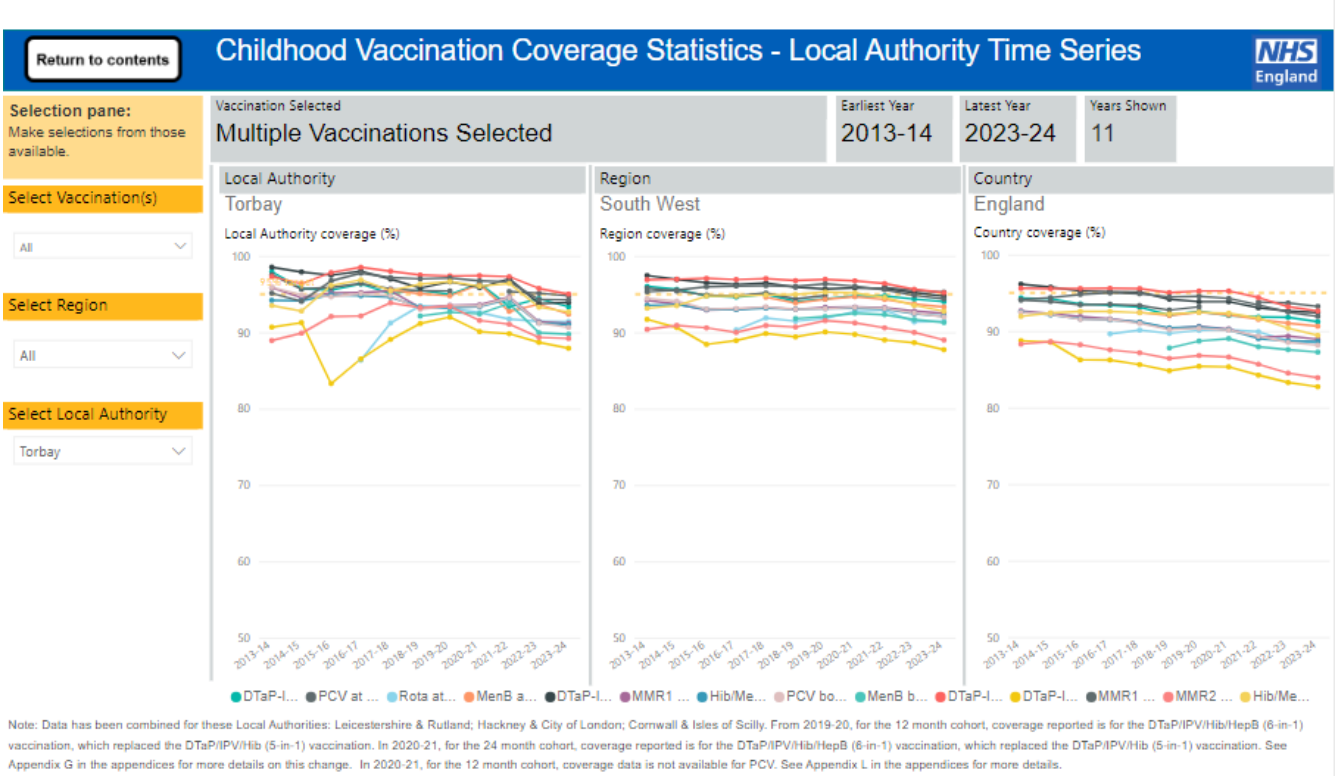
Vaccination Selected
Multiple Vaccinations Selected
Earliest Year
2013-14
Latest Year
2023-24
Years Shown
11
Select Vaccination(s)
All
Select Region
All
Select Local Authority
Plymouth
Local Authority
Plymouth
Region
South West
Country
England
Local Authority coverage (%)
Region coverage (%)
Country coverage (%)
DTaP-I... PCV at ... Rota at... MenB a... DTaP-I... MMR1 ... Hib/Me... PCV bo... MenB b... DTaP-I... DTaP-I... MMR1 ... MMR2 ... Hib/Me...
Note: Data has been combined for these Local Authorities: Leicestershire & Rutland; Hackney & City of London; Cornwall & Isles of Scilly. From 2019-20, for the 12 month cohort, coverage reported is for the DTaP/IPV/Hib/HepB (6-in-1) vaccination, which replaced the DTaP/IPV/Hib (5-in-1) vaccination. In 2020-21, for the 24 month cohort, coverage reported is for the DTaP/IPV/Hib/HepB (6-in-1) vaccination, which replaced the DTaP/IPV/Hib (5-in-1) vaccination. See Appendix G in the appendices for more details on this change. In 2020-21, for the 12 month cohort, coverage data is not available for PCV. See Appendix L in the appendices for more details.



APPENDIX 6.2: Annual other immunisations 2022/23 (latest publicly available published data)

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	2022/23
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	70.6
						England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6	71.3
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	64.9
						England										54.4	71.0	62.4	65.2
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (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	66.2
						England						85.1	83.1	83.8	83.9	64.7	60.6	67.3	62.9
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Cornwall											71.1	68.1	57.6
						England											54.4	62.4	56.1
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	69.7	71.2
						England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	71.5	71.8
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	81.8
						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	79.9
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	51.0
						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	49.1
D03I - 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	45.8
						England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1	43.7
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA			Cornwall										58.6	65.5	56.0	55.7
						England										60.4	62.5	57.4	56.3
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50	50 - 60	≥ 60	Cornwall									45.7	33.5	38.5	38.4	47.5
						England									49.1	48.2	42.1	44.0	48.3

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	2022/23
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 | 80 - 90 | ≥ 90	Devon				92.2	87.2	86.9	86.2	82.5	84.3	73.2	64.6	61.5	69.9
				England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6	71.3
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 | 80 - 90 | ≥ 90	Devon										59.6	56.3	52.6	62.4
				England										54.4	71.0	62.4	65.2
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Female)	80	90	< 80 | 80 - 90 | ≥ 90	Devon						85.8	86.6	80.8	81.3	70.4	61.6	63.6	51.0
				England						85.1	83.1	83.8	83.9	64.7	60.6	67.3	62.9
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Male)	80	90	< 80 | 80 - 90 | ≥ 90	Devon											51.1	56.8	44.4
				England											54.4	62.4	56.1
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 | 80 - 90 | ≥ 90	Devon							84.4	91.9	91.1	74.8	69.0	66.8	
				England							82.5	84.6	86.7	87.0	80.9	79.6	
D06b - Population vaccination coverage: PPV	65	75	< 65 | 65 - 75 | ≥ 75	Devon	69.6	70.0	69.6	69.9	70.2	70.2	70.5	69.9	70.1	70.2	70.6	71.2	72.3
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	71.5	71.8
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Devon	71.5	72.6	71.4	71.5	70.8	69.8	69.8	72.9	72.5	73.0	82.8	85.3	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	79.9
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Devon	48.8	49.9	47.8	47.8	44.5	42.0	46.2	50.0	49.2	45.5	58.1	60.3	56.4
				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	49.1
D03I - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Devon					43.8	42.6	46.6	53.3	63.4	59.6	70.6	61.5	56.0
				England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1	43.7
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA	Devon										62.3	66.5	57.5	62.4
				England										60.4	62.5	57.4	56.3
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50 | 50 - 60 | ≥ 60	Devon									51.0	46.9	40.4	45.0	53.6
				England									49.1	48.2	42.1	44.0	48.3

Annual Other Immunisations by Local Authority (Plymouth)

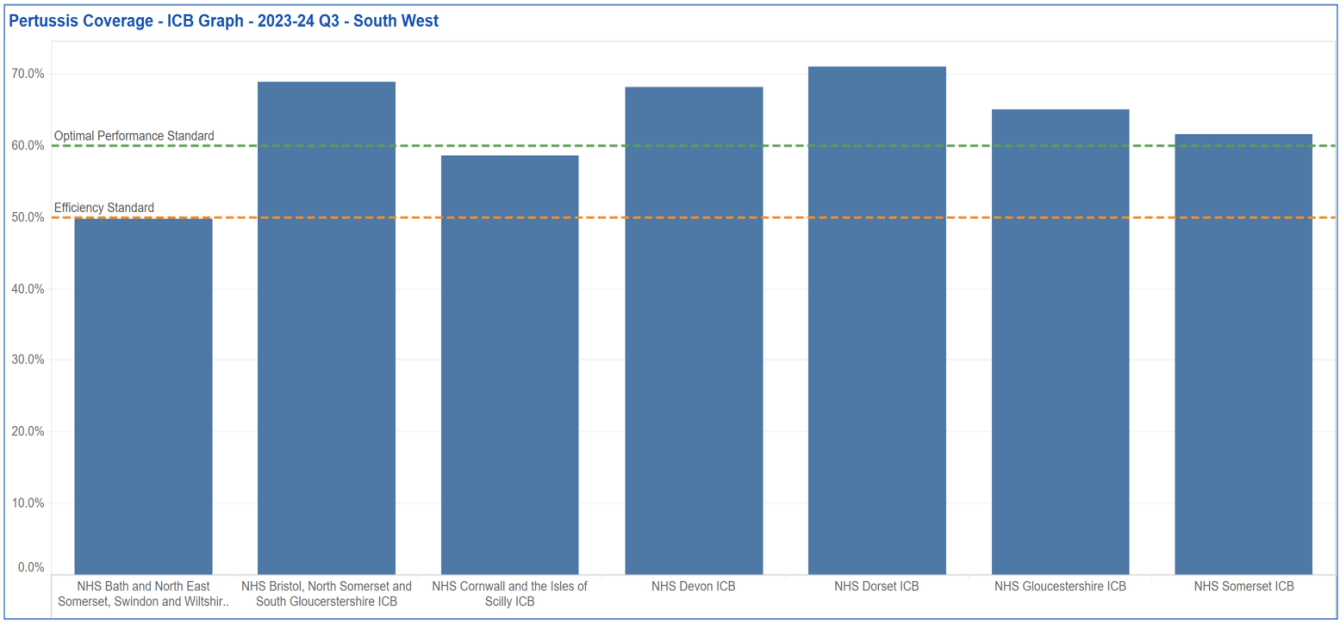
Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 | 80 - 90 | ≥ 90	Plymouth				82.6	86.7	89.4	85.1	86.6	83.6	65.8	64.9	55.5	66.3
				England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6	71.3
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 | 80 - 90 | ≥ 90	Plymouth										48.6	57.4	47.2	59.0
				England										54.4	71.0	62.4	65.2
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Female)	80	90	< 80 | 80 - 90 | ≥ 90	Plymouth						86.1	78.6	82.3	79.9	69.9	57.2	59.8	44.5
				England						85.1	83.1	83.8	83.9	64.7	60.6	67.3	62.9
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Male)	80	90	< 80 | 80 - 90 | ≥ 90	Plymouth											43.0	53.2	39.2
				England											54.4	62.4	56.1
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 | 80 - 90 | ≥ 90	Plymouth							77.7	76.8	78.9	74.3	65.0	62.5	
				England							82.5	84.6	86.7	87.0	80.9	79.6	
D06b - Population vaccination coverage: PPV	65	75	< 65 | 65 - 75 | ≥ 75	Plymouth	72.5	71.1	70.9	70.4	69.4	68.7	68.7	67.1	68.2	65.6	68.1	69.2	68.6
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	71.5	71.8
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Plymouth	73.6	76.1	75.3	73.2	73.4	71.5	70.3	71.7	71.2	71.4	81.2	82.6	81.1
				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	79.9
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Plymouth	54.3	54.8	54.1	51.8	49.9	44.9	46.0	47.7	46.7	41.2	52.3	53.9	49.2
				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	49.1
D03I - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Plymouth					39.2	34.9	40.1	44.7	53.3	50.9	63.0	52.9	43.9
				England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1	43.7
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA	Plymouth										57.5	63.2	48.7	60.8
				England										60.4	62.5	57.4	56.3
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50 | 50 - 60 | ≥ 60	Plymouth									42.9	46.5	40.8	45.3	54.9
				England									49.1	48.2	42.1	44.0	48.3

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	2022/23
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	66.6
				England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6	71.3
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	63.0
				England										54.4	71.0	62.4	65.2
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (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	48.2
				England						85.1	83.1	83.8	83.9	64.7	60.6	67.3	62.9
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Male)	80	90	< 80 | 80 - 90 | ≥ 90	Torbay											44.0	60.1	41.4
				England											54.4	62.4	56.1
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	69.1	68.2
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	71.5	71.8
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	79.2
				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	79.9
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	51.6
				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	49.1
D03I - 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	41.8
				England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1	43.7
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA	Torbay										57.6	61.7	45.1	56.1
				England										60.4	62.5	57.4	56.3
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50 | 50 - 60 | ≥ 60	Torbay									44.5	37.7	34.5	41.5	45.8
				England									49.1	48.2	42.1	44.0	48.3

APPENDIX 6.3: Pregnancy

Pertussis vaccination uptake, Q3 2023/24



Pregnancy- influenza, 2022/23 and 2023/24

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Meeting: Health and Wellbeing Board **Date:** 6th March 2025

Wards affected: All

Report Title: Draft South Local Care Partnership strategy to tackle health inequalities

When does the decision need to be implemented? For information

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

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

Lead Author: Jo Curtis, Senior Locality Commissioning Specialist (South and West), NHS Devon Integrated Care Board

1. Purpose of Report

1.1. This strategy has been drafted, following review of our population health, to set an approach to tackle health inequalities in the South Local Care Partnership (LCP) area.

2. Reason for Proposal and its benefits

2.1. There are significant policy and data drivers to tackle inequality in our locality and of an opportunity to come together and explore ways to make a difference to inequalities that, despite effort by many, are becoming more sustained.

2.2. The preferred approach for the LCP is to support organisations, departments, groups and teams to identify the health inequalities in all their work so they can be addressed.

2.3. Learning and evaluation will be an important part of this work to enable a range of impact measures to be identified to assist future planning.

2.4. Collaboration and partnership must include those from, and representing communities in the South LCP area, to ensure actions have positive impact.

3. Recommendation(s) / Proposed Decision

1. Members are asked to note the draft strategy to tackle health inequalities and to feed in any comments before the document is finalised by the South Local Care Partnership.

4. Appendices

Appendix 1: Draft South Local Care Partnership strategy to tackle health inequalities

5. Background Documents

Background documents are referenced and linked in the Strategy.

Supporting Information

6. Introduction

6.1. The South Local Care Partnership (LCP) of Devon Integrated Care System brings together public sector and community organisations to have a strategic view and prioritise work across its area. Its area spans the unitary authority area of Torbay and part of the Devon County Council area that includes most of Teignbridge District Council and half of South Hams District Council areas. The rationale for this is based on the footprint of the services provided by Torbay and South Devon NHS Foundation Trust which provides community and acute physical health and social care.

6.2. A Population Health sub-group of the LCP has undertaken to:

i. Develop and identify a shared vision for population health.
ii. Provide clarity on inequalities within the South LCP, recognising the difference between health inequalities and healthcare inequalities and how these link to ambitions of the One Devon Partnership Integrated Care Strategy and 5 Year Joint Forward Plan and the 10 year NHS Plan.
iii. To use the intelligence generated to ensure that population health, heath and healthcare inequalities, prevention, and early intervention, are centre stage in thinking, planning and actions across the South LCP.

6.3. This strategy has been drafted to support that work.

7. Options under consideration

7.1. The Strategy sets out a number of areas for concerted action.

8. Financial Opportunities and Implications

8.1. None

9. Legal Implications

9.1. None

10. Engagement and Consultation

10.1. Stakeholders have been engaged as part of the development of this strategy.

11. Procurement Implications

11.1. None

12. Protecting our naturally inspiring Bay and tackling Climate Change

12.1. This strategy acknowledges social and ecological boundaries that frame a way for people and the planet to thrive, as it makes connection between the many determinants of health.

13. Associated Risks

13.1. Risks are associated with the growing gap in health inequalities if no further action is taken.

14. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	18 per cent of Torbay residents are under 18 years old. 55 per cent of Torbay residents are aged between 18 to 64 years old. 27 per cent of Torbay residents are aged 65 and older.	Age profiles are highlighted as part of the population profile that has informed the development of this strategy. Ageing, frailty and isolation is a priority PLUS theme for this strategy. Work is already underway to promote healthy ageing. Young people and adults with SEND is a priority PLUS theme.		
Carers	At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.	Unpaid carers is a priority PLUS theme as identified by the population health profile.		
Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities	Young people and adults with SEND is a priority PLUS theme as identified by the population health profile.		

	were limited a little or a lot by a physical or mental health condition or illness.			
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is lower than England.	None identified. Demographic data from the Joint Strategic Needs Assessments in Torbay and Devon have informed the Strategy.		
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	None identified. Demographic data from the Joint Strategic Needs Assessments in Torbay and Devon have informed the Strategy.		
Pregnancy and maternity	Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.	Demographic data from the Joint Strategic Needs Assessments in Torbay and Devon have informed the Strategy.		

Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.	Demographic data from the Joint Strategic Needs Assessments in Torbay and Devon have informed the Strategy.		
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	None identified. Demographic data from the Joint Strategic Needs Assessments in Torbay and Devon have informed the Strategy.		
Sex	51.3% of Torbay's population are female and 48.7% are male	Demographic data from the Joint Strategic Needs Assessments in Torbay and Devon have informed the Strategy.		
Sexual orientation	In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.	Demographic data from the Joint Strategic Needs Assessments in Torbay and Devon have informed the Strategy.		
Armed Forces Community	In 2021, 3.8% of residents in England reported that they	None identified.		

	had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously served in the UK armed forces.	Demographic data from the Joint Strategic Needs Assessments in Torbay and Devon have informed the Strategy.		
Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)		Deprivation is a key focus of priority via the NHS England Core20PLUS5 framework.		
Public Health impacts (including impacts on the general health of the population of Torbay)		Demographic data from the Joint Strategic Needs Assessments in Torbay and Devon have informed the Strategy.		
Human Rights impacts		None identified.		
Child Friendly	Torbay Council is a Child Friendly Council, and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people.	Care experienced children, young people and families are part of the population health profile.		

15. Cumulative Council Impact

15.1. None

16. Cumulative Community Impacts

16.1. None

One Devon

DRAFT Strategy to tackle health inequalities.

South Local Care Partnership

"In England, health is getting worse for people living in more deprived districts and regions, health inequalities are increasing and, for the population as a whole, health is declining. In particular, lives for people towards the bottom of the social hierarchy have been made more difficult."

Professor Sir Michael Marmot, "Health equity in England: The Marmot Review 10 years on", 2021

"Prevention, population health management and tackling health inequalities are not a distraction from the immediate priorities: indeed, they are the key to sustainable solutions to those immediate performance challenges".

"There will never be a perfect time to shift the dial toward focusing more on preventative services and interventions. It is easy to argue - especially in the current climate of financial constraints and performance issues - that addressing these issues should be something we consider when the current pressures have died down. But that has always been the case."

"The truth is, unless we make the change, the continual focus on improving flow through acute hospitals will simply channel more and more of an older and increasingly unhealthy population into acute hospitals, which will never be large or efficient enough to cope."

The Hewitt Review: an independent review of integrated care systems, 2022

"Everybody knows that prevention is better than cure. Interventions that protect health tend to be far less costly than dealing with the consequences of illness".

Lord Darzi's report on the state of the National Health Service in England, 2024

"The nature of the problem has changed – our health systems are modelled on the idea of the cure. The cure is produced in vertical systems of command and control – but you can no longer cure – you need to prevent, care and support – and this needs a completely different way of working."

Hilary Cottam: radical health[1]

[1] https://www.hilarycottam.com/radical-health/

South LCP strategy to tackle health inequalities

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1. Introduction

1.1 Why/how this strategy has come about.

The South Local Care Partnership (LCP) of Devon Integrated Care System brings together public sector and community organisations to have a strategic view and prioritise work across its area. Its area spans the unitary authority area of Torbay and part of the Devon County Council area that includes most of Teignbridge District Council and half of South Hams District Council areas. The rationale for this is based on the footprint of the services provided by Torbay and South Devon NHS Foundation Trust which provides community and acute physical health and social care.

The objectives of the Population Health subgroup include developing a prevention and inequalities strategy that addresses key areas of inequality identified in the population health profile. To date, the work has involved reviewing the locality health profile and identifying priority areas of focus. Creating this strategy helps the LCP to look further ahead, developing a longer-term approach to tackling deep-seated issues that reactive responses to short-term funding do not allow for.

1.2 Who has been involved in developing it.

Members of the Population Health subgroup include public health consultants from Torbay and Devon local authorities, leaders from voluntary, community, charity and social enterprise sector infrastructure organisations, Torbay and South Devon NHS Foundation Trust, Devon Partnership NHS Trust and NHS Devon.

1.3 Our shared ambition

To tackle inequalities in outcomes, experience and access within the South Local Care Partnership.

1.4 Our goals together

- Develop and identify a shared vision for population health.
- Provide clarity on inequalities within the South LCP, recognising the difference between health inequalities and healthcare inequalities and how these link to ambitions of the One Devon Partnership Integrated Care Strategy and 5 Year Joint Forward Plan and the 10 year NHS Plan.
- To use the intelligence generated to ensure that population health, heath and healthcare inequalities, prevention, and early intervention, are centre stage in thinking, planning and actions across the South LCP.

1.5 Our respective roles in making this happen

All organisations and sectors to focus on their strengths, amplifying the connections between us to make more of a difference. For example, since the COVID pandemic the VCSE has been drawn into supporting crisis management (such as supporting

people to be discharged more quickly from hospital), rather than its core strength and purpose of prevention and supporting the core determinants of health.

By working together in this way, all organisations will be able to identify where their inequalities are and be better equipped to address them.

2. What are health inequalities?

2.1 Health inequalities

These are differences in the status of people's health where poor health is caused or increased by avoidable, external factors. These can be grouped in four categories:

a. **Socio-economic factors** (for example, income)
b. **Geography** (for example, coastal or rural)
c. **Specific characteristics** (for example, ethnicity or sexuality)
d. **Socially excluded groups** (for example, people who are seeking asylum or experiencing homelessness).

The effects of inequality are multiplied for those who experience more than one of these factors. These factors impact on the opportunities people have to lead healthy lives which can results in differences in:

- **Health status** (for example, life expectancy or likelihood of developing long term health conditions)
- **Access to care** (for example, availability of given services)
- **Quality and experience of care** (for example, levels of patient satisfaction)
- **Behavioural risks to health** (for example, smoking rates, reliance on more accessible unhealthy food)
- **Wider determinants of health** (for example, quality of housing).

Core determinants of health are often experienced together and over a long time which increase the range of inequality.[2]

2.2 Healthcare inequalities

This refers to differences in the care that people receive and the opportunities that they have to lead healthy lives. Reasons for people receiving a difference in care might be due to the factors above, unconscious bias or prejudice in the way our services are structured which makes them inaccessible for some, or the way they are delivered.

Further definitions can be found in **APPENDIX 1**

[2] https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities

3. Strategic context and evidence base

3.1 Global context

Health inequalities do not exist in isolation of global or national issues. Reaching the root causes to address them is more than individual services or sectors can manage on their own, so must be done collaboratively.

3.1.1 Kate Raworth's Doughnut Economics model illustrates what is essential for people to thrive in a way that meets the needs of everyone on the planet, within the means of the planet. (Figure 1)

The two rings are the foundation of life's essentials (social), and the ceiling of the planetary boundaries that protect Earth's life-supporting systems (ecological). Between these two boundaries is a doughnut-shaped space that is ecologically safe and socially just, where all can thrive.

If there is shortfall in any of the social foundation areas or the ecological ceiling is overshot, inequalities exist, and the planet is at further risk. This has two implications for working strategically to address health inequalities:

1. Health inequalities and resulting problems that relate to people's health and demand on services cannot be solved by looking through a health service lens alone. If people are in poorly paid work, living in unstable housing, and can't access or prioritise recommended diets, their health will suffer as a result.
2. We can no longer plan, structure and deliver health and care services without regard to their effect on our local and global environment.

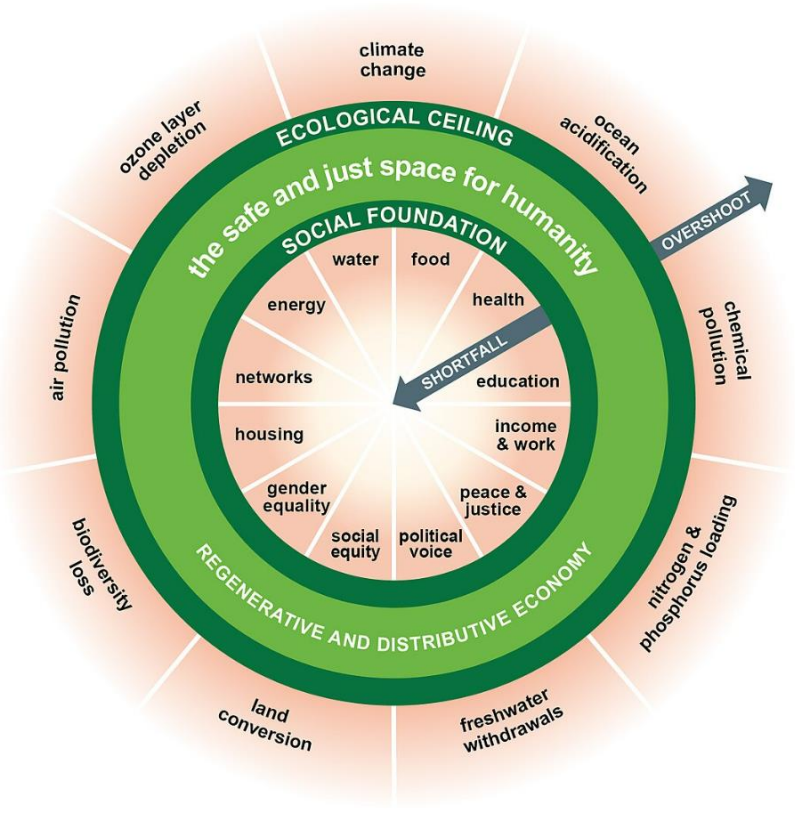


Figure 1- the Doughnut of social and planetary boundaries

3.1.2 Public Health traditionally uses the Dahlgren and Whitehead model (1991) to illustrate the social determinants of health, which includes similar social components.

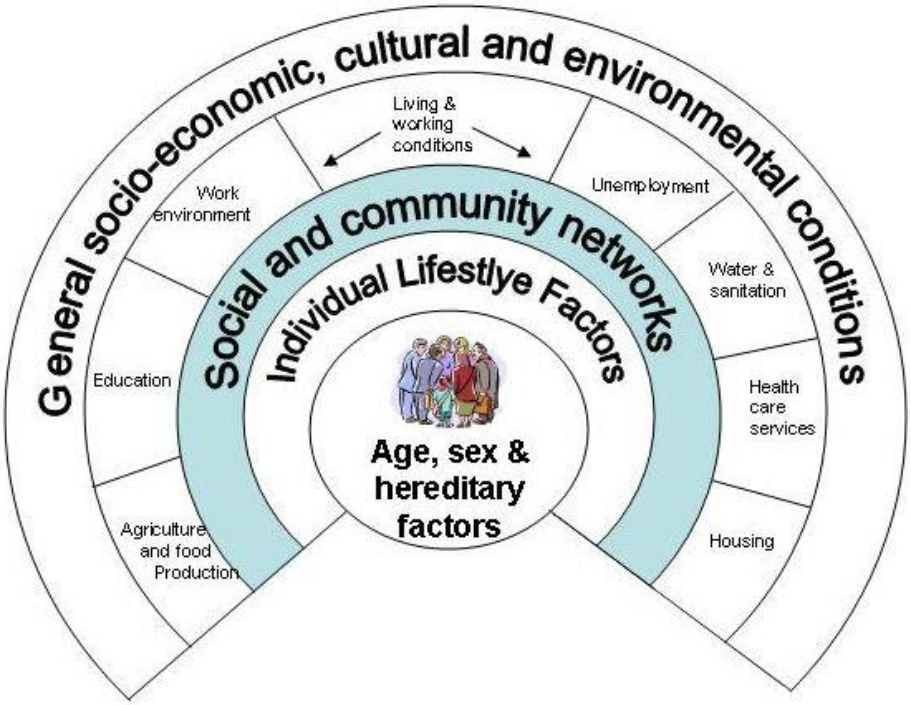


Figure 2 Model of health determinants.

3.2 Policy context

3.2.1 Marmot region

"There is a social gradient in the proportion of life spent in ill health, with those in poorer areas spending more of their shorter lives in ill health." – Marmot review 10 years on.

In April 2023 the South West became the first 'Marmot Region'. Marmot Places (originally cities) recognise that health and health inequalities are shaped by the social determinants of health and take collaborative action to improve health and reduce health inequalities. There is no specific funding attached to the initiative but there is support from the UCL Institute of Health Equity, and a focus on innovation and sharing of practice between partners. One objective is 'strengthening the health equity system at place' which fits well with the aspirations of this strategy. Torbay's Director of Public Health is a member of the South West Marmot Region steering group. Marmot Places - IHE (instituteofhealthequity.org) Work undertaken to tackle inequalities through the South LCP could go under the banner of the Marmot Region, using this as an opportunity to showcase local innovation as well as to learn from other sites.

A Marmot Place recognises that health and health inequalities are mostly shaped by the social determinants of health (SDH): the conditions in which people are born, grow, live, work and age, and takes action to improve health and reduce health inequalities.

The UCL Institute of Health Equity works with places to reduce inequalities in health by:

1. Assessing the extent of inequalities in health and the social determinants of health locally, reviewing actions already happening and scoping the local context.
2. Identifying where places can go further to reduce inequalities and spot where there are gaps in existing actions.
3. Evaluating how partners within a place can work together more effectively to achieve greater impact and make the needed changes; even in the challenging financial and resource context.
4. Strengthening the health equity system in a place.
5. Implementing new approaches and interventions to tackle health inequalities and inequalities in the social determinants of health.

3.2.2 The Chief Medical Officer's report in 2021[3] highlights the substantially higher burden of physical and mental health conditions in coastal communities. The report highlights four main points, which resonate with local leaders and communities in Devon:

1. "older, retired citizens – who have more and increasing health problems – often settle in coastal regions but without the same access to healthcare as urban inland areas. In smaller seaside towns, 31% of the resident population was aged 65 years or over in 2019, compared to just 22% in smaller non-coastal towns

2. difficulties in attracting NHS and social care staff to peripheral areas is a common issue. The report found coastal communities have 14.6% fewer postgraduate medical trainees, 15% fewer consultants and 7.4% fewer nurses per patient than the national average, despite higher healthcare needs

3. an oversupply of guest housing has led to houses in multiple occupation (HMOs) which lead to concentrations of deprivation and ill health. Directors of public health and local government leaders raise concerns about the challenges of poor quality but cheap HMOs, encouraging the migration of vulnerable people from elsewhere in the UK, often with multiple and complex health needs, into coastal towns

4. the sea is a benefit but also a barrier: attracting NHS and social care staff to peripheral areas is harder, catchment areas for health services are artificially foreshortened and transport is often limited, in turn limiting job opportunities. The least wealthy often have the worst health outcomes."

Coastal and rural related deprivation is one of Devon ICS's 'PLUS' priority groups.

3.2.3 The Chief Medical Officer annual report 2023[4] focussing on health in an ageing society highlights the social and economic environments in which people live and work directly affects the amount of disease people have and therefore the rate that they age, their life expectancy and their healthy life expectancy. The prevalence of frailty is higher and starts at a younger age in areas of deprivation.

[3] Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities – Summary and recommendations (publishing.service.gov.uk)
[4] Chief Medical Officer's annual report 2023: health in an ageing society - GOV.UK (www.gov.uk)

3.2.4 Joint Strategic Needs Assessments for Devon and Torbay

These highlight a 10-15 year difference in life expectancy between those in most and least deprived areas, and an even wider gap in healthy life expectancy. They highlight a 15 year difference in life expectancy between different areas of Devon. People in Devon at risk of inequalities, including older people, are less physically active than the national average, and more likely to need an emergency hospital admission following a fall, contributing factors to poorer healthy life expectancy.

Recommendations to help address inequalities include implementing the World Health Organisation's Age Friendly Communities framework (Torbay signed up to this in 2021), using the Core20PLUS5 approach, development of a Cardiovascular Disease Inequalities dashboard.

3.2.5 The NHS England Health Inequality statement, published in 2023 sets out the responsibilities of NHS providers. To fulfil duties of service provision in ways which comply with the NHS Act 2022, Integrated Care Boards and NHS Trusts are required to:

- Understand healthcare needs including by adopting population health management approaches, underpinned by working with people and communities.
- Understand health access, experience and outcomes including by collecting, analysing and publishing information on health inequalities set out in the Statement.
- Publish information on health inequalities within or alongside annual reports in an accessible format.
- Use data to inform action including as outlined in the Statement.

NHS organisations are expected to use health inequality data to inform strategy development, policy options review, resource allocation, service redesign, service delivery decisions and service evaluations.

3.2.6 NHS Long-Term Plan

Reducing health inequalities is one of the main priorities of the NHS Long-Term Plan, refreshed in the NHS at 75 update in 2023. The Health and Care Act 2022 enshrines this priority in legislation by stating that addressing health inequalities in outcomes, experience and access, improving outcomes in health and healthcare and supporting social and economic development are integral to the four core aims of an integrated care board (ICB):

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

An updated 10 year NHS Plan is being prepared following Lord Darzi's assessment of the NHS and a change in government in the summer of 2024. The government will focus on 3 strategic shifts, moving care from:

- hospital to community
- sickness to prevention

- analogue to digital

These shifts will help to:

- cut waiting times for care
- reduce the amount of time spent in ill health
- tackle health inequalities
- reduce the lives lost to the biggest killers - cancer, cardiovascular disease and suicide
- make the NHS sustainable in the long term[5]

3.3 Data on health inequalities and impact on NHS demand

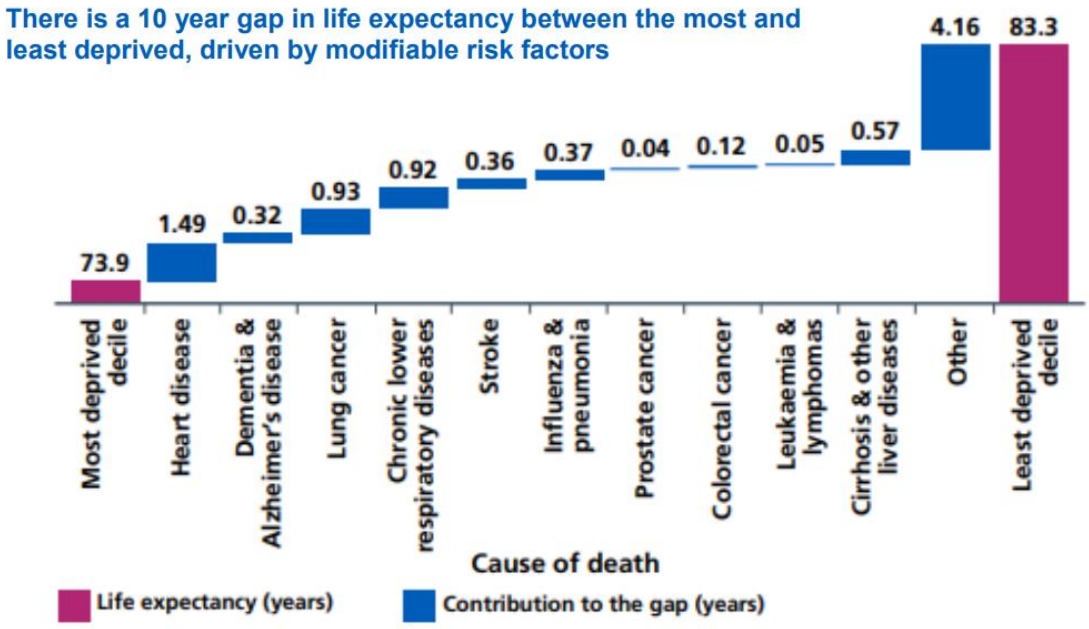
3.3.1 Health inequalities have always existed but the evidence from multiple sources indicates they are worsening. In both the 2020 Health Equity Study by Sir Michael Marmot, and the evidence base to the NHS England major conditions strategy (2023), there is confirmation that improvement in life expectancy has stalled and the deprivation gap in life expectancy is widening, driven by preventable and manageable disease. 42% of the burden of poor health is attributable to modifiable risk factors (see figure 4).

The Covid-19 pandemic exacerbated inequality and highlighted the unequal impact of the disease on different population groups, some of whom were not previously thought to be an at-risk group. The success of specific strategies to target homeless people and ethnic minorities with vaccination support are examples where adapting the service delivery model makes a positive difference to people's health and wellbeing and creates healthcare equity.

The UK 'cost-of-living crisis' has further worsened the socio-economic inequalities that drive many health disparities. The disease groups in figure 4 contain many of the areas where this strategy and the community services element of the clinical strategy (see section 3.4) overlap and where joint prevention strategies and targeting approaches will be effective.

Figure 4: life expectancy gap

[5] Road to recovery: the government's 2025 mandate to NHS England - GOV.UK



Devon and Torbay Joint Strategic Needs Assessments (JSNAs) highlight the difference in overall life expectancy and in healthy life expectancy between the most and least deprived areas in Devon and Torbay.

3.3.2 The demand presenting to the NHS has led policy leaders to examine the impact of health inequality and deprivation on admissions to hospital. Figure 5 shows the correlation between emergency admissions for hypertension, respiratory and mental health. These three conditions are three of the five identified in Core20PLUS5 as being more prevalent in deprived communities.

This data indicates an evidence base for prioritising the areas to target based on the known impact on demand from certain disease groups.

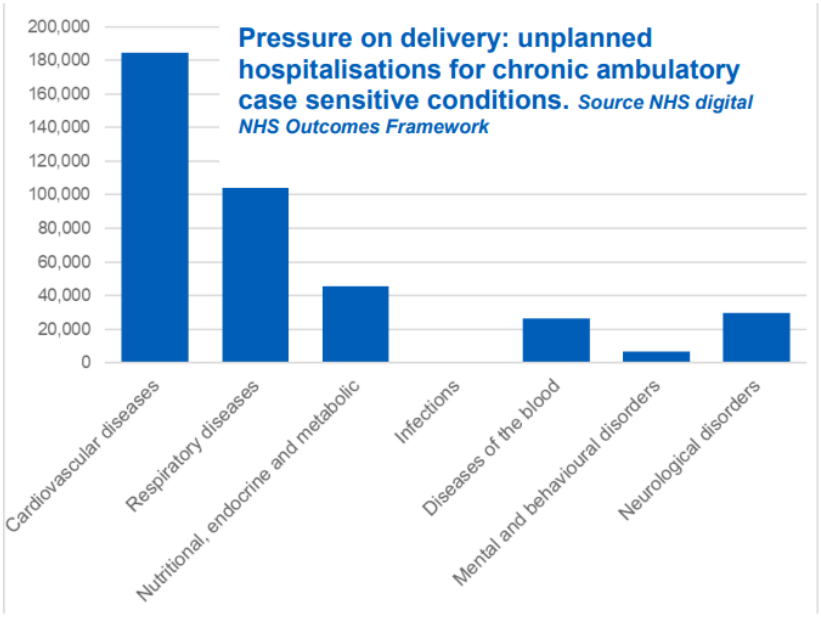


Figure 5: national emergency admissions for hypertension, respiratory and mental health.

3.4 Financial case for prevention and health inequalities

3.4.1 The Healthcare Financial Management Association report 'Health Inequalities: establishing the case for change' from May 2023 draws together the evidence indicating that inequalities in health can drive demand for NHS services. Avoidable differences between population groups can impact the prevalence of conditions, and the ability and willingness of people to seek treatment prior to crisis and care costs increase the less planned the care.

At a time of intense demand on the NHS, significant financial pressure, and critical workforce shortages often means providers favouring a response to the immediate presenting problem rather than thinking about the long-term repeat presentations.

It is therefore an explicit medium-term aim of this strategy to have developed a business case for investing in targeting health inequality as a way of reducing demand on our NHS services (see section 5). It is a longer-term ambition to build on this and move to shared budgets between different organisations and sectors for longer-term work.

3.4.2 Serving a population which has more healthy years in retirement age will reduce the complexity and volume of healthcare need, providing the return on investment of interventions. Marmot links poor health to loss of economic productivity and higher welfare spend which creates the alignment to wider health and wealth policies across national and inter-governmental policy. Levelling Up and Local Government policies increasingly recognise the link between health, housing, skills, employment, crime, environment and the need for commitment from all partners to

tackle these root causes of deprivation to ensure the health and wealth of a local area.

Making the case for longer term change to tackle health inequalities during a period of extreme pressure for the NHS, with short term recovery targets, is challenging. For this reason this strategy recognises the need to target areas using the available evidence base; approached in ways with proven benefit and in partnership with the communities impacted. Evaluation and learning from a range of impacts is crucial evidence to develop effective partnerships, maintain stakeholder buy-in and make the business case for sustainable funding.

3.5 Plans and health and wellbeing strategies in Devon ICS

3.5.1 The Devon Integrated Care System's Joint Forward Plan includes a commitment to population health and prevention as everybody's responsibility and inform everything we do.

Figure 6: overview of the Devon ICS Joint Forward Plan

3.5.2 Devon and Torbay Health and Wellbeing Boards have two core statutory documents, the *Joint Strategic Needs Assessment (JSNA)* and the *Joint Health and Wellbeing Strategy.* The JSNAs describe the current and future health needs of the area, highlighting inequalities:

- www.devonhealthandwellbeing.org.uk/jsna/jsna-headline-tool
- Provisional TORBAY JOINT STRATEGIC NEEDS ASSESSMENT 2024/25 (southdevonandtorbay.info)
- Torbay JSNA by ward - 2024/25

Devon's health and wellbeing strategy respond's to the vision of:
Health outcomes and health equality in Devon will be amongst the best in the world and will be achieved by Devon's communities, businesses and organisations working in partnership.
The vision of Torbay's health and wellbeing strategy is:
To create a healthy, happy Torbay where individuals and communities can thrive.

Both strategies have a central, underpinning strand on inequalities.

3.5.3 The South Population Health Profile, developed for the LCP includes some high-level data from the Joint Strategic Needs Assessment information. This has been used to identify priority areas that the South LCP wants to focus on. All health, social and environmental indicators show an inequality gradient, so it is important that every LCP member organisation has regard for inherent inequalities in every work programme, as well as putting in place specific projects to tackle these.

In June 2024 the LCP reviewed its health profile and prioritised its PLUS groups as:

1. Rural/coastal communities
2. Ageing & isolated, frailty
3. Mental health
4. Unpaid carers
5. Young people & adults with SEND

All to be enabled by digital transformation

4. Measuring impact

4.1 In recent years the depth of data and analytical capabilities have significantly increased in response to this being essential to narrowing the inequality gap. However, despite the advances in knowledge and understanding, inequalities can still be hidden from immediate view. It's important to use data to help ask deeper questions, gain more insight from different sources, including from people experiencing inequality, and not make assumptions.

4.1.1 There are four main categories of data which will be accessed to support delivery of this strategy, working with our local care partnerships.

i. **Population Health** data joins up information across local health and care partners and enables population segmentation and risk stratification. This gives insight into the holistic needs of different population groups and the drivers of health inequalities. Partners can identify a local 'at risk' cohort and create the evidence base for the targeted action needed. Population health management means using data, evidence and knowledge in all forms to create local intelligence that aids decision-making.

ii. **National data platforms**. NHS England has invested in several data platforms to support the use of data in guiding local decisions to reduce the health inequality gap. The health inequalities improvement dashboard focuses on Core20PLUS5 data and is contained within NHS National Data Platform (the Foundry) which identifies significant health inequalities statistical analysis and suggests actionable insights.

iii. **Local data capabilities**. Devon ICB hosts the One Devon Dataset that combines our local public health data with NHS and social care services. Primary Care Networks can also connect to this to provide a health profile for their patient area and help them target support. There are clear opportunities to use data in this way to inform and prioritise our health inequalities work as well as to collaborate on further research with partners.

iv. Our **police, council and charity partners** also collect data for example on anti-social behaviour, place of safety; housing supply, fuel poverty, evictions and housing standards; and gaps in community resilience respectively. Data sharing agreement to enable the overlay with health data will guide and target the interventions to reduce health inequalities and enable effective partnership working.

v. **Neighbourhood qualitative data**. We will take concerted steps to understand the lived experience of people who are impacted by health inequalities. It is only by listening to the lived experience that services can understand how they must adapt their provision models to mitigate disadvantage and deprivation.

5. The role of South Local Care Partnership in tackling health inequalities

5.1 The Local Care Partnership has an opportunity to work towards a longer-term view for collective action across sectors and organisations, many of which are anchor organisations. Traditionally, funding, effort and time has been channelled through topic silos that reduces overall impact. The Local Care Partnership has an opportunity to look across all these aspects to connect the dots and make more of the work.

5.2 The partnership actively involves most, but not all health and care organisations/departments. A connection with the Health and Wellbeing Boards that do have representation from other sectors that are working to reduce inequalities across determinants of health, such as police, housing and economy is essential.

5.3 The preferred approach for the LCP is to support organisations, departments, groups and teams to identify the health inequalities in all their work so they can be addressed.

Collecting insights from this process together will enable us to develop a more collaborative longer-term plan.

5.4 This strategic, universal approach provides the opportunity to draft and test tools and approaches to 'finding the inequality', making it easy for all to routinely identify and address health inequalities in all work.

5.5 The anticipated outcomes of this work are:

a. Increased knowledge and understanding in population health management tools, cultivating a shared approach to this work across the LCP area.

b. Nurture of and learning from innovative projects which have potential to tackle health inequalities.

c. Identification and agreement of shared key areas where there are levers for change, that can be worked on together.

d. Clarification of individual organisation or sector roles and what is needed to do this work.

e. Being better placed to respond quickly to and get best use of the frequent short-term funding opportunities that this kind of work is currently based on.

f. Plan for longer-term funding, designing opportunities to pool and share funds.

6. Conclusion

6.1 There are significant policy and data drivers to tackle inequality in our locality.

6.2 There is evidence of a clear need and an opportunity to come together and explore new ways to make a difference to inequalities that, despite effort by many, are becoming more sustained.

6.3 The recommendation is that LCP partners work collaboratively as outlined in section 5 above.

6.4 It is essential that collaboration and partnership includes those from, and representing communities in the South LCP area, to ensure actions have positive impact.

Appendices

Appendix 1
Further definitions

Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. The NHS England Inclusion Health framework aims to redress the extreme health and social inequities among the most vulnerable and marginalised in a community.[6]

Equality means treating everyone the same or providing everyone with the same resource.

Equity means providing services relative to need, recognising inequalities that are deemed to be unfair or stemming from some form of injustice and which are avoidable, unnecessary, or controllable.
Most health inequality strategies recognise that reducing the steepness of the social gradient in health involves actions which are universal, but with a scale and intensity matched to the level of disadvantage: this is known as proportionate universalism.

Wider determinants are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances.

The wider determinants of health are interlinked: for example, someone who is unemployed may be more likely to live in poorer quality housing with less access to green space and less access to fresh, healthy food. This means some groups and communities are more likely to experience poorer health than the general population. These groups are also more likely to experience challenges in accessing care.

Core 20+5 is an approach designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement. There are versions for both adults and children. **Core20** is the most deprived 20% of the population as measured by the index of multiple deprivation; **Plus** are those ICS-chosen groups experiencing poorer than average health access and/or outcomes particular to its area, who may not be captured within the Core20 and who would benefit from tailored healthcare approaches i.e. inclusion health groups; **5** refer to the key clinical areas of health inequalities.

[6] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/inclusion-health-groups/

For adults they are **maternity**, **severe mental illness**, **chronic respiratory disease**, **early cancer diagnosis** and **hypertension** with smoking cessation recognised as a common positive intervention for all. For children the 5 are **asthma**, **diabetes**, **epilepsy**, **oral health** and **mental health**. Devon is using Core20+5 to segment the population to prioritise attention and resources.
(See appendix A for more about Core20+5).

South Local Care Partnership (LCP)
The area of 'South' refers to Torbay and South Devon; i.e. the local authority areas of Torbay, Teignbridge and South Hams. The area includes Dawlish, Teignmouth, Newton Abbot, Ashburton, Buckfastleigh, Totnes, Dartmouth, Brixham, Paignton and Torquay and the surrounding villages.

The Local Care Partnership is a range of people working together, regardless of the employing organisation, to deliver joined-up collaborative care that meets the local population's needs. It includes statutory organisations, third sector (community groups) and elected members, alongside local people, to develop services that support people to access the right support when they need it and thrive using their individual and community assets.

Devon Integrated Care System is a partnership of health and care organisations working to improve the lives of people in Devon, Torbay and Plymouth.

Anchor organisations are large, local organisations that can influence the health and wellbeing of a place through how they use their resources. They can influence local social, economic and environmental priorities to reduce health inequalities. Anchor organisations are large employers such as the NHS, local authorities and colleges.

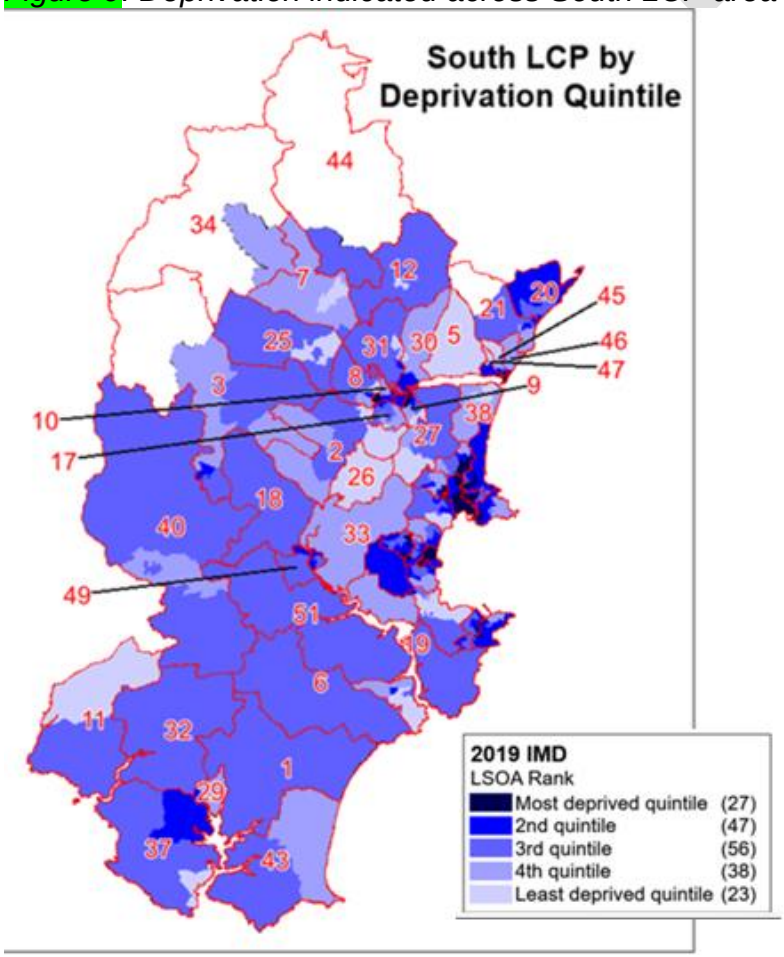
APPENDIX 2

South Local Care Partnership health profile

EXERPTS FROM THE FULL PROFILE

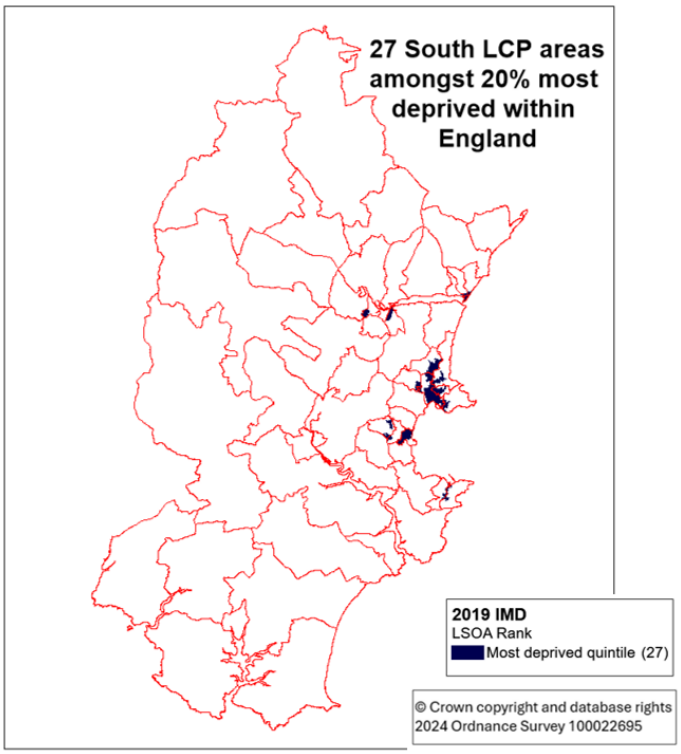
Figure 9 shows Lower Super Output Areas (LSOAs) across South LCP by level of deprivation. LSOAs are similar to electoral wards but proportioned with more even population numbers for ease of data review. It gives us a good indication of where inequalities are more likely to exist in our areas. 27 of the LSOAs in South fall within the 20% most deprived areas in England. 24 of these are in Torbay and 3 in Teignbridge.

Figure 9: Deprivation indicated across South LCP area



Number	Name
1	Allington & Strete
2	Ambrook
3	Ashburton & Buckfastleigh
4	Barton with Watcombe
5	Bishopsteignton
6	Blackawton & Stoke Fleming
7	Bovey
8	Bradley
9	Buckland & Milber
10	Bushell
11	Charterlands
12	Chudleigh
13	Churston with Galmpton
14	Clifton with Maidenway
15	Cockington with Chelston
16	Collaton St Mary
17	College
18	Dartington & Staverton
19	Dartmouth & East Dart
20	Dawlish North East
21	Dawlish South West
22	Ellacombe
23	Furzeham with Summercombe
24	Goodrington with Roselands
25	Haytor
26	Ipplepen
27	Kerswell-with-Combe
28	King's Ash
29	Kingsbridge
30	Kingsteignton East
31	Kingsteignton West
32	Loddiswell & Aveton Gifford
33	Marldon & Littlehempston
34	Moretonhampstead
35	Preston
36	Roundham with Hyde
37	Salcombe & Thurlestone
38	Shaldon & Stokeinteignhead
39	Shiphay
40	South Brent
41	St Marychurch
42	St Peter's with St Mary's
43	Stokenham
44	Teign Valley
45	Teignmouth Central
46	Teignmouth East
47	Teignmouth West
48	Tormohun
49	Totnes
50	Wellswood
51	West Dart

Figure 10 shows just the most deprived areas across South LCP area.



Of the 27 South LCP LSOAs that are amongst the 20% most deprived areas in England, 24 of them are in Torbay.

These are predominantly the central wards of Torquay and Paignton such as Tormohun, Ellacombe and Roundham with Hyde.

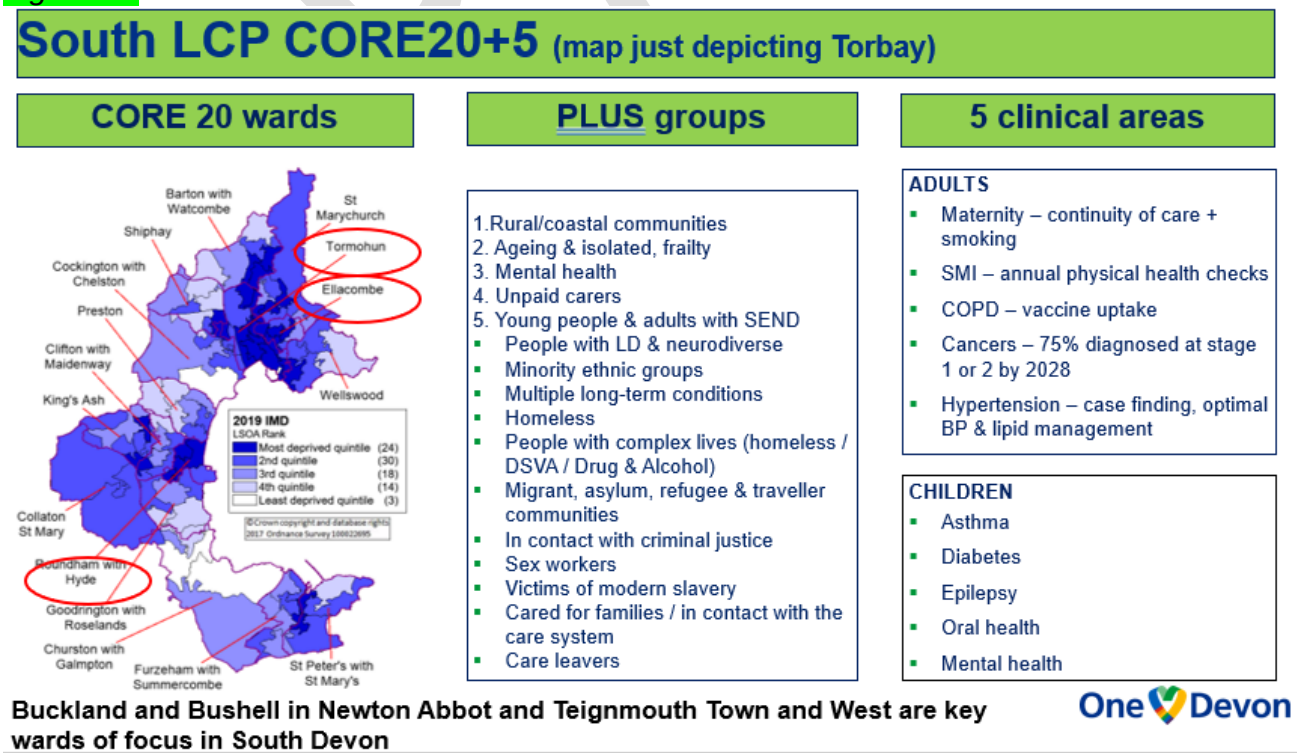
Of the 3 LSOAs outside of Torbay, 2 are in Newton Abbot (contained within Buckland and Milber, Bushell wards) and 1 is Teignmouth town centre and seafront (Teignmouth West ward).

One Devon

Figure 10

Combining data on deprivation with health data helps us identify the ***Core 20***% most deprived areas ***PLUS*** our own inequality priorities to tackle, and ***5*** clinical priority areas – our Core 20PLUS5. This is set out in one image in figure 11.

Figure 11 South Core20PLUS5



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