#healthyplym

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HEALTH AND WELLBEING BOARD

Friday 3 October 2025
10.00 am
Warspite Room, Council House

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

Statutory Co-opted Members:
Director of Children's Services, Director of Public Health, Strategic Director for Adults, Health and Communities, NHS Devon ICB, and Healthwatch.

Non-Statutory Members:
Livewell SW, University Hospitals Plymouth NHS Trust, University of Plymouth and the Voluntary and Community Sector.

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

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Tracey Lee
Chief Executive

Health and Wellbeing Board

1. Apologies

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

2. Declarations of Interest

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

3. Chairs Urgent Business

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

4. Minutes **(Pages 1 - 6)**

To confirm the minutes of the meeting held on 12 June 2025 as a correct record.

5. Questions from the public

To receive questions from the public in accordance with the Constitution.

Questions, of no longer than 50 words, can be submitted to the Democratic Support Unit, Plymouth City Council, Ballard House, Plymouth, PL1 3BJ, or email to democraticsupport@plymouth.gov.uk. Any questions must be received at least five clear working days before the date of the meeting.

6. Winter Planning 2025-26: **(Pages 7 - 34)**

7. NHS 10 Year Plan & Integrated Neighbourhood Teams: **(Pages 35 - 106)**

8. NHS Devon ICB Dental Services Update: **(Pages 107 - 122)**

9. Plymouth Drugs Partnership Annual Report: **(Pages 123 - 160)**

10. Partner Updates: **(Pages 161 - 174)**

11. Tracking Decisions: **(Pages 175 - 176)**

To review the progress of the Board's tracking decisions.

12. Work Programme (Pages 177 - 178)

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

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Health and Wellbeing Board

Thursday 12 June 2025

PRESENT:

Councillor Aspinall, in the Chair.
Councillor Lugger, Vice Chair.
Councillors Laing and P.Nicholson.

Core Members: David Haley (Director of Children's Services), Gary Walbridge (Strategic Director for Adults, Health and Communities), Sam Arnott (NHS Devon), and Professor Steve Maddern (Director of Public Health).

Additional Members: Laura Alexander (UoP) and Karen Pilkington (VCSE Rep).

Also in attendance: Rob Nelder (Public Health Specialist), Dan Preece (Public Health Specialist), Dave Schwartz (Public Health Specialist), David Bearman (Community Pharmacy Devon), Sue Taylor (Community Pharmacy Devon) (virtual), Ruth Harrell (Consultant in Public Health), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 2.00 pm and finished at 3.39 pm.

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

41. Declarations of Interest

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

42. Appointment of a Vice-Chair for the Municipal Year 2025-26

The Board agreed to appoint Councillor Lugger as Vice-Chair for the 2025-26 Municipal Year.

43. Chairs urgent business

There were two items of Chair's Urgent Business:

The Chair advised Board members that the Peninsula Dental Social Enterprise had requested support for their ambition to increase student placements from 58, to 72 annually.

Rob Nelder (Public Health Specialist) added:

a) The Dental School had previously increased its intake during the COVID-19 pandemic and had therefore demonstrated its capacity to train 72 students per year. It now sought to make this increase permanent, bringing placement numbers in line with other Dental Schools across the country;

b) The campaign aimed to secure broad support from local MPs, Councillors, and Health and Wellbeing Boards across Devon and Cornwall, recognising the regional benefits of retaining trained dentists locally;

c) The Board was asked to support the campaign and write a letter of endorsement.

In response to questions, the Board discussed:

d) Gratitude for the work of the Dental School and recognition of the regional benefits from retaining trained dentists locally;

e) The importance of the Dental School in driving the city's ambition to improve dental access;

f) The importance of engaging with local schools to promote dental careers and strengthen the local pipeline;

g) Ongoing collaboration between dental public health colleagues and the Dental School to expand the availability of local end-stage supervised placements;

h) The forthcoming opening of the city centre dental practice in October/November 2025, which would serve as a training site for dental students, therapists, and hygienists.

The Chair advised Board members that details of the Comprehensive Spending Review (2025) had recently been published, which would have implications for health and social care. Further details would be brought to a future Board meeting when available.

The Board agreed to:

1. Write a letter of support for the Dental School's campaign to increase annual student placements to 72, in line with other national dental schools;

2. Request that an update on the implications of the Comprehensive Spending Review are brought to a future Board meeting, when appropriate.

44. **Minutes**

The Board agreed the minutes of 06 March 2025 as a correct record.

45. **Questions from the public**

There were no questions from members of the public.

46. **Plymouth Pharmaceutical Needs Assessment 2025-28**

Rob Nelder (Public Health Specialist), David Bearman (Community Pharmacy Devon) and Sue Taylor (Community Pharmacy Devon (Virtual)) delivered the Plymouth Pharmaceutical Needs Assessment 2025-28 and discussed:

a) The Board held a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) in three yearly cycles;

b) The PNA examined pharmacy provision across Plymouth, and highlighted any gaps in services;

c) The PNA was a 'control of entry document', and was utilised by organisations wishing to establish pharmacy provision in Plymouth to evidence how they would meet existing need. The Integrated Care Board (ICB) utilised the PNA to determine applications for new pharmacies or services;

d) The PNA was developed jointly with Devon and Torbay to ensure consistency and cross-boundary planning;

e) The assessment included locality-based analysis, demographic data, housing growth projections, and a gap analysis;

f) The PNA identified that there was sufficient pharmacy provision across Plymouth, with no gaps in weekday or weekend access, except for one identified gap in Barne Barton due to deprivation and geographic isolation.

g) The PNA included a "what if" analysis to assess the impact of potential closures and noted that while provision was currently adequate, closures in certain areas could create future gaps;

h) Housing development data was incorporated to anticipate future demand;

i) A 60-day professional consultation had been conducted, with positive feedback and minor corrections;

j) The PNA had been brought forward due to recent pharmacy closures and concerns about system resilience;

k) Community pharmacies were in a precarious financial position, and integration into broader health strategies was essential;

l) The future of pharmacy would rely more on clinical services than supply alone, with independent prescribing becoming standard.

In response to questions, the Board discussed:

m) Concerns about service quality and long queues experienced by customers, particularly in Plympton. It was reported that the PNA considered, and included contingency planning;

n) Concerns about provision in Sherford and the need to analyse if provision was sufficient. It was reported that Sherford was primarily covered in Devon's PNA, which was being developed in parallel;

o) The importance of local access for deprived communities.

The Board agreed:

1. To Formally accept the Plymouth Pharmaceutical Needs Assessment for 2025-2028;

2. To agree to the publication of the PNA on the Health and Wellbeing Board page of the Plymouth Public Health website (part of the wider Plymouth City Council site);

3. To review the implications for Pharmacy provision in Sherford following the publication of Devon's PNA to ensure it was sufficient.

47. **MoN - Strengthening Measures to Combat Youth Vaping. A review of the current Health and Wellbeing Board position statement on vaping.**

Dan Preece (Public Health Specialist) and Dave Schwartz (Public Health Specialist) delivered the report and discussed:

a) A Council motion passed in January 2025 had called for the Health and Wellbeing Board to review its 'Vaping Position Statement to account for the changing use by children';

b) The Board's current position, adopted in 2019 and reaffirmed in 2023, was: "If you smoke, vaping is much safer. If you don't smoke, don't vape.";

c) A citywide partnership approach had been developed, involving Public Health, schools, Trading Standards, police, safeguarding teams, and VCSE organisations;

d) The partnership had secured funding for two full-time vape workers and was delivering CPD training to schools;

e) All secondary schools had participated in the 2024 Health-Related Behaviour Survey;

f) Survey results showed that while around one-third of Year 8 and Year 10 pupils had tried vaping, only 8% were regular users. Most who tried vaping did not continue;

g) Trading Standards had conducted test purchases and seizures of illegal vapes, including those containing controlled substances;

h) The Tobacco and Vapes Bill was progressing through Parliament and included:

i. A ban on disposable vapes (already in effect)
ii. Powers to restrict flavours, packaging, and display
iii. A progressive ban on tobacco sales to anyone born after 1 January 2009

In response to questions, the Board discussed:

i) The prevalence of illegal substances in vapes. It was confirmed that around 10% of confiscated vapes contained controlled substances;

j) Disappointment that the tobacco age ban did not extend to vapes;

k) The risk profile of vapes which was significantly lower than tobacco;

l) Praise for the city's leadership on this issue and the strong engagement from schools.

The Board agreed:

1. To re-affirm their support for the Vaping Position Statement 2019 (as amended in September 2023), and confirm that it remains fit for purpose to date;

2. To note that "this is a dynamic situation, and we will continue to review and respond to new evidence as it emerges" (Vaping Position Statement 2023);

3. To note and commend work building a city-wide approach to vaping as presented to the Health and Wellbeing Board in July 2024 and work subsequently undertaken under the Schools Place Based Improvement Plan

4. To acknowledge the requests of the Motion on Notice heard at Full Council in January 2025 as actioned;

5. To request that a letter was sent to the Department for Education requesting that a long-term strategy to reduce youth uptake and eventual dependency on nicotine is developed, informed by emerging evidence, including consideration of a generational ban on vape sales in the future.

48. **Health and Wellbeing Board Development Session Feedback**

Professor Steve Maddern (Director of Public Health) presented the Health and Wellbeing Board Development Session Feedback report and discussed:

a) The development session had highlighted that Board members held a reasonable understanding of the Board's purpose and their role within it;

b) There had been a collective request for greater clarity of the role within the wider Integrated Care System;

c) There was a need to define the strategic priorities of the Board and implement a strategic approach for delivering them throughout the year;

d) It had been agreed to narrow the Board's focus to key strategic issues to allow in depth analysis, alongside a review of the Board's Terms of Reference and membership;

e) Overall administration of the Board worked well however, there was a need to ensure every item had a 'call to action' and clear defined purpose;

f) There was a recognised need to celebrate success stories across the city, and to raise public awareness and engagement in the Board's work;

g) The Board would be holding a second development session at the conclusion of this meeting to progress the actions as outlined in the report.

The Board agreed:

1. To note the recommendations as set out in the report;

2. To continue to discuss the next steps for the development of the Health and Wellbeing Board in the afternoon workshop session.

49. **Tracking Decisions**

Elliot Wearne-Gould (Democratic Advisor) provided updates on outstanding actions:

a) Dental Contract: A written update had been received from NHS Devon and shared with Board members confirming that routine check-ups remained under pressure due to workforce shortages. Melissa Redmayne (ICB Dental Commissioner) would attend the next meeting to provide a full update;

b) Suicide Prevention Training: A session had been scheduled for 29 July 2025.

The Board agreed to note the Tracking Decisions Log.

50. **Work Programme**

The Board agreed to note the work programme.

Health and Wellbeing Board

Date of meeting:	03 October 2025
Title of Report:	**Winter Planning**
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:	Michael Whitcombe, Louise Ford, Chris Morley
Contact Email:	christopher.morley@nhs.net
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
To outline Plymouth system winter preparations and provide assurance to the Health and Wellbeing Board.

Recommendations and Reasons
1. That the Health and Wellbeing Board review, comment and endorse the plans set out within the report.

Alternative options considered and rejected
1. Not consider this report - Rejected

Relevance to the Corporate Plan and/or the Plymouth Plan
Working with NHS to provide better access to health, care and dentistry;
Keeping children, adults and communities safe;
Providing quality public services.

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

Financial Risks

N/A

Legal Implications

N/A

Carbon Footprint (Environmental) Implications:
N/A

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

N/A

Appendices

**Add rows as required to box below*

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

Background papers:

**Add rows as required to box below*

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

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

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A

Originating Senior Leadership Team member: N/A

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

Date agreed: 25/09/25

Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care). Approved by email 25/09/2025

Winter Planning

Michael Whitcombe, University Hospitals Plymouth
Louise Ford, Plymouth City Council
Chris Morley, NHS Devon ICB

#OneDevon

University Hospitals Plymouth NHS Trust

UHP Winter Plan 25/26

Michael Whitcombe – Deputy Chief Operating Officer

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

Contents

- Executive Summary
- Winter planning Priorities & Risks
- Data informed:

i. Southern Hemisphere

ii. IPC

- Actions & Mitigations
- Vaccination Programme

University Hospitals Plymouth NHS Trust

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Summary

Winter pressures a recurrent challenge driven by seasonal illness (including influenza, COVID-19, RSV, and norovirus), increased admissions, delayed discharges, and workforce pressures.

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In 2024/25, UHP experienced:

- Bed occupancy rates above 98%
- 40 Patients in ED (at 8am) awaiting onward bed
- Nearly 20% of Patients stayed in ED for >12hrs
- Monthly ambulance handover lost hours exceeding 7,500hours at peak, mean handover of 3hours.

This year, NHS England has mandated that all Trusts and systems must:

- ❖ Deliver ambulance handovers within 30 minutes.
- ❖ Improve Category 2 response performance (18mins – current average 26mins)
- ❖ Maximise vaccination uptake for frontline staff towards the pre-pandemic uptake level of 2018/19.This means that in 2025/26, we aim to improve uptake by at least 5 percentage points. Last year 43%, agreed a stretch target of 60% for UHP and LSW
- ❖ Enhance community-based flow and discharge pathways.
- ❖ Increase the number of patients receiving urgent care in primary, community and mental health settings, including Urgent Community Response teams and virtual ward.
- ❖ Improve flow through hospitals, focus on reducing patients waiting over 12 hours
- ❖ Improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings

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Summary

- System approach with partners and the acute hospital to inform plan
- Workstreams in 7 Key Areas
- Unmitigated **Acute Bed** Gap is 70-90
- We are currently forecasting a delivery of 50% of the One Plan objectives which leaves a **-39 bed gap**

❖ Our One Plan is a strategic improvement plan to reduce attendances to our Emergency Department jointly working with commu8nity partners and Livewell to get our patients the right care, in the right place at the right time.

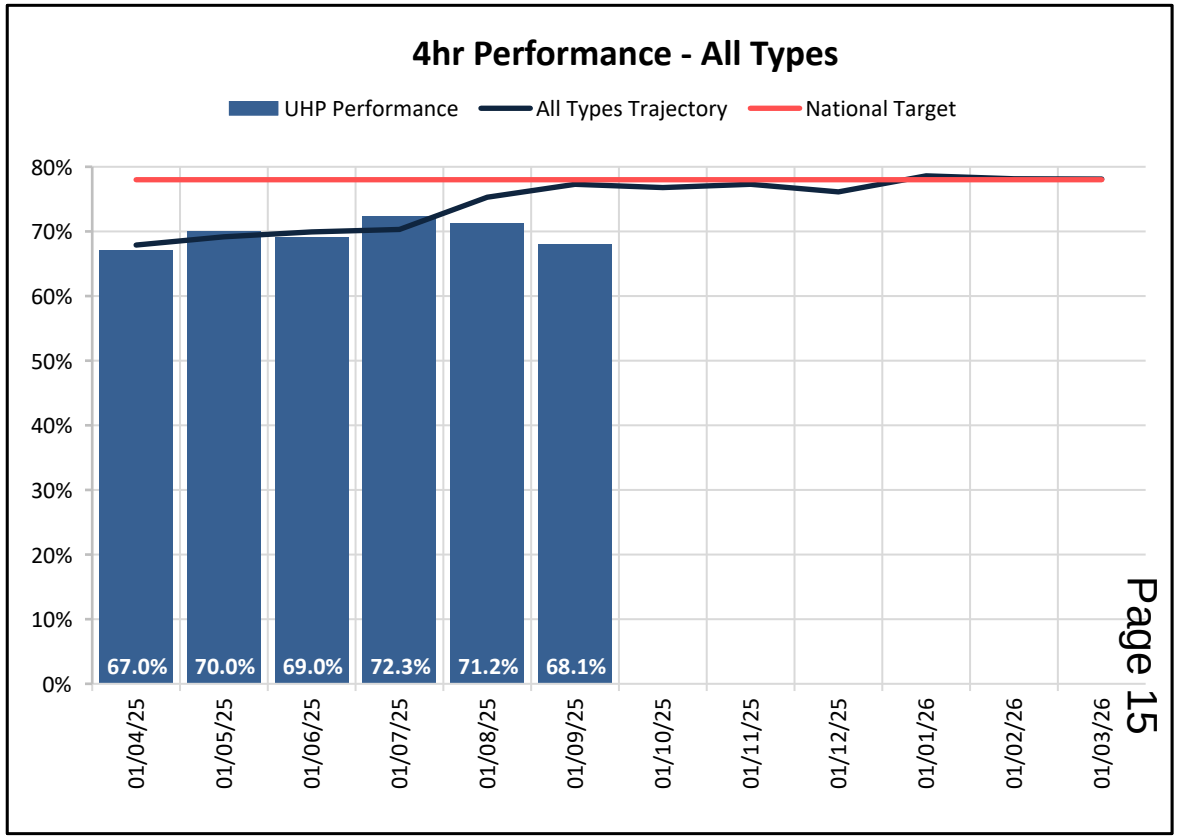
Objectives – One Plan link

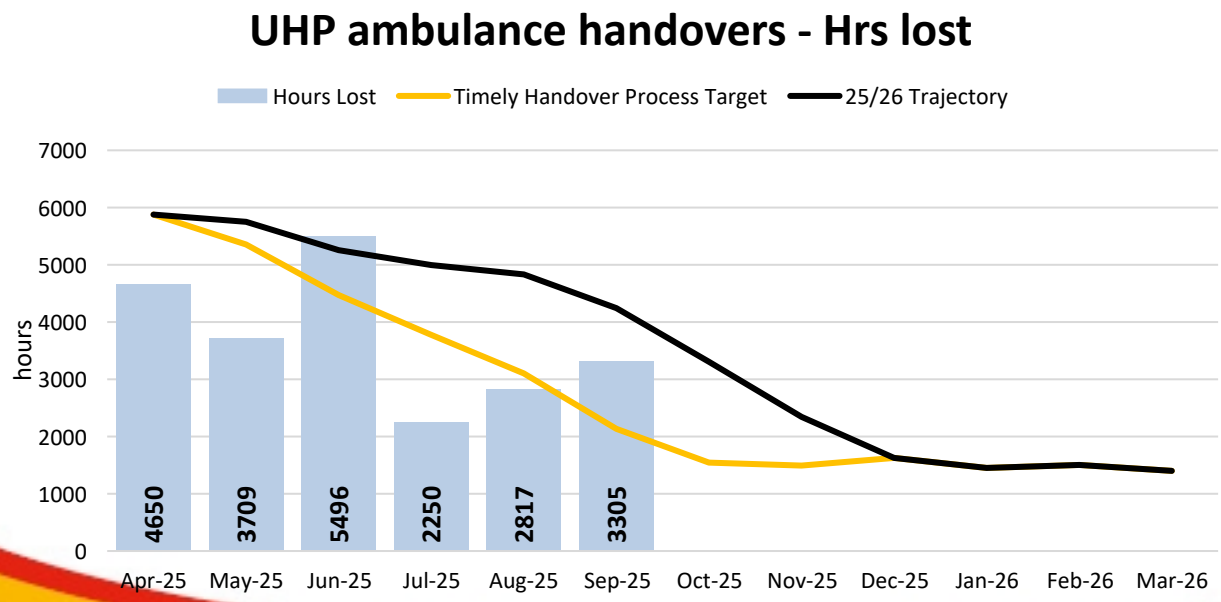
- Maintain Ambulance handover times of less than >45mins.
- Maintain length of stay reduction by a further 0.5days (1day total reduction)
- Launch a robust Vaccination programme – delivers hard to reach areas with a 5% increase.
- Empower, Support and Improve community management of patients reducing conveyance (Linked to ICB schemes)
- Support community management of infectious patients and reduce the need for acute hospital attendance.
- Support and maintain Elective care
- Proactive management of Respiratory Illness and prevention of admission.

Performance Summary

All Types 4 Hour standard currently at 72% this is a 6% improvement from last year. Remaining committed to improve.

Ambulance handovers has seen significant improvement against our operating plan trajectory – further improvements to be made.





Key Assumptions

- Emergency and Non-Elective Demand will continue at plan (1.5% for the winter)
- Flu/Covid season will follow patterns similar to last year, **peak December week 48/49**
- No Criteria to Reside will remain between 10% and 13% until March 26 (Target is 9%)
- Flu and Covid Vaccination adult program starts 1st October aligned with our Local authority and community providers
- Protected Elective Capacity will be maintained across Cardiac, Neurosurgery, Orthopaedics, Transplant and Oncology
- One Plan schemes include the use of Virtual wards to support releasing capacity and managing our patients safely in their home environment.
- Internal productivity and flow improvement program will continue to deliver
- ICB Winter Demand and Capacity Schemes will deliver intended benefits and **to deliver a 20 a day reduction in emergency attendances**

NHS
University Hospitals Plymouth
NHS Trust

University Hospitals Plymouth NHS Trust

Learning from Southern Hemisphere

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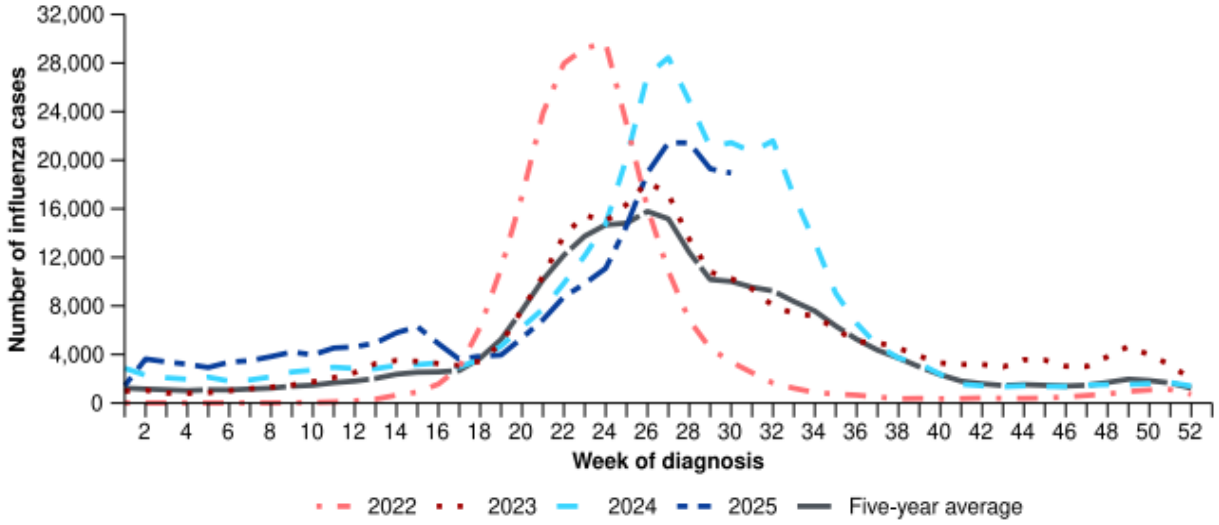
Modelled demand flu (Australia)

Figure 6: Notified influenza cases and five-year average* by year and week of diagnosis, Australia, 2022 to 27 July 2025



Source: National Notifiable Diseases Surveillance System (NNDSS)

* The years 2020 and 2021 are excluded when comparing the current season to historical periods when influenza virus has circulated without public health restrictions. As such, the five-year average includes the years 2018 to 2019 and 2022 to 2024. Please refer to the Technical Supplement for interpretation of the five-year average.

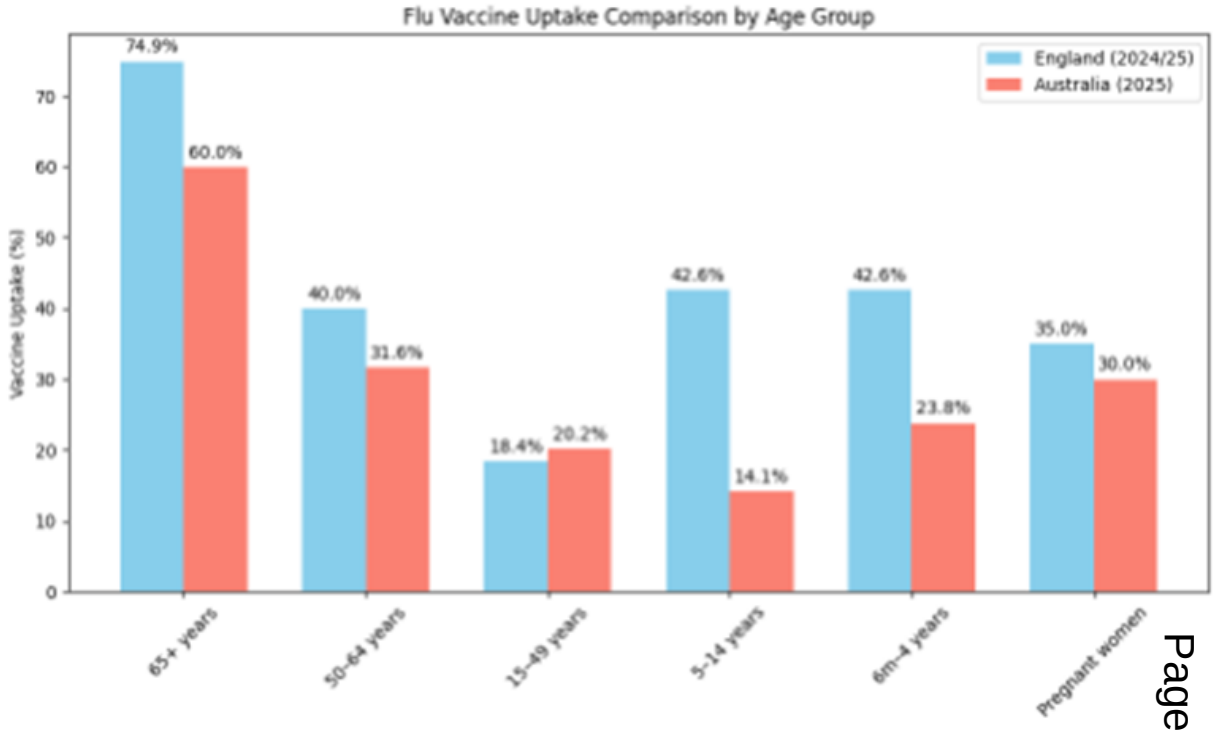
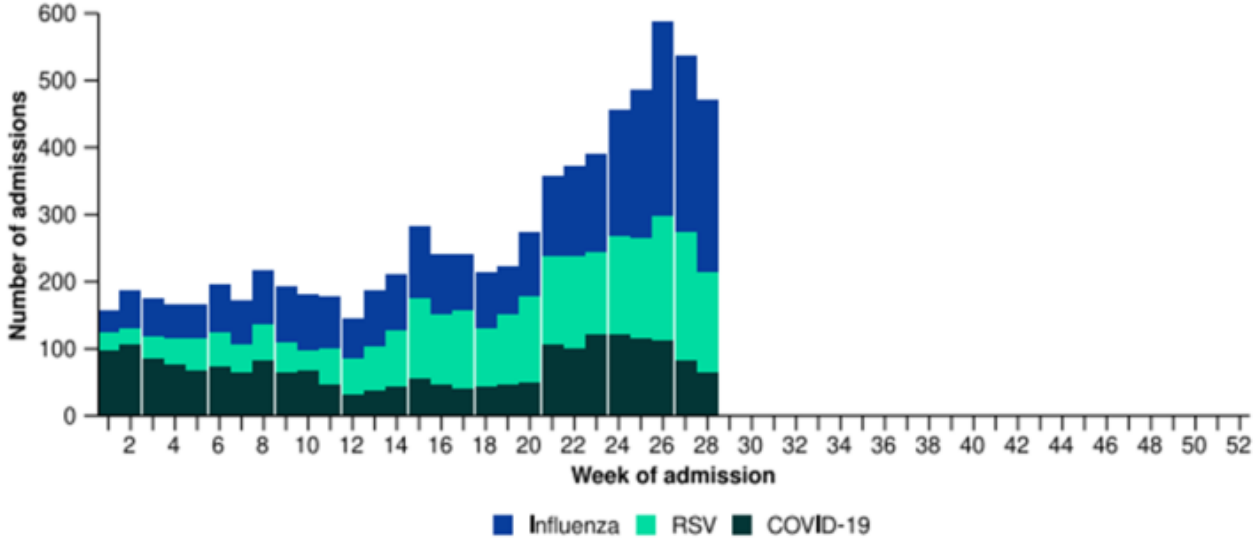
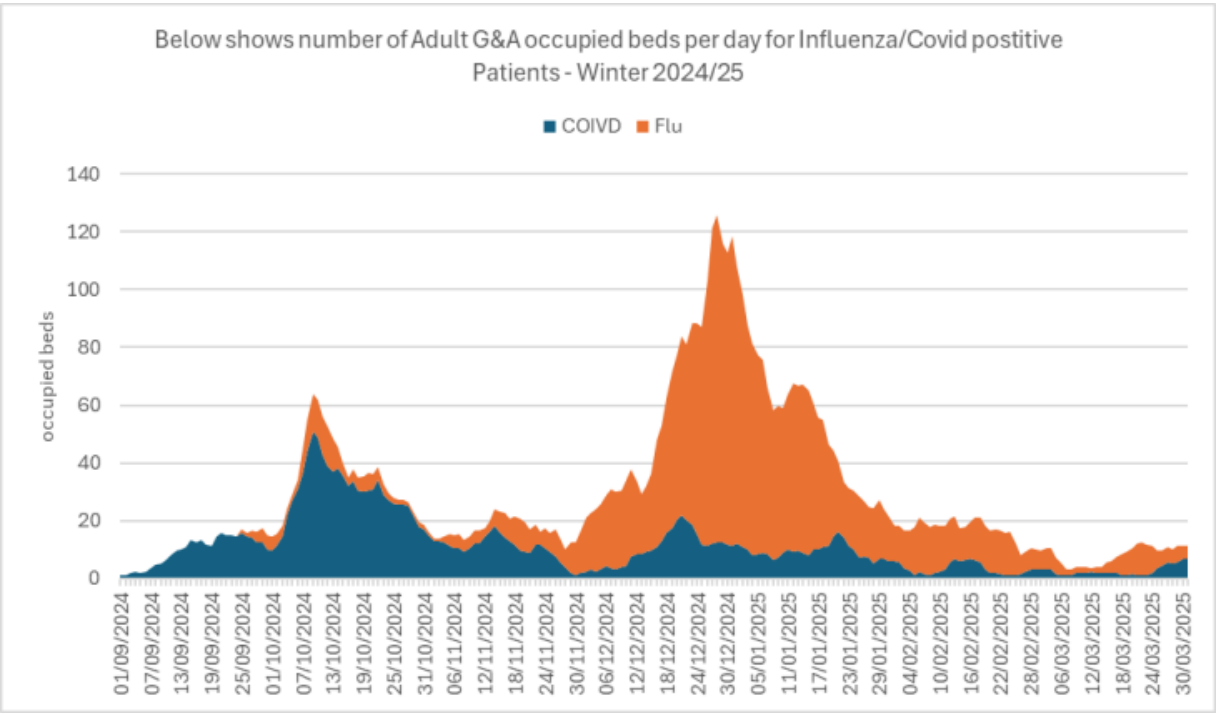


Figure 14: Total number of patients (children and adults) admitted with a severe acute respiratory infection to sentinel hospitals by disease and week of admission, Australia, 1 January to 13 July 2025





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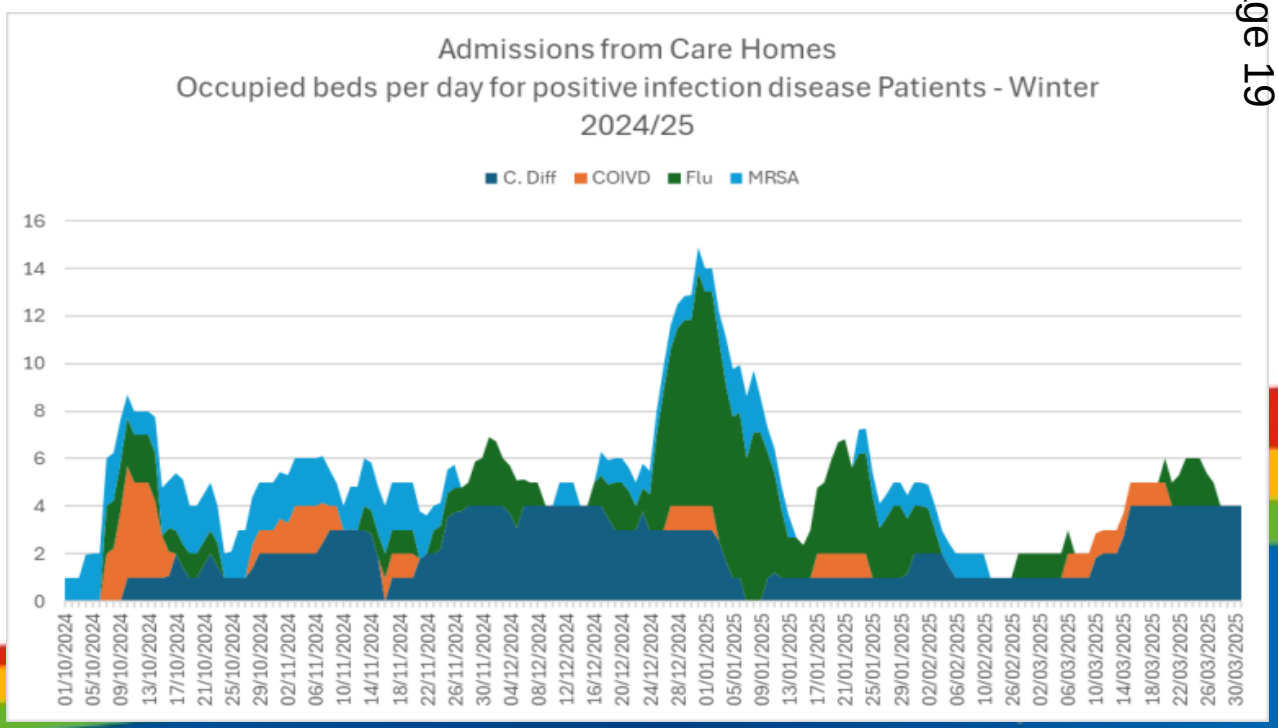
Patients who were positive for Covid or flu.
Peak after Christmas of just over 120 beds.

Action to provide Cohorting & Side room plan to mitigate

Care Home cohort, accounting for ~10% of total. Focus on 15 beds lost with actions for Hospital to community to prevent admission



Our Approach: Actions & Mitigations

Workstreams:

- **Community Services care & Admission avoidance**
- Acute Hospital & Community Surge & Demand
- **Protected Elective Capacity**
- Vaccination program
- **IP&C Community & Acute – Prevention/Response**
- Workforce – Wellbeing/Choose Well
- **Timely Hospital Discharge (NCTR) working group**

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Key Actions :

- ICB Demand management schemes – numerated impact and assurance
- Hospital Discharge (NCTR)– what is required to get to >9% numerated demand on P1-3 discharges.

I. Spot purchase beds
II. Additional £300k funding for P1 capacity (Cornwall) until March 26
III. Revised Escalation & Governance structure

- IP&C community prevention & admission avoidance
- Devon System IP&C and Visting time-controlled deployment
- Acute Virtual Ward average occupancy 37/60 - One Plan continued actions to recover
- Community Frailty Virtual Ward– Onboarding of new patients' community and acute
- Paediatric RSV surge increase management – Acute to Community support line
- Navigation actions to reduce footfall to our Emergency Dept & support UTC Dartmoor use.

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Vaccination Program

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UHP Actions:

- Increase number of trained peer vaccinators ensuring improved coverage across all locations (63 in 2024/25)
- Shared communications across UHP, Livewell Southwest, Public Health will drive a consistent message
- Dedicated UHP communications plan, including launch and 2 week promotion at the beginning of November
- Immunisation Hub at Derriford Hospital – to support vaccination of staff & patients

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Patient Vaccination

- Public facing web pages to promote vaccination opportunities for patients in the Trust and across the city
- Clearly identified outpatient, pre-operative assessment and Urgent Care settings to promote vaccination opportunity for patients
- Strengthen vaccination offer through the discharge lounge
- Specialty outpatient clinic vaccination offer – Chest Clinic, Oncology, Dialysis, Maternity
- Mass Vaccination Team to run sessions on the Derriford Hospital base – vaccinating patients and members of the public. Allowing for earlier identification of care home and house bound patients who are in hospital

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Commissioned Capacity & Social Care Winter Plan

Winter Surge Commissioned Capacity for Discharge

As we prepare for the upcoming winter period, our focus remains on ensuring safe, timely hospital discharge and robust community support to manage seasonal pressures. Building on existing strengths and introducing targeted improvements, our approach aims to reduce delays, support care providers, and maintain patient flow across the system. This overview outlines the measures already in place and the plans being developed to enhance resilience and responsiveness during peak demand.

These elements are already active and supporting discharge and community care:

- **Advice Plymouth Integration:** Coordinated support across health and social care services.
- **Hospital Discharge Coordination:** Allied Health Professionals and discharge teams working together to streamline processes.
- **Community Support Pathways:** Established links to voluntary sector and wraparound services post-discharge.
- **Infection Prevention & Control Measures:** Embedded across care settings to reduce winter-related risks.
- **Business Continuity Plans:** In place for care providers to maintain service delivery during peak pressures.

These initiatives are being developed or enhanced to further support winter pressures:

- **Review of Demand & Capacity Plans for Surge:** Refresh modelling (in-line with op plan projections/anticipated additional requirements). This will inform additional capacity plans (P1 – peri re-alignment, I@H improvement plan, brokerage improvements, P2 – Block bed procurement (mobilisation date TBC)
- **Data Integration with Hospital Networks:** Improving forecasting and coordination using real-time data; single version of the truth
- **Enhanced Community Mobilisation:** Expanding voluntary sector involvement and social support for discharged patients.
- **Optimisation of Brokerage Functions**: Strengthening bed bureau and brokerage services to improve market intelligence and improve sourcing times.
- **Integrated Commissioning Oversight:** Weekly oversight group (joint PCC & ICB) overseeing Intermediate Care commissioning activity, monitoring emerging pressure points and implementing mitigations

Plymouth - Social Care Winter Plan Actions

Social care plays a critical role in maintaining system flow and supporting vulnerable individuals during the winter period. Our winter plan outlines key actions to strengthen resilience, ensure continuity of care, and reduce avoidable hospital admissions. By focusing on workforce support, provider engagement, and targeted community interventions, we aim to deliver safe, responsive care throughout the seasonal pressures.

These elements are already active

- **Promotion of Vaccinations:** Messaging to eligible groups via community providers such as Advice Plymouth.
- **Infection Prevention and Control Measures:** embedded across care settings to support reducing risk of infection

These initiatives are being developed or enhanced to further support winter pressures:

- **Care Home Manager Engagement:** Encouraging timely completion of discharge assessments.
- **Staff Training & Education:** Focused on winter-specific challenges, discharge planning, and infection control.
- **Vaccination Programme Access:** Clarifying whether NHS has a direct cascade route to providers or if Primary Care commissioners need to facilitate access for eligible workers.
- **Support for Carers:** Exploring access to Household Support Fund (HSF) to assist unpaid carers during winter pressures.
- **Support Networks for Care Staff:** Building resilience and wellbeing support for frontline workers
- **Review of demand and capacity plans for surge:** Ensuring the right capacity is commissioned to support need

The Vaccination Offer for Winter 2025/26

Autumn/Winter 25 Campaigns

Eligible Cohorts

Flu

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

Covid-19

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

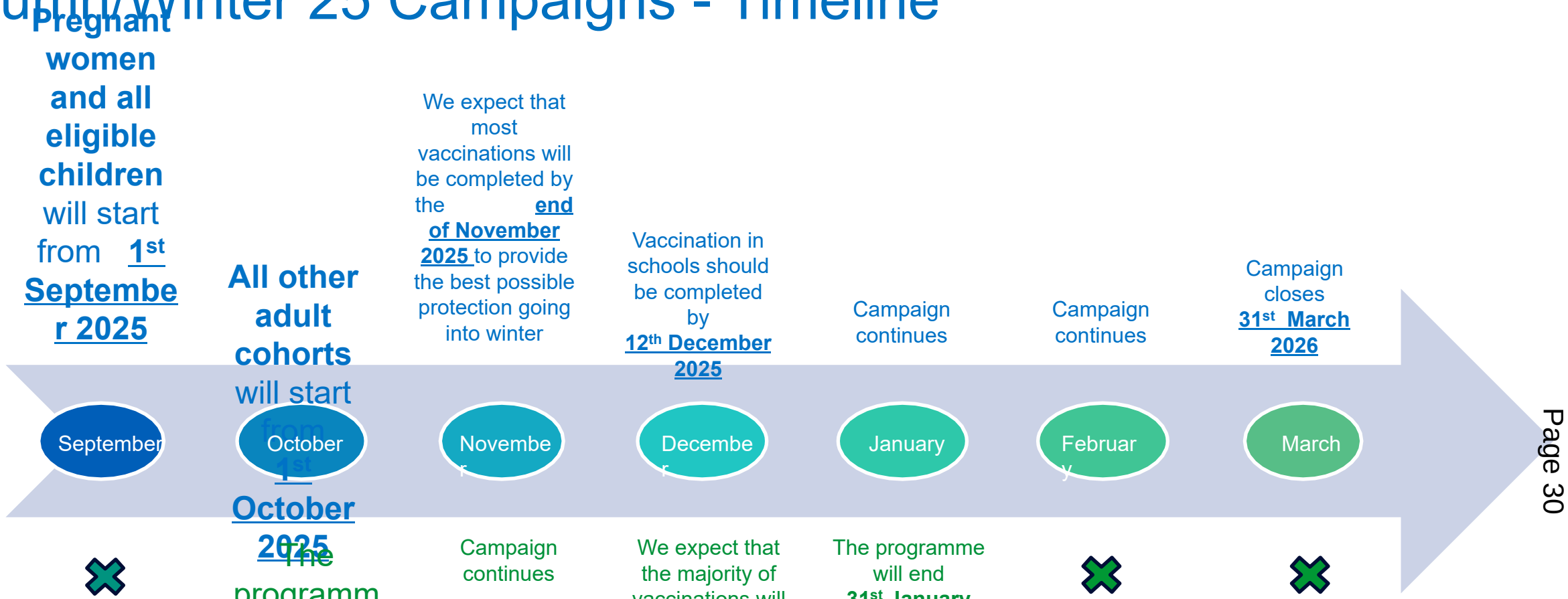
RSV

Vaccinations are offered all year round but have increased focus during the winter period

- 75–79-year-olds and those turning 80 up to 31st August 2025
- Pregnant people from 28 weeks gestation

One Devon

Autumn/Winter 25 Campaigns - Timeline



RSV vaccinations are offered all year round but have increased focus during the winter period

One Devon

Autumn 2025 Campaign – Delivery models for Flu and Covid-19

- All PCNs offering flu, 28 PCNs offering Covid-19 from 120 GP sites
- Community Pharmacies
- 491 Primary Schools and 74 Secondary Schools
- 5 Main Trust sites and community hospitals
- c8000 housebound patients
- 371 Older adult care homes, plus non-older adult care homes
- Vaccination Centres in Plymouth and Exeter
- c500 Targeted outreach clinics will take place to target underserved communities

One Devon

Vaccination Offers

* Denotes opportunistic offers

Care Home Residents: Visits by GP and Vaccination Outreach Services to every care home a minimum of 2 times to offer Flu and Covid-19 vaccinations to every resident living in CQC registered care homes for older adults and all eligible residents living in non-older adult care homes. c10,000 eligible. Care home staff will also be offered flu vaccinations.

Housebound Residents: Visits by GP and Vaccination Outreach Services to offer flu vaccinations to patients in their own homes to those registered with their GP as housebound. c8,000 eligible. Carers of housebound patients will also be offered a flu vaccination either at the home visit or can access vaccinations via GP, CP, Vaccination Centres* or Vaccination Outreach Services*.

Maternity: Offer of flu and RSV vaccinations to pregnant people on multiple occasions via maternity services and GP*.

2-3 year-olds: Offer of flu vaccinations from 1st September via GP and SAIS*. A national offer published end July 2025 to Community Pharmacy to provide flu vaccinations to this group from 1st October may increase access. c21,000 eligible.

Children: Offer of flu vaccinations to all school children up to year 11 from 1st September through visits to every school via the School Aged Immunisation Service. Community clinics will be offered for children not present at school including home-schooled children. GP* can also provide flu vaccinations to school-aged children. C150,000 eligible.

Clinically Extremely Vulnerable: Offer of flu vaccinations on multiple occasions to patients meeting CEV criteria as defined in the Green Book. Available via GP, CP, schools, hospital inpatient and outpatient clinics, Vaccination Centres* and Vaccination Outreach Services*. Immunosuppressed patients are also eligible for a Covid-19 vaccination via any provider.

65-75 year-olds: Offer of flu vaccinations from 1st October via GP, CP, Vaccination Centres* and Vaccination Outreach Services*.

75-79 year olds: Offer of flu and Covid-19 vaccinations from 1st October via GP, CP, Vaccination Centres* and Vaccination Outreach Services*. RSV vaccinations are offered by GP.

80 years+: Offer of flu and Covid-19 vaccinations from 1st October via GP, CP, Vaccination Centres* and Vaccination Outreach Services*.

Frontline Health and Care Workers: Offer of flu vaccinations to all FLHW via their employer led occupational health scheme. Where the FLHW is not part of an occupational health scheme they will be able to access a vaccination via GP, CP, Vaccination Centres* and Vaccination Outreach Services*.

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Communications and Engagement with Eligible People

Public Communications

- National media
- Local media
- National and Local Booking Systems
- Communications Toolkit shared with stakeholders
- Stakeholders to promote vaccination communications through their channels
- Stakeholders include GP, CP, Schools, Trusts, LA, VCSE

Targeted Communications

- NHSE text, emails and letters to eligible individuals
- GP text, email to eligible individuals
- Schools text and emails to parents
- Clinicians to promote with inpatients and outpatients
- Social media to target 2-3s, CEV and FLHW
- Posters to target CEV, FLHW, 65+ and BAME
- Case studies to target CEV and FLHW

What's Different in 2025/26

- GP has been asked to focus on RSV for 75-79s, pneumococcal vaccinations for respiratory patients and Covid-19 vaccinations for immunosuppressed patients in the lead up to the winter campaign
- Education events have been held with Care Home Managers, at nurseries and in other community settings in the lead up to the winter campaign
- Commissioning of 2–3-year-old flu vaccinations via CP (number of CP opt ins to be confirmed in September)
- Trusts will increase their focus on CEV patients by asking clinicians to have vaccination conversations with their patients
- Trusts will ensure vaccinations are available at outpatient clinics, including at respiratory clinics, and before discharge
- From November, a request to GPs to have a clinical discussion with unvaccinated CEV patients which may be supported by the outreach team
- Increased vaccination education offers to staff in Trusts
- Trusts will have a second push campaign aimed at FLHW at the start of November

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Health and Wellbeing Board

Date of meeting:	03 October 2025
Title of Report:	**Devon 10 Year Plan and Integrated Neighbourhood Teams**
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:	Chris Morley (NHS Devon ICB)
Contact Email:	christopher.morley@nhs.net
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
To update the Health and Wellbeing Board of the latest developments regarding the NHS Devon 10 Year Plan and Neighbourhood health services.

Recommendations and Reasons
1. That the Health and Wellbeing Board review, comment and debate the content of the report, its implications and next steps for Board partners.

Alternative options considered and rejected
1. Not consider this report - Rejected

Relevance to the Corporate Plan and/or the Plymouth Plan
Working with NHS to provide better access to health, care and dentistry;
Keeping children, adults and communities safe;
Providing quality public services.

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

Financial Risks

N/A

Legal Implications

N/A

Carbon Footprint (Environmental) Implications:
N/A

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

Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	2	3	4	5	6	7
A	Devon 10 Year Plan Engagement Findings							
B	10 Year Plan and Integrated Neighbourhood Teams Presentation							

Background papers:

**Add rows as required to box below*

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

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

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: N/A											
Please confirm the Strategic Director(s) has agreed the report? N/A Date agreed: N/A											
Cabinet Member approval: N/A											

One Devon

Devon 10 Year Health Plan engagement programme findings

July 2025

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Foreword

It is with great pride that I introduce this report on Devon's 10-Year Health Plan engagement. Over the past few months, thousands of local people from across our communities have generously shared their views, experiences, and hopes for the future of health and care in Devon.

This incredible level of participation reflects the deep commitment we all share to building a healthier, more connected, and more resilient Devon.

Listening to our communities is at the heart of everything we do. The insights gathered through this extensive engagement will play a vital role in shaping the services and support in Devon, ensuring they truly meet the needs of our population now and the future.

We recognise that health and care is not just about treatment, but about prevention, wellbeing, and enabling people to live their best lives in the place they call home.

This report captures the voice of Devon's people and demonstrates our ongoing promise to work together – patients, families, staff, partners, and the public – to design a sustainable, compassionate, and effective health and care system.

The challenges we face are complex, but by harnessing the power of collaboration and community insight, I am confident we can create a future that is both innovative and inclusive.

I would like to extend our thanks to Healthwatch Devon, Plymouth and Torbay, and all our voluntary sector partners for their valuable contributions to the local engagement.

Their support in reaching out to communities and encouraging meaningful conversations has been vital to this process.

We are also deeply grateful to everyone who took the time to participate and share their views. Your insights and experiences are instrumental in shaping a health and care system that better reflects the needs of the people it serves.

Thank you all for your commitment and involvement.

Steve Moore
Chief Executive, NHS Devon and One Devon

Healthwatch in Devon, Plymouth and Torbay supports this engagement report on Devon's 10-Year Health Plan

We played a central role in the Devon 10-Year Health Plan engagement by helping to reach over 3,000 people from every corner of our community.

We led community conversations, hosted focus groups, and supported a wide-reaching survey to ensure that the voices of patients, Carers, and the wider public were heard - especially those who often go unrecognised in traditional consultations.

We believe it is essential for the successful development and application of the Devon Plan that residents were involved in its design. We also believe that all communities should be empowered to have a critical role from the very beginning to stress test the design and implementation of positive change. We therefore welcome NHS Devon's commitment to putting people at the centre of service planning and thank everyone who took the time to share their views.

We are proud of the critical role Healthwatch played in supporting Devon's 10-Year Health Plan engagement and welcomed the opportunity to work with our close colleagues in the NHS and One Devon.

Our core message has always been that every decision should be made in partnership with service users and in real discussions with our communities. This process has evidenced that the NHS and One Devon similarly recognise the importance of true engagement, co-design, and co-delivery, alongside patients and carers.

The Government has described this as 'the biggest national conversation about the future of the NHS since its birth' and we were most appreciative of the opportunity to become part of the transformation of services. We consequently valued being included as a key a component in progressing the 'three shifts' in both theory and practice.

We look forward to the ongoing implementation of these shifts and commend our colleagues in health and social care for their commitment to transforming and improving services for us all.

Dr Kevin Dixon
Chair, Healthwatch in Devon, Plymouth and Torbay

Introduction

To support the development of the Government 10 Year Health Plan for England: fit for the future, NHS Devon ran an extensive engagement programme with staff, patients, public and partners in Devon. The government described it as 'the biggest national conversation about the future of the NHS since its birth'.

The focus of the engagement programme was to explore views in relation to the "three big shifts" in healthcare which will be at the foundation of the national 10-year health plan.

- Hospital to community
- Analogue to digital
- Sickness to prevention

The Devon engagement programme captured the views of our people and communities in Devon to inform local priorities and strategy development while supporting the national 10-year plan process.

It was co-designed in collaboration with Healthwatch Devon, Plymouth and Torbay and feedback was gained from the membership of the Devon Engagement Partnership (DEP).

To ensure the views of our people and communities were used to support the development of the national 10 Year Plan, NHS Devon aligned with the questions that were asked as part of the national programme.

The agreed objectives for the Devon 10 Year Plan engagement programme were:

- Target the right people, in the right places and at the right time to reach all people and communities in Devon.
- Work with key partners and trusted voices to reach the Core20PLUS5 target population.
- Encourage sign-up for continuous engagement in Devon, to increase public involvement in NHS transformation and delivery now and into the future
- Drive uptake to the locally hosted version of the national survey.
- Minimise public confusion by keeping the engagement approach clear and straightforward, but creative in how people are reached.
- Work with NHS Cornwall and Isles of Scilly ICB and NHS Somerset ICB on the borders of Devon, Cornwall and Somerset.

The key to the success of this approach was collaborating with key partners and working as one team, utilising our respective networks and channels to spread the reach of our engagement across the county.

Our approach

The three main engagement methods used for this programme were:

1. Online survey (workforce and public) – hosted on the One Devon website.
2. Workshop events (Devon version)
3. Engagement postcard

To ensure the findings in Devon could support the development of the national 10-year plan, the questions used in the online survey and workshops needed to mirror the national questions.

The workshop content was made relevant to our Devon communities to ensure the conversations were meaningful and participants were more informed as part of the discussions.

The survey was only available online, but Healthwatch Devon, Plymouth and Torbay also took responses over the phone and this was promoted in the materials.

The NHS Devon communications and engagement team led the engagement programme. This was supported by provider communications and engagement leads, local authorities, South Western Ambulance Services, Healthwatch Devon, Plymouth, the voluntary, community and social enterprise (VCSE) assembly and other local partners.

A communications toolkit was produced by NHS Devon and shared with key partners to raise awareness of the engagement opportunities within in their communities. The local survey and events were promoted heavily through digital marketing, social media, printed materials, TV screens and local community networks.

NHS Devon led five engagement days across the county to raise awareness, encourage people to complete the surveys, host workshops and support people to complete the engagement postcards. These were supported by Healthwatch, VCSE organisations and provider colleagues.

We heard from a broad range of communities across Devon, especially those more likely to experience health inequalities, core20PLUS5 and seldom heard communities by investing in the voluntary, community and social enterprise sector (VCSE). NHS Devon hosted a small grants scheme process for VCSE organisations to bid for a small amount of funding to hold workshops with their communities to understand what was important to them when developing the national 10 Year Health Plan.

The organisations that hosted workshops were:

- Yes Brixham – Homelessness
- Adventure Therapy – Young people
- Headway Devon (x5) – Learning Disability/Acquired Brain Injury
- Age Concern – Carers and older people
- Hikmat Devon – Ethnically diverse communities
- Citizens Advice (x5) – People with physical disability
- Devon Communities Together – Coastal communities

The approach taken in Devon was considered as a leading example by regional colleagues and other organisations across the southwest followed the same approach.

Healthwatch Devon, Plymouth and Torbay have produced a summary video (below) that talks about the approach taken, what it felt like to be involved in the engagement programme from a participant perspective and the key points of discussions from the workshops.

Key findings

More than **3,400** pieces of feedback

2,353 survey responses

50 workshops hosted – 10% of the total number nationally

358 people attended the workshops

More than **700** written postcards completed

More than **220** people recruited to support continuous engagement.

There are specific findings from each of the engagement methods**, but there were some overarching key themes that were consistent throughout the engagement programme across all the three shifts.**

People valued the NHS being free at the point of access

The NHS workforce is seen as the most valuable, but most vulnerable asset

People valued the wide range of services that were available and how they have personally helped

Address access to primary care and mental health and reduce waiting times in ED and elective care

The satisfaction levels of how the NHS is run is low, but this is aligned to the national picture

Funding the NHS sufficiently should be a priority

There were also some specific key themes that were identified to each shift.

Hospital to community

There needs to more investment in front line services and a reduction in management costs.

When people access services – their experience is generally positive

Sickness to prevention

To avoid people getting poorly in the first place – there needs to be better access to diagnostic and preventative services.

There needs to be more education and strategies in place to improve people's confidence in taking ownership for their own health and health and wellbeing.

Analogue to digital

Advances in technology will support efficiency, help join up services and improve prevention, diagnostics and communication. However, there were high levels of mistrust in relation to AI and data safety, aligned to concerns about reliability and increasing health inequalities for those that do not access digital information.

There needs to be a more joined up approach across the different health and care services. There needs to be a more effective solution supported by good communication.

Public survey - analysis

Public survey – 1,408 responses

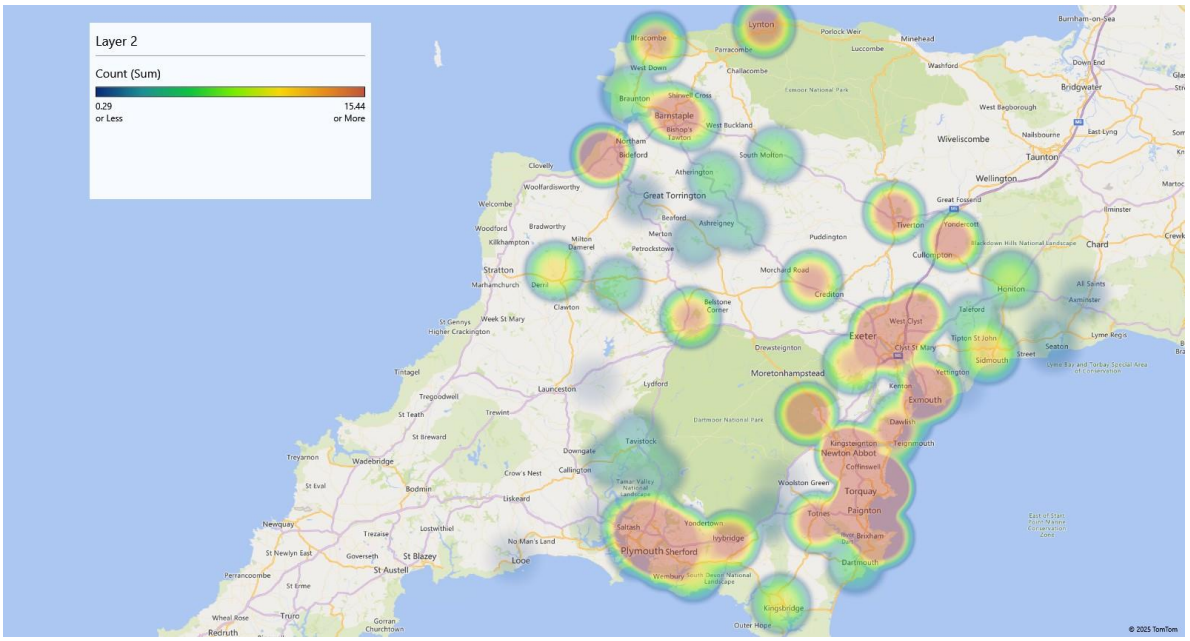
The Devon 10-year plan public engagement survey was hosted on the One Devon website. This was the only public survey used in Devon and all key stakeholders shared this survey and signposted participants to the One Devon website.

As the findings from this survey needed to support the development of the national 10 Year Plan, the questions used had to replicate the national survey. When the Devon 10 Year Plan engagement programme was designed, we reviewed the national questions and cross referenced what we needed to find out in Devon. It was felt that the survey would provide the information needed to inform local priorities and programmes.

Postcode region of survey responders

As part of the survey – participants were asked to provide the first part of their postcode. The below map shows the representation of survey responses across Devon.

As part of the targeted social media campaign, the locations of survey respondents were reviewed weekly. Where under representation was identified – targeted efforts were made to engage people from specific postcodes in the survey.

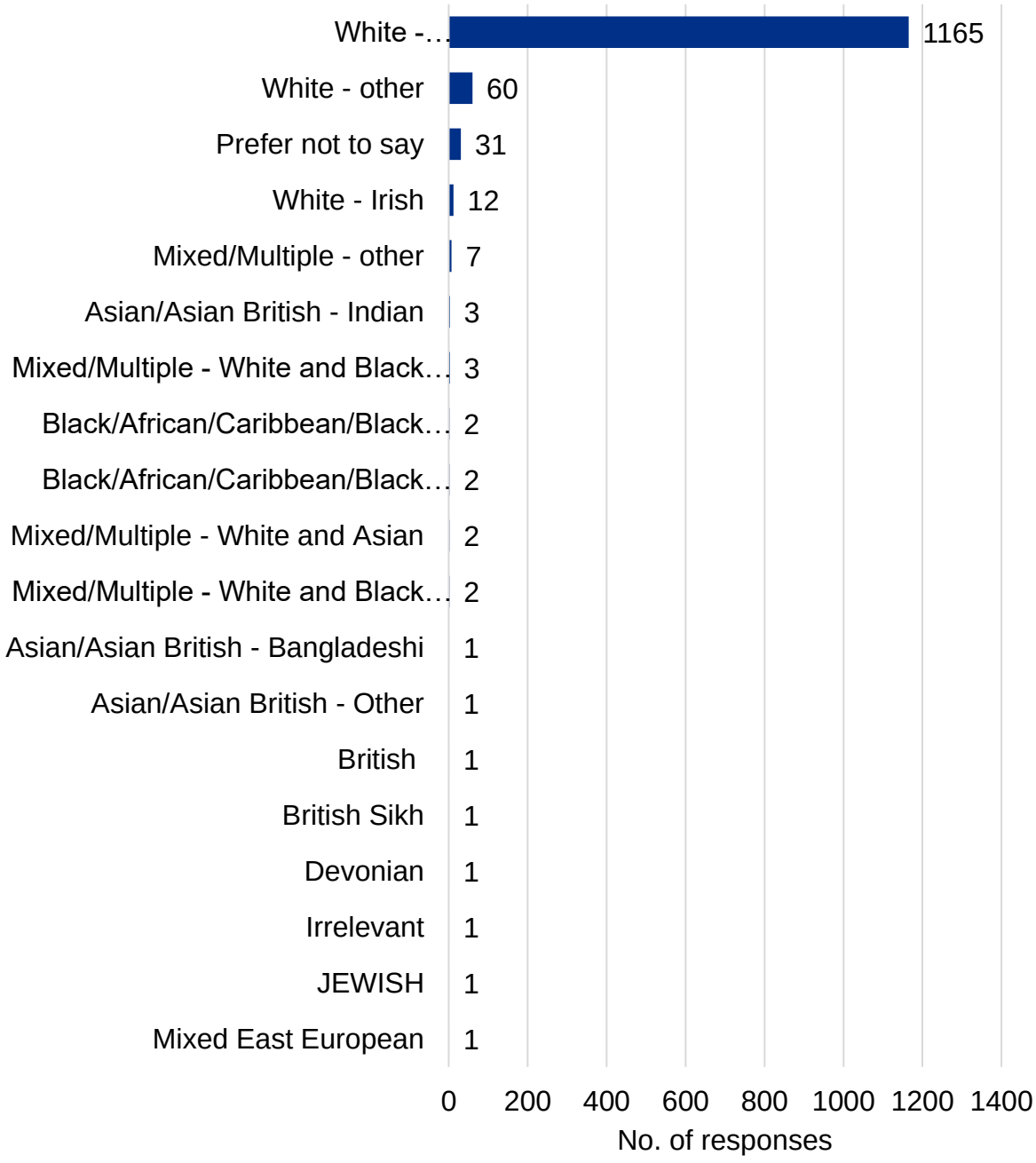


Ethnicity of responders

1,297 of survey respondents completed this question

The Voluntary Community and Social Enterprise Sector (VCSE) in Devon were a key partner in reaching our ethnically diverse communities. This was also supported by targeted communication and social media campaigns.

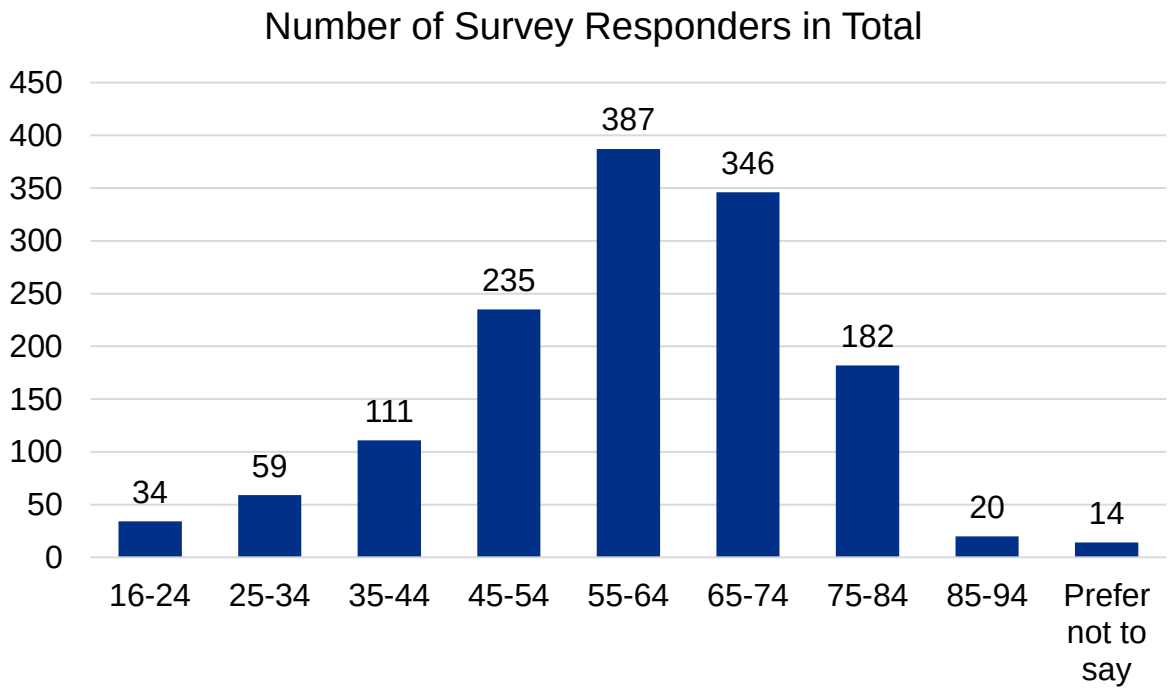
As the survey was online – this was easily translatable and accessible. Although the below survey respondents aren't reflective of our Devon population – targeted workshops were undertaken with ethnically diverse communities which were facilitated by Hikmat Devon.



Age of survey respondents

1,388 of survey respondents completed this question
The age of respondents is generally representative of our Devon population.

It was important that we targeted younger people as part of this programme and although the survey responses from those aged 34 and under – targeted efforts were made to engage young people in the completion of the engagement postcards and participation in the workshops.



What we heard

There are specific findings from each of the engagement methods but there were some overarching key themes that were consistent throughout the engagement programme across all the three shifts.

People valued the NHS being free at the point of access

"It's free at point of use, no matter who you are"

The NHS workforce is seen as the most valuable, but most vulnerable asset

"I believe the staff in the NHS are dedicated and work extremely hard to ensure patients get the best care"

"The level of dedication to patient care shown by hardworking, and often very overworked, staff at all levels. And that they do so despite, in too many instances, their pay having not kept up with the cost of living"

"The front-line staff. In the main, their commitment, care and compassion keep the services going/working. Without these fantastic humans the NHS would have already collapsed"

People valued the wide range of services that were available and how they have personally helped

"The accessibility of different services to cover different health needs and the opportunity to be referred to and be seen by specialist services. Although not everyone gets the same opportunity and have different experiences. I think it's amazing that we have access to so much and that it's free"

There is a need across Devon to address access to primary care and mental health services and reduce waiting times in A&E and for elective care

"Long waiting lists and early discharge leading to worse illness/injury which ends up costing more and leading to worse outcomes in the long run"

"Too much pressure on system; almost impossible to get a GP appointment and different services do not share medical notes"

"Early diagnosis, therefore more timely treatment. Early mental health interventions (way before people reach crisis point) could both be a literal lifesaver and also ease the pressure on acute mental health inpatient services"

The satisfaction levels of how the NHS is run is low but is aligned to the national picture

"Lack of joined up thinking and services, so very wasteful of resources"

"Demand is outweighing supply. Too many people need to use the NHS, and too few staff are working tirelessly to give them help. It cannot be sustained"

"Inefficient administration and management, admin processes are repeated over and over again wasting time and money - I had to cancel an appointment 4 times before they stopped sending me reminders for it, I have no idea whether that was reallocated or that appointment was wasted!"

"Use money in NHS more wisely. Begin with huge amount wasted on unused prescriptions"

Funding the NHS sufficiently should be a priority

"Whilst innovation and advancement in treatments, drugs etc is great, it seems there is not always enough funding available to keep pace with growing demand"

"The real question is whether the funding necessary to do this (and the training) will be put in WITHOUT reducing the funding still needed for the hospitals, to get those waiting lists down"

"GP surgeries and pharmacies are overstretched due to underfunding, lack of staff and difficulty of sourcing medicines. Unless there is a substantial investment in resources and financial support, these setbacks can't cope with extra demand"

NHS Staff

We ask **staff working in health and care services across Devon, three specific questions to help inform the development of our local plans.**

What are the best things about working at the NHS

- The people who work in the NHS and who want to make it better
- Being able to make a real difference to patient lives
- Free universal Healthcare - Pride in the NHS's core principle of free care at the point of delivery

"Working with amazing people who want to make an NHS system better"

"The people I work with"

"Supporting people to meet their full potential, satisfaction, going home knowing I have helped make a difference"

"Being able to make a real difference to patients' lives"

"Building a relationship with service users. The passion from staff to keep people safe. And the camaraderie between staff"

What are the biggest challenges working in the NHS?

- Lack of capacity and funding to make changes.
- Lack of focus on prevention due to meeting day to day demand pressures
- High expectations on immediate service delivery
- Staffing levels not adequate for current workload
- Lack of joined up IT
- Often working longer than contracted hours
- Supporting people, we know have to wait a long time for care

"Often work longer than my contracted hours"

"Wanting to make changes for patients or NHS frontline staff and constantly being told no capacity or funding"

"Not having enough resources or staff which means we struggle to meet deadlines and receive complaints all the time. High expectations that everyone can have everything right away"

"Lack of focus on prevention - most funding goes to deal with the crisis end. Less effective use of our resources as used to firefight"

"IT for example we are 2 Trusts that have merged however we are still managed by 2 different IT departments. Both IT departments have different rules, so as a team we are not allowed the same IT access as we are managed by different departments"

"Staffing levels are a huge concern. Although we are nearly fully staffed that isn't enough to complete the work we have"

"Telling patients that the waiting list is so long when they are desperate to be seen and helped"

We asked NHS staff which of these challenges do you think is the most important for the 10 Year Health Plan to address?

The top three issues (most selected) by all respondents to the survey were:

1

Reducing waiting times

2

Staff shortages

3

Primary care access

Reaching our communities

We reached out to a range of communities in Devon, especially those more likely to experience health inequalities, CORE20PLUS5 and seldom heard communities by investing in the Voluntary Community and Social Enterprise Sector (VCSE).

NHS Devon hosted a small grants scheme process for VCSE organisations to bid for a small amount of funding to hold workshops with their communities to understand what was important to them when developing the national 10 Year Health Plan.

These are some of the key themes from the workshops run by local organisations:

Technology

- Using AI to check scans – Many were fearful of the repercussions. What if there was a technology blip or something important missed?
- Some patients will get left behind, especially older people who do not use IT and still want/need face-to-face appointments
- Having to use technology adds a further layer of confusion to already difficult situations when you have trouble understanding what is being said to you and what you are being asked to do
- the NHS app which is easy to use and accessible for patients to book appointments. This could reduce receptionist admin and increased communication between NHS services and service users

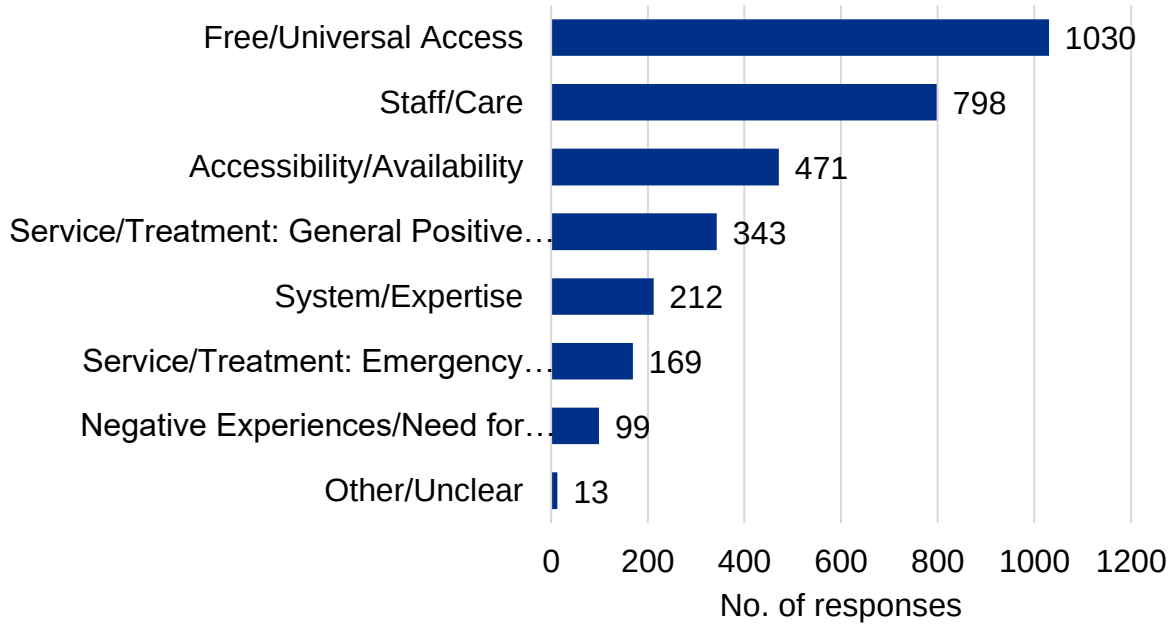
Hospital to community

- Getting more support from pharmacists is good. More accessible and quicker solution
- More convenient, reducing hospital waiting lists and lead to early detection of health conditions
- Integrated Care Information: Ensure community care information is connected to electronic patient records to prevent gaps

Prevention

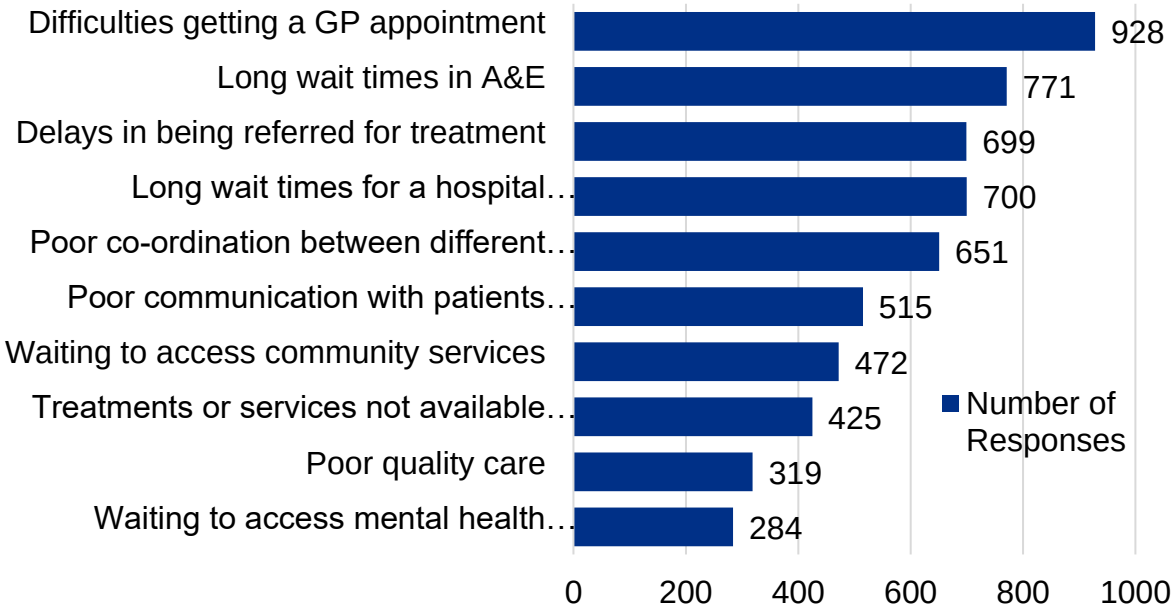
- Prevention is a good idea, but they need more education in schools
- People should also feel empowered through accurate and helpful information through advertisements
- Mental health support in schools. Early intervention [is good] for mental health but were concerned about where the staffing would come from
- Listening to Youth: Pay attention to teenagers' concerns to catch issues early, reducing treatment needs and costs.

Question 1. Three best things about the NHS?

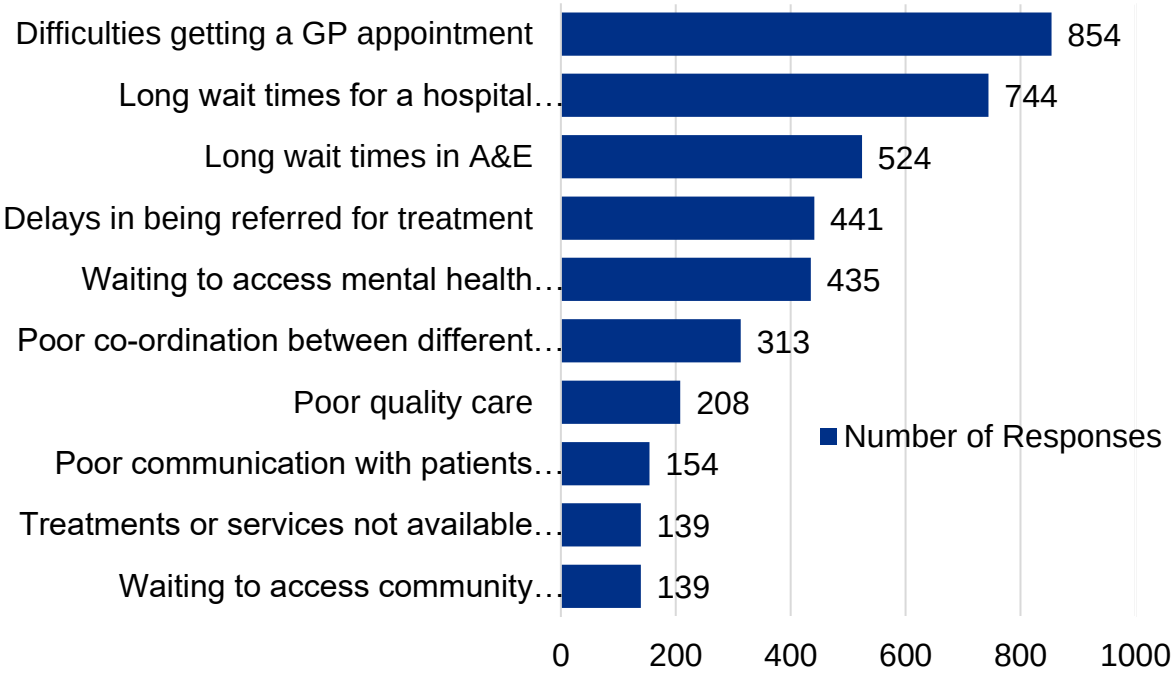


Question 2. Three biggest challenges facing the NHS?

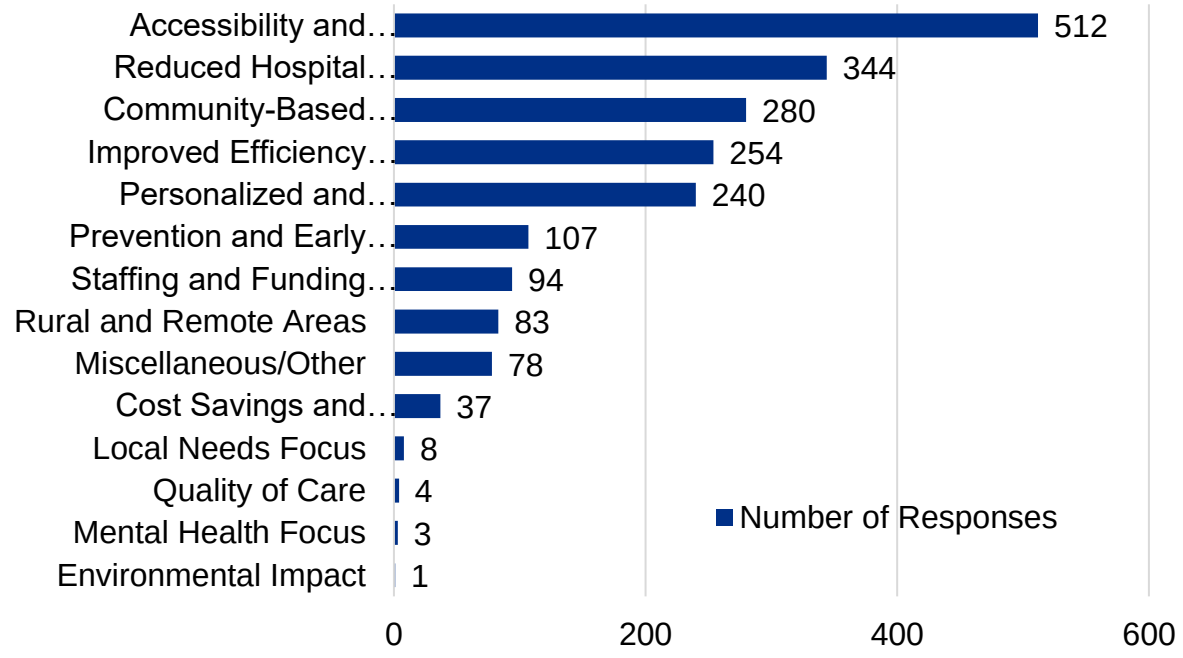
Question 3. Which, if any, of the following have you personally experienced?



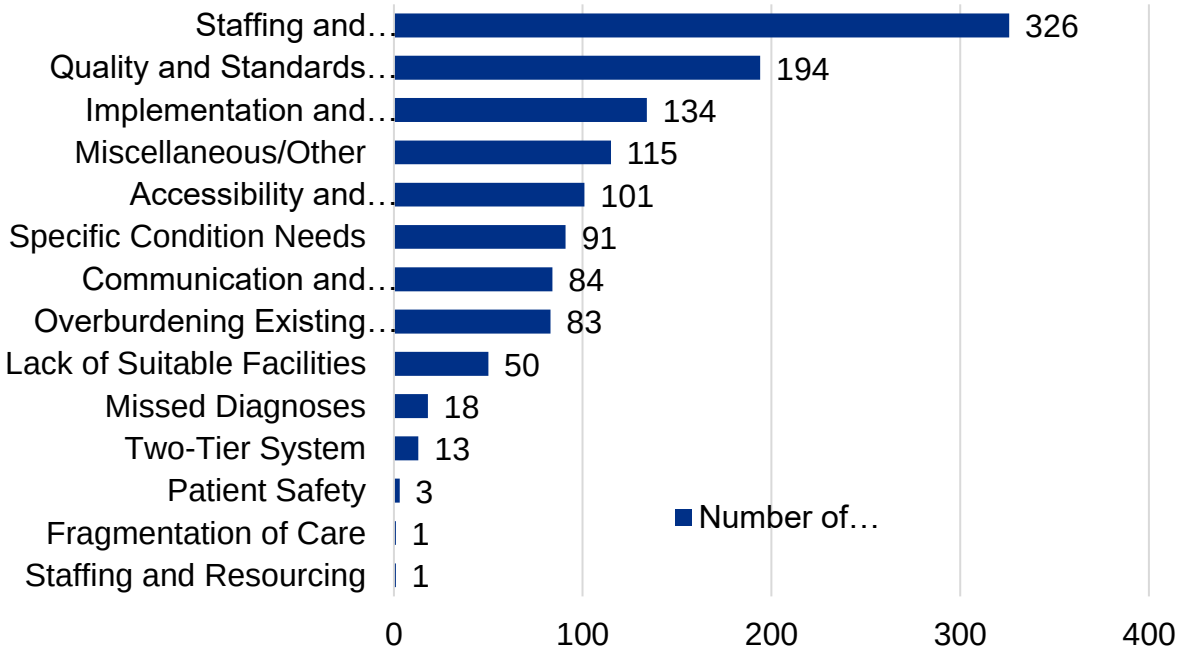
Question 4. Which of these challenges do you think is most important for the 10 Year Health Plan to address?



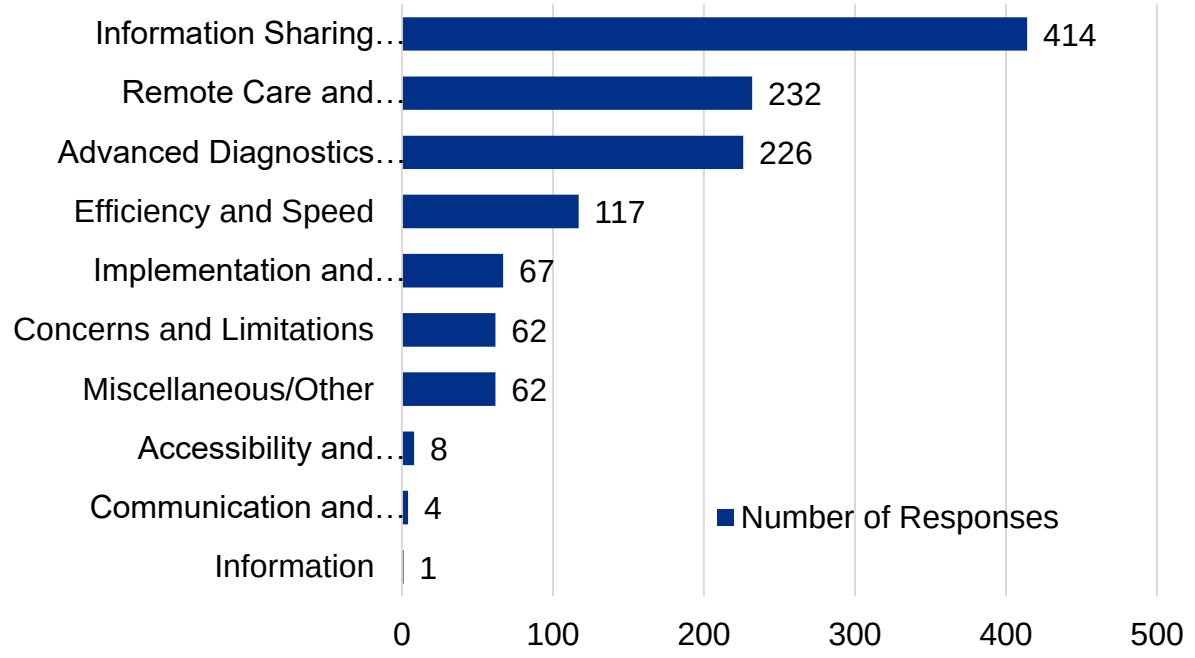
Question 5. In what ways, if any, do you think that delivering more care in the community could improve health and care? (optional)



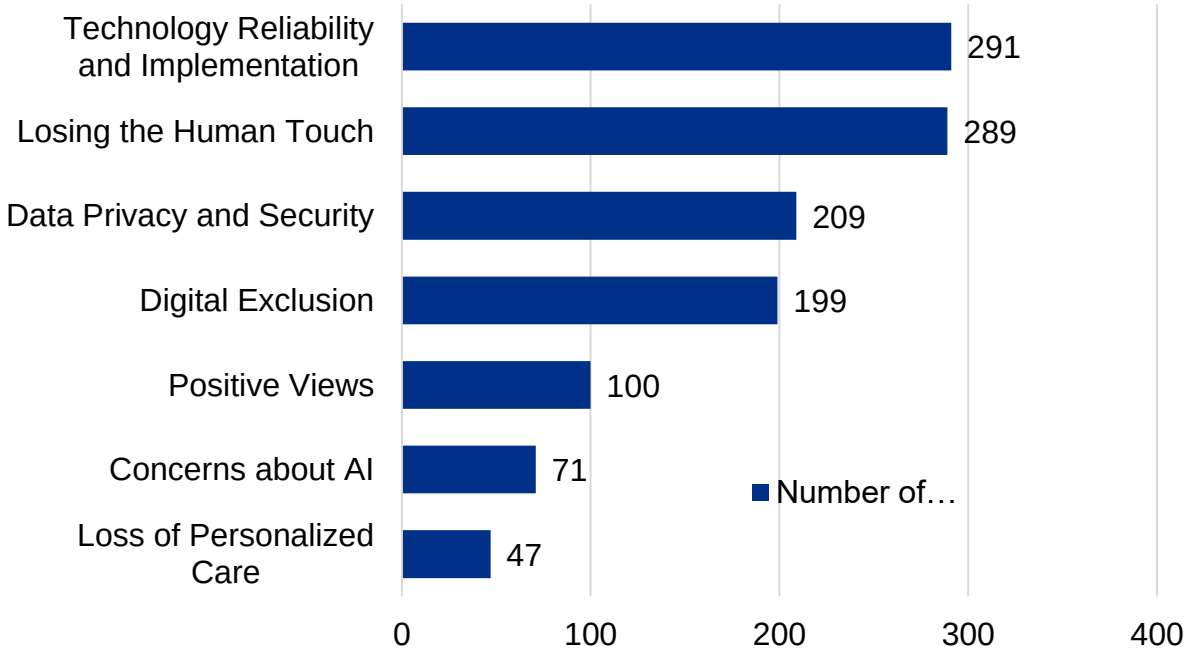
Question 6. What, if anything, concerns you about the idea of delivering more care in the community in the future? (optional)



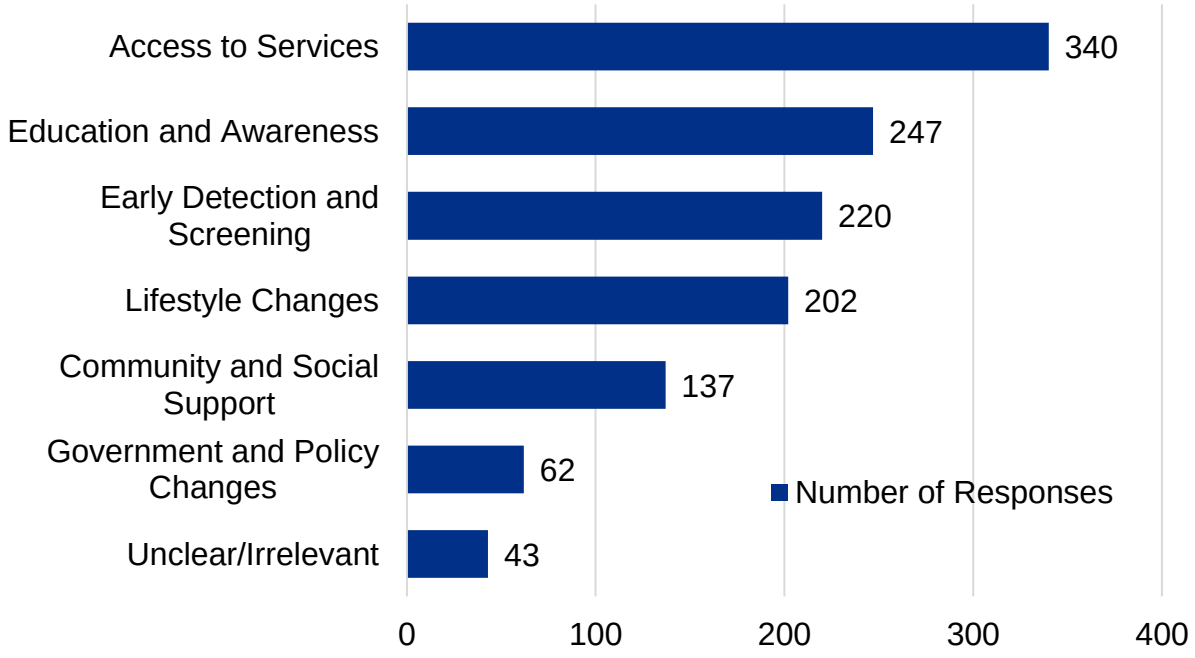
Question 7. In what ways, if any, do you think that technology could be used to improve health and care? (optional)



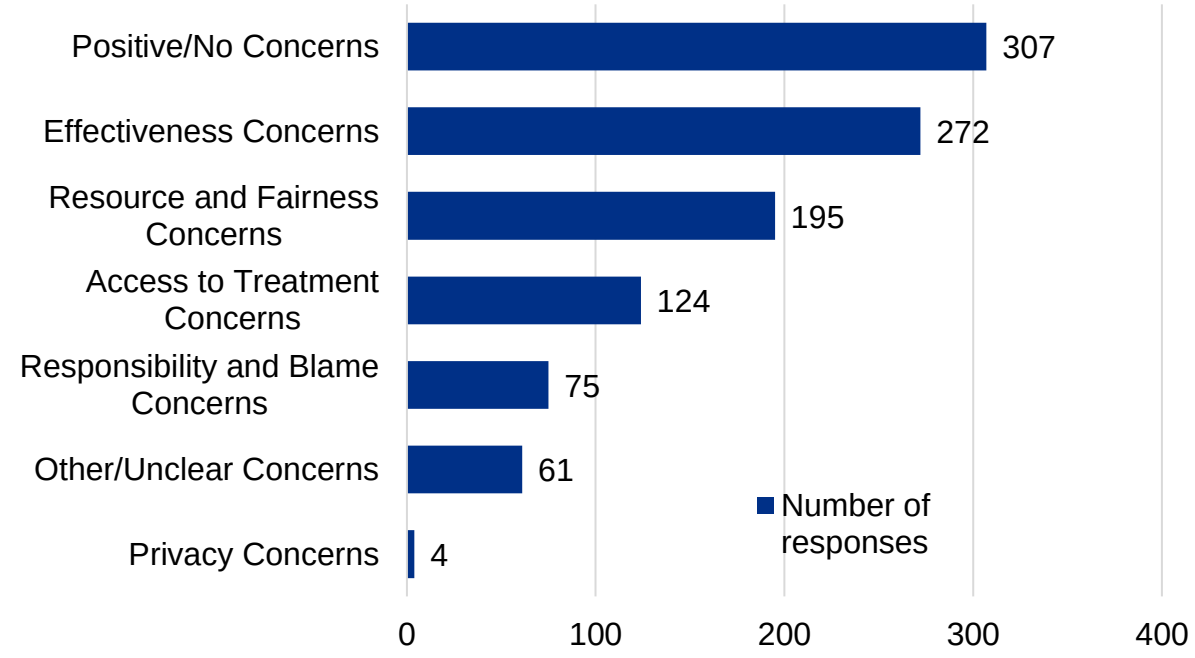
Question 8. What, if anything, concerns you about the idea of increased use of technology in the future? (optional)



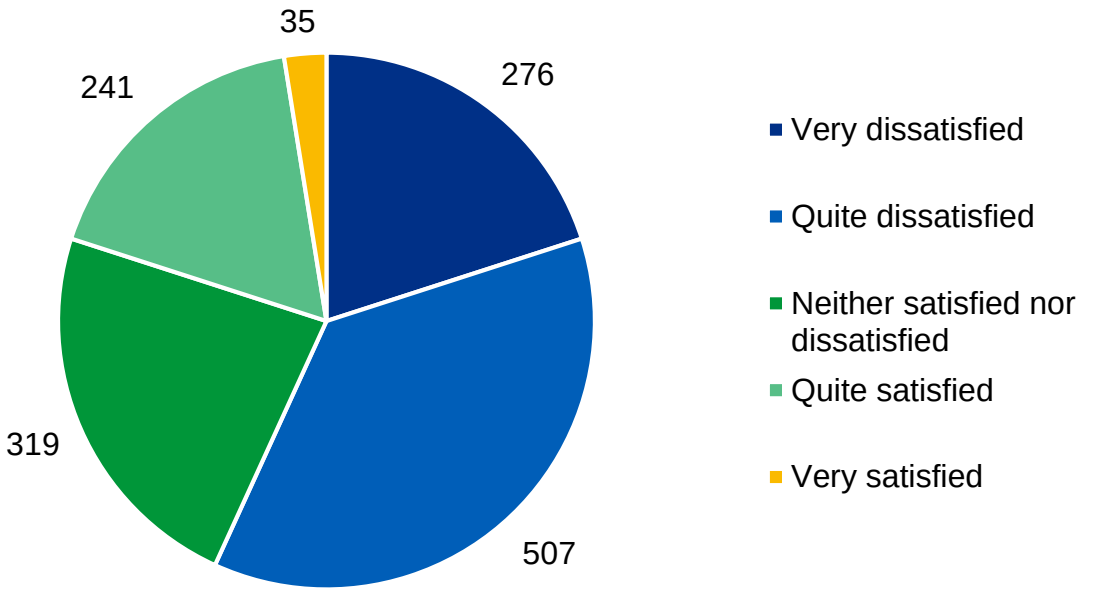
Question 9. In what ways, if any, could an increased focus on prevention help people stay healthy and independent for longer?



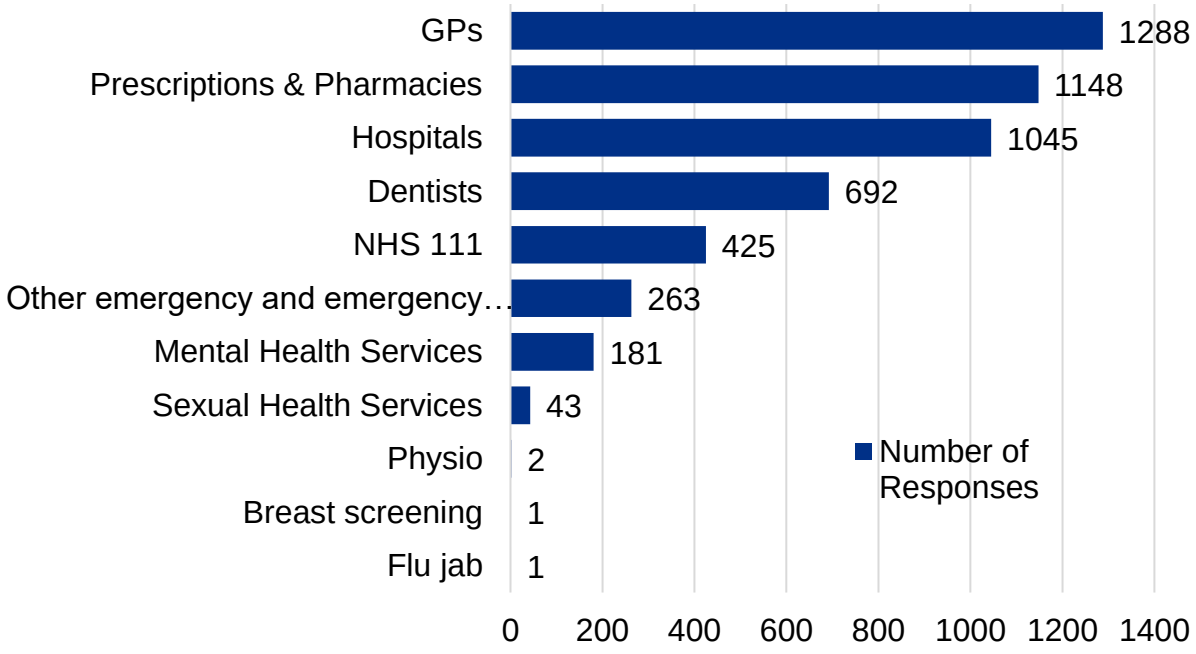
Question 10. What, if anything, concerns you about the idea of an increased focus on prevention in the future? (optional)



Question 11. How satisfied or dissatisfied would you say you are with the way in which the NHS runs nowadays?



Question 12. In the last 12 months, which of the following NHS services have you personally engaged with, if any?

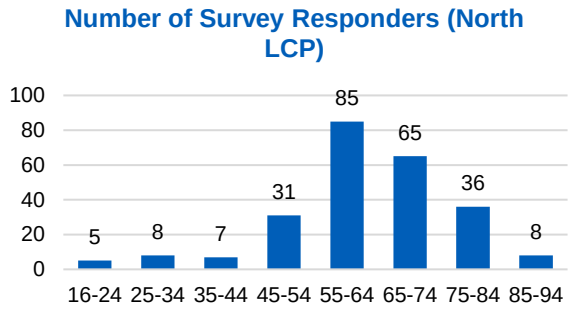


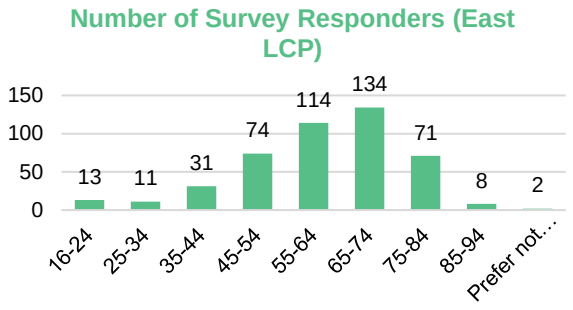
Public survey – locality responses

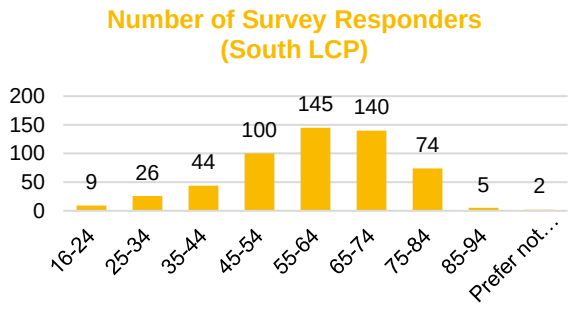
The NHS Devon locality teams were key stakeholders in the delivery of the 10 Year Plan programme and reaching all our communities across North, East, South and West Devon. These are referred to as Locality Care Partnerships (LCPs).

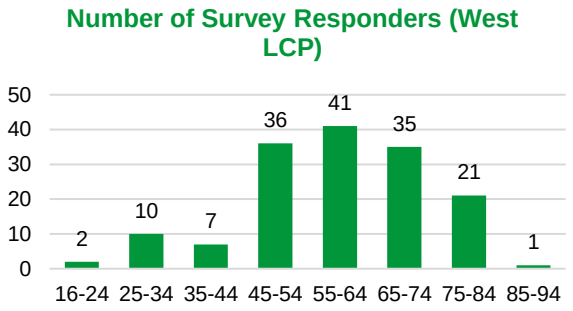
The 10-year plan findings will play an important role in informing local programmes of work. Where there were variants in responses by locality compared to the overall response, these have been highlighted in red.

Age of respondents

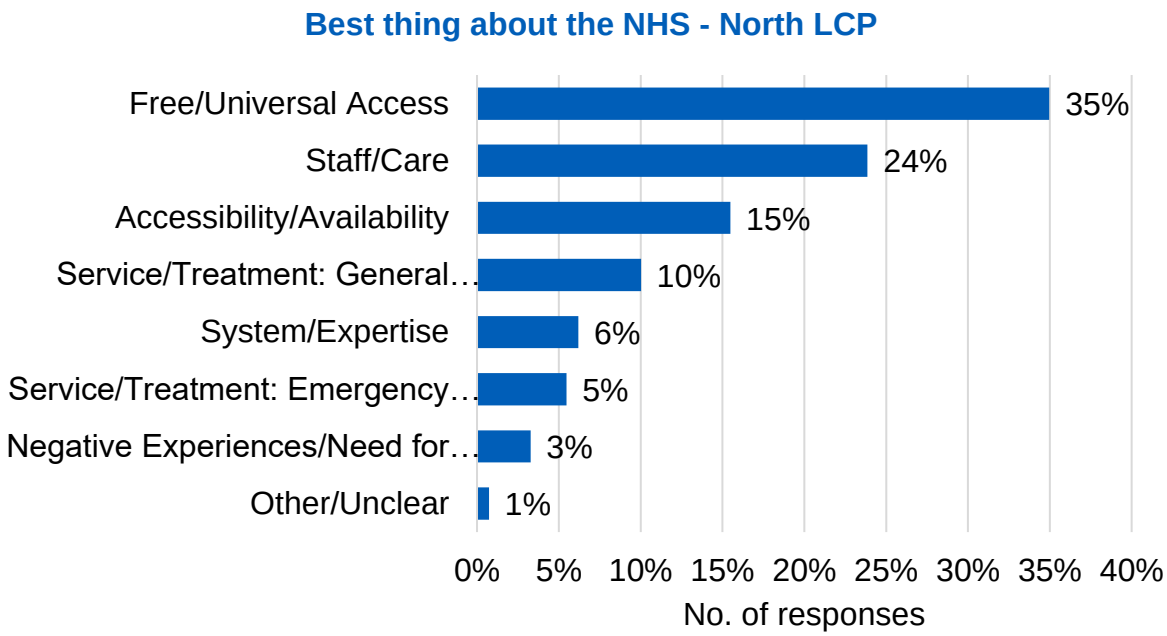


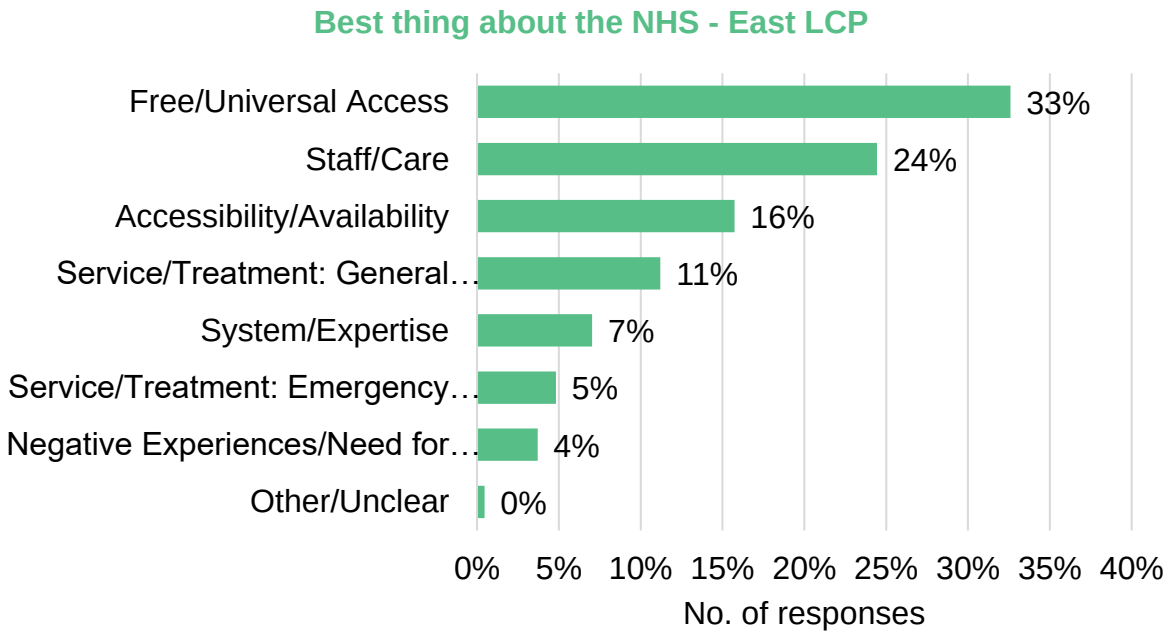




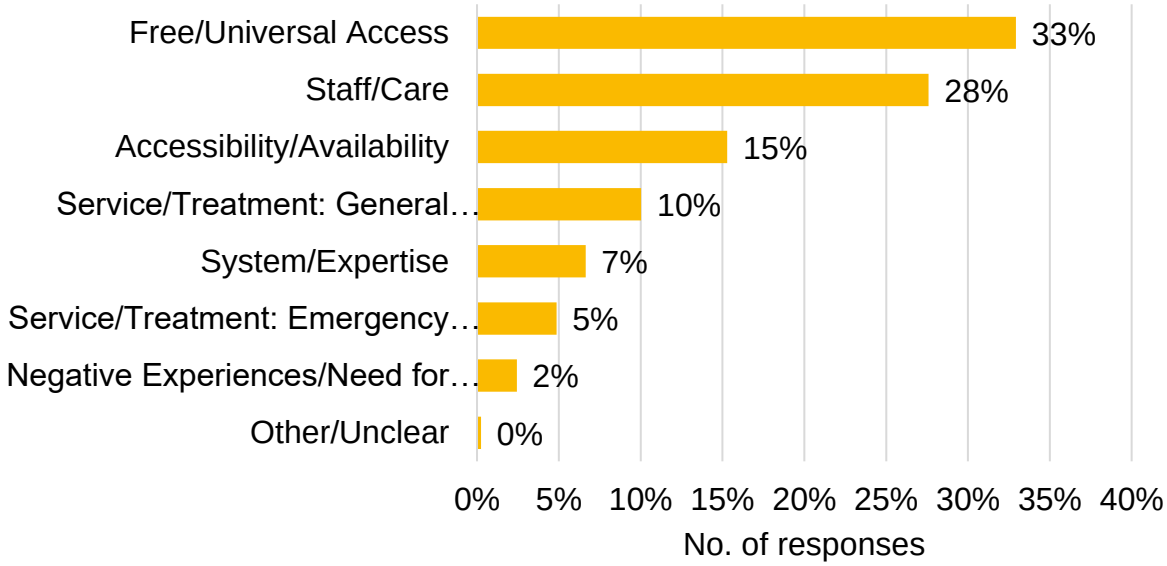


Best things about the NHS

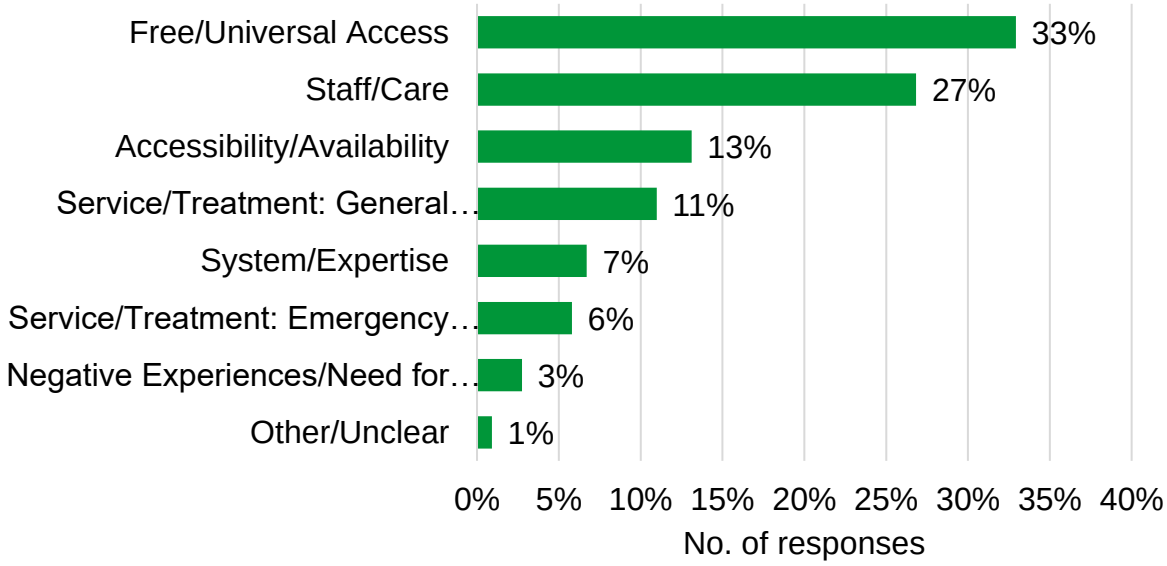




Best thing about the NHS - South LCP

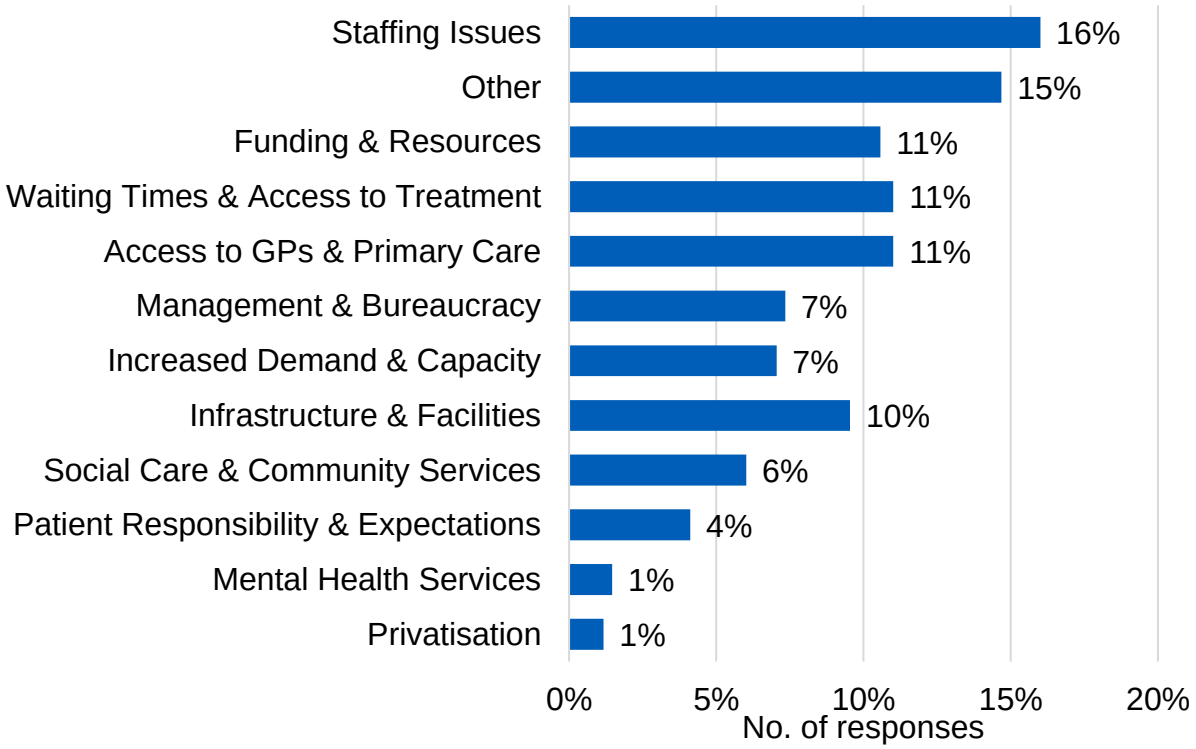


Best thing about the NHS - West LCP

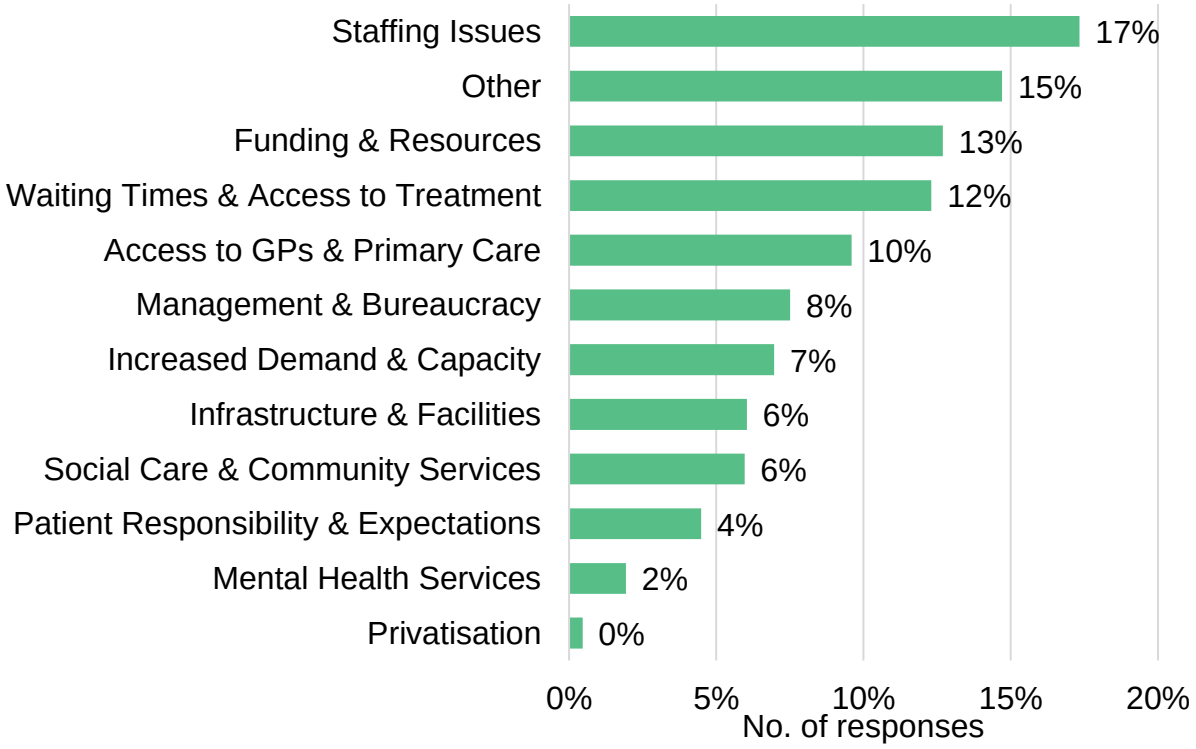


Biggest challenges facing the NHS

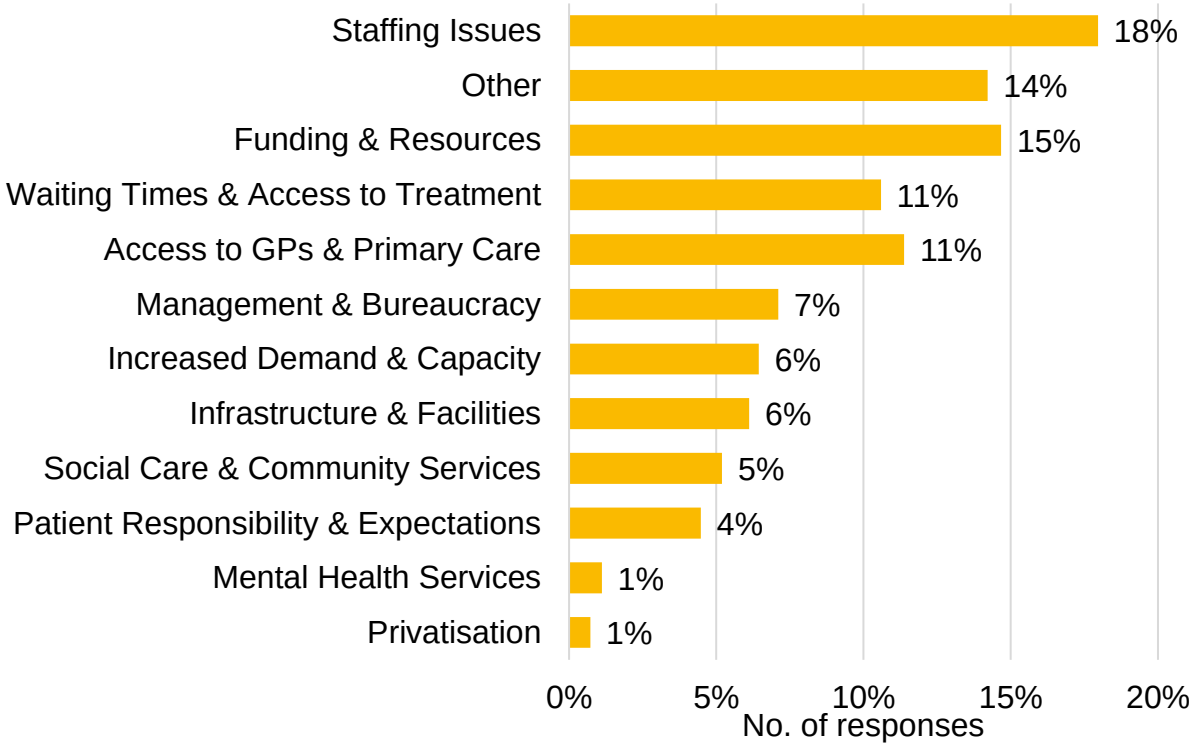
North LCP



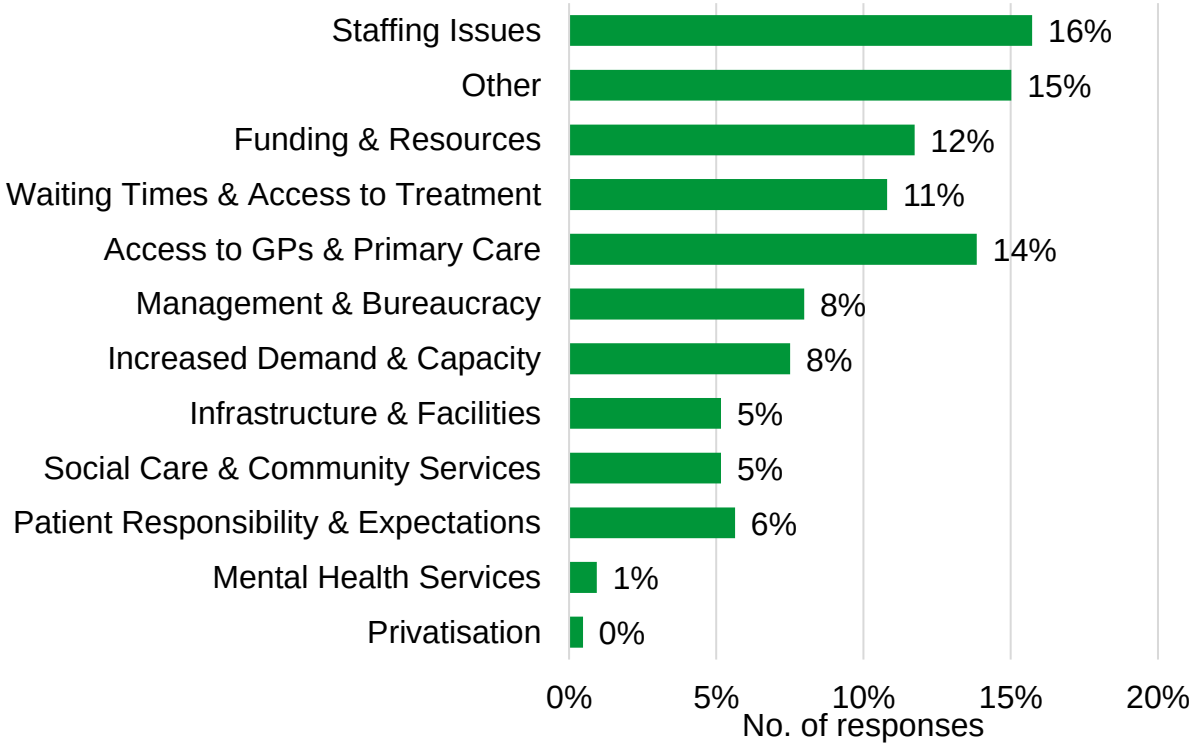
East LCP



South LCP

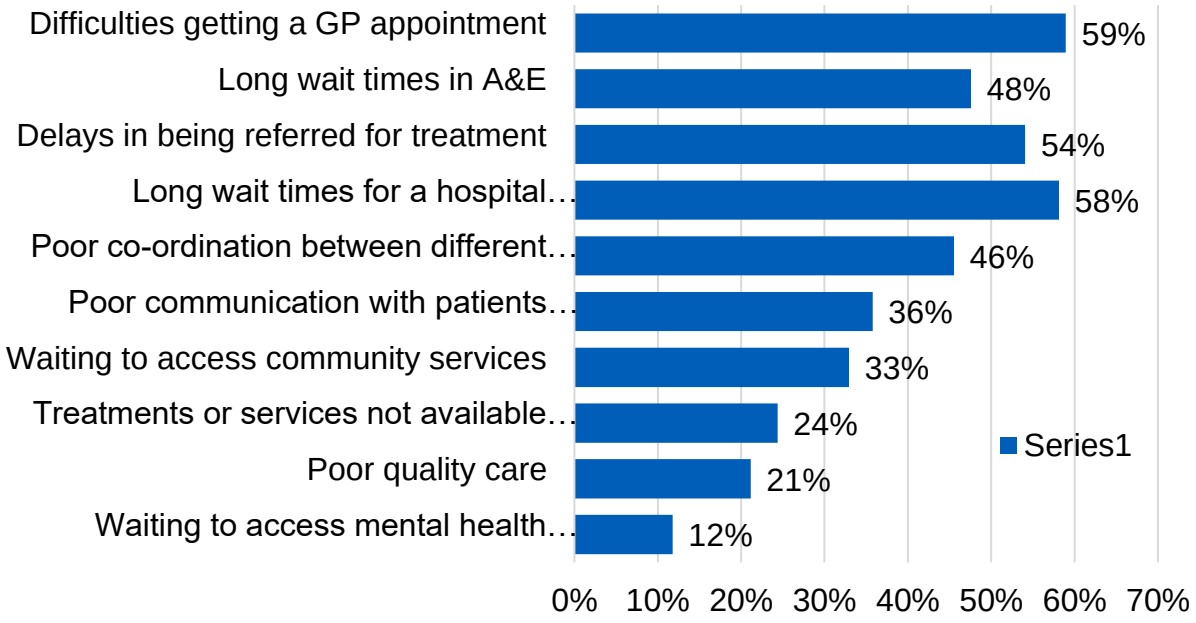


West LCP



Which of these have you personally experienced?

North LCP



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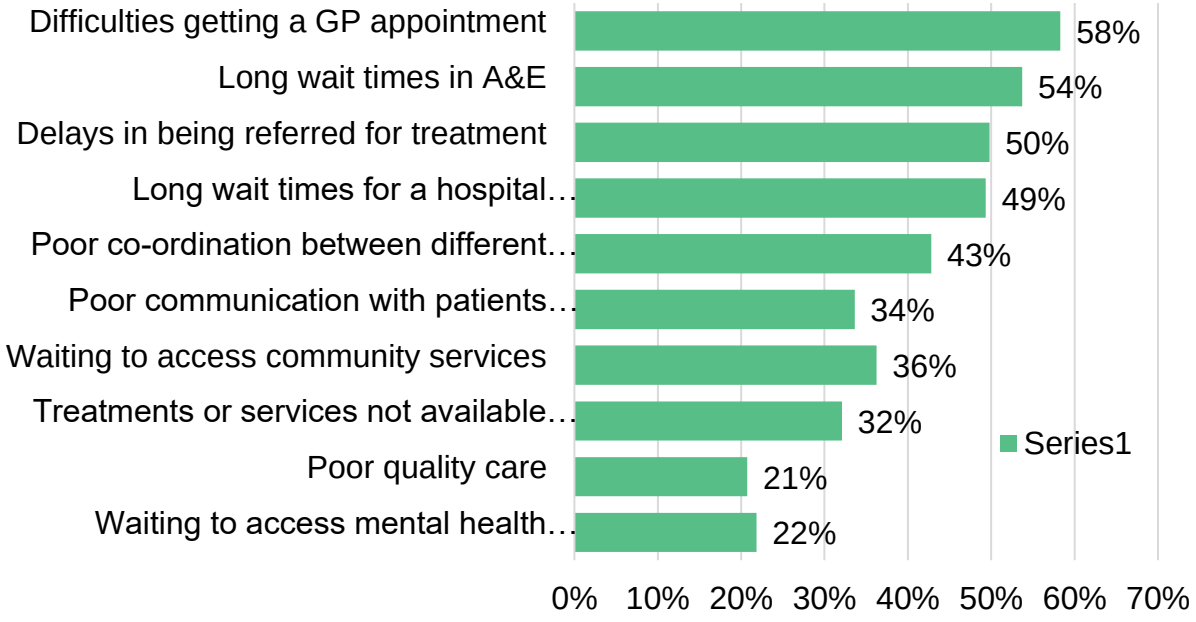

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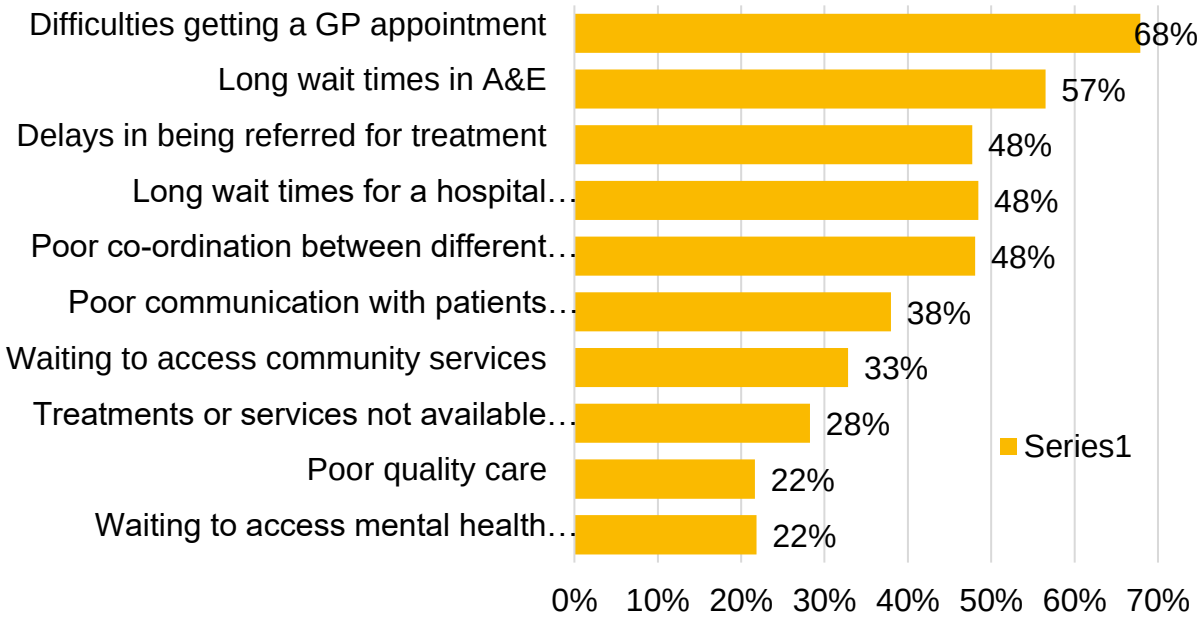

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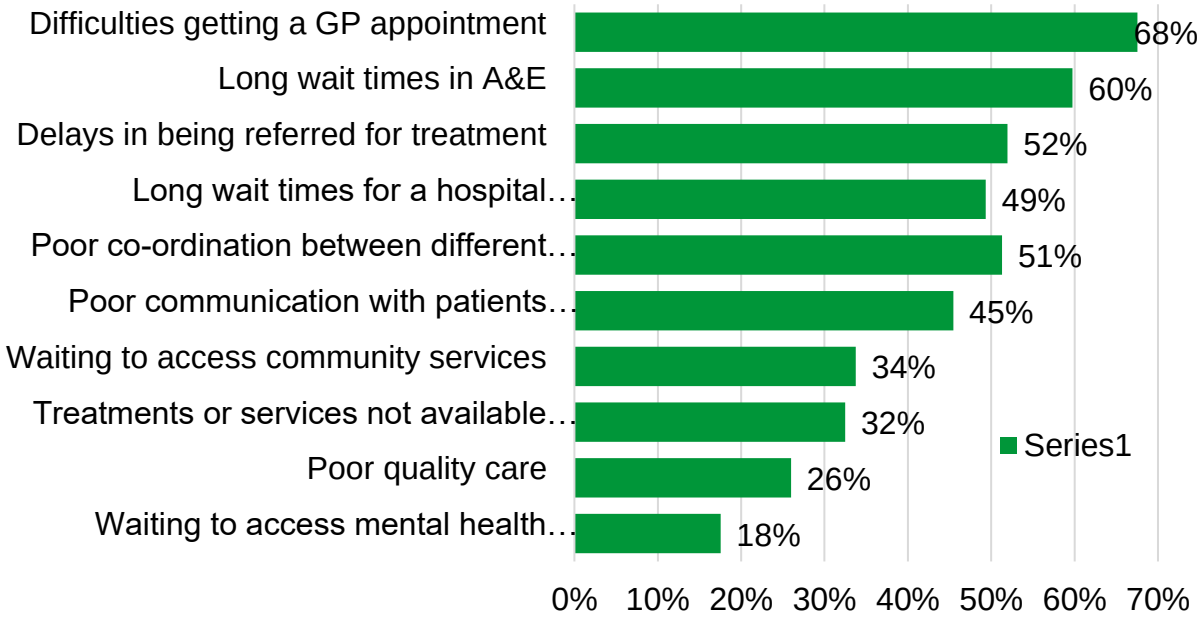
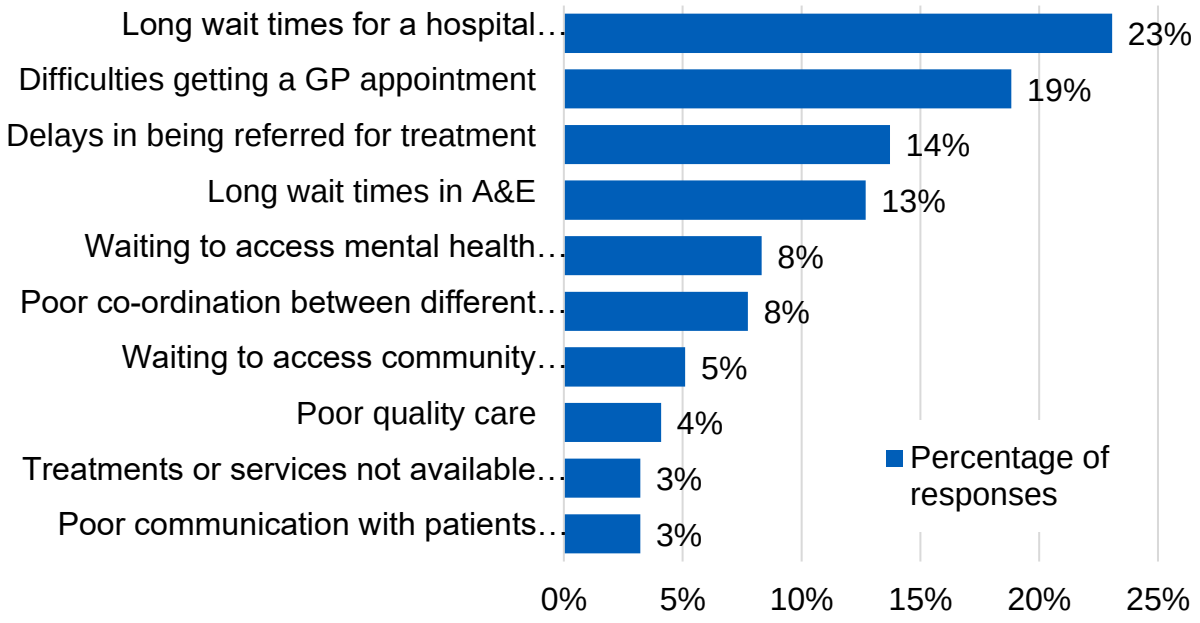


Which of these challenges do you think is most important for the 10-year health plan to address?

North LCP



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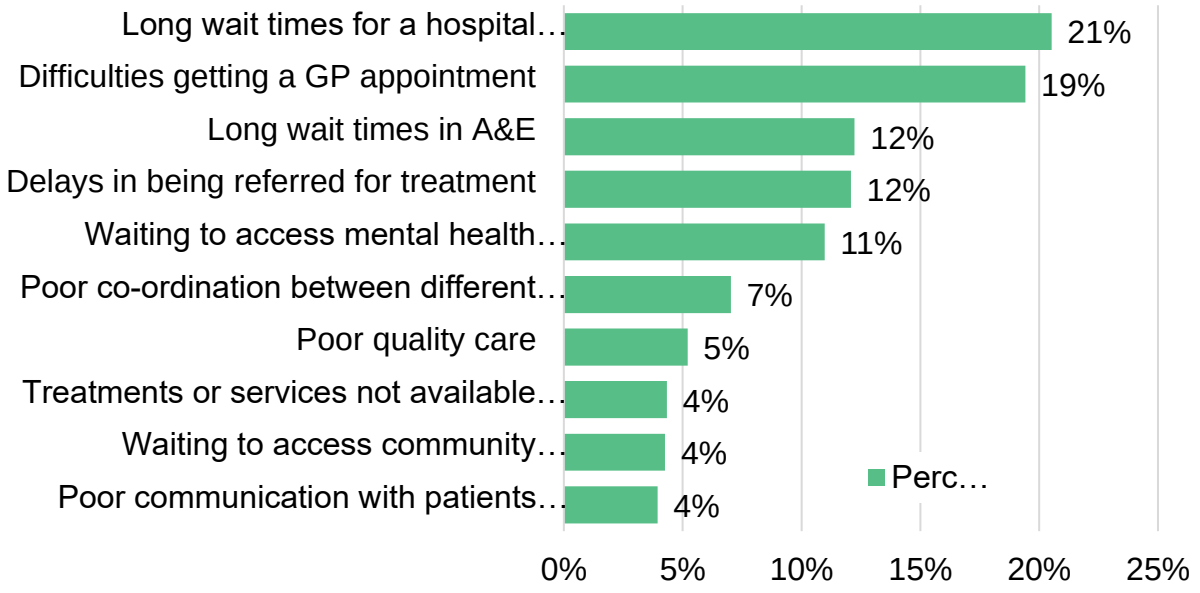
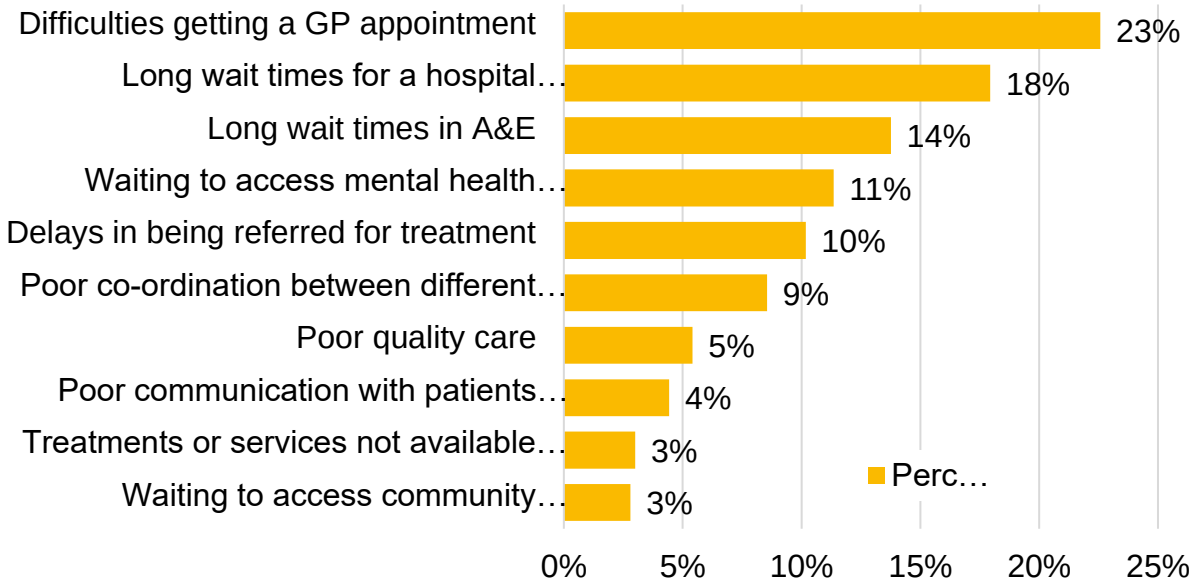


South LCP



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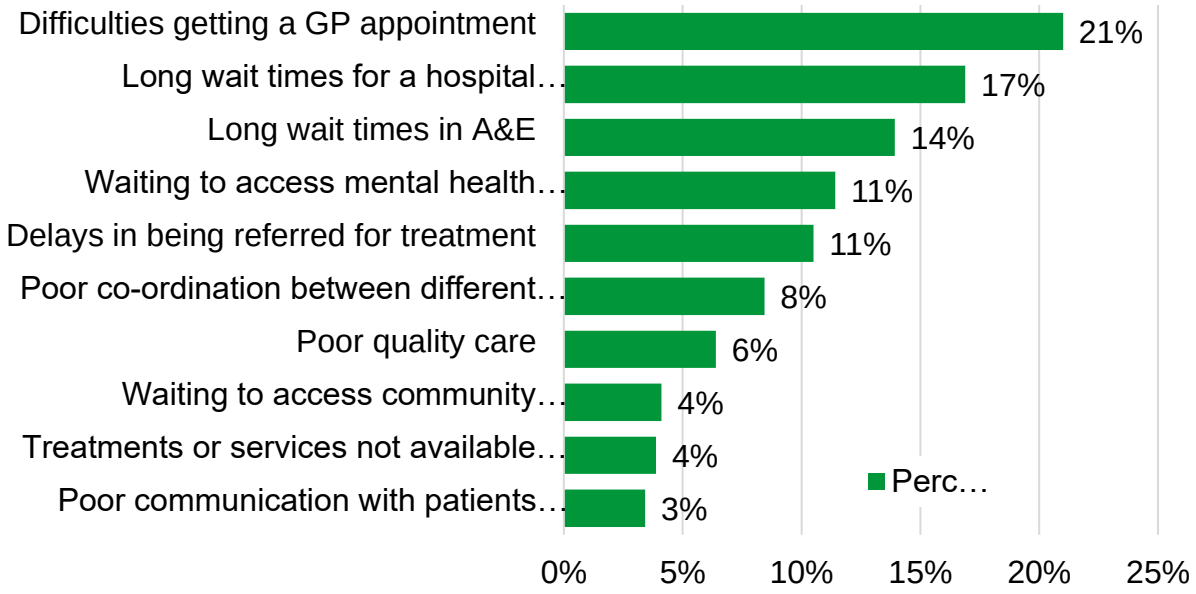
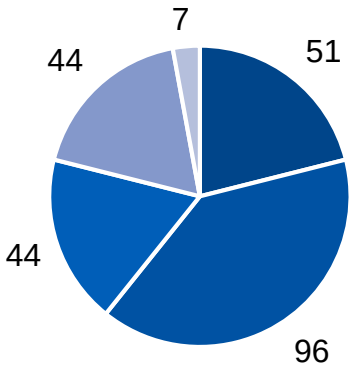


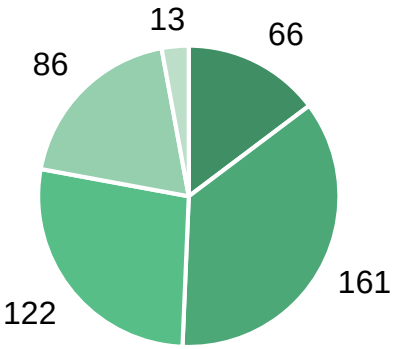
How satisfied or dissatisfied would you say you are with the way in which the NHS runs nowadays?

North LCP



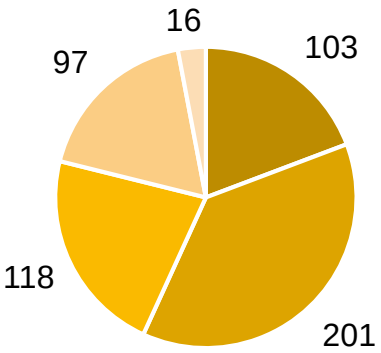
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

East LCP



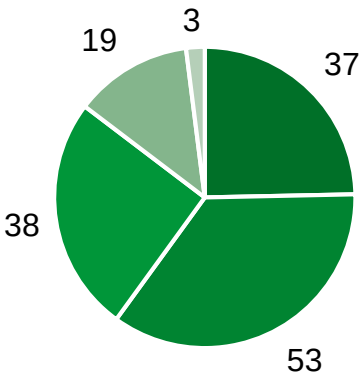
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

South LCP



- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

West LCP



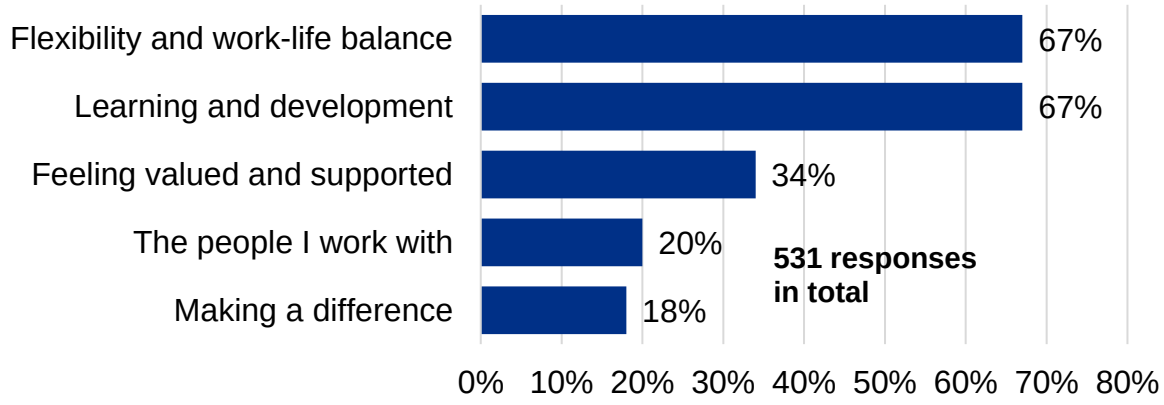
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

Workforce survey

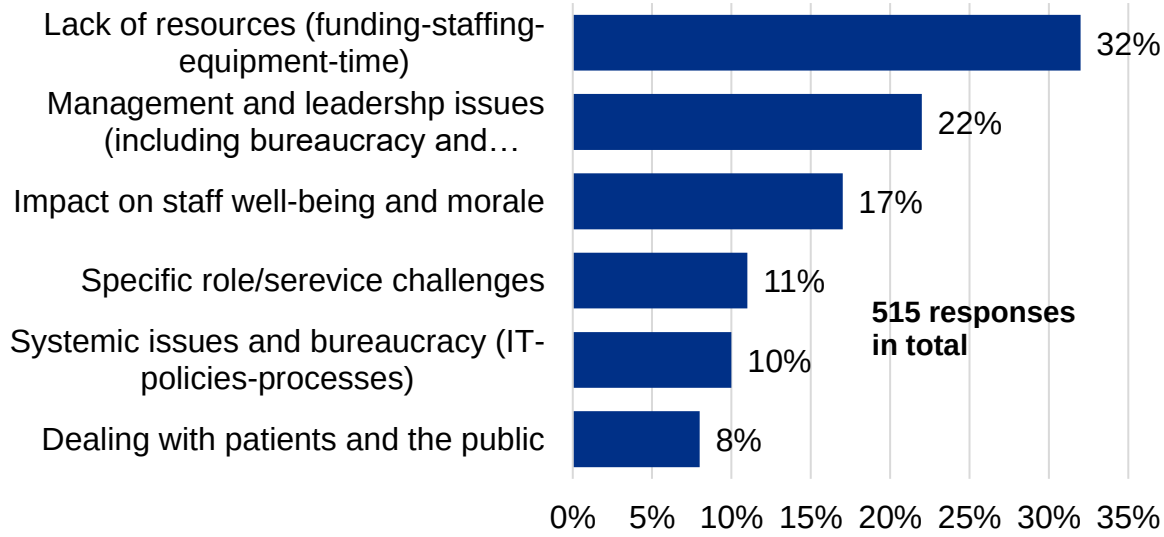
The Devon 10-year plan workforce engagement survey was hosted on the One Devon website. Similarly to the public survey, this was the only health and care workforce survey used in Devon and all key stakeholders shared this survey and signposted participants to the One Devon website.

As the findings from this survey needed to support the development of the national 10 Year Plan, the questions used replicated the national survey.

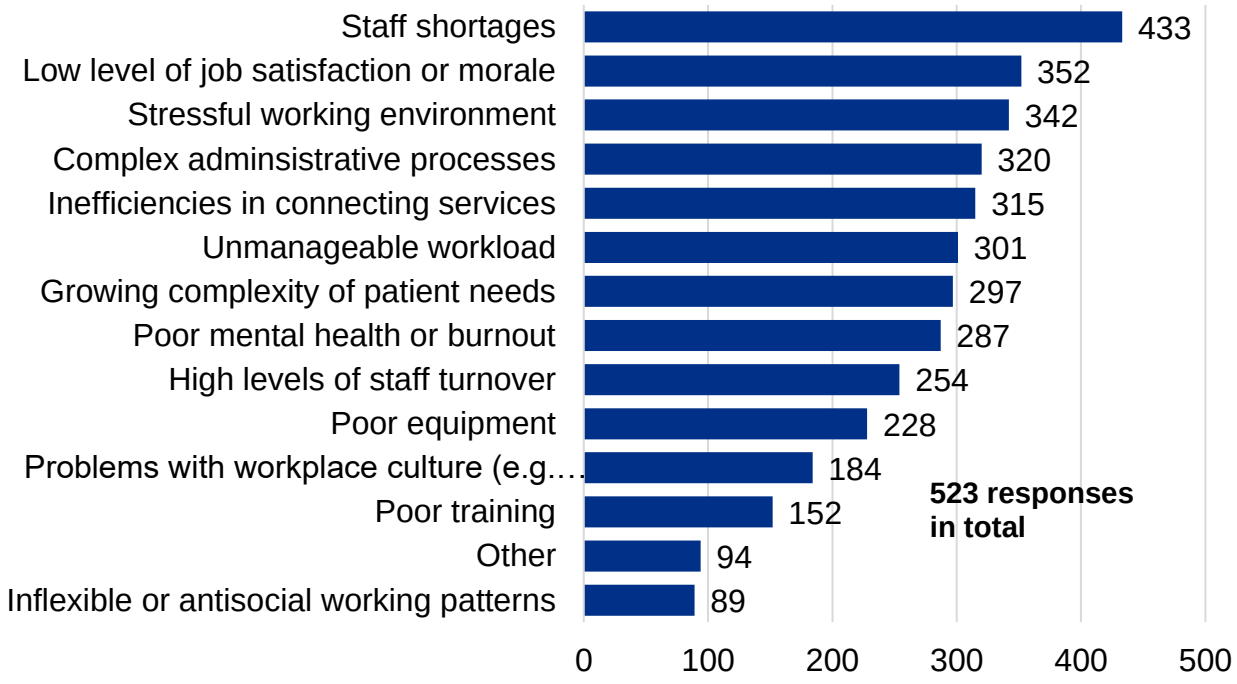
Question 1. To start with, what are the best things about your job?



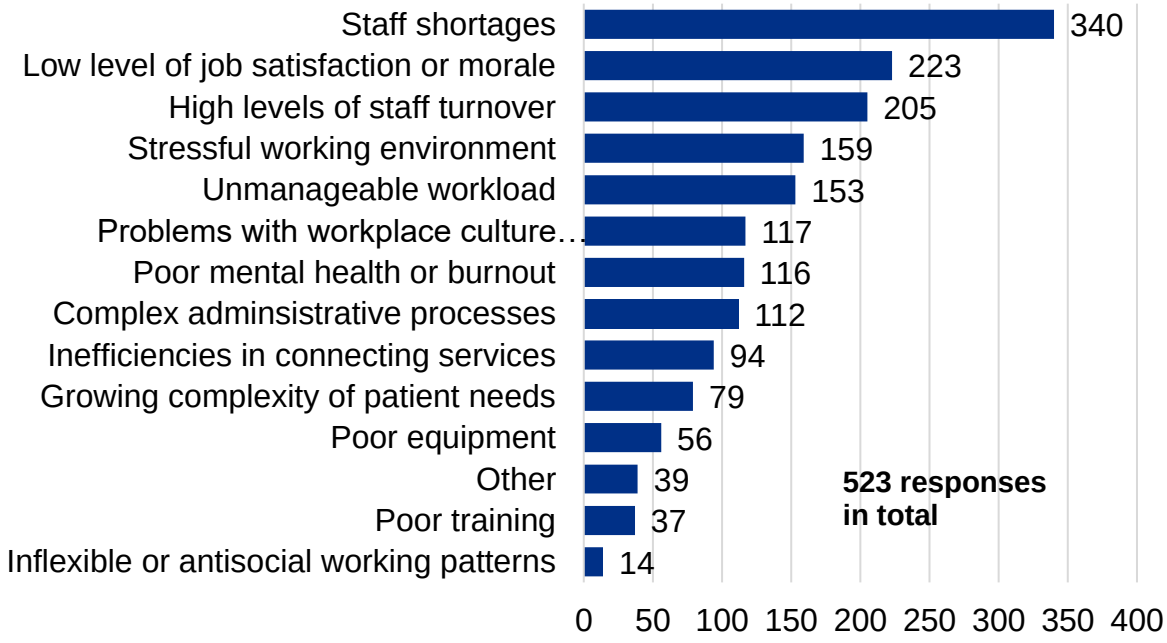
Question 2. What are the most challenging aspects of your job?



Question 3. Which of the following challenges, if any, have you experienced working in the health and care system?



Question 4. Which of these challenges do you think is the most important for the 10 Year Health Plan to address?



Workshops

In Devon we designed a bespoke workshop. The workshop questions were the same as the national engagement programme, but the content was made relevant to those participating in Devon.

The purpose of the workshop was having a designed template that could be easily transferable to any audience. In Devon, workshops were held by:

- NHS Devon
- Acute provider colleagues
- Mental health provider colleagues
- Healthwatch Devon, Plymouth and Torbay
- Voluntary, Community and Social Enterprise Sector (VCSE) organisations.

The collaborative approach resulted in over 50 workshops being completed, which is 10% of the workshops completed nationally. This included 15 workshops being held by VCSE organisations that were awarded funding as part of the ICB small grants scheme process.

SHIFT 1 - Making better use of technology

Question 1. When you think about how we could use technology in the NHS, what are your hopes and fears?

Technology Hopes	Detail
Improved communication and coordination	• Seamless sharing of patient records, test results, and information between different healthcare providers.
Enhanced accessibility and convenience	• Online appointments, repeat prescriptions via apps, and access to personal health information.
Empowering patients	• Tools for self-monitoring, managing conditions at home, and accessing health information.
More efficient processes	• Streamlined admin, reduced duplication, and faster access to services.
Better diagnostics and treatment	• AI-assisted diagnosis, robotic surgery, and advanced research tools.
Personalised care	• Tailoring care and communication based on individual needs and preferences.
Early intervention and prevention	• Using wearable technology and data to identify health risks early.
Virtual wards and remote monitoring	• Enabling people to receive care at home safely and effectively.

Technology Fears	Detail
Digital exclusion and health inequalities	• Leaving behind those without access, skills, or connectivity (elderly, rural communities, those in digital poverty).
Dehumanisation of care	• Loss of the human touch, empathy, and face-to-face interaction, especially in sensitive areas like mental health
Data breaches and security risks	• Concerns about hacking, misuse of personal information, and lack of trust in data security.
System failures and reliance on technology	• Risks of system crashes, loss of data, and lack of backup plans.
Over-reliance on AI and automation	• Fears of losing human oversight, potential for errors, and the impact on the workforce.
Increased workload and time pressures	• Technology not saving time for clinicians and potentially adding to administrative burdens.
Lack of adequate training and support	• Staff not being properly equipped to use new technologies effectively.
Erosion of patient choice	• Digital-first approaches becoming the default without considering individual preferences.
Cost and sustainability	• Concerns about the financial implications of new technologies and their long-term sustainability.

Question 1. When you think about how we could use technology in the NHS, what are your hopes and fears? Overarching themes

Overarching Technology Theme	Detail
Digital inclusion	• Concern around risk of creating a two-tiered system. • The need for support, training, and infrastructure investment is frequently mentioned.
Balancing technology with human interaction	• There's a strong desire to leverage technology for efficiency and better care, but also a significant worry about losing the human touch – especially in MH services.
Data management and security	• Concerns around data privacy, security, hacking, and the potential for misuse of patient information are prominent. • The need for robust systems and clear governance is emphasised.
System integration	• Frustration with the current lack of joined-up systems and the desire for seamless information sharing across different NHS services are strong
Efficiency vs. effectiveness	• Focus on technology that truly improves care, not just administrative tasks.
AI integration	• Opinions on AI are mixed, with hopes for its use in diagnostics, triage, and administrative tasks, but also fears about over-reliance, lack of human oversight, and potential for errors.
Patient-centred care and choice	• The importance of offering patients choices in how they access care (face-to-face, virtual, phone) and tailoring technology to individual needs and preferences is highlighted.
Staff Training and Support	• Recognising that the successful adoption of technology relies on well-trained and supported staff is a recurring point.

Question 2. What technologies do you think the NHS should prioritise?

Technology Priorities	Detail
Integrated and accessible electronic patient records (EPRs)	• This was overwhelmingly the most frequently mentioned priority and facilitates as would lead to improved communication and coordination; better patient care and improved patient access to records.
Improved digital infrastructure and connectivity	• Addressing the fundamental need for reliable internet access, especially in rural and coastal communities, was highlighted. • Better connectivity is seen as a prerequisite for implementing and benefiting from other digital health technologies.
Reducing Health Inequalities	• The desire for simplified systems and a single point of access for patients was a recurring theme.
Strategic and ethical implementation of Artificial Intelligence (AI)	• Enhanced diagnostics: AI could assist in analysing scans and predicting patient needs. • Administrative Efficiency: AI could help with tasks like automatic form completion, note-taking, and scheduling. • Improved workflow: Optimizing hospital workflows and triage systems. • Personalised Care: AI has potential to contribute to more tailored interventions.
Assistive technology and remote monitoring	• Technologies to support independent living and early intervention at home were seen as valuable to avoid admission to hospital. This could be achieved through: Enabling self-management and maintaining independence and early detection of issues (e.g. falls).
Focus on user needs and implementation	• Avoiding poorly rolled-out systems through robust testing and driven by patient and staff needs, not just technological possibilities.

Question 3. What technologies are you worried about?

Technology Concerns	Detail
Exacerbating health inequalities and digital exclusion	• This was a dominant concern. Participants worried that a rapid shift towards technology-dependent services could disadvantage those without access to reliable internet, suitable devices, or the necessary digital literacy skills.
Loss of human connection and the therapeutic relationship	• Many respondents expressed concern that an over-reliance on technology could erode the human touch, empathy, and face-to-face interaction crucial for building trust and understanding patient needs, especially in mental health.
Risks associated with artificial intelligence (AI)	• AI generated significant anxiety across several areas: Diagnostic errors, lack of human oversight, data privacy and security.
Data security and cyberattacks	• Significant concerns about data breaches, hacking, and the potential for sensitive patient information to be compromised or misused.
System failures and lack of robust infrastructure	• Worries about the reliability of technology.
Poor implementation and lack of person-centred design	• Frustration with poorly rolled-out systems that don't meet user needs, are difficult to use, or don't integrate well was evident.
Depersonalisation of healthcare	• A fear that technology could lead to a more impersonal and less holistic approach to patient care.
Over-reliance on technology and loss of essential skills	• Concerns that an excessive focus on digital solutions might lead to a decline in essential human interaction skills.
Cost and sustainability of technology	• Worries about the financial implications of procuring and maintaining technology.

SHIFT 2 - Moving more care from hospitals to communities

Question 4. Moving more care from hospitals to communities – What difference (good or bad) would this make to you?

Potential Positive Differences	Detail
Improved accessibility and convenience	• Services closer to where they live would be more convenient, especially for those with mobility issues, reducing need for hospital visits. • Community Diagnostic Centres were seen positively for accessing diagnostics locally. • Receiving care at home was perceived as leading to quicker recovery and preserving patient dignity. • Easier access to appointments closer to home would encourage greater ownership/responsibility for managing your own health needs.
Better quality of care	• A stronger community care system could alleviate pressure on social care. • Patients could feel empowered by taking ownership of their own health and care needs. • Expanding community care could lead to better support in educational/prevention settings. • Virtual wards reduce the need for patients to be hospitalised and they can receive the required care at home where they are more likely to make a quicker recovery. • The were would be a perceived improvement in End-of-Life care by focusing on community care as opposed to acute.
More integrated and holistic care	• Hope for better collaboration across the NHS, local authorities, and the voluntary sector. • A more equitable distribution of resources between community, social care, and acute services. • Better information sharing between different parts of the system. • Stronger community care could lead to more proactive management and hospital admission avoidance.

Question 4. Moving more care from hospitals to communities – What difference (good or bad) would this make to you?

Negative differences and concerns	Detail
Capacity and Infrastructure Issues in the Community	• Lack of resources (district nurses, social care, domiciliary care). • Insufficient funding and investment (buildings, equipment). • Poor state of existing community sites • Recruitment and retention of staff • Concerns about low pay and poor working conditions.
Accessibility issues, especially in rural areas	• Public transport limitations • Geographical challenges • Digital exclusion
Fragmentation and lack of coordination	• Concerns about how rehabilitation and convalescence will be managed. • Worries about poor communication and coordination between different services. • Patients could experience disjointed care without clear pathways and responsibilities
Potential for reduced quality of care	• Concerns that less specialist care in the community might lead to important issues being overlooked. • Inadequate remote consultations • Potential for over-reliance on family and carers • Fear that the shift might be driven by cost-saving measures
Specific service gaps	The main gaps in service were • Dentistry • mental health • palliative care • renal/kidney care
Financial and systemic barriers	• The need for consistent funding across primary, secondary, and social care was emphasized. • Annual financial settlements make long-term strategic planning difficult.
Impact on GP services	• Concerns that GPs are already overloaded • Reduced continuity of care • The lack of GP services on weekends was highlighted as a driver for ED visits.
Unintended consequences	• Concern that provision might not meet the specific needs of all communities. • Community-based staff might face more travel, impacting their time and well-being.

Question 5. Thinking about virtual wards, what sounds good and what concerns do you have?

Positive Differences	Detail
Patient comfort and well-being	• Being at Home - Reduced Anxiety and Stress and improved sleep • Familiar surroundings and social connections can positively impact mental health
Reduced risk of hospital-acquired infections	• Staying at home minimizes exposure to hospital-borne illnesses.
maintaining independence and confidence	• Remaining in their own environment can help patients retain a sense of independence.
Potential for earlier discharge and better Flow	• Virtual wards could facilitate a phased discharge, freeing up hospital beds for those with more acute needs and improving patient flow.
Convenience and reduced travel	• For both patients, carers and staff - reduced travel can save time and costs.
Daily monitoring and reassurance	• Regular check-ins and monitoring can provide reassurance to patients and their families.
Empowerment and self-management (for some)	• For patients comfortable with technology, virtual wards could offer a sense of control over their recovery.
Integration with community teams	• The potential for better collaboration between hospital and community teams for seamless care.
Opportunity for innovation	• The concept opens doors for new models of care delivery.

Question 5. Thinking about virtual wards, what sounds good and what concerns do you have?

Concerns	Detail
Digital divide & access	• Ensuring equitable access to technology, digital literacy, and affordable connectivity for all patients.
Social & emotional well-being	• Addressing potential social isolation, maintaining human connection, and considering the emotional impact of transitioning care to home.
Carer burden & community support	• Preventing undue strain on family and community networks providing care at-home and monitoring.
Safety & remote monitoring	• Guaranteeing the adequacy and reliability of remote monitoring, timely responses to deterioration, and overall patient safety.
Patient suitability & condition complexity	• Defining appropriate patient criteria and ensuring virtual wards can safely manage varying levels of illness.
Reduced hands-on care & missed cues	• Addressing concerns about the absence of direct physical assessment and potential for overlooking subtle changes in condition.
Workforce capacity & integration	• Ensuring community teams have sufficient resources and seamless communication with other healthcare providers.
Data security & privacy	• Protecting sensitive patient information accessed and transmitted remotely.
Equipment, logistics & home environment	• Managing the provision, usability, and maintenance of necessary equipment, and ensuring a safe home care setting.
Funding, perception & equity	• Securing adequate investment, fostering positive perceptions of virtual wards, and ensuring consistent service levels across different locations.

Question 6. Thinking about community diagnostic centres, what sounds good and what concerns do you have?

Potential benefits	Detail
Patient convenience and choice	• Patients appreciate having the option to receive care in the community, such as blood tests at GP surgeries, and that telephone appointments are often more convenient.
Potential for early prevention	• Community diagnostic centres would help with early prevention.
Improved access and efficiency	• Often easier access and parking for staff and patients, freeing up space at main sites for inpatients. • Potential for improved carbon footprint if in appropriate locations with transport links. • Could link with non-urgent community outpatient clinics.
Enhanced equity and timeliness	• More equitable regarding travel for some patients • Increasing capacity; may lead to quicker decisions and earlier care • better patient experience; can provide care at different times if closer to travel.
Driving earlier diagnosis	• Access to more investigations via community diagnostic centres can drive earlier diagnosis.
Streamlined processes and integrated care	• Access to diagnostics streamlines the process; can access different services in different locations to support treatment speed; making the environment better by adding a CDC may help with regeneration.
Accessibility for remote patients and cost-effectiveness	• Better and easier access for those who live far away from clinics and hospitals • Good if each centre offers a range of different tests; Seen as a good use of money in the long run.
Overall benefits for patients and the NHS	• Extremely helpful and an excellent way to reach a greater number of patients and make it easier to access high quality services. • Can improve diagnostic capability, efficiency and productivity • Less opportunity for health inequalities.

Concerns	Detail
Staffing and private sector involvement	• Concerns around private organisations running CDCs and availability of suitably qualified staff.
System integration and service delivery	• All the systems must join up for effective multi-agency working. • Referrals into community services might take too long and locations of some centres may be poor • Hope that centres will be NHS run and staffed • Concerns over cost of new buildings versus using existing centres.
Communication and potential bottlenecks	• Would need excellent communication systems between clinical and diagnostic staff. • Speeding up diagnostics might create blockage in outpatient clinics and potential increased risks to misdiagnosis and issues with external reporting.
Potential for increased demand and accessibility planning	• Potential for increased demand and cost ('build and they will come') • Planning needed for patient access; Idea of mobile CDCs raised.
Impact on hospital specialities and workforce	• Must protect specialities at the hospital; Need to ensure proper staffing and support for MDTs.
Safeguarding considerations	• Potential safeguarding concerns regarding the segregation of children, young people and adults.
Equity of access across regions	• Deprived areas might not be prioritised.
Investment and operational practicalities	• Need for large investments to work effectively; Concerns about property availability and accessibility (e.g., 24/7 operation).

Question 7. Thinking about ambulance triage, what sounds good and what concerns do you have?

Positive differences	Detail
Keeping people out of ED (appropriate diversion)	• Potential to direct patients to more appropriate services in the community, avoiding unnecessary hospital admissions and relieving pressure on Emergency Departments.
Utilising allied health professionals	• Involving triage nurses and paramedics, and potentially other allied health professionals, in the triage process is seen as a good way to utilise their skills effectively.
Support for mental health crisis	• Potential to provide more appropriate support for individuals experiencing a mental health crisis, diverting them from potentially unsuitable ED environments
Increased access to skills and advice	• Ambulance triage could provide patients with quicker access to medical advice and guidance from trained professionals.
Increased liaison and joint working	• The process could foster better communication and collaboration between ambulance services and community-based teams.
Good in principle	• Many participants acknowledge the potential benefits of a system that ensures the right level of response for the patient's needs.
Speeding up ambulance availability (potential)	• If effective in diverting patients, it could lead to ambulances being available more quickly for genuine emergencies.
Learning from existing models	• The recognition that some elements of ambulance triage are already in place and working well (e.g., falls teams) provides a foundation to build upon.

Concerns	Detail
Staffing and resource issues	• Staff retention, availability of experienced staff, increased workload for paramedics.
Potential for errors and missed critical conditions	• Mental health crisis misidentification • Physical health conditions missed • Reliance on less experienced staff
Impact on ambulance availability (counter-intuitive)	• Some worry that the triage process itself could tie up ambulance crews for longer, potentially taking more ambulances off the road.
The role of 111	• Some participants question whether ambulance triage would duplicate the role of NHS 111 or if the focus should be on improving the existing 111 service instead.
Patient experience and trust	• Impersonal assessment • Lack of continuity • Older people not taken seriously • Being left at home or sent home too soon
System integration and follow-up	• Emphasis on the need for ambulance triage to be part of a fully integrated system with robust follow-up support and community nursing services.
Focus of funding	• Some participants would prefer to see increased investment in other areas, such as nurses and frontline staff
Potential for “blocking" ambulance staff	• The current issue of ambulance crews being stuck outside hospitals waiting to offload patients’ needs to be addressed alongside any new triage system.
The “gut feeling" of paramedics	• Some believe that experienced ambulance staff often have an intuitive sense of when hospital admission is necessary, regardless of triage protocols.

SHIFT 3 - Preventing sickness, not just treating it

Question 8. Preventing sickness, not just treating it. What difference (good or bad) would this make to you?

Potential Benefits	Detail
Focus on proactive health	• Attendees supported the NHS becoming more of a 'health' service than an 'illness treating' service.
Emphasis on prevention strategies	• Participants emphasized the importance of prevention strategies, such as education and addressing lifestyle factors.
Importance of early education	• Participants agreed on the importance of prevention and education in improving public health, including healthy eating and mental health.
Value of screening services	• The importance was highlighted of screening services, such as breast screening and early detection of preventable diseases.
Potential for annual health checks	• More structured support, such as routine health check-ups, particularly for older people, could help prevent serious health issues.
Minimise demand for treatment	• Preventing problems, especially in children, would minimise demand for treatment and have wider benefits longer term.
Longer and healthier lives	• Longer lives in good health, healthier people, and improved wellbeing were seen as key benefits.
Cost savings for the NHS	• Preventing sickness could ultimately cost the NHS less.

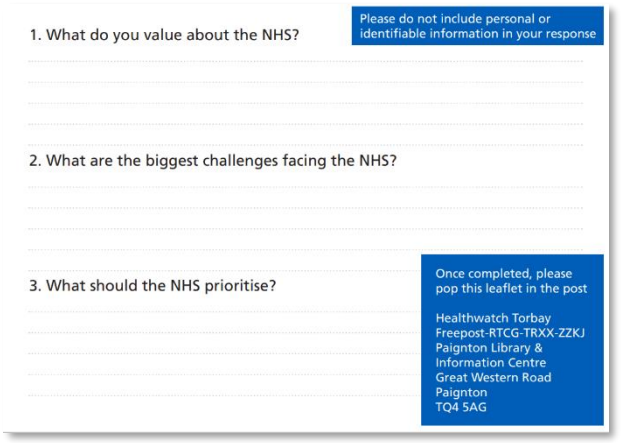
Concerns	Detail
Challenges in quantifying success	• Difficulty in quantifying the success of prevention makes it challenging to make the case for investment.
Potential for digital exclusion	• Deprived areas and people with ‘internet poverty’ may face difficulties in accessing technology-based prevention initiatives.
Focus on urgent care over prevention	• Systems under pressure tend to cut prevention programmes in favour of urgent care.
Increased focus on end-of-life care	• Longer living and a bigger population with age-related conditions may increase the focus on managing frailty and end-of-life care.
Not all illness is preventable	• Not all illness can be prevented, potentially leading to increased anxiety about untreatable conditions.
Risk of insufficient acute care funding	• If resources shift significantly towards prevention, there may not be enough money to provide more acute care.
Potential for vaccination overload	• Concerns about the potential for vaccination overload were raised.
Difficulty in changing ingrained behaviours	• Some things, like the long-term effects of past smoking, may be too late to change for older individuals.

Engagement postcards

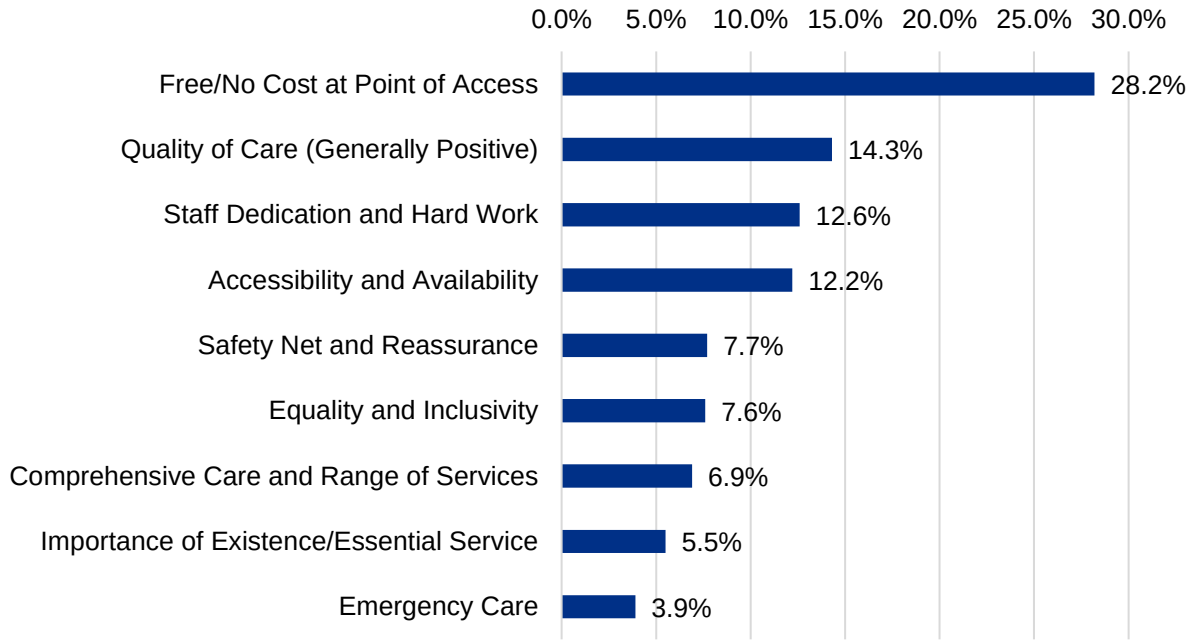
The postcards were used as an engagement tool for the workshops and events to capture the views of the people that visited the stand if they didn't want to complete the survey.

This postcard was also used to engage with young people (16-25) to understand if their views differ from the overall response from the people and communities in Devon.

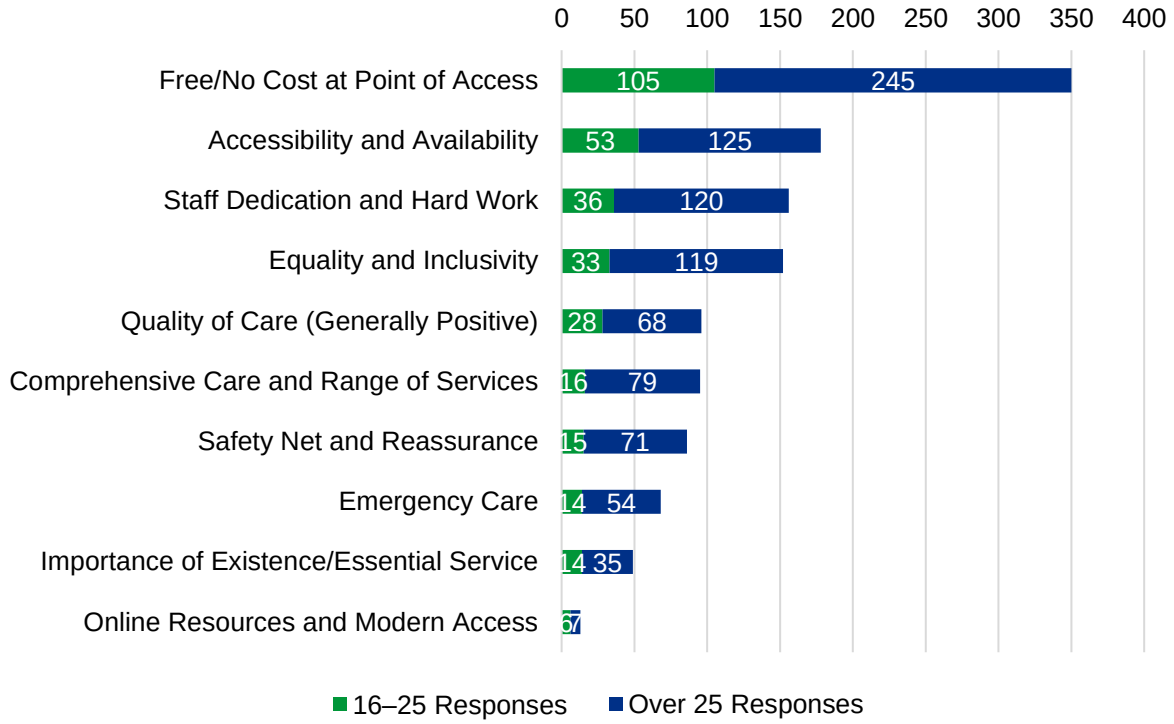
More than 700 postcards were completed.

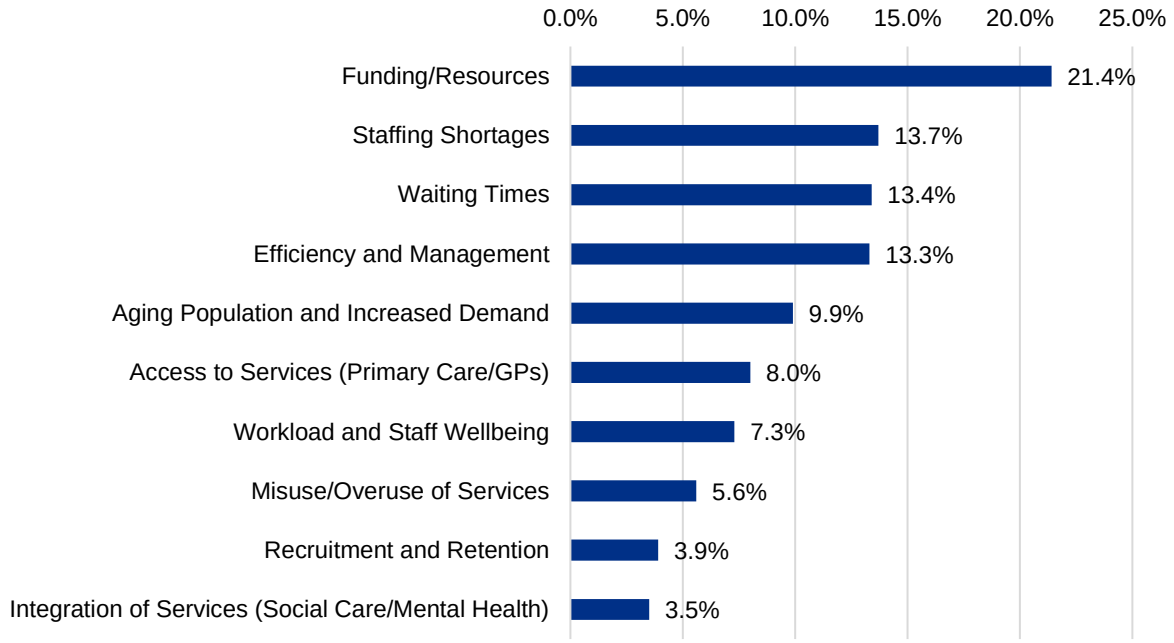


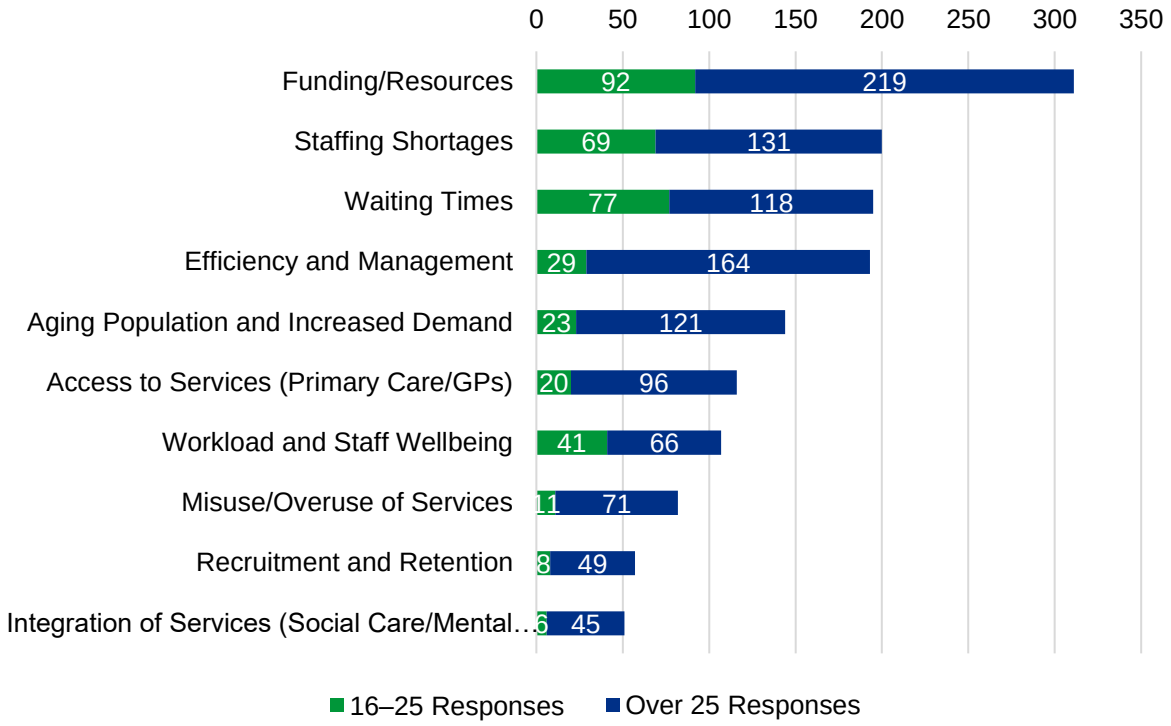
Question 1. What do you value about the NHS?



Question 2. What are the biggest challenges facing the NHS?



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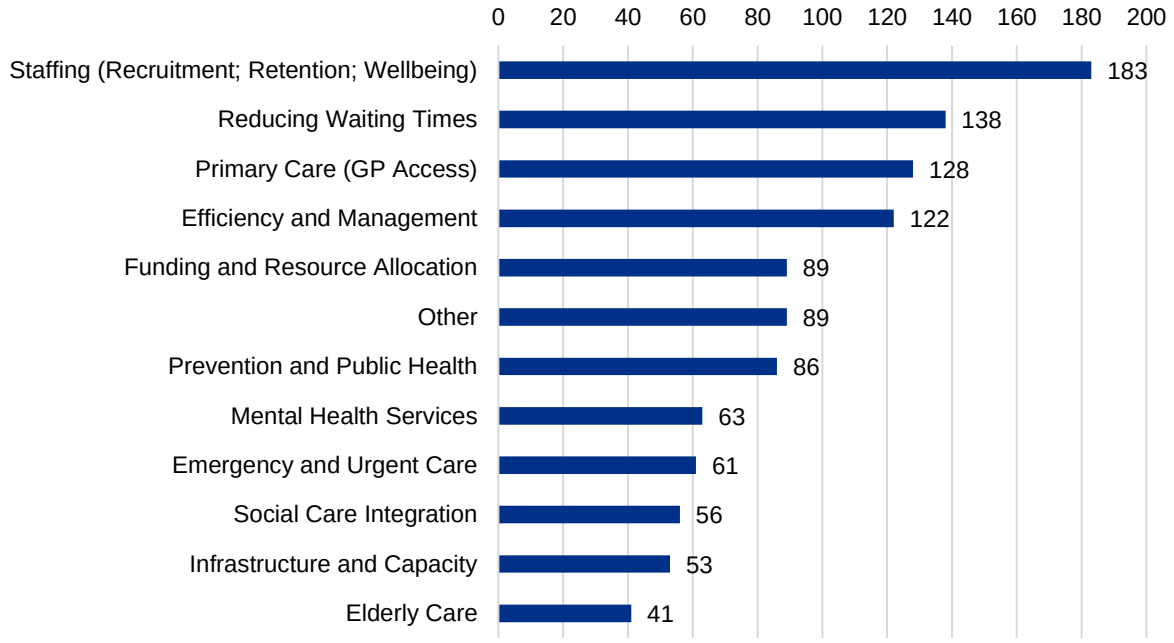
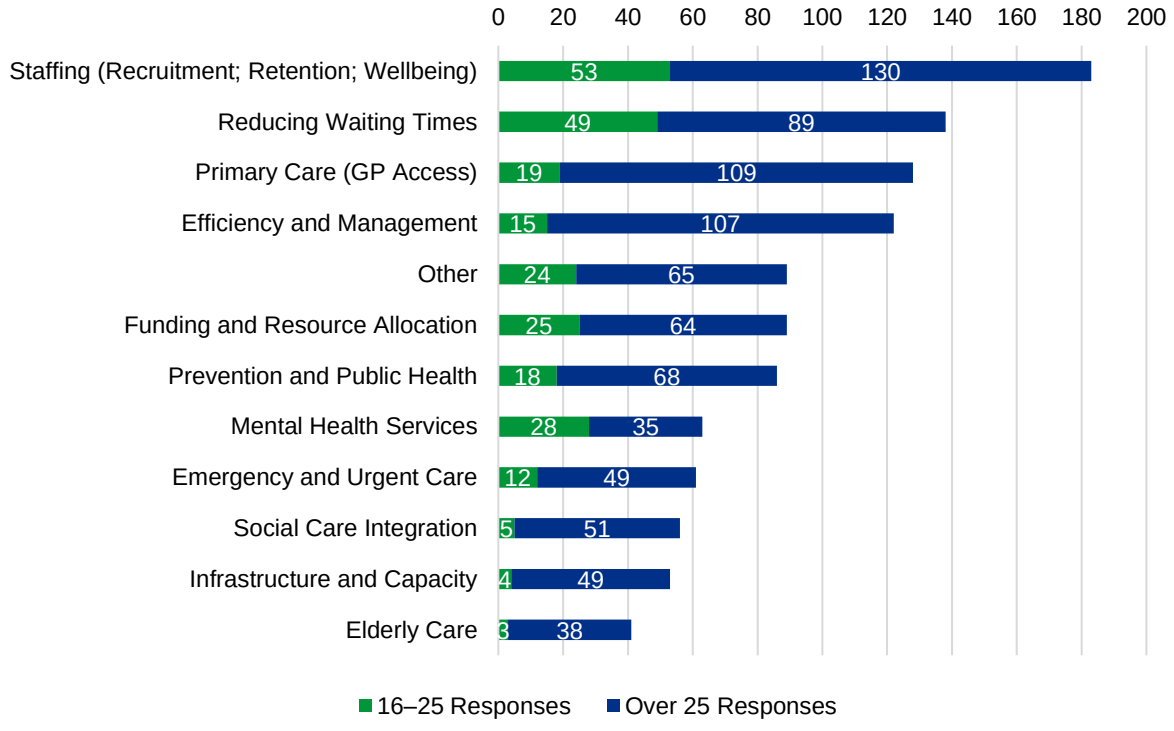
50
100
150
200
250
300
350
Funding/Resources
92
219
Staffing Shortages
69
131
Waiting Times
77
118
Efficiency and Management
29
164
Aging Population and Increased Demand
23
121
Access to Services (Primary Care/GPs)
20
96
Workload and Staff Wellbeing
41
66
Misuse/Overuse of Services
11
71
Recruitment and Retention
8
49
Integration of Services (Social Care/Mental…
6
45
16–25 Responses
Over 25 Responses

Question 3. What should the NHS prioritise?





National context

The national engagement programme was the biggest conversation about the NHS, with well over 250,000 contributors. This included:

- More than 1.9 million visits to the Change NHS website
- Over 750 members of the public and over 3,000 health and care staff from every NHS region of England taking part in discussions
- Over 1,600 responses from organisations and meetings with partners through the Partners Council to capture their expertise and channel the views of seldom-heard voices
- Over 650 community workshops hosted by partner organisations and local health systems, with over 17,000 people attending local events across England. This included those whose voices are often underheard such as Gypsy, Roma and Traveller communities, people with alcohol and drug dependence and people experiencing homelessness.
- 800 Integrated Care System leaders – from the NHS and local government – attending regional events to talk about the plan
- A National Summit bringing together hundreds of members of the public and health and care staff to help shape the Plan

What the national engagement programme heard

People celebrated:

- that it's a universal service, available to everyone, free at point of use
- the dedicated and hardworking staff, doing incredible work in difficult circumstances
- that it's there for you when you really need it, with emergency services saving lives every day

But also told of personal challenges, including:

- difficulty getting appointments
- long wait times in A&E
- a lack of joined up care

In terms of what people want to see change:

- easier and quicker access to appointments, especially with your GP
- better co-ordination between different health and care services
- greater investment in staff recruitment and retention
- reducing waste and inefficiency across the NHS, to save money and free up staff time to focus on caring for patients

The Government 10 Year Health Plan for England: fit for the future was published in July 2025, and was written in response to engagement, and it reinforces a commitment to the three shifts highlighted in the Lord Darzi report and five enabling reforms:

- A new operating model, merging NHS England with the Department of Health and Social Care (DHSC), empowering Integrated Care Boards (ICBs) as strategic commissioners, and reintroducing earned autonomy for high-performing NHS organisations.

- Enhanced transparency of quality of care, publishing league tables of providers and patient experience measures, revitalising the National Quality Board as the single authority on quality, and implementing Artificial Intelligence (AI) led warning systems to identify at-risk services based on clinical data.

- Workforce transformation, focusing on AI-enabled productivity, advanced practice roles, ultra-flexible contracts, and technology to release £13bn worth of staff time.

- Innovation and technology with five “big bets” (AI, data, genomics, robotics, wearables) drawn from the Future State Programme, new Global Institutes, and faster clinical trial and medicine approval pathways.

- Financial sustainability via a value-based approach focused on getting better outcomes for the money we spend and clearing deficits through 2% annual productivity gains, multi-year budgets, and innovative capital investment models, alongside “Patient Power Payments” linking funding to patient experience

The implementation of the 10-Year Plan provides the vital opportunity to reset the relationship with the public and restore confidence and trust which nationally is at an all-time low. To deliver this – the focus will need to shift from looking through the community lens to improve patient satisfaction in the service they receive from the NHS.

Next steps for local priorities

A key driver for designing the Devon 10 Year Plan engagement was to ensure the insights were captured locally to inform strategy, transformation and wider pieces of work being undertake in Devon.

The development of the NHS Devon Health and Care Strategy is a key organisational priority and the findings will be used to support specific sections in the strategy:

- Supporting the prevention agenda and focusing on key priorities
- Development of a Neighbourhood health service
- Secondary and tertiary care services.
- Implementation of the strategy.

These findings will also be uploaded to the One Devon Insights library to ensure that the findings are used as a foundational piece of insight for work undertaken in Devon.

The Devon 10-Year Plan engagement programme was the start of the conversation and 220 people were recruited through the process to support a continuous engagement model. Chaired by Healthwatch, these people will be invited to be part of a public and patient reference group to support the future work of NHS Devon.

The reference groups will form part of the implementation of the One Devon People and Communities Framework, which will be key in supporting the NHS Devon in its new role as a strategic commissioner.

Findings from Devon 10 Year Plan Engagement and development of Integrated Neighbourhood team development

October 2025

National 10 Year Health Plan

- 10 Year Health Plan published on 3 July
- Built around the government's three key shifts (community, digital and prevention)
- Aims to reduce waiting lists, deliver more convenient care, tackle inequalities, and more preventative care
- Sets out a new operating model – including "making ICBs strategic commissioners" and delivering the running cost reductions
- Plan says workforce is key and that "staff will be better treated, more motivated, have better training and more scope to develop their careers"

Devon 10 Year Health Plan engagement

- One Devon partners (including Healthwatch) led a bespoke engagement programme to capture the views of the Devon population to inform local priorities and strategy
- The approach was considered as a leading example by regional colleagues

More than 3,400 pieces of feedback

2,353 survey responses

50 workshops hosted across Devon

358 people attended a workshop

More than 700 written feedback postcards completed

More than 220 people recruited for continuous engagement

Devon 10 Year Health Plan findings

Overarching themes

People valued the NHS being free at the point of access

NHS workforce is seen as the most valuable, but most vulnerable, asset

People valued the wide range of services available and how they have helped personally

Address access to primary care and mental health, and reduce waiting times

Satisfaction levels of how the NHS Is run is low (aligned to the national picture)

Funding the NHS sufficiently should be a priority

Devon 10 Year Health Plan findings

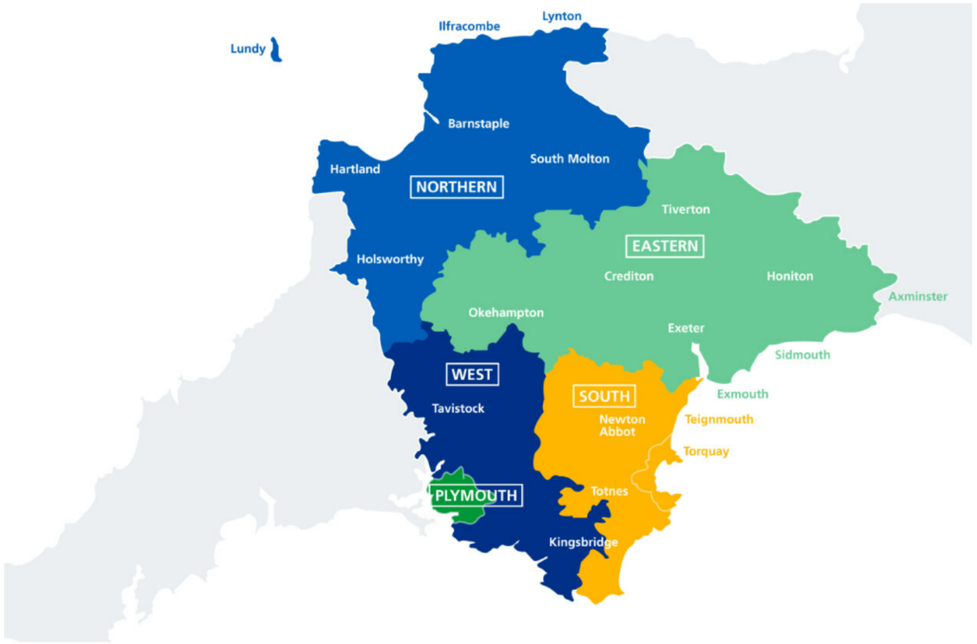
Themes related to the three key shifts

Hospital to community	Sickness to prevention	Analogue to digital
• More investment in front line services and a reduction in management costs • When people access services – their experience is generally positive	• Better access to diagnostic and preventative services • More education and strategies to improve people's confidence in taking ownership for their own health and wellbeing	• Advances in technology will support efficiency, help join up services and improve care • Mistrust in AI and data safety, aligned to concerns about reliability and increasing health inequalities • More joined up approach across health and care needed

Integrated Neighbourhood Team Development

Development of INT - Devon

- Devon is on a development journey to embed Integrated Neighbourhood Teams (INT) across our system in line with national guidance, the 10-year plan and our emerging Health and Care Strategy
- Devon has a range of strong assets and community integrated team models (including examples operating across frailty services) that act as a grounding for this work
- Devon is coordinating work pan Devon through an INT steering group, but driving local discussions through our Local Care Partnership (place level arrangements)



National Neighbourhood Health Implementation Programme – Plymouth Application

Drafting Process

- Huge collaborative effort in Plymouth to pull bid together – daily drafting sessions with multiple partners took place over a 3-week period
- 25 signatures of support received across key stakeholders
- *ICB & PCC, all PCN CD's, Eldertree, POP, Improving Lives Plymouth, St Lukes, Marie Curie, Plymouth Community Homes, Community Pharmacy, HIN, DCC, UHP, Livewell, DPT & Devon LOC*

Bid Overview

- Place: Plymouth
- Population: 290,000; 7 Primary Care Networks & 28 practices (inclusive of areas beyond Plymouth LA Boundary to cover Mewstone & Beacon PCN footprints)
- Aim: to reduce health inequalities and improve outcomes through integrated, neighbourhood-based care.

Key Strengths & Assets

- **Integrated System:** Strong history of collaboration across health, social care, and VCSE sectors.
- **12 Health & Wellbeing Hubs**
- Unique in having a **single integrated community health, mental health, and social care provider**, Livewell Southwest CIC.
- **Data infrastructure:** One Devon Dataset (ODD), risk stratification tools, and shared digital records.

Challenges addressed

- High levels of deprivation (20% most deprived nationally; Stonehouse & Devonport in bottom 1%).
- Significant health inequalities and early onset of frailty.
- Rising demand due to ageing population.
- Homelessness and social isolation.

Programme Goals

- Develop **neighbourhood footprints** aligned with natural patient flows.
- Deliver **joined-up, person-centred** care through Integrated Neighbourhood Teams (INTs).
- Shift care from acute to community settings.
- Improve outcomes for people with **long-term conditions (LTCs)** and complex needs.
- Tackle **social isolation** and promote community resilience.

Commitments & Contributions

- Share learning nationally (e.g. Deep End, VCSE models, digital tools).
- Recruit a full-time **Place Coach and project lead.**
- Use **co-production** and trauma-informed approaches.
- Focus on **digital innovation**, estates planning, and workforce development.

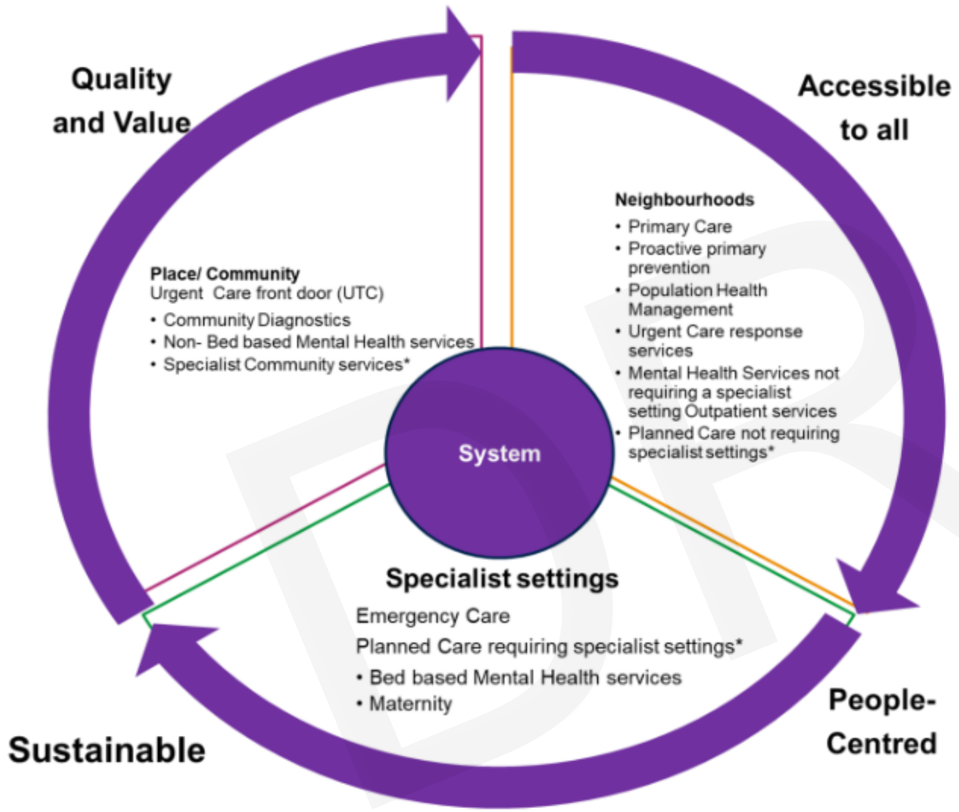
Existing Integrated Working

- **Gateway Hub:** Single point of access for admission avoidance.
- **Community Frailty Virtual Ward:** Proactive, multi-agency support.
- **Deep End Movement:** Targeted support in most deprived areas.
- **Age Positive:** VCSE-led frailty prevention programme

Next Steps

- **Revisit the Foundations** - Clarify and define key milestones to ensure alignment and shared understanding across the programme.
- **Re-engage Stakeholders** - Initiate a structured re-engagement process with all stakeholders involved in the original bid, identifying and addressing any gaps.
- **Facilitate In-Person Collaboration** - Organise face-to-face events to accelerate progress, strengthen relationships, and **co-define neighbourhood footprints.**
- **Identify Pilot Sites** - Select and mobilise pilot neighbourhoods to begin implementing and testing the Neighbourhood Health model in practice.

Devon Health & Care Strategy – Operating Model



- **Neighbourhood** – Supporting integrated, community-based care tailored to local populations, with a strong focus on prevention, early intervention, and personalised support. This is the community-based care across a population of c. 30,000 – 50,000. Delivery is led by Integrated Neighbourhood teams that use combined resources to deliver joint outcomes. Outcomes are commissioned from a lead provider who will collaborate with other Health (including Primary Care), Social care and VCSE organisations to deliver contract.
- **Place** – Enabling coordination across services within localities, ensuring that care is joined-up across primary, community, mental health, social care, and voluntary sector partners.
- **Specialist Settings** – Providing strategic oversight, specialist services, and infrastructure to support consistency, equity, and sustainability across Devon. Acute care that cannot be delivered in non-specialist settings and high-volume interventions that can benefit from economies of scale. Services should be commissioned to deliver national best practice to maximise cost and quality outcomes

Slide contents subject to Devon Health & Care Strategy sign off

Integrated Neighbourhood Timeline - Indicative

2025/26	2026/27	2027/28	2028/29	2029/30
Formation	Commissioning	Delivery	Enhancement	
Development of Place Development of Neighbourhood Working Defined Neighbourhood Footprints Risk Stratification Tool in place	Q1 – Neighbourhood pilots Q3 – Core Neighbourhood Spec Q3 – Procurement Process for Lead Neighbourhood Provider Transfer of some outpatient services to Neighbourhood / place models	Q1 – INT's formally commissioned Q1 – Community Urgent Care and Outpatients (subject to sequencing) delivered through INT's	Q1 – 40% of health activity delivered through INT's	Q1 – INT's commissioned to deliver any activity that doesn't require a specialist site

Next steps 2025/26

- Place maturity assessment / development plans (aligned to current LCP's)
- Developing a clear 'place vision' for INT development – responding to local pressure / population need, but aligned to delivery ambitions and priorities set out in the Health & Care strategy
- Clear development plan for each area
- Agreed Neighbourhood footprints
- Pilots – aligned to guidance ambitions around Long Term Conditions and ambitions to support community urgent care
- Risk stratification tool in place
- Personalised Care & Support Planning – next steps

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Health and Wellbeing Board

Date of meeting:	03 October 2025
Title of Report:	**NHS Devon ICB Dental Services 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:	Chris Morley (NHS Devon ICB)
Contact Email:	christopher.morley@nhs.net
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
To update the Health and Wellbeing Board of the latest developments regarding the national dental care consultation and implications for Plymouth's residents.

Recommendations and Reasons
1. That the Health and Wellbeing Board review, comment and debate the content of the report, its implications and next steps for Board partners.

Alternative options considered and rejected
1. Not consider this report - Rejected

Relevance to the Corporate Plan and/or the Plymouth Plan
Working with NHS to provide better access to health, care and dentistry;
Keeping children, adults and communities safe;
Providing quality public services.

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

Financial Risks

N/A

Legal Implications

N/A

Carbon Footprint (Environmental) Implications:
N/A

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

N/A

Appendices

**Add rows as required to box below*

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

Background papers:

**Add rows as required to box below*

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

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

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: N/A

Please confirm the Strategic Director(s) has agreed the report? N/A

Date agreed: N/A

Cabinet Member approval: N/A

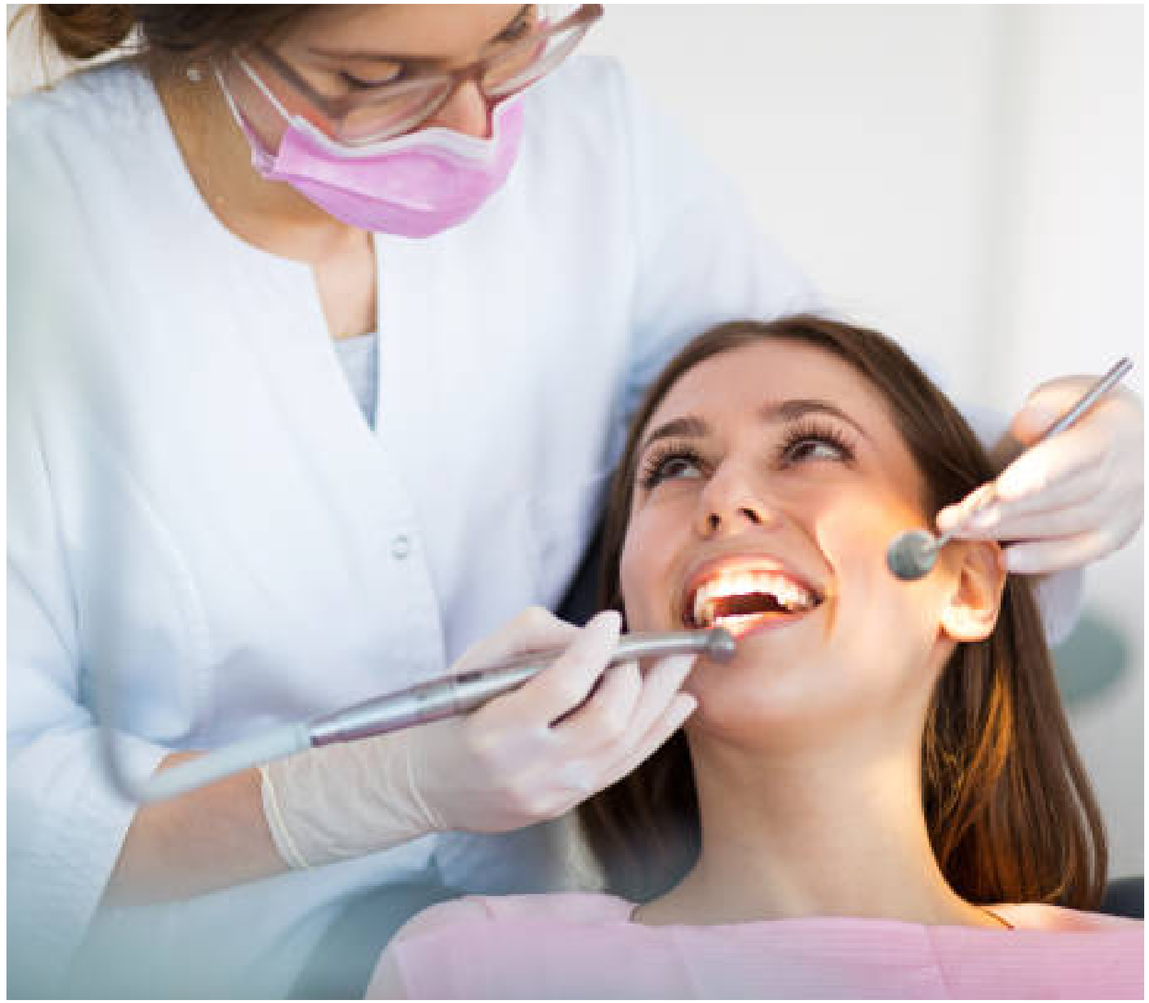
Plymouth Health and Wellbeing Board

NHS Devon ICB Dental Services Update

National update

“The Government’s ambition remains to fundamentally reform the dental contract. We developed this package of proposals to address some of the real and pressing issues that dentists and dental teams are experiencing.”

- The national consultation regarding NHS dental care was open for 6 weeks and closed on 19 August 2025.
- It is anticipated that they will introduce appropriate changes for April 2026



National update

- Overview of items being consulted on:
  - Mandate a proportion of dental contract capacity to be unscheduled (urgent) care
    - supported by new payment arrangements
  - Improved payments to support care for patients with significant dental decay and/or significant gum disease
  - Create a new course of treatment for the application of fluoride varnish on children, without a full dental check-up and which can be applied by extended duty dental nurses (EDDNs) between full check-ups

National update

- Incentivise greater use of preventative sealants on high-risk children's permanent teeth by increasing payment to band 2 (from band 1)
- Introduce increased payment for denture modifications, relining and repairs, which can prevent most costly treatments for patients
- Options to support reducing clinically unnecessary check-ups
- Introduce funded quality-improvement activities for practices
- Provide practices with funding for annual appraisals
- Develop minimum terms of engagement set out in an NHS model contract for dental associates

- Consultation document website

Local update

Recovery Plan

25/26 priority	Detail
Urgent dental care provision	• Remains the team's top commissioning priority due to government's commitment to 700k additional urgent dental care appointments • Commissioned review of urgent dental care in Q1 • Recently reopened the expression of interest process following additional engagement with Devon Local Dental Committee (LDC) and providers/practitioners • Devon providers currently at 73% of nationally planned achievement, including baseline activity, for year to date • Upcoming procurement of new dental contracts will include a prescribed percentage of urgent dental care, to contribute towards the target.
Commissioning of further stabilisation sessions	• Longer-term contracts secured for stabilisation sessions, with 34 contracts now being delivered in 2025/26
Commissioning access for vulnerable groups	• Collaboration with public health to expand access for these cohorts of patients. • Draft proposal is currently being worked on with the aim of procurements taking place in the new year. • Imminent procurement process for new dental contracts across Devon aims to elicit bids with a focus on provision for vulnerable groups through innovative service delivery
Procurement of lost activity (UDA and UOA)	• Imminent lotted procurement of new dental contracts across Devon and Cornwall will include general dental activity • The Plymouth lot is the largest, aiming to contract for an additional 54,000 units of dental activity (UDA)/annum at a contract value of £1.8m - £2.2m • Plymouth is also included in the separate out of hours (OOH) lot, with Barnstaple, Exeter and Torbay aiming to contract for an additional 5,222 OOH appointments • Early indications are that there is provider interest across all Devon lots.
Oral Health improvement initiatives	• A suite of oral health initiatives are now available in Devon through collaborative working with local authorities (LAs) • We have attempted to turn the challenge of limited NHS dental capacity into an opportunity by repurposing the associated underspend to commission a programme of initiatives to improve oral health in children. • These offers include First Dental Steps (1-2 yrs), Big Brush Club (3-5 yrs) and Open Wide Step Inside (6-7 yrs) • The team plan to look at oral health promotion into Care Homes which would have a significant impact in Devon.

Local update

2025/26 Progress, successes and achievements

2025/26 workstream	Detail
UDA uplift	• Minimum rate for a unit of dental activity (UDA) uplifted to £34.66 (incl. 2025/26 Review Body on Doctors' and Dentists' Remuneration (DDRB) uplift) from £28 • This is above the nationally mandated rate
Urgent Dental Care (UDC)	• Improved rate of pay for UDC - top-up to £105/appointment to stimulate the market and drive uptake. Five providers signed up in Plymouth offering an additional 1750 UDC appointments. • Improved national ranking from 41 – 30 since April 25. • A percentage of the activity procured in new contracts for dental provision across Devon (see below) will be mandated as UDC
Contract management	• Procurement of additional 9514 units orthodontic activity (UOA) across Devon, 1235 of which are in Plymouth • **£2.6m of activity has been released from rebased contracts in Plymouth**, ensuring that delivery levels are achievable. This has created capacity to procure new activity (see below).
Lotted procurement	• Joint lotted approach being worked up with Cornwall and Isles of Scilly (CIOS) ICB for **procurement of new dental contracts** around the counties. • Prior Information Notice (PIN) advertised to the market 1 August 2025. Invitation to Tender (ITT) now imminent. • Plymouth lot is the largest of 8 – **54,000 UDAs** valued at **£2.2k** • Plymouth included in the Out of Hours (OOH) provision lot – **5,222 OOH appointments** valued at **£658k** • These new contracts potentially key across multiple priorities including urgent dental care, provision to vulnerable populations and improvement of general access to dental services in Devon.

Local update

2025/26 Progress, successes and achievements

2025/26 workstream	Detail

Vulnerable groups	• NHS Devon ICB currently has two services focussing on provision of dental services to people experiencing homelessness, one in both Plymouth and Exeter.
	• Discussions on-going with public health regarding Devon-wide provision, which may include expansion of existing services and procurement of new services. This would include widening scope of provision to a wider array of groups.
	• NHS Devon contracts three providers for provision of dental services to Children Looked After across Devon, 1 of which is in Plymouth
	• Invitation to tender (ITT) for new dental contracts in Devon includes a focus on vulnerable populations, encouraging innovation in service delivery to these cohorts of patients.
	• Work ongoing to provide support to other vulnerable groups, with proposals currently under consideration for:
	  • Cancer Action Support Practice – whereby participating practices would offer a temporary dental home for patients who have undergone treatment for head and neck cancer
	  • Bone strengthening medication service pathway proposal for treatment of osteoporosis, cancer and respiratory conditions.

Paediatric dental services	• Started work to review paediatric dental services and agree strategic priorities going forward
Workforce	• NHS Devon ICB agreed £327,400 for 22 ‘Golden Hello’ applications. Four appointments have been made, with one pending final approval. NHS Devon continues to support this scheme. • Identified six initial areas of focus: Recruitment, retention, roles and models of care, wellbeing of staff, training and university places and education support and foundation training • Next meeting on 23 October – looking at activity against those six key themes and how to support the workforce in Devon.

Local update

Dental access

- Devon currently hold **150 NHS dentistry contracts** and **13 orthodontic contracts**.
- The ICB target in the 2025/26 planning indicators for Q1 was 241,819 appointments. NHS Devon dental contracts **delivered 211,977 in Q1 (87.7% of target)**.
- The ICB target in the 2025/26 planning indicators for Q2 is 246,962 appointments, or 82,320 per month. Actual delivered for **July was 75,391 (91.6% of target)**
- **NOTE:** June and July data is yet to be finalised due to the claim window still being open and may increase.
- NHS Devon is currently working with NHS England business intelligence colleagues to breakdown dental data by local authorities (LAs)

Local update

Dental access

- Most up to date data indicating unique patients seen by a dentist over 12/24 months rolling period is shown below:

Date	ALL – 12M	Child – 12M	Adult – 24M
01/01/2020	541,046	144,442	491,754
01/06/2025	321,079	116,058	295,603

Local update

Urgent Dental Care (UDC) – Government mandate

- Main team priority is delivery of 81,705 UDC appointments in 2025/26,representing a **42.3% increase** above when baseline data was collected.

- There had been **continued decline in UDC** delivery over the last five years.

- Since 2019/20 UDC activity has dropped by c.5% per annum on the previous year, until 23/24 which was a 17% drop, followed by a further **decline of c.24%** for 24/25.

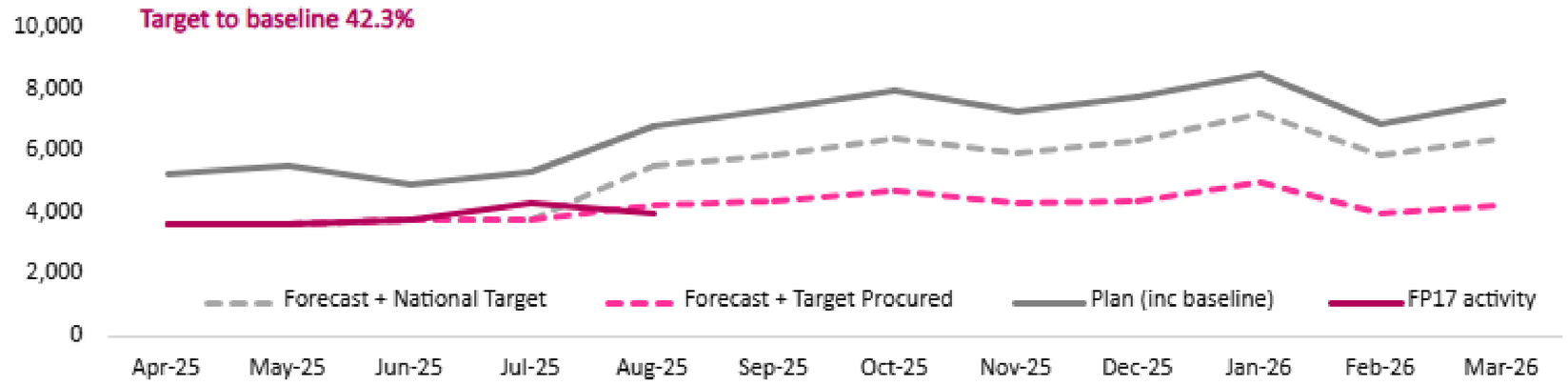
- Reversing this trend is top priority and team continue to explore additional commissioning options to run in parallel with its current UDC offer.

- NHS Devon's UDC offer to providers is one of the most attractive in the country. However, the disparity in compensation available to providers between NHS and private treatment remains an issue.

Local update

Urgent Dental Care – Government mandate

- We have received **6 expressions of interest from Plymouth** providers (of 19), with two more currently pending clarification questions.
- Imminent lotted procurement of new dental practices across Devon will mandate a percentage of the contracts to be delivered as urgent dental care
- NHS Devon ICB providers have achieved 73% of their combined target (year to date) for urgent dental care. We are working on breaking this data down to LA level.



- Note that claim window for July and August remain open and claim figures are likely to increase, though may be impacted by the holiday season.
- NHS Devon shows consistent improvement in national rankings each month year to date (YtD), rising from 41 to 31 nationally.

Requested action

- NHS Devon ICB requests that the Board:

  - Note the contents of this update
  - Agree to receive quarterly a quarterly briefing on NHS Devon's dental workplan and progress against the indicators included in this update

Recap

- In summary:
  - National consultation response period closed – South West had higher than average submissions compared to rest of country
  - Commissioned review of Urgent Dental Care in Q1
  - NHS Devon commitment to national urgent dental care (UDC) mandate – main team priority
  - Devon providing one of the most attractive UDC offers in the country – drives uptake and activity
  - Devon were the first movers for enhanced urgent care expressions of interest in the South West
  - Upcoming procurement of additional dental activity across Devon – general dental activity, UDC and vulnerable groups are key focusses
  - Positive role of Plymouth Dental Taskforce

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Health and Wellbeing Board

Date of meeting:	03 October 2025
Title of Report:	**Plymouth Drugs Strategic Partnership Annual Report**
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Professor Steve Maddern (Director of Public Health)
Author:	Kamal Patel
Contact Email:	Kamal.Patel@Plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
To provide an annual progress update for the Plymouth Drugs Strategic Partnership for the year from 01 April 2024 to 31 March 2025.

Recommendations and Reasons
1. To endorse the action taken by the partnership in 2024-25
2. To provide comments on suggested areas of focus for the partnership going forward

Alternative options considered and rejected
1. To not endorse the action taken by the partnership.

Relevance to the Corporate Plan and/or the Plymouth Plan
Contributes to the following aspects of the corporate plan:
- Working with the NHS to provide better access to health, care and dentistry
- Providing quality public health services
- Focusing on prevention and early intervention

Contributes to following aspects of the Plymouth Plan:
- HEA1: Addressing health inequalities, improving health literacy
- HEA2: Delivering the best outcomes for children, young people and families
- HEA8: Delivering accessible health services and clinical excellence

Implications for the Medium Term Financial Plan and Resource Implications:
No impact

Financial Risks

None

Legal Implications

No legal implications identified by offer (Kamal Patel)

Carbon Footprint (Environmental) Implications:
None

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

Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	Plymouth Drugs Strategic Partnership Annual report 2024-25							

Background papers:

**Add rows as required to box below*

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

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

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Kamal Patel											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 22/09/2025											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) Approved by email. Date approved: 23/09/2025											

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PLYMOUTH DRUGS STRATEGIC PARTNERSHIP

ANNUAL REPORT 2024/25

1. PURPOSE

To provide an annual progress update for the Plymouth Drugs Strategic Partnership for the year from 1st April 2024 to 31st March 2025.

2. BACKGROUND AND NATIONAL CONTEXT

The harms associated with alcohol and drug use are wide-ranging, with profound effects on both individuals and society. People with drug and alcohol dependence often experience intersecting vulnerabilities, including poor physical and mental health, discrimination, poverty, exposure to violence, contact with the criminal justice system and homelessness. This is often on a background of complex trauma.

In England, the estimated number of people using drugs has remained stable since 2014. However, the number of drug- and alcohol-related deaths continues to rise. This increase was driven, in part, by emerging challenges such as evolving patterns of use, the increasing potency of substances, and heightened risks from synthetic drugs manufactured in laboratories.

In response to increasing drug deaths the UK Government at the time published their 10 year drugs strategy in 2021; From Harm to Hope. The strategy followed Dame Carol Black's review which emphasised:

1. **Stronger collaboration across Government:** Government departments should work more closely together to provide a coordinated and effective response.
2. **Recognising substance misuse as a health issue:** Drug and alcohol misuse should be treated primarily as a health need, not just a criminal or social issue.
3. **Promoting compassion and support:** Society should foster greater kindness and understanding, ensuring people are supported in getting the help they need.
4. **Encourage help-seeking without fear**: People should not be punished unless they have committed a crime. People should feel safe and empowered to seek help for recovery and treatment without fear of stigma which acts as a barrier to support.

The Government's drug strategy responded with increased funding to local areas to deliver across three priorities areas:

- **Break drug supply chains.**
- **Deliver a world class treatment and recovery system.**
- **Achieve a generational shift in the demand for recreational drugs.**

3. PLYMOUTH DRUGS STRATEGIC PARTNERSHIP

As part of the national Harm to Hope strategy, each local area established a Combating Drugs Partnership to oversee progress against the national strategy's aims and objectives.

In Plymouth, this partnership is called the Plymouth Drugs Strategic Partnership, with the Director of Public Health as the Senior Responsible Officer (SRO). The Partnership's remit covers the geographical area of the city of Plymouth, aligning with the boundaries of Plymouth City Council. This is also the commissioning footprint for local drug and alcohol treatment services.

The Plymouth Drugs Strategy Partnership acts as the central body for reporting, oversight, and accountability. Its role is to ensure transparency, shared responsibility, and effective governance.

The diagram below shows the organisations and teams represented at the Plymouth Drugs Strategic Partnership:

4. LOCAL NEED

The prevalence of drug and alcohol use in Plymouth is based on estimates provided by the National Drug Treatment Monitoring System (NDTMS) and based on research by the University of Sheffield. The most recent estimates fare for 2019-20 and show that in Plymouth there are an estimated:

- 2,042 people who use opiates and/or crack (OCU), of which:
  - 1,266 people who use opiates only.
  - 214 people who use crack only.
  - 563 who use both opiates and crack.
- 3,496 people who are alcohol dependent.

The estimated prevalence of drug use and alcohol dependency (as a rate) is higher in Plymouth compared to England.

	Plymouth prevalence (per 1,000 population)	England prevalence (per 1,000 population)
Opiate and/or crack use (OCU)	12.1	9.5
Opiates use only	7.5	4.6
Crack use only	1.3	1.3
Opiates and crack use	3.3	3.6
Alcohol dependency	16.7	13.8

5. LOCAL PROVISION

Drug and alcohol services for adults is commissioned to The Plymouth Alliance for Complex Lives (The Alliance). This contract brings together providers of drug and alcohol service with housing providers to enable better system working between these overlapping services. The main drug and alcohol treatment providers as part of The Alliance are:

- Harbour: provides specialist drug and alcohol treatment support.
- Hamoaze House: provides structured day services.
- Livewell Southwest Complex Needs Team: provides drug and alcohol clinical services including prescribing, community detoxification and mental health support.

The drug treatment service for children and young people is commissioned to The Children's Society, who work in partnership with other teams such as at The Zone, the Youth Service and Children and Adolescent Mental Health Services CAMHS to support the young people in the city.

6. LOCAL DATA

This section outlines the delivery in 2024-25 against key outcome metrics from the National Outcomes Framework.

Treatment capacity

Between April 2024 and March 2025, there were 848 new presentations to adult treatment services, accounting for 38% of the total adult treatment population during this period. The total number of adults in treatment between April 2024 and March 2025 was 2,196, which is an increase from 2,039 from 2023-24. The table below breaks down this data further.

	Number in treatment Apr 2023-Mar 2024	Number in treatment Apr 2024-Mar 2025	Percentage change
Opiate and/or crack (OCU)	1261	1306	+3.5%
Opiates only	852	850	-0.2%
Crack only	55	75	+36%
Opiates and crack	354	381	+7.6%
Alcohol only	433	425	-1.8%
Non-opiates and alcohol (not crack)	201	267	+32.8%
Non-opiates only (not crack)	144	198	+37.5%
Children and young people	107	94	-12.1%

The reduction of treatment capacity in the young people's service is due to a miscoding of data when the commissioned service moved to a new provider, which have since been resolved.

Unmet need

Unmet need is defined as the proportion of the estimated prevalence of people in an area who use a specific substance who are not receiving treatment. The table below shows the unmet need by substance type for Plymouth and England in March 2025.

	Plymouth unmet need	England unmet need

Opiate and/or crack (OCU)	36.8%	56.8%
Opiates only	33.9%	61.5%
Crack only	64.9%	74.2%
Opiates and crack	32.9%	44.5%
Alcohol dependency	79.1%	75.9%

Treatment progress - adults

Treatment progress is defined as the proportion of those in treatment who completed treatment successfully, are drug-free in treatment or have sustained reduction in drug use. From April 2024 to March 2025 47% of people in drug and alcohol treatment in Plymouth showed substantial treatment progress. This is the same as the national figure.

Analysis of treatment outcomes by substance type indicates mixed performance relative to national benchmarks. For opiates, crack cocaine, and combined crack and opiate cohorts, Plymouth's exceeds the England average in treatment progress. However, for non-opiates, non-opiates and alcohol, and alcohol-only cohorts, Plymouth's rates of substantial treatment progress fall below the England average.

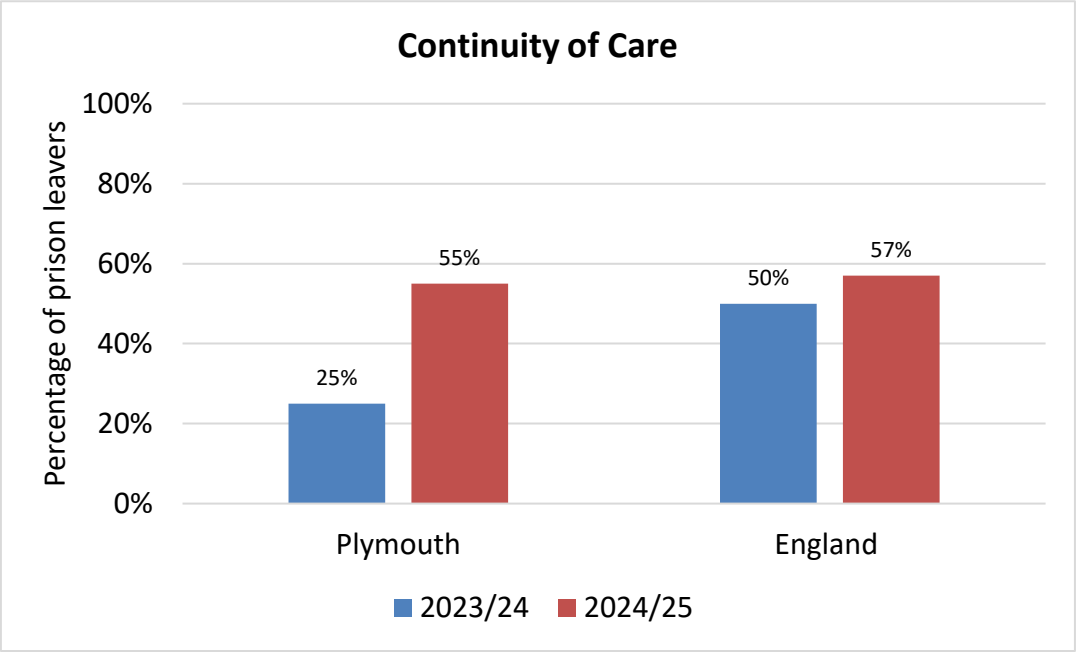
Treatment progress – Children and Young People

Across the range of treatment outcomes, the young person's substance use service is seeing effective treatment progress between April 2024 and March 2025, as shown below.

	Plymouth (%)	England (%)
Proportion still drinking alcohol at high-risk levels	n/a	15
Proportion still using cannabis	64	66
Proportion still using other drugs	29	33
Unmet mental health treatment need	42	56

Continuity of Care

Prison leavers with a drug treatment need are at a higher risk of harm, death, and re-offending. Timely transfer to structured community services following prison release reduces these risks. Continuity of care is the percentage of prison leavers with a continued treatment need who are picked up by the community treatment services within three weeks of prison discharge. The graph shows a significant increase in continuity of care in Plymouth over the past year.

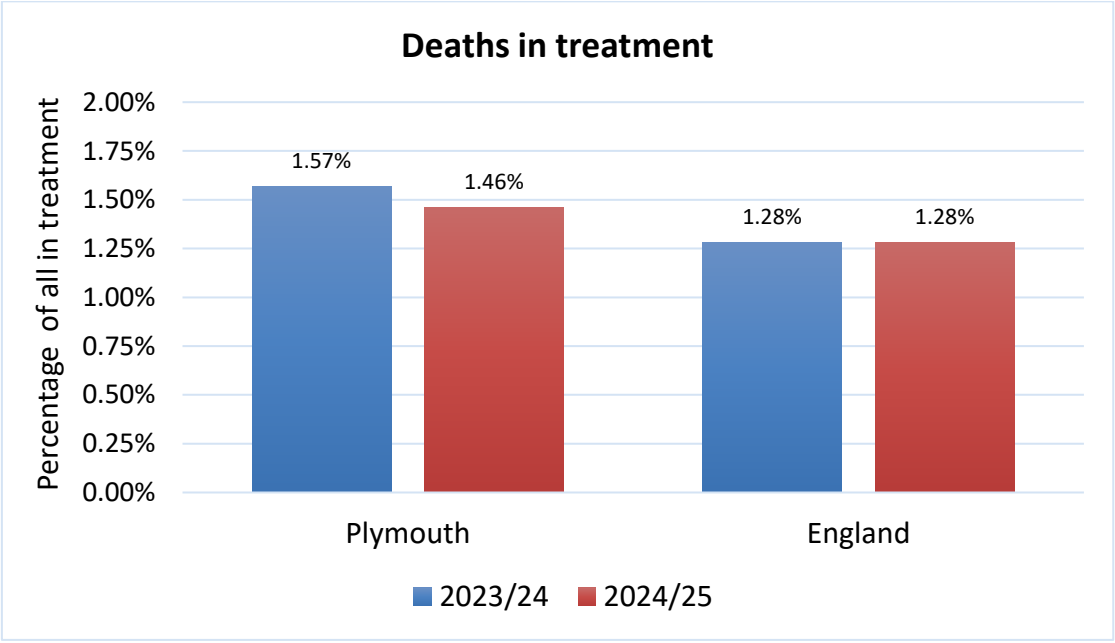


Drug misuse deaths

The rate per population of deaths due to drug misuse between 2021 and 2023 (three-year rolling average) is 7.5 per 100,000 in Plymouth and 5.5 per 100,000 for England. This is in part due to the higher prevalence of opiate and/or crack users in Plymouth compared to England.

Deaths in Treatment

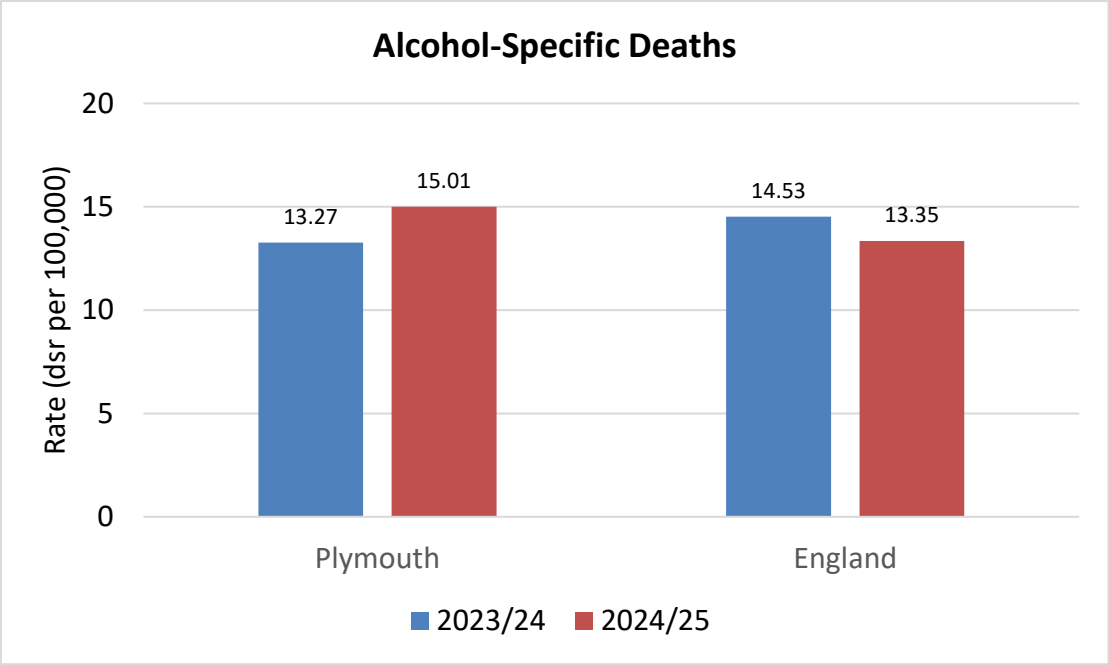
Deaths in treatment refers to the percentage of people in drug and alcohol treatment services who have died (of any cause) during their time in contact with the treatment service. Deaths in treatment are higher in Plymouth compared to England, but are reducing locally, while staying level nationally.



The profile of people in drug and alcohol treatment in Plymouth is slightly older than the national average. In addition, a higher proportion of people who use opiates are in our treatment system. Whilst this is a protective factor, it means that where there is a death of somebody who uses opiates, it is more likely that that person is receiving drug treatment. These factors in part explain the higher proportion of deaths in treatment in Plymouth compared to England.

Deaths from alcohol

Alcohol specific deaths are defined as the rate per population of deaths where alcohol is the primary cause. In 2024-25 we have seen an increase in alcohol-specific deaths in Plymouth however, the change compared to 2023-24 and the difference compared to England are all well within the confidence intervals.



7. DELIVERY PLAN PROGRESS

The following section of the report outlines the local progress against the areas of the national delivery plan for the drugs strategy, focusing on Priorities 2 and 3 (health outcomes).

PRIORITY 2: DELIVER A WORLD-CLASS TREATMENT AND RECOVERY SYSTEM

A) Delivering world class treatment and recovery services

Enhanced funding through the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG – formerly SSMTRG) has facilitated a significant expansion of the workforce. The data in the section above indicates that this is enabling treatment services to increase system capacity, improve accessibility, achieve effective treatment outcomes progress, and reduce drug related deaths over the past year.

Treatment capacity

Clinical capacity was strengthened through additional medical staffing and the recruitment of nurses and support workers, with a particular focus on dual diagnosis interventions. Additional drug and alcohol workers were appointed to increase the reach and effectiveness of specialist treatment services. The day service was expanded enabling more comprehensive and coordinated support. Social work capacity was increased to facilitate more timely and effective assessments for residential rehabilitation placements. The CYP system was strengthened through the addition of a specialist substance use and youth workers who were deployed across the system to provide targeted support.

This additional capacity is reflected in a year-on-year increase in the number of adults accessing treatment services, demonstrating the positive impact of sustained investment and expanded service capacity. Enabling co-location of services and regular drop ins mean that service users can be seen where they are such as hostel settings, increasing engagement and support.

Quality of treatment

The Plymouth Alliance treatment sub-group meets monthly to review progress against eight priority areas aligned to an overall action plan, which has been created by partners, wider organisations and lived experience groups. The treatment sub-group action plan focuses on the following key areas (in line with the delivery of the From Harm to Hope strategy): harm reduction and drug and alcohol related deaths, mental and physical health, quality improvement and practice, drug treatment, recovery, workforce development, lived and living experience, and alcohol treatment.

There has been significant progress made against agreed objectives and actions such as: embedding harm reduction across the Plymouth Alliance, developing and embedding a response plan for synthetic opioids, ensuring the quality of services provided is in line with national guidance, the optimisation of opiate substitution therapy, taking a systems approach to co-production with lived and living experience, and reducing the unmet need for people with alcohol dependence. The sub-group continues to drive collaborative improvements across this broad agenda, ensuring delivery remains ambitious, evidence-based, and responsive to local needs.

Drug deaths

The key aim of the national drug strategy is to reduce drug-related deaths. In Plymouth there has been a significant amount of work in this area.

The Local Drug Information System (LDIS) in Plymouth is well embedded among professionals across the city. Completed LDIS forms are reviewed by a multi-agency panel to assess intelligence relating to new, novel, potent, adulterated, or contaminated substances. Where appropriate, the panel issues warnings to mitigate risk and inform frontline responses. Panel membership includes representatives from the Police, Public Health, drug treatment providers, and clinical services.

A functioning LDIS is essential for identifying and responding to potential incidents involving potent synthetic opioids. In 2025, a peninsula wide exercise is undertaken to test the effectiveness of local synthetic opioid incident responses. The objective is to ensure that, in the event of a drug-related incident, the system can respond swiftly and effectively to prevent overdoses, fatalities, and wider harm. Learning from the exercise prompts revisions to the out-of-hours response protocol, strengthening the system's resilience and operational readiness.

Continued investment in peer-to-peer Naloxone programme has significantly expanded the reach of Naloxone distribution among people who use opiates resulting in improved harm reduction.

Plymouth Overdose Response Team (PORT) was established in 2024 this team responses to people who have had an overdose within hostel settings by providing naloxone and harm reduction advice. People are at higher risk of a fatal over within the first 28 days following non-fatal overdose. PORT is being expanded and aims to be able to deliver wraparound support to people experiencing non-fatal overdoses outside of hostel settings.

The Plymouth avoidable death review group was also established in 2024. It is led by public health and attended by health, housing, and criminal justice colleagues. The aim of the review group is to collectively review pre-selected cases of deaths (that occurred from January 2024 onwards) where the suspected cause of death is drug poisoning, drug use or drug dependence and where any of the substances used are controlled under the Misuse of Drugs Act (1971), where alcohol use is suspected to be directly related to the cause of death, or deaths by suicide (by any means) where alcohol and drug use was a significant factor in that person's life.

The review group works to identify and agree learning points from each case review, including areas of good practice. Since its inception, the group has collectively reviewed eighteen deaths of those known and not known to treatment services. Good practice themes identified by the group are joint working, flexible approaches to individual care, responsive outreach provision, advocacy and services considering wider health needs of those they support - strongly aligning with the principles of the Plymouth Alliance of jointly delivering integrated flexible support across multiple services.

Areas for learning and development have also been identified by the review group: the need for consistent record keeping and assessment standards and the need for alcohol preventative work. Improvements to consistent, trauma-informed approaches to both assessments and record keeping standards are being addressed through the work of the workforce development co-ordinator.

Alcohol

Alcohol remains a key focus of system-wide public health work in Plymouth, particularly in response to the rise in alcohol-specific deaths. In April 2024, a specialist community alcohol treatment team was funded through the Supplementary Grant to strengthen local capacity and improve outcomes for individuals experiencing problematic alcohol use. Since then, Public Health has led a coordinated effort to improve access to treatment and enhance prevention, working closely with system partners to address both immediate and long-term needs.

To support this work, the Alcohol Steering Group was established in September 2024. It brings together system partners to provide strategic oversight and operational coordination, helping to align investment, identify gaps, and embed innovative approaches across services. This includes enhanced assessments, improved hospital discharge pathways, and new clinical offers. A dedicated alcohol training package is currently being rolled out across treatment services, with plans to extend this to the wider system to build confidence and consistency in identifying and responding to the needs of individuals affected by alcohol use.

Prevention efforts span both population-level and targeted interventions. A refreshed alcohol needs assessment is underway to better understand local need and inform planning. Work is progressing to strengthen licensing procedures to manage alcohol availability more effectively. Plans are also in place to expand the use of AUDIT- C screening and increase access to early help, aiming to identify and support individuals before their needs escalate. For those already experiencing harm, treatment pathways are being improved through enhanced assessments and strengthened referral routes from hospital following an alcohol-related admission. The partnership has also developed audit standards for alcohol treatment, supporting consistent quality and accountability across services. A key development includes plans to introduce a community intramuscular thiamine offer, aimed at reducing the burden of alcohol-related brain injury by improving access to preventative support for individuals at high-risk.

Children and young people

The specialist problem substance use service for young people has been re-commissioned with a new provider. Initial transition challenges due to staffing have been resolved and the service is operating at full capacity now, with effective treatment outcomes compared to national figures (section 6). School referrals to evidence-based interventions are increasing, supported by growing relationships. There are also strong links to local mental health teams through an embedded CAMHS worker in the service.

Additional work in the children's and preventative system is described below in the Priority 3 section.

B) Strengthening the professional workforce

The Plymouth Alliance for Complex Lives has prioritised workforce development as a key priority in reducing drug-related harm and improving outcomes for individuals and communities. The strategy highlights the importance of a skilled, trauma-informed, and resilient workforce capable of delivering high-quality, person-centred care.

To support this ambition, the Alliance appointed a Workforce Development Coordinator in November 2024. This role was created to lead and oversee workforce development across the system, ensuring strategic alignment and consistency in training, development, and wellbeing initiatives across Alliance partners and subcontractors.

Since the coordinator came into post, several key activities have taken place:

- ASIST Suicide Prevention Training
  Over 100 training spaces have been made available to Alliance services to strengthen suicide prevention capabilities. This ensures that staff across the system have a robust understanding of suicide intervention.
- Relational Practice and Trauma-Informed Approaches
  The Alliance hosted an event led by Jacqui Dillon, a national leader in trauma and relational practice. This session supported the system to better understand and respond to trauma-related needs. In addition, Trauma Stabilisation training and the Relational Practice

Academy have been introduced to embed trauma-informed principles across services, supporting the strategy's call for compassionate, person-centred care.

- Partnerships & Pathways Sessions
  These sessions are designed to foster cross-sector collaboration and shared learning. Open to all staff volunteers, CEOs, new starters, and specialists, aim to strengthen integrated working across the system, a core component of the drug strategy's whole-system approach.
- Workforce Wellbeing Champions
  Staff across Alliance services have been trained as Workforce Wellbeing Champions through Livewell Southwest. These champions play a key role in promoting and supporting staff wellbeing, helping to sustain a healthy and effective workforce capable of delivering high-quality care.

The drug and alcohol sector is moving away from the outdated DANOS (Drug and Alcohol National Occupational Standards) and adopting the new Drug and Alcohol Capability Framework, which sets out the skills and behaviours needed across key roles in treatment services.

This change is part of the national 10-Year drug and alcohol workforce strategy (2025) led by OHID (Office for Health Improvement and Disparities) and NHS England, aiming to build a skilled, resilient, and person-centred workforce. Locally, the Alliance is embedding this framework into its workforce development strategy to align with national standards and improve service quality and outcomes.

Training programmes will be mapped to this updated framework to ensure staff are equipped with the necessary skills to deliver psychologically informed, trauma-responsive, and recovery-oriented care. In parallel, a system-wide Workforce Wellbeing strategy is being developed, building on the Wellbeing Champions model and incorporating feedback from staff across the Alliance to promote a supportive and resilient working environment.

C) Ensuring better integration of services

In 2024/25, the unmet need for adults with a mental health treatment need was 20% for Plymouth and 18% for England. Increased grant funding has allowed for a more robust clinical mental health and psychological offer within treatment service. The additional capacity is supporting consultation, MDT's, supervision, and access to therapies such as CBT & DBT. Various levels and lengths of therapies are available depending on the needs of the individual. The LIGHT group which is co-delivered by Livewell and Harbour, is delivered at both Harbour and Shekinah and focusses on trauma stabilisation and psychoeducation. The group is an open and no referral is required. Livewell offer a drop-in clinic at Shekinah, George House, and Salvation Army Hostel where the Complex Needs Team can give advice, brief assessment, sign posting and safeguarding support.

The Health Inclusion Pathway, Plymouth (HIPP), is a multi-disciplinary team operating across the community and University Hospital Plymouth (UHP). The service supports individuals experiencing homelessness and those with multiple, complex needs including physical and mental health conditions, substance use, and involvement with the criminal justice system who may have previously experienced difficulties engaging with statutory services. GP's and nurses within the HIPP team provide regular clinical input at Shekinah providing care to individuals.

D) Improving access to accommodation alongside treatment

Drug treatment services regularly attend rough sleeping drop-in at Shekinah and attend hostels providing drug treatment advice and support. Of people in drug treatment services between April 2024 and March 2025 78% were in stable and suitable accommodation; the England average is 86%. In the same year 167 people were engaged in treatment, who were rough sleeping or at risk of rough sleeping. The homeless intervention team (HIT) based within Harbour can make direct referrals to

and from Plymouth City Council's homelessness and housing teams, streamlining the process of accessing emergency or longer-term housing for those engaging with Harbour. Additionally, the HIT team provides support for individuals navigating landlord relationships, sustaining tenancies and housing benefits to resolve issues that could pose a risk to stable accommodation.

E) Improving employment opportunities

Individual Placement and Support (IPS) offers support and help to people in drug treatment services who are looking for employment. Shekinah have had 110 referrals for the IPS programme for 2024-25. Of the 110 referrals, thirty-two have had job starts, with seventeen of those sustained after 26 weeks. Shekinah also regularly attends job centres and has a regular monthly slot to discuss IPS with job centre claimants.

F) Increasing referrals into treatment in the criminal justice system

G) Keeping people engaged in treatment after prison

Continuity of care has significantly improved in Plymouth over the past 12 months, reflecting improved coordination and engagement across the pathway. The Plymouth Continuity of Care Strategic Group comprised of representatives from community drug and alcohol treatment providers, prison integrated substance use services, Public Health, and Probation has developed and implemented a multi-agency action plan to improve outcomes for individuals leaving prison. The plan sets out a series of priority areas, each supported by targeted actions and collaborative delivery.

Notable achievements include the provision of in-reach support to HMP Exeter and HMP Channings Wood, enabling early engagement and pre-release planning; the completion of qualitative interviews with people in prison to ensure lived experience informs service design; and the strengthening of court release planning, particularly for individuals on remand, to ensure they are offered a treatment appointment the day after release. The group has also enhanced the offer for individuals with alcohol-only treatment needs, collaborating with the specialist alcohol team and prison colleagues to develop an assertive outreach programme that identifies individuals who may benefit from relapse prevention support upon release.

To support continuous improvement, the group continues to use the OHID self-assessment tool and local audits to assess quality, identify gaps, and embed trauma-informed practice. Looking ahead, the group remains committed to expanding the menu of options for substance use support, ensuring individuals leaving prison have access to a broader, more flexible range of services tailored to their needs.

In addition, a new piece of work is underway to ensure individuals under Probation supervision receive appropriate substance use support. Plymouth City Council has shared commissioning responsibility for the Dependency and Recovery (D&R) Service with the Probation Service. This programme integrates support from probation workers and Harbour to holistically support individuals in contact with the criminal justice system.

PRIORITY 3: ACHIEVE A GENERATIONAL SHIFT IN THE DEMAND FOR DRUGS

A) Delivering school-based prevention and early intervention

The Zone (an Alliance partner) provides an offer of educational sessions to all secondary schools. Webinars have been delivered on topics from youth drug use to vaping, primarily for schools but with wider children's services involvement.

There is a clear offer to partners including educational settings around vaping substances controlled under the Misuse of Drugs Act, contributing to reduced school exclusions through evidence-informed approaches. This offer has been well received and is contributing to reducing permanent exclusions from school.

B) Supporting young people and families most a risk of substance misuse or criminal exploitation

A new CYP Drug and Alcohol Working Group has been formed to strengthen the public health approach across universal to specialist interventions. The group, which is formed of partners from Plymouth City Council, treatment providers (Harbour, Hamoaze House, The Children's Society, The Zone), health service (secondary care and CAMHS), justice (Police and Youth Justice Service) and VCSE (Community Alcohol Partnerships) has met twice and is progressing key priorities:

- Supporting schools via the Place-Based School Improvement Plan to tackle vaping.
- Relaunching the Drug Use Screening Tool in December, with CYP system-wide training on its use and general substance awareness.
- Building understanding and providing targeted guidance on ketamine, through a Task and Finish Group.
- Exploring a 'virtual team' model to better coordinate commissioned substance use services across the children's system.

Hidden Harm Training is delivered in partnership with the Plymouth Safeguarding Children's Partnership. This course supports professionals in working with the impact of adult substance use on children and families, i.e. Hidden Harm.

8. LOOKING FORWARD 2025/26

The key priorities for the Plymouth Drugs Strategic Partnership in 2025/26 are:

- Explore feasibility of combining priority one (enforcement) elements of the drugs strategy with regional colleagues to better match the Devon and Cornwall Police footprint.
- Refresh the Plymouth Drugs Strategic Partnership Delivery Plan
- Undertake a health needs assessment for substance use.
- Continue to build the CYP drug and alcohol working group.
- Ensure continued mitigation and preparedness for synthetic opioid incidents.
- Prioritise co-production and engagement with communities and lived experience representatives, both in service design and the monitoring of progress.

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PLYMOUTH DRUGS STRATEGIC PARTNERSHIP

PLYMOUTH CITY COUNCIL

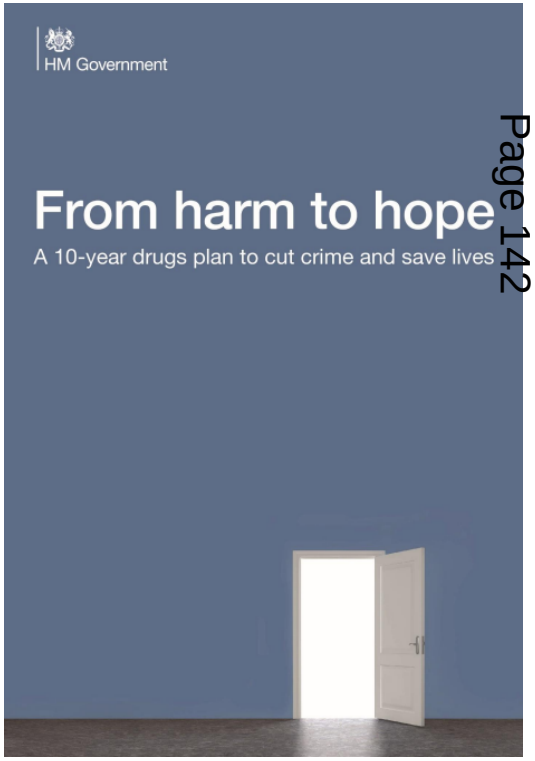
Annual Report 2024-25

Kamal Patel

Consultant in Public Health

Background and context

- Significant individual and societal harm associated with drug and alcohol dependence
  - Poor physical and mental health
  - Discrimination
  - Poverty
  - Exposure to violence
  - Offending
  - Homelessness
- Drugs deaths in England rising since 2014
- National Drugs Strategy 2021:
  - Break supply chains
  - Deliver a world class treatment and recovery system
  - Achieve generational shift in demand



Plymouth Drugs Strategic Partnership

- Central body for reporting, oversight and accountability of local delivery of the drugs strategy

Local need

In Plymouth it is estimated that:

- 2,042 people who use opiates and/or crack (OCU), of which:
  - 1,266 people who use opiates only.
  - 214 people who use crack only.
  - 563 who use both opiates and crack.
- 3,496 people who are alcohol dependent.

- OCU rate 27% higher than England average
- Alcohol dependency rate 21% higher than England average

Local Provision

- The Plymouth Alliance for Complex Lives. Drug treatment partners are:
  - Harbour
  - Hamoaze House
  - Livewell Southwest (Complex Needs Team)

- Young persons service: The Children's Society

The Plymouth Alliance

HARBOUR

Hamoaze House

Livewell Southwest

The Children's Society

PLYMOUTH
CITY COUNCIL

LOCAL DATA

Treatment capacity

- 8 % increase in treatment capacity in 2024-25 in adult services

	Number in treatment Apr 2023-Mar 2024	Number in treatment Apr 2024-Mar 2025	Percentage change
Opiate and/or crack (OCU)	1261	1306	+3.5%
Opiates only	852	850	-0.2%
Crack only	55	75	+36%
Opiates and crack	354	381	+7.6%
Alcohol only	433	425	-1.8%
Non-opiates and alcohol (not crack)	201	267	+32.8%
Non-opiates only (not crack)	144	198	+37.5%
Children and young people	107	94	-12.1%

Unmet need

- Percentage of estimated prevalence not receiving treatment
- (Lower is better)

	Plymouth (%)	England (%)
Opiate and/or crack (OCU)	36.8	56.8
Opiates only	33.9	61.5
Crack only	64.9	74.2
Opiates and crack	32.9	44.5
Alcohol dependency	79.1	75.9

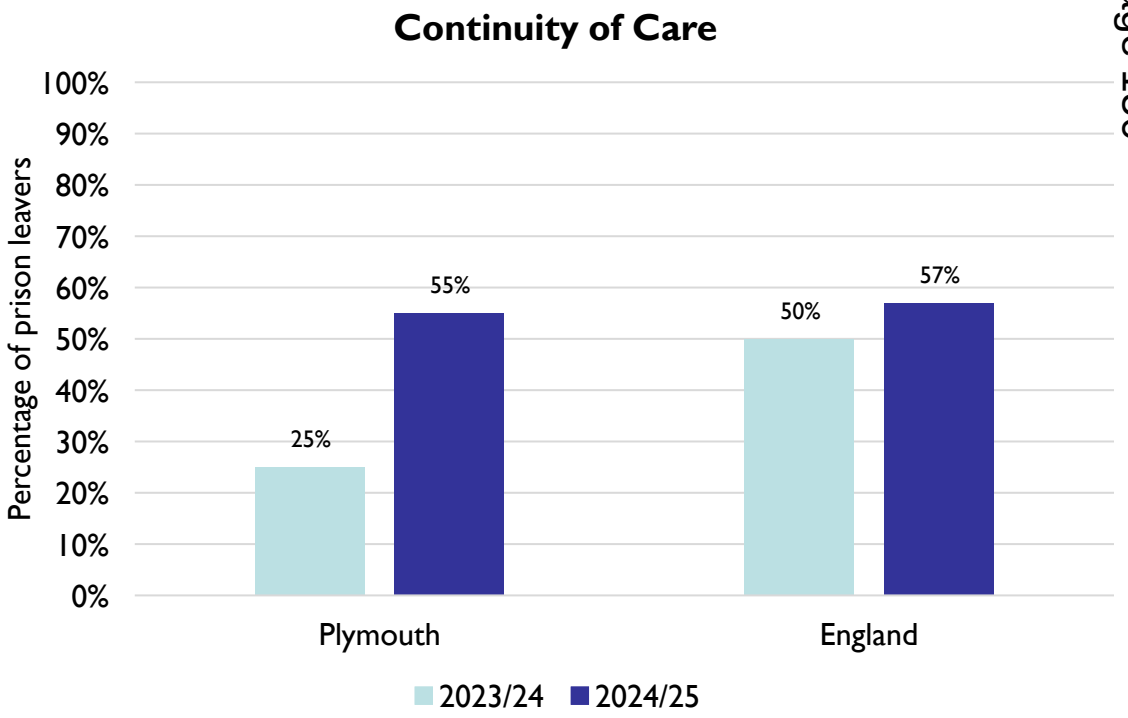
Treatment progress

- Adult services: proportion of those in treatment who completed treatment successfully, are drug-free in treatment or have sustained reduction in drug use – 47% (same as England average)
- CYP:

	Plymouth (%)	England (%)
Proportion still drinking alcohol at high-risk levels	n/a	15
Proportion still using cannabis	64	66
Proportion still using other drugs	29	33
Unmet mental health treatment need	42	56

Continuity of Care

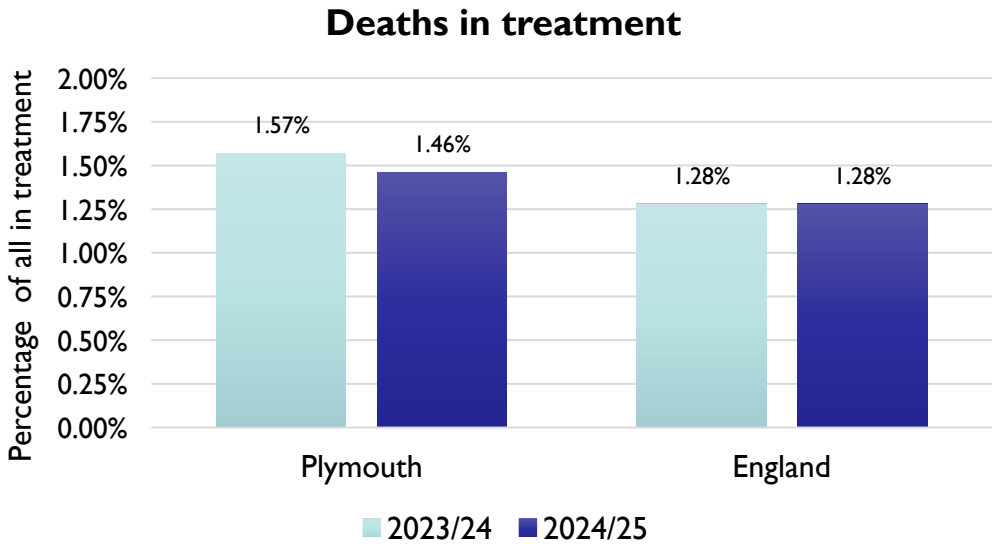
- Prison leavers with a drug treatment need are at a higher risk of harm, death and re-offending
- Transfer to community services reduces risk
- Continuity of care – picked up by community services within 3 weeks of leaving prison



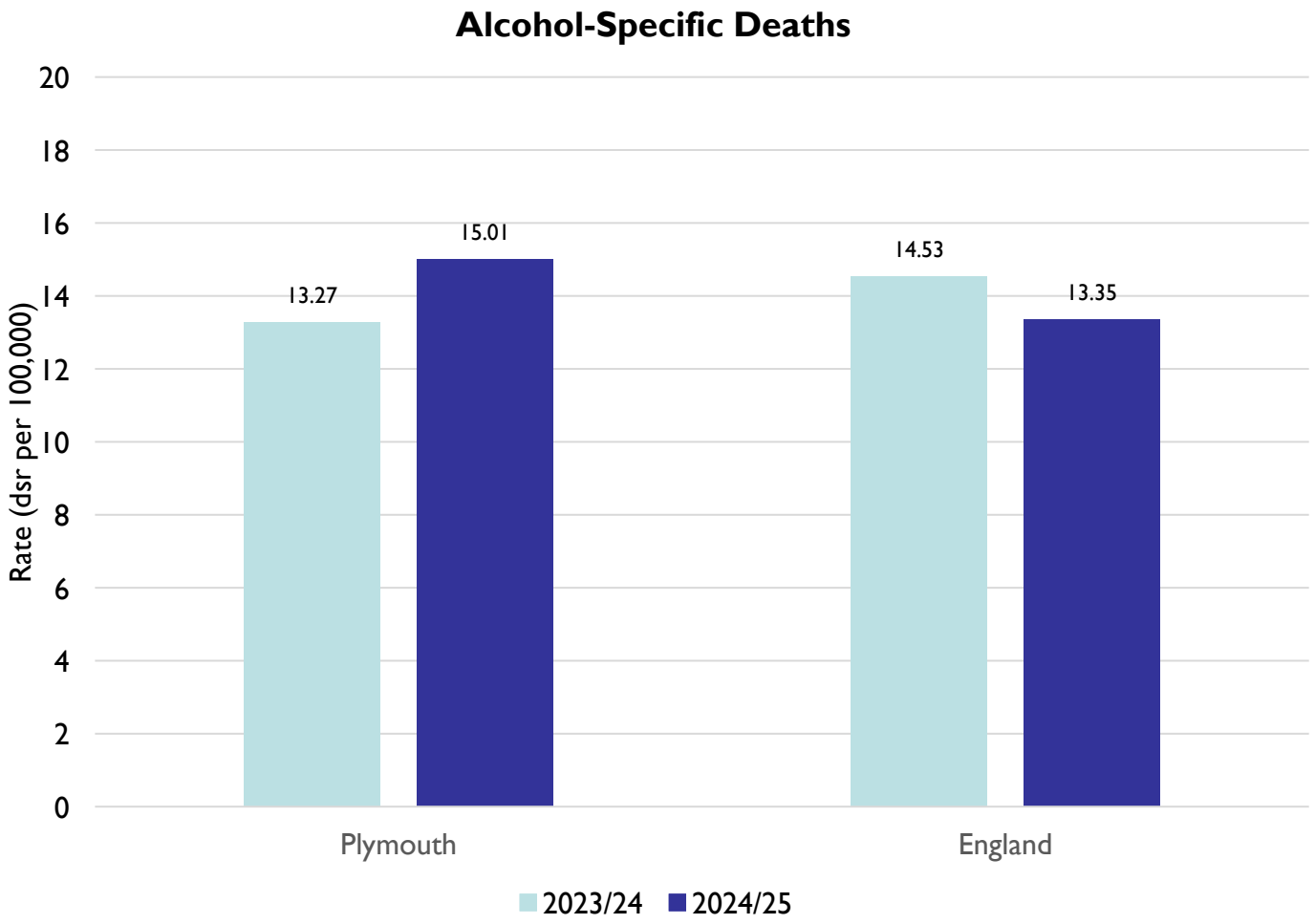
Drug deaths and deaths in treatment

- Drug misuse deaths: 2021-23:
  - Plymouth: 7.5 per 100,000
  - England: 5.5 per 100,000

- Deaths in treatment (any cause)



Alcohol deaths



PLYMOUTH
CITY COUNCIL

DELIVERY PLAN PROGRESS

Delivering world class treatment and recovery system

- Capacity: Improved using DATRIG funding
- Quality: Alliance Treatment Subgroup action plan focusing on eight priorities:
  - Harm reduction and drug and alcohol deaths
  - Drug treatment
  - Alcohol treatment
  - Recovery
  - Mental and physical health
  - Quality improvement and practice
  - Workforce development
  - Lived and living experience
- Focus on collaboration and ensuring delivery remains evidence-based and responsive to local need

Drug deaths

- Local Drug Information System (LDIS)
- Synthetic opioid response preparedness
- Peer-to-peer naloxone
- Plymouth Overdose Response Team (PORT)
- Avoidable deaths review group

Alcohol

- Alcohol steering group set up
- Alcohol needs assessment underway
- New specialist community alcohol treatment team at Harbour
- Dedicated alcohol training package being rolled out
- Strengthening licencing procedures to manage availability
- Expanding use of AUDIT-C screening tool
- Strengthened referral routes from hospital
- Development of audit standards for alcohol treatment
- IM thiamine offer to reduce alcohol-related brain injury

Workforce

- Key priority of treatment subgroup of The Alliance
- Workforce development coordinator in place
- Key activities:
  - ASIST training
  - Trauma-informed approaches
  - Partnership and Pathways sessions
  - Workforce wellbeing champions
- Embedding the Drug and Alcohol Capability Framework into the Alliance

Integration of services / accommodation / employment

- More robust clinical mental health and psychological offer in the Alliance
  - Contribution to MDTs, clinical supervision, improved access to CBT and DBT, Trauma-stabilisation
- Health Inclusion Pathway Plymouth (HIPP)
- Drop-ins at hostels
- Harbour's Homeless Intervention Team (HIT)
- Individual Placement and Support at Shekinah – access to employment

Criminal justice

- Multi-agency Continuity of Care Strategic Group coordinating improvements
  - In-reach support at HMP Exeter and HMP Channings Wood
  - Specific work on those with alcohol-only treatment need – inc assertive outreach
  - OHID self-assessment tool and local audits
  - Integration of support from probation service and Harbour

Children and young people and prevention

- Increasing school referrals
- Strong links to CAMHS
- The Zone provides an offer of educational sessions to secondary schools
- Partnership offer to educational settings on vaping of substances controlled under the Misuse of Drugs Act
- Hidden Harm training in partnership with PSCP
- New CYP Drug and Alcohol Working Group
  - Supporting schools, especially with vaping
  - Launching Drug Use Screening Tool (DUST) with training
  - Building understanding of Ketamine through Task and Finish Group
  - Exploring virtual team model to better coordinate care

healthwatch
in Devon, Plymouth and Torbay

The Dash Review and the future of Healthwatch

The Dash Review

- The Dash Review of patient safety across the health and care landscape was published in July 2025.
- The Government has accepted all 9 recommendations in the review.
- **Recommendation 5** of the review sets out that (a) the statutory functions of Local Healthwatch relating to healthcare should be combined with the involvement and engagement functions of Integrated Care Boards to listen to and promote the needs of service users, and (b) that the statutory functions of Local Healthwatch relating to social care should be transferred to councils in order to improve the commissioning of social care. Primary legislation will be required to make these changes.

The Future of Healthwatch

- The new NHS 10 Year Plan proposes to close Healthwatch.
- The plan suggests bringing the Healthwatch England function into the Department of Health and Social Care under a new National Director of Patient Experience.
- Locally, the patient engagement role of Healthwatch will be merged with NHS engagement teams, while social care functions will shift to local authorities.
- In the meantime, Local Authorities have been told, contractual arrangements should continue to be made to ensure that an effective Local Healthwatch organisation continues to operate

Healthwatch Devon, Plymouth & Torbay

- Current Contract runs until 31 March 2026, and we are awaiting further information from our commissioners on their intentions.
- Our engagement priorities are being kept under review.
- We are in regular contact with NHS Devon around potential engagement in support of the 10-year plan.
- Our Chair, Dr. Kevin Dixon, has stated that despite this news, it is "business as usual" for us, as we remain committed to listening to people and ensuring their voices are heard.

One Devon

NHS Devon update – Plymouth Health and Wellbeing Board

October 2025

ICB recent changes

ICB clustering and leadership update

The new ICB 'cluster' – covering Devon, Cornwall and the Isles of Scilly – was formally approved and is now in place from 1 September 2025.

This is part of a national move to bring together Integrated Care Boards (ICBs) into 26 clusters across England, down from the current 42.

'Clustering' means that, although both ICBs will continue to exist, we will work as one – with a single Board, leadership team and staffing structure.

This is ahead of a formal merger, which is expected from either April 2026 or April 2027, subject to local government reorganisation and further guidance.

In the south west, the seven current ICB will transition into three clusters as follows:

1. Devon and Cornwall and Isles of Scilly (two ICBs)
2. Bristol, North Somerset and South Gloucestershire (BNSSG), and Gloucestershire (two ICBs)
3. Somerset, Dorset, and Bath and North East Somerset, Swindon and Wiltshire (BSW) (three ICBs)

While there are still important details to be worked through – such as arrangements for continuing healthcare, safeguarding, and services for people with special educational needs and disabilities (SEND) – we are moving forward with purpose to ensure a smooth transition that prioritises the needs of local people.

Work is also underway to develop our structure and implementation plan in line with a national Model ICB Blueprint that was published in May.

The Blueprint outlines the core roles and functions that ICBs will be responsible for with a significantly reduced running costs budget.

What this means for partners, patients and public

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

Our absolute priority this year is to continue providing high-quality patient care and reduce waits for surgery, ambulances, emergency departments and discharge from hospital.

We will continue to work in partnership with local authorities, voluntary organisations, community leaders and others to ensure that services are designed and delivered around the needs of our communities – especially those who are most vulnerable or face health inequalities.

Chair appointed to NHS Cornwall and Isles of Scilly and NHS Devon

The Chair of the new NHS Cornwall and Isles of Scilly Integrated Care Board (ICB) and NHS Devon ICB Cluster has been announced as John Govett, following approval by the Secretary of State for Health and Social Care.

John has chaired NHS Cornwall and Isles of Scilly ICB since it launched in 2022.

John Govett started his new role from 1 September, ahead of the first cluster Board meeting, when he also hopes to be able to announce the new aligned group of ICBs' and Cluster Non-Executive Directors, along with the new ICB Cluster governance and committee arrangements.

Devon's exit from the Recovery Support Programme (RSP)

NHS Devon will be exiting from the Recovery Support Programme (RSP) following significant progress made to improve the quality of care for people in Devon in a sustainable way.

The organisation was placed into the National Oversight Framework Segment 4 by NHS England in 2022/2023 – the bottom category of national assessment – which triggered support from NHS England, both regionally and nationally.

The criteria were also applied to all three acute providers in Devon (Torbay and South Devon NHS Foundation Trust, Royal Devon University Healthcare NHS Foundation Trust and University Hospitals Plymouth NHS Trust).

The criteria were designed to promote system-wide solutions to issues that are similar across Devon, given the geographical, demographic, staffing and financial challenges.

It has been recognised regionally and nationally that improvements have been made within the Devon system during the organisations' time in segment 4 and the associated national Recovery Support Programme (RSP).

As a result, NHS Devon and Royal Devon formally exited the RSP in August 2025 and this means the previous RSP exit criteria no longer apply to both organisations having demonstrated sufficient progress against all exit criteria for leadership, urgent and emergency care, and elective performance.

NHS Devon will continue to receive support for finance and strategy, and we will be agreeing a medium-term financial plan and health and care strategy by the end of the September to set us on a strong footing going forward.

The remaining Devon organisations in RSP (Torbay and Plymouth) continue to be supported regionally and nationally to achieve sufficient progress to also exit the RSP.

While there is still much more to do to continue improving services for our patients, we would like to thank our colleagues for their contributions to making this improvement and the huge achievements made.

Health and Care Strategy development

NHS Devon is in the final stages of developing a Health and Care Strategy for Devon. The development of the Strategy has been guided by a structured Discover–Design–Deliver methodology. This approach ensures that transformation is not only evidence-based and strategically sound, but also inclusive and co-produced with the people who use and deliver services across the system.

Discover Phase: Building a Shared Understanding
The Discover phase focused on developing a rich understanding of the current health and care landscape in Devon. This included:

- Reviewing existing intelligence through the system's insights library, which collates data on population health, service performance, and inequalities.
- Drawing on the 10-Year Plan engagement, which involved over 3,400 participants across Devon. This provided a robust evidence base, particularly around the three strategic shifts:
    - From hospitals to community and primary care
    - From treatment to prevention
    - From analogue to digital services

This phase also identified a committed cohort of over 200 individuals who expressed interest in ongoing involvement. This presents a valuable opportunity to establish a citizens' panel or bespoke reference groups to support continued co-design and accountability.

Design Phase: Co-Creating the Future
Building on the insights gathered, the Design phase focused on collaboratively shaping the strategy's content, priorities, and delivery models. Key activities included design workshops, each aligned to a chapter of the strategy, involving stakeholders from across the system—health, care, voluntary sector, and community representatives.

Deliver Phase: Embedding Change
As the strategy moves into delivery, engagement will remain central.

This ongoing engagement will help build trust, foster shared ownership, and ensure that transformation is sustained over time.

Once this has been agreed by the next NHS Devon Board – this will be presented to OSC members at a future meeting.

ENDS

Health and Wellbeing Board

Date of meeting:	03 October 2025
Title of Report:	**Partner Update from University Hospitals Plymouth NHS Trust**
Lead Strategic Director:	Rachel O'Connor
Author:	Amanda Nash

Purpose of Report
To provide partners at the Health and Wellbeing Board with an update on developments at UHP.

Update Information

National Oversight Framework and League Table
The Government recently launched the National Oversight Framework (NOF) and associated new performance dashboard and league tables. NHS England has produced an interactive performance dashboard which shows how NHS trusts are segmented (1 to 4) based on their performance against the NOF metrics. This is available on the NHS England website

High performing trusts in segment 1 may receive greater autonomy while more challenged trusts, particularly those in segment 4, will be offered support or receive interventions. For providers facing the most significant performance or governance challenges intensive, tailored support may be provided through the Recovery Support Programme (PIP) accessed via segment 5. The rankings score NHS trusts on a number of different areas including access to care, effectiveness and experience of care, finance and productivity, patient safety, people, and workforce. University Hospitals Plymouth has been placed in Segment 4 and ranked 109 out of 134 acute hospital Trusts for performance.

Our current position in the national NHS League Tables reflects the ongoing journey of improvement we are undertaking to enhance the services we provide to our population. While our dedicated teams have already delivered significant progress, we recognise that further work is needed to achieve our ambition of being ranked among the top hospital trusts in the country. We are actively delivering against a clear plan to become a high-quality organisation that consistently provides excellent care. This progress is evident in our 'Outstanding for Caring' rating from the Care Quality Commission and in the tangible improvements driven by colleagues across the Trust. Our focus remains firmly on delivering for our patients and fostering a positive organisational culture, making University Hospitals Plymouth NHS Trust a truly great place to work. We are achieving this by empowering clinically led teams and supporting an open environment where staff feel confident to speak up and raise concerns. More information about our recent improvement is available on the Trust website: National Oversight Framework (NOF) and new performance dashboard and league tables | Latest News | University Hospitals Plymouth NHS Trust

Community Diagnostic Centres
In line with the 10 Year NHS Plan, we are delivering care closer to home and we are building one of eight new Community Diagnostic Centres in the heart of Plymouth. This new, state of the art

healthcare facility, located in Colin Campbell Court, is on main bus routes and easily accessible to people. It is in St Peter's & Waterside ward, which is in the lowest 1% most deprived populations in the country. The Community Diagnostic Centre will provide wider access to critical diagnostic tests for people in this area and wider, offering around 100,000 outpatient diagnostic tests every year including MRI, CT, x-ray scans, lung cancer screening, ultrasound, audiology, ECG point of care testing, and blood tests. The Diagnostic Centre is due to open in summer 2026. A topping out ceremony was held earlier this month to celebrate the structural completion of the new Plymouth Community Diagnostic Centre at Colin Campbell Court. The ceremony marked the building reaching its highest point, a significant milestone in the delivery of the £22 million project. Staff and representatives involved in the development were joined by colleagues from construction partner BAM, commissioning body NHS England, alongside local MPs and Plymouth City Councillors, to mark the occasion.

Our vision for the future

We would like to go further and build a Plymouth Health Village in the centre of the city. Plymouth's City Centre Health Village would increase the capacity of the diagnostic centre and be home to a Neighbourhood Health Hub, which could:

- Co-locate health and wellbeing services, bringing care closer to home, addressing health inequalities for the local population
- Provide care closer to home for Sports and Exercise Medicine, Point of Care Testing, Private patients, Research and Development and Dental Services
- Provide access to sexual health services in a city centre location

This could be a catalyst for the regeneration of the west end of Plymouth City Centre, helping attract other new investment and buildings. We are currently talking to partners such as GPs, Plymouth City Council, education sector providers and others and working on drawing up detailed plans. At the moment it is important to be clear that we have not identified funding for this. A successful bid would be subject to funding sources being available and the financial environment at the time.

We believe this could be a game-changer for healthcare in the city, moving those services which can be provided away from Derriford Hospital to a more central site. This will support local residents to live healthier lives through improved access to a wide range of service including diagnostics, treatment, and research.

Working Together in Pathology Services

Colleagues from each of the four acute trusts across the peninsula have been working together as part of the Peninsula Pathology Network to look at innovative solutions that support the sustainability of pathology services. With the demand for pathology increasing, our vision is to create a sustainable model across Devon, Cornwall and the Isles of Scilly that helps patient pathways to be as effective and efficient as possible.

Colleagues in pathology services have been briefed on the programme and will receive further updates soon. The network is setting up webinars and site visits to go through the options being considered in more detail and seek their input.

Network Clinical Director, Wayne Thomas, describes this as a unique opportunity to explore new ways of working across the peninsula that will benefit patients, provide investment in pathology services and improve clinical safety. The aim of the partnership working is to increase capacity and make pathology services more sustainable and better for patients.

CQC Rating for Surgery Services

The Care Quality Commission (CQC) has upgraded the rating of the Surgery Services at Derriford Hospital from 'Requires Improvement' to 'Good'. The CQC completed a full assessment of Surgery Services in April 2025, and reviewed ratings across all 5 key questions: Safe, Effective, Caring, Responsive, and Well-led. Their inspection found services had improved and people were kept safe and protected from avoidable harm, with effective processes in place to monitor quality and safety. Inspectors praised the positive culture, strong leadership, and commitment to patient safety and dignity. Patients consistently described staff as kind, attentive, and respectful, with many highlighting how comfortable they felt during their care. Patients under the care of surgery at University Hospitals Plymouth have seen multiple improvements with decreased waiting times, the development of one stop services and most importantly improved patient experience. As part of their report, the CQC has also given us areas to continue our improvement journey and we have already started our plans to improve in areas such as mandatory training compliance and governance processes and enhancing Pharmacy on surgical wards.

Stroke Thrombectomy in the South West Peninsula 2024/25

Thrombectomy is recognised as the most effective intervention for between 10% to 15% of stroke patients who meet the clinical criteria. Fast access to thrombectomy is proven to improve patient outcomes, reducing long term disability.

The National Stroke Audit SSNAP have just published their 2024/25 Thrombectomy results, this summarises the national picture for stroke thrombectomy across the whole year. It shows that the South West Peninsula had the second highest thrombectomy rate in the UK, at 6.7%, representing 229 procedures, the vast majority of which were performed at Plymouth. That is higher than London (6.0%) and second only to Thames Valley (7.8%). The national clinical lead for SSNAP recognised this as a remarkable achievement, based as it is on a service that is not yet 24/7, and means that if thrombectomy is the appropriate treatment, you have a higher chance of a getting this if you have a stroke in the Peninsula than in London. The whole team at Plymouth were recognised, but we also know the reason more people get a thrombectomy is because of the health of functioning clinical network, founded on the collaboration between the clinicians on the ground.

The next steps to go further will be to open the Peninsula thrombectomy service to 24/7 in the coming months, to work with referring teams to ensure all those eligible get equal opportunity irrespective of where they live in the Peninsula and very importantly that we improve the time from arrival in any of the Peninsula Emergency Departments to being transferred and receiving the procedure in Plymouth.

Unscheduled Care

In August 2025 the Trust received notification from NHS England that they were introducing a new Urgent and Emergency Care (UEC) Tiering Approach, measured by performance across the preceding quarter for 4 hours, 12 hours and ambulance handovers. The letter confirmed that following a review of University Hospitals Plymouth's (UHP's) UEC performance, and in agreement with our regional team, that UHP would be in Tier 1 for UEC for Quarter 2 of 2025/26. Performance against ambulance handovers over 45 minutes would be reviewed regularly and an improvement in handover times was required for the month of September 2025. Tiering levels will be formally reviewed and agreed on a quarterly basis.

A new Urgent Treatment Centre (UTC), located in the brand-new three-storey Dartmoor Building at Derriford Hospital opened this month. The UTC is a walk-in facility and is available to treat injuries and illness which are not life-threatening but still require urgent treatment. The new UTC will provide treatment in addition to the Cumberland Centre in Devonport and Minor Injury Units in Tavistock and Kingsbridge. This increased capacity in the local area will ease the pressure on Derriford Hospital's

Emergency Department, enabling emergency medicine specialists to focus on patients who are seriously unwell.

You should visit the UTC if you have an injury which is not life-threatening, such as:
• Limb fractures
• Minor illness
• Sprains and strains
• Minor head injuries
• Minor scalds and burns
• Bites and stings
• Foreign body in eyes
• Infected wounds and cuts

The Dartmoor Building, which houses the new UTC, will shortly also become home to other key hospital services, such as the Fracture Clinic, Main Outpatients and Pre-operative assessment.

Planned Care
The Surgery Care Group ceased insourcing activity in theatres as of April 2025. To support elective recovery, weekend working at double-time rates was introduced for an initial four month period beginning in July 2025. In August 2025, 76 additional patients were treated under this arrangement, with further activity anticipated in September 2025. To ensure sustainability, the Care Group is actively recruiting to enable planned, regular six day working. This is expected to be implemented across key specialties including Urology, Colorectal, Spinal, Gynaecology, and Hepatobiliary/Oesophagogastric.

In August 2025 the Trust received confirmation from NHS England that University Hospitals Plymouth (UHP) that following a review of elective, cancer and diagnostic performance, and in agreement with the national team, that UHP would be in Tier 2 for Elective and Cancer for Quarter 2 of 2025/26. Delivery progress would be reviewed regularly, with Tiering level being formally reviewed and agreed on a quarterly basis.

For patients with suspected cancer
- 28-Day Faster Diagnosis Standard: 82% of patients with suspected cancer received a diagnosis within 28 days of being referred in August 2025.
- 62-Day Treatment Standard: 65% of patients were treated within 62 days, underperforming against the national target of 75%. We remain focused on recovering this, particularly by supporting urology and lung services.

Maternity Pilot Shifts First Appointments to Face-to-Face
The maternity team has recently introduced a key change aimed at improving patient experience and the quality of early care by moving patients first antenatal booking appointments from over the phone to face-to-face.

Following feedback from service users, the team has been trialling in-person appointments for some expecting patients. The new approach first rolled out in July 2025 and, after some refinements, has relaunched in August. Since then, many patients have commented the experience has been noticeably better in comparison to previous pregnancies, where first contact was over the phone.

This change is part of a wider maternity and neonatal improvement programme, which looks at ways we can offer more personalised care right from the beginning.

Appointment only system to be introduced for blood tests at the Phlebotomy Community Hub at Windsor House

University Hospitals Plymouth NHS Trust and NHS Devon are introducing a major improvement to the way patients have their blood tests at Windsor House. From 6 October 2025, we're introducing a new online booking system through SwiftQueue to make patients' experience quicker and easier. Patients who have been referred to have their blood tests will need to book their appointment online before attending Windsor House. This change is a direct response to patient feedback and operational challenges, ensuring that people have a more comfortable and timely experience when attending for their blood tests. Instead of waiting in long queues, patients will be able to book, change, or cancel their appointments online at a time that works best for them.

Patients will also get reminders and updates, so they know exactly when and where to go, helping you feel more prepared and reducing the chance of missed appointments. By managing appointments in advance, we can keep the service running smoothly and reduce overcrowding, making visits more comfortable for everyone.
If an urgent blood test cannot be completed at the patient's clinic or GP practice, their clinician can refer them to Windsor House, where they will be able to drop in. The Derriford Outpatients Department will follow the same system shortly after Windsor House. Patients with routine blood tests will be able to choose which location suits them best. Some specialist tests must be done in the Outpatients Department so the samples reach the lab in a timely manner.
For more information visit our phlebotomy page

Relevance to the Corporate Plan and/or the Plymouth Plan
Partner update

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HEALTH AND WELLBEING BOARD

Tracking Decisions Log 2025 – 26

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

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

Date	Resolution	Responsible	Progress
12/06/2025	Requested that an update on the implications of the Comprehensive Spending Review are brought to a future Board meeting, when appropriate.	Gary Walbridge (Strategic Director for Adults, Health and Communities)	On Hold: Added to the work programme for scheduling at the appropriate time. Implications are not yet clear.
12/06/2025	Request that a letter was sent to the Department for Education requesting that a long-term strategy to reduce youth uptake and eventual dependency on nicotine is developed, informed by emerging evidence, including consideration of a generational ban on vape sales in the future.	Dan Preece / Dave Schwartz (Public Helath Specialists)	Complete: A letter was sent on 08 July 2025. A response has been received and circulated to members.
12/06/2025	To review the implications for Pharmacy provision in Sherford following the publication of Devon's PNA to ensure it was sufficient.	Rob Nelder (Public Health Specialist)	Complete: The Devon PNA has now been published and includes the following assessment: *Based on the information available at the time of developing this PNA and with the continued expansion of Sherford, it is not anticipated that a gap in pharmacy provision will be identified until 2,500 houses are built and occupied, in this development, in the life of this PNA. As the new town evolves and develops, should this parameter be met, there will be a future need for a pharmacy within the Sherford town centre. Provision of services would be required Monday to Friday*

			between 9:00am and 6:00pm Monday to Friday and Saturdays 9:00am to 1:00pm, providing all essential services plus the necessary services as outlined in the PNA 2025-28. Core hours must include provision up to 6:00pm on weekdays to ensure adequate access for the local population.
12/06/2025	Write a letter of support for the Dental School's campaign to increase annual student placements to 72, in line with other national dental schools;	Rob Nelder (Public Health Specialist) + Councillor Mary Aspinall	Complete: A letter expressing support for the DPSE's campaign was sent on 03 July 2025. A response has been received and circulated to members.
06/03/2025	Requested further information from NHS Devon regarding the dental contract, to ascertain when routine check-ups and normal operation would resume, following delays accrued during the Covid-19 Pandemic.	Melissa Redmayne (NHS Devon)	Complete: A verbal update was provided at the Health and Wellbeing Board meeting on 12 June 2025. A detailed report is scheduled for 03 September 2025.
06/03/2025	Recommended that a training session regarding Suicide Prevention and Awareness was incorporated into annual Councillor induction and refresher training.	Kamal Patel (Consultant, Public Health)	Complete: A Suicide Prevention and Awareness training session was held on 29 July 2025. The recording is available on the Councillors Hub.

HEALTH AND WELLBEING BOARD

Work Programme 2025 - 26

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

For general enquiries relating to this committee's work programme, please contact Elliot Wearne-Gould, Democratic Advisor, on 01752 398261.

Meeting Date	Agenda item	Responsible Officer
12 June 2025	Vaping Motion on Notice - Strengthening Measures to Combat Youth Vaping.pdf	Dan Preece & Dave Schwartz (Public Health)
	Pharmaceutical Needs Assessment	Rob Nelder (Public Health)
	H&WB Development Workshop Report	Professor Steve Maddern (Director of Public Health)
	END OF FORMAL BOARD MEETING	
	H&WB Development Workshop 2	Professor Steve Maddern (Director of Public Health)
03 October 2025	NHS Devon Dental Services Update. (To include dental contract consultation and new Government proposals)	Melissa Redmayne (NHS Devon ICB)
	Plymouth Drugs Strategic Partnership update.	Kamal Patel
	NHS 10 Year Plan & Neighbourhood planning model.	Chris Morley (NHS Devon ICB)
	Winter Planning	Chris Morley (NHS Devon ICB) + PCC + UHP
	Partner Updates	All partners invited
15 January 2026	Revised H&WB Terms of Reference and Board Strategic Plan (draft).	Professor Steve Maddern (DOPH)
	DOPH Annual Report	Professor Steve Maddern (DOPH)
	City Brand Story	Amanda Lumley - PCC

Meeting Date	Agenda item	Responsible Officer
12 March 2026		
Standing Yearly Items		
2025/26	Suicide Prevention	Kamal Patel
2025/26	Director of Public Health Annual Report	Professor Steve Maddern
Items to be scheduled		
2025/26	Local Care Partnership Priorities	LCP + PCC
	Joint Strategic Needs Assessment	Professor Steve Maddern