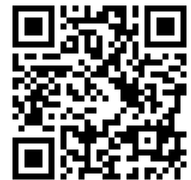

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To: The Chair and Members
of the Health and
Wellbeing Board

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

Date: 17 April 2024

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

HEALTH AND WELLBEING BOARD

Thursday, 25th April, 2024

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

Donna Manson
Chief Executive

A G E N D A

PART I - OPEN COMMITTEE

1 Apologies for Absence

2 Declarations of Interest

Members will declare any interests they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

The other registrable interests of Councillors of Devon County Council, arising from membership of City, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes: A list of county councillors who are also district, borough, city, parish or town councillors.

3 Minutes (Pages 1 - 6)

Minutes of the meeting held on 11 January 2024.

4 Items Requiring Urgent Attention

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

5 Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring (Pages 7 - 12)

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

6 Better Care Fund Update (Pages 13 - 18)

Report of the Deputy Director, Adult Commissioning & Health, attached.

7 Update on Climate and Health input to the Joint Strategic Needs Assessment (Pages 19 - 28)

Report of the Director of Public Health, Communities and Prosperity (CX/24/07), attached.

8 Devon Sexual Health Needs Assessment (Pages 29 - 32)

Report of the Director of Public Health, Communities & Prosperity, attached.

9 Devon Joint Forward Plan Refresh (Pages 33 - 36)

Report of the Chief Medical Officer, NHS Devon on the Refreshed Devon Joint Forward Plan, attached. For formal endorsement by the Board.

10 NHS Devon Update (Pages 37 - 40)

Update report from NHS Devon, attached.

11 Health Protection Committee Annual Assurance Report 2022-23 (Pages 41 - 108)

Annual Health Protection Assurance Report for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council and Cornwall and the Isles of Scilly Councils 2022-23, attached.

12 Healthwatch Devon Updates (Pages 109 - 192)

Quarter 3 report, plus two published reports on Emergency Departments in Devon and Pharmacy Services.

13 Contribution of Devon Integrated Care Board to implementation of the Joint Health and Wellbeing Strategy, April 2024 (Pages 193 - 196)

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

14 Dates of Future Meetings

Future meeting dates are included in the Council's Meetings Calendar.

Next meeting: 18 July 2024

PART II ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF THE PRESS AND PUBLIC

None

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Induction Loop available

HEALTH AND WELLBEING BOARD

11 January 2024

Present:-

Councillors J McInnes (Chair), R Croad, A Leadbetter and A Saywell
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

Apologies:-

Councillor F Letch
G McKenzie, Healthwatch Devon
J Chandler, South Western Ambulance Service NHS Foundation Trust

* **124** **Minutes**

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

* **125** **Items Requiring Urgent Attention:**

Hospiscare Funding

The Chair reported on the recommendation made at Cabinet yesterday (10 January) that either this Board or the Health and Adult Care Scrutiny Committee look at funding issues for Hospices in Devon. The Chair felt this would be better placed for the Scrutiny Committee to consider and it was **agreed** that the Chair would speak with the Chair of the Scrutiny Committee accordingly.

* **126** **Better Care Fund Update**

The Board received the Report of the Deputy Director of Integrated Adult Social Care, which provided an update on the Better Care Fund plan for 2023/25 and latest performance metrics and spending for the current year

The Better Care Fund (BCF) was the mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brought 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. This Health and Wellbeing Board had oversight of the BCF and was accountable for its delivery.

The BDF plan for 2023-25 had been submitted in June and had now received national approval, thereby enabling the formal release of funding from NHS England for the financial year 2023/24.

Of note was the new Falls indicator, covering 'Emergency hospital admissions due to falls in people aged 65 & over', which was currently off target, but would be monitored closely and updated next time.

Discussion points and questions included:

- Residential admissions – that numbers had started to increase slightly following the pandemic, as was the case with similar neighbouring local authorities.
- The importance of Devon Carers; and that the Board be treated as a key stakeholder in the carers contract renewal arrangements.
- That environmental health officers were ready to consider any new initiatives to ensure monies were invested in the right places to have maximum impact.

The Board were happy to note the report.

*** 127 <u>NHS Devon Update</u>**

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 paper updated the Board on the following:

- Covid and Flu Vaccination Programme
- Financial update
- Elective care
- Industrial action
- Pharmacy closures
- NHS Devon Chief Executive Officer

The Director of Public Health Devon reported on the development of the Devon Community Pharmacy Strategy. The Health and Wellbeing Boards represented a key stakeholder group that must be consulted in the development of a strategy, particularly due to their role in the development and review of the Pharmaceutical Needs Assessment.

Those Board members interested in being involved in the formal Consultation session on the development of the Devon Community Pharmacy Strategy were taken by the Clerk. It was hoped the Consultation session would also be attended by Torbay and Plymouth HWBs.

*** 128 Youth Voice Mental Health Support in Devon**

The Board received a presentation (attached to Agenda) from the Devon Youth Council Network on Youth Voice-Mental Health, which provided an update as requested following their attendance at the Board's meeting in March 2023.

Highlights in the presentation included:

- The Mental Health in School Teams was going well and was being expanded to include all schools in West Devon. Funding was from central Government and that more needed to be done to secure funding so that all schools in Devon could benefit from this early intervention.
- From January 2024, there would be multi-agency meetings with schools, including the educational psychology service, in order to embed relational policy and practice, starting with 100 schools.
- Devon Directory of mental health support services, called Thrive had now been launched so that practitioners, teachers and parents/carers knew where to find help and support in their area rather than just referring to CAMHS.
- More in-depth training for foster carers on specific mental health issues had been asked for and was being rolled out by CAMHS this year.

The Chair thanked the presenters for their attendance and requested an update in six months' time.

*** 129 Devon Joint Forward Plan Refresh**

The Board received the refreshed Devon Joint Forward Plan for consideration and comment prior to it being presented to the NHS Devon Board for approval on 6 March 2024.

The Interim Chief Nursing Officer, NHS Devon, agreed to circulate to the Board a paper noting the changes from the previous Plan, on which the Board could comment and respond by the end of February 2024.

The Board requested an update to a future Board meeting.

*** 130 Torbay & Devon Safeguarding Adults Partnership Annual Report 2022/23**

The Board received the Annual Report of the Torbay and Devon Safeguarding Adults Partnership (TDSAP) 2022/23. The Annual Report included the following sections:

- Purpose
- Structure
- Partnership Membership

- Safeguarding Activity
- TDSAP Priorities 2021-24
- Key Partner Achievements

The strategic priorities for the TDSAP and published in their 2021-24 Business Plan were:

- To embed the learning from Safeguarding Adult Reviews
- To work with partners to better understand and reduce the risk of
- 'Hidden Harm', especially in the context of Covid-19;
- To improve outcomes for people with needs for care and support by
- finding the right solution for them; and
- Improving Involvement and Engagement with people in receipt of
- safeguarding services.

Of particular highlight in the report was Section 6: Safeguarding Adults Reviews, where the main focus of their work had been over the past year.

The Board were reassured of the monitoring work taking place regarding Section 42 Safeguarding Concerns where both Torbay and Devon had safeguarding concern activity levels below the national and regional averages.

Further information on the Board's work including the Safeguarding Board Annual Report was available on the Torbay & Devon Safeguarding Adults Partnership website.

* 131 **South Hams District Council Motion re NHS Dentistry Services**

The Director of Public Health Devon reported on a letter addressed to the Board received from South Hams District Council. The letter stated that at a recent meeting of South Hams District Council a motion had been put forward concerning NHS Dentistry Services, and it was 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.'*

As the Board did not have responsibility for Dentistry, the Board **agreed** to ask that the NHS update item at the next meeting also include an update on Dentistry; and that the letter from South Hams District Council also be forwarded to appropriate NHS colleagues responsible for Dentistry.

* **132** **Development of Devon Community Pharmacy Strategy**

This item was discussed under Minute *127 above.

* **133** **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 – 25 April 2024 (revised)

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 3.50 pm

Agenda Item 3

CX/PH24/06
Devon Health and Wellbeing Board
22 March 2024

Health and Wellbeing Outcomes Report, April 2024

Report of the Director of Public Health, Communities & Prosperity

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

1) Recommendation

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

2) Background / Introduction

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

3) Main Body / Proposal

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

This report supplements the full Devon Health and Wellbeing Outcomes Report for **April 2024**, which is available on the Devon Health and Wellbeing website, accessible at: https://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/

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

- **Cancer Diagnosed at Stage 1 or 2, 2021**

The proportion of cancer diagnosed at stage 1 or 2 in Devon is unknown; this is because some cancer sites were omitted from the data set over the past three years (2018-2020) due to significant levels of missing data concerning the stage of cancer diagnosis. Their exclusion was warranted to maintain the statistical integrity of the data at higher geographies.

The proportion is known for North Devon, South Hams, Teignbridge, Torridge and West Devon. South Hams are statistically better compared to the England average; North Devon, Teignbridge, Torridge and West Devon are statistically similar compared to the England average.

- **GCSE Attainment, 2022/23**

The average attainment 8 score for all pupils in state-funded schools by local authority of school address in Devon is 45.9%, a decrease (worse) of 2.4 percentage points from the previous reporting year. This is statistically worse compared to the England average of 46.4%. However, Mid Devon and South Hams are performing statistically better.

- **GCSE Attainment (Free School Meals), 2022/23**

The average attainment 8 score for those pupils eligible for free school meals in state-funded schools by local authority of school address in Devon is 32.6%, a decrease (worse) of 2.7 percentage points from the previous reporting year. This is statistically worse compared to the England average of 46.4%. Mid Devon is the only district performing statistically better.

- **Good Level of Development, 2022/23**

The percentage of children achieving a good level of development at the end of Reception in Devon is 67.4%, an increase (better) of 1.6 percentage points from the previous reporting year. This is statistically similar compared to the England average of 67.2%.

No data is available at the district level.

- **Good Level of Development (Free School Meals), 2022/23**

The percentage of children eligible for free school meals achieving a good level of development at the end of Reception in Devon is 47.1%, an increase (better) of 2.2 percentage points from the previous reporting year. This is statistically worse compared to the England average of 51.6%. No data is available at the district level.

- **Key Stage 4 Performance, 2022/23**

The percentage of pupils achieving grades 5 of above (in English and Mathematics GCSEs) in Devon is 45.5%, a decrease (worse) of 3.4 percentage points from the previous reporting year. This is statistically similar compared to the England average of 45.5%.

East Devon, Exeter, Mid Devon and South Hams are performing statistically better compared to the England average; North Devon, Teignbridge and Torridge are performing statistically worse.

- **Mortality Rate from Preventable Causes (Under 75), 2022**

The mortality rate from preventable causes for people aged under 75 per 100,000 in Devon is 121.3, a decrease (worse) of 3.9 per 100,000 from the previous reporting year. This remains statistically better compared to the England rate of 153.7 per 100,000.

East Devon, Mid Devon, South Hams, Teignbridge and West Devon are performing statistically better compared to the England average; Exeter, North Devon and Torridge are performing statistically similar; districts are performing statistically worse.

- **Reablement Services (Coverage), 2022/23**

The percentage of people aged 65 and over offered reablement services following discharge from hospital in Devon is 1.6%, a decrease (worse) of 3 percentage points from the previous reporting year. This is statistically worse compared to the England average of 2.8%.

District values could not be calculated due to a lack of denominator data.

- **Reablement Services (Effectiveness), 2022/23**

The percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services in Devon is 72.7%, an increase (better) of 5.6 percentage points. This remains statistically worse compared to the England average of 82.3%.

North Devon, Teignbridge and Torridge are performing statistically worse compared to the England average; all over districts are statistically similar.

- **Rough Sleeping, 2023**

The rate of rough sleepers counted or estimated by the local authority in Devon is 0.9 per 10,000 population, an increase (worse) of 0.1 per 10,000 since the previous reporting year. This is statistically worse compared to the England rate of 0.7 per 10,000.

Exeter and Torridge are performing statistically worse compared to the England average; West Devon is performing statistically better; all other districts are statistically similar.

- **Self-Reported Wellbeing (Low Happiness Score %), 2022/23**

In Devon, 6.8% of survey respondents reported low happiness scores, a decrease (better) of 0.9 percentage points from the previous reporting period. This is statistically similar compared to the England average of 8.9%.

All reporting districts are performing statistically similar compared to the England average.

- **Social Contentedness, 2022/23**

The percentage of service users who reported that 'they had as much social contact as they would like' in the Adult Social Care and Carers Survey in Devon is 45.8%, an increase (better) of 0.3 percentage points from the previous reporting period. This is statistically similar compared to the England average of 44.4%.

No data is available at the district level.

- **Suicide Rate, 2020-22**

The suicide rate in Devon is 13.0 per 100,000 population, an increase (worse) of 1.1 per 100,000 since the last reporting period. This is statistically worse than the England rate of 10.3 per 100,000.

Teignbridge is performing statistically worse compared to the England average; all other districts are statistically similar.

4) Options / Alternatives

Nil

5) Consultations / Representations / Technical Data

Nil

6) Strategic Plan

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

7) Financial Considerations

Nil

8) Legal Considerations

Nil

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

Nil

10) Equality Considerations

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

11) Risk Management Considerations

Nil

12) Summary / Conclusions / Reasons for Recommendations

Nil

Steve Brown
Director of Public Health, Communities & Prosperity

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Health & Wellbeing Board
25 April 2024

Better Care Fund - Update

Report of the Deputy Director, Adult Commissioning & Health

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

1) Recommendation:

The Board is asked to note the update on the BCF performance and spend for quarter 3 for the year (2023/24), as per national reporting requirements.

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. The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery.

This report provides an update on the BCF performance and spend for 2023/24.

3) Metric Targets (2023/24 only)

3.1 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’s performance has improved slightly and is now on track to meet the targets.

There are challenges in the reporting of Community Nursing referrals, which prevents the team being able to fully report their urgent community responses (UCR). Work is underway to ensure UCR captures the full data requirements. Recruitment is also problematic with several vacancies in the team which impacts on UCR being able to work to optimum levels.

3.2 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 and the target is an attempt to establish a baseline.

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

Data indicates Devon may not achieve its target. Quarter 2 performance shows 359.6 admissions, whereas we would be looking for no more than 354 per quarter. The out-turn for the year (when known) will be used to set the target for future reporting.

Securing robust data has been problematic for this new indicator. Work is also under way to highlight care homes that appear to have a high number of calls to SWAST to be able to direct Care Home Educators to assist in preventative activities.

FaME falls prevention programmes are available in both North and East in ‘23/24 with demand exceeding capacity, both localities are expecting evaluation to show positive results based on interim data, including prevention/reduction in falls, reduced fear of falling and increased habitual physical activity and fitness.

3.3 Discharge to Normal 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 2 actual 93.3%).

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

3.4 Residential Admissions

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

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

2022/23 Actual	2023/24 Plan
516	520

Devon is not on track to meet this target for 2023/24.

We are seeing a continuation of the upward trend in older people's care home placements, particularly for adults with complex/dementia needs and nursing care placements. Local analysis leads us to believe that this is an unintended consequence of the "discharge to assess" pathways with higher numbers of short-term care home placements converting to long term placements in 2023-24; a continuation of the trend evident in 2022-23. Work is underway to address this with more specific and tailored short-term support.

3.5 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 not 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 is now returning to pre-pandemic levels.

Current data indicates performance at 70.5% (November 2023).

4) Finance

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

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

Forecast spending at year end based on the month 11 review (to end of February 2024) was reported at £133.635 million or £2.476 million over the funding available, an improved position with the underspend in the hospital discharge fund.

	£'000
Ongoing locality schemes	1,675
Community Equipment Store	1,690
Carers Hospital Service	228
Hospital Discharge	(1,019)
Other	(98)
	2,476

Variation of actual spending against available funding 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).

4.2 Final performance (outturn) for the 2023/24 year will be reported to the Board at its next meeting.

4.3 At the time of writing this report the 2023/24 out-turn reporting requirement have not been published. The 2024/25 addendum to the 2023-25 national planning and funding conditions were published at the end of March for submission in June. Devon's submission will be reported to the Board at its next meeting in July.

5) Options/Alternatives

None.

6) Consultations/Representations/Technical Data

None.

7) Strategic Plans

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

8) Financial Considerations

As a result of the BCF plan (2023-25) being approved nationally, NHS England funding has been released for use.

9) 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. The reaching of this agreement is a national condition of the BCF.

10) 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.

11) 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.

12) Risk Management Considerations

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

13) Summary

The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery. This report provides an update on the progress of the BCF for Devon for 2023/24.

Name
Solveig Wright
Deputy Director – Adult Commissioning & Health

Electoral Divisions: All

Local Government Act 1972: List of background papers

Nil

Contact for Enquiries:
Nicola Tribble (Senior Manager Commissioning – Markets)
Integrated Adult Social Care Commissioning
Email: Nicola.Tribble@devon.Gov.uk
Room: The Annexe, County Hall

CX/24/07
Health and Wellbeing Board
25 April 2024

Update on climate and health input to the Joint Strategic Needs Assessment

Report of the Director of Public Health, Commnunities & Prosperity

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

1) Recommendation

(a) That the Health and Wellbeing Board agree that the first full iteration of a climate change Joint Strategic Needs Assessment (JSNA) is paused while the UK Health Security Agency (UKHSA) develops a national set of indicators.

(b) In the interim a first outline JSNA is formed around those indicators where data available that could be used, or the indicator is currently in use, that directly inform policy within the Council.

2) Background

The UK government is required under the Climate Change Act 2008 to monitor progress on adaptation. The UKHSA carried out a 'Climate change and public health indicators: scoping review'[i] in September 2023. This review included working with local authority stakeholders from public health, emergency planning, and adaptation officers, to inform the review. The UKHSA report reviewed the current sets of environmental and public health indicators that could be used to monitor progress in climate change adaptation and mitigation in the UK. It should be noted the focus was on priorities for the UKHSA. Additional indicators may be developed either locally, in conversation with the Office for Health Improvement and Disparities (OHID), or others to inform local action.

Our specific aim for Devon would be to develop a JSNA that informs local climate, health, and equity as part of a Health in All Policy approach. Although the ideal would be to design the JSNA around priority indicators first, this may not be possible due to lack of availability. A pragmatic approach will be taken to develop a tool with available indicators that meet priority need, and seek to influence creation of adoption of further indicators deemed most important.

3) Main Body / Proposal

The indicators explored by the UKHSA are presented in Table 1. We will seek to influence the prioritisation of availability of indicators, and integration into local JSNA dashboards to inform Health and Wellbeing and other local strategy updates. Given that a National data

set and dashboard is being developed it would seem prudent to pause development of a Devon Climate JSNA. This will reduce potential for duplication of effort, and ensure the Devon indicators are robust and comparable to a larger dataset. Consideration also needs to be given as to the data behind the indicators, and whether they can be directly linked to the JSNA dashboard.

It is noted that a number of indicators need new processing of existing data or are not currently feasible. This situation would also apply should we aim to develop indicators around health and climate change plans ourselves. It is therefore good that UKHSA are taking the initiative in developing these nationally. We will however look at potential gaps in areas we may wish to report in and seek to address these with the UKHSA and others. In the interim it is proposed to build a first iteration considering the indicators in section 4, where these can be incorporated into a dashboard.

In exploring indicators we will also consider other existing or emerging evidence. Having drawn evidence together for Public Health Annual Reports and the Devon Climate Emergency[1] the data used will be considered for longer-term indicators. Other tools will also be considered to inform a narrative around indicators. One of the key tools being developed is the 'Local Climate Adaptation Tool' (LCAT[2]) which brings together complex climate models, adaptation options, and health impacts. This type of tool will help translate global issues into local policy and actions to support population health. The primary focus is to look at indicators that inform public health prevention in relation to climate mitigation and adaptation.

Available Indicators[3]

The following indicators that are available now will be particularly useful in informing policy around current future climate change impacts in Devon. We do not have an timetable for the release of further indicators, but will work closely with UKHSA as these develop.

Exposure of solar ultraviolet (UV) radiation (H1)

Exposure to ultraviolet radiation from the sun is the most important factor in relation to skin cancer. The southwest of England, including Devon, has experienced higher levels of skin cancer than elsewhere in the UK. Evidence suggests that climate change is likely to contribute to increasing prevalence. The risks are not just in summertime; with interaction with sunlight on the atmosphere, pollutants, and angle of sunlight, risks can occur in other months.

UKHSA undertakes assessments of UV and illuminance to asses risk of causing sunburn, and provided in a simplified UV index. The Met Office currently provides UV forecasts and will be incorporating factors to account for changes in ozone, that affects exposure, across the seasons. With climate change public health UV warnings may need to be extended, particularly starting earlier in the year. Any indicator should inform current levels of potential

[1] https://devonclimateemergency.org.uk/studies-and-data/health-impacts-of-climate-change/
[2] https://www.lcat.uk/
[3] UKHSA (2023) Climate change and public health indicators: scoping review

exposure and work with partners to promote remedial measures; from health promotion encouraging use of skin cream to increasing shading within the built and working environments. These measures would need to be sensitive and appropriate for differing socio-demographic groupings.

Public Health have previously supported local and national campaigns, such as; 'Be Clear on Cancer' seeking to encourage people to tell their GP if they noticed unusual or persistent changes to their skin, and 'Cover Up, Mate' seeking to inform men in agriculture, construction, gardening, or sports on risks of exposure to sun, and protect themselves by using suncream.

Annual heat illness (H4)

Exposure to heat can exacerbate existing conditions, such as renal disease and diabetes. Other population groups may also be particularly prone to the effects, such as young children, or older adults, as they may not be as able to regulate heat physiologically, or by moving to cooler location. Due to the rapid onset of complications, and symptoms not always recognised, mortality risk can be higher than morbidity risk. The UK Health Security Agency (UKHSA) has published its first Health Effects of Climate Change (HECC) report, one of the main factors is around increasing impacts of heat. Although we will continue to see increasing impacts on health through cold winters (due to increasing and aging populations), the effects of heat will become increasingly significant. The higher temperatures that will be experienced will have unequal impacts. The JSNA should consider populations most susceptible to temperature-related health risk. Evidence of any variation in geographic or social vulnerability will need to inform any targeted interventions.

UKHSA collects information around heat illness on a real-time basis which permits immediate remedial messaging and measures. However, in adapting to heat a wider approach will need to be taken through various areas of the authority, through planning for adult social care to planning for changes within built environments. This latter area will need cross-working with districts and the new devolved authority.

Public Health Devon and Devon County Council currently promote any warnings from the UKHSA and contribute to local adverse weather and health planning.

Use of outdoor space for physical activity (H5)

Use of outdoor space for physical activity is one key example where joined-up planning in developing, or utilising existing, amenities is key. Planning, transport planning, and natural environment team play a key role in optimising the utility of outdoor space for activity. There is strong evidence linking greenspace with physical and mental wellbeing. We should also consider enabling people to be active as part of their everyday life, such as walking to their local shops, park, or public service. As an authority we have direct influence of transport planning, work with district planners, as a devolved authority, and key partnerships, such as the Local Nature Partnership. Together these can pay dividends in return on investment by enhancing public health and wellbeing through existing activities of the authorities. A Health in All Policy approach can optimise the returns.

The Public Health Outcomes Framework can provide indicators on accessing greenspace, access to woodland, and utilisation of outdoor space for exercise or health reasons. In addition we may look to colleagues monitoring delivery of specific areas of work – for example Devon's Tree and Woodland Strategy assessed natural capital at just under £360 million per annum, this figure includes indirect health benefits of climate regulation and economy, and direct benefits in relation to mental and physical health[4].

Fuel poverty (C2)

Living in a cold home can contribute to respiratory illnesses, such as asthma, and worsen cardiovascular disease and other conditions, such as arthritis. Lack of heating in the home may lead to condensation and damp, providing conditions for harmful mould to grow.

Fuel poverty in England is measured using the 'Low Income Low Energy Efficiency (LILEE) indicator. This considers those living in an energy efficiency rating of band D or below, and that when they spend enough to heat their home they are left with a residual income below the poverty line. The key factors are household income, household energy requirements, and fuel prices. However, fuel prices and the energy efficiency of the home can also influence whether a household is in fuel poverty. The current indicators from the Public Health Outcomes Framework on fuel poverty may be used. Although Devon is starting to experience warmer winters, this is not foreseen to positively influence fuel poverty in the near future.

Alongside fuel poverty we would be working with colleagues in the Energy Saving Partnership and Devon Energy Group to ensure that those in most need are able to access retrofitting to improve home insultation, and reduce impacts of energy prices through increasing domestic sustainable energy networks. Other indicators that demonstrate improved health outcomes, for example reduction in respiratory disease, may also be considered. However, to demonstrate any causality, as with many indicators, specific research and evaluation may be required – here we are interested in links with health due to internal environments. Specific local surveys have explored the scale of issues around fuel and food poverty in Devon[5].

Proportion of households that are food insecure (FS7)

Linked to fuel poverty is food insecurity, where people may have a choice of 'heat or eat', or an inadequacy of both. Food poverty is when an individual cannot afford or access food. The implication is that most are not able to meet UK dietary guidelines. This means that people are missing meals and eating unhealthy foods that may be cheaper, resulting in an increase in non-communicable diseases. Climate dependent food prices, and availability, may exacerbate existing food inequalities in food consumption[6], with increased issues of diet related non-communicable diseases more prevalent in more deprived communities. The Office of National Statistics provides some indicators around food expenditure as a

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[4] Environment websites - DTWS_Full-Mar 2024 Accessible Version.pdf - All Documents (sharepoint.com)
[5] https://www.devonhealthandwellbeing.org.uk/library/topic-overviews/food-and-fuel-insecurity-2023/
[6] It is noted current concerns being raised around food production due to the recent wet winter.

proportion of household spend, and food security. This may provide some indication of impacts on food poverty due to climate change, and impacts on health.

Public Health and others within Devon County Council have contributed to the Devon Food Partnership. The Partnership enables collaboration and communication between food stakeholders across the County in tackling food poverty. The main aim is to ensure that nutritious, local, sustainably produced food is available, and affordable, for everyone in Devon.

Active travel (M3)

The public health benefits of regular physical activity is growing in evidence. Regular physical activity reduces the risk of several non-communicable diseases, including some cancers, diabetes, obesity, hypertension, and depression. Increasing levels of physical activity is central to improving the health of people in Devon. Active travel seeks to replace some journeys by motorised travel with more active alternatives, primarily walking, as well as cycling. Doing so means ‘exercise’ is not a separate activity, but one that fits in with everyday life. As active travel replaces some motorised journeys it has a ‘co-benefit’ in reducing emissions that contribute to climate change, as well as poor air quality affecting health directly.

The current public health outcomes framework provides indicators around percentage of adults who walk at least three times a week, and a similar one for cycling. Other indicators look at overall levels of activity. Although high level indicators can provide overall direction of travel, additional indicators may be considered. A well-designed transport system should contribute to health, equity, and climate through a Health in All Policy approach. We may look to more specific measured indicators, such as the World Health Organisation ‘Health Economic Assessment Tool’ (HEAT) and the Department for Transport ‘Active Mode Appraisal Toolkit’ (AMAT). These tools look to assist economic health impact assessments and can be used to assess specific interventions, or indicative societal benefits of active travel within some geographies, for factors such as health improvement and carbon reduction. Providing an economic assessment for overall impact of active travel can inform policy decisions.

Potential climate change and public health indicators from UKHSA

Indicator	Name of indicator	Availability
H1.	Exposure to solar ultraviolet (UV) radiation	A*
H2.	Proportion of housing stock with overheating risk	P
H3.	Annual heat-related mortality	P
H4.	Annual heat illness	A*
H5.	Use of outdoor space for physical activity	A
H6.	Health impacts of wildfires	NF
H7.	Spatial planning measures for urban cooling	P
H8.	Local heatwave plan	P
H9.	Extreme heat in the local risk register	P
C1.	Proportion of housing stock with low indoor temperature	P
C2.	Fuel poverty	A*
C3.	Annual cold-related mortality and morbidity	P
C4.	Proportion of homes with (retrofit) energy efficiency upgrades by type	P
F1.	Number of floods or populations flooded	P
F2.	Flood warnings by populations affected	NR
F3.	Populations with estimated frequency of flooding of more than a 1% chance in any year	P
F4.	New properties built on land with an estimated frequency of flooding of more than a 1.3% chance in any year	P
F5.	Proportion of households without flood insurance	P
F6.	Death or injury from flood events	P
F7.	Estimated number of people suffering flood related adverse mental health impacts	NF
F8.	Number of people displaced from home for more than 30 days because of flood damage	NF
F9.	Local Authority planning policy and guidance to minimise new dwellings and assets in flood risk areas	P
F10	Proportion of dwellings with property-level flood resilience	P
F11	Monitoring of the Flood and Coastal Erosion	P
E1.	Rate of coastline loss due to coastal erosion	A
E2.	Population at risk of inhabitability within 20 years because of coastal erosion	P
E3.	Population at risk of coastal flooding or erosion without insurance or compensation scheme	NF
E4.	Number of camping and caravan sites with evacuation flood or erosion plans in place	P
E5.	Coastal risk management plans	P
V1.	Seasonal temperature profile compatible with survival of disease vectors	P
V2.	Weekly tick activity	NF
V3.	Fortnightly mosquito activity	NF
V4.	Invasive species	NF

V5.	Tick bite species at veterinary practices	NF
V6.	Number (rate) of Lyme disease cases	P
V7.	Autochthonous cases of vector-borne disease	P
V8.	Implementation of monitoring and reporting system for vectors	P
FS1	Pollinator abundance	P
FS2	Yields per hectare and livestock or productivity by crop and livestock group	P
FS3	Foodborne outbreaks and or reported concerns and alerts	P
FS4	Proportion of food waste along the value chain	P
FS5	UK food imports and exports by food group	P
FS6	Frequency and length of disruptions in supply by food group	NF
FS7	Proportion of households that are food insecure	A*
FS8	Healthy (sustainable) diets and dietary diversity score	P
FS9	Rate and frequency of foodbank use	P
FS10	Food price change by food group	P
FS11	Incidence of foodborne diseases	P
FS12	Development and implementation of national and or local food strategy	P
FS13	Development of dietary guidelines that embed climate change adaptation	NF
W1.	Population affected by water supply disruption	NF
W2.	Population supplied by private wells	P
W3.	Drinking water quality	P
W4.	Bathing water quality	P
HS1	Hospitals overheating incidents	A
HS2	Health services flooded	P
HS3	Trust Green Plans that consider adaptation	P
HS4	Health care facilities adapted to be climateproof	NF
SC1	Care home overheating incidents	NF
SC2	Care homes flooded	P
M1.	Mortality attributable to PM2.5 by sector	NF
M2.	Indoor air quality	NF
M3.	Active travel	A*
A - indicates 'Yes, data available that could be used, or the indicator is currently in use' (* are those suggested for first interim iteration). P - indicates 'Needs new processing of existing data'. NF - indicate 'No feasible data available'. NR - indicate 'Indicator not recommended'.		

Table 1. Source: https://www.gov.uk/government/publications/climate-change-and-public-health-indicators-scoping-review

4) Options / Alternatives

a) Preferred: Pause overall development of tool and consider existing and emerging evidence further to inform design. In interim take key available indicators highlighted

in the UKHSA scoping report, and influence earlier adoption of indicators most useful to local government. Consider additional information that become available and construct a narrative between indicators and areas of work we may influence.

b) Wait until UKHSA has completed the National dashboard to inform indicators.

5) Consultations

Consultation on the creation of the indicator set was carried out through a scoping exercise by UKHSA, with the National Institute of Health Research. Some internal consultation on the initial dashboard has been carried out. As we proceed this will be broadened out to additional audiences once there is a tangible draft.

6) Strategic Plan

The updated Joint Strategic Needs Assessment will address existing public health concerns with additional indicators around climate change. These climate change indicators will inform the Health and Wellbeing Strategy update, as well as being available to planners, community bodies, and others with an interest. It is intended to be ‘evergreen’, in that the dashboard may be adapted to encompass future indicators, or needs of users.

7) Financial Considerations

The creation of the local dashboard will be within existing budgets, with staff resource being released for other work as UKHSA are developing the main indicators.

8) Legal Considerations

There are no specific legal considerations.

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

The JSNA will seek to address public health impacts of climate change, and inform co-benefits of adaptation and mitigation.

10) Equality Considerations

Consideration will be given as to how the indicators may be presented with other indicators to determine populations at particular risk, including those considered more vulnerable, in

greater deprivation, and, where possible, intersectional. However, this Report has no specific equality, sustainability or legal implications that are not already covered elsewhere within the Authority.

11) Risk Management Considerations

If for any reason the UKHSA is significantly delayed in publishing appropriate indicators we will review whether to develop interim indicators to inform current plans.

12) Reasons for Recommendations

Given that UKHSA are now developing indicators it would be more efficient and effective to wait for these to become available, and seek to work alongside in their development.

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[i] UKHSA (2023) Climate change and public health indicators: scoping review https://assets.publishing.service.gov.uk/media/64e87567635870000d1dbf6b/climate-change-and-public-health-indicators-scoping-review.pdf

Devon Health and Wellbeing Board
April 2024

Sexual and Reproductive Health –
Health Needs Assessment, December 2023

Report of the Director of Public Health, Communities & Prosperity

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

1) Recommendation

That the Board be asked to note the release of the Sexual and Reproductive Health (SRH) health needs assessment (HNA) and Sexual Health Dashboard. The previous Sexual Health rapid HNA was published in 2017.

2) Background / Introduction

The purpose of this report is to inform the Devon Health and Wellbeing Board of:

- local sexual and reproductive health indicators from existing national and local data sources
- local insights from key populations and service users

The key issues and findings will inform the development of future Sexual Health strategies and sexual and reproductive health commissioning intentions for 2023-2025.

3) Main Body / Proposal

Sexual health outcomes in Devon are generally good with better outcomes than either the England average and nearest neighbours[1] for the following indicators:

- The rank for gonorrhoea diagnoses (which can be used as an indicator of local burden of Sexually Transmitted Infections in general) in Devon was 104th highest (out of 147 UTLAs/UAs) in 2022 – with a rate of 78 per 100,00 compared to the rate of 146 per 100,00 in England.
- The rank for HIV prevalence in Devon was 138th highest (out of 147 UTLAs/UAs) with Devon classed as a low HIV prevalence local authority. In 2022, the HIV diagnosed prevalence rate per 1,000 population aged 15 to 59 in Devon was 0.9, lower (better) than the nearest neighbour average of 1.2
- In 2021 the Under 18's conception rate in Devon was 10.0 per 1,000 females aged 15-17, this is lower (better) than the nearest neighbour average.

However, the good overall picture can mask inequalities within an area which need to be addressed. For this reason, the 'Variation in outcomes in sexual and reproductive health in

[1] Nearest Neighbour Model (cipfa.org)

England' toolkit[2] was utilised to gain an understanding of inequalities at a local level across Devon. The purpose of this toolkit is to identify the principal causes and underlying factors and inform ways to target and reduce sexual and reproductive health inequality and improve outcomes.

Findings from national and local data sources are presented as a Sexual Health Dashboard for Devon. Sexual Health - Devon Health and Wellbeing.

The Health Needs Assessment explores this dashboard data in more detail and provides a narrative to explain the findings. The wider sexual health system is also described and mapped, to highlight any gaps in provision. Sexual-and-Reproductive-Health-Health-Needs-Assessment-2023.docx (live.com)

An important section within the report are the local insights from key populations and service users. Insights and qualitative data have been gathered by providers, Devon's public health team and through commissioned work. These have been compiled using interviews, surveys and focus groups with frontline staff, key populations, and service users.

The findings from the 'Variation in outcomes in sexual and reproductive health in England' toolkit and local insights have highlighted some particular areas of focus. These are:

- **Sexually transmitted infection (STI) testing and diagnosis.** Testing rates and diagnosis rates are closely linked. Our below average positivity rate, with a higher than average testing rate, needs further exploration to ensure that the right people are being tested and all services are delivered to BASHH standards.
- **Access to services for most at-risk or vulnerable groups.** The responses received from key frontline staff, highlighted the need for more proactive pathways to effectively reach at risk and vulnerable populations. Currently, some access to the sexual health system is dependent on frontline staff facilitating or advocating on behalf of people they support.
- **Lower reach and awareness of services to the most deprived areas – particularly in areas of rurality**. The expected higher number of service users from areas of increased deprivation were not always evident, which may indicate access issues. This was particularly true in the North of the county and needs further exploration. North Devon and Torridge also had the lowest levels of long-acting reversible contraception provision when mapped by primary care networks.
- **Awareness raising with at risk groups**. The insight work undertaken by Social Insight and Social Change highlighted a lack of knowledge of sexually transmitted infections and understanding of the available sexual health services. Any awareness raising needs to challenge perceptions of risk and fear of stigma.
- **Decreasing rate of long-acting reversible contraception (LARC) prescribing.** Access to LARC varies across Devon, with some of the lowest levels of provision in areas with the highest levels of deprivation. Difficulties accessing LARC was

[2] Variation in outcomes in sexual and reproductive health in England 2021 (publishing.service.gov.uk)

highlighted as a key theme from the contraceptive services survey. There is a need to continue joint working between local authority commissioners, Integrated Care Board and primary care, private providers and Faculty of Sexual and Reproductive Healthcare directors to improve access to LARC with a focus on the areas with highest deprivation as a priority.

- **Increasing abortion rate for over 25s**. This national trend is also being seen in Devon. Further exploration is needed to understand and learn from the experiences of over 25s accessing abortions and ensuring equitable access to contraception.
- **High rate of late diagnosis of HIV**. Although numbers are low, Devon continues to have a high rate of late HIV diagnosis. Further exploration is needed to learn from missed opportunities in sexual health screening, testing and prevention.
- **Gaps in provision**. While there are currently many touch points for sexual health information, advice and services across Devon, there are opportunities to improve these interactions for service users. There is a need to further innovate and embed digital technologies to services and prevention to address challenges in provision across Devon's large geographical footprint.
- **Future insight work**. Further insight is required for other keys groups such as people in the criminal justice system, black and minority ethnic communities, migrants including Refugees and Asylum Seekers.

The key issues and findings included in the health needs assessment will shape the work of local sexual and reproductive health partners with the aim of improving outcomes of the local population in Devon, reducing inequalities and inform commissioning intentions for 2023-2025.

4) Options / Alternatives

Nil

5) Consultations / Representations / Technical Data

Nil

6) Strategic Plan

The findings of the sexual and reproductive health heeds assessment align to the Devon County Council Plan 2021 – 2025: https://www.devon.gov.uk/strategic-plan/ In particular, promoting health equity and reducing health inequities between different areas of Devon.

7) Financial Considerations

Nil

8) Legal Considerations

Nil

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

Nil

10) Equality Considerations

The purpose of this health needs assessment is to use existing data about sexual and reproductive health indicators between and within local authority areas to understand where variation occurs, identify the principal causes and underlying factors and inform ways to target and reduce sexual and reproductive health inequality and improve outcomes.

11) Risk Management Considerations

Nil

12) Summary / Conclusions / Reasons for Recommendations

Nil

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Devon Health and Wellbeing Board
25 April 2024

Refreshed Devon Joint Forward Plan

Report of the Chief Medical Officer, NHS Devon

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

1) Recommendation

- Considers the refreshed Devon Joint Forward Plan, and provide comment and feedback to the Integrated Care Board to support its ongoing development, and
- Endorses the Plan and is assured that it takes account of the current health and wellbeing strategy for Devon.

2) Background / Introduction

The first Joint Forward Plan for Devon was published in July 2023 and is due to be refreshed for April 2024. Integrated care Boards (ICBs) and their partner trusts are required to publish a JFP before the start of each financial year, setting out how they intend to exercise their functions in the next five years. This draft is being presented to the Board for consideration and comment, the final version will be presented to the NHS Devon Board for approval in March 2024.

3) Main Body / Proposal

1. 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.

2. The 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.

3. The Joint Forward Plan 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.

4. 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.

Feedback on the 2023/24 JFP

5. Feedback has been received on the JFP from a variety of sources including Trust Boards, Health and Wellbeing Boards, senior system leaders and NHS England (NHSE). Programme leads have been provided with the feedback relevant to their individual programmes for consideration when refreshing their plans.

6. On the plan overall, it was felt that it was too long, did not link programmes to the ICS aims, did not create links between the programmes and our overall ambition, did not articulate priorities and did not explain the difference the plan would make to the people of Devon. But it did clearly articulate a strategic link to the Devon Integrated Care System (ICS) objectives and the programme plans were clear.

Refreshed JFP for 2024/25

7. The plans outlined in the JFP have not significantly changed from the version published in 2023 although the structure of the plan has been amended and the content reduced in response to feedback.

8. The refreshed plan is structured around three themes/priorities: Healthy People; Healthy, safe communities; and Healthy, sustainable system.

9. The content of each programme plan has not materially changed from the version published in July.

10. New content for each programme describes: their key achievements in 2023/24, what people in Devon will see as a result of the programme and shows which of the ICS aims the programme supports delivery of. We have removed the programme detailed action plans and milestones.

11. 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 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.

Recommendations

12. The Health and Wellbeing Board is asked to:

- Consider the refreshed Devon Joint Forward Plan, and provide comment and feedback to the Integrated Care Board to support its ongoing development, and

- Endorse the Plan and assure that it takes account of the current health and wellbeing strategy for Devon.

4) Options / Alternatives
Nil

5) Consultations / Representations / Technical Data
Nil

6) Strategic Plan

The Joint Forward Plan aligns to the strategic objective set out in the Devon Integrated Care Strategy

7) Financial Considerations
Nil

8) Legal Considerations
Nil

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

10) Equality Considerations

The plans outlined in the JFP aim to reduce health inequalities experienced by people living in Devon.

11) Risk Management Considerations
Nil

12) Summary / Conclusions / Reasons for Recommendations
Nil

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Update from NHS Devon

April 2024

New CEO returns to the NHS in Devon

Steve Moore, the new Chief Executive Officer joined NHS Devon on 12 February 2024 and has been busy meeting colleagues and partners from across Devon.

Steve has worked for the NHS for most of the last 30 years in a variety of roles spanning primary, secondary, community and mental health care.

Steve knows Devon and the wider South-West region very well, as he was previously Chief Executive of NHS Cornwall and Isles of Scilly and the cluster of NHS Plymouth, NHS Devon and Torbay Care Trust (between 2010 and 2013), Chief Executive of the NHS Devon cluster in 2012, and Deputy Chief Executive/Director of Commissioning and Strategic Development for NHS Cornwall and Isles of Scilly between 2007 and 2010.

Thanks goes to Bill Shields, who has been the interim Chief Executive Officer over the past five months. Bill's expertise, drive and vision have been invaluable to the NHS Devon Board and staff during what has been a challenging winter. Bill continues in his substantive role as Chief Finance Officer and Deputy Chief Executive Officer for NHS Devon.

Dementia Strategy Update

The development of the dementia strategy will begin in Q1 24/25 and will be led through the Mental Health, Learning Disability and Neurodiversity Provider Collaborative.

NHS Devon held a dementia summit at the end of January with 60 local attendees representing the statutory and voluntary sector, to consider the priorities for a dementia strategy in Devon.

The summit considered lessons from neighbouring systems and further afield, as well as the emerging academic evidence-base regarding effective and cost-effective support. The national "Well Dementia" pathway was also considered, which spans prevention, diagnosis, post-diagnostic support, living with dementia and palliative

support. Emerging priorities are in the areas of post-diagnostic support and living with dementia.

Women's Health Update

Women's Health Hubs

A Programme Manager has been appointed to support this work and plans for Women's Health Hubs in Devon are progressing well. The three priorities identified for the Hubs in Devon are:

- Develop a blend of virtual and physical services along a menopause pathway
- Additional Long Acting Reversable Contraception (LARC) capacity for contraceptive and non-contraceptive reasons
- Maximise the benefits of offering an online provision of trusted information and explore alignment with other services offering a digital service

Services are being developed collaboratively with colleagues across One Devon and a clinical workshop on menopause was held on the 20 March 2024. This clinical workshop looked specifically at the menopause care pathway to understand what needs to be in place to make the programme a success. NHS Devon plans to further involve patients and the public once we have analysed the findings from the clinical workshop.

GP training

A menopause education training day for primary care was held recently by Devon Training Hub to share knowledge among Devon GPs. The topics covered included:

- Menopause and HRT
- Genitourinary symptoms of menopause
- Perimenopause
- Managing problematic bleeding
- Menopause post breast cancer

Dentistry

NHS Devon took on commissioning for dentistry in April 2023.

National recovery plan

We are reviewing our plans in light of the newly published national Dental Recovery Plan, and welcome the new focus this has placed on NHS dentistry. We will continue to develop our local plans, aligning to the national priorities, and ensuring the needs of our local communities are being prioritised.

The plan covers are a range of areas, including:

- Recruiting more workforce, including providing targeted funding for dentists to work in areas that have historically struggled to recruit and retain staff
- Raising the minimum Unit of Dental Activity value to £28
- Offering dental practices a new patient premium payment to treat patients who have not been seen for over two years

- Offering one-off payments of up to £20,000 for around 240 dentists working in under-served areas

Devon developments

Cornwall and Devon share a **dental helpline** which patients can access via NHS111 and are then put through, where possible, or are given the dental helpline number to call.

Through the helpline people can access urgent or stabilisation advice, or appointments, if appropriate, and put themselves on a waiting list of those seeking a regular NHS dentist.

As part of the national recovery plan announcement, it was also announced in Parliament that Devon would be one of 15 ICBs that would be receiving a **dental van** sometime over the next year (no timeframe available yet).

The van will go to more rural and coastal areas. Staffed by NHS dentists, they will offer check-ups and simple treatments such as fillings.

The One Devon website has a **dedicated information for patients** with local information about NHS dental services, which is regularly updated with key information and signposting.

There are plans for dental campaigns to be rolled out nationally with local authorities that will focus on prevention and good dental health.

Vaccinations

Winter 23/24 Summary

Covid – 19

Autumn 2023 saw an increasing number of access points for Covid-19 vaccinations as more primary care organisations joined the programme to deliver better local access. This winter over 340,000 Covid-19 boosters (62.1% uptake) have been provided to Devon residents via:

- Three vaccination centres
- 75 GP practices
- 53 community pharmacies
- Five hospitals (for inpatients and staff)
- 480 care homes
- 500 outreach clinics

Flu

The delivery of the flu programme ended on 31st March 2024 for all eligible cohorts. At the end of February over 404,000 flu vaccinations had been registered to Devon residents (74.7% uptake).

Coadministration has been relatively successful with just over 34% taking up the offer of both vaccines (Covid-19 and flu) at the same time when compared to a rate of 21% in the previous vaccination campaign.

Spring 2024 Covid-19 Campaign

People eligible for the Covid-19 spring vaccination are:
- Aged 75 years old or over, including those who turn 75 by the 30 June 2024
- Live in a care home for older adults
- Aged 6 months old or over and have a weakened immune system

When available, there will be different ways to get a seasonal COVID-19 vaccine:
- Booking online
- Going to a walk in COVID-19 vaccination centre (Exeter or Home Park)
- Through a local NHS service, such as a GP surgery
- Through an older adult care home

The Spring 2024 campaign will commence by 22 April 2024 and ends on 30 June 2024.

Eligible care homes and people who are housebound can be vaccinated from 15 April 2024.

The NHS will plan to invite and vaccinate those eligible for a spring dose by 30 June, via a combination of local and national invitations.

Eligible members of the public can book their vaccination via the national booking system from Monday 15 April for appointments from 22 April.

A communications campaign has been planned to promote the spring vaccination campaign in Devon and includes:

- TV and media interviews with local spokespeople at vaccination centres
- Adverts on radio (Heart FM and Greatest Hits Radio) with scripts targeted at 18+ age group with weakened immune system
- Web-based articles/blogs with advice and signposting to local vaccination centres and booking systems
- SMS and letter invites from general practice
- Print advertising in local news and magazines
- Digital screens and bus stop panels in areas with high footfall
- Organic social media promotion on Facebook, Instagram and X, using national materials, and local advertising for outreach sessions
- Additional paid social media targeted to specific groups
- Video/social media reels with clinicians talking about the importance of vaccination
- Advertorial with Devon Live

ENDS

EXECUTIVE SUMMARY of the Devon, Cornwall, and Isles of Scilly Health Protection Committee, Annual Assurance Report 2022-23

The report provides a summary of the assurance functions of the Devon, Cornwall, and Isles of Scilly Health Protection Committee (DCIOS HPC) and reviews performance for the period from 1 April 2022 to 31 March 2023. In many work areas, the reporting period was dominated by recovery from the COVID-19 pandemic and the transition back to previous working practices.

Assurance Arrangements

Local authorities, through their Directors of Public Health, continued their assurance role in protecting the health of their populations. The Committee is mandated by the Health and Wellbeing Boards to provide assurance, via the report, that adequate arrangements are in place for the prevention, surveillance, planning, and response required to protect the public's health.

Prevention and Control of Infectious Disease

UKHSA South West Health Protection Team provided the specialist response to infectious disease and hazard related situations across Devon and Cornwall and Isles of Scilly, supported by local, regional, and national expertise. The winter of 2022-2023 was a busy season with COVID-19, influenza, avian influenza, and a group A Streptococcal national outbreak. The team responded to outbreaks in a variety of settings including, but not limited to, care homes, educational settings, asylum seeker settings and custodial institutions.

Screening Programmes

All screening programmes successfully recovered from the impact of the pandemic with additional offers made to those whose appointments had been delayed. For some programmes, this required significant regional and national investment, to increase capacity and clear the backlog of appointments. All screening programmes have returned to a business-as-usual footing. The additional investment has been designed to ensure more robust and sustainable services in the future. The impact of the COVID-19 pandemic meant that the ability to meet national standards was impacted during this period.

Immunisation Programmes

In addition to the routine immunisation programmes, the COVID-19 vaccination programme continued to be delivered in line with the Joint Committee on Vaccination and Immunisation

(JCVI) guidance. In 2022-23 there was a successful autumn-winter programme, and a spring booster programme for those at higher risk. There were challenges meeting some national uptake and coverage standards in some programmes and for these areas, action plans and improvement plans were put in place alongside the recovery plans.

Healthcare Associated Infections and Antimicrobial Resistance

There were significant challenges within Infection Prevention and Control (IPC) work including financial constraints and access to sufficiently trained/experienced staff. Management of COVID-19 moved towards being considered alongside, rather than separate to other Acute Respiratory Infections (ARIs). Capacity to support non-NHS settings with IPC through the Contain Outbreak Management Funding (COMF) continued in 2022/23 across the three Devon local authorities, which maintained the links built with these settings during the pandemic. The COMF IPC practitioner post ended in March 2023. Antimicrobial Resistance (AMR) work was impacted by recovery, as capacity for meeting attendance was low. This area of work will be taken forward in the next reporting period with the creation of the Peninsula Antimicrobial Resistance Group (PARG). A new AMR National Action Plan is expected in 2024 and aspects of this will need implementing at the local level by Integrated Care System partners.

Emergency Planning, Resilience and Response

Emergency Planning, Resilience and Response was led across the region by the NHS with the support of local authority partners as part of the multi-agency partnership, the Devon, Cornwall, and the Isles of Scilly Local Resilience Forum. Despite the stand down from pandemic response, extreme pressures persisted throughout the year. Relevant forum members responded to many significant incidents in 2022-23, including extreme heat, July 2022; the death of Her Majesty, Queen Elizabeth II, September 2022; suspected infectious disease, November 2022; fire and evacuation of properties in Newquay, December 2022; severe winter weather, December 2022 and large-scale industrial action across the health sector.

Climate and Environment

At a National level, UKHSA launched their Centre for Climate and Health Security in October 2022 with a mission to deliver a step change in capabilities. The extreme heat, drought and water supply shortages in both Devon and Cornwall in 2022 highlighted that

action must be taken to prepare for weather events exacerbated or caused by climate change. A new section has been created in the report, to emphasise the importance of climate work. Climate related issues are included in the Devon Joint Forward Plan and are intrinsically linked with health protection topics.

Priorities Areas of Focus

New rolling priorities for the DCIOS HPC have been set, against which subsequent annual reports will report. These will be reviewed and updated as part of the annual reporting process. To ensure relevance and timely reporting, the next Health Protection Committee assurance report will report against these refreshed priorities and subsequent reports will be published 6 months after the reporting period (financial year) ends.

Devon, Cornwall, and Isles of Scilly Health Protection Committee

Annual Assurance Report

2022/23

published 06 February 2024

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

TORBAY COUNCIL

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1 Introduction

1.1 About this report

This report provides a summary of the assurance functions of the Devon, Cornwall, and Isles of Scilly Health Protection Committee (the Committee) and reviews performance for the period from 1 April 2022 to 31 March 2023 for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council, and the Council of the Isles of Scilly.

The report considers the following key domains of health protection:

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

The report sets out:

• Assurance arrangements/structures
• Performance and activity during 2022/23
• Actions taken against health protection priorities identified for 2022/23
• Priorities for 2023/24

1.2 Acronyms and definitions

AMR	Antimicrobial resistance
APHA	Animal and Plant Health Agency
ARIs	Acute Respiratory Infections
Care OBRA	Care Outbreak Risk Assessment
CHIS	Childhood Health Information Service
Core20PLUS5	Approach to inform action to reduce healthcare inequalities
The Committee	DCIoS Health Protection Committee
CIoS	The geographical area of Cornwall and Isles of Scilly
COMF	Contain outbreak management funding
DEFRA	Department for Environment, Food and Rural Affairs
DTaP-IPV	Diphtheria, tetanus, pertussis, and polio (immunisation)
E. coli	Escherichia Coli
EPRR	Emergency Planning, Resilience and Response
GAS	Group A streptococcal
HEAT	Health Equity Assessment Tool

HES	Hospital Eye Services
HPAG	Health Protection Advisory Group
HPV	Human papillomavirus
ICB	Integrated Care Board
ICS	Integrated Care System
iGAS	Invasive group A streptococcal
IPC	Infection Prevention and Control
IT	Information Technology
JCVI	Joint Committee on Vaccination and Immunisation
JFP	Joint Forward Plan
KPIs	Key Performance Indicators
LSOA	Lower Layer Super Output Areas
LRF	Local resilience forum
LHRP	Local Health Resilience Partnership
MIUG	Maximising Immunisation Uptake Group
MRES	Measles and Rubella Elimination Strategy
MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
NHS	National Health Service
NHSE	National Health Service England
NHSESW	National Health Service England South West
NPO	National power outage
OCT	Optical Coherence Tomography
PHE	Public Health England
RDUH	Royal Devon University Hospital
SCI	Severe Combined Immunodeficiency
TOR	Terms of Reference
UKHSA	United Kingdom Health Security Agency
VaST	NHSE Vaccination and Screening Team
VSCE	Voluntary Community and Social Enterprise

2 Assurance Arrangements

2.1 Assurance role

Local authorities, through their Director of Public Health, have an assurance role to ensure that appropriate arrangements are in place to protect the health of their populations. The Committee is mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, and Cornwall Council and the Council of the Isles of Scilly to provide assurance that adequate arrangements are in place for the prevention, surveillance, planning, and response required to protect the public's health.

2.2 Meetings

The Committee met on 15.06.22, 21.09.22, 07.12.22 and 29.03.23 and action notes, an action log, screening and immunisation and infection prevention control (IPC) reports were circulated. A summary of Terms of Reference (TOR) with affiliated groups listed is included in Appendix 1 [*TOR for the Committee were updated subsequent to this reporting period, on 15.08.23*]. A summary of organisational roles in relation to delivery, surveillance and assurance is included at Appendix 2.

2.3 Reporting

The Committee's Annual Assurance Report for 2021-22 was circulated to committee members on 18.01.23, for local authority health protection leads to submit to their respective health & wellbeing boards. (Cornwall Council were lead authors of that report).

2.4 Local Health Protection Structures

In Devon, a renewed approach was taken to joint working with the commencement of the Devon System Health Protection Huddle monthly meeting which began on 20.06.22 as a regular touch point for the three Devon local authority health protection leads, Devon Integrated Care Board (ICB) IPC lead, the NHSE Vaccination and Screening Team (VaST), and UKHSA locality leads. Brief meeting notes and an action log are kept and reviewed monthly. Cornwall and Isles of Scilly link with relevant stakeholders more strategically via the quarterly Health Protection Board (which was initiated during the pandemic but moved to a whole health protection board in 2022). In addition, local structures support delivery and monitoring of health protection activity at local authority level in Torbay and Plymouth.

2.5 National Health Protection Structure

In October 2021 (during the previous reporting period) the health protection function of Public Health England (PHE) transitioned to the United Kingdom Health Security Agency

(UKHSA). This significant organisational change is now complete but references to PHE remain in some relevant documents.

2.6 System Developments Following the Health and Care Act

In April, the Health and Care Act 2022 formally established the Integrated Care System structure of Integrated Care Boards and Integrated Care Partnerships and a requirement to publish integrated care strategies [1].

2.6.0 Devon System

The Devon Integrated Care System (ICS) published a single strategy in December 2022 which comprises the five-year integrated care strategy. The accompanying Joint Forward Plan (JFP) was issued in June 2023 (*subsequent to the reporting period of this 2022-23 Committee report*) describing how the strategy for health and care will be put into practice and how strategic goals will be achieved. One of the nine key delivery programmes set out in the Devon JFP is health protection. These goals will be considered from 2023-24 onwards.

2.6.1 Cornwall and Isles of Scilly System

The 10-year Cornwall and Isles of Scilly ICS Strategy was bought together in the second half of 2022 and the first version was published in March 2023 with the Cornwall and Isles of Scilly 5-year JFP in first draft.

Links to the online strategies and plans for both Devon and Cornwall & Isles of Scilly are available in Appendix 3.

3 Prevention and Control of Infectious Disease

3.1 Surveillance Arrangements

UKHSA regularly provide a quarterly verbal update to the Committee covering epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level. These updates are delivered and recorded in meeting notes. At the 29.03.23 meeting a report presentation was also circulated.

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

UKHSAs Field Epidemiological Service produce a fortnightly bulletin providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus for the UKHSA South West region. Monthly locality data packs for each area started to be produced and circulated by UKHSA following the 21.09.22 Committee meeting.

The Devon Health Protection Advisory Group (HPAG) met twice during this reporting period on 03.10.2022 and 01.02.2023 and the Heath Protection Cornwall and Isles of Scilly (HPCIoS) group met in July, October, and December 2022. These meetings are led by UKHSA to provide a forum for stakeholders, including hospital microbiologists, environmental health officers, consultants in public health, water companies and infection prevention control teams, to share intelligence and any risks identified in local arrangements to manage communicable disease incidence. *HPAG and HPCIoS are each due to be convened three times during 2023-24.*

3.2 Activity in 2022/23

UKHSA South West Health Protection Team provide the specialist response to infectious disease and hazard related situations across Devon and Cornwall and Isles of Scilly, supported by local, regional, and national expertise. The winter of 2022-2023 was a busy season with COVID-19, influenza, avian influenza, and the group A Streptococcal national outbreak. The team has responded to outbreaks in a variety of settings including but not limited to care homes, educational settings, asylum seeker settings and custodial institutions. A summary table of situations is available in Appendix 4.

3.2.0 COVID-19 Pandemic

Since the end of December 2019, the UK has seen peaks and troughs of COVID-19 cases. The COVID-19 and seasonal influenza vaccination programmes were operated

independently in autumn/winter 2022 but into 2023 the programmes began working towards alignment of cohorts and co-administration.

From the start of April 2022 case numbers continued to decline (from a peak in January 2022, when the highest case numbers so far in the pandemic were recorded). Cases and outbreaks reduced significantly by June 2022 and stabilised by September 2022 across Devon, Cornwall, and the Isles of Scilly.

National guidance in June 2022 emphasised a return to a pre-pandemic footing, with mask wearing in healthcare settings no longer being compulsory and local risk assessment becoming the preferred approach.

In February 2023 the legal position regarding standing down the Devon local outbreak engagement board was considered.

The handover of adult social care response work from local authority back to UKHSA (as it was pre-pandemic) was largely completed by the end of March 2023 but local authorities still fielded many enquiries and offered some support to help providers through the transition. Local authorities' health protection and UKHSA South West health protection teams' operational capacity and numbers of personnel reduced at the end of March 2023 with the end of the contain outbreak management funding (COMF) and inclusion of COVID-19 within 'business as usual' operations.

As part of the business-as-usual approach, UKHSA began to develop a care outbreak risk assessment (care OBRA) tool for adult social care settings, to streamline the reporting of outbreak information by care providers to the UKHSA Health Protection Team. *This development was delayed and subsequently the care OBRA tool launched outside this reporting period in August 2023*.

3.2.1 Influenza

In 2022/23 the nation saw the first post pandemic influenza season which was concentrated into a relatively short, early season with most cases occurring in adult social care settings.

3.2.2 Avian Influenza

In September 2022 there was a large-scale outbreak resulting in deaths of wild birds which continued into winter. The outbreak significantly affected Paignton Zoo and the seabird population, with numbers of dead birds in public areas. The Torbay Council public health team collaborated with all partners in liaison with the Animal and Plant Health Agency (APHA), UKHSA, Department for Environment, Food and Rural Affairs (DEFRA) and Trading Standards. Local operational response was led with South West Integrated Services Company (waste provider, public spaces, and roads) with public phoneline, posters in public

areas, and dead bird collection. IPC measures were risk assessed and deployed in discussion with UKHSA.

The Cornwall and Isles of Scilly ICB and Cornwall County Council developed an avian influenza pathway and refined it with UKHSA. This has since been used as a model for avian influenza work in other areas.

The avian Influenza pathway requires health professionals to swab symptomatic individuals and those who have been exposed to birds, to quickly exclude avian influenza infection. Antiviral prescribing pathways are in place in Cornwall and Isles of Scilly and Devon. The swabbing pathway in Cornwall and Isles of Scilly is in place, however Devon's lack of a swabbing pathway is recorded as a risk on the Devon ICB Risk Register. This risk sits with the ICB as a commissioner. It was agreed to record this on other Committee member organisations' risk registers and remains a risk after this reporting period.

3.2.3 Lyme Disease

The Fingertips tool updated to include Lyme Disease in March 2022. The South West historically has seen a high incidence with an average of 40 laboratory confirmed cases in Devon and 11 in Cornwall and Isles of Scilly, however not all cases are laboratory confirmed and the reported numbers may therefore be an underestimation. The national UKHSA social media campaign was uplifted by local authority communications around being "tick aware".

3.2.4 Gonorrhoea

Devon Sexual Health noticed an increase in gonorrhoea cases in October 2022 and reported this to commissioners and UKHSA sexual health regional facilitator. A regional incident management team was established to analyse intelligence and conduct enhanced surveillance across the South West region. The design and development of a regional targeted prevention intervention e.g., a campaign/messaging was also planned. Cases continued to increase in young adult heterosexuals (an age/gender group not targeted by national campaigns) into January 2023 (in the context of an overall increase in cases in England in 2022) so this group was targeted for action by adapting general sexually transmitted infection messaging to be used locally. A regional incident was declared in February 2022 and incident management meetings were held by UKHSA. Commissioners and health protection colleagues from Public Health also attended the meetings to support the response from a public health perspective to ensure prevention, communications and data was appropriately covered.

3.2.5 Mpox

Diagnostic, treatment, and vaccination pathways were developed locally and implemented via the Devon Integrated Care System (ICS) and through the four hospital trusts, specifically

sexual health services and infection control specialties. All three Devon local authority public health teams engaged with this work, with roles and responsibilities as the commissioner of some sexual health services, health protection assurance and linkage to wider community support systems. By September 2022 there were 14 confirmed cases across Devon, Cornwall, and Isles of Scilly. One isolated response was highlighted as reflecting a lack of health protection training in healthcare when hazmat suits were used for a suspected mpox response, possibly due to misunderstanding/fear. The Eddystone Trust helped co-produce messaging with gay, bisexual and men who have sex with men communities to help address stigma for Mpox. They also received funding from UKHSA to recruit and train volunteers to continue this work and promote vaccines. Devon specialist sexual health services planned collaboratively with COVID-19 vaccination centres to invite the target group for vaccination and deploy vaccines. In Cornwall and Isles of Scilly there was also a successful vaccination programme working across the hospital trust and sexual health provider.

3.2.6 Group A Streptococcal Infection

Work related to Group A streptococcal (GAS) and invasive Group A streptococcal (iGAS) infections increased during the winter months due to a national GAS outbreak. The UKHSA health protection team supported multiple educational settings, early years settings, care homes and complex lives settings. Torbay Council public health team helped to prevent and manage cases of iGAS in homeless settings in collaboration with UKHSA. Cornwall Council public health developed an information pack for professionals working with the homeless population. Cornwall Council's communications department also produced a combined public health and paediatrician piece to highlight specific GAS symptoms and when to contact 111 or the GP. Devon and Plymouth public health teams have worked successfully with nursery settings.

3.2.7 Scarlet Fever

There were high levels of scarlet fever throughout 2022 with a dramatic increase from pre-pandemic infection rates. The Devon County Council, Torbay Council and Plymouth City Council public health teams worked with UKHSA and local health systems to support management of high volumes of infections notified. Good practice was promoted with specific settings including schools and early years, to support smooth running of education and primary care.

National Scarlet Fever communications were published for schools. A national helpline was set up late 2022/early 2023 to deal with low-risk high-volume calls.

Building on relationships with partners and the public, Cornwall Council public health increased communications for awareness and prevention messaging and the understanding of antibiotics, with support from UKHSA.

3.2.8 Escherichia coli

In Autumn 2022 a national increase in E. coli was observed, affecting a range of ages, with no clear epidemiological links. From July-September 2022 there were 24 cases in Devon and 38 in Cornwall and Isles of Scilly.

3.3 Infection Management and Outbreak Prevention

Cornwall County Council employed two outbreak prevention specialist practitioners until March 2023. The posts provided a service to care homes which filled a pre-pandemic gap as well as delivering the anticipated pandemic support during outbreak situations and promoting resilience to a variety of possible future outbreak scenarios.

Torbay public health-maintained links with their NHS community infection management and control team and the care sector in readiness for future outbreaks or pandemic resurgence, building on the excellent work during the COVID-19 pandemic.

Jointly, the Devon local authorities continued to employ a COMF funded IPC practitioner, who was based in Devon County Council public health, health protection team but who worked across the geography of Devon. This post supported settings including nurseries, schools, and vaccination centres with IPC self-assessment checklists, delivered high level filtering facepiece respiratory mask training and shared appropriate personal protective equipment guidance for non-healthcare settings (as these settings are not covered by ICB IPC). *Subsequent to this reporting period, COMF ceased March 2023, so the IPC Practitioner post ended. In autumn 2023, IPC support for non-healthcare settings, was recorded as a risk on the NHS Devon ICB Risk Register due to ICB system pressures.*

3.4 Public Health Advice, Communications, Engagement, and Prevention Messaging

UKHSA collaborated with NHSE to deliver a series of 23 webinars to celebrate World Antimicrobial Awareness Week 2022. Over 200 attendees from a variety of stakeholders including the NHS, educational settings and local authorities benefited from the webinars. The webinars were also made available on the NHS Futures website for those who could not attend.

UKHSA delivered multiple educational and awareness raising events on health protection including infection prevention webinars for schools and early years settings and the regional health protection conference.

UKHSA facilitates the networking of partners via the Migrant Health Network, Environmental Health Officer Network, Early Years and Educational Settings Network, and South West Care Settings Health Protection Network and the overarching South West Health Protection Network.

3.5 Safe Events Management

With the removal of COVID-19 restrictions, many events, and festivals, re-started during this year, leading to the increased spread of infections that were common pre-pandemic. The local authority health protection teams continued to support large event planning with infection control, heatwave planning and wider health protection guidance to promote safe operation.

3.6 Work with Specific Settings and Populations

3.6.0 Supporting Migrant Health and Resettlement

Health protection remained a key element of the multi-agency approach to supporting asylum seekers and refugees arriving at temporary accommodation in Devon, Torbay, and Cornwall. Over 2022/23 there were two hotel settings already established and a further six opened across Devon and Cornwall.

IPC visits were carried out in Devon, by the COMF funded IPC practitioner whenever possible ahead of, or on opening, to offer support and advice to the staff managing the settings to support keeping residents and staff well and to reduce risk of transmission should anyone become unwell. An early visit was not possible in Cornwall due to having no advance notice of the hotel opening but this was provided by the mobile vaccination team for Cornwall. An IPC checklist was developed to support knowledge in the setting as there were regular changes in hotel staff and new staff coming into support residents. Information was also provided to hotel staff and primary care to ensure they understand routes for escalating any health protection concerns if they arose.

COVID-19 testing, and vaccinations were provided for residents and staff in hotels, in line with guidance, via the Devon County Council public health outreach team and NHS Devon outreach vaccination teams. In Cornwall this was provided by the mobile vaccination team. UKHSA created a contact form to gather details of relevant contact details in agencies supporting hotels to enable them to respond to any health protection incidents.

Different hotels supported people arriving in the UK through different routes including the Afghan Relocations and Assistance Policy route, via small boats or via ports and airports. All arrivals were supported to register with NHS General Practitioners (GPs). NHS Devon and NHS Kernow worked with primary care and provided funding to enable enhanced health checks for all patients registered. GP Practices were agile and creative to support arrivals whilst working to provide translation in multiple languages for each group of arrivals, and to address multiple and challenging health needs. The Migrant Health Guide [2] supported health services to establish what additional health needs or screening may be required, including information around prevalence of various infections in the migrants' home nations/travel routes, and how primary and secondary care could help people access screening and immunisations in line with the UK immunisation schedules.

In 2022 the UK opened a scheme to support families fleeing the Ukraine war by enabling people to be hosted by and live within UK households. The Devon County Council area has welcomed over 2000 people with the 8th highest number of arrivals by upper tier authority areas in England. Cornwall have welcomed just over 1000, Plymouth 240 and Torbay 190 people. Specific support and information sources were put in place for these groups.

3.6.0.1 Diphtheria

Higher-than-expected cases of diphtheria were identified in asylum seekers and refugees arriving in the UK via small boats, so UKHSA recommended a course of prophylactic antibiotics and a diphtheria containing vaccine within 10 days of arrival for this cohort of migrants. With several large asylum hotels opening in a short time frame, the outreach vaccination teams (who had worked on delivering winter vaccinations across Devon and Cornwall) supported primary care delivering prophylactic vaccinations. Their skills in communicating around the reasons for vaccination and antibiotics were invaluable and enabled them to also support practices with triaging health needs on arrivals. The outreach team ran vaccination clinics as the hotels continued to receive arrivals. There were frequent movements in and out of hotels, with residents arriving from other hotels where prophylactic measures had already been offered. Some new arrivals were new to the country, but in much smaller numbers and so then the arrangements for prophylactic measures moved to be supported by primary care as part of initial arrival health checks.

3.6.0.2 Tuberculosis

As part of initial health screening, new arrivals were screened for active TB signs and symptoms. Where cases of TB were identified, the UKHSA South West health protection team worked with the individuals along with local hotel managers and teams supporting unaccompanied asylum-seeking children. Local authority public health and the Home Office worked to identify close contacts requiring screening. The NHS in Devon does not have a

dedicated commissioned TB service and so local respiratory services worked together to facilitate contact screening, and in some cases additional services were commissioned by Devon ICS to provide additional capacity. Identifying and locating contacts to enable screening was challenging and time consuming due to the pace of arrivals and movements between hotels nationally.

The NHS England migrant health guide recommends latent TB screening for people aged 16-to 35-year-olds who have arrived in England in the last 5 years and who were born or lived for more than 6 months in sub-Saharan Africa or countries where the TB incidence is more than 150 per 100,000 population. Latent TB screening services are only commissioned by NHS England in areas of higher prevalence and Devon, Cornwall and Isles of Scilly do not have a service. Therefore, this creates a challenge for screening to take place in line with the guide for those people arriving from high prevalence countries.

The increased need for TB services and related demand on respiratory teams was added to the Devon ICB risk register in 2023.

3.6.0.3 Scabies

Many hotels required mass treatment for scabies. This was facilitated by a multi-agency response working with voluntary, community, social enterprise (VCSE) organisations to source clothing for residents to ensure a clean set of clothing was available after treatment. Translation and interpreters were required for multiple languages to enable the treatment process to be explained to residents, including the process for laundry and application of creams. Hotels needed to organise mass laundry around treatment dates and have adequate understanding to support residents to ensure treatment plans were followed. The Cornwall IPC team supported the Cornwall hotel with assessments and checklists to ensure the treatment and environmental cleaning were coordinated and completed appropriately.

4 Screening Programmes

4.1 Background

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

4.2 Recovery

All screening programmes successfully recovered from the impact of the COVID-19 pandemic with additional offers to those whose appointments had been delayed due to the impacts of the pandemic on health services. For some programmes, this required significant investment, both regional and national to increase capacity over and above 100% to clear the backlog of appointments. All screening programmes have returned to a business-as-usual footing. The additional investment has been designed to build in increased capacity to ensure more robust and sustainable services into the future.

The impact of the COVID pandemic meant that there were impacts on the ability to meet national standards during this period (for example, round length and coverage) but these continue to improve.

All programmes are now starting to focus on undertaking health equity audits and developing a more comprehensive approach to improve coverage and reduce inequalities.

The following table gives a summary of performance, challenges, and developments during 2022/23 alongside future developments.

Bowel	• All programmes have improved performance since recovering from COVID impact though challenges remain with diagnostic waits for colonoscopy. • North and East Devon centre had a service improvement plan in place to support improvements in diagnostic wait times for colonoscopy. • All programmes commenced aged extension to 58-year-olds. • Text messaging pilot was undertaken by the Southern Hub to improve uptake with support of primary care. • Work was undertaken with primary care to scope the use of text messaging to improve uptake as part of the primary care direct enhanced service contract arrangements. • An Inequalities subgroup of the screening programme board was established in all areas.

Bowel	• Workforce: The COVID-19 pandemic resulted in a 94% reduction in endoscopy training. Using NHS England South West (NHSESW) reserves, the NHSESW VaST working with the South West Endoscopy Training Academy set up a Fellowship scheme to support regional speciality trainees to achieve Joint Advisory Group accreditation for colonoscopy so they can contribute to the screening service as soon as they have completed their training, thus accelerating the training pathway for future regional Bowel Cancer Screening Programme colonoscopists to ensure a constant pipeline of endoscopists into the programme to meet future capacity requirements. Royal Devon University Hospital (RDUH) participated in the scheme with one Fellowship post. **Future developments:** • Age extension: Planning for age extension to those aged 54. • Lynch Syndrome: Planning for screening of individuals with Lynch syndrome from April 2023. • It is hoped that from 2024 onwards the endoscopy Fellowship programme will become permanent through substantive legacy bowel scope screening funding in several Trusts, but this is subject to final agreement.
Breast	• All programmes in Devon. Cornwall and Isles of Scilly were sustainably recovered by the end of the period with at least 90% of women being invited within 36 months of their last appointment. • Coverage data has been significantly impacted by the delays to the offer of screening caused by the pandemic. Published data shows that the coverage is recovering and is above 70% for all programmes in Devon, Cornwall and Isles of Scilly (the acceptable target) – see Appendix 5. • The above improvements were enabled by significant financial investment in for example, new screening rooms and mobiles, Radiology fellows, international radiographer recruits, apprenticeship opportunities, practice educators to support staff in training, 2 extra admin staff for each screening provider, move to open invites to make use of every appointment, introduction of text messaging reminders, additional calls to women who had not attended. • Providers have undertaken forward planning to smooth the invitation and round length to avoid future spikes in demand in the next 3 yearly screening round caused by the intense activity to clear the COVID-19 backlog. **Future developments:** • Workforce challenges locally and nationally continue to significantly affect the South West programmes and is a continued focus. • Working closely with cancer service teams as high symptomatic demand continues to create competing pressures on screening teams that share roles across the whole breast pathway. • Focus on improving uptake and reducing inequalities using the PHE Health Equity Assessment Tool (HEAT) and action planning – the Long-term plan ambition is 80% coverage. • Review of moving back to timed appointments as part of improving coverage work.

Cervical	• Cervical screening launched in Cornwall sexual health services in December 2022 (already in place in Devon services). • RDUH drop in sample-taking clinics piloted. • Successful performance improvement plan was put in place with the regional cervical sample laboratory to improve a drop-in turnaround time resulting from staffing issues. • NHSE VaST has worked closely with all providers and ICBs to enable the management of the increase in colposcopy referrals resulting from the introduction of primary Human Papillomavirus screening that has stretched colposcopy capacity. Torbay has had pressures impacting its referral waiting times for both urgent and routine referrals and has working through a business case to increase capacity with an extra clinic room and additional staffing. **Future developments:** • Focus on increasing coverage and health inequalities work including support to GP practices with the lowest uptake, insights survey to primary care to understand challenges within GP practices, developing a suite of interventions for targeted work, a pack to help sample taker support people with learning disability through screening, and a training package for sample takers to support people with their mental illness.
Antenatal/ Neonatal	• Coverage of the antenatal and new-born screening programme remains very high, as these are integral to routine maternity care. • All antenatal screening programmes were fully recovered with performance against national Key Performance Indicators (KPIs) and standards back to pre-COVID-19 levels. However, there is concern that ongoing staffing pressures in maternity have continued to have an intermittent impact on screening team functions with some trusts having increased number of incidents, less timely submission of KPIs and closure of incidents. • The NHSE VaST has worked closely with the RDUH screening team to support the achievement of compliance with some national standards and key performance indicators following a quality assurance pathway review. • Performance in certain aspects of the new-born blood spot screening programme continues to be a challenge due to multiple factors. All providers have systems in place to address these challenges and this work is closely supported by the NHSE VaST. Coverage of new-born blood spot in those who move into the area has been particularly challenging with the observation by local teams of an increase in movement in of families under the Afghan Relocation and Assistance Policy scheme, from Ukraine and asylum seekers which has led to more challenges making timely contact with families and highlighted the need for easy access to translation and interpretation in community services. • Devon New-born Hearing screening service successfully transitioned from a community model to a hospital model at the start of April 2023 with most babies now being screening prior to discharge home with screening offered in community clinics if not screened prior to leaving hospital.

Antenatal/ Neonatal	**Future developments:** • A deep dive into new-born bloodspot performance is planned for 2023/24 • Publication of good practice guidance for new-born programmes • NHSE VaST delivery of training sessions for health visitors that will include relevant aspects of antenatal and new-born screening.
Diabetic Eye Screening (DES)	• All programmes were fully recovered from COVID-19 delays within this period. • Annual coverage remains high in Devon for 2022/23 (84%, national achievable target is 85%) and has been stable at this level for several years; annual coverage for Cornwall was also 84% and this performance has greatly improved from 77% in 2020/21. • Performance against the other national Key Performance Indicators and standards has been good though meeting the acceptable level of 80% for timely referrals into Hospital Eye Services (HES) continues to be a challenge; this is closely monitored and although improving is expected to remain a risk until HES are able to return to pre-pandemic capacity. • Health inequalities work has progressed with the use of PHE HEAT and action plans with a focus on addressing people who serially do not attend appointments, understanding their reasons, exploring ways to engage these patients with screening, collaborative working with learning disability nurses and reviewing clinic accessibility. **Future developments:** • National guidance on introduction of Optical Coherence Tomography (OCT) into screening pathway awaited. Early conversations will take place with ICBs who currently fund OCT through Ophthalmology. • Reduced screening interval changes planned for 2023 with national working group established to meet monthly until implementation. • Possible review of the referral into hospital eye services standard given this is not within the control of diabetic eye screening providers.
Abdominal Aortic Aneurysm (AAA)	• All three Devon and Cornwall programmes made excellent progress during 2022/23 achieving 100% offer by the end of the year. Coverage continues to be high, and all three providers achieved over the achievable target of 85% and ranked in the top six providers across England. • The main challenge in the programme was the continued breaches of the vascular referral pathway with a high proportion of patients having to wait for longer than 8 weeks for surgery due to ongoing pressures within surgery and intensive care services. All breaches longer than 12 weeks were notified to NHSE VaST and the team has worked closely with the screening services and the regional Vascular Surgery Network to closely track these patients to ensure surgery is done at the earliest opportunity. • All providers have completed the PHE HEAT and developing action plans to further improve uptake and reduce inequalities.

5 Immunisation Programmes

5.1 Immunisation Performance

Immunisations are one of the most significant public health developments in the prevention of infectious disease. The routine vaccine schedule in the UK is available via the link in Appendix 6. In addition to the routine immunisation programmes, the COVID-19 vaccination programme has continued to be delivered in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance. In 2022/23 there was a successful Autumn-Winter programme, and a Spring Booster programme for those at higher risk. The ongoing impact of the COVID-19 pandemic meant that there were some challenges meeting some national uptake and coverage standards in some programmes and for these areas, action plans and improvement plans were put in place alongside the recovery plans.

5.2 Programme Summary

Performance, challenges, and developments during 2022/23 alongside future developments are laid out in the following table.

Pre School-Immunisations	Nationally, childhood vaccine coverage in 2022–23 decreased compared to 2021–22, and none of the scheduled vaccines met the 95% target. Coverage rates in the South West have remained high relative to the England average. In Devon, Cornwall and Isles of Scilly, the priority remains the uptake of the Measles, Mumps and Rubella (MMR) dose 1 and 2 and Diphtheria, tetanus, pertussis and polio (DTaP-IPV) preschool booster vaccines in 5-year-olds, which although still high, also reduced a little compared to 2021/22; Torbay and Cornwall have coverage less than 90% for both MMR dose 2 and the preschool booster (see Appendix 6). There was not an immediate impact from the pandemic but all but Devon local authority areas have seen a small drop in child immunisation uptake over the last two years. The UK-wide Measles and Rubella Elimination Strategy (MRES) was released in 2019 and a South West-wide action plan was developed to support implementation of the plan following a regional conference on measles held in February 2020. Following a pause during the COVID-19 pandemic, the regional strategy was updated and shared with system stakeholders to ensure a co-ordinated, collaborative approach that includes both local, regional, and national objectives and priorities. Analysis of Childhood Health Information Service (CHIS) MMR data was undertaken to support a re-fresh of the MRES work to support local work. A national MMR call-recall took place in 2022 for children up to age 6 years.

<table>
<tr><td></td><td>2022–23 saw the development of System-level Maximising Immunisation Uptake Groups (MIUG), led by the NHSE VaST with a key focus on increasing the uptake of childhood immunisations, particularly MMR and pre-school booster vaccines. These groups have developed an evidence-based action plan that identifies targeted interventions to improve uptake. In Devon, the priorities are MMR, preschool booster, and school aged immunisations; and in Cornwall the priorities are MMR, preschool booster, and maternal pertussis with a specific focus on improving the data recording and data flows as anecdotally is it thought that uptake is higher than the national published figures.

Devon, Cornwall, and Isles of Scilly (and Bristol, North Somerset & South Gloucestershire) CHIS procurement was completed, and the new provider commenced delivery April 2023.

Future developments:
Targeted work at a practice level planned as part of the new CHIS contract.
Development of more comprehensive and timely data dashboards to support planning, delivery and monitoring of targeted actions to increase uptake and coverage.
Analysis of CHIS preschool booster using CHIS data for all 0–19-year-olds enabling a population view of coverage in addition to the GP practice-based analysis.
Vaccine confidence project to be undertaken in collaboration with University of Bristol and national NHSE team to develop a training resource to support health, social care, and other practitioners to have conversations with individuals to encourage take-up of vaccinations. Initial focus is MMR and is planned to be piloted in Devon.</td></tr>
<tr><td>Targeted Immunisations</td><td>The enhanced Hepatitis B and Tuberculosis programmes continue to be delivered to eligible babies (number of eligible babies in Devon, Cornwall and Isles of Scilly are relatively low).
Uptake of the Hepatitis B vaccination remains good with most infants completing the full immunisation programme and having a 12-month serology test. There were no known cases of infants contracting Hepatitis B before their first birthday during 2022/23.

Following large scale changes to the infant Tuberculosis programme from September 2021 due to the national new-born bloodspot screening Severe Combined Immunodeficiency pilot (in other parts of England not in the South West) all providers had to change their models of delivery to deliver vaccination in a clinic setting ideally by age 28 days. However, it is taking time for providers to fine-tune their clinic offer and a very low proportion of infants in Devon and Cornwall are currently being vaccinated by 28 days of age.</td></tr>
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<table>
<tr><td></td><td>Future developments:
• Improvements to Tuberculosis data collection and fail safes to monitor uptake and timeliness and assure that a high level of uptake is being maintained.
• More regular meetings to be implemented with individual providers to better understand challenges and develop quality improvement plans.</td></tr>
<tr><td>School-aged immunisations</td><td>The school-aged immunisation programme was severely impacted by the pandemic due to the initial lockdown, the second wave of school closures, and ongoing outbreaks that have prevented immunisation teams attending schools for clinics. These factors, and the COVID-19 vaccination programme for 12-15s and the expanded flu vaccination programme has impacted the subsequent academic years. Both Devon, Cornwall and Isles of Scilly providers have worked hard to deliver the routine programme as well as an ongoing offer of community clinics including over the summer holidays to catch-up as many missing vaccinations as possible.

Data for the 2021/22 cohort shows that uptake is mostly recovered or achieved near pre-covid uptake levels, within the range of normal variation. Data for 2022/23 cohort showed ongoing challenges so NHSE VaST reviewed providers operational plans and additional catch-up activity was scheduled by the school aged immunisations services to ensure recovery was completed before the end of the school year. This was supported by additional NHSESW financial investment to both providers.

A new lesson plan and resources pack called EDUCATE (from the University of Bristol) was shared across school aged immunisations services teams and local authority teams to increase the understanding of the human papillomavirus vaccine.

There was a procurement for the Devon service and a new provider commenced delivery on 01/08/2023.

Future developments:
• Procurement for the Cornwall service during 2023/24 with new contracts to start 01/08/2024.
• Addition of an offer of MMR alongside the routine immunisations will be introduced into the specification for 2023/24 supported by additional investment.
• Planning for human papillomavirus vaccine schedule change due September 2023 which will move from two to one dose.</td></tr>
</table>

Vaccinations in pregnancy	Vaccinations in Pregnancy include Influenza and Pertussis (and COVID-19 - not currently a Section 7a commissioned programme). All Devon, Cornwall and Isles of Scilly providers offer both influenza and pertussis vaccinations. Delivery of vaccination in maternity settings can be affected by several operational issues such as lack of clinic space and staff capacity. More frequent meetings were implemented to closely monitor service delivery and a checklist tool developed to support providers to plan and mitigate against these issues and better align all three vaccinations. Uptake was slightly below the South West average uptake (see Appendix 6). There are data issues that affect interpretation of vaccine uptake data including denominator definition, data uploading between maternity and primary care systems, administration workload to ensure accurate data, and reporting delays. Work is underway in the Cornwall MIUG to look into these processes. Future developments: • Review of delivery models and scoping of additional actions for 2023/24 with maternity immunisations leads to inform planning (and business cases) for 2023/24 • Review of maternity self-assessment checklist • Review findings from Seasonal Influenza programme end of year review and acute trust debrief to inform planning for 2023/24 Influenza/COVID-19 season
Older people Immunisations	Shingles vaccination is first offered at age 70 years and eligibility continues until age 80. Uptake in the first year of offer is low at about 20% and then the cumulative uptake increases year on year up to age 78 when it drops off (this is due to these older age groups being part of a catch-up group and having less time to be vaccinated). Latest data shows cumulative uptake across Devon and Cornwall is in line with or above the national average (see Appendix 6). NHSE VaST produced a primary care Singles toolkit and issued a number of Shingles communications to support uptake of this vaccination; firstly, to the 20% of GP practices with the lowest uptake across all systems to encourage action to offer to those aged 78 as this group only have 2 years before ceasing to be eligible and in addition to all practices to remind that Shingles vaccination is an active call-recall at age 70. In addition to Zostavax, a second vaccine Shingrix is now available to offer to all those who are aged 70-80 who are immunocompromised (and so not eligible for Zostavax). There are some data quality issues with uptake for this new cohort which are being investigated. The latest published data for Pneumococcal vaccination is 2021/22 with coverage stable for Devon and Cornwall ICBs around 70% in keeping with the England average and meeting the acceptable lower threshold of 65% and under the target uptake of 75%.

	As with Shingles, the uptake at 65 years (the age of first offer) is low and uptake increases year on year up to age 75 and over, emphasising the importance of continuing to offer these vaccinations in older years and also of the need to do more work to improve the timeliness of the vaccination closer to the age of first eligibility in order to gain more protection from the vaccine for these groups.
Influenza immunisations	The influenza vaccination programme continued to be a high priority during the 2022/23 seasonal programmes placing pressure on GP practices and school aged immunisations services providers who at the same time were delivering the COVID-19 vaccination programme. Delivery through community pharmacy was further expanded to support the programme. Multi-agency arrangements established in 2021/22 in Devon and Cornwall to manage the delivery of the seasonal vaccination programmes including both COVID-19 and influenza were further embedded. Overall, the South West had the highest uptake in all eligible cohort groups of any region and higher than the England average (see Appendix 6). Cornwall, although generally in line with uptake across the region, had the lowest uptake in all eligible cohorts and had particularly low uptake in pregnant people. This may be in part an impact of the complex data flows and recording issues, hence the importance of this work being done by the Cornwall MIUG.

5.3 COVID-19 Vaccinations Supported by Local Systems

Both the Devon and Cornwall and Isles of Scilly ICBs delivered vaccinations through Primary Care Networks, Community Pharmacies, Large Vaccination Centres and Outreach activities as per the following:

Autumn 2022 – Cohorts included people aged 50+, all Care Home residents and staff, housebound patients, Health and Social Care Workers and Clinically Extremely Vulnerable groups as identified by the Green Book. 482,678 COVID-19 vaccinations were provided to patients registered in Devon which equated to an uptake of 72.1% of those that were eligible. 217,962 COVID-19 vaccinations were provided to patients registered in Cornwall which equated to an uptake of 70.3% of those that were eligible.

Spring 2023 – Cohorts included people aged 75+, all Older Adult Care Home residents and staff, housebound patients, and patients that were immunosuppressed as identified by the Green Book. 135,484 vaccinations were provided to patients registered in Devon which equated to an uptake of 72.3% of those that were eligible. 73,576 vaccinations were provided to patients registered in Cornwall which equated to an uptake of 83.5% of those that were eligible.

5.4 COVID-19 Health Inequalities and Vaccination Outreach

5.4.0 Vaccination Programme commendation

Devon ICB COVID-19 outreach vaccination programme has received commendations from several organisations and was praised by Sir Robert Francis, Chair of Healthwatch England when he visited the Exeter Mosque where vaccinations took place in June 2022.

5.4.1 National Work

Devon and Cornwall Chinese Association and Devon ICB vaccine ambassadors supported NHS England to produce a video to demonstrate the benefits of receiving the COVID-19 vaccination.

5.4.2 Key Outcomes of the Health Inequalities Cell

- ***Pandemic led to richer intelligence on vaccination*** –uptake data by cohort, age, gender, ethnicity, area of residence (down to Lower Super Output Areas [LSOA] a small neighbourhood area), and GP practice via the Immunisation Management Service reporting system.
- ***Health Inequalities (HI) data dashboard*** developed by the Local Authority Public Health Intelligence Team with input from NHS Business Intelligence – this enabled deep dives into specific cohorts with lower uptake through themed/dedicated Health Inequalities cell meetings to explore barriers and facilitators to vaccination and to agree actions to increase uptake for specific groups.
- ***21 "high need" geographical areas*** were identified by Local Authority Public Health Intelligence Team and underpinned our approach to outreach ensuring roving and regular pop-up vaccination clinics in these areas of greatest need across Devon (areas were identified based on deprivation, ethnicity, uptake) with later alignment to Core20PLUS5 work.
- ***Local insights fed into the HI Cell*** including insight gathered via our outreach teams/vaccinators; Local authority place based intelligence and connections; and our dedicated Outreach Involvement Manager who was recruited to provide a link with communities and the Voluntary Community and Social Enterprise (VSCE) sector – this led to bespoke outreach offers for specific cohorts based on data/insight/need e.g., pop-up vaccination clinics in community cafes, faith centres, workplaces.

5.4.3 Use of a Flexible, Bespoke Delivery Model

- Extensive Outreach programme with mobile units working in community venues and trusted spaces.

- A collaborative approach working with local authority and multi-agency partners including public, private and charity sectors using an intelligent, data-driven approach to planning and design.
- Developed extensive local communication and engagement networks across Devon that could be built upon as each phase and booster programme came through.
- Approach used involved overlaying inequalities data with vaccination uptake and supplemented with local qualitative enquiry.
- Allowed for bespoke arrangements & delivery within the community.
- Learning that has helped shape and improve ongoing system design for our priority groups.
- Allowed for targeted outreach for particular groups.
- Identified other needs to be addressed as part of the Making Every Contact Count agenda and created an "in" for other support.

5.4.4 Working with Peer-to-peer Networks

- ***Vaccine ambassador scheme*** is part of the wider outreach programme which aims to tackle health inequalities in vaccinations.
- ***Engagement*** with local groups, community leaders and the VCSE that informs bespoke outreach approaches e.g., via VCSE Assembly, Joint Engagement Forum.
- ***Outreach Covid Vaccination and COMF*** for voluntary and community organisations to run innovative engagement to improve uptake of the vaccine and increase vaccine confidence with our most vulnerable communities. This programme aims to support the outreach model and increase engagement with vulnerable communities. Activities can include supporting vaccination outreach, building vaccine confidence and undertaking engagement with vulnerable communities such as to explore barriers to uptake. Between 2022 until April 2023: 24 projects were funded, over 22,250 individuals were reached via the vaccine activities, over 3300 vaccinated.
- ***Maximising uptake through targeted engagement work and communication activity* -** working closely with the Equality, Diversity and Inclusion Team and Comms Team within NHS Devon and our partners, particularly the VCSE. Communications targeted at high-risk groups through a variety of media and channels, as set out in the Communications and marketing campaign plan for Devon, including an emphasis on community champions who represent the target population groups.

Please see two case studies relating to this work in Appendix 7.

6 Health Care Associated Infections & Antimicrobial Resistance

6.1 Key Performance

The following information summarises the key performance position and developments for health care associated infections, antimicrobial resistance work and key challenges over 2022/23 across the geography of Devon and Cornwall and Isles of Scilly (CIoS).

6.1.0 Infections	
Methicillin Resistant Staphylococcus Aureus (MRSA)	*Devon:* There were a total of 17 cases over 2022/23, with an overall rate of 1.3 per 100,000 (mid-high quartile nationally). The majority were community-onset community-associated and were unlinked. *CIoS:* There were a total of 7 cases over 2022/23, with an overall rate of 1 per 100,000. Lessons identified include improving dressing pathways for midlines, raising MRSA risk awareness with intravenous drug users, and improving pre-operative assessment and inter-organisational surgical pathways.
Methicillin Sensitive Staphylococcus Aureus (MSSA)	*Devon:* There were a total of 386 cases over 2022/23, with an overall rate of 30 per 100,000 (mid-high quartile nationally). This was a significant increase on 2021/22 (105 more). Each trust monitors healthcare associated numbers and has reduction strategies in place. There was no monitoring of community cases at this time. *CIoS:* There were a total of 182 cases over 2022/23, with an overall rate of and 25.6 per 100,000, 18 cases above the previous year (2021/22). The increase of case numbers and rates (especially within community-onset cases) have formed the ICB's infection prevention and control's 2023/24 workplan.
Clostridioides difficile (C. difficile)	*Devon:* There were a total of 414 cases over 2022/23, with an overall rate of 32 per 100,000 (low-mid quartile nationally). This is an increase of 24 from 2021/22. The system infection control lead is representing the Devon system at a national C. difficile strategic level, and Devon is a member of the regional C. difficile data collaborative. Individual trusts each have C. difficile reduction strategies. *CIoS:* There were a total of 256 cases over 2022/23, an overall rate of 29.3 per 100,000, a total of 35 cases above trajectory. Cornwall system is involved in NHS EI collaborative improvement and each C. diff case is investigated to provide learning. The analysis of these investigations showed the need for quality improvement measures, which have formed the ICB's infection prevention and control's 2023/24 workplan, including a patient held C. diff passport and a 'Think C. diff' primary care awareness poster.
Escherichia Coli (E. coli)	*Devon:* There were a total of 1029 cases over 2022/23, with an overall rate of 80 per 100,000 (mid-high quartile nationally). This was a 115-case increase from 2021/22. Reduction projects underway include being a pilot area for a regional NHS England hydration project. *CIoS:* There were a total of 417 cases over 2022/23, an overall rate of 54.5 per 100,000, 13 cases below the threshold target set by NHS England and 31 case decrease from the previous year (2021/23).

6.1.1 Antimicrobial resistance (AMR) working groups

6.1.1.1 Devon AMR Group

Devon Antimicrobial Resistance Group (DARG) met on 17 Jan and 21 Feb 2023. Due to operational pressures as well as sickness, other meetings were postponed. There was also delay as the purpose and intent of the meetings were discussed. Operationally AMR work continues within the medicines optimisation team within NHS Devon

6.1.1.2 Cornwall AMR group

Cornwall Antimicrobial Resistance Group (CARG) met on 27.04.22, 23.05.22 (recovery plan meeting), 22.06.22 and 17.08.22. Operating as 'One Health' group, the meetings focused on antimicrobial resistance recovery plans for each sector. Since the pandemic, maintaining attendance at these meetings has been a challenge and interaction with colleagues such as dentists and veterinarians has decreased. Engagement continues to be encouraged.

6.1.1.3 Devon and CIoS Group

In 2022/23 a system change was proposed for antimicrobial resistance work, with the DARG and CARG outlining a merger to avoid duplication and form a more strategic and wider focussed Peninsula Antimicrobial Resistance Group (PARG).

Subsequent to 22/23 reporting period, PARG initially met on 16.05.23 and discussed TOR only. Meetings are set to continue quarterly from November 2023 and will be chaired by Devon & Cornwall alternately.

6.1.2 Healthcare workforce

At the start of 2022, the former NHS Devon Clinical Commissioning Group had recorded a workforce risk with the recent departure of their System IPC Lead. A new post holder was recruited in June 2022 System Lead for Infection Prevention & Control, Integrated Care System for Devon, NHS Devon.

6.2 Progress on Key Health Care Associated Infection & AMR Challenges

6.2.0 Continuing to support the COVID-19 response

Management of COVID-19 moved towards being considered alongside, rather than separate to other Acute Respiratory Infections (ARIs). Communications had to reflect the fears and concerns perceived within the public domain and public perception continued to make return to business as usual a challenge. This was particularly seen in the challenges within social care settings and the acceptance of new or returning residents due to COVID-19 infection did not align to the more willing acceptance of those with other diagnosed ARIs. Providing assurance to the sector as well as the ICB operational/tactical team around delays in discharges caused considerable demand on the small IPC team within the ICB.

6.2.1 Implementing E. coli & C. difficile reduction strategies

The ICB is a member of the C. difficile. national collaboration with NHSE. As a consequence, new initiatives will be developed which will have a positive influence on Primary Care as well as Community Care.

6.2.2 Ensuring consistent information and analysis from community infections

There have been significant challenges, within IPC. Work will commence when financial constraints and access to sufficiently trained/experienced IPC staff allow.

6.2.3 Strengthening Antimicrobial Resistance

Urinary Tract Infection reduction work has gone on across the footprint of NHS Devon. Challenges to other progress have included constraints within the system as reorganisation continues, workforce capacity and staff availability/prioritisation of strategic level meetings for operational staff which means planned developments have not been realised. This area of the work programme will be taken forward in 2023/24 including the creation of the Peninsula Antimicrobial Resistance Group (PARG). The new NHS Contract for 2023/24 will include AMR specific targets to be implemented. A new AMR National Action Plan will be published in 2024 and aspects of this will need implementing at the local level by ICS partners. A lead will be taken from the significant work done by UKHSA around AMR.

7 Emergency Planning, Resilience and Response

7.1 DCIoS Response

Emergency Planning, Resilience and Response (EPRR) is led across the region by the NHS with the support of local authority partners as part of a multi-agency partnership; the Devon, Cornwall and the Isles of Scilly Local Resilience Forum (LRF). Despite the stand down from pandemic response, extreme pressures persisted throughout the year. Relevant forum members responded to the following significant incidents in 2022/23:

- Extreme Heat, July 2022
- The Death of Her Majesty, Queen Elizabeth II, September 2022
- Suspected Infectious Disease, November 2022
- Fire and Evacuation of Properties in Newquay, December 2022,
- Severe Winter Weather, December 2022
- Large scale industrial action across the health sector

7.1.0 Industrial Action

There has been wide scale public sector industrial action from late 2022 ongoing into 2023. Most notably the system has been affected by ambulance service, nursing, and junior doctor strikes. A robust planning regime was implemented, and system wide industrial action plans developed working collaboratively with providers. Debriefs have been held after each period on industrial action and learning identified embedded into the next iteration of planning assumptions.

7.2 Devon EPRR Response Activity

- Two information technology (IT) outages at University Hospitals Plymouth, required system wide co-ordination and response. These episodes highlighted the vulnerability of patient care to loss of IT.
- A cyber-attack on a national IT provider significantly affected one mental health trust in the Peninsula, taking more than eight months to resolve.
- Several storms and severe weather events required support from a multi-agency incident response across the community.
- A national requirement to identify any sites built with Reinforced Autoclaved Aerated Concrete (RAAC) was introduced and it was established that the system is in a good position with no issues identified on the Devon estate at this time.

7.3 Cornwall and Isles of Scilly EPRR Response Activity

7.3.0 Mpox Response

Detection of cases of mpox (previously known as Monkeypox) infection, acquired within the UK, were confirmed in England from 6 May 2022. The outbreak had mainly been in gay, bisexual, and other men who have sex with men without documented history of travel to endemic countries. NHS England tasked systems to deliver a testing and subsequent vaccination plan at pace. The CIoS EPRR team created a standard operating protocol (SOP) working collaboratively with system partners, public health and sexual health clinics which structured the delivery of the response program in the most accessible way for the affected communities and any other people at risk. The program was successful and further embedded EPRR practice to work at a system level, engaging with partners who were not normally in EPRR scope of practice.

7.3.1 Avian Flu Response

In August 2022 CIoS experienced a large outbreak of avian flu mainly in the sea bird population and in poultry. The team rapidly created a revised standard operating model for the response which included coordinating the testing model for those who had been exposed to infected birds and had become symptomatic. The previous model had focused on delivery of a testing model for an outbreak at large poultry farm sites with the request to test exposed workers, however this response was dynamic requiring a mobile testing model and delivery of antivirals if required. The developed model was reviewed by UKHSA and deemed to be best practice as it highlighted excellent system working across all sectors and provided a seamless process for members of communities that may have been exposed. The model is now embedded and can be activated when required.

7.3.2 Cornwall Drought Conditions

Over the autumn/winter 2022/23 reservoir levels have been depleted in Cornwall due to low rainfall. The team have been working with the LRF partners to risk model the likelihood of water shortages, how this could affect vulnerable people and how members of the population could become vulnerable if water supplies are restricted. Reservoirs remain below expected capacity. The risk remains going into 2024.

7.3.3 Large Scale Public Events

The CIoS team continue to work closely with local authority colleagues' events teams to ensure that any large events have robust on-site medical plans and consider the potential impact on health at a system level. Due to the large number of events, a system health working group has been set up which meets monthly to review potential risks from key events and mitigate these at a system level. Notably high-profile events included

Boardmasters, the funeral of Her Majesty Queen Elizabeth II, the World Pilot Gig Championships, National Armed Forces Day, and numerous music events. The team have noted the recommendations from the Manchester Arena Inquiry and have a standalone working group set up to review these and their implications on health planning for events and crowded places, at a system level with all key stakeholders.

7.3.4 COVID-19 Public Inquiry

The CIoS EPRR team public inquiry officer collated evidence working with ICB and system colleagues to ensure evidence is captured against each module of the inquiry. This involves meeting with key teams to capture decisions and rationale during the response.

7.4 Devon, Cornwall, and Isles of Scilly Exercises & Planning

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

7.4.0 Regional Mass Casualty Exercise of the Casualty Distribution Plan

Systems as a whole participated in exercising this plan, which would be used in the event of large numbers of casualties created by an incident.

7.4.1 Vulnerable People Framework

As part of a programme of work with LRF partners a LRF vulnerable people framework has been developed and is going through sign off process. This provides a process for the identification of who may be vulnerable during an incident and where they are in the affected area. This also ties into the ongoing national power outages (NPO) work with LRF partners (see 7.4.6 for details of priority groups identified).

7.4.2 Exercise Amore

In November 2022 the team tested the system incident response plan with providers and NHS England. The scenario tested major incident response and command and control at a system level.

7.4.3 Exercise Artic Willow

This national exercise held over three days to exercise the System's winter response, testing Category One response surge and escalation against concurrent operational issues and winter pressures.

7.4.4 Chemical, Biological, Radiological, Nuclear

DCIoS EPRR are represented at the Regional Radiation Monitoring Unit Working Group with work ongoing locally and regionally aimed at planning provision of a facility to monitor contamination among populations local to a radiation release.

National Chemical, Biological, Radiological, Nuclear (CBRN) Initial Operational Response project EPRR teams are engaged with this project and support several of the programme groups within the LRF.

In June 2022, **Exercise Short Sermon** was delivered as a modular exercise of the Devonport Naval Base Off-Site Emergency Plan (DOSEP). This was conducted as required by the Radiation (Emergency Preparedness and Public Information) Regulations 2019 (REPPIR) requirements and is conducted every 3 years. Science and Technical Advice Cell (STAC) training and a recovery element were delivered covering potential nuclear & radiological incidents.

7.4.5 National Power Outage

The current climate of conflict in Ukraine and rising energy prices has made the risk a potential NPO more prominent in the minds of central Government and EPRR (it is one of the highest risks on the National Risk Register). There has been a major drive by central government to put preparations in place. A significant amount of work has been undertaken within the system and with LRF partners; this has included preparation and support of several health and multi-agency exercises.

Exercise Lemur was delivered at a Local Resilience Forum level and tested the implications of NPO on the LRF and its key responders.

The team worked at a system level throughout 2022/23 to plan for reasonable worst-case scenario of a no notice power disruption, rather than the potential four hour rolling blackouts that were predicted to happen in winter 2022. An assessment was made of what services could be offered via community hubs to assist vulnerable people and prevent admission to the acute providers. This included working with primary care colleagues to ensure they can continue to deliver services during periods of power outages. The review of ICB business continuity plans in 2022/23 is focused on the loss of power scenario. Continued work with regional colleagues on potential NPO will feed into national planning assumptions.

The UKHSA **Exercise Yarrow** risk assessment states that, specific consideration should be given to groups whose health may be particularly affected by loss of power due to unmet access and functional needs. These groups are likely to be overlapping and interdependent in many cases. The evidence shows that individuals may belong to several priority groups, thus presenting with multiple needs. People belonging to multiple priority groups may be placed at greater risk due to accumulating needs, although more research is required on this topic.

Priority groups currently identified are:

1. People reliant on electronic powered devices
2. People who may have mobility difficulties
3. People with psychiatric conditions (diagnosed or otherwise) including mental health conditions and neurodevelopmental disorders
4. People with alternative communication needs
5. People with other access and functional needs which may be unmet in an NPO (e.g., people who need specific medications, treatments, or care, including infants/older adults with physical needs)
6. People living in rural communities, geographically remote locations or living alone
7. People from lower socio-economic backgrounds

7.4.6 High Consequence Infectious Diseases (HCID) plan

This has been developed jointly between Devon and Cornwall and the Isles of Scilly ICBs, with input from Public Health and IPC colleagues. Robust working relationships and mutual understanding of roles have been built which can be called upon for any future response to high consequence infectious disease outbreaks.

7.4.7 Severe Weather Plans

Revision has been made due to the changes brought in by the UKHSA Adverse Weather and Health Plan. Criticism of the new national plan has been fed back to the UKHSA National Team as it is felt that the new plan is less practical to implement than its predecessor. Consideration is being given as to how best to protect systems through utilising alternative Meteorological Office advance warnings of severe hot/cold weather.

7.5 Assurance

The Devon system's outcomes from the national EPRR assurance process have been completed, with all bar one provider and the ICB being assessed as substantially compliant with the NHS England core standards for EPRR; the exception being Patient Practice Group (PPG) which was assessed to be fully compliant with the core standards.

7.6 Training

CIoS EPRR deliver the Principles of Health Command at a Peninsula level, working in collaboration with Devon EPRR team. Principles of Health Command is mandatory for all staff on call at a strategic level under the minimum occupational standards for EPRR. CIoS also offer this training opportunity out to providers, and it has been well received.

The CIoS EPPRR team continue to deliver a robust training program to support delivery of our Category one status, this has focused for 2022/23 business continuity with the focus on response to power outage and category one training. The category one training program includes Director on Call training for all on call staff.

8 Climate and Environment

This new section of the Committees report seeks to continue development from the setting of work programme priority 6 (see section 9.6) on climate in last year's Committee report.

Much of what is done now and in the near future to reduce the impacts of climate change will also reduce harms to human health. Taking a 'Health in All Policy' approach will ensure that policies for mitigating and adapting to climate change are driven by health outcomes. As health harms are increasing, there will be some unavoidable adaptation required, such as heat related impacts on cardiovascular disease and respiratory symptoms. To protect public health, co-benefits must be sought; reducing air pollution not only reduces gases that contribute to climate change, but also reduces impacts on human health. Reducing the extremes of climate change will protect future populations from the biggest threat to human health in our time.

The Devon, Cornwall, and Isles of Scilly Climate Impacts Group, chaired by the Environment Agency, was formed in 2019 in response to declarations of climate emergency across the area. This group is responsible for assessing the impacts faced in the South West region and reviewing current levels of community preparedness for a warmer world. The group have been working towards the Devon Cornwall and Isles of Scilly Adaptation Strategy which includes the Risk Register, Adaptation Plan, and an Action Plan. Please see the link to this information in Appendix 3.

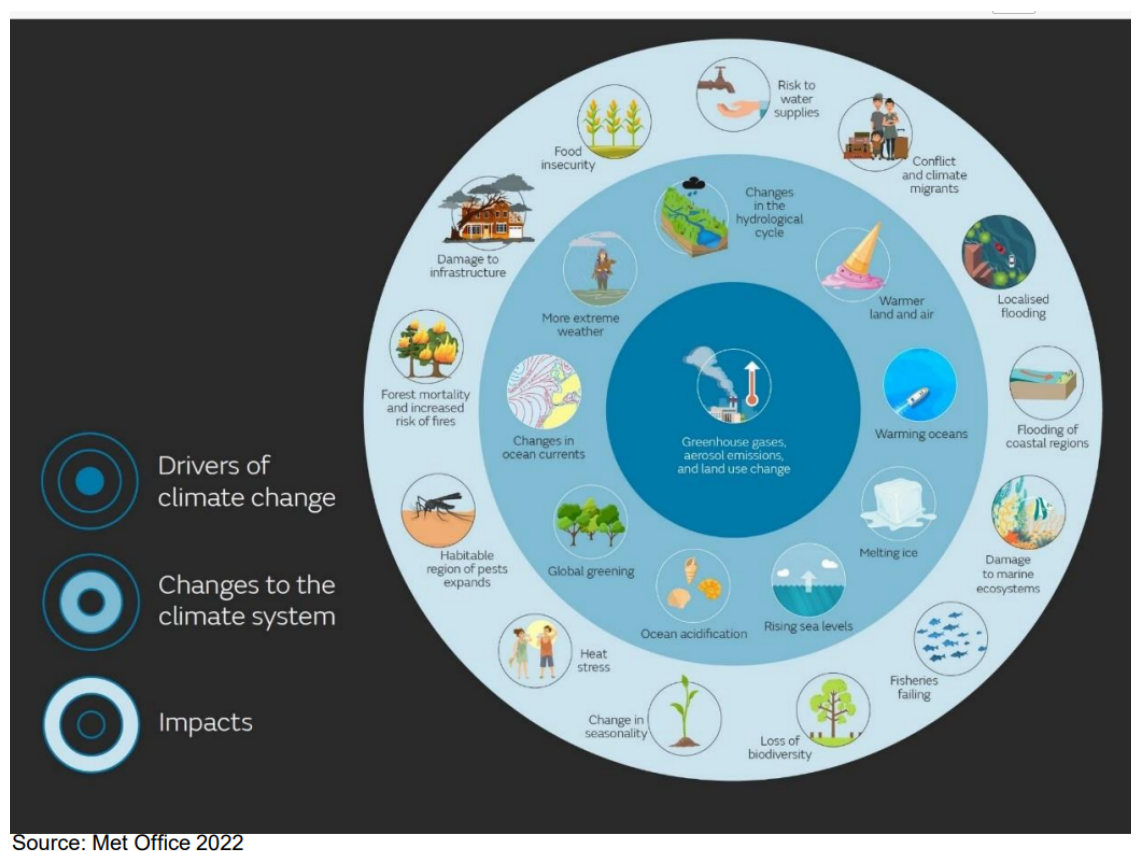
The Local Government Association Public Health Annual Report 2023 stated "The impact of climate change is a growing challenge for many councils and is a key public health priority. In the summer, the UK Health Security Agency (UKHSA) issued a succession of heat-health alerts and councils activated local heatwave plans due to extreme heat and record temperatures. Flooding affected some areas early in 2022 and again at the end of the year." [1]

With extreme heat and drought/water supply shortages in both Devon and Cornwall in 2022 action must be taken to prepare for weather events exacerbated or caused by climate change. Climate related issues are included in the Devon Joint Forward Plan and are intrinsically linked with health protection topics.

At a National level, UKHSA launched their Centre for Climate and Health Security in October 2022 with "a mission to deliver a step change in capabilities" [4] and "the increasing impact of climate change on our day-to-day lives" is mentioned in the foreword of the 2023 National Risk Register and explained as one of four chronic risks (another of the four is AMR). [5].

The Devon ICS Strategy highlights a risk rating table for Devon and Cornwall which reveals significant climate related risks to the region. The Strategy also features an infographic showing relevant drivers of climate change and impacts. Both the table and infographic were published by the Meteorological Office in 2022 and are featured in the ICS strategy (see link in Appendix 3) and copied below for reference.

Risk	Locations in Cornwall, Devon and Isles of Scilly (IoS)	Current Risk rating	Current Lead Assessor
Major Tidal and Coastal Flooding	All	Very High	Environment Agency
Major Fluvial Flooding	All	Very High	Environment Agency
Prolonged Low Temperatures, Heavy Snow and/or Ice	All	High	Torbay Council
Localised flooding (sudden flash, fluvial or surface water flooding)	All	High	Environment Agency
Severe Storms and Gales	All	Medium	Torbay Council
Heat Wave	All	Medium	Public Health England
Drought	All	Medium	Environment Agency
Forest, wood or moorland fire	All	Medium	Cornwall Fire and Rescue Service
Heavy Snow or Ice on vulnerable areas of the highways network	All	Low	Torbay Council
Building Collapse	All	Low	Devon and Somerset Fire and Rescue Service
Bridge Closure or Collapse	All	Low	Devon and Somerset Fire and Rescue Service
Major reservoir dam failure caused by loss of structural integrity or controlled release or overtopping	All	Medium	Environment Agency
Land Movement (Tremors and Landslides)	All	Medium	Devon County Council
Catastrophic failure of mine water treatment works and/or sludge storage dam	Wheal Jane complex, Nr Baldhu, Cornwall	Medium	Cornwall Council
Epidemic/ Pandemic Influenza	All	Very High or High	Public Health England
Industrial Accidents and Environmental Pollution, Major Air Quality Incident	All	High	Environment Agency



Source: Met Office 2022

9 Progress on Work Programme Priorities for 2022/23

9.1 COVID-19

Maintain response to COVID-19 in line with current guidance, resourcing, and activity.

All areas maintained a response proportionate to the risk and available capacity, transitioning to 'business as usual' situation for COVID-19, embedding all hazards planning and resilience into standard practice, and working with NHS and other system partners to keep infection prevention on the agenda. The main focus was on maximising COVID-19 immunisation in response to the booster, the evergreen offer and additional eligibility groups that came online during the year, whilst working to reduce inequalities. Capacity to support non-NHS settings with IPC through COMF continued as the 3 Devon Local Authorities maintained the links with these settings built through the pandemic until the COMF IPC practitioner post ended in March 2023.

9.2 Preparedness

Ensure preparedness and system wide resilience to respond to future pandemics or health protection emergencies, including sharing learning to inform future approaches.

Cornwall and Isles of Scilly EPRR have produced a High Consequence Infectious Disease/Pandemic plan, and this is the first plan of its kind to be approved at Devon and Cornwall level and has been shared with our health partners. In March 2023 Devon County Council conducted a debrief into their health protection response for adult social care settings (with feedback shared with relevant partner organisations onwards into 2023-24 with actions identified). NHS Devon and associated local authorities participated in the UKHSA led winter preparedness exercise which looked at care home outbreaks and special educational needs and disabilities settings outbreaks in autumn 2022. Consideration has been given to the combined experience of the pandemic, including readiness to stand up systems as needed, and maintaining training for core and non-core staff teams. The coming COVID-19 enquiry will inform action in future reporting periods.

9.3 Screening and Immunisation

Continue recovery of screening and immunisation programmes including launch of the Maximising Immunisation Uptake Groups and a renewed focus on addressing health inequalities in uptake, including a focus on flu and covid uptake amongst vulnerable and inclusion health groups.

MIUGs were established in Cornwall and Isles of Scilly in June 2022 followed by Devon in January 2023. These were instigated by SW NHSE Screening and Immunisation Teams (subsequently renamed Vaccination and Screening Teams) to address challenges in uptake, especially Measles, Mumps and Rubella and preschool booster. Low level data was shared, a baseline mapped, and action plans developed. Most screening services recovered during 2022/23 with clear plans in place to fully recover during early 2023/23. All programmes will now be focusing on improving uptake and coverage. School aged immunisations providers continue to implement recovery plans to catch up backlogs and additional investment has been agreed. Collaborative working arrangements between system partners on interdependencies within cancer pathways and improving immunisation uptake are being strengthened.

In Devon, Cornwall and Isles of Scilly joint work at local level was carried out to promote, support and deliver vaccination for influenza and COVID-19. In Devon the health inequalities group supported and influenced work in community settings such as churches, homeless shelters, town shopping centres, pubs, libraries, community centres and with VCSE groups to facilitate this.

9.4 Infection Prevention Control

Embed and strengthen Community Infection Management Services to prevent and respond to infections throughout the community, ensuring that there is IPC support for all settings, aligning to the broader South West IPC Strategy Work.

The COMF funded IPC support post in Devon for non-health and care settings ceased at the end of March 2023. This has left a gap which remains on the ICB risk register. The ICB Community Infection Management Services teams have, when possible, provided support but this is not their prime function and the four teams continue to be managed through the acute trusts IPC teams.

Devon ICB IPC team has maintained good links with local authority health protection colleagues and UKHSA through the Devon Huddle (Devon wide health protection monthly

meeting). The Cornwall and Isles of Scilly System and Cornwall and Isles of Scilly IPC Alliance remain linked. The South West IPC strategy and AMR priorities are being localised. Devon, Cornwall, and Isles of Scilly colleagues continue to engage with the wider local health protection collaborative arrangements including the bi-weekly UKHSA Health Protection Network (with alternating strategic and touch point meetings) and monthly UKHSA Care Settings Health Protection Network.

9.5 Health Protection Improvement

Work towards continuous improvement in all areas of health protection through audit, peer review, training, and development. Specifically address improvement areas highlighted by the Sector Led Improvement self-assessment and the UKHSA Gap Analysis/Action Planning tool.

The GAAP analysis was commenced and pathway gaps for action were identified. Updated self-assessments against the sector led improvement tool were completed identifying areas for continuous improvement across the Peninsula.

9.6 Climate Emergency

Maintain a focus on local action to address the climate emergency, building on the findings of the South West sector-led improvement Climate and Public Health work.

In Devon joint work has commenced at a local level between climate sustainability and health protection colleagues. After full consultation, the final Devon Carbon Plan was published on 16 November 2023, as a roadmap of how Devon will reach net-zero emissions by 2050 at the latest and health is a cross-cutting theme in the plan. In 2022 Plymouth City Council published the third of 11 action plans in the City Council's annual Climate Emergency Action Plan series. The Climate Emergency Action Plan lists all the actions that are being taken with partners in the Plymouth Net Zero Partnership, to reduce emissions across the city and to encourage others to do the same. See appendix 3 for the link to the Plymouth Climate Action Plan. The head of Cornwall and Isles of Scilly EPRR leads on the system level net zero programme and hold a quarterly climate collaboration meeting which includes all providers, volunteer Cornwall, local authority and NHSE, all working towards reviewing the system Green Plan in 2024.

The formative Devon, Cornwall, and Isles of Scilly Climate Adaptation Plan was discussed during the 2022/23 reporting period.

9.7 Health Protection Governance

Refresh health protection governance structures in line with integrated care board and integrated care system strategy development including a review of existing meetings and terms of reference.

Devon consolidated links with the Medical Directorate in Devon ICB. Governance has yet to be revisited following the NHS Devon restructure. Significant joint work over the ICS Strategy and Joint Forward Plan took place with health protection featuring strongly in the plan, as one of the nine areas of work identified for action. A joint forward plan health protection operational group is being established to oversee the governance of this work.

In Cornwall and Isles of Scilly a review of terms of reference has taken place and mapping of current meetings developed.

9.8 Continuous Professional Development

Advocate for a rolling CPD and training programme to ensure a robust and resilient system which can respond to major incidents and emergencies.

Devon County Council have procured logging training and legal awareness training. Health Education England (now NHSE) continue to offer places on the health protection short courses to local authorities. For CIoS EPRR see 7.4.9 training above

10 Ongoing Work Programme Priorities

The ongoing work programme priorities of the Health Protection Committee are set out below. These are the priorities against which the next Health Protection Committee assurance report will report against. Subsequent reports will be published 6 months after the reporting period (financial year) ends. These priorities will be reviewed and updated as part of the annual reporting process.

10.1 Priorities agreed by Health Protection Committee members

1. **Climate Emergency**
   Work closely with partners to address the climate emergency and develop plans in relation to flooding, heatwave, cold weather, and other climate related mitigations or emergencies, with an emphasis on the impact on vulnerable groups.

2. **Infection Prevention and Management**
   Take action to strengthen infection prevention arrangements and tackle anti-microbial resistance;
   a. promote health protective behaviours
   b. strengthen infection prevention systems within health and care and wider settings
   c. reduce healthcare associated infections
   d. tackle antimicrobial resistance
   e. implement the regional Infection Prevention and Management Strategy at local level

3. **Vaccinations**
   Work via the Maximising Immunisation Uptake Groups on shared objectives, to protect our population against outbreaks, by implementing targeted local actions.

4. **Pandemic Preparedness**
   Develop and strengthen all hazards planning and pandemic preparedness, promote resilience, and build on learning from the Covid Inquiry as findings are shared.

5. **Continuous Improvement in Health Protection**
   Work towards continuous improvement in health protection. Implement the Sector Led Improvement, and Gap Analysis Action Plans and audit performance against the What Does Good Look Like in health protection tool, sharing best practice and embedding learning from experience.

6. **Inclusion & Inequalities**
   Protect the health of people experiencing greater inequalities in health or access. Implement the Inclusion Health Agenda through health protection systems.

7. **Work to support local strategic plans**
   See links to plans in Appendix 3 - e.g. for Devon, implement the year 1-5 Health Protection objectives and milestones in the Devon ICS Joint Forward Plan. Work similarly in Cornwall and the Isles Of Scilly as plans are finalised.

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

12 Appendices

12.1 Appendix 1 – Devon, Cornwall, and Isles of Scilly Health Protection Committee - Summary terms of reference & affiliated groups

Membership of the Committee:

- Local Authority Public Health
- UK Health Security Agency
- NHS England
- NHS Devon and Cornwall Integrated Care Boards

Meetings of the Committee are held quarterly.

Several groups sit alongside the Committee with remits for:

- Infection Prevention and Control
- Antimicrobial Stewardship
- Immunisation
- Screening
- Seasonal vaccination
- Emergency planning (including Local Resilience Forums)
- Migrant and Refugee health
- Tuberculosis & Hepatitis.

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

NHSE, UKHSA and ICBs provide quarterly performance, surveillance, and assurance reports to the Committee.

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

12.2 Appendix 2 - Roles in relation to delivery, surveillance, and assurance

12.2.0 Prevention and control of infectious disease

UKHSA local health protection teams lead the epidemiological investigation and the specialist health protection response to public health outbreaks or incidents. They have responsibility for declaring a health protection incident, major or otherwise and are supported by local, regional, and national expertise.

NHS England is responsible for managing and overseeing the NHS response to any incident that threatens the public's health. They are also responsible for ensuring that their contracted providers deliver an appropriate clinical response.

Integrated Care Boards ensure, through contractual arrangements with provider organisations, that healthcare resources are made available to respond to health protection incidents or outbreaks.

Local authorities, through the Director of Public Health or their designate, have overall responsibility for strategic oversight of an incident or outbreak which has an impact on their population's health. They should ensure that an appropriate response is put in place by NHSE and UKHSA, supported by the local. In addition, they must be assured that the local health protection system response is robust and that risks have been identified, are mitigated against, and adequately controlled.

UKHSA provides a quarterly report to the Committee containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level. Surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus, are published during the winter months.

12.2.1 Screening and Immunisation

Population Screening and Immunisation programmes are commissioned by NHS England under what is known as the Section 7A agreement. There are 20 population immunisation programmes and 11 population screening programmes. These programmes cover the whole life course from antenatal to elderly persons and, in any one year, approximately 70% of the population will become eligible for at least one immunisation or screening test. These programmes are a core element of prevention and early diagnosis and offer opportunities for accessing populations to improve wider health and wellbeing.

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

UK Health Security Agency is responsible for setting national immunisation policy and standards through expert groups (including the Joint Committee on Vaccination and Immunisation). The National Screening Committee is part of the Department of Health and Social Care and advises ministers and the NHS in the 4 UK countries about all aspects of screening and supports implementation of screening programmes. At a local level, specialist public health staff in NHSE Vaccination and Screening Teams provide accountability for the commissioning of the programmes and system leadership.

Local authorities, through the Director of Public Health, are responsible for seeking assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local populations. Public health teams are responsible for protecting and improving the health of their local population under the leadership of the Director of Public Health, including supporting NHS England in efforts to improve programme coverage and uptake.

The NHSE South West Vaccination and Screening Team provides quarterly reports to the Health Protection Committee for each of the national screening and immunisation programmes. Reports are considered by lead Local Authority Consultants in Public Health and any risks identified are considered with NHS England specialists to agree mitigating activities.

Serious incidents that occur in the delivery of programmes are reported by NHSE SW VaST to the Director of Public Health for the Local Authority and to the Health Protection Committee.

Locality Immunisation Group activity was suspended during the pandemic but has been re-introduced in 2022 and badged as MIUGs, where all local activity to improve coverage and reduce inequalities is planned and co-ordinated working with local system partners.

Separate planning and oversight groups are in place for seasonal influenza and COVID-19.

There are Programme Boards (oversight groups) for all screening programmes and these form part of the local assurance mechanisms to identify risks and oversee continuous quality improvement. In addition, specific project groups are convened, as necessary, to oversee significant developments in the programmes and the introduction of new programmes.

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

12.2.2 Healthcare associated infections

NHS England sets out and monitors the NHS Outcomes Framework which includes Domain Five (safety): treating and caring for people in a safe environment and protecting them from avoidable harm. NHS England holds Integrated Care Boards to account for performance against indicators under this domain, which includes incidence of healthcare associated methicillin-resistant Staphylococcus aureus bacteraemia and incidence of Clostridium difficile infection.

UKHSA, through its consultants in communicable disease control, leads the epidemiological investigation and the specialist health protection response to wider community non-hospital outbreaks, and is responsible for declaring a health protection incident.

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

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

The Regional Infection Prevention & Control (IPC) Network is a monthly forum for all stakeholders working towards the elimination of avoidable health care associated infections. The group covers health and social care interventions in clinical, home, and residential care environments, identifying risks, sharing best practice and collaborating in system-wide approaches. The group is co-ordinated by NHS Devon ICB and is a cross-agency forum involving Acute and Community NHS Trusts, Ambulance and Out of Hours Doctors, Local Authority Public Health, UKHSA, Medicines Optimisation and NHS England.

In Cornwall there is an IPC system alliance with multi-agency attendance working on a similar agenda, also reporting into the Health Protection Committee. There is cross-attendance between the Devon and Cornwall groups.

12.2.3 Emergency planning and response

Local resilience forum (LRF) is a multi-agency partnership made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency, and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act. The geographical area the forum covers, reflects the police area of Devon, Cornwall, and the Isles of Scilly.

The LRFs aim to plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities.

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

All Councils continue to engage with the Local Resilience Forum and the Local Health Resilience Partnership in undertaking their local engagement, joint working, annual exercise programme, responding to incidents and undertaking learning as required.

12.3 Appendix 3 – links to Strategies and Plans

Cornwall and Isles of Scilly ICS Strategy

https://cios.icb.nhs.uk/ics/

Cornwall and Isles of Scilly Joint Forward Plan

https://docs.cios.icb.nhs.uk/DocumentsLibrary/NHSCornwallAndIslesOfScilly/Organisation/Policies/230405JFPJune2023edition.pdf

Devon ICS Strategy and **Devon Joint Forward Plan**

https://onedevon.org.uk/about-us/our-vision-and-ambitions/our-devon-plan/

Plymouth Climate Emergency Action Plan

https://www.plymouth.gov.uk/climate-emergency-action-plan-2022

Devon, Cornwall, and Isles of Scilly Climate Adaptation Strategy

https://www.climateresilient-dcios.org.uk/#:~:text=View%20Consultation%20Report-,The%20Devon%2C%20Cornwall%20and%20Isles%20of%20Scilly%20(DCIoS)%20Climate,change%20increasingly%20affects%20the%20UK.

12.4 Appendix 4 - Counts of Situations by Principle Contexts and Infectious Agents in DCIoS 01 April 2022 to 31 March 2023 from Field Services, UKHSA

UKHSA Situations

Counts of Situations (by Principle Contexts and Infectious Agents)
Local Authority: All (Cornwall and Isles of Scilly, Devon, Plymouth and Torbay)
01 April 2022 to 31 March 2023

		Principle Context					
		Adult Social Care	Education	Healthcare	Other	Workplace	Total
Infectious Agent	COVID-19	1201	6	2	10	0	**1219**
	Seasonal Influenza A Virus	30	0	0	0	0	**30**
	Other	95	169	1	58	11	**334**
	Total	**1326**	**175**	**3**	**68**	**11**	**1583**

Caveats: Please note, metrics included in this report should not be considered official statistics. This data includes counts of HPZone (case management system used by UKHSA) 'Situations' for DCIoS, where 'Date Entered' was from 01 April 2022 to 31 March 2023 (inclusive).

Other Infectious Agent: Brucella spp, Campylobacter spp, Chemical agent, unknown, Chlamydophila psittaci, Escherichia coli O157, Herpes simplex virus, Measles virus, Mycobacterium spp, unspecified, Mycobacterium tuberculosis complex, Norovirus, Respiratory syncytial virus (RSV), Scabies mite, Staphylococcus aureus – PVL, Streptococcus, Group A, Varicella-zoster virus, Yersinia enterocolitica, Influenza A virus (Avian), Influenza A virus, H5N1

Other Principle Context: Asylum Seeker Accommodation, Childminder/Childcare Provision, Children's Residential Home, Community, Custodial Institution, Environmental Exposure, Food Outlet / Restaurant, Hotel, Music Venue, Visitor Attraction, Homeless Accommodation, Household

12.5 Appendix 5 - Screening coverage (Latest available publicly available published data) 2022/23

SOURCE: Local Authority Dashboard, Public Health Outcomes Framework, Futures website, downloaded 13/11/2023

Cancer Screening by Local Authority (Devon)

Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
C24a - Cancer screening coverage: breast cancer	70	80	<70 70 - 80 ≥ 80	Devon	79.2	80.4	80.1	80.0	79.1	79.1	78.8	78.3	78.3	78.2	78.1	69.2	71.1
				England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	<80 ≥ 80	Devon	79.1	78.0	77.0	75.2	75.7	76.1	75.3	74.9	75.1	76.7	77.2	75.2	74.2
				England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	<80 ≥ 80	Devon	82.6	82.2	81.6	81.1	80.2	80.1	79.8	79.0	78.1	78.2	78.4	77.3	77.5
				England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6
C24d - Cancer screening coverage: bowel cancer	55	60	<55 55 - 60 ≥ 60	Devon						60.5	63.1	64.8	64.8	66.0	69.6	72.5	76.1
				England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3

Cancer Screening by Local Authority (Plymouth)

Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
C24a - Cancer screening coverage: breast cancer	70	80	<70 70 - 80 ≥ 80	Plymouth	79.9	80.6	80.1	78.7	78.4	79.1	79.3	79.0	78.2	78.2	77.4	70.2	74.5
				England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	<80 ≥ 80	Plymouth	75.2	74.3	74.6	73.5	73.9	73.7	72.6	71.7	71.5	73.1	73.7	71.2	69.5
				England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	<80 ≥ 80	Plymouth	81.2	80.7	80.9	80.6	80.2	79.3	78.7	77.7	76.2	75.9	76.0	75.4	75.0
				England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6
C24d - Cancer screening coverage: bowel cancer	55	60	<55 55 - 60 ≥ 60	Plymouth						62.0	62.1	61.8	62.0	62.7	66.8	69.3	73.2
				England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3

Cancer Screening by Local Authority (Torbay)

Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
C24a - Cancer screening coverage: breast cancer	70	80	<70 70 - 80 ≥ 80	Torbay	79.2	78.6	76.9	77.0	76.5	76.7	74.7	74.1	74.4	74.2	77.0	75.5	70.3
				England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	<80 ≥ 80	Torbay	75.4	75.0	75.1	73.4	74.0	73.9	72.7	71.9	71.5	73.4	74.3	72.1	70.6
				England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	<80 ≥ 80	Torbay	80.5	79.4	79.5	79.4	79.4	79.1	78.1	76.9	75.2	75.0	75.2	74.3	73.1
				England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6
C24d - Cancer screening coverage: bowel cancer	55	60	<55 55 - 60 ≥ 60	Torbay						62.6	62.0	62.0	61.7	62.4	65.9	68.5	71.7
				England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3

Cancer Screening by Local Authority (Cornwall)

Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
C24a - Cancer screening coverage: breast cancer	70	80	<70 70 - 80 ≥ 80	Cornwall	80.0	79.8	79.3	79.9	80.1	80.3	80.0	79.3	78.4	78.2	78.1	72.1	71.9
				England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	<80 ≥ 80	Cornwall	76.2	75.4	75.7	74.0	74.8	75.2	74.3	73.4	73.4	75.0	75.9	72.9	72.2
				England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	<80 ≥ 80	Cornwall	80.0	79.7	80.0	79.4	78.8	78.2	77.8	77.2	76.3	76.1	76.0	74.6	74.6
				England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6
C24d - Cancer screening coverage: bowel cancer	55	60	<55 55 - 60 ≥ 60	Cornwall						58.2	61.1	62.1	62.1	63.2	67.0	68.9	73.3
				England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3

Other Screening by Local Authority (Devon)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75	75 - 85	≥ 85	Devon	87.4	87.3	86.1	87.2	87.1	87.4	84.4	87.0	88.8
						England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98	98 - 99.5	≥ 99.5	Devon	98.6	98.7	98.8		99.1	99.0	95.0	96.2	93.3
						England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95	95 - 97.5	≥ 97.5	Devon								99.1	98.6
						England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

Other Screening by Local Authority (Plymouth)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75	75 - 85	≥ 85	Plymouth	83.1	81.2	83.1	85.1	81.9	84.1	80.7	82.0	82.7
						England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98	98 - 99.5	≥ 99.5	Plymouth	99.2	99.4	99.4		99.2	99.5	98.4	98.4	99.4
						England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95	95 - 97.5	≥ 97.5	Plymouth								98.8	97.2
						England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

Other Screening by Local Authority (Torbay)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75	75 - 85	≥ 85	Torbay	85.4	84.3	80.2	85.3	86.8	84.3	79.7	86.2	86.6
						England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98	98 - 99.5	≥ 99.5	Torbay	98.9	99.4	99.4		99.1	99.1	99.1	99.8	99.6
						England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95	95 - 97.5	≥ 97.5	Torbay								98.2	98.1
						England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

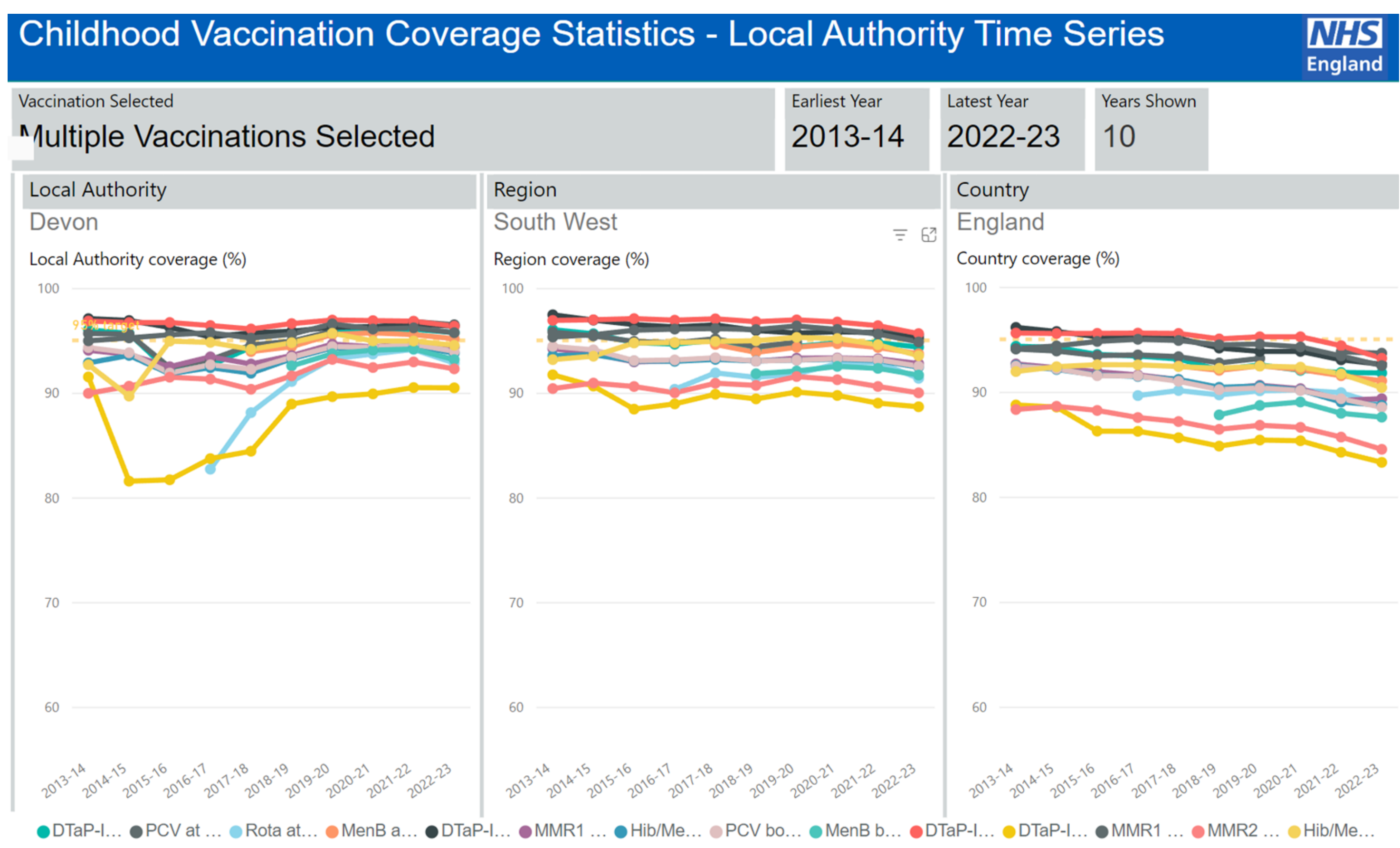
Other Screening by Local Authority (Cornwall)

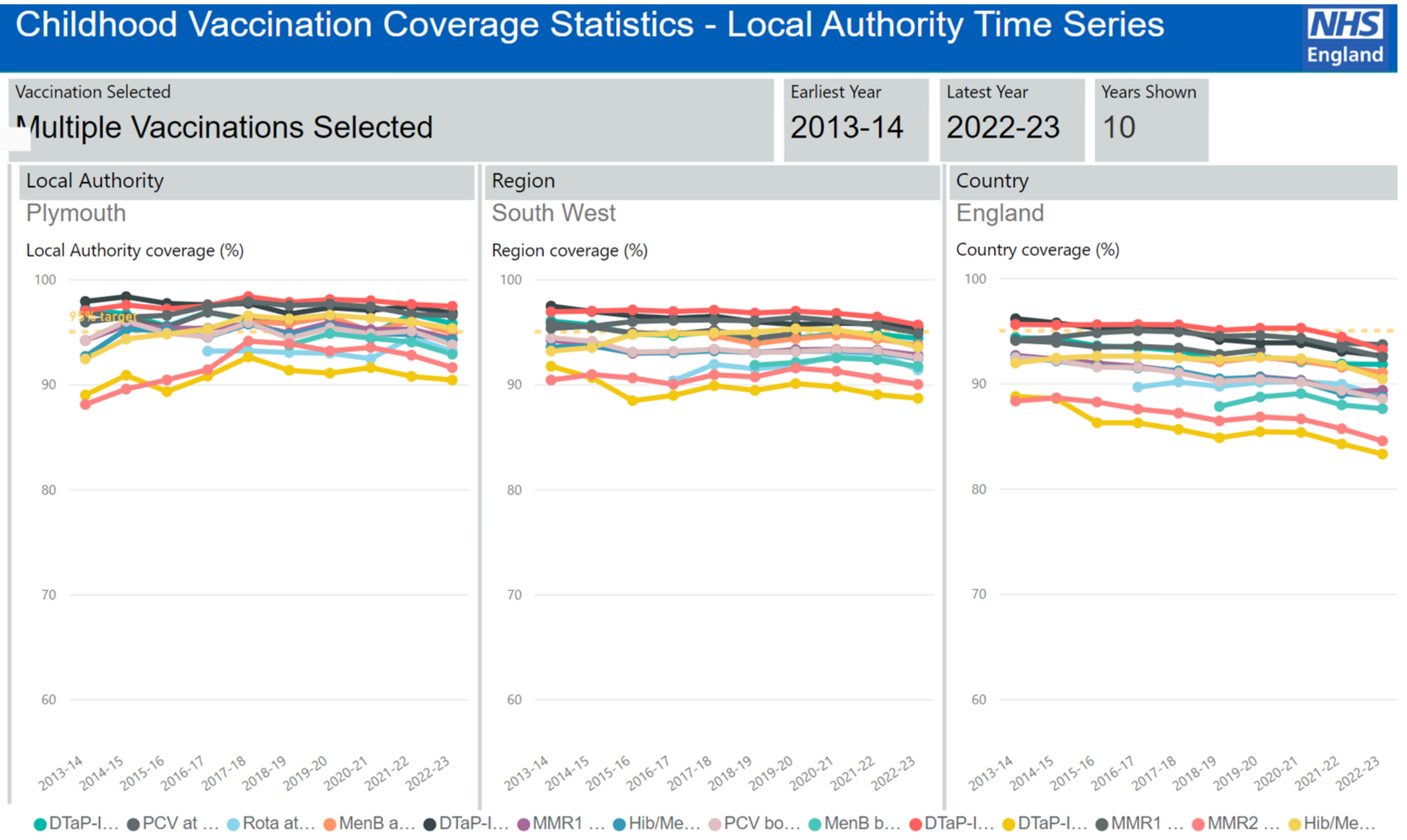
Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75	75 - 85	≥ 85	Cornwall	83.8	83.3	83.5	84.9	84.1	86.5	81.2	85.3	85.3
						England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98	98 - 99.5	≥ 99.5	Cornwall	99.5	99.8	99.8		99.8	99.8	95.7	97.0	99.8
						England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95	95 - 97.5	≥ 97.5	Cornwall								97.6	95.4
						England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

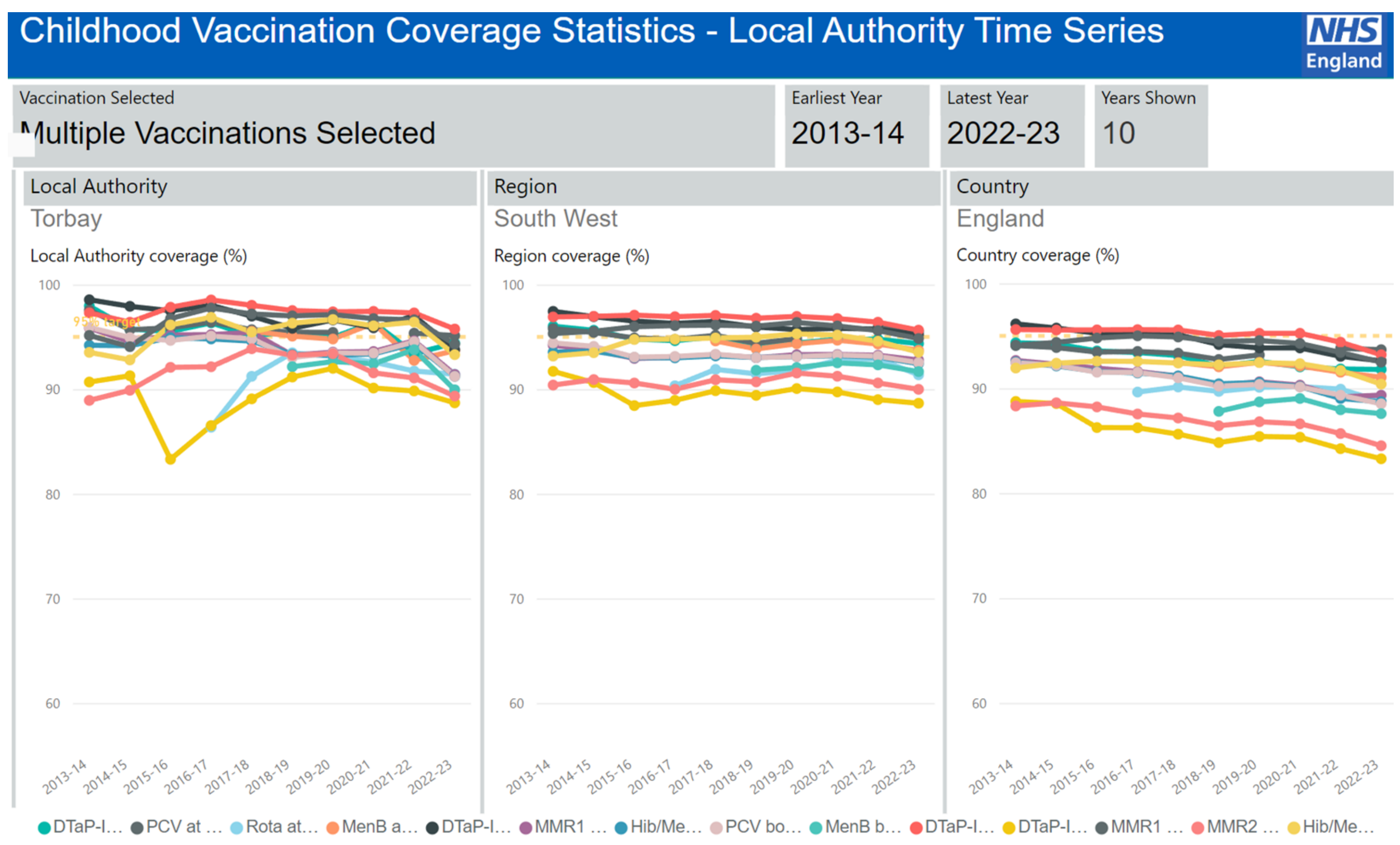
12.6 Appendix 6 - Immunisation performance 2022/23

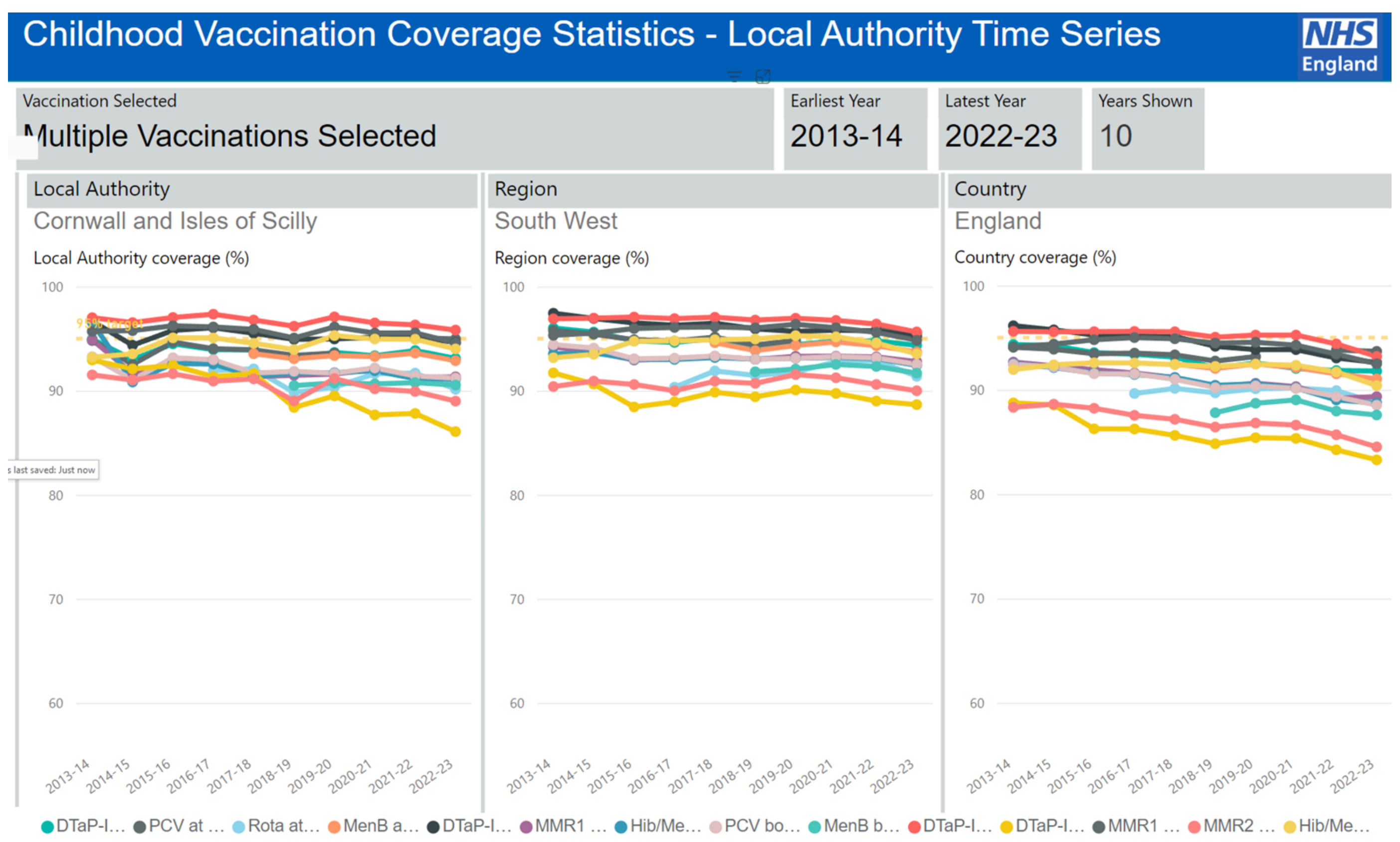
Immunisation schedule; https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule/the-complete-routine-immunisation-schedule-from-february-2022

Preschool – Annual COVER statistics 2022/23 https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics




Childhood Vaccination Coverage Statistics - Local Authority Time Series
NHS England
Vaccination Selected
Multiple Vaccinations Selected
Earliest Year
2013-14
Latest Year
2022-23
Years Shown
10
Local Authority
Plymouth
Local Authority coverage (%)
Region
South West
Region coverage (%)
Country
England
Country coverage (%)
95% target
100
90
80
70
60
2013-14
2014-15
2015-16
2016-17
2017-18
2018-19
2019-20
2020-21
2021-22
2022-23
DTaP-I…
PCV at …
Rota at…
MenB a…
DTaP-I…
MMR1 …
Hib/Me…
PCV bo…
MenB b…
DTaP-I…
DTaP-I…
MMR1 …
MMR2 …
Hib/Me…


Childhood Vaccination Coverage Statistics - Local Authority Time Series
NHS England
Vaccination Selected
Multiple Vaccinations Selected
Earliest Year
2013-14
Latest Year
2022-23
Years Shown
10
Local Authority
Torbay
Local Authority coverage (%)
Region
South West
Region coverage (%)
Country
England
Country coverage (%)
100
90
80
70
60
2013-14
2014-15
2015-16
2016-17
2017-18
2018-19
2019-20
2020-21
2021-22
2022-23
DTaP-I… PCV at … Rota at… MenB a… DTaP-I… MMR1 … Hib/Me… PCV bo… MenB b… DTaP-I… DTaP-I… MMR1 … MMR2 … Hib/Me…


Childhood Vaccination Coverage Statistics - Local Authority Time Series
NHS England
Vaccination Selected
Multiple Vaccinations Selected
Earliest Year
2013-14
Latest Year
2022-23
Years Shown
10
Local Authority
Cornwall and Isles of Scilly
Local Authority coverage (%)
Region
South West
Region coverage (%)
Country
England
Country coverage (%)
100
90
80
70
60
2013-14
2014-15
2015-16
2016-17
2017-18
2018-19
2019-20
2020-21
2021-22
2022-23
DTaP-I… PCV at … Rota at… MenB a… DTaP-I… MMR1 … Hib/Me… PCV bo… MenB b… DTaP-I… DTaP-I… MMR1 … MMR2 … Hib/Me…

Annual other immunisations 2021/22 (Latest available publicly available published data)

Annual Other Immunisations by Local Authority (Devon)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Devon				92.2	87.2	86.9	86.2	82.5	84.3	73.2	64.6	61.5
						England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Devon										59.6	56.3	52.6
						England										54.4	71.0	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Devon						85.8	86.6	80.8	81.3	70.4	61.6	63.6
						England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Devon											51.1	56.8
						England											54.4	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80	80 - 90	≥ 90	Devon							84.4	91.9	91.1	74.8	69.0	66.8
						England							82.5	84.6	86.7	87.0	80.9	79.6
D06b - Population vaccination coverage: PPV	65	75	< 65	65 - 75	≥ 75	Devon	69.6	70.0	69.6	69.9	70.2	70.2	70.5	69.9	70.1	70.2	70.6	
						England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA			Devon	71.5	72.6	71.4	71.5	70.8	69.8	69.8	72.9	72.5	73.0	82.8	85.3
						England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA			Devon	48.8	49.9	47.8	47.8	44.5	42.0	46.2	50.0	49.2	45.5	58.1	60.3
						England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
D03l - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA			Devon					43.8	42.6	46.6	53.3	63.4	59.6	70.6	61.5
						England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA			Devon										62.3	66.5	57.5
						England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50	50 - 60	≥ 60	Devon									51.0	46.9	40.4	45.0
						England									49.1	48.2	42.1	44.0

Annual Other Immunisations by Local Authority (Plymouth)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Plymouth				82.6	86.7	89.4	85.1	86.6	83.6	65.8	64.9	55.5
						England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Plymouth										48.6	57.4	47.2
						England										54.4	71.0	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Plymouth						86.1	78.6	82.3	79.9	69.9	57.2	59.8
						England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Plymouth											43.0	53.2
						England											54.4	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80	80 - 90	≥ 90	Plymouth							77.7	76.8	78.9	74.3	65.0	62.5
						England							82.5	84.6	86.7	87.0	80.9	79.6
D06b - Population vaccination coverage: PPV	65	75	< 65	65 - 75	≥ 75	Plymouth	72.5	71.1	70.9	70.4	69.4	68.7	68.7	67.1	68.2	65.6	68.1	
						England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA			Plymouth	73.6	76.1	75.3	73.2	73.4	71.5	70.3	71.7	71.2	71.4	81.2	82.6
						England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA			Plymouth	54.3	54.8	54.1	51.8	49.9	44.9	46.0	47.7	46.7	41.2	52.3	53.9
						England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
D03l - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA			Plymouth					39.2	34.9	40.1	44.7	53.3	50.9	63.0	52.9
						England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA			Plymouth										57.5	63.2	48.7
						England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50	50 - 60	≥ 60	Plymouth									42.9	46.5	40.8	45.3
						England									49.1	48.2	42.1	44.0

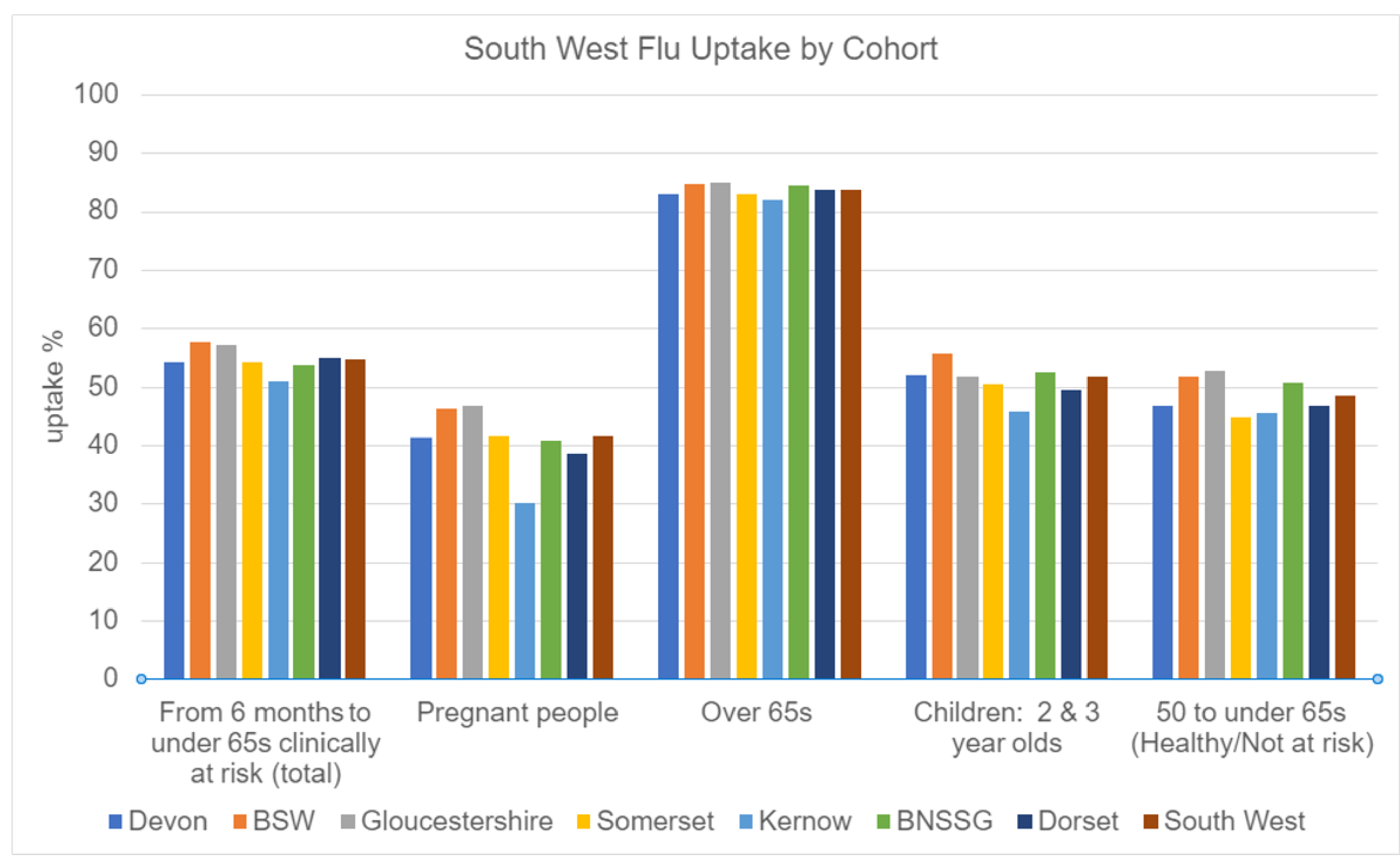
Annual Other Immunisations by Local Authority (Torbay)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Torbay				89.8	87.2	83.1	85.0	86.2	86.2	68.0	67.4	55.6
						England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Torbay										49.0	64.5	47.1
						England										54.4	71.0	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Torbay						80.7	83.7	77.4	83.9	71.4	61.6	64.2
						England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Torbay											44.0	60.1
						England											54.4	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80	80 - 90	≥ 90	Torbay							78.0	79.6	79.1	77.0	63.6	56.7
						England							82.5	84.6	86.7	87.0	80.9	79.6
D06b - Population vaccination coverage: PPV	65	75	< 65	65 - 75	≥ 75	Torbay	70.5	67.6	64.1	67.5	68.1	67.5	67.7	68.8	69.2	68.2	68.0	
						England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA			Torbay	70.0	70.3	69.7	68.3	67.3	66.4	66.4	71.6	71.5	71.5	79.8	81.7
						England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA			Torbay	48.8	46.8	47.8	48.6	44.6	40.6	45.8	49.3	47.2	44.8	54.8	54.3
						England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
D03l - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA			Torbay					39.7	35.9	40.7	45.0	56.3	47.8	58.5	47.3
						England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA			Torbay										57.6	61.7	45.1
						England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50	50 - 60	≥ 60	Torbay									44.5	37.7	34.5	41.5
						England									49.1	48.2	42.1	44.0

Annual Other Immunisations by Local Authority (Cornwall)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Cornwall				77.9	81.4	79.5	78.6	81.9	78.4	78.0	76.7	66.4
						England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Cornwall										67.5	70.5	57.0
						England										54.4	71.0	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Cornwall						71.5	57.6	73.1	70.5	73.0	78.0	74.3
						England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Cornwall											71.1	68.1
						England											54.4	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80	80 - 90	≥ 90	Cornwall							79.6	77.2	76.0	76.5	80.0	74.6
						England							82.5	84.6	86.7	87.0	80.9	79.6
D06b - Population vaccination coverage: PPV	65	75	< 65	65 - 75	≥ 75	Cornwall	67.7	66.6	67.0	66.5	66.3	67.0	66.7	66.2	64.3	65.3	68.1	
						England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA			Cornwall	70.0	72.5	71.6	71.3	70.4	69.4	68.4	66.2	70.3	70.6	80.3	83.7
						England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA			Cornwall	49.9	51.8	51.6	52.5	49.4	45.6	44.4	48.8	46.0	43.2	54.2	56.2
						England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
D03l - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA			Cornwall					36.6	33.7	37.0	38.7	50.3	47.4	60.6	50.8
						England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA			Cornwall										58.6	65.5	56.0
						England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50	50 - 60	≥ 60	Cornwall									45.7	33.5	38.5	38.4
						England									49.1	48.2	42.1	44.0

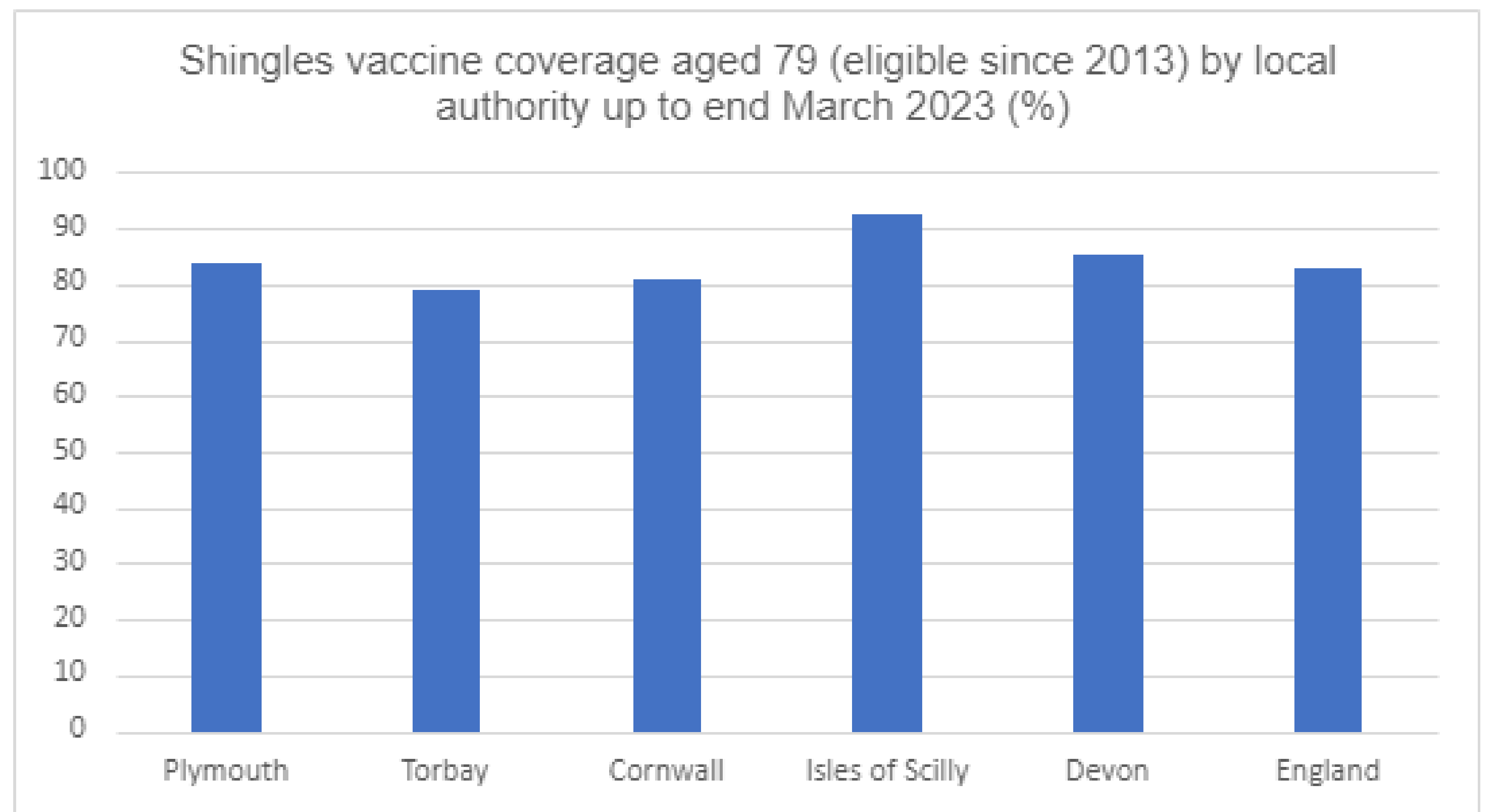
Seasonal Influenza uptake by priority groups 2022/23



Pregnancy – Pertussis vaccination uptake, April 2023 (Source: Immform)

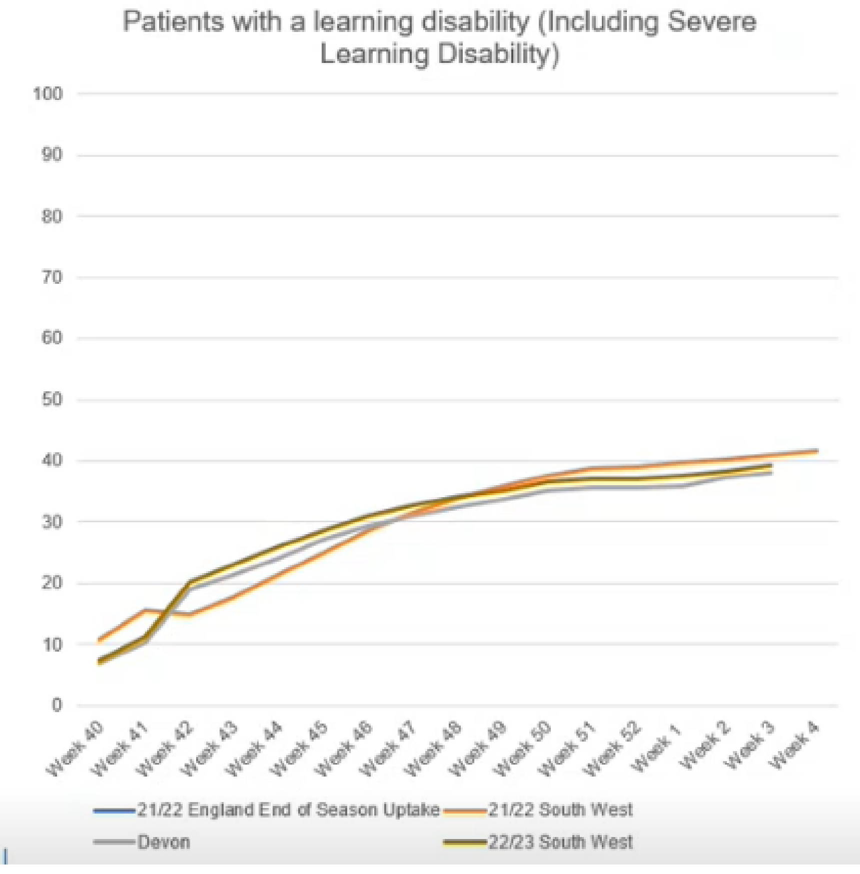
Org Name	April 2023 report				
	No. of practices	% of practices responding	No. of women who delivered in the survey month regardless of gestational age at birth	No. of women receiving pertussis vaccination in the 26 weeks prior to delivery	% Uptake
NHS DEVON ICB	121	99.2	656	432	65.9
NHS CIOS ICB	55	98.2	296	199	67.2
Total South West region	**543**	**98.9**	**3423**	**2362**	**69**

Older people - Shingles



12.7 Appendix 7 – Devon ICB Vaccination Outreach Case Studies

Case Study 1: Anything is possible – New films support vaccines and health checks for people with a learning disability.



NHS Devon launched a series of films encouraging people with a Learning Disability to have their Covid and flu vaccinations and annual health checks.

The films feature Kylie, who is a carer for her mum, and Damon, who is needle phobic. They explain how reasonable adjustments can be made to make it easier for people to access their vaccinations.

The films have been well received and are also being used by other systems.

Since launching the films, with a press release, an increase in the number of people with a Learning Disability having their flu vaccination has been seen, bringing Devon back in line with the regional average

https://onedevon.org.uk/one-devon-news/anything-is-possible-new-films-support-vaccines-and-health-checks-for-people-with-a-learning-disability/

Case Study 2: **Working with vaccine ambassadors.**

The ability to reach a diverse audience is essential to tackling health inequalities however in some cases these diverse audiences may not be receiving or receptive to material shared through NHS and Local Authority channels. For this reason the NHS in Devon developed a team of volunteer COVID-19 vaccine ambassadors from the health and social care sector as part of the work to address inequalities amongst under-served communities. The vaccine ambassadors represent communities where there is lower uptake of the COVID-19 vaccination.

Working collaboratively with partner organisations including local NHS Trusts and Healthwatch enabled the recruitment of a diverse team of ambassadors who are regularly engaging in activities to support vaccination. Training and support were provided for the volunteer ambassadors. Volunteers received a weekly briefing document which contained the latest local and national vaccine information and are briefed prior to attending community meetings or being interviewed by the media.

Trusted ambassadors work with local groups to provide information and reassurance:

- ambassador support was pivotal to our approach to working with the mosques in Plymouth, the ambassador connected the Vaccine Outreach Program team to the mosque leaders and supported outreach activities at the mosques
- a Mandarin speaking ambassador worked with the Devon and Cornwall Chinese Association to provide workshops for members of the Chinese community to talk about vaccination
- attended Exeter Mosque and spoke about the vaccine during prayers
- joined the panel for a webinar about vaccination, fertility, pregnancy, and breastfeeding
- attended a meeting organised by community group HIKMAT to meet people from minority ethnic communities and answer questions
- appeared in the media and in social media campaigns for Devon
- shared key messages about the vaccine on their social media channels to enable the NHS in Devon to reach a more diverse audience

Queenie, our vaccine ambassador on Together for Devon social media campaign

13 References

[1] Public health annual report 2023: Supporting communities in difficult times, Local Government Association (20 March 2023) https://www.local.gov.uk/publications/public-health-annual-report-2023-supporting-communities-difficult-times [accessed November 2023]

[2] Migrant health guide - GOV.UK (www.gov.uk) [accessed November 2023]

[3] Responding to cost-of-living challenges: Cornwall Council - An interview with Rachel Wigglesworth, Director of Public Health, Cornwall and Isles of Scilly (20 March 2023)
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[4] UKHSA blog; climate and health security https://ukhsa.blog.gov.uk/2023/02/08/climate-and-health-security-looking-ahead-to-2023/[accessed November 2023]

[5] HM Government National Risk Register 2023 edition
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1175834/2023_NATIONAL_RISK_REGISTER_NRR.pdf

Healthwatch Quarterly Impact Report

Quarter 3: October to December 2023

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About Us

Healthwatch in Devon, Plymouth and Torbay (HWDPT) are your local health and social care champions.

We're here to speak up for the 1.2 million people in Devon, Plymouth and Torbay, making sure NHS leaders and other decision makers hear their voices and use their feedback to improve care. We can also help them find reliable, trustworthy information and advice.

We offer dedicated walk-in centres in Torbay and Plymouth, and in wider Devon 'Healthwatch Champions' are located at Citizens Advice offices based throughout the county to carry out Healthwatch core functions.

About this report

This report details our key activities for the last quarter, including how we have engaged with the public, a summary of the feedback we have collected, our reports, recommendations and any outcomes or impact made.

Quarter at a glance

We've met hundreds of local people at community events across Devon, Plymouth & Torbay

Social media users have seen our posts over 100,000 times with 5,000 of you seeing our Email Bulletins

163 people have reviewed services on our feedback websites

We've escalated 104 of your complaints or concerns to those in charge

463 of you have shared your health or care feedback with us this quarter

We've helped 138 of you looking for advice on other organisations

We've produced 2 reports on local Emergency Departments and Pharmacy services

We analysed feedback from 224 people who took part in focused engagement activities we helped independently facilitate

Our News in Brief

A snapshot of some of our main activities during the past three months

Emergency Departments in Devon

In the Spring and Summer of 2023 we were commissioned by NHS Devon to visit Emergency Departments (EDs) across Devon's four Acute Hospital sites to speak to patients to better understand what informed and influenced their decision to attend ED. 511 people conversed with HWDPT during 34 visits at various times and days, which included daytime, evenings and weekends.

This work follows an initial piece of engagement work with people attending EDs in Devon undertaken in 2021 that started NHS Devon's look into patients journeys.

Brief summary of themes gathered from patients by HWDPT:

- **Awareness** – patients had very high levels of awareness of the other NHS services available.
- **GP services** – many patients indicated they would have preferred to be seen by their GP rather than ED but were unable to book an appointment.
- **Multiple services** – the majority of patients tried to access their GP first before being referred to ED by other services such as NHS 111 or MIU/UTC.
- **Emergency Departments** – the majority of patients felt that ED was the correct choice for their treatment.
- **NHS 111** – the majority of patients that used NHS 111 were referred to ED.
- **Delays** –there was no clear indication that the delays in waiting times for ongoing treatment or surgery is significantly impacting ED numbers.
- **Minor Injury Unit /Urgent Treatment Centre** – more than half of those accessing an MIU/UTC were referred to ED because the services needed were not available in the community (e.g. CT scan, x-ray, blood tests, etc.).
- **Location** – the majority of patients accessed the ED closest to their home.
- **Access** – some patients highlighted the issues of accessing services, and ED, in rural areas.
- **Information screens** - there is evidence to suggest inconsistent information in EDs about other services and waiting times between sites.
- **Waiting Rooms** – waiting rooms appeared busier due to large numbers of those accompanying the patient (e.g. relatives, children, friends).

Impact : NHS Devon welcome the findings of the report and will be sharing it with our trusts and Urgent and Emergency Care Boards and building the findings and recommendations into their winter plans. The report has also been presented at the NHS Devon Primary Care Commissioning Committee and the South West Clinical Senate to help them to make the best possible decisions about health and care provision in the South West. **The full report is available to read via:** https://cdn.whitebearplatform.com/hwdevon/wp-content/uploads/2023/11/30093656/Final-HWDPT-ED-report-v22.pdf

Healthwatch Network News

A snapshot of some of our national partner Healthwatch England's news, briefings and reports during the past three months

About Healthwatch England

Healthwatch was established under the Health and Social Care Act 2012 on a national and local level. Healthwatch England (HWE) are a statutory committee of the independent regulator the Care Quality Commission (CQC). HWE escalate local Healthwatch concerns to CQC and provide advice to the Secretary of State for Health and Social Care, NHS England and local authorities. There are 152 independent local Healthwatch set up across each local authority in England.

Healthwatch England Key Reports and Briefings This Quarter

The public's perspective: The state of health & social care – HWE released a report examining ten key areas of care, including GPs, dentists, hospitals, and social care. It is based on more than 65 thousand experiences recorded from all local Healthwatch organisations across the country - including from HWDPT. It also includes recommendations and potential solutions for the NHSE, commissioners and service providers. Key findings from Healthwatch England:

- People who are more financially comfortable were much more likely to be able to access free or discounted private GP appointments through their work than those who were less financially comfortable.
- People in better jobs/financial positions were much more likely to access health-related workplace perks and healthy living perks.
- Some, particularly young people, were advised to consider paying for private care by NHS staff.

Read more: www.healthwatch.co.uk/public-perspective

Strengthening primary & community care services - HWE released a research briefing on how people's experiences can be used to support the development of a long-term vision for the NHS to strengthen these services. They have analysed the experiences people shared with them – including us at HWDPT – of the NHS's 'front door' and identified what is working well and which areas patients want to see improved. Healthwatch think these solutions can not only help inform a future vision for primary care, but also drive efficiencies across the whole system. Some of the key barriers to accessing care are consistent across a range of primary and community services:

1. **Appointment availability**. Across all the services on which we reviewed our data we found the lack of appointment availability to be a key barrier to access.
2. **Contacting services**. Whether it be by phone or online, we repeatedly heard that both primary and community services can be hard to contact, and therefore hard to access.
3. **Opening hours**. Many services' hours of operation are not conducive to being universally accessible.
4. **Remote methods**. Services are increasingly offering people the option to access services remotely, but many people find this neither accessible nor desirable.
5. **Access costs**. Accessing services is not necessarily free. We hear about the cost of transport to services as being a significant barrier for some people. The cost of making repeated calls or spending significant time waiting on the phone to services can also be a barrier.

Read more: www.healthwatch.co.uk/report/2023-10-30/strengthening-primary-and-community-care-services

Impact : What we do with these reports and briefings

HWDPT contribute real local public feedback to all of HWE's reports and briefings. We share these with key stakeholders, including health and social care providers & commissioners, the Devon Integrated Care Partnership Board, our local authorities, Local Care Partnerships and the voluntary, community or social enterprise (VCSE) sector. In some cases, we will ask for a response to these reports and their recommendations from the relevant provider or commissioner.

Our Engagement Activity

Some ways we have engaged with our communities to gather feedback

The last three months have seen us take our information stands out into the community and attended events in Newton Abbot, Salterton, Okehampton, Exeter, St Budeaux, Plymouth and Torbay, capturing experiences of local health and social care along the way.

Some selected events where we have been raising awareness of HWDPT, gathering feedback and taking the opportunity to discuss and share issues or experience included:

Our Winter Wellbeing Event at Paignton Library & Paignton Community Hub in December (above), where Teresa & Jan from the NHS were offering free COVID jabs to those eligible. (right)

- Cost of Living Events in Newton Abbot and Cristow, Teign Valley
- Greendale Vaccination Centre, Salterton
- West Devon CVS
- H.O.P.E. progamme Event
- Okehampton Community Wellbeing Day
- Carers Rights Day

- National PLACE Programme for UHP, Livewell SW and Practice Plus Group
- Supporting Plymouth LCP to engage local communities and groups.
- William Sutton Memorial Hall, St Budeaux
- Male Carer's Group
- Carers Rights Day

- Torbay Healthy Homes for Wellbeing event
- Winter Wellbeing Event at Paignton Library
- Pop up event at Brixham Hospital
- The Windmill Centre in Torquay
- Torbay Health & Wellbeing Network meeting
- Carers Rights Day

We also analysed feedback from **224** people who took part in focused engagement activities that we helped to independently facilitate, which included guided conversations on the impact of providing unpaid care at home on carers wellbeing and feelings of isolation. The information gathered will be used anonymously to help us and carers groups in Devon, Plymouth and Torbay explore the links between:

- Carers mental /physical health and wellbeing and number of hours unpaid care provided.
- How long a carer had been providing this role (longevity)
- Type of care role provided e.g. physical caring, supportive caring, dementia/cognition caring or mixture.

This information will allow leading carers services providers to develop support for carers, develop a risk scale for carers to help medical professionals identify when a carer may be reaching a tipping point, to identify gaps in service provisions and communications and to identify research gaps for future engagement/research.

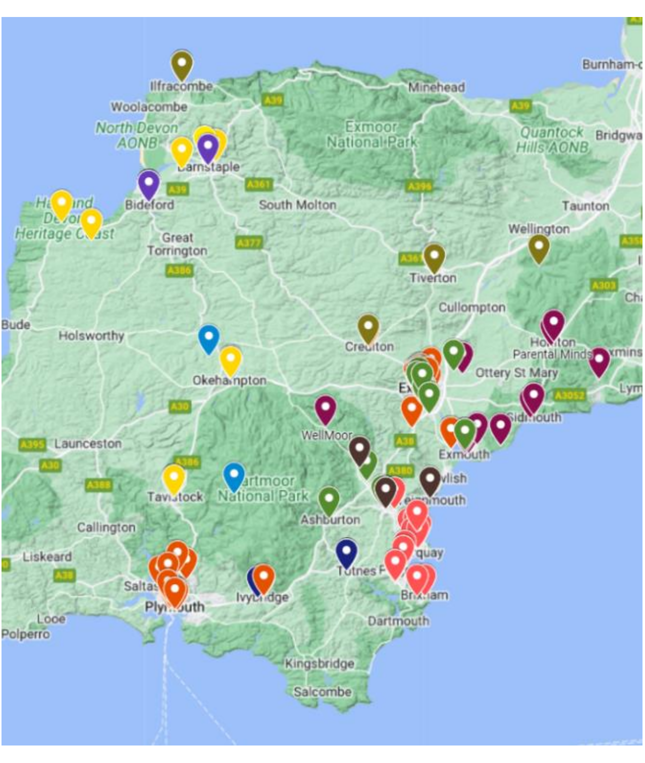
Coming up next quarter : we are planning to attend many more outreach locations in Devon, Plymouth & Torbay, keeping you updated via our eBulletin and three local websites: www.healthwatchdevon.co.uk www.healthwatchplymouth.co.uk www.healthwatchtorbay.org.uk

Healthwatch Assist Network News

Key activities from our Healthwatch Assist Network this quarter

About the HW Assist Network

Our Healthwatch Assist Network allows us to build links with communities in Devon, Plymouth and Torbay so we can gather information about the health and care services they use. This information is fed back into the community and shared with key healthcare decision makers who can learn from good practice and make improvements to local services.



Pictured above, the map shows the locations of our Healthwatch Assist Network members across Devon, Plymouth and Torbay

HW Assist Network News

We currently have nearly **150 Healthwatch Assist Network members**, including local support groups, school councils, parent groups, committees and sports groups. Last quarter we had **9 new members** join the Network. These included:

- Age Concern Crediton
- Dawlish Gardens Trust
- DWP – Armed Forces Champions
- Esteem Team
- Exeter Community Energy
- Involve Mid Devon
- Intercom Trust
- Northam Care Trust
- Westbank

In November over twenty members of the Healthwatch Devon Assist Network met up to discuss the ongoing work of Healthwatch, how we can help support local people and to raise any issues they or the the people they support had expereineced locally. Some members shared the following health and social care concerns for the people they support:

- Access to mental health services
- Access to information
- Waiting lists for services
- Access to specialised services
- Accessing social care assessments
- Impact of rurality
- Access to GP services
- Delays in care reviews
- Digital Exclusion
- Reduction of cash-based services
- Difficulty accessing incontinence services
- Social Isolation
- Lack of support services for homeless people
- Complex care pathways
- Gaps in provision
- Difficulties accessing service for people with communication needs

All the feedback gathered is shared with key healthcare decision makers who can learn from good practice and make improvements to local services.

More Details : For more information about joining us please contact Healthwatch in Devon, Plymouth and Torbay free on **0800 520 0640** or email hwassist@hwdevon-plymouth-torbay.org

Healthwatch Feedback

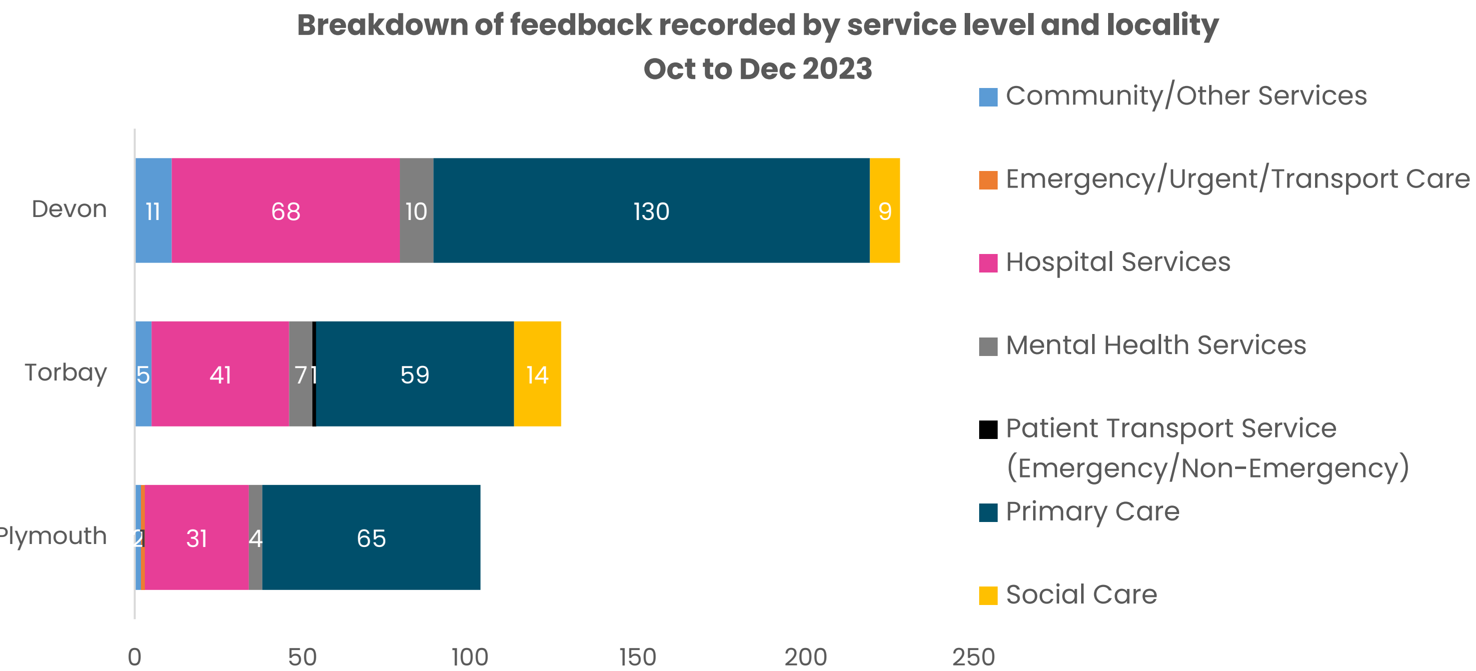
Where we gathered your experiences from in the past three months

Number of Experiences shared with Healthwatch in Devon, Plymouth and Torbay

463 people contacted us directly to share their experiences of health and social care services in Devon, Plymouth and Torbay. **228** were about services in Devon, **103** about Plymouth services and **127** about Torbay services. **3** were more generic experiences about services in Devon, Plymouth and Torbay as a whole and **2** were from out of area.

163 of these experiences were shared with us at HWDPT through one of our three online rate and review feedback centres, **231** were handled by our contact centre and **69** experiences were captured through online or community engagement.

Source of Feedback shared with HWDPT and Type of Service



Of these shared experiences gathered across Devon, Plymouth and Torbay, the most commonly discussed theme was **Primary Care Services**. **254** (55% of overall feedback) were about primary care services, of those:

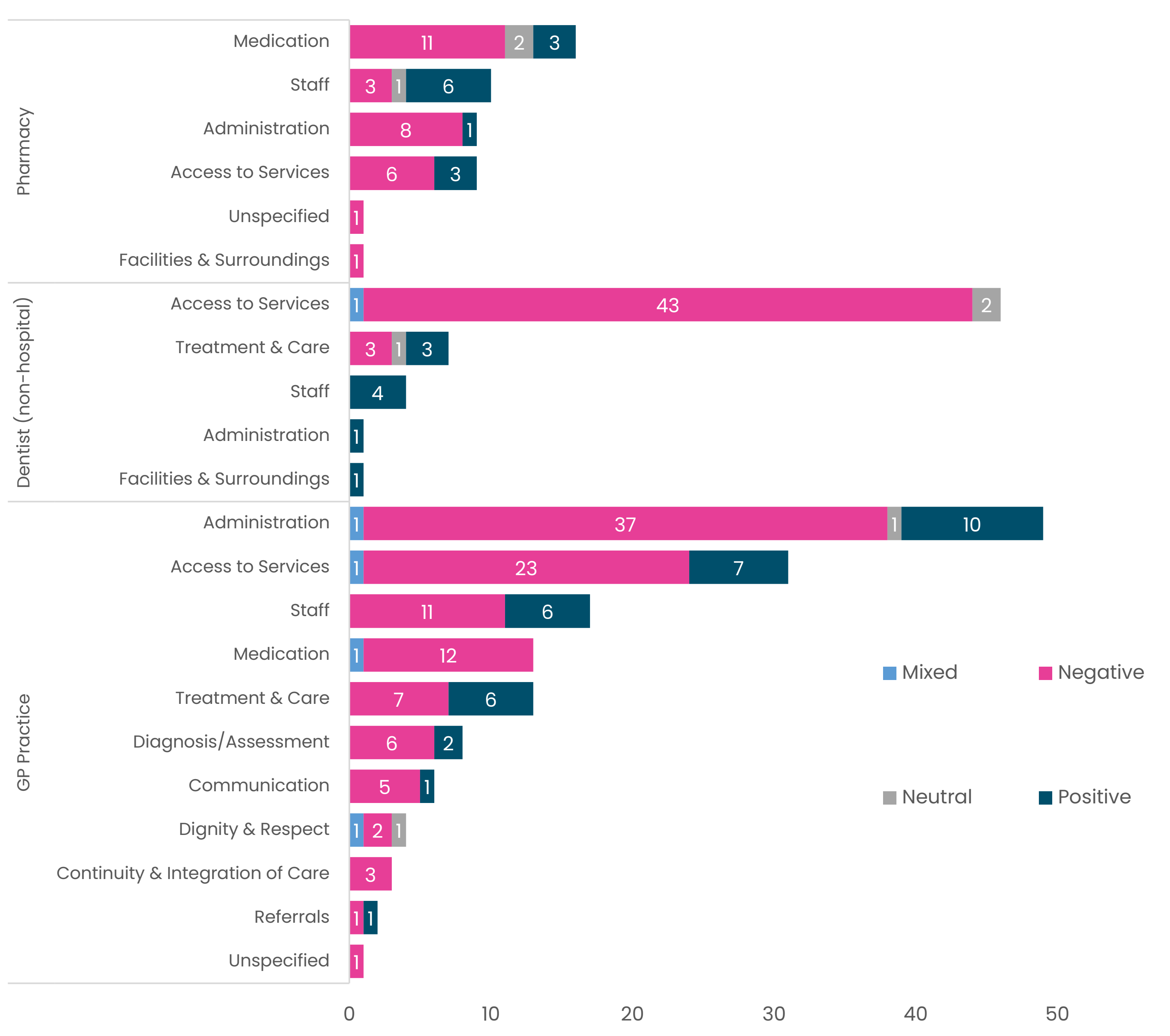
- **147** people (58%) shared their experiences of GP Services
- **59** people (23%) shared their experiences of Dental Services and
- **46** people (18%) shared their experiences of Pharmacy Services.

Healthwatch Feedback

What you have been telling us about the care you have received locally

Themes & Sentiment of Primary Care Feedback shared with HWDPT

The most common themes in relation to Primary Care Services were **Administration**, **Access to Services**, **Medication** and **Staff / Staffing Levels**. The table below shows how the public felt about the Primary Care Services they told us about across each of Devon, Plymouth and Torbay, seperated by type of service for the past three months:

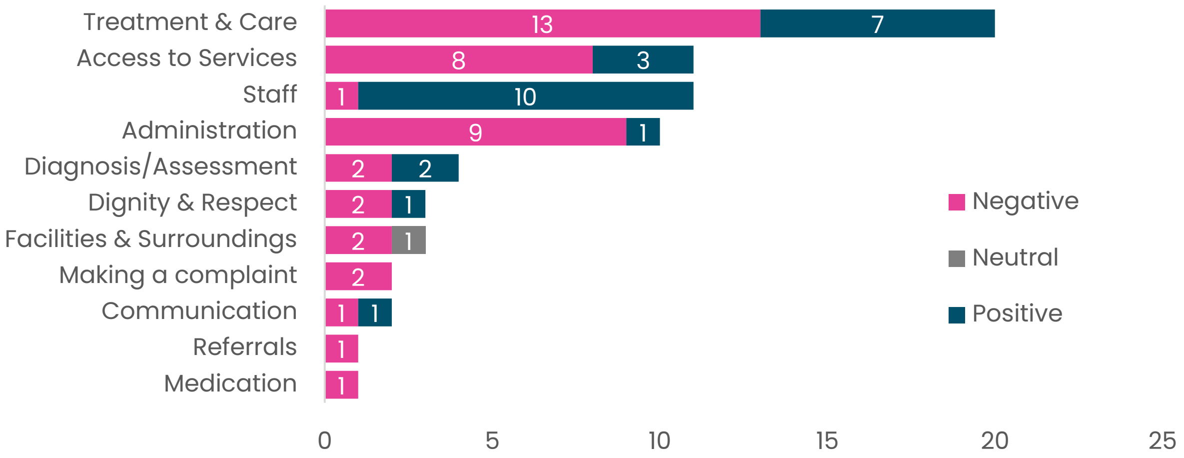


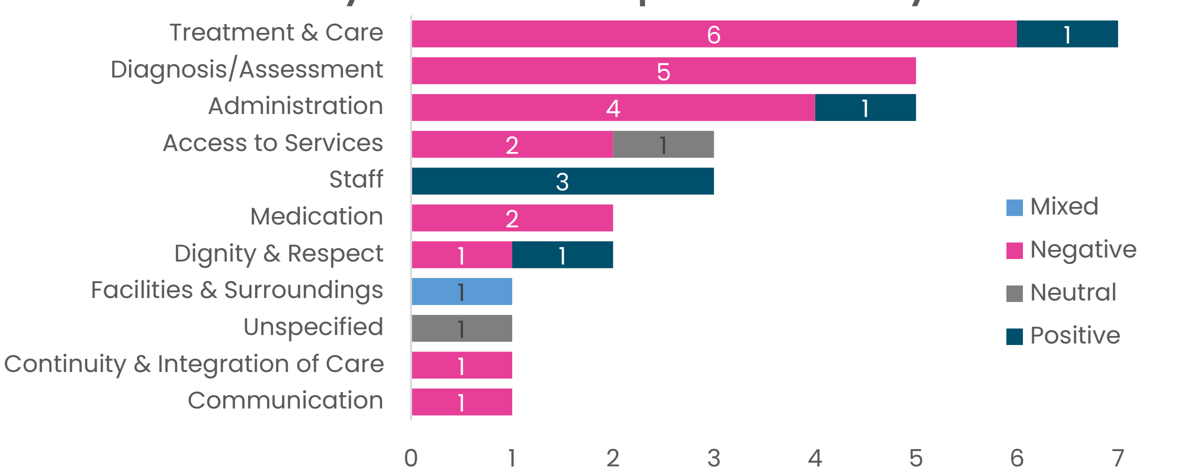
Themes & Sentiment of Hospital Services Feedback shared with HWDPT

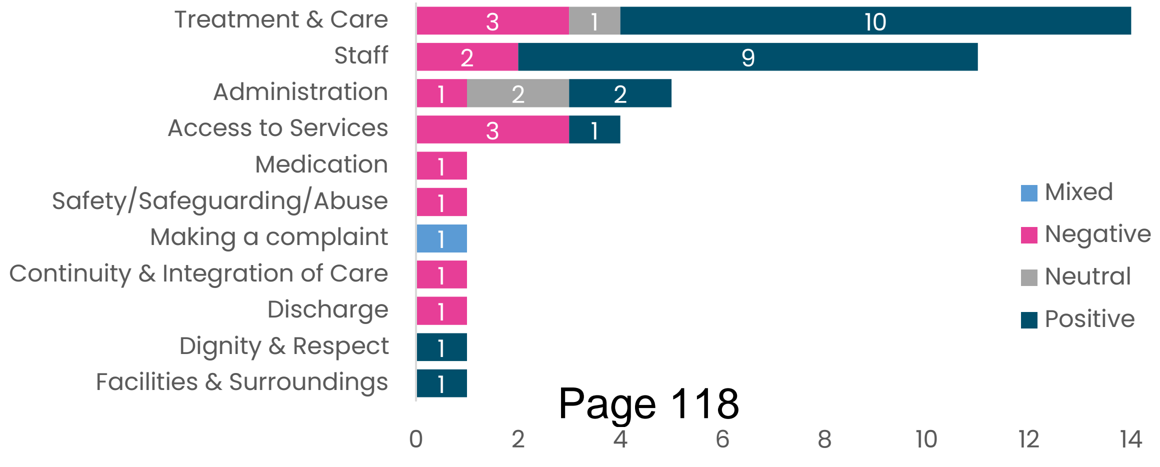
Of these shared experiences gathered across Devon, Plymouth and Torbay, the second most commonly discussed theme was **Hospital Services**. **140** experiences (30% of overall feedback) shared with us were about Hospital Services, of those:

- **68** people (49%) shared their experiences of Hospital Services in Devon
- **31** people (22%) shared their experiences of Hospital Services in Plymouth and
- **41** people (29%) shared their experiences of Hospital Services in Torbay

The most common themes in relation to Hospital Services were **Quality of Treatment and Care, Access to Services, Administration, Staff and Assessments / Diagnosis**. The tables below show how the public felt about the Hospital Services they told us about across each of Devon, Plymouth and Torbay, seperated by type of service for the past three months:







Healthwatch Feedback

Your experiences of local health and social care in your words

The following pages shows some of your experiences across Devon, Plymouth and Torbay related to the three most discussed themes on the previous pages – Access to Services, Treatment & Care and Administration.

Access to Services

Positive Feedback

"Compared with other GPs in Torbay this surgery is able to offer you appointments quickly. I always use the online system and someone gets back to me within the day. The only annoying thing is the online system is often shut down by midday as they've reached capacity - this poses accessibility issues for someone who works shifts. And given the surgery has said they've moving over entirely to this online system, it's something that needs considering." GP Service, Torbay

Negative Feedback

"Joined this practice after leaving forces but having lived here for 20 years before. Quality of treatment and staff always high but seriously affected by lack of NHS dentists and poor planning. Dentists retired and no proactive replacement plan. In place meant practice now in the general pool for mythical new NHS dentists. Total lottery as to whether you still have NHS care. If "your" dentist retired then your access to NHS care disappeared with no transparency on who and why some patients got back into NHS cover. It's a national failing by poor provision for NHS dentists and privatisation by stealth but this proactive could be more open about how it allocates it's meagre NHS cover." Dental Practice, Devon

Treatment and Care

Positive Feedback

"I have been with [this surgery] for some time and they provide a great service despite obvious under-staffing issues at times and immense demand on their services. They always get back to you if you have any issues." GP Service, Plymouth

Negative Feedback

"Long delay in A&E (8hrs as no beds and critical incident raised by hospital). Triage nurse was agency and missed my stroke symptoms and passed them off as migraine- this caused a further delay in diagnosis and treatment. MAU was terrible - migraine diagnosis continued, 48 hrs of no food , drink or meds! Finally placed on excellent ward, but due to missed diagnosis early on I was unable to have a lumbar puncture within 14 day window and I therefore took a hospital bed for 7days extra (no body commuting the extra delay for lumbar puncture). Only when I wrote to the ward stating that I was going to self-discharge did I get discharged by the hospital (on day 14)." Hospital Services, Plymouth

Administration

Positive Feedback

"I live in rural community and find the online (or app) prescription delivery service, to your door, offered through Lloyds works extremely well. It can take 30 seconds to reorder a medicine and have it delivered to you very quickly. As I live rurally and transport is not always simple I think this is a fantastic service."
Pharmacy Service, Devon

Negative Feedback

"If you need an appointment you are either waiting on the phone forever - and when you try to use the online system it never seems to work. Its very hard work just to get someone to talk to you. However once you've got an appointment the surgery is generally good. The other issue I've got with the surgery is they keep mixing up my notes with another patients - they keep ringing and telling me I'm due a vaccination and I keep having to explain they've got my notes mixed up with someone else again. This is worrying."
GP Service, Torbay

Case Study

John, 81 and his wife have health issues. John has experienced a long wait for a mental health assessment for his wife. John came to us because he was concerned that he does not receive consistent help from GP and struggles to get an appointment with named Doctor. He is unable to walk very far, uses sticks and walking frame. John's house is partially adapted with stair lift and shower has a seat and handrails, but he can't do much around the home. John's wife does most things, however she is struggling with memory and losing a lot of weight. The GP last said they were unable to treat her unless a mental health assessment is completed, but they had been waiting a while.

What we did

Our Healthwatch Champion advised John to contact his GP surgery to ask them to follow up on the mental health assessment for his wife and to make a blood test for himself. He was also advised that he has the right to ask for a consistent approach with a named Doctor and if he is unhappy to ask to speak to the Practice Manager to discuss his concerns. The Healthwatch Champion talked through the process for raising a complaint and advised that if he needed more help, they could help him to write a letter. John was also provided with the contact details for Care Direct for him to contact them to have an assessment of his social care needs. John felt he had been listened to during the call and appreciated a follow up to talk things through.

Impact : Making Sure Your Voice is Heard

We regularly share and report all of your feedback and our intelligence with key stakeholders, including health and social care providers & commissioners, the Devon Integrated Care Partnership Board, our local authorities, Local Care Partnerships and the voluntary, community or social enterprise (VCSE) sector. We also share our data with the Care Quality Commission (CQC) and Healthwatch England (HWE) to help address health and care issues at a national level.

What we did with your views

How we have used your feedback to make reports & recommendations

In addition to the Devon Emergency Departments report detailed on page 4, this quarter we took part in focussed HWDPT engagement activities that we independently facilitated, which included the following key reports:

Children and Young People's Mental Health and Wellbeing

We were called to give evidence at a recent spotlight review into Child and Adolescent Mental Health Services (CAMHS) and emotional wellbeing support, by Torbay Council. We shared concerns on behalf of parents, families and representatives of local community groups about the long waiting times for mental health support for children and young people and we emphasised the importance of the voices and experiences of young people and their families being embedded in the process for measuring impact.

Outcome

After listening to young people sharing their stories and hearing from service leaders responding to concerns, the review concluded with a list of recommendations, which rely on a multi-agency approach to making improvements to communication, signposting and access to services to support children and young in Torbay and the development of a Joint Strategic Needs Assessment on children and young people's mental health and wellbeing and that this data will be used to inform the design of services and to enable progress monitoring of the delivery and improvement of the services going forward.

Access to Dental Services in Torbay

Experiences relating to difficulties accessing dental services in Torbay (and wider Devon) were shared by Healthwatch to Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board in November. We also asked, how can Healthwatch in Torbay further help to promote key messages to the public around access to dental services? Healthwatch Torbay provided evidence which highlighted that between April and November 2023, 109 people contacted local Healthwatch because they could not access an NHS dentist. Where possible we were able to contact 77 of them to signpost them to Access Dental – NHS Devon Dental Helpline.

Outcome

As a result of discussions, NHS Leaders in Devon were recommended to produce joint communications to raise awareness of and promote access to dental provision, how to maintain good oral health and what to do if urgent dental care is required within Torbay; and that they be requested to develop communication resources for use by frontline services and supporting web content to raise awareness of how to maintain good oral health, how to access routine dentistry and what to do if urgent dental care is required within Torbay. We continue to regularly contribute feedback to the Local South West Regional Dental Network and the local Primary Care Committee.

Patient Experiences of Pharmacy Services

– What you said

Following a report released by Healthwatch England recently which found that people are experiencing serious issues when trying to get their repeat prescriptions, we decided to perform a deeper dive into the Devon area to find out more. We gathered feedback on what patients and their relatives have told us about their experiences of pharmacy services and shared a report of these findings with NHS stakeholders in Devon and made key recommendations for them.

Our report on Patient Experiences of Pharmacy Services, detailing a total of 141 experiences about Pharmacy Services across Devon, Plymouth and Torbay during an 18-month period. Issues raised by those surveyed include medication delays and supply problems that affect the prescription/repeat prescription service, patients not knowing when their medications are ready for collection, and phone calls going unanswered.

What we did

We escalated your concerns and our recommendations around pharmacy services and particularly the potential effect to Community Pharmacy Services to NHS Devon, specifically to The Primary Care Commissioning Committee, Quality and Patient Experience Committee and to The System Quality & Performance Group. We have raised the same concerns with the Devon Local Pharmaceutical Committee at an online meeting. Additional discussions continue to take place with NHS England Southwest and NHS Devon around our concerns and actions that are taking place to mitigate some of the issues affecting patients described in this report.

109 experiences shared with us (77%) were negative in sentiment and of those 82 experiences (75%) recorded related to pharmacy services in Plymouth. This prompted us to make a recommendation for University Hospital Plymouth NHS Trust to work with Healthwatch Plymouth in monitoring patient experience feedback once proposed changes to the Outpatient Pharmacy service are fully implemented.

Outcome

Following the release of our report, University Hospital Plymouth NHS Trust concluded the procurement of a new outpatient Pharmacy and promised that by April 2024, they will have moved their outpatient pharmacy to a new on-site location that will be more than triple the size of the current premises. In February 2024 they announced a new community partnership with Boots to launch a bigger, modern, and welcoming new outpatient pharmacy in Spring 2024.

NHS Devon have said it will use the outputs of this report to directly inform the development of its Pharmacy strategy, which is currently in development, enabling them to show how the experiences of patients in Devon have been used to develop and improve services for pharmacy services and patients.

Community Pharmacy Devon have said they will review all recommendations made by the report and ensure that they are considered in full as part of processes for developing and improving pharmacy services, with the providers and the commissioners in Devon.

What we did with your views

How we use the rest of your feedback and some of our work in progress

Impact : Escalations and Referrals

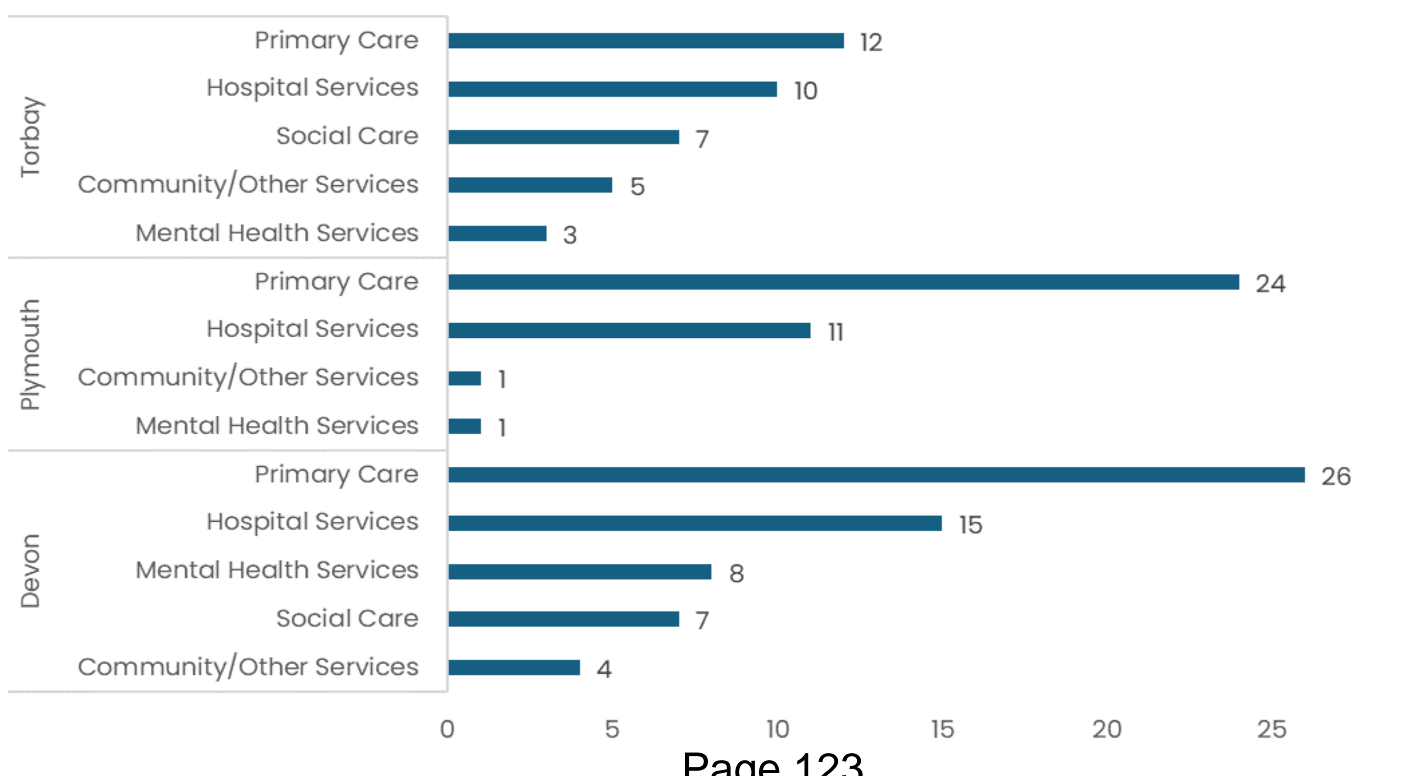
All public feedback we receive is logged in our secure system for further analysis. Some are serious concerns or complaints that need to be escalated further for immediate action. This quarter there have been 138 such cases.

Of the **463** people who contacted us in quarter 3, **138 people** (30%) were signposted or referred on to other services for their concern / complaint to be dealt with or provided with information to enable them to resolve their query.

- 45 people were signposted or referred to the service provider (PALS or Practice Manager)
- 34 people were provided with information and advice
- 29 people were signposted or referred to Advocacy Services
- 25 people were referred to a Healthwatch Champion
- 4 people were signposted to Access Dental
- 1 experience prompted a safeguarding escalation.

Members of the public wanting to make an official complaint have been referred to organisations such as the Patient Advice and Liaison Service (PALS), the Advocacy People, health trusts, Safeguarding, the Devon Integrated Care System (ICS), NHS England and the Care Quality Commission (CQC).

The graph below shows a breakdown of where these 138 cases originated in Devon, Plymouth and Torbay and which type of service they referred to. The total is more than 138 as some cases referred to multiple types of service at a time.



Coming Up Next Quarter

Some of our other work set to be completed and shared next quarter

Work Happening in HWDPT Next Quarter

healthwatch Devon

- Exeter Prison Lounge Event.
- Continuing to engage with community groups and attend events across Devon to capture feedback about health and social care services.
- Healthwatch Assist Network Members Meeting

healthwatch Plymouth

- Plymouth REI Site visit.
- Meeting with community groups and attending network events across Plymouth to gather feedback and to raise awareness of the Healthwatch Assist Network.
- Healthwatch Assist Network Members Meeting

healthwatch Torbay

- Person centred and personalised care Group Meeting.
- Meeting with community groups and attending events across Torbay to gather feedback.
- Healthwatch Assist Network Members Meeting

Other HWDPT Reports Coming Soon

- Our Unpaid Carers Survey went live this quarter and by the end of December we had received 224 responses. The full report will be produced and shared in the next Impact report next quarter.
- Over 200 people have responded to our survey regarding access to NHS services for common mental health conditions in Devon, Plymouth and Torbay.
- We will be visiting Plymouth's Royal Eye Infirmary to speak with patients and find out more about their experience with the new building, launched in October 2023.

Impact : What we do with this report

We publicise this report on our three websites, three email bulletins and various social media channels. We share this report with key stakeholders, including health and social care providers & commissioners, the Devon Integrated Care Partnership Board, our local authorities, Local Care Partnerships and the voluntary, community or social enterprise (VCSE) sector. We also share this report with the Care Quality Commission (CQC) and Healthwatch England (HWE) to help address health and care issues at a national level. For more information, please contact Healthwatch in Devon, Plymouth and Torbay by calling us free on 0800 520 0640, emailing info@HWDPT.org or visiting one of our local Healthwatch websites:

www.healthwatchdevon.co.uk www.healthwatchplymouth.co.uk
www.healthwatchtorbay.org.uk

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Our vision

A world where we can all get the health and care we need.

Our mission

To make sure people's experiences help make health and care better.

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In partnership with Colebrook South West Ltd, Engaging Communities South West & Citizens Advice Devon

Feedback Report:

Emergency Departments in Devon

October 2023

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Executive Summary

In the Spring and Summer of 2023, independent consumer champion Healthwatch in Devon, Plymouth, and Torbay (HWDPT) were commissioned by NHS Devon to visit Emergency Departments (EDs) across Devon's four Acute Hospital sites to speak to patients to better understand what informed and influenced their decision to attend ED. 511 people conversed with HWDPT during 34 visits at various times and days, which included daytime, evenings and weekends.

This work follows an initial piece of engagement work with people attending EDs in Devon undertaken in 2021 that started NHS Devon's look into patients journeys.

Brief summary of themes gathered from patients by HWDPT

Awareness – patients had very high levels of awareness of the other NHS services available.

GP services – many patients indicated they would have preferred to be seen by their GP rather than ED but were unable to book an appointment.

Multiple services – the majority of patients tried to access their GP first before being referred to ED by other services such as NHS 111 or MIU/UTC.

Emergency Departments – the majority of patients felt that ED was the correct choice for their treatment.

NHS 111 – the majority of patients that used NHS 111 were referred to ED.

Delays –there was no clear indication that the delays in waiting times for ongoing treatment or surgery is significantly impacting ED numbers.

Minor Injury Unit /Urgent Treatment Centre – more than half of those accessing an MIU/UTC were referred to ED because the services needed were not available in the community (e.g. CT scan, x-ray, blood tests, etc.).

Location – the majority of patients accessed the ED closest to their home.

Access – some patients highlighted the issues of accessing services, and ED, in rural areas.

Information screens - there is evidence to suggest inconsistent information in EDs about other services and waiting times between sites.

Waiting Rooms – waiting rooms appeared busier due to large numbers of those accompanying the patient (e.g. relatives, children, friends).

About Us

Healthwatch in Devon, Plymouth, and Torbay (HWDPT) are the three local independent consumer champions for people using health and social care services across Devon.

Local Healthwatch organisations were established as independent bodies run by local people, for local people. They are part of a national network of Local Healthwatch in England that was set up under the Health and Social Care Act 2012.

Healthwatch engages with the local community effectively and gives residents of Devon, Plymouth & Torbay a stronger voice to influence and challenge how health and social care services are provided for them.

Introduction

In the Spring and Summer of 2023, independent consumer champion Healthwatch in Devon, Plymouth, and Torbay (HWDPT) were commissioned by NHS Devon to visit Emergency Departments (EDs) across Devon's four Acute Hospital sites to speak to patients, carers and their family members to better understand what informed and influenced their decision to attend ED.

511 people conversed with HWDPT during 34 visits at various times and days, which included daytime, evenings and weekends.

This work follows an initial piece of engagement work with people attending EDs in Devon undertaken in 2021 that started NHS Devon's look into patients journeys.

Methodology

HWDPT staff and volunteers conducted conversations in the four emergency departments (EDs) across Devon: Torbay Hospital (Torquay), Derriford Hospital (Plymouth), North Devon District Hospital (Barnstaple) and Royal Devon University Hospital (Exeter).

The HWDPT visiting team, made up of Healthwatch staff and trained volunteers, gathered patient feedback through conversations, which identified if patients had tried to access other NHS services to seek advice or treatment before attending ED, or if ED was the patients first choice, and if patients were aware of alternative services available, especially during weekends and evenings.

During conversations, patients were asked by the HWDPT visiting team, if they were happy to provide their name, postcode and date of birth, so clinicians could review their experience and decision making to attend ED, alongside their patient record. This would provide additional information to NHS Devon to help understand if the NHS could have supported patients more effectively. HWDPT only shared patient information for those patients who agreed for NHS to look at their patient records alongside their experience gathered by HWDPT. Clinicians within each Acute Hospital site carried out the clinical validation work.

All data collected for the purpose of HWDPT report was anonymised.

A risk assessment was carried out before the engagement began.

34 visits were undertaken by HWDPT visiting team at various times and days, which included daytime, evenings and weekends, as shown below:

Type	UHP	TH	RD&E	NDDH	Total
Daytime (Mainly 9am – 5pm)	7 (77.8%)	3 (37.5%)	5 (62.5%)	4 (44.4%)	**19** (55.9%)
Evening (Mainly 5pm – 9pm)	1 (11.1%)	4 (50%)	2 (25%)	1 (11.1%)	**8** (23.5%)
Weekend (Mix of daytime/evening)	1 (11.1%)	1 (12.5%)	1 (12.5%)	4 (44.4%)	**7** (20.6%)
Total	9	8	8	9	34

A total of 511 people took time to speak with one of the HWDPT visiting team

- 126 University Hospital Plymouth ED (UHP)
- 125 Torbay Hospital ED (TH)
- 134 North Devon District Hospital ED (NDDH)
- 126 Royal Devon University Hospital, Exeter ED (RDUH)

All data collected for the purpose of this report was anonymised.

To help identify some of the reasoning behind patient responses to ascertain a clear understanding of the overall results to each question, HWDPT collated and analysed data filtered by the following demographics or characteristics:

- Age
- Gender
- Disability
- Time of visit

Only where significant differences occur within the results of these demographics after filtering, where conclusions can be easily drawn, are they noted within each section of the analysis on the following pages.

Please note that wherever possible, verbatim extracts have been used to ensure authenticity and the presence of a real public voice throughout. Any featured quotes are therefore not the view or opinion of local Healthwatch or NHS Devon.

Which patients were not included in the engagement?

It is important to note that not all patients who were present in ED were part of this involvement work.

People who were not spoken to include patients in major trauma, those who had already been triaged and were being seen by clinicians, and those who chose not to be interviewed when asked.

An average 6,363 people per week use one of the EDs in Devon, and the people spoken to represent approximately 10% of this weekly number.

This engagement methodology was developed from the following key learnings from the work undertaken in 2021:

1. People are using the urgent and emergency services available to them prior to going to an ED and communications should continue to promote them and their use
2. Whilst the engagement looked at why patients 'chose' to go to ED, future engagement could focus on the level of choice and/or preference of service of people's journeys to ED
3. The engagement didn't look the impact of in/out of hours services and the reasons people contacting their GP first ended up in ED
4. The findings don't conclude whether or not people could have been seen elsewhere prior to attending ED, or if ED was the right place for them (and in their view)

(The full 2021 engagement report is available here: *https://healthwatchdevon.co.uk/report/emergency-department-survey-report/)*

Key Findings and Healthwatch Observations

This section highlights a summary of the key themes gathered from patients during the patient engagement, followed by key findings sorted by individual ED, then a summary of the feedback gathered from each survey question for all EDs. Individual quotes from patients and further detailed findings of each ED will be shared by NHS Devon with each of the hospital sites in Devon for them to analyse and use to benefit their patients.

Overall Summary of Key Themes

Awareness – across all EDs patients had very high levels of awareness of the other NHS services available.

GP services only – when attempting to access GP services only before being referred, signposted or choosing to attend ED, the majority of patients (120, 79.4%) spoke to a clinician at their surgery. There were indications from many patients that they would have preferred to be seen by their GP first rather than ED but were unable to book a timely appointment.

Multiple services – when accessing multiple services before arriving at ED, with the exception of NDDH, the majority of patients (47, 50%) chose to try and access their GP before accessing other services such as NHS 111 or MIU/UTC before being referred to, or arriving at, ED.

Emergency Departments – the vast majority of patients (93, 87.7%) felt that ED was the correct choice for their treatment.

NHS 111 – the vast majority of patients (55, 87.3%) that used NHS 111 initially, were referred to ED. There is evidence to show an inconsistency of practice, with NHS 111 appearing to make 'appointments' for patients at Torbay Hospital but not the other hospitals.

Delays –There was no clear indication that the delays in waiting times for ongoing treatment or surgery is impacting significantly on ED numbers.

Minor Injury Unit /Urgent Treatment Centre – More than half of those accessing an MIU/UTC in Devon were referred to ED because the services needed were not available in the community (e.g. CT scan, x-ray, blood tests, access to a Specialist etc.).

Location – the vast majority of patients (212, 55.5%) who provided postcode information accessed the ED closest to their home (same district postcode as hospital or closest neighbouring). It was noted that NDDH has a marginally higher number of patients who were visiting the area on holiday.

Access – patients at NDDH highlighted the issues of accessing services, and ED, in rural areas. Patients at RD&E highlighted the inaccessibility of ED from the main hospital car park, or struggled to access it around the outside of the building.

Information screens - There is evidence to suggest an inconsistent provision of information in EDs about other services and waiting times between sites. For example, NDDH appeared to be the only ED with clear ever-present and up to date signage and accurate current wait time.

Waiting Room – HWDPT observed that waiting rooms appeared busier than they actually were due to large numbers of those accompanying the patient (e.g. relatives, children, friends) at most ED visits. Patients were positive about the new waiting room at RD&E, but critical of the waiting room at Torbay Hospital due to the broken heating system.

Summary of Key Findings by ED

The following table shows the summary of key findings separated by individual emergency department.

Where 'not discussed at this site' features in the table, the corresponding theme was not discussed at that particular ED.

Theme	University Hospital Plymouth (UHP)	Torbay Hospital (TH)	Royal Devon University Healthcare - Exeter (RDE)	Royal Devon University Healthcare – North Devon (NDDH)
Awareness	The majority of patients, 123 people (97.6%), were aware of the NHS services available to them. 98 people (77.8%) had accessed one other service before attending the ED, whilst 27 people (21.4%) had accessed more than one service before attending the ED.	The majority of patients, 121 people (96.8%), were aware of the NHS services available to them. 74 people (59.2%) had accessed one other service before attending the ED, whilst 29 people (23.2%) had accessed more than one service before attending the ED.	The majority of patients, 122 people (96.8%), were aware of the NHS services available to them. 79 people (62.6%) had accessed one other service before attending the ED, whilst 21 people (16.6%) had accessed more than one service before attending the ED.	100% of patients, 133 people, were aware of the NHS services available to them. 96 people (59.3%) had accessed one other service before attending the ED, whilst 17 people (12.7%) had accessed more than one service before attending the ED.
GP	Of those who tried to contact their GP only, the majority (38, 82.6%) spoke to a clinician at their GP practice, and following their conversation were either referred or self-referred onto ED.	Of those who tried to contact their GP only, the majority (79.4%) spoke to a clinician at their GP practice, and following their conversation were referred onto the ED.	Of those who tried to contact their GP only, the majority (55.8%) spoke to a clinician at their GP practice, and following their conversation were referred onto the ED.	Of those who tried to contact their GP only, the majority (57.1%) spoke to a clinician at their GP practice, and following their conversation were referred onto the ED.
Multiple services	It was noted that of the 27 patients (21.4%) who accessed multiple services before attending ED, just under half, 13 people (48.1%) chose their GP as their first point of contact.	It was noted that of the 29 patients who accessed multiple services before attending ED, 18 patients (62.0%), chose their GP as their first point of contact.	It was noted that of the 21 patients who accessed multiple services before attending ED, 14 patients (62.6%), chose their GP as their first point of contact.	It was noted that of the 17 patients who accessed multiple services before attending ED, 9 patients (52.9%) chose NHS111 as their first point of contact. 2 patients (11.7%) chose their GP as their first point of contact.

Theme	University Hospital Plymouth (UHP)	Torbay Hospital (TH)	Royal Devon University Healthcare - Exeter (RDE)	Royal Devon University Healthcare – North Devon (NDDH)
ED	Of the 21 people for whom ED was first choice, 15 people (71.4%) felt they had chosen the correct place for treatment due to either previous experiences of using other services or for the symptoms they were experiencing.	Of the 22 people for whom ED was first choice, 21 people (95.4%) felt they had chosen the correct place for treatment due to either previous experiences of using other services or for the symptoms they were experiencing.	Of the 26 people for whom ED was first choice, 22 people (84.6%) felt they had chosen the correct place for treatment due to either previous experiences of using other services or for the symptoms they were experiencing.	Of the 37 people for whom ED was first choice, 35 people (94.5%) felt they had chosen the correct place for treatment due to either previous experiences of using other services or for the symptoms they were experiencing.
NHS111	Of those who contacted NHS 111 only before attending the ED, the majority (17 people) were referred onto the ED by the service.	Of those who contacted NHS 111 only before attending the ED, the majority (17 people – 89.4%) were referred onto the ED by the service.	Of those who contacted NHS 111 only before attending the ED, all patients (8 people – 100%) were referred onto the ED by the service.	Of those who contacted NHS 111 only before attending the ED, 13 patients (76.4%) were referred onto the ED by the service.
Delays	Based on the 126 people spoken to at various visits in UHP ED there is no indication that the delays in waiting times for ongoing treatment/surgery is impacting significantly on ED numbers.	Based on the 125 people spoken to at various visits in TH ED there is no indication that the delays in waiting times for ongoing treatment/surgery is impacting significantly on ED numbers. However, there were indications from many patients that they would have preferred to speak to their GP Practice first rather than ED but were unable to book a timely appointment.	Based on the 126 people spoken to at various visits in TH ED there is no indication that the delays in waiting times for ongoing treatment/surgery is impacting significantly on ED numbers. However, there were indications from many patients that they would have preferred to speak to their GP Practice first rather than ED but were unable to book a timely appointment.	Based on the 133 people spoken to at various visits in NDDH ED there is no indication that the delays in waiting times for ongoing treatment/surgery is impacting significantly on ED numbers. However, there were indications from many patients that they would have preferred to speak to their GP Practice first rather than ED but were unable to book a timely appointment.

Theme	University Hospital Plymouth (UHP)	Torbay Hospital (TH)	Royal Devon University Healthcare - Exeter (RDE)	Royal Devon University Healthcare – North Devon (NDDH)
MIU/UTC	**Not discussed at this site**	For 6 of the 7 patients, the minor injuries/urgent treatment centre were unable to provide the services needed (e.g. CT scan, x-ray, blood tests etc).	For 4 of the 7 patients, the minor injuries/urgent treatment centre were unable to provide the services needed (e.g. x-ray, access to a Doctor etc).	For 6 of the 7 patients, the minor injuries/urgent treatment centre were unable to provide the services needed (e.g. x-ray, access to a Specialist etc).
Location	Of the 80 patients who answered the postcode question, more patients with a PL5 or PL6 postcode visited UHP's ED (PL5 =11 people; PL6=10 people).	Of the 115 patients who answered it was noted that more patients with a TQ1, TQ2 or TQ12 postcode had visited TH ED (TQ1 = 21 people, TQ2 = 21 people, TQ12 = 25 people).	Of the 89 patients who answered it was noted that more patients with an EX2, EX4, EX5 and EX8 postcode had visited RD&E ED (EX2 = 14 people, EX4 = 9 people, EX5 = 9 people, EX8 = 9 people).	Of the 105 patients who answered it was noted that more patients with an EX32, EX34 and EX39 postcode had visited NDDH (EX32 = 17 people, EX34 = 15 people, EX39 = 19 people).
Dentistry	**Not discussed at this site**	**Not discussed at this site**	3 patients mentioned issues with accessing a dentist as a contributing factor to them accessing ED.	4 patients mentioned issues with accessing a dentist as a contributing factor to them accessing ED.

Summary of Healthwatch Observations by ED

The Following table shows the summary of key observations from HWDPT visiting teams separated by individual emergency department. Where blanks appear in the table, the corresponding theme was not observed at that particular ED.

Theme	UHP	TH	RDE	NDDH
Access	**Not discussed at this site**	**Not discussed at this site**	On most visits HWDPT did pick up comments about the inaccessibility of ED from the main hospital car park – patients/accompanying family either couldn't find the ED (lack of signage) or struggled to access it around the outside of the building (we picked up several patients who struggled to get up the hill outside the ED in wheelchairs).	Lots of comments from the Bude area re. feeling isolated in regard to health care services/provision – despite having Stratton minors they often feel as though everything gets referred onto Barnstaple anyway. HWDPT picked up comments on every visit about how it would be useful to have more OOHs doctors or local hospitals in rural areas around North Devon. Patients often commented on how far they'd had to travel to attend this ED – patients appeared to have had much longer travel times than in the other EDs.
Other services	**Not discussed at this site**	**Not discussed at this site**	On the whole patients were aware of other NHS services they could have accessed in the community, but had little understanding of how they would know waiting times for these other services.	**Not discussed at this site**

Theme	UHP	TH	RDE	NDDH
Information screens	**Not discussed at this site**	There is a screen on the back wall giving information on waiting times for other services (e.g. MIU) – but this was often off or giving incorrect times. When patients were asked if they'd seen the screen most hadn't noticed it – either because it was obscured by other patients or because it was the opposite side of the room to where the newcomers were standing/waiting.	There was an LED screen in Exeter ED, and on most visits (it was off for a couple) it did display clear information on alternative provisions.	NDDH was the only ED with clear signage at reception telling people how long the current wait time was – this was present at every visit and updated regularly. When patients were asked if they knew the wait time, almost all had noticed these signs at reception upon arrival. There were no screens in North giving patients advice/information on other community NHS services available and/or waiting times across them.
Waiting Room	Across all visits, many seats occupied by family members/parents/carers in addition to the patient which made the ED feel very busy.	On every visit patients commented about how uncomfortable the waiting room was – most of these were because of the broken heating system that consistently pumped hot air around the room. Staff members told us it had been broken for months. Patients commented that the hot air didn't feel hygienic (spread of germs etc). As with the other EDs it was noted there were a lot of accompanying family members/friends with patients which made the ED feel a lot busier. Given the size of Torbay ED waiting room this meant that patients were often left standing, queuing outside, or sitting on the floor.	Lots of positive comments across all visits (bar one very busy evening visit) on how clean/airy the new ED waiting room is. Across all visits (bar again the one busy evening) patients impressed with how quickly they were being triaged. Picked up several comments re. unhappiness with children being in the same waiting area as adults – particularly when there were police/prisoners present.	As was found at the other EDs – HWDPT found that the waiting room usually appeared busier than it was due to large amounts of accompanying relatives/children/friends.

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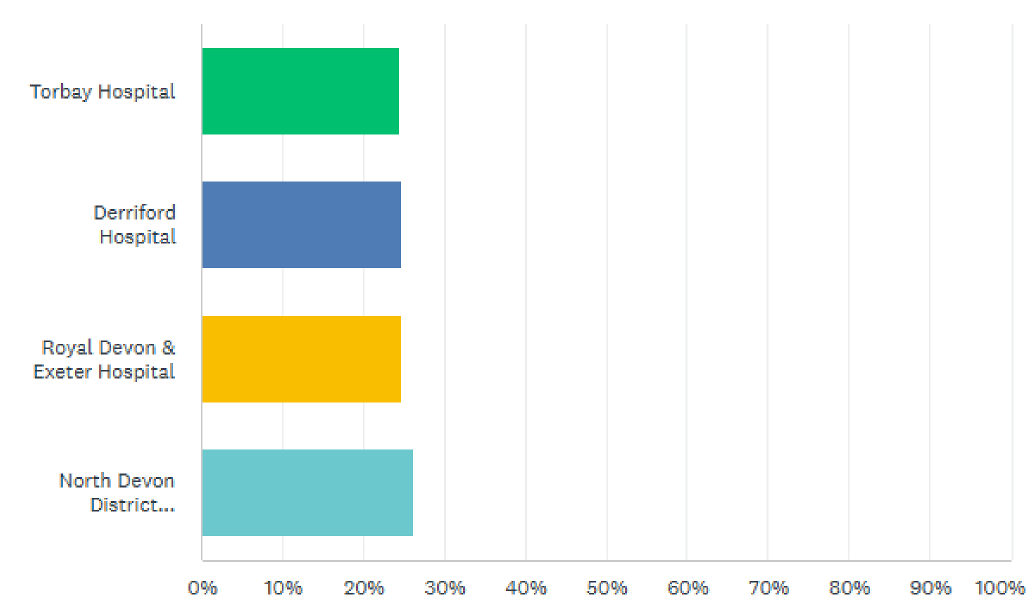
Theme	UHP	TH	RDE	NDDH
Wait times	**Not discussed at this site**	HWDPT observed that Torbay Hospital ED had the longest wait times when compared to our visits to other Emergency Departments – even when the room was relatively quiet patients had been waiting hours.	**Not discussed at this site**	**Not discussed at this site**
NHS111	**Not discussed at this site**	HWDPT noted that 111 were consistently making 'appointments' at Torbay ED for patients – this was unheard of/very rare at the other 3 Emergency Departments we visited. However, these appointments seemed to be irrelevant once patients arrived at Torbay ED as they were simply added to the queue with everyone else.	**Not discussed at this site**	**Not discussed at this site**
Other	Due to UHP ED having a separate "front door" running at certain times, the HWDPT visiting team did not always get the opportunity to speak with these patients as the patients where in a separate waiting area which we were unable to access.	**Not discussed at this site**	**Not discussed at this site**	**Not discussed at this site**

Detailed Summary of Findings

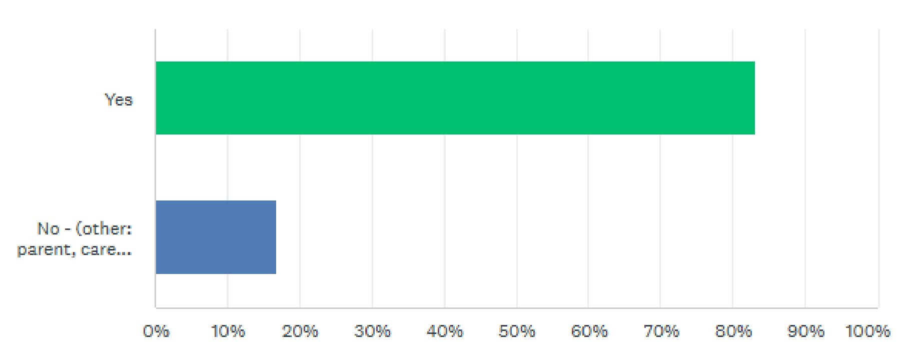
This section highlights the overall summary of findings alongside comparisons with all four EDs.

NB. Where totals do not equal 511 exactly, some patients declined to answer that question.



	UHP	TH	RD&E	NDDH	Total
Total	126	125	126	134	**511**

Patient type

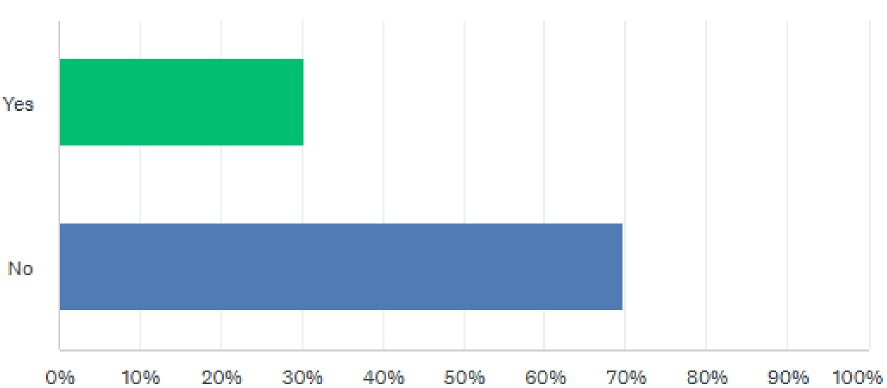


A breakdown by ED follows:

	UHP	TH	RD&E	NDDH	Total
Patient	108 (85.7%)	100 (80.0%)	104 (82.5%)	108 (80.5%)	**420** (82.1%)
Parent, Carers, friends, family	17 (13.5%)	22 (17.6%)	21 (16.6)	25 (18.6%)	**85** (16.6%)
Unknown	1 (0.8%)	3 (2.4%)	1 (0.7%)	1 (0.7%)	**6** (1.1%)
Total	126	125	126	134	511

**'Unknown' are those attendees who did not wish to identify themselves*

Question 1 – Have you used ED in the last 6 months?



A breakdown by ED follows:

	UHP	TH	RD&E	NDDH	Total
Yes	36 (29.3%)	32 (26.4%)	41 (33.0%)	42 (32.0%)	**151** (30.2%)
No	87 (70.7%)	89 (73.6%)	83 (66.9%)	89 (67.9%)	**348** (69.7%)
Total	123	121	124	131	499

If so, is your visit related to the same condition/reason?

A breakdown by ED follows:

	UHP	TH	RD&E	NDDH	Total
Yes	17 (47.2%)	12 (37.5%)	24 (58.5%)	13 (30.9%)	**66** (43.7%)
No	13 (36.1%)	16 (50.0%)	16 (39.0)	22 (52.3%)	**67** (44.3%)
Unknown	6 (16.7%)	4 (12.5%)	1 (2.4%)	7 (16.6%)	**18** (11.9)
Total	36	32	41	42	151

Yes - visit related to the same condition/reason

Extract from individual ED:

University Hospital Plymouth

Following analysis of the data of the 36 people (29.3%) attending ED in the last 6 months, the following was noted by interviewers:

- **Age** – More people in ED who were aged 46-55 & 56-65 had attended ED in the last 6-months (15 people - 41.7%), as well as those aged 18-25 (8 people - 22.2%). Those aged 76 and above (1 person - 2.8%) and those aged under 18 (1 person - 2.8%) had not visited ED in the last 6-months.
- **Gender** – More Men (20 people – 55.6%) had visited ED in the last 6-months compared to Women (14 people - 38.9%). The sample size for intersex, non-binary and transgender were too small to draw any meaningful conclusions.

- **Disability** – More people without a disability had attended ED in the last 6 months compared to those with a disability. (22 people – 61.1%).

Torbay Hospital

Following analysis of the data of the 32 people (26.4%) attending ED in the last 6 months, the following was noted by interviewers:

- **Age** – More of those aged 26-35 had attended ED in the last 6-months (9 people – 28.1%), as well as those aged 46 – 55 (5 people -15.6%) and those aged 66-75 (5 people – 15.6%). No one aged 85 and above had visited ED in the last 6-months, with fewer of those aged 18-25 (1 person – 3.1%) attending ED in the last 6-months.
- **Gender** – More Women (19 people – 59.3%) had visited ED in the last 6-months compared to Men (10 people – 31.2%). The sample size for intersex, non-binary and transgender were too small to draw any meaningful conclusions.
- **Disability** – Fewer people with a disability had attended ED in the last 6-months compared to those with no disability (20 people – 66.6% - out of 30 responses).

Royal Devon & Exeter Hospital

Following analysis of the data of those attending ED in the last 6 months, the following was noted by interviewers:

- **Age** – More of those aged 26-35 had attended ED in the last 6-months (11 people – 27.5%), followed by those aged 46 – 55 (7 people -17.5%) and those aged 76-85 (7 people – 17.5%). All age groups had visited ED in the last 6-months, with fewer of those aged 85 and over (1 person – 2.5%) and those aged 36-45 years of age (2 people – 5.0%) had attended ED in the last 6-months.
- **Gender** – More Women (24 people – 60.0%) had visited ED in the last 6-months compared to Men (15 people – 37.5%). 2 people preferred not to divulge their gender.
- **Disability** – Fewer people with a disability were marginally had attended ED in the last 6-months (18 people – 46.1%) compared to those with no disability (19 people – 48.7%) out of 39 responses. 2 people preferred not to divulge if they had a disability.

North Devon District Hospital

Following analysis of the data of the patients who provided further data relating to whether they had attended ED in the last 6 months, the following was noted by interviewers:

- **Age** – More of those aged 26-35 (7 people – 17.0%) and 76-85 (7 people – 17.0%) had attended ED in the last 6-months, followed by those aged 36-45 (6 people – 14.6%) and those aged 46-55 (6 people – 14.6%). All age groups had visited ED in the last 6-months, with fewer of those aged 85 and over (2 people – 4.8%), those aged 46-55 (2 people – 4.8%) and those aged 56-65 years of age (2 people – 4.8%) attending ED in the last 6-months.
- **Gender** – More Women (22 people – 53.6%) had visited ED in the last 6-months compared to Men (19 people – 46.4%).
- **Disability** – Fewer people with a disability had attended ED in the last 6-months (12 people – 29.2%) compared to those with no disability (28 people – 68.2%) out of 40 responses.

Question 2 - Patient Journey/Pathway/Experience

	UHP	TH	RD&E	NDDH	Total
GP only	46 (36.5%)	34 (27.2%)	43 (34.1%)	28 (21.0%)	**151** (29.6%)
Multiple service	27 (21.4%)	29 (23.2%)	21 (16.6%)	17 (12.7%)	**94** (18.4%)
ED first choice	21 (16.7%)	22 (17.6%)	26 (20.6%)	37 (27.8%)	**106** (20.7%)
111 only	19 (15.1%)	19 (15.2%)	8 (6.3%)	17 (12.7%)	**63** (12.3%)
Other	7 (5.6%)	8 (6.4%)	16 (12.6)	19 (14.2%)	**50** (9.8%)
MIU/UTC only	3 (2.4%)	7 (5.6%)	7 (5.5%)	7 (5.2%)	**24** (4.7%)
999 only	2 (1.4%)	6 (4.8%)	5 (3.9%)	8 (6.0%)	**21** (4.1%)
N/A – called to ED	1 (0.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**1** (0.1%)
Total	126	125	126	133*	510

**one patient at NDDH ED declined to answer this question*

GP services only (Patients accessed their GP first but only their GP)

	UHP	TH	RD&E	NDDH	Total
Referred by GP clinician	38 (82.6%)	27 (79.4%)	24 (55.8%)	16 (57.1%)	**105** (69.5%)
Self-referred after GP clinician	4 (8.6%)	3 (8.8%)	6 (13.9%)	2 (7.1%)	**15** (9.9%)
Self-referred as unable to contact GP/appointment waiting time	3 (6.5%)	3 (8.8%)	8 (18.6%)	4 (14.2%)	**18** (11.9%)
Referred/re-directed by GP non-clinician	1 (2.7%)	1 (2.9%)	5 (11.6%)	6 (21.4%)	**13** (8.6%)
Total	46	34	43	28	151

Referred by GP or primary care clinician.

Extract from individual ED:

University Hospital Plymouth - Most of the patients HWDPT spoke with referred by a GP did not want to visit ED, but their GP said they would be seen much quicker there. Others mentioned experiencing long waits. Some mentioned frustration at repeating tests in ED that had been done elsewhere, and both transport to ED and the use of online consultations were cited as issues by a few.

Torbay Hospital - Most of the patients HWDPT spoke with referred by a GP attended on the recommendation of the GP and due to their situation worsening. Others mentioned that they had been referred to other services, but were not open at the time the patient needed them, and in one case the GP had called an ambulance but the patient attended ED as the ambulance hadn't arrived in a timely manner. Some mention of frustration at repeating tests in ED that had been done elsewhere, and both transport to ED and the use of online consultations were cited as issues by a few.

Royal Devon & Exeter Hospital - Most of the patients HWDPT spoke with referred by a GP attended on the recommendation of the GP. Some mention of frustration at having tests in ED that could have been done by the GP, or elsewhere.

North Devon District Hospital - Most of the patients HWDPT spoke with referred by a GP attended on the recommendation of the GP. Some frustration that referral was made after telephone consultation with patients preferring a face-to-face consultation beforehand.

Accessed multiple services

	UHP	TH	RD&E	NDDH	Total
Chose GP first	13 (48.1%)	18 (62.0%)	14 (66.6%)	2 (11.7%)	**47** (50.0%)
Chose 111 first	8 (29.6%)	7 (24.1%)	5 (23.8%)	9 (52.9%)	**29** (30.8%)
Other alternatives	6 (22.2%)	4 (13.7%	2 (9.5%)	6 (35.2%)	**18** (19.1%)
Total	27	29	21	17	94

Chose GP first

Extract from individual ED:

University Hospital Plymouth - Most of the patients spoken to had experienced difficulties accessing their GP service. Some cited waiting times as an issue alongside trying to get through on the phone. Most of these then tried either to call NHS 111 or visit an MIU before choosing to visit ED.

Torbay Hospital - Most of the patients spoken to had experienced difficulties accessing their GP service. Some cited waiting times as an issue alongside trying to get through on the phone. Most of these then tried either to call NHS 111 or visit an MIU before choosing to visit ED. One patient quoted the cost of a taxi from home to ED as a barrier to accessing the help they needed.

Royal Devon & Exeter Hospital - All these patients had tried to contact their GP first but either waiting times were too long, they were unable to get through, their situation worsened, or they were referred elsewhere. Most of these then tried either to call NHS 111 or visited an MIU/UTC before finally being referred to ED.

North Devon District Hospital - Both patients had previously seen their GP before being signposted to alternative NHS services.

ED was patient first choice

	UHP	TH	RD&E	NDDH	Total
Felt ED was correct place for treatment	15 (71.4%)	21 (95.4%)	22 (84.6%)	35 (94.5%)	**93** (87.7%)
Referred by someone outside NHS	4 (19.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**4** (3.7%)
Not aware of any other services	2 (9.5%)	1 (4.5%)	4 (15.3%)	2 (5.4%)	**9** (8.4%)
Total	21	22	26	37	106

Felt ED was correct place for treatment

Extract from individual ED:

University Hospital Plymouth - Many patients felt that if they had tried to use other services first they would have been referred to ED anyway and wanted to save time, with some citing their experiences of previous issues trying to access other services to support this. Others had visited ED before with the same condition.

Torbay Hospital - Many felt that if they had tried to use other services first they would have been referred to ED anyway and wanted to save time, with some citing their experiences of previous issues trying to access other services to support this. Others had visited ED before with the same condition.

Royal Devon & Exeter Hospital - Many felt that if they had tried to use other services first they would have been referred to ED anyway and wanted to save time, with some citing their experiences of previous issues trying to access other services to support this, including issues with obtaining a GP appointment. Others had visited ED before with the same condition.

North Devon District Hospital - Many felt that if they had tried to use other services first they would have been referred to ED anyway and wanted to save time, with some citing their experiences of previous issues trying to access other services to support this, including issues with obtaining a GP appointment.

NHS 111 Service only

	UHP	TH	RD&E	NDDH	Total
Referred to ED by 111 clinician	17 (89.4%)	17 (89.4%)	8 (100.0%)	13 (76.4%)	**55** (87.3%)
Other	2 (10.5%)	2 (10.5%)	0 (0.0%)	4 (23.5%)	**8** (12.6%)
Total	19	19	8	17	63

Referred to ED by 111 clinician

Extract from individual ED:

University Hospital Plymouth - Some of the patients said that they would have preferred to go to another service such as their GP or local MIU rather than visit ED, but followed NHS111 advice.

Torbay Hospital - Most of these highlighted that they would have preferred to go to another service such as their GP or local MIU rather than visit ED, but followed NHS111 advice.

Royal Devon & Exeter Hospital - Most of these highlighted that they would have preferred to go to another service such as their GP or local MIU rather than visit ED, but followed NHS111 advice.

North Devon District Hospital - Most of these highlighted that they would have preferred to go to another service such as their GP or local MIU rather than visit ED, but followed NHS111 advice.

Other

	UHP	TH	RD&E	NDDH	Total
Referred to ED by another clinical service	4 (57.1%)	6 (75.0%)	9 (56.2%)	13 (68.4%)	**32** (64.0%)
Advised to return by ED	1 (14.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**1** (2.0%)
Other	2 (28.5%)	2 (25.0%)	7 (43.7%)	6 (31.5%)	**17** (34.0%)
Total	7	8	16	19	50

Minor Injuries/Urgent Treatment Centre only before ED

	UHP	TH	RD&E	NDDH	Total
Total	3	7	7	7	24

999 contacted only before attending ED

	UHP	TH	RD&E	NDDH	Total
Total	2	6	5	8	21

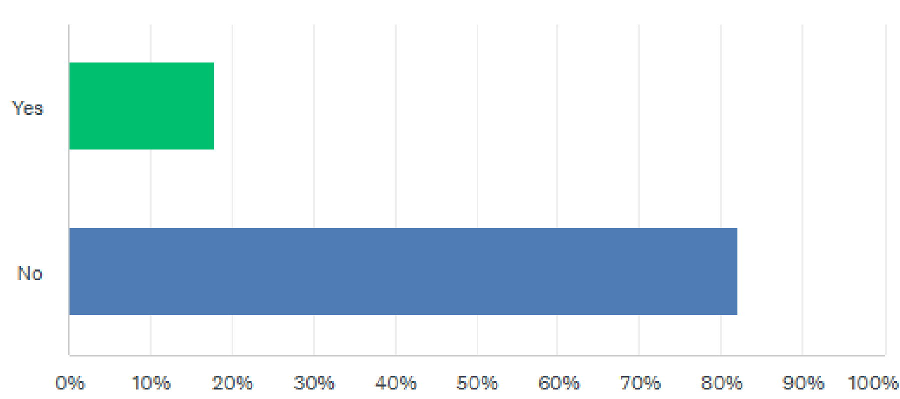
Question 3 – Were patients aware of alternative services that could have provided help and support?

	UHP	TH	RD&E	NDDH	Total
Yes	124 (98.4%)	121 (96.8%)	122 (96.9%)	133 (100.0%)	**500** (98.0%)
No	2 (1.6%	4 (3.2%)	4 (3.1%)	0 (0.0%)	**10** (1.9%)
Unknown	0	0	0	0	0
Total	126	125	126	133	510

Question 4 – Are you currently on and NHS waiting list?

Are you currently on an NHS waiting list?

Answered: 484 Skipped: 27



A breakdown by ED follows:

	UHP	TH	RD&E	NDDH	Total
Yes	17 (13.5%)	16 (12.8%)	25 (19.8%)	29 (21.6%)	**87** (17.0%)
No	100 (79.4%)	106 (84.8%)	95 (75.3%)	96 (71.6%)	**397** (77.6%)
Unknown	9 (7.1%)	3 (2.4%)	6 (4.7%)	9 (6.7%)	**27** (5.2%)
Total	126	125	126	134	511

Question 5 – Is there anything else you wish to share with us about your experience of ED today or any other NHS Health or Social Care Services?

	UHP	TH	RD&E	NDDH	Total
Positive ED experience	25 (86.2%)	7 (46.6%)	24 (68.5%)	31 (67.3%)	**87** (69.6%)
Negative ED experience	4 (13.7%)	8 (53.3%)	11 (31.4%)	15 (32.6%)	**38** (30.4%)
ED total	29	15	35	46	125
Positive GP experience	2 (18.1%)	2 (20.0%)	6 (28.5%)	5 (20.0%)	**15** (22.3%)
Negative GP experience	9 (81.8%)	8 (80.0%)	15 (71.4%)	20 (80.0%)	**52** (77.6%)
GP total	11	10	21	25	67
Positive NHS111 experience	0 (0.0%)	0 (0.0%)	2 (66.6%)	1 (50.0%	**3** (42.8%)
Negative NHS111 experience	2 (100.0%)	0 (0.0%)	1 (33.3%)	1 (50.0)	**4** (57.1%)
NHS111 total	2	0	3	2	7
Positive – NHS staff/capacity	2 (28.5%	9 (52.9%)	16 (55.1%)	30 (51.7%)	**57** (51.3%)
Negative - NHS staff/capacity	5 (71.4%	8 (47.0%)	13 (44.8%)	28 (48.2%)	**54** (48.6%)
NHS total	7	17	29	58	111

NHS Devon Response

This section – **pages 28 to 32** – contains a statement from NHS Devon in response to the findings in this report, plus key learning and recommendations identified by NHS Devon. They have also provided additional information from recent national and local engagement undertaken to understand how people feel about the care they receive from the NHS.

Statement from NHS Devon

"NHS Devon would like to thank Healthwatch staff and all the volunteers who supported this piece of engagement, for their time and commitment in visiting all of our hospital sites in Devon and talking to patients and their families.

Specific thanks to Sarah Lonton for coordinating all the engagement and producing this extensive report.

Without the support of each of the hospital sites in Devon, this work would not be possible, so we would like to thank all our ED departments for their welcoming of the Healthwatch teams, and their commitment to this approach.

Individual reports and more extensive analysis of each ED Department provided by Healthwatch will be made available to hospital sites in Devon for them to use the learning within to benefit their own patients.

Finally, a huge thank you to each and every patient, family member, friend or carer that contributed their feedback and insight into this piece of work. With your openness in sharing your experiences we are able to understand so much more about your journeys through our health and care systems, with the ultimate aim of getting you the care you need in the right place at the right time.

NHS Devon will take these findings and use them as set out in the recommendations to ensuring people in Devon can get the support they need, from the best place possible and giving them every opportunity to get the best outcomes for them."

Key learning highlighted by NHS Devon

- It is clear from the overarching findings that 98% of people are aware of alternative services in the way NHS Devon advises and promotes – this means calling 111, using MIU/UTCs or contacting their GP prior to going to an ED.
- On average, 68% of people accessed their GP service first, and 20% accessed more than one service prior to attending an ED.
- The findings are consistent with the messages from previous engagement in 2021, and as such we will continue to positively promote urgent care services to encourage people to access services prior to visiting ED.
- Whilst the findings show that people are aware of the alternative services available to them and are using them, the insight within this report suggests that alternative services may not be meeting patient expectations and that ED is the place people are choosing to seek further opinions or support.

Engagement recommendations highlighted by NHS Devon

- Take the key findings to help inform future communication plans to support people get the right care in the right place, utilising the demographic data to target audiences more effectively, using the most recognised communication channels.
- The experience of patients will be used to support the development of future urgent care services in Devon.
- Use the patient experience to support a further, more clinically focused validation process to understand if peoples clinical needs can be met in alternative care provisions.
- To use this report to develop future engagement approaches with EDs across Devon to understand as well as how people access services, if what they access meets their expectations, aligned to their clinical needs.
- Use the findings to look at how NHS Devon promotes the range of services available in the community for people prior to attending an ED.

- To develop future involvement methods to engage with patients who were not spoken with during this engagement, such as those following major trauma or life threatening conditions following their discharge.
- To ensure that observations made by HW about ED environments are shared with the relevant trust for consideration.

Additional Information provided by NHS Devon

This report is set against the backdrop of a significant amount of engagement undertaken with people, both within Devon and nationally, to understand how they feel about the care they receive from the NHS.

The national picture

Public confidence with the NHS (2023)

In the summer of 2023, Healthwatch England conducted a survey asking 2,507 people to rate their confidence in timely access to 13 NHS services, including A&E, ambulances, non-urgent operations and procedures, GPs, pharmacists, mental health services and dentists.

The survey outcomes suggested low public confidence in accessing GP services and preventative care, such as mental health service and non-urgent procedures, while a relatively high confidence in more urgent care, such as A&E and 999 services.

Source: https://www.healthwatch.co.uk/news/2023-09-12/third-people-england-lack-confidence-they-can-access-critical-nhs-services

Public satisfaction with the NHS (2022)

A 2022 survey run by the National Centre of Social Research asked 3,362 people about their satisfaction with the NHS and social care services overall, and 1,187 people about their satisfaction with specific NHS services, as well as their views on NHS funding. The results showed:

- **Overall satisfaction with the NHS fell to 29%** – a 7% point decrease from 2021. This is the lowest level of satisfaction recorded since the survey began in 1983.
- **More than half (51%) of respondents were dissatisfied with the NHS**, the highest proportion since the survey began.

- The fall in satisfaction was seen across all ages, income groups, sexes and supporters of different political parties.
- **The main reason people gave for being dissatisfied with the NHS was waiting times for GP and hospital appointments** (69%), followed by staff shortages (55%) and a view that the government does not spend enough money on the NHS (50%).
- **Of those who were satisfied with the NHS, the top reason was because NHS care is free at the point of use** (74%), followed by the quality of NHS care (55%) and that it has a good range of services and treatments available (49%).

Source: https://www.kingsfund.org.uk/publications/public-satisfaction-nhs-and-social-care-2022

National perceptions of the NHS (2023)

In a survey by The Health Foundation a representative sample of 2,450 UK adults aged 16 in May 2023 was asked about their perceptions of health care in the UK. The results of this survey showed:

- Two-thirds of survey respondents think the standard of care in the NHS has got worse over the last 12 months (66%), which is stable from November 2022.
- Survey respondents are less likely to think NHS services will get worse in the next 12 months in May 2023 (54%) than in November 2022 (62%), although overall views remain negative.

Regarding specific aspects of the NHS:

- Survey respondents **think most aspects of the NHS have got worse** over the last 12 months, particularly pressure on NHS staff (80%), waiting times for routine services (76%), and wellbeing of NHS staff (74%). Overall, these views are stable from November 2022.
- Survey respondents **are more optimistic about the next 12 months** for most aspects of the NHS compared with November 2022, although overall views still tend to be negative. Key areas which the public think will get worse include the pressure and workload on NHS staff (68%), waiting times for routine services (64%) and waiting times for A&E (63%).

Source: https://www.health.org.uk/publications/public-perceptions-of-health-and-social-care-may-2023

The local picture

Devon winter recall survey (2022)

A public survey to test peoples recollection of where they saw or heard NHS campaign messages and materials communicated over Winter 2022. The results from nearly 200 responses to this survey showed:

- Facebook, TV and GP/hospital posters had highest recall.
- Majority recalled seeing strike, critical incident and busy NHS services in news coverage, but they also didn't need to use health services at the time so didn't do anything different.
- Impacts were mainly on getting vaccinated, using GP online services and using 111 or pharmacy.
- Messaging relating to 'critical incident' 'ambulance delays' and 'strikes' were what people recalled most from news coverage – however, the timing and frequency of these is important. This needs a balance as there is a risk of diluting the importance of the message.

The actions that followed were to prioritise the following channels: Facebook, TV, GP and hospital posters and digital screens when communicating NHS campaign information.

Whilst these are people's perceptions of what they can recall seeing or hearing, further work is needed to understand the impacts on behaviors.

2023 National GP Patient Survey

In Devon, more than 14,300 people responded to the survey and shared their experiences.

Almost 8 in 10 people are satisfied with their local practice, some of the highest achievement seen across the country, rating Devon as the second best in England for GP satisfaction.

Devon is still performing better that other areas, with 78% of people describing their experience of their GP practice as good.

A further 93% of patients surveyed felt their needs were met at their last GP appointment.

Source: https://www.england.nhs.uk/statistics/2023/07/13/gp-patient-survey-2023/

Recognition from Healthwatch

"Healthwatch in Devon, Plymouth & Torbay would like to thank everyone who took the time to share their experience with a member of the Healthwatch visiting team. Healthwatch would also like to thank the staff and volunteers who visited the Emergency Departments and the NHS Trust staff within each Acute Emergency Department for their warm welcome and support."

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Patient Experiences of Pharmacy Services

1st April 2022 – 30th September 2023

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Introduction

Healthwatch Devon, Plymouth & Torbay (HWDPT) are the three local independent consumer champions for people using health and care services across Devon. HWDPT listens to what people say about services - what works well and what could be improved and shares what we learn with those who have the power to make change happen.

People's experiences of primary care services are what we currently hear about the most. Last quarter we noticed that more people were contacting us about pharmacy services, so we decided to look into this further.

Background

Our national partner Healthwatch England recently found that people are experiencing serious issues when trying to get their repeat prescriptions.

Their report highlights concerns raised by the public around:

- Shortages of medication
- Delays in getting repeat prescriptions issued
- Shortages of staff
- Closed pharmacies.

Recently, Community Pharmacy England announced that:

*"the latest 'Pressures Survey' confirms that **rising costs, patient demand and medicine supply issues** continue to grip community pharmacy."*

In addition to this, the Royal Pharmaceutical Society (RPS) has published the Pharmacy Workforce Wellbeing Roundtable Report, which sets out practical long-term solutions (on page 9) to address some of the issues affecting the workforce and the public's perception of the service, including:

- Public facing campaigns involving patient groups to raise awareness of pharmacy practice and

- Further research to understand the pharmacy team workloads and system stressors, such as medicine shortages and how these can be mitigated.

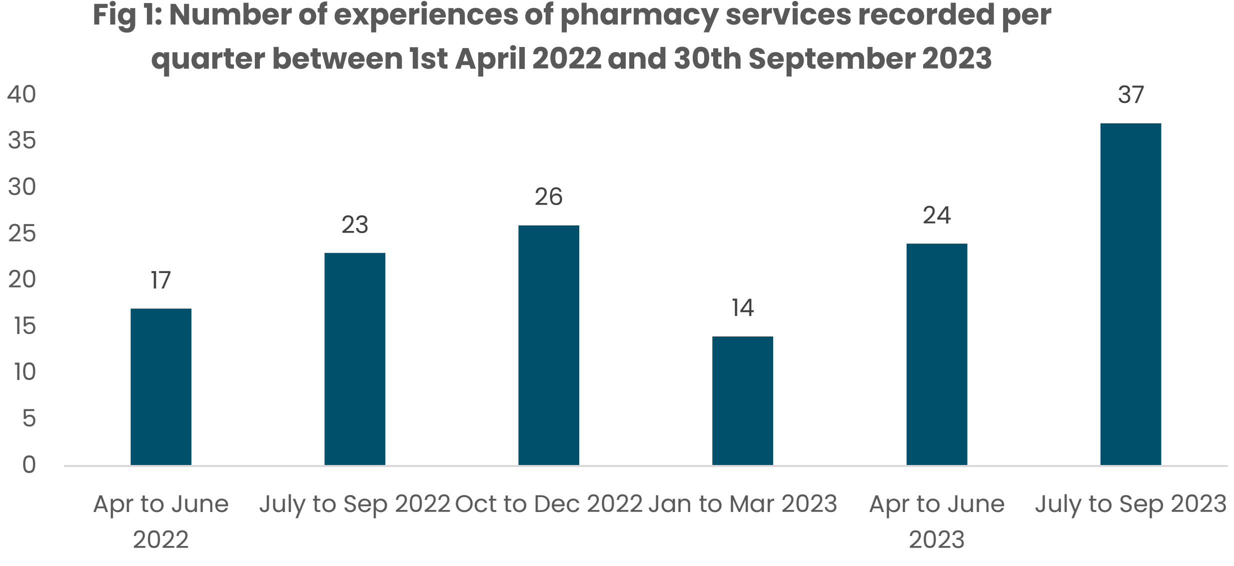
Further to contributing to the Devon Pharmaceutical Needs Assessment 2022 – 2025 and publishing our 2022 report of patient experiences of pharmacy services in Devon, we recently reviewed our data and found that the national findings mirror what we continue to hear from people in Devon, Plymouth and Torbay.

This latest HWDPT report sets out what patients and their relatives have told us about their experiences of pharmacy services across the county between 1st April 2022 and 30th September 2023.

Our findings

This HWDPT summary report draws on the patient experiences that we recorded over the last 18 months. Feedback was received either via one of the three HWDPT websites, or through telephone calls and emails, or via our contact centre web chat facility. Over time, we noticed that the same issues were being raised - **access to services, waiting times** and **medication delays.**

On closer scrutiny we also saw that the numbers of experiences we recorded had increased slightly at the end of last quarter compared to the previous quarter. Fig 1 shows the number of experiences we have recorded in relation to pharmacy services each quarter, since 1st April 2022.



Overall, we recorded a total of **141** experiences about Pharmacy Services across Devon, Plymouth and Torbay during the 18-month period. Fig 2 provides a breakdown of the feedback recorded within each locality by sentiment. **109** experiences shared with us (77%) were negative in sentiment and of those **82** experiences (75%) recorded related to pharmacy services in Plymouth.

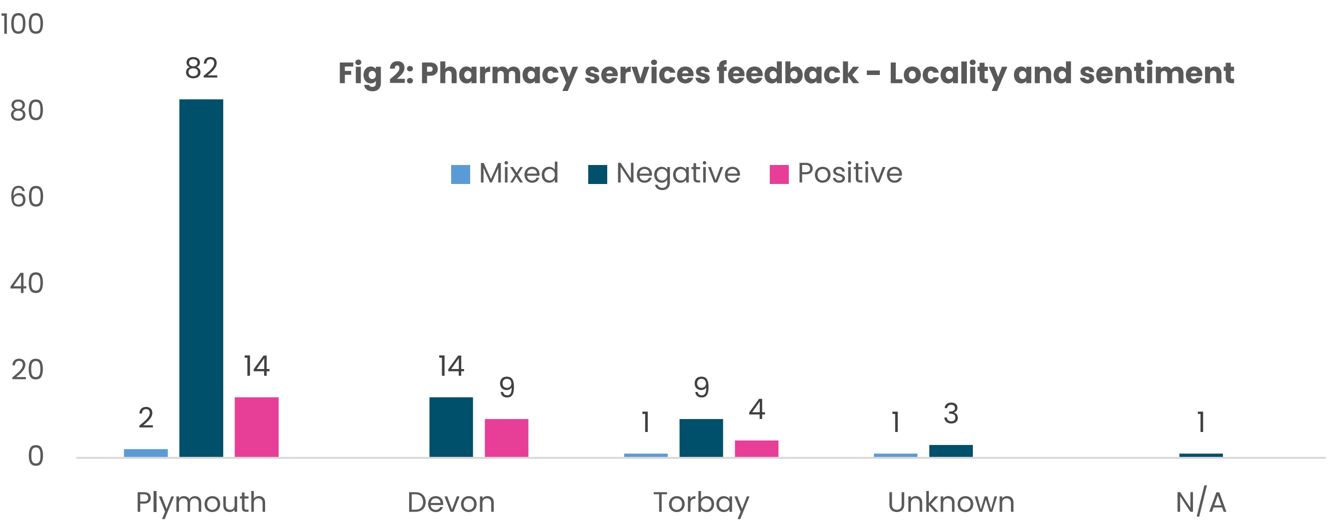


Fig 3 provides a breakdown of the feedback recorded in relation to the relevant provide network.

Fig 3: Pharmacy services feedback - Provider network and sentiment

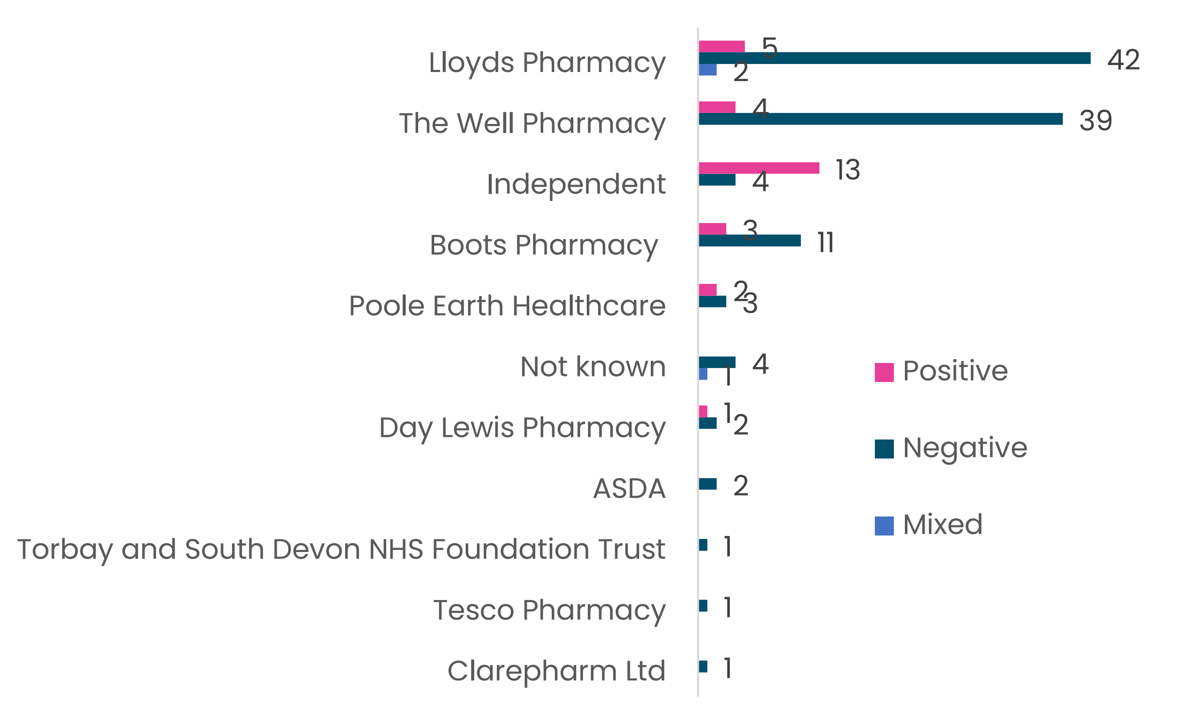
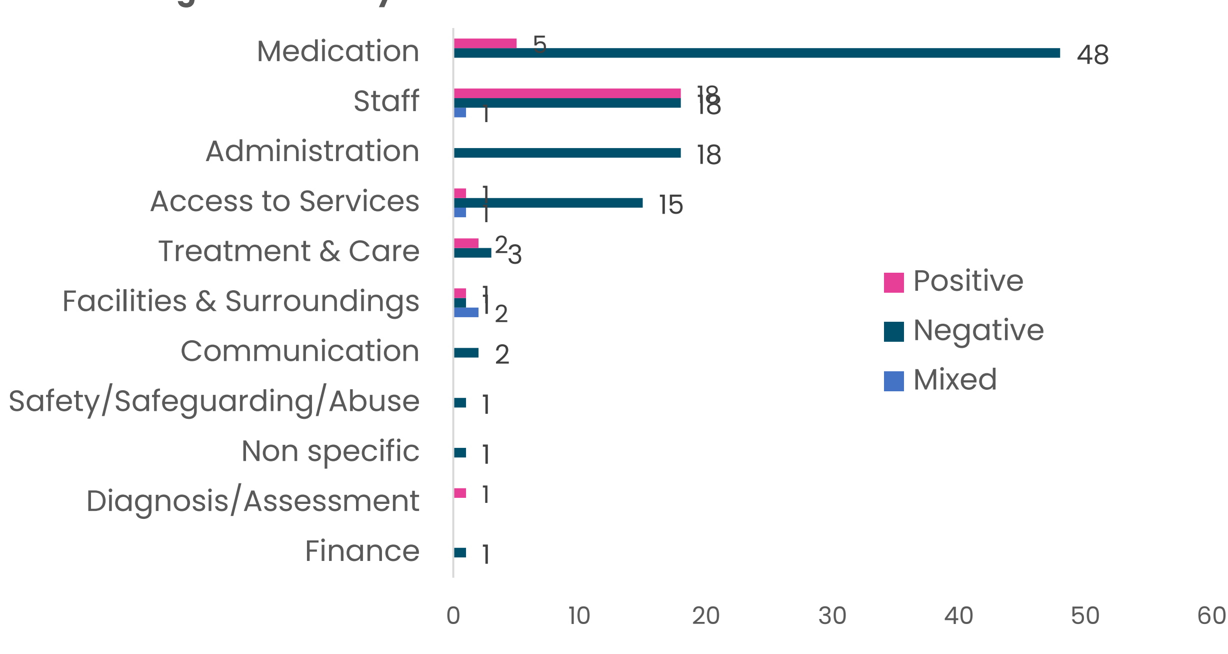


Fig 3 shows that Lloyds Pharmacy network received the most feedback overall, across Devon, Plymouth and Torbay (49 experiences, 35% of all feedback), with most of the feedback relating to the Lloyds Pharmacy, at Derriford Hospital (31 experiences, 22% of all feedback), possibly due to a higher number of people accessing this service compared to community pharmacies. As Lloyds Pharmacy at Derriford Hospital is contracted by University Hospitals Plymouth NHS Trust, this feedback will be discussed separately in the appendix of this report.

The Well Pharmacy network received 30% of the overall feedback (43 experiences in total), with all but 1 experience relating to 14 different Well Pharmacies in Plymouth. 1 experience related to a Well Pharmacy in Devon. 12 experiences (9%) related to The Well Pharmacy at Tesco Transit Way in Plymouth, 6 experiences (4%) related to The Well Pharmacy at Stirling Road, and 4 experiences (3%) related to Well Pharmacy at Knowle House Surgery. The remainder received 1 or 2 comments.

Emerging themes

Fig 4 provides a breakdown of the number of pharmacy experiences recorded for each theme and sentiment across Devon, Plymouth and Torbay combined (including Lloyds Pharmacy at Derriford Hospital).



The most common themes (89% of all experiences) discussed by people are:

- **Medication** - 53 experiences (38%)
- **Staff** – 37 experiences (26%)
- **Administration** – 18 experiences (13%)
- **Access to services** – 17 experiences (12%)

The next part of this report will focus on the top four themes and related commentary in more detail. Where commentary has been included, comments in pink are positive in sentiment and comments in blue are negative in sentiment.

Medication

Most of the experiences of pharmacy services we recorded that are themed under 'medication' relate to the collecting of prescriptions or repeat prescriptions. 48 of the 53 experiences recorded that were themed as 'medication' were negative. In many cases the problems related to patients experiencing stock issues when they went to collect their prescriptions / repeat prescriptions. In some cases, patients reported that only part of an order was able to be fulfilled, meaning the patient, or the patient's representative had to either return to the pharmacy later or on another day to collect their prescription, or attend another pharmacy.

Some patients commented on how this issue had impacted on them, either in terms of travel costs and extra time being taken to collect the remaining medications, or that the delay caused them concern for their health, as they rely on their prescription medication to manage their health conditions and to help them to stay well.

There were some positive comments which include:

"I live in the next village and do not have a car, they deliver our medication quickly and nothing is too much trouble."

"When I come to the area on holiday this pharmacy has been fantastic. I once came away without my daily medication and this pharmacy really stepped in and sorted everything out."

The following commentary illustrates some of the concerns raised relating to medication, broken down into two sub themes – **supply issues and waiting times.**

Supply issues

Many patients commented that they had been advised of a supply issue and that their prescription was not ready for them to collect – either at all or in part- despite some patients waiting several days more than they should have.

Comments include:

"I AM SUPPOSED TO HAVE MY BLISTER PACKS DELIVERED EVERY 4TH MONDAY. FOR SEVERAL MONTHS NOW THIS HAS NOT HAPPENED. I AM LEFT WITH NO MEDS, YOU CAN NEVER CONTACT THEM BY PHONE, STAFF ARE STRESSED"

"Since 2007 when I had double bypass, I have collected my prescribed medicines pack from Okehampton's Lloyds Pharmacy every four weeks tablets for angina, painkillers like Codeine, glaucoma eye drops, blood pressure tablets, GTN spray, etc. But lately there's a delay in everything. I keep getting told that it is "supply problem."

*That does not help my angina pains. My GP prescribed a painkiller cream on 12th August, and I still haven't got it. * I overhear other patients on premises who have similar problems. This must be attended to right away please. I'm 81, I'm tired of all this."*

*Feedback was provided 22nd August 2022.

"Never have enough stock of HRT patches."

"Total nightmare. Had text to say meds ready when I got there, they couldn't locate it had to reorder. It's always the same. Unwelcoming."

"They never have all my medication and I have to wait days for them to get it in we are talking about heart meds and psychiatric meds."

"Trying to get hold of the medication I need and when I need it is ridiculous. I put my prescription in with plenty of time, yet I still run out because the pharmacy cannot get my tablets from the wholesaler."

"Every time and I mean every single time without exaggeration or fear of contradiction, I have been to this Pharmacy there has been a problem. First, they can't find you on the system. Then they don't have the drugs in stock. Then they ask you to come back later. Or they say they will call you later. When you go back later matters are not resolved and you must come back tomorrow. Not once have I been called when they said they would. You then have to escalate matters to get what you need. Why are drugs not in stock? Why are doctors prescribing drugs that are not in stock and why are you causing patients unnecessary anxiety through not providing

what they need and not following up on what you will say that you will do? When I spoke to somebody in the Pharmacy about this response and I quote "That's NHS"!"

"Collected a prescription to be told it was all there. Found something missing. Tried to call constantly engaged. Went all the way back to be told item is out of stock and have had to order in. They could have told me when I collected the first time. Mentioned the phone to say they have a technical issue. They have had the issue for such a long time you think it would have been sorted out by now. Now I have to go back to see if in stock and waste of petrol."

"She suffers from severe asthma and has repeat prescriptions for medication which are put in 28 days in advance. Every time she is due to collect the new package, there is a problem, i.e., the medication is not available, or prescription has not been processed. If there is another brand available, she has to go back to her GP to verify and ask him/her for an amended prescription. She points out that it is not a last-minute request, they have 28 days to process the order. She has called the customer service team to complain but the phone does not get answered."

I visited the pharmacy to collect my son's medication which was 2 weeks late in arriving (not pharmacy fault) to then I suggest when the medication did arrive could they put in the next prescription as we would be 2 weeks behind in meds and have run out 2 weeks ago which will continuously leave us short.

Waiting Times

Another frustration that patients shared their experiences about were waiting times for their prescriptions/ repeat prescriptions. In some cases, patients had not received their medication when they were told they would, or that they had been advised that a delay was due to a system or stock issue, or that the GP had not sent across their prescription request. Delays in obtaining prescriptions in some cases had led to patients becoming unwell and experiencing withdrawal symptoms. Comments include:

"Slow - prescriptions not ready-not answering telephones-can't find if prescriptions ready."

"My psychiatric medication was not there for 4 days my heart meds were 3 days without more, often I do not get all my medication, often short of staff using excuses of switch over to update of computer system, the pharmacist was having a hissy fit and

closed the door she was stressed and made sure all the customers heard this is not a one-off they will blame the doctors surgery. They know regular medication for the area they should make sure they have enough medication for their customers."

"Having to wait 50 mins for prescription even after allowing 10 days from taking request to doctors."

"Since this place was taken over at the start of the year it is the most hideous place to deal with. Having to queue for 45 mins in the rain to get served, only to be told to come back and endure the queue again 1hr later. This place never answers the phone either. Yet again this morning I have phoned 18 times. I wish I didn't have to deal with this place but asking to change pharmacy 3 times I feel kind of trapped."

"Up to 30 minutes late opening on a regular basis. Some staff are really blunt to the point of being rude. Disorganised. Prescriptions barely ready even after waiting a week as recommended (!!!!!!) Turnaround of prescription is a joke."

It's been nearly 3 weeks since my prescription and they still don't have it or I have to go to the store instead of ringing to check and my time being wasted because it's not there. Awful service."

I have one repeat prescription, my doctor sends it 1-2 weeks early to give them time and yet every month without fail I am left going through withdrawals. Lloyds never have my medication ready on time, every time I call them, they tell me they never received my prescription, magically 1-2 weeks later they tell me they received it weeks ago and they are not sure why I was told they didn't. I am beyond fed up, I need this medication to function and instead I am spending 2 weeks a month with no medication and a bunch of "we don't know". communication is terrible, service is worse.

"Mess ups on medication, say they will deliver it due to my poor health then don't turn up. This is not the first time. I've run out of some of my medication now and run out of my blister packed medication tomorrow which is crucial to allowing me to live independently, without it I'll be in severe pain, suffering muscle spasms and won't have my blood pressure tablets."

"I was told on Thursday 26th August that my prescription would be ready on Friday 27 so I went up about 11 am to be told it would be ready after 3pm I got there late so the chemist was closed -so decided to get it picked up Tuesday 29/08/2023 and yes they haven't done it and maybe get it on Wednesday-this is for diabetic pills."

"I have been taking my medication for over 5 years now. And it is continuously messing my prescription about say they are ready to collect but when one of my children go to

collect, they either tell them they aren't there or only give them half of it. They have stated to myself and my children that we have to say whether it's our weekly or monthly that they are collecting which they have a yet the pharmacy still get it wrong. I am sick to death of this pharmacy not doing their job properly and forever making mistakes. I will be taking this further. I am on 26 tablets a day it is no joke that they can't do their job properly."

"She made a partially sighted elderly lady in front of me very distressed and refused her medication. I was collecting heart meds owed to my husband since last week, but she refused them saying they only had a small amount and were keeping them until their next delivery arrives. I explained that my husband's meds would run out on Saturday (they are closed Saturdays). She replied that he would be ok to miss them for a few days. He should wait to receive text. I gave her his mobile phone number (which they had never asked him for) then she dismissed me by turning away from the counter."

"I live in Axminster, Devon. There is a family-owned pharmacy in Axminster, they are excellent. They have recently taken over two Lloyds Pharmacies in Chard which were struggling, again the service they offer is excellent. Places like this really deserve recognition. Nothing is too much trouble. You phone and they answer immediately."

Staff

This theme relates to the service provided to patients by staff and staffing levels and availability. We see from many of the experiences shared with us that patients acknowledge that there are staff capacity issues, yet despite this, they can see that staff are working very hard to try and meet demand. Positive comments include:

Positive commentary

"I visited the pharmacy in considerable discomfort for advice. After thoroughly discussing the problem, the pharmacist rang Bampton Surgery who agreed to see me immediately. This is typical of the exceptional care I always receive there. We are so lucky to have them."

"Have always had good service from our local well pharmacy. We recently bought a blood pressure monitor and the pharmacist came straight over and showed us how it worked and explained it's functions and what the readings meant. He was busy at the time but gave us great customer service well done!"

"Staff always polite, friendly, and helpful. Happy to give advice and seem to really care about their clients."

"Staff here amazing nothing too much trouble they have always helped with my elderly dad's meds and pulled out stops to get them delivered really polite and friendly."

"Lead pharmacist and his team work very hard and the text to tell u medication ready to collect works really well."

"I can't thank the staff there enough! We were let down by another pharmacy in getting covid tests and were desperate ahead of an imminent Plymouth ferry departure! Time was running out and they went above and beyond the call of duty to save the day! Highly recommended and very much appreciated!"

"[Name] is amazing! She always makes sure myself or my partner is okay with our prescriptions. She always seems happy and bubbly. Best member of staff in the pharmacy."

"I went into the pharmacy to ask for advice about a minor injury. The pharmacist I spoke with was so kind, helpful and reassuring. A great service that was much appreciated."

"The Pharmacist and his Team are always Friendly Approachable Professional Supportive & a Valued Member of the Elberton Village Community. I have accessed Springfield Pharmacy since it opened; I have found them Exceptional at delivering a Reliable & Respectful Professional Pharmacy Service. I appreciate all the Efforts made by each Staff Member; Especially the Pharmacist who I find to be Sensitive & Compassionate to his Customers Individual Needs Knowledgeable & Easy to Communicate with. A True Gentleman with a Dedicated Team. Highly Recommended."

"Yesterday I popped into the Lloyd's pharmacy inside Sainsbury at The Willows, as I had a sore eye. The pharmacist was really helpful, she listened and asked pertinent questions, and was non-judgemental when I explained what I had already tried for my eye (it was my horses eye ointment)! She recommended an alternative and discussed what to do going forward, plus explained what was in the medicine that I had tried and why it wasn't a good idea to use it. My eye is now back to normal and I'm really comfortable. What a great service. Thank you. (It's a shame they are closing)."

"I get regular prescriptions from here and can't fault them. I've also needed the advice of the pharmacists on more than one occasion always receiving excellent information and signposted to appropriate services if needed. Highly recommend them to anyone

in need of a pharmacy."

Despite being overrun with insufficient numbers they provided a very good and kind service with a smile. The delays are down to understaffing.

"This is a very friendly, efficient, and flexible service. They are often available on the phone and are very helpful both on the phone and in person. Quite often the staff remember their patients/customers and that is a wonderful thing in this day and age. They are very helpful in trying to find solutions for prescription and minor ailment queries. No problem is too difficult! I have used this pharmacy for maybe 15 years now and find it a lifesaver."

"I live in Axminster, Devon. There is a family-owned pharmacy called Morton's in Axminster, they are excellent. They have recently taken over two Lloyds Pharmacies in Chard which were struggling, again the service they offer is excellent. Places like this really deserve recognition. Nothing is too much trouble. You phone and they answer immediately."

"They get there in the end."

Negative commentary

Others felt that in their experience the quality of service they received and the way that staff communicated with them could be improved. Comments include:

"They look and see you are there and carry on as if you hadn't existed."

"Medication not ready. Rude staff. Closed when they say it is open, huge queues with unhappy customers. Don't bother ringing they never answer the phone. In fact, just go somewhere else they are not worth the stress."

"The pharmacist is always late; they never answer the phone and can't seem to get all medication ordered and then lose your prescription!"

Queues are terrible, prescription never ready, not enough staff, staff not enough knowledge. (I understand this isn't the staff's fault as not enough training and not

enough staff).”

“My husband waited outside the store with other customers whilst the staff were inside despite being within opening hours, staff are unhelpful, disinterested and not organised. After my husband had waited for almost an hour for his medication, he was given the wrong person’s prescription! So had to walk back to get it changed to his own.”

“Usual rummage through stacks of orders to locate. No system to find easily? Never answers phone.”

“The staff are always chatting amongst themselves. The queue can be almost out the door. They hold onto your prescription for 48 hours after it’s been sent up by the GP. Was told to come back 90 minutes which was not convenient. Would not recommend this pharmacy.”

“Person carried the needle through from the back of the pharmacy to the room in his hand with no cover on. He did not ask if I had any allergies and I had not given this information prior to the visit. He kept stopping and starting when giving the injection which made it painful. A technique Unlike any other injection I have been given. When I tried to speak to the manager on that day, she became defensive and was unhelpful.”

“No eye contact, no facial expression, and no communication skills (other than a grunt). Hello...we are customers not something you trod in Will never set foot in there again.”

“They don't get prescriptions ready on time. Lie on the phone and say it's ready turn up to pick it up and they say no it's not and nobody said that. Make you wait half an hour with 5 other people waiting too. Staff work with sunglasses on their head. Are snobby and rude when you talk to them. Made my mum feel so uncomfortable that she won't pick up her own prescription anymore as the staff were so rude to her.”

I was told initially that my prescription would be ready in half an hour, they had a system in place where they dealt with prescriptions as they came in and gave everyone a number. I enquired on multiple occasions as to the hold up with my prescription, as people that had come in long after me were being attended too, I was told on more than one occasion that the manager was bagging up my prescription. I waited well over an hour! The staff are incredibly unprofessional, calling clientele “love, darling, sweetheart and honey”, [...] I’m left wondering are the staff so lax, lazy, and useless because people coming to them from the hospital are left with no other option

other than to use their service? When I was there, they gave a man picking up his relative's prescription, something that he was allergic too. They then proceeded to take it back leaving the man with no pain relief! Is this really the human and compassionate side to the NHS, this pharmacy is in desperate need of a manager who can manage, and staff that are at the very least barely competent!"

"Terrible telephone experience with a female member of staff at this pharmacy. I only called to ask if there was any possibility of my medication being delivered as I'm currently housebound due to my illness and had no one available to collect my medication for me. I was brushed off immediately without explanation as wasting their time and was made to feel inadequate. She hung up on me when I confronted her with regards to her awful telephone manner, says it all!"

Access to services

Access to services – either by telephone or in person - was a common theme identified from the experiences shared with us. Experiences mainly focussed on **pharmacy closures** and **unanswered telephone calls**.

Pharmacy Closures

Several people commented that they have found pharmacies to be closed at short notice when they have arrived to collect their medications. Comments include:

"I have walked up to struggled up to [branch name] Boots on numerous occasions lately only to find they have been closed in the morning due to staff shortage sickness and to come back in the afternoon."

"Phoned to check on prescription and told it was ready Arrived at 4pm to find it closed and no info when it would be open."

"Closed for whole afternoons without warning very inconvenient."

"Lloyds pharmacy closed without notice or informing patients or neighbouring pharmacies. Causing additional pressures on other providers and on GP surgeries. They have a contract with the NHS to provide pharmaceutical services during these

hours, yet NHS England do nothing to ensure Lloyds fulfil this contract leaving patients unable to access their medication."

"Appalling service at Lloyds chemist in [town] 2 branches in town, regularly shutting for days, unable to get prescriptions this is an ongoing problem how are residents supposed to obtain their medications, it is causing severe distress when we run out of meds and unable to access chemist despite several visits, staff don't seem to know what is going on and just say to try another day!"

"Honiton surgery has up to now had a pharmacy next to surgery which has been very convenient for both patients and the GP surgery. They have now moved to New Street close to the railway station, which makes it much harder for patients visiting he surgery to get their prescription and I am sure it is not convenient for the GP surgery either. Why do they make changes which is making life more difficult for all rather than easier? Lots of the patients are elderly who rely on Trip Community transport for the GP surgery, this now means they have an extra journey to the pharmacy before they can collect their prescription."

Unanswered telephone calls

Many people commented that they had tried to phone their pharmacy, but their call had not been answered. Comments include:

"When I ring, I never get an answer tried 26 times in one day end up going there and there's a massive queue and then get told have to half an hour if they answer the phone, it could be done but they don't."

"Shambles of a service, never answer the phone, long queues in store, not enough staff working."

"Why oh why can I never contact this pharmacy by telephone just to ask a simple question where the rest of my prescription is."

"Never answer the phone. I don't know why this chemist is there I have already complained to them, but they don't take any notice."

"My mother doesn't drive, and her hearing is poor! She relies on myself for her caring needs! I tried phoning the Pharmacy and they don't pick up phone! My mother needs delivery service for her meds."

“Never answer the phone, rude, not organised, not helpful never get the prescription right, always left short.”

No answer from pharmacy team even though I needed to know about a script. I had to call my GP if script not there by 4.30. Can’t even get hold of manager or customer service.”

“I have waited over a week from my GP sending my script to the pharmacy and cannot get the pharmacy to answer the phone this has been happening for ages. Last week I sent a taxi to pick up my script to be told not ready until the next day, so I was ten pounds out of pocket if the pharmacy had only answered the phone.”

“Need to know if prescription ready but no one answers the phone. Have tried many times.”

“Seem unable to order prescribed medications and when phone to check if they are available don't answer phone at all.”

“They never answer the phone hard to pick your prescription up as always shut when I drive past.”

Administration

Patient experiences that occur within the theme of ‘administration’ generally relate to the administrative systems that pharmacies use or protocols that staff must adhere to. Comments include:

“Prescriptions not requested when ticked for repeat. Having to go to 111 to go to urgent pharmacy. Some pharmacies refusing to take the 111-reference number (Tesco pharmacy in Crediton) and having to do another online urgent medicine request.”

“I had a phone call saying prescription was ready. Went to collect. Waiting for ages to be attended to. Customers are of no importance to staff. Then to top it off they could not find my prescription. And came away empty handed. Being told to return the next day.”

"My partner who is end of life recently had his "Just in case" medication replaced because one or two items was out of date instead of just replacing the two items, they replaced everything. I had to go to 2 pharmacies before I found one who had the medication in stock. What a waste of medication, although I was told it does not cost very much!!"

"Prescription was sent on a Friday, appeared to be lied to on Monday morning being told it's not showing' which is rubbish as when I got home, I could see the prescription dated for Friday on the NHS App. Leave it until Tuesday to return (This if for an acute prescription not repeat btw) and I'm told they're only just printing it. I asked if I could wait as there was only 2 of us in the pharmacy and was told categorically it won't be done today. When I asked when it would be I was told 'maybe tomorrow'. I have wasted 2 journeys and still know nothing about when I can pick up my medications. What happened to triage and looking after those who are physically in the pharmacy waiting! Absolutely POOR service, poor attitude. I would have ordered from Lloyds Direct as it's quicker even with 2nd class postage, but my GP wanted me to speak to the pharmacist to check a contraindication - I have no faith this will even be possible!

"Slow -prescriptions not ready-not answering telephones-can't find if prescriptions ready."

"It was unfair by all means. I purchased a 32-tablet pack of Solpadine Max soluble tablets on the date of 1st of November. Since my husband has also brought another pack on the same day from Boots pharmacy. I wanted to return the unopen pack with the bill today and asked for a refund. To my utmost surprise and disappointment, they refused to refund it."

Observations from our 2022 Pharmacy Services Summary

In our previous report about Patient Experience of Pharmacy Services, which covered the period 1st April 2021 – 31st March 2022 we observed the following from the feedback we received:

'Due to the Covid-19 pandemic, the last 24 months have been like no other in recent memory for individuals, NHS and Social Care services, business, and the nation in general as we all came to grips with lockdown requirements and the

uncertainty of day-to-day life that saw many of us impacted in various ways by this virus.

NHS and Social Care services have had to adapt at pace to tackle the virus, keep people safe and where needed provide treatment for not only Covid-19, but for other illnesses and conditions be it routine or emergency.

Pharmacies have been vital in providing medication for patients and more recently for helping to deliver both Covid-19 and flu vaccines. However, it is clear from patient feedback that service delivery has not been easy, especially around prescribing/repeat prescribing where timelines appear not to have been met, staff attitudes to patients/customers have not been as they should have, and short notice closures and apparent non answering of the telephone enquiries have exacerbated the situation.

Healthwatch accept the pressures that staff have been working under due to the pandemic, especially where staff have been following national guidance around self-isolation leading to reduced staffing, but the number of comments around negative staff attitude is a concern. There also seems to have been a breakdown in other communication methods as well (text service and telephone enquiries). Shortages of staff for pharmacies in North Devon has also been raised to us by one of our Healthwatch Assist Groups (Devon Carers).

Issues around medication have also been raised with prescriptions not received or not being fulfilled – pharmacies may know there has been a supply issue for certain medication but was this fully relayed to the patient?

Even before the pandemic there have been concerns raised by patients around the prescription/repeat prescription process between GPs and Pharmacies that has left patients having to shuttle between the two to try and find out what has gone wrong as each service apparently blamed the other. Once the patient has tried to collect a prescription from the Pharmacy and an issue has been highlighted, surely this should be dealt with by process and not the patient ending up as 'the go between' to get the issue resolved?

Anecdotally we are becoming aware that dependent on how a repeat is requested (i.e., via a request handed into GP reception, request via the GP website or through the NHS App), differing times are occurring between requesting

medication and it being ready for collection. Patients need to be fully informed about the ways to request medication and the period between requesting and when medication will be available to collect so that an informed choice can be made. We have heard that ordering a repeat prescription via the NHS App will generally mean it is ready for collection 'next day' rather than 4 to 5 working days. Finally, as Pharmacies are asked to do more under the Community Pharmacy Framework and where patients are being signposted to Pharmacies before seeing their GP or referred into by other services, there is a concern that demand is outstripping capacity. By doing this without ensuring suitable resource is available are we not just kicking the problem down the street?'

Summary of our latest key findings

Looking at the patient experiences set out in this report, some of our observations from the previous report remain valid. Feedback continues to focus on medication delays and supply problems that affect the prescription/repeat prescription service, leading to longer time periods from requesting the medication to being able to pick it up. Other areas for concern include patients not knowing when their medications are ready for collection, phone calls going unanswered when patients attempt to enquire as to the status of the prescription within the system and temporary short notice closures due to staffing levels, all of which continue to leave patients feeling frustrated.

In addition to what patients have shared with HWDPT in this report, HWDPT are concerned that announced closures of instore Lloyds Pharmacies at Sainsburys across Devon and the announcement in June 2023 by Boots UK to consolidate their stores, which would see the potential closure of around 300 branches across England, may result in greater pressure being put on the remaining pharmacy services, particularly when the message being promoted to the public is to 'Think Pharmacy First'. The Community Pharmacy Framework set up to support the delivery of the NHS long term plan, to help to take the pressure off GP services may become further stretched to capacity if pharmacy services close as described above. Depending on where the Boots closures occur, it may cause further issues around patient access, particularly for patients in more rural locations.

What HWDPT has done so far

We have escalated our concerns around pharmacy services and particularly the potential effect to Community Pharmacy Services to NHS Devon, specifically to The

Primary Care Commissioning Committee, Quality and Patient Experience Committee and to The System Quality & Performance Group in July 2023.

We have raised the same concerns with the Devon Local Pharmaceutical Committee at an online meeting. Additional discussions continue to take place with NHS England Southwest and NHS Devon around our concerns and actions that are taking place to mitigate some of the issues affecting patients described in this report.

We have also shared the intelligence we have gathered from the public with our national partners Healthwatch England, so they can continue to monitor the national picture and raise any concerns nationally with their partners, including the Care Quality Commission.

Our Recommendations

Considering the concerns raised by patients and their families in this report, we recommend the following:

1. That NHS stakeholders in Devon respond to the experiences presented in this report and our findings and that their responses provide details as to how the issues raised in this report will be addressed.

2. Where pharmacies do not have capacity to answer telephone calls, they could consider introducing either an answerphone or a message facility so that patients can have their queries responded to as soon as possible. Not all patients use mobile phone apps (or are confident in using them) so being able to contact a service by telephone and to receive a response is important to patients in enabling them to be kept up to date as to when their prescription will be ready to collect, particularly if they do not automatically receive a text message when their prescription is ready for collection.

3. That NHS Devon considers the experiences and concerns raised in this report and provides HWDPT with a response as to how the issues highlighted by patients in relation to current systems of service delivery will help to inform future strategy development.

4. That in line with Healthwatch England's recommendations, NHS Devon and NHS England Southwest plans how to develop capacity of the existing pharmacy workforce within the more comprehensive primary care teams across the NHS as set out in the NHS Long Term Workforce Plan and that Healthcare Leaders locally and nationally should urgently consider how to tackle medicine shortages for the longer term.

5. That University Hospital Plymouth NHS Trust considers working with Healthwatch Plymouth in monitoring patient experience feedback once proposed changes to the Outpatient Pharmacy service are fully implemented.

Responses from NHS Devon, Devon Local Pharmaceutical Committee and University Hospitals Plymouth NHS Trust

NHS DEVON

"NHS Devon would like to thank Healthwatch Devon, Plymouth and Torbay for this comprehensive report, and for ensuring that people who use the pharmacy services across the county have their voices heard.

We recognise and welcome the reference to the work done by Healthwatch England that supports the findings in this Devon report over an extensive period of time. The report highlights emerging themes around access to services, waiting times and medication delays. These findings are key to informing the future development of pharmacy services, as it enables commissioners to respond to the issues people are reporting and the impacts on their experiences.

In response to the recommendations, NHS Devon will use the outputs of this report to directly inform the development of its Pharmacy strategy, which is currently in development (2023/24) enabling us to show how the experiences of patients in Devon have been used to develop and improve services for pharmacy services and patients. We look forward to working with Healthwatch on this strategy as it develops."

Community Pharmacy Devon

"Community Pharmacy Devon would like to thank Healthwatch Devon, Plymouth and Torbay for their commitment to ensuring patient experience in relation to pharmacy service is heard. The report highlights many of the issues faced by pharmacies across Devon and how they have a direct impact on patient's experiences.

Community Pharmacy Devon will review all recommendations made by the report and ensure that they are considered in full as part of processes for developing and improving pharmacy services, with the providers and the commissioners in Devon."

University Hospitals Plymouth

"On behalf of University Hospitals Plymouth NHS Trust (UHP), I would like to apologise for the poor service patients and families have experienced recently whilst using the outpatient pharmacy that is provided in partnership with Lloyds Pharmacy. The level of service that people have received is well below the standard that both ourselves and Lloyds pharmacy expect and aspire to deliver. I would like to take this opportunity to explain some of the current issues we are facing and most importantly, what we are doing about them so that all our patients can receive a better service in the future.

As an NHS Trust, the number of patients we are treating has now returned to pre-pandemic levels and beyond as we try to recover from the impact this had on waiting times for patients. This has meant that we have simply outgrown the current outpatient pharmacy, leading to us not being able to provide a service that we are proud of and this, at times, is resulting in long waiting times for people to hand in and collect prescriptions.

I am delighted to say that we have just concluded the procurement of a new outpatient Pharmacy and by April 2024, we will have moved our outpatient pharmacy to a new on-site location that will be more than triple the size of the current premises. This will allow for a wide range of changes to take place such as:

- *the recruitment of more staff*
- *the increased use of automation*
- *using this opportunity to offer the most recent innovations around our service.*

We will be including some aspects of a home delivery service for patients who meet certain criteria as well as looking to maximise the use of local pharmacies where possible. All of which is aimed at improving the patient experience and shortening waiting times.

I hope this outlines our plans for the medium to long term, but I also wanted to provide you with some assurance about actions that we have already implemented. Lloyds have increased the number of staff in the store as much as space allows to speed up the dispensing process. They have introduced temporary seating, as well as shelter from the rain. We are working closely with Lloyds Pharmacy to do everything we can to provide additional support for our most vulnerable patients including clinics arranging for medications to be couriered out to patients' preferred home addresses at a convenient time for them, to prevent any delays whilst waiting for their medications."

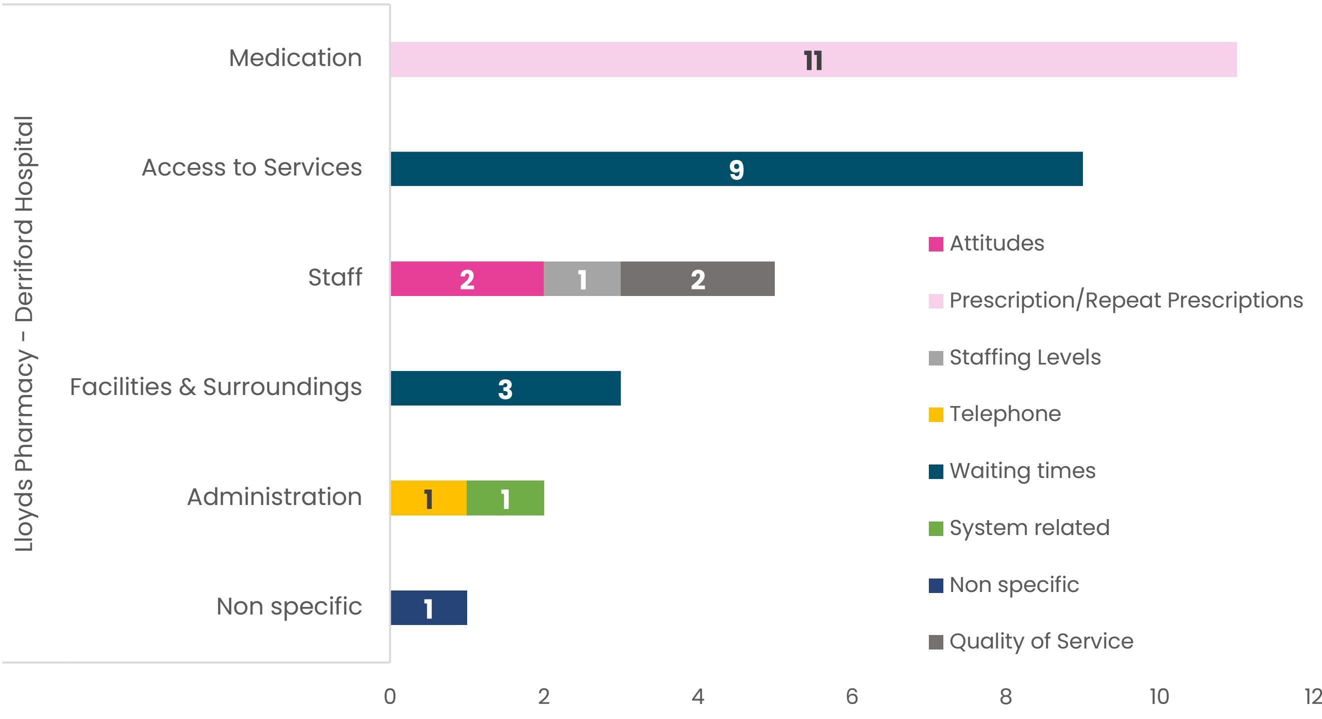
Chief Pharmacist – University Hospitals Plymouth NHS Trust

Appendix 1

Lloyds Pharmacy, Derriford Hospital, Plymouth

Lloyds Pharmacy are contracted by University Hospitals Plymouth (UHP) to deliver Outpatient prescription services for patients of Derriford Hospital and therefore the data we held in relation to this service was analysed separately in this section.

Of the 31 experiences recorded (22% of all patient feedback across Devon) in relation to Lloyds Pharmacy at Derriford Hospital, over half of the experiences relate to waiting times at the pharmacy, with several mentioning that they had to queue twice – once to hand the prescription in and again to wait for their prescription to be prepared. Fig 7 below summarises the themes that people's experiences relate to.



Waiting times

Access and waiting times were the most common issues that people shared with us in relation to their experience at Lloyds Pharmacy at Derriford Hospital, which people observed was due to several factors – the queuing system, handling of

paperwork and lack of stock to fulfil people's prescriptions in full. People also described concerns around the size of the waiting area, staffing levels and telephone calls not being answered.

Comments that people shared with us in relation to prescription waiting times include:

"Horrendous waits for very sick patients, in a tiny shop. Long queues out of the door in boiling heat."

"Bad, I don't need to wait 20 minutes outside in the cold just to hand in a script then be told to come back in 45 minutes to collect the meds. Then to have to wait in very small, crowded room. TOTALLY UNACCEPTABLE."

"Long queues for prescriptions, no options to go to community pharmacy; told to wait out in cold as nowhere to wait."

"The place is a joke. There is no system, we waited 1 hour and 40 minutes for a prescription."

"Waited hours for prescription is too over run need more staff.... I'd take the day off if you have to collect your script from here."

"I amongst 30-40 other patients waited hours outside and inside the Pharmacy for our medication to be handed to us. It was chaotic, especially for elderly patients."

"My son's medication is consultant led. I am fed up with waiting sometimes 1-2 hours."

"Once inside told half hour wait. TERRIBLE SERVICE."

"Did not acquire correct eye drops, finally collected them after 16 days. Long queues but cannot stand as use an elbow crutch. Better organisation of queues needed, one for handing in, one for collection. Paperwork in too many trays. Please streamline system."

"Staff unable to locate prescription submitted by clinic late the previous day. Located prescription after ten minutes. It took a further twenty minutes to partly fill prescription. A phone call was received next day to say that the outstanding item was available. I enquired whether this could be delivered (it used to be possible) and was told that it

would have to be picked up. This meant that another journey was required from the outskirts of Plymouth with associated costs of time fuel and parking (always problematic at Derriford). In the half hour that I was waiting two other patients had missing items which they would have to return to pick up."

"I went to pick up two items which had been prescribed from the hospital one week previously. I should have been able to go into the shop, ask for it and have it taken from the shelf. However, after queuing outside the shop for one and a half hours I reached the counter only to be told that it was not done yet and I would have to queue for at least another half an hour to get it. I left with my prescription after two and a quarter hours. This is totally unacceptable."

"I was relatively lucky in that I only had to wait 15 minutes to hand in my prescription this time, many wait considerably longer. I chose to wait, another 30 mins. In that time about 4 or 5 patients were told they couldn't fulfil their prescription. My turn came, and alas same for me. I have severe macular oedema and these eye drops are a sight saver. They offered to mail them to me it's now been 5 days and still no sign of them. Problem is they have the monopoly, and you cannot take the hospital prescription anywhere else. So here I am progressively going blind in one eye."

"Queuing up outside in the cold for 30 minutes only to be told meds are not ready for another 40 minutes. The pharmacy is physically too small and the staff very overworked."

"After several attempts to call I found the whole experience very rushed couldn't get me off the phone quick enough."

"Went yesterday to pick up my paid for medication told didn't have them in, meant to start taking them today and still no tablets said would be there today and will call me but haven't heard anything, tried calling numerous times but no one answered I need this medication for my arthritis, also paid for this prescription and also I live miles away!!!"

Impact on patients

Several people described the impact that the waiting time had on them. One person said they received a £50 parking ticket due to waiting over an hour, even though they said they were advised it would be 15/20 mins. Another, who had not long had knee replacement surgery so unable to stand for long periods only had

10 minutes left to park so abandoned the wait without the prescription.

Patient Choice

Comments were also made in relation to patient choice and why patients cannot collect their prescriptions from other pharmacies. Comments include:

"It was chaos and the staff, Pharmacist and all customers, especially the elderly, were very frustrated and could not understand why, having received a prescription, they all are obliged to use the Lloyds Pharmacy next door to the Main Hospital Entrance. Why can't our prescriptions be sent to our own Pharmacies in our own locations?"

"Is there a reason why I have to pick up my prescription medication from Lloyds Pharmacy instead of my local Pharmacy?"

"On discharge from Emergency Dept, was given prescription for pain relief to take to Lloyds Derriford Pharmacy but they were closed for 2 days! Unable to take prescription elsewhere (my own pharmacy, who said they were unable to give medication, as the prescription form showed it could only be taken to Lloyds Derriford Hospital pharmacy. Not good enough! "

One person described their experience and how they were able to resolve their issue by contacting their GP:

"Following a consultation, I had a prescription that could only be obtained from the Lloyds pharmacy at Derriford hospital. I waited for my turn only to be told that they would not accept the prescription because my name and address were on a printed sticker stuck on rather than handwritten. Other people around me had stickers but they accepted their prescriptions! I went back into the hospital to have the prescription handwritten! I returned to Lloyds and handed it over. I was then told that because one of the items was a controlled drug (it was tramadol) I had to collect it from level 7.

I was given directions on how to get there. I arrived on level 7 and no one up there had any idea I was sent there. I was advised to try level 5 as this was the in-hospital pharmacy. They advised that all Lloyds prescriptions need to be collected from Lloyds. I eventually arrived back at Lloyds (no mean feat as I wasn't in the hospital for the fun of it!!) and was then told they didn't have any tramadol and I would have to

go back the following day after their delivery arrived. I am not very local, so this is very inconvenient. It can't be sent to another Lloyds to be collected either. It must be from there! Came home and called my doctor and prescription was waiting for me in my local pharmacy within the hour! Why make it so difficult!"

Staffing levels

Patients who shared their experiences with us acknowledged that staff are under pressure, which was reflected in the feedback they provided:

"Staff friendly but too stressed."

"Had a prescription to fill from maxillofacial and despite being almost overrun by the sheer weight of patients the staff here provided exceptional service, they didn't have the items, but they arrived by post at my home in a timely manner, big thank you."

"Hugely understaffed the girls were working as hard as they could and had no hope of keeping up, please improve the situation!"

"Firstly, staff as pleasant as can be expected considering how massively oversubscribed this place is."

Healthwatch Observations about Lloyds Pharmacy at Derriford Hospital, Plymouth

Lloyds Pharmacy is contracted by University Hospitals Plymouth NHS Trust (UHP) to deliver prescription services for Outpatient Departments at Derriford Hospital. The Pharmacy is currently located in a very small retail area adjacent to the Main Outpatient Department entrance. The current contract means that medications prescribed from outpatient clinics must be collected from Lloyds Pharmacy. Also, a high proportion of medication prescribed at these clinics is specialised and would not normally be held at community pharmacies. Prescription have generally been in paper form necessitating that patients have to queue twice – once to hand the prescription in and secondly to pick up medication.

As the hospital tackles outpatient waiting lists, the footfall through the pharmacy has increased due to higher demand. Situations as described in the patient feedback above have been exacerbated by medication supply issues, lack of capacity in the pharmacy for patient waiting to include provision of suitable chairs

for those patients who are frail or have mobility issues, and prevalent hot/cold weather conditions. This has resulted in longer waiting times with poor waiting facilities leading to patient frustrations, particularly for those patients who live outside of the Plymouth City Boundary. This has led to patients questioning why they cannot use their local community pharmacy.

Progress to date for Lloyds at Derriford Hospital

During our conversations with the Local Pharmaceutical Committee in July 2023, we discussed the specific feedback for this pharmacy. Subsequently Healthwatch held a meeting with the Chief Pharmacist at UHP to discuss patient concerns and the proposals announced to move the location of the current pharmacy to another site. At this meeting, we discussed:

- A new on-site retail unit which has been identified and is situated on the outside of the multi-story carpark, adjacent to other retail units. The size of the Unit is approximately 4 times the size of the current premises. This will allow for a dedicated waiting area inside the new premises whilst also making staff working conditions better. The multi-story car park is further away from the outpatient's department and there is an upward slope that may make it difficult for patients with mobility/frailty issues. No other existing site has been identified within the main hospital building that is suitable. The new site is scheduled to be open in October/November 2023.
- Healthwatch pointed out that there may be an opportunity to mitigate the current access for those with mobility and frailty issues by using the internal lift within the car park and by footpath markings and signage to allow better access thus mitigating against the slope.
- Future hospital plans will see the development of the current Northwest Quadrant adjacent to the multi-story car park providing new outpatient departments and elective surgery facilities. This will place the new outpatient pharmacy in the centre of these activities and access will be better from a mobility/frailty perspective. As services expand and there are increasing number of off-site locations, there will never be a perfect location for an outpatient Pharmacy. The key, therefore, is a flexible service model for patients rather than the location of a single outpatient pharmacy.

- An outpatient Pharmacy in a hospital does not allow for dispensing of prescriptions written in the community. Conversely, 80% or so of medicines that are 'hospital only drugs' would not be routinely stocked by a community Pharmacy.
- Patients will have a choice around how they receive their outpatient prescription as follows:
  - Attend the Outpatients Pharmacy,
  - Medication to be delivered to their local community pharmacy for collection,
  - Have medication delivered to home address.
- The contract for the outpatient pharmacy service is out for tender with the process due to complete this year. (As an NHS Trust there is not an opportunity to bring Outpatient Pharmacy 'in house' as NHS Foundation Trusts can).
- Further, NHS Trusts have recently been granted access to Primary Care Prescribing software. This will allow prescriptions that are non-specialist medication to be prescribed to a pharmacy of the patient's choice. Currently only 1 NHS Trust has this at present, but this is being investigated by UHP.

As a result of these initiatives, HWDPT can see that steps are being taken to improve the situation for patients who visit the pharmacy at Derriford Hospital, and we will continue to monitor patient feedback as these new initiatives are implemented.

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Devon Health and Wellbeing Board
25 April 2024

Contribution of Devon Integrated Care Board to the implementation of the Joint Health and Wellbeing Strategy, April 2024

Report of the Director of Public Health, Communities and Prosperity

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

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1) Recommendation

That the Health and Wellbeing Board note the Devon response to the NHS England regarding the NHS Devon Integrated Care Board (ICB) contribution to the implementation of the Joint Health and Wellbeing Strategy.

2) Background / Introduction

NHS England undertake an annual survey of Health and Wellbeing Boards regarding the contribution of ICBs to the implementation of the Joint Health and Wellbeing Strategy to gauge how effectively the ICB have contributed to strategy ambitions. The response on behalf of the Devon Health and Wellbeing Board was made in March 2024 and is set out below.

3) NHS Devon ICB Contribution to the Joint Health and Wellbeing Strategy – our survey response

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How effectively has the ICB worked with its NHS and wider system partners to implement the local Joint Health and Wellbeing Strategy?

Very effectively (multiple choice response)

Please provide further comments, including identifying existing good practice and making suggestions for how, if necessary, the effectiveness of the ICBs working with NHS and wider system partners could be improved.

The ICB has worked very effectively with Devon County Council and other Integrated Care System and wider partners in the implementation of the Joint Health and Wellbeing Strategy.

NHS Devon ICB plays an important role on the Devon Health and Wellbeing Board. The Chair of NHS Devon, Dr Sarah Wollaston, is the vice chair of the Devon Health and Wellbeing Board. NHS Devon ICB contributes to both the formulation and delivery of the Joint Health and Wellbeing Strategy, with a specific leadership role in relation to the 'focus

on mental health' (building good emotional health and wellbeing, happiness and resilience), and 'maintain good health for all' (supporting people to stay as healthy as possible for as long as possible) priorities. NHS Devon ICB has a health inequalities team and roles, which align to Joint Health and Wellbeing Strategy vision and principles and provide support and additional funding to support work within Local Care Partnerships. This team has also been actively involved in developing NHS Devon ICBs community-focused work, which has involved strengthening the role of the ICB as an anchor institution, and contributing directly to community development projects, which accords with our Health and Wellbeing Board's priority around healthy, safe, strong and sustainable communities, and creating conditions for good health and wellbeing where we live, work and learn.

NHS Devon ICB contribute directly to Devon Health and Wellbeing Board meetings, with a standing quarterly update on ICB and ICS development. This standing item summarises ICB activity in the context of Health and Wellbeing Board priorities. Further to this during 2023-24 the ICB has led or co-led by the ICB through the board include:

- Devon Joint Forward Plan (April 2023)
- Better Care Fund Update (April 2023, July 2023, October 2023, January 2024)
- Devon Joint Forward Plan Refresh (January 2024)
- Development of Devon Community Pharmacy Strategy (January 2024)

During 2023-24 NHS Devon ICB have also been instrumental in engaging the Health and Wellbeing Board in the Development of the Devon Community Pharmacy Strategy, including coordinating a workshop for board members in February 2024 and aligning with work on the forthcoming refresh of the Pharmaceutical Needs Assessment. As commissioners of these services, NHS Devon ICB have played a vital role in the alignment of needs assessment processes across Devon, Plymouth and Torbay to achieve consistency in approach across the wider ICS area.

NHS Devon ICB are well represented on other strategic partnerships across Devon who also jointly to the work on priorities in the Joint Health and Wellbeing Strategy and relevant cross-cutting issues, including the Safer Devon Partnership, the Devon Children and Families Partnership and the Torbay and Devon Safeguarding Adults Partnership. These strategic partnerships, including the Integrated Care Partnership itself, come together through quarterly chair and manager meetings to achieve clear alignment and coordination across partnerships, During 2023-24 these have focused on cross-cutting topics which are particularly relevant to the Health and Wellbeing agenda including violence reduction, prevention and trauma.

In terms of potential improvements and reflecting the significant challenges both local authorities and the NHS as organisations face, the continuation and expansion of NHS work in relation to prevention and the fourth core aim of integrated care systems to help the NHS support broader social and economic development will continue to be useful. In particular, the ICBs contribution to work on Cardiovascular Disease Prevention, Population Health Management, community development and wider prevention activities are going to be critical in the year ahead. We would encourage NHS England to ensure ICBs have sufficient flexibility to contribute to this work by reducing demand and pressure (often created by short deadlines) for centralised reporting and reducing bureaucracy.

What positive steps has the ICB taken in implementing the local Joint Health and Wellbeing Strategy?

Over the last five years, initially through long-term plan work in Devon in 2019 and 2020, and more recent work on the Integrated Care Strategy and Joint Forward Plan in 2022 and 2023, a very clear line has been drawn between ICB and Health and Wellbeing Board priorities, and this is continuing through the refresh of the Devon Joint Forward Plan, which was the subject of board discussion in January 2024. ICB priorities, as reflected in the Integrated Care Strategy and the Devon Joint Forward Plan, directly reflect the priorities in the Joint Health and Wellbeing Strategy and the challenges and needs highlighted in the Joint Strategic Needs Assessment. This also reflects the fact that they are both drawn on the same evidence base and cross-organisational approach to needs assessment and analysis within the ICS. Members of and officers supporting the Devon Health and Wellbeing Board have directly contributed to the writing of Integrated Care Strategy, Joint Forward Plan, and wider ICB strategy and policy documents, establishing a direct link between HWB and ICB strategies. This is strengthened through the composition of the Devon Integrated Care Partnership, which is chaired by the chair of the Devon Health and Wellbeing Board and includes the chairs of the Plymouth and Torbay Health and Wellbeing Boards as members.

Work on priority setting within Local Care Partnerships and Primary Care Networks have also directly used the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment to set local priorities and direct local programmes of work. The One Devon Outcomes Framework which directs the work of NHS Devon ICB which reflect the challenges and priorities highlighted in the Integrated Care Strategy has been co-designed by Devon County Council and NHS Devon ICB and aligns both the Joint Strategic Needs Assessment and the outcomes reporting processes for the Health and Wellbeing Board.

The current Devon Joint Health and Wellbeing Strategy cover the period 2020-2025, and work will commence on a refresh later in 2024. This will provide a further opportunity to align the Joint Health and Wellbeing Strategy with current and emerging NHS Devon ICB and Devon County Council challenges and priorities. This will be further enhanced by the very close links which already exist between the Joint Health and Wellbeing Strategy and Joint Forward Plan.

What more could the ICB do to support implementation of the local Joint Health and Wellbeing Strategy?

As noted in the answer to question four, and reflecting the common challenges NHS organisations and local authorities face, the continuation and expansion of NHS work in relation to prevention and the fourth core aim of integrated care systems: ‘help the NHS support broader social and economic development’, will continue to be useful. In particular, the ICBs contribution to work on Cardiovascular Disease Prevention, Population Health Management, community development and wider prevention activities are going to be critical in the year ahead. We would encourage NHS England to ensure ICBs have sufficient flexibility to contribute to this work by reducing demand and pressure (often created by short deadlines) for centralised reporting and reducing bureaucracy.

Further to this there is an ongoing need to ensure appropriate democratic representation and cross membership between relevant ICB and wider integrated care system committees, and local Health and Wellbeing Boards. This includes ensuring that any new committees, particularly in relation to population health, inequalities, and prevention, and that there are reporting links and common membership with local health and wellbeing boards as appropriate.

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4) Options / Alternatives

Nil

5) Consultations / Representations / Technical Data

Nil

6) Strategic Plan

The JHWS priorities align to the Devon County Council Plan 2021 – 2025: https://www.devon.gov.uk/strategic-plan/. This report demonstrates the NHS Devon contribution to the delivery of these priorities.

7) Financial Considerations

Nil

8) Legal Considerations

Nil

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

Nil

10) Equality Considerations

The Joint Health and Wellbeing Strategy, and the contribution of NHS Devon ICB to its implementation including a focus on promoting health equality.

11) Risk Management Considerations

Nil

12) Summary / Conclusions / Reasons for Recommendations

Nil

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