

NHS Devon update for Health & Wellbeing Board

20 October 2022

COVID-19 and vaccinations

The number of people in hospital with COVID-19 in Devon rose sharply during September and stands at 228 on 11 October.

Over 3.2 million doses have been given to over 1 million people in Devon since the Covid-19 vaccination programme began. Around 200,000 doses of the Autumn booster have been administered.

A seasonal booster (autumn booster) can currently be booked online for anyone who is:

- aged 65 or over
- pregnant
- aged 5 and over and at high risk due to a health condition
- aged 5 and over and at high risk because of a weakened immune system
- aged 16 and over and lives with someone who has a weakened immune system
- aged 16 and over and is a carer, either paid or unpaid
- a frontline health and social care worker

People aged 50 to 64 years old who are not in any of these groups will also soon be able to get a seasonal booster.

The appointment dates people will be offered will start from 3 months (91 days) after your previous dose.

The flu vaccine is given free on the NHS to adults who:

- are 65 and over (including those who will be 65 by 31 March 2023)
- have certain health conditions
- are pregnant
- are in long-stay residential care
- receive a carer's allowance, or are the main carer for an older or disabled person who may be at risk if you get sick
- live with someone who is more likely to get a severe infection due to a weakened immune system, such as someone living with HIV, someone who

has had a transplant, or is having certain treatments for cancer, lupus or rheumatoid arthritis

From mid-October, people aged 50 years old or over (including those who will be 50 years old by 31 March 2023) can have a free NHS flu vaccine. This is so at-risk groups can be offered vaccination first.

Health and care partners preparing for busy winter

Health and care partners are working together to plan for what could be the toughest winter on record.

As part of this year's response, Devon has 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.

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:

There are an additional 54 acute hospital beds/bed equivalents funded in the Derriford Ambulance Improvement Plan, and each of our other acute hospitals will also 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

Devon will be developing virtual wards (see below), which allow patients to get acute/inpatient-level care at home safely and conveniently, rather than in hospital.

£9.85 million will be spent on enhancing discharge capacity from hospitals, with schemes across the system including care hotels, additional community-based rehabilitation care and support and measures to help people who have complex dementia leave hospital safely. This includes additional capacity for mental health and is in addition to the NHS mental health allocation of £219,000 for winter pressures.

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 are taking place to improve services to support the transition.

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

Working together to provide 'virtual wards'

NHS partners in Devon are running '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. The technology captures observations which could include blood pressure, heart rate, respiratory rate etc (depending on need), and also provides a platform to allow remote communication between the person and their clinical team.

As stipulated 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.

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 extra £2 million (from a recent provisional allocation from a national funding source) will be provided to further expand the scheme.

Suitability will be based on clinical criteria, but also on non-clinical factors such as patient choice, 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).



Partners working together on Urgent and Emergency Care

Partners from across the Devon system recently met to agree priorities and next steps for Urgent and Emergency Care.

Current priorities include establishing a Devon UEC Strategic Oversight Group, implementing the governance and oversight structure, establishing progress reviews and reporting across the delivery workstreams to ensure streamlined reporting against existing plans and wider stakeholder requirements.

NHS Devon's Strategic Objectives

ICS objectives for 2022/3 have been coproduced by ICS and ICB executives. An operating model for the ICS is also being coproduced with ICS and ICB executives alongside these objectives. Feedback and further discussion with system partners' boards is welcomed.

A Change Leaders event is being held next month to ensure alignment over the Devon context and involve system leaders in shaping strategic goals for the ICS which will form part of the ICS strategy being produced by the One Devon Partnership (the ICP).



Responding to the cost of living crisis in Devon

Colleagues in the three upper tier local authorities in Devon have been examining ways to help people through the cost of living crisis.

There are concerns about increasing demand at food banks, and the impact of rising poverty. This will inevitably have an impact on individuals and communities across Devon and our wider One Devon System.

Chairs and leaders across the One Devon System have started discussing their plans for the coming winter to understand what practical measures were being put in place and how each of the councils and the NHS can support each other. This will be a feature of the conference on the 12 October.

It was felt that coordinating role would be helpful and that the new Integrated Care Partnership (ICP) could be the vehicle to do this, sharing good practice and helping to identify gaps in services.

This should help to ensure that plans are aligned and connected into the work of our Local Care Partnerships and might also make it easier for the county to apply for additional funding from Government – including in the form of pilots.

Bringing children's surgery closer to home

NHS partners in the south west are working together on measures to support more children to have their surgery closer to home and reduce waiting times.

University Hospitals Plymouth NHS Trust (UHP), which runs Derriford Hospital, is working with the region's specialist hospital for children, Bristol Royal Hospital for Children (BRHC), to reduce the number of children who need to go to Bristol for treatment.

UHP proudly hosts a dedicated Children's Surgical Centre and has now been designated as an Interim Sub-specialty Centre for Surgery in Children for Devon and Cornwall. More complex cases have historically been treated in Bristol Children's alongside the specialist referrals and major trauma.

Under the first phase of the new arrangements, in November 2021 a visiting surgeon from BRHC began leading UHP's children's surgical centre team to carry out cleft lip and palate surgery on young patients from Devon and neighbouring counties at Derriford.

It is expected that 80-100 children will benefit from the surgery at Derriford in the first year of the programme.



Other Devon trusts will continue to provide children's surgery; currently around 6,000 surgical procedures a year.

The impact on waiting times will vary by speciality but eventually could mean some children receive surgery more than a year earlier than they would have done without this arrangement.

Devon and Cornwall Shared Care Record

Across Devon and Cornwall, a programme of digital work is underway to deliver a new system called the Devon and Cornwall Care Record (DCCR) that enables authorised health and care staff to see details held by a wide range of providers across Devon, Cornwall and the Isle of Scilly in a single record – giving them a more complete view of a patient's history. It is part of a national programme to transform information sharing across health and social care.

System launch

The DCCR system launched in August. Staff using the DCCR can currently see the information below. However, over time, this will increase as more organisations sign up to the programme, and existing contributors share more information with the system.

Data Sets	Description
Demographic information	Demographic data, such as name and contact details for patients across Devon, Cornwall and the Isles of Scilly
Encounter information from NHS Trusts	Encounter data for inpatient and outpatient appointments, and some urgent care services from: <ul style="list-style-type: none">➤ Royal Cornwall Hospitals NHS Trust (RCHT)➤ University Hospitals Plymouth NHS Trust (UHP)➤ Cornwall Partnership NHS Foundation Trust (CPFT)
Information from general practice	Information from a patient's GP record, including medication, allergies, problems, diagnoses, encounters and investigations
Information from community services	Information from community services provided by Livewell Southwest and UHP, including appointment information, referrals, allergies and problems
Information from IAPT Talkworks service	High-level information about episodes of care and appointments from the IAPT (Improving Access to Psychological Therapies) service, Talkworks, provided by Devon Partnership Trust (DPT)

You can see a list of the participating organisations on the [DCCR website](#).

The next stages involve:



- Making more information available from organisations who are already sharing data.
- Bringing information in from organisations who are not yet sharing information – including hospices, Royal Devon University Healthcare Trust (formally RD&E and NDHT) and social care organisations.
- Increasing the overall number of organisations using the DCCR to view data.
- Increasing the functionality provided by the system, for instance Treatment Escalation Plans.

New Provider Collaborative taking shape

Devon's Mental Health, Learning Disability and Neurodiversity (MHLDN) Provider Collaborative came into existence in July; with providers working closely together. Its aim is to commission and deliver high quality, consistent care across the county, reducing duplication of effort and driving improvement. Among many other things, it will create much closer planning and working between Devon Partnership NHS Trust (DPT), which is the lead organisation for the Collaborative, and Livewell Southwest (LSW) in Plymouth. Its creation is very timely, with mental health referrals across the country up by around 26% on pre-pandemic levels.

Although it's still very early days, the Collaborative's Programme Director, Jacquie Mowbray-Gould, is confident about the potential to deliver significant improvements over the next few years. She said: "Partnership is at the heart of our approach and nowhere is this more true than in working alongside people with lived experience, who will be involved in all aspects of what we do. Similarly, far closer working with our colleagues from the VCSE sector will be a key component of our approach.

"One of the main advantages of the Collaborative is that, for the first time, we have a single partnership in place to design, plan, commission, deliver and monitor services across the county. Our ambition is to use our operating budget - which is around 15% of the total health spend in Devon - as effectively as possible to improve the lives of people with mental health, learning disability and neurodiversity needs."

Monkeypox

There have been 3,523 confirmed and 150 highly probable cases of monkeypox in the UK as of 11 October, 322 of which are in the south west. Where gender information was available 98.6% were men.

To expand the UK's capability to detect monkeypox cases, some NHS laboratories are now testing suspected monkeypox samples with an orthopox polymerase chain reaction (PCR) test (orthopox is the group of viruses which includes monkeypox).

England is judged to be at Level 2 outbreak, the second lowest of four levels. This is defined as "transmission within a defined sub-population with high number of close contacts".



The outbreak has mainly been affecting people without documented history of travel to endemic countries.

It is likely that multiple factors, including but not limited to vaccination, are contributing to a decline in transmission (moderate confidence). Reduction in some other sexually transmitted infections, as well as modelling, suggests behavioural modification may have been a factor (low confidence).

