You can view the agenda on the website
or use a smart phone camera and scan the code

To: The Chair and Members of the Health and Wellbeing Board

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 7 July 2021

Contact: Wendy Simpson 01392 384383
Email: wendy.simpson@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 15th July, 2021

A meeting of the Health and Wellbeing Board is to be held on the above date at 2.15 pm at Council Chamber, County Hall, Exeter to consider the following matters.

Phil Norrey
Chief Executive

A G E N D A

PART I - OPEN COMMITTEE

1 Appointment of Vice-Chair

2 Apologies for Absence

3 Minutes (Pages 1 - 10)

Minutes of the meeting held on 8 April 2021, attached.

4 Items Requiring Urgent Attention

Items which in the opinion of the Chair should be considered at the meeting as matters of urgency.

PERFORMANCE AND THEME MONITORING

5 Coronavirus update

An update from the Director of Public Health.

6 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 11 - 16)

Report of the Director of Public Health, which reviews progress against the overarching priorities identified in the Joint Health and Wellbeing Strategy for Devon 2020-2025, attached.

BOARD BUSINESS - MATTERS FOR DECISION

7 Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements (Pages 17 - 20)

Joint Report of the Associate Director of Commissioning (Care and Health) Devon County Council and NHS Devon CCG on the Better Care Fund (BCF), Quarter Return, Performance Report and Performance Summary on the BCF.

8 Children's Social Care Services OFSTED update

An update from the Chief Officer of Children's Services.

9 Devon Suicide Prevention Action Plan (Pages 21 - 32)

Report of the Director of Public Health, attached.

10 Devon Smokefree Alliance (Pages 33 - 62)

Report of the Director of Public Health, attached.

11 Health Protection Annual Assurance Report 2019/20 (Pages 63 - 84)

Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council and Cornwall and the Isles of Scilly Councils 2019- 2020, attached.

12 Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2020-25 Update (Pages 85 - 86)

Report of the Director of Public Health, on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2020-25, attached.

13 Pharmaceutical Needs Assessment - timeline (Pages 87 - 88)

Report from the Director of Public Health, attached.

14 CCG updates (Pages 89 - 94)

An update by the Chair of NHS Devon Clinical Commissioning Group, attached.

OTHER MATTERS

15 References from Committees

Nil

16 Scrutiny Work Programme

In order to prevent duplication, the Board will review the Council's Scrutiny Work Programme.

17 Forward Plan (Pages 95 - 96)

To review and agree the Board's Forward Plan, attached.

18 Briefing Papers, Updates & Matters for Information

19 Dates of Future Meetings

Please note that dates of future meetings and conferences will be included in the Devon County Council meetings calendar.

Meetings
Thursday 28 October 2021 @ 2.15 pm
Thursday 13 January 2022 @ 2.15 pm
Thursday 7 April 2022 @ 2.15pm

Annual Conference

Members are reminded that Part II Reports contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). They need to be disposed of carefully and should be returned to the Democratic Services Officer at the conclusion of the meeting for disposal.

MEETINGS INFORMATION AND NOTES FOR VISITORS

Getting to County Hall and Notes for Visitors

For SatNav purposes, the postcode for County Hall is EX2 4QD

Further information about how to get to County Hall gives information on visitor parking at County Hall and bus routes.

Exeter has an excellent network of dedicated cycle routes. For further information see the Travel Devon webpages.

The nearest mainline railway stations are Exeter Central (5 minutes from the High Street), St David's and St Thomas. All have regular bus services to the High Street.

Visitors to County Hall are asked to report to Main Reception on arrival. If visitors have any specific requirements, please contact reception on 01392 382504 beforehand.

Membership of a Committee

For full details of the Membership of a Committee, please visit the Committee page on the website and click on the name of the Committee you wish to see.

Committee Terms of Reference

For the terms of reference for any Committee, please visit the Committee page on the website and click on the name of the Committee. Under purpose of Committee, the terms of reference will be listed. Terms of reference for all Committees are also detailed within Section 3b of the Council's Constitution.

Access to Information

Any person wishing to inspect any minutes, reports or background papers relating to an item on the agenda should contact the Clerk of the Meeting. To find this, visit the Committee page on the website and find the Committee. Under contact information (at the bottom of the page) the Clerk's name and contact details will be present. All agenda, reports and minutes of any Committee are published on the Website

Public Participation

The Council operates a Public Participation Scheme where members of the public can interact with various Committee meetings in a number of ways. For full details of whether or how you can participate in a meeting, please look at the Public Participation Scheme or contact the Clerk for the meeting.

In relation to Highways and Traffic Orders Committees, any member of the District Council or a Town or Parish Councillor for the area covered by the HATOC who is not a member of the Committee, may attend and speak to any item on the Agenda with the consent of the Committee, having given 24 hours' notice.

Webcasting, Recording or Reporting of Meetings and Proceedings

The proceedings of any meeting may be recorded and / or broadcasted live, apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to our webcasting pages

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chair. Filming must be done as unobtrusively as possible without additional lighting; focusing only on those actively participating in the meeting and having regard to the wishes of others present who may not wish to be filmed. Anyone wishing to film proceedings is asked to advise the Chair or the Democratic Services Officer in attendance.

Members of the public may also use social media to report on proceedings.

Declarations of Interest for Members of the Council
It is to be noted that Members of the Council must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

WiFI
An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall.

Fire
In the event of the fire alarm sounding, leave the building immediately by the nearest available exit following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings; do not use the lifts; and do not re-enter the building until told to do so. Assemble either on the cobbled car parking area adjacent to the administrative buildings or in the car park behind Bellair.

First Aid
Contact Main Reception (Extension 2504) for a trained first aider.

Mobile Phones
Please switch off all mobile phones before entering the Committee Room or Council Chamber

Alternative Formats
If anyone needs a copy of an Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Customer Service Centre on 0345 155 1015 or email: committee@devon.gov.uk or write to the Democratic and Scrutiny Secretariat in G31, County Hall, Exeter, EX2 4QD.

Induction Loop available

HEALTH AND WELLBEING BOARD

8 April 2021

Present:-

Councillors A Leadbetter (Chair), R Croad, J McInnes, B Parsons, J Stephens, J Mann and D Crump
Steve Brown, Director of Public Health
Jennie Stephens, Chief Officer for Adult Care and Health
Kate Stephens, Head of Public Health Nursing
Dr John Womersley, Devon Clinical Commissioning Group
Jeremy Mann, Environmental Health Officers Group
Diana Crump, Joint Engagement Forum
Shelly Machin, Torbay and South Devon NHS Trust
Jonathon Drew, Health Watch Devon

Apologies:-

Councillors J Brazil, A MacGregor
M Caslake, Tracey, Dr P Johnson, MacGregor, Wenman, Jones, N Pennell and J Brazil

*** 200 Minutes**

RESOLVED that the minutes of the meeting held on 21 January 2021 be signed as a correct record.

*** 201 Items Requiring Urgent Attention**

There were no items requiring urgent attention.

*** 202 Coronavirus Update**

The Director of Public Health outlined things were looking more positive in Devon compared to the rest of the country in having some of the lowest rates. However, caution should still be taken as rates were at similar levels to what they were in September last year, and not the lower summer rates. It was noted that community transition was relatively low.

On Monday 12 April, Step 2 of the Government's roadmap would begin, which included the opening of retail and outdoor hospitality. Enhanced testing was being offered to all adults to be tested twice per week; people could find out more about how to access tests on the Devon County Council website.

The presentation from the Public Health consultant presented the UK summary which now included those vaccinated with their 1st doses, the number was 32,121,353.

The number of people who had received their second dose of the vaccine was now at 7,466,540.

The Devon statistics showed 60 cases in latest week equating to approximately 7.5 per 100k population.

The age profile was also shown, which highlighted the large decrease in the aged 80 plus cohort, and slightly higher rates in the working population ages 20-39, but numbers were decreasing overall in each age group.

The Director of Public Health was keen to stress that whilst rates had decreased, the number of cases were still not as low as they were last summer.

The data shown during the presentation was available at:

DCC Covid-19 Dashboard: Coronavirus dashboard and data in Devon - Coronavirus (COVID-19)

National Coronavirus Tracker: Daily summary | Coronavirus in the UK (data.gov.uk)

National Coronavirus Interactive Map: Interactive Map | Coronavirus in the UK (data.gov.uk)

Members noted the need to monitor the number of people that accessed the data from the Dashboard website to see if people were still interested in the statistics and were concerned about COVID and to ensure these messages were cascaded throughout all Devon communities.

* **203** **Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring**

The Board considered a Report from the Director of Public Health, on the performance for the Board, which monitored the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2020-25.

The indicator list and performance summary within the full report set out the priorities, indicators and indicator types, and included a trend line, highlighting change over time.

The full Health and Wellbeing Outcomes Report for January 2021, along with this paper, was available on the Devon Health and Wellbeing website:

www.devonhealthandwellbeing.org.uk/jsna/healthandwellbeingoutcomesreport

The Report monitored the four Joint Health and Wellbeing Strategy 2020-25 priorities, and included breakdowns by local authority, district and trends over time. These priorities areas included:

- Create opportunities for all
- Healthy safe, strong and sustainable communities
- Focus on mental health
- Maintain good health for all

The indicators below had all been updated since the last report to the Board;

- **Key Stage 4 Performance**, 2019/20 - the percentage of pupils achieving grades 5 or above (in English and Mathematics GCSEs) in Devon was 48.7%. This was significantly lower compared to the England average of 49.9%;
- **Overall Rate of Crime**, 2019/20 - in Devon, the rate of crime from incidents recorded by the police was 47.4 per 1,000 population, a rate which was significantly lower compared to the England average;
- **Emergency Hospital Admissions for Intentional Self-Harm**, 2019/20 - in Devon, the rate of emergency hospitalisations for self-harm was 230.1 per 100,000 population, a rate which was significantly higher compared to the England average. Across Devon, there was variation in rates across the Districts. North Devon and Torridge rates were significantly higher compared to the England average (326.8 and 253.8 respectively).
- **Self-Reported Wellbeing (low happiness score %),** 2019/20 - the percentage of people who self-reported with a low happiness score in Devon was 5.7%. This is significantly lower compared to the England average of 8.7%
- **Social Contentedness**, 2019/20 - The percentage of service users who reported that 'they had as much social contact as they would like' in the Adult Social Care and Carers Survey in Devon was 45.8%. This was statistically similar compared to the England average.
- **Alcohol-Specific Admissions in Under 18s**, 2017-20 - in Devon, the rate of under 18s hospitalisations for alcohol specific causes was 51.4 per 100,000 population, a rate which was significantly higher compared to England average.
- **Cancer Diagnosed at Stage 1 or 2**, 2018 - the percentage of cancers diagnosed at an early stage in Devon was 58.4%. This was significantly higher compared to the England average of 55.0%. Across Devon, there was some variation across the Districts. East Devon, Exeter, South Hams and Teignbridge were significantly higher compared to the England average (58.9%, 60.4%, 59.6% and 58.8% respectively).

- **Re-ablement Services (Effectiveness**), 2019/20 - the percentage of persons 65 and over who were still at home 31 days after discharge into reablement/rehabilitation in Devon was 85.8%. This was significantly higher compared to the England average of 82.0%
- **Re-ablement Services (Coverage)**, 2019/20 - the percentage of persons 65 and over who were offered reablement services following discharge in Devon was 1.7%. This was significantly lower compared to the England average of 2.6%
- **Injuries Due to Falls,** 2019/20 - in Devon, the rate of hospitalisations for fall-related injuries in persons 65 and over was 1697.8 per 100,000 population, a rate which was significantly lower compared to the England average.

The outcomes report was also available on the Devon Health and Wellbeing website www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report

The Board, in discussion, highlighted and asked questions on;

- concerns around the level of self-harming amongst young people which had been an issue for some years, which contradicted the information around self-reported wellbeing and social contentedness. There were concerns that more needed to be done to support younger people, especially given the past 12 months; and,
- alcohol specific admissions in under-18s and the links to deprivation in Devon.

It was **MOVED** by Councillor Leadbetter**, SECONDED** by Councillor McInnes**,** and

RESOLVED that

(a) the performance report be noted and accepted;
(b) a future update be given on self-harming and the work being done to support young people; and,
(c) a report be produced providing an in-depth look at alcohol specific admissions in under-18s and the links to deprivation in Devon.

*** 204 Joint Commissioning in Devon, the Better Care Fund and Governance Arrangements**

The Board considered a joint Report from the Associate Director of Commissioning (Care and Health) and NHS Devon Clinical Commissioning Group (CCG) on the Better Care Fund (BCF), Quarter Return, Performance Report and Performance Summary. The BCF was the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. It brought together ringfenced budgets from Clinical Commissioning Group (CCG) allocations, the

Disabled Facilities Grant and funding paid to Local Government for adult social care services. The Health and Wellbeing Board had oversight of the BCF and was accountable for its delivery.

The Report highlighted that hospital discharge was greatly affected by COVID-19. Delayed transfers of Care had started to decrease in March due to the requirement to reduce bed occupancy levels to 50% as part of the pandemic response, dropping to a very low level in April and May. In the period May to September delays had increased steadily as elective services recommenced.

Regarding permanent admissions to residential and nursing care, fewer older people were placed in residential/nursing care relative to population than comparator and national averages. From April, there was increased pressure within the system as a result of Discharge to Assess pathways out of hospital, which increased numbers of placements, particularly short-term admissions. However, the number of permanent admissions had continued to reduce which was likely due to personal choice and available capacity due to outbreaks closing care homes to admissions.

The percentage of people still at home 91 days after hospital discharge into rehabilitation / reablement services attempted to measure the effectiveness of rehabilitation and reablement services in keeping people out of hospital. The 2019-20 outturn for this indicator was 85.8%, which was an improvement on the 2018-19 position of 80.1%.

Discussion points with Members included:

- Data around the number of readmitted patients back to hospital in Devon. This was monitored regularly, with a discharge cell that looked at readmission patients and those staying in hospital longer than 7 or 21 days. Work was ongoing to boost community services to support people to stay at home and not be readmitted to hospital.

RESOLVED that the Board note the national requirements and latest performance data.

*** 205 Strategic Approach to Housing**

The Board considered a Report of the Associate Director of Commissioning (Care and Health) on Devon's housing and accommodation strategy for all adults.

The joint health and care strategy was developed by Devon County Council and Devon's Clinical Commissioning Group, in consultation with a range of partners, including the District Councils, people and their families/carers. It set out how DCC and the CCG would work in partnership to increase the range of housing and accommodation so that more people could live in their

own homes and make informed and planned choices about where they lived throughout their lives.

The strategy outlined priority areas of focus to increase the range of housing and accommodation within the community. The priority areas were set out in the table below:

1	Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.
2	Increase the supply of accessible homes through new developments or adaptations to existing homes.
3	Develop the housing market so that housing with support settings are more flexible, support a wider range of needs and a fair price of care.
4	Develop residential and nursing homes for people with only the most complex health and care needs and frailties.
5	Support recruitment and retention of the workforce through access to housing.

The joint workplans were being updated to take account of the impact of Covid-19 on the way people wanted to be supported going forward and on providers of care and support. Whilst the strategic direction of travel remained the same, partners were working to prioritise the key areas of focus over the next 12 months to realistically achieve change. This was being informed by discussions with each of the Districts to agree the practical actions for each area.

Governance arrangements were also being refreshed to ensure there was sufficient oversight of delivery of the whole housing and accommodation pathway and pipeline. It was important that the work taking place in each sector was supporting delivery of the wider strategic aims of this strategy for people.

*** 206 CCG Updates**

The Board received the Report of the Chair of the NHS Devon Clinical Commissioning Group which provided an update on CCG business, Devonwide and national developments within the NHS. It was intended to provide the Board with summary information to ensure Members were kept abreast of important developments affecting the NHS. The Board noted the updates in relation to:

Mass Vaccination

The vaccination programme in Devon had been a huge success. Over half a million people had received their first dose and nearly all those most vulnerable had been vaccinated as well as those who cared for them.

- 593,532 people in Devon received a first vaccine dose between 8 December and 21 March, meaning about six in ten people aged 16 and over in Devon had received a first dose;
- 15,202 second doses were also given in the week leading to the 21 March, with over 45,000 second doses given since the programme began in Devon;
- The data also showed that in the South West, 78.6% of people who were aged 16-64 who were at risk or a carer (excluding residents of younger adult care homes) had had at least one dose – the highest of any NHS region.

Working with local communities to increase vaccine up-take

The CCG was working with people from minority ethnic communities and those who had learning disabilities to increase take up of the coronavirus vaccination.

Recent engagement work - Acting on suggestions made during the engagement, ‘vaccine ambassadors’ representing different communities would be working with local groups to provide information and reassurance, so people felt confident to accept an offer of vaccination when they were called as part of the national programme.

Integrated Care System

Devon had been approved by NHS England and NHS Improvement to be designated as an Integrated Care System for Devon (ICSD) from 1 April 2021. This would bring together the health, social care and wider partners to give patients and service users more joined up care and help improve the population’s health.

Members discussion points included:

- increased pressure on Primary Care due to the vaccination programme, a lot of the concerns received from the public by Healthwatch Devon were about accessing primary care services. It was noted that conversations were ongoing around keeping the workforce safe whilst maintaining a high level of services across primary care.
- the need for a session on the new Integrated Care System and how the role of the Board links in with their agenda; including the role of local care partnerships.

- the work of the Voluntary and Community sector partners in providing early help support given that many services were now integrated, such as social prescribing programmes.

It was **MOVED** by Councillor Leadbetter, **SECONDED** by Diana Crump and

RESOLVED that the Board receive a session on the Integrated Care System and also invites Voluntary and Community Sector Partners to a future meeting to discuss their experiences of health and social care, and the opportunities available in general around the support for COVID-19.

*** 207 Homelessness Reduction Act Update**

The Board received a Presentation on the Homelessness Reduction Act and how this had been implemented in Devon. The Presentation highlighted that:

- The number of applications processed under the provision of homelessness reduction, had increased to 1365 applications between July-Sept 2020; which was extremely high.
- Across Devon, the highest numbers had been seen in Exeter, followed by North Devon and Teignbridge. Numbers had increased as a result of COVID, which had proven to be challenging.
- There had been very high demand for housing in Devon in general, which had made it very hard for Local Authorities to carry out homelessness prevention work.
- There were some new funding streams available, including the Rough Sleeper Initiative Funding.

RESOLVED that the Board acknowledge the update and receive a further report in 12 months.

*** 208 References from Committees**

Nil

*** 209 Scrutiny Work Programme**

The Board received a copy of Council's Scrutiny Committee work programme in order that it could review the items being considered and avoid any potential duplications.

*** 210 Forward Plan**

The Board considered the contents of the Forward Plan, as outlined below (which included the additional items agreed at the meeting).

Date	**Matter for Consideration**
Thursday 15 July 2021 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC Gap in employment rate for those with mental health Children's Social Care Services OFSTED update Devon Smokefree Alliance JSNA / Strategy Refresh Integrated Care Systems CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 28 October 2021 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC Adults Safeguarding annual report Population Health Management & and Integrated Care Management (Presentation) Self Harming and Young People alcohol specific admissions in under-18s and links to deprivation VCSE partners & the opportunities available around the support for COVID-19 Integrated Care Systems Pharmaceutical Needs Assessment CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 13 January 2022 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 7 April 2022 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC Homeless Reduction Act – 12 month update

	CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Annual Reporting	Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)
Other Issues	Equality & protected characteristics outcomes framework

RESOLVED that the Forward Plan be approved, including the items approved at the meeting.

*** 211 Briefing Papers, Updates & Matters for Information**

Members of the Board received regular email bulletins directing them to items of interest, including research reports, policy documents, details of national / regional meetings, events, consultations, campaigns and other correspondence. Details were available at;
http://www.devonhealthandwellbeing.org.uk/

No items of correspondence had been received since the last meeting.

*** 212 Dates of Future Meetings**

RESOLVED that future meetings and conferences of the Board will be held on:

Meetings
Thursday 15 July 2021 @ 2.15 pm
Thursday 28 October 2021 @ 2.15 pm
Thursday 13 January 2022 @ 2.15 pm
Thursday 7 April 2022 @ 2.15pm

***NOTES**:*

1. *Minutes should always be read in association with any Reports for a complete record.*
2. *If the meeting has been webcast, it will be available to view on the webcasting site for up to 12 months from the date of the meeting*

*** DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 2.15 pm and finished at 4.00 pm

Devon Health and Wellbeing Board

Health and Wellbeing Outcomes Report

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

Recommendation: It is recommended that the Devon Health and Wellbeing Board note the updated Health and Wellbeing Outcomes Report.

1. Context

This paper and accompanying presentation introduces the updated outcomes report for the Devon Health and Wellbeing Board.

2. Summary of the Health and Wellbeing Outcomes Report, July 2021

2.1 The full Health and Wellbeing Outcomes Report for **July 2021**, along with this paper, is available on the Devon Health and Wellbeing website: www.devonhealthandwellbeing.org.uk/jsna/health-andwellbeing-outcomes-report. The report monitors the four Joint Health and Wellbeing Strategy 2020-25 priorities, and includes breakdowns by local authority, district, and trends over time. These priorities areas include:

- **Create opportunities for all**
- **Healthy safe, strong and sustainable communities**
- **Focus on mental health**
- **Maintain good health for all**

Nine indicators have been updated with new data and are as follows:

- **% with NVQ4+ (aged 16-64), 2020**

The percentage of people aged 16-64 with an NVQ4+ qualification in Devon is 40.7%. This is significantly lower compared to the England average of 42.8%. Across Devon, there is some variation across the districts. All districts are significantly lower compared to the England average except for Exeter and South Hams, which are significantly higher compared to the England average (51.8% and 47.2% respectively).

- **% with No Qualifications (NVQ) (aged 16-64), 2020**

The percentage of people aged 16-64 with no qualifications in Devon is 3.7%. This is significantly lower compared to the England average of 6.2%. Across Devon, there is some variation across the districts. East Devon and Mid Devon are significant higher compared to England average (7.8% and 7.5% respectively).

- **Not in Education, Employment or Training, 2020**

The percentage of people aged 16-19 not in education, employment or training (NEET) or whose activity is not known in Devon is 5.0%. This is significantly lower compared to the England average of 6.0%. Across Devon, there is some variation across the districts. All districts are significantly lower compared to the England average except for Exeter, Mid Devon and West Devon, which are statistically similar compared to the England average (6.2%, 5.6% and 6.0% respectively).

- **Rough Sleeping, 2020**

In Devon, the rate of rough sleepers counted or estimated by the local authority is 1.5 per 10,000 households, a rate which is significantly lower compared to the England average of 2.0. Across Devon, there is variation in rates across the districts. All districts are statistically similar compared to the England average except for East Devon and West Devon, which are significantly lower compared to the England average (0.8 and 0.0 respectively).

- **Overall Rate of Crime, 2020/21**

In Devon, the rate of crime from incidents recorded by the police is 41.4 per 1,000 population, a rate which is significantly lower compared to the England average of 76.3. Across Devon, there is little variation in rates across the districts. All districts are significantly lower compared to the England average.

- **Adults Excess Weight, 2019/20**

The percentage of adults classified as overweight or obese in Devon is 59.3%. This is significantly lower compared to the England average of 62.8%. Across Devon, there is variation across the districts. North Devon is significantly higher compared to the England average (67.5% respectively).

- **Proportion of Physically Active Adults, 2019/20**

The percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity in Devon is 74.1%. This is significantly higher compared to the England average of 66.4%. Across Devon, there is little variation across the districts. All districts are significantly higher compared to the England average.

- **Fruit and Vegetable Consumption (5-a-day), 2019/20**

The percentage of the population who reported that they had eaten the recommended 5 portions of fruit and vegetables on a usual day in Devon is 63.7%. This is significantly higher compared to the England average of 55.4%. Across Devon, there is little variation across the districts. All districts are significantly higher compared to the England average except for Torridge, which is statistically similar compared to the England average (54.2% respectively).

- **Feel Supported to Manage Own Condition, 2020**

The percentage of people feeling supported to manage their condition according to the GP Patient Survey in Devon is 85.8%. This is significantly higher compared to the England average of 77.5%. Across Devon, there is little variation across the districts. All districts are significantly higher compared to the England average.

Please note that many outcome indicators demonstrate health and wellbeing inequalities across smaller areas which may not always be apparent when observing only the Devon figure.

Please refer to the Devon Health and Wellbeing Outcomes report for a full list of indicators.

3. Future developments to the Devon Health and Wellbeing Outcomes Report

3.1 The ‘Explanatory’ Headline resource was published online in December and has recently been revamped and updated in May. This can be used to compliment the outcomes report as it provides information at many different geographical levels.

3.2 The ‘Exploratory’ resource is still in development with delays caused due to the Coronavirus global pandemic. This tool will provide information on health and wellbeing across the life course focusing on geographic variation, trends, deprivation inequalities and correlations.

3.3 An interactive tool is in development for the Outcomes Report and will

3.4 An easy read version of the Devon Health and Wellbeing Outcomes report is also in development, with delays caused due to the Coronavirus global pandemic.

4. Legal Considerations
There are no specific legal considerations identified at this stage.

5. Risk Management Considerations
Not applicable.

6. Options/Alternatives
Not applicable.

7. Public Health Impact
The Devon Health and Wellbeing Outcomes Report is an important element of the work of the board, drawing together priorities from the Joint Health and Wellbeing Strategy, and evidence from the Joint Strategic Needs Assessment. This report and the related documents have a strong emphasis on public health and other relevant health, social care and wellbeing outcomes. A number of the outcome indicators are also drawn from the Public Health Outcomes Framework. The report also includes a specific focus on health inequalities.

Steve Brown
Director of Public Health

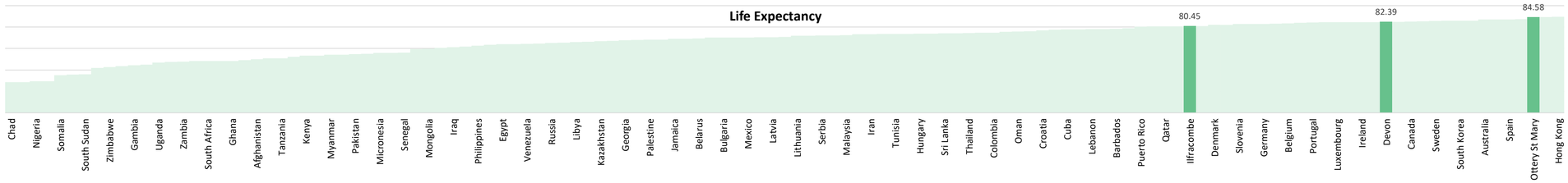
Electoral Divisions: All
Cabinet Member for Adult Social Care and Health Services: Councillor A Leadbetter and Cabinet Member for Community, Public Health, Transportation and Environmental Services: Councillor R Croad

Contact for enquiries: Simon Chant, Room No 155, County Hall, Topsham Road, Exeter. EX2 4QD Tel No: (01392) 386371

Background Papers
Nil

HEALTH AND WELLBEING OUTCOMES REPORT 2020-25

Vision - 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



Priority and Indicator	Time Period	Devon	SW	Eng	Devon Trend	East Devon	Exeter	Mid Devon	North Devon	South Hams	Teignbridge	Torridge	West Devon	Deprivation MD <------> LD	Value	Guide
1. Create opportunities for all																
GCSE Attainment (Free School Meals)	2018	18.2%	17.7%	21.7%	-	28.2%	21.1%	25.0%	17.9%	26.2%	17.5%	13.2%	16.7%		%	Higher is better
GCSE Attainment	2018	41.0%	43.2%	43.5%	-	48.0%	41.9%	45.3%	36.7%	45.2%	36.1%	28.0%	41.2%		%	Higher is better
Key Stage 4 Performance	2019/20	48.7%	49.8%	49.9%	-	58.1%	50.3%	49.8%	42.3%	57.3%	50.0%	40.2%	50.5%	-	%	Higher is better
Good Level of Development (Free School Meals)	2018/19	54.7%	53.0%	56.5%		58.1%	53.7%	55.7%	53.4%	59.5%	56.8%	49.0%	52.5%		%	Higher is better
Good Level of Development	2018/19	72.7%	72.0%	71.8%		73.5%	71.7%	70.3%	72.5%	77.7%	73.3%	68.8%	74.2%		%	Higher is better
% with NVQ4+ (aged 16-64)*	2020	40.7%	40.5%	42.8%	-	39.4%	51.8%	27.7%	38.5%	47.2%	40.7%	31.7%	35.5%		%	Higher is better
% with No Qualifications (NVQ) (aged 16-64)*	2020	3.7%	5.0%	6.2%	-	7.8%	-	7.5%	2.6%	-	5.1%	-	-		%	Lower is better
Child Poverty	2018/19	12.2%	11.2%	15.3%		10.8%	9.8%	11.8%	14.4%	12.1%	11.4%	17.3%	14.1%		%	Lower is better
Not in Education, Employment or Training*	2020	5.0%	6.7%	6.0%	-	4.8%	6.2%	5.6%	4.6%	4.3%	4.9%	4.2%	6.0%		%	Lower is better
Gross Value Added - Per Head (Output)	2018	£ 21,061	£ 24,891	£ 29,356		£18,716	£ 41,172	£ 15,827	£ 23,515	£ 23,950	£ 17,359	£ 13,839	£ 14,137	-	£	Higher is better
2. Healthy, safe strong and sustainable communities																
Fuel Poverty	2018	10.7%	9.4%	10.3%		9.7%	10.4%	11.0%	11.7%	10.8%	9.6%	12.6%	12.3%		%	Lower is better
Rough Sleeping*	2020	1.5	1.9	2.0	-	0.8	3.1	0.8	2.8	1.8	1.2	1.0	0.0	-	Rate per 10,000	Lower is better
Dwellings with Category One Hazards	2014/15	15.4%	15.6%	10.4%	-	14.7%	9.4%	17.3%	17.7%	15.8%	13.4%	26.2%	13.8%	-	%	Lower is better
Private Sector Dwellings Made Free of Hazards	2014/15	1.0%	1.0%	1.2%	-	1.1%	1.7%	1.1%	1.9%	0.4%	1.5%	0.1%	0.5%	-	%	Higher is better
People Who Use Services Who Feel Safe	2019/20	66.0%	69.8%	70.2%		65.9%	58.0%	64.0%	65.6%	62.1%	67.9%	58.7%	65.9%		%	Higher is better
Proportion of people with poor access to healthy assets	2017	26.5%	18.1%	21.1%	-	37.4%	-	30.7%	23.8%	38.4%	15.7%	44.6%	44.0%		%	Higher is better
Overall Rate of Crime*	2020/21	41.4	58.9	76.3	-	33.5	61.1	36.3	47.5	32.9	40.3	36.3	32.5		Rate per 1,000	Lower is better
3. Focus on mental health																
Suicide Rate	2017-19	12.0	11.3	10.1		7.5	15.3	15.0	11.3	7.5	15.0	13.9	12.0		DASR per 100,000	Lower is better
Emergency Hospital Admissions for Intentional Self-Harm	2019/20	230.1	264.2	192.6		225.2	273.8	193.7	326.8	161.0	195.7	253.8	206.3		DASR per 100,000	Lower is better
Self-Reported Wellbeing (low happiness score %)	2019/20	5.7%	8.1%	8.7%		-	-	-	-	-	-	-	-	-	%	Lower is better
Social Contentedness	2019/20	45.8%	46.4%	45.9%		46.6%	37.7%	42.0%	47.6%	43.3%	47.0%	39.1%	48.8%	-	%	Lower is better
Access to Psychological Therapies	2017	17.5%	-	18.3%	-	16.8%	20.1%	16.1%	18.8%	13.3%	18.9%	17.3%	15.3%	-	%	Higher is better
4. Maintain good health for all																
Adults Excess Weight*	2019/20	59.3%	62.0%	62.8%	-	56.7%	56.8%	67.0%	67.5%	51.4%	61.1%	63.9%	54.5%		%	Lower is better
Proportion of Physically Active Adults*	2019/20	74.1%	70.9%	66.4%	-	73.2%	73.5%	72.5%	71.0%	80.2%	75.0%	73.0%	76.2%		%	Higher is better
Alcohol-Related Admissions	2018/19	547.0	680.0	664.0		461.0	590.0	479.0	703.0	459.0	593.0	654.0	456.0		DASR per 100,000	Lower is better
Alcohol-Specific Admissions in Under 18s	2017-20	51.4	45.4	30.7		45.1	37.2	39.6	62.5	64.9	61.9	40.2	50.0		Rate per 100,000	Lower is better
Fruit and Vegetable Consumption (5-a-day)*	2019/20	63.7%	60.1%	55.4%	-	67.7%	62.7%	61.1%	61.9%	67.5%	64.2%	54.2%	66.9%		%	Higher is better
Mortality Rate from Preventable Causes	2017-19	119.3	126.0	142.2		107.5	150.5	114.3	130.9	98.3	116.5	123.7	121.2		DASR per 100,000	Lower is better
Cancer Diagnosed at Stage 1 or 2	2018	58.4%	56.3%	55.0%		58.9%	60.4%	59.2%	57.9%	59.6%	58.8%	55.0%	55.7%		%	Higher is better
Overall Satisfaction of Carers with Social Services	2018/19	38.3%	38.5%	38.6%	-	43.9%	47.1%	50.0%	32.4%	28.6%	36.0%	33.3%	30.0%		%	Higher is better
Feel Supported to Manage Own Condition *^	2020	85.8%	-	77.5%	-	85.9%	86.2%	82.4%	86.8%	85.8%	85.4%	89.6%	84.4%	-	%	Higher is better
Re-ablement Services (Effectiveness)	2019/20	85.8%	83.8%	82.0%		75.0%	79.4%	76.5%	81.3%	97.8%	88.0%	83.8%	93.6%		%	Higher is better
Re-ablement Services (Coverage)	2019/20	1.7%	2.5%	2.6%		-	-	-	-	-	-	-	-	-	%	Higher is better
Injuries Due to Falls	2019/20	1697.8	2067.2	2221.8		1528.3	1855.7	1663.2	1661.4	1603.2	1818.8	1801.1	1844.3		DASR per 100,000	Lower is better
Adult Smoking Prevalence	2019	13.5%	14.0%	13.9%		10.3%	11.4%	10.6%	16.5%	20.4%	11.8%	12.6%	20.6%		%	Lower is better
Estimated Dementia Diagnosis Rate (65+)	2020	59.7%	61.8%	67.4%		65.3%	70.8%	52.1%	60.2%	41.6%	58.5%	59.2%	59.7%	-	%	Higher is better

Key Symbols

- \- Data not available
- # Value missing due to small sample size
- ^ Change in methodology
- ^^ National method for calculating Confidence Intervals are being revised

Most deprived <---------> Least deprived

* Updated indicator

Significance compared to England figure

- Significantly worse
- Not significantly different
- Significantly better

Trend

- trend
- Static trend
- trend
- \- data

Health and Wellbeing

Devon County Council

Committed to promoting health equality

Indicator	Description	Detailed specification
1. Create Opportunities for All		
GCSE Attainment (Free School Meals)	Percentage of pupils achieving five or more GCSEs at grades 9 to 5 including English and Maths that are part of the Free School Meal 6 status.	Number of pupils at end of Key Stage 4 in schools maintained by the local education authority (includes special schools and pupil referral units) achieving five or more GCSEs at grades A* to C or equivalent, including English and maths GCSE as a percentage of all pupils at end of Key Stage 4.
GCSE Attainment	Percentage of overall pupils achieving five or more GCSEs at grades 9 to 5 including English and Maths.	Number of pupils at end of Key Stage 4 in schools maintained by the local education authority (includes special schools and pupil referral units) achieving five or more GCSEs at grades A* to C or equivalent, including English and maths GCSE as a percentage of all pupils at end of Key Stage 4.
Key Stage 4 Performance	Percentage of pupils achieving grades 5 or above in English and Mathematics GCSEs	Percentage of pupils achieving grades 5 or above in English and Mathematics GCSEs
Good Level of Development (Free School Meals)	The percentage of children with free school meal status achieving a good level of development at the end of reception	All children defined as having reached a good level of development at the end of the EYFS by local authority. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.
Good Level of Development	The percentage of children achieving a good level of development at the end of reception	All children defined as having reached a good level of development at the end of the EYFS by local authority. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.
% with NVQ4+ (aged 16-64)	Percentage of people aged 16-64 with and NVQ4+ qualification	The number of people with NVQ 4 equivalent and above, e.g. HND, Degree and Higher Degree level qualifications or equivalent divided by the total population age 16-64.
% with No Qualifications (NVQ) (aged 16-64)	Percentage of people aged 16-64 with no qualifications (%)	The number of people with no formal qualifications divided by the total population aged 16-64.
Child Poverty	Percentage of children (<16) in a local area, living in absolute low income families.	Percentages have been derived by dividing the number of children aged 0 to 15 in absolute low income families by the number of all children aged 0-15 (sourced from ONS mid-year population estimates) and multiplying by 100.
Not in Education, Employment or Training	16-19 year olds not in education, employment or training (NEET) or whose activity is not known	The estimated number of 16-19 year olds not in education, employment or training or whose activity is not known. The England and South West figure represents the estimated proportion of 16-17 year olds not in education, employment or training or whose activity is not known.
Gross Value Added - Per Head (Output)	The value generated by any unit engaged in the production of goods and services.	A measure of the increase in the value of the economy due to the production of goods and services. It is measured at current basic prices, which includes the effect of inflation, excluding taxes (less subsidies) on products. GVA plus taxes (less subsidies) on products is equivalent to gross domestic product (GDP).
2. Healthy, Safe, Strong and Sustainable Communities		
Fuel Poverty	The percentage of households that experience fuel poverty based on the "Low income, high cost" methodology	Under the "Low Income, High Cost" measure, households are considered to be fuel poor where: 1.They have required fuel costs that are above average (the national median level) 2.Were they to spend that amount, they would be left with a residual income below the official fuel poverty line. The key elements in determining whether a household is fuel poor or not are income, fuel prices, and fuel consumption (which is dependent on the dwelling characteristics and the lifestyle of the household)
Rough Sleeping	The number of rough sleepers counted or estimated by the local authority as a rate per 10,000 households	These annual rough sleeping counts and estimates are carried out in October or November. Each local authority district either conducts a street count or provides an estimate. A count is a single night snapshot of the number of rough sleepers in a local authority area. Counts are independently verified by Homeless Link. An estimate is the number of people thought to be sleeping rough in a local authority area on any one night in a chosen week. Local authorities decide annually whether to provide a count or an estimate in light of their local circumstances. Counts and estimates may underestimate the true extent of rough sleeping.
Dwellings with Category One Hazards	Percentage of total dwellings with hazards rated as serious (category one) under the housing health and safety rating system (HHSRS)	The housing health and safety rating system (HHSRS) is a risk-based evaluation tool introduced under the Housing Act 2004, which identifies 29 hazards including damp, excess cold, excess heat, the presence of pollutants (including Asbestos), space, security, light, noise, hygiene, sanitation, water supply, and risk of accidental injury. Risks rated as category one pose a serious risk to health and safety. The numerator is the total number of dwellings identified as having category one hazards present (f6a). The denominator is the total number of dwellings from Live Table 100 (dwelling stocks by local authority).
Private Sector Dwellings Made Free of Hazards	Percentage of private sector dwellings identified as having hazards rated as serious (category one) under the housing health and safety rating system (HHSRS) which were made free of these hazards in the previous financial year	The housing health and safety rating system (HHSRS) is a risk-based evaluation tool introduced under the Housing Act 2004, which identifies 29 hazards including damp, excess cold, excess heat, the presence of pollutants (including Asbestos), space, security, light, noise, hygiene, sanitation, water supply, and risk of accidental injury. Risks rated as category one pose a serious risk to health and safety. The numerator is the total number of private sector dwellings made free of category one hazards through local authority intervention. The denominator is the total number of private sector dwellings identified as having category one hazards present.
People Who Use Services Who Feel Safe	The measure is defined by determining the percentage of all those responding who choose the answer “I feel as safe as I want” from the Adult Social Care Survey.	This measures one component of the overarching ‘social care-related quality of life’ measure. It provides an overarching measure for this domain.
Proportion of People with Poor Access to Healthy Assets	Access to Healthy Assets & Hazards Index	Percentage of the population who live in LSOAs which score in the poorest performing 20% on the Access to Healthy Assets & Hazards (AHAH) index. The AHAH index is comprised of four domains: access to retail services (fast food outlets, gambling outlets, pubs/bars/nightclubs, off licences, tobacconists), access to health services (GP surgeries, A&E hospitals, pharmacies, dentists and leisure centres), the physical environment (access to green spaces, and three air pollutants: NO2 level, PM10 level, SO2 level) and air pollution (NO2 level, PM10 level, SO2 level).
Overall Rate of Crime	The rate of crimes, crude rate per 1,000	Numerator is the number of crime incidents recorded by the police. Denominator is the rounded mid-year population of the area. Rate is numerator divided by denominator multiplied by 1,000.
3. Focus on Mental Health		
Suicide Rate	Direct age-standardised mortality rate (DASR) from suicide and injury of undetermined intent per 100,000 population	Number of deaths from suicide and injury of undetermined intent (classified by underlying cause of death recorded as ICD10 codes X60-X84 (all ages), Y10-Y34 (ages 15+ only) registered in the respective calendar years, aggregated into quinary age bands, with corresponding mid-year population totals. Age specific rates are calculated and multiplied by the standard population for each age group and aggregated to give the age adjusted count of deaths for the area, and divided by the total standard population and multiplied by 100,000 to give the age standardised mortality rate for the area. New 2013 European Standard population used.
Emergency Hospital Admissions for Intentional Self-Harm	Emergency Hospital Admissions for Intentional Self-Harm, directly age standardised rate, all ages.	Numerator is number of finished admission episodes in children aged between 10 and 24 years where the main recorded cause is between ‘X60’ and ‘X84’ (Intentional self-harm). Population for people aged 10 to 24, aggregated into quinary age bands. Age specific rates are calculated and multiplied by the standard population for each age group and aggregated to give the age adjusted count of deaths for the area, and divided by the total standard population and multiplied by 100,000 to give the age standardised mortality rate for the area. The 2013 revision to the European Standard Population has been used.
Self-Reported Wellbeing (low happiness score %)	Self-reported well-being - percentage of people with a low happiness score	The percentage of respondents who answered 0-4 to the question "Overall, how happy did you feel yesterday?"ONS are currently measuring individual/subjective well-being based on four questions included on the Integrated Household Survey. Responses are given on a scale of 0-10 (where 0 is “not at all happy” and 10 is “completely happy”)The first full year data from these questions was published by ONS in July 2012 and are being treated as experimental statistics. In the ONS report, the percentage of people scoring 0-6 and 7-10 have been calculated for this indicator.
Social Contentedness	Proportion of people who use services who reported that they had as much social contact as they would like.	The percentage of users responding "I have as much contact as I want with people I like" and carers choosing "I have as much contact as I want" to questions based on their social situation in the Adult Social Care Survey and Carers Survey. Currently just measuring social care users. Measures for users and carers will be presented separately
Access to Psychological Therapies	Access to IAPT services: people entering IAPT (in month) as % of those estimated to have anxiety/depression	The number of people entering IAPT services as a proportion of those estimated to have anxiety and/or depression.
4. Maintain good health for all		
Adults Excess Weight	Percentage of adults classified as overweight or obese.	Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2. Denominator is number of adults ages 18+ with valid height and weight recorded.Height and weight is self-reported but is adjusted by age and sex using Health Survey for England data to adjust for differences between self-reports and actual BMI. Prevalences are weighted to be representative of the whole population at each level of geography and have been age-standardised.
Proportion of Physically Active Adults	Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity.	The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 “equivalent” minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16. This includes physical activity as a mode of transportation to work, as well as direct leisure activities.
Alcohol-Related Admissions (Narrow)	Direct age-standarised rate of hospital admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population.	Admissions to hospital involving an alcohol-related primary diagnosis or an alcohol-related external cause. Admissions of children under 16 were only included if they had an alcohol-specific diagnosis i.e. where the attributable fraction = 1, meaning that the admission is treated as being wholly attributable to alcohol. For other conditions, estimates of the alcohol-attributable fraction were not available for children.
Alcohol-Specific Admissions in under 18s	Hospital admissions for alcohol-specific causes in persons aged under 18 per 100,000 population	Persons aged less than 18 years admitted to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition for three financial years pooled. In addition, individuals admitted are only counted once per financial year. Denominator is ONS mid-year population estimates for 0-17 year olds. Three years are pooled. Rate is a crude rate per 100,000 population. See LAPE user guide for further details - http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
Fruit and Vegetable Consumption (5-a-day)	Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on a usual day.	Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on the previous day. Respondents to the Active Lives Survey who answered both of the following questions were included: 1) How many portions of fruit did you eat yesterday? Please include all fruit, including fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies. Fruit juice only counts as one portion no matter how much you drink. 2) How many portions of vegetables did you eat yesterday? Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate. Beans and pulses only count as one portion no matter how much of them you eat.
Mortality Rate from Preventable Causes	Age-standardised mortality rate from causes considered preventable in persons aged less than 75 years per 100,000 population	Number of deaths that are considered preventable (classified by underlying cause of death recorded as ICD codes A00-A09, A35, A36, A80, A37, A39, A40.3, A41.3, A49.2, A50-A60, A63, A64, B01, B05, B06, B15-B19, B20-B24, B50-B54, G00.0, G00.1, A15-A19 (at 50% of total count), B90 (at 50% of total count), J65 (at 50% of total count), C00-C16, C22, C33-C34, C45, C43, C67, C53 (at 50% of total count), D50-D53, E10-E14 (at 50% of total count), I71, (at 50% of total count), I10-I13 (at 50% of total count), I15 (at 50% of total count), I20-I25 (at 50% of total count), I60-I69 (at 50% of total count), I70 (at 50% of total count), I73.9 (at 50% of total count), J09-J11, J13-J14, J40-J44, J60-J64, J66-J70, J82, J92, A33, A34, Q00, Q01, Q05, V01-V99, W00-X39, X46-X59, X66-X84, Y16-Y34, X86-Y09, U50.9, E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, Q86.0, R78.0, X45, X65, Y15, K73, K74.0-K74.2, K74.6-K74.9, F11-F16, F18, F19, X40-X44, X85, Y10-Y14, X60-X64. Registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands (0-4, 5-9,..., 70-74).
Cancer Diagnosed at Stage 1 or 2	Proportion of cancers diagnosed at an early stage	New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin). This indicator is labelled as experimental statistics because of the variation in data quality: the indicator values primarily represent variation in completeness of staging information.
Overall Satisfaction of Carers with Social Services	The measure is defined by determining the percentage of all those responding who identify strong satisfaction, by choosing the answer “I am extremely satisfied” or the answer “I am very satisfied” from the Adult Social Care Survey.	This measures the satisfaction with services of carers of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of user surveys suggests that reported satisfaction with services is a good predictor of the overall experience of services and quality.
Feel Supported to Manage Own Condition	Weighted percentage of people feeling supported to manage their condition.	From the GP Patient Survery. Values represent registered population. Denominator: The total number of 'Yes' answers to the 'Q34. Do you have any long-term physical or mental health conditions, disabilities or illnesses?'. Numerator: The total number of ‘Yes, definitely’ or ‘Yes, to some extent’ answers to 'Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?' Responses weighted according to the following 0-100 scale: “No” = 0 “Yes, to some extent” = 50 “Yes, definitely” = 100.
Re-ablement Services (Effectiveness)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.	The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.
Re-ablement Services (Coverage)	Proportion of older people (65 and over) offered reablement services following discharge from hospital.	The number of older people (65 and over) offered reablement services as a proportion of the total number of older people discharged from hospitals based on Hospital Episode Statitstics (HES)
Injuries Due to Falls	Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.	Emergency admissions for falls injuries classified by primary diagnosis code (ICD10 code S00-T98) and external cause (ICD10 code W00-W19) and an emergency admission code. Age at admission 65 and over.Counted by first finished consultant episode (excluding regular and day attenders) in financial year in which episode ended, by local authority and region of residence from the HES data. Population based on Local Authority estimates of resident population produced by ONS. Analysis uses the quinary age bands 65-69, 70-74, 75-79, 80-84 and 85+, by sex. Calculated using the 2013 European Standard Population.
Adult Smoking Prevalence	Percentage of adults aged 18 and over who smoke	The number of persons aged 18+ who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response. Denominator is Total number of respondents (with valid recorded smoking status) aged 18+ in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
Estimated Dementia Diagnosis Rate (65+)	Number of persons recorded on a GP Dementia Disease Register as a % of those in the area estimated to have dementia (using age and sex based estimates)	Numerator is the number of people on a GP practice dementia disease register at the end of the given period and reported through the Quality and Outcomes Framework. Numbers predicted to have dementia apply local GP practice population in quinary age bands to age and sex specific dementia prevalence rates from the 2007 Dementia UK prevalence study. Rate divides the number on the QOF register by the predicted number with dementia to give the percentage diagnosed. GP practice numerators and denominators are aggregated to areas based on location of practice.

Health and Wellbeing Board
15 July 2021

BETTER CARE FUND - UPDATE

Report of the Associate Director of Commissioning (Care and Health), Devon County Council and NHS Devon Clinical Commissioning Group.

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect

Recommendation:

1. That the Health & Wellbeing Board notes the national requirements and latest performance data.

~~~~~~

1. Background/Introduction

The Better Care Fund (BCF) is the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant and funding paid to local government for adult social care services. The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery.

This report covers the final quarter of 2019/20.

2. Partnership and planning arrangements

2.1 Whilst awaiting national guidance DCC and the NHS CCG have agreed that, in order to preserve the position of each partner organisation and to continue to support services, there would be an extension of the existing Section 75 BCF agreement. This was signed by both parties in May 2021.

2.2 National guidance on planning arrangements for the current year (2021/22) has yet to be published but is expected shortly.

3. Performance overview 2020/21

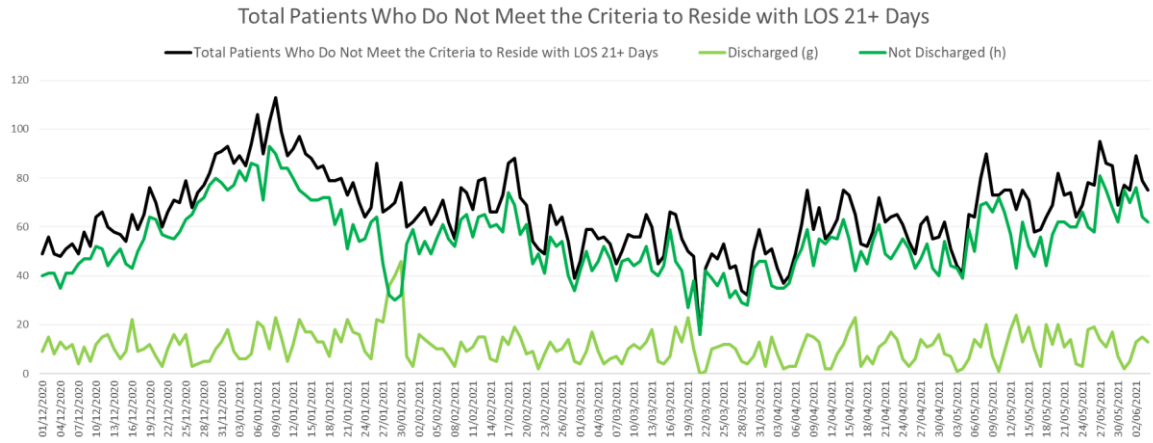
3.1 Delayed Transfers of Care (DToC)

Once people no longer need hospital care, being at home or in a community setting is the best place for them to continue recovery.

National reporting of Delayed Transfers of Care (DToC) has been replaced with daily reporting of the number of people leaving hospital and their discharge destination, and the reasons why people remain in hospital.
~~~~~~

Hospital discharge was greatly affected by COVID-19. Delayed transfers started to decrease in March 2020 due to the pandemic response requirement to reduce bed occupancy levels to 50%, dropping to a very low level in April and May 2020.

As elective services have reopened, we have started to see sustained pressure within the system.



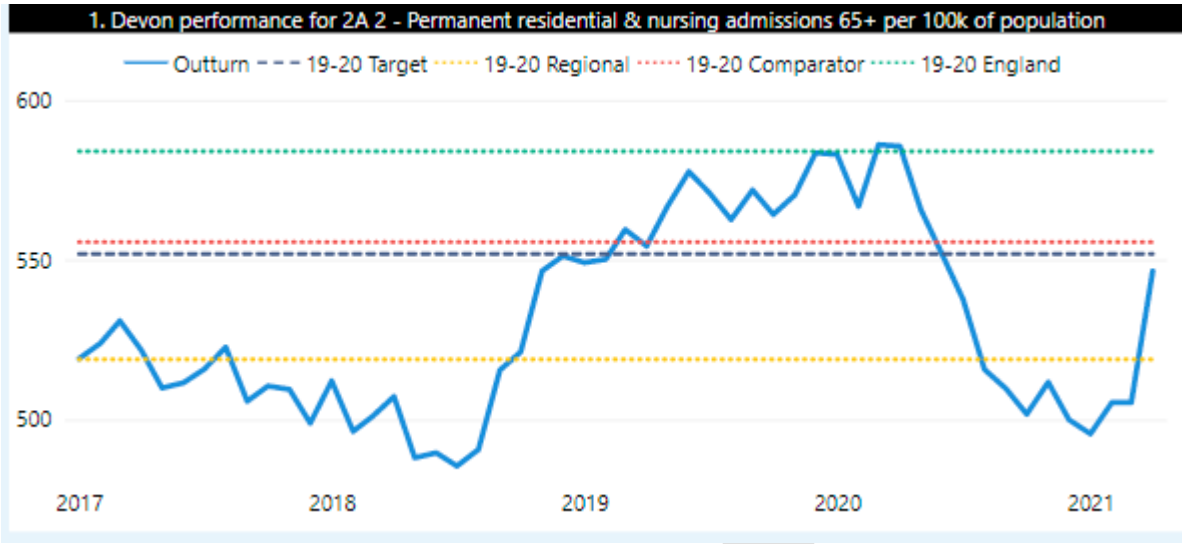
Currently, pressure on the system from Covid-19 hospitalisations is minimal.

There is, however, still pressure as a result of patients remaining in hospital although they no longer need to be there. The overall trend is now upwards in those patients with lengths of stay greater than 21 days.

Delays relate to market capacity issues (residential/nursing/personal care), lack of short term reablement support and/or personal choice (users and carers).

3.2 Permanent Admissions to Residential and Nursing Care – Rate per 100,000 (age 65 and over)

We place fewer older people in residential/nursing care relative to population than comparator and national averages, in line with our Promoting Independence approach to support people to live independently in their own homes wherever possible.



From April, we saw increased pressure within the system as a result of Discharge to Assess pathways out of hospital, which increased numbers of placements, particularly short-term admissions.

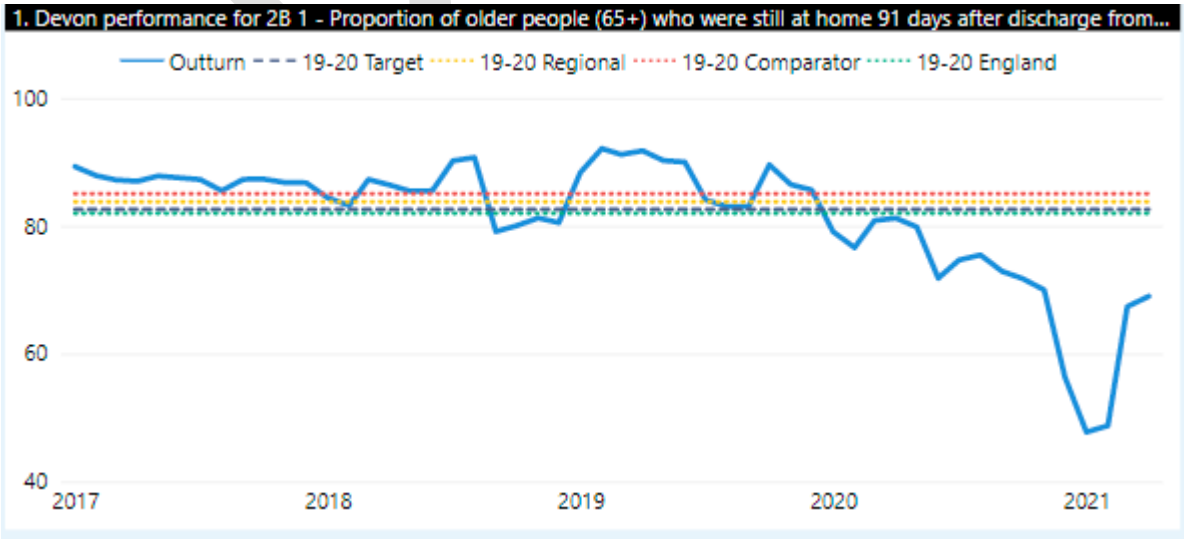
However, the number of permanent admissions continued to reduce throughout Quarter 4, which is likely due to personal choice and available capacity due to outbreaks closing care homes to admissions.

The provisional outturn for 2020-21 is 509.8 per 100,000 population (65 and over), which is an improvement on the 2019-20 figure of 538.7 per 100,000 population (65 and over).

3.3 Percentage of People Still at Home 91 Days After Hospital Discharge into Rehabilitation / Reablement Services

This target attempts to measure the effectiveness of rehabilitation and reablement services in keeping people out of hospital. The indicator relates only to older people (65 and over) discharged from hospital in the period 1 October to 31 December 2020 with outcome tracked between 1 January 2021 and 31 March 2021.(Quarter 4).

The provisional outturn for this indicator in 2020-21 is 67.0%, a drop of 18.8% compared to 2019-20 (85.8%).



Whilst the numerator for this indicator has remained stable, we have seen a significant increase in the number of discharges from hospital in the period 1 October to 31 December 2020. We believe this to be pandemic related where the likelihood of older people being readmitted to hospital as a result of a Covid-19 infection is higher.

3.4 Total Number of Specific Acute Non-Elective Spells Per 100,000 Population

This measure relates to unplanned and emergency admissions. Whilst some are essential, we aim to reduce the number of *avoidable* emergency admissions by targeting our preventative support services to the most vulnerable - in order to avoid an unplanned or emergency admission.

Quarter 4 has seen volumes below levels seen last year:

There were 29,196 non-elective admissions for Q4. In the same period of 2019/20 there were 34,670, down 5,474.

Tim Golby
Locality Director (Care and Health) – North and East), DCC and NHS Devon CCG

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS
Contact for Enquiries:
Rebecca Harty, Head of Commissioning- Eastern Locality, NHS Devon CCG
Tel No: 01392 675344
Room: 2nd Floor, The Annexe, County Hall

BACKGROUND PAPER	DATE	FILE REFERENCE
Nil		

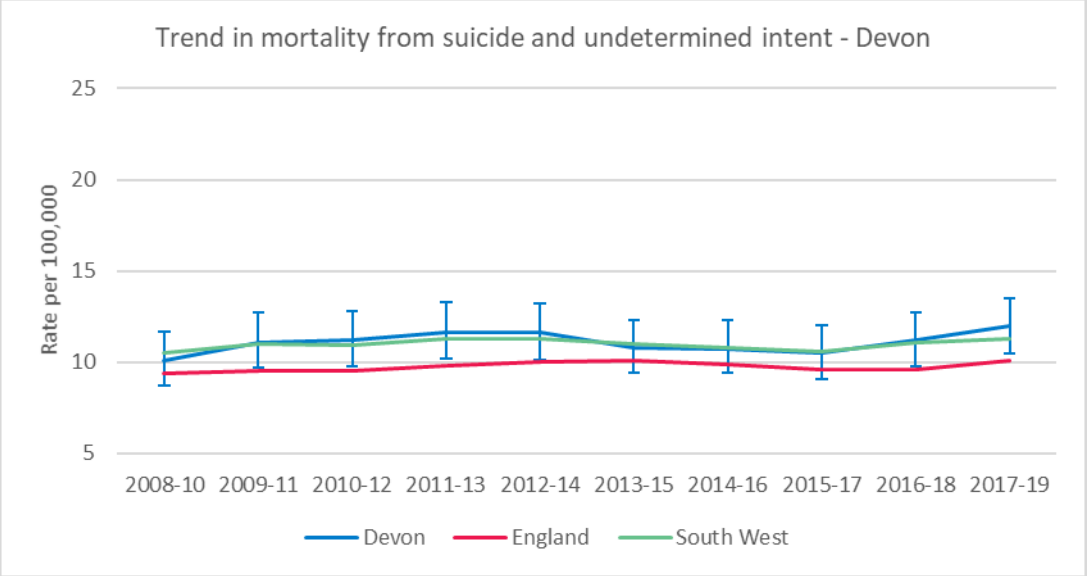
Devon Suicide Prevention Action Plan 2021-2022

Introduction

Suicide can have a devastating impact upon families, friends, neighbours, work colleagues and whole communities. Being bereaved by suicide can increase the risk of a person ending their own life by suicide, therefore suicide prevention is a priority.

Suicide prevention is everyone's business. Whilst local government have the responsibility to produce and deliver an annual action plan to prevent suicide, they need to do this in partnership with Health, Blue light, statutory services, the voluntary sector and communities. In order to do this, Public Health facilitate a Devon – wide Strategic Group which meets four times a year to oversee the delivery of the Suicide Prevention Action Plan.

In Devon the suicide rate has been rising since 2018 following the national trend. With a suicide rate of 12 per 100,000 Devon's suicide rate is higher than England and the South West.



(Devon PHIT)

The Coronavirus Pandemic

During the past year the population has had to endure restrictions upon their freedoms and many have experienced bereavement, loss of employment and financial difficulty. Whilst Real Time data is not indicating any significant rise in suicides during 2020, we cannot afford to be complacent. Data shows that there has been an increase in common mental health problems among the population and this is set to increase as the restrictions come to end. We do know that suicide increases when there is an economic downturn. Suicide risk reflects wider inequalities as there are marked differences in suicide rates according to peoples social and economic circumstances with those in poorer communities more likely to be affected by any economic downturn. We need to combine our efforts to ensure the right support is in place.

Preventing Suicide in England – national strategy

Devon has adopted the National Strategy which outlines two principle objectives: reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. This is reflected in the seven priority areas:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reducing rates of self-harm as a key indicator of suicide risk

Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives (publishing.service.gov.uk)

Public Health England recommends that local areas should aim to tackle all seven areas of the national strategy in the long-term, with the following priorities for short-term action with a coordinated system approach set out by Professor Louis Appleby, Chair of the Suicide Prevention Strategy Advisory Group outlined below:

1. Reducing risk in men, especially middle age with a focus on economic factors
2. Preventing and responding to self-harm with a range of service for adults and young people in crisis, and psychosocial assessment for self-harm patients
3. Mental health of children and young people with joint working between health and social care, schools and youth justice, and plans to reduce drastic increase in suicide risk 15-19 years
4. Treatment of depression in primary care with safe prescribing of painkillers and antidepressants
5. Acute mental health care with safer wards and hospital discharge, adequate bed numbers and no out of area admissions
6. Tackling high frequency locations including working with local media to prevent imitative suicides
7. Reducing social isolation, for example through community based supports, transport links and working with third sector
8. Bereavement support, especially for people bereaved by suicide (PHE_LA_Guidance_25_Nov.pdf (publishing.service.gov.uk)

Working with Devon Partnership NHS Trust

In order to meet these priorities, we need to work closely with our local Mental Health Trust.
Devon Partnership NHS Trust's Safe from Suicide Team are working to the 10-point safety plan.

Their identified priorities for the coming year are:

- Adopt National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) standards for safer wards and early follow up after discharge.
- Roll out of Personalised Risk assessment and Safety Planning Training throughout the Trust
- Improving the learning cycle; moving towards new incident Patient safety Planning framework
- Continue to support the Real Time Surveillance System
- Work with partners from to better understand Suicide prevention needs.
- Support transition to Community Mental health Framework (CMHF) and embed NCISH 10-point safety plan within new models of delivery.
- Developing a Lived Experience Community of Practice.

Guidance for local suicide prevention planning

The Samaritans and University of Exeter independent progress report on local suicide prevention planning in England recommended that local areas should consider the following when refreshing or redeveloping their Suicide Prevention Plans:

1. LGA and ADPH should encourage local authorities to consider working with other local authorities to achieve economies of scale and maximise resources.
2. LAs and multi-agency groups should avoid spreading their resources too thinly by trying to cover all areas of the national strategy too soon. Those at the earlier stages of their response may benefit from embedding and improving the quality of activity already taking place rather than implementing multiple new activities. Similarly, it may be helpful to begin by playing to local strengths and focusing efforts on strategy areas where there is already effective partnership working before tackling national strategy areas that prove more difficult to implement in the local context.

3. LGA and ADPH should support local areas to move past the preparatory stage of building partnerships and planning actions, and into delivery of actions themselves where this is not already happening.

Taking into account these principles:

1. Devon is working more closely with Torbay and Plymouth to deliver some of our activities. We also meet regularly with colleagues across the South West to share learning.
2. For 2021-22 the Action Plan will focus on 8 priority areas and will aim to complement the work happening at a system wide level and among our partners.
3. The prioritisation of prevention through the NHS Long-Term Plan, means that for the first time, there are resources to enable us to 'move into the delivery of actions'

Current funding and projects

NHSE Transformation Funding

The Devon STP area which includes Devon County Council, Plymouth City Council and Torbay Council have been awarded £235,336 a year from 2020/21 – 2022/23 to deliver a suicide prevention programme. This money is being used to develop system wide projects and support the Devon Action Plan.

- Safer Suicide Communities – Monies to support grass roots community initiatives that raise awareness and aim to prevent suicide. Each Local Authority area will have its own resources to distribute.

- Safer Suicide Primary Care – As two thirds of people who end their lives by suicide had visited their GP in the 12 months before their death, we are aiming to provide training all primary care staff. Initially we will be working with a GP based in Cornwall who has developed Suicide Prevention and Safety Plan Training for Primary Care staff.

- Targeted Training offer - aimed at non-clinical staff working with high risk groups and 'Bystanders', taxi drivers, dog walkers. Some of this training will complement the training being rolled out by Devon Partnership NHS Trust and help to create a common language for suicide prevention among clinical and non-clinical workforces.

- Understanding Torbay's suicide and self-harm rate – A piece of research utilising people with Lived experience to better understand what support would be most useful. Whilst the focus of the research will be Torbay, the learning will be shared across the county.

- Communications and Media Reporting – working with a range of partners including the press to ensure that any reports of potential suicides are within Samaritans Guidelines

Devon STP Prevention Funding

Monies from the STP Prevention Fund are in place to support three projects until March 2022.

Data Analyst Post:
Based at Pete's Dragons the Data analyst is running and developing the Real Time Surveillance System. Information regarding any potential suicide across the county, are received via the police. The rational for the service is:

- Ensuring a timely offer of bereavement support to anyone affect by the death.
- Identifying and responding to any potential cluster (two or more deaths that are linked).
- Identifying trends or any novel methods.

Suicide Bereavement training:
Following on from the pandemic Pete's Dragons devised a bespoke 4-hour online course which covers 'understanding grief, suicide prevention, and Suicide Bereavement'. Courses will be available throughout the year.

Men's Mental Health project:
The Lions Barbers Collective have devised their own suicide prevention training and we are supporting delivery of this to trainee barbers in colleges, existing barbers and once Covid restrictions have eased, a series of 'pop up barbers' at key workplaces and institutions.

What have we achieved so far?
(This will be in infographic format in the final document)

Over 2,700 people across Devon have received training in 'ASIST', 'Safe Talk' or 'Suicide Talk'

400 people from 60 agencies across Devon have received training in 'Understanding Grief', 'Suicide awareness' and 'Suicide Bereavement Support'

Worked in partnership to restrict access to a North Devon Bridge reducing the number of incidents from 24 in 2019 to 3 in 2020

A Suicide Bereavement Service has been commissioned across Devon from 1st April 2020 – 31st March 2023

A Real Time Surveillance System has been established across Devon

Over 50,000 'It's Safe to Talk About Suicide' leaflets distributed across many settings including GP surgeries, libraries and community centres. Leaflet downloadable here - It's Safe to Talk About Suicide

Devon Suicide Prevention Strategic Group Priorities

Following a workshop with members in November 2020 eight key priorities have been agreed for local action. Whilst these are priorities for Devon, the work and the

learning will be shared county-wide. Resources from the NHSE funding and our own Public Mental Health Grant will enable us to deliver against them.

Devon Public Health are also establishing an All Age Mental Health Group to support the Covid Recovery work that is happening across the county. The work of this group will complement the Action Plan.

The 8 Priorities

Prevention of suicide in Public Places
Working with colleagues from Network Rail, The Samaritans, and British Transport police to reduce the number of deaths on the railway.
Production of an interactive map to enable us to identify any high frequency locations and then develop action plans with a range of partners to limit access or add signage.

Developing a Post Vention Hub
Following the report 'From Grief to Hope' From-Grief-to-Hope-Report-FINAL.pdf (supportaftersuicide.org.uk), we aim to develop a hub offering support to all organisations working with people who are bereaved by suicide as well as ensuring that information about resources is easily accessible.

Exploring the links between suicide and DSVA
There is growing interest both locally and nationally in the links between Sexual violence and abuse and suicide (in both victims and perpetrators). Will work alongside local commissioners and providers and look at initiatives in other parts of the country to develop a plan of action.

Financial Pressures and Debt:
Evidence shows that suicide rates increase in times of economic downturn and debt is a recognised risk factor. The aim is to work with organisations such as CAB and DWP to look at additional support around wellbeing/ Suicide Prevention

Suicide and Self-Harm in Children and Young People
Children and Young people have disproportionately been affected by the Covid pandemic, with disruption to education and social life. We will revisit the work we did in 2017/18 and liaise with relevant partners to develop any new resources.

Loneliness and Isolation
Evidence shows links to relationship breakdown, bereavement, social isolation and suicide. Torbay council is leading an this are leading on this priority.

Engagement with People with Lived Experience
People with lived experience of suicidality or bereavement from suicide have an important role to play in the delivery of our action plan. We aim to find the right mechanisms to enable people to shape and support the delivery of this plan.

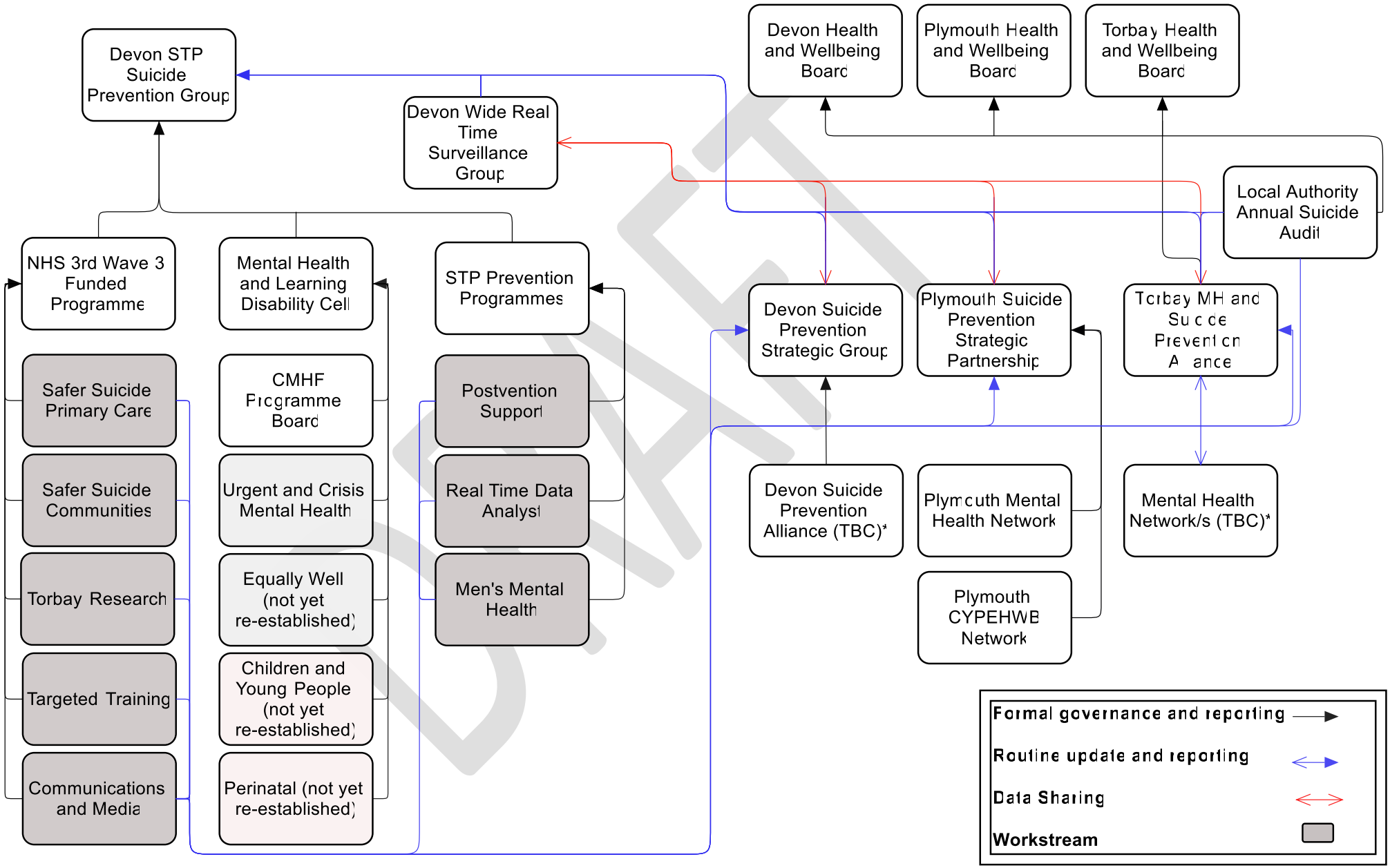
Audit
Even though we now have Real Time Surveillance, the annual retrospective audit, is still needed so that we can identify any risk factors; unemployment, family breakdown, which may not be apparent for the real time data. We will work with both coroners to arrange an audit of 2019 -2020.

Devon Suicide Prevention Strategic Group Task and Finish Sign up sheet

Theme Strategic relevance	Suggested workstream / Actions	Outcome measures	Partners
Prevention of Suicide in Public Places National Strategic Priorities: 3,5,6 SPSAG priorities: 6	Create a Map of locations, including Attempts Identify any High Frequency Locations (HFL's) Explore options for Limiting access to HFL's Engage with local communities /fund community-based initiatives		Network Rail Samaritans Highways England Public Health Community Safety Partnership
Developing a Post Vention Hub National Strategic Priorities: 4 SPSAG priorities: 8	Implement recommendations from 'From Grief to Hope' Peer support for groups delivering bereavement support. Directory of support services Engage with people with Lived experience		Pete's Dragons Samaritans
Exploring Links between DSVA and Suicide National Strategic Priorities: 1, 6 SPSAG priorities 1,7	Work with police to compare data sets Engage with relevant services and people with lived experience Co- design an approach		Office of the Police Crime Com. Police DCC Communities Team
Prevention of Suicide and Self-Harm among CYP National Strategic Priorities 1, 7 SPSAG priorities 2,3	Revise/update paper written in 2018 Scope out current support available through schools, colleges and youth groups Engage with CYP's Co – design an approach		Public Health CYP lead
Engagement with people who have lived experience National Strategic Priorities: SPSAG priorities:	Scope ways of meaningfully engaging with people who have lived experience to inform the work of the DSPSG Makes links with existing engagement networks; Living Options		
Audit 2019-2020 National Strategic Priorities: 6 SPSAG priorities:	Review the audit process Agree approach for 2019 / 20 data		
Financial Hardship/ debt/gambling and Suicide National Strategic Priorities: 1 SPSAG Priorities: 1	Scope out the issue in Devon Engage with relevant agencies Engage with people with lived experience Co-design an approach		Dept of Works & Pensions Citizens Advice
Loneliness and social isolation National Strategic Priorities: 1 SPSAG: 7			

Available Resources to support the Suicide Prevention Action Plan:

- NHS Safer Suicide Communities: Innovation Fund; up to £5000 for community groups/ organisations to develop initiatives in their locality
- NHSE Safer Suicide Workplaces: Monies available for training
- COMF Monies – to support Covid – related initiatives, one off funding
- Devon Public Mental Health Grant – longer term investment will need to be commissioned depending on value.


Devon STP Suicide Prevention Group
Devon Wide Real Time Surveillance Group
Devon Health and Wellbeing Board
Plymouth Health and Wellbeing Board
Torbay Health and Wellbeing Board
Local Authority Annual Suicide Audit
NHS 3rd Wave 3 Funded Programme
Mental Health and Learning Disability Cell
STP Prevention Programmes
Devon Suicide Prevention Strategic Group
Plymouth Suicide Prevention Strategic Partnership
Torbay MH and Suicide Prevention Alliance
Safer Suicide Primary Care
Safer Suicide Communities
Torbay Research
Targeted Training
Communications and Media
CMHF Programme Board
Urgent and Crisis Mental Health
Equally Well (not yet re-established)
Children and Young People (not yet re-established)
Perinatal (not yet re-established)
Postvention Support
Real Time Data Analyst
Men's Mental Health
Devon Suicide Prevention Alliance (TBC)*
Plymouth Mental Health Network
Mental Health Network/s (TBC)*
Plymouth CYPEHWB Network
Formal governance and reporting
Routine update and reporting
Data Sharing
Workstream

smokefree alliance DEVON

Progress Report 2018-2021

Contents of Report

Summary of the Smokefree Devon Alliance Strategy 2018 – 2023

Vision:

Our vision is to create a Smokefree generation in Devon where people are protected from the harms caused by tobacco.

Aim:

The aim of this strategy is to improve the health of Devon's population by reducing the prevalence of smoking and exposure to second-hand smoke and by doing so reduce health inequalities and smoking related illnesses and deaths.

Priorities:

1: To protect children and young people from tobacco and encourage Smokefree pregnancies.

2: To reduce health inequalities caused by smoking and support vulnerable groups to be Smokefree.

3: To create and support Smokefree organisations, particularly NHS organisations.

Principles:

1. This is a shared vision to which we are all committed.
2. We will work together, be brave and innovative, and utilise the power of collective action and leadership.
3. We will draw on the best available evidence, insight, and intelligence.

Objectives:

- Reduce the proportion of 15-year-olds who regularly smoke from 10% to below 5%
- Reduce the percentage of pregnant women smoking at time of delivery from 12.3% to below 7.3%
- Within individuals with severe mental illness, we aim to reduce smoking prevalence from 42.1% to below 37.1%
- Reduce smoking prevalence amongst groups with a routine and manual occupation from 25.4% to below 20.4%

Introduction

This is a collaborative progress report from the Smokefree Devon Alliance; various members have contributed to its creation.

We hope it will provide an update on the progress we have made towards the priorities in the 2018-2023 strategy, allow us to celebrate successes, and energise us in areas that need more focus.

The Smokefree Devon Alliance remains strong, with regular meetings and active membership from a wide range of stakeholders. The year of 2020 saw the expansion of the Alliance, to officially include Torbay. At that time, we welcomed Steve Brown as the new chair of the Alliance, Director of Public Health Devon, and Dr Joanne Watson, Health and Care Strategy Director at Torbay and South Devon NHS Trust, as the vice chair.

As the number of people smoking in the population reduces, it becomes harder to maintain the continual decreases in prevalence we have previously achieved. Nevertheless, this emphasises the need to not lose momentum, and to continue to strive to create a smokefree generation; to support the most disadvantaged in our communities to stop smoking; to denormalise smoking with our children and young people; to protect people from the harms of secondhand smoke; and to create policies in organisations that support a smokefree Devon.

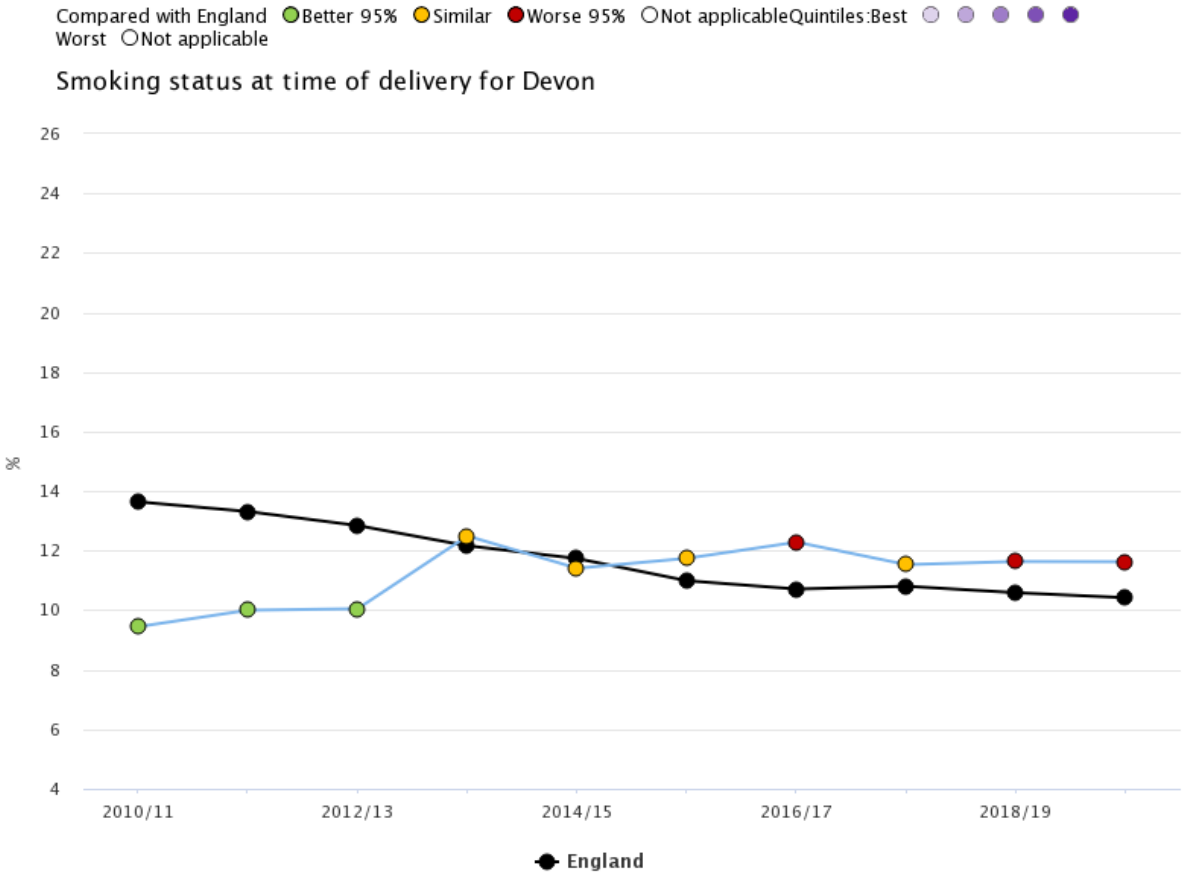
Progress Towards Priority 1:

To protect children and young people from tobacco and encourage Smokefree pregnancies

Update on Data Indicators

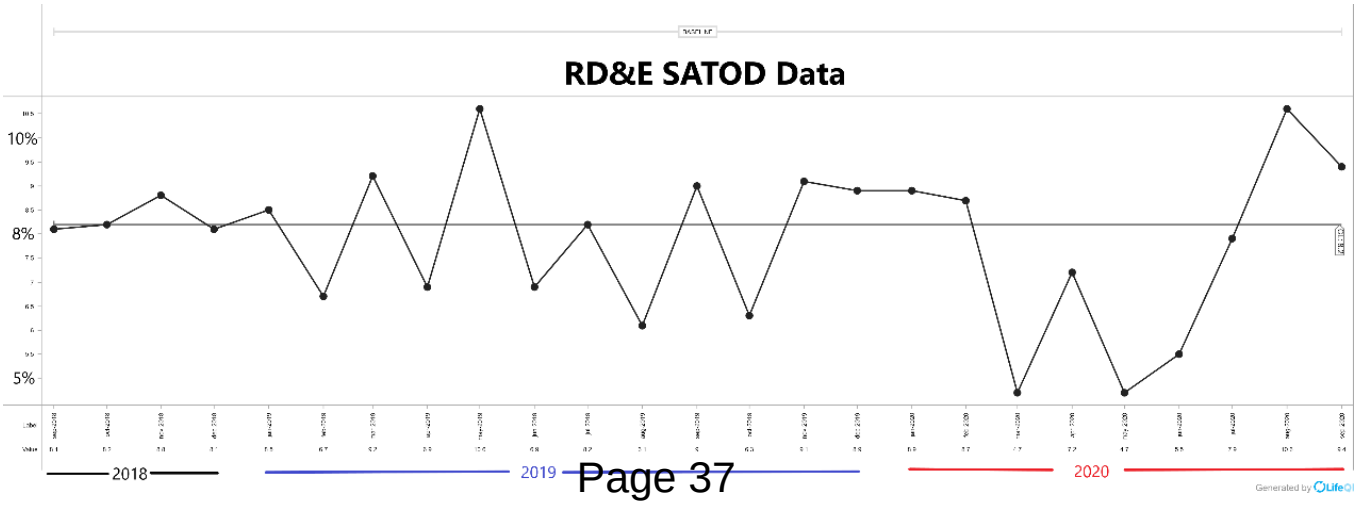
Smoking at Time of Delivery (SATOD)

The data on smoking status at time of delivery (SATOD) in Devon is relatively static, as shown in the graph below. There has been a small decrease in Devon since the strategy was written in 2018 (11.6% in 2019/20, from 12.3%), but there is still some way to go to achieve the target of 7.3% by 2023.

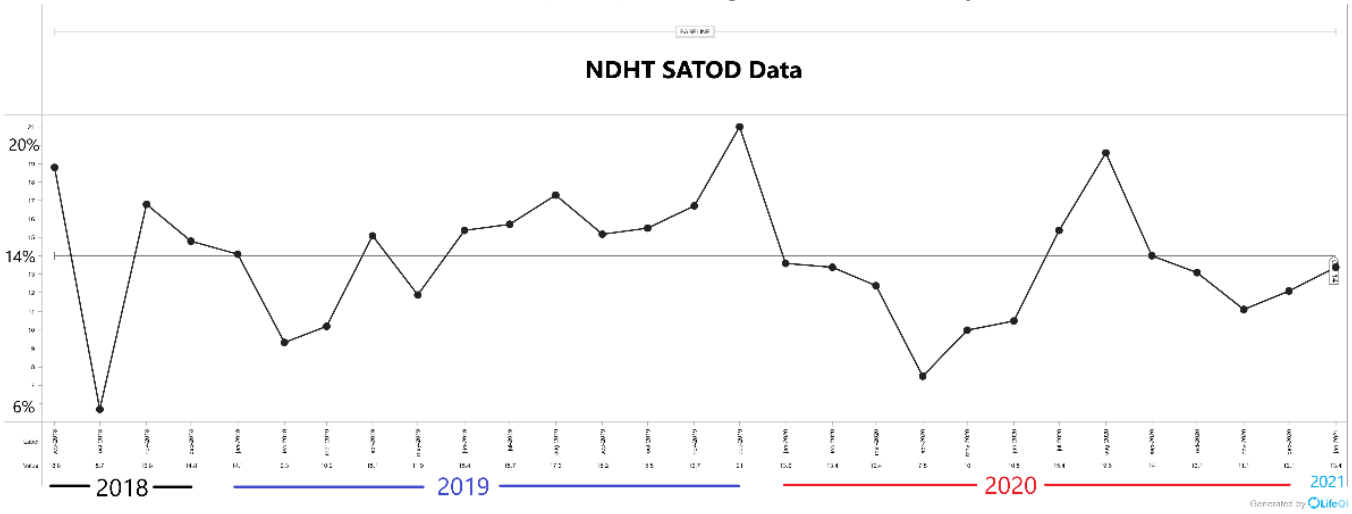


However, trust specific data provides more insight into these levels and does suggest some promising SATOD rates are within reach.

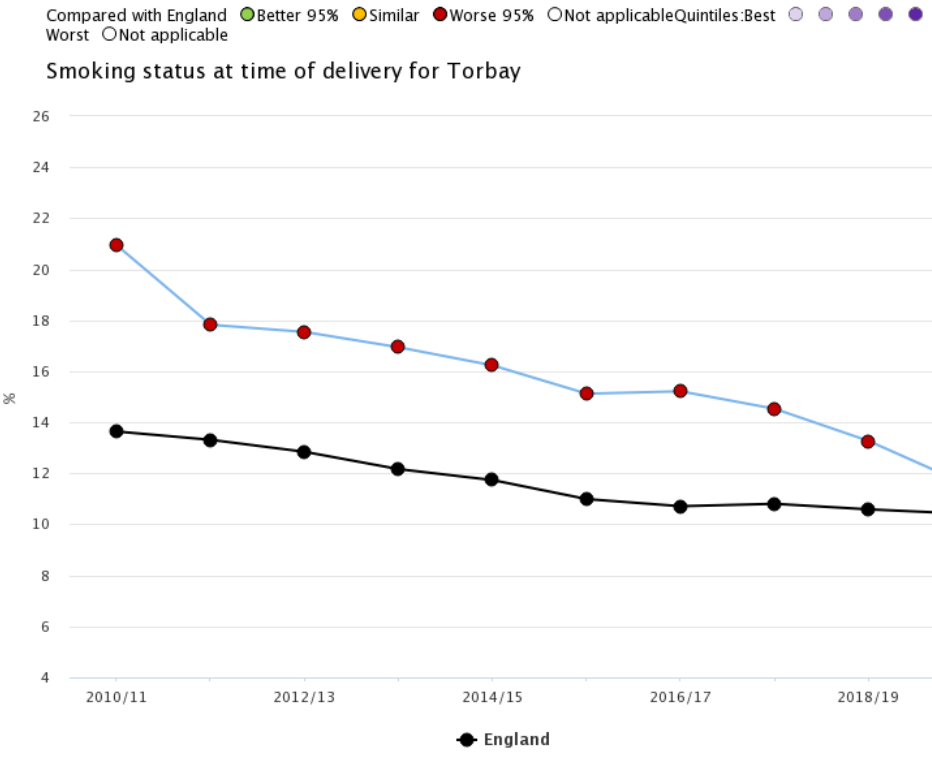
Royal Devon and Exeter (RD&E) Smoking at Time of Delivery Data 2018-2020



Northern Devon Healthcare Trust (NDHT) Smoking at Time of Delivery Data 2018-2021

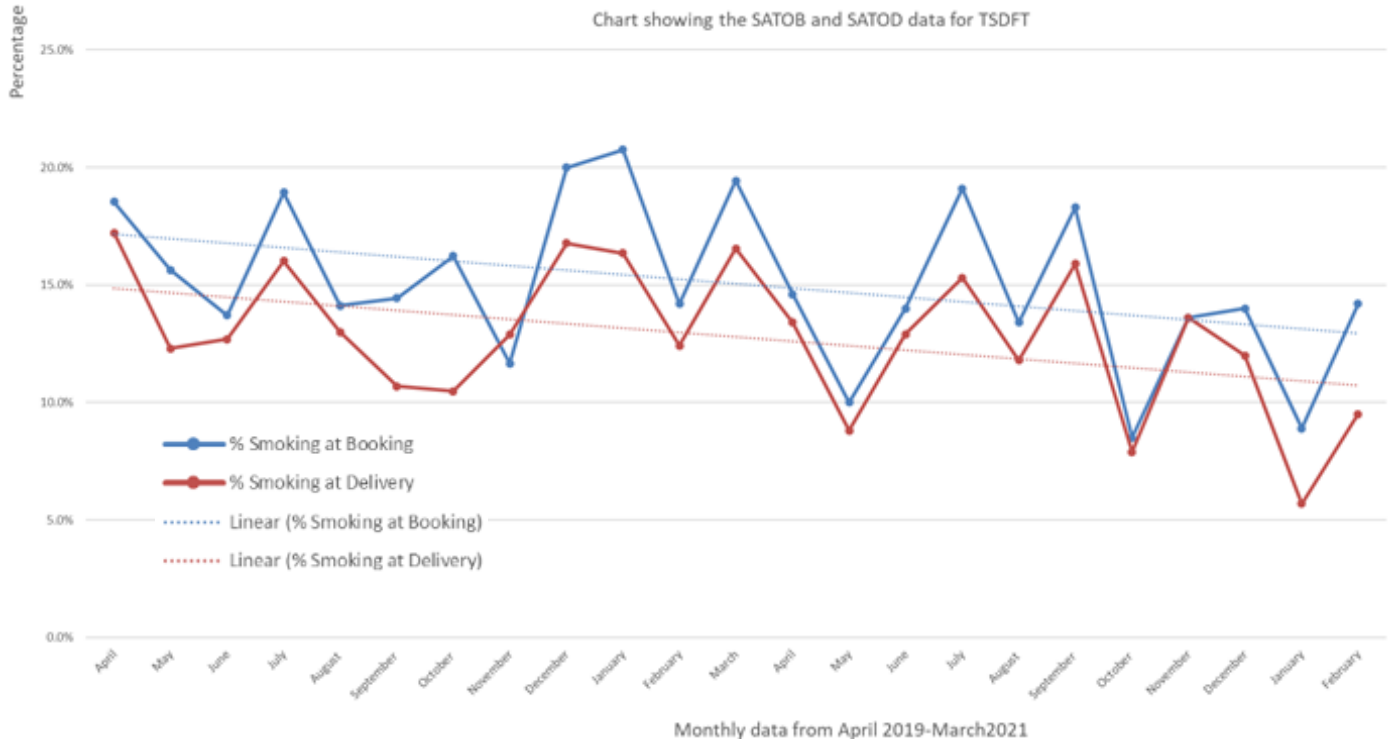


Within Torbay, SATOD percentages are still higher than in Devon, but the trend shows a reducing percentage of women smoking at the time of delivery, with 2019/20 data showing a prevalence of 11.6% (see charts below).



The chart below shows the SATOD and Smoking at Time of Booking (SATOB) data for the maternity system at Torbay and South Devon Foundation Trust. As can be seen there are declining rates of both smoking at the time of booking (SATOB) and smoking at the time of delivery (SATOD). The trendlines also show that there is a widening gap between SATOB and SATOD. This is very positive meaning that fewer women are coming into maternity services as smokers and women who are smoking are quitting in higher numbers. This is reflected in the increased success rates in 4-week quitters within this population in the Torbay Healthy Lifestyle Service.

Torbay and South Devon Foundation Trust (TSDFT) SATOB and SATOD Data



Pregnant Women Supported to Stop Smoking by Services in Devon and Torbay

All stop smoking services in Devon and Torbay can provide support to pregnant women to stop smoking, including OneSmallStep, Torbay Healthy Lifestyle Service, GP practices and pharmacies. During 2020/21, these services have collectively supported 257 pregnant women with a quit attempt, with a successful quit rate of 57.2%.

Smoking Prevalence in 15 Year Olds

Unfortunately the WAY survey has not been repeated and so there is no update from the 10% prevalence reported in Devon in 2014/15.

To have some ability to monitor tobacco use in young people locally, questions on tobacco use have been included in the Schools Health and Education Unit survey, completed within schools every 2 years in Devon. The results are shown in the tables below, which show a decline in tobacco use in 2019 compared to 2017. However, it is important to note this is a sample of children in Devon and cannot be assumed as representative.

Results in Devon Primary School pupils in Years 4 – 6 (ages 8-11)

	2017		2019	
	Girls	Boys	Girls	Boys
Have never tried smoking	97%	98%	99%	98%
Have tried an e-cigarette	-	-	3%	

Results in Devon Secondary School Pupils in Years 8 and 10 (ages 12-15)

	2017	2019
Have never tried smoking	80%	88%
Smoke occasionally or regularly	6%	4%
Have never used an e-cigarette	-	83%

Update on the Work of Smokefree Devon Alliance Members Under Priority 1

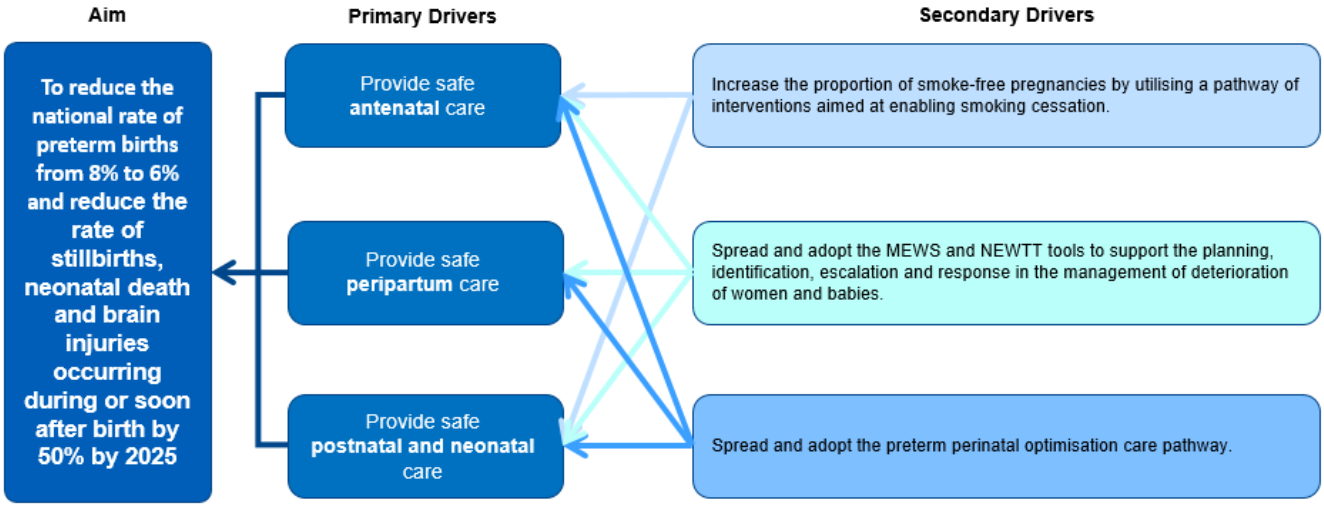
- **Local Maternity and Neonatal System (LMNS)**

The Devon Local Maternity System Transformation Plan (2017-21) outlined smoking as a key priority through both the safety and prevention workstreams, as part of Better Births and the Saving Babies Lives care bundle. The plan outlined an aim to reach smoking rates at time of delivery to 8% by 2020.

In 2018, a smokefree mapping exercise was completed across wider Devon. It considered tobacco dependency, carbon monoxide monitoring, training, monitoring and referral into specialist services within the maternity system. This contributed to significant continued work in the wider Devon system to support the smokefree agenda, including the Maternity and Neonatal Safety Improvement Programme detailed below.

- **Maternity and Neonatal Safety Improvement Programme**

The Maternity and Neonatal Safety Improvement Programme is one of five National Patient Safety Improvement Programmes which aims to develop and deliver safety improvements prioritising the most critical safety issues. The five national drivers have been reduced to three for the Phase 2 rollout in 2021. The South West system-wide work focused around Smoke-Free Pregnancies.



The ambitions of the programme are bold; to reduce the national rate of pre-term births from 8% to 6% and reduce the rate of stillbirths, neonatal deaths, and brain injuries occurring during or soon after birth by 50% by 2025 (NHSEi). The target for smoke-free pregnancies aligns with the NHS LTP to increase the proportion of smoke-free pregnancies to 94% or greater by March 2023 (6%). Smoking in pregnancy is the leading modifiable risk factor for poor birth outcomes and is one of England's leading causes of health inequalities. The South West region consistently has average smoking in pregnancy rate of > 6% (national target), with significant regional variations. Since 2018, we have seen a gradual improvement in the proportion of smoke-free pregnancies, with SATOD rates falling from 19% to nearer 13-14% in the South West, but there is still so much more we can do to bring these rates down.

The South West AHSN have worked hard to bring a collaborative system-wide approach to achieving this goal. We have created a supportive network of skilled, knowledgeable, and passionate people who continue to work together, discuss obstacles, challenges and share their learning in a safe and supportive space. Even through the pandemic, the teams have continued to communicate through their WhatsApp group, asking for advice and offering solutions in overcoming the many challenges Covid has posed them, not just related to tobacco addiction. We're so incredibly proud of how they have continued to support each other. They have adapted to working in an online virtual world, which has created its challenges, but we have remained connected. Our Patient Safety Network events are growing in size, with over 120 people signed up for June's event. We're delighted that one of the South West teams (Livewell SW) has entered their QI project "Swap to Stop" into the Bristol Patient Safety poster competition this year; fingers crossed!

While CO monitoring is re-starting in routine antenatal settings, the SW AHSN supports two test sites providing single-use carbon monoxide monitors. The acute Trusts are working closely with the Specialist Smoking Services to trial the ICO Smokerlyzer with a cohort of pregnant women/people over the forthcoming year with evaluation support provided by the SW AHSN. If you want to find out more about this work please join us at our next Patient Safety Network event in June and sign up to receive our newsletter.

- **OneSmallStep Devon Healthy Lifestyle Service Update**

OneSmallStep have worked hard to improve the referral pathway for pregnant women into the specialist smoking service. Since Everyone Health launched the new integrated OneSmallStep service in November 2019 we have seen an increase in both referrals and quit rates of pregnant women.

Improvements were made following pathway review meetings with NDHT, RD&E and TSDFT public health specialist midwives. Key areas that were highlighted for improvement were training midwives and feedback/communication from the specialist service back to midwives.

During the pandemic when face-face brief advice training was not an option for midwives, OneSmallStep developed a bespoke smoke free pregnancy training package which is available online. This has recently been reviewed and updated with input from local maternity services. Ensuring midwives feel confident having conversations about smoking is crucial to women getting access to the smoking service as soon as possible.

OneSmallStep have implemented a feedback protocol system for smoking advisors to follow to ensure midwives are kept up to date with women's progress on the pathway. This feedback is sent via email at varying stages of support. Most notably if we are unable to contact the women or they do not attend their appointment. Having this information allows midwives to conduct further brief advice and prompt a re-referral.

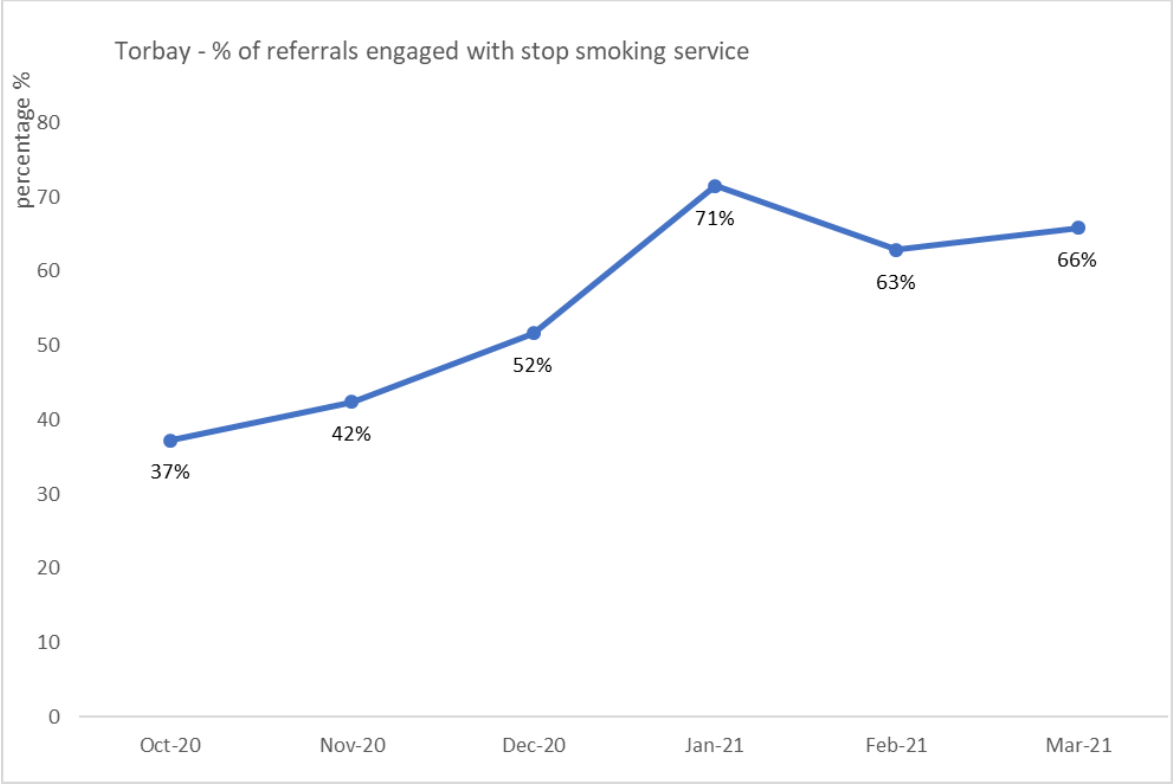
Monthly referral and quit rate data is sent to the public health midwives, and OneSmallStep also chair a bi-monthly smoking in pregnancy review meeting with the Trusts to discuss and update any elements of the pathway and track progress.

OneSmallStep have carried out some youth mapping across the county and actively engaged with Young Devon who run Youth Enquiry Services, Supportive Lodgings and Counselling services for young people in Exeter, Barnstaple, Sidmouth and Ivybridge. We have carried out engagement and partnership work with Space Youth Services Devon; - 8 Youth Centres across Devon including, Barnstaple, Bideford, Okehampton, Exeter, Exmouth, Newton Abbot, Totnes and Tiverton. This engagement is an opportunity to open conversations with partners on the ground working with young people about smoking and the challenges young people face when accessing services. We continue to keep this engagement active and are working towards seeing an increase in young smokers accessing OneSmallStep.

- **Torbay Healthy Lifestyles Service Update**

Torbay Healthy Lifestyles Service has been working with the Public Health Midwife at Torbay Hospital to improve engagement rates for women referred to the stop smoking service. The main focus to date is to improve communication between the stop smoking service and midwife teams.

- Engagement rates with women is steadily increasing, from 37% in October 2020 to 66% of all referrals in March 2021 (as can be seen in the chart below - % referrals engaged with service)
- Not only has engagement increased but we have also seen increased quit success rates, quit success in maternity referrals who engaged with the service for 2020-21 was 70%. We are extremely pleased with this progress as it is above expected for this group)
- Percentage of women who were unable to contact has reduced from 60% in October 2020 to 14% in March 2021
- There are a number of things that we have changed:
    - Midwives are receiving more detailed information about the women they refer to the service; such as how many times and how we've tried to contact them, what they are using to stop smoking, when they have quit, whether they've initially engaged and then become uncontactable
    - All women referred are sent a pregnancy information pack that not only highlights the risks of smoking during pregnancy but also the many benefits of quitting. The information pack includes the latest advice and guidance on vaping/e-cigarette use.
    - Referrals are now passed immediately to the stop smoking advisers who contact the referred women directly. This means most women are contacted and receive support on the day the referral is received.
    - Referrals stay on one adviser caseload until EDD (due date)
    - PH midwife is very proactive and there is regular communication between stop smoking service, the PH Midwife and the wider midwifery team



The above chart shows the incremental improvements in engagement rates for women referred to the Torbay stop smoking service as a result of the engagement work with the maternity services at Torbay.

From the available data over the last 12 months there has been a clear increase in positive engagement with women who smoke and a sharp decline in the number of women who are still smoking at delivery. However, this progress needs to be heavily caveated as it is currently unclear how much of this effect is attributable to service improvements or as a positive effect of the Covid-19 pandemic. Pregnant women do represent a high-risk group regarding Covid-19 and this message is likely to have been translated and understood by this client group, as indicated by correlating reduction in SATOB as well as SATOD for babies conceived during or after the first national lock-down (March 2020). Although the rate of decline in SATOD is greater for this period, it is essential that more data is obtained, and further analysis continues at a local and regional level.

The Torbay Lifestyles service is also currently supporting a project coordinated through the MatNeo Collaborative, which aims to provide women who are smoking during pregnancy their own personal carbon monoxide monitoring devices. It is hoped that the devices will create better understanding of the risks from smoking and increase engagement with stop smoking services who can provide support to quit. The project is also training maternity support workers to provide additional tailored interventions and help to women who may benefit most from it.

The Torbay Lifestyles Service provides mandatory stop smoking training to maternity teams which was paused during the height of Covid-19. However, since its reintroduction in February 2021 we have trained 74 members of staff (48%) and have training sessions scheduled for the rest of the year.

- **Illegal Tobacco**

Since the launch of the strategy, the Devon, Somerset and Torbay Trading Standards Service has conducted a number of projects around illegal tobacco including subscribing to the Regional Trading Standards Investigation Team (South West) illegal Tobacco, conducting a social media campaign for anonymous reporting of illegal tobacco and linking with the School's Health and Wellbeing Survey (SHEU) to gain intelligence as to where youngsters were purchasing tobacco products. It has also worked alongside enforcement partners, such as HM Revenues and Customs (HMRC), Police and the Immigration Service, to address and disrupt the illegal tobacco trade within the Service area. This work has included reacting to intelligence received about the sale of illegal tobacco, especially via social media platforms by means of sending "cease and desist" letters and taking part in the seizure of illegal tobacco with partners at retail premises. We have also conducted underage test purchasing for tobacco products and e-liquids.

The objectives for the forthcoming year are to take part in Operation CeCe which is a National Trading Standards (NTS) initiative in partnership with HMRC to tackle illegal tobacco along the supply chain from the organised criminal gang (OCG) level down to retail level. This service will concentrate on premises who have been identified as selling illegal tobacco. Funding from the Department of Health will fund additional operations to target premises not identified in Operation CeCe or where intelligence has been received that illegal tobacco is being sold. For example, the money will pay for the use of tobacco detecting dogs.

Actions Achieved by Smokefree Devon Alliance Members Under Priority 1

- ✓ Maternity and stop smoking professionals in the South West are in regular contact on the topic of smokefree pregnancies, sharing best practice across trusts, monitoring progress, implementing quality improvement projects and considering system wide change
- ✓ PHE have provided information sessions on e-cigarettes and pregnancy to maternity staff
- ✓ E-cigarettes and pregnancy information widely cascaded to maternity staff
- ✓ DadPad app updated to include more smokefree information
- ✓ Children centres and early years settings smokefree policies have continued to be regularly reviewed
- ✓ Training for children centres and early years has been updated and staff encouraged to complete
- ✓ New Devon wide stop smoking services referral pathway was widely cascaded with staff in contact with children and families
- ✓ Tobacco control mapping completed within Devon maternity system through the Local Maternity Transformation Plan
- ✓ Brief intervention training was made to be a mandatory element of the Public Health Nursing staff training programme
- ✓ Social media campaign was run to raise awareness of illicit tobacco and encourage reporting of illicit sources
- ✓ Schools Health Education Unit survey included questions on tobacco use and source of tobacco to gain insight on smoking in young people
- ✓ Illegal tobacco trade addressed and disrupted through “cease and desist letters” and seizure of illegal tobacco
- ✓ Underage test purchasing for tobacco and e-liquids completed
- ✓ Fostering Devon smoking policy updated to follow BAAF recommendations and Devon Foster Care website updated with latest information on smoking policy
- ✓ Materials on tobacco education for schools uploaded to Smokefree Devon Alliance website
- ✓ Advocacy work to encourage pavement licenses to be smokefree carried out
- ✓ New smokefree area established in Newton Abbot town centre

Progress Towards Priority 2:

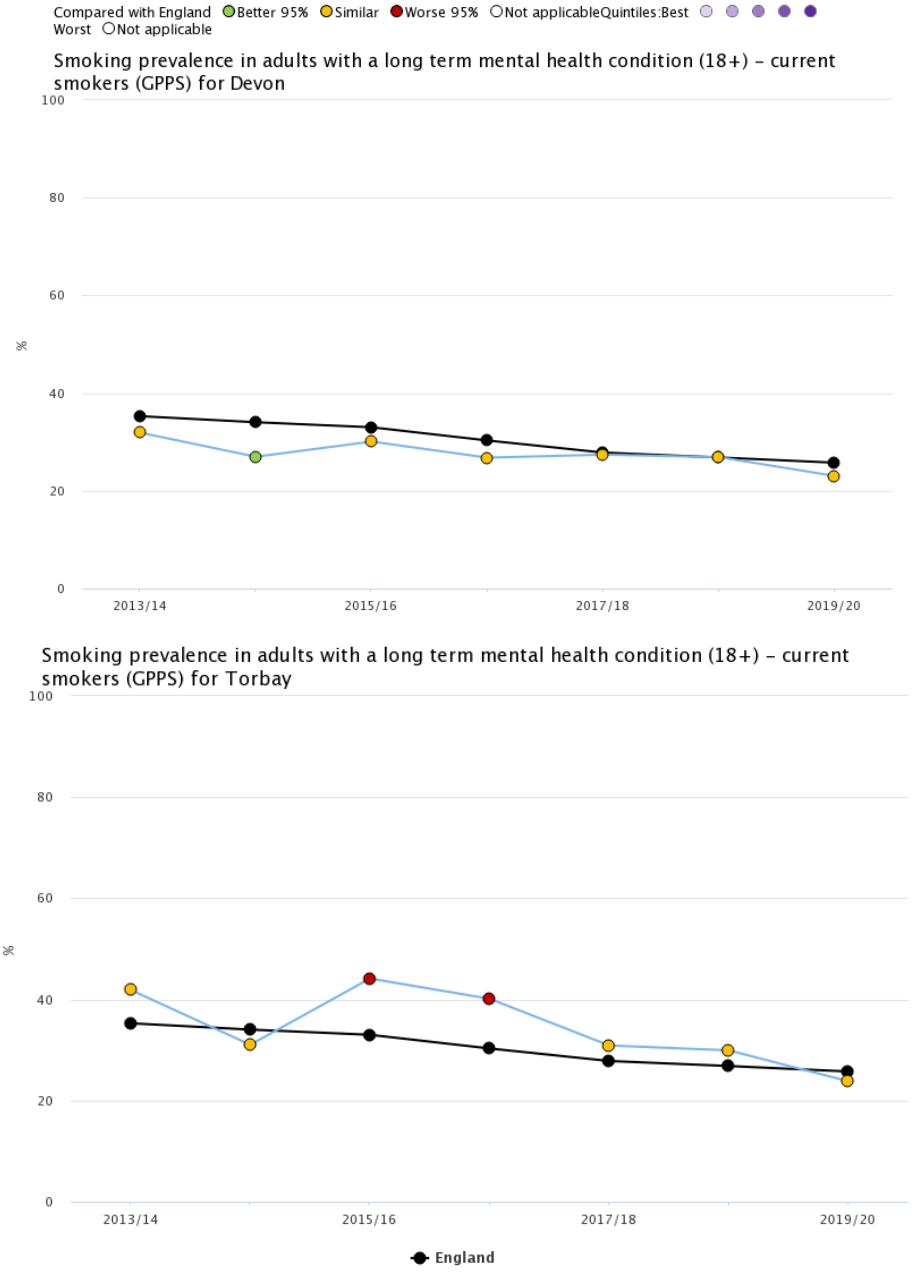
To reduce health inequalities caused by smoking and support vulnerable groups to be Smokefree

Update on Data Indicators

Smoking and Mental Health

Unfortunately, the "smoking prevalence in adults with serious mental health" indicator has not been updated so we are unable to map our progress towards this objective. However, there are two more recent indicators added to the PHE fingertips tool and shown in the charts below.

Smoking Prevalence in Adults with a Long-Term Mental Health Condition



Both charts show a downward trend in smoking amongst people with a long-term mental health condition.

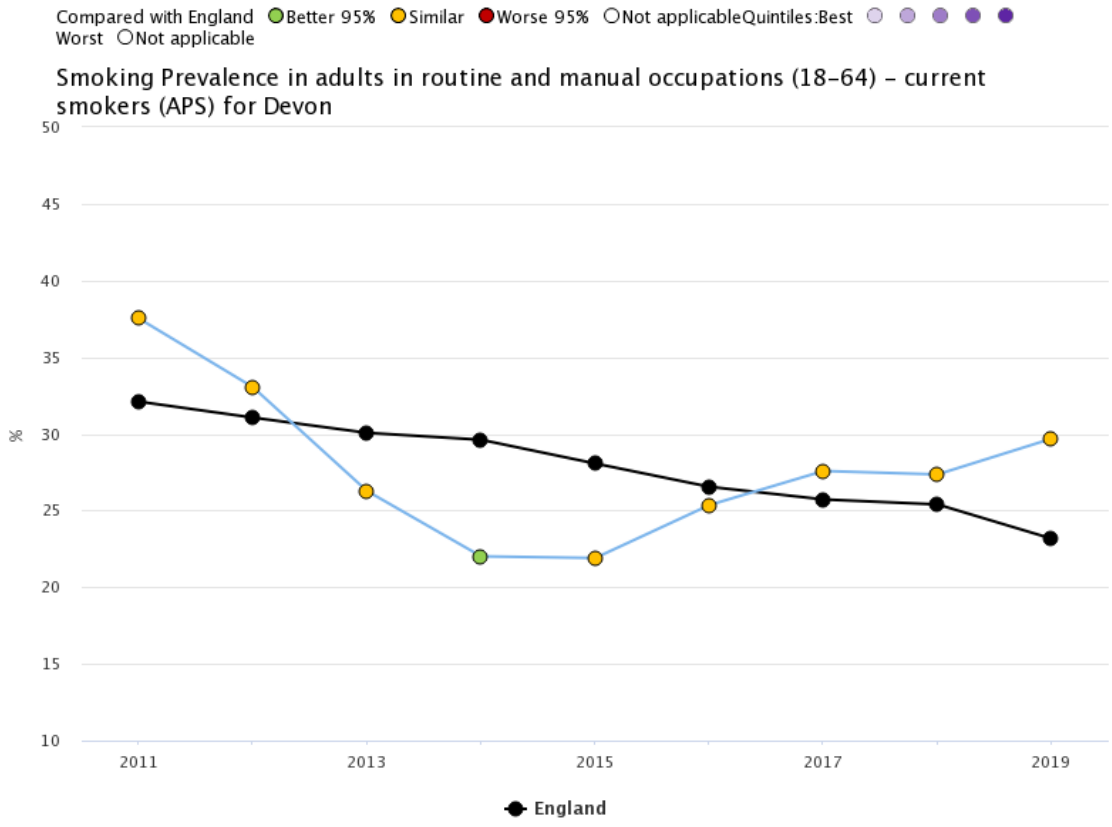
Smoking Prevalence in Adults - Gap by Mental Health Status

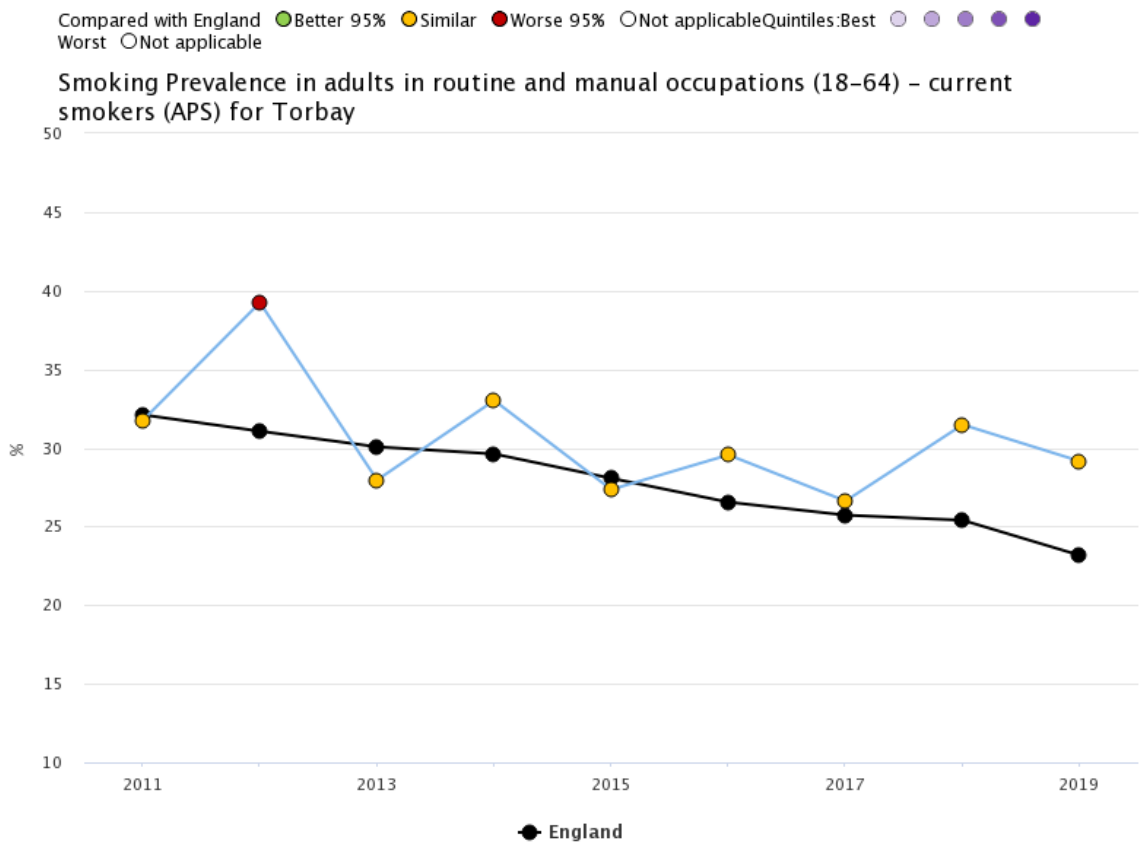
This new indicator looks at the gap between those with a long-term mental health condition and those without. This shows that, people with a long-term mental health condition are 2.3 times more likely in Devon to smoke than those without a long-term mental health condition, and in Torbay are 1.8 times more likely.

Therefore, although we see a general downward trajectory in people with mental health conditions who smoke, there is still much to do to reduce this gap and reduce health inequalities experienced by this population.

Smoking Prevalence in Routine and Manual Populations

The charts below show the trend in smoking amongst routine and manual populations, which unfortunately has increased to 29.7% in Devon and 29.1% in Torbay during 2019.





Socio-Economic Gap in Current Smokers

This new indicator uses occupation to look at the socio-economic gap in smoking prevalence. This shows that people in Devon who work in routine and manual occupations are 3.01 times more likely to smoke than people in professional or intermediate occupations, and 2.82 times more likely in Torbay.

This further emphasizes the importance of supporting people in vulnerable groups to stop smoking, to reduce health inequalities in the population.

Update on the Work of Smokefree Devon Alliance Members Under Priority 2

- **Devon Partnership Trust (DPT)**

The smokefree group continues to meet regularly and is chaired by Clare McAdam, Deputy Director of Nursing and Allied Professions. DPT launched their smokefree policy in 2018, which saw staff trained as stop smoking advisors on every ward. Vapes have been made available onsite to patients alongside NRT, which have proved a popular option. Work is continuing to integrate effective smoking status collection and referral pathways throughout the organization, for both inpatients and community patients. Discussions are also taking place around continued training needs for staff.

The DPT smokefree group has attendance from both healthy lifestyle services in Devon and Torbay, as well as commissioners from Public Health teams, who provide specialist input and guidance across a range of tobacco related issues.

Some excellent quality improvement projects have been running in various DPT departments, a couple of which are detailed below.

Langdon Hospital

Langdon hospital, a part of Devon Partnership Trust's secure services, treats patients with serious mental illness. Patients represent a vulnerable population with very high smoking rates of between 60-70% at admission. During their stay patients are not permitted to smoke tobacco, however, relapse rates are 90% and above at discharge.

To address this, the hospital has recently employed a Smokefree Practitioner to provide tailored support to hospital patients. A recent patient survey showed low levels of satisfaction with previous support for smoking cessation. In response, a month-long pilot study providing a vaping starter-kit to patients on two wards has shown high levels of uptake and a significant increase in satisfaction levels, reduction in nicotine cravings and greater self-reported motivation to quit. In collaboration with patients and staff, the new smokefree offer is now being implemented across site.

Langdon hospitals new smokefree offer is part of a wider strategy to reduce smoking rates by improving opportunities for education and support for patients and increasing awareness and training for staff. Future work

CASE STUDY
VAPE PILOT PROJECTS FOR VULNERABLY HOUSED

The Devon and Torbay vaping pilots were developed in response to the national lockdown of March 2020 and the 'Everyone In' initiative, which provided accommodation for all people experiencing homelessness. This group is known to be vulnerable, frequently with multiple complex needs. The prevalence of tobacco use is high, estimated at 85% in the 2016 Groundswell report 'Room to Breathe'. The overarching aims of both pilots were to reduce harms associated with tobacco use in two key areas. The first was to maintain stable accommodation, reducing the risk of eviction due to smoking indoors or modifying fire alarms, and reduce the risk of fires. The second was to reduce activities at high risk of transmission of Covid-19 such as sharing of tobacco products or smoking discarded tobacco remnants, and also to reduce the need to leave rooms to smoke particularly if clinically extremely vulnerable.

The Devon pilot was an outreach model, delivered by One Small Step to people housed in multiple settings. Referrals were from housing support workers, with initial assessment, provision of vape kit and ongoing support provided by OSS. The Torbay pilot was in a single setting, with the housing support workers providing referrals, distribution of the kits and follow up, with wrap around support from the Torbay LSSS. As outlined above neither pilot had a quits as a primary outcome, however quits were achieved in both groups. In Devon 66 clients attended a first session, 18 set a quit date at first appointment and 6 had quit at four weeks. In Torbay 17 clients attended first appointment and 4 had quit at four weeks. Additionally Torbay collected data on quantity of tobacco used and found a reduction of 47% in the number of cigarettes smoked daily.

Shared learning came from discussing and comparing challenges of the two pilots. The Devon pilot reached a large number of people, however digital exclusion proved to be a substantial barrier. In total to the end March 2021, 108 referrals had been received into the pilot with 83 having a first appointment (76.85%). Less than half of the early cohort owned mobile phones, and in the context of the first wave of the pandemic making contact for a first assessment was frequently challenging and time consuming for OSS. In Torbay the onsite delivery model, provided by the housing support staff, avoided this issue. In Torbay the housing support staff had a pre-existing relationship with the Public Health team, having worked together on a prior health promotion project. They were familiar with having health promotion conversations, and facilitating the pilot came almost as an extension of this. Delivery in a single location also made this less complex.

will extend focus on patient recovery pathways in the community. In line with a recent assessment from the Royal College of Physicians report – Smoking and Health 2021, Langdon hospital smokefree service are setting themselves an ambitious target of reducing relapse rates by 30% over the coming year to help ensure this vulnerable group are not left behind as we progress towards smokefree 2030.

TALKWORKS

TALKWORKS, part of Devon Partnership Trust has been working closely with OneSmallStep and Torbay Healthy Lifestyles to bring the Stop Smoking agenda into the delivery of TALKWORKS.

TALKWORKS is an IAPT service - Improving Access to Psychological Therapies - and sees many thousands of people struggling with mild/moderate depression and anxiety difficulties from across Devon. The reach of the service is a good opportunity to ask people seeking help with their mental health, about smoking; to educate about the potential negative impact of smoking on mood and anxiety difficulties and to refer those who wish to make a change to Stop Smoking Services. Together with OneSmallStep and Torbay Healthy Lifestyles, we have been delivering some short training and awareness raising to all of our clinicians, both on the impact of smoking and also on the most effective way they can ask about smoking and encourage a conversation of change and the services available to refer on to.

We have altered our initial assessment so that it more directly asks about smoking and we are monitoring with the data from OneSmallStep and Torbay Healthy Lifestyles, the numbers of referrals across to Stop Smoking services from TALKWORKS.

The project has been collaborative and helpful, and hopefully a great opportunity to reach out to many people struggling with their mental wellbeing to stop smoking and to realise a benefit from this on both their physical and mental health.

- **Together Substance Misuse Service**

Together Drug and Alcohol Service provide support, advice and signposting for our service users around the smoking of tobacco or vaping. We utilise our partners in OneSmallStep and promote smoking cessation. The EDP premises are smoke free as supported by organisational policy.

In order to reduce risks associated with intravenous drug use, the Together service encourages the use of smoking substances that are normally taken intravenously, however we do not encourage the use of tobacco.

The table below shows data over the last 12 months on the tobacco usage of the treatment population, and whether they reduce tobacco use or achieve abstinence.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
OtherDrug												
Other Drug - Abstinence Achieved	62.1%	67.5%	68.0%	65.5%	67.2%	67.8%	67.7%	73.8%	73.4%	69.6%	69.1%	66.7%
Other Drug - Use Reduced	13.8%	10.0%	8.0%	8.6%	8.6%	8.5%	9.7%	6.6%	6.3%	8.7%	7.4%	8.3%
Total	75.9%	77.5%	76.0%	74.1%	75.9%	76.3%	77.4%	80.3%	79.7%	78.3%	76.5%	75.0%
Tobacco												
Tobacco - Abstinence Achieved	17.4%	17.1%	19.8%	20.6%	19.3%	19.4%	20.4%	20.2%	19.9%	20.2%	21.0%	20.8%
Tobacco - Use Reduced	6.5%	6.5%	6.4%	6.7%	7.5%	8.0%	7.2%	7.0%	6.9%	6.5%	6.1%	6.0%
Total	23.9%	23.5%	26.2%	27.3%	26.8%	27.4%	27.6%	27.2%	26.8%	26.6%	27.1%	26.8%

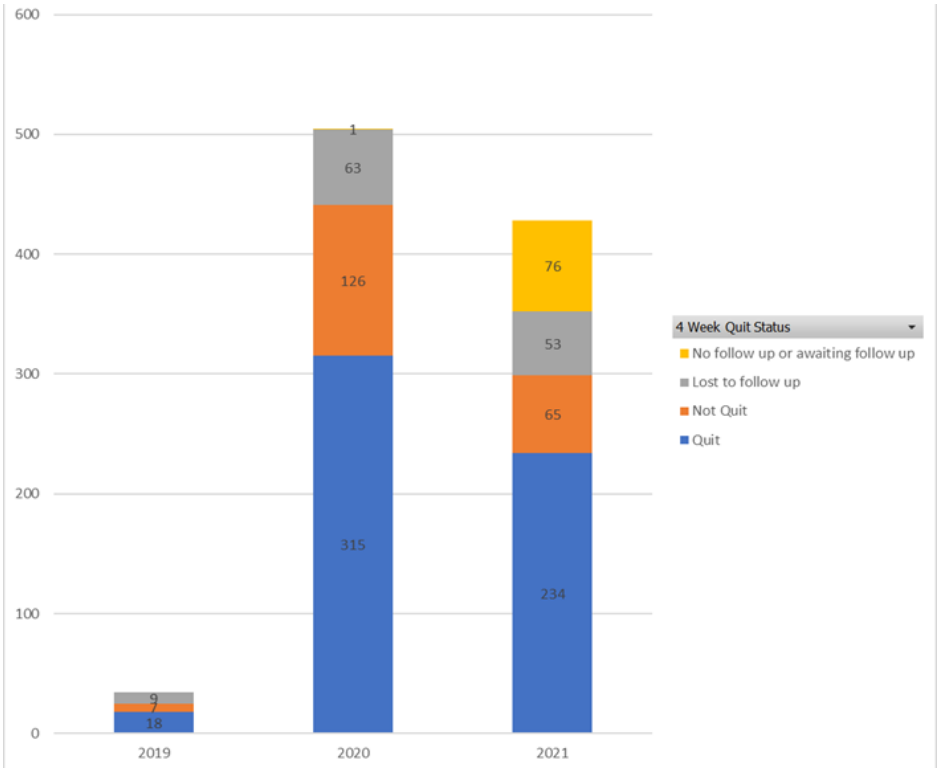
- **OneSmallStep Healthy Lifestyle Service Update**

Most of the engagement activities OneSmallStep carry out aims to reach out to vulnerable groups across Devon who are potentially at risk of health inequalities. This is embedded in all the work we do. Since our contract launch in November 2019 and the end of February 2020, pre-pandemic, the OneSmallStep team attended over 100 events and meetings face to face with the aim of engaging stakeholders and partners who work with vulnerable people or engaging directly with those individuals who are most at need. This included having a stall at Exeter International Women's Day, Bideford 'Banish the Winter Blues' event, engaging with large employers, such as Norboard Chipboard Factory to reach routine and manual workers, Barnstaple Cancer Awareness Day and the Townstal Community Hub.

Since the onset of the pandemic in March 2020 we have continued to engage remotely with stakeholders who are supporting people at risk of health inequalities, including Social Prescribing teams, One Barnstaple, One Bideford, One Atlantic, Devon Together, Teign Housing, the Edge of Care Teams, Early Help teams, Coronavirus Support Groups and Children's Centres. We have also recorded a bespoke video for circulation on WhatsApp, via the Devon Refugee Resettlement Programme introducing the service and our specialist smoking support, which was subtitled in Arabic. We are currently supporting 2 Arabic speaking clients on their smoke free journey using language line interpretation services.

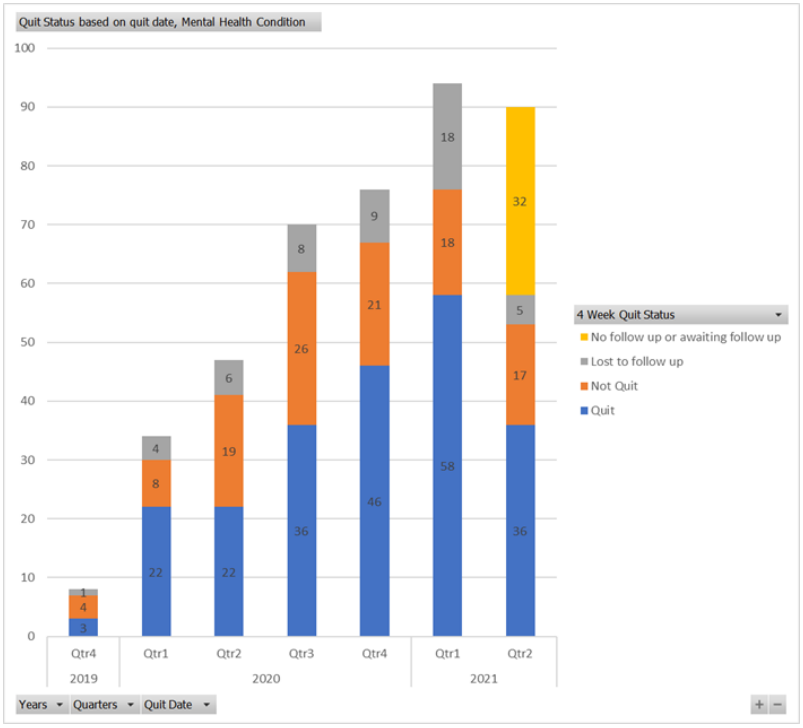
Having these partnerships with local organisations has meant that we have increased the number of vulnerable smokers accessing specialist support significantly since we re-launched OneSmallStep at the end of 2019. This in turn has seen quit rates rise with an average 60-70% 4 week quit rate amongst our priority vulnerable groups.

The graph below is based on clients who fall into a targeted priority group, this includes pregnant women, clients with a diagnosed mental health condition, routine and manual workers, individuals with a learning disability, people living with a long term condition, vulnerably housed, young people aged 12-17 and substance misuse service users. In 2020, the OneSmallStep service had a 63% quit rate amongst these groups.



The quality improvement project with TALKWORKS has been one of our recent successes, which came about as a direct result of the Stoptober work we led on and the partnerships we built. Getting staff on board with this project is pivotal, as there is still stigma and misconception surrounding smoking and mental health. Initial reporting looks encouraging and there has been an increase in referrals. Once all staff are trained, monthly monitoring and reviews of the data will help develop the project further.

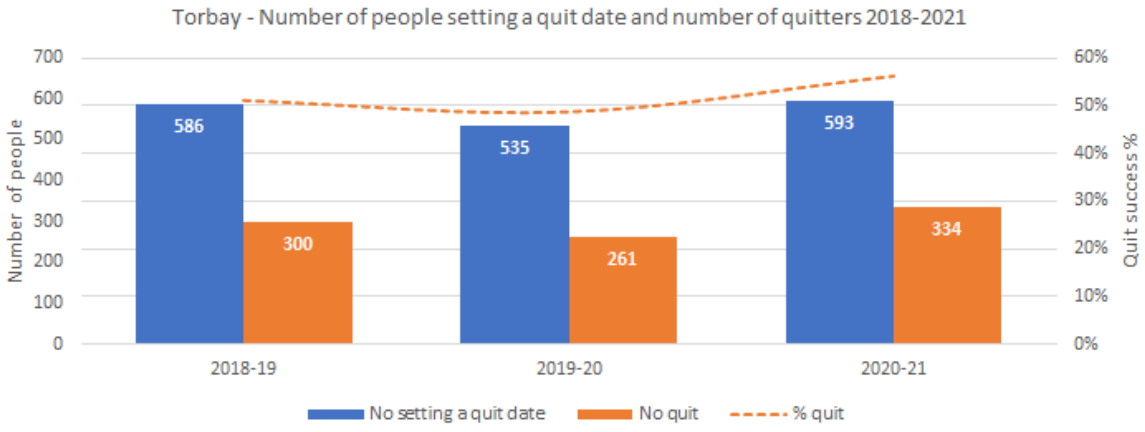
The data below shows a consistent increase in clients accessing the service who have a diagnosed mental health condition. In Q1 of 2021 we had a 61% successful quit rate with this group.



- **Torbay Healthy Lifestyles update**

Torbay Outcome Measures

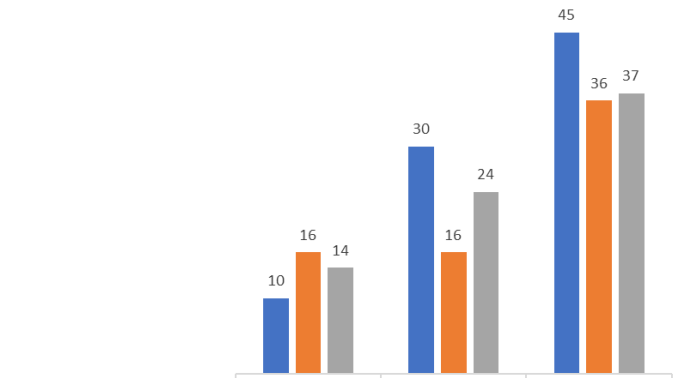
Early indications are that output this year (2020-21) has increased over 2019-20, it is unclear if this is in spite of, or because of, Covid-19. The number of people setting a quit date was 593 and the number who successfully quit was 334, giving a success rate within the service of 56%.



Healthy lifestyles service continues to work with people with multiple complex needs. We have a part-time stop smoking adviser whose work is targeted to those with substance misuse or homelessness issues. This work includes access to personalised health budgets to support innovative quitting solutions using vaping devices in a similar model to that used for the case study in this report. This has led to increased engagement within multiple complex needs services.

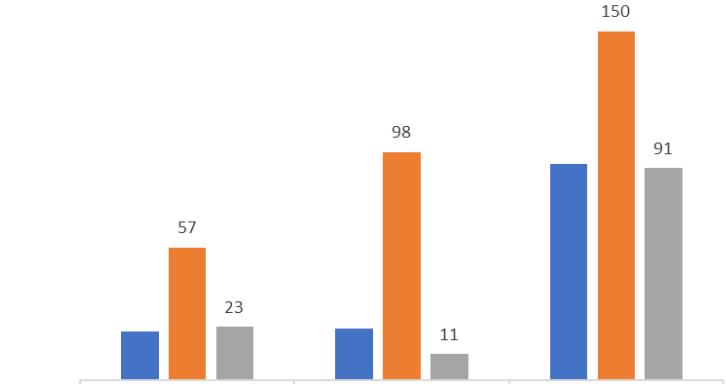
From the stop smoking upload data, where demographic information was recorded, 52% of referrals into the service were either routine or manual workers, unemployed or long-term sick/disabled. Quit success rates in this group was 47% (lower than the average for the service but still good success rates). Using another indicator for vulnerable groups (people entitled to free prescriptions) 305 people out of a total of 566 were eligible for free prescriptions (54%). This data backs up the data for routine and manual workers. The success rates for people on free prescriptions was 49%.

Outcomes from those within targeted employment groups 2020-21



	Not Quit	Outcome Unknown (LTFU)	Quit: Self Report
Routine and manual occupation	10	30	45
Long-term sick/disabled	16	16	36
Unemployed	14	24	37

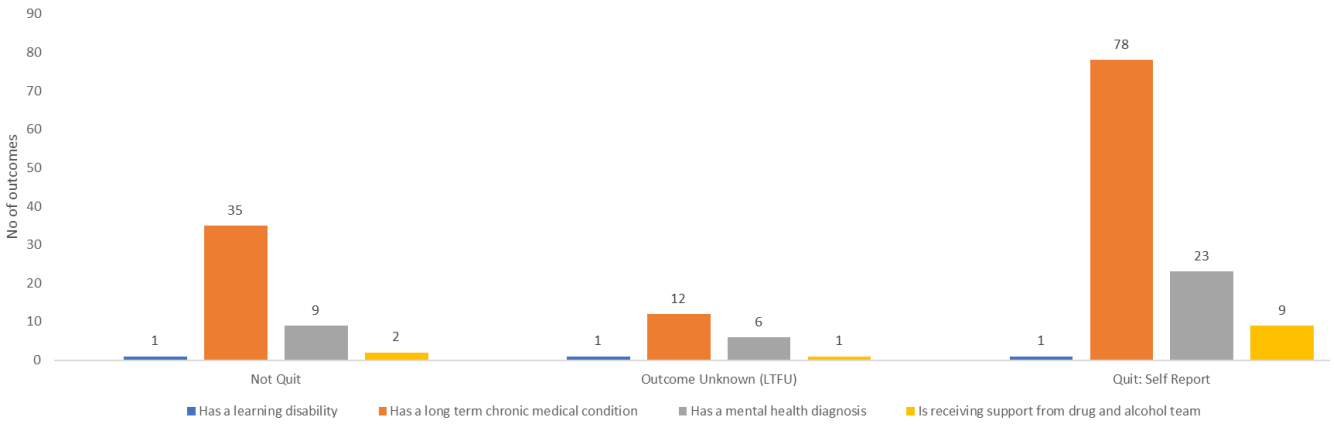
Outcomes for those entitled to free prescriptions



	Not Quit	Outcome Unknown (LTFU)	Quit: Self Report
No	21	22	93
Yes	57	98	150
(blank)	23	11	91

The service also captures information regarding health conditions and other support requirements. Data from 2020-21 shows that of the 566 people with a recorded outcome (i.e. quit, not quit or lost to follow up), 178 (31%) had either a long-term health condition, mental health condition, was receiving support from drug and alcohol service or had a learning disability. Quit rates in this group were 62%.

Outcomes for those from targeted groups 2020-21



Actions Achieved by Smokefree Devon Alliance Members Under Priority 2

- ✓ Supported the implementation of data capture, screening and referral processes for smoking cessation in TALKWORKS
- ✓ Delivered training to DPT and TALKWORKS staff
- ✓ Developed and delivered a bespoke smoking cessation training tool
- ✓ Referral pathway created and widely disseminated with DPT staff
- ✓ Good collaboration obtained through DPT smokefree group
- ✓ Stoptober campaign consistently uplifted
- ✓ Other smokefree campaigns promoted when relevant e.g. National No Smoking Day, Health Harms, One You, Better Health
- ✓ Referral pathway created between Together Drug and Alcohol Services and OneSmallStep, and MECC training delivered to front line staff
- ✓ DPT went fully smokefree on No Smoking Day 2018
- ✓ OneSmallStep have focussed some capacity on building engagement with large scale routine and manual employers, including Two Sisters, Cullompton; Anglo-Krempel, Bideford; Arla Cheese; BT call centre; Ceramic Tile Company, Bovey Tracey; Holsworthy Livestock Market; and multiple supermarket locations
- ✓ Vape pilot projects launched in Devon and Torbay to support people vulnerably housed to reduce risk of contracting COVID-19, help maintain housing and reduce or stop smoking
- ✓ OneSmallStep built relationships with learning disability leads and referral pathway shared widely
- ✓ Bespoke video created and subtitled in Arabic outlining stop smoking support offer for Devon Refugee Resettlement Programme
- ✓ Good engagement and quit rates with specialist stop smoking services within vulnerable groups

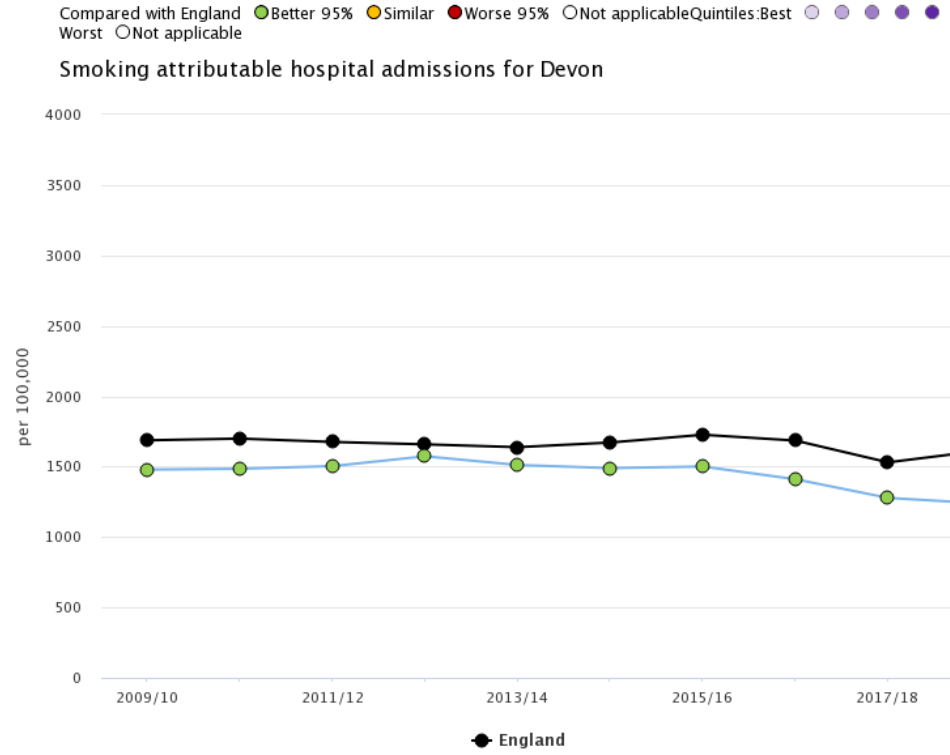
Progress Towards Priority 3:

To create and support Smokefree organisations, particularly NHS organisations

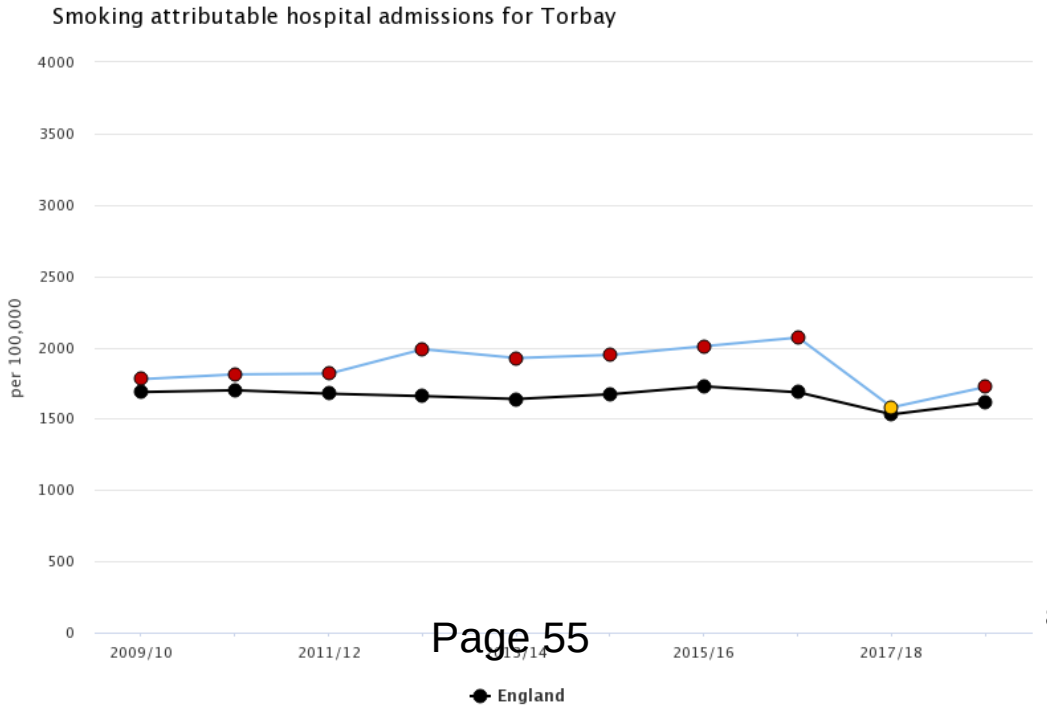
Update on Data Indicators

The focus of the Smokefree Devon Alliance under this priority has been on supporting organisations in the NHS to adopt smokefree policies, including increasing identification, brief advice and referral for people who smoke.

In Devon, hospital admissions attributable to smoking show a slow decline, but in 2018/19 there were still approximately 7139 admissions, which is 1239 per 100,000 of the population.



In Torbay, hospital admissions have also reduced. There were 1738 admissions during 2018/19, which is higher than Devon at 1612 per 100,000 of the population.



Update on the Work of Smokefree Devon Alliance Members Under Priority 3

- **Long Term Plan Smokefree Aspirations**

In 2019, the Long Term Plan (LTP) outlined aspirations of the NHS to make significant contribution to making England a smokefree society. By adopting the Ottawa Model for Smoking Cessation, the LTP aims for all people admitted to hospital who smoke to be offered NHS-funded tobacco treatment services by 2023/24. Furthermore, this includes a specific smokefree pregnancy pathway, and services available as part of specialist mental health services.

The work of the Smokefree Devon Alliance has put Devon in a strong position for the rollout of this work, which will be completed as a system. It aligns strongly with the priority of the Alliance and is therefore a sure focus point of activity for the next two years.

See the case study on the Smokefree NHS Policy task and finish group and the CLeaR workshop results for more detail.

- **CLeaR Workshop Results**

The Smokefree Devon Alliance and Together for Devon (ICS) worked together to deliver a light touch CLeaR workshop within the Smokefree NHS policy task and finish group during June 2021.

The Public Health England (PHE) CLeaR improvement model was adapted to focus on the elements relating directly to treating tobacco dependence in acute, maternity and mental health settings. CLeaR is an evidence-based approach to tobacco control that every local authority and tobacco control alliance can use.

CLeaR stands for the 3 focuses of the model:

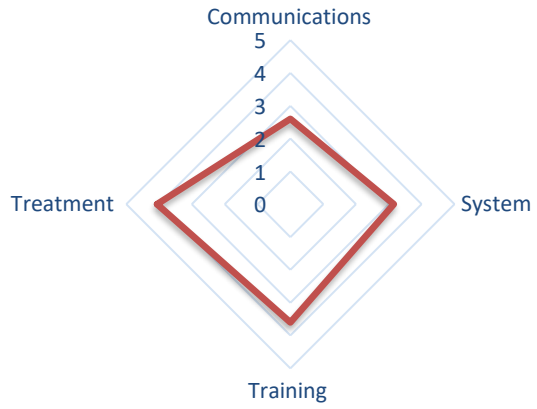
- **Challenge** for your existing tobacco control services, based on evidence of the most effective tobacco control methods, as outlined in NICE Guidance and 'Towards a smoke-free generation: tobacco control plan for England'
- **Leadership** for comprehensive action on tobacco control
- **Results** demonstrated by the outcomes you have achieved measured against national and local priorities

The results were broken down into four specific areas – system, communications, training and treatment. These categories, detailed below, mirror the national categories and give organisations an understanding of where their strengths and areas for improvement may lie.

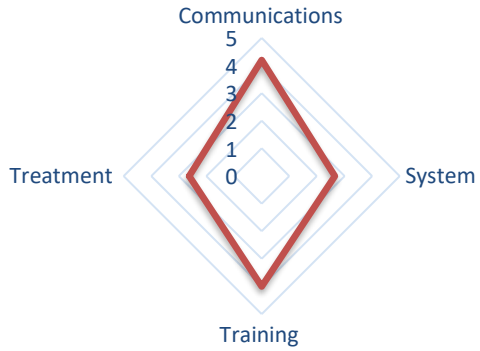
System: Leadership, strategies for smokefree, policies and processes
Communications: Patient facing literature, smokefree sites
Training: Types of training, groups trained within organisation
Treatment: Access to medication, process, follow up

The trust self-assessment scores helped create the spider diagrams below, which gives us a good picture of the current status of treating tobacco dependence in secondary care within Devon.

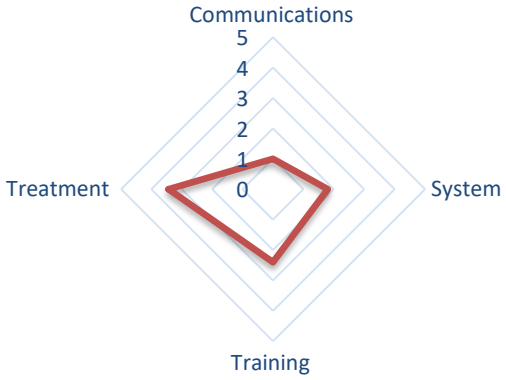
Livewell Southwest



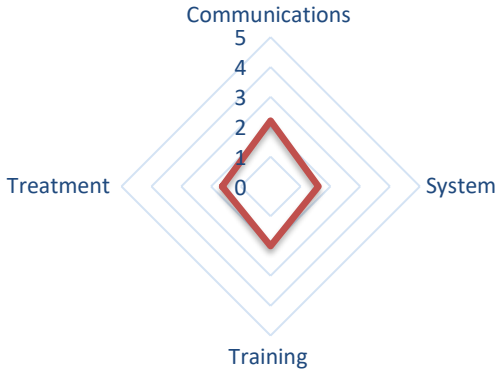
Northern Devon Healthcare Trust



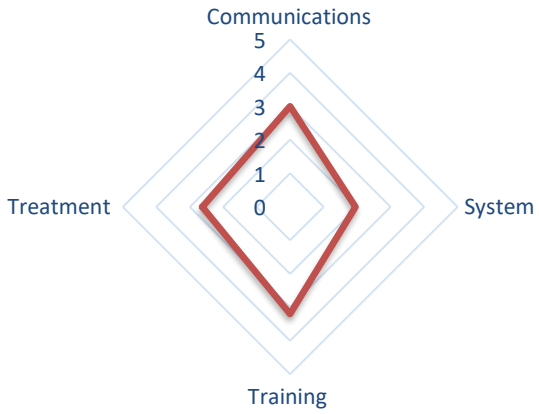
Royal Devon and Exeter Foundation Trust



Torbay and South Devon Foundation Trust



University Hospitals Plymouth



The results will help us assess our work to treat tobacco dependence as a system and identify areas for improvements and opportunity for collaboration. It will also inform a Devon ICS business case for Long Term Plan funding for treating tobacco dependence in secondary care.

- **Torbay and South Devon NHS Trust**

TSDFT is supportive of the Devon Integrated Care System (ICS) and Smokefree Alliance aspirations to create a tobacco treatment service for all people admitted to Torbay Hospital. A draft business case has been written and discussions are ongoing with representatives from the ICS to move this forward. As part of this process a review of NICE guidance PH48 and CLeaR deep dive (acute and maternity) have been undertaken. This will be used to create the trustwide smokefree action plan.

The smokefree implementation group that was paused due to COVID-19 has been re-established. The wider implementation group will be used to create smaller task and finish groups to further develop and implement a smokefree organisation. The task and finish groups will pick up the actions from the PH48 and CLeaR audits.

- **Royal Devon and Exeter NHS Trust**

RD&E have an in-house stop smoking advisor, an active maternity smokefree group, and had a trust-wide smokefree group prior to the COVID-19 pandemic. Stop smoking champions were trained across the trust to support wards pre-covid, to help achieve the Risky Behaviours CQUIN. The stop smoking milestones were achieved in 18-19 and 20-21.

The trust has recently transitioned to MyCare, providing greater ability to collect data and streamline referral processes. Questions about tobacco use have been added to MyCare, so smoking status is recorded for every patient on admission to hospital. Brief intervention training has been implemented with staff, and the maternity department particularly have carried out multiple quality improvement projects to reduce harm caused by smoking in pregnancy. Furthermore, staff can access support to stop smoking during work time. Small numbers are starting to access support to stop vaping from the in-house advisor.

More capacity and strategic leadership is needed to join up the various elements of tobacco control and ensure consistency across the trust. RD&E will continue to engage with the Smokefree NHS policy task and finish group and the Long Term Plan aspirations, to identify areas for improvement and collaboration.

- **Northern Devon Healthcare Trust**

NDHT has had a proactive approach to providing opportunities to promote a smoke free site. An engaged smoke free meeting was paused during the pandemic but steps are underway to reestablish this. Operational support is provided in maternity services by a health and wellbeing midwife, but a lack of onsite operational support for both acute and community caseload patients has stalled progression in many areas. Moving towards an electronic patient record over the next two years will undoubtedly help us to measure and record outcomes, and investment in operational support will enable improvements and improve the pace of change. NDHT is proud of its quality improvement work to conform to a smoke free site, changes to branding and approached to smoking and vaping on site has been positively received.

CASE STUDY: SMOKEFREE NHS POLICY TASK & FINISH GROUP

It was identified at a Smokefree Devon Alliance meeting that all trusts were experiencing difficulties implementing their smokefree site policies. A task and finish group was therefore created to bring trusts together and create a supportive network for this agenda.

This quickly grew to look at all aspects of smokefree policy. The group recognised the importance of using a social marketing approach and taking a broad system view, to change culture and therefore have less people respecting the smokefree site policy.

Activities of the task and finish group to date have included:

- The creation of **a position statement from Steve Brown, Director of Public Health Devon and chair of the Smokefree Devon Alliance.**

  It was hoped this would encourage senior leadership within trusts and across the system on the smokefree agenda, taking a broad approach.

- A helpful presentation from Barnsley Hospital, who have seen some success with their smokefree policy and used the Ottawa model to inspire their smokefree approach

- A light touch CLeaR deep dive workshop, with all trusts within the Devon ICS in attendance (high level results presented in this report)

The group will continue to meet, which will provide a useful forum for discussion, collaboration and development, as we work towards the ambitions in the Long Term Plan.

Actions Achieved by Smokefree Devon Alliance Members Under Priority 3

- ✓ Smokefree NHS Policy Task and Finish group created and actively supporting a collaborative approach to smokefree action in secondary care
- ✓ CLeaR deep dive workshop completed
- ✓ Updated evidence on e-cigarettes / vaping consistently shared with Smokefree Devon Alliance members
- ✓ MECC training being organized within Devon and Somerset Fire and Rescue Service
- ✓ During 2018/19 to 20/21 360 people across Devon and 86 across Torbay received an accredited Making Every Contact Count (MECC) course. A further 801 across Devon and 113 in torbay received a shortened MECC workshop.
- ✓ Northern Devon Hospital Trust rewrote smoking and vaping policy and became a smokefree site
- ✓ Royal Devon & Exeter Foundation Trust moved to electronic recording system for better monitoring of smoking status and referral
- ✓ Torbay and South Devon Foundation Trust updated smokefree policy and improved support available to patients, staff and visitors to remain smokefree whilst onsite, which includes the use of vapes on trust grounds
- ✓ Stop smoking support for staff promoted in Devon County Council
- ✓ Stop smoking support referral pathway shared with large organisations and district councils

Challenges of the COVID-19 Pandemic

The COVID-19 pandemic has presented significant challenges for tobacco control work. The move to **virtual stop smoking support** was embraced by providers, and these services have quickly learnt to adapt to remote working. This had interesting affects on clients, some preferred the convenience and almost anonymity of virtual support, but equally others found the lack of face to face support difficult.

The **pausing of CO monitoring** nationally had a detrimental impact, as an important behaviour change tool and measure of success. This was particularly significant within maternity departments, who had previously put in tremendous effort to get CO monitoring with pregnant women carried out routinely in Devon. As CO monitoring starts to resume, there will be some work needed to build this back into regular processes.

Health services have been under immense strain and as a result **health improvement work has suffered**, and **referral pathways into stop smoking services have been impacted**. However, the commitment carried throughout the pandemic by the Smokefree Devon Alliance members to continue to tackle the harm caused by tobacco is inspiring to have witnessed.

More positively, it is possible that COVID-19 may have **increased people's motivation to quit**. Only a few months into the pandemic, Action for Smoking and Health (ASH) and University College London found that over one million people had stopped smoking and 440,000 had attempted to quit since COVID-19 hit the country.

It remains to be seen whether the COVID-19 pandemic will continue to inspire people to prioritize their health, and how changes in public mental health may impact on smoking prevalence in the population. One positive that will be sure to remain is the increased confidence of stop smoking services in virtual support and it is hoped this will make services even more accessible than before.

Looking to the Future

Considering the context of COVID-19 recovery, the Smokefree Devon Alliance aims to continue to focus our efforts on supporting those who can achieve the biggest health improvements by quitting smoking, as well as support wider tobacco control work that reduces the harm caused by tobacco to our population and helps prevent more people taking up smoking.

In writing this report, the Smokefree Devon Alliance have reflected on the use of objectives solely based on data indicators. As the sample size of people smoking reduces, the prevalence figures become more variable. Furthermore, the successes of the Alliance often lie in the relationships and collaboration inspired by partnership working.

Therefore, we felt the addition of some softer, and process focused outcomes for the rest of the strategy term would be of benefit:

Additional Objectives to Achieve by 2023

1. There is good collaborative working across the Integrated Care System which enables a joined-up approach to smoking cessation, consistency, and equity in delivery. The Smokefree Devon Alliance, the ICS, public health, community stop smoking services and secondary care are all connected and participating in discussions in partnership.

2. The Smokefree Devon Alliance has a good understanding of the maternity system and is well connected with smoking cessation work within that, which has enabled better collaborative working across the wider system.

3. The Smokefree Devon Alliance has a good understanding of the mental health system and is well connected with smoking cessation work within that, which has enabled better collaborative working across the wider system.

4. The Smokefree Devon Alliance has prioritised supporting smoking cessation services to reach and support pregnant women and people with mental health conditions to quit each year across Devon and Torbay. This information is regularly collected and monitored, to allow measurement of progress towards this objective and for services to regularly evolve and improve.

5. The sale and supply of illegal tobacco in Devon is disrupted. Activity is measured by the amount of illegal tobacco seized by Trading Standards and the number of “cease and desist” letters sent to illegal tobacco sellers” by 2023.

With thanks to the following organisations for their help writing this report:

Organisation	Description of organisation
Public Health Devon	Local Authority Public Health Team
Public Health Torbay	Local Authority Public Health Team
OneSmallStep	Devon's healthy lifestyle service commissioned by Public Health Devon
Torbay Healthy Lifestyle Service	Torbay's healthy lifestyle service, commissioned by Public Health Torbay
Devon Partnership Trust	Mental Health Trust
TALKWORKS	IAPT Service
Devon and Somerset Trading Standards	Local Authority Trading Standards
Torbay and South Devon NHS Trust	Acute Trust
North Devon Healthcare NHS Trust	Acute Trust
Royal Devon and Exeter NHS Trust	Acute Trust
South West Academic Health Science Network (SWAHSN)	Local Academic Health Science Network supporting MatNeo programme to reduce smoking in pregnancy
Health Inequalities Group, Devon CCG	Strategic Commissioning Partnership
Together Devon	Drug and Alcohol Service

Useful Links

- Local Tobacco Control Profiles: fingertips.phe.org.uk/profile/tobacco-control
- ASH Ready Reckoner: ash.org.uk/ash-ready-reckoner
- The NHS Long Term Plan: www.longtermplan.nhs.uk/publication/nhs-long-term-plan
- Smokefree NHS Trusts Position Statement from Steve Brown, Director of Public Health Devon and Chair of the Smokefree Devon Alliance: www.smokefreedevon.org.uk/about-the-smokefree-devon-alliance/smokefree-nhs-sites-task-and-finish-group/position-statement-smokefree-nhs-trusts
- Smokefree Devon Alliance Strategy 2018-23: www.smokefreedevon.org.uk/about-the-smokefree-devon-alliance/smokefree-devon-alliance-strategy-2018-23
- Devon Local Maternity System Transformation Plan

Public Health Devon

Devon County Council

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

2019- 2020

March 2021

PLYMOUTH CITY COUNCIL

TORBAY COUNCIL

CORNWALL COUNCIL

Council of the ISLES OF SCILLY

Contents

1. Introduction

1.1 This report provides a summary of the assurance functions of the Devon, Cornwall and Isles of Scilly Health Protection Committee and reviews performance for the period from 1 April 2019 to 31 March 2020, 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.

1.2 The report considers the following domains of Health Protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance

1.3 The report sets out:

- Structures and arrangements in place to assure performance
- Performance and activity during 2019-20
- Actions taken to date against health protection priorities identified by the Committee for 2019-20
- Priorities for 2020-21

1.4 The timeframe for this report covers the period 1 April 2019 to 31 March 2020, and it was during the last months of this period that the magnitude of impacts of the novel coronavirus SARS Co-V became apparent.

1.5 Much of the general business as usual work of the health protection system at large was abruptly halted, scaled back, re-deployed and mobilised towards the single objective of mitigating the impact of COVID-19 within Devon, Cornwall and Isles of Scilly and the wider United Kingdom. The work signalled in this report and the priorities identified will inevitably need to be reconsidered, reset and re-shaped within the context of both the impacts of COVID-19 during 2020 and the legacy effects thereafter.

2. Assurance Arrangements

2.1 On 1 April 2013, most former NHS Public Health responsibilities transferred to upper tier and unitary local authorities, including the statutory responsibilities of the Director of Public Health. Local authorities, through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. The scope of health protection in this context includes:

- Prevention and control of infectious diseases
- National immunisation and screening programmes
- Health care associated infections
- Emergency planning and response (including severe weather and environmental hazards).

2.2 The Health Protection Committee is mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, and Cornwall Council and the Council of the Isles of Scilly.

2.3 The aim of the Health Protection Committee is to provide assurance to the local Health and Wellbeing Boards that adequate arrangements are in place for prevention, surveillance, planning, and response to communicable disease and environmental hazards, to protect the public's health.

2.4 Terms of Reference were agreed by Local Authority Directors of Public Health, their Health Protection Lead Officers, and representatives from Public Health England (PHE), NHS England (NHSE) and NHS Improvement (NHSI) and the Clinical Commissioning Groups (CCG). Meetings of the Health Protection Committee are held quarterly.

2.5 The following groups sit alongside the Health Protection Committee and support mitigation of risks and achievement of local priorities:

- Devon Infection Prevention and Control Forum
- Cornwall Directors of Infection Control Group
- Devon, Cornwall and Somerset Health Care Associated Infection Network
- Devon Antimicrobial Stewardship Group
- Cornwall Antimicrobial Resistance Group
- Health Protection Advisory Group for wider Devon
- Locality Immunisation Groups for Devon, Plymouth, Torbay, Cornwall and the Isles of Scilly
- South West (South) Seasonal Influenza Strategic Group (and related flu network meetings)
- Devon Flu Planning and Oversight Group
- Cornwall System Flu Group
- Screening Programme Board meetings
- Plymouth Health Protection Locality Group
- Local Health Resilience Partnership and Group
- Devon, Cornwall and Isles of Scilly Local Resilience Forum
- Public Health England led Migrant and Refugee Health Network
- Public Health England led South West South TB Network
- South West Peninsula Hep C Operational Delivery Network

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

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

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

2.9 A description of current organisational roles and responsibilities can be found in the subsequent sections.

3. Prevention and Control of Infectious Diseases

3.1 Organisational Roles and Responsibilities

3.1.1 NHS England and NHS Improvement is responsible for managing and overseeing the NHS response to an incident, ensuring that relevant NHS resources are mobilised and commanding or directing NHS resources as necessary. Additionally, NHS England and NHS Improvement is responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health. They also commission the national immunisation and screening programmes.

3.1.2 Public Health England, through its consultants in communicable disease control, will lead the epidemiological investigation and the specialist health protection response to public health outbreaks or incidents, and has responsibility for declaring a health protection incident, major or otherwise. It also advises on screening and immunisation policy and programmes through NHS England and NHS Improvement.

3.1.3 The Clinical Commissioning Groups' role is to ensure, through contractual arrangements with provider organisations, that healthcare resources are made available to respond to health protection incidents or outbreaks (including screening/diagnostic and treatment services).

3.1.4 The Local Authority, through the Director of Public Health or their designate, has overall responsibility for the 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 NHS England and Public Health England, supported by the local Clinical Commissioning Group. In addition, they must be assured that the local health protection system is robust enough to respond appropriately to protect the local population's health, and that risks have been identified, are mitigated against, and are adequately controlled.

3.2 Surveillance Arrangements

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

3.2.2 Fortnightly bulletins are produced throughout the winter months, providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus. These bulletins report information for the Public Health England Centre geography (Devon, Cornwall and the Isles of Scilly, and Somerset). Furthermore, Public Health England provides a list of all community outbreaks all year round.

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

3.3 Activity in 2019/20

3.3.1 Public Health England Local Health Protection Teams provide the specialist response to infectious disease and hazard related situations across Devon and Cornwall, supported by local, regional and national expertise.

3.3.2 Common settings for infectious disease outbreaks are educational settings and care homes. These settings experience outbreaks of seasonal illnesses, particularly respiratory and gastrointestinal infections such as influenza and norovirus. Other episodes will relate to illnesses such as scarlet fever and chicken pox and scabies.

3.3.3 Other outbreaks have been managed throughout the community and in particular settings, such as the hospitality industry, workplaces, healthcare settings or in particular population groups such as those who misuse substance. Situations responded to have included:

- Invasive group A streptococcal infections in particular subgroups including strains associated with intravenous substance misuse
- Mumps outbreaks associated with the young adult population in settings such as universities
- Workplace TB outbreaks
- Individual PHE and local system responses for less common diseases, such as Legionella, Lassa fever, Monkeypox and Typhoid.

3.3.4 PHE, both locally and with national experts, has worked to respond to specific incidents or public concern relating to environmental hazards. The Health Protection Committee and PHE have collaborated to co-ordinate the response to scrutiny of 5G that presented during this year.

3.3.5 As well as supporting the response to the specific situations, PHE and local partners have worked together to develop further preventative and co-ordinated system response across several specific diseases and particular at risk groups. Examples of work undertaken in this year include:

- A Strep A / iGAS South West Group was formed and produced recommendations and training resources for staff with particular focus on the Drug & Alcohol Network
- A South West wide complex needs population and health protection meeting was held and agreed the intention to form a network to focus on the specific needs of this group.
- Consistent with the national picture, there was an increased number of notifications of mumps among students and a mumps university toolkit has been produced for the Autumn intake 2019
- A Devon TB Pathway and Memorandum of Understanding (MOU) is now in development to support a more co-ordinated response to TB cases where there is complexity in need.

3.3.6 During this year, as part of the Devon STP prevention workstream, funding was finalised for a Devon-wide community infection management service. Recruitment to this service was completed in Quarter 4. The service will provide additional on the ground support to community health and care settings for infection management.

3.3.7 Co-ordinated by PHE, a South West Health Protection Local Authority network was initiated. A proposal to develop an approach for the development of Collaborative Strategy for Integrated Prevention & Control of Infection in the South West of England was initiated and an MOU is in progress.

3.3.8 Work was also completed on a Standard Operating Procedure (SOP) for single cases of infectious disease between Public Health England South West and Environmental Health teams across the South West. This SOP supports the following objectives:

- To deliver a safe, efficient and effective acute-response service for health protection and infectious disease control across the South West
- To maximise the available capacity within the existing health protection and environmental health workforce across the South West, and
- To maintain and develop core public health competencies in health protection and infectious disease control within the health protection and environmental health workforce across the South West

3.4 **Challenges**

3.4.1 The most salient challenge over the year was the escalation of the COVID-19 situation in the final quarter of the year that has been associated with a surge in demand for public health advice, guidance and intervention. This has required PHE, local health protection teams, local authority public health teams and the newly constituted CCG Community Infection Management Service to scale up COVID-19 facing response.

3.4.2 To provide responses to other infective and communicable disease incidents within the context of COVID-19 demands. The work described above on a Standard Operating Procedure (SOP) for single cases of infectious disease between Public Health England South West and Environmental Health teams across the South West has been supportive in meeting these demands.

4. Screening and Immunisation

4.1 Organisational Roles and Responsibilities

4.1.1 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 therefore a core element of prevention and early diagnosis and offer opportunities for accessing populations to improve wider health and wellbeing.

4.1.2 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, though NHS England remains the accountable commissioner.

4.1.3 Public Health England 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 Public Health England, work alongside NHS England Public Health Commissioning colleagues to provide accountability for the commissioning of the programmes and system leadership.

4.1.4 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 Public Health England in efforts to improve programme coverage and uptake.

4.2 Assurance Arrangements

4.2.1 The South West Screening and Immunisation Team provides quarterly reports to the Health Protection Committee for each of the national screening and immunisation programmes. These reports provide up-to-date commentary on current issues and risks and unpublished data if this is necessary for assurance purposes. Reports are considered by lead Local Authority Consultants in Public Health and any risks identified are considered with Public Health England specialists to agree mitigating activities.

4.2.2 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.

4.2.3 During 2019/20, there was an extension of Locality Immunisation Groups (LIGs) so that they are in place across all four local authorities. Here the Screening and Immunisation Team will work closely with local partners to review the implications of immunisation related strategies and to develop action plans. Locality Immunisation Groups are already in place in Cornwall and Plymouth. The relaunched Torbay LIG met in January 2020 and agreed that the focus for the year would be MMR. A new arrangement for the Devon LIG has been agreed and preparation is underway. Normally meeting quarterly, the COVID-19 response has disrupted the schedule of these Locality Immunisation Groups.

4.2.4 In addition to the LIGs, there are specific groups in place for flu immunisation including a separate South West (South) Seasonal Influenza Strategic Group. For the 2019/20 flu immunisation season, a Plymouth flu planning and oversight group was expanded to cover the STP footprint and a system-wide action plan was developed. This is mirrored by the already established Cornwall group. The Screening and Immunisation Team has supported the Devon and Cornwall system-wide flu groups and the action plans and will continue to link regional work with local priorities. These groups meet monthly throughout the flu season.

4.2.5 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.

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

4.3 Screening Programmes: Activity in 2019/20

4.3.1 This section summarises some of the key developments for the individual screening programmes during 2019/20. All programmes have continued to meet national standards, with a few exceptions, and for these areas, action plans and improvement plans are in place.

4.3.2 Table 1: The following table sets out some of the key activities and developments that were undertaken during 2019/20 in individual screening programmes.

Screening programme:	
Bowel	The new, more sensitive screening test FIT120 was introduced replacing the Faecal Occult Blood (FOB) test. There was further expansion of the bowel scope programme across the region.
Breast	Workforce issues continued to exert pressure across the South West programmes and are also a national concern. The South West Screening and Immunisation Team and Public Health Commissioning Team have been working closely with Health Education England and with providers to develop action plans and solutions to address these challenges. Planning for capital replacement of mobile vans and options appraisal for new fixed sites have been undertaken. A breast screening health equity audit for Devon and Cornwall was commenced. The work to complete this was held up due to COVID-19 redeployment. A final report will be delayed until 2020/21. Development of a video designed and produced with women with learning disabilities to explain screening and encourage uptake.
Cervical	The Be Clear on Cancer campaign that ended in April 2019 was successful and led to an increase in demand for screening. The move to switch to HPV primary testing was completed across the region in March 2020.

Screening programme:	
Antenatal/ Neonatal	The coverage of the antenatal screening programme is almost 100% so, in order to better understand any continuing barriers to screening for the few women that decline screening, an audit of women who decline antenatal screening and what local initiatives to engage with women to improve informed consent were being undertaken. Continued improvement in the avoidable repeat rate for the new-born bloodspot programme. A South West new-born bloodspot screening best practice pathway document has been developed and is being used to identify areas for improvements and local action plans. The University of Plymouth delivered courses to increase workforce capacity and assure training to undertake the New-born and Infant Physical Examination.
New-born Hearing	The Peninsula is one of only a few areas of the country where the initial screening test is delivered by health visitors at the new birth visit, supported by the specialist screening team. Interest has been expressed by providers about alternative models and meetings were facilitated by the Screening and Immunisation Team during 2019/20 to explore this further. No change was planned for Cornwall. For Devon, a stakeholder engagement workshop was undertaken in October 2019 and January 2020 to consider options for future models of delivery.
Diabetic Eye	Following a South West procurement process, since April 2019 there has been a new provider for a whole of Devon service (previously three separate providers); the Cornwall provider remained the same. There was a smooth mobilisation to the new Devon service and increasing uptake achieved during the year in both areas.
Abdominal Aortic Aneurysm	The two providers covering the Devon area have continued to deliver a high-quality service throughout the year. There have been no significant changes to the service in that time.

4.4 Screening Programmes: Challenges

4.4.1 Workforce issues continue to be a challenge for the breast and bowel cancer screening programmes. In the cervical screening programme, a range of initiatives have been put in place by NHS England Integrated Public Health Commissioning Team supported by Health Education England, and the use of local CQUINS to support providers to address workforce pressures.

4.4.2 Uptake of screening, particularly in relation to cancer screening, continues to be an area of ongoing activity. A Joint Cancer Alliance Stakeholder event was held in the Autumn of 2019 “Improving Uptake of Cancer screening in the South West”. A breast screening healthy equity audit is being progressed. As part of the joint work with the South West Cancer Alliance, funding has been made available for a cervical screening ‘Innovation Fund’. This has funded 56 projects aimed at increasing cancer screening uptake across the region; 30 are in Devon and Cornwall.

4.4.3 At the start of the pandemic, from April 2020, all screening programmes except the antenatal and new-born programmes have been impacted by the COVID-19 pandemic resulting in some programmes initially having to pause as a result of infection, prevention and control and other factors. All programmes resumed activity by mid-2020/21 and have been working to return the programme back to a business as usual footing. For some programmes, this will require significant investment to increase capacity to be able to deliver screening in a COVID-19 secure manner (for example, longer appointments to follow PPE and IPC procedures) and to offer screening to all those individuals that were affected by the pause in

the programmes in a timely way (as set out by national guidance). The Screening and Immunisation Team has been providing assurance about the recovery of the programmes through the quarterly report to the Health Protection Committee.

4.5 Screening Programmes: Priorities 2020/21

4.5.1 The priority for all the screening programmes is to achieve full restoration and recovery back to a business as usual footing within national recovery timelines, and in a manner that ensures that screening is safe for both patients and staff with all necessary infection, prevention and control requirements are implemented. A national risk stratification approach is being taken to identify those at higher risk, who should be seen as a priority. There is a requirement to ensure that the full care pathways are in place for those screened pre-COVID-19 and that need to progress along the diagnostic pathway.

4.5.2 Continue to develop actions to support workforce challenges.

4.5.3 Continue to develop the inequalities agenda through completion of the breast screening health equity audit and working with the Cancer Alliances and local partners.

4.5.4 Continue the review of service delivery options for the Devon New-born Hearing Screening Programme.

4.6 Immunisation programmes: Activity in 2019/20

4.6.1 This section summarises some of the key performance data and developments for the immunisation programmes over 2019/20. Immunisation data for 2019/20 is available for the childhood primary immunisations, flu programme and PPV[1].

4.6.2 Table 2: The following table sets out the key activities and developments that have been undertaken during 2019/20 in individual immunisation programmes (more detail can be found in **Appendix 1**).

Immunisation:	
Primary childhood immunisations	The national target for coverage of childhood immunisation is 95%. The Peninsula performs well for the coverage of the primary childhood immunisations and all the 4 LA areas achieve levels that are above the England average in all the childhood primary immunisations (see Appendix 1). All areas achieve over 95% (herd immunity) for MMR coverage (one dose at 5 years). Further improvement on last year has been seen for MMR 2 at 5 years, as all 4 LA areas have uptake over 90%, compared to England at 86.8%. Work undertaken in year to improve uptake included the MMR innovation fund workstream (85 practices participated delivering interventions and over 1,450 children vaccinated), survey of high performing GP practices, and development of a resource pack to share good practice, targeted visits to GP practices with low uptake to review current practice and encourage quality improvements initiatives. In April 2019, the government announced a change to the childhood pneumococcal programme, which is to move from the 2+1 to a 1+1 schedule. The change will be for all children born on or after 1st Jan 2020 so will start at the end of March 2020 when they are 12 weeks old.

[1] Pneumococcal polysaccharide vaccine (PPV) is given to people aged 65 and over and people at high risk because they have long-term health conditions

	Following increases in measles outbreaks, there has been a renewed national focus on improving childhood immunisation uptake rates with the publication of a Vaccination Strategy and Value of Vaccines campaign, and a Measles and Rubella Elimination Strategy (MRES) that was launched during 2019/20. The Screening and Immunisation Team has responded by developing a comprehensive South West multi-agency, system-wide MRES project and held a stakeholder engagement in February 2020. Fourteen projects have so far been identified each with several workstreams. There will be a multi-agency Programme Oversight Board to include key stakeholder membership. During the COVID-19 period, all childhood immunisations were required to be maintained. Local surveys and assurance work across the South West region confirmed that primary care was continuing to provide a comprehensive level of service for all childhood immunisations. Further monitoring of the data sources is underway to assure that coverage remains good.
School-aged immunisations	The extension of the HPV vaccination programme to include Year 8 boys began in September 2019 (to be called the universal HPV programme). PHE published gender neutral literature for providers, young people and parents/carers. Introduction of electronic referrals by some providers. Due to the COVID-19 situation, school immunisations were ceased part way through the September 2019 to July 2020 academic year when schools closed. All providers are working to recover their programmes for the 2019/20 and 2020/21 cohorts by 31 Aug 2021. Uptake rates for 2019/20 academic year are therefore not yet available. The school-aged programme also includes flu vaccination (see Flu immunisation below).
Vaccinations in pregnancy	All South West maternity providers are now commissioned to provide pertussis and flu vaccination in the maternity setting. There have been no significant changes to the services in Devon and Cornwall during 2019/20. During COVID-19, delivery of both pertussis and flu vaccination has been maintained in both maternity services and primary care. Maternity services have adjusted their care pathways to reduce face-to-face contacts, where possible, and vaccines are being delivered at the 20-week scan.
Older people immunisations	For pneumococcal, performance is broadly in line with England and within the amber range. During 2019/20, development of a Shingles work programme with the plan to start a tiered approach to targeted work with low and medium uptake practices. A resource pack will be provided to all low and medium uptake surgeries, with access to this for all higher uptake practices. This work will initially focus on Cornwall (also Dorset) given the higher proportion of older population. This work had to be paused due to the impact of COVID-19. During COVID-19, due to public health guidance on shielding and social distancing (particularly for the clinically vulnerable), there is likely to have been a reduced opportunity for delivery of the Shingles and pneumococcal vaccinations. The opportunistic delivery of these vaccines is being promoted through communications with primary care.

Older people immunisations	The eligibility for the Shingles vaccination has been extended to capture those that were turning 80 years old during the COVID-19 period to ensure that they did not miss the opportunity to be vaccinated.
Flu immunisations	There were some vaccine supply challenges early in the season, particularly for the at-risk and school children's groups. For the over 65s flu immunisations, all the LAs across the Peninsula performed in line with national figures and maintained a similar performance to that of the previous year. For the under 65s at risk groups, performance was reduced compared to the previous year. Performance for the 2-3 year old flu immunisations were well above the England average. Performance for the other groups, though broadly in line with England, are all below target figures.

4.7 Immunisation Programmes: Challenges

4.7.1 The key challenge going forward is to recover the impact of COVID-19 on some immunisation programmes. This is on a backdrop of coverage that does not meet national targets in some areas and in the context, in primary care in particular, of services that are very stretched due to the roll-out of the COVID-19 vaccination programme and pressures to recover wider services.

4.8 Immunisation Programmes: Priorities 2020-21

4.8.1 Monitoring of immunisation rates associated with the impacts of COVID-19 restrictions and, where necessary, development of recovery plans.

4.8.2 School-aged immunisation: Plans are in place with providers to deliver catch up for missed immunisations and deliver the scheduled programme for the academic year 2020/21. Challenges for the delivery of the school-aged programmes will continue through 2020/21 due to the constraints under which schools and clinics can operate and the disruption in schools of children isolating due to potential contact with COVID-19 positive cases in the school settings.

4.8.3 Further developing the Locality Immunisation Groups and their action plans, with a focus on recovery from COVID-19 impacts.

4.8.4 Relaunch of the Mumps Rubella Elimination Strategy system action plan.

4.8.5 Increasing the uptake of flu immunisations and developing action plans to address any additional cohorts, including the expansion to Year 7 school children. The priorities for next season remain the under 65's at risk and the children's programme, and ideas to improve uptake and working collaboratively will be discussed at the March regional flu review conference. This will be particularly challenging given the impacts of COVID-19, extension to the programme, range of vaccines and supply/demand challenges.

5. Health Care Associated Infections

5.1 Organisational Roles and Responsibilities

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

5.1.2 Public Health England, 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.

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

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

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

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

5.2 Health Care Associated Infections: Activity in 2019-20

5.2.1 Table 3: The following table summarises the key performance position and developments for health care associated infection over 2019/20.

Infection type:	
MRSA	In 2019/20, fourteen cases were identified within both NEW Devon CCG and SDT CCG. These cases were all investigated appropriately and any learning identified.

MSSA	Rates of reported MSSA remain steady in both NEW Devon CCG and NHS Kernow CCG.
C. difficile Infection	C. difficile recording has changed over the last year and now includes a new category of community-onset healthcare-associated (COHA) cases. This change has contributed to a significant increase in reported cases as COHA cases comprise about 40% of the total cases. As expected, this has resulted in both NHS Devon CCG and NHS Kernow reporting target breaches. All cases have been investigated and the CCGs are assured that the number of avoidable cases remains low. Further bedding down of the new reporting system will be required to enable appropriate targets, as this year would have been a reset year.
E. coli Bacteraemia	E. coli bacteraemia rates across Devon have shown a minor reduction rate over the year but this may be due to seasonal variation and trends will be monitored. In Cornwall, cases are above the reduction target but following the same trend as last year. Action plans are focussed on hydration, UTI prevention, catheter avoidance, care and removal and optimising the hepato-biliary patient pathway. In Cornwall, catheter passport for use in the acute and community settings was launched and which will be evaluated. As part of the pan-Devon E. coli reduction workplan, a key achievement this year has been establishing the new Community Infection Management Service. As the initial priority for the team has had to be the COVID-19 response, the planned E. coli reduction strategies have been delayed and will be re-prioritised once COVID-19 related work reduces.
Antimicrobial resistance	Both Devon and Cornwall have antimicrobial resistance steering groups in place. Following a review, Cornwall established an AMR Planning and Delivery group in October 2019 with a particular focus on human health. COVID-19 has disrupted the meeting of these groups and planning is underway to reconvene over the Autumn 2020. A planned Devon and Cornwall AMR conference scheduled for March 2020 was cancelled due to COVID-19.

5.3 Healthcare Acquired Infections: Challenges

5.3.1 COVID-19 prevention and response to situations arising in health and social care have been a key challenge during 2020 and remain so.

5.4 Healthcare Acquired Infections: Priorities 2020-21

5.4.1 COVID-19 continues to be a major priority in terms of ensuring preventing transmission and responding to situations across health and social care settings.

5.4.2 Stepping back up the non COVID19 work programmes, including AMR steering groups, following the COVID-19 disruption.

5.4.3 Embedding and strengthening of community infection management service in Devon.

5.4.4 Examination of C. difficile in the community setting with a view to reduction.

6. Emergency Planning and Exercises

6.1 Organisational Roles and Responsibilities

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

6.1.2 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.

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

6.1.4 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.

6.2 Emergency Planning and Exercises 2019/20

6.2.1 Regulation 10 of REPPIR requires the off-site plan to be tested within three years of the date of the last test. In September 2019, the required exercise was undertaken across Devon and Cornwall for the Devonport site in Plymouth. The exercise bought together the operators, local emergency services, county and district councils and NHS representatives as well as many national and government bodies.

6.2.2 Further work was progressed on pandemic flu including:

- NHSE and PHE begun the process for developing a regional pandemic flu plan. PHE has produced a MoU for further consideration
- Pandemic flu exercise undertaken in South West in October 2019
- Devon Emergency Planning Service (DEPS) to work to agree mechanism for developing LA specific action cards
- LRF desk-top exercise undertaken in March 2020.

6.2.3 Avian flu plans have been developed in Dorset CCG and webinars were planned to support other areas throughout the South West develop their plans.

6.3 Emergency Planning and Exercises: Challenges

6.3.1 The key challenge that began for the emergency system during the last quarter of 2019/20 was the impact of COVID-19. At this point, all structures that align to the emergency planning and response were activated towards the single goal of supporting Public Health England (as lead) and co-ordinating partner agencies to assist in the response to and mitigation of the impacts of COVID-19 within Devon, Cornwall and the Isles of Scilly and the wider United Kingdom, for example, through planning for mass levels of illness amongst the population, mobilising and aligning healthcare resources to respond to this demand, managing the potential for significant mortality and managing the impacts of a national lockdown.

6.3.2 It is not the intention to describe in this report the full COVID-19 response as this remains an ongoing situation, but to describe key activities that the system activated as part of the initial response in 2019/20.

- Emergency structures were activated.
- A strategic co-ordinating group was established to manage the local response in support of the UK's response to COVID-19. This SCG structure ensured the effective co-ordination of the Local Resilience Forum and other specialist resources.
- To maximise co-ordination across the Peninsula; one Tactical Co-ordinating Group for DCIOS, rather than four across the area, was established.
- The LRF held a desk-top exercise in March.
- Organisations across DCIOS stood up their incident management structures and held desk-top exercises.
- With need for local multi-agency working groups to respond to COVID-19 below the level of the LRF-wide Tactical Co-ordinating Group (TCG), local Operational Incident Cells (OpIC) were established.
- Logistical supply chains were being set up for obtaining and co-ordinating PPE supplies.

6.4 **Emergency Planning and Exercises: Priorities 2020/21**

6.4.1 Monitoring and response to the COVID-19 situation as development in the situation and the measures required to respond are enacted.

6.4.2 Ensuring that the system remains resilient and able to identify and respond to non-COVID-19 risk and emergencies simultaneously.

7. COVID-19

7.1 This report would not be complete without the inclusion of a section on COVID-19, which has dominated 2020. This is not a comprehensive report as the COVID-19 situation that began in the last quarter of the year covered by this report has gone on to dominate the health protection system throughout 2020 and will continue to do so into 2021. Instead it describes the first days, weeks and months in the final quarter of 2019/20. Reference has been made throughout this document to the specific impacts of COVID-19 in the sections of this report.

7.2 At the end of December 2019, Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia. The situation escalated rapidly and on 30 January 2020 the Director-General of the World Health Organisation declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC) as sporadic cases were now being seen across countries outside of China.

7.3 By the end of January 2020 the first two cases of coronavirus (2019-nCoV) in the United Kingdom were confirmed and, over the course of February, single and linked cases were being identified across the UK and outbreaks were being confirmed across Europe, notably Italy, France and Spain.

7.4 By mid- March 2020, as the UK Chief Medical Officers raised the risk to the UK from moderate to high, the first COVID-19 cases and situations in Devon and Cornwall involving single cases, schools and care homes were being identified. On 26 March 2020, the UK went into lockdown with the instruction to Stay at Home, Protect the NHS, Save Lives.

7.5 During this time the local response was being mobilised.

Emergency responses

- Emergency structures were activated.
- A strategic co-ordinating group was established to manage the local response in support of the UK's response to COVID-19. This SCG structure ensured the effective co-ordination of the Local Resilience Forum and other specialist resources.
- To maximise co-ordination across the Peninsula, one TCG for DCIOS, rather than four across the area, was established.
- The LRF held a desk-top exercise in March.

- Organisations across DCIOS stood up their incident management structures and held desk-top exercises.
- With need for local multi-agency working groups to respond to COVID-19 below the level of the LRF wide Tactical Co-ordinating Group (TCG), local Operational Incident Cells (OpIC) were established.
- Logistical supply chains were being set up for obtaining and co-ordinating PPE supplies.

Infectious disease prevention and control

- PHE, working with local authorities' public health teams, were contact tracing, testing and isolating as part of the "Contain" phase of the response.
- Public health and infection, prevention and control advice was being issued across the health and social care system to prevent transmission
- Public health advice was being issued to the public on symptoms to be identified and isolation to take place
- Testing was targeted to those with most clinical need and to investigate possible clusters and outbreaks in settings
- Public health advice to individuals and settings where positive cases were identified
- LA environmental health teams were utilising the MOU to work with PHE on managing other infectious disease notifications

NHS and social care

- Healthcare capacity particularly for intensive and high dependency care was expanded
- Mass staff deployment and training was being implemented to scale up staff able to care for rapidly increasing admissions
- Elective and non-emergency care was scaled back or ceased and, where possible, face-to-face consultations were moved to remote access
- Screening programmes were ceased
- The newly commissioned Community Infection Management service provided infection, prevention advice to primary care and care homes, as well as providing support to local authority public health teams and other stakeholders
- LAs were planning for mobilising support to population vulnerable and shielded groups and to those in care homes

7.6 Responding to the COVID-19 pandemic has extended into 2020/21 and remains the primary focus for the health protection system at this point.

8. Work Programme Priorities 2019/20 - Progress

8.1 The following priorities for the period 2019/20 were agreed by Health Protection Committee members:

8.2 *1) Integrating and strengthening the Health Protection system – all members will continue to work collaboratively to build a resilient workforce and maximise opportunities to strengthen health protection within emerging integrated health and social care systems. This includes aligning local priorities to regional and national objectives, including those outlined in Public Health England's Infectious Diseases Strategy 2020-2025. Included in this priority is the roll-out of the Single Case Plan to agree roles and responsibilities between local authorities and PHE in dealing with cases of infectious disease.*

8.3 Roll out has been completed on a Standard Operating Procedure for single cases of infectious disease between Public Health England South West and Environmental Health teams across the South West. This SOP was introduced for the following reasons:

- To deliver a safe, efficient and effective acute-response service for health protection and infectious disease control across the South West
- To maximise the available capacity within the existing health protection and environmental health workforce across the South West, and

- To maintain and develop core public health competencies in health protection and infectious disease control within the health protection and environmental health workforce across the South West.

8.4 The benefits of having this SOP in place has been particularly realised in enabling system-wide responses to these cases whilst PHE has been managing the demands of the COVID-19 response.

8.5 Further strategic integration of the Health Protection system has also been supported the development of a Devon Screening and Immunisation Long-term Plan. This plan was developed in partnership between regional NHS England & Improvement, local authority public health teams, and local public health commissioning teams, and was the first plan developed across the South West and served as a template for other areas. The plan sets out the ambitions for how the Devon Integrated Care System will work with regional NHSE and SCRIMMS to ensure that there is a system-wide partnership approach to commissioning and service redesign, including the development of single pathways of care between screening and symptomatic services.

8.6 The What Good Looks Like (WGLL) programme, sponsored by the Association of Directors of Public Health, aims to facilitate the collective efforts of local organisations and wider society (the system) towards improvements in their population health outcomes. This publication represents the practical translation of the core guiding principles and features of what good quality health protection looks like in any defined place. The What Good Looks Like document for Health Protection has been developed jointly by Public Health England (PHE) and the Association of Directors of Public Health (ADPH) and describes 'what good looks like' for local health protection, including:

- Principles for excellence in the delivery of services in place-based systems
- Principles for effective collaboration between partner organisations
- Suggestions for the measurement of quality.

8.7 In Quarter 4, the Local Authority Lead Officers members of the D&CIOS Health Protection Committee undertook a self-audit against the standard set-out in this document.

This combined with the local Screening and Immunisation Long-term Plan will form the basis of action planning going forward.

8.8 2) *Surveillance and intelligence – the Health Protection Committee will continue to drive improvements to the local health protection system through improved and more timely intelligence and surveillance along with more effective performance monitoring mechanisms.*

8.9 The Health Protection Committee has worked with SCRIMMS and PHE colleagues to refine the reporting documents received at committee meetings. This has enabled the Committee to be able to understand the performance more closely across the Devon, Cornwall & IOS Local Authorities, and the particular issues and challenges that face individual areas as well as those that are more system-wide. This has enabled localised discussion and follow up where needed.

8.10 *3) Cancer and non-cancer screening programmes - all members have agreed to work more closely with partners to drive improvements in screening uptake, to improve the quality of our screening programmes and to reduce inequalities.*

8.11 In Quarter 3, a Public Health Specialty Registrar developed a health equity tool to examine breast cancer screening within Torbay. Through collaboration with the Health Protection Committee and the Local Authority Lead Officers, this was extended to cover the South West peninsula. Following a hiatus associated with the demands of the response to the COVID-19 emergency, this will be presented to the Health Protection Committee in Autumn 2020. The Local Authority Lead Officer for Cornwall also now attends the Peninsula Cancer

Prevention Alliance "Prevention and Early Intervention Group" on behalf of the Health Protection Committee.

8.12 *4) Locality immunisation groups – all members will support the implementation or refresh of locality immunisation groups for Devon, Torbay, Plymouth, Cornwall and the Isles of Scilly. Groups will be led by the regional Screening and Immunisation team, supported by local authorities, and will work to improve immunisation uptake locally with focus on reducing variation between general practices and local communities.*

8.13 All locality immunisation groups are in place and will meet quarterly. The response to COVID-19 has impacted on the convening of these groups since Quarter 4. Performance of primary childhood immunisations remains strong across Devon, Cornwall and the Isles of Scilly, as indicated in **Appendix 1**.

8.14 *5) MMR vaccination programme – all members will continue to support work to increase uptake of the measles, mumps and rubella (MMR) vaccination with the ambitious aim of achieving and then sustaining >95% coverage of the second dose of MMR by 5 years of age. The Committee will support delivery of the local response to the UK's Measles and Rubella Elimination Strategy 2019, led by the Public Health England Screening and Immunisation team, by working with locality immunisation groups to explore personalised approaches to invitations and extended access, catch-up campaigns in primary care, and strengthening surveillance and response where cases of measles occur.*

8.15 The Screening and Immunisation Team has convened a stakeholder event in February 2020, building on work previously undertaken and referred to in last year's annual report. A stakeholder engagement day was hosted on the 6th February 2020 and the Project Initiation Document for the South West Measles and Rubella Elimination Strategy has been developed to be shared with Directors of Public Health and LA leads, CCGs and other key stakeholders. Several projects have so far been identified each with a number of workstreams. There will be a multi-agency Programme Oversight Board to include key stakeholder membership. Although further work on this has not been possible, due to the demands of responding to the COVID-19 situation, performance for 2019-20 was good and all areas achieve over 95% (herd immunity) for MMR1 coverage (one dose at 5 years). Further improvement on last year has been seen for MMR 2 at 5 years, as Cornwall uptake is now over 90%, meaning that the whole of Devon, Cornwall and the Isles of Scilly have coverage >90% and significantly above the England figure of 86.8%.

8.16 *6) Pandemic flu – the threat and potential impact of pandemic influenza is such that it remains the top risk on the UK Cabinet Office National Risk Register and continues to direct significant amounts of activity on a global basis. An ongoing priority for 2019/20 is to continue to support local planning arrangements for pandemic flu and to strengthen our response to major incidents and emergencies.*

8.17 Workshops were undertaken in Devon during March 2020 to brief service managers and run through pandemic scenarios and update business continuity plans, and similarly in Cornwall.

8.18 7) *Seasonal flu vaccination programme – all members will continue efforts to ensure high uptake of flu vaccinations locally, particularly amongst at risk groups and frontline health and social care workers, and to support effective roll-out to the Year 6 primary school cohort. Efforts will be directed through regional and local flu groups and networks.*

8.19 A South West flu group is convened by NHSE SCRIMMS team and meets monthly throughout the flu season. In addition, during the 2019-20 flu season, local system flu groups were operationalised. A previously established multi-agency Plymouth flu oversight and co-ordinating group was extended to cover the Devon STP and a Devon-wide flu plan was generated. A system flu group is also in place in Cornwall.

8.20 Additionally, a parallel flu group has been set up in NEW Devon CCG and this meets throughout the flu season. There is cross-cover between these groups.

8.21 *8) Community Infection Prevention and Control – all members will work to ensure that community infection prevention control is embedded and supported within emerging Integrated Care System structures to strengthen the local health protection system.*

8.22 The community infection prevention and control system was strengthened in 2019-2020 by the establishment of comprehensive Community Infection Management service for Devon. Coming into existence in Quarter 4, this service has been instrumental in supporting the COVID-19 community response. Once the COVID-19 pandemic has reduced in scale, the Community Infection Management Service will pivot back to the more proactive community engagement which was the intended focus of the service.

8.23 *9) Antimicrobial resistance - all members will support action taken by both the Devon AMR Group and the Cornwall Antimicrobial Resistance Group (CARG) to tackle antimicrobial resistance.*

8.24 Both Devon and Cornwall have antimicrobial resistance steering groups in place. Following a review, Cornwall has established an AMR Planning and delivery group in October 2019 with a particular focus on human health. COVID-19 has disrupted the meeting of these groups and planning is underway to reconvene meetings.

8.25 *10) Complex lives – all members will support work locally to address health protection challenges for people with complex lives, including local prison populations, people who inject drugs (PWID) and the homeless or vulnerably housed. This includes targeted work around bloodborne viruses, TB, Group A Streptococcus and Staph infections.*

8.26 A Care Pathway and Memorandum of Understanding for TB cases with and without Recourse to Public Funds and potential homelessness in the NEW Devon Clinical Commissioning Group area has been drafted and is now being reviewed by the District Councils and within Cornwall & IOS.

8.27 A Strep A / iGAS South West Group was formed and produced recommendations and training resources for staff with particular focus on the Drug & Alcohol Network.

8.28 A South West wide complex needs population and health protection meeting was held and agreed the intention to form a network to focus on the specific needs of this group.

8.29 *11) Climate change – all members to lead and support local action following declaration of a climate change emergency, including assurance that action is being taken to secure improvements to air quality where required.*

8.30 During 2019 all DCIOS Local Authorities declared a climate change emergency and all have associated action planning in place. In Devon, the Devon Climate Emergency Response Group is aiming to produce a collaborative Devon-wide response to the climate emergency. Cornwall similarly launched its partnership group in 2020. Both these groups are made up from a range of organisations including councils, health, emergency services, businesses, voluntary organisations and academia.

9. Health Protection Committee Priorities 2020/21

9.1 The following priorities were agreed by Health Protection Committee members:

1. Continuing to support the COVID-19 pandemic through national, regional and local response, preventing disease transmission and responding to situations and outbreaks. Locally this will be delivered through the Local Outbreak Management Plans and associated local Health Protection and Local Engagement Boards.

2. To support the implementation of emerging interventions aimed at reducing COVID-19 transmission.

3. Working with our partners from across the system to identify, mitigate and monitor for the effects of COVID-19 on the health protection system and the services it delivers.

4. Working with our partners from across the health protection system to support the restoration of key health protection public health services and activities disrupted by COVID-19.

5. Working with our partners from across the health protection system to support the restoration of the screening programmes disrupted by COVID-19.

6. Working with our partners from across the health protection system to support the recovery of the immunisation programmes disrupted by COVID-19.

7. All members will continue efforts to ensure high uptake of flu vaccinations locally, particularly amongst at risk groups and frontline health and social care workers, and to support effective roll-out to the Year 7 primary school cohort and other additional cohorts that may be recommended. Efforts will be directed through regional and local flu groups and networks.

8. All members support the ongoing local action following declaration of a climate change emergency.

10. Authors

- Alastair Harlow, NEW Devon Clinical Commissioning Group
- Dr Alison Mackenzie, Public Health England/NHS England and NHS Improvement South (South West)
- Julie Frier, Consultant in Public Health, Plymouth City Council

In association with members of the Health Protection Committee.

11. Glossary

AMR	Antimicrobial resistance
CCG	Clinical Commissioning Group
E. coli	Escherichia Coli
HPV	Human papillomavirus testing (for risk of developing cervical cancer)
MMR	Measles, Mumps and Rubella (immunisation)
MRSA	Methicillin resistant Staphylococcus aureus
MSSA	Methicillin sensitive Staphylococcus aureus
NEW Devon CCG	Northern, Eastern and Western Devon Clinical Commissioning Group
NIPE	New-born Infant Physical Examination
PHE	Public Health England
NHSEI	NHS England and NHS Improvement

12. Appendices

Appendix 1: Immunisation Performance 2019-2020

Appendix 1 - Immunisation Performance 2019-20

Childhood immunisations	Cornwall &IOS (%)	Devon (%)	Plymouth (%)	Torbay (%)	England (%)
DTaP / IPV / HIB (1 year)	93.7	95.8	96.5	95	92.6
Men B (1 year)	93.4	95.6	96.4	94.8	92.5
Rotavirus	90.3	94.1	93.0	93.1	90.1
PCV	93.6	95.9	96.5	95.4	93.2
DTaP (2 year)	95.0	96.2	97.3	96.6	93.8
Men B booster	90.7	93.7	94.8	92.6	88.7
MMR one dose (2 year)	91.6	94.6	95.9	93.5	90.6
PCV Booster (2 year)	91.7	94.4	95.4	93.5	90.4
HIB / Men C Booster	91.7	94.3	95.5	93.2	90.5
DTaP/ IPV Booster (5 year)	89.5	89.6	91.1	92.0	85.4
MMR one dose (5 year)	96.1	96.9	97.6	97.1	94.5
MMR 2 dose (5 year)	91.2	93.2	93.2	93.4	86.8
Targets: Red <90%; Amber 90-95%; Green ≥95%					
Flu Immunisations	Cornwall &IOS (%)	Devon (%)	Plymouth (%)	Torbay (%)	England (%)
2-3 years	47.4	59.6	50.9	47.8	43.8
Targets: Red <40%; Amber 40-65%; Green ≥65%					
School aged	58.6	62.3	57.5	57.6	60.4
Targets: Red <65%; Green ≥65%					
At risk	43.2	45.5	41.2	44.8	44.9
Targets: Red <55%; Green ≥55%					
Over 65s	71	73	71.4	71.5	72.4
Targets: Red <75%; Green ≥75%					
Adult immunisations	Cornwall &IOS (%)	Devon (%)	Plymouth (%)	Torbay (%)	England (%)
PPV	65.3	70.2	65.9	68.2	69
Targets: Red <65%; Amber 65-75%; Green ≥75%					

Devon Health and Wellbeing Board

15th July 2021

Joint Strategic Needs Assessment Update 2021

Recommendation: The Health and Wellbeing Board should note progress on the continued development of the Joint Strategic Needs Assessment (JSNA) which includes an interactive Microsoft SWAY summary overview, an interactive JSNA Headline tool, Outcomes Report Tool, Vital Statistics Tool, Inequalities Tool and an Exploratory Tool.

1. Context

Health and Wellbeing Boards have a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA). The JSNA is an assessment of current and future health and wellbeing needs in the local population and informs the local Joint Health and Wellbeing Strategy (JHSW). The plans of local organisations and bodies should address the needs identified in the JSNA and the priorities set out in the JHWS.

2. JSNA Devon Summary 2021

The Devon JSNA Summary 2021 has been published on the Devon Health and Wellbeing website. The format has been changed to reflect a more summarised presentation of findings through an interactive Microsoft SWAY platform. A PDF version is also available to download. The link to the summary can be found at this link: Devon Joint Strategic Needs Assessment Summary - Devon Health and Wellbeing

The Devon JSNA is made up of many different products and these include reports and interactive tools which cover a wide range of health and wellbeing measures across a variety of different geographies and characteristics. The JSNA products compliment the Devon JSNA Summary 2021.

The JSNA work has been informed by the JSNA user research undertaken in 2019 which sought to understand and meet the requirements of different users. Through engagement with councillors, officers, and community organisations. Three approaches were identified in that research and they include:

- Explanatory: (JSNA Headline Tool) People seeking a quick summary of an area or theme
- Exploratory: People wishing to explore and interrogate information in more detail
- Analytical: People wising to extract JSNA data and undertake further analytical work

Links to new JSNA products can be found below:

JSNA Headline Tool: JSNA headline tool - Devon Health and Wellbeing

Vital Statistics Tool: Vital Statistics tool - Devon Health and Wellbeing

Health Outcomes Inequalities Tool: Health Outcome Inequalities - Devon Health and Wellbeing

3. The main health and wellbeing challenge in Devon

The Devon JSNA summary summarises the main health and wellbeing challenge in Devon which reflect and build upon the challenges identified in previous years:

- Ageing and growing population
- Inequalities gap across many health and wellbeing outcomes
- Mental Health and Wellbeing across the life course
- Behavioural risk factors across the life course
- Long-term conditions, multi-morbidity and frailty
- Skilled workface with low earnings
- Immunisation and screening coverage

4. Next Steps

Iterative and ongoing development for all JSNA products will continue and updates will be provided at the Health and Wellbeing Board.

The Outcomes report is being developed in an interactive platform. To add value to this piece of work, a JSNA exploratory element within this tool is also being developed. This exploratory element provides the option for customers to explore more detailed information such as differences in rates between small areas, observing associations with deprivation, trends, and risk factor information.

5. Risk Management Considerations
Not applicable

6. Options/Alternatives
Not applicable

7. Public Health Impact

The JSNA is a statutory requirement of the Health and Wellbeing Board and informs priority setting in the JHWS. The development of the JSNA supports the identification of priorities identified in the JHWS relating to health inequalities and the wider determinants of health will focus on improving public health in Devon.

Maria Moloney-Lucey
Public Health Intelligence Specialist
Devon County Council

Devon Health and Wellbeing Board

15th July 2021

Pharmaceutical Needs Assessment 2021 to 2024

Report of the Director of Public Health

Background

The Pharmaceutical Needs Assessment (PNA) is an assessment of the current and future pharmaceutical needs of the local population. The PNA differs from the Joint Strategic Needs Assessment (JSNA) as it looks at how pharmaceutical needs can be met by pharmaceutical services commissioned by NHS England.

The PNA is utilised by NHS England to inform:

- decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Devon
- whether new pharmacies or services are needed
- decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
- the commissioning of locally Enhanced services from pharmacies

Under the Health and Social Care Act 2012, the Health and Wellbeing Board have a legal duty to ensure the production of the PNA. The Health and Wellbeing Board are required to publish a revised assessment within three years of the previous publication.

In Devon, the PNA is developed in partnership with a Devon-wide PNA steering group on behalf of the Devon Health and Wellbeing Board. This steering group includes representation from Devon, Plymouth and Torbay local authority, NHS England, Devon Clinical Commissioning Group, the Local Medical Committee, and the Local Pharmacy Committee.

PNA format

Historically the PNA has been a large, text document. For the 2021-24 PNA, we will seek to develop a shorter, comprehensive and concise report which will be complimented by data and intelligence within a dynamic and interactive PNA tool.

Timeline

Due to the global COVID-19 pandemic, the requirement to publish renewed PNAs were suspended until October 2022. As such, a draft timeline has been produced to meet the revised deadline:

- Production of the Devon PNA 2021-24 led by Devon County Council Public Health Intelligence Team to begin in July 2021.
- Draft for consultation to be shared at July 2022 board meeting, marking the beginning of the consultation period
- Final version of the PNA to be presented and discussed at the October 2022 board meeting
- Publishing of the PNA on or before the October 2022 deadline.

NHS Devon Clinical Commissioning Group

NHS Devon Clinical Commissioning Group
Chair's Report
Devon Health and Wellbeing Board

1. Introduction

1.1. 2021/22 feels very much like a transition year. Transition from the emergency function of managing the NHS response to the pandemic and the financial support that enabled that response to a return of focus on non-Covid emergency and elective care, primary care pressures and the resourcing challenges that we will continue to have to work to. And transition from our current organisational form to an Integrated Care System (ICS) and transition of CCG functions into the ICS.

1.2. One of the key benefits of CCGs has been the development of clinical leadership and this is one of the many elements of how we have functioned as a CCG that we need to keep and build on in this transition to ICS. I am pleased to have been offered the opportunity to lead this, having been asked to take on the role of ICS Medical Director (whilst also remaining as the Clinical Chair of the CCG) on an interim basis with one of the key responsibilities being establishing the clinical leadership model for the ICS. My thanks to Nick Ball, Vice Chair, who is supporting me taking on this role.

2. University Hospitals Plymouth Visit

2.1. On 1 June I visited Derriford Hospital with Darryn Allcorn (Chief Nursing Officer) and Sheila Roberts (Chief Operating Officer) with a focus on the non-elective activity and processes within the organisation. Despite significant pressures on all aspects of their emergency services and acknowledging there is much to do both in and out of hospital, I was struck by the hard work and remarkable resilience of many of the front-line staff I met.

3. Devon ICS Governance

3.1. The National Design Framework for ICSs has now been released (https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf) which gives us more details on how we need to organize ourselves as an integrated care system. Much of this is in line with what Suzi Leather has been leading us through in the ICS Governance Task and Finish Group.

4. ICS Clinical Leadership

4.1. Work continues on developing the ICS clinical leadership. I attended the Devon AHP Council on 7 June – a select but enthusiastic and diverse group of leaders who I will continue to work with to ensure we build and diversify our clinical and professional leadership.

4.2. I meet regularly with the Provider Medical Directors - they are keen to be involved in system wide leadership and I am working to develop this with them and the Provider Chief Executives.

4.3. Clinical and Professional Cabinet continues to meet (last meeting 10 June) and will be a key mechanism for providing the collective clinical and professional voice, assurance and strategic input.

5. Primary Care

5.1. Our GP colleagues have throughout the pandemic risen to the challenge, adapted to new ways of working and been key in our vaccination programme success. And through all of that have continued to provide the clinical care their patients need. Both Jane and I recognise this effort and earlier in the month wrote to our patients in support of our GP practices (click here for open letter) and my thanks to Keri Ross who has developed a programme of communications and toolkits to support practices.

5.2. Nikki Kanani (NHS England Medical Director for Primary Care) will be visiting Devon in the Autumn. She initially was due to visit in March 2020 but due to the pandemic this became a virtual visit in October 2020. Alex Degan, Devon ICS Primary Care Medical Director, has agreed for Nikki to come and visit this Autumn and will be using this as an opportunity to share much of the excellent work that is happening within our Primary Care Networks.

6. Rob Dyer

6.1. We would like to thank Rob Dyer for all he has achieved in his role as STP / ICS Medical Director for the past three and half years. Rob is due to retire at the end of this month. During his tenure he has provided clinical leadership throughout many challenges as we have developed from an STP to an ICS and how we have adapted and responded to Covid – his work on the Nightingale Hospital will be one of his many legacies. He has brought the senior clinicians together across the system helping us to think differently and collectively with honesty, integrity and sensitivity. I wish Rob all the best with his next adventure.

7. **Just think 111 first this summer**

7.1. We anticipate a significant increase in visitors to Devon this summer and with this will come additional pressures on our region's busy hospitals. As the summer approaches, we're reaching out to those working in local businesses to help us keep the NHS safe and alleviate the pressure on emergency departments.

7.2. It can be confusing to know which NHS service is the right one for your needs when there are so many options, particularly if you are a visitor to the area and unfamiliar with local services. We are working on a campaign across Devon and Cornwall to make the messaging simple this summer.

There is just one number to remember – 111

7.3. Our 111 campaign aims to signpost people to one service which can be used for urgent medical advice and it applies both to residents and visitors who are here for the summer. The 111 service can be used for any non-life threatening medical issues and you'll be able to:

- Speak to a medical professional on the telephone
- Be directed to the right NHS service based on your specific needs

- Get an appointment to see a clinician face to face
- Be dealt with by a friendly and understanding operator
- Receive treatment quickly
- Be directed to the nearest pharmacy to advise on any treatment
- Get a guaranteed call-back if there are any delays
- Protect others by freeing up emergency departments
- Help the NHS by getting the care you need directly
- Download our "Just think 111 first" leaflet

8. **Access to Primary Care**

8.1. Over recent months, the CCG has received anecdotal reports of patients struggling to access their GP, this has been reflected in the mainstream and social media. Devon has led the way nationally on embracing new technology and prior to the COVID-19 pandemic our GP practices were already well advanced in using online consultations (eConsult) and telephone triage.

8.2. At the height of the pandemic, face to face appointments in GP practices in the NHS Devon CCG reduced to **52% in April 2020**, compared with **78% in October 2019**. The latest data for **March 2021 suggests this is now 59%, 8% higher than the national average for face to face appointments.**

8.3. To test patient experience with respect to GP access we ran a temperature check with the Virtual Voices Panel, we wanted to understand:

- what local people's perceptions are of being able to get the medical help they need from their GP.
- whether their perceptions influenced their decision making and what the impact might be on the wider NHS system.
- what we can do to help people's understanding of how they can access their GP.

8.4. The survey was followed up with a virtual focus group for more detailed discussion with 7 members of the public and Healthwatch. Key headlines include -

- 75%* (201) of people made an appointment during the last year.
- **75% (203) of people experienced no issues with getting a GP appointment** and did not require them to use another service.
- **57% (138) of people who made an appointment found it either easy or very easy to book an appointment**. Only 13% (34) found it difficult (10%) or very difficult (3%).
- Most of the comments stated that GP practices have been excellent throughout the pandemic and provided a great service. Respondents felt they could access their GP if needed.
- **65% (44) of respondents were aware of changes to accessing GP practices**, and more people were aware of practices re-directing walk-in's and being able to phone their practice, than being able to consult with their practice online.
- **41% (100) of people reported that the appointment fully met their needs,** whilst 24% (60) people said it met some of their needs, but they wanted further support from either their GP or another service.
- **39% (95) of people had their appointment over the phone, 27% (66) met their GP face to face at the practice.**

8.5. There were few specific examples of where peoples GP practice had not met their expectations and whilst some people stated they want GP services to return to normal and that they missed the human contact in a face to face appointment, this was not a dominant theme.

8.6. The CCG is developing a primary care communications campaign with three aims:

- Support general practice teams in Devon to manage increased levels of activity and demand management.
- Share facts and data about how services have been used and bust some of the myths and false perceptions e.g. that GP practices are closed.
- Educate people and support them to use the right local services for their needs.

8.7. Our key messages for public are:

- General practice has led the vaccine delivery.
- Face to face appointments have been available for people who needed them.
- Almost 60% of appointments in Devon's GP practices are face to face
- GP practices are extremely busy, with an increase of 14% more contacts prior to the pandemic, so please help us by:
  - Contacting us only for actual clinical need.
  - Not asking us when you'll get your vaccine.
  - Not asking us what we think about travel to amber countries.

8.8. The CCG will also be undertaking a further review to understand the attendances / admissions for patients that could potentially be prevented by timely and effective management within primary care. This will take into account the characteristics of GP practices and their practice population.

9. **Long Term Plan**

9.1. NHS organisations and local councils are working together to finalise Devon's Long-Term Plan – a vision for how health and care services will be delivered in the next five years. This plan is vital because we face pressures on our health and care system, some of which the pandemic has shone a light on and others that were already there and have continued to grow.

9.2. When we publish our Devon Long-Term Plan, people will see that we are proposing to do some things differently:

- We have a once-in-a-generation opportunity to revolutionise our estate, as part of the government's New Hospital Programme. This gives us the chance to replace hospital buildings, modernise the estate, and help eradicate critical issues.
- We also plan to invest in local health and wellbeing facilities, including GP practices
- We will invest in new diagnostics and technology to do things differently. We have been using online consultations more and more and feedback has been overwhelmingly positive as it saves patients time, effort, and expense in travelling.

9.3. In our Long-Term Plan, we outline a vision to create 'equal chances for everyone in Devon, to lead long, happy and healthy lives'. We also outline six long-term ambitions:

- **Better integrated care**: ensuring different parts of the system – such as GPs, community health and social care teams, hospitals and mental health services, and voluntary care organisations – work together to provide more coordinated services.
- **Effective and efficient care:** providing faster diagnosis and shorter waits for routine operations; reducing pressure on emergency beds and departments; keeping people well and supporting them in their own homes wherever possible; and reducing the number of people who have to travel outside Devon to receive care.
- **A 'Devon deal':** working with communities to identify priorities which need to be addressed locally. In return, we will look to them to help us encourage people to live better and take more responsibility for their own health.
- **Looking after children and young people:** ensuring that advice, support and services meet the needs of children and young people to give them the best possible start in life through to adolescence and adulthood.
- **A digital Devon:** increasing the availability of online consultations and investing in new computer systems that can be used by all doctors and nurses regardless of their specialty or location.
- **Equally well in Devon:** recognising mental health is just as important as physical health and that everyone has the same right to access to care regardless of their protected characteristics. The aim is to support more people in the community with services tailored to their individual needs and working with people early where possible to prevent crisis.

9.4. To manage expectations there is an urgent need to begin conversations with the public about the challenges we face. To start those conversations the CCG Communications and Engagement Team will lead -

- System wide survey compiled of 10 questions. Survey will be available in various formats (online, paper copy, Easy Read and translated versions made available)
- A series of online events to share the case for change and the survey and provide opportunities for the public to ask questions and be involved.
- **A Launch Event will take place on 24 June 2021** which will be followed with 4 weeks of public, staff and stakeholder involvement with delivery at ICS and LCP level.

10. **Coronavirus Vaccination in Devon**

- **More than 1.5 million** doses have been given in Devon.
- **861,763 people** in Devon received a first vaccine dose up to 27 June while 657,902 second doses have been given. In total 1,519,665 were given.
- **Almost 9/10** of adults have had their first dose.
- **Over two thirds** of adults have had both doses.
- **Over 90%** of people aged over 55 have had both doses.
- **Over 50%** of 18-24 year olds have had their first dose.
- Booster jabs may be offered to the most vulnerable people and over 50s from September alongside flu vaccinations.
- People who have had both vaccinations can demonstrate their vaccination status two weeks after their second dose through the NHS COVID Pass. This can be used for travelling abroad to some countries and at a series of event trials in England (always check specific arrangements for the destination) Cases of the Delta variant are continuing to rise across Devon.

- Pop up walk-in clinics have been held at the Devon County Show where we saw around 400 people per day receive a vaccine. Our large vaccination centres now offer walk in appointments alongside some of smaller centres in the rest of the County.

11. **Healthwatch survey on vaccination attitudes**

11.1. A survey of vaccine attitudes was run nationally by Healthwatch between 22 April and 21 May 2021 and will be used to support the vaccine programme in Devon alongside work by NHS Devon CCG's engagement team on ways to increase uptake in 18-30 year olds.

11.2. The Healthwatch survey found that 96% (1620) of people who had received either one or both doses of the Covid-19 vaccine stated that they had positive experiences at their appointments.

11.3. 23% (157) of those who had only had one dose had concerns about their second appointment. The most common issues related to the potential side effects of the second dose. 57% (89) of people who were concerned had side effects after their first dose and 43% (68) of people were worried about the news around blood clots occurring after receiving the vaccine.

11.4. Of the 140 people who had not already had either one or both doses of the vaccine, 52% (73) stated they would "definitely not" get the vaccine when it was offered to them, and 19% (27) would "probably not." Most reasons cited related to safety issues. These included: long-term risks, blood clots, allergic reactions and questions around immunity.

HEALTH AND WELLBEING BOARD – FORWARD PLAN

Date	**Matter for Consideration**
Thursday 28 October 2021 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Food Insecurity in Devon Better Care Fund - frequency of reporting TBC Adults Safeguarding annual report Population Health Management & and Integrated Care Management (Presentation) Self-Harming and Young People alcohol specific admissions in under-18s and links to deprivation VCSE partners & the opportunities available around the support for COVID-19 Integrated Care Systems Pharmaceutical Needs Assessment CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 13 January 2022 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC Gap in employment rate for those with mental health CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information
Thursday 7 April 2022 @ 2.15pm	**Performance / Themed Items** Health & Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC) **Business / Matters for Decision** Better Care Fund - frequency of reporting TBC Homeless Reduction Act – 12 month update CCG Updates **Other Matters** Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates & Matters for Information

Annual Reporting	Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)
Other Issues	Equality & protected characteristics outcomes framework