

System Development and Improvement Health and Adult Care Scrutiny Committee, Devon County Council

13 September 2022

Working Together in Devon

Devon's Integrated Care System, known as One Devon, [was established](#) on 1 July 2022 and the significant challenges faced by health and social care partners represent an opportunity to show how new ways of working can make a real difference to patients and join up the entire urgent and emergency care pathway.

A set of overarching goals for urgent and emergency care has been developed to set expectations for the health and social care system, and to enable delivery of our improvement programme. Delivery of the goals will be achieved through whole-system collaboration involving NHS Devon (the Integrated Care Board), the [One Devon Partnership](#), social care partners, [Local Care Partnerships](#) (LCP) and [Provider Collaboratives](#), including partners across public services and the third sector.

System priorities for urgent and emergency care are:

1. Effective navigation
2. Same Day Emergency Care
3. Ambulance Handover Improvement
4. Improving flow through Emergency Departments
5. Community Urgent Care
6. Access to Primary Care
7. Access to Mental Health Services

A Devon stakeholder event has been planned for the 13 September to review the consolidated plan, priorities and to inform the next steps in the Urgent and Emergency Care (UEC) strategy development. This work is running concurrently with the development of a national UEC strategy, being led by Steven Powis (National Medical Director, NHS England).

Context

Devon's system remains under sustained pressure due to a range of complex and multi-faceted issues – including the pandemic, increased demand, staff shortages, and vacancy rates in health and adult social care providers.

The cost-of-living crisis is also impacting on health and social care services, not only for our population and our staff, but also in the care market.

Staff nationwide have faced one of their busiest summers ever with record numbers of Emergency Department attendances and ambulance services facing extreme pressures, high demand for social care and mental health services, and the impact of another wave of COVID-19.

As a result, bed occupancy levels in hospitals are high, people are staying in hospital for longer than they need to, and ambulance handover delays are increasing. Ultimately, it means many patients aren't getting the care they need in a timely way.

The past two years has seen significant pressure upon our urgent and emergency care (UEC) services. The workforce is stretched and exhausted, yet it continues to deal with high levels of demand against a backdrop of constraints which affect our ability to treat people.

Ambulance Handover delays are a whole-system issue impacted by challenges outside of ambulance and other emergency care services, particularly hospital capacity and delayed discharges to social care. Derriford Hospital in Plymouth has the longest waits and is under national scrutiny. While we are seeing some improvement in ambulance handover times it is not enough and there continues to be a national NHS focus on the Devon system and Derriford Hospital in particular.

The pandemic has led to an increase in mental health referrals (up 26% nationally on pre pandemic levels), while people's needs are becoming more complex and serious. Autism referrals have doubled in the last year, while attention deficit hyperactivity disorder (ADHD) referrals have trebled.

GP practices are seeing more patients and more complex needs than ever before, with an 8% rise in appointments in the past year.

These issues are compounded by recruitment challenges. Devon's vacancy rate has increased since last year (from 8% to 12.5%) but remains in line with the national average. As of July, there were 4,561 vacancies in vital health and care roles, which makes it more difficult to deliver care, including:

- 1 in 11 GPs (9%), while more than 1 in 5 GPs (27%) and 2 in 5 practice nurses (41%) are over 55, meaning are likely to retire in 5-10 years.
- 1 in 6 mental health nurse and consultant posts (17%)
- 621 nurse, midwife and health visitor vacancies (1 in 15)
- 1 in 14 consultants (7.2%)
- 2,300 social care vacancies (1 in 15)

The pandemic has fundamentally changed how the system works with adult social care providers and the voluntary and community sector. It has highlighted the essential role these services provide as part of the health system and enabling system flow, and the need to ensure we are more collaborative than ever working together on the challenges we collectively face and co-producing solutions and

approaches that seek to ultimately ensure people can access the care and support they need.

Maintaining a sufficient care market is one of the biggest challenges facing **adult social care** and wider health and care systems nationally. Now, more than ever, we recognise the importance of the role and contribution of our social care workforce and consider the recruitment, retention, and development of staff across the sector a top priority, leading the way nationally through the Love Care programme and Proud to Care initiative.

Devon County Council's Love Care Appreciative Inquiry last year brought together colleagues from across the county and beyond to better understand the workforce challenges they face and how partners can work collectively to make a difference that will bolster the sufficiency and quality of services for years to come, but also to celebrate the 25,000 people who work in the sector and contribute to the local economy in all their diversity. Love Care is now bringing together the council's 'Prospectus for Change' that will set out a group of measures that have a goal of increasing the care and health workforce by 2,350 people by December 2025.

Devon is one of only five systems in England not to have submitted a balanced financial plan for 2022-23. The Devon NHS system has an £18.2 million deficit. All NHS Chief Executives in Devon are committed to working together to achieve financial balance.

The proposed budget for 2022/23 is challenging to deliver and requires savings and efficiencies of £142.2m to be delivered across the Devon NHS system.

Devon County Council also faces unprecedented financial challenges caused by the cost-of-living crisis and spiralling demand for help for vulnerable children and adults. In July it was [predicted](#) the council could overspend by more than £40 million in the current financial year. Adult care services are forecasting an overspend of £6 million.

The council is taking action to rein in spending with councillors having to consider options including spending cuts, remodelling services to save money and cancelling or delaying building projects.

Last winter

Health and care services were under severe and sustained pressure during last winter, facing unprecedented challenges due to increased demand and the impact of the pandemic on our population and our workforce.

Last year a number of Adult Social Care planning documents were produced in response to nationally prescribed government requirements for winter preparation. The documents consisted of a Devon ASC Winter Plan and assurance, documents to help providers self-assess against the government requirements. These documents were shared with Devon County Council's Provider Engagement Network, across the ICS.

At this point the council is unsure whether the government will publish similar requirements this year; last year's requirements were not published until 3

November. The council proposes that that all relevant documents are updated for this year in anticipation of the possibility and should be extended to cover bad weather, flu and the cost-of-living crisis.

In Devon, health and care partners established a joint Health and Care Winter Task Force for the Devon system and learning from the Task Force is informing this year's winter planning.

Successes

Despite the challenges presented by the pandemic and continuing high demand for services, the Devon system is proud of recent successes, including:

- Sharing resources and information across our hospitals and health and care communities, working together across Devon to manage the impact of the pandemic.
- Working together across health and care to establish innovative community-based services such as new intermediate care services and 'care hotels' for people who are ready to be discharged from hospital but are waiting for care or equipment at home.
- Providing additional joint financial support directly to adult social care workers across Devon. Devon County Council and the CCG jointly funded a one-off payment for domiciliary care staff costing £3 million.
- Devon led the way in COVID vaccination set-up and delivery with many systems adopting its pioneering approach and won a national parliamentary award for its success in outreach work to encourage uptake of vaccinations within hard to reach and diverse communities.
- The Nightingale Hospital has been transformed from caring for COVID-19 patients to helping reduce waiting lists in the high-demand specialties of orthopaedics, ophthalmology, orthoptics and diagnostics.
- Devon CCG worked with health and care partners to give certain patients grants to help them leave hospital when they are ready to go home but still need some extra care and support for up to four weeks. The Hospital Discharge Personal Health Budget Grant was a one-off payment of up to £1,200 to support a patient's short-term health and wellbeing needs and facilitate timely, appropriate and safe discharges from hospital.
- Improvements to care have been made in many areas – for example expanding the care provided in people's homes. Examples within Devon County Council include:
 - **Hospital discharge: supporting those with more complex needs –** Between February and July agency care staff were funded in care homes to deliver one to one care for people with complex needs for up to 28 days. During the pilot period 51 additional hospital discharges were supported including a number of people who had spent significant unnecessary time in hospital. The Council is looking at how the learning from this pilot can be incorporated into the response for this winter and to move away from a reliance on high-cost agency care workers.
 - **Hospital discharge: supporting those with short-term enabling care –** Agency care staff were funded in care homes to ensure available beds could be safely staffed, booking and staffing 25 beds that were closed due

to staffing shortages across four care homes and focused this capacity on individuals requiring a short term/rehab placement. Co-locating individuals made it easier for Community Teams and Multidisciplinary Teams to spend time with people and to support with short term care to get them back home or supported to their next care setting. This initiative resulted in 1,417 acute bed days saved. The Council is looking at how it can develop this initiative and ensure community teams are consistently working with care homes to support hospital discharge and maximise outcomes for individuals by offering targeted rehabilitation to enable people to return back to their own homes as soon as possible.

- **Live-in care initiative** – An initiative to support hospital discharge and admission avoidance whereby people have received live-in care to re-able them in their own home. Over the seven-month period of the initiative 119 people have been supported by the service. Outcomes of the initiative have been more people are able to be in their own home, out of hospital and needing less intensive support, people being able to receive end of life care at home rather than hospital, and increased community capacity back into the system. Given these early positive findings, the Council is exploring how the initiative can be delivered across Devon.
- **International recruitment** - One Devon is currently undertaking international recruitment with the help of the Devon International Recruitment Alliance. It is hoped the first cohort of staff will be in place before Christmas.
- **Dementia** – In a bid to reduce delays in discharging patients with dementia and functional mental health needs from acute hospitals within Devon, a Devon Partnership NHS Trust post was created to support the care home market and help our understanding of care home capacity to meet different complexities, offer Multi-Disciplinary Team and wrap-around support. There is currently an ask at system level to explore providing similar across the rest of Devon.
- **The Carers' Hospital Service** – Learning from this national award-winning service is that it identifies carers early in their caring journey, protects their health and wellbeing, effectively meets and de-escalates needs, prevents in-patient admissions and speeds, smooths and assures the safety of discharges. In the key study period of April 2020-December 2021 over 4,000 carers were helped by this service when otherwise they would not have been recognised, and around 1,000 a year would be facing a discharge with no support and at the point of crisis. The service continues to carefully record its work and undertakes a 100% exit survey to support its continuing learning and improvement. In 2021-22, for an investment of £750k, there is a conservative estimate of a Benefit to Carers of £0.83 million, to the Health and Social Care system directly of £3.675 million and to the wider Devon economy of £85 million – a total of over £89.5 million. Going into winter 2022/23, the service will be operating in all four acute hospitals, in co-operation with Torbay, Plymouth and Cornwall carers' services, extending into associated community

hospitals. Its planned capacity of 450 cases per month will be enhanced as volunteers who are now being recruited complement paid staff roles by keeping touch with carers apparently in stable situations to be sure the post-discharge period goes smoothly, no re-admission appears likely, and the carer remains well.

Learning from last Winter

Key recommendations from the Winter Taskforce for this winter included:

- **A clear timeline for developing a more focused Devon Winter Plan** to enable production of a shorter, sharper, action-oriented Winter Plan with clear organisational or cell responsibilities for delivery, with more of a focus on partnership arrangements so that the role of local authorities, the ambulance service, voluntary sector and transport providers is amplified. **Update:** Winter Planning started in August this year, with leadership from Local Care Partnerships, provider collaboratives trusts and at system level.
- **Production of a real time unscheduled care dashboard** to inform daily decision making on system pressures and proactive management through the daily system call infrastructure. **Update:** work is continuing with an aim to 'go live' with a Dashboard of 'real time' health and social care indicators and trigger thresholds by autumn.
- **A System-Level Tactical Team to be permanently established** to provide tactical support and escalation at system level to manage pressures and risks across our health and care system. **Update:** Recruitment to a small team at Devon system level is underway with most posts filled.
- **The early negotiation of enhanced payments for domiciliary care workers** to expand and retain this essential workforce and recognise their impact on preventing hospital admissions and supporting timely discharges
- **Support and develop the Devon System Delivery Improvement Group (SDIG)** to involve all system partners in driving the in-year improvements needed to sustain our health and care services through winter and beyond. **Update:** SDIG membership now includes all partner representatives with a clear focus on in-year delivery of key system priorities (see below) and co-ordination and oversight of the Devon Winter Plan.

Key system improvement priorities

The key improvement priorities presented to system chief executives on in March 2022 were informed by the Winter Task Force's experience in the factors that have the potential for high impact improvement to system delivery.

This included having no more than 5% of General and Acute Hospital beds to be occupied by patients who no longer need specialist hospital care.

Patients are discharged to different services depending on their needs. For example, some people may be able to go to their own home with support from a care worker, while others with more complex needs, such as dementia, may need more longer-term, specialist support.

Most people need little or no support for their discharge from hospital – these are known as Pathway 0 (P0). For those people who need community support there are three main pathways of care:

- Pathway 1 (P1) – for patients going home from hospital needing support in their own home
- Pathway 2 (P2) – a short-term period of rehabilitation at home or in an alternative location that isn't home
- Pathway 3 (P3) – for patients being transferred to long-term care such as a residential care or nursing home

The numbers of patients who are ready to leave hospital but who can't be discharged remains relatively unchanged since last winter and long lengths of stay have not reduced sufficiently to free up capacity. This can mean that on an average day, around **300 people are medically fit for discharge but unable to leave hospital**. Delays in discharging patients who no longer need acute hospital care mean it is harder to admit patients from Emergency Departments, which, in turn, contributes to the problem of queuing ambulances outside our hospitals.

The table below shows the numbers of people (as at 1 September 2022) occupying beds who are medically fit to leave, by acute trust against the 5% of beds target. This covers individuals across all pathways (0-3).

Hospital	G&A Target (5%)	Current position (01/09/22)
Royal Devon and Exeter Hospital	36	70 (10%)
North Devon District Hospital	14	74 (27%)
Torbay Hospital	18	42 (12%)
Derriford Hospital	42	120 (14%)

This detail can be broken down by each local authority area, showing where delays in identifying appropriate packages of care/placements for those on pathways 1-3:

Hospital	Devon CC	Plymouth	Torbay	Cornwall
Royal Devon and Exeter Hospital	P1 – 32 P2 – 33 P3 – 32	N/A	N/A	N/A
North Devon District Hospital	P1 – 28 P2 – 14 P3 – 11	N/A	N/A	P1 – 2 P2 – 2 P3 – 1
Torbay Hospital	P1 – 8 P2 – 5 P3 – 0	N/A	P1 – 14 P2 – 8 P3 – 0	N/A
Derriford Hospital	P1 – 1 P2 – 3 P3 – 1	P1 – 7 P2 – 27 P3 – 0	N/A	P1 – 4 P2 – 42 P3 – 4

Delivering improvement in discharges will involve:

- **P0 'Simple' Discharge improvement** to deliver a minimum of 33% of discharges by 12 noon, 75% by 5pm and weekday average P0 discharges at weekends.
- **P1-3 Discharge Improvement** to deliver a minimum of 33% of discharges by 12 noon and 75% by 5pm. Actions include a reorganisation of the P2 pathway and associated community capacity as this pathway has the majority of delays in the Devon system, and Pathway 1 improvement to deliver increased community capacity and the reduction of assessment delays.
- **Investment in P1-3 Capacity** from NHS 'Winter Funding' (see Demand and Capacity plans below)

Other priorities include:

- **Reduction of ambulance handover delays** – there is a direct correlation between delays in handing patients over at hospital and the ability to achieve response time targets, particularly Category 1 and 2 (the most urgent). To support timely handover, acute trusts are providing designated areas within the ED to release ambulances (this is known as 'cohorting'). It is imperative that they are consistently staffed to deliver this solution. Furthermore, where patients can be treated away from the ED, utilising pathways such as hospital-based Same Day Emergency Care (SDEC), we must take every opportunity to do so. It is important that across Devon we can offer consistent SDEC opening times that reflect demand profiles and with extended access to diagnostics.
- Improved access to urgent and emergency care in primary and community settings – commissioners are working closely with the incoming Integrated Urgent Care Services provider (Practice Plus Group, see section below) to make improvements to the volume of out of hours provision for Devon patients. PPG is undertaking an extensive communications and engagement campaign with the local clinical community with a view to attracting clinicians to the new service and ensuring rotas are well filled through the winter and beyond.
- Mental Health priorities (for older adults relating to delays in onward care) – to reduce delayed transfers of care by 25% by July 2022 (achieved) in Older Peoples Mental Health in-patient services, with an aspiration to further improve hospital discharge by the end of the March 2023.
- The key priorities for the 2022/23 Elective Recovery Programme, including elimination of long waits for planned treatment.

These priorities formed the basis of Devon's bid for additional winter funding – see below.

Looking ahead – the coming winter

This winter is expected to be extremely challenging, with [some commentators saying](#) it could be the toughest winter on record. Planning for winter has begun earlier than in previous years and in a more integrated way at locality level to make sure we are prioritising any additional funding to services that will make a positive difference to the pressures we know are facing the Devon health and care system this winter.

National forecasts indicate that we could experience two more Covid waves this year with peaks in December and March. The peaks may be higher than we have seen in

the last two waves. Waves are linked to waning immunity but the impact of indoor mixing over the winter months may create the higher overall levels. This could change depending on the variants in circulation and any developments in treatment.

As set out earlier, system plans are being made against a backdrop of an extremely challenging financial and workforce position. Staffing is also likely to be hit by increased staff absence as a result of the forecast COVID waves.

Significant hospital bed pressure and high demand for social care is expected this winter linked to both high Covid and flu levels.

All parts of the health and care system will need to work collaboratively to ensure a strong recovery across urgent and emergency care services, with a focus on offering services which ensure the right support at the right time in the right place – and encouraging local people to use services wisely. If successful, this will mean that the majority of care and support will be provided at a neighbourhood level where people live or nearby.

Since 2019/20, there has been a 24.8% increase in demand for acute hospital beds. Bed occupancy currently remains high at all hospitals in Devon, with all consistently above 90% and Derriford and Torbay Hospitals regularly above 95%. This is well above the national average of 85% and makes it more difficult for hospitals to manage peaks in demand.

In the social care sector, on-going COVID outbreak management support continues, including Business Continuity Planning Support for providers to ensure plans are in place so that they can continue providing their service with minimal disruption.

Devon County Council also provides support to services with severe staffing shortages and/or at risk of failure, including agency care worker support for services with critical staffing situations and service resilience team support for providers facing management and leadership difficulties.

Additional training and career development is also provided for social care providers through the Health and Social Care Skills Accelerator Programme

In recognition of the challenges and pressures in Devon, the system has secured funding from NHS England which will be used to create more than 300 additional beds (or 'bed equivalents'), some of which will be in hospitals, some in the community and some 'virtual beds' – see below.

Winter Planning

National instructions to Integrated Care Systems on preparing for winter

On 12 August, NHS England [wrote to all systems](#) to set out the next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter.

The letter sets out how the service has been focussed on ambulance performance, and the linked issue of speeding up discharge from hospitals.

It also says NHS England will continue to develop key metrics and core objectives designed to support ICSs to manage winter pressures and prevent avoidable harm to patients.

The collective core objectives and actions are to:

- 1) Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.
- 2) Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- 3) Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers across the country.
- 4) Target [Category 2](#) (for serious conditions such as stroke or chest pain, which may require rapid assessment and/or urgent transport) response times and ambulance handover delays, including improved use of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- 5) Reduce crowding in Emergency Departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- 6) Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- 7) Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '[100 day challenge](#)'.
- 8) Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

The letter says that new system working also means a new approach to accountability. ICBs like NHS Devon are accountable for ensuring that their system providers and other partners deliver their agreed role in their local plans and work together effectively for the benefit of the populations they serve.

Six specific metrics, key to the provision of safe and effective urgent and emergency care, that NHS England and ICBs will use to monitor performance in each system:

- 111 call abandonment
- 999 call answering times
- Category 2 ambulance response times
- Average hours lost to ambulance handover delays per day.
- Adult general and acute type 1 bed occupancy
- Percentage of beds occupied by patients who are medically ready to go home or to other care settings, such as social care placements

It is important to note when any single organisation or sector faces a problem, its effects are normally felt across the whole of the county's (or even region's) health and care system. For example, the knock-on effects of social care challenges in Plymouth mean Derriford Hospital has problems discharging patients, which in turn

affects patient 'flow' through the hospital with too many beds occupied by people who are medically fit to leave. This can lead to ambulance delays and cancelled operations which can then lead to some patients being treated by other (already-busy) hospitals in Devon. For this reason, issues and projects outside the Devon County Council area have been included in this report.

Addressing Devon's care capacity challenges – extra funding secured

Devon been provisionally allocated **£23.9 million** of national NHS funding to help reduce the pressures in urgent and emergency care services and create additional bed capacity.

As one of the six most challenged hospitals nationally, **£5 million** of this funding has been ringfenced to radically reduce ambulance handover delays at Derriford Hospital in Plymouth from September 2022, including new ways of working and additional hospital and community bed capacity. Note: this work accords with Recommendations 1 and 2 of the Spotlight Review [published](#) by Devon County Council's Health and Adult Care Scrutiny Committee in June 2022.

The remaining funding - **c£19 million** - is being focused on high impact services across Devon to provide additional capacity over winter. Each [Local Care Partnership](#) (LCP) in Devon is leading the development of plans for their local population in partnership with their local acute hospital and mental health providers. The proposed high level investment priorities are summarised below:

Opening acute hospital 'escalation' beds

In addition to an additional 41 acute hospital beds funded in the Derriford Ambulance Improvement Plan, each of our other acute hospitals will receive funding for additional temporary acute hospital beds and support staff to support winter pressures at a cost of c£6 million.

- Torbay Hospital – 37 additional beds/spaces
- Royal Devon and Exeter Hospital – 18 additional beds
- North Devon District Hospital (Barnstaple) – 11 additional beds

Treating more patients at home through 'virtual wards'

Devon will be developing virtual wards, which allow patients to get acute/inpatient-level care at home (their usual place of residence) safely and conveniently, rather than being in hospital.

In a virtual ward, support can include remote monitoring using apps, technology platforms, wearables and medical devices such as pulse oximeters. The technology captures observations such as blood pressure, heart rate, respiratory rate etc, and also provides a platform to allow remote communication between the person and their clinical team.

As mandated by NHS England as part of a national transformation programme, the initial pathways of focus are on frailty and respiratory illness and will offer additional clinical pathways at the discretion of the three services, based on the needs of their local population and workforce availability. These might include heart failure, atrial fibrillation, enhanced delivery of IV antibiotics at home.

Devon has secured funding of c£3million from NHS England for the current financial year and plans to deliver three virtual wards providing an alternative to using the equivalent of c53 hospital beds across Devon:

- North and Eastern Devon which will be clinically led by the Royal Devon University Healthcare NHS Foundation Trust.
- Torbay and South Devon – clinically led by Torbay and South Devon NHS Foundation Trust
- Plymouth and West Devon – clinically led by University Hospitals Plymouth NHS Trust and Livewell Southwest

In addition to the funding above, an additional £2 million will be provided from the £19 million additional capacity funding to provide a further 32 bed-equivalents.

The aim is for the first virtual ‘spaces’ under these new services go live in December 2022, before scaling up the services through to March 2024.

There will be patient choice as to whether to receive their treatment as an inpatient or on the virtual ward. Suitability will be based on clinical criteria, but also on non-clinical factors such as the suitability of their home environment and the availability of any care they require while receiving their medical treatment (including the needs of any family or carers). The project team is working with a health inequalities group to draw recommendations for the operational delivery of virtual ward services, and with the Devon Carers group and two appointed Carers Ambassadors to ensure that the needs, rights and wishes of carers are built into the pathway, literature and any assessments from the beginning.

Getting people home from hospital safely

Enhanced discharge capacity - £9.85 million, to include:

- Pathway 1 – care hotels/care hotel-type services
- Pathway 1 – increasing agency support and integrating services
- Pathway 2 – additional rehabilitation care and support
- Pathway 3 – complex dementia

This includes additional capacity for mental health and is **in addition to** the NHS mental health allocation of £219,000 for winter pressures (see below).

Mental Health Capacity

As discussed with the Health and Adult Care Scrutiny Committee in June, following on from the work taking place to combat the challenges left by the Covid pandemic of higher than ever referrals to mental health services (up 26% nationally on pre pandemic levels) the [Devon Mental Health, Learning Disability and Neurodiversity Provider Collaborative](#) is developing our preparations for this winter, as part of the overall integrated care system response. The Provider Collaborative is made up of all the main stakeholders across health, local authority and third sector and winter planning is aligned to the national and local wider system planning more generally.

Key areas of focus are anticipating demand, especially in relation to the cost-of-living challenges, workforce and resilience. It is expected to be a challenging winter as

local people have to make difficult choices over the coming months. Nationally, mental health has been allocated £10 million for winter preparations, equating to £219,000 across Devon (covering Devon, Plymouth and Torbay).

It is anticipated this winter requires significant response to increased mental health needs to prevent unnecessary use of accident and emergency departments, ambulance and police services and ensure best use and timely onward care from our psychiatric inpatient units and therefore opportunities to increase the mental health funding from the wider system allocation for winter are also being explored and considered.

To ensure services are as prepared as possible, bespoke mental health plans are being considered, aimed to build resilience into current service provision, including:

- Access to information related to cost-of-living advice and guidance.
- Additional capacity from third sector into the mental health First Response Services to enable immediate/ facilitated access to practical support
- Support improved discharge back home using personal health budgets
- Implementing a community model for managing children and young people in crisis

In addition, the wider system demand and capacity planning for winter includes mental health to ensure comprehensive plans are in place to address some of the key concerns to meet demand this year.

To combat workforce challenges, schemes include extending existing provision, working differently at a system level to align resource across organisations to work to improve productivity and expand skills across staff cohorts, and working with third sector partners to expand areas they are already delivering or more able to extend quickly. There is also some opportunity to redesign to test different approaches alongside offering staff additional hours especially those who work part time. It is imperative to maintain staff wellbeing throughout the winter and staff wellbeing hubs will remain in place for the time being for all care staff.

Improving integrated urgent care services, £0.9m

Devon's integrated community urgent care services, which include NHS 111 and GP out-of-hours, will be [delivered by a new provider](#), Practice Plus Group, in October 2022.

Ahead of, and as part of this, several initiatives will take place to improve services and manage the transfer of the provider, including contracting with Vocare to provide call handling support for the 11 weeks prior to Practice Plus Group taking on the service at a cost of £0.9 million. Vocare will also be taking a proportion of Devon's 111 calls until 10 October to support the transition to the Practice Plus Group.

One Devon system communications strategy and approach for winter 2022/23

The One Devon system communications strategy for winter is based on the national **Help us help you** (HUHY) campaign and aligns with national messages and timelines.

The key areas for the 2022/23 winter campaign are

- **111** – behaviour change campaign to encourage contacting 111 before attending Emergency Departments, or visit 111 online.
- **Flu and Covid vaccination** – targeting all groups (with new expanded groups for 2021/22) and added messaging on measures in place to keep people safe and limit exposure.
- **Early discharge** – system-wide campaign to support early discharge from hospital and improve flow
- **Pharmacy and self-care** – increasing awareness of GP community pharmacy consultation service and self-care campaigns
- **Inequalities** – focus on seldom heard groups working with local communities and community champions to undertake engagement and insight work, ensuring services are inclusive, translated, and easy read documentation. Support to access services and information outside of digital platforms, particularly for people with learning and/or physical disabilities.
- **Mental health** - support available for people, especially as we approach Christmas and New Year, and promotion of 24/7 crisis lines, as well as crisis cafes
- **Digital offer** – online and video consultations, NHS app, HANDi paediatric app

This year there will be a careful coordination of autumn booster for Covid-19 and Flu vaccine messaging to reinforce protective behaviours for both.

The detailed communications and marketing campaign plan for Devon 2022/23 is currently in development and with NHS England for review. It will align with the operational plan for winter and system objectives.

The communications approach will include:

- Direct to audience (mail-outs, events, outdoor advertising, etc)
- Online (websites, social media, digital marketing)
- Engaging key stakeholder groups
- News/media
- Influencers
- Internal communications

There will be a focus on health inequalities and outreach, with particular focus on engaging ethnic minorities, people living in deprived communities and people with learning disabilities, as well as all other at-risk groups.

The communications plan will be supported by insight from the [Involve One Devon](#) platform.

Themed week approach – this will be the ‘golden thread’ of our campaigns using a thematic approach for each eligible group. This helps to coordinate the system and provide focus.

Note: This work accords with Recommendation 4b of the Spotlight Review published by the committee in June 2022.

Local communications teams are also developing plans to signpost advice and support for staff and local people in relation to cost-of-living concerns.

The Devon Better Care Fund

The Devon Better Care Fund (BCF) is used to support out of hospital health and care services, to help ensure people do not stay in hospital any longer than needed, and has been in place since 2014. It is a nationally mandated joint fund between Devon County Council and NHS Devon, underpinned by a [S75 agreement](#).

This substantive funding covers things like the community equipment service and our carers contract. We also have the non-recurrent “iBCF”, added to the BCF in 2017, with which we have flexibility to use locally each year, agreed with our acute and community teams along with winter funding which comes through the same route.

This winter, the iBCF is being used to supplement hospital discharge funding arrangements; additional capacity in the personal care market; support to care homes to allow them to care for people with very complex needs; and funding for the voluntary and community sector to allow people to return home from hospital with some local support.

During the pandemic NHSE provided funding to cover the hospital discharge programme that supported the discharge to assess process. The funding covered the first 4 weeks of care and other interventions to aid discharge, and ended on 31 March 2022. NHS bodies and local authorities are required to agree the discharge models that best meet local needs that are affordable within existing budgets available to NHS commissioners and local authorities and as part of that, we have just agreed to add our hospital discharge funding arrangements to the Better Care Fund, which will ensure joint governance and oversight through the BCF leadership arrangements.

Recommendation

That the committee invites officers to return in the late spring to provide a review/evaluation of winter and the effectiveness of the planning as described in the paper.

ENDS