



Oversight and Governance

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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 27 January 2026

2.00 pm

Wards 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 - 12)

To confirm the minutes of the previous meeting held on 21 November 2025.

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. Finance Monitoring Report for H&ASC:

(To Follow)

6. Performance Monitoring Report for H&ASC:

(Pages 13 - 26)

7. Adult Social Care CQC Outcome Update:

(Pages 27 - 40)

8. Plymouth City-wide All-age Unpaid Carers Strategy 2025 – 2027:

(Pages 41 - 92)

9. Winter Pressures Update:

(Pages 93 - 98)

10. Armed Forces Care:

(To Follow)

11. Action Log

(Pages 99 - 100)

For the Committee to review the progress of actions.

12. Work Programme

(Pages 101 - 104)

For the Committee to discuss item on the work programme.

13. Exempt Business

To Consider passing a resolution under Section 100A(2) 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 1/2/3 of Part I of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

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Health and Adult Social Care Scrutiny Panel**Friday 21 November 2025****PRESENT:**

Councillor Murphy, in the Chair.

Councillor Ney, Vice Chair.

Councillors Lawson, Lugger, Moore, Morton, Noble, Penrose, Simpson and Tuohy.

Also in attendance: Julia Brown (Service Director for Adult Social Care), Louise Ford (Head of Commissioning), Ed Garvey (Head of Locality Commissioning, NHS Devon), Ian Lightley (Chief Operating Officer, Livewell Southwest), Anjula Mehta (Joint Chief Medical Officer, University Hospitals Plymouth), Gill Nicholson (Head of Innovation and Delivery), Rachel O'Connor (Director for Integrated Care, Partnerships and Strategy, University Hospitals Plymouth), Helen Slater (Lead Accountancy Manager), Gary Walbridge (Strategic Director for Adults, Health and Communities), Andy Williams (Lead for Adult Social Care, Livewell Southwest), Michael Whitcombe (Deputy Chief Operating Officer, University Hospitals Plymouth), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 2.00 pm and finished at 4.35 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.

100. Declarations of Interest

There were three declarations of interest made.

Councillor	Interest	Description
Lawson	Personal	Employee at University Hospitals Plymouth, NHS Trust,
Noble	Personal	Employee at University Hospitals Plymouth, NHS Trust,
Morton	Personal	Employee at University Hospitals Plymouth, NHS Trust,

101. Minutes

The minutes of the meeting held on 15 July 2025 were agreed as a correct record.

102. Chair's Urgent Business

There were no items of Chair's Urgent Business.

103. Adult Social Care Finance Report, Month 6 - 25/26

Helen Slater (Lead Accountancy Manager) delivered the Adult Social Care Finance Report, Month 6- 25/26 report and discussed:

- a) At Month 6, the Adult Health and Communities Directorate reported a financial pressure of just over £3 million, of which £2.243 million related specifically to Adult Social Care;
- b) £824,000 of the pressure was within domiciliary care, driven by increased demand for intermediate care to support hospital discharge;
- c) The largest element of pressure, £3.519 million, related to bedded care (residential and nursing care) across all pathways;
- d) A further £477,000 pressure was attributed to other care packages, linked to reduced waiting lists which had a financial impact;
- e) There was a direct correlation between increased expenditure and income through joint funding and client contributions, which helped offset pressures by £2.310 million;
- f) A new Joint Funding Panel had been established to maximise contributions for clients with shared health and social care needs, which commenced the previous week;
- g) A Director's Budget Containment Group had been set up to review high-risk areas, including domiciliary care analysis, fee levels, pipeline demand, timescales, and planning for increases in client direct payments;
- h) Work was ongoing to address short-term residential clients and identify barriers to transitioning to long-term care;
- i) 75% of the in-year savings target (£2.074 million) had been achieved, with the remainder flagged as amber for delivery by year-end;
- j) Budget planning for 2026/27 was underway, with assumptions being made on the National Living Wage (modelled at £12.80 per hour) and inflation, pending confirmation. There remained significant uncertainty regarding overall PCC funding following the recent policy statement, which was being analysed and modelled.

In response to questions, the Panel discussed:

- k) Confidence in meeting savings targets, with assurance given that progress was positive at 75% achieved and risks were being managed throughout the year;
- l) Contingency planning for potential increases in the National Living Wage, noting that sensitivity analysis was undertaken as part of the Medium-Term Financial Plan (MTFP) and various scenarios were modelled, although there was no specific contingency line for this;

- m) The importance of continued scrutiny, with budget scrutiny scheduled for January.

The Panel agreed:

1. To note the Month 6 Finance Report for Adult Social Care and the actions being taken to manage financial pressures;
2. To receive further updates as part of the upcoming budget scrutiny process.

104. **Adult Social Care Activity and Performance Report**

Andy Williams (Lead for Adult Social Care, Livewell Southwest), Gill Nicholson (Head of Innovation and Delivery), Julia Brown (Service Director for Health and Adult Social Care), Gary Walbridge (Strategic Director for Adults, Health and Communities), and Ian Lightley (Chief Operating Officer, Livewell Southwest) delivered the Adult Social Care Activity and Performance Report and discussed:

- a) The report was structured into four sections: Care Act Assessments, Care Act Reviews, Occupational Therapy (including minor adaptations), and Commissioned Services, with additional updates on domiciliary care, reablement, direct payments, and hospital discharge performance;
- b) Significant progress had been made in reducing the Care Act assessment waiting list, which stood at 301 in September against a target of 200, compared to 800 eighteen months ago;
- c) The average time to complete an assessment from allocation was 16.9 days, and 178 assessments had been completed in the reporting period;
- d) A more targeted approach was being adopted to support the system, recognising that clearing backlogs had increased demand for domiciliary and residential care. This work was linked to the Council's Budget Containment Plan, including reviewing whether needs had changed and adjusting priorities accordingly;
- e) The sustainable waiting list target of 200 was based on modelling that assumed processing within 28 days, though this would be reviewed once achieved;
- f) The percentage of long-term service users with an assessment within the last year had risen to 57.4%, approaching the national target of 60.7%. Productivity remained strong despite added responsibilities, and the most long-standing reviews were complete;
- g) Further efficiencies were limited, but focus remained on reviewing new cases promptly, reducing waiting lists, and delivering timely responses. Review waiting times were improving in line with assessment work;

- h) Local stretch targets were set annually based on comparator authorities and national performance;
- i) Increased costs following reviews were attributed to increased need rather than inflation. Data on reviews resulting in reduced or ceased care packages would be added to future reports;
- j) The number of people waiting for Section 2 occupational therapy assessments had reduced, but further work was needed to bring waiting lists down. The average waiting time was 192 days, which was acknowledged as too high;
- k) Livewell had initiated an improvement programme aligned to wider transformation, focusing on early intervention, community-based support, and initiatives such as encouraging private equipment purchases, reintroducing care and repair services, and better use of community hubs;
- l) Plans included raising the minor adaptation budget threshold, streamlining access to basic equipment through self-referral, and partnerships with local suppliers to release capacity within the team;
- m) Challenges included historic data issues between systems, which had now been resolved, and workforce pressures. A phased recovery plan was in place to reduce waiting times over 12 months, applying learning from Care Act assessment improvements;
- n) There had been an increase in residential and nursing care placements for adults over 65, rising from 368 in October last year to 391 currently, creating budget pressures;
- o) Work was ongoing to review care packages and ensure appropriate step-down from hospital discharge to home where possible. Individuals discharged into residential care were contacted within 24 hours and seen within 48 hours, with a target of resolving Pathway Two cases within 42 days;
- p) Increased demand for domiciliary care was noted, with work ongoing with Independence at Home and internal brokerage teams to increase capacity and ensure timely, person-centred support;
- q) Reablement performance was positive, with 81.6% of individuals remaining at home after 91 days, above regional benchmarks. Average length of stay in reablement was 4.7 weeks against a six-week target. Plans were in place to expand reablement services citywide;
- r) Uptake of direct payments had returned above target, with 635 individuals (over 20% of current users) now using this option. The banking service had been brought in-house, and work continued to promote direct payments through Livewell social workers;

- s) While “No Criteria to Reside” figures had deteriorated earlier in the year, recent weeks had seen improvement, with Plymouth’s position benchmarking well nationally. Collective work continued with Devon and Cornwall colleagues to maintain performance through winter.

In response to questions, the Panel discussed:

- t) The Panel suggested exploring whether housing associations could undertake simple adaptations, such as installing handrails, without requiring a full occupational therapy assessment. Officers agreed this was a practical idea and confirmed it would be investigated further;
- u) The Panel requested year-on-year data to identify seasonal trends and asked for distribution analysis of waiting times, including banding and prioritisation methods. Officers confirmed that historic data could be provided, noting that previous methodology changes might affect comparability;
- v) The Panel expressed concern about the availability of care staff to meet increasing demand for home-based care and reablement services. Officers confirmed that recruitment had improved post-pandemic, market capacity was currently stable, and work continued to ensure continuity of care and effective workforce deployment;
- w) The Panel emphasised the importance of maintaining independence for individuals discharged from hospital and ensuring they were placed in appropriate settings. Officers outlined commissioning work to embed reablement approaches in care homes and confirmed efforts to match individuals to suitable environments, including consideration of cognitive needs;
- x) The Panel raised concerns about individuals without dementia being placed in homes where most residents had dementia, potentially leading to isolation. Officers acknowledged this challenge and confirmed that placement decisions aimed to match individuals to appropriate settings wherever possible;
- y) The Panel queried whether early discharge from hospital contributed to increased residential placements. Officers confirmed that collaborative work was underway with hospital teams to ensure least restrictive options were considered and that individuals were supported to return home wherever possible;
- z) The Panel queried challenges with the uptake of direct payments. Officers advised that Plymouth performed well compared to other authorities but aimed to further improve figures next year, promoting choice and control for service users;
- aa) The Panel asked whether individuals were being signposted to private occupational therapy assessments and how many had taken this route. Officers confirmed that while advice was given, data on private assessments was not routinely captured.

1. **Action:** Officers to explore opportunities for housing associations to undertake minor adaptations without requiring a full occupational therapy assessment;
2. **Action:** Officers to provide year-on-year data to identify seasonal trends and include distribution analysis of waiting times, including banding and prioritisation methods;
3. **Action:** Data on reviews resulting in reduced or ceased care packages to be added to future reports;
4. **Action:** Officers to provide data on the proportion of community-based assessments resulting in a formal package of care at the next meeting.

The Panel agreed:

1. To note the Adult Social Care Activity and Performance Report and the progress made across all areas.

105. **Winter Planning**

Michael Whitcombe (Deputy Chief Operating Officer, University Hospitals Plymouth), Louise Ford (Head of Commissioning), Chris Morley (Plymouth Locality Director, NHS Devon) and Ed Garvey (Head of Locality Commissioning, NHS Devon) presented the Winter Planning update and discussed:

- a) Winter planning was an annual process undertaken collectively across University Hospitals Plymouth (UHP), Livewell Southwest, Plymouth City Council, and wider system partners, guided by national expectations and NHS England returns;
- b) The approach was informed by predictive modelling based on previous winter demand and analysis of flu season trends in the southern hemisphere, particularly Australia, to anticipate pressures such as respiratory illness surges, high bed occupancy, long emergency department waits, and ambulance handover delays;
- c) The hospital's operational picture indicated that without mitigations, there would be a gap of 70–90 beds against demand. Strategic actions had reduced this gap to approximately 33–40 beds, supported by seven key workstreams focusing on infection prevention and control, surge response, timely discharge, workforce resilience, and community services;
- d) Ambulance handover performance had deteriorated in October but improved significantly, with less than 1,000 hours lost and an average handover time of 16 minutes, against a mandatory target of 45 minutes and an aspiration of 30 minutes. The national standard remained 15 minutes;

- e) Key assumptions included a 1.5% increase in non-elective demand and peak flu and COVID pressures occurring in the second week after Christmas. The hospital aimed to maintain elective services and utilise virtual wards and community support to ensure timely discharge;
- f) Vaccination uptake was critical to reducing bed occupancy pressures. UHP had achieved approximately 38% staff uptake for flu vaccination, with targeted campaigns and outreach to hard-to-reach areas. Vaccinations had improved uptake compared to previous years;
- g) The hospital lost around 120 beds last winter due to flu, COVID, and norovirus, with approximately 10% of these occupied by care home residents. Actions were being taken to provide care within residential settings to avoid hospital admissions and associated risks;
- h) Virtual ward capacity included 75 acute beds (respiratory and cardiology) and 68 frailty beds, with plans to increase to 95 beds before winter. Occupancy had dropped but improvement work was underway to raise awareness and streamline onboarding processes;
- i) Additional pathway one capacity had been commissioned to support home-based care and prevent destabilisation of the local workforce, including agency support for PCC's Independence at Home service;
- j) Brokerage processes were being strengthened to ensure timely access to domiciliary care for hospital discharge and community step-up support, alongside measures to prevent hospital admissions through wraparound services;
- k) Workshops with domiciliary care providers had secured commitments to increase workforce capacity before Christmas, supporting the system's "Home First" approach. Approximately 66% of complex discharges now resulted in home-based care, compared to 24–25% two years ago;
- l) For pathway two (bedded care), work was ongoing with PCC to ensure capacity and reablement support, including projects to utilise additional pathway one capacity for individuals leaving bedded settings;
- m) Integrated working was supported through daily system escalation calls, weekly commissioning oversight meetings, and governance processes to monitor pressures and take rapid action where necessary;
- n) Measures to maintain market resilience included promoting vaccinations and infection prevention across care settings, monitoring demand and capacity for bedded and domiciliary care, supporting access to household support funding, and addressing staff training needs for timely discharge planning;
- o) The autumn/winter campaign was underway, targeting eligible cohorts through GP practices, pharmacies, schools, hospitals, and outreach clinics for housebound individuals and underserved communities. Uptake for flu

vaccination across Devon was higher than last year, with targeted actions for areas of lower uptake;

p) Communications focused on encouraging early protection, with messages such as “Don’t give the gift of flu for Christmas.” Booking options included the NHS website and 119 telephone service.

In response to questions, the Panel discussed:

- q) Assurance that vulnerable groups, including those in drug and alcohol rehabilitation and homeless services, were being offered vaccinations, with officers confirming eligibility and targeted outreach;
- r) Clarification on whether additional winter capacity involved new staff or existing personnel taking on extra tasks. Officers confirmed that additional care capacity was sourced externally to avoid destabilising the local workforce, while integrated working across health, social care, and providers was key to resilience;
- s) The importance of flow through capacity as well as increasing numbers, with officers highlighting daily escalation calls and governance processes to manage discharge and commissioning decisions;
- t) Uptake of vaccinations among hospital staff, which had improved compared to previous years but remained below desired levels;
- u) Emergency preparedness for future pandemics, with officers confirming that disaster plans, national escalation frameworks, and scenario modelling were in place, supported by a Devon-wide command centre;
- v) Ambulance handover times, with officers confirming an average of 16 minutes currently, significant improvement from previous delays, and assurance that patients received continuous care during any waiting period;
- w) Virtual ward capacity and challenges, noting reduced occupancy and recruitment delays but plans to increase frailty beds and improve onboarding processes;
- x) Concerns about temporary escalation spaces and corridor care, with officers confirming that the Trust did not tolerate corridor care and had measures to prevent its use except in extreme circumstances, with rapid de-escalation when required;
- y) Uptake of vaccinations in care homes, with officers confirming improved rates this year;
- z) Cultural and personal barriers to vaccination uptake, with officers noting ongoing monitoring and targeted education to address resistance.

The Panel agreed:

1. To note the Winter Planning update and the actions being taken across health and social care to manage seasonal pressures;
2. To receive data on vaccination uptake in care homes and across staff groups at a future meeting.

106. **Readmissions at UHP**

Anjula Mehta (Joint Chief Medical Officer, University Hospitals Plymouth) and Rachel O'Connor (Director of Integrated Care, Partnerships and Strategy) presented the Hospital Readmissions update and discussed:

- a) NHS England defined a readmission as a patient being readmitted to hospital as an emergency within 30 days of their previous stay. This definition did not require a clinical link to the previous condition, meaning some readmissions were unrelated to the original admission;
- b) It was highlighted that readmissions needed to be considered through multiple lenses:
 - i. Whether the readmission was clinically related to the index admission or a new condition;
 - ii. Whether discharge processes contributed to the readmission, including poor coordination or unclear communication;
 - iii. Operational pressures during winter months that could impact discharge quality;
 - iv. Patient-specific factors such as social care breakdown or environmental issues;
 - v. Data quality and coding inconsistencies, which could misclassify planned follow-ups as readmissions;
- c) The risks of prolonged hospital stays were emphasised, particularly for frail elderly patients. Evidence showed:
 - i. Average length of stay for complex patients was up to 21 days;
 - ii. 30% of older patients developed hospital-acquired disabilities, which could include muscle loss, functional decline, and mental health deterioration;
 - iii. Muscle loss of 2–5% per day during immobility, leading to significant deconditioning over 10–21 days;
 - iv. Increased risk of falls (50% higher for older patients), delirium (20–30% increase), depressive symptoms (up to 60%), infections, and pressure injuries;

- d) Data analysis indicated:
 - i. Total readmissions had increased in absolute numbers, but the readmission rate remained stable at 7.2%, below the national average;
 - ii. Overall discharges had increased, meaning the proportion of readmissions had not risen significantly;
 - iii. Complex discharges had not seen an increase in readmissions, which was reassuring and suggested discharge processes for these patients were effective;
- e) A deep dive into 100 readmission cases revealed that only 43% were true unplanned readmissions. Many were incorrectly coded as readmissions when they were planned follow-ups, such as:
 - i. Surgical patients admitted for diagnosis on day one and returning for a procedure the next day;
 - ii. Patients in same-day emergency care returning for blood tests or reviews;
 - iii. These cases should have been coded differently, highlighting the need for improved data quality;
- f) Patient safety assurance was sought through incident reporting, which showed:
 - i. A reduction in harm incidents related to discharge and readmissions;
 - ii. A reduction in incidents where readmission was a cause of concern;
 - iii. A reduction in ED delay-related harm, attributed to improved patient flow;
- g) Patient experience data indicated that over 50% of surveyed patients were unclear about their discharge plan and felt poorly supported when returning to the community. Concerns included:
 - i. Inconsistent communication, with different staff giving conflicting information;
 - ii. Poor coordination of discharge processes, leaving patients uncertain about what would happen next and where to seek help;
- h) While patient safety concerns had reduced, the lack of clarity and confidence among patients remained unacceptable and required urgent improvement;
- i) Next steps included:

- i. Conducting an audit focused on patient voice to understand reasons for readmissions and whether they were clinically necessary or due to lack of support;
- ii. Improving data quality and coding accuracy to distinguish planned follow-ups from true readmissions;
- iii. Implementing quality improvement work to strengthen discharge processes, including early and consistent communication with patients and families;
- iv. Ensuring staff across wards adopt cultural changes through initiatives such as the “Building Brilliance” programme, which asks patients daily: “Do you know what is happening today? Do you know when you are going home? Do you know what to expect next?”;
- v. Enhancing system-wide collaboration to connect hospital and community pathways, particularly for frail elderly patients;
- vi. Expanding use of community-based services such as virtual wards, which provided multidisciplinary care in patients’ homes to reduce readmissions and support confidence post-discharge;

In response to questions, the Panel discussed:

- j) The importance of clear communication with patients throughout their hospital stay and at discharge. Members noted that lack of information caused distress and confusion, with patients often unaware of why they were being moved or discharged. It was explained that communication was a cultural issue requiring consistent improvement. The Building Brilliance programme was a key initiative to ensure patients understood their care plan and discharge arrangements;
- k) Concerns raised by care homes about patients being discharged too early and subsequently readmitted. Robust clinical handovers to care homes were essential and details of any specific cases would be addressed;
- l) The Panel welcomed plans to improve discharge processes and requested a future update on progress, particularly regarding patient experience and communication improvements;
- m) UHP was committed to cultural change and quality improvement, and that patient voice audits and pathway reviews would inform future actions.

1. **Action:** Officers to return to a future meeting with an update on patient experience improvements, discharge process changes, and outcomes of the patient voice audit.

The Panel agreed:

1. To note the update on hospital readmissions and the actions being taken to improve discharge processes, patient experience, and data quality;
2. To receive a future report on progress with the Building Brilliance programme and discharge quality improvement work;
3. To provide details of any care homes reporting concerns about early discharge to support targeted improvements.

107. **Action Log**

The Panel agreed to note the progress of the Action Log.

108. **Work Programme**

The Panel agreed to add the following items to the Work Programme:

1. Care Quality Commission (CQC) Outcome report;
2. Armed Forces Care Update;
3. PCC Carers Strategy;
4. Wellbeing Hubs;
5. Social Prescribing.

109. **Exempt Business**

There were no items of Exempt Business.

Health and Adult Social Care Scrutiny Panel



Date of meeting:	27 January 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

- I. That the Panel note the content of the report.

Alternative options considered and rejected

- I. 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*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable)						
		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.

Title of any background paper(s)	Exemption Paragraph Number (if applicable)							
N/A	<p><i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i></p> <table border="1" data-bbox="747 1197 1325 1237"> <tr> <td data-bbox="754 1199 819 1235">1</td><td data-bbox="819 1199 884 1235">2</td><td data-bbox="884 1199 948 1235">3</td><td data-bbox="948 1199 1013 1235">4</td><td data-bbox="1013 1199 1078 1235">5</td><td data-bbox="1078 1199 1143 1235">6</td><td data-bbox="1143 1199 1208 1235">7</td></tr> </table>	1	2	3	4	5	6	7
1	2	3	4	5	6	7		

Sign off:

Adult Social Care Activity and Performance Report



PLYMOUTH
CITY COUNCIL

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 continue to test the effectiveness of how we perform and we underwent our Care Quality Commission (CQC) Inspection in 2025.

Following the publication of the report we are creating a revised improvement plan, 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**

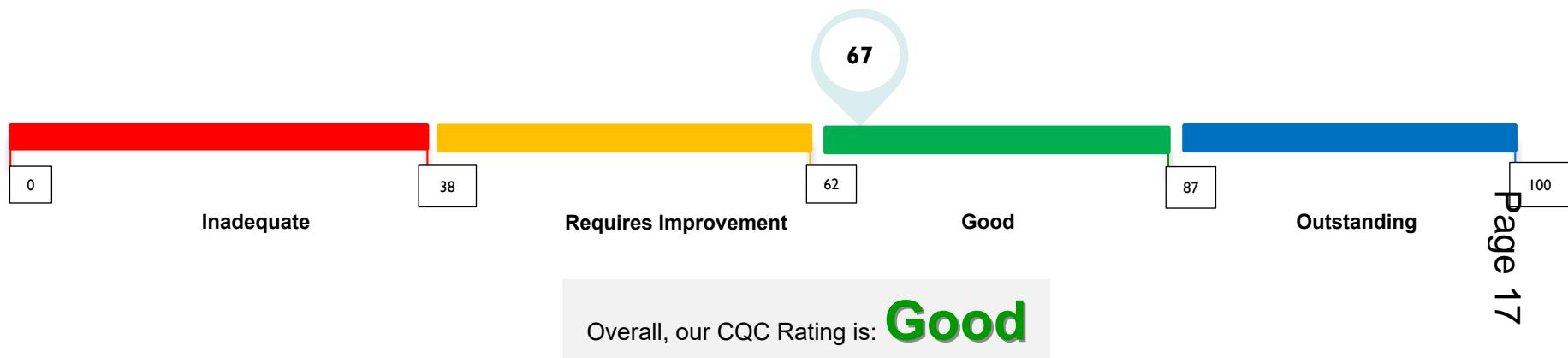
**Ensuring
choice &
control**

**Good quality
care &
support from
a skilled
workforce**

OUR CQC OVERALL SCORE



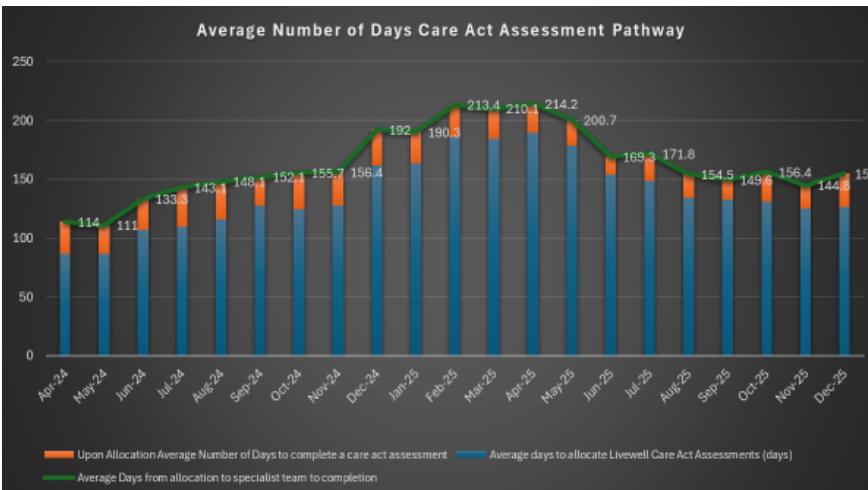
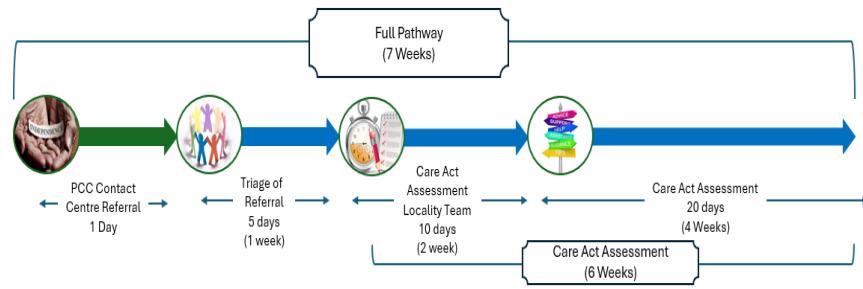
PLYMOUTH
CITY COUNCIL



Quality Statements	Assessing needs	Supporting people to live healthier lives	Equity in experience and outcomes	Care provision, integration and continuity	Partnerships and communities	Safe systems, pathways and transitions	Safeguarding	Governance, management and sustainability	Learning, improvement and innovation
Overall % QS score	50%	63%	88%	57%	82%	57%	57%	75%	75%

Theme I: 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				200 ▲
Number of Care Act Assessments Completed	186	198	243	221	222	171	178	210	186	147				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	126				120 ▼



Narrative

Referral demand fell further in December and the initial triages are being completed within 5 working days, in line with the targets

Unallocated assessments has risen slightly to 369, which is typical of trends seen in December due to leave and accessibility of meeting with people.

We are positively moving towards the phase 3 target of 100 days to complete a care assessment.

Overall, performance trends indicate steady improvement, with targeted actions in place to address remaining pressures and ensure continued compliance with Care Act obligations

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

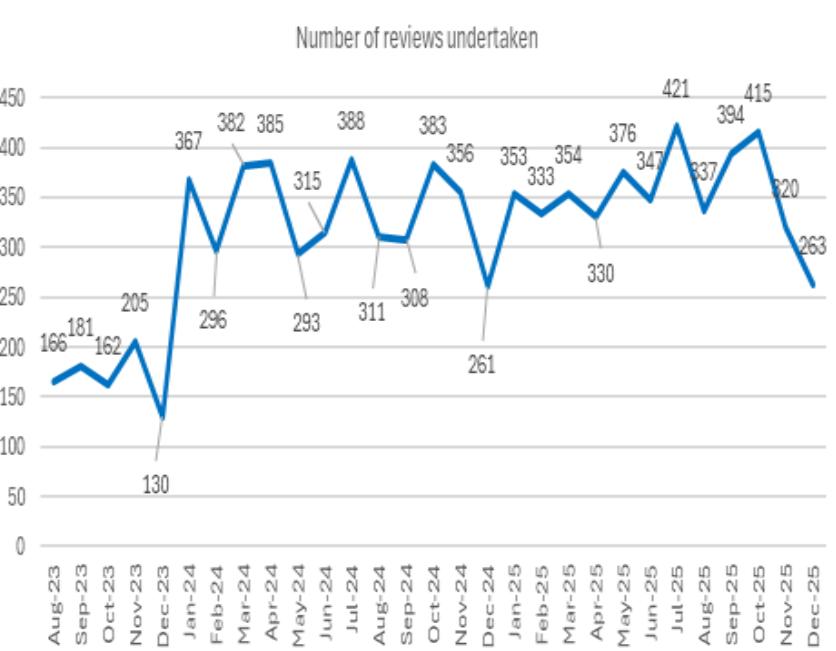
Key Performance Indicator	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target
% of long-term service users with an assessment or review in the last year	60.4%	59.70%	57.9%	58.2%	58.1%	57.7%	57.4%	55.4%	54.3%	53.4%				60.7% 60.7%
% of reviews with increased cost	15%	19%	23%	18%	15%	34%	18%	21%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

% of Long Term Service users with an Assessment or Review in the last year



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Number of reviews undertaken



Narrative

drop this reflects the seasonal deceases seen in reviews in December months.

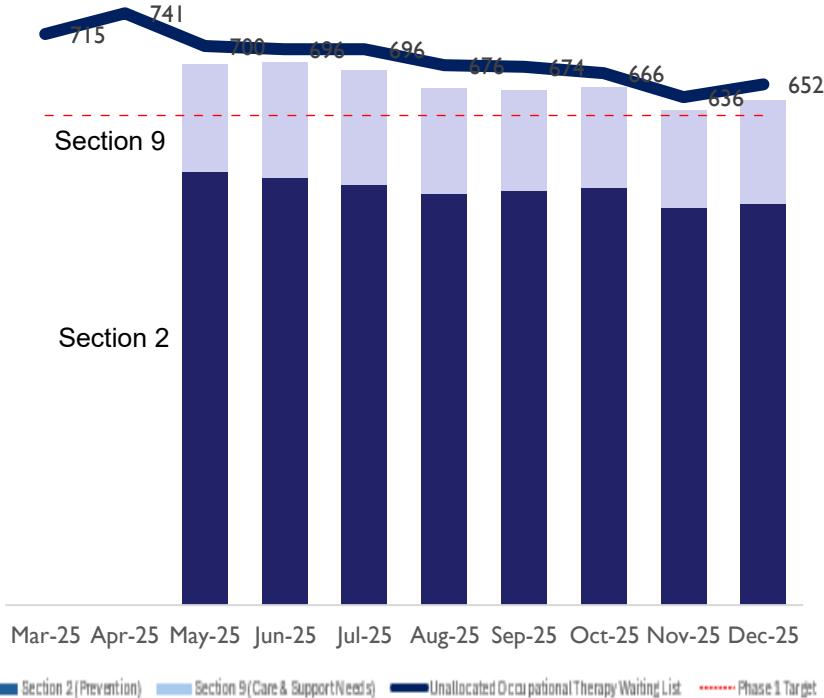
The proportion of long-term service users with an assessment or review in the past year fell slightly to 53.4%, down from 55.4%. This softening reflects the challenge of keeping pace with demand and maintaining statutory coverage.

Looking ahead, the priority will be sustaining review activity while strengthening oversight. Reviews will continue to be prioritised by risk over chronological need, ensuring targeted and proactive reviews undertaken. Although the overall number has recuced this is because the proactive review of health funded cases will not be reflected within these numbers.

Theme I: Occupational Therapy (OT)

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

OT Unallocated Waiting List



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.

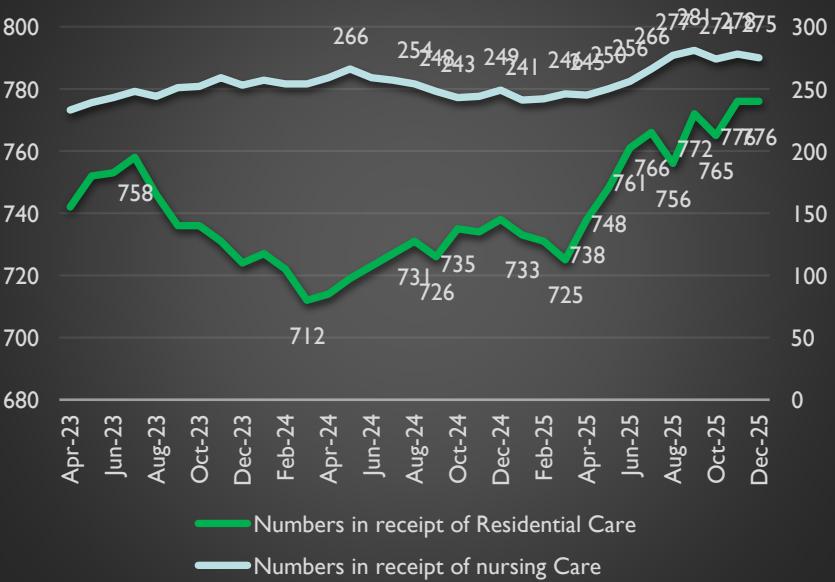
The overall OT waiting list sits at 652 people, however this is a combined waiting list across both Adult Social Care and Health referrals.

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				224
Numbers in receipt of Residential Care	725	738	748	761	766	756	772	765	776	776				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				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			N/A	▲

Numbers in Receipt of Local Authority Funded residential or nursing care



Narrative

The overall number of people in receipt of residential and nursing care has remained stable, with a sustained flow into long-term care continuing the need to monitor how placement growth aligns with market capacity and system pressures.

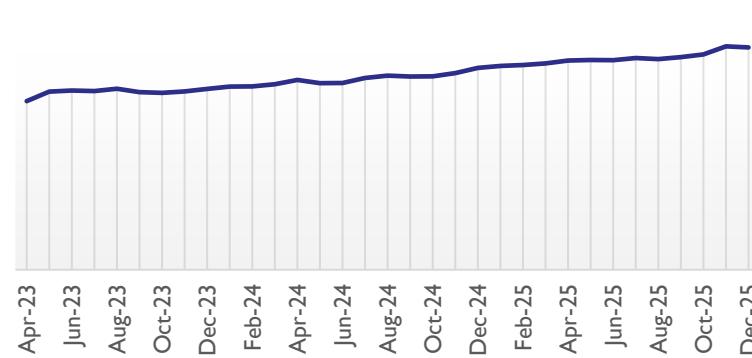
The Care home framework goes live 8th January, with 38 care homes awarded on to the framework. Of these, 32 have committed to joining an Innovation Steering Group, working in partnership with commissioning teams to shape future approaches and explore options for complex care. This initiative builds on ongoing collaboration with the provider market and will focus on developing care models that promote reablement and independence, reducing reliance on more intensive long-term care.

A refreshed Market Position Statement is underway and will support future development modelled on demand and complexity.

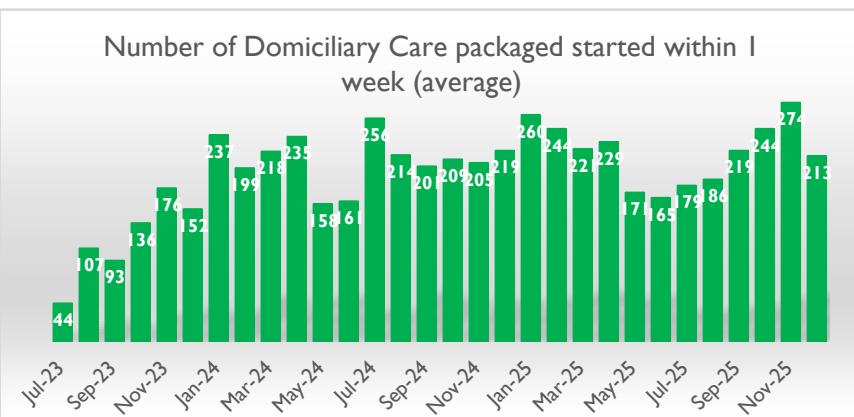
Theme 3: Domiciliary Care

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				1071 Forecast 1172
Of which in Intermediate Placements	115	111	113	91	81	71	72	83	94	84				TBC
Number of Domiciliary Care packages started	221	229	171	165	245	186	230	224	248	218				▼

Number of people in receipt of domiciliary care package



Number of Domiciliary Care packages started within 1 week (average)



Narrative

The number of people receiving domiciliary care in Plymouth has dropped slightly, however retains significantly 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.

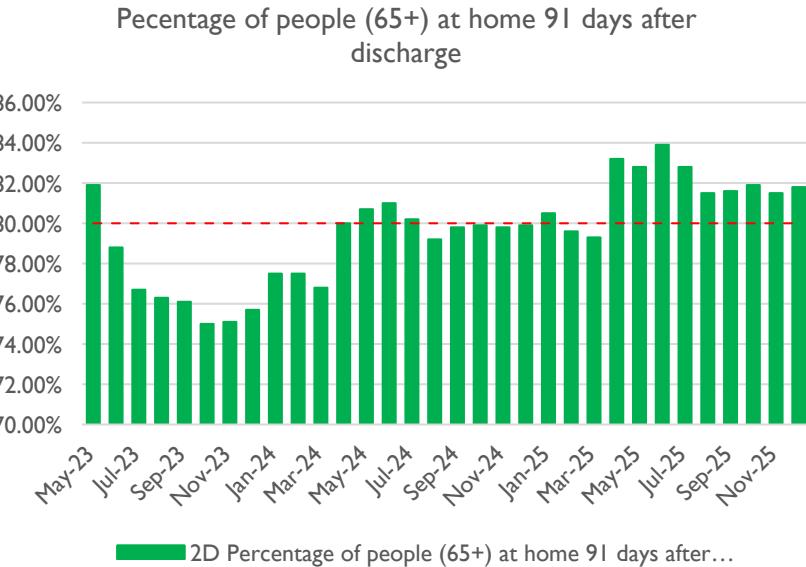
The number of new care packages started each month continues to fluctuate, with 218 packages opened in December, though more packages of care have closed throughout the month reflecting the slight drop in overall numbers.

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				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%				80%
Number of reablement packages started in period	118	110	108	133	122	112	110	93	106	107				▲
Actual reablement hours in period	4547	4097	3144	3833	5214	5172	4993	4520	4165	5066				▲
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				6.0

Narrative



Reablement performance remained stable in December, with 81.8% of people aged 65+ still at home 91 days after discharge, supporting the target of 80%.

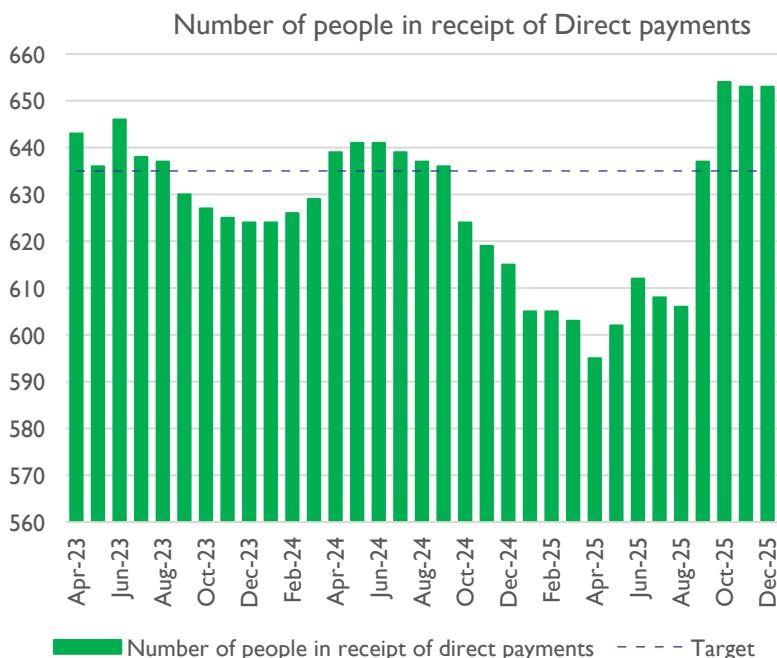
The teams supported more people in reablement during December with a strong increase in reablement hours. This is reflective of the targeted work to increase capacity within the service and demonstrates the continued success of our approach in helping individuals regain independence, enabling them to live independently, improve confidence, and reduce reliance on ongoing care services.

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

By focusing on independence and recovery, we are not only meeting performance targets but also making a real difference to people's lives.

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				635
People in receipt of direct payments Under 65	480	472	478	488	485	483	510	524	527	528				▲
People in receipt of direct payments Over 65	123	123	124	124	123	123	127	130	126	125				▼



Narrative

In Plymouth, the number of people receiving Direct Payments held steady at 653, over the target of 635.

Activity across age groups remained stable, suggesting continued and balanced engagement across both cohorts.

The service has now been brought in-house, and we are seeing a steady increase in people choosing to manage their own care arrangements. Plans are underway to enhance training staff to offer Direct Payments where appropriate and to strengthen engagement with Personal Assistants, helping to build networks and foster collaboration across the sector.

Age 24

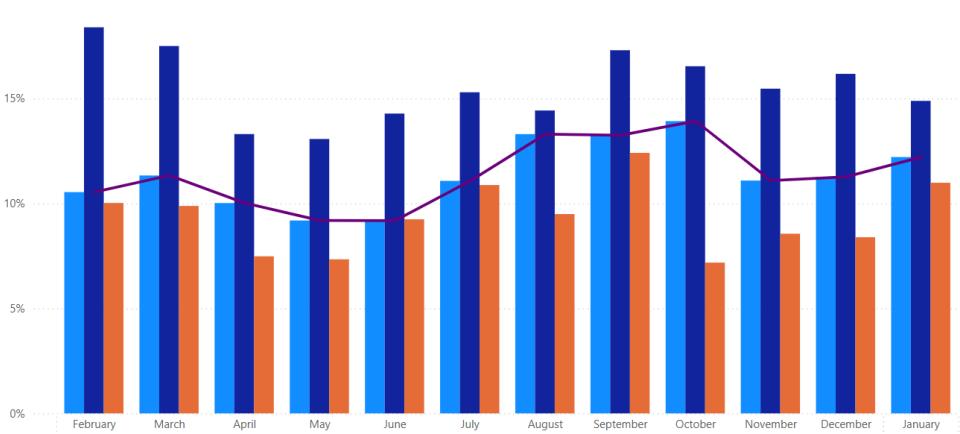
P1 Performance Update



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● PlymouthNCTR% ● CornwallNCTR% ● DevonNCTR% ● NCTR%

20%



This metric represents the proportion of patients with No Criteria to Reside and is calculated from when the patient is medically fit for discharge and when they leave the hospital.

Out target is 9%

Plymouth's average NCTR has remained stable at 10% throughout November and December, reflecting an improved performance compared to the summer period.

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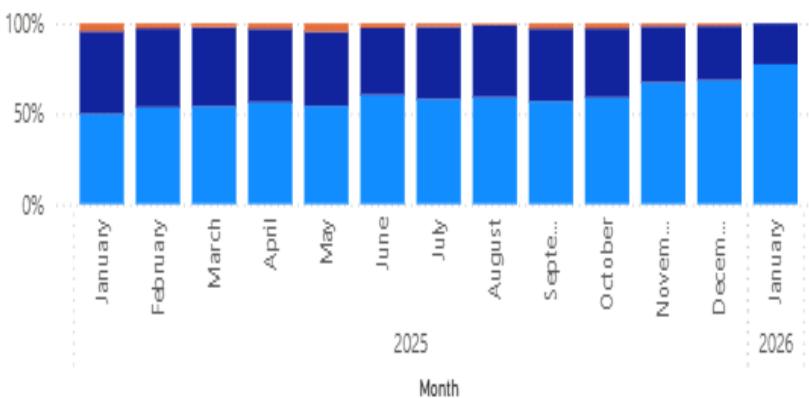
Recent data for the Plymouth cohort shows a marked increase in the percentage of complex discharges over the past several months:

September: 56.97% / October: 59.03% / November: 67.4% / December: 68.61%

The growth signals an increase in the complexity of need among patients requiring discharge. This trend indicates that a greater proportion of individuals are presenting with more complex requirements, which places additional pressure on discharge pathways and post-hospital support services.

Pathway Discharges As % Of Total Complex Discharges

● P1Discharges ● P2Discharges ● P3Discharges



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Health and Adult Social Care Scrutiny Panel

PLYMOUTH
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Date of meeting:	27 January 2026
Title of Report:	Adult Social Care CQC Outcome Update
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:	Julia Brown, Service Director Adult Social Care & Louise Ford, Service Director Integrated Commissioning.
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

- I. It is recommended that Scrutiny note the content of the report.

Alternative options considered and rejected

- I. 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*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable)						
		1	2	3	4	5	6	7
A	Adult Social Care CQC Outcome 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 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)							
N/A	<p><i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i></p> <table border="1" data-bbox="747 1242 1325 1264"> <tr> <td data-bbox="747 1242 828 1264">1</td><td data-bbox="828 1242 909 1264">2</td><td data-bbox="909 1242 990 1264">3</td><td data-bbox="990 1242 1071 1264">4</td><td data-bbox="1071 1242 1152 1264">5</td><td data-bbox="1152 1242 1233 1264">6</td><td data-bbox="1233 1242 1325 1264">7</td></tr> </table>	1	2	3	4	5	6	7
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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: 12/01/2026											

Cabinet Member approval: <i>Cllr Mary Aspinall</i>
Date approved: 12/01/2026

Adult Social Care CQC Outcome



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CQC's Overall Rating for Plymouth



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Overall, our CQC Rating is: **Good**

Theme 1: How we work with People

- Assessing Needs 50%
- Supporting people to live healthier lives 63%
- Equity in experiences and outcomes 88%

Theme 2: Providing Support

- Care provision, integration and continuity 57%
- Partnerships and communities 82%

Theme 3: Ensuring Safety with the system

- Safe Systems, pathways and transitions 57%
- Safeguarding 57%

Theme 4: Leadership

- Governance, management and sustainability 75%
- Learning, improvement and innovation 75%

Theme 1: Assessing Needs



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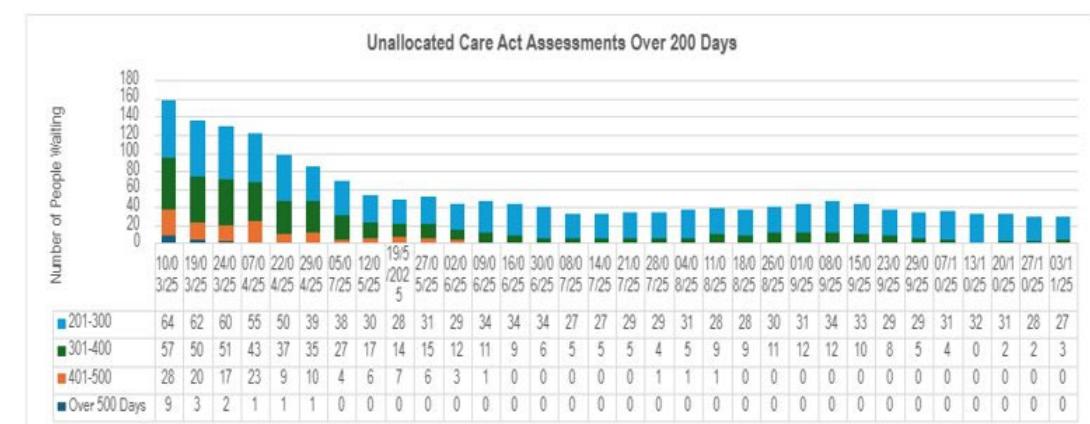


Strengths

- People's wishes and views considered in assessments
- People can easily access services with 90% of calls resolved at first contact.
- Positive and strong examples of joint working, including shared-skills models reducing onward referrals.
- Carer assessments largely timely, with positive feedback and valuable training support.

Improvement Areas:

- Strengths based practice: Principal Social Worker led improvement plan in place.
- Reducing waits for Care Act assessments and reviews: Significant progress already made
- More consistency in communication with people and carers to improve people's experience.



Theme 1: Supporting People to Live Healthier Lives



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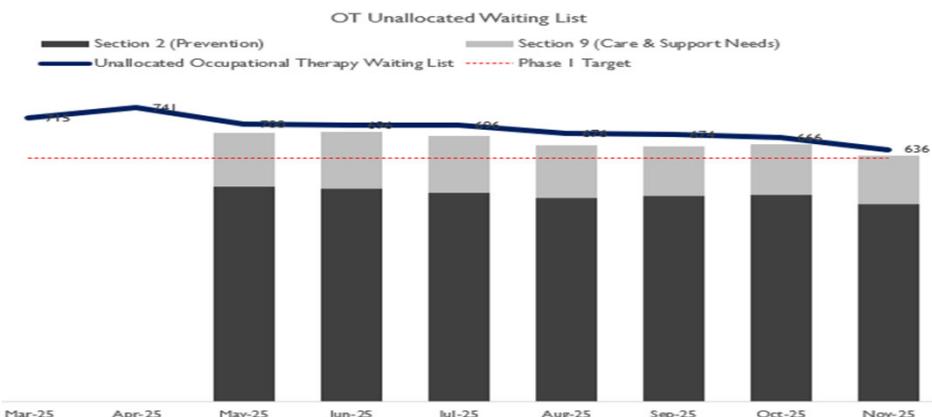


Strengths

- Strong preventative focus, including Thrive Plymouth and Well-being Hubs.
- Effective reablement services with good multidisciplinary working.
- Falls prevention initiatives.
- Strong partnership working between public health, adult social care and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations.

Improvement Areas:

- Outcomes for short-term support slightly below the national average. Since inspection we have improved from 75.8% to 81.8% (national average is 83.7%).
- Occupational Therapy offer and waiting times focus will further improve outcomes for people



Theme 1: Equity in Experience and Outcomes



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Strengths

- Strong focus on inequalities, with targeted support in high-deprivation communities.
- Community-led initiatives and co-production embedded across programmes.
- Strong engagement with seldom-heard groups (e.g. refugees, carers from ethnic minorities, LGBTQ+, veterans).
- Accessibility arrangements (British Sign Language (BSL), interpreters)

Improvement Areas:

- Further work needed on cultural competency and capturing diversity data
- Improve awareness of support groups and communication

Theme 2: Care Provision Integration and Continuity



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Strengths

- Joint Strategic Needs Assessment used to drive commissioning priorities; Plymouth Plan provides strategic direction.
- Strong voluntary sector contribution and close work with providers, especially for hospital discharge.
- Good examples of choice and positive care experiences from people and carers.
- Comprehensive market-shaping work, including co-production commissioning toolkit.

Improvement Areas:

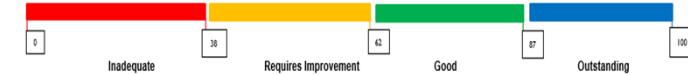
- Some gaps in provision for younger adults and dementia and carer emergency respite
- Implementation of the newly published Carers Strategy is progressing as planned
- Care home framework and Extra care changes will strengthen the market and support some improvement in these areas.
- Plans are underway to develop a framework for the domiciliary care market.

Theme 2: Partnerships and Communities



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Strengths

- Strong strategic partnerships including the Plymouth Local Care Partnership.
- Extensive integrated working across health and social care, with co-location improving shared working.
- Positive impact of Wellbeing Hubs and community groups on local outcomes.
- Collaborative commissioning with VCFSE and treated as equal partners.

Improvement Areas:

- Strengthening how we engage and feedback to more partners

Theme 3: Safe Systems Pathways and Transitions



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Strengths

- Strong “Home First” hospital discharge model with 70% returning home.
- Good crisis support options and contingency planning including our first response mental health teams
- Improvements in waiting list oversight and use of new waiting list tool.
- Positive multidisciplinary working in learning disability pathways.

Improvement Areas:

- Mixed experiences for those transitioning into adult services. A joint plan with children’s services is underway and a board has been established jointly with Children’s to improve the outcomes for our young people, as they progress to adulthood.

Theme 3: Safeguarding



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Strengths

- People generally feel safe; safeguarding systems clear and timely.
- Safeguarding advice line valued and improving response time.
- Strong multi-agency safeguarding partnership with regular audits and learning from Safeguarding Adult Reviews
- Good training levels for MCA/DoLS above national average.

Improvement Areas:

- Community Deprivations of Liberty Safeguards (DoLS) needs focus. Plans are in place to improve governance, oversight and practice improvement.
- DoLS waiting lists in Residential settings are high although risk based prioritisation is used.
- Document outcomes providing evidence of Making Safeguarding Personal (MSP) was low. The practice improvement plan includes the work needed in this area. This will strengthen our person-centered approach.

Theme 4: Governance Management and Sustainability



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Strengths

- Stable leadership with clear roles, strong governance and regular oversight structures.
- Positive culture of learning and improvement: staff feel valued, listened to and supported by management.
- Strong assurance systems with audits, dashboards and performance monitoring.
- Active partnership engagement at senior leadership level with health, VCFSE and corporate teams.

Improvement Areas:

- Audit process would benefit from improvement. Work has been undertaken to standardise audit processes and improve team engagement.
- Workforce capacity challenges in some areas.

Theme 4: Learning Improvement and Innovation



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Strengths

- Strong workforce development and training, including reflective practice, Assess and Supported Year in Employment (AYSE) programs for new social workers and career pathways.
- Co-production embedded in service design and tenders.
- Positive culture of continuous improvement.

Improvement Areas:

- The need to ensure workforce and skills in DoLS is further developed and retained.

Finally



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We are really proud of our Good outcome and what we have achieved

Huge thanks to our teams, partners and individuals and their carers for supporting this assessment of what we do.

But....

The work does not stop, we be striving to continually improve what we do and how we support those who need us

Scrutiny Management Board



Date of meeting:	27 January 2026
Title of Report:	Plymouth City-wide All-age Unpaid Carers Strategy 2025 – 2027
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:	Kate Lattimore, Karlina Hall & Mark Collings,
Contact Email:	Mark.collings@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To update Scrutiny on how the Plymouth City-wide All-age Unpaid Carers Strategy was developed and how the priorities are being delivered and measured.

Recommendations and Reasons

- I. To endorse the strategy and ongoing activity to support unpaid carers in Plymouth.
The city-wide carers strategy is essential because it establishes a clear framework for addressing the needs of unpaid carers, who play a critical role in supporting the health and well-being of others.

Alternative options considered and rejected

This is an update on the Carers Strategy delivery and no alternative options to consider.

Relevance to the Corporate Plan and/or the Plymouth Plan

Policy HEA3: Supporting carers (unpaid/paid, adult/child) to carry out their caring role and have a full life outside of caring.

Statutory duties to support carers.

Implications for the Medium Term Financial Plan and Resource Implications:

No further implications to the committed budget for Carers Support Services.

Financial Risks

No financial risk other than the already committed budget for Carers Support Services contracts.

Legal Implications

There is a statutory duty to support carers in the Care Act and the Children and Families Act.

Carbon Footprint (Environmental) Implications:

N/A

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

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

The Carers Strategy, by nature, protects people with protected characteristics and ensures their needs are considered. In supporting carers, their needs are identified and given support to meet these needs such as their wellbeing, and access to welfare benefits.

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable)						
		1	2	3	4	5	6	7
A	Briefing: Plymouth City-wide All-age Unpaid							
A	Carers Strategy 2025 – 2027							
B	Presentation							
C	Plymouth City-wide All-age Unpaid Carers							
C	Strategy 2025 – 2027							

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		

Sign off:

Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)

Date approved: 19/01/2026

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PLYMOUTH CITY-WIDE ALL-AGE UNPAID CARERS STRATEGY IMPLEMENTATION 2025 – 2027

Strategic Co-operative Commissioning



I. EXECUTIVE SUMMARY

Plymouth City-wide All-age Unpaid Carers Strategy 2025 – 2027, brings together partners across the Plymouth health and social care system in a commitment that aims to ensure the city is a place where unpaid carers are recognised and valued for their incredible hard work.

Our vision is a community where carers are recognised and valued as essential partners in care, their contributions acknowledged, and their needs addressed. The strategy was co-created by Plymouth City Council, Livewell Southwest, University Hospitals Plymouth NHS Trust, St Luke's, Time 4 U Partnership (in-house Community Youth Team and The Children's Society), NHS Devon ICB and Improving Lives Plymouth in partnership with unpaid carers whose voice is at its heart and who were instrumental in helping to set the priorities.

The Plymouth City-wide All-age Carers Strategy outlines a clear set of priorities and commitments for supporting unpaid carers across the city. This strategy addresses the needs of carers of all ages and backgrounds, ensuring that everyone who provides unpaid care has access to the support and resources they need. By detailing specific priorities, the strategy aims to create a more inclusive and caring environment for all individuals dedicated to supporting others. It reflects Plymouth's commitment to recognising and valuing the critical role that unpaid carers play in the community.

2. BACKGROUND

The 2021 census identified 23,956 unpaid carers living in Plymouth, with 44 per cent providing up to 19 hours of unpaid care per week. More women than men are carers, with the highest number in the 50-59 age group. The 2025 school census also found 846 young carers across both primary and secondary schools.

3 in 5 people in the UK will become carers at some point in their lives due to advances in healthcare treatment, an ageing population, changes in patterns of illness, systemic problems in social care sector and the move towards increased community-based care; all this means that awareness and support for carers is vital.

Although many people are willing and happy to undertake a caring role for loved-ones, data such as the annual GP survey reveal that carers are disadvantaged in comparison to the general population in terms of their health and wellbeing. Carers are also often disadvantaged in employment and financially. We know that carers are more likely to suffer depression, anxiety and stress and nearly two-thirds of carers have a long-standing health condition. The impact is often exacerbated by carers being unable to find the time for their own medical check-ups or treatment. Personal relationships can also suffer, and carers are more likely to be socially isolated, both at work and in their personal lives. The economic value of carers - Carers UK estimate that care provided by friends and family saves the state £132 billion each year in, the equivalent of another NHS.

With the average cost per week for a care home place being £600, and £800 for a nursing home place, carers help to ensure that the cared for person can remain living in their own home.

3. DEVELOPING THE STRATEGY

Key to the development of the carers strategy was input from key stakeholders and carers with lived experience. A Task and Finish subgroup within the Carers Strategic Partnership Board (CSPB) was formed to lead the project. This group was responsible for guiding the strategy's development, ensuring that a wide range of perspectives were considered.

Other carer strategies at local and regional levels were reviewed to understand best practice for developing and promoting the Plymouth strategy. National and local statutory frameworks were also considered to align with broader guidelines. Feedback was collected through surveys which included:

- Our own survey collecting insights from unpaid carers in Plymouth
- Reviewing the findings from the statutory bi-annual Survey of Adult Carers England
- Reviewing findings from the Plymouth Healthwatch Carers Survey

Following reviews of the survey results and setting priorities, a carers engagement group was formed to discuss the findings and refine the strategy. Once the draft was complete, carers were asked to review and suggested final changes. Young carers provided feedback through their existing group sessions. This collaborative approach ensured the strategy reflected the shared vision of all involved, leading to the development of the strategic action plan.

4. PRIORITIES, OBJECTIVES AND DELIVERY

There is a detailed action plan to support the implementation of the strategy. Six priorities are identified with related objectives and action plans created to ensure delivery, as follows:

1. Improved access to support services that work for carers (including young carers)

To enhance carers' access to a comprehensive range of support services, including occupational therapy and community-based resources, while improving service coordination, communication, and responsiveness.

- Specific objectives include - reduce general assessment waiting times; Increase responsiveness and maintain direct communication with carers.

2. Enhanced financial support so carers have better access to support and information on financial matters and rights

To alleviate the financial burden on carers by helping them access available resources, grants, income support, and workplace flexibility.

- Specific objectives include - increase carers' access to financial support resources; Promote flexibility and understanding within employment settings.

3. Improved health, safety and wellbeing of unpaid carers (emotional and psychological support)

To support carers' mental and emotional wellbeing through access to trusted support systems, counselling, peer support, tailored breaks, and safeguarding.

- Specific objectives include - develop trusted local support systems for carers; improve access to counselling and mental health support; access to respite services for carers.

4. Early identification and recognition of unpaid carers

To increase recognition of unpaid carers' contributions, create platforms for advocacy, and ensure their inclusion in decision-making processes.

- Specific objectives include - implement carer awareness programmes across Plymouth; include carers in decision-making processes.

5. Improved information, advice and communication

To ensure that carers have clear, accessible information on available resources, support services, and care pathways, tailored to diverse needs.

- Specific objectives include - develop user friendly online platforms; create and distribute comprehensive, easy-to-understand caregiving guides.

6. When your caring role changes – supporting carers during transitions

To support carers through the emotional and practical changes of transitioning out of their caregiving role, providing guidance on rebuilding their lives and fostering social connections.

- Specific objectives include - provide emotional support and coping resources; encourage social connections and community engagement.

Through the focus of improved access to support services, enhanced financial assistance, effective communication amongst the other areas, we strive to alleviate the burdens faced by carers and foster an environment where they can thrive.

To ensure the delivery of the 6 identified priorities listed above, action plans and timelines have been created that have a named lead to oversee the delivery. Each priority area has a series of objectives with detailed actions and outcome measures identified to measure impact and progress. Each lead is responsible for ensuring delivery of the objectives for their priority area; they may not be assigned to the action, but they need to oversee to ensure delivery or identify blockages. Outcome measures have also been identified to enable assurance to be provided on the delivery of the plan.

5. FINANCIAL IMPLICATIONS AND RISK

Plymouth City Council invests £632,860 annually for the delivery of the commissioned adult carers service. Additionally, it invests approximately £115,200 for the in-house young carers service and £116,715 for the commissioned service from The Children's Society in 2025/26.

Adult Social Care, delivered by Livewell Southwest, also supports some unpaid carers as part of its duties under the Care Act. Over the last financial year, £198,409 was also spent on respite services that allow carers to take well-earned break from caring duties.

6. NEXT STEPS

The strategic action plan will support the delivery of the priorities and associated objectives. As part of the governance process, progress is reported to the Plymouth CSPB. Furthermore, a Researcher in Residence from the Health Determinants Research Collaborative (HDRC) will be supporting the

monitoring and evaluation process which will provide evidence to determine the effectiveness and impact of the Strategy.

The HASC is asked to note the progress against delivery of the implementation plan to date and to endorse the collaborative partnership approach to supporting our carers.

Plymouth City All Age Unpaid Carers Strategy

Supporting carers, strengthening community

Page 49

JANUARY 2026

Mark Collings, Kate Lattimore, Viktor Keaty-Korycan



What is the Plymouth All-Age Unpaid Carers Strategy?

- In recognition of the **incredible contribution** that unpaid carers provide
- The **vital role and value** of unpaid carers and toll that caring can take on health and wellbeing
- Partners came together to co-produce the carers strategy that contains **key priorities** and commitments to support unpaid carers for over 3 years, 2025 -2027 (inclusive)
- It **addresses the needs of carers** of all ages and backgrounds
- It aims to create an **inclusive and caring environment** for those providing unpaid care
- Guides **decision-making** by serving as a reference point



CARERS IN PLYMOUTH



23,956

According to the 2021 Census, there are over twenty-three thousand carers in Plymouth.



Provide up to 19 hours of unpaid care per week



Provide 20-49 hours of unpaid care per week



Provide up 50 ore more hours of unpaid care per week



More women than men are carers, with the highest number in the 50-59 age group



In the 2024 School Census in Plymouth there were **730 young carers** identified in primary and secondary schools.

05

2025 - 2027

PLYMOUTH ALL AGE UNPAID CARERS STRATEGY

**SUPPORTING
CARERS,
STRENGTHENING
COMMUNITY**

CARERS STRATEGIC PARTNERSHIP BOARD



Challenges Faced

- Recognised challenges across the **social care sector** with workforce recruitment and retention
- Insufficient funding, low pay, **reliance on informal** family and friend carers
- An ageing population, **people living longer with conditions**, and care being brought closer to home
- Caring will feature in **even more people's lives** in the future
- Every day, **12,000 people** become unpaid carers nationally (Carers UK)

How was the Carers Strategy Co-produced?



Task & Finish Group



Research & statutory guidance



Feedback through surveys



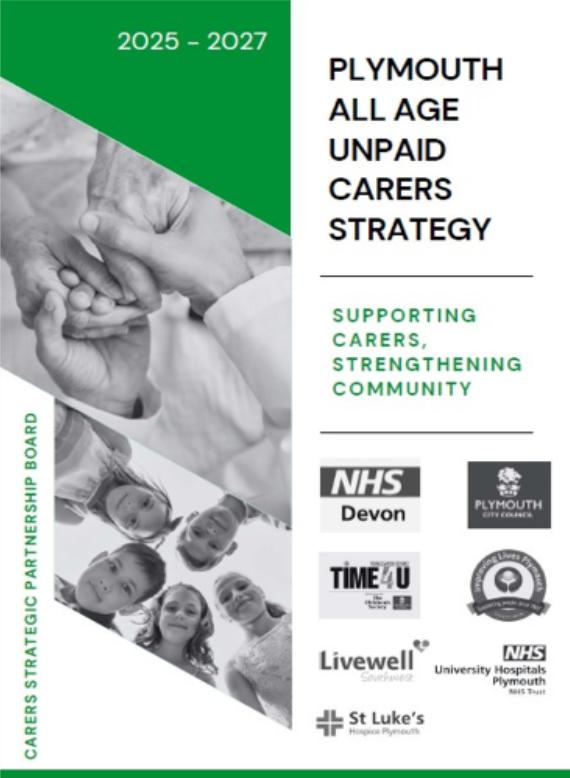
Carer engagement



Key priorities for the strategy

CARERS STRATEGIC PARTNERSHIP BOARD

OUR 6 PRIORITIES IN SUMMARY



ONE
Improved access to support service that work for carers

TWO
Enhanced financial support helping carers to have better access to support & information on financial matters & rights

THREE
Improved health, safety & wellbeing of unpaid carers (Emotional & Psychological support)

FOUR
Improve early identification & recognition of unpaid carers

FIVE
Improved information, advice & communication

SIX
Support for when your caring role changes

The Implementation Plan

1. A Working Group from the CSPB met regularly to develop **the action plan**
2. The Action Plan is based on the **6 priorities from the strategy** but also includes **actions from the previous CSPB plan**. There are a series of objectives under each priority area with associated actions and outcome measures
3. Each member of the **Working Group is leading** the actions for each of the priorities, to oversee implementation
4. Progress on the actions are **reported back to the CSPB**.

Priority 1: Improved Access to Support Services

Key Achievements

- RAG-rated assessment tools to reduce waiting times
- “Waiting Well” policy to manage risk and support carers
- Review of Carer Support Plans with Livewell
- Surveys and focus groups to improve communication
- Work with MH inpatient units, Virtual Wards, and discharge pathways
- New reporting tools to identify carers earlier in ASC



Key Achievements

- Carer Money Matters programme supporting income maximisation
- Benefits checks and entitlement reviews
- Energy-saving advice and cost-of-living support
- Links with Connect to Work for carers returning to employment

Priority 3: Health, Safety & Wellbeing

Key Achievements

- Enhanced sitting service (up to 8 hours respite)
- Volunteer sitting service for ongoing weekly breaks
- Discounted hotel stays and days out
- Counselling offer (6 sessions per carer)
- Nine peer-support groups running monthly
- Digital platform “Bridgit” launching soon





Priority 4: Early Identification & Recognition

Key Achievements

- Three ASC teams part of Triangle of Care pilot
- Training includes young carers and “No Wrong Doors”
- Additional SACE survey questions for better insight
- Stronger links with refugee, asylum and GRT communities
- Employers for Carers promoted widely

💬 Priority 5: Improved Information & Communication

Key Achievements

- Young carers co-producing DWP resources
- Carers Allowance info added to POD
- BrigitCare app developed for adult and young carers
- Focus on youth-friendly digital channels





Priority 6: Support When Caring Roles Change

Key Achievements

- Partnerships with mental health and grief support groups
- Transition pathway for young carers being co-produced
- Support for former carers for 6 months after caring ends
- Connect to Work offering tailored employment support
- Plans for a single volunteering directory



How we know we are making a difference

1. Both **qualitative and quantitative** measures across the 6 priorities, i.e. carer feedback and satisfaction (surveys, voice groups)
2. Assessing **improvements in carers'** physical and mental health through check-ins
3. Tracking the **increase in the number of carers identified**
4. Measuring the **participation of carers in community** activities and support groups
5. Policy and **systematic changes**
6. The CSPB is working with the **HDRC** to create and implement an evaluation framework that encompasses all of the above



Any Questions?

Thanks for listening



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PLYMOUTH ALL AGE UNPAID CARERS STRATEGY

**SUPPORTING
CARERS,
STRENGTHENING
COMMUNITY**



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SUPPORT FROM OUR LOCAL LEADERS

“ —

We are delighted to present our first all-age unpaid carers strategy that acknowledges the invaluable contributions of unpaid carers in the Plymouth community. This document outlines our joint commitment to supporting carers over the next three years, detailing key priorities and steps for achieving them.

Our strategy builds on past successes, pinpoints areas for improvement, and includes feedback from carers, local organisations, and community groups. It covers adult carers, young carers up to age 18, and parent carers, but excludes those who work as paid carers.

Our vision is to ensure carers are valued and recognised as pivotal in supporting people needing care across our agencies. Carers should be respected as equal partners in care and actively involved in decision-making related to their caring role. They should have consistent support to continue their caregiving duties if they choose to, while also maintaining their health, well-being, education/employment, and a life outside of caring.



Gary Wallbridge
Strategic Director Adults, Health and Communities. Adult Social Care Retained Functions.
Plymouth City Council



Michelle Thomas
Chief Executive Officer
Livewell Southwest



Mark Hackett
Interim Chief Executive
University Hospital Trust
Plymouth



David Haley
Director of Children's Services
Plymouth City Council



Cllr Mary Aspinall
Cabinet Member for Health and Adult Social Care. Plymouth City Council



Councillor Jemima Laing
Portfolio Holder Children's Social Care, Culture, Comms and Legal
Deputy Leader, Plymouth City Council



Chris Morley
Local Director
Integrated Care Board

We want to ensure young carers are enabled to be children and young people first and foremost and relieved of any inappropriate caring roles, while being involved in decisions relating to their caring role.

Ultimately, we aim to create communities where carers are recognised and valued and where they are neither marginalised nor discriminated against because of their caregiving roles.

CARERS IN THE UK

A carer is anyone who cares, unpaid, for a family member or friend who needs help and support due to illness, disability, a mental health condition or an addiction.

While caring can be rewarding, many carers often put their lives on hold, impacting their health, wellbeing, relationships, education, employment, and finances.

5.7 MILLION

Unpaid carers across the UK according to the 2021 Census

A young carer is a child or young person under the age of 18 who provides care and support to a family member or friend who has a physical illness, disability, mental health condition, or substance misuse issue.

Young Carers often have more responsibilities than their peers and this can impact on their friendships, school attendance and attainment as well as their mental health.



1 in 7 UK workers juggle work and care responsibilities



1 in 3 children in the UK have a parent with poor mental health

£445 MILLION

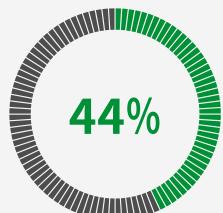
Carers in England and Wales contribute a staggering £445 million daily to the economy, totalling £162 billion annually (Petrillo and Bennett, 2023).

CARERS IN PLYMOUTH

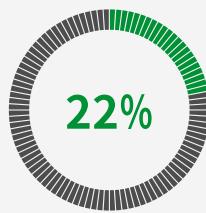


23,956

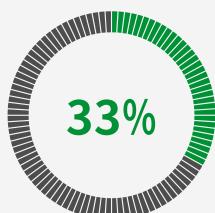
According to the 2021 Census, there are over twenty-three thousand carers in Plymouth.



Provide up to 19 hours of unpaid care per week



Provide 20-49 hours of unpaid care per week



Provide up to 50 or more hours of unpaid care per week



More women than men are carers, with the highest number in the 50-59 age group



In the 2024 School Census in Plymouth there were **730 young carers** identified in primary and secondary schools.



WHAT IS THE PLYMOUTH CITY CARERS STRATEGY?

The Plymouth city-wide all-age carers strategy is a public document that outlines a clear set of priorities and commitments for supporting unpaid carers across the city. This strategy addresses the needs of carers of all ages and backgrounds, ensuring that everyone who provides unpaid care has access to the support and resources they need.

By detailing specific priorities, the strategy aims to create a more inclusive and caring environment for all individuals dedicated to supporting others. It reflects Plymouth's commitment to recognising and valuing the critical role that unpaid carers play in the community.

This strategy aims to create a more inclusive and caring environment for all individuals dedicated to supporting others.

WHY HAVE A STRATEGY?

Having a city-wide carers strategy is essential because it establishes a clear framework for addressing the needs of unpaid carers, who play a critical role in supporting the health and well-being of others. This strategy helps to:

Recognise Contributions: It acknowledges the invaluable work that unpaid carers do every day, often without formal recognition or compensation.

Promote Inclusivity: By covering carers of all ages and backgrounds, the strategy promotes inclusivity, ensuring that no group is overlooked or underserved.

Guide Decision-Making: It serves as a reference for policymakers, helping to ensure that decisions affecting carers are made with their best interests in mind and to ensure that we are meeting our statutory duties.

WHO IS THE STRATEGY FOR?

The strategy was created by members of the Carers Strategic Partnership Board (CSPB) (listed below), who formed a subgroup to research and develop the strategy with input from carers who have first-hand experience.



1

Unpaid Carers

The strategy is designed for unpaid carers in Plymouth of all ages and backgrounds.



2

Those who work for carers

It also targets those who are involved in carers-related work within the city.



3

Carers Strategic Partnership Board (CSPB)

- Carers with lived experience
- University Hospital Plymouth
- Livewell Southwest
- Plymouth City Council (the commissioning body for carers services)
- Caring for Carers (the service provided by Improving Lives Plymouth)
- Time4U Partnership (young carers services delivered by in-house Community Youth Team and commissioned The Children's Society)
- St Luke's Hospice
- Healthwatch
- Other key stakeholders



4

Other VCSE Organisations

The strategy is also relevant to other interested Voluntary, Community, and Social Enterprise (VCSE) organisations.

HOW WAS THE STRATEGY FORMED?

To develop the carers strategy, a structured process was followed which gathered input from key stakeholders and carers with lived experience. Here's how it was formed:



Task and Finish Group

A Task and Finish subgroup within the Carers Strategic Partnership Board (CSPB) was formed to lead the project. This group was responsible for guiding the strategy's development, ensuring that a wide range of perspectives were considered.



Initial research and statutory guidance

Other carer strategies at local and regional levels were reviewed to understand best practices for developing and promoting the Plymouth strategy. National and local statutory frameworks were also considered to align with broader guidelines. A list of these can be found in the references section at the end of this document.



Collecting feedback through surveys

Feedback was collected through surveys which included (a) our own survey collecting insights from unpaid carers in Plymouth (b) by reviewing the findings from the bi-annual Survey of Adult Carers England (c) from the Plymouth Healthwatch Carers Survey. Findings from these surveys can be found in the Appendices of this document.



Engaging with carers

After reviewing the survey results and setting priorities, a carers engagement group was formed to discuss the findings and refine the strategy. Once the draft was complete, carers reviewed it in another session and suggested final changes. Young carers provided feedback through their existing group sessions. This collaborative approach ensured the strategy reflected the shared vision of all involved, leading to a plan aimed at improving health outcomes.



WHAT HAS CHANGED AND BEEN ACHIEVED SO FAR?

The Carers Strategic Partnership Board (CSPB) has implemented an action plan aimed at delivering key priority areas in collaboration with partners. These priorities align with the Devon Commitment to Carers. The following summarises achievements over the past two years:

1. Identification and Recognition of Carers

Plymouth has made significant strides in identifying and recognising carers. A Primary Carer Network (PCN) project has been created to support GP Practices to become more carer aware, including the identification of carer champions in each practice. A guide for identifying and supporting carers in general practice (GP) has been developed and trialled. Since the project began, the number of registered carers has increased across the three participating PCNs, with some appointing carer champions to advocate for them.

A carers passport, created in partnership with Livewell Southwest, University Hospitals Plymouth (UHP), Plymouth City Council (PCC), St. Luke's Hospice, and Caring for Carers, is actively promoted and distributed. This passport ensures great recognition within each organisation of carers and also provides benefits for them.

Key digital information has been updated on partner websites, including the Plymouth Online Directory (POD) and the Livewell Southwest website. In addition, Caring for Carers was chosen as a pilot service for the Carers Trust's virtual offer to carers and both Livewell Southwest and UHP have officially committed to supporting carers by adopting the Devon Commitment to Carers.

Carer awareness training has also been delivered to partners in domiciliary care, Dignity in Care, and Supported Living provider forums, building stronger connections with carers' services.

2. Effective Information and Support for Carers

To ensure effective information and support for carers, several key initiatives have been implemented in Plymouth. A hospital-based carers service has been established at Derriford Hospital in partnership with Devon Carers and Cornwall Carers. This service aims to improve carer recognition, encourage their involvement in patient care discussions, and facilitate smoother patient discharge process. The service also promotes support that is available to carers whilst in hospital with their cared for. Carer awareness training has been provided to relevant teams, and assessment documents now include a question about carer involvement.

A new policy for carer breaks has been launched, with updates to the Plymouth Online Directory to reflect the latest available services in Plymouth and beyond. Additionally, a joint bid has been submitted to the Department of Health and Social Care's Accelerating Reform Fund to explore options for supporting unpaid carers in taking breaks that are tailored to their needs.

For young carers, a re-commissioning process was carried out using co-design methods, leading to a new contract starting in June 2024. These efforts highlight the ongoing commitment to providing better information and support for carers across the Plymouth area.

3. Ensuring carers' voices are heard and can influence change

University Hospitals Plymouth (UHP) is leading a Carers Ambassadors Partnership Group. Livewell Southwest, Caring for Carers and St Lukes will be supporting the delivery of this group.

Additionally, a Plymouth young carer participated in the national NHSE Health Champion programme and participates in the national Young Carer Festival.

4. Supporting carers experiencing changing roles, increased vulnerability, or key life transitions

Funding from the Carers Trust enabled the successful implementation of an innovative Young Adult Carers service, which has operated effectively over the past year and will continue for the next year, with funding now from Plymouth City Council.

OUR 6 PRIORITIES IN SUMMARY

1

Improved access to support services that work for carers

2

Enhanced financial support helping carers to have better access to support and information on financial matters and rights

3

Improved health, safety and wellbeing of unpaid carers (Emotional and Psychological support)

4

Improve early identification and recognition of unpaid carers

5

Improved information, advice and communication

6

Support for when your caring role changes

PRIORITY 1 – IN MORE DETAIL



IMPROVED ACCESS TO SUPPORT SERVICES THAT WORK FOR CARERS (INCLUDING YOUNG CARERS)

Carers told us they will benefit from improved access to a comprehensive range of support services such as, occupational therapy and community-based resources. We are committed to:

- reducing general assessment waiting times.
- enhancing coordination between services to build individual plans of support.
- Improving communication and information sharing between services including healthcare and social care services.

Furthermore, increasing the responsiveness of all agencies and services ensuring timely follow-ups and maintaining direct communication (including reminders). Also recognising the caregiver's role will significantly aid in the effective scheduling and attending of appointments.

Young carers, in particular, face unique challenges that require more targeted help. They need access to resources through their educational settings including peer support and short breaks to minimise the impact of their caring role on their academic and personal development.

The Family Hubs and Wellbeing Hubs are available to support greater access to networks of support around young people and their families. The young carers service will integrate their offer into the Family Hubs and other community settings.

PRIORITY 2 – IN MORE DETAIL



ENHANCED FINANCIAL SUPPORT

Helping carers to have better access to support and information on financial matters and rights

We recognise the need to alleviate the financial strain of caregiving. Carers require increased assistance with accessing caregiving-related expenses, additional grants and income maximisation. These financial supports can help cover the costs associated with caregiving, reducing the economic burden on carers. We are committed to working closely with the Department for Work and Pensions (DWP) to deliver this priority.

Additionally, flexibility in employment, supported by employers, plays a significant role in reducing financial stress. By allowing carers to balance their work responsibilities with their caregiving duties, this flexibility helps them maintain their income while providing necessary care, thereby improving their overall financial stability and well-being.

Young Carers are more financially disadvantaged compared to their peers. Those entitled to claim carers allowance from the age of 16 should be supported to do so. Any financial support offered to Young Carers should also take into consideration the needs of their entire household.



PRIORITY 3 – IN MORE DETAIL



IMPROVED HEALTH, SAFETY AND WELLBEING OF UNPAID CARERS (emotional and psychological support)

We recognise the significant emotional toll of caregiving, and our priorities are to:

- Support carers to develop robust local and trusted support systems
- Signpost to access counselling as needed
- Build and promote peer support groups
- Provide accessible helplines
- Improve access to services that provide tailored breaks for carers
- Ensure all parties take responsibility to safeguard carers

Addressing the mental health needs of carers is critical for preventing burnout, fostering resilience, and promoting overall wellbeing. Ensuring that these resources are readily available and easy to access will help carers maintain their emotional and psychological health, enabling them to continue their vital caregiving roles.

Caring for individuals with dementia or cognitive impairments presents unique challenges, including managing behavioural issues and facilitating effective communication. There is a critical need for improved support and resources tailored to dementia care, equipping carers with the tools and knowledge necessary to navigate these complexities effectively.

It is also essential to **protect young carers** from taking on inappropriate caregiving responsibilities. Ensuring they are not overwhelmed by tasks beyond their capacity is vital for their physical, emotional, and educational well-being.

By providing adequate support and intervention, we can help young carers focus on their education, and social development, ensuring they grow up in a nurturing and safe environment. This approach not only safeguards their immediate health and well-being but also promotes their long-term success and happiness.

PRIORITY 4 – IN MORE DETAIL



IMPROVED EARLY IDENTIFICATION AND RECOGNITION OF UNPAID CARERS

Unpaid carers seek greater recognition for their invaluable contributions. This involves establishing platforms where carers, including young carer communities, can share their experiences and advocate for their needs, including raising awareness programmes. It is crucial to acknowledge their pivotal roles in supporting families and communities.

In Plymouth we recognise carers as essential members of the care team and ensuring their inclusion in decision-making processes is fundamental to fostering a supportive and inclusive caregiving environment. By amplifying their voices and addressing their concerns, we can enhance awareness, support networks, and advocacy efforts that benefit all carers.

We need to raise **awareness of young carers** in educational, health and social care settings, communities and across other partners to proactively promote carers, and young carer-friendly communities that can identify and support their caring role at the earliest point.

We will also apply the '10 Wishes' developed by the Young Safeguarders for young carers (see plymouthscb.co.uk). The 10 wishes audit tool will be completed to determine the commitment from each agency in relation to each wish from the perspective of young carers.



PRIORITY 5 – IN MORE DETAIL



IMPROVED INFORMATION, ADVICE AND COMMUNICATION

Carers told us they need clear and easily accessible information on available resources, support services, and care pathways.

In response, we are committed to:

- Developing user-friendly online platforms
- Creating and distributing comprehensive, easy-to-understand caregiving guides
- Expanding offline support options such as printed materials, helplines, and community outreach initiatives
- Providing information in carers' first languages
- Ensuring carers who are digitally challenged can access services and support
- Offering information for young carers through various channels, including relevant social media platforms

Centralised information hubs will consolidate resources and offer clear guidance on available support services, accompanied by trusted recommendations. Additionally, we will develop more user-friendly guides and resources to help carers, especially those less familiar with digital tools, navigate care options effectively.

Consistent communication from healthcare providers and local councils is essential. By improving the flow of information, we will empower carers to make informed decisions and access the support they need.

PRIORITY 6 – IN MORE DETAIL



WHEN YOUR CARING ROLE CHANGES

Supporting carers when their caring role changes or ends is crucial for helping them transition to a new phase of life. This period can be emotionally challenging as carers adjust to the changes or to life without caregiving responsibilities. It is important to review their situation to address emotional needs and provide coping mechanisms, including signposting to age-appropriate bereavement support when necessary.

Practical assistance, such as guidance on financial planning and employment opportunities, can also help carers rebuild their lives. Additionally, fostering social connections and encouraging participation in community activities can prevent feelings of isolation and promote a sense of purpose beyond caregiving.

By recognising and addressing the unique challenges carers face after their role ends, we can support them in navigating this significant life transition with resilience and positivity.

For **young carers**, planned and supported transitions across key stages, such as moving from school to adulthood, are essential in empowering them to pursue their aspirations and goals.

By providing support, guidance, and resources, we can ensure young carers transition smoothly into adulthood while achieving their ambitions. It is important to offer accessible information on age-appropriate activities that support their social, emotional, physical, and educational development, both for young carers and their support networks.

HOW WILL WE KNOW IF WE ARE MAKING A DIFFERENCE?

To ensure our strategy is making a difference in the lives of carers, we will develop a local performance dashboard to measure progress and achievements against a range of indicators aligned to the strategy's priorities. Throughout, co-production opportunities with carers will be explored to help deliver the outcomes. Progress will be monitored and reviewed by the Carers Strategic Partnership Board (CSPB) to identify areas for improvement and celebrate success.

Key measures of our impact will include:



1. Carer feedback and satisfaction

- Regular surveys and feedback sessions with carers to gauge their satisfaction with the support and services provided.
- Establishing a Carer Voices Partnership Group to provide ongoing input and recommendations.



2. Access to services

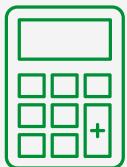
- Monitoring the number of carers accessing support services, including respite care, financial assistance, and health services and whether these carers are representative of the local population e.g. age, ethnicity etc.
- Evaluating the timeliness and effectiveness of these services through carer feedback and service data.



3. Health and wellbeing

- Assessing improvements in carers' physical and mental health through regular check-ins and surveys.
- Tracking the utilisation of mental health and counselling services.

MAKING A DIFFERENCE CONTINUED...



4. Financial Assistance

- Measuring the impact of financial support on carers' economic well-being including young carers and their families.
- Monitoring the uptake of financial assistance programs and grants.



5. Awareness and recognition

- Tracking the increase in the number of carers identified and registered with local services and whether these carers are representative of the local population e.g. age, ethnicity etc.
- Evaluating the effectiveness of awareness campaigns and training programs for healthcare providers and employers.
- Quality Assurance of training and evaluation of the impact.



6. Education, employment and training

- Assessing the skills, capacity and support provided to young carers in educational settings and its impact on their attendance and attainment.
- Assessing support provided to young carers by employability services to improve the numbers of young carers in education, employment or training.
- Monitor support offered by employers to working carers.

MAKING A DIFFERENCE CONTINUED...



7. Engagement in carer specific activities

- Measuring the participation of carers in community activities and support groups.
- Evaluating the inclusivity, accessibility and age-appropriate community programs designed for carers.



8. Policy and systematic changes

- Tracking changes in national and local policies and practices that affect carers.
- Assessing the integration of carer support into health and social care systems.

By systematically measuring these aspects, we will be able to demonstrate the positive impact of the Carers Strategy on the lives of carers in Plymouth and ensure that their contributions are recognised and valued.

Regular reporting on these measures will be shared with stakeholders and the community to ensure transparency and accountability. Adjustments to the strategy will be made based on the findings to continuously improve the support provided to carers.

CLOSING STATEMENT



In conclusion, the Carers Strategy for Plymouth outlines our commitment to recognising, supporting, and empowering unpaid carers within our community. Unpaid carers play a vital role in maintaining the well-being of many individuals, often at great personal sacrifice. Through this strategy, we aim to provide support, ensuring that carers receive the recognition, resources, and respite they need and deserve.



Our vision is to create a community where carers are valued as essential partners in care, their contributions acknowledged, and their needs addressed. By focusing on improved access to support services, enhanced financial assistance, and effective communication, we strive to alleviate the burdens faced by carers and foster an environment where they can thrive.

This strategy reflects our collective efforts and dedication to making a tangible difference in the lives of carers across Plymouth. We commit to working together collectively in implementing these priorities through an action plan which will be delivered and monitored by the CSPB to ensure carers are at the forefront of our community.

We invite carers and those who support them to stay engaged with us, share their feedback and experiences, and help us continuously improve the support we offer. Together, we can build a more inclusive and caring Plymouth where every carer feels recognised, supported, and empowered.

For more information about this strategy or to offer suggestions or actions to add to the plan, please contact the Joint Commissioning team: jointcommissioning@plymouth.gov.uk or call 01752 307074.

Thank you for your dedication and commitment to making Plymouth a community that cares for its carers.

APPENDIX 1 – FEEDBACK FROM SURVEYS

1. Feedback from our survey to inform the strategy

A survey was distributed to collect insights from unpaid carers in Plymouth. The survey asked what they appreciated, what they found challenging, what was important to them, and what they would like to see in a carer's strategy. 145 responses were received, which helped identify the key priorities to focus on.

In the survey, carers highlighted helpful support including:

- Supportive employers and flexible work options
- Supportive family and friends
- External support from organisations like Caring for Carers, Improving Lives Plymouth, GP, hospice, local groups, and young carers groups
- Feeling privileged to care for loved ones, seeing it as a duty or returning a favour

Carers also told us more about the challenges they face:

- Lack of support (respite services, practical, and mental support)
- Financial struggles and limited access to financial aid
- Balancing home and work
- Emotional toll (isolation, fatigue, anger, depression)
- Difficulty accessing medication, GP, and transport
- Challenges leaving the house
- Lack of information about available support
- Not feeling listened to

After receiving four responses from young carers, we repeated the exercise to encourage more participation, resulting in an additional 39 responses which concluded:

- 23% mentioned that their friendships were a positive aspect for them currently.
- 31% expressed challenges related to their mothers, including disabilities, health conditions, separation, and grief.

They also expressed a desire for additional support such as respite care, increased financial assistance, better support tailored to young carers, access to skill-building groups, a helpline for emotional support, counselling or therapy services, and practical advice and assistance.

2. Feedback from the Survey of Adult Carers England (SACE) survey

In addition to the strategy-informing survey, we examined findings from the bi-annual Survey of Adult Carers England (SACE) ASCOF (Adult Social Care Outcomes 2023-24), which sampled adult carers and was published in October 2023.

Key findings are outlined below:

- 365 questionnaires were completed and returned.
- Two ASCOF national indicators improved: Social Contact and Overall satisfaction of carers with social services.
- Carer satisfaction increased by 41% (13.1 percentage points), moving Plymouth from 113th to 11th nationally.
- Three national indicators declined: Quality of life score, inclusion in decisions about the person they care for, and ease of finding information about services.
- Regionally, Plymouth ranks lowest in the proportion of carers included or consulted in decisions, and second lowest in ease of finding service information within the region.

The survey also included free text boxes where carers shared their comments, revealing recurring themes similar to those in the strategy-informing survey. These insights have contributed to identifying priorities and developing a delivery plan.

3. Feedback from the Healthwatch Carers Survey 2024

The report, based on feedback from surveys of unpaid carers in Plymouth and wider Devon area highlights the significant impact of unpaid care on carers' physical and mental health. The findings reveal that unpaid carers face numerous challenges, including reduced working hours, feelings of isolation, and difficulty accessing support services. Many carers report experiencing depression, anxiety, and fatigue. Additionally, administrative tasks further strain their time and energy, while their needs and those they care for are not always adequately met by paid care services.

Carers in Plymouth shared that a lack of proper training, insufficient support from paid care, and the inability to prioritise their own health have worsened their caregiving experience. Over half surveyed had to give up work or reduce hours, with many feeling overwhelmed. A substantial number of carers struggle to access respite care, which limits their personal time and worsens their ability to cope. The report recommends that local authorities and the NHS across Devon commit to improving access to health and social services, develop better support systems for carers, and raise awareness of available resources to ensure carers can sustain both their wellbeing and caregiving duties. These findings have informed the priorities and action plan within this strategy.

APPENDIX 2 – GLOSSARY OF TERMS

Carer	A carer is anyone who cares, unpaid, for a family or friend who needs help and support due to illness, disability, a mental health condition or an addiction
CSPB	The Carers Strategic Partnership Board (CSPB) is a group who are working to make things better for unpaid carers. The group includes carers with lived experience, University Hospital Plymouth, Livewell Southwest, Plymouth City Council, Caring for Carers, Time4U Partnership (young carers services), St Luke's Hospice, Healthwatch and other key stakeholders.
ICB	Integrated care board (ICB): is a statutory organisation that brings the NHS together locally to improve population health and care.
Lived experience	Lived experience means the special knowledge and understanding a person gets from their own personal experiences and interactions with different situations, places, or events
LSW	Livewell Southwest CIC
PCC	Plymouth City Council
PCN	Primary Care Network – GP's
SACE	Survey of Adult Carers in England
UHP	University Hospitals Plymouth NHS Trust
VCSE	Voluntary, Community, and Social Enterprise organisations
Young Carer	A young carer is a child or young person under the age of 18 who provides care and support to a family member or friend who has a physical illness, disability, mental health condition, or substance misuse issue.

APPENDIX 3 – REFERENCES

LEGISLATION, GUIDANCE & REFERENCES

<u>The Care Act 2014</u>	An Act to make provision to reform the law relating to care and support for adults and the law relating to support for carers.
<u>One Devon Commitment to Carers</u>	All the health and care organisations under Together for Devon signed up to a Devon-wide Commitment to Carers, based on seven principles.
<u>The Triangle of Care (Carers Trust)</u>	The Triangle of Care is a therapeutic alliance between carers, service users and health professionals. It aims to promote safety and recovery and to sustain mental wellbeing by including and supporting carers.
<u>NICE Quality Standard: QS200 Supporting Adult Carers</u>	NICE Quality Standard QS200, "Supporting Adult Carers": Provides guidelines and recommendations to improve the quality of support for adult carers.
<u>NICE Guidelines: NG150 Supporting Adult Carers</u>	NICE Guidelines NG150, "Supporting Adult Carers": Offers comprehensive guidance on best practices and interventions to support adult carers effectively.
<u>NHS Long Term Plan (2019)</u>	The NHS Long Term Plan (2019) outlines goals for the next decade, focusing on improving patient care through prevention, service integration, and technology. It aims to reduce health inequalities, support the workforce, and ensure sustainability by enhancing mental health services, chronic disease management, and digital care solutions.

Supporting people who provide unpaid care for adults with health or social care needs

This guidance offers practical support for individuals caring unpaid for adults with health or social care needs.

The White Paper – People at the Heart of Care: Adult Social Care Reform (2021)

This white paper sets out a 10-year vision for adult social care and provides information on funded proposals that we will implement over the next 3 years.

Discharge from mental health inpatient settings (January 2024)

This guidance ensures safe, timely transitions from mental health facilities, emphasising coordinated support between health and social care services.

Together for Devon (ICS) Commitment to Carers

The "Together for Devon (ICS) Commitment to Carers" outlines integrated care system strategies and commitments aimed at supporting carers across Devon.

The Children's Act 1989

The Children Act 1989 is key UK legislation that governs childcare and protection, focusing on safeguarding welfare and guiding family court decisions on custody.

Children's and Families Act (2014)

The Children's and Families Act (2014) outlines legal provisions and guidelines concerning children and families in the UK.

Health and Care Act 2022

The Health and Care Act 2022 promotes integration between health and social care services in England, aiming to improve collaboration, patient safety, and local service delivery.

The Care and Support (Assessment) Regulations 2014

The Care and Support (Assessment) Regulations 2014 set out the framework for assessing an individual's needs for care and support in England.

Young Carers (Needs Assessment) Regulations 2015 Care and Support Statutory Guidance

The Young Carers (Needs Assessment) Regulations 2015 require local authorities in England to assess the needs of young carers, ensuring they receive appropriate support and services to balance their caring responsibilities with their own well-being, education, and development.

Working together to safeguard children (published 2015, updated in 2023)

Statutory guidance on multi-agency working to help, protect and promote the welfare of children. "Adult social care services should liaise with children's social care services to ensure that there is a joined-up approach when both carrying out such assessments and in the provision of support to families where there are young carers or parent carers."

Census 2021

The guidance provided by the Office for National Statistics (ONS) on unpaid care in England and Wales, based on the Census 2021, offers insights into the prevalence and impact of unpaid caregiving roles across the population.

No Wrong Doors for Young Carers
Memorandum of Understanding (MOU)

This is a commitment to young carers from health and social care partners which will be signed initially by the Local Authority and the ICB followed by partner agencies. This will be reviewed annually through the CSPB action plan.

Young Safeguarders - Plymouth Safeguarding Children Partnership

The Plymouth Young Safeguarders have developed the Ten Wishes which describes what they need from all of us to help keep them safe and feel valued.

ASSURANCE REFERENCES

CQC Adult Social Care Assurance framework

The CQC Adult Social Care Assessment Framework evaluates the quality and safety of adult social care services, focusing on key areas such as care effectiveness, safety, responsiveness, and leadership to ensure high standards and continuous improvement.

OFSTED Inspecting Local Authority Children's Services (ILACS) framework

The Ofsted ILACS framework assesses the effectiveness of local authority children's services, focusing on how well they support and protect vulnerable children, improve outcomes, and ensure their safety and well-being.

CQC ICS assurance (Health and Care Act 2022 duties)

The CQC ICS assurance framework, introduced under the Health and Care Act 2022, evaluates the performance of Integrated Care Systems (ICSs), ensuring they meet their duties to coordinate health and care services effectively and improve outcomes for local populations.

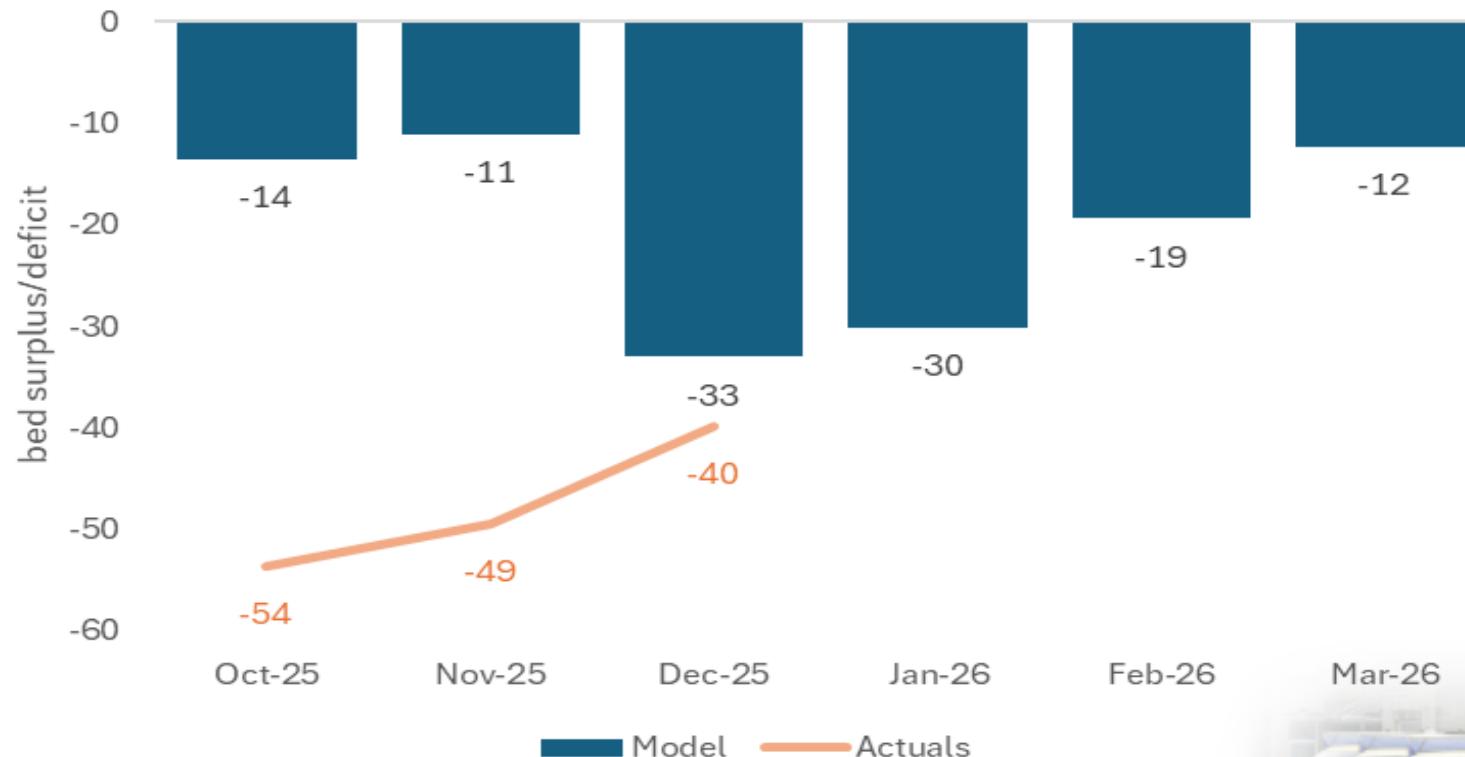
UHP Winter Plan Summary Update 25/26



Capacity Summary

Derriford Hospital - bed gap if no pre-hospital queue achieving 97.5% occupancy of **escalated** capacity. Also maintaining Elective activity.

Achieving 50% One Plan



NCTR impact of 12%

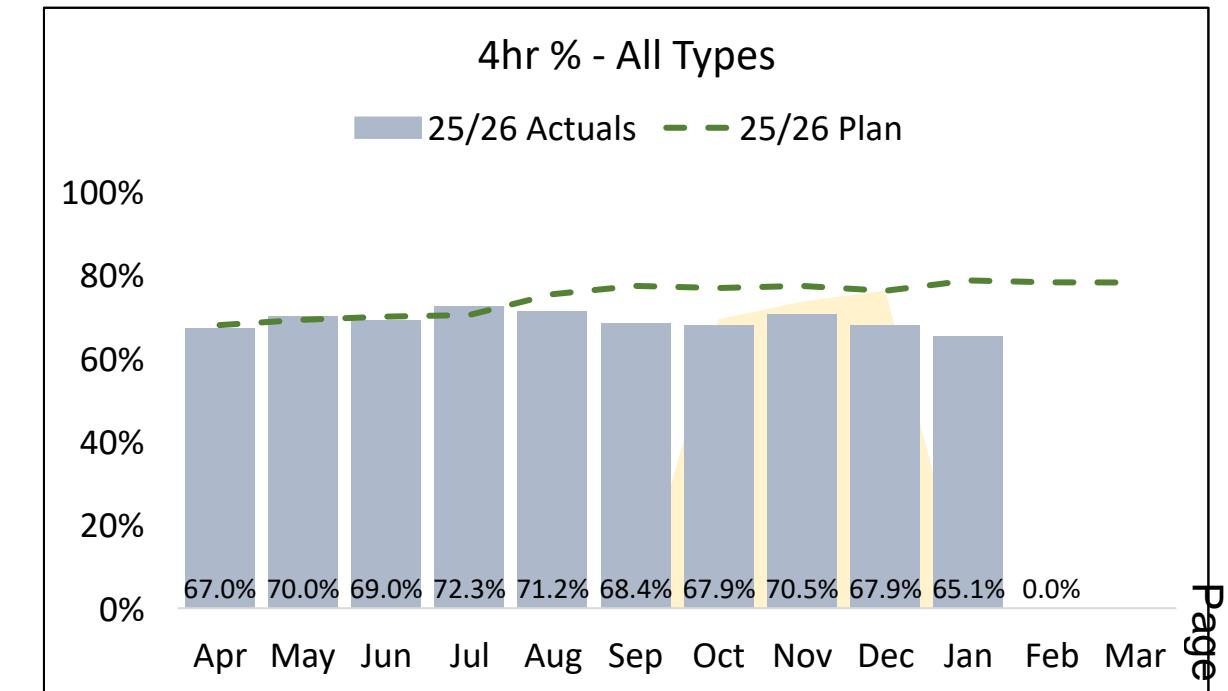
- Plymouth 11.3%
- Devon 8.4%
- Cornwall 16.2%

Accounting near 127 beds lost.
Reaching a 9% would be 95 bed lost
with mitigation this would have
reduced our loss of bed capacity
demand to ~8 beds



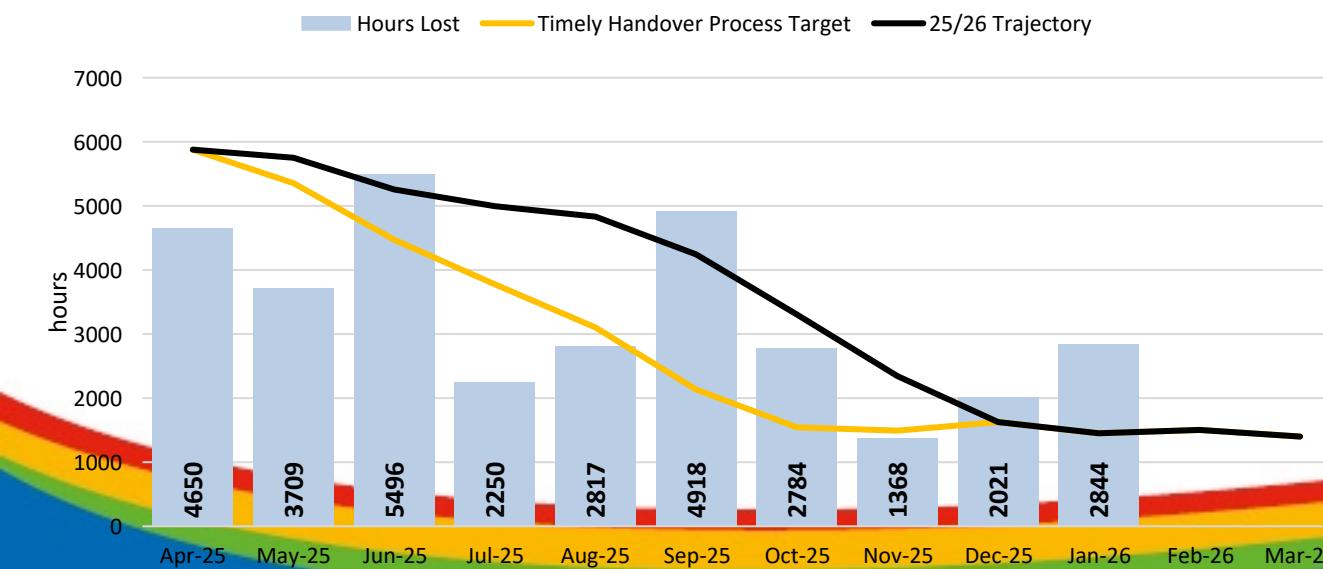
Performance Summary

All Types 4 Hour standard deteriorated by 2.6% within January. This mostly is due to our ED Type 1 performance deterioration. Ambulance handover performance during December. A total of 2,021 hours were lost to handover delays against a planned position of 1,626 hours. The mean handover time was 34.9 minutes compared to a plan of 33 minutes. In comparison, this dramatically improved from Dec-24 where 6,344 hours were lost with an average handover of 131mins.



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UHP ambulance handovers - Hrs lost



Vaccination Program



Devon Winter Vaccinations - Weekly Summary for week 19 ending 11/01/26

	FLU Sept start for pregnant and children. 1 st Oct start for all other cohorts	Increase from previous week	AW25 – AW24 YOY Uptake % Difference	COVID 1 st of Oct start for all cohorts	Increase from previous week	AW25 – AW24 YOY Uptake % Difference
National uptake	52.91%	0.17%	↑+1.37%	57.01%	0.03%	↓-4.59%
Regional uptake	61.67%	0.18%	↑+1.75%	67.14%	0.04%	↓-4.31%
Devon uptake	61.89%	0.22%	↑+1.36%	67.11%	0.06%	↓-2.80%

Uptake by Locality	Flu VVEs	Eligible Population	% Uptake	Covid VVEs	Eligible Population	% Uptake
North	61,966	101,485	61.06%	18,945	28,995	65.34%
East	158,440	245,874	64.44%	49,013	70,123	69.90%
South	118,332	194,095	60.97%	37,724	57,497	65.61%
West	112,496	173,042	65.01%	29,794	45,411	65.61%

Uptake by Local Authority	Flu VVEs	Eligible Population	% Uptake	Covid VVEs	Eligible Population	% Uptake
Devon	302,664	475,495	63.65%	95,044	137,888	68.93%
Plymouth	97,885	165,765	59.05%	24,701	38,363	64.39%
Torbay	50,685	87,847	57.70%	15,731	25,775	61.03%

FLU - Devon Frontline Healthcare Workers uptake % to date All Trusts have a target to exceed 24/25 uptake by at least 5%	Uptake by Trust				NHS Devon	Regional	National
	DPT	RDUH	TSDFT	UHP			
24/25 end of campaign uptake %	48.00%	47.40%	50.90%	45.70%	47.10%	47.50%	40.00%
Staff on ESR	4,251	13,440	6,567	10,303			
FLHW on ESR	3,077	10,415	4,924	7,476			
25/26 Uptake to date %	No. of vaccs	Uptake %	No. of vaccs	Uptake %	No. of vaccs	Uptake %	No. of vaccs
	1,546	50.24%	5,809	55.78%	2,824	57.35%	4,297

Commentary – all data taken from the national Federated Data Platform			
<ul style="list-style-type: none"> Very little activity taking place across the last few weeks, but both Flu and Covid vaccinations continue throughout January Devon ICB is currently performing 6th in the country for uptake of Flu vaccinations and 5th in the country for uptake of Covid vaccinations YOY Flu vaccinations have maintained a higher uptake whilst Covid vaccinations have seen a slight decline Pharmacies have completed 792 flu vaccs to 2–3- year-olds under the newly commissioned service this year Lower uptake areas and HI cohorts are still being targeted by Outreach Teams. These clinics will run until the end of January 2026 Devon has achieved its Flu ambition target for Frontline Healthcare Workers within trusts this year at 55.9%. With three of our four trusts reaching their 5% increase target so far 			

	Baseline Population	RSV Vaccines Given	Uptake %	
Devon RSV Eligible Running Totals	Older Adults Catch-Up	71,488	51,865	72.55%
	Older Adults Routine	18,392	8,445	45.92%
	Maternity – 3 rd Trimester	2,414	1,098	45.50%

Think UTC (Urgent Treatment Centre)

The UHP Communications Team has been running a 'Think UTC' Dartmoor campaign, aimed at increasing public awareness of the new UTC facility (this is alongside our main Choose Well winter campaign signposting to NHS 111, pharmacy etc). Think UTC has been run on a multi-platform basis, covering owned social media, digital advertising, broadcast media, placement, physical advertising, and localised UHP signposting. Attendances to Dartmoor have increased since the Think UTC campaign began (with the exception of Christmas), Cumberland attendances have decreased, although this decrease is smaller than the increase seen in Dartmoor, meaning that there are more UTC attendances overall since the campaign started. Here's a taste of some of the placed content:

ITV and BBC broadcast coverage:



Local online and newspaper reporting:

PL > News > Plymouth News > NHS

Huge message to use £52m NHS game-changer in Plymouth

Dozens are still arriving at emergency department



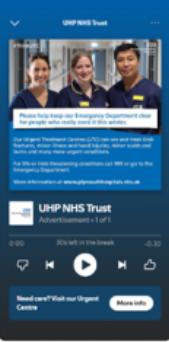
Comments 41

Digital Audio

Radio ads:



Spotify ads:



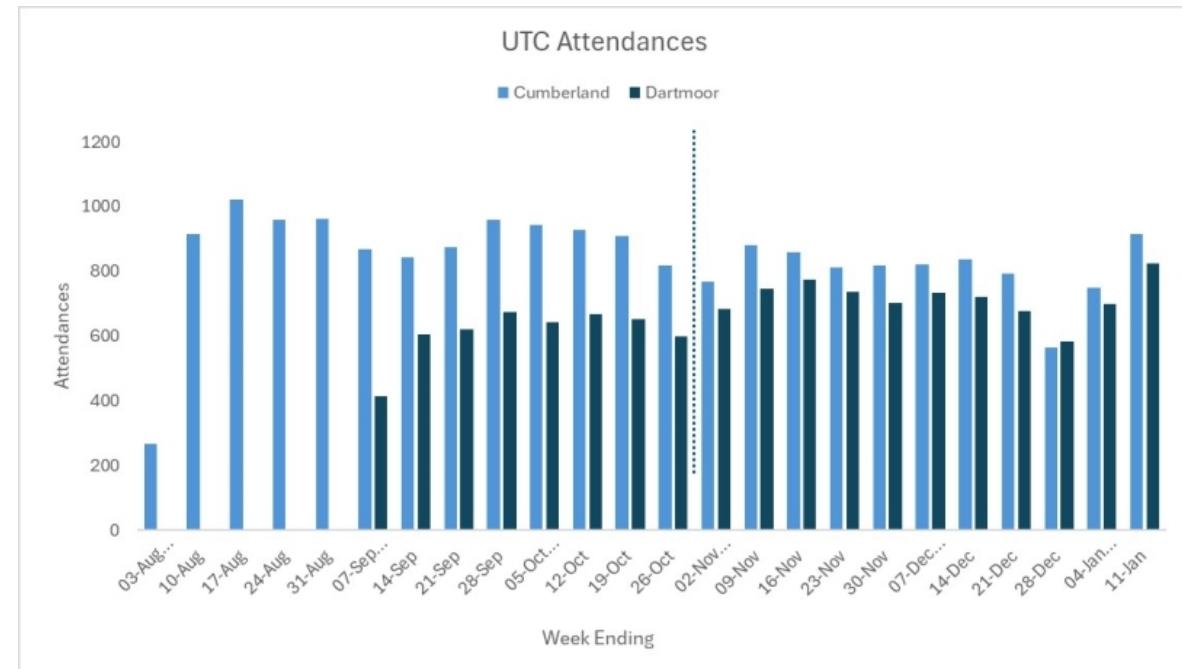
Digital advertising

Google Display Network:

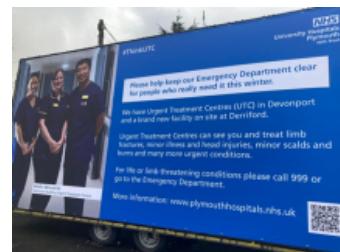


UTC Attendances

■ Cumberland ■ Dartmoor



Physical ads Billboards:



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

Key:	
Green	Complete
Yellow	In Progress
Red	Not Started
Grey	On Hold

Minute No.	Resolution	Target Date, Officer Responsible and Progress
21 November 2025 Minute 104 Adult Social Care Activity and Performance Report	<p>Action: Officers to explore opportunities for housing associations to undertake minor adaptations without requiring a full occupational therapy assessment;</p> <p>Action: Officers to provide year-on-year data to identify seasonal trends and include distribution analysis of waiting times, including banding and prioritisation methods;</p> <p>Action: Data on reviews resulting in reduced or ceased care packages to be added to future reports;</p> <p>Officers to provide data on the proportion of community-based assessments resulting in a formal package of care at the next meeting.</p>	<p>In Progress – This data will be included in the next comprehensive Performance report, 05 March 2026.</p> <p>Andy Williams (Livewell Southwest) Gill Nicholson (Head of Innovation and Delivery) Julia Brown (Service Director for Health and Adult Social Care) Gary Walbridge (Strategic Director for Adults, Health and Communities) Ian Lightley (Livewell Southwest)</p>
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.	<p>In Progress – A Winter Planning Evaluation item has been scheduled for 05 March 2026. This will include data on vaccination uptake and hospital resilience.</p> <p>Michael Whitcombe (UHP) Louise Ford (Head of Commissioning) Chris Morley (NHS Devon) Ed Gavey (NHS Devon)</p>

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

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.	In Progress – 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 arrange a visit to the Same Day Emergency Care (SDEC) unit.	Rachel O'Connor (UHP) Complete – A Site Visit was conducted by Panel members on 25 November 2025.  
15 July 2025 Minute 96	Action: Officers to progress a Joint Select Committee regarding Transitions from Children's to Adult's Social Care services.	In Progress – A Select Committee is scheduled for 24 February 2026.

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 1 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
<hr/>				
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
24 February 2026	Joint Select Committee with Children's Panel. Transitions	3	To review Social Care transitions	Amanda Davis Julia Brown
03 February 2026	Winter Planning Evaluation			NHS Devon ICB

Moved to 05 March	ICB Reforms and Restructures update			NHS Devon ICB
	Plymouth Suicide Prevention Strategic Partnership Action Plan 2024-2026			Kamal Patel (Public Health)
Items to be scheduled for 2025/26				
2025/26	Workloads for Social Workers	3	Retention, Sickness and Agency Staff	Gary Walbridge + Livewell SW
2025/26	UHP New Hospital's Programme Update	3	To provide an update on progress of UHP construction facilities and services	Rachel O'Connor (UHP)
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	Urgent and Emergency Care One Plan - performance against targets	4	To continue scrutiny of UHP capacity and performance	NHS Devon
2025/26	Reforms and Restructures Update	3	To track further progress following the ICB merger / clustering	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