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

County Hall  
Topsham Road  
Exeter  
Devon  
EX2 4QD

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Date: 3 January 2024

Contact: Wendy Simpson, 01392 384383

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### **HEALTH AND WELLBEING BOARD**

Thursday, 11th January, 2024

A meeting of the Health and Wellbeing Board is to be held on the above date at 2.15pm 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 - 12)

Minutes of the meeting held on 19 October 2023, attached.

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 13 - 18)

Report of the Deputy Director of Integrated Adult Social Care, attached.

5 NHS Devon Update (Pages 19 - 22)

Update report from NHS Devon, attached.

6 Youth Voice Mental Health Support in Devon (Pages 23 - 28)

Devon Youth Council Network update.

7 Devon Joint Forward Plan Refresh (Pages 29 - 124)

8 Torbay & Devon Safeguarding Adults Partnership Annual Report 2022/23 (Pages 125 - 148)

Annual report attached.

9 South Hams District Council Motion re NHS Dentistry Services (Pages 149 - 150)

Letter from the Chairman of South Hams District Council, attached.

10 Development of Devon Community Pharmacy Strategy

Verbal report of the Director of Public Health, Communities and Prosperity.

11 Dates of Future Meetings

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

Next meeting (revised): 25 April 2024

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## HEALTH AND WELLBEING BOARD

19 October 2023

### Present:-

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

S Brown, Director of Public Health  
S Collins, Director of Children & Young People's Futures  
T Forster, Director of Integrated Adult Social Care  
S Lewis, Joint Engagement Forum  
G McKenzie, Healthwatch Devon

### Apologies:-

Councillor A Saywell  
J Chandler, South Western Ambulance Service NHS Foundation Trust  
G Ellis, Devon & Somerset Fire & Rescue Service  
C Tidman, RD&E NHS Foundation Trust

\* 118

### Minutes

**RESOLVED** that the minutes of the meeting held on 20 July 2023 be signed as a correct record.

\* 119

### Items Requiring Urgent Attention

There were no items requiring urgent attention.

\* 120

### Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring

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

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

# Agenda Item 2

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HEALTH AND WELLBEING BOARD

19/10/23

The latest Health and Wellbeing Outcomes Report was available on the [Devon Health and Wellbeing website](#).

Three indicators had been updated with new data, namely:

- Adult Smoking Prevalence, 2022
- Estimated Dementia Diagnosis Rate (65+), 2023
- Fuel Poverty (low income, low energy efficiency methodology), 2021

The Board discussed the district variations in Dementia Diagnosis rates (65+) and Dr Wollaston agreed to take back to NHS colleagues to explore further.

The Board were happy to note the Report.

## \* 121 **Smokefree Devon Alliance Strategy 2023-2028**

The Committee received the Report of the Director of Public Health, Communities and Prosperity (PH/23/01) on the new Smokefree Devon Alliance [Strategy](#) 2023-28, which set out the Aim, Priorities and Objectives of the Alliance for the next five years.

The Smokefree Devon Alliance had been providing a co-ordinated, multi-agency approach to tobacco control since 2010 and currently had a varied and active membership. The aim of the Strategy was to improve the health of Devon's population by reducing the prevalence of smoking and exposure to second-hand smoke, in doing so to reduce health inequalities and smoking-related illnesses and deaths.

The Report asked the Board to note the new Strategy and to support its delivery, by including it in the next Joint Health and Wellbeing Strategy, and connecting it into other relevant strategies, policies and actions; and to also take an active role in the monitoring of the objectives outlined, including reviewing an annual update report, alongside the Torbay Health and Wellbeing Board.

The Director of Public Health also shared the Government presentation paper, 'A Smokefree Generation – Action to address smoking and vaping' (attached), and stressed the importance of responding to the consultation [Creating a smokefree generation and tackling youth vaping](#) on the Government's proposed legislation to tackle smoking and youth vaping.

Questions and discussion points included:

- Public Health had communicated with all schools in Devon regarding vaping and the associated risks, with information also available on the PHSE website for schools to access directly.
- Vaping was a new area and currently there was no national guidance in how to support a non-smoking young person to stop vaping, but it was

something that was being explored locally by Public Health's new service provider.

- The environmental impact and fire risk caused by disposable vapes not being disposed of correctly.
- The difficult balance of warning young people not to vape against encouraging smokers to try vaping instead.
- It was proposed that each of the Health and Wellbeing Boards submit a formal response to the [Creating a smokefree generation and tackling youth vaping](#) consultation, with this Board's response being circulated to NHS colleagues before final submission.

The Board agreed:

- to endorse the Strategy; and
- that a response to the Consultation be submitted on behalf of the Board.

\* **122**      **NHS Devon Update**

The Board noted the update from NHS Devon which provided 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.

The following points were highlighted:

- Operational challenges continued, but the long elective backlogs in Exeter and Torbay had been eliminated, with Plymouth hopefully by the end of the month.
- Urgent and emergency care remained extremely challenging; and nationally, Devon was the highest performing county in England for care home vaccinations.
- Although the latest period of industrial action had been suspended following talks with consultants, this did not apply to junior doctors and so remained a major challenge.
- NHS Devon had received £595,000 of funding to set up a Women's Health Hub provision in Devon.

As to Covid it was reported that:

- Current data, showed there had been a 2% decrease in cases, but a 20% increase in hospitalisations, mostly affecting the elderly and those people with immunosuppression.
- Eligible people were being encouraged to come forward for their vaccinations, which were key in reducing hospitalisation and harm.
- With Covid rates the highest since March, combined with flu, a challenging winter ahead was predicted

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HEALTH AND WELLBEING BOARD

19/10/23

\* **123**      **Dates of Future Meetings**

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

Next meeting: 11 January 2024

**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 3.18 pm





# A Smokefree Generation

Action to address smoking and vaping

10/2023

# The Case For Change

- Tobacco is the one of the most [preventable causes of ill health](#), disability and death, responsible for [64,000 deaths](#) in England a year
- Almost every minute of every day someone is [admitted](#) to hospital because of smoking
- [75,000 GP](#) appointments could be attributed to smoking each month
- It is estimated that the total costs of smoking in England are over [£17 billion](#) including £14 billion loss to productivity
- [Three-quarters](#) of current smokers would never have started if they had the choice again

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# Smokefree Generation

- Children turning 14 or younger this year will never be able to be legally sold cigarettes
- This will mean effectively raising the age of sale by one year each year for this generation (born on or after 1 January 2009)
- This will not criminalise smoking nor will it mean anyone who can buy cigarettes now will be prevented from doing so in the future
- This will implement the recommendation from the independent Khan Review

# Funding

- Additional £70 million per year for next five years to support LSSS - in addition to the PHG, doubles spending from £68 million to £138 million
- Exact funding allocations communicated to LAs through the grant agreement process. Indicative [funding allocations](#) as an annex to the Command Paper

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Funding uplift based on number of smokers in each LA - targets high prevalence areas

- Additional £5 million this year then £15 million per year after to fund new national anti-smoking campaigns
- Funding on top of national Swap to Stop scheme (up to £45 million over 2 years) & financial incentives to support pregnant smokers (up to £10 million over 2 years)



# Youth Vaping – UK-wide consultation

Ensuring vapes can continue to be made available to current adult smokers is vital to tackle smoking – must take a balanced approach. However, rates have tripled amongst children. UK wide consultation looks at new measures to reduce appeal, access, affordability of vapes to children:

1. Restricting the flavours and descriptions of vapes
2. Regulating point of sale displays in retail outlets
3. Regulating vape packaging and product presentation
4. Considering restricting the sale of disposable vapes – Defra led
5. Introducing a duty on vapes - HMT led
6. Introducing product standards for non-nicotine vapes and other consumer products

In addition, we will look to ban free samples of vapes and introduce age of sale for non-nicotine vapes – without consultation





# Next Steps

- 8 week UK wide consultation on new legislative proposals has been launched (closes 6<sup>th</sup> Dec)  
[Creating a smokefree generation and tackling youth vaping](#)
  - Legislate when parliamentary time allows (Fourth Session Bill TBC in the King's Speech)
    - Scope of any Bill will likely follow scope of the [Command Paper](#)
- SSS funding allocations to be confirmed, delivered through a section 31 grant
- Other funding – marketing and enforcement – to be worked through in the coming weeks
  - Expression of interest for first wave/pathfinder applicants opened 5/10/2023 for S2S
  - Commencing tender process for financial incentives delivery partner

## Agenda Item 2



IASC/24/01  
Health & Wellbeing Board  
11 January 2024

## **Better Care Fund - Update**

Report of the Deputy Director of Integrated Adult Social Care Devon County Council.

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

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### **1) Recommendation**

The Board is asked to note the update on the BCF plan for 2023/25 and latest performance and spend for the current year (2023/24).

### **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 provides an update on the BCF planning process for 2023/25 and latest performance metrics for the current year.

### **3) BCF Planning 2023/25**

As reported at the last meeting of the Board, the BCF plan for 2023/25 was submitted to government in June.

Further explanatory information was subsequently requested and provided. NHS England confirmed approval on 21 September thereby enabling the formal release of funding from NHS England for the financial year 2023/24.

Following this national approval, Devon County Council and NHS Devon Integrated Care Board formalised their agreement under the section 75 (NHS Act 2006) by 31 October, as required by national BCF conditions.

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## 4) Metric Targets (2023/24 only)

### 4.1 Avoidable Admissions

Definition: Unplanned hospitalisation for chronic ambulatory care sensitive conditions rate per 100,000 population – a set of conditions such as asthma and diabetes, where the need for emergency admissions is thought to be avoidable. We measure this as we would expect to be able to manage these conditions without a need for hospital admissions.

Plan for 2023/24:

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

Latest available actual data indicates Devon is slightly off track to meet the target - actual for quarter 1 being 152.7. Quarter 2 performance will be available at end of January 2024.

### 4.2 Falls

Definition: Emergency hospital admissions due to falls in people aged 65 & over, directly standardised rate per 100,000. We measure this as with the right support in place we should be able to prevent falls in older people.

This is a new BCF indicator for 2023/24.

2022/23 Actual	2023/24 Plan for year
1417	1417

Data indicates Devon may not achieve its target. Quarter 1 performance shows 365.2 admissions, whereas we would be looking for no more than 354 per quarter. Admission avoidance plus FaME falls prevention programmes (Falls Management Exercise - a structured exercise programme that has been shown to prevent or reduce falls) are now running in all localities across DCC footprint which will help achieve this target.

### 4.3 Discharge to Usual Place of Residence

Definition: The percentage of people who are discharged from acute hospital to their normal place of residence. This is measured as a sign of successful reablement and returning people to independence.

Plan for 2023/24:

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

Latest available actual data indicates Devon is currently on track to meet the target (quarter 1 actual 92.3%).

Work is progressing to secure additional capacity within care homes with supported multi-disciplinary reablement to support people back to independence and a return to their normal place of residence.

## 4.4 Residential Admissions

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

The aim is to keep this figure as low as possible as we aim to support people to remain living independently in their own homes.

2022/23 Actual	2023/24 Plan
516	520

We are not on track to meet this target for 2023/24. There is significant upward pressure in care home placements, which has been evident since mid-2021. Pressure is being felt particularly in nursing home placements. We are seeing increasing numbers of short-term placements funded on the Discharge to Assess pathways turning into long-term placements. Work is underway to stop this happening by improving the intermediate care support around these placements to ensure people are supported to return to independence as soon as possible.

## 4.5 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 a sign of success of supporting people to return to full independence following a spell in hospital.

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

Devon is currently on track to meet this target. Performance was adversely impacted by the pandemic with more people discharged with poorer health outcomes into rehabilitation/reablement services. Performance has now returned to pre-pandemic levels and is anticipated to be maintained through the qualifying period for this measure.

## 5) Finance

The latest funding of Devon's BCF for 2023/24 is made up of the following contributions:

	<u>DCC</u> £'000	<u>NHS</u> £'000	<u>Total</u> £'000
Capital (Disabled Facilities Grants)	8,965		<b>8,965</b>
Hospital Discharge Programme	4,084	3,442	<b>7,526</b>
iBCF grant	29,127		<b>29,127</b>
Revenue	7,649	71,241	<b>78,890</b>
Bought forward from 2022/23	6,652		<b>6,652</b>
	<b>56,476</b>	<b>74,683</b>	<b>131,159</b>

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Forecast spending at yearend based on the month 8 review (to end of November 2022) was reported at £134.554 million or £3.394 million over the funding available.

	£'000
Ongoing iBCF schemes	1,604
Community Equipment Store	1,555
Carers Hospital scheme	341
Other	(106)
	<b>3,394</b>

Variation of actual spending at the end of the financial year is subject to a 'risk share' arrangement between the partner organisations, set at 50:50 (as stated within the S.75 agreement).

## 6) Options/Alternatives

None.

## 7) Consultations/Representations/Technical Data

None.

## 8) Strategic Plans

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

## 9) Financial Considerations

As a result of the BCF plan being approved nationally, NHS England funding has been released for use.

## 10) Legal Considerations

The lawful implications/consequences of the planned use of the BCF in Devon have been considered in the preparation of this report. The s.75 (NHS Act 2006) Agreement which governs the use of the BCF has been signed by both Devon county Council and NHS Devon ICB.

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

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.

## **12) 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 provides additional assurance regarding the consideration of equalities in the plans.

## **13) Risk Management Considerations**

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

## **14) Summary**

The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery. This report provides an update on the BCF planning process for 2023/25 and latest performance metrics and spending for the current year.

### **Solveig Wright**

Deputy Director of Integrated Adult Social Care, Devon County Council

**Electoral Divisions:** All

### **Local Government Act 1972: List of background papers**

Nil

### **Contact for Enquiries:**

Name: Nicola Tribble (Senior Manager Commissioning – Markets), Integrated Adult Social Care Commissioning

Email: [nicola.tribble@devon.gov.uk](mailto:nicola.tribble@devon.gov.uk)

Address: The Annexe, County Hall



## Update from NHS Devon January 2024

### Covid and Flu Vaccination Programme

The South West has again achieved the highest uptake for covid and flu vaccinations in the country. The Devon system has provided over 737,000 covid and flu vaccinations this autumn, including vaccinating over 92% of care home residents. It is a fantastic collaborative achievement between all our Primary Care Network, community pharmacy, hospital, vaccination centre, outreach and NHS Devon teams who work hard to maximise protection for vulnerable people against winter viruses.

We currently have uptake levels across Devon of 62% for Covid and 73% for flu and are asking primary care colleagues to continue to contact patients to invite them in to be vaccinated or to advise them where they can get their vaccinations. Although the National Booking Service is now closed, people can still access covid vaccinations through their GP, community pharmacy or vaccination centre until 31 January, with primary care being able to offer flu vaccinations until 31 March. For any queries people can contact the Vaccination Support Team at [d-icb.devonvaccinationsupport@nhs.net](mailto:d-icb.devonvaccinationsupport@nhs.net)

### Financial update

The forecast financial out-turn for our NHS system as a whole in Devon, after delivering a very challenging savings plan of £212 million, is a planned deficit of £42.3 million in 2023/24. We are working extremely hard to deliver the plan but some unexpected issues, including industrial action, are making this challenging.

As a system, we remain in the lowest segment (segment 4) of the NHS Oversight Framework. This means we get 'intensive' support from NHS England – which includes additional reporting requirements and financial controls.

We are in this position due to a range of challenges including service performance (such as urgent and elective care), people, leadership, finance and strategy.

NHS England has made it clear to us that we need to increase our focus on achieving the criteria for moving out of NOF4. In the short-term, we will be re-focusing and reprioritising our work, our efforts and some of our resources and staff. Doing so will give us more control over our future – helping us to provide safe, timely

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and affordable care, as well as focusing on the long-term priorities that we are all keen to work on.

We have already shown we can do it – for example, we have made excellent progress in reducing the numbers of people waiting more than two-years for care, and each month.

## Elective care

The finalised October position shows that the Devon Integrated Care System (ICS) has not met the submitted 104 and 78 week wait trajectories but has met its trajectory for 65 week waits. However, we are close to clearing our 104 week waiting list with an expected completion date of the end of January.

Ongoing issues with activity lost as a result of industrial action has been a factor that has impacted on recovery of activity and performance levels detailed within the operating plan.

## Industrial action

We have now seen over a year of industrial action across the NHS and staff continue to work hard to provide patients with the best possible care under the circumstances. Industrial action has impacted over a million hospital appointments across the NHS in England, as of the 15 December 2023.

According to [data published by NHS England](#), in Devon, over 2,500 NHS appointments, including inpatients, outpatients and mental health, were cancelled as a result of industrial action in October 2023.

The latest junior doctor strike action took place from 7am on Wednesday 20 December until 7am on Saturday 23 December. At the time of writing further strikes by junior doctors are expected to take place from 7am on Wednesday 3 January until 7am on Tuesday 9 January.

## Pharmacy closures

There are a number of Boots Pharmacy closures currently being processed across the UK, including in the south west.

The NHS South West Collaborative Commissioning Hub (SW CCHub), in partnership with NHS Devon, is undertaking a local engagement process to ensure a clear understanding of any concerns being raised by local community pharmacy providers, GP practices, Healthwatch and Local Authority Public Health teams. The Health and Wellbeing Board will be included as part of this engagement process. These concerns inform how we support patients and providers leading up to and after the closure.

Where previous market exits have taken place, we have seen neighbour pharmacies take a variety of different steps to be able to support patients who are seeking an alternative pharmacy. In addition, nearby pharmacies who are likely to be impacted



by a closure, are contacted to discuss the potential increase in activity, allowing them to share any concerns they may have. Liaison with local GP practices is also undertaken to ensure they are supported with any patient queries, and the SW CCHub work with the outgoing provider to ensure a safe closedown process is in place.

## **NHS Devon Chief Executive Officer**

NHS Devon has appointed Steve Moore as its new Chief Executive Officer following a competitive, national recruitment process. Steve will join NHS Devon on 12 February 2024.

Having worked for the NHS for most of the last 30 years, Steve has extensive expertise and knowledge at a senior level, including most recently as the Chief Executive of Hywel Dda University Health Board in Wales, a role he has held since January 2015.

Steve knows Devon and the wider South West well, as has led NHS organisations in Devon, Plymouth, Torbay and Cornwall and the Isles of Scilly. Bill Shields will remain as interim CEO until Steve takes up the post.

ENDS



# Devon Youth Council Network

## *Youth Voice - Mental Health.*

*Updates for Health and Wellbeing Board*

*Jan 2024*

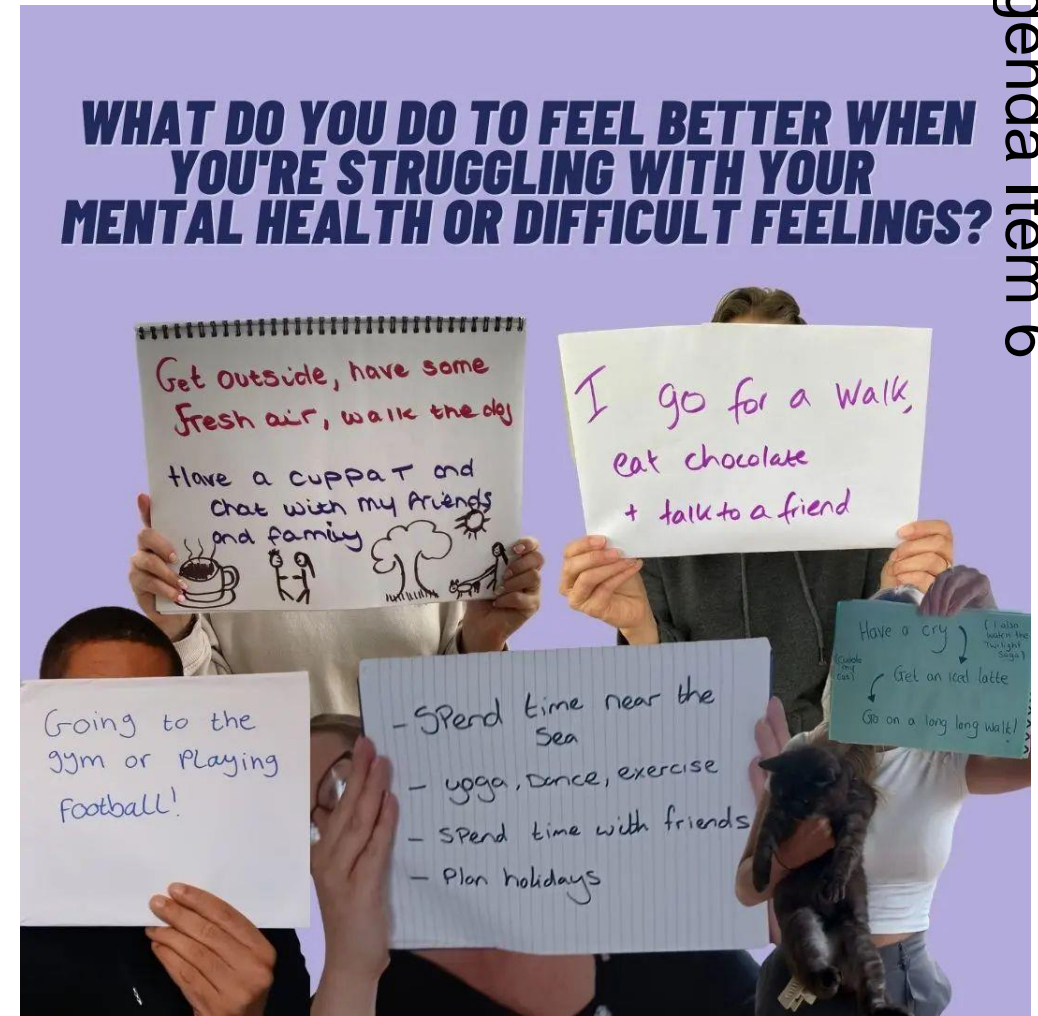


# Previously...

- In 2022, as members of the Devon Youth Council network, we did some peer research on emotional health, wellbeing and mental health support services in Devon.
- We then presented the key findings at a Youth Voice event which was followed up with an action plan. The action plan had two main areas of focus:
  - Education** (the experience of school, curriculum, staff training, support in school)
  - Support Services** (response by specific mental health services including the waiting times)
- We shared the action plan at the Health and Wellbeing Board in March 2023 with a promise to return in 9 months to see how things are going...

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# Education – Commitments and updates 2023-4

- **Mental Health in School Teams (MHST)** are going well and are being expanded to include all of the schools in West Devon. Funding for these comes from central Government and more needs to be done to secure funding so that **all** schools in Devon can benefit from this early intervention. The evaluation of the impact of MHST with schools and young people will take place between Jan-Mar 2024
- **Training is available for ‘senior mental health leads’** in every school (DfE assured) but lots of schools are yet to take it up. There is also a lot of **direct work from the School Nursing** teams advising schools around **modifications and adjustments** to support young people in school who may be struggling. As well as this, there is an offer from ‘Normal Magic’ on working in a more **strengths-based approach** with young people. (Public Health)
- From January 2024, there will **be multi-agency meetings with schools, including the Ed Psych service, in order to embed relational policy and practice**, starting with 100 schools. This is about changing the culture and being more preventative so that we have more mentally healthy schools in Devon. Changing the culture will also try to tackle the current problem of ‘safe spaces’ in school being linked with ‘punishment’ (eg you are punished for your behaviour rather than the recognition that you need support and a quiet space to be) (Public Health)
- **Devon Directory of mental health support services, called Thrive** has now been launched by ‘parental minds’ so that practitioners, teachers and parents/carers know where to find help and support in their area other than just referring to CAMHS. The next step is to identify gaps between what’s available and the needs. **Young Devon** are creating videos which link to the new Thrive directory so that young people know what to expect from the different services on offer.

**We think these steps forward sound good in theory but as representatives from the Devon Youth Council, we would still like to meet with school leaders as originally suggested to make sure that these things are being taken seriously.**



# Mental Health Support Services - updates 2023-24

- CAMHS/ Children and Family Health Devon (CFHD) are still working on **improving communication** while you wait **and reduce waiting times** by **making a more streamlined process** so that children and young people can have their initial assessment meeting quicker and can access the right support quicker without being 'passed around. This is a long-term project so we don't think people are noticing much difference yet.
- Young Devon and CAMHS mental health are **improving accessibility, training on neurodivergence and exploring a range of approaches** (eg not just talking therapy). We don't know how much has changed as a result.

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**The Health for Teens website:** [www.healthforteens.co.uk](http://www.healthforteens.co.uk) is still being developed and there is a **wellbeing toolkit** on the Young Devon website. These things need more promotion as we don't know if young people have heard of them.

- More **in-depth training for foster carers** on specific mental health issues: This has been asked for and is now being rolled out by CAMHS in 2024.
- Commitment from DCC to **improve Life story work** for young people in care and nurture more love and care in the system.: **Corporate Parenting approach is improving but there still needs to be more work on Life Story.** Our Stand up Speak up council will keep championing this in 2024 so we see results.
- In the original report, there was an offer from DCC Chief Executive to explore a **whole Devon approach to providing trauma-informed and mental health training** for all staff working with Children or Youth People in Devon .... There is now a project being planned for 2024 to make sure that all practitioners within DCC Children's Services are trained in trauma and mental health. We do not know yet if there will be money to roll this out wider. (Glenn Lobb)



# Mental Health Support Services - updates 2023-24

- We did some peer research on transitions between children and adults mental health services and presented our findings at two more Youth Voice event in June 2023 and November 2023. We really want to see some improvements in the mental health offer to 16-25 year olds.
- Since that event, the priority from the commissioner for mental health is to **develop a One Devon vision of how 16-25's will be supported**, including the interaction between physical and mental health and with a specific focus on vulnerable groups. A multi-agency working group has been launched to see what is possible. (Louise Arrow)

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Where possible, work is happening to ensure that **relational support is implemented at pace across the system in 2024**, this includes youth workers in hospitals who can support both in hospital and after discharge. (Louise Arrow)

**All ICB plans now have a column entitled 'voice of young people'** so that ICB priority actions are in response to youth voice and keep young people's views at the centre. (Louise Arrow)

- The ICB have **started analysis of crisis interventions** - where young people are presenting to A+E and other places, to ensure the offer available meets the needs. (Louise Arrow)
- DCC Children's Services are going to employ two mental health professionals to **support with emotional health and wellbeing of Care Leavers** across Devon and help Personal Advisors for Care Leavers navigate and understand Adult Mental Health Services.

Agenda Item 6



# What do we think is good and further thoughts..

- We are pleased that there is much more multi-agency partnership work happening so we hope this might improve communication between services and make sure everyone is on the same page! We get so many mixed messages when we try to access mental health services: being passed around, fobbed off, 'falling between services' and repeating our story - so we are hopeful some of this will stop if agencies are communicating better.
- We are pleased that there is finally a focus on the 16-25 age range. So many things are changing for us at this time and if we don't get the right support or if transitions between children's and adults services don't work well, it can affect our whole lives. We are hoping this will eventually result in a much better offer of mental health support for young adults
- We are pleased that there is more preventative and culture change work happening with schools and that a directory has been made of all the support offers available in Devon. School can be the start of where things go wrong for us, so it is important we are supported in the best possible way at that age and not shamed and punished for feeling unwell. If the right support is provided then, it might prevent mental health crisis occurring for us in the future
- We are pleased that foster carers and PA's will be getting more support to understand mental health issues in 2024 – will that be rolled out to staff in the supported housing projects too? Ideally all staff who support young people in care need more in-depth training on mental health.
- We still think that there needs to be more support on offer while we are waiting for services, especially when the waiting list is very long. There are still waits of over 18 months for trauma therapy in AMHS. Our lives are put on hold for a long time while we wait! We would love to see shorter waiting times.
- We have seen such a lot of changes in workers and know that there isn't enough funding out there to put in all the help needed but we feel strongly that our care should not be compromised to the current levels – too many of us are suffering for such a long time..





**DRAFT**

# Devon 5-Year Joint Forward Plan

April 2024

# Contents

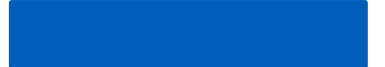
Foreword



Introduction



Healthy people



Healthy, safe communities



Page 30 Healthy, sustainable system



Delivering the JFP



Appendices:

[Appendix A – universal NHS commitments & legislative requirements](#)



[Appendix B – glossary](#)



# Foreword

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

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

In parallel, NHS partners have been developing an operational plan for 2023/24 and a recovery plan that will see both NHS Devon and partner NHS trusts move out of segment 4 of the NHS Oversight Framework by June 2024 and Local Authority partners have been planning to manage their own significant operational and financial pressures. Development of the JFP therefore recognises this context and the need to ensure that our system recovery is prioritised in the early years of the Plan and that we earn the autonomy we need to deliver transformational change. The detailed actions and milestones set out within the JFP have been aligned to recovery plans where relevant and deliverability continues to be tested to ensure that our objectives, though ambitious, are ultimately realistic and achievable.

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



**Sarah Wollaston**



**Jane Milligan**

# Health and Wellbeing Board Opinions

To be updated if requested by H&WBs

Agenda Item 7

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

## Torbay Council

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

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

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

## Plymouth City Council

Plymouth's HWB has been engaged throughout the process of development of the JFP and has been consulted, with the opportunity to raise questions and highlight potential omissions. The Plymouth HWB endorses the Plan and is assured that it takes account of the current health and wellbeing strategy for Plymouth. The focus on inequalities in access and in outcomes is welcomed, and we look forward to seeing the shift in resources required to deliver on this aim.

## Devon County Council

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

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

# Introduction

# Purpose of 5-Year Joint Forward Plan

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

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

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

## The Devon 12 challenges:

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

# One Devon's Integrated Care Strategy on a page

Our Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Our Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
Our Strategic Goals	One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money			
	Every suicide will be regarded as preventable and we will work together as a system to make suicide safer communities across Devon and reduce suicide deaths across all ages	People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.	People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.	People in Devon will be provided with greater support to access and stay in employment and develop their careers.
	We will have a safe and sustainable health and care system.	Everyone in Devon will be offered protection from preventable diseases and infections.	People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.	Children and young people will be able to make good future progress through school and life.
	People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.	Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place	We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.	We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).
	Population health and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability	The most vulnerable people in Devon will have accessible, suitable, warm and dry housing	We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.	Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people
	Children and young people (CYP) will have improved mental health and well-being	In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.		Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably
	People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.			

# About Devon

Devon is a complex system, in which work is taking place on delivering elements of the Plan in different geographical and functional arrangements, including:

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

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

## NOF4 exit criteria

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

**Estimated Segment 4 Exit Date : Q1 2024/25**

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



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

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

# Developing our JFP

The plan is structured around three themes: **Healthy People; Healthy, safe communities; and Healthy, sustainable system**. We have identified priority programmes under each theme and for each programme set out our vision and ambition, described the objectives for the next five years and outlined some key achievements in 2023/24.

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



Improving outcomes in population health and healthcare



Tackling inequalities in outcomes, experience and access



Enhancing productivity and value for money



Helping the NHS support broader social and economic development

There is an immediate requirement to **recover both the financial and performance position for Devon** to ensure that we have a sustainable system going forward. This will require to improvement in both financial and operational performance, access and quality of care. All the programmes have outlined both their short-term objectives to support recovery and system exit from NOF4 and their longer term objectives to transform the way we work together across our system so that it is healthy and sustainable in the future.

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

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

# Our Joint Forward Plan

<b>Our Vision</b>	Equal chances for everyone in Devon to lead long, happy and healthy lives					
<b>Our Aims</b>	Improving outcomes in population health and healthcare		Tackling inequalities in outcomes, experience and access		Enhancing productivity and value for money	Helping the NHS support broader social and economic development
<b>Our Themes</b>	Healthy People		Healthy, safe communities		Healthy, sustainable system	
	↓		↓		↓	
Page 39 <b>Our programmes</b>	Population Health		Housing		Recovery, Finance and Procurement	
	Primary and Community Care		Employment		System Development	
	Acute Services		Community Development		Workforce	
	Health Protection		Communications and Involvement		Digital and Data	
	Children and Young People		Equality, diversity and inclusion		Research, Innovation and Improvement	
	Mental Health, Learning Disability and Neurodiversity				Estates and Infrastructure	
	Suicide Prevention				Green Plan	

# One Devon

## Healthy People



# Healthy People

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

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

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

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

## Our Vision

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

## What Devon will see

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



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



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



Improved A&E waiting times and ambulance response times



Easier navigation around our urgent care system



Improved access to urgent treatment centres



Reduction in waiting times for elective surgery



Faster access to diagnostics



Increase in cancers diagnosed at stages 1 and 2

# Our objectives

## Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
• Improve productivity and efficiency of all acute services through optimising of pathways and developing a common and shared workforce model	☑	☑	☑
• Reduce the number of long waiting patients for elective care and return to waits of less than 18 weeks by 2027 by increasing productivity, maintaining high quality services, reducing health inequalities and maximising elective capacity in Devon.	☑	☑	☑
• Stabilise acute services that are fragile	☑		
• Transform acute services to ensure workforce, clinical and financial sustainability	☑	☑	☑
• Increase diagnostic capacity including Community Diagnostic Centres	☑		
• Increase the percentage of cancers diagnosed at stages 1 and 2 in line with 75% early diagnosis ambition	☑	☑	☑
• Improve A&E waiting times so that no less than 72% of patients are seen within 4 hours by March 2025	☑		
• Improve category 2 ambulance response times to an average of 30 minutes by March 2025	☑		
• Improve effective navigation around the urgent care system including implementation of a care co-ordination hub and spoke model for healthcare professional	☑		
• Enhance the role of community urgent care to manage demand for urgent care through Urgent Treatment Centres	☑	☑	☑

# What we have achieved in 2023/24

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1

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

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

2

Number of people receiving acute elective care xxx

3

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

4

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



# Primary and Community Care

## Our Vision

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

## What Devon will see

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



People will receive services that are aimed at preventing poor health



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



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



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



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



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



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

# What we have achieved in 2023/24





## Our Vision


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


## What Devon will see


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


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


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


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

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

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

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

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

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

# Our objectives

## Which ICS Aim(s)



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

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# What we have achieved in 2023/24

1

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**NHS Talking Therapies:** NHS Talking Therapies in Devon service are achieving 101% of the planned access level whilst recovery and wait times continue to achieve the national standards.

2

**Dementia Diagnosis:** Over the last 6-months there has been consistent improvement in the number of people diagnosed with dementia. Devon is convening system workshop to develop a collaborative response to dementia.

6

**Early Intervention in Psychosis:** services now have a consistent service specification and across Devon the national wait time standard is now being achieved. Together, we are developing a system approach to the needs of people who are in an 'At Risk Mental State'.

5

**Improving Access for children and young people:** Between September 2022 and September 2023 8% more children and young people accessed mental health services.

7

**Perinatal Mental Health:** Devon is 'on track' to achieve the national ambition for at least 1,115 women and people giving birth accessing perinatal mental health support in 2023/24.

3

**Physical Health Checks for People with Severe Mental Illness:** Since 2020/21, access to physical health checks for people with severe mental illness has grown by 252%. Whilst Devon remains 'short' of the target significant and consistent progress is being achieved.

4

**Inappropriate Out of Area Acute Mental Health Admissions (IOOAP):** Nationally IOOAP have been increasing over the last six months, whilst Devon has continued to achieve significant and sustained progress towards eliminating IOOAP

Agenda Item 7


# Learning Disability and Autism

## Our Vision


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


## What Devon will see


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


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

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

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

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

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

 Golden thread of reasonable adjustments to access all services across Devon

# Our objectives

## Which ICS Aim(s)



### Objectives

Year 1-2

Year 3-4

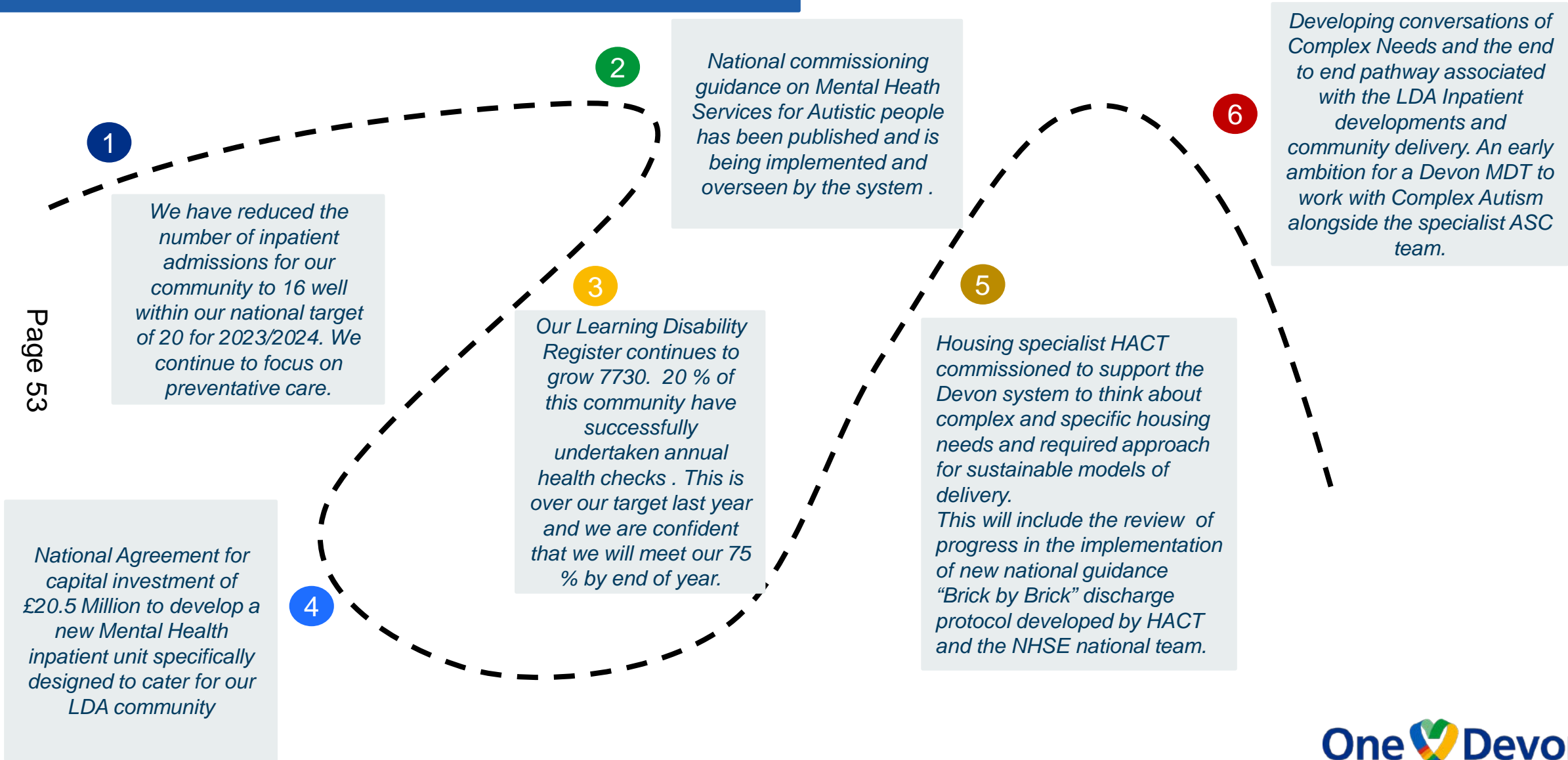
Year 5+

<ul style="list-style-type: none"> <li>Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 as well as continue to improve the accuracy and increase size of GP Learning Disability registers.</li> </ul>	☑	☑	☑
<ul style="list-style-type: none"> <li>Reduce reliance on Mental Health locked and secure inpatient care, while improving the quality of Mental Health inpatient care, so that by March 2028 (in line with national target) no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an Mental Health inpatient unit</li> </ul>	☑	☑	☑
<ul style="list-style-type: none"> <li>Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times by March 2028</li> </ul>	☑	☑	☑
<ul style="list-style-type: none"> <li>Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in the guidance</li> </ul>	☑	☑	☑



# What we have achieved in 2023/24

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## Our Vision

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

## What Devon will see

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



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



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



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

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



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



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



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



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

# Our objectives

## Which ICS Aim(s)



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

# What we have achieved in 2023/24



## Our Vision

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

## What Devon will see



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



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



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



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



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



Improved performance against Core20+5 targets



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

## Our objectives

### Which ICS Aim(s)



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

# What we have achieved in 2023/24

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1

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

2

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

3

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

4

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

## Our Vision

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

## What Devon will see

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### Reduced health care associated infections.

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



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



**Improve uptake of cervical & breast screening** Supporting vulnerable and underserved populations.



### Improved vaccination uptake

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



**100% offer to eligible cohorts for influenza and Covid vaccination programmes** Working to reduce health inequalities.



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



# Our objectives

## Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Reduce occurrences of healthcare associated infections (HCAI) (Clostridium difficile (C. diff), methicillin-resistant Staphylococcus aureus (MRSA) and community onset community associated (COCA) occurrences of HCAs	☑	☑	☑
Ensure effective antimicrobial use in line with NICE guidance and the Start Smart Then Focus principles to optimise outcomes, reduce the risk of adverse events and to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection	☑	☑	☑
Providers must demonstrate a 100% offer to eligible cohorts for influenza and Covid vaccination programmes – with particular focus on Devon’s priority populations (CORE20PLUS) for children and young people (CYP) and adults, and aim to achieve at least the uptake levels for influenza of the previous seasons for each eligible cohort, and ideally exceed them where applicable.	☑	☑	☑
Vaccine coverage of 95% of two doses of MMR by the time the child is five, with particular focus on Devon’s priority populations (Pre20PLUS5) for CYP	☑	☑	☑
Vaccine coverage of 95% of 4-in-1 pre-school booster by the time the child is five, with particular focus on Devon’s priority populations (Core20PLUS5) for CYP	☑	☑	☑
Achieve recovery of School-aged Immunisation (SAI) uptake to pre-Covid levels, with secondary aim to achieve year on year improvement in uptake working towards the 90% target as stated in national service specification with particular focus on Devon’s priority populations (CORE20PLUS) for CYP	☑	☑	☑
Halt the decline in cervical screening coverage and then to improve uptake year on year towards a goal of 80%, with focus on first invitation and Devon’s priority populations (Core20PLUS5) for Adults	☑	☑	☑
Work closely with NHS England commissioner to support the delivery of the upcoming national campaign to increase breast screening uptake and reduce inequalities coverage (NHS England and provider led) with focus on Devon’s priority populations (Core20PLUS5) for Adults	☑	☑	☑
Addressed the commissioning and delivery gaps identified in the 2022 South West Gap Analysis Action Plan Tool for Health Protection Frontline Services to ensure that Devon has pathways in place for key pathogens and capabilities and can respond effectively to health protection related incidents and emergencies across different communities in Devon	☑	☑	☑

# What we have achieved in 2023/24

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1

The Peninsula Antimicrobial Resistance Group has been established.  
Reduction strategies are in place for healthcare associated infections across NHS Devon

2

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

3

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

4

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

5

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

6

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

7

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



# Suicide Prevention

## Our Vision

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

## What Devon will see

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



**Suicide prevention is considered everyone's business**



**Targeted suicide prevention for people at most risk of suicide**



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



**People bereaved by suicide are supported in compassionate and timely manner**



**People are supported at times of crisis**

## Our objectives

### Which ICS Aim(s)



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

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# What we have achieved in 2023/24

1

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

2

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

3

Suicide prevention training has been delivered to 440 people since 1<sup>st</sup> April 2023

4

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

# One Devon

## Healthy, safe communities

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# Healthy, safe communities

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

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

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

- The most vulnerable people in Devon will have accessible, suitable, warm and dry housing
- In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.
- People in Devon will be provided with greater support to access and stay in employment and develop their careers.
- Children and young people will be able to make good future progress through school and life.
- We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).
- Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people

## Our Vision

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

## What Devon will see

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



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



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



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



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



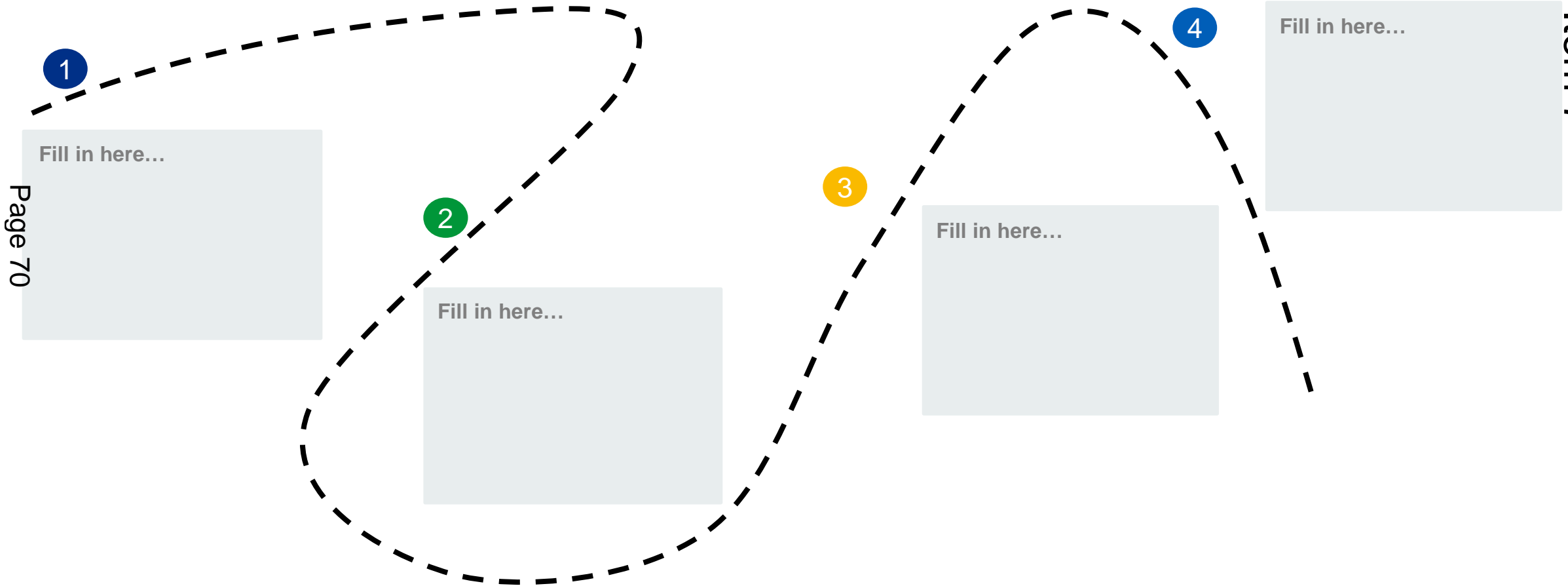
## Our objectives

### Which ICS Aim(s)



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

# What we have achieved in 2023/24



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## Our Vision

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

## What Devon will see



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

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



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



**More people living independently in their own homes:** There will be a noticeable enhancement in the independence and quality of life for the elderly and disabled in Devon. This improvement will be supported by a range of suitable housing options and necessary adaptations, located in sustainable areas.



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



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

# Our objectives

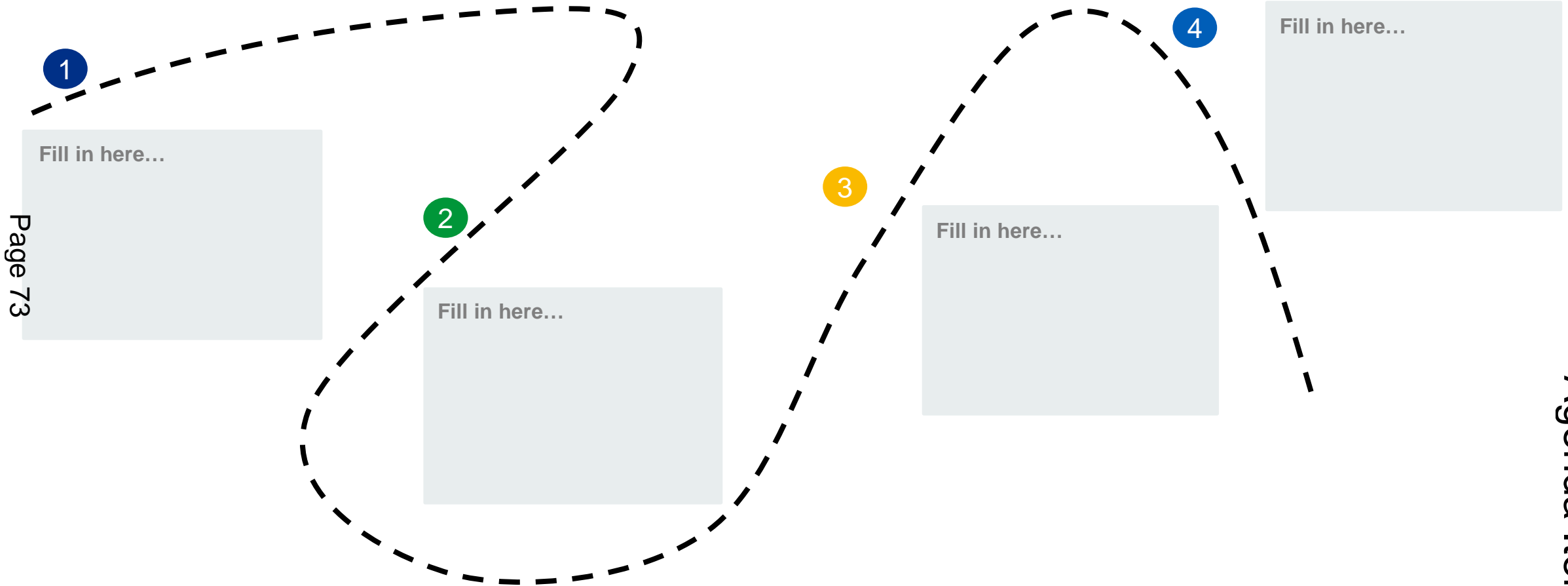
## Which ICS Aim(s)



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

Page 12

# What we have achieved in 2023/24



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## Our Vision

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

## What Devon will see

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

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


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

 Community partnerships have identified their local priorities and goals

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

 Cross-sector partnerships established to enable collaborative working in communities

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

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

# Our objectives

## Which ICS Aim(s)



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

# What we have achieved in 2023/24



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# Communication and involvement

## Our Vision

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

## What Devon will see

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



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



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



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



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



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



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



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



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



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

# Our objectives

## Which ICS Aim(s)



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

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# What have we achieved so far?

## People and communities' involvement



## Our Vision

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

## What Devon will see

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

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### Improving innovation and value for money



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

### Improved workforce recruitment and retention



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

### Building our reputation



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

### Improving health outcomes and reducing health inequalities



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

### Delivering better care



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

## Our objectives

## Which ICS Aim(s)



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

# What have we achieved so far?

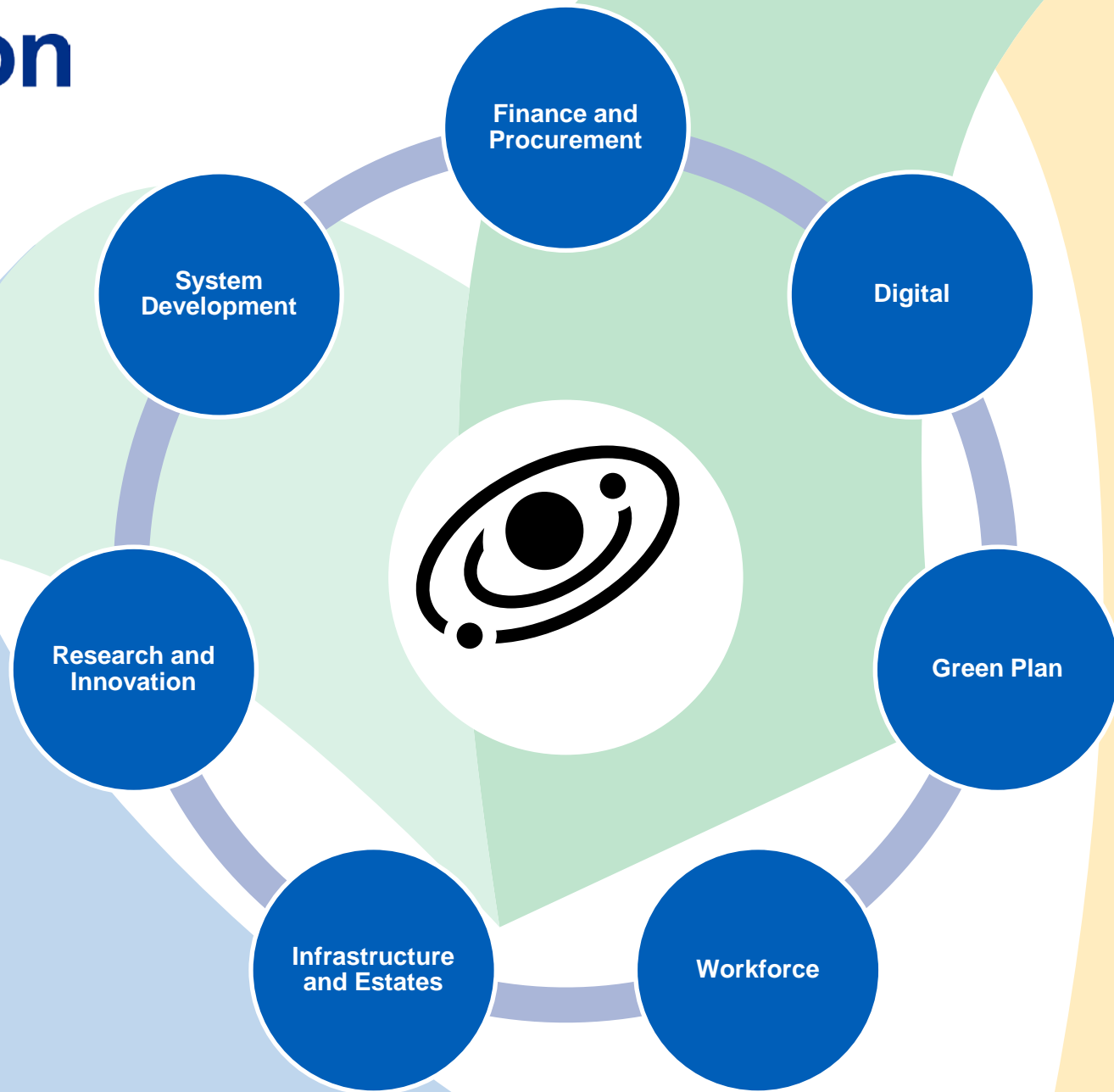
## Equality Diversity and Inclusion



# Healthy, sustainable system

# Healthy, sustainable system

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# Healthy, sustainable system

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

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

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

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

# Getting the system in balance – NHS recovery

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

## What needs to be achieved

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

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

## How we will achieve this

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

### 1 Operational improvement cost out – to 4.5%

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

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

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

### 3 Intra-organisation working and redesign

Looking to intra-organisation opportunities in areas such as:

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

### 4 System Performance Improvement

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

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

## Activity and Performance

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

## Workforce

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

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

# Getting the system in balance – local authority recovery

## Torbay

Through our integrated partnerships with people, the NHS, the VCSE sector and other partners, Torbay aims to strengthen care and support so that people's choices are maximised and they are enabled to live a fulfilling life in their own community.

Torbay Council and Torbay and South Devon NHS Foundation Trust are integrated partners delivering adult social care in Torbay. This is a strong partnership, but we recognise the need for system-wide transformation and sustainability, underpinned by the values of our Adult Social Care Strategy and the Devon 5-year Joint Forward Plan.

Through measurable benefits, the three-year Adult Social Care Joint Transformation and Sustainability Plan will deliver:

- Increased independence, choice, and control for our community through our strategic shaping and oversight of Torbay's market with a key focus on building independence through support for living and partnership with the VCSE sector.
- Timely and good quality discharge from hospital – with a focus on returning people home with good quality reablement and intermediate care support that helps them to regain and maintain their independence.
- A focus on shared information through use of technology, and easy access to adult social care.
- Better value for money through our cost improvement plans.

## Plymouth

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

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

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

## Devon

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

The authority needs to make significant savings in order to set a balanced budget for 2023/24. To respond to this challenge, a cross-organisational programme of transformation has identified £47.5 million of savings and new income for 2023/24 within service budgets.

Delivery of the transformation programme will not be easy, but the level of commitment from teams, working together as one organisation, and the level of assurance that has been involved in the budget-setting process, mean that the 2023/24 budget is as robust as possible and will deliver best value for the people of Devon.

## Our Vision


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


## What Devon will see


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 Recurrent balanced financial position by 2025/26.  
With a financial framework that:


- supports collaborative working
- reflects the Devon Operating Model and delegation of budgets to LCPs and provider collaboratives.
- promotes innovative funding models and pooled budget arrangements.

 Movement of funds into prevention.

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

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

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

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

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

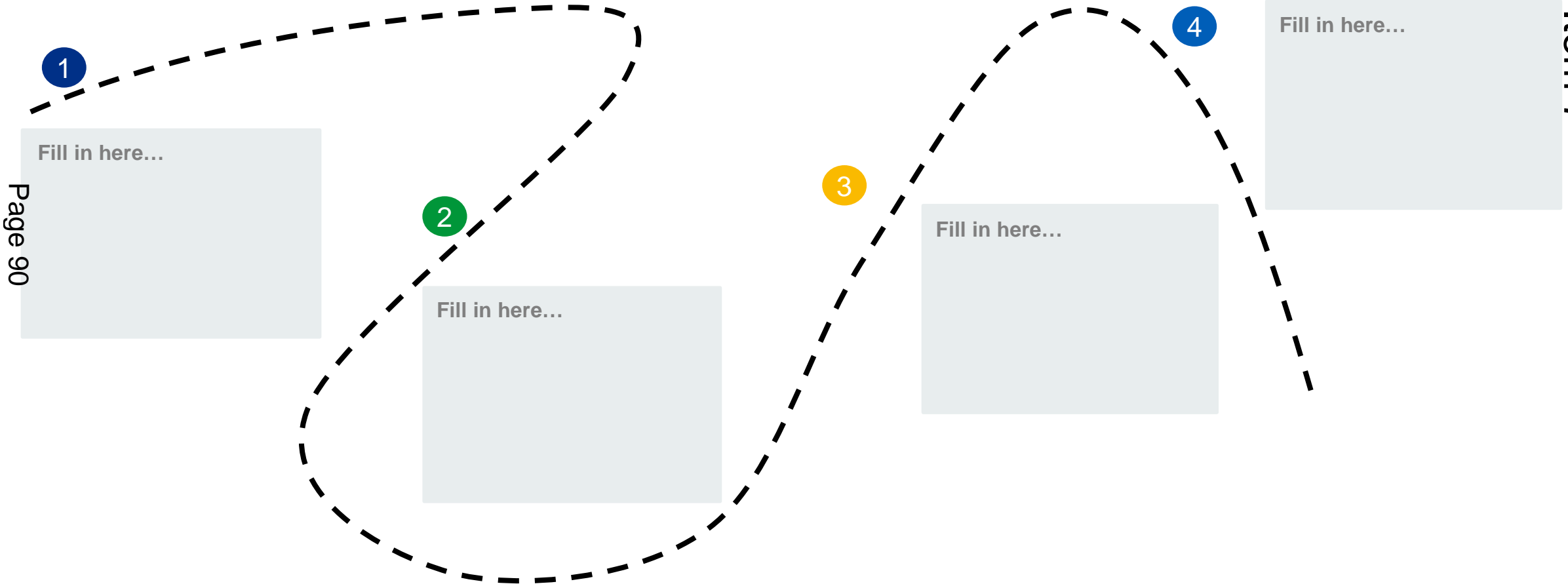
# Our objectives

## Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Development of improved collaborative working, intra system financial framework, contracting and risk sharing protocols	<input checked="" type="checkbox"/>		
Agreement of functions where a shared service arrangement should be pursued helping to inform the organisational restructure within reduced Running Cost Allowance	<input checked="" type="checkbox"/>		
Development of long term financial plan, trajectory to recover and sustainable financial balance over a 3-5 year scenario range	<input checked="" type="checkbox"/>		
Development of system wide interpretation of the 'drivers of the deficit' to underpin future recovery	<input checked="" type="checkbox"/>		
Delivery of 2023/4 recovery and Cost Improvement Programmes both organisational, strategic collaborative, and structural	<input checked="" type="checkbox"/>		
Consolidate delegated of commissioning functions for extended primary care	<input checked="" type="checkbox"/>		
Commence reprioritisation of funding upstream towards prevention and health inequalities	<input checked="" type="checkbox"/>		
Take on formal delegation of specialised commissioning functions	<input checked="" type="checkbox"/>		
Corporate ICB right-sized for RCA (Running Cost Allowance) allocations, emerging maturity of LCPs	<input checked="" type="checkbox"/>		
Estates strategy finalised to underpin prioritised system wide capital allocations	<input checked="" type="checkbox"/>		
Continued recovery to sustainable financial balance by system and by organisation		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Improved resilience</b> - Covid-19 taught us that working together is essential to mitigate risk.			
<b>Reduced total cost</b> - The ICS represents a publicised and policy driven way of driving 'at scale' procurement delivery; enabling greater efficiency and effectiveness through the potential to standardise and minimise unwarranted variation			
<b>Greater value</b> - The ICS enables us to demonstrate social and financial value across organisational boundaries to drive better outcomes for our patients			
<b>Better supplier management</b> - Working closer together helps leverage scale and value attained through our supplier base through a single voice for categories			
<b>Optimised workforce</b> - The ICS enables us to make best use of our collective resource through reduction in duplicated activities and access to more diverse roles and opportunities across the system			
<b>Improved capability and enabling great careers</b> – Working together frees up capacity to give us time to develop and leverage specific skills and expertise			

# What we have achieved in 2023/24



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## Our Vision

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

## What Devon will see

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



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



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



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



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



**One Public Estate** opportunities are maximised



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

## Our objectives

### Which ICS Aim(s)

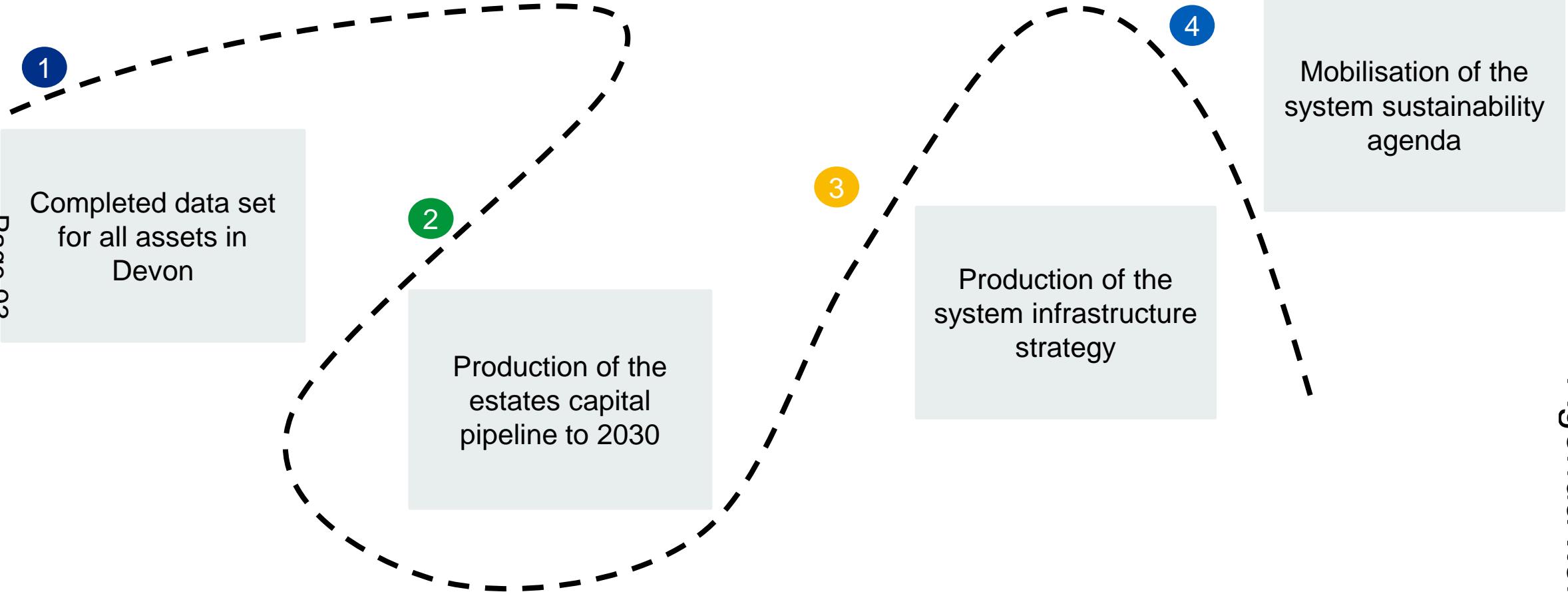


Objectives	Year 1-2	Year 3-4	Year 5+
Undertake strategic review of the ICS-wide health estate	<input checked="" type="checkbox"/>		
Develop an investment plan and a five-year capital prioritisation pipeline	<input checked="" type="checkbox"/>		
Develop a cross-matrix team that can support the delivery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



# What we have achieved in 2023/24

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## Our Vision

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

## What Devon will see

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

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



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



*One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money.*



*By 2026/7 we will have: adopted a single operating model to support the delivery of health and care across Devon and will have achieved thriving ICS status.*



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



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

# Our objectives

## Which ICS Aim(s)



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

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# What we have achieved in 2023/24

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1

Developed LCP governance structures, agreed priorities and joint delivery around UEC

2

Peninsula Acute Provider Collaborative has undertaken service reviews around front door services for Medicine, Surgery and Paediatrics.

3

Primary Care Provider Collaborative has been established and is forming its partnership working and development priorities.

4

The Mental Health, Learning Disabilities and Neurodiversity Provider Collaborative has led MHLDN priorities for the system.

# Workforce

## Our Vision

We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.

## What Devon will see

Page 97



Innovative and effective solutions that enables the attraction, recruitment and retention of talent across our health and care providers, reducing duplication and streamlining processes.



Our Devon 2035 workforce vision brought to life and informing strategic workforce planning which will identify new roles and ways of working, informing our talent supply pipelines with national, regional and local training & education providers



Our One Devon Workforce Strategy Themes and Principles embedded into workforce planning and service transformation and delivery



System working

We work collaboratively to enable our workforce to move flexibly across sectors and create new roles to meet the needs of the population and services.



Stability

We stabilise the workforce by supporting new and diverse career pathways for our current and future workforce.

Learning & Education

We commit to investing in the workforce through enrichment of development opportunities ensuring that quality and safety is at forefront.



Digital

We utilise digital technology to support innovation and transformation to our workforce and across all services we deliver.



Sustainable

We commit to achieving a skilled workforce built on a system that is financially sustainable.



## Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
• Objective 1 - Strategic workforce planning embedded at System level.	☑	☑	☑
• Objective 2 - System level attraction solutions in place that source new talent and position Devon System as an employer of choice.	☑	☑	☑
• Objective 3 - Development of new roles and new ways of working embedded across Devon ICS.	☑	☑	☑

# What we have achieved in 2023/24

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1

One Devon Workforce Strategy developed and launched setting out Devon 2035 workforce vision and supporting themes and delivery principles

2

One Devon have designed and built a Strategic Workforce Intelligence & Forecasting Tool (SWIFT) to enable workforce planning to be completed across providers and at System level. Due to go live in 23/24 Q4 for health providers and 24/25 for PC/SC providers

3

Work in progress and on track for 5-year future workforce numerical plan to be published end of 23/24 Q4 for health providers.

4

Devon careers page launched to promote Devon health and care system career opportunities.

MOU designed and on track to be launched 23/24 Q4 enabling mobility of workforce across Devon health providers.

## Our Vision

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

## What Devon will see

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### Digital Citizen:

Empower citizens to take ownership of their wellbeing and care, through digital technology and contact across the system. Digital will offer new ways of delivering care to help citizens manage their care at home.



**Electronic Patient Records (EPR) & Operational Systems:** The convergence to common digital solutions that meets the information sharing and workflow needs of the various organisations across the ICS.



**Devon and Cornwall Care Record (DCCR):** DCCR will allow information to be available across care settings and coordination of care through specific functionality such as read/write for key flags and care plans.



**Business Intelligence & Population Health Management:** A cross-system intelligence function to support operational and strategic conversations, as well as building platforms to enable better clinical decisions. This will necessitate linked data, accessible by a shared analytical resource that can work on cross-system priorities.



**Unified and Standardised Infrastructure:** Levelling-up and consolidation of infrastructure, to support future enterprise scale digital systems such as Shared EPRs, digital technologies for citizens and also agile and frictionless cross-site working and support experience for the workforce.





# Our objectives

## Which ICS Aim(s)



Objectives	Year 1-2 24/25 to 25/26	Year 3-4 26/27 to 27/28	Year 5+ 28/29+
▪ Number of eligible citizens connected to the NHS App increased to support national target of 75% of people registered by 2024.	<input checked="" type="checkbox"/>		
▪ Standardisation of GP practice websites achieved within 2025.	<input checked="" type="checkbox"/>		
▪ Achieve planned Virtual Ward bed targets by April 2024 across the TSDFT, UHP and RDUH	<input checked="" type="checkbox"/>		
▪ EPRs implemented in TSDFT and UHP by 2026	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ Peninsula PACS solution for the clinical network procured and implemented by 2025	<input checked="" type="checkbox"/>		
▪ Peninsula LIMS solution for the clinical network procured and implemented by 2025	<input checked="" type="checkbox"/>		
▪ Re-procurement of GP EPR clinical system by 2024	<input checked="" type="checkbox"/>		
▪ Remaining core health and care organisations connected to the Devon and Cornwall Care Record by 2028	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ Additional functionality of the Devon and Cornwall Care Record scoped and implemented by 2028	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Develop PHM architecture and reporting by March 2025	<input checked="" type="checkbox"/>		
▪ Develop an ICS data platform and associated reporting, linked to EPR implementation and national developments including the Federated Data Platform by 2026	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ Work collaboratively with regional ICS teams to develop the regional secure data environment to support future research	<input checked="" type="checkbox"/>		
▪ Data centre rationalisation subject to business case approval	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Non-pay contract savings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Agenda Item 7

# What we have achieved in 2023/24

1

- ✓ ICS Devon developed 'GP in the Cloud' remote working solution for GP locums short-listed for a HSJ award
- ✓ Devon and Cornwall Care Record – hospices connected, first tranche of care homes/domiciliary care providers connected

2

- ✓ Early business case completed for IT services target operating model
- ✓ Early business case completed for IT Shared Service Desk
- ✓ Digital TEP developed in DCCR and in pilot stage

3

- ✓ DPT procured and implemented an Electronic Patient Record.
- ✓ TSDFT and UHP achieved sign-off of OBC for a new Electronic Patient Record
- ✓ Business case completed on expanding the capability and implementation of Robotic Process Automation within the ICS.

4

- ✓ Digitising Social Care programme performed higher than the national average and expected to hit target of 80% care home and domiciliary care providers with a digital social care record.
- ✓ Successfully bid for cyber security funding
- ✓ Successfully bid for funding to support virtual wards, point of care testing, remote monitoring and digital neighbourhoods

## Our Vision

We will work together to promote research and innovation to enhance the productivity of the Health and Care System, strengthen how we attract and retain our workforce and increase inward investment into the system. By doing this we will improve population health, prevent ill health and reduce inequalities. As we develop as a system we will spread research, learning and innovation into other rural and coastal regions in the UK and globally.

## What Devon will see

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Increased collaboration between health and social care and academic partners across the South West Region to increase opportunities for research and innovation and make best use of shared assets. This will include streamlined processes for governance and the innovation pipeline.



A research engaged workforce with an increased level of skills and an understanding of the benefits of research and how everyone can participate



Increased inward investment from research and commercial partners



An increased evidence base on what can make an impact in improving population health, preventing illness and reducing inequalities.



Increased patient and public participation in all stages of the research pathway



Rapid implementation of interventions with demonstrated effectiveness.



Increased alignment of research and innovation activity with the priorities of the health and care system with a specific focus on population health

# Our objectives

## Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Build and strengthen networks at local, system, regional and national level by March 2025	<input checked="" type="checkbox"/>		
Promote research and increase patient sign-up with demonstrable increase by end 2026	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ensure all system workplans are underpinned by robust evidence of research and innovation by March 2025	<input checked="" type="checkbox"/>		
Develop capacity and capability by having an ICB RII Team in place by April 2024	<input checked="" type="checkbox"/>		
Develop underpinning structure and governance mechanisms including evaluation and links to Value-Based Approach principles by end of March	<input checked="" type="checkbox"/>		

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# What we have achieved in 2023/24

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1  
We developed a Peninsula Research and Innovation Strategy with partners across the South West Peninsula and agreed 5 priority “missions” to focus our work

2  
We set up the Peninsula Research and Innovation Partnership to support collaborative working and governance. The PRIP is already making a big impact in the way we work and plan

3  
We completed phase 1 of the Research Engagement Network programme (REN1) which helped us to find out more about how people in Devon could get more involved in Research and successfully bid for REN2 funding to take this forward

4  
We developed a Devon Research Strategy and shared this with CIOS and Somerset. A delivery group has been set up as part of the PRIP to implement the strategy and strengthen our research and development infrastructure.

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## Our Vision

We will create a greener, fairer and more environmentally sustainable health and care system in Devon, that adapts to and mitigates climate change and promotes actions to create healthier and more resilient communities

## What Devon will see

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A system that plays a significant contribution to the NHS target to achieve net zero emissions by 2040 with an interim target of 80% reduction by 2028-2032.



A workforce that understands the Green ambitions of Devon ICB and knows how it can make an active contribution.



A system that buys locally where possible and promotes the Devon Pound.



Data collection that shows the current position across all partners



A revised and refreshed ICS Green Plan in 2025.



A programme tracker for each NHS organisation in Devon to enable an understanding of performance and risk areas.

# Our objectives

## Which ICS Aim(s)



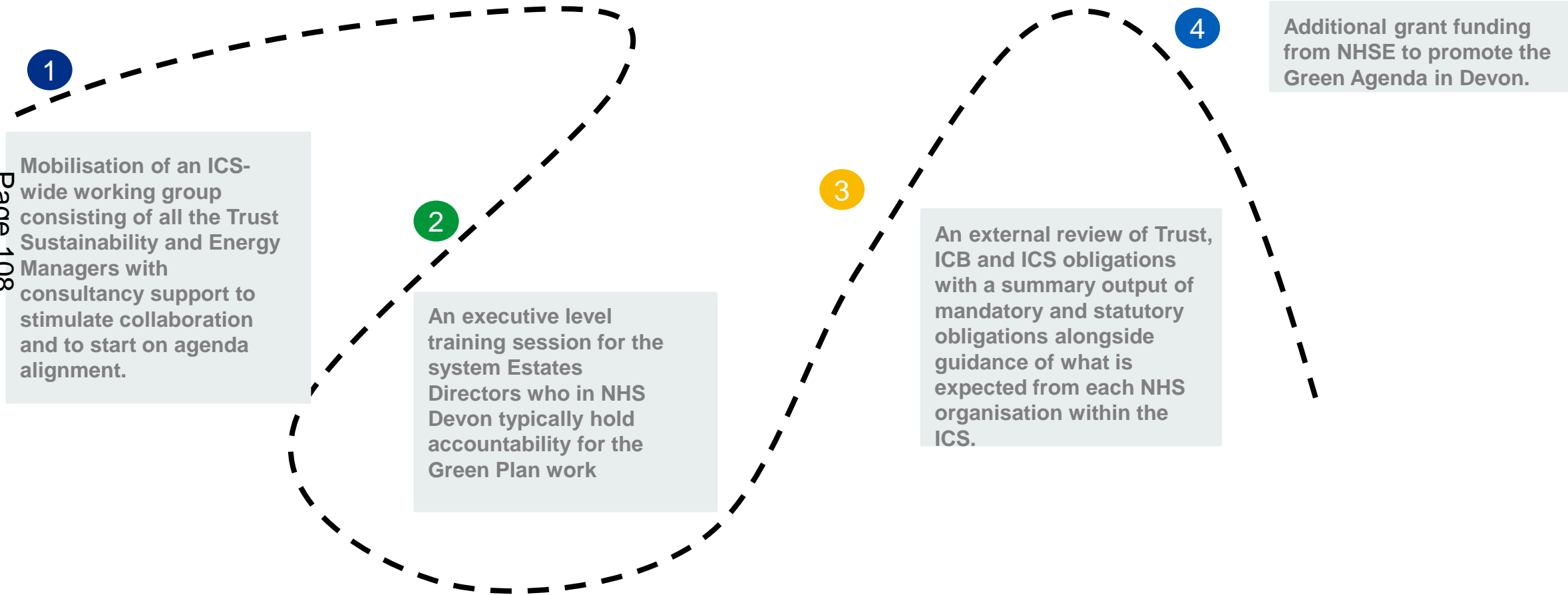
Objectives	Year 1-2	Year 3-4	Year 5+
More Devon ICB staff will make greener journeys to work.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Devon ICB will be a paper free organisation by 2028		<input checked="" type="checkbox"/>	
More products and services are bought locally promoting the concept of the Devon Pound across the ICS and its partners		<input checked="" type="checkbox"/>	

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# What we have achieved in 2023/24

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# Delivering the Joint Forward Plan and future development

Delivering the plan in 2023/24  
Devon Operating Model  
Governance  
Outcomes framework

# Delivering the JFP

Who is responsible for what? To be updated

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## Delivery

The JFP will be delivered through system architecture that includes:

- Primary care networks and collaboratives
- Local care partnerships
- Networks
- Provider collaboratives
- System level transformation programme boards

## Assurance

- Outcomes framework will be used to monitor progress towards the strategic goals
- The System Recovery Board will drive delivery of the recovery plan
- Delivery of work programme milestones will be monitored through system programme infrastructure
- Progress towards delivery of ICS strategic goals will be overseen by the System Management Executive and will report to the One Devon Partnership
- System development will be measured through the ICS maturity framework

## Engagement

- Targeted engagement by programmes with people and communities

## Annual refresh

- On-going work with system partners and programme leads to refresh each year

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# Accountability

Our Vision	One Devon Partnership	Equal chances for everyone in Devon to lead long, happy and healthy lives													
Our Aims	One Devon Partnership NHS Devon	Improving outcomes in population health and healthcare			Tackling inequalities in outcomes, experience and access			Enhancing productivity and value for money			Helping the NHS support broader social and economic development				
Our Strategic Goals	One Devon Partnership	Every suicide will be regarded as preventable and we will work together as a system to make suicide safer communities across Devon and reduce suicide deaths across all ages			People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.			People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.			People in Devon will be provided with greater support to access and stay in employment and develop their careers.				
		We will have a safe and sustainable health and care system.			Everyone in Devon will be offered protection from preventable diseases and infections.			People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.			Children and young people will be able to make good future progress through school and life.				
		People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.			Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place			We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.			We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).				
		Population health and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability			The most vulnerable people in Devon will have accessible, suitable, warm and dry housing			We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.			Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people				
		Children and young people (CYP) will have improved mental health and well-being			In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.						Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably				
		People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.													
Delivery Programmes	NHS Devon/ Local Authorities/ Programme Boards	Mental health, learning disability and neurodiversity		Women and Children	Acute Services Sustainability		Primary and Community Care	Housing		Community Development and Learning		Employment		Health Protection	Suicide Prevention
Enabling Programmes		System Development	Workforce		Digital and Data	Estates and Infra-structure	Finance and Procurement		Communications and Involvement	Research, Innovation & Improvement	Equality, Diversity and Inclusion		Green Plan		Population Health

# ICS outcomes framework

The framework is available via an interactive dashboard with 'drill down' ability to highlight inequalities and drive local action

It offers of breakdowns of information at three ICS 'tiers' (system, LCP and PCN), two local authority 'tiers', and inequalities (socio-economic, geographic, personal characteristics, clinical factors)

It aligns with other frameworks (NHS, public health, Adult Social Care Outcomes Framework, health and wellbeing board)

Some narrative (qualitative) measures

Ongoing co-design process with strategic commissioning partnership to ensure fitness for purpose

Flexibility in terms of addition of new indicators

## Indicators

Admissions Following Accidental Fall  
 Deaths in usual place of residence  
 Total Carbon Emissions (kt CO2)  
 NHS and LA Attributable Carbon Emissions (kt CO2)  
 Deaths attributable to air pollution  
 Index of Multiple Deprivation  
 Access to Community Facilities  
 Rough sleepers per 1,000 households  
 Average house price to FT salary ratio  
 Households in temp accommodation  
 Supply of key worker housing  
 Fuel poverty  
 One Devon Cost of Living Index  
 Community/Business investment  
 Experience of navigating services  
 Waiting Times  
 Support from local organisations to manage own condition  
 Digital exclusion risk index (DERI)  
 Unified digital infrastructure

Healthy Life Expectancy at birth  
 Gap in Healthy Life Expectancy at birth  
 Under 75 mortality rate from preventable causes (persons <75yrs)  
 Global Burden of Disease: Top 10 Causes (DALYs) and Top 10 Modifiable Risk Factors (DALYs)  
 Children achieving a good level of development at the end of Reception  
 16-17 year olds not in education, employment or training (NEET)  
 Employment of people with mental illness or learning disability  
 Workforce diversity (employment profile vs Devon by EDI characteristics)  
 Uptake/coverage of local authority Carer Support Services  
 Unpaid Carers Quality of Life  
 Carers Social Connectedness  
 MMR vaccine uptake (5 years old)  
 Flu vaccine uptake (at risk individuals)

Covid-19 vaccination rates  
 Children and young people access mental health services  
 Coverage of 24/7 crisis MH support  
 Suicide rate  
 Social Prescribing Uptake Rates  
 Access to CYP eating disorders services  
 Avoidable admissions for ambulatory care-sensitive conditions  
 Patient Activation Measures  
 Access to dentists / pharmacy / optometry / primary care  
 Vacancy Rate for ICS Organisations  
 Financial sustainability  
 Unified approach to procurement and commissioning  
 Community empowerment/volunteering

# Governance

- Who is responsible for what – functions and decisions map to follow
- How is the journey going to be managed – system approach to transformation programme management
- Devon operating model
- How we will know it has delivered?

# APPENDICES

# **APPENDIX A**

## **Universal NHS commitments**

### **Statutory Duties**

# National NHS objectives 2023/24

To be updated when available

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Area	Objective
<b>Urgent and emergency care</b>	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
<b>Community health services</b>	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
<b>Primary care</b>	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
<b>Elective care</b>	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
<b>Cancer</b>	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
<b>Diagnostics</b>	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
<b>Maternity</b>	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
<b>Use of resources</b>	Deliver a balanced net system financial position for 2023/24
<b>Workforce</b>	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
<b>Mental health</b>	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
<b>People with a learning disability and autistic people</b>	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
<b>Prevention and health inequalities</b>	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach



# ICB core functions and statutory duties

Our NHS statutory duties	How we will meet our duties
<b>Describe health services the ICB proposes to arrange to meet needs</b>	This Joint Forward Plan broadly describes the health services we have in place, and will arrange, to meet the needs of our population as set out in the Integrated Care Strategy. Each year we also produce an Operating Plan that provides more detail about the planned performance of services.
<b>Duty to promote integration</b>	The Joint Forward Plan is an integrated system-wide plan that encompasses a wide range of programmes that will contribute to improving the health and wellbeing of people living and working in Devon. Each programme describes how system partners are working together to deliver joined up services.
<b>Duty to have regard to wider effect of decisions</b>	The Joint Forward Plan is a system-wide plan to meet the aims and strategic goals set out in the Integrated Care Strategy. The strategy is overseen by the One Devon Partnership which will have the remit to ensure the full consequences of any decisions made are understood
<b>Implementing any JLHWS</b>	There are three Health and Wellbeing Boards in Devon and we have worked closely with all three to ensure that their priorities are reflected in this plan.
<b>Financial duties</b>	The national financial framework sets requires a collective responsibility to not consume more than the agreed share of NHS resources. Slides 37- 42 outline how we plan to achieve system balance.
<b>Duty to improve quality of services</b>	Everybody has the right to feel safe and have confidence in the services provided across Devon. We are committed to securing continuous improvement and will ensure that our services are of appropriate quality and that we have robust mechanisms in place to intervene where quality and safety standards are not being met or are at risk. We have developed robust metrics to measure the impact of the plan through our outcomes framework and have a performance and quality reporting function in place. Our Chief Nursing Officer provides executive leadership for oversight of quality across our system.
<b>Duty to reduce inequalities</b>	One of our system aims is ‘tackling inequalities in outcomes, experience and access’ and two of our strategic goals focus on the top five risk factors and causes of death and disability. A third strategic goals explicitly states that we want ‘everyone to have an equal opportunity to be healthy and well’. To achieve this the delivery programmes outline how they will contribute to reduce inequalities, particularly in relation to Core20PLUS5 and, in line with the 2022 Armed Forces Bill, with regard to serving military personnel, reservists, veterans and their families. To support this work, the Population Health enabler programme has been developed.
<b>Duty to promote involvement of each patient</b>	We are committed to promoting personalised care across all the services we deliver across our organisations. Our approach outlined in the strategic goal ‘People in Devon will be support to stay well at home, through preventative, proactive and personalised care’. Specifically, the Primary and Community Care programme describes how it will use the comprehensive model of personalised care to deliver this ambition.
<b>Duty to involve the public</b>	Our Working with People and Communities Strategy sets out our principles for involving local people. The communications and involvement enabling programme outlines how we will support delivery leads to ensure people and communities are involved in a meaningful way.
<b>Duty to enable patient choice</b>	We support patient choice in our commissioning plans in a number of ways. These include expanding the use of personal budgets through our personalised care commissioning and the use of the Devon Referral Support Service (DRSS), which supports patient choice at the point of referral into secondary care.

# ICB Core Functions and Statutory Duties

Our NHS Statutory Duties	How we will meet our duties
<b>Duty to obtain appropriate advice</b>	We ensure that we obtain appropriate advice throughout the development of plans. This includes from: clinicians (both local and through regional networks), NHSE (regional and national), the South West Clinical Senate and legal advice. Obtaining advice is particularly important to us in our delivery of transformation. Our system approach to delivering the JFP means that relevant partners are included on our Programme Boards and are able to influence and give advice as appropriate, this includes police, housing, education and public health.
<b>Duty to promote innovation</b>	We work closely with the South West Academic Health Science Network to ensure we are cognisant of innovation and best practice. The Research and Innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.
<b>Duty in respect of research</b>	We work closely with the South West Academic Health Science Network to ensure we are cognisant of research and best practice and that we promote research within Devon. The research and innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.
<b>Duty to promote education and training</b>	Our Joint Forward Plan has three strategic goals related to education and training including – school readiness, supporting people to access and stay in employment and ensuring we have people with the right skills within our system. The Children and Young people delivery programme focuses on this whilst the employment and workforce enabling programmes outline how they will support these ambitions.
<b>Duty as to regard to climate change etc</b>	Our Green Plan enabling programme outlines our clear commitment to successfully deliver targets for all local authorities to be carbon neutral by 2030 and the NHS by 2040.
<b>Addressing the particular needs of children and young people</b>	Our plan includes two specific strategic goals on children and young people and the children and young people delivery programme outlines the wide programme of work.
<b>Addressing the particular needs of victims of abuse</b>	<p>Serious violence has a devastating impact on lives of victims and families, instils fear within communities and is extremely costly to society. NHS Devon has a domestic abuse and sexual violence (DASV) strategy that outlines actions to improve the health response to victims and perpetrators who are staff or patients in Devon. Over the last two years much has been achieved (eg: a network of DASV champions, robust DASV policies, commissioning of an Interpersonal Trauma Primary Care service, due to commence in April 2023). Locally, compliance with the Duty will be monitored through the Safeguarding and Vulnerable People Steering Group, which will report quarterly to the Quality and Performance Committee and updates regarding Duty activity will be included in safeguarding reports to the System Quality and Performance Group.</p> <p>The case study on slide 30 shows how the ICS is working collaboratively to progress this important agenda.</p>

# APPENDIX B

## Glossary

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# Glossary (A-C)

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

# Glossary (D-I)

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

# Glossary (J-N)

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

# Glossary (N-S)

Abbreviation	Meaning
NPDA	National Paediatric Diabetes Audit
NSS	Non-site specific
Ofsted	Office for Standards in Education, Children's Services and Skills
ONS	Office for National Statistics
OP	Outpatient
OPFU	Outpatient Follow Up
ORCHA	Organisation for the Review of Care and Health Apps
OSC	Overview and Scrutiny Committee
PACS	Picture Archiving and Communication System
PASP	Peninsular Acute Sustainability Programme
PAU/CAU	Paediatric/Children's assessment unit
PCBC	Pre-Consultation Business Case
PCN	Primary Care Network
PHE	Public Health England
PHM	Population Health Management
PIFU	Patient-Initiated Follow-Up
PS	Property Service
PTL	Patient tracking list
RDUH	Royal Devon University Healthcare NHS Foundation Trust
RII	Research, improvement and innovation
rtCGM	Real time continuous glucose monitoring
RTT	Referral to Treatment
SABA inhalers	Short-acting beta agonists
SAI	School-aged immunisation
SCORE Culture surveys	Anonymous, online tool that can be used to gain insight into a team's safety culture to help the team identify strengths and weaknesses and start to drive genuine improvement
SDEC	Same Day Emergency Care
SEMH	Social Emotional Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SET	Senior Executive Team
SIAG	System Improvement Assurance Group
SIC ODN	Surgery in Children Operational Delivery Network
SLCN	Speech and Language Communication Needs
SLT	Speech and Language Therapist
SMART objectives	Specific; Measurable; Achievable; Realistic; Timebound

# Glossary (S-Z)

Abbreviation	Meaning
SOP	Standard Operating Procedure
SRM	Supplier Relationship Management
SRP	System Recovery Programme
STAMP	Supporting Treatment and Appropriate Medication in Paediatrics
STOMP	Stopping overmedication of people with a learning disability, autism or both
Suicide Safer Communities	<a href="https://www.every-life-matters.org.uk/suicide-safer-communities/">https://www.every-life-matters.org.uk/suicide-safer-communities/</a>
SW	South West
SWAHSN	South West Academic Health Science Network
SWAST	South Western Ambulance Service NHS Foundation Trust
THRIVE	The THRIVE Framework for system change is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families.
TIF	Tech Innovation Framework
TLHC	Targeted Lung Health Check Programme
TSDFT	Torbay and South Devon NHS Foundation Trust
UCR	Urgent Community Response
UDA	Unit of Dental Activity
UEC	Urgent and Emergency Care
UNP	University Hospitals Plymouth NHS Trust
UKHSA	UK Health Security Agency
VBA	Value-Based Approach
VCSE	Voluntary, Community and Social Enterprise
VW	Virtual Ward
WRES	Workforce Race Equality Standard





# Torbay and Devon Safeguarding Adults Partnership

## Annual Report 2022/2023



# Agenda Item 8

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## Section 1: Chair's Foreword

### 1.1 Paul Northcott – Independent Chair



In the last twelve months all of the Board members have continued to work hard to deliver our statutory obligations and improve practice across all of our 2022/2023 priorities. As a Board we have made a conscious decision to focus on the progression and completion of safeguarding adult reviews. These reviews play an integral part of our assurance process and they allow us to work with frontline staff, managers and families to not only identify areas of improvement but also best practice.

As the Independent Chair of the Board I have personally witnessed the impact that these reviews have had on the partnership resources who had to balance these responsibilities with their operational commitments. We have continued to receive the support of those senior leaders who sit on the Board to fully explore these cases and there has been a concerted effort to deliver the outcomes and recommendations from these reviews. We are committed to not only ensuring that the learning from these cases is being embedded across both Torbay and Devon but we will also check that we are making a difference to frontline practice. This work will be carried out through our Quality and Assurance subgroup and will be routinely reported back to the Board.

Over the last twelve months the Partnership has been flexible in the way that it has developed its workplans and these have been regularly reviewed by the Board members. The outcomes from these pieces of work are evident in the content of this report and have included the publication of an information sharing protocol and improved multi-agency training that reflects local cases.

Our subgroups continue to transition to their new terms of reference and adapt to meet the changes in staff and workloads that we have encountered. Those that attend the subgroups have remained strong in their commitment to the Board.

The Community Reference Group continues to play an important part in ensuring that the work that is carried out by the Board remains grounded and meets the needs of the communities that we serve.

I would like to take this opportunity to thank all of the agencies for their contribution to the Board.

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## Section 2: Our Purpose

The Torbay and Devon Safeguarding Adults Partnership (TDSAP) is the collective name for the partners that work with the Board to safeguard adults across Torbay and Devon.

The TDSAP provides strategic leadership for adult safeguarding across Torbay and Devon and is independent, with an independent chair.

The core objective of the Safeguarding Adults Partnership, set out in section 43(2) of the Care Act 2014, is to help and protect adults in its area in cases where an adult has care and support needs and;

- They are experiencing, or at risk of experiencing, abuse or neglect; and
- As a result of those care and support needs, they are unable to protect themselves from either the risk of or the experience of abuse or neglect

The TDSAP acts as the key mechanism for agreeing how agencies work together to safeguard and promote the safety and wellbeing of adults at risk and/or in vulnerable situations. It does this by co-ordinating what each of the TDSAP members does and ensures that they do it effectively.

## Section 3: Our Structure

The TDSAP has established a meeting structure to undertake work on behalf of the Partnership.

The TDSAP has two groups reporting into the Board namely the Safeguarding Adults Review Core Group and the Operational Delivery Group.

Reporting into the Operational Delivery Group are three sub-groups namely the Learning and Improvement sub-group, the Performance and Quality Assurance sub-group and the Community Reference Group. These meetings will continue to be supported by the Partnership Practice Lead, Partnership Business Manager and Partnership Co-Ordinators.



## TDSAP Organisational Structure

# Agenda Item 8

## Section 4: Our Partnership Members

### 4.1 Statutory Partners

The Statutory Partners of the TDSAP are:

Devon and Cornwall Police	Devon County Council
Torbay Council	NHS Devon ICB

### 4.2 Partners

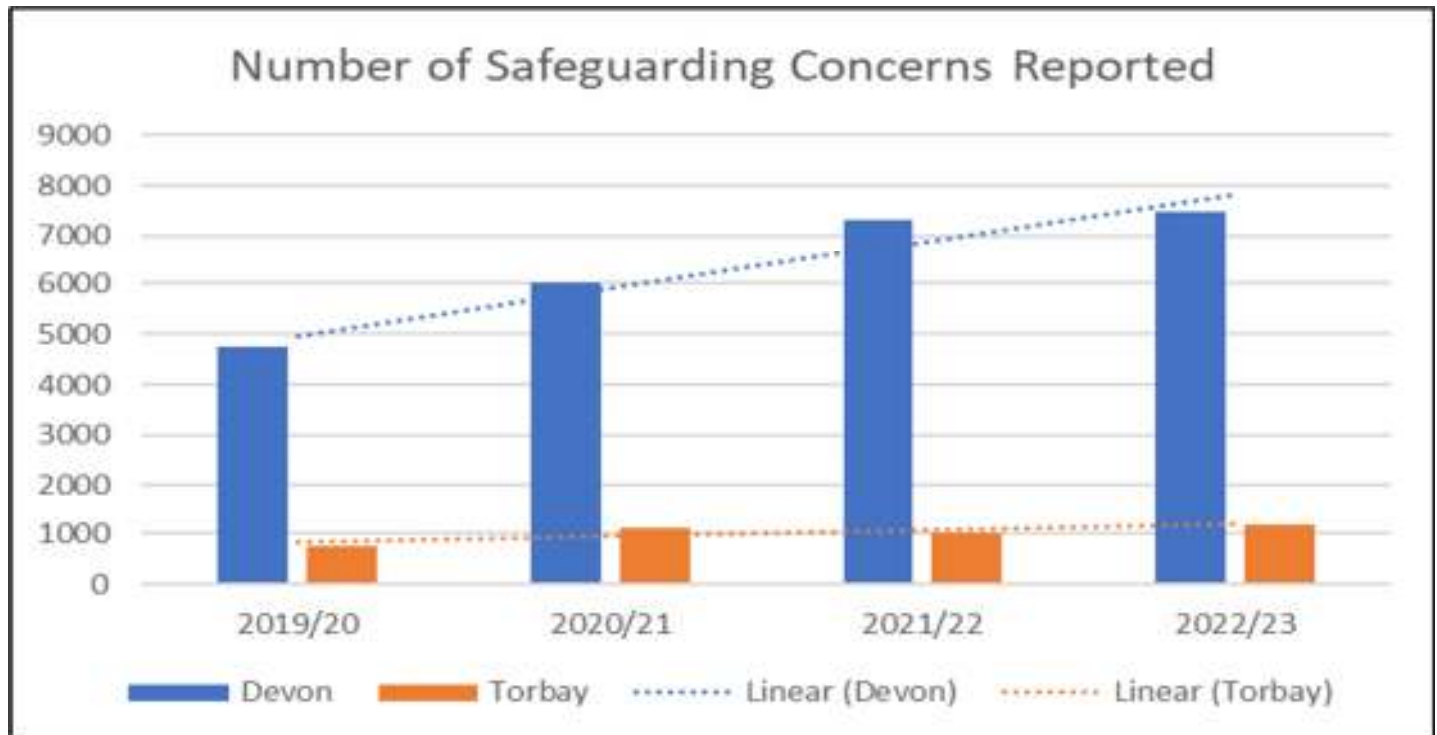
Other partner members of the TDSAP are:

Torbay and South Devon NHS Foundation Trust	Devon Partnership Trust
Royal Devon University Healthcare NHS Foundation Trust	NHS England/Improvement
University Hospitals Plymouth NHS Trust	Housing Representative
Livewell Southwest	Devon & Somerset Fire & Rescue Service
South Western Ambulance Service Foundation Trust	Care Quality Commission
The Department of Work and Pensions	Voluntary and Community Services Representatives
HM Prison Service	Healthwatch
The Probation Service	The Heart of the South West Trading Standards
District Councils	

## Section 5: Safeguarding Activity

The data below is routinely monitored through the Performance and Quality Assurance (PQA) Sub Group and by Board members, to identify trends and areas for additional scrutiny. This includes variances against national and comparative area data. The data has been included in this report to demonstrate the safeguarding activity over the 2022-2023 period

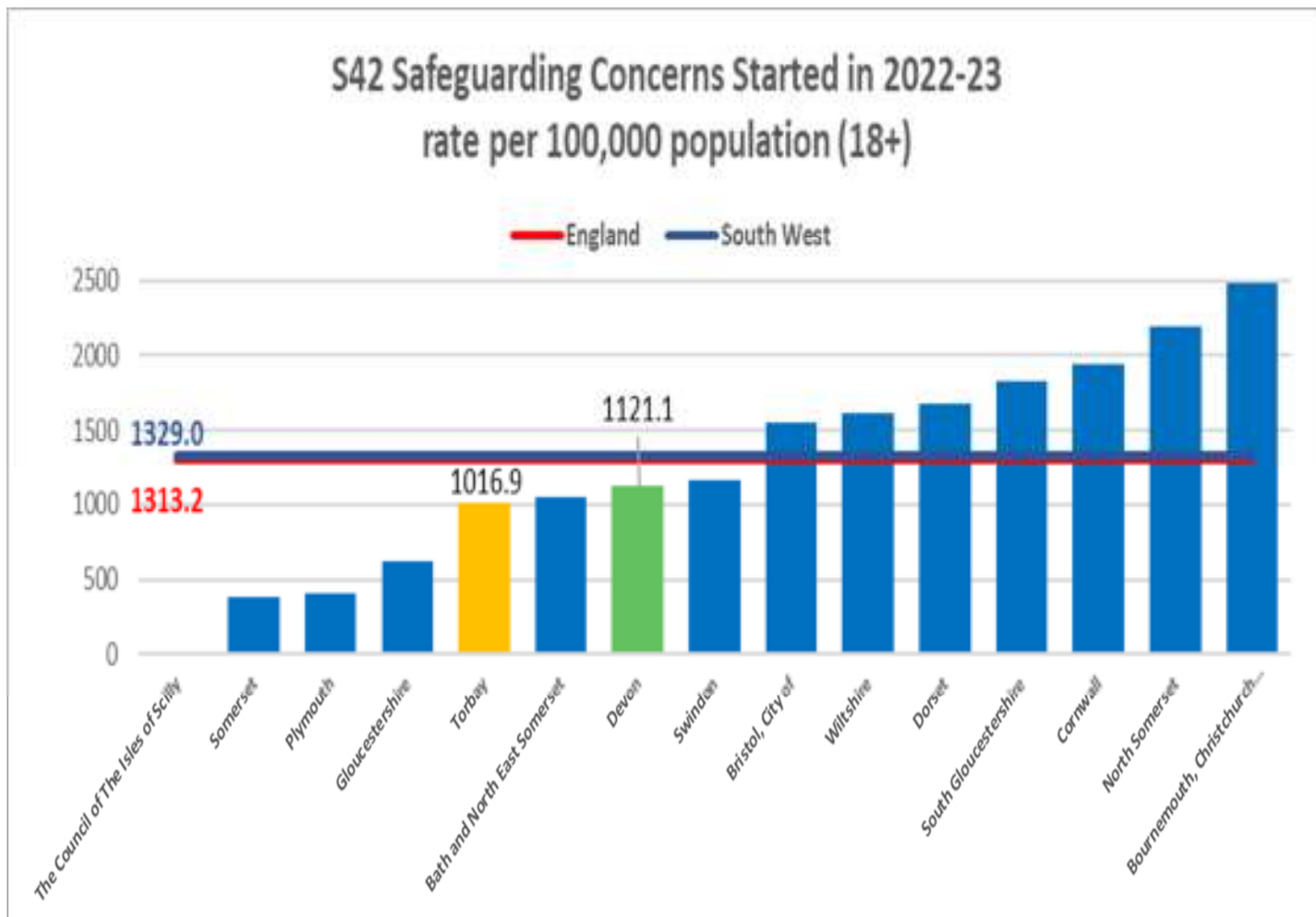
### 5.1 Section 42 - Safeguarding Concerns



The linear trend in the number of safeguarding adults' concerns in Devon is upwards but has flattened between 2021-22 and 2022-23. The numbers of concerns have been rising because of a combination of concerted action to address the low rate of reported concerns compared to the national figures and national guidance published in 2020 standardising practice of what constitutes a safeguarding concern. This did not mean that previously concerns were not being responded to, but that they were being directed to more appropriate pathways, for example to receive an assessment of needs.

The linear trend in Torbay's safeguarding concerns is also upwards, but less marked due to smaller numbers. There was an increase in the number of reported safeguarding concerns corresponding with the publication of the national guidance in 2021/22 but this has remained at the same level in 2022/23.

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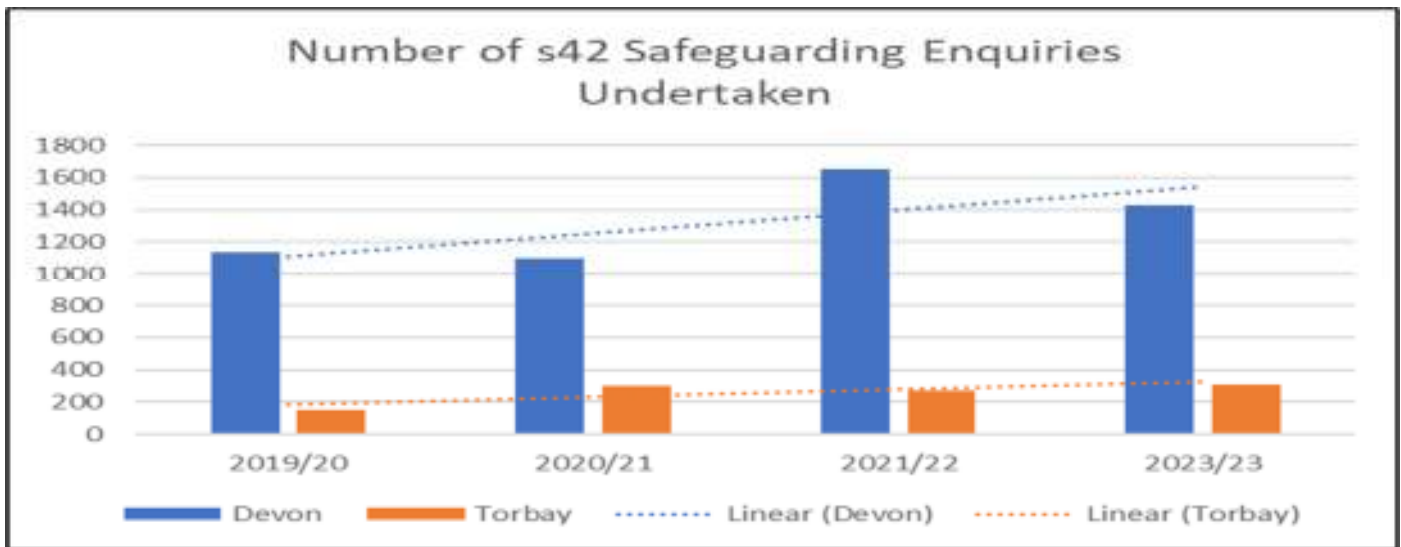


Expressing safeguarding concerns as a rate per 100,000 population (18 and over) for comparability shows Torbay's activity (1016.9) in 2022-23 was below Devon (1121.1). Both Authorities have safeguarding concern activity levels below the national (1313.2) and regional (1329.0) averages and are at the lower end of the regional comparator Authorities.

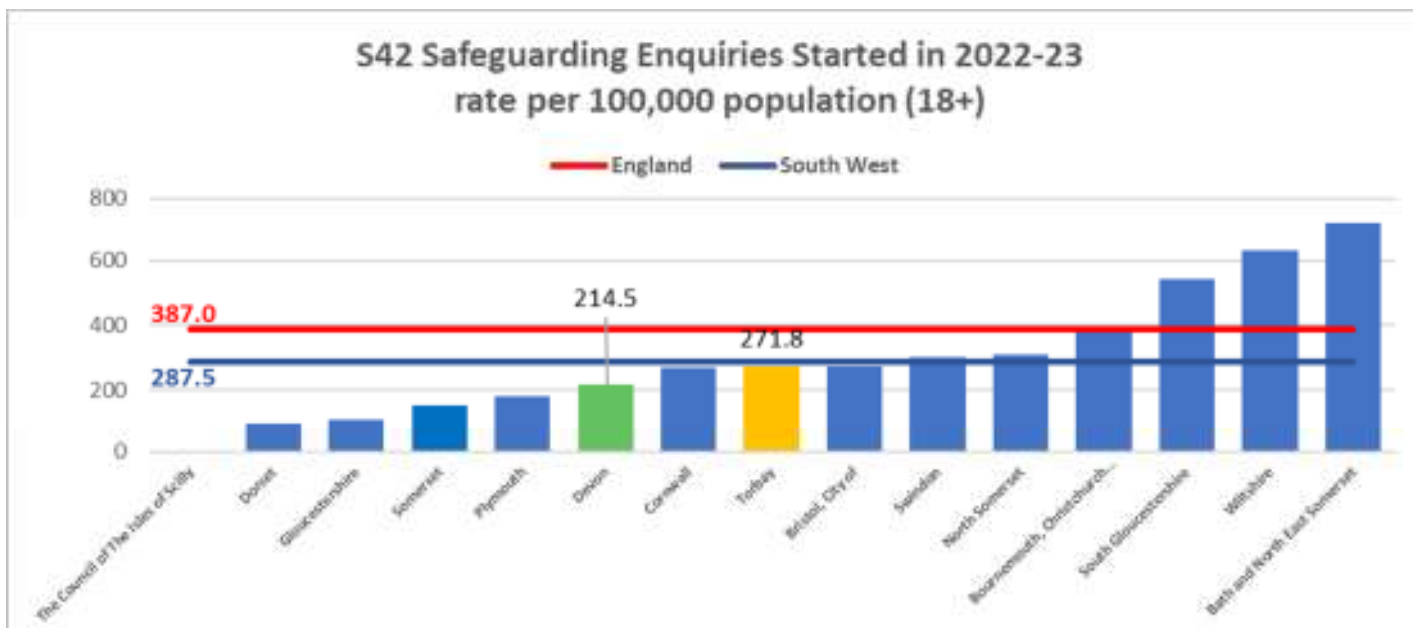
In Torbay, the safeguarding adult single point of contact service sits within the Adult Social Care Front End service. This enables the Torbay team to establish quickly if a contact is an actual adult abuse concern or should be signposted to another team to respond.



## 5.2 Section 42 – Safeguarding Enquiries



Numbers of S42 safeguarding enquiries (concerns that meet the threshold for further investigation) undertaken by both authorities have been on a linear upward trajectory. There is greater consistency in the annual safeguarding enquiry activity levels in Torbay than in Devon. The percentage rate for concern to enquiry in Torbay has been stable in the last 3 reporting periods.



For S42 safeguarding enquiries started during 2022-23, the Devon rate per 100,000 population (18 and over) has reduced reflecting a fall in the conversion rate between years. Both authorities (Devon 214.5, Torbay 271.8) have lower levels of comparative safeguarding activity than the national (387.0) and regional (287.5) averages in 2022-23.

## 5.3 Demographics

59% of individuals in Devon and 62% in Torbay involved in safeguarding concerns in 2022-23 were female. This is consistent with previous years and the national trend. This is disproportionate to the overall Devon and Torbay population, although not necessarily the elderly population which most of our safeguarding activity relates to.

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84% of individuals in Devon and 62% in Torbay involved in safeguarding concerns in 2022-23 recorded their ethnicity as white. The proportion of people in Devon who describe themselves as white British increases with each age group and safeguarding data on ethnicity should therefore be considered in conjunction with data on age. This data shows that most Safeguarding concerns in Devon relate to individual's aged 65 and over.

Whilst the ethnicity data for people involved in safeguarding activity in Devon and Torbay is representative of the Census 2021 population demographic it is highly likely that we are seeing under representation of other ethnic groups due to custom and cultural practice.

## **5.4 Location of Risk**

64% of S42 enquiries pursued in Devon, and 44% in Torbay, in 2022-23 took place within the person's own home. This has been rising for both authorities over the past couple of years and for Devon is now a higher proportion than the national picture (47% in 2022-23).

Torbay has always had a higher proportion of enquiries recorded in care homes, which could be reflective of it having a higher relative proportion of care home beds. Although, there has been an increase in the proportion of Devon enquiries relating to care home settings at 20%, this remains below the national comparator (33%). There has also been an increase in the Torbay proportion to 47% in 2022-23 putting it significantly ahead of the national comparator (33%). Approximately 2 thirds of provider concerns are reported by providers themselves.

The Torbay integrated health and social care functions include making decisions on s.42 duties as well as causing out s.42 duties to its health regulated services. Where there is reasonable cause to believe that a safeguarding concern meets the s.42 duty for health regulated settings, the ICB is consulted to ensure external scrutiny and oversight of safeguarding responses. In Devon the proportion remains typical to 2021-22 at 5%. Both authorities are below the national comparator (8%).

## **5.5 Types of Risk**

For Devon the most common sources of risk in 2022-23 were Self-Neglect (19%) and Psychological Abuse (16%). Neglect & Acts of Omission and Physical Abuse in Devon have now reduced below the national comparator. For Torbay Neglect & Acts of Omission (24%) and Physical Abuse (15%) were the most common sources of risk. This is typical to the national picture where the most common sources of risk are Neglect & Acts of Omission (32%) and Physical Abuse (19%).

## **5.6 Making Safeguarding Personal (MSP).**

Approaches to safeguarding should be person-led and outcome-focused. In Devon (91%) and Torbay (84%) of people or their representatives were asked about their desired outcomes in safeguarding enquiries in 2022-23. In response, Torbay has created a 90% key performance indicator for this issue. Of those people who were asked about their desired outcomes, 93% of people in Devon had their outcomes met, either in full or part, with 93% in Torbay. Devon is typical to England (94%) and the South West region (94%) whilst Torbay lie just below the national and regional comparators.

## Section 6: Safeguarding Adults Reviews (SARs) and our SAR Core Group

### 6.1 Summary

Formerly known as Serious Case Reviews (SCR), Safeguarding Adults Reviews (SARs) are a statutory duty under the 2014 Care Act for Safeguarding Adults Boards to undertake. A SAR is completed when:

- an adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult
- an adult is still alive but has experienced serious neglect or abuse and there is concern that partner agencies could have worked more effectively to protect the adult
- Boards may also arrange for a SAR in any other situation involving an adult in its area with needs for care and support.

SARs are a way for all agencies of the partnership to identify the lessons that can be learned from particularly complex or high risk safeguarding adults cases and to implement changes to improve services.

The TDSAP has a dedicated SAR Core Group. The SAR Core Group is responsible for decision making on new SAR referrals and for managing all SARs through to completion.

The SAR Core Group membership consists of multi-agency partners who meet regularly. The SAR Core Group members include representatives from NHS Devon ICB, Torbay County Council, Devon County Council, Devon Partnership Trust (DPT), Devon and Cornwall Police and partner representatives from other organisations as required.

### 6.2 SAR activity during 2022/23

The TDSAP received thirteen SAR Referrals in 2022/23 from seven different partner organisations.

Following thorough consideration of these SAR referrals, the SAR Core Group decided that three of them met the criteria for a SAR review to take place, as defined within Section 44 of the 2014 Care Act.

The themes from these referrals include:

- **Mental Health** (any support that people receive to protect or promote their mental health and psychosocial wellbeing).
- **Self-Neglect** (a person being unable, or unwilling, to care for their own essential needs)
- **Substance Misuse** (Substance misuse develops when you continue to take substances which change the way you feel and think)
- **Neglect/Acts of Omission** (the failure to meet individuals basic and essential needs, either deliberately or by failing to understand these).

In 2022/23 the Torbay and Devon Safeguarding Adults Partnership completed 3 SAR's, two of which were published on the TDSAP website. Regarding the third, a decision was made by the TDSAP Board, not to publish due to the sensitive nature of its content.

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With all SAR reviews, the identified learning and SAR recommendations are progressed and embedded into operational practice. The purpose of a SAR is not to reinvestigate or to apportion blame. It is an opportunity to uncover learning for all partner agencies involved and to make changes to practices in the future.

More information is available on our website about SAR Thresholds, how to complete a SAR [Referral](#) and our [previously published SARs](#)

## 6.3 Published SARs

### 6.3.1 SAR Ella

#### Summary of the review into the death of Ella

Ella was a 77 year old woman who was murdered in her home between the 9th and 12th January 2021 by Mr. M, an employee of an independent care provider. She had a number of health and mobility difficulties which severely restricted her lifestyle and rendered her in need of care and support.

The murder followed an allegation of financial abuse and fraud committed by Mr. M against Ella. He was suspended by the care provider but returned to Ella's home where he committed the murder.

Mr. M was found guilty following a criminal trial and on the 30th July 2021 was sentenced to life imprisonment with a minimum tariff of 30 years.

The review positively highlighted the high level of cooperation and information sharing between partner agencies and the frequent concerns expressed about how Ella's own actions were increasing risks to her safety and wellbeing.

Professionals worked successfully to maintain the spirit of **Making Safeguarding Personal** and respect Ella's wishes. However it raises the question, whether a greater exercise of professional curiosity may have revealed that the carer was going beyond his brief and nurturing an exploitative relationship with Ella.

**Learning Point: Financial Abuse** Given the often-hidden nature of financial abuse, agencies should be aware of the need to exercise greater vigilance, especially where supporting people with limited independence and/or mental capacity in areas of their life.

Recognising someone who may be at risk of financial abuse is important and so is recognising the characteristics of potential abusers.

**Learning Point: Safeguarding** Staff frequently are called upon to exercise judgment about whether to override a person's views either in their own best interests or for wider safeguarding reasons. This SAR highlighted that a safeguarding concern referral should have been made on a previous occasion in January 2020 when financial theft was alleged by a care worker.

**Learning Point: Sharing Intelligence** Information about potentially dishonest carers should be recorded and passed to the Police as care staff may move between health and social care settings.

**Learning Point: Disclosure and Barring Service (DBS) Checks** Agencies should consider and take action to fully mitigate the potential risks posed to clients from information obtained through DBS checks.

Should partner agencies have additional information not contained within the DBS disclosure they should consider this as part of the risk assessment. This would support an informed consideration of the potential risk posed by the employee.

**Learning Point: Risk Assessments** Where agencies have identified risks through risk assessments, there should be a clear plan as to how those risks and future behaviours will be monitored to ensure risks to clients are mitigated.

In doing this agencies should ensure robust application of their internal policies as part of the risk monitoring for example testing for alcohol and drugs misuse.

**Learning Point: Care and Support Provision** Clients who are isolated and lonely may be at greater risk of being exploited. The practice of having a team around a person, as opposed to a single carer, is important both for continuity of care and for protection of the client.

Care and support plans should consider the person's vulnerability and the potential risk of financial abuse.

**Learning Point: Safeguarding** Where a crime has been committed immediate advice should be sought from the Police. Details of an allegation of a criminal nature should not be disclosed to the person considered to pose the risk.

## 6.3.2 SAR Thematic Review – Self-Neglect

### A summary of the individuals concerned

**AA:** a man in his 50s with multiple complex health conditions who died (Dec 2018) in conditions of extreme squalor less than 4 weeks after discharge from a long stay in hospital.

**BB:** a woman in her 70s who died (Dec 2019) in a fire while using a gas hob to provide heating. She had dementia and consumed significant amounts of alcohol. Her home was dirty and neglected and she often declined support.

**CC:** a woman in her 60s who died (Jan 2020) of cellulitis with sepsis. Her long-term involvement with mental health services had ceased due to staff shortages and she had disengaged from her care and support providers. CC's relative has requested she be referred to as Gilda.

**DD:** a woman in her 80s who died (May 2020) emaciated, covered in faeces and urine burns, malnourished and anaemic. Living a reclusive life, she had become further isolated during the Covid-19 lockdown.

**EE:** a man in his 50s who died (July 2020) of sepsis and renal failure. He had a range of co-morbidities and a history of serious infections, but often declined interventions and did not follow lifestyle advice. He became further isolated as a result of the Covid-19 lockdown.

**FF:** a man in his 50s who died (September 2020) of bilateral subdural haematoma and liver cirrhosis just a week after discharge from a prolonged hospital stay, having returned to excessive alcohol consumption and declining self-care.

**Learning Point: Health and social care needs** Shortcomings included failure to address alcohol consumption, particularly in the context of mental health needs; continence supplies not being

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made available; delay in summoning help when unable to rouse the individual; unlawful interpretation of the mandate for care and support needs assessment; failure to escalate concerns regarding deteriorating health; failure to respond to worsening mental health. Practitioners can become accustomed to poor standards of hygiene and fail to recognise the need for proactive intervention.

**Learning Point: Mental capacity** Mental capacity did not receive adequate attention. In several cases involving high-risk decision-making, no capacity assessments took place and no attention was paid to the possible loss of executive function. There was an over-reliance on assumptions of capacity and on the concept of lifestyle choice.

**Learning Point: Safeguarding** There were shortcomings in actions to safeguard the individuals concerned and evidence that practitioners can become desensitised to extreme living conditions and fail to act. The shortcomings included both a failure to make safeguarding referrals and a failure to pursue safeguarding enquiries in response to referrals made, in some cases on erroneous grounds that indicated a lack of understanding of criteria.

**Learning Point: Responses to reluctance to engage** While good responses were often made to crises, there was a lack of consistent follow-up to build relationships of trust that could overcome individuals' reluctance. Service refusals or non-attendance at appointments were taken at face-value.

**Learning Point: Dual diagnosis** Alcohol use was accepted as an established pattern and proactive attempts to explore its origins were not made. In one case, no treatment was offered, and in the other there was no support following discharge from hospital. There appear to be both a lack of understanding of the impact of alcohol on decision-making and barriers to accessing mental health services.

**Learning Point: Hospital discharge** Safe discharge was compromised by a failure to secure appropriate services for the individual, resulting in an absence of continence support, reablement, mental health services, support with alcohol use, and care and support provision. These omissions impacted on the safety, health, hygiene and dignity of the individuals concerned.

**Learning Point: Fire safety** Fire was a significant element in the death of one individual. The risks were well recognised by family members and practitioners but were not effectively managed.

**Learning Point: Work with families** The family members participating in this review have all raised concerns about the extent to which they were kept informed, consulted and given advice by practitioners. They advise services to ensure there is more consistent and informative involvement with families.

**Learning Point: Interagency working** Where information-sharing was poor, practitioners were acting without full understanding of the situation. Serious breakdowns of communication took place, resulting in omissions and missed opportunities for interagency referrals, sometimes in potentially serious safeguarding situations. Case coordination was absent – no one agency knew the whole picture and interagency meetings did not take place, resulting in an absence of shared strategic approaches.

**Learning Point: Organisational features** Agencies were affected by pressures from levels of demand, staffing constraints and a lack of suitable resources. Internal systems impacted upon communications between services. Barriers existed to the provision of appropriate mental health services in the context of alcohol use. Supervision and management oversight were sometimes

missing and staff sometimes lacked understanding of self-neglect and its risks, and of how to intervene.

**Learning Point: Covid-19** Three of the individuals in this review died during the Covid-19 pandemic, when restrictions on face-to-face engagement by professionals and changes to community contacts increased isolation and decreased visibility. It is not clear how risk assessment was carried out for patients advised to shield because of pre-existing serious health concerns.

**Learning Point: The role of the TDSAP** More work is needed to raise awareness and understanding of self-neglect, its risks and resolution pathways and to ensure that guidance on self-neglect is embedded in practice across the partnership.

## Section 7: TDSAP Sub-Groups

### 7.1 Community Reference Group

The TDSAP Community Reference Group (CRG) brings together people with lived experience of Safeguarding and Voluntary, Community and Social Enterprise (VCSE) organisations representing people with protected characteristics across Devon and Torbay.

The purpose of the CRG is to ensure that people with lived experience and their carers remain central to the work of the partnership Board.

The CRG aims to raise awareness of Safeguarding across the VCSE sector and the general public. CRG members provide feedback on the developments and priorities of the Board as well as gathering intelligence and raising issues on behalf of people with lived experience of Safeguarding.

The CRG takes direction from the TDSAP to engage and consult with people across various communities on strategy and practice. This has included focused task and finish groups, on-line and telephone surveys and varied user led dialogue.

Over the past 12 months we have explored the subject of hidden harm, the importance of professional curiosity and the impact of data on the understanding of how to support harder to reach and protected characteristic groups.

### 7.2 Learning and Improvement Sub-Group

The Learning and Improvement Sub Group has continued to focus on delivering business activities centred around Learning, Improvement of Practice and the Training offer to Provider services. This Sub Group further maintains a key focus on the action planning that addresses the learning and improvement identified through Safeguarding Adults Reviews.

This Sub Group has driven the adoption of a Safeguarding Information Sharing Protocol by Partner agencies which was recently published on the TDSAP website. It is anticipated that this will promote better information sharing between Partners as an area of improvement that has been identified through a number of Safeguarding Adults Reviews.

Other learning areas also form part of the Sub Group's work which includes learning from out of area Safeguarding Adults Reviews and identifying new areas of learning where guidance and awareness raising support the protection of adults at risk. An example of this is the development of

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an information page on Predatory Marriage on the TDSAP website which contains a link to a podcast that was developed locally by partners.

The Learning and Improvement Sub Group continues to monitor closely the Partnership Training Offer and uptake from Partners, including the private, voluntary and independent sectors. Demand continues to be high for all course presentations. All courses are running well, with good attendance and positive feedback from attendees. All course presentations remain virtual at this time and is reviewed on a regular basis.

## **7.3 Performance and Quality Assurance Sub Group**

The Performance and Quality Assurance (PQA) Subgroup supports the Torbay and Devon Safeguarding Adults Partnership to take a strategic overview of the performance and quality of safeguarding activity across Torbay and Devon.

The group meets quarterly, has a clear terms of reference and a strong and robust Quality Assurance Framework, to provide the structure to ensure the group meets its aims.

The Quality Assurance Framework is underpinned by the Care Act Safeguarding Principles and includes the expectation that learning from quality assurance will be shared with partners to bring about positive change to practice and improve outcomes for adults and their carers.

The PQA supports the partnership in looking at what we do, how well we do it and what difference we make to operational systems and processes. The group particularly wishes to progress in its development to measure how embedded learning is from Safeguarding Adults Reviews conducted across Devon and Torbay and has plans for a Multi-agency case audit in quarter 4.

The group regularly reviews safeguarding adult performance data and will undertake an in-depth review of the Annual Safeguarding Adults Collection Data, which is published each September, to identify areas where specific assurance is required.

## **7.4 Operational Delivery Group**

The TDSAP Operational Delivery Group (ODG) meets quarterly and is responsible for delivering the activities set out in the TDSAP Business Activity Plan.

The group also considers safeguarding adults multi-agency practice, process and systems across Torbay and Devon to ensure that there is effective communication and quality working practice in place. The ODG does this to ensure that members of the public and service users are protected from potential abuse and harm.

A key purpose of the ODG is to ensure that the Learning and Improvement Sub Group, Performance and Quality Sub Group and the Community Reference Sub Group report directly to the ODG on progress of priority activities from the respective sub groups.

During the past 12 months, the group has had excellent representation from across the partnership and demonstrated a strong commitment to shared ownership of the Partnership agenda. Tasks are also followed through outside of ODG meetings to ensure priorities are completed in a timely manner.



## Section 8: TDSAP Priorities 2021/24

The TDSAP Board agreed four strategic priorities for a three year period from 2021 to 2024.

Updates against these key priorities are listed below:

Strategic Priority	What we have done so far to deliver this priority:
<p>To embed the learning from safeguarding adults reviews (SARs).</p>	<p>Partners continue to actively contribute to the SAR Process, playing a key role in helping to identify relevant learning.</p> <p>Processes are embedded to ensure immediate learning is identified from SAR referrals and addressed as early as possible.</p> <p>Work has been undertaken with our SAR Lead Reviewers to ensure recommendations are Specific, Measurable, Achievable, Realistic and Timebound (SMART).</p> <p>The TDSAP regularly and actively seeks assurance and evidence from Partners against the improvements that have been embedded from SARs.</p> <p>The TDSAP continues to work with partners to ensure that communications are reaching the appropriate organisations and groups.</p> <p>The TDSAP has established a new dynamic internal process for the delivery of Safeguarding Adults Reviews.</p> <p>Each Safeguarding Adults Review has an underlying principle to 'Focus on the Learning' for each organisation.</p> <p>We regularly monitor and identify reoccurring SAR themes via our SAR Core Group. This allows partners to consider the best course of action in order to prevent reoccurrence.</p>
<p>To work with partners to better understand and reduce the risk of 'Hidden Harm', especially in the context of COVID 19.</p>	<p>A Multi-Agency Task &amp; Finish Group has been established, with relevant partners, to focus on the 'Hidden Harm' that is usually out of sight from public view and often not recognised or reported.</p>

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	<p>The TDSAP continues to encourage all safeguarding partners, who work with people who have needs for care and support, to exercise professional curiosity and take appropriate action.</p> <p>The TDSAP has updated the Terms of Reference for Multi-Agency Case Audits (MACA) to included reference to 'Hidden Harm' and 'Professional Curiosity'.</p> <p>A TDSAP Task &amp; Finish Group is working to develop and deliver a podcast and animation video for partners and service representatives to better understand, encourage and support 'Professional Curiosity' and Hidden Harm.</p>
<p>To improve outcomes for people with needs for care and support by finding the right solution for them.</p>	<p>TDSAP regularly seeks assurance, via the Board and it's Sub-Groups, that partners and service representatives work together to establish more effective coordination to achieve person centred solutions.</p> <p>We continue to work with partners to better understand and embed creative approaches, to finding effective solutions, for people with complex lives.</p> <p>A Multi-Agency Risk Management Meeting (MARMM) forum has been established. This was developed and co-produced by key partners.</p> <p>TDSAP have developed and shared key data and information to help develop effective communications and co-ordination between partner organisations, including strengthening links with the districts and community safety partners.</p> <p>We will continue to focus on preventative strategies, working alongside our strategic partners, to better understand how we can avoid the need for safeguarding intervention.</p> <p>We will carry on our work with service representatives and commissioning partners to better understand people's needs and support them to achieve their desired outcomes.</p>
<p>Improving Involvement and Engagement with people in receipt of safeguarding services.</p>	<p>The TDSAP will continue to build on past Safeguarding Awareness Campaigns by targeting communications within our communities to raise further awareness of safeguarding. We will utilise the National Safeguarding Awareness Week to ensure we design and deliver effective key messages across our communities.</p> <p>We will carry on our work with key partners to improve the interface with other services, especially for those who transition from Childrens to adult services.</p>

	<p>We continue to ensure that partners are listened to people, valuing and responding to relatives, friends and people in the communities.</p> <p>The partnership continues to focus on 'Making Safeguarding Personal' to ensure that safeguarding is person-led and outcome-focussed.</p> <p>The partnership has invested and engaged with the Community Reference Group to ensure the 'voice of the person' is central to key partnership functions, such as the Strategic Priorities, Partnership Website and the Annual Report.</p>
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## Section 9: Key Partner Achievements During 2022/23 Update from Partners – Three Key Achievements

Below is a selection of the key partner achievements, in relation to safeguarding adults, during the year:

### **9.1 Devon County Council (DCC)**

**Safeguarding Adults Hub - Rapid Improvement Approach:** A dynamic change initiative, to improve practice and process within the three DCC Integrated Adult Social Care Safeguarding Adult Hubs. The approach focuses on team based problem solving covering waiting list, risk assessment and triaging, allocation of concerns, duty systems, recording requirements, whole service safeguarding and best practice in working with partner agencies.

**DCC Integrated Adult Social Care Self-Neglect task and finish group:** A cross organisational staff led task and finish group who are developing a suite of self-neglect practice resources for frontline practitioners, in response to the TDSAP Self-Neglect Thematic SAR. Resources in development include; guidance, videos, and tools to enable the practitioner to work positively and in partnership with a person who is self-neglecting, providing support and practical solutions to the issues being faced.

**Falls; Medication Management and Safeguarding guidance:** Working in partnership with the Devon Care Home Collaborative and representatives from the TDSAP to develop specific guidance in relation to falls and medication management. This guidance supports organisations to make decisions of when they may need to raise a safeguarding adult concern in relation to medication errors or falls. This work supported the Devon Care Home Collaborative to progress further and develop a quick guide for when to raise a safeguarding adult concern.

### **9.2 Torbay and South Devon NHS Foundation Trust (TSDFT)**

TSDFT supports around 500,000 face-to-face contacts with patients in their homes and communities each year and we see over 78,000 people in our Emergency Department annually. A zero tolerance of adult abuse is fundamental to our approach alongside principles of equality and non-discriminatory practice.

Our services include a delegated responsibility from Torbay Council for adult social care services in Torbay including safeguarding adult legal duties.

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During the past 12 months, we have especially focused on receiving qualitative feedback from people that experienced a safeguarding response through independent quality checkers. Feedback is very positive in the context of people feeling included and listened to, the process being fully explained and the value of the safeguarding response.

As a regulated service we continue to place safeguarding patients from abuse and harm as a priority. We have further extended our range of resources and training available to teams, particularly relating to the Mental Capacity Act and strengthened our use of data to support meaningful conversations within teams.

We have also reviewed our safeguarding response systems and processes which focus on person centred outcomes.

As an organisation that covers Torbay and Devon geographical boundaries we continue to see the value in the new Torbay and Devon Safeguarding Adults Partnership (TDSAP) in creating a consistency of approach in local safeguarding arrangements. We very much value being part of the TDSAP and will continue to support its arrangements as needed.

## 9.3 Devon and Cornwall Police

### **Devon and Cornwall Police tops the leader board for 999 answer times in August 2023**

Monthly national performance tables are produced by the Home Office, ranking Forces according to the speed with which 999 calls are answered. At the end of 2022, Devon and Cornwall Police were 42nd out of the 44 Forces. In August 2023, we were first. The Contact Resolution Command (CRC) has been through a huge amount of change during the last few months in order to improve performance. There is still a long way for us to go; our plans targeted at improving our 101 response times and digital demand are still being implemented. However, this turnaround in 999 performance is an incredible achievement, particularly during a peak demand period, with a huge collective effort from staff across the whole of the command to achieve it.

This achievement will assist the Force in effectively responding effectively to all safeguarding issues across both Devon and Torbay.

### **Dedicated police line first response service Devon**

The First Response Service (FRS) DEVON will launch a dedicated 24/7 all age police consult line. This line aims to provide a single point of contact for police officers to consult with a mental health crisis service. This line will go live from Monday 25 September and is applicable to people of all ages in Devon. Plymouth and Cornwall have different response service provision. The FRS Police Consult Line will provide a 24/7 designated consistent consult service for police officers to have easy access for advice and guidance with a view to reducing Section 136 detentions where appropriate. This line aims to provide a single point of contact for officers to consult with a mental health crisis service before considering the use of section 136 and information sharing requests in crisis situations. This will ensure people are accessing the right care at the right time to improve experience for service users.

### **Right Care Right Person**

Right Care, Right Person (RCRP) is an approach designed to ensure that people with mental health and social care needs are responded to by the right person with the right skills, training and experience to best meet their needs. The principles have already been adopted in a number of areas to shape the local service delivery. (Draft National partnership Agreement – April 2023) Based on a model initiated in Humberside in 2019, and subsequently supported by Department of Health and Social Care (DHSC), National Health Service England (NHSE) and the Home Office (HO), work to adopt Right Care Right Person principles across Devon and Cornwall Police has

started. The National Partnership Agreement between Health, Social Care and Policing has been agreed and the partnership Strategic Coordinating Group has been established and all the different working groups are coming together. RCRP is NOT all about mental health. Working to understand who calls us for concern for welfare is being carried out as part of phase 1 of RCRP so we can better support adults at risk within our communities.

## **9.4 Devon Partnership Trust**

17.5% of all safeguarding enquiries for Devon and Torbay were led by DPT clinicians in 2022-2023, this reflects our culture (and policy) where our staff are proactive in undertaking routine enquiries with all our patients. DPT staff explore whether patients have a history of abuse or neglect, proactively exploring whether they are currently safe from abuse or neglect and proactively identify where there is or may be a safeguarding concern.

High volume staff engaging in safeguarding supervision within DPT - 2928 engagements in safeguarding supervision (through the Trust central safeguarding team) in the financial year 2022-2023; all our safeguarding supervisors are trained in restorative safeguarding supervision - this is a significant improvement on the previous year.

Training compliance for safeguarding adults has improved - all registered clinicians and practitioners working for DPT are required to complete safeguarding adults training at Level 3; and we have made considerable progress towards achieving our target of 90% having this competency and feedback regarding this training is very positive.

## **9.5 NHS Devon**

The new interpersonal trauma response service is being rolled out. It will train GPs across Devon to talk to patients about domestic abuse, sexual violence and other trauma, and offer referral into a specialist support service. The domestic abuse work undertaken by health organisations in Devon recently won a Parliamentary Award.

NHS Devon has coordinated work between Devon and Cornwall Police and the health provider delivering services within the police custody suits to enable them to have access to the Devon and Cornwall Care Record (DCCR). This will enable more effective management of detainee's healthcare whilst they are in custody.

In November 2022, an NHS England safeguarding visit took place. The team highlighted that safeguarding remains a priority during times of pressure and change within the system, and noted improved working relationships between NHS Devon safeguarding and commissioning teams across the commissioning cycle.

## **9.6 University Hospitals Plymouth NHS Trust**

As the largest regional Hospital's NHS Trust, we are proud to share the significant investment given to the expanding Safeguarding Team, especially to Mental Capacity and DoLS subject-matter experts. Notwithstanding their support given to the 1,540 urgent applications, but our integrated "Think Family" approach remains embodied, with the wider context of adult, child and young person experiencing safeguarding and having mental capacity and/or mental health care needs too. The extended range of expertise available to clinical teams has proven to be both effective and efficient and improves the corporate assurance(s) of our collective safeguarding governance processes.

Similarly, University Hospitals Plymouth saw over 4,000 face-to-face contacts with adult patients (in a variety of settings) that were identified as experiencing, or at risk of, safeguarding harm, abuse, neglect and/or exploitation; with due care, compassion, and diligence paid to further protect, prevent, make safeguarding personal and proportionate, alongside the necessary

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partnership planning and management. Progression continues vis-a-vie our domestic abuse and sexual violence workstream, with ambitions to further increase the health IDVA personnel and to adopt universally the Routine Enquiry Question (good practice recommendations identified from local, regional, and national SAR and DHR's).

Our safeguarding services has also delivered a robust package of staff training and education across the whole organisation to enable staff to feel safe in their delivery of Safeguarding being Everyone's business, moreover core-business to the diversity of all our services; in addition to the development of a new Safeguarding Supervision Policy.

## **9.7 Royal Devon University Healthcare NHS Foundation Trust**

The Royal Devon University Healthcare NHS Foundation Trust was established in April 2022, bringing together the expertise of both the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust.

Stretching across Northern, Eastern and Mid Devon, we have a workforce of over 15,000 staff, making us the largest employer in Devon. Our core services, which we provide for more than 615,000 people, cover more than 2,000 square miles across Devon, while some of our specialist services cover the whole of the peninsula, extending our reach as far as Cornwall and the Isles of Scilly.

We deliver a wide range of emergency, specialist and general medical services through North Devon District Hospital and the Royal Devon and Exeter Hospital (Wonford). Alongside our two acute hospitals, we provide integrated health and social care services across a variety of settings including community inpatient hospitals, outpatient clinics, and within people's own homes. We also offer primary care services, a range of specialist community services, and Sexual Assault Referral Centres (SARC).

We continue to put people at the centre of our safeguarding practice and encourage all our staff to see 'Safeguarding as Core' business.

The safeguarding and MCA teams across the north and east of the trust are working towards a fully integrated service, made possible because of My-Care, an electronic healthcare record. This has supported improved communication and safeguarding practice with information sharing and partnership working. It is enabling us to develop our systems to ensure responses are more streamlined, efficient and patient centred.

We have continued support of workforce development through education and training with a particular focus on trauma informed practice, self-neglect, domestic abuse and including the Mental Capacity Act (MCA). Our Staff have increased their understanding of safeguarding concerns and the numbers of 'concerns raised' with DCC Safeguarding Hub's has increased month on month.

The Trust was part of the team of Domestic Abuse and Sexual Violence colleagues across Devon, who have won the Excellence in Primary and Community Care Award at this year's NHS Parliamentary Awards. The award recognised the work done by NHS Devon and by the local providers who have contributed so much to the Domestic Abuse and Sexual Violence project in Devon, especially Devon and Cornwall SARC (Sexual Assault Referral Centre) and the Safeguarding teams at the Royal Devon, who work to safeguard patients and colleagues at the Royal Devon but have also provided support to other local Trusts.

## **9.8 Probation Service**

In Devon and Torbay Safeguarding Adults training is now part of the mandatory learning in order for staff to progress up the pay scale, therefore completed at least annually.

Every quarter we run safeguarding workshops for staff which include sharing information and learning from Safeguarding Adult Reviews.

Staff have regular supervision and reflective practice sessions that enable case discussions with their manager including where there may be adult safeguarding concerns. The outcomes of any actions taken can be explored along with any further actions/options available to help the individual.

## **9.9 Heart of the South West Trading Standards**

There is an agreement in place for all staff to undertake online scams training as part of their continued professional development (CPD), this is also the case for all new starters.

We were an active partner and panel member in relation to the SAR for Ella. We were able to help shape the learning resulting from this SAR review, which included an improved re-write to the financial abuse section of the TDSAP website.

We have strong links in place with partners and we are in regular contact with agencies, to assist in the safeguarding process, where individuals have been potential victims of scams.

## **9.10 Devon and Somerset Fire and Rescue Service**

Devon and Somerset Fire and Rescue Service have now established an Internal Strategic Safeguarding Board . This is a multi-disciplinary board that provides a strategic oversight of all matters relating to safeguarding within the organisation including safer recruitment and training.

We continue to work with numerous partners across Devon and Somerset and we continue to carry out Home Safety Visits for adults at risk. We deliver a comprehensive “Trigger Point Awareness Package” to partners to ensure they are aware of the signs to look out for that might mean someone is at risk of having a fire. This ensures we receive referrals at the earliest opportunity and can signpost individuals to support or raise safeguarding referrals where necessary if someone is at risk of having a fire.

The safeguarding Team continue to work closely with the Home Safety Technicians who deliver Home Safety Visits, and we encourage all Home Safety Technicians to adopt a person centred approach to their visits and we particularly focus on areas around self-neglect and hoarding when providing training. The number of referrals the Safeguarding Team receive from Home Safety technicians continues to increase which means we are working towards achieving better outcomes for the communities that we engage with.

## **Section 10: Looking Ahead**

### **10.1 Strategic Priorities**

The TDSAP Board and its sub groups will continue to deliver the aims of the 2021-2024 strategic plan. The strategic priorities of the TDSAP remain under constant review, throughout the business year, with a full review of the three-year business plan due to take place in the spring/summer of 2024.

A copy of the 2021 to 2024 strategic priorities can be found by clicking here: [Strategic Priorities 2021/2024](#)

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## 10.2 Forthcoming SARs

The TDSAP has already published five more SARs since April 2023, with each of these SARs identifying key system learning that will improve operational functions across the partnership.

Five further SARs are currently in progress and are due to be published by the end of March 2024.

The TDSAP has a strong track record, over a number of years, for identifying significant multi-agency learning opportunities via its SAR processes. The TDSAP will continue to work closely with partners to uncover new system learning that can contribute to improvements in practice and ultimately achieve more positive outcomes for people and their communities.







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**Devon Health & Wellbeing Board**

By email

**Our ref GP/AG1412**

**19 December 2023**

Dear Board Members

At a recent meeting of South Hams District Council a motion was brought by Councillors Yardy and Birch concerning NHS Dentistry Services.

In introducing the Motion Cllr Yardy stated that it related to encouraging the NHS and associated services to support a different way of providing dental care, through a 'no frills' Dental Care Pilot proposal, seeking to reduce dental inequalities in Devon.

He further stated that in effect, NHS dental services were inaccessible at the point of delivery and there was a need to think in a different way about the provision of dental services to increase accessibility and affordability for patients and also the viability of paying Dentists to undertake these services. Success would result in benefits to the community and a reduction of stress on NHS services, particularly within the A&E setting.

He advised that the pilot was backed by a business case and a Dentist with some 24 years' experience who was willing to invest his time to ensure that this Pilot could move forward, but that in order to move forward it required further investigation, and needed the support of the Council for this investigation work to take place before the findings could then be taken to the Devon Health & Wellbeing Board.

In supporting the Motion, Cllr Birch advised that he and Cllr Yardy had met with the Dentist who wished to progress the Pilot Scheme and that, though it was outside the direct remit of the Council, the crisis was affecting all communities, and that South Hams could not sit by and do nothing but should try to help to move things forward.

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In debate, Members were unanimously supportive of this Motion and wished to put on record their thanks to the proposer and seconder for their work on it and for submitting it for inclusion on the meeting agenda.

It was then resolved that:

***In a move to address the dentistry crisis it is resolved that the Council encourages the Devon Health and Wellbeing Board and our local MPs (Anthony Mangnall and Sir Gary Streeter) to work with local dental practitioners and patients to investigate the setting up of a pilot scheme to provide accessible no-frills dental care for all age groups, with the aim of encouraging the relevant NHS services to introduce the scheme across South Hams.***

The Council would welcome your support on this matter.



pp  
**CLLR GUY PANNELL**  
**CHAIRMAN SOUTH HAMS DISTRICT COUNCIL**

cc Anthony Mangnall MP  
Sir Gary Streeter MP