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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 11 March 2026
1.00 pm
Warspite Room, Council House

Members:
Councillor Murphy, Chair
Councillor Ney, Vice Chair
Councillors Lawson, Lugger, McLay, Moore, Morton, Noble, Penrose, Simpson and Tuohy.

Members are invited to attend the above meeting to consider the items of business overleaf. For further information on attending Council meetings and how to engage in the democratic process please follow this link - Get Involved

Tracey Lee
Chief Executive

Health and Adult Social Care Scrutiny Panel

1. Apologies

To receive any apologies for non-attendance from Committee members.

2. Declarations of Interest

To receive any declarations of interest from Committee members in relation to items on this agenda.

3. Minutes **(Pages 1 - 20)**

To confirm the minutes of the previous meeting held on 27 January 2026.

4. Chair's Urgent Business

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

5. Adult Social Care Finance Report – Month 10 25/26: **(Pages 21 - 24)**

6. Performance Report, Adult Social Care: **(Pages 25 - 36)**

7. ICB Clustering Update: **(Pages 37 - 40)**

8. Vaccination Update: **(Pages 41 - 58)**

9. Epic Electronic Patient Record (UHP): **(Pages 59 - 68)**

10. Dental Care Update: **(Pages 69 - 84)**

11. Armed Forces Care: **(Pages 85 - 96)**

12. Deep Dive - Social Workers: **(Pages 97 - 106)**

13. Action Log **(Pages 107 - 108)**

For the Committee to review the progress of actions.

14. Work Programme **(Pages 109 - 112)**

For the Committee to discuss item on the work programme.

15. Exempt Business

To Consider passing a resolution under Section 100A(2/3/4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following items of business, on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

15.1. Private Meeting

Agenda

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Health and Adult Social Care Scrutiny Panel

Tuesday 27 January 2026

PRESENT:

Councillor Murphy, in the Chair.
Councillor Ney, Vice Chair.
Councillors Lawson, Lugger, McLay, Moore, Morton, Noble, Penrose, Simpson and Tuohy.

Also in attendance: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care), Julia Brown (Service Director for Adult Social Care), Mark Collings (Strategic Commissioning Manager), Louise Ford (Service Director for Integrated Commissioning), Viktor Keaty-Korycan (Manager of Caring for Carers, Improving Lives Plymouth), Kate Lattimore (Commissioning Officer), Ian Lightley (Livewell Southwest), Amanda Nash (Head of Communications, University Hospitals Plymouth), Gill Nicholson (Head of Innovation and Delivery, Adult Social Care), Rebecca Sampson (Lead Account), Gary Walbridge (Strategic Director for Adults, Health and Communities), Elliot Wearne-Gould (Principle Democratic, Governance and Scrutiny Officer), and Michael Whitcombe (Deputy Chief Operating Officer, University Hospitals Plymouth).

The meeting started at 2.00 pm and finished at 4.27 pm.

Note: At a future meeting, the Panel 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.

110. **Declarations of Interest**

There were three declarations of interest made:

Minute No.	Councillor	Interest	Description
All	Lawson	Personal	Employee at University Hospitals Plymouth
All	Noble	Personal	Employee at University Hospitals Plymouth
All	Morton	Personal	Employee at University Hospitals Plymouth

111. **Minutes**

The Panel agreed the minutes of the meeting held on 21 November 2025 as a correct record, subject to the following amendment:

1. Addition to 'Also in attendance': Councillor Mary Aspinall

112. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

113. **Finance Monitoring Report for H&ASC**

Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) introduced the Adult Social Care Finance Report, Month 8 24/25 and discussed:

a) The Adults, Health and Communities directorate had reported an in-year overspend of £4.4 million at Month 8, of which £2.4 million related specifically to Adult Social Care, reflecting sustained financial pressure within care services;

b) The main pressures remained consistent with the pattern seen throughout the year, particularly a rise in demand for domiciliary care, with increased activity flowing through as waiting lists were reduced and more people entered the system;

c) The service had been able to offset a proportion of these pressures through additional joint funding and client income, which helped to reduce net expenditure against budget;

d) Inflationary pressures had arisen following the collapse of the Council's previous Community Equipment Service provider, and additional funding had been required to stabilise and sustain delivery of that service under new arrangements;

e) A Budget Containment Group had been activated from the beginning of the financial year, supported by a series of focused work-streams, to identify high-risk budget areas and develop mitigations, including: targeted package reviews, cost-containment activity, and opportunities to increase appropriate income;

f) Approximately £800,000 additional income from health partners had been identified by reviewing domiciliary care packages;

g) Despite the mitigations, some risks remained: £500,000 of delivery plans carried forward from previous years were still in progress and required continued oversight to ensure full delivery;

h) Delivery plans for 2025/26 had generated £2.7 million of savings at the time of reporting. The remainder of the programme continuing to be monitored through the Budget Containment Group;

i) The Adult Social Care budget for the following financial year was being developed in parallel, with planned growth of £11.1 million in 2026/27 to address National Living Wage increases, wider inflationary pressures and demand growth across the system, recognising that the demand patterns evident in the current year were expected to continue.

Rebecca Sampson (Lead Account) added:

j) The approach taken sought to distinguish clearly between unavoidable demand-led pressures and those areas where management action, joint working and improved processes could reasonably be expected to mitigate costs;

k) Work was ongoing with health partners to ensure joint funding arrangements were robust, transparent and consistently applied, so that Adult Social Care did not bear costs that were more appropriately attributable to NHS responsibilities;

l) The growth of £11.1 million for 2026/27 had been modelled to reflect the confirmed National Living Wage rate, inflation on commissioned care, and known changes in client numbers and complexity, to minimise the risk of in-year volatility;

m) Lessons learned from previous years' income forecasts, particularly around client contributions, had been factored into the new budget assumptions, with a view to improving income accuracy and reducing the likelihood of future income-related pressures.

In response to questions, the Panel discussed:

n) Appreciation for the work undertaken to contain the overspend and concern regarding the sustainability of relying on recharging additional elements of domiciliary care to the Integrated Care Board (ICB), noting the view that there was limited scope to pass further costs to health partners on a recurring basis;

o) The importance of ensuring that the "right service paid for the right care", with Adult Social Care budgets funding social care needs and NHS budgets funding health care needs, and that this principle underpinned the realignment of costs identified through recent reviews of domiciliary care packages;

p) The specific example of one-to-one support provided to people in the initial days following discharge from hospital, where recent analysis had demonstrated that some support previously funded as social care properly met health needs and had therefore been reclassified and recharged to health partners;

q) Assurance given by officers that while there remained some further potential to refine and improve joint funding arrangements, the objective was not to shift unreasonable levels of cost to the NHS, but to ensure that funding responsibilities were allocated fairly and consistently in line with national guidance and local agreements;

r) The expectation that the practice changes underway, including clearer decision-making about the appropriate funding route at the point of discharge

and improved governance around joint panels would, over time, reduce large swings in financial responsibility between organisations and provide greater stability for both the Council and health partners, while supporting better outcomes for individuals;

The Panel agreed:

1. To note the Adult Social Care Finance Report, Month 8 24/25 and the forecast overspend position for the Adults, Health and Communities directorate, including the specific pressures within Adult Social Care.

114. **Performance Monitoring Report for H&ASC**

Councillor Aspinall (Cabinet Member for Health and Adult Social Care) introduced the Adult Social Care Performance Monitoring Report and discussed:

a) The report provided a performance update for Adult Social Care, including demand levels, waiting times, outcomes for people, and key system pressures and improvements;

b) The report followed the recent Care Quality Commission (CQC) inspection of Adult Social Care, with Plymouth receiving an overall rating of 'Good', which was a significant achievement;

c) Performance information was presented thematically, including front door and triage, Care Act assessment activity, review activity, occupational therapy (OT) waiting times, care-home demand, domiciliary care capacity, reablement outcomes and hospital flow indicators including "No Criteria To Reside".

Julia Brown (Service Director for Adult Social Care), Gill Nicholson (Head of Innovation and Delivery, Adult Social Care) and Ian Lightley (Livewell Southwest) added:

d) At the 'front door', no-one waited more than five days for an initial triage decision. This ensured everyone contacting the service received a timely first response and a clear decision on whether a full Care Act assessment was required, enabling earlier advice, information and signposting;

e) Significant progress had been made on Care Act assessments. The average number of days to complete an assessment had reduced from over 200 days earlier in the year towards the 100-day target, and the very long waits of over 500 days had reduced substantially;

f) The 'waiting well' arrangements had been fully implemented, including:

   i. proactive contact with people on the waiting list and clear updates on expected timescales;

   ii. established contact routes so people could notify the service if needs changed or risk increased;

iii. risk-based prioritisation that enabled higher-risk people to be brought forward sooner;

g) Review activity had shown a slight reduction in total reviews completed, reflecting a deliberate shift toward targeted, proportionate reviews that:

i. focused on those at highest risk rather than solely on length of wait;

ii. ensured reviews were proportionate, avoiding unnecessary full reassessments;

iii. supported safe reductions in care packages where people no longer required the same level of support;

h) Targeted reviews had identified individuals whose needs were more appropriately funded through NHS Continuing Health Care or other health budgets. This contributed to a realignment of funding responsibilities, ensuring the correct service funded the correct level and type of care and supporting budget sustainability across health and social care;

i) OT waiting times remained a priority, with the waiting list including both Adult Social Care and health referrals;

j) The overall picture for OT had improved, although around 18% of people were still waiting more than 300 days, which officers acknowledged remained too long;

k) To address OT delays, Adult Social Care and Livewell Southwest had initiated a significant review of OT activity, including:

i. development of a clearer shared definition of Adult Social Care OT, distinguishing longer-term care and independence-focused interventions from health rehabilitation;

ii. review of pathways, demand and prioritisation for Section 2 and Section 9 activity to ensure referrals entered the correct pathway;

iii. expansion of "waiting well" approaches within OT so people waiting were kept safe, informed and supported;

l) Residential and nursing care placements remained broadly stable through November and December 2025, although short-term and step-down placements fluctuated as expected;

m) The Council's new care-home framework had gone live at the start of January with strong provider engagement;

n) The care-home framework aimed to:

i. support greater collaboration with the provider market;

ii. stabilise and contain fee levels while recognising inflationary and complexity pressures;

iii. better align the cost of care with need and outcomes for residents;

o) Domiciliary care data for December showed a slight reduction in total people receiving domiciliary care, though new packages continued to fluctuate month to month;

p) Officers were working closely with the domiciliary care market to ensure sufficient capacity to meet current and forecast demand, particularly in the context of winter pressures and hospital discharge;

q) Reablement performance remained strong, with over 81.8% of people remaining at home 91 days after discharge, above the 80% historic target;

r) The national benchmark for this measure had increased to 83.9%, which would apply from April 2026;

s) Although the future target would be more challenging, officers were confident in the reablement service's effectiveness and its contribution to keeping people well at home;

t) Direct payments continued to show positive progress, with:

i. an in-house payroll function strengthening control, resilience and value for money;

ii. increasing numbers of people choosing to manage their own care following a temporary dip in the summer;

iii. additional staff training so direct payments were routinely offered as a first-line option;

u) The NCTR metric reflected the proportion of inpatients who no longer met criteria to remain in hospital. Plymouth's NCTR figure had been hovering slightly above the 9% target at around 10% during the reporting period, although it fluctuated daily;

v) At present, the NCTR position had improved to approximately 5%, demonstrating the system's ability to restore performance rapidly. Keeping NCTR close to or below the target reduced the risk of unnecessary hospital stays, which could contribute to deconditioning and poorer outcomes;

w) A key reason for delays for people with NCTR status involved arranging care-home placements, which took longer due to the need for care-home assessments;

x) The system therefore prioritised a "home first" approach where appropriate, as discharge home with support could be arranged more quickly than care-home admission.

In response to questions, the Panel discussed:

y) The Panel welcomed the reduction in the OT waiting list from around 742 to 652 and queried how "waiting well" and operational expectations would deliver benefits for residents. It was confirmed that the focus remained on maximising staff time spent on assessments and direct work, removing non-essential tasks and enabling clearer prioritisation;

z) The Panel commended progress on Care Act assessment times and queried when the 100-day target might be reached and what the next ambition would be. Officers clarified that around 11% of people were still waiting more than 200 days and roughly 108 people were waiting over 101 days at the time of reporting. There would be a continued focus over the next four to five months to reduce very long waits. Once the 100-day average was sustained, the next ambition would be to move toward most assessments being completed within six weeks;

aa) Members expressed concern that rising demand pressures could squeeze preventative work despite the emphasis on early intervention during Budget Scrutiny. Officers acknowledged the risk but emphasised protected time for preventative activity and noted that backlog reduction had freed capacity for prevention;

bb) Members queried the drop in monthly Care Act assessment completions after a peak earlier in the year and asked what resilience would support a consistent level of around 180 completions per month. Officers explained that:

i. winter pressures, sickness, annual leave and vacancies had affected capacity;

ii. earlier high completion levels reflected a greater proportion of less complex cases in the backlog;

iii. remaining cases were more complex, naturally lowering throughput;

iv. activity levels would stabilise as backlog and complexity reduced;

cc) Members queried the NCTR figure and asked where the main discharge challenges remained. Officers advised that day-to-day variation was significant but current performance at around 5% was positive. Complex pathways, especially into care homes, created longer waits due to assessment and matching. Daily multi-agency calls reviewed individual delays and resolved issues. Supporting more people home first remained the most effective approach;

dd) **Action:** Members requested that future reports include data on reviews resulting in reduced or ceased care packages. Officers agreed to include this information in future reporting;

ee) It was confirmed that 38 care homes had signed up to the framework and participation was expected to increase, particularly through the innovation lot. Incentives included clearer commissioning intentions and a more stable fee environment;

ff) The Panel reiterated its appreciation of the work undertaken to improve waiting times, reduce long waits and respond to winter pressures, and noted the continued focus on prevention, market sustainability and system flow.

The Panel agreed:

1. To note the Adult Social Care Performance Monitoring Report;

2. **Action:** Officers to analyse the spike in the percentage of reviews with increased costs in August and report back to the Panel;

3. **Action:** Officers to include data on reviews resulting in reduced or ceased care packages in future performance reports.

115. **Adult Social Care CQC Outcome Update**

Gary Walbridge (Strategic Director for Adults, Health and Communities), Julia Brown (Service Director for Adult Social Care) and Louise Ford (Service Director for Integrated Commissioning) presented the Adult Social Care CQC Outcome Update and discussed:

a) The inspection outcome had been received following a significant assessment process which began in January of the previous year, during which the Council had submitted over 300 documents and 50 anonymised cases to the Care Quality Commission (CQC);

b) The on-site inspection had taken place over three and a half days in June and had involved approximately 45 formal interviews with staff, partners and people receiving services, including around 180 individuals in total;

c) The service had been awarded an overall rating of Good, and the presenters expressed strong pride in the outcome, noting the extensive work undertaken by staff, Livewell Southwest, wider Council teams, partner organisations and voluntary and community sector networks;

d) Plymouth had achieved an Outstanding rating for the domain of 'equity, experience and outcomes', one of only a very small number of councils nationally to achieve Outstanding in this area;

e) The Outstanding rating recognised Plymouth's proactive approach to identifying and listening to people most likely to experience inequity in

services and reflected extensive partnership work across directorates and sectors;

f) The presenters emphasised the importance of acknowledging the success achieved while also recognising that not everyone experienced services positively, and the report identified clear areas for improvement which would form the basis of ongoing work with Scrutiny;

g) Inspection documentation, including the full report, had been published on the CQC website and was available for partners and the public;

h) Assessing People's Needs had scored 50%, with strengths including person-centred assessments and 90% of callers having their situation resolved at first contact;

i) Strong examples of joint working and positive feedback on carer assessments had been noted;

j) Improvements were required in communication with people and carers and in strengthening strength-based practice, with the Principal Social Worker leading training to address this;

k) Supporting People to Live Healthier Lives had scored 63%, with strong preventative work, effective reablement and strong partnership working across the council and the voluntary sector;

l) Improvement areas included occupational therapy (OT) pressures and outcomes for those receiving short-term support, though some progress had already been made since the inspection period;

m) Equity in Experience and Outcomes had scored 88%, reflecting embedded co-production and strong engagement with seldom-heard groups, with further work planned on cultural competency and data quality;

n) Care Provision, Integration and Continuity, had scored 57%, with strong recognition of the Council's use of the Joint Strategic Needs Assessment to shape commissioning and the strategic direction provided by the Plymouth Plan;

o) Strong partnership working with the voluntary and community sector and commissioned providers had been noted, alongside positive examples of how people were offered choice in their care;

p) Market-shaping work and the co-production commissioning toolkit had been well received, though further work was needed regarding younger adults, transition pathways with children's services and the development of a dementia commissioning plan including technology-enabled care;

q) Work on domiciliary care market development remained a priority;

r) Integration and Partnership Working had scored 82%, reflecting strong strategic working across the Local Care Partnership, effective use of well-being hubs and community groups and strong integration between health and social care;

s) Improvements were needed to strengthen engagement and feedback loops within partnership structures;

t) Safe Systems, Pathways and Transitions had highlighted a strong Home First discharge model, with 70% of people returning home, strong crisis support responses and improvements in waiting-list oversight;

u) Positive multidisciplinary practice in learning disability pathways had been noted, though mixed experiences remained for young people transitioning to adult services, with a joint plan in development and a joint Select Committee session scheduled;

v) Safeguarding arrangements were strong, with people generally feeling safe, timely reporting and review systems, and high levels of Mental Capacity Act training, though significant pressures remained in Deprivation of Liberty Safeguards;

w) Improvements were required in documenting how safeguarding was made personal to individuals, with work already underway;

x) Governance, Management and Sustainability had shown stability in leadership roles, clear oversight and effective use of data to inform decision-making;

y) Strong organisational culture, learning and improvement, staff development pathways and active partnership working were recognised;

z) Improvements were required in standardising audit processes and addressing workforce capacity challenges in some areas, with work underway locally and regionally;

aa) Learning, Improvement and Innovation had scored strongly, with well-regarded workforce development including the ASYE programme for new social workers, effective use of co-production and a strong culture of continuous improvement.

In response to questions, the Panel discussed:

bb) Clarification of how Deprivation of Liberty Safeguards (DoLS) protected people lacking mental capacity by ensuring any restrictions were in their best interests, proportionate and legally authorised through specialist assessment and medical advice;

cc) The inspection visits had taken place primarily at Crown Hill Court, with additional visits to Mount Gould and to a well-being hub to meet voluntary-sector representatives;

dd) Members asked whether DoLS waiting-list data could be reported regularly, expressing concern about high numbers waiting in residential care. Officers reassured the Panel that people were safe and offered to provide focused reporting in future;

ee) Discussion took place regarding Theme 1 scoring and whether sufficient budget allocation was available to support improvements, with officers advising that performance had progressed since the inspection and that proportional assessment of need was key for financial sustainability;

ff) Members raised concerns relating to emergency respite care for unpaid carers, asking whether urgent placements were available when carers were struggling. Officers confirmed that residential respite could be accessed quickly when appropriate and emphasised the importance of ensuring the right support option was identified based on need;

gg) Members offered congratulations for the achievement of a Good overall rating and acknowledged the intensity of the inspection interviews;

hh) Members suggested that the next inspection, which historically occurred on long cycles, might be less daunting given the strong current performance.

The Panel agreed:

1. To note the Adult Social Care CQC Outcome Update.

116. **Plymouth City-wide All-age Unpaid Carers Strategy 2025 – 2027**

Kate Lattimore (Commissioning Officer), Mark Collings (Strategic Commissioning Manager) and Viktor Keaty-Korycan (Manager of Caring for Carers, Improving Lives Plymouth) presented the Plymouth Citywide All-Age Unpaid Carers Strategy 2025–2027 and discussed:

a) The strategy had been co-produced across the Plymouth health and social care system, including Plymouth City Council, Livewell Southwest, University Hospitals Plymouth, St Luke's Hospice, Time 4 U Partnership and Improving Lives Plymouth, and was supported by a detailed implementation plan intended to ensure promises made to carers translated into practice;

b) Census data from 2021 identified approximately 24,000 unpaid carers in Plymouth, with national estimates of 5.7 million unpaid carers. The school census had identified 730 young carers, although further work with youth services indicated the true figure locally was closer to 1,300;

c) Unpaid caring was recognised as widespread, with around three in five people becoming carers during their lives. 70% of carers reported long-term physical or mental-health conditions compared to 59% of non-carers;

d) Young carers faced significant challenges, including reduced school attendance and attainment. National research suggested young carers lost an average of 23 school days per year due to caring responsibilities;

e) Population change, increasing complexity of need and continuing workforce shortages meant unpaid carers played an increasingly essential role in the wider system;

f) Development of the strategy had involved extensive engagement with carers, with carers identifying what worked well, what did not and what support they needed. Six priorities had been developed from this engagement:

   i. access to support services that worked for carers;

   ii. enhanced financial support;

   iii. improved health, safety and wellbeing;

   iv. early identification and recognition of carers;

   v. improved information, advice and communication;

   vi. support when caring roles changed, including transition and bereavement;

g) A cross-partnership implementation group met regularly to oversee delivery of the action plan, with progress reported to the Carers Strategic Partnership Board;

h) Adult Social Care had introduced a RAG-rated waiting-well tool that ensured people waiting for assessments were supported, informed and signposted appropriately, including checks on carer wellbeing and risk of carer breakdown;

i) Livewell Southwest had undertaken work to strengthen carer involvement in assessments and decision-making, including reviewing carer support plans and undertaking focus groups;

j) A cross-system survey had been issued to understand communication gaps between agencies and identify improvements for carers;

k) Mental-health inpatient units were reviewing discharge processes to ensure carers were included appropriately;

l) Virtual wards and discharge-to-assess models supported care at home but could increase pressure on carers, so systems were working to ensure

appropriate support and communication with carers involved in home-based care;

m) Adult Social Care teams were piloting the Triangle of Care, a national quality framework, to ensure a therapeutic alliance between services, the cared-for person and the carer;

n) A programme called Carer Money Matters, funded by Carers Trust, supported income maximisation, benefits navigation and fuel-poverty reduction. More than 500 carers had been supported, with total financial gains exceeding £1 million;

o) Entitlement reviews were carried out because many carers were unaware of the financial support available to them;

p) Improving Lives Plymouth administered grants including Household Support Fund allocations, which provided direct help to carers in financial hardship;

q) Links had been established with the national Connect to Work scheme, providing employment-related support for carers wanting to return to work;

r) An enhanced sitting service had been established, offering between two and eight hours of regulated respite per week to support carers;

s) A pilot programme across Devon provided carers with discounted hotel stays, days out and wellbeing offers via a carer passport scheme;

t) Counselling was available for carers via commissioned counselling partners;

u) Work was underway to launch Bridgit Care, a digital self-help tool offering personalised advice, guidance and signposting based on carers' circumstances;

v) Work was taking place to raise awareness of young carers, including promoting the No Wrong Doors approach across partners to ensure any professional encountering a carer could identify and signpost appropriately;

w) Targeted work was being undertaken to reach carers within under-represented communities, including refugee and asylum-seeker communities and Gypsy, Roma and Traveller groups;

x) Support for working carers was being promoted through employer toolkits and the city's membership of the Employers for Carers scheme;

y) Young carers were working with the Department for Work and Pensions to improve awareness of carers allowance eligibility from age 16, due to low take-up;

z) The forthcoming Bridgit Care digital tool would give carers access to high-quality and personalised information, aligned with updates to the Plymouth Online Directory;

aa) Work with St Luke's Hospice and other partners supported carers experiencing bereavement and change in caring circumstances;

bb) The Health Determinants Research Collaborative (HDRC) was supporting research and evaluation work focused on young-carer transitions into adulthood;

cc) Caring for Carers extended its support offer to six months after a caring role ended, recognising the need for ongoing emotional and practical support;

dd) The development of a comprehensive evaluation framework combining quantitative and qualitative measures, including increases in carers on the carers register, improved response times and increased participation in community activities. HDRC research support was being utilised to strengthen evaluation methods and embed learning across the partnership.

In response to questions, the Panel discussed:

ee) Clarification of whether individuals drawing a state pension could access carers allowance. Officers explained that state pension receipt affected eligibility and that carers allowance remained one of the lowest benefits;

ff) Members raised concern at the principle that older carers, who formed a significant proportion of the caring population, could be disadvantaged by benefit rules;

gg) Members supported writing to government expressing concerns about inequities between private-pension and state-pension recipients;

hh) Confirmation that Carer Money Matters had no minimum-hours requirement, unlike carers allowance, and was accessible to anyone recognised as an unpaid carer;

ii) Discussion regarding how young-carer numbers were identified, including through school census returns, social-care involvement and youth-service engagement. Officers explained that sibling carers were often identified by social workers and family-support staff;

jj) Concerns regarding very young carers and distinction between caring and safeguarding thresholds. Officers explained that very young carers were identified when asked to undertake tasks beyond what was age-appropriate, with social-care oversight ensuring safeguarding concerns were acted upon;

kk) Members emphasised the importance of early identification, noting research indicating carers often took years to recognise themselves as carers. Officers described ongoing work across primary care, hospitals, youth services, employers and national awareness campaigns to improve recognition;

ll) The Panel welcomed updates on digital tools such as Bridgit Care and recognised the importance of reaching carers who did not access formal services.

The Panel agreed:

1. To endorse the Plymouth Citywide All-Age Unpaid Carers Strategy 2025–2027 and ongoing activity to support unpaid carers in Plymouth;

2. To recommend that the Cabinet Member for Health and Adult Social Care writes to the relevant Government Minister expressing concern about inequity in carers-allowance eligibility for people in receipt of the state pension.

3. To request that officers return to the Panel in six months with a progress update;

4. **Action:** To request clarification from officers on carers allowance eligibility in relation to state pension and private pension receipt;

117. **Winter Pressures Update**

Michael Whitcombe (Deputy Chief Operating Officer, University Hospitals Plymouth), Amanda Nash (Head of Communications, University Hospitals Plymouth), Gary Walbridge (Strategic Director for Adults, Health and Communities) and Louise Ford (Service Director for Integrated Commissioning) presented the Winter Pressures Update and discussed:

a) Winter planning had remained challenging, with the One Plan objective of reducing the number of patients with No Criteria to Reside (NCTR) only partially achieved. Approximately 50% of the intended improvement had been delivered;

b) University Hospitals Plymouth (UHP) had operated under escalation, with a net loss of 54 beds from the beginning of October due to NCTR-related pressures, compared with an anticipated loss of 8 beds after mitigations. The position had stabilised at around 40 beds lost in December and January;

c) Ambulance handover delays had shown significant improvement, with 2,000 hours lost in December 2025, compared to 6,344 hours lost in December the previous year. Although performance remained below desired levels, meaningful progress had been made, resulting from joint acute and community system working;

d) The four-hour emergency department standard had deteriorated more than anticipated against the planned recovery trajectory, with actions underway to improve patient flow and movement through pathways;

e) Vaccination uptake among staff had improved, with UHP exceeding the 5% increase expected across Devon. Particular success was attributed to peer

vaccinators and targeted internal communications, with a further rise in uptake immediately before Christmas in response to rising flu cases;

f) Infection-prevention benefits were evident, with flu and RSV impacts being more controlled and less severe than in the previous winter due to preventative measures and vaccinations;

g) The winter communications campaign had included a major public awareness initiative for the Urgent Treatment Centre (UTC), which had involved social media, radio, Spotify advertising and physical banners;

h) Since the start of the campaign, Urgent Treatment Centre (UTC) attendances had risen significantly, with 11 January 2026 recording the highest number of UTC attendances to date. The campaign had helped reduce emergency-department redirects by encouraging patients with minor illness and injury to present directly to the UTC;

i) Members of the Panel had visited the UTC in November 2025, and positive feedback had been received, with several councillors independently promoting the service following their visit;

j) The presenters emphasised the importance of ensuring the public understood when and how to use the UTC as a safe alternative to the Emergency Department, which supported improved flow through the hospital;

k) UHP highlighted positive results from out-of-hospital services showcased during the BBC NHS Day, including the X-ray car, which had supported over 400 patients, with over 95% avoiding hospital conveyance as a result;

l) Admission-avoidance services remained a priority, with national policy continuing to promote home-based care. Patients typically recovered better in their own environments and were less exposed to infection during winter;

m) Livewell Southwest continued to develop the community virtual ward, with 55 people on the caseload out of a capacity of 95, alongside the acute virtual ward. Onboarding processes were being strengthened, including reviewing patients 48 hours before predicted discharge;

n) Winter-system working between Plymouth City Council, NHS Devon, Livewell Southwest and UHP continued daily, with escalation calls and multi-agency oversight used to manage complex discharges and maintain safe system flow;

o) Capacity in care-home and domiciliary-care markets had remained stable so far during winter, with no significant shortages reported;

p) Norovirus and flu remained active across the system, with norovirus levels 47% higher in the first two weeks of the year compared to the same period the previous year; however, strong infection-control practice and PPE use in care-home settings had helped prevent major outbreaks locally;

q) The presenters reiterated public-health messages encouraging people who were unwell to stay away from vulnerable settings and maintain good hygiene;

r) A more detailed winter review would be brought to a future Panel meeting once the season had concluded.

In response to questions, the Panel discussed:

s) Members queried the increase in staff vaccination uptake and were informed that targeted communications, peer vaccinators and pre-Christmas risk awareness had driven strong engagement;

t) Members sought clarification on RSV vaccination figures. UHP confirmed the data shown related to staff uptake within the Trust, not community-wide population uptake;

u) Members raised public perceptions arising from national NHS coverage and asked about the importance of highlighting out-of-hospital care models. Presenters reiterated that alternatives such as the UTC, X-ray car, virtual wards and lung-screening services were critical in demand management and helped ensure care was provided in the right setting;

v) Members welcomed the evidence of same-day emergency care and virtual-ward performance;

w) Members shared positive personal experiences of virtual-ward provision and asked whether expansion was planned. UHP confirmed further development would be supported alongside the new electronic patient-record system launching in July;

x) Members requested a future session on the Electronic Patient Record (EPR) rollout (Epic), including implications for Adult Social Care and system partners;

y) Questions were raised regarding norovirus prevalence and whether additional proactive measures beyond PPE and hygiene were feasible. It was advised that eradication was not possible, and public-health messaging remained the best mitigation.

The Panel agreed:

1. To note the Winter Pressures Update;

2. To request that an item on the introduction of the Electronic Patient Record (Epic) was brought to the Panel prior to its launch in July 2026.

118. **Armed Forces Care**

The Chair introduced the item and discussed:

a) This was the second occasion the Panel had requested an update on Armed Forces Care, and significant concerns were raised about the quality and appropriateness of the information provided;

b) The Chair expressed disappointment and frustration that no representatives from the Integrated Care Board (ICB) or NHS partners had attended the meeting to present the report;

c) There was a need to clarify information on the final page of the submitted papers, which stated that "there are no special provisions for the (Armed Forces) population to be seen faster than the rest of the population". This appeared to contradict the Armed Forces Covenant, which provided for priority treatment for serving personnel, veterans and their families for service-related conditions, subject to clinical need;

d) The Panel would revisit the matter at the March meeting, where attendance from the ICB and NHS representatives would be required to provide a full, accurate and Plymouth-specific report.

In response to questions, the Panel discussed:

e) Members expressed support for the Chair's comments and noted that the absence of local information undermined the purpose of scrutiny;

f) Members emphasised the importance of recognising the Armed Forces community in Plymouth, given the city's significant military presence.

The Panel agreed:

1. To request a full Plymouth-specific report at the March 2026 meeting, with attendance from the ICB and NHS.

119. **Action Log**

The Panel agreed to note the Action Log.

120. **Work Programme**

The Panel agreed:

1. To note the Work Programme;

2. To move the next scheduled meeting due to a scheduling clash with Taxi Licensing Committee;

3. To request the following reports for the next meeting:

    i. Armed Forces Care;

ii. ICB Reforms and Restructures

iii. Electronic Patient Record (EPIC).

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Health and Adult Social Care Scrutiny Panel

Date of meeting:	11 March 2026
Title of Report:	**Adult Social Care Finance Report – Month 10 25/26**
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Strategic Director for Adults, Health and Communities)
Author:	Rebecca Sampson (interim Lead Accountancy Manager)
Contact Email:	Rebecca.Sampson@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
The purpose of this report is to inform members around the forecast budget position for Adult Social Care at Month 10 2025/26.

Recommendations and Reasons
1. The Health and Adult Social Care Overview and Scrutiny Committee notes the Adult Social Care Finance report.

Alternative options considered and rejected
1. N/A

Relevance to the Corporate Plan and/or the Plymouth Plan
This finance report links to the following Corporate Plan priorities:
1. Working with the NHS to provide better access to health, care and dentistry
2. Keeping children, adults and communities safe.

Implications for the Medium Term Financial Plan and Resource Implications:
Provides information about the nature and scale of financial pressures facing Adult Social Care in year, and by extension the Medium Term Financial Plan.

Financial Risks

N/A

Legal Implications

N/A

Carbon Footprint (Environmental) Implications:

Click here to enter text.

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

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

N/A

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	2	3	4	5	6	7
A	ASC Finance Report – Month 10 2025/26							

Background papers:

**Add rows as required to box below*

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

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

Sign off:

Fin	DN.25.26.029	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A

Originating Senior Leadership Team member: Gary Walbridge

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 25/02/2026

Cabinet Member approval: *Councillor Mary Aspinall approved*

Date approved: 25/02/2026

ASC – BUDGET MONITORING MONTH 10

ASC Scrutiny Update

MONTH 10 UPDATE

	Budget £m	Forecast £m	Forecast Net Variance £m
Adult Social Care	113.455	116.764	3.309

Adult Social Care is reporting an overspend of £3.309 at Month 10. The following pressures and mitigations are flagged:

- Domiciliary Care continues to see an increased for intermediate care to support clients' discharge from hospital.
- As assessment waitlists have been reduced, the directorate has seen a significant increase in bedded care clients, as previously included as a risk. Backdated packages have resulted in £0.783m of old year costs being incurred in year.
- £4.455m additional Joint Funding and client income have been identified, correlating to increased package expenditure. A joint funding panel has been established to improve governance and procedures, ensuring the maximum level of funding is recovered.
- Following the insolvency of the previous Community Equipment Service provider, an inflationary increase was agreed to ensure continuing delivery.
- The Directorate's Budget Containment Group has been mobilised for 2025/26 and activity is ongoing; the function of the group is to focus on emerging high-risk areas, assigning task groups to identify actions to be taken to contain spend, such as focused package reviews. Work identified includes focus on review and analysis of Domiciliary Care, Bedded Care fees levels and pipeline demand, timescales and planning in increase client in Direct Payments and a focus on the Short-Term Residential clients to identify any barriers to long term care.
- Total savings targets of £3.421m were set for 25/26, including of £2.733m of 25/26 step-up Delivery Plans and £0.648m of prior year, carried forward Delivery Plans. Total savings of £2.919m have been achieved and the remaining balance of £0.506m has been declared as unachievable.

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Health and Adult Social Care Scrutiny Panel

Date of meeting:	11 March 2026
Title of Report:	**Performance Report, Adult Social Care**
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Strategic Director for Adults, Health and Communities)
Author:	Gill Nicholson – Head of Innovation and Delivery Adult Social Care
Contact Email:	Gill.nicholson@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
The purpose of this report is to provide Scrutiny panel members with a performance update for Adult Social Care, including levels of demand for services and any priority actions.

Recommendations and Reasons
1. It is recommended that Scrutiny note the content of the report.

Alternative options considered and rejected
1. None

Relevance to the Corporate Plan and/or the Plymouth Plan
Plymouth Plan Priority: A Healthy City
Corporate Plan Priority: Keeping children, adults and communities safe

Implications for the Medium Term Financial Plan and Resource Implications:
None - the Adult Social Care budget is monitored closely, including the numbers of people needing a new service and the associated costs of services

Financial Risks

None - the Adult Social Care budget is monitored closely, including the numbers of people needing a new service and the associated costs of services

Legal Implications

There are no legal duties upon local authorities to set targets or monitor performance. However, these enable us to strive for continuous improvement

Carbon Footprint (Environmental) Implications:

Services for Adult Social Care are provided locally to the city as much as possible to enable people to remain close to their communities. This also aims to reduce the amount of travel required.

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

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

None

Appendices

**Add rows as required to box below*

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		1	2	3	4	5	6	7
A	Adult Social Care Activity & Performance Report							

Background papers:

**Add rows as required to box below*

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

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	1	2	3	4	5	6	7
N/A							

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Julia Brown, Service Director for Adult Social Care											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 27/02/2026											
Cabinet Member approval: *Cllr Mary Aspinall* Date approved: 27/02/2026											

Adult Social Care Activity and Performance Report

The vision for Adult Social Care in Plymouth is to support people to lead "gloriously ordinary lives", living their best life doing the things that matter to them. Living in a place they call home and supported by their own thriving connected community, able to access high quality advice, information and timely local services and support, where appropriate, in a way that they choose.

To support the delivery of our statutory Adult Social Care duties, Livewell Southwest is commissioned by the Council to provide services including assessments and reviews. This is alongside some functions which are retained by the Council..

This report shows the position against some key activity and performance measures from across the health and social care system and will be provided to the Health and Adult Social Care Oversight and Scrutiny Committee on a quarterly basis. We have an improvement plan and transformation programme to support us in continuing in our journey to delivery outstanding levels of care.

Glossary	
ASC	Adult Social Care
CQC	Care Quality Commission
LCP	Local Care Partnership
LGO	Local Government Ombudsman
LWSW	Livewell Southwest
NCTR	No Criteria to Reside
SALT	Short and Long Term
P1	Returning Home – with Reablement support
P2	Short Term Care – Bed Package
P3	Long Term Care – Nursing/Residential

OUR VISION FOR ADULT SOCIAL CARE

PLYMOUTH CITY COUNCIL

"Gloriously ordinary lives"

Social Care Futures

"People living their best life doing the things that matter to them. Living in a place they call home and supported by their own thriving connected community, able to access high quality advice, information and timely local services and support, where appropriate, in a way that they choose."

Remaining Independent

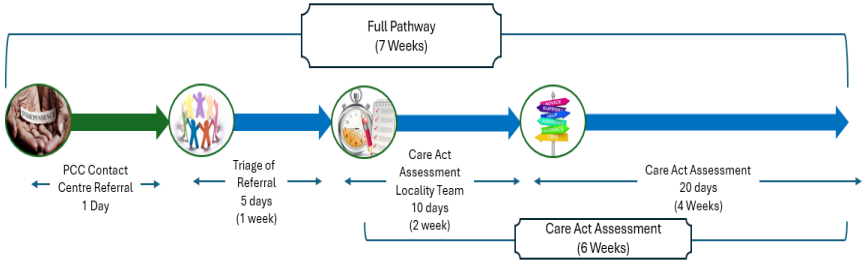
Effective & timely assessment

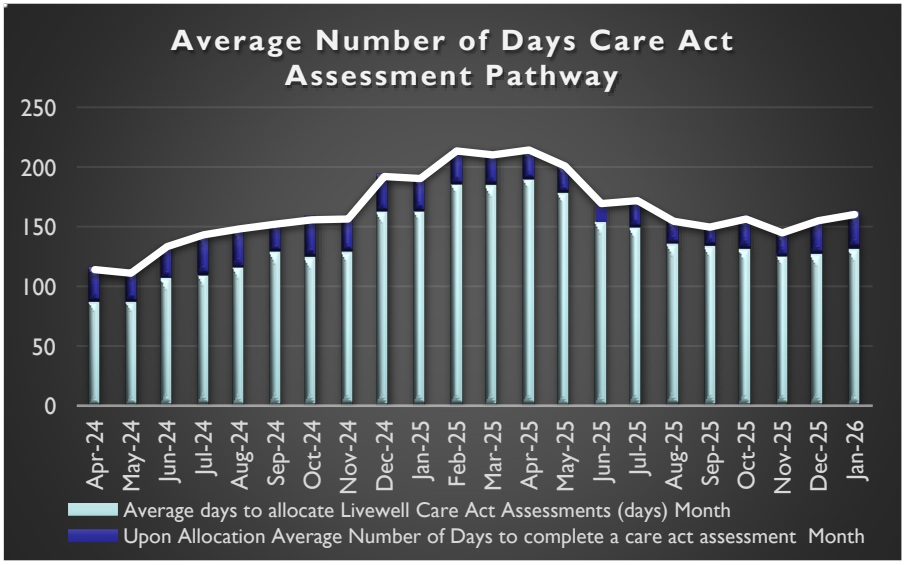
Ensuring choice & control

Good quality care & support from a skilled workforce

Theme 1: Waiting Lists – New Care Act Assessments

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Number of People Waiting	408	327	257	272	288	306	301	336	324	369	366			200	▼
Number of Care Act Assessments Completed	186	198	243	221	222	171	178	210	186	147	170			200	▲
Average number of days to complete an assessment	210	214.2	200.7	169.3	171.8	154.5	149.6	156.4	144.8	155	160.2			120	▲





Narrative

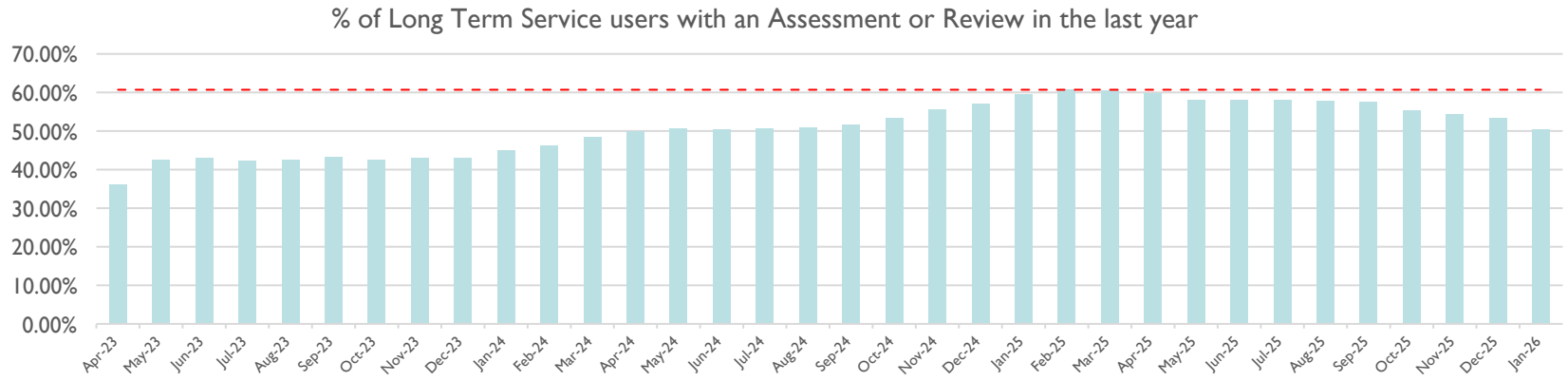
January saw an increase in new referrals, with the service maintaining compliance with the 5-day initial triage target throughout the period. This increase in demand is consistent with expected seasonal trends and was mitigated by a higher volume of completed Care Act assessments.

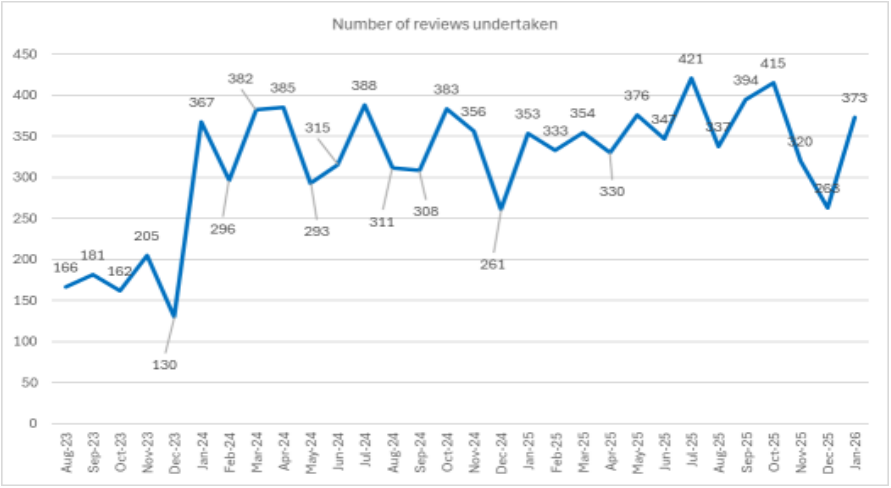
The team have increased this activity through January, but we recognise that there is still an extended wait for a care act assessment to be completed. Our current delay remains in the allocation of work to a social worker; upon allocation the average time of completion is 29 days. The longest -waiter-first approach to waiting list management, alongside robust risk management arrangement continues to be applied, to ensure individuals remain safe while awaiting formal assessment.

PLYMOUTH CITY COUNCIL

Theme 1: Waiting Lists – Care Act Reviews/Change of Circumstances

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
% of long-term service users with an assessment or review in the last year	60.4%	59.70%	57.9%	58.2%	58.1%	57.7%	57.4%	55.4%	54.3%	53.4%	50.0%			60.7%	▼
% of reviews with increased care	15%	19%	23%	18%	15%	34%	18%	21%	21%	21%	13%			TBC	▼





Narrative

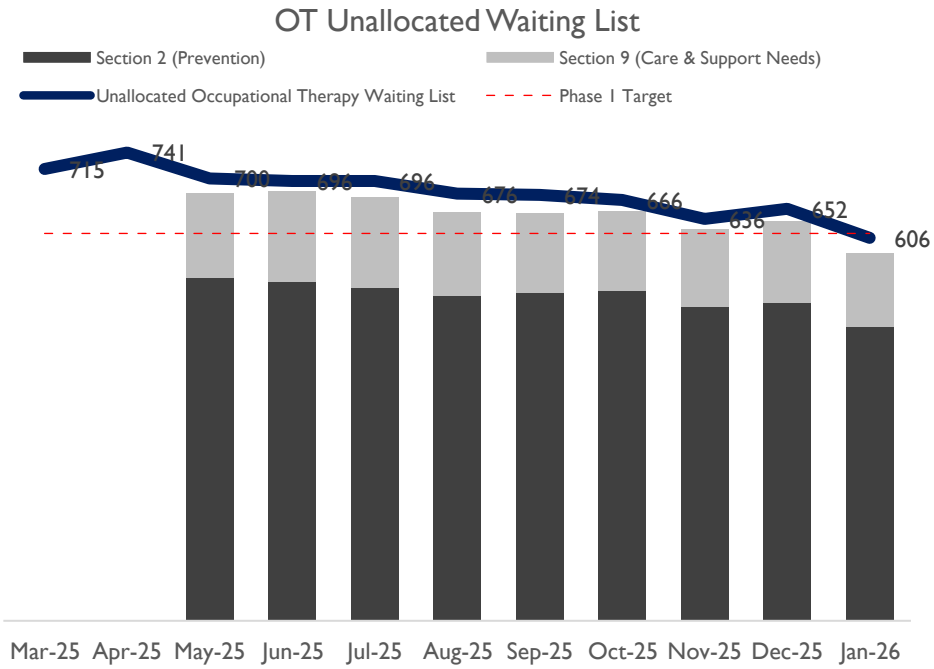
Percentage of long-term service users with an assessment or review in the last year remains slightly below target, however the number of actual reviews undertaken has increased to 373 against December's figure of 263, reflecting the challenge of demands and maintaining statutory coverage.

Reviews will continue to be prioritised based on risk, ensuring that those with the greatest needs receive timely, proactive, and targeted support. A targeted review programme is underway, which focus' on two workstreams:

1. People who currently have low levels of support
2. People who 3 months post discharge from hospital with a long-term package in place.

Theme 1: Occupational Therapy (OT)

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Unallocated Waiting List	715	741	700	696	696	676	674	666	636	652	605			613 - 550	▼
Longest Waiter			459	557	581	612	588	619	427	413	423			N/A	
Mean Wait (in days)	216.9	214.2	202.9	205	194	195	193	183	183	189	196			150	▲



Narrative

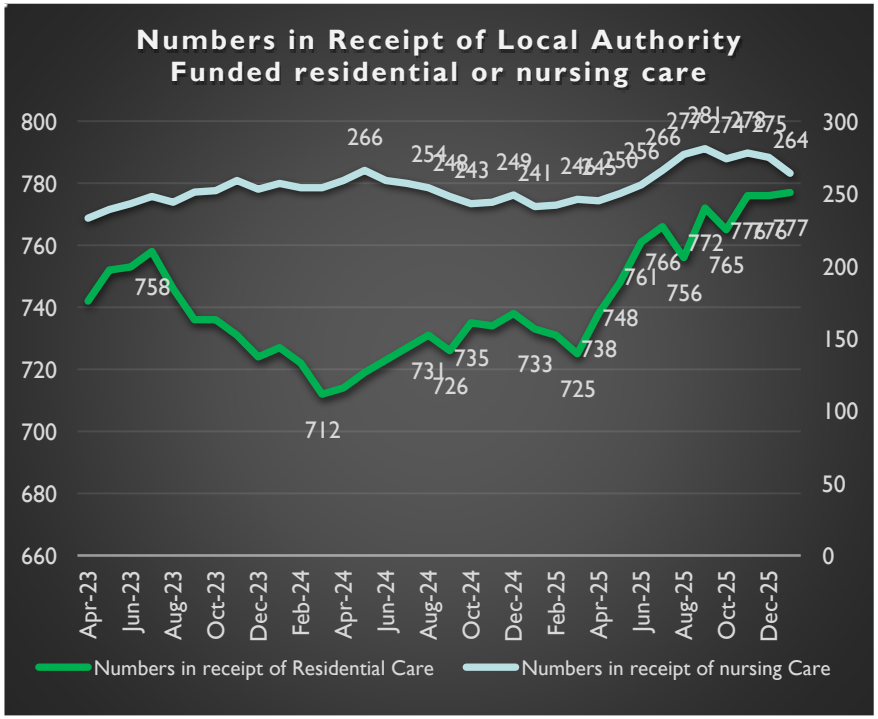
OT waiting list pressures remain a priority, but recent actions across Livewell Southwest are beginning to show impact. As reported in the Adult Social Care performance packs.

The overall OT waiting list sits at 606 which is below our phase target, and we will progress to our phase 2 target (500). However, this is a combined waiting list across both Adult Social Care and Health referrals. Work continues to support the division of the current waiting list to reflect this.

While overall demand continues to outpace capacity in some pathways, escalation and prioritisation frameworks are in place, with focus on the longest waiters. The team has implemented operational expectations to improve flow and efficiency, and 'waiting well' principles have been embedded. This has ensured that all individuals currently on the waiting list have been contacted and risk-assessed as part of the waiting list validation process.

Theme 2: Residential and Nursing Care

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Numbers in receipt of nursing Care	246	245	250	256	266	277	281	274	278	275	264			224	▼
Numbers in receipt of Residential Care	725	738	748	761	766	756	772	765	776	776	777			735	▲
2C Adults aged 65+ whose needs are met by admission to residential/nursing care homes (per 100,000 population)	710.9	41.2	90.7	131.9	210.2	261.7	355.9	391.5	463.6	517.2	574.9			594	▲
Adults aged 18-64 whose needs are met by admission to residential/nursing care homes (per 100,000 population).	15.6	3.1	5	7.5	9.3	9.3	13.7	13.7	16.8	17.4	19.3			N/A	▲



Narrative

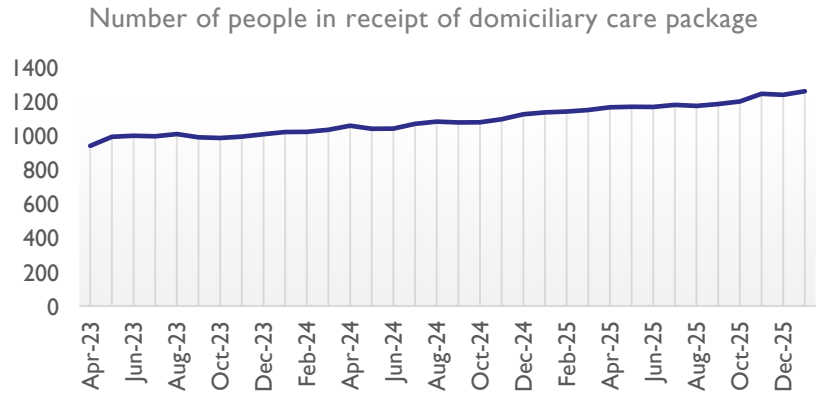
The number of people receiving residential care has remained broadly stable and although there has been a slight reduction in nursing care placements, overall volumes continue to exceed our forecasted levels.

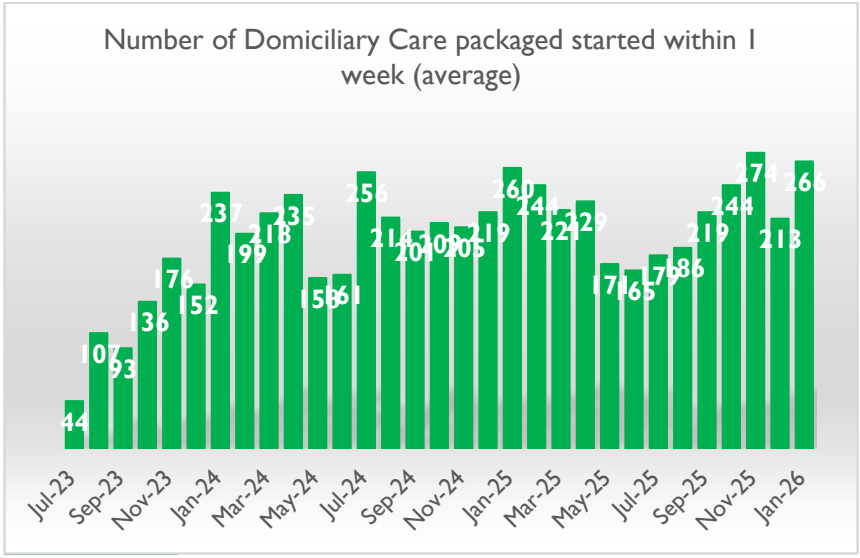
A review of nursing capacity was undertaken from 6th January, including direct contact with dementia nursing homes to gain an accurate picture of the current market capacity. This work confirmed that, while approximately 30 beds were available across the sector at this time, many were unsuitable for the needs of individuals awaiting placement. This reflects long standing issue: the challenge is not the absence of beds, but the mismatch between available environments (for example, rooms accessible only via stairs) and the needs of individual people.

With the new framework now in place, attention will turn to developing a complex care model in partnership with providers, which will include strong performance and data insight to shape an effective and sustainable approach. Early engagement indicates significant provider interest in contributing to this model.

Theme 3: Domiciliary Care

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Number of people in receipt of domiciliary care	1149	1165	1168	1167	1179	1173	1184	1199	1244	1238	1259			1172	▲
Of which in Intermediate Placements	115	111	113	91	81	71	72	83	94	84	97			TBC	▲
Number of Domiciliary Care packages started	221	229	171	165	245	186	230	224	248	218	245				▲





Narrative

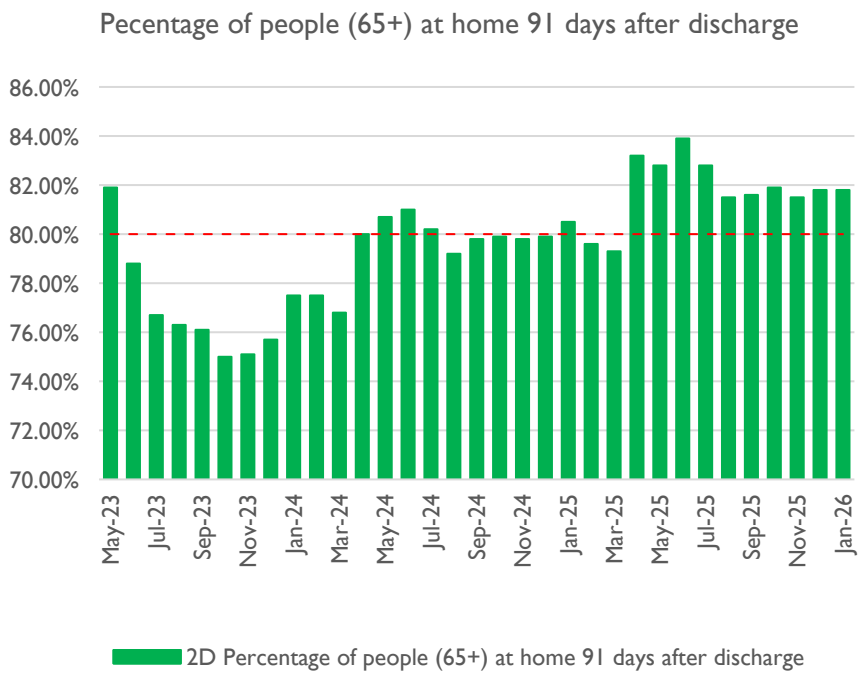
The number of people receiving domiciliary care in Plymouth has increased in January to 1259 and continues to remain above the targeted and forecasted numbers. This reflects sustained demand for care services and underlines the Council's commitment to supporting residents to remain independent at home.

The increase is supported by an increase in number of new placements started which includes a higher proportion of packages started from the intermediate pathway

The strategic review of market capacity to ensure resources are sufficient to meet current and future demand continues.

Theme 4: Reablement

	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Number of people in receipt of Reablement	125	149	130	159	144	148	136	111	114	139	130			N/A	▼
Percentage of people (65+) at home 91 days after discharge	79.3%	83.2%	82.8%	83.9%	82.8%	81.5%	81.6%	81.9%	81.5%	81.8%	81.8%			80%	▲
Number of reablement packages started in period	118	110	108	133	122	112	110	93	106	107	112				▲
Actual reablement hours in period	4547	4097	3144	3833	5214	5172	4993	4520	4165	5066	4555				▼
Average Length of Time in receipt of Reablement (In weeks)	4.99	4.8	5.5	4.4	4.5	5.2	5.3	4.7	4.3	4.9	5.2			6.0	▲



Narrative

Reablement performance continues to hold steady above the target of 80%, with 81.8% of people aged 65+ still at home 91 days after discharge

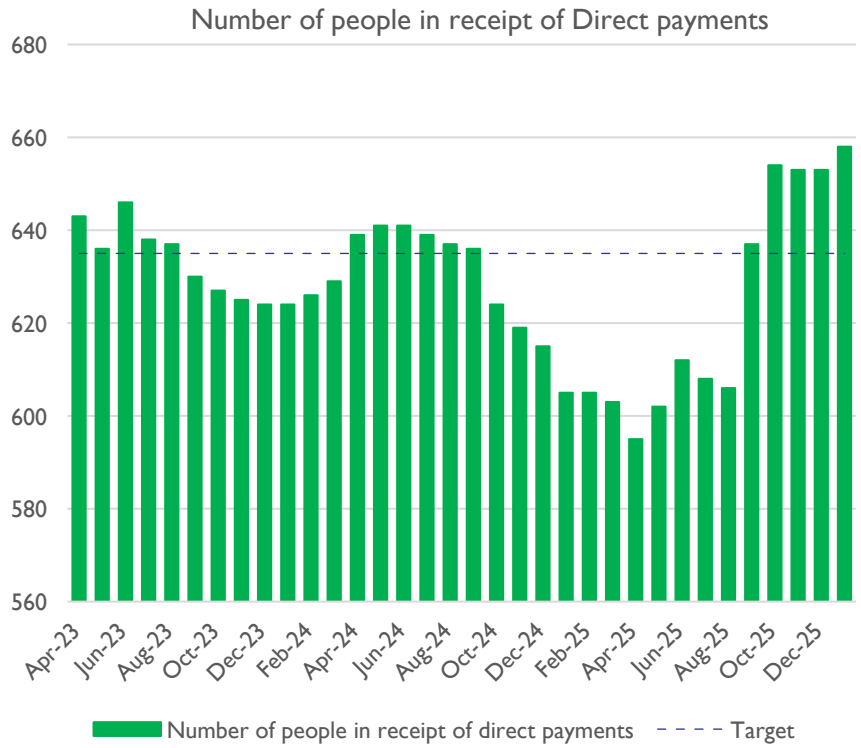
Our ongoing emphasis on independence and recovery continues to deliver strong results. This approach not only supports us in meeting key performance expectations but also drives meaningful improvements in people's lives. It shows clear progress in helping individuals rebuild skills, regain confidence, and reduce their need for longer-term care.

The average length of time in reablement has slightly increased but remains below the 6-week target.

PLYMOUTH CITY COUNCIL

Theme 5: Direct Payments

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Number of people in receipt of direct payments	603	595	602	612	608	606	637	654	653	653	658			635	▲
People in receipt of direct payments Under 65	480	472	478	488	485	483	510	524	527	528	534				▲
People in receipt of direct payments Over 65	123	123	124	124	123	123	127	130	126	125	124				▼



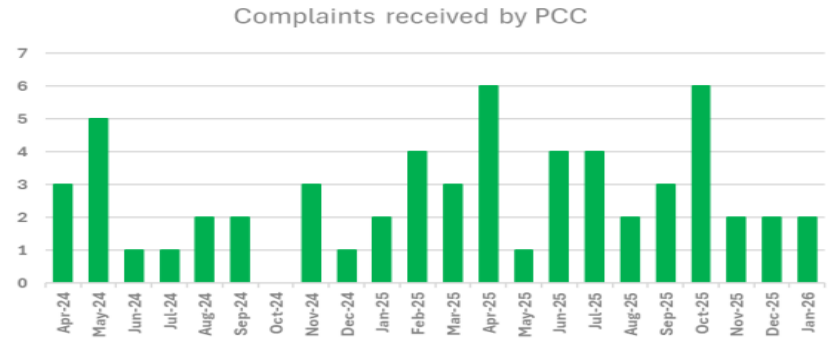
Narrative

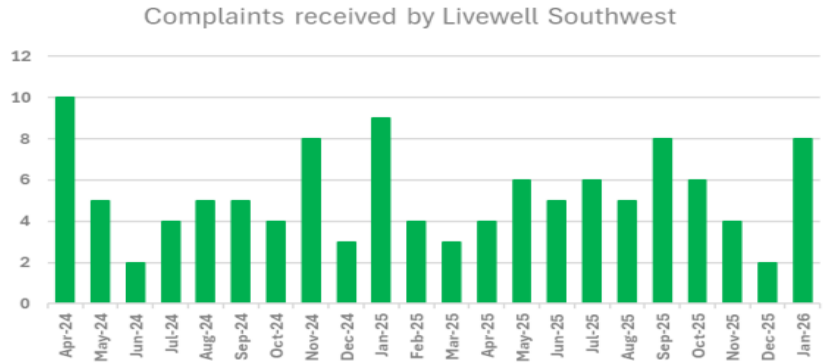
In Plymouth, we remain above our target for people receiving Direct Payments with steady engagement across the age cohort.

Following the service being brought in-house, we are continuing the plans to enhance the service to allow more people to choose to manage their own care arrangements including personal assistants networks and inhouse/Livewell staff training

Theme 6: Complaints & Compliments

Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Statutory complaints received by PCC	3	6	1	4	4	2	3	6	2	2	2				
Complaints received by Livewell Southwest	3	4	6	5	6	5	8	6	4	2	8				
LGO complaints received	1	2	0	0	1	0	0	1	3	0	1				
Compliments received by Livewell Southwest	3	16	4	6	2	2	8	8	5	2	1				





Narrative

Each month, the majority of Adult Social Care (ASC) related complaints are received by Livewell Southwest (LWSW), accounting for around 61% of all concerns raised. This is expected, as LWSW delivers a significant proportion of hands-on ASC support across the city.

Plymouth City Council (PCC) receives 31% of statutory ASC complaints. A much smaller proportion 8% are escalated to the Local Government Ombudsman (LGO), with the actual number of these cases remaining low.

Looking at the longer-term picture, the volume of complaints over the past two years has remained broadly stable. While there are natural month-to-month fluctuations, these rises and dips do not point to any clear trend of complaints increasing or decreasing. Instead, the data suggests a steady pattern of feedback and concerns being raised, reflecting normal variation rather than any significant change in service performance.

PLYMOUTH CITY COUNCIL

NHS Devon

NHS Cornwall and Isles of Scilly

ICB clustering update

Plymouth Health and Adult Social Care Scrutiny, March 2026

Background

In March 2025, the Department of Health and Social Care announced that all integrated care boards (ICBs) were required to significantly reduce their running costs and shift to a more strategic role with some changes in responsibilities.

This required many ICBs – including NHS Cornwall and Isles of Scilly (CIOS) and NHS Devon – to develop plans to "cluster" with other local ICBs.

'Clustering' means that, although both ICBs will continue to exist, they will work as one – with a single Board, leadership team and staffing structure, underpinned by some decisions that will continue to go through the sovereign Boards during clustering.

Every ICB in the country is required to meet new and reduced running costs of £19 allocation per head of weighted population by April 2026, in line with a new national Model ICB Blueprint.

For Devon and Cornwall, with a combined weighted population of two million, and some workforce efficiencies already delivered, the organisations' combined annual allocations will reduce from £57.8 million to £38.3 million (£19.5 million reduction or 33%).

To achieve this, both organisations will put people, patients, customers and communities at the heart of all their work, and make the most of opportunities for digital, clinical and workforce innovation in designing and commissioning new care models and services, enabling a different and more efficient way of working within a leaner workforce.

Acting Chief Executive arrangements

Libby Ryan-Davies has been appointed as NHS Devon's Acting Chief Executive Officer (CEO) and Accountable Officer (AO), effective from 1 February.

Libby will continue in the role until we appoint a Cluster CEO (interim or substantive, depending on the outcomes of recruitment that is currently underway) for NHS Devon and NHS Cornwall and Isles of Scilly, which is expected to be from 1 April and is subject to NHS England approvals.

Having originally joined NHS Devon in August 2024 as a Transformation Director, Libby has held the Devon Deputy CEO role since April 2025.

During her time in Devon, Libby has led on a number of high-profile projects, including leading NHS Devon's Health and Care Strategy, which set out a bold and necessary transformation to ensure the long-term financial sustainability of the local health and care system.

Libby will continue to lead NHS Devon and work closely with Susan Bracefield, NHS Cornwall and Isles of Scilly's Acting CEO/AO, on our plans for 2026/27 and ensuring we close out 2025/26 as expected. Both Susan and Libby will continue in these roles until the interim/substantive Cluster CEO starts (or the new Cluster Executive structure formally rolls out).

Chief Executive recruitment

The organisations are currently in the process of recruiting a new joint chief executive. Applications closed on 1 March, with the aim to have an individual in post as soon as possible.

Staff consultations

In December 2025, NHS CIOS and NHS Devon launched two joint staff consultations on a new proposed structure. This was organised into two phases to enable a senior structure to be in place first to support the implementation of the process with wider staff:

1. Executives and senior leaders (phase one)
2. All remaining staff (phase two)

The phase one consultation closed in early January and executive selection processes took place in the late week of February. Appointments will be announced in due course. Recruitment to the remaining senior leaders in the phase one structure will take place in March.

The phase two consultation closed in February, with the feedback currently being reviewed.

The vast majority of staff employed by both organisations are affected and are being supported with information, advice and training/workshops. A voluntary redundancy (VR) scheme is also running alongside the consultation that allows colleagues to apply to leave the organisations. The majority of VR panels take place in March.

What this means for partners, patients and the public

While this is a change in structure, both organisations' focus remains firmly on the health and wellbeing of our population. Their commitment to high-quality, compassionate care for people in Cornwall, the Isles of Scilly and Devon is unchanged.

The organisations will be engaging with partners and stakeholders on ways of working once the senior leadership structure (phase one) is in place. Further information about this will be shared shortly.

Partners and stakeholders will continue to be engaged as this work progresses. The organisations' website is also updated regularly with the latest information.

ENDS

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Health and Adult Social Care Scrutiny Panel

Date of meeting:	11 March 2026
Title of Report:	**Vaccination Update**
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Professor Steve Maddern (Director of Public Health)
Author:	Jacob Hyams
Contact Email:	jacob.hyams@plymouth.gov.uk
Your Reference:	Click here to enter text.
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
The purpose of the report is to provide an update on the activities undertaken to improve vaccine uptake, provide insights into their effectiveness and outline future actions.
This report also directly addresses questions raised by the Scrutiny panel on vaccinations for children in care, vaccinations for health and social care workers, and overall approach to improving vaccination uptake at Plymouth City Council

Recommendations and Reasons
1. Information for the Panel to note

Alternative options considered and rejected
1. Not relevant. For information only.

Relevance to the Corporate Plan and/or the Plymouth Plan
The report directly addresses the Plymouth Plan strategic objective of 'delivering a healthy city' by detailing the progress of work to increase vaccination uptake across the city.

Vaccinations are considered the mainstay of preventive health, and an area where health inequalities persist, so work on this topic directly speaks to Plymouth Plan policies HEA1: addressing health inequalities, HEA2: delivering the best outcomes for children, young people and families, and HEA9: delivering accessible health services and clinical excellence.

This vaccination paper also direct addresses the Corporate Plan priority of "Working with the NHS to provider better access to health, care and dentistry"

Implications for the Medium Term Financial Plan and Resource Implications:
There are no medium-term financial plan and resource implications. All resources, staff or otherwise, are funded from the Public Health Grant.

Financial Risks

There are no financial risks.

Legal Implications

There are no legal implications.

Carbon Footprint (Environmental) Implications:
There are no carbon footprint or environmental implications.

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.*
There are no other implications.

Appendices
**Add rows as required to box below*

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

Background papers:

**Add rows as required to box below*

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

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

Sign off:

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Originating Senior Leadership Team member: Professor Steve Maddern											

Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 25/02/2026
Cabinet Member approval: Cllr Mary Aspinall – approved by email Date approved: 02/03/2026

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VACCINATION UPDATE

Health and Adult Social Scrutiny Panel

Office of the Director of Public Health

Introduction

The UK routine vaccination schedule consists of 15 vaccines protecting against 21 diseases. In England, vaccine services are commissioned by the NHS England Vaccination and Screening Team (VaST) with input from the Integrated Care Board (ICB). This commissioning role will move in coming years, so the ICB are currently shadowing to prepare for the transition. The provision of vaccination services is undertaken by NHS providers, including the vaccine outreach team.

Roles and responsibilities

Whilst Plymouth City Council does not commission or deliver vaccination programmes, we provide insight into the Plymouth population and support commissioners and providers to engage with our communities. A summary of stakeholder organisations and their roles are shown in the table below.

Organisation	Role	Description
NHS England Vaccination and Screening Team (VaST)	Commissioning	Commissions vaccination services
Integrated Care Board (ICB) NHS Devon	Commissioning	Supports commissioning at a regional level and is shadowing for future commissioning role. NHS Devon also commission a Vaccination Optimisation team
GP Practices	Delivery partner	Deliver much of routine vaccination schedule, maintaining patient records, managing invites and clinical oversight

Vaccine Outreach Team	Delivery partner	Provide additional, flexible community-based delivery of seasonal and maternity vaccinations for harder-to-reach groups
School-Aged Immunisation Service (Kernow Health)	Delivery partner	Contracted to deliver school-aged vaccination programmes, including educational sessions in schools
Community Pharmacies	Delivery partner	NHS commissioned pharmacies provide influenza and Covid vaccines
Plymouth City Council	Facilitation and support	Liaison with commissioners and delivery partners to provide community insight and wraparound support to vaccination providers
VCSE Organisations	Facilitator	Charities, community groups and other partner organisations support vaccination providers through vaccination messaging, hosting community provision, and instilling trust in NHS-led services

Seasonal Vaccination

In 2025, Plymouth City Council launched ‘Plymouth Protects’, a multi-media communications campaign to improve vaccination uptake across the city. This campaign aim was to improve uptake of vaccinations, including seasonal vaccines, such as influenza, particularly amongst vulnerable groups.

Branded posters and digital assets were produced (see Annex), carrying key messaging to encourage vaccination, including materials for specific vaccines. Digital media assets were promoted across PCC social media channels, including Facebook, X, and LinkedIn. Posters and leaflets were provided in libraries, wellbeing hubs, family hubs and welcome spaces, and provided to stakeholder organisations. Posters were also displayed on bus shelters and in the Drakes Circus shopping mall on digital boards.

All information materials linked users, via a QR code or URL, to a PCC hosted webpage with information. This information page attracted over 5,300 views between October and February and accounted for over 30% of views to PCC webpages.

A Plymouth Chronicle article, featuring the Director of Public Health reinforced vaccine messaging for residents and was distributed to 92,000 homes. (See Annex).

The Public Health team also amplified vaccination messaging for carers through targeted advertising for anyone in the Plymouth area who searched online for information relating to carers. This targeted advertising ran throughout November 2025 and generated 12,983 interactions and 9,537 clicks to access further information on vaccinations.

To support PCC staff, four clinics were provided by the vaccine outreach team across PCC locations, with 135 employees vaccinated against influenza.

As of 18th January 2026, the city-wide uptake amongst eligible individuals was 59% for flu (England: 53%) and 64% for Covid (England: 57%).

Health and social care staff

To increase uptake amongst Adult Social Care staff, Plymouth City Council worked with care home managers forum, using the Vaccine Outreach Team to provide tailored education sessions to care home managers. A similar offer was delivered to domiciliary care workers.

University Hospital Plymouth (UHP) conducted staff vaccination activities with an aim of increasing uptake for flu vaccines across their staff group. As of January 2026, staff uptake for the influenza vaccine was 57%, a considerable improvement on 46% in the previous year.

Childhood Vaccinations

From 1st January 2026, the childhood immunisation schedule changed to combine a new Varicella (chickenpox) vaccine with the MMR vaccine; the new MMRV. The timings for this vaccination schedule were also updated to 12 months for the first dose with a follow-up at 18 months. This schedule change may mean that the vaccination record, “red book”, may not be accurate, with parents advised to respond to invitations from the child’s GP surgery if they are unsure.

Information on the childhood vaccination schedule has been shared on PCC social media channels and shared with Family hubs, and through the Early Years and Childcare Bulletin. Infographics and other resources from the UKHSA advising of the changes were also distributed to the Family hubs.

Human Papillomavirus (HPV)

HPV is the cause of a range of cancers, affecting both males and females, and increasing vaccine uptake is critical to ensure cervical cancer elimination for Plymouth residents. Data for

2025 shows a disparity in uptake for children in Year 10 with 72.8% for boys (England: 71.2%) and 79.5% for girls (England: 76.7%). Uptake is also lower in schools in areas with higher levels of deprivation and amongst children who are electively home educated.

The public health team have engaged with the school-aged immunisation provider to explore options to improve information provision to schools, parents and pupils, including plans to co-produce suitable digital communications with the Youth Parliament.

Work has also begun to improve data sharing between schools and the immunisation provider to identify unvaccinated children so that they can be followed up. We are also identifying links to improve support for children who are electively home educated.

Vaccines for Older Adults

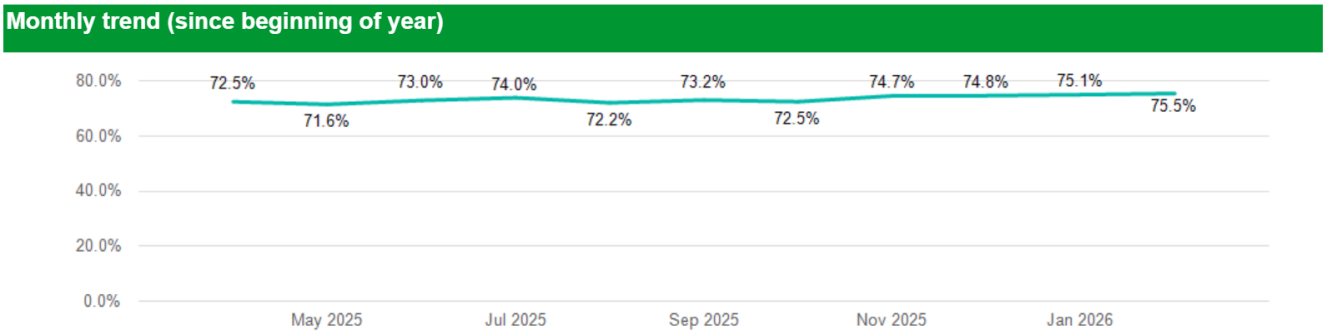
Three key vaccines are offered to older adults: shingles, Respiratory Syncytial Virus (RSV) and PPV (pneumococcal). These vaccines are offered year-round to older adults but each vaccine has different eligibility criteria.

Plymouth Protects communications materials promoting vaccine uptake for these three vaccines are being expanded to include new posters and digital assets, emphasising year-round eligibility and highlighting complications such as pneumonia to improve understanding around the importance of the vaccines.

This plan has been presented to stakeholders at the Ageing Well Collective to engage them in targeting communications materials and gain their support to amplify vaccine messaging for older adults. Posters will be distributed to wellbeing hubs, libraries, care settings, religious spaces and VCSE organisations, while the digital assets will be promoted via PCC social media channels.

Children in Care

A specialist NHS team collects data for children who have a current looked after period of care, based on the child's last immunisation check during their regular health assessment. This indicates that looked after children show relatively high rates of vaccine uptake of 71.6% to 75.5%, likely due to their structured engagement in regular health checks. This overall figure may, however, mask lower uptake for specific vaccines, and looked after children are also likely to experience some of the vaccine inequalities noted elsewhere.



Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Now
72.5% (of 375) (103 not)	71.6% (of 373) (106 not)	73.0% (of 367) (99 not)	74.0% (of 373) (97 not)	72.2% (of 535) (149 not)	73.2% (of 529) (142 not)	72.5% (of 528) (145 not)	74.7% (of 521) (132 not)	74.8% (of 523) (132 not)	75.1% (of 522) (130 not)	75.5% (of 523) (128 not)

We continue to engage with specialist services to ensure access and support for all looked after children with regard to vaccination.

Other Vaccines

Pregnant individuals are offered vaccines for pertussis, RSV and the seasonal influenza virus. PCC has met with UHP midwifery teams and other stakeholders to explore opportunities to support increased uptake of maternity vaccines.

Conclusion

In summary, PCC have undertaken a range of activities throughout the winter to promote the uptake of seasonal vaccines with data suggesting that this has had a positive impact. The focus of this work will now shift to the year-round vaccine offers for older adults, and improving the uptake of the HPV vaccine in school-aged children.

Annexes

1. Selection of Plymouth Protects materials

2. The Plymouth Chronicle article

Vaccines: your questions answered

Vaccines are one of the most important ways to protect ourselves and others from serious diseases. But with so much information out there, it's easy to feel confused. Plymouth's Director of Public Health, Professor Steve Maddern, answers some common questions here.

What is a vaccine?

A vaccine is a medicine that helps your body build protection against diseases. It trains your immune system to recognise and fight off harmful viruses or bacteria without making you seriously ill. This means if you come into contact with the disease later, your body is ready to defend itself.

Why are vaccines important?

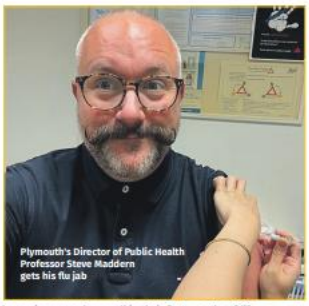
Vaccines save lives. They've helped reduce and even eliminate deadly diseases like polio, measles, and smallpox. When enough people are vaccinated, it also protects those who can't have vaccines – like babies or people with certain health conditions – by stopping diseases from spreading. This is called 'herd immunity'.

Are vaccines safe?

Yes. All vaccines used in the UK go through strict testing before they are approved. They are checked for safety, quality, and effectiveness. Once a vaccine is in use, it is constantly monitored by health experts. Like any medicine, vaccines can have side effects, but these are usually mild, like a sore arm or feeling tired for a day or two.

What vaccines can pregnant women have?

Pregnant women are offered vaccines which protect themselves and their babies – these are safe to have during pregnancy. The whooping cough (pertussis) vaccine is especially important as whooping cough can cause very serious illness in babies. Flu and Respiratory Syncytial Virus (RSV) vaccines are also recommended to help prevent babies becoming severely unwell in their first months of life.


Plymouth's Director of Public Health Professor Steve Maddern gets his flu jab

What vaccines do children and teenagers need?

Children and teenagers in the UK are offered vaccines to protect them from serious diseases like measles, mumps, rubella (MMR), whooping cough, and meningitis. The MMR vaccine is especially important, with measles cases on the rise in the UK – uptake in Plymouth is slightly below the 95% level needed to stop outbreaks.

An important vaccine for teenagers is the HPV vaccine, which helps prevent cervical and other cancers. Keeping up to date with these vaccines is the best way to keep young people protected as they grow.

Why is the flu vaccine important every year?

The flu virus changes each year, so the vaccine is updated to match the most common types expected to spread. Getting the flu jab every year is the best way to protect yourself and those around you from serious illness.

Who should get winter vaccines?

Winter vaccines include the flu jab and, for some people, the COVID-19 booster. These are offered for free to those most at risk from serious illness, including older adults, people with certain health conditions, children and pregnant women.

Why should health and care workers get vaccinated?

People working in health and social care frequently encounter people who are unwell or vulnerable. Getting the flu vaccine helps protect both the worker and those they work with from becoming seriously ill. If you care for a friend or relative, you are also eligible for a flu vaccine, to protect you both.

How do I get the vaccines that I am eligible for?

If you're unsure about which vaccines you or your family need, check the NHS website or speak to a health professional – many vaccines will be available from your GP practice.

Flu jabs are also available from many pharmacies across the city, at drop-in clinics run by the NHS, or sometimes through your workplace.

Why should I get vaccinated?

Vaccines are a simple but powerful way to protect you and your loved ones. Staying up to date with vaccinations helps protect everyone in Plymouth, keeping us all safe and healthy.

For more information about vaccines, visit www.plymouth.gov.uk/vaccinations.

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Winter Vaccination Programme

Eligibility for NHS Winter 25/26 Vaccinations

Criteria for an NHS Flu Vaccination

- Those aged 65 years and over
- Those aged 18 years to under 65 years in clinical risk groups
- Those in long-stay residential care homes
- Pregnant women
- All children aged 2 or 3 years on 31 August 2025
- Primary school aged children (from Reception to Year 6)
- Secondary school aged children (from Year 7 to Year 11)
- All children in clinical risk groups aged from 6 months to less than 18 years
- Carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- Close contacts of immunocompromised individuals
- Frontline workers in a health and social care setting with an employer led occupational health scheme
- Frontline workers in a health and social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

Criteria for an NHS Covid Vaccination

- Adults aged 75 years and over
- Individuals aged 6 months and over who are immunosuppressed
- Residents in a care home for older adults

Reduced eligibility this year for the Winter Covid programme with no eligibility for 65-75-year-olds, Frontline Healthcare Workers, Carers, Clinically Extremely Vulnerable

One Devon

Winter 25 – Flu and Covid Vaccinations – progress up to 22nd February 2026

Flu Uptake	Current Winter 25/26	Winter 24/25 YoY	National position
National	53.46%	+1.21%	
Regional	61.94%	+1.44%	Top region
Devon	62.16%	+1.07%	7th

Covid Uptake	Winter 25/26	Winter 24/25 YoY	National position
National	57.35%	-4.82%	
Regional	67.29%	-4.57%	Top region
Devon ICB	67.24%	-3.13%	5th

	Plymouth LA Vaccines given	% uptake
Flu	98,405	59.24%
Covid	24,604	64.6%

Frontline Healthcare Worker Flu uptake at UHP		
25/26 Uptake	25/26 Target	Winter 24/25 YoY
57.2%	51.2%	+11.5%

PCN	Flu Vacs Given	Remaining Population	Eligible Population	%	PCN	Covid Vacs Given	Remaining Population	Eligible Population	%
Mewstone	13,472	5,559	19,031	70.79%	Mewstone	4,598	1,637	6,235	73.74%
Beacon Medical Group	16,028	7,912	23,940	66.95%	Beacon Medical Group	4,588	1,771	6,359	72.15%
Drake Medical Alliance	19,286	12,879	32,165	59.96%	Drake Medical Alliance	4,513	2,385	6,898	65.42%
Mayflower	10,281	8,186	18,467	55.67%	Sound	2,867	1,927	4,794	59.80%
Sound	13,084	10,993	24,077	54.34%	Pathfields Medical Group	1,828	1,265	3,093	59.10%
Waterside Health Network	18,093	15,239	33,332	54.28%	Mayflower	2,479	1,723	4,202	59.00%
Pathfields Medical Group	8,161	6,932	15,093	54.07%	Waterside Health Network	3,731	2,768	6,499	57.41%

One Devon

Winter 25 – Flu Activity – progress up to 22nd February 2026

Cohort	Plymouth LA %	Regional %	National %
Age 65+	77.53%	78.64%	73.4%
Care Home Residents	79.42%	77.02%	73.08%
Children aged 2 and 3	48.3%	52.99%	43.33%
Frontline Healthcare Worker (ESR)	55.5%	55.1%	47.9%
Household Contacts of Immunosuppressed	38.79%	41.14%	31.4%
Pregnant	57.51%	56.25%	45.97%
Primary School Children	59.15%	62.18%	51.29%
Secondary School Children	48.24%	52.65%	43.56%
Immunosuppressed (6m - 64 years)	51.46%	53.5%	46.4%
Clinical risk group: Non-Immunosuppressed (6m – 64 years)	48.53%	51.08%	45.52%
Chronic heart disease	47.29%	51.31%	45.53%
chronic kidney disease	55.51%	57.92%	49.43%
chronic liver disease	47.28%	46.96%	40.66%
chronic neurological disease	49.73%	52.03%	45.87%
chronic respiratory disease	51.33%	53.78%	48.67%
diabetes	53.61%	55.92%	49.57%
morbidly obese	39.8%	42.28%	35.94%
other clinical	76.17%	64.41%	64.47%

Highlighted Plymouth cohorts note where uptake is higher than the regional average. Uptake for every Plymouth cohort is higher than the national average.

Planning for next winter will start in June where we will again target lower uptake cohorts with media campaigns and community engagement.

One Devon

Devon ICB – Uptake Ambition levels for winter 25/26 vaccination campaigns

Programme	Cohort	Metric Description	Uptake in 24/25	Minimum ICB Ambition for 25/26	Current ICB Performance for 25/26
RSV	Catch up cohort	70% uptake on the RSV catch up cohort (aged 75-79) during 25/26 season (by 31st March)	68.56%	74.95%	73.07%
RSV	Routine Cohort	60% uptake on the routine cohort during 25/26 season (by 31st March)	45%	70.12%	49.53%
Flu	Flu uptake for 65+	Maintain Flu Uptake for 65+ cohort	78.87%	79.33%	78.16%
Flu	2-3 YO Flu	Increase uptake in 2–3-year-old flu cohort	51.21%	51.2%	53.79%
Flu	Primary School Children	Increase uptake in Primary School Children	61.31%	60.0%	61.61%
Flu	Secondary School Children	Increase uptake in Secondary School Children	48.13%	50.0%	50.06%
Flu	Those aged under 65 years in a clinical at-risk group	Increase uptake in under 65 Clinical Risk Cohort	45.59%	45.1%	50.74%
Flu	Frontline Healthcare Workers	Increase uptake in Frontline Healthcare Workers	47.59%	52.86%	55.8%
Covid	Care Home Cohort	Maintain uptake in Care Home Cohort	80.68%	74.30%	73.46%
Covid	75+ Cohort	Maintain uptake 75+ Cohort	76.1%	68.25%	72.89%
Covid	IS Cohort	Maintain uptake in IS Cohort	40.08%	32.44%	36.88%

Note that some ambition levels are below levels achieved last year and are set in the context of adjusted cohorts and cumulative regional ambitions.
These uptake rates align with the national picture and to increase uptake of RSV – these vaccinations will be offered as part of the Spring programme.

One Devon

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One Devon EPR
Transforming care together

NHS

The Epic Electronic Patient Record (EPR)

featuring the

MY CARE Patient Portal

March 2026

Transforming care together:
Royal Devon University Healthcare NHS Foundation Trust
University Hospitals Plymouth NHS Trust
Torbay and South Devon NHS Foundation Trust

One Devon EPR
Transforming care together

NHS

The One Devon vision….

Introducing a single Electronic Patient Record will transform our entire way of working - getting the right care to the right people at the right time across Devon. It will lead to a safer and more efficient ways of working across our sites by bringing together all our patients' details in one place, allowing quick access for clinicians, improving efficiency and reducing the chance of errors.

One Devon EPR
Transforming care together

NHS

Why Epic?

- Epic has been live at the Royal Devon since 2020 with Northern Devon adopting the system and joining the existing instance in 2022
- Epic is the EPR system that we have chosen to implement at both TSDFT and UHP in 2026, following a robust procurement process
- Epic is a leading EPR, with a global track record of successful implementations. Epic was founded in the US and introduced its first electronic patient record for the NHS in 2014
- Epic is a full-featured EPR that covers a huge range of specialties and clinical needs.
- TSDFT goes live with Epic 3 April 2026 and UHP 23 July 2026

One Devon EPR
Transforming care together

NHS

Benefits for patients

- Improved Care Coordination
- Enhanced Safety
- Empowered Engagement
- Better Experience & Efficiency
- Consistency across departments

One Devon EPR
Transforming care together

NHS

MY CARE...

- 250,000 patients are now signed up and over 70,000 patients log in each month via a web browser or an app on their mobile device
- Patients can access test results, appointment information and other information about their hospital care in one convenient, secure place, anytime, anywhere
- MY CARE will allow patients to better engage with their care and strengthens the partnership with clinical services
- Proxy users will be able to have health records shared with them so that they can support the health of their family member or the person they care for
- Secure. Simple. Supportive.

One Devon EPR
Transforming care together

NHS

What existing users say, Royal Devon Survey 2026…

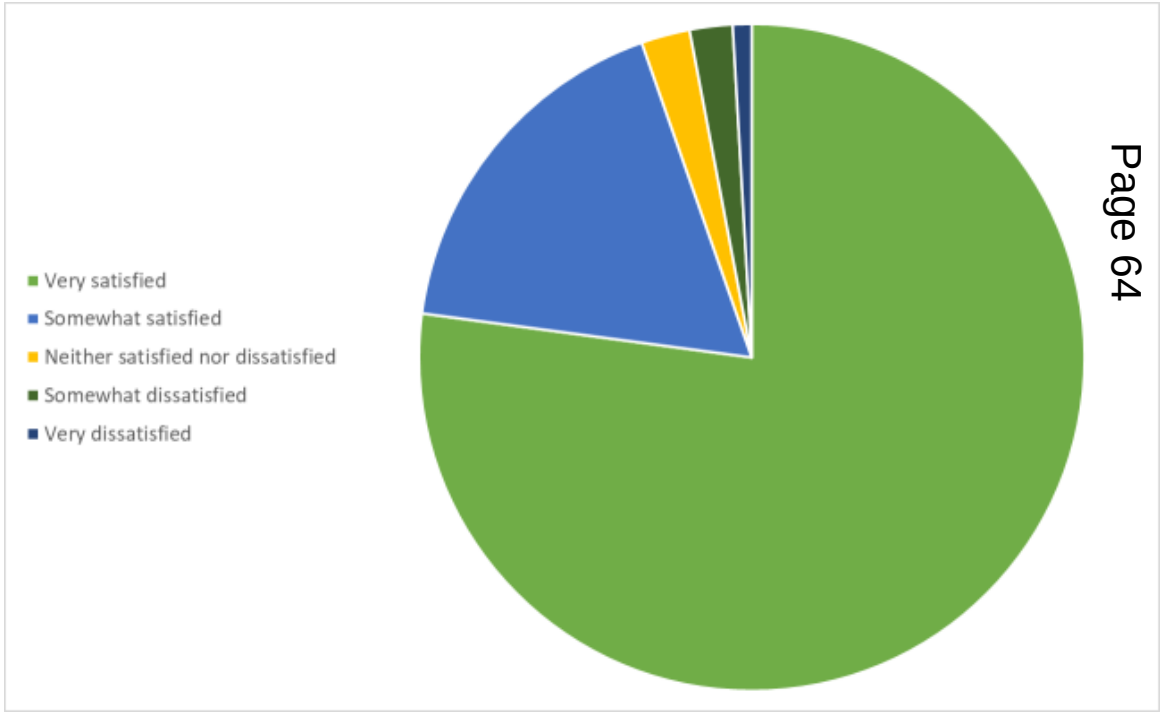
MY CARE

Survey results 2026

4,565 responses

95% of users are satisfied with MY CARE, top reasons included

- Getting test results
- Getting appointment information
- Getting appointment reminders
- Seeing past hospital medical information



NHS App Integration with MY CARE…

Phase 1 – View-Only Integration (March 2026)

- Patients can view hospital appointments in the NHS App
- Applies only to selected specialties
- View only:
  - No appointment management
  - No test results, letters, or other hospital information
  - No ability to cancel, rebook, or change appointments

Phase 2 – Single Sign-On (SSO) (TBC)

- Patients can log in via the NHS App and jump directly into MY CARE
- Provides access to MY CARE once authenticated
- NHS Login button available from within MY CARE
- Does not change the NHS App's own functionality, it simply provides a route into MY CARE

NHS
Working in Partnership
Royal Devon University Healthcare NHS Foundation Trust
Torbay and South Devon NHS Foundation Trust
University Hospitals Plymouth NHS Trust

MY CARE

The simpler way to manage your health

- Manage your appointments
- Get your hospital test results
- Share your health information with proxy access

You can access MY CARE through your computer, tablet or via an app on your mobile phone.

Over 250,000 patients have made the switch to MY CARE, why don't you join them?

Get MY CARE today!

Visit the Apple App Store or Google Play, then select and download MyChart.
Or visit **mycare.exe.nhs.uk/MYCARE**

GET IT ON Google Play

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MyChart® is a registered trademark of Epic Systems Corporation.

NHS
Working in partnership

The simpler way to manage your health

Get MY CARE today!

- Manage your appointments
- Get your hospital and specialist test results
- Available on desktop or mobile

Visit the Apple App Store or Google Play, then search for and download MyChart.

GET IT ON Google Play

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Torbay and South Devon NHS Foundation Trust
University Hospitals Plymouth NHS Trust

Please bear with us while we adapt to our new electronic patient record system

The new system will help us deliver care more effectively and provide a better experience for patients, families and carers.

You might see members of your clinical team using computers or electronic handheld devices more than before. This will be part of their work checking your record so they can look after you to the highest possible standards.

Thank you for your understanding.

Epic MY CARE


One Devon ICS
NHS
Cliff Harris
A PATIENT STORY

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Health and Adult Social Care Scrutiny Panel

Date of meeting:	11 March 2026
Title of Report:	**Dental Task Force Update**
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Professor Steve Maddern (Director of Public Health)
Author:	Emily Crowley (Public Health Specialist)
Contact Email:	Emily.crowley@plymouth.gov.uk
Your Reference:	Click here to enter text.
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
This report provides an update on the progress of the Dental Task Force for the Health and Adult Social Care Scrutiny Panel.

Recommendations and Reasons

That the Health and Wellbeing Scrutiny Panel notes the update on the progress of the Dental Task Force and the renewed priorities. These include two continuing priorities:

1. Providing additional funding to Plymouth City Council to strengthen the city's oral health improvement (prevention) offer.
2. Using a proportion of Plymouth's annual NHS dental underspend to commission new services for high priority groups and those without access to an NHS dentist.

An additional two new priorities have been agreed by the Dental Task Force:

3. Children who haven't seen a dentist
4. Developing the oral health workforce

Alternative options considered and rejected
None – briefing for information only

Relevance to the Corporate Plan and/or the Plymouth Plan

The Dental Task Force (DTF) directly supports the Council's corporate priority to work with the NHS to improve access to healthcare and dentistry. It also aligns with key elements of the Plymouth Plan 'A Healthy City', specifically:

- **HEA1:** Reducing health inequalities
- **HEA2:** Improving outcomes for children and families
- **HEA3:** Supporting adults with health and social care needs
- **HEA9:** Ensuring accessible, high quality health services

Implications for the Medium Term Financial Plan and Resource Implications:
None – information only

Financial Risks

None – information only

Legal Implications

None - information only

Carbon Footprint (Environmental) Implications:
None – information only

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:
** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*
None – information only.

Appendices
**Add rows as required to box below*

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

Background papers:

**Add rows as required to box below*

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

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

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 Professor Steve Maddern											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 24/02/2026											
Cabinet Member approval: Cllr Mary Aspinall – approved by email Date approved: 02/03/2026											

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DENTAL TASKFORCE UPDATE

HEALTH AND ADULT SOCIAL CARE SCRUINTY PANEL
11/03/2026

BACKGROUND

The Dental Task Force (DTF) was established in July 2023 in response to significant and long-standing challenges surrounding oral health in Plymouth, particularly regarding residents lack of access to NHS dentistry and the persistently high burden of poor oral health among children. The DFT includes representatives from Plymouth City Council, NHS Devon, Peninsula Dental Social Enterprise (PDSE), Livewell Southwest, cross party councillors and MPs, and University Hospitals Plymouth NHS Trust.

The DTF directly supports the Council's corporate priority to work with the NHS to improve access to healthcare and dentistry. It also aligns with key elements of the Plymouth Plan 'A Healthy City', specifically:

- **HEA1:** Reducing health inequalities
- **HEA2:** Improving outcomes for children and families
- **HEA3:** Supporting adults with health and social care needs
- **HEA9:** Ensuring accessible, high-quality health services

The three priorities of the DTF at the outset were:

- **Priority 1**: Deliver a new dental facility in the City Centre run by the Dental School and aligned to the oral health needs in the city.
- **Priority 2:** Provide additional funding to Plymouth City Council to enable it to enhance the oral health improvement (prevention) offer available in the city.
- **Priority 3:** Use some of Plymouth's annual NHS dental underspend to commission new services for high priority groups and those who don't have access to an NHS dentist.

This report provides an update on the programme of work undertaken by the Dental Task Force and progress against the agreed priorities.

UPDATE ON PRIORITY 1:

Deliver a new dental facility in the City Centre run by the Dental School and aligned to the oral health needs in the city.

The Peninsula Dental School Social Enterprise (PDSE) opened its new dental facility on New George Street on 9th February 2026. The service is delivered by final-year dental students working under consultant and tutor supervision and operates Monday to Friday. Access is via NHS 111, ensuring prioritisation of patients with urgent dental need.

The facility provides stabilisation care, including temporary treatment and pain relief to prevent deterioration and support patients to return to routine dental pathways. This model is designed to divert demand away from urgent and emergency care, where pressure on capacity remains high.

Since opening, the facility has begun accepting patients and will continue to refine capacity as clinical pathways become fully established. When fully operational, the service is expected to deliver up to 3,500 appointments per year.

UPDATE ON PRIORITY 2:

Provide additional funding to Plymouth City Council to enable it to enhance the oral health improvement (prevention) offer available in the city.

The second task force priority was to secure additional funding to enhance the city's oral health improvement offer. Following proposals submitted in 2023, NHS Devon ICB has allocated £900,000 over three years from dental underspend to expand four key prevention programmes.

Supervised Toothbrushing Scheme

Supervised toothbrushing is an evidence-based intervention delivered in nurseries and primary schools to reduce tooth decay. Staff are trained to run daily brushing sessions and are supplied with toothbrushes, fluoride toothpaste and take-home packs.

In Plymouth, the scheme supports children aged 3-5 years and is delivered in primary schools. NHS Devon funding for this programme is secured until 2029. In addition, national supervised toothbrushing funding has allowed extended provision in priority schools to also support 6- and 7-year-olds.

Participation now exceeds 7,000 children citywide, with around 85% of children in the most deprived areas taking part, and five out of six SEND schools engaged in the programme.

Open Wide Step Inside

Open Wide Step Inside is an oral health education programme designed for Year 2 pupils and delivered through curriculum aligned digital resources. The programme supports children to develop foundational oral health knowledge and complements other initiatives.

Open Wide Step Inside is offered to all Year 2 pupils in Plymouth, and will reach 2,762 children in 2025/26, ensuring equitable access to consistent oral health education. This programme is currently funded until December 2027, with plans to extend the contract pending ICB approval.

Fluoride Varnish Scheme (Healthy Smiles for Plymouth)

Fluoride varnish is a protective coating painted onto children's teeth to help strengthen enamel and prevent tooth decay. This programme is delivered by Livewell Southwest's Community Dental Service in 24 Plymouth primary schools. Children in Reception and Year 1 receive fluoride varnish applications twice per academic year from trained Dental Health Educator Nurses, along with a toothbrush, toothpaste, and oral health information. Complementary oral health education is also provided to pupils in Reception and Years 1, 3 and 6, as well as to parents of participating children.

Further expansion of this scheme is currently pending national guidance on delivery requirements.

First Dental Steps

First Dental Steps is a national initiative within the Healthy Child Programme that promotes early oral health promotion in infancy.

Local Health Visitors are trained as Oral Health Champions, equipping them to provide evidence-based advice on dental attendance, diet, feeding, and toothbrushing as part of routine health visitor engagement with families. They also distribute toothbrushing packs to families in receipt of Universal Plus or Universal Partnership Plus support. To date, 88 Health Visitors have been trained, and these health visitors have collectively supported approximately 9,000 children aged 0 -2.

Funding for this work has been confirmed until 2029.

UPDATE ON PRIORITY 3:

Use some of Plymouth's annual NHS dental underspend to commission new services for high priority groups and those who don't have access to an NHS dentist.

A dedicated dental clinic for people experiencing homelessness has been established through the Peninsular Dental Social Enterprise and embedded within local health inclusion pathways. Operating one day a week, the clinic supports individuals who would otherwise struggle to access NHS dental care. NHS Devon has approved additional funding to expand this provision, enabling increased capacity to meet the high level of need within this population.

The DTF recognises that further high-priority adult groups require improved access, and these are addressed in the renewed priorities.

RENEWED PRIORITIES FOR 2026

In addition to ongoing work on priorities two and three, the DTF has established new priorities.

Ongoing work on original priorities:

1. Providing additional funding to Plymouth City Council to strengthen the city's oral-health improvement (prevention) offer.
2. Using a proportion of Plymouth's annual NHS dental underspend to commission new services for high-priority groups and those without access to an NHS dentist. This priority area will focus on additional vulnerable adult groups.

with additional new priorities:

3. Children who haven't seen a dentist
4. Developing the oral health workforce

Children who haven't seen a dentist:

Improving access to dental care for children is a key priority, and despite robust prevention work, many children continue to face difficulties securing routine dental appointments. Recent data shows that 52% of Plymouth children had no contact with dental services in the preceding 12 months. (OHID, 2024)

Local data shows that almost one in four Plymouth children have experience of dentinal decay, with rates in the most deprived areas almost double those in the least deprived (National Dental

Epidemiology Programme, 2025). Establishing a consistent "dental home" is essential to reduce avoidable extractions and improve long-term oral health. In addition, the number of children awaiting extractions under general anaesthetic who are not registered with a dental provider remains concerning. A pilot project is in development to use student dental therapists to deliver dental treatment for children to address some of this unmet need.

Developing the oral health workforce:

The DTF is committed to strengthening the oral health workforce in Plymouth. This includes continued collaboration with the Peninsular Dental School to advocate for increased local dental training places, supporting sustainable long-term workforce growth in the city.

In parallel, the DTF seeks to maximise the contribution of non-dental professionals in key settings to deliver consistent oral health promotion across Plymouth. This approach broadens reach, reinforces early prevention, and increases system-wide capacity.

Vulnerable adult groups:

Building on the original DFT priority of improving access for high-priority groups, the DTF recognises the significant oral health challenges faced by vulnerable adults. These challenges remain a priority, particularly for those with complex needs.

Results from a survey of oral health needs for older adults living in care homes is due to be released shortly and will provide a clearer picture of local unmet need among this population. The DTF also acknowledges the substantial oral health needs of other vulnerable groups, including adults receiving care in their own homes, people with learning disabilities, and individuals experiencing multiple disadvantage.

Further expansion for dental access for people experiencing homelessness has been agreed. These groups often have complex and underserved oral-health needs, and the DTF is committed to understanding the barriers they face and identifying opportunities to improve access to and support.

SUMMARY

This report outlines the progress made by the DFT. The new city-centre dental facility has opened and is now treating patients with urgent dental needs. Prevention programmes have expanded significantly using NHS dental underspend to fund programmes including supervised toothbrushing, Open Wide Step Inside, and First Dental Steps, now reaching thousands of Plymouth children across the city. A dedicated dental clinic for people experiencing homelessness has been established and funds have been approved to expand capacity.

The DTF has agreed new priorities for 2026, including improving access for children who have not seen a dentist and strengthening the oral health workforce, alongside a continued focus on prevention programmes and vulnerable adult groups.

NHS dental services in Devon

Stakeholder briefing

February 2026

Introduction

NHS Devon works with the NHS England, local dental and oral healthcare professionals and other integrated care boards (ICBs) to develop and implement a local dental recovery plan.

The plan sets out to address the issues facing the sector and improve access to dental services for local people.

Several measures are in place across the region to increase dental access for patients:

- Commissioning additional urgent dental care appointments that people can access by calling NHS 111
- Commissioning 'stabilisation sessions' across Devon
- Commissioning additional children's orthodontic capacity in Devon
- Working collaboratively with the local authority Public Health teams to commission oral health improvement initiatives
- Supervised toothbrushing programmes in schools

Key priorities for NHS dental services in Devon

Upcoming dental contract reform	• Information on the upcoming dental contract reform can be found later in this briefing. A video is also available from the LDC federation here.
Provision of additional urgent care dental appointments	• Incentivise and support the NHS dental workforce and increase urgent care dental activity, enabling Devon to achieve the national target of 24,269 additional urgent care appointments above our calculated baseline for 2025/26 • Increase the recruitment and retention of the South West and Devon dental workforce • Support access to urgent care provision through 111 • NHS Devon's current procurement for new dental contracts across the county mandates a 30% portion of new provider's activity as urgent care. These contracts and the resulting services are expected to be in place no later than May 2026 and will contribute significantly to urgent dental care delivery in 2026/27. • Over December and January NHS Devon launched the "Give a Smile for Christmas" campaign over the festive period,

	appealing to local NHS dental providers to offer additional sessions of urgent dental care.
Improvements to Access	• A new dental education practice has opened in Plymouth's city centre, funded by University of Plymouth. The facility aims to deliver up to 12,000 dental appointments per year.
Commission further stabilisation sessions	• We have secured longer-term contracts for stabilisation sessions following an 'expression of interest' process with existing providers. This new service model has been received positively by providers, with 31 contracts for 2025/26.
Commission access for vulnerable groups	• Work with Public Health to expand access for people experiencing homelessness and asylum seekers • Procurement of new NHS dental contracts around Devon, encouraging providers to address the needs of vulnerable populations as part of their service offer.

Procurement of lost activity (UDA and UOA)	• Procurement of NHS orthodontic services in North Devon and Torridge now completed to replace services in these areas following a provider exiting the market in 2024. This new service is expected to go live March 2026.
	• NHS Devon and NHS Cornwall joint lotted procurement for new dental practices across the counties is in process. Deadline for bid submissions passed on 28 October 2025. Evaluation concluded in mid-November following bid compliance checks.
	• Moderation is scheduled between mid-January and early February 2026.
	• The team aim to publish an award notice in February 2026 with service commencement not later than May 2026. This procurement is funded from NHS Devon's ringfenced dental budget.
	• NHS Devon has 4 lots within the procurement as follows:
	  ○ Lot 1 – Plymouth South and West (£2,160,000/annum)
	  ○ Lot 2 – Torquay and Paignton (£1,320,000/annum)
	  ○ Lot 3 – Barnstaple, Bideford and Illfracombe (£880,000/annum)
	  ○ Lot 4 – Barnstaple, Exeter, Torbay and Plymouth – Out of Hours (£657,972/annum)
	• Devon lots have a combined value of £5,017,972/annum. Devon's share of the procurement has:
	  ○ a potential 7-year contract value of £35,125,804
	  ○ a potential 9-year contract value of £45,161,748.

Paediatric dentistry review	• We are currently reviewing the provision of paediatric dental services across primary, community, and secondary care to understand current capacity, pathways, and opportunities for improvement. • Having implemented First Dental Steps and an expanded Supervised Toothbrushing scheme, a focus on understanding innovative service opportunities will guide commissioning decisions

National NHS dental contract reform

From April 2026, the national NHS dental contract is being reformed to make NHS dentistry more sustainable and rewarding for practices.

These changes are an important and positive step and mean improved payment and claiming options to support patients with urgent care or in higher needs groups, measures to financially support and embed quality improvement, and proposals to enable all members of the dental team to be better able to contribute to NHS treatment.

Some of the benefits for practices include:

- Payments for urgent care will rise by 76%, with upfront funding to help manage capacity.
- Practices will also be able to claim higher fees for three new complex care pathways, ensuring better support for patients with high needs.
- Additional payments for denture work, new options for fluoride varnish and fissure sealants, and funded annual appraisals for clinicians will further boost income and flexibility.
- A new Quality Improvement scheme offers £3,400 per year for participating practices, while tariff-based payments create fairer remuneration.

Access to an NHS dentist

Patients are not registered with a dentist in the same way they are with a GP, and individuals can access services at a dental practice located in any area if the practice is accepting new patients.

Advice for people who need support accessing a dentist is:

- If you need urgent dental care, contact 111
- To find an NHS dentist taking on new patients, visit the NHS webpage Find a Dentist
- A detailed FAQ is available on our website here.

Additional urgent care dental appointments

Local plans

There is a national request to increase the number of urgent dental care appointments by 24,269 in Devon (by March 2026).
NHS Devon has collaborated with all seven ICBs across the region to develop a model to engage current providers in increasing uptake of urgent care activity within their current contracts.

A regional model of paying an enhanced rate to dental providers delivering these additional appointments was agreed and went live in 2025. Providers are now paid an increased level of financial support beyond the standard contract value, in recognition of the additional activity expected.

NHS Devon was the first ICB in the region to undertake an expression of interest process with our current providers, ensuring these additional appointments would be available to patients at the earliest possible opportunity.

NHS Devon is also in the process of exploring wider procurement opportunities and will continue to explore all avenues of increasing this activity throughout 2025/26 to ensure delivery of the target.

NHS Devon's upcoming procurement, in collaboration with NHS Cornwall and Isles of Scilly, aims to secure contracts across areas of Devon experiencing greatest need and will include a significant prescribed amount of urgent dental care as part of the contract.

A national urgent dental care incentive scheme launched on 25 September 2025 and runs until 31 March 2026. The scheme aims to incentivise dental contractors and their oral healthcare teams to provide more urgent care to patients in 2025/26.

Market engagement and procurement

Community Dental Service (CDS) procurement

Specialist community dental services are available for people who may not be able to attend a general dental practice. These include people with various mental, medical and physical needs – for instance:

- Children with extensive untreated tooth decay who are particularly anxious
- Children in foster homes or residential care, or on the 'at risk' register
- People with physical or learning disabilities, medical conditions or mental health problems
- Children referred for specific treatment
- Adults with complex needs who have difficulty accessing general dental services, including adults with moderate and severe learning and physical disabilities
- Housebound and homeless people.

In Devon this service is provided by the Salaried Dental Service (Exeter), Plymouth Community Dental Service and Torbay Community Dental Service.

A review of community dental services in Devon is a key priority for the ICB in 2025/26 and the procurement process for these contracts is progressing.

North Devon orthodontic procurement

The procurement for the provision of NHS orthodontic services in North Devon and Torridge is now complete following a tender process in April 2025.

Service mobilisation is underway with the preferred bidder, with the new service due to go live in March 2026.

NHS Devon is working with the provider to prepare messaging for local people ahead of the service launch.

Media, campaigns and communication

Media: University of Plymouth invest in multi-million pound student dental clinic to tackle waiting lists

A multi-million pound dental clinic has opened in Plymouth city centre, offering more than 12,000 appointments every year.

The facility, which is on New George Street, opened to patients on Monday 9 February. Under supervision, final year dental students from the University of Plymouth will treat both urgent and non-urgent cases.

The £5 million state-of-the-art facility is run by the Peninsula Dental Social Enterprise, a subsidiary of the University of Plymouth.

Campaign: Urgent dental appointments

NHS Devon is undertaking a new campaign in 2026 to promote people calling 111 to book a dental appointment if they have an urgent need, supporting the roll out of 700,000 extra urgent dental appointments across the country.

The campaign focuses on the need for urgent dental care, particularly for people who aren't registered with and NHS dentist.

People are being advised if they develop an urgent dental issue and don't have a regular dentist, call NHS 111 or visit NHS 111 online for an assessment by a clinician, to get to the right treatment.

Examples of urgent or emergency needs include:

- Swelling or infections in the face or mouth that are getting worse (but not affecting breathing)
- Severe dental or facial pain that can't be eased with normal painkillers
- Broken or badly moved teeth after an accident
- Knocked-out baby teeth
- Facial injuries that may need a hospital check
- Bleeding in the mouth that you cannot stop
- Gum or mouth infections

The campaign is supported by social media and a dedicated dental health webpage hosted on the One Devon website is the main hub of information.

Campaign: Devon dentists expand urgent care over the festive period

Several dental practices across Devon provided extra urgent dental care over the 2025 festive period through the NHS Devon **Give a Smile for Christmas** initiative.

The scheme helped people get emergency dental treatment at a time when access is usually very limited, including patients who are not registered with a dentist and those referred through NHS 111.

Give a Smile for Christmas encouraged dental practices across the county to pledge additional urgent dental care sessions during the festive period.

With many practices closed over Christmas and New Year, a number of local dental practices stepped forward to offer extra appointments for patients who needed urgent help.

As a result, **61 people were seen over four days** during the festive period, helping to relieve pain, manage infections and prevent dental problems from getting worse.

Recruitment incentives

Summary of ‘golden hello’ initiative

NHS England published guidance last year for dentists who are interested in securing ‘golden hello’ funding to support their recruitment efforts.

The scheme aims to encourages dentists to relocate to areas that have historically struggled to recruit, attract new workforce to the NHS and retain those who might have otherwise moved into private practice. A ‘golden hello’ of £20,000 is offered per dentist, with payments phased over three years.

In Devon, the ICB invested £327,000 into the ‘golden hello’ scheme in 2024/25 and awarded a range of dental practices the ability to offer this incentive payment to fill 25 vacant posts across Devon, 5 of which have now been successfully recruited to. A total of 20 practices across Devon are currently approved to participate in the scheme.

A national evaluation of the scheme is due to take place in 2025/26.

Devon Workforce Working Group

A Devon Dental Workforce Group has been established. This system-wide group aims to support the NHS dental workforce in the county to develop skills, engage with NHS services and improve recruitment and retention of healthcare professionals within NHS dentistry, whilst the long-term central dental reform is undertaken by the government.

Oral health schemes

Successful expansion of Supervised Toothbrushing Scheme

NHS Devon successfully completed the expansion of the Supervised Toothbrushing Scheme in April 2025.

This programme gives children time and supervision to brush their own teeth at nursery and reception class, making brushing part of children's everyday routine and helping to protect their teeth from decay.

The scheme was initially targeted at areas where children are at increased risk of developing tooth decay, such as in areas of highest deprivation. However, this has now been rolled out to all early years nursery or reception class settings across Devon.

First Dental Steps initiative

First Dental Steps (FDS) is a multi-stranded oral health improvement intervention embedded in the Healthy Child Programme. It is delivered by health visiting teams (HVTs) in collaboration with local community dental services (CDS).
The FDS initiative has four principal components:

- Oral health champion training for health visiting teams
- Distribution of oral health packs to high-risk children
- Establishing a referral pathway to CDSs for children deemed at risk of developing decay
- Development of a data capture template to collate key oral health information within HVT clinical software systems.

The initiative was originally piloted and lead by the NHS England Regional Public Health Team in collaboration with local authority public health teams and is being continued and funded by NHS Devon for 2025/26. Work is underway to extend provision of the service through to 2028/29.

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One Devon

Armed Forces Personnel and Support for Veterans – Primary Care

Plymouth Health and Adult Social Care Scrutiny Committee – March 2026

General Practice Veteran Accreditation Scheme

In Plymouth, all GP practices have signed up to the General Practice Veteran Accreditation Scheme.

The Veteran Friendly Accreditation Scheme is a programme run by the Royal College of General Practitioners (RCGP) and NHS England. The Veteran Friendly GP Practice accreditation scheme supports practices to deliver the best possible care and treatment for veterans who have served in the UK Armed Forces and their families. Veteran friendly GP practices will have access to a range of veteran specific NHS services and resources. Accreditation sends an important signal to veteran patients and their families about inclusion and improves experiences and health outcomes for veterans.

Aims of the Scheme

- The scheme helps GP practices to identify, code and support their veteran patients, which is important as the healthcare needs of veterans can be different to the general population.
- Accredited practices appoint a clinical lead who receives training and support and receives an information pack to help increase their understanding of the health needs of veterans, and the services available to them.
- The information pack provides practices with a simple process for the easy identification of veteran patients, information on how to refer to specialist veteran healthcare services such as
    - Op COURAGE: The Veterans Mental Health and Wellbeing Service
    - Op RESTORE: The Veterans Physical Health and Wellbeing Service,
    - Op NOVA: Supporting Veterans in the Justice System, and
    - advice on how to secure priority access for veteran patients, subject to clinical need.

Social prescribing

In Plymouth – the GP practices employ an Armed Forces Social Prescriber covering the city. This service is available to all serving personnel, veterans and their families in Plymouth.

Social prescribing is a key component of Universal Personalised Care. It is an approach that connects people to activities, groups, and services in their community

to meet the practical, social and emotional needs that affect their health and wellbeing.

In social prescribing, local agencies such as local charities, social care and health services refer people to a social prescribing link worker. Social prescribing link workers give people time, focusing on ‘what matters to me?’ to coproduce a simple personalised care and support plan, and support people to take control of their health and wellbeing.

Social prescribing link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners.

Social prescribing is an all-age, whole population approach that works particularly well for people who:

- have one or more long term conditions
- who need support with low level mental health issues
- who are lonely or isolated
- who have complex social needs which affect their wellbeing.

ENDS

Armed Forces health stakeholder brief Autumn 2025

Welcome to the autumn 2025 edition of our Armed Forces health stakeholder brief - our first since the publication of the 10 Year Health Plan, part of the government's health mission to build a health service fit for the future. The plan sets out how the government will reinvent the NHS through three radical shifts: hospital to community; analogue to digital; sickness to prevention.

Making sure that all members of the Armed Forces community experience the benefits of these shifts is our priority and their involvement, particularly through the NHS England Armed Forces Patient and Public Voice Group, will help to achieve this.

In this issue, we are pleased to introduce a new NHS staff section, where we hear from Ryan Cross and Doug Wing on the work they are doing to support veterans.

Earlier this year, the government and the NHS took a big step forward by setting out plans for a new training and education programme to support all healthcare staff to meet the needs of patients from the Armed Forces community - we're delighted to be leading on this important initiative and you can find out more below.

We hope you enjoy this edition and look forward to opportunities to keep in touch over the coming weeks. Please remember to follow us on X @NHSArmedForces; and you can contact the team via england.armedforceshealth@nhs.net.

Forthcoming launch of the national Armed Forces health training and education programme

Following the Department of Health and Social Care announcement in May 2025 of the forthcoming national Armed Forces health training and education programme for NHS staff, the first phase of this initiative will launch this winter with an initial focus on NHS trusts.

While the overarching aim of this dedicated training programme is to help improve care and support for the Armed Forces community, it is also an effective enabler in supporting NHS bodies to meet their statutory duty of giving ‘due regard’ to the health and social care needs of this patient group in the planning, commissioning and provision of healthcare services.

The intention is to roll the training programmes out to all NHS trusts over the course of 2025/2026, with the second phase targeting neighbourhood health services and primary care networks in 2026/27.

To find out more, please email rnoh.vcha.ntep@nhs.net.

Update from Op NOVA - marking two years of life-changing support for veterans in the justice system

Left to right: Colin Back, Op NOVA National Manager; Kate Davies, National Director for Armed Forces, health and justice and sexual assault and abuse services and Inspector Jim Jones, Greater Manchester Police.

On 16 May 2025, colleagues from NHS England, Op NOVA and Greater Manchester Police, as well as veterans with lived experience of the justice system, came together for an operational update. Op NOVA is the NHS England-commissioned support service for veterans in the justice system.

The update marked a major milestone, with Op NOVA having achieved one of NHS England’s original commissioning objectives – delivery of a national and fully commissioned, single pathway for veterans in the justice system. It was also timely, with Op NOVA having just completed two years of operational service in the

community and one year in prisons.

Op NOVA's national network of community-based support is now available in all police and probation regions, as well as every adult prison establishment in England.

Since its launch in April 2023, Op NOVA has supported over 2,742 veterans, 78% of whom have reported improved mental health and well-being, and 64% reporting progress to a law-abiding life.

Op NOVA has proven to be a life-changing and life-saving addition to the NHS Armed Forces healthcare suite. Its impact is testament to the collaboration between the NHS, the justice sector, lived experience and the Armed Forces community, underpinned by specialist delivery from the Forces Employment Charity and its in-prison subcontractor Care after Combat.

In the words of Op NOVA lived experience participant, Steven, "That police officer who asked me if I served in HM Armed Forces ... he saved me. I'd tried civilian counselling; it didn't go well. But the moment I met Andy, my Op NOVA caseworker, it felt different. He got it. He got me. He knew how to help."

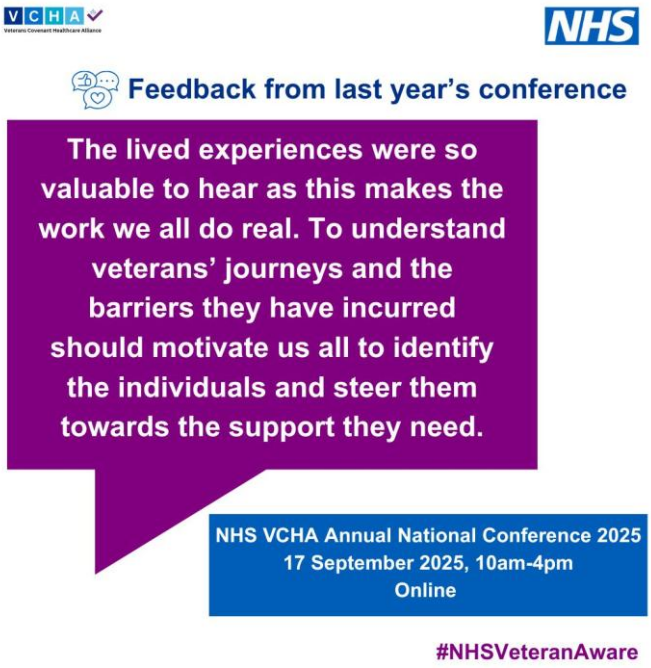
Collaboration will continue to be the driving force behind Op NOVA, as the service adapts and grows to meet the needs of an evolving and complex health and justice landscape. Op NOVA is already well-placed to support the new sentencing guidelines and will continue to work to close gaps, build solutions and generate positive outcomes for veterans, their families and the wider community.

To refer a veteran or find out more about Op NOVA, contact Op NOVA direct: 0800 917 7299 or visit www.opnova.org.uk

Discover more about Kate Davies and her team's aims and objectives for Op NOVA here.

Veterans Covenant Healthcare Alliance (VCHA) annual national conference 2025 – 17 September

Feedback from last year's NHS Veterans Covenant Healthcare Alliance (VCHA) annual national conference



highlighted how deeply impactful it was to hear directly from veterans. Their lived experiences brought clarity and meaning to the work of healthcare professionals across the system. As one attendee shared, *"To understand veterans' journeys and the barriers they have incurred should motivate us all to identify the individuals and steer them towards the support they need."* That sentiment continues to shape this year's event.

The NHS VCHA annual national conference 2025 will now take place exclusively online on Wednesday, 17 September 2025, from 10:00am to 4:00pm, making it more accessible than ever before. The move to a fully virtual format is designed to allow greater participation from colleagues across the NHS, independent care sector, hospices, and partner organisations - no matter where they are based.

If you've already registered for the previously planned in-person event, you don't need to take any further action - your registration has been automatically transferred to the online version. If you haven't registered yet, there's still time to join us.

To register, click here.

For updates on the conference programme, including the agenda and speaker lineup, visit the VCHA website or follow @NHSVeteranAware on social media. For more information, email rnoh.vcha@nhs.net.

You can also be part of the conversation online by using the official hashtag: #NHSVeteranAware.

Op RESTORE summit 2025: Lessons from the front line: 25 – 26 September

Op RESTORE: The Veterans Physical Health and Wellbeing Service continues to serve more patients, with referrals steadily coming through in direct response

to team members attending national and local events, and our communications campaign starting across social platforms to increase our reach.

Op RESTORE is currently preparing for its 2025 summit: Lessons from the frontline – partnering with allies in Ukraine to explore how we can improve the offer for veterans, both now and in the future, in direct response to real time challenges from modern warfare.

Op RESTORE colleagues look forward to welcoming input from those on the frontline in Europe, as well as from colleagues internationally to help future proof the service for those experiencing physical health issues from their time in the Armed Forces.

Further information on OP RESTORE is available at Op RESTORE: The Veterans Physical Health and Wellbeing Service .

Latest primary care network veteran friendly accreditations

Almost 100% of primary care networks (PCNs) have at least one veteran friendly accredited practice and 70% of GP practices in England are accredited.

Project evaluation: The veteran friendly GP practice accreditation project team are underway with selecting a partner to evaluate it. If you would like further information about this work, email veterans@rcgp.org.uk.

VICTOR service brief, please read and share

COMBAT STRESS
FOR VETERANS' MENTAL HEALTH

Please find attached information about the VICTOR programme for veterans with PTSD and complex PTSD. VICTOR (Veterans' Intensive Complex Trauma Organised Recovery) which is provided by Combat Stress. This intensive programme, which complements Op COURAGE, was commissioned by NHS England in October 2024 for a period of two years.

Update from NHS Employers - Celebrate our new Employer Recognition Scheme (ERS) Gold Award winners

The Ministry of Defence has granted an impressive 21 healthcare organisations the Defence Employer Recognition Scheme (ERS) Gold Award.

This distinguished award recognises extraordinary support for the Armed Forces community and an ongoing commitment to integrating this support into their workplace culture, resulting in a substantial impact within their organisations and beyond.

There are three levels to the awards: bronze, silver, and gold. Attaining gold status requires organisations to show a deep commitment to the Armed Forces Covenant, ensuring their policies and practices reflect the core values of the Armed Forces community.

To see this years' award recipients visit here.

Meet NHS colleagues who have served

This new section of our brief provides an insight into the contribution members of the Armed Forces community are making in their work for the NHS.

Ryan Cross, Op RESTORE Physiotherapist Complex Case Manager and former Army Commander

Former Army Commander Ryan Cross, from Doncaster, spent six and a half years in the Armed Forces as a signaller in the 29 Commando Regiment Royal Artillery, before leaving to train as an NHS physiotherapist.

Now directly supporting his fellow veterans as a physiotherapist complex case manager at Op RESTORE: The Veterans Physical Health and Wellbeing Service, Ryan is also due to rejoin the Armed Forces as a reservist in the Reserve unit, 144 Parachute

Medical Squadron RAMC (Royal Army Medical Corps).

Ryan said: “I got to travel the world in the Army – I spent time in the US, France and Germany, and one of my standout experiences was arctic warfare training in Norway. Passing the All-Arms Commando Course and earning the coveted Green Beret was also a highlight of my Army career.

“I was so grateful for those experiences, but I wanted to experience civilian life, so I left at 22. The Army was all I knew as an adult after joining at 16, so it was time to try something different with a career change. I’d suffered injuries myself, especially playing football at semi-professional level and I’ve always been into human biology and exercise, so training as a physiotherapist seemed like an obvious progression for me.

“There’s so much more to physiotherapy than I originally thought. I worked in hospitals as a student on placement, in elite football, gymnastics, private practice and primary care as a primary contact practitioner.”

When the opportunity to join Op RESTORE came up, Ryan felt it was perfect for him. He said: “It marries the two sides of my career together. It helped that I had significant military knowledge and experience of how veterans need to be cared for. Most cases are also musculoskeletal, so it was a no-brainer for me to go for it.

“One of the best things is knowing Op RESTORE provides specialist care and support for veterans. We’re such a niche and patient-driven service. It’s the only place for veterans’ physical wellbeing and seeing the positive impact on veterans is very rewarding.
Ryan has a message for his fellow veterans who may need support: “Please reach out to your local GP and make sure they know you’ve served in the UK Armed Forces. We know a lot of veterans aren’t registered with a GP – but once you are, if you’ve ever had a Service-related physical injury in any capacity, from day one of joining the Armed Forces, you can get referred to us by your GP and we can support you.”

In his spare time, you’ll find Ryan and his wife busy ferrying their two young children between sport clubs, swimming and gymnastics and walking their dog, Willow. Ryan is also currently training heavily for the upcoming Iron Man competition in Leeds in July.

More information on Op RESTORE, visit www.nhs.uk/oprestore.

Doug Wing, former Sapper Wing in the Royal Engineers and Operational Lead, Midlands Op COURAGE Partnership

Former Sapper Wing, Doug has worked in the NHS since 2001 and qualified as a registered mental health nurse in 2007. Since then, he’s worked as a clinician and manager across various teams and services, including

forensic settings at HMP Lincoln and roles within assertive outreach and adult community mental health and child and adolescent mental health services.

Doug said: “When I first joined the NHS – at Rampton Hospital as a nursing assistant – I found there were a number of similarities to the military in terms of structure, and this was in no small part due to the high number of ex-forces staff working there.

“There are similarities across all areas of the NHS that I have worked in since then and a lot of the skills I gained from the Army have served me well throughout my career.

“I’ve worked in veterans’ services since March 2021; initially as service manager in the Lincoln hub, until moving into my current role of operational lead for the Midlands Op COURAGE: Veterans Mental Health and Wellbeing Service Partnership in January 2023.

“After leaving the Army, and before joining the NHS, I would have benefitted from the sort of mental health and wellbeing support that Op COURAGE provides.”

For more information on Op COURAGE, visit www.nhs.uk/opcourage.

If you receive this brief as a forward and would like to be added to the mailing list, please email miranda.askew@nhs.net.

Armed Forces Care Update

NHS England are the responsible commissioner for general acute services for those serving in the Armed Forces and their dependants where they are registered with a Military GP practice. This has been the case since 2013. NHS England also commission several specialised Veterans services, Op Courage - Veterans Mental health service, Op Restore- Veterans Physical Health and Wellbeing Service, and Op Nova for veterans in the justice system.

Serving personnel have their primary care dentistry provided for by the Military. However, the secondary care dental activity for the armed forces is managed by the ICB. The ICB are the responsible commissioner for veterans, as they form part of the civilian population and access general dental services.

In terms of the Armed Forces current waiting times in the Plymouth area, the below table details the provider reported position for those registered with a Military GP Practice. There are no special provisions for this population to be seen faster than the rest of the population. There is ongoing with the GIRF team 'Getting it right first time' to reduce waits at providers.

University Hospitals Plymouth NHS Trust November 2025 RTT position (Latest published data)

University Hospitals Plymouth	
November 2025 Latest Published RTT Data	
Total Number Armed Forces patients waiting	23
Less than 18 weeks	14
More than 18 weeks	9
Number More than 52 Weeks	0

In relation to the General Practice Veteran Accreditation Scheme, currently within Devon ICB update continues to be good, with 88% (102) of the 116 practices signed up to the scheme.

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Scrutiny

Overview of the role

- Social Workers and Social Care Practitioners at Livewell Southwest are responsible for delivering statutory adult social care functions on behalf of the organisation. They are required to uphold the Professional Capabilities Framework for Social Work and undertake complex, proportionate, and evidence-based assessments. This includes Mental Capacity Act assessments and Care Act assessments for people whose needs may present significant risks to their wellbeing.
- Practitioners are expected to promote autonomy by supporting individuals to take positive, informed risks wherever appropriate. They also undertake safeguarding enquiries, apply best-interest decision-making, and, when required, make decisions that may restrict a person's liberty in line with statutory frameworks.

Overview of the Workforce

Adult Social Care comprises:

PCC workforce

- Social Workers
- Community Care Workers
- Team Managers

LSW Workforce

- Social Care Practitioners (non-registered)
- Social Workers
- Practice Educators
- Team Managers (Advanced Practitioners)
- Operational and Service Managers
- Professional and Practice Leadership roles
- Approved Mental Health Professionals (AMHPs)
- Best Interest Assessors (BIAs)
- Mental Capacity Lead
- Adult Social Care Practice Lead

The workforce is organised into two main service areas:

- Mental Health, Learning Disability and Neurodiversity Directorate
- Adult Frailty Specialist Services

These services include a number of specialist teams, such as:

- Livewell Referral and Support Service (LRSS)
- North & West Locality and South & East Locality teams
- Care Home Team
- Intermediate Care Services (Admission Avoidance, Hospital Discharge, Discharge to Assess)
- Safeguarding
- Mental Health and Mental Health Discharge
- Learning Disability
- Drug and Alcohol Team
- Targeted Review Team

WORKFORCE NUMBERS

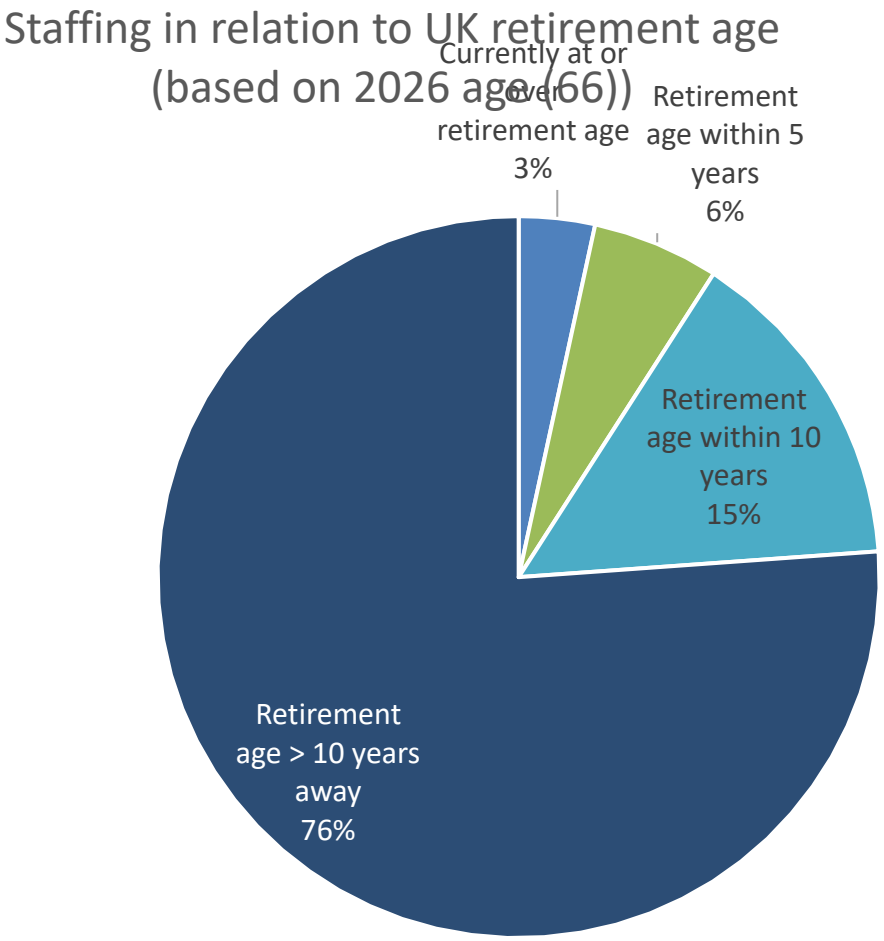
LSW Staffing

143.43 FTE

- 86 Social Workers
- 63 Social Care Practitioners

PCC staffing

- 12.32 FTE



CASELOADS

Caseload expectations vary based on team function, complexity and demand. Approximate caseload ranges (pro rata) are:

- **Community/Locality Teams:** 25–30
- **Care Home Pathway:** 25–30
- **Mental Health & Safeguarding:** 15–25
- **Drug & Alcohol Team:** 15–25
- **Urgent & Intermediate Care (D2A / Crisis Response):** 12–20
- **Integrated Hospital Discharge Team:** 5–10
- **Learning Disability:** 15–20
- **LRSS:** 5–10 triages/referral tasks (typically no long-term allocations)
- **Targeted Review Team:** Dependent on project and nature of reviews
- Caseload allocation decisions are guided by these ranges but informed by team manager oversight, case complexity and time required for each individual.

RECRUITMENT AND RETENTION

Strategic Approach

- The **Livewell Southwest Workforce Strategy 2023–2027** acknowledges increasing demand, resource pressures and the need for transformative approaches. The strategy emphasises a "**train, retain, reform**" model and identifies key risks such as skills shortages, recruitment challenges, high workloads, and financial constraints.
- Professional leadership monitors:
- Workforce sustainability
- Projected retirements
- Vacancy trends
- Recruitment patterns
- Opportunities for development and career progression

Partnerships with Higher Education Institutions (HEIs)

- Livewell maintains strong relationships with HEIs to support student placements, apprenticeship routes and recruitment pipelines. Examples include:
- Engagement in T-Level events promoting social work careers
- Placement partnerships with Plymouth University (Years 1–3)
- Apprenticeships through the Open University (currently four staff enrolled)
- ASYE and Practice Educator collaboration with Bournemouth University
- Naval Social Work student pilot placement (Lincoln University)
- Reciprocal placement arrangements with Devon County Council

RECRUITMENT AND RETENTION

Recruitment Activity

- The Principal Social Worker and Practice Leads participate actively in local recruitment events, including city-wide careers fairs. Recruitment to vacant posts has been consistently successful, with new staff frequently having had student placements at Livewell. The strong ASYE programme further supports attraction—one ASYE social worker won the **Newly Qualified Social Worker of the Year (2025)**.

Retention Measures

- Dedicated Workforce Retention and Attraction Team
- Comprehensive induction programme
- Social Care Practitioner Competency Framework (2024)
- Mandatory training and continuing professional development offer
- Quality assurance and audit processes inform training needs
- Strong supervision culture and practice development support

Career Development Opportunities

- Social Workers have pathways to:
- Leadership programmes
- Best Interest Assessor training
- Approved Mental Health Professional training
- Practice Educator roles
- Specialist training (CHC, MCA, safeguarding, LD, EoL care etc.)
- Access to NHS Leadership Academy

SICKNESS MONITORING

Sickness absence is monitored through the eRoster system.

January 2026 sickness rates:

	total hours	WTE	Sickness
Care Home team	248.5	6.63	21.85%
Learning Disability	296.0	7.89	0.00%
Mental Health Team	328.5	8.76	34.52%
North and West Locality	434.0	11.57	0.47%
Targeted Review	315.5	8.41	5.39%
Safegaurding	396.3	10.57	17.07%
South and East	446.5	11.91	0.00%
Livewell Referral and Support Service	628.0	16.75	14.55%
Drug and Alcohol team	125.5	3.35	4.05%
Community Crisis Response Team	270.9	7.22	12.05%
Integrated Hospital Discharge team	368.0	9.81	5.62%
Discharge to assess team	1108.5	29.56	8.26%
AMHP	412.5	11.00	10.06%
PCC safeguarding	530	12.32	0.00%

Agency Staff

- **No agency staff** currently deployed in Livewell Adult Social Care.
- **PCC** no current agency staffing

LINKS TO CQC REPORT AND IMPROVEMENT ACTIVITY

Strengths-Based Practice

- Strengths-Based Practice model developed through co-production.
- Training approved and scheduled for rollout.
- Engagement with lived experience groups planned via Wellbeing Hubs.

Reducing Waiting Lists

- Project underway since 2025 with significant reductions achieved.
- OT waiting lists remain a focus with targeted work ongoing.

Improving Carers' Support

- Carers Trust "Triangle of Care" pilot underway (accreditation due March 2026).
- Actions include:
  - Improved reporting on carers at key stages
  - Development of carers information leaflets
  - Updated supervision templates to include informal carers

Transitions

- Cross-service transition programme reviewing pathways, experience and system design.

Workforce Development

- Review of BIA training capacity
- Development of introductory training resources
- Applications made for training (strengths-based practice, CHC, hoarding/self-neglect, practice education)

Governance and Quality Assurance

- Continued focus on QA processes and audit engagement
- Improved data quality via Practice Lead support to performance meetings

Livewell Southwest

PLYMOUTH CITY COUNCIL

www.livewellsouthwest.co.uk

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Health and Adult Social Care Overview and Scrutiny Panel – Action Log 2025/26

Key:	
	Complete
	In Progress
	Not Started
	On Hold

Minute No.	Resolution	Target Date, Officer Responsible and Progress
27 January 2026 Minute 114 **Performance Monitoring Report for H&ASC**	Action: Officers to analyse the spike in the percentage of reviews with increased costs in August and report back to the Panel; Action: Officers to include data on reviews resulting in reduced or ceased care packages in future performance reports.	**Status:** In Progress – This will be addressed under the next quarterly performance report, 11 March 2026. Data on reviews resulting in reduced or ceased care packages has been circulated to members – email: 23 January 20-26
27 January 2026 Minute 116 **Plymouth City-wide All-age Unpaid Carers Strategy 2025 – 2027**	To recommend that the Cabinet Member for Health and Adult Social Care writes to the relevant Government Minister expressing concern about inequity in carers-allowance eligibility for people in receipt of the state pension. To request that officers return to the Panel in six months with a progress update. To request clarification from officers on carers allowance eligibility in relation to state pension and private pension receipt.	**Status:** In Progress – Letter drafted. Response will be circulated with members when received. Added to work programme for future consideration. Response to be circulated.
21 November 2025 Minute 104 **Adult Social Care Activity and**	Action 1: Officers to explore opportunities for housing associations to undertake minor adaptations without requiring a full occupational therapy assessment;	**Status:** Complete – Responses emailed to members 23 January 20-26. Gill Nicholson (Head of Innovation and Delivery) Julia Brown (Service Director for Health and Adult Social Care)

Health and Adult Social Care Overview and Scrutiny Panel – Action Log 2025/26

Performance Report	Action 2: Officers to provide year-on-year data to identify seasonal trends and include distribution analysis of waiting times, including banding and prioritisation methods; Action 3: Data on reviews resulting in reduced or ceased care packages to be added to future reports; Officers to provide data on the proportion of community-based assessments resulting in a formal package of care at the next meeting.	Gary Walbridge (Strategic Director for Adults, Health and Communities) Ian Lightley (Livewell Southwest)
21 November 2025 Minute 105 **Winter Planning**	Agreed to receive data on vaccination uptake in care homes and across staff groups at a future meeting.	**Status:** Complete: Information presented at 27 January meeting under 'Winter Pressures update'. A further winter planning item with a vaccination focus item has been scheduled for 11 March 2026. Michael Whitcombe (UHP) Louise Ford (Head of Commissioning) Chris Morley (NHS Devon) Ed Gavey (NHS Devon)
21 November 2025 Minute 106 **Readmissions at UHP**	Agreed to receive an update report on progress with the Building Brilliance programme and discharge quality improvement work at a future meeting.	**Status:** On Hold – Added to Work Programme for scheduling at the appropriate time (following improvement work) Anjula Mehta (UHP) Rachel O'Connor (UHP)
15 July 2025 Minute 96	Action: Officers to progress a Joint Select Committee regarding Transitions from Children's to Adult's Social Care services.	**Status:** In Progress – A Select Committee has been prepared. Due to member availability before the pre-election period, the session has been deferred to the new Municipal Year.

Health and Adult Social Care Scrutiny Panel
Work Programme 2025/26

Please note that the work programme is a 'live' document and subject to change at short notice. The information in this work programme is intended to be of strategic relevance.

For general enquiries relating to the Council's Scrutiny function, including this Committee's work programme, please contact Elliot Wearne-Gould (Democratic Advisor) on 01752 305155.

Date of Meeting	Agenda Item	Prioritisation Score	Reason for Consideration	Responsible Cabinet Member/Lead Officer
15 July 2025	Performance, Finance and Risk Reports for H&ASC + Livewell SW performance	3	Standing Item	Helen Slater, Stephen Beet, Ian Lightley (NHS Devon)
	End of Life Care MoN I Motion on Notice - End of Life Care.pdf	4	Referred by City Council	NHS Devon ICB. Chris Morley
	NHS Changes and re-structures	4	To scrutinise upcoming changes to the structure and operation of NHS management	NHS England + NHS Devon
14 October 2025 **Moved to 21 November 2025**	Quarterly Finance and Performance Reports for H&ASC	3	Standing Item	Helen Slater + Gary Walbridge
	Winter Planning	4	To review preparations and readiness for Winter Pressures	Chris Morley (NHS Devon) + Rachel O'Connor (UHP)
	Outcomes	3	Readmission rates, discharges and outcomes	Chris Morley (NHS Devon)

	Devon Health and Care Strategy Discussion	4	For the Panel to discuss and feedback to NHS Devon following the Masterclass on 29/10/2025.	NHS Devon
25 November 2025	Site Visit to Dartmoor Building (UTC) Derriford.	N/A	To view new Urgent Treatment Centre	Amanda Nash (UHP)
02 December 2025 **Moved to 27 January**	PCC CQC Outcome Report	4	To review the implications for PCC following the CQC outcomes report.	Gary Walbridge Ian Lightley Louise Ford Julia Brown
	Armed Forces GP / Surgery / Dental Update	3	To receive an update on Armed Forces' health care in the city. -Action Plan	NHS Devon Vanessa Crossey
	Unpaid Carers	4	Post-decision scrutiny of Carers Strategy & next steps	Kate Lattimore, Mark Collings & Karlina Hall
	Winter Pressures Update –	3	To present current capacity and pressure figures including the new urgent treatment centre	UHP, NHS Devon
03 February 2026 **Moved to 11 March**	Winter Planning Evaluation – Vaccination Campaign Focus	3	Analysis of vaccination programme effectiveness	NHS Devon ICB Public Health
	Electronic Patient Record Introduction	3	Pre-implementation scrutiny of EPRs	Amanda Nash
	ICB Reforms and Restructures update	3	Update on reform &	NHS Devon ICB

			restructures to ICB and system	
	Armed Forces Care	3	Dental, GP and Surgery care for Armed Forces Personnel and Families.	NHS Devon NHS England
	UHP New Hospital's Programme Update – Emergency Care Building	3	To provide an update on progress of UHP construction facilities and services	Sadie Chambers (UHP)
	Dental Taskforce Update & Dental Update	3	Latest performance and progress within dental provision	Teresa Cullip NHS Devon
	Workloads for Social Workers	3	Staff overview, including recruitment, retention, capacity, demand, sickness and agency Staff.	Gary Walbridge Livewell SW
Items to be scheduled for 2025/26				
2025/26	Local Care Partnership Plan	3	To ensure greater engagement and collaboration with the LCP	LCP / NHS Devon
2025/26	Independent Prescribing Pathfinder Programme (NHS Devon)	3	Review of performance of the programme following prior scrutiny	NHS Devon
2025/26	UHP Readmissions	3	To receive an update on UHP readmission performance, including the Building Brilliance programme.	Anjula Mehta (UHP) Rachel O'Connor (UHP)
Items to be scheduled for 2026/27				
2026/27				

Items Identified for Select Committee Reviews				
2025/26	Transitions to Adult Social Care (from Children's)	4	To be held in a Joint Select Committee with Children's Scrutiny Panel	Gary Walbridge David Haley

Scrutiny Prioritisation Tool

		Yes (=1)	**Evidence**
Public Interest	Is it an issue of concern to partners, stakeholders and/or the community?		
Ability	Could Scrutiny have an influence?		
Performance	Is this an area of underperformance?		
Extent	Does the topic affect people living, working, or studying in more than one electoral ward of Plymouth?		
Replication	Will this be the only opportunity for public scrutiny?		
	Is the topic due planned to be the subject of an Executive Decision?		
Total:			High/Medium/Low

Priority	**Score**
High	**5-6**
Medium	**3-4**
Low	**1-2**