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To: The Chair and Members of the Health and
Adult Care Scrutiny Committee

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 13 September 2023

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HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 21st September, 2023

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 10.30 am at Committee Suite - County Hall to consider the following matters.

Donna Manson
Chief Executive

A G E N D A

PART 1 - OPEN COMMITTEE

1 Apologies

2 Minutes

Minutes of the meetings held on 13 June 2023 and 27 July 2023 (special meeting)
(previously circulated)

3 Items Requiring Urgent Attention

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

4 Public Participation

Members of the public may make representations/presentations on any substantive matter listed in the published agenda, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

MATTERS FOR CONSIDERATION OR REVIEW

5 Dental access for adults and children in Devon (Pages 1 - 10)

Report from NHS Devon, attached.

6 NHS Devon Pharmacy Spotlight Review (Review of Recommendations) (Pages 11 - 14)

Report from NHS Devon, attached.

7 Devon Integrated Care System Digital Strategy update (Pages 15 - 28)

Report from NHS Devon, attached.

8 RAAC in Devon Hospitals

In accordance with Standing Order 23(2) Councillor J Bailey has requested that the Committee consider this matter.

9 Health and Care - General Update (Pages 29 - 40)

Joint report from the Director of Integrated Adult Social Care at DCC, the Director of Public Health, Communities & Prosperity at DCC, and the Chief Medical Officer of NHS Devon (CX/23/181), attached.

10 Scrutiny Committee Work Programme

In accordance with previous practice, Scrutiny Committees are requested to review the list of forthcoming business and determine which items are to be included in the [Work Programme](#).

The Committee may also wish to review the content of the [Cabinet Forward Plan](#) and the Children's Services [Risk Register](#) to see if there are any specific items therein it might wish to explore further.

MATTERS FOR INFORMATION

11 Information Previously Circulated

Below is a list of information previously circulated for Members, since the last meeting, relating to topical developments which have been or are currently being considered by this Scrutiny Committee:

- Scrutiny Risk Registers ([Risk Registers - Democracy in Devon](#))
- Healthwatch Annual Report 2022/23
- [Future Hospitals: Update on University Hospitals Plymouth](#)

PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF PRESS AND PUBLIC ON THE GROUNDS THAT EXEMPT INFORMATION MAY BE DISCLOSED

Nil

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.

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Induction Loop available



Dental access for adults and children in Devon September 2023

Background

NHS Devon Integrated Care Board has delegated responsibility for the commissioning of dental services across England, having taken over from NHS England in April 2023. To maintain subject matter expertise, the seven ICBs in the South West agreed to support a Collaborative Commissioning Hub, whose role is to run all operational services for dental, ophthalmic and pharmacy services.

Dental services are provided in Devon in three settings:

1. Primary care – often referred to as ‘high street practices for general care’ and ‘high street practices for orthodontics’.
2. Secondary care – located in hospitals
3. Community services – incorporating special care – often referred to as special care.

NHS Dentistry is not funded and commissioned in the same way as general practice, which is free at the point of access, for all. NHS dentistry is not funded for the whole population. The budget we receive approximately covers access to dentistry for half of the population.

A web page with further dental information is available on the One Devon website:
<https://onedevon.org.uk/our-work/services-and-support/nhs-dental-care/>

Primary care (high street dentistry)

The dental practices are themselves independent businesses, operating under contracts with NHS England, with many also offering private dentistry. All contract-holders employ their own staff and provide their own premises. The only premises cost currently reimbursed is a proportion of business rates. The amount refunded depends on a declaration of income derived from NHS services versus private.

Domiciliary treatment is provided by a small number of contractors for people who are unable to leave their home to attend a dental appointment, either for physical and/or mental health reasons. This includes people in care homes.

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Dental contracts are commissioned in units of dental activity (UDAs) or units of orthodontic activity (UOA). The table below sets out treatment bands and their UDA equivalent.

Band	Treatment covered	Number of UDAs
1	Examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.	1
2	Everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, removal of teeth but not more complex items covered by Band 3.	3/5/7
3	Everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges, and other laboratory work.	12
4	Emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

In April 2022 the national Chief Dental Officer confirmed contracts will continue to be in place for 100% of normal volumes. It will continue to be a requirement that all NHS-funded capacity is used to deliver the maximum possible volume of safe care for patients, with ongoing contractual protection for practices unable to deliver their full contractual activity between April and June 2022.

During this period, practices were asked to deliver at least 95% of contracted UDAs. Orthodontic practices were asked to return to normal contracting volumes (100%) for this same period. From 1 July 2022 onwards, all contracting volumes returned to 100%. The minimum threshold to avoid clawback for the 2022/23 year has been reduced to 90% from 96% for one year only.

Access rates to high street dentistry

Over recent years there has been a decrease in the number of patients in Devon who have been able to access an NHS dentist.

(Details taken from National Dental Statistics 2022 – 2023 published August 2023 [see here](#))

- The total number of adults receiving NHS dental care in the previous 24 months in Devon is 369,393
- The total number of children receiving NHS dental care in the previous 12 months in Devon is 108,898

- The access rate for the adult population of Devon 934,831 is 39.5%
- The access rate for the child population of Devon 214,451 is 50.8%

- The access rate for adult population of the South West 4,263,479 is 39.6%
- The access rate for child population of the South West 1,034,257 is 53.4%

Commissioned dental activity

As of June 2023, NHS England has 159 contracts in place across Devon providing a mixture of mandatory dental service, orthodontic dental services and specialist dental services

Category	Number of Contracts
UDA Only	132
UOA Only	13
Total number of contracted UOA's annually	83,830
Total number of contracted UDA's annually	1,742,046

UDA activity performance

Average regional Devon delivery for the previous three months has been 51% of the unadjusted threshold. June activity is reported as 61%.

UOA activity performance

Average regional Devon delivery for the previous three months has been 80% of the unadjusted threshold. July activity is reported as 73%.

New procurements

NHS England recently procured additional primary care dental capacity to replace lost capacity resulting from practices handing back all or part of their contracts (mainly due to difficulties in attracting new staff and other resource implications). 17,000 additional UDAs are being procured in the EX1 post code area and the contract as recently been awarded. The service includes the provision of urgent care and delivery of the Chief Dental Officers initiative called 'Starting Well Core'. Since opening, this practice has accepted patients directly from the Devon and Cornwall waiting list.

The following contracts were not awarded following phase 1 of the procurement exercise:

- 4,500 UDA's in the EX39 post code area
- 3,000 UDA's in the EX32 post code area
- 8,000 UDA's in the TQ13 post code area

A further phase of procurements is currently in the process of being planned. The procurement is expected:

- To increase access to dental services for those patients who do not currently have a dentist
- To provide Mandatory Dental Services to the cohort of patients who do not currently have a dentist.
- To improve the oral health of patients treated.

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Foundation dentists

From October 2023, it is anticipated that 21 Foundation Dentists (FDs) will be working in practices across the county. Each FD delivers approximately 1,875 UDAs per annum, which equates to approximately 13,750 patients. During the Covid restrictions the activity undertaken by Foundation Dentists has been included in the practices UDA achievement targets. In normal circumstances is it provided in addition.

The Peninsula Dental School's education facilities in Plymouth and Exeter also provide one-off courses of treatment to patients who do not have an NHS dentist. These patients are accepted for care based on a set of eligibility criteria. Treatment is provided free of charge by dental students under supervision (term time only).

Devon and Cornwall Dental Helpline

A unique dedicated helpline was developed for Devon and Cornwall to:

- assist patients in finding an NHS dentist for routine care.
- arrange urgent NHS dental treatment for people who do not have a dentist.
- help commissioners identify and respond to variations in demand.

Practices are encouraged to point prospective new patients towards the helpline, so they can be added to a central waiting list rather than being taken on directly. As a result, people are sometimes incorrectly under the impression that no practices are taking on new NHS patients. Instead, patients are allocated in batches as capacity becomes available, so those who have waited longest are prioritised. People who are prepared to travel further are likely to be found a place sooner than those who are not.

It is important to note:

- Many people will be under the care of a private dentist or another NHS dentist, even while registering with the helpline to find a place.
- Some people will have found an NHS dentist but not informed the helpline.
- Some people will have left the area but not informed the helpline.

As part of the South West Dental Reform Programme, a review of people looking for a routine dentist is being conducted to ensure the list is up to date and identify priority patients and children to assess and treat.

As at the end of June 2023 there are 58,991 patients on the Devon waiting list. Adults make up 47,463 of this number and children make up 11,528.

NB: These numbers are not validated and may include patients that have moved out of the area, have found an NHS dentist, deceased, etc. Plans to validate and cleanse this waiting list are being actioned along with a review.

The Access Dental Helpline also manages out of hours appointments for urgent care. They allocate appointments at the weekends and on bank holidays from clinics in Plymouth, Newton Abbot, Exeter and Barnstaple. NHS Devon ICB has recently

agreed an uplift in the helpline contract in reflection of the enhanced numbers of patients seeking advice and care.

NHS Devon will be working with NHS Cornwall to review the future viability of a central waiting list, with the aim of moving local dentists holding lists as in the rest of the country.

Orthodontics

A procurement exercise to secure new contracts was completed in 2019 enabling an increase in the number of local dental practices beginning to provide the service by extending their opening hours.

Due to the pandemic, between 8 June and 31 December 2020, practices were expected to achieve 20% of their usual patient volume, based on their previous year's delivery. This increased to 70% for 1 January to 31 March 2021 of their normal annual target (pro-rata). From 1 April to 30 September 2021, practices were expected to deliver 80% of their normal annual target (pro-rata); increasing to 85% between 1 October to 31 December 2021. Between January to March 2022 the minimum target was increase to 90% of normal activity. Since April 2022 orthodontic practices have returned to delivering the normal (100%) commissioned activity levels.

Urgent dental care

Plymouth Community Dental Service provides and manages in-hours appointments for patients with an urgent dental need who do not have access to an NHS dentist for patients in Plymouth.

Torbay Community Dental Service offer the same service for patients in the Torbay area and the Dental Helpline manages the booking of appointments which are provided in practices throughout the rest of Devon. This service is for patients in need of relief from acute dental pain, acute infection, and bleeding or trauma.

Access to urgent dental care would normally be expected to be available within 24 hours of someone contacting the service. Appointments are provided at a range of sites across Devon.

Only those people with a significant dental emergency, such as rapid facial swelling, uncontrolled bleeding or facial trauma, would be expected to be treated at accident and emergency departments.

The Dental Helpline also manages out of hours appointments for the whole of Devon. They provide appointments at the weekends and Bank Holidays in clinics across the county.

The South West dental commissioning team have recently launched an initiative to increase the number of urgent care treatment slots by asking practices to provide additional urgent care sessions.

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Workforce

The key issue affecting access to NHS dentistry is workforce. A shortage of dentists in Devon affects the ability of high street practices to deliver their contracts. The reasons for this are not different to those affecting other sectors of the health and social care system. Devon is viewed as a lifestyle choice by both the medical and dental profession and younger clinical professionals tend to favour larger cities with greater transport links and more training opportunities.

Foundation dentists, who are undergoing further training for a year after graduation, tend to relocate at the end of their foundation year, moving elsewhere to follow training pathways or to take hospital-based jobs.

It is difficult to determine why established dentists leave. Anecdotally, factors include the challenges of working in NHS practices that are experiencing high demand from patients and the opportunities in private care.

Improving access to primary care for people in Devon

NHS Devon is seeking to increase access to NHS dental services by:

- Innovation in commissioning to make contracts more attractive to an associate or dentist with additional skills.
- Working with dental providers to explore what more can be done to maximise contracts.
- Reinvesting funding that has not been spent on meeting contracted activity levels in dental activity elsewhere (dependent on the availability of workforce to deliver activity).
- Ensuring as places become available, they are allocated to those patients who are on the helpline's list.
- Ensuring we commission dental services to meet those areas of demand within available resources by resourcing a Local Dental Network and a number of Managed Clinical Networks for dentistry through which we work with dentists, public health and the dental school to develop referral pathways and increase dental capacity.
- Rebasing contract activity to allow for reinvestment. Any schemes will take into account national initiatives and regional difficulties, e.g. increasing urgent care sessions for patients who do not have a routine dentist.

2. Secondary care provision

In Devon, NHS England contracts with Royal Devon University Healthcare, Torbay and South Devon NHS Foundation Trust and University Hospitals Plymouth NHS Trust to provide secondary care including oral surgery, restorative dentistry and orthodontic treatments.

Secondary care has been impacted greatly by the pandemic as services initially ceased to allow additional capacity to treat covid patients in hospitals. All services have now been resumed, but in some cases the frequency of clinics has been

reduced due to capacity at the hospital sites. This has led to an increase in waiting list sizes for some treatments.

The Integrated Care Systems (ICSs) in Devon has produced elective recovery plans and the funding available (elective recovery fund) is being used to procure additional capacity. The Getting it Right First Time (GIRFT) programme is also underway in the South West, looking at oral and maxillofacial surgery pathways to improve flow of patients, ensure more equitable access to treatment alongside and better outcomes.

3. Community Services

Plymouth Community Dental Service (Livewell Southwest), Royal Devon University Healthcare, Torbay Community Dental Service (Torbay and South Devon NHS Foundation Trust) are commissioned by NHS England to provide a range of community services. They each operate from a range of sites across Devon.

Special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability; or, more often, a combination of these factors.

Special care dental services provide urgent care, check-ups, and treatment. In Devon, the service also provides oral surgery and general anaesthetic for patients who cannot be treated by local anaesthetic.

Special care dental providers are currently experiencing difficulties in recruiting to specialist posts. Measures are in place, supported by the Special Care Managed Clinical Network, to secure additional specialists while longer term solutions are developed.

Other community services are:

- Children's general anaesthetic
- Adult general anaesthetic
- Orthodontics (complementing high street orthodontics)

Community dental providers, including Plymouth Community Dental Service (Livewell Southwest), Royal Devon University Healthcare, Torbay Community Dental Service (Torbay and South Devon NHS Foundation Trust), were rapidly reassigned as Urgent Dental Care Centres when the pandemic started in March 2020 to ensure that patients with urgent dental needs were able to be seen and treated at a time when all other dental providers were only able to provide telephone advice and antibiotics. Although they have now resumed their normal service provision, they are still covering some urgent care provision for non-registered patients as demand for this service is still high.

Local authorities are the lead commissioner of oral health promotion programmes to improve the health of the local population as part of their statutory responsibilities. Oral health promotion in Devon is delivered via the community dental provider and consists of oral health education and fluoride varnish application.

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4. Dental Reform Strategy for the South West

The South West Dental Reform Programme was established in 2020 to improve access to oral health services, develop workforce initiatives to improve recruitment and retention of the dental workforce, and improve the oral health of the population.

The programme is run by NHS England, alongside NHS Devon and local authority public health teams. They bring together the NHS England Collaborative Commissioning Hub and Transformation Team with key stakeholders with responsibility for oral health in the region (*UK Health Security Agency and Office for Health Improvement and Disparities*, Health Education England, Local Dental Committees, the Local Dental Network, and Integrated Care System (ICS) representatives) as well as public and patient voice partners. The purpose of the programme is to inform a plan for the future of NHS dental services and oral health improvement in the South West.

An [Oral Health Needs Assessment \(OHNA\)](#) was commissioned and published in 2021 and the Dental Reform Programme team held a workshop with more than 150 delegates from the dental profession, Healthwatch, Health Education England, Overview and Scrutiny Committee members and regional and national NHS colleagues. Dental case studies were considered, and discussions held about what works well, what opportunities could be explored, what barriers there are currently and how we overcome them. A report summarising the event outputs and recommendations is available [here](#).

A further prioritisation session based on the workshop findings was held. In addition, three programme working groups have been established with strategic objectives. These are highlighted below.

5. Programme objectives

The programme has three key objectives covering access, workforce and oral health.

Dental reform programme objectives

1. To increase access to dentistry using findings from the Oral Health Needs Assessment, by designing an evidence-based programme plan weighted towards those who are most vulnerable or live in areas of greatest need, including in secure settings
2. To work with strategic partners to build training and dental role opportunities, and a clinical workforce strategy, which makes the South West the best place to live and work in dentistry in the country
3. To improve oral health of those with health inequalities, targeting those who are vulnerable or live in areas of greatest need in each system, including within secure settings.

6. Programme commitments

Underpinning these key objectives are a series of nine core and two enabling commitments.

Programme commitments

Access

1. Increase access to dental services ensuring a focus on targeting those in greatest need in each system (as identified in the Oral Health Needs Assessment)
2. Strengthen and broaden dental provision using the range of tools available to regional teams including through national dental contract reform, such as flexible commissioning to support dental recovery following the pandemic and use of the wider dental team for service delivery
3. Strengthen relationships between the dental team and networks within the seven SW integrated care systems and their Primary Care Networks (PCN)s, using the roadmap to build a tailored plan for each system and ensure dental services are integrated and a key part of primary care service delivery and improvement

Workforce

4. Work with partners to develop a sustainable dental workforce for the SW
5. Identify the current workforce and focus on specific vacancy 'hotspots' in the region to create a sustainable workforce for the future
6. Embed education, training and support within the programme and commissioning activities to ensure the dental team have development opportunities
7. Develop a programme of flexible and extended training opportunities across dental care in the region to help retain people in the region in the next five years to improve access and treatment outcomes for the population.

Oral health improvement

8. Work with health inequalities leads, local authority oral health improvement leads, the dental team and key partners to improve access to oral health improvement advice and interventions for those in greatest need in each system
9. Increase access to dental services by supporting commissioners to target those in greatest need in each system (as identified in the Oral Health Needs Assessment)

The programme has two further cross-cutting commitments on digital and data:

Cross-cutting commitments

Digital

10. Develop a digital dental referral programme to use technology to make dental referrals between primary, community and secondary care more efficient, resilient and sustainable, and improve patient and staff experience in the South West.

Data

11. Develop a baseline dataset with which to measure progress and success, using a range of data, information, intelligence and maps

NHS Devon Pharmacy Spotlight Review

Background

NHS Devon took over commissioning of NHS pharmacy in April this year from NHS England.

We have taken on board the recommendations provided to NHS England from Devon County Council Adult Health and Social Care Overview and Scrutiny Committee earlier in the year. Below we have provided an update against those recommendations:

Recommendation 1

That a new Devon communication strategy and campaign is developed to improve public awareness and perception of community pharmacy, which signposts the appropriate pathway in terms of accessing community pharmacy, GP and acute care.

We have a Primary Care Access Recovery Plan (PCARP) that will be published in the autumn and will include community pharmacy services. One of the objectives is to demonstrate to the public and staff how the NHS is transforming general practice and community pharmacy to better meet the needs of local communities and change public behaviour in accessing these services.

The areas it covers include:

- Expanding community pharmacy services
- Deliver Pharmacy First so that community pharmacies can supply prescription-only medicines for seven common conditions
- Expand pharmacy oral contraception and blood pressure services to increase access and convenience for millions of patients.
- There will be a national campaign to support the Community Pharmacy *New Common Conditions Service*
- We will link closely with the Local Pharmaceutical Committee and pharmacy development group on the community pharmacy consultation service (CPCS) planned messages and future campaign opportunities

Recommendation 2

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That commissioners work with the Practice Plus Group to improve both the level and the appropriateness of NHS 111 referrals to community pharmacy.

The Community Pharmacist Consultation Service (CPCS) can take referrals for minor illness and urgent supply of medicines.

Whether, following a NHS111 consultation (online or by telephone), referral to the CPCS is a recommended option is dependent and driven by a national pathways algorithm. This is therefore not influenced by the individual NHS111 provider. Similarly, the Directory of Services (DOS) which specifies the services available within community pharmacies is managed nationally to ensure consistency with the national contract.

There are a number of potential reasons why a recommended referral to community pharmacy might not be taken forward e.g. the clinician at NHS111 is managing the patient or the patient has a personal reason to reject that referral.

In July 2023, across the seven South West NHS 111 providers, a recommended referral to community pharmacy for minor illness was selected in 40% of cases (range 35%-43%). Devon NHS 111 provider selected community pharmacy in 41% of cases.

For urgent supply of medicines, a recommended referral to community pharmacy was selected in 95% of cases (range 91-96%). Devon NHS 111 provider selected community pharmacy in 94% of cases.

NHS Devon continues to work with Practice Plus Group (PPG), our 111 provider, to understand in more detail the reasons for not selecting community pharmacy. NHS Devon has agreed with PPG as part of strategic intentions within their service development plan to achieve the highest percentage of selections for both minor illness and urgent supply of medicines in the South-West. PPG are currently undertaking a targeted audit focused on the reasons for not selecting community pharmacy in order to identify opportunities that can be taken locally to increase community pharmacy selection.

Recommendation 3

That all organisations work together to promote the establishment of a pharmacy school in the County to ensure that Devon and the far South West develops its own pharmacists and pharmacy technicians.

Good progress has been made on this recommendation. A partnership model has been established between Plymouth and Bath universities which allows the Bath course to be delivered on the Plymouth campus. The course has been set up and is now being marketed with an intended first intake in 2024. Numbers will be limited initially and grow as the course becomes established. Pharmacists, as they graduate and register, will be prescribers under the new syllabus.

Recommendation 4

That long term investment is needed in training and progression opportunities for community pharmacy and across all areas of health and social care. That

this includes use of bursaries, work experience and the delivery of regular health and social care careers days, which include a specific focus on community pharmacy.

Progress has been made on this recommendation but there is still much to do. Investment has been made in certain areas of the workforce pipeline. Due to the low application rate to undergraduate pharmacy courses and the arrival of the Bath-Plymouth programme referenced above, we have invested in engaging with young people and schools on the merits of entering the pharmacy profession.

This has been done in a number of ways:

- A social media campaign highlighting the lives and roles of pharmacists
- A programme of engagement with schools offering activities
- Supporting candidates with choices and linking into the developing careers hubs.

We have also been investing in prescribing training – all pharmacists will require this in the future and although we have increased the training capacity, it still remains constrained and is likely to become a factor affecting the flow of pharmacist trainees to their registration.

Other areas are being developed under the Initial Education and Training of Pharmacists (IETP) reform programme e.g. the new pre-registration training is changing to become rotational as is technician training. This is a positive move and will lead to pharmacy professionals being more able to work across different settings in future, but in the short term this requires considerable coordination.

Our ambition is to develop advanced clinical practitioners and pharmacist consultants and, in the process, establish professional communities of practice.

Recommendation 5

That work is undertaken with NHS England and NHS Improvement to develop the NHS App to introduce notifications including SMS texts when a prescription is ready to be collected. Other alternative technologies should be encouraged to provide multi-choice IT interface routes for ordering repeat prescriptions. That those not using IT still have access to a paper based repeat prescription.

Feedback from this Spotlight Review has been shared with NHS England & Improvement. As part of the Primary Care Access Recovery Plan work, there is a Digital Workstream looking at how technology can support patients in accessing services and maximise capacity of our service providers. We have highlighted the positive impact on patients and providers if community pharmacy are able to use the NHS App to communicate with patients in the same way that general practice does. In the meantime, some pharmacies have already decided to offer patients the option to receive a text message when their prescription is available in response to feedback from their service users and staff. Some pharmacies have also invested further to develop their own applications for ordering repeat prescriptions and notifying patients when items are ready for collection.

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The review has highlighted, however, that not all patients wish or are able to use digital technology when accessing health services. Patients can continue to speak to their practice to order a repeat prescription and can still be issued with a paper prescription that they present to the pharmacy. There are, however, many patients who give permissions for the practice to send their prescription to their chosen pharmacy electronically. This does not require the patient to interact with the electronic transmission, other than to give their permission (verbally or via the NHS App), for this to happen.

Devon Integrated Care System (ICS) Digital Strategy update

Contents

1. Background
2. The order of doing things
3. New Models of Care, the importance of digital infrastructure and making the most of existing investments
4. Progress of ICS Digital priorities
5. National Oversight Framework 4

1. Background

1.1 This paper is an update on the progress of delivering the [ICS Devon Digital Strategy](#). ICS Devon is known as One Devon.

1.2 The One Devon Digital Strategy was developed during 2022 and is closely aligned to the national What Good Looks Like (WGLL) national digital framework. System partners and clinicians contributed to its development to ensure that content also reflected the future technology requirements of the Devon health and care system. Technology is a rapidly evolving environment and therefore it is recognised that the strategy will continue to develop. The current digital strategy was approved by the Integrated Care Board in March 2023.

1.3 The One Devon Digital Strategy is focused on supporting the following ICS priorities:

- Urgent and emergency care
- Planned care
- Diagnostics
- Children and young people
- Digital

1.4 To support the One Devon priorities listed above and provide a flexible technology environment that can be adapted and respond to the needs of delivering health and care services, the One Devon Digital Strategy has five priorities:

- Digital Citizen

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- Electronic Patient Record (EPR) and Operational Systems
- Devon and Cornwall Care Record
- Business Intelligence and Population Health Management
- Unified and Standardised Infrastructure

1.5 This report will provide an update of the key transformation activity against these five digital priorities.

2. The order of doing things

2.1 There is order in which things are done, which requires internal processes and services to be digitised in order to enable digital to be an enabler of service transformation. The national digital strategy, to which the One Devon Digital Strategy is aligned, describes the order of doing things as shown in Diagram 1:



Diagram 1: National NHS digital strategy order of doing things

2.2 In digital terms we can't transform health and care services delivery with modern technology, such as robotics, Artificial Intelligence (AI) or wearable and remote monitoring equipment, until we connect systems and data. Before we connect, there is an underpinning need to digitise. For example, there are hospitals and care homes in Devon that still operate on paper, and we can't connect paper to digital systems. In essence there are still organisations operating with analogue systems in a digital world and first we must replace those analogue systems with digital ones.

2.3 A substantial part of the One Devon Digital Strategy is therefore focused on the near term need to digitise existing analogue ways of working and replacing obsolete digital systems so that patients and health and care services are able to take advantage of technological advances.

3. New Models of Care, the importance of digital infrastructure and making the most of existing investments

3.1 The future delivery of resilient and sustainable health and care services will require new models of care which will see services being delivered and received in new ways; these new ways will be increasingly enabled through the internet.

Examples of new models of care include the following, but not exhaustive list:

- information to support well-being and self-care
- individuals monitoring their own health
- virtual wards
- remote care

- monitoring of the home or care environment

The development of these services will help deliver the vision of One Devon: *'Equal chances for everyone in Devon to lead long, happy and healthy lives.'*

3.2 There is a direct link here to the digitise element described in section 2. The use of the internet for delivering health and care services is rapidly accelerating beyond accessing information; it can now be used to connect devices such as watches, health monitors (temperature, blood pressure, heart rate, oxygen levels), environmental monitors such as room temperature and oxygen concentration, fall alarms and much more. The data produced from these devices can be incorporated within health and care processes and be used to make better decisions and provide better care for individuals.

3.3 People will be able to receive more care at their preferred setting, perhaps outside of the hospital, providing they or their carers have access to the internet. To maximise the opportunity that the internet provides for our community in supporting their health and care there is a need to digitise and invest in the necessary digital infrastructure.

3.4 In addition to the infrastructure, the applications provide the vital interface and functionality to enable the new models of care to be delivered. The marketplace is full of many products offering all types of capabilities and the opportunity to transform ways of working. Recognising the financial constraints within which the Devon ICS is operating, two principles have been established to ensure that the value of existing investments in applications are fully exploited before investing in new products.

These principles are shown below:

First Principle

New models of care should utilise the existing functionality within the following solutions:

- Primary Care EPR
- Devon and Cornwall Care Record
- Interoperable EPR

Second Principle

New alternative solutions may be deployed where the functionality is not provided by the First Principle solutions.

New alternative solutions must integrate with the First Principle solutions

4. Progress of One Devon Digital Priorities

4.1 Digital Citizen

4.1 In terms of the internet, the community can be considered in two groups: internet natives and internet adopters. For many in society the internet was introduced during their adult lifetime and therefore they have adopted to the help it provides in fulfilling their daily lives: shopping, banking, travel, games, education and much more. For younger generations they have known nothing but the internet and the help it provides. This understanding, together with socio-economic factors, is important when considering how the community may respond to new technologies, how they will be used and the potential for gaps in service accessibility.

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4.1.2 While digital technology provides great opportunity for improving accessibility to information and services, when considering a service change, an equality, quality and impact assessment (EQIA) is undertaken by those responsible for the proposed change to ensure that the needs of the whole community are considered. This includes ensuring that the needs of people who cannot access digital services are met.

Virtual wards

4.1.1 Virtual wards are an important development in delivering hospital care outside of the physical hospital environment. There is a specific definition of a virtual ward, which is:

A virtual ward is a safe and efficient **alternative to NHS bedded care** that is enabled by technology.

Virtual wards support patients who would **otherwise be in hospital** to receive the acute care, monitoring and treatment they need in their own home.

This includes either **preventing avoidable admissions** into hospital, or **supporting early discharge** out of hospital.

4.1.1 The provision of virtual ward beds has been steadily increasing from 65 beds in January 2023 to the current level of 129 beds across Devon.

4.1.2 Members of the One Devon Unscheduled Care Board have reviewed the bed opening trajectory planned for the remainder of the financial year and instructed providers to bring forward the March 24 planned capacity of 227 virtual ward beds to September 23 in preparation for winter demand. Providers are currently revising their implementation plans to accommodate the change from their current capacity shown in Table 1.

Provider	Current Virtual Ward bed capacity	Target Virtual Ward bed capacity Sept 23
Royal Devon University Healthcare Trust	66	100
University Hospitals Plymouth	31	50
Torbay and South Devon	29	77
ICS Total	126	227

Table 1: Virtual ward capacity by Trust

4.1.3 The overall utilisation of the current bed capacity is reported directly to NHS England via the Foundry system which takes a single daily snap-shot every two weeks. The programme team are working with the NHS Devon business intelligence

team to develop a daily reporting format to enable more accurate performance and trend monitoring. This is revealing a variable occupancy between 45-70%. The providers remain committed to achieving and maintaining 80% occupancy from September alongside launching the additional beds.

4.1.4 Further scrutiny of the Virtual Ward performance data supplied by providers is required, as the data suggest the majority of the Virtual Ward activity is early supported discharge. However, local scrutiny has identified that a significant number of the patients are admission avoidance following a short attendance at an acute site for diagnostics. Manual counting has revealed this can be up to 49% of the total activity.

4.1.5 A central programme team is undertaking a high-level review of the different technology solutions implemented by each provider to understand their capabilities.

Remote and Virtual Care

Domiciliary care

4.1.6 One Devon has been successful in securing funding of £250k to progress and scale an initiative that develops the interface between primary and social care. This work provides remote care by enhancing the clinical support that domiciliary care workers can give their clients.

4.1.7 The support given by domiciliary care workers is enabled by equipment (known as Kit4Care) that allows carers to take basic observations; blood pressure, temperature, oxygen and pulse. Training is provided to the care workers through the Devon Training Hub. When needed, carers are able to access medical advice through a single point of access to a primary care team.

4.1.8 The concept has already been piloted and the funding seeks to scale to the following:

- 1,100 clients in 'at home' settings to benefit from this including GP connectivity
- 650 care workers to have access to equipment and training
- With one (Kit4Care) unit per 13 care workers as a team serving neighbourhoods
- Marginal costing of social care staff and interface with multi-disciplinary team response hub already in place

Research

4.1.9 We are currently working with Plymouth University to develop a proposal which will seek to enable further analysis of a particular health condition that may benefit from a remote care service.

4.1.10 Meetings have been held with clinicians and there is a progress to focus on anticipatory care for long term management of respiratory conditions. Further work is required to develop this proposal.

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Access - NHS App

4.1.11 The NHS App launched on 31 December 2018. Since its launch it has been developed and currently enables the public to:

- get health advice using the health A-Z on the NHS website
- find out what to do when they need help urgently using NHS 111 online
- choose organ donation preferences
- choose whether the NHS uses your data for research and planning
- show others the details of your COVID-19 vaccine (or vaccines) when travelling abroad
- find NHS services nearby

Additionally, if a person registers and prove who they are, they can:

- order repeat prescriptions and view, set or change the pharmacy from which to collect prescriptions (known as your nominated pharmacy)
- view the GP health record securely
- manage a first hospital or clinic appointment with a specialist, if referred by a GP through the NHS e-Referral Service (e-RS)
- sign up for updates about participating in health research

In some areas of the country there is additional functionality such as being able to view and manage care plans.

4.1.12 In Devon the current uptake of the NHS App is 51% of GP patients aged over 13years, which equates to 568,657 patients registered to use the NHS App.

4.1.13 At a local level, Devon is similar to the whole South-West region which has achieved 52% registrations, but is behind the national target to have 68% of people in England registered with the NHS App by March 2023 (and 75% registered by 2024).

4.1.14 Work continues to promote NHS App use via general practice.

Access - Standardisation of GP websites

4.1.15 In order to provide a consistent user experience for patients accessing services through their GPs' websites, a project is progressing to develop a standard template for the format and layout of the websites.

4.1.16 This work is led by the region and is now progressing to Phase 2 which is to develop and test the new template with pilot practices.

Self-care and self-management

4.1.17 One Devon has benefited from regional funding to implement the Orcha Health App Library. There are many health apps that are available for the public to use but not all have any level of assurance that they are appropriate for use. The

Orcha Health App Library provides a single source of health apps to which people can be directed. The apps contained within the library have been assessed by Orcha against standards and regulations in clinical and professional assurance, data and privacy and usability and accessibility.

4.1.18 The regional funding for this product will end in 2024 and a decision will be needed to as to whether there remains a requirement and what the best way may be to deliver that requirement.

4.1.19 A summary of the use of Orcha is provided in Diagram 3:

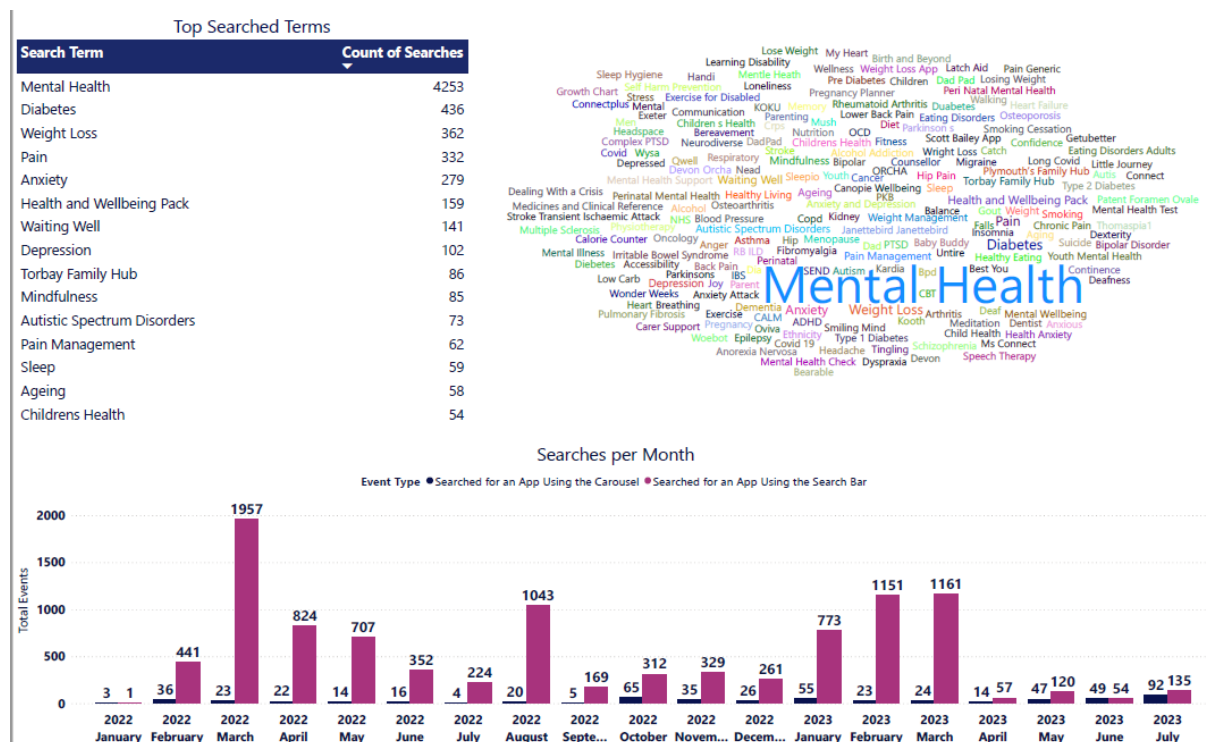


Diagram 3: Summary of Orcha use

4.2 Electronic Patient Record and Operational Systems

Electronic Patient Records

Acute

4.2.1 NHSE assessed three of the Trusts within Devon as being in urgent need of an Electronic Patient Record (EPR): Torbay and South Devon Foundation Trust (TSDFT), University Hospitals Plymouth (UHP) and Devon Partnership Trust (DPT). The result of this national recognition has been the allocation of £85m to fund the procurement and implementation of EPRs for these organisations.

4.2.2 DPT has procured the SystemOne EPR. This product selection means that the two mental health service providers within Devon, DPT and Livewell are using the

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same system. SystemOne is also used by the four hospices and the majority of general practice primary care.

4.2.3 TSDFT and UHP have been preparing individual Outline Business Cases for each organisation and are progressing through the approvals process. TSDFT has received notification that its Outline Business Case has been approved by NHSE and is now in the procurement process. UHP are anticipating that their Outline Business Case will be approved in September.

Social care

4.2.4 One Devon has been successful in securing total cumulative funding of £1.1m across 2022/23 and 2023/24 to support the implementation of digital records in social care providers, which includes both care homes and domiciliary care providers.

4.2.5 The implementation of digital records in social care providers has been progressing under the leadership of NHS Devon, within the scope of the One Devon ethos. The programme of change is achieving a digital social care record adoption rate that is performing above the regional and national average, see Chart 1. This excellent work has been achieved with the involvement of Devon Integrated Social Care Alliance (DISCA) and Devon Care Home Collaborative (DCHC). The South West AHSN and Delt have provided support to the programme.

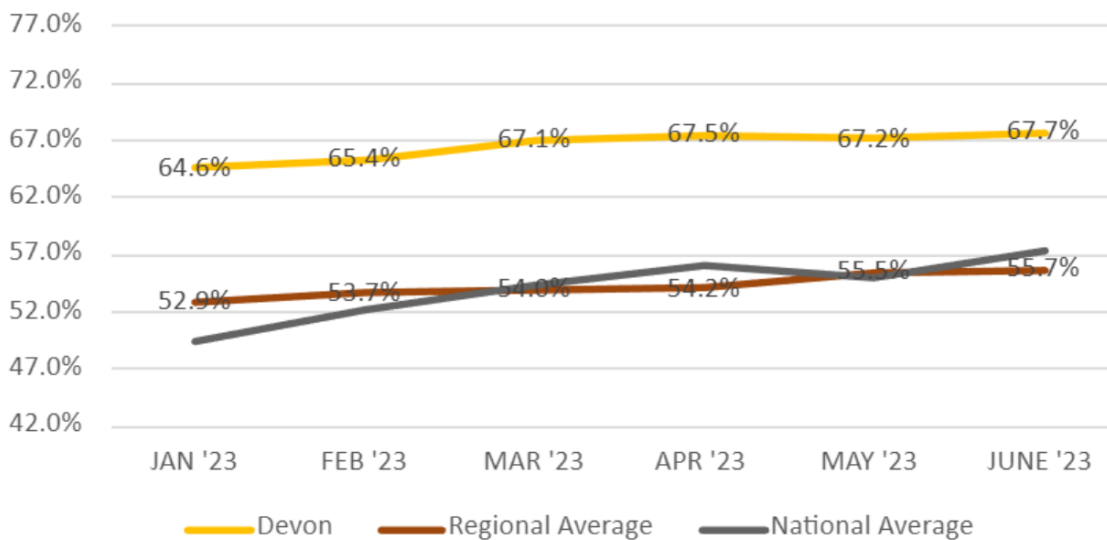


Chart 1: Devon ICS Digital Social Care Record Adoption 2023

4.2.6 The target is to achieve an 80% adoption rate of Digital Social Care Records (DSCR) by March 2024 within CQC registered adult social care providers (residential and non-residential). Devon has already achieved and exceeded the 60% target set for March 2023. Based on our calculations Devon is expected to deliver a projected 74.5% level of digitisation by March 2024. Devon has surpassed the agreed targets

set with NHSE in the original funding plans and will continue to work to support NHSE achieve the 80% target.

Primary Care

4.2.7 The Electronic Patient Records in Primary Care are due for re-procurement. This activity will commence during 2023/24. The release of the national GP IT (General Practice Information Technology) Futures framework is expected in the autumn 2023. The next immediate step is to plan for re-procurement.

Operational Systems

4.2.8 There are three key clinical operational systems that are proceeding through procurement. These systems are:

- Picture Archiving Computer System (PACS)
- Laboratory Information Management System (LIMS)
- Digital histopathology

These are critical systems that enable diagnostic services which underpin the operational running of a hospital. In all three cases a joint procurement is proceeding across the Peninsula with consideration being given to the relevant EPR positions.

4.2.9 For the PACS procurement, progress has proceeded to evaluating best and final offers from suppliers. Cirdan have been selected as the preferred supplier for the LIMS system at TSDFT and RCHT. Discussions are being held with UHP and RDUH regarding commitment and interoperability.

4.3 Devon and Cornwall Care Record

4.3.1 The first phase of connecting the early adopter organisations to the Devon and Cornwall Care Record completed in August 2022. Since the go-live of the first phase, work has progressed and 176 organisations have connected to either provide and/or consume data. While there are a large number of organisations that have connected, there remains a few significant providers of information that have yet to connect. This situation means that usage of the DCCR is not optimised due to the gaps in information.

4.3.2 The next phase of developing the Devon and Cornwall Care Record to provide additional functionality has commenced. The current focus is the development of an electronic Treatment Escalation Plan. The information held on this plan includes important flags such as whether a patient has a *Do Not Resuscitate* notice. Currently this information is held in a number of different places and is not available in a single location; the development of an electronic Treatment Escalation Plan will enable a single read/write source to this information that will be available across multiple care settings.

4.4 Business Intelligence / Population Health Management

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4.4.1 There is currently much activity at the local, regional and national levels which have an impact on Business Intelligence and Population Health Management strategy.

4.4.2 The Federated Data Platform is a national development which will enable NHS organisations to bring together operational data to support staff to access the information they need in one safe and secure environment. The 'federated' description means that every Hospital Trust and Integrated Care System will have their own platform, which can connect and collaborate with other data platforms as a 'federation' making it easier for health and care organisations to work together. The five initial use cases for the Federated Data Platform are Population Health Management, Care Co-ordination, Elective Recovery, Vaccination and Immunisation, and Supply Chain. There will be a national open procurement with implementation expected from September 2023.

4.4.3 A second national initiative is the Secure Data Environment. A national secure data testing environment already exists to provide approved researchers and analysts access to essential, de-identified health data from national health settings. The initiative will also create sub-national secure data environments which, together with the national provision, will be the intended default way to access NHS health and social care data for research and analysis. We are currently exploring what a regional secure data environment architecture solution may look like.

4.4.4 At the local level, the options currently being explored for data storage are also a factor when considering the Secure Data Environment.

4.4.5 The current provision of Business Intelligence functions across the ICS are also being reviewed to determine if a system wide function would enable:

- centralised system reporting
- enhanced and resilient support to provider services

The development of a system wide strategic intelligence function would maximise the benefit of system wide population health data. The first step towards a system wide function is sharing the NHS Devon Director of Business Intelligence role with RDUH.

4.4.6 The prevalence of good analysts is low in Devon and there will become a greater demand on their skills. An increasing volume of data enables analysts to identify trends, correlations and ultimately provide data as evidence to inform future strategy of where services and treatments should be targeted and improved. Recognising the future requirement for expert analysts, the South-West region is establishing the South-West Decision Support Network. This network is only the second in the country and is a collaboration between NHSE and the South-West ICSs. The purpose of the network is to focus on training, knowledge exchange, bespoke analytical reports and supporting intelligence functions development in the South-West.

4.5 Unified and Standardised Infrastructure

4.5.1 The unified and standardised infrastructure priority addresses the importance of a modern digital infrastructure as described earlier in this report. It is fundamentally important and the ambition for this part of the One Devon Digital Strategy is to provide ubiquitous access to the necessary health and care systems for an individual to fulfil their role, no matter which NHS organisation a person is employed by or where they are working in Devon, the equipment just works. A key element of this work is standardisation where possible across the system.

Cyber

4.5.2 Cyber security is of utmost importance. In response to the growing threat, the government established the National Cyber Security Centre which became operational in 2016. The large organisations within One Devon are potential targets with a successful attack also having the potential for severe consequences. Organisations within the One Devon have experienced the consequences of supplier chain cyber attacks within the last twelve months and the disruption can be measured in months.

4.5.3 A single One Devon Cyber Security Strategy is being prepared so that there is a common approach developed by the specialists in each organisation. The development of this joint strategy allows the knowledge and skills of the specialists to be combined so that strategy benefits from a collaborative approach. The regional NHSE Cyber lead is also supporting the local specialists in the development of the strategy.

Standardise Policies and Toolkits

4.5.4 Standardising policies and toolkits is an important step towards the One Devon working in a common and standard way across organisations. The mobile policy has been identified as the first to review. A specific part of the policy is being scrutinised to identify if a common position can be established across organisations.

Data Centres and Networks

4.5.5 There are 13 data centres across the NHS organisations. Individual organisations have one primary and at least one secondary back up data centre. With modern advances in cloud technology and network speeds, the need to continue with 13 data centres is questioned. A reduction in data centres is likely, which as a minimum will provide a capital cost reduction as there will be fewer data centres to replace when the equipment becomes obsolete and requires updating.

4.5.6 We have been working with global suppliers and the Electronic Patient Record programmes to understand the range of possible data storage architecture solutions needed to meet the current and future local requirements.

Mobile and Landline Telephony and Pagers

4.5.7 There is an opportunity for cost savings on mobile contracts. The potential for the savings arose from each organisation having different contracts with the same, or different suppliers, which meant that different contract rates were paid.

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4.5.8 An estimated £1.85m of savings is possible over a five-year period by organisations adopting the lower contract rates already paid within the ICS. Organisations have agreed to proceed and will progress as existing contract arrangements permit. Savings will be reported through each organisations' Cost Improvement Programme (CIP).

Align and Maximise Economies of Scale on High Value Contracts

4.5.9 To help determine what opportunities exist a baseline review of existing equipment, applications and contracts is required. This work has started to produce its results and through procurement analysis the digital workstream will be working with their procurement colleagues to identify potential opportunities.

4.5.10 While this activity continues, work progresses with global suppliers to explore the potential savings that may be achieved from single contracting as opposed to separate multiple contracts.

4.5.11 The work on the previously mentioned LIMS, PACS and digital histopathology shared operational systems, is also progressing on a joint procurement basis.

Standardise on End User Devices

4.5.12 The local NHS Organisations currently use different end user devices, e.g. laptops, PCs, tablets and mobile phones. These devices are different in terms of manufacturer, specification and build. There is opportunity to standardise specifications and build and then procure from a single manufacturer. This work also links closely with that of the Electronic Patient Record programmes as these complex applications require end user devices to be of a certain standard; this requirement is known as the Warranted Environment Specification (WES).

4.5.13 One global manufacturer has already been approached and has informally indicated that there are additional savings to be achieved above normal public sector discounts if One Devon were able to agree a standard specification and commit to volumes over a period of time.

Enterprise Architecture

4.5.14 An enterprise architecture is a strategic framework that helps define business goals and align them with a digital architecture of information systems, applications and infrastructure. There is a clear dependency on understanding the clinical and business support requirements. At present the strategy for these areas has not been clearly described and in their absence, an approach of developing infrastructure and systems that provide the maximum flexibility for future use is being pursued.

4.5.15 The importance of digital architecture is recognised at a national level and a national team have been developing the high-level architecture view. A draft of this architecture was presented on a national meeting in May 2023.

Identity and Access Management

4.5.16 A key dependency on supporting ubiquitous access across One Devon, which will facilitate workforce flexibility, is the creation of a single workforce directory. This is a complex piece of work and commences with a need for workforce teams to align their electronic staff record processes and systems. Engagement has commenced with the HR Directors group who have a key action to align HR systems and processes as part of the National Digital People Plan. One Devon is one of three ICSs looking to develop a single One Devon solution.

4.5.17 NHSE are supporting by exploring options for One Devon to use national tools to begin alignment of directories.

4.6 Shared Services

4.6.1 The opportunity for developing a One Devon shared digital service has been identified. A shared service is a natural culmination of delivering the strategy, as One Devon will be working in common ways, using common applications and infrastructure.

4.6.2 A small but important step towards this commitment is the joining of the two NHS Devon digital teams; one team was focused on One Devon digital transformation and the other on providing a digital service to NHS Devon and primary care. The teams joined together at the beginning of May 2023 under the leadership of the ICS Director of Digital Transformation.

4.7 The potential of AI and RPA

4.7.1 The development of Artificial Intelligence (AI) and Robotic Process Automation (RPA) technologies have a massive potential to increase efficiency, reduce costs and to standardise the services provided across the county.

4.7.2 In progressing these technologies, One Devon is working very closely with NHS England to ensure it remains aligned with national policy and guidance. The work in RPA at University Hospitals Plymouth (UHP) is seen as a national exemplar and there is opportunity to strengthen this team and use it as an ICS wide resource. This opportunity is being progressed in a partnership between UHP, NHS England and UiPath (a company that makes robotic software).

4.7.3 In order to maximise the benefits of RPA we must first work to standardise processes across One Devon and one key area is around the Digital People Plan work, where Devon is one of three ICSs looking to standardise processes in order to maximise the benefits of applying RPA to those processes.

5. Exiting National Oversight Framework Segment 4 (NOF4)

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5.1 The NHS Devon digital workstream is supporting the Devon system in identifying financial savings that will contribute to the system exiting Segment 4 of the National Oversight Framework (NOF4). The area of digital has been tasked with delivering £4.5m savings in 2023/24.

5.3 In addition to the 2023/24 savings, a target of £13m exists for 2024/25 and another £13m for 2025/26. The work on developing business cases for a shared service, single service desk, data centres and potential savings through contract rationalisation are key components of supporting the savings targets.

CX/23/181

Health and Adult Care Scrutiny Committee

21 September 2023

HEALTH AND CARE GENERAL UPDATE PAPER

Joint report from the Director of Integrated Adult Social Care at DCC, the Director of Public Health, Communities & Prosperity at DCC, and the Chief Medical Officer of NHS Devon

1) Recommendation

That the Committee be asked to note this report.

2) Background / Introduction

The report contains updates on key and standing items, and general information including on responding to specific actions, requests or discussions during the previous Health and Adult Care Scrutiny Committee meeting.

3) Devon County Council Integrated Adult Social Care updates

3.1 Update on the IASC consultations

3.1.1 Wellbeing Exeter

Following the draft Cabinet paper being discussed at the Special Health and Adult Care Scrutiny Committee in July, which provided committee members with the opportunity to comment, the paper will then be taken to Cabinet on the 13 September for decision.

Given the timings of Scrutiny and Cabinet, any decision made by Cabinet will take place between publication of Scrutiny papers and the Scrutiny committee. A verbal updated can be provided at the Scrutiny committee meeting on the 21 September.

3.1.2 North Devon Link Service

The Council intends to hold a further consultation to seek views on the proposals to close the Link Service and the three remaining Link Centres. When the consultation dates have been finalised we will ensure Members are made aware. When the Council comes to make a decision following the further consultation, all feedback and responses already provided from the existing consultation will be taken into consideration.

3.1.3 Learning Disability and Respite Centres

The Council is considering options in relation to day services, and it is anticipated future options for consultation will be available for public comment in the Autumn.

3.1.4 18+ Homelessness contract

Following the Special Scrutiny Committee Meeting on the 27 July the consultation has been paused. Contracts with providers have been extended until the end of March 2024. The

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Council will continue to talk to Devon's eight District and City Councils, working together to agree a way forward that ensures ongoing homelessness support across the county.

3.1.5 Carers contract

The Council is beginning the preliminary work ahead of a process of recommissioning for the future and will advise as that work develops.

3.2 Devon County Council Integrated Adult Social Care 2022-23 budget update

3.2.1 The Councils Month 4 Budget Monitoring Report will be discussed at Cabinet on the 13 September. Members of the Health and Adult Care Scrutiny Committee can read the [report](#) in that was published on the 5 September.

3.2.2 A verbal update at the Health and Adult Care Scrutiny Committee can be provided to Members on the 21 September if requested.

3.3 Winter preparations taking shape

3.3.1 In July, Local Authorities and care providers received the [annual adult social care winter letter](#) from Helen Whately, Minister of State for Social Care. The letter sets out the key steps needed so that adult social care systems are resilient and able to provide people and their carers with the support they need this winter. The letter also sets out the expectations for how NHS organisations will work with adult social care in both the planning and delivery of support.

3.3.2 The letter confirms how the £600 million of funding announced in the [People at the Heart of Care publication](#).

3.3.3 Local authorities are required to provide by 28 September 2023 a summary description, aligned to NHS winter surge plans, of how they will ensure sufficient capacity to meet potential adult social care surges in demand over winter, including through use of this fund.

3.4 Devon Multi Agency Systems Review – Devon County Council update

3.4.1 A [review](#) was commissioned by NHS England and Improvement to provide an independent, multi-agency systems review of the safety and quality of emergency mental health care provisions in Devon. The review scrutinised and assessed areas of concern identified following five homicides committed in Devon in 2018 and 2019 by individuals who had been under the care of mental health services. The primary focus of this review was on learning from three of those homicides that occurred in 2019 in Exeter, committed by the same individual.

3.4.2 Much has been done since then to improve the partnership working between Devon County Council, Devon Partnership NHS Trust and Devon and Cornwall Police. In terms of the DCC response the following has taken place:

- Out-of-hours capacity has been increased in response to increasing demand and working procedures have been improved and further enhanced officers training and development has been established.
- A review of the Emergency Duty Service (EDS) rota took place August 2019 and this provided additional temporary capacity through increased efficiency. The new rota was implemented April 2020 and an additional Service Manager was recruited to lead on mental health within the EDS.
- The EDS Governance Board was established in February 2020.
- A joint review was undertaken, and an EDS Options Report presented to the EDS Governance Board in August 2020.
- A decision was made to replace the generic service for children, adults and mental health into separate specialisms.
- Additional funding was agreed to enable the separation of services, this will increase AMHP provision in the out of hours service by 300%.
- A campaign was launched to recruit to all posts. The new rota commenced on the 31 October 2022.
- There is an in principal agreement for DPT to host the out of hours mental health service and become a 24-hour service.
- The Multi-Agency Protocol was approved and implemented for the EDS, who provide the out of hours Approved Mental Health Professional Service, in November 2022.

4.1 Update of the delivery of our vision and strategies

- 4.1.1 We are starting to develop the approach and resources and that will help us to deliver our vision and strategy and to refocus on to how we promote people's independence, working with people to better understand their strengths and what they want to achieve and to reduce dependency on statutory service.
- 4.1.2 We have a clear narrative on our challenges, and on where we want to get to, the work taking place now is to link these together with co-produced action plans and a clear communications plan so that staff across IASC and the wider council understand our approach and can see what we are trying to do.
- 4.1.3 Members have an important role to play in helping us share our messages and approach in communities and neighbourhood. We will support Members to do this.

4.2 Update on CQC Assurance and DCC preparedness

- 4.2.1 [CQC published an update](#) on its approach to local authority pilots on 15 August. Most notably this update includes confirmation of the delay to the start of formal baseline assessments from September 2023 to later in the year. The delay is welcomed as it provides an opportunity for reflection post pilots and any changes to the approach to be communicated to councils.
- 4.2.2 It's likely that CQC will write to the first tranche of the councils that they select to be part of the formal baseline assessments nine weeks in advance of fieldwork taking place.

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- 4.2.3 New burdens funding for Assurance of £27k per LA has now been approved by the Minister. The funding is now going through the various approvals before it can be announced and the given to local authorities.
- 4.2.4 The CQC has also published its guidance on the [Operational framework for adult social care intervention in local authorities](#). This framework sets out the DHSC approach to enhanced monitoring and support, and statutory intervention post a local authority going through the CQC Assurance process.
- 4.2.5 The DHSC priority will remain supporting authorities to lead their own improvement wherever possible but, where there are serious and persistent failures, the DHSC will offer 'enhanced support and monitoring', asking authorities to produce and implement an improvement plan.
- 4.2.6 New powers provided through the Health and Care Act 2022 mean that the Secretary of State can intervene if satisfied that authorities have failed or are failing to discharge Care Act functions to an acceptable standard.
- 4.2.7 Following the Local Government Association Peer Challenge here in Devon this July, we will shortly be publishing the final report on our [Peer Challenge webpage](#). The report will form the basis of our improvement planning as we prepare for participation in the CQC Assurance process likely at some point over the next 12 months.
- 4.2.8 In order to ensure Scrutiny Member contribution and oversight of the improvement plan, and to support Member participation when the CQC Inspectors are in Devon, we will be holding a Scrutiny Masterclass session on the 27 September to set out our draft improvement plan, seeking feedback and contribution ahead of bringing the subsequent iteration of the plan to the formal Committee Meeting in November and then to Cabinet in December.

4) Devon County Council Public Health updates

4.1 Oral Health

- 4.1.1 At Home Dental a Devon based company won the tender for the new NHS Supervised Toothbrushing Scheme in the South West region. There will be a phased roll-out starting with Devon, Plymouth and Torbay who are the pilot sites. It is called The Big Brush Club and will start this academic year. Their team of fully qualified and experienced Facilitators, will be going into schools and nurseries in areas of greatest deprivation (Index of Multiple Deprivation 1-6 deciles) to deliver oral health education, provide training to school staff and facilitate the roll out of toothbrushing daily for children aged 3-5 years attending nursery or Reception Class in schools. They will be supplying free toothbrushes and home packs for schools and nurseries and will offer ongoing support.
- 4.1.2 Local authorities have specific dental public health functions and are statutorily required to provide or commission oral health promotion programmes provide or commission oral health surveys and to participate in any oral health survey conducted or commissioned by the Secretary of State

- 4.1.3 Public Health Devon commission Royal Devon University Healthcare to provide Devon's Oral Health Improvement Service, which delivers oral health education to professionals working with children and vulnerable adults across Devon. Public Health work with the Community Dental Services to support them to deliver the National Oral Health Survey in Devon. The 2023/24 Oral Health Survey will be in 5 year olds.
- 4.1.4 With the delegation of the commissioning responsibility for dentistry to NHS Devon, Public Health Devon support NHS Devon as a member of the Peninsula Oral Health Steering Group to develop strategy, plans and oversee implementation to firmly embed dental and oral health services within the health and care system infrastructure, realising the significant opportunities to further address health inequalities and support the significant pressures on the urgent and primary care systems.

4.2 New Stop Smoking Service Provider

- 4.2.1 On 1 November 2023, a new Devon Specialist Stop Smoking Service will be launched, provided by [ICE Creates](#). It will pick up and develop the current stop smoking support available through the OneSmallStep service when this contract expires at the end of October. This new service will provide specialist behavioural support and stop smoking products (such as nicotine replacement therapy and e-cigarettes) to smokers looking to quit. The service will also provide free specialist training and support to community stop smoking advisors and wider workforces.
- 4.2.2 The OneSmallStep service has been effective at supporting many people to quit smoking; the new stop smoking service will build on this success and contribute towards the aspirations set out in the new [Smokefree Devon Alliance strategy](#). ICE Creates values the input of local partners and will therefore be approaching organisations over the next few months to co-create the new service, so it is tailored to the needs of Devon and the people it hopes to reach.
- 4.2.3 Referrals can continue to be made to [One Small Step](#) for residents who would like help with stopping smoking, and clients will be transitioned to the new stop smoking service when it is launched. People seeking information around topics other than smoking cessation can access support via the national NHS website 'Better Health' www.nhs.uk/better-health, which has lots of information and tools to help support health behaviour changes. Devon County Council are also exploring a universal digital offer to support Devon's residents with localised information and advice around lifestyle behaviours.

4.3 Sexual Health Services

- 4.3.1 Devon County Council and Torbay Council Public Health Teams have awarded a new contract for the C-Card (condom distribution) Scheme, aimed at young people (13-24) across Devon and Torbay to Preventx Limited. This service will be a primarily digital offer targeting sexually active 16–24-year-olds, ensuring condom distribution is the standard prevention offer to young people, although the service will also support younger people most at risk of poor sexual and reproductive health

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outcomes. The service should help young people make informed and responsible decisions about healthy consensual relationships, safer sex and condom use and all aspects of sexual and reproductive health.

- 4.3.2 During the discovery and design process, there will be an initial period of engagement with stakeholders and coproduction with the target audience. This will shape and develop the digital condom distribution service to ensure it meets the needs of the local users. The contract will commence on 1st October 2023 and fully operational from 11th December 2023.
- 4.3.3 A PIN notice was also issued declaring Public Health's intention to recommission its main sexual health service in 2025. Pre-market engagement conversations are taking place and insight work, benchmarking and other assessments are underway to ensure an affordable service, meeting the sexual health needs of the local population is commissioned. Public health is responsible for commissioning health services related to STI testing and treatment, contraception services and sexual health advice, prevention and promotion activities. Separate contracts are in place for sexual health services in primary care.

5) NHS Devon updates

5.1 Finance

- 5.1.1 As at the end of May 2023 One Devon is reporting a year to date £17.6m deficit against a planned deficit of £17.4m. The reported forecast is a deficit of £42.3m which is on plan.
- 5.1.2 The Devon ICS had made efficiency savings of £26.14m which is ahead of plan by £7.1m. Forecast savings are behind plan by £1.5m.

5.2 Performance

- 5.2.1 Operationally, prolonged industrial action by frontline staff has had an impact on performance. The recovery period after these spells of industrial action also impacts performance. Patients continue to be affected by long waits within planned and urgent care.
- 5.2.2 One Devon partners are working together to improve the planned care position for patients. Progress is being reported through the Elective Care Board. Within urgent care, workstreams are also in place to drive improvement across the whole pathway.

Urgent and Emergency Care

- 5.2.3 Urgent care performance has seen no sustained improvement during Q1 of the 2023/24 financial year or into July 2023. Ambulance handover delays above the 15-minute target reduced (improved) in July to 6384 from 6804 hours, however this remains behind our trajectory. Current ambulance handover data is unreliable due to the ongoing reporting issues at SWASFT, and solutions are being discussed. 4-hour performance improved from 60% in June to 63.8% in July but remains below our trajectory.

- 5.2.4 Category 2 ambulance response times improved from 45 minutes in June to an average response time of 36 minutes in July, against the national target of 30 minutes.
- 5.2.5 In July we welcomed Sarah Jane Marsh (National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS) to Devon to talk her through our work to improve urgent and emergency care. She was joined by Neill Moloney (Director of UEC Tiering) and they met with Jane Milligan (Chief Executive) and Anthony Fitzgerald (Chief Operating Officer) from NHS Devon. They had visits to Royal Devon and Exeter Hospital, South Western Ambulance Service HQ, Devon Partnership Trust in Exeter and Derriford Hospital.

111

- 5.2.6 Almost 33,000 calls were made to NHS 111 in Devon during June. Some of these calls are being taken by other providers due to an agreement with NHS England to provide planned mutual support across the country. Due to there being a mix of providers handling calls across the country the performance data is limited.
- 5.2.7 For the calls handled by our Devon provider, Practice Plus Group (PPG), the average speed of answering was 286 seconds. This was 107 seconds above the national average but an improvement on the previous month for PPG. Call abandonment was 17%, 6% above the national average but again an improvement on the previous month for PPG.
- 5.2.8 Since taking over, PPG have made notable improvements and are heading towards meeting all parts of the integrated urgent care service contract. There are still areas within the out of hours service that need improvement, such as clinical staffing for the Out of Hospital (OOH) face-to-face element of the service, which can lead to delays.

Elective Care – progress on waiting lists

- 5.2.9 We continue to make progress on elective (planned) care recovery over the past couple of years.
- 5.2.10 Like all areas of the country, the pandemic had a major impact on our ability to carry out elective procedures and resulted in thousands of people waiting over two years for treatment.
- 5.2.11 However, thanks to determined and sustained work by staff within our providers and our own organisation, there are now no patients waiting more than two years for treatment at Royal Devon or Torbay.
- 5.2.12 The Nightingale Hospital continues to support the reduction in elective long waiter position and has now undertaken 1000 cataract operations.
- 5.2.13 There is still more to be done to reduce our waiting lists, but this is an important milestone that is making a big difference to our patients.

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Hospital discharges

- 5.2.14 The number of patients occupying a hospital bed in Devon who are medically fit to be discharged, known as No Criteria to Reside (NCTR), has improved since March 2023. As of 24 July, the average weekly percentage of general and acute hospital beds that were occupied with patients who had NCTR was 10% (231), although falling short of the 5% (110) target. Providers are implementing actions to reduce NCTR patients.
- 5.2.15 Average non elective length of stay has reduced by a day across the system and ranges between six and seven days between providers.

Primary and Community Care

- 5.2.16 NHS Devon continues to exceed three out of five access targets - access to general practice within one day of request, number of online/video consultations and clinical team appointments at pre-pandemic level. The target of 35% of appointments occurring within one working day of request continues to be met with 49.9% seen within one working day during June 2023 (compared with 50.1% national average).
- 5.2.17 GP appointments occurring within two weeks was 82.3% against an 85% target but better than the national average of 79.7%. Local implementation of the national 'Delivery Plan for Recovering Access to Primary Care', published in May, will include focus on meeting this target.

Mental Health

- 5.2.18 The system has committed to continue progress with [national NHS Long Term Plan](#) ambitions in mental health, learning disability and neurodiversity, as agreed in the local plan for this year. This includes ensuring more people are able to access support through talking therapies and community mental health services, including perinatal mental health. The offer for children and young people as well as adults continues to be expanded.
- 5.2.19 Regular annual health checks for people with learning disabilities and physical health checks for people with serious mental illness (SMI) are important and essential, alongside access to care and treatment.
- 5.2.20 Furthermore, the ambition is that care and treatment is provided within the local area wherever possible – with a drive to ensure that there are no inappropriate out-of-area placements for adults with serious mental illness.
- 5.2.21 There continues to be a national focus on dementia diagnosis and this is mirrored in Devon. There is a need for local systems to work across health and care partners and communities to ensure appropriate dementia care and support. Demand in many other areas of care continues to grow, notably in autism diagnosis for children and young people.

5.2.22 Provider collaboration is focused on some key areas of development locally, such as the national '[Right Care, Right Person](#)' initiative, led by Devon and Cornwall Police; urgent and crisis care; national inpatient quality transformation; housing and investment in new regional inpatient mental health services for people with a learning disability and/or autism.

CQC concludes inspections at the Royal Devon and highlights improvements needed

5.2.23 The Care Quality Commission has published a [report](#) following inspections across medicine, surgery and diagnostics in November 2022 and a well-led inspection in May 2023.

5.2.24 This report collates both inspections and has resulted in the CQC giving the Trust an overall rating of 'requires improvement'. The report is posted [here](#). There are three new 'must-do' actions following the well-led inspection:

- The Trust needs to ensure its systems and processes support it to oversee and respond to issues and risks more quickly and ensure learning from incidents, including never events and data issues.
- The Trust must ensure the information reported from its electronic patient record system is accurate and properly analysed to support regular audits to improve the quality of care.
- The Trust needs to achieve a stable financial position and continue to manage pressures so they do not compromise the quality of care.

5.2.25 We know work is already underway to address these issues, in addition to the 'must do' actions set out in the May service inspection reports. The Trust has developed action plans to address all of the areas of improvement identified, which will be published on the Trust website once approved.

Industrial action

5.2.26 The outcome of the latest junior doctor ballot was announced on the 31 August. Across September and October, for the first time in the history of the NHS, there will be four days in which junior doctors and consultants coordinate their industrial action. This is in addition to other days on which just junior doctors or just consultants will be on strike, the BMA has confirmed.

Consultants industrial action:

- 19 and 20 September
- 2, 3 and 3 October

Junior doctor industrial action:

- 20, 21 and 22 September
- 2, 3 and 4 October

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Further details can be found on the [British Medical Association website](#). Updates about services in Devon and advice to patients during strike periods will be posted on the NHS Devon website: [Health Pressures - One Devon](#)

6 Latest News

6.1 Covid and Flu Vaccination Programme

- 6.1.1 Eligible people in Devon will now be offered a Covid vaccine from 11 September, in line with the latest expert guidance on the new Covid variant.
- 6.1.2 This change follows an announcement by the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA) on the risks presented by the new BA.2.86 variant and pre-emptive measures the NHS has been asked to take.
- 6.1.3 The adult Covid and flu vaccination programmes had been due to start in October to maximise protection over the winter months, but now those most at risk including adult care home residents will be vaccinated from 11 September.
- 6.1.4 Residents of older adult care homes and those most at risk including those who are immunosuppressed will receive their covid vaccine first.
- 6.1.5 Carers, pregnant women, and health and social care staff will all be among the other groups to be offered a Covid jab early this winter, as well as adults aged 65 and over.
- 6.1.6 From the 18 September, the NHS will start to invite people in priority order of risk and those eligible will be able to book an appointment on the National Booking Service
- 6.1.7 Where people had already booked an appointment for their flu vaccination earlier in September with their local provider, these appointments can go ahead. Wherever possible, vaccinations for flu and Covid-19 should still be offered at the same time, making it easier and more convenient for people to get vital protection from both viruses ahead of winter. Those eligible for an autumn Covid vaccine are:
 - residents in a care home for older adults
 - all adults aged 65 years and over
 - persons aged 6 months to 64 years in a clinical risk group, as laid out in the Immunisation Green Book, COVID-19 chapter (Green Book)
 - frontline health and social care workers
 - persons aged 12 to 64 years who are household contacts (as defined in the Green Book) of people with immunosuppression
 - persons aged 16 to 64 years who are carers (as defined in the Green Book) and staff working in care homes for older adults.

6.2 Successful international recruitment programme run by NHS Devon welcomes its 1,000th nurse from overseas

- 6.2.1 A project set up to tackle workforce shortages in Devon's NHS is celebrating recruiting its 1,000th nurse from overseas.
- 6.2.2 Workforce challenges are at the root of many of the issues faced by the NHS in Devon and across England. Staff shortages can lead to urgent care facilities, such as Minor Injury Units, having to run a reduced service or closing temporarily, which has an impact across the health and care system and on the experience of patients. Similarly in social care, a shortage of qualified care workers leaves many care providers in Devon unable to expand their services to meet additional demand, or it can lead to delays in the provision of care to people living at home. There is also a shortage of qualified nurses in care homes and we are also encouraging nurses to join this vital sector.
- 6.2.3 The success of Devon's international recruitment programme, known as the Devon Alliance for International Recruitment, has seen it expand from recruitment for nurses in acute NHS hospitals, to cover other parts of the workforce where staff shortages are having an impact on patient care every day. The NHS Devon team are also helping to recruit allied health professionals, such as paramedics or radiographers, and social care workers.
- 6.2.4 Devon is one of only a few systems working with local authorities on international recruitment for adult social care, and the collaboration has been very successful. Since December 2022, 117 international care workers have taken up a post, providing domiciliary care, residential care, and supported living to people in Devon.
- 6.2.5 The Devon Alliance for International Recruitment are ethical recruiters who adhere to the World Health Organisation (WHO) code of ethical practice and only recruit nurses working in 'green list' countries – the places where staff can emigrate to work elsewhere without impacting the healthcare service in that country.
- 6.2.6 Further information can be found on the NHS Devon website: [Programme welcomes 1,000th nurse from overseas - One Devon](#)

6.3 Learning from the Lucy Letby case

- 6.3.1 The Lucy Letby case has horrified everyone, and our thoughts are with the families of the babies who have died and others who were so cruelly affected.
- 6.3.2 The Government has ordered an [independent inquiry](#) into the circumstances behind the horrific murders and attempted murders of babies at the Countess of Cheshire Hospital, to help ensure families get the answers they need, following the guilty verdict in the trial of former neonatal nurse Lucy Letby. The inquiry, [which will now be statutory](#), will look at the circumstances surrounding the deaths and incidents, including how concerns raised by clinicians were dealt with.
- 6.3.3 NHS England has since published [this letter](#) for ICBs and Trusts. We will be carefully reviewing the actions in this letter with our system partners and discussing this as a Board.

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6.3.4 Finally, if any of your constituents have been affected by the issues raised by the Lucy Letby case, there are some organisation who can provide support [listed on our website](#).

6.4 GP Patient Survey Results – Devon rated second best in England for GP satisfaction

6.4.1 Patients across Devon have had their say on local access to general practice in the latest national GP Patient Survey, published by NHS England in July.

6.4.2 The results show that almost 8 in 10 people are satisfied with their local practice, some of the highest achievement seen across the country.

6.4.3 Satisfaction rates overall have decreased slightly from last year, but Devon is still performing better than other areas, with 78% of people describing their experience of their GP practice as good.

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