



#healthyplym

**Oversight and Governance**

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## HEALTH AND WELLBEING BOARD

Thursday 7 March 2024  
10.00 am  
Warspite Room, Council House

**Members:**

Councillor Aspinall, Chair  
Councillor Dr Mahony, Vice Chair  
Councillors Carlyle, and Laing.

**Statutory Co-opted Members:**

Strategic Director for People, Director of Children's Services, NHS Devon ICB, 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 Warspite Room, Councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast. You can watch any of our webcast meetings on [YouTube](#).

**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 24 January 2024.

### 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](mailto:democraticsupport@plymouth.gov.uk). Any questions must be received at least five clear working days before the date of the meeting.

### 6. Devon Community Pharmacy Strategy Development:

**(Pages 9 - 48)**

### 7. Suicide Prevention in Plymouth:

**(Pages 49 - 118)**

### 8. NHS Devon Joint Forward Plan Refresh:

**(Pages 119 - 220)**

### 9. Tracking Decisions

**(Pages 221 - 226)**

For the Board to review the progress of the Tracking Decisions Log.

### 10. Work Programme

**(Pages 227 - 228)**

The Board are invited to add items to the work programme.



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## Health and Wellbeing Board

**Wednesday 24 January 2024**

### **PRESENT:**

Councillor Aspinall, in the Chair.

Councillor Dr Mahony, Vice Chair.

Councillors Laing and Mrs Watkin (Substitute for Councillor Carlyle).

Co-opted Representatives: Gary Walbridge (Interim Strategic Director for People), Ruth Harrell (Director of Public Health), Tony Gravett (Healthwatch), and Chris Morley (NHS Devon ICB).

Also in attendance: Michelle Thomas (Livewell SW), Sue Taylor (Community Pharmacy Devon), David Bearman (Community Pharmacy Devon), Rob Nelder (Consultant, Public Health), Louise Barnes (Eldertree), Kate Smith (Memory Matters), Sarah Carlson (UHP), Nicole Quinn (Livewell SW), Emma Crowther (Interim Head of Commissioning) and Elliot Wearne-Gould (Democratic Advisor)

Apologies for absence: Councillor Carlyle.

The meeting started at 10.02 am and finished at 1.04 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.*

58. **Declarations of Interest**

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

59. **Minutes**

The Board agreed the minutes of 14 September 2023 as a correct record.

60. **Chairs urgent business**

There were no items of Chair's Urgent Business.

61. **Questions from the public**

There were no questions from members of the public.

62. **Vaping Working Group, Progress Update** (Verbal Report)

Dave Schwartz (Public Health Specialist) delivered a verbal update to the Board regarding the Vaping Working Group, and discussed-

- a) The H&WB had updated its Vaping Position Statement on 14 September 2023;
- b) There had been a notable increase in vaping uptake amongst children and young people. The Board had requested that a Working Group was established with key partners in the city, to examine prevention and response approaches;
- c) Disposable vapes were particularly prominent amongst young people;
- d) An agenda scoping meeting had taken place on 02 January 2023;
- e) Key areas for consideration included: regulation, enforcement, environmental issues, marketing, schools, and health;
- f) Government vaping policy was under consideration, and was expected to change shortly;
- g) The working group would be held in the new municipal year, and a report brought back to this Board.

The Board agreed-

- I. To receive an update paper following the Vaping Working Group in the new municipal year.

63. **Healthwatch 'Patient Experiences of Pharmacy Services' Report**

Tony Gravett (Healthwatch) delivered the Healthwatch 'Patient Experiences of Pharmacy Services' report to the Board, and discussed-

- a) Earlier in the year, Healthwatch England had identified national Pharmacy concerns relating to shortages of medication, repeat prescription delays, staff shortages, and pharmacy closures. Healthwatch Devon, Plymouth and Torbay had now undertaken a local survey between 1 April 2022 – 30 September 2023;
- b) 109 of 141 (77%) experiences collated by Healthwatch were negative, with 75% of feedback relating to pharmacies in Plymouth, particularly Lloyds pharmacy at Derriford Hospital;
- c) Common themes of feedback were: medication, staff, administration and access to services;
- d) While Boots had closed several pharmacies, all staff had been re-deployed to other locations, and opening hours had been extended;

- e) Healthwatch had submitted the feedback report and subsequent recommendations to NHS Devon for consideration in the development of a pharmacy strategy for Devon.

In response to questions, the Board discussed-

- f) Mobility and accessibility issues for patients using the pharmacy at Derriford;
- g) The implications of pharmacy closures and reduced hours of opening;
- h) Limited resourcing for pharmacy provision, with 'flat cash' contracts for five years, despite inflationary pressures;
- i) The hard work and dedication of staff, facing a challenging and high demand environment;
- j) The benefits of pharmacy services for integrated working, early intervention, and enhanced system capacity;
- k) Significant financial and demand pressures for pharmacies in the South West;
- l) Diagnostic/clinical advice and qualifications held by pharmacy staff.

The Board agreed to note the report.

64. **Pharmacy and Pharmaceutical Needs Assessment update.**

Rob Nelder (Consultant, Public Health), David Bearman (Director of Strategy, Community Pharmacy Devon) and Sue Taylor (Chief Officer, Community Pharmacy Devon), delivered the Plymouth Pharmacy and Pharmaceutical Needs Assessment (PNA) update to the Board, and discussed-

- a) The PNA was a comprehensive assessment of the current and future pharmaceutical needs of the population. The H&WB had a legal duty to ensure the production of a PNA for Plymouth;
- b) The last PNA had been published in September 2022, and was not set for renewal until September 2025;
- c) The PNA was used by NHS Devon to inform decision making around pharmacy provision, location, needs/gaps, and the commissioning of locally enhanced services;
- d) There were seven pharmacies in Plymouth which had closed, or announced intention to close, since the production of the last PNA. Superdrug had also recently announced the intention to consolidate two pharmacies into one site in the City Centre;
- e) Supplementary Statements 'of fact' could be issued to the PNA when changes to pharmacy provision occurred;

- f) Due to the level of pharmacy closures in Plymouth, it was considered that there was adequate need to re-assess pharmacy provision through the production of a new PNA;
- g) The production of a PNA took around 9-12 months to produce, and included a 60 day consultation. It was recommended that work should begin now on the production of a new PNA, with a target of completion by March 2025;
- h) A separate session with NHS Devon would be arranged for the H&WB to input into the wider NHS Devon Pharmacy Strategy;
- i) Nationally, it was anticipated that there would be further pharmacy closures;
- j) There were opportunities to maximise existing pharmacy services to reduce demand in the wider health system, as well as the introduction of new services such as 'Pharmacy First', which would enable pharmacies to offer clinical pathway consultations for seven conditions;
- k) Pharmacies would also begin the contraceptive service and prescribing Pathfinder programme, allowing pharmacists to prescribe medications. Medicine supply was being centralised and automated to enhance efficiency and supply.

Following questions, the Committee discussed-

- l) Pharmacist training, workforce recruitment and retention;
- m) Out of hours provision for pharmacy services;
- n) Implications of a new PNA, and the likelihood of identifying gaps in provision across the city;
- o) The unprecedented level of change in pharmacy provision experienced during this PNA in comparison to previous iterations;
- p) Proactive measures and support offered to pharmacies to prevent them from withdrawing services/ closing practices;
- q) The importance of pharmacies for community access, early intervention and prevention;
- r) The need to monitor the location of pharmacy closures and provision, to ensure inequalities were addressed;
- s) Pharmacy consultation and engagement events with the public, key stakeholders and providers.

The Board agreed-



1. To record their concern at the rate of Pharmacy closures in Plymouth (approximately 20%), and to engage with NHS Devon ICB's resilience planning;
2. To accept the proposal to 'go early' with the publication of the next PNA (no later than March 2025, as opposed to September 2025);
3. To support and engage in the development (in the coming months) of the NHS Devon ICB Pharmacy Strategy (which in turn, would inform the 2025 version of the Plymouth PNA).

65. **Dementia Care**

Louise Barnes (Eldertree), Kate Smith (Memory Matters), Sarah Carlson (UHP), Nicole Quinn (Livewell SW) and Emma Crowther (Interim Head of Commissioning) delivered a presentation on Dementia Care, and discussed-

- a) Dementia diagnosis were on the rise. It was estimated that by 2040, there would be over 5,000 people in Plymouth with dementia. A half of the population would be affected by dementia at some point in their lifetime;
- b) Symptoms of Dementia included memory loss, difficulty concentrating, confusion, and difficulty conducting everyday tasks, among others. There were more than 100 types of dementia;
- c) Following diagnosis, patients were automatically referred to the Livewell SW Dementia Advisor Service. There were currently 850 patients, with each reviewed at least twice a year;
- d) Memory Matters and Elder Tree were the predominant VCSE organisations in the city who provided Dementia support;
- e) Elder Tree supported over 200 people through weekly befriending groups and one to one sessions. There were also support groups for carers to allow 'breathing space', peer-support and respite;
- f) A significant challenge faced by the VCSE sector was the late-stage of referrals, with most patients presenting with moderate-severe symptoms. This was largely due to delays in attaining a Dementia diagnosis;
- g) Memory Matters was the only VCSE organisation in Plymouth with a sole focus on Dementia. Services were designed around peoples 'lived-experience', and time-limited funding had been secured from Livewell SW to provide and teach Cognitive Stimulation Therapy;
- h) Carer breakdown was a significant challenge, and it was therefore important that support and signposting was given to carers, as well as patients;

- i) One in four patients in an acute trust had Dementia. As part of the John's Campaign, UHP had introduced numerous measures to provide Dementia friendly environments, as well as Dementia-aware care;
- j) The Plymouth Partnership Dementia Alliance brought partners across the city together to enable collaborative working, thinking and planning for current and future Dementia needs in the city;
- k) System challenges included high demand for services, delays for Dementia diagnosis, carer breakdown, and people waiting too long to seek support or advice;
- l) Funding had been attained to provide a pilot 'waiting-well' service, allowing patients access to support and advice while awaiting a Dementia diagnosis;
- m) While there was good Dementia care provision in Plymouth, funding and dementia diagnosis times were the primary concerns.

In response to questions, the board discussed-

- n) The role of Community Builders, and the lack of an "older person's" representative;
- o) Partner connections;
- p) The development of a Devon Dementia Strategy;
- q) The role of the new Community Diagnostic Centre in reducing diagnosis waiting times;
- r) Communication of services and support;
- s) The recent Healthwatch survey of unpaid carers cross Devon, focussing on carer isolation and wellbeing.

The Board agreed-

1. To Recommend to NHS Devon that options be explored to commission a dedicated older people's Community Builder;
2. To recommend that the Heathwatch Carers survey is shared with Dementia focussed VSCE organisations, to inform carer support;
3. To recommend that a coherent communication strategy is developed for Dementia support;
4. To recommend that Councillors become more aware of Dementia, and the support available;
5. To note the report.

66. **Update from NHS Devon**

Chris Morley (NHS Devon ICB) delivered an update on behalf of NHS Devon, and discussed-

- a) While it had been expected that hospitals nationally would face significant winter pressures, this increased demand had coincided with industrial action. As a result, University Hospitals Plymouth (UHP) had entered a period of 'critical incident';
- b) Through the joint work and preparation undertaken, there had been significant improvements to discharge performance at UHP;
- c) Numerous initiatives had been introduced to increase capacity including Virtual Wards, and the Acute Respiratory Infection Service.

In response to questions, the Board discussed-

- d) Significant delays to I I I and out of hours care, as well as ambulance response times;
- e) The metrics used to assess performance of the delivery of primary care;
- f) Significant variation in the working practises of GP surgeries across the city;
- g) National recognition of the importance of Primary Care and out of hours services in alleviating demand at ED, as well as for early prevention and intervention.

The Committee agreed-

1. To request that future reports contain updates regarding dentistry;
2. To request further information regarding the performance of the I I I service;
3. To note the report.

67. **Tracking Decisions**

The Board agreed to note the progress of the Tracking Decisions Log.

68. **Work Programme**

The board agreed to add the following items to the Work Programme for the next meeting, subject to their readiness:

1. Devon Community Pharmacy Strategy Development;
2. Plymouth Suicide Prevention;

3. Dental Taskforce Update;
4. Vaping Working Group Update.

# Health and Wellbeing Board



Date of meeting:	07 March 2024
Title of Report:	<b>Development of Devon's Community Pharmacy Strategy</b>
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Ruth Harrell (Director of Public Health)
Contact Email:	democraticsupport@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

To deliver an overview of the national and local context of community pharmacy, highlighting the challenges and successes experienced in Plymouth. To inform the Plymouth H&WB on the development of Devon's Community Pharmacy Strategy, and facilitate discussions and feedback, ahead of wider public consultation.

## Recommendations and Reasons

- I. That the Plymouth H&WB to provide feedback for the development of the NHS Devon Community Pharmacy Strategy, through completion of the 'Healthcare Professionals' survey: (<https://forms.office.com/e/LHxTp8tXu4>)

## Alternative options considered and rejected

- I. N/A

## Relevance to the Corporate Plan and/or the Plymouth Plan

Consideration and engagement with this report contributes to the priorities of the forward plan by:

- Working with the NHS to provide better access to health, care and dentistry;
- Keeping Children, adults and communities safe;
- Focussing on prevention and early intervention;
- Being a strong voice for Plymouth.

## 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.

N/A

**Appendices**

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Devon's Community Pharmacy Strategy, Development Think Tanks (Presentation)							
B	Devon's Community Pharmacy Strategy, Healthcare Professionals Survey (PDF)							

**Background papers:**

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

**Sign off:**

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Ruth Harrell (Director of Public Health)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 27/02/2024											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health & Adult Social Care)											
Date approved: 27/02/2024											

# Devon Community Pharmacy Strategy

## Development Think Tanks

# Purpose of Session

- Explain the national context in which Community Pharmacists are practicing.
- Outline the number of Community Pharmacies in Devon, recent changes and the contracting arrangements for services provided.
- Highlight the challenges facing this primary care contractor group.
- Promote some good news stories.
- Using the session and stakeholder survey questions to explore the opinions of key stakeholders regarding current Community Pharmacy service provision and the opportunities for developing Community Pharmacy services.
- Enable generation of the Devon Community Pharmacy Strategy ready for May 2024.



# National (with a bit of Local) Context

- Fuller Stocktake Report – May'22
- 2023/2024 Priorities and Operational Planning Guidance – Jan'23
- Change in commissioning arrangements to the Integrated Care Boards (ICBs) – Apr'23
- Primary Care Access and Recovery Plan – May'23
- NHS Long Term Workforce Plan – Jun'23
- A Vision for Community Pharmacy (King's Fund and Nuffield Trust) and associated Literature Review – Sept'23
- Community Pharmacy Independent Prescribing Pathfinder programme – Sept'23
- Royal Pharmaceutical Society (RPS) Workforce Wellbeing Roundtable Report – Sept'23
- Healthwatch across Devon - Patient Experiences of Pharmacy Services – Oct'23
- Expansion of local Minor Ailments Services via a national Common Conditions Service – 31/1/24
- New national Community Pharmacy framework - expected from Apr'24 – roll over expected
- Plymouth School of Pharmacy (Bath University) – first intake Sept'24

# References

- [NHS England: Next Steps for Integrating Primary Care - Fuller Stocktake Report.pdf](#)
- [NHS England: Priorities and Operational Planning Guidance v1.1.pdf](#)
- [NHS England » Delivery plan for recovering access to primary care](#)
- [NHS Long Term Workforce Plan \(england.nhs.uk\)](#)
- [A vision for community pharmacy \(nuffieldtrust.org.uk\)](#)
- [Literature review - community pharmacy\\_FINAL.pdf \(nuffieldtrust.org.uk\)](#)
- [Workforce-Wellbeing-Roundtable-Report-Final.pdf \(pharmacistsupport.org\)](#)
- [Shared workforce model for pharmacists: optional guidance for employers](#)
- [Pharmacy supervision - GOV.UK \(www.gov.uk\) – end 29/2/24](#)

# Overall Picture - Community Pharmacy in Devon

Devon Community Pharmacy Contractors	Number of Contractors May'23	<b>Predicted</b> Number of Contractors Feb'24
Total Community Pharmacies	222	206
Total 40hr contracts	205	194
Total 100hr contracts	16	0 [3x72hr, 8x76hr, 1x82hr]

Devon Community Pharmacy Contractors	Number of Contractors May'23	<b>Predicted</b> Number of Contractors Feb'24
Independents/small chain	84/222 (38%)	106/206 (51.5%)
Multiples	138/222 (62%)	100/206 (48.5%)

# Challenges

Challenge	
<b>Financial</b>	<ul style="list-style-type: none"> <li>▪ Overall flat funding since 2019 with no inflation increases (pre–Pharmacy First and digital integration solutions).</li> <li>▪ Change in funding within envelope moving from supply (dispensing prescription items) towards clinical services.</li> <li>▪ Clinical services heavily dependent on referrals from another provider e.g. from NHS 111 and GP practices to Community Pharmacy Consultation Service (CPCS). Referrals are low compared to other ICBs; this represents a loss in income as previously this money would have been paid via dispensing fee.</li> <li>▪ Pharmacy becoming increasingly financially fragile leading to rationalisation of Community Pharmacies by multiples.</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>▪ Many Pharmacists and Pharmacy Technicians have moved from Community Pharmacy into Primary Care Network (PCN) roles.</li> <li>▪ High vacancy rates in Community Pharmacy, low undergraduate application rates.</li> <li>▪ Until now have had no school of Pharmacy in Devon and Cornwall. Now have the Plymouth School of Pharmacy<sup>16</sup> (Bath University) but concern regarding the capacity to host training places for new Pharmacy graduates.</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>▪ Workforce shortages have resulted in short term closures and reduction in 100hr Community Pharmacies.</li> <li>▪ Financial pressures have resulted in increased numbers of permanent closures and reduction in 100hr Community Pharmacies.</li> </ul>
<b>Digital</b>	<ul style="list-style-type: none"> <li>▪ Lack of digital integration means unable to easily streamline communication between Community Pharmacy and General Practice.</li> </ul>
<b>Narrative</b>	<ul style="list-style-type: none"> <li>▪ Despite the challenges above, the narrative that every Community Pharmacy is too pressurised to provide additional services, combined with poor historical experiences, is understandable but unhelpful; it affects future referrals and does not facilitate integrated working. The existing positive relationships between Community Pharmacies and General Practice can be lost in this negative narrative, which is a great shame.</li> </ul>

# Good New Stories

- **Hypertension Case Finding Service** – Community Pharmacy and General Practice working together to find undiagnosed hypertension, treatment of which has benefit to the individual patient's health and the overall system costs.
- **Devon and Cornwall Discharge Medicines Service Network** - Includes acute, community and mental health providers and Community Pharmacy sharing best practice and learning to proactively review discharge medicines with the aim of reducing readmissions (and length of stay if readmitted).
- **Pockets of integration of the Community Pharmacist Consultation Service into General Practice triage or care co-ordination protocols** to manage demand and access to services for the management of minor ailments.
- Establishing and developing the **Community Pharmacy Primary Care Leads Network**.
- **Community Pharmacy Independent Prescribing Pathfinder programme** – awarded to 8 Community Pharmacies in Devon in Sept'23.

# Opportunities

- There are plenty of opportunities to work differently.
- Better digital integration is on the way – further detail any day.
- This Community Pharmacy Strategy survey builds on:
  - local examples of integrated working – past, present and future
  - the King's Fund and Nuffield Trust Vision.
- The rest of this session will discuss the questions and options for development of Community Pharmacy services.

# The Role of Community Pharmacy

**Q3 - Do you agree the following four principles are the key role of Community Pharmacists?**

- **Preventing ill health and supporting wellbeing** - supporting people and communities to stay healthy and well, with a particular focus on reducing health inequalities.
- **Providing clinical care for patients** - much more clinically focused role, with members of the public consistently able to access care from community pharmacy teams for common conditions in a way that suits them and supports their health and wellbeing.
- **Living well with medicines** - supporting people to access and to live well with the medicines and treatments they are taking to improve outcomes, enhance safety and deliver better value.
- **An integrated primary care offer for neighbourhoods** - being an integral part of a local integrated primary care offer, working closely with local general practice, allowing people access to care in their own neighbourhoods, supporting patients with ongoing care needs in addition to preventive and on the day care.

**Q4 - Any further comments on what a core role of Community Pharmacy should be?**

# What Does “ Good” Community Pharmacy Look Like?

**Q5 - Given your role, what do you consider are the most important characteristics of ‘good’ Community Pharmacy for patients and the profession? (Rank answers)**

- Accessible on the high street
- Co-located with other healthcare services
- Consistent service provision
- Efficient and timely supply of medicines
- Integrated working as part of local health and social care services
- Providing a wide range of services
- Providing on-line services
- Providing sound advice on the best use of medicines and how to use them safely
- Providing sound advice on the management of minor ailments and long-term conditions

**Q6 - Do you have any comments on what the characteristics of ‘good’ Community Pharmacy are?**



# The Following Services are Provided by All Community Pharmacies:

- Dispensing prescriptions
- Disposal of unwanted medicines and other prescription items
- Providing public Health and healthy living advice and supporting Public Health campaigns
- Reconciling medicines when a patient has been discharged from hospital (following a referral from the hospital)
- Signposting patients to other health and social care service who may best help them
- Support patients to look after themselves and those they care for

## Q7 - What Additional Services Do You Think Should be Consistently Provided by All Community Pharmacies? (Select your top 5)

- Advising on new medicines
- Contraception services
- Hepatitis C testing
- Independent prescribing for minor ailments, acute conditions, some long-term conditions
- Managing minor ailments after a referral from the doctor
- Managing acute common conditions and supply of medicines i.e. for sinusitis, sore throat, earache, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections in women
- Measuring and monitoring blood pressure
- Monitoring other long-term conditions e.g. diabetes and asthma
- Near patient testing e.g. lateral flow tests, Strep A
- Reviewing use of appliances and customising stoma products
- Smoking cessation service
- Vaccinations - Flu and COVID
- Vaccinations – other e.g. travel
- Weight management service

# Future Sustainable Models – Part 1

**Q8 - Given your role, what do you see as the future sustainable models for Community Pharmacy are, for patients, wider healthcare system and the Pharmacy workforce?** N.B. Certain changes to support sustainable models are outside the control of the local system e.g. regulatory changes regarding supervision requirements in the Pharmacy (you will be asked to indicate how strongly you agree or disagree with the model)

- Clinical check by Pharmacist, but all dispensing being done by Accredited Accuracy Checking technicians, supported by technology e.g. scanners or robotics.
- Most repeat dispensing done in central hubs and then distributed to local Pharmacies for collection (the hub and spoke model).
- Fewer, larger Pharmacies with more than one Pharmacist to provide clinical services and ensure the capacity to offer training and development placements in rotation.
- Integration with certain elements of GP clinical systems to increase efficiencies, and the transfer of information is secure and seamless to promote continuity of care.
- Increase electronic repeat dispensing to allow forward planning and economies of scale (this would also support hub and spoke dispensing).
- Utilise Local Pharmaceutical Services (LPS) contract opportunities to commission Community Pharmacy contracts in a different according to population, health and workforce needs of the PCN/Local Care Partnership, this could allow a Pharmacy to provide wider a range of clinical services where it is most needed.

## Future Sustainable Models – Part 2

**Q8 - Given your role, what do you see as the future sustainable models for Community Pharmacy are, for patients, wider healthcare system and the Pharmacy workforce?**

- Walk-in service for management of minor ailments.
- NHS employed model similar to Primary Care Network Additional Roles Reimbursement Scheme to allow a flexible workforce across Practices, Networks or Local Care Partnerships to meet demand for same day service and the management of long-term conditions.
- Meaningful integrated working with fellow health and care professionals in delivery of services, patient engagement, learning organisations and research.

**Q9 - would you like to expand further on any of the above models or offer an additional model not on the list?**

**Q10 - Does the current Community Pharmacy contract/service provision deliver what the patients and the Devon health and care service needs?**

**Q11 - Please give more detail as to why you have given this answer?**

# Funding, Workforce and Capacity Barriers

## Q12 - What do you think are the main 'funding, workforce and capacity' barriers to Community Pharmacy fulfilling its full potential? (please rank)

- Current contractual funding structure is increasing the risk of closures.
- Rents for premises that do not reflect the change in Community Pharmacy funding/income streams.
- Pressure of workload on the remaining Pharmacies resulting from Pharmacy closures.
- Lack of space in smaller Pharmacies to accommodate additional workload from these closures.
- Workforce shortages from recruitment and retention issues across Pharmacy teams, including a competitive jobs market.
- Lack of placements/supervisors for trainee placements – both in Community Pharmacy and in PCNs as competing for placements with other healthcare professionals.

## Q13 - what are your suggested ways to overcome these barriers?

# System Barriers

**Q14 - What do you think are the main 'system' barriers to Community Pharmacy fulfilling its full potential? (please rank)**

- Lack of cross organisation communication.
- Lack of digital integration with GP clinical systems.
- Stock shortages/medicines and appliance supply issues.
- Mutual lack of understanding of the challenges facing Community Pharmacy and PCNs/ICBs
- Mutual lack of understanding of the potential of Community Pharmacy and PCNs/ICBs.
- Increasing patient demand when there is limited workforce capacity.

**Q15 - what are your suggested ways to overcome these barriers?**

**Q16 - Do you think there are any other barriers?**

# Integration within Primary Care Networks

## Q17 - How could Community Pharmacy working in a more integrated way within PCNs enhance the patient journey? (please rank)

- Accurate and consistent signposting to other health and care services.
- Safe transfer of clinical information to encourage continuity of care.
- Provision of accessible services that support population health management and a reduction in inequalities.
- A way of providing services that can free up capacity across primary care to manage demand.
- Include the Community Pharmacy teams within PCN workforce planning and service development to address gaps in service provision and workforce across Primary Care.

## Q18 - What else would you like to say about what works well and what doesn't work so well about Community Pharmacy?

## Q19 - What do you think needs to change?



# Responses and Queries

- The link to the survey will be sent out to all attendees as a follow-up to this session
- **Please ensure to submit responses to the survey by 29<sup>th</sup> February 2024**
- Any queries regarding the survey, please email: [d-icb.medicinesoptimisation@nhs.net](mailto:d-icb.medicinesoptimisation@nhs.net)

**Thank you**

**Your input will help shape the Community Pharmacy  
Strategy for Devon**



# Devon Community Pharmacy Strategy Survey

## Devon Community Pharmacy Strategy Survey for Healthcare Professionals

NHS Devon ICB is developing a Community Pharmacy Strategy and would value feedback on current services, challenges and opportunities of this Primary Care contractor group.

The King's Fund and the Nuffield Trust were commissioned by Community Pharmacy England to develop a vision for community pharmacy that will underpin a strategy for the sector and support Community Pharmacy England in its leadership role, its work with members and in negotiations. The independent report describes that vision and the actions which will be required to turn the vision into reality. It is therefore appropriate to use this document in the development of our local strategy (see links below).

Other important documentation that will feed into the local strategy includes a recent Patient Experience Summary Report regarding Pharmacy Services, produced by Healthwatch (yet to be published) and the Royal Pharmaceutical Society (RPS) report on pharmacy workforce wellbeing, published September 2023 (see links below).

All feedback will be anonymous and not attributed to any individual. Your feedback will be used to directly inform the Devon Community Pharmacy Strategy. All feedback will be shared with key stakeholders across the Devon health and social care system, with the purpose of maximising the benefit of this contractor group in meeting the population needs.

The survey will take approximately 15 minutes to complete.

Please submit your completed survey by 29th February 2024.

If you have any queries or issues in relation to the completion of this survey, please contact [d-icb.medicinesoptimisation@nhs.net](mailto:d-icb.medicinesoptimisation@nhs.net)

A vision for community pharmacy and the associated literature review can be found at:  
- <https://www.nuffieldtrust.org.uk/research/a-vision-for-community-pharmacy>.

Workforce Wellbeing Roundtable Report can be found at:  
<https://www.rpharms.com/about-us/news/details/rps-and-pharmacist-support-publish-roundtable-report-on-wellbeing>

## Your role

**1. Please select the type of organisation(s) you are actively involved in (tick all that apply)**

- Acute Trust
- Dentistry
- Education and Training
- General Practice
- Community Services Provider
- Healthwatch
- Local Authority
- Mental Health Trust
- Optometry
- Out of Hours service
- Pharmacy
- Public Health England
- Representative body – LDC/LMC/LOC/LPC (Community Pharmacy Devon)
- Regulatory body – e.g. CQC
- Other

2. Please select which role(s) you are actively involved in (tick all that apply)

- Administrative/Non-management
- Advanced Nurse Practitioner/Nurse/Nurse Associate
- Allied Healthcare Professionals
- Elected representative
- General Practitioner
- General Practice Assistant/Healthcare Assistant/Phlebotomist
- Manager – Primary Care
- Manager – Acute Trust/Mental Health Trust
- Manager – Other
- Pharmacist – Community Pharmacy
- Pharmacist – Community Services
- Pharmacist – Acute Trust/Mental Health Trust
- Pharmacist - ICB
- Pharmacist – Primary Care
- Pharmacist – Out of Hours
- Pharmacist – Education and Training
- Pharmacy – Community Pharmacy - Counter Assistant
- Pharmacy Technician/Dispenser – Community Pharmacy
- Pharmacy Technician/Dispenser – Community Services
- Pharmacy Technician/Dispenser – Acute Trust/Mental Health Trust

- Pharmacy Technician/Dispenser – ICB
- Pharmacy Technician/Dispenser – Primary Care
- Pharmacy Technician/Dispenser – Out of Hours
- Prescriber
- Receptionist/Patient services/Care Navigator/Care Coordinator
- Inspector/Regulator
- Social care professional
- Social prescriber or health and wellbeing coach
- Trainer
- Volunteer
- Other

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**Devon Community Pharmacy Strategy Survey**

In your opinion, are the following four principles the core role of community pharmacists?

3. **Preventing ill health and supporting wellbeing** - supporting people and communities to stay healthy and well, with a particular focus on reducing health inequalities.

Yes

No

4. **Providing clinical care for patients** - much more clinically focused role, with members of the public consistently able to access care from community pharmacy teams for common conditions in a way that suits them and supports their health and wellbeing.

Yes

No

5. **Living well with medicines** - supporting people to access and to live well with the medicines and treatments they are taking to improve outcomes, enhance safety and deliver better value.

Yes

No

6. **An integrated primary care offer for neighbourhoods** - being an integral part of a local integrated primary care offer, working closely with local general practice, allowing people access to care in their own neighbourhoods, supporting patients with ongoing care needs in addition to preventive and on the day care.

Yes

No

7. **Do you have any further comments on what a core role of Community Pharmacy should be?**

Enter your answer

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## Devon Community Pharmacy Strategy Survey

### Your views on good Community Pharmacy

8. **Given your role, what do you consider are the most important characteristics of 'good' Community Pharmacy for patients and the profession?**

**(Please rank your responses, with 1 being the most important)**

Accessible on the high street

Co-located with other healthcare services

Consistent service provision

Efficient and timely supply of medicines

Integrated working as part of local health and social care services

Providing a wide range of services

Providing on-line services

Providing sound advice on the best use of medicines and how to use them safely

Providing sound advice on the management of minor ailments and long term conditions

9. **Do you have any comments on what the characteristics of 'good' Community Pharmacy are?**

Enter your answer

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## Devon Community Pharmacy Strategy Survey

### The following services are provided by all community pharmacies

- Dispensing prescriptions
- Disposal of unwanted medicines and other prescription items
- Providing public health and healthy living advice and supporting Public Health campaigns
- Reconciling medicines when a patient has been discharged from hospital (following a referral from the hospital)
- Signposting patients to other health and social care service who may best help them
- Support patients to look after themselves and those they care for, by providing advice to help with the treatment of minor illness and long-term conditions

### 10. What additional services do you think should be consistently provided by all community pharmacies?

Please select at most 5 options.

- Advising on new medicines
- Contraception services
- Hepatitis C testing
- Independent prescribing for minor ailments, acute conditions, some long-term conditions
- Managing minor ailments after a referral from the doctor
- Managing acute common conditions and supply of medicines i.e. for sinusitis, sore throat, earache, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections in women
- Measuring and monitoring blood pressure
- Monitoring other long-term conditions e.g. diabetes and asthma

- Near patient testing e.g. lateral flow tests, Strep A
- Reviewing use of appliances and customising stoma products
- Smoking cessation service
- Vaccinations - Flu and COVID
- Vaccinations – other e.g. travel
- Weight management service

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**Devon Community Pharmacy Strategy Survey**

**What could make a difference to the sustainability of Community Pharmacy?**

**11. Given your role, what do you see as the future sustainable models for Community Pharmacy, for patients, the wider healthcare system and the Pharmacy workforce?**

N.B. Certain changes to support sustainable models are outside the control of the local system e.g. regulatory changes regarding supervision requirements in the Pharmacy.

	Strongly agree	Agree	Neutral	Disagree
Clinical check by Pharmacist, but all dispensing being done by Accredited Accuracy Checking technicians, supported by technology e.g. scanners or robotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most repeat dispensing done in central hubs and then distributed to local Pharmacies for collection (the hub and spoke model)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fewer, larger Pharmacies with more than one Pharmacist to provide clinical services and ensure the capacity to offer training and development placements in rotation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integration with certain elements of GP clinical systems to increase efficiencies, and the transfer of information is secure and seamless to promote continuity of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase electronic repeat dispensing to allow forward planning and economies of scale (this would also support hub and spoke dispensing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilise Local Pharmaceutical Services (LPS) contract opportunities to commission Community Pharmacy contracts in a different way according to population, health and workforce needs of the PCN/Local Care Partnership, this could allow a Pharmacy to provide wider a range of clinical services where it is most needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk-in service for management of minor ailments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS employed model similar to Primary Care Network Additional Roles Reimbursement Scheme to allow a flexible workforce across Practices, Networks or Local Care Partnerships to meet demand for same day service and the management of long-term conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meaningful integrated working with fellow health and care professionals in delivery of services, patient engagement, learning organisations and research.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. **Would you like to expand further on any of the above models or offer an additional model not on the list?**

Enter your answer

13. **Does the current Community Pharmacy contract/service provision deliver what the patients and the Devon health and care system needs?**

- Yes
- No
- Don't know

14. **Please give more detail as to why you have given this answer**

Enter your answer

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## Devon Community Pharmacy Strategy Survey

### Your views on the barriers you face

15. **What do you think are the main 'funding, workforce and capacity' barriers to Community Pharmacy fulfilling its full potential?**

**(Please rank these in order of importance, 1 being the most significant barrier)**

Current contractual funding structure is increasing the risk of closures

Rents for premises that do not reflect the change in Community Pharmacy funding/income streams

Pressure of workload on the remaining Pharmacies resulting from Pharmacy closures

Lack of space in smaller Pharmacies to accommodate additional workload from these closures

Workforce shortages from recruitment and retention issues across Pharmacy teams, including a competitive jobs market

Lack of placements/supervisors for trainee placements – both in Community Pharmacy and in PCNs as competing for placements with other healthcare professionals

16. **What are your suggested ways to overcome these barriers?**

Enter your answer

17. **What do you think are the main 'system' barriers to Community Pharmacy fulfilling its full potential?**

**(Please rank these in order of importance, 1 being the most significant barrier)**

Lack of cross organisation communication

Lack of digital integration with GP clinical systems

Stock shortages/medicines and appliance supply issues

Mutual lack of understanding of the challenges facing Community Pharmacy and PCNs/ICBs

Mutual lack of understanding of the potential of Community Pharmacy and PCNs/ICBs

Increasing patient demand when there is limited workforce capacity

**18. What are your suggested ways to overcome these barriers?**

Enter your answer

**19. Do you think there are any other barriers? If so, please detail below.**

Enter your answer



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## Devon Community Pharmacy Strategy Survey

### Integrated working

#### 20. How could Community Pharmacy working in a more integrated way within PCNs enhance the patient journey?

**(Please rank in order of importance, with 1 being the most important)**

Accurate and consistent signposting to other health and care services

Safe transfer of clinical information to encourage continuity of care

Provision of accessible services that support population health management and a reduction in inequalities

A way of providing services that can free up capacity across primary care to manage demand

Include the Community Pharmacy teams within PCN workforce planning and service development to address gaps in service provision and workforce across Primary Care

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## Devon Community Pharmacy Strategy Survey

### Your views

21. **What else would you like to say about what works well and what doesn't work so well about Community Pharmacy?**

Enter your answer

22. **What do you think needs to change?**

Enter your answer

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# Health and Wellbeing Board



Date of meeting:	07 March 2024
Title of Report:	<b>Suicide Prevention in Plymouth</b>
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Kamal Patel, Interim Consultant in Public Health
Contact Email:	Kamal.Patel@Plymouth.gov.uk
Your Reference:	<a href="#">Click here to enter text.</a>
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

The report provides the Health and Wellbeing Board with an update on:

- The Suicide Prevention Strategy for England 2023 to 2028
- Plymouth suicide audit summary 2020-2022
- The Plymouth suicide prevention system
- The Plymouth Suicide Prevention Strategic Action Plan

**Please be aware that this report and associated papers discuss suicide including methods of suicide, which can be an extremely emotional topic. Please look after yourself and seek support if you need: [Mental health support | PLYMOUTH.GOV.UK](https://www.plymouth.gov.uk/mental-health-support)**

Local leadership for suicide prevention is the responsibility of the local authority and is provided by the Office of the Director of Public Health and through a local strategic partnership group. The Health and Wellbeing Board receive reports on local suicide prevention activity and on the audit of deaths by suicide undertaken by the Office of the Director of Public Health.

## Recommendations and Reasons

The Health and Wellbeing Board is asked to:

1. Note and accept the latest suicide audit report.
2. Review, feedback and comment on the Plymouth Suicide Prevention Strategic Action plan for 2024-25.  
*The reason for this recommendation is to ensure that the Health and Wellbeing Board is engaged in the development of the strategic action plan for Plymouth.*
3. Delegate authority for sign-off of the 2024-25 Suicide Prevention Strategic Action Plan to the Chair of the Health and Wellbeing Board following its updates after this meeting.
4. Agree for this item on suicide prevention to be a standing Health and Wellbeing Board agenda item so that the suicide audit summary report and suicide prevention strategic action plan can be reviewed and agreed annually.

**Alternative options considered and rejected**

N/A

**Relevance to the Corporate Plan and/or the Plymouth Plan**

Contributes to overall mission of the Corporate Plan as well as the following priorities:

- Working with the NHS to provide better access to health, care and dentistry
- Keeping children, adults and communities safe

Contribute to policies in the Plymouth Plan:

- HEA1: Addressing health inequalities, improving health literacy
- HEA2: Developing the best outcomes for children, young people and families
- HEA3: Supporting adults with health and social care needs
- HEA5: Delivering strong and safe communities and good quality neighbourhoods
- HEA9: Delivering accessible health services and clinical excellence

**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.

N/A

**Appendices**

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable)						
		1	2	3	4	5	6	7
A	Briefing report – Suicide Prevention							
B	Plymouth Suicide Prevention Strategic Action Plan 2024-25							
C	Plymouth Suicide Audit Summary 2020-2022							
D	Suicide Prevention in Plymouth (presentation)							

**Background papers:**

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished 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)						
	<i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	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: Ruth Harrell (Director of Public Health)											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 23/02/2024											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health & adult Social Care) Approved verbally Date approved: 26/02/2025											

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# SUICIDE PREVENTION IN PLYMOUTH

Health and Wellbeing Board, 7 March 2024

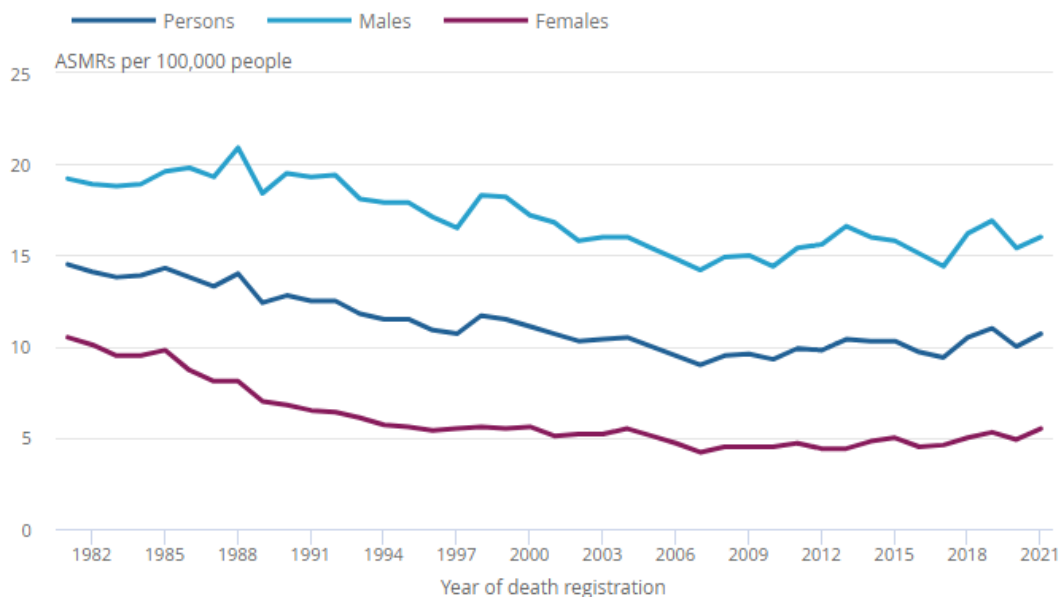


## SUICIDE PREVENTION STRATEGY FOR ENGLAND 2023-2028

In September 2023 a new national suicide prevention strategy for England was published, called [Suicide prevention in England: 5-year cross-sector strategy](#). The strategy has updated priorities based on data, evidence and engagement with experts (including those with personal experience).

The continued need for a national suicide prevention strategy was because the current rate of suicide is not falling nationally.

### Office of National Statistics: Suicides in England and Wales: 2021 registrations



In addition, at a national level:

- Suicide remains the biggest killer of people under 35 and one of the leading causes of death in men under 50.
- Over 2/3s of death by suicide are not known to specialist mental health services in the year prior to death.
- Rates across all ages groups under 25 have been increasing until recently.
- Self-harm rates have also been rising in children and young people
- New and better-quality evidence (e.g. harmful gambling and domestic abuse)
- Recent challenges: COVID-19, cost of living

The first purpose of the national strategy is to make it clear that suicide prevention matters and to bring everybody together around common priorities. This includes national government, the NHS, local government, the voluntary, community and social enterprise (VCSE) sectors, employers, communities and individuals.

The aim of the cross-government strategy is to:

- Reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner.
- Improve support for people who have self-harmed.
- Improve support for people bereaved by suicide.

The priority areas for action to achieve these aims are:

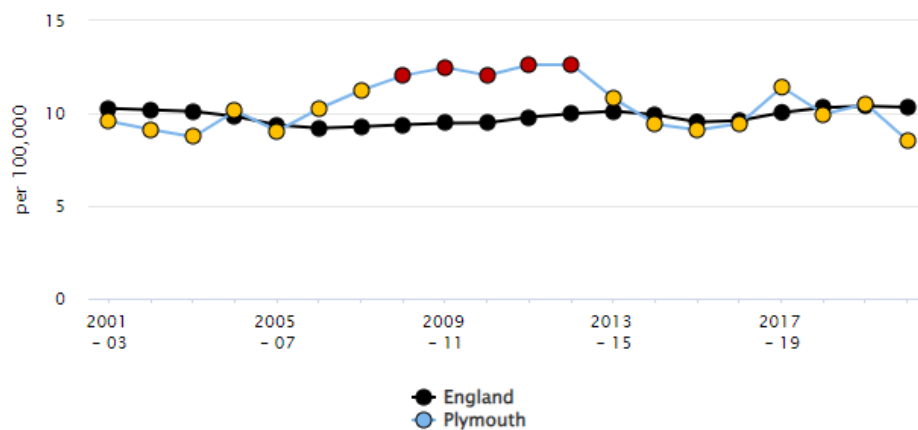
1. Improve <b>data and evidence</b> to ensure that effective evidence-informed and timely interventions continue to be developed	<b>2. Priority groups:</b> <ul style="list-style-type: none"> <li>a) Children and young people</li> <li>b) Middle-aged men</li> <li>c) People who have self-harmed</li> <li>d) People in contact with mental health services</li> <li>e) People in contact with the justice system</li> <li>f) Autistic people</li> <li>g) Pregnant women and new mothers</li> </ul>
2. Provide tailored, targeted support to <b>priority groups</b> , including those at higher risk at a national level	
3. Address <b>common risk factors</b> linked to suicide at a population level by providing early intervention and tailored support	
4. Promote <b>online safety and responsible media content</b> to reduce harms, improve support and signposting and provide helpful messages about suicide and self-harm	
5. Provide <b>effective crisis support</b> across sectors for those who reach crisis point	<b>3) Common risk factors:</b> <ul style="list-style-type: none"> <li>a) Physical illness</li> <li>b) Financial difficulty and economic adversity</li> <li>c) Gambling</li> <li>d) Alcohol and drug use</li> <li>e) Social isolation and loneliness</li> <li>f) Domestic abuse</li> </ul>
6. <b>Reduce access to means and methods</b> of suicide where this is appropriate and necessary as an intervention to prevent suicides	
7. Provide effective <b>bereavement support</b> to those affected by suicide	
8. <b>Make suicide everybody's business</b> so that we can maximise our collective impact and support to prevent suicides.	

## THE LOCAL PICTURE IN PLYMOUTH

On average around 24 people die by suicide each year in Plymouth. The standardised suicide rate for Plymouth between 2020-2022 was 8.5 per 100,000 compared to a national rate of 10.3 and a South West region rate of 11.9 per 100,000. The suicide rate is given as a 3-year rolling average and the time delay is to allow for the coronial process to occur. No death is confirmed as a suicide until it is officially determined as such following a coroner's inquest. The graph below shows how the suicide rate in Plymouth compared to England has changed between 2001 to 2022. In general, the suicide rate in Plymouth has been statistically similar to the England average (amber dots), but there was a period between 2008 and 2014 where the suicide rate locally was significantly above the national rate (red dots). The most recent suicide rate for Plymouth is below the national average, which is a positive trend, but the rate is not significantly different from the England average (i.e. it is within the same margin of statistical error).

### Suicide rate (Persons)

[Show confidence intervals](#)   [Show 99.8% CI values](#)



Local data indicates that in Plymouth:

- There are three times as many males than females who die by suicide.
- The majority of those who died were below the age of 60.
- Almost all areas of the city are affected.

Please see *Plymouth Suicide Audit Summary 2020-2022*

## THE LOCAL SUICIDE PREVENTION SYSTEM

### Plymouth Suicide Prevention Strategic Partnership

- Open group chaired by Public Health
- To work collectively with local agencies, organisations and people to identify local priorities for suicide prevention, to inform the development and delivery of a local suicide prevention action plan based on the national strategy.
- Governance is to the Health and Wellbeing Board
- See *Plymouth Suicide Prevention Strategic Action Plan 2024-25*

### Real time suicide surveillance

- Official suicide data is usually 1-2 years delayed due to the coronial process.
- We work with the police to provide real-time data on what the police call 'sudden self-inflicted deaths'
- Data analyst for whole of Devon based at Pete's Dragons (suicide bereavement service)
- Allows ability to:
  - Provide timely suicide bereavement support
  - Identify and respond to suicide clusters
  - Identify and respond to novel methods

### Suicide bereavement service

- NHS Devon commissioned service
- People who are bereaved by suicide are more likely to die by suicide themselves
- Provide support for anybody (adults and children) affected by suicide for as long as they need
- Provide support to organisations/groups/schools affected by suicide
- Historical and recent suicide deaths accepted
- No waiting lists – support starts within 48 hours of contact
- Police officers hold contact card for Pete's Dragons to hand out to people affected in a timely manner.

### Suicide prevention training:

- More than 2/3 of people who die by suicide are not known to mental health services in the year before death
- Training is essential to build capacity in the system and population
- More likely to connect with people before or at a time of crisis
- Training encouraged to whole population but also to particular workforces,



[Wellbeing at Work \(Livewell Southwest\) Events | Eventbrite](#)

#### Plymouth Suicide Audit

- In-depth review of coroner files of confirmed suicides
- To provide local insights and identify risk factors for suicide in Plymouth
- To share learning and inform suicide prevention activity going forward
- Currently reviewing files 2017-2021 to produce a detailed audit report in 2024

#### Working across Devon ICS area

- Regular meetings with suicide prevention leads in Devon, Plymouth and Torbay PH teams
- NHS Devon Suicide Prevention Oversight Group provides strategic oversight of the implementation of suicide prevention activity in Devon (local action plans, clinical settings, real time data)
- Suicide prevention as key part of Devon ICS Joint Forward Plan

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# PLYMOUTH SUICIDE AUDIT – SUMMARY

## Deaths registered 2020 to 2022



Author: Office of the Director of Public Health, Plymouth City Council

Date: January 2024 (v1.0)

This document is produced as part of Plymouth's Joint Strategic Needs Assessment.

**Document information**

Document status	Draft
Author	Office of the Director of Public Health
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Version	Date	Reason(s) for change	Pages affected

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**Date:** January 2024 (v1.0)

**Prepared by:** Office of the Director of Public Health

For queries relating to this document please email: [odph@plymouth.gov.uk](mailto:odph@plymouth.gov.uk)

**Acknowledgements:** We are grateful to those colleagues and partners who have contributed to this report. In particular, the Public Health Team wishes to thank the following agencies and individuals for supporting the local suicide audit process: HM Coroners Office, General Practitioners, Graham Burton (Clinical Risk Advisor, Livewell Southwest) and Justin Whyatt (University Hospitals Plymouth NHS Trust).



# Plymouth Suicide Audit – Summary

Based on deaths registered in 2020, 2021 and 2022

## Deaths by suicide and undetermined intent

### Purpose and focus

This report provides a city-wide overview of the deaths of Plymouth residents by suicide and undetermined intent. It updates the information provided in our previous report covering 2019 to 2021.<sup>1</sup> Local suicide audits are undertaken to monitor local trends and to compare these with national data, and also to support suicide prevention initiatives. The Plymouth Suicide Prevention Strategic Partnership, a multi-agency group led by Plymouth City Council, has responsibility for suicide prevention in the city.

Deaths of Plymouth residents are included in this audit whether they died in Plymouth or elsewhere in the UK. The information presented refers to the deaths of residents (aged 10 years and older) registered during calendar years 2020, 2021 and 2022. However, not all of these deaths will have occurred during these three years as deaths by suicide and undetermined intent are registered only after an inquest has taken place.

### Definition of suicide

A death is officially considered a suicide only when a coroner at an inquest has concluded that the person intentionally took their own life (using a lower civil standard of proof,<sup>2</sup> from mid-2018). Deaths that are ‘undetermined’ are where the coroner at inquest reaches an open or

narrative verdict because the intention of the person is uncertain. The Office for National Statistics currently defines as suicide ‘all deaths from intentional self-harm for persons aged 10 years and over and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over’.<sup>3</sup>

### Audit process and data sources

Our local suicide audit process involves monitoring all deaths where the coroner has given a conclusion of suicide, or an open or a narrative conclusion. During the year information is collected from weekly death registrations, from the Primary Care Mortality Database, and from HM Coroners Office.

Deaths included in this audit have been checked and verified using mortality data for Plymouth residents provided by NHS Digital. Deaths from suicide are confirmed using the International Classification of Diseases (ICD10) codes X60-X84 (‘intentional self-harm’) and deaths from undetermined intent are identified using ICD10 codes Y10-Y34, excluding Y33.9 (‘event of undetermined intent’).<sup>4</sup>

Information on the trend in mortality rates is drawn from the Public Health Outcomes Framework and the Health Profiles produced by the Office for Health Improvement & Disparities.

**Number of deaths 2020, 2021 & 2022**

- 61 deaths in total: 53 Plymouth residents died by suicide and 8 residents died by undetermined intent (UI)
- More deaths were registered in 2021 than in 2020 or in 2022 (28 deaths in 2021 compared to 13 deaths in 2020 and 20 deaths in 2022)
- An average of around 2 deaths a month
- 15 non-residents died by suicide in Plymouth (from inquest conclusions noted in weekly death registrations)

- for males it is 13.5 deaths per 100,000 population aged 10+ (in line with the England rate of 15.8)
- for females it is 5.6 deaths per 100,000 population aged 10+ (in line with the England rate of 5.2)
- Trends in mortality rates from 2001 to 2022 are shown in the chart (below)

**Average number & rates**

- The average number of deaths per year from 2002 to 2022 is 24
- The directly age-standardised mortality rate for the period 2020 to 2022 for persons is 8.5 deaths per 100,000 population aged 10+ (in line with the England rate of 10.3)

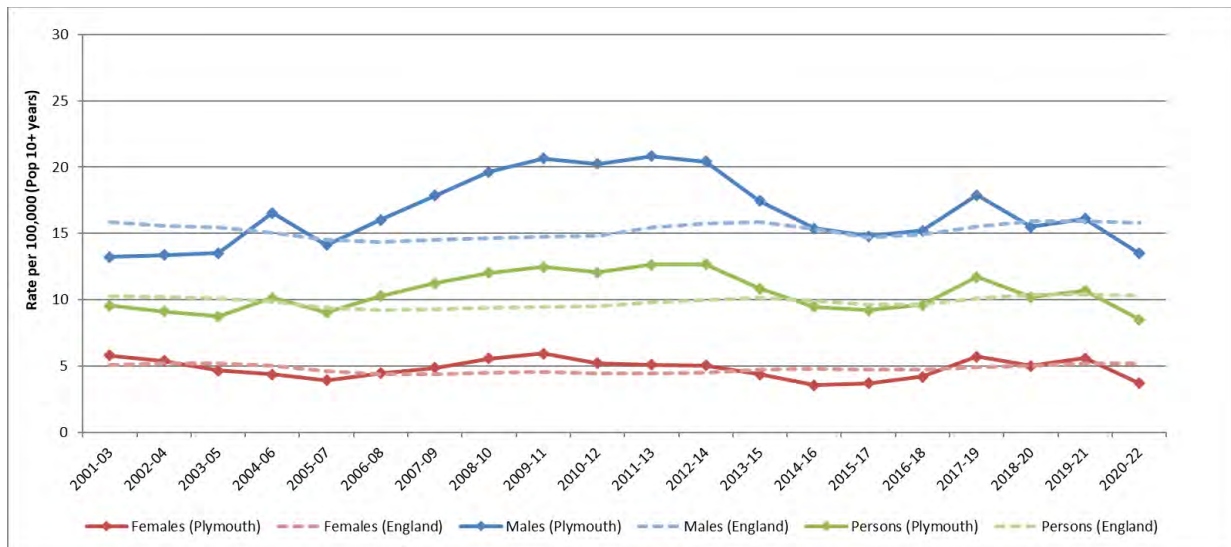
**Sex differences**

- 46 males and 15 females died (just over three times as many males than females)
- 12 females died by suicide and 3 by UI
- 41 males died by suicide and 5 by UI

**Place of birth**

25 people who died were born in Plymouth, 27 were born elsewhere in the UK, and 9 were born outside the UK.

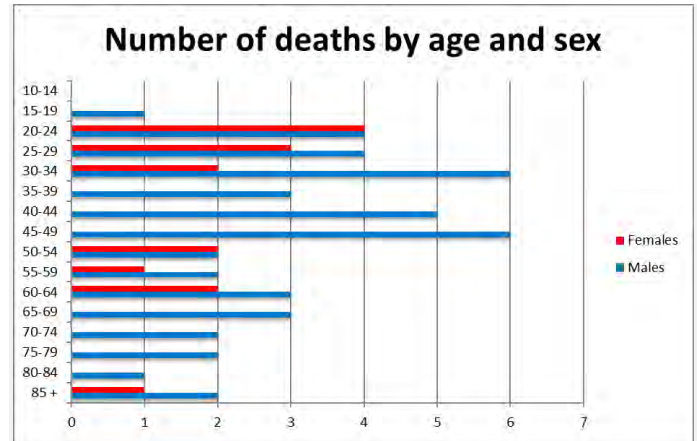
**Trends in mortality from suicide/ UI, England & Plymouth, 2001-03 to 2020-22**



Source: Suicide Prevention Profile (January 2024)

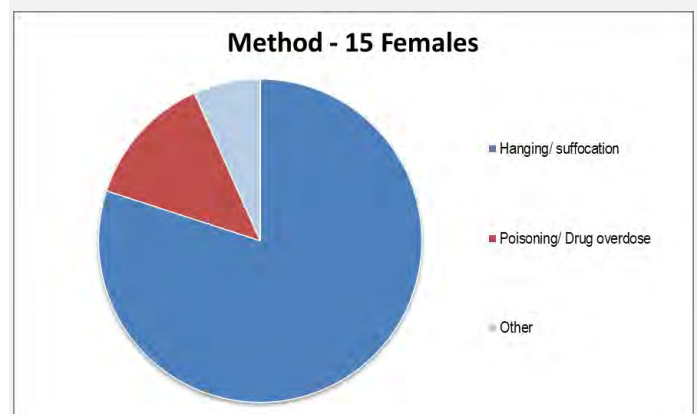
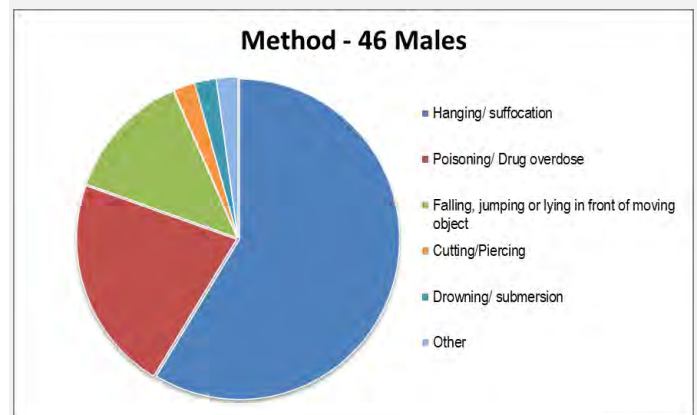
**Age groups**

- The youngest person who died was 19 and the oldest was 88 years old
- 9 people who died were younger than 25
- 6 people who died were older than 75
- The majority of those who died were below the age of 60



**Method**

- Hanging/ suffocation is the most common method (39 of the 61 deaths) followed by poisoning/ drug overdose (12 deaths)
- for males: 27 died by hanging/ suffocation; 10 by poisoning/ drug overdose; 6 by falling, jumping or lying in front of a moving object; one by cutting/ piercing; one by drowning/ submersion; and, one by other means.
- for females: 12 died by hanging/ suffocation; 2 by poisoning/ drug overdose; and, one by other means.



Source: NHS Digital

**Place of death**

- 32 people died at home and 17 died elsewhere in the city
- 7 people had their place of death noted as Derriford Hospital
- 5 Plymouth residents died outside the city

**Plymouth Suicide Audit summary reports** present data for deaths registered in particular calendar years combined for three-year periods. This enables comparisons to be made with national mortality data which is also presented by year of registration. Death by suicide/ UI is a rare event in Plymouth and the numbers of deaths fluctuate from year to year.

## Where they lived

Death by suicide and undetermined intent is a concern across the city:

- **19 of the 20 wards in the city had at least one resident die by suicide/ UI**

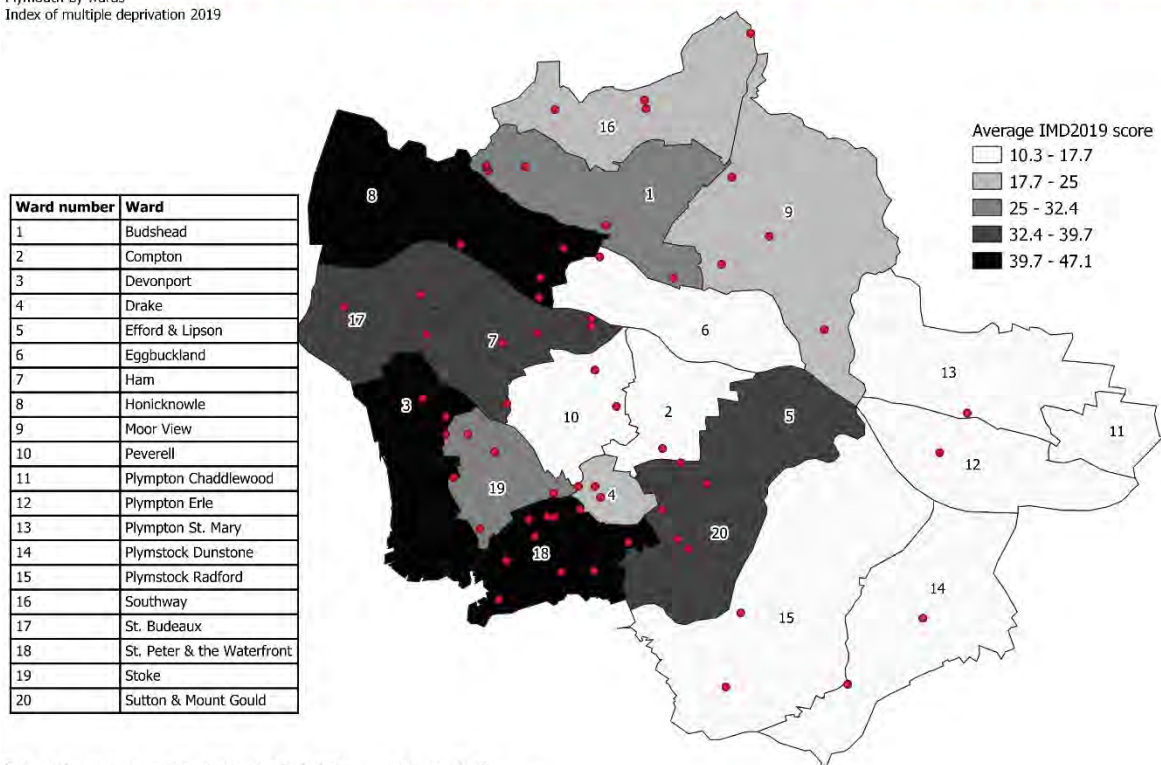
Four wards had the highest number of residents die by suicide/ UI: ‘St Peter & the Waterfront’ (10 deaths) followed by ‘Stoke’ (6 deaths), ‘Ham’ (6 deaths) and ‘Budshead’ (5 deaths in each ward). There were no deaths by suicide/ UI in one ward.

- **30 of the 39 neighbourhoods in the city had at least one resident die by suicide/ UI**

Five neighbourhoods had the highest number of residents die by suicide/ UI: ‘Stonehouse’ (7 deaths) followed by ‘Honicknowle’, ‘Stoke’, ‘Ham & Pennycross’, and ‘Whitleigh’ (4 deaths each neighbourhood). There were no deaths by suicide/ UI in nine neighbourhoods.

### Deaths from suicide & undetermined injury registered in 2020, 2021 & 2022: Postcode of usual residence

Plymouth by wards  
Index of multiple deprivation 2019



Dots on the map may overlap when postcodes includes more than one death.  
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**Note:** For information one undetermined intent death is not included in this report as their age is below ONS definition of 15+.

## References

1. Maconachie, M. & Hoad, S. (2020) Plymouth Suicide Audit Summary (2017-2019). Plymouth City Council: ODPH.
2. Office for National Statistics (2019): Suicides in the UK: 2018 registrations.
3. Office for National Statistics (2020): Suicides in England and Wales: 2019 registrations.
4. World Health Organisation (2010) International Statistical Classification of Diseases and Related Health Problems, 10th Revision. Geneva: WHO.

## PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25

### **Vision**

A Plymouth where everyone can live healthy, fulfilling and connected lives, where all suicides in Plymouth are considered preventable and suicide prevention is everyone's business.

### **Ambition**

We aspire to work together to make all communities in Plymouth suicide safer communities. We want to make Plymouth a place that supports people in times of personal crisis and builds individual and community resilience to improve lives. The ambition for suicide prevention is to deliver a consistent downward trajectory in the suicide rate in Plymouth, that remains below or at least in line with the national average.

### **Background to suicide and suicide prevention**

A death by suicide is a tragic and traumatic event. Its most fundamental impact is the loss of the opportunity for that person to experience all that life holds. It is also a devastating bereavement for family and friends and the pain and grief can be immense and long lasting. The impact also extends into the wider community, workplaces and to all services involved. In addition, people who are bereaved by suicide are at increased risk of suicide and mental health problems themselves. The impacts of suicide are felt most deeply on a human level. However, the economic cost of each death by suicide in England for those of working age is estimated to be £1.67 million<sup>1</sup>. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings and the intangible costs associated with pain, grief and suffering.

The causes of suicide are complex and individual. There is rarely a single cause, but suicide is more often the result of a complex combination of risk factors and stressing events. These risk factors often reflect wider inequalities in social and economic circumstances.

Suicide is preventable. But it is essential that the preventative approach addresses the complexity of the issue. No one organisation is responsible for suicide prevention and there are no simple measures to prevent suicide. Suicide prevention is broad and includes measures to improve emotional wellbeing, support for people with mental health issues (from early intervention through to crisis care) and support for people who are bereaved by suicide.

Suicide prevention is everyone's business. A whole systems approach is required between national and local organisations, communities and individuals so that partners are working in collaboration towards the same priorities.

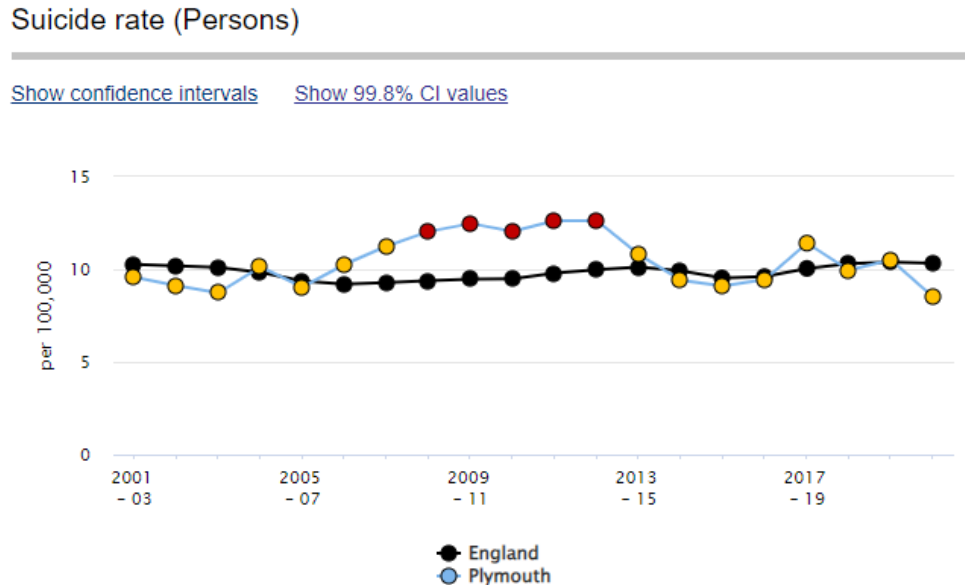
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<sup>1</sup> [Local Suicide Prevention Planning. Public Health England 2020](#)

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

**The local picture in Plymouth**

On average around 24 people die by suicide each year in Plymouth. The standardised suicide rate for Plymouth between 2020-2022 was 8.5 per 100,000 compared to a national rate of 10.3 and a South West region rate of 11.9 per 100,000<sup>2</sup>. The suicide rate is given as a 3-year rolling average and the time delay is to allow for the coronial process to occur. No death is confirmed as a suicide until it is officially determined as such following a coroner’s inquest. The graph below shows how the suicide rate in Plymouth compared to England has changed between 2001 to 2022. In general, the suicide rate in Plymouth has been statistically similar to the England average (amber dots), but there was a period between 2008 and 2014 where the suicide rate locally was significantly above the national rate (red dots). The most recent suicide rate for Plymouth is below the national average, which is a positive trend, but the rate is not significantly different from the England average (i.e. it is within the same margin of statistical error).



Local data indicates that in Plymouth<sup>3</sup>:

- There are three times as many males than females who die by suicide.
- The majority of those who died were below the age of 60.
- Almost all areas of the city are affected.

<sup>2</sup> [Suicide Prevention Profile Plymouth - OHID](#)

<sup>3</sup> [Plymouth Suicide Audit Summary 2020-2022](#)

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

**The National Suicide Prevention Strategy**

In September 2023 a new national suicide prevention strategy for England was published, called [Suicide prevention in England: 5-year cross-sector strategy](#). The strategy has updated priorities based on data, evidence and engagement with experts (including those with personal experience).

The first purpose of the national strategy is to make it clear that suicide prevention matters and to bring everybody together around common priorities. This includes national government, the NHS, local government, the voluntary, community and social enterprise (VCSE) sectors, employers and individuals.

The aim of the cross-government strategy is to:

- Reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner.
- Improve support for people who have self-harmed.
- Improve support for people bereaved by suicide.

The priority areas for action to achieve these aims are:

1. Improve <b>data and evidence</b> to ensure that effective evidence-informed and timely interventions continue to be developed	<b>2. Priority groups:</b> a) Children and young people b) Middle-aged men c) People who have self-harmed d) People in contact with mental health services e) People in contact with the justice system f) Autistic people g) Pregnant women and new mothers
2. Provide tailored, targeted support to <b>priority groups</b> , including those at higher risk at a national level	
3. Address <b>common risk factors</b> linked to suicide at a population level by providing early intervention and tailored support	
4. Promote <b>online safety and responsible media content</b> to reduce harms, improve support and signposting and provide helpful messages about suicide and self-harm	
5. Provide <b>effective crisis support</b> across sectors for those who reach crisis point	<b>3) Common risk factors:</b> a) Physical illness b) Financial difficulty and economic adversity c) Gambling d) Alcohol and drug use e) Social isolation and loneliness f) Domestic abuse
6. <b>Reduce access to means and methods</b> of suicide where this is appropriate and necessary as an intervention to prevent suicides	
7. Provide effective <b>bereavement support</b> to those affected by suicide	
8. <b>Make suicide everybody’s business</b> so that we can maximise our collective impact and support to prevent suicides.	

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25****Plymouth Suicide Prevention Strategic Action Plan**

A consistent reduction in suicide rates will only be achieved if prevention is prioritised across the system by the NHS, local government, statutory organisations and services, charities and community groups. Nationally, 70% of people who die by suicide are not known to mental health services in the 6 months prior to their death. This highlights the vital importance of a whole population, whole systems and community-focused approach to suicide prevention.

The local suicide prevention strategic action plan provides the basis to achieve our ambitions. Suicide must be recognised as avoidable and therefore preventable. There are many effective ways that individuals, communities and services can work together to support people.

The local approach follows the priorities of the national strategy and uses the national evidence base and examples of best practice. The specific actions and priorities of our plan are determined by local partners based on local intelligence. The approach covers:

- **Universal interventions** to build resilience and promote wellbeing at all ages for residents of Plymouth.
- **Targeted interventions** to prevent mental ill-health and early intervention for people at risk of mental health problems and suicide.

The Plymouth Suicide Prevention Strategic Partnership is an open, multi-agency group of statutory and voluntary agencies who work collaboratively to develop and implement the Plymouth Suicide Prevention Strategic Action Plan. Leadership of the suicide prevention work is the responsibility of the Plymouth Public Health Team at Plymouth City Council, and the governance for suicide prevention is through the Health and Wellbeing Board. Progress against these actions will be monitored quarterly at the Plymouth Suicide Prevention Strategic Partnership and will be reported to Health and Wellbeing Board annually. The suicide rate in Plymouth will be monitored annually and compared to the national rate to determine the impact of this work.



## PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources	
		Start Date	End Date					
<b>1) Improve data and evidence to ensure that effective evidence-informed and timely interventions continue to be developed.</b>								
1.1	Use range of data to produce Plymouth Suicide Audits (summary and detailed)	<ul style="list-style-type: none"> <li>Update at each Partnership meeting</li> <li>Annual publication of audit summary</li> <li>Presentation of annual audit summary to Health and Wellbeing Board</li> <li>Use detailed audit to better understand suicide in particular groups and risk factors.</li> </ul>	06.23	Annual		Public Health	Coroners Office Livewell SW GP Practices UHP NHS Trust Devon & Torbay Public health	Annual audit summary to be presented to HWBB in March 2024  5 year detailed audit to be completed in 2024
1.2	Use OHID Suicide Prevention Profile for routine monitoring	Update report to Partnership meetings when profile updated or annually	06.23	Ongoing		Public Health	OHID	Available at <a href="https://fingertips.phe.org.uk/">https://fingertips.phe.org.uk/</a>
1.3	Participate in Devon ICS Real Time Surveillance process and provide routine update to Partnership	Public Health work with Devon ICS partners to monitor suspected suicides in real time and take timely action as appropriate to prevent further events	06.23	Ongoing		Public Health	Devon & Torbay Public health DCIOS Police MH Providers Pete's Dragons	Devon wide RTSS group meets monthly.  Update to Partnership at Quarterly meeting or sooner as appropriate.

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

		Pete's Dragons analyst to provide quarterly updates							
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## PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level</b>							
<b>a. Children and young people</b>							
2.a.1	Develop stronger partnership working and governance between CYP emotional health and wellbeing groups, CYP safeguarding groups and suicide prevention groups. This will strength specific suicide prevention activity for CYP.	Key decision makers across these groups to meet to agree: - appropriate representation across different for a - potential requirement for new group that works across these forums - governance structures	2.24	6.24		Public Health  A Bright Future partnership	<a href="#">Suicide in Children &amp; Young People   National Child Mortality Database (ncmd.info)</a>  <a href="#">Suicide – RCPCCH – State of Child Health</a>  <a href="#">Latest statistics   Papyrus UK   Suicide Prevention Charity (papyrus-uk.org)</a>
2.a.2	Ensure that CYP services and settings have access to the universal offer for mental health and suicide prevention training	Disseminate the offer of training to CYP services via the Emotional Health and Wellbeing Group.	2.24	2.24		Public Health  CYP Emotional Health and Wellbeing	Discuss with Emotional Health and Wellbeing group and partners from CYP system regarding appropriate training packages for people working with CYP
2.a.3	Support universities to implement national plans regarding student mental health, wellbeing and suicide prevention	Universities to review feasibility of signing up to the University Mental Health Charter (DfE target for all universities to sign up)	01.24	09.24		Universities  Public Health	Support for universities with this process <a href="https://universitymentalhealthcharter.org.uk/join-the-charter/">https://universitymentalhealthcharter.org.uk/join-the-charter/</a>

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

		Universities to implement Universities UK suicide-safer universities guidance where appropriate  Review plan from higher education mental health implementation taskforce when released (May 2024)						<a href="https://www.universitiesuk.ac.uk">Suicide-safer universities (universitiesuk.ac.uk)</a>  <a href="https://www.gov.uk/government/taskforces/higher-education-mental-health">Higher education mental health implementation taskforce - GOV.UK (www.gov.uk)</a>
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**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level</b>							
<b>b. Middled aged men</b>							
2.b.1	Partners continue to support the Devon ICS Men’s Mental Health Programme	<p>Training and awareness raising in male dominated workforces using the Wellbeing at Work scheme</p> <p>Community builders to promote mental health and training through their networks.</p>	02.24	Ongoing		<p>Public Health</p> <p>Public Health Devon &amp; Torbay</p> <p>Universities and Colleges</p> <p>Livewell South West</p> <p>Community Builders for men and mental health</p>	<p><a href="#">Engaging men earlier   Our policy and research   Samaritans</a></p> <p>Review of case studies from national strategy (Men’s Shed’s, Lions Barber Collective, Mates in Mind, Harmless and Tomorrow Project, Shout, State of Mind)</p>
2.b.2	Employers of largely male industries to have adequate and appropriate support in place for employees	Livewell Workplace Wellbeing Programme to target workforces appropriately	02.24	Ongoing		<p>Livewell SW</p> <p>Employers</p>	

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources	
		Start Date	End Date					
<p><b>2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level</b></p> <p><b>c) People who have self-harmed</b></p>								
2.c.1	Preventing Self Harm	Support production of a Devon, Plymouth and Torbay needs assessment for self-harm [all age]	10.22	07.24		Public Health Livewell SW	Devon and Torbay Public Health  All partners providing support relating to self harm	Needs assessment is underway, focus groups have been conducted and the final version of the all age needs assessment for self harm is due to in July 2024
2.c.2	Review current service provision for people who self-harm to ensure compliance with NICE standards and pathways and NCISH toolkit as appropriate to setting	Livewell to update biannually Compliance with CG 16 and CG 133  Complete NCISH toolkit  Develop action plan as required	06.23	Ongoing		Livewell SW	Livewell SW  UHP NHS Trust  The Zone	Review training needs of staff in relevant service areas  Annual updates from Livewell South West.  Monitor through audit and patient feedback

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level</b>							
<b>d) People in contact with mental health services</b>							
2.d.1	Progress through action plan to deliver NCISH “10 ways to Improve Patient Safety”	Biannual report to strategic partnership	06.23	Ongoing		Livewell SW NHS Devon CCG Public Health Primary Care	Livewell SW to share extended action plan when finalised and update on delivery against inpatient plan on quarterly basis.
2.d.2	Increase access to Plymouth Talking Therapies in line with national targets	National Standard 2022- Waiting times: 75% of people referred to IAPT services should start treatment within 6 weeks of referral, and 95% should start treatment within 18 weeks of referral.	06.23	Ongoing		NHS Devon CCG Livewell SW Primary care	Update to be provided by Livewell South West biannually
2.d.3	Implementation of the Community Mental Health Framework		02.24	Ongoing		Livewell SW Livewell SW	Annual update from Livewell SW on the Community Mental Health Framework
2.d.4	Take steps to ensure that patients receive good-quality (in line with NICE guidance) follow-up support within 72 hours	Review of practice against NICE standards				Livewell SW	Annual update from LW SW

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

	of being discharged from inpatient mental health settings							
2.d.5	<p>Improve quality of care for patients with these diagnoses, in line with NICE guidance:</p> <ul style="list-style-type: none"> <li>- Affective disorders</li> <li>- Personality disorders</li> <li>- Schizophrenia</li> <li>- Eating disorders</li> </ul>	Review of practice against NICE standards				Livewell SW		Annual update from LWSW

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources	
		Start Date	End Date					
<p><b>2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level</b></p> <p><b>e) People in contact with the justice system</b></p>								
2.e.1	Support for prison leavers and people on probation through NHS RECONNECT and Probation Service	Public Health to engage with top prisons that serve Plymouth regarding referral to NHS RECONNECT	02.24	09.24		Public Health	HMP services and NHS RECONNECT	Suicide prevention staff training to be rolled out by Prison and Probation service



**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level</b>							
<b>f) Autistic people</b>							
2.f.1	Continue to review autism as a factor in the detailed suicide audit process to support local understanding	Audit for 2017-2021 to be published in 2024.	02.24	Ongoing		Public Health Coroner's	
2.f.2	Ensure ongoing improvement to access and quality of autism assessment	Livewell to update on Plymouth Autism Spectrum Service	02.24	Ongoing		Livewell SW	Annual update

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Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level</b>							
<b>g) Pregnant women and new mothers</b>							
2.g.1	Promotion of mental wellbeing and suicide prevention awareness training to midwives and health visitors					Public health Livewell SW	Link with peri-natal mental health group

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<p><b>3. Provide tailored, targeted support to priority groups, including those at higher risk at a national level</b></p> <p><b>h) All priority groups / other locally identified groups</b></p>							
3.h.1	Prioritise suicide awareness training offer to those working with clients who are at higher risk of suicide and mental health such as; including all groups in this strategy as well as asylum seekers and refugees, LGBTQ+ and organisations such as housing associations and VCSE e.g. food banks	4 Mental Health training available online and face to face with monthly courses taking place.	06.23	Ongoing		Public Health  Livewell Southwest [trainers in HI team]  VCSE network	Training to be targeted at workers supporting these target groups. Training offer free of charge [NHSE funding]  Re-present training offer to the VCSE and trauma informed networks.
3.h.2	Ensure staff and volunteers at city wide Veterans Hub have access to mental health and suicide prevention awareness training	Staff and volunteers offered access to all training including 4MH and safety planning Information provided and to be updated	02.24	03.25		Public Health  Improving Lives Plymouth  Livewell SW	Prioritised through Veterans Hub but open to all local agencies working with veterans.  Promote the Zero Suicide Alliance free online training, specific to veterans <a href="#">FREE online suicide awareness training from Help for Heroes and Zero Suicide Alliance</a>

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support</b>							
<b>a) Physical illness</b>							
3.a.1	Offer specialist suicide prevention training to primary care clinicians	Improved awareness, skills and signposting for suicide prevention within primary care	04.24	03.24		Public Health Devon County Council Torbay Council	Provision to be rolled out from April 2024

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support</b>							
<b>b) Financial difficulty and economic adversity</b>							
3.b.1	Increase mental health provision and access to unemployed individuals via DWP and Pentreath mental health programme.	Launch a mental health support service within DWP and run a 12-month pilot of the programme.	09.23	09.24		Public Health DWP Pentreath	Evaluation of a Cornwall pilot of this programme has allowed this to be trialled in Plymouth.  Public health will provide updates 6 monthly (April 2024).
3.b.2	Promotion of cost of living support	Partners to promote Plymouth Council cost of living page within their networks	02.24	09.24		Public Health	<a href="https://www.plymouth.gov.uk/cost-of-living">Cost of living   PLYMOUTH.GOV.UK</a>
3.b.2	Support for organisations to manage the risk and impact of suicide for people experiencing homelessness	Support for organisations managing people who are homeless to develop suicide prevention policies and attend training	02.24	03.25		Public Health	<a href="#">A guide to suicide prevention resources available for homelessness services.   Homeless Link</a>

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support</b>							
<b>c) Gambling</b>							
3.c.1	Raise awareness of gambling as a risk factor for suicide	Promote enquiry into problem gambling and referral to support services, e.g., when appropriate in mental health services and the Alliance	02.24	Ongoing		Public Health Livewell SW The Plymouth Alliance	Review of NICE guidance for identification, assessment and management of problem gambling (due in Spring 2024)
3.c.2	Promote SW gambling support service		02.24	Ongoing		Public Health Livewell SW	<a href="#">The South West Gambling Service :: Avon and Wiltshire Mental Health Partnership NHS Trust (awp.nhs.uk)</a>

## PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support</b>							
<b>d) Alcohol and drug use</b>							
3.d.1	Avoidable deaths approach in Plymouth bringing together learning from death by drug and alcohol use, suicide and domestic homicide	Annual review of avoidable deaths to be presented to the partnership	04.24	03.25		Public Health Coroner's The Plymouth Alliance	
3.d.2	Suicide prevention policies in the Alliance (to include training)		02.24	09.24		The Plymouth Alliance Public Health	
3.d.3	Ensure those with severe mental illness and co-existing alcohol or drug use are receiving treatment for their mental health needs.	Better links between services to ensure people receive joined up care and there is no wrong front door	02.24	Ongoing		The Plymouth Alliance LWSW	Work supported through funding from national drugs strategy

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support</b>							
<b>e) Social isolation and loneliness</b>							
3.e.1	Promote befriending services		06.23	Ongoing		Public Health All Strategic Partnership members Eldertree	
3.e.2	Promote emotional wellbeing and suicide prevention training for staff who may be in contact with people are socially isolated	e.g. befriending services, wellbeing hubs, universities	02.24	Ongoing		All partners	

## PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources	
		Start Date	End Date					
<b>3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support</b>								
<b>f) Domestic abuse</b>								
3.f.1	Ensure domestic abuse services are aware of the training available to them and the risk factors for suicide	Share training offer with the domestic abuse services	09.23	Ongoing		Public Health Livewell SW	Public Health Livewell SW	Livewell have presented training offer to the Domestic Abuse and Sexual Violence group
3.f.2	Avoidable deaths approach (see 3.d.1)							
3.f.3	Domestic abuse policies in Alliance organisations		02.24	10.24		The Plymouth Alliance	Public Health	



**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<p><b>3. Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm</b></p>							
4.1	Establish website presence for Plymouth Suicide Prevention Partnership to promote work of partnership and to provide links to local and national support services	Web presence to share action plan, audit reports etc.  Links to partner’s websites and sources of support	02.24	08.24		Public Health  Partnership members  PCC DELT	PCC will establish webpage as part of its website.  Links to all local services and other pages to be provided and via POD. Ongoing work on PCC hosted webpage.
4.2	Support Devon-wide work to encourage positive reporting in local media	Report any identified incident of inappropriate reporting of suicide and suicidal behaviour to Public Health lead  Explore with colleagues across Devon a workshop for local communications leads to come together and learn about the harms of inappropriate reporting.	02.24	10.24		Public Health  All Partners and Comms Teams  Samaritans  Pete’s Dragons	Partners to identify any inappropriate reporting and inform public health leads. This will be formally raised with local editor  Use of Samaritans media guidelines <a href="#">Samaritans' Media Guidelines</a>
4.3	Partners seek to promote positive stories of recovery relating to mental health	Regular partnership meeting item to agree positive stories for sharing	06.23	Ongoing		Public Health  All Partners and Comms Teams	Partners to identify positive local stories and share.  Positive stories is a standard agenda item

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

4.4	Promotion of online safety resources such as Samaritans Online Safety Resources and R;pple	Inclusion of resources on Council website  Partners to use and promote in their networks	2.24	Ongoing		Public Health	All Partners and Comms Teams	<a href="#">Online safety resources   Samaritans</a>  <a href="#">Home - R;pple (ripplesuicideprevention.com)</a>
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PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources	
		Start Date	End Date					
<b>4. Provide effective crisis support across sectors for those who reach crisis point</b>								
5.1	Promotion of appropriate crisis services including: <ul style="list-style-type: none"> <li>- 24/7 NHS (Livewell) crisis line</li> <li>- Colebrook Head Space</li> <li>- Livewell (Home treatment team and Alternative to ED)</li> <li>- Samaritans</li> <li>- CALM</li> <li>- SHOUT</li> </ul>	Partners to promote services within their networks	02.24	Ongoing		Livewell SW  Colebrook	All	<a href="#">First Response 24/7 Crisis Line   Livewell Southwest</a>  <a href="#">Home Treatment Team   Livewell Southwest</a>  <a href="#">Alternative to Emergency Department (A2ED)   Livewell Southwest</a>  <a href="#">Head Space – Colebrook (colebrooksw.org)</a>  <a href="#">Contact Us   Samaritans</a>  <a href="#">Homepage   Campaign Against Living Miserably (CALM) (thecalmzone.net)</a>  <a href="#">Shout - UK's 24/7 Crisis Text Service for Mental Health Support   Shout 85258 (giveushout.org)</a>
5.2	Understanding Right Care Right Person approach	Devon and Cornwall Police to provide updates on phased implementation	02.24	02.25		Devon and Cornwall Police		<a href="#">National Partnership Agreement: Right Care, Right Person (RCRP) - GOV.UK (www.gov.uk)</a>

## PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>5. Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides</b>							
6.1	Identification of trends or novel methods of suicide from Real Time Suicide Surveillance system (local and national)	Update on novel methods quarterly from RTSS data  Network rail biannual updates to partnership on railway safety	02.24	Ongoing		Public Health Pete's Dragons Network Rail	
6.2	Mental health trusts should continue to review and implement evidence-informed recommendations such as those outlined in the NCISH annual reports – Safer Wards	Livewell to update on progress (see action 2.d.1)	02.24	Ongoing		Livewell Southwest	<a href="#">NCISH   The University of Manchester</a>
6.3	Identify from local audit potential need for awareness raising of NICE safe prescribing guidelines.	Review outcome of local suicide audit to determine if need to raise awareness with clinicians around safe prescribing guidelines	05.24	02.25		Public Health  Primary Care	<a href="#">Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults (nice.org.uk)</a>
6.4	Consideration of risk of suicide in all building planning applications	Feedback on relevant planning applications regarding suicide risk	02.24	Ongoing		Public Health	Process currently being undertaken by public health

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

								<a href="https://www.gov.uk">Suicide prevention: suicides in public places - GOV.UK (www.gov.uk)</a>
6.5	Develop a local suicide cluster plan	Explore footprint of plan (i.e. Plymouth or Devon as a whole)	03.24	02.25		Public Health	All partners	<a href="https://publishing.service.gov.uk">Identifying and responding to suicide clusters (publishing.service.gov.uk)</a>

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>6. Provide effective bereavement support to those affected by suicide</b>							
7.1	Ongoing provision of Devon wide suicide bereavement service, which is well connected to the real-time surveillance system so that timely support can be offered	Regular update on numbers of people accessing bereavement support from Plymouth	02.24	Ongoing		Pete's Dragons	Devon and Cornwall Police  Devon ICS  Public Health

## PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
<b>7. Make suicide everybody's business so that we can maximise our collective impact and support to prevent suicides</b>							
8.1	Every individual has access to suicide prevention training	Provision of community suicide awareness courses  Raising awareness of online e-learning resources	02.24	Ongoing		Public Health  All partners	<a href="#">Training   Wellbeing at Work South West</a>  <a href="#">Zero Suicide Alliance (ZSA)</a>
8.2	Employers (especially in high-risk occupations) have appropriate mental health and wellbeing support in place for their staff	Targeting of Livewell Workplace Wellbeing programme employers of higher risk occupations  Annual update from Livewell on the programme	2.24	Ongoing		Livewell  Employers	<a href="#">Wellbeing at Work   Livewell Southwest</a>
8.3	Continue to review membership of Plymouth Strategic Partnership and reach out to wider partners to build awareness in the system and reduce stigma	All partners to consider potential wider membership that could support deliver of suicide prevention work	2.24	Ongoing		All	
8.4	Lived experience / experts by experience input into strategic partnership	For discussion at partnership meeting	2.24	Ongoing		All	

**PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**

8.5	Promotion of non-stigmatising language relating to suicide	All partners to use and promote with their networks	2.24	Ongoing		All		<a href="#">Media Guidelines FINAL.pdf (samaritans.org)</a> (page 12)
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# Suicide Prevention in Plymouth



Plymouth Health and Wellbeing Board,  
7 March 2024

Kamal Patel

Interim Public Health Consultant, Plymouth City  
Council

# Overview



- Background
- National Suicide Prevention Strategy
- Local suicide data
- Plymouth suicide prevention system

# Background



- Please look after yourself and take time if you need
- [Mental health support | PLYMOUTH.GOV.UK](https://www.plymouth.gov.uk/mental-health-support)
- Suicide is the act or instance of intentionally killing oneself
- Only a Coroner can determine a suicide, after an inquest
- We may talk about data and numbers, but we are always aware that these figures relate to real people
- Every suicide is a tragic loss and has devastating and long-lasting impact upon families, friends, neighbours, colleagues and whole communities
- The causes of suicide are complex and individual. There is rarely a single cause

# Background



- Risk factors often reflect wider inequalities and economic factors
- Suicide has a major societal issue
- The impact is felt most deeply at a personal and human level. The average cost to society of each death is £1,67 million
- 70% of people who die by suicide are not known to mental health services in the year before their death – need for whole population approach
- Suicide is preventable

# What is suicide prevention?



- Suicide prevention is broad and includes everything from:
  - Measures to improve population level emotional health and wellbeing (including through the wider determinants of health)
  - Support for people with mental health issues (from early intervention through to crisis care)
  - Support for people who are bereaved by suicide.
- It is essential that the preventative approach addresses the complexity of the issue.
- No single organisation is responsible for suicide prevention and there are no simple measures to prevent suicide.
- Suicide prevention is everyone's business. A whole systems approach is required so that partners are working in collaboration towards the same priorities.

# Talking about suicide

- Talking about suicide is hard
- There is no evidence that talking about suicide may ‘plant’ the idea into somebody’s mind – but it can relieve the person of the internal burden it talked about sensitively and appropriately
- Worry about language shouldn’t stop us talking about suicide...however,

## Do use

A suicide

Taken his/her/  
their own life

Ended his/her/  
their own life

Die by/death  
by suicide

Suicide attempt

Attempted suicide

Person at risk  
of suicide

## Don't use

Commit suicide

Suicide victim

Suicide ‘epidemic’,  
‘wave’, ‘iconic site’,  
‘hot spot’

Cry for help

A ‘successful’,  
‘unsuccessful’ or ‘failed’  
suicide attempt

Suicide ‘tourist’  
or ‘jumper’

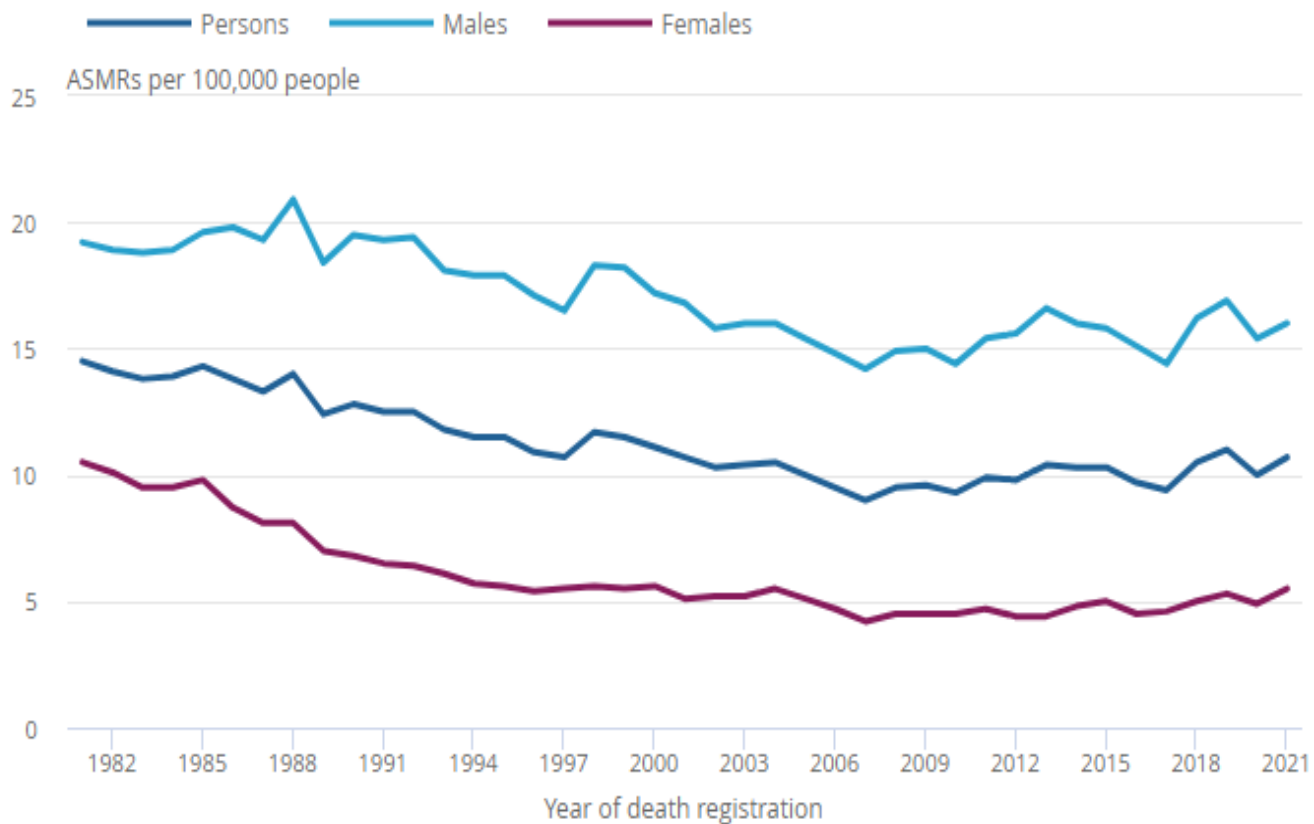
# Suicide Prevention Strategy for England 2023 to 2028



- [Suicide prevention in England: 5-year cross-sector strategy](#)
- Updated priorities based on data, evidence and engagement with experts (including those with personal experience).
- The continued need for a national suicide prevention strategy was because at a national level:
  - The suicide rate is not currently falling
  - Suicide remains the biggest killer of people under 35 and one of the leading causes of death in men under 50.
  - Rates across all ages groups under 25 have been increasing
  - Self-harm rates have been rising in children and young people
  - New and better-quality evidence (e.g. harmful gambling and domestic abuse)
  - Recent challenges: COVID-19, cost of living



Office of National Statistics: Suicides in England and Wales: 2021 registrations





# National Suicide Prevention Strategy



- The first purpose of the national strategy is to make it clear that suicide prevention matters, and to bring everybody together around common priorities.
- This includes national government, the NHS, local government, the voluntary, community and social enterprise (VCSE) sectors, employers, communities and individuals.

# Priority areas for action (national strategy)



1. Improve **data and evidence** to ensure that effective evidence-informed and timely interventions continue to be developed
2. Provide tailored, targeted support to **priority groups**, including those at higher risk at a national level
3. Address **common risk factors** linked to suicide at a population level by providing early intervention and tailored support
4. Promote **online safety and responsible media content** to reduce harms, improve support and signposting and provide helpful messages about suicide and self harm

5. Provide effective **crisis support** across sectors for those who reach crisis point
6. **Reduce access to means and methods of suicide** where this is appropriate and necessary as an intervention to prevent suicides
7. Provide **effective bereavement support** to those affected by suicide
8. **Make suicide everybody's business** so that we can maximise our collective impact and support to prevent suicides

# Priority groups



- Children and young people
- Middle-aged men
- People who have self-harmed
- People in contact with mental health services
- People in contact with the justice system
- Autistic people
- Pregnant women and new mothers

These are priority groups for different reasons, which can be overall rate being higher in these group or trends showing increasing rates (whilst still being low)

# Common risk factors



- Physical illness
- Financial difficulty and economic adversity
- Gambling
- Alcohol and drug use
- Social isolation and loneliness
- Domestic abuse

# Example actions from the strategy



- Improvements to NHS mental health crisis support offer, e.g. crisis cafés, MH ambulances, alternatives to ED
- Review of RSHE guidance to determine whether suicide and self-harm prevention will be included as explicit part of the curriculum
- Roll out of suicide and self-harm prevention training among prison and probation staff
- Roll out of mental health support teams in school and colleges
- Legislation to tackle harmful online suicide and self-harm content (Online Safety Bill)

# Plymouth Suicide data



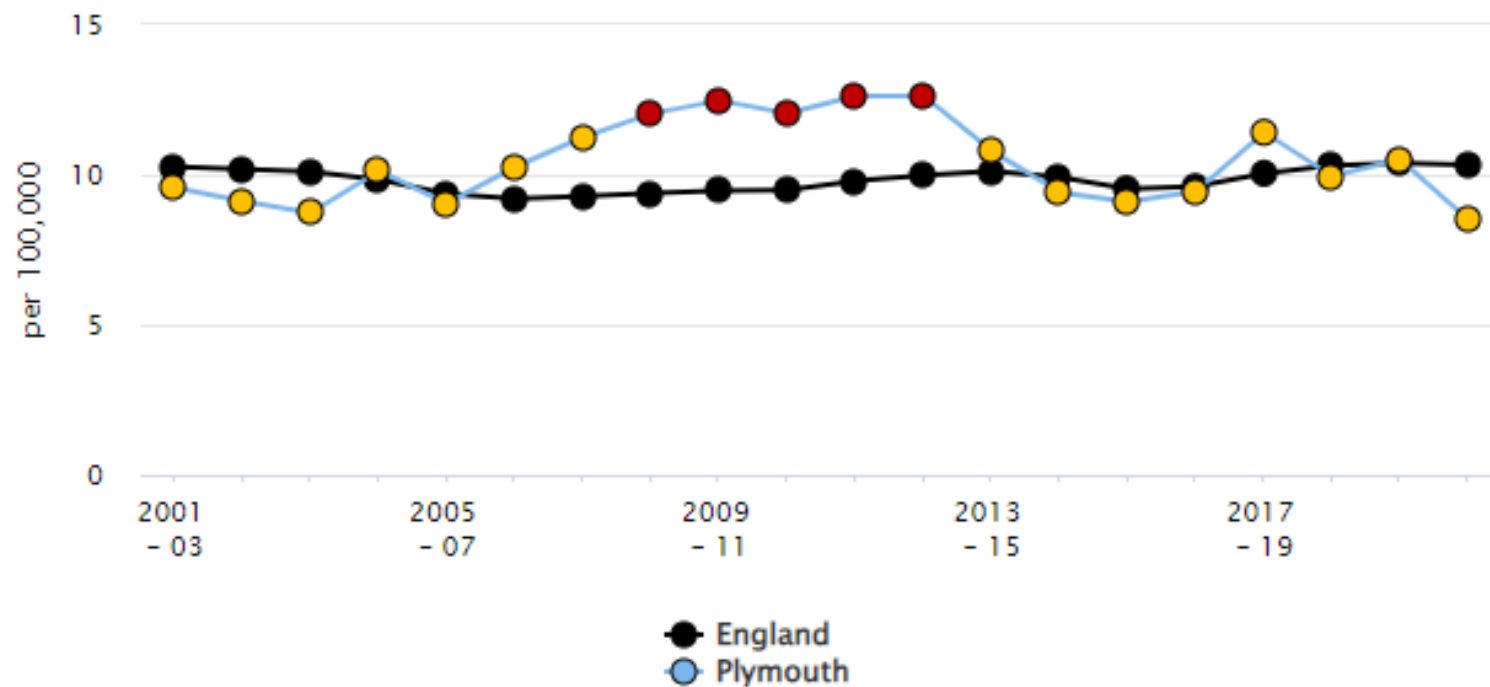
- Around 24 people die by suicide each year in Plymouth
- Standardised suicide rate for Plymouth between 2020-22 (most recent data) was 8.5 per 100,000 compared to 10.3 for England and 11.9 for the South West



## Suicide rate (Persons)

[Show confidence intervals](#)

[Show 99.8% CI values](#)





# Plymouth suicide audit summary 2020-2022



- Produced annually with most recent data
- This report covers deaths registered in 2020-22
- Provides a city-wide overview of deaths in Plymouth residents by suicide and undetermined intent
- 61 deaths in total between 2020 and 2022
- Male to female ratio, 3 : 1 (in line with national and historical trends)
- Majority of deaths occur in people's own home
- Suicide affects the entire city

# The local suicide prevention system



- Plymouth Suicide Prevention Strategic Partnership
- Real-time Suicide Surveillance
- Suicide bereavement service
- Suicide prevention training
- Plymouth suicide audit (detailed)
- Partnership working across Devon ICS

# Plymouth Suicide Prevention Strategic Partnership



- Open group chaired by Public Health
- To work collectively with local agencies, organisations and people to identify local priorities and inform the development and delivery of the local suicide prevention strategic action plan
- Strategic action plan based on the national strategy priorities
- Draft action plan for 2024-25 based on the new national strategy shared with papers for meeting – discussion/feedback within and outside of this meeting welcome

# Suicide prevention strategic action plan



## Ambition

We aspire to work together to make all communities in Plymouth suicide safer communities.

We want to make Plymouth a place that supports people in times of personal crisis and builds individual and community resilience to improve lives.

The ambition for suicide prevention is to deliver a consistent downward trajectory in the suicide rate, that remains below or at least in line with the national average.

# Real-time suicide surveillance



- Official suicide data is usually 1-2 years delayed due to coronial process
- We work with the police to provide real-time data on what the police call ‘sudden self-inflicted deaths’
- Data Analyst based at Pete’s Dragon’s bereavement service
- Real time data enables:
  - Timely offer of bereavement support
  - Identification and response to suicide clusters
  - Identification and response to novel methods



# Suicide bereavement service



- People bereaved by suicide are more likely to die by suicide themselves
- Bereavement support - NHS Devon commissioned service
- Provide support for anybody (adults and children) affected by suicide for as long as they need
- Historical and recent suicide deaths
- No waiting lists – support starts within 48 hours of contact.
- Police officers hold contact card for Pete's Dragons to hand out to people affected in a timely manner.



# Suicide prevention training



- 70% of people who die by suicide are not known to mental health services in the year before they die
- Suicide prevention training is one of the best tools we have to build suicide prevention capacity in the system and population
- It means somebody approaching or in crisis is more likely to connect with somebody who is more confident to offer suicide prevention support
- Training encouraged in whole population and particular workforces who may be in contact with people who are at higher risk

# Suicide Prevention Training



Scan the QR code to be directed to the Eventbrite page to sign up for training

[Wellbeing at Work \(Livewell Southwest\) Events | Eventbrite](#)



# Plymouth Suicide Audit (detailed)



- In-depth review of coroner files of confirmed suicides
- To provide local insights and identify risk factors for suicide in Plymouth
- To share learning and inform suicide prevention activity going forward
- Currently reviewing all relevant deaths that were registered in 2017-2021 to produce a detailed audit report

# Working across Devon ICS



- Strong network with suicide prevention leads in Devon, Plymouth and Torbay Public Health teams, e.g. joint funding for Real-time analyst
- NHS Devon Suicide Prevention Oversight Group provides strategic oversight of the implementation of suicide prevention activity in Devon (local action plans, clinical settings, real-time data)
- Additional collaboration with NHS Devon Mental Health Learning Disabilities and Neurodiversity Provider Collaborative Board
- Suicide prevention as key part of Devon ICS Joint Forward Plan



# Health and Wellbeing Board



Date of meeting:	07 March 2024
Title of Report:	<b>Refreshed Devon Joint Forward Plan</b>
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Jenny Turner (NHS Devon)
Contact Email:	Jenny.turner3@nhs.net
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

The purpose of this report is to provide members an opportunity to comment on the refreshed Joint Forward Plan for Devon and to provide assurance that the plan reflects the Health and Wellbeing Strategy for Plymouth.

## Introduction

1. The first Joint Forward Plan (JFP) for Devon was published in July 2023 and is due to be refreshed for April 2024. Integrated Care Board (ICBs) and their partner trusts are required to publish a refreshed JFP before the start of each financial year, setting out how they intend to exercise their functions in the next five years. This draft is being presented to the Board for consideration and comment, the final version will be presented to the NHS Devon Board for approval at its meeting in March 2024.
2. This is a refresh of the Joint Forward Plan for Devon written in collaboration with partners across our system. It describes how the health and care sector plans to meet the challenges facing Devon, meet the population's health needs and the strategic objectives set out in the Integrated Care Strategy over the next five years.
3. The JFP (attached as an Annex to this report) reflects the work that is happening across the wider Devon system, in the health and care sectors and beyond, and demonstrates how this work aligns with the strategic goals in the Strategy and how it will deliver the required improvements in health and wellbeing.
4. The Joint Forward Plan reflects an intention to work in collaboration and partnership to deliver our system ambitions, but it is important to acknowledge that statutory duties remain with individual organisations. There are some specific statutory duties that the Integrated Care Board needs to deliver as part of its statutory function, that must be met through the JFP, and these duties are incorporated throughout the plan.

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

### Feedback on the 2023/24 JFP

6. Feedback has been received on the JFP from a variety of sources including Trust Boards, Health and Wellbeing Boards, senior system leaders and NHS England (NHSE). Programme leads have been provided with the feedback relevant to their individual programmes for consideration when refreshing their plans.
7. On the plan overall, it was felt that it was too long, did not link programmes to the ICS aims, did not create links between the programmes and our overall ambition, did not articulate priorities and did not explain the difference the plan would make to the people of Devon. But it did clearly articulate a strategic link to the Devon Integrated Care System (ICS) objectives and the programme plans were clear.

### Refreshed JFP for 2024/25

8. The plans outlined in the JFP have not significantly changed from the version published in 2023 although the structure of the plan has been amended and the content reduced in response to feedback.
9. The refreshed plan is structured around three themes/priorities: Healthy People; Healthy, safe communities; and Healthy, sustainable system.
10. The content of each programme plan has not materially changed from the version published in July.
11. New content for each programme describes: their key achievements in 2023/24, what people in Devon will see as a result of the programme and shows which of the ICS aims the programme supports delivery of. We have removed the programme detailed action plans and milestones.
12. There is an immediate requirement to recover both the financial and performance position for Devon to ensure that we have a sustainable system going forward. This will require improvement in both financial and operational performance, access and quality of care. All the programmes have outlined both their short-term objectives to support recovery and system exit from NOF4 and their longer term objectives to transform the way we work together across our system so that it is healthy and sustainable in the future.

### Recommendations and Reasons

The Health and Wellbeing Board is asked to:

1. Consider the refreshed Devon Joint Forward Plan, and provide comment and feedback to the Integrated Care Board to support its ongoing development;
2. Endorse the Plan and assure that it takes account of the current health and wellbeing strategy for Plymouth.

**Alternative options considered and rejected**

N/A

**Relevance to the Corporate Plan and/or the Plymouth Plan**

Working with the NHS to provide better access to healthy, care and dentistry;  
 Keeping children, adults and communities safe;  
 Focussing on early intervention and prevention.

**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.*

N/A

**Appendices**

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Devon 5 Year Joint Forward Plan (Draft)							

**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: Ruth Harrell (Director of Public Health)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 28/02/2024											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet member for Health and Adult Social Care)											
Date approved: 28/02/2024											

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**DRAFT**  
**Devon 5-Year Joint Forward Plan**

**April 2024**

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<a href="#">Appendix B – glossary</a>	



# Foreword

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

The Strategy sets out the key challenges for our Integrated Care System, known as One Devon health and care system, and a set of strategic goals aimed at tackling these challenges over the next five years. Over the last 12 months, system partners have been working to ensure that they take account of the Strategy in their planning and delivery of services, in a way that ensures alignment between health and other sectors. The Devon 5-Year Joint Forward Plan brings together the strategies and plans that are in place or in development across our system, in individual organisations, in collaboratives and in system programmes, into a single over-arching Plan and has aligned these to the strategic goals set out within the Integrated Care Strategy.

We are pleased to be able to describe some of the key achievements across Devon that shows how the programmes we are working on together are making a difference for people who live and work in Devon. We should also recognise that the last 12 months have been challenging for public sector services. NHS partners have been delivering plans to support both NHS Devon and partner NHS trusts moving out of segment 4 of the NHS Oversight Framework and Local Authority partners have been managing their own significant operational and financial pressures. The JFP recognises this context and the need to ensure that our system recovery is prioritised in the early years of the Plan and that we earn the autonomy we need to deliver transformational change.

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



**Sarah Wollaston**

**Steve Moore**

# Health and Wellbeing Board Opinions

To be updated if requested by H&WBs

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

## Torbay Council

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

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

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

## Plymouth City Council

Plymouth's HWB has been engaged throughout the process of development of the JFP and has been consulted, with the opportunity to raise questions and highlight potential omissions.

The Plymouth HWB endorses the Plan and is assured that it takes account of the current health and wellbeing strategy for Plymouth. The focus on inequalities in access and in outcomes is welcomed, and we look forward to seeing the shift in resources required to deliver on this aim.

## Devon County Council

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

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

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# Introduction

# Purpose of 5-Year Joint Forward Plan

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

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

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

## The Devon 12 challenges

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

# One Devon's Integrated Care Strategy on a page

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

# About Devon

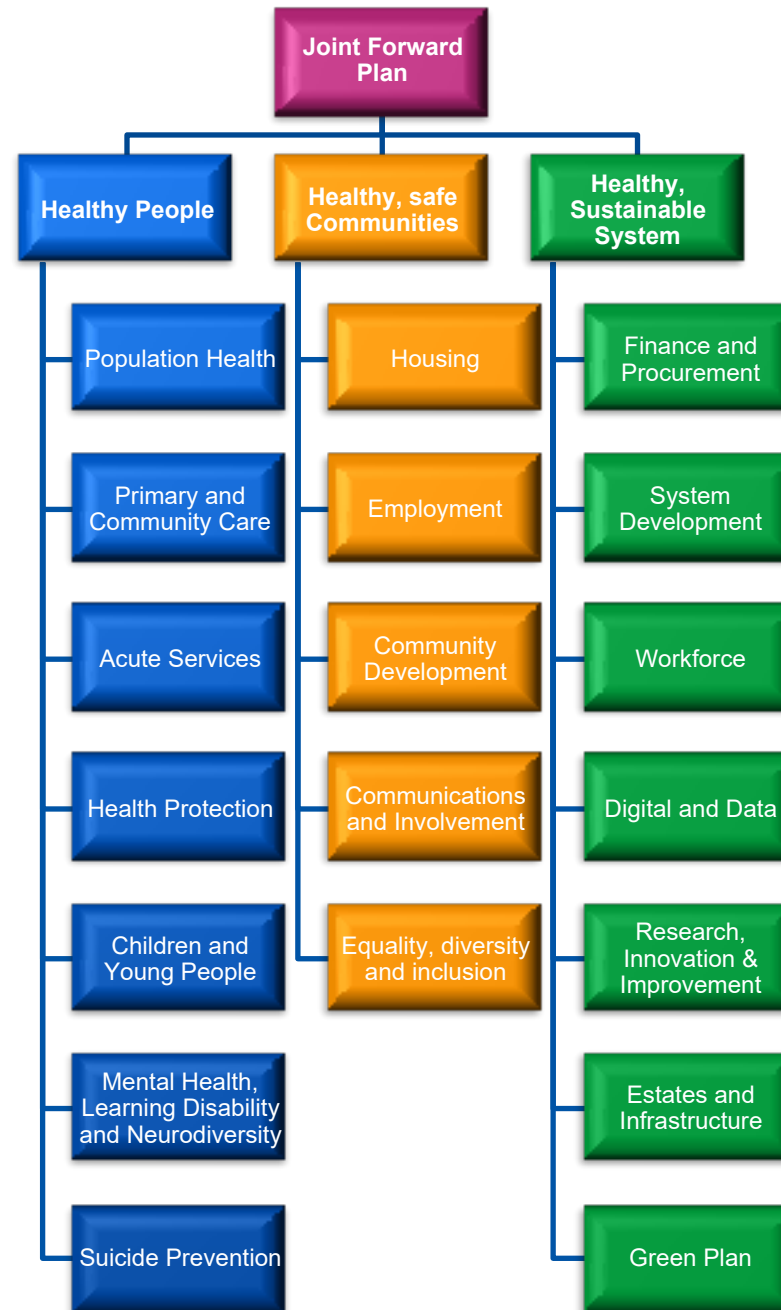
Devon is a complex system, with many different arrangements across deliver functions and geographies. Elements of the plan are delivered across a range of provision including:

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



# Developing a sustainable future for health and care in Devon

- The JFP describes how the Integrated Care System plans to deliver health and care services that meet population need and are sustainable in response to the Integrated Care Strategy.
- The JFP is underpinned by a **three key themes** that reflect the system priorities, and foster conditions for successful enabling functions.
- Each theme is supported by a series of programme plans that articulate how the JFP will be delivered in the short, medium and long-term
- The programme plans encompass both **delivery** of services and the requirements to **enable** success.



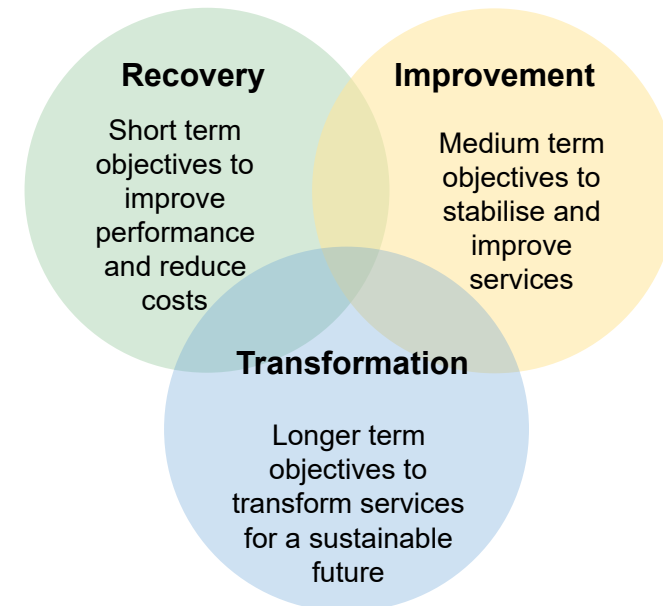
# Delivering a sustainable future for health and care in Devon

- In order to develop a sustainable future for the health and care services in Devon, we need to **recover our system, stabilise services and deliver long term sustainable improvements.**
- Each programme plan describes:
  - The programme **ambition**
  - The **difference** the programme will make to the people of Devon
  - **Achievements** delivered in 2023/24
  - **Short term objectives** to improve performance and reduce costs (recovery)
  - **Medium term objectives** to stabilise and improve services
  - **Longer term objectives** to transform services for a sustainable future

## Ambition

### Achievements Impact

## Objectives





# Developing our JFP

## Delivering our ICS Aims

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



Improving outcomes in population health and healthcare



Tackling inequalities in outcomes, experience and access



Enhancing productivity and value for money



Helping the NHS support broader social and economic development

## Engagement

Development of the Integrated Care Strategy and the Joint Forward Plan was informed **by analysis of extensive public feedback** about health and care (collected across system partners) between 2018 and 2022 and **direct engagement** in production the plan in 2023 with Overview and Scrutiny committees, Health and Wellbeing Boards and system partners including VSCE and Healthwatch representatives. Programme leads have engaged with relevant stakeholders in the refresh of their plans.

## Recovery is central to our JFP

There is an immediate requirement to **recover both the financial and performance position for Devon** to ensure that we have a sustainable system going forward. Devon ICB and xx of our acute hospital trusts are in section 4 of the NHS National Oversight Framework (NOF4). Exit from NOF 4 will require to **improvement in both financial and operational performance, access and quality of care.**

The JFP includes how we are approaching system recovery. All the programmes have outlined both their short-term objectives to support recovery and system exit from NOF4.

## Statutory Duties

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

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

## NOF4 exit criteria

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

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

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



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

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

# Getting the system in balance – NHS recovery

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

## What needs to be achieved

- Three-year financial plan linked to activity, workforce, performance:**
- 2023/24 reported position no worse than £42.3m deficit
  - 2024/25 c.£30m deficit through use of non-recurrent means
  - 2025/26 breakeven exit run rate position

## How we will achieve this

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

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

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

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

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

### 3 Intra-organisation working and redesign

- Looking to intra-organisation opportunities in areas such as:
1. Single system pathways (Shared PTL, integrated pathway management etc.)
  2. Single system ways of working i.e., redesign of group models, single EPR solutions across Devon and Cornwall and workforce planning.

### 4 System Performance Improvement

- Developing system-wide integrated improvement plans at pace through two streams of work, prioritised across UEC and Elective. Initially beginning with key system issues (e.g. frailty) and broadening out to support care pathway demands (e.g. through a surgical strategy):
1. Integrated collaborative community and social care services – working through in sequence frailty, long term conditions, urgent care; and
  2. Networked acute care – through networked urgent care, elective, fragile services, virtual

## Activity and Performance

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

## Workforce

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

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

# Getting the system in balance – local authority recovery

## Torbay

Torbay's approach to adult social care is a collaboration Torbay Council, Torbay and South Devon NHS Foundation Trust, and our VCSEs enabling a comprehensive and focused approach to enhancing the well-being and independence of our community. Our integrated partnership aims to strengthen care and support and is aligned to Torbay's clear strategic vision of maximising people's choices and enabling them to live a fulfilling life in their own community. Torbay's vision is supported by system-wide transformation and guided by the values of the Adult Social Care Strategy and the Devon 5-year Joint Forward Plan. To support the accomplishment of our goals, Torbay has key objectives:

- Increasing independence, choice, and control through strategic shaping and oversight of Torbay's market with a focus on building independence through support for living and partnership with the VCSE sector and communities.
- Hospital discharge, supported by the expertise of Adult Social Care, is a seamless and personalised transition aimed at ensuring individuals return home with the necessary support, reablement, and community resources to foster independence and holistic well-being.
- Adult Social Care, transformed by data, technology, and digital improvements, enhances service accessibility, efficiency, and personalisation, ensuring a responsive and tailored approach to meet the diverse needs of our community members.
- Efficiency and innovation ensuring that Torbay's resources are optimally utilised, achieving better value for money while maintaining high-quality services and enhancing the well-being of individuals in our community.
- In embracing these objectives and vision, Torbay remains dedicated to the continual improvement of adult social care services, fostering a community where individuals thrive with autonomy, support, and a collective commitment to well-being.

## Plymouth

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

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

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

## Devon

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

With key local partners we will continue to quality assure, benchmark and improve how we do things so we can continue to deliver vital local services and improve outcomes for the people of Devon as efficiently and effectively as we can with a focus on strengthening partnerships and evidencing. Delivery of the savings and improvement programme will not be easy, but the level of commitment from teams, working together as one organisation, and the level of assurance that has been involved in the budget-setting process, mean that the 2024/25 budget is as robust as possible and will deliver best value for the people of Devon.

# Our Joint Forward Plan

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

# One Devon

## Healthy People



# Healthy People

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

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

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

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

## Our Vision

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

## What Devon will see



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



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



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



Improved A&E waiting times and ambulance response times



Improved access to urgent treatment centres



Reduction in waiting times for elective surgery



Faster access to diagnostics



Increase in cancers diagnosed at stages 1 and 2



Easier navigation around our urgent care system



Increased working with services in Cornwall to ensure that together we deliver the best possible services to patients



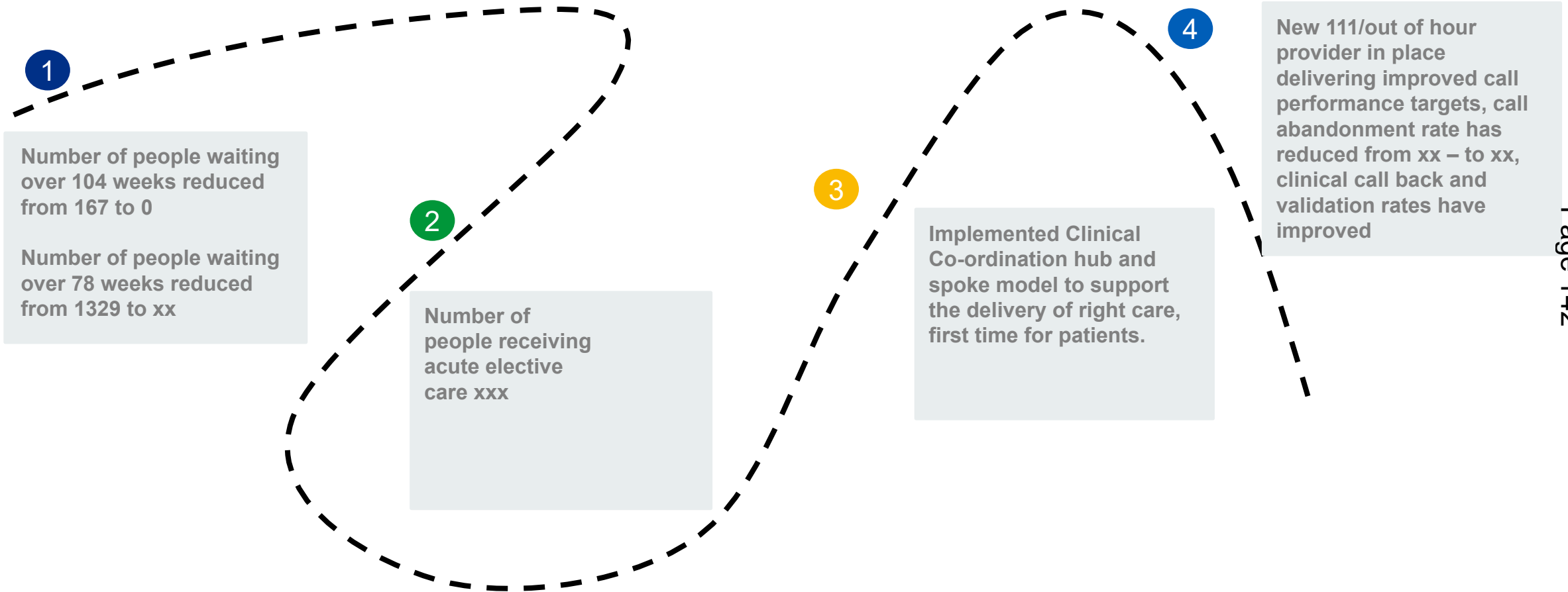
# Our objectives

## Which ICS Aim(s)



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

# What we have achieved in 2023/24



## Our Vision

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

## What Devon will see



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



People will receive services that are aimed at preventing poor health



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



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



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



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



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



Objectives	Year 1-2	Year 3-4	Year 5+
<ul style="list-style-type: none"> <li>We will develop a <b>collaborative</b> approach to working across communities. By 2025, we will have effective collaborative mechanisms in place for primary care, community services, voluntary and community services and independent social care providers.</li> </ul>	☑		
<ul style="list-style-type: none"> <li>We will have an <b>integrated</b> approach, neighbourhood approach focussed on PCN boundaries. By 2025, we will have developed integrated ways of working that encompass primary care, community services, mental health, social care, voluntary and community services and acute services working as part of a multi-disciplinary team to jointly deliver services</li> </ul>	☑		
<ul style="list-style-type: none"> <li>By 2025, We will develop our <b>same day</b> services so they can consistently meet people’s urgent needs and avoid emergency admission to hospital. This includes pro-actively identifying people at high risk of admission, virtual wards, timely access to general practice and community pharmacy services, urgent community response, social care support and access to specialist support.</li> </ul>	☑		
<ul style="list-style-type: none"> <li>By 2026, each PCN will adopt an integrated, <b>proactive</b> approach, with a focus on prevention and early intervention. PCNs will use population health data to support the identification of the people that are most likely to benefit from this approach.</li> </ul>	☑	☑	
<ul style="list-style-type: none"> <li>By 2025, we will have developed consistent, robust pathways for End of Life and falls and frailty, so people are able to access the right, expert input to support them at home. By 2026, we will have developed outreach models to hospital <b>specialists</b> are supporting professionals in the community to look after people in their own homes.</li> </ul>	☑	☑	
<ul style="list-style-type: none"> <li>By 2026, people will be <b>easily able to understand</b> what community-based services are available and how to access them. By 2024, we will have implemented the consistent use of the Joy App by social prescribers across 100% of PCNs.</li> </ul>	☑	☑	
<ul style="list-style-type: none"> <li>A <b>personalised</b> approach will be utilised across every integrated team, prioritising those population groups who will benefit most from the approach (end of life, frailty and dementia)</li> </ul>	☑	☑	☑
<ul style="list-style-type: none"> <li>By 2028, we will have <b>resilient, sustainable and high-quality general practice</b> which is able to meet clinically appropriate demand, offer timely access, operate at scale and have a planned approach to managing change.</li> </ul>	☑	☑	☑
<ul style="list-style-type: none"> <li>We will <b>maximise the potential of pharmacy services</b>; by 2028 we will have increased service resilience and improved patient access, safety and quality of care.</li> </ul>			
<ul style="list-style-type: none"> <li>Local authorities will meet their Care Act duties by ensuring a <b>sufficient care market</b></li> </ul>	☑	☑	☑
<ul style="list-style-type: none"> <li>Innovative <b>extra care and supported living schemes</b> will be developed to provide people with greater independence and support them to remain in their own homes</li> </ul>	☑	☑	☑
<ul style="list-style-type: none"> <li>By 2028 the ICB will have commissioned <b>sufficient dental services</b> to ensure all disadvantaged groups have access to a routine dental check-up, every 24 months for adults and 6-12mths for children, as well as enough capacity to meet demand for urgent care</li> </ul>	☑	☑	☑

# What we have achieved in 2023/24



## Our Vision

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

## What Devon will see

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

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

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

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

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

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

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

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

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

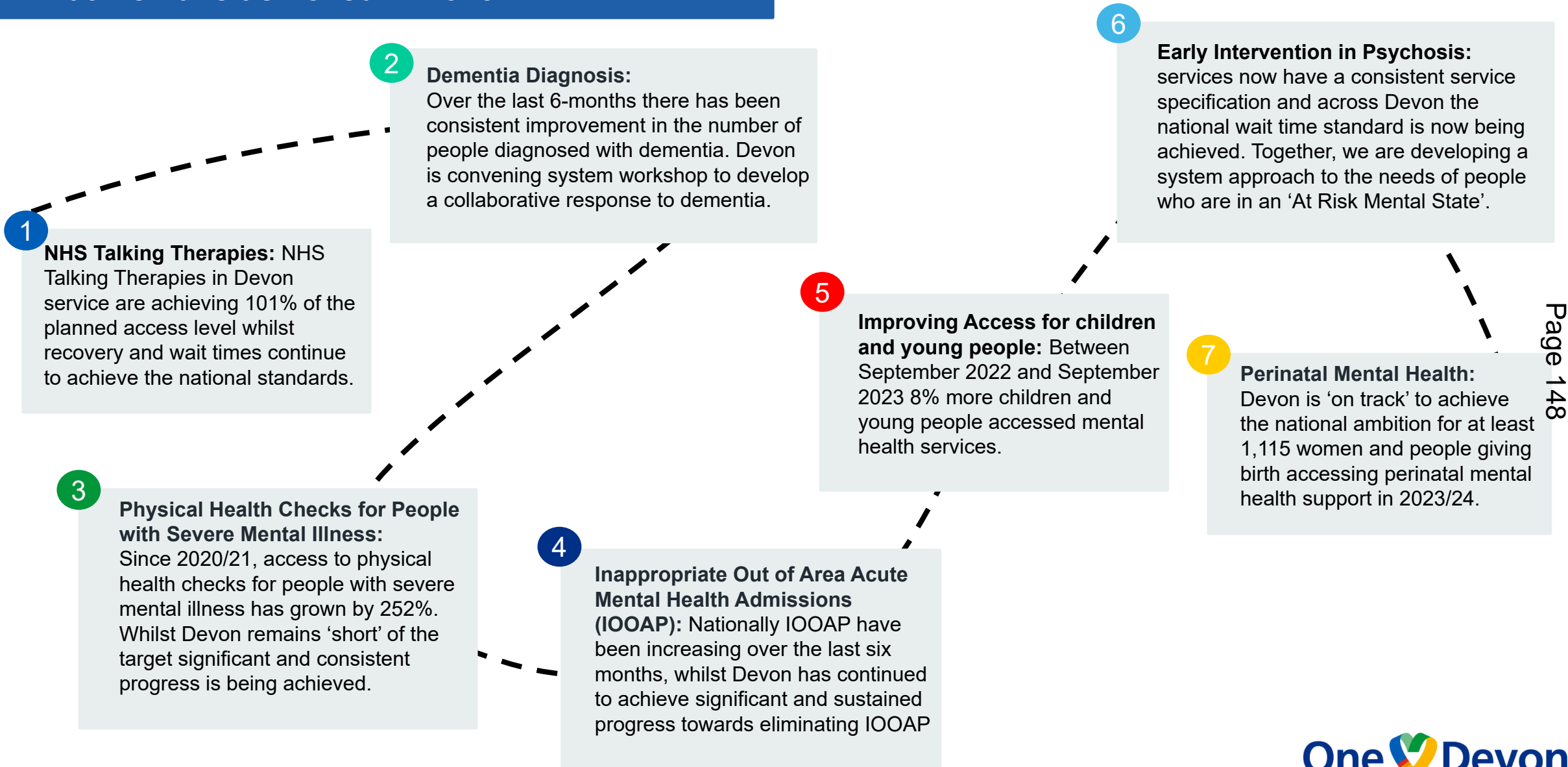
# Our objectives

## Which ICS Aim(s)



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

# What we have achieved in 2023/24







## Our Vision


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


## What Devon will see

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


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

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

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

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

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

 Golden thread of reasonable adjustments to access all services across Devon

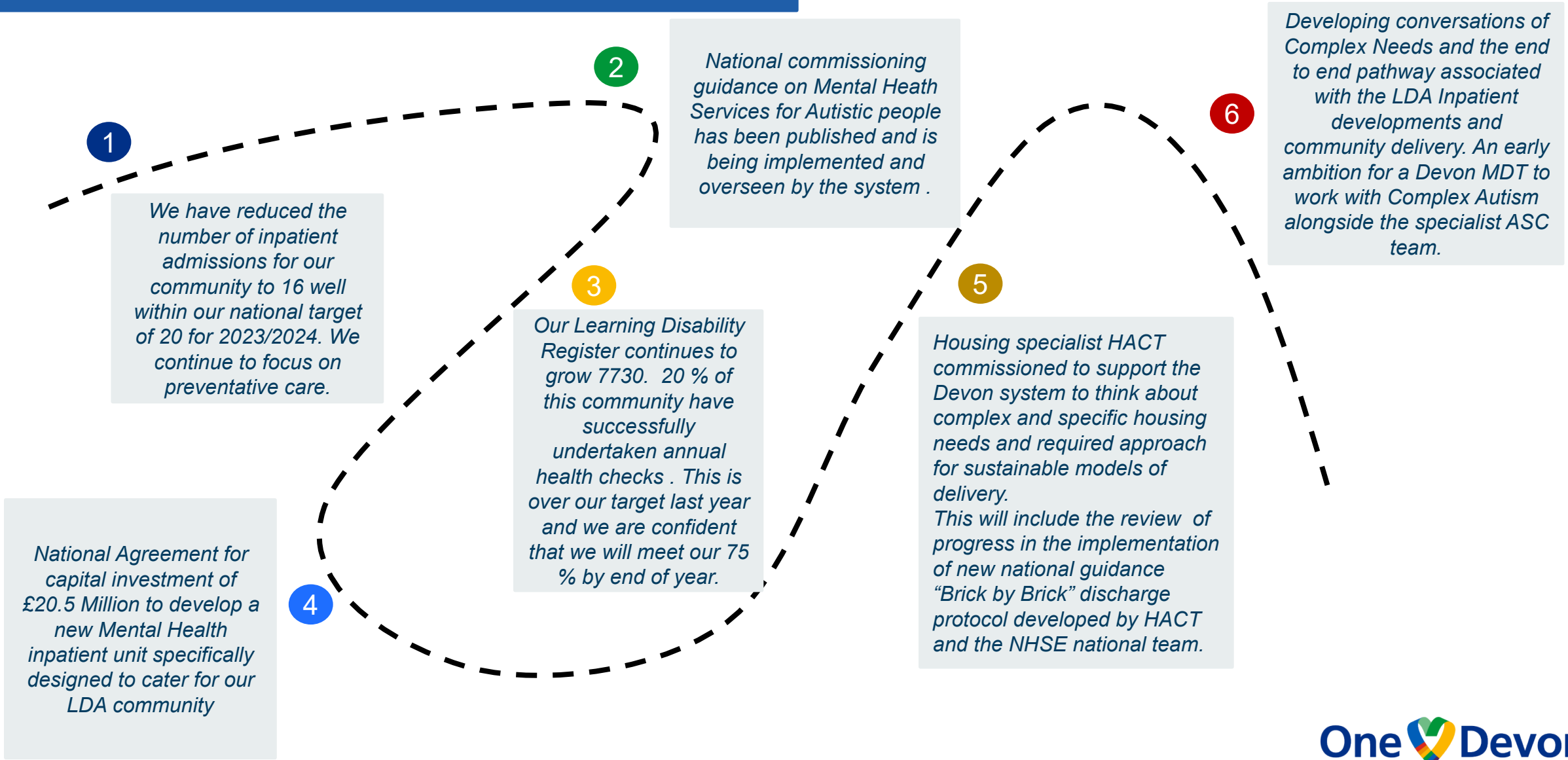
# Our objectives

## Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
<ul style="list-style-type: none"> <li>Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 as well as continue to improve the accuracy and increase size of GP Learning Disability registers.</li> </ul>	☑	☑	☑
<ul style="list-style-type: none"> <li>Reduce reliance on Mental Health locked and secure inpatient care, while improving the quality of Mental Health inpatient care, so that by March 2028 (in line with national target) no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an Mental Health inpatient unit</li> </ul>	☑	☑	☑
<ul style="list-style-type: none"> <li>Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times by March 2028</li> </ul>	☑	☑	☑
<ul style="list-style-type: none"> <li>Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in the guidance</li> </ul>	☑	☑	☑

# What we have achieved in 2023/24



# Children and Young People and Women's Health

## Our Vision

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

## What Devon will see



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



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



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



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

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



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



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



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



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

# Our objectives

## Which ICS Aim(s)



### Objectives – Children and Young People

- Services for children who need **urgent treatment and hospital care** will be delivered as close as possible to home. There will be a recognition on the potential impact and harm for CYP and their families whilst on waiting lists for paediatrics within acute, community and surgery procedures. By the transformation of pathways to better prioritise the use of clinical capacity, waiting times will steadily improve across the next five years.
- Through implementation of the neurodiversity offer by, 2027 children and families with **neurodiverse, emotional and communication needs** will be able to access services and be supported across health, care and education, preventing crisis and enabling them to live their best life (incl. wait list recovery for community services).
- Through our work to improve outcomes for children with **long term conditions**, we are focussing on reducing health inequalities by understanding differences for our Core20PLUS5 populations.
- To address significantly poorer outcomes for **care experienced children and young people**, we will tackle issues affecting access and equity of care.
- We will fulfil our statutory safeguarding responsibilities under ‘Working Together to Safeguard Children’ (2018) and respond to the local safeguarding children partnership priorities; to ensure that the health needs of all **vulnerable children** are identified and met by 2028.
- **Family Hub and Early Help models** will be developed across Devon ICS and in each local area by 2026, working with Local Authorities and other key partners to collaborate, identify and ensure a joined-up approach is taken to meet the needs of babies, children, young people and families across Devon at an earlier stage through a more holistic approach.
- The **Special Education Needs and Disabilities (SEND)** of children and families will be prioritised across the Devon ICS. SEND reforms will be embedded across the three Local Authorities to address the weaknesses identified through the Torbay, Devon and Plymouth Local Area Inspection’s within the mandated timeframes for each local area.

Year 1-2

Year 3-4

Year 5+



### Objectives – Women’s Health and Maternity

- Through a 5 year **maternity and neonatal** delivery plan, maternity care will be delivered safely and will offer a personalised experience to women, birthing people and their families. Maternity and neonatal workforce will be inclusive, well trained and fit for the future. The Core20PLUS5 approach for women and birthing people will be implemented as part of the core programme.
- We will work collaboratively with System Partners to establish and deliver responsive, data led, inclusive and accessible services to meet the health needs of young girls and women across their life cycle through local implementation of the national **Women’s Health Strategy**. Women’s Health hubs will be developed and implemented across Devon ICS by 2025.

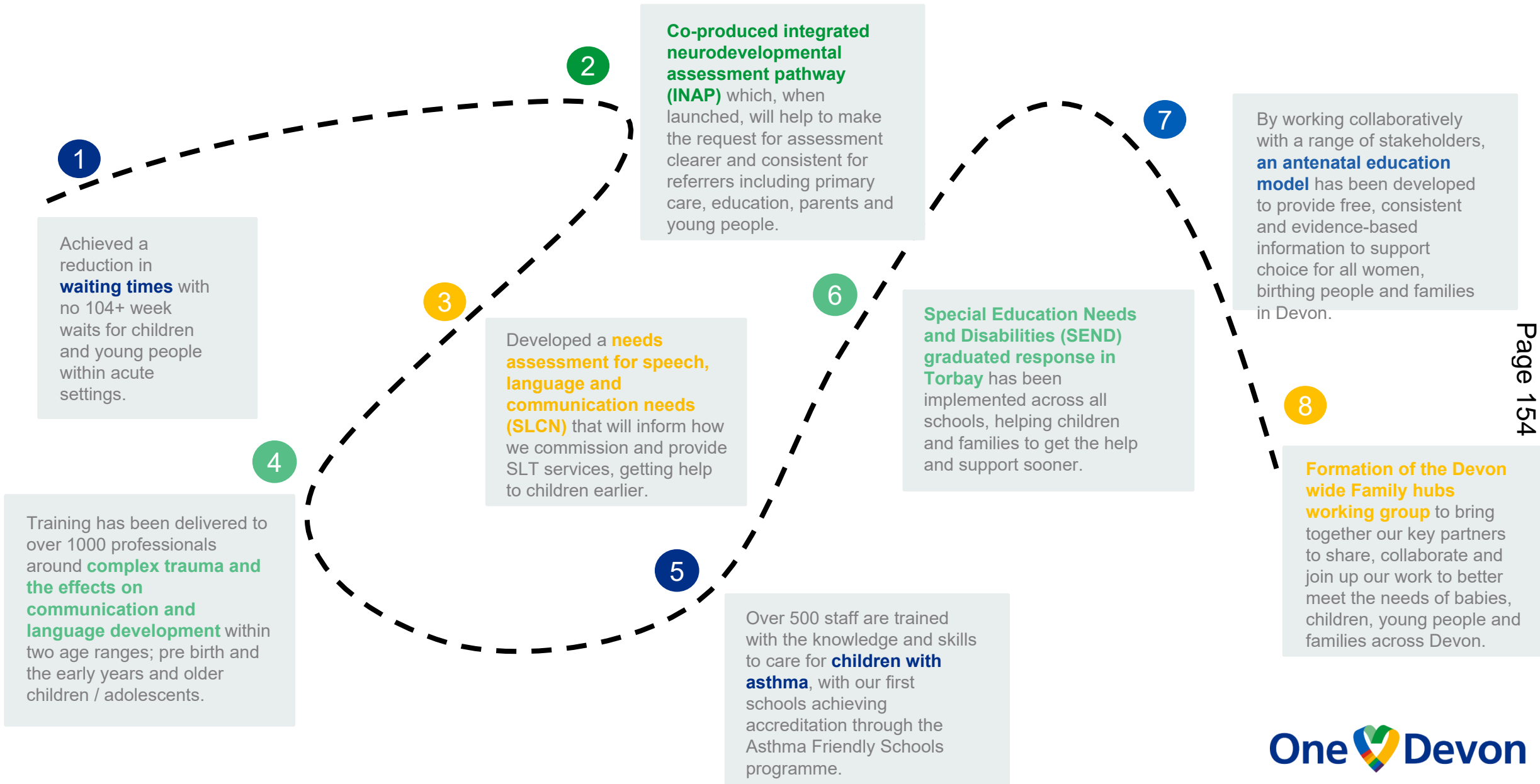
Year 1-2

Year 3-4

Year 5+




# What we have achieved in 2023/24





## Our Vision


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


## What Devon will see


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

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

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

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

 Improved performance against Core20+5 targets

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

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

## Our objectives

### Which ICS Aim(s)



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



## What we have achieved in 2023/24



## Our Vision

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

## What Devon will see



### **Reduced health care associated infections.**

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



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



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



### **Improved vaccination uptake**

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



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



### **A system that can respond to health protection incidents**

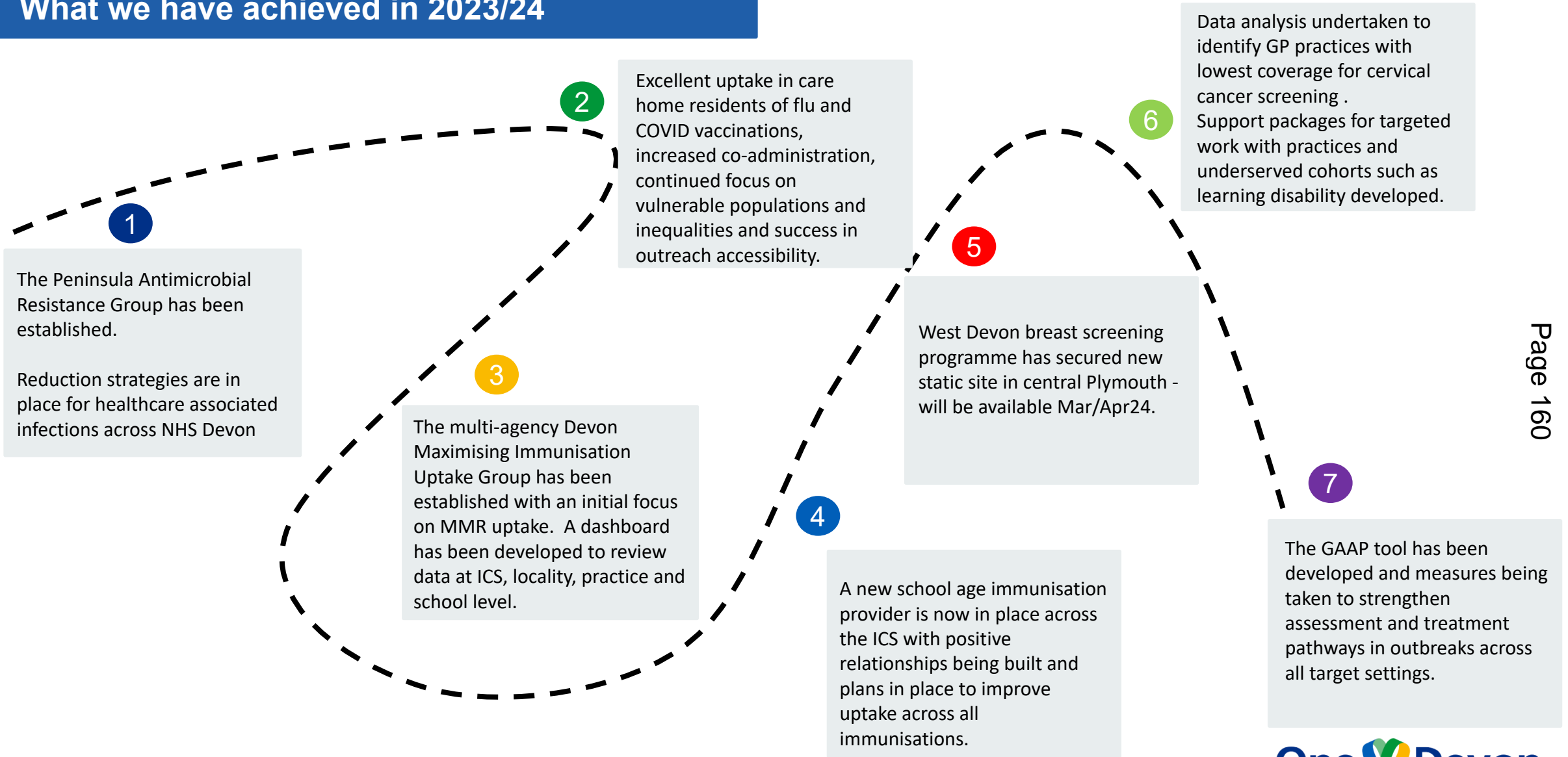
Pathways in place for key pathogens and communities.

## Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Reduce occurrences of healthcare associated infections (HCAI) (Clostridium difficile (C. diff), methicillin-resistant Staphylococcus aureus (MRSA) and community onset community associated (COCA) occurrences of HCAs	☑	☑	☑
Ensure effective antimicrobial use in line with NICE guidance and the Start Smart Then Focus principles to optimise outcomes, reduce the risk of adverse events and to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection	☑	☑	☑
Providers must demonstrate a 100% offer to eligible cohorts for influenza and Covid vaccination programmes – with particular focus on Devon’s priority populations (CORE20PLUS5) for children and young people (CYP) and adults and aim to achieve at least the uptake levels for influenza of the previous seasons for each eligible cohort, and ideally exceed them where applicable.	☑	☑	☑
Vaccine coverage of 95% of two doses of MMR by the time the child is five, with particular focus on Devon’s priority populations (Core20PLUS5) for CYP	☑	☑	☑
Vaccine coverage of 95% of 4-in-1 pre-school booster by the time the child is five, with particular focus on Devon’s priority populations (Core20PLUS5) for CYP	☑	☑	☑
Achieve recovery of School-aged Immunisation (SAI) uptake to pre-Covid levels, with secondary aim to achieve year on year improvement in uptake working towards the 90% target as stated in national service specification with particular focus on Devon’s priority populations (CORE20PLUS5) for CYP	☑	☑	☑
Halt the decline in cervical screening coverage and then to improve uptake year on year towards a goal of 80%, with focus on first invitation and Devon’s priority populations (Core20PLUS5) for Adults	☑	☑	☑
Work closely with NHS England commissioner to support the delivery of the upcoming national campaign to increase breast screening uptake and reduce inequalities coverage (NHS England and provider led) with focus on Devon’s priority populations (Core20PLUS5) for Adults	☑	☑	☑
Addressed the commissioning and delivery gaps identified in the 2022 South West Gap Analysis Action Plan Tool for Health Protection Frontline Services to ensure that Devon has pathways in place for key pathogens and capabilities and can respond effectively to health protection related incidents and emergencies across different communities in Devon	☑	☑	☑

# What we have achieved in 2023/24





# Suicide Prevention


## Our Vision


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

## What Devon will see


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

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

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

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

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

 **People are supported at times of crisis**

## Our objectives

### Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
• Local Suicide Prevention Groups to each have a published annual action plan based on the national strategy which sets out local delivery priorities for the year	☑	☑	☑
• Local Suicide Prevention Groups to report annually on their suicide rates and their annual action plan to their respective Health and Wellbeing Boards	☑	☑	☑
• Local suicide prevention leads to present local suicide prevention action plans and suicide rates for whole of the ICS area to NHS Devon Suicide Prevention Oversight Group	☑	☑	☑
• Devon ICS to prioritise provision of appropriate suicide prevention training to relevant workforces and the wider population to continue to expand system knowledge of suicide and suicide prevention	☑	☑	☑
• Devon ICS to prioritise the ongoing provision of a suicide bereavement service and a real-time suspected suicide surveillance system, coordinated across the whole of Devon	☑	☑	☑

## What we have achieved in 2023/24



# One Devon Healthy, safe communities





# Healthy, safe communities

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

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

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

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

## Our Vision

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

## What Devon will see



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



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



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



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



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

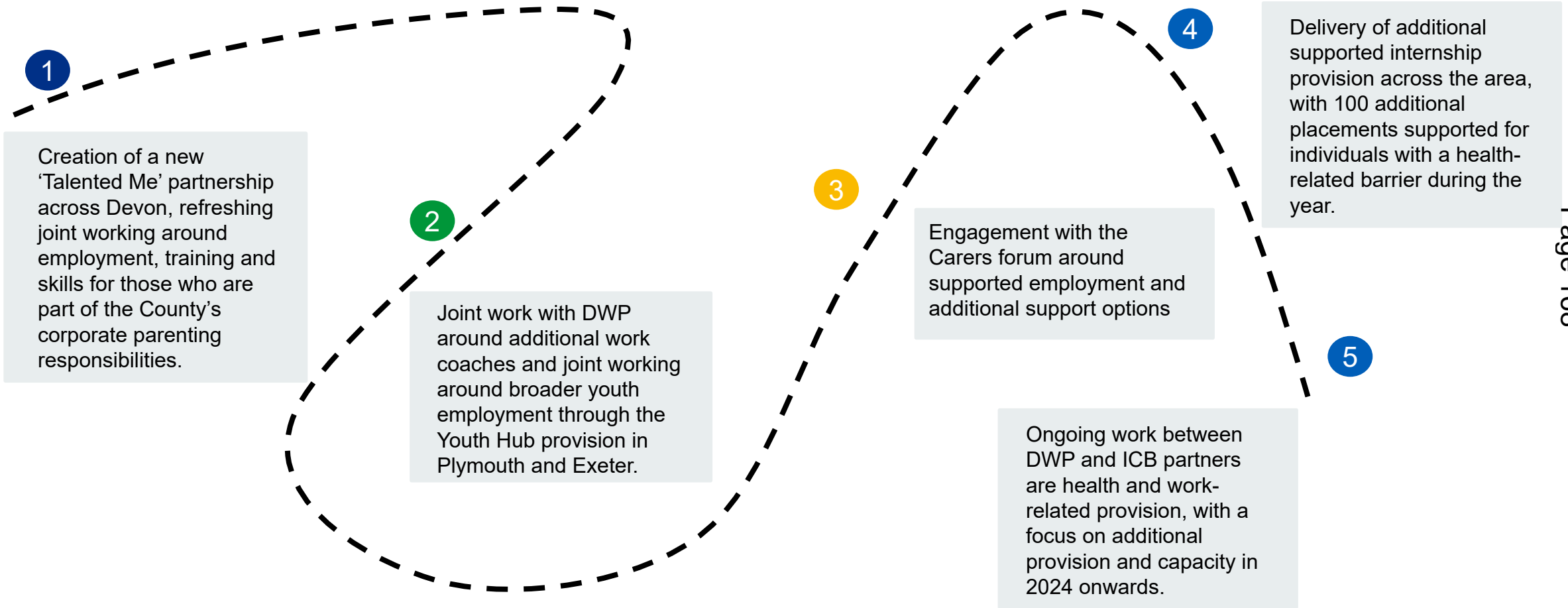
## Our objectives

### Which ICS Aim(s)



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

# What we have achieved in 2023/24



## Our Vision

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

## What Devon will see



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

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



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



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



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



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

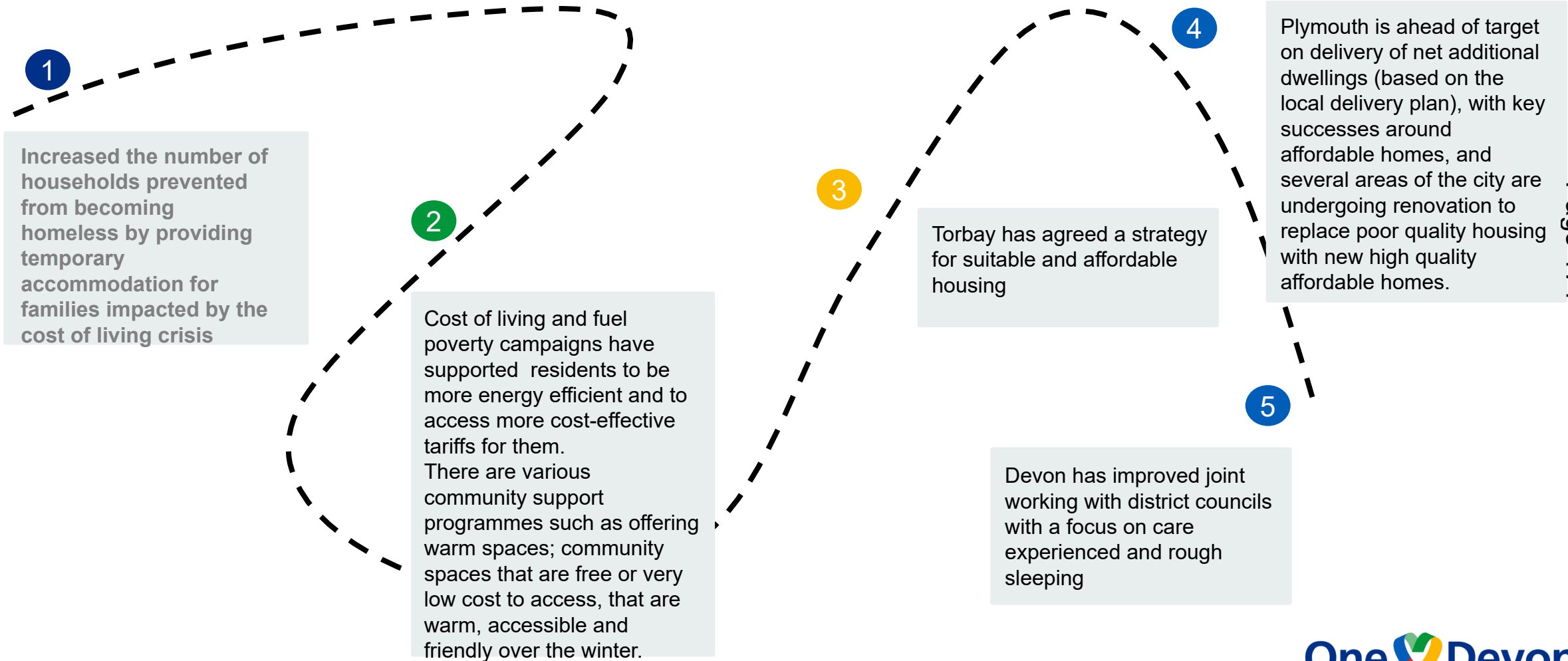
# Our objectives

## Which ICS Aim(s)



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


# What we have achieved in 2023/24




## Our Vision

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

## What Devon will see

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

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


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

 Community partnerships have identified their local priorities and goals

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

 Cross-sector partnerships established to enable collaborative working in communities

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

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



# Our objectives

## Which ICS Aim(s)



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

# What we have achieved in 2023/24



# Communication and involvement

## Our Vision

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

## What Devon will see

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



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



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



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



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



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



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



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



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



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

# Our objectives

## Which ICS Aim(s)



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

# What have we achieved so far?

## People and communities' involvement



## Our Vision

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

## What Devon will see

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

### Improving innovation and value for money



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

### Improved workforce recruitment and retention



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

### Building our reputation



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

### Improving health outcomes and reducing health inequalities



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

### Delivering better care



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

## Our objectives

## Which ICS Aim(s)



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

# What have we achieved so far?

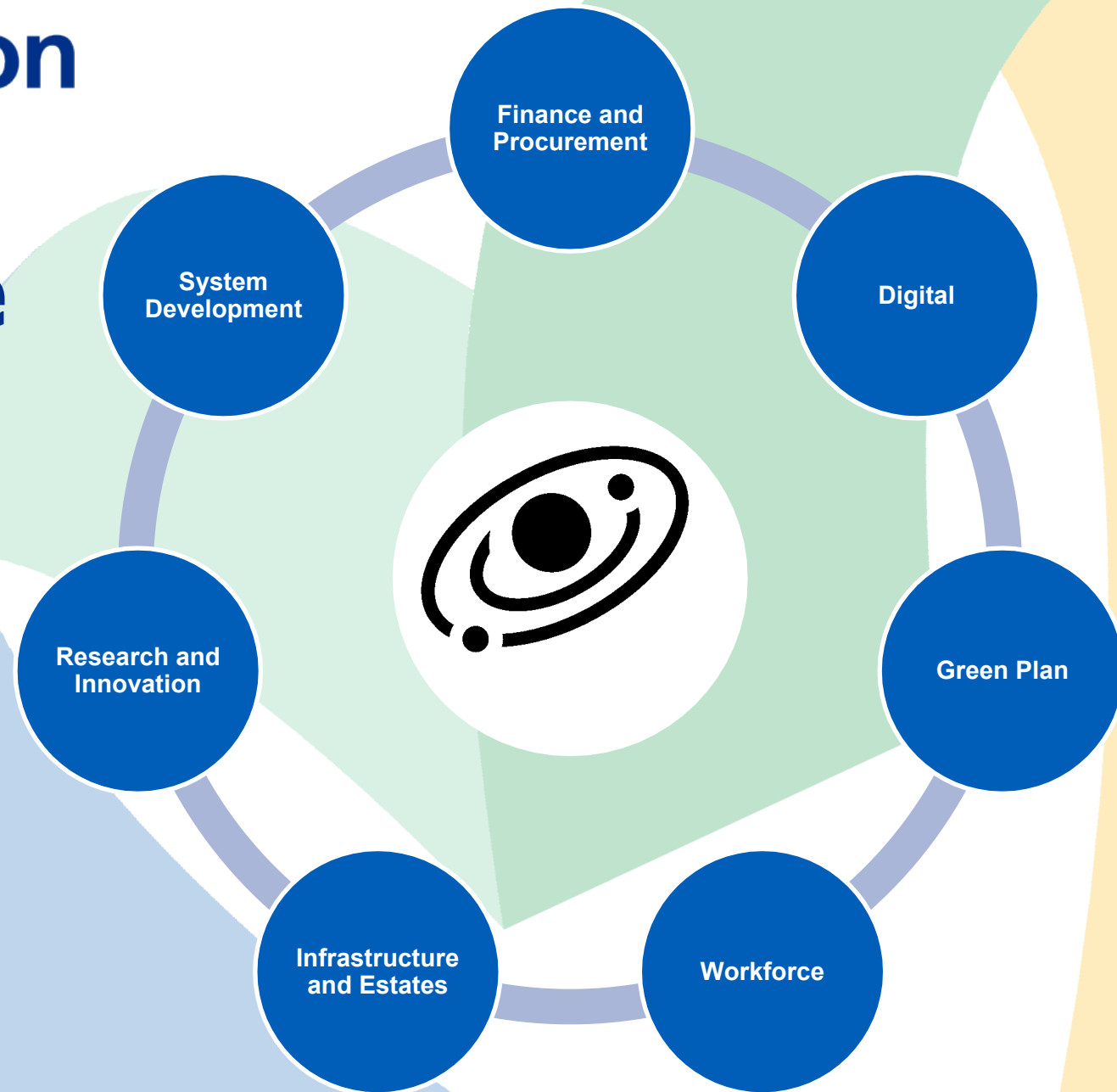
## Equality Diversity and Inclusion





# Healthy, sustainable system

# Healthy, sustainable system



# Healthy, sustainable system

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

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

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

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


## Our Vision


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


## What Devon will see


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


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

 Movement of funds into prevention.

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

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

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

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

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

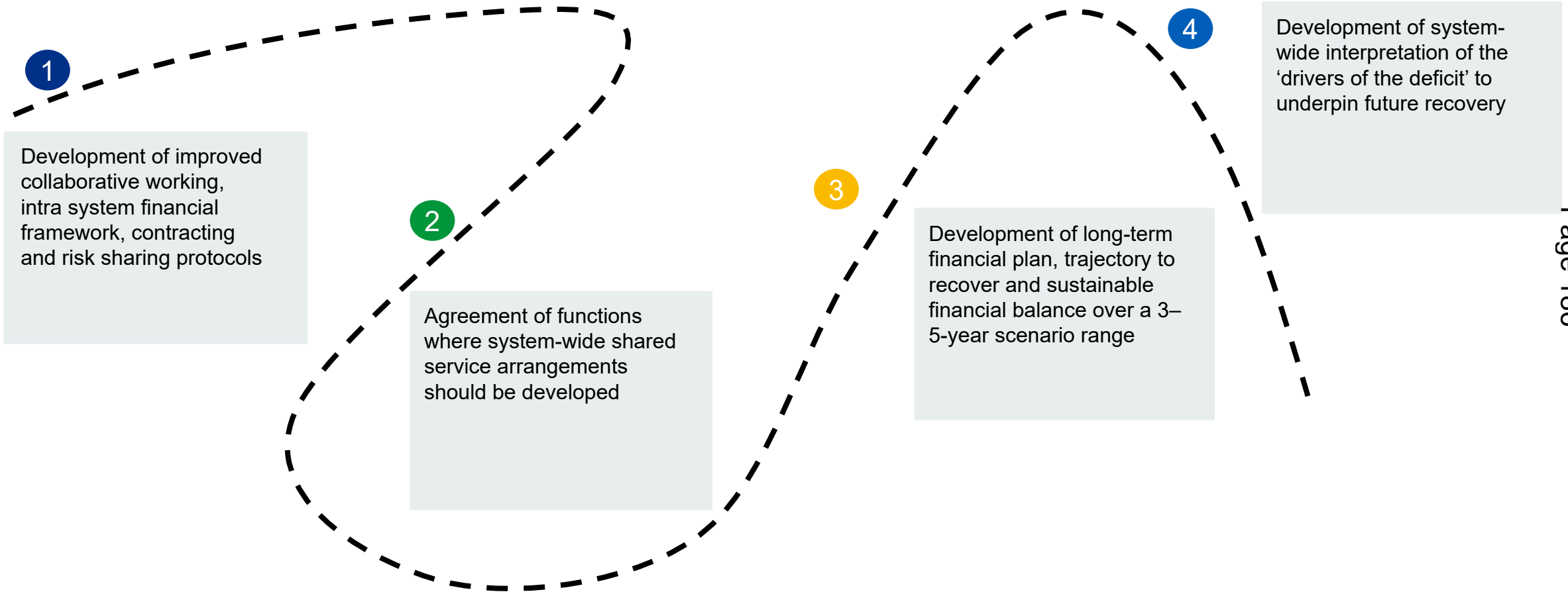
## Our objectives

## Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Implement agreed shared service arrangements to increase efficiency and productivity and reduce costs	<input checked="" type="checkbox"/>		
Delivery of 2024/25 recovery and Cost Improvement Programmes both organisational, strategic collaborative, and structural	<input checked="" type="checkbox"/>		
Commence reprioritisation of funding upstream towards prevention and health inequalities		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Take on formal delegation of specialised commissioning functions	<input checked="" type="checkbox"/>		
Deliver corporate ICB right-sized for RCA (Running Cost Allowance) allocations	<input checked="" type="checkbox"/>		
Deliver the long-term financial plan to achieve sustainable financial balance by system and by organisation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Reduce total procurement cost by driving 'at scale' procurement delivery; enabling greater efficiency and effectiveness through the potential to standardise and minimise unwarranted variation	<input checked="" type="checkbox"/>		
Improve supplier management by increased collaboration to leverage scale and value attained through our supplier base through a single voice for categories	<input checked="" type="checkbox"/>		

# What we have achieved in 2023/24



## Our Vision

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

## What Devon will see



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



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



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



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



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



**One Public Estate** opportunities are maximised



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

## Our objectives

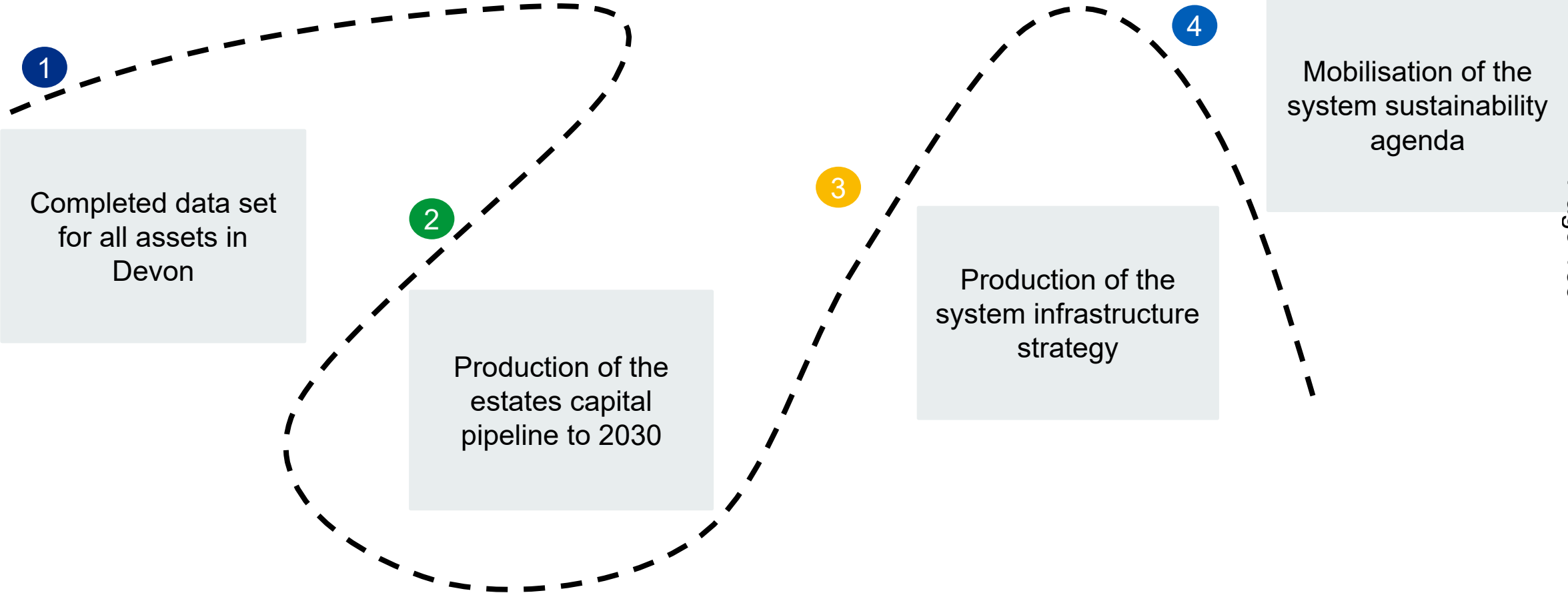
### Which ICS Aim(s)



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



# What we have achieved in 2023/24



# System development

## Our Vision

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

## What Devon will see



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

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



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



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



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



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



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

## Our objectives

### Which ICS Aim(s)



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

# What we have achieved in 2023/24



# Workforce

## Our Vision

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

## What Devon will see



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



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



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



System working

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



Stability

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

Learning & Education

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



Digital

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



Sustainable

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



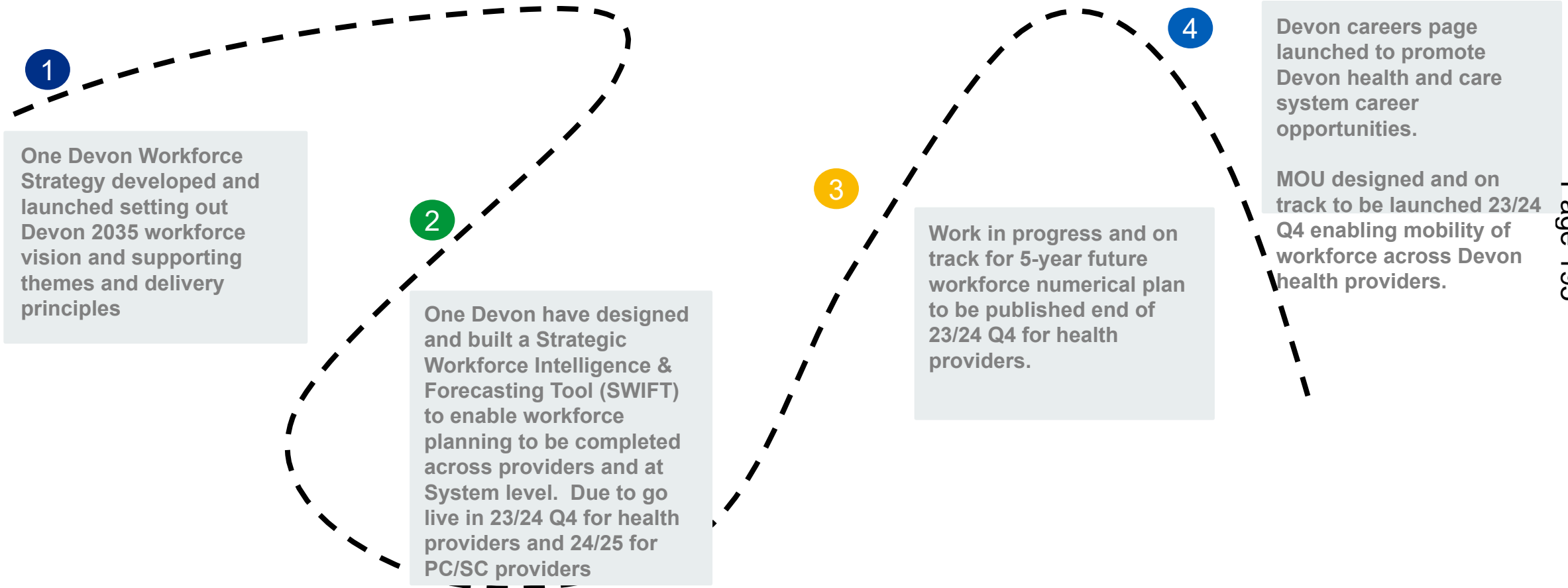
# Our objectives

## Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
• <b>Objective 1 - Strategic workforce planning embedded at System level.</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
• <b>Objective 2 - System level attraction solutions in place that source new talent and position Devon System as an employer of choice.</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
• <b>Objective 3 - Development of new roles and new ways of working embedded across Devon ICS.</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

# What we have achieved in 2023/24



## Our Vision

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

## What Devon will see



### Digital Citizen:



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



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



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



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



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





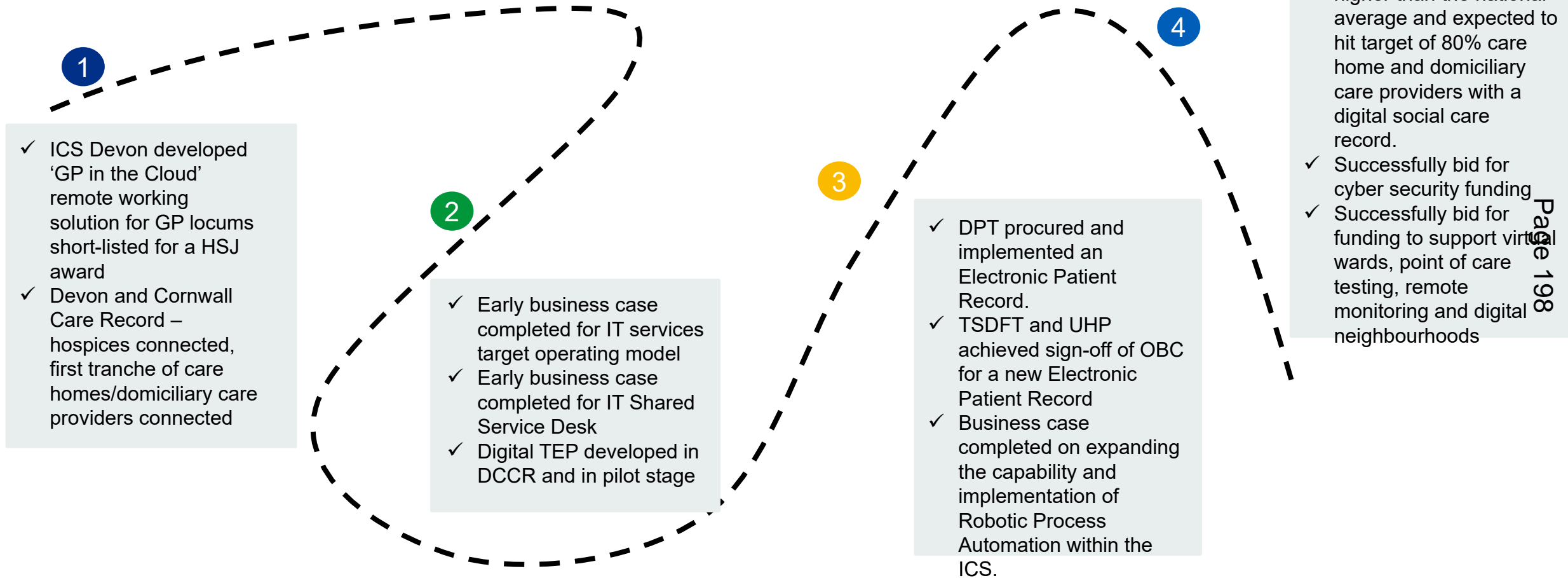
# Our objectives

## Which ICS Aim(s)



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

# What we have achieved in 2023/24



## Our Vision

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

## What Devon will see



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



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



Increased inward investment from research and commercial partners



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



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



Rapid implementation of interventions with demonstrated effectiveness.



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

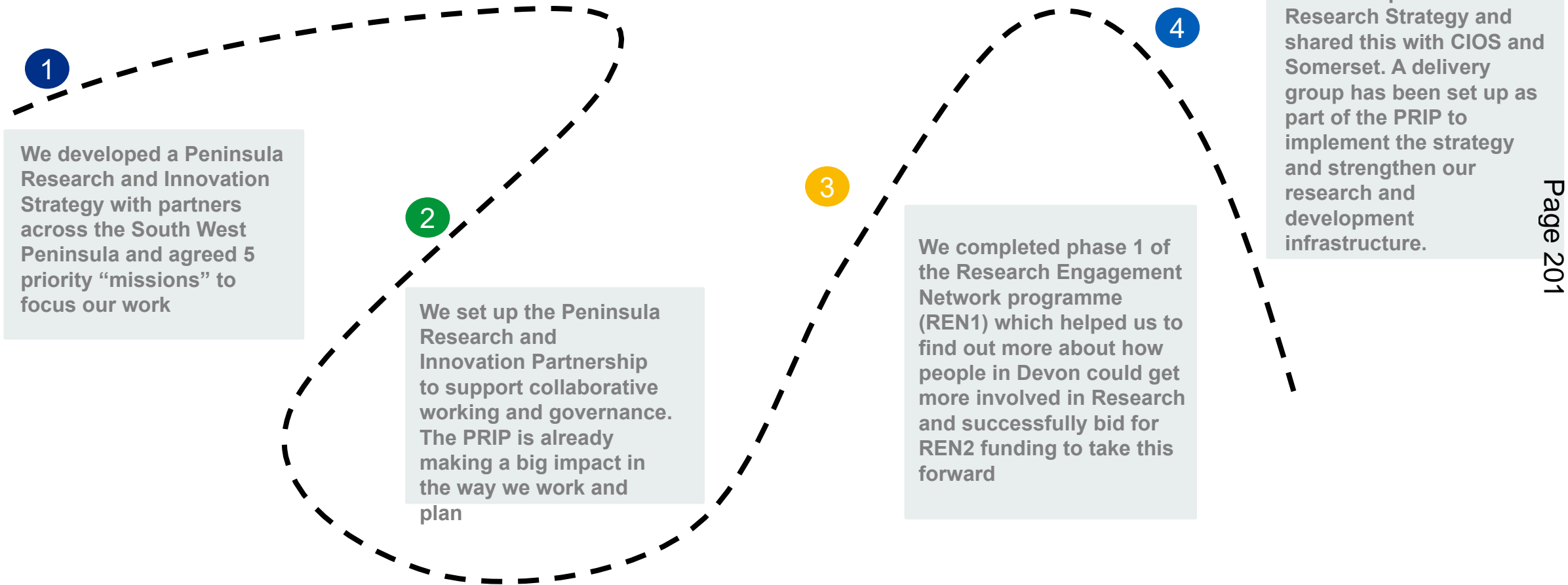
# Our objectives

## Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Build and strengthen networks at local, system, regional and national level by March 2025	<input checked="" type="checkbox"/>		
Promote research and increase patient sign-up with demonstrable increase by end 2026	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ensure all system workplans are underpinned by robust evidence of research and innovation by March 2025	<input checked="" type="checkbox"/>		
Develop capacity and capability by having an ICB RII Team in place by April 2024	<input checked="" type="checkbox"/>		
Develop underpinning structure and governance mechanisms including evaluation and links to Value-Based Approach principles by end of March 25	<input checked="" type="checkbox"/>		

# What we have achieved in 2023/24



## Our Vision

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

## What Devon will see



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



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



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



Data collection that shows the current position across all partners



A revised and refreshed ICS Green Plan in 2025.



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

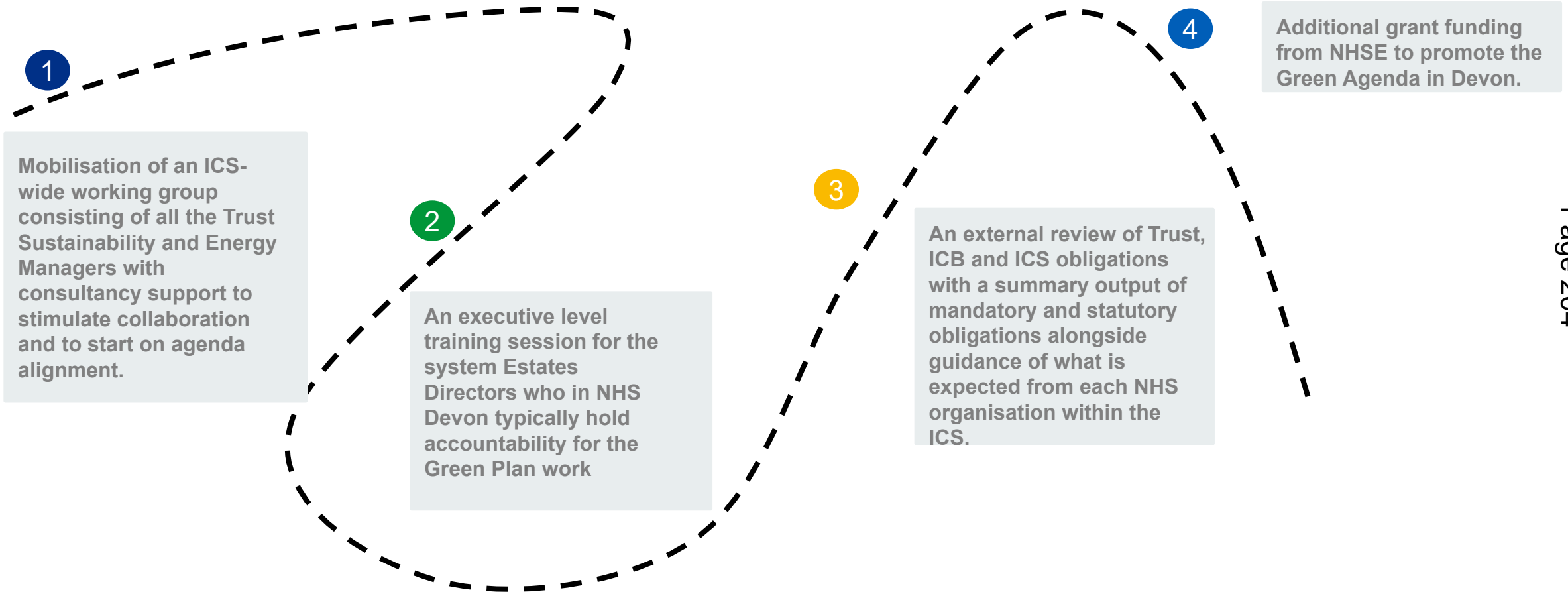
## Our objectives

### Which ICS Aim(s)



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

## What we have achieved in 2023/24





# **Delivering the Joint Forward Plan and future development**

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

# Delivering the JFP

## Delivery

The JFP will be delivered through system architecture that includes:

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

## Assurance

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

## Engagement

- Targeted engagement by programmes with people and communities

## Annual refresh

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

# Accountability

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

# ICS outcomes framework

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

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

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

Some narrative (qualitative) measures

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

Flexibility in terms of addition of new indicators

## Indicators

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

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

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

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# Governance

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

# APPENDICES

**APPENDIX A**  
**Universal NHS commitments**  
**Statutory Duties**

# National NHS objectives 2023/24

To be updated when available

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



# ICB core functions and statutory duties

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

# ICB Core Functions and Statutory Duties

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

# **APPENDIX B**

## **Glossary**

# Glossary (A-C)

Abbreviation	Meaning
A&E	Accident and Emergency
A&G	Advice and Guidance
ABCD	Asset-based-community-development
ACE	Adverse Childhood Experience
ACS	Ambulatory Care Sensitive
A-EQUIP model	Advocating and Educating for Quality Improvement
AHC	Annual Health Checks
AHSN	Academic Health Science Network
AMR	Antimicrobial resistance
ARC	Applied Research Collaboration
ARRS	Additional Roles Reimbursement Scheme
ASC	Adult Social Care
B&B	Bed and Breakfast
BFI	Baby Friendly Initiative
BMI	Body Mass Index
BPTP	Best Practice Timed Pathway
C. diff	Clostridium difficile
C2C	Clinician to Clinician
CAS	Clinical Assessment Service
CFO	Chief Finance Officer
CHC	Continuing Healthcare
CIC	Community Interest Company
CIOS	NHS Cornwall and Isles of Scilly
CIP	Cost Improvement Programme
CLD	Community learning and development
CMO	Chief Medical Officer
COCA	Community onset community associated
Core20PLUS5	The most deprived 20% of the national population PLUS the 5 ICS chosen population groups experiencing poorer than average health access, experience and/or outcomes that may not be captured in the core 20.
CPD	Continued Professional Development
CQC	Care Quality Commission
CRGs	Clinical Referral Guidelines
CRN	Clinical Research Network
CSDS	Community Services Data Set
CT	Computerised tomography
CTR	Care and Treatment review
CUC	Community Urgent Care
CVD	Cardiovascular disease
CYP	Children and Young People

# Glossary (D-I)

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

# Glossary (J-N)

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



# Glossary (N-S)

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

# Glossary (S-Z)

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



**HEALTH AND WELLBEING BOARD**

Tracking Decisions Log 2023 - 24



**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	Officer Responsible	Progress
24/01/2024	1. Agreed to receive an update paper following the Vaping Working Group in the new municipal year.	Dan Preece/ Dave Schwartz	Complete: Item added to the work programme for the new municipal year.
24/01/2024	<p>Agreed</p> <ol style="list-style-type: none"> <li>1. To record their concern at the rate of Pharmacy closures in Plymouth (approximately 20%), and to engage with NHS Devon ICB's resilience planning;</li> <li>2. To accept the proposal to 'go early' with the publication of the next PNA (no later than March 2025, as opposed to September 2025);</li> <li>3. To support and engage in the development (in the coming months) of the NHS Devon ICB Pharmacy Strategy (which in turn, would inform the 2025 version of the Plymouth PNA).</li> </ol>	Rob Nelder (Consultant, Public Health) and Chris Morley (NHS Devon ICB)	<p>Part-Complete:</p> <ol style="list-style-type: none"> <li>1. NHS Devon ICB will engage the Health and Wellbeing Board in resilience planning, and further reports will be brought to future meetings;</li> <li>2. The production of a renewed PNA has begun, with a target of completion by March 2025;</li> <li>3. The Board will be consulted and engaged in the development of the NHS Devon ICB Pharmacy Strategy at the next Board meeting on 7 March 2024.</li> </ol>

24/01/2024	<ol style="list-style-type: none"> <li>1. To Recommend to NHS Devon that options be explored to commission dedicated older people's Community Builder;</li> <li>2. To recommend that the Heathwatch Carers survey is shared with Dementia focussed VSCE organisations, to inform carer support;</li> <li>3. To recommend that a coherent communication strategy is developed for Dementia support;</li> <li>4. To recommend that Councillors become more aware of Dementia, and the support available;</li> </ol>	Chris Morley (NHS Devon ICB)	<p>Part Complete:</p> <ol style="list-style-type: none"> <li>1. Resource or repurposing of a Community Builder for 'Older People' is being considered and updates will be reported to the Board;</li> <li>2. The Healthwatch Carers survey is being finalised and will be shared with Dementia VCSE organisations in Plymouth;</li> <li>3. The Plymouth Dementia Action Alliance continue to work collaboratively to ensure joined-up support and planning for current and future Dementia needs in the City. A communication strategy is under consideration.</li> <li>4. Councillors were notified of this meeting and have access to recordings of the Dementia presentations. A members briefing session can be organised if required.</li> </ol>
24/01/2024	<ol style="list-style-type: none"> <li>1. To request that future reports contain updates regarding dentistry;</li> <li>2. To request further information regarding the performance of the I I I service;</li> </ol>	Chris Morley (NHS Devon ICB)	<ol style="list-style-type: none"> <li>1. Future NHS Devon reports will contain updates on Dental Performance;</li> <li>2. NHS Devon have requested a report on I I I performance, and this will be included in future reports to this Board.</li> </ol>
14/09/2023	<ol style="list-style-type: none"> <li>1. Requested further information regarding the uptake of prescriptions, and how many were never collected;</li> <li>2. Recommend that the ICB work closely with Primary Care to raise awareness of financial challenges and barriers to</li> </ol>	Chris Morley (NHS Devon ICB)	<p>In Progress:</p> <ol style="list-style-type: none"> <li>1. NHS Devon will investigate prescription uptake and report to a future H&amp;WB meeting;</li> <li>2. The ICB will continue to work with Primary Care to minimise potential barriers to accessing services.</li> </ol>

	accessing healthcare, particularly accentuated by the Cost of Living.		
14/09/2023	<ol style="list-style-type: none"> <li>1. Requested further information regarding the gender dynamics of people cared for;</li> <li>2. Requested further information regarding the numbers of people who lived with those they cared for, and the number who visited to care;</li> <li>3. Requested that the Young Carers video was shared with partner organisations and key stakeholder to ensure organisations were 'care aware';</li> <li>4. Requested that the Healthwatch carers survey is made available on the PCC website.</li> </ol>	Emma Crowther (Interim Head of Commissioning) and Lee Sewrey (Improving Lives Plymouth)	<p>Complete:</p> <p>Video shared with key partners, and survey added to PCC website.</p> <p>Response to request for further information provided below:</p>
Response to above	<p>The census 2021 saw a reduction overall in carers:</p> <p><i>In England and Wales combined, an estimated 5.0 million usual residents aged 5 years and over provided unpaid care in 2021 (9.0%), a statistically significant decrease from 11.4% in 2011. Potential contributing factors for this change could include:</i></p> <ul style="list-style-type: none"> <li>• <i>coronavirus (COVID-19) guidance on reducing travel and limiting visits to people from other households</i></li> <li>• <i>unpaid carers who previously shared caring responsibilities may have taken on all aspects of unpaid care because of rules on household mixing during the pandemic</i></li> <li>• <i>there has been an increase in the percentage of people reporting <a href="#">very good health</a> and a decrease in the percentage of <a href="#">people that were disabled</a> in 2021 compared with 2011, which could have led to a reduction in the need for unpaid care</i></li> <li>• <i><a href="#">excess deaths were highest in the older population</a> and peaked at the beginning of 2021, which could have led to a reduction in the need for unpaid care</i></li> </ul>		

	<ul style="list-style-type: none"> <li>changes in the question wording between 2011 and 2021 may have had an impact on the number of people who self-reported as unpaid carers</li> </ul> <p>Carers UK said the following: <a href="#">Census 2021 data shows increase in substantial unpaid care in England and Wales   Carers UK</a></p> <p>We have seen a steady increase in referrals over past few years (with an exception in 2022-23, surprisingly), so the census trajectory does not fit in with demand and use of the service locally.</p> <p>We were also asked about the gender of those who are cared for. These figures are based on the information held in our Eclipse case management system so includes the cared for who have had contact with Adult Social Care. The figures held by Improving Lives Plymouth will be higher as the service reaches a broader cohort of carers and cared for. The figures show all those with a record in Eclipse versus those who have a carer.</p> <table border="0" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>M</th> <th>F</th> </tr> </thead> <tbody> <tr> <td>All (3,657)</td> <td>1,641 (45%)</td> <td>2,016 (55%)</td> </tr> <tr> <td>Those with Carers (848)</td> <td>393 (46%)</td> <td>455 (54%)</td> </tr> </tbody> </table>				M	F	All (3,657)	1,641 (45%)	2,016 (55%)	Those with Carers (848)	393 (46%)	455 (54%)
	M	F										
All (3,657)	1,641 (45%)	2,016 (55%)										
Those with Carers (848)	393 (46%)	455 (54%)										
<p>29/06/2023</p>	<p>The Board agreed to note the recommendations regarding 'Defibrillators', referred by the H&amp;ASC OSC, and for Board members to promote them within their areas of influence:</p> <ol style="list-style-type: none"> <li>That PCC works with partners to promote 'Restart a Heart Day' which takes place on and around 16 October each year;</li> <li>That PCC works with partners to promote CPR training;</li> </ol>	<p>All Board Members + Public Health Team</p>	<p>Complete:</p> <p>The PCC Communications team have released numerous social media and newsletter promotions of both 'The Circuit' and the Government's new defibrillator fund.</p> <p>These have also been circulated to all Councillors through the weekly Bulletin.</p> <p>Board members have agreed to promote these recommendations within their daily work spheres, and this work is ongoing.</p> <p>DHSC have been able to confirm that all 5 sites (St Budeaux library, Southway library, Raglan Court, The Reatch Centre and Colwell Lodge) could match the criteria for the funding and they have now offered us partial funding for 5 defibrillators.</p>									

	<ol style="list-style-type: none"> <li>3. That all defibrillator owners across Plymouth are encouraged to register their defibrillators on The Circuit The Circuit - the national defibrillator network;</li> <li>4. That all defibrillators owners across Plymouth suitable for public access should consider whether access could be widened to 24/7, if not already;</li> <li>5. That PCC promote schemes to access funding for publicly accessible defibrillators amongst communities;</li> <li>6. That Plymouth City Council commission defibrillators at the locations identified which includes the Guildhall;</li> <li>7. That PCC work with partners to provide defibrillators at St Budeaux library and Southway library.</li> </ol>		<p>The Guildhall. There is a unit at The Guildhall with standard availability being 8.00 to 16.30, with additional availability when there is an event onsite. We will be making this available 24/7 by locating it externally subject to Historic England advice.</p> <p>Chelson Meadow. There are 2 units at Chelson Meadow, one at The Ride available 24/7 and one in the recycling centre available 08:30-17:30. An additional defibrillator has been located at Southway Youth Centre with support from the local community group. The defibrillators in situ are also registered on The Circuit and with Facilities Management for ongoing maintenance.</p>
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**HEALTH AND WELLBEING BOARD**

Work Programme 2023 - 24



**Please note that the work programme is a 'live' document and subject to change at short notice. 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

<b>Meeting Date</b>	<b>Agenda item</b>	<b>Responsible Officer</b>
<b>29/06/2023</b>	DCIOS Health Protection Committee Annual Assurance Report 2021-2022	Ruth Harrell
	Integrated Care Strategy	Ruth Harrell/ Anna Coles
	Plymouth Report	Rob Nelder & Debs Dyer
	Community Empowerment Programme	Rachael Silcock
<b>14/09/2023</b>	Carers Action Plan (carers strategic Partnership Board)	Emma Crowther
	DPH Annual Report	Ruth Harrell
	Healthwatch Cost of Living Report	Tony Gravett
	PCC Cost of Living Plan	Rachel Silcock
	Vaping Report: Children and Young People	Dave Schwartz
	Plymouth Health Determinant Research Collaboration (HDRC)	Gary Wallace
<b>18/01/2024 MOVED TO 24/01/2023</b>	Dental Taskforce Update	Rob Nelder
	Update on the Vaping Working Group	Dan Preece/Dave Schwartz
	Pharmacy Services & the PNA	Rob Nelder/Tony Gravett
	Dementia Care	Emma Crowther
<b>07/03/2024</b>	NHS Devon Update	Chris Morley (NHSD)
	Plymouth Suicide Prevention	Kamal Patel
	Devon Community Pharmacy Strategy Development Briefing	Karen Button (NHS Devon ICB) & David Bearman
	NHS Devon Joint Forward Plan Update	NHS Devon
<b>New Municipal Year 2024-25</b>		
<b>20/06/2024</b>	TBC	TBC

Meeting Date	Agenda item	Responsible Officer
<b>Outstanding Items to be scheduled</b>	Ageing Well	PCC
	Local Care Partnership- Priorities	LCP + PCC
	NHS Long Term Plan + Recovery plan	NHS Devon ICB
	Impact of COVID-19 Pandemic	Livewell SW / Public Health
	Safer Plymouth and Plymouth Safeguarding Board	PCC
	Annual update from the 'Plymouth Health Determinants Research Collaborative' (PHDRC)	Gary Wallace / Ruth Harrell
	Dental Taskforce Update	Rob Nelder
	Thrive Plymouth – Next Ten Years	Ruth Harrell
	Vaping Working Group results and Vaping Position Statement.	Ruth Harrell, Dan Preece & Dave Schwartz
	Plymouth Plan	Sarah Gooding