#healthyplym

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Published 16 July 2024

HEALTH AND WELLBEING BOARD

Wednesday 24 July 2024
2.00 pm
Warspite Room, Council House

Members:
Councillor Aspinall, Chair
Councillor Watkin, Vice Chair
Councillors Laing, and P. Nicholson.

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.

You can watch any of our webcast meetings on YouTube. For further information on attending Council meetings and how to engage in the democratic process please follow this link – Get Involved

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 - 6)**

To confirm the minutes of the meeting held on 07 March 2024.

5. University Hospitals Plymouth (UHP) Pharmacy Update: **(Verbal Report)**

6. NHS Devon Update: **(Pages 7 - 14)**

7. Annual Health Protection Assurance Report for the Health and Wellbeing Boards of Cornwall and the Isles of Scilly Councils, Devon County Council, Plymouth City Council, and Torbay Council 2022-23: **(Pages 15 - 84)**

8. Plymouth Drugs Strategy Partnership Annual Report 2024: **(Pages 85 - 114)**

9. Vaping Working Group, Update: **(Pages 115 - 138)**

10. Tracking Decisions: **(Pages 139 - 144)**

11. Work Programme **(Pages 145 - 146)**

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

Health and Wellbeing Board

Thursday 7 March 2024

PRESENT:

Councillor Aspinall, in the Chair.
Councillor Dr Mahony, Vice Chair.
Councillors Murphy (Substitute for Councillor Laing).

Co-opted Representatives: Tony Gravett (Healthwatch), Chris Morley (NHS Devon ICB), Ruth Harrell (Director of Public Health), and Rob Smith (Wellbeing Hubs Rep).

Also in attendance: David Bearman (Devon Local Pharmaceutical Committee), Victoria Mitchell (NHS Devon ICB), Kamal Patel (Public Health Specialty Registrar), Jane Marley (Public Health Specialist), Jon Taylor (NHS Devon ICB), and Elliot Wearne-Gould (Democratic Advisor).

Apologies for absence: Councillors Carlyle and Laing. Gary Walbridge (Interim Strategic Director for People), and Matt Garrett (Service Director for Community Connections).

The meeting started at 10.04 am and finished at 12.10 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.

69. **Declarations of Interest**

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

70. **Chairs urgent business**

There were no items of Chair's Urgent Business.

71. **Minutes**

The Board agreed the minutes of the meeting held on 24 January 2024 as a correct record.

72. **Questions from the public**

There were no questions from members of the public.

73. **Devon Community Pharmacy Strategy Development**

David Bearman (Devon Local Pharmaceutical Committee) and Victoria Mitchell (NHS Devon ICB) presented the Devon Community Pharmacy Strategy Development and Healthcare Survey to the Board, and discussed:

a) The purpose of the Pharmacy Strategy and ambitions for future pharmacy provision;

b) Interconnected links between the Plymouth Pharmaceutical Assessment, and the Pharmacy Strategy;

c) The importance of feedback and consultation in developing a Pharmacy Strategy for future sustainability;

d) A target for completion of the strategy by May 2024;

e) The opening of the Plymouth School of Pharmacy in September 2024, and potential benefits for workforce resource;

f) Trends in Pharmacy reductions and retractions across Devon and Plymouth, and resulting risks;

g) Flat funding for Pharmacy provision which did not take into account of, or mitigate inflation;

h) The demand for Pharmacists in Primary Care settings contributing to vacancies in community pharmacy. General workforce shortages across the sector, with limited training placements;

i) Digital modernisation and integration with Primary Care systems;

j) Significant opportunities and successes of community pharmacy, despite obvious pressures;

k) Topics featured in the survey, and discussed by the Committee included:

    i. the role of Community Pharmacy;
    ii. what 'good' Community Pharmacy should look like;
    iii. what additional services Community Pharmacy should provide;
    iv. future sustainable models of Community Pharmacy;
    v. adequacy of current Pharmacy provision;
    vi. funding, workforce, capacity, and other barriers;
    vii. integration of Pharmacy with Primary Care.

In response to questions, the Board discussed:

l) The importance of Community Pharmacy in reducing health inequalities;

m) Potential integration of Pharmacy services with Wellbeing Hubs, as well as Primary Care;

n) The impact and cause of medication shortages and delays;

o) The importance of clear and effective communication following the publication of the new Pharmacy Strategy;

p) The importance of Pharmacy accessibility;

q) The benefit of the Pharmacy Strategy in informing the production of the Plymouth Pharmaceutical Needs Assessment.

The Board agreed to:

1. Request a breakdown of the reasons for medication shortages and delays;

2. Delegate to the Chair of the Plymouth Health and Wellbeing Board, authority to submit the final response to the Devon Community Pharmacy Strategy, healthcare professional survey, on behalf of the Plymouth H&WB.

74. **Suicide Prevention in Plymouth**

Kamal Patel (Public Health Specialty Registrar) and Jane Marley (Public Health Specialist) delivered the Suicide Prevention in Plymouth report to the Board and discussed:

a) The new national strategy for Suicide Prevention 2023-2028;

b) The risk factors contributing to suicide, and the effect on individuals and communities;

c) The complexity and broad nature of Suicide Prevention;

d) The benefits of openly talking about suicide;

e) Nationally, suicide rates were not falling, and remained the largest killer of people under 35, and a leading cause of death for men under 50;

f) Self harm and suicide rates for people under 25 had been increasing;

g) Historic patterns in suicide data;

h) Priority groups, common risk factors, and resulting actions identified in the national strategy;

i) Plymouth experienced around 24 deaths by suicide each year;

j) Delays in the reporting and recording of suicide deaths due to the Coroner's Inquest process. These delays were exacerbated during the Covid-19 Pandemic;

k) Plymouth's suicide rates were currently marginally below the South West and National average;

l) The role of the Plymouth Suicide Prevention Strategic Partnership in developing and delivering the Suicide Prevention Strategic Action Plan;

m) The availability and activity of suicide bereavement support services;

n) The importance of city-wide suicide prevention and awareness training.

In response to questions, the Board discussed:

o) The importance of support and clear communication for those affected by a suicide bereavement, particularly during the Coroner's process. Data had shown that those affected by suicide bereavements were more likely to also die by suicide;

p) Nationally, service personnel were not considered a 'priority group' in the Suicide Prevention strategy however, Plymouth had included service personnel in the action plan locally.

The Board agreed:

1. To recommend that Councillors were provided suicide prevention and awareness training, as well as emergency support contact details;

2. To note and accept the latest Suicide Audit report;

3. To review, feedback and comment on the Suicide Prevention Action Plan for 2024-25;

4. To delegate to the Chair of the Health and Wellbeing Board, authority to sign off the Suicide Prevention Action Plan for 2024-25, following amendments;

5. To add Suicide Prevention as a standing item on this Board's work programme.

75. **NHS Devon Joint Forward Plan Refresh**

Jon Taylor (NHS Devon ICB) delivered the NHS Devon Joint Forward Plan refresh to the Board, and discussed:

a) Integrated Care Boards and partners were required to publish a refreshed Joint Forward Plan at the beginning of each financial year;

b) The final version of the JFP would be presented to the NHS Devon Board for approval later in the month, following consultations;

c) There were no significant material changes to the version of the plan before the Board today, and the original plan published in 2023;

d) There had been changes to the structure and presentation of the plan, in response to feedback received over the past 12 months;

e) The refreshed plan was structured around three themes:

i. Healthy people
ii. Healthy and safe communities;
iii. Healthy system;

f) An evaluation section had been included in the revised plan, incorporating the key achievements from 2023;

g) More detail had also been included around delivery of the plan, in response to feedback.

In response to questions, the Board discussed:

h) The plan set out the vision and direction of ambitions for the system however, there remained challenges for the practical delivery of all ambitions.

The Board agreed:

1. To endorse the plan and assure that it takes into account the current health and wellbeing strategy for Plymouth;

2. To delegate to the Chair of the Health and Wellbeing Board authority to provide comment and feedback to the ICB to support the plan's ongoing development.

76. **Tracking Decisions**

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

77. **Work Programme**

The Board agreed to add the following items to the Work Programme for consideration at the next meeting:

1. NHS Long Term Plan;
2. NHS Recovery Plan;
3. LCP Priorities.

Health and Wellbeing Board

Date of meeting:	24 July 2024
Title of Report:	**NHS Devon Update – July 2024**
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Interim Strategic Director for Health, Adults and Communities)
Author:	Chris Morley, Interim Locality Director
Contact Email:	christoper.morley@nhs.net
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
To provide an overview of key updates on the Plymouth and Devon Health system by NHS Devon ICB

Recommendations and Reasons
1. Health and Wellbeing Board are asked to note the contents of the briefing

Alternative options considered and rejected
1. None

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

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

Financial Risks

N/A

Carbon Footprint (Environmental) Implications:
N/A

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

Appendices
**Add rows as required to box below*

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

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are 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) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	2	3	4	5	6	7

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Gary Walbridge											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 15/07/2024											
Cabinet Member approval: *Councillor Mary Aspinall, agreed via email* Date approved: 15/07/2024											

NHS Devon

Update from NHS Devon

July 2024

New Chief Medical Officer appointed for NHS Devon

We have appointed Peter Collins, from Salisbury NHS Foundation Trust, as our new chief medical officer for NHS Devon.

Peter, who will join us on 7 October, is an experienced and skilled chief medical officer and secondary care consultant who has operated at a senior level in the south west for almost two decades.

Having originally trained as a liver specialist (hepatologist), Peter worked at University Hospitals Bristol and Weston NHS Foundation Trust for more than 15 years.

He has since held deputy and chief medical officer roles for trusts in Bristol, Weston-super-Mare and, most recently, Salisbury, where he led an improvement programme across areas including strategy, operational and culture.

Nigel Acheson, who joined NHS Devon in April 2022, retired on the 30 June. Nigel's knowledge, expertise and compassionate leadership has been a huge benefit to our organisation and system. We are grateful for everything Nigel has done in the past two years and wish him all the best for the future.

Interim arrangements are in place for the period between Nigel leaving and Peter starting.

Kevin Orford becomes interim NHS Devon Chair as Sarah Wollaston stands down

Dr Sarah Wollaston, Chair of NHS Devon, announced her decision to stand down from the role on Monday 10 June with immediate effect. NHS Devon's Deputy Chair, Kevin Orford, has stepped into the role of Chair on an interim basis.

Kevin is an experienced board director who has held Chief Executive, executive director, non-executive director and trustee positions on NHS, charity and government agency boards for over 25 years. He will also take on the role of interim Chair of the One Devon Partnership, the system's Integrated Care Partnership.

NHS England South West is responsible for appointing Sarah's permanent successor and further details about the arrangements will be shared in due course.

For full details please visit: Kevin Orford becomes interim NHS Devon Chair as Sarah Wollaston announces decision to stand down - One Devon

111 update

NHS Devon commission the Integrated Urgent Care Service (IUCS) on behalf of Devon residents and visiting patients. This is a single contract held by Practice Plus Group (PPG) for the provision of:

- NHS 111 call handling services
- Clinical contact as required for those accessing care through 111 online
- Clinical Assessment Service (CAS)
- Primary care face-to-face treatment out-of-hours

The service plays an important role in the urgent and emergency care system, providing a viable alternative to emergency departments (ED) and ambulance services for patients with urgent care needs.

PPG has made a positive impact in Devon since taking on the contract in September 2022. Highlights include:

- Meeting levels of demand
- Improvements in call handling response
- 115 new staff recruited
- Opening of the Plymouth call centre 24 hours a day
- Excellent CAS capacity for telephone consultation and health care professional support
- Safety processes for key areas such as clinical recruitment and medicines management, staff and stakeholder engagement
- Reduced reliance on national contingency support

Further service development and improvement work is underway to maximise the benefits of the service.

Around 35,000 111 calls from Devon were answered in April. Overall, the month was significantly busier than December, which is typically the busiest month.

In April, the calls handled by PPG averaged just over 1.5 minutes to answer, 1 minute quicker than in March. Nationally the time taken to answer averaged 3 minutes. The rate of calls abandoned was 3.7%, a further decrease from March (5.6%).

The number of 111 calls assessed by a clinician or clinical advisor is an important performance indicator for the Integrated Urgent Care Service. The national target of

50% and local target of 55% were exceeded again in April, with 56% of calls assessed by a clinician.

If a 111 assessment leads to an outcome that suggests a patient should be sent to an Emergency Department (ED) or sent an ambulance (category 3 – not immediately life threatening or category 4 – not urgent), the call should be reviewed by a clinician. This process is called validation and is a system priority for the ICB. In April, the ambulance validation rate was 84.5% and the ED validation rate was 85%. Local targets for validation are set at 75% for ED and 85% for ambulance which is more challenging than the national targets of 50% for ED and 75% for ambulance.

During April, the CAS dealt with circa 6,000 patients whilst the out of hours (OOH) team managed over 8,000 contacts with patients either through advice by telephone, by appointment at a treatment centre or via a home visit.

Spring covid vaccination campaign

The spring covid vaccination campaign closed on 30 June. 135,823 eligible people have received their covid jab in Devon this spring resulting in uptake of 69.8%, compared to 72.5% in last year's Spring campaign.

The vaccine offer formally opened to everyone outside of a care home on 22 April, but NHS staff began going into older adult care homes to provide vaccinations from 15 April, with 6510 (72.5% of those eligible), care home residents now having received their protection.

Vaccination sites in Devon included Greendale near Exeter, Home Park in Plymouth, some community pharmacies and GP practices.

For the first time, joint bookings could be made for those who use the online booking system or NHS 119 to get their jab. By selecting a joint booking, two eligible people aged 18 and over could get the COVID-19 vaccine in the same location at the same time, making it easier than ever to get protected.

We will share details about the autumn campaign as soon as we have further information available.

Perinatal Pelvic Health Service Launched

June 2024 has seen the launch of Devon's new Perinatal Pelvic Health Service (PPHS).

This new service aims to reduce the number of women living with pelvic health problems during pregnancy, postnatally and in later life.

The Devon PPHS team of physios and midwives are leading local delivery of the national NHS Long Term Plan's ambition to improve prevention, identification and referral to NICE-recommended treatment for pelvic health problems during pregnancy and following birth.

The PPHS has three overarching functions to:

- Embed evidence-based practice in antenatal, intrapartum and postnatal care to prevent and mitigate pelvic health problems, resulting from pregnancy and birth.
- Improve the rate of identification of pelvic health problems antenatally and postnatally.
- Ensure timely access to NICE-recommended conservative treatment for common pelvic health problems antenatally and 12 months postnatally.

Training in pelvic health for maternity staff has been undertaken and will continue as mandatory training for maternity staff in Devon. We will seek to develop training in primary care in the next phase of the service.

Easy, single point access routes have been created to refer to the PPHS team, ensuring our more women can access care.

Women are recommended to self-assess prior to 18 weeks pregnant and at 6-8 weeks postnatally to increase identification of pelvic health dysfunction. They can self-refer directly into the service when required via the My Health Devon website or can be referred to the service by a midwife or GP.

My Health (myhealth-devon.nhs.uk) has helpful information, self-assessment and self-referral (including translations and animations) for both clinicians and patients.

Exercise to prevent falls

Plymouth has successfully secured further funding to continue the Falls Management Exercise programme. FaME is a cost-effective strength and balance exercise programme that has been shown in clinical trials to increase physical activity levels and prevent falls in older adults who are at high and lower risk of falls. The target population for this programme is Plymouth residents who are 65 years of age and over and have been deemed to be at heightened risk of falling.

For more information about the programme and to view a video showing the difference it makes to people in the community visit Falls Team | Livewell Southwest

New monthly news bulletin on University Hospitals Plymouth website

University Hospital Plymouth have begun compiling a monthly news bulletin called From Board to Ward. The June bulletin can be viewed here:

From Board to Ward - June 2024 | Latest News | University Hospitals Plymouth NHS Trust (plymouthhospitals.nhs.uk)

This monthly bulletin is well worth looking out for because it contains a good level of detail and talks about topics which are highly relevant and in the public interest. June's news items are about waits for orthopaedic patients, Same Day Emergency Care for urology patients, and the 4-hour target in the Emergency Department.

Settling in support at home for people being discharged from hospital

NHS Devon and Plymouth City Council are jointly funding a new procurement through the Better Care Fund to support vulnerable patients being discharged from hospital. The new service will be tendered over the Summer and Autumn to replace an existing service, with improvements to ensure greater flexibility to support 100 people per month for 3 years, from 1st April.

When someone has been admitted to hospital unexpectedly, especially if they have been on the ward for some time, the return home can be daunting. The assisted discharge support service will step in, on a needs-assessed basis and when family and friends are not available, to carry out non-statutory practical tasks such as ensuring food is available, the heating is on, and the fridge has been cleaned out. They will signpost or refer if further support is needed at the end of the intervention.

Providing this kind of practical and emotional support to vulnerable patients is important for ensuring they are safe at home in those important first few hours and days and helps to prevent deterioration leading to readmission to hospital.

ENDS

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Health and Wellbeing Board

Date of meeting:	24 July 2024
Title of Report:	Annual Health Protection Assurance Report for the Health and Wellbeing Boards of Cornwall and the Isles of Scilly Councils, Devon County Council, Plymouth City Council, and Torbay Council 2022-23
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	DCIOS Health Protection Committee
Contact Email:	Julie.frier@plymouth.gov.uk
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
To present the annual assurance report of the Devon and Cornwall Health Protection Committee 2022/23 for information.

Local authorities, through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. To this end the Health Protection Committee (HPC) is mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, and Cornwall Council and the Council of the Isles of Scilly to provide assurance to the local Health and Wellbeing Boards that adequate arrangements are in place for prevention, surveillance, planning and response to communicable disease and environmental hazards, to protect the public's health.

The HPC produces an annual report to the Health and Wellbeing Boards, which provides a summary of the assurance functions of the Devon, Cornwall and Isles of Scilly Health Protection Committee and reviews performance for the period 1 April 2022 to 31 March 2023, for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly.

The report considers the following domains of health protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and anti-microbial resistance

For each of these domains the report sets out:

- Assurance arrangements
- Performance and activity during 2022/23
- Actions taken against health protection priorities identified for 2022/23
- Priorities for the current year.

Recommendations and Reasons
The Health and Wellbeing Board notes the contents of the report.

Alternative options considered and rejected

None- the report is required to come to the Board annually for assurance.

Relevance to the Corporate Plan and/or the Plymouth Plan

The role of the Health Protection Committee, along with its annual assurance report, is to provide the structures and arrangements required to assure adequate performance against health protection priorities across communicable disease control and environmental hazards; immunisation and screening; health care associated infections and antimicrobial resistance. All areas of action are designed to protect and support individuals and settings at greatest need or risk.

The function of the Committee and its assurance role helps to deliver the priorities of keeping children, adults and communities safe; focussing on prevention and early intervention and the Health and wellbeing theme of the Plymouth Plan.

Implications for the Medium Term Financial Plan and Resource Implications:
None

Financial Risks
None

Carbon Footprint (Environmental) Implications:
None

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.*
None

Appendices
**Add rows as required to box below*

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

Background papers:

**Add rows as required to box below*

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

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	1	**2**	**3**	**4**	**5**	**6**	**7**

Sign off:

Fin	DJN.24.25.021	Leg	LS/0000355 7/1/EB/20/0 6/24	Mon Off	Click here to enter text.	HR	Click here to enter text.	Assets	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Julie Frier											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 28/05/2024 Approved by email											
Cabinet Member approval: *Councillor Mary Aspinall, Approved by email* Date approved: 01/07/2024											

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Devon, Cornwall, and Isles of Scilly Health Protection Committee

Annual Assurance Report

2022/23

published 06 February 2024

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

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Contents

1 Introduction

1.1 About this report

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

The report considers the following key domains of health protection:

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

The report sets out:

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

1.2 Acronyms and definitions

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

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

2 Assurance Arrangements

2.1 Assurance role

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

2.2 Meetings

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

2.3 Reporting

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

2.4 Local Health Protection Structures

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

2.5 National Health Protection Structure

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

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

2.6 System Developments Following the Health and Care Act

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

2.6.0 Devon System

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

2.6.1 Cornwall and Isles of Scilly System

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

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

3 Prevention and Control of Infectious Disease

3.1 Surveillance Arrangements

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

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

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

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

3.2 Activity in 2022/23

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

3.2.0 COVID-19 Pandemic

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

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

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

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

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

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

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

3.2.1 Influenza

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

3.2.2 Avian Influenza

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

Company (waste provider, public spaces, and roads) with public phoneline, posters in public areas, and dead bird collection. IPC measures were risk assessed and deployed in discussion with UKHSA.

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

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

3.2.3 Lyme Disease

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

3.2.4 Gonorrhoea

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

3.2.5 Mpox

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

3.2.6 Group A Streptococcal Infection

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

3.2.7 Scarlet Fever

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

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

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

3.2.8 Escherichia coli

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

3.3 Infection Management and Outbreak Prevention

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

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

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

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

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

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

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

3.5 Safe Events Management

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

3.6 Work with Specific Settings and Populations

3.6.0 Supporting Migrant Health and Resettlement

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

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

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

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

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

3.6.0.1 Diphtheria

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

3.6.0.2 Tuberculosis

As part of initial health screening, new arrivals were screened for active TB signs and symptoms. Where cases of TB were identified, the UKHSA South West health protection team worked with the individuals along with local hotel managers and teams supporting unaccompanied asylum-seeking children. Local authority public health and the Home Office

worked to identify close contacts requiring screening. The NHS in Devon does not have a dedicated commissioned TB service and so local respiratory services worked together to facilitate contact screening, and in some cases additional services were commissioned by Devon ICS to provide additional capacity. Identifying and locating contacts to enable screening was challenging and time consuming due to the pace of arrivals and movements between hotels nationally.

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

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

3.6.0.3 Scabies

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

4 Screening Programmes

4.1 Background

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

4.2 Recovery

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

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

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

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

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

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

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

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

	• All providers have completed the PHE HEAT and developing action plans to further improve uptake and reduce inequalities.

5 Immunisation Programmes

5.1 Immunisation Performance

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

5.2 Programme Summary

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

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

	support local work. A national MMR call-recall took place in 2022 for children up to age 6 years. 2022–23 saw the development of System-level Maximising Immunisation Uptake Groups (MIUG), led by the NHSE VaST with a key focus on increasing the uptake of childhood immunisations, particularly MMR and pre-school booster vaccines. These groups have developed an evidence-based action plan that identifies targeted interventions to improve uptake. In Devon, the priorities are MMR, preschool booster, and school aged immunisations; and in Cornwall the priorities are MMR, preschool booster, and maternal pertussis with a specific focus on improving the data recording and data flows as anecdotally is it thought that uptake is higher than the national published figures. Devon, Cornwall, and Isles of Scilly (and Bristol, North Somerset & South Gloucestershire) CHIS procurement was completed, and the new provider commenced delivery April 2023. **Future developments:** • Targeted work at a practice level planned as part of the new CHIS contract. • Development of more comprehensive and timely data dashboards to support planning, delivery and monitoring of targeted actions to increase uptake and coverage. • Analysis of CHIS preschool booster using CHIS data for all 0–19-year-olds enabling a population view of coverage in addition to the GP practice-based analysis. • Vaccine confidence project to be undertaken in collaboration with University of Bristol and national NHSE team to develop a training resource to support health, social care, and other practitioners to have conversations with individuals to encourage take-up of vaccinations. Initial focus is MMR and is planned to be piloted in Devon.
Targeted Immunisations	The enhanced Hepatitis B and Tuberculosis programmes continue to be delivered to eligible babies (number of eligible babies in Devon, Cornwall and Isles of Scilly are relatively low). Uptake of the Hepatitis B vaccination remains good with most infants completing the full immunisation programme and having a 12-month serology test. There were no known cases of infants contracting Hepatitis B before their first birthday during 2022/23. Following large scale changes to the infant Tuberculosis programme from September 2021 due to the national new-born bloodspot screening Severe Combined Immunodeficiency pilot (in other parts of England not in the South West) all providers had to change their models of delivery to deliver vaccination in a clinic setting ideally by age 28 days. However, it is taking time for providers to fine-tune their clinic offer and

	a very low proportion of infants in Devon and Cornwall are currently being vaccinated by 28 days of age. **Future developments:** • Improvements to Tuberculosis data collection and fail safes to monitor uptake and timeliness and assure that a high level of uptake is being maintained. • More regular meetings to be implemented with individual providers to better understand challenges and develop quality improvement plans.
School-aged immunisations	The school-aged immunisation programme was severely impacted by the pandemic due to the initial lockdown, the second wave of school closures, and ongoing outbreaks that have prevented immunisation teams attending schools for clinics. These factors, and the COVID-19 vaccination programme for 12-15s and the expanded flu vaccination programme has impacted the subsequent academic years. Both Devon, Cornwall and Isles of Scilly providers have worked hard to deliver the routine programme as well as an ongoing offer of community clinics including over the summer holidays to catch-up as many missing vaccinations as possible. Data for the 2021/22 cohort shows that uptake is mostly recovered or achieved near pre-covid uptake levels, within the range of normal variation. Data for 2022/23 cohort showed ongoing challenges so NHSE VaST reviewed providers operational plans and additional catch-up activity was scheduled by the school aged immunisations services to ensure recovery was completed before the end of the school year. This was supported by additional NHSESW financial investment to both providers. A new lesson plan and resources pack called EDUCATE (from the University of Bristol) was shared across school aged immunisations services teams and local authority teams to increase the understanding of the human papillomavirus vaccine. There was a procurement for the Devon service and a new provider commenced delivery on 01/08/2023. **Future developments:** • Procurement for the Cornwall service during 2023/24 with new contracts to start 01/08/2024. • Addition of an offer of MMR alongside the routine immunisations will be introduced into the specification for 2023/24 supported by additional investment. • Planning for human papillomavirus vaccine schedule change due September 2023 which will move from two to one dose.

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

	The latest published data for Pneumococcal vaccination is 2021/22 with coverage stable for Devon and Cornwall ICBs around 70% in keeping with the England average and meeting the acceptable lower threshold of 65% and under the target uptake of 75%. As with Shingles, the uptake at 65 years (the age of first offer) is low and uptake increases year on year up to age 75 and over, emphasising the importance of continuing to offer these vaccinations in older years and also of the need to do more work to improve the timeliness of the vaccination closer to the age of first eligibility in order to gain more protection from the vaccine for these groups.
Influenza immunisations	The influenza vaccination programme continued to be a high priority during the 2022/23 seasonal programmes placing pressure on GP practices and school aged immunisations services providers who at the same time were delivering the COVID-19 vaccination programme. Delivery through community pharmacy was further expanded to support the programme. Multi-agency arrangements established in 2021/22 in Devon and Cornwall to manage the delivery of the seasonal vaccination programmes including both COVID-19 and influenza were further embedded. Overall, the South West had the highest uptake in all eligible cohort groups of any region and higher than the England average (see Appendix 6). Cornwall, although generally in line with uptake across the region, had the lowest uptake in all eligible cohorts and had particularly low uptake in pregnant people. This may be in part an impact of the complex data flows and recording issues, hence the importance of this work being done by the Cornwall MIUG.

5.3 COVID-19 Vaccinations Supported by Local Systems

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

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

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

5.4 COVID-19 Health Inequalities and Vaccination Outreach

5.4.0 Vaccination Programme commendation

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

5.4.1 National Work

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

5.4.2 Key Outcomes of the Health Inequalities Cell

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

this led to bespoke outreach offers for specific cohorts based on data/insight/need e.g., pop-up vaccination clinics in community cafes, faith centres, workplaces.

5.4.3 Use of a Flexible, Bespoke Delivery Model

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

5.4.4 Working with Peer-to-peer Networks

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

targeted at high-risk groups through a variety of media and channels, as set out in the Communications and marketing campaign plan for Devon, including an emphasis on community champions who represent the target population groups.

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

6 Health Care Associated Infections & Antimicrobial Resistance

6.1 Key Performance

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

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

	from 2021/22. Reduction projects underway include being a pilot area for a regional NHS England hydration project. *CIoS:* There were a total of 417 cases over 2022/23, an overall rate of 54.5 per 100,000, 13 cases below the threshold target set by NHS England and 31 case decrease from the previous year (2021/23).

6.1.1 Antimicrobial resistance (AMR) working groups

6.1.1.1 Devon AMR Group

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

6.1.1.2 Cornwall AMR group

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

6.1.1.3 Devon and CIoS Group

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

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

6.1.2 Healthcare workforce

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

6.2 Progress on Key Health Care Associated Infection & AMR Challenges

6.2.0 Continuing to support the COVID-19 response

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

6.2.1 Implementing E. coli & C. difficile reduction strategies

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

6.2.2 Ensuring consistent information and analysis from community infections

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

6.2.3 Strengthening Antimicrobial Resistance

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

7 Emergency Planning, Resilience and Response

7.1 DCIoS Response

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

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

7.1.0 Industrial Action

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

7.2 Devon EPRR Response Activity

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

7.3 Cornwall and Isles of Scilly EPRR Response Activity

7.3.0 Mpox Response

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

7.3.1 Avian Flu Response

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

7.3.2 Cornwall Drought Conditions

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

7.3.3 Large Scale Public Events

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

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

7.3.4 COVID-19 Public Inquiry

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

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

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

7.4.0 Regional Mass Casualty Exercise of the Casualty Distribution Plan

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

7.4.1 Vulnerable People Framework

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

7.4.2 Exercise Amore

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

7.4.3 Exercise Artic Willow

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

7.4.4 Chemical, Biological, Radiological, Nuclear

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

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

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

7.4.5 National Power Outage

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

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

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

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

Priority groups currently identified are:

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

7.4.6 High Consequence Infectious Diseases (HCID) plan

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

7.4.7 Severe Weather Plans

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

7.5 Assurance

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

7.6 Training

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

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

8 Climate and Environment

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

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

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

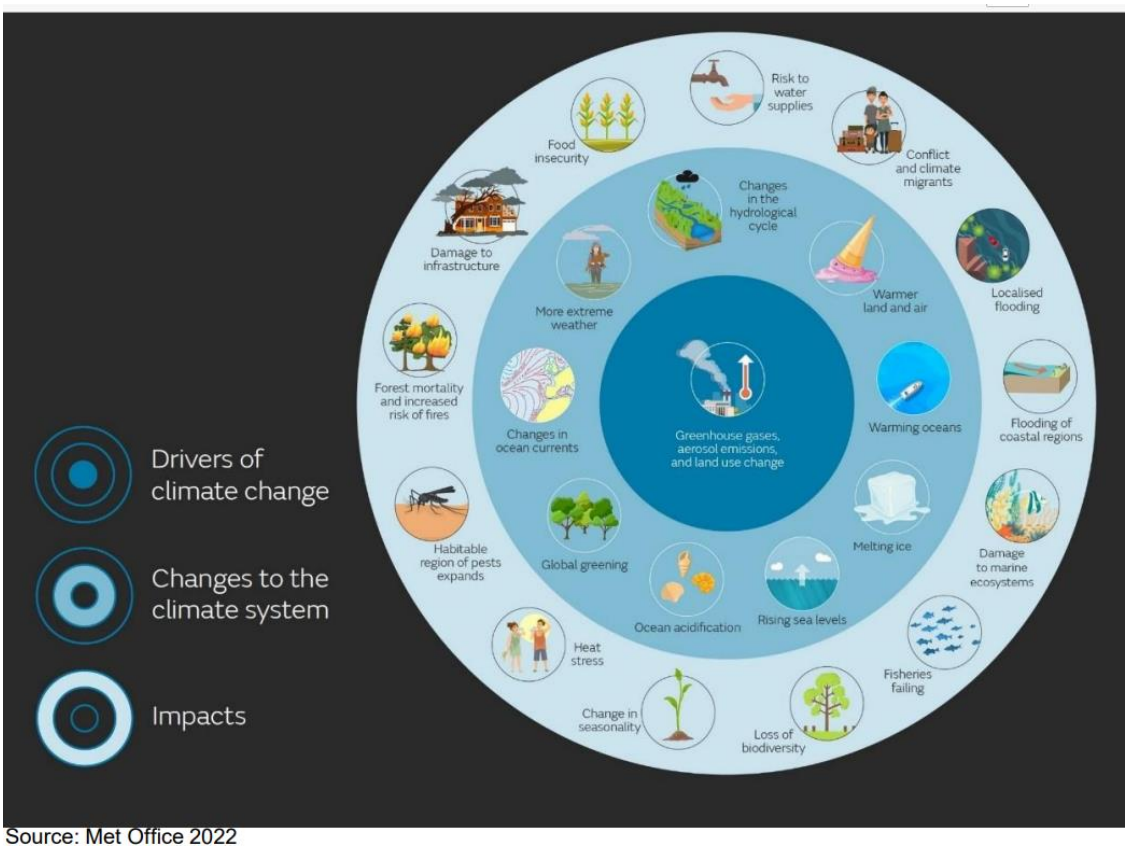
The Local Government Association Public Health Annual Report 2023 stated "The impact of climate change is a growing challenge for many councils and is a key public health priority. In the summer, the UK Health Security Agency (UKHSA) issued a succession of heat-health alerts and councils activated local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

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

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

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

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



Source: Met Office 2022

9 Progress on Work Programme Priorities for 2022/23

9.1 COVID-19

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

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

9.2 Preparedness

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

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

9.3 Screening and Immunisation

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

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

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

9.4 Infection Prevention Control

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

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

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

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

9.5 Health Protection Improvement

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

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

9.6 Climate Emergency

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

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

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

9.7 Health Protection Governance

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

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

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

9.8 Continuous Professional Development

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

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

10 Ongoing Work Programme Priorities

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

10.1 Priorities agreed by Health Protection Committee members

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

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

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

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

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

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

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

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

12 Appendices

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

Membership of the Committee:

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

Meetings of the Committee are held quarterly.

Several groups sit alongside the Committee with remits for:

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

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

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

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

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

12.2.0 Prevention and control of infectious disease

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

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

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

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

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

12.2.1 Screening and Immunisation

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

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

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

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

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

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

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

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

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

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

12.2.2 Healthcare associated infections

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

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

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

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

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

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

12.2.3 Emergency planning and response

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

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

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

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

12.3 Appendix 3 – links to Strategies and Plans

Cornwall and Isles of Scilly ICS Strategy

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

Cornwall and Isles of Scilly Joint Forward Plan

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

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

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

Plymouth Climate Emergency Action Plan

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

Devon, Cornwall, and Isles of Scilly Climate Adaptation Strategy

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

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

UKHSA Situations

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

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

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

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

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

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

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

Cancer Screening by Local Authority (Devon)

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

Cancer Screening by Local Authority (Plymouth)

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

Cancer Screening by Local Authority (Torbay)

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

Cancer Screening by Local Authority (Cornwall)

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

Other Screening by Local Authority (Devon)

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

Other Screening by Local Authority (Plymouth)

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

Other Screening by Local Authority (Torbay)

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

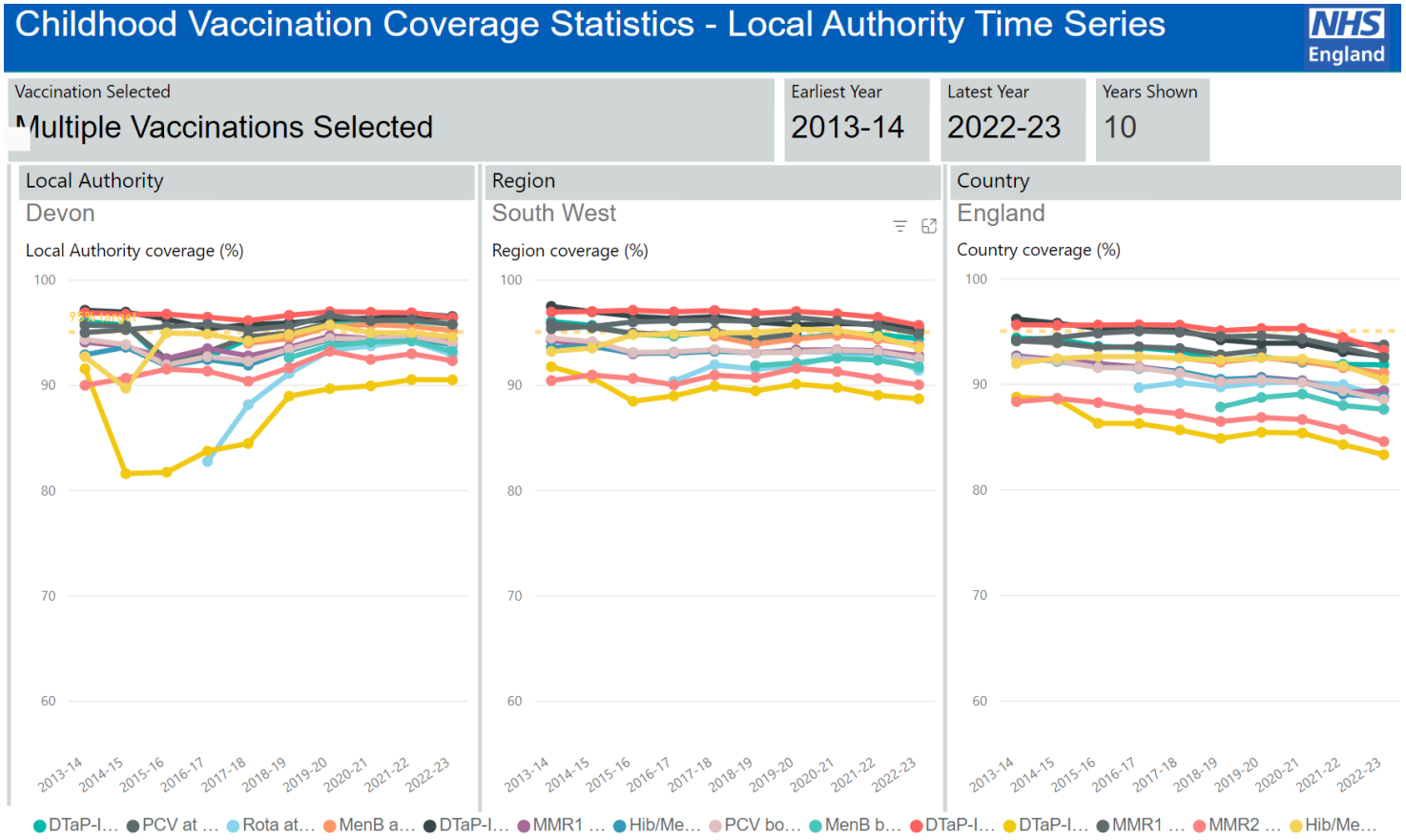
Other Screening by Local Authority (Cornwall)

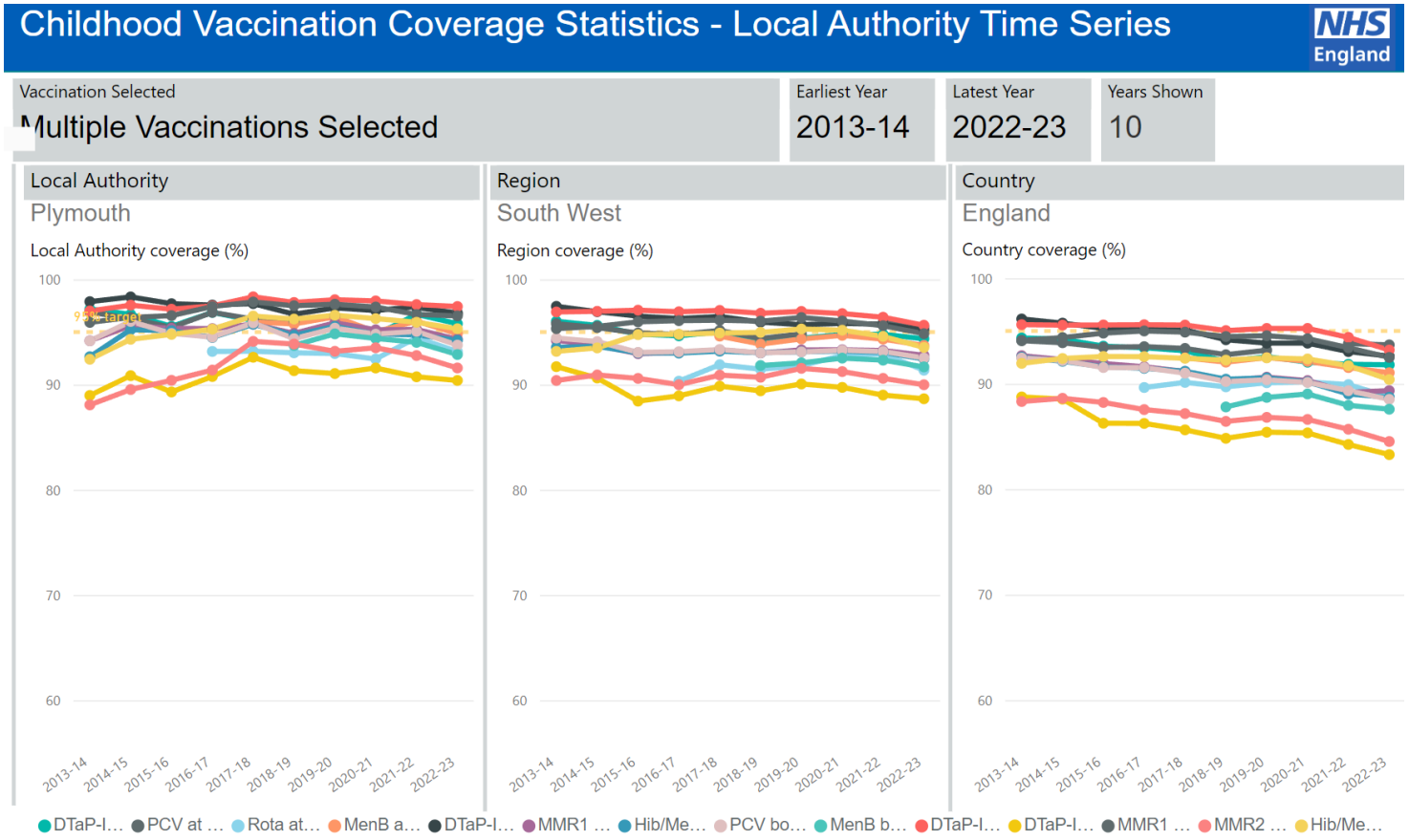
Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75	75 - 85	≥ 85	Cornwall	83.8	83.3	83.5	84.9	84.1	86.5	81.2	85.3	85.3
						England	77.4	79.4	79.9	80.9	80.8	81.3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

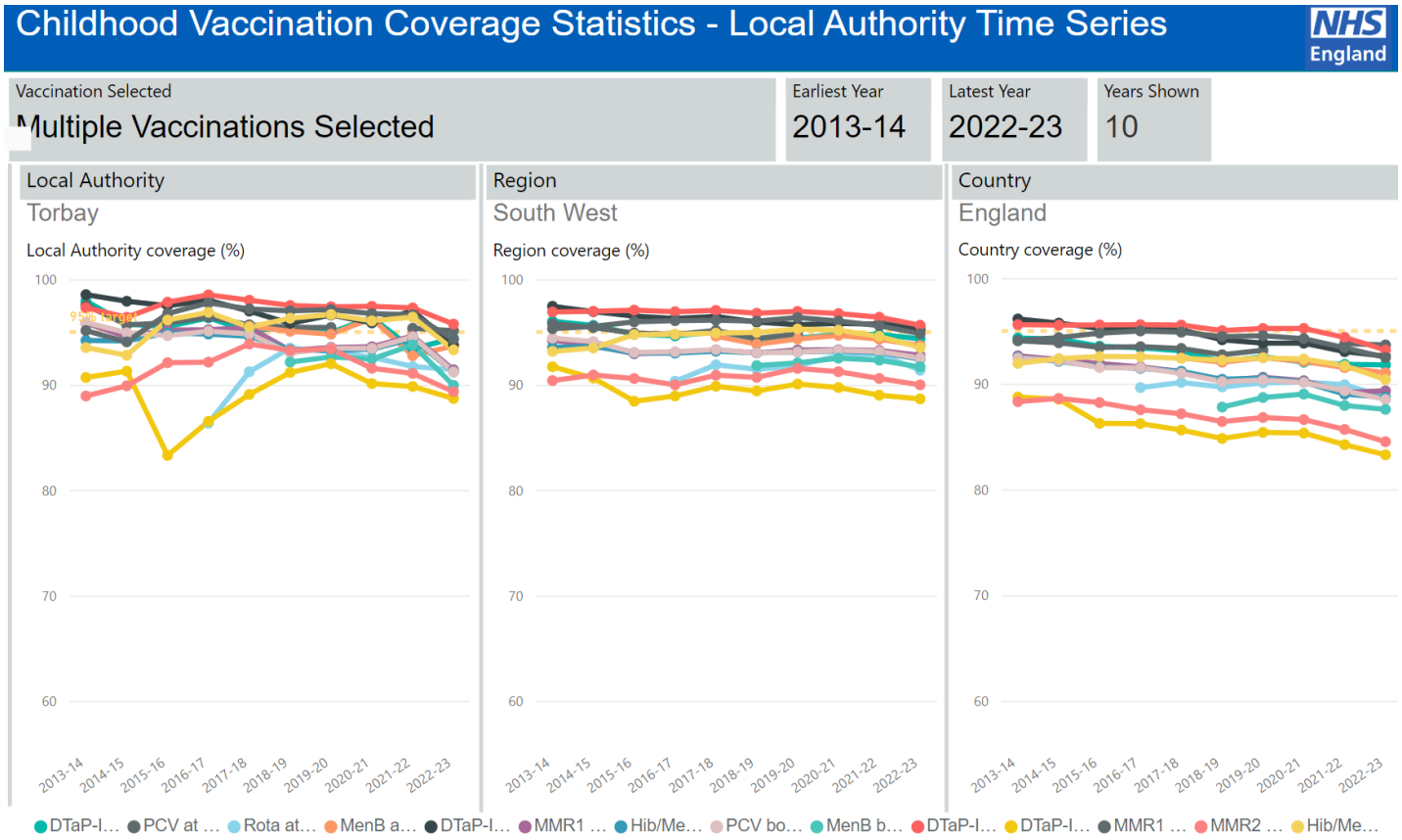
12.6 Appendix 6 - Immunisation performance 2022/23

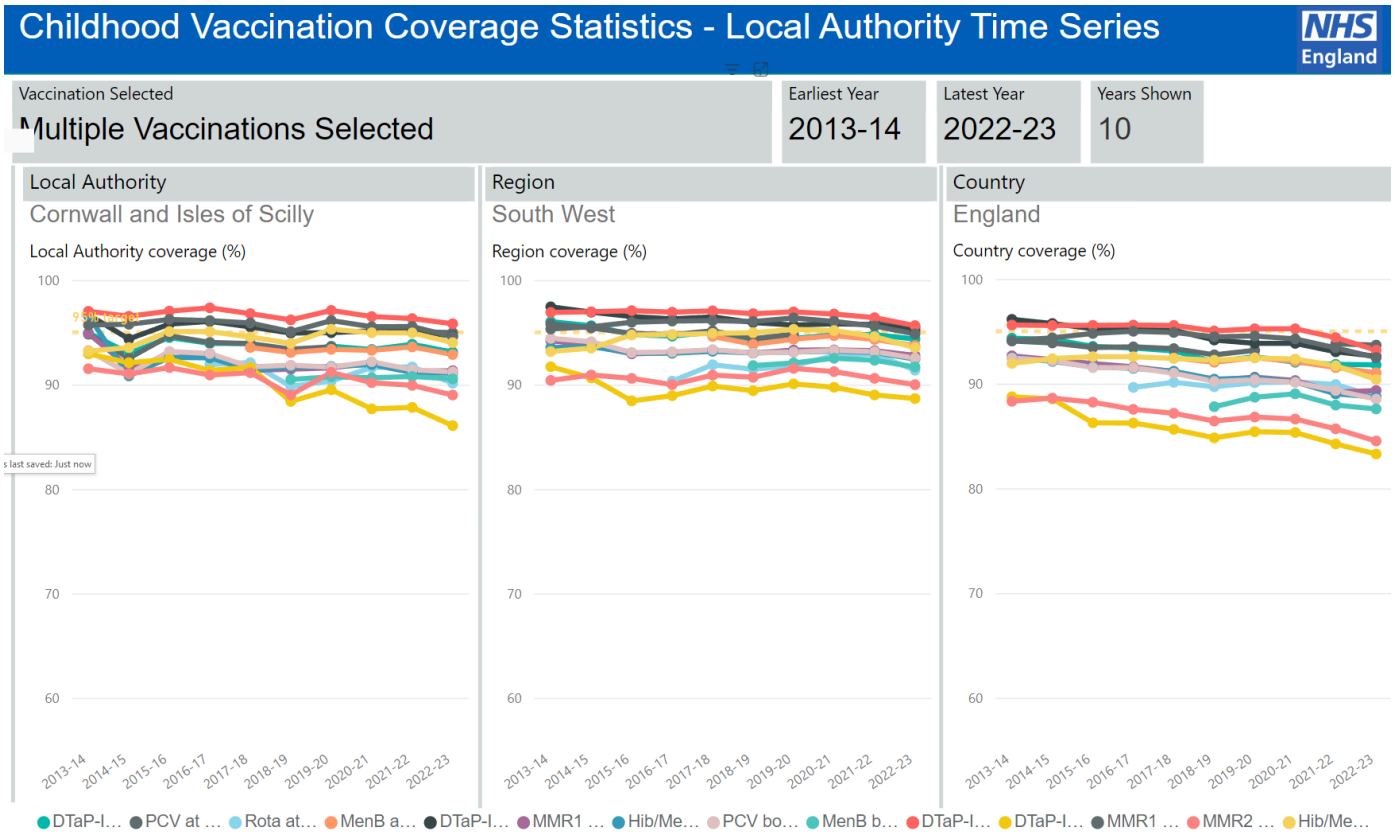
Immunisation schedule; https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule/the-complete-routine-immunisation-schedule-from-february-2022

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




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


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


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

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

Annual Other Immunisations by Local Authority (Devon)

Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Devon				92.2	87.2	86.9	86.2	82.5	84.3	73.2	64.6	61.5
				England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Devon										59.6	56.3	52.6
				England										54.4	71.0	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Devon						85.8	86.6	80.8	81.3	70.4	61.6	63.6
				England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Devon											51.1	56.8
				England											54.4	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 80 - 90 ≥ 90	Devon							84.4	91.9	91.1	74.8	69.0	66.8
				England							82.5	84.6	86.7	87.0	80.9	79.6
D06b - Population vaccination coverage: PPV	65	75	< 65 65 - 75 ≥ 75	Devon	69.6	70.0	69.6	69.9	70.2	70.2	70.5	69.9	70.1	70.2	70.6	
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Devon	71.5	72.6	71.4	71.5	70.8	69.8	69.8	72.9	72.5	73.0	82.8	85.3
				England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Devon	48.8	49.9	47.8	47.8	44.5	42.0	46.2	50.0	49.2	45.5	58.1	60.3
				England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
D03I - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Devon					43.8	42.6	46.6	53.3	63.4	59.6	70.6	61.5
				England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA	Devon										62.3	66.5	57.5
				England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50 50 - 60 ≥ 60	Devon									51.0	46.9	40.4	45.0
				England									49.1	48.2	42.1	44.0

Annual Other Immunisations by Local Authority (Plymouth)

Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Plymouth				82.6	86.7	89.4	85.1	86.6	83.6	65.8	64.9	55.5
				England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Plymouth										48.6	57.4	47.2
				England										54.4	71.0	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Plymouth						86.1	78.6	82.3	79.9	69.9	57.2	59.8
				England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Plymouth											43.0	53.2
				England											54.4	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 80 - 90 ≥ 90	Plymouth							77.7	76.8	78.9	74.3	65.0	62.5
				England							82.5	84.6	86.7	87.0	80.9	79.6
D06b - Population vaccination coverage: PPV	65	75	< 65 65 - 75 ≥ 75	Plymouth	72.5	71.1	70.9	70.4	69.4	68.7	68.7	67.1	68.2	65.6	68.1	
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Plymouth	73.6	76.1	75.3	73.2	73.4	71.5	70.3	71.7	71.2	71.4	81.2	82.6
				England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Plymouth	54.3	54.8	54.1	51.8	49.9	44.9	46.0	47.7	46.7	41.2	52.3	53.9
				England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
D03I - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Plymouth					39.2	34.9	40.1	44.7	53.3	50.9	63.0	52.9
				England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA	Plymouth										57.5	63.2	48.7
				England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50 50 - 60 ≥ 60	Plymouth									42.9	46.5	40.8	45.3
				England									49.1	48.2	42.1	44.0

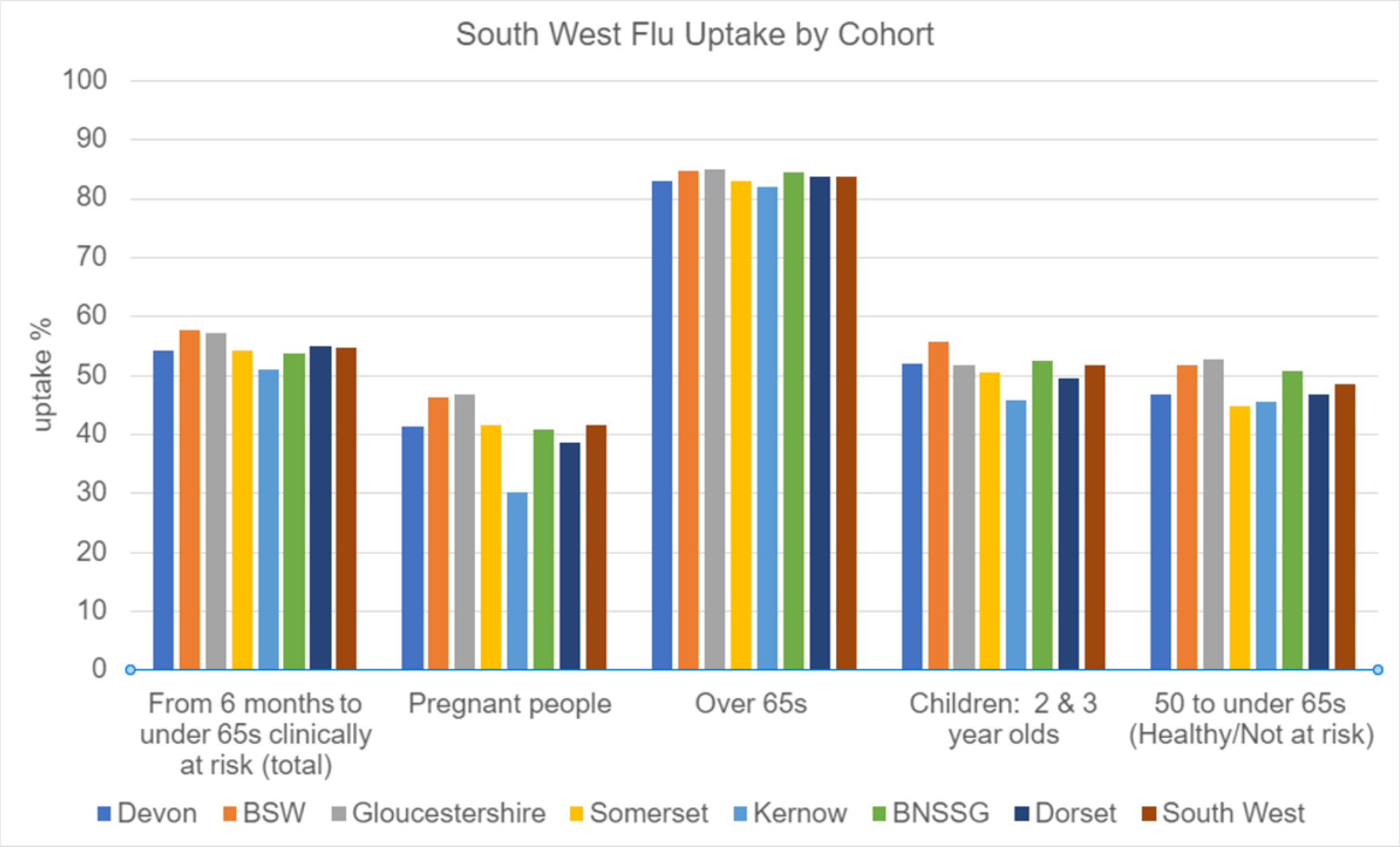
Annual Other Immunisations by Local Authority (Torbay)

Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 | 80 - 90 | ≥ 90	Torbay				89.8	87.2	83.1	85.0	86.2	86.2	68.0	67.4	55.6
				England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 | 80 - 90 | ≥ 90	Torbay										49.0	64.5	47.1
				England										54.4	71.0	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80 | 80 - 90 | ≥ 90	Torbay						80.7	83.7	77.4	83.9	71.4	61.6	64.2
				England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 | 80 - 90 | ≥ 90	Torbay											44.0	60.1
				England											54.4	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 | 80 - 90 | ≥ 90	Torbay							78.0	79.6	79.1	77.0	63.6	56.7
				England							82.5	84.6	86.7	87.0	80.9	79.6
D06b - Population vaccination coverage: PPV	65	75	< 65 | 65 - 75 | ≥ 75	Torbay	70.5	67.6	64.1	67.5	68.1	67.5	67.7	68.8	69.2	68.2	68.0	
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Torbay	70.0	70.3	69.7	68.3	67.3	66.4	66.4	71.6	71.5	71.5	79.8	81.7
				England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Torbay	48.8	46.8	47.8	48.6	44.6	40.6	45.8	49.3	47.2	44.8	54.8	54.3
				England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
D03I - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Torbay					39.7	35.9	40.7	45.0	56.3	47.8	58.5	47.3
				England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA	Torbay										57.6	61.7	45.1
				England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50 | 50 - 60 | ≥ 60	Torbay									44.5	37.7	34.5	41.5
				England									49.1	48.2	42.1	44.0

Annual Other Immunisations by Local Authority (Cornwall)

Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 | 80 - 90 | ≥ 90	Cornwall				77.9	81.4	79.5	78.6	81.9	78.4	78.0	76.7	66.4
				England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 | 80 - 90 | ≥ 90	Cornwall										67.5	70.5	57.0
				England										54.4	71.0	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80 | 80 - 90 | ≥ 90	Cornwall						71.5	57.6	73.1	70.5	73.0	78.0	74.3
				England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 | 80 - 90 | ≥ 90	Cornwall											71.1	68.1
				England											54.4	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 | 80 - 90 | ≥ 90	Cornwall							79.6	77.2	76.0	76.5	80.0	74.6
				England							82.5	84.6	86.7	87.0	80.9	79.6
D06b - Population vaccination coverage: PPV	65	75	< 65 | 65 - 75 | ≥ 75	Cornwall	67.7	66.6	67.0	66.5	66.3	67.0	66.7	66.2	64.3	65.3	68.1	
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Cornwall	70.0	72.5	71.6	71.3	70.4	69.4	68.4	66.2	70.3	70.6	80.3	83.7
				England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Cornwall	49.9	51.8	51.6	52.5	49.4	45.6	44.4	48.8	46.0	43.2	54.2	56.2
				England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9
D03I - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Cornwall					36.6	33.7	37.0	38.7	50.3	47.4	60.6	50.8
				England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA	Cornwall										58.6	65.5	56.0
				England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50 | 50 - 60 | ≥ 60	Cornwall									45.7	33.5	38.5	38.4
				England									49.1	48.2	42.1	44.0

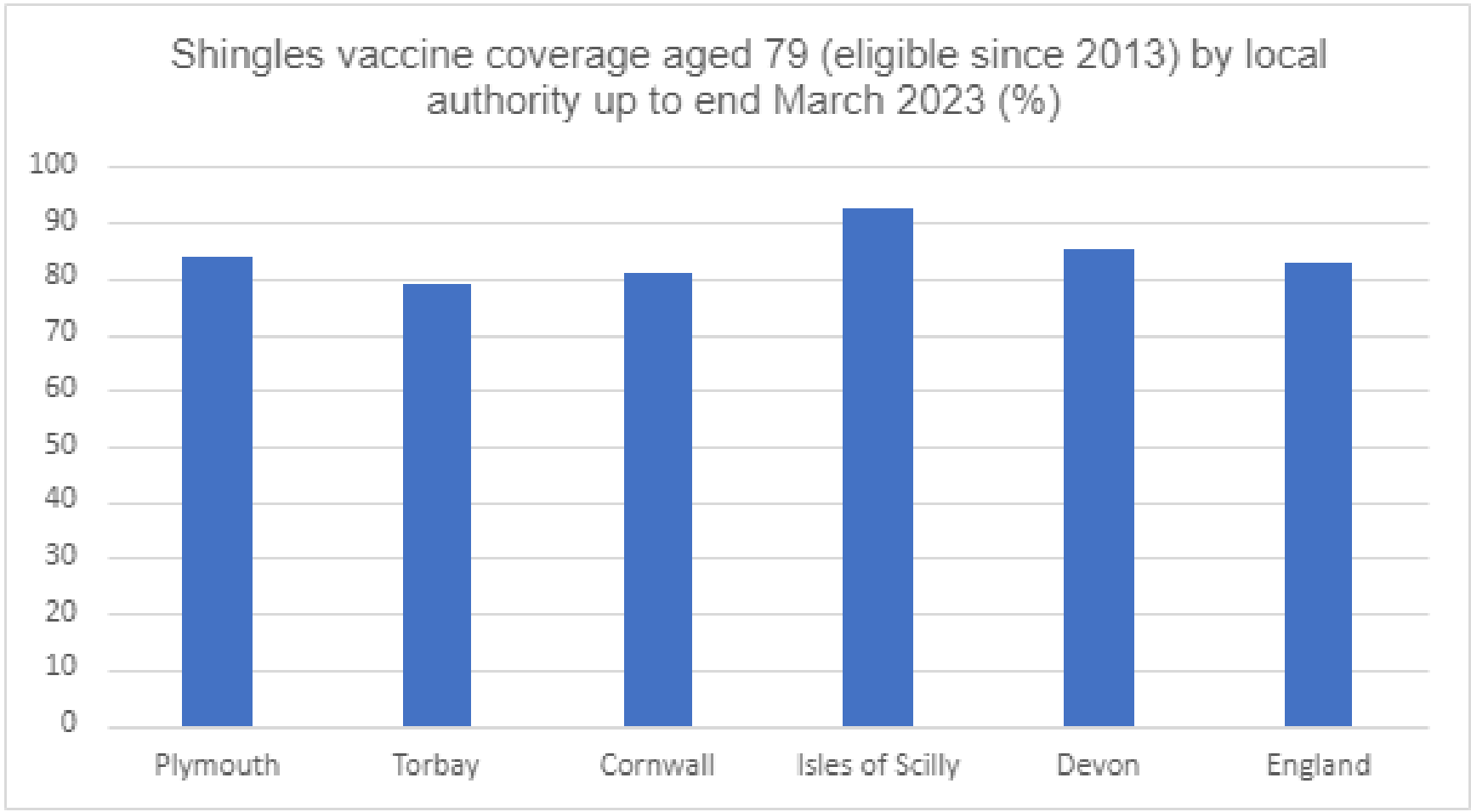
Seasonal Influenza uptake by priority groups 2022/23



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

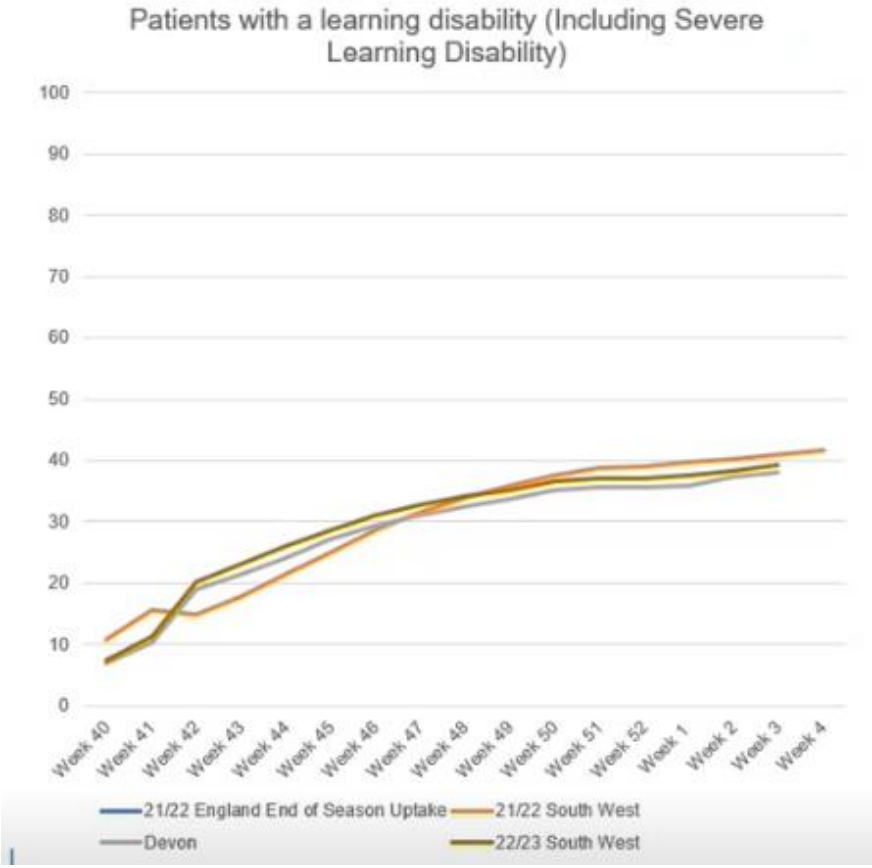
Org Name	April 2023 report				
	No. of practices	% of practices responding	No. of women who delivered in the survey month regardless of gestational age at birth	No. of women receiving pertussis vaccination in the 26 weeks prior to delivery	% Uptake
NHS DEVON ICB	121	99.2	656	432	65.9
NHS CIOS ICB	55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

Older people - Shingles



12.7 Appendix 7 – Devon ICB Vaccination Outreach Case Studies

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



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

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

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

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

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

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

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

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

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

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

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

13 References

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

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

[3] Responding to cost-of-living challenges: Cornwall Council - An interview with Rachel Wigglesworth, Director of Public Health, Cornwall and Isles of Scilly (20 March 2023) https://www.local.gov.uk/case-studies/responding-cost-living-challenges-cornwall-council [accessed November 2023]

[4] UKHSA blog; climate and health security https://ukhsa.blog.gov.uk/2023/02/08/climate-and-health-security-looking-ahead-to-2023/[accessed November 2023]

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

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Health and Wellbeing Board

Date of meeting:	24 July 2024
Title of Report:	**Plymouth Drugs Strategic Partnership Annual Report 2024**
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, Consultant in Public Health
Contact Email:	Kamal.Patel@Plymouth.gov.uk
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
To provide to the Health and Wellbeing Board the Annual Report of the work of the Plymouth Drugs Strategic Partnership in 2023.

Recommendations and Reasons
1. That the Plymouth Health and Wellbeing Board note the report and provide any comment or feedback on the Plymouth Drugs Strategic Partnership.

Alternative options considered and rejected
N/A

Relevance to the Corporate Plan and/or the Plymouth Plan
Plymouth Corporate Plan:
- Working with the Police to tackle crime and antisocial behaviour
- Working with the NHS to provide better access to health, care and dentistry
- Keeping children, adults and communities safe
- Providing quality public services
- Focusing on prevention and early intervention

The Plymouth Plan:
- HEA1: Addressing health inequalities, improving health literacy
- 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 – this is a report on an existing programme of work

Financial Risks

None

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
**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	2	3	4	5	6	7
A	Plymouth Drugs Strategy Partnership Annual Report 2024							
B	Plymouth Drugs Strategy Partnership Annual Report 2024 (presentation)							

Background papers:

**Add rows as required to box below*

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

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

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											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 12/07/2024											

Cabinet Member approval: Yes – approved verbally

Date approved: 12/07/2024

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PLYMOUTH DRUGS STRATEGY PARTNERSHIP

Annual Report 2024

THE PLYMOUTH DRUGS STRATEGIC PARTNERSHIP AND PLAN

In 2021 the Government published its drug strategy, 'From Harm to Hope'. Each local area was required to form a local combating drugs partnership, to monitor progress against the national strategies aims and objectives. Our local partnership in is called the Plymouth Drugs Strategic Partnership, with the Director of Public Health assuming the role of Senior Responsible Officer.

The Plymouth Drugs Strategy Partnership covers the geographical area of the city of Plymouth, coterminous with Plymouth City Council; this is the footprint on which drug and alcohol treatment services are commissioned.

Some work will be better considered across a larger footprint and therefore the Peninsula Drug Strategy Group, where regional and national organised crime leads are also involved, will be a key relationship for this Partnership. It is noted that some members will be more likely to engage at this Peninsula level due to the size of the geography that they cover.

The Drugs Strategy Partnership Group will provide a focused point of reporting and scrutiny thereby ensuring an open and transparent partnership with clear ownership, responsibility and accountability.

- Provide advice and data to support a robust local needs assessment to identify and understand the needs of those impacted.
- Provide expert advice and data to support the development of local strategy, agreeing the appropriate steps needed to meet the needs identified.
- Support Safer Plymouth and the health and wellbeing system locally to effectively engage with those impacted and expert services in understanding the range and complexity of needs.
- To achieve strategic and operational alignment across member organisations, Board, Forums and Groups providing consistent, quality, joined up responses for in accordance with the local Strategy and national direction.
- Receive Drug Related Death Reports and drive forward the implementation of the recommendations.
- Adopt a Human Learning System approach to continual learning and improvement.
- Take a Trauma-informed approach.
- Review the Safer Plymouth Risk Register and take positive action to reduce or manage the risks and where mitigating actions cannot be progressed, risk cannot be transferred, the Group will escalate to Safer Plymouth, Safeguarding Children's Partnership and/or Safeguarding Adults Board as appropriate.
- Hold an overview of and influence the development and implementation of strategies and commissioning intentions that hold the potential to impact the Drugs Strategy and to work in partnership to ensure a joined-up approach to addressing drugs and alcohol.
- Take a Co-production approach to all of our work.

Membership

Recommended membership	Role title / comments
Elected Members	Portfolio holder for Public Health *Wider engagement including cross party will be delivered via the Health and Wellbeing Board*

Local Authority Officials	Director of Public Health Public Health Specialist lead for Substance misuse Lead for Homelessness (Service Director, Community Connections) Principal Social Worker Adult Safeguarding Lead
Specialist drug treatment and recovery services	Chair, Alliance Treatment Group
Devon and Cornwall Police	Various
Office of the Police and Crime Commissioner	Partnerships and Commissioning Officer *Regular engagement via the Peninsula Substance Misuse Board*
National Probation Service	*Regular engagement via the Peninsula Substance Misuse Board*
Mental Health Provider	Livewell SW
Regional OHID Team	Regional lead
NHS Strategic lead	To be confirmed
JobCentre Plus	To be confirmed
Experts by Experience and Recovery Leads	To be confirmed

Our Principles

Be trauma informed / compassionate	Take into account the impact of trauma; understand what an individual may have more influence over or little or no influence over in regard to behaviours; Avoid contributing to stigma and tackle stigma – 'everyone is valued just the way they are'
Be delivered through a whole system approach	Build a whole system approach creating a shared endeavour and maximising collaborative advantage for positive outcomes and funding opportunities; Influence what we can - create environments and opportunity across systems /communities, for health improvement / benefit
Reflect the complexity and scale of challenge	Recognise human systems are complex and sustainable change takes time; Focus on long-term goals (success criteria); cohorts impacted by this, and wider stakeholders inform dynamic learning & review, reflecting lived experience leading to continual improvement in approach: bespoke solutions – listen - adapt – change – empower

Be based on the lived experience of the population served	Focus on relationships; support connections between people; build / facilitate community assets; collaborate; recognise the strengths and limitations of services and the strengths of community / people; empower people; health literacy. Use of Appreciative Enquiry and approaches that recognise the complexity of lived experience and importance of relationships
Have a strong focus on prevention	Be asset based; enable people and communities to thrive; influence determinants wherever possible; ensure early access to help if needed
Tackle inequalities	Recognise the role and impact of social inequalities and determinants in shaping lives and use this to inform what is done to make a difference

Our Plan

Our plan largely mirrors the national areas for action.

A; Break drug supply chains

- targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers.
- going after the money – disrupting drug gang operations and seizing their cash
- rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
- tackling the retail market – improving targeting of local drug gangs and street dealing
- restricting the supply of drugs into prisons – applying technology and skills to improve security and detection.

B; Deliver a world-class treatment and recovery system

- strengthening local authority commissioned substance misuse services for adults and young people, and improving quality, capacity and outcomes
- strengthening the professional workforce
- ensuring better integration of services –physical and mental health needs are addressed to reduce harm and support recovery.
- improving access to accommodation alongside treatment
- improving employment opportunities – linking employment support and peer support to Jobcentre Plus services
- increasing engagement in treatment in the criminal justice system
- keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community.

C; shift in the demand for drugs

- applying tougher and more meaningful consequences – ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug-related harm.
- delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs.
- supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk.

In the early stages of the partnership, there was a focus on

SSMTRG spend and workforce changes

April 2023 saw the beginning of the implementation of the second year of our Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) plan. For 2023/24 Plymouth received a total of £1,266,006 from national government to build on the £772,516 received in 2022/23. The purpose of the grant is to improve the take up of, and outcomes from, drug and alcohol treatment services to deliver the health objectives of the National Drugs Strategy, From Harm to Hope. The strategy highlights how the previous disinvestment in adult and young people's specialist substance use treatment services has depleted the workforce resulting in a loss of skills, expertise and capacity from this sector, which has contributed to increased unmet need and drug related deaths. The SSMTRG funding from April 2022 goes some way to reversing that trend, however, some time will be required to build up the workforce and meet the unmet need to improve outcomes.

We have worked with partners in the Plymouth Drug Partnership to assess local need and develop a strategic plan for the SSMTRG funding from April 2022 to March 2024. Most of this funding has been channelled through the Plymouth Alliance for complex lives to rebuild drug and alcohol services. Since April 2022 (when SSMTRG grant funding started):

- Harbour is our principal adult drug and alcohol treatment service. We have significantly increased the number of drug and alcohol workers as well as criminal justice drug and alcohol workers (eight in total).
- We have also increased capacity in our Children and Young People's (CYP) substance use treatment service, with two additional specialists and a specialist mental health worker who is employed by the Child and Adolescent Mental Health Service (CAMHS) but deployed directly into the CYP treatment service.
- Livewell Southwest provide a range of health-related services to this cohort, including medical support, opiate substitution prescribing, and dual diagnosis (mental health and substance use) support. The funding has enabled significant strengthening of the workforce in these areas, through the addition of medical time, pharmacists, psychologists, nurses, and support workers.
- Hamoaze House provide day support to all those affected directly or indirectly by problematic relationships with drugs and alcohol. Additional funding has enabled an uplift in pay for their staff to improve wellbeing and retention as well as two additional substance use workers.
- Shekinah provides recovery support for individuals to find accommodation, improve their physical and mental wellbeing, and gives practical support to find employment. The additional funding has led to recruitment of a workforce trainer and a skills and employment trainer.
- Plymouth City Council have also been able to recruit to three additional roles within the public health team to improve system coordination, commissioning capacity and to develop an avoidable deaths approach, which will bring together and share learning from deaths related to drugs and alcohol, suicide and domestic homicide.

PLYMOUTH DRUG TREATMENT: NEEDS AND OUTCOMES

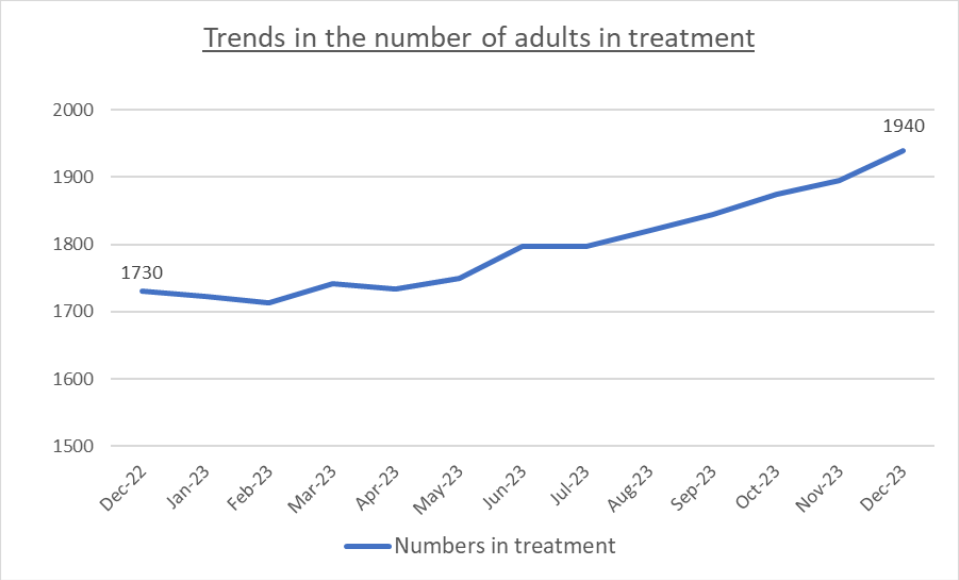
Needs assessment

A local drug and alcohol needs assessment was published in December 2022. This found that people in Plymouth who were entering treatment typically present with polydrug use and tend to be older, more complex and subsequently spend longer in treatment than the England average. The needs assessment also showed that self-referral is the most common route into treatment, with 66% of people entering treatment via self-referral.

Specific data on prevalence of drug use, number of people in treatment, unmet need and drug and alcohol related deaths also formed part this needs assessment. Through NDTMS (National Drug Treatment Monitoring System) we have more up to date data on these areas and so are presented below as part of outcomes and progress towards meeting the aims of the drugs strategy.

Drug and alcohol treatment data

In 2023 we have seen an 12% increase in the numbers of people in structured drug and alcohol treatment (between December 2022 and December 2023)



		Dec 2022		Dec 2023		Dec 2022 to Dec 2023
Substance group	**Prevalence estimate (2019-20)**	**Numbers in treatment**	**Unmet treatment need**	**Numbers in treatment**	**Unmet treatment need**	**Percentage change (numbers in treatment)**
OCU	2,042	1245	39.0%	1,241	39.2%	- 0.3%
Opiates only	1,266	872	31.1%	842	33.5%	- 3.4%
Crack only	214	29	86.4%	50	76.6%	+72.4%
Both opiates and crack	563	344	38.9%	349	38.0%	+1.5
Alcohol	3,496	450	87.1%	609	82.6%	+35.3%

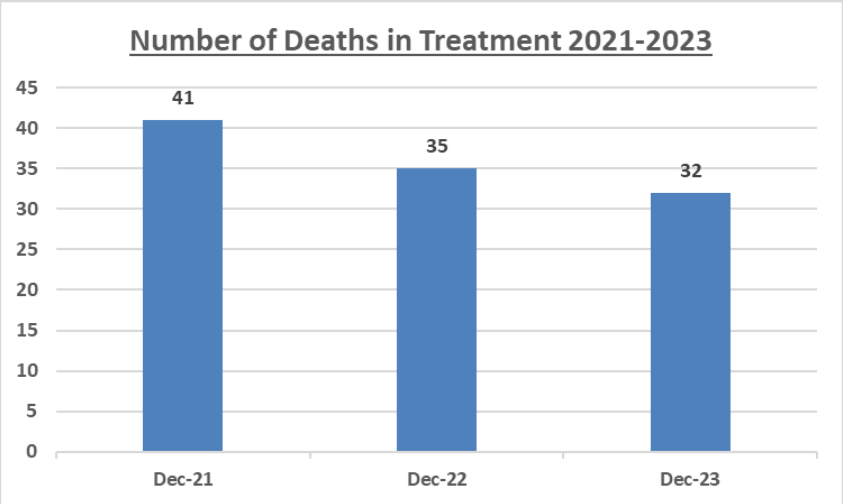
(OCU = opiate and/or crack users)

Overall, unmet need has been reducing in the city as more people have come into treatment in the last year. Treatment numbers have increased for all substance groups, besides opiates. However, current figures show that Plymouth has the fourth lowest levels of opiate only unmet need in the country and the lowest among our statistical neighbours.

Sixty-six % of all adults in treatment in Plymouth are men (1289) and 34% are women (651) this reflects national treatment demographics.

Deaths in treatment

The number of deaths in treatment has been decreasing since 2021 in Plymouth:



In addition to the reduction in the number of deaths in treatment, there has also been an increase in the numbers in treatment therefore also decreasing the overall percentage.

Month	Number of deaths	Percentage of those in treatment	Numbers in treatment
Dec-21	41	2.31%	1,778
Dec-22	35	2.02%	1,730
Dec-23	32	1.65%	1,940

Data Completeness

Service level data completeness for all substance groups has significantly improved in the past 12 months from 61% in December 2022 to 88% in December 2023. The use of mandatory fields within the local case management system, along with closer monitoring from the treatment provider has contributed to this increase.

PROGRESS SINCE THE PARTNERSHIP WAS FORMED

Review into deaths linked to substance misuse

A review was conducted in summer 2023 and comprised of a three-year (2019, 2020, 2021) look back at the deaths of individuals known to treatment services 12 months prior to death, to understand at what age they died and their cause of death. The audit found that 120 individuals had died in this period. The aim of the review was to provide an understanding of what is happening locally and what can be done to reduce drug and alcohol related deaths in the city.

Of the 120 deaths occurring over the 3-year period, 22 deaths were primary cause alcohol, 49 were primary cause drugs and 41 did not have alcohol or drugs recorded in part 1 of the cause of death. 8 deaths had not received a verdict from inquest at the point of this review. This shows that drug and alcohol use did not directly contribute to death in over one third of people who died within 12 months of being in treatment.

	Primary cause alcohol	Primary cause drugs	Primary cause is not drugs or alcohol	Awaiting verdict	Total
Male	18	40	23	5	86
Female	4	9	18	3	34

The review found that Plymouth has a slightly older treatment cohort than England and has the second highest percentage of adults over 50, accessing treatment services when compared with nearest neighbours. Having an older population in treatment could explain why Plymouth has a higher rate than England for deaths in treatment. This combined with high penetration rates for opiates means that more people are known to treatment services and therefore could explain why Plymouth sees higher rates of deaths in treatment.

The review and recommendations were presented to the Combatting Drugs Partnership group in September 2023 and implementation will be reviewed as part of the meeting.

Service improvements

Drug related deaths

A significant amount of work has been undertaken to reduce drug related deaths in the city. This has been led by our harm reduction coordinator based in Harbour, which is an SSMTRG funded post. This includes:

- Working in collaboration with the Plymouth Alliance to train and upskill the workforce in harm reduction and naloxone.
- Introduction of Needle and Syringe exchange programme to all hostels in the city and training in safer injecting for staff
- Targeted naloxone drops in Stonehouse to ensure adequate supply in a key area of need.
- The provision of naloxone where appropriate on discharge from hospital (including the emergency department). University Hospitals Plymouth is one of only three hospitals in the UK offering this.
- Introduction of Rapid Access to Prescribing (RAP) team has significantly reduced the waiting time for opiate substitution therapy.
- Creation of the Plymouth Overdose Response Team (PORT) to offer harm reduction intervention and referral to treatment and prescribing following an overdose in a hostel.
- More optimised opiate substitution doses

- Additional drug and alcohol workers in our treatment providers have meant that caseloads have decreased from an average of 80 to an average of 50. This is improving the quality of treatment.
- The work of the Health Inclusion Plymouth Pathway (HIPP) has improved health care support for people in Plymouth who experience homelessness and multiple deprivation.

Treatment for people who use crack

To meet high levels of unmet need in people who use crack, Harbour have enhanced their offer of support for this group. This has involved greater engagement to bring people into treatment and setting up of groups specifically for crack users. The treatment service has worked hard and are offering an out of hours service for this cohort, with groups taking place on an evening. This has led to a doubling of the number of people who use crack being in structured treatment.

Continuity of Care for prison leavers

Continuity of care has improved over a rolling three-month period. Where an onward referral was made by the prison treatment provider and the client then subsequently picked up by community treatment provider was at 17% in December 2022, however this figure as of December 2023 is 44%.

The Community Treatment provider was previously operating on a drop-in slot basis for prison releases, although this allowed flexibility for individuals attending on their day of release to collect prescriptions and meet with their worker, the disadvantage was that some clients weren't presenting to the treatment service at all despite having an ongoing treatment need. The service is now allocating an appointment for all prison releases that are referred with an ongoing treatment need. Additionally, a Continuity of Care sub-group is now in operation specifically for Plymouth prison releases, the group is attended by prison, and community providers, along with NHS services, and Public Health. The group regularly reviews pathways and links between services and identifies areas where these could be strengthened. With future additional alcohol worker capacity in the treatment service, there is further scope to increase engagement post-release for alcohol clients with an ongoing treatment need.

Vaping of illicit substances

The vaping of illicit substances is a new and emerging area and Plymouth is leading the way on this regionally and nationally. There has been an increase in young people vaping illicit substances, which is suspected to be a synthetic cannabinoid receptor agonist (SRCA, sometimes known as 'spice') or THC (a cannabis derivative). Some young people are becoming unwell resulting in ambulances and ED presentations. All young people who have attended ED have recovered within 1-2 hours.

Some of the incidents have occurred at schools. In response to this the public health team, youth service and CYP treatment service have formulated a package of support to ensure that schools feel supported, have the necessary knowledge to respond to incidents and know where they can get further support. An explicit aim of this approach is to reduce the number of permanent exclusions related to this behaviour, which we know is key to improving the long-term outcomes for that young person, including the reducing risk of future drug use.

PLANNED WORK FOR 2024-25

SSMTRG funding plans

2024/25 will be year three of the national drugs strategy and SSMTRG funding. This will see a total of £2,442,196 invested in the Plymouth drug and alcohol treatment and recovery system (an additional £1,177,190 from the previous year). Local plans for this funding have been worked up and agreed by the Plymouth Drugs Partnership. The funding will enable strategic improvements to our drug and alcohol system to improve outcomes for all. The funding will increase capacity in our clinical services including dual diagnosis work through additional medical time and recruitment of nurses, and support workers, increase the number of drug and alcohol workers in our specialist treatment by six, provide two substance use workers, a peer support coordinator, a day services manager and a community manager within our day service, increased social work capacity for residential rehabilitation assessments, and increase capacity within the CYP system including a specialist substance worker, and four youth workers deployed across the system.

Local Drug Information System

A Local Drug Information System (LDIS) for Plymouth is being developed. This will enable a consistent and efficient process for sharing and assessing information regarding new and/or novel, potent, adulterated or contaminated drugs and the issuing of warning where needed. The standard operating procedure and review panel membership for the LDIS has been agreed. The panel will meet when a form is completed and review the information provided and send out drug alerts where this is deemed necessary. The panel will have representation from the Police, public health, drug treatment providers and medics. A functioning local LDIS will be essential in identifying and responding to potential incidents relating to potent synthetic opioids.

Laboratory testing of drugs

The laboratory testing of drugs is also key to understanding the drugs market and risks associated, including the risks of potent synthetic opiates. However, evidential testing by the Police is taking 6-9 months to provide results, which is too slow to inform a response. Devon and Cornwall Police have reached an agreement with Avon and Somerset Police and Bath University to transport drugs of concern to Bath University for rapid testing. Preliminary results can be available the same day and full results within a few days. This testing will be for intelligence only (it is not evidential) but will crucially be able to identify potent synthetic opiates in real time.

Avoidable Death Approach

SSMTRG funding has increased capacity in the public health team and allowed for a new Avoidable Death lead. This role will focus on developing a review process for deaths that occur in the city relating to drugs and alcohol. These deaths may be classified as suicide, drug related deaths or even domestic homicides or fire deaths. However, there is often a significant overlap between these deaths where drugs and alcohol have been involved and bringing these areas together will allow the learning for the system from each review to be understood and shared widely to reduce the risk of future deaths.

Continuity of Care

The formation of the Continuity of Care Sub-group for Plymouth has allowed both community and prison treatment providers to review the ‘whole offer’, this includes access to peer led mutual aid meetings. One of the groups objectives is to review the ‘SMART to SMART offer’, where there are

individuals maintaining their recovery via SMART meetings in prison and ensuring that they can continue this when released into the community, utilising existing SMART provision in both settings.

Additionally, the group is also reviewing the rate of alcohol referrals into the community. The additional SSMTRG funding for 24-25 will support a more robust alcohol pathway for prison leavers with an ongoing alcohol treatment need, with clients being seen as part of existing CJIT process in the community, and specialist alcohol treatment being provided.

The effectiveness of the continuity of care pathway from prison to community services are best assessed by those that have lived experience of the process. Plans are underway for semi-structured interviews to be carried out at all stages of the process. A thematic analysis will then be carried out, whilst will form part of a wider continuity of care action plan. In addition to the above, work has begun on a continuity of care audit of referrals from HMP Exeter and Harbour. This alongside a future self-assessment toolkit will provide an analysis of the pathway from each aspect of the system.

There are also plans to better utilise the NHS Reconnect offer. RECONNECT services aim to improve the wellbeing of people leaving prison or an IRC, reduce inequalities and address health-related drivers of offending behaviours. Whilst not a clinical service, RECONNECT offers liaison, advocacy, signposting, and support to facilitate engagement with community-based health and support services.

Alcohol

In the last year, there has been an increase in the number of people with alcohol needs coming into treatment. Reducing unmet need for alcohol remains a key area of focus for Plymouth in 2024/25. Third year SSMTRG is funding two additional alcohol workers. With additional workforce, we will prioritise improving access and equity of alcohol treatment.

- Understand barriers to treatment such as alcohol-related stigma.
- Meet the community treatment needs of people who are frequently admitted to hospital for alcohol associated conditions.
- Ensure there is a ‘menu’ of options for people wanting support for alcohol in Plymouth.
- Increase continuity of care for people leaving prison wanting support with alcohol, including relapse prevention.
- Preventing and reducing alcohol related harms including consideration of Alcohol Related Brain Injury pathways.
- Building on our understanding of local need by listening to the voices of people with living experiences. We will be carrying out place-based interviews to engage with people who are not in treatment.

Children and young people and prevention

In 2024 there will be significant additional investment in children and young people prevention, early intervention and specialist drug treatment. There will be five additional whole time equivalent posts to work in this area:

- CYP specialist substance use worker in CYP treatment provider to lead on vaping of illegal drugs. This post will develop practice and response to vaping incidents, contribute to policy development, deliver support and interventions to CYP who have experienced incidents, and work with schools and young people to minimise permanent exclusions.
- Youth worker for substance use leading on vaping of illegal drugs to work closely with specialist substance use service worker above to deliver the aims above.
- Two early intervention/prevention youth workers to work in the Zone, who provide housing/homelessness, sexual health and emotional health support to young people in

Plymouth. These are significant risk factors for drug and alcohol use and early support through the Zone is key to our preventative approach.

- One youth support worker to support the school exclusion cohort, who are the highest risk of developing problematic drug and alcohol use.

Workforce development

Work is underway to develop a plan for the training needs for the Alliance and wider partners to provide a greater knowledge and increase competencies across organisations who work with the complex lives cohort. The workforce development piece will look at a broad range of knowledge and skills, including motivational interviewing, suicide prevention and brief intervention training for alcohol and smoking cessation.

Domestic Abuse and Suicide Prevention

Training on domestic abuse and suicide prevention are areas of priority for 2024-25. Public Health and Community Connections are working on developing template policies which can be adapted by Alliance partners for domestic abuse and suicide prevention. This will include training requirements and processes to support staff to be able to identify and respond to service users who may have suicidal ideation or experiencing interpersonal violence.

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Plymouth Drugs Strategic Partnership Annual Report

Kamal Patel

Consultant in Public Health

Plymouth City Council

Lived experience

- Unique lived experience
- Multiple disadvantage including poverty, deprivation, adverse childhood experiences, trauma, exploitation and abuse
- Overlapping experiences of homelessness, substance use, poor mental health and offending
- Significant experience of stigma
- Significant inequalities
- People who inject drugs 13-17 times more likely to die prematurely than the general population

National context

- 2021 previous Government drugs strategy 'From Harm to Hope' following prolonged rise in drug related deaths

- Each local area required to form a local combating drugs partnership to:
  - Break drug supply chains
  - Deliver a world-class treatment and recovery system
  - Shift in demand for drugs

Supplementary Substance Misuse and Recovery Grant

- 2023/24 second year of grant
- To rebuild the workforce following significant period of reduced spending
- Majority of funding delivered through the Plymouth Alliance for Complex Lives
- Improve capacity and quality of treatment and recovery services

‘A world class treatment and recovery system’

- Benefits to the person and family
  - Improves lives and wellbeing
  - Reduces risk of death
  - Reduces re-offending
  - Supports moving towards stable accommodation and employment
  - Improves the lives of family and children

‘A world class treatment and recovery system’

- Benefits to society:
  - Limits drug supply by reducing demand
  - Reduces crime associated with drugs
  - Reduces homelessness
  - Reduces anti-social behaviour
  - Reduces drug paraphernalia in public places
  - £1 spent on drug treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services

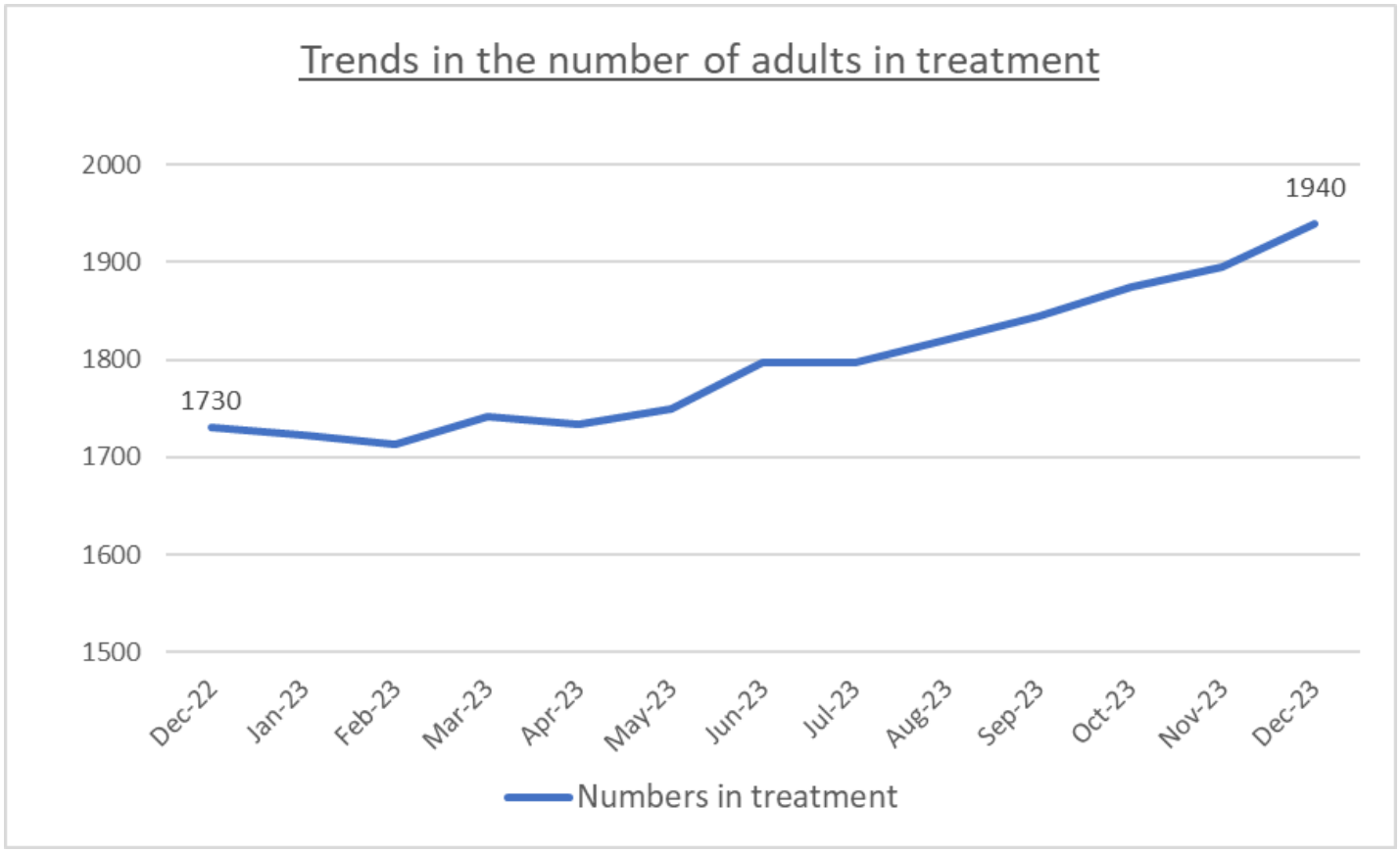
Principles of Plymouth Drugs Strategic Partnership

- Be trauma informed and compassionate
- Work in a whole system approach
- Reflect the complexity and scale of the challenge
- Be based on the lived experience of the population served
- Have a strong focus on prevention
- Tackle inequalities

Needs assessment and data

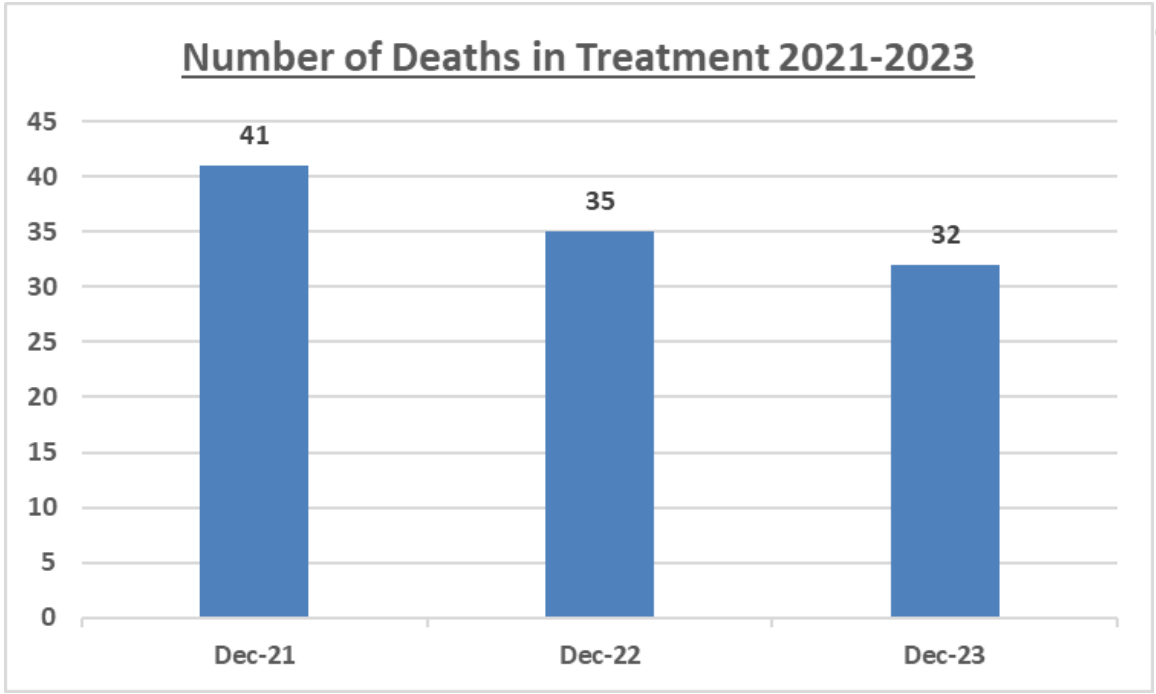
- People in Plymouth typically presented with polydrug use, tended to be older and more complex and subsequently spend longer in treatment
- High proportion of people who use opiate in treatment system (4th highest in country)
- Low proportion of people who use crack and alcohol in treatment (higher but similar to national)
- 66% of adults in treatment are male, 34% female

Changes in access to drug treatment in 2023



Deaths in treatment

- Deaths in treatment higher in Plymouth compared to national (1.69% compared to 1.27%), but coming down



Review into deaths linked to substance use

- Review of deaths in 2019-2021 of any cause where individual was known to treatment services in 12 months prior to death
- 120 deaths: 22 primary cause alcohol, 49 primary cause drugs and 41 other

	Primary cause alcohol	Primary cause drugs	Primary cause is not drugs or alcohol	Awaiting verdict	Total
Male	18	40	23	5	86
Female	4	9	18	3	34

Service improvements in 2023/24

- Drug related deaths:
  - Upskill workforce in harm reduction and naloxone
  - Needle and syringe programme in all hostels and staff training
  - Naloxone on discharge from hospital
  - Introduction of Rapid Access to Prescribing (RAP) Team
  - Creation of Plymouth Overdose Response Team (PORT)
  - More optimised opiate substitution doses
  - Reduction in caseloads of drug and alcohol workers
  - Work of Health Inclusion Plymouth Pathway (HIPP)

Service improvements 2023/24

- Treatment for people who use crack
- Continuity of care for prison leavers
- Response to vaping of illicit substances by CYP

Planned work for 2024/25

- SSMTRG funding to increase capacity in drug treatment system
- Local drug information system
- Synthetic opioid response plan
- Wider naloxone distribution (Peer to peer, Police)
- Laboratory testing of drugs
- Avoidable deaths approach
- Continuity of care
- Alcohol pathways
- CYP and young people prevention
- Workforce development
- SWASFT referrals

Health and Wellbeing Board

Date of meeting:	24 July 2024
Title of Report:	**Vaping Working Group, Update**
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Dan Preece (Public Health Specialist) and Dave Schwartz (Public Health Specialist)
Contact Email:	Dave.Schwartz@plymouth.gov.uk / Daniel.Preece@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

At the Health and Wellbeing board, 14 September 2023, the Board agreed to establish a Working Group involving a wide range of partners, to look at agreeing an approach to Children and Young People and vaping. At City Council on 18 September 2023, Council approved the Motion on Notice: Impact of Vaping on Young People, which noted 'that the Health and Wellbeing Board had established a Working Group to produce a joint response with partners on the issues around vaping and young people.'

As a result, a Vaping Working Group was held on 23 May 2024, to explore issues around CYP vaping, and how city partners were responding. This report sets out the findings of the working group for the Health and Wellbeing Board to consider further action as appropriate.

Recommendations and Reasons

1. That the Health and Wellbeing Board notes the outcomes of the vaping working group.
2. That the Health and Wellbeing Board endorses the actions set out in appendix E.
3. That the Health and Wellbeing Board supports ongoing city-wide partnership working to prevent uptake, minimise harm[1], and respond supportively to the issue of CYP vaping.

Reason:

- Increasing prevalence of vaping among young people.

[1] "Minimise harm", in the context of vaping means:
Focus towards preventing vaping with illegal and unregistered vape liquids
Controlling the illegal sales of vapes to people aged under 18
Correcting misperceptions by communicating coherent and correct information about the risks of vaping
Promoting switching from smoking tobacco to vaping with E cigs as an effective way of reducing harm.

- National policy, and the following statement by the Southwest Association of Public Health Directors set out the approach for young people and vaping: *Vaping is not for children; we need to reduce the uptake of vaping and the number of young people accessing vape products.*

Alternative options considered and rejected

1. N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

Keeping Children, Adults and Communities Safe

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:

N/A

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	Briefing Report Vaping Working Group – Children and Young People							
B	H&WB Vaping Position Paper 2019							
C	Vaping substances controlled under the Misuse of Drugs Act							
D	UKYP Vaping Report 2024 (Plymouth)							
E	H&WB Areas for Action 100724							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are 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) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**
N/A							

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											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 16/07/2024											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) Date approved: 16/07/2024											

APPENDIX A

BRIEFING REPORT
VAPING WORKING GROUP: CHILDREN AND YOUNG PEOPLE

1. EXECUTIVE SUMMARY

An update on the Vaping Position Paper (Appendix B) agreed by the Health and Wellbeing Board in 2019 was presented in September 2023. With respect to children and young people the Position Paper noted, *'This is a dynamic situation, and we will continue to review and respond to new evidence as it emerges'.*

Given the increasing prevalence of vaping by young people under the age of 18 nationally and locally it was agreed that work be undertaken by the Board in line with the commitment to review and respond.

A Vaping Working Group was convened, chaired by CLLR Aspinall and led to a workshop being held in May 2024. A wide range of stakeholders attended. The workshop consisted of presentations followed by focused discussions on three key areas.

Learning and areas of activity were captured and have informed the recommendation set out. These are:

1. That the Health and Wellbeing Board notes the outcomes of the vaping working group.
2. That the Health and Wellbeing Board considers further action as appropriate.
3. That the Health and Wellbeing Board acknowledges that there are opportunities for further city-wide partnership working to prevent uptake, minimise harm, and respond supportively to CYP vaping.

Activity in support of recommendations 2 and 3 are reflected in Appendix E.

2. BACKGROUND

2.1Overview

At the Health and Wellbeing Board meeting on September 14th, 2023, an update to the 2019 HWBB Position Paper (Appendix B) on vaping was presented. Section 3.1 from the paper set out:

A significant area of concern relates to the potential impact on children and young people. While it appears that experimentation with vaping is occurring among children, there is no evidence that this is acting as a gateway into smoking. Children may be trying e-cigarettes but the rate of children regularly using e-cigarettes remains very small and their use is almost exclusively by current or ex-smokers. National government have introduced stringent controls on the age of sale (over 18s) to mitigate this risk. This is a dynamic situation, and we will continue to review and respond to new evidence as it emerges.

To date, e-cigarettes have not undermined public health efforts to drive down rates of smoking among children. Both in Plymouth and nationally, smoking rates have continued to drop in recent years as e-cigarettes have grown in popularity.

At the Board meeting an increase in vaping among young people linked to a significant increase in use of disposable vape devices was reported. Access to disposable vapes included unregulated (illegal) vapes, which do not meet safe standards and in some cases are harmful to people's health. These

issues are a national challenge and not unique to Plymouth. However, as a city we would want to influence all we can locally to enable our children and young people to be healthy and safe. This would compliment the new Tobacco and Vapes Bill[2] and proposed new regulations to ban disposables that were both paused due to the General Election and are expected to be part of the new government's legislative programme, given the cross-party support it had received.

A recommendation was passed to look at agreeing an approach to Children and Young People Vaping.

Following a planning and scoping meeting it was agreed that a Vaping Working Group (VWG) meet to take evidence and explore lines of inquiry. A report capturing learning and subsequent recommendations would be brought back to the Board for consideration and approval.

Planning had identified the following key areas that would be the focus of the workshop:

- Regulation – e.g. controls / emerging issues (age of sale/ over strength products / counterfeit e-cigarettes / child appealing). Intelligence pathways. Enforcement work.
- Children and young people as a population e.g. prevalence / trend / understanding influencing factors / vaping behaviours – e.g. nicotine / flavour based / key issues including schools / evidence for vaping by under 18s and messaging / building our prevention and response approaches/ vaping behaviours relating to substances controlled under the Misuse of Drugs Act
- Context of Vaping in Plymouth – previous stances and approach and evidence

The VWG met on 23 May 2024, and was attended by City partners including representatives from UK Youth Parliament, Family Hubs, Youth Services, Healthwatch, Vape Retailers, OHID DW (DHSC), Livewell Southwest, University Hospital Plymouth, VCSE, and Cabinet Members. Unfortunately, the two representatives from secondary schools were unable to attend due to illness. Colleagues attending who have been working closely with schools provided insight from the school's experiences.

The following presentations were delivered:

- Context & Relative Harms of Vaping:
  Russ Moody – Health and Wellbeing Programme Lead: Office of Health Improvement and Disparities
- Plymouth CYP issues and Reponses:
  Dave Schwartz – Public Health Specialist - PCC
- Enforcement Approaches and Trading Standards:
  Alex Fry: Operations Manager (Intelligence and Investigations - Heart of the Southwest Trading Standards Service

Additionally, a report from UK Youth Parliament / PCC Participation Team was shared setting out the findings from a survey they undertook which received 524 responses.

The group then broke into sub-groups to discuss three key themes:

- What is currently being done in the city?
- What are the challenges, issues and experiences?
- What are the gaps, opportunities and needs?

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[2] It should be noted the prior to the General Election the 'Tobacco and Vapes Bill' had received cross party support. The Bill includes a range of new powers to reduce the appeal and availability to children. It is thought that this Bill will be taken through to become an Act under the new government, but this will only be confirmed following the Kings Speech on July 17 2024.
Tobacco and Vapes Bill: vapes and other nicotine products factsheet - GOV.UK (www.gov.uk)

2.2 Key points from the presentations

Context & Relative Harms of Vaping

The position statement from the Association of Directors of Public Health Southwest agreed in June 2023:

- *The evidence is clear that, for smokers, vaping is a far less risky option and poses a small fraction of the risks of smoking in the short and medium term.*
- *Vaping should be offered as an alternative for smoking but not as an activity which is appealing to the wider non-smoking population.*
- *Vaping is not for children; we need to reduce the uptake of vaping and the number of young people accessing vape products.*

Plymouth CYP issues and Reponses:

- Vaping by under 18s has increased in the last two years[3].
- Much of this increase appears to be associated with use of disposable vapes.
- There has been a lot of work already undertaken in the city to support schools and the children's system with respect to vaping of nicotine-based products. Resources and tools have been made available[4].
- There is a small cohort of young people who are vaping substances controlled under the Misuse of Drugs Act (VScMDA). Incidents linked to this have been very challenging for schools in particular. Partnership support and resources have been made available in response to this (Appendix C).

Enforcement Approaches and Trading Standards

- A summary of current regulations and other controls was provided e.g. Tobacco and Related Products Regulations 2016; Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations
- Emerging issues were shared e.g. large tank products, over strength products, counterfeit e-cigarettes.
- Examples of enforcement activity over the previous 12 months were provided e.g.
- 1793 illegal vapes seized (£26k - £35k est value); 62 counterfeit Vapes seized (enquiries ongoing); 16 test purchases conducted; 5 Service Warning letters issued for Under Age Selling (UAS); 1 Prosecution pending for UAS.
- Trading Standards and Police liaise and work together where required.

Youth Parliament

A Report from the Youth Parliament based on a survey they undertook on vaping and included a range of 'solutions' identified by their members. These were noted. (Appendix D).

3. PROPOSED CHANGES AND REASONS

3.1.

Analysis of the key issues captured from the workshop has informed areas (key themes) for additional action that compliment or develop our current approach. These key themes are:

1. Building credible messaging and a framework for a consistent approach.
2. Data + Intelligence.
3. Enforcement.

[3] Use of e-cigarettes among young people in Great Britain - ASH
[4] Vaping: the facts | PLYMOUTH.GOV.UK

4. Increase access to information, advice and support.
5. Increase education, awareness and knowledge in schools / community / family / business.
6. Workforce development.

A range of activities that sit within each of these themes are set out within Appendix E. Taken together and within the context of new national legislation on vaping the opportunity to enhance our prevention work is clear.

It is therefore recommended that the Health and Wellbeing Board:

1. That the Health and Wellbeing Board notes the outcomes of the vaping working group.
2. That the Health and Wellbeing Board endorses the actions set out in appendix E.
3. That the Health and Wellbeing Board supports ongoing city-wide partnership working to prevent uptake, minimise harm[5], and respond supportively to the issue of CYP vaping.

4. ALTERNATIVE OPTIONS

N/A

5. FINANCIAL IMPLICATIONS AND RISK

N/A

6. TIMESCALES

On-going

[5] "Minimise harm", in the context of vaping means:
Focus towards preventing vaping with illegal and unregistered vape liquids
Controlling the illegal sales of vapes to people aged under 18
Correcting misperceptions by communicating coherent and correct information about the risks of vaping
Promoting switching from smoking tobacco to vaping with E cigs as an effective way of reducing harm.

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PLYMOUTH CITY COUNCIL

Subject:	Vaping and E-Cigarettes
Committee:	Health and Wellbeing Board
Date:	10 January 2019
Cabinet Member:	Councillor Ian Tuffin
CMT Member:	Ruth Harrell (Director of Public Health)
Author:	Dan Preece, Advanced Public Health Practitioner
Contact details	T: 01752 304743 E: Daniel.preece@plymouth.gov.uk
Ref:	Your ref. VAPE
Key Decision:	No
Part:	I

Purpose of the report:
The purpose of the report is to inform the Health and Wellbeing Board of the latest evidence on vaping and e-cigarettes and to consider the opportunities and concerns that vaping presents. To discuss these in the context of smoking prevalence in Plymouth and the part that vaping can play in its reduction. To agree an evidenced based position on vaping that can be consistently promoted in the City.

Corporate Plan
The approach relates to A Caring Council in that it is focussed on reducing health inequality and on prevention.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

There are no additional financial implications.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

A consistent approach to vaping will support more people to stop smoking tobacco which will have health, social care and economic benefits for those people, their families and communities.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No

Recommendations and Reasons for recommended action:

That the Health and Wellbeing Board adopt the following position on vaping and e-cigarettes;
1. We recognise that e-cigarettes have a key role in driving down rates of smoking in Plymouth.

2. Vaping with e-cigarettes is estimated to be 95% less harmful than smoking tobacco.

3. Consumers and the public deserve protection from potential harms of vaping and the use of e-cigarettes through restrictions on their sale and marketing to children and controls to ensure safety and quality.
4. Stopping smoking is the best thing a person who smokes can do for their health. Our advice to smokers is to consider switching from smoking tobacco to vaping with e-cigarettes.
5. Ongoing surveillance and research is crucial to detect long-term impacts on individuals and communities. If any new risks emerge, or guidance from Public Health England changes, we will revise our position on e-cigarettes. In the meantime, we have a vital responsibility to communicate the evidence that is emerging and currently that which is sufficiently robust to help guide us.
6. We need clear and consistent messages to the public. There is widespread public confusion about e-cigarettes and research shows people's perceptions have become less accurate. The evidence tells us e-cigarettes are less harmful than tobacco, but a growing number of people believe e-cigarettes are at least as harmful as tobacco, or say they don't know. This inaccurate view could be preventing smokers who have never tried e-cigarettes from quitting. We have a duty to provide clear messages to the public, based on the evidence. E-cigarettes carry a fraction of the risk of smoking and can help even some of the most addicted smokers to quit and smokers who switch to vaping reduce the risks to their health dramatically.

Alternative options considered and rejected:

No agreed position to inform citywide efforts to reduce the prevalence of smoking, which would result in a piecemeal approach and the continued confusion in the minds of the public on the safety and effectiveness of e-cigarettes as a tool to stopping smoking.

Published work / information:

Background papers:

Health Matters: Stopping smoking - what works?

Clearing up some myths around e-cigarettes

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7
Vaping and E-cigarettes Report	x								
Vaping and E-cigarettes Presentation	x								

Sign off:

Fin	djn.18.19.168	Leg	It 31789/2/2112	Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

1.0 Background

Smoking is the primary cause of preventable illness and premature death, accounting for approximately 79,000 deaths a year in England. Smoking rates in both Plymouth and England have been dropping for decades. The current rate in Plymouth [2017] is 18.4% compared to the rate for England of 14.9%. As the rate continues to drop, the challenges of successfully engaging a smaller, more heavily addicted and entrenched group of smokers becomes greater. This group tend to be poorer and live in our most deprived areas. We need new approaches if we are to maintain momentum on driving down rates of smoking.

One of these approaches involves the use of electronic cigarettes [e-cigarettes]. Millions of people are using e-cigarettes to help them stop smoking and the development of e-cigarettes and vaping present a major opportunity to achieve population level reductions in rates of smoking. A public health, evidence based approach involves careful consideration of this relatively new technology to maximise any opportunities, while identifying and mitigating any significant risks.

2.0 Opportunities

E-cigarettes are currently the most popular stop smoking aid, with an estimated 2.5 million users in England. Public Health advice (to the 39,000 people in Plymouth who currently smoke) is that switching from smoking tobacco to vaping with e-cigarettes is a good idea. E-cigarettes can positively engage with people who smoke, in particular with the target group of poorer people living in our most deprived areas, who have tended to be more resistant to traditional alternatives to smoking.

The public generally overestimate the relative risk of vaping compared to smoking and this presents a key opportunity to improve the understanding of the role that vaping can have in helping people to stop smoking and in improving peoples health. Any trusted source of information providing accurate and consistent advice to smokers could increase the numbers of people making a successful quit attempt.

Local stop smoking services have an important role to play in supporting smokers who want to use e-cigarettes in their quit attempt. Yet currently in Plymouth, only around 4% of those using stop smoking services are using an e-cigarette. There is a clear opportunity to combine the most popular quitting method (vaping) with the most effective quitting aid (local stop smoking service), to maximise the numbers of smokers quitting successfully.

3.0 Concerns

As with any new technology that large numbers of people are using, careful consideration of the risks it could pose and the control of risks that are significant is important.

3.1 Use by Children

A significant area of concern relates to the potential impact on children and young people. While it appears that experimentation with vaping is occurring among children, there is no evidence that this is acting as a gateway into smoking. Children may be trying e-cigarettes but the rate of children regularly using e-cigarettes remains very small and their use is almost exclusively by current or ex-smokers. National government have introduced stringent controls on the age of sale (over 18s) to mitigate this risk. This is a dynamic situation and we will continue to review and respond to new evidence as it emerges.

To date, e-cigarettes have not undermined public health efforts to drive down rates of smoking among children. Both in Plymouth and nationally, smoking rates have continued to drop in recent years as e-cigarettes have grown in popularity.

3.2 Regulations and control of E-cigarette marketing

Marketing of e-cigarettes is an extensive, successful and developing field. This presents issues because marketing could potentially mislead people and target children. England has some of the most stringent regulations in the world covering the marketing of e-cigarettes.

3.3 Involvement of the tobacco industry

The e-cigarette market is emerging and many small to medium sized manufacturers are independent of the tobacco industry. However, as with any new industry, these companies are consolidating over time. With conventional tobacco sales in decline in established markets and e-cigarette sales growing, the tobacco industry has begun to launch its own products as well as taking over existing manufacturers. Plymouth City Council have signed the Local Government Declaration on Tobacco Control, which includes a pledge to recognise and apply our responsibilities under the WHO framework convention on Tobacco Control. Plymouth City Council do not have a partnership of any kind with any tobacco company and do not knowingly promote or supply their products.

4.0 Current Activity

Plymouth City Council commission Livewell Southwest to deliver an integrated health improvement service for the local population [One You Plymouth https://www.oneyouplymouth.co.uk/]. This service helps people to stop smoking by providing behavioural and pharmacological support. Clients are encouraged to consider the whole range of options available to help them in their quit attempt, including the use of e-cigarettes. The service also provides training and support for a wide range of health professionals, including nurses, midwives and community based stop smoking advisors working in local GP surgeries. This training includes the established public health position on e-cigarettes.

Plymouth City Council Trading Standards team provide regulatory advice and carry out routine test purchasing operations with shops in Plymouth to test their compliance with the law that prevents the sale of e-cigarettes to anyone aged under 18. They also test the quality and safety of e-cigarettes and e-liquids.

5.0 Frequently Asked Questions

What are electronic cigarettes?

E-cigarettes are battery-powered devices, which heat a solution that typically contains nicotine and propylene glycol or glycerine, producing an inhalable vapour. Unlike tobacco cigarettes, e-cigarettes do not contain cancer-causing tobacco or involve combustion. So there is no smoke, tar or carbon monoxide.

What is "vaping"

The action of using an e-cigarette.

What is the difference between E-cigarettes and tobacco cigarettes?

The key difference between vaping with nicotine e-cigarettes and smoking tobacco cigarettes is in the relative harm they present to people's health. The smoke from tobacco causes the vast majority of harm in cigarettes, not the nicotine. Nicotine is relatively harmless to health. ECs do not contain tobacco. The current best estimate is that e-cigarettes are around 95% less harmful than smoking.

Are e-cigarettes 100% safe?

No. E-cigarettes are not risk free but are safer than smoking tobacco cigarettes because they don't contain tobacco. They do contain nicotine, which is addictive, but isn't responsible for the major health harms from smoking.

People who switch completely from tobacco to e-cigarettes show reduced exposure to the harmful chemicals in tobacco smoke. There remain some questions around long-term safety of these products due to the lack of long-term health studies. Some traces of toxic chemicals have been found in some products, although generally in much lower levels than tobacco cigarettes.

Can ECs help people to stop smoking?
Yes. A study in 2014 showed that those who made quit attempts with e-cigarettes and no other support were around 60% more successful than those who used no aid. In contrast, the same study found that those who use over the counter nicotine replacement therapy [NRT] with no support are no more likely to quit than those who go cold turkey.

E-cigarettes may be particularly effective when combined with behavioural support. The National Centre for Smoking Cessation and Training (NCSCT) has advised Stop Smoking Services to be open to those wishing to use an e-cigarette as an aid to stop smoking, especially those who have tried and failed to quit using licensed stop-smoking medicines.

Are e-cigarettes cheaper than smoking?
Yes. Many people can save hundreds of pounds over the course of a year after making the switch from cigarettes to e-cigarettes. Each person will use their e-cigarette differently, and across a wide range of devices and liquids, so prices can vary. After purchasing a starter kit, e-cigarettes will often work out cheaper over time than smoking.

Are e-cigarettes a gateway to smoking tobacco?
No. There are some concerns that e-cigarettes could act as a gateway to young people taking up smoking cigarettes, but so far, the evidence does not support this view in the UK. Continued use of e-cigarettes by 'never smokers' remains low and coincides with the continuing decline in youth smoking. The rate of current smoking among 15 year olds in Plymouth is at an all-time low (around 6%).

Can e-cigarettes be prescribed?
No. E-cigarettes are currently not available on prescription in the UK, and there are no e-cigarettes licensed as a medicine commercially available in the UK. It is unlikely there will be a medically licensed product that will be available for prescription in the near future.

Do e-cigarettess harm bystanders?
No. Unlike tobacco smoke, there is no good evidence to suggest that second-hand e-cigarette vapour is dangerous to others.

Can pregnant women use them?
Yes. Guidance produced for midwives and other health care professionals states that:
"Little research has been conducted into the safety of electronic cigarettes in pregnancy, however ***they are likely to be significantly less harmful to a pregnant woman and her baby than cigarettes****."*

What controls exist concerning the marketing of e-cigarettes?
Regulations are in place aimed at

- restricting appeals to children
- controlling sales to children (over 18s)
- ensuring minimum standards for the safety and quality of all e-cigarettes and refill containers
- providing information to consumers so that they can make informed choices
- determining where and how they can be advertised

Vaping Substances controlled under the Misuse of Drugs Act (VScMDA)

BACKGROUND

A small percentage of young people who vape are known to vape illicit substances. This new behaviour is of concern both locally and nationally. Most young people who vape illegal drugs may have been interested in, or vulnerable to experimenting with drugs.

Intelligence and conversations with young people have found that both THC (derived from cannabis) and spice (synthetic cannabinoid) are the most vaped illicit substances. The vaping of these substances can lead to acute medical concerns. In most cases, symptoms resolve within an hour.

OUR APPROACH

Our approach to this emerging challenge is based on the following:

- The development of a shared partnership approach that includes the Police; YP Treatment Service (YPTS); PCC Youth Service; UHP CYP Safeguarding Team and PCC Public Health working together to improve our system capability to respond.
- Increasing support to CYP affected: through new and existing roles both in YPTS and the Youth service.
- Increased support for education settings: supportive conversations being offered to schools to reduce potential (permanent) exclusions of young people. Resources and materials have also been provided to all schools to help them review their positions on vaping and exclusions.

Support provided:

- General guidance on responding to VScMDA
- Response options in respect to prevention of or alternatives to permanent exclusion
- Opportunities to improve knowledge of vaping
- Support from the Young Persons Treatment Service
- Support from the Police
- Support from Trading Standards
- Support from Public Health
- Monthly Meetings held by Public Health
- Circulation of resources and tools

Increased Support for CYP

SHARP and PCC's Youth Service have increased capacity to meet this new need. At present around 25% of YP in the YPTS service report vaping a substance as their primary drug, with the key referrers being schools.

Additional funding from the supplemental substance misuse treatment grant has been approved to fund two new FTE roles that will focus on vaping illegal drugs (1 x FTE Youth Worker and 1 x FTE YP Drug and Alcohol Worker).[1] Schools will be a key focus for these roles and funding will be on-going.

Increased Support for Educational Settings

A partnership offer has formed to support schools regarding the vaping of illicit substances.

Public Health hold monthly meetings for secondary schools with: Police, Youth Service, UHP Safeguarding, Trading Standards and YPTS. The meetings are well attended and are an opportunity to provide updates and engage in discussions to find solutions. The partnership helps schools respond to incidents and identify pupils who may be at most risk of being involved in future incidents and provide targeted prevention. This includes preventing drugs being taken onto school sites. Many of these young people have vulnerabilities or high levels of complexity.

Public Health are working with schools to provide alternatives to permanent exclusion where that is being considered i.e. by adding in options for engagement with the available support. Suggested approaches have been shared with schools. Each school / Multi Academy Trust will take their own approach to how they use this.

Some schools have requested and received a targeted intervention delivered by YPTS /Youth Service focussed on a group of young people identified as using vapes (for illegal drug use) or at risk of doing so. Ongoing requests for support are being accommodated.

A letter has been sent to all families of students with children at Plymouth Secondary Schools. This letter was developed by schools and Public Health and confirms that vapes of any kind should not be brought onto a school site.

Police Response

The Police are active in looking to disrupt supply routes and target adults that may be exploiting young people in respect to the supply of vape products containing illegal drugs.

The Police are a key partner in the city response to this emerging challenge and the Child Centred Police team work closely with schools to receive intelligence on suspected illegal vape reports.

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[1] Procurement of the specialist YP treatment service has led to The Children's Society, a new provider, winning the contract. The new contract which will initiate on June 1st. These posts will be part of this.

Following an incident, the Police liaise with the Youth Service and YPTS to speak to a young person and/or their family, focusing on safeguarding.

Where there is evidence of a person supplying illegal substances to young people, Police action will be taken which may involve an arrest, depending on the circumstances.

The Police are also working as part of the wider partnership to support school assemblies focusing on the laws around these types of substances, and police powers and consequences if caught.

Other Activities to Note

Additional routes to more timely testing of some of the illegal vape liquids has been identified.

Shared practice: We have been seen as an area which has been proactive in addressing this and our resources have been shared across the SW and linked to national work.

John Clements (CYP Partnership Independent Scrutineer) has provided positive feedback on the educational webinars and approach in educational settings being taken.

UHP safeguarding nurses directly provide information on CYP presenting to the Emergency Department following vaping illegal substances enabling us to have insight to target response.

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PARTICIPATION TEAM – UKYP VAPING

Plymouth Youth Parliament Young People's Views on Smoking and Vaping

UK youth parliament, Plymouth (ukyp) aims to give the voice of young people the chance to be heard by local and national government. it has been running since 1999 and has built a good reputation within Plymouth as a vehicle to allow young people's voices to be heard. in Plymouth we aim to give young people an opportunity to have ownership and responsibility for the campaigns they run, as well as providing chances to gain skills and experience and to ensure they have their voices heard. Young people put themselves forward for election on issues that they feel strongly on, and they are supported to run campaigns. Approximately 9000 young people in Plymouth voted in March 2024 choosing cost of living crisis, reducing cost of public transport for young people, mental health and wellbeing for young men and violence against women and girls for this year's campaigns.

UKYP provide opportunities for decision makers to meet with and listen to the views of young people in a group setting but also in smaller focus meetings. It provides an opportunity for councillors to interact with young people that use local services to enable a focus on young people and their needs within the city they represent. By supporting the participation and empowerment of young people, we are creating a better balance of power between young people and professionals.

One of the issues debated by youth parliament over the past year has been in the increase in young people vaping.

At Plymouth UKYP we worked to design a questionnaire for young people that we could send out through our school network and links to gather information from young people, our questionnaire received 524 responses over the past three weeks.

The key outcomes from the survey are set out here focussing on possible solutions, areas of good practice and joined up approaches.

What possible solutions do you think would help with the vaping epidemic in schools?

- Harm reduction
- Teaching lessons in schools, but how effective are they?
- Raising awareness around things like spiking
- Confiscating vapes
- Not a problem because people can easily get more
- Like fast food shops, make sure vape shops can't open within a certain distance of a school
- Make vapes look less appealing to children/young people
- Same with vape shops, bright lights, décor, and music needs changing
- Reduce flavours
- Tax vapes and vaping products
- Advertise how bad vaping is – like with smoking.

Identify any areas of good practice and areas for further development

- Vaping workshops are starting to be offered in secondary schools from public health
- Police are now looking at issue in regarding to young people buying vapes, mystery shopping checks
- Need better education in lessons on the dangers of vaping, what's in the vape, risks of spiking
- Basic sign posting to help and support/ posters
- Better signposting and advertising of support sites
- Assemblies/workshops in schools to raise awareness of the concerns amongst young people
- Better harm reduction training for young people – raise awareness of spiking
- Currently vapes are Unregulated – change that and then see reduction in usage

Identify how we can ensure a joined-up approach

- Police ensuring shops don't sell to minors
- Government needs to ban disposable vapes and limit restrictions on flavours
- Advertising standards need to stop adverts being aimed at young people – including signs on buses
- Like fast food shops, make sure vape shops can't open within a certain distance of a school
- More research into dangers of vapes and impact on young people's health and wellbeing

Conclusion

We know that when vaping first came in, people thought or had the impression it was a good alternative from smoking but there has been a change in attitude due to the unknown health risks and side effects, the fact young people are now able to add other substances to their vapes and is placing them at risk. We also have the fact that young people who have never even smoked are now vaping because they think it's cool amongst their peers and disposable vapes are so cheap and easy to access. Vaping is not risk free, particularly for those who have never smoked and with a worrying trend in uptake amongst young people more needs to be done to raise awareness and tackle the issue.

Obviously, the House of Commons were attempting to introduce the Smoke Free Generation Campaign, which included the restrictions on vape flavours and packaging regulations and controlling how they can be stored and displayed in shops and supermarkets, at the moment they are not restricted and can be located anywhere in the shops.

Young people stated that they generally get their vapes from friends, but who know' s to check the packet to ensure it meets the safety standards to even be sold in the UK, who knew they even needed to do this, at least on cigarette packets you get very clear warnings on packets, clearly we

need to do more to ensure young people are fully aware of the risks and can make a more informed choice.

We were also informed some schools have vaping smoke alarms in the toilets now but that there is a 10-minute delay which then means by the time they go off the students have disappeared, and teachers cannot follow up on the issue, surely this defeats the object in having them in the first place. It would be good to find out which schools have them and if it has deterred young people or not?

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Health and Wellbeing Report – Areas for Action

Key areas for development / action

If endorsed by the H&W Board, Public Health will take a coordinating role in enabling these to be developed / delivered across the system.

	Theme1 Building credible messaging and framework for consistent approach across system	**Theme 2 Data + Intelligence: Note develop a line of enquiry (LOE)**	**Theme 3 Enforcement**	**Theme 4 Increase access to information, advice and support**	**Theme 5 Increase education, awareness and knowledge in schools / community / family / business**	**Theme 6 Workforce development**	**TO NOTE:** GOVT POLICY / LEGISLATION
Gaps, opportunities and needs identified from workshop	A shared city policy based on a graduated approach – shared risk. *(Needs to reflect difference between VScMDA and nicotine).*	More regular and consistent reporting through the chain, from school to PH/Police and then trading standards to inform action.	Promotion of the need to share intelligence on the supply of nicotine based vapes to under 18s: also in respect to exploitation and criminal based supply of vapes that contain illegal drugs.	Better sign posting – including roles of Family and Wellbeing Hubs	Further develop and build education and awareness in schools.	More training in the context and understanding of opportunities for intervention.	Better regulations.
	Accurate and balanced media information and communications across system.	Clearer (i.e. reflecting vaping) school policies on vaping – what do school policies currently look like (Line of Enquiry - LOE).		QR code for PCC page	Need for earlier support and information in primary school. Early help.	Universal / Targeted elements available.	Clearer warnings on vape packaging – addiction, health etc.
	Aim to create a consistent approach based on evidence. *Tensions are caused by inconsistent judgements on consequences.*	Is the rate of people trying vaping and then maintaining it higher than the rate of people trying cigarettes and then maintaining it (LOE).		Emergency Department presentations– explore and aim to agree what a link into the CYP system can look like to access further information, advice and support for the YP.	Awareness events for parents.	Identify key roles / services / settings across system to be offered training (e.g. Family [Wellbeing] Hub Networks; targeted services).	Shops should have them behind a counter away from CYP.
	Ensure school system represented.	Link between anxiety and vaping- self-medication – consult with CYP (LOE).			Raise awareness of health issues/ risks of addiction.		

	Involve UK Youth Parliament in discussions.	Behaviour and attitudes survey- Why use vapes: look at age. (LOE).			Leaflets/ flyers for schools.		
	Utilise current survey being undertaken with schools to inform planning.	Under reporting of vape incidents. Aim to improve this.			Targeting CYP in other areas not just schools – e.g. football clubs, air cadets, the zone, Plymouth argyle community trust etc.		
	Consequence v support for CYP. Avoidance of labelling / stigmatising CYP wherever possible, with respect to messaging and use of graduated approach.						
	Explore and agree a position / approach in regard to young people under the age of 18 who smoked before vaping or who currently smoke and may wish to switch to vaping to help them stop.						

HEALTH AND WELLBEING BOARD

Tracking Decisions Log 2024 – 25

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
07/03/2024	Requested a breakdown of the reasons for medication shortages and delays.	David Bearman (DLPC)	Complete: A breakdown of the reasons for medication shortages can be found here: https://pharmaceutical-journal.com/article/feature/special-report-the-uks-medicines-shortage-crisis
07/03/2024	Delegated to the Chair of the Plymouth Health and Wellbeing Board, authority to submit the final response to the Devon Community Pharmacy Strategy, healthcare professional survey, on behalf of the Plymouth H&WB.	Councillor Pauline Murphy / Elliot Wearne-Gould	Complete: A response has been submitted on behalf of the H&WB, combining feedback received at the meeting, and individual comments submitted by Board members. The Board will request an update once the survey results have been collated and analysed. The public survey has now been launched, and circulated to members.
07/03/2024	To recommend that Councillors are provided suicide prevention and awareness training, as well as emergency support contact detail.	Kamal Patel	In Progress: A Councillor briefing note is being compiled, and councillor training will be provided as part of the new induction councillor training, post general election. This will be open to all members.
24/01/2024	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	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).	Rob Nelder (Consultant, Public Health) and Chris Morley (NHS Devon ICB)	Complete: 1. NHS Devon ICB will engage the Health and Wellbeing Board in resilience planning, and further reports will be brought to future meetings; 2. The production of a renewed PNA has begun, with a target of completion by March 2025; 3. The Board were consulted and engaged in the development of the NHS Devon ICB Pharmacy Strategy at the 7 March 2024 meeting.
24/01/2024	1. To Recommend to NHS Devon that options be explored to commission 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;	Chris Morley (NHS Devon ICB)	Part Complete: 1. A Community Builder for older people has been recruited and is in post; 2. The Healthwatch Carers survey is being finalised and will be shared with Dementia VCSE organisations in Plymouth. this has been delayed due to the elections; 3. The Plymouth Dementia Action Alliance continue to work collaboratively and meet regularly (last meeting in June) to ensure joined-up support and planning for current and future Dementia needs in the City. A communication strategy is under consideration. 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.

24/01/2024	1. To request that future reports contain updates regarding dentistry; 2. To request further information regarding the performance of the 111 service;	Chris Morley (NHS Devon ICB)	Part Complete: 1. Future NHS Devon reports will contain updates on Dental Performance; 2. NHS Devon have requested a report on 111 performance, and this will be included in future reports to this Board.
14/09/2023	1. Requested further information regarding the uptake of prescriptions, and how many were never collected; 2. Recommend that the ICB work closely with Primary Care to raise awareness of financial challenges and barriers to accessing healthcare, particularly accentuated by the Cost of Living.	Chris Morley (NHS Devon ICB)	Complete: The ICB is able to request, from the authority which processes prescriptions, information about any prescription items which were recorded as not-dispensed. However, this would give an under-estimate of non-dispensed items because this is recorded only if one or more prescription items were not dispensed but when these were written on the same prescription as one or more items which were dispensed (as a community pharmacy is required only to submit prescriptions with one or more dispensed items, submitting this for payment). GP practices and pharmacies will have a level of anecdotal information where a person is not, for whatever reason, taking their prescribed medication, gleaned in the course of e.g. medication reviews and this would be recorded as part of the patient record. Community pharmacies will have a sense of the extent of prescription items dispensed but not collected, and they are not able to claim reimbursement for these and the medication (where safe to do so) will be returned to the dispensary shelf. Pharmacies do make attempts to contact people where an item has been dispensed but not collected. Pharmacies also provide information to people about the exemptions and pre-

			payment options available from the NHS in order to support people with costs. There are a number of articles available on the internet e.g. this one from HealthWatch https://www.healthwatch.co.uk/news/2023-01-09/cost-living-people-are-increasingly-avoiding-nhs-appointments-and-prescriptions We've also engaged with Primary Care to discuss/highlight concerns raised along with impact of cost of living pressures and had the following feedback: Most GP practices will have systems/processes in place that a clinician will need to reauthorise medications at the very least 12 monthly – part of this review is whether the patient has had the required monitoring associated with their medicines (bloods, blood pressure), an update with regards to the condition they are being treated for (e.g. mood update if patient is on antidepressant) and importantly are they taking (which is generally clear from the issue history). This is something which is often enquired regarding as part of CQC inspections/assessments. Note 12 months is generally a maximum in terms of time interval for clinical medication revie. Ultimately there is no standardised process for what a clinical review entails, but is down to the discretion of the clinician who ultimately hold accountability/professional responsibility for prescribing and would need to be able to justify the rationale behind reauthorising the medication.

			In summary, whilst the ICB can request specific numbers from dispensers, these will be understated and therefore of limited use given the concern raised about the concerns highlighted around the cost of prescriptions as a barrier, however, as described there a range of points at which non-collection of specific prescribed items is considered by pharmacies and GP practices which is a key requirement of individual registration and forms part of the CQC monitoring process. 1. The ICB will continue to work with Primary Care to minimise potential barriers to accessing services.

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HEALTH AND WELLBEING BOARD

Work Programme 2024 - 25

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

Meeting Date	Agenda item	Responsible Officer
24 July 2024	DCIOS HPC Annual Report 2022/3	Julie Frier / Ruth Harrell
	Plymouth Drugs Strategy Partnership Annual report	Kamal Patel
	NHS Devon Update	Chris Morley
	Vaping Working Group results and Vaping Position Statement.	Dave Schwartz, Dan Preece, Julie Frier
	UHP Pharmacy Verbal Update	Rachel O'Connor
12 September 2024	Plymouth Plan	Ross Jago
	Peninsula Acute Sustainability Programme (PASP) draft case for change	NHS Devon
22 January 2025	Thrive Plymouth	
	DPH Annual Report	
06 March 2025		
Standing Yearly Items		
	Suicide Prevention	
	Director of Public Health Annual Report	
Items to be scheduled		
	Local Care Partnership- Priorities	LCP + PCC
	NHS Long Term Plan + Recovery plan	NHS Devon ICB

Meeting Date	Agenda item	Responsible Officer
	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
	Pharmaceutical Needs Assessment	Rob Nelder
	Joint Strategic Needs Assessment	Ruth Harrell