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Oversight and Governance
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HEALTH AND WELLBEING BOARD

Thursday 26 January 2023
10.00 am
Council House

Members:
Councillor Dr Mahony, Chair
Councillor McDonald, Vice Chair
Councillors Mrs Aspinall, and one Conservative vacancy.

Statutory Co-opted Members:
Strategic Director for People, Director of Children's Services, NHS Devon Clinical Commissioning Group, Director for Public Health and Healthwatch.

Non-statutory Members:
Livewell SW, University Hospitals Plymouth NHS Trust, and the Voluntary and Community Sector.

Members are invited to attend the above meeting to consider the items of business overleaf.

This meeting will be webcast and available on-line after the meeting. By entering the Council Chamber, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

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Tracey Lee
Chief Executive

Health and Wellbeing Board

1. Apologies

To receive apologies for non-attendance by Health and Wellbeing Board Members.

2. Declarations of Interest

The Board will be asked to make any declarations of interest in respect of items on this agenda.

3. Chairs urgent business

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. Minutes **(Pages 1 - 8)**

To confirm the minutes of the meeting held on 29 September 2022.

5. Questions from the public

To receive questions from the public in accordance with the Constitution.

Questions, of no longer than 50 words, can be submitted to the Democratic Support Unit, Plymouth City Council, Ballard House, Plymouth, PL1 3BJ, or email to democraticsupport@plymouth.gov.uk. Any questions must be received at least five clear working days before the date of the meeting.

6. Local Care Partnership: **(Pages 9 - 24)**

7. Integrated Care Strategy: **(Pages 25 - 180)**

8. Plymouth Substance Misuse Needs Assessment: **(To Follow)**

9. Terms of Reference Update **(Pages 181 - 184)**

To agree an update to the Terms of Reference for the Health and Wellbeing Board.

10. Tracking Decisions **(Pages 185 - 186)**

The Board will review the progress of the Tracking Decisions Log.

11. Work Programme **(Pages 187 - 188)**

The Board will be invited to add items to the Work Programme.

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Health and Wellbeing Board

Thursday 29 September 2022

PRESENT:

Councillor Dr Mahony, in the Chair.
Councillor, McDonald, Vice Chair.
Councillors Mrs Aspinall, and Ms Watkin (Substitute for Councillor Nicholson).

Apologies for absence: Councillor Nicholson, Ruth Harrell (Director of Public Health), Anna Coles (Director of Integrated Commissioning), Sharon Muldoon (Director of Children's Services), Tony Gravett (Healthwatch).

Also in attendance: Craig McArdle (Strategic Director for People), Rachel Silcock (Community Empowerment & Operational Lead), Rob Nelder (Civil Protection Support Officer), David Bearman (Devon Local Pharmaceutical Committee), Sara Mitchell (Livewell SW), Emma Handley (Citizens Advice), Jaroslava Hurtikova (Citizens Advice), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 10.00 am and finished at 12.30 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

14. **To appoint a Vice-Chair**

The Chair, Councillor Dr John Mahony, proposed Councillor Sue McDonald for Vice-Chair. This proposal was seconded by Councillor Mary Aspinall.

1) The Board agreed to appoint Councillor Sue McDonald as Vice-Chair of the Health and Wellbeing Board for the remainder of the municipal year 2022-23.

15. **Declarations of Interest**

There were no declarations of interest made in accordance with the code of conduct.

16. **Chair's urgent business**

There were no items of Chair's urgent business.

17. **Minutes**

The Board agreed the minutes of 30 June 2022 as a correct record.

18. **Questions from the public**

There were no questions from members of the public.

19. **Pharmaceutical Needs Assessment**

Rob Nelder (Consultant, Public Health) delivered the Pharmaceutical Needs Assessment to the Board, and highlighted the following points-

a) Producing the Pharmaceutical Needs Assessment (PNA) had required a large amount of work and cooperation between council staff, health organisations, and the Devon Steering Group, for which all were thanked;

b) The PNA was a comprehensive assessment of the current and future pharmaceutical needs of the local population, community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas;

c) Plymouth's Health and Wellbeing Board had a legal duty to ensure the production of a PNA for Plymouth, as set out by the Health and Social Care act 2012. These were produced in 3 year cycles, with Plymouth's last PNA published in 2018. Due to the Covid-19 Pandemic, the PNA due to be published in 2021 had been put on hold, and was required to be published by 1 October 2022;

d) All pharmacies or dispensing appliance contractors wishing to provide pharmaceutical services had to apply to NHS England to be included in the pharmaceutical list, making reference to the PNA and how their service would meet current and future needs;

e) The PNA would be used by NHS England to inform decisions on which NHS services community pharmacies should provide, the location of them, and any need for additional pharmacies;

f) The PNA contained 'locality summaries', providing an overview of the 4 areas within the city. For each locality, this detailed-

I. a map of pharmacies within the area;
II. the demography;
III. an overview of the health needs;
IV. housing growth and development;
V. current pharmacy provision;
VI. accessibility of services;
VII. a gap analysis from the previous PNA, and this one.

g) The PNA had identified that there appeared to be sufficient access to pharmaceutical service in Plymouth as a whole however, there remained a need for pharmacy services in Barne Barton due to the depravation and isolation of the community;

h) The PNA had considered extensive housing developments proposed across the city in areas such as Woolwell, Shirford, and Saltram meadow however, determined that

the pharmaceutical demand from these developments would not be likely to outstrip supply and create a gap within the 3 years covered by this PNA. It was likely that a future PNA would need to take these developments into consideration;

i) The PNA recognised increasing demand pressure on primary care services, with potential for significant change over the lifetime of this PNA. Supplementary statements could be issued to the PNA over the next 3 years as required, to address significant changes to service provision, housing, or other factors;

j) A 60 day public consolation period was held for the PNA, with 5 responses received. These identified that the PNA met its requirements, gave accurate information, identified correct current and future gaps in provision, and had not excluded any gaps.

In response to questions from the Board, it was reported that-

k) The Health team, in partnership with the Health and Wellbeing Board, were able to make representations to NHS England regarding potential pharmacy closures, mergers or start-ups; this helped ensure adequate provision;

l) Community pharmacy faced significant financial and staffing pressures, leading to increased fragility. There was often little or no warning when pharmacies closed, requiring work to increase the resilience of the system;

m) While pharmacies reduced demand on GP services, this had caused an increase in the volume and acuity of patients presenting at pharmacies;

n) It had been disappointing that another PNA had revealed a pharmaceutical deficit in Barne Barton. This was primarily due to poor financial viability, with previous pharmacy applications left to expire;

o) NHS England tended not to be proactive in encouraging applications for community pharmacies however, from 1 April 2022, commissioning of pharmacy services would be handed over to local Integrated Care Boards (ICB);

p) Pharmacy staff were required to complete compulsory professional development and structured training programmes to demonstrate competency and keep up to date with the latest medical developments.

The Board thanked Rob Nelder and all involved in the creation of the PNA and agreed-

1) To formally accept the Plymouth Pharmaceutical Needs Assessment for 2022-2025;

2) To the Publication of the Pharmaceutical Needs Assessment on the Health and Wellbeing Website;

3) To recommend that 'should there be any change to pharmacy provision in Plymouth, the Chairs of the Health and Wellbeing Board, and Health and Adult Social Care Overview and Scrutiny Committee should be informed, to allow consultation with NHS England & the ICB'.

20. **Mental Health Services during, and post COVID**

Sara Mitchell (Livewell SW) delivered a report on 'How citizens with Learning Disabilities (LD) and Serious and Enduring Mental Illness (SEMI) had fared during Covid, and the projected increase in demand for mental health services post Covid' to the Board, and highlighted the following points-

a) Livewell had not suspended any of its mental health or learning disability services during the Covid-19 Pandemic. Instead, every patient on a caseload had been risk-assessed to ensure they received the most appropriate care, and additional services had been provided such as the 24 hour 1st response crisis line, and an expansion of the primary care offer;

b) In the first wave of the pandemic, there had been 4 deaths across the whole of Devon, 2 of which were known to Plymouth services and were housed in residential homes. People with learning difficulties had been 6 times more likely to die from Covid during the pandemic than the rest of the population, largely due to pre-existing health conditions;

c) Livewell had initiated the Restore2 programme to train care staff to better identify deterioration in patient physical health and Covid. Meanwhile, annual health check work had continued, and there had been an ongoing push to encourage vaccine take-up for those with LD & SEMI. Livewell had also instigated the creation of Learning Difficulty Champions, targeted to reduce inequalities and promote the understanding of the needs of people with learning difficulties;

d) In July 2021, Livewell established the Autism Service, which had been proactively engaging with people with learning difficulties. There was also ongoing work to set up a Learning Difficulty Partnership;

e) Demand for mental health services had been increasing since the start of the pandemic however, the Primary Care Mental Health Team remained in a positive position. The 1st Response Team had been established to ensure people were seen before crisis point, thus reducing the need for referral to secondary care services, and averaged around 90 calls in any 24hr period. This had resulted in a high number of referrals, with 23,000 accepted, compared to 12,500 pre-pandemic. However, while referrals were high, the service had greatly contributed to a decline in demand for traditional services such as the community mental health service;

f) The ongoing expansion of Livewell's preventative 'primary care services' were praised as one of the greatest successes;

The Board praised the ongoing expansion and development of Livewell's primary care services and health teams. Following questions from the Board, it was reported that-

g) The Out of Hours Mental Health Team provided a 24/7 service;

h) There had been a noticeable rise in referrals of young people since the start of the pandemic, including referrals to the Child and Adolescent Mental Health Services (CAMHS).

The Committee agreed to note the report.

21. **Cost of Living Update & Citizens Advice**

Rachel Silcock (Community Empowerment & Operational Lead) delivered an update on the Council's Cost of Living Taskforce, and highlighted the following points-

a) The City Council had recently established a Cost of Living Taskforce, which included organisations such as Citizens Advice, Plymouth Energy Community, Food Plymouth, the Churches, and Community Connections;

b) The recent economic downturn, combined with the ongoing impact of Covid 19 and other geopolitical events had severely increased the Cost of Living. This had created a renewed focus for the Council on its ongoing work around debt, poverty, and financial wellbeing;

c) The Impact of the cost of living had disproportionality effected households on low incomes, those in social housing, the homeless or vulnerably housed, single person households, and the elderly/ young population;

d) The reduction in peoples 'disposable income' had forced tough prioritisation decisions for people over heating, eating and paying debts. Poverty was closely intertwined with health and wellbeing, with financial pressures having negative impacts though poor nutrition, mental health, and cold/ damp homes;

e) Many avenues of support were already in place across the city, such as-

   i. 6 Wellbeing Hubs, providing advice, information and health support;
   ii. Complex Needs Alliance, providing support to those facing homelessness, substance misuse and mental health issues;
   iii. Plymouth Energy Community, providing advice on energy efficiency;
   iv. Food Plymouth, providing coordination of food aid and food supply.

f) The Cost of Living Taskforce aimed to provide urgent support those in crisis, support the emerging needs of those identified as most at risk, and build long-term resilience through working with communities and the voluntary sector. This was organised around 3 core themes-

   v. Managing Finances;
   vi. Managing at home (housing, heating and eating);
   vii. Mental health and wellbeing.

g) The role of the taskforce was to coordinate the ongoing work of individual organisations, voluntary groups and authorities in providing clear, coherent and accessible support.

Emma Handley and Jaroslava Hurtikova delivered a report on the 'Cost of Living' on behalf of Citizens Advice Plymouth to the Board, and highlighted the following points-

h) Britain was facing one of the greatest Cost of Living challenges in decades, forcing people into hard financial decisions. Since April 2022, over 2,500 Plymouth residents had contacted Citizens Advice for support, with 69,000 searches being made for Citizens Advice Plymouth support, online. Of these, over 63% of requests for advice were made in relation to the cost of living, and 60% of people lived with a long-term health condition;

i) An estimated 19% of Plymouth's Children already lived in 'poverty', with fuel price increases and upcoming winter conditions predicted to further worsen standards of living;

j) Citizen's Advice research showed that the cost of living had been gradually increasing since early 2019, with a peak reached in July 2022;

k) Within 2 weeks of opening the 'Household Support Fund', Citizens Advice had received over 700 applications and was forced to close the application period early;

l) Statistics showed an increasing demand for foodbanks, fuel vouchers, and other charitable grants. There had also been a sharp increase in demand for support with Personal Independence Payments (PIP) and disability benefit applications;

m) Within 2 weeks of opening the 'Household Support Fund', Citizens Advice had received over 700 applications and was forced to close the application period early;

n) Statistics had shown an increased demand for foodbanks, fuel vouchers, and other charitable grants. There had also been a sharp increase in demand for support with Personal Independence Payments (PIP) and disability benefit applications;

o) While Citizen's Advice Plymouth's statistics had shown a drop in demand for debt advice, this did not reflect a true picture, but was instead the result of contract changes and the reduction in specialised debt relief advice staff from 4, to 1. Plymouth had one of the highest insolvency rates across the country;

p) There had been a significant increase in evictions for both private and social housing over the past couple of months;

q) Citizens Advice statistics showed that 1/3 of households reaching out for support were classified as 'disabled', with a further 19% classified as 'unemployed'. The largest group seeking support were single person households, particularly those with dependent children. Furthermore, there were statistically more females seeking cost of living support through Citizens Advice Plymouth, than males. There had been a rise in the number of areas across the city living with 'depravation', with St. Peter

and the Waterfront, Devonport, Stoke, Efford and Lipson, and Honicknowle being impacted the greatest.

In response to questions raised by the Committee, it was reported that-

r) The Cost of Living Taskforce worked directly with schools to provide support and education around the cost of living, including the provision of free meals for families in hardship over the school holiday periods, through the Household Support Fund;

s) There had been a spike in 'no-fault evictions' after the pandemic due to a temporary hold put on them during lockdown. This had become one of the most common causes of homelessness, and had resulted in unprecedented levels of temporary Bed and Breakfast accommodation used by the Council;

t) The Cost of Living Taskforce was an action focussed group that collectively identified key issues to be addressed and used smaller sub-groups to coordinate actions;

u) The Cost of Living Taskforce, chaired by Councillor Rebecca Smith, did not currently have representation from the opposition (Labour). An invitation had been sent out, and further work would be conducted to bring together cross-party working;

v) The Cost of Living Crisis was a city-wide agenda, with every individual, organisation and authority responsible for working together to create meaningful change and support.

The Committee thanked Citizens Advice Plymouth for their comprehensive report, and agreed to-

1. Note the report;

2. Refer the report and recommendations contained within, to the Cost of Living Taskforce for consideration and integration into their wider strategy.

22. **Tracking Decisions**

The Board agreed to note that all tracking decisions had been actioned.

23. **Work Programme**

The Board agreed to add the following items to the work programme-

a) Integrated Care Strategy (NHS Devon);

b) Local Care Partnership, progress update;

c) Revised Terms of Reference.

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Health and Wellbeing Board

Date of meeting:	26 January 2023
Title of Report:	Local Care Partnership Update
Lead Member:	Councillor Dr John Mahony (Cabinet Member for Health and Adult Social Care & Planning)
Lead Strategic Director:	Anna Coles (Interim Strategic Director for People)
Author:	David McAuley
Contact Email:	david.mcauley@nhs.net
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
This report provides a progress update/report in regard to the delivery of the Local Care Partnership (LCP) plans.
The plan is built on identified local need, acknowledges the challenges Covid has brought with it and sets out six key priorities for Plymouth.
The document sits beneath a wider Devon wide strategic framework that is itself guided by the NHS Long Term Plan and Integration White Paper.

Recommendations and Reasons
For the Health and Wellbeing Board to receive the report for information.
The committee are invited to note the content of the report, acknowledging progress and successes.
To acknowledge the considerable system wide challenges and pressures that exist within Plymouth, noting strategies to address these in the short, medium and longer term.
To acknowledge and note system wide, enabling work relating to Estates and Workforce that aims to address some of the wider system challenges.

Alternative options considered and rejected
Not applicable - report is for information only.

Relevance to the Corporate Plan and/or the Plymouth Plan
This document supports the ambitions and strategic direction of the Plymouth Plan 2014-2034 principally "People in Plymouth live in happy, healthy, safe and aspiring communities." It also aligns to other strategic plans such as a Bright Future 2021-2026 and policy HEA2: Delivering the best outcomes for children, young people and families.

The plan will contribute to the delivery of the Corporate Plan priority "Caring for People and Communities".

In addition, it supports delivery of policy GRO2: Delivering skills and talent development

Implications for the Medium Term Financial Plan and Resource Implications:
The plan focuses on key areas of improvement, innovation and efficiency related to health and care services. Delivery of the plan will contribute to improved system working, driving wider efficiencies. It will also support the delivery of the Federated People elements of the Medium Term Financial Plan. The LCP plan aims to address the key challenges facing the Plymouth health and care system. There is considerable investment into additional resources to meet capacity and inequalities challenges; much of this is through the "Fair Shares" fund, which is an equalisation of resourcing across the wider Devon footprint, recognising historical inequity and the significant inequalities within Plymouth

Financial Risks
Financial risks are monitored closely through the programme governance architecture.

Carbon Footprint (Environmental) Implications:
The plan will look to impact positively on this agenda through the Estates workstream that seeks to ensure our estate is more energy efficient and by more efficient deployment of the workforce, travelling should be reduced.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:
** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*
Delivery of the priorities will contribute to our Cost of Living and Child Poverty Agenda in supporting children and families to have the best possible start to life and stay well into adulthood.

Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

Background papers:
**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are <u>unpublished</u> works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member:											
Please confirm the Strategic Director(s) has agreed the report? Yes, Anna Coles, approved by email Date agreed: 10/01/2023											
Cabinet Member approval: Yes, *John Mahony approved by email* Date approved: 10/01/2023											

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Plymouth Local Care Partnership

System Plan 2021-2024

Together for Plymouth

Health and care working in partnership with local communities in Plymouth and the rest of the Devon

Introduction

In 2013 the Plymouth Health and Wellbeing Board set down in the strategic ambition to create a fully integrated system of population based health and wellbeing where people start well, live well and age well. At the heart was a focus on tackling health inequalities and meeting the needs of the whole person, ensuring they received “the right care, at the right time, in the right place”. This ambition formed part of the Plymouth Plan, which remains the city’s overarching Strategic Plan setting the vision, ambition and our direction until 2034. Since this original ambition was set, the Plymouth system has also been an active participant in the Sustainability and Transformation Partnership and now the Devon Integrated Care System. This plan is therefore two fold, to act as the “plan for” in relation to the Health and Wellbeing elements of the Plymouth Plan and Plymouth’s contribution to the delivery of the priorities of the Integrated Care System and the Long Term Plan. It will also support the Government’s recent Build Back Better: Our Plan for Health and Social Care proposals, which has indicated increased investment in health and social care of around £12 billion per year through the introduction of a Health and Social Care Levy cross the UK.

Aims of the Partnership

Plymouth Local Care Partnership is one of five Local Care Partnerships across the Devon Integrated Care System. “Together for Plymouth” reinforces the collective intent for collaborative working to solve some of the deep-rooted challenges we face and to create a step change in system transformation. The primary purpose of the Partnership is to provide leadership and oversight to our ambition of creating an integrated system, which puts the needs of our population ahead of that of any single organisation.

The overarching aims of the Partnership are:

- To improve health and wellbeing outcomes for the local population
- To reduce inequalities in health and wellbeing of the local population
- To improve people’s experience of care
- To improve the sustainability of the health and wellbeing system

System Working

Recognising Plymouth’s place in the wider Devon system and our relationship with neighbouring partners, “Together for Plymouth” is committed to supporting the delivery of the Devon ICS six key ambitions:

- **Efficient and Effective Care** – ensuring evidence-based care, tackling unwarranted clinical variation, and improving productivity everywhere so that Devon taxpayer’s money is used to achieve best value for the population
- **Integrated Care Model** – enhancing primary care, community, social care, and voluntary and community service to provide more care and support out of hospital care including urgent care
- **Equally Well** – working together to tackle the inequalities in the physical health of people with mental illness, learning disabilities and/or autism
- **Children and Young People** – investing more in children and young people to have the best start in life, be ready for school, be physical and emotionally well and develop resilience throughout childhood and on into adulthood
- **Devon-wide Deal** – nurturing a citizen led approach to health and care which reduces variations in outcomes, gaps in life expectancy and health inequalities in Devon
- **Digital Devon** – investing to modernise services using digital technology

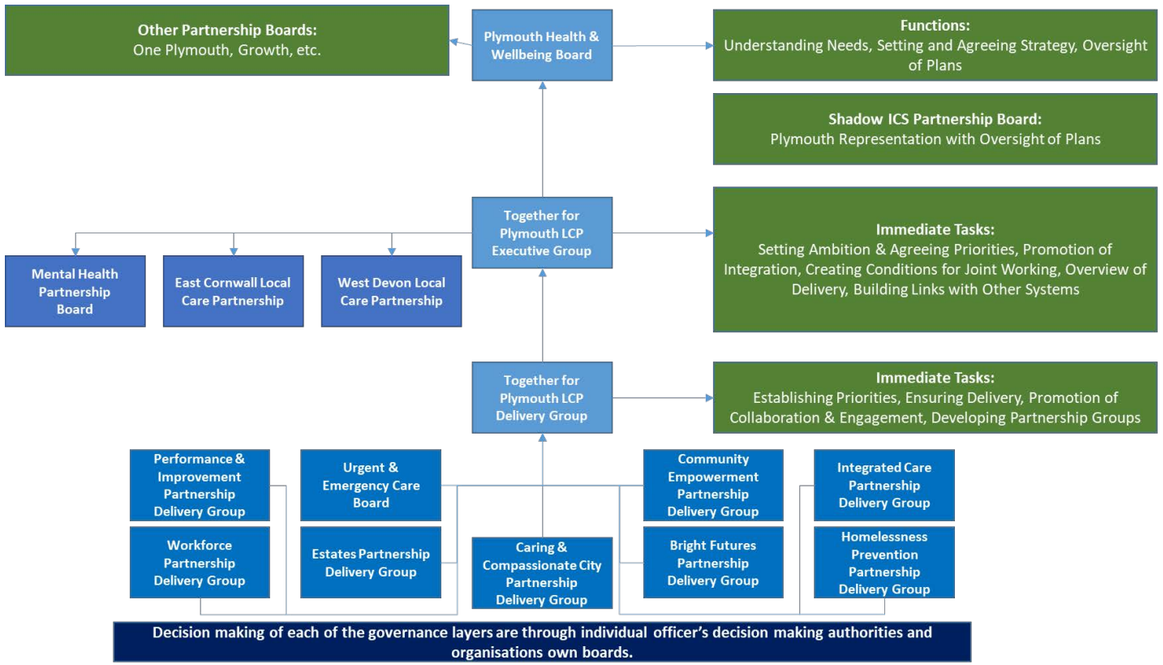
In doing so “Together for Plymouth” will:

- Play an active place-based role in the developing Devon Integrated Care System
- Ensure Plymouth makes the best contribution it can to system performance
- Work in close partnership to align plans with our neighbouring systems in Southeast Cornwall and Western Devon
- Forge links to the Mental Health and Children’s Partnership Boards and emerging Provider Collaboratives

Governance of Plymouth Local Care Partnership

The current LCP governance arrangements are set out below. The Together for Plymouth Executive Group meet monthly, and membership includes Devon NHS CCG, Plymouth City Council, Livewell SW, Primary Care representation and University Hospitals Plymouth NHS Trust (UHP). The Together for Plymouth Executive maintains effective and efficient governance links with other statutory boards and now reports to the Health and Wellbeing Board (HWB) on a quarterly basis.

The Together for Plymouth Delivery Group was established in February 2021 with wider participation including VCSE and Healthwatch representation. The delivery group will implement the shared vision and narrative for the health, wellbeing, and care of the population, provide system leadership and coordination across the LCP and oversee the development of an integrated work programme. It will also act as a critical interface to numerous VCSE networks via itself and through established partnership groups.



Plymouth Locality Profile

Local Population Need

In Plymouth the Joint Strategic Needs Assessment (JSNA) is not one single document. Our JSNA process involves the production of a series of profiles and reports. It explores a variety of topic areas in depth. The closest thing we have to a single written JSNA is the 'Plymouth Report', which provides an overview of a number of key issues which impact upon health and wellbeing in Plymouth, such as crime, education and employment.

Plymouth has a current population of 263,070 and this is estimated to grow to around 274,300 by 2034, a projected increase of 4.3 per cent. Due to approximately 26,000 students residing in the city, the percentage of 18–24-year-olds (12.2 per cent) is higher than found in England as a whole (8.7 per cent). There will be a major shift in the population structure of Plymouth over the next 20 years as the proportion of the population aged 65 and over increases and the population aged 0-4 years decreases. Office for National Statistics (ONS) projects a rise in the percentage of the Plymouth 65+ population from 17.9 per cent in 2016 to 22.7 per cent by 2034. An ageing population suggests an increasing need for care and support services and an increasing burden placed on the working age population. Residents appear to be enjoying a lifestyle above that of the average England resident.

Life expectancy in Plymouth has improved for both males and females in recent years however it remains below the England average. Healthy life expectancy in Plymouth (the average number of years a person can expect to live in good health) is significantly lower than the England average for both males and females. In terms of inequalities, the life expectancy gap between those living in the most deprived areas and those in the least deprived areas remains significant. Life expectancy in the most deprived group of neighbourhoods in Plymouth (at 78 years and 2 months) is 4 years and 9 months lower than the least deprived group of neighbourhoods.

Valuing mental health to the same degree as physical health enables NHS and local authority health and social care services to provide a holistic, 'whole-person' response to everyone in need of care and support. In 2017 there were over 26,500 people (aged 18-64) in Plymouth estimated to be suffering from common mental health problems including depression, anxiety, and obsessive-compulsive disorder. Over 11,900 Plymouth residents aged 18-64 years in 2017 were estimated to have more than one mental health problem; a figure that is projected

to remain static over the next 10-15 years. There has been an increase in the number of referrals to the Child and Adolescent Mental Health Services (CAMHS) in Plymouth. Service providers also report an increase in the complexity of children and young people's needs and issues requiring attention.

Hospital admissions of young people (aged 10-24 years) for self-harm in Plymouth are higher than the England average (706 per 100,000 population compared to 421 per 100,000 population).

Four lifestyle behaviours (poor diet, lack of exercise, tobacco use, and excess alcohol consumption) are risk factors for four diseases (coronary heart disease, stroke, cancers, and respiratory problems) which together account for 54 per cent of deaths in Plymouth. Alcohol and drug (illegal and prescribed) dependence are significant issues for Plymouth. These dependencies are commonly associated with mental health problems, homelessness, offending, and have negative impacts on families and children.

18.6 per cent of Plymouth children live in poverty (9,990 children), and the vast majority (76.9 per cent) are living in workless households. The proportion of children in poverty living in working households is rising and there are still some suggestions that data underestimates the volume of 'in work' poverty.

Service Provision

There are two main health providers delivering health services in and around Plymouth: University Hospital Plymouth NHS Trust who deliver acute services and children's services via the Child Development Centre, and Livewell Southwest (LSW) who deliver community, Mental

Health, Learning Disability and Children's services. Livewell Southwest provide adult social care services for people resident in Plymouth, enabling a greater degree of integration. UHP and LSW currently have an MOU in place to enable integrated working through Acute Ambulatory Unit and a range of other services to enable improved patient flow from the acute hospital. LSW are also working to develop their approach to working with Primary Care Networks on the integration of services in line with the integrated care model.

A procurement is currently underway for an Integrated Care Partnership for Adult Community, Mental Health and Learning Disability Services and Adult Social Care. This will ensure further integration of service provision. UHP, and to a lesser extent LSW, also provide services to residents of East Cornwall, and both organisations provide services across South Hams and West Devon.

Financial Challenge

The Devon Long Term Plan sets out the underlying system deficit of £152m (before FRF) by 2020/21 reducing to a deficit of £10m (before FRF) by 23/24, assuming the existing savings plans in the Long-Term plan can be delivered (an annual saving of at least £96m each year).

If these significant financial deficits are to be addressed, the service model and system of care in the whole of Devon will require radical transformation to deliver a solution that is affordable and sustainable. The Plymouth funding allocation is currently below target (excluding specialist commissioning and delegated primary care) a commitment of recurrent funding has been made to ensure equitable funding.

Devon's Long-Term Plan and New Model of Integrated Care

The Devon Long Term Plan sets out several key ambitions to change the model of care radically in the next 5 years to enable the provision of high-quality services to all our residents. Of key importance is the development of integrated health and care networks of community, primary care, mental health, and hospital services to reduce the need for acute based care; reduce the pressure on emergency hospital services and help to address health and wellbeing inequalities. Providing coordinated care will mean that the system is better able to meet the long-term demographic challenges affecting Devon by proactively responding to the growing demand for care through supporting people to manage their needs in their own communities.

At a summary level, the new model of care consists of three key elements as summarised below:

- Primary Care Networks (General Practice) working collectively and providing strong system leadership – GP Practices working more collaboratively to improve practice resilience, deliver improved access to a broader range of services, and maximise resources. PCN working will provide a stronger platform on which to deliver a more integrated community services model as summarised below.
- Stronger, more integrated care model - this will include delivery of the blueprint for a more integrated and multi-disciplinary community-based service model wrapped around PCNs providing integrated primary, community, social care, mental health, and more integrated, networked model of acute service provision.
- A sustainable acute care service - In line with the agreed service model being developed as part of the peninsula clinical services strategy, this will be delivered by working in closer collaboration with other Acute Trusts across Devon as part of a wider Acute Trust network.

It will be a health and care system with people and services working together to connect with and harness the power of communities to achieve greater emphasis on promoting wellbeing, independence and community resilience supported by proactive community services working seamlessly with transformed secondary care in-hospital and specialist services. A key outcome expected of the system will be to create the conditions whereby people are enabled to look after themselves and each other.

Whole System collaboration

All partners working together in a coordinated and systematic way will be a critical enabler of this new model of care as outlined in this document and within the Devon Long Term Plan (LTP).

Providers of acute, community, mental health, primary care, social care services and voluntary services are key partners in the drive and delivery of integrated care for the population. The procurement of an Integrated Care Partnership for community complex care, mental health, social care and learning disability services for adults will further strengthen these arrangements. Many of the critical success factors underpinning the procurement and delivery of the Integrated Care Partnership (ICP) are drawn from the Devon Integrated Care Model, public engagement, and best practice.

Other models of integrated working are already in place, including the partnership underpinned by an Memorandum of Understanding (MOU), between Plymouth City Council, Livewell and University Hospitals Plymouth (UHP) to form Access, a multi-agency triage response to children with additional needs including Special Educational Needs and Disabilities (SEND). Plans are underway to further develop innovative and collaborative approaches, with the intention of developing of an Innovative Partnership to drive the development of 0-19 Family Hubs; places and support for families to be able to access Early Help, to prevent escalation into statutory services and build on resilience in communities.

The breadth and depth of the VCSE sector will be connected in via established networks across Plymouth network support agencies such as Plymouth Social Enterprise Network and Plymouth Octopus Project.

Impact of COVID-19

The impact on the communities that we support has already been significant and will continue to have a significant impact going forward:

- Direct impacts –
  - Significant impact on our care homes however relatively low cases, hospitalisations and deaths compared to national averages
  - As yet we don't know much about long covid and requirements for rehab and longer term support
- Indirect impacts –
  - Mental health and wellbeing (all age)
  - Health behaviours (smoking, alcohol, diet, and physical activity)
  - Lived experience (especially for vulnerable groups and potential increases in childhood trauma)
  - Domestic abuse
  - Also strains on family relationships
- Impacts of changes to...
  - Access to healthcare (reduced screening and diagnosis, delayed care)
  - Income (recession leading to unemployment, more unstable work, and financial insecurity)
  - School and education (impact of learning from home, particularly for disadvantaged children)
  - Built and natural environment (this has been a positive, with green spaces throughout the city being used more to support wellbeing)
  - Care Markets, more voids, less demand for Residential Care, increased costs of providing care
  - Demand for Services, Increases in Child Protection and Children in Care, Homelessness, Domestic Abuse

Despite these challenges, when services were already under strain, the approach to meeting the challenges of the Pandemic has seen an unprecedented City-Wide Response with partners coming together in a collective endeavour, working at pace, focusing on delivery, and maximising technology. Partnership working across the city has never been stronger, with a clear focus on supporting our citizens. Joint initiatives in responding to the pandemic has therefore enhanced an environment for further collaboration and cooperation. The response to COVID-19 has also created a renewed ambition, energy, and drive to meet the needs of the most vulnerable, with the Plymouth LCP determined to "Build, Back, better" to create a **Fairer, Greener and Healthier Plymouth.**

Tackling Inequalities

Thrive Plymouth, our 10-year plan to improve health and wellbeing and reduce health inequalities in the city, remains our strategic approach towards tackling health health inequalities and will have a focus on helping people to stay well and targeting interventions to those most in need. Tackling health and wellbeing inequalities is fundamental to the aims of the Plymouth LCP and each part of this this plan will contribute to meeting that ambition.

Therefore, each programme of work will be expected to identify the health and wellbeing gaps relevant for their programme, have plans for tackling them and understand the likely impact of COVID19 and the mitigations needed.

Fair Shares

NHS Devon CCG has committed to moving additional funding to the Plymouth and Western systems to address long standing health inequalities across the system. The funding will be targeted:

- Where populations have worse outcomes compared to populations in other parts of Devon.
- Where populations have less utilisation than expected, worse access to services, or achieve less benefit from current offer or higher usage of later- stage treatments, including waiting times, compared to populations in other parts of Devon (including within the Western Locality) according to need.
- Where additional funding will have the biggest positive impact on the targeted population in respect to health and wellbeing outcomes

The LCP Delivery Group will review and co-ordinate the work to develop proposals for several key priority areas. These will be developed using evidence from revised needs analysis, with an initial range of priorities being proposed as:

- Ageing Well-Frailty. iCOPE
- Increased VCSE support for under 65s
- Long Term Management-Community Based Additional Offers (Hypertension/Diabetes/Respiratory)
- Increased community inpatient rehabilitation
- Alcohol Liaison and outreach
- Complex Lives- increased outbreak provision from Primary Care

The LCP Delivery group will also develop the evaluation frameworks to support oversight of proposals, and these will be managed through the Locality Performance and Improvement approach with issues being escalated to the LCP Delivery Group for action/resolution.

System Priorities and Programmes of Work.

Our Joint Strategic Needs Assessment, Plymouth Report and Locality Profile, as well as our experience and learning from COVID and the relentless and sustained pressure on our urgent care system have shaped a number of priorities of the Plymouth Local Care Partnership:

- Building a **Compassionate and Caring City**
- Developing a **Sustainable system of Primary Care**
- **Empowering Communities** to help themselves and each other
- Ensuring the Best Start to Life through **"A Bright Future"**
- Relentless focusing on **Homelessness Prevention**
- **Integrating Care** to deliver "the right care, at the right time, in the right place" to promote home first, prevent unnecessary admissions, facilitate timely discharges, enable people to die in a place of their choice and that delivers Equally Well.

Elective Recovery and Restoration is of course a priority for the ICS and the people of Plymouth and Devon. The Plymouth system will play a full roll in elective recovery part, but this will be coordinated and managed at a Devon wide level.

In addition to the above the intention is to make best use of our collective resources and take forward the following enabling programmes, Estates and Workforce and Digital. As such the intention is to work with partners including our Universities and Colleges to develop a **Plymouth Skills Plan** aligning to and complimenting the Devon People Plan and the local Skills Strategy. **An Estates Framework** that sets down to the estate requirements to deliver our health and wellbeing operating model will also be developed. This will build on the One Public Estate Programme approach and align to HIP2 and the Devon Integrated Care System Estates strategy. Working within the ICS Digital programme, the LCP will set down a **Digital Position Statement**, setting down the current initiatives, links to the ICS and requirements to deliver further change.

Work Programme		
Priority	**Programmes and Workstreams**	**Indicators**
Compassionate and Caring City	Trauma Informed Compassionate City and Dementia Friendly City Enhanced Carers Support Prevention Concordat for Better Mental Health	Increase in Carers Assessments Increase in Number of Dementia Friends Expansion of Trauma Informed Network Increase in number of compassionate friends
Primary Care	Vaccinations Population Health Management Access to Primary care Early identification and treatment of conditions Targeted focus on vulnerable groups and treatment delayed	Population Health Management (PHM) roll out Improved access to the primary care offer. Backlogs reduced Reviews completed Sufficient workforce in system who are well
Community Empowerment	Leadership, Cultural change, and Engagement Informal and Formal Volunteering Empowerment through the VCSE Enabling Community Resilience	Increased number of people volunteering Increased number of people involved in community activity More people accessing advice on finances and employment Increased digital inclusion
A Bright Future	Healthy and Happy Safe Aspire and Achieve	Fewer Children requiring Tier 4 admission More children of a healthy weight Fewer children needing to be brought into care Fewer children placed out of area More young people in employment, education and training

Homelessness Prevention	Tackling Rough Sleeping Improving housing conditions for those in Private accommodation Delivering an increased range of accommodation solutions Delivering health and social care systems that support the prevention and relief of Homelessness Children and Young People's Homelessness Prevention	Reduction of numbers in temporary accommodation Reduction in numbers of Rough Sleepers Reduction in numbers of young people in B&B
Integrated Care	Urgent and Emergency Care recovery Integrated Care Partnership Transformation Plan Ageing Well Programme Community Mental Health Framework Caring for Plymouth End of Life Action Plan	Reduction in number of Emergency Department attendances More people discharge to home first Reduction in number of people entering long term care Increased utilisation of alternative to admission and crisis response More mental health clients being supported in the community Increase in people able to die in their place of choice.

Monitoring and Review

This plan sets down the priorities and programmes of work for the Plymouth Local Care Partnership for the next three years. The plan will be subject to ongoing monitoring and an annual review where plans may be refreshed or refined to reflect emerging needs or new strategic priorities.

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Together for Plymouth
Health and care working in partnership with local communities in Plymouth and the rest of the Devon

Local Care Partnership – Programme Highlight Report Health and Wellbeing Board - January 2023										Reporting Period	May-Dec 2022
Programme	**Together for Plymouth**	**Programme Lead**	**Anna Coles**	**Start date**	**2021**	**Forecast end date**	**2024**	**Stage**	**Delivery**	**RAG status**	**A**

Reporting

ID	Priority Area	RAG	Priority Lead	Progress Update
Priority 1	Building a Compassionate and Caring City	A	Rachel Silcock	• Community researchers recruited and trained to conduct conversations regarding social isolation and loneliness. Loneliness conference scheduled for January. • Trend analysis now started. AHSN developing evaluation framework. Project started to interview repeat ED patients.
Priority 2	Developing a sustainable system of Primary Care	A	Siobhan Cambridge	• GP Telephone support to high needs care homes in place across Plymouth. • GP practices in the Plymouth locality reporting high levels of demand equivalent to OPEL 4. Escalation process and support in place to support. • Plymouth Primary Care strategy developed and approved.
Priority 3	Empowering Communities to help themselves and each other	G	Rachel Silcock	• Community builders recruited and started in post in November. Impact reported on a quarterly basis. Digital champions course started in November. • Equalities action plan drafted. Mount Gould Hub open. Cultural Change workshops delivered to senior leaders. • Cost of Living Task Force established and monitoring household support fund outcomes. This is reported to the LCP Delivery Group. Food provision is current priority.
Priority 4	Ensuring the Best Start to Life through "A Bright Future"	A	Emma Crowther	• Plymouth awarded £1M for 22/23 as part of SEND innovations grant. Plymouth 1 of 7 local areas nationally, to be successful. • Peninsula fostering tender undertaken and now at contract award stage. Children's Home Treatment service operational in Plymouth. • Demand for placements remains high – particularly for children with more complex needs. System performance report developed.
Priority 5	Relentless focussing on Homelessness Prevention	A	Matt Garrett	• New accommodation, additional investment for Changing Futures Programme and Health Inclusion Service for the homeless on track and being successfully delivered. • £3.4M over 3 years up to March 2025 successfully bid for from Department of Levelling up, Homes and Communities (DLUHC) from Rough Sleeping Initiative (RSI). • Operational pressures persist – use of bed and breakfast and other temporary accommodation remains under significant pressure. Families in B&B of particular concern.
Priority 6	Integrating Care to deliver "the right care, at the right time, in the right place"	A	Nicola Jones	Urgent and Emergency Care (including WUCB priorities) • Discharge response – Extra Care hotel delivered 40 beds from November as a short-term response (until March 2023) to offer additional capacity as part of winter response. • William and Patricia Venton Short Term Centre opened. This unit provides an additional 24 beds to support early discharge from hospital • Community Urgent Response – Virtual Ward programme on track for delivery. This will deliver the equivalent of 25 beds in the community. • MH support pathways for patients in ED enhanced. • Primary Care – See above. In addition, new remote GP locum online consultation scheme to provide more online consultations delivered. • Performance – Most days Primary Care reported at OPEL 4. Continued and sustained pressure on the Urgent Care System, typified by long ambulance handover delays. Ageing Well Programme • MDT's underway working as part of implementation of iCOPE in 5 PCN's; on-going implementation plan under review alongside alignment with wider ICS/ICB delivery plan. • EHCH implementation being supported by Ageing Well investment and is interdependent with work to support people in care homes in order to reduce demand into the urgent care system. Project reduces the number of care home residents requiring ED or emergency admission. Community Mental Health Framework • Eating disorder model in place, Rehabilitation Mental Health model in place Year 2 ARRS roles in place. • Personality Disorder model in place. MH Outcome measures and MH Physical health monitoring in place. Caring for Plymouth • New Plymouth Independent Living Service operational. This is a joint venture with Age UK and Improving Lives Plymouth. Service also now extended to support hospital discharge. • Community Assist offer now embedded within the ASC Front Door. Integrated Care Partnership • Review of year 1 progress undertaken, and priorities set for year 2. Priorities for year 2 include Virtual Wards, Cardiac Rehab, Heart Failure, Stroke and Respiratory • Transformation and engagement work continues.

ID	Risk Description	Current Score	Mitigations	Future Score
LCP1	A number of factors are impacting; nationally and locally, that are increasing the risk of poverty and homelessness.	20	• Plans developed through homelessness prevention partnership • Food Aid action plan developed • Additional resource identified to support those at risk • Detailed monitoring in place	12
LCP2	Extreme challenges in placement sufficiency, particularly fostering and residential for complex needs.	20	• Recruitment plan and drive developed • Risk escalated process in place • Additional staffing resource agreed	12
LCP3	Care Market (particularly in regard to workforce) is unable to meet demand. Workforce issues generally a significant system risk.	25	• Plymouth multi-agency workforce development group has been constituted. • Working alongside ICS to develop wider system workforce plan • Local and International Recruitment launched	12
LCP 4	Whole system pressures creating inability to meet urgent care need	25	• Urgent Care Board established, winter plans being delivered • Additional capacity brought into the system • Escalation process in place & plans under review	12
LCP5	Fragility, demand, and capacity of Primary Care creating risks across the system	25	• Prioritising areas of greatest needs/pressure • Support plan and escalation process in place • Partnership forum established	12

Enabling Workstreams Progress Update

Workforce

- Investment identified for international recruitment campaign pilot. Local delivery group established to coordinate – applications now being allocated to local providers. Up to 100 new staff will come into post over the coming few months.
- Strategic Health and Care Skills Partnership established with plan
- Whole system recruitment started successfully. 300 potential employees attended whole system event
- Two Health and Care Skills coordinators in post (joint bid with DWP). Signposted over 100 new recruits into health and care posts

Estates

- Uncertainty regarding funding for Cavell Centre. This project is on hold, awaiting further advice.
- Bid submitted by UHP to national team for 1 of 8 hospitals announced.
- Blueprint stage 3 work started and focussing on Plymstock and Plympton. Stage 1 and 2 works completed.
- New unit for older people with acute mental health issues opened at Glenbourne.
- Primary Care estates strategy in development
- Bid submitted for a Community Diagnostics Hub in the City at a cost of £24.9M

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Health and Wellbeing Board

Date of meeting:	26 January 2023
Title of Report:	**Integrated Care Strategy**
Lead Member:	Councillor Dr John Mahony (Cabinet Member for Health and Adult Social Care & Planning)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Lincoln Sergeant
Contact Email:	Lincoln.sargeant@torbay.gov.uk
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The purpose of this report is to present for information the One Devon Interim Integrated Care Strategy, which has been developed on behalf of the One Devon Partnership by the Devon Plan Working Group.

The Strategy sets out:

- the Devon context;
- the themes that have emerged from recent health and other system engagement;
- the needs analysis, set out as the 12 Devon challenges;
- the strategic goals, which have been developed and refined following engagement with Oversight and Scrutiny Committees, Local Care Partnerships, and the One Devon Partnership.
- the conditions for success, including creating an environment for success, ensuring robust system enablers, and transforming key areas.

The Interim Strategy was shared with all system partners at the end of December

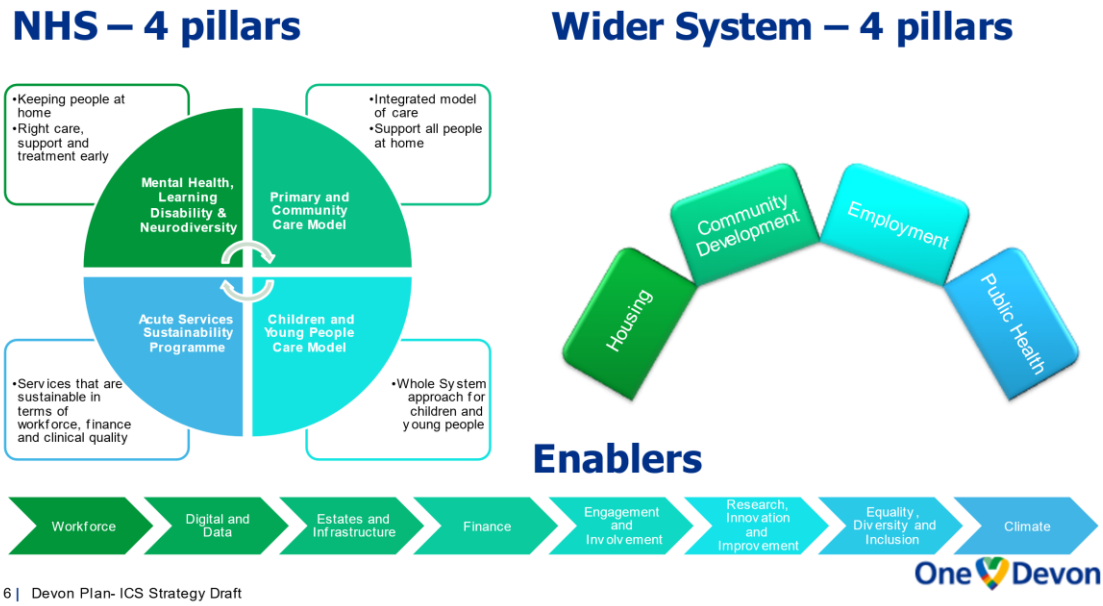
System partners need to respond to the Strategy - the 5 Year Joint Forward Plan (JFP). Together, the Integrated Care Strategy and the 5 Year Joint Forward Plan will form the Devon Plan.

Integrated Care Boards and partner trusts have a duty to prepare a first JFP before the start of 23/24. The JFP Guidance (published on 23 December 2022) specifies that the date for publishing and sharing the final Plan is 30 June 2023 however, it is expected that the process of development should enable production of a version by 31 March 2023, allowing time for further iterations after this date.

Systems have 'significant flexibility' to determine the scope of the JFP and how it is developed and structured. The minimum requirement is that the JFP describes how the ICB and partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs, including delivery of universal NHS commitments (as described in the annual NHS priorities and operational planning guidance and NHS Long Term Plan), addressing the 4 core purposes of ICSs and meeting legal requirements.

However, NHSE is encouraging systems to use the JFP to develop a shared delivery plan for the Integrated Care Strategy and Joint Local Health & Wellbeing Strategies (JLHWSs), that is supported by the whole system, including Local Authorities and Voluntary, Community and Social Enterprise (VCSE) partners. The One Devon Partnership has agreed that our JFP should be a broader shared delivery plan and should include a system wide response to the Integrated Care Strategy, not just an NHS response.

The Health and Wellbeing Board is therefore asked to review the strategic goals set out within the Strategy and advise which organisation should take lead responsibility for responding to the goals, to ensure that appropriate partners are involved, and existing strategies/plans are reflected.



The Guidance states that the draft JFP must be shared with each Health and Wellbeing Board, and they must be consulted on whether the draft takes proper account of the JLHWS. Each Health and Wellbeing Board must respond in writing with their opinion and the final JFP must include a statement of the final opinion of each Health and Wellbeing Board consulted. The Health and Well-being Board is asked to confirm the process for their response.

The interim Integrated Care Strategy is appended.

Recommendations and Reasons

The Health and Wellbeing Board is asked to review the strategic goals set out within the Integrated Care Strategy and advise which organisation should take lead responsibility for responding to the 'wider system' goals, to ensure that appropriate partners are involved, and existing strategies/plans are reflected.

The Guidance states that the draft Joint Forward Plan must be shared with each Health and Wellbeing Board, and they must be consulted on whether the draft takes proper account of the JLHWS. Each Health and Wellbeing Board must respond in writing with their opinion and the final JFP must include a statement of the final opinion of each Health and Wellbeing Board consulted. The Health and Wellbeing Board is asked to confirm the process for their response.

Alternative options considered and rejected
N/A

Relevance to the Corporate Plan and/or the Plymouth Plan
N/A

Implications for the Medium Term Financial Plan and Resource Implications:
N/A

Financial Risks

N/A

Carbon Footprint (Environmental) Implications:
N/A

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:
** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*
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Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	Integrated Care Strategy							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are <u>unpublished</u> works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member:											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 16/01/2023											
Cabinet Member approval: Councillor Dr. John Mahony, *Approved by Email* Date approved: 17/01/2023											

One Devon

One Devon Partnership
Interim Integrated Care Strategy

December 2022

#OneDevon

Foreword

The creation of Integrated Care Systems (ICSs) and Partnerships (ICPs) in England has provided an opportunity for partner organisations from across Devon to work more closely together on behalf of local people. We know that there is a close relationship between broad social and economic factors and health outcomes and that we need to understand and act on these to improve lives. Factors such as education, quality housing, meaningful employment and accessible healthcare are all important if we are to address the inequalities across our county.

Devon has a unique set of challenges and opportunities, including a combination of coastal, rural and urban deprivation sitting alongside areas of high second home ownership which further drives inequality in access to housing. We have an older than average population with high levels of frailty but adult social care and health sectors that are experiencing extreme workforce shortfalls. Children and young people are experiencing increasing difficulties with mental health and wellbeing and we know that we need to shift to a greater emphasis on prevention and early intervention not only for this but for other areas of health concern. We would like to do more to recognise and respond to the needs of Devon's distinct communities, for example veterans and those serving in the military. The Five Year Integrated Care Strategy sets out the strategic direction, our strategic goals and a framework within which system partners can work collectively towards the vision of the One Devon Partnership: ***equal chances for everyone in Devon to lead long, happy and healthy lives.*** The Strategy outlines how Devon will meet the four aims of an Integrated Care System:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development

The Strategy has been co-produced through extensive engagement with stakeholders and the public. We have built upon previous work undertaken across all parts of our system over recent years which seeks to address the issues that are important to our communities and improve the experience and outcomes for the people of Devon. As a result of the significant level of engagement with stakeholders during the development process, Devon, for the first time, will have a comprehensive Strategy which reflects the collective views of a variety of partners who work as part of the health and care system in Devon.

It has also been informed by the Joint Strategic Needs Assessments (JSNAs) for the three Health and Wellbeing Boards in Devon, Plymouth and Torbay and the Joint Health and Wellbeing Strategies (JHWSs). Many of the challenges set out in the JSNAs and JHWSs are specific to a local authority area; these are being addressed locally and will continue to be so, but there are a range of challenges that are common across our three Health and Wellbeing Board areas. The 5-year Integrated Care Strategy summarises these common challenges - including the current cost-of-living crisis, changing patterns of infectious disease, climate challenge and the longer term impact of the COVID-19 pandemic. In addition it sets out the Strategic Goals, our delivery strategy (including the conditions for success and core enablers) all of which will drive the co-design of Devon's response to the Strategy – this response will include the 5-year Joint Forward Plan as well as combining this with the response from Local Authority partners.

Partners will now work together to respond to Devon's challenges and realise the ambitions set out in the Strategy. All partners will take account of the Strategy in their planning in a way that will ensure alignment between housing, education, care and health that has not been seen before.

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Councillor James McInnes
Chair of One Devon Partnership

add signature

Dr Sarah Wollaston
Vice Chair of One Devon Partnership

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Executive Summary

Executive Summary

Introduction

Integrated Care Systems (ICSs) aim to bring together local authorities, NHS organisations, voluntary, community and social enterprise, and others, to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas for people and communities.

The ICS in Devon is known as One Devon and includes all health and care partners working throughout Devon. Each ICS is required to produce an Integrated Care Strategy, to set the direction for the system, setting out how NHS commissioners, local authorities, providers and other partners can deliver more joined-up, preventative and person-centred care for the whole population across the course of their life. The Strategy is intended for use by all partners within the System, who will need to respond to it in their own future plans. It will drive a focus on the challenges and opportunities to improve the health and wellbeing of people and communities.

The Integrated Care Strategy sets out the assessed needs of the population and the priority strategic goals, focusing on the ***four core purposes of ICSs***:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development

The vision of the One Devon Partnership is ***equal chances for everyone in Devon to lead long, happy and healthy lives***

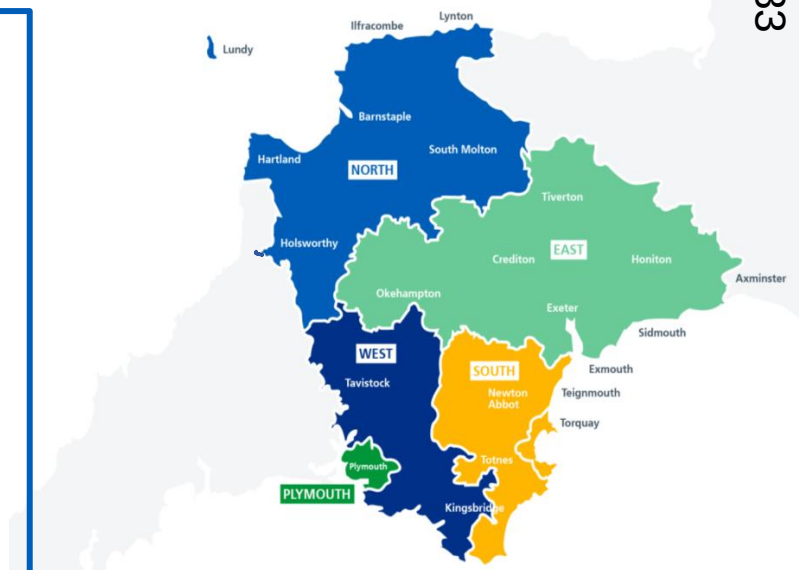
Context

Our health is not only explained by our age, sex and genetics, it is a complex interaction of a wide variety of factors, strongly shaped by social and economic factors in wider society, local neighbourhoods and families. These circumstances can affect our health and life chances, for better or worse. Efforts to improve population health and wellbeing need to take full account of these determinants and the resulting inequalities that exist because of them.

One Devon partners work in collaborative arrangements at System, Place and Neighbourhood levels to deliver care to 1.2 million people, through:

- **Provider Collaboratives** of health and care providers working to improve care pathways and deliver better outcomes for patients and service users, making the best use of system resources in areas such as workforce, technology, and estates;
- **Place-based partnerships** – our 5 Local Care Partnerships (LCPs), which bring together a wide range of organisations, including the NHS, Local Authorities, District Councils and Voluntary, Community and Social Enterprise, to deliver integrated health and care services; and
- **Neighbourhoods**, within which partners such as primary care services, NHS community services, social care and other providers work to deliver improved outcomes for their population.

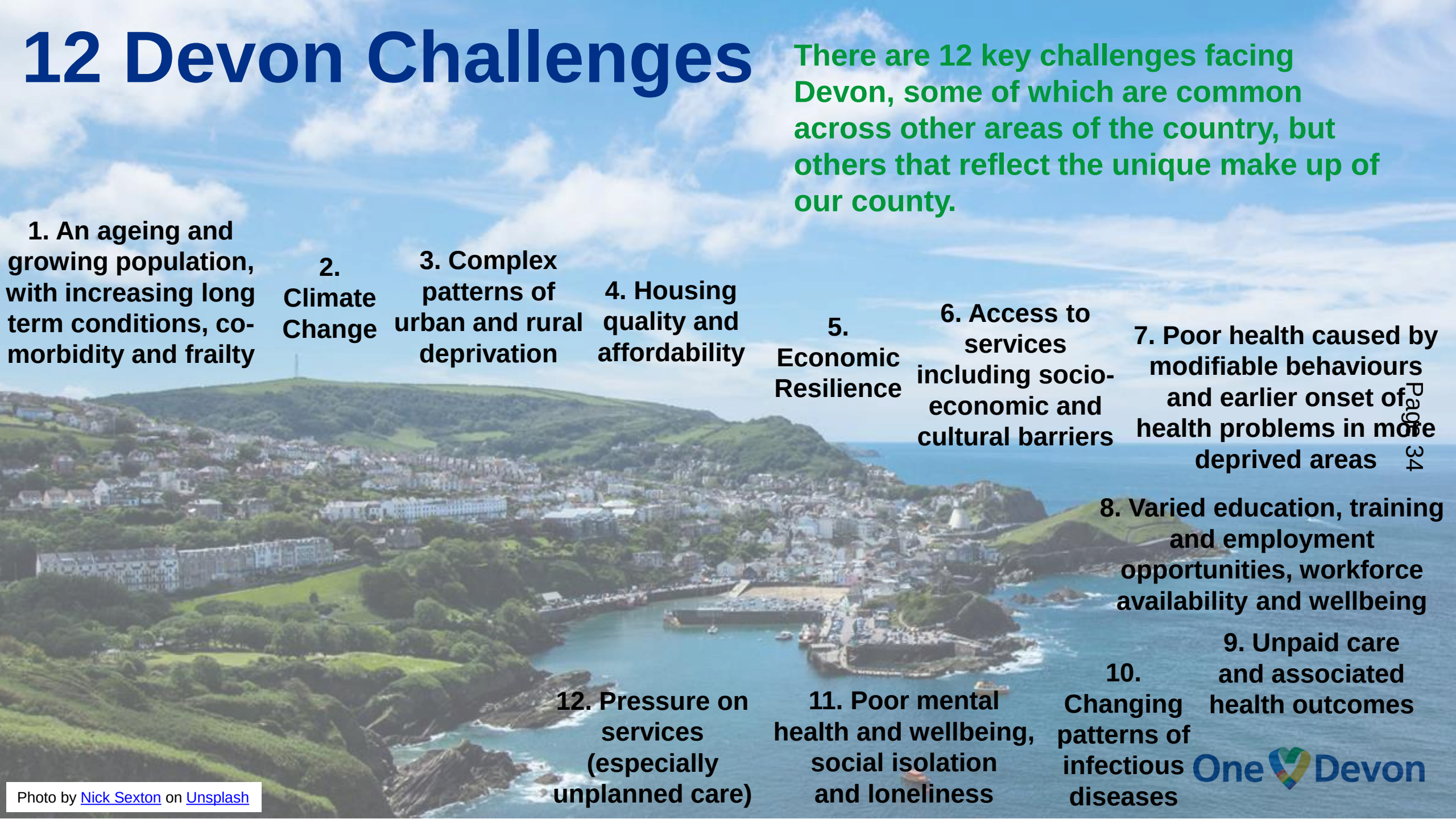
Each of Devon's five LCPs has different demographics and different needs.



One Devon

12 Devon Challenges

There are 12 key challenges facing Devon, some of which are common across other areas of the country, but others that reflect the unique make up of our county.



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

Photo by Nick Sexton on Unsplash

One Devon

Executive Summary – 12 Challenges

1. An ageing and growing population win increasing long term conditions, co-morbidity and frailty

The Devon population is older than the overall population of England and is facing demographic challenges around 15 years before similar challenges will be seen nationally. Population growth is above the national average, and is up to twice the national average in some districts, largely driven by internal migration within the UK, predominantly those aged between 50 and 70 from the South-East of England. We have a disproportionately small working age population relative to those with higher care needs.

2. Climate change

Climate change poses a significant risk to health and wellbeing and is already contributing to excess death and illness in our communities, due to pollution, excess heat and cold, exacerbation of respiratory and circulatory conditions and extreme weather events.

3. Complex patterns of urban, rural and coastal deprivation

The pattern of socio-economic deprivation in Devon is distinct. Hotspots of urban deprivation are evident, with the highest overall levels in Plymouth, Torbay and Ilfracombe, and hotspots in other urban centres, including Exeter and Barnstaple. Many rural and coastal areas, particularly in North and West Devon experience higher levels of deprivation, impacted by lower wages, and a higher cost of living.

4. Housing quality and affordability

Measures of both housing quality and affordability in One Devon indicate more significant challenges compared to England as a whole. Housing is less affordable in Devon, and the age and quality of the housing stock poses significant challenges in relation to energy efficiency and issues associated with excess heat, excess cold and damp.

5. Economic resilience

The financial challenge facing all our health, social care and wellbeing partners is significant. Lower salaries and higher housing costs, with rising bills for energy, fuel. food and other costs in the One Devon area will increase the impact of the cost of living crisis. People and communities already experiencing higher levels of poverty will be disproportionately affected.

6. Access to services, including socio-economic & cultural barriers.

Access to health and care services varies significantly across Devon, both in relation to geographic isolation in sparsely populated areas, as well as socio-economic and cultural barriers. Poorer access is evident in low-income families in rural areas who lack the means to easily access urban-based services. Poorer access is also seen for people living in deprived urban areas, certain ethnic groups and other population groups, where traditional service models fail to take sufficient account of their needs.

Executive Summary – 12 Challenges

7. Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Physical inactivity, excess weight, excess alcohol use, drug misuse and smoking have a significant impact on health, contributing to premature death, ill-health and a lower quality of life. Significant inequalities exist across One Devon, with people living in deprived areas and certain population groups, experiencing significant health inequalities as a result. People living in more deprived areas have an onset of long-term conditions, multi-morbidity and frailty typically 10 to 15 years earlier than those living in the least deprived communities. This leads to lower life expectancy and lower healthy life expectancy in these communities, coupled with higher and earlier need for health and care services.

8. Varied education, training and employment opportunities, workforce availability and wellbeing

The education of our children and young people is a determining factor for later success in life. Health and wellbeing are also intrinsically linked to the health of our economy. Access to secure employment and well paid jobs is about far more than the resources to buy goods and services. Health and care systems nationally and locally are facing extreme challenges in relation to staff burnout, high vacancies, high turnover and low levels of retention. This is impacting on the quality and safety of services that can be delivered.

9. Unpaid care and associated health outcomes

The proportion of the population providing unpaid care is increasing, with higher levels of the One Devon population caring for relatives, often for many hours, with limited external support. Both the physical and mental health of carers can suffer as a result.

10. Changing patterns of infectious diseases

The Covid-19 pandemic has changed the pattern of infectious disease over the last three years. Increasing levels of healthcare associated infections have also been seen and the risks posed by anti-microbial resistance continue to grow. These diseases have disproportionately affected the most disadvantaged and vulnerable in our society and the longer-term impacts of infection, such as Long-Covid, contribute further to health inequalities.

11. Poor mental health and wellbeing, social isolation, and loneliness

Mental Health provision in Devon is good, but our population experiences poorer than average outcomes in relation to some measures of mental health and wellbeing. Suicide rates and self-harm admissions are above the national average, anxiety and mood disorders are more prevalent, there are poorer outcomes and access to services for people with mental health problems, and a higher proportion are affected by loneliness. Disadvantaged communities and clinically vulnerable individuals are disproportionately affected. Mental health issues have increased through the Covid-19 pandemic and current ‘cost of living’ crisis.

12. Pressures on health and care services (especially unplanned care)

An older age profile and more rapid population growth in Devon, coupled with the impacts of the Covid-19 pandemic and current ‘cost of living’ crisis, are contributing to increased demand for health and care services. The greatest increased demand is for unplanned care and mental health services, with those living in disadvantaged communities and clinical vulnerability likely to be most severely impacted.

Executive Summary

Engagement and Involvement

The integrated care strategy is intended to meet the needs of local people in Devon, so it is more important than ever that we take the opportunity to understand those needs.

There has been an extensive amount of work done involving the people and communities across Devon and Cornwall over recent years, across a wide range of topics and issues. A comprehensive review has been undertaken on the findings of all involvement activities (where a published report was available) across Devon in the past four years. The review includes involvement programmes led by organisations across One Devon as well as national studies.

From 34 publications reviewed between 2018 – 2022 from we have gathered the views, feedback and insight from over 20,000 people from across Devon and Cornwall (including two national studies). The feedback collated through the review has been themed and aligned to the four aims of an ICS and has informed the development of the ICS's strategic goals. Some examples of the feedback are below:

- Younger people, people with mental health illness and people from ethnic or diverse backgrounds suffer poorer experience and outcomes compared to other groups.
- People only want to tell their story once and value the consistency of the support (e.g. seeing the same clinician during treatment) they receive
- Waiting times for health and care services are a major concern for people (and staff)
- People perceive they are likely to get a poorer service because of their background/identity which can make people wary of using NHS services.
- Poverty and low wages in Devon directly contribute to the lack of affordable housing, which in turn has a direct impact on peoples (and staff) health and wellbeing.
- People and staff would like to see more community based, collaborative approaches that enable health, care and wellbeing services to work in a truly joined up way
- People see the real value and impact of local voluntary services so want to see improved communication and coordination with the Voluntary, Community and Social Enterprise (VCSE) sector.
- Generally, people are willing (and are able) to use technology to access their health and care support, but it must be effective, reliable and give confidence to the user.
- People are more concerned about cost of living rising and the impact on the nation's health and wellbeing rather than their own.

Executive Summary – the Strategy

In response to all of the information presented above and through ongoing engagement with stakeholders across the Devon System, a set of high level strategic System goals have been developed that support the vision of the ICS - ***equal chances for everyone in Devon to lead long, happy and healthy lives*** - and that align to the four aims of an ICS.

These high level strategic goals are the goals of the 'One Devon Integrated Care Partnership'. The partnership will need to work closely with all sectors, including primary care, carers, VCSE, public health, housing, employers and education to deliver the strategic goals set out in this strategy.

There is also one over-arching strategic goal: **One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money.**
By 2025 we will have: adopted a single operating model to support the delivery of health and care across Devon and will have achieved thriving ICS status.

For each goal where appropriate measures exist, a more specific target measure has been appended to the goals, for delivery within a defined timescale. This will allow the Integrated Care Partnership (ICP) to monitor the extent to which the actions put in place to achieve the strategic goals are impacting. The targets are measured from a baseline of 2021/22, unless otherwise detailed against a goal.

Our strategic goals are set out in the following slides.

Improving Outcomes in population health and healthcare

Every suicide should be regarded as preventable and we will save lives by adopting a zero suicide approach in Devon, transforming system wide suicide prevention and care.

By 2024: each LCP will have a suicide prevention plan.

We will have a safe and sustainable health and care system.

By 2025 we will: deliver all our quality, safety and performance targets within an agreed financial envelope

People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.

By 2028 we will: extend personalised care through social prescribing and shared decision making and increased health literacy

Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability

By 2028 we will have: decreased the gap in healthy life expectancy between the least deprived and most deprived parts of our population by 25% and decreased the under 75 mortality rate from causes considered preventable by 25%

Children and young people (CYP) will have improved mental health and well-being

By 2024/25 we will have: at least 15,500 CYP aged (0-18) accessing NHS-funded services, 100% coverage of 24/7 crisis and urgent care response for CYP and 95% of children and young people with an eating disorder able to access eating disorder services within 1 week for urgent needs and 4 weeks for routine needs

People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.

By 2025 we will reduce the level of preventable admissions by 95%

Tackling inequalities in outcomes, experience and access

People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.

By 2028 we will increase the number of people who can access and use digital technology and improved access to dentists, pharmacy, optometry, primary care

Everyone in Devon will be offered protection from preventable infections.

By 2028 we will have: increased the numbers of children immunised as part of the school immunisation programmes by 10%, increased the uptake of those eligible for Covid and Flu vaccines by 10% and reduced the number of healthcare acquired infections by 10%.

Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place

By 2028 we will have: increased the number of people dying in their preferred place by 25% and those who want it will have advanced care planning in place

The most vulnerable people in Devon will have accessible, suitable, warm and dry housing

By 2028 we will have: decreased the % of households that experience fuel poverty by 2% and reduced the number of admissions following an accidental fall by 20%

In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.

By 2026 Devon's workforce across the multiple organisations will be supported, empowered and skilled to deliver fully inclusive services for everyone, and Devon will be a welcoming and inclusive place to live and work where diversity is valued and celebrated;
By 2027 Devon's workforce will be representative of local populations; and
By 2028 our estates, information and services will be fully inclusive of the needs of all our populations

One Devon

Enhancing productivity and value for money

People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.

By 2026 patients will report significantly improved experience when navigating services across Devon.

We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.

By 2028 we will have: a unified approach to procuring goods, services and systems across sectors and pooled budget arrangements

People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.

By 2028 we will have: provided a unified and standardised Digital Infrastructure

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

By 2028 we will have: vacancies amongst the lowest in England in the health and social care sector

Helping the NHS support broader social and economic development

People in Devon will be provided with greater support to access and stay in employment and develop their careers.

By 2028 we will have:

- *Reduced the gap between those with a physical or mental long term condition (aged 16-64) and those who are in receipt of long term support for a learning disability (aged 18-69) and the overall employment rate by 5%;*
- *Decreased the number of 16-17 year olds not in education, employment or training (NEET) by 25%;*
- *Increased the number of organisations with Gold award status for the Defence Employer Recognition scheme.*

Children and young people will be able to make good future progress through school and life.

By 2027 we will have: increased the number of children achieving a good level of development at Early Years Foundation Stage (school readiness) as a % of all children by 3% and 60% of Education, Health and Care Plans (EHCPs) will be completed within 20 weeks.

We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).

By 2028 we will: be on-track to successfully deliver agreed targets for all Local Authorities in Devon being carbon neutral by 2030 and the NHS being carbon neutral by 2040

Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people

By 2024: Local Care Partnerships will have co-produced with local communities and community groups in their area, a plan to empower and support groups to be more resilient.

Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably

By 2028 we will have; directed our collective buying power to invest in and build for the longer term in local communities and businesses

One Devon

Executive Summary – Delivering the Strategy

The Integrated Care Strategy will need all partners within the One Devon Partnership to work together to ensure that we deliver our ambitious goals for Devon.

The pace of delivery of these goals will vary by Local Authority area and Local Care Partnership, reflecting the differing needs and different starting points of each part of our System. The overriding principle is that we will strive to ensure that each ambition is met within the timeframes set out within this Strategy. Furthermore, the Strategy does not replace or supersede those priorities that are best delivered at a local level, through Local Care Partnerships and local Health and Wellbeing Strategies.

Work is underway to set out the Devon Integrated Care Board's NHS response to the Strategy in the 5 Year Joint Forward Plan (JFP). The NHS Devon JFP will set out how the health elements of the Strategy will be met between 2023 and 2028, through the four pillars of work:

- Mental Health, Learning Disability and Neurodiversity *****
- Primary and Community Care
- Children and Young People Care Model
- Acute Sustainability Programme

These pillars will be supported by the strategic work underway to enable the successful delivery of our Integrated Care Strategy, focusing on:

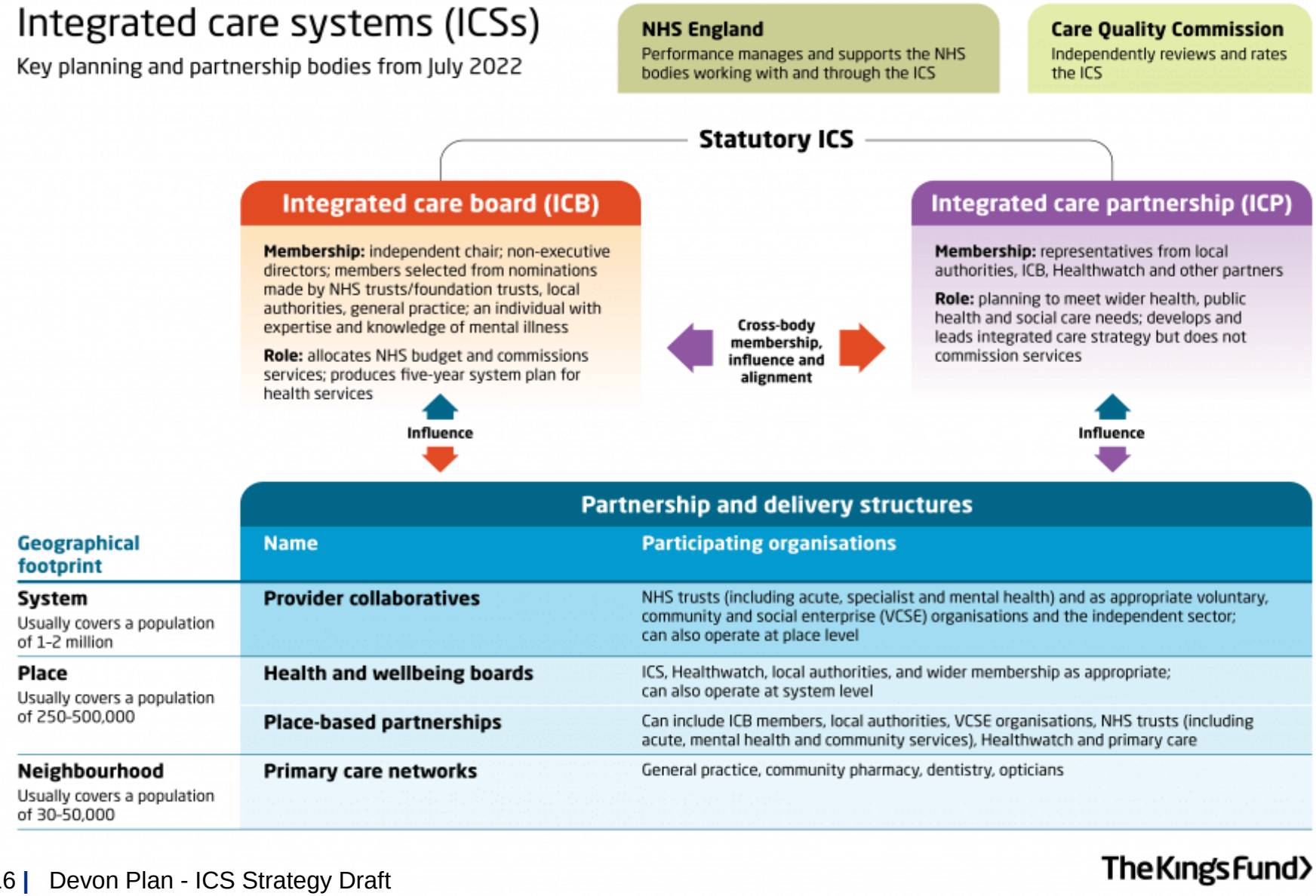
- Creating an environment for success, including strengthening collaborative and integrated working, involving people and communities, embedding equality, diversity and inclusion, and harnessing the impact of research and innovation.
- Ensuring robust system enablers, including workforce, finance, digital, estates & infrastructure, and the environment.
- Transforming key areas, including Mental Health, Learning Disability & Neurodiversity, Primary & Community Care, Children & Young People Care Model, the Acute Sustainability Programme, Public health & Prevention, Education, Employment and Housing.

Some elements of the Strategy will be delivered by other partners. The Partnership will look to local authorities, VCSE, independent sector and NHS England to also set out how they will exercise their functions to deliver the Strategy.

*** *Neurodiversity* refers to the diversity of human brains and minds, contributing to variation in neurocognitive functioning within our species. The term *neurodivergent* describes people whose brain differences affect how their brain works. This means they have different strengths and challenges from people whose brains don't have those differences. This includes people with Dyslexia, attention-deficit hyperactivity disorder, and autistic spectrum disorders.**

Introduction

What is an Integrated Care System (ICS)?



The Kings Fund

ICS Core Aims

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development

One Devon

Purpose of an Integrated Care Strategy

Integrated Care Systems

Integrated care systems (ICSs) have been in development for several years; there are 42 nationally and their aim is to bring together local authorities, NHS organisations, voluntary, community and social enterprise, and others, to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas. In recognition of the varying nature of ICSs nationally, such as geographies and populations, this legislation gave significant flexibility on how they operate.

There is a long history of collaborative and integrated working in Devon. The ICS in Devon is known as One Devon, and includes all health and care partners working throughout Devon. The Health and Care Act 2022 transferred statutory powers from Clinical Commissioning Groups to other organisations, primarily the newly created Integrated Care Boards (ICBs), in our case NHS Devon. ICBs work closely with Integrated Care Partnerships (ICPs), in our case One Devon; these are statutory committees that bring together a wide range of system partners to develop a health and care strategy for an area.

Purpose of Integrated Care Strategies

Each ICS is required to produce an Integrated Care Strategy, to set the direction for the system, setting out how NHS commissioners, local authorities, providers and other partners can deliver more joined-up, preventative and person-centred care for the whole population across the course of their life.

The Strategy is intended for use by all partners within the System, who will need to respond to it in their own future plans. It will drive a focus on the challenges and opportunities to improve the health and wellbeing of people and communities. The Strategy should focus on areas where the ICS can add value by coming together - at place, the 3 Health and Wellbeing Board strategies will still be key.

2022/23 is a transitional year and it is recognised that strategies will evolve as ICSs mature. This is therefore an Interim Strategy, with an expectation that it will be refreshed on an annual basis.

What an Integrated Care Strategy must include

The Integrated Care Strategy sets out the assessed needs of the population and the priority strategic goals, focusing on the ***four core purposes of ICSs***:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development

Within this, consideration should also be given to:

- Personalised care
- Disparities in health and social care
- Population health and prevention
- Health protection
- Babies, children, young people, their families and health ageing
- Workforce
- Research and innovation
- ‘Health-related’ services
- Data and information sharing

Context

Health Determinants

Our health is not only explained by our age, sex and genetics, it is a complex interaction of a wide variety of factors, strongly shaped by social and economic factors in wider society, local neighbourhoods and families.

The figure sets out how these factors affect our health, with wider political, social, economic and environmental factors, shaping our position in society. This in turn affects our access to different resources like education, employment and housing and shapes our standard of living. These circumstances can affect our health, for better and worse, and shape how we act and how our bodies react.

Efforts to improve population health and wellbeing need to take full account of these determinants and the resulting inequalities that exist because of them across One Devon, attempting to influence or adapt to these wider factors.

Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level, with frameworks for adults and children.

At a Devon system level, the priority target population cohort includes:

- 20% most deprived nationally, as defined by the Index of Multiple Deprivation (IMD)
- Individuals, families and communities experiencing rural and coastal deprivation
- Individuals, families and communities adversely affected by differential exposure to the wider determinants of health – for example, homeless persons, vulnerable migrants and/or those experiencing domestic abuse
- Persons with severe mental illness and learning disability and neurodiversity

One Devon is a partnership of health, local government and care organisations which are working to provide sustainable, quality health and care outcomes for people in Devon

Our One Devon Vision is: ***equal chances for everyone in Devon to lead long, happy and healthy lives.***

One Devon Partners

One Devon is made up of:

- Two unitary authorities (Plymouth City Council and Torbay Council)
- One county council (Devon), with 8 district councils,
- Two national parks (Exmoor and Dartmoor)
- Two cities (Exeter and Plymouth)
- 121 GP practices, in 31 Primary Care Networks
- Adult social care is provided by Livewell Southwest (LWSW) CIC in Plymouth, TSDFT in Torbay and Devon County Council (DCC) in Devon
- A care market consisting of independent and charitable/voluntary sector providers
- Many local voluntary sector partners across our neighbourhoods
- Devon Partnership Trust (DPT) and LWSW provide mental health services with a number of sites across the county.
- Four acute hospitals - North Devon District Hospital and the Royal Devon and Exeter Hospital, both managed by the Royal Devon University Healthcare NHS Foundation Trust (RDUH), Torbay and South Devon NHS Foundation Trust (TSDFT) and University Hospitals Plymouth NHS Trust (UHP)
- One ambulance trust - South West Ambulance Service Foundation Trust (SWASFT)
- Dental Surgeries, Optometrists and Community Pharmacies

One Devon partners work in collaborative arrangements at System, Place and Neighbourhood levels to deliver care to 1.2 million people:

- **Provider collaboratives** – these bring together health and care providers to improve care pathways and deliver better outcomes for patients and service users, making the best use of system resources in areas such as workforce, technology, and estates.
- **Place-based partnerships** – known as Local Care Partnerships (LCPs) in Devon, these bring together a wide range of organisations, including the NHS, Local Authorities, District Councils and Voluntary, Community and Social Enterprise, to deliver integrated health and care services across Devon. ***The graphics on the following pages set out the population details for Devon in its entirety and for each of our 5 LCPs.***
- **Neighbourhoods** – these bring together primary care services, NHS community services, social care and other providers to deliver more co-ordinated and proactive care throughout Devon. They work closely with other partners to deliver improved outcomes across different neighbourhoods.

Local Care Partnerships in Devon

Prior to the official launch of Integrated Care Partnerships and Boards in July 2022, the Devon system had undertaken or commissioned several pieces of work to inform development of our System:

- The Way We Do Things Together in Devon
- Value-based Approach
- Maturity self-assessment
- Devon System Diagnostic

Much of the content of this Strategy draws on these pieces of work and on the Devon Case For Change produced earlier in 2022.
These pieces of work are described in detail within **Appendix 1**.

If Devon was a village of 100 people

Devon has a population of around 1.2 million people.

5 would be under the age of 5

14 would be aged between 5 and 17

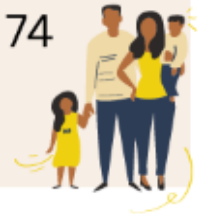
8 would be aged between 18 and 24

17 would be aged between 25 and 39

32 would be aged between 40 and 64

13 would be aged between 65 and 74

11 would be aged over 75



12 people would live in one of the 20% most deprived LSOAs in England

9 people would be living with a long-term health condition or disability which limits their day to day activities a lot

11 people would be unpaid carers

4 people would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

9 people would not have a car or vehicle in their household

Around 20% of children aged 4 would be overweight

Less than 1% of children would be in care

63% of adults would be overweight or obese

Over 1 in 10 adults would have a diagnosis of depression

15% of people over the age of 15 would smoke

Over one fifth of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 84 years old, and men would live to be 80 years old

One Devon

 Sources: see Appendix 2

If the Northern LCP was a village of 100 people

The Northern locality has a population of around 168,000 people, and includes the areas of Barnstaple, Bideford, Holsworthy, Ilfracombe, South Molton and Torrington.

5 would be under the age of 5

14 would be aged between 5 and 17

6 would be aged between 18 and 24

15 would be aged between 25 and 39

34 would be aged between 40 and 64

14 would be aged between 65 and 74

12 would be aged over 75

9 people would live in one of the 20% most deprived LSOAs in England

9 people would be living with a long-term health condition or disability which limits their day to day activities a lot

11 people would be unpaid carers

2 people would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

8 people would not have a car or vehicle in their household

Over one fifth of children aged 4 would be overweight

Less than 1% of children would be in care

65% of adults would be overweight or obese

Over 1 in 10 adults would have a diagnosis of depression

15% of people over the age of 15 would smoke

Over 18% of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 83 years old, and men would live to be 80 years old

Sources: see Appendix 2

One Devon

If the Eastern LCP was a village of 100 people

The Eastern locality has a population of around 400,000 people, and includes the areas of Exeter, Okehampton and Sidmouth.

5 would be under the age of 5

14 would be aged between 5 and 17

10 would be aged between 18 and 24

17 would be aged between 25 and 39

31 would be aged between 40 and 64

12 would be aged between 65 and 74

12 would be aged over 75

3 people would live in one of the 20% most deprived LSOAs in England

8 people would be living with a long-term health condition or disability which limits their day to day activities a lot

11 people would be unpaid carers

4 people would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

Nearly everyone would have a car or vehicle in their household

Around one fifth of children aged 4 would be overweight

Less than 1% of children would be in care

63% of adults would be overweight or obese

Over 1 in 10 adults would have a diagnosis of depression

13% of people over the age of 15 would smoke

Over 25% of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 84 years old, and men would live to be 80 years old

Sources: see Appendix 2

One Devon

If the West LCP was a village of 100 people

The West LCP has a population of around 60,000 people.

4 would be under the age of 5

14 would be aged between 5 and 17

6 would be aged between 18 and 24

14 would be aged between 25 and 39

35 would be aged between 40 and 64

15 would be aged between 65 and 74

12 would be aged over 75

No one would live in one of the 20% most deprived LSOAs in England

8 people would be living with a long-term health condition or disability which limits their day to day activities a lot

12 people would be unpaid carers

1 person would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

5 people would not have a car or vehicle in their household

Nearly one fifth of children aged 4 would be overweight

Less than 1% of children would be in care

57% of adults would be overweight or obese

1 in 10 adults would have a diagnosis of depression

11% of people over the age of 15 would smoke

Over 17% of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 83 years old, and men would live to be 80 years old

Sources: see Appendix 2

If the South LCP was a village of 100 people

The South LCP has a population of around 300,000 people.

4 would be under the age of 5

14 would be aged between 5 and 17

6 would be aged between 18 and 24

15 would be aged between 25 and 39

34 would be aged between 40 and 64

15 would be aged between 65 and 74

13 would be aged over 75

14 people would live in one of the 20% most deprived LSOAs in England

10 people would be living with a long-term health condition or disability which limits their day to day activities a lot

12 people would be unpaid carers

3 people would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

9 people would not have a car or vehicle in their household

Nearly one fifth of children aged 4 would be overweight

Less than 1% of children would be in care

60% of adults would be overweight or obese

13% of adults would have a diagnosis of depression

16% of people over the age of 15 would smoke

A quarter of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 84 years old, and men would live to be 80 years old

Sources: see Appendix 2

One Devon

If the Plymouth LCP was a village of 100 people

The Plymouth locality has a population of 262,839 people.

5 would be under the age of 5

15 would be aged between 5 and 17

11 would be aged between 18 and 24

20 would be aged between 25 and 39

30 would be aged between 40 and 64

10 would be aged between 65 and 74

9 would be aged over 75

30 people would live in one of the 20% most deprived LSOAs in England

10 people would be living with a long-term health condition or disability which limits their day to day activities a lot

11 people would be unpaid carers

5 people would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

12 people would not have a car or vehicle in their household

Nearly one fifth of children aged 4 would be overweight

Less than 1% of children would be in care

69% of adults would be overweight or obese

Nearly 16% of adults would have a diagnosis of depression

19% of people over the age of 15 would smoke

Over 17% of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 83 years old, and men would live to be 79 years old

Sources: see Appendix 2

One Devon

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The 12 Devon Challenges

Data and further detail in Appendix 3

#OneDevon

12 Devon Challenges

1. An ageing and growing population, with increasing long term conditions, co-morbidity and frailty

2. Climate Change

3. Complex patterns of urban and rural deprivation

4. Housing quality and affordability

5. Economic Resilience

6. Access to services including socio-economic and cultural barriers

7. Poor health caused by modifiable behaviours and earlier onset of health problems in more deprived areas

8. Varied education, training and employment opportunities, workforce availability and wellbeing

9. Unpaid care and associated health outcomes

10. Changing patterns of infectious diseases

11. Poor mental health and wellbeing, social isolation and loneliness

12. Pressure on services (especially unplanned care)

Devon Challenge 1: An ageing and growing population with increasing long term conditions, co-morbidity and frailty

The Devon population is older than the overall England population and is facing demographic challenges around 15 years before similar challenges will be seen nationally. Population growth above the national average, and is up to twice the national average in some districts, largely driven by internal migration within the UK, predominantly those aged between 50 and 70 from the South-East of England. We have a disproportionately small working age population relative to those with higher care needs.

- According to the 2021 Census the population of One Devon is 1,215,642; with 811,629 residents in the Devon County Council area, 264,691 in the Plymouth City Council area and 139,322 in the Torbay Council area.
- Population growth is above the national average, and up to twice the national average in some districts. This is largely driven by internal migration within the UK, predominantly by those aged between 50 and 70 years, coming from the South-East of England. This growth in population has been centred on older age groups, with flat growth in children, slow growth in the working age population, and rapid growth in older age groups. Population Growth between the 2011 and 2021 censuses reveals variation within Devon with the East Devon and Exeter area experiencing particularly rapid population growth compared to the national average.
- Two major patterns exist when we look at migration within the UK into and out of the One Devon area. The first is from ages 18 to 37, where apart from a net influx of University students to Exeter and Plymouth, there is a net outflow relating largely to migration for work and low retention of students. The second pattern is a net inflow of people from the ages 38 to 74, relating to in-migration for older working age groups and at retirement, with the greatest net flows coming from London, the South East and elsewhere in the South West.
- The population profile in Devon is significantly older than the national profile, with a higher proportion of people 50 years and over, leading to an imbalance between the working age population and those needing care. This is influenced by significant in-migration into Devon and longer life expectancy. Exeter and Plymouth universities contribute to a slightly higher proportion of those aged 18 to 21 years in the One Devon population. Typically however there is a greater tendency for younger adults to leave the county and low retention of graduates who come to study in Devon. Coastal and rural areas tend to have an older population, for example, East Devon where 30% of the population is aged 65 and over.
- In addition to more people living into old age, there will also be higher levels of complexity and comorbidity in the future. The prevalence of dementia is increasing at 1% annually but within 10 years it will be growing at 3%. This growth is expected across a number of long-term conditions between 2018-2024 in Devon.

One Devon

Devon Challenge 2: Climate Change

Climate change poses a significant risk to health and wellbeing and is already contributing to excess death and illness in our communities due to pollution, excess heat and cold, exacerbation of respiratory and circulatory conditions and extreme weather events.

- Climate change poses a serious threat to our quality of life, now and for future generations. It is damaging biodiversity, disrupting food production, damaging infrastructure, threatening jobs and harming human health. Addressing climate change requires a shift in our behaviour in relation to sustainable travel and reducing our carbon footprint in both our home and working lives.

- Air pollution, excess heat and excess cold have a significant impact on our health, particularly in relation to increases in cases of and deaths from respiratory and circulatory conditions like Asthma, Heart Disease and Stroke, with an increase in severe weather events leading to further direct risks to human health. For 2020, the Public Health Outcomes Framework estimated that 4.7% of deaths in Devon, 5.1% of deaths in Plymouth, 4.9% of deaths in Torbay, and 5.6% of deaths in England were attributable to air pollution.

- The expected impacts on Devon include:

    - **Higher temperatures** – could **increase** risk of heatwaves, other severe weather, droughts, certain health risks, wildfires, but could **decrease** risk of prolonged low temperatures, heavy snow and/or ice.
    - **Higher rainfall** – could **increase** risk in flooding (river, surface water and groundwater), other severe weather, land movements, structural failures, certain health risks.
    - **Sea level rise** – could **increase** risk of coastal/tidal flooding and coastal erosion (including land movements) and hence increased impacts on coastal infrastructure including transport routes.

Devon Challenge 3: Complex patterns of urban, rural and coastal deprivation

The pattern of socio-economic deprivation in Devon is distinct. Hotspots of urban deprivation are evident with the highest levels in Plymouth, Torbay and Ilfracombe, and hotspots in other urban centres, including Exeter and Barnstaple. Many rural and coastal areas, particularly in North and West Devon experience higher levels of deprivation, impacted by lower wages, and a higher cost of living.

- Devon has hotspots of urban deprivation with the highest overall levels in Plymouth, Torbay and Ilfracombe, and hotspots in other urban centres, including Exeter and Barnstaple. Many rural and coastal areas, particularly in North and West Devon experience higher levels of deprivation, impacted by low wages and a high cost of living.
- Significant gaps in earnings are seen between the counties top and bottom earners and average full-time salaries for females are 17% lower than for males. Lower levels of social mobility are also seen in rurally deprived areas.
- When levels of deprivation are compared with the South-West and England using the ONS Rural Urban Classification, it is evident that Devon typically experiences higher levels of deprivation than the national average for different classifications. This is particularly so for rural and sparsely populated areas.
- Whilst material deprivation has declined over recent decades, some increases have been seen in recent years due to the Covid-19 pandemic and cost of living crisis. Areas with lower levels of social mobility and economic development have experienced more persistent levels of deprivation including parts of Northern Devon, and in parts of Plymouth and Torbay where population growth and economic development has been slower than Eastern Devon.

Devon Challenge 4: Housing Quality and affordability

Measures of both housing quality and affordability in One Devon indicate more significant challenges compared to England as a whole. Housing is less affordable in Devon, and the age and quality of the housing stock poses significant challenges in relation to energy efficiency and issues associated with excess heat, excess cold and damp.

- The places we live in have a profound impact on our health and wellbeing, as well as impacting on the ability to remain independent. Good housing contributes to health and wellbeing and helps keep people healthy.
- Devon faces particular challenges in relation to housing quality and housing affordability. Significant challenges exist in Devon with many areas in the top 10% or 25% nationally for the indoor environment deprivation domain.
- High levels of in-migration to Devon, centred on those aged 50 to 70, and previously residing in South-East England has increase demand for accommodation in Devon, driving up house prices. However, with lower-than-average earnings, this has generated a higher average house price to full-time salary ratio than England as a whole.
- Fuel poverty and poor housing conditions, particularly in the private rented sector, are a major issue in many areas. Unsuitable and poor standard housing contributes to poor health, lower educational attainment and is a recognised contributor to, and symptom of, child poverty, with approximately a third of unsuitable housing occupied by people in receipt of some sort of benefit. In Plymouth there are an estimated 13,578 households (11.8 per cent) in fuel poverty, which is slightly above the national figure of 11.1 per cent, and Torbay has a higher percentage than the regional and national rates over the five-year period 2013 to 2017.
- In Devon, the estimated number of rough sleepers is below the England average, but homelessness is increasing, with a growing number of families on the housing register and average house prices more than nine times annual earnings (compared to seven times nationally).
- The cost of living and energy crises along with increasing levels of homelessness have the potential to result in decreases in health and widening of inequalities across Devon.
- Other housing quality and affordability indicators in the Public Health Outcomes Framework and Devon's Joint Strategic Needs Assessments reveal: high levels of household hazards including damp, excess heat and excess cold associated with age of housing stock, particularly in privately rented sector and limited availability of key worker housing schemes, despite a higher level of public sector employment

Devon Challenge 5: Economic Resilience

The financial challenge facing all our health, social care and wellbeing partners is significant. Lower salaries and higher housing costs, with rising bills for energy, fuel. food and other costs in the One Devon area will increase the impact of the cost of living crisis. People and communities already experiencing higher levels of poverty will be disproportionately affected.

- The current cost of living crisis is driven by the cost of everyday essentials like groceries and bills are faster than average household incomes. As of November 2022 annual inflation stands at 11%, a 40 year high, with the Bank of England predicting inflation and price levels to remain high.
- Since March 2020 demand for accommodation and the cost of housing in Devon have increased significantly. The economic and financial pressures seen through the pandemic, coupled with rising inflation and increasing energy, food and fuel costs mean that One Devon citizens have been particularly affected. In the SW, there are approximately half a million low paid workers, c150k in the One Devon area. This means that whilst the cost of living is increasing across the UK, Devon is particularly vulnerable due to lower-than-average salaries, and above average living and housing costs. A 'Cost of Living' dashboard has been developed for One Devon, which highlights Devon communities particularly at risk in the crisis. This highlights particularly high levels of risk is parts of Plymouth, Torbay, Northern Devon and in other hotspots across the country.
- NHS expenditure in Devon started to become financially challenged in 2013/14, with a small deficit returned for the year, the position deteriorated sharply again in 2019/20 and it is still currently forecasting a deficit position of over £18 million for 2022/23.The drivers of this position are many and complex, but fundamentally it is as a result of growth in expenditure, linked to growing service demand and operational inefficiency, outstripping the growth in the allocation for the population.
- The NHS in Devon is not alone in facing financial challenges. At the start of November 2022, Devon County Council announced that is must save £73 million from its budget this financial year. Plymouth City Council is facing similar challenges and is considering measures to address a £37 million budget gap for 2023/24. It also has a £15.5 million gap in this year's budget. In addition to providing invaluable services to people requiring care and support, the Adult Social Care Sector plays a central role in the economy. Our voluntary and independent social care providers are also facing significant economic, financial and labour issues.

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

Access to health and care services varies significantly in Devon, both in relation to geographic isolation in sparsely populated areas, as well as socio-economic and cultural barriers. Poorer access is evident in low-income families in rural areas who lack the means to easily access urban-based services. Poorer access is also seen for people living in deprived urban areas, certain ethnic groups and other population groups, where traditional service models fail to take sufficient account of their needs.

- Some barriers to services are physical. As a large rural county, Devon has a higher proportion of population living is sparsely populated areas, smaller market and coastal towns and villages.
- Significant social and cultural barriers also exist in relation to health and care services, as highlighted by the four domains of health inequalities. This highlights the interaction of socio-economic deprivation, personal characteristics, geography and vulnerable groups in driving health inequalities.
- One Devon has a significantly higher proportion of armed forces veterans than the national average, with the highest concentrations centred in Plymouth, Exmouth, Sidmouth and Ivybridge. In contrast to the majority of the general population, veteran and their families experience unique factors, which can increase physical and mental health and wellbeing needs.
- Digital technology has changed our lives beyond recognition over the last 20 years including how we access services. However, there are challenges related to sharing information between services and digital inclusion especially in rural areas, deprived communities and older people.

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Physical inactivity, excess weight, excess alcohol use, drug misuse and smoking have a significant impact on health, contributing to premature death, ill-health and a lower quality of life. Significant inequalities exist across One Devon, with people living in deprived areas and certain population groups experiencing significant health inequalities as a result. People living in more deprived areas have an onset of long-term conditions, multi-morbidity and frailty typically 10 to 15 years earlier than those living in the least deprived communities. This leads to lower life expectancy and lower healthy life expectancy in these communities, coupled with higher and earlier need for health and care services.

- Behavioural risk factors are the leading cause of morbidity and mortality in Devon.
- Devon has a growing and ageing population with higher life expectancy compared to other areas across England. However within Devon, life expectancy varies considerably and particularly in areas with higher deprivation and challenges around access to services.
- Moreover, the difference between life expectancy and healthy life expectancy is stark when comparing the more deprived areas to the least deprived areas. This suggests that while people are living longer, they are living longer in poorer health.
- In terms of recent trends in behaviour factors, generally in recent years smoking and substance misuse has tended to decline, and obesity has increased.
- Considerable and widening inequalities exist in relation to behavioural risk factors, including:
  - Higher levels of smoking which are falling more slowly in more deprived communities, people in routine and manual occupations, younger age groups, and males. Children living in households with adult smokers are also much more likely to smoke themselves.
  - Higher levels of excess weight in middle aged individuals, people living in more deprived areas
  - Higher levels of physically inactivity in more deprived communities, older age groups and females
  - Higher levels of excess alcohol use in more deprived communities, male and middle aged individuals
- Smoking, poor diet, physical inactivity and alcohol use feature particularly prominently in as drivers for the early on-set of ill-healthand cost the NHS billions every year.

Devon Challenge 8: Varied education, training and employment opportunities, workforce availability and wellbeing

The education of our children and young people is a determining factor for later success in life. Health and wellbeing are also intrinsically linked to the health of our economy. Access to secure employment and well paid jobs is about far more than the resources to buy goods and services. Health and care systems nationally and locally are facing extreme challenges in relation to staff burnout, high vacancies, high turnover and low levels of retention. This is impacting on the quality and safety of services that can be delivered.

- The education of our children and young people is a determining factor for later success in life and all of our local authorities face challenges in this area, with educational performance varying greatly across the county. In Plymouth, school readiness by the end of Reception is lower than the England average and there are a higher number of 16–17-year-olds not in education, employment or training (NEET). In Torbay there are a high number of children and young people with education, health and care plans and rates of exclusions are high. At a ward level, in 2019 two wards in Northern Devon were in the bottom 10% nationally for educational performance.
- There are hotspots of education domain deprivation in urban neighbourhoods within Plymouth, Torbay and Exmouth, and in many coastal and market towns across the county. Higher levels of education domain deprivation are seen in rural areas of North and West Devon, reflecting particular challenges around social mobility and economic development.
- Research by the Health Foundation reveals that many areas of Devon and Cornwall have a particularly high proportion of low paid jobs relative to other local authorities. Rates are highest in rural districts and Devon, with North Devon (26%), Mid Devon (25%), Torridge (24%), West Devon (24%) and Teignbridge (24%). This is double the level seen in the Home Counties and London.
- In Devon there are currently around 14,000 people unemployed, which equates to a rate of 1.8% unemployment, half of the national level of 3.8%. The number of people choosing to drop out of the labour market has doubled in recent years and now stands at circa 5%. Looking forward, the working age population across Devon is not predicted to grow significantly in the years ahead. Levels of employment vary on a seasonal basis in One Devon. During January, February and March, Jobseekers Allowance claimant rates are typically around 10-15% higher than they are during Summer and early Autumn months.
- The challenge we face is twofold - colleagues are all working exceptionally hard, but, whilst vacancy rates are 7% in health and 13% in social care, across the system we are spending too much money on delivering our services. The health workforce has grown faster than the demand for services and ahead of the national average.

Devon Challenge 9: Unpaid care and associated health outcomes

The proportion of the population providing unpaid care is increasing, with higher levels of the One Devon population caring for relatives, often for many hours, with limited external support. Both the physical and mental health of carers can suffer as a result.

- The number of people providing unpaid care in the county according to the 2011 Census, is over 84,000 carers and over 18,000 providing unpaid care for 50 hours or more per week.

- Carers tend to be in poorer health than non-carers, and higher levels of unpaid care are associated with particularly poor general health. The figures below provide a breakdown of health by age for non-carers, carers, and those who provide unpaid care for 50 hours or more from the 2011 census. The health of young carers and persons aged 25 to 49 is notably worse than non-carers. Levels of good health are significantly higher in non-carers in the 50 to 64 age group, and for persons aged 65 and over whilst the general health of carers and non-carers is similar, for those providing unpaid care for 50 hours or more general health is notably worse.

- Levels of economic activity are also much lower in persons who provide unpaid care. Non-carers have higher employment levels, whilst unpaid carers are more likely to be long-term sick or disabled, or defined as ‘looking after family or home’.

- An analysis of the pattern of unpaid care and intensive unpaid care (50 hours plus) at a community level in Devon reveals that whilst unpaid care is higher in predominantly coastal and rural areas partly reflecting retirement patterns, unpaid care for 50 hours a week is much more concentrated in towns and cities, deprived urban areas such as Plymouth, Torbay and Ilfracombe, and deprived rural areas in North and West Devon.

Devon Challenge 10: Changing patterns of infectious diseases

The Covid-19 pandemic has changed the pattern of infectious disease over the last three years. Increasing levels of healthcare associated infections have also been seen and the risks posed by anti-microbial resistance continue to grow. These diseases have disproportionately affected the most disadvantaged and vulnerable in our society and the longer-term impacts of infection, such as Long-Covid, contribute further to health inequalities.

- Devon is predicted to be the fourth worst County in England impacted by COVID-19. Initial data for the area suggests that around 60% of all Devon business were closed during the lockdown phases and almost 40% of all those in work (both employed and self-employed) were furloughed or sought self-employment support due to not being able to work. More widely, unemployment increased by 180% in the three months to June 2020, with sharp increases in youth unemployment.
- This will have an impact on the mental health and wellbeing of people living in Devon - the rates of common mental health problems in people aged 16–64 were 14.1% for those in full-time employment, 16.3% for those in part-time employment, 28.8% for those who are unemployed and looking for work, and 33.1% for those who are economically inactive. Unemployment increases the risk of poor mental health and suicide, this is because it creates an additional psychosocial burden through experiencing stigma, isolation, and loss of self-worth.
- As well as the impact of Covid-19, changing patterns of infectious disease are also evident. Compared to recent years, in late 2022, notable trends that we are experiencing include:
  - Higher levels of seasonal influenza
  - Increases in respiratory syncytial virus
  - Increases in scarlet fever invasive group A streptococcal infections
  - Increases in healthcare associated infections
  - Increases in anti-microbial resistance, influenced by antibiotic usage
- Flu vaccination uptake in Devon for all ages between 6 months and 64 years (clinically at risk) and for the over 65s are below the England and Southwest averages and remain significantly below the rates seen prior to the pandemic.
- The update of Covid-19 and Flu vaccination also vary significantly across the population, with the lowest uptake in areas with higher levels of deprivation, non-White British ethnic groups, males and younger age groups. People with mental health conditions and learning disabilities also have lower uptake rates.

One Devon

Devon Challenge 11: Poor mental health and wellbeing, social isolation and loneliness

Mental Health provision in Devon is good, but our population experiences poorer than average outcomes in relation to some measures of mental health and wellbeing. Suicide rates and self-harm admissions are above the national average, anxiety and mood disorders are more prevalent, there are poorer outcomes and access to services for people with mental health problems, and a higher proportion are affected by loneliness. Disadvantaged communities and clinically vulnerable individuals are disproportionately affected. Mental health issues have increased through the Covid-19 pandemic and current 'cost of living' crisis.

- One Devon is performing below the national average for mental health outcomes, particularly suicide rates in Torbay.
- A wide range of indicators from the Public Health Outcomes Framework also highlight poorer mental health outcomes in the One Devon area including higher self-harm admission rates, lower employment rates for people with mental health conditions, and lower levels of access to and usage of services.
- This pattern is reflected across the South-West Peninsula, where rural and coastal deprivation also contribute to mental health and wellbeing.
- Mental health outcomes in the South West Peninsula are poorer than the national average. All five upper tier/unitary local authorities have rates of emergency admission for self-harm and suicide rates above the England average
- Measures of mental health and wellbeing reveal greater need in more deprived communities. For instance, self-harm admission rates are three times higher in Devon communities with the highest levels of deprivation, compared to those with the lowest levels of deprivation.

One Devon

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

An older age profile and more rapid population growth in Devon, coupled with the impacts of the Covid-19 pandemic and current 'cost of living' crisis, are contributing to increased demand for health and care services. The greatest increased demand is for unplanned care and mental health services, with those living in disadvantaged communities and clinical vulnerability likely to be most severely impacted.

		standard	Devon
MENTAL HEALTH/ LEARNING DISABILITY	Early intervention psychosis entering treatment in 2 wks	60%	70%
	IAPT 6 weeks	75%	94.10%
	IAPT recovery	50%	50.90%
	Inappropriate out of area bed days	0%	479
	Annual health checks for people with a learning disability	75%	19.00%
	Reducing adults & CYP with a learning disability in specialist inpatient beds	31	45
URGENT CARE	A&E All Types seen within 4 Hours	95%	57.70%
	Time lost to ambulance handover delays	0	10,673
	Mean ambulance response times cat 1	7 mins	11 mins
	Mean ambulance response times cat 2	18 mins	79 mins
PLANNED CARE	RTT over 104 weeks	0	
	RTT over 52 weeks	0	16,380
	Diagnostics within 6 weeks	99%	64.20%
	Cancer 2 week wait	93%	51.90%
	Cancer 62 day	85%	60.60%
	Cancer faster diagnosis (28 days)	75%	70.20%

- Devon is facing a number of significant performance challenges. The current position against some of the key national standards is shown in the table.
- Improving performance against these targets will be a key focus during the coming months and years.

One Devon

Outcomes from Engagement and Involvement

Outcomes from Engagement and Involvement

Approach

- The integrated care strategy is intended to meet the needs of local people in Devon, so it is more important than ever that we take the opportunity to understand those needs.
- There has been an extensive amount of work done involving the people and communities across Devon and Cornwall over recent years, across a wide range of topics and issues.
- A comprehensive review has been undertaken on the findings of all involvement activities (where a published report was available) across Devon in the past four years. The review includes involvement programmes led by organisations across One Devon as well as national studies.
- From 34 publications reviewed between 2018 – 2022 from we have gathered the views, feedback and insight from over 20,000 people from across Devon and Cornwall (including two national studies).
- Feedback collated through the review has been themed and aligned to the four aims of the ICS strategy
- A full list of set of the involvement projects is available in **Appendix 4**.

Outcomes from Engagement and Involvement

Improving Outcomes in Population health and healthcare

- People have told us they value local health services, that are appropriate (for their age and support needs), accessible and give them good quality outcomes regardless of where they live in Devon or Cornwall.
- Younger people, people with mental health illness and people from ethnic or diverse backgrounds suffer poorer experience and outcomes compared to other groups.
- People (whether they are on a waiting list or not) will travel further for their one-off needs if they can be seen quicker and by trusted clinicians but expect on-going care to be provided locally in Devon and Cornwall.
- People are attending the hospitals' emergency departments as it is the easiest and most familiar option.
- People are unsure of what services are available locally and/or do not have the most up to date or accessible information to enable them to make the right decisions. Often ending up at multiple points of care repeating their story.
- Lack of mental health support services is a consistent concern for people of all ages, communities and needs, especially for children and younger people
- Perceptions are that the standard of health and care services have dropped over the last 12 months (2021/22)
- There is a general view in Devon that the care provided is generally excellent, people's experience of the pathway leads to a poorer outcome.
- People only want to tell their story once and value the consistency of the support (e.g. seeing the same clinician during treatment) they receive
- Waiting times for health and care services is a major concern for people (and staff) as waiting lists are seen to be getting longer with no demonstrable solution
- Giving people choice, and involving them the decisions about their health and care is a vital part of people feeling they have had a good outcome

Outcomes from Engagement and Involvement

Tackling inequalities in outcomes, experience and access

- The geography of Devon and Cornwall has a direct impact on access, availability and quality of health and care services available to people
- There is a significant lack of awareness of local services, where people can, or should, go for support, combined with a perceived lack of clear, accessible supporting communications.
- Accessibility is more than documents, consideration needs to be given to languages and translation, learning disabilities, physical disabilities, staff training and support and providing services and buildings aligned to the needs of staff and patients.
- People perceive they are likely to get a poorer service because of their background/identity which can make people wary of using NHS services.
- Staff from diverse background feel underrepresented in the workforce and experience substantial inequalities, finding limited support available in their employment. This contributes to them feeling undervalued.
- Staff need ongoing and co-designed support and training, if they are to confidently and consistently meet the needs of a diverse population.
- Recognising unconscious bias is a positive step to be able to put in place actions to support staff to meet the needs of the people who need additional support.
- Equality, Diversity and Inclusion needs to be a top priority for all organisations and the unique skills, abilities and experiences of people from diverse backgrounds should be celebrated.
- Travelling to services, parking at sites for staff and patients, access to reliable public transport and the associated costs remain a significant concern for people in Devon and Cornwall, and even more so in the most rural areas.
- The health and care system is very complex to navigate especially for those with additional needs. It needs to be simpler to understand and to access the support required.
- People and staff want to see more services joined up, seamless services providing care with as few barriers or variations as possible
- Food insecurity is linked with malnutrition, obesity, eating disorders and depression, which has a significant impact on NHS services.
- Primary-school-age children from England's most deprived areas are around five times more likely to be living with severe obesity
- Poverty and low wages in Devon directly contributes to the lack of affordable housing, which in turn has a direct impact on peoples (and staff) health and wellbeing.

Outcomes from Engagement and Involvement

Enhancing Productivity and Value for Money

- Long waiting times for health and care services are directly impacting on patients' and staff's mental and physical wellbeing.
- Lack of integration of services can have a negative impact by increasing the duplication of services, increasing the complexity of access or referral to services and increasing estates costs.
- Centralising services into single place (e.g. health and wellbeing hubs) gives the opportunity for people (and the workforce) to access a much wider range of complementary services to help more people in one place
- Public and staff want to see investment in existing sites and integration with existing services rather than the expense of building additional estates.
- People recognise the strengths of the existing health and care workforce and are very keen to see investment which will result in the building and maintaining of skillsets in Devon and Cornwall, contributing to a sustainable work/life balance.
- People need services to meet their expectations by getting it right first time for them, or they will seek alternatives, and potentially less appropriate services.
- People want to see a reduction in the infrastructure barriers such as separate IT systems, helping services integrate - reducing costs and making for better outcomes.
- People and staff would like to see more community based, collaborative approaches that enable health, care and wellbeing services to work in a truly joined up way.

Outcomes from Engagement and Involvement

Helping the NHS support broader social and economic development

- People see the real value and impact of local voluntary services so want to see improved communication and coordination with the VCSE.
- Generally, people are willing (and are able) to use technology to access their health and care support, but it must be effective, reliable and give confidence to the user.
- Younger people prefer access to ‘fast answers’ utilising functions such as Live Chat and text message over traditional face to face interactions.
- People are more concerned about cost of living rising and the impact on the nation’s health and wellbeing rather than their own.

Strategy for Devon

#OneDevon

Our Strategy

In response to all of the information presented in previous chapters of this document - the national and local context, the assessment of need and the detailed review of all of the engagement undertaken across the System over recent years - and through ongoing engagement with stakeholders across the Devon System, a set of high level strategic System goals have been developed that support the vision of the ICS: ***equal chances for everyone in Devon to lead long, happy and healthy lives.***

The high level strategic goals are the goals of the 'One Devon Integrated Care Partnership'. The partnership will need to work closely with all sectors, including primary care, carers, public health, housing, employers and education to deliver the strategic goals set out in this strategy.

The goals have been aligned to the four aims of an ICS:

- Improving outcomes in population health and healthcare;
- Tackling inequalities in outcomes, experience and access;
- Enhancing productivity and value for money;
- Helping the NHS support broader social and economic development

In addition to the goals in the following pages, there is one over-arching strategic goal that the Partnership has set:

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

By 2025 we will have: adopted a single operating model to support the delivery of health and care across Devon and will have achieved thriving ICS status

Where appropriate measures exist, a more specific target measure has been appended to the goals, based on ambitious improvement towards and beyond national averages, for delivery within a defined timescale. This will allow the Integrated Care Partnership (ICP) to monitor the extent to which the actions put in place to achieve the strategic goals are impacting. The targets are measured from a baseline of 2021/22, unless otherwise detailed against a goal. The baseline for the improvement targets is captured in **Appendix 5**.

Improving Outcomes in population health and healthcare

Every suicide should be regarded as preventable and we will save lives by adopting a zero suicide approach in Devon, transforming system wide suicide prevention and care.

By 2024: each LCP will have a suicide prevention plan.

We will have a safe and sustainable health and care system.

By 2025 we will: deliver all our quality, safety and performance targets within an agreed financial envelope

People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.

By 2028 we will: extend personalised care through social prescribing and shared decision making and increased health literacy

Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability

By 2028 we will have: decreased the gap in healthy life expectancy between the least deprived and most deprived parts of our population by 25% and decreased the under 75 mortality rate from causes considered preventable by 25%

Children and young people (CYP) will have improved mental health and well-being

By 2024/25 we will have: at least 15,500 CYP aged (0-18) accessing NHS-funded services, 100% coverage of 24/7 crisis and urgent care response for CYP and 95% of children and young people with an eating disorder able to access eating disorder services within 1 week for urgent needs and 4 weeks for routine needs

People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.

By 2025 we will reduce the level of preventable admissions by 95%

Tackling inequalities in outcomes, experience and access

People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.

By 2028 we will increase the number of people who can access and use digital technology and improved access to dentists, pharmacy, optometry, primary care

Everyone in Devon will be offered protection from preventable infections.

By 2028 we will have: increased the numbers of children immunised as part of the school immunisation programmes by 10%, increased the uptake of those eligible for Covid and Flu vaccines by 10% and reduced the number of healthcare acquired infections by 10%.

Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place

By 2028 we will have: increased the number of people dying in their preferred place by 25% and those who want it will have advanced care planning in place

The most vulnerable people in Devon will have accessible, suitable, warm and dry housing

By 2028 we will have: decreased the % of households that experience fuel poverty by 2% and reduced the number of admissions following an accidental fall by 20%

In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.

By 2026 Devon's workforce across the multiple organisations will be supported, empowered and skilled to deliver fully inclusive services for everyone, and Devon will be a welcoming and inclusive place to live and work where diversity is valued and celebrated;
By 2027 Devon's workforce will be representative of local populations; and
By 2028 our estates, information and services will be fully inclusive of the needs of all our populations

Enhancing productivity and value for money

People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.

By 2026 patients will report significantly improved experience when navigating services across Devon.

We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.

By 2028 we will have: a unified approach to procuring goods, services and systems across sectors and pooled budget arrangements

People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.

By 2028 we will have: provided a unified and standardised Digital Infrastructure

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

By 2028 we will have: vacancies amongst the lowest in England in the health and social care sector

Helping the NHS support broader social and economic development

People in Devon will be provided with greater support to access and stay in employment and develop their careers.

By 2028 we will have:

- *Reduced the gap between those with a physical or mental long term condition (aged 16-64) and those who are in receipt of long term support for a learning disability (aged 18-69) and the overall employment rate by 5%;*
- *Decreased the number of 16-17 year olds not in education, employment or training (NEET) by 25%;*
- *Increased the number of organisations with Gold award status for the Defence Employer Recognition scheme.*

Children and young people will be able to make good future progress through school and life.

By 2027 we will have: increased the number of children achieving a good level of development at Early Years Foundation Stage (school readiness) as a % of all children by 3% and 60% of Education, Health and Care Plans (EHCPs) will be completed within 20 weeks.

We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).

By 2028 we will: be on-track to successfully deliver agreed targets for all Local Authorities in Devon being carbon neutral by 2030 and the NHS being carbon neutral by 2040

Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people

By 2024: Local Care Partnerships will have co-produced with local communities and community groups in their area, a plan to empower and support groups to be more resilient.

Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably

By 2028 we will have; directed our collective buying power to invest in and build for the longer term in local communities and businesses

Delivering the Strategy - Conditions for Success

Delivering the Strategy

The Integrated Care Strategy will need all partners within the One Devon Partnership to work together to ensure that we deliver our ambitious goals for Devon. The pace of delivery of these goals will vary by Local Authority area and Local Care Partnership, reflecting the differing needs and different starting points of each part of our System. The overriding principle is that we will strive to ensure that each ambition is met within the timeframes set out within this Strategy. Furthermore, the Strategy does not replace or supersede those priorities that are best delivered at a local level, through Local Care Partnerships and local Health and Wellbeing Strategies.

One Devon has significant strategic work underway to enable the successful delivery of our Integrated Care Strategy, focusing on:

- Creating an environment for success, including strengthening collaborative and integrated working, involving people and communities, embedding equality, diversity and inclusion, and harnessing the impact of research and innovation.
- Ensuring robust system enablers, including workforce, finance, digital, estates & infrastructure, and the environment.
- Transforming key areas, including:
  - Mental Health, Learning Disability and Neurodiversity
  - Primary and Community Care
  - Children and Young People Care Model
  - Acute Sustainability Programme
  - Public Health & Prevention
  - Education
  - Employment
  - Housing.

The Devon Integrated Care Board's NHS response to the Strategy, the 5 Year Joint Forward Plan (JFP), will set out how the health elements of the Strategy will be met between 2023 and 2028. Other elements of the Strategy will be delivered by other partners and the Partnership will look to local authorities, VCSE, independent sector and NHS England to also set out how they will exercise their functions to deliver the Strategy.

The following chapters set out how we will create the environment for success and how partner organisations will draw up plans to deliver the Strategy. Collectively, this work responds to the significant scale of change required to achieve our vision and ambitions, as outlined in this document and 'the way we do things together in Devon' narrative. **[ADD LINK]**

An Outcomes Framework will be developed to support monitoring of progress against the targets set out in this Strategy.

Creating an environment for success

Creating an environment for success

One Devon Development Roadmap

One Devon is committed to becoming a thriving Integrated Care System. As a result of the diagnostic activities outlined in the Case for Change, we established a baseline from which to improve.

In response, an overarching ICS Development Roadmap was developed, including the implementation of a single operating model, to support us to achieve our commitment.

The diagnostic activities will be repeated in 2023 to evaluate progress to this end.

Creating an environment for success

Integrated System Development Programme

Aim: The Integrated System Development (ISD) Programme aims to strengthen integrated and collaborative working, to support One Devon to become a thriving ICS. Improving system working was identified as a key determinant to One Devon successfully delivering the Devon Plan, by ICS Executives.

Opportunity Area	Hypothesis
Learn by Doing	Real change will come from undertaking real work together and acting upon the learning we generate. Our System will be able to continually develop if we embed a culture of learning and of improvement.
Prioritise & Implement	Implementing a small number of priority projects and programmes will create the conditions for us to deliver real change together on the journey towards achieving the System vision.
Shared Purpose	Defining and articulating (and continuously re-articulating) why we are doing, what we are doing and what we hope to achieve from it, thus supporting us as a system us to collaborate to realise a common purpose.
Trust & Collaboration	Increasing levels of trust and collaboration between us will be vital to creating the conditions for progress towards our System vision.
Move towards a system focus	Movement towards our System vision will be enabled by the extent to which we seek to understand, listen to, and take into consideration each other's needs and constraints.

Approach: Collaborative and integrated system working are at the heart of the ISD Programme, with a wide range of partners involved in co-developing and co-delivering system development for One Devon.

The design phase saw hundreds of colleagues across health and care participate in a System Diagnostic and ICS Maturity Assessment, to build a shared understanding of current ways of working and identify opportunities for improvement. The outcomes informed the scope and focus of the ISD Programme Implementation Plan and five opportunities to strengthen system working.

The ISD Programme is now supporting the delivery of key system developments, including the One Devon Operating Model, the Devon Plan, and senior system leadership development responding to the recommendations from the Messenger Review*; along with embedding the five opportunities to strengthen integrated working within priority programmes such as Urgent & Emergency Care.

A Communications, Engagement and Education Programme ensures that people are actively involved and promotes learning and opportunities to strengthen system working across One Devon. For example, the One Devon Discovery Series, which enables senior leaders to gain a shared understanding of key system issues, and the Change Leaders Events, which provide a protected space for senior leaders to collaborate on key strategic work and build relationships.

*** Independent report from General Sir Gordon Messenger and Dame Linda Pollard into leadership across health and social care in England, 8 June 2022**

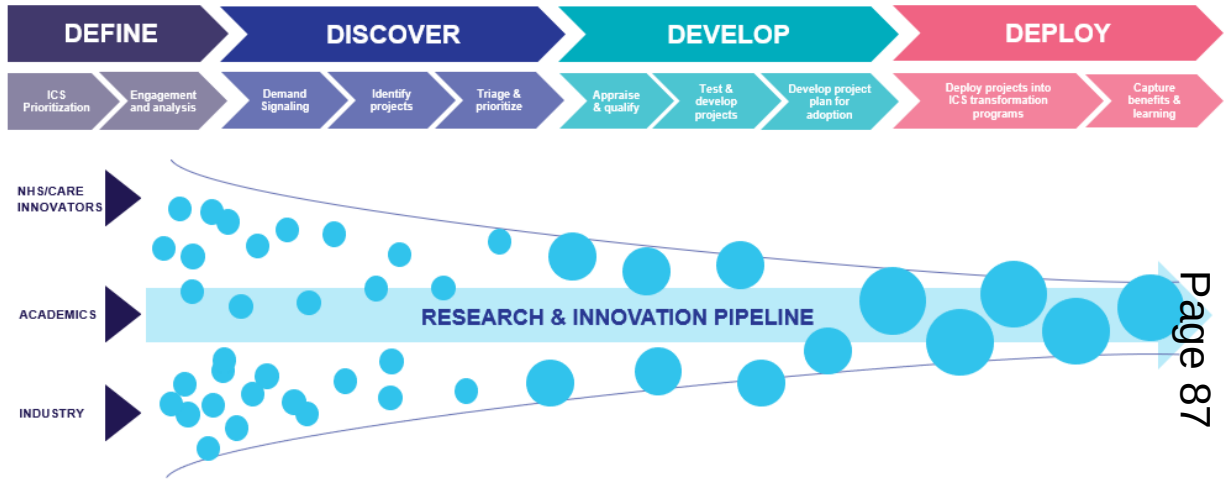
Creating an environment for success

Research, Innovation and Improvement

A lack of capacity and capability has been identified as a key factor limiting the spread of innovation in Devon. A review of Devon's innovation and improvement capability in December 2021 identified three common barriers to accessing, deploying and embedding research, innovation and improvement:

1. Absence of system level process for accessing, deploying and embedding research, innovation and improvement
2. Absence of the right system level capacities and capabilities within the system's organisations to make best use of research, innovation and improvement
3. Absence of a systematic approach to learning

Although the ICS holds the ambition to improve care outcomes in the context of financial and workforce constraint, it is currently difficult for people working in the system to see and share research and innovation, particularly as no single organisation has the overview of the innovation and improvement landscape.



In response, One Devon aims to equip and empower its workforce to do new things, in new ways, and to stop doing some things that don't add value. As a partnership, we will provide our workforce with the framework, tools and support, to innovate in its broadest sense. To be successful, the ICS is working with the South West Academic Health and Science Network (SWAHSN), PenARC, CRN and universities of Plymouth and Exeter, to develop the right research and innovation architecture to deliver the strategic ambitions outlined in this plan, building an evidence base and innovation pipeline which directly responds to known health and care needs and the Devon Case for Change. In tandem, we will build the absorptive capacity of teams and organisations so that we achieve widespread adoption of high value innovations aligned with One Devon's priorities, utilising systematic research and improvement approaches to support rapid implementation. In doing this, we will drive spread and adoption of what works, to increase value and achieve optimal use of resources and best outcomes for the people of Devon. Funding has recently been agreed for a joint role to lead the development of this new Research, Innovation and Improvement Framework. The programme will be overseen by NHS Devon's Chief Medical Officer to ensure consistency with the aims and ambitions of the One Devon Partnership.

Creating an environment for success

Communication and Engagement

One Devon communications and involvement aims to ensure that everything we do is inclusive of our people and communities across Devon. We will prioritise co-production, create more opportunities to actively involve local diverse communities, and tackle health inequalities by listening to the voices of our population and develop an inclusive relationship with them. Our senior leaders will champion diversity and inclusive involvement through a culture of ongoing conversations and collaboration, building on trusted relationships and a shared purpose. We will provide a consistent and joined up approach with partners, using insight and local intelligence to deliver high quality communications and meaningful involvement. Over the last few years in Devon, we have established a strong track record, and won multiple awards for communications campaigns and involving communities in shaping services.

One Devon's strategic communications and involvement aim to:

1. Enhance One Devon's reputation nationally and regionally, highlighting progress/achievements on priorities in the Devon plan
2. Produce a People and Communities Strategy, that champions a preferred standard for co-production, engagement and consultation with patients, service users and the public on Devon-wide priorities
3. Utilise the new One Devon involvement platform to host the citizens' panel and act as the gateway for all involvement activities across Devon
4. Strengthen and develop relationships and partnerships with the Devon voluntary, community and social enterprise (VCSE) sector
5. Develop the One Devon Involvement Network bringing together involvement professionals from all system partners to work in collaboration, share best practice, co-produce involvement and deliver Devon-wide priorities
6. Coordinate campaigns and provide professional expertise to operational teams
7. Continue to work in partnership with Healthwatch Devon, Plymouth and Torbay, ensuring feedback from service users is listened to and acted upon

Delivered through the:

- **One Devon strategic communications network:** bringing together NHS and local authorities senior communications leads
- **One Devon involvement network:** bringing together engagement and involvement professionals from across Devon to share insights and best practice
- **One Devon Involve platform:** an online involvement community – available to all system partners. This also hosts the Devon Citizens panel
- **Equality, Diversity and Inclusion network:** bringing together Equality Diversity and Inclusion professionals across Devon to share insights and best practice
- **VCSE assembly - collaboration with Healthwatch and the VCSE:** partnerships and collaboration across One Devon to ensure wide reach of involvement and engagement insights

Creating an environment for success

Equality Diversity and Inclusion

Devon is a diverse County in both communities and geography. From areas of great wealth to extreme deprivation, metropolitan cities to coastal rurality, and a vast range of ethnically diverse, faith and belief communities, LGBTQ+ communities and people with disabilities.

The risk of exclusion for Devon's diverse populations is greater than larger metropolitan areas simply because the numbers of people within these groups is smaller. Learning from the Messenger Review, proactive strategies to deliver Equality Diversity and Inclusion (EDI) are therefore fundamental to ensure our health and care services meet the needs of everyone living and working in Devon.

Our goal is to promote and embed EDI principles across One Devon so that people live and work in a county that:

- Delivers equal health and care access, outcomes and experiences for everyone in Devon
- Celebrates diversity in all its forms and,
- Is fully inclusive of all its staff, patients, and communities

Key to achieving our goals is a strong focus on partnership working that will include (but is not limited to) the following networks and groups:

- **Equality, Diversity and Inclusion network:** bringing together Equality Diversity and Inclusion professionals across Devon to share insights and best practice
- **Devon-wide Ethnic Equality network:** a Devon wide staff network that brings people together from organisations across One Devon to tackle racism and promote racial equality
- **One Devon Involve platform:** One Devon online involvement community – available to all system partners. This also hosts the Devon Citizens panel
- **VCSE assembly - collaboration with Healthwatch and the VCSE:** partnerships and collaboration across One Devon to ensure wide reach of involvement and engagement insights.
- **Staff Networks across organisations**
- **One Devon involvement network:** bringing together engagement and involvement professionals across Devon to share insights and best practice

Ensuring robust system enablers

Ensuring robust system enablers

‘One workforce defining the possible’

A key enabler in delivering Health and Care is a sufficiently skilled workforce in sustainable numbers. One Devon’s workforce strategy adopts a vision of creating ‘one workforce’ across Health and Care, breaking down silo working and sector boundaries.

The ‘one workforce’ model will create a financially sustainable future workforce that meets the health and care needs of Devon’s population, as well as offering new employment opportunities and supporting economic prosperity.

This supports national workforce programmes, recommendations from the Messenger Review and policies, while seeking out local solutions and innovations, in-line with the ethos of ‘The way we do things together in Devon’.

It is one pillar of the system approach to delivering our One Devon People Plan, focussing on future workforce models, skills sets & multi-professional expertise. The broader elements of strategic people management (i.e. health and wellbeing, diversity and inclusion, recruitment & retention etc.) will be delivered through strong system leadership support and collaborative work on the other pillars (see below).

- Workforce Strategy and Planning
- Learning, Education & Development
- Best Place to Work
- Workforce Capacity

The Strategy Themes & Principles have been developed through extensive engagement with System leaders across clinical, professional and workforce specialties and collectively they summarise our key ambitions forming the foundations for the future phases of strategy development.

	System working	We work collaboratively to enable our workforce to move flexibly across sectors and create new roles to meet the needs of the population and services.
	Stability	We stabilise the workforce by supporting new and diverse career pathways for our current and future workforce.
	Learning & Education	We commit to investing in the workforce through enrichment of development opportunities ensuring that quality and safety is at forefront.
	Digital	We utilise digital technology to support innovation and transformation to our workforce and across all services we deliver.
	Sustainable	We commit to achieving a skilled workforce built on a system that is financially sustainable.

One Devon

Ensuring robust system enablers

Digital Transformation

One Devon aims to standardise and unify our digital infrastructure across Devon, in order to improve the patient experience and drive better outcomes of care, regardless of location.

We will take a 'do it once for Devon' approach, through the development of common technical standards, policies and procedures; unified procurements and contracts for all technical and digital infrastructure; and an active plan to converge our clinical/care and operational systems. This will enable us to:

- Connect organisations across the county in a seamless way
- Drive best value and maximise economies of scale
- Provide standard systems for use by front line staff, increasing our resource flexibility
- Ensure common data standards and outputs

Mobile applications will enable patients to view their records, as well as acting as a data capture and communication tool between patients and their carers, enabling:

- More proactive, preventative and remote care to take place.
- The ICS to access organisation and patient level information for improved care planning and research.

Access to the right data at the right time, in the right format will be key for driving and maximising a value-based approach, removing waste and delivering high quality services.

Digital solutions will enable the delivery of our strategic ambitions through a set of digital priorities. These will provide 'future-proofed' digital solutions, recognising care delivery models continue to change.

Priorities:		*Key implications*	*Critical next steps*
1	Digital Citizen	Move to a tailored set of channels through a unified digital front door	Simplifying access: transform booking services and digital care models
2	Shared EPR & Op system	Build on Acute EPR strategy: convergence within other care settings	Case for Change for MH, Primary, Community and Social Care EPRs
3	Devon & Cornwall Care Record (DCCR)	DCCR is key to share information across settings and achieve ICS priorities	Accelerate provider feeds and spread adoption and use across organisations.
4	Single BI & PHM platform	Interactive visualisation tool recognising stakeholder maturity and data quality	BI strategy, focusing on enablers inc. workforce, IG, real-time feeds
5	Unified and Standardised Infrastructure	Data centre, voice and mobile investment and access management to unlock sustainability	Data centre consolidation approach, voice and mobile agreements
+	Digital governance & operating model	Complex portfolio but with significant potential synergies for joint working	Single ICS digital service governance and target operating model

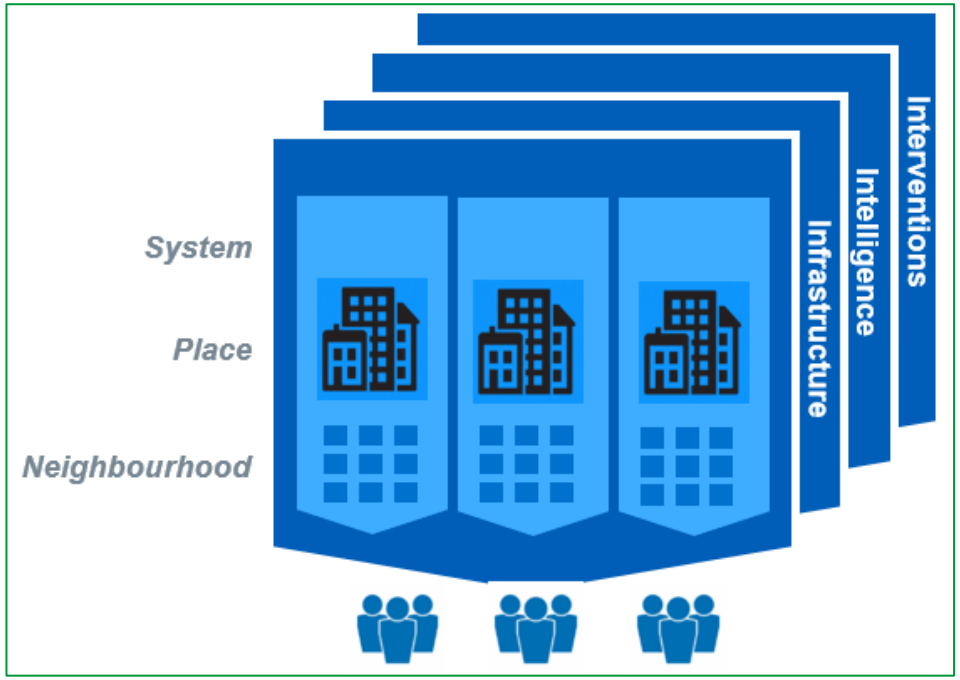
Ensuring robust system enablers

Data and Information Sharing

One Devon will continue to develop its population health management approach, utilising linked datasets to better understand current and future population health and care needs and identifying cohorts for targeted interventions, preventative care and proactive condition management.

Developing the right digital and data infrastructure to enable this is critical and the ICS will build on the development of the One Devon Dataset (ODD), which includes primary care, social care, mental health and acute provider data, to make the most of this important resource.

System partners will work collaboratively with academia, the Academic Health and Science Network and researchers to link ODD with data on the wider determinants of health, producing insight and intelligence to support strategic planning.



Ensuring robust system enablers

Enhancing financial mechanisms to support integration

It will not be possible to achieve the levels of savings required without considerable changes to financial mechanisms and the way services are configured and delivered.

To support greater collaboration, we will review and enhance mechanisms such as pooled budgeting arrangements supported by Section 75 of the National Health Service Act 2006 and the Better Care Fund, to support and incentivise integrated working, service transformation and innovation.

This is a long process that will require support from all partners in the county, as well as engagement and consultation, where appropriate, with local people and staff.

More detail of the financial framework that will support delivery of the strategic goals will be set out in the NHS response, the 5 Year Joint Forward Plan.

Estates and physical infrastructure

Our strategy is embarking on one of the biggest developments in Devon infrastructure, with three of our hospitals participating in the national New Hospital Programme for redevelopment and the transformation of our community services and primary care assets as part of our Primary Care Network strategy, which will see more traditional in-hospital services delivered in out of hospital settings.

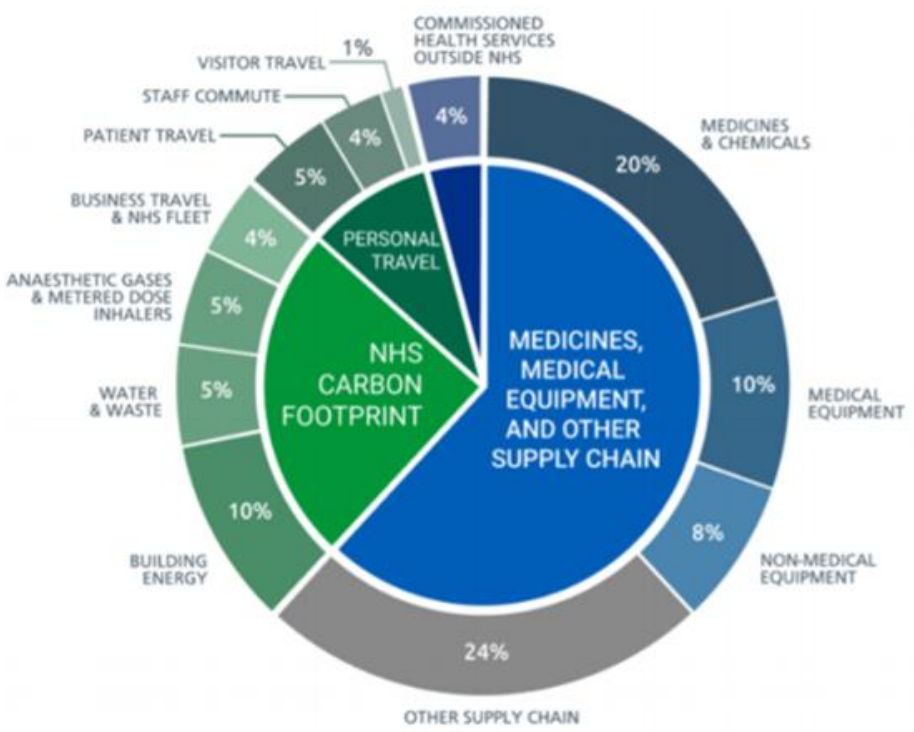
In addition, Devon has a One Public Estate collaboration and One Devon is committed to working with our public sector partners to take advantage of other infrastructure, such civic buildings, that can be used for the delivery of patient care to improve accessibility, reduce excessive travel and reduce pressure on traditional health facilities.

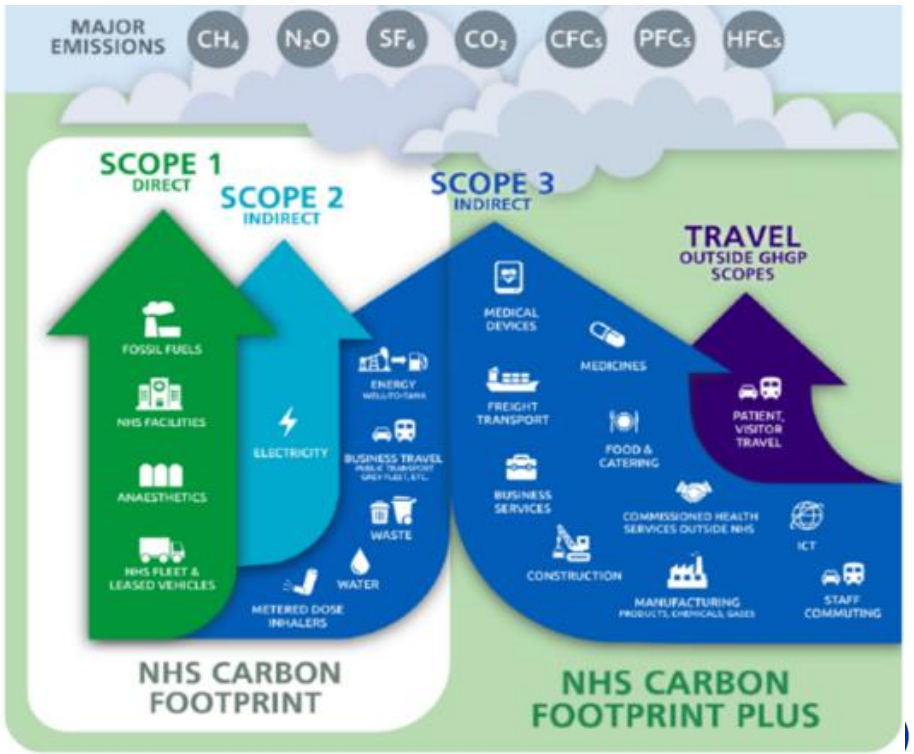
Ensuring robust system enablers

The Green Plan

One Devon must decrease its carbon footprint by approximately 15% per year, if it is to achieve the target of 80% reduction by 2028 – 2032. The figures below illustrate the key areas of focus that the NHS must deliver on in order to reduce its carbon footprint, to deliver the national carbon reduction targets and support environmental sustainability. One Devon has developed a 'Green Plan' and, as the ICS matures, the plan will be refined and sustainability will be developed as part of business-as-usual activity.

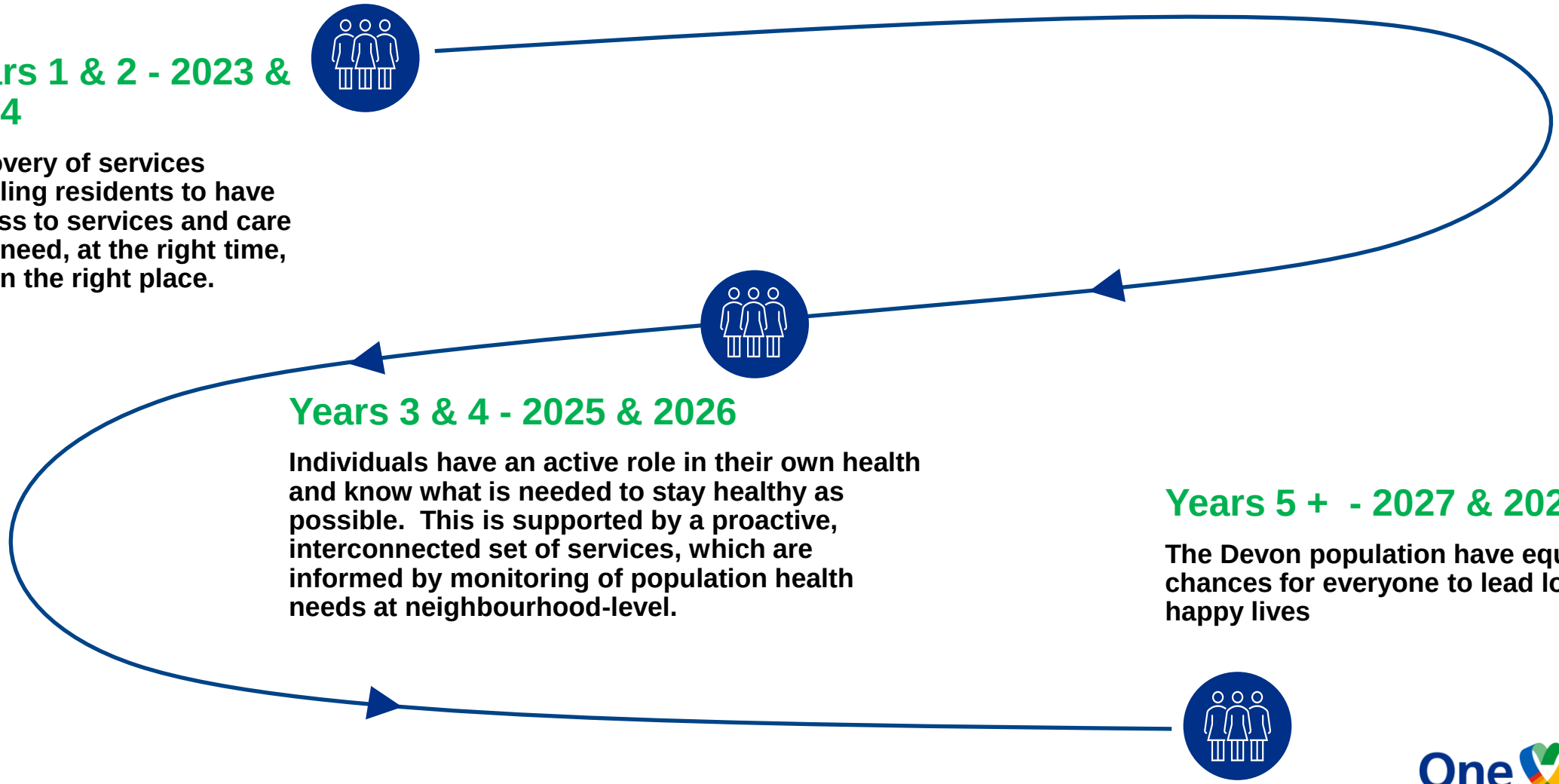
The plan will be reviewed once a year by the One Devon Partnership to ensure that agreed actions are being delivered and that the activities described remain relevant to current and emerging challenges.





Transforming key areas

The Integrated Care Strategy will deliver more joined-up, preventative and person-centred care for the whole population of Devon across the course of their life



Years 1 & 2 - 2023 & 2024

Recovery of services enabling residents to have access to services and care they need, at the right time, and in the right place.

Years 3 & 4 - 2025 & 2026

Individuals have an active role in their own health and know what is needed to stay healthy as possible. This is supported by a proactive, interconnected set of services, which are informed by monitoring of population health needs at neighbourhood-level.

Years 5 + - 2027 & 2028

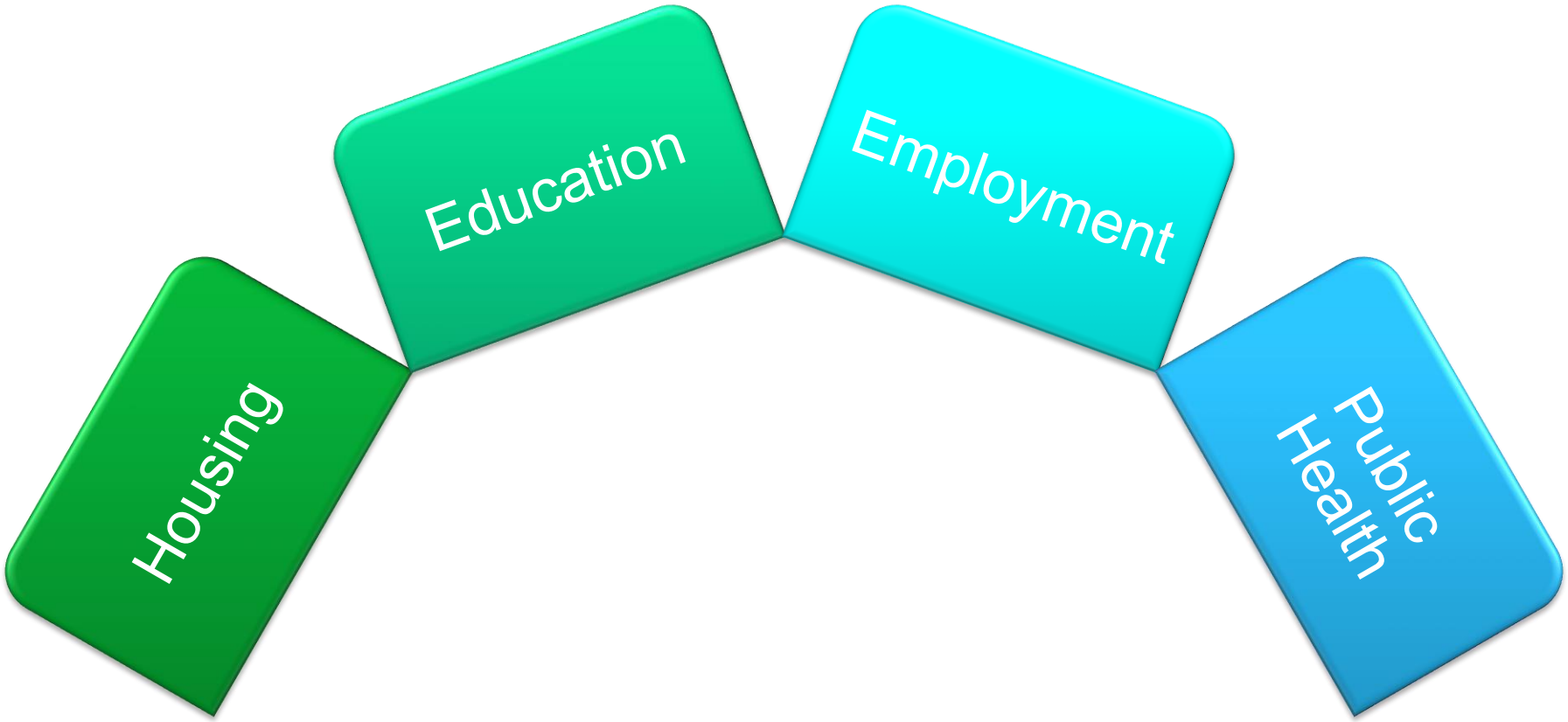
The Devon population have equal chances for everyone to lead long, happy lives

Transforming key areas

NHS Joint Forward Plan

Transforming key areas

System Plans



Further development

Further Development

The NHS Devon response to the Strategy, the 5 Year Joint Forward Plan (JFP) will set out the actions that will be taken over the next five years to deliver the strategic goals, including setting trajectories towards the measurable targets and defining how funding will be allocated.

However, all partners will need to work together to respond to Devon's challenges and realise the ambitions set out in the Strategy. All partners will take account of the Strategy in their planning in a way that will ensure alignment between housing, education, care and health that has not been seen before.

There is a national requirement for Integrated Care Strategies to be refreshed on an annual basis.

This draft Strategy has been developed within a very short timescale, building on the significant engagement undertaken during the past 4-5 years.

Over the coming months we will continue to engage with the population of Devon and with colleagues within the Devon health and care system, to further refine our goals.

Furthermore, we will engage with our population in a different way, using the Value-based Approach that the System has recently adopted.

One Devon

APPENDICES

Appendix 1

Setting the Change Agenda

- The way we do things in Devon
- Adopting a value-based approach
- Maturity index
- System diagnostic

Setting the Change Agenda

The way we do things together in Devon

Aim: a narrative which sets out what Devon currently does well and to identify what changes need to be made in order to deliver improved health and care services to the people of Devon.

Guiding principles:

- **Provide a personalised approach to health and care:** 'joined-up' packages based on individual need
- **Support our workforce:** to ensure people are able to do their best work
- **Ensure shared Decision-making:** consistently applied across all services
- **Use high value interventions:** consistently and earlier in pathways and stop providing health and care that does not add value and may be causing harm
- **Reduce our environmental impact**
- **Tackle unwarranted variation in practices, outcomes and inequality**
- **Manage risk across the system:** ensuring that decisions made in one place do not increase the risk in another and addressing challenges from a whole population perspective
- **Spread improvement and innovation**
- **Develop a 'Culture of Stewardship'**

The narrative was co-developed with Clinical and Professional Leadership groups across health and care and reviewed and agreed by senior leadership teams and Boards across One Devon.

As a result of this collaborative work, system partners have broadly agreed a set of guiding principles. These will inform the Devon change agenda and guide the priorities and approach we undertake to deliver improved care and services.

Our overarching philosophy

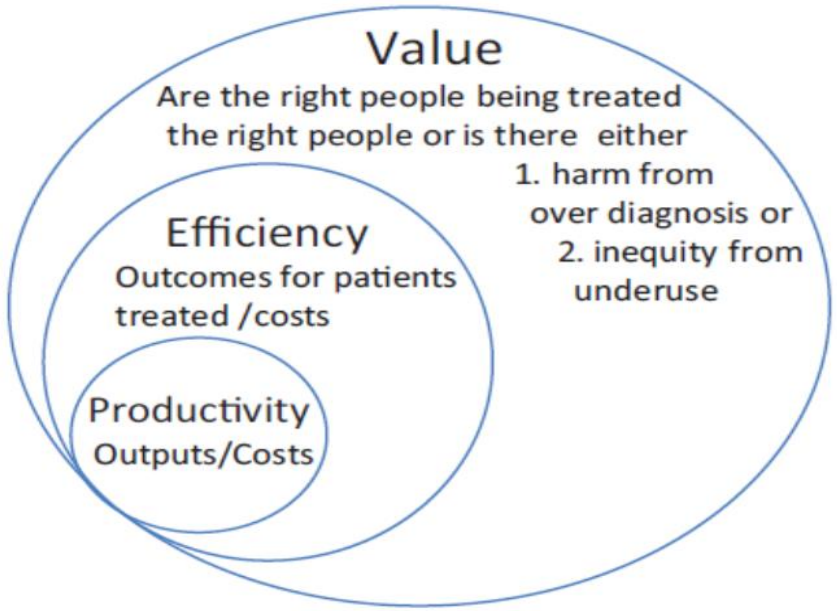
Adopting a Value-Based Approach

Devon's change agenda supports the principles outlined in 'The way we do things together in Devon' narrative to be realised. The principles are consistent with integrated working and were heavily influenced by the adoption of a value-based approach, which provides a strong framework to support delivery of Devon's strategic ambitions.

The value-based approach is the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person. Strong clinical and professional support exists for the implementation of this approach in Devon and this is further supported by evidence of its effectiveness elsewhere (link to VBA lit review).

The adoption of a value-based approach in Devon will not be a distinct enabler plan, instead it is a philosophy to support the achievement of existing and future priorities and will be the lens through which we maximise value to the population of Devon by transforming services. As a next step, Devon will produce a Value-based Approach Full Business Case exploring various options of Adoption *(link to VBA report).*

Figure 1. Relationship between Productivity, Efficiency and Value.

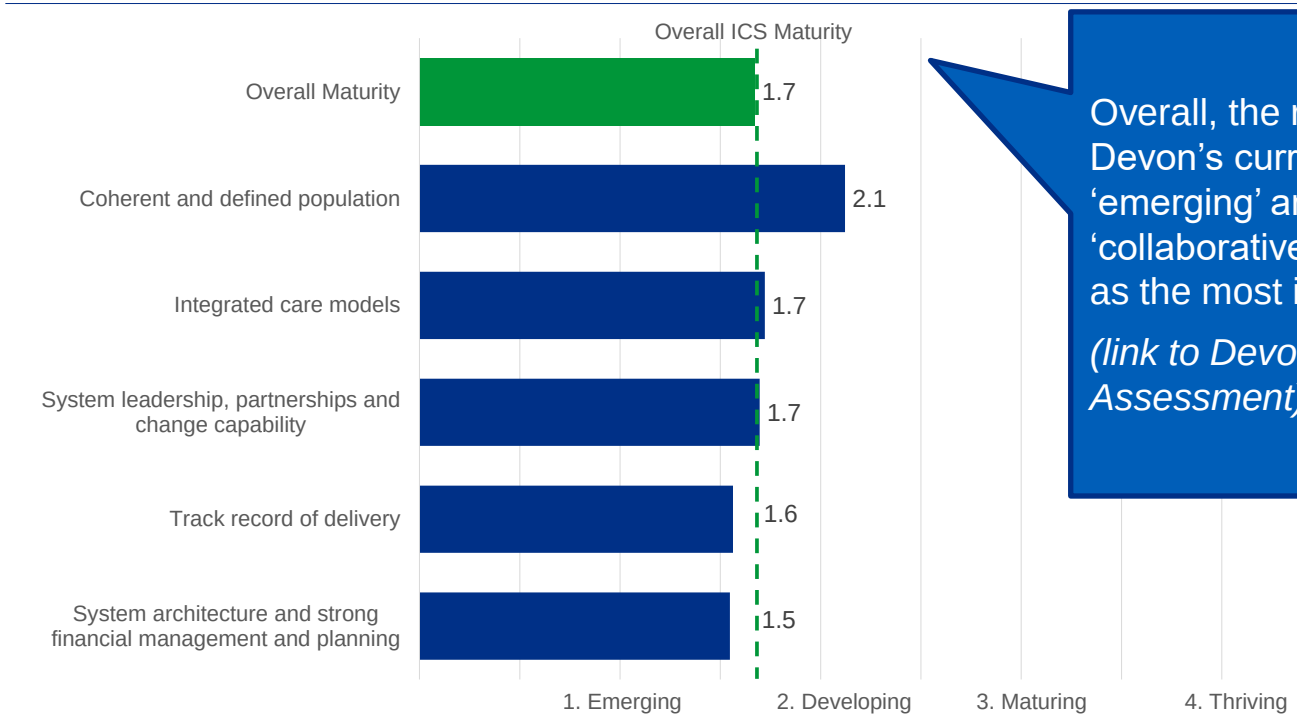


Understanding the current state

National ICS Assessment Tool

To provide One Devon with a shared understanding of our current system way of working, two diagnostic activities were undertaken in the Spring of 2022. The first, utilising a national ICS Maturity Self-assessment Tool, helped to identify One Devon's current ICS Maturity, mapped against five key domains, and the improvements required to enable us to become a 'thriving ICS'. The assessment will be repeated in 2023 to evaluate One Devon's progress.

Maturity by Domain



Overall, the results placed Devon's current ICS maturity as 'emerging' and 'developing with 'collaborative working' recurring as the most important theme.

(link to Devon ICS Maturity Assessment)

Written feedback by theme, ranked by occurrence:

1. Collaborative Working
2. Clear and Defined Goals
3. Shared Vision and Understanding
4. Performance Variation
5. Implementation
6. Organisational Boundaries
7. Tacking Inequalities
8. Accountability
9. Leadership
10. Governance
11. Culture of Change

Strengthening system working

Devon System Diagnostic

The second diagnostic activity completed was supported by partners at the Southwest Academic Health and Science Network and focused on building a shared understanding of One Devon's current ways of working and opportunities to strengthen a collaborative and integrated approach.

The results were triangulated with output from the ICS Maturity Assessment and other sources and demonstrated consistent development themes and opportunities. The learning informed the scope and focus of the Integrated System Development Programme and provided reassurance regarding the approach.

5 opportunity areas to strengthen system working identified:

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

Results Summary:
The need for a new way of working was strongly evidenced. In particular, the need to strengthen leadership, governance and One Devon's ability to work together collaboratively were identified as key issues.

Whilst the majority of people felt inspired by One Devon's Vision and an average to high number perceived a strong appetite to collaborate, there was low confidence in our ability to achieve it, based on current ways of working and repeating patterns that undermine our ability to thrive.

One Devon was strongly perceived as challenged, complex and fragmented; with average to low levels of trust between leaders and an average to low ability to understand and consider each other.

Appendix 2

Data sources – ‘100 People’ Infographics

‘100’ People Infographic

Sources

Item	Data source
Population	ONS mid-year LSOA population estimates 2020
20% most deprived LSOAs	ONS mid-year LSOA population estimate 2020 where LSOA has IMD Decile of 1 or 2 (20% most deprived LSOAs) in 2019
People living with long-term health condition or disability which limits day to day activities a lot	Census 2011 – Long-term health problem or disability
Unpaid carers	Census 2011 – Provision of unpaid care
People who do not speak English as their main language	Census 2021 – Main language (detailed)
People who identify as lesbian, gay or bisexual	Annual Population Survey, Office for National Statistics - % of people in the South West whose sexual identity is bisexual, or gay or lesbian
Smoking prevalence	QOF smoking prevalence 2020/21 for Devon CCG
Diagnosis of depression	Depression QOF register 2021/22
No car or vehicle in household	Census 2011 – Car or van availability
Adult Excess Weight (Overweight/Obese)	Public Health Outcomes Framework
Life expectancy	Office for National Statistics life expectancy 2018-2020 for age <1 for Devon
Children aged 5 with dental decay	Oral health survey of five-year old children 2019 – Public Health England - % for Devon CCG
Children aged 4 who are overweight	National Child Measurement Programme (2019/20)
Children in care	GOV UK – Children looked after in England including adoptions (2020) – Rate per 10,000 children aged under 18 for Devon and Plymouth

Appendix 3

12 Devon Challenges detail

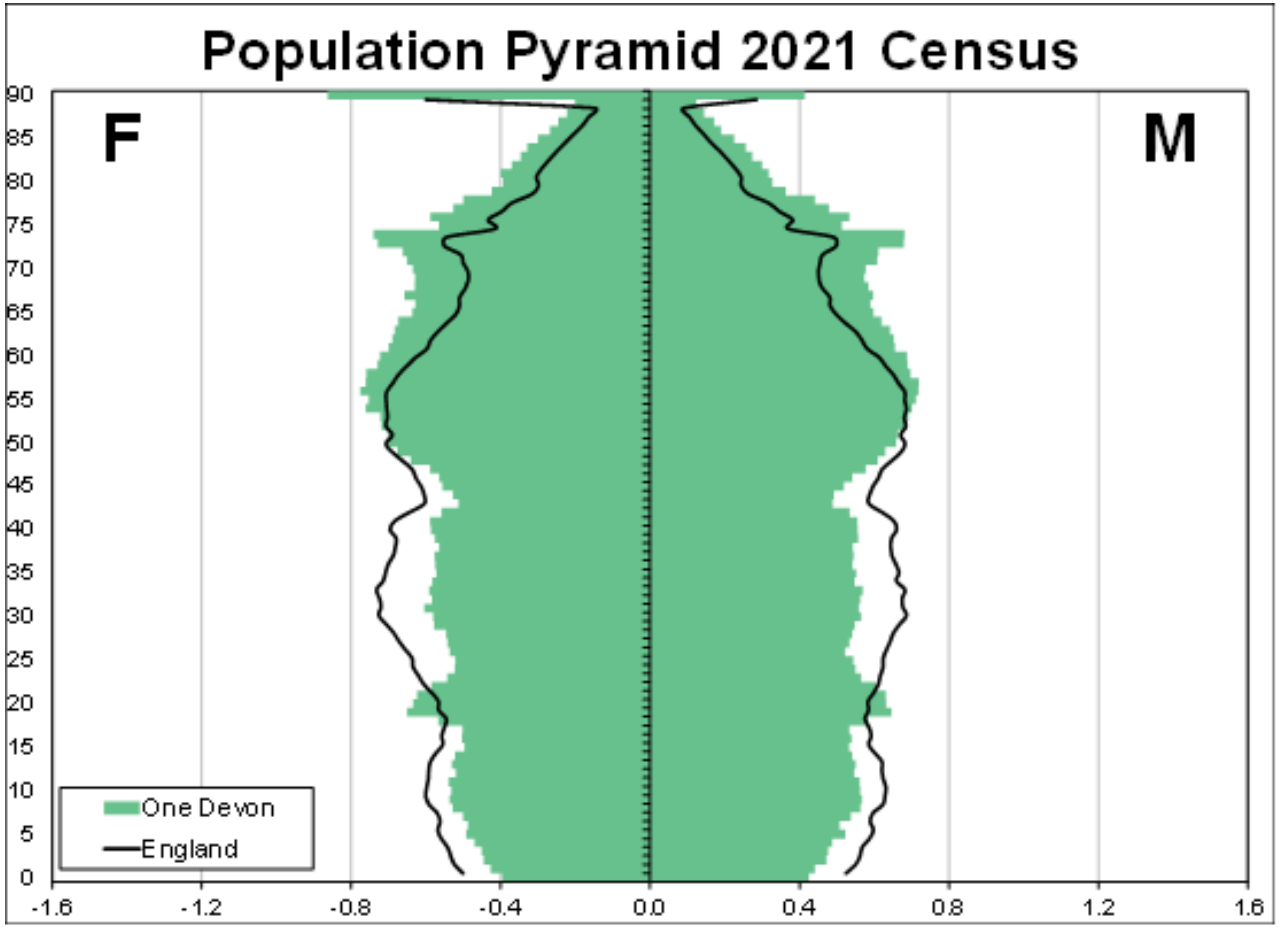
Joint Strategic Needs Assessments

Joint Strategic Needs Assessment (JSNAs) are the responsibility of health and wellbeing boards, with separate assessments for the three boards in Devon, Plymouth and Torbay. JSNAs describe current and future population health and wellbeing needs, whilst Joint Health and Wellbeing Strategies (JHWSs) set priorities for the Health and Wellbeing Boards based on these assessments. Individual JSNAs are available here:

- **Devon:** https://www.devonhealthandwellbeing.org.uk/jsna/
- **Plymouth:** www.plymouth.gov.uk/publichealth/factsandfiguresjointstrategicneedsassessment
- **Torbay:** http://www.southdevonandtorbay.info/needs-assessment/

Devon Challenge 1: An ageing and growing population win increasing long term conditions, co-morbidity and frailty

Population

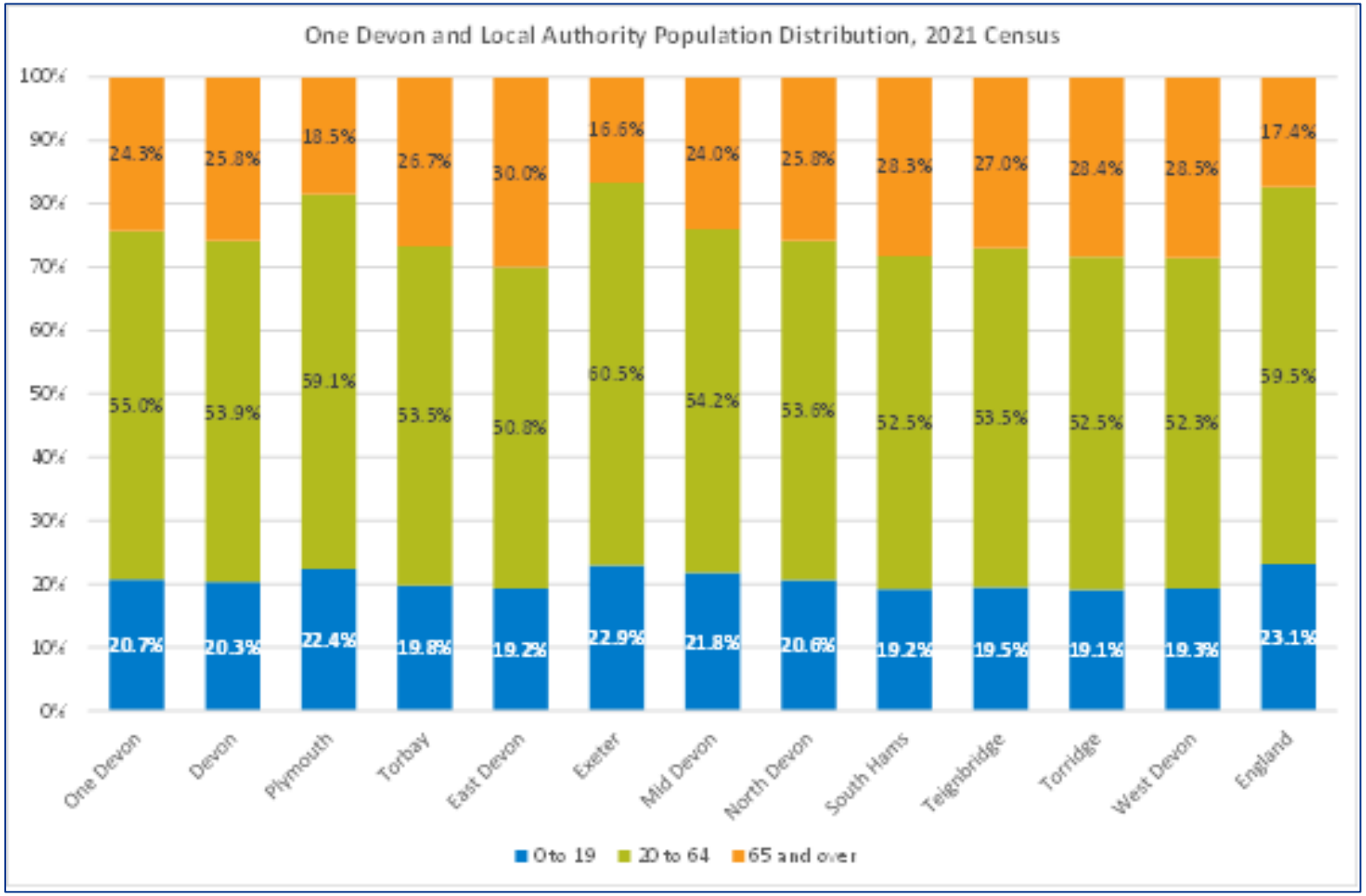


- According to the 2021 Census the population of One Devon is 1,215,642; with 811,629 residents in the Devon County Council area, 264,691 in the Plymouth City Council area and 139,322 in the Torbay Council area.
- Population growth is above the national average, and up to twice the national average in some districts. This is largely driven by internal migration within the UK, predominantly by those aged between 50 and 70 years, coming from the South-East of England.
- The population profile in Devon is significantly older than the national profile, with a higher proportion of people 50 years and over. This is influenced by significant in-migration into Devon and longer life expectancy.
- Exeter and Plymouth universities contribute to a slightly higher proportion of those aged 18 to 21 years in the One Devon population. Typically however there is a greater tendency for younger adults to leave the county and low retention of graduates who come to study in Devon.

Source: 2021 Census, Office for National Statistics

Devon Challenge 1: An ageing and growing population win increasing long term conditions, co-morbidity and frailty

Age Profile



Source: 2021 Census

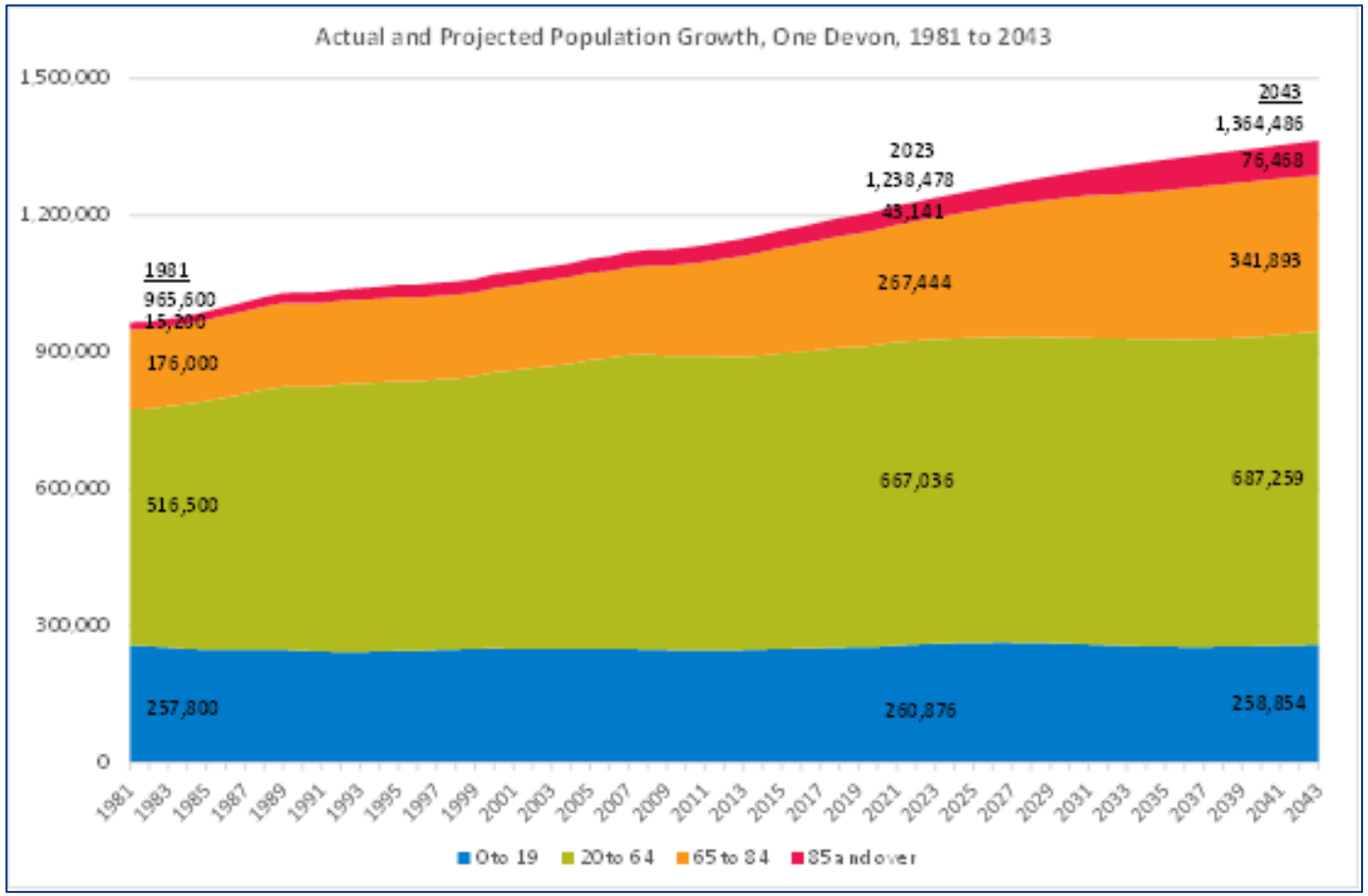
Around 21% of One Devon residents are aged 0 to 19 years, 55% aged 20 to 64 years, and 24% of residents aged 65 years and over.

Plymouth and Exeter both have younger age profiles more typical of the national picture, but all other districts have an older age profile.

This is particularly seen in coastal and rural areas like East Devon where 30% of the population is aged 65 and over.

Devon Challenge 1: An ageing and growing population win increasing long term conditions, co-morbidity and frailty

Population Growth



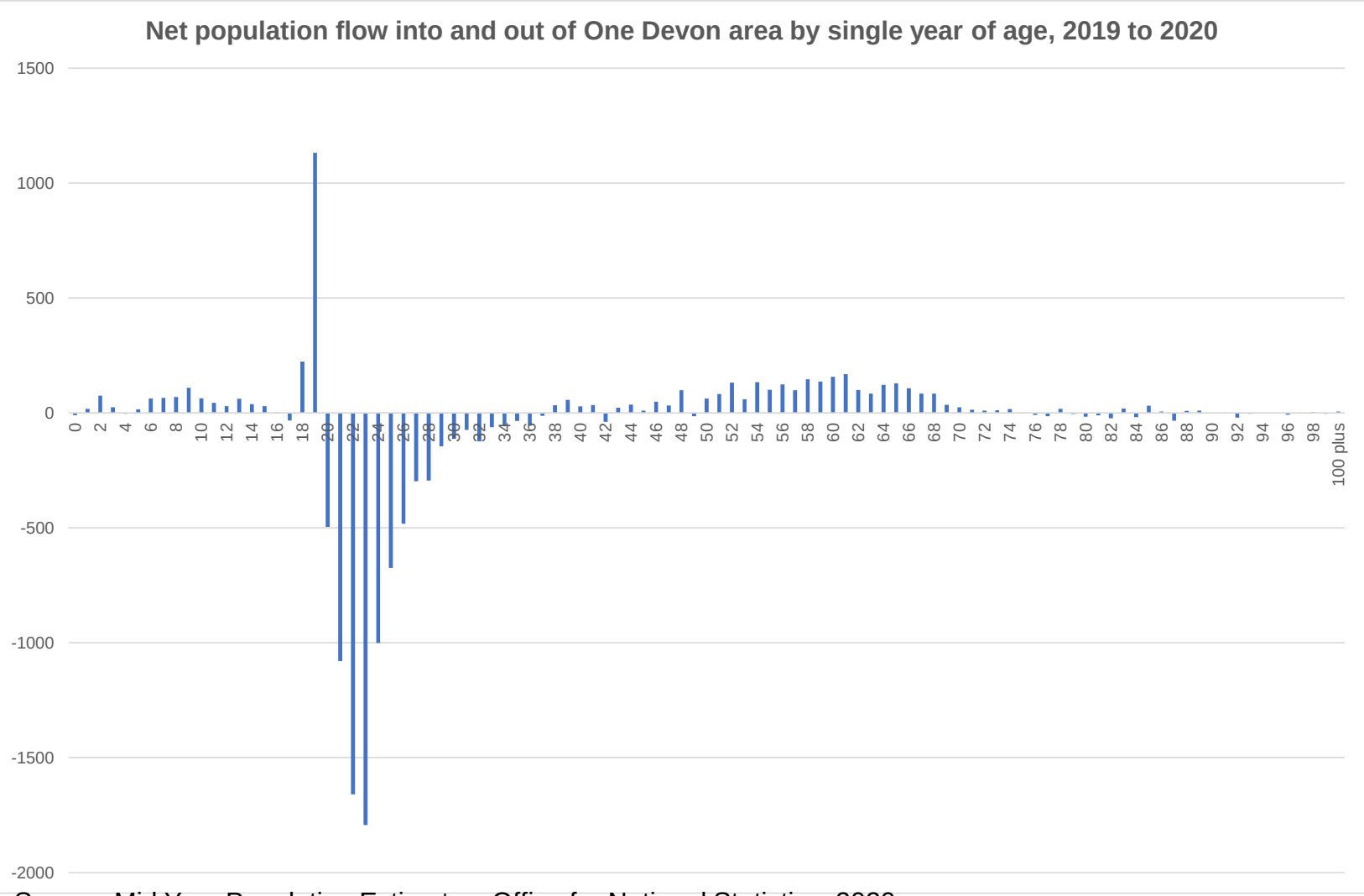
Source:

Population growth in Devon is One Devon over recent years has been considerable and is expected to rise significantly over the next 20 years. Population growth between 1981 and 2023 in One Devon (25.3%) exceeded national growth (20.7%), and growth between 2023 and 2043 is expected to be higher in One Devon (12.8%) than national growth (9.2%). This growth in population has been centred on older age groups, with flat growth in children, slow growth in the working age population, and rapid growth in older age groups. Between 2023 and 2043 there is expected to be a 1% decline in the 0 to 19 population, 3% growth in the 20 to 64 population, 28% in the 65 to 84 population, and 77% in the 85 and over population. The growth, coupled with the older age profile in One Devon contributes to greater demand for health and care services.

Population Growth between the 2011 and 2021 censuses reveals variation within Devon with the East Devon and Exeter area experiencing particularly rapid population growth compared to the national average.

Devon Challenge 1: An ageing and growing population win increasing long term conditions, co-morbidity and frailty

Internal Migration Flows



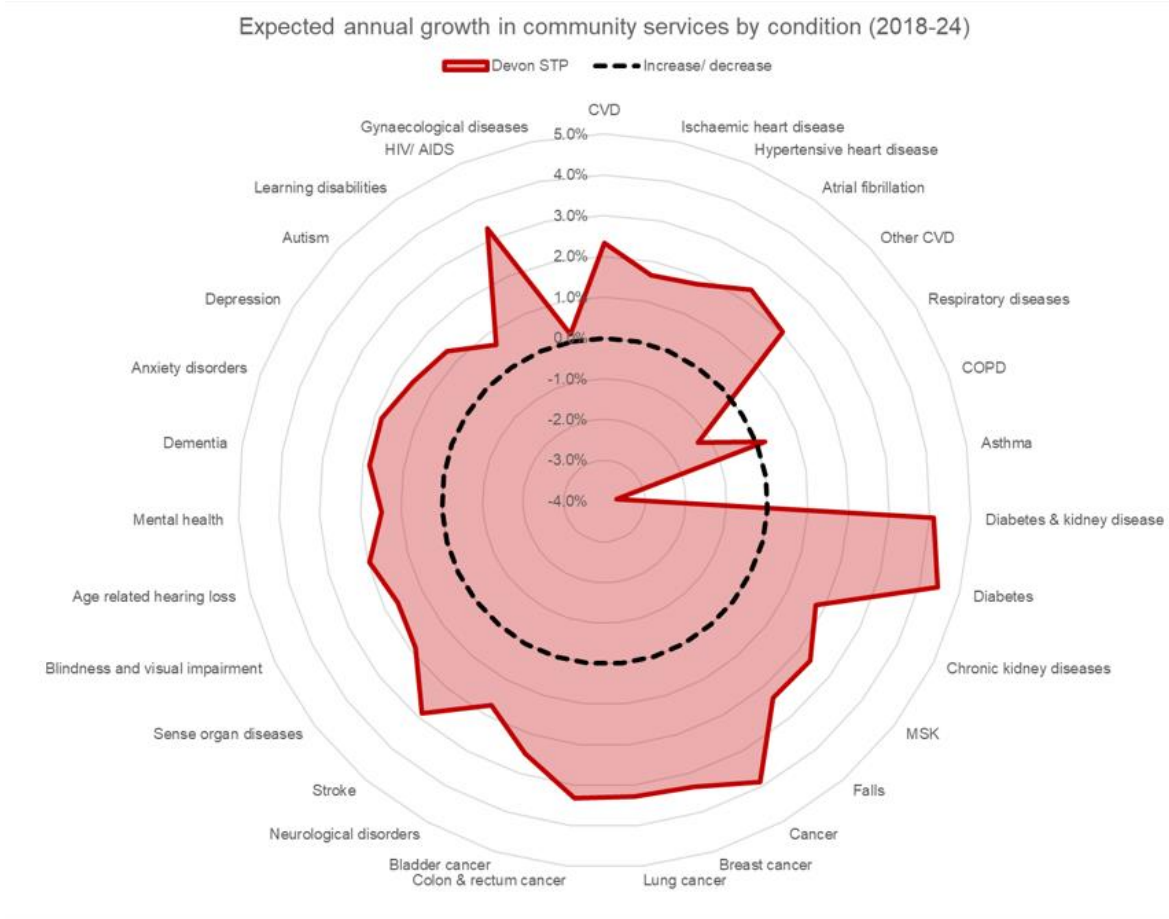
Source: Mid Year Population Estimates, Office for National Statistics, 2020

- Two major patterns exist when we look at migration within the UK into and out of the One Devon area.
- The first is from ages 18 to 37, where apart from a net influx of University students to Exeter and Plymouth, there is a net outflow relating largely to migration for work and low retention of students.
- The second pattern is a net inflow of people from the ages 38 to 74, relating to in-migration for older working age groups and at retirement, with the greatest net flows coming from London, the South East and elsewhere in the South West.

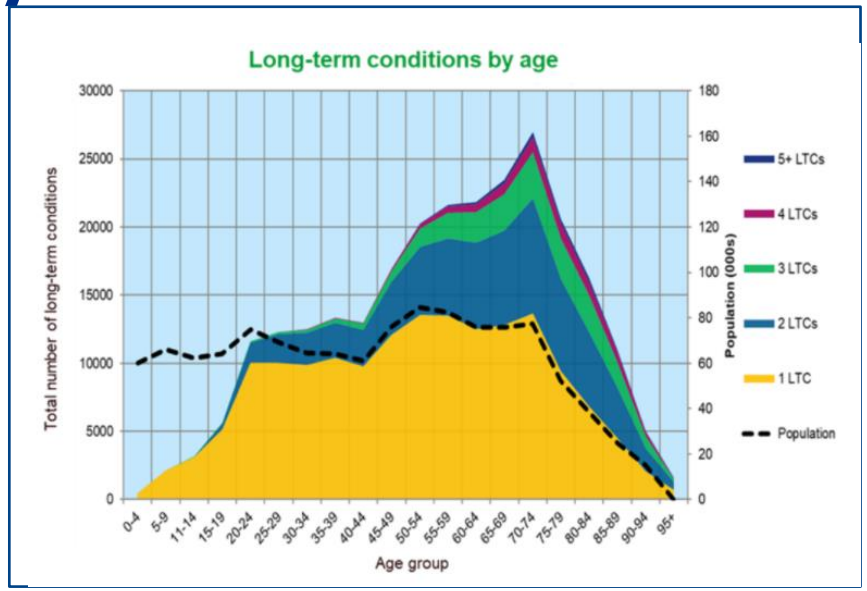
One Devon

Devon Challenge 1: An ageing and growing population with increasing long term conditions, co-morbidity and frailty

Long Term Conditions



Source: ONS (2021), One Devon Case for Change



In addition to more people living into old age, there will also be higher levels of complexity and comorbidity in the future. The prevalence of dementia is increasing at 1% annually but within 10 years it will be growing at 3%. This growth is expected across a number of long-term conditions between 2018-2024 in Devon. High levels of growth are expected in diabetes, cancer, stroke, and HIV, with moderate growth in CVD MSK, sense organ diseases and mental health. Lower growth is expected in LD/neurodiversity, respiratory conditions and gynaecological conditions.

People living in more disadvantaged communities are likely to have an earlier onset of health problems and an increased need to access health and care services. Typically, more disadvantaged communities have poorer access to and/or uptake of preventive and elective services, leading to greater demands on unplanned and urgent care.

Devon Challenge 1: An ageing and growing population with increasing long term conditions, co-morbidity and frailty

Long term Condition Prevalence

Quality and Outcomes Framework (QOF) prevalence percentage

% of patients registered to a GP practice with a condition (most recent data – 2019/20 or 2021) **Key** > Greater than England average

QOF prevalence of chronic conditions	One Devon	England
Asthma	7.3%	> 6.3%
COPD	2.3%	> 1.9%
Cancer	4.0%	> 3.2%
Atrial fibrillation	2.8%	> 2.1%
Heart Failure	1.0%	> 0.9%
Epilepsy	0.9%	> 0.8%
Diabetes	7.2%	> 7.1%
Stroke	2.5%	> 1.8%
Obesity (BMI overweight or obese)	7.1%	> 6.9%
Rheumatoid arthritis	0.9%	> 0.8%
Dementia	0.9%	> 0.7%
Learning disability	0.6%	> 0.5%
Depression	13.0%	> 12.3%

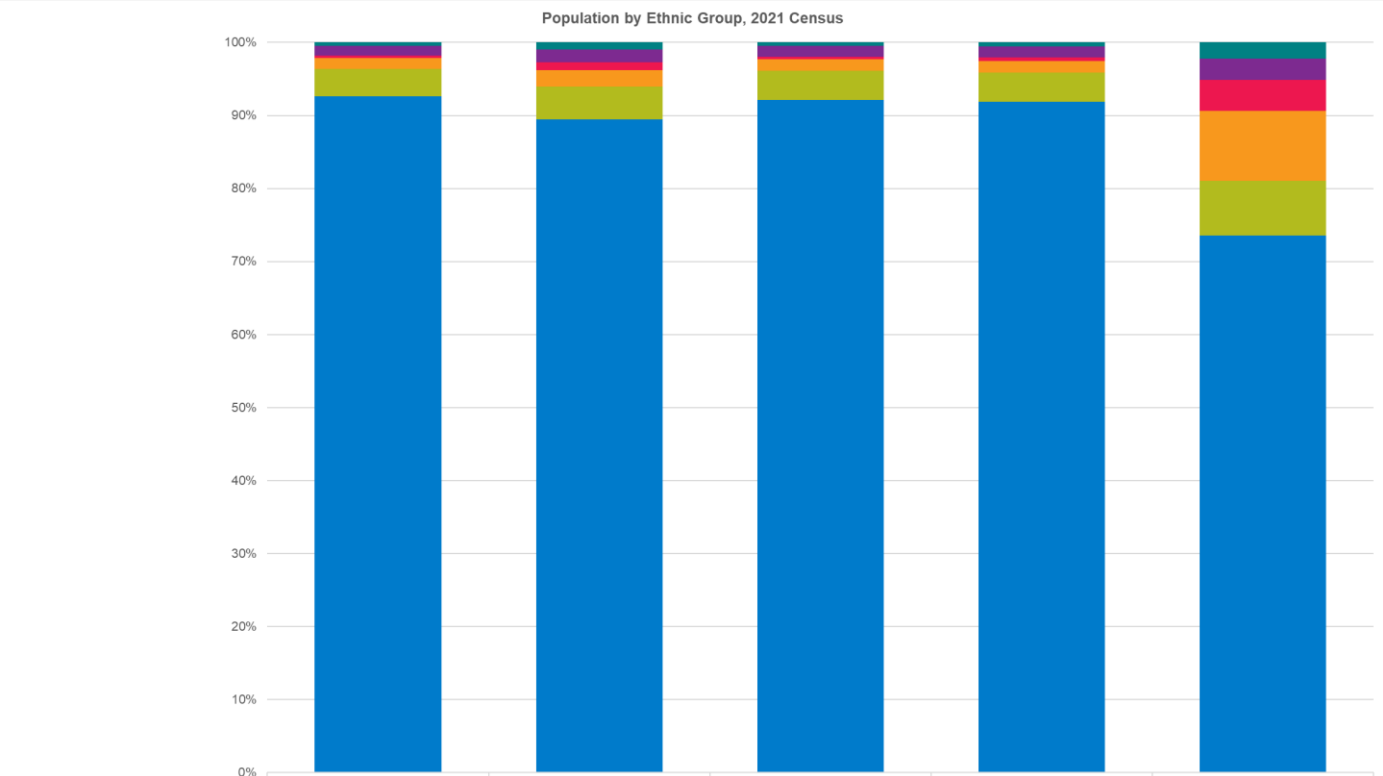
One Devon has a higher prevalence of the conditions listed in the Quality and Outcomes Framework compared to the national average, influenced by the older age profile. All thirteen of the conditions listed are more prevalent in One Devon than the national averages.

The top three most prevalent conditions in One Devon are Depression, Asthma and Diabetes. The largest difference in prevalence between One Devon and the national averages is Asthma (1 percentage point higher) and Cancer (0.8 percentage points higher).

One Devon

Devon Challenge 1: An ageing and growing population with increasing long term conditions, co-morbidity and frailty

Inequalities and Disparities



	Devon	Plymouth	Torbay	One Devon	England
Other ethnic group	0.5%	1.0%	0.4%	0.6%	2.2%
Mixed or Multiple ethnic groups	1.4%	1.8%	1.5%	1.5%	3.0%
Black, Black British, Caribbean or African	0.3%	1.1%	0.3%	0.5%	4.2%
Asian or Asian British	1.5%	2.2%	1.6%	1.6%	9.6%
Other White	3.8%	4.5%	4.0%	4.0%	7.5%
White British	92.6%	89.5%	92.1%	91.9%	73.5%

Source: 2021 Census, Office for National Statistics

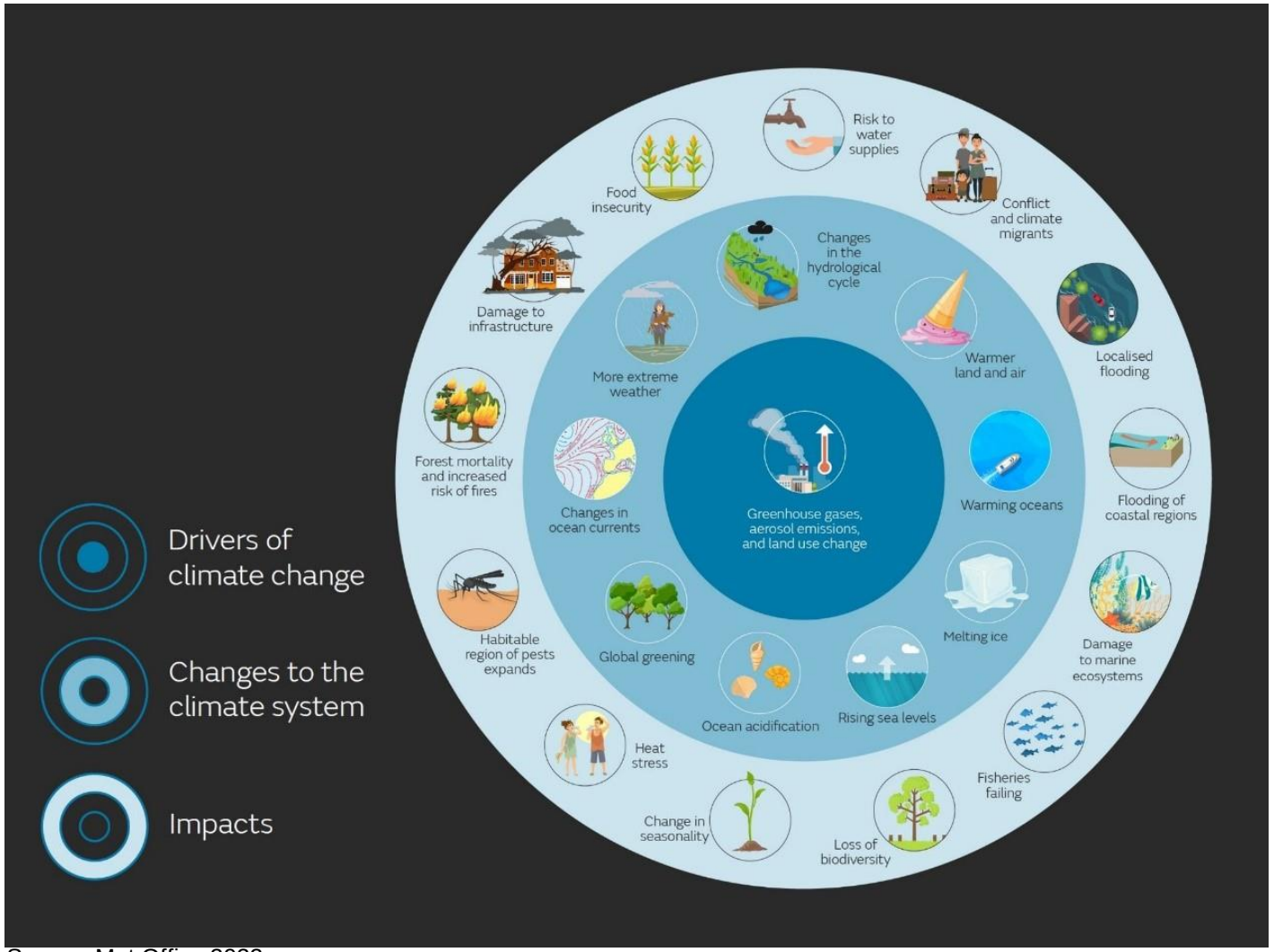
The non-white British population makes up 7% of One Devon's population, compared to 19% nationally. The largest minority group nationally is Asian/Asian British, whereas across Devon it is 'Other White'. Inclusion groups tend to face poorer access to health and care services and poorer health outcomes than the general population. The Integrated Care Strategy guidance names the following as examples of inclusion health groups:

- People experiencing homelessness
- Vulnerable migrants
- Gypsy, Roma, and Traveller communities
- Sex workers
- Victims of modern slavery
- People with drug and alcohol dependency
- People in touch with the criminal justice system

The consistent and complete coding of ethnicity and protected characteristics within local health and care systems is essential for monitoring and ensuring equitable access to health and care services. Sourcing insight into inclusion health group needs and population sizes highlights a potential opportunity to work with the voluntary, community and social enterprises who may already be working with these groups.

Devon Challenge 2: Climate Change

Drivers of Climate Change



Source: Met Office 2022

- Climate change poses a serious threat to our quality of life, now and for future generations. It is damaging biodiversity, disrupting food production, damaging infrastructure, threatening jobs and harming human health. Addressing climate change requires a shift in our behaviour in relation to sustainable travel and reducing our carbon footprint in both our home and working lives.
- Climate change is driven by greenhouse gas emissions, aerosol emissions and changes to land use. This leads to more extreme weather, global warming, rising sea levels and changes in the hydrological cycle and the wider ecosystem. Impacts include increased food insecurity, risks to water supply, flooding, ecosystem damage, heat stress, reduced biodiversity and other wider impacts on the natural and built environments.
- Air Pollution, excess heat and excess cold has a significant impact on our health, particularly in relation to increases in cases and deaths from respiratory and circulatory conditions like Asthma, Heart Disease and Stroke, with an increase in severe weather events leading to further direct risks to human health. For 2020, the Public Health Outcomes Framework estimated that 4.7% of deaths in Devon, 5.1% of deaths in Plymouth, 4.9% of deaths in Torbay, and 5.6% of deaths in England were attributable to Air Pollution.

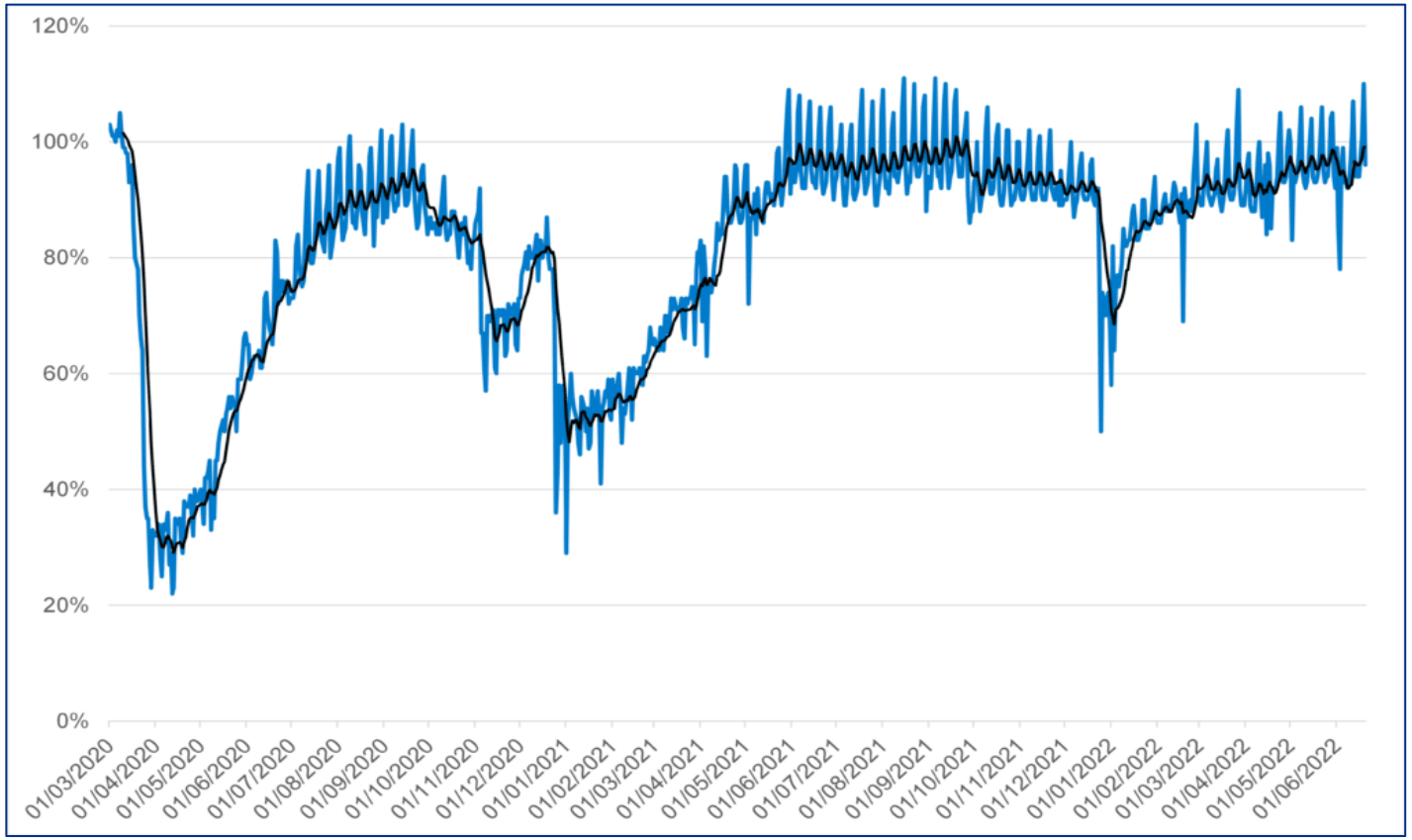
Devon Challenge 2: Climate Change

Devon/Cornwall Risk Assessment

Risk	Location/s 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

Devon Challenge 2: Climate Change

Daily Car Usage in the UK as a percentage of baseline, 2020 to 2022



Source: Department for Transport, 2022 Transport use during the coronavirus (COVID-19) pandemic – GOV.UK (www.gov.uk)

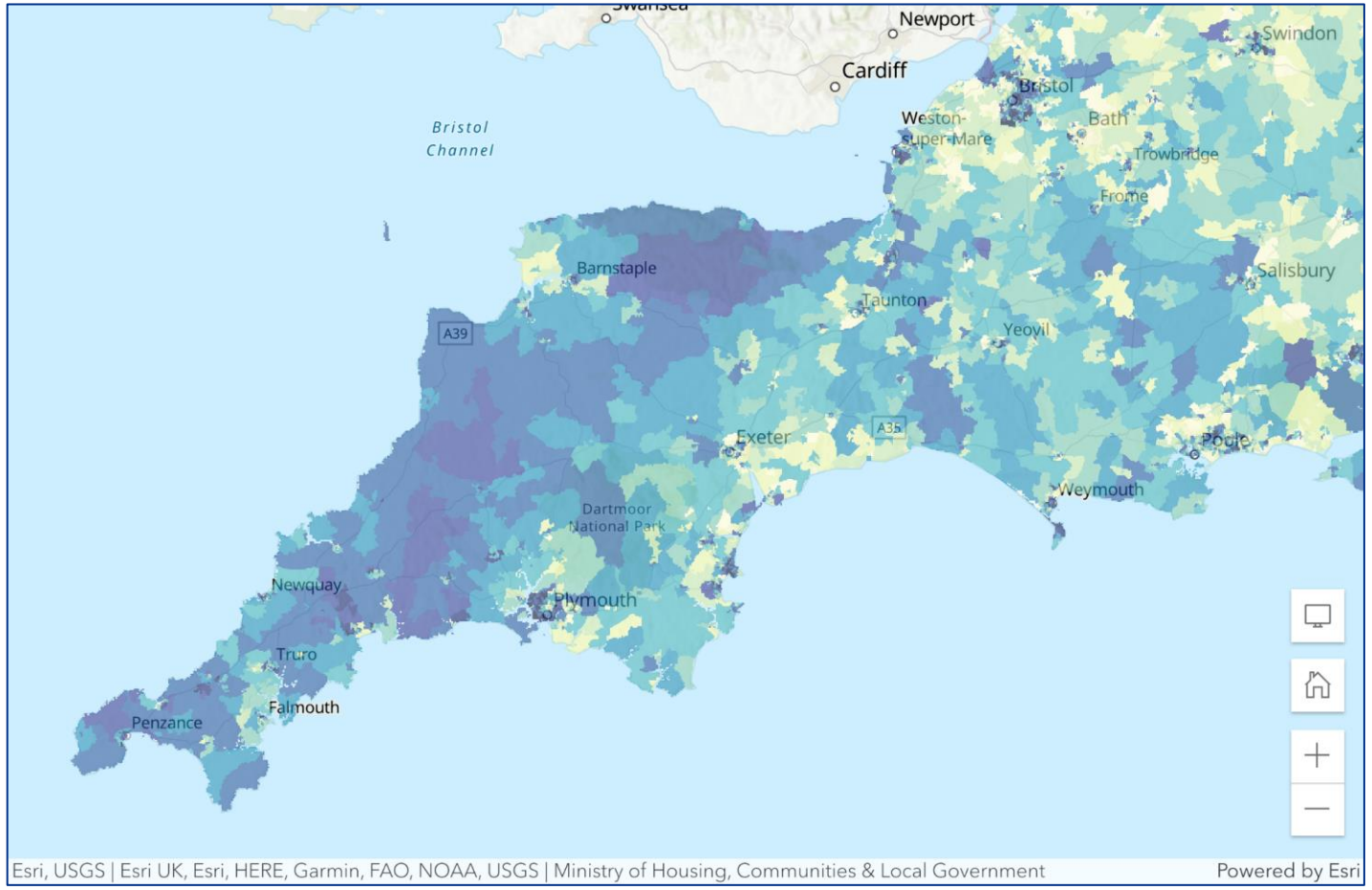
Whilst fundamental shifts in vehicle usage were observed during the pandemic, reflecting periods of lockdown where car usage fell by up to two thirds, as society has reopened car usage has returned to the pre-2020 baseline meaning some of the green benefits were short-lived.

Inequalities and Disparities

Both nationally and internationally the greatest impacts are likely to be on households and individuals already experiencing the greatest inequalities, who may be more likely to live in areas prone to flooding and pollution and lack the means to be able to take actions to protect themselves.

One Devon

Devon Challenge 3: Complex patterns of urban, rural and coastal deprivation



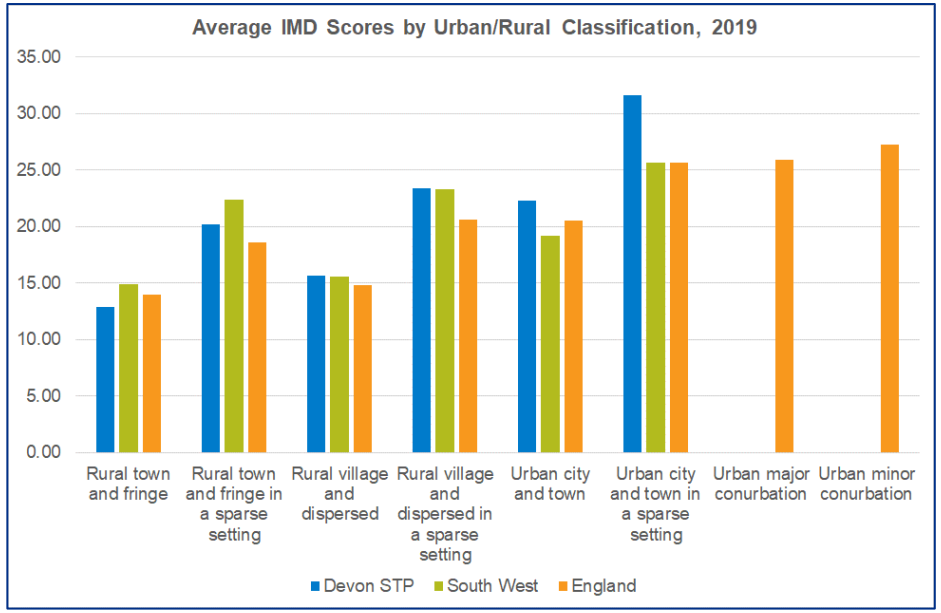
- Devon has hotspots of urban deprivation with the highest overall levels in Plymouth, Torbay and Ilfracombe, and hotspots in other urban centres including Exeter and Barnstaple (**darker blue is more deprived**)
- Many rural and coastal areas, particularly in North and West Devon experience higher levels of deprivation, impacted by low wages and a high cost of living.

One Devon

Devon Challenge 3: Complex patterns of urban, rural and coastal deprivation

Deprivation by Urban/Rural Classification

When levels of deprivation are compared with the South-West and England using the ONS Rural Urban Classification, it is evident that Devon typically experiences higher levels of deprivation than the national average for different classifications. This is particularly so for rural and sparsely populated areas. There is also a strong relationship between sparsity and poorer outcomes, where more deprived and remote rural areas experience higher needs and worse health outcomes than less deprived and more connected ones. Worse health outcomes in urban deprived areas can also be linked with migration to be closer to services, as health conditions deteriorate.



Source: Indices of Deprivation 2019 and Urban Rural Classification, Office for National Statistics

The 2021 Census includes a deprivation dimensions indicator which estimates deprivation based on four domains at a household level. These domains are education (no-one achieving level 2 qualifications (GCSE) or without full-time students aged 16-18), employment (any member unemployed or disabled), health (any member disabled), and housing (overcrowding, shared dwelling or no central heating). The table below shows the 10 census output areas, of which there are almost 4,000 in One Devon, with the highest proportions of residents with three or more dimensions present. This reveals some hotspots that are missed in indices using larger neighbourhood areas like the Index of Multiple Deprivation.

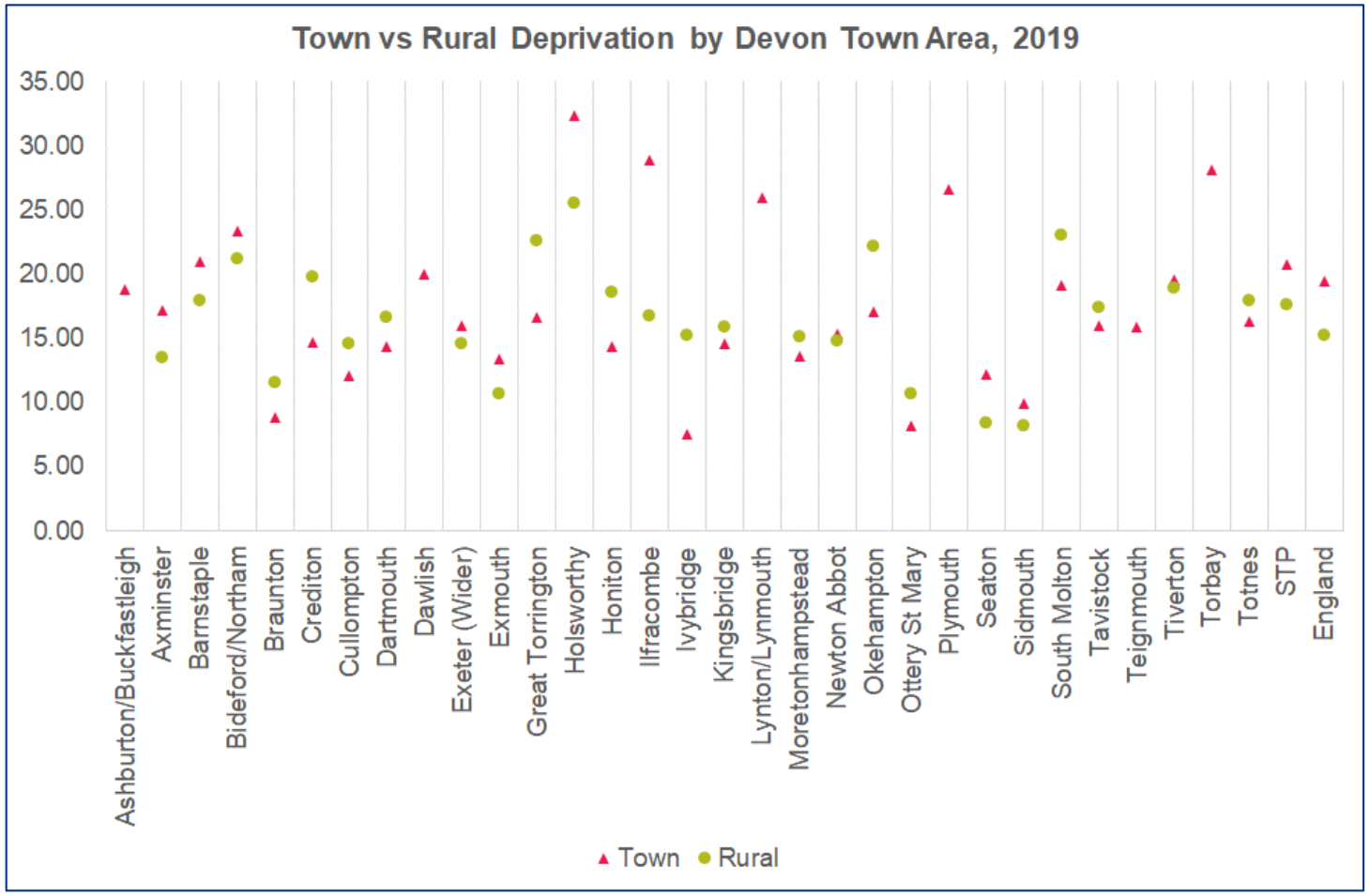
Whilst material deprivation has declined over recent decades, some increases have been seen in recent years due to the Covid-19 pandemic and cost of living crisis. Areas with lower levels of social mobility and economic development have experienced more persistent levels of deprivation including parts of Northern Devon, and in parts of Plymouth and Torbay where population growth and economic development has been slower than Eastern Devon.

Top 10 Output Areas in Devon, Three Plus Deprivation Dimensions, 2021 Census

Output Area Code	Description	Percentage
E00077115	Abbey and Croft Roads, Tormohun, Torquay	30.3%
E00076563	St Mary Street, Stonehouse, Plymouth	22.7%
E00102468	Beach Street area, Dawlish	22.4%
E00076894	Market and Queen Streets, Torquay	22.1%
E00101314	Mount Dinham and Exe Street, Exeter	21.0%
E00076978	Hyde Road and Princes Street, Paignton	20.3%
E00076708	Radford Avenue, Laira Bridge, Plymouth	20.2%
E00076546	Eton Place, Plymouth	20.0%
E00076183	Lark Hill, North Prospect, Plymouth	19.3%
E00076509	Colebrook Road, St Budeaux, Plymouth	19.2%

Devon Challenge 3: Complex patterns of urban, rural and coastal deprivation

Inequalities and Disparities



Devon experiences hotspots of both city/town and rural poverty which are notably above the national average, with particularly high levels of rural deprivation observed in North and West Devon.

Source:

Devon Challenge 4: Housing Quality and affordability

Health and Housing

The places we live in have a profound impact on our health and wellbeing, as well as impacting on the ability to remain independent. Good housing contributes to health and wellbeing and helps keep people healthy. Every £1 invested delivers nearly £2 of benefit through costs avoided to public services including care, health, and crime costs. Work has been undertaken in the following areas:

- The importance of housing and the impact it can have on health outcomes eg: cold housing. Over a fifth of all excess winter deaths are caused by cold housing, with 40% from cardiovascular disease and 35% from respiratory disease. 70% of the total estimated savings that would come from tackling housing that does not meet the Decent Homes Standard for warmth would fall to the NHS (Housing Challenge paper, 2017).
- Flexible housing that enables people to remain more independent through life eg: accessible housing and adaptations. Adapting homes is a way of improving the suitability of the home environment and doing so enables people to maintain their independence for longer. The benefits include reducing the risk of falls and accidents, relieving pressures on accident and emergency services, increasing the speed of hospital discharge and reducing demand for residential care (Housing Challenge Paper, 2017).
- Specialist housing for specific care groups, eg: learning disability and mental health
- Housing growth in the county, the opportunities, and implications for effective planning for health and wellbeing and how capital resources secured through the planning process can be deployed to support new models of care.

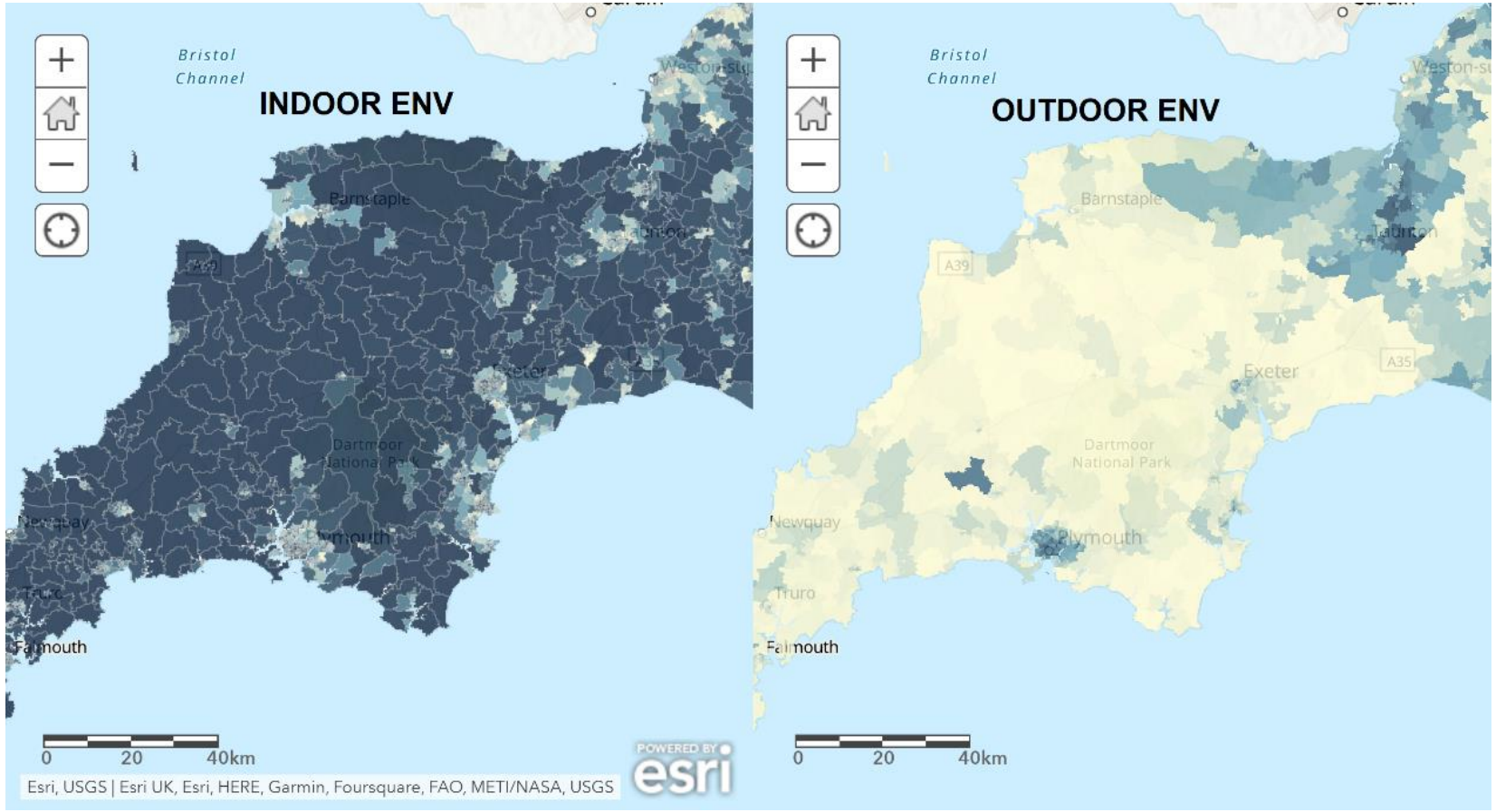
Fuel poverty and poor housing conditions, particularly in the private rented sector, are a major issue in many areas. Unsuitable and poor standard housing contributes to poor health, lower educational attainment and is a recognised contributor to, and symptom of, child poverty, with approximately a third of unsuitable housing occupied by people in receipt of some sort of benefit.

In Devon, the rate of rough sleepers counted or estimated by the local authority is 1.5 per 10,000 households, a rate which is significantly lower compared to the England average of 2.0. However, homelessness is increasing. In the Devon County Council area alone there are more than 15,000 families on the housing register and average house prices are more than nine times annual earnings, compared to seven times nationally. The cost of living and energy crises along with increasing levels of homelessness have the potential to result in decreases in health and widening of inequalities across Devon.

Devon Challenge 4: Housing Quality and affordability

Indoor and outdoor environment sub-domain ranks (darker blue is more deprived), 2019 Indices of Deprivation

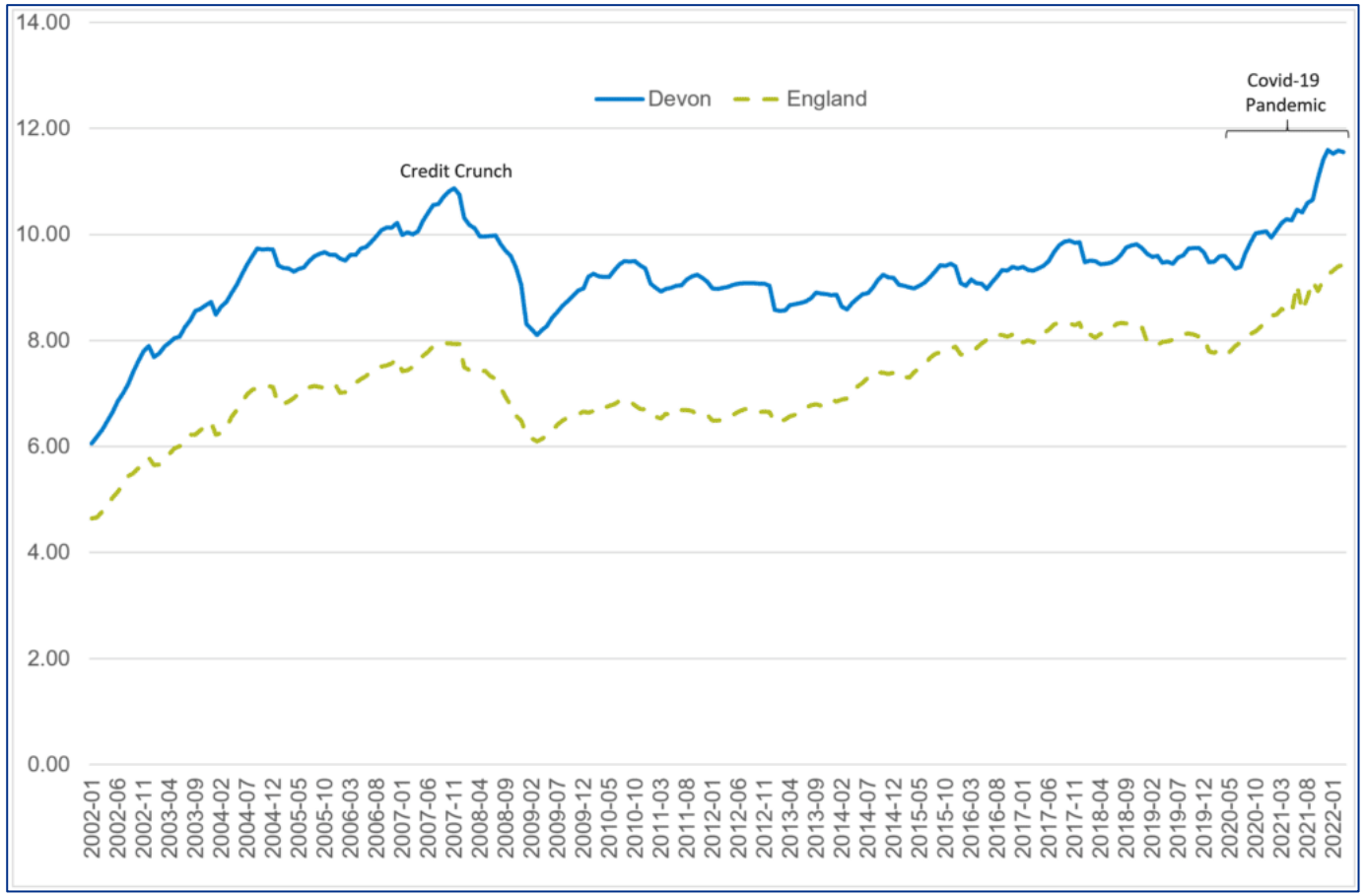
- Devon faces particular challenges in relation to housing quality and housing affordability.
- A comparison of the indoor (decent home standard and central heating availability) and outdoor (air quality and pedestrian/cyclist accidents) environment domains in the Indices of Deprivation reveal the significant challenges that exist in Devon with many areas in the top 10% or 25% nationally for the indoor environment deprivation domain.



Devon Challenge 4: Housing Quality and affordability

Housing Demand

Average House Price to Full-Time Salary Ratio, Devon vs England, 2002 to 2022



Source: Land Registry [UK House Price Index (data.gov.uk)] and Annual Survey of Hours and Earnings [Nomis – Official Census and Labour Market Statistics (nomisweb.co.uk)]

High levels of in-migration to Devon, centred on those aged 50 to 70, and previously residing in South-East England has increase demand for accommodation in Devon, driving up house prices. However, with lower-than-average earnings, this has generated a higher average house price to full-time salary ratio than England as a whole. The figure compares the ratio over time, which stands at its highest level on record at 11.6 for Devon and 9.4 for England in early 2022. This ratio surged prior to the credit crunch in 2008 and has also surged through the Covid-19, remaining significantly above England throughout.

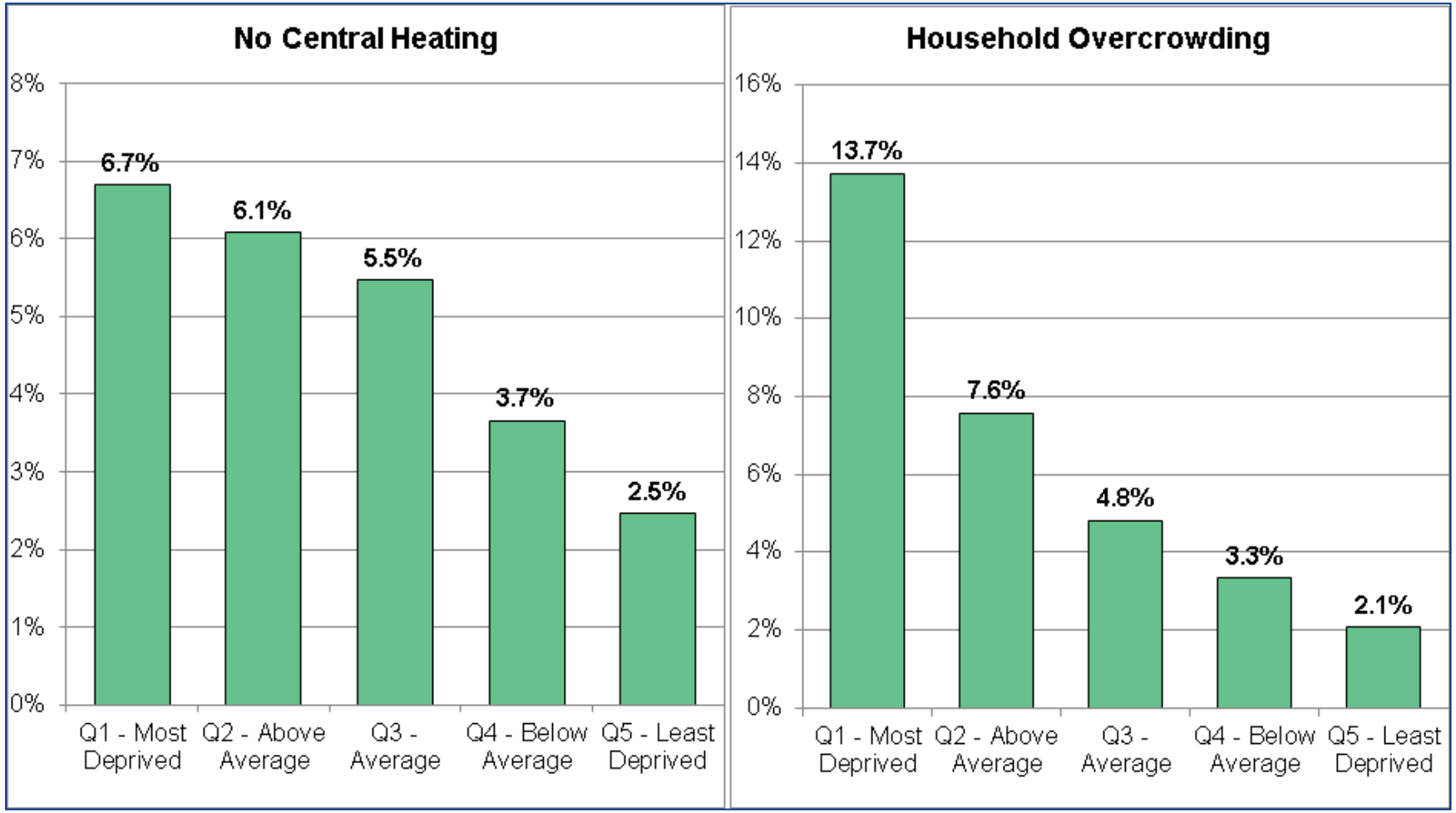
Other housing quality and affordability indicators in the Public Health Outcomes Framework and Devon's Joint Strategic Needs Assessments reveal:

- Higher levels of rough sleeping in Devon, particularly in Exeter, Totnes, Barnstaple, Plymouth, Torbay
- High levels of household hazards including damp, excess heat and excess cold associated with age of housing stock, particularly in privately rented sector
- Limited availability of key worker housing schemes, despite a higher level of public sector employment
- Higher levels of fuel poverty, particularly in areas with older housing stock and rurally deprived areas.

One Devon

Devon Challenge 4: Housing Quality and affordability

Inequalities and Disparities



Source: 2011 Census, Office for National Statistics

Poor housing quality and a lack of affordable housing disproportionately affect those living in more deprived areas and lower income households. Census-based measures of housing quality as illustrated here are significantly worse in more deprived areas, with almost three times the proportion of households in the most deprived areas of Devon (6.7%) having no central heating compared to the least deprived, and over six times the proportion of households in the most deprived areas (13.7%) experiencing overcrowding, compared to the least deprived (2.1%). Households with low income and people with disabilities experience significantly challenges in relation to housing affordability.

One Devon

Devon Challenge 5: Economic Resilience

Financial Challenges

NHS financial challenges

NHS expenditure in Devon started to become financially challenged in 2013/14, with a small deficit returned for the year. After a period of stabilisation and improvement over the three years 2016/17 to 2018/19, the position deteriorated sharply again in 2019/20.The drivers of this position are many and complex, but fundamentally it is as a result of growth in expenditure, linked to growing service demand and operational inefficiency, outstripping the growth in the allocation for the population.

The 2020/21 and 2021/22 financial years were operated under a different financial regime, with significant extra resources provided by Government to support the NHS in dealing with COVID-19. However, as we return to the regular funding regime and the additional resources start to be taken out, significant savings and efficiencies will be required to maintain a financially balanced system in a sustainable way.

Operational planning for 2022/23 was particularly challenging. The ending of the COVID-19 financial regime has led to a squeeze on resources which has been compounded by ongoing operational pressures and significant inflationary costs. Following a contribution of £27 million from NHS England to offset inflationary costs the local system has identified additional savings of £60 million but it is still currently forecasting a deficit position of over £18 million.

Financial challenges in Local Authorities

The NHS in Devon is not alone in facing financial challenges. At the start of November 2022, Devon County Council announced that is must save £73 million from its budget this financial year. The council has budgeted to save about half of the amount so far, and anticipates that another £75 million of savings will be needed in the next financial year. Plymouth City Council is facing similar challenges and is considering measures to address a £37 million budget gap for 2023/24. It also has a £15.5 million gap in this year's budget.

The growing deficits are due to rising demand for care and support, continuing costs of the COVID-19 pandemic, and rises in costs and inflation. As well as affecting the councils and local residents, these budget issues have a knock on impact on the NHS. For example, if there is not enough social care in the community then people who are ready to leave hospital cannot be discharged safely.

This further increases the pressure on hospitals as there are fewer beds or care support at home for people who need them, which can lead to delays in ambulance handovers.

Devon Challenge 5: Economic Resilience

The pressures facing our charitable and independent sectors

In addition to providing invaluable services to people requiring care and support, the Adult Social Care Sector plays a central role in the economy. Our voluntary and independent social care providers are also facing significant economic, financial and labour issues.

Not-for-profit providers make a massive contribution to social care provision in Devon. The grants upon which many of our voluntary and independent not-for-profit providers rely were largely unavailable during the COVID pandemic and some services were forced to close for periods of time, such that the knock-on effect of COVID funding pressures is still being experienced in some organisations. Rising inflation has exacerbated this, to the extent that many providers are now operating in a deficit position and are struggling to attract staff to the sector.

The charities that work as part of the Devon System are concerned about the financial landscape and the fine balance between levels of funding and the desire to increase staff costs, to support teams and retain staff.

Recruitment is difficult, with every part of the sector taking longer to recruit, with an impact on time and energy. Charity staff in the health and social care sector are under massive strain, following 3 years of relentless change and increase in need, coming on top of 10 years of stripping social capital from communities. Many are at breaking point and also experiencing pressures in their own families, increasing the number leaving, including to take on roles as carers in their own networks.

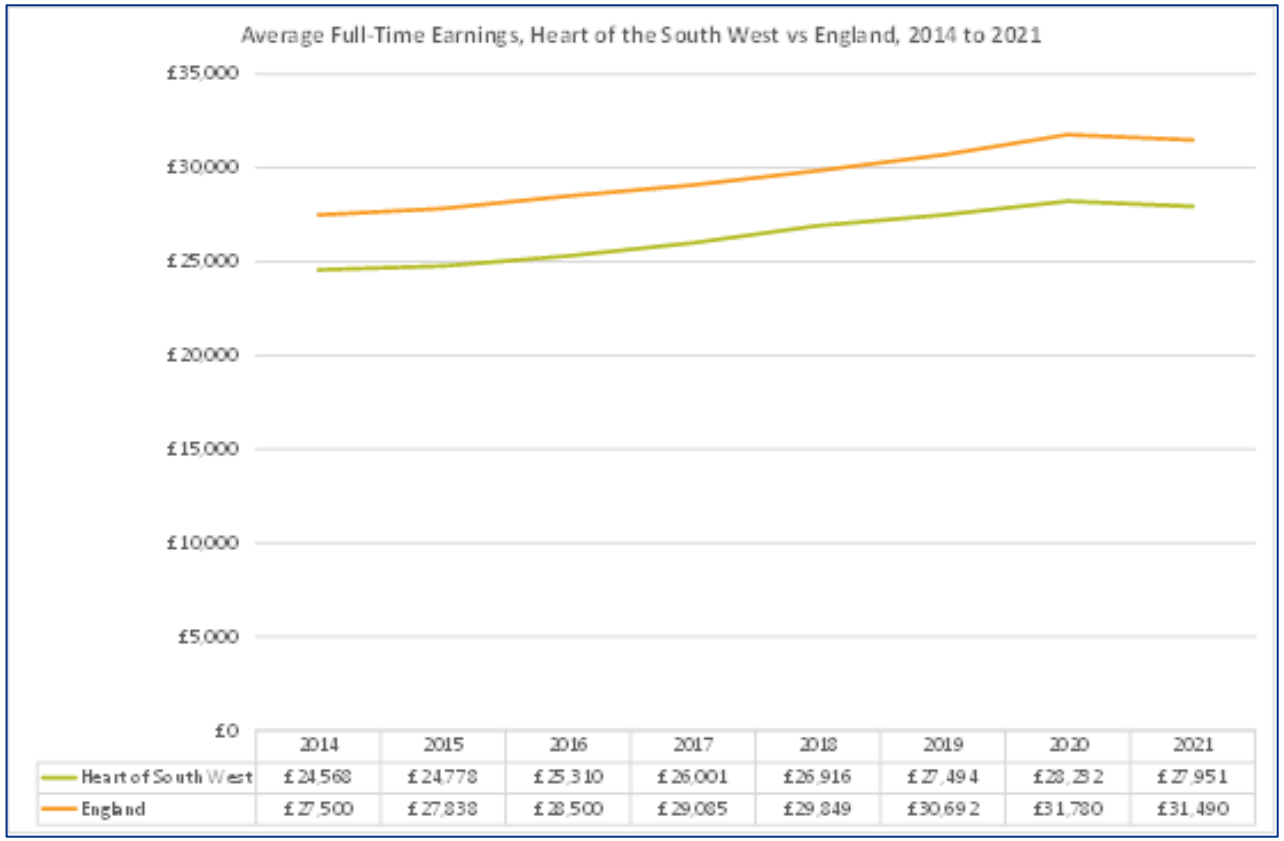
Charities are facing a massive increase in demand, between 200% and 300% in some cases and often without any increase in funding to support, and this is likely to only be the beginning, as we go into the winter and the cost of living impacts even more.

Those charities running properties are extremely concerned about the increase in energy costs and how services will be affordable going forward.

Colleagues in the charitable sector remain passionate and positive about the difference VCSE organisations can make in Devon, despite the challenges faced, and how a wider focus on integration and early help could be transformative.

Devon Challenge 5: Economic Resilience

Cost of Living



	2014	2015	2016	2017	2018	2019	2020	2021
Heart of South West	£24,568	£24,778	£25,310	£26,001	£26,916	£27,494	£28,252	£27,951
England	£27,500	£27,838	£28,500	£29,085	£29,849	£30,692	£31,780	£31,490

Source: Annual Survey of Hours and Earnings, Office for National Statistics

The current cost of living crisis is driven by the cost of everyday essentials like groceries and bills are faster than average household incomes. As of November 2022 annual inflation stands at 11%, a 40 year high, with the Bank of England predicting inflation and price levels to remain high. Inflation is being driven by sharp increases in global energy and fuel prices, higher price of goods and domestic wage pressures. When inflation is driven by rising costs, as opposed to demand pressures, this form of inflation has a direct impact on living standards.

The Office for Budget Responsibility (OBR) projects that real disposable income will fall by 7% over the next two years which would be the largest decline on record. This fall impacts those worst off most with low-income households and people living in poverty spending a larger share of their income on energy and food.

Increases in inflation not only has a direct impact on the health of the poorest households, described further in this chapter but also has an impact on people's mental health. There is a strong correlation between deprivation and poor mental health. People with pre-existing conditions are likely to suffer most with an increased risk of stress and anxiety as they struggle with rising costs.

The COVID-19 pandemic has also contributed to the cost-of-living crisis in Devon. Since March 2020 demand for accommodation and the cost of housing have also increased significantly. The economic and financial pressures seen through the pandemic, coupled with rising inflation and increasing energy, food and fuel costs mean that One Devon citizens have been particularly affected. In the SW, there are approximately half a million low paid workers, c150k in the One Devon area. This means that whilst the cost of living is increasing across the UK, Devon is particularly vulnerable due to lower-than-average salaries, and above average living and housing costs.

According to the Office of National Statistics, around 9 in 10 (89%) adults in Great Britain continue to report that their cost of living has increased, equal to around 46 million people.

The most common reasons reported by these adults for their increased cost of living were:

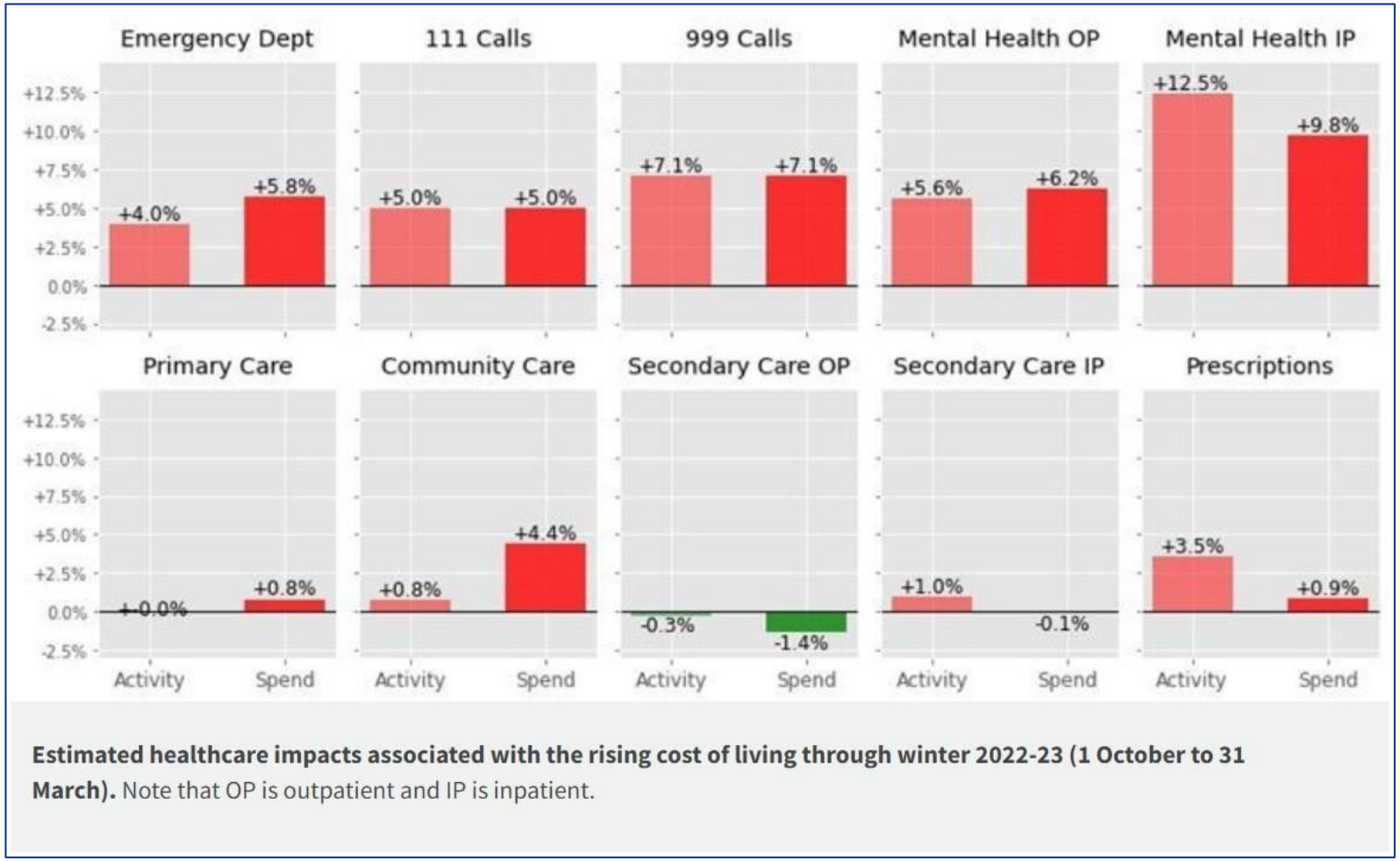
- an increase in the price of their food shop (94%)
- an increase in gas or electricity bills (82%)
- an increase in the price of fuel (77%)

51%, around 24 million people: using less gas and electricity in their home. More than a third of those whose cost of living had gone up cut back spending on food and essentials (35%, around 16 million people). Almost a quarter (23%, around 11 million people) used savings to cover costs, and 13% (around 6 million people) said they were using more credit than usual

Salary levels in One Devon have remained consistently below the national average in Devon, exposing communities to greater risk of cost-of-living crisis impacts.

Devon Challenge 5: Economic Resilience

Impact of cost of living crisis on demand



Estimated healthcare impacts associated with the rising cost of living through winter 2022-23 (1 October to 31 March). Note that OP is outpatient and IP is inpatient.

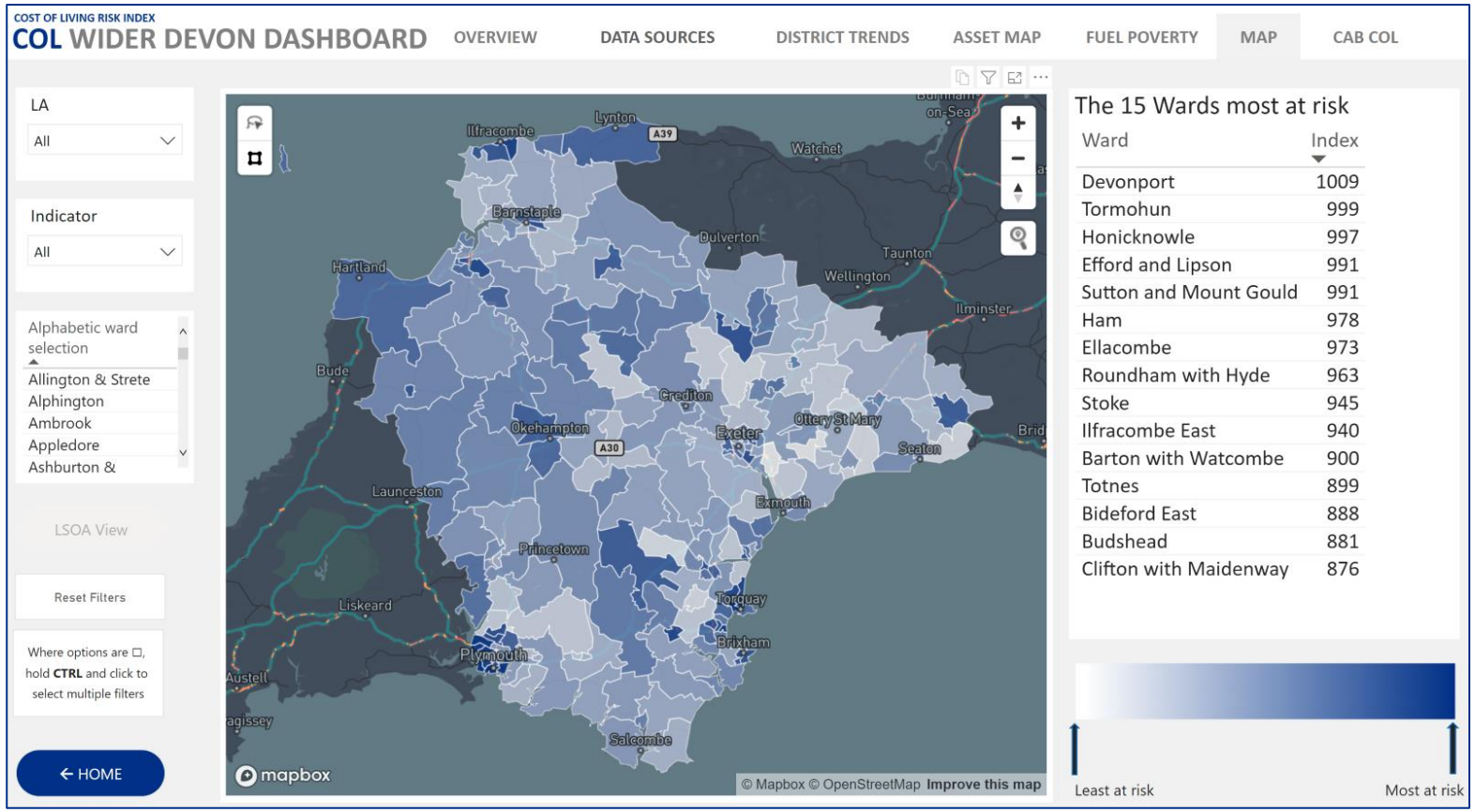
Source: Wood et. al., Health Service Journal, Nov 2022

The crisis is also likely to impact on increase demand for emergency and mental health care. NHS analysts and modellers from Bristol University have investigated the possible impact of the 'cost of living' pressures for the coming winter, finding an estimated 5 to 13% additional demand for 111, 999 and mental healthcare.

One Devon

Devon Challenge 5: Economic Resilience

Inequalities and Disparities



Source: One Devon –Cost of Living Dashboard

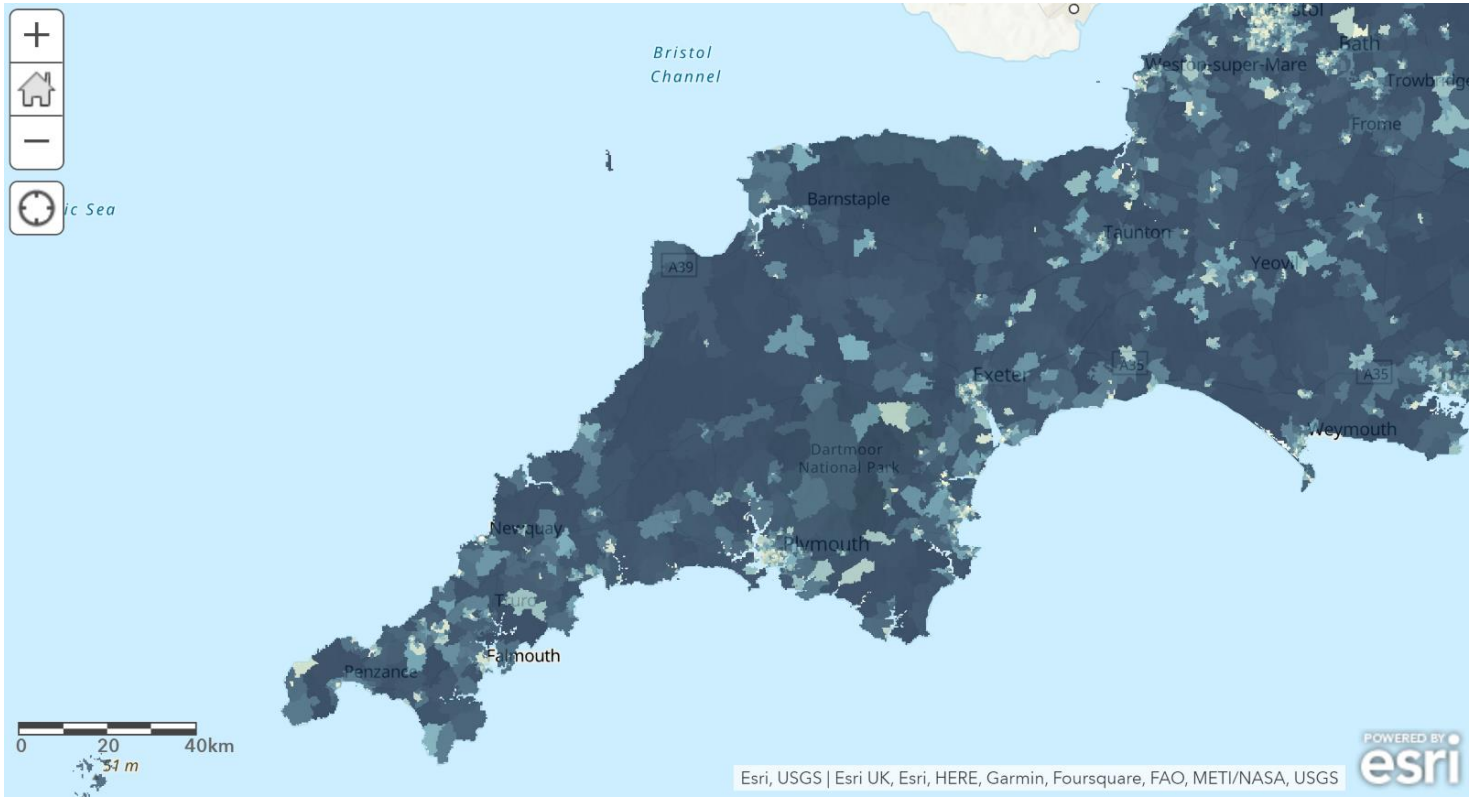
Whilst the cost-of-living crisis is impacting nearly everyone in One Devon, some areas and groups are disproportionately affected. Greater inequalities are seen in relation to:

- **Deprivation:** those living in the most deprived areas were more likely to have cut back on food/essentials (42%) compared to average (35%) and least deprived (27%)
- **Disability:** Disabled people were more likely than non-disabled people to have reduced their spending on food/essentials (42%, compared with 31%)
- **Housing tenure:** People living in rented housing (46%) or shared ownership (42%) more likely to have reduced their spending on food/essentials than home owners (30%)
- **Child Poverty:** Children much more likely to live in households dependent on tax credits or benefits (Indices of Deprivation 2019) than adults or older people, with up half of children living in poverty already in some neighbourhoods across Devon
- **Older Households and fuel:** People aged between 55 and 74 years were more likely to be cutting their energy use than those in the majority of other age groups, with around 6 in 10 reporting doing so
- **Unpaid carers:** More likely to be living in poverty and be disproportionately affected by increasing cost of living
- **Care and health workforce:** A quarter of UK residential care workers live in or on brink of poverty, with 1 in 10 experiencing food insecurity, and 1 in 8 of their children materially deprived (access to fresh fruit and vegetables, winter clothing etc.).

A ‘Cost of Living’ dashboard has been developed for One Devon, which highlights Devon communities particularly at risk in the crisis. This highlights particularly high levels of risk is parts of Plymouth, Torbay, Northern Devon and in other hotspots across the country.

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

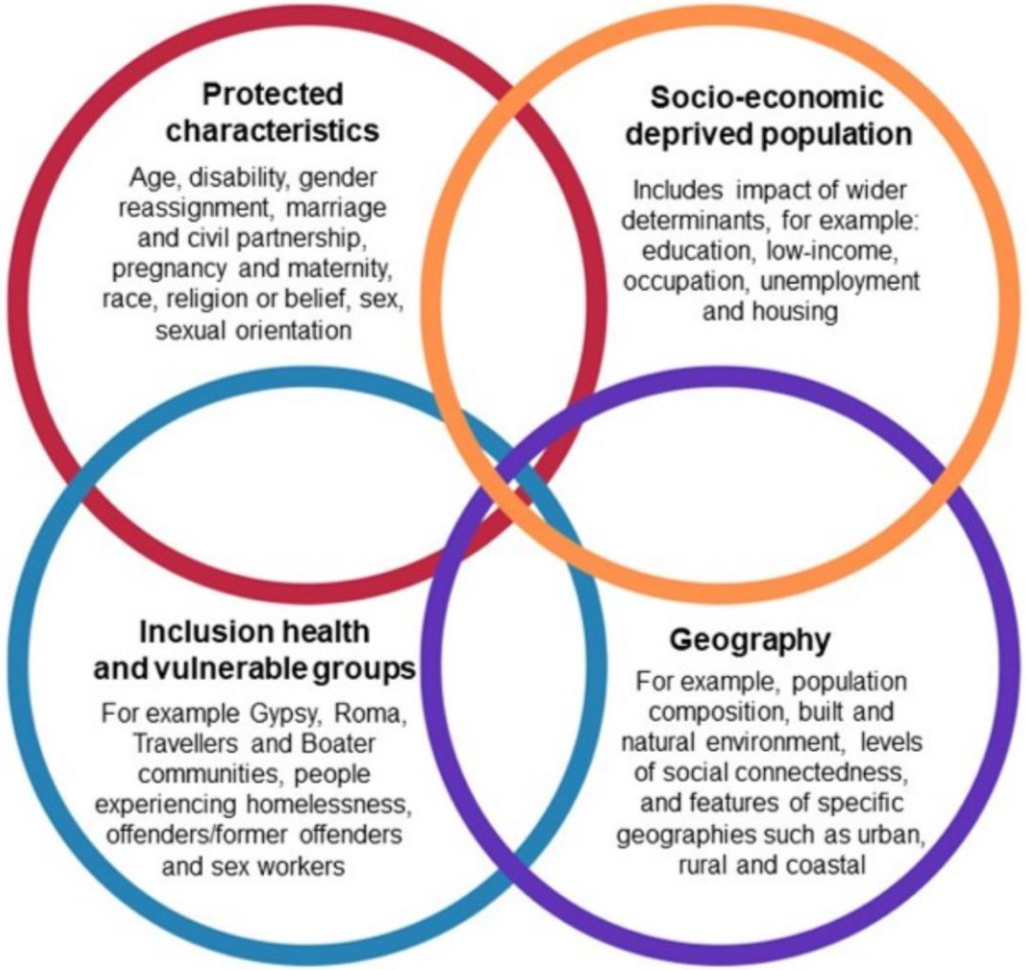
Geographic barriers



Some barriers to services are physical. As a large rural county, Devon has a higher proportion of population living is sparsely populated areas, smaller market and coastal towns and villages. The geographic barriers sub-domain from the 2019 Indices of Deprivation, which is a composite measure of distance from services (GP, post office, shops and primary schools), highlights high levels of deprivation in this domain, particularly centred in the North and West of the County. These areas also experience higher levels of deprivation and lower wages, with challenges for many households in terms of transportation availability and costs.

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

Four domains of inequalities

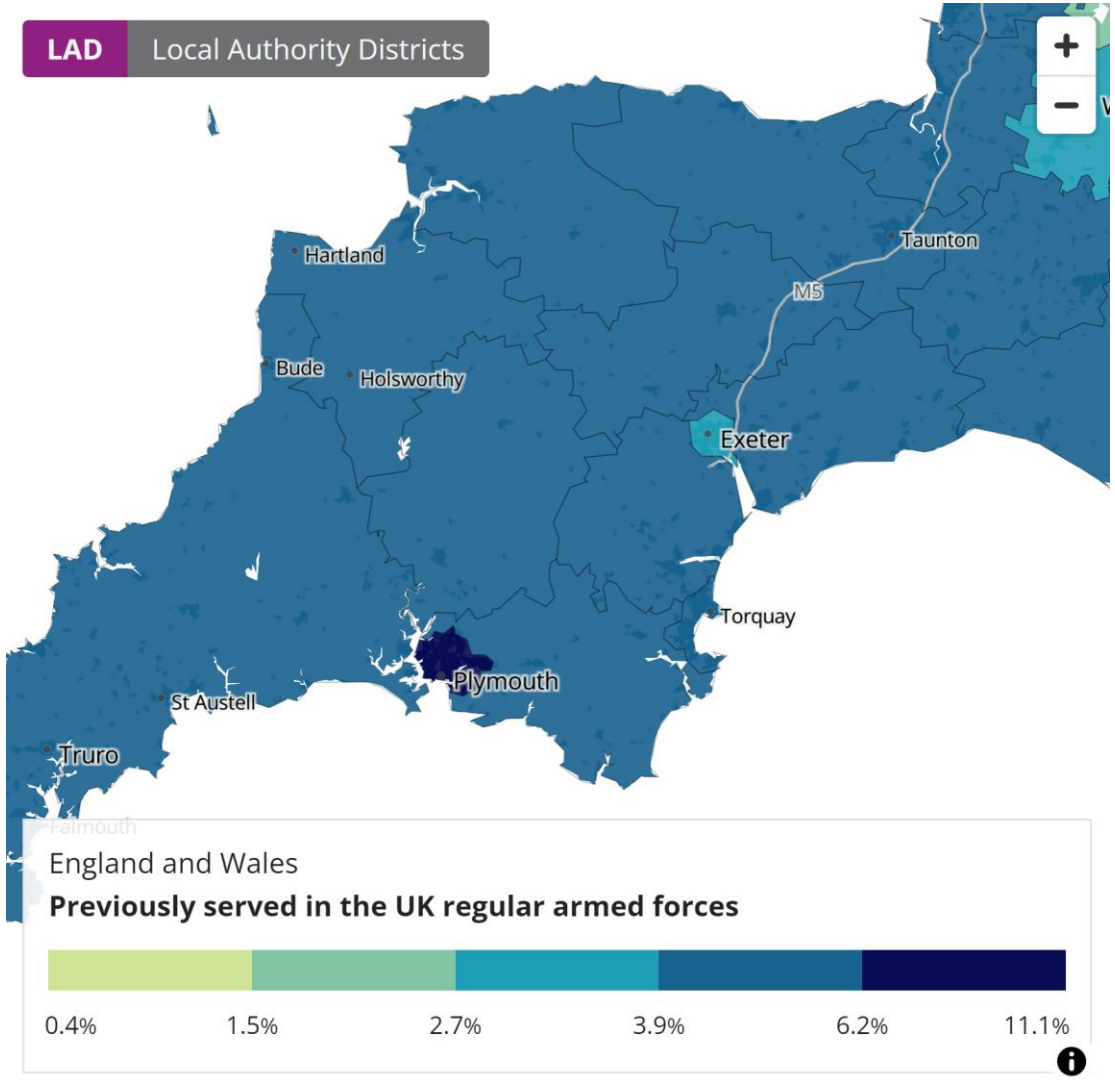


Source: Office for Health Improvement and Disparities, 2022

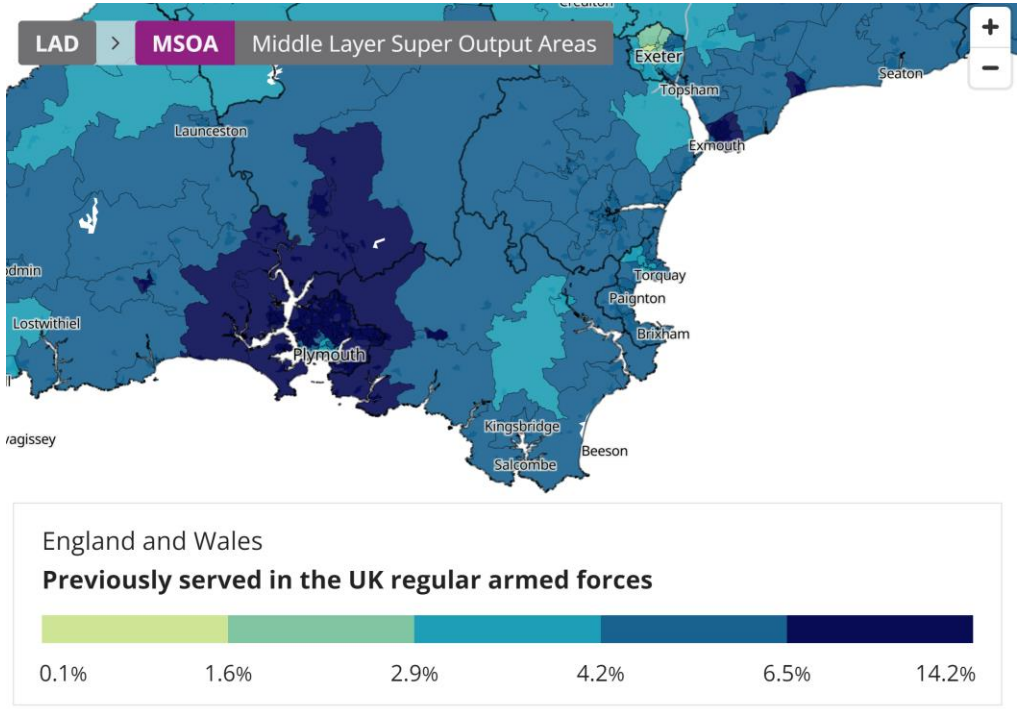
Significant social and cultural barriers also exist in relation to health and care services, as highlighted by the four domains of health inequalities. This highlights the interaction of socio-economic deprivation, personal characteristics, geography and vulnerable groups in driving health inequalities. Inclusion health refers to people in our communities who may experiences additional challenges reaching traditional health services and where alternative approaches may be required, and including Gypsy, Roma, traveller and boater communities, as well as other groups who may more vulnerable including homelessness, offenders, ex-offenders and sex workers. Protected characteristics refers to those personal characteristics that are protected in law through the 2010 Equality Act. local health and care organisations plan and target services to improve access and address inequalities in access and outcomes.

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

Veterans



- One Devon has a significantly higher proportion of armed forces veterans than the national average, with the highest concentrations centred in Plymouth, Exmouth, Sidmouth and Ivybridge.
- In contrast to the majority of the general population, veteran and their families experience unique factors, which can increase physical and mental health and wellbeing needs.



Source: 2021 Census, Office for National Statistics

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

Digital Access

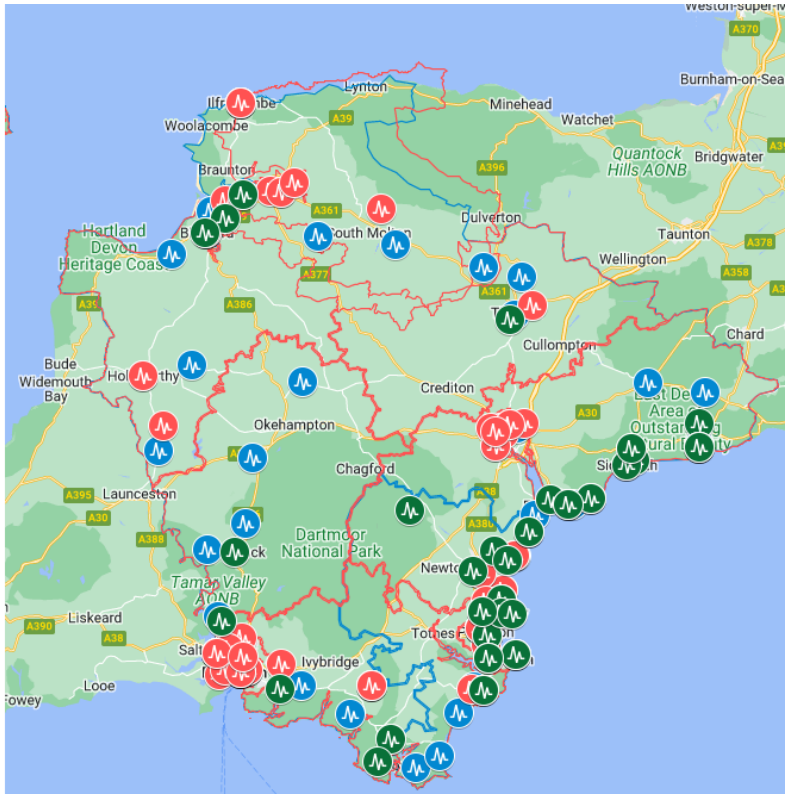
Digital technology

- Digital technology has changed our lives beyond recognition over the last 20 years. Whilst we frequently manage our finances, shopping and spend our leisure time online, we have yet to fully exploit the benefits that digital technology can bring to the health and care system.
- In 2020, the arrival of the COVID-19 pandemic fundamentally changed how our organisations and services operated across Devon. The national and local focus is very much on transformational digital change including the need to use data to manage the health of the population.
- The 'What Good Looks Like' (WGLL) framework (August 2021) sets out a common vision for good digital practice to enable frontline leaders to accelerate digital transformation in their organisations. Based on consultation with a wide array of NHS and care stakeholders, WGLL identifies seven core dimensions of good digital practice – well led, smart foundations, safe practice, support people, empower citizens, improve care and healthy populations.
- Within the next 5 years digital technology will play an increasing role in the care process, changing the working lives of our care professionals. They will spend an increased amount of time interacting with technology and we must ensure that this results in positive ways of working to meet the changing needs of our population.
- Embracing digital approaches is about more than technology – it is about changing the way people live, connect, communicate and work. The pandemic has accelerated progress in the use and acceptance of technology that could never have been envisaged in the NHS pre pandemic.
- The Integrated Care System (ICS) Digital Strategy comes at a critical point in the ICS's transformation journey. Digital is one of the five ICS priorities and is identified as a key driver for change. It is recognised that traditional approaches cannot deliver sustainable services nor achieve the move to a value-based approach to healthcare.

Data and Information Sharing

A common theme running across our ICS priorities is the need to be able to share information across care settings and providers. Consequently, the role of the Devon & Cornwall Care Record (DCCR) remains critical with the ever increasing need for care-coordination across care settings in delivering the ICS five priorities.

The national requirements have set out the need for ICSs to be able to provide 'basic information sharing' which means providing information sharing between primary care and NHS Trusts (acute, mental health and community). At a local level, there is the need to move beyond primary and NHS trusts to include information sharing across health and care.



Source: NHS X Initiatives

Digital Exclusion

The map shows that we have several areas in Devon that are at risk of digital exclusion due to the age of the population, deprivation and internet access.

- The red circles with a squiggle show the areas in the lowest decile on the Index of Multiple Deprivation
- The green circles denote the highest proportion of the population aged 65+
- The blue circles are where people have been identified as at risk of digital exclusion (based on internet usage)

Devon Challenge 6: Access to services, including socio-economic and cultural barriers

Inequalities and Disparities

Case Study: Devon and Cornwall Chinese Association

- The Chinese community were worrying about deportation when accessing the vaccine centre due to their visa/residency status.
- We met with the Chinese leaders explained them their rights and addressed their worries. To meet Chinese community's needs we organised a focussed 2hr slot for people to attend a vaccine centre/pop up clinic with Chinese volunteers who walked through the process with people having their jabs.
- To alleviate concerns about immigration status, the DCCA coordinated bookings for vaccination clinics. The DCCA scheduled the vaccines, worked with individuals to make travel arrangements, and relied on DCCA staff and volunteers to interpret and support people at the clinics.

- The rural and coastal areas of Devon most geographically distant from services in North and West Devon also experience the highest levels of rural deprivation, and also have the lowest salaries, limiting ability to travel and increasing current cost of living challenges for those communities. Strong relationships also exist between rural deprivation, sparsity of population and poorer health outcomes.
- The impact of the Covid-19 pandemic also highlighted challenges in relation to access to services in relation to socio-economic and cultural barriers. People from non-White British ethnic groups, people with disabilities, those living in more deprived communities, people with learning disabilities and serious mental illness all experienced worse health outcomes from Covid-19 and Long Covid.
- Variation in Covid-19 uptake is also driven mostly by social and economic factors, with lower uptake in:
  - younger age groups, especially males
  - areas with higher levels of deprivation, especially younger age groups and clinically vulnerable groups
  - non-White British ethnic groups – lowest in Black
  - clinical risk groups compared to older age-specific cohorts
  - people with severe mental illness
  - people with learning disability
  - people who are obese
  - people who have Chronic Liver Disease
- We have also worked closely with our partners and the community and voluntary sector to gather insight about barriers to uptake. An example of local intelligence and engagement leading to action to address inequality in uptake is outlined in case study.

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Leading causes of death

Rank	1997 GBD	2017 GBD
1	Cardiovascular diseases	Neoplasms
2	Neoplasms	Cardiovascular diseases
3	Neurological disorders	Neurological disorders
4	Respiratory infections and TB	Chronic respiratory
5	Chronic respiratory	Respiratory infections and TB

Source: Global Burden of Disease

- The Global Burden of Disease (GBD) is the most comprehensive effort to date which measures trends in patterns and causes of disease worldwide. It is based on over 80,000 different data sources used by researchers to produce the most scientifically rigorous estimates possible. It describes mortality and morbidity for major disease, injuries and risk factors to health. In 2017, the GBD published data at local authority level.
- Over the last 20 years the top five leading causes of death for all ages in Devon remain the same however the order in which they rank has changed. The top five leading causes for Devon are the same as England.
- Changes in the ranking of cardiovascular disease may have been influenced by the reduction in tobacco use between 1997 and 2017, as well as improvements in early intervention and treatment. This paired with the increase in alcohol use may have influenced the shift between cardiovascular disease and neoplasms. The trends for the top five 2017 causes of death show reductions in cardiovascular disease and respiratory infections &TB. Recent increases have been observed in neoplasms, neurological disorders and chronic respiratory.

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Top five mortality risk factors

In terms of risk factors, behavioural risk factors are the leading cause of death in Devon, followed by metabolic risks and environmental/occupational risks. The top five risks factors for Devon are:

- 1. Dietary risks
- 2. Tobacco
- 3. High blood pressure
- 4. High fasting plasma glucose
- 5. High BMI

These top five risk factors are shared with Torbay, Plymouth and Devon with slight differences in rankings. When observing all risk factors, there are some factors which have worsened over the last 20 years. In Devon, alcohol use and drug use have increased the most compared to other risk factors. Equally, cholesterol, impaired kidney function and low physical activity have improved the most in Devon.

Top five disability related life risk factors

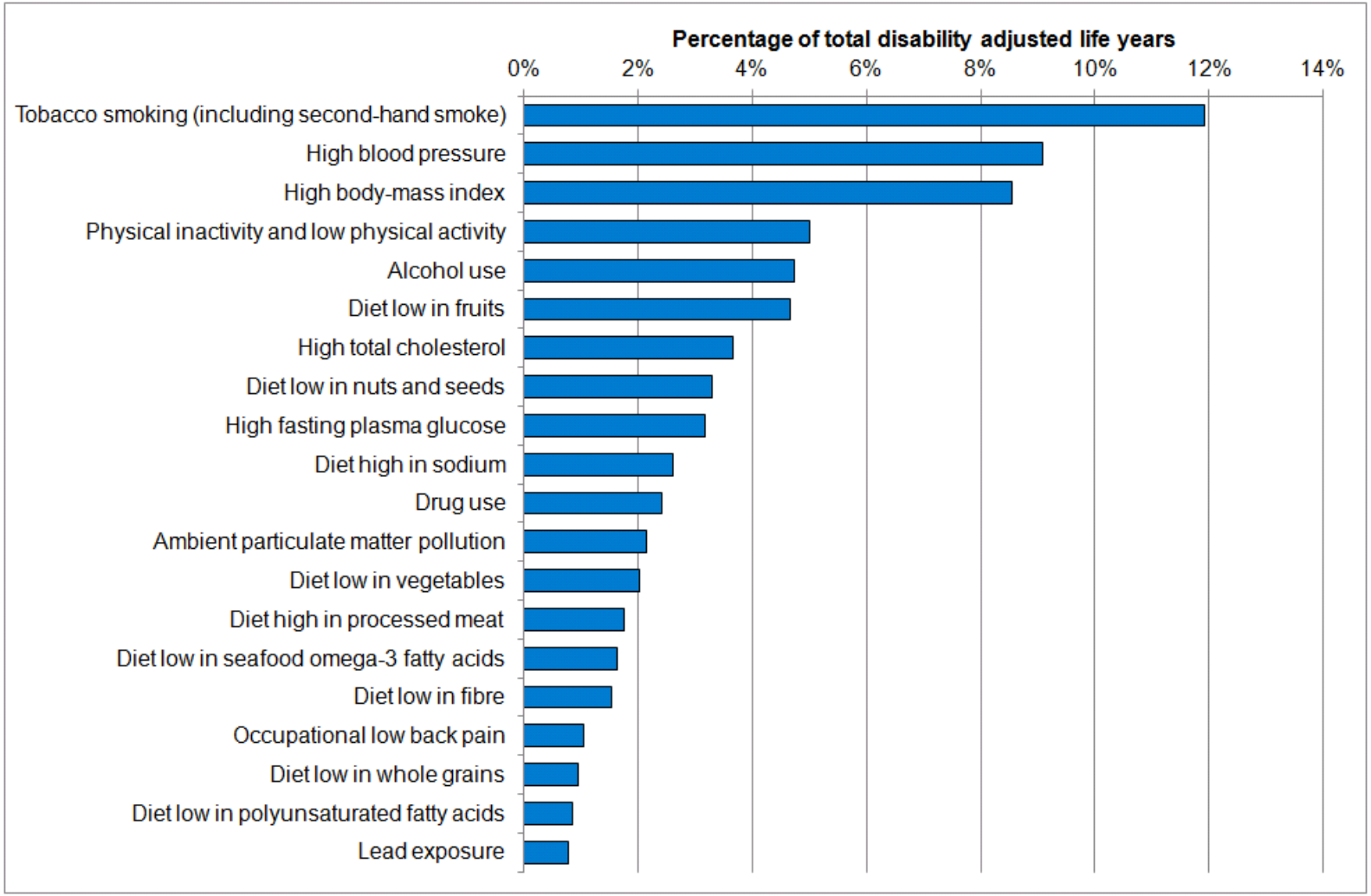
In relation to disability related life years (DALYs) rather than mortality the leading risk factors are:

- 1. Tobacco
- 2. Dietary risks
- 3. High BMI
- 4. High blood pressure
- 5. High fasting plasma glucose

Substance use, air pollution and occupational risks are among the top 10 risk factors. Devon share the same leading risk factors with Torbay, Plymouth and England albeit the order slightly varies.

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Cost and demand drivers



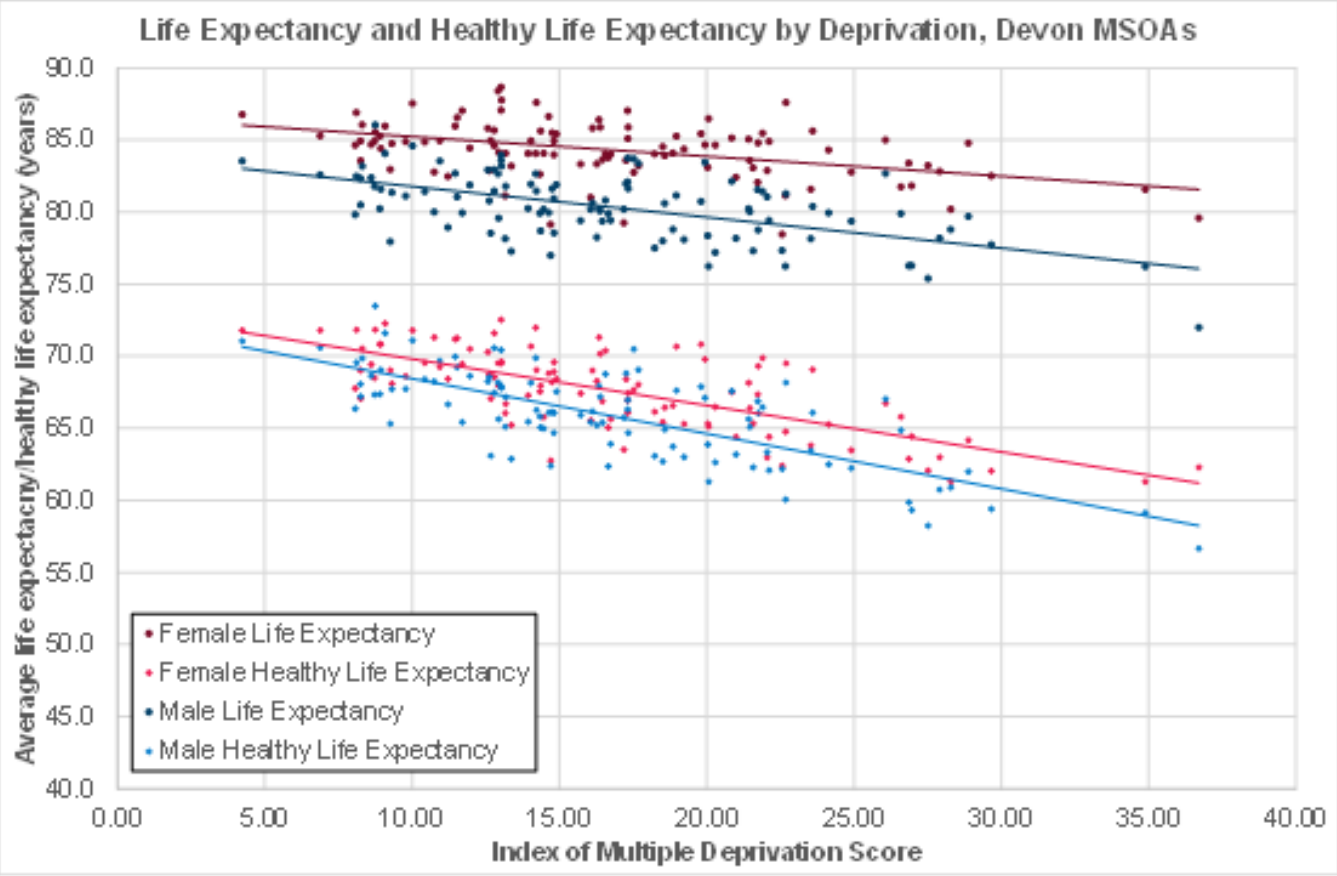
- These 20 behavioural and lifestyle factors are the main drivers for the early onset of ill health, and resulting demand and costs for health services.
- Smoking, poor diet, physical inactivity and alcohol use feature particularly prominently in these drivers and cost the NHS billions every year.

Source: Devon Prevention Strategy, 2015

One Devon

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Life Expectancy and Health Life Expectancy

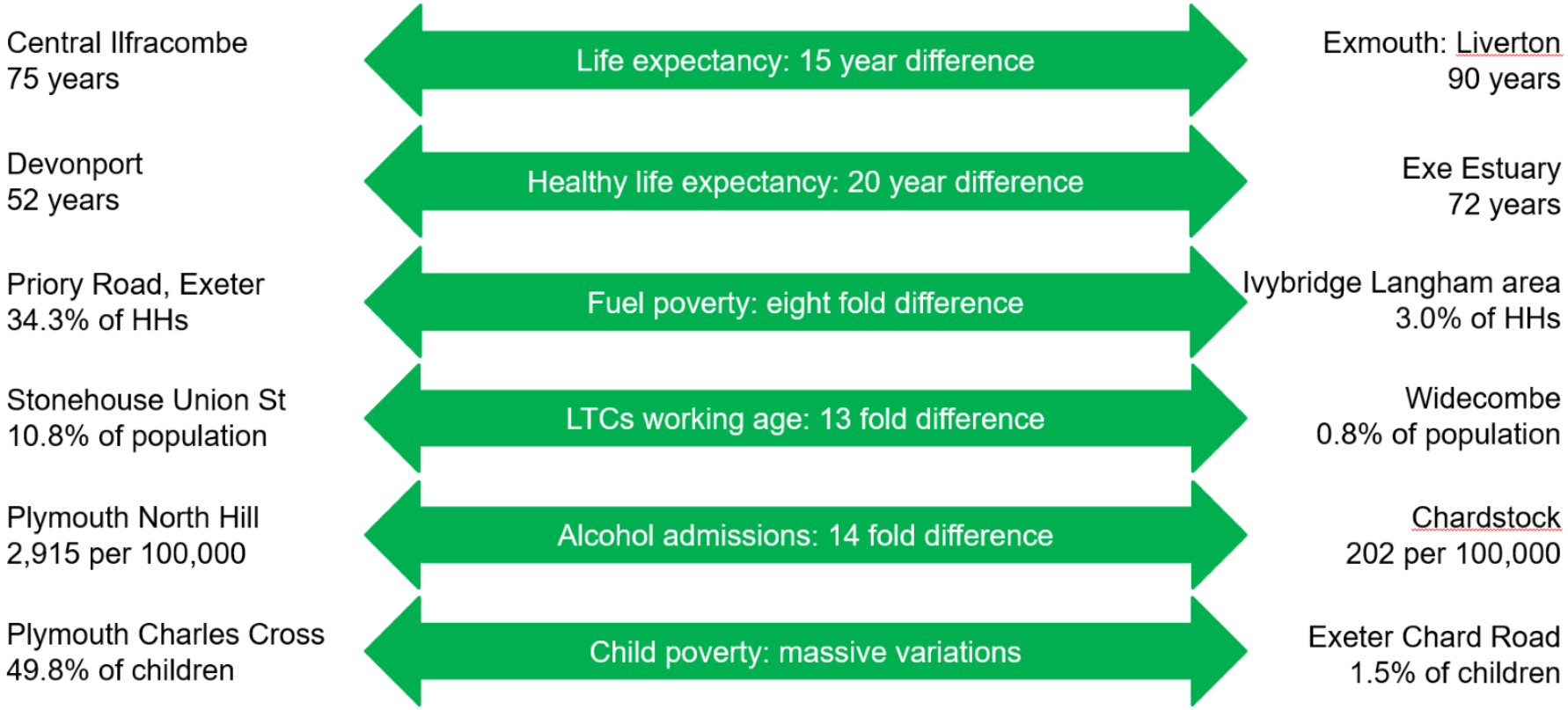


This chart compares deprivation (horizontal axis) with average life expectancy and healthy life expectancy by Devon neighbourhood (MSOA). This highlights that more deprived communities experience much shorter life and health expectancy. A larger gap for healthy life expectancy means people in poorer communities spend more years of their life in poor health as well as dying younger.

Source: Office for National Statistics, 2015 and Indices of Multiple Deprivation 2019

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Inequalities and Disparities



Source: Devon Joint Strategic Needs Assessment, 2022

Even greater differences are seen when comparing One Devon's communities at a neighbourhood level. There is a 15 year gap in life expectancy and a 20 year gap in healthy life expectancy between the neighbourhood's with the shortest and longest expectancies, and significant variation for measures of health outcomes and socio-economic need.

One Devon

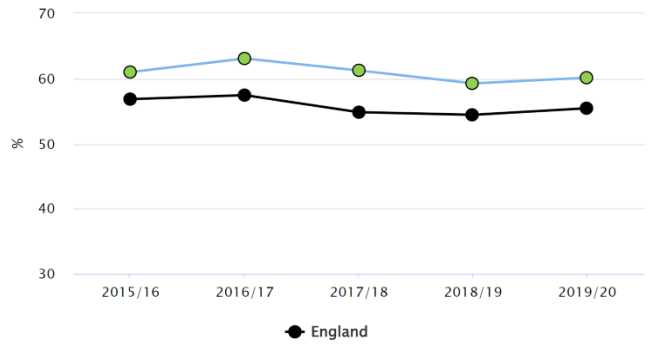
Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Public Health Outcomes Framework, South West

C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)

Proportion - %

Show confidence intervals | Show 99.8% CI values | More options



Recent trend: Could not be calculated

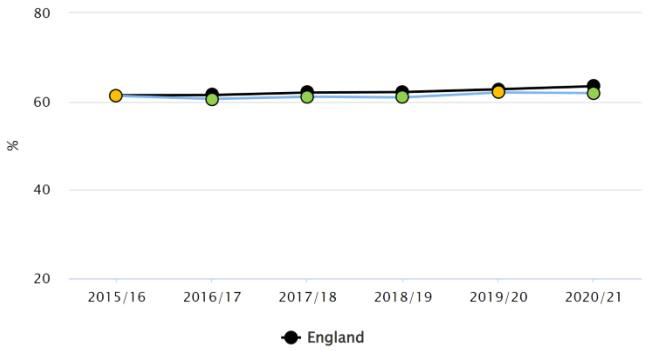
Period		South West region Count	Value	95% Lower CI	95% Upper CI	England
2015/16		-	61.0%	60.4%	61.6%	56.8%
2016/17		-	63.1%	62.4%	63.7%	57.4%
2017/18		-	61.2%	60.6%	61.9%	54.8%
2018/19		-	59.2%	58.5%	59.9%	54.4%
2019/20		-	60.1%	59.4%	60.9%	55.4%

Source: Office for Health Improvement and Disparities (based on Active Lives Adult Survey, Sport England)

C16 - Percentage of adults (aged 18+) classified as overweight or obese

Proportion - %

Show confidence intervals | Show 99.8% CI values | More options



Recent trend: Could not be calculated

Period		South West region Count	Value	95% Lower CI	95% Upper CI	England
2015/16		-	61.3%	60.6%	62.0%	61.4%
2016/17		-	60.6%	59.9%	61.3%	61.5%
2017/18		-	61.1%	60.3%	61.8%	62.0%
2018/19		-	60.9%	60.2%	61.6%	62.1%
2019/20		-	62.0%	61.2%	62.8%	62.8%
2020/21		-	61.9%	61.1%	62.7%	63.5%

Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

Source: Public Health Outcomes Framework

- In summary, behavioural risk factors are the leading cause of morbidity and mortality in Devon and present considerable opportunities for prevention and early intervention.
- Devon has a growing and ageing population with higher life expectancy compared to other areas across England. However within Devon, life expectancy varies considerably and particularly in areas with higher deprivation and challenges around access to services.
- Moreover, the difference between life expectancy and healthy life expectancy is stark when comparing the more deprived areas to the least deprived areas. This suggests that while people are living longer, they are living longer in poorer health.
- GBD provides insight into this statistic where it offers comparable metrics across different health problems which contribute to years of life lived with a disability and years of life lost. This presents an opportunity for the wider system to identify more upstream interventions to tackle these health problems and reduce the gap between life expectancy and healthy life expectancy.
- In terms of recent trends in behaviour factors, generally in recent years smoking and substance misuse has tended to decline, and obesity has increased.

One Devon

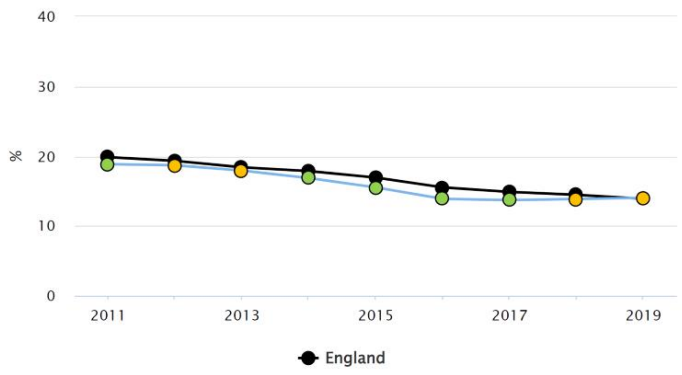
Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Public Health Outcomes Framework, South West

C18 - Smoking Prevalence in adults (18+) - current smokers (APS)

Proportion - %

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: Could not be calculated

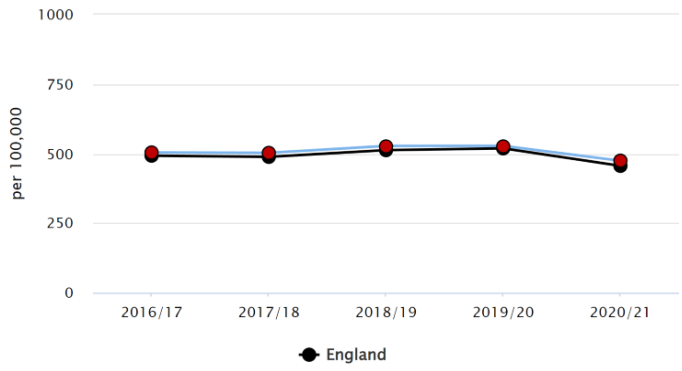
Period		South West region Count	Value	95% Lower CI	95% Upper CI	England
2011		-	18.8%	18.1%	19.6%	19.8%
2012		-	18.7%	17.9%	19.4%	19.3%
2013		-	17.9%	17.1%	18.7%	18.4%
2014		-	16.9%	16.1%	17.6%	17.8%
2015		-	15.5%	14.8%	16.2%	16.9%
2016		-	13.9%	13.2%	14.6%	15.5%
2017		-	13.7%	13.0%	14.4%	14.9%
2018		-	13.9%	13.2%	14.5%	14.4%
2019		-	14.0%	13.3%	14.7%	13.9%

Source: Annual Population Survey (APS)

C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)

Directly standardised rate - per 100,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Period		South West region Count	Value	95% Lower CI	95% Upper CI	England
2016/17		27,943	504	498	510	492
2017/18		28,170	503	497	509	488
2018/19		29,814	528	522	534	512
2019/20		30,093	528	522	534	519
2020/21		27,112	474	469	480	456

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

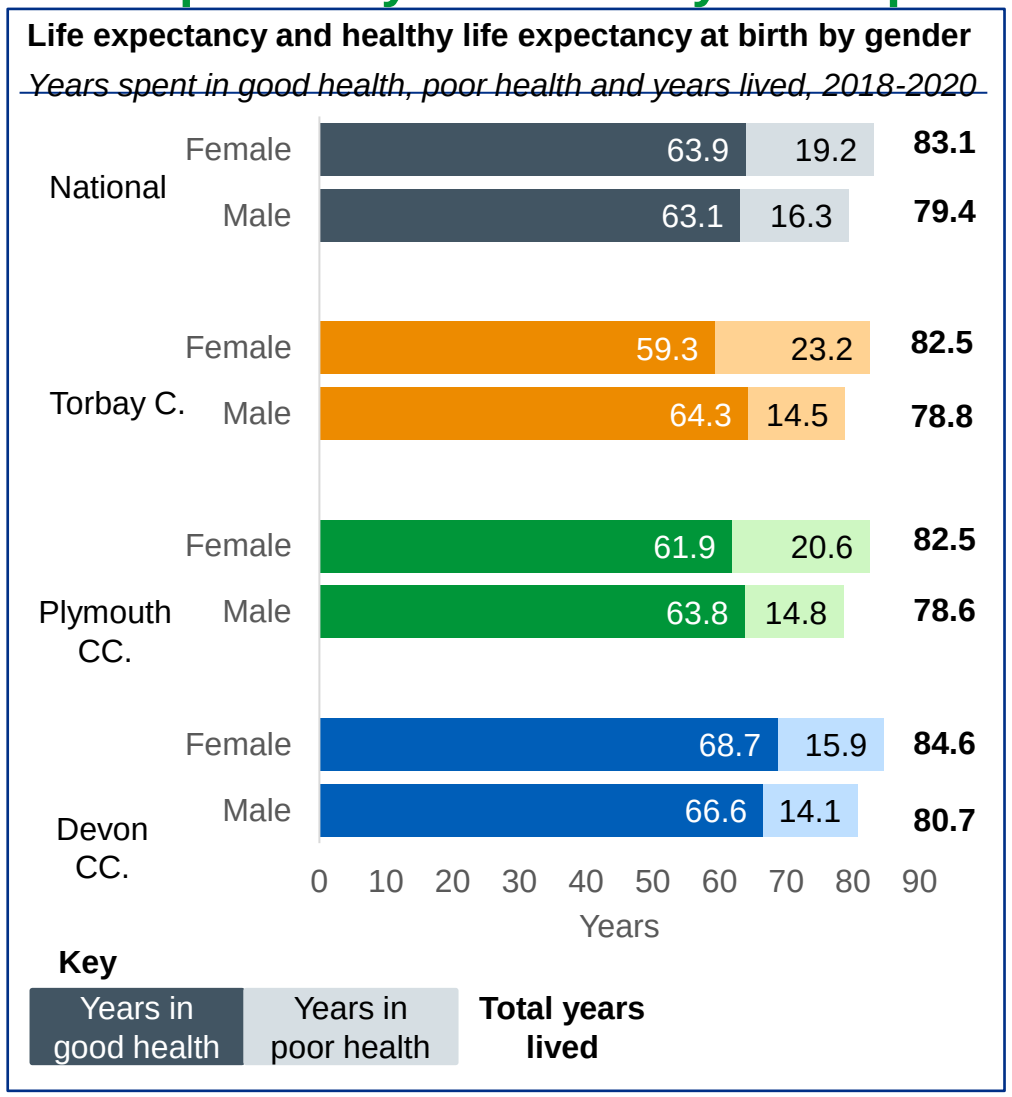
Considerable and widening inequalities exist in relation to behavioural risk factors, including:

- Higher levels of smoking which are falling more slowly in more deprived communities, people in routine and manual occupations, younger age groups, and males. Children living in households with adult smokers are also much more likely to smoke themselves.
- Higher levels of excess weight in middle aged individuals, people living in more deprived areas
- Higher levels of physically inactivity in more deprived communities, older age groups and females
- Higher levels of excess alcohol use in more deprived communities, male and middle aged individuals

Source: Public Health Outcomes Framework

Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas

Life expectancy and healthy life expectancy by gender



Source: Public Health Outcomes Framework, 2022

Devon Challenge 8: Varied education, training and employment opportunities, workforce availability and wellbeing

Education

Plymouth

Educational attainment is a key focus for Plymouth. School readiness by the end of Reception is lower than the England average, educational achievement is below average in both primary and secondary schools and we have a higher number of 16-17 year olds who are not in education, employment or training (NEET). Attainment and engagement in education amongst our disadvantaged children, including those with Special Educational Needs or Disability (SEND) and care leavers, is below average.

Aspiration has been identified as an issue and there is an ongoing drive to help our pupils to see the opportunities that Plymouth offers; through a range of outreach programmes into schools (e.g. around Science, Technology, Engineering and Mathematics [STEM], which accounts for nearly 60% of all jobs in the city).

Torbay

The education of our children and young people is a determining factor for later success in life. Access to education and training, provides life long benefits, leading to greater opportunities for employment. As a coastal town Torbay faces some significant challenges in closing the gap of education attainment for all children and young people. A large proportion of children living in Torbay are living in poverty compared with children living in other areas, there are a high number of children and young people with education, health and care plans and our rates of exclusions are high.

The Local Area is working collaboratively to address these challenges. Our SEND improvement plan is building the capacity and resilience to make changes for our children and young people, co-producing new ways of working directly with parents/carers and upskilling our workforce. Making our system more inclusive and meeting needs at the earliest opportunity. The collaborative early help response, is supporting the identification of need and proactively working to overcome barriers that can lead to education disadvantage. Our work with early years providers, schools and colleges is focused on improving inclusivity, meeting needs within the provision and providing an equality of opportunity across our local area.

Devon

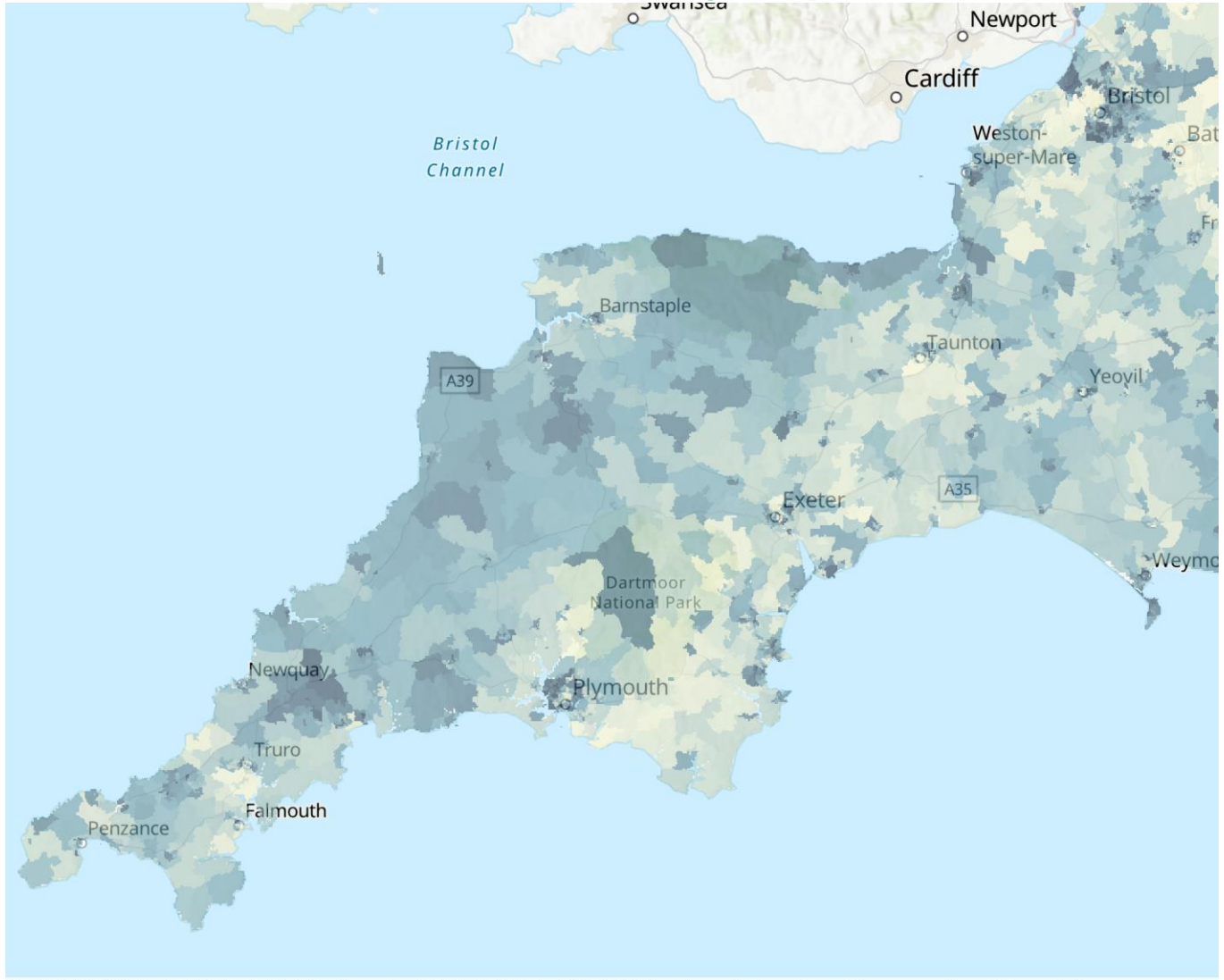
Educational performance in Devon is a mixed picture. At the County Level, Devon performs broadly in line with the national average for Attainment 8 (the Government's preferred educational metric), with an aggregate score of 48.1 in 2022 and 51 in 2021 (compared to 48.7 for the whole UK). GCSE performance at Grade 5 and above was around 49% for the area, roughly in line with the UK average. NEET levels within the area were slightly below the national average at 5.1% in 2021 (compared to 5.5% for England).

Educational performance however varies greatly across the County. In 2022, the average attainment score in Torridge was 44.1 compared to 51.8 in East Devon, and whilst 53.8% of students in Exeter achieved a 5 plus grade in English and Maths during the year, only 37.1% managed the same in Torridge. At a ward level in 2019, 2 wards in Northern Devon were in the bottom 10% nationally for educational performance. Significant differences were also in place for those with a SEND or other protected characteristic, with both achievement levels and NEET status amongst those of 16-21 being of concern when compared to the wider cohort.

As a County, Devon is strongly committed to supporting educational achievement and progression wherever possible. This includes management and deployment of the area's Careers Hub service, with a focus on enhanced careers information, advice and guidance within Devon's schools, and a specific focus on those furthest from opportunity / facing a barrier to progression, and provision of a full transition and support service for 14-21 year olds at risk of NEET status or NEET themselves. Through its early years and wider community engagement, partners within Devon are also focused upon addressing aspiration and ambition amongst younger students, working within the most deprived wards and schools with socio-economic partners to target those likely to be at future risk of educational challenge and progression.

Devon Challenge 8: Varied education, training and employment opportunities, workforce availability and wellbeing

Education, Skills and Training Deprivation



- The Indices of Deprivation 2019 include the Education, Skills and Training Domain, which includes educational attainment and skills for young people and adults.
- The measure reveals hotspots of education domain deprivation in urban neighbourhoods within Plymouth, Torbay and Exmouth, and in many coastal and market towns across the county. Higher levels of education domain deprivation are seen in rural areas of North and West Devon, reflecting particular challenges around social mobility and economic development.

Source: Indices of Deprivation, 2019

Devon Challenge 8: Varied education, training and employment opportunities workforce availability and wellbeing

Employment

Plymouth

The rate of employment in Plymouth (75.5% of 16-64 year olds) is the same as the national average. However, median gross weekly pay is low. The Skills 4 Plymouth Strategy (launched July 22) aims to close the skills gaps (in the current workforce) and skills shortages (difficulties in recruitment) that have been holding Plymouth back economically. The Skills Launchpad targets support for young people through the new Youth Hub and supporting those who are facing redundancy through the new Adult Hub. The intention is to help local people to build the skills that local employers need both today and in the future to fill the jobs. There has been a focus recently on recovering through covid helping the city and it's businesses to recover and to prosper; but the impact of the cost of living on the economy is clearly and issue.

The health of our people is intrinsically linked to the health of our economy. Access to jobs and well paid jobs give people resources to buy goods and services, a sense of purpose and pride, improved confidence and ultimately better health and wellbeing.

Torbay

Torbay faces some significant economic challenges: low productivity levels and the gap between Torbay and the UK is widening every year; reducing work force across most age groups; reducing skills levels; over 1 in 4 of our population live in the most deprived areas of the country. A failing economy present challenges for the health and well-being of our people.

Despite these challenges, Torbay has some key strengths and opportunities that can turn this around. Torbay's Economic Growth Strategy will support the Council's place shaping ambitions recognising that economic success is a key determinant of other outcomes by enabling the conditions for job creation; helping people develop skills to find work or better work and the activities through the strategy will support turning the tide on poverty and improve health and wellbeing; in creating a positive environment for businesses to grow or relocate and deliver regeneration schemes enabling investment and reinvestment that increases the value of the local economy which in turn will help sustain or grow Council incomes. Successful delivery and a sustained focus on the Economic Strategy will drive the economic health of Torbay.

Devon

Devon benefits from a claimant rate that is significantly below the national average (2.0% in October 2022 compared to the 3.6 % nationally and 2.4% across the wider South West), as well as economic activity rates that are broadly aligned with the national position (78.7%).

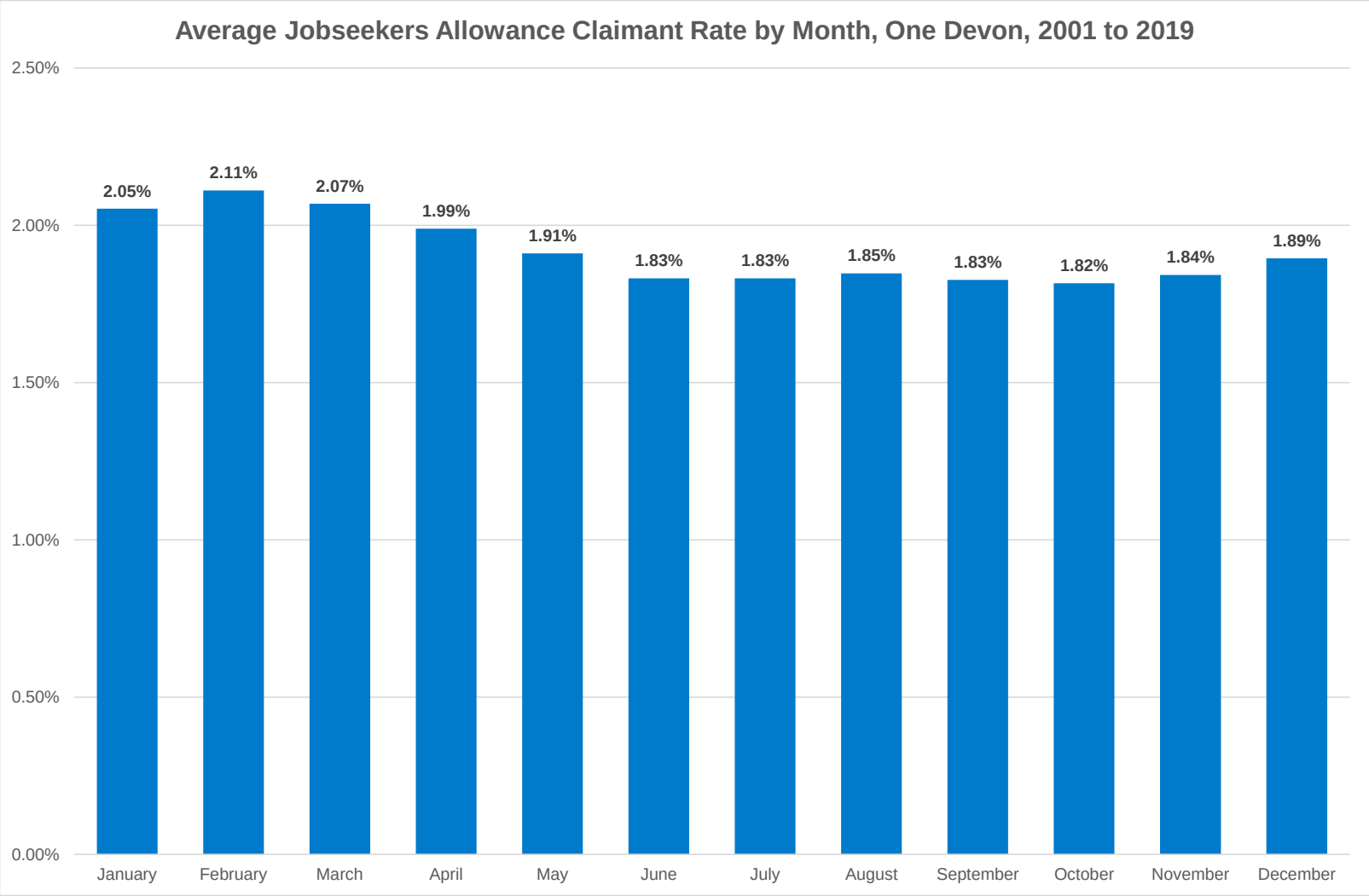
However, as with education, averages within the County disguise significant granular differences across the area, in terms of both income and employment outcomes. Whilst the average weekly salary for a resident of Mid Devon in 2021 for example was £596 (97% of the national average), it was just £515 in North Devon (84% and 12th lowest in Great Britain). Unemployment was similarly 0.75% higher in North Devon, whilst skills performance at degree level differed 27% between the best and worst performing district (with 49% holding a degree within Exeter, compared to 22% in Torridge). In many ways, these differentials within the County are often more important than those with neighbouring areas.

Despite these challenges however, vacancy demand in late 2022 across the area was consistently high, with the tightest labour market in a generation. In November 2022, 12,300 live vacancies were on offer across the County on a daily basis, including 1,000 care workers, 600 nursing posts, 590 administration positions, 550 customer service roles and 500 logistics adverts. With only 9,100 individuals currently claiming the employment element of Universal Credit however and around half of those having been unemployed for over six months/with multiple complex needs, employers were universally reporting skills and labour shortages. This situation was exacerbated by a significant reduction in the number of economically active adults between 2019 and 2022, with over 20,000 leaving the labour market during the pandemic. In response, a range of high skilled / high demand areas including all health occupations, advanced manufacturing and engineering roles , digital occupations, and across a primary occupations such as logistics, agricultural, hospitality and retail staff were classified as hard to fill during the past year.

In response, partners within Devon are currently taking forward a multifaceted and comprehensive post-COVID approach, seeking to working with employers, training providers and wider community partners to support harder to reach individuals into the labour market, as well as provide more effective advice and guidance to those seeking to jump careers, and retain young people in the area. This includes initiatives like the area's Youth Hub programme, providing face to face to support for those up to 25 to move into work; focused work around supported employment, working with those with more complex SEND and other need to access work, working with individuals and employers; and Devon's Skills Bootcamp programme, providing rapid retraining opportunities for individuals wishing to pursue a new career or progress in their existing role.

Devon Challenge 8: Varied education, training, employment opportunities, workforce availability and wellbeing

Seasonal Employment



- Levels of employment vary on a seasonal basis in One Devon.
- During January, February and March, Jobseekers Allowance claimant rates are typically around 10-15% higher than they are during Summer and early Autumn months.
- This reflects seasonal patterns of employment, reflecting changing levels of employment, and the impact of service sector jobs including tourism, entertainment and food and drink.

Source: Claimant Count, Nomis, 2022

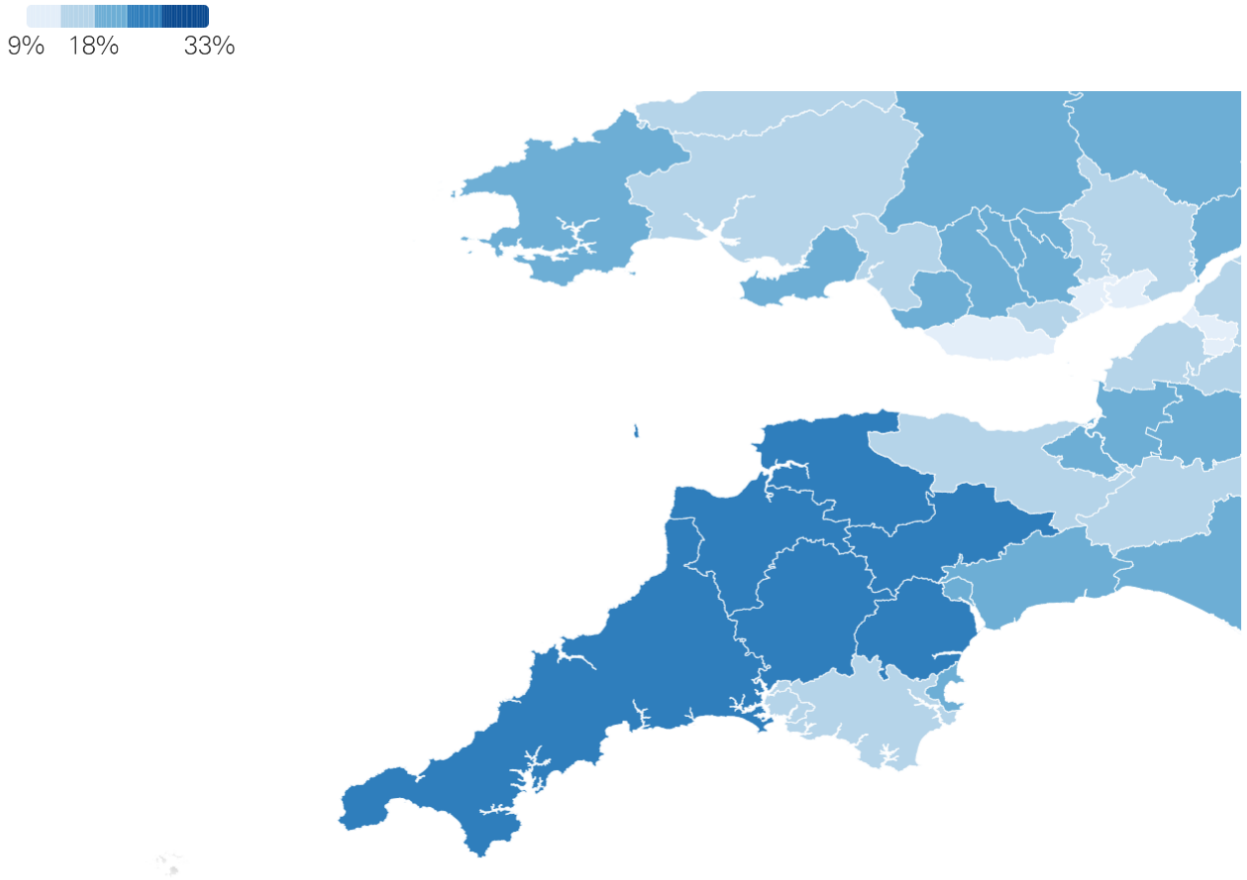
Devon Challenge 8: Varied education, training, employment opportunities, workforce availability and wellbeing

Low Paid Employment

- The Health Foundation have investigated the percentage of jobs by local authority which are low paid (where pay is less than two thirds of the national average). This reveals that many areas of Devon and Cornwall have a particularly high proportion of low paid jobs relative to other local authorities.

- Rates are highest in rural districts and Devon, with North Devon (26%), Mid Devon (25%), Torridge (24%), West Devon (24%) and Teignbridge (24%). This is double the level seen in the Home Counties and London.

Percentage of jobs with pay at two-thirds below UK hourly gross median pay by local authority: Great Britain, 2020



The Health Foundation
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Source: Health Foundation analysis of the Office for National Statistics Annual Survey of Hours and Earnings 2020 • Note: UK median gross hourly pay for all workers was £13.68 in 2020, 2/3 of this median is £9.12, Data presented is based on full time and part time jobs. Figures for the City of London and the Isles of Scilly are not included because data are missing, or statistically unreliable.

Devon Challenge 8: Varied education, training, employment opportunities, workforce availability and wellbeing

Workforce

The challenge for health and social care in Devon

- In its broadest sense, our workforce includes people that work for primary care (including GPs, dentists, community pharmacists and ophthalmic opticians), secondary care, community health services, adult and children's social care, public health and the VCSE and independent sector. Health and care systems nationally are facing extreme challenges in relation to staff burnout, high vacancies, high turnover and low levels of retention. This is impacting on the quality and safety of services that can be delivered, but, in addition to this, Devon has its own unique challenges.
- In Devon there are currently around 14,000 people unemployed, which equates to a rate of 1.8% unemployment, half of the national level of 3.8%. The number of people choosing to drop out of the labour market has doubled in recent years and now stands at circa 5%. Looking forward, the working age population across Devon is not predicted to grow significantly in the years ahead. And, of course, not everyone of working age wants to work or is able to do so, with long term sickness, full time studying and caring responsibilities among the most common reasons. This context means that the health and care system is likely to be more heavily reliant on international recruitment for longer than we would wish.
- In terms of the statutory sector health and social care workforce, there are around 70,000 staff in Devon; some are part time, so this equates to 60,000 full time employees (31,000 in health, 25,000 in social care, of which 95% are employed within the independent sector, and 4,000 in primary care). The challenge we face is twofold - colleagues are all working exceptionally hard, but, whilst vacancy rates are 7% in health and 13% in social care, across the system we are spending too much money on delivering our services. The health workforce has grown faster than the demand for services and ahead of the national average. The risk is that we will be unable to find sufficient workforce or be able to afford for our workforce to grow in line with the anticipated future demand.
- We need to transform how we deliver our services and enable our colleagues to work in more effective and efficient ways, through service redesign and use of technology. This will enable us to have a different skill mx and enable colleagues to do things we do not enable them to do at the moment.

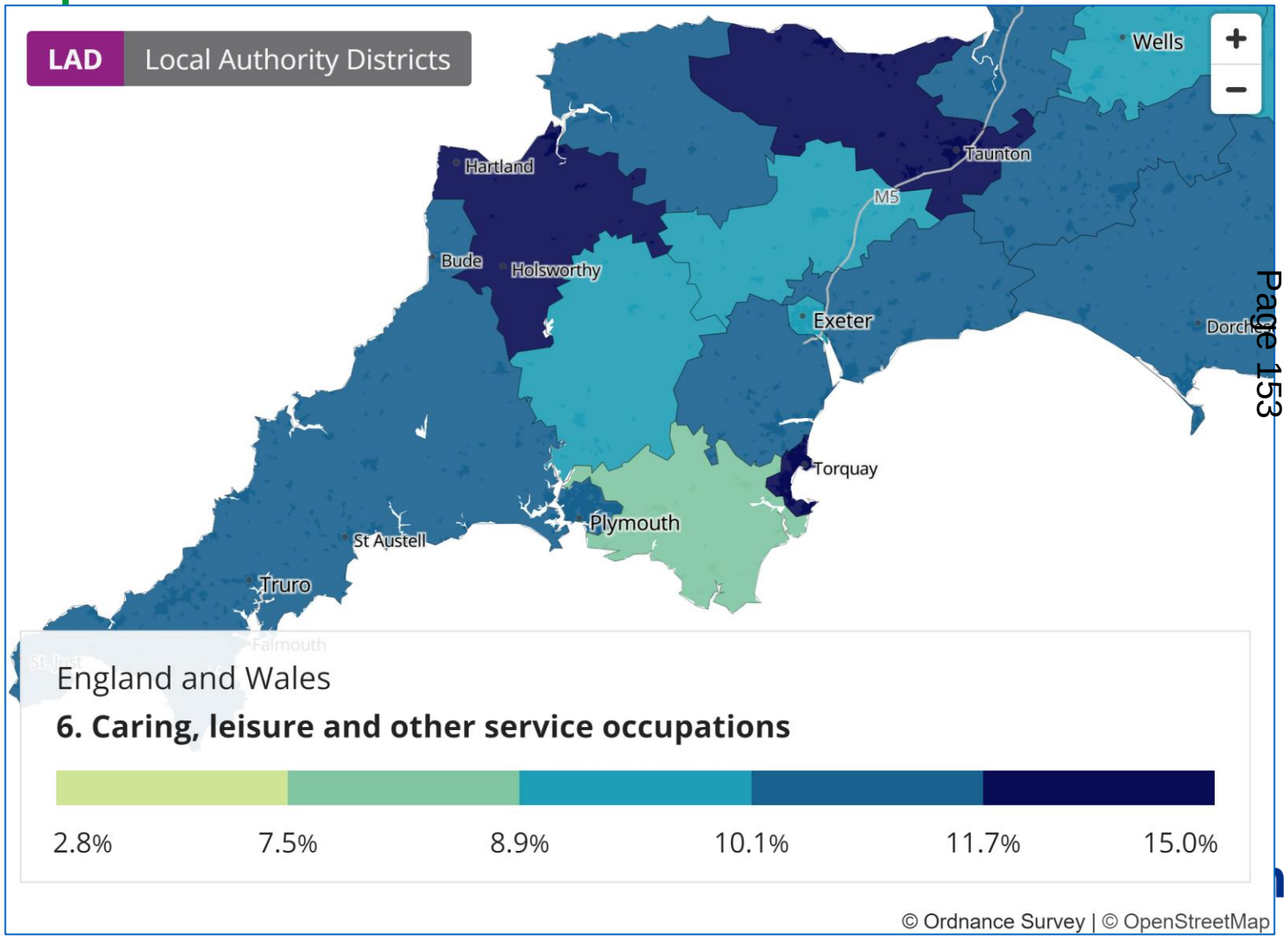
Supporting our Veterans

The Defence Employer Recognition Scheme (ERS) encourages employers to support defence and inspire others to do the same. The scheme encompasses bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the armed forces community, and align their values with the Armed Forces Covenant. Given the significant veteran community and serving armed forces population within our county, all statutory organisations within the Devon System have signed the armed forces covenant and pledged support for our veterans. The Integrated Care Board (ICB) currently has a bronze award, whilst all of our providers and local authorities have a minimum of the silver award, University Hospitals Plymouth (UHP) achieving the gold award. Work is underway to move the ICB towards a silver award and to work collectively, learning from each other, towards gold award status for our system.

Devon Challenge 8: Varied education, training, employment opportunities, workforce availability and wellbeing

Caring, leisure and service occupations

- One Devon has higher proportions of the population in caring, leisure and service occupations, as highlighted in the 2021 Census, with the highest levels in coastal areas like Torbay, Torridge, North Devon, Plymouth, Teignbridge and East Devon.
- These industries are more seasonal in nature, with higher levels of unemployment, shorter-term and zero hour contracts. These are also more vulnerable to changing economic conditions, including pandemic and cost of living impacts.



Source: 2021 Census, Office for National Statistics

Devon Challenge 9: Unpaid care and associated health outcomes

Carers in One Devon

The table below shows the number of people providing unpaid care in the county according to the 2011 Census, which reveals over 84,000 carers and over 18,000 providing unpaid care for 50 hours or more per week. The 2021 Census figures will be release in January 2023.

Carers in One Devon area and hours of care provided: 2011 Census

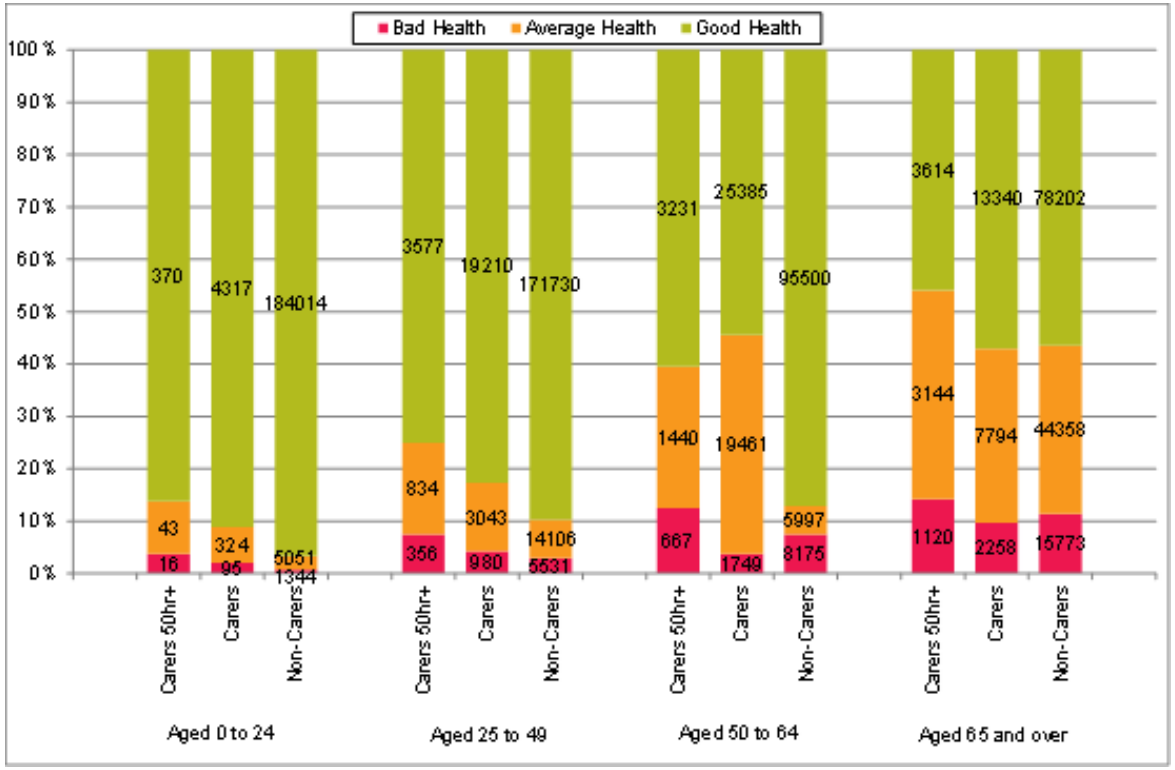
- Provides unpaid care: Total 84,492
- Provides 1 to 19 hours unpaid care a week 56,249
- Provides 20 to 49 hours unpaid care a week 9,831
- Provides 50 or more hours unpaid care a week 18,412

Source: 2011 Census, Office for National Statistics

- While recognising the particular needs of young carers and for preventive action the 2010 Carers Needs Assessment recommended carer support should be particularly targeted at carers who are:
  - Caring for more than 50hrs per week
  - Over the age of 65
  - Caring for someone with a deteriorating physical condition or mental health problems
  - Making the transition from caring for a child in transition to adulthood
  - Caring for someone at the end of their life
- Carers tend to be in poorer health than non-carers, and higher levels of unpaid care are associated with particularly poor general health. The figures below provide a breakdown of health by age for non-carers, carers, and those who provide unpaid care for 50 hours or more from the 2011 census. The health of young carers and persons aged 25 to 49 is notably worse than non-carers. Levels of good health are significantly higher in non-carers in the 50 to 64 age group, and for persons aged 65 and over whilst the general health of carers and non-carers is similar, for those providing unpaid care for 50 hours or more general health is notably worse.

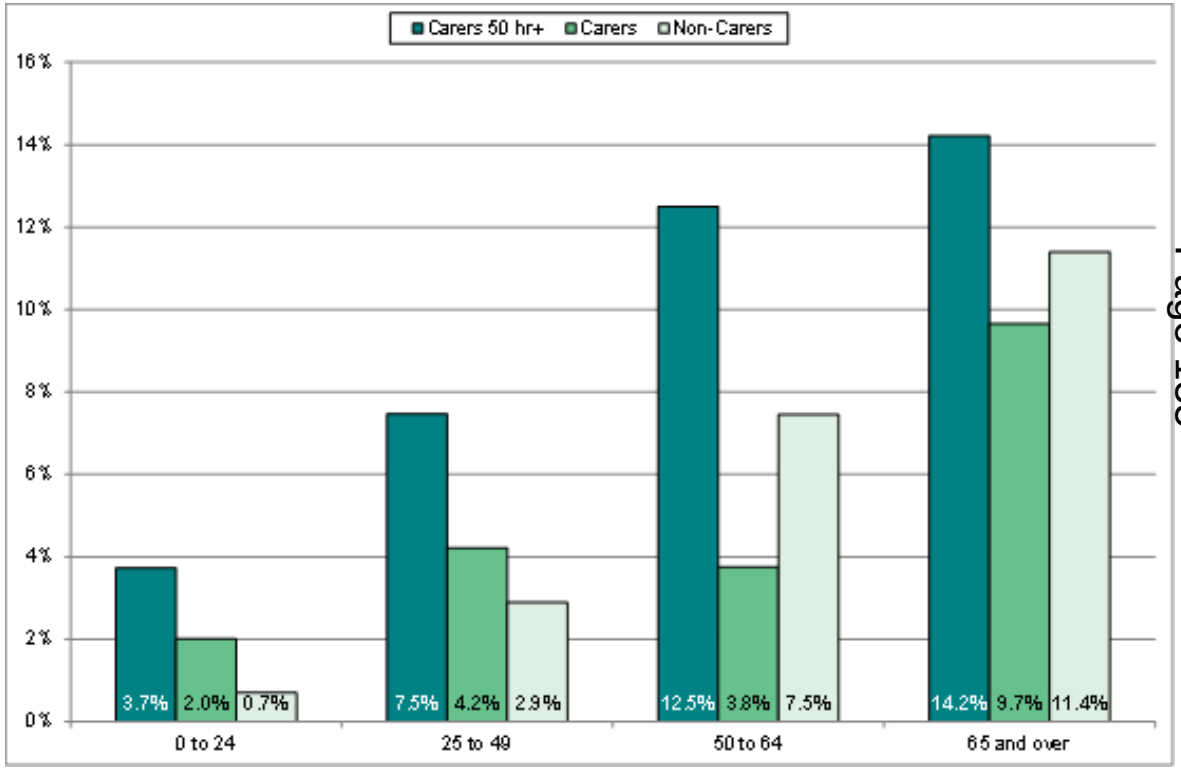
Devon Challenge 9: Unpaid care and associated health outcomes

Self-Reported Health by Unpaid Care Provision and Age in Devon County Council area, 2011 Census



Source: 2011 Census, Office for National Statistics

Percentage in Bad Health by Unpaid Care Provision and Age in Devon County Council area, 2011 Census



Source: 2011 Census, Office for National Statistics

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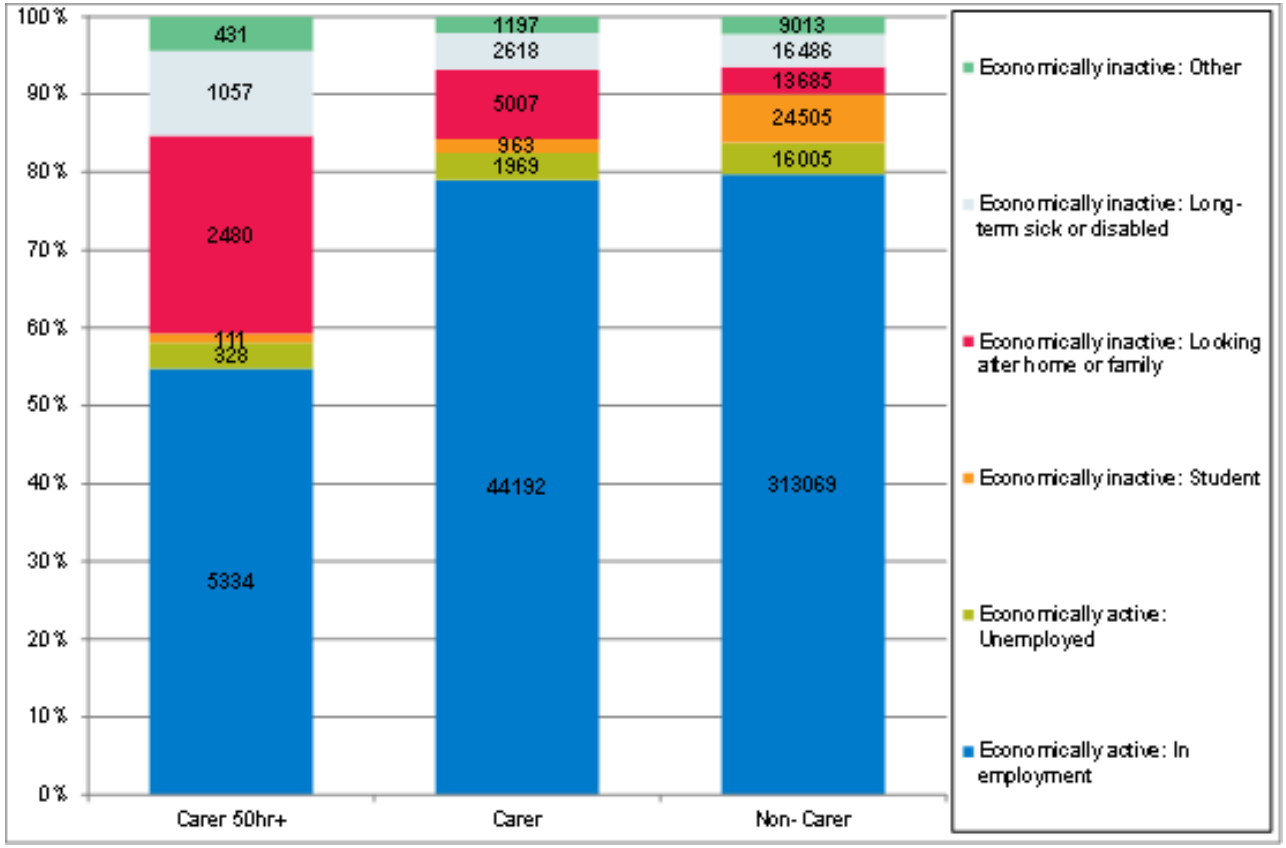
One Devon

Devon Challenge 9: Unpaid care and associated health outcomes

Economic Activity by Unpaid Care Provisions in Devon County Council area (16+), 2011 Census (excluding retirees)



Source: 2011 Census, Office for National Statistics

Levels of economic activity are also much lower in persons who provide unpaid care. The figure below reveals non-carers have higher employment levels, whilst unpaid carers are more likely to be long-term sick or disabled, or defined as 'looking after family or home'.

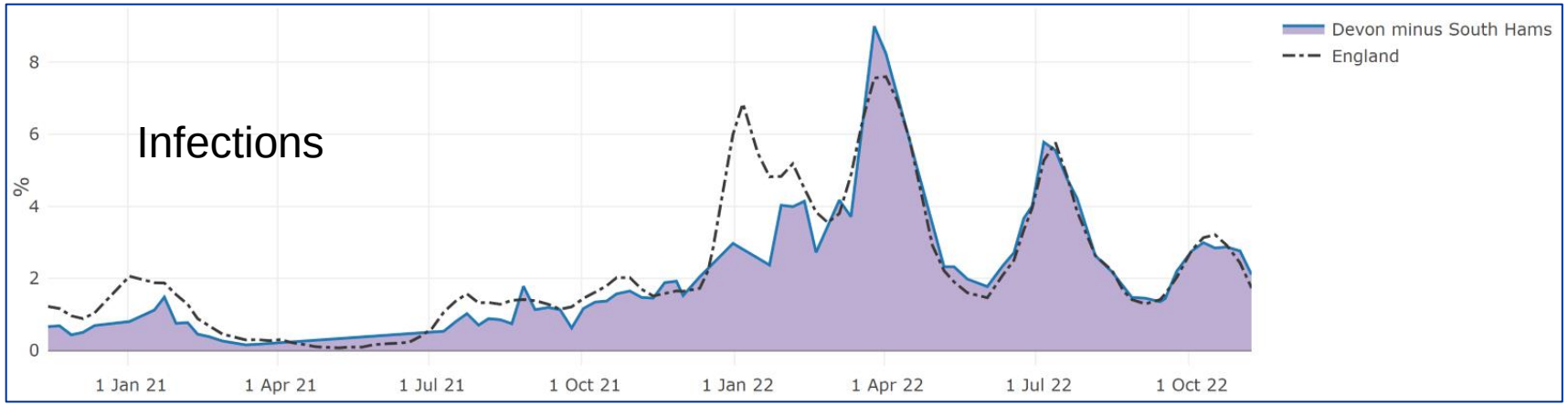
Inequalities and Disparities

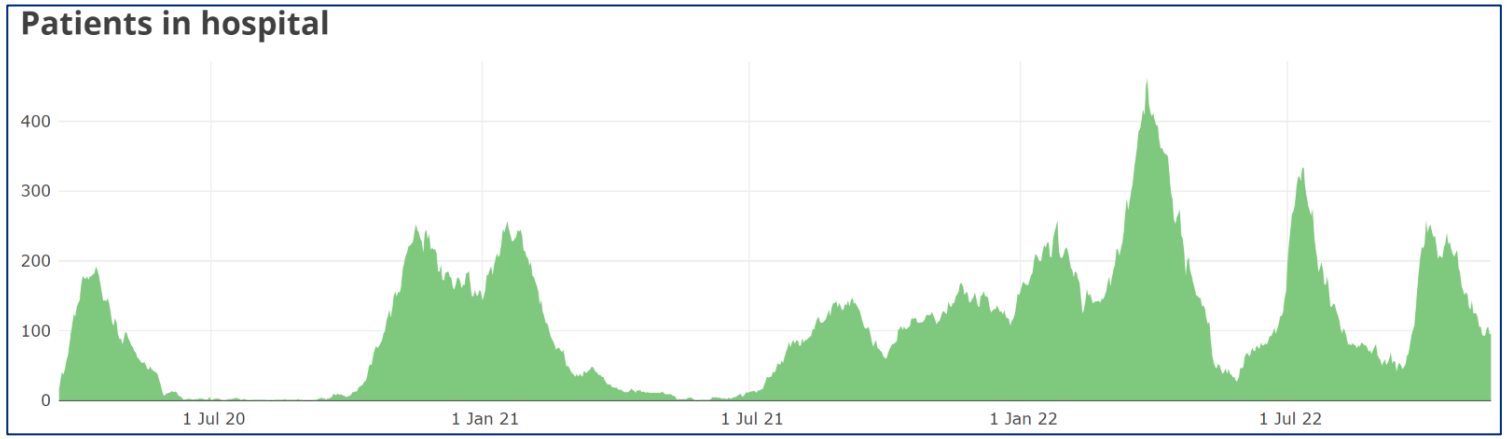
An analysis of the pattern of unpaid care and intensive unpaid care (50 hours plus) at a community level in Devon reveals that whilst unpaid care is higher in predominantly coastal and rural areas partly reflecting retirement patterns, unpaid care for 50 hours a week is much more concentrated in towns and cities, deprived urban areas such as Plymouth, Torbay and Ilfracombe, and deprived rural areas in North and West Devon.

One Devon

Devon Challenge 10: Changing patterns of infectious diseases

Covid-19





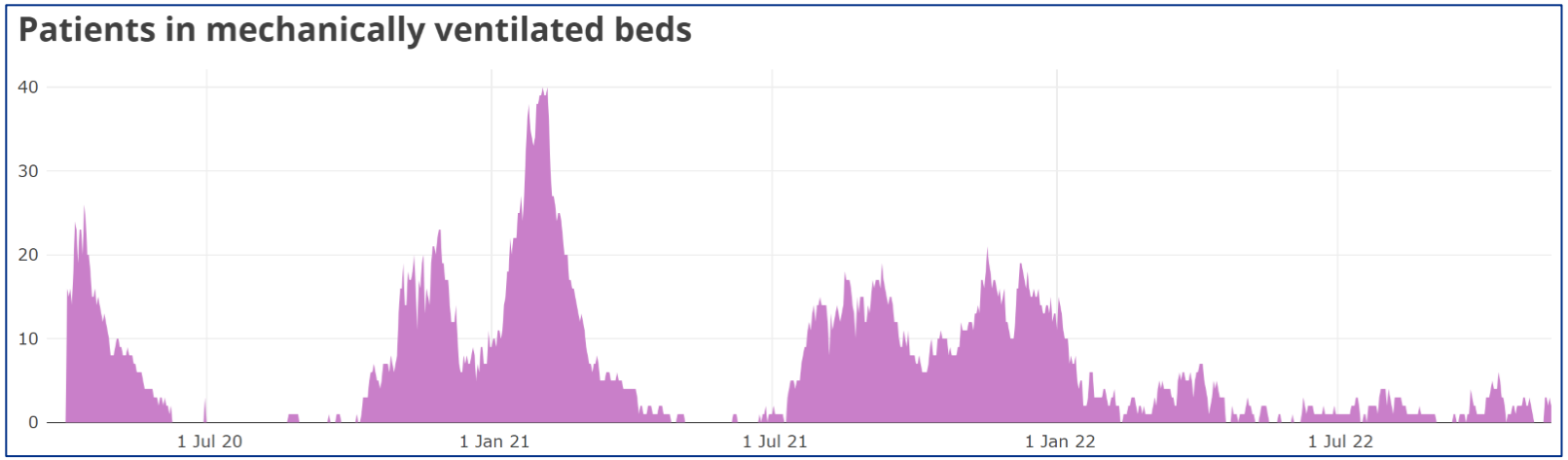
The Devon Coronavirus dashboard monitors trends in Covid-19. Infections persist with around 1 in 50 people testing positivity locally in the ONS infection survey in mid-November, with further increases in cases expected in the autumn. Cases in hospital across One Devon have varied peaking at over 400 in Spring 2022, although very few currently require mechanical ventilation largely due to the Covid-19 vaccination programme. There are around 10 deaths per week which mention Covid-19 on the death certificate, where it is typically included as a alongside other conditions.

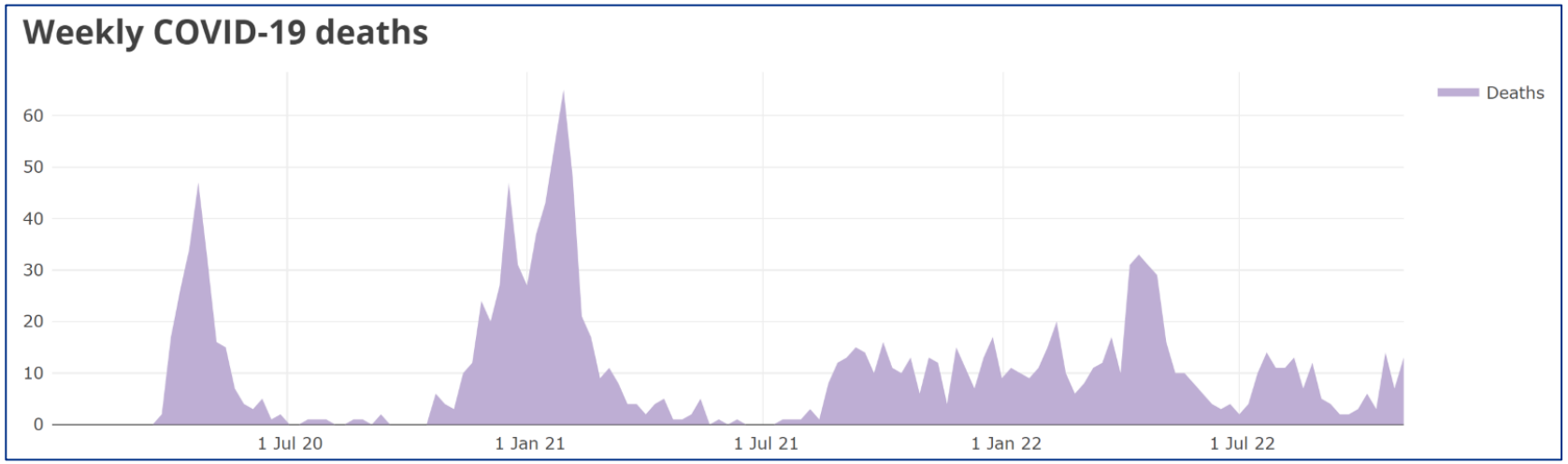
Source: Devon Coronavirus Dashboard, 2022

One Devon

Devon Challenge 10: Changing patterns of infectious diseases

Covid-19





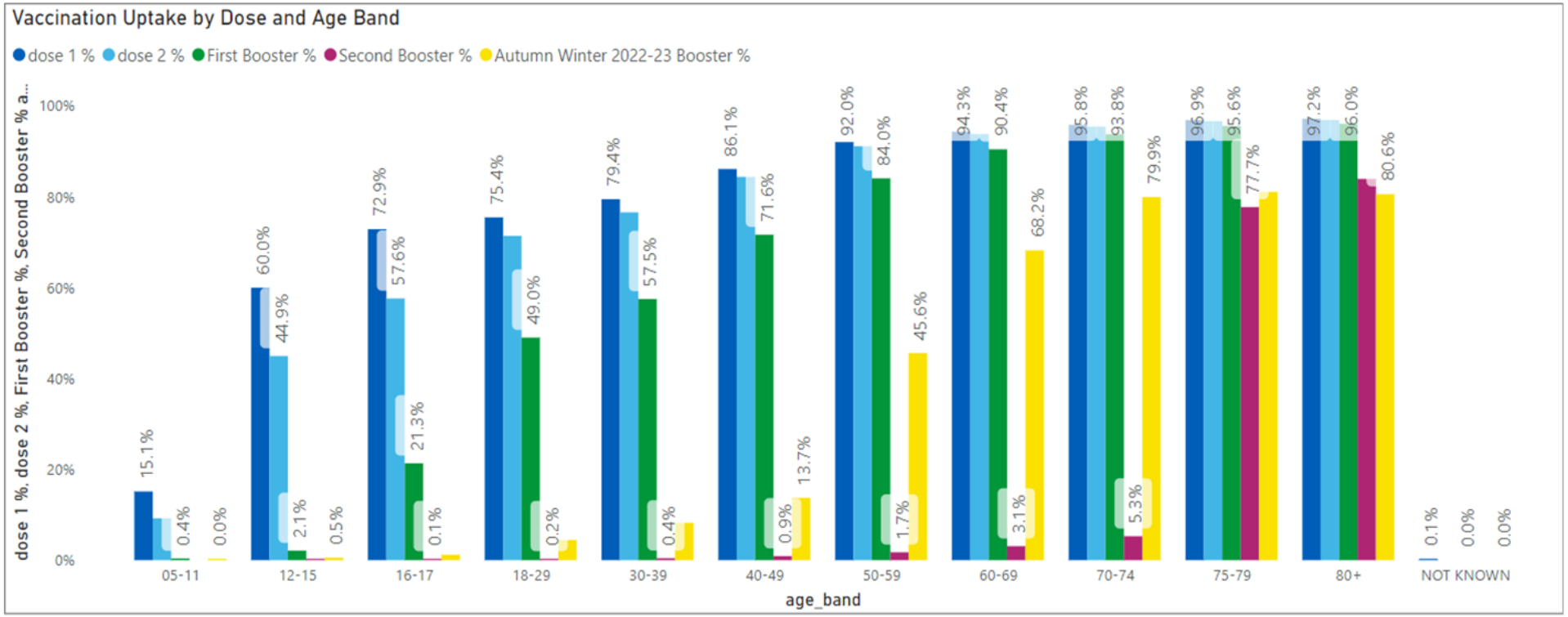
Source: Devon Coronavirus Dashboard, 2022

As well as the impact of Covid-19, changing patterns of infectious disease are also evident. Compared to recent years, in late 2022, notable trends that we are experiencing include:

- Higher levels of seasonal influenza
- Increases in respiratory syncytial virus
- Increases in scarlet fever invasive group A streptococcal infections
- Increases in healthcare associated infections
- Increases in anti-microbial resistance, influenced by antibiotic usage

Devon Challenge 10: Changing patterns of infectious diseases

Covid-19 Vaccinations



Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

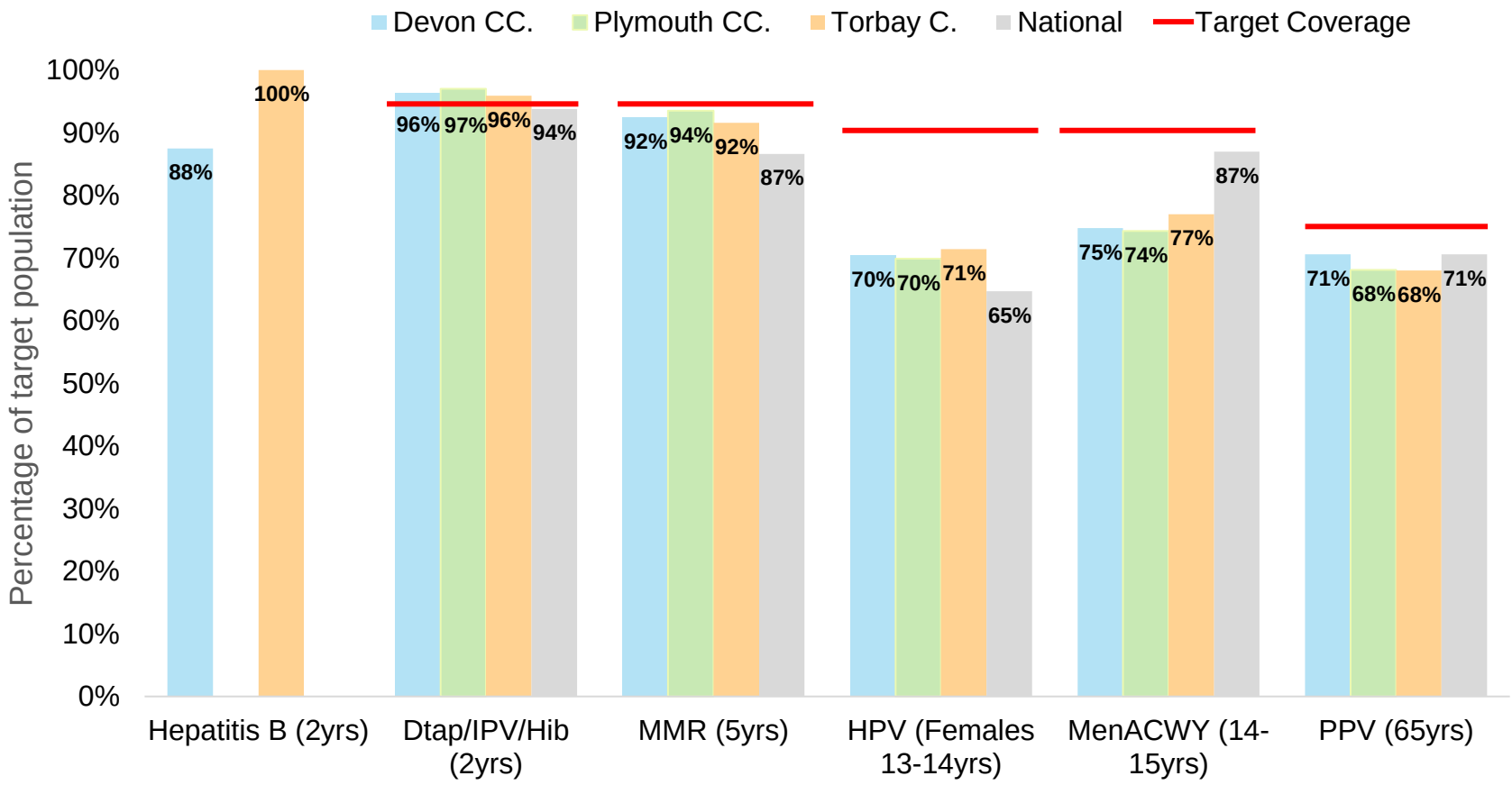
As the pandemic eases, the system must continue to be well prepared to deal with the potential recurring and seasonal impact of COVID-19 and the vaccination programme. It is anticipated that in future years the surge in demand experienced each winter may increase as normal seasonal viruses such as flu impact at the same time as future COVID-19 waves.

Devon Challenge 10: Changing patterns of infectious diseases

Vaccinations

Vaccination uptake by vaccine and area

Vaccine coverage as a percentage



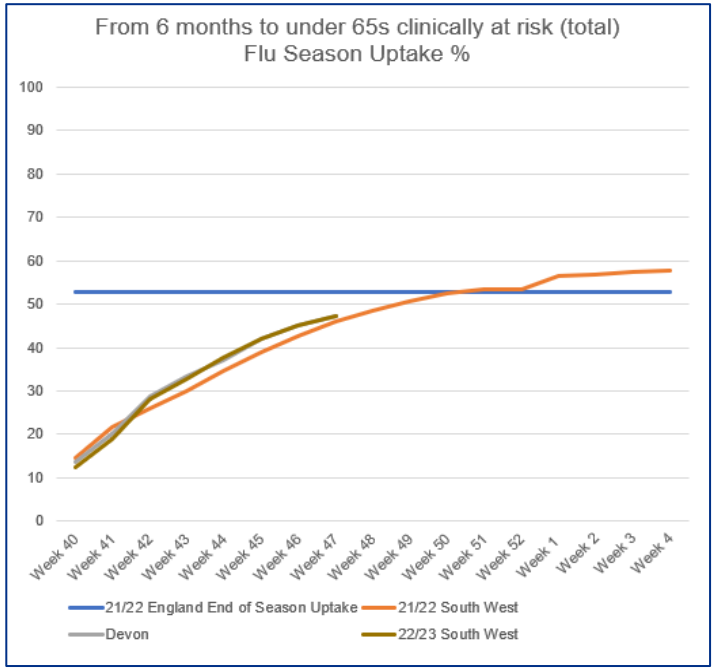
Source: Fingertips

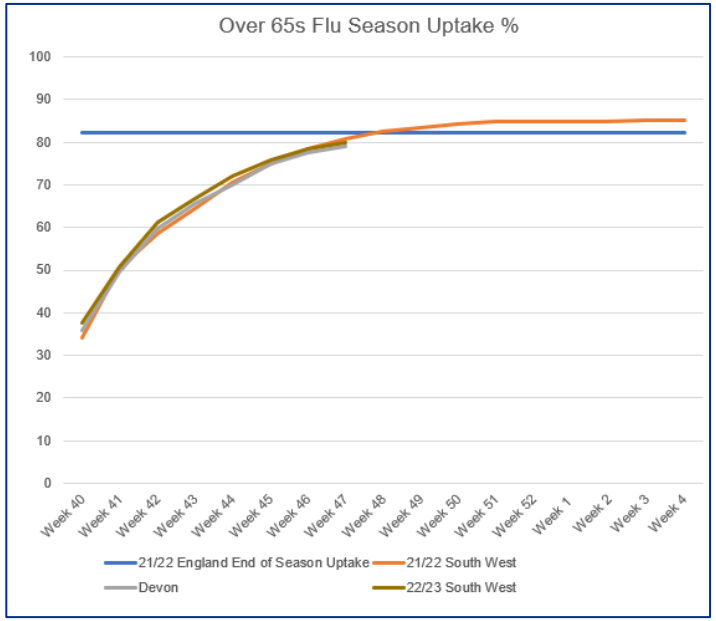
- A sample of vaccinations across different age groups is shown. Data was unavailable for Plymouth CC. and England for Hepatitis B (2yrs).
- Where vaccines require multiple doses this graph shows uptake of a full course.
- Different uptake targets are associated with different vaccines. This information is unavailable for Hepatitis B (2yrs).
- HPV vaccinations saw substantial declines in coverage following COVID-19 due to usually being offered in schools
- In One Devon the proportion of looked after children who are up-to-date with their childhood vaccinations ranges from 79% to 94% across One Devon
- Flu vaccination uptake in Devon for all ages between 6 months and 64 years (clinically at risk) and for the over 65s are below the England and Southwest averages and remain significantly below the rates seen prior to the pandemic.

Devon Challenge 10: Changing patterns of infectious diseases

Flu Vaccinations

Cohort	England Total Uptake last season 2021/22	South West Total Uptake last season 2021/22	Uptake 2021/22 IMMFORM week 47	Uptake 2022/23 IMMFORM week 47 current season
From 6 months to under 65s clinically at risk (total)	52.9%	58.2%	45.9%	47.3%
Patients with chronic liver disease	Data not split into specific at risk cohorts	52.4%	57.5%	57.2%
Patients with chronic neurological disease		58.0%	69.5%	70.8%
Pregnant people	37.9%	44.0%	38.1%	35.0%
Over 65s	82.3%	85.3%	80.9%	79.8%





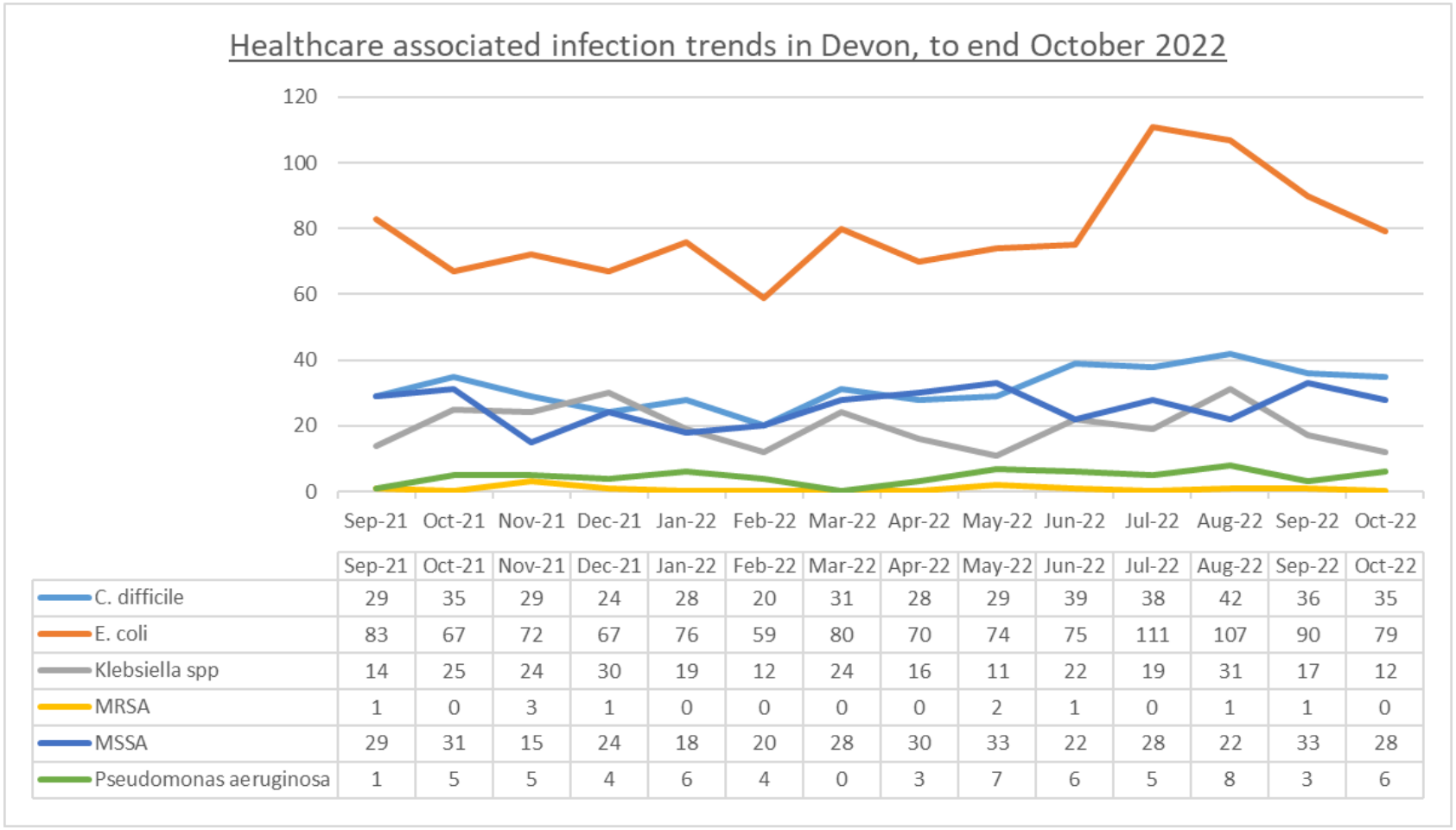
The data is based on GP practice returns in the latest available week (week 47). It shows the corresponding figures for the same week last year and the England and Southwest averages from last season.

Uptake of Flu vaccinations remains significantly below the rate seen prior to the COVID-19 pandemic, as very little Flu has been seen over recent winters.

One Devon

Devon Challenge 10: Changing patterns of infectious diseases

Healthcare associated infections



	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
C. difficile	29	35	29	24	28	20	31	28	29	39	38	42	36	35
E. coli	83	67	72	67	76	59	80	70	74	75	111	107	90	79
Klebsiella spp	14	25	24	30	19	12	24	16	11	22	19	31	17	12
MRSA	1	0	3	1	0	0	0	0	2	1	0	1	1	0
MSSA	29	31	15	24	18	20	28	30	33	22	28	22	33	28
Pseudomonas aeruginosa	1	5	5	4	6	4	0	3	7	6	5	8	3	6

Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

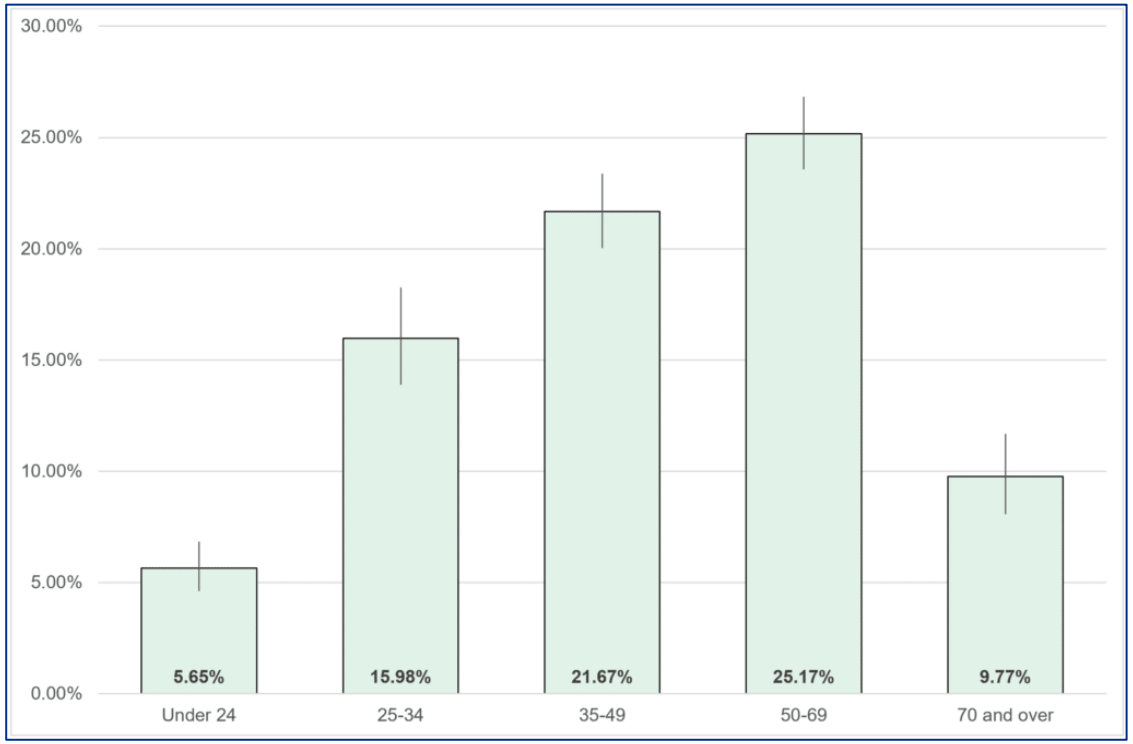
- The *E. coli* increase over the summer has now reduced, consistent with a seasonal fluctuation.
- There have been recent cases of diphtheria in the Devon system, reflecting a national increase and linking in with a national incident concerning diphtheria.

One Devon

Devon Challenge 10: Changing patterns of infectious diseases

Inequalities and Disparities

Percentage of those predicted to require long-covid service presenting and referred to services, Devon, 2021/22



Source: Devon County Council and Devon Clinical Commissioning Group, 2022

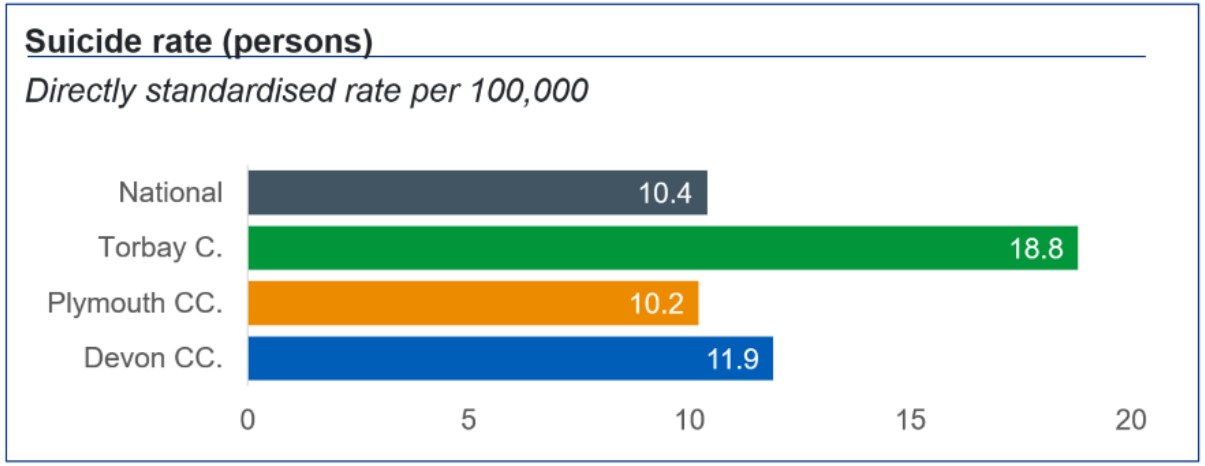
The highest levels of infections, serious illness, hospital admissions and deaths during the Covid-19 pandemic were seen in the most disadvantaged communities, including those living in areas with higher deprivation, non-White British ethnic groups, people with disabilities, and people in lower paid close contact occupations.

The update of Covid-19 and Flu vaccination also vary significantly across the population, with the lowest uptake in areas with higher levels of deprivation, non-White British ethnic groups, males and younger age groups. People with mental health conditions and learning disabilities also have lower uptake rates.
'Post-Covid syndrome', known as 'Long Covid' for short, describes those experiencing longer term symptoms from a COVID-19 infection, lasting more than 12 weeks after their initial COVID-19 diagnosis and not explained by other conditions. Frequently reported symptoms include breathlessness, fatigue, confusion or 'brain fog', stress and anxiety. The effects can be debilitating and impact mental health and wellbeing. To address the effects of Long Covid, NHS England produced a five-point plan in October 2020, issuing clinical guidance, the 'Your Covid recovery' platform to help people self-manage their recovery from Covid, and developed and funded local treatment services. As of April 2022, It was estimated that 1.3 million people in the UK (2.0% of the population) were still experiencing symptoms 12 weeks after contracting COVID-19 Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK – Office for National Statistics (ons.gov.uk)
Groups experiencing higher levels of Long Covid include:
•Those aged 35 to 69
•Females (rates are 41% higher than males)
•People living in more deprived areas (rates are 49% higher than less deprived areas)
•People employed in social care, health, teaching, retail and hospitality occupations
•People with existing health conditions (three times higher in the most clinically vulnerable compared to those with no health conditions)
It is currently estimated that around 16,000 people in Devon are still experiencing COVID-19 symptoms 12 weeks after contracting COVID-19. As with the national picture, those aged 35 to 69, females, people living in more deprived areas, people in care and close contact professions and those with long-term health conditions are at greater risk of developing Long Covid.
Around one in six (17%) of people estimated to be affected by Long Covid in Devon presented and were referred to Long Covid treatment services. Specifically:
•Children and Older People were less likely seek help and be referred on to services (see figure 3.4.1 below)
•Men were less likely to seek help and be referred to services than females
•People living in more deprived areas were less likely to seek help and be referred.

Devon Challenge 11: Poor mental health and wellbeing, social isolation and loneliness

Mental Health Outcomes

	Devon	National
Percentage of adults who have completed IAPT treatment who are "moving to recovery"	51.0 %	51.9 %
Proportion of discharges from hospital followed up within 72 hours	19.0 %	74.4 %
People subject to Mental Health Act rate per 100,000	Insert	Insert

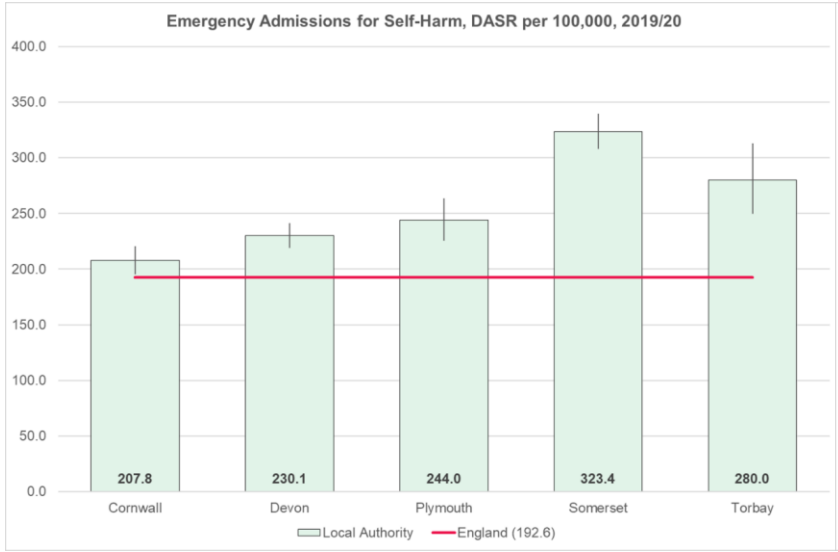


- One Devon is performing worse than the national average for mental health outcomes, particularly suicide rates in Torbay.
- A wide range of indicators from the Public Health Outcomes Framework also highlight poorer mental health outcomes in the One Devon area including higher self-harm admission rates, lower employment rates for people with mental health conditions, and lower levels of access to and usage of services.
- This pattern is reflected across the South-West Peninsula, where rural and coastal deprivation also contribute to mental health and wellbeing.

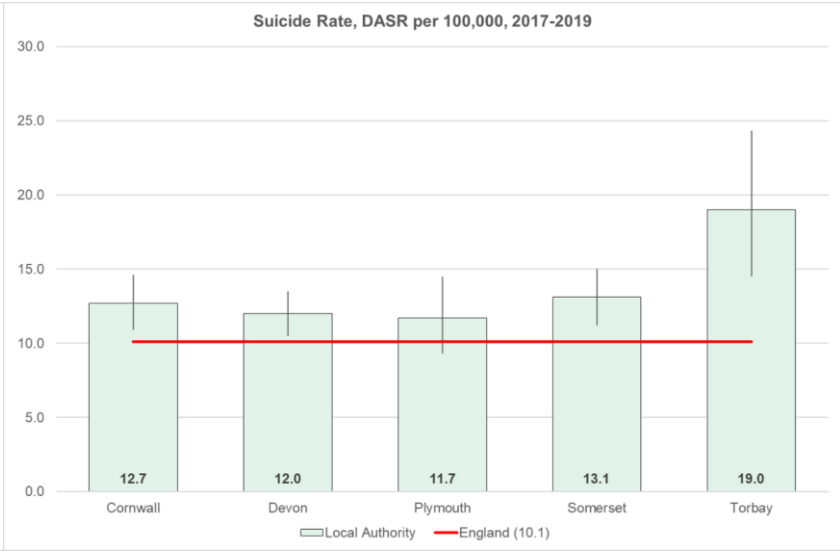
Devon Challenge 11: Poor mental health and wellbeing, social isolation and loneliness

Mental Health Outcomes

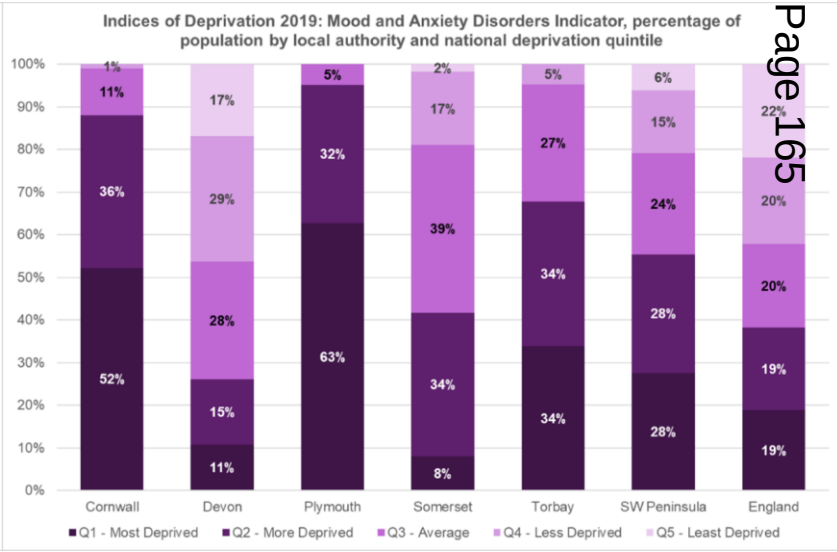
Mental health outcomes in the South West Peninsula are poorer than the national average. All five upper tier/unitary local authorities have rates of emergency admission for self-harm and suicide rates above the England average (sources: Public Health Outcomes Framework and Public Health Annual Profiles, Public Health England). According to the 2019 Indices of Deprivation indicator for Mood and Anxiety Disorders, a higher proportion of the South West peninsula population appear in the most deprived population quintiles for this measure, highlight higher levels of these disorders, particularly in Plymouth, Cornwall and Torbay.



Source: Public Health Outcomes Framework, 2022



Source: Public Health Outcomes Framework, 2022



Source: Indices of Deprivation, 2019

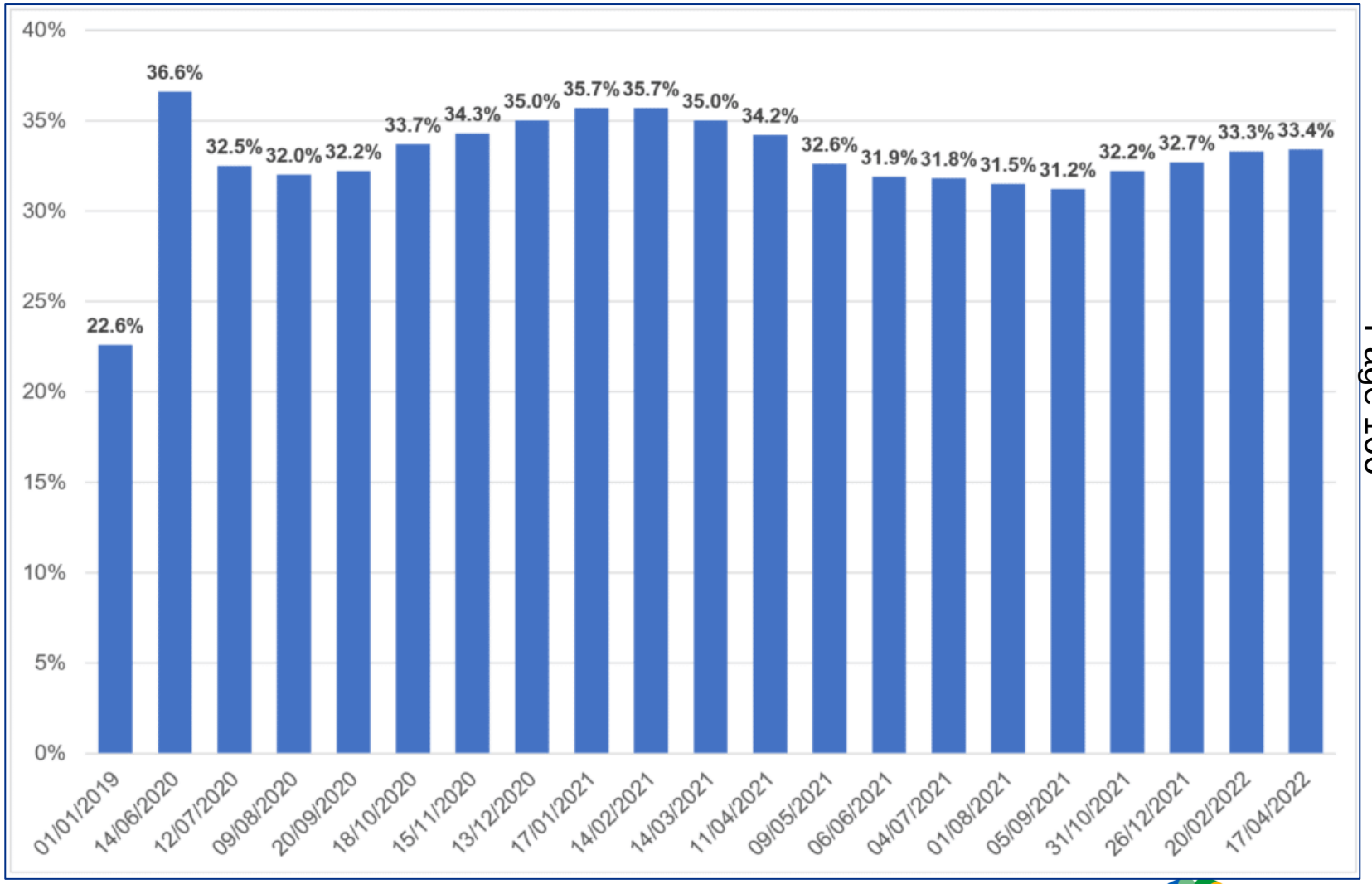
Devon Challenge 11: Poor mental health and wellbeing, social isolation and loneliness

Impact of pandemic

The evidence indicates that the pandemic has had a detrimental impact on people's mental health, with the current cost of living crisis and climate emergency further exacerbating the situation. The following chart highlights significantly higher levels of anxiety than pre-pandemic levels.

Inequalities and Disparities

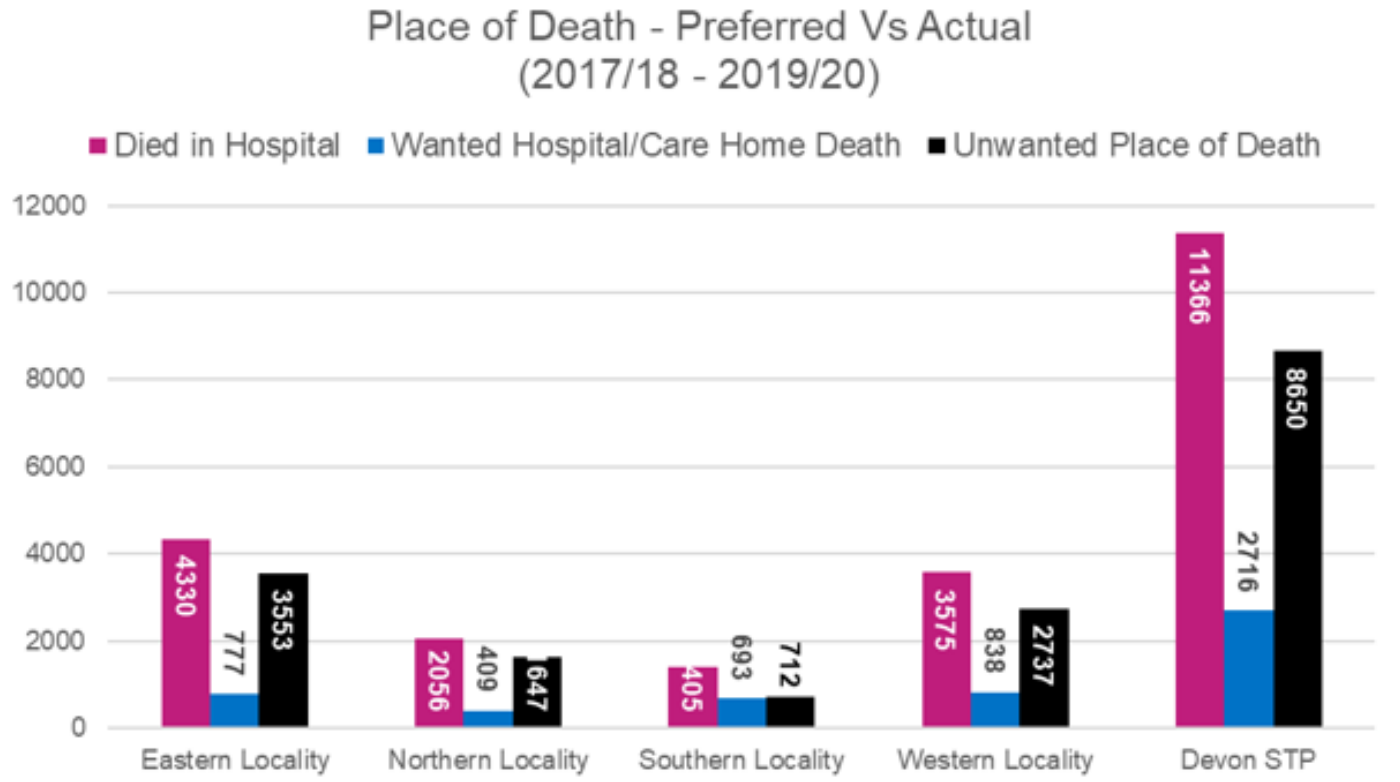
Measures of mental health and wellbeing reveal greater need in more deprived communities. For instance, self-harm admission rates are three times higher in Devon communities with the highest levels of deprivation, compared to those with the lowest levels of deprivation.



Source: Office for Health Improvement and Disparities Mental Health and Wellbeing Surveillance Report

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

End of Life Care



In relation to end of life care, many people would prefer to die at home or hospice setting, but a relatively low proportion across Devon end up dying in their preferred place of death, putting additional strain on hospital and care services.

Source: ONS (2021), One Devon Case for Change

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

Urgent and Emergency Care – system overview

				System			Royal Devon University NHS Foundation Trust			Torbay and South Devon NHS Foundation Trust			University Hospitals Plymouth NHS Trust		
	Metric	Target	Latest Date	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance
UEC	A&E all types seen within 4 hours	95%	2022-10	57.7%			58.1%			57.0%					
	A&E Type 1 seen within 4 hours	95%	2022-10	45.0%			49.2%			35.7%					
	Attendances Type 1		2022-10	23,915			10,934			5,521			7,460		
	Type 1 Admissions (conversion rate)		2022-10	27.7%			29.8%			22.4%			28.4%		
	Emergency Admissions via A&E		2022-10	6,622			3,262			1,239			2,121		
	ambulance arrivals delayed over 30 minutes		2022-10	49.0%			29.1%			68.5%			73.9%		
	12 hr trolley waits	0	2022-10	1,694			486			313			895		
	Time lost to Ambulance Handover Delays		2022-10	10,673			797			3,348			5,880		
	Mean ambulance response times cat 1	7	2022-10	11											
	Mean ambulance response times cat 2	18	2022-10	79											

Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

Planned Care – system overview

				System		
	Metric	Target	Latest Date	Value	Variation	Assurance
RTT	RTT Incomplete Waiting list		2022-09	175,200		
	RTT 18 weeks	92%	2022-09	52.4%		
	RTT over 104 weeks	0	2022-09	630		
	RTT over 78 weeks		2022-09	3,394		
	RTT over 52 weeks		2022-09	16,380		
Diagnostics	Diagnostics within 6 weeks	99%	2022-09	64.2%		
	Diagnostic Total activity		2022-09	39,107		
Cancer	Cancer 2 week wait	93%	2022-09	51.9%		
	Breast Symptomatic 2 week wait	93%	2022-09	31.3%		
	Cancer 31 day First	96%	2022-09	92.4%		
	Cancer 31 day follow-up drug	98%	2022-09	99.6%		
	Cancer 31 day follow-up sugery	94%	2022-09	80.9%		
	Cancer 31 day follow-up radiotherapy	94%	2022-09	97.8%		
	Cancer 62 day urgent	85%	2022-09	60.6%		
	Cancer 62 day screening	90%	2022-09	78.3%		
	Cancer 62 day Upgrade	85%	2022-09	70.4%		
	Cancer Faster diagnosis	75%	2022-09	70.2%		

Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

Mental Health – system overview

			September 2022 Data		
Key Performance Indicator	**National Target**	**System Target**	**Actual**	**Variation**	**Assurance**
Community Mental Health access (2+ contacts)	18,942 Q4	17,452 Q4	16,360		F
Children & Young People's Access (1+ contacts)	14,037 Q4	13,477 Q4	12,200		F
Children & Young People Eating Disorders routine cases	95% Q1	95% Q4	44.4%	L	F
Children & Young People Eating Disorders urgent cases	95% Q1	95% Q3	85.71%		F
Dementia Diagnosis Rate	66.7% Q1	60% Q4	55.2%	L	F
Early Intervention in psychosis (EIP): % entering treatment within two weeks	60%	60%	70%		?
IAPT Access	9,310 Q4	7,983 Q4	7,144		F
IAPT – first appointment within 6 weeks	75%	75%	94.13%		P
IAPT – first appointment within 18 weeks	95%	95%	100%		P
IAPT Recovery	50%	50%	50.9%		?
Individual Placement and Support (IPS) access	300 Q1 954 Q4	642 Q4	397	N/A	N/A
Perinatal Access Rate	1,115 Q4	1,028 Q4	1,034	H	F
Physical health checks for people with severe mental illness (SMI)	7,448 60%	7,448 60% Q3	40.43%	H	F
Inappropriate out of area bed days	0 Q4	0 Q2	479	L	F
Annual health checks for people with a learning disability	75%		19%	N/A	N/A
Reducing adults and CYP with LD in specialist inpatient beds	31		45		F

Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

One Devon

Devon Challenge 12: Pressure on health and care services (especially unplanned care)

Integrated Quality, Performance and Finance Report Key

Variation	Assurance: P	Assurance: ?	Assurance: F	Assurance: (blank)
H	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
L	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
(common)	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is capable and will consistently **PASS** the target if nothing changes.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is not capable and will **FAIL** the target without process redesign.	Common cause variation, **NO SIGNIFICANT CHANGE**. Assurance cannot be given as there is no target.
H	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
L	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
↗				Special cause variation of an increasing nature where **UP** is not necessarily improving or concerning. Assurance cannot be given as there is no target.
↘				Special cause variation of an increasing nature where **DOWN** is not necessarily improving or concerning. Assurance cannot be given as there is no target.
(blank)				There is insufficient data to determine either special cause or common cause variation. Assurance cannot be given as there is no target.

Source: Devon Integrated Quality, Performance and Finance Report (November 2022)

Appendix 4

Engagement detail

Engagement (1/2)

Organisation	Project title (Date)	Summary of audience/responses
Multiple NHS	Acute Services Review (2017/18)	Engagement with clinical and non-clinical workforce and public involvement (extensive coverage but exact numbers are unknown)
Multiple NHS	Peninsula Clinical Services Review (2017/18)	Engagement with Patient experience, complaints and compliments, Yellow cards and MP enquiries reviews (extensive coverage but exact numbers are unknown)
NHS Devon	Better for you, Better for Devon (2019)	Engaging with 5,707 people across the population of Devon to inform the Long Term Plan
NHS Devon	Integrated Urgent Care Service (2021)	Review of multiple pieces of public engagement, including specific engagement with people with additional needs (including the Deaf community, LD community)
NHS Devon	Protecting Elective Care – Public (2022)	Engaging with people on the waiting list for care, people, specific conversations with people covered by EDI, the LGBTQ+ community and those impacted by rurality
NHS Devon	Protecting Elective Care – Staff (2022)	Engaging with over 100 clinical and non-clinical staff about the early thinking on protecting elective care
Multiple Health and Care	Community Mental Health Framework (2021)	A comprehensive review of the services for adults with severe mental health illness
Healthwatch Devon, Plymouth and Torbay	Emergency Department Review (2021)	Healthwatch conducted surveys in four emergency departments across Devon to ask 407 people about their visit, had the sough help prior to and any issues with access
NHS Devon	Ethical Framework for Devon (2020)	Engaging with 69 people on the development of an Ethical Framework with people from Devon, those covered by EDI, including specific conversations with Black and Ethnic Minority groups and people with a disability
NHS Devon	Better Births in Devon (2018/19)	Engagement to involve parents and families in the development of the Devon Maternity Strategy
NHS Devon	Support needs for COVID vaccination (2021)	Over 1800 people engaged to help support people to access the COVID vaccination
NHS Devon	NHS Here for you (2021)	Over 170 people engaged on what would make people feel safe if they were to attend a medical appointment or seek help during the COVID pandemic
Multiple Health and Care	Experiences of health and care in Devon for Ethnically Diverse communities and staff	Engagement with patients, public, community groups staff, organisations from or supporting ethnically diverse backgrounds to understand their experiences in Devon
NHS Devon	Accessing GP appointments during COVID (2021)	Engagement with nearly 200 people to understand people's perceptions of accessing their GP, what influences their decision making and how we can support people to access services.
Healthwatch Devon, Plymouth and Torbay	Health and wellbeing service in Teignmouth and Dawlish (2020)	Over 1000 people involved in a formal consultation with the local population about local health and wellbeing services moving into a central hub
NHS Devon	West End health and wellbeing hub (2021)	Local engagement programme asking nearly 900 people to share their views on the services and facilities they think could go into a central hub in Plymouth
Royal Devon University Hospitals (NDHT)	Hospital Services in Northern Devon programme (2019)	Engagement with over 400 patients, public and staff about what is important to them about hospital services
NHS Devon	Pride events feedback (2022)	Engagement with over 200 people from the LGBTQ+ community asking them 'What do you want us to know?'
NHS Devon	Respect events feedback (2022)	Engagement with over 200 people from the ethnically diverse communities asking them 'What do you want us to know?'

Engagement (2/2)

Organisation	Project title (Date)	Summary of audience/responses
NHS Devon	LGBTQ+ - staff listening event (2022)	Engagement with staff from the LGBTQ+ community and staff with a disability in separate forums to understand their experiences.
NHS Devon	Disability - staff listening event (2022)	Engagement with staff from the LGBTQ+ community and staff with a disability in separate forums to understand their experiences
Royal Devon University Hospitals	The changing public perception of the NHS and what it means for us (2021)	Engagement with local people about their current perceptions of the NHS and its services
One Northern Devon	Healthy Ageing in North Devon (2021)	Surveys, engagement, workshops and case studies with nearly 300 local people to understand their experiences of integration of services and ageing in North Devon
One Northern Devon	Food insight report (2021)	A review of the community food support for the people of North Devon
One Northern Devon	Health inequalities project the biggest challenges (2022)	Engagement with over 450 people to explore the challenges that people across Northern Devon are facing
Healthwatch Cornwall	Ageing Well – Urgent Care Response review (2021)	Engagement to understand patients and staff experience of the Ageing Well Urgent Community Response programme
Kernow Maternity Voices Partnership	Maternity journey feedback (2018 – 2020)	Engagement with nearly 800 parents and families who have had baby to help inform, develop, and design new maternity services
Healthwatch Cornwall	Accessing mental health support in Cornwall (2021)	Engagement with the public about their experiences of mental health services in Cornwall
Healthwatch Cornwall	Health and social care during COVID (2021)	Engaging with over 1,700 local people about the impact of the pandemic on people's mental health and wellbeing to inform health and care provision
Healthwatch Cornwall	Young People's Views on Digital Health Information and Support (2019)	Engaging nearly 300 young people about their experiences and preferences for accessing health and social care information and support
Healthwatch Cornwall	Appreciative Inquiry – the voice of people [staff] delivering mental health services (2019)	An Appreciative Inquiry (AI) style engagement into commissioned mental health services in Cornwall with over 230 staff
Healthwatch Cornwall	NHS Long Term Plan (2019)	Engagement with nearly 200 people in Cornwall to gather feedback, insights and experiences on and for Cornwall's Long Term Plan
Health Foundation (National)	Public perceptions of NHS	Research into public perceptions of health and social care with over 2,068 people across the UK
NHS Confed (National)	Why preventing food insecurity will support the NHS and save lives	Reporting on multiple sources of information

One Devon

Appendix 5

Strategic Goals Baseline

Improving Outcomes in population health and healthcare

Strategic Goal	Metric	Baseline	Challenge
Every suicide should be regarded as preventable and we will save lives by adopting a zero suicide approach in Devon, transforming system wide suicide prevention and care.	*By 2024 each LCP will have a suicide prevention plan*.	144 suicides in the latest year (2021)	11
Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability	*By 2028 we will have: decreased the gap in healthy life expectancy between the least deprived and most deprived parts of our population by 25% and decreased the under 75 mortality rate from causes considered preventable by 25%*	Current healthy life expectancy variance by LA is: Torbay Female: 23.2 years, Male: 14.5 years, Plymouth F: 20.6 and M: 14.8 and Devon F: 15.9 and M: 14.1. Under 75 mortality rate from preventable causes: 2016-20, Devon 4,948, Plymouth 1,885, Torbay 1,229. Standardised rates (England = 100) are Plymouth 112.1, Torbay 111.8 and Devon 78.9.	1, 6, 7
We will have a safe and sustainable health and care system.	*By 2025 we will: deliver all our quality, safety and performance targets within an agreed financial envelope*		1, 12
People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.	*By 2025 we will: reduce the level of preventable admissions by 95%*	Preventable admissions: Ambulatory Care Sensitive (ACS) conditions 23,604 in 2021/22, 95% is a reduction of 22,424	6, 7
People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.	*By 2028 we will: extend personalised care through social prescribing and shared decision making and increased health literacy*		6, 9
Children and young people we have improved mental health and well-being	*By 2024/25 we will have: at least 15,500 CYP aged (0-18) accessing NHS-funded services, 100% coverage of 24/7 crisis and urgent care response for CYP and 95% of children and young people with an eating disorder able to access eating disorder services within 1 week for urgent needs and 4 weeks for routine needs*		8, 11

Tackling inequalities in outcomes, experience and access

Strategic Goal	Metric	Baseline	Challenge
People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.	*By 2028 we will increase the number of people who can access and use digital technology and and improved access to dentists, pharmacy, optometry, primary care*		6
The most vulnerable people in Devon will have accessible, suitable, warm and dry housing	*By 2028 we will have: decreased the % of households that experience fuel poverty by 2%, reduced the number of admissions following an accidental fall by 20%*	2020 figures for % of households with fuel poverty: Plymouth 13.9%, Torbay 12.4% and Devon 11.8% (although range within DCC of 13.3% Exeter to 10.6% East Devon). SW position is 11.4% and national 13.2%. From previous LTP work there are around 6k falls-related admissions each year in Devon.	4
Everyone in Devon will be offered protection from preventable infections.	*By 2028 we will have: increased the numbers of children immunised as part of the school immunisation programmes by 10%, increasing the uptake of those eligible for Covid and Flu vaccines by 10% and reduced the number of healthcare acquired infections by 10%.*		10
Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place	*By 2028 we will have: increased the number of people dying in their preferred place by 25% and those who want it will have advanced care planning in place.*	2019/20 baseline is 8,650 people died in an unwanted place of death across the ICS	1, 6
In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.	*By 2026 Devon's workforces will be supported, empowered and skilled to deliver fully inclusive services for everyone, and Devon will be a welcoming and inclusive place to live and work where diversity is valued and celebrated*; *by 2027 Devon's workforce will be representative of local populations; and by 2028 our estates, information and services will be fully inclusive of the needs of all our populations*		6

Enhancing productivity and value for money

Strategic Goal	Metric	Baseline	Challenge
People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency	*By 2026 patients will report significantly improved experience when navigating services across Devon.*		12
We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.	*By 2028 we will have: a unified approach to procuring goods, services and systems across sectors and pooled budget arrangements*		5, 12
People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.	*By 2028 we will have: provided a unified and standardised Digital Infrastructure*		6
We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.	*By 2028 we will have: vacancies amongst the lowest in England in the health and social care sector*	Vacancy rates: varies depending on organisation and work group. Overall for Devon ASC 6.8%, NHS 7.2%. We already benchmark well versus the England average (9.7% for the NHS) and SW position.	12

One Devon

Helping the NHS support broader social and economic development

Strategic Goal	Metric	Baseline	Challenge
People in Devon will be provided with greater support to access and stay in employment and develop their careers	*By 2028 we will have: reduced the gap between those with a physical or mental long term condition (aged 16-64) and those who are in receipt of long term support for a learning disability (aged 18-69) and the overall employment rate by 5% and decreased the number of 16-17 year olds not in education, employment or training (NEET) by 25%.*	End 2020 NEET (16-17 yrs old) was Devon 514, Plymouth 225 and Torbay 111. NEnd 2020 NEET (16-17 yrs old). Employment: 2 indicators: 1. Gap in the employment rate between those with a physical or mental long term condition (aged 16-64) and the overall employment rate: 21/22: Plymouth 9.9, Devon 9.7, Torbay 11.3 (SE region 9.7 average, England 9.9 average) 2. Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 69) and the overall employment rate: 20/21: Plymouth 71.6, Devon 72.3, Torbay 67.7 (SE region 72.4 average, England 70.0 average)	3, 5, 8, 11
We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).	*By 2028 we will: be on-track to successfully deliver agreed targets for all Local Authorities in Devon being carbon neutral by 2030 and the NHS being carbon neutral by 2040*		2
Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people	*By 2024: Local Care Partnerships will have co-produced with local communities and community groups in their area, a plan to empower and support groups to be more resilient.*		11
Children and young people in Devon will be able to make good future progress through school and life.	*By 2027 we will have: increased the number of children achieving a good level of development at Early Years Foundation Stage as a % of all children by 3%*	The 2019 position for % achieving a good level of development (not measured since) was Devon: 72.7%, Torbay 70.8% and Plymouth 68.3%. The SW average is 72.0% and nationally 71.8%.	3, 8
Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably	*By 2028 we will have; directed our collective buying power to invest in and build for the longer term in local communities and businesses*		2, 3, 5

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Health and Well Being Board

New guidance Health and wellbeing boards: guidance - GOV.UK (www.gov.uk)

1. FUNCTIONS

1.1. The council's function relating to its Health and Wellbeing Board under Part 5 of the Health and Social Care Act 2012 as amended (2.2 below) and under the Health and Care Act 2022.

2. RESPONSIBILITIES OF HEALTH AND WELLBEING BOARD

2.1. The purpose of the Board is to promote the health and wellbeing of all citizens in the City of Plymouth. The Board has four principles of working cooperatively which are to:

- Work together with all city partners and with those we serve, to take joint ownership of the ongoing sustainability of the health and wellbeing system that serves the population of Plymouth
- Ensure systems and processes are developed and used to make the best use of limited resources, every time
- Ensure partners move resources – both fiscal and human - to the prevention, and health and wellbeing agenda
- Support joint decision-making and greater collaboration within the NHS, between trusts, and between the NHS and other systems partners – in particular local authorities

2.2. The Board will identify and develop a shared understanding of the needs and priorities of local communities in Plymouth through the development of the Plymouth Joint Strategic Needs Assessment (JSNA). Specifically, the Board will ensure that:

- A Joint Local Health and Wellbeing Strategy for Plymouth is prepared and published to ensure that the needs identified in the JSNA are delivered in a planned, coordinated and measurable way, to improve the health, care and wellbeing of local communities, and reduce health inequalities. This should be complementary to the ICS Integrated Care Strategy, and the HWBB should be active participants to the development of the ICS strategy.
- The Plymouth JSNA is based on the best evidence and data available so that it is fit for purpose and reflects the needs of local people, users and stakeholders
- The JSNA drives the development of the Joint Plymouth Health and Wellbeing Strategy and influences other key plans and strategies across the city
- Plymouth City Council, Devon Clinical Commissioning Group and NHS England Area Teams demonstrate how the JSNA has driven commissioning decisions

2.3. The Board will:

- Develop an agreed set of strategic priorities to focus both collective effort and resources across the city

- Seek assurance that commissioners plans are in place to deliver the Board's strategic priorities and outcomes
- Review the commissioning plans for healthcare, social care and public health to ensure that they have due regard to the Joint Plymouth Health and Wellbeing Strategy and take appropriate action if they do not
- Ensure that appropriate structures and arrangements are in place to ensure the effective engagement and influence of local people and stakeholders
- Represent Plymouth in relation to health and wellbeing issues across the sub regional and at national level
- Work closely with Plymouth Healthwatch ensuring that appropriate engagement and involvement with existing patient and service user involvement groups takes place Receive and agree a Pharmaceutical Needs Assessment for the city
- Retain a strategic overview of the work of commissioners in the city
- Support joint commissioning of NHS, social care and public health services and identify those service areas in Plymouth where additional improvements in joint commissioning could achieve the Board's priority outcomes
- Recommend the development of aligned or pooled budgets and encourage partners to share or integrate services where this would lead to efficiencies and improved service delivery
- Receive a copy of ICB joint capital resource plan outlining their planned capital resource use to provide the opportunity to align local priorities, and provide consistency with strategic aims and plans.

3. MATTERS DELEGATED TO OFFICERS

3.1. The Strategic Director for People, Director of Public Health and Director for Children Services are authorised to carry out all other functions in respect of health and wellbeing in accordance with the officer scheme of delegation of functions.

4. GENERAL

Membership

4.1. The Council's Health and Wellbeing Board is comprised of:

4.1.1. A core membership being -

- The Cabinet Member responsible for Health and Adult Social Care
- The Cabinet Member responsible for Children and Young People
- The opposition member(s)
- The Strategic Director of Public Health
- The Strategic Director for People
- Director for Children Services
- One representative from NHS Devon (Integrated Care Board)
- One representative of the local Healthwatch

Additional members include;

- Chair of the Local Care Partnership
- The Service Director for Community Connections
- UHPT
- Livewell SW
- Pharmacy rep (LPC)
- GP rep
- VCSE Rep – POP
- Wellbeing Hubs rep
- UoP

Reflecting the approach to engage with customers and other stakeholders over the city's key priorities, the Board will co-opt additional partners which it considers are most likely to be able to work together to deliver the vision. The Board will make recommendations to the city council for appointments to the Board.

4.2. The Health and Wellbeing Board is a committee of the council under the Local Government Act 1972. The Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013 have dis-applied aspects of the Act which have been incorporated into these terms of reference.

4.3. The Board will act in accordance with the council constitution unless this conflicts with law.

Meetings

4.4. The Health and Wellbeing Board will meet four times per year. The date, time and venue of meetings will be fixed in advance by the Board and an annual schedule of meetings will be agreed by council. Additional meetings may be convened at the request of the Chair. Meetings will be webcast.

Voting

4.5. In principle, decisions and recommendations will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by a consensus of opinion and/or there is a need to provide absolute clarity on the will of the Board to executive bodies, voting will take place and decisions will be agreed by a simple majority of all members (councillors and co-opted members) present.

4.6. Where there are equal votes the Chair of the meeting will have the casting vote.

Declaration of Interests

4.7. Members of the Health and Wellbeing Board will promote and support high standards of conduct and as such will be subject to the council's code of conduct. Members of the Board must, before the end of 28 days beginning with the day on which they become a member of the Board, notify the authority's monitoring officer of any disclosable pecuniary interests Notification of changes to declared interests must be made to the authority's monitoring officer within 28 days of the change taking effect.

Quorum

4.8. A quorum of one third of all members will apply for meetings of the Health and Wellbeing Board including at least one elected councillor from Plymouth City Council.

Access to Information/ Freedom of Information

4.9. Health and Wellbeing Board meetings will be regarded as a council committee for Access to Information Act purposes and meetings will be open to the press/public. Freedom of Information Act provisions shall apply to all business.

Papers

4.10. The agenda and supporting papers will be in a standard format and circulated at least five clear working days in advance of meetings. The minutes of decisions taken at meetings will be kept and circulated to partner organisations as soon as possible and will be published on the city council web site.

General Rules

4.11. The Health and Wellbeing Board will adhere to the Rules of Debate and General Rules Applying to Committees. Where there are gaps in procedure the Chair will decide what to do.

HEALTH AND WELLBEING BOARD
Tracking Decisions Log 2022 - 23

Please note that the Tracking Decisions Log is a 'live' document and subject to change at short notice.

For enquiries relating to this committee's work programme and tracking decisions, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Date	Resolution	Target Date	Officer Responsible	Progress
29/09/2022	The Board agreed to add the following items to the work programme: 1. Integrated Care Strategy (NHS Devon) 2. Local Care Partnership (progress update)	September 2022	Elliot Wearne-Gould (Democratic Advisor)	**Complete:** Agenda Items added to the work programme.
29/09/2022	The Board agreed to formally accept the Plymouth Pharmaceutical Needs Assessment for the years 2022-25 & agree to its publication.	September 2022	Rob Nelder	**Complete:** The PNA has now been published, and is available here- Pharmaceutical Needs Assessment For Plymouth 2022 to 2025
29/09/2022	The Board recommended that 'should there be any proposed changes to pharmacy provision in Plymouth, both Chairs of the Health and	September 2022	Rob Nelder	**Complete:** The Public Health Team will consult with both the Chair of the Health and Wellbeing Board and the Chair of the Health & Adult Social Care OSC following any

	Wellbeing Board, and Health & Adult Social Care Overview and Scrutiny Committee, should be consulted, to allow engagement with NHS England.			changes to Pharmacy provision in Plymouth, and before any response is submitted to NHS England.
29/09/2022	The Board agreed to forward the Citizens Advice report and recommendations regarding the cost of living, to the Cost of Living Taskforce.		Rachel Silcock / Alan Knott	**Complete**: The Citizens Advice report was taken to the Cost of Living task force on Wednesday 12th October. A report has been produced with a response to each of the recommendations. This has been shared with the Board.
30/06/2022	The Board agreed a recommendation for the provision of training to Councillors, to promote engagement with the Thrive Plymouth Programme.	November 2022	Public Health Team- Ruth Harrell/ Rob Nelder.	**Complete:** A Thrive Plymouth and Community Empowerment session was held on 30 November 2022. The recording has been shared with all Councillors, and is available here: Thrive Plymouth and Community Empowerment training session (As requested by H&WB & Health Scrutiny)-20221130_163317-Meeting Recording.mp4 (sharepoint.com)

HEALTH AND WELLBEING BOARD

Work Programme 2022 - 23

Please note that the work programme is a 'live' document and subject to change at short notice. Please also not this is currently a draft document, under consideration with the chair and council officers.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Date of meeting	Agenda item	Responsible
30 June 2022	DC & IOS Health Protection Report	Julie Frier – PCC
	DPH Annual Report & Thrive Plymouth Update	Rob Nelder / Abenaa Gyamfuah-Assibey
	Work Force Health and Skills Care Update	Craig McArdle
	White Paper on Integration	Craig McArdle
	Briefing: Health & Social Care Act 2022	Craig McArdle
	Review of Terms of Reference	Ross Jago
29 September 2022	Appointment of Vice-Chair	Cllr Mahony
	Pharmaceutical Needs Assessment	Rob Nelder
	Cost of Living Taskforce Update/ CAB	Rebecca Smith/ Rachel Silcock
	Mental Health Services in COVID	Sara Mitchell- Livewell SW
26 January 2023	Integrated Care Strategy	Ruth Harrell, Dave McAuley, Simon Tapley
	Local Care Partnership Progress Update	Anna Coles/ Dave McAuley
	Drug & Alcohol needs assessment	Gary Wallace
	Updated Terms of Reference	Ruth Harrell/ Ross Jago/ Elliot Wearne-Gould
Items to be scheduled	Food Insecurity	Public Health
	Growth Board/ Resurgum Board	
	NHS Long Term Plan	NHS Devon CCG

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