



#healthyplym

**Oversight and Governance**

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## HEALTH AND WELLBEING BOARD

Thursday 12 September 2024  
10.00 am  
Warspite Room, Council House

**Members:**

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

**Statutory Co-opted Members:**

Strategic Director for Adults, Health and Communities, Director of Children's Services,  
Director of Public Health, NHS Devon ICB, and Healthwatch.

**Non-Statutory Members:**

Livewell SW, University Hospitals Plymouth NHS Trust, and the Voluntary and Community Sector.

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

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**Tracey Lee**

Chief Executive

## **Health and Wellbeing Board**

### **1. Apologies**

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

### **2. Declarations of Interest**

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

### **3. Chairs urgent business**

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

### **4. Minutes**

**(Pages 1 - 8)**

To confirm the minutes of the meeting held on 24 July 2024.

### **5. Peninsula Acute Sustainability Programme (PASP) Draft Case for Change:**

**(Pages 9 - 22)**

### **6. Healthwatch Annual & Highlight Reports:**

**(Pages 23 - 86)**

### **7. NHS Devon Update:**

**(Pages 87 - 90)**

### **8. Tracking Decisions**

**(Pages 91 - 92)**

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

### **9. Work Programme**

**(Pages 93 - 94)**

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

## Health and Wellbeing Board

**Wednesday 24 July 2024**

### **PRESENT:**

Councillor Aspinall, in the Chair.

Councillor Ms Watkin, Vice Chair.

Councillors Dann (Substitute for Councillor Laing), and P.Nicholson.

Co-opted Representatives: Tony Gravett (Healthwatch), Ruth Harrell (Director of Public Health), Mark Collings (Strategic Commissioning Manager - Substitute for Gary Walbridge), Nicola Jones (NHS Devon ICB – Substitute for Chris Morley), Amanda Nash (UHP) – Substitute for Mark Hackett), Temilola Salimon (Service Director CYPFS – Substitute for David Haley), and Geoff Baines (Livewell SW – Substitute for Michelle Thomas).

Apologies for absence: Councillor Laing, Gary Walbridge (Interim Strategic Director for Adults, Health and Communities), Chris Morley (NHS Devon ICB), Mark Hackett (UHP), David Haley (Director of Children's Services), Matt Garrett (Service Director, Community Connections), Michelle Thomas (Livewell SW), Robert Fern (UoP), and Rob Smith (Improving Lives, Plymouth).

Also in attendance: Vivek Soni (Deputy Chief Pharmacist, UHP), Kandarp Thakkar (Chief Pharmacist, UHP), Kamal Patel (Consultant, Public Health), Julie Frier (Consultant, Public Health), Dave Schwartz (Consultant, Public Health), Matt Bell (VCSE Rep.), Karen Button (NHS Devon ICB), Terri Beer (Councillor), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 2.03 pm and finished at 4.25 pm.

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

1. **Declarations of Interest**

There were no declarations of interest made by Board members.

2. **Chairs Urgent Business**

The Chair, Councillor Mary Aspinall, welcomed new Board members and substitutes to the meeting, and congratulated Councillor Kathy Watkin on her appointment to Vice-Chair.

3. **Minutes**

The Board agreed the minutes of 07 March 2024 as a correct record.

4. **University Hospitals Plymouth (UHP) Pharmacy Update**

*(Councillor Nicholson arrived for the start of this item)*

Vivek Soni (Deputy Chief Pharmacist, UHP) and Kandarp Thakkar (Chief Pharmacist, UHP) presented the UHP Pharmacy Update to the Board and discussed:

- a) The change of outpatient pharmacy service at University Hospitals Plymouth (UHP) from Lloyds to Boots pharmacy;
- b) Challenges faced by the previous provider in meeting the changing needs of patients and the organisation;
- c) The limited capacity of the pharmacy's previous location, and challenges meeting demand;
- d) The decision to re-tender the pharmacy contract upon expiry of the existing contract;
- e) Benefits of the newly commissioned service including a new, larger location, ability to collect non-urgent prescriptions from community Boots pharmacies, a courier service, an electronic encrypted prescription system, an enhanced retail offering, and expanded hours of opening including a Saturday service;
- f) Mitigating measures to ensure accessibility including priority parking spaces at the front door, disabled parking within the multi-storey car park, a mobility shuttle, more seating and a larger waiting-area, prescription tracking software and displays, and a text messaging service;
- g) Recognition of a challenging start to the new contract, and a poor resulting experience for customers;
- h) Issues at the beginning of the new contract had included the changeover of some staff, unfulfilled prescriptions, critical IT and network failures at the Trust, medication stock shortages, issues with the text service, and issues with effectively communicating new systems of practise to medical professionals and the public;
- i) Cooperative work conducted between Boots and the Trust to overcome these start-up challenges had resulted in improved signage, the re-design of the waiting area, additional staff appointments, temporary re-allocation of staff expertise, the addition of extra community stores for collection, and improvements to the electronic prescription service;
- j) Current performance of the outpatient pharmacy was good, and the majority of teething problems had been resolved. Prescription fulfilment had increased, waiting times had reduced, and no patient complaints had been received in June 2024;

- k) A patient experience survey would be launched at the end of the first quarter.

In response to questions, the Board discussed:

- l) National medication shortages and supply chain fragility requiring informed forward planning;
- m) Hours of opening would be reviewed based on demand;
- n) Healthwatch patient experience feedback had improved, with no complaints received since April 2024;
- o) Recognition of challenges faced by community pharmacy across the country;
- p) Around 50% of prescriptions were collected close to home. There was no evidence that community pharmacies received an unworkable burden from the devolution of these prescriptions and there were systems in place to track and monitor demand;
- q) A positive trend in pharmacy performance and patient experience since the commencement of the new contract.

The Committee agreed:

1. To request further information from NHS Devon to clarify if community pharmacy performance was shared with the UHP Outpatient Pharmacy, to monitor the impact of devolving prescriptions;
2. To thank Vivek Soni and Kandarp Thakkar for their attendance today and for the work undertaken to improve UHP Outpatient Pharmacy performance;
3. To note the report.

5. **NHS Devon Update**

Nicola Jones (NHS Devon ICB) delivered the NHS Devon ICB Update to the Board, and discussed:

- a) Changes to Key Officer Posts including the retirement of Dr Nigel Acheson as Chief Medical Officer (NHS Devon ICB) and upcoming appointment of Dr Peter Collins to the role;
- b) Performance of the I I I service;
- c) Covid-19, including a new vaccination campaign;
- d) The commencement of a Devon Perinatal Pelvic Health Service;
- e) The extension of the Falls Management Exercise Programme;

- f) Re-procurement of Hospital Discharge Support Service;
- g) Continuing multi-agency efforts to improve access to dentistry, and upcoming revalidation of the waiting list;
- h) General Practice availability and accessibility;
- i) UHP's One Plan to improve urgent and emergency care;
- j) Digital inclusion and accessibility;
- k) The UHP Newsletter and communications.

The Board agreed to:

- 1. Request that NHS Devon provide further clarification regarding the recommencement of NHS Dentistry check-ups post Covid;
- 2. Request further information regarding the NHS Devon financial position;
- 3. Request further information regarding admissions to ED due to challenges accessing GP services;
- 4. Note the report.

6. **Annual Health Protection Assurance Report for the Health and Wellbeing Boards of Cornwall and the Isles of Scilly Councils, Devon County Council, Plymouth City Council, and Torbay Council 2022-23**

Julie Frier (Consultant, Public Health) delivered the DCIOS Annual Health Protection and Assurance Report 2022-23 to the board and discussed:

- a) Good practise and learning opportunities from the Covid Pandemic, including community outreach work, screening and immunisation programmes and infection prevention control activity;
- b) The benefits of the Devon Joint Forward Plan containing a section on Health Protection, which was not standard across other Integrated Care Systems;
- c) Ongoing assurance activities including preparation for winter planning;
- d) The role of the Community Infection Management Service, and its ongoing benefits post Covid;
- e) Vaccination and immunisation uptake promotion programmes.

In response to questions, the Board discussed:

- f) Targeted vaccination campaigns, outreach and support within Care Homes and vulnerable groups such as Looked After Children;
- g) The value and effectiveness of preventative action and the Public Health Agenda in minimising long term health conditions and acuity of illness.

The Board agreed to note the report.

7. **Plymouth Drugs Strategy Partnership Annual Report 2024**

Kamal Patel (Consultant, Public Health) delivered the Plymouth Drugs Strategy Partnership Annual Report 2024 to the Board, and discussed:

- a) Common risk factors and lived experiences of those engaging with drug and alcohol services;
- b) The role of the national drugs strategy 'From Harm to Hope';
- c) Funding and programme delivery through the Plymouth Complex Lives Alliance;
- d) The interconnected benefits and cost efficiency of drug and alcohol services for homelessness, employment, crime, drug supply, antisocial behaviour, equalities, and other factors;
- e) Unique drug use patterns and demographics for Plymouth;
- f) A significant increase in the demand for these services during 2023;
- g) Drug related deaths and national comparators;
- h) Workforce training and recruitment, including the introduction of the Rapid Access to Prescribing Team and Overdose Response Team;
- i) The optimisation of Opiate substitution doses;
- j) Increased capacity enabled through grant funding, which was now expected to remain stable following three yearly incremental increases;
- k) The development of the Local Drug Information System to facilitate reporting and intelligence dissemination of contaminated / dangerously higher potency drug batches;
- l) The establishment of a partnership with Bath University to rapidly test drug samples;
- m) The improvement of Naloxone distribution around the city, which was vital in the event of drug overdoses;

- n) The development of the 'Avoidable Deaths Approach' to facilitate learning and improvements from drug and alcohol related deaths;
- o) Improvements to the referral process for drug and alcohol services.

In response to questions, the Board discussed:

- p) Links between city-wide work to reduce inequalities, the 'trauma informed approach', mental health support, early support and intervention, and prevention of drug use;
- q) Generational drug use and Plymouth's demographics;
- r) Grant funding for Drug and Alcohol services, and risks regarding long-term sustainability;

The Board agreed to note the report.

#### 8. **Vaping Working Group, Update**

*(Councillor Terri Beer joined the meeting at this time as a guest (non-voting), having referred the motion 'Impact of Vaping on Young People' to City Council on 18 September 2023.)*

Dave Schwartz (Consultant, Public Health) delivered the Vaping Working Group Update Report to the Board and discussed:

- a) The origins of the Vaping Working Group, and concerns around the increasing prevalence of vaping amongst Children and Young People (CYP);
- b) The attendance and contribution of a wide range of City partners, which was held on 23 May 2024;
- c) Recognition of significant and varied partnership activity and support for vaping prevention and responses;
- d) A survey conducted of secondary schools in Plymouth had been received following the Vaping Working Group, with feedback valuing the advice and support provided around vaping issues;
- e) Confirmation in the Kings Speech, that the Tobacco and Vapes Bill would be an early priority for the new Government, regulating the flavours, packaging, displaying and content of vaping products. Additional funding would also be provided to enforcement agencies to tackle underage sales and enhance online age verification.

In response to questions, the Board discussed:

- f) The environmental impact of disposable vapes;



- g) Partnership engagement with all secondary schools in Plymouth, which would be ongoing;
- h) The importance of a holistic approach to CYP vaping and support across the city;
- i) Additional funding which had enabled the provision of two full time youth workers in the city, primarily focussed on CYP vaping;
- j) The importance of early education, prevention messaging and support around vaping and substances controlled by the Misuse of Drugs Act;
- k) The unknown long-term effects of vaping and need for further studies and monitoring.

The Board agreed to:

- 1. Note the outcomes of the Vaping Working Group;
- 2. Endorse the actions as set out in appendix E of the report;
- 3. Support ongoing city-wide partnership working to prevent uptake, minimise harm, and respond supportively to the issue of CYP vaping;
- 4. Record their appreciation and thanks for the work of the Vaping Working Group and all partners who had contributed.

9. **Tracking Decisions**

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

10. **Work Programme**

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

- 1. Oral Health Improvement Update;
- 2. Health watch Annual Report.

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# Health and Wellbeing Board



Date of meeting:	12 September 2024
Title of Report:	<b>Peninsula Acute Sustainability Programme: Developing the Case for Change</b>
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Strategic Director for Health, Adults and Communities)
Author:	Liz Davenport
Contact Email:	Jenny.turner3@nhs.net
Your Reference:	Peninsula Acute Sustainability Programme (PASP)
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

This paper covers the following:

- Context and Background of the PASP programme
- The outputs from Phase 1
- Our plans for Phase 2
- A summary of the Case for Change
- How we would like to work with local populations during phase 2 to develop a case for change

We would like to take the opportunity to ask Members to:

- Endorse the approach we are taking on engaging with local people
- Support raising awareness locally and to encourage local people to take part in the engagement.

## Recommendations and Reasons

That the Health and Wellbeing Board endorses the approach on engaging with local people and supports raising awareness locally and to encourage local people to take part in the engagement.

## Alternative options considered and rejected

- I. NA

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

NA

## Implications for the Medium Term Financial Plan and Resource Implications:

NA

## Financial Risks

NA

**Carbon Footprint (Environmental) Implications:**

NA

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

\* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

[Click here to enter text.](#)

**Appendices**

\*Add rows as required to box below

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

**Background papers:**

\*Add rows as required to box below

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

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

**Sign off:**

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Gary Walbridge											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 08/07/2024											
Cabinet Member approval: Councillor Mary Aspinall											
Date approved: 08/07/2024											

## **Peninsula acute sustainability programme: Developing the case for change**

**Plymouth Health and Wellbeing Board**  
**12 September 2024**

**September 2024**

## 1. Introduction

This paper covers the following:

- Context and Background of the PASP programme
- The outputs from Phase 1
- Our plans for Phase 2
- A summary of the Case for Change
- How we plan to work with local populations during phase 2 to develop a case for Change.

We would like to take the opportunity to ask Members to:

- Endorse the approach we are taking on engaging with local people
- Support raising awareness locally and to encourage local people to take part in the engagement.

## 2. Context

NHS organisations in Devon, Cornwall and Isles of Scilly are working together on an ambitious plan to improve acute services for local people and staff. The Peninsula Acute Sustainability Programme (PASP) involves the four NHS acute trusts and the two NHS commissioning organisations in Devon, Cornwall and Isles of Scilly:

- Royal Cornwall Hospitals NHS Trust
- Royal Devon University Healthcare NHS Foundation Trust
- Torbay and South Devon NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- NHS Cornwall and Isles of Scilly
- NHS Devon

Across Devon, Cornwall and the Isles of Scilly, we want everyone to be able to:

- live happy and healthy lives
- have equal chances (ie the same opportunities as everyone else regardless of where they live or who they are)
- live well for as long as possible
- have independence
- have choice
- live free from harm.

We are focused on caring where it matters using the latest technology, the best clinical evidence and the latest research to provide the best outcomes and experiences for our people.

What we believe should be true:

- the care that can be provided at home, is provided there
- the care that can be provided in local communities, is provided there
- the care that can only be provided in an acute hospital setting, is provided there

- the care that is best provided in a specialist hospital setting or centre of excellence, is provided there

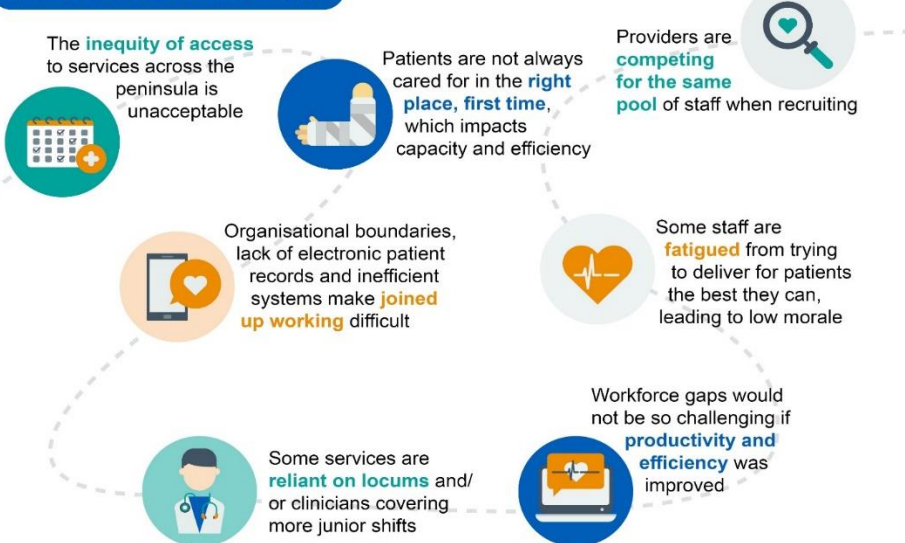
The Peninsula Acute Sustainability Programme aims to ensure **clinical, workforce and financial** sustainability of services at the five acute hospitals in Devon, Cornwall and Isles of Scilly. The primary role of the PASP is to **support service sustainability in the long-term** creating a sustainable platform for strategic service improvement, and the **recovery of fragile services in the medium term** but it also needs to be **aligned with any short-term tactical improvements** to ensure support for recovery of elective, UEC, cancer and diagnostic services and Devon’s exit from NOF4.

## What we already know, from what people have told us

### What people have told us



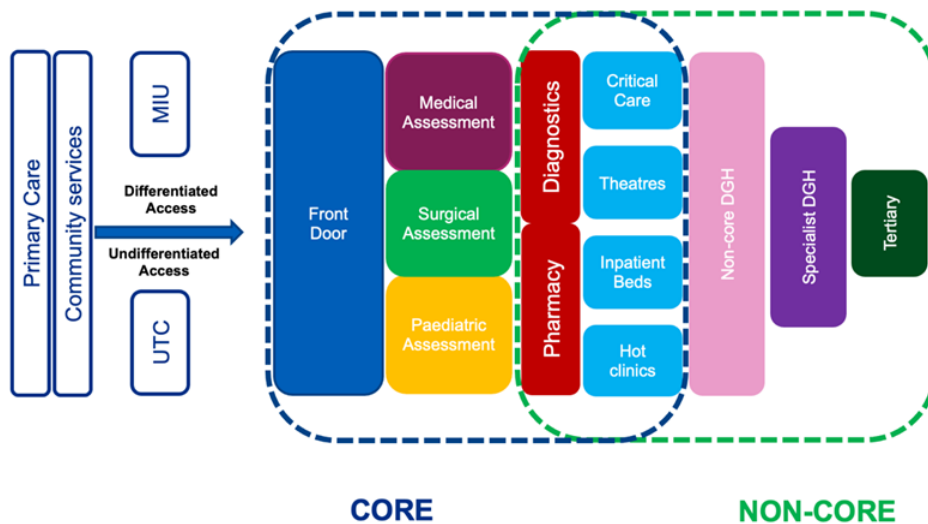
### What NHS staff have told us



### 3. Outputs of Phase 1 - November 2022 – December 2023

#### Starting hypothesis

The simplistic outline hypothesis that this programme started with was that through strengthening the assessment and diagnostic functions aligned to the hospital front door, there could be **different approaches to delivering the non-core services** that would start to address some of the significant workforce challenges facing the Peninsula.



#### What we did in phase 1

We held a series of focused workshops within paediatric, medical and surgical specialties which involved a wide range of clinicians across the interdependent specialties, subspecialty and clinical support services from across Devon, Cornwall and Isles of Scilly.

We adopted a consistent approach for the paediatric, medical and surgical assessment workshops with 3 phases: Prepare the ground; Agree the position; Develop proposals.

A series of core questions, co-produced with Chief Medical Officers were used to stimulate workshop discussions. There was a clear requirement to think innovatively about what could be different.

Robust demand, activity and workforce data was essential input to considering the impact of changes in the demographic and health profile and needs of the population of Devon, Cornwall and Isles of Scilly and the complementary impact on staff.

We commissioned Healthwatch in Devon, Plymouth and Torbay, in collaboration with Healthwatch Cornwall, to support us in developing an understanding of patients experiences of acute services in the Peninsula. This involvement happened in July 2023 and the report can be found here: <https://healthwatchdevon.co.uk/pas-report/>



## Key outputs from Phase 1

- A shared understand of the challenges faced delivering health services in acute settings across the peninsula
- A set of key messages from the clinical workshops for paediatrics, medical and surgical assessment (appendix 1).
- Feedback from patients and their families on their experience of using medical, paediatric and surgical acute services (appendix 2).
- An outline a possible direction of travel to transform acute service to ensure sustainability in the future.

## 4. Phase 2 January 2024 – January 2025

To meet the needs of the population of the Peninsula we need to consider transforming some services. Phase 2 will include:

1. Developing a detailed formal case for change in partnership with staff and local people
2. Undertaking some detailed modelling in conjunction with staff and patients to further explore possible ways to tackle our challenges.

## Developing a detailed formal case for change in partnership with staff and local people

### What is a case for change?

A case for change describes, in detail, the challenges facing services, our vision for the future and outlines some progress that we have already made towards achieving this vision. It does not describe any answers or what we want to do.

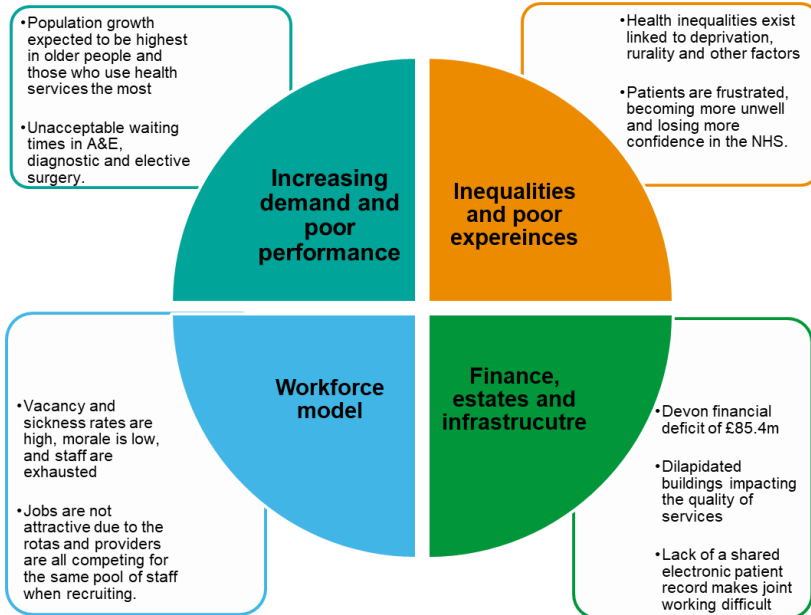
It is a **technical document** that uses data to evidence the need to change. It is required as part of the regulated transformation process outlined by NHS England.

Ensuring we have robust arrangements to involve staff, patients and the public in developing the Case for Change is vital to meeting our objectives and our statutory responsibilities.

### Summary of our case for change

- The five acute hospitals across the Peninsula are facing unprecedented challenges in delivering high quality and timely care to patients. Many of our challenges existed before Covid, the global pandemic has exacerbated an already challenging position.
- The NHS workforce are our biggest asset, but they are exhausted and burnt out from going above and beyond to deliver care for patients in processes that are not working for them.
- An older age profile and more rapid population growth coupled with the impacts of the Covid-19 pandemic and 'cost of living' crisis, are contributing to increased demand for health and care services.

- The greatest increased demand is for unplanned care and mental health services, with those living in disadvantaged communities and clinical vulnerability likely to be most severely impacted.



### Our vision for acute services

The Board of all five acute hospitals in the Peninsula have developed this shared vision for acute services in the Peninsula:

*To work together to deliver high quality, safe, sustainable and affordable hospital services as locally as possible.*

### What will our vision mean for everyone



## We've already made some progress

Across the Peninsula hospitals already work together supporting delivery of services. There are also organisations and teams working innovatively and collaboratively to successfully improving our performance as the examples below demonstrate:

One Devon Elective Pilot	Staff and Clinical Networks	Use of technology
<p>Using the Nightingale Hospital as a specialist centre for orthopaedic, ophthalmology and spinal surgical services to achieve four aims:</p> <ul style="list-style-type: none"> <li>• Maximise day case and High-Volume Low Complexity activity</li> <li>• Standardise patient pathways</li> <li>• Increase efficiencies in theatre utilisation</li> <li>• Develop ability to support cross site working</li> </ul>	<p>Hospitals across the Peninsula are working together in a networked way to provide care</p> <ul style="list-style-type: none"> <li>• Interventional Radiology rota</li> <li>• Urology</li> <li>• Cardiology</li> <li>• Trauma networks</li> <li>• Neonatal networks</li> <li>• ICU network</li> </ul> <p>Networks between RDUH North and East</p> <ul style="list-style-type: none"> <li>• Oncology</li> <li>• ENT</li> <li>• Acute medicine</li> <li>• Midwifery/obstetrics</li> <li>• Upper GI</li> </ul>	<p>Shared Picture Archive System (PACS) that enables radiologists to share images across all peninsula Trusts</p> <ul style="list-style-type: none"> <li>• Faster reporting, including overnight, without costly outsourcing.</li> <li>• Faster diagnostics</li> <li>• Faster time to treatment with results back to clinicians more quickly</li> </ul>

## Involving people in developing our Case for Change

We plan to launch a period of involvement with the people across Devon, Cornwall and the Isles of Scilly, in September, so that we can further develop our Case for Change.

Through the involvement, we hope to learn:

- How challenges impact local people when using hospital services
- Whether there are any other challenges people experience that we have not covered?
- What is important to people when they need to access hospital services
- Whether people have any ideas or thoughts on how we could tackle some of our challenges?

We plan to use a variety of involvement methods to ensure we hear from everyone, and so that everyone who wants to, has the opportunity to tell us what they think. The list below are some of our approaches, but is not exhaustive

- Survey (providing a consistent set of questions)
- Focus groups
- Attendance at meetings
- Market stall type events
- Targeted outreach with people who experience health inequalities

## 5. Our ask from Health and Wellbeing Boards

- Endorse the approach we are taking on involving local people
- Support raising awareness locally and to encourage local people to take part in the engagement.



## Appendices

### Appendix 1: Key messages from paediatric, medical and surgical assessment workshops

#### Paediatric assessment

- Many services are fragile, patient experience is worsening, and staff are at risk of burnout
- We need to be brave, realistic, and honest and about the need for changes, recognising that these conversations won't always be easy
- Solutions must be clinically-driven, data-driven, affordable, and deliverable
- We need to break down organisational silos and create an environment that makes it easier to work together.
- We agreed that the level of demand for acute paediatric services is increasing. We need to explore how we can manage the demand differently, recognising the impact the increased demand is having on clinicians in terms of extra workload.
- We discussed how we can support parents and families to be confident to self care and be able to make the right choices when accessing care with the support of effective navigation.
- We recognised that parents want rapid access to expertise.
- We felt that we needed to support clinicians working with children and young people in the community to increase their confidence, skills and knowledge.
- We acknowledged that there was a role for digital in providing support to both clinicians and families whilst remembering that some people do not have access to technology
- We agreed that any emerging models of care needed to make the distinction between meeting urgent need and providing routine care.
- We noted that lots of families do not have access to their own transportation and public transport is poor, so we need to consider this in the planning for services. Otherwise, there will be an adverse impact on deprived communities.
- We recognised that they were opportunities for individuals to develop and increase their scope of practice and to improve the working lives of staff, recruitment and retention
- Do have opportunity to consolidate resource and rotas - consolidation gives more resilience.
- We outlined the risks of any potential scenarios particularly in relation to travel (staff and patients), managing demand, lack of alternative provision and capacity.

#### Medical Assessment

- Many services are fragile and face challenges with recruitment and retention
- We need to be brave, realistic, and honest and about the need for radical changes, recognising that these conversations won't always be easy and that maintaining trust and confidence is key

- We should focus on sharing resources, streamlining processes and working virtual wherever possible, we need to establish the right infrastructure around medical assessment with the same core offer.
- Improve patient care and access by treating people in the right place for their needs, which might not necessarily be their nearest hospital and could be provided by other services in the community
- We have a substantial cohort of frail patients with multiple needs who need a rounded assessment and plan in order to avoid the ED “revolving door”. We have an opportunity to develop a Peninsula approach.
- Create a service that people want to work in by rethinking roles, skills, and careers to entice new people and retain existing staff
- We need to develop a consistent and compassionate approach to addressing end-of-life care and give our workforce the skills & tools to manage this.
- Technology (including electronic patient records) has the potential to improve care, avoid duplication, and support people closer to home
- We agreed that we need to have a collective approach to managing risk with patients and their families.
- Break down organisational silos to make it easier to work together e.g. with standardised approaches, models and core competences, working as a system gives the opportunity to standardise pathways and break down silos
- Virtual Wards can result in a reduction in readmission. They need to be consistent across the Peninsula and supported by a single EPR.
- We need a more integrated approach towards psychological support for people with functional illness.
- We need to design a multidisciplinary workforce with the right skills and competencies with a focus on recruitment, retention and training to attractive roles with clear career paths
- The time spent managing the ‘back door’/discharge and supporting patients who are fit to go home is impacting on our ability to manage patients coming into ED and assessment units.
- Travel is significant for patients, families and staff, we will need to make sure that we mitigate the risk of increasing health inequalities if people have to travel further for care
- Diagnostics and Triage are fundamental for all sites

### Surgical Assessment

- A number of services are fragile, and several are in need of mutual aid – we need to address this
- Waiting lists are increasing for elective surgery and we have not addressed the backlog from pandemic
- Also need to consider the amount of activity we are purchasing from the independent sector
- Patient and staff experience is in decline.
- Too much surgical resource is allocated to out of hospital hours care where there are low volumes requiring surgery, compared to in-hours need with high volumes
- Referral to treatment times (RTT) are variable across different Trusts with some Trusts having pressures in areas where other do not. We need to look at the surgical capacity of the Peninsula as a whole to match demand against supply of surgical capacity
- Full implementation of GIRFT will not be enough to meet increasing demand: it’s more than population growth but about meeting the needs of a larger aging population with multiple co-morbidities

- Recruitment and retention are a challenge in some areas but on the whole acute general surgery workforce is not an issue
- Barriers need to be broken down to work more collaboratively as a system. Each organisation uses its skill mix differently – we need to understand what drives variation in our staffing models
- We should consider having a consistent approach to training across the region and more flexible training for some roles
- We need to improve flow: from diagnostics, through to discharge and social care
- We need to review how services can be organised – centralisation, networking, hub and spoke and the implications for other services of each model
- Reducing waste and inefficiencies is where some real gains could be made – for example improving our ability to see and treat (reducing revolving door patients), managing the worried well in the right place, having diagnostics at the front door (in ED)
- We need a single electronic system to support joined-up working
- Access to beds is the primary issue for general surgery – because we cannot discharge people and because medical patients are in surgical beds.
- We also need to ensure equitable access for all patients across the Peninsula
- There are good models for ambulatory general surgery

## Appendix 2: Feedback from patient and carer involvement about paediatric, medical and surgical services

### Paediatric services

Feedback was received from 37 patients and their families in paediatric settings. The focus was placed on their experiences of accessing urgent care for their child.

- 65% of experiences were reported as positive with the most common reasons being because of the staff treating their child, the quality and consistency of care and attention provided and timeliness in terms of moving through the hospital system.
- Experiences could have been improved by better communication to support continuity of care, more personalised care, reduced waiting times for assessment and medication, and better staffing levels.
- The responses revealed that the most important factor for families is good communication - (1) between the staff and the family, (2) between staff delivering the care and (3) between two or more services, (where care is being managed by more than one).
- Communication factors that parents felt were most important were:
  - Being involved in the treatment and care
  - Being kept informed
  - Being listened to
- Communication, quality of care and timely access to services were most important to parents when accessing children's hospital services with parents wanting to feel informed, heard and involved.

### Medical assessment

10 members of the public took part in three focus groups which allowed for direct discussions focused on what went well, what could have been better and what mattered most to them when accessing services.

- Experiences were overall positive, participants had high praise for NHS staff in the main and there was much recognition that some go above and beyond in their delivery of care.
- There was recognition across the groups for the caring staff working in the NHS. However, there was also a sense from what people had observed that some staff did not feel confident or that tasks were not within their remit, and that staff need to feel empowered to make choices to ensure patients are well cared for.
- It was also evident from the discussions that there is a level of variability in staff and the quality of care provided across the NHS, but there were several comments from participants pertaining to the whole service being underfunded and staff being overworked and the impact this had on waiting times
- People felt that their experiences could have been improved by better access for people with physical disabilities, better communication and easier navigation of a complex system (including 111 and 999 call handling)
- Being treated with dignity and respect was most important to people – to be listened to and heard.
- Personalised care, recognising and meeting the individual needs of patients, was also important along with the need for this information to be communicated between staff.
- People wanted services to be more joined up and services to share information to improve continuity for the patient.
- People also said that waiting times and being seen quickly and having easy access to services were important.

### Surgical services

- People on waiting lists were invited to focus groups to find out how elective care waiting lists have impacted patients and how people would like these waiting lists to be addressed.
- Eight virtual focus groups were held between March 2022 and April 2022 with a total of 39 patients attending.
- Focus groups were facilitated and the report produced by Healthwatch Devon, Plymouth and Torbay
- Key Findings – a snapshot:
  - Waiting for elective treatment has a significant impact on participants' physical and mental health. Worsening pain and discomfort has a knock-on effect on sleep, ability to work or provide care, and quality of life. The uncertainty caused by cancelled appointments causes stress and anxiety. Participants felt that better communication about waiting times was needed and would reduce anxiety and uncertainty.
  - Participants were overwhelmingly in favour of addressing waiting times as quickly as possible wherever possible, rather than waiting for a Devon-wide solution.
  - Participants saw the benefits of moving elective care to a dedicated facility shared between Trusts, however, there were concerns about patients being required to travel longer distances, and the length of time it may take this solution to be enacted. Participants agreed that a combined approach would be beneficial to suit the needs of different areas, e.g. urban vs rural, and the needs of patients who may require more complex treatment.
  - When deciding where to have treatment, the three most important considerations for participants were the speed at which they could be seen, who would be providing their treatment, and distance from home.

## Survey and Social Media feedback

Feedback from 240 NHS survey responses and 39 comments on social media

- The survey consisted of three questions. The questions asked were open-ended and the findings are summarised themes and trends identified from the responses.
- More than half of the responses to the survey mention waiting times – largely in a negative way. There were lots of comments about being in ambulance queues outside hospitals or in the ED waiting room for hours with many of these mentioning a lack of effective communication.
- There were however many positive comments about staff attitude and capability, particularly ambulance staff.
- There were comments from people who felt the environment was cramped and unhygienic in ED waiting rooms and a few comments about food
- The consensus from respondents seems to be that once people were seen the care was good – but the waiting times are not good at all, with a few respondents suggesting they thought this led to them getting more unwell.
- Many respondents see the primary challenge for the NHS as a systems failure, mentioning issues such as bed blocking, underfunding by Government, and problematic social care structures resulting in discharge delays. People also highlight the lack of GP appointments and the impact of people misusing the system.
- The majority of respondents, when asked about the impact of the challenges faced by the NHS, highlighted the emotional impact of using urgent NHS hospital services and a lack of faith/trust in the system after their visit. Lots of respondents cited issues with waiting times both before and during their visit.
- The general feeling of social media comments was much more positive than negative with many people reporting good urgent care experiences – particularly with staff and treatment – however, some did cite having issues with waiting times.



# The value of listening

Healthwatch in Devon,  
Plymouth and Torbay  
**Annual Report 2023–2024**



**healthwatch**  
in Devon, Plymouth and Torbay

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**"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."**

Louise Ansari, Chief Executive at Healthwatch England



# Message from our Chair

## “Welcome to our 2023–24 Healthwatch Annual Report.

This report describes the wide range of engagement, representation and impact undertaken by Healthwatch in Devon, Plymouth and Torbay over the past year – a particularly challenging one for health and care services dealing with issues such as a waiting list backlog and industrial action. It is a testament to the hard work and commitment by Healthwatch volunteers and staff and highlights the importance of listening to patients’ voices.

Healthwatch continues to play a vital role in gathering information and feedback on services in order to capture what is working well and what may need to be improved. We further recognise the potential of true co-design and co-delivery of services alongside our diverse communities. We have worked closely with our local voluntary, community and statutory partners to ensure that residents’ voices, including the most vulnerable and marginalised, is considered in service design by our commissioners.

The 2022 Health and Care Act has been such a key change that is impacting all aspects of the way health and social care is delivered locally. It introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services, building on earlier recommendations by NHS England and NHS Improvement.

The main purpose of the Health and Care Act is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients. Among a wide range of other measures, the Act also includes targeted changes to public health, social care and the oversight of quality and safety.

This year was also the first full year working with our new integrated care board (ICB), following their transition from NHS Devon Clinical Commissioning Group (CCG) in July 2022. A difficult year for all of us to work through, as NHS England moved the ICB and its member trusts into the ‘recovery support programme’ – formerly known as special measures. We continue to play a vital role in gathering information and feedback on services as we support NHS Devon ICB’s journey of recovery.

With these key changes to healthcare affecting us all, we therefore welcome the progress made by ‘One Devon’, our Integrated Care System, and much appreciate the openness of its officers and system leads. Our common objective is the wellbeing of our communities.

Relationships between local organisations are consequently robust, and we look forward to our partnerships continuing and strengthening.”



**“I would like to thank all those that have supported Healthwatch in our mission to monitor and improve health and social care, particularly members of the public from our local communities. It is very important continue to feedback on the services they use so that we can all make a real difference.”**

**Dr Kevin Dixon**  
**Chair of Healthwatch in Devon, Plymouth & Torbay**



# Our Mission

## Healthwatch in Devon, Plymouth and Torbay is your local health and social care champion.

We're here to speak up for the 1.2 million people in Devon, Plymouth and Torbay, making sure NHS leaders and other decision makers hear their voices and use their feedback to improve care. We can also help them find reliable, trustworthy information and advice.

We offer dedicated walk-in centres in Torbay and Plymouth, and in wider Devon 'Healthwatch Champions' are located at Citizens Advice offices based throughout the county to carry out Healthwatch core functions. Healthwatch Champions have offices based in East Devon, North & West Devon, Exeter, South Hams, Torridge & Mid Devon and Teignbridge.

### Our vision

A world where we can all get the health and care we need.



### Our mission

To make sure people's experiences help make health and care better.



### Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



# Who we are

## Why do we exist?

Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Healthwatch exist on a national and local level, working towards the same goal of enabling people to have a voice about their health and social care systems.

## Healthwatch England

Healthwatch England (HWE) are a statutory committee of the independent regulator the Care Quality Commission (CQC). Their main statutory functions are to:



- Provide leadership, guidance, support and advice to local Healthwatch organisations.
- Escalate concerns about health and social care services which have been raised by local Healthwatch to CQC. CQC are required to respond to advice from the Healthwatch England Committee.
- Provide advice to the Secretary of State for Health and Social Care, NHS England and English local authorities, especially where we are of the view that the quality of services provided are not adequate. Bodies to whom advice is given are required to respond in writing. The Secretary of State for Health and Social Care is also required to consult Healthwatch England on the NHS mandate, which sets the objectives for the NHS.

## Local Healthwatch

There are 152 local Healthwatch set up across each local authority in England. Their main statutory functions are to:

- Obtain the views of people about their needs and experience of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- Make reports and make recommendations about how those services could or should be improved.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing health and social care services and the options available to them.
- Make the views and experiences of people known to Healthwatch England, helping us to carry out our role as national champion.
- Make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.

## One Healthwatch

Healthwatch England and local Healthwatch work together to share information, expertise and learning to improve health and social care services in England.

# How it works locally

## How it works in Devon, Plymouth and Torbay

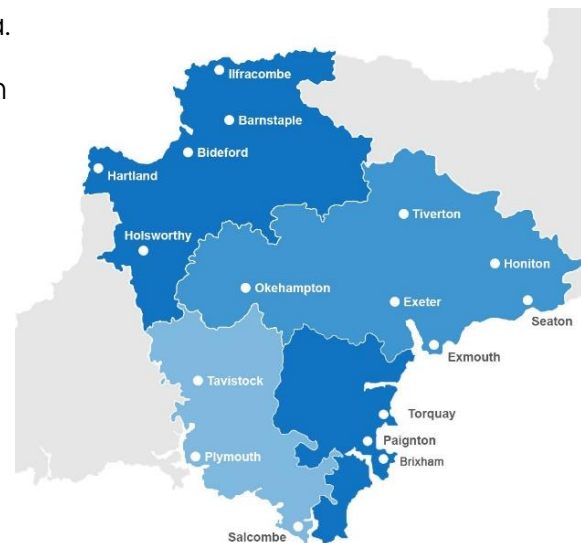
Devon County Council, Plymouth City Council and Torbay Council jointly commission local Healthwatch in Devon, Plymouth and Torbay. Although these three services are jointly commissioned, each local authority area retains the distinct identities of their own local Healthwatch.

Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay are delivered by a collaborative partnership of Colebrook (SW) Ltd, Engaging Communities South West and Citizens Advice Devon.

The partnership provides the vision, infrastructure, staffing and overall governance, ensuring delivery of the contract as the hosted organisation. As Healthwatch Devon, Plymouth and Torbay are independent services driven by local people, independent steering groups – led by local lay people – have been set up, alongside a Healthwatch Assist Network.

The role of each steering group is to support the delivery of its local workplan, priorities and statutory functions, working in partnership with the staff team to create a successful local Healthwatch to deliver the vision for the service. Our Steering Groups meet quarterly and use local insight to decide on engagement priorities for their area.

Our staff work in key specific areas to ensure the Healthwatch in Devon, Plymouth and Torbay service delivers its workplan, meets its statutory functions and achieves its set targets.



**healthwatch**  
in Devon, Plymouth and Torbay

### Who funds us?

The Department of Health and Social Care (DHSC) fund the work of Healthwatch nationally. DHSC gives money to local councils so they can commission an effective independent local Healthwatch service.

This money is essential to ensuring each local Healthwatch has the resources to provide a high-quality service for you. Although local Healthwatch are funded by and accountable to local authorities, they are completely independent.

# Year in Review

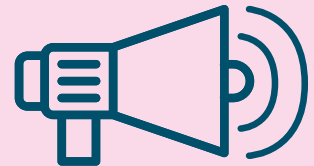
## Reaching out:

**3395 people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**620 people**

came to us for clear advice and information about topics such as dental services and GP appointments.



## Making a difference to care:

We published

**10 reports**

about the improvements people would like to see in health and social care services.

Our most popular report was

**Emergency Departments in Devon**

which highlighted the experiences of **over 500** people.



## Health and social care that works for you:

We're lucky to have

**26**

outstanding volunteers who gave up their valuable time to make care better for our community.

We're funded by our local authority. In 2023 - 24 we received

**£560,000**

which is the same as the previous year.

We currently employ

**15 staff**

who help us carry out our work.

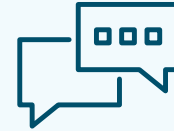


# Some of the ways we've made a difference this year

Spring



We collected feedback from men of all ages who access healthcare services in Torbay and South Devon, to help Health Trusts understand what matters to men and how they can be better informed about their health and wellbeing.



We facilitated a series of focus groups to enable them to find out about people's experiences of acute medical services across Devon, Cornwall and Isles of Scilly – including what went well and what could have been better.

Summer



We visited Emergency Departments across Devon's four Acute Hospital sites to speak to over 500 patients to better understand what informed and influenced their decision to attend the emergency department that day.



We ran a social media campaign and online survey to find out if the cost of living was having an impact on people in Devon, Plymouth and Torbay and if so, in what way.

Autumn



We gathered feedback on what patients and their relatives have told us about their experiences of pharmacy services and shared a report of these findings with NHS stakeholders in Devon and made key recommendations for them.



We shared experiences relating to difficulties accessing dental services with Adult Social Care and Health Overview and Scrutiny Boards, NHS Leaders in Devon to produce joint communications to raise awareness of and promote access to dental provision.

Winter



We gathered feedback from 224 people on the impact of providing unpaid care at home on Carers' wellbeing and feelings of isolation. The information gathered will be used anonymously to help us and Carers groups in Devon, Plymouth and Torbay.



We co-designed research to get feedback on issues relating to accessibility, lack of public transport, inadequate signage, written communications and visual impairment related to the new Royal Eye Infirmary building in Plymouth.



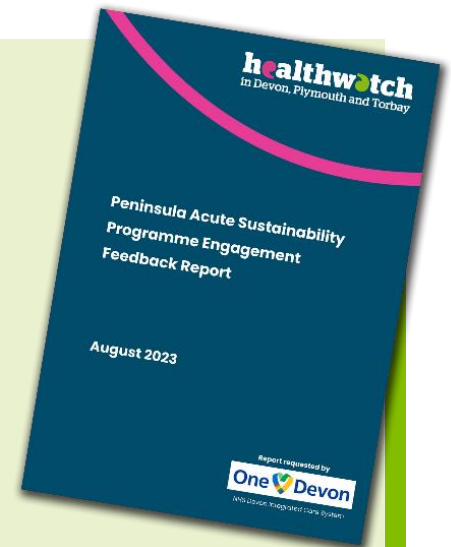
# Your voice heard at a wider level

We collaborate with other local Healthwatch to ensure the experiences of people in Devon, Plymouth and Torbay influence decisions made about services at Integrated Care System level across the South West region. This year we've worked with Healthwatch across the South West to find out more about people's experiences of acute medical services.

As part of a Peninsula wide (Devon, Cornwall and Isles of Scilly) NHS Acute Sustainability Programme, the NHS are looking at ways to improve the way that acute hospital services are delivered.

To help them to do this, NHS Devon asked Healthwatch in Devon, Plymouth and Torbay (HWDPT) to facilitate a series of focus groups to enable them to find out about people's experiences of acute medical services across Devon, Cornwall and Isles of Scilly – including what went well and what could have been better. At the same time, NHS leaders in Devon, Cornwall and Isles of Scilly listened to the experiences and ideas of ten patients and family members through a series of online focus groups and ran a peninsular wide online survey and reached out for feedback through social media.

The collective feedback of 335 people was anonymized, independently analysed and collated by us at Healthwatch to form the body of our detailed consultation report. The key findings of which were then reported back to the NHS in Devon, Cornwall and Isles of Scilly.



*"NHS Devon and NHS Cornwall and the Isles of Scilly would like to thank Healthwatch in Devon, Plymouth and Torbay and Healthwatch Cornwall for their commitment, support, and flexibility to such an important piece of involvement and producing such valuable insight through this report...*

*The depth and quality of the feedback shows that by taking a system approach with the blend of involvement approaches through the focus groups, individual conversations, the online survey, and social media campaign, we were able to get a wide and diverse range of views.*

*The feedback contained within the report will influence our early discussions on how we can improve the way acute hospital services are delivered in the future. As this work progresses there will be further opportunities for involvement and for the people of Devon, Cornwall and Isles of Scilly to be able to share their experiences.*

**Statement from Devon Integrated Care System**



## Listening to your experiences

Services can't make improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

### Reading our Annual Report Online?

If you click this image on the right within this report it will take you directly to the corresponding report on our websites.



## Emergency Departments in Devon

**In the Spring of 2023 we were commissioned by NHS Devon to visit Emergency Departments (EDs) across Devon's four Acute Hospital sites to speak to patients to better understand what informed and influenced their decision to attend the Emergency Department (ED). 511 people conversed with us during 34 visits at various times and days, which included daytime, evenings and weekends.**

This work follows an initial piece of engagement work with people attending EDs in Devon undertaken in 2021 that started NHS Devon's look into patients journeys. A brief summary of themes gathered from patients by us and included in the final report we produced are below:

- **Awareness** – patients had very high levels of awareness of the other NHS services available.
- **GP services** – many patients indicated they would have preferred to be seen by their GP rather than ED but were unable to book an appointment.
- **Multiple services** – the majority of patients tried to access their GP first before being referred to ED by other services such as NHS 111 or MIU/UTC.
- **Emergency Departments** – the majority of patients felt that ED was the correct choice for their treatment.
- **NHS 111** – the majority of patients that used NHS 111 were referred to ED.
- **Delays** – there was no clear indication that the delays in waiting times for ongoing treatment or surgery is significantly impacting ED numbers.
- **Minor Injury Unit /Urgent Treatment Centre** – more than half of those accessing a Minor Injuries Unit (MIU) or Urgent Treatment Centre (UTC) were referred to ED because the services needed were not available in the community (e.g. CT scan, x-ray, blood tests, etc.).
- **Location** – the majority of patients accessed the ED closest to their home.
- **Access** – some patients highlighted the issues of accessing services, and ED, in rural areas.
- **Information screens** – there is evidence to suggest inconsistent information in EDs about other services and waiting times between sites.
- **Waiting Rooms** – waiting rooms appeared busier due to large numbers of those accompanying the patient (e.g. relatives, children, friends).

Following the report's release, we were asked to jointly present its findings with NHS Devon at the South West Clinical Senate Conference in Exeter. **Ajike Alli Ameh, Head of the South West Clinical Senate thanked us for our presentation, saying:**

*"On behalf of the South West Clinical Senate, I write to thank you for taking time out of your busy schedule to speak at our Senate Assembly conference "Reimagining the NHS... the next 75 years". It is much appreciated and contributed to the success of the conference. Feedback received on the day was that the conference topic is timely and thought-provoking particularly, given the challenges and pressures faced by the NHS over the last couple of years."*



### What difference did this make?

NHS Devon welcomed the findings of the report and shared it with our trusts and Urgent and Emergency Care Boards. The report has also been presented at the NHS Devon Primary Care Commissioning Committee and the South West Clinical Senate to help them to make the best possible decisions about health and care provision in the South West.



## Patient Experiences of Pharmacy Services

Following a report released by Healthwatch England earlier in the year which found that people are experiencing serious issues when trying to get their repeat prescriptions, we decided to perform a deeper dive into the Devon area to find out more.

We gathered feedback on what patients and their relatives have told us about their experiences of pharmacy services and shared a report of these findings with NHS stakeholders in Devon and made key recommendations for them.

Our report on Patient Experiences of Pharmacy Services, detailed a total of 141 experiences about Pharmacy Services across Devon, Plymouth and Torbay during an 18-month period. Issues raised by those surveyed include medication delays and supply problems that affect the prescription/repeat prescription service, patients not knowing when their medications are ready for collection, and phone calls going unanswered.

### What we did

We escalated your concerns and our recommendations around pharmacy services and particularly the potential effect on Community Pharmacy Services to NHS Devon, specifically to The Primary Care Commissioning Committee, Quality and Patient Experience Committee and to The System Quality & Performance Group. We have raised the same concerns with the Devon Local Pharmaceutical Committee at an online meeting. Additional discussions continue to take place with NHS England Southwest and NHS Devon around our concerns and actions that are taking place to mitigate some of the issues affecting patients described in this report.

109 experiences shared with us (77%) were negative in sentiment and of those 82 experiences (75%) recorded related to pharmacy services in Plymouth. This prompted us to make a recommendation for University Hospital Plymouth NHS Trust to work with Healthwatch Plymouth in monitoring patient experience feedback once proposed changes to the Outpatient Pharmacy service are fully implemented. **Devon Local Pharmaceutical Committee responded to the report by saying:**

*“Community Pharmacy Devon would like to thank Healthwatch Devon, Plymouth and Torbay for their commitment to ensuring patient experience in relation to pharmacy service is heard. The report highlights many of the issues faced by pharmacies across Devon and how they have a direct impact on patient’s experiences. Community Pharmacy Devon will review all recommendations made by the report and ensure that they are considered in full as part of processes for developing and improving pharmacy services, with the providers and the commissioners in Devon.”*

### What difference did this make?

Following the release of our report, University Hospital Plymouth NHS Trust concluded the procurement of a new outpatient Pharmacy and promised that by April 2024, they will have moved their outpatient pharmacy to a new on-site location that will be more than triple the size of the current premises. In February 2024 they announced a new community partnership with Boots to launch a bigger, modern, and welcoming new outpatient pharmacy in Spring 2024.

NHS Devon have said it will use the outputs of this report to directly inform the development of its Pharmacy strategy, which is currently in development, enabling them to show how the experiences of patients in Devon have been used to develop and improve services for patients.

Community Pharmacy Devon have said they will review all recommendations made by the report and ensure that they are considered in full as part of processes for developing and improving pharmacy services, with the providers and the commissioners in Devon.



## Experiences of Adult Social Care

The new duty on the Care Quality Commission (CQC) to assess local authorities' delivery of their Adult Social Care duties came into effect in April 2023. Healthwatch Torbay has been working closely with Torbay Council and Torbay and South Devon NHS Foundation Trust to ensure service user voices are heard and represented in their new Adult Social Care Strategy.

In addition to promoting a survey to Carers, members of the public, all the local members of the Healthwatch Assist Network and the wider Voluntary Sector network in Torbay, we organised six independent focus groups with 70 local residents who provided their feedback and experiences on the local Adult Social Care landscape, detailed in a full consultation report we produced.

The opportunity to be involved in this important work with Torbay Council provided valuable insight about people's experiences and knowledge. The flexibility in approach taken by Torbay Council has also enabled participants to engage in a meaningful way, ensuring that they have felt listened to. The Adult Social Care Strategy identified the following key aims:

- Helping people to live well and independently
- Helping people to regain their independence
- Helping people with care and support needs to live independently, safely, and with choice and control



### What difference did this make?

The report and our suggestions were used to further develop the Council's Adult Social Care strategy ensuring it was reflective of what people think is important and was approved by the Council in Autumn 2023.



*"I would like to thank Healthwatch for their support during the Torbay Council's consultation in relation to the Adult Social Care Strategy. Healthwatch were a great organisation to work with and pulled the events together in a very professional way and they added an element of independence to the process which the Council greatly appreciated. By working together in partnership, we were able to maximise the benefits of the client feedback we received for both health and social care. The work will be used to further develop the Council's Adult Social Care strategy ensuring it is reflective of what people think is important."*

**Cathy Williams – Strategic Lead for ASC Quality & Assurance in Torbay**

### Follow up consultation on digital information

Following this successful Adult Social Care consultation and our work championing digital inclusion in Torbay, we were invited to join a Torbay Adult Social Care Webpages workstream group with the aim of finding out what service users thought about the website.

We joined representatives from Torquay and South Devon NHS Foundation Trust, Torbay Council, Age UK the Torbay Community Helpline and users of the Torbay adult social care webpages. The group produced a survey and held two online focus groups with members of the public and one was face to face with local learning disabilities ambassadors.

These allowed us to explore views about the webpages in more detail and produce a report containing several key recommendations for Torbay Council to take forward to make positive user-led improvements to their online provision.



# Three ways we have made a difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

## Creating empathy by bringing experiences to life

**It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.**



In 2023 Healthwatch England published their findings and a set of immediate actions for the Government and the NHS, in relation to the cost of living and the detrimental impact it is having on people's decisions about their own health and wellbeing.

Their national research found that if you are disabled, on means-tested benefits or aged 18-24, you're more likely to avoid vital health services due to the fear of extra costs.

In light of these findings, we wanted to find out if the cost of living was having an impact on people in Devon, Plymouth and Torbay and if so, in what way.

To do this we ran a social media campaign to try and find out what steps people were taking locally in response to the rising cost of living.

### Key Findings

- More than two thirds of respondents (68%) described their current financial situations as either not very or not at all comfortable.
- Most respondents (92%) said their financial situation had worsened over the last six months.
- Almost three quarters of respondents (72%) said their physical health and mental health had worsened over the last two months.
- Almost half of respondents (46%) said they have avoided going to the dentist because of the cost of check-ups or treatment and almost a quarter (22%) said they are anticipating this.
- Almost a third of respondents (32%) have cut down or stopped support from services that they pay privately for, such as physiotherapy, earwax removal or counselling.
- Half of respondents (50%) said that changes they have made because of the cost of living have negatively impacted on their ability to manage an existing long-term condition.
- Almost three quarters of respondents (73%) said the changes they have had to make due to the cost of living have negatively impacted on their levels of stress and anxiety.

**The final report was shared with key stakeholders and Healthwatch in Devon, Plymouth and Torbay will continue to monitor patient and public feedback and report the findings to those who plan and deliver health and social care services in Devon to inform service delivery and change.**



# Three ways we have made a difference in the community

## Getting services to involve the public

**Services need to understand the benefits of involving local people to help improve care for everyone.**



The first report we released this financial year was centered on men's health following a report by UK Parliament states that Suicide in England and Wales is three times more common among men than among women. In Devon this is even higher, with male and female suicide rates 19.0 and 5.3 respectively – male rates are 3.6 times higher than the female rate (2018–20), according to the 2022–23 DCC Suicide Prevention Statement and Action Plan.

Torbay and South Devon NHS Trust approached Healthwatch in Torbay and Devon to support them in collecting feedback from men of all ages who access healthcare services in Torbay and South Devon, to help them to understand what matters to men and how they can be better informed about their health and wellbeing.

This report forms part of a wider engagement project by Torbay and South Devon NHS Trust, who are looking at how local health services can be developed and improved to ensure men are better informed about the health issues that affect them now and in the future. We created and distributed a survey in Torbay and Devon, of which 132 men responded, and then independently analysed the feedback to produce a report of its findings for the Health Trust.

**A statement from the Trust's Chief Executive Liz Davenport and Health and Care Strategy Director Joanne Watson said:**

*"We are very grateful to Healthwatch in Devon, Plymouth and Torbay for carrying out this valuable men's health survey amongst our local people. The results give detailed insights into how men approach their health and what matters to them specifically.*

*We are provided with a wide range of data which we will be taking into consideration as we focus on better health and care for all for the people of Torbay and South Devon. Mental health comes to the fore with the survey results and the suicide statistic is so stark, with men reporting that this area of health is difficult for them to talk about.*



**Liz Davenport**

*There is clearly much to do to improve the situation here and this endorses the active focus on mental health in Devon, in particular on developing a suicide prevention plan. We will continue to support this work as strongly as we can and look forward to a time when our concerted, joined up efforts will make things much better for everyone.*

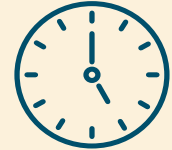
*Finally, a powerful aspect of this report is the voices of men themselves. Their words explain so much about men's health behaviours and concerns, and clearly show us how we can provide more (and better) support and guidance. We would like to thank the men who have taken the time to express their views when given this opportunity."*

**This report was shared with Torbay and South Devon NHS Foundation Trust, NHS Devon and Torbay and Devon Public Health Intelligence Teams. Healthwatch in Torbay and Devon will continue to work with and support Torbay and South Devon NHS Foundation Trust's work focussing on men's health to ensure the local voice is at the heart of any service change or development.**



# Three ways we have made a difference in the community

## Improving care over time



**Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.**

Through our engagement with Carers groups in local communities during the summer, we started to hear that some Carers are experiencing difficulties trying to arrange replacement care for the person they care for, to enable them to take a break from their caring role. We have started to raise the issues surrounding these experiences with the local authorities in Devon and Torbay to try and understand how Healthwatch can work with them, as well as local Carers services and other relevant stakeholders, to help improve access to information, advice and support for people who need to arrange replacement care, particularly if they are approaching crisis point.

In December 2023 Healthwatch Torbay, in partnership with Engaging Communities South West, were commissioned by Torbay Carers' Service to help shape the new Torbay Carers' Strategy by independently analysing extensive survey data from Carers and producing a report on its findings.

377 Carers responded to the survey. Some of the issues included replacement care and mental health support for both adults and children. We have raised those issues with Torbay Council and Adult Social Care and will work with them to prioritise these. Torbay Carers have stated that all the key issues in the report will be translated into the Carers Strategy action plan which will be signed off in June 2024.



This feedback has prompted us to work further with Carers in wider Devon. At the time of writing this report, Healthwatch in Devon, Plymouth and Torbay has analysed feedback from 224 people who took part in focused engagement activities that we helped to independently facilitate. These included guided conversations on the impact of providing unpaid care at home on Carers' wellbeing and feelings of isolation. The information gathered will be used anonymously to help us and Carers groups in Devon, Plymouth and Torbay explore the links between:

- Carers mental/physical health and wellbeing and number of hours unpaid care provided.
- How long a Carer had been providing this role (longevity).
- Type of care role provided e.g. physical caring, supportive caring, dementia/cognition caring or mixture.

A full report on this will be produced in the next financial year to highlight unpaid Carers' needs and to influence a wider Devon Carers' strategy and complement our ongoing work supporting Carers in Devon, Plymouth and Torbay.

**The information we are gathering from Carers in Devon, Plymouth and Torbay will allow leading Carers Services providers to develop support for Carers, develop a risk scale for Carers to help medical professionals identify when a Carer may be reaching a tipping point, to identify gaps in service provisions and communications and to identify gaps in knowledge for future engagement and research.**





## Hearing from all communities

**Over the past year, we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.**

**This year we have reached different communities by:**

- Reaching out to unpaid carers, their families and their loved ones in Devon.
- Talking with new patients of the new Royal Eye Infirmary (REI) building in Plymouth.
- Listening to the voices and experiences of children, young people and their families in Torbay.

## Supporting communities to have their say in Devon



### Independently chairing and collating feedback from a stakeholder group on the possible future use of the Teignmouth Hospital site.

In late 2022 Torbay and South Devon NHS Foundation Trust submitted a full planning application to Teignbridge District Council of a new health and wellbeing centre for Teignmouth – a proposal which we formally consulted with the public about in 2020 and produced an extensive report for commissioners. In 2023 we were commissioned to independently chair and collate feedback from a series of stakeholder panel meetings. The panel was created to discuss future plans for the Teignmouth Hospital site, listen and respond to the concerns of the Teignmouth community and surrounding areas and to share updates from the Trust and other stakeholders.

Devon County Council's Health Overview and Scrutiny Committee will use this feedback to look into the possible impact of proposals before taking a view on whether the Teignmouth Hospital closure should be re-referred to the Secretary of State for review. This work has continued into 2024, with decisions regarding potential funding delayed until after the General Election in July.

## Engaging with new patients in Plymouth

### Making sure patient experiences are used to ensure that a new Plymouth service is performing and meeting patient needs.



Our most recent piece of engagement work involved Healthwatch Plymouth and the Patient Experience team at University Hospitals Plymouth (UHP) co-designed piece of conversational research using a short survey, in order to get feedback on issues relating to accessibility (issues raised by patients since opening of the building; lack of public transport, inadequate signage, written communications and making the building easier for people with visual impairment to navigate) of the new Royal Eye Infirmary (REI) building in Plymouth.

Four of our volunteers attended the REI over 2 weeks to have informal conversations with patients about their experience of using this new service and were able to capture 35 conversations with people as they sat in the waiting areas. Healthwatch Plymouth will feedback to UHP Patient services and to the team at the REI, along with a brief report of what patients have told us.

## Helping children and young people access support in Torbay



### Using the voices and experiences of young people and their families to improve Child and Adolescent Mental Health Services.

We were called to give evidence at a recent spotlight review into Child and Adolescent Mental Health Services (CAMHS) and emotional wellbeing support, by Torbay Council. We shared concerns on behalf of parents, families and representatives of local community groups about the long waiting times for mental health support for children and young people and we emphasised the importance of the voices and experiences of young people and their families being embedded in the process for measuring impact.

After listening to young people sharing their stories and hearing from service leaders responding to concerns, the review concluded with a list of recommendations, which rely on a multi-agency approach to making improvements to communication, signposting and access to services to support children and young people in Torbay. The review also recommended the development of a Joint Strategic Needs Assessment on children and young people's mental health and wellbeing. This data will be used to inform the design of services and to enable progress monitoring of the delivery and improvement of the services going forward.

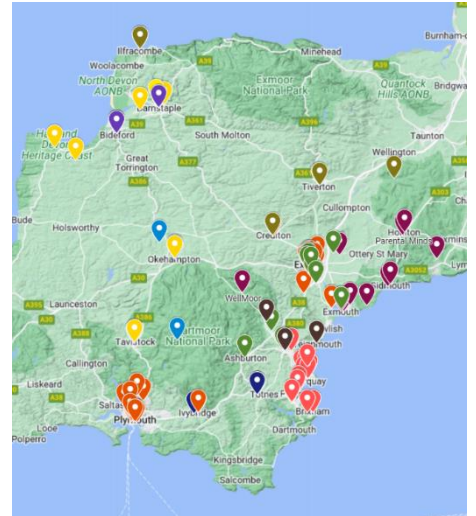


# Healthwatch Assist Network

**Our Healthwatch Assist Network allows us to build links with communities in Devon, Plymouth and Torbay so we can gather information about the health and care services they use.**

This information is fed back into the community and shared with key healthcare decision makers who can learn from good practice and make improvements to local services.

We currently have 150 Healthwatch Assist Network members, including local support groups, school councils, parent groups, committees and sports groups.



*Pictured above, the map shows some of the locations of our Healthwatch Assist Network members across Devon, Plymouth and Torbay*



Our Healthwatch Assist Network's in Devon, Plymouth and Torbay have been integral in gathering feedback and supporting our next focussed engagement on the impact of providing unpaid care at home. We are working in collaboration with Devon Carers, Caring for Carers Plymouth, and Torbay Carers services. This is a follow up to an earlier report we did in 2022 and will focus on the impacts on carers, especially around their wellbeing and feelings of isolation.

The Healthwatch Torbay Assist Network met up with volunteers and staff to discuss the work of Healthwatch, how we can help support local people and to raise any issues they or the people they support had experienced locally. They were joined by Guest speaker Karen Button, who spoke about the new community pharmacy strategy. Assists had chance to feedback about health and social care issues they're picking up from their respective service users, as well as ask questions on changes happening with community pharmacies.



The Healthwatch Devon Assist Network met up to discuss the ongoing work of Healthwatch, how we can help support local people and to raise any issues they or the people they support had experienced locally. Some members shared health and social care concerns for the people they support around:

- Access to mental health services
- Access to information
- Waiting lists for services
- Access to specialised services
- Accessing social care assessments
- Impact of rurality
- Access to GP services
- Delays in care reviews
- Digital Exclusion

All the feedback gathered is shared with key healthcare decision makers who can learn from good practice and make improvements to local services.



## Advice and Information

**If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, making a complaint or choosing a good care home for a loved one – you can count on us.**

**This year we've helped people by:**

- Providing up-to-date information people can trust
- Helping people access the services they need
- Helping people access NHS dentistry
- Supporting people to look after their health during the cost-of-living crisis

## Promoting key messages around access to dental care



**People need reassuring that the information and support they need are available. This means better communication so they know what to do if urgent dental care is required.**

Experiences relating to difficulties accessing dental services in Torbay and wider Devon were shared by Healthwatch to Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board in November. We also asked how Healthwatch could further help to promote key messages to the public around access to dental services.

Healthwatch Torbay provided evidence which highlighted that between April and November 2023, 109 people contacted local Healthwatch because they could not access an NHS dentist. Where possible we were able to contact 77 of them to signpost them to Access Dental – NHS Devon Dental Helpline.

As a result of discussions, NHS Leaders in Devon were recommended to produce joint communications to raise awareness of and promote access to dental provision, how to maintain good oral health and what to do if urgent dental care is required.

They were also requested to develop communication resources for use by frontline services and supporting web content to raise awareness of how to maintain good oral health, how to access routine dentistry and what to do if urgent dental care is required within Torbay.

We continue to regularly contribute feedback to the Local South West Regional Dental Network and the local Primary Care Committee.

## Triggering important communications changes

**It's essential that people have clear, accurate communication about their care.**



Thanks to the efforts of Healthwatch Torbay, Torbay Hospital Cardiology Department have reviewed the way they dictate letters to patients to make sure they avoid harmful miscommunications. They'll more closely scrutinise all letters, and double-check them across departments.

Healthwatch Torbay were made aware of potential issues after John\*, who has a heart condition, was advised to "stop" taking his medication. He checked in with healthcare professionals, who realised the word "stop" should be a full-stop. The mistake, which was due to a misunderstanding during the letter's dictation, could have proved very serious if John hadn't questioned it.

John shared the incident with Healthwatch Torbay, who raised his concerns with Torbay and South Devon NHS Foundation Trust. They asked about what measures were in place to ensure the accuracy of patient communications, leading to a discussion and review that will make patient communications safer for the future.

*\*Name changed*

# How we share advice and information to the community

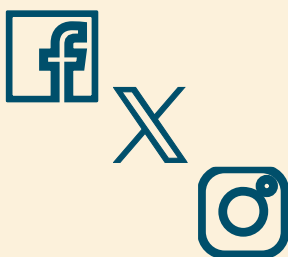
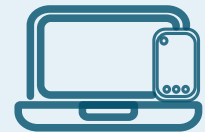
Here are just some of the ways we helped people access information in the last 12 months.



Over a thousand people were provided with information, advice or signposted to other services who could help via our contact centre - a dedicated, phone, email and online service. The online live webchat service is available via our three websites for people in Devon, Plymouth and Torbay to find out more information. You can call the contact centre free on **0800 520 0640**.

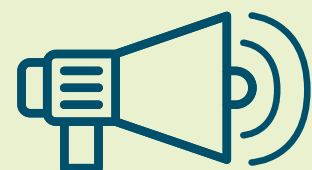
Hundreds of thousands of people visited our three websites where they can view local services and rate their experiences with them anonymously. You can visit via our websites via:

**[www.healthwatchdevon.co.uk](http://www.healthwatchdevon.co.uk), [www.healthwatchplymouth.co.uk](http://www.healthwatchplymouth.co.uk), and [www.healthwatchtorbay.org.uk](http://www.healthwatchtorbay.org.uk).**



Last year tens of thousands people followed us on social media via our three separate Facebook, Twitter and Instagram accounts for Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay, where we received hundreds of thousands engagements to our posts last year overall! Join our online community today!

Over **3000** people now subscribe to our Email Bulletins where we share the latest updates from Healthwatch in Devon, Plymouth & Torbay and the health, care and voluntary sector locally every week. You can subscribe via any of our websites.





# Volunteering

**We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.**

## **This year our volunteers:**

- Visited communities to promote their local Healthwatch and what we have to offer.
- Collected experiences and supported their communities to share their views.
- Helped us decide on our priorities for the year by being part of our Healthwatch Devon, Plymouth and Torbay Steering Groups.

**Our volunteers have been taking our information stands out into the community and attended events in Devon, Plymouth and Torbay, capturing experiences of local health and social care along the way.**



HW Champion Kim Murray (left) with Devon Service Coordinator Georgina McKenzie at an MS Society event in Dawlish



The HW Plymouth volunteer engagement team attending 'Wellbeing Wednesday' at University of Plymouth



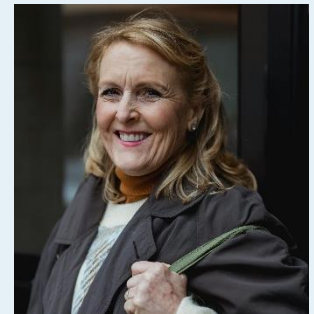
Healthwatch Torbay volunteers at the Winter Wellbeing Event at Paignton Library



"I have had various volunteering roles with Healthwatch this year.

- I took minutes at an operation follow up meeting, which included patients.
- I "manned" promotional stalls and visited local care homes for assessment and rating purposes – chatting to residents and getting their views.
- I also visited local Hospitals for similar research with patient surveys.

I have enjoyed these roles and I hope to be of use in the future."



Quote from a Healthwatch in Devon, Plymouth and Torbay Volunteer



"Volunteering with Healthwatch is a wonderful way to make use of your skills and to learn new ones, from, in my case over the last ten years or so:

- presenting a radio show
- writing a weekly news column
- editing newsletters and website information
- promoting volunteering itself by visiting local groups, organisations and schools."



Quote from a Healthwatch in Devon, Plymouth and Torbay Volunteer



**Do you feel inspired?**

We are always on the lookout for new volunteers, so please get in touch today.

- 📍 [www.healthwatchdevon.co.uk](http://www.healthwatchdevon.co.uk)  
[www.healthwatchplymouth.co.uk](http://www.healthwatchplymouth.co.uk)  
[www.healthwatchtorbay.org.uk](http://www.healthwatchtorbay.org.uk)
- ☎ **Freephone 0800 520 0640**
- ✉ **[Info@hwdevon-plymouth-torbay.org](mailto:Info@hwdevon-plymouth-torbay.org)**





## Recognition

**The National Healthwatch Impact Awards recognises outstanding examples of where the views of local people have been used to make positive changes to local NHS and social care services.**

**This year our Healthwatch in Devon, Plymouth and Torbay team have:**

- Represented Healthwatch in Devon, Plymouth and Torbay at various national Healthwatch England meetings and their national leadership conference.
- Achieved a commended award at the National Healthwatch Impact Awards, after submitting a nomination for each of Healthwatch Devon, Plymouth and Torbay. This year the Awards reflected on local Healthwatch's work over the past ten years to recognise the 10<sup>th</sup> anniversary of Healthwatch.
- Shared numerous stakeholder briefings of the work of the wider Healthwatch Network, including Healthwatch England reports, publications and responses to national health and social care stories.

**This year Healthwatch Torbay were commended in the annual National Healthwatch Impact Awards, recognising outstanding work over the last 10 years that used local people’s views to improve health and care support.**

In the running against 18 other shortlisted projects, the team was commended for their work on helping to improve care for local people in Torbay and South Devon.

The National Healthwatch Impact Awards recognises outstanding examples of where the views of local people have been used to make positive changes to local NHS and social care services.

This year, to recognise the ten year anniversary of Healthwatch, the award reflected on an improvement to people’s care that has resulted from a local Healthwatch’s work at any point over the past ten years, and work that still benefits people today. The team at Healthwatch Torbay were commended for their work highlighting concerns about local domiciliary care, which led in 2017 to the Care Quality Commission (CQC) placing the care organisation into special measures until improvements were made.

At the time Healthwatch Torbay were invited to raise their social care concerns and offer key recommendations nationally during an accountability hearing with the CQC and the Government’s Health Select Committee. They now have regular meetings with the local authority, commissioners and local CQC lead inspectors and continue to work with key service users to monitor improvements to ensure the voice of local people is listened to.



Dr Kevin Dixon, Chair for HWDPT with Strategic Lead Pat Harris receiving a National Healthwatch Award in 2017

**Joanna Williams, Director of Adult and Community Services in Torbay said:**



*“This is fantastic news and a real testament to the joint working relationship between Healthwatch and local social care providers and commissioners, it’s a relationship we are committed to and very grateful for. At the time Healthwatch Torbay’s input was invaluable and allowed us to re-commission new services for local people based on the learning that they provided. They continue to be a key part of service user co-production and involvement so that we don’t get back to that situation again. I congratulate them on winning this nationally commended award.”*

**Commenting on the award, Louise Ansari, Chief Executive of Healthwatch England said:**



*“The team should feel really proud. Our awards recognise outstanding work that makes a real difference to local people, and the competition this year from across England was very high. Being recognised is also a testament to all the local people who were prepared to speak up and the health professionals who listened. It just shows what can be achieved when we work together to improve care.”*

In September our Strategic & Operational Leads Pat Harris & Sarah Lonton joined leaders from the Healthwatch network at the Healthwatch England Leadership Conference in London to share ideas on the future role of Healthwatch in helping to improve local health & social care services. Pat took the opportunity to talk on stage about the importance of local Healthwatch gathering patient feedback at the national Conference, which began with a speech from newly appointed Healthwatch England Chair Professor David Croisdale-Appleby. Representatives from across the country discussed Healthwatch’s role in improving access to services and the next steps in Primary Care.



## Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012. This year we received:

### Our income and expenditure

Income		Expenditure	
Local Authority Funding	£560,000	Expenditure on pay (staffing)	£433,421.69
(Devon)	(£348,573)	Non-pay expenditure (operational)	£43,261.42
(Plymouth)	(£115,427)	Office and management fees (support)	£90,228.14
(Torbay)	(£96,000)		
Additional income	£236.50		
Carry in	£25,165.11		
<b>Total income</b>	<b>£585,401.61</b>	<b>Total expenditure</b>	<b>£566,911.25</b>

### Additional income is broken down by:

- £236.50 received from Healthwatch Birmingham for work supporting a data project.

# Our Priorities for 2024/25

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also focus on how we can improve the issues that concern local people the most, including GP access, waiting times, women’s health, and social care.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

To help us carry out our work our volunteer Steering groups have agreed on the following engagement priorities for each of Healthwatch Devon, Plymouth & Torbay’s local service:

**Digital Health:** Use of digital technology to support access to services and monitoring services at home.



**Social Care:** Accessing Social Care Services and residential and home support services.

**Children & Young People:** Development and integration of Children & Young People services.

**Equality:** Equitable access to health services for all patients including those with learning disabilities/language barriers/sight impairment/hearing loss/young people.

**Mental Health:** Accessing Mental Health services under the Community Mental Health Framework.

**Health:** Accessing Primary Care, Secondary Care and Mental Health services.



**Social Care:** Accessing Social Care Services and residential and home support service.

**Children & Young People:** Development and integration of Children & Young People services.

**Mental Health:** Accessing Mental Health services under the Community Mental Health Framework.

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**Health:** Accessing Primary Care, Secondary Care and Mental Health services.



**Mental Health:** Accessing Mental Health services under the Community Mental Health Framework.

**Social Care:** Accessing Social Care Services and residential and home support services.

**Children & Young People:** Development and integration of Children & Young People services.

**Wellbeing:** Impact of cost of living on individual/family health & wellbeing.



## Statutory Statements

**Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay are provided by Colebrook Southwest in partnership with Engaging Communities South West and Citizen’s Advice Devon, William Sutton Memorial Hall, 6 Shelley Way, St Budeaux, Plymouth, PL5 1QF.**

**Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay use the Healthwatch Trademark when undertaking our statutory activities as covered by the license agreement.**

# The way we work

## Involvement of volunteers and lay people in our governance and decision-making

As Healthwatch Devon, Plymouth and Torbay are independent services, driven by the voice of local people, an independent steering group has been set up in each locality in Devon, Plymouth, and Torbay – led by lay people. The role of each steering group is to support the delivery of its local workplan, priorities and statutory functions, working in partnership with the staff team to create a successful local Healthwatch to deliver the vision for the service. Our Steering Groups meet quarterly and use local insight from public information and signposting enquiries to decide on engagement priorities for their area. These priorities are detailed on the next page of this report.

## Methods and systems used to obtain people’s experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2023/24 we have been available by phone, email, provided a webform on our website and through social media, as well as attending meetings of community groups and forums, both face-to-face and virtually. We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on each of our websites – [www.healthwatchdevon.co.uk](http://www.healthwatchdevon.co.uk), [www.healthwatchplymouth.co.uk](http://www.healthwatchplymouth.co.uk), and [www.healthwatchtorbay.org.uk](http://www.healthwatchtorbay.org.uk).

## Responses to recommendations or requests for information

We made 26 Requests for Further Information (RFIs) to stakeholders based on public feedback. There were no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations. In addition, we responded to all 13 requests from external stakeholders for further evidence from Healthwatch in Devon, Plymouth and Torbay about various health and social care related topics.

As part of the annual statutory Quality Account process for NHS Trusts and specific service providers, we also provided responses to all the relevant reports in 2023/24.

## Taking people’s experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us. Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay are also represented on numerous different relevant meetings locally, regionally and nationally. This year for example in our local authority areas we have taken information to each of the Devon, Plymouth and Torbay Health & Wellbeing Boards, Health & Adult Social Care Overview & Scrutiny Boards, Safeguarding Adults Partnerships, Local Outbreak Engagement Boards and Local Care Partnerships.

As well as being on the Devon Integrated Care Partnership Board, we also take insight and experiences to other decision makers in Devon, Plymouth and Torbay. For example, this year we have shared the public voice on the Learning Disability Partnership Board in Devon, the Carers Strategic Partnership Board in Plymouth and have been a key founding member of the voluntary, community or social enterprise (VCSE) Health & Wellbeing Network in Torbay.

We also share our data with the Care Quality Commission (CQC) and Healthwatch England (HWE) to help address health and care issues at a national level and are part of the regional HWE South West Network with our neighbouring local Healthwatch.

# Final Message from One Devon Devon Integrated Care Service

"2023/24 marked our first full year as an integrated care board (ICB), following our transition from NHS Devon Clinical Commissioning Group (CCG) in July 2022. As a new organisation we have needed to make adjustments to how we work in the face of different responsibilities and with many of our services facing significant pressures. Our challenges are not unique in England, but our starting position was one of the most difficult and, while we are beginning to see some signs of an encouraging turnaround, they remain critical priorities to be addressed without losing sight of our need to go further on health prevention and inequalities. **Healthwatch in Devon, Plymouth and Torbay provides a patient voice which is vital for the delivery of NHS services locally.**

Healthwatch is a valued board member of the One Devon Partnership, a committee that includes a range of organisations and groups who can influence people's health, wellbeing and care. The committee's primary aim is drive integration by producing a strategy to join-up services, reduce inequalities, and improve people's wellbeing, outcomes and experiences.

Healthwatch continues to provide important feedback from patients, on big themes and small, so that as we redesign services we can better tailor them to meet the expectations of our local population. Our mission at NHS Devon is to provide equal chances for everyone to live happy, healthy lives, and we need 'critical friends' such as Healthwatch to help achieve this.

As an example, Healthwatch in Devon, Plymouth and Torbay led a significant piece of engagement for the ICB speaking to people in Devon's four Emergency Departments (ED) to better understand the patient journey through the health system to ED. The findings showed that 98% of people are aware of the NHS services available to them, 68% had accessed their GP practice prior to attending ED,



and 86% of people who accessed ED as a first choice, felt it was the right place for them. Presenting this work together with Healthwatch at the 2024 Clinical Senate was a real demonstration of our commitment of working together to ensure the voices of the people of Devon are instrumental in the development of our services.

People using health services do often experience real inequality, and the information that Healthwatch collated will contribute on our future design of urgent and emergency care services across the county.

We look forward to another year of close working with our partners in Healthwatch Devon, Plymouth and Torbay."

**Steve Moore - Chief Executive Officer for NHS Devon**



**Devon & Cornwall Police and Crime Commissioner Alison Hernandez**

"Health and social care organisations play a critical role in building the types of communities in which people can thrive, leading healthy and productive lives. I've worked with Healthwatch to assure me that patients who have come to the awareness of the police are being managed well in our community. They know who to approach and the right questions to ask to ensure services meet required standards.

"In the same way I am there to represent the voice of the people in policing, Healthwatch is there to be that 'critical friend' to some of the most vital services our communities will ever need.

People can turn to them and get actively involved or seek guidance on what steps to take. It is an invaluable organisation."

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# healthwatch Torbay

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Citizens Advice Devon

If you require this report in any  
other format please contact us



# **Missing millions**

## **Exploring hidden and unmet social care need for disabled people**

**July 2024**

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# Executive summary

## Headline findings

Our new research reveals social care support can be transformative for those who receive it. It can support disabled people to do tasks they would otherwise struggle to do, like cleaning, eating, working, socialising, and staying active.

However, extrapolating our survey data to national level data, we found that as many as 1.5 million working-age disabled people in England are not receiving social care support, despite potentially being eligible for care.

It is unknown how many of this group would formally qualify for public-funded care, joining the 300,000 disabled people who had long-term care paid for by their council in 2022/23. However, our research highlights that too many people are going without support that could help them.

Our report focuses on the positive impact and benefits of good social care on people's lives, alongside challenges facing the social care system, including hidden demand, unmet need, and under-met need. For this report, we are using the following definitions:

- Hidden demand – potential unmet social care needs under the Care Act.
- Unmet need – any other needs going unsupported, including daily living activities that don't meet Care Act eligibility criteria.

## This report sets out the following findings:

- We estimate that up to 1.5 million disabled adults in England could be eligible for social care or other support but are not receiving it (hidden demand).
- When people receive social care support, their experiences are very positive, with 78% of disabled adults aged 18-64 agreeing that their care helped them live the lives they wanted to.
- Social care helps people stay healthy, do their favourite activities, eat and drink, work and volunteer, and look after themselves and their homes.
- Only 9% of people we spoke to disagreed that care helped them live the lives they wanted to.
- Access to social care remains a challenge. 28% of our total sample had never accessed care, despite self-identifying as eligible. This was due to barriers including:
  - Not knowing where to go for support.
  - Difficulties navigating the care system.
  - Not being able to afford support.

- The closing of local services.
- This figure could be higher if you include a further 10% of our total sample who are not accessing formal care but receiving support from unpaid carers.
  - It would be reasonable to include this group, as three-quarters who access care also noted additional support from an unpaid carer.
- Most people waiting for care assessments received information and support, including how long they could expect to wait for an assessment (32%) and information on what to expect.
- Around 10% of people received no support at all while waiting.

## Key recommendations

Based on this report's findings, we set out the following recommendations for decision-makers, including Government, local authorities, and integrated care systems (ICS):

- The Government must fund local authorities to raise public awareness of social care, improve ways of accessing social care services, and find potentially eligible individuals through proactive outreach and statutory information, advice, and signposting services.
- Funding should be made available to local councils to boost social care capacity and support councils in addressing existing care assessments and care package backlogs.
- Funding should be ringfenced for organisations providing independent advice and guidance related to social care.

In response to broader challenges facing social care, we set out the following recommendations for long-term and funded reforms:

- A fully funded and long-term reform plan for social care addressing:
  - Workforce challenges, including retention, recognition and pay.
  - A focus on prevention of care needs and support to help people live as well and as long as possible in the place they call home.
  - More support for unpaid carers, including reform of [Carer's Allowance](#) and improved access to support for themselves and those they care for.
- Expanded access to [Care Act advocates](#) to support everyone accessing a social care needs assessment.

# Endorsements

“It is so important to shine a light on the experience of people who need social care. This Healthwatch report highlights that what a difference social care makes to people’s lives and wider communities.

“The report also raises some important challenges about unmet need and some solutions including the importance of the Adult Social Care Workforce Strategy. This should focus minds and future action.”

**Sir David Pearson, Co-Chair of the Adult Social Care Workforce Strategy and Chair of TEC Quality**

“It’s positive to hear social care is working well for those people drawing on it, but this report confirms too many disabled people with low level needs are missing out on care and are left to simply ‘get by’, which can risk storing up bigger problems in the future.

“To break this cycle, we need to invest more low level, early support at home and in the community to prevent people reaching crisis point. We agree that key to this is better information and advice about care and support services available to people, which our own Directors say they are struggling to afford to prioritise. We also need a long-term fully funded plan to reform social care and enable people, whatever disability or illness they are facing, to live well, work and care.”

**Anna Hemmings, CEO, Association of Directors of Adult Social Services (ADASS)**

“It’s shocking that as many as 1.5 million working age disabled people in England are missing out on social care, but sadly it’s not surprising.

“As Healthwatch’s reports shows, social care can be transformational for disabled people. Rather than just meeting personal care needs, good social care can enable disabled people to do what’s important to them and live the life they want from socialising, to connecting with others or engaging in leisure activities.

“But [Sense’s own research](#) found that one in five people with complex disabilities don’t feel they have the support they need. And worryingly of people with complex disabilities who receive social care, a quarter told us they’d had their care provision cut in the past year.

“It’s vital that the Government acts now to fix the social care crisis by agreeing a long-term funding plan for social care and introducing a workforce strategy that ensures good quality provision and care for all disabled people.”

**Harriet Edwards, Head of Policy, Public Affairs and Research, Sense**

# Introduction

## What is adult social care?

Adult social care provides vital support for older people and disabled adults who require assistance to live their lives the way they want to.

In 2022/23, [almost one million](#) people in England received publicly funded long-term social care packages. This includes 300,000 disabled adults. Care packages are organised by local authorities, who provide services, fund individuals to arrange their own care, or outsource services to local providers.

Most commonly, people access social care by contacting their local council for a free needs assessment, or receive an NHS referral after being discharged from hospital. Depending on the outcome of a financial assessment, councils will either fully or part fund a person's care package, or people can pay for their care privately.

## Challenges in social care

Social care in England is under financial strain, facing a workforce crisis and [requiring major reform](#).

Other challenges mean people who may benefit from support face barriers to accessing care. [Under the Care Act](#), councils have a responsibility to provide information and advice services to make communities aware of local support and direct people to different types of care.

However, in 2023 the Association of Directors of Adult Social Services (ADASS) [reported](#) that one in four Council Directors were not confident of meeting this statutory information and advice duty.

This leaves people unsure where to turn for social care support, a finding backed up by [recent Healthwatch research](#), which found that people are as likely to visit their GP for advice on social care as their local authority.

The 2023 ADASS Spring Survey also reported that nearly 500,000 people were waiting for their social care needs assessment, care review, or direct payments to begin, and referrals related to carer burnout had increased by 68%.

## What are the aims of this research?

The latest official proposals for social care reform came in a 2021 Government white paper: [People at the Heart of Care](#).

This set out a ten-year reform plan, with an accompanying awareness-raising campaign, plans to fund pilots for more proactive information, advice and signposting services, and the headline policy of a cap on lifetime care costs, a move that is currently paused.

In its chapter on access, the white paper noted that:

“There is a lack of data and evidence on the extent to which care needs are not being met...We believe that better-quality data, including client-level data, will help us to:

- Understand more about who accesses care, how and with what impact.
- Better understand who is not accessing care.
- Better understand how much barriers or choices (or a mix of both) may be a cause of this.”

Our research addresses the lack of data highlighted in the white paper. Specifically, we have set out to provide evidence to these three key questions: **who is accessing care, who isn't, and why?**

Current data only provides some of these answers, and throws up essential questions on unmet social care needs and hidden demand for support. For example, [around 300,000 working-age adults received publicly funded care packages in 2022/23](#), with 600,000 total requests for support. Both figures represent a small proportion of the 5.4 million<sup>1</sup> people in England aged 18-64 with a disability.

However, the definition of disability under the [Equality Act 2010](#) shares similarities with the Care Act's own [eligibility criteria](#) for social care. Both describe physical or mental impairments that negatively affect an individual's ability to perform tasks.

The extent to which eligibility might apply to disabled people who have had no interaction with social care services is unknown. Though [Age UK](#) has estimated that 2.6 million people aged 50+ in England have an unmet need for care, there are no national estimates of unmet need for working-age adults.

We believe that creating this estimate while also seeking to understand the barriers to and experiences of care will be a valuable contribution to social care reform plans.

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<sup>1</sup> Savanta estimate for Healthwatch England, based on ONS estimates of economic activity of people aged 18-64.

# Methodology

Our survey was carried out online by Savanta between February and March 2024. We surveyed a representative sample of 1,504 disabled adults aged 18 to 64. We are confident in our approach; however, we are also conscious that there are some important caveats to note when considering our findings:

- While our questions have reflected the wording on social care eligibility set out in the Care Act, answering questions in a survey differs from having a formal care needs assessment. Therefore, when we present figures for how many people may be eligible for social care but are not accessing it, we are not asserting that they would all receive it if they applied. Instead, we present estimates for need: how many people *may* be eligible.
- Our survey is only focused on care needs. Financial eligibility is a separate issue, and we have not considered this. There will be people within our sample who may be eligible for social care, determined by a needs assessment, but would not receive local authority-funded social care in practice because of their financial situation. No public spending assumptions should be drawn from this survey.
- Because of the online format of our survey, a section of the disabled population will be unrepresented in this research, either because they are not online or because they would otherwise find it too challenging to take this survey.

***Savanta interviewed 1,504 working-age disabled adults (18-65) in England between February 22, 2024, and March 7, 2024. The data was weighted to be nationally representative of working-age disabled adults in the UK by age, gender, and region, based on ONS Estimates of the economic activity of those aged 18-64 with a disability. Based on the most recent estimates, there are approximately 5.4 million working-age adults with a disability in England.***

***The interviews were completed online with Savanta's survey platform. This has been tested based on the Web Content Accessibility Guidelines (WCAG 2.1) conformance levels and is rated as level AA compliant. In other words, the surveys are rendered to maximise accessibility to those who may otherwise be disadvantaged – for example, being compatible***



*with screen readers for those with visual impairment with the questions designed to be as simple as possible for participants to understand.*

*Researchers checked data at regular intervals using various methods to ensure that respondents' answers were logical and accurate and that, as far as possible, it was clear that respondents had understood the survey.*

*While these important steps have been taken to ensure the survey is accessible and our sample is as representative as possible, we note that definitions of care can be complex and contain areas of subjective judgements that can be interpreted differently. In addition, as the survey was conducted online – this may impact complete representativeness in some cases.*

*As such, we recognise that these findings are an exploration of the views of an audience and, while robust, may not extrapolate perfectly to the whole working-age disabled adult population.*

# Findings

## Social care support can be life changing.

### Experiences of social care support

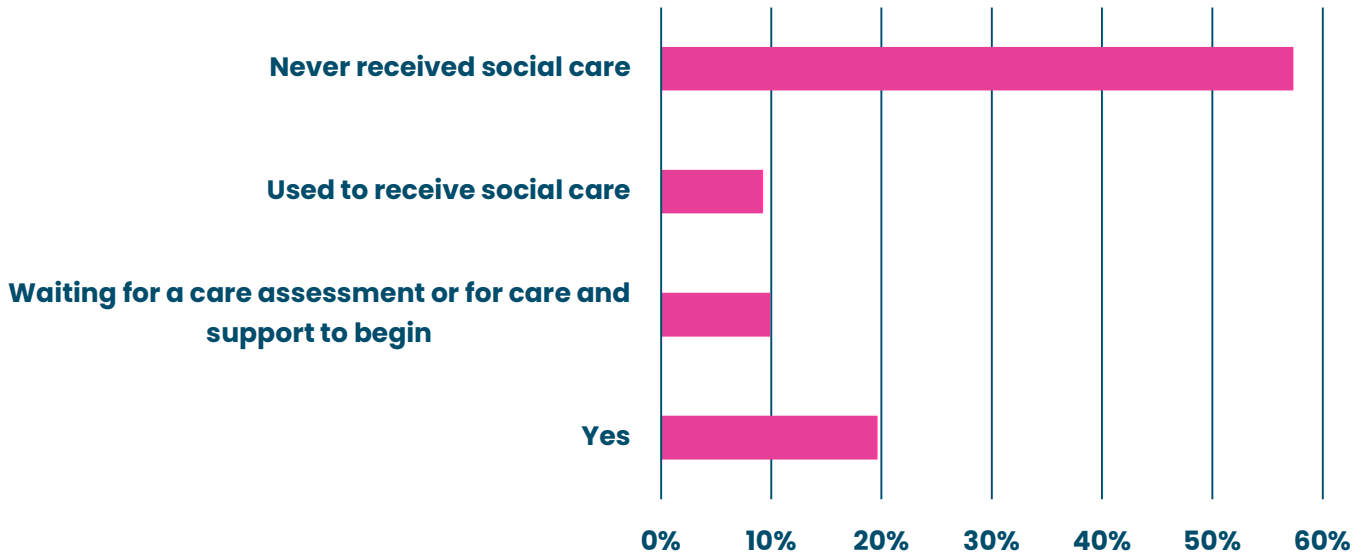
We found that most people receiving care have positive experiences and that their care is working as intended: supporting people to live the lives they want to live.

Over three-quarters of people currently receiving care think it helps them live the life they want to live (35% of people currently receiving care 'somewhat agree' with that statement and 43% 'strongly agree'). This compares to only 6% who somewhat disagree and 3% who strongly disagree.



We found that a substantial majority of working-age disabled adults are not currently receiving social care. 57% have never received social care, a further 10% are currently waiting for a care assessment or for care to start, and 9% used to receive social care but don't anymore. This means just over three-quarters of working-age disabled adults are not currently accessing social care, compared to a fifth (20%) who are.

### Do you currently receive any social care support?



A fifth of the working-age disabled adult population in England would represent just over a million people. However, figures from the NHS suggest that only around 300,000 working-age disabled people are receiving care from their local council.<sup>2</sup> While those accessing care are therefore over-represented in our sample, our figures also include those receiving private care and a greater range of care and support (particularly emergency care, adaptations, and community support) than is reflected in official data.

This over-representation may have contributed to a smaller headline estimate on social care demand, outlined in the next section of the report. However, it provided a larger sample to understand how people feel about the care they receive.

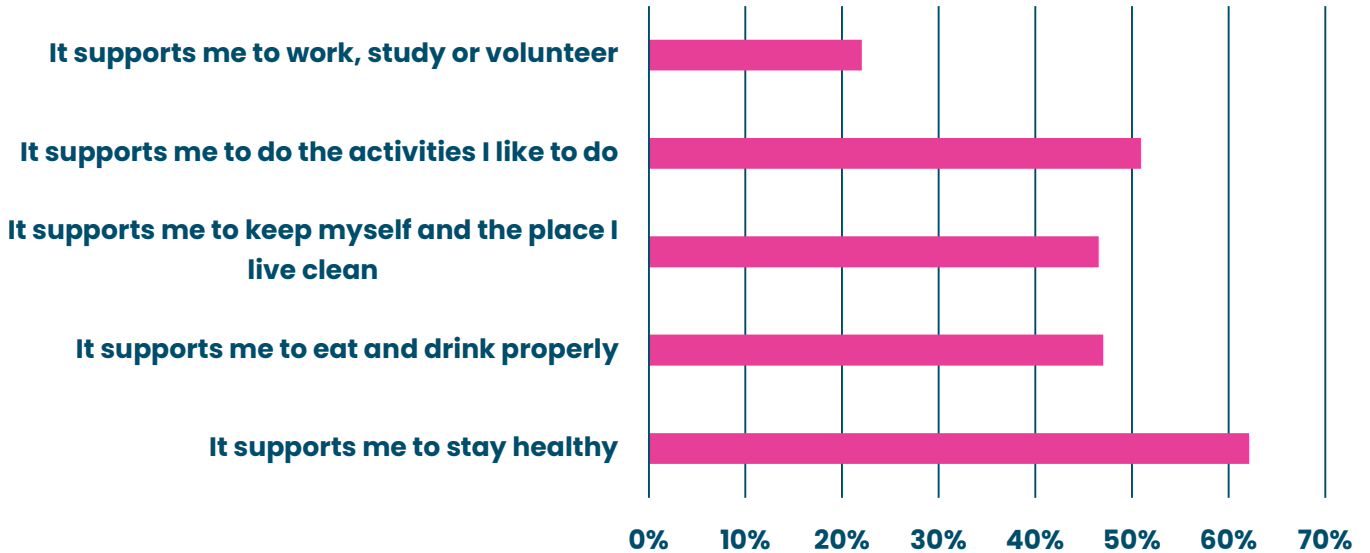
Although we identify areas for improvement throughout this report, particularly concerning access, there is a positive message here: when people do get care, they generally feel optimistic about it. Because care can be so life-changing, our headline figure of hidden demand and unmet need is so important.

We also asked people who receive care what that care helps them to do. We found that nearly two-thirds (62%) of people receiving care say it helps them stay healthy, while half (51%) say it helps them do the activities they like. Just under half (47% in both cases) said their care enables them to keep themselves and their home clean, and supports them to eat and drink properly. A lower

<sup>2</sup> [Adult Social Care Activity and Finance Report, England, 2022-23 - NHS England Digital](#)

number, 22% of people, said their care supports them in working, studying, or volunteering.

### What does the support you receive enable you to do?



One notable demographic difference is the much higher figure of 'keep myself and the place I live clean' among 55-to-64-year-olds. The overall figure for this is 47%; however, for people over 55, it is 73%. This suggests an increasing need for this type of support as people get older, highlighting why it's important that the care and support people receive adapts as their needs change.

## Access must be improved.

### Who isn't accessing care?

Having examined one of the white paper questions, 'Who is accessing care?', this section examines 'who isn't accessing care?' – the hidden demand for care.

To generate an estimate of potential hidden demand and subsequent unmet need, we asked Savanta to provide data splits that specifically highlight people who may be eligible for social care but have never accessed it. We also recognise that not everyone who has never accessed social care is necessarily eligible for – or wants – formal care and support.

28% of our total sample of 1,504 working-age disabled adults fit this definition for hidden demand and unmet need. This represents up to 1.5 million working-age adults in England. Savanta created this figure for us by calculating the number of respondents who meet two criteria:

- 1) Self-identifying as eligible for social care under the Care Act.
- 2) Never having received social care due to the following reasons:

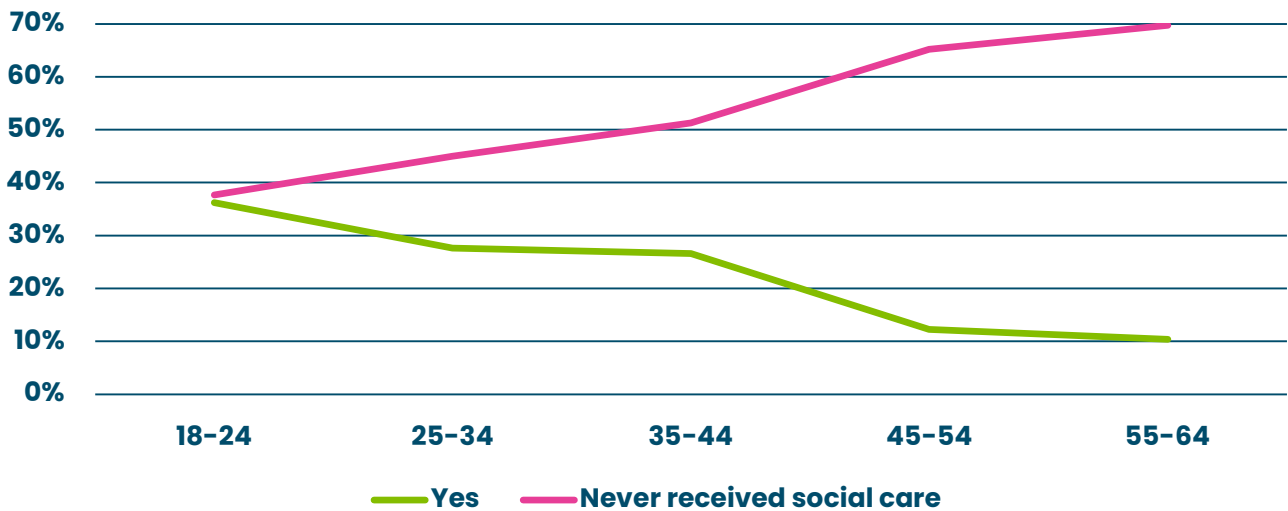
- Not knowing where to go for support (34%).
- Not thinking they could get any support (65%).
- Not being able to afford to pay for care or contributions (26%).
- Finding it too difficult to get support from councils or the NHS (14%).
- The closing of local services (2%).

This estimate excluded people who had previously accessed care, those who did not want help, those who were accessing state benefits, those who told us they were ineligible for support, and those receiving unpaid support.

Please see the Appendix at the end of the report for more details on the survey questions we asked of participants and how we arrived at this estimate.

Our results also show that the difference between the number of people accessing social care and those who have never accessed social care increases substantially with age.

### Do you currently receive any social care support?



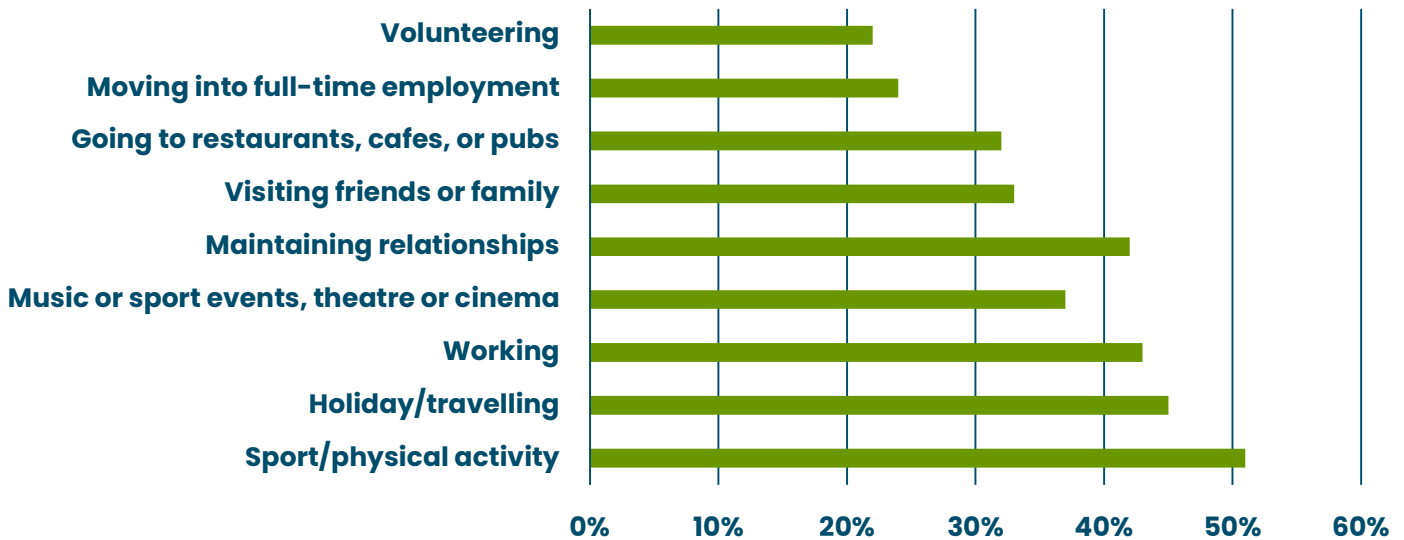
### How could social care help?

As well as assessing people’s needs, social care assessments also consider what outcomes individuals are hoping to get. To understand how social care could improve lives, we asked people what they would like to be able to do but cannot because of their disability.

To answer this question, we will look at our 'hidden demand' group—the 28% of people who do not receive care but may be eligible under the Care Act.

Notably, sport or physical activity is the only option that over half of people selected; 51%. Less than a fifth of people selected none of the options. This demonstrates that there is quite a wide variety of things people would like help to be able to do.

### Those not receiving care: what would you like to be able to do but cannot due to your disability?



The things people would like to be able to do are diverse, and support should be flexible and personalised to reflect this.

These figures also underline that people would like to be able to do everyday things. About a third want to go to restaurants, cafes, and pubs (32%) or visit friends or family (33%). 37% want to go to music or sports events, the theatre or cinema. 42% want to maintain relationships with friends and family.

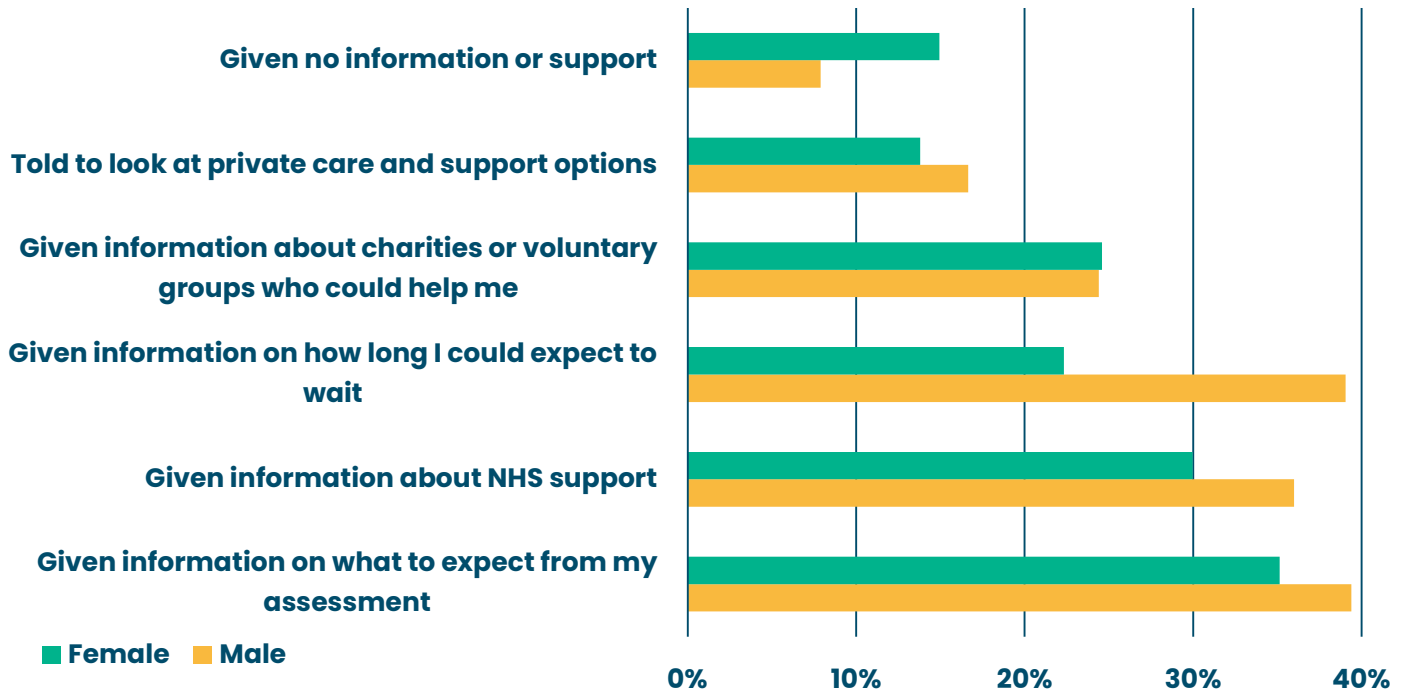
Supporting people to do some of these things is where social care could make a significant difference to those who currently do not receive it.

### Experiences of waiting for care assessments

We asked people what happened while waiting for a social care assessment or for their support to begin. Over a third (37%) received information on what to expect from their assessment, 33% stated they were given information about NHS support, and 32% said they were given information on how long they could expect to wait. Worryingly, we found that 11% of people were not given any information or support.

We also found that men were more likely to say they were given information on what to expect from their assessment, information about NHS support, and information on how long they could expect to wait compared to women. Women were more likely to say they were not given any information or support.

### While you were waiting for a social care assessment or support to begin, which, if any, of the following happened?



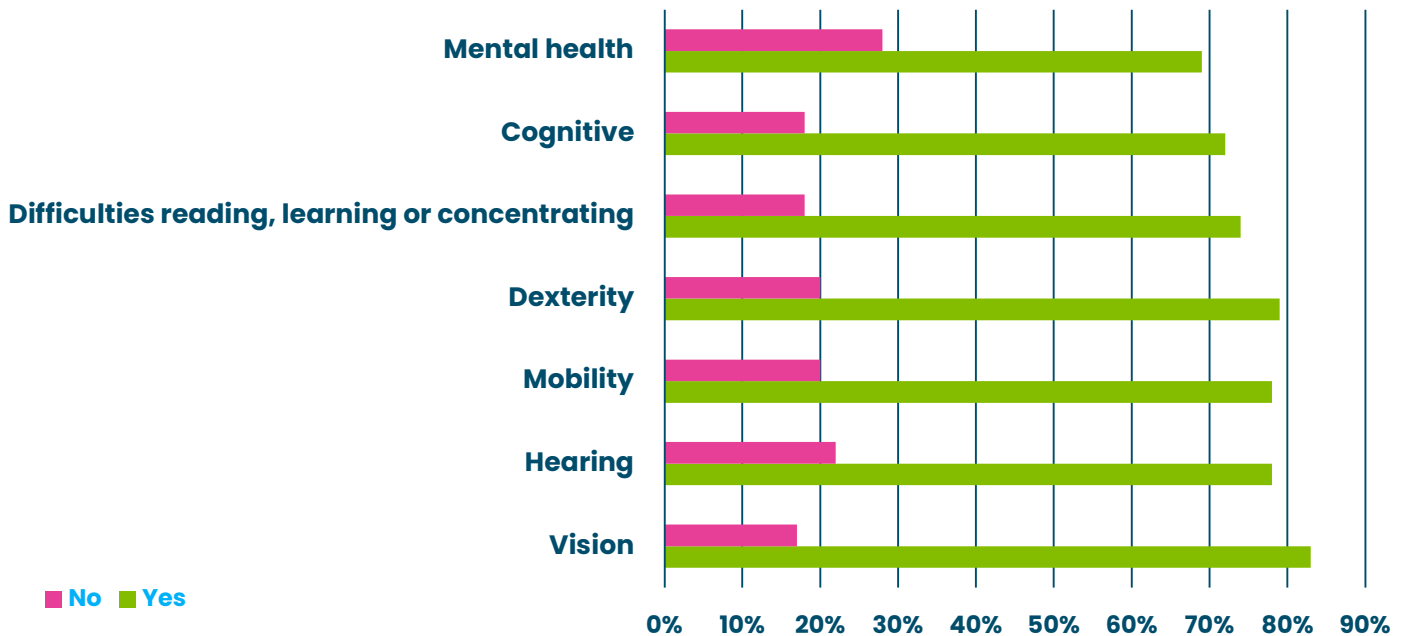
People with higher incomes also reported receiving more support and information while they waited for care. Over a third, or 35%, of people earning less than £30,000 said they were given information on what to expect from their assessment, compared to 60% of people earning more than £70,000. 13% of people earning less than £30,000 said they had not been given any information or support, compared to only 3% of those earning more than £70,000.

### Reliance on unpaid support

Overall, we found that 73% of respondents accessing care also receive unpaid support from a friend or family member. Our results show significant differences depending on the type of impairment people have.

For example, those with a mental health condition are less likely to receive support from a friend or family member, with 69% saying they receive unpaid care, whereas 83% of people with a disability that affects their vision are receiving unpaid support in addition to formal social care support.

**'Do you also receive support from a friend or family member as an unpaid carer?'**  
**Split by type of disability**

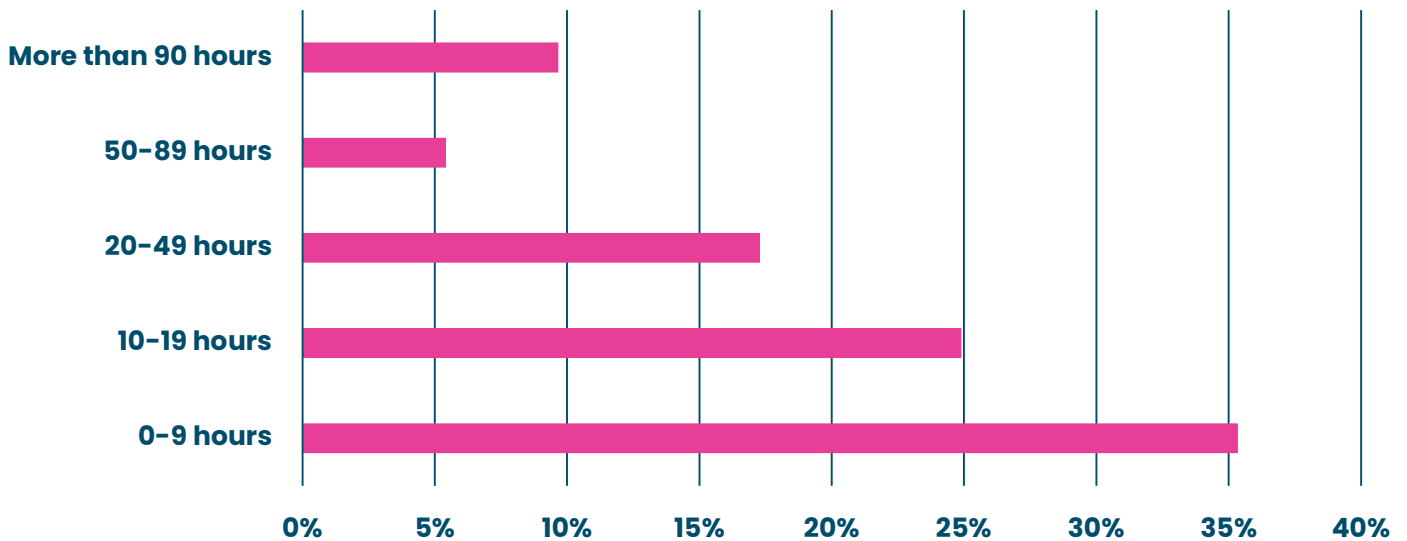


We also found that receiving unpaid care from a friend or family member was the primary reason people had never received formal social care support, with 44% citing this as a reason. Even among those who used to receive social care but no longer do, receiving support from a friend or family member was still a significant factor in why they stopped accessing support, with almost one-fifth of people, 18%, naming this as a reason. Only using state benefits, like Personal Independence Payments (PIP), to meet their needs instead was named by more people (30%) as a reason for no longer receiving social care support.



To give greater context to our findings on the levels of support provided by unpaid carers, we asked those who said they received support how many hours of support unpaid carers provide on average per week. Notably, we found that a majority receive under 20 hours, but around one in three people with unpaid carers received over 20 hours of unpaid care a week. 5% receive unpaid care for 50 to 89 hours per week, and 10% receive support for more than 90 hours per week.

### Average hours of support provided by unpaid carers per week



The role of unpaid care nationally is significant. [Census data](#) from 2021 indicated that around 8.8% of people in England provided unpaid care, with the burden falling disproportionately on women.

# Conclusions

Our research shows that social care support is transforming the lives of those who receive it, with 78% of people with access to care speaking positively about the help they have received. This includes support that helps people to learn, to work, to socialise, and to live the lives they want to live.

However, our headline finding that **up to 1.5 million** working-age disabled people in England may be missing out on social care or other support is a clear call to action to policymakers: England's social care system needs immediate resources to meet the needs of our population.

If our estimate was converted to requests for support, this would double the new clients for whom an outcome was determined in 2022-23. This will clearly be a huge challenge, given the council pressures and the declining confidence of council leaders to meet their statutory duties.

But it is vital that disabled people know about the types of support available to them – and so it is equally vital that local authorities are resourced to do all they can to proactively reach out to people in their areas.

We have been clear that our evidence should not be misinterpreted as suggesting that 1.5 million more people should receive publicly funded care services. Some of this group may not be eligible, while others will require signposting to non-formal care support. Others could be self-funders or not want any help. Ultimately, only a care assessment can make robust decisions on formal needs.

But our research clearly shows that far too many disabled people are facing challenges, and not being supported to live the lives they want to.

Looking ahead, we believe a funded and reformed social care system must increase its focus on prevention and provide a more diverse set of support options to help disabled people achieve their goals. Services like social prescribing and community support can help reduce and manage people's needs.

Action must also be taken to address the under-met need for those whose care packages are not delivering care as intended. And given the hours of unpaid care provided across the country, immediate support must be provided for unpaid carers and those they care for.

Our recommendations will require additional resources to deliver. However, we should consider the economic and health costs of people's unmet or under-met needs. These include additional NHS costs, higher unemployment, and pressures on unpaid carers.

As part of a broader campaign on social care reform, Healthwatch England looks forward to working with decision-makers and those across the health and care sector to improve people's experiences of services.

# Recommendations

## Funding to address the hidden demand for care and support

In the longer term, a lasting vision for reform is needed. However, immediate access barriers must be addressed, and services must be supported to understand hidden demand in their area.

What we're calling for	Why this is needed	How to make this happen	Who should be involved
Funding to tackle social care assessment, review, and care package backlogs.	<p>According to ADASS, in autumn 2023, nearly a quarter of a million people were waiting for a care assessment.</p> <p>It vital that people are supported while waiting for care. Though many had access to information and signposting, one in ten received no information at all.</p> <p>And despite a large majority agreeing that social care changed their lives for the better, one in ten people still experienced under-met needs.</p> <p>Ensuring these individuals have access to regular reviews of their care is also essential.</p>	<p>Through the annual local government finance settlement (LGFS), Government should provide councils with ringfenced capacity funds.</p> <p>Councils could then use this funding to employ additional social workers and care managers, as well as additional package purchases.</p> <p>People waiting for assessments must also have a point of contact in their council and should not feel forgotten.</p> <p>Other support while waiting for assessments should be coproduced at Place-level with local people, health services, and the voluntary sector.</p>	<p>Government</p> <p>Local Authorities</p> <p>VCSE sector</p>
Funding and action to improve public awareness of social care through	We estimate that around 1.5 million people could be eligible for some level of support but have	More support through the LGFS would give Councils the resources they need to proactively reach out to people	Department of Health and Social Care

<p>proactive local authority information, advice, and signposting services.</p>	<p>never interacted with social care services.</p> <p>Around a third of people who may have Care Act eligible needs told us they didn't think they could get support for their needs.</p> <p>And combined with previous Healthwatch research into understanding of social care, we know people don't always know where to turn for support.</p> <p>Not everyone will be eligible for publicly funded care, but where they are, legislation clearly states that they should be able to access care.</p>	<p>who may be eligible for support. This must include people with no current paid or unpaid support.</p> <p>Reaching a broader range of individuals can be achieved through proactive pre-assessments or screening of social care need at Place-level.</p> <p>The Partners in Care and Health <a href="#">adult social care information and advice toolkit</a> provides self-improvement tools and key themes that can help councils meet their statutory requirements in a coproduced and proactive way.</p> <p>As well as an increase in formal care needs assessments, this may also result in better signposting to other care and support options, contributing to a more preventative approach.</p>	<p>Local Authorities</p> <p>Integrated Care Systems</p>
<p>Independent advice and guidance funding to be ringfenced and returned to sustainable levels.</p>	<p>Healthwatch England and the local Healthwatch network have a statutory duty to deliver information, advice, and signposting services.</p> <p>And according to our research, one in four people waiting for an assessment are</p>	<p>There needs to be greater investment in independent social care advice and signposting services whose funding has been impacted in recent years.</p> <p>For example, local Healthwatch</p>	<p>Government</p> <p>Local Authority Commissioners</p> <p>Healthwatch England</p> <p>Local Healthwatch</p>

	signposted to local voluntary organisations.	services that support 1 million people every year with advice and information has seen its funding fall by 43% in real terms since 2013/14.	VCSE sector
Funding to ensure safe hospital discharge and delivery of appropriate short-term care packages.	<p><a href="#">Healthwatch research</a> has shown poor experiences of hospital discharge processes.</p> <p>This includes unpaid carers feeling unprepared to support the person they care for at the point of discharge.</p> <p>Improved hospital discharge processes, including more social care resources to provide short-term care packages, are vital to easing pressures across ICSs.</p>	<p>Through the Better Care Fund, health and care leaders work together to support people discharged from hospital.</p> <p>These arrangements often focus on freeing up hospital capacity, but a renewed focus on social care capacity is vital.</p> <p>Capturing data on health deterioration over seven and thirty days would help decision-makers understand where processes are not always working for people, as well as for services.</p> <p>This should include data on support at home, readmissions, emergency readmissions, death after discharge, and contact with another service about the same issue.</p>	<p>Government</p> <p>Local Authorities</p> <p>Integrated Care Systems</p> <p>NHS England</p>

**Longer-term reform of social care**

While this research focuses on hidden demand and unmet need, social care's broader challenges are impossible to ignore. We are calling for funded long-term reform of social care to include the elements listed below.

Any national reform of social care must involve people who draw on care or provide it informally for someone they know.

What we're calling for	Why this is needed	How to make this happen	Who should be involved
<p>An official calculation of adult social care need and inequality in care access.</p>	<p>Our work, alongside Age UK's work with older adults, shows the need for a comprehensive assessment of the public's need for adult social care and other types of support.</p> <p>This must include formal definition of different types of unmet need, along with recognition of inequalities that exist in access to social care and alternative sources of support that people draw on.</p>	<p>The Department of Health and Care should lead this calculation.</p> <p>Healthwatch England and the local Healthwatch network would support the process.</p> <p>This will support people who may benefit from formal social care and help decision-makers rethink how different types of support are assessed and delivered in our communities.</p> <p>The Government should also consider introducing 'need for care' in the next iteration of the Family Resources Survey or other comprehensive survey.</p>	<p>Government</p> <p>Healthwatch England</p> <p>Local Healthwatch</p> <p>Integrated Care Systems</p> <p>Local Authorities</p> <p>Social Care Charities</p> <p>Social Care Providers</p> <p>Care Quality Commission</p>
<p>A more preventative and community-based social care system</p>	<p>The level of unmet need that we have identified requires social care to work in a very different way.</p> <p>Social care systems must be supported to promote healthy and resilient communities that reduce need through preventative investments, such as in community wellbeing programmes and</p>	<p>Comprehensive social care reform must provide sufficient long-term funding to allow systems to invest in prevention, not simply react to need.</p> <p>This funding should be used by councils to work with local people and the VCSE sector to co-design</p>	<p>Government</p> <p>Integrated Care Systems</p> <p>Local Authorities</p> <p>Social Care Providers</p> <p>VCSE sector</p>

	accessible housing, not just formal care delivery.	services that work for them.	
More support for unpaid carers and reform of Carer's Allowance.	<p>Unpaid carers are increasingly delivering more care and requiring more support themselves.</p> <p>We cannot allow unpaid carers to prop up and cover for underfunding of social care.</p>	<p>Proactive outreach from councils must extend to unpaid carers, to ensure they understand their rights and have access to the support they need, including personalised breaks.</p> <p>Carer's Allowance should also be reformed, including:</p> <ul style="list-style-type: none"> <li>• Increasing total benefit provided.</li> <li>• Access to more funding for those caring for multiple people.</li> <li>• Moving from an earnings limit to an hours-of-work limit.</li> <li>• Scrapping the 21-hours rule for those in full-time education.</li> <li>• Allowing more than one carer to claim for the caring responsibilities of an individual.</li> </ul>	<p>Government</p> <p>Local Authorities</p> <p>Carer Charities</p>
A long-term funded social	Our findings show a larger and more empowered social	The government must recognise, fund, and implement	Government Skills for Care

<p>care workforce strategy</p>	<p>care workforce is required to tackle unmet need.</p> <p><u>Skills for Care's</u> workforce data shows that despite recent improvements, turnover rates remain high across social care, with over 150,000 vacant posts.</p> <p>The impact is growing pressures on existing staff to manage demand.</p> <p>The delivery of truly personalised care is also put at risk, with high turnover rates affecting relationships between care workers and those receiving care.</p>	<p>Skills for Care's 15-year adult social care workforce strategy.</p>	<p>Local Authorities</p> <p>Integrated Care Systems</p> <p>Social Care Providers</p>
<p>Expanded access to Care Act advocates.</p>	<p>The Care Act provides a legal right to people who need support to understand decisions about their care and support.</p> <p>Given the complexities of our social care system, more people could benefit from this advocacy. This would give people going through assessments the confidence that their needs are being properly communicated and outcomes and decisions are coproduced.</p>	<p>Amend the Care Act through a statutory instrument to state that advocates should be offered to every individual ahead of their care needs assessment.</p> <p>Widening this offer to benefit more people will require additional resources and joint working between councils and local voluntary and advocacy teams.</p> <p>Access should remain a guarantee for those who experience difficulties understanding, retaining or using</p>	<p>Government</p> <p>Local Authorities</p> <p>VCSE sector</p>



		information relayed during a care assessment.	
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# Detailed methodology

The goal of this research is to understand the experiences of, and attitudes towards, social care among working-age disabled adults. To do this, we commissioned polling from Savanta. We tasked Savanta with creating a sample representative of the population of working-age disabled people in England, and we worked with them to ensure we were happy with the sample.

## Considerations of our methodology

Creating such a sample presents some difficulties. The main challenge is determining how to make the sample representative enough to allow us to feel confident extrapolating findings to the whole working-age disabled population of England.

We commissioned Savanta in part because of its previous work in this area, including creating a nationally representative sample of working-age disabled adults for another client.<sup>3</sup> To further ensure the representativeness of this sample, we shared the proportions of people with different impairments using the Government's Family Resources Survey. We asked Savanta to match our sample to this as closely as possible.

A second difficulty is that reaching a representative sample of the disabled population with an online survey is more challenging than it would be for a whole population sample. The proportion of people who will not be reached by or able to respond to an online survey is likely to be higher in the disabled population than the population as a whole.

We investigated the possibility of commissioning some telephone surveys as part of this work. However, this has its own drawbacks. Firstly, it greatly increases the cost of the work, and to fit it within our budget, we would have had to substantially decrease either the number of questions we asked or the size of our sample. Secondly, even telephone surveys would not necessarily be suitable for some disabled people. Given this, we decided it was best to do an online survey as planned, acknowledge these issues and caveat findings accordingly.

## Calculating social care eligibility

From our sample, we wanted to estimate the number of working-age disabled adults who may be eligible for social care but do not receive it. To do this, our survey had questions reflecting the criteria for social care eligibility laid out in the Care Act.

The Care Act specifies ten outcomes and says that a person may be eligible for social care if their impairment or illness has a significant impact on their wellbeing and if they are unable to achieve two or more of the specified

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<sup>3</sup> ['Leonard Cheshire – Disabled Adults Polling', Savanta, April 2022](#)

outcomes. It defines being unable to achieve the outcomes as also encompassing:

- Being able to achieve them but doing so causes the person significant pain, distress or anxiety.
- Being able to achieve them but doing so endangering the health or safety of the person or others.
- Being able to achieve them, but it is taking significantly longer than would usually be expected.

To reflect the Care Act, we asked our respondents about their ability to achieve each of these ten outcomes without causing themselves pain, distress, or anxiety, without endangering the health and safety of themselves or others, and without it taking longer than expected.

*When your disability or condition affects you, which of the following activities are you able to do independently, able to do with difficulty, or unable to do at all without help?*

	I can do this independently.	I can do this safely, but it causes myself or others pain, distress or anxiety.	I can do this safely, but it takes me a lot longer than I'd like	I can do this, but it puts myself or others in danger	I can't do this at all without help
Preparing meals and eating and drinking					
Keeping yourself and your clothes clean					
Using the toilet					
Choosing clothes and getting dressed.					
Keeping yourself and others safe in your home					

Cleaning and tidying your home					
Building and keeping relationships with family and friends					
Getting a job, accessing education or doing volunteer work					
Using public transport and local facilities					
Caring for any children you have					

To mirror the Care Act, we also asked if their impairment or illness impacts their wellbeing.

*Does being unable to do those activities independently impact your mental or physical wellbeing?*

Yes

No

Don't know

Prefer not to say

By asking these two questions, we ensured that we matched the criteria for social care eligibility under the Care Act as closely as possible. Mirroring the Care Act, we therefore created our calculation of how many people are potentially eligible for social care based on respondents who:

- Responded, 'I can do this safely, but it causes myself or others pain, distress or anxiety' or 'I can do this safely, but it takes me a lot longer than I'd like' or 'I can do this, but it puts myself or others in danger' or 'I can't do this at all without help' to two or more of the ten outcomes;

AND

- Ticked 'Yes' to being unable to achieve those outcomes independently, having an impact on their mental or physical wellbeing.

The respondents who fit this criteria is our figure for how many people may be eligible for social care.

## **Caveats with our eligibility calculation**

While we have matched the Care Act as far as possible, an online survey is different from a formal care assessment. Therefore, all our figures in this report on how many people may be eligible for social care should be seen as estimates.

When we say that people may be eligible for social care, we are not saying that a care assessment would find them eligible; we are saying that their self-reported description of their illness or impairment suggests that they *may* meet the criteria for local authority-funded social care.

Our questions also only focus on respondents' illnesses and impairments and whether they are likely to meet the threshold to receive social care. We have not looked at financial eligibility, another element of the social care assessment process. Someone can be assessed as eligible for social care based on their illness or impairment but adjudged as not eligible due to their financial situation. Therefore, there are people in our sample who may meet the criteria for social care in terms of their needs but would not ultimately receive local authority-funded social care because of their financial situation.

## **Calculating unmet need**

The final figure we needed to generate was for unmet need. This is the number of people who may be eligible for social care but who are not receiving it.

The methodology described above generated the figure we needed for the first part, which is the number of people who may be eligible for social care. To calculate unmet need, we needed to establish how many of those people have never accessed social care.

We decided to only look at those who have never accessed social care, therefore excluding those who have accessed social care in the past but no longer do so. We did this because to know whether somebody who previously received social care but no longer does should be considered as having unmet need we would need to have a detailed understanding of why their social care ceased. Given the constraints of our research, we could not get enough detail on each respondent who has stopped receiving social care to be able to judge whether they should be considered to have unmet need. Therefore, we decided to exclude respondents who used to receive social care in our calculations to avoid the risk of erroneously inflating our figure.

Calculating unmet needs requires combining answers from two more questions.

*Do you currently receive any social care support?*

Yes - I currently access support (e.g. either organised by my local council or that I pay for privately)
No, but I am currently waiting for a care assessment or for care and support to begin
No, but I used to access social care
No, I have never accessed social care
Don't know.
Prefer not to say.

Those who answered that they had never accessed social care were shown the following question.

<i>Why have you never received social care support?</i>
I receive help from a friend or family member
I don't think I can get any support for my needs
I don't want or need any further help
I use state benefits, like Personal Independence Payment (PIP) to meet my needs instead
I don't know where to go to get support
I can't afford to pay for care or council care contributions
I asked the council or the NHS about getting support, but it was too difficult to get the help I need
My local council told me I was not eligible for care
My local social care services have closed
Other
Don't know

We used the first question to filter down only to those who say they have never accessed social care. We used the second question to filter out those who receive help from a friend or family member, don't want or need help, use state benefits to meet their needs, or have been told they are not eligible. This is not to say that people in those categories do not have needs that could be better met. But we wanted to focus purely on those who have never been through the system and are not receiving any help, not by choice.

Combining these questions with our previous calculations on social care eligibility, we generated our figure for unmet need. This calculation is based on respondents who:

- Meet our previously stated criteria for unmet need.

AND

- Answered 'No, I have never accessed social care' to whether they are currently accessing social care.

AND

- Answered 'I don't think I can get any support for my needs' or 'I don't know where to go to get support' or 'I can't afford to pay for care or council care contributions' or 'I asked the Council or the NHS about getting support, but it was too difficult to get the help I need' or 'My local social care services have closed'.

From our sample of 1,504 people, 425 met this criteria. This gives us our figure of 28% of the population of disabled working-age adults who may be eligible for social care but have never received it.



**healthwatch**

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## Update from NHS Devon

September 2024

### Annual report and accounts

The annual report and accounts of NHS Devon will be presented to the NHS Devon Board at its meeting on 18 September. Agenda papers will be published on 11 September.

2023/24 marked NHS Devon's first full year as an Integrated Care Board, following the transition from NHS Devon Clinical Commissioning Group in July 2022.

As a new organisation it has needed to adapt its work to respond to changing responsibilities and the increasing pressures on services, including an unsustainable underlying financial deficit.

The annual report sets out how, while NHS Devon is making encouraging progress in some areas, there are others, such as access to urgent and emergency care, where significantly improve performance is needed.

### Finance update

NHS Devon has submitted a financial plan for 2024/25 which has a total system deficit of £80 million. The plan includes a savings requirement of £213 million, which is in line with that required in 2023/24. The plan assumes that there will be no cost in relation to Industrial Action.

### Organisational change process

NHS Devon is undergoing an organisational change process to bring costs into line and comply with a central requirement for all integrated care boards to reduce their running costs by 30%.

The consultation period for phase two of the process is complete and Executives agreed the new structures in July. NHS Devon is preparing to share final structures and consultation feedback with staff in early September.

As part of the implementation of phase one of the process, Chris Morley has been appointed as NHS Devon's locality director for Plymouth. Having worked for NHS

Devon for many years, most recently as the interim locality director for Plymouth, Chris has wide-ranging experience in the role and the local area.

Chris' appointment means that NHS Devon now has all three locality directors in place:

- Plymouth – Chris Morley
- North and East – Lou Higgins
- South and West – Karen Barry

## General practice collective action

GP practices have begun taking collective action across the country as of 1 August.

The local picture in Devon, Plymouth and Torbay is emerging gradually and, given the variety of actions that practices can take, this is a complex and changing position. Forecasting the impact therefore remains very complex.

Practices are doing their own messaging to patients on practice-specific arrangements.

NHS Devon is working with NHS England and system partners to monitor activity to ensure care continues to be delivered safely and that reasonable needs of patients continue to be met, alongside the other contractual requirements.

NHS Devon is holding weekly incident management meetings with primary care and acute partners to understand the implications of collective action and look at mitigating actions that be taken.

Bulletins and briefings have been sent to practices and stakeholders on the latest position and supporting materials – as well as a website page for the public.

The key message in our communications is that practices are open, and that people should continue to access them.

## Winter communications strategy

One Devon takes a system approach to winter communications planning to ensure a consistent approach to winter campaigns across both health and care services.

Communications are coordinated with a Devon-wide strategy, which includes themed weeks to ensure a consistent approach for maximum affect.

The national NHS winter campaign has been designed to reach the most vulnerable groups in our society providing them with clear, practical guidance on what they can do to stay as healthy as possible.

Messages are based on preventing infections (e.g., through effective hand and respiratory hygiene) and staying healthy, encouraging seasonal vaccine uptake,

particularly amongst those at greatest risk and those experiencing health inequalities, and knowing which service you need, with a focus on helping to keep the elderly or those with long-term health conditions out of hospital.

At a local level, the system also uses the national branding and messages to target those areas where there is a need to raise awareness or increase communications efforts. The Devon campaign aims to ease seasonal pressure on NHS services. It is designed to ensure that people who are most at-risk of preventable emergency admission to hospital are aware of and, where possible, are motivated to take, actions that may avoid admission this winter.

This plan supports the system's ambition to focus on addressing inequalities in uptake of vaccinations with a particular focus on areas of greatest need and defined cohorts who may be least likely to access vaccination and at-risk groups at higher risk of severe disease.

### System priority areas for winter communications for 2024/25

- **NHS 111** – choose well and behaviour change campaign to encourage contacting 111 before attending ED (online and phone)
- **Seasonal vaccinations** – Increase uptake in all eligible groups for flu, Covid-19 and RSV, with focus on outreach and health inequalities
- **GP access** – Primary Care Access Recovery Plan: NHS App functionality, increasing self-directed care, implementing 'Modern General Practice Access', better digital telephony, care navigation, larger multidisciplinary teams
- **Pharmacy and self-care** – promoting Pharmacy First for minor illness, raising awareness of expanded pharmacy services, and local self-care campaign "Treatment starts at home"
- **Digital** – online and video consultations, NHS app, NHS Quicker, ORCHA health and wellbeing app library, HANDi paediatric app
- **Mental health** - support available for people, especially as we approach Christmas and New Year, 24/7 crisis lines, crisis cafes and talking therapies services
- **Inequalities** – focus on diverse groups, working with local communities and community champions to undertake engagement and insight work, ensuring services are inclusive, translated, and easy read documentation. Support to access services and information outside of digital platforms, particularly for people with learning and/or physical disabilities
- **Early discharge** – system-wide campaign to support early discharge from hospital and improve flow
- **Minor injury units and urgent treatment centres** – localised campaigns by providers to promote MIU/UTC offer.

### End-of-life review group

Supporting people who require end-of-life care and their families is hugely important to us. Local NHS partners want to see palliative and end-of-life care services across

Devon that are sustainable and consistent in terms of access, experience and outcome for individuals, their families and those delivering care.

As part of this, NHS Devon has been engaging with hospices and other organisations who are involved with end-of-life care and have established a task and finish group led by Lou Higgins, locality director for north and east. The group will review evidence and guidance, assess Devon's position against this, and make recommendations on a future commissioning model, as well as creating an end-of-life care collaborative to advise NHS Devon on future long-term commissioning arrangements.

ENDS

**HEALTH AND WELLBEING BOARD**

Tracking Decisions Log 2024 – 25



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

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

Date	Resolution	Officer Responsible	Progress
24/07/24	<ol style="list-style-type: none"> <li>1. Requested that NHS Devon provide further clarification regarding the recommencement of NHS Dentistry check-ups post Covid;</li> <li>2. Requested further information regarding the NHS Devon financial position;</li> <li>3. Requested further information regarding admissions to ED due to challenges accessing GP services.</li> </ol>	Chris Morley / Nicola Jones (NHS Devon ICB)	<p><b>In Progress:</b> This information will form part of the next NHS Devon Update brought to the Health and Wellbeing Board Meeting in September 2024.</p>
24/07/24	<ol style="list-style-type: none"> <li>1. Requested further information from NHS Devon to clarify if community pharmacy performance was shared with the UHP Outpatient Pharmacy, to monitor the impact of devolving some prescription pick-ups to community pharmacies;</li> <li>2. Recommended that a triage system be introduced at the UHP Outpatient Pharmacy to reduce unnecessary delays for customers.</li> </ol>	NHS Devon ICB & UHP	<p><b>Complete:</b></p> <ol style="list-style-type: none"> <li>1. Data regarding prescription collections is recorded and shared as part of the UHP Outpatient Pharmacy contract. No significant impact of these prescription collections has been evidenced.</li> <li>2. The store now has two dedicated queues with a visible barrier and signage in place for prescription collections and a separate area for prescription drop. The store team are also conscious</li> </ol>

			if there are ever long queues and will proactively move staff to assist at busy times.
07/03/2024	1. Recommended that Councillors are provided suicide prevention and awareness training, as well as emergency support contact details.	Kamal Patel	<b>In Progress:</b> A training session has been scheduled for 15 September 2024, which is open to all Councillors.
24/01/2024	<p>1. Recommended to NHS Devon that options be explored to commission dedicated older people's Community Builder;</p> <p>2. Recommend that the Heathwatch Carers survey is shared with Dementia focussed VSCE organisations, to inform carer support;</p> <p>3. Recommended that a coherent communication strategy is developed for Dementia support;</p> <p>4. Recommended that Councillors become more aware of Dementia, and the support available;</p>	Chris Morley (NHS Devon ICB)	<p><b>Part Complete:</b></p> <ol style="list-style-type: none"> <li>1. A Community Builder for older people has been recruited and is in post;</li> <li>2. The Heathwatch Carers survey is being finalised and will be shared with Dementia VCSE organisations in Plymouth. this has been delayed due to the elections;</li> <li>3. The Plymouth Dementia Action Alliance continue to work collaboratively and meet regularly (last meeting in June) to ensure joined-up support and planning for current and future Dementia needs in the City. A communication strategy is under consideration.</li> <li>4. Councillors were notified of this meeting and have access to recordings of the Dementia presentations. A members briefing session can be organised if required.</li> </ol>

**HEALTH AND WELLBEING BOARD**

Work Programme 2024 - 25



**Please note that the work programme is a 'live' document and subject to change at short notice. This is currently a draft document, under consideration with the Chair and council officers.**

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

<b>Meeting Date</b>	<b>Agenda item</b>	<b>Responsible Officer</b>
<b>20 June 2024</b>	DCIOS HPC Annual Report 2022/3	Julie Frier / Ruth Harrell
	Plymouth Drugs Strategy Partnership Annual report	Kamal Patel
	NHS Devon Update	Chris Morley
	Vaping Working Group results and Vaping Position Statement.	Dave Schwartz, Dan Preece, Julie Frier
	UHP Pharmacy Verbal Update	Rachel O'Connor
<b>12 September 2024</b>	Peninsula Acute Sustainability Programme (PASP) Draft Case for Change	Liz Davenport & Jenny Turner
	Health watch Annual report + Social Care report	Tony Gravett
	NHS Devon Update	Chris Morley
<b>16 January 2025</b>	Thrive Plymouth	Public Health
	DPH Annual Report	Ruth Harrell
	Oral Health Improvement Update	Ruth Harrell
	Community Empowerment Programme	TBC
<b>06 March 2025</b>	Pharmaceutical Needs Assessment (PNA)	Rob Nelder
<b>Standing Yearly Items</b>		
	Suicide Prevention	
	Director of Public Health Annual Report	
<b>Items to be scheduled</b>		
	Local Care Partnership- Priorities	LCP + PCC
	NHS Long Term Plan + Recovery plan	NHS Devon ICB
	Safer Plymouth and Plymouth Safeguarding Board	PCC

<b>Meeting Date</b>	<b>Agenda item</b>	<b>Responsible Officer</b>
	Annual update from the 'Plymouth Health Determinants Research Collaborative' (PHDRC)	Gary Wallace / Ruth Harrell
	Dental Taskforce Update	Rob Nelder
	Thrive Plymouth – Next Ten Years	Ruth Harrell
	Pharmaceutical Needs Assessment	Rob Nelder
	Joint Strategic Needs Assessment	Ruth Harrell