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

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 12 July 2023

Contact: Wendy Simpson, 01392 384383

Email: wendy.simpson@devon.gov.uk

HEALTH AND WELLBEING BOARD

Thursday, 20th July, 2023

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

Donna Manson
Chief Executive

A G E N D A

PART I - OPEN COMMITTEE

1 Apologies for Absence

2 Minutes (Pages 1 - 8)

Minutes of the meeting held on 13 April 2023.

3 Items Requiring Urgent Attention

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

4 Better Care Fund Update (Pages 9 - 20)

Report of the Head of Integrated Adult Social Care Commissioning (Interim).

5 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 21 - 24)

Report of the Director of Public Health, Communities and Prosperity, which reviews progress against the overarching priorities identified in the [Joint Health and Wellbeing Strategy for Devon 2020-2025](#).

6 Climate Change and Air Quality (Pages 25 - 62)

Report of the Director of Public Health, Communities and Prosperity.

7 Suicide Prevention Update (Pages 63 - 86)

Report of the Director of Public Health, Communities and Prosperity.

8 Early Years Health Needs Assessment Update (Pages 87 - 90)

Report of the Director of Public Health, Community and Prosperity.

9 NHS Devon Update (Pages 91 - 94)

Update report from NHS Devon.

10 Dates of Future Meetings

Future meeting dates are included in the Council's [Meetings Calendar](#).

Next meeting: 19 October 2023

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Induction Loop available



HEALTH AND WELLBEING BOARD

13 April 2023

Present:-

Councillors J McInnes (Chair), S Wollaston (Vice-Chair), R Croad,
F Letch MBE, A Saywell,

S Brown, Director of Public Health

I Luscombe, Environment Health Strategic Managers group

D Crump, Joint Engagement Forum

T Forster, Director of Integrated Adult Social Care

C Tidman, Royal Devon University Healthcare (for S Tracey)

S Liddicott, Interim Deputy Director of Children's Services (for J Wooster)

In attendance, virtual :-

J Crowley, Healthwatch Devon

N Acheson, Devon Integrated Care System Chief Medical Officer

Apologies:-

L Howell, Devon and Somerset Fire and Rescue Service

J Wooster, Interim Director of Children's Services

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Minutes

The Chair informed Board Members this was Diana Crump's last meeting as a member, and she was formally thanked for the many years of service given. She also thanked the Board for its work and hoped the voice of vulnerable people would continue to be represented and listened to.

RESOLVED that the minutes of the meeting held on 19 January 2023 be signed as a correct record.

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Items Requiring Urgent Attention

There were no items requiring urgent attention.

* 100

Youth Voice on Mental Health Support in Devon

The Board received a presentation from the Devon Youth Council Network on the Youth Voice Saturday on Mental Health event which had taken place on Saturday 15 October at the Tiverton Youth Centre, attended by 28 representative young people, 24 staff, professionals and Elected Members.

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The event had been planned and led by young people from across the Devon Youth Council Network, using feedback collated from surveys and focus groups, resulting in an action plan being developed.

On 4 March 2023, 20 young people had met with decision makers from across Devon to review progress made and the six key themes were grouped under two headings – Education and Support Services. There were some areas where the youth voice had made a difference and some areas that still required work.

Discussion and questions from the Board and Officers included:

- Mental Health in School Teams were being introduced in some schools where funding was available, and this would be targeted in a purposeful way.
- The importance of improving communication from the Child and Adolescent Mental Health Services (CAMHS)
- Ensuring a smooth transition from Children to Adult Social Care and it was highlighted Adults Services were getting involved at an earlier stage
- The need for a multi-agency partnership on mental health and a commitment to getting this in place
- The role of councillors and how they can support this area
- Concern that some areas classified as safe spaces in schools might sometimes become a place of punishment
- In depth training for foster parents was welcomed
- Consideration of a detailed action plan including labelling allocated responsibilities to lead officers to help drive progress

The Board thanked officers and young people for their attendance and presentation and requested a future update on this in nine months' time to monitor progress. It was agreed to add this to the forward plan.

* 101 COVID-19 Update

The Director of Public Health updated the Board on the current position relating to the Coronavirus. Infection rates had plateaued and there was a fall in hospital admissions. A spring booster vaccine was being offered to people over 75 years, immunocompromised individuals and residents of older people care homes. The 1st April also saw the introduction of a new testing policy which is more targeted and focused to mainly used for symptomatic patients in hospital and to test to confirm outbreaks in settings such as care homes.

Dr Acheson said he could provide more information about the current booster programme at the next Board meeting.

Further discussion including noting that invites had been sent to some people for boosters and that district councils were still using outbreak management funding to support projects.

The main message was to continue to reinforce infection control in terms of prevention and encouraging eligible people to get booster injections.

Data was available at:

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

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

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

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

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

The Report supplemented the full Devon Health and Wellbeing Outcomes Report for April 2023, which was available on the [Devon Health and Wellbeing website](#).

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

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

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

- Alcohol-related Admissions (Narrow), 2021/22
- Emergency Hospital Admissions for Intentional Self Harm, 2021/22
- Injuries due to Falls, 2021/22
- Key Stage 4 Performance, 2021/22
- Rough Sleeping, 2022
- Self-reported Wellbeing (Low Happiness Score %), 2021/22

Discussion and questions from the Board and Officers included:

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- Concern about some of the figures for Key Stage 4 performance especially for the Torridge area and what will be done to improve this. Work was being carried out with schools to address this, but it was agreed further analysis would be useful to understand what how better to address this.
- Figures on admissions due to self-harm was also highlighted and recognised as concerning for the police as well as the health sector. It would be helpful to understand if a significant amount of these were due to people with complex issues being readmitted.
- There was limited understanding with the data as this didn't show complexities and other influencing factors. Coding challenges resulted in some cases where they fell into more than one code.
- A request for more detailed information regarding the Torridge key stage 4 performance data to understand relating issues.
- Rough sleeping information and further clarity about any linked factors such as alcohol and substance abuse. It was agreed that this could be looked at in more detail.
- The work of CoLab in Exeter and One Northern Devon were highlighted as successful programmes aiming to address complex vulnerabilities through multi-agency collaboration.
- Clarification on the statistics regarding admissions on self-harm. More detailed information was available from officers and could be provided.
- Healthwatch Devon had produced a report about children and self-harm which could prove informative in assisting with prevention work.

RESOLVED that the Board note the Devon Health and Wellbeing Strategy Outcomes Report.

* 103

NVQ 4 Performance in Teignbridge & Torridge - Update

The Board noted the update on NVQ4 Performance in Torridge and Teignbridge as requested at the October 2022 Board meeting.

The update included the Current Position; Skills Geography – Torridge; Skills Geography – Teignbridge; and What was happening locally.

Discussion included:

- Recognition of Torridge as an outlier around some of the data
- The effect of job losses in the districts in 2017 and 2018 such as the closure of Appledore shipyard
- Cornwall was often highlighted as a place suffering poor performance but some of Devon's districts were 10 to 15 per cent behind Cornwall
- Challenge for Teignbridge was that it was underperforming but it was not high enough up the list to require intervention.
- The devolution deal and the possibility of this providing some solutions with control of some areas such as adult education budgets

- The effect of a single industry closure on the statistics but it was hoped that with Harland and Wolff coming into the area coupled with a new maritime centre and levelling up funding there would be new investment and an increase in employment which would positively affect future performance.
- One of the key aims of the Integrated Care Systems was for the NHS to support broader social and economic development - should Torridge be an area for its focus.
- Employers could have a large impact in local areas with developing skill sets and upskilling people
- Opportunities for disabled people, many who live in the Torridge area and find it difficult to engage in the economic market - work was underway to improve this through targeted projects
- One of the main blocks for those with disabilities getting paid employment was the lack of transport. This would be explored further with the Highways and Transport team.
- Partner organisations should show leadership in supporting local organisations and employment by purchasing products and services locally

RESOLVED that the Board note the update.

* 104

Joint Forward Plan

The Board considered the current draft of the One Devon Joint Forward Plan (JFP). The Health and Care Act 2022 required that Integrated Care Boards (ICBs), and their partner trusts, prepared a JFP before the start of each financial year. For this, the first year, the final publication date would be 30 June 2023.

JFP guidance required the opinions of HWBs on “*whether the draft takes proper account of each JLHWS published by the HWB that relates to any part of the period to which the JFP relates*”.

Discussion included:

- Inclusion of dementia was important. Links with Primary Care work around this would be strengthened.
- Request for references to housing as a joint piece of work to be included
- The plan was ambitious so it was essential to be clear about what could be delivered in 5 years. Projects would be sequenced to ensure they were realistic.
- To have a financial strategy to ensure there were the resources to deliver
- It was hoped tackling obesity in children could be a key target as well and that positive engagement with child carers take place to ensure their views were included

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- This was a really good plan which enabled partner organisations to hold each other to account
- Preventing duplication of targets and linking with work already underway
- Recognising the support of independent care providers within the whole system
- The Plan would be published end of June and would be refreshed annually

RESOLVED that the Board supported the Joint Forward Plan and the final version would be forwarded to members and signed by the Chair and the Director of Public Health.

105 Annual Health Protection Assurance Report 2021-2022

The Board received the Health Protection Committee Annual Report 2021/22, which provided a summary of the assurance functions of the Devon, Cornwall and Isles of Scilly Health Protection Committee and reviewed performance for the period from 1 April 2021 to 31 March 2022.

The report considered the following key domains of Health Protection:

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

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

The Annual Report included progress on the Work Programme Priorities for 2021/22 and set out the agreed Work Programme Priorities for 2022/23.

RESOLVED that the Health Protection Committee Annual Report 2021/22 be endorsed and noted.

* 106 Adult Social Care Vision & Strategies

The Board received the Report of the Director of Integrated Adult Social Care on the updating of the Integrated Adult Social Care Vision and Strategies, which had last been updated in 2018/19.

The vision was expressed through three strategies:

- Living well in Devon
- Ageing well in Devon

- Caring well in Devon

Although public feedback had closed, any feedback from the Board would be taken into account in its redrafting before submission to the Cabinet in June for approval.

Discussion included:

- Promoting independence enabling people to achieve better outcomes
- Consultation with service users and carers and feedback had been received on language and principles, structure, and style as well as on proposals
- The importance of working with people with lived experience and listening to their views and acting on these
- Recognition of the need for more housing options and making greater use of technology in the care sector
- Clearly communicating to service users and carers how the different plans and strategies worked and linked to each other
- Ensuring there was tracking of progress against the aims

RESOLVED that the Report be noted.

* 107 **NHS Devon - Update**

The Board received the report of the Chair of the NHS Devon Clinical Commissioning Group which provided an update on CCG business, Devon-wide and national developments within the NHS. It was intended to provide the Board with summary information to ensure Members were kept abreast of important developments affecting the NHS.

Update highlights included:

- Junior Doctor industrial action
- Pharmaceutical, ophthalmic and dental services
- Vaccinations for flu and Covid
- Urgent and Emergency Care Performance
- No Criteria to Reside (beds occupied by patients who are medically ready to leave hospital)
- £200m National Hospital Discharge fund.
- Finance update outlining challenges and savings expectations.

RESOLVED that the Report be noted.

* 108 **Dates of Future Meetings**

Future meetings dates of the Board could be found on the Council's website - [Browse meetings - Health and Wellbeing Board - Democracy in Devon](#)

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Next meeting – 20 July 2023

NOTES:

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

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

The Meeting started at 2.15 pm and finished at 4.50 pm

IASC/23/03
Health & Wellbeing Board
20 July 2023

BETTER CARE FUND - UPDATE

Report of the Head of Integrated Adult Social Care Commissioning
(Interim)

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

1) Recommendation:

- 1.1 The Board notes the out-turn of the BCF in 2022/23
- 1.2 The Board endorses the plans for 2023/25
- 1.3 The Board receives a 'BCF masterclass' at a future meeting.

2) Background / Introduction

The Better Care Fund (BCF) is the mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brings together ring-fenced budgets from NHS allocations, ring-fenced BCF grants from Government, the Disabled Facilities Grant and voluntary contributions from local government budgets, including the Adult Social Care Discharge Fund. The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery.

This report:

1. Provides an update on the outturn of the BCF for 2022/23 for the Board to note
2. Requests that the Board endorses the planning for 2023/25.

3) Outturn 2022/23

3.1 Governance

Following the approval of the Devon BCF Annual Plan in January, the s.75 (NHS Act 2006) agreement was signed by Devon County Council and the Integrated Care Board.

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The conditions relating to the Adult Social Care Discharge Fund announced in the autumn of 2022 included a requirement to submit fortnightly returns to government on spending against the fund. These were provided and the fund (£6.7m) was spent in full.

3.2 Metric Targets

3.2.1 Avoidable Admissions

Definition: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i). (This relates largely to respiratory and cardiovascular conditions.)

Performance against this target is supported by the effective integrated working via community multi-disciplinary teams who provide both preventative and effective, responsive urgent care, which is why it is one of the BCF metrics.

Plan for 2022-23	Actual for 2022/23
620 per 100,000 population	604 per 100,000 population

The target for avoidable admissions was over-achieved in 2022/23.

3.2.2 Discharge to Normal Place of Residence

Definition: The percentage of people who are discharged from acute hospital to their normal place of residence.

Plan for 2022-23	Actual for 2022/23
91.9%	91.8%

A key success in achieving the discharge to normal place of residence has been in the form of a good quality and sustainable provider market that can meet demand.

NHS and social care partners along with the independent sector work closely together for solutions to meet immediate capacity pressures and support pilot projects to drive longer term change.

Successes include more care homes beds being made available due to a peripatetic agency team supporting complex discharges, and joint training and enhanced support within hospital discharge short-term care home settings.

Partners have worked well to set out future demand and capacity needs which will inform long term market sustainability plans and funding decisions.

3.2.3 Residential Admissions (65 and over)

Definition: Long term support needs of older people (65 & over) met by admission to residential and nursing homes, per 100,000 population.

Plan for 2022-23	Actual for 2022/23
500.3 per 100,000 population	516.1 per 100,000 population

The pandemic resulted in a reduction in the numbers of older people with long term support needs being met in care homes. This was mainly the result of changes in family, friends and personal choice reducing demand.

Since the implementation of the Discharge to Assess pathway, we have seen a significant increase in the number of older people being permanently admitted to long term residential and nursing home placements. This is in part due to the use of care homes to support discharge from hospital with short-term support which then ends up converting to long term placements. Personal care market insufficiency has also impacted on this.

Proportionately the increase in nursing placements is more significant, reflecting the increasing needs of people discharged from hospital during 2022-23.

3.2.4 Reablement

Definition: The proportion of older people (65 & over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

We measure this as it indicates successful rehabilitation and reablement services, ensuring people are supported back to independence after a spell in hospital.

Plan for 2022-23	Actual for 2022/23
75%	72.7%

This is a very specific indicator tracking the outcomes for older people discharged from hospital in the period October to December into reablement/rehabilitation services, with outcomes measured between January and March.

The pandemic impact affecting this indicator since 2020-21 has now been reversed with qualifying discharges now typical to pre-pandemic levels. Actual performance for 2022/23 (72.7%) is marginally below target, but an improvement (by 5.6%) on the previous year

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4.3 Financial Outturn

	£
Disabled Facilities Grant	£8,245,371
Social Care Discharge Grant	£6,776,592
Improved Better Care Fund	£29,126,836
ICB Minimum Fund	£64,585,555
Local authority additional funding	£21,786,715
Total funding	£130,521,069
Actual expenditure	£122,216,893
Underspend	£8,304,176

- The underspend relates to non-use of a previous carry-forward, planned unders within ICB Income and Grant.
- £6.65m of this balance will be carried forward in to 2023/24.
- Hospital discharge costs were underfunded by £11.45m which was partly covered by £7m of additional local authority funding.

5. 2023/25 Planning

5.1 Governance

5.1.1 DCC and the ICB have reviewed the governance of the BCF to ensure visibility and accountability reflects the internal governance requirements of each organisation as well as wider system reporting.

5.1.2 Progress reports will continue to be provided to the Health and Wellbeing Board.

5.1.3 It is also proposed that a 'BCF masterclass' be provided to the Health and Wellbeing Board to provide more detailed insight into how the BCF makes a key contribution to the health and social care challenges faced in Devon.

5.2 Plan for 2023/25

5.2.1 The national planning requirements were published in April. covering two years 2023 to 2025.

The plans consist of:

- a narrative plan, using the framework provided by government
- a spreadsheet template (spending and metrics), as provided by government

5.2.3 DCC and NHS Devon ICB agreed the plans which were approved by the Chair of the Health and Wellbeing Board, to enable submission by the government deadline of 28 June 2023. The Board is therefore asked to endorse this approval.

5.2.4 Over the next two months the plans will be subject to regional and national moderation. NHS England will approve the BCF plans, in consultation with the Department of Health & Social Care and Department for Levelling Up, Housing & Communities by 8 September 2023.

5.2.5 Following confirmation of approval, DCC and NHS Devon ICB will then be permitted to finalise the s.75 (NHS Act 2006) agreement by 31 October 2023.

5.2.6 An executive summary of the plan for 2023 – 2025 is attached at appendix A

5.3 Metric Targets for 2023/24

5.3.1 Avoidable Admissions

Definition: Unplanned hospitalisation for chronic ambulatory care sensitive conditions rate per 100,000 population. Plan for 2023/24:

Quarter 1	Quarter 2	Quarter 3	Quarter 4
149.6	145.1	154.4	153.0

Over one-third of emergency admissions are currently managed “same day”. All Trusts have developed their SDEC services this year. SDEC development is the first priority for the new Peninsula Acute Sustainability Programme, which is focusing on capacity and consistency in medical, surgical and paediatric assessment services.

A new 111/IUCS provider joined the Devon system on 27th September, Practice Plus Group. We have seen a significant improvement in call answering performance in 111 as a result and an increase in clinical assessment service (CAS) resources. Our priorities for next year are to grow the workforce across the service: better matching health advisor capacity to demand to improve call answering performance further and strengthening the clinical workforce out of hours to increase capacity and time to treatment. Additionally, we will be looking to embed digital development and dedicated end of life care out of hours.

Urgent Community 2-hour Response (UCR) services are in place across Devon, 08:00-20:00, 7 days a week. Referrals are increasing, with over 800 referrals in November 2022. Clinician to clinician referral pathways is in place for 111 and 999, C2% of referrals are from SWASFT. All services can respond to level 1 and level 2 falls and there are additional falls response services in south and west Devon. Next year will see consolidation of services and a further increase in referrals, with a focus on increasing numbers from 111/999 by streamlining the process.

A consistent approach to identification and management of frailty across the system was launched this year with a “Health Aging Handbook”, which utilises Population

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Health Management approaches. Acute frailty services are in place across all acute hospitals, delivered through dedicated frailty teams and work is underway to enhance the SDEC offer here.

Increasing virtual ward capacity plays an important role in providing capacity equivalent to acute beds, avoiding overnight admissions. 95 virtual spaces are planned for April 2023, increasing to 227 beds by April 2024. Additional referral pathways are planned to make best use of these services.

5.3.1 Falls

Definition: Emergency hospital admissions due to falls in people aged 65 & over, directly standardised rate per 100,000 population.

This is a new BCF indicator for 2023/24.

2022/23 Actual	2023/24 Plan
1417	1417
per 100,000 population	per 100,000 population

As described above a consistent approach to identification and management of frailty across the system was launched this year with a “Healthy Aging Handbook”, which utilises Population Health Management approaches. Acute frailty services are in place across all acute hospitals, delivered through dedicated frailty teams and work is underway to enhance the SDEC offer here.

Increasing virtual ward capacity plays an important role in providing capacity equivalent to acute beds, avoiding overnight admissions. 95 virtual spaces are planned for April 2023, increasing to 227 beds by April 2024. Additional referral pathways are planned to make best use of these services.

5.3.2 Discharge to Usual Place of Residence

Definition: The percentage of people who are discharged from acute hospital to their normal place of residence.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
91.7%	92.3%	91.8%	91.6%

Investment in health and social care to support all discharges strengthened support for P1 discharges to facilitate a “home first” approach, which is complemented by voluntary sector support. “Live in care” options have enabled patients with higher levels of need to be discharged home too.

“Discharge hubs”, or lounges, are already in operation across all hospitals, enabling patients who no longer need an acute bed to move to a different part of the hospital whilst their discharge plans are finalised. These hubs work in tandem with improvements in ward processes to deliver earlier in the day discharge, and an

increase weekend rates too. All Trusts have identified the number of discharges needed per day to maintain flow.

Intermediate care bed capacity is in place across Devon and there is additional capacity planned across all localities to further reduce bed occupancy. Multi-disciplinary support including therapy has enhanced the offer

5.3.3 Residential Admissions

Definition: Long-term support needs of older people (65 & over) met by admission to residential & nursing care homes per 100,000 population.

2022/23 Actual	2023/24 Plan
516	520

We have seen significant impact of the Discharge to Assess pathway on our permanent admissions into residential and particularly nursing care settings. The placement trend remains upwards therefore the 2023-24 planned performance is to maintain performance at 2022-23 estimated levels.

A key plan under the Hospital Discharge Transformation Programme is to ensure there is sufficient capacity for long stay residential and nursing care home beds. There are plans in place to map current performance, utilisation, outcomes and to identify gaps. The system will ensure better value delivery mechanisms on a county-wide rather than locality level.

5.3.4 Reablement

Definition: The proportion of older people (65 & over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

2022/23 Actual	2023/24 Plan
72.7%	74.9%

The Hospital Discharge Transformation Programme is already developing new models of hospital discharge. The programme will be using data and evidence-based best practice to drive greater integrated ways of working to have the greatest impact across all our service supporting hospital discharge and out-of-hospital care. The impact of the programme would be to see an increase in this descriptor within the current BCF cycle 2023-25. i.e., a greater proportion remaining in their home at 91 days following hospital discharge and will be considered as one of several indicators of the success and progress of the programme.

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5.4 Finances

Funding Source	2023/24	2024/25
	£'000	£'000
Disabled Facilities Grants	8,245	8,245
Minimum NHS Contribution	68,241	72,104
iBCF	29,127	29,127
Additional LA Contribution	10,806	4,154
Local Authority Discharge Fund	4,084	6,779
ICB Discharge Fund	3,442	6,090
Total	123,945	126,499

NHS Commissioned out of hospital spend from the minimum ICB allocation:

	2023/24	2024/23
	£'000	£'000
Minimum required spend	£19,906	21,033
Planned spend	40,760	43,865

Adult social care services spend from the minimum ICB allocations:

	2023/24	2024/25
	£'000	£'000
Minimum required spend	26,782	28,297
Planned spend	26,782	28,297

4) Options/Alternatives

None.

5) Consultations/Representations/Technical Data

None.

6) Strategic Plans

Plans for the BCF in Devon align with both DCC and ICB strategic intentions in respect of services to vulnerable adults.

7) Financial Considerations

The outturn for the BCF in 2022/23 is summarised in the report.
The financial plan for 2023/25 is also summarised in the report.

8) Legal Considerations

The lawful implications/consequences of the planned use of the BCF in Devon have been considered in the preparation of this report.

9) Environmental Impact Considerations (Including Climate Change)

There are no specific impacts on environment and environmental related issues. The majority of the BCF spend in Devon, has a socio-economic impact through the commissioning and provision of services to vulnerable people and employment of those providing those services.

10) Equality Considerations

The national planning requirements for the use of the BCF provide specific requirements for the delivery of the Public Sector Equality Duty. Regional and national moderation and approval of plans provides additional assurance regarding the consideration of equalities in the plans.

11) Risk Management Considerations

This report has been assessed and all necessary safeguards or action have been taken / included to safeguard the Council's position

12) Summary

The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery. This report describes the BCF outturn for 2022/23 and the plans for 2023/25 in accordance with national planning requirements.

Solveig Wright
Head of Integrated Adult Social Care Commissioning (Interim)

Electoral Divisions: All

Local Government Act 1972: List of background papers

Background Paper: Nil

Date: Nil

File Reference: Nil

Contact for Enquiries:

Nicola Tribble (Senior Manager Commissioning – Markets)

Integrated Adult Social Care Commissioning

Email: Nicola.Tribble@devon.gov.uk

Room: The Annexe, County Hall

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Appendix A: Executive summary of the narrative plan

Devon has a strong history of integrated working and can be proud of the many benefits that this brings to residents, our services and the ICS.

Several of our community services are now being provided by, or in partnership with, local acute trusts bringing many benefits to people, services, and the system. The establishment of the Integrated Care Partnership in Western Devon is an excellent example of our organisations working in more integrated ways towards common goals. Benefits from integration that we are now seeing include, improved collaboration between services, the opportunities for the standardisation of pathways across different sectors, and development of new ways of working for our collaborative workforce and importantly delivering better continuity of care for our local population.

In the coming months we will continue our journey of development as an ICS and within our Local Care Partnerships to harness the opportunities that these afford for further integration and partnership working, whilst embedding our overall Devon ICS Strategy and Forward Plan.

The BCF plan will support the One Devon Joint Forward Plan and the delivery of the 5-year (2022-27) One Devon Community First Strategic Framework and begin to address the inconsistencies in access and availability in our communities, as we learn from them and with them understand what matters and how best the BCF funding stream can meet their needs. A focus of the Community First Strategy is on preventative, proactive and personalised care to support people to live as independently as possible with greater connection to their local community ensuring people spend more time at home, wherever their home may be, rather than in a hospital bed. Community services supported by the BCF funding stream, play a pivotal role in keeping people well and managing acute, physical, and mental health and long-term illness.

A key system priority remains addressing the urgent care and system flow challenges frequently being experienced across the Devon ICS and the impact delayed discharge has on whole system flow, including for others timely access to services they may need. The success of delivering the Devon Urgent and Emergency Recovery Plans relies heavily on ensuring the integrated community services supported by the BCF remain responsive to the continued high demand and be able to enhance the support at times of greater pressure or demands across the care pathway. Transformation of these services, focusing initially on hospital discharge, will bring significant improvements to the experience of all those transitioning through our integrated health and social care services. The Hospital Discharge Transformation Programme Steering Group leads this, with Chair and Vice-Chair roles and membership from both DCC and ICB. The membership of this group will work in collaborative partnership at a locality and Devon County Council

footprint level and provide oversight and design of a new hospital discharge model in 2023.

The provision within our intermediate care services will look to the national Intermediate Care Framework delivery principles (awaiting national publication) to guide transformation, with a clear ambition in supporting individuals to remain independent for longer, recognising as these principles do, the need for local flexibility and innovation to account for local needs. This framework combined with high impact change model and the use of demand modelling using the improving patient flow between acute, community and social care (IPACS) tool, will ensure we establish clear pathways through the patient journey, from ward to exit from intermediate care pathways by, where necessary, the implementation of alternative best practice models of care.

The Devon BCF plan 2023/2025 responds to this with transformation of service provision explicable linked to best practice, available demand and capacity modelling. This reflects local needs and on-the-ground intelligence, that when combined support targeted long-term investments to build sustainable community services for individuals on discharge across all care pathways. The aim is to reduce pressure on urgent care through services that enable people to stay well, safe and independent at home for longer.

Our ambition is to ensure community services, including the voluntary sector, are recognised as being integral to our system response, with well thought out planning regarding the steps needed to achieve the vision, co-production of services with our system stakeholders and local communities, and in ensuring that they are funded to sustain delivery and outcomes in the longer term.

We will continue to build on our achievements to date and are now in a unique position to be able to understand and evaluate the different models of integration and to share learning about what works well in being able to meet the needs of the local population, by focussing on care outside of the hospital setting.

We also recognise the importance for us as a Devon ICS to be able to demonstrate the financial benefits of integrated working and how this model supports the flow of activity away from the hospital and crisis-management services, and supports funding out into the community, to create a more robust and resilient offer.

The work supported in the various BCF schemes will enhance both integration and partnership working and with it all the benefits that brings, whilst also building resilience for future on-going delivery of excellence across Devon.

HEALTH AND WELLBEING OUTCOMES REPORT, JULY 2023

Report of the Director of Public Health, Communities and Prosperity

Recommendation: *Health and Wellbeing Board note the update of the Joint Health and Wellbeing Strategy (JHWS) outcomes reporting update and to consider if there are any additional more detailed updates required on specific topics in the JHWS outcomes reporting for the next board.*

1. Background/Introduction

The purpose of this report is to inform the Devon Health and Wellbeing Board of the latest data updates in the Devon Health and Wellbeing Outcomes Report and provide descriptive analysis around how the updated indicators has changed since their last update.

2. Summary of the Health and Wellbeing Outcomes Report, July 2023

The Devon Health and Wellbeing Outcomes Report monitors intelligence pertaining to the four priorities identified by the Joint Health and Wellbeing Strategy 2020-25, broken down by local authority, district, and trends over time. These four priorities are to create opportunities for all; to create healthy, safe, strong, and sustainable communities; to focus on mental health; and maintain good health for all.

This report supplements the full Devon Health and Wellbeing Outcomes Report for **July 2023**, which is available on the Devon Health and Wellbeing website, accessible at:

<https://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/>

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

- **Adult Excess Weight, 2021/22**

The percentage of adults classified as overweight or obese in Devon is 60.5%. This is statistically better than the England average of 63.8%.

Most Devon districts are statistically similar compared to the England average; East Devon (54.6%) and Exeter (55.4%) are statistically better; no districts are statistically worse.

- **Child Poverty, 2021/22**

The percentage of children (under 16s) in absolute low-income families in Devon is 13.6%. This is statistically better than the England average of 15.3%. No comparisons can be made to the previous reporting year due to changes to the indicator's definition.

Most Devon districts are statistically better compared to the England average; no districts are statistically similar; North Devon (16.3%) and Torridge (18.0%) are statistically worse.

- **Dwellings with Category One Hazards, 2021/22**

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The percentage of houses rated to have category one hazards (those which pose a serious risk to health and safety) in Devon is 0.054%. This is statistically better than the England average of 0.062%.

Most Devon districts are statistically better or similar compared to the England average; Exeter (0.188%) is statistically worse.

- **Feel Supported to Manage Own Condition, 2021/22**

The percentage of persons who reported feeling supported to manage their long-term condition (or conditions) in Devon is 61.2%. This is statistically better than the England average of 55.2%.

Most Devon districts are statistically better compared to the England average; Exeter (55.7%) is statistically similar; no districts are statistically worse.

- **Fruit and Vegetable Consumption (5-A-Day), 2021/22**

The percentage of persons aged 16 and over who report meeting the recommended 5 portions of fruit and vegetables on a usual day in Devon is 42.3%. This is statistically better than the England average of 32.5%. No comparisons can be made to the previous reporting year due to changes to the methodology of data capture.

All Devon districts are statistically better than the England average.

- **GCSE Attainment, 2021/22**

The average attainment 8 score for all pupils in state-funded schools, by local authority of school address, in Devon is 48.3. This is a different methodology to previous years. This is a different methodology for GCSE attainment to previous years. No comparisons can be made to the previous reporting year due to changes in how GCSEs were awarded. Statistical significance has not been calculated.

- **GCSE Attainment (Free School Meals), 2021/22**

The average attainment 8 score for those pupils eligible for free school means in state-funded schools, by local authority of school address, in Devon is 37.0. This is a different methodology for GCSE attainment to previous years. No comparisons can be made to the previous reporting year due to changes in how GCSEs were awarded. Statistical significance has not been calculated.

- **Gross Value Added – Per Head, 2021/22**

The measure of the increase in the value of the economy due to the production of all goods and services in Devon is 18,486 pounds million. No comparisons can be made as this is a unit value.

- **Not in Education, Employment or Training, 2021**

The estimated proportion of 16–17-year-olds not in education, employment or training or whose activity is not known in Devon is 4.9%. This is statistically similar to the England average of 4.7%.

South Hams (3.4%) is statistically better than the England average; East Devon (4.0%), Exeter (5.5%), Teignbridge (4.7%), Torridge (5.1%), and West Devon (5.1%) are statistically similar; Mid Devon (5.9%) and North Devon (6.0%) are statistically worse.

- **Overall Satisfaction of Carers with Social Services, 2021/22**

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The proportion of respondent carers who reported being satisfied with their experience of care and support in Devon is 39.8%. This is statistically similar to the England average of 36.3%.

Torrige (57.9%) is statistically better than the England average; most districts are statistically similar; no districts are statistically worse.

- **People Who Use Services Who Feel Safe, 2021/22**

The proportion of respondents using services who reported feeling safe in Devon is 70.7%. This is statistically similar to the England average of 69.2%.

No Devon districts are statistically better than the England average; Exeter (53.6%) and Torrige (57.9%) are statistically similar; most districts are statistically worse.

- **Proportion of Physically Active Adults, 2021/22**

The percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity in Devon is 75.0%, an increase (better) of 0.2 percentage points from the previous reporting period. This remains statistically better than the England average of 67.3%.

Most Devon districts are statistically better than the England average; Torrige (68.6%) is statistically similar; no districts are statistically worse.

- **Re-ablement Services (Effectiveness), 2021/22**

The percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services in Devon is 67.1%. This is statistically worse than the England average of 81.8%.

All districts are statistically worse than the England average.

- **Re-ablement Services (Coverage), 2021/22**

The percentage of people aged 65 and over offered reablement services following discharge from hospital in Devon is 4.9%. This is statistically better than the England average of 2.8%.

Data for Devon districts is pending processing.

- **Under 18s conception rate per 1,000 women aged 15-17, 2021**

The rate of under 18s conception in Devon is 10.0 per 1,000 women aged 15-17. This is statistically better than the England average of 19.5 per 1,000. No comparisons can be made to the previous reporting year due to changes to the indicator's definition.

East Devon (6.7), Mid Devon (5.8) and South Hams (5.9) are statistically better than the England average; Exeter (8.3), North Devon (19.3), Teignbridge (11.8), Torrige (14.2), and West Devon (8.8) are statistically similar; no districts are statistically worse.

Options/Alternatives

Nil

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Nil

Strategic Plan

The JHWS priorities align to the Devon County Council Plan 2021 – 2025: <https://www.devon.gov.uk/strategic-plan/>. The JHWS outcomes reporting is a regular quarterly item where the board notes progress on the strategic outcome indicators.

Financial Considerations

Nil

Legal Considerations

There are no specific legal considerations

Environmental Impact Considerations (Including Climate Change)

Nil

Equality Considerations

There are no specific equality considerations. This report is an update to the Health and Wellbeing Board on JHWS outcome measures identified in the JHWS Strategy. Public Health Intelligence monitors population health and inequalities across Devon, and further detailed information can be found in the Joint Strategic Needs Assessment resources on the Health and Wellbeing Board Website.

Risk Management Considerations

Nil

Summary/Conclusions/Reasons for Recommendations

Nil

Steve Brown

Health & Wellbeing Board
20 July 2023

Protecting and Promoting Health in a Changing Climate Report of the Director of Public Health, Communities and Prosperity

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

1) Recommendation:

- 1.1 The Health and Wellbeing Board considers the impact of the climate emergency on health and equity through the inclusion of climate and health impacts within the Joint Strategic Needs Assessment (JSNA) and any future Devon Health and Wellbeing Strategy.
- 1.2 A first iteration of a climate and health input to the JSNA comes to the September 2023 Health and Wellbeing Board.
- 1.3 The Health and Wellbeing Board reviews, adopts, promotes action, and monitors progress on climate change mitigation and adaptation plans. The key plans are the Devon Carbon Plan, The Devon, Cornwall and Isles of Scilly Climate Adaptation Strategy, and the Greener NHS plans. All these plans present opportunities to create a fairer, healthier, more resilient and more prosperous society.
- 1.4 That the Health and Wellbeing Board considers signing the [Devon Climate Emergency Declaration](#).

2) Background:

The climate emergency is a health emergency. The UK Health Security Agency and the Faculty of Public Health both recognise climate change as the greatest threat there is to public health. We are already seeing an increase in mortality, morbidity and health inequalities as a direct and indirect result of rising temperatures, rising sea levels and the increased frequency and severity of extreme weather events.

There is an urgent need to mitigate and adapt to climate change. Through our collective efforts to transition to low carbon economies and lifestyles, and in adapting to the impacts of climate change that we are already experiencing, there are many health co-benefits to be realised. The transition to net zero presents a major opportunity to create more inclusive and sustainable economies, more resilient communities and to enable everyone to live healthier and longer lives.

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The NHS and Local Authorities both have a legal duty to consider climate change when making decisions. However, the Joint Strategic Needs Assessment and Health and Wellbeing Strategy has not, to date, explicitly included climate change considerations.

3) Proposal

Devon's Joint Strategic Needs Assessment and Health and Wellbeing Strategy considers the risks and opportunities to protect and promote health and reduce health inequalities through whole system action on climate change.

This has recently been included in the [One Devon Partnership Integrated Care Strategy](#) vision and ambition which outlines its support for:

“the co-ordination of carbon reduction across the system through the actions to reach net-zero outlined in the [Devon Greener NHS plans](#) and the [Devon Carbon Plan](#). The One Devon partnership also recognises the need to identify the key risks to our system from climate change and to develop a plan to adapt to and mitigate these risks”.

Actions such as encouraging everyone to be more active by walking and cycling, improving air quality through changes to energy and transport emissions and by purchasing products and services locally will all help to improve public health and support budgetary and other pressures on the NHS and social care in Devon.

This report:

- shares with the Health and Wellbeing Board an overview of the system-wide climate change adaptation and mitigation partnerships and plans and the greener NHS plans, and
- asks how the board would like to be sighted on and support this work.

3.1 Devon Climate Emergency Partnership

In February 2019 Devon County Council (DCC) declared a Climate Emergency and at the same time committed to collaborating with regional partners to develop a response. DCC led the creation of the [Devon Climate Emergency Partnership](#) which includes about 30 public, private and voluntary organisations.

The partnership prepared the [Devon Climate Emergency Declaration](#). This sets out an ambition to tackle climate change across Devon, Plymouth and Torbay and involve those people who live, work in and visit the County in addressing the challenge. The challenge involves reducing emissions to net-

zero¹ by 2050 *at the latest* and improving communities' resilience to the heating climate and the associated climatic changes and extremes of weather this is causing.

3.2 Devon Carbon Plan

Following an evidence-led process guided by an independent Net-Zero Task Force, the [Devon Carbon Plan](#) has been through an Interim version and various stages of public consultation, which included a Citizens' Assembly. The Plan provides a framework for achieving net-zero and contains actions for individuals, organisations, communities and policy makers.

It highlights the barriers that need to be overcome, the resources required (whether they are existing or have yet to be allocated) and where collaboration with national government is needed to do so. It divides action into five sectors and highlights priority actions within each: economy and resources; energy supply; food, land and sea; transport; and the built environment.

Of particular relevance to health and wellbeing are collections of actions that will achieve:

- The upgrading of existing housing stock (80% of the houses we will be living in in 2050 have already been built) to be more comfortable and affordable to keep warm and well-ventilated.
- A greater number of journeys being taken by active travel and a more rapid transition to electric vehicles. Planning for and providing neighbourhoods that enable people to access essential services within a short walk or cycle from their home is part of this transition.
- Enabling, supporting and encouraging communities to become more active in planning and delivering a net-zero future in their community via energy projects, repair and reuse cafes, share sheds, community larders and wildlife schemes.
- Greater understanding of, familiarity with, and opportunity to choose a diet that is nutritious, sustainably produced and contributes to environmental recovery.

3.3 Devon, Cornwall and Isles of Scilly Climate Adaptation Strategy

Climate adaptation refers to becoming more resilient to the changing climate by anticipating the adverse effects of climate change and taking appropriate action to reduce the risk from its impacts (e.g. sea level rise, heatwaves, flooding, drought etc.).

¹ Net-zero is achieved when emissions of greenhouse gases from an area or an organisation are matched by initiatives that absorb the same amount of greenhouse gases, such as tree planting or seaweed cultivation, for example.

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The Devon, Cornwall, and Isles of Scilly (DCIoS) Climate Impacts Group (CIG), currently chaired by the Environment Agency and coordinated by DCC, was formed in 2019 in response to declarations of climate emergency across the three areas. It was spawned out of the Devon Climate Emergency partnership and still reports into the partnership structure.

The CIG has prepared the draft [DCIoS Climate Adaptation Strategy](#). It is a strategic-level document. It comprises of three sections:

1. A Climate Change Risk and Opportunity Assessment (CCRA) split by sector - natural environment, infrastructure, health and built environment, business and industry, and cross-cutting risks. These sectors broadly correspond with the sectors used in the national climate change risk assessment, which was used as the basis for the analysis.
2. A Strategic Adaptation Plan, which sets out the conditions for everyone to act on adapting to climate change together (“Adaptation Plan”). It provides a set of strategic objectives and suite of strategic-level adaptation options that could be considered for regional collaboration.
3. An Action Plan, which sets out the priority actions for regional collaboration over the next five years, and specific actions for different groups: policy makers, organisations, community groups and individuals.

It focuses on climate impacts which require, or which would benefit from, regional collaboration. Due to the place-based and context specific nature of climate risk and opportunities, it is not the purpose of this Adaptation Strategy to plan the detail of how individual areas and communities should adapt. Instead, such detailed plans will be captured at an appropriate level depending upon the risk – it could be at county, district, community or parish level – some communities already have these for specific issues, such as the Slapton Line in South Devon.

The CIG recognises that it has an important role in supporting others to develop their own adaptation plans at a range of scales, from sectoral to household level. The Adaptation Strategy is intended to inform a programme of regional interventions to adapt to climate change, as well as catalysing place-based, grassroots, and organisational action on climate adaptation.

The draft Adaptation Strategy has been open for public consultation during May and June 2023. The final version of the Strategy will be published in the autumn and partner organisations will subsequently be invited to endorse it.

3.4 Monitoring progress of the Devon Climate Emergency Partnership

Delivery of the Devon Carbon Plan is overseen by the Devon Climate Emergency Response Group, which meets on a monthly basis and receives a report every 6 months about progress on delivering the priority actions. The Response Group will also oversee the DCloS Climate Adaptation Strategy activity in Devon, once the Strategy is finalised, and shares this role with the governance structures of the climate initiatives underway in Cornwall and the IoS.

An independent Climate Task Force is currently being established. This will meet quarterly and offer independent scrutiny and challenge to the Response Group about progress.

Projects being delivered in Devon that are contributing to net-zero and improved resilience are recorded on the website in the [Taking Action](#) section and promoted via a monthly newsletter and social media accounts which together have exceeded 10,000 subscribers.

3.5 NHS Devon Green Plan

In October 2020, the Greener NHS National Programme published its new strategy, "[Delivering a Net Zero National Health Service](#)". This report highlighted that left unabated, climate change will disrupt care, with poor environmental health contributing to major diseases, including cardiac problems, asthma, and cancer. The report set out trajectories and actions for the entire NHS to reach net zero carbon emissions by 2040 for the emissions it controls directly, and 2045 for those it can influence (such as the supply chain).

NHS Devon's 'Green Plan' aligns itself with the NHS Long-Term Plan. As part of the NHS, NHS Devon must play its part in reducing the environmental impact and carbon footprint of its operation. This inaugural Green Plan is a high level, strategic piece of work that should be viewed as a "living document". As the ICS and Integrated Care Board (ICB) develop, and work programmes become clearer, the areas of focus of this Green Plan will be developed, and sustainability will be seen as business as usual.

Secondary Care: Each of Devon's Acute Trusts, including Devon Partnership Trust, has developed its own action plan to feed into the wider ambitions of NHS Devon and the overall Green Plan. Across them, they cover the following key areas.

WORKFORCE AND SYSTEM LEADERSHIP

- Support our staff to become carbon champions.
- Encourage our staff to be green innovators.
- Create an environment that promotes a highly motivated, engaged green workforce.

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SUSTAINABLE MODELS OF CARE

- Consider carbon reduction principles when delivering care across the whole system.

DIGITAL TRANSFORMATION

- Increase the options for staff to work flexibly.
- Actively promote the digital option for our patients across the system.

TRAVEL AND TRANSPORT

- Actively support and promote travel that does not use petrol and diesel powered vehicles.
- Promote home working where possible.

ESTATE AND FACILITIES

- Purchase our energy supply from renewable energy sources.
- Ensure all new and future developments are green positive.
- Reduce gas, electric and water usage to cut carbon emissions.

MEDICINES

- Optimise the use of carbon friendly medical gases where possible.
- Prioritise the prescribing of lower carbon inhalers.
- Reduce the use of single use plastics.

SUPPLY CHAIN AND PROCUREMENT

- Apply the Social Value Act in all procurement processes.
- Buy locally where possible.
- All suppliers of goods and services to be aligned to the NHS Net Zero Target.

FOOD AND NUTRITION

- Offer healthier lower carbon options for all – staff, patients and visitors
- Buy locally where possible.

ADAPTATION

- Ensure we and our patients are prepared for future extreme weather conditions.

The Royal Devon University Healthcare NHS Foundation Trust (RDUH), for example, has developed a Green Plan, covering the period 2022-2025. The Annual Sustainability Development report 2022/23 is included in these papers (see Appendix 1) as an exemplar of the work that is being achieved through Greener NHS plans.

Primary Care: A newly formed Devon Greener Practice Group, chaired by Dr Tom Waterfall, is meeting to consider how Primary Care colleagues can support one another with their greener NHS plans to mitigate and adapt to climate change whilst also promoting health and wellbeing through related actions and their trusted advice.

In addition to primary and secondary care organisations' individual plans there are three specific ambitions that specifically cover the Integrated Care Board: They are

- More Devon ICB staff will make greener journeys to work
- Devon ICB will be a paper free organisation by 2028.
- More products and services are bought locally promoting the concept of the Devon Pound across the ICS and its partners.

3.6 Air Quality: realising health and equity co-benefits of climate action

Poor air quality and air pollution is associated with several adverse health impacts including heart disease, diabetes, cancer, and mental health. Poor air quality is the largest environmental risk to public health in the UK. Additionally, air pollution particularly affects the most vulnerable in society. There are, for example, strong correlations with poor air quality and less affluent areas.

Reducing greenhouse gas emissions through changes to power supply, transport, housing, and agriculture can all result in reductions in particulate matter and improvements in air quality. Appendix B gives more detail regarding the impacts of poor air quality on health and equity and the opportunities that exist to both improve health and reduce carbon emissions. The paper includes a recent consultation response on the government's **draft revised Air Quality Strategy**. This response was submitted by Public Health Devon with contributions from DCC's Climate Change, Environment, and Transport team.

4) Options / Alternatives

None.

5) Consultations / Representations / Technical Data

None in addition to those referenced in the paper.

6) Strategic Plan

The work of the Devon Climate Emergency Partnership and the Greener NHS plans aligns, as highlighted in the paper above, with all the key elements outlined in the vision and priorities of the Council's Strategic Plan 2021 – 2025: <https://www.devon.gov.uk/strategic-plan>.

- Respond to the climate emergency
- Be ambitious for children and young people

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- Support sustainable economic recovery
- Tackle poverty and inequality (address poverty, health and other inequalities)
- Improve health and wellbeing, including any public health impacts
- Help communities be safe, connected and resilient

7) Financial Considerations

Strategic and operational input does need to be resourced to ensure the effectiveness of the Greener NHS plans, the Devon Carbon Plan, and the Climate Adaptation Strategy. However, many adaptation and mitigation actions have a triple bottom line impact - saving money, improving health and reducing carbon. Not acting has potentially huge financial implications. Even in the short term, for instance if the health and care system is not well adapted to a heatwave, the financial and human costs could be very significant.

8) Legal Considerations

The organisations represented on the Health and Wellbeing Board have legal duties around climate change mitigation and adaptation.

9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

Environmental impacts are a key focus of this paper and have been considered in the main body of the report.

10) Equality Considerations

Climate change will affect everybody in the County, and it will affect people less able to adapt the most. These include less affluent people, those living with physical and mental health conditions, those living in coastal communities or other areas prone to flooding and young people who will live with the effects becoming worse over their lifetimes. Responding to the climate emergency in partnership with the people of Devon will help minimise these impacts on everyone.

11) Risk Management Considerations

Climate change mitigation and adaptation is a key risk on the Devon County Council risk register.

All health and care providers may wish to review their climate readiness and consider their strategic and operational plans around climate adaptation and mitigation.

12) Summary

The Health and Wellbeing Board has oversight of the system-wide climate change adaptation and mitigation partnerships and plans including the Greener NHS plans and considers how the board wishes to be sighted on and support this work.

Name: Steve Brown

Director of Public Health, Communities and Prosperity

Electoral Divisions: All

Councillor: Cllr Roger Croad and Cllr Andrea Davies

Local Government Act 1972: List of background papers

Background Paper: Nil

Date: Nil

File Reference: Nil

Contact for enquiries:

Sara Gibbs, Consultant in Public Health,

Sara.gibbs@devon.gov.uk Public Health Devon, Room 141, County Hall,
Exeter.

Annual Sustainability Development Report 2022-23

Background

The Greener NHS campaign is a national programme with statutory targets aimed at achieving Net-Zero (NZ) carbon dioxide (CO₂ or CO₂ equivalent) emissions from NHS activities. This involves developing and following an ambitious route map to reach NZ by 2040^[1].

To support this, the Royal Devon University Healthcare NHS Foundation Trust (RDUH) has developed a Green Plan, covering the period 2022-2025. This plan was approved by the Board of Directors in January 2022 and sets out how the Trust plans to go about achieving their long-term sustainability goals and 'Net Zero' targets. The Green Plan is a supporting pillar of the Trust's corporate strategy, being delivered as part of the "Collaboration and Partnerships" objective with the Deputy Chief Executive as Senior Responsible Officer (SRO) and led by the Director of Business, Innovation and Sustainability. The Green Plan will help guide the design and implementation of our future service sustainability and will act as a strong foundation to ensure that our environmental ambitions are embedded into everything we do.

The plan sets out the objectives, approach, key messages and outputs required to support delivery alongside a timeline and is due to be revised next in 2025. Delivery is managed by a core sustainability team who support Trust operational leads. A Sustainability Steering Group, chaired by the executive SRO, meets every two months and issues a progress report to the Board of Directors every six months.

Sustainability ideas may arise from the core team or the operational departments. Through strong teamwork and a focus on best practice project management those ideas are turned into value creating initiatives which complement the plan.

This sustainability report covers the majority of the information that will be contained in the Annual Report and therefore details progress against the Green Plan, and at a minimum, includes the mandatory reporting requirements as required by NHSE/IT's Greener NHS team. The scope of this report is to capture performance over the last year of the Trust activities and historic data pre-merger where available as well as point towards future priorities.

^[1] And by 2045 net zero for the NHS footprint including all emissions influenced but not directly controlled by the service.

Our Sustainability Targets:

In our Green Plan there are three overarching strategic targets with supporting objectives:

1. Embody Sustainable Healthcare

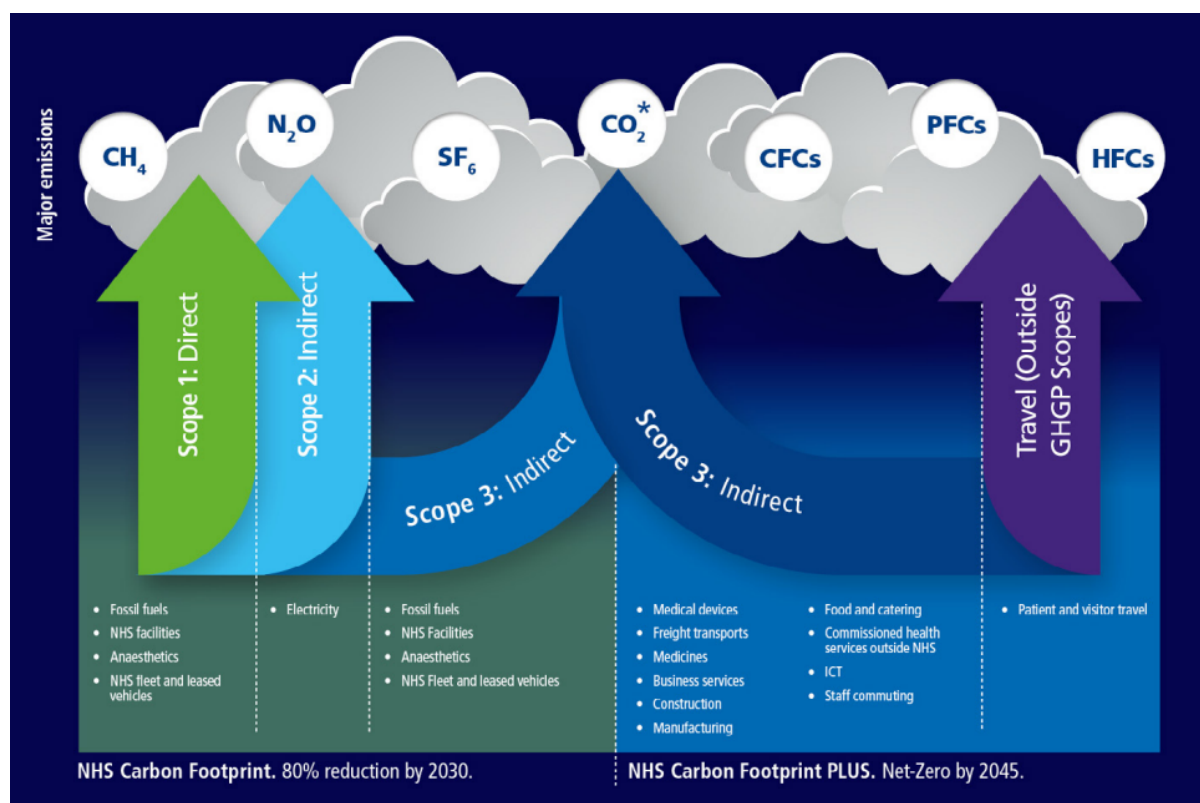
Prioritising sustainability objectives in order to make sustainable healthcare a 'business as usual' activity.

2. Staff Engagement

Our ability to deliver on this ambitious Green Plan will be dependent upon all parts of the organisation pulling together as one team. Whilst the Sustainability Steering group will have co-ordination, measurement and assurance roles, it will be the individual actions of our thousands of staff members, and the cumulative effect of these, that will make the plan impactful.

3. Carbon Reduction

The table below shows the elements that make up NHS carbon emissions – the carbon "footprint".



"NHS Carbon Footprint" includes carbon emissions that are directly produced through the use of building energy, water, waste processes, anaesthetics, inhalers and business travel.

"The NHS Footprint PLUS" includes the emissions associated with products and services that we purchase."

In line with the NHS commitment to become Net Zero CO₂, we are committed to the following targets:

Objective
Carbon Footprint <ul style="list-style-type: none"> • Reduced 80% by 2030, • Net-Zero CO₂ by 2040 • All above are against the 1990 baseline
Carbon Footprint Plus <ul style="list-style-type: none"> • Net-Zero CO₂ by 2045
Establish Methods to: <ul style="list-style-type: none"> • Quantify, measure, monitor and reduce CO₂ emissions

The Trust's estimated carbon footprint is 26,439 tonnes CO₂ equivalent. Adding personal travel, medicines, medical equipment and supply chain the broader measure of the Trust's NHS Carbon Footprint Plus is 151,711 tonnes of CO₂ equivalent. See below.

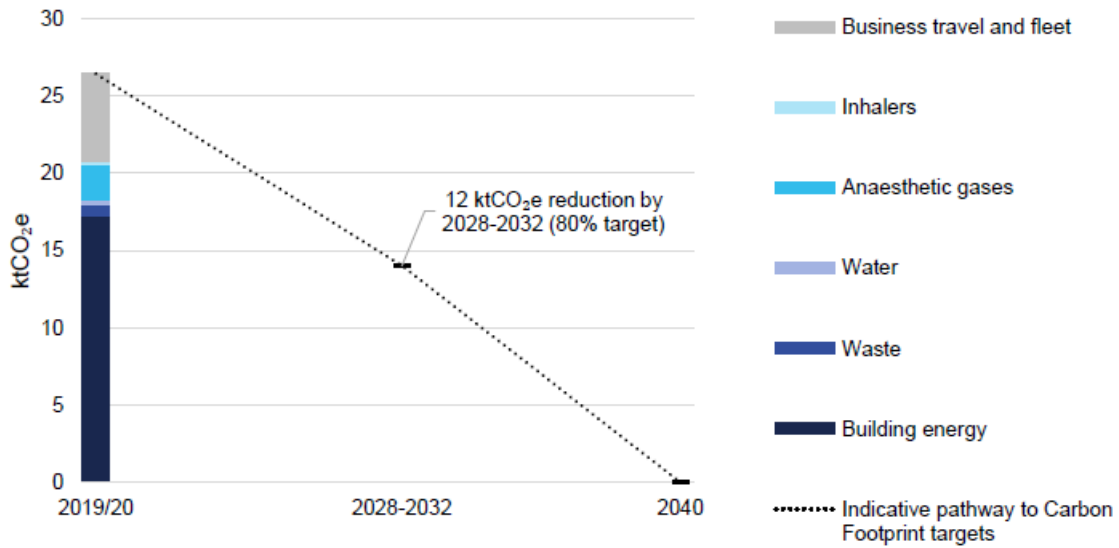
NHS Carbon Footprint	26,439	tCO₂e
<i>Building energy</i>	17,190	tCO ₂ e
<i>Waste</i>	735	tCO ₂ e
<i>Water</i>	302	tCO ₂ e
<i>Anaesthetic gases</i>	2,373	tCO ₂ e
<i>Inhalers</i>	113	tCO ₂ e
<i>Business travel and fleet</i>	5,726	tCO ₂ e
Personal travel	23,090	tCO₂e
<i>Staff commuting</i>	8,549	tCO ₂ e
<i>Patient travel</i>	9,942	tCO ₂ e
<i>Visitor travel</i>	4,599	tCO ₂ e
Medicines, medical equipment and other supply chain	100,564	tCO₂e
<i>Medicines and chemicals</i>	34,245	tCO ₂ e
<i>Medical equipment</i>	20,527	tCO ₂ e
<i>Non-medical equipment</i>	11,004	tCO ₂ e
<i>Other supply chain</i>	34,788	tCO ₂ e
Commissioned health services outside NHS	1,618	tCO₂e
NHS Carbon Footprint Plus	151,711	tCO₂e

Source: NHS England

Applying average targeted reductions on an annual basis to the 2019/20 baseline (the period from which NHS England defined measuring the net zero trajectories in their reports) the Trust would need to deliver a 12,000 tonnes reduction in its Footprint and 111,000 tonnes reduction in its Footprint Plus to achieve an 80% reduction by 2028-32 and 2036-39 respectively. See below.

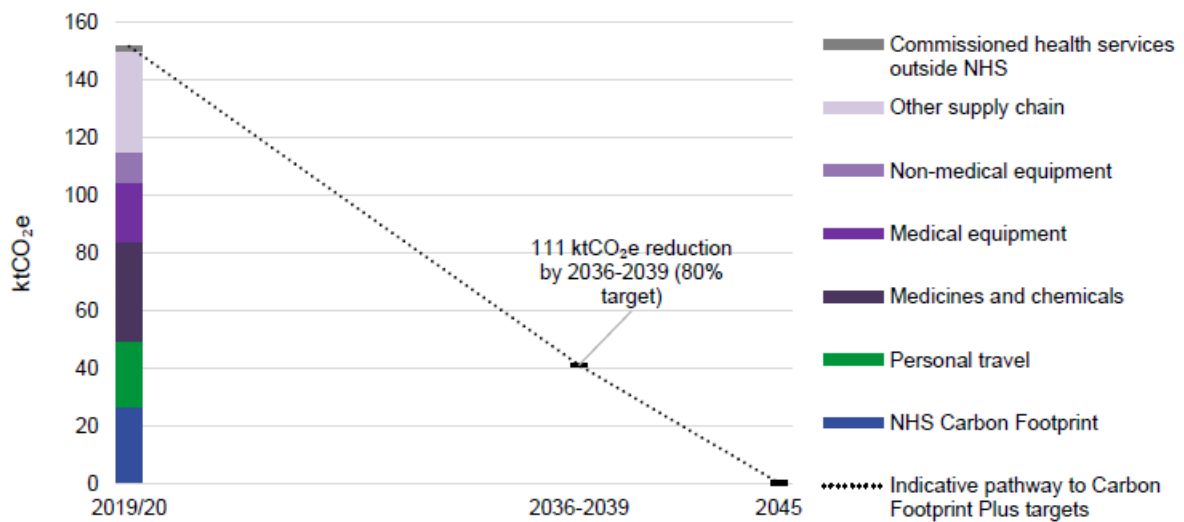
NHS Footprint Reduction Graph

APPENDIX A: Royal Devon University Hospital NHS Foundation Trust, Greener NHS

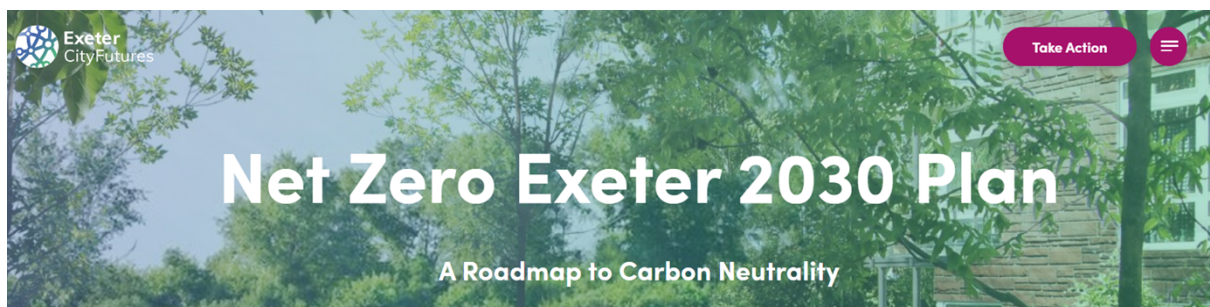


Source: NHS England

NHS Footprint Plus Reduction Graph



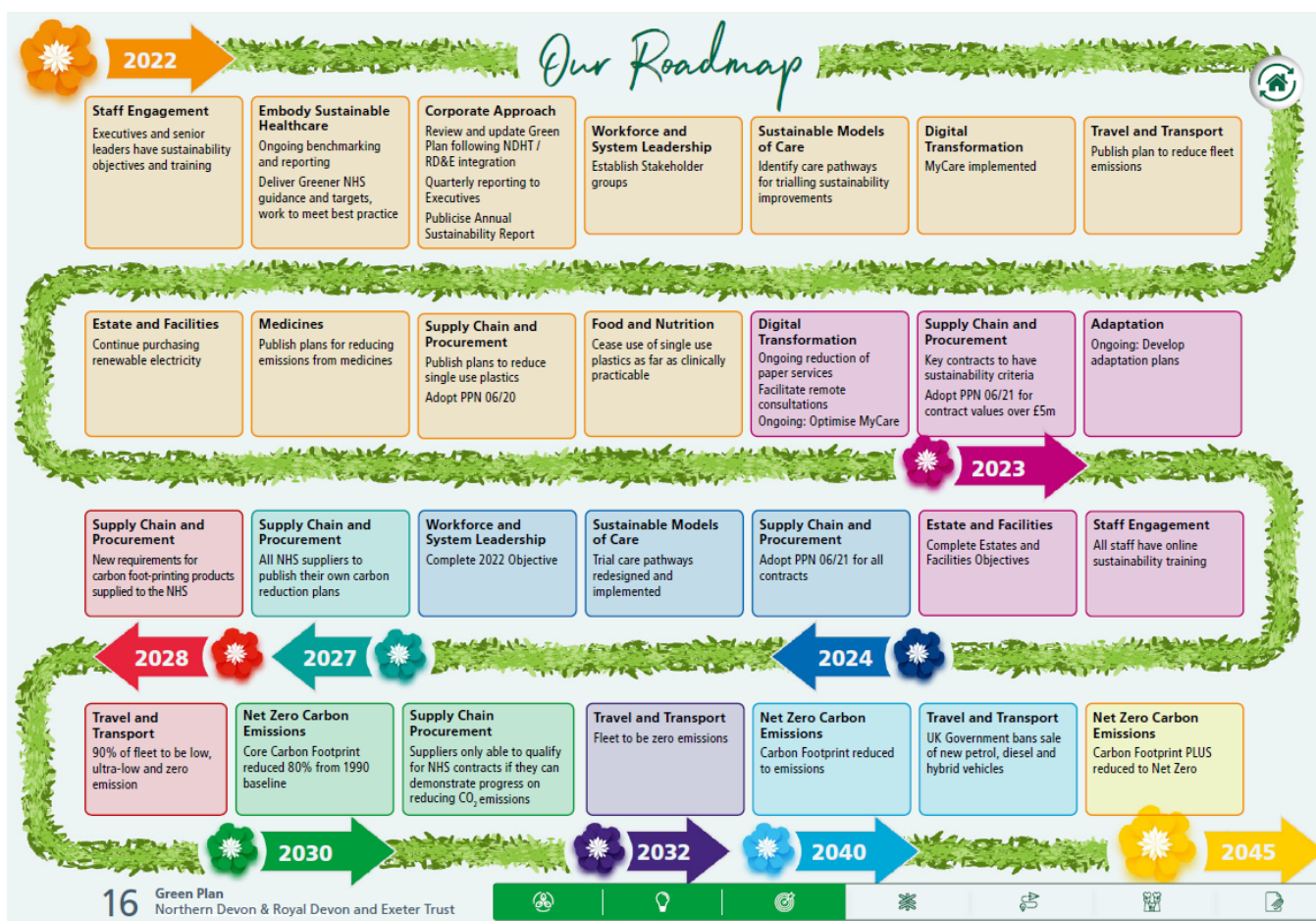
Place-Based Initiatives and targets



The Trust has also agreed to work alongside its Exeter based public sector civic partners to accelerate the net zero objective for its Wonford and Heavitree services and aim for net zero by 2030. As a member of Exeter City Futures the city of Exeter has an ambitious plan¹ of action based on four themes: Sustainability, Transportation Energy and Capacity. The Trust teams are working alongside colleagues from civic partners exploring collaboration opportunity's across energy projects, waste management and transport initiatives.

Our Net Zero roadmap

The Green Plan establishes a series of work initiatives that are designed to make progress on the three strategic targets and their supporting objectives. These are shown in the roadmap below, which includes Royal Devon's goals and National targets.



NHS England have developed several “Key Areas of Focus” that the NHS is required to target, in order to reduce carbon emissions, costs and improve our impact on people and the environment.

¹ <https://www.exetercityfutures.com/netzeroexeter/>

The updates below explain how we are tackling these areas of focus and are able to report on our progress.

Workforce and System Leadership

In order to embed sustainability into 'business as usual', the Trust has been working to set up sustainability workstreams and where possible link them into existing initiatives. An example of this is how the Sustainability Team has supported the Brilliant Ideas initiative; anyone can submit suggestions for improvements to the Brilliant Ideas team and in the first few weeks over 70 ideas were received with many of them having a strong sustainability focus.



Sustainability Awareness Survey and Behaviours at work:

- 38.84% of staff agreed that the Trust actively supports the environment, such as resource efficiency, reducing carbon emissions and reducing waste
- 38.64% of staff said that they always turn off equipment and lights when leaving an empty room
- 51.24% of staff said they always recycle products when they can
- 47.41% of staff said they always reduce paper usage by thinking about if something can be kept digitally
- 75 staff members have accessed the training

Training

From September 2022 Net Zero NHS training has been available on Learn+. Our staff can learn about climate change and how the NHS aims to reduce its carbon footprint. The online training helps to raise awareness about the effects of climate change both on our planet and our hospital and the steps we can take to make healthcare more sustainable. The training takes 30 minutes to complete and there is no pass or fail rate.

Together, we can act to reduce the impact of climate change on our environment, and completing this training program is a great place to start.



Sustainable Models of Care

Case Study 1 - Virtual Wards

Our Acute Hospital at Home (AHAH) service, which is nationally referred to as the 'Virtual Ward' programme, is a safe and efficient alternative to receiving care as an inpatient on a hospital ward.

The service runs across both our Eastern and Northern services and we currently have capacity to support fifty-five patients (planned to increase to 100 by December 2023) across a wide range of pathways from, amongst others, cardiology, respiratory, acute kidney injury (AKI) and frailty.

Patients referred to our AHAH service receive the same care, monitoring and treatment that they would from a hospital bed or from a local community service, but from the comfort of the patient's own home. Our AHAH team, which includes doctors, nurses, pharmacists, therapists and advanced care practitioners, are in touch with patients on a regular basis throughout the day as required.

As part of the development of the AHAH service the Trust is trialling the use of wearable devices. Devices such as watches, connecting through smart phones, are recording real time data on oxygen saturation and heart rate monitoring and transferring this data into the patient's electronic record. Twice daily blood pressure monitoring from our community teams add to this daily data collection fed directly to the electronic record. This remote working allows the patient's named consultant to monitor their condition using their own smart technology.

We expect these services to develop further to include cardiology (ECGs) and respiratory (spirometers) and to also incorporate digital weighing scales. These technologies support people living with frailty, heart failure and are likely to be suitable for people receiving home based IV antibiotics as an outpatient service (OPAT: outpatient parenteral antimicrobial therapy service).

We know that being treated in your own home can have a hugely positive impact – patients can continue with their daily routine and make choices about what they can eat and wear, with the people they know and love around them. Patients also avoid the risks that an inpatient stay may have, such as deconditioning and delirium. All of this leads to a better chance of recovery for our patients.

By freeing up hospital beds and creating more capacity in this way, our AHAH service positively impacts on both healthcare service and environmental sustainability and improves the flow of patients, easing pressures on our emergency departments and helping to reduce waiting times for both planned and emergency care.

Case Study 2 - Outpatient Redesign

During 2022 the NHS's elective recovery strategy included targets to reduce outpatient follow-ups by 25% and moving 5% of outpatient attendances to patient-initiated follow-up (PIFU) pathways by March 2023.

Patient-initiated-follow-up (PIFU) are a pathway redesign to routine follow-up pathways, putting patients and clinicians together to understand short, medium and long-term conditions. They rework the routine pathways to change from routine time-based appointments which patients attend and may or may not be demonstrating issues, to a focus on patients who are experiencing symptoms to the condition they have.

This has gone live in 20 specialties across the Trust and now provides patients with the opportunity to take their health into their own hands. This leads to a sense of empowerment for patients, that they are not only the key player in their healthcare journey as their engagement improves and increases, but that their relationship with their clinician.

Whilst it is early days for reporting benefits there is some promising evidence that PIFU results in fewer overall outpatient appointments compared to fixed appointment schedules, leading to a reduction in wasted (and low value-added) activity, avoided energy use and reduced carbon miles for patients.

Case Study 3 - Greener ED

The Eastern Services Emergency Department has been leading the way as a national pilot site for the Royal College of Emergency Medicine Greener ED programme. Under the leadership of ED Consultant Dr Steve Fordham, the department has undertaken many of the initiatives required to reach Gold standard under the college's accreditation framework. This includes reduced paper, increased digitisation of services and information, reduced cannulisation, reduced use of Entonox (saving around 1000 litres of Nitrous Oxide per week) – see poster below - dry powder inhalers replacing some metered dose inhalers, introduction of social prescribing and an increased modal shift for staff travel and transportation.

With a silver accreditation under their belt, the department looks to push on to embed sustainable ED practices into 'business as usual' in 2023. This would achieve Gold accreditation and be facilitated by the allocation of time for managing green projects within job planning and departmental capacity.

Reduced Entonox campaign in ED

No to N₂O?

Reducing your use of Nitrous Oxide (N₂O) may be the single biggest change you can make to reduce the environmental impact of your day-to-day practice in the Emergency Department.

What's the problem?

- Entonox is a 50:50 pre-mixed cylinder of Nitrous Oxide (N₂O) and Oxygen (O₂)
- Nitrous oxide (N₂O) is harmful to the environment.
- N₂O's global warming potential is 298 times that of carbon dioxide over 100 years.
- N₂O is the leading cause of ozone-depletion from human activity

How much do we use?

- In the RD&E Emergency Dept. we typically use 2000L Entonox every week*
- *this excludes use of piped nitrous from the wall supply in Resus
- Every 1000L Entonox used is equivalent to driving 3750 miles in an average sized petrol car
- Each year our usage of cylindered Entonox alone is equivalent to driving around the world 15.7 times

Cylindered Entonox use in the RD&E ED over 12 weeks

Date of data collection (representing the previous 7 days usage)	Cylindered Entonox usage (litres)
10/03/2021	1500
17/03/2021	2000
24/03/2021	1000
31/03/2021	3000
07/04/2021	2500
14/04/2021	3500
21/04/2021	3500
28/04/2021	2000
05/05/2021	2500
12/05/2021	3500
19/05/2021	2000
26/05/2021	1500

OK, so what are the alternatives?

Early conventional analgesia

- Cheap and available.
- Good adjunct, often forgotten.
- May not be enough on its own.

Methoxyflurane (aka Pentrox)

- Rapid onset, portable, efficacious analgesia.
- Low global warming potential, low ozone depletion potential, short environmental lifetime.
- Safe at low doses but can't be used more than twice each visit.
- More expensive.

Sedation

- Very effective procedural analgesia.
- Requires resus space and additional competent practitioner.
- Can be time consuming.

Regional anaesthesia

- E.g. Bier block, anatomical landmark or US guided nerve blocks.
- Largely under utilised. An expanding area of practice with increasing availability of ultrasound?

There is no denying that N₂O can be an incredibly useful drug, and that sometimes its use may be justified.

But before you default to using it, please ask yourself:
'Can I say no to N₂O?'


Royal Devon and Exeter
NHS Foundation Trust

@EMExeter

ACADEME
ACADEmic Emergency Medicine Exeter

In addition to the Greener ED initiative the department was selected by the DHSC to run a 3-month national trial of reusable facemasks. This trial was successfully completed during the year and we are the first healthcare team ever to have successfully trialled this Type IIR tracked (RfID) washable facemask.

In the 4 months of the trial we achieved 8927 washes and over a year this would be over 25,000 single use facemasks avoiding incineration in ED alone. The Trust is participating in an evaluation of the whole life costing of this mask replacement to enable a comprehensive assessment to be completed by the DHSC. We hope to move to using more sustainable product under 'business as usual' shortly.



Masks For Emergency Department Staff Only

These masks have been through several testing protocols that have assured they perform at a high level to the medical device standards at 0, 20 and 40 washes.

As well as preparing the Trust for more universal roll-out of these masks, during this pilot we will be completing further assurance testing after 40 wear and wash cycles. During the pilot and after each wear and wash cycle, masks will be inspected. In addition, **we ask that you check the masks you use before putting them on:**

- For any obvious tearing or damage
- For any marks or soiling
- To ensure the ear loops are intact

If you find anything untoward please report this back to us straight away by emailing:
caitlin.jensen@supplychain.nhs.uk or england.pperis@nhs.net"

Inserts for restocking the dispenser in store room L168

Travel and Transport

Salary Sacrifice Lease cars

Through the trust's lease car provider (Tusker), staff have an opportunity to acquire an electric vehicle and this includes free installation of home charging points. The tax benefits of this scheme have contributed significantly to the affordability of EV's although we recognise that at this time the scale of adoption has been partially limited by the higher cost of current models. We expect the EV market to mature leading to the introduction of more affordable EV's and we will work with Tusker to promote these in order to achieve a broader adoption across all staff levels in the trust.

Cycling Friendly UK Accreditation NDDH – Achieved September 2022

We have begun a journey to increase our use of sustainable and active modes of travel that deliver environmental and health benefits. This includes the introduction of new cycle storage infrastructure, changing and shower facilities and becoming a Gold standard Cycle Friendly Employer. Northern Services were awarded a Gold standard of accreditation by Cycling UK during the year and have embraced the Cycle Friendly Employer accreditation to assess and aid its planning and continual improvement. The audit highlighted the lack of secure cycling parking at our Community Hospital sites and we are planning on installing secure cycling parking in 2023 to address this. We are also working on extending the accreditation to include Eastern Services.



EV Charging for Estate Vehicles and visiting Clinicians

We are working towards decarbonising the travel and transport relating to our own operational activity by undertaking Green Fleet Reviews ahead of procuring EV fleet where operationally appropriate and subject to funding. We have also installed, or are finalising insulation, for 43 charging points across the estate.

In Barnstaple the initial installation of five 7kW single charge points and two 22kW single charge points for our Estate Vehicles to use as well as four 22kW single charge points for visiting clinicians has begun to reduce travel related CO₂e. In Exeter 6 charge points are installed for our fleet (4 of which are at our warehousing facility) and 10 are planned for staff use at the trusts dedicated park and ride service.

Try B4U Buy – Implementation 2023

As part of facilitating active and sustainable travel options for staff the team have developed a ‘Try B4U Buy’ trial for foldable e-bikes. Grant funded, these foldable e-bikes provide staff with a folding e-bike for a trial period, so that they can test whether this commuting experience works for them before perhaps committing to a purchase.



This project is being linked with the opening of the new Marsh Barton train station in Exeter with the Trust working with GWR and DCC to promote active travel. The foldable e-bikes will be available for Northern and Eastern staff to trial and the team are looking forward to launching this alongside a

new loyalty benefit scheme to reward staff undertaking sustainable behaviour change

Air Quality Monitoring - Implementation 2023

Looking into next year we are adopting the Clean Air Hospital Framework tool in order to monitor air quality internally and externally to our buildings. Initially working alongside the Council in North Devon we will provide a passive air quality monitoring system for the loading bay and the main entrance and look to assess 12 months data before assessing the potential need for a dynamic monitoring system. This work will then replicate across the Eastern site.

Minimising the environmental and health impacts associated with the movement of goods and people through our estate by becoming a Clean Air Hospital is a key objective of the Trust and links to work we are planning for decarbonising our heating across the estate.

Estates and Facilities

Whilst both the RDE and NDDH have benefited in terms of reduced cost and Co2 from investment via Energy Performance Contracts, the current constraints on capital investment make this a more challenging area to progress. There is of course significant potential to improve energy efficiency via the Our Future Hospital programme, albeit the timing is currently unclear. Therefore, for now, the Trust will prioritise investment bids based on those schemes that can deliver both a financial and CO₂ payback

Current examples of successful projects include:

- Installation of over 16,000 LED lights, which last year delivered energy savings of 4,283,185KWh.
- The Trust utilises software to automatically monitor building performance
- In 2022-23 £30,000 has been spent on identifying and fixing leaks across the estate, which combined with efficiencies in the Linen Decontamination Unit have saved 14,000m³ of hot and cold water reducing emissions by 116t/CO₂.
- Replacing oil boilers with Air-Source Heat Pumps, saving 5t/CO₂ per year.
- Installation of 746kw PV across RD&E Wonford, RD&E Heavitree, North Devon District Hospital and Mardon Neurological Rehabilitation Centre. This generates enough energy to run 216 homes and last year saved 121t/CO₂.

The Trust has also signed a letter of intent, committing to work with partners across the City of Exeter to develop and deliver a low-carbon district heating solution. While this builds on previous work carried out in this area, there are key differences to the previous proposal including siting of the primary heat generation plant no longer on Trust land and collaborating with a private sector provider who has secured £110m of funding to deliver the revised scheme.

Energy

Waste

For three months during the year northern services conducted a reusable sharps container trial. These Stericycle Bio Systems re-usable sharps containers were installed in three areas:

- Main theatres 1-6,
- Emergency Department and
- Seamoor Unit.

Staff have embraced the change to their clinical practice and reported no issues with use of the different containers. The bins are emptied and decontaminated after each use, with these sharps now having an expected life of 600 uses rather than being single-use and incinerated. So far 374 single use containers have not been required and saved from incineration. Also 722kgs of single use plastic has not been required resulting in a saving of 2114 Kgs of carbon.

Waste and recycling is also a particular issue being raised by staff through the 'Bright Ideas' portal and the Facilities team are now reviewing how to move away from single room waste bins to communal recycling bins.



Biodiversity

As well as carbon, energy and water related improvements, the Trust has used its Biodiversity and Outdoor Wellbeing Action Plan (BOWAP) to inform planting options in the Wonford Bereavement garden design and through the Spring will be designating a further 1,000m² of land as "No-Mow" in order to enhance biodiversity.



Medicines

Desflurane

The Trust no longer uses Desflurane, the most polluting of all the anaesthetic gases, across any of its sites. Other anaesthetic volatile agents - the halogenated hydrocarbons- have seen their harmful impact reduced due to an increase in the use of total intravenous anaesthesia (TIVA). A business case is being developed to evaluate and install "capture and recycle" technology across all anaesthetic

machines in the Trust to reduce the environmental harmful effects still further.

Nitrous Oxide.

Within the eastern services, nitrous oxide is no longer used in non-maternity anaesthesia. This has allowed work to begin on the permanent decommissioning of the nitrous oxide cylinder manifold and its associated pipeline in Exeter. Northern services anaesthesia are reducing the use of nitrous oxide by switching to cylinder use only and have similarly started the work required to decommission the cylinder manifold.

Entonox

Both Trust emergency departments have moved away from Entonox and are now using Pentrox except in paediatrics. Other departments that use Entonox, are also moving over to Pentrox where clinically appropriate e.g. fracture clinic.

In maternity where Pentrox is contraindicated a business case to install "capture and fracture" technology is being developed.

Supply Chain and Procurement

With 60% of NHS emissions coming from procurement related activities, new rules were introduced in 2022 that require all NHS Trust's to have a minimum of 10% weighting applied to social value criteria in its procurement exercises.

Proposals for the practical use of this evaluation criteria are being incorporated into the procurement strategies of a number of new Trust cases.

Food and Nutrition

The Trust has previously (for eastern services) been awarded exemplar status for its food and nutrition service. Waste food collection currently takes place across both sites and sent to anaerobic digestion

Adaptation

The latest science presented through UK climate predictions (2018) suggest we can expect wetter, warmer winters and hotter, drier summers with alongside an increased frequency and intensity of extremes.

The Trust has begun work on developing its adaption plan and is engaged with the University of Exeter's European Centre for Environment and Human Health (ECEHH) – in the use of their Local Climate Adaption Tool (LCAT) to support evaluation and local decision making.

Future priorities

The plan for 2023/24 concentrates our efforts across 5 key areas:

1. Supporting Culture Change
2. Process Driven Change
3. Policy Driven Change
4. Operationalising the Plan
5. Carbon Measurement

Supporting Culture Change

We will support the process of a maturing greener culture change across the organisation through our engagement and coms work - including embedding our new online rewards scheme (Jump) and introducing a series of tests of change (Try before U Buy e-bikes for example). Our magazine style hub page is a step-change in how we communicate our activity and entice staff involvement into our green work, with the recent Green Champions network a good example of this. We will seek to get feedback on how this new style coms are being received by staff.

Another important aspect of supporting the change process is how we provide an opportunity for staff education and training. The newly developed training regime on Learn + and through the nationally supported carbon literacy training will support the spread of green knowledge across all levels of staff in the organisation. We will establish targets to measure the consumption of training including capturing new appointees undergoing induction.

Process Driven Change

We will expend a considerable amount of effort to ensure the work of the sustainability team is complementary to the projects being led under the Transformation team. We will support joint working to ensure that the success of green initiatives is agnostic to their origin – whether from our sustainability channels or through the “Brilliant Ideas” programme, these initiatives required the right type of skilled support to maximise their opportunity and impact. We will focus on creating ‘slick-process’.

Policy Driven Change

National Policy change over the coming few years has the potential to lay the foundations for significant decarbonisation of the Trusts footprint. We will work with our colleagues in procurement to establish, through the adoption of Cabinet Office PPN notices, the methodologies required for incorporating Carbon Reduction Plans (CRP’s) into our supply-chain. National initiatives like the Evergreen Supplier Assessment Tool be monitored in 2023 and we will assess adoption plans during its national launch period.

Operationalising the Plan

The Green Plan document approved by the trust in 2022 has a series of aspirations and work during the latter part of 2022/23 has been to begin to ‘operationalise’ this plan. This work programme will now accelerate during 2023 through a series of

deep-dive assessments between the sustainability and operational teams. These assessments have established the need for more detailed planning and investment case development across the following areas:

i) [Heat decarbonisation](#)

The Trust has previously prepared a high-level decarbonisation strategy that aims to decarbonise the circa 80 buildings that make up the estate. The team wishes to progress its strategy to an organisation level Heat Decarbonisation Plan / delivery plan and HDPs for each site, with particular focus on the RD&E Wonford (General Hospital) and RD&E Heavitree sites and will seek a 100% funded grant to complete this work. These sites have the potential to connect to the Place based decarbonisation solution described earlier in this report. Early indication suggest that this scheme might be up to 30% cheaper than a site-based solution, with the anchor load that the Trust offers supporting local rollout of large-scale decarbonisation. HDPs up to Investment Grade Audit level are essential to prepare a business case that identifies whether to connect to the network or opt for an on-site heat decarbonisation solution.

Should the investment case select the place-based option as the preferred solution (best risk adjusted value for money), and is subsequently approved by the Board of Directors, the team will seek a funding solution through the Public Sector Decarbonisation Scheme (PSDS) to pay for connection charges.

ii) [EV and low emissions fleet](#)

Work will progress during 2023 to establish the investment case for the proportion of our fleet that represents an opportunity to move to electric vehicle or ultra-low emissions vehicle. Subject to funding approval we will establish the procurement strategy by assessing the different EV/ULEV vehicle frameworks. Recent studies have shown that life-time cycle costs of petrol/diesel vs EV's have now tipped in favour of EVs.

[Carbon Measurement](#)

We will work to significantly improve our carbon measurement processes and the management of carbon reporting. Whilst NHS England are supporting a 'top-down' approach for the organisational level footprint, it is increasingly evident that the trust requires greater skill and capability for recording and reporting its carbon impact from change projects. We will focus on developing a carbon reporting data-library to ensure documentary evidence of validated carbon information is kept by the trust.

Air quality: climate, health, and equity

Background

Poor air quality is the largest environmental risk to public health in the UK. Air quality is defined by how polluted the air people breathe is. Poorer air quality may be more detrimental to general population health, and particularly hazardous to those with existing lung or heart conditions. Health harms may be because of gaseous or particulate matter, most of which have been emitted directly into the air from a variety of sources. Other pollutants may be formed through further chemical reactions in the atmosphere. As much of the population spend a significant amount of their time indoors, good indoor air quality is also important for human health.

Some pollutants will impact health through interaction with the human body, and by contributing to climate change. There are therefore several co-benefits from improving air quality. In developing mitigation to climate change policies can seek to support a choice of lifestyle changes. For example, promoting walkable neighbourhoods and renewable energy provide health co-benefits through cleaner air and a choice to use active and more sustainable mobility. The co-benefits from air quality improvement also include prevention of premature deaths, chronic diseases, and damage to food crops. The benefits to human health will outweigh the mitigation costs.

Air quality and human health

Poor air quality and air pollution is associated with several adverse health impacts including heart disease, diabetes, cancer, and mental health. Additionally, air pollution particularly affects the most vulnerable in society and differing populations inequitably. There are, for example, strong correlations with poor air quality and less affluent areasⁱ ⁱⁱ. Living in more polluted areas has been associated with poorer mental wellbeing, which may be attributable to effects on the central nervous system, inflammatory response, anxiety, and observable pollutionⁱⁱⁱ. There appear to be intersectional and environmental influences on susceptibility to air pollutants. Socioeconomic situation, age, ethnicity, education, housing condition, pre-existing comorbidities, smoking, living environment, as well as seasonal variations may influence exposure and impacts^v. The exposure to pollutants will also be dependent on work and travel environments. Commuting by car for example may increase pathways to respiratory disease, including cancers^v.

Fraction of mortality attributable to particulate air pollution (new method)

Area	%
South West region	5.1
East Devon	4.7
Exeter	5.0
Mid Devon	4.8
North Devon	4.5
Teignbridge	4.8
Torridge	4.3
South Hams	4.4
West Devon	4.3

Table 1 (Public Health Profiles, 2023)¹

¹ Source: Background annual average PM_{2.5} concentrations for the year of interest are modelled on a 1km x 1km grid using an air dispersion model, and calibrated using measured concentrations taken from background sites in Defra's Automatic Urban and Rural Network (<https://uk-air.defra.gov.uk/interactive-map>). By approximating LA boundaries to the 1km by 1km grid, and using census population data, population weighted background PM_{2.5} concentrations for each lower tier LA are calculated. This work is

Where air pollutants go in our bodies and what they do

A few hours of PM_{2.5} over 35µg/m³ or NO₂ over 200 µg/m³ irritates the eyes and throat.

Heart and blood vessel diseases like strokes and hardening of the arteries are one of the main effects of air pollution. These can be caused by a few years exposure to even low levels of PM_{2.5}.

Exposure for a few hours to high levels of PM_{2.5} can bring on existing illness or strokes and heart attacks in ill people.

PM has been found in the reproductive organs and in unborn children.

PM can cause strokes. Ultrafine PM has been found in samples of brain and central nervous system tissue.

Poor air quality affects everyone. It can long term impacts on all and immediate effects on vulnerable people, with a disproportionate impact on the young and old, the sick and the poor.

Ultrafine PM can get into the blood then throughout the body. Ultrafine particles have been found in body organs.

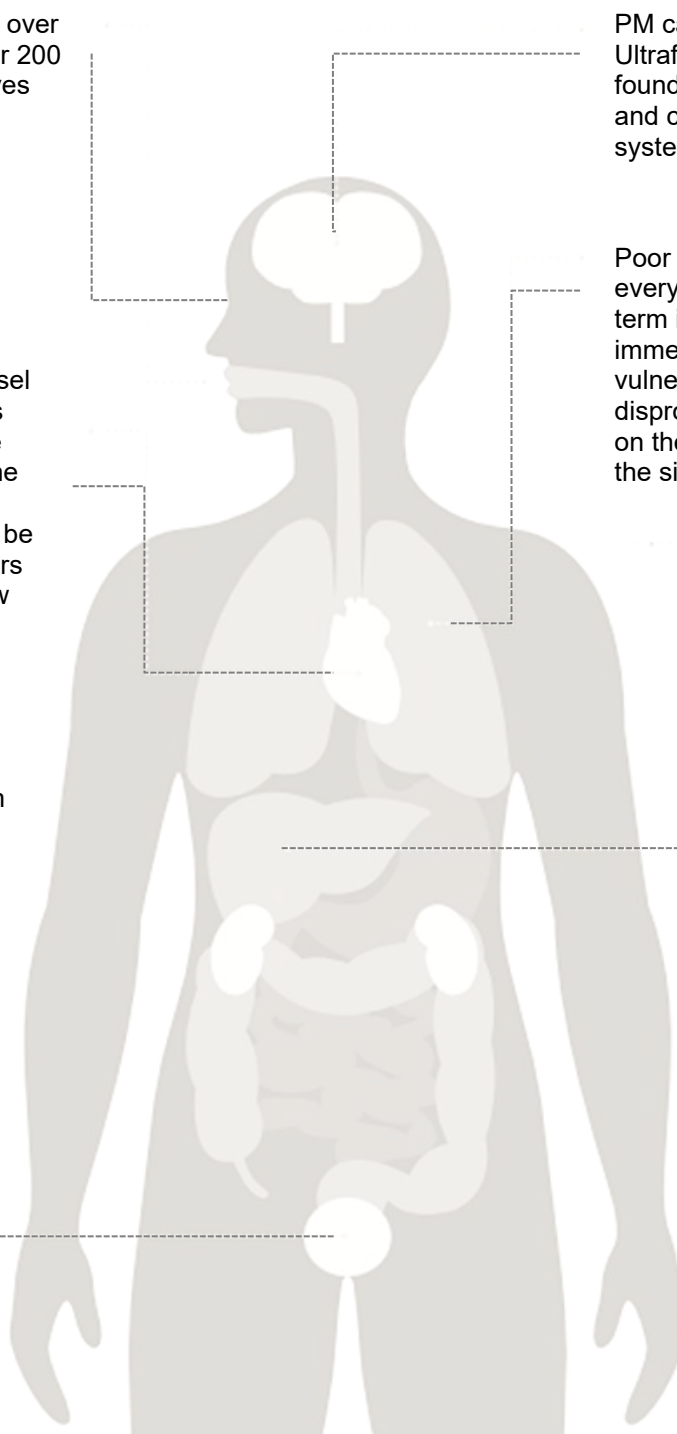


Figure 1 Adapted from 'Air Quality – a briefing for Directors of Public Health (Defra/PHE, 2017)

completed under contract to Defra, as a small extension of its obligations under the Ambient Air Quality Directive (2008/50/EC). Concentrations of total PM_{2.5} are used for estimating the mortality burden attributable to particulate air pollution (COMEAP, 2022). fingertips.phe.org.uk

Figure 1 shows some of the impacts of air pollution on the body. These impacts can range from eye irritation, to strokes, from general nuisance, significant long-term health impacts, and to earlier mortality. Table 1 shows that 1 in 20 deaths within Exeter may be attributable to particulate air pollution, whilst slightly less in other areas of Devon. Of note is the reference to particulate matter, where the nature of particles has changed in the recent past due to shift from types of industry, and predominance of combustion engines. Evidence suggests that current populations have been exposed to higher levels of fine particulates than previous generations^{vi}; these particulates can sit deeper in the lungs and move into the blood stream. Air pollutants have been linked through such mechanisms to cancers, including breast cancer^{vii} and problems during pregnancy^{viii}. The lungs are obviously the initial site of particulate deposition, which can lead to airway inflammation, impaired immune response, and other lung cell functions. Interactions may also be found in other organs and linked to development of diabetes, impaired cardiac functions, and more recently links to some Alzheimer’s disease amongst others^{ix}.

Costs to NHS and Social Care

Although the costs of air pollution are wider than those experienced within the NHS and Social Care, these costs are highlighted as under the influence of the Health and Wellbeing Board. The total NHS and social care cost due to PM_{2.5} and NO₂ combined in 2017 was estimated to be £42.88 million (based on data where there is more robust evidence for an association), increasing to £157 million when diseases are included where there is currently less robust or emerging evidence for an association.

Total healthcare cost of air pollution in England

Particulate Matter (PM _{2.5})	Nitrogen dioxide (NO ₂)
<p>Total cost due to PM_{2.5} to the NHS and social care in 2017 was estimated to be £41.2million</p> <p>This rises to £76.1million when diseases are included where there is less robust evidence for an association</p>	<p>Total cost due to NO₂ to the NHS and social care in 2017 is estimated to be £1.7million</p> <p>This rises to £81.1million when diseases are included where there is less robust evidence for an association.</p>
<p>Total cost due to PM_{2.5} to the NHS and social care is estimated to be £1.5billion by 2025, and £5.1billion by 2035.</p> <p>This increases to £2.8billion and £9.4billion respectively when diseases with less robust evidence are included.</p>	<p>Total cost due to NO₂ to the NHS and social care is estimated to be £60.8million by 2025, and £230million by 2035.</p> <p>This increases to £2.7billion and £9.2billion respectively when diseases with less robust evidence are included.</p>
<p>The highest cost burden in England due to PM_{2.5} was for secondary care.</p>	<p>The highest cost burden due to NO₂ was for social care</p>

Table 2 (PHE, 2018)^x

Climate mitigation and air quality

The UK is legally committed to reduce ‘greenhouse gas’ emissions to net zero by 2050. In Devon the ‘Devon Carbon Plan’ sets out goals and actions to achieve net-zero. This includes seeking to make behaviours to reduce greenhouse gas emissions easier to adopt and promote the benefits to people’s health. A key part of the plan sets out the importance of

APPENDIX B: Air Quality: realising health and equity co-benefits of climate action

'anchor institutions', such as local authorities, the NHS, universities, and large businesses. As large-scale employers and purchasers with a relatively fixed position within the local economy we have significant influence. In tackling climate change we can seek opportunities where there are co-benefits to health, such as sustainable and active travel, or better insulated homes (from heat and cold), both of which should improve air quality through reduced fossil fuel use^{xi}. Enhanced air quality from the switch to active travel and EVs can reduce the risk of heart attacks, strokes, asthma, and various types of cancer^{xii}. By making it easier and more attractive for everybody to use sustainable transport we will enable populations to be more active, which will help address the obesity crisis, and air quality will be improved, helping reduce rates of respiratory and cardiovascular disease^{xiii}.

The UK Climate Change Committee has set out actions around power supply, transport, housing, and agriculture through a 'Balanced Pathway', and a 'Widespread Engagement Pathway' (more ambitious rates of behaviour change). Both pathways result in reductions in PM_{2.5} with modest increases around active travel (walking and cycling). A primary improvement includes switching domestic fuels from gas, solid, and biofuels, with assumptions around home energy efficiency assuming appropriate ventilation. Net zero greenhouse gas emissions for electricity supply, land transport, housing, and diets has potential for substantial net positive impacts on the health of the population^{xiv}. Traffic emissions may only be reduced if car journeys are reduced (EV's will still emit PM's, though at a lower level), and non-communicable disease reduced by increased activity. Increasing physical activity through walking and cycling could save the NHS £17billion within 20 years by reducing prevalence of type-2 diabetes, dementia, heart disease, cerebrovascular disease, and cancer^{xv}.

Working in partnership

The One Devon Partnership Integrated Care Strategy found in a comparison of the indoor (decent home standard and central heating availability) and outdoor (air quality and pedestrian/cyclist accidents) environment domains, in the Indices of Deprivation, the significant challenges that exist in Devon. Many areas were in the top 10% or 25% nationally for the indoor environment deprivation domain. In relation to climate change the strategy identifies air pollution, where excess heat and excess cold have a significant impact on health, particularly in relation to increases in cases of and deaths from respiratory and circulatory conditions like Asthma, Heart Disease and Stroke. An increase in severe weather events also leads to further direct risks to human health, e.g. heatwave resulting in moorland fires. The strategy places air pollution in the top ten modifiable risk factors in Devon^{xvi}.

Working as an integrated system we can seek to provide co-benefits to climate mitigation and population health, with improvements to population health reducing further impacts to health and social care services. As part of our ongoing Carbon Plan, we will be seeking to retrofit properties with the most appropriate technology to reduce both carbon footprint and improve air quality. This means not only considering CO₂, but other factors such as NO_x and PM_x. By focusing on carbon reduction, we need to seek co-benefits for public health whilst avoiding unintended negative consequences for health or climate resilience.

In a recent response to Government with regards a revised Air Quality Strategy (Appendix 2) it was highlighted the need to work in a regional context, given the transboundary influence of pollutants. As One Devon is formed of significant 'anchor institutions' the day-to-day business of partners can reduce pollution via encouraging supply chains to respond to low-carbon economies. In addition, the authorities can support and stimulate local infrastructure that supports low-carbon measures.

With the inclusion of county councils in the Environment Act 2021 there is further scope to work with district partners in improving local air quality. Devon County Council has, for example, worked alongside Exeter City in improving an Air Quality Management Area through transport planning measures. Planners at all levels also seek to improve air quality through the existing provisions of the National Planning Policy Framework, with additional Supplemental Planning Documents specifically relating to air quality.

Local authorities, including Public Health, can seek to share up-to-date information in digestible audience tailored ways. One approach would be to ensure the Joint Strategic Needs Assessment includes specific links between climate and health, including air quality. In taking a Health in all Policy approach this may reach across to incorporate and inform a range of policy areas.

John Amosford
Public Health Specialist, Health in All Policies
20th July 2023

Glossary and abbreviations

PM_x Particulate Matter, primarily particles smaller than 0.1, 2.5, and 10µm. These are represented as PM_{0.1}, PM_{2.5}, and PM₁₀ respectively. The smallest particles can enter the bloodstream and affect different organs, whilst larger particles may lodge within the lungs.

Appendix 1

Some policy background

Active travel: local authority toolkit

<https://www.gov.uk/government/publications/active-travel-local-authority-toolkit/active-travel-local-authority-toolkit>

“Local authorities can play an important role in increasing walking, wheeling and cycling. Through influencing planning and taking a wider, strategic view of travel infrastructure across their area, authorities can ensure that active travel infrastructure connects residents to services. As local leaders, authorities have a wide sphere of influence and can lead by example in adopting, promoting and providing infrastructure to enable and encourage active travel with their staff.”

Air Quality A Briefing for Directors of Public Health

<https://www.local.gov.uk/publications/air-quality-briefing-directors-public-health>

“Directors of Public Health have a crucial role to play as leaders and influencers, shaping how local approaches can help clean up air in their area most effectively. This briefing provides the information to help Directors of Public Health consider the appropriate public health response to air pollution in their area.”

Air quality strategy: framework for local authority delivery

<https://www.gov.uk/government/publications/the-air-quality-strategy-for-england/air-quality-strategy-framework-for-local-authority-delivery>

“All local authorities in England, including upper tier authorities... must have regard to this document (Air Quality Strategy). This reflects the fact that where there are two tier authorities, county councils are expected to contribute to district council air quality plans and strategies. In particular, we expect this strategy to be relevant where local authorities are preparing Air Quality Action Plans to address local exceedances”

Clean Air Strategy

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/770715/clean-air-strategy-2019.pdf

“...progressively cut public exposure to particulate matter pollution as suggested by the World Health Organization. We will set a new, ambitious, long-term target to reduce people’s exposure to PM2.5 and will publish evidence early in 2019 to examine what action would be needed to meet the WHO annual mean guideline limit of 10 µg/m3.”

National Planning Policy Framework

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005759/NPPF_July_2021.pdf

“105 Significant development should be focused on locations which are or can be made sustainable, through limiting the need to travel and offering a genuine choice of transport modes. This can help to reduce congestion and emissions, and improve air quality and public health.”

Environment Act 2021

<https://www.legislation.gov.uk/ukpga/2021/30/enacted>

Various provisions now include County in processes with regards air quality. “The following persons must have regard to the strategy when exercising any function of a public nature that could affect the quality of air... county councils for areas in England for which there are district councils... Where a district council of a district in England for which there is a county council intends to prepare an action plan it must notify the county council that it intends to do so...”

Appendix 2

Consultation on the draft revised Air Quality Strategy

Response from Public Health Devon with contribution by Climate Change, Environment, and Transport

<https://www.gov.uk/government/consultations/revised-national-air-quality-strategy>

This consultation closed at 11:30pm on 21 April 2023.

Questions

Introduction

1. **What is your name?** Steve Brown, Director of Public Health, Communities, and Prosperity
2. **What is your email address?** steve.brown@devon.gov.uk
3. **What is your organisation?** Devon County Council

Confidentiality Question

4. Would you like your response to be confidential?

- Yes
- No

(If you answered Yes, please give your reason)

Chapter 4: Framework for action

5. To what extent do you agree or disagree with our commitment to better align air quality reporting zones with local government boundaries?

- Strongly agree
- Somewhat agree
- Neither agree or disagree
- Somewhat disagree
- Strongly disagree
- Don't know or no opinion

Any other information:

Given the transboundary transportation and creation of pollutants the appropriate tier of local government and government agencies needs to be coordinated within the regional context. As agriculture, industry, and transport are significant contributors relevant agencies need to be involved in coordinating efforts. For example, the expanded duty for National Highways, given their influence on the strategic road network, that significantly impacts on air quality. Local authorities are best placed to coordinate local actions in relation to local transportation, planning, and as anchor institutions.

Chapter 5: Summary of powers available to local authorities

6. What more could local authorities do within the existing regulatory framework to reduce pollution from inappropriate domestic burning?

Our Trading Standards already have powers, including those under the Air Quality (Domestic Solid Fuels Standards) Regulations 2020, and take steps to educate and enforce where appropriate. We will continue to review the impact of domestic burning in view of recently

revised DEFRA figures, the nature of local communities, building stock, and housing density, within the wider context of pollutants and polluters. As part of Devon's ongoing Carbon Plan and partnership we will be seeking to facilitate the retrofitting of properties with the most appropriate technology to reduce both carbon footprint, improve air quality, and improve energy efficiently. This means not only considering CO₂, but other factors such as NO_x and PM_x.

7. How do you feel local authorities can most effectively reduce pollution from industrial sources they are responsible for?

The day-to-day business of local authorities can reduce pollution via encouraging supply chains to respond to low-carbon economies. In addition, the authorities can support and stimulate local infrastructure that supports low-carbon measures. Developing circular economies as part of an overall carbon reduction plan should have co-benefits for air quality. In their role as an anchor institution Local Authorities can specify, in their procurement of goods and services, the need for low carbon delivery, and reporting on emissions. Through embedding low carbon planning and transport policies and programmes they can promote the development of infrastructure that will lead to the improvement of air quality.

8. How do you feel local authorities can most effectively reduce pollution from transport and non-road mobile machinery (NRMM)?

Local authorities such as our own are already reducing impacts on air quality, that benefit public health, and improve local economies. Within city we have developed strategic active travel networks, whilst improving links to these for surrounding communities with a choice of multi-model interfacing networks. We need to offer people a choice of travel and rebalance road use based on accessibility, e.g. residential streets accessible and usable by all people, whatever mode of transport. In designing approaches, we are seeking to improve levels of activity and air quality together to improve public health, whilst enhancing the transport environment.

The National Planning Policy Framework (NPPF) already supports focusing on locations that are sustainable through limiting travel and consider air quality (e.g. para 105/186). However, with percentage allocations areas within rural settings are sometimes pressured into increasing housing when this is not supported by employment nor infrastructure. In working with planners at all levels tools such as the Defra Air quality appraisal damage costs toolkit may be used to offset longer-term costs resulting from developments, whilst also using supplemental planning documents (or the replacement) to put in place mitigations and improvements at the outset. The NPPF proposals should align some policy timelines to make effecting mitigations more aligned between various processes, and reinforce sustainable development considering social determinants, such as access to nearby employment.

9. How do you feel local authorities can most effectively reduce pollution from agriculture?

Working with local farmers and strategic partnerships, such as our local food partnership, seeking to balance competing needs of agriculture, forestry, and other land use. Again a number of cobenefits may be achieved in supporting demand and production of nutritious and sustainable food. This not only supports local farming, but not to exclusion of other food supply chains when more sustainable, but seeks to improve population diet and health. Reducing impacts on pollution through reduced meat and dairy consumption needs to be counterbalanced in certain rural economies. This means making the Environmental Land Management Schemes effective and viable. We have already started restoring upland peat bogs in our County which have potential to reabsorb vast quantities of carbon, though this needs to be balanced with a sustainable land management programme to maintain this into the future.

Consideration will need to be given to providing strategic infrastructure plans to balance competing needs of house building, farming, landscape restoration and preservation. Land use pressure needs to support sustainable farming business practices. In Devon there are

already a number of programmes to support our farmers transition towards more sustainable forms of farming: e.g. the Devon Agri-tech Alliance and the Future Farming Resilience programme.

As some farm types are already included in the scope of environmental permitting it would appear to be reasonable to include intensive beef and intensive dairy farms. The evidence for bringing all dairy farms into this scope will need to be made clear in any future consultation. There remains a question as to how this may be phased in and any additional pressures on Environment Agency, local planning, environmental health, and farmers (particularly those with smaller herds).

10. How do you feel local authorities can most effectively improve indoor air quality?

As part of our retrofit programme we can seek to educate around various volatile organic compounds and sources of indoor pollution. The removal of gas appliance, especially cookers, will go some way to improving indoor air quality. In applying retrofit natural ventilation may be considered in relation to VOC, or where applicable other gases such as Radon. We can also increase knowledge of various consumer products that may harm health, if not also the environment.

Building regulations and enforcement can seek to improve construction materials used, and encourage less harmful and more sustainable products. This is an area of work where local public health can work with the UKHSA and other bodies such as the Buildings Research Establishment to inform work with local planners and builders.

11. How do you feel local authorities can most effectively communicate air quality information?

Local authorities, including Public Health, can seek to share up-to-date information in digestible audience tailored ways. This goes beyond just sharing mortality burden estimates; we need to look at local data, including Hospital Episode Statistics, at a range of diseases connected directly with air pollution and methods of reducing the burden. Public health have a range of health promotion techniques, however, the greatest strength is when these are combined with infrastructure projects. We need to demonstrate that infrastructure changes are there to give people choice, enable them to improve their health, to select cheaper modes of travel, to heat their home more efficiently and sustainably. However information alone will not create change, we need to be able to instigate and support system change, with cobenefits to the individual, and wider society. In working with our own and partners' frontline practitioners who can help give brief advice and signposting to information about how air quality can be improved by individuals and communities.

12. Do you feel that there are additional powers relating to air quality which should be available to local authorities?

- Yes
- No

If yes, please provide details.

Any powers need to be supported by the power to act. We have recently seen the active travel fund drastically reduced, the Clean Air Fund and funds to retrofit have not risen to the challenge. The YouGov and Ipsos polls show the public want us, local government and Government alike, to act on the climate crisis. Evidence from those areas that have taken steps tend to find a few noisy detractors, whilst measures, such as those we have taken, get general support.

In firming up the Environment Act and other instruments the responsibility of each agency should be clearer. Additionally we would seek for a reinforcement of the need to go wider than just AQMA's; that we need to strive to reduce air quality systemically, and look at those pollutants that matter to the area, not a select few. We would also seek for air quality to be

considered in relation to social determinants and seek to redress the imbalance between those who benefit more, and those suffer more, in the system.

The 'Duty to Cooperate' should have a set of guidance laying out working principles, e.g. similar to Gunning Principles and Wednesbury Principle. i.e. authorities and agencies should work together when air quality reports are at a formative stage with adequate time for consideration and response from respective parties. These principles and that of reasonableness may be a test at which the Secretary of State may intervene.

13. What further support could government provide to help with actions taken locally to tackle air quality?

- Increased guidance
- Face to face teach-ins on topics
- Virtual teach-ins on topics
- Enforcement pro-forma or templates
- Sharing space or website for best practice examples of local working
- Knowledge hub including assets for local authorities
- Other (please specify below)

If you selected 'Other', please provide details.

Readily available more granular modelling of air pollution in format that may be used with other indicators such as collection of Hospital Episode Statistics, Indices of Multiple Deprivation, and other data sources.

Chapter 6: PM2.5 Target Implementation

14. To what extent do you agree or disagree that a new approach needs to be employed to promote consideration of the PM2.5 targets in the planning system?

- Strongly agree
- Somewhat agree
- Neither agree or disagree
- Somewhat disagree
- Strongly disagree
- Don't know or no opinion

Please add any additional comments.

This should enable a level playing field for developers and authorities alike. In two tier authorities Public Health and others may find differing approaches to, for example, Supplemental Planning Documents (SPD) across a number of authorities. This is especially relevant at this time where we have SPDs that may no longer stand following update of the National Planning Policy Framework.

15. What do you think are the merits or drawbacks of a design-stage emission prevention approach as set out in this chapter?

In areas such as ours the housing pressure, particularly from second homes, together with design-stage emission prevention, the cost of implementation needs to be considered. We not only need 'affordable housing', which is still unaffordable for many, but housing affordable to lower paid workers. However, a well-designed home will be cheaper to heat, which is one side of the heat or eat equation.

We will need to also carefully explore the rental market, which appears to be having some change as the 'buy to let' market appear to be increasingly selling properties. Extra pressure to retrofit for heating may further influence this; if this resupply goes out of long-term rental sector there may be further pressure on rents.

16. Are there any additional assessment approaches or points we should consider when developing proposals to integrate the PM2.5 targets in the planning system?

- Yes
- No

If yes, please provide details.

Siting and screening to protect particularly vulnerable populations e.g. primary schools. This could be included in design coding.

Consultee Feedback on the Online Survey

Thank you for taking the time to participate in this online survey. We would appreciate it if you are able provide us with an insight into how you view the tool and any area(s) you feel is in need of improvement, by completing our feedback questionnaire.

17. Overall, how satisfied are you with our online consultation tool? Please give us any comments you have on the tool, including suggestions on how we could improve it.

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied Yes
- Dissatisfied
- Very dissatisfied
- Don't know

Please give us any comments you have on the tool

The overall comment would be the limited amount of time given to comment on what is an extremely important area for Public Health.

-
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- ⁱⁱ Defra, 2006. Air quality and social deprivation in the UK. https://uk-air.defra.gov.uk/library/reports?report_id=424
- ⁱⁱⁱ Abed Al Ahad, M. et al (2022). Air pollution and individuals' mental well-being in the adult population in United Kingdom: A spatial-temporal longitudinal study and the moderating effect of ethnicity. *PLoS ONE*; 17(3). <https://doi.org/10.1371/journal.pone.0264394>
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- ^{ix} Tchounwou, P.B. (2022) Recent Insights into Particulate Matter (PM2.5)-Mediated Toxicity in Humans: An Overview. *International Journal of Environmental Research in Public Health*; 19(12):7511. doi: [10.3390/ijerph19127511](https://doi.org/10.3390/ijerph19127511)
- ^x Public Health England (2018). Estimation of costs to the NHS and social care due to the health impacts of air pollution: summary report. <https://assets.publishing.service.gov.uk/>
- ^{xi} Devon Climate Emergency (2022) Devon Carbon Plan; <https://devonclimateemergency.org.uk/wp-content/uploads/2022/11/Full-Carbon-Plan-22-11-2022.pdf>
- ^{xii} Jennings, N. et al. (2019) Co-benefits of climate change mitigation in the UK: What issues are the UK public concerned about and how can action on climate change help to address them? Grantham Institute Briefing Paper; 31. <https://www.imperial.ac.uk>
- ^{xiii} Ibid xi, Devon County Council (2020) Planetary and Human Health: Public Health Annual Report 2019-20. <https://www.devonhealthandwellbeing.org.uk/aphr/2019-20/>
- ^{xiv} Milner, J. et al (2023) Impact on mortality of pathways to net zero greenhouse gas emissions in England and Wales: a multisectoral modelling study. *The Lancet Planetary Health*; 7(2) [https://doi.org/10.1016/S2542-5196\(22\)00310-2](https://doi.org/10.1016/S2542-5196(22)00310-2)
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Health and Wellbeing Board
20th July 2023

Suicide Prevention Action Plan Update

Report of the Director of Public Health, Communities & Prosperity

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

1) Recommendation

For Information Only

2) Background / Introduction

Devon County Council Public Health are System Leaders (along with Plymouth CC and Torbay Council) for the delivery of a Suicide prevention programme. The Devon Suicide Prevention Implementation Group (SPIG) meets three times a year to set priorities oversee and review delivery of the Suicide Prevention Action Plan.

The Plan adheres to the priorities set by the national strategy and is further influenced by local data via the coronial process and from our Real Time Surveillance data.

There is due to be a new national strategy (the first since 2013), so our priority setting was delayed accommodating this, however the national strategy launch date has been postponed (although promised before September), so the meeting went ahead on the 6th July

3) Main Body / Proposal

The current draft of the Devon County Council Suicide Prevention Strategy & Action Plan (2023-24) is attached – this was discussed at the SPIG meeting on 6th July and the action plan will be further updated to include new actions identified, before being finalised and published.

However, the key priority areas have not changed and remain:

- Preventing suicide in public places
- Suicide & self-harm in children and young people
- Groups at risk: particular focus on men of all ages
- Exploring the links between suicide and domestic abuse
- Financial wellbeing
- Loneliness and isolation
- Engaging people with lived experience

Agenda Item 7

In addition to the draft Suicide Prevention Strategy and Action plan, a summary of updates from 2022-23 was prepared and shared at the 6th July meeting to reflect progress made by SPIG group members (attached).

Additional updates were shared at the meeting, and this summary will be further amended to reflect this – to be published alongside the finalised statement and action Plan

4) Strategic Plan

Clearly explain how the proposal, scheme or policy aligns with the vision and priorities in the Council's Strategic Plan 2021 – 2025 - <https://www.devon.gov.uk/strategic-plan>

This includes

- Be ambitious for children and young people: The strategy prioritises reducing suicide among Children and Young People.
- Tackle poverty and inequality (address poverty, health and other inequalities): The strategy prioritises people who are struggling with debt, are unemployed or on a low income as these factors increase the risk of suicide
- Improve health and wellbeing, including any public health impacts: The strategy seeks to support the emotional health and wellbeing of 'at risk' groups
- Help communities be safe, connected and resilient: Suicide Prevention supports the Safer Communities agenda

5) Financial Considerations

Nil

6) Legal Considerations

No specific Legal Considerations

7) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

N/A

8) Equality Considerations

N/A

9) Risk Management Considerations

No risks have been identified.

10) Summary / Conclusions / Reasons for Recommendations

For Information only will return with finalised Action Plan for sign off

Director / Head of Service: Steve Brown

Electoral Divisions: All

Cabinet Member for Public Health Councillor Roger Croad

Local Government Act 1972: List of background papers

Nil

Contact for enquiries: Nicola.Glassbrook@devon.gov.uk

Name: Nicola Glassbrook

Devon Suicide Prevention Statement and Action Plan 2023-24

Introduction

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

Suicide prevention is everyone's business. Whilst local government have the responsibility to produce and deliver an annual action plan to prevent suicide, they need to do this in partnership with Health, Blue light, statutory services, the voluntary sector and communities.

To achieve this, Public Health facilitate a Devon – wide Strategic Group to oversee the delivery of the Suicide Prevention Action Plan.

The national context

Devon takes the priority areas set by the national suicide prevention strategy for England to inform the local strategy and associated action plan.

A new updated National Suicide Prevention Strategy is expected during 2023, and when published any new priority areas will be considered for action locally, as appropriate.

The [existing National Strategy framework](#) outlines two principle objectives: reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. This is reflected in the seven priority areas:

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

[National suicide prevention planning guidance](#) developed by the Suicide Prevention Strategic Advisory Group (SPSAG) recommends that local areas should aim to tackle all seven areas of the national strategy in the long-term, with a co-ordinated system approach to priorities for short-term action set out below:

1. Reducing risk in men, especially middle age with a focus on economic factors

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

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

1. Local Government Association (LGA) and the Association for Directors of Public Health (ADPH) should encourage local authorities to consider working with other local authorities to achieve economies of scale and maximise resources.
2. Local Authorities and multi-agency groups should avoid spreading their resources too thinly by trying to cover all areas of the national strategy too soon. Those at the earlier stages of their response may benefit from embedding and improving the quality of activity already taking place rather than implementing multiple new activities. Similarly, it may be helpful to begin by playing to local strengths and focusing efforts on strategy areas where there is already effective partnership working before tackling national strategy areas that prove more difficult to implement in the local context.
3. LGA and ADPH should support local areas to move past the preparatory stage of building partnerships and planning actions, and into delivery of actions themselves where this is not already happening.

Taking these principles into account Devon continues to work closely with Torbay and Plymouth to deliver suicide prevention activities across the system. Devon is also a member of regional and national networks to maintain connections with a wide range of colleagues, to benefit from shared learning relating to good practice and challenges in delivering suicide prevention activities.

The Local Context

One Devon: Integrated Care Board - Joint Forward Plan

[One Devon](#) is a collaboration of the NHS and local councils, as well as a wide range of other organisations like the voluntary sector, who are working together to improve the lives of people in Devon.

One Devon is developing a 5 Year Joint Forward Plan (expected to be published at the end of June 2023) which will set out how health, care and other support services will be planned and organised so that joined-up, preventive care is available to everyone in the population across the course of their lives.

Within the 5 Year Forward Plan there is a strategic goal for suicide prevention:

“Every suicide will be regarded as preventable, and we will work together as a system to make suicide safer communities across Devon, Plymouth and Torbay and reduce suicide deaths across all ages”

To deliver this strategic goal, there are four objectives:

- The Local Suicide Prevention Groups to each have a published annual action plan which sets delivery for the year
- Local Suicide Prevention Groups to report annually on their suicide rates and their annual action plan to their respective Health and Wellbeing Boards
- Public Health Teams to monitor suicide rates in their areas and for the whole ICB and compare it to the England average
- Local Suicide Prevention Groups to prioritise ongoing provision of suicide training programmes to continue to expand system knowledge of suicide and suicide prevention

These overarching objectives, along with the national strategy, help to inform the work of the Devon County Council Suicide Prevention Strategic Implementation Group.

Devon County Council Suicide Prevention Strategic Implementation Group

Suicide prevention is everyone's business - local Government have a responsibility to produce and deliver an annual Suicide Prevention Action Plan, working with key partners to do so. Public Health Devon co-ordinate a strategic implementation group to oversee the Action Plan.

The DCC Suicide Prevention Implementation Group (SPIG) is a collaboration of partners and stakeholders – working together to understand local needs and priorities, agreeing and taking action, as well as reviewing progress on delivery of the action plan.

Working with Public Health Teams

Devon routinely collaborates with colleagues in Plymouth & Torbay on system wide and population level suicide prevention programmes and initiatives. This enables us

to maximise the resources available to deliver these programmes and reduces duplication.

The key Devon-wide priorities are:

1. Supporting the Real Time Suicide Surveillance System
2. Delivering Suicide Prevention training for:
 - Communities – public & professionals
 - Primary care – GP practice clinical staff
3. Communications and media reporting

Working with Devon Partnership NHS Trust

As well as working with partners in Public Health, we continue to work closely with our local Mental Health Trust who take the lead on suicide prevention in community and acute mental health services.

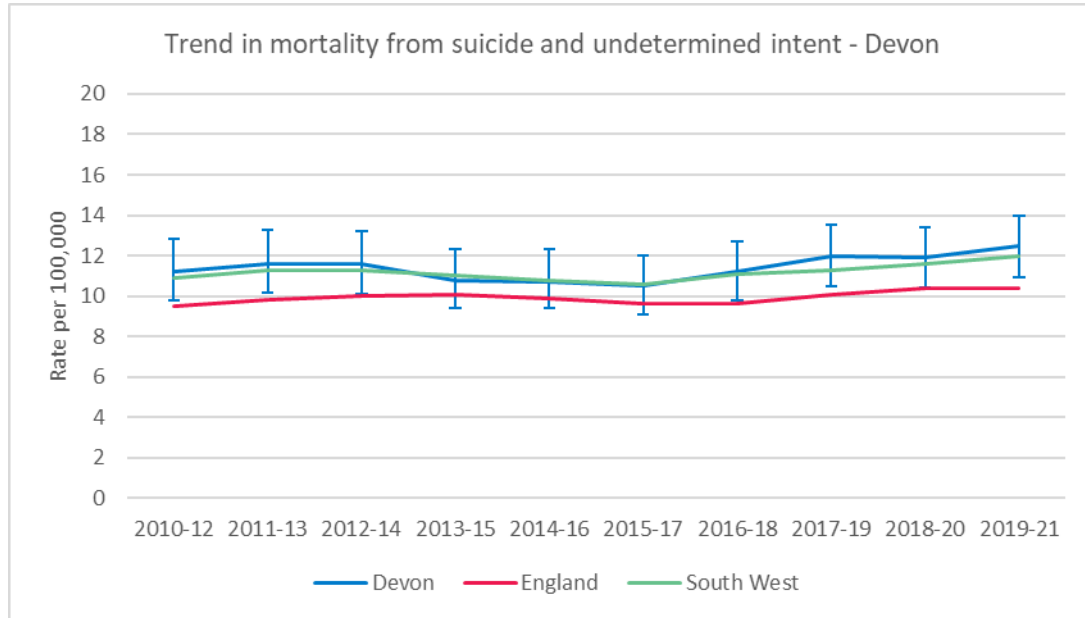
The Safe from Suicide Team are working to address areas of the NCISH 10-point safety plan, with a particular focus this year around clinical risk, safer wards, and family involvement.



Looking Ahead: Devon Suicide Prevention in 2023-24

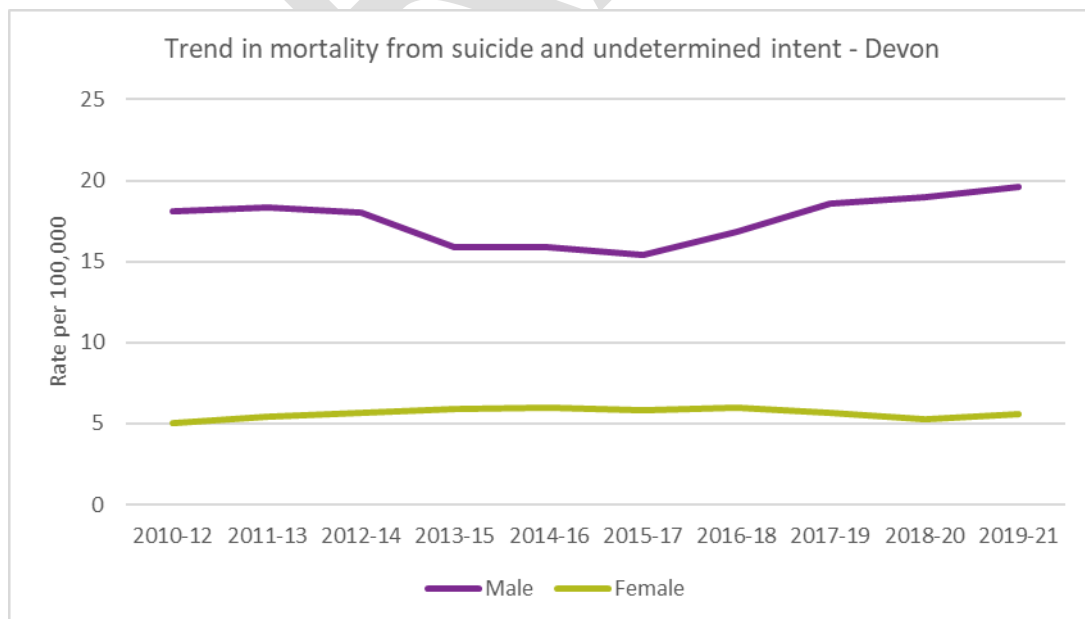
Understanding local trends: key data

In 2019-21 the suicide rate in Devon rose to 12.5 per 100,000 from 11.9 per 100,000 in 2018-20. The rate for Devon is statistically significantly higher than the rate for England, and is slightly higher than the rate for the South West.



(OHID, Fingertips, sourced from ONS data; Devon Public Health Intelligence Team)

In Devon, the male and female suicide rates are 19.6 and 5.6 respectively – male rates are 3.5 times higher than the female rate (2019-21)



(OHID Fingertips, sourced from ONS data; Devon Public Health Intelligence Team)

The Priorities for 2023-24

In Devon, there are **four key priority areas** where the suicide prevention strategic group will lead, collaborating to taking action:

1. Prevention of suicide in Public Places

Continuing to work with key partners across the system to identify and take action in relation to potential high frequency locations.

2. Suicide and Self-Harm in Children and Young People

Recognising the importance of the positive mental health and wellbeing for children & young people, we will continue to understand the ongoing impacts of the pandemic on children and young people, raising awareness of the identified range of risk factors.

3. At risk groups

Targeted approaches for at risk groups will be developed in response to identified local or national needs. At risk groups for priority action may include:

- Men – all ages, particular focus on children & young people, and middle-aged men
- Unemployed
- Inclusion health groups

4. Exploring the links between suicide and DSVAs

There is growing interest both locally and nationally in the links between domestic and sexual violence and abuse and suicide (in both victims and offenders). We will work to better understand local needs and in collaboration with local commissioners and providers identify opportunities for local action.

There are **three additional priority areas** where the strategic group will contribute to and enhance wider system work, identifying opportunities to target suicide prevention activity as needed:

- Financial Pressures and Debt

Evidence shows that suicide rates increase in times of economic downturn and debt is a recognised risk factor. We will work with key partner organisations to look at additional support around wellbeing/ Suicide Prevention for those experiencing financial pressures and/or debt.

- Loneliness and Isolation

Evidence shows that social isolation, as well as life events including relationship breakdown and bereavement, are risk factors for suicide. We will work with key

partner organisations to look at additional support around wellbeing and Suicide Prevention to target those who are/at risk of experiencing loneliness and isolation.

- Engagement with People with Lived Experience

People with lived experience of suicidality or bereavement from suicide have an important role to play in the delivery of our action plan. We aim to link with wider system work on establishing a Lived Experience Reference Organisation, to include suicide prevention as one of a range of expert by experience subject areas, rather than creating specific suicide prevention lived experience groups. In addition, we will engage with any existing lived experience groups and forums that relate to the agreed suicide prevention priority areas.

2023-24 Audit

It has been agreed that a full retrospective annual audit of Coroner files will not take place in 2023-24. However, if a need is identified for a sample or topic focussed audit in response to local needs then this will be progressed as appropriate.

An annual suicide prevention topic overview of key data & demographics is developed, and is comparable to similar audit overviews produced in Plymouth & Torbay

Next steps and actions

In order to progress action in the priority areas, we will continue to utilise resources from the NHSE funding and our own Public Mental Health Grant.

In addition, Public Health Devon have established an All Age Mental Health Group, which will help to ensure broader Public Mental health plans link to and complement the Suicide Prevention workstreams.

An action plan is set out below to describe key actions required for each priority area. This action plan will be monitored, reviewed and updated through the DCC Suicide Prevention Strategic Implementation Group, other relevant partnerships & forums, and task and finish groups as required.

**Public Health Devon
July 2023**

Devon County Council Suicide Prevention Action Plan 2023-24

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1. Prevention of Suicide in Public Places				
National Suicide Prevention Strategy Priorities: 3,5,6 National Suicide Prevention Strategic Advisory Group priorities: 6				
Action	Outcome / measure	Target date	Leads & partners	Comments
1a Contribute to any response activity as a result of high frequency locations (HFLs) identified via Real Time Suicide Surveillance (RTSS)	Attend meetings – take action as required	Ongoing work: responsive in relation to identified HFLs	Public Health Devon RTSS partners As identified	Core business for Public Health Devon, and RTSS partners Response will be initiated as required.
1b Scope potential to use 'concern for welfare' data to develop mapping of locations that people in distress attend – to inform and target prevention and early intervention programmes	Data shared by key partners Mapping directly informs activity	March 2024	Public Health Blue light services Network Rail / BTP	
1c Continue to engage in local system response work relating to railways	Include Network Rail colleagues in SPIG Support local & system work and actions	Ongoing	Public Health Devon RTSS Network Rail	Network Rail included in SPIG membership from June 2023
1d Explore potential for 'Designing Out' – influence local planning guidance and decision-making	Good practice guidance shared with local Planning colleagues Guidance informing local decisions	March 2024	Public Health Devon DCC Planning	
2. Prevention of Suicide and Self-Harm among CYP				
National Suicide Prevention Strategy Priorities 1, 7 National Suicide Prevention Strategic Advisory Group priorities 2,3				
Action	Outcome / measure	Target date	Leads & partners	Comments
2a Continue to support the development of a PostVention resource for education settings – for use when there is a (suspected) suicide that impacts an education setting	Resource complete and launched for use	Autumn 2023	Pete's Dragons Public Health CAMHS Educational Psychology	This project was initiated in 2022-23, completion anticipated this year with ongoing review/refresh of resource as required following launch
2b Contribute to the Devon Schools	Content developed and	September	Public Health	Part of wider DSWP project work

Wellbeing Partnership – online resource for schools to access information, good practice and signposting on range of health and wellbeing topics	online for key topics i.e. self-harm, suicide, 5 ways to wellbeing	2023	Devon	
2c scope out need for Young People Connect 5 training offer and implement if agreed	Training offer available Training activity	March 2024	Public Health Devon	
2d continue to promote suicide prevention, emotional resilience and Connect 5 training to workforces supporting CYP	Training activity	Ongoing to end of March 2024	Public Health – Devon, Plymouth & Torbay SPIG members	Suicide prevention & emotional resilience funded across 3 x LA areas Position of all training from 2024-25 to be confirmed.
2e Utilise suicide prevention grant funding to support CYP targeted initiatives	Grant funding allocated – to include those aimed at CYP	End of March 2024	Public Health Devon Grant recipients	Grant funding is resourced by ICS wider NHSE prevention money – delivered across 3 x LA areas
2f utilise ‘support the supporters’ grant funding to support initiatives for those caring for CYP	Grant funding allocated	End of March 2024	Public Health Devon Grant recipients	Grant funding resources by Public Health Devon
2g ensure links to DCC suicide prevention web pages from relevant CYP websites	DCC web pages in place Links established with key partner websites	September 2024	Public Health Devon	
3. At Risk Groups National Suicide Prevention Strategy Priorities: 1, 2 National Suicide Prevention Strategic Advisory Group Priorities: 1				
Action	Outcome / measure	Target date	Leads & partners	Comments
3a Continue with focus on ‘men at risk’ – utilise risk factor data to inform prevention activity e.g. training offers, targeted communications	Training activity for workforces supporting men	Ongoing	Public Health Devon Relevant partners	Continue to learn from March 2023 engagement event
3b Continue to support system wide Men’s Mental Health work in partnership with Plymouth & Torbay	Specific work programmes & activities identified and implemented for 2023-24	Ongoing - March 2024	Public Health – Devon, Plymouth & Torbay	Ongoing work programme in collaboration with Public Health colleagues
3c Identify opportunities for suicide prevention work based on identified needs/challenges for Inclusion Health groups e.g. homeless, personality disorder	Improved understanding of suicide prevention for Inclusion Health groups. Specific work programmes	March 2024	Public Health Devon Devon Drug & Alcohol Strategic	

	& activities identified and implemented as appropriate		Partnership SCAA (?)	
3d Unemployment – learn from pilot work beginning in Plymouth to provide mental health support in Job Centres.	Use outcomes of pilot to inform action in Devon	March 2024 (& into 2024-25)	Public Health teams DWP/JCP	‘watching brief’ at present re Plymouth pilot, to review as needed
4. Exploring Links between DSVAs and Suicide National Suicide Prevention Strategy Priorities: 1, 6 National Suicide Prevention Strategic Advisory Group priorities 1,7				
Action	Outcome / measure	Target date	Leads & partners	Comments
4a Understand local needs – improving data & intelligence	Data & intelligence is available and used to inform local programmes	March 2024	Public Health Devon RTSS DSVA Commissioners & services	
4b Workforce training – promote uptake of suicide prevention training for DSVAs workforces, and DSVAs training for workforces supporting people with poor mental health & wellbeing	Training activity – by target workforce	March 2024	Public Health Devon DSVA Commissioners & services	
4c Plan & host a targeted engagement event – to bring together partners from suicide prevention, DSVAs and other key partners, to explore opportunities for intervention and action	Event planned & takes place Event outcomes captured & reviewed	Autumn 2023 March 2024	Public Health DSVA services	This will be a system wide piece of work across all 3 Public Health teams
5. Financial Wellbeing: debt, cost of living crisis, gambling National Suicide Prevention Strategy Priorities: 1 National Suicide Prevention Strategic Advisory Group Priorities: 1				
Action	Outcome / measure	Target date	Leads & partners	Comments
5a ensure suicide prevention training offers are targeted to workforces & communities supporting those who are or may be at risk of poor financial wellbeing	Training activity – inc by workforce	Ongoing	Public Health Devon	
5b ensure relevant financial wellbeing	Links to available within	September	Public Health	

resources are signposted to from suicide prevention pages	DCC suicide prevention webpages	2023	Devon	
6. Loneliness and social isolation				
National Suicide Prevention Strategy Priorities: 1				
National Suicide Prevention Strategic Advisory Group Priorities: 7				
Action	Outcome / measure	Target date	Leads & partners	Comments
6a ensure suicide prevention training offers are targeted to workforces & communities supporting those who are or may be at risk of social isolation	Training activity – inc by workforce	Ongoing	Public Health Devon	
6b ensure relevant financial wellbeing resources are signposted to from suicide prevention pages	Links to available within DCC suicide prevention webpages	September 2023	Public Health Devon	
7. Engagement with people who have lived experience				
National Suicide Prevention Strategy Priorities:				
National Suicide Prevention Strategic Advisory Group priorities:				
Action	Outcome / measure	Target date	Leads & partners	Comments
7a Scope ways of meaningfully engaging with and effectively supporting people who have lived experience to inform the work of the DSPSG	The experiences of people with lived experience demonstrably influences suicide prevention work	March 2024		NB – this area will be led as part of wider system work to establish Lived Experience Reference Organisation for DCC system, with suicide prevention as one aspect
7b Involve people with lived experience in development of suicide prevention 'It's Safe to Talk About Suicide' leaflet	Leaflet developed and shared for use	Autumn 2023	P/Health Devon Devon Partnership NHS Trust University of Exeter	The leaflet was developed approx. 10 years ago and is being reviewed and updated for re-print and circulation.

Devon County Council Suicide Prevention Updates and achievements in 2022-23

This is a summary of updates shared by DCC Suicide Prevention Strategic Implementation Group members in June 2023, to reflect on work undertaken in 2022-23.

Preventing Suicide in Public Places			
Organisation	What have you achieved / been working on	What has gone well What challenges / barriers	What will continue through 2023-24
Highways England	Road safety -suicide prevention	Installed Heras fencing to raise height of parapets to 1.8m at 2 high risks structures and have installed 6 Samaritans 24 hour crisis helpline call tower stations on 2 iconic and high risk structures.	Installation of Samaritans 24 hour crisis signs on structure that meet criteria
HM Prison & Probation Service	we are trying to ensure prisoners are released with accommodation and not NFA, are naloxone trained and prepared for life on the outside	Sharing of community statistics again prison. Lack of information sharing from LA and the police	Rehab and preparing for life on the outside, accommodation planning
Public Health Devon	Engaged with Network Rail colleagues, who are now members of Suicide Prevention Strategic Group.	Building relationships – to understand locations of concern	Continue to develop relationships, utilise data to understand locations where prevention/early intervention activity can be targeted
Public Health Devon	Continue to use Real Time Suicide Surveillance data to identify possible High Frequency Locations	Real Time Surveillance processes	Engaging with Real Time Surveillance system group
Public Health Devon	Beginning to explore the opportunities to capture data & insights relating to locations being attended re 'concern for welfare/people in distress'	Begun to identify stakeholders to collaborate with. Challenge in capacity to collate data and develop into 'mapping' of locations	All of this, and aim to develop targeted place-based suicide prevention activity

Suicide and self-harm in children and young people			
Organisation	What have you achieved / been working on	What has gone well What challenges / barriers	What will continue through 2023-24
Highways England	continue to work closely with multi-agency groups	continue to work closely with partners reaching out to community groups	Development of our suicide and self harm prevention action plan
The Farming Community Network	Delivered Rural + mental health presentation to young farmers clubs throughout Devon prior to COVID.		
Safe from Suicide Team – Devon Partnership NHS Trust	Letter for Tomorrow- co produced with young people (written and audio version) It's Safe to Talk about Suicide - plan to work on one for parents/ carers	Letter for Tomorrow is a big success- launch planned for World suicide prevention day	It's Safe to Talk about Suicide - plan to work on one for parents/ carers
Public Health Devon – Pete's Dragons	Project initiated to develop a post-vention resource for education settings, to inform co-ordinated system response and support following a suspected suicide.	Collaboration to support the development of the resource. It will include prevention content as well.	The resource will be completed by autumn 2023.
Public Health Devon	Developed signposting resources for CYP, and Schools/Education settings, on sources of support	Sharing information Need to ensure it remains easily available	Developing further online suicide prevention information and signposting (as part of wider DCC Public Health online information)
Public Health Devon	Utilising some of the Suicide Prevention Grant funding to resource projects targeting CYP	Take up of grant funding	Continue to facilitate grant funding

Men at risk (all ages)			
Organisation	What have you achieved / been working on	What has gone well What challenges / barriers	What will continue through 2023-24
Highways England	continue to work closely with charities such as Andy's mans club and looking to support the Baton of Hope awareness campaign	progress made on all accounts - all positive	continue to implement interventions on structures working in collaboration with partners and charities
HM Prison & Probation Service	Finding prisoners purposeful activity and employment whilst in custody. Working on helping prisoners manage and recognise when they are struggling to cope. Supporting those struggling with gaining the right support for addiction, debt, from the Samaritans, or other sources of support.	Challenges are sharing of information from the community such as the Police or LA with the prisons. Prisoner family engagement is going well, PACT the family service have been supporting this.	Preventing self harm, violence, assaults and suicide. Looking at continuing those who need support to engage and work with practitioners/healthcare/MH services to gain the support required.
The Farming Community Network	Social media etc 'who is your Julie' campaign		
Safe from Suicide Team – Devon Partnership NHS Trust	<ol style="list-style-type: none"> 1. Clinical Risk 2. Safer Wards 3. Developing Family Involvement 	<p>Gone well</p> <p>New Risk Management Policies in place and being embedded- clinical and individual safety and harm minimization, clinical risk assessment , Formulation and Personalised planning.</p> <p>New clinical risk training which is moving from 1/2 day to one day.</p> <p>New suicide prevention training for staff</p> <p>Ligature training</p> <p>Developing work to improve family involvement- refresh carers strategy, carer champions (now 90% wards have one),</p>	All of these

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 82</p>		<p>Letter of hope - adults, young people and easy read Update Its Safe to talk about suicide with DCC Stronger Together training for carers and practitioners QI work with teams to develop carer support groups, Welcome packs for carers</p> <p>Challenges Embedding new policy Venues for ligature training and lack of capacity to move into community teams Funding for Stronger Together training and identifying carers to attend Implementation of carer strategy</p>	
<p>Public Health Devon</p>	<p>Hosted an engagement event in March 2023 to showcase local projects, to share good practice, and promote connections and collaborations</p>	<p>Really positive feedback from the event delegates and showcase projects. Challenge in capturing resulting actions & activities</p>	<p>Continue to focus on men at risk, and facilitate connections and collaboration.</p>
<p>Public Health Devon</p>	<p>Work in collaboration with colleagues in Plymouth & Torbay to deliver Men's Mental Health activity</p>	<p>Some challenges and delays in delivery of expected activities</p>	<p>Continue to collaborate, to plan Men's Mental Health activities</p>
<p>Public Health Devon</p>	<p>Utilising some of the Suicide Prevention Grant funding to resource projects targeting men at risk</p>	<p>Take up of grant funding</p>	<p>Continue to facilitate grant funding</p>
<p>Public Health Devon</p>	<p>Promote Connect 5, Community Suicide Awareness, & Emotional Resilience training to those supporting men</p>	<p>Having consistent training offer across Devon, Plymouth & Torbay. Uptake of training varies.</p>	<p>Training will continue through 2023-24</p>

Exploring links between suicide and domestic and sexual violence & abuse			
Organisation	What have you achieved / been working on	What has gone well What challenges / barriers	What will continue through 2023-24
Highways England	work on-going	Partnership working	Partnership working
HM Prison & Probation Service	Little is known as again this information is not always shared by the LA or police unless this is the primary reason for their incarceration.	Information sharing between LA and police to the custody setting. In-cell phone monitoring helps to look at possible controlling/DV relationships and evidence of this is reported.	Monitoring those at risk, supporting families of those affected
Save from Suicide Team – Devon Partnership NHS Trust	Clinical risk, suicide prevention and Stronger Together training all consider domestic abuse It is included in the new risk policy	As before	All the training
Public Health Devon	Collaborate with Commissioners and Strategic Leads for Domestic Abuse services to inform data/needs assessment and joined up working	Positive connections made, data sharing and specific activities will begin soon	This will continue through 2023-24
Public Health Devon – Real Time Suicide Surveillance	Improving data collection relating to Domestic Abuse for Real Time Suicide Surveillance to inform understanding of themes and needs	Domestic Abuse status (victim, perpetrator, both) now routinely included in dataset	This will continue through 2023-24

Engaging people with lived experience			
Organisation	What have you achieved / been working on	What has gone well What challenges / barriers	What will continue through 2023-24
Highways England	working on a suicide prevention study programme with consultants WSP	Sharing of information and workshops	possibly running of workshops with WSP
HM Prison & Probation Service	The prison service does this a lot to support prisoners in forums etc		
Safe from Suicide Team – Devon Partnership NHS Trust	All the training we deliver has been written with the views of people with lived experience. The Stronger Together training is totally co-produced as is the Letter of Hope, It's Safe to talk about suicide, Carer strategy work	Feedback from those with lived experience has been that they feel valued and listened to	Letter of Hope Its Safe to Talk about Suicide
Public Health Devon	Working as part of a system wide approach to engaging people with lived experience and developing a Lived Experience Reference Organisation (for multiple topic areas)	Beginning to link with system partners to develop collaborative approach rather than silo working	This will continue through 2023-24

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Financial pressures & debt			
Organisation	What have you achieved / been working on	What has gone well What challenges / barriers	What will continue through 2023-24
HM Prison & Probation Service	These are massive issues in a prison setting, we have had advice and support from the national team to support establishment. The cost of living crisis has had a massive impact on those in custody		Continue to support those at risk and those creating the debt and the violence and self harm associated.
The Farming Community Network	It is a big issue in farming 25 percent of farmers live below poverty line.		
Devon Partnership NHS	All the training we deliver includes this issue and it is included in the new risk policy		
Public Health Devon	Promoting Connect 5, Community Suicide Awareness, and Emotional Resilience training to workforces supporting people who are/may be experiencing financial pressures	Having consistent training offer across Devon, Plymouth & Torbay. Uptake of training varies.	Training will continue through 2023-24
Public Health Devon	Co-organised an online South West region suicide prevention/public mental health network with theme of financial wellbeing in September 2022	High attendance & good feedback Promoted collaboration and connections	Themed network event was one-off, however continue to join regular South West networks

Loneliness & isolation			
Organisation	What have you achieved / been working on	What has gone well What challenges / barriers	What will continue through 2023-24
HM Prison & Probation Service	Massive in prison, we have supportive peer led mentor schemes to support those at risk	The Samaritans relaunch post pandemic, and also THREADS being launched in 2 out of 3 of the Devon prisons.	Identifying those at risk, supporting those with packages of support and plans to reduce this.
The Farming Community Network	Research project with Exeter university	Reconnecting events, Yarn in the barn, breakfast with Dartmoor hill project, mental health first aid Market Chaplaincy. Health hub Exeter Market.	All of these
Devon Partnership NHS Trust	All the training we deliver includes this issue and it is included in the new risk policy		
Public Health Devon	Promoting Connect 5, Community Suicide Awareness, and Emotional Resilience training to workforces supporting people who are/may be experiencing loneliness and isolation	Having consistent training offer across Devon, Plymouth & Torbay. Uptake of training varies.	Training will continue through 2023-24

CX/23
Health and Wellbeing Board
20th July 2023

Update from the Early Years Partnership on the main findings of the Early Years Health Needs Assessment

Report of the Director of Public Health, Communities and Prosperity

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

1) Recommendation

That the Health and Wellbeing Board be asked to:

- (a) note the report.
- (b) consider if further updates from the Early Years Partnership Board are required.

2) Background / Introduction

The purpose of this report is to inform the Health and Wellbeing Board of the focus of the Early Years Partnership Board (previously called the Best Start in Life Board) and to provide a summary of the main findings of the Early Years Health Needs Assessment.

In Autumn 2022, the Best Start in Life Board extended its scope to span the entire early years period to cover conception through to school readiness (including the transition through reception class into end of the Early Years Foundation Stage in Year 1 at five years of age). In June 2023, The Best Start in Life Board took the decision to change its name to the Early Years Partnership Board to better reflect the purpose of the Board and to provide improved clarity for stakeholders.

3) Main Body / Proposal

Early Years Partnership Board

In June 2023, the Early Years Partnership Board was established to review the observations of the Early Years Health Needs Assessment and use the system-wide evidence to develop and implement a Shared Early Years Strategy.

The purpose of the Early Years Partnership Board is to ensure that strategy, service development and commissioning activity is approached jointly to deliver the best possible early education, health and wellbeing outcomes for children five and under and their families in Devon. The Board is chaired by Public Health and has representation from Devon County Council's Public Health Devon and Children's Services, NHS Devon, Action for Children, Children and Family Health Devon and Royal Devon University Healthcare.

Agenda Item 8

Early Years Health Needs Assessment

This Early Years Health Needs Assessment was carried out by Public Health at the request of the Best Start in Life Board in Autumn/Winter 2022 to provide a broad overview of risk factors, services and outcomes across the early years to identify and prioritise areas for improvement across the whole early years system, drawing upon the expertise of key stakeholders. This provides a foundation for further in-depth work looking at specific service areas and focussing in on certain populations.

The objectives of the Health Needs Assessment were to:

- Identify areas of service overlap
- Foster closer collaborative working
- Improve continuity of care and transitions
- Establish collective goals and shared outcomes
- Prioritise areas for improvement
- Inform the development of a shared Early Years Strategy

The methodology involved understanding the population by examining multiple national and local datasets, mapping services to identify assets, core stakeholder engagement via interviews with service area leads and determining priorities. This has resulted in a series of observations for commissioners, which will subsequently undergo a prioritisation process by the Early Years Partnership Board.

A total of 49 specific 'whole-system' observations were generated under the following headings:

1. Integration and collaboration – 9 specific observations
2. Improving intelligence and evaluation – 10 specific observations
3. Empowering families – 11 specific observations
4. Identifying unmet need and reducing inequalities – 7 specific observations
5. Strengthening and supporting the workforce – 12 specific observations

In addition, a total of 54 topic specific observations were made across the early years period, focussing on pregnancy and birth; infancy and toddlerhood; and early childhood.

This Health Needs Assessment identified evidence to support the role of improved integration and collaboration of services across the early years period to improve early education, health and wellbeing outcomes for children five and under and their families in Devon. An abundance of literature supports the assertion that stakeholders should work in close partnership and that hub-based models may improve multiple aspects of service delivery.

Much of the analysis was based on publicly available data obtained via national reporting systems. For certain metrics, data was relatively old. There were also instances where key metrics were not readily available or were of uncertain quality. This Health Needs Assessment has therefore identified a need for improvement in local data systems and sharing of data to inform health needs assessments, direct the allocation of scarce resources and facilitate more meaningful evaluations of the impacts of services and interventions.

There was clear consensus from all stakeholders that it is essential to engage with and empower families to influence the planning and delivery of services. However, the breadth and depth of family feedback and input into service design was variable. The Maternity Voices Partnership model was seen as a strong asset to the system, and similar models may be helpful at other levels of the system. Careful consideration is needed to optimise the way in which the voices of families are captured across the Early Years period.

Devon exhibits significant socioeconomic inequalities across the county. There are also known inequalities related to coastal deprivation and issues with accessibility of services for those living in sparsely populated rural areas (Department of Health & Social Care, 2021). Addressing inequalities through the identification of children and families at higher risk of adverse outcomes and prioritisation for high quality early intervention and support in the early years will have downstream generational impacts on the health and wellbeing of these families.

All stakeholders recognised the importance of staff wellbeing and the need to support the workforce across the whole early years system. Key challenges in the recruitment and retention of midwives, health visitors, school nurses, social care workers and education and care staff, and how these issues have been exacerbated by the pandemic and the current cost-of-living crisis were highlighted.

Next Steps

- Public Health Devon will publish the Health Needs Assessment on the Health and Wellbeing Board webpages on behalf of the Early Years Partnership Board.
- The Early Years Partnership Board will review the findings and recommendations of the Health Needs Assessment and use the system-wide evidence to develop and implement a shared Early Years Strategy
- The Early Years Partnership Board will focus on the strategic planning, commissioning and delivery of services that promote health and wellbeing of children five and under and their families
- The Early Years Partnership Board will ensure that these activities are approached jointly to make the most effective use of our collective resources to deliver the best possible outcomes for children five and under and their families

4) Options / Alternatives

Nil

5) Consultations / Representations / Technical Data

Nil

6) Strategic Plan

The work described in this report aligns with the vision and priorities in the Council's Strategic Plan 2021 – 2025 - <https://www.devon.gov.uk/strategic-plan>

Agenda Item 8

This includes:

- Be ambitious for children and young people, including the aim of being a child friendly Devon
- Tackle poverty and inequality (address poverty, health and other inequalities)
- Improve health and wellbeing, including any public health impacts
- Help communities be safe, connected and resilient

7) Financial Considerations

Nil

8) Legal Considerations

This report has no specific legal considerations.

9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

This report has no specific environmental impact considerations.

10) Equality Considerations

This report has no specific equality considerations. This report is to inform the Health and Wellbeing Board of the work of the Early Years Partnership Board as well as the main findings from the Early Years Health Needs Assessment. One of the core principles of the Early Years Partnership Board is to reduce inequalities in the Early Years and the Early Years Health Needs Assessment has analysed intelligence where available to quantify inequalities across Devon to inform the work of the Early Years Partnership Board.

11) Risk Management Considerations

Nil

12) Summary / Conclusions / Reasons for Recommendations

Nil

Steve Brown
Director of Public Health, Communities and Prosperity

Electoral Divisions: All

Contact for enquiries:

Name: Emily Youngman, Telephone: 01392 382527

Address: Devon County Council, County Hall, Topsham Road, Exeter EX2 4QD

NHS Devon Update

July 2023

Industrial Action in July

The British Medical Association (BMA), British Dental Association (BDA) and Hospital Consultants and Specialists Association (HCSA) have announced 120 hours of continuous junior doctors' strike action from 07:00 on Thursday 13 July until 07:00 on Tuesday 18 July. This is the longest period of strike action ever undertaken by doctors in the NHS.

The BMA and BDA has announced that consultant doctors and dentists will also be taking strike action for 48 hours from 07:00 on Thursday 20 July until 07:00 on Saturday 22 July. During the two days of action, both BMA and BDA has advised that consultants will provide Christmas Day cover, meaning they will continue to provide all emergency services but routine services will need to be impacted.

Members of the Society for Radiographers will proceed with 48 hours of strike action as well, from 8am on Tuesday 25 July to 8am on Thursday 27 July 2023.

During the strikes, we will prioritise resources to protect emergency treatment, critical care, maternity, neonatal care and trauma and that will be our absolute priority. We would not want colleagues to underestimate the impact this industrial action will potentially have on our patients.

The NHS will contact patients if their hospital appointment needs to be rescheduled due to strike action. GP practices will continue to be open during the strikes. Patients should continue to attend your GP appointments, unless they are contacted and told otherwise.

Updates about services in Devon and advice to patients during the strike periods will be posted on the NHS Devon website: [Health Pressures - One Devon](#)

Pharmacy Update

The transition for NHS Devon taking on commission responsibilities for Pharmacy, Optometry, Dental from NHS England continues to progress. As it has not been possible to identify additional staff resource for NHS Devon to undertake this work, we are managing the process through a blend of the following three actions:

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- 1) Along with the six other ICBs in the South West we are utilising the former NHSE staff under 'hub' arrangements hosted by NHS Somerset
- 2) Exploring and progressing where we might work jointly with NHS Cornwall
- 3) Repurposing some NHS Devon staff capacity previously directed to supporting General Practice to supporting the Pharmacy, Optometry and Dental agendas

Five Year Joint Forward Plan

Our Five Year Joint Forward Plan has been published and is available to read here: <https://onedevon.org.uk/about-us/our-vision-and-ambitions/our-devon-plan/>

Our Five Year Joint Forward Plan is a shared delivery plan for the Integrated Care Strategy and Joint Local Health and Wellbeing Strategies (JLHWSs). It is supported by the whole system, including Local Authorities and Voluntary, Community and Social Enterprise (VCSE) partners.

Thank you to the members of the Devon Health & Wellbeing Board for their contributions to the Five Year Joint Forward Plan.

Spring COVID-19 booster

The spring COVID-19 booster campaign ended on Friday 30 June. The NHS Covid-19 Vaccination Programme Spring booster campaign in Devon has provided more than 137,813 vaccinations, which is 72.2% of the eligible population. 72.6 % of over 75s in Devon received their booster (115,688 vaccinations). Devon was the 7th highest (out of 42 ICBs) for the percentage of eligible people receiving their spring booster.

This was the last opportunity for anyone who hasn't had their first or second doses to receive them too. The NHS is now moving to a targeted seasonal offer for those at increased risk.

Further details will be available in the autumn.

Access Treatments for Immune Impaired Patients

The way in which immune impaired patients access treatment if they catch Covid-19 changed on the 27 June. They will no longer be contacted by the NHS about treatments if they report a positive test, they should instead contact either their GP, NHS 111 or their hospital specialist.

The ICB has been working to ensure that GPs, hospital specialists and other healthcare professionals were prepared for the change of responsibility. The following [NICE guidance](#) is available to those who need it.

Highest risk patients who can be digitally identified will [receive a letter](#) explaining the changes.

Over the last few weeks, we have been sharing updates with our practices to inform them of the changes, through both our email bulletins, and a regular webinar that we hold for general practice.

NHS75 – 5 July 2023

The NHS celebrated its 75th anniversary on the 5 July. There has been significant media coverage for NHS 75 in Devon including BBC Radio Devon, BBC Spotlight and ITV Westcountry News. Chair Sarah Wollaston took part in a live panel discussion on BBC Spotlight with fellow NHS representatives from across the region as well as contributing to a feature on BBC Radio Four.

A number of celebrations have taken place for NHS 75 across Devon and we have made the most of this opportunity to thank our hard-working staff.

On the 5 July, ten members of staff from NHS Devon, along with colleagues representing our Trusts, went to Westminster Abbey for a multi-faith service as part of the national NHS 75 celebrations.

Learning Disabilities Nurse Training Launched

Plymouth Marjon University has launched a ground-breaking initiative aimed at training learning disability nurses and combating the decline in the number of registered professionals in this crucial field. It has been developed with partners across the South West including NHS Devon. Further details on this programme can be found here: [Revolutionary training programme launched to address learning disability nurse shortage - One Devon](#)

The new 'Aspire' programme is the first of its kind in England and has welcomed 15 students, ten from Devon and five from Cornwall, as part of its first cohort. 17 further students will join later in the year.

Since 2009, England has experienced a 42% decrease in registered learning disability nurses, from 5,553 to 3,214 in 2021. This new programme from Plymouth Marjon University is designed to tackle this issue and meet the growing demand for qualified professionals across the country.

The launch of this new training programme coincides with the announcement of the new Long Term Workforce Plan from NHS England: [NHS England » NHS Long Term Workforce Plan](#)

Making a complaint about primary care services

From 1 July 2023 patients who wish to make a complaint about primary care services in Devon should contact the local integrated care board (ICB), NHS Devon, for advice and signposting.

This includes GPs, dentists, opticians, and community pharmacy services.

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In all cases NHS Devon will recommend a complainant raises their concerns or complaint directly with the healthcare provider: this is the organisation where the patient received the NHS service, for example a GP surgery or dental surgery.

NHS Devon will support patients and their representative with any concerns or complaints regarding primary care services in Devon, however, unless directly concerning the commissioning of the service will recommend any complaints are handled with the provider directly.

Contact details

- Telephone: 0300 123 1672
- Email: d-icb.patientexperience@nhs.net
- Post: Patient Advice and Complaints team, Pomona House, Edginswell Business Park, Oak View Close Torquay TQ2 7FF
- Contact information can also be found on the One Devon website: www.onedevon.org.uk/contact-us/patient-advice-and-complaints/

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