NHS Devon

NHS Devon Integrated Care Board (ICB) Meeting

Daw Committee Suite, County Hall, Exeter, EX2 4QD

5 July 2023

10:00 to 14:00

One Devon

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Agenda for meeting in public

The quorum for meetings of the Board is:

a) Chair or Vice Chair
b) At least two Executive Directors
c) At least two additional independent members
d) At least one Partner Member
e) At least one of the members must be a registered clinician.

	Introductory item	Lead	Action	
1	Welcome, introduction and Apologies	Sarah Wollaston, Chair	Discussion	
2	Declarations of Interest	Sarah Wollaston, Chair	Noting	10:00
3	Minutes of the Meeting held on 3 May 2023	Sarah Wollaston, Chair	Approval	
	NHS 75 Birthday	**Lead**	**Action**	
4	Introduction and Keynote Speech	Sarah Wollaston, Chair	Discussion	10.05
5	NHS 75 celebrations	Katie Harding, Media & Publications Manager Steve Clark, Joint Partnerships and Involvement Manager	Presentation	10:10
6	NHS 75 Cake Cutting, Tea and Chat	Staff member (and all)	Celebration	10:50

	Leadership and Governance	Lead	Action	
7	Chair's Report	Sarah Wollaston, Chair	Noting	11.05
8	Chief Executive's Report	Jane Milligan, Chief Executive Officer	Noting	11:10
9	Devon 5 Year Joint Forward Plan	Nigel Acheson, Chief Medical Officer	Assurance	11:15
10	Board Assurance Framework	Sarah Wollaston, Chair	Assurance	11:20
11	One Devon Partnership Chair's Report	James McInnes, Chair One Devon Partnership	Noting	11:35
12	Safeguarding Annual Report 2022-23	Naomi Chapman, Chief Nursing Officer	Assurance	11:45
13	Cornwall and Isles of Scilly ICB Update	Kate Shields, Chief Executive Officer Cornwall and Isles of Scilly ICB	Noting	11:55

1. Improving outcomes in population health and health care				
	Item	Lead	Action	
14	Integrated Quality, Performance and Finance Report	Anthony Fitzgerald Chief Delivery Officer	Noting	12:00
15	Mental Health Inpatient Treatment Beds for Autistic People or People with a Learning Disability	Nigel Acheson, Chief Medical Officer Jo Turl, Director of Commissioning, Primary, Community, MHLDN	Approval	12:20
16	Committee Chair's Report: Primary Care Commissioning Transitional Committee – 8 June 2023	Judy Hargadon, Non-Executive Member	Assurance	12:35
	Break			

2. Tackling inequalities in outcomes, experience and access				
	Item	**Lead**	**Action**	
17	Committee Chair's Report: Quality & Patient Experience Committee - 21 June 2023	Hisham Khalil, Non-Executive Member	Assurance	12:50
3. Enhancing productivity and value for money				
	Item	**Lead**	**Action**	
18	Finance Reports i. NHS Devon Month 2 Report ii. ICS Month 2 Report	Bill Shields, Chief Finance Officer	Noting	13:00
19	Committee Chair's Report: Finance & Performance Committee - 27 June 2023	Kevin Orford, Non-Executive Member	Assurance	13:20
4. Organisational business, and broader social and economic development				
	Item	**Lead**	**Action**	
20	Committee Chair's Report: People & Culture Committee – 31 May and 21 June 2023	Thandiwe Hara, Non-Executive Member	Assurance	13:30
	Closing Business			
21	Action Log	Sarah Wollaston, Chair	Approval	13:40
22	Questions from Members of the Public	Sarah Wollaston, Chair	Discussion	13:45
23	Any Other Business	Sarah Wollaston, Chair	Discussion	13:55
	Close			**14:00**

Declaration of Interests Register - NHS Devon ICB Board
Register updated and generated by the Governance Team 27 June 2023

Register last updated 26 June 2023

Column1	Column2	Column3	Column4	Column6	Column7	Column8	Column9	Column10	Column11	Column12	Column13	Column14	Column15
	Acheson	Nigel	Chief Medical Officer, Integrated Care Board Caldicott Guardian	ICB Board Clinical and Professional Cabinet Senior Executive Team (SET) Quality and Performance Committee Primary Care Commissioning Transition Committee ICS Executive Committee Strategy and Transformation Delivery and Improvement Quality Executive Committee Urgent Care Strategic Oversight	Director of H Smith Safety Associates Patron of the FORCE cancer charity in Exeter Director on the board of the South West Academic Health Science Network	Wife works as an associate with the South West Academic Health Science Network Wife works as a Director for H Smith Safety Associates Wife works as a Consultant forensic psychiatrist for DPT Relative consultant Dermatologist at the Royal Devon University Hospital In-law is a GP partner in the Woodbury Practice	05/10/2018		04/04/2023	-Financial/Non-financial/Indirect	Direct and Indirect	Manage the conflict in line with the standard of business conduct policy	NHS Devon ICB
	Asthana	Sheena	Independent Non Executive Director of Citizen and Community Involvement	Population Management and Health Inequalities committee ICB Board Remuneration & Internal ICB Workforce Audit and Risk Committee NHS Devon Finance Committee Digital Tranformation Board	Director, Plymouth Institute of Health & Care Research (PIHR). It is likely that members of my institute will undertake funded research for NHS Devon partners Member of the Advisory Committee on Resource Allocation (ACRA) which independently advises on NHS funding formulae Member of the project board of the proposed West End Health and Being Centre in Plymouth Director, Plymouth Centre for Health Technology. It is likely that members of my institute will undertake funded research for NHS Devon Co-Director, Plymouth Centre for Coastal Communities. It is likely that members of this centre will undertake funded research for NHS Devon		10/03/2022		20/10/2022	Financial/Personal Interest	Direct	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote	NHS Devon ICB
	Braid	Helen	Head of Governance	ICB Board Audit & Risk Committee Organisational Re-Structure Programme Board Working with Industry & Sponsorship Group	No interests declared	N/A	13/11/2019		06/02/2023	N/A	N/A	N/A	NHS Devon ICB
	Chapman	Sandra	Senior Medicines optimisation technician		Pharmacy Technician for Barnstaple PCN		01/09/2020		02/02/2022	Non-Financial Personal Interest	Direct	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	Chapman	Carrie	PA / Senior Administrator	Urgent Care Strategic Oversight Group Devon Ambulance Cell UTC Forum		Partner works in Education Department at Torbay & South Devon NHS FT	12/05/2022		14/02/2023		Indirect	I attend meetings as an administrator rather than a decision maker, so where a piece of ICB work or an item on an ICB meeting agenda concerns an area where I have declared an interest, I can remain in the meeting.	NHS Devon ICB
	Chapman	Naomi	Chief Nursing Officer	NHS Devon ICB Board Senior Executive Team Finance Quality and Patient Experience Committee	On Secondment from Sheffield Teaching Hospital		15/05/2023		19/06/2023		Indirect	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	Clarke	Graham	Independent Non Executive Director of Audit and Risk	ICB Board Audit and Risk Committee NHS Devon Finance Committee Primary Care Commissioning Transitional Committee	Non-Executive Director of Medicine Discovery Catapult Non Executive Member at the Deparment of Health & Social Board Chair of HUC (East of England 111 and Urgent Care Provider) Trustee and Treasurer of the Cornwall Community Foundation	Spouse is CEO of Cornwall Partnership Foundation Trust and a Board Member of Cornwall & Isles of Scilly ICB	01/01/2020		30/01/2022				NHS Devon ICB
	Fitzgerald	Anthony	Chief Delivery Officer	SET Meeting NHS Devon Finance Committee ICB Senior Executive Meeting System Delivery and Improvement Meeting ICB Board ICS Executive Committee	No interests declared		03/11/2022		23/08/2021		Indirect		NHS Devon ICB
	Glover	Sarah Lou	Ordinary Member for the Devon Integrated Care Board for Mental Health	ICB Board Remuneration & Internal ICB Workforce	Trustee of Honiton Health Matters who hold community conversations Director of Parental Minds C.I.C, for parents/caregivers who are supporting their child/family/friend with their mental wellbeing A Director, including a Non-Executive Director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations An advocate for a particular group of patients Ambassador Volunteer with DIAS Community group which may have potential to give rise to influence decisions made by the ICB. A volunteer for a provider		28/06/2022		10/09/2020				NHS Devon ICB
	Hara	Thandiwe	Independent Non Executive Director of Inequalities and Population Health	ICB Board Remuneration & Internal ICB Workforce Executive Strategy and Transformation Group Primary Care Commissioning Transitional Committee People & Culture Committee	Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that work to promote race equality. member on the NIHR SW Clinical Research Network Board.		16/03/2022		04/05/2022	Financial / Personal	Direct & indirect	There should be no conflict of interest in current circumstances, but this may arise if, they became a provider during the course of time. I will declare my interest at any meeting that may result in them being considered for service provision and leave the meeting if necessary. This should not raise any conflict, that I can foresee except that it is research related. There is no commissioning involved, but thought to mention it anyway. I will declare my interest at any meeting that may result in them being considered for service provision and leave the meeting if necessary.	NHS Devon ICB
	Hargadon	Judy	Independent Non Executive Member Primary Care (Interim)	Member of Primary Care Commissioning Transition (PCCT) (Chair) ICB Board Remuneration & Internal ICB Workforce Quality and Performance Committee People & Culture Committee	Member of Women's Equality Party	Spouse is Chair of Dartington Hall Trust Brother is a GP in Cornwall	01/05/2019		25/11/2021			Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	Khalil	Hisham	Independent Non Executive Member - Quality and Performance Vic Chair - NHS Devon ICB	ICB Board Audit and Risk Committee Quality and Performance Committee	Practising Consultant in Derriford Hospital Limited Private Practice in Nuffield health Plymouth Director for Private Practice- Dormant Company Trustee of the Peninsula Medical Foundation Clinical Academic in the Univesity of Plymouth Working with the Devon Training Hub on a project to train GP trainees on an end-of-life care and early diagnosis of cancer Traning Programme Director for Foundation programme UHP NHS Trust Director, Peninsula Medical Foundation	Wife is an ophthalmologist at UHP	01/09/2004		19.04.2023	Financial / General	Indirect	Managed in line with the Standards of Business Conduct Policy and governance advice	NHS Devon ICB
	Milligan	Jane	CEO ICS for Devon	ICB Senior Executive Team Senior Leadership Team (SLT) Audit and Risk Committee (If required) ICB Board NHS Devon Finance Committee ICS Executive Committee Executive Workforce Committee People & Culture Committee Remuneration & Internal ICB Workforce (If Required)	Member of Cornwall and Isles of Scilly ICB	Partner Trustee for Action for Stammering	31/12/2020		20/05/2022			Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	O'Kelly	Frank	Primary Care Partner for NHS ICB	ICB Board Primary Care Commissioning Transitional Committee Remuneration & Internal ICB Workforce	GP Partner at Amicus Health Blundell's School Lead Doctor Member of the National Armed Forces Reference Group CQC Manager for Amicus Health Attends Tiverton High School Welfare Meeting fortnightly Contributor to FASD Forum 5 adopted children, 2 with recognised learning difficulties both recieving PIP and with residential or supported living in Devon	Wife is a book-keeper for STEER Eduction Wife registered Carer for Adopted Child with Learning Difficulties	01/01/1999		19/04/2023	Financial/Non-financial/Indirect	Indirect	Will be managed in line with the Standards of Business Conduct Policy and advice from governance	NHS Devon ICB

	Orford	Kevin	Independent Non Executive Director of Finance and Remuneration	ICB Board Remuneration & Internal ICB Workforce Audit and Risk Committee NHS Devon Finance Committee Quality and Performance Committee	Non Executive Director on the board of Royal Devon and Exeter NHS FT (Ceased 30.06.22) Non Executive Director on the board of Northern Devon Healthcare NHS Trust (Ceased 30.06.22) Director and Majority Shareholder of Kevin Orford & Associates Ltd, which undertakes consultancy contracts with NHS organisations outside of the South West of England Non-Executive Director on the Board of the Intellectual Property office, a government agency in the Department of BEIS.		01/01/2012		25/02/2022				NHS Devon ICB
	Renshaw	Paul	Director of Workforce Stategy	ICB Board Audit and Risk Committee (If Required) ICS Executive Committee Executive Workforce Committee People & Culture Committee	No interests declared		2018		02/06/2023		Indirect		NHS Devon ICB
	Shields	Bill	Chief Finance Officer	ICB Board Audit and Risk Committee Finance Committee Digital Transformation Board	Director of Shields Health Advisory Limited (Dormant) Member HMFA Digital Council Deputy Chair, HMFA ICB CFO Forum Co Chair, NHSE Integrated Finance Board Writes a blog for HMFA Occasional presentations for HMFA, EY, KPMG, Channel 3 Consulting and Deloitte		April 2017		21/04/2023	Financial/non-financial/general	Indirect	Will be managed in line with the Standards of Business Conduct Policy and advice from governance	NHS Devon ICB
	Wollaston	Sarah	Chair for ICS Devon	ICB Board Audit and Risk Committee (If Required) NHS Devon Finance Committee (If Required) Remuneration & Internal ICB Workforce Quality and Performance Committee People and Culture Committee Primary Care Commissioning Transition Committee	Trustee of Landworks, a Dartington based charity that works with ex offenders and people at risk of going to prison to support them into employment and reduce the risk of reoffending	Spouse is president of the Royal College of Psychiatrists and a consultant forensic psychiatrist employed by Devon Partnership Trust Relative is a registrar in Obstetrics and Gynaecology on the South West training scheme currently based at RDUH Relative is a registrar in Anaesthetics on the south West training scheme and currently based at Bristol	26/11/2021		08.06.2022	Indirect	Indirect	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB

Declaration of Interests Register - NHS Devon ICB Board
Register updated and generated by the Governance Team 27 June 2023

Register last updated 19 June 2023

Title	Surname	First name	Role or Position held with the ICB	Committees attended	Interests	Interests - Partner or Family	Date Interest from	Date Interest to	Date interest updated	Type of Interest	Is the interest direct or indirect?	Action taken to mitigate risks	Employer Organisation
	Brown	Steven	Director of Public Health, Communities and Prosperity	ICB Board	No interests declared		19/11/2020		09/11/2022				Devon County Council
	Davenport	Liz	Chief Executive Torbay and South Devon Trust	ICB Board Remuneration & Internal ICB Workforce Executive Strategy and Transformation Group Integrated Care Partnership Committee ICS Executive Committee ICP Peninsula Acute Sustainability Programme	Director of Torbay Pharmaceuticals		24/11/2016		21/06/2022				Torbay and South Devon NHS Foundation Trust
	Lee	Tracey	Chief Executive for Plymouth City Council	ICB Board Remuneration & Internal ICB Workforce	Director of Destination Plymouth Ltd		03/09/2022		13/09/2022				Plymouth City Council
Cllr	McInnes	James	Chair of One Devon Partnership Board (ICP)	ICB Board	Elected member of Devon County Council		2005	2025	22/11/2022	General Interest		Where a piece of work or an item on a Board agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote	Devon County Council

NHS Devon

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Minutes of a meeting of NHS Devon Integrated Care Board held in public at County Hall and via Microsoft Teams and livestream on Wednesday 03 May 2023 between 10.00am and 13.00pm	
*Name and initials (*voting member)*	*Title and organisation*
Board Members:	
*Dr Sarah Wollaston (SW)	Independent Chair, NHS Devon
*Graham Clarke (GC)	Non-Executive Member, Audit and Risk, NHS Devon
*Judy Hargadon (JH)	Non-Executive Member, Primary Care, NHS Devon
*Mr Hisham Khalil (HK)	Non-Executive Member, Quality and Performance, NHS Devon
*Kevin Orford (KO)	Non-Executive Member, Finance and Remuneration, NHS Devon
*Professor Sheena Asthana (SA)	Non-Executive Member, Health Inequalities, NHS Devon
*Jane Milligan (JM)	Chief Executive Officer and Accountable Officer, NHS Devon
*Nigel Acheson (NA)	Chief Medical Officer, NHS Devon
*Bill Shields (BS)	Chief Finance Officer, NHS Devon
*Darryn Allcorn (DA)	Chief Nursing Officer, NHS Devon
Partner Members:	
*Sarah-Lou Glover (SLG)	Partner Member for Mental Health
*Frank O'Kelly (FOK)	Partner Member for Primary Care
*Liz Davenport (LD)	Partner Member for NHS Trusts & Foundation Trusts, Chief Executive Officer, Torbay & South Devon NHS Trust
*Tracey Lee (TL)	Partner Member for Local Authorities, Chief Executive, Plymouth City Council
*Steve Brown (SB)	Partner Member for Local Authorities, Director of Public Health, Devon County Council
Guests in attendance:	
Anthony Fitzgerald (AF)	Chief Delivery Officer, NHS Devon
Andrew Millward (AM)	Chief Communications and Corporate Affairs Officer, NHS Devon
Paul Renshaw (PR)	Director of Strategic Workforce, NHS Devon
Simon Tapley (ST)	Chief Transformation & Strategic Planning Officer, NHS Devon
Cllr James McInnes (JMc)	Chair, Devon Integrated Care Partnership, Devon County Council
Ann Cooper	Interim Strategic Governance Adviser
Jodie Howland (JHo)	Governance Business Manager (minutes)
Sam Cush (SC)	Communications Manager, NHS Devon
Apologies for absence	
*Thandiwe Hara (TH)	Non-Executive Member, People and Culture, NHS Devon
Kate Shields (KS)	Chief Executive Officer, Cornwall & Isles of Scilly ICB

Minute number	
1	**Welcome and Apologies for Absence** The Chair welcomed all to the meeting, including James Brent, Chair of University Hospitals Plymouth NHS Trust (UHP); Richard Ibbotson, Chair of Torbay and South Devon NHS Foundation Trust (T&SD), Jono Broad, NHS England and Susan Masters (SM), Deputy Chief Nurse who was attending in place of Darryn Allcorn who had commenced a secondment with University Hospitals Plymouth NHS Trust. A welcome was also extended to Mr and Mrs Symes who would be presenting item 4 on the agenda. It was noted that apologies for absence had been received from Non-Executive Member Thandiwe Hara and Chief Executive Officer, Cornwall and the Isles of Scilly ICB, Kate Shields. The meeting was noted as quorate. The Chair confirmed that at a private meeting of the Board in March the Digital Strategy was approved and is now publicly available. The terms of reference for a Joint Working Agreement with NHS England for specialist services had also been approved at that meeting and will be included in the Governance Handbook available on the website. At today's meeting of the Board in private, the Workforce Strategy, Board Development and Organisational Change would be considered and updates on these items would be shared at a future meeting in public.
2	**Declarations of Interest** **The Declarations of Interest Register was noted**. No conflicts for agenda items were declared.
3	**Minutes Meeting held on 15 March 2023** The minutes of the meeting held on 15 March 2023 were **approved** as a correct record.
4	**Citizen's Voice** The Chair welcomed June Symes (JS), accompanied by her husband Bruce, to the meeting to share their experience of June requiring a knee replacement within Devon. This experience had included repeated visits to different physiotherapists within the NHS over a period of months who all considered that she required a knee replacement but were not able to refer for an X-ray to confirm this clinically so that she could be added to the 18-month waiting list for surgery. In light of the impact of pain being experienced, JS had chosen to have the knee replaced privately. The Chair and Board members thanked JS for sharing her experience and expressed regret for the difficulties she had had in obtaining care and for the personal impact to her and her husband. Concern was expressed at the number of people who are prevented from getting onto the waiting list and the inefficiencies and frustrations this is creating. It was confirmed that what is being undertaken to recover the waiting list position, with those on the waiting list having 'what matters to me' conversations to support them. The Chief Delivery Officer also indicated that work to support those who have not yet been added to a waiting list was required as was improved communication with those patients. **Action – Chief Delivery Officer to review the orthopedic pathway and barriers to an efficient, cost effective and user-friendly pathway. Review of specialist physiotherapist pathway to be brought back to a future Board Meeting.** *Administrator's note: JS, BS and SC left the meeting following this item.*

5	**Chair's Report** The Board were asked to note the report. **Decision: That the Chair's Report be noted**
6	**Chief Executive's Report** The Chief Executive introduced the report and highlighted the following points: • Robust planning had safeguarding services over the bank holiday industrial action. • Following a further meeting with the NHS England national team, a further Operating Plan will be re-submitted with adjustments in respect of A&E and elective care targets. • Collective work with the South West Academic Health Science Network is continuing around the Peninsula Research and Development Strategy. The first meeting of the Peninsula Research and Innovation Partnership Board will take place at the end of June. • The Chief Executive and Chair of NHS Devon are due to meet the New Chief Constable of Devon and Cornwall Police, Will Kerr, on 4 May. • NHS at 75 will be held on 5 July 2023 and will be marked by the organisation to celebrate what is going well, while recognising the continued challenges. **Decision: That the Chief Executive's report be noted**.
7	**One Devon Partnership Board Chair's Report** The report was taken as read. A request was made to understand how the monies relating to the Cost of Living Fund had been allocated. James McInnes confirmed that a report was being prepared and would be presented to the next One Devon Partnership Board meeting in June. James McInnes agreed to share this report with the ICB Board. **Decision: That the One Devon Partnership Board Chair's Report be noted.** **Action: That the Cost of Living Fund report be shared when available**
8	**Cornwall and Isles of Scilly ICB Update** **Decision**: **That the Cornwall and Isles of Scilly ICB Update be noted.**
9	**Integrated Quality, Performance and Finance Report (IQPR)** The Chair informed the meeting that this report was being presented for information and that detailed discussions on the content of the report had taken place within the Assurance Committee meetings, with issues being escalated to the Board via the Committee Chair's reports, if required. There was a general feeling among Non-Executive and Partner Members that there remain missing metrics including primary care, health inequalities and community care that would enable a fuller picture of performance within the ICS. SM confirmed the work that was underway which will further strengthen the report. **Action – An update to the Board around the progress of the IQPR report** **Decision**: **That the Integrated Quality, Performance and Finance Report be noted.**
10	**Committee Chair's Report - Primary Care Commissioning Transitional Committee, 23 March 2023** The report was taken as read.

	Decision: The Committee Chair's Report of the Primary Care Commissioning Transitional Committee on 23 March 2023 be noted.

11	**Update on Urgent, Elective, Cancer and Diagnostic Plans for 2023/24**
	Chief Delivery Officer Anthony Fitzgerald (AF) clarified that the report presented only known waits and confirmed that this continues to be an area which requires further consideration and evaluation.
	
	The following areas of the report were highlighted:
	• Delivery Boards have been reframed to focus on assurance and to drive performance.
	• Urgent and Emergency Care Boards have met and have clear standards of which to measure against.
	  ○ Reintroducing four hours standard wait for either a decision to admit or discharge within the Emergency Department
	  ○ Reduce category two response times for the ambulance service and reduce the time waiting outside acute hospitals
	• Elective care is focusing on
	  ○ reducing unnecessary waits,
	  ○ reducing and eliminating 104-week waits
	  ○ reducing 78- and 65-week waits
	
	AF concluded that a pathway redesign within diagnostics is required but there is also real delivery happening right now. It was confirmed that all providers have committed to trajectories and are working hard to achieve these. The Board considered the metrics within the paper and the triangulation with the Operating Plan.
	
	The Board was reflective on the impact of waiting times after hearing the citizen's story earlier and discussed how best to communicate with patients during their wait to empower them to become partners in their own care and to be waiting well; and with staff to ensure they understood the different schemes available. It was noted that that the System Recovery Group had discuss communication at its most recent meeting and that this work will be taken forward.
	
	There was discussion around the impact of waiting on the mental health of patients and also how health inequalities were taken into consideration for patients waiting longer than expected. The Board requested further information around mental health and health inequalities as part of the next update.
	
	Action: A report be made to a future meeting of the Board in respect of the health inequalities being experienced by patients on waiting lists.
	
	Decision: The Update on Urgent, Elective, Cancer and Diagnostic Plans for 2023/24 be noted.

12	**Committee Chair's Report – Quality and Performance Committee - 5 April 2023** The report was taken as read and the following points were highlighted • A request has been made for quality data around patient experience to be included within the IQPFR. • An escalation was made to the Board around increasing the engagement with providers at the Never Event Group. It was noted that following the April meeting of the Quality and Patient Experience Committee, a meeting had been arranged with providers to discuss engagement and progress will be fed back to the Committee. **Action – The Board to be updated on progress of engagement at the Never Event Group via the Quality & Patient Experience Committee**.

	Decision: The Committee Chair's Report of the Quality and Performance Committee held on 5 April 2023 be noted.
13	**Operating Plan and Recovery Position** Chief Finance Officer, Bill Shields (BS) verbally updated the Board on the following points: The Operating Plan had been reviewed and signed off at each individual provider organisation and at the NHS Devon Finance Committee. Following minor changes which have been communicated with all Trusts, the plan will be resubmitted to the National Team this week. BS confirmed that these changes do not impact the financial position. He went on to confirm that the plans include changes to the elective trajectory see 65- and 104-week waits are to be resolved during this fiscal year rather than being left to the final quarter. A System Recovery Board (that meets fortnightly) has been established to monitor and deliver the recovery programme. The System Recovery Board will finalise a schedule of savings and activities to be achieved which will be taken to the NHS Devon Finance and Performance Committee for assurance that the plan is on track for delivery. It was requested that an update on the Recovery Programme progress be included as an agenda item at each Board meeting. It was noted that work is being undertaken to ensure that the public are made aware of the decisions that are having to be made to achieve the targets NHS Devon is being required to meet and the approach to this communication will be reported to the Board. **Action: That the Recovery Plan be included on all future Board agendas for assurance around the recovery position.** **Decision: That the Operating Plan and Recovery Position update be noted.**
14	**Finance Reports, NHS Devon and ICS Devon Month 11 Reports** The Chief Finance Officer (CFO) introduced the reports indicating that these would be taken as read. The following points were noted: • Month 12 shows no material movement within the ICB or ICS • Final accounts have been prepared and are being finalised • Achieved the capital position reported to the Board during the year The Chair of the Finance Committee thanked colleagues for the work in bringing the position. **Decision: That the Finance Reports, NHS Devon and ICS Devon Month 11 Reports be noted.**
	Committee Chair's Report – Finance Committee - 28 March 2023 and 25 April 2023 The report was taken as read. The following points were highlighted • The Operating Plan had been approved at the 28 March meeting. Headlines were provided within the report for the Board and updates will be brought to the Board through future Chairs reports • Approval was sought for a change of the Terms of Reference for the Finance Committee including the addition of performance and the delegation of board assurance framework risks. • Approval was sought for delegation of estates issues, with it being noted that a stakeholder summary would be provided to the Finance and Performance Committee for any estates rationalisation proposals and that any community estates rationalisation

	proposals will also be taken through the Primary Care Commissioning Transition Committee. It was agreed to include the NHS Devon Board on the escalation flowchart for Estates. **Decision:** **1. The revised Terms of Reference for the Finance and Performance Committee approved.** **2. The Proposed Scheme of Delegations for Strategic Estates and Facilities approved.**
16	**Action Log** The Chair referred the meeting to the progress being made in respect of actions arising from previous meetings of the Board. The Board requested that actions remain open until reports have been presented back to a meeting rather than closing when items are added to the forward planner. **Decision: That Action 24 and 34 be closed and that Actions 26, 29, 30, 31 remain in progress**.
17	**Questions from Members of the Public** The Chair confirmed that no questions from the public had been submitted prior to the meeting.
18	**Any Other Business** The next meeting of the NHS Devon Board to be held in public will take place on 5 July 2023 at Derriford Hospital, Plymouth.

Minutes approved	Date:	Signed by Chair:

NHS Devon Integrated Care Board

Report of the NHS Devon Chair

Date of Board	Date report produced
5 July 2023	23 June 2023

Author(s)		Report approved by	
Name and title:	Nick Pearson, Chair and Chief executive's office	**Name and title:**	Dr Sarah Wollaston, NHS Devon Chair
Phone:	-	**Date:**	23 June 2023
Email:	Nick.pearson@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max) – high level overview of the content of the report and the reasons why it is being presented

This document represents the Chair's report and includes updates on the retirement of the Chief Executive, 75th anniversary of the NHS, Teignmouth, Devon Wellbeing Hub, Parliamentary Awards, ICP, and the opening of the Dartmouth Health and Wellbeing Centre.

Committees that have previously discussed/agreed the report, and outcomes of that discussion

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Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do
1. The Board is asked to note this report.

Impact on NHS Devon objectives	
Objective	**Impact**
Objective 1	**Reporting only**
Objective 2	**Reporting only**
Objective 3	**Reporting only**
Objective 4	**Reporting only**

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	None - reporting only
Health inequalities	None
Workforce	None
Resources and finance	None
Legal	None
Digital and Data	None
Engagement and consultation	Engaging communities and stakeholders in our work

Report of the NHS Devon Chair

Jane Milligan Retirement Announcement

It is with great sadness that we record that Jane Milligan announced her retirement in May.

I would like to express my sincere personal thanks to her for the important work she has done as our CEO while here in Devon.

There is plenty of time before Jane's departure, but I wanted to express my thanks for the *way* in which she has led the Devon system.

As the first CEO of our ICB Jane not only did the "hard miles" of helping us to come together – with all that entails, the governance and the management of change – but always did so with huge personal integrity and compassion.

We have already begun to see the early signs of recovery in a system that has been challenged for so long – and when she leaves the ICB later this year, it will be in a very much better state than it was when she came to Devon two-and-a-half years ago.

I will say more about Jane in future reports but wished to record my thanks at the earliest opportunity.

With Jane's announcement our thoughts must, inevitably, turn to finding a replacement.

The recruitment process is already under way for this, and we are hopeful that the current search and recruitment programme could mean that someone is appointed in late July or early August.

Given the successful candidate is likely to have to work a notice period, it is possible that we will need to put in place interim arrangements. I will update further on this in due course.

75th Anniversary of the NHS

Despite the challenges the NHS has faced, the public overwhelmingly supports having a national health service. It is what makes our people most proud to be British.

So, as we mark 75 years of the NHS, it is a time to celebrate our past, but more importantly, take time to think about a future where we continue to put patients – irrespective of their means - first.

We also want to take the opportunity to thank all staff and volunteers, past and present, who have made the NHS what it is.

On 1 June we began publishing one story or fact about NHS Devon a day, in social media and on a dedicated web page, to celebrate staff and volunteers.

We will be doing this *every* day over 75 days until 14 August.

On 5 July, we will host a special item dedicated to NHS 75 at our board meeting.

Here we will be reflecting on stories we have published and speaking with some of our longest serving NHS staff about what the NHS means to them.

Teams across the organisation, including the Board, will also be hosting their own, local Big Tea events, sharing tea and cake or lunch with colleagues.

On the evening of 5 July, there are more celebrations with landmarks across Devon lit up blue. And the weekend of 8 and 9 July is Park Run for the NHS and we are encouraging staff to go to their local event to run, walk or show support for NHS 75.

We will be following the celebrations with huge interest and will publish a special edition of the One Devon bulletin this summer summarising the highlights.

Investments in Devon

I am delighted to share three good news stories this month.

Community Diagnostic Centre

Firstly, I am pleased to confirm that funding has been awarded for a new Community Diagnostic Centre (CDC) based at Colin Campbell Court in Plymouth.

It is one of eight newly announced sites that will be open by the end of 2023, in addition to the 108 that are already delivering lifesaving checks across the country.

Nationally CDCs have delivered over four million additional checks for a range of conditions from cancer to heart or lung disease, which have helped to cut waiting lists. The centres support quicker access to care and offer patients a wide range of tests closer to home.

This new facility will specialise in CT scans, MRI scans, ultrasound, x-ray, cardiology, respiratory, sleep studies and phlebotomy and patients can be referred by their GP. It is expected to deliver up to 89,000 checks, tests and scans a year.

The CDC will help to cut waiting lists and allow the people of Plymouth to access additional care and support.

Teignmouth Health and Wellbeing Centre

After many years in development, I am pleased to report that the new health and wellbeing centre in Teignmouth has now been given planning approval.

Planners on Teignbridge District Council gave it the go ahead earlier this month.

The proposal includes the provision of a reception space, waiting room, consulting rooms and treatment spaces as well as accommodation for the charity, Volunteering in Health.

GP services will be based at the new centre, together with community nurses, social workers, health and wellbeing teams, therapists, podiatry, audiology, physiotherapy and voluntary sector services.

Bringing together these services in one building will allow greater integration and coordination of care for the local community.

Devon Wellbeing Hub

Finally in this section, it has been confirmed that funding will continue for the Devon Wellbeing Hub, thanks to local support.

Since opening in March 2021, the service has supported thousands of colleagues across Devon and with ongoing funding being confirmed, it can continue to provide help and support.

The hub is one of 40 NHS mental health and wellbeing hubs that was set up across the country in response to the impact of COVID-19.

Ours is operated by staff from Devon Partnership NHS Trust, who are working on behalf of the Devon Integrated Care System, in collaboration with Livewell Southwest.

It's open to anyone working in healthcare, social care or the Police in Devon and Plymouth and is designed to be somewhere people can access support quickly.

The Devon Wellbeing Hub is an invaluable source that provides free and confidential support for individuals and teams who are struggling with any element of their wellbeing.

I thank the teams behind the hub and wish them every success for the future.

NHS Parliamentary Awards

I am extremely proud to inform the Board that Devon has been recognised in this year's Parliamentary Awards.

The Devon system achieved three awards this year:

- The Excellence in Healthcare Award was given to Integrated Care for Older People (Plymouth and West Devon) - a partnership of NHS Devon, Livewell Southwest, GPs in Plymouth and voluntary sector organisations.

- The Excellence in Primary Care and Community Care Award went to the domestic abuse and sexual violence team at NHS Devon.
- The Volunteer award was won by Health Connect Coaching, a volunteer peer health and wellbeing service team, which is part of the Torbay and South Devon NHS Foundation Trust.

I would like to express my congratulations to the winners, whose hard work and dedication continues to be recognised with these awards. I would also like to thank the MPs who nominated teams within the Devon system.

These regional winners will now go through to the national awards, which will take place in London on 5 July. I wish the regional winners every success at the national ceremony. Well done everyone.

Dartmouth Health and Wellbeing Centre

Dartmouth's new health and wellbeing centre was officially opened in May in a ceremony hosted by Sir Richard Ibbotson, the Chair of Torbay and South Devon NHS Foundation Trust.

The new centre allows local people access to a broad range of health and wellbeing services in one place, including GPs, community nurses, therapists, and Dartmouth Caring & Wellbeing Pharmacy.

The centre is part of plans across Devon to bring health and care services and the voluntary sector together to make it easier for people to receive the care they need in their community.

I would like to take this opportunity to thank Torbay and South Devon NHS Foundation Trust for leading on this project.

I wish the Dartmouth Health and Wellbeing Centre every success.

Chair's visits and speaking engagements

I am fortunate to have had the opportunity to have conducted various visits since my last report.

I visited St Leonard's Research Practice and Hospiscare, both of which are in Exeter. They provided an excellent insight into the work they are doing for people in the area and I made some good links for the future.

During May I was also able to visit projects in the wider Devon system, where I was welcomed to Plymouth Octopus with Matt Bell (CEO) and other Plymouth colleagues. Our voluntary sector lead Darin Halifax joined me and we had good discussions about the work being done in the system.

In addition, I visited an occupational therapy in-reach project at Torbay Hospital. The team there found time to give me a tour and explain the work they are undertaking.

I am always extremely grateful to local teams for taking time out of their busy schedules to facilitate a visit.

Finally, I attended the Royal Devon University Healthcare NHS Foundation Trust and Torbay and South Devon NHS Foundation Trust Boards to present the Joint Forward Plan. It was a great opportunity to discuss the plan in more detail and answer questions.

I have more visits lined up in the future and look forward to reporting back to the Board.

NHS Devon

NHS Devon Integrated Care Board

Report of the Chief Executive

Date of board	Date report produced
5 July 2023	23 June 2023

Author(s)		Report approved by	
Name and title:	Nick Pearson, Chair and Chief Executive's Office	**Name and title:**	Jane Milligan, Chief Executive
Phone:	-	**Date:**	23 June 2023
Email:	Nick.pearson@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

-

Executive summary (250 words max) – high level overview of the content of the report and the reasons why it is being presented

This is the report of the Chief Executive and provides updates on my retirement announcement, changes to the executive team, system pressures and industrial action, Plymouth SEND inspection, the Joint Forward Plan and Integrated Care Strategy and Leadership Development Projects.

Committees that have previously discussed/agreed the report, and outcomes of that discussion

-

Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do
1. The Board is requested to note the report.

Impact on NHS Devon objectives	
Objective	**Impact**
Objective 1	**Reporting only**
Objective 2	**Reporting only**
Objective 3	**Reporting only**
Objective 4	**Reporting only**

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	None - reporting only
Health inequalities	None
Workforce	None
Resources and finance	None
Legal	None
Digital and Data	None
Engagement and consultation	Engaging communities and stakeholders in our work

Report of the Chief Executive

Death of Christina Quinn

We were incredibly sad to hear of the tragically early death of Christina Quinn, the Chief Executive of St Luke's Hospice, Plymouth.

Staff here at NHS Devon remember Christina as a warm and caring person who instinctively put people at ease. There is much fondness expressed by people who worked with her while at the SW NHS Leadership Academy.

The thoughts of Sarah, me, the Board and staff at NHS Devon are with Christina's family, and all who knew and loved her at St Luke's Hospice.

Retirement Announcement

Many will already know that I announced my retirement in May of this year, after a 36-year career in the NHS.

It was not an easy decision to come to, but having undertaken the role for several years, I feel it is the right time for someone else to take the reins.

It has been a real honour to lead a system where I have also worked as a clinician. I could never have imagined as a senior physiotherapist almost 36 years ago that I would one day be a chief executive here, but I am incredibly proud to have been so.

As you are well aware, the past few years have not always been easy and we have had many hurdles to cross including coronavirus, our transition to an integrated care board, and performance and financial challenges.

Throughout all of this, we have remained focused on what really matters – our people and our patients – and I am proud to have played my part in building One Devon alongside you and colleagues across our county.

Although we are not there yet, I am pleased that we are beginning to turn around the long-term problems of finance and performance that have troubled the system for quite some time.

There are still significant challenges ahead to improve the experiences of patients and staff in Devon, and it is vitally important that we address these while maintaining focus on health prevention and inequalities.

The Five Year Joint Forward Plan sets the foundations for this and I am glad I had the opportunity to see it through to completion.

I would like to thank everyone for all the support you have given me over the past years. I truly appreciate it.

I plan to use the time left in Devon to leave a positive legacy for my successor to build upon and I know that they will be able to count on your ongoing support to ensure that Devon has a thriving future.

Changes to the Executive Team

As well as my retirement, there have been other changes to the executive team in the last few months.

Firstly, I am pleased to have appointed Bill Shields, our chief financial officer, as deputy chief executive for NHS Devon.

Secondly, Simon Tapley, our chief officer for strategy and transformation, has joined Plymouth City Council on a full-time secondment for 6-12 months.

A key part of his new role will be to support the Plymouth Local Care Partnership, which aims to develop more joined-up care that improves the health and wellbeing of local people and communities.

Simon’s portfolio has been realigned within our existing executive structure.

I am also pleased to announce the arrival of Naomi Chapman, who has taken up the role of interim chief nursing officer while Darryn Allcorn is on secondment at Plymouth Hospital.

I am sure you will all join me in welcoming Naomi to NHS Devon.

System Pressures and Industrial Action

Overall, during May and June, the system has reacted well to pressures brought about by the BMA industrial action and an increase in patients across Devon requiring secondary care due to health conditions worsened by high summer temperatures.

There has been a noticeable improvement in patient hospital handover delays, in particular at University Hospitals Plymouth linked to improvement work being undertaken by the Trust and its partners.

Mental health activity has risen across the county, and this has been a particular trend at weekends with providers operating at full escalation. This is replicated across most of the South West region.

The industrial action for nursing was halted following the government NHS pay deal and agreement was reached with a majority of unions. However, the RCN ballot for pay was declined and therefore, they are currently balloting for continued industrial action. The ballot closes later today (June 23) and the outcome will be announced shortly after. If agreed, the industrial action will continue until December.

The BMA took industrial action for 72 hours from June 14-17 and the impact of that action is still being understood. However, all providers had put suitable plans in place where possible, using the Emergency Prevention, Preparedness and Response teams. It is understood that the elective recovery plan for reducing delays in planned care will be impacted by the industrial action.

In the last 24 hours, we have received notification that senior consultants will take part in industrial action for 48 hours from 20 July. We will be preparing in the coming days to ensure appropriate mitigations are in place.

Priorities for the NHS at 75

I recently read with interest the independent report of the NHS Assembly.

The **NHS in England at 75: priorities for the future** report finds a growing consensus that the NHS should now focus on three key areas for long term development: better preventing ill health, personalising care and delivering more co-ordinated care closer to home.

It draws on the feedback of thousands of people who contributed as part of the NHS@75 engagement process.

The findings will help inform the work of NHS England to develop strategies for the years ahead in partnership with Integrated Care Systems, such as our own.

After 75 years of the NHS treating illness and disease, I very much hope that this report signals a move upstream as we tackle some of the equally pressing problems that exist in the 21st century through better coordination and personalisation.

The NHS has served people in the UK – irrespective of income – extremely well over the years and hopefully soon will witness its full transformation from an illness to a wellness service.

It's something that as a former physio I have always wanted to see and ICBs may just be the vehicles to bring this about with appropriate resources and time.

The full report is here: The NHS in England at 75: priorities for the future (PDF 171 Kb)

Plymouth SEND Inspection

Plymouth County Council and NHS Devon were notified on behalf of His Majesty's Chief Inspector of Education, Children's Services and Skills (HMCI) and the Care Quality Commission (CQC) that Plymouth Local Area Partnership will be inspected under section 20 of the Children Act 2004 from 26-30 June 2023.

This inspection will be undertaken in accordance with the area Special Educational Needs and Disability (SEND) framework and handbook. The outcomes of this inspection will be reported under the new SEND criteria.

We are expecting various meetings to take place over the inspection period and representatives from NHS Devon will be in attendance.

Joint Forward Plan and Integrated Care Strategy

Devon's 5 Year Joint Forward Plan (JFP) has now been finalised, following significant engagement with partners across the Devon system, including Health and Wellbeing Boards and Health Oversight and Scrutiny Committees.

During recent weeks the plan has been reviewed by the boards of Devon's NHS trusts, as required by guidance, and the boards have provided valuable feedback and have formally recorded their support in board meetings.

Devon Partnership NHS Trust board members will consider the plan in mid-July. However, some initial feedback was provided to the NHS Devon board prior to approval.

The Plan was considered in a private session of the NHS Devon Board, as there was no public meeting in June at which to do this.

The document is now being prepared for publication and will be published alongside the Integrated Care Strategy, no later than 30 June.

Feedback from trust boards and other partners will continue to be used, both in the development of the detailed delivery plan and assurance process for 2023/24 and to further refine the Plan as we undertake the first annual refresh over coming months.

Leadership Development Projects

The innovative approach to the Integrated System Development (ISD) Programme to strengthen system working in Devon has been showcased nationally, in a case study by the Good Governance Institute.

This outlines the positive steps that the ISD Programme has taken to develop an evidence-based plan to support One Devon becoming a thriving ICS.

In May 2023, One Devon commenced the adoption of Outwards Mindsets, as part of our system development plan.

A two-day workshop took place in May and the feedback was overwhelmingly positive.

I am pleased to report that 95% of participants viewed the 12-month programme a worthwhile investment of time and, specifically, participants felt that the work would increase collaboration, increase self-awareness and improve relationship building.

We are confident that the Joint Forward Plan, Integrated Care Strategy and the Outward Mindset Programme will support system working and deliver excellent results. One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon.

NHS Devon

NHS Devon Integrated Care Board

Devon 5 Year Joint Forward Plan

Date of Board	Date report produced
5 July 2023	22 June 2023

Author(s)		Report approved by	
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Phone:	07929 846315	**Date:**	22 June 2023
Email:	alison.wilkinson1@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max) – high level overview of the content of the report and the reasons why it is being presented

Following consideration of the feedback on the Devon 5 Year Joint Forward Plan (JFP) from NHS Trust Boards, NHS England and other partners, the NHS Devon Board approved the JFP for publication at its private meeting on 7 June 2023, to allow time for the document to be formatted ready for publication by 30 June 2023.

The Joint Forward Plan is attached as Appendix A.

One Devon

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Committees that have previously discussed/agreed the report, and outcomes of that discussion
NHS Devon Board on 7 June 2023 – Plan approved for publication

Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do
1. The Board is asked to note formally the publication of the Joint Forward Plan.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	✓
Improve services and reduced unwarranted variation	✓
Make more efficient use of our resources	✓
Develop our culture and how we operate	✓

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Impacted by the content of the Strategy
Health inequalities	Impacted by the content of the Strategy
Workforce	Impacted by the content of the Strategy
Resources and finance	Impacted by the content of the Strategy
Legal	None
Digital and Data	Impacted by the content of the Strategy
Engagement and consultation	Impacted by the content of the Strategy


One Devon
Devon 5-Year Joint Forward Plan
June 2023
#OneDevon

Contents

Foreword

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

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

In parallel, NHS partners have been developing an operational plan for 2023/24 and a recovery plan that will see both NHS Devon and partner NHS trusts move out of segment 4 of the NHS Oversight Framework by June 2024 and Local Authority partners have been planning to manage their own significant operational and financial pressures. Development of the JFP therefore recognises this context and the need to ensure that our system recovery is prioritised in the early years of the Plan and that we earn the autonomy we need to deliver transformational change. The detailed actions and milestones set out within the JFP have been aligned to recovery plans where relevant and deliverability continues to be tested to ensure that our objectives, though ambitious, are ultimately realistic and achievable.

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

SIGNATURE

Sarah Wollaston

SIGNATURE

Jane Milligan

Health and Wellbeing Board Opinions

There has been ongoing engagement with the three Devon Health and Wellbeing Boards throughout development of the Joint Forward Plan. Each of the Boards has submitted a formal opinion on the extent to which the JFP reflects their Health and Wellbeing Strategy, which is reproduced below. Two of the three local authorities have been through a local election process in May 2023 and engagement will continue with the reformed HWBs, as part of our ongoing work to refresh the Joint Forward Plan.

Torbay Council

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

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

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

Plymouth City Council

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

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

Devon County Council

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

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

Executive summary

#OneDevon

The Devon Joint Forward Plan

In line with national requirements, the Integrated Care System (ICS) in Devon (One Devon) produced an Integrated Care Strategy in December 2022, setting out the 12 key challenges that Devon faces and identifying a set of strategic goals that will help to address the challenges, aligned to the ***four core purposes of ICSs.***

The One Devon Partnership (our system's Integrated Care Partnership (ICP)) asked system partners to work together to make the JFP a true shared response to the Devon Integrated Care Strategy, as encouraged in the national guidance. This JFP therefore reflects the work that is happening across the wider Devon system, in the health and care sectors and beyond, and demonstrates how this work aligns with the strategic goals in the Strategy and how it will deliver the required improvements in health and wellbeing.

Several **golden threads** run through all of the delivery and enabling programmes, including prevention (focusing on the five main causes of early death and disability), population health, improved outcomes, personalisation and empowerment of individuals, inclusion, quality and safety of care and continuous learning and improvement.

It is important to acknowledge that the three local authorities in Devon are under significant financial pressure. Furthermore, NHS Devon and all three NHS acute provider trusts in Devon have been assessed as being in segment 4 of the NHS Oversight Framework. This means that we are subject to enhanced direct oversight by NHS England and additional reporting requirements and financial controls. The JFP therefore reflects the requirement to focus on system recovery and exiting segment 4 of the NHS Oversight Framework as priority in years 1-3 of the Plan, as well as setting out how the system will work together in a different way, to deliver transformational change and improve the health and wellbeing of the population, creating a sustainable health and care system in Devon.

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

Development of the Integrated Care Strategy and Joint Forward Plan has involved significant engagement and involvement activities, including analysis of extensive public feedback about health and care (collected from system partners across One Devon) between 2018 to 2022 and regular engagement with Joint Overview and Scrutiny Committees, Health and Wellbeing Boards and wider system partners through working groups and facilitated feedback events.

Delivering a sustainable system

The JFP sets out the plans in place across the local NHS and wider Devon System and the key milestones for delivery over the next five years, but, additionally, there is an immediate requirement to stabilise the financial position and recover activity, to improve operational performance, access and quality of care. In order to achieve both of these, we need to transform the way we work together across our system – creating new ways of working was identified as a key determinant of successful delivery of the Devon Plan (the Integrated Care Strategy and Joint Forward Plan together make up the Devon Plan).

We plan to deliver the significant strategic work required to enable the successful delivery of our 5-Year Integrated Care Strategy, focusing on creating an environment for success, including:

- strengthening collaborative and integrated working through cultural change and adoption of a set of guiding principles
- adopting a Value-based Approach
- setting out a roadmap for ICS development
- embedding our agreed Devon Operating Model
- delivering financial and operational recovery

Collectively, this work responds to the significant scale of change required to achieve our vision and ambitions and establishes a sustainable way to deliver the health and care needed by the people of Devon.

Guiding principles:

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

One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money. We have set ourselves an ambitious target: ***By 2025 we will have adopted a single operating model to support the delivery of health and care across Devon and will have achieved thriving ICS status.***

The model outlines how Devon will make the best use of our new collaborative structures including the One Devon Partnership (our ICP), NHS Devon (the Integrated Care Board or ICB), provider collaboratives, local care partnerships and neighbourhoods. Adoption of the model will be completed over the next 18-24 months, involving all system partners in embedding new ways of working to drive increased value to the people of Devon.

Getting the system in balance

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

What needs to be achieved

3 year financial plan linked to activity, workforce and performance:

- **2023/24 reported position no worse than £42.3m deficit**
- **2024/25 c.£30m deficit through use of non-recurrent means**
- **2025/26 breakeven exit run rate position**

How we will achieve this

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

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

2 **System-wide schemes – targeting c.£60m reduced run rate by Q4 2023/24**

3 **Intra-organisation working and redesign**

4 **System Performance Improvement**

Activity and performance

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

Workforce

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

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

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

Local authority recovery

Our three local authorities also face significant financial and operational pressures and each has a transformation programme in place that will:

- support increased independence, choice and control for communities;
- support timely and good quality discharge from hospital;
- support the local economy, improve job prospects and housing opportunities for local people;
- champion opportunities and improve services and outcomes for children and young people;
- support care market sustainability;
- address the impacts of the rising cost of living for those hardest hit;
- improve value for money, through cost improvement plans.

One Devon

Devon's Joint Forward Plan

There are 9 key delivery programmes and 10 enabling programmes that make up the Devon JFP:

The delivery plan summarises the ambitions and the key high level objectives for each of the 9 delivery programmes and 10 enabling programmes, with additional detailed milestones and year 1 and 2 work programmes included in Appendix C and Appendix D.

Some of the key objectives for each programme are set out in the next slides.

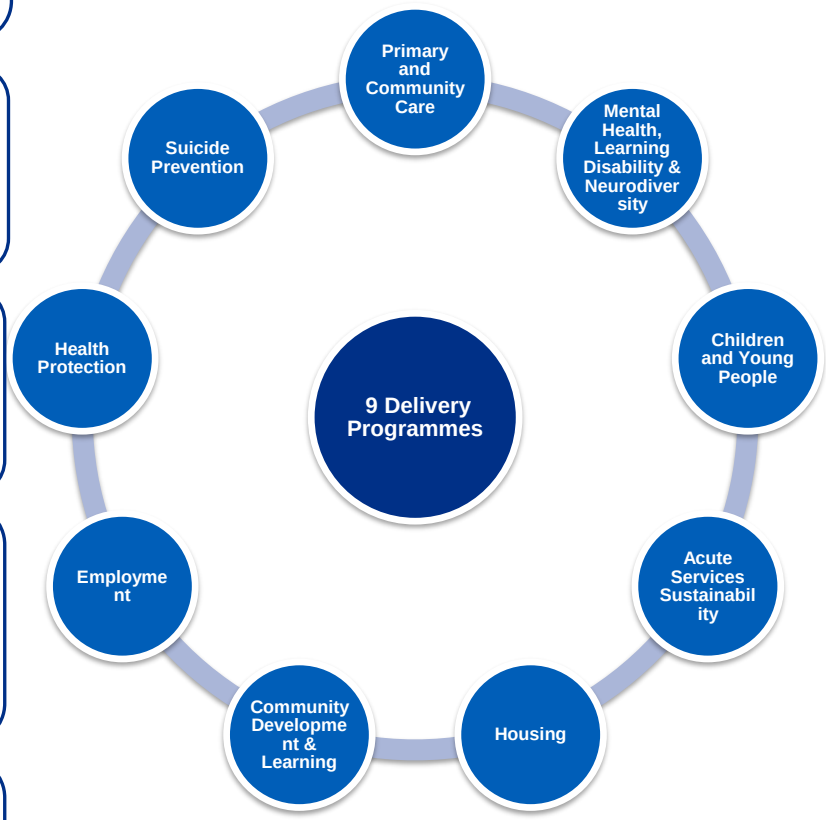
Primary & Community Care
- Deliver an integrated, collaborative model of care
- Develop a proactive, preventative and personalised approach, supporting people in their own homes
- Develop sustainable, high quality general practice
- Ensure a sufficient, sustainable care market

Suicide Prevention
- Reduce the rate of suicides towards or below the national average
- Develop and deliver local partnership action plans informed by insight, data and need and aligned to the national and local evidence base and policy

Health Protection
- Reduce health care associated infections
- Improve update of school-age immunisation
- Improve vaccine coverage, particularly measles, mumps and rubella (MMR) and in priority groups
- Improve uptake of cervical and breast screening

Employment
- Reduce number of 16-18-year-old and care-experienced people who are NEET
- Reduce number of individuals with disability/mental health need who are unemployed
- Support more people including unpaid carers into employment

Community Development & Learning
- Place local communities at the heart of decision-making
- Agree collective community goals
- Support community development workforce
- Integrate community partnerships into LCP infrastructure



Mental Health
- Improve population mental health and wellbeing
- Improve outcomes and experiences of people with mental illness
- Develop sustainable supportive community offer

Learning Disability & Neurodiversity
- Deliver annual health checks and action plans for people on GP learning disability registers
- Improve autism diagnostic pathways
- Reduce reliance on locked and secure inpatient care

Children & Young People
- Provide services for children who need urgent treatment and hospital care as close to home as possible
- Deliver safe and personalised maternity care
- Proactively address health inequalities
- Develop family hubs and early help models
- Prioritise SEND and embed reforms.

Acute Services Sustainability
- Deliver high quality, safe, sustainable and affordable services as locally as possible.
- Stabilise care in the short term through increasing productivity and capacity
- Sustain care in the medium term making the best use of resources
- Transform care in the longer term working as one joined up system.

Housing
- Improve poor quality housing
- Improve identification and recognition of need for specialist housing, accommodation for older people and affordable housing
- Reduce number of people who are homeless

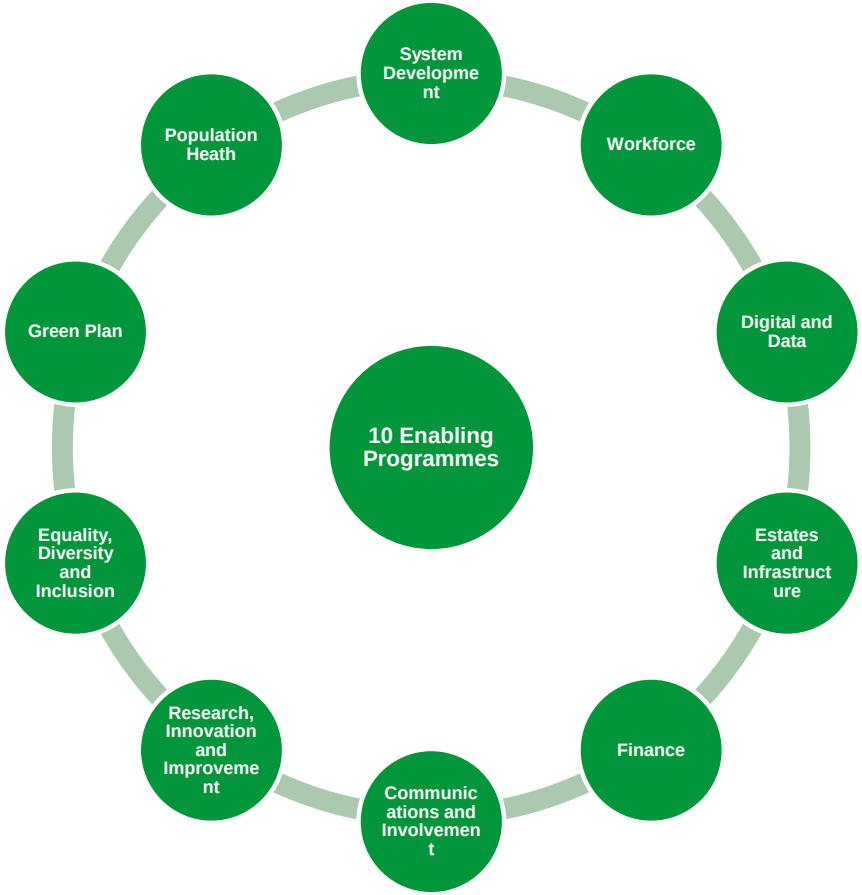
Population Health
- Deliver Core20PLUS5
- Implement co-ordinated prevention plans in priority areas with a focus on inequalities
- Develop as Anchor organisations
- Empower LCPs and collaboratives to make decisions with populations based on evidence

Digital & Data
- Empower people to use digital technology and by developing digital access to information and services
- Implement Electronic Patient Record
- Develop the Devon and Cornwall Care Record
- Develop a unified and standardised infrastructure
- Develop Business Intelligence/Population Health Management architecture and reporting

Equality, Diversity & Inclusion
- Improve innovation, performance and efficiency through a diverse workforce
- Ensure Devon's health and care services are inclusive and accessible to everyone

Research, Innovation & Improvement
- Build and strengthen networks
- Promote research and increase patient sign-up
- Ensure plans underpinned by robust evidence
- Develop capacity and capability

Estates & Infrastructure
- Support development of primary care, mental health, community and acute hospital estate
- Develop a road map for reaching Net Carbon Zero
- Work collaboratively to maximise opportunities



System Development
- Develop a shared purpose through trust and collaboration
- Embed a 'learn by doing' approach
- Achieve thriving ICS status

Workforce
- Deliver solutions that enable attraction, recruitment and retention of talent
- Identify new roles and ways of working and training provision
- Develop Adult Social Care career pathways

Green Plan
- Support staff to make greener journeys to work
- Deliver paper-free ICB
- Increase the number of products and services bought locally

Communications & Involvement
- Support a system approach to communications and involvement
- Support programmes to work with diverse and vulnerable communities
- Ensure use of best practice principles and practice when involving people
- Build meaningful relationships with OSCs

Finance & Procurement
- Achieve recurrent balanced financial position
- Develop a financial framework that supports collaborative working
- Movement of funds into prevention.
- Commitment to shared services where appropriate
- Deliver maximum value and best quality service through collective procurement and supply chain excellence

Future plans - delivering the JFP and further development

Delivering the Joint Forward Plan

The JFP will be delivered through the system architecture, including Primary Care Networks, Local Care Partnerships and provider collaboratives.

The high level delivery plan (Appendices C and D) details the actions we will take in the short and longer term and our outcomes framework will be used to monitor progress towards the strategic goals.

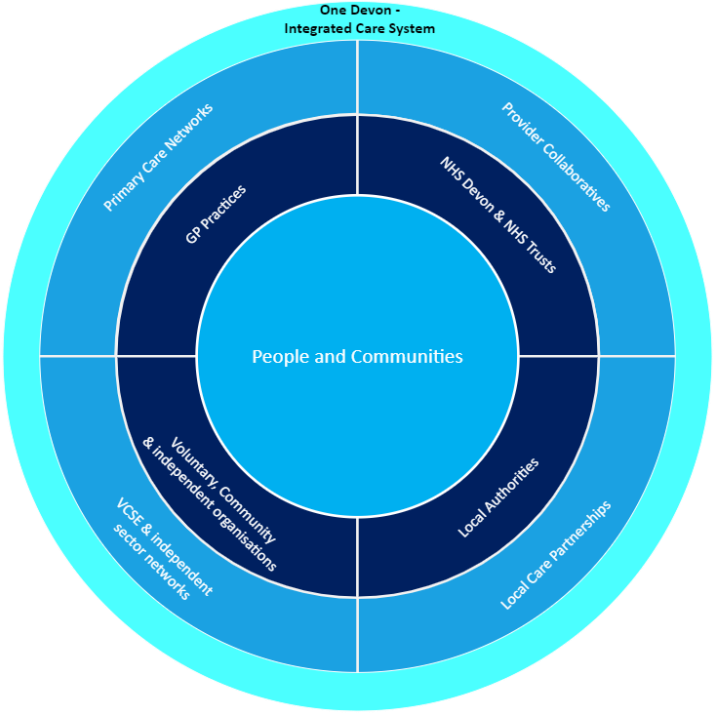
Assurance:

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

There are a number of key risks to delivery of the Joint Forward Plan, including:

- A potential lack of synergy between the JFP and the system recovery plan (mitigation is set out below);
- Insufficient capacity to deliver transformational change while focusing on recovery;
- Clinical, operational and financial pressures impact decision making, involvement and engagement, co-design and delivery of the Integrated System Development Programme;
- The impending ICB reorganisation.

Work is underway within the system to review the alignment between the years 1 and 2 objectives within the JFP and the system recovery priorities and to agree any sequencing of the JFP actions that will be needed to support recovery and ensure that the longer term transformational priorities within the JFP are deliverable alongside the recovery plan.



Future development

Publication of the JFP is not the end of a process, but the start of an ongoing new relationship with system partners and our communities, which will see both the Strategy and the JFP refreshed on an annual basis.

Over the coming weeks we will work together to put a framework in place that will support:

- Co-production of future iterations of the ICS and JFP with system partners, staff, patients and the public
- Further alignment with Local Care Partnership and Provider Collaborative objectives and with Local Authority social care plans
- Collaborative working on broader footprints, where appropriate

Additionally, there will be targeted engagement with communities around specific delivery programmes.

One Devon

Introduction

#OneDevon

What is the 5-Year Joint Forward Plan?

National Context

The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires Integrated Care Boards (ICBs) and partner trusts to prepare a Joint Forward Plan (JFP) before the start of each financial year. For this, the first year, the final publication date is 30 June 2023.

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

However, national guidance encourages systems to use the JFP to develop a ***shared delivery plan*** for the Integrated Care Strategy and Joint Local Health and Wellbeing Strategies (JLHWSs) that is supported by the whole system, including Local Authorities and Voluntary, Community and Social Enterprise (VCSE) partners.

The key principles of the JFP are:

1. Fully aligned with the wider system partnership's ambitions;
2. Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments;
3. Delivery-focused, including specific objectives, trajectories and milestones as appropriate.

Guidance also sets out some key legislative requirements and other expected content for the JFP. Appendix A sets out these requirements and a summary of how they are addressed within this Plan.

ICS Core Aims

Improve outcomes in population health and healthcare

Tackle inequalities in outcomes, experience and access

Enhance productivity and value for money

Help the NHS support broader social and economic development

One Devon

One Devon's Integrated Care Strategy

The Devon Joint Forward Plan is the whole-system response to the One Devon Integrated Care Strategy. The Strategy set out 12 challenges:

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

In response to the 12 Challenges and through ongoing engagement with stakeholders across the Devon System, the Integrated Care Strategy sets out the strategic goals developed to meet the assessed needs of the population, focusing on the *four core purposes of ICSs* and supporting the vision of the ICS: ***Equal chances for everyone in Devon to lead long, happy and healthy lives***

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

The remaining strategic goals are set out below, grouped according to the ICS core aims.

Improving Outcomes in population health and healthcare

Every suicide will be regarded as preventable and we will work together as a system to make suicide safer communities* across Devon and reduce suicide deaths across all ages.

The suicide rate for all areas of Devon will see a consistent downward trajectory and by 2028 the suicide rate in each local authority area will be in line with or below the England average

Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death and disability – dietary risks, tobacco, high blood pressure, high fasting plasma glucose and high BMI.

By 2028, we will reduce the Disability Adjusted Life Years (DALYs) lost for the top five modifiable risk factors and measure under-75 mortality and healthy life expectancy

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

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

Children and young people (CYP) will have improved mental health and wellbeing

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

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

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

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

By 2028, we will reduce the Disability Adjusted Life Years (DALYs) lost for the top five causes

* https://www.every-life-matters.org.uk/suicide-safer-communities/

Tackling inequalities in outcomes, experience and access

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

By 2028, we will increase the number of people who can access and use digital technology

Everyone in Devon will be offered protection from preventable diseases and infections.

By 2028, we will have:

- *childhood vaccines - vaccine coverage of 95% of 2 doses of MMR by the time the child is five, vaccine coverage of 95% of 4-in-1 pre-school booster by the time the child is five, 90% uptake of school-aged immunisation*
- *Covid and flu vaccinations - 100% offer to eligible cohorts each season; vaccine uptake in line with or exceeding national/regional/comparator benchmarking;*
- *reduced the number of healthcare acquired infections by 25%*
- *reduced antibiotic prescribing by 15% from our year 1 baseline*
- *Increased uptake of cervical screening to 80%*

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

By 2028 we will have increased the number of people dying in their preferred place by 25%

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

By 2028 we will have:

- *decreased the percentage of households that experience fuel poverty by 2%,*
- *reduced the number of admissions following an accidental fall by 20%*
- *reduced the number of households in temporary accommodation by 10%*
- *reduced the number of families placed in temporary B&B accommodation for more than six weeks to zero*
- *increased the % of people sleeping rough who get an offer of accommodation to 100%*
- *increased in the number of households successfully prevented from becoming homeless by 30%*
- *ensured that LPAs are fully aware of the need for key worker housing and have addressed this need in their plans*

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

By 2026: Devon's workforces will be supported, empowered and skilled to deliver fully inclusive services for everyone and Devon will be a welcoming and inclusive place to live and work where diversity is valued and celebrated;
By 2027: Recruit a more diverse workforce that is reflective of Devon's local population with an initial focus on race and ethnicity (8%) LGBTQ+ (3%) and people with a disability (20%)
Reduced health inequalities for diverse populations

One Devon

Enhancing productivity and value for money

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

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

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

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

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

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

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

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

Helping the NHS support broader social and economic development

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

By 2028 we will have reduced the gap between those with a physical or mental long term condition (aged 16-64) and those who are in receipt of long term support for a learning disability (aged 18-69) and the overall employment rate by 5% and decreased the number of 16-17 year olds not in education, employment or training (NEET) to achieve or be under the national average

Children in Devon will be able to make good future progress through school and life.

By 2027 we will have increased the number of children achieving a good level of development at Early Years Foundation Stage as a percentage of all children by 3%

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

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

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

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

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

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

One Devon

Developing our Joint Forward Plan

#OneDevon

The Devon Joint Forward Plan

In line with national requirements, the ICS in Devon (One Devon) produced an Integrated Care Strategy in December 2022, setting out the 12 key challenges that Devon faces and identifying a set of strategic goals that will help to address the challenges, aligned to the ***four core purposes of ICSs.***

The One Devon Partnership asked system partners to work together to make the JFP a true shared response to the Devon Integrated Care Strategy, as encouraged in the national Guidance. This JFP therefore reflects the work that is happening across the wider Devon system, in the health and care sectors and beyond, and demonstrates how this work aligns with the strategic goals in the Strategy and how it will deliver the required improvements in health and wellbeing.

The **golden threads** that run through all of the delivery and enabling programmes:

- Prevention (focusing on the five main causes of early death and disability)
- Population health
- Improved outcomes
- Personalisation and empowerment of individuals
- Inclusion – with a particular focus on inequalities, including in relation to neurodiversity, people with multiple complex needs, people with care experience, our armed forces population and those who have experienced trauma (including veterans), all of whom can struggle to access services.
- Quality and safety of care
- Continuous learning and improvement

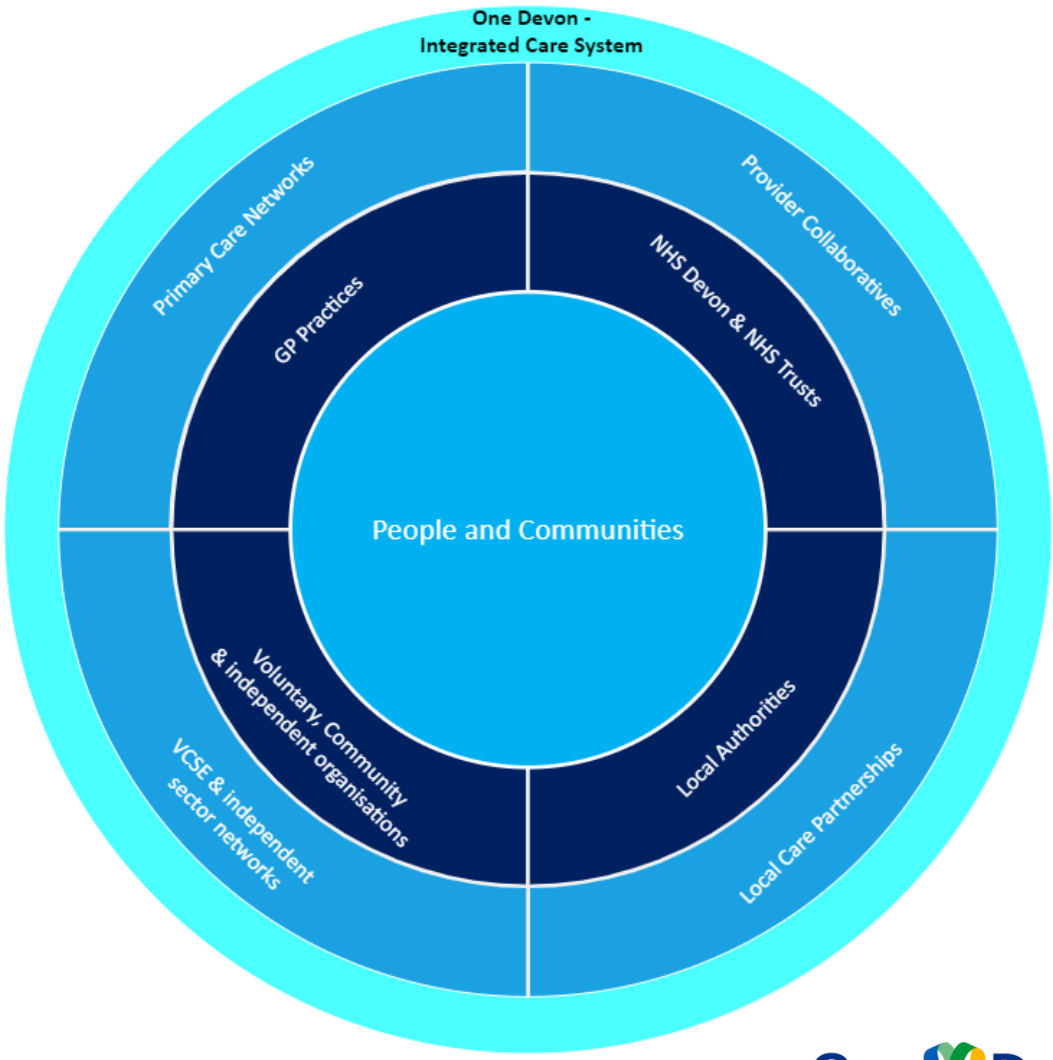
It is important to acknowledge that the three local authorities in Devon are under significant financial pressure. Furthermore, NHS Devon and all three NHS acute provider trusts in Devon have been assessed as being in segment 4 of the NHS Oversight Framework. This means that we are subject to enhanced direct oversight by NHS England and additional reporting requirements and financial controls.

The JFP therefore reflects the requirement to focus on system recovery and exiting segment 4 of the NHS Oversight Framework as priority in years 1-3 of the Plan as well as setting out how the system will work together in a different way, to deliver transformational change and improve the health and wellbeing of the population creating a sustainable health and care system in Devon.

The Devon system

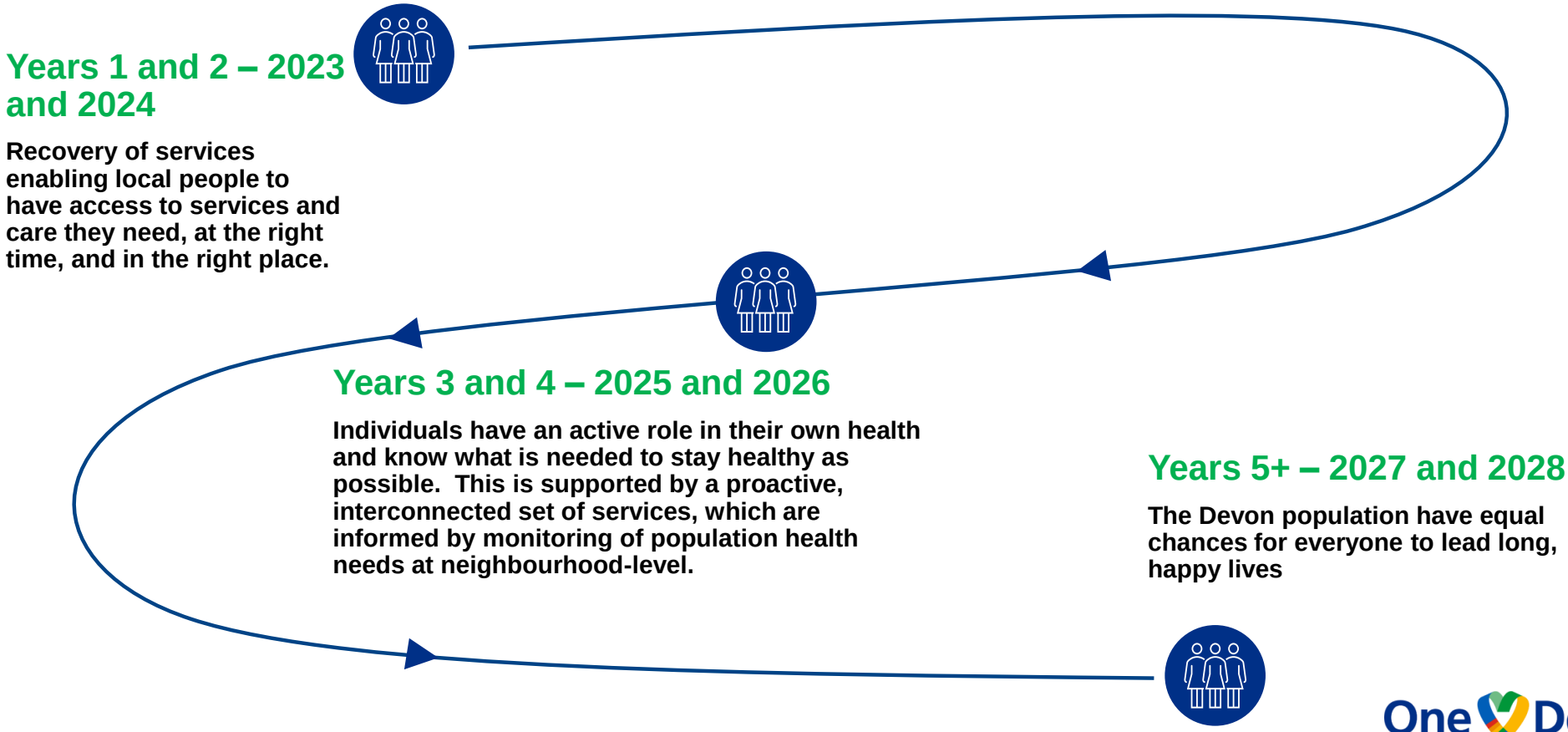
Devon is a complex system, in which work is taking place on delivering elements of the Plan in different geographical and functional arrangements, including:

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



One Devon

Implementation of the Joint Forward Plan will see One Devon delivering joined-up, preventative and person-centred care for the whole population of Devon across the course of their life



Years 1 and 2 – 2023 and 2024

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

Years 3 and 4 – 2025 and 2026

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

Years 5+ – 2027 and 2028

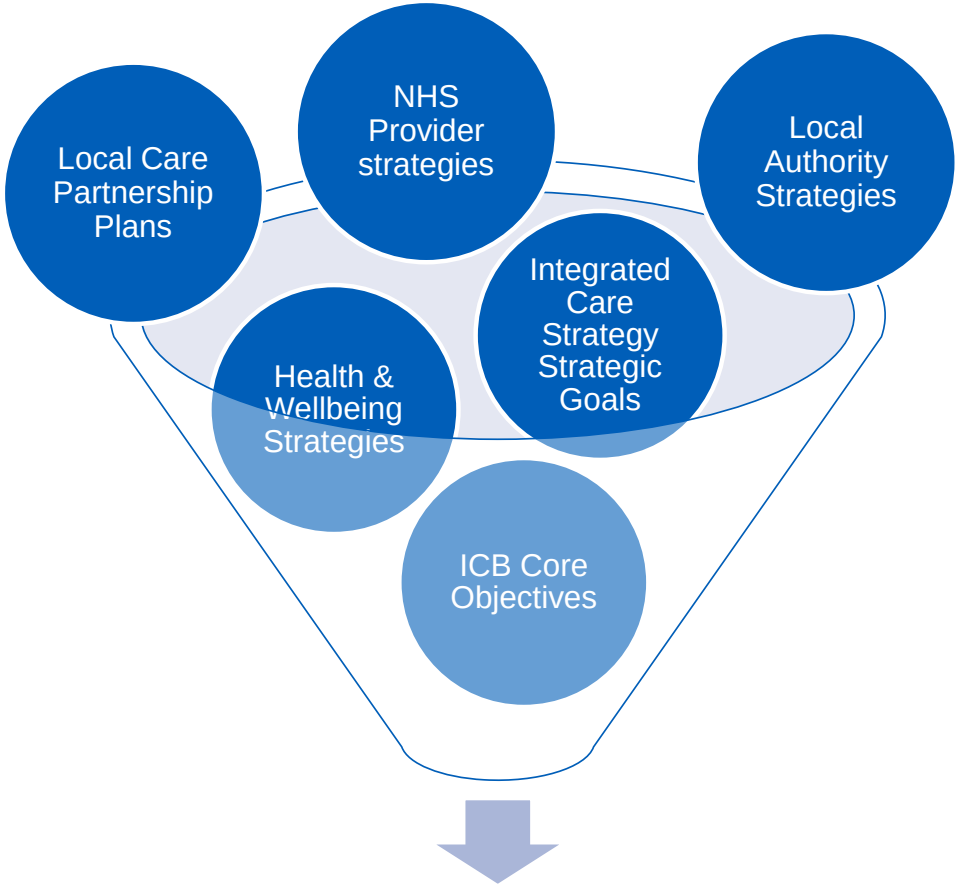
The Devon population have equal chances for everyone to lead long, happy lives

Inputs into the Joint Forward Plan

The JFP brings together many strategies and plans that already exist or are in development across the system, including, but not limited to:

- NHS Devon's strategic objectives
- Local authority strategies (eg: adult social care strategies)
- Local Care Partnership (LCP) objectives
- Provider trust strategies
- Provider collaborative priorities
- AHP strategy
- Recovery plan

and will demonstrate how these plans align with and deliver the One Devon Partnership strategic goals, as set out in the Integrated Care Strategy.



One Devon

Involving people, partners and communities

Development of the Integrated Care Strategy and Joint Forward Plan has involved the following examples of engagement and involvement activities:

- Analysis of extensive public feedback about health and care (collected from system partners across One Devon) between 2018 to 2022 informed the development of both the Integrated Care Strategy and the Joint Forward Plan (JFP)
- The One Devon strategic goals were tested through a Joint Overview and Scrutiny Committee Masterclass (elected representatives of local communities) in October 2022.
- Health and Wellbeing Boards have been engaged directly throughout the process of developing the Strategy and JFP, including at a specific engagement event in March 2023 to review the JFP content.
- A further Joint Overview and Scrutiny Committee (OSC) Masterclass on the JFP in April 2023.
- VCSE and Healthwatch representatives involved in system partner feedback events.

Additionally, meaningful engagement on specific areas of work is planned moving forward (for example the Peninsula Acute Sustainability Programme).

- Over 35 separate engagement projects analysed from across health and care in Devon over five years
- OSC fed back that you can't argue with the goals, but they are most interested in what it means on the ground

Statutory duties

The Joint Forward Plan is a system wide plan which broadly describes the services we have in place and will develop to meet the needs of our whole population as set out in the Integrated Care Strategy.

It reflects an intention to work in collaboration and partnership to deliver our system ambitions, but it is important to acknowledge that statutory duties remain with individual organisations.

There are some specific statutory duties that the ICB needs to deliver as part of its statutory function (listed below) that must be met through the JFP. These duties are incorporated throughout the plan and Appendix A provides more detail in relation to these.

Statutory requirements of the JPF

- Describe health services the ICB proposes to arrange to meet needs
- Duty to promote integration
- Duty to have regard to wider effect of decisions
- Financial duties
- Duty to improve quality of services
- Duty to reduce inequalities
- Duty to promote involvement of each patient
- Duty to involve the public in decisions about services
- Duty to enable patient choice
- Duty to obtain appropriate advice
- Duty to promote innovation
- Duty to facilitate and promote research and use its evidence
- Duty to promote education and training
- Duty with regard to climate change
- Addressing the particular needs of children and young people
- Addressing the particular needs of victims of abuse
- Implement the joint health and wellbeing strategies

Devon's Joint Forward Plan

There are 9 key delivery programmes and 10 enabling programmes that make up the Devon JFP:

Delivering a sustainable health and care system in Devon

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

#OneDevon

Delivering a sustainable system

The detailed later sections of the JFP set out the plans in place across the local NHS and wider Devon System and the key milestones for delivery over the next five years. Additionally, there is an immediate requirement to stabilise the financial position and recover activity, to improve operational performance, access and quality of care. In order to achieve both of these, we need to transform the way we work together across our system – creating new ways of working was identified as a key determinant of successful delivery of the Devon Plan.

This section of the Plan outlines how we plan to deliver the significant strategic work to enable the successful delivery of our 5-Year Integrated Care Strategy, focusing on creating an environment for success, including:

- strengthening collaborative and integrated working through cultural change and adoption of a set of guiding principles
- adopting a Value-based Approach
- setting out a roadmap for ICS development
- embedding our agreed Devon Operating Model
- delivering financial and operational recovery.

Collectively, this work responds to the significant scale of change required to achieve our vision and ambitions and establishes a sustainable way to deliver the health and care needed by the people of Devon.

A case study demonstrates the collaborative work going on in Devon to support victims of domestic abuse, survivors, commissioners and service providers.

This section also sets out the key financial and performance headlines from our System 2023/24 Operational Plan and how we will ensure that we work collectively to achieve recovery. The actions to achieve recovery are captured in years 1-2 of the detailed delivery plans.

Strengthening collaborative and integrated working is the way we will make a real difference to our population
Case Study – system working making a difference

Tackling Domestic Violence and Sexual Abuse

Across Devon, thousands of people each year experience domestic abuse or sexual violence. Abuse is associated with a wide range of both immediate and long-term health conditions and primary care colleagues are often the first professionals to have contact with those affected. Victims of abuse have told us they felt like they were in a revolving door of services, that didn't help them get to the heart of the problem.

John experienced sexual abuse as a young boy. He ended up on long mental health waiting lists, then in psychiatric hospital he became a dependent drinker and retired early from work on health grounds. It wasn't until he was asked 'what had happened to him' that he was able to start to understand the abuse he had suffered and begin to heal, care for himself and live well.

The Interpersonal Trauma Response Service was launched in March 2023 to support primary care teams in connecting victims and survivors of abuse to specialist support. Speaking at the launch, the Domestic Abuse Commissioner for England and Wales, Nicole Jacobs, called the service ground-breaking and praised the strength of relationships in Devon that helped build ambitious, innovative and adaptive partnerships to address domestic abuse and sexual violence.

The service provides training and support to primary care staff to understand and see the links between abuse, trauma and the presenting health issues. It helps build the confidence to ask questions that get behind the symptoms and provides a named person to help connect patients to a network of good help.

The service has grown from a collaboration stretching back over six years with victims and survivors, commissioners and service providers. The collaboration began by commissioners spending time with victims of abuse and listening to the stories of their lives. Sitting in their kitchens and living rooms, people described missed opportunities to intervene early, the life long, often debilitating, impact of abuse and trauma and service encounters that don't join up, are hard to navigate and can feel rushed and unfinished.

The collaboration that grew from this work enabled Devon to be one of eight National Domestic Abuse and Health Pathfinder sites, improving our recognition and response to domestic abuse, in primary care, mental health and hospital settings. Devon, with colleagues in Cornwall, is the first Sexual Violence NHSEI Pathfinder site in the country. This work is helping us explore improved support for victims of sexual violence who have complex trauma.

The lessons from this "ground-breaking" work are;

- we need to listen deeply to people, seeing citizens as partners in addressing their own issues and making visible where our services aren't adding value.
- We need to develop a learning capability where our staff at all levels reflect on effectiveness and adapt to changing circumstances.
- we need to create 'healthy systems', working across traditional service and organisational boundaries in recognition that the complex challenges we face require us to be working collectively and collaboratively.

Setting the change agenda

The way we do things together in Devon

The way we do things together in Devon is a narrative which sets out what Devon currently does well and identifies what changes need to be made in order to deliver improved health and care services to the people of Devon.

Guiding principles:

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

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

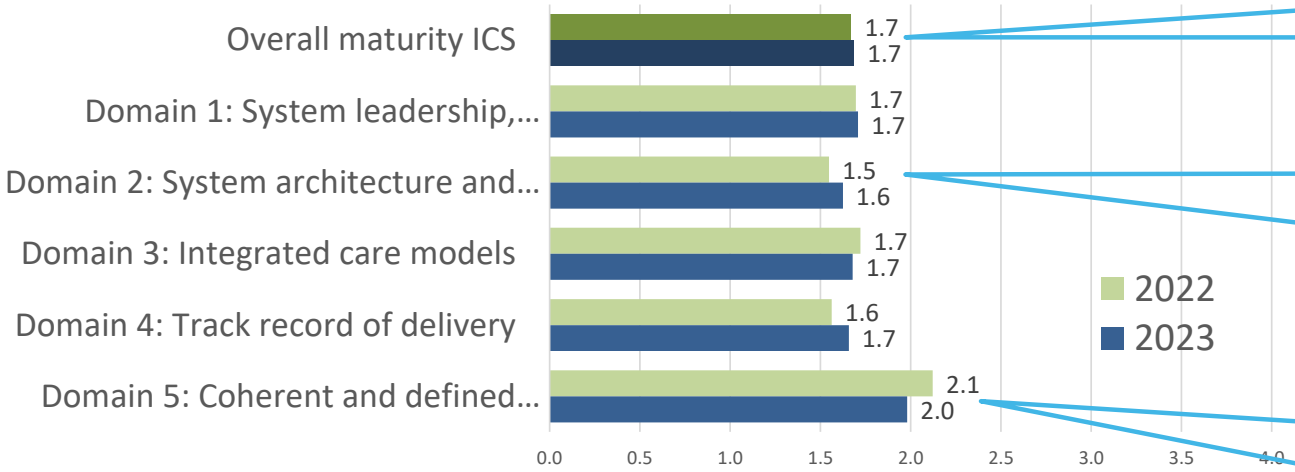
As a result of this collaborative work, system partners have broadly agreed a set of guiding principles. These will inform the Devon change agenda and guide the priorities and approach we undertake to deliver improved care and services.

One Devon

Strengthening system working

Developing One Devon

To provide One Devon with a shared understanding of our current system way of working, two diagnostic activities were undertaken in the spring of 2022. The first, using a national ICS Maturity Self-assessment Tool, helped to identify One Devon's current ICS maturity, mapped against five key domains, and the improvements required to enable us to become a 'thriving ICS'. The assessment has been repeated in 2023 to evaluate One Devon's progress and the comparative results are shown below.



Overall ICS maturity has remained broadly the same in 2023 compared to 2022

'System architecture and strong financial management and planning' has remained the lowest scored domain in 2023, but with slight improvement

'Coherent and defined population' remained the highest scored domain but with slight deterioration compared to 2022

Strengthening system working

Developing One Devon

The second diagnostic activity completed was supported by partners at the South West Academic Health Science Network (SWAHSN) and focused on building a shared understanding of One Devon's current ways of working and opportunities to strengthen a collaborative and integrated approach. In 2023 the research materials used included questions posed in the 2022 evaluation to provide comparability along with additional questions to capture system development over the last year.

Perceptions on Devon System

2022

2023

- One Devon is **clearly challenged and significantly under pressure** –at the same time **workforce groups are tired and, in some cases, demoralised**;
- Despite this, **'green shoots' of improvement and changes to the ways of system working** are referenced;
- Views expressed that the level of focus on the **challenges (the 'urgent')** is leading to distraction from the essential **transformation ('the important');**
- A widely held view that **strong system working is the only viable route forward** (this has evolved significantly over the last year);
- There is a recognition of ***'there is still a long way to go'*** and a sense that Devon is at a 'crossroads' and must continue to invest time and resources in further development of One Devon.

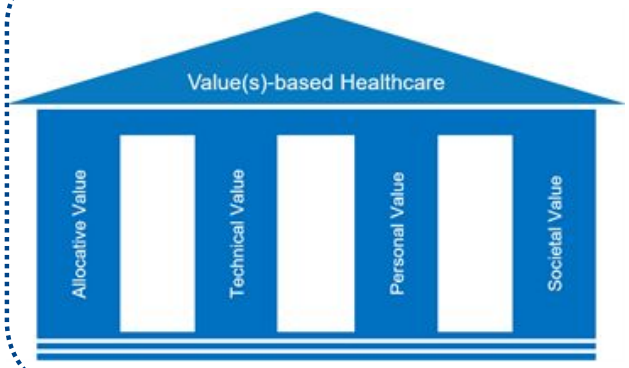
Our overarching philosophy

Adopting a 'value-based approach'

One Devon has agreed to adopt a document entitled 'The way we do things together in Devon'. This document was produced through engagement of all ICS partners and describes a set of principles to support the cultural change needed to deliver new ways of working and system development. They are based on internationally agreed principles of value-based healthcare but have been adapted for our local NHS context.

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

The adoption of a value-based approach in Devon will not be a distinct enabler plan, instead VBA will be a philosophy to support the achievement of existing and future priorities and will be the lens through which we maximise value to the population of Devon by transforming services.



Defining Value-based Healthcare in the NHS: CEBM report

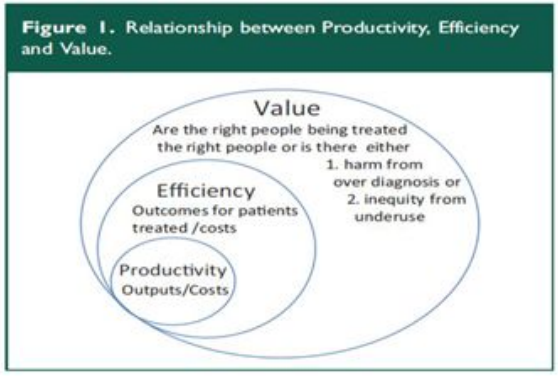
ALLOCATIVE VALUE: Equitable distribution of resources across all patient groups.

TECHNICAL VALUE: Achievement of best possible outcomes with available resources.

PERSONAL VALUE: Appropriate care to achieve patients' personal goals.

Ssocietal VALUE: Contribution of healthcare to social participation and connectedness.

This comprehensive meaning of 'value' offers a wider perspective than the interpretation of 'value' as purely monetary in the context of cost-effectiveness.



Creating an environment for Sustainable Improvement

One Devon Development Roadmap

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

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

The diagnostic activities have been repeated in 2023 to evaluate progress to this end.

One Devon

Creating an environment for sustainable improvement

Adoption of the One Devon Operating Model

Our emerging new operating model

- Our values and behaviours
- Governance arrangements, performance reporting & assurance
- Roles, responsibilities and functions of system parts
- Vision for our ICS architecture
- Development journey for new operating model

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

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

The model outlines how Devon will make the best use of our new collaborative structures including the One Devon Partnership (ICP), NHS Devon (ICB), provider collaboratives, local care partnerships and neighbourhoods.

Adoption of the model will be completed over the next 18-24 months involving all system partners in embedding new ways of working to drive increased value to the people of Devon.

Getting the system in balance

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

What needs to be achieved

Three-year financial plan linked to activity, workforce, performance:

- **2023/24 reported position no worse than £42.3m deficit**
- **2024/25 c.£30m deficit through use of non-recurrent means**
- **2025/26 breakeven exit run rate position**

How we will achieve this

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

1 Operational improvement cost out – to 4.5%

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

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

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

3 Intra-organisation working and redesign

Looking to intra-organisation opportunities in areas such as:

1. Single system pathways (Shared PTL, integrated pathway management etc.)
2. Single system ways of working i.e., redesign of group models, single EPR solutions across Devon and Cornwall and workforce planning.

4 System Performance Improvement

Developing system-wide integrated improvement plans at pace through two streams of work, prioritised across UEC and Elective. Initially beginning with key system issues (e.g. frailty) and broadening out to support care pathway demands (e.g. through a surgical strategy):

1. Integrated collaborative community and social care services – working through in sequence frailty, long term conditions, urgent care; and
2. Networked acute care – through networked urgent care, elective, fragile services, virtual

Activity and Performance

1. The activity required is challenging given the historic position and will require a clear Devon-wide clinical plan and new ways of working

2. Delivering on the performance position – or improving it further – will require different ways of thinking about capital, estates, digital etc (e.g. a cold elective site, single PTL, sub-specialty centres etc) as stated.

Workforce

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

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

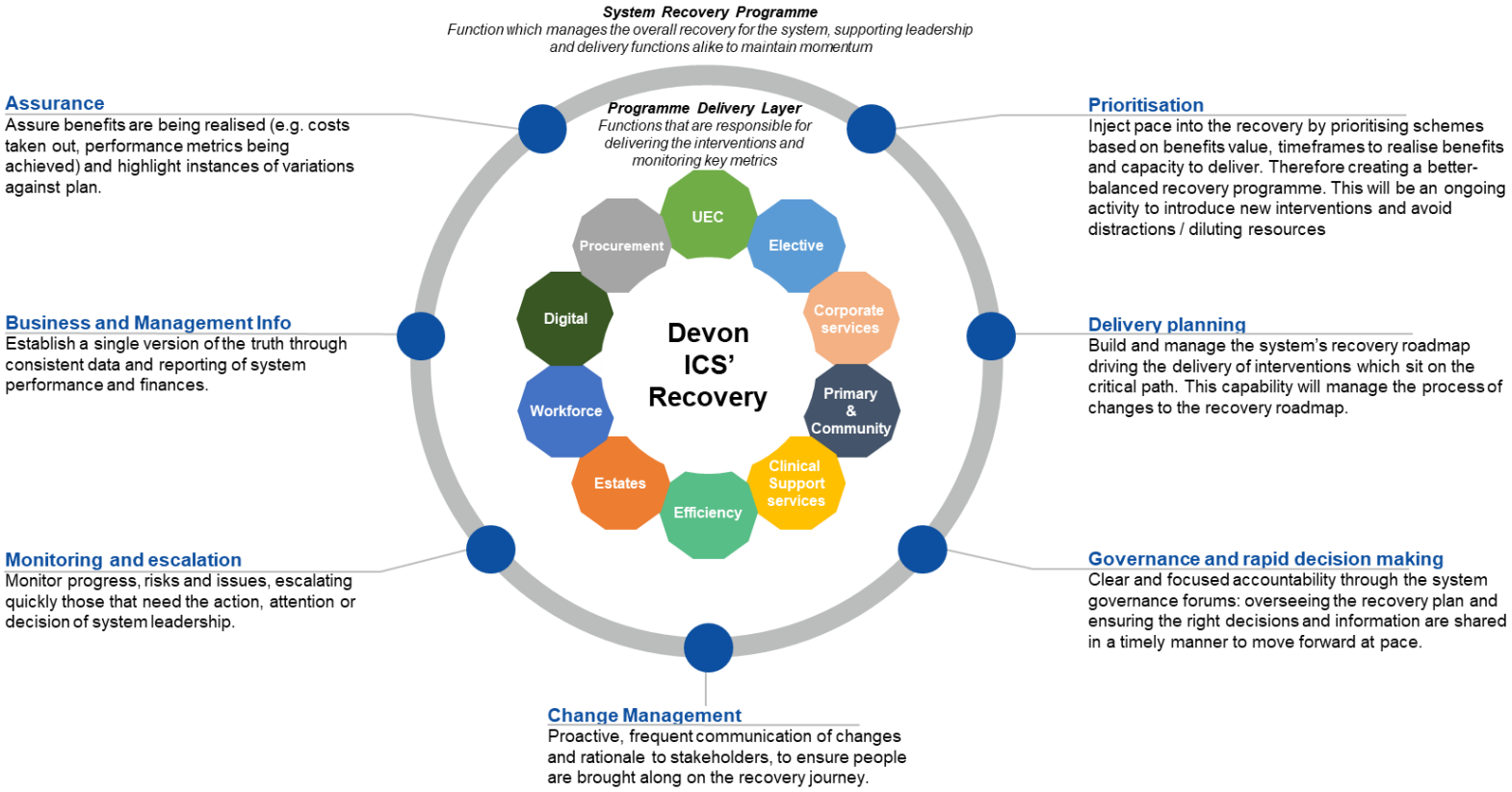
Working differently - establishing a System Recovery Function

The system recovery function will pull together key capabilities from across the system to deliver at pace and with effective

Summary

The System Recovery Programme is a critical component of our recovery plan, as it will enable Devon to work more effectively and collaboratively to build the infrastructure and capabilities needed to drive the recovery. Through this programme, all teams across the patch will be empowered to work differently, delivering innovative and coordinated solutions to the challenges we face.

Clinical, operational and finance teams will play a key role in this recovery effort, and further integration and support for cross-organisational planning and efficiency delivery will be critical to our success. By leveraging the expertise and resources of our teams, we can identify areas for improvement and drive coordinated efforts to achieve our goals. We remain committed to working collaboratively with stakeholders across the system to ensure that the System Recovery Programme is effective and sustainable in the long term.



One Devon

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

NOF4 exit criteria

Theme	Criteria
Leadership	• Demonstrate collaborative decision-making in delivering all the SRP exit criteria at both system and organisational levels, based on the principle of delivering the best, most sustainable and most equitable solutions for the whole population served by the system
Strategy	• Delivery of Phase 1 of the Acute Services Sustainability Programme.
UEC	• Make demonstrable progress towards achieving national UEC objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement.
	• Achieve the defined expectations of the National Taskforce.
Elective recovery	• Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement
Finance	• Develop and deliver a short-term financial plan (2023/24) that is signed off regionally and nationally
	• Develop an outline longer-term financial plan that shows non-recurrent balance in 2024/25, and recurrent balance for 2025/26, that has Board agreement from all Devon organisations
	• Develop and agree a Capital Plan that is clearly aligned to system strategic priorities

Estimated Segment 4 Exit Date : Q1 2024/25

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

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

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

Getting the system in balance – local authority recovery

From Torbay Council:

Through our integrated partnerships with people, the NHS, the VCSE sector and other partners, Torbay aims to strengthen care and support so that people's choices are maximised and they are enabled to live a fulfilling life in their own community.

Torbay Council and Torbay and South Devon NHS Foundation Trust are integrated partners delivering adult social care in Torbay. This is a strong partnership, but we recognise the need for system-wide transformation and sustainability, underpinned by the values of our Adult Social Care Strategy and the Devon 5-year Joint Forward Plan.

Through measurable benefits, the three-year Adult Social Care Joint Transformation and Sustainability Plan will deliver:

- Increased independence, choice, and control for our community through our strategic shaping and oversight of Torbay's market with a key focus on building independence through support for living and partnership with the VCSE sector.
- Timely and good quality discharge from hospital – with a focus on returning people home with good quality reablement and intermediate care support that helps them to regain and maintain their independence.
- A focus on shared information through use of technology, and easy access to adult social care.
- Better value for money through our cost improvement plans.

Getting the system in balance – local authority recovery

From Devon County Council:

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

The authority needs to make significant savings in order to set a balanced budget for 2023/24. To respond to this challenge, a cross-organisational programme of transformation has identified £47.5 million of savings and new income for 2023/24 within service budgets.

Delivery of the transformation programme will not be easy, but the level of commitment from teams, working together as one organisation, and the level of assurance that has been involved in the budget-setting process, mean that the 2023/24 budget is as robust as possible and will deliver best value for the people of Devon.

Getting the system in balance – local authority recovery

From Plymouth City Council:

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

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

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

One Devon

Our delivery plan

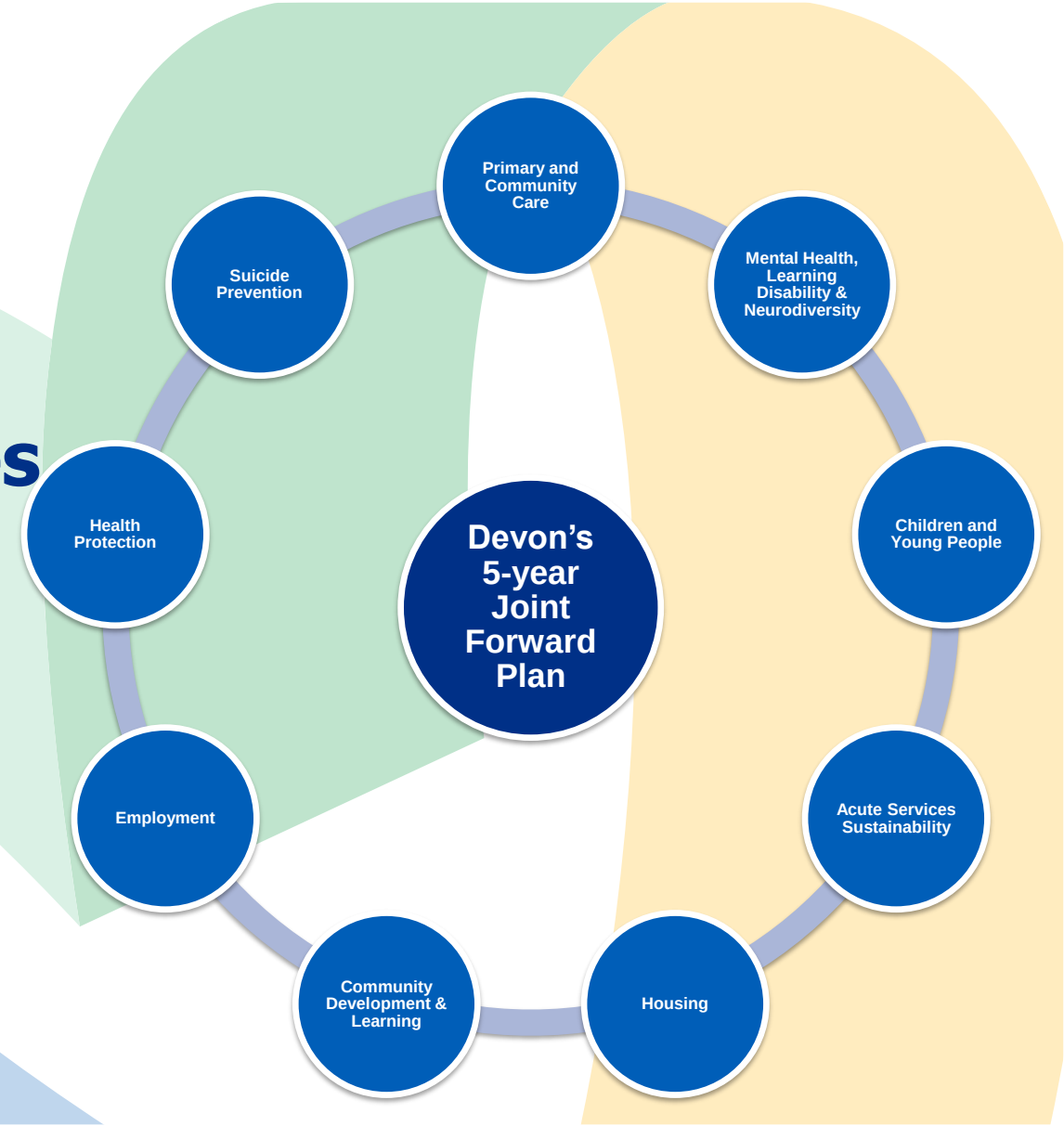
The next sections of the Plan summarise the ambitions and the key high level objectives for each of the nine delivery programmes and ten enabling programmes, with additional detailed milestones and year 1 and 2 work programmes included in Appendix C and Appendix D.

There are several golden threads that run through all of the delivery programmes, including:

- Prevention (focusing on the five main causes of early death and disability)
- Population health
- Improved outcomes
- Personalisation and empowerment of individuals
- Inclusion – with a particular focus on inequalities, including in relation to neurodiversity, people with multiple complex needs, people with care experience, our armed forces population and those who have experienced trauma (including veterans), all of whom can struggle to access services.
- Quality and safety of care
- Continuous learning and improvement

Delivery programmes

[Detailed milestones in Appendix C]



#OneDevon

Vision and ambition

Mental Health

Work together with partners and experts by profession and experience, to improve population mental health and wellbeing and improve outcomes and experiences of people with mental illness across Devon. We will do this by providing the right, safely staffed, affordable and sustainable care and support that is compassionate, trauma informed and co-produced

Pledges – Mental Health

To reduce health inequalities and improve health outcomes for people with mental ill-health through action and learning. Mental health, learning disabilities and neurodiversity are everybody's business and this will be increasingly reflected through integrated care; support, care, and treatment will be person-centred so that people get the right support when they need it.

Best care: Over time in Devon, 'predisposing' factors of mental illness will not predict mental illness, they will predict proactive support which avoids mental illness where possible. All ages, groups and communities of people get the help they need to ensure all have an equal chance of enjoying resilient emotional wellbeing and mental health across their lives.

Strategy and policy: We will fully achieve the commitments set out in the NHS Long Term Plan for people with mental health problems and learning disabilities. All people with mental illness will be cared for in Devon at home, or as close to home as possible, through a sustainable, supportive community offer which reduces variation at a locality level. People who experience serious mental illness will have their physical health needs met with a view they live a life as long as the average person in Devon without mental illness

Co-production Co-production is front and centre in designing, leading and making change. We will:

- Work in partnership with experts by experience and profession, wider community experts and including VCSE partners and the independent sector
- Empower people and families to work with us as partners in making sure people get the best care and support possible
- Change aims to innovate, transform and build on best practice

Housing, employment and education: People with serious mental illness and learning disability, including those with co-existent drug and alcohol problems, will have improved access to safe, adequate housing, employment and education options.

Years 1-5 objectives

Mental Health

Smart objectives
People in the perinatal period and their families will be able to ‘get help’ early in the development of a mental health need in an accessible setting which avoids further mental illness and harm when possible. More women, children and families get help early in development of need (prevention).
Children and young people have access to timely mental health care and support.
Devon will sustainably eliminate inappropriate out of area bed use for adults who need hospital admission for acute mental ill health.
People with serious mental illness will have a complete physical health check which leads on to each person having a meaningful action plan and access to follow up care as needed.
People experiencing mental health crisis will be able to get the help they need as early as possible.
Transformation of adult community mental health provision will be complete, integrating care locally with the right partners across localities.
Improve life opportunities, including reducing the need to place people out of area to meet their care needs, for people with a mental illness.
People will have a timely dementia diagnosis and planned onward care and support.

Vision and ambition

Learning disability and autism

Population working – Learning Disabilities and Autistic People, strategic approach

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

Pledges – Learning Disability and Autism Partnership

The Golden Thread: To reduce health inequalities and improve health outcomes for people with a learning disability and autistic people delivered through actions and learning. Golden thread of reasonable adjustments to access all services across Devon
Health Inequalities, Reasonable Adjustments, STOMP, LeDer Service Improvement programme, CTR Safe and Wellbeing reviews

Housing, accommodation and inpatient reprovision: We need to deliver a new model of service for people with learning disabilities and autism, including those with the most complex needs, that is housing-based and shares five common principles of providing the best living environment; having a clear common pathway for delivery; ensuring better life outcomes and making best use of financial resources to create sustainable housing and services over the long-term.

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

Co-production: To empower people and families to work with us as partners in making sure people get the best care and support possible.
We want to find more ways to bring this to life in the work of the innovations we support.
Meeting those hard to reach communities, hearing more, balanced views ('you said and we are doing').
Experts by experience, VCSE

Employment: Increasing more of our adult working age community into employment

Benefits from a system approach: Collaborative working, joint ownership, shared outcomes and examples of good practice, innovation and shared risk, clinical Input to workstreams.

Years 1- 5 Objectives

Learning disability and autism

Smart Objectives
Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 as well as continue to improve the accuracy and increase size of GP Learning Disability registers.
Reduce reliance on mental health locked and secure inpatient care, while improving the quality of mental health inpatient care, so that by March 2028 (in line with the national target) no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under-18s with a learning disability and/or who are autistic per million under-18s are cared for in an mental health inpatient unit.
Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times by March 2028.
Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in the guidance.

Vision and ambition

Primary and community care

Primary and community care integration is central to our vision is to deliver an integrated model of care to support all people at home (includes prevention, anticipatory care, whole life course and best practice pathways).

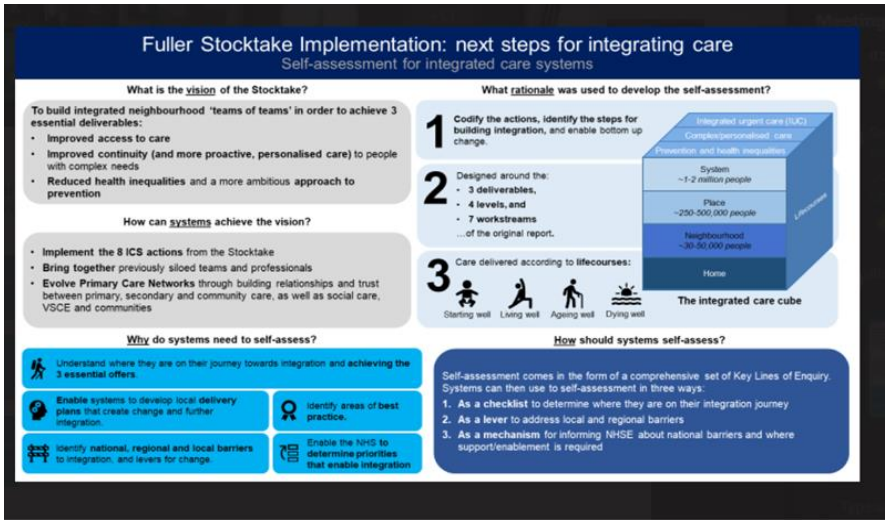
The integrated model of care described in the Devon GP strategic framework (2022) evidences alignment with the output of the national Fuller Stocktake which focuses on the development of integrated multi-disciplinary neighbourhood teams at place. Community care covers community health and social care services, voluntary sector and community organisations.

The Devon Community First strategic framework (2022) also describes the aims of building community capacity at a neighbourhood level, focusing on proactive, reliable, resilient, safe and sustainable community services.

Building on these two local strategic frameworks and with the delegation of additional primary care services (dentistry, pharmacy and optometry), Devon ICS now wants to set an ambitious target to have a fully functioning and effective **integrated model of care**, which takes a more preventative approach to delivering personalised care and addressing health inequalities within each of its five Local Care Partnership areas.

Our **integrated model of care** will be underpinned by a personalised, strength-based social care offer focused on keeping people connected and supported in their own communities.

This integrated health and care offer will ensure that we meet people's needs in a way that matters to them and that supports them to stay living safely at home in their community, retaining their independence for as long as possible, living the life they want to lead.



Years 1-5 objectives

Primary and community care

Smart objectives
Collaborative working We will have a Primary and Community Care Collaborative which functions Devon-wide by 2026. This will enable the development of a model for further integration across social care, mental health and VCSE organisations, which meets population needs and addresses health inequalities via Local Care Partnerships, while maintaining consistent standards and outcomes
Integrated care Each Primary Care Network (PCN) will have an integrated approach to working with their local community, cross organisational multi-disciplinary team to jointly deliver services
Urgent response We will develop Urgent Community Response services, which meet the two-hour response target to avoid hospital admissions for 90% of referrals, and other services set out as intermediate care services nationally, by 2028
Proactive care Each PCN will identify the people that are most likely to benefit from, and apply an integrated proactive approach, with a focus on prevention and early intervention
Avoiding admissions Further development of Virtual Ward capacity will be delivered by each of our acute trusts, working with all local partners and out-reaching to deliver both step-up and step-down pathways via remote management, in conjunction with the local community team and specialist teams/services
Access to information We will have a shared overview of voluntary and community organisations across Devon via the consistent use of the Joy App by social prescribers and across 100% of PCNs by 2024, which enables access by all staff
Personalised care A personalised approach will be utilised across every integrated team, prioritising those population groups who will benefit most from the approach (end of life, frailty and dementia)
Sustainable general practice We will have sustainable and high quality general practice which operates within local and national strategic frameworks, and which has agreed standards at GP practice and PCN level by 2028, with a planned approach to managing change
Market sustainability Local authorities meet their Care Act duties (section 5) by ensuring a sufficient care market • *Quality* • *Price (funding)* • *Information, advice and signposting*
Independent living Innovative extra care and supported living schemes will be developed to provide people with greater independence and support them to remain in their own homes

Vision and ambition

Children and young people care model

Our vision is to create an integrated system and care model for children and young people (CYP) that supports all aspects of their health (including mental health) and wellbeing, for children and their families so that they can make good future progress through school and life. We will achieve this by working effectively in an integrated way within and across health, care and education, sharing information and knowledge and taking a strengths based approach.

Using our collective resources, we will create sustainable services and settings where children can learn and achieve their potential in life. We will ensure safe birth and optimise the first 1,000 days of a child's life and enable the early identification of issues for children. We will meet the requirements of Core20PLUS5 by proactively addressing health inequalities, working collaboratively with communities and the voluntary sector to shift to a child and family driven approach, ensuring that safeguarding is a golden thread. Transition for young people into adulthood and achieving independence will be a focus for every relevant pathway. The needs of CYP with Special Education Needs and Disabilities (SEND) are a specific focus for our health, care and education system, so that we can respond effectively to the weaknesses identified through inspection and the challenges experienced by our children and families.

Our approach will be informed by joint use of high quality data and information and by listening to our communities to truly understand the needs of children and young people and their families, women and birthing people.

Our focus areas of work which span from birth, through transition to young adult are covered within SEND improvement programmes across all three local authorities and local authority-led early help programmes and three NHS-driven transformation programmes:

- **Services for children who need urgent treatment and hospital care** are delivered as close as possible to home and waiting times are steadily improved.
- **Children and families with neurodiverse, emotional and communication** needs are supported across health, care and education, preventing crisis and enabling them to live their best life.
- **Maternity care** is safe and offers a personalised experience to women, birthing people and their families.

Years 1-5 objectives

Children and young people care model

Smart objectives
Services for children who need **urgent treatment and hospital care** will be delivered as close as possible to home and waiting times for paediatrics, specialist care and surgery will steadily improved across the next five years.
Children and families with **neurodiverse, emotional and communication needs** will be supported across health, care and education, preventing crisis and enabling them to live their best life.
Maternity care will be safe and offer a personalised experience to women, birthing people and their families. Key safety targets to be achieved by 2025.
Through a five-year maternity and neonatal strategy, we will fund, plan and deliver a safe, inclusive, well trained and sustainable maternity and neonatal workforce for now and the future, which supports a reduction in turnover and vacancies.
By 2028, we will have proactively addressed **health inequalities**. The Core20PLUS5 approach will be part of core business for all children and young people's pathways, ensuring that the priority populations and clinical areas are a key focus.
Commissioned arrangements will be in place across Devon by 2028 to ensure that the health needs of **socially vulnerable children** are identified and met.
Family hub and early help models are developed across Devon ICS by 2026, working with local authorities to support children's development and readiness for school.
The **Special Education Needs and Disabilities (SEND)** of children and families will be prioritised across Devon. New SEND reforms will be embedded across the three local authorities and to address the weaknesses identified through the Torbay and Devon Local Area inspections within the mandated timeframes for each local area.

Vision and ambition

Acute services sustainability

The Covid pandemic has impacted on urgent and elective services across the UK and here in Devon. Waiting times for patients needing urgent care, planned appointments and procedures have increased dramatically, impacting on our ability to deliver timely hospital services to the people of Devon.

We will work together across our local NHS organisations to deliver **high quality, safe, sustainable and affordable services** as locally as possible improving patient outcomes and experience. We will ensure that addressing health inequalities are a focus of all our work and that the whole population of Devon is able to access the care they need.

We will make sure people access the right service at first time through **effective navigation** around the care system; people with a care need should be seen by **the right professional, in the right setting, at the right time**.

In the short term to stabilise care by:	In the medium term to sustain care by:	In the longer term transform care by:
▪ Addressing the most challenged services ▪ Increasing productivity and maximising capacity ▪ Adopting and embedding best practice	▪ Delivering high quality clinical outcomes for the whole population ▪ Consistently meeting agreed performance targets ▪ Making best collective use of scarce workforce resources ▪ Ensuring best value within available financial resources ▪ Transforming pathways of care – strengthening continuous improvement	▪ Improving equity of access for all ▪ Adapting to changing population need ▪ Working as one joined-up system of services without organizational barriers ▪ Adopting new and innovative models of care ▪ Being a pace-setter in the use of digital and technical solutions ▪ Preparing for significant medical innovations, for example, genomics ▪ Ensuring that location is never a barrier to accessing services

Years 1-5 objectives

Acute Services Sustainability Programme – Peninsula Acute Sustainability

Smart objectives
We will have identified an initial set of Peninsula Acute Sustainability Programme sustainability recommendations (July 2023)
There will be a financial framework in support of the Peninsula Acute Sustainability Programme which sits within the context of both Devon and Cornwall's overarching ICS financial frameworks (July 2023)
Trust Boards, peninsula leadership and NHSE South West sign-off clinical models, acute sustainability options and proposed service changes, resulting in: • An agreed Programme A: a service change programme which requires engagement • An agreed Programme B: a service change programme which requires engagement and public consultation (September 2023)
We will document the roadmap and implementation plans for **Programme A**: a service change programme which requires engagement (January 2024)
We will undertake targeted engagement with key stakeholders on **Programme A**: a service change programme which requires engagement (February/March 2024)
We will complete the significant service change process for the agreed projects and programmes within **Programme B**: the service change programme which requires engagement and public consultation (to December 2024)
We will stabilise fragile services, starting with five priority services: urology, interventional radiology, stroke, microbiology and oncology (Date TBC)

Years 1-5 objectives

Acute services sustainability – planned care

Smart objectives
We will reduce the number of long waiting patients for elective care with a plan to return to waits of less than 18 weeks in the next five years. This will be achieved by increasing productivity and maximising elective capacity in Devon and implementation of the national and local best practice including GIRFT and model hospital
We will standardise high-cost medicines use in secondary care to improve patient outcomes while rationalising costs within five years.

Years 1-5 objectives

Acute services sustainability – diagnostics

Smart objectives
Complete endoscopy room extensions and facility improvements in Torbay, Plymouth and Exeter in 2023/24, and in Barnstaple in 2026/27, to underpin ICS recovery, meet demand growth and ensure service accreditation
Develop a strategy for the provision of further endoscopy capacity in 2025/26-2033/34 to achieve parity with national levels of access and meet future long-term demand growth
Establish community diagnostic centres in Torbay in 2023/24 and in Plymouth by 2024/25
Extend the use of GP direct access to improve diagnostic turnaround times and patient experience from 2023/24
Ensure all relevant clinical networks contribute significantly to service productivity and quality improvement from 2023/24
Increase virtual training academy scope and scale in 2023/24-2025/26 to support recruitment and clinical, nursing and support staff upskilling
Plan for significant service transformations in 2025/26-2033/34 triggered by technological innovations (e.g. artificial intelligence, genomic testing) and policy decisions (e.g. widened screening criteria)

Years 1-5 objectives

Acute services sustainability – cancer

Smart objectives
Achieve Faster Diagnosis Standards by implementing best practice timed pathways in 2023/24
Achieve 62-day referral to treatment targets in 2023/24 including clearance of all cancer backlogs
Sustainability of oncology services
Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

Years 1-5 objectives

Acute services sustainability - urgent and emergency care (UEC)

Smart objectives
Improve **effective navigation** around the urgent care system by increasing the range of services available for 111 and 999 to refer to and increasing clinical input into 111 and 999.
Enhance the role of **community urgent care** to manage demand for urgent care through Urgent Treatment Centre primary care minor injuries services development.
Increase number of patients seen in **same day emergency care** by extending the range of services across Devon for medical, surgical, frailty and paediatrics.
Improve **A&E waiting times** so that no less than 72% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 – this will be achieved through a reduction in bed occupancy, avoiding inpatient admission where possible and reducing length of stay
Improve **category 2 ambulance response times** to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25 - this will be achieved through improvements in the “clinical hub” (emergency operation centre” including clinical navigation and validation, and additional ambulance response capacity
Acute bed occupancy will decrease to 94-96% by 2024 through reducing the number of patients within a General or Acute bed who do not meet the criteria to reside (NCTR) to no more than 5% and reducing length of stay.

Vision and ambition

Housing

The overall vision for housing is that people across Devon have access to a decent, safe, secure and affordable home, which is suited to their needs, promotes health and is located in a community where they want to live. The elements that contribute to this include:

1. Poor quality housing is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups. The impacts are wide ranging and broad; with direct relevance to healthcare, homes which are cold/damp/mouldy increase the risk of exacerbations of many illness (respiratory, cardiovascular) and of falls, leading to increased hospital attendances and admissions; and at the other end of the scale, in terms of giving children the best start in life, issues from asthma, spread of infectious diseases, and inability to concentrate on homework can have life -long impacts.
2. Specialist housing - increased range of specialist housing such as accessible wheelchair accommodation and supported accommodation to meet the needs of the most vulnerable, including people with dementia.
3. Enabling older people to promote, secure and sustain their independence in a home appropriate to their needs, including through the provision of housing across all tenures in sustainable locations and through the provision of Disabled Facilities Adaptations. This will include increased provision for retirement accommodation, extra care and residential care housing.
4. The provision of good quality affordable housing for rent or buy in the areas where people want and need to live, giving specific consideration to the need to attract and retain key health and care workers.
5. The prevention of homelessness; noting that this is far wider than simply provision of housing.

Although elements 2-4 fall within the remit of local planning authorities (LPAs) to deliver, the recommendation is for health and care partners within the ICS to engage more proactively with LPAs via planning consultations and other relevant forums, to ensure that the needs of people with complex health conditions and disabilities, such as those with mental health disorders, learning disabilities and/or autism, are reflected in housing supply.

For element 1 **poor quality housing**, the ambition for this, as indicated by the overall target, is significant since it requires some 11,000 homes across Devon to be lifted out of fuel poverty to achieve the reduction of two percentage points.
As well as new energy efficient homes, there are three key approaches to tackling this:

- Supporting people to improve the energy efficiency of their own homes
- Working to improve the standard, quality and management of private sector housing
- Supporting people in supplier switching, fuel debt relief and in financial management

Resources are likely to be a constraint around this, especially since funding tends to be relatively short term (e.g. Housing Support Fund). However there is much that can be done. NICE guidance QS117 [2] sets out a number of quality standards to assist with reducing these risks and this should be implemented across Devon. This centres around; identification of vulnerable people in cold homes; single point of contact for support; asking people if they live in a warm home; identifying cold homes on admission; supporting warmer homes as part of discharge planning.

Years 1-5 objectives

Housing

Smart objectives
Ensure a simple route for referral to support with issues around poor quality housing for those where health is a concern across all areas, which accepts referrals from a range of health, social and VCSE organisation
Systematically identify vulnerable groups with chronic conditions and signpost for support
Identifying poor quality housing on admission/discharge planning and referring for support
For the projected need for specialist housing, accommodation to meet the needs of older people and affordable housing to be recognised in Local Plans across Devon to support housing delivery
Reduce the number of people who are homeless, in particular: • No family should be in B&B accommodation more than six weeks • 10% reduction in number of households in temporary accommodation • 30% increase in the number of households successfully prevented from becoming homeless • 100% of people who sleeps rough should be offered accommodation

Vision and ambition

Employment

Employment is a crucial element of individual wellbeing, health and social mobility, and partners within Devon fully recognise its role as part of our wider efforts in supporting individuals to thrive, young people to advance, support services to better manage demand, and provide the health and social care system with the future workforce it needs.

At the highest level, national and international evidence suggests that individuals within employment benefit from both improved mental and physical health and wellbeing overall, with the Health Foundation highlighting that the occurrence of new mental health diagnosis amongst those in work were roughly 15% lower then amongst those outside the workplace in 2021, and that those who outside of work were also 16% more likely to have poorer health outcomes overall. Wider academic work also suggest strong links between reduced life expectancy, poorer health and mental outcomes, and reduced life satisfaction overall and prolonged experience of unemployment. This is particularly acute for younger people, where unemployment may leave a scarring impact in terms of progression, confidence, education and personal resilience (Prince's Trust, 2021).

Traditionally, Devon has performed relatively well around such issues, with economic activity rates and NEET performance amongst the best within the South West (roughly 1-2% better on average than the rest of the region). However, significant gaps existing within the area's performance, with unemployment amongst younger people roughly 1% higher then those over 25, amongst those with a disability roughly seven to eight times the average of the rest of the population, and for those who have experienced care roughly 10 times the county. Significant differences also existing between places within the county, with unemployment in Torbay roughly twice that in South Hams on average, levels of youth Unemployment / NEET roughly 60% higher in Plymouth than Exeter, and average wage levels for those in work in Torridge approximately £150 less per week then those in East Devon.

As such, this strategy seeks to focus upon ensuring that every resident of Devon are provided with the support they need to access and stay in employment, secure a good job they value and develop their careers. This seeks to ensure that no individual regardless of background faces a barrier to employment if they wish to work. In particular, One Devon partners seek to ensure that individuals from more vulnerable backgrounds and with more prominent barriers to employment and progression in the workplace are supported to achieve and grow. Partners are also keen to fully harness the potential of the health and social care sector as an employment destination and leverage related opportunities to support those more vulnerable. This includes a specific focus upon:

- **Younger people**, particularly those from a more complex background who may experience additional barriers into the transition into adulthood, and maybe Not in Employment, Education or Training (NEET) or at risk of being NEET as a result. This would include a specific focus on those who are care experienced and those with an SEND need.
- **Individuals who have a disability, face a mental health challenge or have another health barrier to employment**
- **Individuals with a barrier to work or progression from within our most vulnerable communities**, particularly those within the bottom 20% most deprived nationally.
- **Groups identified as being more likely to face other barriers to employment**, including older people already outside of the labour market and single adults with children

To support these target groups, partners within Devon will work together across the health and social care system to support individuals into related employment opportunities, through:

- Working together, alongside key partners such as Jobcentre Plus/DWP, to codesign and deliver relevant wraparound support for individuals to allow them to access employment. This will include exploring tailored support offers for those with a health or mental health condition, working with health and social care employers to identify opportunities for more vulnerable / complex staff, and working with workforce development colleagues to ensure that pathways are tailored to accommodate individuals regardless of circumstance.
- Working with employers across the sector and beyond to support them to employ individuals who may have move complex needs / barriers to work, for example through providing support for workplace mentors or working with skills and learning colleagues around the creation of structured traineeships and apprenticeships to offer additional routes into employment
- Come together as partners and employers to work upon and explore topics of shared interest and opportunities, for example through agreeing a single forum through which to explore employment opportunities for those with a mental health need.
- Work with wider partners on issues which support broader access to employment, including relevant housing provision, careers education, functional skills, speech and language provision, and transport
- Engage with wider place based initiatives, which seek to focus upon more specific challenges facing communities around employment, from skills uptake in our urban centres, to the challenge of connectivity in our deep rural and costal communities.

Year 1-5 objectives

Employment

Smart Objectives
Seek to reduce level of 16-18-year-olds Not in Education Employment and Training ('NEET') in Devon by 1% by 2027
Reduction in number of individuals with a disability or mental health need who are unemployed compared to the national average by 4% by 2027
Reduction in the number of care experienced young people who are considered NEET within Devon by 2027
Unpaid carers will be supported to remain in or re-enter employment
Build on resources developed across the local authorities to support more people into employment

Vision and ambition

Suicide prevention

Suicide is a traumatic event; the impact is felt not only by immediate family and friends, but by people in workplaces, communities and wider society. It is estimated that every suicide costs the economy £1.67 million. This estimate includes direct costs - involvement of the emergency services, healthcare and wider wellbeing support and interventions and investigations carried out by the police and coroner. There are additional indirect costs attributed, which include the lost opportunity to contribute productively to the economy, including paid work, voluntary activities and looking after children or parents. Arguably though, the most fundamental impact of all is the loss of the opportunity to experience all that life holds as a result of suicide. The pain and grief that suicide can have on immediate family members and friends can be immense and long lasting. These very personal impacts are known by economists as '*intangible costs*' because they are often hidden and difficult to value. It is these intangible costs that make-up approximately 70% of the total costs of suicide.

Suicide can often be the end of a complex history of risk factors and stressing events, and the risk for suicide reflects wider inequalities in social and economic circumstances. Suicide is preventable; however, the prevention approach must address the complexity of the issue. There are many effective ways in which individuals, communities and services can help to prevent suicide and this strategic statement is intended to recognise the contributions that can be made across all sectors of society.

The *'Cross-Government Suicide Prevention Strategy'* published in 2012 and subsequently updated in 2015, 2017 and 2019 sets out the Government's priorities for addressing suicide and self-harm. A new strategy is expected in 2023. The NHS Long Term Plan aims to transform mental health and care services to ensure more people can access the treatment and support they need in a timely manner and in particular commits to enabling easier access to care when anyone is having a mental health crisis. This sets out the NHS ambition and confirms that reducing all suicides remains an NHS priority.

The ambition for suicide prevention is to deliver a consistent downward trajectory in the suicide rate for all areas of Devon, Plymouth and Torbay and for all people living in these areas. Our system aspires to make Devon, Plymouth and Torbay places that support people in times of personal crisis and builds individual and community resilience to improve lives.

Devon-wide partners will recognise the important contribution they can make and take a whole-community approach, recognising the contributions that can be made across all sectors of society. The approach will cover two tiers of action:

- **Level 1 Universal Interventions:** to build resilience and promote wellbeing at all ages for residents of Devon, Plymouth and Torbay.
- **Level 2 Targeted and vulnerable population groups:** targeted prevention of mental ill-health and early intervention for people at risk of mental health problems

Years 1-5 objectives

Suicide prevention

Smart objectives
The Local Suicide Prevention Groups to each have a published annual action plan based on the national strategy which sets local delivery priorities for the year
Our local Suicide Prevention Groups to report annually on their suicide rates and their annual action plan to their respective Health and Wellbeing Boards
Prioritise ongoing provision of suicide training programmes to continue to expand system knowledge of suicide and suicide prevention, coordinated by local Suicide Prevention Groups
Public Health Teams to monitor suicide rates in their areas and for the whole ICB and compare it to the England average

Vision and ambition

Health protection

The 2020 Covid pandemic has highlighted the importance of protecting our population from preventable diseases, hazards and infections. This is set within the context of new and emerging threats, including antimicrobial resistance and climate change. Diseases disproportionately impact on our most vulnerable communities. We also know that some communities in Devon are least likely to access preventative services, including immunisations and screening, and yet are more likely to experience the severe consequences of diseases and infections.

To protect the Devon population, we must ensure therefore ensure that we:

- work with our system partners through strong governance and partnership arrangements to deliver our health protection responsibilities to ensure that the health of the public is protected, particularly within the context of new and emerging threats. As we move to delegated commissioning of immunisation services, including outbreak vaccinations, there will be greater emphasis on system leadership by the NHS and Devon's Local Authorities working with the UK Health Security Agency (UKHSA), presenting further opportunity to address health inequalities at the local level;
- deliver the UK 5-Year Action Plan for Antimicrobial Resistance (2019-2024) which was suspended during the Covid pandemic – this has a strong focus on infection prevention and control and our aim is to work collaboratively across the system and organisational boundaries with all providers to drive forward further reductions in healthcare associated infection across the whole system
- strengthen our surveillance, intelligence and insight to ensure that we focus on protecting our most vulnerable communities in Devon;
- embed the learning from the Covid pandemic and delivery of the Covid vaccination programme in Devon, which has highlighted the need for frontline health protection services, strong commissioning pathways, greater emphasis on community infection prevention and control, and accessible/innovative service delivery (e.g. outreach vaccinations);
- fulfil our responsibilities as a Category 1 responder, through taking a lead role in assessing risks, putting in place emergency and business continuity plans, warning and informing, embedding learning, and setting the direction of EPRR (Emergency Preparedness, Resilience and Response) strategy and priorities.
- Work with system partners, including VCSE and lived experience partners, to support the improvement of uptake of routine immunisations and screening in general and with a focus on Devon's priority populations (Core20PLUS5) for adults and children and young people; with a focus on measles, mumps and rubella (MMR), preschool booster, Core20PLUS5 key areas (early diagnosis), cancer screening in particular cervical screening uptake; and alignment with Devon's approach to the Women's Strategy and Devon's cancer priorities and workplans.

Years 1-5 objectives

Health protection

Smart objectives
Reduce occurrences of healthcare associated infections (HCAI) (Clostridium difficile (C. diff), methicillin-resistant Staphylococcus aureus (MRSA) and community onset community associated (COCA) occurrences of HCAIs
Ensure effective antimicrobial use in line with NICE guidance and the Start Smart Then Focus principles to optimise outcomes, reduce the risk of adverse events and to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection
Providers must demonstrate a 100% offer to eligible cohorts for influenza and Covid vaccination programmes, and to achieve at least the uptake levels of the previous seasons for each eligible cohort, and ideally exceed them where applicable – with particular focus on Devon's priority populations (CORE20PLUS) for children and young people (CYP) and adults
Vaccine coverage of 95% of two doses of MMR by the time the child is five, with particular focus on Devon's priority populations (Core20PLUS5) for CYP
Vaccine coverage of 95% of 4-in-1 pre-school booster by the time the child is five, with particular focus on Devon's priority populations (Core20PLUS5) for CYP
Achieve recovery of School-aged Immunisation (SAI) uptake to pre-Covid levels, with secondary aim to achieve year on year improvement in uptake working towards the 90% target as stated in national service specification with particular focus on Devon's priority populations (CORE20PLUS) for CYP
Halt the decline in cervical screening coverage and then to improve uptake year on year towards a goal of 80%, with focus on first invitation and Devon's priority populations (Core20PLUS5) for Adults
Work closely with NHS England commissioner to support the delivery of the upcoming national campaign to increase breast screening uptake and reduce inequalities coverage (NHS England and provider led) with focus on Devon's priority populations (Core20PLUS5) for Adults
Addressed the commissioning and delivery gaps identified in the 2022 South West Gap Analysis Action Plan Tool for Health Protection Frontline Services to ensure that Devon has pathways in place for key pathogens and capabilities and can respond effectively to health protection related incidents and emergencies across different communities in Devon

Vision and ambition

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

Community learning and development

The collective power of community to improve health and wellbeing

Positive health outcomes can be achieved by addressing factors that create and protect health and wellbeing at community level. Community life, social connections, supporting access to services, creating and maintaining a health-promoting physical, economic and social environment and having a voice in local decisions are all factors that contribute to health and wellbeing. These community determinants can help buffer against disease and influence healthy lifestyle behaviours. Involving and empowering local communities, and particularly disadvantaged groups, is central to local and national strategies in England for both promoting health and wellbeing and reducing health inequalities. Participatory approaches can directly address marginalisation and powerlessness that underpin inequities and can be more effective than professional-led services in reducing inequalities.

How communities can be supported to improve the health and wellbeing of their residents

The people that understand communities best are the people that live and work in them. Place-based working, recognises that each community is unique in terms of what it has to offer, its own particular challenges and the various factors at play that contribute to these challenges. People with the knowledge and experience of living and working in the community need to be involved in the decision-making that affects it. Not only will this prove to be more effective than a one-size-fits-all approach, but by making best use of each community's 'wellbeing assets' and the energy and enthusiasm of members of the community, it makes best use of limited resources.

Community assets include the skills and knowledge of citizens; local groups and voluntary sector organisations, including faith-based organisations, clubs and charities; local businesses; and public sector agencies, including local policing teams, schools, GP practices, nursing teams and local councils. Other assets include buildings, websites and local communication platforms. Action plans can be created by community partnerships to address needs with existing assets, identifying the gaps and exploring how they can be filled.

The purpose of community learning and development

Community development enables people to work collectively to:

- Identify their own needs and actions
- Take collective action using their strengths and resources
- Develop their confidence, skills and knowledge (including formal and informal methods of learning working particularly with under-heard and excluded groups to allow participation in the decisions and processes that shape their lives).
- Challenge unequal power relationships
- Promote social justice, equality and inclusion in order to improve the quality of their own lives, the communities in which they live and societies of which they are a part.

There are five key values that underpin community development practice: social justice and equality, anti-discrimination, community empowerment, collective action, working and learning together

Community development and its relationship to health inequalities and population health

Communities are in variable states of energy and organisation and communities in disadvantaged areas may need more support than others - Commissioning Community Development for Health. The plan includes the use of the One Devon Dataset and other sources of data such as the JSNA to help identify which communities face the most disadvantage and should be prioritised for this investment.

One Devon and its community development objectives

The role of One Devon is not to 'do' community development but to help create the conditions that foster and strengthen community action. The SMART objectives on the following pages will help create those conditions.

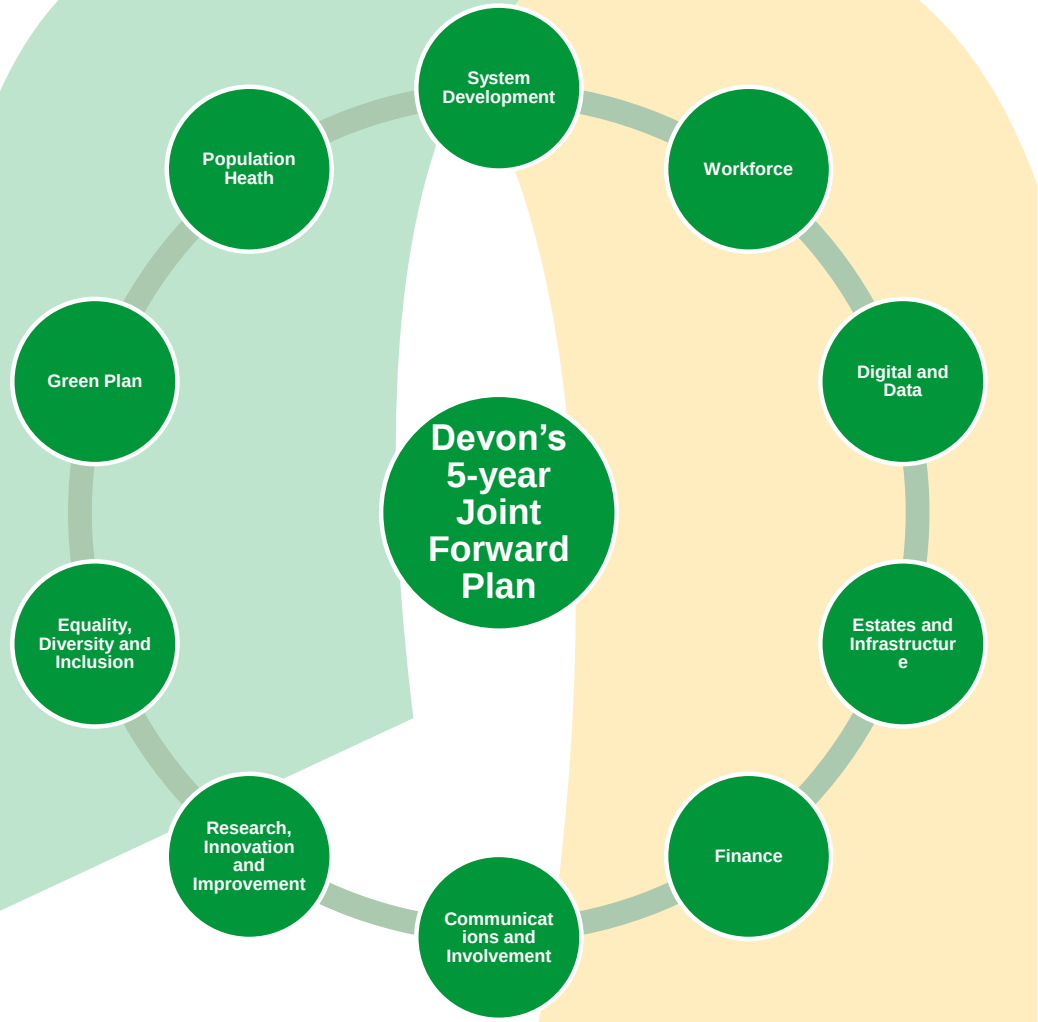
Years 1-5 objectives

Community Development and Learning

Smart objectives
By 2028, local communities, and particularly disadvantaged groups, will be empowered by placing them at the heart of decision making through inclusive and participatory processes and have an active role in decision-making and governance – 'no decision about me without me'
By 2028, local communities will work in partnership to bring about positive social change by identifying their collective goals, engaging in learning and taking action to bring about change for their communities.
By 2028, a community development workforce will be supported, equipped and trained to agreed standards, code of ethics and values-based practice
By 2028, Local Care Partnerships will have integrated the role of community partnerships into their infrastructure and planning to ensure the communities of Devon are an equal partner both at system and local level

Enabling programmes

[Detailed milestones in Appendix D]



#OneDevon

Vision and ambition

System development

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

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

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

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

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

Opportunity Area	Description
LEARN BY DOING	Real change will come from undertaking real work together and acting upon the learning we generate. One Devon will be able to continually develop if we embed a culture of learning and improvement.
PRIORITISE & IMPLEMENT	Implementing a small number of priority projects and programmes will create the conditions for us to deliver real change together on the journey towards achieving One Devon's vision.
SHARED PURPOSE	Defining and articulating (continuously) why we are doing what we are doing, and what we hope to achieve from it, will support One Devon to collectively realise a common purpose.
TRUST & COLLABORATION	Increasing levels of trust and collaboration between us will be vital to creating the conditions for progress towards One Devon's vision.
SYSTEM FOCUS	Movement towards One Devon's vision will be enabled by the extent to which we seek to understand, listen to, and take into consideration each other's needs and constraints.

Years 1-5 objectives and milestones

System Development

Smart objectives
By 2024/5, a strong shared purpose across system partners, Local Care Partnerships and provider collaboratives will support delivery of our Devon Plan achieving thriving ICS Maturity Assessment standards
By 2026/7, levels of trust and collaboration between system partners, Local Care Partnerships and provider collaboratives will have increased achieving thriving ICS Maturity Assessment standards
By 2026/7, a 'learn by doing' approach will be embedded within our culture of improvement achieving thriving ICS Maturity Assessment standards
By 2024/5, system partners, Local Care Partnerships and provider collaboratives will be consistently implementing priorities achieving thriving ICS Maturity Assessment standards
By 2025/6 a unified system focus will be demonstrated by all system partners, Local Care Partnerships and provider collaboratives achieving thriving ICS Maturity Assessment standards

Vision and ambition

Research, innovation and improvement

To establish new ways of working across One Devon, we need a more robust and dynamic approach to research and innovation. The purpose of the Research and Innovation Programme is to ensure that system partners work together to address the three common barriers identified in a review carried out in December 2021 on accessing, deploying and embedding research, innovation and improvement:

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

One Devon will provide its workforce with the framework, tools and support to innovate in its broadest sense. To be successful, we will develop the right **research and innovation architecture**, to deliver all our strategic goals, building an **evidence base and innovation pipeline** which directly responds to known health and care needs and the Devon Case for Change. We will **build the capacity and capability** of teams and organisations so that we achieve widespread adoption of high value innovations aligned with ICS priorities, utilising **systematic research and improvement approaches** to support rapid implementation. In doing this, we will drive spread and adoption of what works, achieve optimal use of resources and best outcomes for the people of Devon.

Specifically, the ICS is working with the South West Academic Health Science Network (SWAHSN) to implement a Peninsula Research and Innovation Strategy. This will draw in core partners who represent major research and innovation assets in the region (Academic Health Science Network, Applied Research Collaboration, Clinical Research Network, Higher Education Institutions and the ICSs for Somerset and Cornwall and the Isles of Scilly), and will develop a new framework which will maximise the alignment of health needs with existing research and innovation expertise and networks. Funding has recently been agreed for joint role to lead the development of this new framework.

The ICS will maximise impact from research, innovation and improvement by clearly signalling its strategic ambitions and priorities to partners, to grow and focus the innovation pipeline, to achieve better alignment with system transformation programmes. The coordination of research and innovation partners and assets in the region around clear priorities will enable One Devon to leverage in additional funding from Government and other funding streams, supporting economic growth. It will also facilitate the sharing of learning with other systems regionally and nationally.

Years 1-5 objectives and milestones

Research, innovation and improvement (RII)

Smart objectives
Build and strengthen networks at local, system, region and national level by March 2024
Promote research and increase patient sign-up with demonstrable increase by end 2026
Ensure all system workplans are underpinned by robust evidence of research and innovation
Develop capacity and capability by having a ICB RII Team by April 2024
Develop underpinning structure and governance mechanisms including evaluation and links to Value-Based Approach principles by the end of March 2025

Vision and ambition

Population health

As the Integrated Care System develops, there will be an increasing focus on improving the health of the population, shifting the allocation of resources from treatment to **prevention, increasing access to services and reducing health inequalities**. This will require changes throughout all parts of the system and, in particular, in the way that the ICB carries out its roles as both a commissioner and a system convener and facilitator. These changes will be embedded in the ICS development programme and all aspects of this plan, but will aim to ensure that the **impact on population health is considered in every decision made** and workplan delivered and that we move to a longer term focus.

To achieve these changes, a programme of work will co-ordinate activities at both LCP and system level. This programme will be led by the Population Health Team (incorporating the existing Health Inequalities and Prevention team and the PHM workstream) and will aim to facilitate and support work throughout the system as well as delivery of specific interventions.

The overarching aim will be to ensure that there is a **focus on population health throughout the system**, that everyone has the skills, tools and knowledge to deliver change and that good practice (underpinned by robust evidence) is shared and implemented as quickly and efficiently as possible.

Years 1-5 objectives

Population health

Smart objectives
Our LCPs and provider collaboratives will have the support and evidence base they need to deliver change at local level and will be empowered to make decisions with their populations on an ongoing basis
Ensure delivery of Core20PLUS5 deliverables (including adult and CYP) in line with national reporting requirement
Implement co-ordinated prevention plans in priority areas including CVD, diabetes and respiratory
Develop the ICB and NHS partners as Anchor Organisations by March 2026
Support the implementation of new ways of working focused on population health by April 2025

Vision and ambition

Communications and involvement

Vision

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

Involvement principles

Our approach to involving people and communities is based on six values (aligned to the 10 principles outlined in the NHS Constitution)

Collaborative with a shared vision with our partners

- Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as two of our key partners
- Work in partnership with staff, people and communities when addressing system priorities and reconfiguring services
- Learn from what works and build on the assets of all partners in the Integrated Care System (ICS) – networks, relationships and activity in the local care partnerships (LCPs).

Start with what we already know

- Use community development approaches that empower people and communities and build on existing relationships.

Act with humility and genuine enquiry

- Understand our community's needs, experiences, ideas and aspirations for health and care, using involvement to find out if change is working and is making a difference.

Be fully inclusive in our approaches to all our communities

- Build relationships based on trust, especially with those affected by health inequalities.
- Provide information that is clear and accessible for all our communities. Meet the needs of our people and communities by having various ways they can engage with health and care services.

Be responsive, act quickly on what we have heard, and tell people how we have acted on feedback

- The voices of people and communities need to be central in the decision making throughout the ICS.
- Involve people and communities at every stage when developing plans and feedback to people how their involvement has influenced decisions.

Years 1-5 objectives

Communications and Involvement

The communications and involvement mechanisms that will support delivery of the JFP include:
The use of the new ICS involvement platform ‘Let’s Talk’ and citizens’ panel that work programmes can use to support online involvement activities across the system
Develop an involvement identity that can be can be used across the One Devon Partnership to help raise the profile and awareness of involvement activity across Devon.
Develop a system approach to communications and involvement, working with professionals from all system partners to support consistent communications, involvement, collaboration, sharing of best practice, and co-production.
Work with partner organisations such as Healthwatch Devon, Plymouth and Torbay and the wider VCSE sector, to deliver engagement on our behalf and to provide insights and connection to local populations
Support JFP programmes to work in partnership with diverse and vulnerable communities across the system, building a continued dialogue with communities
Provide expertise and guidance to those working on the JFP on how to consistently apply best practice principles for co-production, involvement and consultation.
Co-ordinate and support JFP leads to involve our three local overview and scrutiny committees, addressing our statutory requirements under the Health and Social Care Act 2012, and also ensure we continue to build pro-active and meaningful relationships with all three Overview and Scrutiny Committees (OSC) in Devon, Plymouth and Torbay, both individually and jointly as appropriate.

Vision and ambition

Equality and diversity

Vision:

Devon will be a great place to work where staff will feel valued and have a strong sense of belonging. We will champion diversity as our route to innovation and improved performance.

We will support work to tackle health inequalities by working hand in hand with local populations and our partners to understand barriers to care so that we can design services that have the needs of everyone at their core.

Core aims:

Nationally, there is growing evidence that equality and diversity improve efficiency and performance. Diversity of thought paves the way for innovation and therefore offers the opportunity to help tackle Devon's challenges, making it a better place to live and work for everyone.

Devon is a significantly challenged health and care system, with some of the longest waiting lists in the country, a significant deficit of £49.5 million (across the system in 2022/23) and significant workforce challenges.

Two core aims underpin the equality and diversity programme:

1. **Improve innovation, performance and efficiency through a diverse workforce**
2. **Ensure Devon's health and care services are inclusive and accessible to everyone**

Years 1-5 objectives

Equality and diversity

Equality and diversity ensures that services meet people's needs, give value for money and are fair and accessible to everyone. It means people are treated as equals, get the dignity and respect they deserve, and differences are celebrated.

Improve innovation, performance and efficiency through a diverse workforce

- Recruit a more diverse workforce that is reflective of Devon's local population with an initial focus on race and ethnicity (8%) LGBTQ+ (3%) and people with a disability (20%)
- Develop and retain a diverse workforce, building a culture where our people feel valued, heard and able to be their best selves at work.
- Ensure staff recruited via the International Recruitment Hub, are well supported in their roles and deliver a campaign that celebrates our diverse workforce, tackles racism and builds cohesion in the community.
- Continue to build and support the Devon-wide ethnic equality staff network, ensuring it has meaningful input into system priorities, including develop a Devon-wide anti-racism charter that the One Devon Partnership sign up to.
- Consider race equality as part of all commissioning strategies.
- Support our leaders to champion the benefits of equality and diversity as means to improving Devon's financial and operational performance
- Support staff to feel safe, including listening and providing support to staff and managers.
- Improve data on equalities and ethnicity, including in the independent provider market.
- Include a clause in our social care contracts with acceptable standards that are monitored.

Ensure Devon's health and care services are inclusive and accessible to everyone

- Through a rolling EDI calendar, celebrate diversity and raise awareness of discrimination, empowering our workforce to be more inclusive, and demonstrating our commitment to EDI to our local populations.
- Work in partnership with the voluntary sector to understand needs and support people from diverse and vulnerable populations to have better access to health and care service.
- Support, empower and equip patient facing staff to take an inclusive approach to the accessibility and delivery of services
- Improve representation in health and care engagement forums.

Vision and ambition

Workforce

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

At system level, we will:

- Deliver solutions that enable the attraction, recruitment and retention of talent across our health and care providers, reducing duplication and streamlining processes.
- Use our Devon 2035 workforce vision to inform strategic workforce planning which will identify new roles and ways of working, informing our talent supply pipelines with national, regional and local training and education providers.
- Embed the One Devon Workforce Strategy Themes and Principles into workforce planning and service transformation and delivery

Years 1-5 objectives and milestones

Workforce

Smart objectives
Strategic workforce planning embedded at system level
System-level attraction solutions in place that source new talent and position One Devon as an employer of choice.
Development of new roles and new ways of working embedded across One Devon
We will promote employment opportunities that are rewarding, recognising the value of the adult social care workforce and develop learning and career pathways fit for the future

Vision and ambition

Digital

"Invest in a digital Devon: people will only tell their story once, first contact will be digital where appropriate and more advice and help will be available online. We want to make the most of advances in digital technology to help people stay well, prevent ill health, and provide care."

Digital technology will enable data to be available anywhere at any time for those health and care professionals needing to work in new ways. This means we can move to new models of care, with more online interactions with citizens and patients, while maintaining an understanding that digital should not be the only way to access services. This progressive approach will support a move to a new digital first paradigm of care being "a service you receive", rather than a place you go to. Irrespective of health and care setting, when the citizen needs the support from Devon health and care organisations, data will be available for the workforce to make informed decisions; the safe handling of personal data is a key responsibility. By following this digital approach more of our physical capacity is expected to be used on the predicted activity growth across services. To achieve the digital vision, the ICS Devon Digital Strategy presents five priorities to enable clinical and non-clinical transformation from both the workforce and citizen perspective. These **five digital priorities** will provide 'future proofed' digital solutions; recognising that care models continue to change:

1. **Digital Citizen**: Empower citizens to take ownership of their wellbeing and care, through digital technology and contact across the system. Digital will offer new ways of delivering care to help citizens manage their care at home.
2. **Shared Electronic Patient Record (EPR) and Operational Systems**: The convergence to common digital solutions that meets the information sharing and workflow needs of the various organisations across the ICS.
3. **Devon and Cornwall Care Record (DCCR)**: the DCCR will allow information to be available across care settings and coordination of care through specific functionality such as read/write for key flags and care plans.
4. **Business Intelligence and Population Health Management**: A cross-system intelligence function to support operational and strategic conversations, as well as building platforms to enable better clinical decisions. This will necessitate linked data, accessible by a shared analytical resource that can work on cross-system priorities.
5. **Unified and Standardised Infrastructure**: Levelling-up and consolidation of infrastructure, to support future enterprise scale digital systems such as Shared Electronic Patient Records (EPRs), digital technologies for citizens and also agile and frictionless cross-site working and support experience for the workforce.

An ICS digital inclusion group has formed with membership from Voluntary Community and Social Enterprise partners, local authority, health providers and the ICB. This group considers access to health and care services from the citizen's perspective and to consider citizen access to health and care services irrespective of their personal digital circumstances. Digital inclusion is the prime responsibility of those involved in service transformation and design.

Staff will be supported to confidently use digital technology in their roles. When new technology is introduced, training will be provided as part of any implementation or transformation programme. For existing technologies, new starters will be supported through the normal organisational induction process and for existing staff, through in-role training where required.

Over the coming years, the use of artificial intelligence, machine learning and robotic process automation will become more prevalent. These technologies provide an opportunity to support staff through undertaking tasks so that they can spend more face-to-face time with patients, spend less time on repetitive tasks and concentrate their knowledge and experience on high value work whether this be in the clinical or non-clinical setting.

Years 1-5 objectives

Digital

Smart objectives
Number of eligible citizens connected to the NHS App increased to support national target of 75% of people registered by 2024
Future use of ORCHA (App assurance product to support citizen self-care and social prescribing) determined by the end of the current funding in March 2024.
Develop a commissioned offer for digital solutions and technology enabled care and support, including awareness raising and increasing diversity of prescribers (social care)
Standardisation of GP practice websites achieved within 2025.
Achieve planned Virtual Ward bed targets by April 2024 across TSDFT, UHP and RDUH
Electronic Patient Records implemented in TSDFT, UHP and DPT by the end of 2025
80% of care homes to have a Digital Social Care Record by March 2024
Consider use of the Disabled Facilities Grant for technology solutions, including investigation of handyperson schemes focusing on ‘low-tech’ as well as ‘high-tech’ solutions.
Peninsula Picture Archiving and Communication System (PACS) solution for the clinical network procured and implemented by 2025
Peninsula Laboratory Information Management System (LIMS) solution for the clinical network procured and implemented by 2025
Re-procurement of GP Electronic Patient Record (EPR) clinical system by March 2024
Remaining core health and care organisations connected to the Devon and Cornwall Care Record by 2028
Additional functionality of the Devon and Cornwall Care Record scoped and implemented by 2028
Develop Population Health Management (PHM) architecture and reporting
Develop an ICS data platform and associated reporting, linked to EPR implementation and national developments including the Federated Data Platform
Work collaboratively with regional ICS teams to develop the regional secure data environment to support future research
Unified and Standardised Infrastructure provided by 2028

Vision and ambition

Finance and procurement

Finance

Vision

A financial framework that supports **integrated and collaborative working arrangements**, through the Devon Operating Model, that will **deliver better experience and outcomes for the people of Devon and greater value for money**.

Ambitions

- Recurrent balanced financial position by 2025/26.
- A financial framework that:
  - supports collaborative working
  - reflects the Devon Operating Model and delegation of budgets to LCPs and provider collaboratives.
  - promotes innovative funding models and pooled budget arrangements.
- Movement of funds into prevention.
- A commitment to shared services, doing things once for Devon or the wider Peninsula where it makes sense to do so.

Procurement

Vision

We will enhance every patient experience through delivering **maximum value and the best quality service through our collective procurement and supply chain excellence**.

Ambitions

- **Patients**: The healthcare services they need are delivered on time and of the best quality.
- **Clinicians**: They are equipped with the goods and services they need to deliver world-class care.
- **Taxpayer**: The NHS is achieving value for every pound spent and delivering government priorities such as sustainability, NetZero and eradicating modern slavery.
- **Suppliers**: The NHS is easier to do business with, with opportunities to develop more innovative solutions to meet NHS and government challenges.

Years 1-5 objectives

Finance

Smart objectives
Year 1 - development of improved collaborative working, intra system financial framework, contracting and risk sharing protocols
Year 1 – agreement of functions where a shared service arrangement should be pursued helping to inform the organisational restructure within reduced Running Cost Allowance
Year 1 – development of long term financial plan, trajectory to recover and sustainable financial balance over a 3-5 year scenario range
Year 1 – development of system wide interpretation of the 'drivers of the deficit' to underpin future recovery
Year 1 – delivery of 2023/4 recovery and Cost Improvement Programmes both organisational, strategic collaborative, and structural
Year 1 – consolidate delegated of commissioning functions for extended primary care
Year 2 – commence reprioritisation of funding upstream towards prevention and health inequalities
Year 2 – take on formal delegation of specialised commissioning functions
Year 2 – corporate ICB right-sized for RCA (Running Cost Allowance) allocations, emerging maturity of LCPs
Year 2 – estates strategy finalised to underpin prioritised system wide capital allocations
Year 3-5 – continued recovery to sustainable financial balance by system and by organisation

Years 1-5 objectives

Procurement

Smart objectives
Improved resilience - Covid-19 taught us that working together is essential to mitigate risk.
Reduced total cost - The ICS represents a publicised and policy driven way of driving ‘at scale’ procurement delivery; enabling greater efficiency and effectiveness through the potential to standardise and minimise unwarranted variation
Greater value - The ICS enables us to demonstrate social and financial value across organisational boundaries to drive better outcomes for our patients
Better supplier management - Working closer together helps leverage scale and value attained through our supplier base through a single voice for categories
Optimised workforce - The ICS enables us to make best use of our collective resource through reduction in duplicated activities and access to more diverse roles and opportunities across the system
Improved capability and enabling great careers – Working together frees up capacity to give us time to develop and leverage specific skills and expertise

Vision and ambition

Strategic estates and facilities

1. To redevelop the **acute hospital estate** through the funds available via the New Hospital Programme
2. To develop the **community services and mental health estate** to ensure it remains relevant, fit for purpose and located within the right places with an ambition to provide more specialist services outside of the traditional hospital setting
3. To enable and support the **development of the primary care estate** through PCN strategies and supporting GPs to integrate primary care with community service developments
4. To develop a roadmap for estates and facilities activity to reach **Net Carbon Zero by 2040**
5. To undertake **strategic procurement** of estates and facilities contracts to leverage buying power for providers on behalf of the ICS
6. To work in collaboration with the public sector in Devon to ensure **One Public Estate** opportunities are maximised
7. For estates and facilities expertise to **work in collaboration** across the ICS to ensure efficiency, skill sets and joint delivery programmes remain optimal

Years 1-5 objectives and milestones

Strategic estates and facilities

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

Vision and ambition

Green plan

The ICS supports the co-ordination of carbon reduction across the system through the actions to reach net zero outlined in the **Devon Greener NHS plans** and the **Devon Carbon Plan**.

The ICS also recognises the need to identify the key risks to our system from climate change and to develop a plan to adapt to and mitigate these risks**.** Addressing the climate and ecological emergency is an opportunity to create a fairer, healthier, more resilient and more prosperous society.

Actions like encouraging everyone to be more active by walking and cycling, reducing our reliance on paper and purchasing our products and services more locally will all help to improve public health, support our budget and reduce pressures on the NHS and social care.

Years 1-5 objectives

Green plan

Smart objectives
More Devon ICB staff will make greener journeys to work.
Devon ICB will be a paper-free organisation by 2028.
More products and services are bought locally promoting the concept of the ‘Devon Pound’ across the ICS and its partners.

Delivering the Joint Forward Plan and future development

Delivering the plan in 2023/24
Governance
Outcomes framework
Risks to delivery
Future refresh of the JFP

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Delivering the JFP

Delivery

The JFP will be delivered through system architecture that includes:

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

Assurance

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

Engagement

- Targeted engagement by programmes with people and communities

Annual refresh

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

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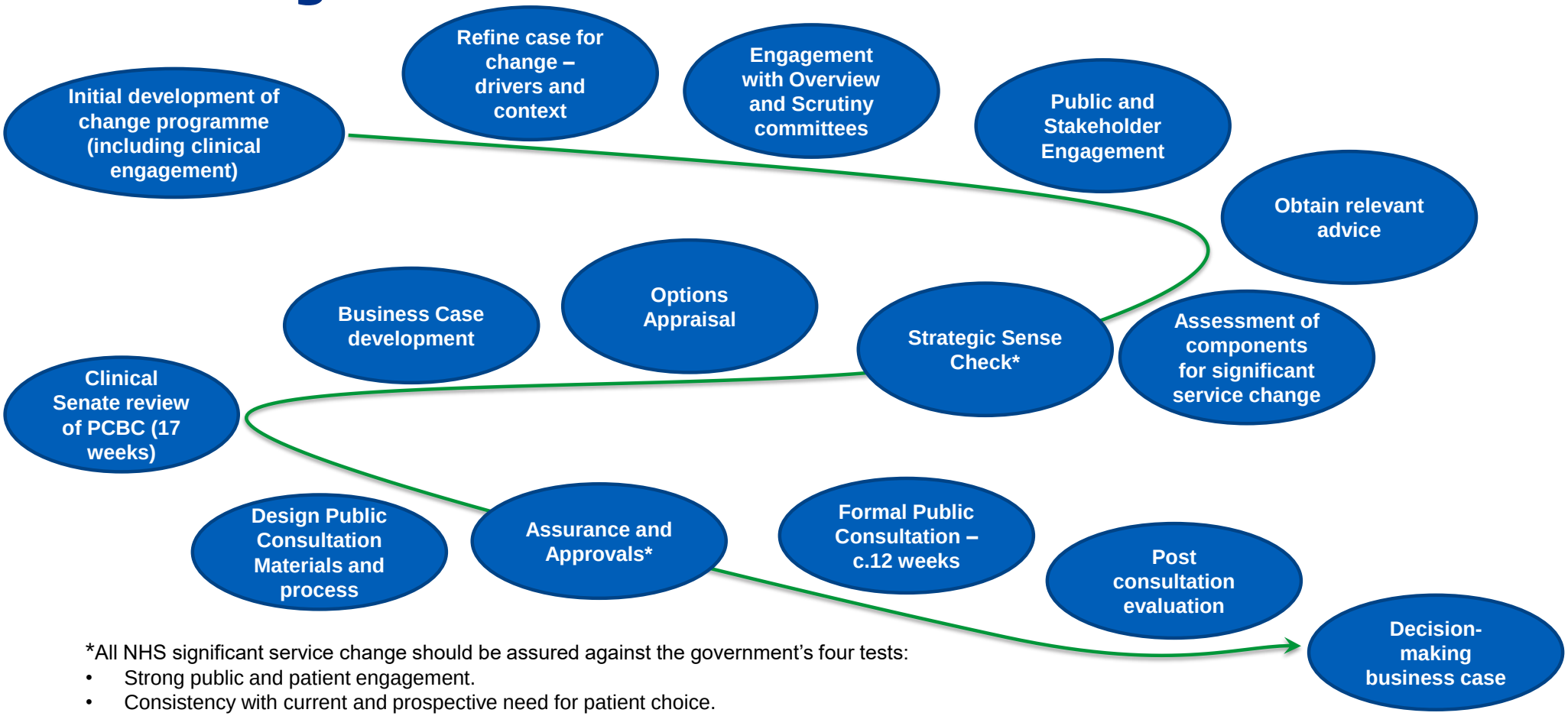
Delivering transformation



*All NHS significant service change should be assured against the government's four tests:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- A clear, clinical evidence base.
- Support for proposals from clinical commissioners

One Devon

Accountability

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

ICS outcomes framework

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

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

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

Some narrative (qualitative) measures

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

Flexibility in terms of addition of new indicators

First set of data to be produced in June 2023.

Indicators

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

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

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

One Devon

Challenges and risks to delivery

There are a number of key risks to delivery of the Joint Forward Plan, including:

- A potential lack of synergy between the JFP and the system recovery plan (mitigation for this is set out below);
- Insufficient capacity to deliver transformational change while focusing on recovery;
- Clinical, operational and financial pressures impact decision-making, involvement and engagement, co-design and delivery of the ISD programme;
- The impending ICB reorganisation;

Work is underway within the system to review the alignment between the years 1 and 2 objectives within the JFP and the system recovery priorities and to agree any sequencing of the JFP actions that will be needed to support recovery and ensure that the longer term transformational priorities within the JFP are deliverable alongside the recovery plan.

The ICS Development Roadmap integrates the contributions of all nine delivery work plans and those of the 10 enabling programmes towards delivering the overarching strategic goal. Programme leads will meet twice a year to review progress against the roadmap, adopt a ‘learn by doing’ approach and adapt plans as needed. To support this approach, One Devon will undertake a full ICS Maturity Assessment once a year and a ‘light touch’ assessment at the six-month point in between. The outputs from these assessments will by used by the system-wide work plan leads and will inform any changes to delivery work plans.

Future development of the JFP

This Plan has been developed at pace in response to the One Devon Integrated Care Strategy and in line with national timeframes. It is important to acknowledge that publication of the JFP is not the end of a process, but is the start of an ongoing new relationship with system partners and our communities, which will see both the Strategy and the JFP refreshed on an annual basis.

Over the coming weeks we will work together to put a framework in place that will support:

- Co-production of future iterations of the ICS and JFP with system partners, staff, patients and the public
- Further alignment with Local Care Partnership and provider collaborative objectives and with local authority social care plans
- Collaborative working on broader footprints, where appropriate

Additionally, there will be targeted engagement with communities around specific delivery programmes, including as part of our significant service change process, set out on slide 93.

APPENDICES

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APPENDIX A
Universal NHS commitments Statutory Duties

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National NHS objectives 2023/24

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

ICB core functions and statutory duties

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

ICB Core Functions and Statutory Duties

Our NHS Statutory Duties	How we will meet our duties
Duty to obtain appropriate advice	We ensure that we obtain appropriate advice throughout the development of plans. This includes from: clinicians (both local and through regional networks), NHSE (regional and national), the South West Clinical Senate and legal advice. Obtaining advice is particularly important to us in our delivery of transformation as outlined on slide 93.
Duty to promote innovation	We work closely with the South West Academic Health Science Network to ensure we are cognisant of innovation and best practice. The Research and Innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.
Duty to facilitate and promote research and use its evidence	We work closely with the South West Academic Health Science Network to ensure we are cognisant of research and best practice and that we promote research within Devon. The research and innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.
Duty to promote education and training	Our Joint Forward Plan has three strategic goals related to education and training including – school readiness, supporting people to access and stay in employment and ensuring we have people with the right skills within our system. The Children and Young people delivery programme focuses on this whilst the employment and workforce enabling programmes outline how they will support these ambitions.
Duty as to regard to climate change etc	Our Green Plan enabling programme outlines our clear commitment to successfully deliver targets for all local authorities to be carbon neutral by 2030 and the NHS by 2040.
Addressing the particular needs of children and young people	Our plan includes two specific strategic goals on children and young people and the children and young people delivery programme outlines the wide programme of work.
Addressing the particular needs of victims of abuse	Serious violence has a devastating impact on lives of victims and families, instils fear within communities and is extremely costly to society. NHS Devon has a domestic abuse and sexual violence (DASV) strategy that outlines actions to improve the health response to victims and perpetrators who are staff or patients in Devon. Over the last two years much has been achieved (eg: a network of DASV champions, robust DASV policies, commissioning of an Interpersonal Trauma Primary Care service, due to commence in April 2023). Locally, compliance with the Duty with be monitored through the Safeguarding and Vulnerable People Steering Group, which will report quarterly to the Quality and Performance Committee and updates regarding Duty activity will be included in safeguarding reports to the System Quality and Performance Group. The case study on slide 30 shows how the ICS is working collaboratively to progress this important agenda.
Implement any joint local health and wellbeing strategy	There are three Health and Wellbeing Boards in Devon and we have worked closely with all three to ensure that their priorities are reflected in this plan.

APPENDIX B
Metrics and baselines

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Improving outcomes in population health and healthcare

Strategic goal	Metric	Baseline
Every suicide will be regarded as preventable and we will work together as system to make suicide safer communities across Devon and reduce suicide deaths across all ages	*The suicide rate for all areas of Devon will see a consistent downward trajectory and by 2028 the suicide rate in each local authority area will be in line with or below the England average*	Rate per 100,000 persons 2019-21: • England 10.4 • Devon CC 12.5 • Plymouth CC 10.7 • Torbay C 17.2
Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability – dietary risks, tobacco, high blood pressure, high fasting plasma glucose and high BMI	*By 2028, reduce the DALY (Disability adjusted life years) lost for the top five modifiable risk factors, and measure under-75 mortality and healthy life expectancy*	Current healthy life expectancy variance by LA is: • Torbay female: 23.2 years, male: 14.5 years, • Plymouth F: 20.6 and M: 14.8 • Devon F: 15.9 and M: 14.1. Under 75 mortality rate from preventable causes by LA: 2016-20, • Devon 4,948, • Plymouth 1,885, • Torbay 1,229. Standardised rates (England = 100) are Plymouth 112.1, Torbay 111.8 and Devon 78.9.
We will have a safe and sustainable health and care system.	*By 2025 we will deliver all our quality, safety and performance targets within an agreed financial envelope*	
People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.	*By 2028, reduce the DALY (Disability adjusted life years) lost for the top 5 causes*	Preventable admissions: Ambulatory Care Sensitive (ACS) conditions 23,604 in 2021/22, 95% is a reduction of 22,424
People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.	*By 2028, we will extend personalised care through social prescribing and shared decision making and increased health literacy*	
Children and young people we have improved mental health and wellbeing	*By 2024/25, we will have at least 15,500 CYP aged (0-18) accessing NHS-funded services, 100% coverage of 24/7 crisis and urgent care response for CYP and 95% of children and young people with an eating disorder able to access eating disorder services within one week for urgent needs and four weeks for routine needs*	

Tackling inequalities in outcomes, experience and access

Strategic Goal	Metric	Baseline
People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.	*By 2028, we will increase the number of people who can access and use digital technology*	
The most vulnerable people in Devon will have accessible, suitable, warm and dry housing	*By 2028, we will have:* • *decreased the % of households that experience fuel poverty by 2%,* • *reduced the number of admissions following an accidental fall by 20%* • *reduced the number of households in temporary accommodation by 10%* • *reduced the number of families placed in temporary B&B accommodation for more than 6 week to 0* • *Increased the % of people sleeping rough who get an offer of accommodation to 100%* • *increased in the number of households successfully prevented from becoming homeless by 30%* • *ensured that LPAs are fully aware of the need for key worker housing and have addressed this need in their plans*	2020 figures for % of households with fuel poverty: Plymouth 13.9%, Torbay 12.4% and Devon 11.8% (although range within DCC of 13.3% Exeter to 10.6% East Devon). SW position is 11.4% and national 13.2%. From previous Long Term Plan work, there are around 6k falls-related admissions each year in Devon.
Everyone in Devon will be offered protection from preventable diseases and infections.	*By 2028, we will have:* *- Childhood vaccines - vaccine coverage of 95% of 2 doses of MMR by the time the child is 5, vaccine coverage of 95% of 4-in-1 pre-school booster by the time the child is five, 90% uptake of school-aged immunisation* *- Covid and flu vaccinations - 100% offer to eligible cohorts each season; vaccine uptake in line with or exceeding national/regional/comparator benchmarking;* *- reduced the number of healthcare acquired infections by 25%* *- reduced antibiotic prescribing by 15% from our year 1 baseline* *- Uptake of cervical screening increased to 80%*	
Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place	*By 2028, we will have increased the number of people dying in their preferred place by 25%*	2019/20 baseline is 8,650 people died in an unwanted place of death across the ICS
In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.	*By 2026, Devon's workforces will be supported, empowered and skilled to deliver fully inclusive services for everyone, and Devon will be a welcoming and inclusive place to live and work where diversity is valued and celebrated;* *by 2027 Recruit a more diverse workforce that is reflective of Devon's local population with an initial focus on race and ethnicity (8%) LGBTQ+ (3%) and people with a disability (20%)* *Reduced health inequalities for diverse populations*	

Enhancing productivity and value for money

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

Helping the NHS support broader social and economic development

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

APPENDIX C
Delivery Programme Milestones

#OneDevon

Years 1-5 objectives and milestones

Mental Health – Perinatal and Early Years

Smart Objectives	Milestones- Year 1	Milestones- Year 2-3	Milestones- Year 4-5
People in the perinatal period and their families will be able to 'get help' early in the development of a mental health need in an accessible setting which avoids further mental illness and harm when possible More women, children and families get help early in development of need (prevention).	At least 1,115 women and birthing people/ year will access perinatal mental health support Develop plans to ensure that: • Referrals are accepted from pre-conception to 24 months postnatally. • Partners can access mental health assessment including signposting or referral as needed. • Increase the range of psychological therapies available. Establish working relationships with NHSE and/ or the South West Provider Collaborative to design a whole system perinatal clinical pathway	Implement plans to ensure that: • Referrals are accepted from pre-conception to 24 months postnatally. • Partners can access mental health assessment including signposting or referral as needed. • Increase the range of psychological therapies available. Service review of access, experience and outcomes in perinatal mental health completed. The review and data evidences increased access to support within four weeks of referral on 23/24 baseline figures. Review of commissioning arrangements for service delivery	Implement actions and recommendations from the Service Review Review effectiveness of current arrangements and implement any amendments re new policy and guidance Review of commissioning arrangements for service delivery

Years 1-5 objectives and milestones

Mental Health – Children and Young People's Mental Health

Smart Objectives	Milestones- Year 1	Milestones- Year 2-3	Milestones- Year 4-5
Children and young people have access to timely mental health care and support	At least 15,754 children and young people will access mental health assessment. Working in partnership with the Children's board the ICS will develop a 3-5 year plan to continue growing access to mental health support, care and treatment for children and young people, using a THRIVE based approach. By 2027/28 95% of schools in Devon will have access to Mental Health in Schools services Devon will evaluate the current Mental Health Support Teams in Schools (MHST) model in partnership with Local Authorities and Education Partners and offer, in the context of the evidence based and needs of children and young people in Devon. Implement agreed action plans to embed any amendments to meet new policy and guidance for years 2-3	Implement plan to grow access to NHS funded mental health support care and treatment for children and young people across Devon. By the end of 2025, 60% of children and young people with 'routine' mental health needs will wait less than 4 weeks to access NHS funded mental health support, care and treatment Review effectiveness of current arrangements Subject to national intentions and requirements, we will co-produce (with experts by experience and experts by profession) and implement an approach which iterates the national MHST model, based on the needs of the population and the evidence base	Review effectiveness of current arrangements and implement any amendments re new policy and guidance Review of commissioning arrangements for service delivery to plan that by 2028, 80% or more of children and young people with 'routine' mental health needs will wait less than 4 weeks to access NHS funded mental health support, care and treatment 95% of schools in Devon will be able to access support to develop a whole school to mental health and wellbeing which is compassionate, trauma and shame informed.

Years 1-5 objectives and milestones

Mental Health – Adult Mental Health

Smart Objectives	Milestones-Year 1	Milestones- Year 2-3	Milestones-Year 4-5
Devon will sustainably eliminate inappropriate out of area bed use for adults who need hospital admission for acute mental ill health.	In line with the NHS 23/24 Planning guidance, develop a 3-year plan to localise and transform mental health, in-patient services Review of commissioning arrangements for service delivery completed ICS will establish a comprehensive understanding of housing, employment and educational needs to inform strategic development plans for Devon and these plans will include options to meet the needs of people with complex mental health needs including those with drug and alcohol dependency.	Average Length of Stay will be 28 days for non-specialist acute adults inpatients, and 45 days for older adults with appropriate oversight of staffing levels. Delivery of alternative crisis care options is effective including crisis cafés, crisis houses, community mental health offers non urgent crisis support Devon can provide the right level of resource for people who require psychiatric intensive care services	Delayed Transfer of Care will be 2% (rolling average), people requiring admission will be proactively supported to maintain community relationships through joined up therapeutic care (from primary and community care and inpatient settings), home tenancies or ownership and employment. By the end of 2027/28 all acute psychiatric inpatient care will be delivered in area unless there is an exceptional clinical need.

Years 1-5 objectives and milestones

Mental Health – Adult Mental Health

Smart Objectives	Milestones-Year 1	Milestones- Year 2-3	Milestones-Year 4-5
People with serious mental illness will have a complete physical health check which leads on to each person having a meaningful action plan and access to follow up care as needed.	Local Care Partnerships will ensure that 60% of people with serious mental illness have a complete physical health check in the last 12 months. Local Care Partnerships and the MHLDN Provider Collaborative will work together to ensure that people with serious mental illness who take antipsychotic medications have access to regular health checks to manage the associated risks.	Local Care Partnerships will aim to ensure that 75% of people with severe mental illness have their annual physical health check and that this leads to co-development of meaningful health action plan and access to follow up care as needed. Local Care Partnerships will focus enabling smoking cessation and access to diabetes clinics to help manage the health of people with severe mental illness.	Local Care Partnerships will ensure that 75% of people with severe mental illness have their annual physical health check and have a co-developed and meaningful health action plan and access to follow up care as needed. Joined up mental health and physical health care provision is available in local community hubs, GP practices, diagnostic clinics and urgent treatment centres.

Years 1-5 objectives and milestones

Mental Health - Adult Mental Health

Smart Objectives	Milestones- Year 1	Milestones- Year 2-3	Milestones-Year 4-5
People experiencing mental health crisis will be able to get the help they need as early as possible	Develop and implement community alternatives to admission which respond to the needs of high intensity users and are aligned to home treatment and community mental health services within Primary Care Networks. Deliver the 111 First Response standard for mental health Data influences commissioning and planning decisions to ensure services operate safely and effectively Plan to deliver the National Partnership Agreement (NPA) with the police and partners agreeing some areas for focus in year one	Call abandonment rate of under 5% through delivery of First Response telephony service for Devon aligned to 111/999 with oversight of staffing levels and staff training and development. The system will produce a shared risk care pathway for high intensity/frequent and MH crisis led attendances across the services from Primary to Acute. Develop and implement NPA actions to further improve crisis support to people in mental distress	By the end of 2027/28 all people in Devon will have safe and equitable access to crisis and urgent mental health provision outside of emergency departments. This offer will be integrated and co-ordinated with local services, primary care, specialist mental health, and community services (VCSE/Statutory).

Years 1-5 objectives and milestones

Mental Health - Adult Mental Health

Smart Objectives	Milestones- Year 1	Milestones- Year 2-3	Milestones- Year 4-5
Transformation of adult community mental health provision will be complete, integrating care locally with the right partners across localities.	At least 19,668 people will access Adult and Older Adult Community Mental Health Services in 2023/24 Increased access to NHS Talking Therapies will mean that at least 32,476 people access psychological therapies in 2023/24. At least 75% of people will be seen within 6 weeks and 95% of people will be seen within 18 weeks. More than 50% of people will achieve clinical recovery Mental Health services will operate a “no wrong door” approach Improve the use of data to influence commissioning and planning decisions Develop a commissioning three-year plan to address the mental health needs of 16 – 25 year olds, without a psychosis Ensure effective, timely and consistent early intervention in psychosis services are commissioned	Implement the three-year plan to set out how the emotional health, wellbeing and mental health needs of young adults, aged 16-25, are to be met Clinical and satisfaction outcomes for MH community services improves 5% from 2023 baseline	95% of adults and older adults with ‘routine’ mental health needs will wait less than 4 weeks to access NHS funded mental health support, including specialist services and specialist psychological intervention. Young people aged 16-25 will be able to access and receive integrated care, support and treatment across health and education that is personalised and aligned to their emotional health, wellbeing and health needs. By the end of each year clinical and satisfaction outcomes will improve by 5% year on year from 2023 baseline By the end of 2027/28 % of adults and older adults will wait 4 weeks or less to access specialist mental health services including psychological interventions.

Years 1-5 objectives and milestones

Mental Health - Mental Health for All

Smart Objectives	Milestones- Year 1	Milestones- Year 2-3	Milestones-Year 4-5
Improve life opportunities, including reducing the need to place people out of area to meet their care needs, for people with a mental illness	Work to influence partners to ensure that housing planning includes options for people with severe mental illness, learning disabilities and/or neurodiversity and rough sleepers supporting market development of extra care and supported housing. MHLDN Provider Collaborative will integrate with existing housing forums in Devon to inform and influence planning approaches so that the needs of people with severe mental illness, learning disabilities and/or neurodiversity are represented. MHLDN Provider Collaborative will develops a system wide assertive outreach plan for people with significant rehabilitation and complex emotional needs. Formal evaluation to inform future commissioning intentions across Health and Social to increase capability of supported living market. Individual Placement Support will achieve supporting 1,196 people with mental illness into work .	A comprehensive rough sleepers plan to be developed jointly with Local Care Partnerships, to include access to care and treatment. Review commissioning arrangements for supported living market for MHLDN. Build extra care and supported housing options into ICS housing planning programmes to reduce any need to place people out of area Implementation of future commissioning intentions across Health and Social Care of the Test of Change Pilot (for LDA) to increase capacity and capability of supported living market. IPS will achieve a 10% increase on the access target for 23/24 (1,316).	90% of people admitted to a psychiatric inpatient wards are discharged to safe, appropriate housing with the right care and support package without delay. All people with complex and very severe presentations have focussed assertive rehabilitation to prevent the need for out of area placements. Promote and influence system plans to become Disability Confident registered employers.

Years 1-5 objectives and milestones

Mental Health - Older Adults

Smart Objectives	Milestones- Year 1	Milestones- Year 2-3	Milestones-Year 4-5
People will have a timely dementia diagnosis and planned onward care and support.	Devon will attain 63% of the required national standard of 66% dementia diagnosis rate A formal commissioning review of memory assessment provision will be completed to align capacity to demand alongside outlining any gaps in ability to meet demand Development of a system-wide Dementia plan to support people with dementia. Older Persons mental health services will work with partners to consider all options to work collaboratively and integrate care where that is the right approach, in particular on hospital discharge pathways and joining up frailty and dementia care Review of commissioning arrangements for service delivery for 24/.25 operating planning	Memory Assessment Service review actions are implemented to ensure ability to meet 66% DDR Implementation of a system-wide Dementia plan to support people with dementia. Review of commissioning arrangements for service delivery to inform future planning Carers needs are reviewed with actions to ensure effective support put in place	People who need a dementia diagnoses can get that diagnosis within eight weeks of referral Older persons services are aligned across frailty and dementia care pathways and people receive the best care when needed Carers needs are fully supported to support people with dementia to remain at home as long as is safe and the right outcome for the family Joined up mental health and physical health care provision is available in local community hubs, GP practices, diagnostic clinics and urgent treatment centres.

Year 1 and 2 (operational plan detail)

Mental Health - Perinatal and Early Years

Smart Objectives	Milestones – Year 1	How are you going to achieve – actions you are going to take	Impact

People in the perinatal period and their families will be able to 'get help' early in the development of a mental health need in an accessible setting which avoids further mental illness and harm when possible
 	
More women, children and families get help early in development of need (prevention).
	At least 1,115 women and birthing people/ year will access perinatal mental health support
	
	Develop plans to ensure that:
	• Referrals are accepted from pre-conception to 24 months postnatally.
	• Partners can access mental health assessment including signposting or referral as needed.
	• Increase the range of psychological therapies available.
	
	Establish working relationships with NHSE and/ or the South West Provider Collaborative to design a whole system perinatal clinical pathway
		• Recruit to new service community posts aligned to mental health investment standard budgets
		• New staffing to support ability to meet demand and meet national trajectories
		• Develop plans to ensure that:
		  • Referrals are accepted from pre-conception to 24 months postnatal
		  • Partners can access mental health assessment including signposting or referral as needed.
		  • Increase the range of psychological therapies available.
		
		• With support from the SW Provider Collaborative and Children's Board to establish a programme of work to design a whole system perinatal clinical pathway which brings together existing provision and is integrated and co-ordinated with specialist support, education, and support.
			Women, with mental illness, receive the postnatal care they need pre and post birth
			
			Opportunity to build perinatal mental health care into wider system response to improve overall health and wellbeing of mothers
			
			Children born to women with mental illness have improved early years outcomes
			
			Families and partners receive better mental health support, advice and guidance leading to general overall improved outcomes

Year 1 and 2 (operational plan detail)

Mental Health – Children and Young People's Mental Health

Smart Objectives	Milestones – Year 1	How are you going to achieve – actions you are going to take	Impact
Children and young people have access to timely mental health care and support	At least 15,754 children and young people will access mental health assessment. Working in partnership with the Children's board the ICS will develop a 3-5 year plan to continue growing access to mental health support, care and treatment for children and young people, using a THRIVE based approach. By 2027/28 95% of schools in Devon will have access to Mental Health in Schools services Devon will evaluate the current Mental Health Support Teams in Schools (MHST) model in partnership with Local Authorities and Education Partners and offer, in the context of the evidence based and needs of children and young people in Devon. Implement agreed action plans to embed any amendments to meet new policy and guidance for years 2-3	• Working with the Devon wide Children's Board to support the Integrated Care System to develop a 3 to 5 year plan to increase access to CYP mental health, care and treatment • To roll out Mental Health in Schools programmes to those schools with allocated funding in year 1 • To support Children's services complete formal evaluation of the MH in Schools programme in year 1 with a view to commission in year 2 for 95% of Devon schools to be able to access a minimum standard of MH in schools • To agree plans to embed any amendments to MH in Schools to meet new policy and guidance for years 2-3 • Improving support offered to CYP cohorts through transition towards adulthood delivered through joined up policy and decision making via the Children's board and the Collaborative arrangements • Review effectiveness of current arrangements for transitions across CYP and adult MH pathways through co-production of care pathways taking into account data, feedback and outcomes leading to revision of commissioned services to more effectively meet needs	Children and Young people get mental health intervention at the earliest opportunity Prevention of increasing likelihood of long term mental illness is at the forefront of school response to mental health and wellbeing response Joined up CYP and broader adult MH response to meet the needs of young people with a mental illness

Year 1 and 2 (operational plan detail)

Mental Health – Adult Mental Health

Smart Objectives	Milestones – Year 1	How are you going to achieve – actions you are going to take	Impact
Devon will sustainably eliminate inappropriate out of area bed use for adults who need hospital admission for acute mental ill health.	In line with the NHS 23/24 Planning guidance, develop a three-year plan to localise and transform mental health, in-patient services Review of commissioning arrangements for service delivery completed ICS will establish a comprehensive understanding of housing, employment and educational needs to inform strategic development plans for Devon and these plans will include options to meet the needs of people with complex mental health needs including those with drug and alcohol dependency.	• Set out a three-year plan to localise and transform mental health, in-patient services • Mental health providers will ensure person-centred planning and support minimises the risk of admission to hospital, and where admission is unavoidable, will ensure this is for the shortest time possible • Support the ICS to complete a comprehensive review of housing, employment and educational needs to inform strategic development plans for Devon to meet the needs of people with complex mental health needs including those with drug and alcohol dependency • Review of community provision and pathways across health and social care • The IPP team to complete due diligence with NHS Devon to potentially move Older Persons and Learning Disability out of area beds to the IPP team. Impact to ensure effective review and oversight of all adult MH specialist out of area placements with a view to an overall reduction in OOA and ability to reinvest in supported housing in Devon for people with serious mental health needs	People with serous mental illness will be cared for close to home when they need a hospital admission People will be provided with a range of alternatives to hospital care when in mental distress When admission is needed it will be timely and of high quality minimising the need for long term admission Opportunities to reinvest any reduction in costs by brining people back to Devon

Year 1 and 2 (operational plan detail)

Mental Health – Adult Mental health

Smart Objectives	Milestones – Year 1	How are you going to achieve – actions you are going to take	Impact
People with serious mental illness will have a complete physical health check which leads on to each person having a meaningful action plan and access to follow up care as needed.	Local Care Partnerships will ensure that 60% of people with serious mental illness have a complete physical health check in the last 12 months. Local Care Partnerships and the MHLDN Provider Collaborative will work together to ensure that people with serious mental illness who take antipsychotic medications have access to regular health checks to manage the associated risks.	• Through the Collaborative support Local Care Partnerships to focus enabling services such as smoking cessation and access to diabetes clinics to direct support to people with severe mental illness • Deliver the revised system model for prescribing anti-psychotic drugs and monitoring physical health in people with severe mental illness (SMI) • Support LCPs to ensure people with SMI have access to an annual GP led physical health check leading to a meaningful care plan to meet their physical health needs • Review options to share data effectively across MH providers and primary care to reduce duplication of effort and increase use of resource • Support ICS to consider mental health in the development of physical health policy	People with serious mental illness get the right physical health care that is planned effectively to support improved health outcomes Joined up health care planning across GPs and specialist mental health services is effective and positive for people with an SMI Data evidences improvement in meeting national standards

Year 1 and 2 (operational plan detail)

Mental Health – Adult Mental Health

Smart Objectives	Milestones – Year 1	How are you going to achieve – actions you are going to take	Impact
People experiencing mental health crisis will be able to get the help they need as early as possible	Develop and implement community alternatives to admission which respond to the needs of high intensity users and are aligned to home treatment and community mental health services within Primary Care Networks. Deliver the 111 First Response standard for mental health Data influences commissioning and planning decisions to ensure services operate safely and effectively Plan to deliver the National Partnership (NPA) agreement with the police and partners agreeing some areas for focus in year one	Develop and implement community alternatives to admission which respond to the needs of high intensity users and are aligned to home treatment and community mental health services within Primary Care Networks. Deliver the 111 First Response standard for mental health Data influences commissioning and planning decisions to ensure services operate safely and effectively Plan to deliver the National Partnership Agreement (NPA) with the police and partners agreeing some areas for focus in year on including implementation of the revised MH Act	People in mental distress get the right care through the right person and/or service to reduce escalation of need 111 is able to effectively support people in mental distress reducing need for people accessing A&E departments The police and mental health services work in partnership to effectively meet the needs of people who are in a mental health crisis Delivery of the new MH Act is successful

Year 1 and 2 (operational plan detail)

Mental Health – Adult Mental Health

Smart Objectives	Milestones – Year 1	How are you going to achieve – actions you are going to take	Impact

Transformation of adult community mental health provision will be complete, integrating care locally with the right partners across localities.	At least 19,668 people will access Adult and Older Adult Community Mental Health Services in 2023/24
	
	Increased access to NHS Talking Therapies will mean that at least 32,476 people access psychological therapies in 2023/24. At least 75% of people will be seen within six weeks and 95% of people will be seen within 18 weeks. More than 50% of people will achieve clinical recovery
	
	Mental Health services will operate a “no wrong door” approach
	
	Improve the use of data to influence commissioning and planning decisions
	
	Develop a commissioning three-year plan to address the mental health needs of 16 – 25 year olds, without a psychosis
	
	Ensure effective, timely and consistent early intervention in psychosis services are commissioned
		• Deliver the Community Mental Health transformation programme by end of 2024/25
		• Recruit fully to key roles funded in 2023/24 to further enhance MH community care
		• Develop a commissioning three-year plan to address the mental health needs of 16 – 25 year olds, without a psychosis
		• Commission a consistent Devon Early Intervention Psychosis service (tailored to local need where indicated)
		• NHS Talking Therapies will:
		  • Monitor uptake of digital offer and work with provider to support promotion of offer.
		  • Continue to increase the presence of specific workforce in wider teams to promote referral to NHS Talking Therapies and monitor impact.
		  • Continue to enhance existing close working relationships with primary care mental health teams and NHS Talking Therapies to promote access to IAPT, working to understand and respond to barriers to referral and ensure the breadth of offer is understood. Monitor impact on referral patterns.
		  • Ensure optimal use of trainees clinical capacity to support increased service access
			People access MH care quickly and are supported by multi agency teams ensuring need is met by the most appropriate service
			
			MH community services have increased staffing across the providers with an improved ability to meet demand

Year 1 and 2 (operational plan detail)

Mental Health – Mental Health for All

Smart Objectives	Milestones – Year 1	How are you going to achieve – actions you are going to take	Impact
Improve life opportunities, including reducing the need to place people out of area to meet their care needs, for people with a mental illness	Work to influence partners to ensure that housing planning includes options for people with severe mental illness, learning disabilities and/or neurodiversity and rough sleepers supporting market development of extra care and supported housing. MHLDN Provider Collaborative will integrate with existing housing forums in Devon to inform and influence planning approaches so that the needs of people with severe mental illness, learning disabilities and/or neurodiversity are represented. MHLDN Provider Collaborative will develops a system wide assertive outreach plan for people with significant rehabilitation and complex emotional needs. Formal evaluation to inform future commissioning intentions across Health and Social to increase capability of supported living market. Individual Placement Support will achieve supporting 1,196 people with mental illness into work	• Support the ICS to develop housing plans for people with severe mental illness, learning disabilities and/or neurodiversity and rough sleepers supporting market development of extra care and supported housing. • Support the ICS to develop a 3 year plan to support a reduction in the number of people who are rough sleepers who have severe mental illness, learning disability and/or neurodiversity • MHLDN Provider Collaborative will integrate with existing housing forums in Devon to inform and influence planning approaches so that the needs of people with severe mental illness, learning disabilities and/or neurodiversity are represented. • Develop and deliver system a defined and costed plan for enhanced support for people with significant mental health rehabilitation and complex emotional needs. • Complete an evaluation of need re: people with SMI to inform future commissioning intentions across Health and Social to increase capability of supported living market. • Talkworks (NHS talking Therapies) to develop and recruit to new employment support roles (two year DWP funding) • Talkworks and VCSE contracted services for supporting people with mental illness will achieve supporting 1,196 people with mental illness into work	People with SMI get the right housing and housing support to maintain their wellbeing and reduce likelihood of relapse in their mental state People are supported to remain in work and/or employers are supported to understand the needs of people with SMI working in their organisations Devon has an improved housing offer to meet the needs of people with SMI and dual diagnosis of dependency

Year 1 and 2 (operational plan detail)

Mental Health – Older Adults

Smart Objectives	Milestones – Year 1	How are you going to achieve – actions you are going to take	Impact

People will have a timely dementia diagnosis and planned onward care and support.	Devon will attain 63% of the required national standard of 66% dementia diagnosis rate
	
	A formal commissioning review of memory assessment provision will be completed to align capacity to demand alongside outlining any gaps in ability to meet demand
	
	Development of a system-wide Dementia plan to support people with dementia.
	
	Older Persons mental health services will work with partners to consider all options to work collaboratively and integrate care where that is the right approach, in particular on hospital discharge pathways and joining up frailty and dementia care
	
	Review of commissioning arrangements for service delivery for 24/.25 operating planning
		• A formal commissioning review of Devon memory assessment provision will be completed to consider capacity needed to meet demand alongside outlining any gaps in ability to meet demand. The review will identify patterns in wait times, referrals and diagnosis rates. Outputs to feed into 24/25 operational planning and revised service specification
		• The ICS will develop a five-year dementia plan that develops a partnership system approach for dementia, based on shared goals and ambitions with broad sign up
		• In year 2 implement the partnership approach
		• Supported by Local Care Partnerships:
		  • Promote and support the Dear GP support tool for care homes
		  • Direct engagement with target GP practices to support improved diagnosis rates
		• Older Persons mental health services will work with partners to consider all options to work collaboratively and integrate care where that is the right approach, in particular on hospital discharge pathways and joining up frailty and dementia care
		• Review of commissioning arrangements for service delivery for 24/.25 operating planning
			People with possible dementia receive a timely diagnosis that is supported by a personal plan for onward support
			
			Devon has a defined dementia strategy that provides a whole system integrated approach

Years 1-5 objectives and milestones

Learning Disabilities and Autism

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Ensure a minimum (in line with NHSE National target) 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 as well as continue to improve the accuracy and increase size of GP Learning Disability registers.	75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 Improve the accuracy and increase size of GP Learning Disability registers Work alongside NHSE set the AHC trajectories from March 2024 Roll out of CYP letter to GP through SEND pathways Quarterly Learning Disability webinars to health care professionals and Learning Disability Champions with specific focus on AHC's and other relevant topics Fortnightly AHC drop-in sessions for LD champions to provide support and guidance Monthly monitoring of AHC uptake with a targeted approach to offer support to GP practices with a lower uptake Promote the benefits of AHC's through staff/GP newsletters and encourage GPs to complete the AHC's around the person's birthday to increase uptake and size of GP learning disabilities Improve live data reporting	The Learning Disability and Autism team will ensure 75% of people over the age of 14 GP learning disability registers receive an annual health check and health action plan and will work alongside NHSE set the AHC trajectories from March 2024 Continue to improve the accuracy and increase size of GP Learning Disability registers Quarterly Learning Disability webinars to health care professionals and Learning Disability Champions with specific focus on AHC's and other relevant topics Fortnightly AHC drop-in sessions for LD champions to provide support and guidance Monthly monitoring of AHC uptake with a targeted approach to offer support to GP practices with a lower uptake Promote the benefits of AHC's through staff/GP newsletters and encourage GPs to complete the AHC's around the person's birthday to increase uptake and size of GP learning disabilities	The Learning Disability and Autism team will ensure 75% of people over the age of 14 GP learning disability registers receive an annual health check and health action plan and will work alongside NHSE set the AHC trajectories from March 2024 Continue to improve the accuracy and increase size of GP Learning Disability registers Quarterly Learning Disability webinars to health care professionals and Learning Disability Champions with specific focus on AHC's and other relevant topics Fortnightly AHC drop-in sessions for LD champions to provide support and guidance Monthly monitoring of AHC uptake with a targeted approach to offer support to GP practices with a lower uptake Promote the benefits of AHC's through staff/GP newsletters and encourage GPs to complete the AHC's around the person's birthday to increase uptake and size of GP learning disabilities

Years 1-5 objectives and milestones

Learning Disabilities and Autism

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Reduce reliance on Mental Health locked and secure inpatient care, while improving the quality of Mental Health inpatient care, so that by March 2024 (in line with national target) no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an Mental Health inpatient unit	Work alongside NHSE to establish programme of work moving forward and set the trajectories from March 2024 Implement the changes to the DSR/C(E)TR policy and guidance January 2023 in collaboration with system partners, to identify those at risk of admission and to ensure person-centred planning and support minimises the risk of admission to hospital, and where admission is unavoidable, to ensure this is for the shortest time possible Implement actions from the Mental Health, Learning Disability an d Autism quality transformation programme Review of Learning Disabilities and Autism commissioning pathway Development of business cases to improve pathways To establish a comprehensive understanding of housing needs to inform strategic housing development plans for children and adults with a learning disability and Autistic people Formal evaluation to inform future commissioning intentions across Health and Social Care of the Test of Change Pilot that seeks to increase capacity and capability of the supported living market	Commissioning responsibilities of extended provision of inpatient facility for Learning Disabilities and autistic people bringing people closer to home Review effectiveness of current arrangements and implement any amendments to new DSR/C(E)TR policy and guidance Implement actions from the Mental Health, Learning Disability and Autism quality transformation programme Development of business cases to improve pathways Review of formal evaluation and implementation of future commissioning intentions across Health and Social Care of the Test of Change Pilot that seeks to increase capacity and capability of the supported living market *To support the development of a range of available housing options for people with complex needs, including appropriate social housing and home ownership, along with the skilled support needed to successfully support tenure*	Commissioning responsibilities of extended provision of inpatient facility for Learning Disabilities and autistic people bringing people closer to home Review effectiveness of current arrangements and implement any amendments to new DSR/C(E)TR policy and guidance Implement actions from the Mental Health, Learning Disability and Autism quality transformation programme Development of Community Pathway Review of commissioning arrangements for the supported living market

Years 1-5 objectives and milestones

Learning Disabilities and Autism

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times by March 2028.	• Monitor the delivery of the Oliver McGowan training to health and social care workforce • Alignment of priorities to NHSE Autism mandate (to be released Jan/Feb 23) • Working with provider's to cleanse the national autism data set • Analysis of national and local data to identify gaps and workforce requirements to support the delivery of the programme • Review of Autism pathway across Devon and development of business cases to make pathway improvements • Develop initiatives to improve autism diagnostic assessment pathways and reduce waiting lists • Develop and implement workplan to improve support offered to autistic young people through transition towards adulthood delivered through the Children and Young Person Gamechanger	• Monitor the delivery and impact of the Oliver McGowan training to the 62,000 health and social care workforce • Continued analysis of national and local data to identify gaps and workforce requirements to support the delivery of the programme • Commissioning of revised pathway to improve autism diagnostic and reduce waiting lists • Continued implementation of workplan to improve support offered to autistic young people through transition towards adulthood delivered through the Children and Young Person Gamechanger	• Monitor the impact of the Oliver McGowan training to the 62,000 health and social care workforce • Analysis of national and local autism data across health and social care • Evaluation of Autism pathway to make recommendations to improve current pathway
Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in the guidance.	Engage in the south west regional clinical model developments of extended scope into community pathway.	The Learning Disability and Autism team will work alongside system workforce leads and providers to develop and implement a workforce plan and commissioning structure in line with operational planning guidance.	Continued implementation of workforce plan

Year 1 and 2 (operational plan detail)

Learning Disabilities and Autism

SMART objective Year 1 and 2	How are you going to achieve – actions you are going to take	Impact
Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 as well as continue to improve the accuracy and increase size of GP Learning Disability registers.	• Quarterly Learning Disability webinars to health care professionals and Learning Disability Champions with specific focus on AHC's and other relevant topics • Fortnightly AHC drop-in sessions for LD champions to provide support and guidance • Monthly monitoring of AHC uptake with a targeted approach to offer support to GP practices with a lower uptake. • Improve live data reporting, by considering national exemplar and linking with BI to seek solution, a high number of data reporting has been explored with other areas however the lack of an information sharing agreement stops this progressing. • Ensure Adult Social Care workforce understands the rights of the individual for inclusion on the GP register • Promote the benefits of AHC's through staff/GP newsletters and encourage GPs to complete the AHC's around the person's birthday to increase uptake and size of GP learning disabilities • Raise awareness and promote annual health checks for 14-17year olds by regular meetings with children's services, schools, parents, carers and primary care to agree and co-produce a sustained promotional campaign to improve awareness and promote the uptake of AHC. Work underway with the PCN chairs to develop promotional video and/or leaflets with bid monies from NHSE • Develop final report and next steps of ' A letter to my GP' pilot targeted at special schools to encourage young people to write a letter introducing themselves to their GP to establish better relationships and increase uptake of AHC for this group. • Roll out of CYP letter to GP through SEND pathways • Promote training to GP practice staff to increase awareness and confidence in delivering AHC to CYP Improve data reporting and frequency for CYP, Promotional videos to be finalised and shared across organisations and LD champions	Annual health checks can identify undetected health conditions early and reduce inequalities improving life expectancy of people with a learning disability Improved data reporting Improved understanding of the importance of an annual health check through training and webinars Promotion of the benefits of an annual health check Increase in reasonable adjustments

Year 1 and 2 (operational plan detail)

Learning Disabilities and Autism

SMART objective Year 1 and 2	How are you going to achieve – actions you are going to take	Impact
Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	**Timely Discharge** • Monitored ICB Commissioned inpatient beds against a '12-point discharge plan' to ensure discharges are timely and effective **Admission Avoidance** • Implement the changes to the DSR/C(E)TR policy and guidance January 2023 in collaboration with system partners, to identify those at risk of admission and to ensure person-centred planning and support minimises the risk of admission to hospital, and where admission is unavoidable, to ensure this is for the shortest time possible • Review of community provision and pathways across health and social care • Further development of the STOMP and STAMP programme **Repositioning inpatient beds closer to home** NHSE South West region has secured £40 million of capital funding to reposition inpatients beds closer to home, shared between the North and South of the region. Devon ICB is lead commissioner for the South group of ICB's (Cornwall, Isles of Scilly, Dorset and Somerset). Experts by experience have been commissioned to co-produce the environmental plans and clinical model which is currently in development together with financial and workforce modelling. **Community pathways** Review of Learning Disability and autism commissioning pathways. **Developing the provider market** To complete the formal evaluation to inform future commissioning intentions across Health and Social Care of the Test of Change Pilot that seeks to increase capacity and capability of the supported living market **Housing** • To establish a comprehensive understanding of housing needs to inform strategic housing development plans with partners and monitor progress, through developing clear, trackable and accessible needs data for people needing housing, including children, those coming back into the local system AND those at risk of leaving the local system. • To support the development of a range of available housing options for people with complex needs, including appropriate social housing and home ownership, along with the skilled support needed to successfully support tenure. Including the development of clear pathways and processes to support people with complex needs to access each of these housing options as appropriate. This will include all stakeholders having the relevant information and expertise to facilitate these pathways. • To work in partnership to provide the best possible housing environment for people with learning disabilities and autism, using standardised eligibility and assessment tools; good design principles; comprehensive a shared understanding of current best practice • For people with complex needs and their circles of support to be fully included in the planning and delivery of their housing needs, and for people with complex needs to live healthier, happier and more socially inclusive lives by having homes of their own • To ensure that our overall housing model is sustainable and affordable in the long-term, reducing reliance on wholly debt-funded development by making the best use of available public funds, personal investment and use of land-assets within the public estate	People with a learning disability and/or autism will be supported to lead more independent lives in the communities of their choice. Reduction in out of area hospital admissions through greater support closer to home Increased reasonable adjusted housing and accommodation options for people with complex needs Reduction in health inequalities

Year 1 and 2 (operational plan detail)

Learning Disabilities and Autism

SMART objective Year 1 and 2	How are you going to achieve – actions you are going to take	Impact
Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times.	• Improving awareness, general understanding and acceptance of autism within society through monitoring the delivery of the Oliver McGowan training to the 62,000 health and social care workforce • Alignment of priorities to NHSE Autism mandate (to be released Jan/Feb 23) • Working with provider's to cleanse the national autism data set • Analysis of national and local data to identify gaps and workforce requirements to support the delivery of the programme • Building the right support in the community through reviewing pathways and supporting people in hospital or inpatient care through the reprovision of inpatient beds • Develop initiatives to improve autism diagnostic assessment pathways and reduce waiting lists • Enabling early identification of neurodiversity to provide support during early years of childhood including improving access to education for neurodiverse children and young people and support positive transitions into adulthood • Improving support offered to autistic young people through transition towards adulthood delivered through the Children and Young Person Gamechanger	Reduction in health inequalities through improved awareness and general understanding of Autism Improved support for autistic people Reduction in waiting list Improved access to data which will inform future commissioning intentions Reasonable adjustments for autistic people
Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in the guidance.	• Receive the national workforce data collection from NHSE to develop baseline on current local resource • Assurance Audit of current commissioning arrangements • Continued engagement and collaboration with the community pathway clinical modelling developments on the extended scope for the inpatient developments for the south west region. • Undertake a gap analysis from current challenges in our commissioning structure • Work in collaboration with current providers to review deliver and develop commissioning intentions going forward • Explore how investment can be utilised to commission a seven-day specialist multidisciplinary service and crisis care where appropriate • The Learning Disability and Autism team will work alongside system workforce leads and providers to develop a workforce plan and commissioning structure in line with operational planning guidance.	Reduction in the current commissioning gaps to ensure the right support is accessed for the right people at the right time. Enhance accessibility into community services 7 days a week (where appropriate) Needs led approach rather then diagnostic led

Years 1-5 objectives and milestones

Primary and Community Care

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Collaborative working We will have a Primary and Community Care Collaborative which functions Devon-wide by 2026. This will enable the development of a model for further integration across Social Care, Mental Health and VCSE organisations, which meets population needs and addresses health inequalities via Local Care Partnerships, whilst maintaining consistent standards and outcomes	**March 2024** Developed functional GP Provider Collaborative Plan to establish Community Collaborative signed off by system Understand relationship with LCPs and interface with other Provider Collaboratives	**March 2025/26** GP Provider Collaborative recognised as high functioning Community Collaborative established and recognised as functional Collective forum for Primary and Community Care established and working in the context of LCPs and other Provider Collaboratives Integrated model of care co-designed and produced	**March 2028** Primary and Community Collaborative integrated and embedded within the Devon operating model, and recognised as high functioning Integrated model of care implemented in each of the five Local Care Partnership areas

Years 1-5 objectives and milestones

Primary and Community Care

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Integrated Care Each Primary Care Network (PCN) will have an integrated approach to working with their local community, cross organisational multi-disciplinary team to jointly deliver services.	**March 2024** • Implement remote clinical support (Immedicare) to a further 60 care homes across Devon • Reduce Community Services waiting lists	**March 2025/26** • 100% PCNs and Community MDTs with defined integrated approach – cross organisational MDTs that include community health, social care and VCSE input • Evaluation of care home clinical support	**March 2028** • Digital maturity which enables sharing of all relevant information in a timely way across different organisation systems • Roll out of care home clinical support dependant on evaluation of service and model
Urgent Response We will develop Urgent Community Response services, which meet the 2-hour response target to avoid hospital admissions for 90% of referrals, and other services set out as Intermediate Care services nationally, by 2028	• Embed 111 and 999 referral pathways to UCR - 20% target for UCR referrals from 111/999 • Establish self-referral pathways across Devon • Increase 2 hour response target to 70%	• Increase two-hour response target to 80% • Increase range and targets for services as set out as Intermediate Care nationally • Understand viable model for Devon to implement a single coordination centre	• Increase two-hour response target to 90% • Digital maturity which enables coordinated activity across out of hospital services in Devon

Years 1-5 objectives and milestones

Primary and Community Care

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Proactive Care Each PCN will identify the people that are most likely to benefit from, and apply an integrated proactive approach, with a focus on prevention and early intervention	**March 2024** • Implement CVD prevention plan, and those for Diabetes, Hypertension, Respiratory and other Long Term Conditions	**March 2025/26** • Identification of at risk population groups – for CVD and other Long Term Conditions, measurable increase against baseline	**March 2028** • Continued increase in number of people supported at home and through use of digital and remote monitoring services • Increase proportion of identified people treated optimally to target, utilising medical and behavioural interventions
Avoiding admissions Further development of Virtual Ward capacity will be delivered by each of our Acute Trusts, working with all local partners and out-reaching to deliver both step up and step down pathways via remote management, in conjunction with the local community team and specialist teams/services	**March 2024** • 224 virtual ward beds will be available across the system • 80% utilisation based on 7 day length of stay • Develop capacity to include admission avoidance use of virtual wards • Digital inclusion addressed via VCSE input to each virtual ward	**March 2025/26** • System evaluation of virtual ward services • Increase breadth of clinical pathways using virtual wards • Deliver programme for Remote Monitoring which support patients in Primary Care to manage their Long Term Conditions	**March 2028** • Virtual ward pathways embedded across Devon for admission avoidance and discharge for all suitable conditions • Remote Monitoring in place consistently across Devon which supports patients with one or more Long Term Conditions

Years 1-5 objectives and milestones

Primary and Community Care

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Access to Information We will have a shared overview of Voluntary and Community organisations across Devon via the consistent use of the Joy App by Social Prescribers and across 100% of PCNs by 2024, which enables access by all staff	**March 2024** • 100% of PCNs using Joy App • 100% of VCSE based Social Prescribers using JOY App • Explore expansion to 'Waiting Well' offer for patients	**March 2025/26** • Evaluation of JOY App completed and informed future provision • Continued use of JOY App or alternative as outcome of evaluation which is focussed on ease of access for staff and patients	**March 2028** Continued use of JOY App (or alternative) across 100% of PCNs with expansion across; • Mental Health • Community Connectors • Children's services
Personalised care A personalised approach will be utilised across every integrated team, prioritising those population groups who will benefit most from the approach (end of life, frailty and dementia)	**March 2024** • 70% target for death in preferred place of care • Each LCP will have plans to support Ageing Well in their population, aligned to the Devon Healthy Ageing Handbook	**March 2025/26** • 80% target for death in preferred place of care • Through use of PHM each LCP will target severe and moderately frail patients proactively to ensure personalised and preventative care planning	**March 2028** • 90% target for death in preferred place of care • Frailty patients and those living with Dementia experience personalised care in all out of hospital services

Years 1-5 objectives and milestones

Primary and Community Care

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Sustainable General Practice We will have sustainable and high quality general practice which operates within local and national Strategic Frameworks, and which has agreed standards at GP Practice and PCN level by 2028, with a planned approach to managing change.	• Quality and Outcome Framework achievement <90% • PCN Directed Enhanced Services delivery to 100% population • 100% operating within funding envelope • Operating plan appointment targets achieved • Funded plan in place to support development of ICS based scalable models	• Year 1 achievements maintained • Operating plan appointment targets achieved • Scalable development programme in place and supporting sustainability requests • Scoping of opportunity to manage 'back office' functions across PCNs complete	• Year 1-3 achievements maintained • Operating plan appointment targets achieved • Scalable models in place and proactively engaged by contractors seeking sustainability support • Model to support cross PCN management of 'back office' functions in place
Market Sustainability Local Authorities meet their Care Act Duties (section 5) by ensuring a sufficient care market - *quality* - *Price (funding)* - *Information, advice and signposting*	• Each LA completes their Market Sustainability Plans as required by the Market Sustainability and Improvement Fund • Market oversight compliant as per the CQC Assurance Framework • Review discharge model to ensure the market can support hospital flow	• Complex Care alternative models of care developed • Year 2 of market sustainability plans delivered	

Years 1-5 objectives and milestones

Primary and Community Care

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Independent Living Innovative Extra Care and Supported Living schemes will be developed to provide people with greater independence and support them to remain in their own homes	• Tender for new Supported Living contract for Devon (first specification and pricing structure introduced) to improve choice, control and quality of tenancies through the separation of housing and support. • Make better use of Extra Care schemes across Devon. • Work with District/City Councils to ensure that local plans include supported housing in communities for people we support. • Make better use of Shared Lives schemes across Devon, particularly for young people age 16+. • Set out with the independent provider market the strategic objectives that we are working to achieve in Devon, including quality provision, sustainability and the training/skills required	• Work with independent providers to develop different models of Supported Living, including individual units in a hub and spoke model within communities. • Develop Extra Care schemes for people with dementia and for people with Learning Disabilities. • Increase supply of Shared Lives placements across Devon. • Continue work with District/City Councils to ensure that local plans include housing for people we support.	

Year 1 and 2 (operational plan detail)

Primary and Community Care

SMART objective Year 1 and 2	Milestone	How are you going to achieve – actions you are going to take	Impact
Collaborative working We will have a Primary and Community Care Collaborative which functions Devon-wide by 2026. This will enable the development of a model for further integration across Social Care, Mental Health and VCSE organisations, which meets population needs and addresses health inequalities via Local Care Partnerships, whilst maintaining consistent standards and outcomes	**March 2024** Developed functional GP Provider Collaborative Plan to establish Community Collaborative signed off by system	• Devon Collaborative Board development sessions will support and inform the development of the GP Provider Collaborative • Assess the current position and the maturity of the GP Provider Collaborative against a recognised framework/process • Initiate and explore scope and remit of a Community Care Provider Collaborative, in the context of Local Care Partnerships • Adopt the Devon operating model for the Provider Collaborative and establish timeline for development and integration to form single function • Explore ways in which broader Primary Care – Pharmacy, Optometry and Dentistry will be incorporated	1. Primary Care Provider Collaborative will be able to represent the primary care voice and input in a more equitable way within the system 2. The Provider Collaborative will be able to contribute to decision making regarding service improvement and funding which will lead to improved patient access and more resilient services
Integrated Care Each Primary Care Network (PCN) will have an integrated approach to working with their local community, cross organisational multi-disciplinary team to jointly deliver services.	**March 2024** • Implement remote clinical support (Immedicare) to a further 60 care homes across Devon • Reduce Community Services waiting lists	• Identify service lines with highest number of people waiting across adults and children services • Implement a system wide community list reduction steering group to provide system leadership and oversight of delivery • Support providers to set trajectories for reduction. • Monitor performance against set trajectories • Set out clinical validation methods with providers learning from the ERF work • Implement the 2-day Reablement standard	1. Targeted work with key services likely to achieve highest level of reduction - 10% reduction in Community Services waiting list by 2024 - LTC 2. People waiting for community services are supported to minimise adverse impacts or harm

Year 1 and 2 (operational plan detail)

Primary and Community Care

SMART objective Year 1 and 2	Milestone	How are you going to achieve – actions you are going to take	Impact
Urgent Response We will develop Urgent Community Response services, which meet the two-hour response target to avoid hospital admissions for 90% of referrals, and other services set out as Intermediate Care services nationally, by 2028	**March 2024** • Embed 111 and 999 referral pathways to UCR - 20% target for UCR referrals from 111/999 • Establish self-referral pathways across Devon • Increase two-hour response target to 70%	• Improve data quality through CSDS reporting • Identify paramedic roles within UCR services that can support an increased 'pull' of patients from SWAST • Review current referral triage processes to identify any delay in meeting two-hour standard • Implement self-referral pathway to UCR across Devon	1. Increased referrals from 111/999 services and reduction in ED attendances and admissions 2. Optimise time between referral to initial assessment – improved patient experience
Proactive Care Each PCN will identify the people that are most likely to benefit from, and apply an integrated proactive approach, with a focus on prevention and early intervention	**March 2024** • Implement CVD prevention plan, and those for Diabetes, Hypertension, Respiratory and other Long Term Conditions	• Implementation of Population Health Management across all areas where PCNs have signed up • Joint multi-disciplinary training sessions which develop the local model and offer • Delivery of long term condition plans for specific conditions across the ICB and Public Health teams	1. Population health management enables delivery to local population needs, addressing areas of health inequality 2. Improved management of long term conditions which leads to reduced unplanned care

Year 1 and 2 (operational plan detail)

Primary and Community Care

SMART objective Year 1 and 2	Milestone	How are you going to achieve – actions you are going to take	Impact
Preventative Care Further development of Virtual Ward capacity will be delivered by each of our Acute Trusts, working with all local partners and out-reaching to deliver both step up and step down pathways via remote management, in conjunction with the local community team and specialist teams/services	**March 2024** • 224 virtual ward beds will be available across the system • 80% utilisation based on 7 day length of stay • Develop capacity to include admission avoidance use of virtual wards • Digital inclusion addressed via VCSE input to each virtual ward	• Develop a shared pathway approach across virtual ward provision • Increase clinical pathways utilising virtual wards • Increase capability for admission avoidance provision - develop direct referral mechanism from UCR services, SWASFT, out of hours and care homes (via Immedicare)	1. Increase admission avoidance and increase hospital discharge ability 2. More people will experience supported care at home
Preventative Care Further development of Virtual Ward capacity will be delivered by each of our Acute Trusts, working with all local partners and out-reaching to deliver both step up and step down pathways via remote management, in conjunction with the local community team and specialist teams/services	**March 2024** • 224 virtual ward beds will be available across the system • 80% utilisation based on 7 day length of stay • Develop capacity to include admission avoidance use of virtual wards • Digital inclusion addressed via VCSE input to each virtual ward	• Develop a shared pathway approach across virtual ward provision • Increase clinical pathways utilising virtual wards • Increase capability for admission avoidance provision - develop direct referral mechanism from UCR services, SWASFT, out of hours and care homes (via Immedicare)	1. Increase admission avoidance and increase hospital discharge ability 2. More people will experience supported care at home
Access to Information We will have a shared overview of Voluntary and Community organisations across Devon via the consistent use of the Joy App by Social Prescribers and across 100% of PCNs by 2024, which enables access by all staff	**March 2024** • 100% of PCNs using Joy App • 100% of VCSE based Social Prescribers using JOY App • Explore expansion to 'Waiting Well' offer for patients	• Ensure 75% of PCN's currently using Joy App are embedded in practice • Ensure 75% of VCSE based Social Prescribers are currently using Joy App • Negotiate with the remaining 25% of each to be onboarded by March 2024 • Deliver bespoke training sessions on how to use the Joy App for the remaining 25% • Link the Waiting Well programme led by Living Options Devon to the Joy App Marketplace	1. The number of people receiving Social Prescription and the impact of this is known and understood 2. An up to date Market place of community assets is maintained 3. Social Prescribers in PCN's and the VCSE are better supported

Year 1 and 2 (operational plan detail)

Primary and Community Care

SMART objective Year 1 and 2	Milestone	How are you going to achieve – actions you are going to take	Impact
Personalised care A personalised approach will be utilised across every integrated team, prioritising those population groups who will benefit most from the approach (end of life, frailty and dementia)	**March 2024** • 70% target for death in preferred place of care • Each LCP will have plans to support Ageing Well in their population, aligned to the Devon Healthy Ageing Handbook	• Personal health budget process already in place and has been extended to personalised discharge budgets to support those leaving hospital • End of Life commissioning review recommendations to be progressed • Each locality area developing a healthy ageing board or equivalent to oversee local delivery of the health ageing handbook • Population health management will inform local focus on their most vulnerable groups	1. Reduced unplanned care for those vulnerable groups who have a personalised approach 2. Improved patient and family experience for those experiencing personalised care 3. Increased numbers of people dying in their chosen place
Sustainable General Practice We will have Sustainable and high quality general practice operating within local and national Strategic Frameworks, with agreed standards at GP Practice and PCN level by 2028, with a planned approach to managing change.	• Quality and Outcome Framework achievement <90% • PCN Directed Enhanced Services delivery to 100% population • 100% operating within funding envelope • Operating plan appointment targets achieved • Funded plan in place to support development of ICS based scalable models	• Increase GP workforce through flexible offers option, broadening contractor models, direct recruitment programme • Increase Additional Roles Reimbursement Scheme (ARRS) workforce through optimal use of ARRS staff and upper decile ARRS staff churn performance, delivered through ARSS focussed retention programme • Increase upskilling of existing staff via Devon Training Hub delivered training and development programmes	1. Upper decile ICS total GP team appts 2. +5% pre-pandemic total GP team appts 3. Exceed same day GP response target (35%) 4. Exceed within 2 weeks of request target (85%)

Year 1 and 2 (operational plan detail)

Primary and Community Care Integration

SMART objective Year 1 and 2	Milestone	How are you going to achieve – actions you are going to take	Impact
Market Sustainability Local Authorities meet their Care Act Duties (section 5) by ensuring a sufficient care market *- quality* - *Price (funding)* - *Information, advice and signposting*	• Each LA completes their Market Sustainability Plans as required by the Market Sustainability and Improvement Fund • Market oversight compliant as per the CQC Assurance Framework • Review discharge model to ensure the market can support hospital flow	• To be developed	1. High quality social care provision available across Devon supported by a diverse range of resilient independent and voluntary sector providers
Independent Living Innovative Extra Care and Supported Living schemes will be developed to provide people with greater independence and support them to remain in their own homes	• Tender for new Supported Living contract for Devon (first specification and pricing structure introduced) to improve choice, control and quality of tenancies through the separation of housing and support. • Make better use of Extra Care schemes across Devon. • Work with District/City Councils to ensure that local plans include supported housing in communities for people we support. • Make better use of Shared Lives schemes across Devon, particularly for young people age 16+. • Set out with the independent provider market the strategic objectives that we are working to achieve in Devon, including quality provision, sustainability and the training/skills required	• To be developed	1. More people supported to live independently in their own homes

Years 1-5 objectives and milestones

Children and Young People Care Model

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Services for children who need **urgent treatment and hospital care** will be delivered as close as possible to home and waiting times for paediatrics, specialist care and surgery will steadily improved across the next five years.	Systems dashboard in place to monitor performance against elective recovery targets (eliminated >65 week waiters). Validation and risk stratification processes identified in line with new national guidance and implement once validated locally and regionally and plan to evaluate in place. Aligned with the National CYP Urgent and Emergency Care (UEC) objectives and the Paediatric Peninsula Acute Sustainability programme develop plans for a standardised Same Day Emergency Care (SDEC) and Short stay paediatric/Children's assessment units (PAU/CAU) model. Regional SiC ODN leading this programme of work in line with national guidelines. Confirm that UHP can be formalised as a CYP surgical hub and additional theatre capacity as system resource.	Monitor performance against elective recovery targets to ensure that >52 week waiters are eliminated. Develop the Paediatric Outreach and Ambulatory model of care that integrates paediatrics with primary and community services supporting CYP at home and in their community. Ensure pathways and out of hospital services for a standardised SDEC/PAU models are in place *(not inc. CYP MH).* Ensure a clear and equitable offer for UTC and Navigation for CYP. Potential public consultation depending on level of change required in each Trust.	Paediatric Outreach and Ambulatory model of care delivered. Standardised SDEC/PAU model with networked out of hours solution delivered.

Years 1-5 objectives and milestones

Children and Young People Care Model

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Children and families with **neurodiverse, emotional and communication needs** will be supported across health, care and education, preventing crisis and enabling them to live their best life.	**Holistic integrated neurodevelopmental assessment pathway:** • Co-produce a the new pathway. • Produce options appraisal and recommendations for the new pathway. • Transition to new pathway to commence at end of year 1. **Early access keyworker pilot:** • Recruit additional keyworkers working across the ICP for a 12 month test of change. • Develop and maintain a directory of services. **Speech and Language Communication Needs (SLCN):** • Establish a shared system wide understanding of current level of SLCN, provision and gaps. • Better understand the connections between SLCN and Social Emotional Mental Health (SEMH), Adverse Childhood Experience (ACE). trauma, offending and employability.	**Holistic integrated neurodevelopmental assessment pathway:** • Develop a digital Neurodiversity offer. • Establish a network of workforce and public facing training systems. • Framework rolled out for evaluation and co-production by the children and families. **Early access keyworker pilot:** • Establish a neurodiversity Club for CYP and their families. • Develop and implement an accessible integrated local offer, without the need for a diagnostic assessment. • Undertake an evaluation of Keyworkers as part of the neurodiversity and SLCN pathway. **Speech and Language Communication Needs (SLCN):** • Implement Communities of Practices that link with Family Hubs and Best start in Life. • Establish a network of workforce training systems which support differential diagnosis and professional development. • Develop a robust transdisciplinary offer of support for CYPS with SLCN/SEMH.	**Holistic integrated neurodevelopmental assessment pathway:** • Full transition to new pathway embedded in practice. **Early access keyworker pilot:** • Develop a toolkit which can be used in place of a diagnosis. • Establish alignment of peer support workers working in partnership with other services. **Speech and Language Communication Needs (SLCN):** • Implement model of delivery and pathways which address the inequalities and inequities experienced by CYP and their families accessing SLCN across the ICP.

Years 1-5 objectives and milestones

Children and Young People Care Model

Smart Objectives	Milestones -Year 1	Milestones- Year 2-3	Milestones -Year 4-5
Maternity care will be safe and offer a personalised experience to women, birthing people and their families. Key safety targets to be achieved by 2025.	**By June 2023:** Produce a local Maternity system plan aligned to the national **Maternity Single Delivery Plan** that delivers: Personalised Care and Choice: • Review existing and embed new personalised care and support plans for pregnancy, birth and postnatally • Ensure transition is seamless between services and sectors Improved equity and outcomes: • Improve access to antenatal education • Embed specialist smoking cessation pathways • Deliver Pelvic Health Services Enhanced Quality and Safety: • Full implementation of Ockenden Interim and final recommendations • Implement Perinatal Quality Surveillance model at Trust and System level • Full compliance with Saving Babies Lives Care Bundles version 2 • Align escalation policies with appropriate ICB oversight • Implement preterm birth pathways in all Trusts. Improve maternal mental health and emotional wellbeing offer: • Deliver bereavement support for perinatal death • Devon wide perinatal mental health collaborative established • Review maternity estate so that choice of place of birth is available • Develop an enhanced Digital Maternity Information Systems (MIS) • Improved joint working and alignment of vision • Improve community outreach and co-production	Personalised Care and Choice: • Consistent, evidence based information Equity and improved outcomes: • Referral to the national diabetes prevention programme • A postnatal contraception offer • Improved uptake of vaccination in pregnancy • System wide infant feeding strategy • Full implementation of enhanced continuity of carer (some services) • Full implementation of the Neonatal Critical Care Review Enhanced Quality and Safety: • Implement East Kent Report recommendations • Devon Dashboard operational • 50% reduction in stillbirth, neonatal death, maternal death and intrapartum brain injury • Sharing learning from complaints and incidents • Full participation in South West Maternal Medicine Network • Implement Saving Babies Lives Care Bundles V3 Maternal mental health and emotional wellbeing offer: • System wide Maternal Mental Health offer including VCSE Enabled by: • Community outreach and engagement • Enhanced support for Maternity Voices Partnerships	**By 2027:** • Implement Maternity and Neonatal Equity and Equality Plans through Interventions and Clinical pathways for vulnerable and protected groups, and improve the universal care offer. • Choice will be offered to women and birthing people of three places of birth. • Establish routine reporting of Maternity and Neonatal Quality and Safety reporting to Trust and ICB Boards. • Intelligence will be triangulated from data sources, complaints, incidents and user experience to monitor interdependencies and impacts. • Implement the recommendations of the Ockenden Nottingham Report (Anticipated 2025).
Through a five-year maternity and neonatal strategy, we will fund, plan and deliver a safe, inclusive, well trained and sustainable maternity and neonatal workforce for now and the future, which supports a reduction in turnover and vacancies.	By the end of Q3 2023-2024: • Co-produce a five-year LMNS Workforce Strategy • Produce a plan to address workforce objectives outlined in key maternity and neonatal documentation • Produce a reliable baseline of Devon maternity and neonatal workforce profiles • Redesignation of Maternity Support Workers to band 3 with appropriate training and supervision plans in place (national mandate). • Core Competency Framework will be implemented across all Trusts	• Develop a trust and system succession plan, to support system staff to develop themselves and securing high quality leadership for the future • Ensure job plans for obstetricians will include time for improving shared clinical governance	• Implement, in line with Devon LMNS Equity and Equality Plans, race equality for staff through the recommendations of the Workforce Race Equality Standard (WRES) in maternity and neonatal settings.

Years 1-5 objectives and milestones

Children and Young People Care Model

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
By 2028, we will have proactively addressed **health inequalities**. The Core20PLUS5 approach will be part of core business for all children and young people's pathways, ensuring that the priority populations and clinical areas are a key focus.	Complete stocktake with each of the key areas and populations in Devon. Baseline Core20PLUS5 dashboard developed, via Devon Intelligence Functions Group, linking with regional team as appropriate. Develop network of stakeholders and pathways for the identified priority groups: 1. Children and families in the 20% most deprived areas and areas of rural and coastal deprivation 2. Children and young people in care, 3. Neurodiverse children 4. Young carers Develop clear work programmes for the key clinical areas: • Asthma • Diabetes • Epilepsy • Oral Health • (Mental Health – delivered by mental health workstream) • (Healthy Weight)	Established pathways within the relevant clinical areas, including the priority groups. Deliver the priority service development improvement plans for the key clinical areas, with consideration of four priority groups.	Monitor and evaluate against Core20PLUS5 approach – universal and targeted.

Years 1-5 objectives and milestones

Children and Young People Care Model

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Commissioned arrangements will be in place across Devon by 2028 to ensure that the health needs of **socially vulnerable children** are identified and met.	Establish the conditions for working together across health, care and education to enable joint commissioning. Deliver a system dashboard that will provide robust health data. Complete a stocktake of current level of provision and gaps for the health of care-experienced young adults.	Complete a 12-month test of change for the Care Leaver Nursing service based on evidence for the Care Leaver pilot. Each local area to have a graduated pathway of support for children, young people, young adults, carers and the wider support network. Increase children in care services to 21 years.	Robust monitoring in place for improvement and strengthened joint commissioning approaches moving towards integrated commissioning for the local areas. For all areas of health to be part of the care leavers covenant. Increase children in care services to 25 years.
Family Hub and Early Help models are developed across Devon ICS by 2026, working with Local Authorities to support children's development and readiness for school.	**Torbay:** Funded Family Hub model in place. **Plymouth:** Submission of bid and development of roll-out plan completed (if successful). **Devon:** Established Best Start in Life Programme Strategic Priorities with the aim to bring together 0-5 services.	**Torbay:** Delivery of comprehensive Family Hubs model, with effective communications to ensure that parents and carers are aware of the services and support available. **Plymouth:** TBC dependent on bid. **Devon:** Established delivery of the Best Start in Life Programme.	

Year 1- 5 Objectives and Milestones

Children and Young People Care Model

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
The **Special Education Needs and Disabilities (SEND)** of children and families will be prioritised across Devon. New SEND reforms will be embedded across the three Local Authorities and to address the weaknesses identified through the Torbay and Devon Local Area Inspection's within the mandated timeframes for each local area.	Create the conditions for service improvement and joint commissioning across the local areas (health, care and education), supported by co-production mechanisms. Agree integrated SEND strategies for each local area. Deliver new code of practice and work with Local Authorities subject to the new inspection framework. Deliver a system dashboard that includes robust health data.	Clear local offer established for each local area, including a graduated pathway of support to CYP and families. Define the outcomes framework that demonstrate improvements.	Robust monitoring in place for improvement and continued strengthening of joint commissioning approaches moving towards integrated commissioning for the local areas.

Year 1 and 2 (operational plan detail)

Children and Young People Care Model

SMART objective	Milestones	How are you going to achieve – actions you are going to take	Impact

Services for children who need **urgent treatment and hospital care** will be delivered as close as possible to home and waiting times for paediatrics, specialist care and surgery will steadily improved across the next five years.	**Year 1:**
	• Systems dashboard in place to monitor performance against elective recovery targets (eliminated >65 week waiters).
	• Validation and risk stratification processes identified in line with new national guidance and implement once validated locally and regionally and plan to evaluate in place.
	• Aligned with the National CYP UEC objectives and the Paediatric Peninsula Acute Sustainability programme develop plans for a standardised SDEC and Short stay paediatric/Children's assessment units (PAU/CAU) model.
	• Regional SiC ODN leading this programme of work in line with national guidelines.
	• Confirm that UHP can be formalised as a CYP surgical hub and additional theatre capacity as system resource.
	
	Year 2:
	• Monitor performance against elective recovery targets to ensure that >52 week waiters are eliminated.
	• Develop the Paediatric Outreach and Ambulatory model of care that integrates paediatrics with primary and community services supporting CYP at home and in their community.
	• Ensure pathways and out of hospital services for a standardised SDEC/PAU models are in place *(not inc. CYP MH).*
	• Ensure a clear and equitable offer for UTC and Navigation for CYP.
	• Potential public consultation depending on level of change required in each Trust.
		Urgent treatment and hospital care:
		• Establish assurance processes with Trust providers via the Paediatric steering group (mobilised in 22/23) with regional and national CYPER support.
		• Regularly monitor performance via system dashboard and report position to Planned Care Team in line with governance processes.
		• Work with trusts to identify CYP waiters and those at highest risk or risk of harm, scoping options for mutual aid and ensuring there is timely access to assessment and interventions.
		• Review current pathways for non-clinical validation for adults and scope and develop a clinical and non-clinical validation process for CYP and evaluation to support effectiveness of validation and risk stratification..
		• Work collaboratively with UEC to scope the process of a standardised SDEC and Short stay paediatric/Children's assessment units (PAU/CAU) model to support development of plans.
		
		Surgery in Children (SiC):
		• Dependent on national guidelines:
		  • Support Trusts to develop robust theatre lists booking and scheduling practice to enable adoption of HVLC principles.
		  • Develop plans to take forward (draft) minimum CYP elective recovery expectations and set up processes to support and monitor Trusts to meet targets.
		• Develop a clinical validation process for CYP.
		• Confirm if UHP can be formalised as a CYP surgical hub and additional theatre capacity as system resource.
		• Develop assurance processes and support Trusts to recovery at pace in line with expected target of Q2 2023/24.
		• Scope the level of public consultant required, depending on level of change in each Trust.
			• Reduction in waiting lists, with a focus of eliminating >65 by April 2024 and >52 week waits by April 2025.
			
			• Reduce outpatient follow-ups (OPFU) in line with national ambition of 25% against 2019/20 by March 2024.
			
			• Reduction in agency or locum costs (key deliverable for PASP – to be quantified).
			
			• Part of the all age target, to ensure 85% theatre utilisation for all elective procedures from April 2023 onwards.
			
			• Reduction in zero LOS for CYP with common childhood illness (to be quantified).

Year 1 and 2 (operational plan detail)

Children and Young People Care Model

SMART objective	Milestones	How are you going to achieve – actions you are going to take	Impact
Children and families with **neurodiverse, emotional and communication needs** will be supported across health, care and education, preventing crisis and enabling them to live their best life.	**Holistic integrated neurodevelopmental assessment pathway:** **Year 1:** • Co-produce a the new pathway. • Produce options appraisal and recommendations for the new pathway. • Transition to new pathway to commence at end of year 1. **Year 2:** • Develop a digital Neurodiversity offer. • Establish a network of workforce and public facing training systems. • Framework rolled out for evaluation and co-production by the children and families.	**Holistic integrated neurodevelopmental assessment pathway:** **Year 1:** • Monthly workstream meetings agreed, Senior Leads nominated as Chairs and stakeholders invited. • Analysis of service and workforce data to identify and address gaps. • Expert Lived experience reference group to be established and nominations to be invited. • Hold 2 face to face events for Communication and coproduction with parents including national autistic society. • Draft and pilot common paperwork 'request for assessment' that will support a referrer to make a decision to refer for an assessment or not. • Agree on process which includes: Who can refer; who can complete an assessment; Single front door/ point of access; Decision making tool / triage process for referrals received; age related guidelines. • Workstream groups to agree timeline for testing and implementation. Test and adapt as necessary. • Prepare the options for a consistent referral and assessment paperwork. **Year 2:** • Undertake research and evaluate existing websites and apps; compile summary; ask young people and their families for their views. • Workstream group to review changes made to assessment pathway, amend, confirm and roll out consistent across ICP. • Compile a list of training that is available free of charge as well as those charged at a universal and specialist level. Take advice as to what is most effective and relevant for the Devon system and advertise and promote. • Agree with each provider the data to be collected and centrally analysed. Gaps identified and noted.	Improved access to support at universal and targeted level resulting in a shift in culture and a reduction in the drive of families seeking a diagnosis as a means to get support will result in the following impacts: • Waiting list for a neurodivergent diagnosis will have reduced to within NHS standard time frames (18 weeks) by 2025. • Requests for EHCPS will have decreased to bring Torbay, Devon and Plymouth in line with the national average. • We know that the baseline experience satisfaction for families who have neurodivergent is low and through the keyworker scheme we will see an incremental increase for parents / carers and CYP for the support they receive. • The number of children and young people on multiple waiting lists is reduced (target to be determined). • We are hoping to undertaken and economic evaluation of this benefits of this piece of work.
	Early access keyworker pilot: **Year 1:** • Recruit additional keyworkers working across the ICP for a 12 month test of change. • Develop and maintain a directory of services. **Year2:** • Establish a neurodiversity Club for CYP and their families. • Develop and implement an accessible integrated local offer, without the need for a diagnostic assessment. • Undertake an evaluation of Keyworkers as part of the neurodiversity and SLCN pathway.	**Early access keyworker pilot:** **Year 1:** • Develop job plans and person specifications for new keyworker roles. • Recruit additional keyworkers to work across the ICP. • Develop SoPs for the new keyworker service aligned with locality early help systems. • Gather key information on what services are available at a local level and provide this to the Joy.app and local offer directories of service. • Collate and promote resources that can be used by families. **Year 2:** • Key workers with families draft what an early identification and training offer looks like • Consider digital technologies that promotes and provides local information that can support families information and advice • Complete the 2 new outcome star as part of evaluation • Develop business case for continuation and further roll out of key workers.	

Year 1 and 2 (operational plan detail)

Children and Young People Care Model

SMART objective	Milestones	How are you going to achieve – actions you are going to take	Impact
Children and families with **neurodiverse, emotional and communication needs** will be supported across health, care and education, preventing crisis and enabling them to live their best life.	**Speech and Language Communication Needs (SLCN)** **Year 1:** • Establish a shared system wide understanding of current level of SLCN, provision and gaps. • Better understand the connections between SLCN and Social Emotional Mental Health (SEMH), Adverse Childhood Experience (ACE). trauma, offending and employability. **Year 2:** • Implement Communities of Practices that link with Family Hubs and Best start in Life. • Establish a network of workforce training systems which support differential diagnosis and professional development. • Develop a robust transdisciplinary offer of support for CYPS with SLCN/SEMH.	**Speech and Language Communication Needs (SLCN):** **Year 1:** • Each provider to input their data – workforce, service referral and activity on to the Balanced System. Including their service offer. • Central analysis of data provided identifying strengths and gaps, making recommendations to decision makers for addressing inequity of access. • Communication and coproduction with parents to be planned • Specialist SLCN/SEMH to attend team meetings within education, care and health raising awareness and offering training at both a universal and targeted level. **Year 2:** • Attend Family Hub strategic planning group • Develop job plans and person specifications for SLT roles in Family Hubs • Recruit additional SLTs working across the ICP. • Develop SoPs for the SLTs aligned with Family Hubs • Prepare costings for investment required in SLCN workforce. • Submit and present to senior executives for decision making • Recruit to additional SLCN posts across the ICP • Compile a database of training that is available (free of charge as well as charged). • Promote training on offer via organisation staff websites. • Update staff appraisal paperwork to identify and record what training completed for SLCN/SEMH	There is a clear integrated model of provision across health, social care, education, voluntary and third sector, in partnership with young people and their families, ensuring needs are identified and met effectively, which will have the following impact: • Greater confidence and capacity to support SLCN needs within the universal workforce (to be tested trough workforce survey). • Waiting list for a SLCN intervention will have reduced (95% CYP seen within the constitutional standard) to within NHS standard time frames (18 weeks) by 2025. • % of CYP requiring SEN support is moving towards national average rate per population for SLCN. • % of CYP requiring EHCP is moving towards national average rate per population for SLCN.

Year 1 and 2 (operational plan detail)

Children and Young People Care Model

SMART objective	Milestones	How are you going to achieve – actions you are going to take	Impact

Maternity care will be safe and offer a personalised experience to women, birthing people and their families. Key safety targets to be achieved by 2025.	**By June 2023:** Produce a local Maternity system plan aligned to the national **Maternity Single Delivery Plan** that delivers:
	Personalised Care and Choice:
	• Review existing and embed new personalised care and support plans for pregnancy, birth and postnatally
	• Ensure transition is seamless between services and sectors
	Improved equity and outcomes:
	• Improve access to antenatal education
	• Embed specialist smoking cessation pathways
	• Deliver Pelvic Health Services
	Enhanced Quality and Safety:
	• Full implementation of Ockenden Interim and final recommendations
	• Implement Perinatal Quality Surveillance model at Trust and System level
	• Full compliance with Saving Babies Lives Care Bundles version 2
	• Align escalation policies with appropriate ICB oversight
	• Implement preterm birth pathways in all Trusts.
	Improve maternal mental health and emotional wellbeing offer:
	• Deliver bereavement support for perinatal death
	• Devon wide perinatal mental health collaborative established
	• Review maternity estate so that choice of place of birth is available
	• Develop an enhanced Digital Maternity Information Systems (MIS)
	• Improved joint working and alignment of vision
	• Improve community outreach and co-production
	Year 2:
	Personalised Care and Choice:
	• Consistent, evidence based information
	Equity and improved outcomes:
	• Referral to the national diabetes prevention programme
	• A postnatal contraception offer
	• Improved uptake of vaccination in pregnancy
	• System wide infant feeding strategy
	• Full implementation of enhanced continuity of carer (some services)
	• Full implementation of the Neonatal Critical Care Review
	Enhanced Quality and Safety:
	• Implement East Kent Report recommendations
	• Devon Dashboard operational
	• 50% reduction in stillbirth, neonatal death, maternal death and intrapartum brain injury
	• Sharing learning from complaints and incidents
	• Full participation in South West Maternal Medicine Network
	• Implement Saving Babies Lives Care Bundles V3
	Maternal mental health and emotional wellbeing offer:
	• System wide Maternal Mental Health offer including VCSE
	Enabled by:
	• Community outreach and engagement
		• Review contents SDP, anticipated March 23rd 2023. Significant changes to programme deliverables not anticipated
		• Align current plans and timescales to national strategic requirements of the SDP.
		• Develop Serious Incidents thematic analysis review tool
		• Literature review of best practise guidance and evidence
		• Map the existing antenatal education offer to make best use of 'collaborative advantage'- Production of a cohesive antenatal education offer from a range of sources.
		• Service user review- what is required from our services
		• Production of antenatal service specification, demonstrating alignment of resources
		• Monitor implementation in Trusts via LMNS Safety and Governance and LMNS Board
		• Share learning and devise shared system wide clinical governance
		• Take appropriate LMNS/ICB actions as outlined in Ockenden Interim
		• Monitor Trust implementation of Saving Babies Lives Care Bundles version 2
		• Liaise with South West regional Maternity Transformation Programme (MTP) to ensure compliance
		• Share learning and clinical governance across the system
		• Implement preterm birth pathways in line with Saving Babies Lives Care Bundles version 2.
		• Ensure specialist bereavement midwives in post, who have undertaken specialist bereavement training
		• Availability of perinatal bereavement rooms and facilities
		• Links to funeral directors, national charities and local support groups will be in place
		• Review estate utilisation and future service provision models
		• Develop estates utilisation plan aligned to strategic vision for maternity service delivery, including alignment with Family Hubs (MTP: Community Hubs)
		• Fully implemented maternity information systems, to include electronic patient held record (ePHR)
		• Scope and plan to enhance maternity digital provision, with an aim of digital maturity aligned to ICS roadmap
		• Implement data sharing agreements to enable system wide data visualisation and sharing
		• Map community assets available that address inequalities within the community
		• Identify community support 'deserts' and plan service delivery to fill these gaps
		• Identification of community champions and support interventions for signposting (aligned to Best Start in Life)
		• An LMNS financial plan prioritising community outreach and coproduction
			CQC survey indicated areas for improvement:
			• There will be a 1 point increase in the post natal experience scores by 2024.
			• There will be a 0.1 point increase in experience of antenatal check-ups by March 2024.
			• There will be a 0.2 point increase in labour and birth experience by March 2024.
			
			For all maternity services to have full Baby Friendly Initiative (BFI) accreditation by 2025.
			
			Improved Outcomes
			• A 50% reduction by 2025 in:
			  • Stillbirth
			  • Neonatal Death
			  • Maternal Death
			  • Intrapartum Brain Injury
			• Reduction in preterm births from 8% to 6% (Nationally)
			• Increased breast milk at first feed to 78% by March 2024 (in line with regional value).
			• Increased breastfeeding at 6-8 weeks to 55% by March 2024 (in line with regional value).
			• Smoking at time of Delivery will be at 6% or less by 2024.

Year 1 and 2 (operational plan detail)

Children and Young People Care Model

SMART objective	Milestones	How are you going to achieve – actions you are going to take	Impact

Through a 5 year maternity and neonatal strategy, we will fund, plan and deliver a safe, inclusive, well trained and sustainable maternity and neonatal workforce for now and the future, which supports a reduction in turnover and vacancies.	**By the end of Q3 2023-2024:**
	• Co-produce a 5 year LMNS Workforce Strategy
	• Produce a plan to address workforce objectives outlined in key maternity and neonatal documentation
	• Produce a reliable baseline of Devon maternity and neonatal workforce profiles
	• Redesignation of Maternity Support Workers to band 3's with appropriate training and supervision plans in place (national mandate).
	• Core Competency Framework will be implemented across all Trusts
	
	Year 2:
	• Develop a trust and system succession plan, to support system staff to develop themselves and securing high quality leadership for the future
	• Ensure job plans for obstetricians will include time for improving shared clinical governance
		• Review extensive national guidance on improving workforce recruitment, retention and wellbeing.
		• Produce a plan to address national strategic guidance on improving maternity and neonatal workforce recruitment, retention and wellbeing.
		• Engage with Higher education Institutions (HEIs) to plan future workforce needs.
		• Plan to implement the recommendations of the workforce race equality standard.
		• Prepare to co-produce a long term maternity and neonatal workforce strategy.
		• Develop the system maternity leadership and oversight.
		• Enhance maternity and neonatal leadership and oversight for safety and improving outcomes, including at Trust executive level.
		• Implement the relevant actions regarding workforce and leadership from the Ockenden reports.
		• Implement recommendations in regard to training and development, with focus on the following areas:
		  • MDT training
		  • Respecting diversity, including cultural competence training
		  • Implementation of the A-EQUIP model
		  • Provision of broad career pathways
		  • Ensuring that maternity training funding is ring fenced
		• Implement learning from SCORE culture surveys.
		• Take an active leadership role in supporting a culture of shared learning, openness and transparency, especially in regard to incidents and complaint.
		• Detailed analysis of the maternity and neonatal workforce.
		• Review of existing literature from HEE, NHSE etc such as workforce planning guidance, and safe staffing levels as outlined in the Ockenden report.
		• Ensure that Maternity Support Workers are designated as band 3 and there is an Maternity Support Workers competency framework in place to upskill this staff group.
		• Ensure that MSW's are coded accurately on ESR, utilising the new national MSW codes.
		• Oversight of core competency framework implementation in Trusts via LMNS Board core-competency-framework.pdf (england.nhs.uk).
		• Sharing learning and resources across the system.
			Increase the establishment (in post) vacancy and decrease sickness absence rates for Obstetricians, Neonatologists, Midwives, Maternity Support Workers and Neonatal Nurses (this should be in line with individual unit recommendations from BirthRate+ and Ockenden) - target to be confirmed once review has been undertaken to determine the accurate baseline.
			
			NHS staff survey questions on staff experience and morale (target to be confirmed once review has been undertaken to determine the baseline).
			
			Every newly registered midwife to have a preceptorship programme by 2025.

Year 1 and 2 (operational plan detail)

Children and Young People Care Model

SMART objective	Milestones	How are you going to achieve – actions you are going to take	Impact
By 2028, we will have proactively addressed **health inequalities**. The Core20PLUS5 approach will be part of core business for all children and young people's pathways, ensuring that the priority populations and clinical areas are a key focus.	**Year 1:** • Complete stocktake with each of the key areas and populations in Devon. • Baseline Core20PLUS5 dashboard developed, via Devon Intelligence Functions Group, linking with regional team as appropriate. • Develop network of stakeholders and pathways for the identified priority groups: 1. Children and families in the 20% most deprived areas and areas of rural and coastal deprivation 2. Children and young people in care, 3. Neurodiverse children 4. Young carers • Develop clear work programmes for the key clinical areas: • Asthma • Diabetes • Epilepsy • Oral Health • (Mental Health – delivered by mental health workstream) • (Healthy Weight) **Year 2:** • Established pathways within the relevant clinical areas, including the priority groups. • Deliver the priority service development improvement plans for the key clinical areas, with consideration of four priority groups.	**Year 1:** • Planning, monitoring and evaluation with a focus on health inequality groups. • Use data from national asthma dashboard (including deprivation data) and risk stratification tool to target support to PCNs and practises with children at high and very high risk. • Produce targeted communications with schools in most deprived areas. • Build relationships with SW CYP epilepsy team to support alignment of regional and national guidance and to local priorities, with consideration of priority groups. **Year 2:** • Deliver the priority service development improvement plans for asthma, diabetes and epilepsy with consideration of four priority groups. • Promote and share learning from eclipse tool to improve number of practises using the data.	**Asthma:** • To have a year on year reduction in emergency attendance and unplanned admissions due to asthma in secondary care. • 55% of GP practices within Devon have prescribed over 6.7 SABA inhalers within a year. Initial aim in the first 2 years is for 80% of GP practices to be prescribing 6.7 or less SABA inhalers per year for CYP. • To have jointly reviewed with primary care 90% of CYP identified as "Very High Risk" on eclipse in Devon by July 2024. • To have a remote review and recommendation with primary care - 80% of CYP identified on eclipse as "High Risk" and prescribed 3 or more SABA inhalers within a year by July 2024. **Diabetes:** • Identify Trusts with greatest disparity in uptake of rtCGM and insulin pumps based on deprivation and ethnicity. • Support Trusts where disparity has been identified to increase access to rtCGM and insulin pumps. • Increase proportion of CYP with Type 2 diabetes receiving NICE recommended care processes (all six health checks: HbA1C, Blood Pressure, BMI, Urinary Albumin, Foot exam and Thyroid). • Ensure CYP in Devon have equitable access to diabetes care and a reduction in variation across the three NHS Trusts, evidenced by a range of outcome measures in the National Paediatric Diabetes Audit (NPDA).

Year 1 and 2 (operational plan detail)

Children and Young People Care Model

SMART objective	Milestones	How are you going to achieve – actions you are going to take	Impact
Family Hub and Early Help models are developed across Devon ICS by 2026, working with Local Authorities to support children's development and readiness for school.	**Year 1:** **Torbay:** Funded Family Hub model in place. **Plymouth:** Submission of bid and development of roll-out plan completed (if successful). **Devon:** Established Best Start in Life Programme Strategic Priorities with the aim to bring together 0-5 services. **Year 2:** **Torbay:** Delivery of comprehensive Family Hubs model, with effective communications to ensure that parents and carers are aware of the services and support available. **Plymouth:** TBC dependent on bid **Devon:** Established delivery of the Best Start in Life Programme.	• Enhanced intervention led early years offer. • Work with Local Authorities to develop Family Hub and Early Help models across Devon ICS to support children's development and readiness for school. • Use family hubs as a spring board to bridge the gap between services. • Work within an integrated care partnership footprint to understand how to work across boundaries – health, social care, housing, public health etc. • Develop an evidence-based enhanced service offer for the early years.	

Year 1 and 2 (operational plan detail)

Children and Young People Care Model

SMART objective	Milestones	How are you going to achieve – actions you are going to take	Impact
The **Special Education Needs and Disabilities (SEND)** of children and families will be prioritised across Devon. New SEND reforms will be embedded across the three Local Authorities and to address the weaknesses identified through the Torbay and Devon Local Area Inspection's within the mandated timeframes for each local area.	**Year 1:** • Create the conditions for service improvement and joint commissioning across the local areas (health, care and education), supported by co-production mechanisms. • Agree integrated SEND strategies for each local area. • Deliver new code of practice and work with Local Authorities subject to the new inspection framework. • Deliver a system dashboard that includes robust health data. **Year 2:** • Clear local offer established for each local area, including a graduated pathway of support to CYP and families. • Define the outcomes framework that demonstrate improvements.	• Develop a strong local area governance to ensure there are defined structure roles and responsibilities, lines of accountability and commitment of resources to deliver and support the rapid delivery of the areas of significant weakness identified in the Ofsted and CQC inspections. • Map education, health, and care provision across the Local Area, identifying and addressing gaps in relation to meeting needs of children and young people with SEND, through an improved graduated approach, and clearly communicate this. • Develop effective methods of co-production to ensure that children, young people, parents, and carers' lived experiences and expertise is valued and embedded within all layers of work. • Review and redefine the joint commissioning strategy co-producing priorities based on a good understanding of local need and local spend. • Continue to ensure that resources are deployed to the best possible effect to achieve good outcomes for children and young people and make best use of public funds. • Have a workforce development plan that establishes a skilled, sustainable, supported, and sufficient workforce across the Local Area to deliver services to children and young people with SEND. • Develop a system dashboard that includes robust health data. • Develop methods to ensure there is robust commissioning for a smooth transition for CYP with SEND and who are well prepared for the next stage of their education, employment or training and their adult lives. • Develop a set of Value-based behaviours for communication. • Identify the local offers for each local area to support embedding these across the system for CYP and families.	Health input into EHCPs is provided within the statutory timeframe of six weeks – target 95% by 2024. There will be a reduction in the requests for EHCPs (due to appropriate help and support being received early). Individual targets for each Local Authority being set by the SEND programmes and will be confirmed. Parents report through Parent / Carer surveys that co-production is embedded within SEND improvement programmes. The percentage of children and young people absence from school with EHC Plans to reduce by 2025 to less than 10%. The percentage of new EHC Plans that meet the quality standard in the Quality Assurance framework greater than 70% by 2025.

Years 1-5 objectives and milestones (1/4)

Acute Services Sustainability - PASP

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
We will have identified an initial set of Peninsula Acute Sustainability Programme sustainability recommendations (July 2023)	Paediatric, medical and surgical assessment workshops x 9 complete (May 2023) Targeted engagement with patients, the public, ICS partners, Overview and Scrutiny Committees, workforce and voluntary sector complete (June 2023) Options for redesign of paediatric, medical and surgical assessment generated (July 2023)	Finished in year 1	Finished in year 1
There will be a financial framework in support of the Peninsula Acute Sustainability Programme which sits within the context of both Devon and Cornwall's overarching ICS financial frameworks (July 2023)	Financial framework in support of the Peninsula Acute Sustainability Programme in place (July 2023)	Framework finished in year 1 Financial monitoring	Framework finished in year 1 Financial monitoring
Trust Boards, Peninsula leadership and NHSE South West signoff clinical models, acute sustainability options and proposed service changes, resulting in: • An agreed Programme A: a service change programme which requires engagement but not public consultation • An agreed Programme B:a service change programme which requires engagement and public consultation (September 2023)	Expert advice: legal, Consultation Institute and other stakeholders advice given (September 2023) Recommendations endorsed by the leadership within Devon and Cornwall ICS (September 2023) Recommendations endorsed by NHSE South West (September 2023)	Finished in year 1	Finished in year 1

Years 1-5 objectives and milestones (2/4)

Acute Services Sustainability - PASP

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
We will document the road-map and implementation plans for **Programme A**: a service change programme which requires engagement but not public consultation (January 2024)	Roadmap produced for Programme A (October 2023) Implementation plans in support of Programme A (January 2024)	Additional implementation plans in support of Programme A Commencement of implementation of Programme A, from April 2024 (or sooner for some fragile services)	
We will undertake targeted engagement with key stakeholders on **Programme A**: a service change programme which requires engagement but not public consultation (February/March 2024)	Targeted involvement and engagement with stakeholders complete (ie with workforce, clinicians, partners, public etc) (to March 2024)	Finished in year 1	

Years 1-5 objectives and milestones (3/4)

Acute Services Sustainability - PASP

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
We will complete the significant service change process for the agreed projects and programmes within **Programme B**: the service change programme which requires engagement and public consultation (to December 2024)	• NHSE SW Stage 1: Strategic Sense Check and Assurance – approval to procced to NHSE South West Clinical Senate with proposed service changes (October/November 2023) • Options appraisal and impact assessment starts (October 2023) • NHSE SW Clinical Senate Review of significant service changes in group B January to May 2024 (17 to 20 weeks – mandatory, fixed NHSE timeline)	• Options appraisal and impact assessment ends (January 2024) • (…continued) NHSE SW Clinical Senate Review of significant service changes in group B January to May 2024 (17 to 20 weeks – mandatory, fixed NHSE timeline) • NHSE SW Stage 2: Assurance and recommendations to NHSE National Team (Programme B service changes only) (June 2024) • Pre-Consultation Business Case (Programme B - PCBC) approved for public consultation – (June 2024) • NHSE assurance to proceed to public consultation (June 2024) • Public consultation on significant service change - Programme B (July to September 2024) • Consultation feedback report (November 2024) • Decision making business case ready (November 2024) • Decision-making business case approved (December 2024)	

Years 1-5 objectives and milestones (4/4)

Acute Services Sustainability - PASP

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
We will stabilise fragile services, starting with 5 priority services: Urology, Interventional Radiology, Stroke, Microbiology and Oncology (Date TBC)	The following, initial, fragile services will be sustainable: Urology, Interventional Radiology, Stroke, Microbiology and Oncology (Date TBC) A tranche 2 list of priority fragile services which will be stabilised (Date TBC)	N/A – subsumed within the Peninsula Acute Sustainability Programme	N/A – subsumed within the Peninsula Acute Sustainability Programme

Year 1 and 2 (operational plan detail) – (1/2)

Acute Services Sustainability - PASP

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
We will have identified an initial set of Peninsula Acute Sustainability Programme sustainability recommendations (July 2023)	Paediatric, medical and surgical assessment workshops x 9 complete (May 2023) Targeted engagement with patients, the public, ICS partners, Overview and Scrutiny Committees, workforce and voluntary sector complete (June 2023) Options for redesign of paediatric, medical and surgical assessment generated (July 2023)	Undertake 9 workshops: • 3 x paediatric assessment • 3 x medical assessment • 3 x surgical assessment Develop a set of high-level scenarios and recommendations for the Peninsula Acute Provider Collaborative and Trust Boards Subject to leadership feedback, undertake engagement with internal and external stakeholders	Peninsula-wide view on reconfiguration of paediatric, medical and surgical assessment
There will be a financial framework in support of the Peninsula Acute Sustainability Programme which sits within the context of both Devon and Cornwall's overarching ICS financial frameworks (July 2023)	Financial framework in support of the Peninsula Acute Sustainability Programme in place (July 2023)	Devon ICS and Cornwall ICS Directors of finance oversee the development of a Peninsula Acute Sustainability Programme financial framework	Ensures that proposed changes are financial viable
Trust Board, Peninsula leadership and NHSE South West signoff clinical models, acute sustainability options and proposed service changes, resulting in: • An agreed Programme A: a service change programme which requires engagement but not public consultation • An agreed Programme B:a service change programme which requires engagement and public consultation (September 2023)	Expert advice: legal, Consultation Institute and other stakeholders advice given (September 2023) Recommendations endorsed by the leadership within Devon and Cornwall ICS (September 2023) Recommendations endorsed by NHSE South West (September 2023)	• Triage the emerging service change programme • Apply the significant service change test to create two programmes • Undertake targeted internal and external engagement • Invite independent review of the programmes: check and challenge • Put in place a team to undertake options appraisal in support of change programmes A and B • Undertake options analysis and appraisal • Undertake EQIA • Seek legal advice • Engage with Peninsula leadership. • Engage with NHSE South West leadership	Clarity on services which can be reconfigured starting in 2023 and those which will be subject to a significant service change – public consultation process

Year 1 and 2 (operational plan detail) – (2/3)

Acute Services Sustainability - PASP

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
We will document the road-map and implementation plans for **Programme A**: a service change programme which requires engagement but not public consultation (January 2024)	Roadmap produced for Programme A (October 2023) Implementation plans in support of Programme A (January 2024)	Design the roadmap for programme A Start designing tranche 1 implementation plans within programme A	Clarity regarding the level of change which will start to have impact from 2024
We will undertake targeted engagement with key stakeholders on **Programme A**: a service change programme which requires engagement but not public consultation (February/March 2024)	Targeted involvement and engagement with stakeholders complete (ie with workforce, clinicians, partners, public etc) (March 2024)	Undertake targeted internal and external engagement	An understanding of the view, opinions and impact of service change on public, patients and other stakeholder
We will complete the significant service change process for the agreed projects and programmes within **Programme B**: the service change programme which requires engagement and public consultation (to December 2024)	• NHSE SW Stage 1: Strategic Sense Check and Assurance – approval to procced to NHSE South West Clinical Senate with proposed service changes (October/November 2023) • Options appraisal and impact assessment starts (October 2023) • NHSE SW Clinical Senate Review of significant service changes in group B January to May 2024 (17 to 20 weeks – mandatory, fixed NHSE timeline) • NHSE SW Stage 2 Assurance checkpoint (June 2024) • NHSE assurance to proceed to public consultation • Consolation material are ready (June 2024 • Pre-consultation business case ready for consultation June2024 • Public consultation (July to September 2024) • Public consultation report available (November 2024 • Decision Making Business Case (DMBC) available (November 2024) • Decision Making Business Case (DMBC) approved (December 2024)	• Ensure that Devon and Cornwall have met NHSE's 5 key tests for significant service change have been met • Coordinate stakeholders and prepare the materials so that the NHSE South West Clinical Senate have the information they require to undertake their review • We will work with NHSE South West Clinical Senate on it's 17-20 week review of our pre-consultation business case • Build on existing Devon ICS and Cornwall ICS case for change to create tailored case for change for PCBC • Coordinate stakeholders and prepare the materials so that the NHSE South West and NHSE National Team have transparency on the benefits and risks associated with significant service change programme A • Secure letter of assurance from NHS England confirming that Devon ICS and Cornwall ICS can proceed with public consultation • Work with stakeholders to prepare the material for the 3-month public consultation • Support the communications teams with the evaluation of the public consultation feedback and write up and subsequent engagement • Depending on the outcome of the public engagement – prepare for the Decision Making Business Case	An approved programme of significant change endorsed by: • Devon and Cornwall leadership • NHSE South West leadership • Public and patients

Year 1 and 2 (operational plan detail) – (3/3)

Acute Services Sustainability - PASP

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
We will stabilise fragile services, starting with five priority services: Urology, Interventional Radiology, Stroke, Microbiology and Oncology (Date TBC)	The following, initial, fragile services will be sustainable: Urology, Interventional Radiology, Stroke, Microbiology and Oncology (Date TBC) A tranche 2 list of priority fragile services which will be stabilised (Date TBC)	• Define the objective and leadership group with a mandate and accountability to develop a clinical and operational solution (i.e. which CMO/MD and Network Leadership?) • Establish a Task and Finish Group to lead work to stabilise priority fragile services • Develop a clear evidence base for change (i.e. what exactly is wrong with the service?) Assess against national and local exemplars of best practice (i.e. what does good, and excellence look like?) Develop immediate proposals for stabilisation of service (secure PASP Board signoff to stabilisation implementation plan and start to make changes) Develop proposals for sustainability phase (i.e. having fixed the short-term what is required for the medium term) Develop proposals for transformation phase (i.e. full alignment with the PASP transformational change programme to determine what needs to take place to transform the clinical model to remove fragility)	Avoidance of service breakdown. Improved equity of access for patients. Improved use of resources across the Peninsula

Years 1-5 objectives and milestones

Acute Services Sustainability - Planned Care

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
We will reduce the number of long waiting patients for elective care with a plan to return to waits of less than 18 weeks in the next five years. This will be achieved by increasing productivity and maximising elective capacity in Devon and implementation of the national and local best practice including GIRFT and model hospital	• Key focus on scheduling 'Super Clinics' for the specialties with the highest non-admitted waits: • Reduction in DNAs as a result of embedding the key actions specified in the priority specialties. • Remote Consultations to be used routinely (where appropriate) for the identified specialties • Patient Initiated Follow-Up (PIFU) implemented in the priority specialties. Every PIFU pathway to meet minimum quality standards.) • Specialist Advice: • Job planned in priority specialties • Ensure specialist advice is embedded • Implementation of One stop clinics/HOT clinics wherever appropriate • Validation – Regular clinical review of waiting lists embedded to ensure patients are on the right pathway and still need to be seen • Stopping unrequired follow-ups via discharge by default or structured follow up: • Secondary Care triage of referrals embedded in the priority specialties • Implementation of Devon wide theatre utilisation standard operating procedure as part of the System Theatre Transformation programme • Implementation of the One Devon Pilot in Orthopaedics, Spinal and Ophthalmology • Maintain agreed protected elective beds in each Trusts • Implementation of GIRFT/Model Hospital/HVLC best practice • Maximisation of capacity in new system and provider assets, accelerators and TIF schemes • Continue to develop and embed Clinical Referral Guidelines (CRGs), commissioned pathways and policies; • Embed C2C referral protocols as per the Good Practice guide. • Increase use of Specialist Advice to support an increase of referrals being diverted away from secondary care; • Develop a 2023/24 Optimising Referral Primary Care Local Enhanced Service (LES) to improve quality of Advice and Guidance (A&G) referrals and sharing of learning from A&G returns within primary care teams; • monitor against EBI List 1 and work to implement EBI 2 and 3.	• Key focus on scheduling 'Super Clinics' for the specialties with the highest non-admitted waits: • Reduction in DNAs as a result of embedding the key actions specified in the priority specialties. • Remote Consultations to be used routinely (where appropriate) for the identified specialties • Patient Initiated Follow-Up (PIFU) implemented in the priority specialties. Every PIFU pathway to meet minimum quality standards.) • Specialist Advice: • Job planned in priority specialties • Ensure specialist advice is embedded • Implementation of One stop clinics/HOT clinics wherever appropriate • Validation – Regular clinical review of waiting lists embedded to ensure patients are on the right pathway and still need to be seen • Stopping unrequired follow-ups via discharge by default or structured follow up: • Secondary Care triage of referrals embedded in the priority specialties • Embedding and further roll out of 2023 projects	

Years 1-5 objectives and milestones

Acute Services Sustainability - Planned Care

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
We will standardise high-cost medicines use in secondary care to improve patient outcomes while rationalising costs within five years.	Horizon scanning will continue looking towards new advances in therapy as well as potential savings opportunities from patent expiries and introduction of biosimilar medicines. We will continue exemplary collaborative work with providers to optimise biosimilar uptake as seen with adalimumab and more recently with ranibizumab. The savings opportunities in 23/24 are minimal due to products being low volume usage (tocilizumab, botulinum toxin and bevacizumab),	Horizon scanning will continue looking towards new advances in therapy as well as potential savings opportunities from patent expiries and introduction of biosimilar medicines. We will continue exemplary collaborative work with providers to optimise biosimilar uptake as seen with adalimumab and more recently with ranibizumab. The savings opportunities in 23/24 are minimal due to products being low volume usage (tocilizumab, botulinum toxin and bevacizumab),	We will continue exemplary collaborative work with providers to optimise biosimilar uptake as seen with adalimumab and more recently with ranibizumab. Opportunities exist in 24/25 and beyond with biosimilar ustekinumab, pegfilgrastim, aflibercept, omalizumab and denosumab anticipated to come to market as well as generic pitolisant, romiplostim, eltrombopag and certolizumab

Year 1 and 2 (operational plan detail)

Acute Services Sustainability - Planned Care

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
We will reduce the number of long waiting patients for elective care with a plan to return to waits of less than 18 weeks in the next five years. This will be achieved by increasing productivity and maximising elective capacity in Devon and implementation of the national and local best practice including GIRFT and model hospital	• Key focus on scheduling 'Super Clinics' for the specialties with the highest non-admitted waits: • Reduction in DNAs as a result of embedding the key actions specified in the priority specialties. • Remote Consultations to be used routinely (where appropriate) for the identified specialties • Patient Initiated Follow-Up (PIFU) implemented in the priority specialties. Every PIFU pathway to meet minimum quality standards.) • Specialist Advice: • Job planned in priority specialties • Ensure specialist advice is embedded • Implementation of One stop clinics/HOT clinics wherever appropriate • Validation – Regular clinical review of waiting lists embedded to ensure patients are on the right pathway and still need to be seen • Stopping unrequired follow-ups via discharge by default or structured follow up: • Secondary Care triage of referrals embedded in the priority specialties • Implementation of Devon wide theatre utilisation standard operating procedure as part of the System Theatre Transformation programme • Implementation of the One Devon Pilot in Orthopaedics, Spinal and Ophthalmology • Maintain agreed protected elective beds in each Trusts • Implementation of GIRFT/Model Hospital/HVLC best practice • Maximisation of capacity in new system and provider assets, accelerators and TIF schemes • Continue to develop and embed Clinical Referral Guidelines (CRGs), commissioned pathways and policies; • Embed C2C referral protocols as per the Good Practice guide. • Increase use of Specialist Advice to support an increase of referrals being diverted away from secondary care; • Develop a 2023/24 Optimising Referral Primary Care Local Enhanced Service (LES) to improve quality of Advice and Guidance (A&G) referrals and sharing of learning from A&G returns within primary care teams; • monitor against EBI List 1 and work to implement EBI 2 and 3.	Through a robust outpatient transformation programme working with Trust outpatient management and clinical leads. This will be delivered through focussed actions plans delivered through the System Theatre Transformation Programme, the One Devon Pilot and the Surgical Pathway Innovation Group This will be delivered through a robust demand management programme	By March 2024, the Devon System will reduce the number of patients waiting over 65 weeks for elective care to 2,956 by the end of March 2024. The Devon System specific activity target of 103% of 19/20 activity in 2023/24 achieve 85% Day Case and 85% theatre utilisation. Outpatient transformation will deliver a 25% reduction of outpatient follow ups and increased first outpatient appointments through increased productivity. We will eliminate the number of patients waiting over two years for treatment in Devon by December 2023

Year 1 and 2 (operational plan detail)

Acute Services Sustainability - Planned Care

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
We will standardise high-cost medicines use in secondary care to improve patient outcomes while rationalising costs within five years.	Horizon scanning will continue looking towards new advances in therapy as well as potential savings opportunities from patent expiries and introduction of biosimilar medicines. We will continue exemplary collaborative work with providers to optimise biosimilar uptake as seen with adalimumab and more recently with ranibizumab. The savings opportunities in 2023/24 are minimal due to products being low volume usage (tocilizumab, botulinum toxin and bevacizumab),	This will be delivered through work led by the ICB Secondary Care Medicines Optimisation Team	Reduced spend on prescribing in Secondary care

Years 1-5 objectives and milestones

Acute Services Sustainability - Diagnostics

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Complete endoscopy room extensions and facility improvements in Torbay, Plymouth and Exeter in 2023/24, and in Barnstaple in 2026/27, to underpin ICS recovery, meet demand growth and ensure service accreditation	Business cases approved Funding received Builders contracted Staff recruited Equipment ordered Buildings completed and service commissioned	Service accreditation achieved	
Develop a strategy for the provision of further endoscopy capacity in 2025/26-2033/34 to achieve parity with national levels of access and meet future long-term demand growth	ICB – Board paper to SET April 23 describing the options for expanding capacity. Strategic approval of a preferred option by ICB and Trust boards completed by August 23.	Business case completed Business case approved Building/service partner commissioned Staff recruited Equipment ordered Facilities commissioned	Accreditation maintained Programme completed and services commissioned.

Years 1-5 objectives and milestones

Acute Services Sustainability – Diagnostics

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Establish community diagnostic centres in Torbay in 2023/24 and in Plymouth by 2024/25	Business case completed Business case approved	Funding received Engagement of building partner. Estates plan and design process complete Target operating model developed.	Building completed. Commencement of service delivery.
Extend the use of GP direct access to improve diagnostic turnaround times and patient experience from 2023/24	GP Direct access of chest, abdomen, and pelvis CT scans, brain MRI and abdomen and pelvis ultrasound. Pathways effective and consistent	Further extend GP Direct access in line with national programmes	Evaluate patient experience and outcome impact and operational benefits
Ensure all relevant clinical networks contribute significantly to service productivity and quality improvement from 2023/24	Aligned SMART objectives set for clinical networks	Performance managed and objectives reviewed	Performance managed and objectives reviewed
Increase virtual training academy scope and scale in 2023/24-2025/26 to support recruitment and clinical, nursing and support staff upskilling	Training capacity increased Endoscopy Admin competency framework rolled out	Staff passporting supported Clinical and screening endoscopist capacities met	Upskilling for engagement with innovations embedded
Plan for significant service transformations in 2025/26-2033/34 triggered by technological innovations (e.g. Artificial Intelligence, genomic testing) and policy decisions (e.g. widened screening criteria)	Continue engagement in relevant pilots and networks to establish adoption strategy	Planning and initial implantation for at least two significant innovations Rolling development of adoption strategy	Impact evaluations Mature adoption capability

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Year 1 and 2 (operational plan detail)

Acute Services Sustainability - Diagnostics

SMART objective Year 1 and 2	How are you going to achieve – actions you are going to take	Impact
Complete endoscopy room extensions and facility improvements in Torbay, Plymouth and Exeter in 2023/24, and in Barnstaple in 2026/27, to underpin ICS recovery, meet demand growth and ensure service accreditation	Continue to attend project delivery meetings with Trusts. Continue to link with NHSE regional team to support delivery.	Delivery of two additional rooms and training capacity by December 2023 (Torbay and Plymouth) Delivery of a further two additional rooms (Tiverton) and training capacity by September 2024 Resolution of capacity and accreditation shortfalls Sustained clearance of backlogs and performance issues for better patient experience and outcomes Securing of delivery premium Delivery of a further two additional rooms (Barnstaple) as part of new hospital development c.2026/27
Develop a strategy for the provision of further endoscopy capacity in 2025/26-2033/34 to achieve parity with national levels of access and meet future long-term demand growth	ICB – Board paper to SET March 23 describing the options for expanding capacity. Strategic approval of a preferred option by ICB and Trust boards completed by August 23.	An agreed long term strategic plan for the delivery of capacity with a supporting programme delivery plan

Year 1 and 2 (operational plan detail)

Acute Services Sustainability – Diagnostics

SMART objective Year 1 and 2	How are you going to achieve – actions you are going to take	Impact
Establish community diagnostic centres in Torbay in 2023/24 and in Plymouth by 2024/25	Continue to co ordinate and oversee the activity between the provider trust and NHSE until the project moves into the delivery phase. Once in delivery phase to move to having oversight of the Trust project on behalf of the ICB.	Achievement of the requirements of the national strategy to increase diagnostic capacity .
Extend the use of GP direct access to improve diagnostic turnaround times and patient experience from 2023/24	Facilitate, and establish the monitoring of, GP Direct access for chest, abdomen, and pelvis CT scans, brain MRI and abdomen and pelvis ultrasound. Ensure pathway readiness and consistency	More beneficial to patients who have vague symptoms so they get the right test quicker. This will increase a faster diagnosis within the 62 day pathway. Best use of GP and diagnostic resources.
Ensure all relevant clinical networks contribute significantly to service productivity and quality improvement from 2023/24	Continue engagement with key networks to ensure their commitment to productive, aligned SMART objectives. Extend engagement where necessary for key objectives	More rapid and impactful realisation of service improvements through aligned clinical leadership and engagement across teams
Increase virtual training academy scope and scale in 2023/24-2025/26 to support recruitment and clinical, nursing and support staff upskilling	Continue coordination with SW Endoscopy Training Academy. Assure alignment and harnessing of wider workforce strategies and opportunities	Upskilled teams (clinicians, nurses and support staff) Increased portability of staff Improved specialist recruitment and retention Demand growth met and staff shortages avoided
Plan for significant service transformations in 2025/26-2033/34 triggered by technological innovations (e.g. Artificial Intelligence, genomic testing) and policy decisions (e.g. widened screening criteria)	Continue engagement with key programmes and pilots. Focus on exploring the potential and implications of game changing innovations (e.g. GRAIL Trial and other genomic innovations, Artificial Intelligence)	Improved patient experience and outcomes, and maximised productivity, through the full exploitation of game changing innovations and policy changes

Years 1-5 objectives and milestones

Acute Services Sustainability - Cancer

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Achieve Faster Diagnosis Standards by implementing best practice timed pathways in 2023/24	Deliver BPTP milestones in suspected prostate, lower gastrointestinal, skin and breast cancer pathways.	Roll out BPTP across all suspected cancer pathways	Sustain BPTP milestones and exceed achievement of 75% target across each tumour group
Achieve 62-day referral to treatment targets in 2023/24 including clearance of all cancer backlogs	Maximise the use of IS capacity and continue to prioritise cancer pathways to reduce backlogs. Delivery of prioritised action plans for most challenged pathways		
Sustainability of Oncology Services	Development of Oncology Workforce Strategy	Development of service redesign to be agreed year 1	Sustainability of services, including workforce through workforce planning, establishing pipelines and delivery of education through Cancer Academy
Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Prepare for increasing use of screening programmes and pilots to reduce late-stage diagnosis (e.g. targeted lung checks, GRAIL trial, liver surveillance, widened Bowel cancer screening), including preparing for the management of consequential demand and impacts on wider providers (e.g. diagnostics, mental health, primary care) from 2023/24 Establish non-specific symptoms pathways across each provider	Implementation of GRAIL pilot Expansion of TLHC programme across Devon Evaluation of NSS pathways to inform commissioning intentions for 24/25	

Year 1 and 2 (operational plan detail)

Acute Services Sustainability – Cancer

SMART objective Year 1 and 2	How are you going to achieve – actions you are going to take	Impact
Achieve Faster Diagnosis Standards by implementing best practice timed pathways in 2023/24	The ICB will work with systems and providers to develop and implement action plans to improve cancer waiting times performance with a focus on achieving the faster diagnosis standard and reducing the delays to diagnosis.	Improved patient experience and outcomes through the delivery of proven best practice pathways
Achieve 62-day referral to treatment targets in 2023/24 including clearance of all cancer backlogs	Minimum of weekly reviews at trust level are in place to ensure there is focus on reducing the cancer waiting list backlogs and improve performance against the 62 day referral to treatment target.	Improved patient experience and outcomes through the avoidance of harms arising from delayed diagnosis or treatment
Sustainability of Oncology Services	SRO in post to support programme Working group established to agree actions and lead delivery within each provider. Working with Peninsula Cancer Alliance and specialist commissioning to support delivery of agreed service developments	Increased service resilience and consistency Improved patient experience and outcomes through reduced delays and variation in care
Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Prepare for increasing use of screening programmes and pilots to reduce late stage diagnosis (e.g. targeted lung checks, GRAIL trial, liver surveillance, widened Bowel cancer screening), including preparing for the management of consequential demand and impacts on wider providers (e.g. diagnostics, mental health, primary care) from 2023/24 Establish Non-specific symptoms pathways in each provider	Improved patient experience and outcomes through much earlier diagnosis and treatment of cancers including some with vague symptoms

Years 1-5 objectives and milestones

Acute Services Sustainability - Urgent and Emergency Care

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Improve **effective navigation** around the urgent care system by increasing the range of services available for 111 and 999 to refer to and increasing clinical input into 111 and 999.	New Integrated Urgent Care Service (IUCS) consolidation complete and year 1 service development and improvement plan delivered Implementation of SW 999 transformation plan priorities for acute pathways (SDEC pathways) and community services (UCR and mental health) across all localities Increase in referrals to urgent community response and same day emergency care from 111/999 Enhanced clinical validation in 111 and 999 in place, including ITK link between SWASFT and IUCS CAS	IUCS service development and improvement plan year 2 priorities delivered and year 3 and 4 plan agreed Full access to SDEC services for ambulance services as “trusted assessors” Increasing range of options available to those using 111 Online, reducing pressure on call answering Digital referral from 111 and 999 to UCR starts	Digital referral enabled to UCR fully implemented All urgent and crisis services accept referrals from 111 and 999 and adopt the full national DOS templates to maximise referrals and alternatives to ED/999
Enhance the role of **community urgent care** to manage demand for urgent care through Urgent Treatment Centre primary care minor injuries services development.	Five year CUC workforce plan in place UTC development plan	Implementation of workforce plan begins Remote consultation option in all UTCs Implementation of UTC development plan begins	Completion of workforce plan and all benefits realised UTC development plan complete, including primary care minor injury offer to release capacity in UTCs
Increase number of patients seen in **same day emergency care** by extending the range of services across Devon for medical, surgical, frailty and paediatrics.	Consistent medical SDEC 12 hours/day, 7 days a week across Devon – accessible to ambulance service Frailty and paediatric services at each hospital	Consistent medical and surgical SDEC 12 hours/day, 7 days a week across Devon – accessible to ambulance service and NHS 111 Frailty service available for 70 hours per week at each hospital – accessible to ambulance service and 111	Paediatric services available 7 days a week and accessible to ambulance service and 111

Years 1-5 objectives and milestones

Acute Services Sustainability - Urgent and Emergency Care

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Improve **A&E performance** at all hospitals – the ICB meets the 72% seen in 4-hours target.	ICB achievement of national performance standard for A&E waiting by the end of the financial year (31st March 2024)		
Improve **ambulance response times** across all call categories, with particular emphasis on category 2 – SWASFT meet the recovery plan target of mean response time of 30 minutes.	SWASFT category 2 mean response time of 30 minutes achieved by end of the financial year (31st March 2024)		
Acute bed occupancy will decrease to 94-96% by 2024 through reducing the number of patients within a General or Acute bed who do not meet the criteria to reside (NCTR) to no more than 5% and reducing length of stay.	Achieving 96% bed occupancy by end of the financial year (31st March 2024)		

Year 1 and 2 (operational plan detail)

Acute Services Sustainability - Urgent and Emergency Care

SMART objective	Milestone	How are you going to achieve – actions you are going to take	Impact
Improve **effective navigation** around the urgent care system by increasing the range of services available for 111 and 999 to refer to and increasing clinical input into 111 and 999.	• New Integrated Urgent Care Service (IUCS) consolidation complete and year 1 service development and improvement plan delivered • Implementation of SW 999 transformation plan priorities for acute pathways (SDEC pathways) and community services (UCR and mental health) across all localities • Increase in referrals to urgent community response and same day emergency care from 111/999 • Enhanced clinical validation in 111 and 999 in place, including ITK link between SWASFT and IUCS CAS	• We have seen a significant improvement in call answering performance in 111 as a result and an increase in clinical assessment service (CAS) resources. • Our priorities for next year are to grow the workforce across the service by better matching health advisor capacity to demand to improve call answering performance further and strengthening the clinical workforce out of hours to increase capacity and time to treatment. Additionally, we will be looking to embed digital development and dedicated end of life care out of hours.	Better outcomes for patients calling 111, and getting patients to the right place, first time.
Enhance the role of **community urgent care** to manage demand for urgent care through Urgent Treatment Centre primary care minor injuries services development.	• Five year CUC workforce plan in place • UTC development plan	• Partnership and system working to support standardisation of the UTCs across Devon. An ICB programme board will sit at the heart of this workstream to ensure this is delivered. • On-site UTC and GP streaming – support the contracting of these workstreams to ensure they are delivered efficiently and effectively.	Equity of community urgent care offer across Devon
Increase number of patients seen in **same day emergency care** by extending the range of services across Devon for medical, surgical, frailty and paediatrics.	• Consistent medical SDEC 12 hours/day, 7 days a week across Devon – accessible to ambulance service • Frailty and paediatric services at each hospital	A more consistent model will be in place by enabling more robust and visible pathways for any referring service. • Development of an ED based SDEC environment. • Development of paediatric SDEC services and palliative care support in ED. Further pathway development and frailty/paediatric SDEC will enable admission avoidance for patients being assessed for inclusion onto the VW without attending an acute site, which will release capacity within acute “front door” departments such as ED/SDEC/AMU. In addition, the opportunities of closer links with community pathways such as UCR 2hr response, falls teams, EHCH, 111 and 999 will continue to be explored to maximise the potential for acute admission avoidance.	Reduction in avoidable admissions and support our most vulnerable residents across Devon

Year 1 and 2 (operational plan detail)

Acute Services Sustainability - Urgent and Emergency Care

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
Improve **A&E performance** at all hospitals – the ICB meets the 72% seen in 4-hours target.	ICB achievement of national performance standard for A&E waiting by the end of the financial year (31st March 2024)	UEC recovery plan includes detailed actions to reduce acute bed occupancy down to 86-92% at sites, to improve flow and ED waiting times. Actions include admission avoidance schemes, use of virtual ward and intermediate care beds.	Improved patient experience, reduced ED crowding, performance standard achieved
Improve **ambulance response times** across all call categories, with particular emphasis on category 2 – SWASFT meet the recovery plan target of mean response time of 30 minutes.	SWASFT category 2 mean response time of 30 minutes achieved by end of the financial year (31st March 2024)	UEC recovery plan (ambulance) includes detailed actions to enhance clinical input in the 999 hub and increase response capacity across the south west. Actions include recruitment of clinicians to hubs for navigation and validation of category 2 cases, and increase in response capacity including make ready hubs, additional staff and third party resources.	Improved patient experience, quality and safety improvement, performance standard achieved
Acute bed occupancy will decrease to 94-96% by 2024 through reducing the number of patients within a General or Acute bed who do not meet the criteria to reside (NCTR) to no more than 5% and reducing length of stay.	Achieving 96% bed occupancy by end of the financial year (31st March 2024)	The system is committed to increasing acute bed capacity and reducing bed occupancy through supressing growth in non-elective admissions to c2.5%, increasing bed capacity through escalation and community bed capacity and decreasing rates of no criteria to reside. Developments in same day emergency care will contribute to reductions in average length of stay. Block booking of P2 and P1 capacity will be important to ensure available support is in place to meet the NCTR target and to support in particular 92% G&A bed occupancy. Support from the VCSE will be a key priority for the next financial year in supporting pathway 0 and pathway 1 flow.	Improved patient flow through each acute site and more capacity for patients who need care the most

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Years 1-5 objectives and milestones

Housing

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Ensure a simple route for referral to support with issues around poor quality housing for those where health is a concern across all areas, which accepts referrals from a range of health, social and VCSE;	Map out the ways in which people in different areas can access support for; • grants for insulation • Support in energy efficiency • Financial aid and advice • Housing Standards • Advocacy and support to address poor living conditions To provide guide on how to support patients tackle fuel poverty. Identify areas of insufficient resource and work strategically to improve EPC rating. Establish baseline.	Updated based on new government advice and schemes Consider any gaps determined through the previous work and develop resources **By end of year 2: Devon foot print covered with fit for purpose referral mechanisms**	Continuous improvement based on feedback from those we wish to refer and those being referred.
Systematically identify vulnerable groups with chronic conditions and signpost for support;	Define 'vulnerable groups' and set up referral mechanisms to pilot; at least 1 through hospital OP, at least 1 through Pharmacy (via medications) per LCP / LA area **Cohort size established** **Pilot in place**	Learning from the pilot scheme, widen range of conditions to **cover 50%** of those identified as vulnerable due to health issues Develop PHM processes to identify at-risk groups and pilot communications channels	Expand to **cover 100%** of those with relevant health issues Expand to other vulnerable groups where there is no known current existing health issue. - use of face to face and/or PHM approaches
Identifying poor quality housing or lack of secure housing on admission/discharge planning and referring for support	Map out what is currently done and spread good practice. Identify the gaps and work with hospitals to set up pathways as pilots. Needs analysis of support and resource requirements. **Baseline established**	Learning from pilot and widen implementation to embed appropriate housing and health assessments to enable early identification of poor quality housing and those at risk of homelessness	Implement pathways in full for a defined vulnerable population
For the projected need for specialist housing, accommodation to meet the needs of older people, and affordable housing, to be recognised in Local Plans across Devon to support housing delivery	Housing needs assessments completed for high priority groups, such as people with complex LD and/or autism returning from out of area placements Engagement with planning leads/fora to a) provide assurance that this work is in hand b) offer support if needed on the assumptions and modelling to form the projections if appropriate.	Housing needs assessments completed for relevant population cohorts, such as people with mental health disorders, dementia and complex needs By the end of year 2, ICS/ One Devon will have a shared understanding of the different needs and the different delivery plans across the whole of Devon, for these elements of housing	
Reduce the number of people who are homeless in particular; • reduced the number of households in temporary accommodation by 10% • reduced the number of families placed in temporary B&B accommodation for more than 6 week to 0 • Increased the % of people sleeping rough who get an offer of accommodation to 100% • increased in the number of households successfully prevented from becoming homeless by 30%	**Devon wide collation of baseline, plans and delivery timelines** Identification of any factors or gaps where a wider system approach may support the achievement of the deliverables. Every person rough sleeping should be offered accommodation. Assessment should be undertaken to reason and barriers on why this may not be preventing street homelessness to improve pathways and support solutions.	No households with children in B&B accommodation for more than six weeks (end of 2024) There is complexity around rough sleeping and if the target is not met then there still should be assurances that a safe and warm place to sleep was offered and that the root cause for refusal is then used to develop a better offer in the future Reduction in people housed under homelessness duties of 10% pa	Maintenance of the targets around rough sleeping and families in B&B accommodation Reduction in people housed under homelessness duties of 10% pa

Year 1 and 2 (operational plan detail)

Housing

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
Ensure a simple route for referral to support with issues around poor quality housing for those where health is a concern across all areas, which accepts referrals from a range of health, social and VCSE;	Map out the ways in which people in different areas can access support for; • grants for insulation • Support in energy efficiency • Financial aid and advice • Housing Standards • Advocacy and support to address poor living conditions To provide guide on how to support patients tackle fuel poverty. Identify areas of insufficient resource and work strategically to improve EPC rating. Establish baseline.	• Set up working group with representation across La areas • Collate LA web pages / information on support and share • Consider where there are gaps and seek to fill through learning from local areas • Learn from best practice across areas • Identify baseline of number of people seeking support ad their referral routes (eg social prescribing, self referral) Need to consider liking in with other existing housing networks such as Environmental Health Housing. Also at LA or other level. Happy to provide some more detail, but need elevating a bit. Also need to think potentially big regional EPC funding program.	Clear referral processes Baseline of number referred and receiving support
Systematically identify vulnerable groups with chronic conditions and signpost for support;	Define 'vulnerable groups' and set up referral mechanisms to pilot; at least 1 through hospital OP, at least 1 through Pharmacy (via medications) per LCP / LA area **Cohort size established** **Pilot in place**	• Consideration of evidence base to determine most sensitive conditions to cold / poor quality homes • Identify the different cohorts who could be eligible for support (explore use of PHM, fuel • Engage with Pharmacy via LPC – consider leaflets distribution as part of meds reviews or dispensed meds • Engage with hospital consultants around the key conditions (eg respiratory) and identify routes for the signposting (leaflet, face to face, posters, emails, texts….)	Reduce readmissions / admissions for those most likely to suffer exacerbations
Identifying poor quality housing or lack of secure housing on admission/discharge planning and referring for support	Map out what is currently done and spread good practice. Identify the gaps and work with hospitals to set up pathways as pilots Needs analysis of support and resource requirements.	• Seek advice from colleagues on discharge practices where it relates to homes • Consideration of approaches – learn from best practice, identify gaps and opportunities. • Link into the referral processes	Reduce readmissions / admissions for those most likely to suffer exacerbations
For the projected need for specialist housing, accommodation to meet the needs of older people, and affordable housing, to be recognised in Local Plans across Devon to support housing delivery	Housing needs assessments completed for high priority groups, such as people with complex LD and/or autism returning from out of area placements Engagement with planning leads/fora to a) provide assurance that this work is in hand b) offer support if needed on the assumptions and modelling to form the projections if appropriate.	• Link to LA leads to identify the plans that are in place • Consider whether there may be advantages to working together around assumptions and projections for the modelling of need	Longer term provision of relevant forms of housing
Reduce the number of people who are homeless in particular; • *reduced the number of households in temporary accommodation by 10%* • *reduced the number of families placed in temporary B&B accommodation for more than 6 week to 0* • *Increased the % of people sleeping rough who get an offer of accommodation to 100%* • *increased in the number of households successfully prevented from becoming homeless by 30%*	**Devon wide collation of baseline, plans and delivery timelines** Identification of any factors or gaps where a wider system approach may support the achievement of the deliverables. Every person rough sleeping should be offered accommodation. Assessment should be undertaken to reason and barriers on why this may not be preventing street homelessness to improve pathways and support solutions.	• Engage with LA leads • Develop / utilise forum to ensure different elements of the system are connected (if not already) • Work with them to understand gaps especially where factors such as domestic abuse, mental health, trauma, substance misuse, primary care are relevant factors and ensure that the connections are made between the commissioners of the different services – if not already	Reductions in homelessness / prevention

Years 1-5 objectives and milestones

Employment

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Seek to reduce level of 16-18 year olds Not in Education Employment and Training ('NEET') in Devon by 1% by 2027	Reduction in NEET performance when compared to national average of 0.25%	Reduction in NEET performance when compared to national average of 0.5%	Reduction in NEET performance when compared to national average of 1%
Reduction in number of individuals with a disability or mental health need who are unemployed compared to the national average by 4% by 2027	Reduction in number of individuals with a disability or mental health need who are unemployed reduced by 0.5% when compared with the national average.	Reduction in number of individuals with a disability or mental health need who are unemployed reduced by 2% when compared with the national average.	Reduction in number of individuals with a disability or mental health need who are unemployed reduced by 4% when compared with the national average.
Reduction in the number of care experienced young people who are considered NEET within Devon by 2027	Reduction in number of young people who are care experienced who are considered NEET reduced by 4% when compared with the national average.	Reduction in number of young people who are care experienced who are considered NEET reduced by 8% when compared with the national average.	Reduction in number of young people who are care experienced who are considered NEET reduced by 16% when compared with the national average.
Unpaid carers will be supported to remain in or re-enter employment	Resources developed to support unpaid carers to remain in or re-enter employment.	Unpaid carers able to access additional support to remain in or re-enter employment.	Increase in the number of unpaid carers able to remain in and re-enter employment.
Build on resources developed across local authorities to support more people into employment.	Resources and services enhanced and developed to support people into employment.	People able to easily access resources to support them into employment.	Increase in the number of people being supported to find and retain employment.

Year 1 and 2 (operational plan detail)

Employment

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
Seek to reduce overall levels of NEET performance amongst 16-19 year olds within the Devon area by 1% by 2027	Reduction in NEET performance when compared to national average of 0.25%	Coordination of ongoing NEET prevention activity with JCP / DWP as well as County, District and health related NEET provision. Coordination of in school NEET prevention and wider support products (Transitions, Focus 5, etc) through aligned NEET partnership.	Reduction in NEET Levels, reduced economic scarring and wider socio-economic benefits from individual impacts.
Reduction in number of individuals with a disability or mental health need who are unemployed compared to the national average by 4% by 2027	Reduction in number of individuals with a disability or mental health need who are unemployed reduced by 0.5% when compared with the national average.	Alignment of targeted support for individuals with a disability or other health barrier to employment through local programme approach, including Devon's Employment Hub and the Plymouth Employment Hub. Coordination alongside core national programme's such as Restart and JCP/ DWP's national disability and mental health related support products. Creation of a single Mental Health Employment Forum. Alignment of approach with wider workstreams around workforce development, careers and education, housing and transport.	Reduction in overall level of unemployment amongst those with a disability, mental health need or wider health related barrier to employment, reduced service demand and improved economic/well being outcomes from economically active individuals
Reduction in the number of care experienced young people who are considered NEET within Devon by 2027	Reduction in number of young people who are care experienced who are considered NEET reduced by 4% when compared with the national average.	Coordination of ongoing NEET prevention activity with JCP / DWP as well as County, District and health related NEET provision. Coordination of in school NEET prevention and wider support products (Transitions, Focus 5, etc) through aligned NEET partnership. Specific alignment of local authority CIC, Care Leaver and wider care experience support services through Care Leaver protocol with DWP / JCP	Reduction in NEET Levels amongst Care experienced in Devon, reduced economic scarring and wider socio-economic benefits from individual impacts.

Year 1 and 2 (operational plan detail)

Employment

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
Unpaid carers will be supported to remain in or re-enter employment	Resources developed to support unpaid carers to remain in or re-enter employment.	Plan in development	More unpaid carers remaining in and re-entering employment.
Build on resources developed across the local authorities to support more people into employment.	Resources and services enhanced and developed to support people into employment.	Plan in development	More people being supported to find and retain employment.

Years 1-5 objectives and milestones

Suicide Prevention

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
The Local Suicide Prevention Groups to each have a published annual action plan based on the national strategy which sets local delivery priorities for the year	Action plans published and delivered	Action plans published and delivered	Action plans published and delivered
Our local Suicide Prevention Groups to report annually on their suicide rates and their annual action plan to their respective Health and Wellbeing Boards	Board reports presented	Board reports presented	Board reports presented
Prioritise ongoing provision of suicide training programmes to continue to expand system knowledge of suicide and suicide prevention, coordinated by local Suicide Prevention Groups	Annual action plans deliver targeted training provision relevant to local need	Annual action plans deliver targeted training provision relevant to local need	Annual action plans deliver targeted training provision relevant to local need
Public Health Teams to monitor suicide rates in their areas and for the whole ICB and compare it to the England average	The rate in each local authority area is stable	The rate in each local authority area is on a downward trajectory and is in line with or below the England average	The rate in each local authority area is on a downward trajectory and is in line with or below the England average

Year 1 and 2 (operational plan detail)

Suicide Prevention

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
The Local Suicide Prevention Groups to each have a published annual action plan based on the national strategy which sets local delivery priorities for the year	Action plans published and delivered	Action plans agreed in multi-agency suicide prevention groups and delivered by members with annual report at end of each financial year monitoring progress.	We will stabilise the suicide rate this year and reduce year on year so by 2028 our suicide rate in each local authority area to be in line with or below the England average
Our local Suicide Prevention Groups to report annually on their suicide rates and their annual action plan to their respective Health and Wellbeing Boards	Reports presented to Boards	Chair of Suicide Prevention Group (Public Health Lead) ensures annual report produced and presented at Health and Wellbeing Board at start of following financial year.	We will stabilise the suicide rate this year and reduce year on year so by 2028 our suicide rate in each local authority area to be in line with or below the England average

Year 1 and 2 (operational plan detail)

Suicide Prevention

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
Prioritise ongoing provision of suicide training programmes to continue to expand system knowledge of suicide and suicide prevention, coordinated by local Suicide Prevention Groups	Annual action plans deliver targeted training provision relevant to local need	Chair of Suicide Prevention Group (Public Health Lead) ensures action plan contains targeted training delivery as agreed by group members and monitors delivery throughout the year at the regular group meetings. Collaboration with other 2 groups in the ICB to join up where same training needs identified	System awareness of suicide and suicide prevention continues to grow as relevant training provided. Aiming for number?
Public Health Teams to monitor suicide rates in their areas and for the whole ICB and compare it to the England average	The rate in each local authority area is stable	ONS data on rolling three-year suicide rate (Persons) for each local authority area available annually and Public Health leads will produce an annual report with the rates for each area and ICB level and compare them to the England average rate.	We will stabilise the suicide rate this year and reduce year on year so by 2028 our suicide rate in each local authority area to be in line with or below the England average

Years 1-5 objectives and milestones

Health Protection

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Reduce occurrences of healthcare associated infections (HCAI) (Clostridium difficile (C. diff), methicillin-resistant Staphylococcus aureus (MRSA)) *and* community onset community associated (COCA) occurrences of HCAIs	To have reduced occurrences of HCAIs (C.diff, MRSA, gram negative organisms) by 10%	To have reduced occurrences of HCAIs (C.diff, MRSA, gram negative organisms) by a further 10% from Year 1	To have reduced occurrences of HCAIs (C.diff, MRSA, gram negative organisms) by 25% or more across a 5 year period
Ensure effective antimicrobial use in line with NICE guidance and the Start Smart Then Focus principles to optimise outcomes, reduce the risk of adverse events and to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection Antimicrobial stewardship: Start smart - then focus - GOV.UK (www.gov.uk) Course: TARGET antibiotics toolkit hub (rcgp.org.uk) Antibiotic stewardship tools, audits and other resources: Audit toolkits (rcgp.org.uk)	All prescribers signed up to Start Smart Then Focus principles and this requirement to be included within commissioning contracts. Peninsula wide antimicrobial resistance (AMR) group and action plan to be launched. Establish baseline for antibiotic prescribing.	All secondary care providers ensuring prompt switching of intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patients meet switch criteria. To have reduced antibiotic prescribing by 5% from year 1 baseline.	To have reduced antibiotic prescribing by 15% from year 1 baseline.

Years 1-5 objectives and milestones

Health Protection

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Providers must demonstrate a 100% offer to eligible cohorts for influenza and Covid vaccination programmes, and to achieve at least the uptake levels of the previous seasons for each eligible cohort, and ideally exceed them where applicable - with particular focus on Devon's priority populations (CORE20PLUS) for children and young people (CYP) and adults	• System wide governance structures in place to oversee planning, delivery and increasing uptake of each programme including emphasis on increasing access and addressing health inequalities. An Equality and Health Inequalities Impact Assessment will be completed ahead of each programme launch. • 100% offer to eligible cohorts each season • Vaccine uptake in line with or exceeding national/regional/comparator benchmarking • Vaccine confidence training offer developed • Programme evaluation in place to capture and embed learning • Inclusion and Prevention checklist rolled out with reasonable adjustments in place as standard, in partnership with VCSE/NHS Devon Equality Diversity and Inclusion (EDI)	• As in Year 1 but learning embedded from previous seasons • Year on year improvement in uptake amongst priority cohorts • Delivery of vaccine confidence training	• As in Year 1 but learning embedded from previous seasons • Year on year improvement in uptake amongst priority cohorts • Vaccine confidence training embedded across the system

Years 1-5 objectives and milestones

Health Protection

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Vaccine coverage of 95% of two doses of MMR by the time the child is 5, with particular focus on Devon's priority populations (CORE20PLUS) for children and young people (CYP)	• Multi-agency Devon Maximising Immunisation Uptake Group established with clear action plan in place	• Year 1 activity delivered • Action plan implemented	• Vaccine coverage 95%
Vaccine coverage of 95% of 4-in-1 pre-school booster by the time the child is 5, with particular focus on Devon's priority populations CORE20PLUS for CYP	• Multi-agency Devon Maximising Immunisation Uptake Group established with clear action plan in place	• Year 1 activity delivered • Action plan implemented	• Vaccine coverage 95%
Achieve recovery of School-aged Immunisation (SAI) uptake to pre-Covid levels, with secondary aim to achieve year on year improvement in uptake working towards the 90% target as stated in national service specification with particular focus on Devon's priority populations (CORE20PLUS) for CYP	• New provider/contract in place • Working closely with NHS England commissioners, support the development of a Devon-wide SAIs strategy to increase uptake. This work will be led by NHS England Integrated Public Health Commissioning Team as the commissioner of the SAI provider. The multi-agency Devon Maximising Immunisation Uptake Group (co-chaired by NHS England Screening and Immunisation Team and LA Public Health, Health Protection lead) will play a key role in developing and delivering community focused interventions that support the work undertaken by the SAI provider. Interventions/activities to increase uptake will be agreed as part of this group.	• Year 1 activity delivered • Action plan implemented	• Vaccine uptake – improvement compared to previous year

Years 1-5 objectives and milestones

Health Protection

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Halt the decline in cervical screening coverage and then to improve uptake year on year towards a goal of 80%, with focus on first invitation and Devon's priority populations (CORE20PLUS) for Adults	Reduce the decline in cervical screening coverage and stabilise uptake Implement NHSE-funded Learning Disability Primary Care Liaison Nurse to focus on cervical screening	Maintain/stabilise uptake Maximising Screening Uptake Group established with clear action plan in place, which includes focus on first invitation and Devon's priority populations (CORE20PLUS) for Adults	Improvement in uptake compared to previous year
Work closely with NHS England commissioner to support the delivery of the upcoming national campaign to increase breast screening uptake and reduce inequalities coverage (NHS England and provider led) with focus on Devon's priority populations (CORE20PLUS) for Adults	National guidance awaited – detailed milestones for overall uptake trajectories and specific groups of focus to be determined and confirmed with NHS England Integrated Public Health Commissioning Team. Campaign delivered. Make progress to achieve national standard	Maximising Screening Uptake Group established with clear action plan in place, which includes focus on first invitation and Devon's priority populations (CORE20PLUS) for Adults Locally agreed targets are achieved	Locally agreed targets are achieved
Addressed the commissioning and delivery gaps identified in the 2022 South West Gap Analysis Action Plan Tool for Health Protection Frontline Services to ensure that Devon has pathways in place for key pathogens and capabilities and can respond effectively to health protection related incidents and emergencies across different communities in Devon.	Audit tool completed and reviewed	Gaps addressed	Pathways in place

Year 1 and 2 (operational plan detail)

Health Protection

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
Reduce occurrences of Health care associated infections (HCAI) (Clostridium difficile (C. diff), methicillin-resistant Staphylococcus aureus (MRSA)) *and* community onset community associated (COCA) occurrences of HCAIs	By Year 1, to have reduced occurrences of HCAIs (C.diff, MRSA, gram negative organisms) by 10% By Year 2, to have reduced occurrences of HCAIs (C.diff, MRSA, gram negative organisms) by a further 10% from Year 1.	• Early sampling to promote early switch to the most suitable antibiotic – broad to narrow spectrum • Reducing use of broad spectrum antimicrobials generally – use of targeted antimicrobials • Discharging patients as soon as fit for discharge from hospitals – longer in hospital likelihood of development of HCAI • Discourage use of repeat prescriptions for antimicrobials unless indicated • Use of the Devon Community Infection Management Service (CIMS) teams to support primary care • Effective IPC practices	Reduce antibiotic use in primary care through early identification and treatment of bacterial infections.
Ensure effective antimicrobial use in line with NICE guidance and the Start Smart Then Focus principles to optimise outcomes, reduce the risk of adverse events and to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection	By Year 1, all prescribers signed up to Start Smart Then Focus principles and this requirement to be included within commissioning contracts. Peninsula wide antimicrobial resistance (AMR) group and action plan to be launched. Establish baseline for antibiotic prescribing. By Year 2, all secondary care providers ensuring prompt switching of intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patients meet switch criteria. To have reduced antibiotic prescribing by 5% from year 1 baseline.	• Early sampling to allow early switch to the most suitable antibiotic – broad to narrow spectrum. • Reducing use of broad spectrum antimicrobials generally – use of targeted antimicrobials. • Individual prescribing benchmarked against local and national antimicrobial prescribing rates and trends • Local and national antimicrobial resistance rates and trends are monitored and reported • Support reduced lengths of hospital stays by ensuring that intravenous antibiotics are only used for as long as clinically necessary.	Reduced lengths of hospital stays by ensuring that intravenous antibiotics are only used for as long as clinically necessary.

Year 1 and 2 (operational plan detail)

Health Protection

SMART objective	Milestone	How are you going to achieve – actions you are going to take	Impact
Providers must demonstrate a 100% offer to eligible cohorts for influenza and Covid vaccination programmes, and to achieve at least the uptake levels of the previous seasons for each eligible cohort, and ideally exceed them where applicable - with particular focus on Devon's priority populations (CORE20PLUS) for CYP and adults	System wide governance structures in place to oversee planning, delivery and increasing uptake of each programme including emphasis on increasing access and addressing health inequalities. An Equality and Health Inequalities Impact Assessment will be completed ahead of each programme launch. 100% offer to eligible cohorts each season Vaccine uptake in line with or exceeding national/regional/comparator benchmarking Vaccine confidence training offer developed Programme evaluation in place to capture learning with learning embedded from previous seasons Year on year improvement in uptake amongst priority cohorts Delivery of vaccine confidence training	System wide multi-agency governance and reporting structure in place to oversee planning and delivery of both programmes utilising existing structures already established within the ICS for delivery of flu and Covid vaccination programmes. Dedicated Health Inequalities Cell (led by Public Health) and NHS Outreach Programme in place to focus on increasing access and addressing health inequalities in uptake of both programmes. EHIAs completed as part of programme planning. All vaccination sites to have completed inclusion and prevention checklist with reasonable adjustments in place. Vaccine confidence lead in place and training offer developed and piloted in Devon working with the NHS England Regional Screening and Immunisation Team. Comms strategy developed. Regular monitoring of performance and uptake in place to inform action.	Delivery of other services such as physical health checks alongside vaccination when reaching vulnerable/seldom heard cohorts. Comms impact monitored. Evaluation of plans undertaken. Regular monitoring of performance and uptake in place to inform action.
Vaccine coverage of 95% of two doses of MMR by the time the child is 5, with particular focus on Devon's priority populations (CORE20PLUS) for CYP	Multi-agency Devon Maximising Immunisation Uptake Group established with clear action plan in place	MMR strategy led via multi-agency Devon Maximising Immunisation Uptake Group (co-chaired by NHS England Screening and Immunisation Team and LA Public Health, Health Protection lead). Interventions/activities to increase uptake will be agreed as part of this group.	Comms impact monitored. Evaluation of plans undertaken. Regular monitoring of performance and uptake in place to inform action

Year 1 and 2 (operational plan detail)

Health Protection

SMART objective	Milestone	How are you going to achieve – actions you are going to take	Impact
Vaccine coverage of 95% of 4-in-1 pre-school booster by the time the child is 5, with particular focus on Devon's priority populations (CORE20PLUS) for CYP	Multi-agency Devon Maximising Immunisation Uptake Group established with clear action plan in place	Preschool booster strategy led via multi-agency Devon Maximising Immunisation Uptake Group (co-chaired by NHS England Screening and Immunisation Team and LA Public Health, Health Protection lead). Interventions/activities to increase uptake will be agreed as part of this group.	Comms impact monitored. Evaluation of plans undertaken. Regular monitoring of performance and uptake in place to inform action
Achieve recovery of School-aged Immunisation (SAI) uptake to pre-Covid levels, with secondary aim to achieve 90% target as stated in national service specification with particular focus on Devon's priority populations (CORE20PLUS) for CYP	New provider/contract in place Multi-agency Devon Maximising Immunisation Uptake Group established with clear action plan in place	New provider/contract in place alongside performance monitoring. Working closely with NHS England commissioners, support the development of a Devon-wide SAIs strategy to increase uptake. This work will be led by NHS England Integrated Public Health Commissioning Team as the commissioner of the SAIS provider. The multi-agency Devon Maximising Immunisation Uptake Group (co-chaired by NHS England Screening and Immunisation Team and LA Public Health, Health Protection lead) will play a key role in developing and delivering community focused interventions that support the work undertaken by the SAI provider. Interventions/activities to increase uptake will be agreed as part of this group.	Comms impact monitored. Evaluation of plans undertaken. Regular monitoring of performance and uptake in place to inform action

Year 1 and 2 (operational plan detail)

Health Protection

SMART objective	Milestone	How are you going to achieve – actions you are going to take	Impact
Halt the decline in cervical screening coverage and then to improve uptake year on year towards a goal of 80%, with focus on first invitation and Devon's priority populations (CORE20PLUS) for Adults	Reduce the decline in cervical screening coverage and stabilise uptake. Maintain/stabilise uptake Maximising Screening Uptake Group established with clear action plan in place, which includes focus on first invitation and Devon's priority populations (CORE20PLUS) for Adults Implement NHSE-funded Learning Disability Primary Care Liaison Nurse to focus on cervical screening	Multi-agency Maximising Screening Uptake Group established with clear action plan in place, which includes focus on first invitation and those living in the 20% most deprived neighbourhoods	Comms impact monitored. Evaluation of plans undertaken. Regular monitoring of performance and uptake in place to inform action
Support NHS England to deliver the upcoming national campaign to increase breast screening uptake and reduce inequalities coverage (NHS England and provider led) with focus on Devon's priority populations (CORE20PLUS) for Adults	Maximising Screening Uptake Group established with clear action plan in place, which includes focus on first invitation and Devon's priority populations (CORE20PLUS) for Adults Campaign delivered. Make progress to achieve national standard	Multi-agency Maximising Screening Uptake Group established with clear action plan in place. Comms strategy in place.	Comms impact monitored. Evaluation of plans undertaken. Regular monitoring of performance and uptake in place to inform action
Addressed the commissioning and delivery gaps identified in the 2022 South West Gap Analysis Action Plan Tool for Health Protection Frontline Services to ensure that Devon has pathways in place for key pathogens and capabilities and can respond effectively to health protection related incidents and emergencies across different communities in Devon.	Audit tool completed and reviewed		

Years 1-5 objectives and milestones

Community Learning and Development

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
By 2028 Local communities will be empowered by placing them at the heart of decision making through inclusive and participatory processes and have an active role in decision-making and governance – 'no decision about me without me'	By 2024: One Devon will have create a strategic framework as an ICS approach to building health capacity in communities with communities This will include a 'toolkit' to support each community in a way that meets their needs. This will also include a commitment and strategic intent to enable LCPs to work with communities with funding at place. By 2024: we'll have a mapped out existing networks, forums and community activities so that we can build on these assets and support where gaps are evident (NHS Statutory Guidance)	By 2025: Local Care Partnerships will have co-produced a plan with local communities, including particularly disadvantaged groups, to empower and support groups to be more resilient (One-Devon-5-year-integrated-care-strategy) By 2025: Local Care Partnerships will have sequenced their support offer to communities based on level of deprivation and need By 2025: the role of communities and health will be fully recognised and local plans to invest in this as one of the four pillars of population health will have been created. (King's Fund)	By 2028: we will have directed our collective buying power to invest in and build for the longer term in local communities and businesses (One-Devon-5-year-integrated-care-strategy) By 2028: we will have supported the development of place-based partnerships that involve a wide range of partners to act on the full range of factors that influence health and wellbeing By 2028 communities will have a sense of purpose, hope, mastery and control over their own lives and immediate environment. (Health Creation Alliance, 2022) .

Years 1-5 objectives and milestones

Community Learning and Development

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
By 2028 Local communities will be able to work collectively to bring about positive social change by identifying their collective goals, engaging in learning and taking action to bring about change for their communities.	By 2024: Health creation practices will be supported across all communities	By 2025: the vital role of communities in tackling the wider determinants of health will be recognised and their contribution supported. (King's Fund)	By 2028 community partnerships will realise their potential and create actions across all levels of their influence to reduce the impact of inequality
By 2028 a Community Development workforce will be supported, equipped and trained to agreed standards, code of ethics and values-based practice	By 2024: Support workforce to develop the skills, values and processes required for effective and appropriate community development so they may best harness 'the family of community-centred approaches' to empower communities to work collectively (PHE)	By 2025: Community-identified training needs for the VCSE and community groups/partners will be supported by One Devon to support health creation practices e.g. MECC and Mental Health 1st Aid	By 2028 we will have created a learning culture that challenges, examine and reflect on our community development practice, providing accountability, reassurance and protection (Community Learning and Development Standards Council, 2023)
By 2028 Local Care Partnerships will have integrated the role of community partnerships into their infrastructure and planning to ensure the communities of Devon are an equal partner both at system and local level	By 2024: The anchor institutions across Devon will have a collective understanding of their opportunities to support communities By 2024: One Devon will work with communities and anchor institutions to map infrastructure and identify gaps, opportunities and issues	By 2025: the ICS Estates Strategy will include a strategic intent to work with local communities to support infrastructure By 2025: a joint commissioning strategy across NHS and Local Authorities will provide Health and Wellbeing Hubs led by the VCSE and community	By 2028: Community Hubs will be embedded in communities that have identified for themselves a need for them and will support the VCSE and community groups to maximise the health and wellbeing of their local citizens
By 2028 local communities, and particularly disadvantaged groups, will be empowered by placing them at the heart of decision making through inclusive and participatory processes and have an active role in decision-making and governance – 'no decision about me without me'	Milestones to be developed.	Milestones to be developed.	Milestones to be developed.

Year 1 (operational plan detail)

Community Learning and Development

SMART objective Year 1 and 2	Milestones (Year 1 and 2)	How are you going to achieve – actions you are going to take	Impact
By 2028 Local communities will be empowered by placing them at the heart of decision making through inclusive and participatory processes and have an active role in decision-making and governance – 'no decision about me without me'	By 2024: One Devon will have created a strategic framework as an ICS approach to building health capacity in communities with communities This will include a 'toolkit' to support each community in a way that meets their needs. This will also include a commitment and strategic intent to enable LCPs to work with communities with funding at place. By 2024: we'll have a mapped out existing networks, forums and community activities so that we can build on these assets and support where gaps are evident (NHS Statutory Guidance)	• Devon system task and finish group formed to agree role description and network for the leads to work with one another on shared resources • One Devon provides steer and support to enable Anchor Institutions to support local communities with skills and assets • LCPs identify role within their LCP who will be the lead for community development • LCP leads tasked with engagement in their LCP area to establish working principles and benefits • Agree survey, structured interviews, focus group. Community Learning and Development Network Group compiles locality findings into single document highlighting variation	Empowered communities working in partnership with each other and LCPs to support their own health, wellbeing and resilience and reduce health inequalities. Clear understanding across the system of the principles of community development and the benefits. Devon ICS to be asked to support evaluation of whether those benefits are being realised Clear understanding of gaps and focus of support and funding

Year 1 (operational plan detail)

Community Learning and Development

SMART objective Year 1 and 2	Milestones (Year 1 and 2)	How are you going to achieve – actions you are going to take	Impact
By 2028 Local communities will be able to work collectively to bring about positive social change by identifying their collective goals, engaging in learning and taking action to bring about change for their communities.	By 2024: Health creation practices will be supported across all communities By 2024: the vital role of communities in tackling the wider determinants of health will be recognised and their contribution supported. (King's Fund) By 2024: One Devon will seek opportunities to ensure community learning and development is at the core of certain posts such as strategic system leadership, social prescribers and community connectors	• System working group leads on stocktake led by each locality that identifies where community development infrastructure exists • questionnaire sent out through locality networks and through local knowledge of LCP lead. • building on what is already there but primarily working through existing voluntary sector and community groups to fill gaps Communities will be supported to (Community Development standards): • Identify their own needs and actions • Take collective action using their strengths and resources • Develop their confidence, skills and knowledge • Challenge unequal power relationships • Promote social justice, equality and inclusion	Increased citizen/community agency - to facilitate and create the conditions for community led-action. Community development infrastructure in place

Year 1 (operational plan detail)

Community Learning and Development

SMART objective Year 1 and 2	Milestones (Year 1 and 2)	How are you going to achieve – actions you are going to take	Impact
By 2028 Local Care Partnerships will have integrated the role of community partnerships into their infrastructure and planning to ensure the communities of Devon are an equal partner both at system and local level	By 2024: The anchor institutions across Devon will have a collective understanding of their opportunities to support communities By 2024: One Devon will work with communities and anchor institutions to map infrastructure and identify gaps, opportunities and issues	• ICB Estates decisions include community opportunities when reviewing use of estates • Devon system task and finish group formed with estates lead across the ICS to work with LCP leads and community developers to map existing assets and gaps	Community groups benefit from use of skills and resources of anchor institutions Infrastructure as a key enabler to community success is considered strategically
By 2028 a Community Development workforce will be supported, equipped and trained to agreed standards, code of ethics and values-based practice	Support workforce to develop the skills, values and processes required for effective and appropriate community development so they may best harness 'the family of community-centred approaches' to empower communities to work collectively (PHE)	• Include in same survey and through existing knowledge of community development roles • LCP lead will compile list of LCP CD resources / CPD opportunities and discuss how resources could be pooled to achieve shared organisational aims • Set up CPD training calendar with partners that deliver community development National occupational standards (NOS) training • Identified wider CPD opportunities with local/regional providers	Best use of limited resource, shared engagement and development opportunities

APPENDIX D
Enabling programme Milestones

#OneDevon

Years 1-5 objectives and milestones

System Development

Smart Objectives	Milestones - Year 1 Achieving 'Developing' ICS Maturity Assessment standards	Milestones - Year 2-3 Achieving 'Maturing' ICS Maturity Assessment standards	Milestones - Year 4-5 Achieving 'Thriving' ICS Maturity Assessment standards
By 2024/5 a strong **shared purpose** across system partners, Local Care Partnerships and Provider Collaboratives will support delivery of our Devon Plan achieving thriving ICS Maturity Assessment standards	• Common purpose starting to be built with collective ownership across all parts of the system emerging	• Clear shared vision and objectives across all parts of the system including VCSE, primary care, local authorities and NHS partners, with consistent progress seen	• A strong public narrative how integrated working is benefiting them and demonstrable impact on outcomes
By 2026/7 levels of **trust and collaboration** between system partners, Local Care Partnerships and Provider Collaboratives will have increased achieving thriving ICS Maturity Assessment standards	• All system leaders signed up to working together with ability to carry out decisions that are made	• Collaborative and inclusive system leadership and governance developing, with effective ongoing involvement of voluntary and community partners, service users etc.	• Strong collaborative and inclusive system leadership established, with a focus on building relationships
By 2026/7 a **'learn by doing'** approach will be embedded within our culture of improvement achieving thriving ICS Maturity Assessment standards	• A developing culture of learning and sharing with system leaders solving problems together and drawing on experience of others	• Dedicated capacity and supporting infrastructure being developed to enable change at system, place and neighbourhood levels	• Leaders across the system skilled at identifying and scaling innovation, with a strong focus on outcomes and population health
By 2024/5 system partners, Local Care Partnerships and Provider Collaboratives will be consistently **implementing priorities** achieving thriving ICS Maturity Assessment standards	• Evidence of progress towards delivering national priorities and operational plan improvement plans (including exiting NOF4) • Plans to increase involvement of all system partners in system-wide change	• Evidence of strong delivery towards national priorities and delivery of national guidance (including exiting NOF4) • Effective involvement of all system partners in decision making at system, place and neighbourhood levels	• Track record of delivery of priorities with resources focused on priorities and system control total being achieved
By 2025/6 a unified **system focus** will be demonstrated by all system partners, Local Care Partnerships and Provider Collaboratives achieving thriving ICS Maturity Assessment standards	• Evidence of progress towards understanding of organisational and system issues, and alignment across the system	• Robust approach in place to support challenged organisations and address systemic issues	▪ System partners and leaders join forces to tackle challenges together as they emerge, including when under pressure

Year 1 and 2 (operational plan detail)

System Development

SMART objective Year 1 and 2	Milestones – by end of Year 2, Devon will fully achieve 'developing' and moving towards 'maturing' ICS Maturity Assessment standards	How are you going to achieve – actions you are going to take	Impact
By 2024/5 a strong **shared purpose** across system partners, Local Care Partnerships and Provider Collaboratives will support delivery of our Devon Plan achieving thriving ICS Maturity Assessment standards	• Common purpose starting to be built with collective ownership across all parts of the system emerging • Clear shared vision and objectives across all parts of the system including VCSE, primary care, local authorities and NHS partners, with consistent progress seen	• 5-Year Integrated Care Strategy and Joint Forward Plan co-produced • Adoption of Devon Operating Model commenced • VBA 'tests of change' completed • Adoption of Devon Operating Model completed • Spread of VBA adoption continued (pending Year 1 evaluation) • Implementation of a System Development Communication and Engagement Plan	• Year 1 - move from **'emerging'** to delivering the **'developing'** measures of the ICS Maturity Assessment • Year 2 - partial achievement of the **'maturing'** measures of the ICS Maturity Assessment
By 2026/7 levels of **trust and collaboration** between system partners, Local Care Partnerships and Provider Collaboratives will have increased achieving thriving ICS Maturity Assessment standards	• All system leaders signed up to working together with ability to carry out decisions that are made • Collaborative and inclusive system leadership and governance developing, with effective ongoing involvement of voluntary and community partners, service users etc. • One Devon's Clinical and Professional Leadership Framework fully implemented	• Phase I of senior system leadership development completed • Phase II cascade of system leadership development commenced • Change Leader Event series commenced (continues annually) • Devon approach to leadership development confirmed • Common leadership standards consistently applied across Devon from appointment to exit employee lifecycle • Implementation of a system partner involvement plan – increased involvement of service users, carers and the public	• Year 1 – move from **'emerging'** to delivering the **'developing'** measures of the ICS Maturity Assessment • Year 2 - partial achievement of the **'maturing'** measures of the ICS Maturity Assessment • Year 2 - Achievement of Leadership NOF4 exit criteria
By 2026/7 a **'learn by doing'** approach will be embedded within our culture of improvement achieving thriving ICS Maturity Assessment standards	• A developing culture of learning and sharing with system leaders solving problems together and drawing on experience of others • Dedicated capacity and supporting infrastructure being developed to enable change at system, place and neighbourhood levels	• UEC Navigation improvement test of change completed • Improvement approach documented and replication plan approved • Devon capability in outward mindsets training established • System diagnostic/ ICS Maturity evaluation completed (Repeat Years 3 and 5) • Spread of Improvement approach to other Devon priorities commenced • Capability within system partners to adopt Improvement approach established	• Year 1 - move from **'emerging'** to delivering the **'developing'** measures of the ICS Maturity Assessment • Year 2 - partial achievement of the **'maturing'** measures of the ICS Maturity Assessment • Contributing to achievement of UEC NOF4 exit criteria

Year 1 and 2 (operational plan detail)

System Development

SMART objective Year 1 and 2	Milestones – by end of Year 2, Devon will fully achieve 'developing' and moving towards 'maturing' ICS Maturity Assessment standards	How are you going to achieve – actions you are going to take	Impact
By 2024/5 system partners, Local Care Partnerships and Provider Collaboratives will be consistently **implementing priorities** achieving thriving ICS Maturity Assessment standards	• Evidence of strong progress towards delivering national priorities and operational plan improvement plans (including exiting NOF4) • Plans to increase involvement of all system partners in system-wide change • Effective involvement of all system partners in decision making at system, place and neighbourhood levels	• Targeted interventions to drive focus on priorities completed • Strategic change approach designed and established • Evaluation of delivery of priorities to inform continuous improvement • Learning from others and rapid adoption of best practice underway	• Year 1 - move from **'emerging'** to delivering the **'developing'** measures of the ICS Maturity Assessment • Year 2 - partial achievement of the **'maturing'** measures of the ICS Maturity Assessment • Contributing to achievement of NOF4 exit criteria
By 2025/6 a unified **system focus** will be demonstrated by all system partners, Local Care Partnerships and Provider Collaboratives achieving thriving ICS Maturity Assessment standards	• Evidence of progress towards understanding of organisational and system issues, and alignment across the system • Robust approach in place to support challenged organisations and address systemic issues	• Assessment of adoption of a value-based approach completed • Local Care Partnership and Provider Collaborative development commenced • Devon Discovery series commenced • Spread of adoption of a value-based approach commenced • Maturity of Local Care Partnerships and Provider Collaboratives improved	• Year 1 - move from **'emerging'** to delivering the **'developing'** measures of the ICS Maturity Assessment • Year 2 - partial achievement of the **'maturing'** measures of the ICS Maturity Assessment

Years 1-5 objectives and milestones

Research, Innovation and Improvement

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Build and strengthen networks at local, system, region and national level by March 2024	Map of stakeholders, strengths, assets and barriers	Networks in place across system and Peninsula	
Promote research and increase patient sign-up with demonstrable increase by end 2026	Agreements in place with providers to promote Research and Innovation	Commissioners recognise importance of research and incorporate into all contracts	
Ensure all system workplans are underpinned by robust evidence of research and innovation	All sections of Joint Forward Plan include Research and Innovation	All sections of Joint Forward Plan include Research and Innovation	All sections of Joint Forward Plan include Research and Innovation
Develop capacity and capability by having a ICB RII Team by April 2024	Recruit to Joint Appointment with the AHSN	Fully established Research and Innovation Support Team with Medical Directorate Training and Development Programme	
Develop underpinning structure and governance mechanisms including evaluation and links to VBA principles by end March 2025	Implementation of Regional Innovation Strategy	Implementation of Regional Innovation Strategy	Implementation of Regional Innovation Strategy Devon recognised as a system with strengths in this area

Year 1 and 2 (operational plan detail)

Research, Innovation and Improvement

SMART objective	Milestone – Year 1	How are you going to achieve – actions you are going to take	Impact
Build and strengthen networks at local, system, region and national level by March 2024	Map of stakeholders, strengths, assets and barriers	Establish RII network with COIS and provide ongoing support. Strengthen system networks and provide a point of co-ordination	There is routine evaluation, shared learning and roll-out of good practice
Promote research and increase patient sign-up with demonstrable increase by end 2026	Agreements in place with providers to promote Research and Innovation	Work with research organisations to understand what support is required and how to build this into commissioning arrangements	Organisations undertaking research are supported in their work and frameworks are in place to share learning.
Ensure all system workplans are underpinned by robust evidence of research and innovation	All sections of Joint Forward Plan include Research and Innovation	Work with all sections leads to ensure that delivery of the Integrated Care Strategy is underpinned by research and innovation	Research and Innovation is a key consideration in the development and delivery of plans and not seen as a separate activity. This will be demonstrated in planning documents
Develop capacity and capability by having a ICB RII Team by April 2024	Recruit to Joint Appointment with the AHSN	Agree Job description. Undertake recruitment. Induction and integration with posts in NHS Cornwall and Isles of Scilly (CIOS) and Somerset. Ensure support available within the ICB for this role	Increased capacity to support RII
Develop underpinning structure and governance mechanisms including evaluation and links to VBA principles by end March 2026	Implementation of Regional Innovation Strategy	Complete Peninsula-wide prioritisation process. Work with system partners to map capacity within agreed missions and facilitate additional work in these areas	There will be increased activity in the areas targeted by the Regional Innovation Strategy

Years 1-5 objectives and milestones

Population Health

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Our LCPs and provider collaboratives will have the support and evidence base they need to deliver change at local level and will be empowered to make decisions with their populations on an ongoing basis	By April 24 each LCP and Collaboratives will have a plan which clearly sets out how it will improve population health and reduce inequalities Rollout PHM supported by One Devon dataset	By April 24 there will be a resource and information package available to support local work	LCPs and Provider collaboratives able to demonstrate reductions in outcomes
Ensure delivery of Core20PLUS5 deliverables (including adult and CYP) in line with national reporting requirement	Delivery of targets in line with national reporting requirements	Demonstrable reduction in inequalities in access and experience	
Implement co-ordinated prevention plans in priority areas including CVD, diabetes and respiratory	Co-ordinated programmes of work delivering on national targets with a particular focus on CVD, Respiratory and Diabetes	High Impact Interventions in place in line with national major conditions strategy	
Develop the ICB and NHS partners as Anchor Organisations by March 2026	By April 24 all NHS organisations in Devon are able to demonstrate how they are supporting social and economic development	Demonstrable changes in social and economic development resulting from work of Anchor Organisations	
Support the implementation of new ways of working focused on population health by April 2025	By April 25 people-led change will be demonstrable throughout the ICS	Trauma-informed approach across all ICS services	

Year 1 and 2 (operational plan detail)

Population Health

SMART objective	Milestone	How are you going to achieve – actions you are going to take	Impact
Our LCPs and provider collaboratives will have the support and evidence base they need to deliver change at local level and will be empowered to make decisions with their populations on an ongoing basis	By April 24 each LCP and Collaboratives will have a plan which clearly sets out how it will improve population health and reduce inequalities Rollout PHM supported by One Devon dataset	Provide advice, guidance and information to LCPs Work with Locality PHM co-ordinators to implement PHM Work with VCSE to ensure contribution to plans	Local delivery of change resulting in measurable improved outcomes
Ensure delivery of Core20PLUS5 deliverables (including adult and CYP) in line with national reporting requirement	Delivery of targets in line with national reporting requirements	Provide support to 5 priority areas Establish monitoring of progress	Achievement of national targets
Implement co-ordinated prevention plans in priority areas including CVD, diabetes and respiratory	Co-ordinated programmes of work delivering on national targets	Map priority prevention workstreams Agree resources/budget in line with requirements (including support for clinical leads) Develop mechanisms for co-ordination and networking Ensure links to other workstreams	Improved outcomes and achievement of national targets
Develop the ICB and NHS partners as Anchor Organisations by March 2026	By April 24 all NHS organisations in Devon are able to demonstrate how they are supporting social and economic development	Implementation of programme of work lead by Steering Group	All NHS organisations contributing to social and economic development
Support the implementation of new ways of working focused on population health by April 2025	By April 25 People led change will be demonstrable throughout the ICS	Continue to support existing programmes of work and facilitate shared learning	Demonstrable changes in the way we approach commissioning for improved population health outcomes.

Years 1-5 objectives

Communications and Involvement

The communications and involvement mechanisms that will support delivery of the JFP include:
Support the use of the new ICS involvement platform ‘Let’s Talk’ the and citizens’ panel that programmes can utilise to support online involvement activities across the system
Develop an involvement identity that can be can be used across the One Devon Partnership to help raise the profile and awareness of involvement activity across Devon.
Develop a system approach to communications and involvement, working with professionals from all system partners to support consistent communications, involvement, collaboration, sharing of best practice, and co-production.
Work with partner organisations such as Healthwatch Devon, Plymouth and Torbay and the wider VCSE sector, to deliver engagement on our behalf and to provide insights and connection to local populations
Support JFP programmes to work in partnership with diverse and vulnerable communities across the system, building a continued dialogue with communities
Provide expertise and guidance to those working on the JFP on how to consistently apply best practice principles for co-production, involvement and consultation.
Co-ordinate and support JFP leads to involve our 3 local overview and scrutiny committees addressing our statutory requirements under the Health and Social Care Act 2012, and also ensure we continue to build pro-active and meaningful relationships with all three Overview and Scrutiny Committees (OSC) in Devon, Plymouth and Torbay both individually and jointly as appropriate.

Years 1-5 objectives

Equality and Diversity

Equality and diversity ensures that services meet people's needs, give value for money and are fair and accessible to everyone. It means people are treated as equals, get the dignity and respect they deserve, and differences are celebrated.

Improve innovation, performance and efficiency through a diverse workforce

- Recruit a more diverse workforce that is reflective of Devon's local population with an initial focus on race and ethnicity (8%) LGBTQ+ (3%) and people with a disability (20%)
- Develop and retain a diverse workforce, building a culture where our people feel valued, heard and able to be their best selves at work.
- Ensure staff recruited via the International Recruitment Hub, are well supported in their roles and deliver a campaign that celebrates our diverse workforce, tackles racism and builds cohesion in the community.
- Continue to build and support the Devon-wide ethnic equality staff network, ensuring it has meaningful input into system priorities, including develop a Devon-wide anti-racism charter that the One Devon Partnership sign up to.
- Consider race equality as part of all commissioning strategies.
- Support our leaders to champion the benefits of equality and diversity as means to improving Devon's financial and operational performance
- Support staff to feel safe, including listening and providing support to staff and managers.
- Improve data on equalities and ethnicity, including in the independent provider market.
- Include a clause in our social care contracts with acceptable standards that are monitored.

Ensure Devon's health and care services are inclusive and accessible to everyone

- Through a rolling EDI calendar, celebrate diversity and raise awareness of discrimination, empowering our workforce to be more inclusive, and demonstrating our commitment to EDI to our local populations.
- Work in partnership with the voluntary sector to understand needs and support people from diverse and vulnerable populations to have better access to health and care service.
- Support, empower and equip patient facing staff to take an inclusive approach to the accessibility and delivery of services

Years 1-5 objectives and milestones

Workforce

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Strategic workforce planning embedded at System level	• Detailed five-year workforce plan in place for NHS providers. • Initial development of 'first cut' of Primary and Social Care workforce plan. • Build and launch of One Devon Strategic Workforce Planning tool for Acute and MH providers.	• Detailed five-year workforce plan for Health, Primary and Social Care workforce. • Further development of One Devon Strategic Workforce Planning tool to roll out to Primary and Social Care workforce.	• Five-year workforce plan further developed with detailed data from VCSE sector included. • Further development of One Devon Strategic Workforce Planning tool to roll out to VCSE and other sectors.
System level attraction solutions in place that source new talent and position Devon System as an employer of choice.	• Development of a set of attraction strategy principles and a system recruitment event planner for 2023-24 • Introduction of a Career Hub in schools to support youth engagement (work experience and career pathways) • Online Devon/SW attraction and careers page (one landing page to support recruitment, careers, apprenticeships, work experience, events etc) • System approach to simplifying recruitment and removing barriers to recruitment	• Multi-year system attraction strategy and event planning in place and securing new talent into Devon. • Development of a Devon talent pool to have a readily available pool of resources to fulfil requirements. • One Devon employer brand fully developed and utilised across all system partners to support recruitment of high calibre talent into Devon.	• One Devon recognised as employer of choice. • Talent pipelines developed for key roles across system partners.

Years 1-5 objectives and milestones

Workforce

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Development of new roles and new ways of working embedded across Devon ICS	• New roles and ways of working identified through strategic workforce planning with associated L&D and career pathway plans in development	• Opportunities to develop new skills, knowledge and experience that support the needs of the population/community. • Our workforce will be built to meet the needs of the local population and embrace new roles built around skills, knowledge, experience and behaviours. • Staff have access to system-wide development opportunities for their personal and professional growth.	• Skill diversity of new workforce models and ways of working across One Devon recognised as adding significant value and fully embedded into service redesign across all system partners.
We will promote employment opportunities that are rewarding, recognising the value of the ASC workforce and develop learning and career pathways fit for the future	• New roles and ways of working identified through strategic workforce planning with associated L&D and career pathway plans in development	• Opportunities to develop new skills, knowledge and experience that support the needs of the population/community. • Our workforce will be built to meet the needs of the local population and embrace new roles built around skills, knowledge, experience and behaviours. • Staff have access to system-wide development opportunities for their personal and professional growth.	• Skill diversity of new workforce models and ways of working across One Devon recognised as adding significant value and fully embedded into service redesign across all system partners.

Year 1 and 2 (operational plan detail)

Workforce

SMART objective	Milestone	How are you going to achieve – actions you are going to take	Impact
Strategic workforce planning embedded at System level	• Detailed 5 year workforce plan in place for NHS providers (Yr1) and Primary and Social Care (Yr2) • Build and launch of One Devon Strategic Workforce Planning tool for Acute and MH providers.	• Roll-out of strategic workforce planning self-assessment tool across all sectors of the system to inform workforce plan numbers. • Development of Devon strategic workforce planning tool and methodology to standardise process and embed best practise across Devon partners. • Ongoing engagement with whole system stakeholders to inform Primary and Social Care workforce plan.	Strategic workforce plan informing supply and demand and skill mix.
System-level attraction solutions that source new talent and position Devon system as an employer of choice.	• Development of a set of attraction strategy principles and a system recruitment event planner for 2023-24 • Introduction of a Career Hub in schools to support youth engagement (work experience and career pathways) • Online Devon/SW attraction and careers page (one landing page to support recruitment, careers, apprenticeships, work experience, events etc) • System approach to simplifying recruitment and removing barriers to recruitment	Multiple workstreams in place under Attraction, Retention and Workforce Solutions Pillar focusing on; • Development of Devon employer brand and roll out of collaborative working across attraction and recruitment activity. • Enabling mobility of workforce across system providers. • Improving retention of staff across Devon • Reducing reliance on agency staff and embedding collaborative Bank models.	Reduced turnover – target <5% (tba) Reduced vacancy levels - target tba. Reduced agency spend – target <1% of pay bill Workforce growth lower than activity growth in each of the next 5 years
Development of new roles and new ways of working embedded across Devon ICS	• New roles and ways of working identified through strategic workforce planning with associated L&D and career pathway plans in development	Multiple workstreams in place under Workforce Strategy and Learning and Education Pillars focusing on System level working to create new roles, increase the skill-diversity of our workforce (ie making greater use of our unregistered workforce).	Unregistered workforce delivering more H&C services. New supply pipelines identified through creation of new roles.

Year 1 and 2 (operational plan detail)

Workforce

SMART objective	Milestone	How are you going to achieve – actions you are going to take	Impact
We will promote employment opportunities that are rewarding, recognising the value of the ASC workforce and develop learning and career pathways fit for the future	New roles and ways of working identified through strategic workforce planning with associated L&D and career pathway plans in development	Multiple workstreams in place under Attraction, Retention and Workforce Solutions Pillar, Workforce Strategy and Learning and Education Pillars focusing on; • Development of Devon employer brand and roll out of collaborative working across attraction and recruitment activity. • Enabling mobility of workforce across System providers. • Improving retention of staff across Devon • Reducing reliance on agency staff and embedding collaborative Bank models. • System level working to create new roles, increase the skill-diversity of our workforce (ie making greater use of our unregistered workforce).	Reduced turnover – target (tba) Reduced vacancy levels - target (tba)

Years 1-5 objectives and milestones

Digital – Digital Citizen

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Number of eligible citizens connected to the NHS App increased to support national target of 75% of people registered by 2024.		National target of 75% of people registered for the NHS App by 2024	
Future use of ORCHA (App assurance product to support citizen self-care and social prescribing) determined by the end of the current funding in March 2024.	Business case developed to determine re-procurement		
Standardisation of GP practice websites achieved within 2025.	Develop and implement prototype website template for pilot practices	Standardisation of GP practice websites implemented upon successful prototyping and piloting.	
Achieve planned Virtual Ward bed targets by April 2024 across the TSDFT, UHP and RDUH		Virtual Ward beds planned by April 2024 South - Torbay and South Devon – 57 VW beds West - University Hospital Plymouth – 100 VW beds North and East - Royal Devon University Hospital – 100 VW beds	
Develop a commissioned offer for digital solutions and technology enabled care and support, including awareness raising and increasing diversity of prescribers (social care)	To be populated by social care		
Consider use of the Disabled Facilities Grant for technology solutions, including investigation of handyperson schemes focusing on ‘low-tech’ as well as ‘high-tech’ solutions	Complete feasibility work to understand the opportunity to use DFG to support tech and digital solutions	Implement plan to utilise DFG to increase the availability of technology solutions that support people to remain in, or return to, their own homes	

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Years 1-5 objectives and milestones

Digital – Shared EPR and Operational Systems

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
EPRs implemented in TSDFT and UHP and DPT by 2025	OBC and FBC completed TSDFT, UHP and DPT	EPR implemented in TSDFT, UHP and DPT	
80% of care homes to have a Digital Social Care Record by March 2024	Digital social care records procured and implemented		
Peninsula Picture Archiving and Communication System (PACS) solution for the clinical network procured and implemented by 2025	PACS solution procured	PACS implementation complete	
Peninsula Laboratory Information Management System (LIMS) solution for the clinical network procured and implemented by 2025	LIMS solution procured	LIMS implementation complete	
Re-procurement of GP Electronic Patient Record (EPR) clinical system by March 2024	Re-procurement of GP EPR system completed		

Years 1-5 objectives and milestones

Digital – Devon and Cornwall Care Record

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Remaining core health and care organisations connected to the Devon and Cornwall Care Record by 2028	▪ RDUH connected ▪ TSDFT connected ▪ Hospices sharing/providing information ▪ 95% of Devon GP practices connected ▪ Commence connection of Care Homes ▪ DCC connected ▪ Plymouth City Council Connected ▪ Torbay Council Connected	▪ Care Home connections continued	▪ Care Homes connected
Additional functionality of the Devon and Cornwall Care Record scoped and implemented by 2028	▪ Treatment Escalation Plan developed within DCCR and ready for implementation ▪ Commence expansion of connection to the Devon and Cornwall Care Record across different care settings ▪ Business Case completed for future investment and continuing development of additional functionality (e.g. care plans) of the Devon and Cornwall Care Record including citizen access	▪ Continued expansion of connection to the Devon and Cornwall Care Record across different care settings ▪ Continued development of additional functionality	▪ Citizen access provided to the Devon and Cornwall Care Record

Years 1-5 objectives and milestones

Digital: Population Health Management

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Develop PHM architecture and reporting	Support the resumption of the PHM programme with PCN-level data packs. Fully embed the One Devon Dataset use request process.	Add additional data flows into the One Devon Dataset (SWAST, 111, housing) and develop further population segmentation approaches	
Develop an ICS data platform and associated reporting, linked to EPR implementation and national developments including the Federated Data Platform	Develop the infrastructure to support a consistent platform for collating and sharing key data within the ICS	Onboard organisations in-line with EPR implementation timelines	
Work collaboratively with regional ICS teams to develop the regional secure data environment to support future research	Support the development of regional SDE plans	Implement the initial regional SDE	

Years 1-5 objectives and milestones

Digital – Standardised and Unified Infrastructure

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
Unified and Standardised Infrastructure provided by 2028	▪ Common end user device specification agreed ▪ Mobile telephony savings delivered through each organisation ▪ Business case completed for Data centre and cloud	▪ Data centre rationalisation subjected to business case approval ▪ Mobile telephony savings delivered through each organisation	▪ Data centre rationalisation subjected to business case approval ▪ Mobile telephony savings delivered through each organisation

Year 1 and 2 (operational plan detail)

Digital

SMART objective Year 1 and 2	How are you going to achieve – actions you are going to take	Impact
Remaining core health and care organisations connected to the Devon and Cornwall Care Record by 2028	▪ RDUH connected ▪ TSDFT connected ▪ Hospices providing information ▪ 95% of Devon GP practices connected ▪ Commence and continue connection of Care Homes ▪ DCC connected ▪ Plymouth City Council connected ▪ Torbay Council connected	▪ All core organisations connected as provider and consumers of information in the Devon and Cornwall Care Record. People in Devon will only have to tell their story once, with all clinical and care staff having access to the information they need when they need it, through a shared digital system across health and care.
Additional functionality of the Devon and Cornwall Care Record scoped and implemented by 2028	▪ Treatment Escalation Plan developed within DCCR and ready for implementation ▪ Commence expansion of connection to the Devon and Cornwall Care Record across different care settings ▪ Business Case completed for future investment and continuing development of additional functionality (e.g. care plans) of the Devon and Cornwall Care Record including citizen access ▪ Continued expansion of connection to the Devon and Cornwall Care Record across different care settings ▪ Continued development of additional functionality	▪ Additional functionality of the Devon and Cornwall Care Record demonstrated through the development of the electronic Treatment Escalation Plan. ▪ People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care. ▪ The commitment to further developing and investing in the Devon and Cornwall Care Record is determined.

Years 1-5 objectives and milestones

Finance and Procurement

Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5
• development of improved collaborative working, intra system financial framework, contracting and risk sharing protocols	• commence reprioritisation of funding upstream towards prevention and health inequalities	▪ continued recovery to sustainable financial balance by system and by organisation
• agreement of functions where a shared service arrangement should be pursued helping to inform the organisational restructure within reduced Running Cost Allowance	• take on formal delegation of Specialised Commissioning functions	
• development of long term financial plan, trajectory to recover and sustainable financial balance over a 3-5 year scenario range	• corporate ICB right sized for RCA (Running Cost Allowance) allocations, emerging maturity of LCPs	
• development of system wide interpretation of the drivers of the deficit to underpin future recovery	• estates strategy finalised to underpin prioritised system wide capital allocations	
• delivery of 2023/4 recovery and Cost Improvement Programmes both organisational, strategic collaborative, and structural		
• consolidate delegated of commissioning functions for extended primary care		

The Procurement milestones will be determined through the development and approval of a Business Case, which will be submitted to NHS Devon CFO and the Trust CFOs by the end of June.

Year 1

Procurement

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
Improved resilience	Please note that the milestones will be determined through the development and approval of a Business Case, which will be submitted to NHS Devon CFO and the Trust CFOs by the end of June. *How* we will achieve the objectives is outlined to the right, and will inform a 1-3 year programme	*We will do this through working across the ICS and with NHS Supply Chain and strategic partners to provide greater protection from supply failures, price increases and quality defects*	
Reduced total cost		*We will do this through expanding the category-led approach, by analysing our expenditure, seeking new areas of influence, tactical benchmarking, and re-assessing opportunities to standardise products and services and enhance clinical outcomes*	
Greater value		*We will do this by developing and promoting value-based procurement methodologies, re-assessing our stakeholder needs, and through evidence-based outcomes, such as those identified through the GIRFT programme*	
Better supplier management		*We will do this by adopting a consolidated, once-only approach towards Supplier Relationship Management (SRM), acting a single ICS commercial voice*	
Optimised workforce		*We will do this by developing an Organisational Model which drives efficiency, harmonises our skills and experience, and eliminates duplication*	
Optimised workforce		*We will do this by ensuring that enhanced efficiency provides the capacity and the means to support all staff in achieving their aspirations, and to inspire excellence. We will celebrate success, and design an organisation model which enables clear career pathways at local, regional and national level*	

Years 1-5 smart objectives and milestones

Strategic Estates and Facilities

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

Year 1 (operational plan detail)

Strategic Estates and Facilities

Year 1 objective	How are you going to achieve?
Deliver a public facing ICS estates strategy by December 2023	Consultants have been commissioned to support this NHSE mandated requirement and joint provider workshops are being facilitated to agree process and approach
Complete an investment and capital prioritisation plan for the next five years	Consultants have been commissioned to support this NHSE mandated requirement and joint provider workshops are being facilitated to agree process and approach
Eradicate empty accommodation across the NHS Property Services estate	Undertake sufficient engagement with key stakeholders to agree exit plans and obtain Executive Board agreement to hand back the properties to NHS PS for a disposal
Facilitate the development of the Devon NHP Programme	Establish and create ICB governance surrounding NHP sign offs and delivery to ensure relevant workstreams are in agreement with provider plans
Facilitate the development of the PCN estates strategies	Establish protocols surrounding phase three of the PCN toolkit work to ensure each PCN plan is being developed within the patients best interests and within the ICB's affordability envelope

Years 1-5 objectives and milestones

Green Plan

Smart Objectives	Milestones Year 1	Milestones Year 2-3	Milestones Year 4-5	Strategic Goal
More Devon ICB staff will make greener journeys to work.	10% increase in the number of staff making greener journeys to work	20% increase in the number of staff making greener journeys to work	40% increase in the number of staff making greener journeys to work	We will create a greener, fairer and more environmentally sustainable health and care system in Devon, that adapts to and mitigates climate change and promotes actions to create healthier and more resilient communities
Devon ICB will be a paper-free organisation by 2028.	20% reduction in the use of paper across the ICB	40% reduction in the use of paper	Devon ICB is a paper free organisation.	We will create a greener, fairer and more environmentally sustainable health and care system in Devon, that adapts to and mitigates climate change and promotes actions to create healthier and more resilient communities
More products and services are bought locally promoting the concept of the Devon Pound across the ICS and its partners.	Increase of 10% more products and services bought locally	Increase of 20% more products and services bought locally	Increase of 50% more products and services bought locally	We will create a greener, fairer and more environmentally sustainable health and care system in Devon, that adapts to and mitigates climate change and promotes actions to create healthier and more resilient communities

Year 1 and 2 (operational plan detail)

Green Plan

SMART objective (from previous slide)	Milestone (from previous slide)	How are you going to achieve – actions you are going to take	Impact
More Devon ICB staff will make greener journeys to work.	10% increase in the number of staff making greener journeys to work	Complete review of electric car charging points at ICB venues by March 24	Create a baseline for future improvement
		Explore the potential for subsidised public transport usage for staff by working with ICB HR teams to establish the current offer to staff	More staff are encouraged to reduce their reliance on petrol and diesel cars
		Further promote our EV Car buying scheme	
		Further promote NHS Devon's Cycle to Work scheme	
Devon ICB will be a paper-free organisation by 2028	20% reduction in the use of paper across the ICB	Provide communications to staff on the cost of using paper	The reliance on paper is reduced
		Reduce the numbers of printers being made available across the ICB	
		Promote Ecosia as the preferred Internet Browser	
More products and services are bought locally promoting the concept of the Devon Pound across the ICS and its partners	Increase of 10% more products and services bought locally	Work with procurement colleagues to further develop the Social Value weightings on contract awards to include "buy local"	More things are bought locally to reduce our carbon footprint

One Devon

APPENDIX E
Glossary

#OneDevon

Glossary (A-C)

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

Glossary (D-I)

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

Glossary (J-N)

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

Glossary (N-S)

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

Glossary (S-Z)

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

NHS Devon Integrated Care Board

Board Assurance Framework

Date of board	Date report produced
5 July 2023	16 June 2023

Author(s)		Report approved by	
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Phone:		**Date:**	28 June 2023
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max) – high level overview of the content of the report and the reasons why it is being presented

This report provides Board members with an update on the high-level strategic risks that pose a threat to the achievement of the NHS Devon (the ICB) strategic objectives.

Each of the strategic risks within the BAF have been allocated to an assurance committee for oversight.

Board members are invited to consider:

- the updated iteration of the Board Assurance Framework (BAF);
- inclusion of the Delivery and enabling programmes from the Joint Forward Plan have been mapped across to each of the objectives and strategic risks;
- Inclusion of the underlying risks relating to the organisational change programme have been mapped to each objective and strategic risk;

- combining the risks that currently sit under objectives 2 and 3; and
- approving the new risk under objective 13.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
ICB Executive Team 20 June 2023 – agreed

Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do
Board members are asked to: • Agree the updated iteration of the Board Assurance Framework (BAF); • Agree to combine the risks that currently sit under objectives 2 and 3; and • Approve the new risk under objective 13.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	**All**
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	The BAF in itself does not present any quality or safety implications. It captures and reports the strategic risks relating to population health outcomes and patient experience in the Devon ICS.
Health inequalities	The results of any EHIA will inform mitigating actions in the BAF moving forward.
Workforce	None
Resources and finance	The BAF in itself does not present any financial implications. It captures and reports the strategic financial risks faced by NHS Devon.
Legal	Sound risk management systems are an essential component of internal control processes. NHS organisations are required to sign an annual governance statement to provide reasonable assurance that they have been properly informed about the totality of their risks

	and can evidence that they have identified the organisational objectives and managed the principal risks to them.
Digital and Data	None
Involvement, engagement and consultation	None

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Board Assurance Framework

How well does the new NHS Devon BAF mitigate the key risks to the achievement of the organisation's strategic objectives and what is the Board's appetite for risk?

Introduction

An organisation's Board Assurance Framework (BAF) brings together in one place all the relevant information on risks to the Board's strategic objectives.

This report provides the Board with the position at the end of Q1 2023-24.

Current Risk Position

				Historical and Current Risk					
Title	Strategic Objective	Monitoring Committee	Inherent Risk Score	Q4 **2022/23**	Q1 **2023/24**	Change	Target	Risk Appetite	Last Reviewed
Improve Population Health									
Anchor	1	Quality	16	16	16	No change	8	Seek	Jun 23
Inequalities	2	Quality	16	16	16	No change	8	Seek	Jun 23
Prevention	3	Quality	16	12	12	No change	8	Open	Jun 23
Improve services and reduce unwarranted variation									
Recovery	4 & 5	Finance	16	9	9	No change	6	Open	Jun 23
Primary Care	6	Primary care	16	16	16	No change	8	Seek	Jun 23
MHLD	7	Finance	20	15	16	No change	10	Open	Jun 23
Community	8	Primary Care	20	16	16	No change	8	Seek	Jun 23
Make more efficient use of resources									
Finance	9	Finance	20	16	16	No change	8	Open	Jun 23
Workforce	10	People & Culture	16	12	12	No change	6	Open	Jun 23
Digital	11	Finance	16	12	12	No change	8	Seek	Jun 23
Green Plan	12	Finance	16	12	12	No change	8	Seek	Jun 23
Develop our culture and how we operate									
Culture	13	People & Culture	16		8	New	6	Seek	Jun 23
Operating model	14	System Exec	16	16	16	No change	6	Seek	Jun 23

The details for each risk are attached at the Annex A and the scoring methodology in Annex B of this report.

Changes to highlight to the Board

The delivery and enabling programmes from the Joint Forward Plan have been mapped across to each of the objectives and strategic risks.

The underlying risks relating to the organisational change programme have been mapped to each objective and strategic risk.

Merge risks 2 and 3

These risks align to a single programme of work and following the Q1 update by the executive lead it became apparent that the two risks were repeating the same controls, assurances, and mitigating actions. The recommendation therefore is to combine the two, without losing the impact and consequences set out under each risk description

Objective 2: Reduce health inequalities (HI) through public health and mental health support.

2 Risk: If there is insufficient capacity and capability in the ICB to undertake the enabling work with partners (Public Health and locality teams) then the ICB will not be able to articulate the programmes of work needed, and associated governance arrangements, to support the objective of reducing health inequalities. The consequence will be that health inequalities will continue across Devon and worsen in some areas.

Objective 3: Enable a greater shift from treatment to prevention

3 Risk: If the ICB is not proactive in its approach and priorities around population health management and prevention then it will not successfully drive the shift to prevention. This will impact on the system's ability to successfully target interventions at those groups most at risk, prevent ill-health and address health inequalities.

Separate risks for objectives 13 and 14

A new risk has been proposed for Objective 13:

* **Objective 13:** Develop and embed a new culture for the 'One Devon' system and create stronger relationships built on integration and trust.

  New Risk: There is a risk that if current system ways of working (culture) do not change, the provision of care and services for the people of Devon will not be improved. With a knock-on impact of negatively impacting the reputation and brand of One Devon locally, regionally, and nationally.

As of June 2023, this risk has been assessed as having an inherent risk score of 16 (Impact 4 (severity is major) x Likelihood 4 (likely)). Taking into consideration any identified controls, assurances and mitigating actions, the risk has been assigned a residual risk score of 8 (Impact 4 (severity is major) x Likelihood 2 (unlikely)).

The risk appetite is one of 'seek' (eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk).

Conclusion

Board members are invited to consider the request to combine the risks currently listed under objectives 2 and 3, and to consider approving the new risk under objective number 13.

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Improve population health **Corporate Objective: (1)** Work in partnership with community and 'anchor' organisations to address the social determinants of health.						**Executive Director Lead: Nigel Acheson, CMO**
Risk If the Anchor Organisation programme of work is not part of a more strategic plan then there will be a lack of focus to address the social determinants of health. As a consequence the partner and community organisations will become disengaged and the ICB will fail to achieve this objective.						**Principal Assurance Committee: Quality and Patient Experience Committee** **Devon Challenge:** 3: Complex patterns of urban, rural and coastal deprivation 4: Housing Quality and affordability 6: Access to services, including socio-economic and cultural barriers 11: Poor mental health and wellbeing, social isolation and loneliness **ICS Strategic Goal:** Helping the NHS support broader social and economic development
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	**Joint Forward Plan Delivery Programme:** *Community Development & Learning*
Inherent Risk Score	4	4	No change	16	8	Risk Appetite: Seek
Risk score: June 23	4	4		16		
Key update on actions: CB Board approval in May 2023 to establish a formal assurance committee to oversee wider determinants of health, anchor organisation work plans in addition to population health and health inequalities. ICP planning a workshop to agree the workplan for 2023-24 and includes the question on how it gains assurance on how the community and 'anchor' organisations address the social determinants of health.						
Organisational change risk relating to corporate objective 1: System leaders delay making key decisions, and adopt an ineffective implementation approach, hindering adoption of Devon Operating Model to be successful.						
Key Controls:					**In place**	**Assurances:**
Anchor Organisation work programme						Reporting to Executive Strategy and Transformation Group
articulate the overarching vision and ambitions of the Anchor work.						Updates to Integrated Care Partnerships
						Health Inequalities and Prevention Steering Group workplan includes anchor organisation workplan.
Control Gaps						**Assurance gaps**
Work on Anchor Organisations not embedded across ICB and ICS						Yet to establish assurance committee of the ICB Board to oversee the anchor organisation programme of work.
Workforce – programme support identified within the Population Health Team						Community Collaborative yet to be formally established. This is dependent on the adoption of the Devon Operating Model.

Improve Population Health **Corporate Objective: (2)** Reduce health inequalities (HI) through public health and mental health support.						**Executive Director Lead: Nigel Acheson, CMO**
Risk: If there is insufficient capacity and capability in the ICB to undertake the enabling work with partners (Public Health and locality teams) then the ICB will not be able to articulate the programmes of work needed, and associated governance arrangements, to support the objective of reducing health inequalities. The consequence will be that health inequalities will continue across Devon and worsen in some areas.						**Principal Assurance Committee: Quality & Patient Experience Committee** **Devon Challenge:** 8: Earlier onset of health problems in more deprived areas 11: Poor mental health and wellbeing, social isolation and loneliness. **ICS Strategic Goal:** Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability.
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	**Joint Forward Plan Delivery Programme:** *Health Protection* **Joint Forward Plan Enabling Programme:** *Equality, Diversity and Inclusion*
Inherent Risk Score	4	4	No change	16	8	Risk Appetite: Seek
Risk score: **June 23**	4	4		16		
Key update on actions ICB continues to work with partners through existing steering and programme groups to align work across the localities. Impact of organisational change programme needs to be considered in the recruitment of a team to support the health inequalities and prevention programme plan. Therefore no change to risk score. ICB Board approval to establish a formal assurance committee to oversee population health and health inequalities (May 2023).						
Organisational change risk relating to corporate objective 2: Short term focus on driving reductions in running costs results in loss of focus on all areas needed to support the 5-Year Joint Forward Plan and to retain the capability needed to deliver short, medium and longer term plans.						
Key Controls:			**In place**			**Assurances:**
Population Health Team to provide support, advice and capacity						Formal governance arrangements approved and in place by Sept 2023
Health Inequalities and Prevention Steering Group						
Health Inequalities and Prevention Programme Plan						
Control Gaps						**Assurance gaps**
Workforce: gaps in project management support and vacancies in Population Health Team.						

Workforce: Insufficient capacity throughout ICB to prioritise health inequalities.		
Mitigating Actions:	**Action Status**	**Planned Completion Date**
Recruitment and induction of team		On going
Refresh of HI and prevention Steering Group	Complete	March 2023
Refresh of Population Health Programme	Complete	April 2023
Establish formal governance to oversee Health Inequalities and Prevention Programme Plan		July 2023
Establish formal assurance committee of the ICB Board to oversee population health and health inequalities		Sept 2023
Organisational restructure and implementation of Operating Model to address capacity		April 2024

<table>
<tr><td colspan="6">Improve population health:
Corporate Objective: (3) Enable a greater shift from treatment to prevention</td><td>Executive Director Lead: Nigel Acheson, CMO</td></tr>
<tr><td colspan="6" rowspan="2">Risk If the ICB is not proactive in its approach and priorities around population health management and prevention then it will not successfully drive the shift to prevention. This will impact on the system’s ability to successfully target interventions at those groups most at risk, prevent ill-health and address health inequalities.</td><td>Principal Assurance Committee: Quality & Patient Experience Committee</td></tr>
<tr><td>Devon Challenge 7: Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas.
ICS Strategic Goal: improving outcomes in population health and healthcare
Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability.
People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td>Joint Forward Plan Delivery Programme: Health Protection
Joint Forward Plan Enabling Programme: Population Heath</td></tr>
<tr><td>Inherent Risk Score</td><td>4</td><td>4</td><td rowspan="2">No change</td><td>16</td><td rowspan="2">8</td><td rowspan="2">Appetite: Open Willing to consider all potential delivery options while also providing acceptable levels of service provision.</td></tr>
<tr><td>Risk score: June 23</td><td>3</td><td>4</td><td>12</td></tr>
<tr><td colspan="7">Key update on actions for June 23

ICB Board approval to establish a formal assurance committee to oversee population health and health inequalities (May 2023).</td></tr>
<tr><td colspan="7">Organisational change risk relating to corporate objective 3: Short term focus on driving reductions in running costs results in loss of focus on all areas needed to support the 5-Year Joint Forward Plan and to retain the capability needed to deliver short, medium and longer term plans.</td></tr>
<tr><td colspan="5">Key Controls expected</td><td>In place</td><td>Key Assurances:</td></tr>
<tr><td colspan="5">Population health inequality considerations are taken into account when NHS Devon makes decisions about the use of resources to deliver its objectives.</td><td></td><td>Policy to ensure that health inequalities are addressed in NHS Devon decision making</td></tr>
<tr><td colspan="5">Prevention plans mapped and appropriately resourced</td><td></td><td>Formal governance arrangements approved and in place by Sept 2023</td></tr>
<tr><td colspan="5">Diabetes Prevention Plan in place</td><td></td><td></td></tr>
</table>

Gaps in controls	Gaps in Assurances
Structure of public health and population health management teams in ICB not finalised	
ICB evaluation capability and capacity (simple logic models, development of measurement frameworks etc.) not established	
Insufficient resources for CVD Prevention Plan	
Limited capacity for data analysis and reporting	

Mitigating Actions: Priority order	Action Status	Planned Completion Date
1. Identify resources for CVD Prevention Programme		August 2023
2. Review use of QEIA and assess further development requirements		On hold
3. Falls and Frailty Prevention Plan		August 2023
4. Spirometry Commissioning		July 2023
5. Establish formal assurance committee of the ICB Board to oversee population health and health inequalities		Sept 2023

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<table>
<tr><td colspan="6">Improve services and reduce unwarranted variation
Corporate Objective: (4) Deliver safe and effective urgent and emergency care services that better meet people's needs (5) Reduce the number of people waiting for elective care – with a specific short-term focus on 104-week waits.</td><td>Executive Director Lead: Anthony Fitzgerald, Chief Delivery Officer</td></tr>
<tr><td colspan="6" rowspan="2">Risk If the system does not have robust recovery plans, that are continually monitored for impact, then the ICB will continually fail to ensure timely access to both elective and unplanned care. This will result in poor patient experience, failure to ensure the best possible physical and mental health outcomes and resulting quality of life; generating inappropriate and inefficient use of resource in primary care and a and loss of confidence from the community and regulators.</td><td>Principal Assurance Committee: Finance & Performance Committee</td></tr>
<tr><td>Devon Challenge 12: Pressure on health and care services (especially unplanned care) ICS Strategic Goal: People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td rowspan="2">Joint Forward Plan Delivery Programme: Acute Services Sustainability</td></tr>
<tr><td>Inherent Risk Score</td><td>4</td><td>4</td><td rowspan="2">No change</td><td>16</td><td rowspan="2">6</td></tr>
<tr><td>Risk score: June 23</td><td>3</td><td>3</td><td>9</td><td>Appetite: Open</td></tr>
<tr><td colspan="7">Key update on actions for June 23

(a) System Urgent Care improvement focusing on:
1. Out of Hospital Improvement:
• Creation of additional out of hospital capacity through operational plan investments for 23/24 focussing on increased community capacity via agreed locality plans.
• Delivery of the Western ambulance improvement programme.
• Creation of additional mental health capacity.
• Enhanced IUC service offer and performance.
• Enhance UCR fallers service to reduce ambulance conveyance.
• Increase capacity in community urgent care services.
• Prevent avoidable admissions through work with care homes and GP practices.
• Integrated UEC plan now in place which delivers the resilience in the UEC plan that allows for elective activity to continue to be delivered at planned operational rates all year. This plan details how the additional capacity required to mitigate the circa 140 bed gap across Devon.
• This plan will be monitored on a weekly basis by the combined UEC/Elective/Cancer now in place.

(b) Elective care recovery focusing on:
• Plan in place to deliver 104ww for all specialties at trust level and maintaining this position in 23/24.</td></tr>
</table>

- Ensure all patients waiting > 78ww have had a clinical review or clinical validation within 12 weeks of last review, supported by NetCall technology.
- Review all 65ww and 78 ww cohort patients to ensure no EBI procedures are planned, if any identified clinical review must identify if DTA can be reconsidered.
- Implement the interim operational guidance on managing patient choice & active monitoring to best effect.
- Review and Improve Length of Stay for all specialties to improve flow and enable protection of agreed elective bed.

2. In Hospital Improvement:
   - Increase SDEC usage.
   - Enhance MTU model.
   - Meet 50% of initial assessments completed within 15 mins.
   - Meet 80% of patients discharged by 17:00hrs.
   - Increased virtual ward capacity quantified and delivered through the 23/24 operating plan and reflected in performance trajectories.
   - Maximise boarding opportunities to minimise ED occupancy.
   - Develop non elective LOS improvement trajectories.
   - Increase in weekend discharge – insourcing of additional medical staffing and embed ward standard processes.
   - Delivery of the transformation workstreams including low risk chest pain, abdominal pain, and paediatric assessment.
   - Impact of 23/24 operational plan investments/BCF at place.

Key Controls:	**In place**	**Assurances:**
Planned Care Board		Monthly IQPR reports to the Board
Devon Strategic Oversight Group for U&EC (established Nov 2022) Now being repurposed as the Devon Unscheduled Care Board		Elective Recovery Fund and Targeted Innovation Funding received.
		Realignment of plans
U&EC Programme to support creation of the right conditions for success – enabling effective navigation of UEC care through 111.		Realignment of diagnostics
National weekly Tier 1 meetings in place		Western Recovery Plan
System Quality Group		Elective recovery plan
Control Gaps		**Assurance gaps**
System wide Urgent and Emergency Care Strategy-not signed off.		NHS Devon missing key performance targets No high-level summary on risks and issues on the IQPR

Mitigating Actions:	**Action Status**	**Planned Completion Date**

Unscheduled Care Boards to meet more regularly with clinical Chairs. Unscheduled Care Board now chaired by Anthony Fitzgerald and meeting monthly.		Starting from Mar 23
Audit of elective care serious incidents is being undertaken by the ICB to ascertain the level of harm specifically due to long waits. Providers have also been asked to share their data on harm, including lower-level incidents and complaints.		
Develop actions towards the 8 objectives set out in the Winter Plan to assist the SDIG allocation of resources for winter and in response to the Ambulance Handover Plan for Plymouth and the Prime Minister's 100-day discharge plan		

Improve Services and reduce unwarranted variation **Corporate Objective: (6)** Maintain and enhance the capacity and resilience of Primary Care providers to improve patient outcomes through prevention, long term condition management and appropriate on the day demand, with particular attention to challenged areas.						**Executive Director Lead: Jo Turl, Director of Commissioning Primary, Community and Mental Health Care**
Risk: If the ICB does not support the post-Covid recovery and transformation of general medical, dental, pharmaceutical and optical practice then Devon will not have adequate Primary Care Services. The consequence will be increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.						**Principal Assurance Committee: Primary Care Commissioning Transition Committee** **Devon Challenge:** 1: An ageing and growing population 3: Complex patterns of urban, rural and coastal deprivation 7: Poor health outcomes caused by modifiable behaviours 8: Earlier onset of health problems in more deprived areas **ICS Strategic Goal:** We will have a safe and sustainable health and care system.
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	**Joint Forward Plan Delivery Programme:** *Primary and Community Care*
Inherent Risk Score	4	4	No change	16	8	
Risk score: June 23	4	4		16		Risk Appetite: Seek
Key update on actions General Practice Strategic Framework providing direction of travel for primary care and a focus on areas of greatest need and inequality, for example parts of Plymouth and Torbay. This work has involved collaborative work between primary care and their local hospital, and support to practices whose accommodation issues are most demanding through no fault of their own. Localities to create local delivery plans New ways of providing additional capacity with third party providers being tested in Plymouth and Torbay. PCNs to create plans for recruiting using the additional roles reimbursement fund. Primary Care Access Recovery Plan (PCARP) now published. Practices required to submit improvement plans that will also inform system access recovery plan (reporting to boards in the autumn). Includes national support offers and transition funding for practices.						
Organisational change risk relating to corporate objective 6: Short term focus on driving reductions in running costs results in loss of focus on all areas needed to support the 5-Year Joint Forward Plan and to retain the capability needed to deliver short, medium and longer term plans.						
Key Controls:			**In place**			**Assurances:**
Primary Care Commissioning Transition Committee						Monitoring reports in place showing General Practice dental, pharmaceutical and optical metrics – access, workforce etc
General Practice Strategic Framework						

Control Gaps	Assurance gaps
Resources – funding gap in general practice in capital allocation and winter monies; lack of funding for dental care	Demand and capacity – continuing high demand for primary care services alongside responding to the backlog in lower clinical priority, but essential work
System Constraints – operating within the national dental contract; still part of a hub system of commissioning.	Workforce – workforce shortages (across all allied professionals, nurses, GPs, dentists and community pharmacists)

Mitigating Actions:	Action Status	Planned Completion Date
Support and test different models of primary care provision to address practice sustainability for example, Plymouth integrated model with Livewell.	Complete	April 2023
Work with Provider Collaborative to define and develop local alternative at scale models of care provision		March 24
Develop programme to provide intensive early support for practices who are vulnerable or on the edge of crisis, including funding independent managerial and clinical expertise to enable turnaround		June 23
Support workforce initiatives that engage and retain high quality workforce in all Devon's primary care services.		Ongoing
Support funding for a coherent primary care estates strategy.		Ongoing

Improve Services and reduce unwarranted variation **Corporate Objective 7:** Improve access to and outcomes for mental health (MH), learning disability (LD) and neurodiversity services.						**Executive Director Lead: Jo Turl, Director of Commissioning Primary, Community and Mental Health Care**
Risk: If the ICB does not improve access to mental health, learning disability and neurodiversity services then patients will continue to experience significant waits for specialist care which means more people are likely to access healthcare when in crisis. Consequence will be a worsening in mental health conditions leading to poor health outcomes. This may lead to an increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.						**Principal Assurance Committee: Finance & Performance Committee** **Devon Challenge:** 7: Poor health outcomes caused by modifiable behaviours 12: Pressure on health and care services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity and frailty. **ICS Strategic Goal:** People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability. People in Devon will have access to the information and services they need, in a way that works for them, so everyone has an equal opportunity to be healthy and well.
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	**Joint Forward Plan Delivery Programme:** *Mental Health, Learning Disability & Neurodiversity*
Inherent Risk Score	4	5	No change	20	10	Risk Appetite: Open
Risk score: June 23	3	5		15		
Key update on actions See mitigating actions.						
Organisational change risk relating to corporate objective 3: Short term focus on driving reductions in running costs results in loss of focus on all areas needed to support the 5-Year Joint Forward Plan and to retain the capability needed to deliver short, medium and longer term plans.						
Key Controls:					**In place**	**Assurances:**
Mental Health and LD Provider Collaborative monitoring performance and issues.						Performance data available to workstreams, oversight group and provider collaborative.
Control Gaps						**Assurance gaps – what is not working**
Workforce – difficulties in recruiting to specialist MH posts in providers. For example, Learning Disability Nursing, CHC and the impact of a competitive market in RtC providers in ADHD offering remote working and financial benefits outside of NHSE AfC.						IQPR does not map all waiting times such as CAMHS No assurance data on providers outputs is being addressed.

Commissioning Resource – project support and reduction in commissioning personnel through key roles on maternity and vacancy control.	Significant waiting times for patients trying to access Community Mental Health Teams; Autism and ADHD; Specialist Mental Health Services e.g. eating disorders; and CAMHS.
Demand and capacity – high demand post COVID outstripping capacity	MH Care Records – eight-month gap in records as a consequence of a cyber-attack in 2022. Data only available post March 2023. Impact on receiving activity and waiting times data for CAMHS.
ADHD • Financial risk to the ICB system in the form of Non-Contract activity with the Right to Choose legislation and numerous independent providers offering a service. • Growth in demand – with no national framework or operational guidance for this pathway – no identified financial resource to support commissioning developments	Significant growth in demand, with current provision limited to original population commissioning. Independent providers monopolising RtC impact on primary care, pharmacology, and shared care agreements.

Mitigating Actions:	**Action Status**	**Planned Completion Date**
Operating Planning process run through MHLDN PC to agree system priorities - Complete		April 2023
Prioritisation process to identify system priorities and alignment to available resources		May 2023
ADHD Paper addressing prioritisation and commitment from the ICB due to Investment Group Meeting 20th June		June 2023
Workshops planned with providers and LMC to consider ADHD pathway and potential development into primary care		Aug 2023
Value Based Principles meeting to discuss potential for PC MHLDN – ADHD, ED and SMI coordinated for June		July 2023

Improve services and reduce unwarranted variation **Corporate Objective: (8)** Support and treat more people in their homes and communities to help them live healthily and independently.						**Executive Director Lead: Jo Turl, Director of Commissioning Primary, Community and Mental Health Care**
Risk: If the ICB does not work with its partners to prioritise resources on how we support people and communities to stay healthy and live independently the consequence will be that we will always be in a state of crisis management, which will lead to poorer outcomes for the population.						**Principal Assurance Committee: Finance & Performance Committee / Primary Care Commissioning Transition** **Devon Challenge:** 1: An ageing and growing population **ICS Strategic Goal:** People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	**Joint Forward Plan Delivery Programmes:** - *Community Development & Learning* - *Primary and Community Care*
Inherent Risk Score	5	4	No change	20	8	Risk Appetite: Seek
Risk score: June 23	4	4		16		

Key update on actions
See mitigating actions

Organisational change risk relating to corporate objective 8: Short term focus on driving reductions in running costs results in loss of focus on all areas needed to support the 5-Year Joint Forward Plan and to retain the capability needed to deliver short, medium and longer term plans.

Key Controls:	**In place**	**Assurances:**
Integrated Care Group regularly reviews workplan	Yes	Reporting Virtual Ward uptake through to Devon Urgent and Emergency Care (DUEC) Programme Board
Publication of Community First framework	Yes	Community services waiting list now included in IQPR to Board
Control Gaps		**Assurance gaps**
Community Provider Collaborative to be established		Limited community metrics through to Board via IQPR
Primary and Community Care Model programme to be agreed across system		

Mitigating Actions:	**Action Status**	**Planned Completion Date**
Agree and implement the Community Provider Collaborative		March 2024
Completion and implementation of EoL review recommendations		March 2024
Implementation of Virtual Wards – increase capacity & 80% utilisation		September 2023

Review of impact of Urgent Community Response		June 2023

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Make more efficient use of our resources **Corporate Objective:** (9) Move out of System Oversight framework (SOF4) – including delivery of a balanced system financial plan						**Executive Director Lead: Bill Shields, CFO**
Risk If the ICB fails to obtain commitment from all partners in the ICS to achieve financial balance. This will undermine our ability to move greater resource to prevention and our ability to exit the NHS England System Oversight Framework level 4 status (SOF4).						**Principal Assurance Committee: Finance & Performance Committee** **Devon Challenge 5:** Economic Resilience **ICS Strategic Goal:** enhancing productivity and value for money – We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	**Joint Forward Plan Enabling Programme:** *Finance*
Inherent Risk Score	4	5	No change	20	8	
Risk score: June 23	4	4		16		Appetite: **Open**

Key update on actions
Update June 2023
The final plan for 2023/24 was agreed at the start of May 2024. This describes an in-year delivery of £42.3m deficit for the system as a whole. The plan is reliant on a Cost Improvement Programme (CIP) plan of £212.2m against the ICB resources of £2,599m, representing 8.3%.

The overall CIP is based on organisationally owned targets of £152.7m and for which organisations are corporately responsible. In addition, there is a further £59.5m of system wide collaborative schemes for which the system is jointly responsible for delivery and against which a risk share agreement that ties in all organisations.

The plan is part of wider recovery trajectory and Long-Term Financial Plan, that indicates a recovery to system balance over three years.

The key financial requirements to enable exit from SOF4 include:

A shared unambiguous view of the drivers of the deficit – a process was commenced in February 2023 with the outputs forming an integral part of the 23/24 financial recovery plan and informed the collaborative elements of the shared CIP plan.

Productivity – has been a focus of the 23/24 operating plan with a requirement to fully include and model all opportunities from GIRFT/ HVLCS / One Devon Elective Pilot

The key measures for exit will be against:

- Performance against system savings plans and trajectories
- Significant improvement in underlying recurrent position (linked to CIP delivery)

- Productivity back to 19/20 levels as a minimum
- Meet the financial plan for the quarter
- Reconfirm the exit run rate.

These measures will form part of the system performance and SOF4 reporting and will inform the risk to exit as described in this risk.

The system will not exit SOF4 in 2023/24, the risk score remains at 4 x 4 = 16

Key Controls:	**In place**	**Assurances:**
Financial recovery plan		Financial Recovery Plan reported to Finance Performance Committee in April and May 2023
Newly appointed Executive Director of Finance		Finance Committee report re risks and mitigation by way of base case, upside and downside
NHSE dedicated support (team)		System Exec oversight
Triple lock now in place.		System DoF meeting
Case for Change endorsed by region and signed off by ICS Execs	tbc	System Improvement Assurance Group
Peninsula Acute Sustainability Programme Plan to April 2023	tbc	SoF Metrics included within IQPR
Control Gaps		**Assurance gaps**
NHSE recovery plan sign off.		ICB missing key performance targets
UEC Strategy.		SOF4

Mitigating Actions:	**Action Status**	**Planned Completion Date**
Delivery of the system wide CIP programme for 2023/24.		Ongoing
Delivery of finance and activity trajectories		ongoing
Develop a capital programme that aligns and supports delivery of the operational plan/to include technology advancements/digital agenda etc		2024/5
ICS Infrastructure Strategy		December 2023

<table>
<tr><td colspan="6">Make more efficient use of our resources
Corporate Objective: (10) Develop a workforce strategy to ensure resilience of key services</td><td>Executive Director Lead: Paul Renshaw, Director of Workforce Strategy</td></tr>
<tr><td colspan="6" rowspan="2">Risk If the ICB does not produce an agreed system wide workforce strategy that meets the health and care needs of the population, is affordable and can be delivered by system partners, then it will continue to have high costs and be unable to ensure resilient, safe, and effective services. As a consequence, the ICB will continue to fail to meet statutory constitutional targets.</td><td>Principal Assurance Committee: People and Culture Committee</td></tr>
<tr><td>Devon Challenge 8: Varied education, training, employment opportunities, workforce availability and wellbeing.
ICS Strategic Goal: enhancing productivity and value for money.
We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td>Joint Forward Plan Enabling Programme: Workforce</td></tr>
<tr><td>Inherent Risk Score</td><td>4</td><td>4</td><td rowspan="2">No change</td><td>16</td><td rowspan="2">6</td><td rowspan="2">Appetite: Open. By using our workforce differently, we are prepared to accept some short-term clinical risk.</td></tr>
<tr><td>Risk score: June 2023</td><td>3</td><td>4</td><td>12</td></tr>
<tr><td colspan="7">The One Devon Workforce Strategy was approved by the ICB Board in May and will be formally launched in July.
The workforce plan associated with this is being developed with ICB Finance/ Deloitte and NHS providers and we expect a detailed plan to be produced during Q3.
The strategic workforce planning tool continues to be developed and again will be launched in Q3, with a presentation available in July which will show the detail of the end product that is being built.</td></tr>
<tr><td colspan="7">Organisational change risk relating to corporate objective 10: NHSE consultation results in additional responsibilities moving to the ICB which they are not resourced and/or ready to fulfil.</td></tr>
<tr><td colspan="3">Key Controls:</td><td colspan="2">In place</td><td colspan="2">Assurances:</td></tr>
<tr><td colspan="3">Workforce Strategy approved</td><td colspan="2"></td><td colspan="2">Workforce strategy steering group in place</td></tr>
<tr><td colspan="3">5 Year workforce plan (expected Q3)</td><td colspan="2"></td><td colspan="2">People & Culture Committee to receive monthly progress highlight report of People Plan delivery pillars</td></tr>
</table>

Workforce dashboard - show as green in the key controls sections		Integrated workforce report and dashboard created and in use from end of June for NHS providers	
Control Gaps		**Assurance gaps**	
Learning and Education Strategy- to approved at People and Culture in July and ICB Board in September			
Mitigating Actions:		**Action Status**	**Planned Completion Date**
Workforce strategy plan - new approach being with workforce planners and CPO's taken as first draft of plans were not in line with expectations			Q3
Workforce dashboard only showing NHS data at present, Paul R to meet with LA's and primary care to agree plan for getting appropriate data from respective markets into wider dashboard by end of 2023/24			End of Q4

Make more efficient use of our resources **Corporate Objective: (11)** Maximise the use of digital technology and data so it [care] is evidence based and outcome focused	**Executive Director Lead: Bill Shields, CFO** **Director Lead: Malcolm Senior, Director of Digital Transformation**
Risk: If we fail to resource and work collaboratively towards the common priorities presented in the Digital Strategy, we will not be able to maximise the benefits afforded by the advances in digital and data**.**	**Principal Assurance Committee: Finance & Performance Committee** **ICS Digital vision:** Invest in a digital Devon: people will only tell their story once; first contact will be digital where appropriate and more advice and help will be available online. We want to make the most of advances in digital technology to help people stay well, prevent ill-health, and provide care

	Likelihood	Impact	Move	Risk Score	Target	
Inherent Risk Score	4	4	No Change	16	8	**Joint Forward Plan Enabling Programme:** *Digital and Data*
Risk score: June 23	3	4		12		Risk Appetite: Seek

Key update on actions
The digital strategy was approved by the ICB Board in March 2023
The ICB Digital team and the ICS Devon Technical Design Authority are supporting the system recovery activity
£85m has been allocated to DPT, UHP and TSDFT to complete their digitisation journey
GPIT Futures re-procurement for primary care systems to be completed in 2023

Organisational change risks relating to corporate objective 11: (i) Short term focus on driving reductions in running costs results in loss of focus on all areas needed to support the 5-Year Joint Forward Plan and to retain the capability needed to deliver short, medium and longer term plans
(ii) The supporting ICB development programme is not prioritised, or effectively implemented, in providing support to staff to operate the new structure and ways of working

Key Controls:	**In place**	**Assurances:**
Digital Strategy	✓	Highlight reports to Finance and Planning Board
Digital Transformation Board	✓	Assurance reports to Finance & Performance Committee
Devon ICB	✓	Involvement of NHSE across governance levels
Single Technical Design Authority	✓	
Control Gaps		**Assurance gaps**
Over reliance on provider digital resources who have other competing local priorities		

A culture of whole system thinking across the ICS has yet to be achieved	Competing local priorities		
	Lack of financial resources*		
Mitigating Actions:		**Action Status**	**Planned Completion Date**
National funding streams with a focus on digital* TBC			TBC
Requests to confirm status of Digital Team member's contracts (2 x Project Managers)			TBC
Whole system workshops held to bring ICS organisations, critical suppliers and NHSE together to progress strategy			TBC
Digital Inclusion Group (membership includes VCSE) to give strategic steer on digital inclusion issues			TBC

Improve Services and reduce unwarranted variation **Corporate Objective:** (12) Minimise our negative impact on the environment and ensure services are green/sustainable.						**Executive Director Lead: Andrew Millward, Chief Communications & Corporate Affairs Officer**
Risk: If the ICB does not support the co-ordination of carbon reduction across the ICS and embed the principles for Healthier Planet, Healthier People then it will not create a greener, sustainable health service in a way that contributes to the NHS Target of reaching net zero by 2040 (for emissions it controls directly and by 2045 for those it can influence (such as the supply chain). The consequence will be that we fail in our responsibilities to tackle the impact of the climate emergency on the health of the population and for future generations.						**Principal Assurance Committee: Finance & Performance Committee** **Devon Challenge:** 2: Climate Change **ICS Strategic Goal:** We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	**Joint Forward Plan Enabling Programme:** *Green Plan*
Inherent Risk Score	4	4	No change	16	8	
Risk score: Jun 23	4	4		16		Risk Appetite: Seek
Key update on actions NHS Devon's Green Plan was written with contributions from acute trust partners and general practice. This provides a framework to support the individual partner Green Plans. The plan is now being revised to reflect the Joint Forward Local Plan consultation.						
Organisational change risks relating to corporate objective 12: (i) Short term focus on driving reductions in running costs results in loss of focus on all areas needed to support the 5-Year Joint Forward Plan and to retain the capability needed to deliver short, medium and longer term plans (ii) The supporting ICB development programme is not prioritised, or effectively implemented, in providing support to staff to operate the new structure and ways of working.						
Key Controls:			**In place**			**Assurances:**
Estates/Sustainability Lead meetings taking place						Action log produced
Control Gaps						**Assurance gaps**
Resources and capacity – no resources have been identified to support the implementation of the Green Plan. There is currently no dedicated strategic resource at an ICS level for the Green agenda						Formal governance arrangements not in place and no formal route to the ICB Board.
NHS Devon's Green Plan does not currently have an associated delivery plan						The Green Plan is currently being reviewed to reflect the sustainability ambitions within the Joint Forward Local Plan

Mitigating Actions:	Action Status	Planned Completion Date
There are potential options in place to provide a dedicated ICS resource for the Green Agenda.		August 2023
A revised NHS Devon Green Plan delivery plan will be produced.		July 2023

<table>
<tr><td colspan="6">Develop our culture and how we operate
Corporate Objective: (13) Develop and embed a new culture for the ‘One Devon’ system and create stronger relationships built on integration and trust.</td><td>Executive Director Lead: Andrew Millward, Chief Communications & Corporate Affairs Officer</td></tr>
<tr><td colspan="6" rowspan="2">NEW June 2023 Risk Description: If the current system ways of working (culture) do not change, and NHS Devon is unable to build stronger relationships with system partners; then some partners may become disengaged with integration. This may affect the achievement of the objectives in the Joint Forward Plan which will impact on the provision of care and services for the people of Devon. With a knock-on impact of negatively impacting the reputation and brand of One Devon locally, regionally and nationally.</td><td>Principal Assurance Committee: People & Culture Committee</td></tr>
<tr><td>ICS Overarching Goal: One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money. (extract from the Devon Plan)</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td rowspan="3">Joint Forward Plan Enabling Programme: System Development</td></tr>
<tr><td>Inherent Risk Score</td><td>4</td><td>4</td><td rowspan="2">NEW</td><td>16</td><td rowspan="2">6</td></tr>
<tr><td>Risk score: June 23</td><td>2</td><td>4</td><td>8</td></tr>
<tr><td colspan="7">Key actions for June 2023 (Q1)
- Improving care and services for people of Devon through adoption of outward mindsets – continue to roll out 12-month programme;
- Plymouth LCP senior stakeholder involvement in the UEC Effective Navigation improvement work;
- Completion of 2023 System Diagnostic and ICS Maturity Framework Assessment;
- Provision of development support to South, East, and North LCPs;
- Provision of development support to MHLD Provider Collaborative.</td></tr>
<tr><td colspan="7">Organisational change risks relating to corporate objective 13:
i. A perceived protracted consultation process results in loss of followership for the SLT and demotivated staff, loss of capability.
ii. Short term focus on driving reductions in running costs results in loss of focus on all areas needed to support the 5-Year Joint Forward Plan and to retain the capability needed to deliver short, medium and longer term plans
iii. The supporting ICB development programme is not prioritised, or effectively implemented, in providing support to staff to operate the new structure and ways of working
iv. System leaders delay making key decisions, and adopt an ineffective implementation approach, hindering adoption of Devon Operating Model to be successful</td></tr>
<tr><td colspan="5">Key Controls:</td><td>In place</td><td>Assurances:</td></tr>
</table>

Integrated System Development Programme established November 2021	Yes	Monthly highlight report provided to Executive Strategy & Transformation Group, the NHS Devon Executive Team and SIAG.
System Diagnostic and ICS Maturity Assessment completed in 2022 to inform scope and focus of Programme	Yes	Quarterly highlight report provided to the People & Culture Committee
2022 baseline and improvement trajectory endorsed by system leaders in May 2022	Yes	System Diagnostic and ICS Maturity Assessment repeated in 2023 to compare to 2022 baseline
Tangible milestones and delivery plans for System Development defined within the Devon Plan (Joint Forward Plan	Yes	Outcomes and measures of success defined
Evaluation of System Development work embedded as part of the approach to enable a 'learn by doing' approach	Yes	Evaluation reports/assessments for specific pieces of work
Control Gaps		**Assurance gaps**
None		None

Mitigating Actions:	**Action Status**	**Planned Completion Date**
Change Leaders Event to take place on the 23rd June;	In progress	23 June 2023
Improving care and services for people of Devon through adoption of outward mindsets – continue to roll out 12-month programme;	Ongoing	2024

Develop our culture and how we operate
Corporate Objective (14) Develop a system operating model, so we are clear on system decision making, local care partnership accountability and development of a more locally based, citizen led approach to planning and delivering services.

Executive Director Lead: Nigel Acheson, CMO

12 Risk If ICB does not set clear timescales and expectations for the development of the system operating model as a result of the inertia (inactivity) caused by operational pressures, then some partners will become disengaged and unable to focus on wider system objectives. The consequence will be a break down in trust between partners, which will undermine the relationships needed to fully develop an integrated care system.

Principal Assurance Committee: ICS Executive Strategy and Transformation

ICS aim: creating an environment for success - Integrated System Development Programme.

	Likelihood	Impact	Move	Risk Score	Target
Inherent Risk Score	4	4	No change	16	6
Risk score: June 23	4	4		16	

Joint Forward Plan Enabling Programme: *System Development*

Appetite: **Seek** Eager to be innovative and to choose options offering higher business rewards.

Key update on actions for June 2023 (Q1)
ICB SET meeting 20/06/23 due to discuss Operating Model and delegations. To be followed by Board Development session.

Organisational change risks relating to corporate objective 14:

i. System Partners, LCPs and Provider Collaboratives are not willing, or are unable, to assume responsibilities previously owned by the ICB.
ii. Short term focus on driving reductions in running costs results in loss of focus on all areas needed to support the 5-Year Joint Forward Plan and to retain the capability needed to deliver short, medium and longer term plans
iii. The supporting ICB development programme is not prioritised, or effectively implemented, in providing support to staff to operate the new structure and ways of working
iv. System leaders delay making key decisions, and adopt an ineffective implementation approach, hindering adoption of Devon Operating Model to be successful

Key Controls:	**In place**	**Assurances:**
Op Model agenda items at SET		All partner Board approval of Devon Operating Model
LCP Development Meeting		ICS maturity assessment
Control Gaps		**Assurance gaps**
Delay in ICB Exec agreement of vision and timescales for implementation		

Development and Delegation Framework – dependent on the above			
Plan and timeline for adoption of additional responsibilities – dependent on the above			
Mitigating Actions:		**Action Status**	**Planned Completion Date**
ICB to establish delegation framework to include: governance (formally approved ToRs, membership, reporting etc); assessment of capacity and capability (including that provided by transfer of staff to new body). May use elements of the ICS Maturity Assessment.			tbc
Provider Collaboratives and LCPs (alongside ICB) to assess fitness to deliver current responsibilities as described (ToRs, membership, workplans etc). Majority of responsibilities already understood and accepted but may be waiting for formal notification to proceed.			tbc

Annex B Scoring methodology.

The inherent risk score is the rating assigned to a risk before any mitigations/controls are applied; the current risk score is the rating assigned to a risk that takes account of the mitigations/controls applied to it.

Risk Scoring approach = Impact x Likelihood (I x L)

		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
Severity	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	1	4	6	8	10
	1 Negligible	1	2	3	4	5

Good Governance Institutes Framework definitions:

Avoid	Avoidance of risk and uncertainty is a key organisational objective
Minimal	(ALARP) (as little as reasonably possible). Preference for ultra-safe delivery options that have a low degree of inherent risk and only limited reward potential
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward and Value for Money (VfM)
Seek	Eager to be innovative and choose options offering potentially higher business rewards despite greater inherent risk
Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust

END OF DOCUMENT

NHS Devon Integrated Care Board

One Devon Partnership Chair's Report

Date of NHS Devon Board meeting	Date of Devon ICP Meeting
5 July 2023	1 June 2023

Chair	
Name and title:	Cllr James McInnes, Chair of the ICP

Updates from the Partnership

- ICS Strategy
  - The ICS Strategy was approved in December 2022. There have been minor changes to the Strategy following feedback on the Joint Forward Plan (JFP)., These include changes to the wording of the suicide prevention and health protection strategic goals and changes to targets and metrics that will allow us to demonstrate progress towards the goals.

- Joint Forward Plan
  - The JFP includes nine key delivery programmes and 10 enabling programmes. The plan reflects the key work taking place or planned across the Devon system. There has been involvement with system partners, including Health and Wellbeing Boards (HWBs) and the plan has been refined to reflect feedback. Potential risks to the plan were cited particularly around the capacity to deliver whilst focusing on recovery and a potential lack of alignment between the two.

Voluntary, Community and Social Enterprise (VCSE)

- VCSE Assembly

  - The Mental Health Assembly held a successful launch which promised positive intelligence and practice working
  - A food insecurity summit has taken place and work would be taken forward through the Devon Food Collaborative to ensure food is more readily available to those who need it.

- Cost of Living Fund:
  - The fund was distributed across Devon, Plymouth and Torbay using the Fair Shares Formula
  - The fund was open to all VCSE organisations and administered and delivered by a partnership approach by the VCSE
  - A light touch application process saw applications from smaller groups who often deal with the direct consequences of the cost of living crisis and where the majority of the funding was allocated
  - 133 applications were received, 36 of these were rejected as not meeting the criteria – feedback provided to these rejected applications
  - 97 organisations were supported
  - 121 separate projects were supported
  - 5,130 people directly supported and
  - The infrastructure of the VCSE was key to ensuring this reached as many people as possible.

- Locality Care Partnerships (LCPs)
  - Work is continuing to improve and align LCP governance.
  - One Eastern Devon Partnership Forum has been set up hosted by Eastern LCP
  - Plymouth LCP has begun work on an accountability framework between the LCP and ICB and the parties are readying themselves for the CQC inspection

- ICP forward planning:
  - A workshop is being planned to bring together all members to consider the focus of the committee

Items of concern to be escalated to the Board

- We are concerned that the resources required to support and enable the ICP to deliver its agenda and statutory duties may be impacted by the ICB organisational change.

Recommendations for the Board

- None

Management of conflict of interests:
Conflicts of interests are recorded on the register of interests. At each committee, a list of recorded declarations is provided. New declarations must be raised, recorded and included in the minutes of the meeting and notified to the Governance team via d-icb.governance@nhs.net to update the central register.

NHS Devon

NHS Devon Integrated Care Board

Safeguarding Annual Report 2022/23

Date of board	Date report produced
5 July 2023	19 May 2023

Author(s)		Report approved by	
Name and title:	Michele Thornberry Head of Safeguarding	**Name and title:**	Naomi Chapman Chief Nursing Officer
Phone:	01392 675239	**Date:**	
Email:	m.thornberry@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary
The Safeguarding Annual Report provides assurance to the Board that the ICB is fulfilling its statutory duty to meet its safeguarding requirements. The paper outlines structures, processes, governance arrangements and activity that the Team undertake. Since completing the report, the decision by Government to not progress Liberty Protection Safeguards (LPS) has been communicated.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
25.04.23 - Safeguarding and Vulnerable People Steering Group – amendments agreed 17.05.23 - Quality and Patient Experience Committee – approved.

One Devon

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do
1. The Board is asked to approve the Safeguarding Annual Report 2022-23 and agree its publication.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Improves quality of care
Improve services and reduced unwarranted variation	Tackles inequalities due to abuse, neglect and disability
Make more efficient use of our resources	Improved working with provider safeguarding teams, multiagency partners and internal teams
Develop our culture and how we operate	Identifying learning from reviews and embedding change in practice

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	Improves quality of care
Health inequalities	Tackles inequalities due to abuse, neglect and disability
Workforce	Training to improve skills and competency of staff. Supervision.
Resources and finance	Improved working with provider safeguarding teams, multiagency partners and internal teams
Legal	Ensure statutory functions are undertaken
Digital and Data	
Involvement, Engagement and consultation	Consultation as part of review processes and service design.

Safeguarding Annual Report 2022/2023

1.0 Introduction

1.1 ICBs (integrated care boards) are responsible in law for the safeguarding element of the services they commission. They also have statutory responsibilities to employ Designated Professionals to provide expertise and leadership to the ICB and local health economies to influence local thinking and practice and the capacity to do so. The Designated Safeguarding professionals play a key role in promoting good professional practice and providing advice, expertise and supervision across the health system, including advice to ICB commissioners. Additionally, the designated professionals hold commissioners to account in respect of the statutory responsibility to ensure due regard is given to the safeguarding of adults and children through appropriate contracting of services.

1.2 The safeguarding team consists of an interpersonal trauma and violence lead, a mental capacity act lead, designated nurses and doctors for safeguarding children and children in care and care leavers, designated nurses for safeguarding adults, primary care safeguarding nurses, a named GP, and administrative staff.

1.3 The team gains assurance of the safeguarding element of the services NHS Devon commission through attendance at those providers' safeguarding governance meetings, regular meetings with and supervision of provider safeguarding leads, and identification of both good and poor practice through the serious incident and case review processes (safeguarding adult reviews, domestic homicide reviews and child safeguarding practice reviews). The team also holds regular meetings with the safeguarding leads from the independent providers. This gives an opportunity to provide education, support, and advice.

1.4 The Chief Nurse is the Executive Lead for Safeguarding, and with the Deputy Chief Nursing Officer, Head of Safeguarding and the designated professionals, is an active member of the safeguarding partnerships that exist in Devon – two safeguarding adult partnerships, three safeguarding children's partnerships, three corporate parenting boards, three community safety partnerships and one domestic abuse board. The team also contributes to the various Partnership subgroups, ensuring effective interagency relationships with the local authorities, police and third sector organisations that enable robust system response to abuse and neglect, effective information sharing and a positive learning culture.

1.5 NHS Devon monitors safeguarding activity through the Safeguarding and Protection of Vulnerable People Steering Group. This group is a subgroup of the Quality and Performance Committee. It meets on a quarterly basis and is

the key group overseeing the work of the safeguarding team and providers' safeguarding performance. The Steering Group's membership has been strengthened to include commissioning lead representation from across service areas. The management of safeguarding risks is strong with scrutiny and detailed updates provided to the Group. The Safeguarding and Protection of Vulnerable People Steering Group ensures responsibilities and statutory duties are met. The ICB Board receives the Quality and Performance Committee Chair's report which summarises quality and safety matters, including safeguarding activity and related risks. The Group regularly reviews training compliance and ensures polices are updated. All safeguarding polices are up to date. Board members received safeguarding training on 16 November 2022.

1.6 The internal audit of safeguarding that reported in the summer of 2022 found that the arrangements surrounding the safeguarding function for the then CCG had been significantly strengthened and gave an overall assurance opinion of 'Satisfactory'.

1.7 In November 2022, an NHS England Safeguarding Visit took place between the Assistant Director for Nursing (Safeguarding) and Regional Safeguarding Lead, NHS England Southwest, and key strategic leads for safeguarding within NHS Devon. Feedback from this meeting highlighted:

- safeguarding remains a priority during times of pressure and change within the system
- improved relationships and workings between ICB safeguarding and ICB commissioning across the commissioning cycle
- the value of the Domestic Abuse and Serious Violence Pathfinder Lead, the commissioning of Primary Care Interpersonal Trauma Response Service and the highly commended Health Service Journal award for Devon ICB
- clear communication flows and oversight of workstreams to fulfil the ICS statutory duties, including supervision and training requirements
- there is a strong health voice within the safeguarding partnerships - the Devon ICB Chief Nursing Officer chairs two of them, with other ICB team members leading on sub-group work.

1.8 The Designated Doctor for Safeguarding Children post has remained vacant although a doctor has been identified to undertake the role and is awaiting backfill to enable their release from clinical work. It is hoped the post will be filled by the end of the financial year. In the meantime, this vacancy has been captured on the risk register and is a recognised issue both regionally and nationally. As a mitigation, the designated nurse resource was increased, and medical expertise is provided by the Designated Doctors for Children in Care and the Named GPs as required.

1.9 Preparation for the anticipated changes to the Mental Capacity Act (MCA) Code of Practice, which includes guidance on the new Liberty Protection Safeguards (LPS) system continues. NHS Devon, along with local authorities and health providers will be a Responsible Body under the new arrangements. An LPS Steering Group has been established to support

preparation for LPS implementation. The implementation date for LPS has yet to be published.

1.10 From April 2023, NHS Devon takes on delegated responsibility for dental, ophthalmic and pharmaceutical services. Currently, the impact of this on the team and safeguarding is unknown. The team will work closely with the Collaborative Commissioning Hub to support the design and delivery of POD services.

1.11 The closer working relationship between the safeguarding team, commissioners and the patient safety and quality team has enabled NHS Devon to provide robust responses to patient safety and safeguarding issues and support the development of commissioning solutions. This approach also supports the implementation of recommendations arising from statutory reviews to effect change, embedding safeguarding into the commissioning cycle. It has also supported healthy challenge where needed and has highlighted areas of need in relation to safeguarding supervision, which has been responded to.

2.0 Safeguarding Adults, Mental Capacity Act and Prevent

2.1 Six Safeguarding Adult Reviews (SAR) were completed during 22/23. Two of these were not published by the Safeguarding Adult Partnership due to the potential to cause distress to those involved. Two have been published and the remaining two were to be published before 31 March 2023. The team has contributed to one SAR published by a local authority outside of Devon. The team is also contributing to two other SARs led by other local authorities where patients have been placed out of area.

2.2 Learning from the one SAR has been disseminated to general practice regarding the importance of swift registration when a person is moved to a care home and is a new patient within the practice's catchment area. Additionally, learning from a 'Coroners regulation 28 prevention of future deaths' has been circulated to all healthcare providers and Safeguarding Adult Partnerships emphasising the link between self-neglect and the risks of developing sepsis through poor personal care. A thematic review relating to self-neglect has been published. NHS Devon has incorporated SAR learning into training delivered to GPs.

2.3 The Designated Nurse has coordinated work between Devon and Cornwall Police and the health provider delivering services within the police custody suits to enable them to have access to the Devon and Cornwall Care Record (DCCR). This will enable more effective management of detainee's healthcare whilst they are in custody.

2.4 The Designated Nurses have supported the development and introduction of a Quality Assurance Framework for Torbay and Devon Safeguarding Adult Partnership. As chair of the Quality Performance and Assurance Sub-Group, the Designate Nurse is driving this work forward.

2.5 The safeguarding adult team is continuing to strengthen links across NHS Devon, by working closely with the commissioning and patient safety teams to meet recommendations arising from both published and unpublished SARs and in relation to safeguarding enquiries.

2.6 The Counter Terrorism Act (2015) places a statutory duty on the NHS to have due regard to the need to prevent people from being drawn into terrorism. The team is an active participant in the Devon and Cornwall CONTEST Board and attends Channel Panels and Prevent Partnerships across Devon.

2.7 The Designate Nurse has supported the Devon and Torbay Anti-Slavery Partnership to develop a multiagency memorandum of understanding which will enable agencies to support individual victims of modern slavery within Devon and Torbay. Further work will be undertaken next year with the Plymouth Anti-Slavery Partnership.

2.8 Significant work has been undertaken by the Designated Professionals to support the health and safeguarding arrangements for asylum seekers and refugees across Devon. Working with commissioners and the local authorities, the designated nurses have clear oversight of safeguarding concerns and contribute to relevant meetings, in addition to working with health providers supporting people in hotels locally.

2.9 The Mental Capacity Act Lead (MCA) is working closely with the newly appointed MCA practitioner to upskill NHS Devon staff in preparation for the responsibilities under the Liberty Protection Safeguards (LPS) arrangements.

Safeguarding Adult Team Strengths

Regular training and Prevent updates are provided to independent providers (including those from the Voluntary Community Sector) and GPs.

A good working relationship with the safeguarding adult partnerships enables the team to support the work of the partnerships and provide respectful challenges when required.

The appointment of the Mental Capacity Act Practitioner has supported the MCA Lead with the planning for Liberty Protection Safeguards implementation and a programme of activity to improve the legal knowledge of NHS Devon staff.

Safeguarding Adult Team Areas for Progression

The team plans to further improve NHS Devon staff legal literacy in relation to the Mental Capacity Act and the Court of Protection in preparation for Liberty Protection Safeguards responsibilities.

It has continued to develop NHS Devon's safeguarding intranet pages to include resources relating to modern slavery and MCA/LPS.

As there is no statutory process in the Care Act for dealing with concerns relating to people in a position of trust, the Safeguarding Adult Team will continue to provide independent oversight and assurance to local authorities and providers that processes relating to healthcare staff are robust.

3.0 Safeguarding Children

3.1 The Designated professionals have integral roles within the Safeguarding Children Partnerships, supporting the quality assurance and child safeguarding practice review (CSPR) processes within each partnership.

2022/2023	Number	Themes
Rapid Reviews completed	6	Safe Sleeping Neglect Adolescent mental health and suicide Non-accidental injury
Rapid Reviews in progress	0	
CSPR in progress	3	
Published CSPR	3	

3.3 All deaths of children are reviewed by the Child Death Overview Panel (CDOP), which is attended by one of the Designated Nurses. Learning from CDOP is fed back into the Partnerships and health community.

Safeguarding Children Team Strengths

The team is continuing to work with the senior leadership team, NHS England, and healthcare providers across the system to develop an effective safeguarding structure across NHS Devon ICB and ICS. Members have worked with Provider Safeguarding Leads to ensure that Partnership meetings have the right representation, and the health system contributes appropriately to the Partnership arrangements.

The Designated Nurses have been reviewing the coaching and mentoring arrangements for all safeguarding professionals in Devon and will be ensuring there are robust arrangements in place.

Safeguarding Children Team Areas for Progression

Access to robust supervision for designated professionals remains a challenge. Reduced capacity has meant that forums at which supervision may have been accessed could not always be prioritised, potentially posing a threat to resilience in practice. Work is underway to review supervision arrangements and embed more robust access.

4.0 Children in Care

4.1 NHS Devon has a duty to assist local authorities to provide support and services to meet the physical and mental health needs for children and young people experiencing care or leaving care. The Designated Nurses attend the Corporate Parenting Board meetings held by the three local authorities. They are also active members of the three Health Steering Groups for Children in Care (CIC) and Care Leavers (CL) in Devon.

4.2 Promoting the Health and Wellbeing of Looked After Children (2015) state ICBs are responsible commissioners for the health of Children in Care even when those children are placed in another area. The designated team has a process in place to notify a receiving ICB as a child in care from Devon moves to their area. Contact is also made with other ICBs when a child from their area moves to Devon.

4.3 **Numbers of Torbay, Plymouth and Devon LA Children in Care placed outside of Devon** (Data from notifications the LAs provide to NHS Devon March 2023)

Local Authority	**Number of Children**
Torbay	319
Plymouth	500
Devon	883
Total	1702

4.4 NHS Devon has a statutory responsibility to ensure that children entering care receive an initial health assessment by an appropriately qualified medical practitioner. Thereafter depending on age, a six monthly or annual review health assessment is undertaken. Services have been commissioned with acute and community providers to ensure this responsibility is met. Assurance is received from providers via monthly submission of compliance data and quarterly CIC professional meetings.

4.5 2022/23 has seen an increase in unaccompanied asylum-seeking children (UASC) arriving in Devon. They have arrived via a variety of routes including the national Referral Transfer Scheme and new migrant hotels. The designated nurses have helped coordinate a response to ensure that health needs are being identified and addressed and that safeguarding concerns are highlighted and managed in a safe and coordinated manner.

	Torbay	**Plymouth**	**Devon**	**Total**
Numbers of UASC per LA	24	11	56	91

4.6 Designated Doctors have given assurance that all the medical advisors across Devon have been appropriately appointed in line with the statutory requirements.

	Torbay	Plymouth	Devon	Total
Numbers of Care Leavers per LA	158	258	484	900

Children in Care Team Strengths

A Designated Nurse is a member of the Coram BAAF Health Committee, working to redesign the IHA and RHA paperwork used across the UK.

A Designated Nurse has presented at national and regional conferences on their research around restorative supervision for business support staff working in safeguarding teams.

Designated professionals have worked closely with Women and Children's Commissioners, contributing to the Long-Term Plan (2020) and Core20Plus5, an approach to reduce the health inequalities for children and young people.

The Designated professionals have been instrumental in commissioning a pilot that improves the understanding of carers, health and social care practitioners of the sensory needs of CIC. The pilot has demonstrated that intervention can improve placement stability and reduce the need for more specialist placements. The next step is to secure continued funding.

The CIC team have taken an active role in an NHSE task and finish group to develop a system to collect data on children placed out of their originating area. The aim is to understand the movement of CIC and to ensure that their health needs are being met. The pilot stage will be completed by April 2023. The team will continue to work with NHSE to ensure the process is fit for roll across the country in 2023/2024.

Children in Care Team Areas for Progression

Dental access for all Children in Care and Care Leavers remains a challenge. The team will work with primary care commissioners to improve access.

Guidance has been written to improve the transfer of care process that occurs when a child moves placements and the care provider changes. The plan for 2023/24 is to implement this guidance across Devon.

5.0 Safeguarding Primary Care

5.1 The Primary Care Safeguarding Team (PCST) provides leadership, advice and support to the 121 general practices in Devon.

5.2 The PCST members are active members of the Adult and Children's Partnerships subgroups and task and finish groups.

5.3 The PCST supports and facilitates the GP contribution to review of serious incidents, safeguarding investigation, children safeguarding practice reviews, safeguarding adult reviews and domestic homicide reviews. It also supports practices to ensure learning following local or national case reviews is embedded into practice.

5.4 The PCST has established a successful GP forum for Safeguarding Lead GPs. The team has delivered a variety of both adults and children topics including Prevent and managing allegations. These forums also provide peer supervision for GP safeguarding leads. PCST has increased the tailored learning opportunities for primary care, including bitesize breakfast sessions and pre-recorded webinars.

5.5 PCST produce updates in the weekly GP bulletin. This has streamlined the communication and is accessible to all primary care staff

5.6 The PCST has started a quality assurance programme of work. This has been initially in Torbay with plans to roll out Devon wide. A quality assurance tool has been developed and is delivered alongside a supportive face to face visit and follow up.

Safeguarding Primary Care Team Strengths

Delivery of high quality, relevant forums to GP safeguarding leads.

Good engagement from practices with the PCST quality assurance work.

Broad training offer to Primary Care. Virtual delivery has been well received and allows GPs easier access to attend given their current pressures.

Safeguarding Primary Care Team Areas for Progression

Devon Training Hub has agreed to facilitate a safeguarding conference for Primary Care in 2024.

The PCST is looking at using a software platform that will allow practices to access safeguarding information, including policies, procedures and training. The team aims to roll this out in 2023 with support from the NHS Devon IT team.

6.0 Domestic Abuse and Sexual Violence

6.1 Over the last three years, NHS Devon has implemented a Domestic Abuse and Sexual Violence (DASV) Strategy. With progress made against the ambitions, it will be refreshed in 2023.

6.2 In October, NHS Devon was highly commended at the HSJ Patient Safety Award for its 'Whole Systems for Whole People' collaboration with the Police and Crime Commissioner and local authority partners. This work centred on domestic abuse, sexual violence and supporting people with multiple complex needs.

6.3 NHS Devon has attracted national attention for its work and recently hosted a visit from the Domestic Abuse Lead for NHS England and the Domestic Abuse Commissioner for England and Wales, who described our work as 'ground-breaking'. NHS Devon is still the only ICB to have a specific interpersonal trauma and violence lead role, a model that the Domestic Abuse Commissioner has said she would like to see every ICB adopt.

6.4 The Head of Safeguarding was invited by NHS England to speak at the Domestic Abuse Commissioner's inaugural conference, sharing the approach NHS Devon is taking to domestic abuse.

6.5 The Interpersonal Trauma and Violence Lead (ITV) has been invited to sit on NHS England's ICB Domestic Abuse and Sexual Violence Task and Finish Group which is pooling resources and best practice guidance for ICBs nationwide to support their response to the Serious Violence Duty, The Victims Bill, and the Domestic Abuse Bill.

6.6 NHS Devon collaborated with system partners to apply for a grant to pilot a Lesbian, Gay, Bisexual, Transgender (LGBT+) Independent Domestic Violence Advisor (IDVA) post. The success of this has been such that a second post with a sexual health and sexual violence focus has been created. LGBT+ people are greatly underrepresented within DASV services and experience multiple barriers to living free from abuse. During LGBT+ History Month the Domestic Abuse Commissioner's Office invited our Interpersonal Trauma and Violence Lead and Intercom to write a blog to showcase the importance of this specialist role.

6.7 Independent Domestic Violence Adviser (IDVA) provision has been continued in five providers and a new post within Livewell (community services) created. Work continues to maintain these posts in the longer term and increase provision in Trusts that have demand greater than capacity. They support a high number of staff affected by abuse. In 2023 NHS Devon will need to look at how sustainable funding for these roles can be secured.

Provider	DASV Resource
RDUH (E)	Full time, permanent IDVA
RDUH(N)	Full time, permanent IDVA
UHP	Full time IDVA grant funded for 1 year
TSDFT	Full time IDVA funded by Trust, funded for an additional year as a pilot

DPT	3 Full time IDVAs grant funded for 1 year
Livewell	1 Full time IDVA grant funded for 2 years

6.8 NHS Devon supported Plymouth City Council to apply for grant funding to commission IDVA training for 24 individuals across the ICS and local voluntary organisations. This included several health IDVAs.

6.9 The Interpersonal Trauma Response Service for General Practices is launching in April 2023. The service will train GP staff to ask questions about abuse and trauma and connect people affected to a specialist support service. The service will work with adult survivors, children affected by domestic abuse and people who are concerned about their own harmful behaviour.

6.10 The Interpersonal Trauma and Violence Lead has organised several training events for health practitioners over the year including a webinar on LGBT+ domestic abuse, a session promoting Stop It Now, which is aimed at those who may sexually offend against children, the health contribution to the Multi-Agency Risk Assessment Conference process for people at high risk of domestic homicide, and is working with Devon and Cornwall local authorities and police commissioners on a project to upskill the workforce to support people with learning disabilities affected by domestic abuse and sexual violence. The programme is being delivered by Cornwall Women's Centre alongside women with lived experience across the Peninsula.

6.11 The ITV Lead has set up a health Domestic Abuse and Sexual Violence practitioner network which creates opportunity to hear from frontline practitioners about provision, data and gaps, to provide opportunities for peer support and problem solving and to provide the network with training and development opportunities.

6.12 NHS Devon has increased the number of Domestic Abuse and Sexual Violence Support Champions across the organisation. They will receive training in the coming months and will act as a resource to colleagues affected by DASV or who want to seek advice on supporting someone they know.

6.13 There are currently 13 Domestic Homicide Reviews (DHR) underway in Devon. Learning from these reviews has highlighted a need to increase GP awareness of domestic abuse and increasingly death by suicide. The Interpersonal Trauma and Violence Lead is connecting with partners to explore prevention work on suicide.

6.14 Training on a trauma informed approach to sexual harassment investigations has been commissioned from ACAS in collaboration with the Sexual Assault Referral Centre. Provider HR teams have been invited to join NHS Devon HR team on the training.

6.15 Following selection as NHS England's first sexual violence trauma pathfinder site, a Pathfinder Lead and Programme Support Office have been recruited. The focus is on adult victims of sexual violence and abuse who have complex trauma related mental health needs. The programme will be focusing on two groups:

- People with complex lives (substance misuse, homelessness, domestic abuse) who often do not engage with services and where childhood sexual abuse is often, the undisclosed original trauma.
- People with high level of trauma-related mental health needs who are asking for help but are refused.

The investment money will be used to:

- Develop a trauma stabilisation workforce development package to upskill practitioners to feel confident to support people with complex, trauma related mental health needs to manage their trauma symptoms and cope in the "here and now".
- Prototype a new approach to working with women who have experienced sexual violence and abuse where building a trusted relationship and trauma stabilisation is at the heart of the work.
- Prototype new approaches to support people within complex, trauma related mental health needs that are current falling through the gaps in services.
- Develop a Trauma Resilience Hub based in the Devon and Cornwall Sexual Assault Referral Centre to provide advice, consultation and supervision to practitioners working with victims of sexual violence and abuse.

Domestic Abuse and Sexual Violence Team Strengths

Commissioning of the Primary Care Interpersonal Trauma Response Service was completed.

Sexual Violence Trauma Pathfinder funding was obtained.

We have high levels of collaboration with our partners across the county.

Domestic Abuse and Sexual Violence Team areas for progression

Domestic Homicide Review processes are slow which undermines the timely implementation of lessons learned. Work will continue with partners to improve the process.

The Interpersonal Trauma and Violence Lead organised a conference on Older People Affected by DASV in May, with representatives from across a wide range of health, social care, and partner organisations attending.

NHS Cornwall and Isles of Scilly

Paper number: ICB2324/44

Board meeting of the Integrated Care Board

Agenda item: ICB chief executive update

Date of meeting: 8 June 2023
Meeting section: Public session (part 1)
For: Discussion

Author: Kate Shields, chief executive

1. Executive summary

The chief executive's update is a regular feature of each board meeting.

The report focuses on highlighting emerging issues and significant developments that are not otherwise covered on the board agenda. It helps ensure members are aware of key areas of work happening within the Cornwall and Isles of Scilly integrated care system (ICS). A verbal update on other key areas may also be given.

2. Recommendations

The ICB Board is asked to receive the chief executive update and enquire further, as necessary.

3. Main report

3.1 Urgent and emergency care (UEC)tier 1 and improvement support

NHS Cornwall and Isles of Scilly chief executives met with Neil Moloney, NHS England's director of UEC tiering support to discuss the local context and outline the approach and improvement offer from the national improvement team, to identify the priorities for additional support and to clarify how available national support can be directed to the areas that will deliver greatest impact.

The initial suggestions from the discussions to be taken forward include:

- Support to develop the intermediate care strategy.
- Ambulance offload.

- Supporting Cornwall Foundation Trust around use of community services capacity and better use of step up.
- Clinical coaching for community services, particularly around Urgent Treatment Centres (UTC) and Minor Injury Units (MIU) to reduce pressure on the front door. To include access to diagnostics.
- Out of hospital palliative care.
- Unplanned urgent/on the day care and aligning providers of urgent care response (UCR) services.

ECIST (Emergency Care Intensive Support Team) will also engage with our local teams to identify the key areas of focus for the improvement offer, this will be supported by the data and how we can link the offer of support to local delivery of the plan. Data packs are being developed to focus on the key aspects of the UEC recovery programme and may, of course, provide further insight into areas of potential support.

The interim chief operating officer of the ICB will be the lead for this, working closely with all system providers and partners.

3.2 Isles of Scilly

Following a visit to the islands earlier this month and meeting with council members and staff at the hospital and the car home, the task now is to rapidly support the Isles of Scilly in developing and sustaining a 21st century health and care service that people on the islands can rely on. This will include digital models of care, remote access which reduces reliance on the mainland services and multi professional team development to make the most of the skills and talents on the islands and making them great places to work.

We have secured the support of an ex-military officer with extensive experience in primary care and emergency medicine in hospital and pre-hospital, who also specialises in urgent unplanned care in remote locations globally. The ICB chief medical officer has called upon the support of an emergency medicine consultant and former military officer from Derriford Hospital and the professor of emergency medicine from the Royal Centre for Defence Medicine in Birmingham, both of whom have a wealth of experience of remote medicine.

3.3 Transforming Care for Cornwall (TC4C)

TC4C consists of a range of workstreams based around the priorities identified for 2022 to 2023 agreed by partners and signed off by the ICB. At the 11 October 2022 ICB board meeting, a paper was presented which set out 5 priority areas and 3 enabling programmes, to be overseen by the TC4C board.

The 5 priority areas are – (i) system flow, (ii) planned care, (iii) mental health, learning disabilities and autism/neurodiversity (MHLDA), (iv) intermediate care, and (v) dementia. The 3 enabling programmes are digital, workforce and population health management and health inequalities.

A reset of the scope and nature of TC4C is recommended following the 18 May meeting of the TC4C board, in order to improve the effectiveness and impact of TC4C, and to drive alignment with the approach being adopted for the 2023 to 2024 operational plan delivery, and the 5-year joint operational plan. The paper on the agenda for the ICB June meeting sets out a series of recommendations for ICB endorsement. The approach and recommendations ensure both consistency with our annual operating plan and joint forward plan development, and the adoption of good practice change management approaches.

3.4 Dementia conference

National Dementia Action Week took place in May with the 2023 campaign focused on making sure people receive a timely diagnosis. Around 5,000 people have a diagnosis of dementia across Cornwall and the Isles of Scilly, although more than twice that number may be affected, living with symptoms but reluctant to seek a diagnosis or help.

As part of this awareness week, a Cornwall Dementia Conference took place (the second of its kind) which highlighted the range of care and support available including the different ways technology can help. Guest speakers included Professor Banerjee from the University of Plymouth, who talked about the steps we can take to prevent dementia, and the University of Worcester's Teresa Atkinson, who talked about how to make buildings and environments dementia friendly.

There was packed agenda of interactive workshops on memory cafés, book clubs, music therapy and the Cascade theatre, and a focus on how technology can help particularly highlighting the use of apps such as RITA which stands for Reminiscence/Rehabilitation and Interactive Therapy Activities. RITA is a touch screen which provides digital therapy to help people recall and share events using music, historic news reports, games or films.

Dr Allison Hibbert, GP specialising in older adults and the system's lead on dementia and chair of the Dementia Partnership board said *"Many people are unaware of the things they can do to reduce their risk of developing dementia. These include preventing and treating high blood pressure and diabetes. Stopping smoking. Keeping active and maintaining a healthy weight. Avoiding excess alcohol. Healthy balanced diet with less processed food but including food such as lefty greens and colourful vegetables, lentils, fish, olive oil and getting a good night's sleep is important. Keeping the brain stimulated by engaging socially and undertaking cognitively stimulating activities such as hobbies, music, puzzles also help".*

3.5 ICB Chief Executives and NHS England executives meeting

Chris Hopson, chief strategy officer chaired the May meeting of NHS England executives with ICB chief executives, held in London. The agenda focussed on current priorities, issues and planning with Amanda Pritchard, NHS chief executive, David Sloman, chief operating officer and Julian Kelly, chief financial officer leading the discussions.

There were breakout sessions for patient choice, primary care access plan implements, and medium-term strategy engagement. There were also presentations from NHS Bath and North East Somerset, Swindon and Wiltshire to showcase their work with provider collaboratives, and from North East and North Cumbria NHS to showcase their work with Academic Health Science Networks.

3.6 Junior doctor industrial action update

It has been announced junior doctors in England will hold another 72-hour full walkout between 0700 on Wednesday 14 June and 0700 on Saturday 17 June.

NHS Devon

NHS Devon Integrated Care Board

Integrated Quality, Performance and Finance Report (IQPR)

Date of board	Date report produced
5 July 2023	23 June 2023

Author(s)		Report approved by	
Name and title:	Performance Team	**Name and title:**	Sam Wadham-Sharpe Director of Performance and Assurance
Phone:		**Date:**	23 June 2023
Email:	s.wadham-sharpe@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max) – high level overview of the content of the report and the reasons why it is being presented

This report provides a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the ICS, at both place and system level, that issues are being identified and addressed.

Unscheduled Care: the ICS remained under sustained operational pressure in May with ongoing industrial action and increased demand impacting performance against the 4 hour target for treatment or admission in A&E. The 4 hour all type performance has declined this month to 62.4% against the trajectory of 66.0%, also below the lowered interim target of 76% target nationally. The current performance figures do not include University Hospitals Plymouth as it re-joined national reporting only in May.

Ambulance response times are showing common cause variation, category 1: 9-minutes against a 7-minute target and category 2: 39-minutes against an 18-minute target. Ambulance handover delays worsened to 7,738 time lost against a trajectory of 4,729. A new system integrated Urgent and Emergency Care recovery plan has been submitted to NHS England SW as part of the System Improvement Assurance Group (SIAG) process focussed on key areas of opportunity identified by Get it Right First Time (GIRFT) data.

Elective Care and Diagnostics: the system is currently meeting the 104 week wait trajectory with 162 patients waiting against a trajectory of 167. 78 week wait (1,288 patients waiting against trajectory of 1,190) and 65 week wait (5,056 patients waiting against a trajectory of 4,926) have missed the trajectory due to the impacts of industrial action. Improvements have been forecast within May with further improvements in June. Torbay and South Devon Foundation Trust (TSDFT) has resubmitted its long waiter trajectory and is now forecasting zero 65 week waits at year end. This has improved the overall system year end trajectory to 51 patients waiting 78 weeks and 1,865 patients waiting 65 weeks.

Hospital Discharge: Devon ICS continues to exhibit statistical improvement with 9% (207) of general and acute (G&A) beds filled with patients having no criteria to reside (NCTR), although falling short of the 5% (110) target. Actions to continue improvement will be managed through a new monthly Discharge Improvement Tactical Group.

Primary and Community Care: currently, 3 out of 4 metrics exceeded the targets. Access to GP appointments occurring within 2 weeks was narrowly missed at 81.3% against an 85% target. Primary Care Network (PCN) level plans are being developed incorporating newly published national guidance.

Mental Health: perinatal access and physical health checks for people with severe mental illness (SMI) are showing special cause improvement but not meeting respective targets. Talking Therapies appointments within 6 and 18 weeks are the only metrics to achieve set targets. Out of area placements remain a challenge and an area of scrutiny for NHSE SW.

Children and Young People Services: 3,800 children are waiting for an Autism Spectrum Disorder (ASD) assessment as the waiting list increases by approximately 100 children per month, despite referrals remaining within common variation. A deep dive report will be presented at the August board meeting.
Plymouth City Council and NHS Devon were notified on behalf of His Majesty's Chief Inspector of Education, Children's Services and Skills (HMCI) and the Care Quality Commission (CQC) to confirm that Plymouth Local Area Partnership will be inspected under section 20 of the Children Act 2004 from 26 June 2023 to 30 June 2023.

Quality: with unmet targets across most areas, impact on safety and patient experience continues. Quality metrics evidence harm in the system, but within each workstream, partners are working to mitigate risk while patients wait. Risk remains variable, as inequity plays a key role; those from more deprived areas may experience a disproportionate level of harm due to several factors. Therefore, workstreams continue to focus on health inequalities.

Workforce: staff establishment, vacancies and agency spend are unavailable this month and will be reported in the July Integrated Quality, Performance and Finance Report (IQPR). The workforce strategy was approved at May's ICB board meeting and progress is underway developing an implementation plan with stakeholders.

Finance: at end of May 2023, Devon ICS reported £17.6m against a planned deficit of £17.3m. Efficiency savings were £7.1m at month 2 and forecast year end savings are £210.8m (£1.5m adverse to plan).
At the planning stage net risks of £159.5m were identified in addition to the deficit plan. At the end of month 2, this has improved by £5.2m and stands at £154.3m against the current forecast.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Quality and Performance Committee NHS Devon Board Outcomes would be escalated as part of Chair's Report

Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do
1. The Board is asked to note the report.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Outlines current operational and quality performance and actions
Health inequalities	
Workforce	Outlines current workforce performance and actions
Resources and finance	Outlines current financial performance and actions
Legal	
Digital and Data	
Involvement, Engagement and consultation	

Integrated Quality, Performance and Finance Report (IQPR)

Owner: Performance Team

June 2023

FINAL Version

Table of contents

Executive Summary

Unscheduled Care

The ICS remained under sustained operational pressure in May with ongoing industrial action and increased demand impacting performance against the 4 hour A&E target. The 4 hour all type performance has declined this month to 62.4% against the trajectory of 66.0%, also below the lowered interim target of 76% target nationally. The current performance figures do not include UHP as they only re-joined national reporting in May.

Ambulance response times are both showing common cause variation, cat 1: 9-minutes against a 7-minute target and cat 2: 39-minutes against an 18-minute target. Ambulance handover delays worsened to 7738 time lost against a trajectory of 4729.

A new system integrated UEC recovery plan has been submitted to NHSE SW as part of the SIAG process focussed on key areas of opportunity identified by GIRFT data.

Elective Care and Diagnostics

The system is currently meeting the 104 ww trajectory with 162 patients waiting against a trajectory of 167. 78 ww (1288 patients waiting against trajectory of 1190) and 65 ww (5056 patients waiting against a trajectory of 4926) have missed the trajectory due to the impacts of industrial action. Improvements have been forecast within May with further improvements in June.

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Currently, 3/4 metrics exceeded the targets. Access to GP appointments occurring within 2 weeks was narrowly missed at 81.3% against an 85% target. PCN level plans are being developed incorporating newly published national guidance.

Mental Health

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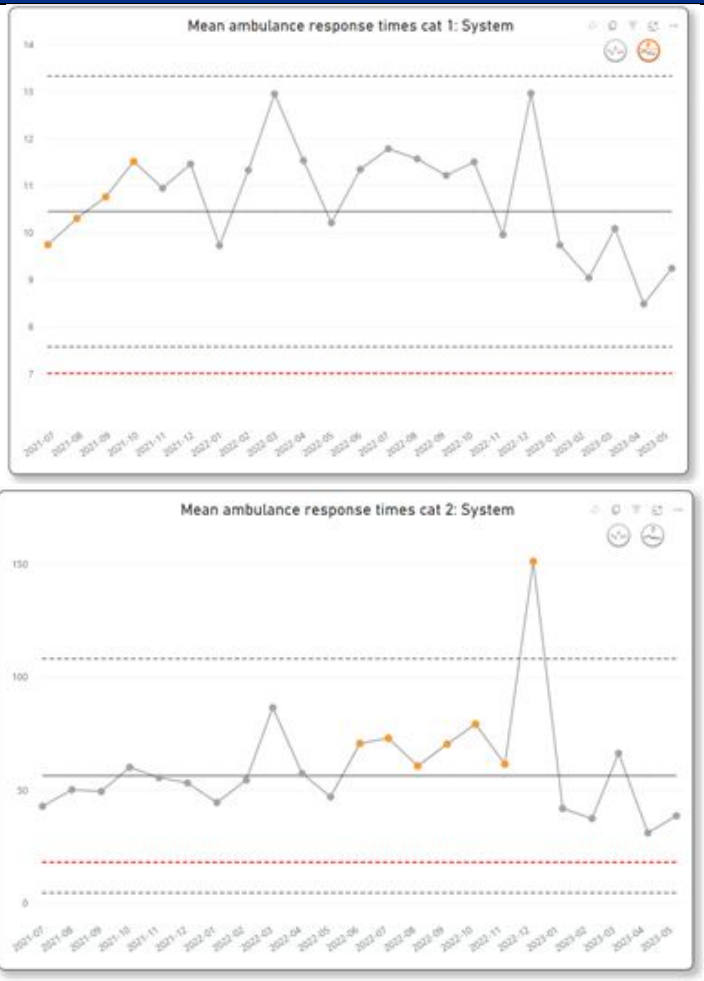
Operational Performance

Urgent and Emergency Care – System Overview

	Metric	Target	System				Royal Devon University NHS Foundation Trust			Torbay and South Devon NHS Foundation Trust			University Hospitals Plymouth NHS Trust		
			Latest Date	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance
UEC	National A&E Type 1 Attendance		2023-05-01	26,336			13,159			6,484					
	National A&E Type 1 seen within 4 hours	95%	2023-05-01	50.1%			54.8%			40.4%					
	National A&E all types seen within 4 hours	95%	2023-05-01	62.4%			63.2%			61.0%					
	National A&E 12 hr trolley waits		2023-05-01	201			82			119					
	Type 1 Admissions (conversion rate)		2023-05	28.5%			30.8%			21.5%			30.7%		
	Emergency Admissions via A&E		2023-05	7,532			3,514			1,337			2,681		
	Ambulance arrivals delayed over 15 minutes		2023-05	76.6%			68.0%			72.0%			85.2%		
	Time lost to Ambulance Handover Delays		2023-05	7,738			1,155			1,573			4,666		
	Mean ambulance response times cat 1	7	2023-05	9											
	Mean ambulance response times cat 2	18	2023-05	39											
	Patients who do not meet the criteria to resi...		2023-06	4,377			1,289			598			1,764		
	Average LOS		2023-06	6			5						12		

Data for May saw mixed performance: All types four-hour reports exhibits concerning performance at 62.4% and its trajectory is not showing an improvement. Category 1 response times shows common cause variation and is not yet meeting the 7-minute target. Category 2 response times are also within common cause variation, however as the target is within the lower control limit, this demonstrates that this is achievable without process/system change.

Ambulance response times (Cat 1 and Cat 2)

Data	Analytical Summary
	Ambulance response times are influenced by overall levels of demand, call answering times and capacity to respond which is correlated to hours lost to handover. **Demand**: The number of incidents in May increased to 19,430, up from 17,794 in April. The percentage of patients conveyed to ED was 40%, a reduction on 42% in April. **Call answering**: Performance is stable, with 96% of calls answered in 5 seconds, a slightly drop on 98% in April (target 95%). Mean call answering time was 7 seconds, compared with 2 seconds in April. Through April, SWASFT call answering times were well above the national average: 3 minutes mean call answering time, compared with 7 minutes across England. **Response capacity**: Over 50,000 conveying resource hours continued to be available through April and May across the south-west. These increases in capacity were put in place at the start of winter, to partly mitigate resources lost to handover, and have increased, utilising national UEC recovery funds. Over 11,000 hours per week are available across Devon. Across the Trust, hours lost to handover is very similar to April: 20,172 hours in May, compared with 20,143 in April. In Devon, more hours were lost in May than April: 8,275 compared with 5,194 in April. **Response times**: Response times increased across all call categories in May, and none of the response time standards were met. Of note, the category 2 mean in April was 31 minutes, which increased to 40 minutes in May (national recovery target of 30 minutes).

Operational Summary

Causes:

- Devon incident numbers increased in May to 4.5% above expected contract activity, and 2% above May 2022.
- Call answering EMD establishment continues to improve towards the target establishment of 250 WTE – in April, total EMD establishment was 230 WTE against a plan of 246 WTE.
- Ambulance response times have a positive correlation with hospital handover delays. An increase in hours lost to handover during May has corresponded with an increase in response times.
- SWASFT's average handover time remains the worst in England. In April, SWASFT's average handover time was 48 minutes and 36 seconds (national average 30 minutes, range 16 minutes to 48 minutes). Category 1 response times also remained the highest in England – 9 minutes and 2 seconds (target 7 minutes) – range 6 minutes 41 seconds, to 9 minutes 2 seconds. Category 2 response times did improve, compared to other Trusts at 33 minutes and 24 seconds (target 18 minutes) – range 21 minutes 34 seconds, to 38 minutes 30 seconds.

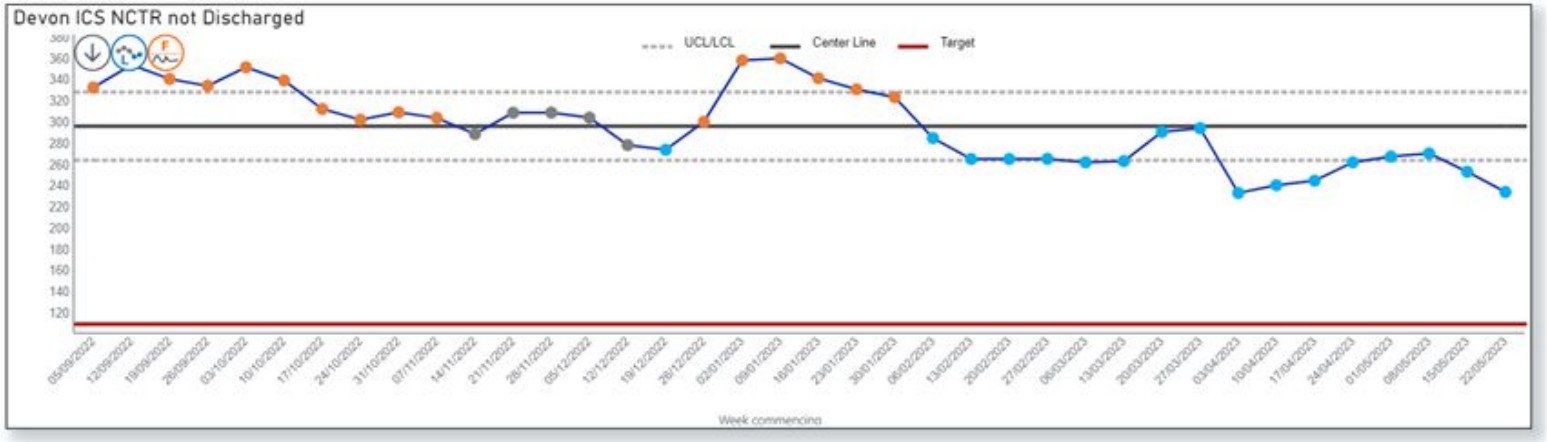
Actions:

- SWASFT continue to increase EMD roles to improve call answering. Up to 250 WTE are funded through the existing contract, with a further 25 WTE funded by the UEC recovery funding – to account for time in training and attrition. The monthly establishment position will be monitored through the South-West Finance Information and Contracting Sub-Committee.
- Category 2 segmentation and increased resource in the EOC are key elements of the UEC recovery plan. Category 2 segmentation allows for some types of incidents to be sent to clinicians for on-going review, and some cases will be suitable for clinical validation – this can avoid the need for ambulance dispatch in some instances. In April, total clinician establishment was 87 WTE against a plan of 106 WTE. Category 2 segmentation has been live since 16th May, and the aim is to increase coverage up to 0700-0200 (30-40% of full model).
- Additional frontline resources hours are being funded through the UEC recovery fund. This includes maintaining and increasing private provider capacity, and recruitment to deliver a long-term increase in resource, particularly evenings and overnight. In April, circa 226,000 conveying resource hours were available, against a plan of circa 219,000. Sickness reduction schemes are also intended to increase frontline resource. In April, frontline sickness was 5.6% against a plan of 8%. AVP schemes at 14 sites across the south-west will also be implemented, to increase capacity for response.
- Handovers continue to be a key interdependency to improving response times. In April, the combined south-west trajectories for handover delays were for 17,000 hours lost to handover; the actual hours lost were approximately 20,000. This does however still represent a significant reduction on circa 35,000 hours lost in March. In Devon, handover improvement plans are in place and monitored monthly through locality urgent care boards.
- The SW 999 transformation sub-committee held a workshop on 18th May to review transformation priorities for 2023/24. Key questions to be addressed following the workshop include identification of a key priority which systems and SWASFT can work on collectively across the region, and whether workstreams for alternative pathways and the ITK link can be combined going forward.

Hospital Discharge

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
No Criteria to Reside (NCTR)	5% (110)	11/06/23	9% (207)		

Devon – daily average of patients with No Criteria To Reside

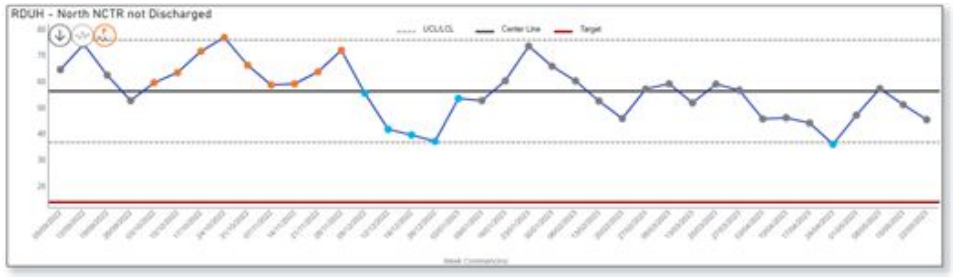


Analytical Commentary:
The Devon target is no more than 5% (110) of General and Acute beds occupied by patients with NCTR. Over the few months the metric continues to demonstrate a special cause variation of an improving nature. As of 11h June, 9% (207) of G&A beds were occupied with patients who had NCTR. A reduction of 2% since May's report.

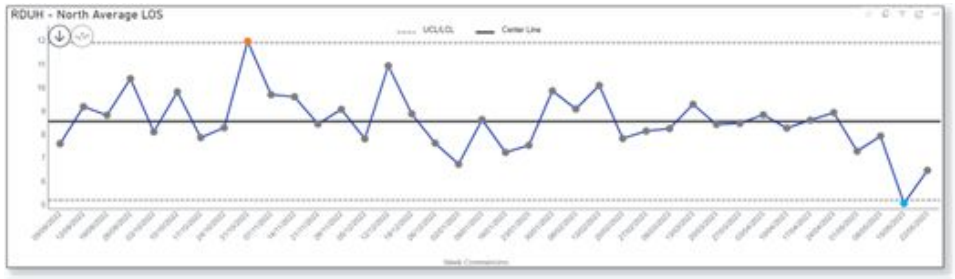
Operational Summary:
Actions to address reducing the NCTR will be managed through locality level Bronze Calls and via the newly (to be established from July 2023) monthly Discharge Improvement Tactical Group. The actions taken by trusts and those which will be maintained include:

- Relaunch of CLD and roll out to further wards within the acutes and peer reviews.
- Improving processes for booking transport and afternoon huddles to check transport and TTAs in place.
- Increasing capacity and utilisation of Discharge Lounge.
- Regular manual processes to ensure patients are on the correct pathway and still remain NCTR.
- Overnight team focus on planned discharges for next morning and with additional HCA hours to support patients to wash and dress ready for morning discharge.
- Monthly MADE events and action plans developed to support flow improvements.
- Maximise use of VCSE for P0 and P1 discharges.

RDUH North NCTR not Discharged



Average Non-elective Length of Stay (by week)– RDUH North



Analytical Commentary: As of 11th June 2023, RDUHN reported 15% (42) of G&A were occupied by patients with NCTR (6% reduction since May report). Relaunched CLD from the beginning of May within selected wards to continue improvement of weekend discharges. CLD is working well and is consultant led. Peer review was completed on 1st June and a recommendation/action plan is in development. There are improved processes in place to facilitate transport booking and reviewed daily forums to reduce delay for complex discharges. Weekend discharge performance is improving, achieved by increased planning of weekend discharges ahead of time. On average RDUHN achieved 77% of weekday discharge target at weekends over the last 4 weeks.

Operational Summary:
Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

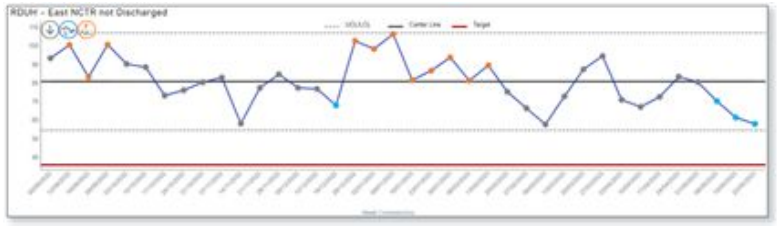
- P0 – Home for lunch initiative continues to be a focus for all wards, each ward challenged to have a patient to the discharge lounge by 10.30. There is a focus on reporting discharges at the key times of day (10am, 12pm, 2pm and 5pm). New discharge lounge being prepared for opening, this will provide an increase in capacity The trust continues to exceed expected number of P0 discharges to maintain flow. Between mid-May and mid-June, the target set is 31 P0 discharges per weekday the trust has achieved on average 40 P0 discharges per weekday (129%).

Since mid-March the average LOD on:

- P1 reduced from 7 to 6 days.
- P2 remained at 11 days.
- P3 reduced from 13 to 12 days.

Due to relatively small volumes at this site, small numbers of patients with very long LOS can cause spikes in the graphs.

RDUH East NCTR not Discharged



Average Non-elective Length of Stay (by week) – RDUH East

Analytical Commentary: As of 11th June 2023, RDUHE reported 8% (60) of G&A beds were occupied by patients with NCTR (1% reduction since April report). Weekend discharge performance is improving, achieved by increased planning of weekend discharges ahead of time. On average, RDUHE achieved 77% of weekday discharge target at weekends over the last 4 weeks significant improvement from Mays report. Relaunched CLD from the beginning of May within selected wards as a pilot to continue improvement of weekend discharges, following the pilot consideration will be given to roll out to further wards. CLD is utilising the Electronic Patient Records now in place on several wards across Eastern Hospitals. Further roll out to follow.

Operational Summary:

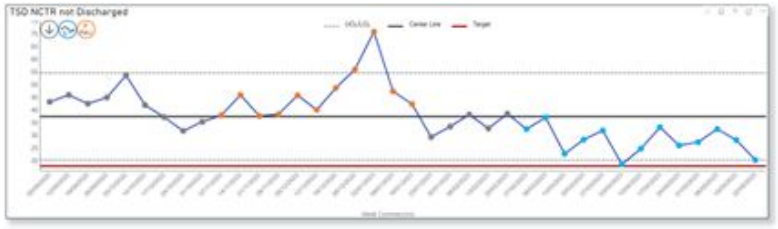
Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

- P0 – Home for lunch initiative continues to be a focus for all wards. Afternoon Huddles have been piloted on 4 acute and community wards, with Electronic Patient Record development to facilitate review of Board Round actions. A recommendation will be made at the end of June to roll out across acute and community wards, with a focus on discharge. Road to Wellbeing – launched beginning of June. Kenn and Bovey wards are starting their 'Fit for summer' programme which encompasses all aspects of Road to Wellbeing. Between mid-May and mid-June, the target set is 82 P0 discharges per weekday the trust has exceed their target of with an average 88 P0 discharges per weekday (107%).

Since mid-March the average LOD on:

- P1 remained at 4 days.
- P2 reduced from 5 to 4 days.
- P3 increased from 7 to 8 days.

TSDFT NCTR not Discharged



Average Non-elective Length of Stay (by week)-TSDFT

Analytical Commentary: As of 11th June, TSDFT reported 6% (23) of G&A beds were occupied by patients with NCTR (2% reduction since May report). Manual processes in place to review patients and ensuring they are on correct pathways once they have NCTR. Weekend discharges have improved because of having a consultant on short stay ward. This cover is additional to BAU weekend service however is reliant on overtime and locum cover. There continues to be a review of the discharge weekend SOP to ensure best practice and learning is maintained. On average, TSDFT achieved 43% of weekday discharge target at weekends over the last 4 weeks.

Operational Summary:

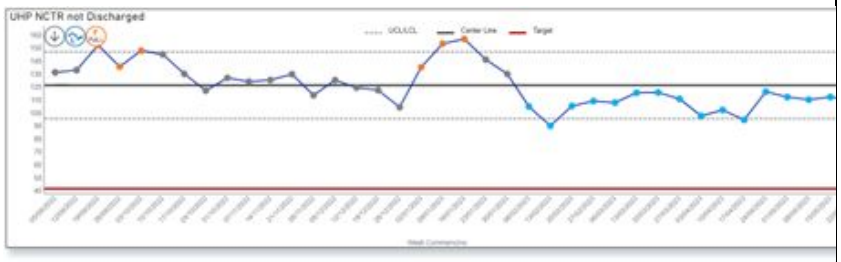
Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

- P0 – Relaunch of Home for lunch to improve P0 discharge Pre-noon. operational reports sent to each ward with actions to achieve 33% by noon and 75% by 5PM. Sick, Home and Other Patients tool provided to support board rounds. Target impacted when using DCL for escalation beds. Community Hospital continues to achieve both targets. Between mid-May and mid-June, the target set is 53 P0 discharges per weekday the trust has achieved on average 47 P0 discharges per weekday (89%).

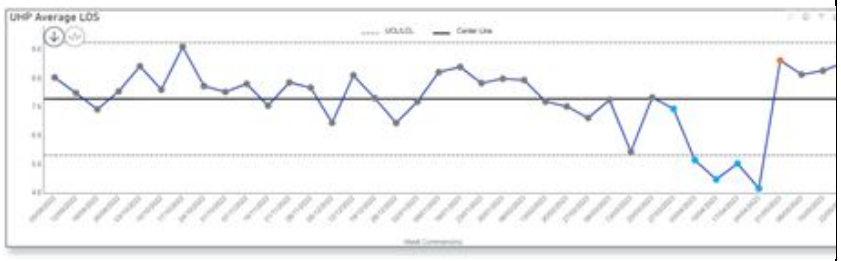
Since mid-March the average LOD on:

- P1 remained at 4 days.
- P2 remained at 6 days.
- P3 reduced from 16 to 11 days.

UHP NCTR not Discharged



Average Non-elective Length of Stay (by week)– UHP



Analytical Commentary: As of 11th June 2023, UHP reported 10% (82) of G&A beds were occupied by patients with NCTR (1% reduction since May report). UHP continue to meet their target for discharges on a Saturday, but improvement required on Sunday position. Additionally, a ward standardisation process is being undertaken as part of the 'people first' programme. This is in its early stages and only currently being implemented in the medicine care group but will have a positive impact on timeliness of discharge. On average UHP achieved 58% of weekday discharge target at weekends over the last 4 weeks.

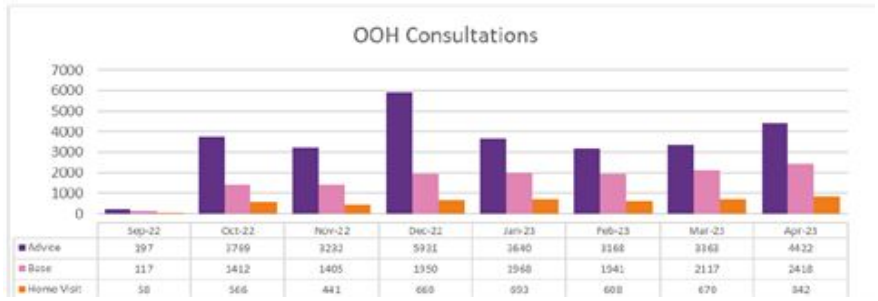
Operational Summary:
Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

- P0 – Internal weekend task and finish group looking at P0 discharge processes and identification of highest impact actions / gap analysis to look at how to ensure further discharges against weekend targets in place. Between mid-May and mid-June, the target set is 118 P0 discharges per weekday the trust has achieved on average 113 P0 discharges per weekday (96%).

Since mid-March the average LOD on:

- P1 increased from 3 to 4 days.
- P2 increased from 16 to 17 days.
- P3 reduced from 6 to 3 days.

Integrated Urgent Care Service: NHS 111/Out Of Hours

Data – NHS 111	Analytical summary
	During April, nearly 30,000 calls from Devon were answered by PPG with the average time to answer a call was almost 6.5 minutes. Whilst this was almost two minutes above national average, it was an improvement on the previous month. Call abandonment was 19.4%, which is above the national average of 12.6% but is an improvement on the previous month and a considerable improvement compared to April last year which was 36%. Call volumes have reduced over the last month due to support received from a national resilience framework provided by NHSE. Data is not currently available but will be backdated when it is likely to show an increase of call volume and improved call answering performance.
Data – Out Of Hours	**Analytical summary**
	May performance data is not currently available for the patients receiving a face-to-face consultation at home or at an IUTC. As an interim alternative, the information shown is the number of patient consultations undertaken by the PPG Out Of Hours service since the contract started on 27 September. The activity is split into advice via telephone, appointment at a treatment centre (base) or a visit in the patients' usual place of residence.

Elective Care: System Overview

Data

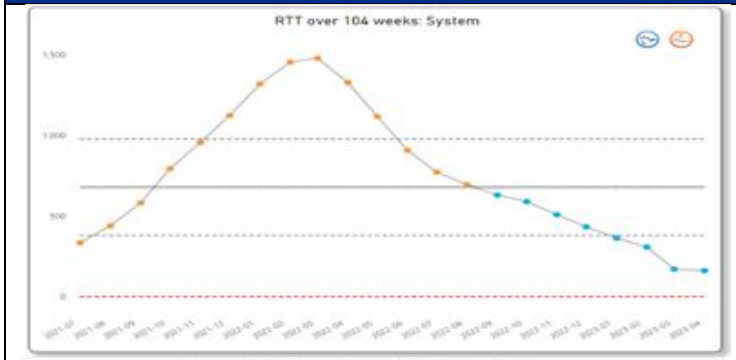
	Metric	Target	Latest Date	Value	Variation	Assurance
		System				
RTT	RTT Incomplete Waiting list		2023-04	172,419		
	RTT 18 weeks	92%	2023-04	53.7%		
	RTT over 104 weeks	0	2023-04	162		
	RTT over 78 weeks		2023-04	1,288		
	RTT over 52 weeks		2023-04	14,463		
Diagnostics	Diagnostics within 6 weeks	99%	2023-04	66.5%		
	Diagnostic Total activity		2023-04	38,850		
Cancer	Cancer 2 week wait	93%	2023-04			
	Breast Symptomatic 2 week wait	93%	2023-04	86.6%		
	Cancer 31 day First	96%	2023-04	88.6%		
	Cancer 31 day follow-up drug	98%	2023-04	98.9%		
	Cancer 31 day follow-up sugery	94%	2023-04	81.0%		
	Cancer 31 day follow-up radiotherapy	94%	2023-04	95.0%		
	Cancer 62 day urgent	85%	2023-04	61.8%		
	Cancer 62 day screening	90%	2023-04	65.8%		
	Cancer 62 day Upgrade	85%	2023-04	63.4%		
	Cancer 28 day Faster diagnosis	75%	2023-04	76.6%		

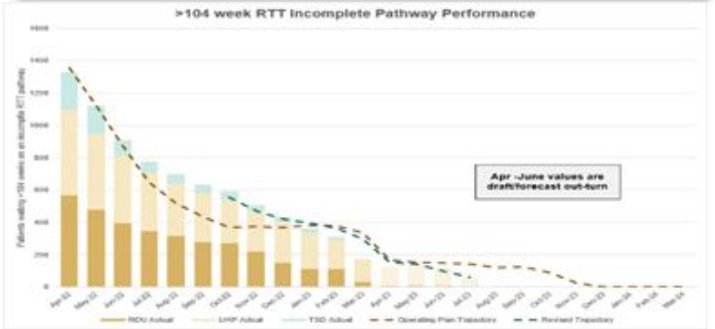
Summary

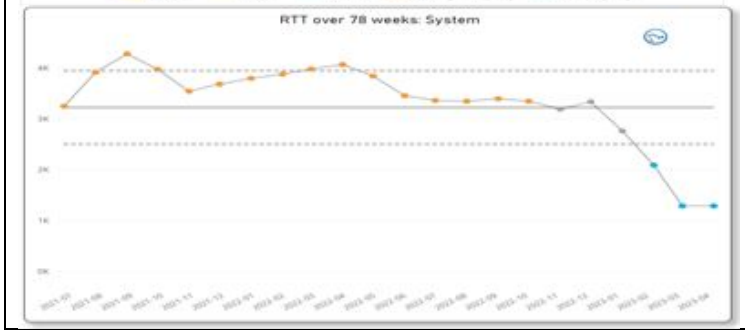
- The system remains behind the national target of the delivery of clearing all 104ww patients as of June trajectory, however, is ahead of operational plan trajectory.
- This is driven primarily as a result of industrial action, staff sickness and annual leave.
- Mitigation plans are in place and there is an expectation that RDU will clear all 104ww by the end of July with UHP clearing all 104ww by the end of September (ahead of the previous trajectory of December).
- 78ww patient cohort is experiencing a similar slip in trajectory, however overall system confidence is in place that this will be recovered over the year.
- All providers are experiencing challenges regarding access to certain T&O implants due to international supply-chain issues. The impact of this is expected not to be significant, however.
- A detailed elective recovery dashboard has been constructed by Devon ICB business intelligence to track and monitor the delivery of the operating plan deliverables. This has further work before full completion, with an expected system go live date of 20th July

Elective Care: System 104/78/65 Week Wait

Data







Analytical Summary

The target of zero patients waiting over 104 weeks remains unmet. However, performance is continuing to statistically improve and is at the lowest point since the initial reporting date (July 2021).

78 week waits are also exhibiting statistical improvement for the third consecutive month, with 1,288 patients currently waiting.

Operational Summary

The system position is ahead of operating plan trajectory for the clearance of all 104ww patients with an expected completion date of the 104ww cohort by the end of September.

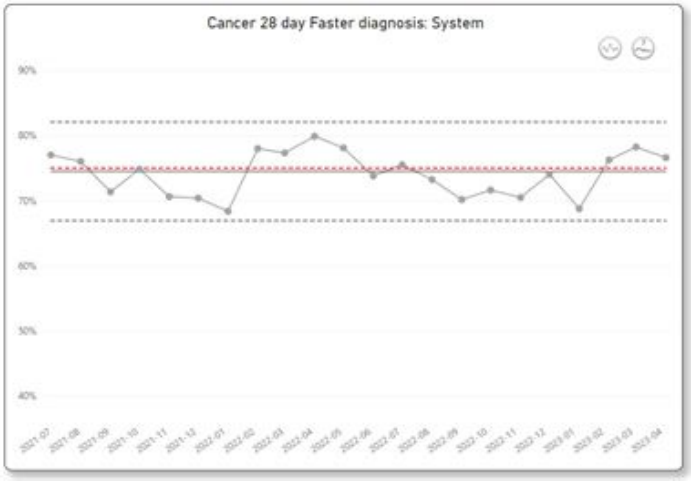
As of June 13th, RDU are behind trajectory for the clearance of 104ww patients by the end of June with an expected 7 patients remaining. Work is continuing at pace to improve this position if possible, however the revised trajectory shows clearance by the end of July 2023.

TSDFT retain a position of 0 104ww for June 2023 and have revised their trajectories to eliminate 65ww in March 2023.

UHP are ahead of trajectory for 104ww patients with an end of June trajectory of 86 patients against a plan of 148, giving a positive variance of 62 patients.

The tier 1 process continues with weekly meetings and challenge from NHSE colleagues to seek further improvements against trajectory.
As of the end of June, UHP remain ahead of plan for 78ww patients with a month end trajectory of 352 against a plan of 398 giving a positive variance of 46.
RDU are slightly behind plan for 78ww for the end of June with a trajectory of 509 against a plan of 466, giving an unfavourable variance of 43.

Cancer 28-day faster diagnosis: System

Data	Analytical Summary
	The Cancer 28-day Faster Diagnosis Standard for the system, continues to exhibit common cause variation as it fluctuates around the target. April performance is 76.3% against a 75% standard. Challenges in the diagnostic pathway for Lower GI, Urology, Gynaecology and Breast continue to be the main risks.

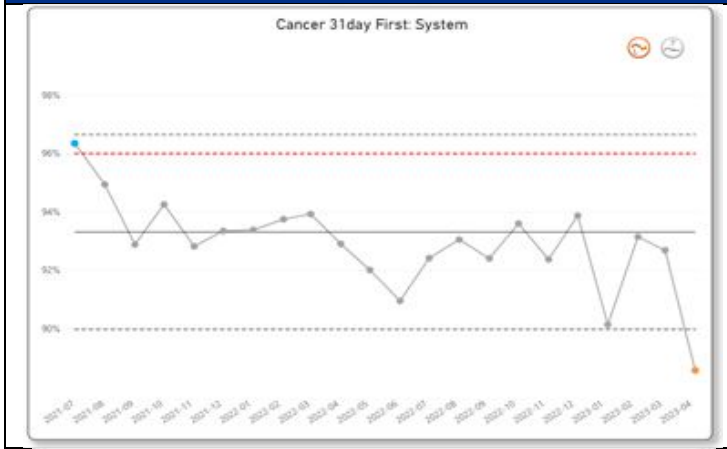
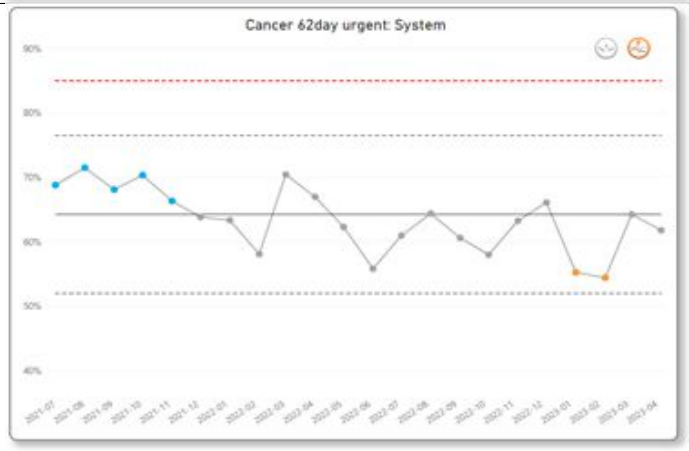
Operational Summary

RDUH remains in Tier 1 monitoring and are accounting for delivery weekly to NHS England.

Actions:

- All Trusts continue to be monitored against delivery of imaging within the standard.
- All Trusts have a cancer recovery action plan in place. Trusts, ICS, and the Cancer Alliance meet weekly to monitor and mitigate issues as they arise

Cancer 31-day first treatment and 62-day urgent treatment: System

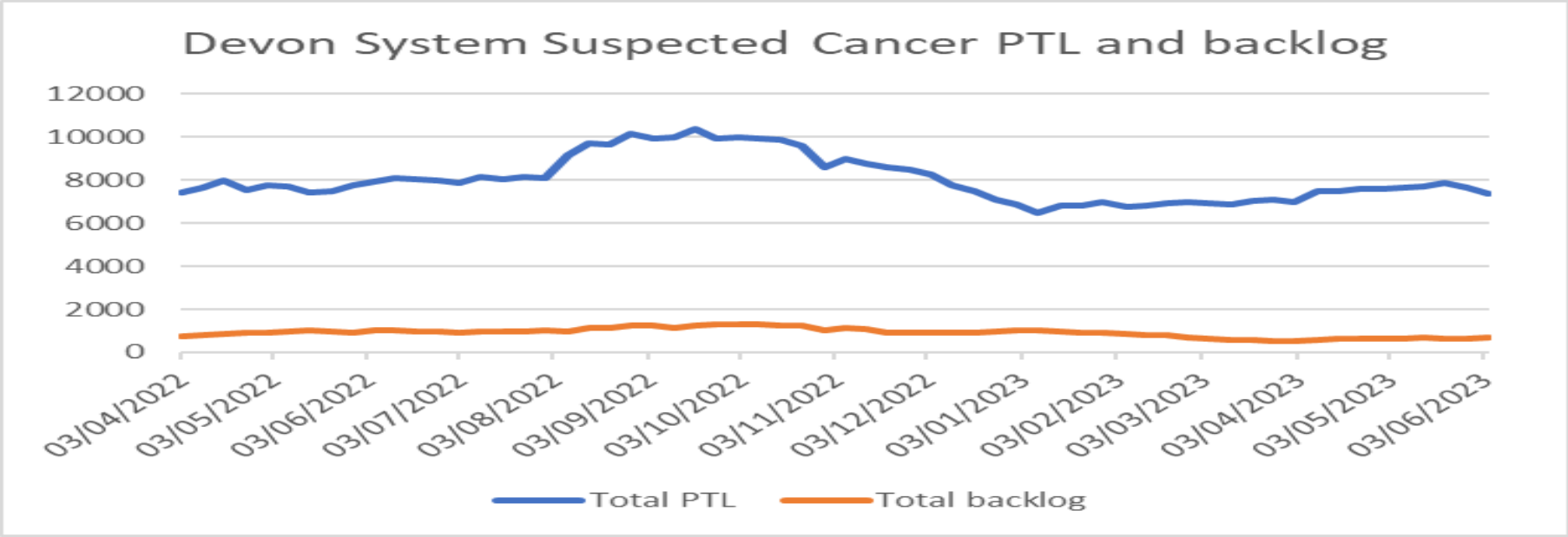
Data	Analytical Summary
	The Cancer 31-day metric is currently failing to achieve the standard, there is no significant change or indication of improvement in this across the system. Cancellations of outpatient activity due to industrial action has impacted on this performance. Some Outpatient sessions were pre-emptively cancelled in planning for the industrial action, reducing capacity, but patients themselves may not have been aware of the delay to their appointment. For April 2023, performance was 89.47% against a 96% standard.
	The Cancer 62-day metric is consistently failing the target, it displays common cause variation. As the target is above the higher control limit, the system will currently not achieve this objective. For April, the Devon system performance was 62.37% against an 85% standard.

Operational Summary

A sustained improvement has been seen in the percentage of patients on the 62 day PTL breaching the standard since the beginning of 2023 but has experienced a slight deterioration due to the number of bank holidays, staff annual leave and industrial action. At the 4th June the backlog was 9.3% with 687 patients breaching.

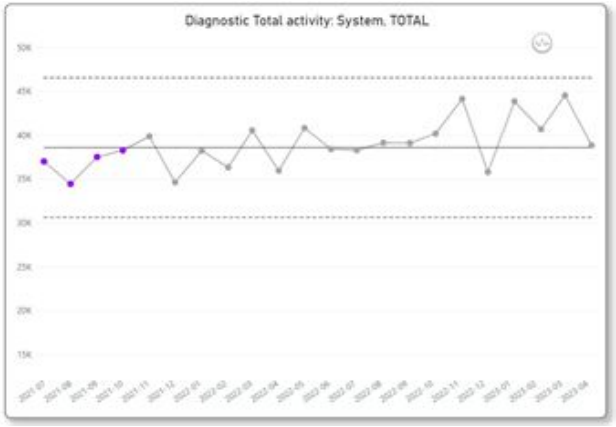
Cancer performance at TSDFT has now improved and is in Tier 2, evidenced by improvements in the backlogs at 62 day and 28 day faster diagnosis standard. The creation of a 4th endoscopy room is causing a reducing capacity during construction, it is due to go live in November 23.

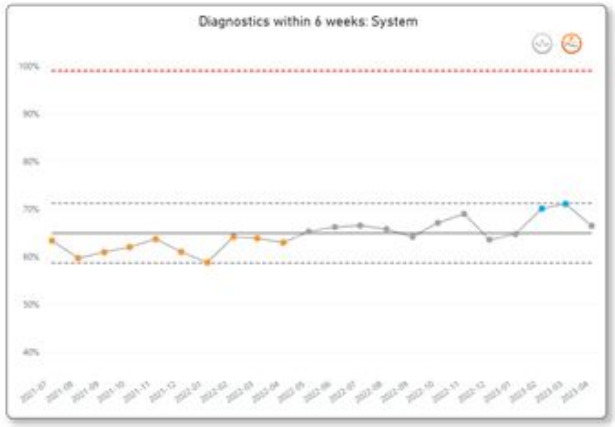
At RDU progress is being made for endoscopy capacity at Tiverton



Diagnostics

Data





Operational Summary

Actions

Key progress: May/ June 2023

• TSDFT community diagnostic centre business case approved by Trust board. Revenue funding of £3.8m approved. Delivery plan in development. 1st phase operational December 23 completed by 1st April 24 UHP business case for CDC approved. 1st phase mobile CT scanner operational in September 23 with full CDC completed 1st April 2025.

Plan for recovery of DEXA services at RDUHN received.

Planned work: June 2023

•Approval to spend diagnostic ERF 'at risk 'to secure additional endoscopy and mobile imaging capacity.

Analytical Summary

Activity

The total diagnostic activity volumes delivered in Q4 of 22/23 was the highest quarterly total for two years but still within the range of common cause variation.

Performance

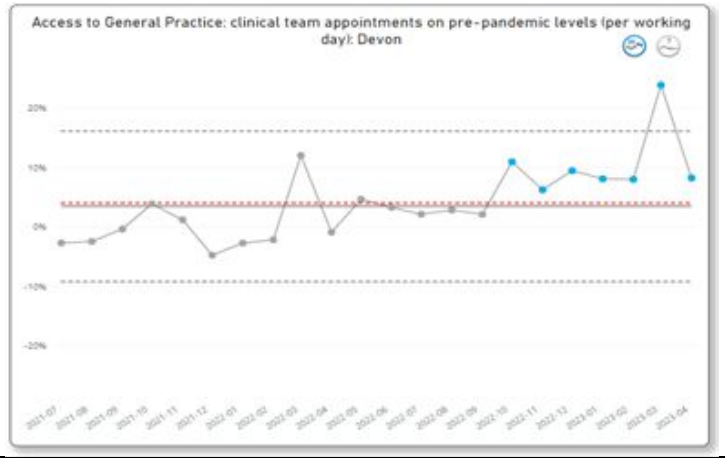
Diagnostic performance achieved 65.4% against a recovery target of 85% for April 2023.

Primary Care and Community Performance

Metrics

	Metric	Target	Latest Date	Devon	East	North	Plymouth	South	West
Primary care	Access to General Practice: general practice appointments occur within 1 day of request	35%	2023-04	50.8%	47.7%	45.2%	50.8%	53.2%	49.7%
	Access to General Practice: appointments occur within 2 weeks of being booked	85%	2023-04	81.3%	77.8%	75.7%	83.3%	85.2%	78.9%
	General Practice: % Practices Latest Overall CQC Rating Good or Outstanding	100%	2023-02		95.3%	100%	100%	96.4%	100%
	Access to General Practice: GPAS OPEL rating		2023-06	3					
	Technology enabling access: Number of online/video consultations against target	54167	2023-04	59,601					
	Access to General Practice: clinical team appointments on pre-pandemic levels (per working day)	4%	2023-04	8.24%					

Data



Analytical summary

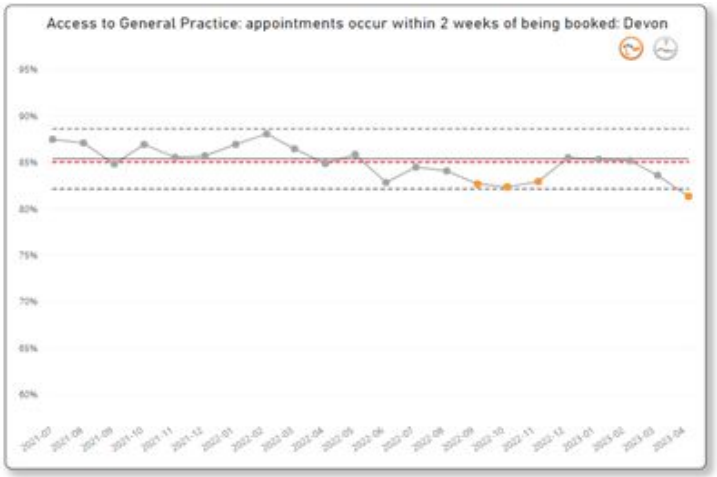
Analytical Commentary:
The target to increase appointments on pre-pandemic levels of 4% shows common cause variation and is achieving.

The target of 85% of appointments in 2 weeks is showing special cause variation of a concerning nature and has not achieved target during April (range: Northern 76.4%, Southern 85.7%).

The target of achieving 35% of appointments within 1 working day of request is showing common cause variation, however, is above target and consistently passing.

Operational Summary:
Appointments are above pre-pandemic levels and the target of 4% continues to achieve, being 8.2% above pre-pandemic levels when compared with April 2020.

The target of 85% appointments within 2 weeks was not achieved during April, with 81.4% being seen within this timeframe. Local implementation of the national “Delivery Plan for



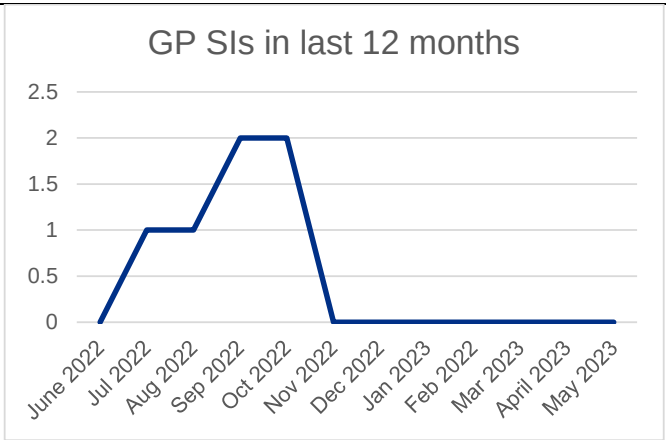
Recovering Access to Primary Care", published during May, will focus on restoring achievement of this indicator. PCN level plans are currently being developed.

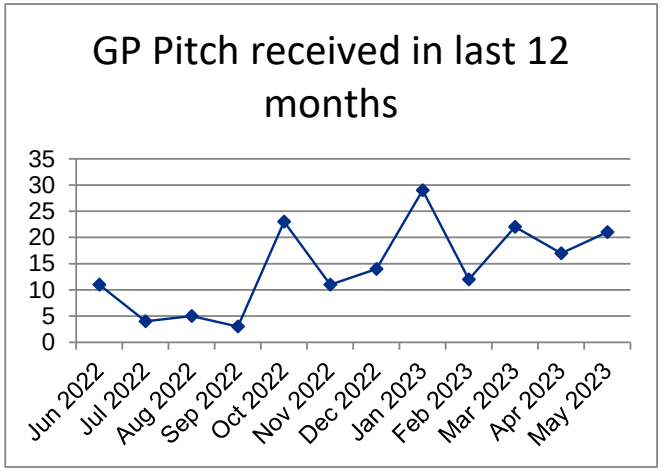
The target of 35% of appointments occurring within 1 working day of request continues to achieve comfortably, with 50.8% seen within 1 working day during April 2023.

There continues to be a significant volume of practices declaring a 'red' GPAS/OPEL alert state, however, some practices are now reporting 'amber' status, noting continued levels of demand.

Workforce metrics	April 2023
Devon PCNs to recruit 710 WTE ARRS roles by end March 2024. All Devon PCNs at 16 WTE ARRS roles by March 2024. Utilise ARRS scheme with target of 90% take-up of new ARRS roles by March 2024.	Overall, Devon ranking has improved from fourth to second in the South West for direct patient care staffing at 7.8 per 10,000 weighted population. The South West region continues to be the highest region with 7.3 overall per 10,000 weighted population. ICB end of 2022/23 year total at time of report is 661.66 WTE ARRS roles (target of 710 by March 2023). At end April 27/31 PCNs have above 12 WTE ARRS roles. Data gap re take-up of new ARRS roles owing to competing priorities within workforce team.
Achieve upper quartile performance in terms of WTE GP per 1,000 population	From February data, Devon is the highest in the South West at 6.6 rate per 10,000 weighted population. The South West is now joint highest with the Midlands.

Number of online/video consultations against annual target of 650,000 for the year 2023/24: in April 2023, 59,601 online/video consultations were carried out, which is above the in-month target of 54,167.





98% of practices in Devon (117/120) have a CQC rating of 'Good' or 'Outstanding'. 3 are rated 'Requires Improvement' by CQC and the ICS Primary Care and Quality Teams continue to work closely with these practices.

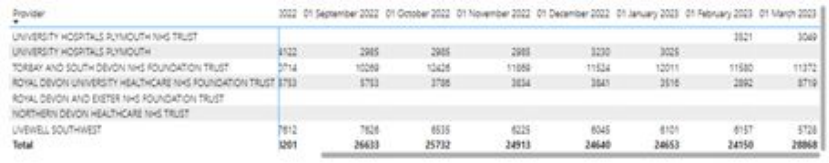
General Practice related Sis: SIs relating to primary care in the last 12 months are based on medication incidents. None were reported during the period November 2022 to May 2023.

The Safety Systems Team liaise with the PSQ Primary Care Lead to ensure any primary care learning from SIs is shared across the system.

GP related PITCHs – there has been an increase in PITCHs submitted post-Covid likely owing to greater awareness by practices. There was a decrease in PITCHs reported during April (17 were reported), however, May saw an increase (21 were reported). The top three PITCH themes during May were referrals, communication and access to services. *Note: "GP" will also include PPG and Devon Doctors OOH GP services, however, the majority are related to general practices.*

Community Waiting List Performance

Community Services Waiting by Provider



Provider	2022	01 September 2022	01 October 2022	01 November 2022	01 December 2022	01 January 2023	01 February 2023	01 March 2023
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST							3521	3049
UNIVERSITY HOSPITALS PLYMOUTH	3122	2985	2985	2985	3230	3025		
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	7714	10269	10426	11089	11534	12011	11580	11372
ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	3703	3703	3706	3634	3641	3516	2892	8719
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST								
NORTHERN DEVON HEALTHCARE NHS TRUST								
LIVEWELL SOUTHWEST	7812	7826	6535	6225	6045	6101	6157	5726
Total	3201	26633	25732	24913	24640	24653	24150	28866

Total Waiting by Service for April 2023

Community Service Row Labels	Number waiting 01/04/2023
(A) Musculoskeletal service	6784
(A) Podiatry and podiatric surgery	5661
(CYP) Therapy interventions: speech and language	4261
(A) Audiology	1739
(A) Rehabilitation services (integrated)	1629
(A) Weight management and obesity services	1243
(CYP) Community paediatric service	1208
(A) Nursing and Therapy support for LTCs: Continence/ colostomy	797
(A) Wheelchair, orthotics, prosthetics and equipment	770
(CYP) Therapy interventions: occupational therapy	700
(A) Therapy interventions: Orthotics	678
(A) Community nursing services	527
(A) Therapy interventions: Dietetics	397
(CYP) Audiology	317
(A) Therapy interventions: Physiotherapy	309
(A) Therapy interventions: Occupational therapy	227
(A) Therapy interventions: Speech and language	217
(CYP) Wheelchair, orthotics, prosthetics and equipment	187
(A) Nursing and Therapy support for LTCs: Falls	141
(A) Nursing and Therapy support for LTCs: Respiratory/COPD	137
(CYP) Looked after children's teams	133
(A) Nursing and Therapy support for LTCs: Stroke	127
(CYP) New-born hearing screening	115
(CYP) Therapy interventions: physiotherapy	107
(CYP) Vision screening	106

Operational Summary

There are currently 28,904 children and adults waiting for community services across Devon*. The table opposite details the numbers of people waiting by provider and the table provides those services with the highest number of people waiting.
Devon community services waiting lists (adults & children's combined) have a reduction target of 5% in Q1 and Q2 followed by further reduction of 10% in Q3 and Q4.
Current data available up to April 2023
Of note, RDUH combined reporting for North & East has increased reported wait list from 2892 in February to 8719 in March

What are the causes? In part, due to the impact of the COVID-19 pandemic, community waiting lists for adults and children have continued to increase across the region and country. Within the south west, we have one of the overall smallest waiting lists nationally, however, carry a disproportionate number of long waits across both cohorts of patients.

Waiting times for Devon (April 2023) are shown below:

Overview	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
0-1 weeks	1,820	1,937	1,471	2,014	1,941	2,241	
>1-2 weeks	2,004	1,574	1,478	2,019	2,252	2,083	
>2-4 weeks	3,688	3,567	3,190	3,669	4,599	4,715	
>4-12 weeks	6,132	6,832	4,944	5,993	7,892	7,740	
>12-18 weeks	3,009	2,814	2,261	2,300	2,095	2,390	
>18-52 weeks	6,738	6,246	5,725	5,770	7,027	6,573	
>52-104 weeks	1,938	1,869	2,241	2,086	2,623	2,728	
Over 104 weeks	474	435	352	299	439	434	

Actions

- Community W/L dashboard now in place providing numbers of patents waiting overall, by provider and by service type.
- Data quality improvements.
- Monthly meeting with all provider leads & NHSE commencing June 2023.
- Plans to progress clinical prioritisation and waiting well with providers.

***Note, these figures do not form part of the system elective RTT long waiters.**

Mental Health: System Overview

Metrics

Scorecard

Key Performance Indicator	Reporting Month	National Target	System Target	Actual	Variation	Assurance
Discharges followed up within 72 hours	Mar-23	80%	80%	93%		
Community Mental Health access (2+ contacts)	Feb-23	18,942 Q4	17,452 Q4	15,575		
Children & Young People's Access (1+ contacts)	Feb-23	14,037 Q4	13,477 Q4	10,173		
Children & Young People Eating Disorders routine cases	Feb-23	95% Q1	95% Q4	45.88%		
Children & Young People Eating Disorders urgent cases	Feb-23	95% Q1	95% Q3	48%		
Dementia Diagnosis Rate	Mar-23	66.7% Q4	60% Q4	55.4%		
Early Intervention in psychosis (EIP): % entering treatment within two weeks	Mar-23	60%	60%	75%		
Talking Therapies Access	Mar-23	9,383 Q4	7,518 Q4	6,451		
Talking Therapies – first appointment within 6 weeks	Mar-23	75%	75%	77.6%		
Talking Therapies – first appointment within 18 weeks	Mar-23	95%	95%	99.84%		
Talking Therapies Recovery Rate	Mar-23	50%	50%	51.5%		
Individual Placement and Support (IPS) access	Mar-23	954 Q4	642 Q4	402	N/A	N/A
Perinatal Access Rate	Mar-23	1,115 Q4	1,028 Q4	949		
Physical health checks for people with severe mental illness (SMI)	Mar-23	7,348	7,348	5,388		
Inappropriate out of area bed days (monthly)	Mar-23	0 Q4	0 Q4	788		
Annual health checks for people with a learning disability	Mar-23	75%	70%	73%	N/A	N/A
Reducing adults and CYP with LD in specialist inpatient beds	Apr-23	25	-	24		N/A
Workforce Vacancy Rate %	Mar-23			9.7%		N/A
Workforce Sickness Absence %	Mar-23		4.76%	6.49%	N/A	N/A

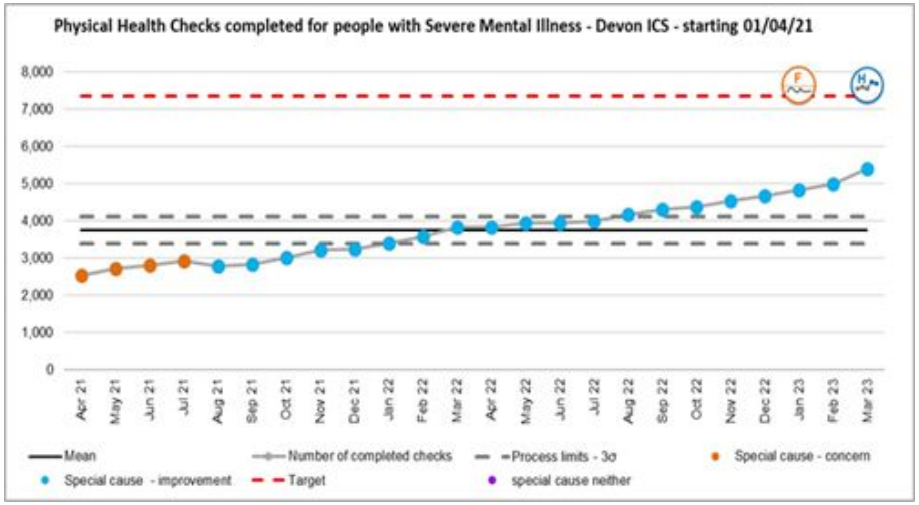
System Summaries

Children and Family Health Devon (CFHD) have resumed sending data, although caution must be exercised when assessing performance over the period of June 2022 to March 2023. CFHD are supplying data via their monthly databooks and so data extraction is currently a manual process. A request has been made to CFHD to resume sending the full KPI spreadsheet to the ICB Business Intelligence team so that data can flow through to PowerBI dashboards.

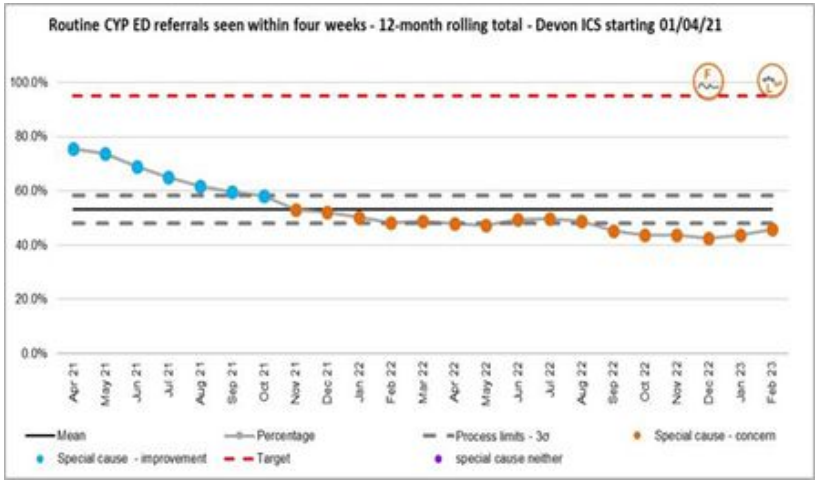
Devon Partnership NHS Trust note that as part of their recovery efforts, caution should be exercised when using data received since the CareNotes outage to inform decisions.

Indicators for Early Intervention in Psychosis, 72-hour follow-up, Talking Therapies recovery and inappropriate out of area placements are all within common cause variation with no significant changes to note. Talking Therapies patients seen within 6 weeks and 18 weeks continues to perform above target. Physical health checks for people with learning disabilities has achieved beyond the quarter four system target. Physical health checks for patients with SMI and the Perinatal access rate are not achieving their target but are showing variation of an improving nature.

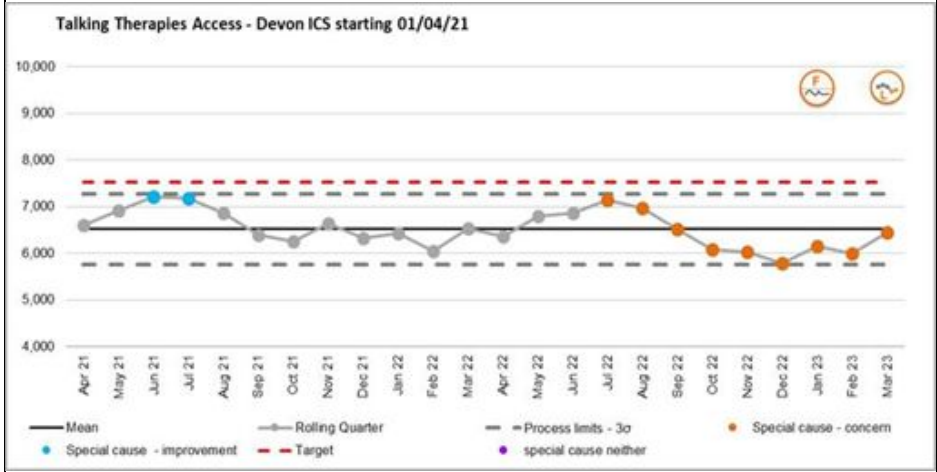
Mental Health: Severe Mental Illness – Physical Health Checks

Data	Summary
KPI Description Number of people with severe mental illness (SMI) to receive the complete list of physical health checks in the preceding 12 months.  Data Source: GDPPR dataset, NHS Digital	**Analytical Commentary** The measure is showing special cause of an improving nature with uptake of all six health checks completed continuing to increase. The metric is currently achieving 48.5% of the 60% target (5,388/11,103). **Operational Summary** As forecast in previous months, the trajectory of 60% achievement by March 2023 was not met, however, performance improvement continues with 5,388 health checks at year end versus 4,633 at the end of Q3. The 2022/23 Ops Plan trajectory is an increase to 6,197 health checks by year end. The measure is no longer a national ops plan MH measure but remains of regional and local interest and will continue to be reported. **Actions and Assurance** The Annual Physical Health Checks workstream, with system representation from LSW, DPT, Primary Care and ICB partners, is progressing the Devon wide pathway design. A mapping exercise has been completed, which identified opportunities across localities which will inform the operational design.

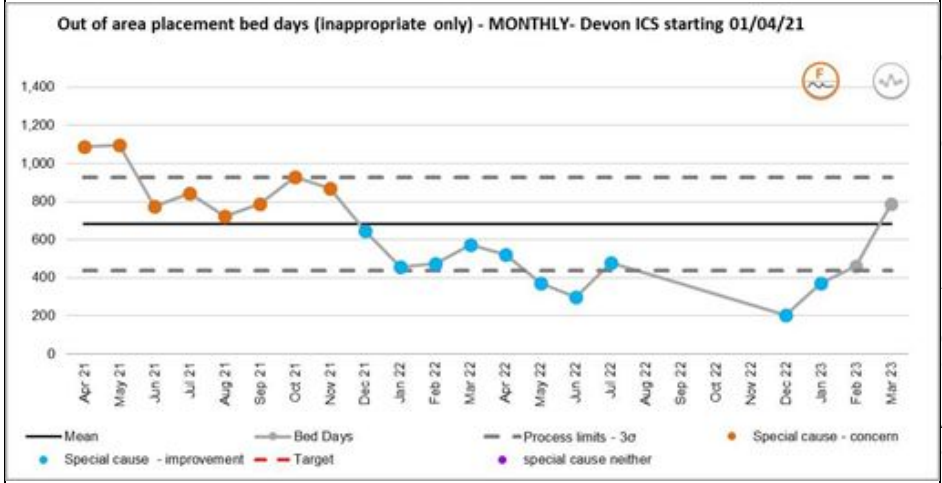
Mental Health: CYP Eating Disorders Routine

Data	Summary
KPI Description The proportion of CYP with ED (routine cases) that wait four weeks or less from referral to start of NICE-approved treatment. Rolling 12-month target.  	**Analytical Commentary** This KPI is experiencing special cause variation of a concerning nature and will consistently fail the target unless a process change is implemented. For February, 10 of 18 referrals were seen within four weeks. The rolling 12-month total is 128 of 279 referrals seen within four weeks. *Due to the CareNotes outage affecting CFHD, data since June-22 should be used with caution when assessing performance.* **Operational Summary** Validated data remains an issue following Care Notes outage. Triangulation of investments and completion of planned actions intended to improve performance gives some confidence in operational progress. In the 2022/23 Ops Planning process, work to improve and maintain urgent access was prioritised over Routine access reported here. Across Devon, Q4's eating disorders summit took place and strategy for this need is being updated as a result. **Actions and Assurance** Due to the increasing acuity of patients presenting for treatment, quality concerns regarding nasogastric feeding in acute settling have been identified. A key line of enquiry is in progress to understand policy and practice across the three acute providers providing the opportunity to understand, the impact and share learning.

Mental Health: NHS Talking Therapies Access

Data	Summary
KPI Description The number of people who enter NHS funded treatment with NHS Talking Therapies services in the reporting period. Total is by rolling quarter. **Statistical Process Chart**  Data Source: Local data	**Analytical Commentary** The KPI is within common cause variation but showing special cause concern and a decline in performance. The KPI is currently falling short of the Q4 system target, achieving 6451/7518 (85.8%). **Operational Summary** For 2023/24 targets and planning, NHSE now defines a range of achievement for this performance indicator. 2023/24 ops plan anticipates achieving 94% of the lower range. Historically, local Talking Therapies access has been lower than national targets, influenced by low presentation of demand. Waiting times remain good and recovery rates meet national expectations. 2023/24 investment in capacity and in reaching and meeting needs are considered ambitious but achievable. Talking Therapies services are exploring further links with other long-term conditions pathways to potentially play a more significant role as those pathways are redeveloped. **Actions and Assurance** The Devon Mental Health Alliance are leading a Devon wide redesign of psychological therapies, following a system review in November 2022. The new service model has been drafted and approved in June by the MHLDN Provider Collaborative for 18 months of operation and learning in a limited geography within the available budget. Within that scope, this is intended to bring consistent provision to meet the needs of patients identified as a 'gap cohort' who fall between primary care and secondary mental health care. A 12-month review will establish the benefits and inform the investment case for this kind of provision. The Talking Therapies providers have been part of designing this provision to compliment Talking Therapies access.

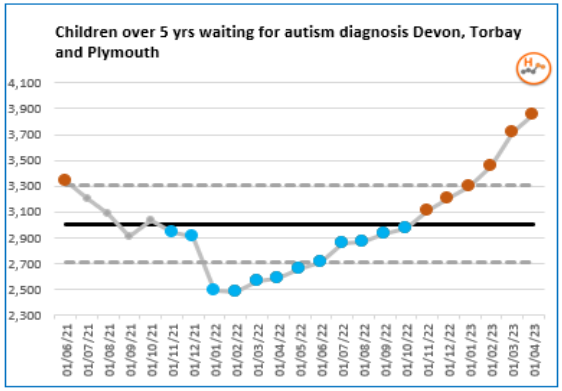
Mental Health: Inappropriate out of area bed days

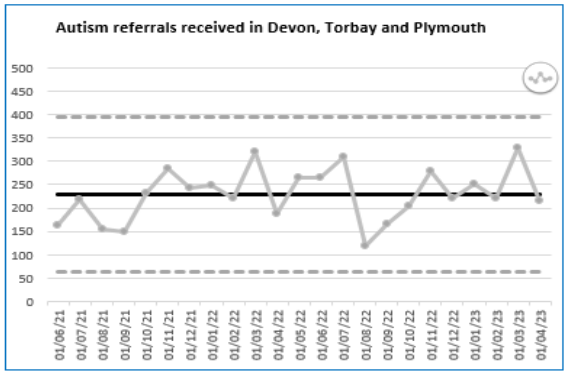
Data	Summary
KPI Description The total number of days in which patients have been placed out of area due to unavailable beds in their usual network. **Statistical Process Chart**  Data Source: Provider data	**Analytical Commentary** The measure is within special cause variation. The monthly figure is 788 and the rolling quarter figure is 1,622. The increase of the two most recent data points should be noted as the metric is no longer exhibiting improvement. Due to the Carenotes outage the recovered data should be used with caution. **Operational Summary** In May, DPT Executive confirmed its organisational position against national expectations for in-patient transformation, which will have a relationship to out-of-area use. The agreed next step is to formalise the delivery plan for that work together with Livewell and Cornwall Partnership Trust to understand the use of all beds, including PICU and across the SW Peninsula. **Actions and Assurance** In support of wider NOF4 actions related to CHC and out of area beds, work is developing to expand the role of DPT IPP Directorate within the Provider Collaborative to take commissioning responsibilities for Older Adult and Learning Disability Out-of-area placements in a two-phase approach beginning with Older Adults. This will feed into Deloitte's work on wider system actions to reduce reliance and out of area CHC spend.

Children & Young People (CYP): Autism Diagnosis waiting times

Key Performance Indicator	Target/ Plan	Latest Period	Actual (provider averages)	Variation	Assurance
Autism Diagnosis (Waiting)	<18 weeks.	Apr 2023	Devon & Torbay 70.7 / Plymouth 99.8 weeks		

KPI Description
NICE guidance for CYP to be seen within 18 weeks from referral to start of assessment.
Devon, Torbay and Plymouth





Operational Summary – Devon (CFHD), Torbay (CFHD) & Plymouth (UHP/LSW)
This report is not yet able to deliver a complete view of autism diagnosis rates as CYP data is not easily extracted from all acute providers. Work is underway to improve data reporting within CYP. Benchmarking between systems and regions is unavailable and recognised nationally as an issue. Where available, national and regional CYP networks confirm autism waits to be challenging across the country.

What are the causes?
Demand:
High levels of children waiting across community ASD and Community Paediatrics within the Devon system (pre-covid). Waits have been impacted by an increased number of referrals when schools returned after lockdown.
A deficit in early, needs based, support drives families to seek a formal diagnosis, further increasing referral numbers
The number of children/young people on the ASD assessment wait list has increased since April 2022 by 824 (48%)
Capacity: Vacancies across the community teams, providers report current capacity is insufficient to meet demand.
Potential inefficiencies within multi-organisational pathways.

Actions
The children's community contract review including demand and capacity, and service gaps analysis for CFHD are completed. Recommendations from these are due to be presented to senior executives for consideration in July.
There is a case for additional investment needed to create a timelier response for families.
UHP created three trainee Advanced Practice posts and one Aspiring Consultant post focusing (HEE funding) on learning disability & autism. Intended impact will be to further enhance offer for young people & families.
Development of integrated, holistic pathway for neurodivergent diagnosis – 'Request for Assessment' document drafted and being considered by providers and partners. This will make referral process clearer.
Key worker navigator new roles remain vacant despite recruitment processes which is delaying this key element of the transformation programme. Case being made to make the roles substantive, anticipating a successful recruitment process.
New approach to community waiting list recovery and assessment of harm drafted for adult and childrens teams.

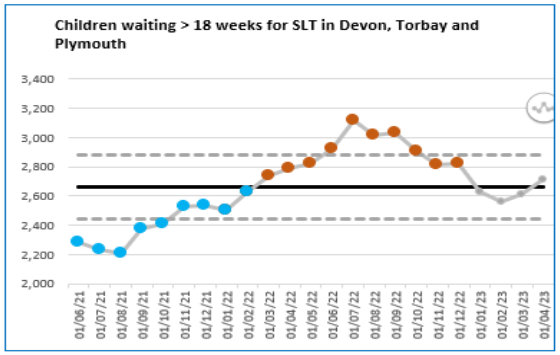
When is improvement expected?
Improvement is dependent on a number of factors being addressed and operationalised.
Outcome of children's review will be dependent on system's decisions re the capacity and resourcing gap.

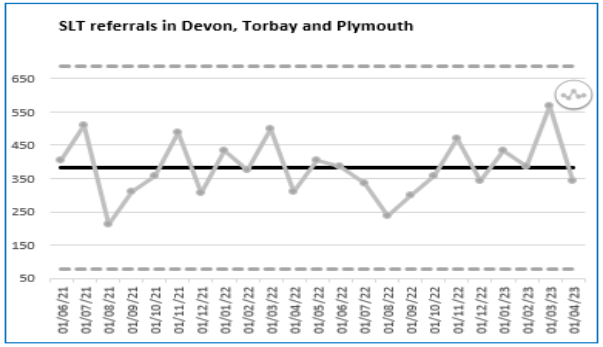
Children & Young People (CYP): Speech & Language waiting times

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
Speech and Language waiting times	< 18 weeks	Apr 2023	Average wait - CFHD 32.6 weeks / LSW 28 weeks. Longest wait – CFHD 119.7 weeks / LSW 75 weeks.		

KPI Description: NICE guidance for CYP to be seen within 18 weeks from referral.

Devon, Torbay and Plymouth





Analytical Summary

Referrals are within expected common cause variance and are lower than the same period last year. The number of children waiting is showing common cause variation.

What are the causes?

Demand: Highest percentage of children referred to CFHD speech and language are in the 2-4 year age group which is an indirect impact from COVID. LSW waits have continued to gradually decrease reducing both longest and average waits.

Capacity: Continued workforce vacancies reduces clinical capacity and applicants for posts have reduced. Recruitment remains a challenge. Both CFHD and LSW have rolling adverts and working with universities.

Actions

DCC funded wait list initiative has seen a continued reduction in the number of children waiting in the Devon County Council area. May 2022 (1737) waiting reduced to May 2023 (998).

The children's community contract review including demand and capacity, and service gaps analysis for CFHD are completed. Recommendations from these are due to be presented to senior executives for consideration in July. There is a case for additional investment is needed in order to create a more timely response for families.

Monthly meetings with LSW to review databook and service pressures and developments.

Demand, prevalence and workforce needs assessment is being undertaken to understand, plan and evaluate services to support children and young people SLCN. Mapping extended and due to conclude in June with intiial report now due end of July.

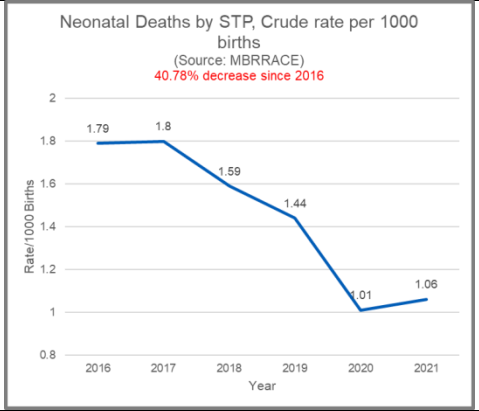
When is improvement expected?

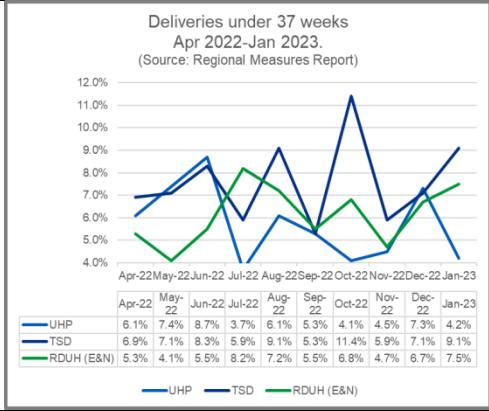
Livewell still recruiting to additonal 4WTE therapists to support the recovery of the service to pre pandemic levels, this will take 24 months once appointed.

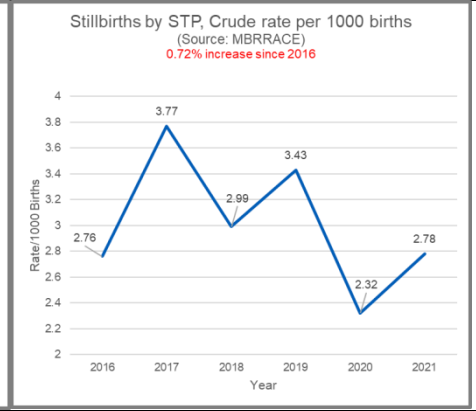
DCC funding agreed with CFHD, additional staff recruited (focusing on longest waiters) and 12 month action plan to monitor performance. Due to delays and not being able to fully recruit the trajectory is now to reach 549 by September 2023 (when agreement and funding is due to finsih) but with an extenison to end of Dec '23 the proposed trajectory is to reduce numbers waiting to 189. Waiting decision by DCC to extend the timeline for the waitlist initiative.

Local Maternity & Neonatal System: Safety Ambitions

Data







TARGETS
- 50% reduction in stillbirth & neonatal death from revised 2016 baseline by 2025 (To Note- MBRRACE uses the metric 'By STP'.
- Reduce preterm birth (deliveries under 37 weeks) from 8% to 6%.

MBRRACE data published May 2023.

Operational Summary

Stillbirths

The system rate of stillbirths has increased slightly (0.72%) since 2016 and compared with the UK average stillbirth rate is 15% lower. MBRRACE have published advanced data, but the analytical report is assessed to be issued in the autumn. Provisional ONS data for 2021 indicates that there has been an increase in stillbirths nationally from 3.8/1000 to 4.1/1000.

Neonatal Deaths

The neonatal death rate in Devon has decreased by 40.78% since 2016. A slight increase has been observed from 2020 (1.01/1000). Compared with the UK average, Devon neonatal death rates are 15% lower. Provisional ONS data indicates that the national rate has remained consistent at 2.7/1000.

One proposed reason for Devon's comparably better performance may be participation in the PERIprem care bundle programme which promotes 11 high impact interventions targeted at premature babies.

Preterm Births (<37 weeks)

The system is on track to achieve the target of 6% by 2025. With a current system average of 6.7% as at January 2023.

Actions

- Detailed analysis of risk factors & interventions aligned to stillbirth & neonatal death rates to understand drivers of increase/ decrease in rates.
- Review of forward population demographic projections to assist in planning safe staffing and clinical activity.
- Continued implementation of PERIPrem.
- Implementation of Saving Babies Lives care Bundles V3.
- Implementation of NEWTT-2 (new-born deterioration) & MEWS (maternal deterioration) care bundles.

Quality

Quality Metrics

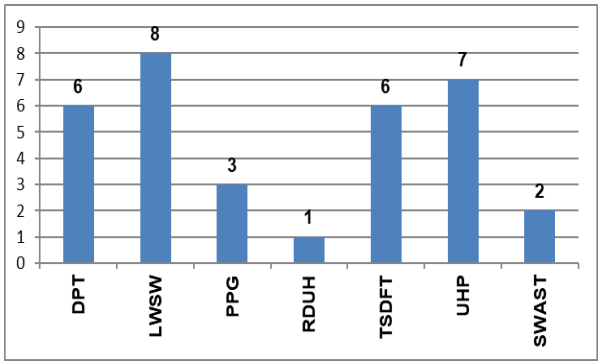
	Metric	Latest Date	System	Devon Partnership NHS Trust	Livewell Southwest	Other providers	Royal Devon University NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Quality	C-Diff	2023-05	29				7	7	14
	MRSA	2023-05	1						
	MSSA	2023-05	36				8	4	2
	E. coli	2023-05	95				17	6	10
	SAFETY SYSTEMS: Number of serious incidents received that month	2023-05	33	6	8	5	1	6	7
	SAFETY SYSTEMS: Total number of Open Serious Incidents	2023-05	341	88	52	43	45	56	57
	SAFETY SYSTEMS: Total number of Open Serious Incidents. Severity = DEATH ONLY	2023-05	140	46	32	22	18	8	14
	SAFETY SYSTEMS: Number of Never events received that month	2023-05							
	Patient Experience: Number of informal concerns received that month	2023-05	78						
	Patient Experience: Number of formal complaints received that month	2023-05							
	Patient Experience: Number of open informal concerns	2023-05	51						
	Patient Experience: Number of open formal complaints	2023-05	10						
	Looked after children: Average % of IHAs completed within statutory timescales	2023-04	16%						
	Looked after children: Average % of RHAs completed within statutory timescales	2023-03	79%						
	Safeguarding Adults: S42.2 enquiries relating to care provided by services commissioned by NHS Devon	2023-05	9						

Devon's Never Events during 2022/23 have initiated discussions to work to improve as a System, with support from other Systems who have few or no Never Events. There is significant work to reduce the number of open serious incidents, but challenge includes provider reviewers also being clinical and prioritising roles. Experience is also captured through clinical submission of PITCHs, and here we are seeing concerns raised about referrals. This triangulates to the risks associated with long waits, both in urgent and planned care.

Serious Incidents (all providers)

Serious Incidents received by Provider

During May 2023 there have been **33 serious incidents** reports, these are broken down by Provider in the chart below:



The **top three Serious incident** types reported in May 2023 were:

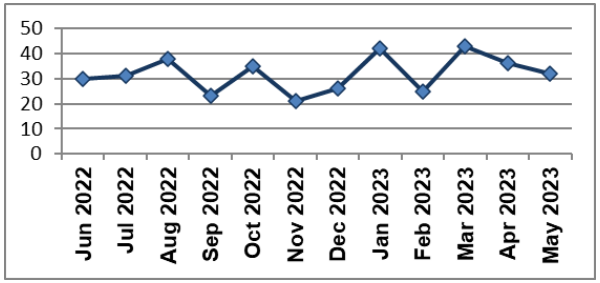
Apparent/actual/suspected self-inflicted harm (10) ↑

Treatment delay (9) ↑

Slips/Trips/Falls (6) ↓

(N.B. the arrow indicates change from previous month)

The chart below shows the total number of **reported serious incidents** during the last 12mths**:**



Total number of **open incidents** for the system in May 2023 is **341**, a slight reduction from last month (347).

Never events

There were no Never Events reported in May 2023. During the financial year 2022/23 there were **18 never events reported** plus 2 downgraded. This is an increase of 6 compared to the year 2021/22 during which 12 were reported. Regionally, Devon has reported more never events this financial year, which has highlighted the need to work with Providers to reduce this number, learning from neighbouring ICBs that have fewer never events reported.

Multi-agency investigations

There are currently **17 open serious incidents** that have been identified as **multi-agency**. These are being investigated jointly to help identify what went wrong throughout the patient's care leading up to the incident. This also enables joint learning across Providers.

Review and closure

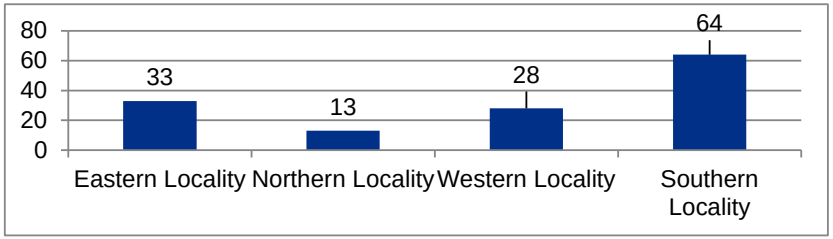
There are currently **25 incident investigations being reviewed** which are currently being monitored by the SST to meet the review deadline.

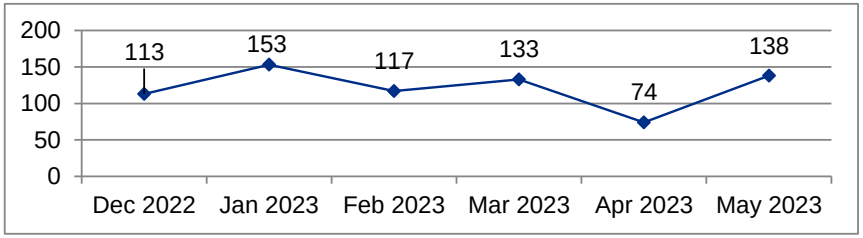
During May **41 incident investigations** were reviewed and assurance received for **closure**. This shows an increase from 17 in April. This is predominantly due to the work the Safety Systems teams are completing with providers to ensure investigations are completed and submitted within SI framework guidelines.

Peer Improvement Tips for Care and Health (PITCH)

Received PITCHs

During May **138 PITCHs** were reported, these are broken down by locality in the chart below together with the number of PITCHs reported since December 2022:





The **top three themes for PITCH concerns received in** May were:

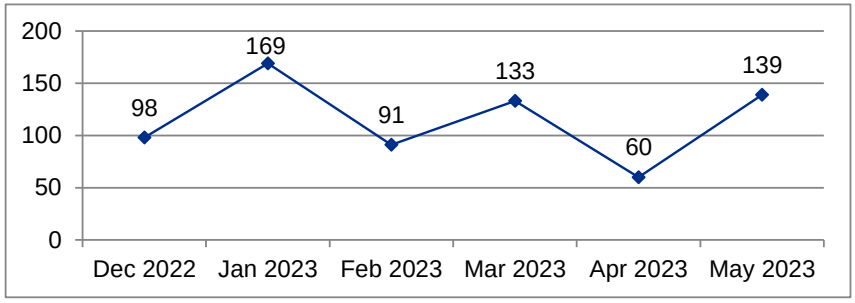
- Referrals (46)
- Access to services (35)
- Process or procedure (29)

The issues with the PITCH form on the ICB website have now been resolved. PITCH reporting levels for May are in line with the average reporting rates following reduced reporting rates in April. This is demonstrated in the above graph. Key themes identified in May include inappropriate referrals to MIU/UTC, poor discharge summaries and delays in access to 111.

Closed PITCHs

During May 139 PITCHs were closed, compared to 60 in April. The chart to the right illustrates the number of closed PITCHs per month since December 2022. The increased number of PITCHs closed reflects the increase in reporting rates.

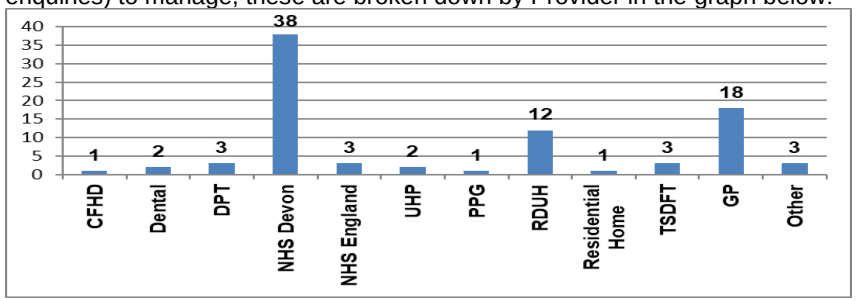
139 PITCHs remain open awaiting further information from provider and ICB teams.



Patient Experience (NHS Devon): Patient Contacts

Patient Experience: Received cases

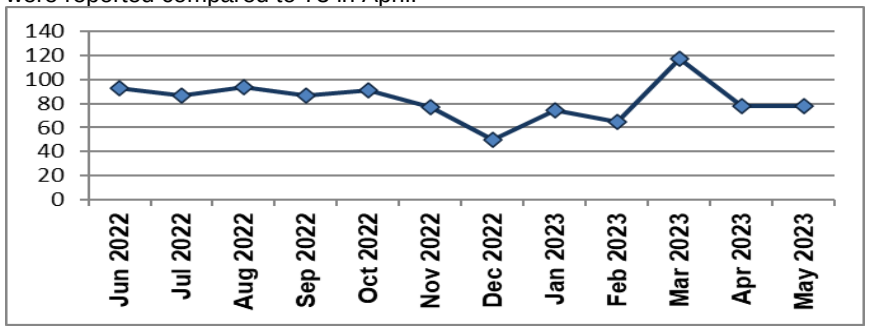
During May there were **87 new patient experience** feedback (Including MP and PHSO enquiries) to manage, these are broken down by Provider in the graph below:



Majority of contacts has been general concerns including waiting times and 2 week waits across the system. There has been considerable progress with commissioning a North Devon service for Children's ADHD/Autism with services now in place, which in turn has reduced family contact.

Patient Experience: Informal Concerns

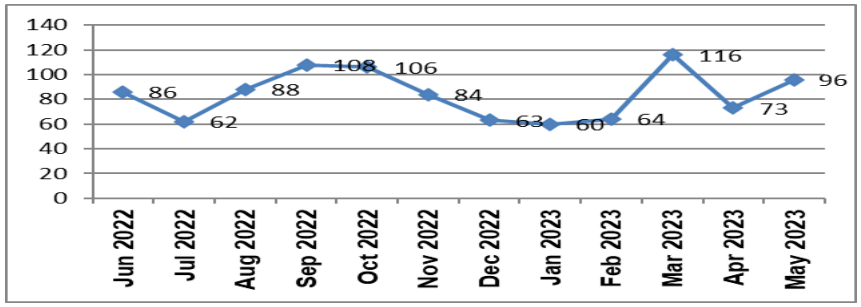
Patient experience informal concerns has slightly increased in May. A total of 78 were reported compared to 73 in April.



The **top three patient experience concerns received in** in May were:

- Procedure and Process **(33)**
- Quality of care **(17)**
- Access to Services **(17)**

Patient Experience: Closed cases



Patient Experience: Summary

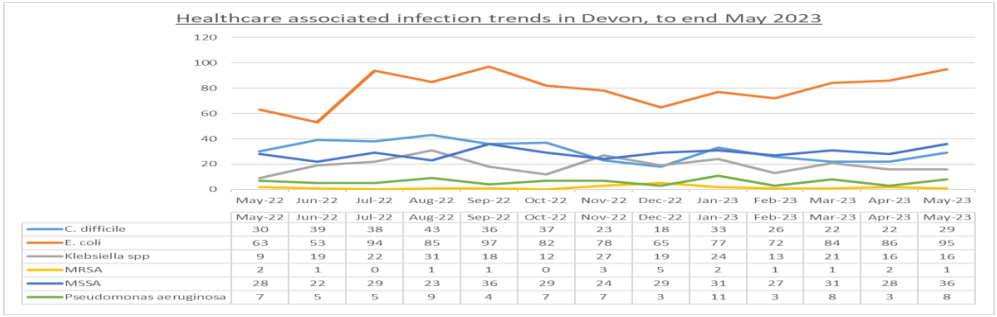
- There were no **formal complaints** raised during May for NHS Devon, with a total of **10 that remain open**
- There are **3 contractual reviews open**, which are required and form part of Primary Care complaints which are managed by NHS England
- There are **6 open requests for information** from the **PHSO.**

Safeguarding: Adult Enquiries

Issue: Safeguarding Adult Enquiries (Section 42.2) are undertaken when concerns about abuse and neglect within health care settings are raised. The statistics below are in relation to the new S42.2 caused out by the 3 local authorities in Devon and the primary themes of the concerns.

<table>
<tr><th colspan="3">Data</th><th colspan="2">Underlying cause</th></tr>
<tr><td colspan="3"><table>
<tr><th></th><th>February</th><th>March</th><th>April</th></tr>
<tr><td>Total number of S42.2 enquiries</td><td>↑ 7</td><td>↓ 6</td><td>↑ 9</td></tr>
</table></td><td colspan="2">Themes:
The top issues identified within new S42.2 enquiries started in May 2023 related to: -
• Poor quality of care
• Poor discharge
• Person in position of Trust allegations (PiPoT)</td></tr>
<tr><th colspan="3">Initial learning from new safeguarding enquiries, closed safeguarding enquiries and safeguarding adult reviews:</th><th colspan="2">Assurance</th></tr>
<tr><td colspan="3">Staffing and poor communication figures as a theme in 6 S 42.2’s
3 are regarding allegations of inappropriate behaviour by staff, Person in Position of Trust
Multiagency partners have agreed another new Safeguarding Adult Review will be undertaken (2 in last 2 months)</td><td colspan="2">The ICB Safeguarding team are working closely with the providers and Local Authorities to ensure patients remain safe whilst investigations are undertaken, and that mitigating actions have been taken to prevent further harm.</td></tr>
<tr><th colspan="3">Actions for next month/s</th><th>Intended impact</th><th>Date impact will be realised</th></tr>
<tr><td colspan="3">The Safeguarding Adults Team will work alongside the Safeguarding Adults Board to progress the new Safeguarding Adult Reviews.
The Safeguarding Adults Team will work with key providers to seek further assurance in relation to the new S42.2 enquiries.</td><td>Learning from both S42.2 enquiry outcomes and Safeguarding Adult Reviews will become embedded into practice.</td><td>Action plans with completion dates are being monitored by the Safeguarding Adults Team, Providers and Safeguarding Adult Boards.</td></tr>
</table>

Infection Prevention and Control

Data	Infection Highlights
	The changing picture of TB within Devon has highlighted the need to review the Devon's tuberculosis response capacity. These are being managed through ongoing discussions with the contracting team; however, there is the significant potential for surge capacity to be required and this may need to be sourced externally. Outbreak support in primary care - capacity issues created potential delays to regionally led outbreak support. Lookback review to be carried out, and ICB primary care team and primary care commissioners are sighted on these capacity issues.

Actions undertaken in last month	Impact
Care home educational resource distribution finalised	All care homes in Devon to receive IPC educational material to improve IPC response.

Actions for next month/s	Intended impact	Date impact will be realised
Tuberculosis commissioning pathway.	Consistent provisioned service for tuberculosis, including video observed therapy and directly observed therapy, as well as testing capacity.	August 2023
System IPC Strategic Group meeting.	A cohesive approach across all the ICS providers to IPC. A forum for the sharing of learning and trends.	June 2023
Educational resources for domiciliary care and primary care.	Purchase and distribution of infection control educational resources, including links to local community infection control teams, to these areas.	October 2023

Workforce

Workforce: Attraction, Retention and Workforce Solutions

- **Steering Group**: met in May and have now agreed all deliverable timescales and outcomes, projects will require task and finish groups. Work has started on some of those projects to bring together individuals from across the system and set up initial scoping meetings.
- **Careers hub:** pilot for Careers hub Plymouth City College has begun. Work is starting on building work within the College to create the physical hub. Project Manager to support the expansion of this pilot across health and care (Torbay and Exeter) started w/b 5th June.
- **Medical Recruitment**: second campaign launched, receiving good engagement on social media (Facebook, LinkedIn and Google). Final video planned for campaign has been finalised.
- **MOU – Mobility of staff:** delayed sign off due to capacity, aim for completion by end of Q1 this year.
- **Retention Hub:** hub employees start w/b 12 June and will be in place for 12 months to focus on provision of retention based services including legacy mentoring and careers advice and pathway mapping for identified high turnover groups.
- **Simplifying recruitment and removing barriers to recruitment**: Project group is in the process of forming and they will begin by looking at recruitment/application processes to see where beneficial changes could be made.
- **One Devon Bank:** Some delay at RDUH due to procurement issues but aim to sign contract by end of June. System call with Procurement planned for w/c12th June and ongoing conversations with bank provider in order to secure a system model that all NHS providers can utilise.
- **Robotics:** pilot project group in Livewell is meeting end June - to support automated movement of unfilled shifts through to bank and on to agency.

Workforce: Workforce Strategy

Workforce Strategy: Following approval of the Workforce strategy by the ICB Board in May work is in progress to socialise the strategy with stakeholders and develop an implementation plan to embed workforce strategy principles into operating protocol. The first round of provider organisation self-assessments to inform the future 5-year System workforce numerical plan has not provided the level of required quality to inform a detailed plan. A plan to re-engage with all System partners to complete a phase 2 process to obtain the workforce numerical analysis required is being developed and will be socialised with stakeholders in July. A revised deadline of December has been agreed for the production of the 5-year numerical System workforce plan.

Workforce: Learning, Education and Strategy

Learning and Education Strategy: The Learning and Education Strategy is being presented to internal governance committees prior to going to ICB Board.
Placement Expansion: Initial data analysis being reviewed and will be presented at a workshop in late June 2023.
Apprenticeships – One Devon Apprenticeship framework being designed following the roadshow workshops to shape future direction of Apprenticeship activity.

Acronyms

Acronym	Full Meaning	Acronym	Full Meaning	Acronym	Full Meaning
A&E	Accident and Emergency	HMCI	His Majesty's Chief Inspector of Education, Children's Services and Skills	OPEL	Operational Pressures Escalation Levels
ADHD	Attention Deficit Hyperactivity Disorder	ICB	Integrated Care Board	PCN	Primary Care Network
ARRS	Additional Roles Reimbursement Scheme	ICS	Integrated Care System	PHSO	Parliamentary and Health Service Ombudsman
ASD	Autism Spectrum Disorder	IPC	Infection Prevention Control	PiPOT	Person in Position of Trust
AVP	Ambulance Vehicle Preparation	IPP	Individual Patient Placement	PICU	Psychiatric Intensive Care Unit
CDC	Community Diagnostic Centre	IQPR	Integrated Quality and Performance Report	PITCH	Peer Improvement Tips for Care and Health
CFHD	Children and Family Health Devon	ITK	Interoperability ToolKit	PPG	Practice Plus Group
CLD	Criteria Led Discharge	IUCS	Integrated Urgent Care Service	PSQ	Patient Safety and Quality
CQC	Care Quality Commission	IUTC	Integrated Urgent Treatment Centre	PTL	Patient Tracking List
CYP	Children and Young People	KPI	Key Performance Indicator	RDUH/N/E	Royal Devon University Hospitals/North/East
DCC	Devon County Council	LOD	Length Of Delay	RTT	Referral To Treatment
DCL	DisCharge Lounge	LOS	Length Of Stay	SI	Serious Incident
DEXA	Dual Energy X-ray Absorptiometry	LSW	Livewell South West	SIAG	System Improvement and Assurance Group
DPT	Devon Partnership Trust	MADE	Multi Agency Discharge Event	SLCN	Speech, Language and Communication Needs
ED	Emergency Department	MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries	SMI	Severe Mental Illness
ED	Eating Disorders	MH	Mental Health	SST	Safety Systems Team
EMD	Emergency Medical Dispatcher	MHLDN	Mental Health Learning Disability and Neurodiversity	SW	South West
EOC	Emergency Operation Centre	MIU	Minor Injuries Unit	SWASFT	South West Ambulance Service Foundation Trust
ERF	Elective Recovery Fund	MOU	Memorandum Of Understanding	TB	Tuberculosis
G&A	General & Acute	MP	Member of Parliament	TSDFT	Torbay and South Devon Foundation Trust
GDPPR	GPES Data for Pandemic Planning and Research	MRSA	Methicillin-Resistant Staphylococcus Aureus	TTA	To Take Away
GI	Gastro-Intestinal	MSSA	Methicillin-Sensitive Staphylococcus Aureus	UEC	Urgent and Emergency Care
GIRFT	Getting It Right First Time	NCTR	No Criteria To Reside	UHP	University Hospitals Plymouth
GP	General Practice	NHSE	NHS England	VCSE	Voluntary Community Social Enterprise
GPAS	GP Alert State	NICE	National Institute for health and Care Excellence	WTE	Whole Time Equivalent
GPES	GP Extraction Service	NOF	National Oversight Framework	WW	Week Wait
HCA	Health Care Assistant	ONS	Office for National Statistics		
HEE	Health Education England	OOH	Out Of Hours		

Key to Variance & Assurance Icons

	Variation/Performance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
H	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
L	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
H	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
L	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	**Something's going on!** This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

	Assurance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
?	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
F	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
P	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

NHS Devon Integrated Care Board

Mental Health Inpatient Treatment Beds for Autistic People or People with a Learning Disability

Date of Board	Date report produced
5 July 2023	20 June 2023

Author(s)		Report approved by	
Name and title:	Vicks Johnson, Associate Director Commissioning LDA	**Name and title:**	Jo Turl, Director of Commissioning, Primary, Community, MHLDN
Phone:	07891049727	**Date:**	20 June 2023
Email:	Vjohnson2@nhs.net		

Executive summary (250 words max)

The South West region has for some time had insufficient beds for mental health inpatient care, particularly those which are suitable for autistic people or people with a learning disability.

After significant support from NHS England's (NHSE) Regional team, NHS England confirmed capital investment for the southwest region for the reprovision of mental health beds for learning disability and autistic people, in order to bring provision of care closer to home.

- The region was awarded £40.5 million over two years
- Two proposed units to be developed (South and North of the region)

Key drivers for change:

- NHS England Long Term Plan –
  - Reduce reliance on inpatient admission by March 2024 with no more than 30 per million adults with a learning disability or who are autistic cared for in an inpatient unit.

- People with Learning Disability and Autism cannot always have their needs met in mainstream services with reasonable adjustments applied.
- In the southwest region, 70% of our people with Learning Disability and Autism are currently out of region, this equates to approximately 80 individuals (10 of whom are Devon patients).
- The majority of individuals being placed outside the region see a longer than necessary length of stay and a loss of contact with home clinical teams. Current average length of stay is three years, and the aim is to reduce this to six months or less for 80% of this cohort.

The regional ICBs have been working in collaboration with support from the Southwest Provider Collaborative (SWPC), Commissioning Support Unit (CSU) and NHSE, to develop the providers business cases, which are due to be submitted to NHSE in July 2023. The program timeline is rapid, with first patient date due June 2025.

The programme is led by a regional steering group, which consists of Experts by Experience, commissioners, clinicians and colleagues from across health and social care, as well as engagement from Health Education England and Skills for Care.

A Community of Practice has been developed and is now in place to fully explore models of best practice, integrating community support and to consider In reach / Outreach models.

The ICB's, NHSE region and program group are in regular conversations with CQC, with the intention to keep them fully briefed on developments.

This paper is to present to the Board the Devon ambition for this development, before final submission for approval to NHSE.

Committees that have previously discussed/agreed the report, and outcomes of that discussion

- Presented at Devon ICB Finance and Performance Committee on 27 June 2023, The paper was discussed, reviewed and recommendations to Board supported.
- Slide Presentation with programme context with recommendations supported via Devon ICB Senior Executive Team in May 2023.
- A comprehensive paper came to the Board in June 2023 to describe the strategy, financial and system approach and risk on the build. Approval in principle received.

Key recommendations and actions requested

Recommendations

- That the Board approves the commissioning and financial consequences of the inpatients beds.

- That the Board supports the provider's submission of the business case to NHSE once it has been through their Board for approval.

Impact on NHS Devon objectives	
Objective	**Impact**
1. Improve population health	Yes – Health Inequalities
2. Improve services and reduced unwarranted variation	Yes – Bringing people closer to home within our quality of care
3. Make more efficient use of our resources	Yes – Reduce length of stay and reduction to cost
4. Develop our culture and how we operate	Yes – Regional offer integrating across partnerships.

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services	Yes, improved quality of delivery and development of specialist workforce	
Health inequalities	LDA Minority group where reasonable adjustments cannot always be applied.	
Workforce	Growth in a specialist area sharing of specialist skills and development of a centre of excellence.	
Resources and finance	Long term reduction on out of area costs and long stay admissions	
Legal	No	
Engagement and consultation	No	

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Mental Health Inpatient Treatment Beds for Autistic People or People with a Learning Disability

1. Background

The Southwest region has been awarded £40.5 million capital from NHSE for the reprovision of mental health beds for Learning Disability and Autistic People to bring provision of care closer to home. People with Learning Disability and Autism cannot always have their needs met in mainstream services with reasonable adjustments applied.

The NHSE Long Term Plan ambition is to reduce reliance on inpatient admission by March 2024, to no more than 30 adults with a learning disability and/or who are autistic per million population.

In the southwest, 70% of our Learning Disability and Autistic population are currently out of region, this equates to approximately 80 individuals (10 of whom are from Devon).

This programme of work has identified the need for:

- Improved care pathway
- Improvements in physical infrastructure to deliver better care and outcomes for service users, with care closer to family and friends
- Delivering innovative solutions and improvements to environments and service models that have a positive impact on service users
- Regional co-ordination to deliver an agreed regional solution

A number of stakeholders, including commissioners, providers and experts by experience, are working in collaboration to build on the work already completed and have agreed the following principles that underpin this programme. These include:

- **A regional resource and solution** for people with a learning disability and autistic people
- **One clinical model for the region** to deliver consistency of approach and reduce variation of care and treatment
- **One regional bed stock** that can be used and accessed by all providers across the southwest
- **A single point of access** into provision to ensure best and appropriate use of this resource and to ensure people are moved promptly back into their communities or appropriate care
- **Agreed regional thresholds** that underpin the service ensuring consistency of approach and provision
- **Consistent commissioning approach** via the lead commissioners for this provision
- **One approach to managing and improving quality and performance** to deliver a consistent approach to improving services for those people with learning disability and autistic people

- **Learning from past experience**, using best practice approaches that have been tried and tested to deliver the programme i.e., collaborative governance arrangements, regional co-ordination

This is an exciting and ambitious programme that will deliver measurable benefits for those people with a learning disability and autistic people by delivering environments that support recovery and contribute to improved wellbeing through a highly specialised offer closer to originating communities. This will ensure people stay connected to family, friends and places that are familiar.

Our focus will be on moving people through the care journey into their communities and providing specialised environments only when necessary and appropriate.

We continue to work across systems on strengthening community support to people, with improved prevention, reasonable adjustments, crisis response and alternatives to admission. By successfully delivering this, it is our belief that fewer people will have needs 'that can only be met in hospital' and will have improved care, treatment and quality of life.

Case for Change

As of May 2022, the Southwest had approximately 103 adults with autism or learning disabilities - or both - within hospital settings that are commissioned via Integrated Care Boards.

Approximately 70% (n80) of these people have been sent out of region.

This is suboptimal for a number of reasons:

- Individuals lose community connections, which may reduce independence and increase vulnerability
- A large number of families have to travel a significant distance to visit which impacts human rights (right to a family life)
- Local community teams, which often know the person well, lose contact, increasing a person's isolation, reducing the monitoring of expected outcomes, meaning people are less informed of any treatment plan to be supported in the community, and making the return to home community more challenging.
- There is an impact on effective discharge planning, which requires day and weekend leave to test the gradient of recovery and which needs care teams to get to know individuals in order to support discharge - therefore resulting in delayed discharges.
- Individuals in placements out of region experience longer length of stay than clinically necessary and quality monitoring is more difficult, increasing their vulnerability.

To deliver excellent outcomes across the whole care pathway, **our ambition is to offer in-region 'Specialised Acute Therapeutic Environments' that meet the environmental and clinical needs of the people that cannot access mainstream services**. This will enhance the whole care pathway approach we are taking to move people through treatment and give the right interventions at the right time, thus moving people into their communities, close to friends and family, with the right support to allow them to live the best life possible.

2. Service Design

Community Pathway

We continue the work across the region to strengthen community support to reduce the need for admissions. To provide a comprehensive pathway of support and achieve best outcomes, it is clear there must be excellent connections across the whole care pathway to provide effective end to end care and treatment.

Due to work on reasonable adjustments in Devon, the majority of people who do need inpatient care for a mental health treatment can access mainstream services, typically working age adult mental health wards. However, there remain some people for whom reasonably adjusted mainstream mental health inpatient services would be less than optimal environments and both specialist environments and specialist clinical support and expertise are needed.

It is expected that the Green Light Toolkit and NHS Learning Disability Improvement Standards are routinely applied in mental health settings. Referrals to these new 'specialist' environments will require evidence of reasonable adjustments being thoughtfully applied and clinical rationale to explain why some individuals might require a more specialist environment, e.g., this might occur for individuals who require directive, positive behaviour support type approaches with personalised goals that include communication, sensory and functional skills as key treatment targets.

We are working closely with our providers and partners to align community pathways to integrate and receive the clinical model, understanding the complexity of two very different clinical groups – Learning Disability and Autism - and how we reconfigure current provision to adapt to the need going forward.

Clinical Model

Our initial estimate, based on 70-80% occupancy levels in line with NICE guidance and with length of stays predominantly less than 6 months and never more than 12 months, is that 18–25 Specialist Environment Acute Admission beds are required across the region to replace out of region beds. ***(Appendix A- Bed Data Analysis)***

We have worked with Integrated Care Board colleagues to verify this estimate and we believe that providing **20 environments across the region (10 in the north and 10 in the south) would provide the capacity required for the future.**

Coproduction

We have developed a collaborative environment among southwest commissioners, providers, experts by experience and broader stakeholders in learning disability and autism services. This will aid us to deliver and support sustainable and robust whole pathway commissioning through a contemporary quality improvement framework, supported by specialist advice and quality improvement teams.

Through collaboration and co-production forums, the ambition is to deliver one regional referral, admission and discharge process to enable consistency, transparency and equity of access to the specialist beds across the southwest.

The development of the clinical model included regular system-wide forums with our partners and stakeholders across the region.

We have listened and captured the experiences of those that use services and those people that provide learning disability and autism services. Our approach is inline with the NHS Long Term Plan for Integrated Care Systems to ensure closer collaboration between agencies alongside a strategic plan that is coordinated by whole pathway commissioning. Our model is

flexible, ensuring that it remains sustainable and responsive to the changing needs and clinical presentations of our population.

Our proposals have been peer reviewed within the region, at national platforms and with Integrated Care Boards. We have discussed our plans with key national clinical leaders as well as the Care Quality Commission. The model has also been shared widely across systems, including at a number of stakeholder events. Feedback has been used to inform and refine our modelling.

Public involvement and formal consultation

There is a communications and involvement strategy that will support delivery of this programme and communications specialists from across the southwest will work together to deliver this.

We will be working closely with the three Overview and Scrutiny Committees (OSCs) that cover Devon, Plymouth and Torbay and aligning with Cornwall.

Our ambition is for the OSCs to support this programme as additional NHS services within Devon and the southwest. Public and patient involvement will be key in developing the unit, but we would not envisage formal public consultation being required.

3. Contractual arrangements

Provider selection

The Programme Steering Group reviewed the potential need for a procurement process and the route that may be required for success delivery. To facilitate a robust and thorough review of options, the South, Central and West Commissioning Support Unit (SCWCSU) was tasked with exploring:

- The need for any open procurement exercise
- Selection of possible providers who would be capable of delivering the programme aims and ambition

After a thorough process it was advised that:

1. The programme was specifically focussed on a build and not services,
2. This was not a new service but an extension to existing services after a build process
3. There was not a requirement for a competitive tender process based on points 1 and 2 above.

As a precaution, the South West Provider Collaborative also took legal advice to ratify the advice from the SCWCSU advice was confirmed.

As current NHS providers were cited as the route for delivery, the South West Provider Collaborative took the programme proposition to a Mental Health Chief Executive Officers' meeting. This included all provider Chief Executive Officers from the South West region. It was decided unanimously that the only providers able and willing to deliver the programme of the build were Avon and Wiltshire NHS Partnership Trust and Devon Partnership NHS Trust. These two providers were therefore chosen to deliver the programme.

Contracting

While it is acknowledged the service will be a southwest regional offer, commissioning responsibilities for the south of the region will lie with Devon ICB.

Partner ICBs (Dorset, Somerset) will not be part of the block contracting commissioning and plan to spot purchase beds if and when required.

The full 10 beds will be commissioned on a block contract between Devon and Cornwall ICBs and Devon Partnership Trust.

Risk share

Discussions continue with other regional partners to explore and minimise operational and transitional risks.

4. Financial position – South only

Capital

Following consideration to scope out the option of a different site away from Whipton in Exeter to Langdon in Dawlish, the initial indications suggest the project could be afforded within the financial resource of £20.25m.

Expenditure figures included within the table below are extracted from the OB form and are still being reviewed. Other Trust fees relate to posts that were agreed by the project group to be capitalised rather than be included within the revenue model.

To deliver within the financial resource, an assumption has been made that £1.14m of savings will be identified whilst carrying out a Value Engineering (VE) exercise.
This is expected to be completed in August. Approximately £2m of potential VE savings have been identified therefore nearly 60% will need to be realised.

Therefore, there remains some risk in this position which the system will need to manage.

Capital Phasing - Base Case	Net (£)	VAT (£)	Gross (£)	Building 60 years	I.T 5 years	Other 7 years	Total (£)
Works	10,342,717	2,068,543	12,411,260	12,411,260			
Fees	1,842,365	-	1,842,365	1,842,365			
Non-Works Costs	103,427	20,685	124,112			124,112	
Equipment Costs	400,000	80,000	480,000		192,000	288,000	
Optimisation Bias	999,220	199,844	1,199,064	1,199,064			
planning contingency	634,425	126,885	761,310	761,310			
Inflation adjustment	3,093,585	618,717	3,712,302	3,712,302			
PUBSEC Uplift	376,899	75,380	452,279	452,279			
Additional Uplift PUBSEC to all in TPI	-	3,878	3,878	3,878			
Further Value Engineering	(1,140,000)	0	(1,140,000)	(1,140,000)			
			-				
Total OB Form	**16,652,638**	**3,193,932**	**19,846,570**	**19,242,458**	**192,000**	**412,112**	19,846,570
Project Officer	132,661		132,661	132,661			
Other Project Posts	269,332		269,332	269,332			
Total Other Trust Fees	**401,993**	**-**	**401,993**	**401,993**	**-**	**-**	401,993
			-				
Total	**17,054,631**	**3,193,932**	**20,248,563**	**19,644,451**	**192,000**	**412,112**	**20,248,563**

Revenue Affordability

The total revenue assumptions for the current model costs are relatively straight forward, they have been undertaken using patient level detail, and the southern regional position is detailed in the cost table below. On this basis a southern regional current model cost of £10.77million per annum has been identified.

The new model works on the assumption that over time, Devon ICB will reduce the number of individuals that are placed out of area, and therefore the current cost of the out of area placements at **£4.3million** per annum can be ringfenced and used to fund the revenue costs of the new unit.

The new build bed base will include the transition of the current five bedded Additional Support Unit (ASU). The ASU building will then be reprovisioned for office, administration and professional space for the In reach/Out Reach staff and LDA community teams.

With the transition/closure of the current ASU, that current investment of £2.7million will be redirected to the new build investment.

Table: Current Southern Regional Costs as base and New Model costs for Devon

	Base Year 2022/23	YR1 2023/24	YR2 2024/25	YR3 2025/26	YR4 2026/27	YR5 2027/28
Current Model Costs:	£	£	£	£	£	£
DPT: Additional Support Unit	2,724,476	2,724,476	2,724,476	454,079	-	-
Devon ICB OOA Costs	4,331,501	3,565,838	3,300,049	825,012	-	-
Dorset ICB OOA Costs	2,077,209	2,077,209	2,077,209	2,077,209	2,077,209	2,077,209
Somerset ICB OOA Costs	1,045,328	1,045,328	1,045,328	1,045,328	1,045,328	1,045,328
Cornwall ICB OOA Costs	591,738	591,738	591,738	591,738	591,738	591,738
Efficiencies Accounted for within ICB Position		504,490				
Total Current Model Costs	10,770,252	10,509,079	9,738,800	4,993,366	3,714,275	3,714,275
New Model Costs:						
DPT: Service Costs (1 new 10 bed unit)		-	-	4,977,067	5,925,419	5,925,419
DPT: Double Running Costs		114,080	1,274,273	846,398	-	-
DPT: Capital Charges		147,093	392,333	761,681	1,136,294	1,124,355
DPT: One-off Implementation Costs		-	123,675	-	-	-
Total New Model Costs		261,173	1,790,281	6,585,146	7,061,713	7,049,774
Total Costs		10,770,252	11,529,080	11,578,512	10,775,988	10,764,049
LDA Capital Allocation		4,050	16,200			
Transitional Revenue Support Required			758,828	808,260		
Efficiencies - to be identified					5,736	(6,203)

Key headlines are:

- £0.8m revenue financial gap in year 2 (24/25).
- £0.8m revenue financial gap in year 3 (25/26).
- £0.01m revenue financial gap in year 4 (26/27)
- £0.01m surplus from year 5 onwards.
- Transitional support will be required to balance the books in Yr. 2 (24/25) and Yr. 3 (25/26).

There are still possible mitigations for the transitional costs, circa £0.8m for the years 2024/25 and 2025/26. However, the system has identified potential funding through a combination of Mental Health Investment Standard and ICB growth.

From 2027/28 the unit is expected to be operating as business as usual and within budget.

5. Strategic Risks

There are a number of strategic risks associated with the delivery of this initiative moving forwards. The table below highlights the main strategic risks and the mitigations required.

Risk	Description	Mitigation
Regional Programme	**IF** the programme does not retain its regional ambition, co-ordination and activity **THEN**	Oversee fidelity and assurance to regional programme through Programme Steering Group

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	service users may receive inequitable access to services **RESULTING IN** service users across the region receiving differential access, acre and outcomes across our region	Maintain collaboration of partners on planning for mobilisation and delivery of regional programme
Capital costs	**IF** there are unforeseen capital costs during the delivery phase of the builds **THEN** this will place additional financial pressures on ICBs and providers **RESULTING IN** possible delays in completing builds , having to re-negotiate/ mitigate capital allocation, delaying first patient day and providing the right care for service users	Providers to seek "guaranteed price" for build Oversight and assurance through the Programme Steering Group and lead ICS's
Transitional revenue costs	**IF** there are unforeseen revenue costs identified during the mobilisation phase **THEN** this will place additional financial pressures on ICBs and providers **RESULTING IN** possible impacts on the delivery of the full pathway.	Oversight and assurance through the Programme Steering Group and lead ICS's Early identification of risk to be identified through the Operating Planning processes.
Activity	**IF** there are unforeseen fluctuations in activity once the programme is live **THEN** this will place additional pressures in relation to financial viability and/ or service capacity **RESULTING** IN possible additional costs and possible capacity issues meaning service users may not receive the service they need and the outcomes detailed in the ambition on the programme	Initial bed modelling has been conducted to predict activity. Continued thorough review at individual patient level to ensure service users are appropriate for the service being offered and it is in line with clinical need
Timeline	**IF** the programme cannot be managed to time leading up to the first patient day, **THEN** commissioners may not receive the capital required to deliver the project **RESULTING IN** service users will not receive the services they need, leading to possible poorer experiences and outcomes and commissioner loss of reputation	Drive timeline and seek assurance through Programme Steering Group
Workforce	**IF** workforce considerations and allocation to the new service is not in line with the clinical model and affordability **THEN** there may be delays in the programme timeline and affect first patient day and/or the workforce configuration and/ or make up of the workforce will not have fidelity to the clinical model and expectations **RESULTING IN** the care and treatment outcomes will	Managed through the dedicated Workforce Group that has bee

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	not be in line with the requirements for this population	
Zero out of area activity	**IF** as a region we cannot reduce/ eliminate out of region activity **THEN** this may place additional pressures on commissioning budgets **RESULTING IN** additional service costs, investment, cost pressures	Ensure the new environments are appropriate for the need of the service users and are fit for purpose Ensure service users are admitted to units when places are available when they meet admission criteria Ensure development of the community teams supports admission prevention.
Delayed Discharges	**IF** the service users experience delayed discharges above the clinical models recommended length of stay **THEN** service users will not be discharged back into their communities at the appropriate time **RESULTING IN** long lengths of stay, environments not having availability for those that need care, poorer quality outcomes and experience	Work with provider/ community partners to shape and deliver the right community provision to support discharge Work with local authority colleagues to ensure accommodation is available on discharge if required

6. In Conclusion

There is a commitment across the region and in the Devon system to support this ambitious programme of work. We have worked together to reduce the financial risks and have identified local funding sources to enable the programme to be delivered. If we do not take this opportunity to use the capital and build this much-needed unit it is unlikely that another opportunity will present itself and people in Devon will continue to be treated outside the region.

7. Recommendations

7.1 That the Board approves the commissioning and financial consequences of the inpatients beds.

7.2 That the Board supports the provider's submission of the business case to NHS England once it has been through their Board for approval.

Appendices

Appendix A

Regional position

Current Position

Data was obtained from the National Commissioning Data Repository (NCDR) where data is stored in tables taken from national provider submissions using Assuring Transformation [2] dataset. This is a patient level dataset (*data utilised in this report has been pseudonymised and no personal information was required*).

This includes people with a learning disability and autistic people admitted to non-secure inpatient facilities. Within the Assuring Transformation (2) dataset there are three hospital types that people with a learning disability or autistic people, or both may be admitted to:

- General Mental Health hospitals
- Specialist Learning Disability & Autism units – 'Assessment & Treatment' hospitals
- Rehabilitation hospitals

People receiving inpatient care and treatment in general Mental Health hospitals tend to remain in region, however people in inpatient 'assessment and treatment' hospitals predominantly are admitted to hospitals out of region due to a lack of specialist learning disability/ autism provision locally as referenced in the introduction.

We are currently commission 17 in-area beds. These are:

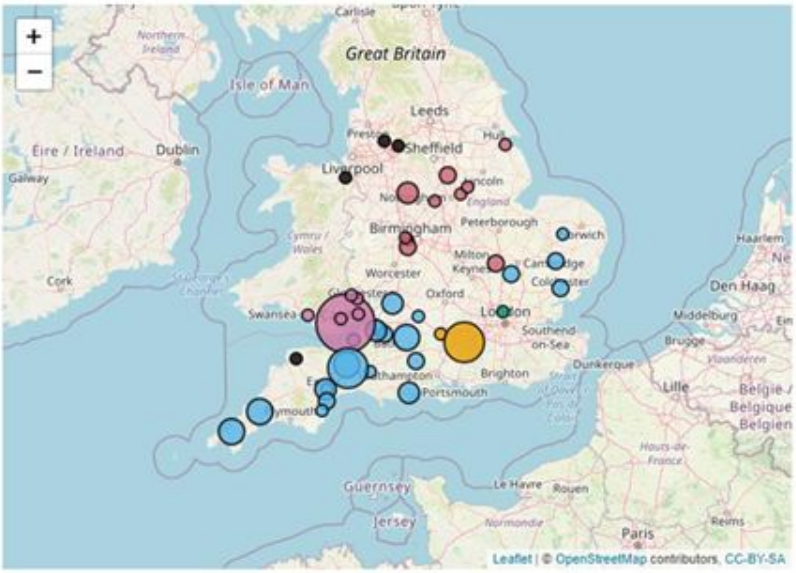
- Daisy Unit (AWP): 5
- Additional Support Unit (DPT): 5
- Berkeley House: 3 are included in our baseline
- Owen House (Langdon Hospital): 1
- Rydon Two & Pyrland One (Somerset FT): 3

Southwest current inpatient population

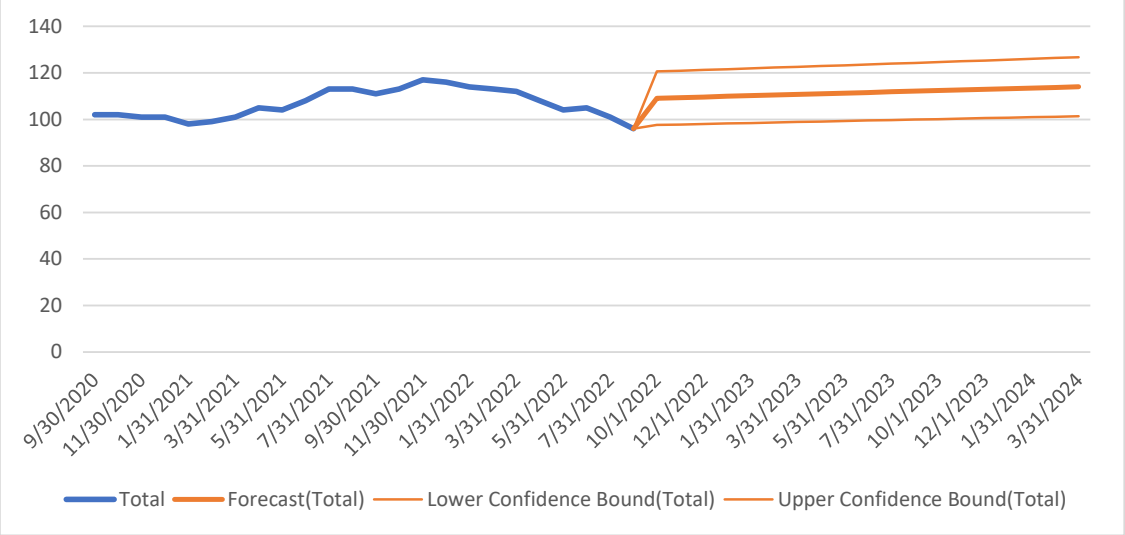
As of 31 May 2022, there were 100 inpatients in Southwest ICB commissioned beds. The table below shows the proportion of our people that are out of region and where they are being treated. Our people are widely distributed across the country with about half of patients being placed in out of region placements. The Southwest account for the largest number and percentage of ICB commissioned beds out of region.

Region of site	No of patients	% of patients	chart
SOUTH WEST	49	49%	
WALES REGION	16	16%	
MIDLANDS	15	15%	
SOUTH EAST	8	8%	
EAST OF ENGLAND	7	7%	
NORTH WEST	4	4%	
LONDON	1	1%	

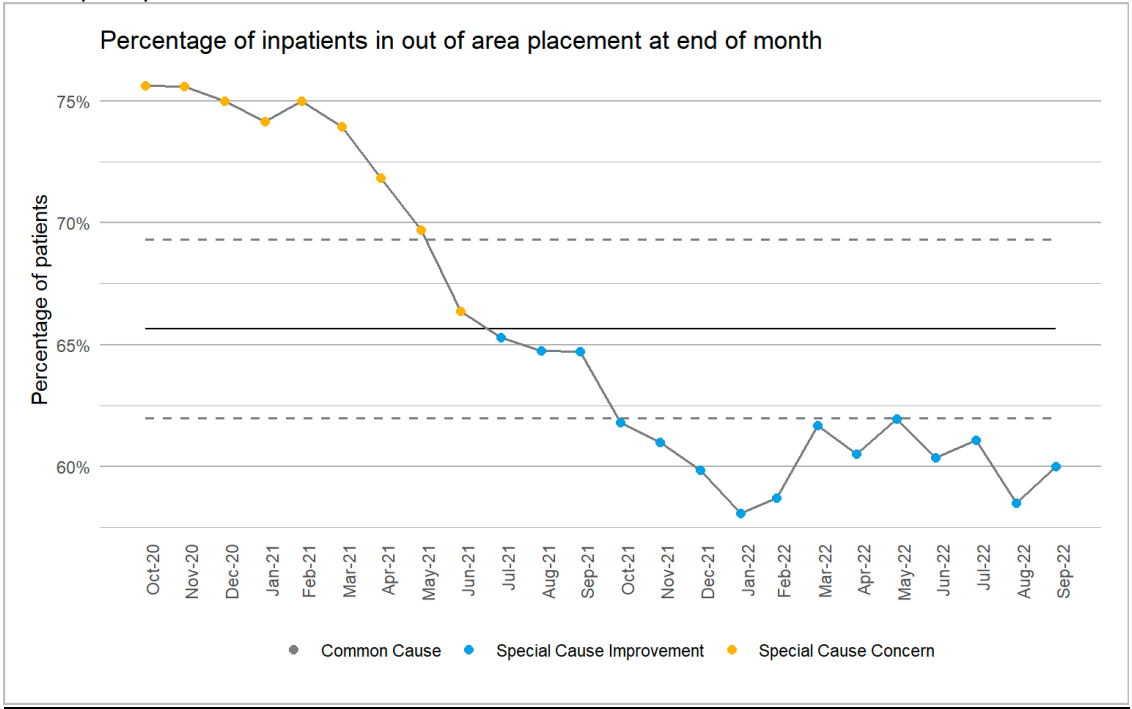
As can be seen from the map below, the highest concentration is the South West, within the north of the region however the spread of our population is across other regions, as far north as Preston, Sheffield and Hull meaning people are placed far away from friends and family and experiencing the other impacts of being out of areas such as long lengths of stay.



As can be seen from the table below, the number of people being admitted to inpatient units is falling. This is predominantly because progress being made in community provision across the region is helping avoid unnecessary admissions. If we forecast forward however, the number of people requiring inpatient services remains constant, meaning a continuation of need for services in the medium to longer term.



If we look at the amount of people out of area as percentage, we can see from the graph below that after a sharp drop number have remained static over the last 12 months.



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Activity by Integrated Care Board

The table below details ICB admissions between 2017 and 2021.

SubmittingCCGICSName	2017	2018	2019	2020	2021	Total
Bath and North East Somerset, Swindon and Wiltshire		4	13	9	6	32
Bristol, North Somerset and South Gloucestershire	4	5	4	4	15	32
Cornwall and the Isles of Scilly	1	1	2	4	11	19
Devon	6	2	4	10	11	33
Dorset	8	6	9	7	16	46
Gloucestershire	4	3	3	2		12
Somerset	7	1	2		7	17
Total	30	22	37	36	66	191

The table below highlights the majority of ICB's are admitting to general mental health hospitals. 2021 admissions data identifies that 78% of all learning disability and autism admissions are to general mental wards.

SubmittingCCGICSName	2017	2018	2019	2020	2021	Total
Bath and North East Somerset, Swindon and Wiltshire		2	6	4	3	15
Bristol, North Somerset and South Gloucestershire	4	4	2	4	15	29
Cornwall and the Isles of Scilly			2	3	11	16
Devon				3	1	4
Dorset	6	6	9	7	15	43
Gloucestershire		1		1		2
Somerset	6	1	2		7	16
Total	16	14	21	22	52	125

The table below identifies the variation of admissions to Assessment and Treatment Units (ATU) by ICB noting increased ATU admissions where an ATU is available within the ICB footprint.

SubmittingCCGICSName	2017	2018	2019	2020	2021	Total
Bath and North East Somerset, Swindon and Wiltshire		2	7	5	3	17
Bristol, North Somerset and South Gloucestershire		1	2			3
Cornwall and the Isles of Scilly	1	1		1		3
Devon	6	2	4	7	10	29
Dorset	2				1	3
Gloucestershire	4	2	3	1		10
Somerset	1					1
Total	14	8	16	14	14	66

As of February 2022:

- 33 people were within general mental health hospitals
- 44 people were in 'Assessment & Treatment' hospitals
- 21 people were in Rehabilitation hospitals.

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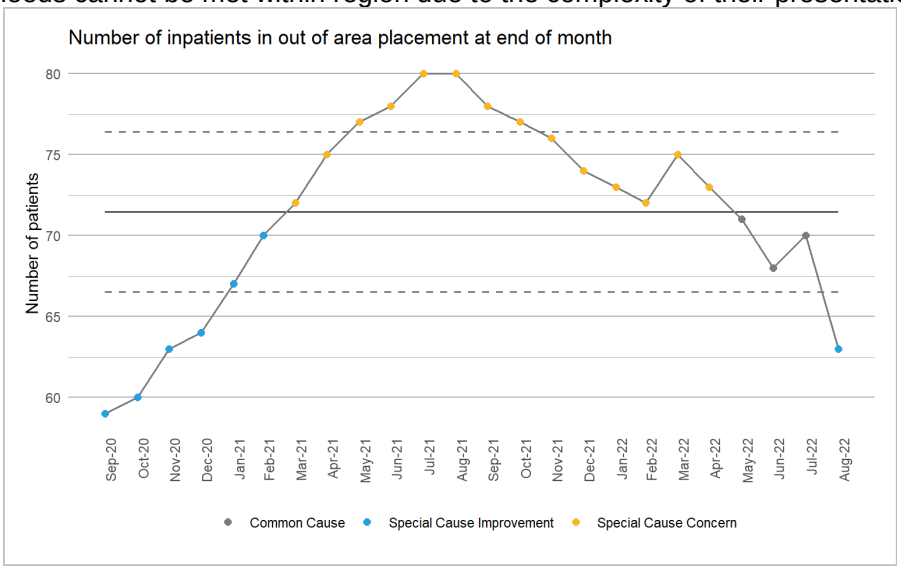
Of the people admitted to Assessment & Treatment & Rehabilitation hospitals about 70% received these services out of the region.

Every ICB has had activity out of area in the last 5 years. The numbers are small for some systems however there is still a demonstrable need to increase service capacity within the region to support those people who have historically been sent out of area and provide specialist services within the region.

People out of region

The numbers of people admitted to out of region placements rose significantly from September 2020 and peaked in the summer of 2021. This has since steadily declined, however, there remains a population of people whose needs cannot be met within region due to the complexity of their presentation.



According to the Assuring Transformation dataset the primary reason recorded for an out of region admission is identified as 'no local specialist bed'.

Many of the people placed out of areas have the following presentations:

- Mental health services not having the clinical expertise or environment to support the needs of the person and no specialist service available
- Distressed and behaviours of concern that would not be manageable within an adult mental health setting and possibly distressing to other patients, and/ or
- Co-occurring conditions within and in addition to their autism which may require specialised clinical approaches and highly adapted environments

As services are not available in region appropriate to care for and treat these people, there is a commissioning gap due to unmet need for this population within the Southwest both now and in the future.

Safe & Wellbeing Reviews

In the Southwest 162 people in hospital had a Safe and Wellbeing review over a four-month period if they were in hospital as of the 31st of October 2021.

Of the 162 people, 76 reviews were in undertaken by ICB's and 86 by the Provider Collaboratives. In the Southwest 96 people had their reviews in hospitals out of region.

Regional ICB's fed back that 76 people cared for in ICB and Provider Collaborative funded hospitals needed their care to be delivered in a hospital setting. Southwest ICB's identified 26 people whose care and treatment needs could be delivered in the community but the option wasn't available locally.

Regional themes established through the safe and wellbeing reviews include the following.

Patient & Family feedback

- Evidence of a lack of autism support and reasonable adjustments on busy and noisy wards for autistic patients.
- Family contact is significantly impaired proportional to distance from home to the hospital. Examples of the family having to chase the hospital for information, meeting invitation and contact.

- There is evidence that, although advocacy is commissioned as part of the hospital placements, it is not effectively reaching the leadership of either providers or commissioners

Safety & Quality of life

- Lack of evidence that individuals were supported to develop life skills or skills and resilience for living in the community.
- Lacking evidence of individuals wishes / aspirations. Activities appeared to focus on watching television, accessing the community to go shopping.
- Lack of opportunities and activities tailored to the individual's personal interests
- No evidence of engagement in education / vocational skills for discharge. Basic literacy / numeracy / qualifications
- Limited evidence of building self-care skills – washing, meal planning and preparation
- Limited understanding that individuals under 25 may have an Education Health and Care Plan in place and revisions made to enable individuals to continue to access education

Physical & Mental Health

- Lack of consistency of CPA (Care Planning) reports being produced by the hospitals with no clear follow through of actions from the last meeting or the most recent C(E)TR recommendations
- Augmentation of mainstream services is required to ensure that people with learning disability or autistic people receive equitable mental health treatment
- Consistency of staff awareness of RESTORE2 (physical deterioration and escalation tool) and NEWS2 (National Early Warning Score) across the hospitals.
- Weight gain. Approaches to weight management including dietary support and exercise was limited
- Access to specialist diets such as gluten free, people in hospital did not appear to be supported in making appropriate dietary choices

Discharge Planning & Workforce

- Recognised by all ICB' the need for an effective process for tracking the progress of recommendations coming out of Hospital and Community Care & Treatment Reviews (CTRs) to ensure that actions are addressed.
- For many individuals ready for discharge or delayed the key factor was availability of suitable housing and care providers with suitable skills to meet the needs of individuals - ICS thematic reviews identify a renewed focus on working with district councils to identify housing need.
- Workforce Development - availability of appropriately trained staff and sufficiency of capacity to support individuals in their own homes/in the community and provision of appropriate training/support to ensure that escalation triggers can be managed

The Safe & Wellbeing reviews highlighted a range of themes and challenges to safe and effective care related to being placed out of region and away from a person's home, community and wider support network. Continuity of care, oversight and the ability to mobilise local resources are significantly impacted by distance notably highlighted by family and carers who found significant impairment by proportional distance from hospital

Conclusion

It can be suggested from the data above that the region has made good progress on delivering community solutions for those people with a learning disability and autistic people. There remains a population that requires specialist environments and specialist treatment to support them when their mental health declines, closer to their own communities, whose needs cannot be met within general mental health units with reasonable adjustments.

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What does the data tell us?

The Southwest has:

- Many people sent out of region – because of the lack of specialist inpatient provision and capacity within the region
- Need for specialist environments – for those people requiring short term inpatient stay that cannot be cared for within mental health units with reasonable adjustments (Assuring Transformation dataset)

Dialogue with people themselves through Safe and Well Being Reviews, clinicians via the Clinical Reference Group and the strategic Programme steering group tells us there is:

- Need for increased community provision – to support the inpatient bed model and allow for those people to be discharged into their communities as soon as practically possible
- Lack of a skilled workforce – to provide the specialist care required
- Variance in community-based care and models leading to fluctuations in admission rates and variability of treatment
- Significant variation in need and provision in the geography, especially for those people with autism
- Local Authority challenges – challenges in terms of the ability to provide appropriate placements and home environments for those that are ready for discharge into the community
- Inconsistency of care – There are inconsistent models of care with limited admission avoidance, this correlates to higher admission rates in some areas of the Southwest
- A lack of robust transition pathways – there are challenges of consistency and operational procedures between units/ back into the community or onto adult services. Evidence suggests that people are at their most vulnerable during these transition periods. Themes from root cause analysis and national data has also highlighted this as an area of concern
- Fragmented clinical pathways and service provision in the region

From the various sources we have concluded that the priorities are to:

- Develop a small number of specialist therapeutic environments to offer specialist treatment for those people that cannot be supported or treated within mental health units with reasonable adjustments preventing admissions out of region
- Work with individual integrated care systems and systems based mental health provider collaboratives, to ensure that there are smoother transitions between services including inpatients and the community and between CAMHS to adult services
- Work with systems and providers to avoid the need for an inpatient admission and deliver pathways and outcomes that facilitate timely lengths of stay and discharge where this is needed
- Work with systems to enhance the community offer to support discharge as early as possible so people can be living in their own community close to their family and friends
- Work across the region to attract and deliver a highly skilled workforce to support those people with a learning disability and autistic people as a key enabler to the success of both community and inpatient provision

What options did we explore?

1. Bed only solution – this option would be a possible solution to the challenge of providing more specialist inpatient bed provision for this population including the development of additional specialist beds within or in addition to mental health wards in each ICB but there are estates and work force challenges plus the variety within the community offer that may make this significantly challenging.

2. Bed only solution – any bed solution without a specialist community offer may mean people may get not be able to be discharged in a timely manner, meaning unnecessary lengths of stay and poor-quality outcomes and experience.

3. Community only solution – this would be the optimal solution, however there are a small number of people that will require specialist treatment in specialist environments as a steppingstone to living within their community. The lack of this provision would mean that people with a learning disability and those with autism who have needs that cannot be met

within a mental health environment with reasonable adjustment will always be cared for out of region, sometimes long distances from friends and family, meaning longer lengths of stay and poorer outcomes.

4. Combination of fewer specialist environments and specialist treatment and specialist community offer – this option merges the two singular proposals above and would offer a small amount of highly specialist beds for the population that cannot be reasonably be treated in a mental health environment as well as developing a specialist community offer to facilitate early discharge and integration back into their community.

   Under this option we also explored co-location of service. Co-locating services on hospital sites should not limit the innovative designs that are possible to give these settings a feel of being individually tailored to the requirements of the individual and with the possibility of adaptation through an individual's admission to promote increasing independence and having an 'own front door' design prior to discharge. Design should be focussed on adaptability to minimise the need for transitions as an individual accesses' assessment, treatment, rehabilitation and a smooth discharge planning period

3.3 Responding to the identified needs

Based on the Assuring Transformation dataset and deploying an analytical model we can identify the number of inpatient beds required across the Southwest region. It is felt that specialist environments and specialist treatment comprising of between 18 and 25 acute, short stay beds would offer the best solution for the region together with a specialist system-based community offer.

In order to implement this transformational change within the region at pace, a number of enablers are required to support our plans and implementation. These include:

- Better system working to support and enable pathway and commissioning with integrated care systems being mobilised to maximise the impact of any clinical transformation or future investment. To drive an alignment and co-ordination of the programme with a jointly agreed and shared vision of how to address needs
- Use of approved capital monies – The region has secured £40.5m of capital resource to support the programme across the region. It is thought a number of specialist environments would be required to cover the north and south of the region, reaching into community teams when required and appropriate
- Enhancing and building on what we have already achieved – within the region we have already invested into our community infrastructure and into providers to ensure that care focusses on the community and inpatient environments are specialist, so they can cater for those people with autism.
- Developing a workforce strategy to support the transformation within the region ad ensure we build a highly skilled and sustainable workforce for the future
- Designed by experience. Our community pathway and inpatient care model is informed by the voices of people who have experienced inpatient care including their families.

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NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Primary Care Commissioning Transitional Committee

Date of board meeting	Dates of committees covered in this report
5 July 2023	8 June 2023

Chair	
Name and title:	Judy Hargadon Independent Non-Executive Member for Primary Care

BAF updates or escalation

- The committee had its first opportunity to review the BAF and be updated on the risks allocated to it.

Risk register review updates/escalation

- The meeting was updated on the corporate **risk review** and approved the closure of risk 172 (Data Extraction Delays) with the caveat that a risk be added which specifically targets the one area of the county for which this may still be an issue.

Integrated Quality, Performance and Finance Report (please provide summary of discussion for Board assurance)

- The committee reviewed the **Quality and Performance** report and was updated on several areas of concern which are being monitored, supported, and progressed including: The positive position of a previously struggling practice in South Devon due to the robust mobilisation plan of the new

providers, and the improving situation of a Plymouth practice which had training issues causing problems for some nurse-led clinics.

- The meeting was updated on the **Finance Report** contained no formal update, as is customary for month 1, but noted that the finance team has concluded a very detailed budget setting exercise at practice level to understand the changes from new contractual arrangements and explained to the PCCTC the funding arrangements of the newly delegated dental services.

Reports received, discussed, and noted

- The committee was briefed on the **Dental Services strategic position** to date and had a presentation on challenges, priorities, opportunities for creative working, future plans and first steps to be taken. Dental Services matters will be regularly on the agenda, as there is concern over the scale of waiting lists, the need for more flexible ways of using funding, and workforce recruitment and retention. An operational working group has been set up.

- The **Deputy Director's Report** (This month deputised by Head of Primary Care**)** highlighted updates on Local Medical Committee negotiations, sub-committee activities and pharmaceutical Services Regulations Committee decisions regarding 2 pharmacy closure dates.

- **The NHSE Optometry, Dental & Pharmacy Monthly Report** was reviewed, and a few trends and regulation changes were pointed out to the meeting**.**

- The committee was updated on the **Delivery plan for the national initiative entitled Recovering Access to Primary care**. It was given assurance regarding the approach which will be taken to oversee the delivery plan, how it fits beside, and overlaps with, other ICB workstreams and recovery plans, and how the input from these other areas will be managed.

- An update was given on a very positive **Summit on Primary Care** held by the Plymouth locality, its current status, future priorities, plans, and next step actions were discussed with emphasis on General practice resilience, Primary and secondary care interface and local engagement with the procurement of a Plymouth practice which is to take place soon.

- A **Contracting assurance** paper regarding the ongoing steps in the procurement process of a Plymouth practice's contract, was reviewed.

Committee decisions

- A **Supervised Toothbrushing Contract Award Recommendation Report** was reviewed and discussed. Devon has been in the forefront of this venture having piloted the supervised tooth brushing scheme for four years. Learning that was taken from 7 pilots has been embedded into this new contract award. It was agreed that this service is very much to be supported as dental

extractions are the most common reason for general anaesthetic in children and almost all of these are preventable with supervised tooth brushing as an evidence-based intervention. It aims to build good habits that last into adulthood and the contract targets children in Devon's most deprived areas, which contributes to narrowing health inequalities.

Meeting approved the Supervised Toothbrushing Contract Award recommendation.

Escalation to the board – for information

- None

Escalation to the board – for action

- None

Recommendations for the board

- None

Recommendations for other committees

- None

Terms of reference or other committee effectiveness issues

- ToR review took place with the previous Terms updated to include Pharmacy, Dental and Optical services. The few small clarifications which were discussed at the meeting are to be made and any further feedback from PCCTC members to be collated and added before the ToR is formally approved.
- PCCTC Chair reminded members to complete the committee evaluation questionnaire when it is circulated soon.

Management of conflict of interests:

Conflicts of interests are recorded on the register of interests. At each committee, a list of recorded declarations is provided. New declarations must be raised, recorded and included in the minutes of the meeting and notified to the Governance team via d-icb.governance@nhs.net to update the central register.

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

Date of board meeting	Dates of committees covered in this report
5 July 2023	21 June 2023

Chair	
Name and title:	Professor Hisham Khalil, Non-Executive Member

Reports discussed and assurances received

Integrated Quality, Performance and Finance Report (IQPR)

- The Director of Performance and Chief Nursing Officer discussed the quality metrics to be presented in the committee going forward. The Chair of the Committee and Head of Nursing and Quality had met on 5 June to discuss in detail the quality metrics and proxy measures to be presented in the Committee.

- The focus will be on developing clear metrics that highlight inconsistencies and variability, as well as potential health inequalities. The quality reports will identify actions and their ownership.

- The Director of Performance raised the issue of where the non-NOF4 performance metrics should be discussed. After a detailed discussion, members of the QPEC believed that one of the remits of the committee is to monitor the impact of the operational plan, Non-NOF4 and NOF4 performance metrics on the quality of care and patient experience. Providing assurance for non-NOF4 performance metrics is not a function of the QPEC. The IQPR will

continue to be presented in both the Finance and Performance Committee and the QPEC.

System Quality Performance Group (SPQG) Chair Report
- The Deputy CNO updated the committee that the group is yet to review its ToR and its name.
- There were no items for escalation to the QPEC.

Corporate Risk Update
- The Committee welcomed the new risk manager who presented the report. As of the 13 June 2023, there were 35 open risks on the Corporate Risk Register with 19 of these being allocated to the QPEC for oversight.
- There were no new risks to approve.
- The Committee approved the closure of risk 100. This was written four years ago (Jan 2019) when there was a risk of patients not receiving timely 999 care. This is now an ever-present issue with variances related to geographical distribution. A new risk may need to be introduced but this will be a function of the Finance and Performance Committee.
- The Committee approved the increase of score for risk 174 related to the loss of community funding for outbreak containment during the pandemic.

Infection Prevention Control (IPC) Report
The System Infection, Prevention and Control Lead, updated the Committee on the following:
- There is a lack of capacity within the Community Infection Management System to address the work needed in non-health settings. There are efforts to manage the risk but there is a need to address the vacancy in this area.
- There is an increase in the demand for Tuberculosis services particularly in the paediatric age group. As a result, there is an increasing dependence on external providers to deliver the required services. Re-commissioning for this service is being considered.
- The ICB IPC Strategy group is tasked with reducing the number of Healthcare Associated Infections (HCAIs.) The group is examining potential actions and evaluating the effectiveness of existing action plans.
- A Peninsula Antimicrobial Resistance Group has been established and the Committee sought assurance regarding the scrutiny of specific Devon issues within that group. In addition, a Devon antimicrobial group has been re-instated. The focus of the group is to develop a plan for monitoring antimicrobial resistance and stewardship within the county with collaboration with Cornwall and alignment with the national plan on antimicrobial resistance.

Maternity and Neonatal three-year Single Delivery Plan
The Head of Women and Children's Commissioning presented the plan as follows:
The plan is categorised into four key areas:
- Listening to and working with women and families
- Retaining the workforce
- Developing a culture of safety and learning
  implementing standards for safe and personalised care

<u>Areas of progress so far:</u>
- Baby-friendly accreditation

- Implementation of maternal mental health services.

Areas in need for further focus and work/challenges:
- Staff sickness
- Pelvic health
- Service user experience
- Maternity and Neonatal Services Unit inspection results
- Leadership and culture

Reports received and noted

Chief Medical Officer (CMO) Update

- The CMO gave a verbal update on the progress made in Urgent, Emergency and Elective care but these areas remain under pressure. The CMO also highlighted the impact of the most recent Junior Doctors' industrial action. This has an impact of on quality of care, delivery of services and career choices.

- The CMO highlighted work to support relationships between primary and secondary care. This area requires further work.

CQC Working Group Update Report

- The CQC (Care Quality Commission) has approached the organisation to be a pilot site for an assessment inspection. If accepted, the pilot inspection will potentially take place between September and Christmas 2023.

Committee decisions

Please see decisions under Corporate Risk Update in relation to risks 100 and 174.

Items of concern to be escalated to the board

Oliver McGowan Mandatory Training requirement

- The Committee would like to highlight to the Board the new training requirements for care of patients with Learning Disability that all Board members have to complete. The training consists of two tiers: online training at level 1 for non-clinical, non-patient facing staff, and expert-led training at level 2 for other staff.

Recommendations for the board

- To consider the reports received and positions of assurance by the Quality and Patient Experience committee.

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

- The Committee welcomed Thandiwe Hara as an Independent Non-Executive core member.

NHS Devon

NHS Devon Integrated Care Board

NHS Devon (ICS) Finance Report Month 2

Date of board	Date report produced
5 July 2023	20 June 2023

Author(s)		Report approved by	
Name and title:	Suzanne Pollard Senior Accountant	**Name and title:**	Bill Shields Director of Finance
Phone:	01392 675376	**Date:**	20 June 2023
Email:	suzannepollard@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max)
The presentation of the Integrated Care System's (ICS's) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of the ICS for the year ending 31 March 2024. The report details the ICS financial position for the period ended 31 May 2023 against the finance plan submitted for the financial year 23/24, setting out the year to date and forecast financial position as well as the risks to delivery of that forecast.

One Devon

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Committees that have previously discussed/agreed the report, and outcomes of that discussion
This Month 2 Finance Report was discussed and reviewed at the Finance & Performance Committee held on 27 June 2023.

Key recommendations and actions requested
The Board is requested to Consider, review and discuss the ICB financial position as at the period ended 31 May 2023.

Impact on NHS Devon objectives	
Objective	**Impact**
9. Move out of System Oversight framework (SOF4) – including delivery of a balanced system financial plan	The risk score for this objective remains unchanged at 16.

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services		√
Health inequalities		√
Workforce		√
Resources and finance	Delivery of financial sustainability	
Legal		√
Engagement and consultation		√

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS Devon Integrated Care System

Finance Report

Month 2 – 2023/24

Contents

1. Executive Summary

The presentation of the Devon Integrated Care System's (ICS) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of the ICS for the year ending 31 March 2024.

This report details the ICS financial position as at 31 May 2023.

As part of the 23/24 planning round, Devon ICS submitted a deficit plan of £42.3m with a commitment to reach a breakeven position by 2025/26.

As at month 2 the Devon ICS is reporting a year to date £17.6m deficit against a planned deficit of £17.4m – an adverse variance of £0.25m.
The reported forecast is a deficit of £42.3m which is on plan.

As at month 2 the Devon ICS had made efficiency savings of £26.14m which is ahead of plan by £7.1m. After adjusting for a technical reprofiling issue at ICB this is under plan by £1.0m. Forecast savings are adverse to plan by £1.5m.

At the planning stage net risks of £159.5m were identified to delivery of the planned deficit. At the end of month 2, this has improved by £5.2m and stands at £154.3m. Work is ongoing to mitigate against these risks.

The above position represents the reported position to NHSE as at Month 2.

2. Financial Performance

The year to date and outturn by organisation as at 31 May 2023 is as follows.

Organisation	Year to date			Forecast		
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable / (Adverse) £000	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable / (Adverse) £000
Devon ICB	8,096	8,096	(0)	48,567	48,567	0
Royal Devon University NHS FT	(8,678)	(8,678)	(0)	(28,035)	(28,035)	0
University Hospitals Plymouth Trust	(6,846)	(7,405)	(559)	(33,600)	(33,600)	0
Torbay and South Devon NHS FT	(9,932)	(9,625)	307	(32,571)	(32,571)	0
Devon Partnership Trust	10	10	0	3,300	3,300	0
Total	**(17,350)**	**(17,603)**	**(252)**	**(42,339)**	**(42,339)**	**0**

As at month 2 the Devon ICS is reporting a year to date £17.6m deficit against a planned deficit of £17.4m – an adverse variance of £0.25m. This reflects additional costs at University Hospitals Plymouth from the industrial action and some year to date underspends at Torbay and South Devon.

The reported forecast is a deficit of £42.3m which is in line with the plan.

3. Savings And Efficiencies

The delivery of savings and efficiencies as at 31 May 2023 is as follows:

Organisation	Year to date			Forecast		
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000
Devon ICB	8,450	16,919	8,469	50,693	50,693	0
Royal Devon University NHS FT	4,566	3,523	(1,043)	60,296	60,296	0
University Hospitals Plymouth Trust	2,906	3,402	496	39,477	39,477	0
Torbay and South Devon NHS FT	1,250	1,267	17	46,578	46,578	0
Devon Partnership Trust	1,784	967	(817)	15,191	13,712	(1,479)
Total	**18,956**	**26,078**	**7,122**	**212,235**	**210,756**	**(1,479)**

As at month 2 the Devon ICS had made efficiency savings of £26.1m which is £7.1m ahead of plan. This is mainly due to over delivery at Devon ICB where some savings have been delivered in full in month 1 whereas the plan assumed equal twelfths across the year. If the plan was adjusted to match, this would result in the ICB having an over delivery year to date of £0.3m and therefore the year to date variance would be an under delivery of £1.0m.

In addition to the above, Devon ICB has a target of £31.7m (£82.5m in total) which is delivered intra system with providers and therefore to avoid a double count this has been netted off in the table above

Forecast savings are adverse to plan by £1.5m. Work will continue to mitigate against this in year.

4. Risks

The assessment of financial risk (and mitigations) for the year ended 31 March 2023 as at 31 May 2023, is as follows.

Risk description	DPT	RDUH	TSD	UHP	ICB	Total	Plan risks
	£'000						£'000
Additional cost risk (capacity, pressures, winter)	(3,000)	0	(3,000)	(1,600)	(3,090)	(10,690)	(10,090)
Additional cost risk (inflation)	(1,000)	(4,800)	0	(2,200)	(1,500)	(9,500)	(9,500)
High cost drugs growth		(3,000)	(2,500)	(1,800)		(7,300)	(7,300)
Cost of growth containment		(4,000)		(8,000)		(12,000)	(10,000)
Pay vacancy - risk of unwinding		(2,000)				(2,000)	(2,000)
Efficiency risk	(5,040)	(13,300)	(13,423)	(6,000)	(10,023)	(47,786)	(55,885)
System strategic efficiencies risk	(1,300)	(10,600)	(10,477)	(7,950)	(8,645)	(38,972)	(50,097)
Income risk (excl. ERF)	0	0	(6,100)	(6,300)		(12,400)	(7,100)
Liberty Protection Safeguard			(1,800)			(1,800)	(1,800)
Diagnostic Cost Pressure			(1,000)			(1,000)	(1,000)
ERF income risk		(8,700)		(2,000)		(10,700)	(10,700)
Spec comm contract income		(1,000)		(1,000)		(2,000)	(2,000)
CDC income		(400)				(400)	(5,300)
Contract risk (excl. ERF)						0	(3,750)
Industrial action costs	(192)	(2,046)	(654)	(2,142)		(5,034)	
Total risks	(10,532)	(47,800)	(38,300)	(38,992)	(23,258)	(161,582)	(176,522)
Mitigations/benefits:							
NCSO					3,090	3,090	0
NRA					2,000	2,000	0
Additional cost control or income (excl. ERF)	0	0	0	0		0	6,090
Efficiency mitigation	0	0	0	0		0	7,192
Transformational / Pathway changes	0	0	0	0		0	3,000
Mitigations not yet identified	0	0	0	0	2,192	2,192	750
Total mitigations	0	0	0	0	7,282	7,282	17,032
Total Net Risk	(10,340)	(52,700)	(38,300)	(36,600)	(21,550)	(154,300)	(159,490)

At the planning stage risks of £176.5m were identified along with £7.3m of mitigations, leaving a net risk of £159.5m to the delivery of the deficit plan.

As at month 2 the net risk has reduced to by £5.2m to £154.3m against the planned deficit.

There are £161.6m risks (of which £86.8m relate to efficiencies) and £7.3m mitigations.

Work is ongoing around the system savings programme of work to ensure robust plans are in place to deliver the efficiency savings required. Internal savings programmes are also being firmed up and ideas are shared across the system to generate new schemes wherever possible.

Other risks are monitored by organisations and their boards and mitigations put in place to minimise these wherever possible.

5. Capital

System capital (Before impact of IFRS 16)

Organisation	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000
Royal Devon University NHS FT	2,107	1,221	886	31,074	31,074	(0)
University Hospitals Plymouth Trust	666	2,926	(2,260)	27,689	27,689	0
Torbay and South Devon NHS FT	2,429	1,850	579	21,237	21,237	0
Devon Partnership Trust	1,332	428	904	7,124	7,124	0
Total	**6,534**	**6,425**	**109**	**87,124**	**87,124**	**(0)**

System Capital spend is under plan at month 2 by £0.1m

Forecast system capital spend is on plan as at M2.

Total Capital

Organisation	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000
Royal Devon University NHS FT	5,569	1,540	4,029	72,305	74,755	(2,450)
University Hospitals Plymouth Trust	2,046	6,417	(4,371)	123,879	119,999	3,880
Torbay and South Devon NHS FT	3,619	2,074	1,545	56,755	56,755	0
Devon Partnership Trust	2,750	902	1,848	15,636	15,636	0
Total	**13,984**	**10,933**	**3,051**	**268,575**	**267,145**	**1,430**

The total capital plan includes impact of IFRS16 on leases.

Total capital spend is under plan by £3.1m as at month 2 and the forecast spend on capital by end March 2023 is under plan by £1.4m.

The plan is fixed at submission and not updated as subsequent schemes are approved and PDC awarded so these schemes then show as an overspend.

6. Recommendations

The Board is requested to consider, review and discuss the ICB financial position as at the period ended 31 May 2023.

NHS Devon Integrated Care Board

NHS Devon (ICB) Finance Report Month 2

Date of board	Date report produced
5 July 2023	20 June 2023

Author(s)		Report approved by	
Name and title:	Kevin Wheller Associate Director of Finance	**Name and title:**	Bill Shields Director of Finance
Phone:	07825 027569	**Date:**	20 June 2023
Email:	kevin.wheller@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max)

The presentation of the Integrated Care Board's (ICBs) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of the ICB for the year ending 31 March 2024.

This report details the ICB financial position as at 31 May 2023, setting out the year to date and forecast financial position.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
This Month 2 Finance Report was discussed and reviewed at the Finance & Performance Committee held on 27 June 2023.

Key recommendations and actions requested
The Board is requested to Consider, review and discuss the ICB financial position as at the period ended 31 May 2023.

Impact on NHS Devon objectives	
Objective	**Impact**
Make more efficient use of our resources	To enable the delivery of the ICB control total

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services		√
Health inequalities		√
Workforce		√
Resources and finance	Delivery of financial sustainability	
Legal		√
Engagement and consultation		√

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS Devon Integrated Care Board

Finance Report

Month 2 – 2023/24

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Appendices

1. Executive Summary

The presentation of the Integrated Care Board's (ICBs) Finance Report seeks to provide the necessary assurance to the Board on the financial position of the ICB for the year to date (YTD) 31 May 2023 and the year ending 31 March 2024.

Devon ICB's funding envelope includes allocations for Primary Medical Care Services, COVID, Elective Recovery and Discharge funding as well as funding for Service Development.

Devon Integrated Care System (ICS) submitted a deficit plan of £42.3m and an expectation that £212.2m of efficiency savings are needed to meet that plan. Within the plan the ICB's planned financial position is an underspend of £48.6m with a requirement to deliver £82.5m of efficiency savings.

Financial Position

The following detailed report reflects the budget set compared with the actual commitments against that budget for the period to 31 May 2023 and the year ending 31 March 2024.

As at 31 May 2023	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Total Net Expenditure	449,338	449,338	(0)	2,641,869	2,641,869	0
Resource Allocation	457,433	457,433	0	2,690,436	2,690,436	0
Total Commissioned Services	**8,096**	**8,096**	**(0)**	**48,567**	**48,567**	**(0)**

Overall, the ICB is reporting a YTD and Forecast Outturn (FOT) planned surplus of £8.1m and £48.6m respectively.

The ICB position sits within an overall system position of a £42.3m FOT deficit.

As at month 2 some service lines exceeded budget including some acute services, continuing healthcare, individual placements and mental health. These variances have been covered by contingencies set aside at plan to manage variation and held in reserves.

Service line variances are detailed in the sections 2 and appendix 3.

Savings Plan

The ICB's 2023/24 plan includes a saving requirement of £82.5m.

The ICB is currently showing a large YTD favourable achievement of CIP, £48.7m against a planned achievement of £13.7m, although this is due to the profiling of the plan.

Discussions with NHS England are taking place to determine whether the ICB can amend the profile of the planned CIP delivery so a more realistic view can be displayed in future months.

If the profiling and treatment of technical savings was corrected the current YTD achievement would be £10.5m against a plan of £10.2m.

Details are disclosed in section 3: Savings and Efficiencies.

Risk

At plan the ICB identified risks of £38.6m, including risks relating to delivery of the savings target and increases in prescription drug prices.

Risks and pressures arising will be addressed by appropriate mitigating actions to meet the ICB's objectives and year-end financial position.

At month 2 the risks total £23.3m with mitigations totalling £7.3m resulting in a net risk to the ICB of £16.0m

A reminder of these risks is set out in section 4 of the report.

Conclusion

As at 31 May 2023 the ICB is reporting a YTD and FOT planned surplus of £8.1m and £48.6m respectively.

2. Detailed Financial Performance

The YTD and FOT by main service heading as at 31 May 2023 is as follows:

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Acute	208,719	208,680	39	1,252,315	1,252,633	(318)
Mental Health	50,331	50,667	(337)	301,985	303,538	(1,554)
Community Health	56,303	56,211	92	337,818	338,252	(434)
Continuing Care	25,724	25,958	(234)	154,345	155,375	(1,030)
Primary Care	97,521	97,534	(13)	585,336	585,524	(189)
Other Programme	4,900	4,749	151	29,398	30,485	(1,087)
Total Commissioned Services	**443,498**	**443,799**	**(301)**	**2,661,196**	**2,665,808**	**(4,612)**
Running Costs	3,763	4,437	(674)	22,578	26,367	(3,789)
Net Expenditure	**447,261**	**448,236**	**(975)**	**2,683,774**	**2,692,175**	**(8,401)**
Reserves/Contingencies	2,077	1,102	975	(41,905)	(50,306)	8,401
Total Net Expenditure	**449,338**	**449,338**	**(0)**	**2,641,869**	**2,641,869**	**0**
Resource Allocation	457,433	457,433	0	2,690,436	2,690,436	0
Total Commissioned Services	**8,096**	**8,096**	**(0)**	**48,567**	**48,567**	**0**

Further detail of the budgets, actual spend and variances making up the main service areas above is provided in appendix 3.

2.1 Acute Services

Acute services include contracts with our main system acute providers as well as contracts with acute providers in Cornwall, Somerset, Bristol and London. It also includes our contract with South Western Ambulance, contracts for patient transport and contracts for acute procedures undertaken in the independent sector and by other non-NHS providers.

The ICB and system providers have agreed a set of block contract payments that also include top-up payments and growth funding allocations. The ICB's budget under these financial arrangements has been set to match the payments.

At month 2 there is a FOT overspend of £0.3m mainly relating to independent sector costs.

2.2 Mental Health Services

The Mental Health budget commissions Mental Health, Learning Disability, Autism and Neurodiversity services for adult, children and young people. The main contracts for the services are with Devon Partnership NHS Trust (DPT) and Livewell Southwest with the Child and Adolescent Mental Health Services (CAMHS) for Northern, Eastern and Southern localities being provided by Children and Families Health Devon through a contract with Torbay and Southern Devon NHS Foundation Trust. This section also includes spend relating to individual adult placements for mental health and learning disability services.

In 2023/24 the ICB has planned to invest £19.5m (7.22% increase) in Mental Health Services based on the Mental Health Investment Standard target. In addition to this the ICB has received £19.7m of Service Development Fund (SDF) Transformation funding for Mental Health and Learning Disability Services.

At month 2 there is a YTD overspend of £0.3m and FOT overspend of £1.6m, due to growth and inflationary uplift pressures in s117 learning disability and mental health services.

2.3 Community Health Services

Community Healthcare services include contracts with ICS partners for the provision of community healthcare (including community hospitals and children's services) as well as Minor Injury Units.

It also includes provision for community based acute procedures delivered through GP practice specialisms and other non-NHS providers as well as joint arrangements with Local Authorities under the provisions of the Better Care Fund.

At month 2 there is currently a FOT overspend of £0.4m which on the whole relates to Physical Disability costs.

2.4 Continuing Care

Placements includes Continuing Care budgets comprising of Continuing Care Administration, Continuing Healthcare (CHC), Interim Funding, Joint Funding, Children's Continuing Care and Funded Nursing Care (FNC).

The placements budget represents a particular risk to the ICB financial position that requires robust financial management. The key risks relate to local authority disputes to the external provider review programme and~~&~~ breaches from the continuation of 4-week Hospital Discharge Programme.

Some examples of other risks include:

- Fluctuations in the number of clients eligible for financial support
- Assessments exceeding 28 days
- Unexpected exceptional levels of support required for some clients
- Responsible commissioner cases

The Month 2 forecast reflects a £1.0m overspend. This is largely a result of inflationary uplift pressures.

Further mitigating actions including reviewing joint funded clients are being explored.

2.5 Other Programme

All Other Programme area picks up the remaining community-based provision of healthcare services including hospice care and other voluntary sector grant based commissioned services. This area also includes the element of our integrated urgent care contract that relates to NHS 111.

At month 2 the FOT overspend of £1.1m is based on programme pay costs making the assumption of recurrent organisational change savings off-set by non-recurrent cost of change.

2.6 Primary Care Services

Primary Care includes expenditure on primary care prescribing, GP medical services, enhanced services, out of hours and other primary care related expenditure including GP IT. From 1 April 2023 NHS Devon received delegated responsibility from NHS England for the commissioning of primary care pharmacy, ophthalmic and dental (POD) contracts.

Prescribing

Expenditure data for the first month of 23/24 is not yet available so the position has been reported at breakeven for both accrued year to date and forecast outturn.

Delegated Commissioning

As at month 2 we are reporting a YTD and FOT breakeven position across delegated primary medical care.

Other Primary Care

Other primary care services include contracts for enhanced GP services, out of hours GP services, home oxygen services and provision for GP IT costs. At month 2 there is minor overspend reported within out of hours GP services.

Delegated Pharmacy, Ophthalmic & Dental

At month 2 we are reporting a YTD and FOT breakeven position against the delegated POD services.

2.7 Running Costs

The pay and associated costs for the ICB are categorised into administrative (running costs) and programme costs according to whether they relate to healthcare services or are solely concerned with management of the organisation.

Each year the ICB receives a specific allocation for its running costs and has an obligation to report against it separately and must not overspend against the limit set.

The ICB's allocation for the year is £22.6m and at month 2 the ICB is reporting a YTD and FOT overspend of £0.7m and £3.8m respectively. The restructure of the organisation is in progress which will support reducing the extent of the overspend, with the assumption at this stage of recurrent organisational change savings off-set by non-recurrent cost of change.

2.8 Resource Allocation

Revenue resources contained within our financial plans and financial systems are set out below.

Allocation Description	Year to date
	ICB
2023/24 Recurrent core allocation	2,198,203
2023/24 COVID	9,321
2023/24 Capacity funding (£k)	26,768
2023/24 Additional discharge allocation (£k)	6,015
ICB running cost allowance	22,578
Allocations (primary medical care)	220,682
Primary Care DOP transfer from regional Teams	117,342
Pay Award	30,010
Recurrent Allocation	**2,630,919**
Cancer Alliance Core Funding	7,986
Cancer Alliance Targeted Funding	6,057
Mental Health Allocations M2	17,800
Funding for Covid-19 high-throughput & rapid PCR testir	3,280
Community / Keyworkers	2,526
Community Services Transformation	1,641
Primary Care Transformation	3,579
Supporting GP Mentors Q1	44
Long Covid	1,300
Inflation (Fair Shares)	7,164
Pay Award	4,646
Prevention	1,300
Other M2 Allocations	2,194
Non-Recurrent Allocation	**59,517**
Total Allocation	**2,690,436**

3. Savings And Efficiencies

The Integrated Finance Report (IFR) that was submitted to NHS England for month 2 summarised the delivery of savings and efficiencies as follows:

Scheme	RAG Status	Year to date			Forecast		
		Plan CIP Delvery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000	Plan CIP Delvery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000
Acute		5,598	30,584	24,986	33,584	33,584	0
Community Healthcare		3,008	12,051	9,043	18,051	18,051	0
Mental Health		332	1,993	1,661	1,993	1,993	0
Ambulance		126	755	629	755	755	0
Primary Care		1,000	999	(1)	6,000	6,000	0
Prescribing		834	833	(1)	5,000	5,000	0
Continuing Care		1,364	1,462	98	8,186	8,186	0
Running costs		106	0	(106)	641	641	0
Other Programme Services		1,010	0	(1,010)	6,055	6,055	0
Unidentified		366	0	(366)	2,192	2,192	0
Total		**13,744**	**48,677**	**34,933**	**82,457**	**82,457**	**0**
Recurrent		10,762	35,911	25,149	65,877	65,877	0
Non-Recurrent		2,982	12,766	9,784	16,580	16,580	0
Total		**13,744**	**48,677**	**34,933**	**82,457**	**82,457**	**0**

The position is showing a large favourable achievement of CIP although this is due to the profiling of the plan. Discussions with NHS England are taking place to determine whether the ICB can amend the profile of the planned CIP delivery so a more realistic view can be displayed in future months.

The majority of the achievement so far is due to savings already delivered in contracts at tariff.

The table below provides a view of the CIP savings at month 2 with corrected profiling and treatment of technical savings.

Scheme	RAG Status	Year to date			Forecast		
		Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000
Acute		5,098	5,098	0	33,584	33,584	0
Community Healthcare		2,009	2,576	567	18,051	18,051	0
Mental Health		332	332	0	1,993	1,993	0
Ambulance		126	126	0	755	755	0
Primary Care		999	999	0	6,000	6,000	0
Prescribing		833	833	0	5,000	5,000	0
Continuing Care		698	474	(224)	8,186	8,186	0
Running costs		107	107	0	641	641	0
Other Programme Services		0	0	0	6,055	6,055	0
Unidentified		0	0	0	2,192	2,192	0
Total		**10,202**	**10,545**	**343**	**82,457**	**82,457**	**0**
Recurrent		7,311	7,654	343	65,877	65,877	0
Non-Recurrent		2,891	2,891	0	16,580	16,580	0
Total		**10,202**	**10,545**	**343**	**82,457**	**82,457**	**0**

It should be noted that £31.7m of the ICB's target of £82.5m is the internal (intra system) provider tariff efficiencies charged to our providers. These efficiencies as reported within the ICB plan are a technicality and will be delivered by provider cost improvement programmes. These are only counted once (ie not double counted) within the system total requirement of £212.2m efficiencies.

4. Risks

The assessment of financial risk (and mitigations) at month 2, for the year ending 31 March 2024, is as follows.

Headline	Description	M2 £000	Risk at Plan £000
Prescribing	Risk of additional cost where no cheaper stock is obtainable (NCSO)	3,090	3,090
Placements	Inflation risk on Continuing Healthcare costs	1,500	1,500
Contract risk	Potential additional contract costs	0	3,750
Efficiency risk	Non-delivery of workstream efficiency	10,023	13,122
System strategic efficiencies risk	Estimated shortfall in required efficiency savings	8,645	17,120
Total Risk		**23,258**	**38,582**
Additional cost control	Off-set risk by stretch efficiencies	3,090	6,090
Transformational / Pathway changes	Review of pathways leading to financial benefits	0	3,000
Efficiency mitigation	Identification of opportunistic in-year savings	2,192	7,192
Allocation Review	Hold back non recurrent allocations	2,000	750
Total Mitigation		**7,282**	**17,032**
Net Risk		**15,976**	**21,550**

At plan the ICB identified risks of £38.6m, with mitigations totalling £17.0m resulting in net risks of £21.6m.

At month 2 the risks total £23.3m, including risks relating to delivery of the savings target and increases in prescription drug prices. Mitigations of £7.3m, include holding back non-recurrent allocations and reviewing stretch efficiencies, sit against the risks resulting in net risks of £16.0m.

5. Other Financial Information

5.1 Statement of Financial Position

The statement of financial position (SoFP) provides a snapshot of the ICB's financial position at that date. The SoFP is made of two parts which must always equal each other: the top part (total assets employed) which shows the ICB's assets and liabilities (what the ICB owns and is owed), and the bottom part (total taxpayers' equity) which shows how the ICB has been financed.

The ICB's position at 31 May 2023 is shown in appendix 1.

5.2 Capital

NHS England has confirmed that the ICB will receive £138k IT capital which we requested for 2023/24.

5.3 Better Payment Practice Code

The Better Payment Practice Code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

The ICB's current performance against the target of 95% is detailed below:

Better Payment Practice Code	M2	
	Number	£000
Non NHS Creditors - % of bills paid within target	99.64	98.94
NHS Creditors - % of bills paid within target	99.40	99.66

5.4 Cash

There are several key cash performance targets that ICBs are measured against; these are set out in appendix 2.

6. Recommendations

The Board is requested to consider, review and discuss the month 2 year to date performance and the forecast position including the current risks.

Appendices

Appendix 1: Statement of Financial Position

Statement of Financial Position	M2
Property Plant & Equipment	2,757
Intangible Assets	154
Non Current Assest	**2,911**
Inventories	1,212
Trade & Other Receivables - NHS	868
Trade & Other Receivables - Non NHS	3,080
Cash & Cash Equivalents	1,167
Current Assets	**6,328**
Total Assests	**9,239**
Trade & Other Payables - NHS	(29,186)
Trade & Other Payables - Non NHS	(111,085)
Other Liabilities	(3,508)
Borrowings / Cash in Transit	(15,296)
Current Liabilities	**(159,075)**
Total Assets Employed	**(149,836)**
General Fund	(149,836)
Total Taxpayers Equity	**(149,836)**

Appendix 2: Cash

There are several key cash performance targets that the ICB is measured against:

Measure	Month 2
ICBs must operate within their Cash Drawdown Requirement *The cash drawdown requirement is based on the revenue and capital resource limits, amended for various non-cash items like depreciation. At present NHS England has calculated this to equate to £2,637m for Devon ICB for the period ended 31st March 2024.*	16.7% of the Cash Drawdown Requirement has been utilised as at month 2, which is inline with what is expected based on a straight-line trajectory.
ICBs daily and monthly forecasting accuracy and notional charges NHS England is working on implementing a regime of bank charges against ICBs based on the accuracy of daily and monthly cash forecasting*. The start date for any charges to flow through the scheme to the ICB has not yet been confirmed.	The calculations used for the notional charges for May are currently being reviewed.
The closing cash balance in the bank should be no greater than 1.25% of the monthly drawdown	The ICB has met the requirement to manage their cash balances at the bank on the last day of the month to be no greater than 1.25% of the drawdown for that month.

**Although forecasting is carried out as accurately as possible it sometimes difficult to predict 2 months in advance (the requirement by NHS England) the exact timings and amounts of all income received and all payments made.*

Appendix 3: Operating Expenditure

The detailed financial position as at 31st May 2023 and 31st March 2024.

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Royal Devon University Healthcare NHS FT	61,553	61,553	0	369,315	369,315	0
University Hospitals Plymouth NHS Trust	52,649	52,650	(0)	315,897	315,897	0
Northern Devon Healthcare NHS Trust	24,911	24,910	0	149,465	149,465	0
Torbay and South Devon Healthcare NHS FT	43,502	43,501	1	261,012	261,012	0
Taunton and Somerset NHS FT	1,743	1,743	0	10,458	10,458	0
South Western Ambulance Services NHS FT	11,740	11,740	(0)	70,438	70,438	0
Independent Sector	6,142	6,141	1	36,852	36,852	0
Patient Transport	2,032	1,933	99	12,195	12,195	0
Other Acute	4,447	4,508	(61)	26,684	27,002	(319)
Acute	**208,719**	**208,680**	**39**	**1,252,315**	**1,252,633**	**(318)**
Devon Partnership NHS Trust	29,758	29,758	(0)	178,547	178,547	0
Livewell MH Services	1,316	1,316	(0)	7,894	7,894	0
University Hospitals Plymouth NHS Trust MH	7,422	7,422	0	44,533	44,533	0
Children and Families Health Devon	3,015	2,965	50	18,090	17,655	435
Individual Patient Placements	2,750	2,758	(8)	16,498	16,546	(48)
Section 117	4,021	4,253	(232)	24,124	25,516	(1,392)
Other Mental Health	2,050	2,196	(146)	12,299	12,847	(549)
Mental Health	**50,331**	**50,667**	**(337)**	**301,985**	**303,538**	**(1,554)**
Livewell Southwest	17	17	0	104	104	0
Royal Devon University Community	11,105	11,105	(0)	66,629	66,629	0
Northern Devon Healthcare Community	5,723	5,723	0	34,336	34,336	0
Torbay and South Devon Healthcare NHS FT	12,287	12,287	(0)	73,721	73,721	0
University Hospitals Plymouth Community	9,867	9,868	(2)	59,200	59,200	0
Children and Families Health Devon	2,215	2,222	(7)	13,290	13,334	(44)
Individual Patient Placements	291	342	(51)	1,745	2,052	(307)
Integrated Urgent Care Service	(0)	0	(0)	0	0	0
Hospices	1,401	1,408	(7)	8,406	8,448	(42)
MIU Contracts	128	136	(7)	771	781	(10)
Better Care Fund_Plymouth CC	1,150	1,150	0	6,902	6,902	0
Better Care Fund_Devon CC	6,369	6,369	(0)	38,211	38,211	0
Better Care Fund Torbay	645	645	(0)	3,872	3,872	(0)
Demand and capacity	0	(141)	141	0	(167)	167
VCSE S256	0	0	0	0	93	(93)
Other Community Services	5,105	5,081	24	30,631	30,736	(105)
Community Health	**56,303**	**56,211**	**92**	**337,818**	**338,252**	**(434)**
Continuing Healthcare	22,706	22,989	(283)	136,236	137,563	(1,327)
Funded Nursing Care	3,018	2,969	49	18,109	17,812	297
Continuing Care	**25,724**	**25,958**	**(234)**	**154,345**	**155,375**	**(1,030)**

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Prescribing	35,456	35,456	(0)	212,738	212,738	0
Enhanced Services	2,102	2,101	1	12,611	12,611	0
Delegated Commissioning - Co Commissionir	36,460	36,461	(1)	218,762	218,762	0
Delegated Commissioning - Optometry	1,990	1,990	(0)	11,943	11,943	0
Delegated Commissioning - Pharmacy	5,856	5,856	(0)	35,136	35,136	0
Delegated Commissioning - Dental	12,024	12,024	0	72,344	72,344	0
GP Out Of Hours	1,520	1,533	(13)	9,120	9,129	(9)
GP IT	712	712	0	4,271	4,285	(14)
Other Primary Care	1,402	1,402	(0)	8,410	8,577	(166)
Primary Care	**97,521**	**97,534**	**(13)**	**585,336**	**585,524**	**(189)**
NHS 111	2,075	2,063	12	12,451	12,442	9
Chime Audiology	671	645	26	4,026	4,026	0
All Other Commisionned Services	2,153	2,041	112	12,921	14,017	(1,096)
Other Programme	**4,900**	**4,749**	**151**	**29,398**	**30,485**	**(1,087)**
Total Commissioned Services	**443,498**	**443,799**	**(301)**	**2,661,196**	**2,665,808**	**(4,612)**
Pay	2,816	3,418	(601)	16,900	20,769	(3,869)
Non Pay	1,027	1,027	0	6,161	6,161	0
Income	(80)	(7)	(73)	(483)	(562)	79
Running Costs	**3,763**	**4,437**	**(674)**	**22,578**	**26,367**	**(3,789)**
Net Expenditure	**447,261**	**448,236**	**(975)**	**2,683,774**	**2,692,175**	**(8,401)**
System Reserves	1,595	0	1,595	9,568	0	9,568
Investment Reserves	(1,636)	1,102	(2,737)	(9,814)	1,980	(11,794)
Non Recurrent ICB Reserves	2,118	0	2,118	(41,659)	(52,286)	10,627
Total Net Expenditure	**449,338**	**449,338**	**(0)**	**2,641,869**	**2,641,869**	**0**
Resource Allocation	457,433	457,433	0	2,690,436	2,690,436	0
Total Commissioned Services	**8,096**	**8,096**	**(0)**	**48,567**	**48,567**	**0**

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Finance and Performance Committee

Date of board meeting	Dates of committees covered in this report
5 July 2023	27 June 2023

Chair	
Name and title:	Kevin Orford, Non-Executive Member

BAF updates or escalation

- No Update

Risk register review updates/escalation

- No Update

Reports received, discussed and noted

- Performance Report May 2023
- ICS Financial Report May 2023
- ICB Financial report May 2023
- Timetable for devolution of ICB Budgets
- Proposed Capital Investment Learning Disability and Autism Beds
- South Western Ambulance Service NHS Foundation Trust (SWAST) Lead Commissioner Proposal

Committee decisions

Performance Report

- The Committee welcomed the new reporting format with its focus on NOF4 exit criteria and management of risk to delivery and associated mitigations.
- The Committee noted the continued pressures on both urgent and emergency care and on elective recovery. We received assurance relating to the recovery from recent industrial action and the focus on ensuring a consistent mitigation approach across Devon for future industrial action.
- The Committee noted and approved a revised trajectory on 65+ week waiters at Torbay and South Devon FT which will clear 65+ week waiters by March 2024.
- The Committee noted and supported the new risk share agreement between Plymouth and Royal Devon providers.
- The Committee reviewed the System Integrated Recovery Plan for Urgent and Emergency Care and supported the focus on the five domains of (System demand, Non-elective average LOS, Delays and discharges, frail and elderly patients, end-of-life.)
- The Committee noted the associated financial risks relating to delay in notification of UEC funding of planned improvements and uncertainty around additional Elective Recovery Fund financing. No committee action necessary at this stage.
- The Committee discussed escalations to Committee and agreed actions to mitigate associated risk.

ICS and ICB Finance Reports Month 2

- The Committee noted the system financial position, which is broadly on trajectory and recognising progress being made to reduce financial risk of £154.3 million to the year-end financial out turn. Output of the System Recovery work will start to impact favourably on the risk assessment in coming months.
- The Committee noted that the ICB is on trajectory to meet its year-end financial target.

Devolution of ICB Budgets

- The Committee received assurances that processes are in place to complete the ICB budget setting process which will reflect current proposals to meet NHSE requirements to significantly reduce ICB operational spend.

Proposed Capital Investment Learning Disability and Autism Beds

- The Committee reviewed the commissioning and financial consequences of the case for 10 inpatient beds.
- The Committee agreed to recommend to the Board to support the business case but we bring the following financial risks to the attention of the Board:
    - The capital cost of the scheme must be contained within the allocation of circa £20m. We have received assurances around this, but any excess spend may need to be funded from system capital.
    - There are double running costs totalling £1.6m over two years, the financing of which has yet to be fully identified. The Committee was given assurances that there are potential funding sources to address this.

    - The scheme viability currently relies on Devon having no out of area provision in this specialty by 2026/27. We considered potential mitigation to this risk, but further work is to be undertaken.
- The Committee noted and supported the procurement advice that the scheme can be progressed as a variation to contract with the Devon Partnership Trust.

SWAST

- The Committee approved the proposed move to lead commissioner arrangements through Dorset ICB on behalf of the seven ICBs in the South West Region.
- The Committee noted and supported the proposed governance structures for the collaboration.

Escalation to the Board – for information

- None

Escalation to the board – for action

- None

Recommendations for the board

- Note the revised trajectory for clearance of 65+ week waiters at Torbay and South Devon FT.
- That the Board supports the case for 10 LDA beds while noting the financial risks outlined above which have yet to be fully mitigated.
- Note that the Committee approved the proposed arrangements for Lead Commissioner Arrangements for SWAST.

Recommendations for other committees

- None

Terms of reference or other committee effectiveness issues

- None

Management of conflict of interests:

Conflicts of interests are recorded on the register of interests. At each committee, a list of recorded declarations is provided. New declarations must be raised, recorded and included in the minutes of the meeting and notified to the Governance team via d-icb.governance@nhs.net to update the central register.

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - People and Culture Committee

Date of board meeting	Dates of committees covered in this report
5 July 2023	21 June 2023

Chair	
Name and title:	Dr Thandiwe Hara, Non-Executive Member for Citizen and Community Involvement

BAF updates or escalation
The People and Culture Committee agreed the BAF updates were all active and up to date.

Risk register review updates/escalation
The costed workforce plan is currently not on track to deliver by the end of September and is now scheduled for November. The project team is meeting with system CPOs and the Finance and Planning Group to assess what needs to happen to get delivery back on track.

Integrated Quality, Performance and Finance Report (please provide summary of discussion for Board assurance)
N/A

Reports received, discussed and noted

Paul Renshaw presented the Director of Strategic Workforce Report to the committee with updates on:

Workforce Strategy and Planning
The first round of provider organisation self-assessments to inform the future 5-year system workforce numerical plan has not provided the level of information required to inform a detailed plan. A plan to re-engage with all system partners to complete a phase 2 process to obtain the workforce numerical analysis required is being developed and will be introduced to stakeholders in July. A revised deadline of November 2023 has been estimated to produce the 5-year numerical system workforce plan. This deadline timeframe will afford the optimum timescale to re-engage all sectors of the system and ensure an improved quality of organisational returns but the team is meeting again to see what can be done to get the timescales back on track.

Workforce Technology
Honiton District nursing team is to pilot the HoloLens digital technology in care home settings. This Microsoft headset technology will enable care home workers to live stream images of patients to nurses in our hospitals to gain initial advice for any concerns they have instead of asking for a care home visit. A scaled-up approach to this technology has game changing potential for workforce transformation in our community settings especially in the work to move care from some NHS colleagues to social care colleagues. Paul Renshaw is meeting with Naomi Chapman, ICB Chief Nursing Officer, during July to explore what can be done at scale and pace in this area with the primary aim of ensuring that safety is enhanced.

One Devon Bank
The workforce team remains on track for all nursing and support worker banks across all NHS providers to be outsourced and operated as one bank by NHSP by the end of the financial year. This will drive significant agency savings which have already been included in operational plans and will mean that the Devon system will be the first in the country to operate this way with NHSP.

Digital Vanguard
Devon is likely to be awarded vanguard status for scaling up and digitising NHS People/ HR services. Paul Renshaw and Hannah Foster (CPO at the Royal Devon University Healthcare Foundation Trust are contributing significantly to the national work. Detail is awaited on exactly what vanguard status will give Devon in practical terms, but the work will be focused on joining up and improving the user interface for all our people IT systems, which will create significant costs savings in 2024/25 onwards.

Workforce productivity and efficiency update (year to date data)

Absence March 2023: 5.2% Devon 4.8% Southwest

Substantive Workforce spend/Bank and Agency

	Plan YTD £/000	Actual YTD	Variance	M12 plan
Agency	£28,034	£54,352	+£26,318	£28,034
Substantive	£1,380,086	£1,512,513	+£6,074	£1,380,086
Bank	£73,988	£93,309	+£19,321	£73,988

Agency Spend:
As a % of the total pay bill for March 2023 – Devon 3.3%, Southwest 5.10%

Agency Spend April 2022 to March 2023

Organisation	YTD £/000		
	Plan	Actual	Variance Fav / (Adv)
Royal Devon University NHS FT	13932	25271	11339
University Hospitals Plymouth Trust	1010	4555	3545
Torbay and South Devon NHS FT	7421	14513	7092
Devon Partnership Trust	5671	10013	4342
Total	**28034**	**54352**	**26318**

Learning and Education Strategy
Jess Piper, Associate Director of Education, Workforce Development for Torbay and South Devon, presented the draft Learning and Education Strategy to the group. The group was informed of the aspirations of the strategy and the key outputs that have been agreed with the wider stakeholders.

The People and Culture Committee was advised that the Executive Workforce group had signed off the Learning and Education strategy with a few minor adjustments to be made. The People and Culture Committee agreed it was supportive of the strategy and would like to see the final version in September before this goes to the ICB Board in October.

Committee decisions

The People and Culture Committee was supportive of the Learning and Education Strategy and requested for the final version to be brought to the next People and Culture Committee in September before going to the Board meeting in October for final sign off.

Escalation to the Board – for information
N/A

Escalation to the Board – for action
N/A

Recommendations for the board
N/A

Recommendations for other committees
N/A

Terms of reference or other committee effectiveness issues
N/A

Management of conflict of interests:

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NHS Devon

Integrated Care Board Meeting - Action Log						
Action Number	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**OPEN/CLOSED**
26	21.12.22	The Devon Audit Chairs' forum to hold a risk review workshop and feed back to the board, via the Audit committee Chairs report	Feb-23	Graham Clarke Ann Cooper	05.04.23 - Remains on hold and will form part of the governance review 15.03.23 - Remains on hold 31.01.23 - On hold whilst exploring partnership working arrangements 05.01.23 - Dates are being reviewed for the workshop	**In progress**
29	15.02.23	Include a SEND update on the Board forward planner for review	Mar-23	Darryn Allcorn	03.03.23 - Added to forward planner to be brought back to the Board in October	**In progress**
31		Accountability framework Standard Operating Procedure to the included on the forward planner	Mar-23	Darryn Allcorn Ann Cooper	03.03.23 - Added to forward planner to be brought back to the Board, the work will form part of the governance review.	**In progress**
35		Development session in April to cover the Advisory Committee on Resource Allocation (ACRA) formula and the way it works	Apr-23	Ann Cooper	17.04.23 - Did not fit with the development day agenda, this work will be considered as part of the governance review. 05.04.23 - Included in the preparation for the development day, request to close	**In progress**
36		Discharge funding evaluation to be presented at a future meeting of the Board.	TBC	Anthony Fitzgerald	11.04.23 - Confirmed at SET this will not be ready for submission in May. 05.04.23 - Included on the agenda for the May meeting, request to close	**In progress**
37	03.05.23	Chief Delivery Officer to review the orthopedic pathway and barriers to an efficient, cost effective and user-friendly pathway. Review of specialist physiotherapist pathway to be brought back to a future Board Meeting	Jul-23	Anthony Fitzgerald		**In progress**
38		Cost of Living Fund report be shared from One Devon Partnership Chair when available	Jul-23	James McInnes		**In progress**
39		Provide an update of the progression of the IQPR to include further metrics such as health inequalities	Jun-23	Anthony Fitzgerald/Nigel Acheson		**In progress**
40		A report be made to a future meeting of the Board in respect of the health inequalities being experienced by patients on waiting lists	Jun-23	Anthony Fitzgerald		**In progress**
41		The Board to be updated on progress of engagement at the Never Event group via the Quality & Patient Experience Committee	Jun-23	Hisham Khalil		**In progress**
42		Standing item to be included on the Board agenda to provide assurance around the recovery position	Jun-23	Jodie Howland	This standing item has been added to the forward planner with the first report being presented to the Board in August.	**In progress**