

Tuesday, 19 September 2023

Meeting of the Health and Wellbeing Board

Thursday, 28 September 2023

2.00 pm

Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Pat Teague, Ageing Well Assembly

Alison Brewer, Primary Care Representative

Tara Harris, Divisional Director of Community and Customer Services

Pat Harris, Healthwatch Torbay

Matt Fox, NHS Devon Clinical Commissioning Group

Jo Williams, Director of Adults Services

Adel Jones, Torbay and South Devon NHS Foundation Trust

Nancy Meehan, Director Children's Services

Lincoln Sargeant, Director of Public Health

Chris Forster, Torbay Community Development Trust

Tanny Stobart, Imagine This Partnership (Representing the Voluntary Children and Young People Sector)

Anthony Reilly, Devon NHS Partnership Trust

Paul Northcott, Adult Safeguarding Board

Sarah Newham, Department for Work and Pensions

Roy Linden, Devon and Cornwall Police

Councillor Bye

Councillor David Thomas - Chairman

Councillor Tranter

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HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 4 - 11)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 22 June 2023.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**
For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**
For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**
To consider any other items that the Chairman/woman decides are urgent.
5. **Developing Women's Health Hubs** (Pages 12 - 14)
To consider the report on developing women's health hubs.

(Note: presented by the Deputy Director of Commissioning, Out of Hospital, NHS Devon).
6. **Joint Health and Well Being Strategy Update** (Pages 15 - 37)
To consider the Torbay Joint Health and Wellbeing Strategy 6 monthly monitoring reports.

(Note: presented by the Director of Public Health, Torbay Council).

- 7. Local Care Partnership Business Programme**
To receive a verbal update on the Local Care Partnership Business Programme.

(Note: presented by the Locality Director (South and West), NHS Devon).
- 8. Better Care Fund Plan** (Pages 38 - 45)
To consider the report on the Better Care Fund Plan.

(Note: presented by the Locality Director (South and West), NHS Devon).
- 9. Healthwatch Annual Report** (Pages 46 - 95)
To consider the Healthwatch Annual Report.

(Note: presented by the Chief Executive Officer of Healthwatch Torbay and Engaging Communities South West/Strategic Lead for Healthwatch in Devon, Plymouth and Torbay).
- 10. Cost of Living/Turning the Tide on Poverty**
To receive a verbal update on the Turning the Tide on Poverty and Cost of Living work programmes.

(Note: presented by the Director of Public Health, Torbay Council).
- 11. Risk Register** (Pages 96 - 98)
To receive an update on the Risk Register.

(Note: presented by the Director of Public Health, Torbay Council).

Minutes of the Health and Wellbeing Board

22 June 2023

-: Present :-

Tara Harris, Pat Harris, Matt Fox, Jo Williams, Nancy Meehan, Lincoln Sargeant, Tanny Stobart, Paul Northcott, Roy Linden, Councillor David Thomas, Jess Slade and Chris Winfield

(Also in attendance: Councillor Hayley Tranter)

16. Apologies

Apologies for absence were received from Councillor Nick Bye, Cabinet Member for Children's Services Alison Hernandez, Police and Crime Commissioner and Lee Tozer, Partnership Manager, Devon and Cornwall District, Partnership and Provision Team, and Sarah Newham of Department for Work and Pensions, Adel Jones, Torbay and South Devon NHS Foundation Trust who was represented by Chris Winfield and Pat Teague, Ageing Well Assembly who was represented by Jess Slade.

17. Minutes

The Minutes of the Health and Wellbeing Board held on 9 March 2023 were confirmed as a correct record and signed by the Chairman.

18. Urgent items

The Board agreed by general consensus to appoint Councillor Hayley Tranter, Cabinet Member for Adult and Community Services, Public Health and Inequalities to the Board, in accordance with Article 15.03(g) of the Council's Constitution and with immediate effect.

19. Update on Membership and Terms of Reference

The Board received a verbal update from the Chairman and noted that the membership of the Health and Wellbeing Board together with Terms of Reference had been approved at the Council meeting on the 25 May 2023.

20. Torbay Joint Strategic Needs Assessment 2023/24

The Board received a presentation from the Public Health Specialist, Torbay Council, who explained that the Joint Strategic Needs Assessment (JSNA) was an assessment of the current and future health and social care needs of the local

community. The JSNA was divided into nineteen subject areas which was a change from previous years.

The 2021 census showed that the population who were over 65 years of age had increased by 21% since 2011. This meant that a quarter of the population of Torbay are over 65 years of age.

The Board were informed that:

- Torbay is the most deprived local authority area in the South West and is fiftieth from bottom for EPC Certificates at Grade C or better out of 331 local authorities;
- The average full time salary in Torbay was significantly lower than the rest of the South West and England so that the economy is ranked as relatively weak;
- There was consistently higher rates of children in care and with special educational needs, but it was positive news that there had been a gradual fall in the rates of children in care since 2019;
- In terms of Adult Social Care, Torbay has seen a steady increase, compared to the rest of England, in the rates of long-term support for those with a primary support reason of mental health compared to a small decrease across England;
- In relation to unpaid carers, the 2021 census showed around 14,900 unpaid carers in Torbay which is significantly higher than for the South West and England;
- It was also acknowledged that Torbay has one of the highest suicide rates in England but there has been a declining trend over the last few years. Hospital admission rates for females were much higher than for males in terms of self harm and it was recognised that this might not be a true reflection as only a small number of individuals will be reflected in hospital admission numbers;
- There continues to be high rates of hospital admissions related to alcohol which is generally double the rate for males as opposed to females, but in terms of under 18's that trend is reversed;
- It was found that one in six Torbay residents smoke and the rates were highest for those individuals who have never worked or were long term unemployed;
- Six out of ten adults in Torbay self reported as overweight and one in four reception children were classified as overweight and there was an increase in that trend;

- There were also high rates of hospital dental extractions in Torbay due to tooth decay although the rates had fallen since 2018/19 but were significantly higher in deprived areas of Torbay. It was acknowledged that the overall decrease could be due to the effect of Covid.

The Board welcomed the fact that the data reflected some key areas in which downward trends were becoming apparent and recognised the continuing work around children, suicide prevention and self harm for instance which included in depth work around understanding patterns of behaviour and the response to mental health services.

The Board recognised that attendance duties in relation to persistent absences for child protection have now reverted back to local authorities rather than resting with schools. This meant that the local authority had greater oversight but that a partnership approach to levels of non attendance were still key in reducing the levels. Torbay continued to be an outlier for Education, Health and Care Plans (EHCP) and the continuing work with the Safety Valve Intervention Programme meant that there had been a reduction year on year since 2014 so that there were less EHCP plans this year than any other year.

The Board acknowledged that the potential change in primary care provision in Torbay could have a significant impact on smoking cessation, for example and that GP's within the Torbay area were due to meet to discuss how access to mental health services could be improved within Torbay.

By consensus the Board resolved:

That the Torbay Joint Strategic Needs Assessment 2023/24 be noted.

21. Torbay Drug and Alcohol Partnership Report

The Director of Public Health, Lincoln Sargeant outlined the submitted report which was designed to familiarise the Board with the new Drugs and Alcohol Partnership.

The Board was informed that it was a requirement for each local authority area to have a drugs and alcohol partnership to support delivery of the national strategy, "from harm to hope" and that Torbay chose to have the drug and alcohol partnership because of the close relationship between the two substances.

The Strategy would be delivered against priority areas that focus on both adults and young people:

- Breaking supply chains;
- Delivering a world class treatment and recovery system;
- Achieving a generational shift in demand for drugs and understanding the underlying drivers for demand.

The delivery plan was underway and was bringing together the work "on the ground". A better than average take up on treatment had been seen and it was recognised that there was still huge scope to engage.

The Board acknowledged that the Drug and Alcohol Partnership would feed into public key strands of the Health and Wellbeing Strategy.

By consensus Members resolved that:

The report Torbay Drug and Alcohol Partnership Report be noted.

22. Smokefree Devon Alliance Strategy 2023 - 2028

The Public Health Practitioner for Torbay Council outlined the submitted report which took into account the progress under the last Strategy together with updates and details of the new Strategy which had been launched and which would span the next five years.

The Alliance strategy and plans were based on the national Tobacco Control Plan for England and were informed by local need through the Joint Strategic Needs Assessments.

The Board was informed that the Devon Smokefree Alliance was a partnership across Public Health teams, the NHS, Trading Standards, Environmental Health, children's centres, schools, youth settings, fire services, police, housing, Community Safety Partnerships, and the voluntary sector. The Alliance was committed to reducing the prevalence of smoking in Devon and was a member of the Smokefree Action Coalition.

The partnership of key organisations meant that efforts could be consolidated and activities directed with impacts monitored against emerging issues and trends.

The Board was informed that under the last Strategy which spanned 2018 to 2023, the key areas concentrated on protecting children and young people and reducing inequalities with thought given to creating smoke free organisations, discouraging smoking and finding support for individuals to stop smoking.

The Board was asked to note the key achievements which were:

- Treating dependents which was part of the NHS long term plan commitment and had provided pathways and resources to supporting pregnant women, for instance, to stop smoking and towards people coming into hospitals who were identified as smokers, encouraging these individuals to stop smoking and ensuring that they were provided with a package of support. This had taken huge investment and an allied effort and was just the beginning in terms of delivery;
- Reducing inequalities would always be a priority and it was recognised that the investment of the NHS long term plan was most welcome. The 'stop smoking' services prioritised working with the population affected by health and inequalities and aligned themes to ensure access from different services at different points of time;

- Supporting a smoke free culture which encouraged working broadly with organisations around the culture of smoking.

The Board heard that:

- There was some voluntary sector representation within the Alliance itself and how to move that forward would be considered at the next meeting in terms of forming stronger links;
- There were also environmental challenges around vaping and hopefully there will be greater regulation introduced around minimum pricing. At present, the way in which vaping devices are manufactured meant that they were not recyclable;
- There had been a recent systematic review of evidence although there was not a conclusive view on the longer term health implications of vaping;
- Most young people and children did not seem to think that vaping was harmful or a bad thing and so it was really important to think about how to get the message across that it is not “ok” and should be seen as an aid to quit smoking;
- There was now national work underway around regulations such as enforcement in respect of access by children and young people;
- There was a concern that individuals have limited access to support if they only wish to quit either smoking or vaping;
- There was awareness of ad hoc incidents of illicit vaping but not necessarily local to Torbay;

By consensus Members resolved that:

The report on the new Smokefree Devon Alliance Strategy 2023 – 2028 and priority areas be noted.

23. Devon Integrated Care Joint Forward Plan

The Director of Public Health, Lincoln Sargeant outlined the submitted report.

Members were reminded that they had received, at a previous meeting of the Board in March 2023, a draft of the One Devon Integrated Care Strategy and had been provided with the opportunity to comment on the content. Health and Wellbeing Board chairs in Devon were also invited to provide their input into the Strategy and the developing Joint Forward Plan at an event held on 23 March 2023.

The Board was informed that the final Joint Forward Plan was approved by NHS Devon on 7 June 2023 and was now being shared with Health and Wellbeing Board members for information.

The Board acknowledged that the Joint Forward Plan represented an attempt, as a whole system, to identify the issues that needed to be addressed and that the Plan was very much a work in progress.

Members commented as follows:

- Whilst it was recognised that 30% increase in prevention of households becoming homeless was a great objective, this was a local authority duty in the main and it would cause difficulty for the local authority to use its resources to achieve that and so there was a need to align the local authority services to discuss that further;
- It would take significant investment to get 65% of households above EPC Band C with minimal government intervention;
- The Strategy gives a systematic framework for doing things across Devon and contains a huge amount of detail. It will take some time for the major work programmes and local care partnership to mature;
- Housing is part of the Health and Wellbeing Strategy and it is important to advocate for local issues;
- It was important to monitor Torbay within the framework rather than just at Devon level.

By consensus Members resolved that:

The update on the Devon Integrated Care Joint Forward Plan report be noted.

24. Integrated Care Board and Local Partnership Business Programme Update

The Board noted a verbal update provided by the Director of Public Health, Lincoln Sargeant, on behalf of Derek Blackford, Locality Director, South & West, NHS Devon Integrated Care Board.

The Board were informed that the Integrated Care Partnership brought together all key partners and that the local focus in Devon was around local care partnerships. Devon has five partnerships and each reflects its respective priorities identified through the Strategy which very much looked at the architecture of resource alignment and the road map for delivery. The operating model had been developed to support each component of the system to play a role and provide accountability and responsibility for delivery.

There were financial and performance challenges in Devon so the Integrated Care Board needed to deliver 30% savings and because of NHS Devon's historical challenges this would be more like 40%. Local Care Partnerships were developing their building plan and local priorities, working through focussed membership and engagement to deliver for local communities and neighbourhoods.

The next meeting of the Local Care Partnership will be on the 27 June 2023 and the Health and Wellbeing Board will receive an update on that at its next Board meeting in September.

Members commented that:

- The Local Care Partnership framework still needs to mature;
- By comparison, there had been a lot of work in the North and East but this was because the North, for example, probably had a really good partnership already prior to the Integrated Care Strategy and already had work in place around linking up patient pathways. Therefore, it was able to step into the Local Care Partnership easier than the South;
- It was recognised that Devon is a strange hybrid because there are two local authorities being Torbay Council and Devon County Council;
- There was a need to take care not to duplicate work and make sure that Torbay does not “miss out”;
- It was important not to lose historical knowledge of cross working and that knowledge should be embedded into the Local Care Partnership.

25. Turning the Tide on Poverty and Cost of Living Work Programmes Update

The Board received a presentation and noted a verbal update provided by Lincoln Sargeant, Director of Public Health and Becky Morgan, Partnership Development Manager, Community Engagement.

The Board had received a report previously which detailed some really good partnership working carried out over the winter around response to the Cost of Living crisis and protecting people over the winter. One of the key parts of that was understanding underlying vulnerability and building resilience in families and communities in respect of the latest Cost of Living crisis.

There had been pro-active targeting of households who were not eligible for Cost of Living help but were in work and struggling financially.

Social supermarkets had benefited from Council funding and there were six sites across Torbay. Individuals contributed towards the cost of food and had a shopping experience. There were a lot of people accessing social supermarkets that would not have accessed food banks because of the stigma. However, the cost of food has increased significantly and a lot of providers were having to purchase 50% of the food and in the long term this was not sustainable. In addition, the Household Support Funding would run out if it continues at its current rate.

The Board were informed that there were some really good interventions, but these were short term and some of the issues were national issues outside of the Council's control. Therefore, efforts were very much concentrated on trying to break the cycle on the front line. The degree of mental health issues was a concern

and the Council had done its best to try and support partners but there was a lack of support services. It was recognised that even if economic circumstances improved there would still be a long-term impact on some people in other ways.

Members commented as follows:

- There was concern about individuals not getting their prescriptions for medical conditions and a high percentage of people not attending GP appointments;
- There was a lack of pharmacy schools south of Bristol and so this had an impact on pharmacists available in the South West area in general. There was also difficulty in employing pharmacists in chains;
- It was easy to obtain a prescription from GP's as this could be done electronically and so the problem is very much community pharmacy based together with certain medications not being available;
- There was an incident management approach over the winter and it is important for partners to share intelligence;
- A key area was around accessing mental health programmes through the NHS and DWP;
- One of the key drivers behind the level of unemployment is physical and mental health disabilities;
- It was important to better understand how working affects income for those on benefits. This may affect the choice that people make in choosing not to work;
- Some individuals who are working have less monthly income than those in receipt of benefits and are not eligible for free school meals;
- Helplines had seen an increase in calls from people over the age of 60 who are struggling to pay bills, so this was not just a difficulty faced by deprived young families;
- In terms of preventative services, it was important to identify further funds available otherwise a lack of funding would mean an increase in A&E admissions and suicide rates for instance;
- Safe and warm environments should be part of the winter plan;

Meeting: Health and Wellbeing Board **Date:** 28th September 2023

Wards affected: All

Report Title: Developing Women's Health Hubs

When does the decision need to be implemented? As soon as board decision agreed

Cabinet Member Contact Details: Councillor Hayley Tranter, Cabinet lead for Public Health and Adult Social Care Hayley.tranter@torbay.gov.uk

Director Contact Details: Dr Lincoln Sargeant, Director of Public Health
Lincoln.sargeant@torbay.gov.uk

1. Purpose of Report

- 1.1 This report is intended to bring awareness to the Health and Wellbeing Board members of a local issue and to invite support for this area of development in response to the needs of local Torbay residents.
- 1.2 The proposal in this report is to invite the Health and Wellbeing board to support and endorse the establishment of the group 'Improving Women's Health'. This group was established in early 2023 and has the purpose of developing, promoting, and locally implementing the Women's Health Strategy and associated funding. It is intended that this is done in line with the national strategy, across Torbay, Devon and Plymouth considering local needs and population demographics.
- 1.3 The Health and Wellbeing Board are invited to be aware of the reasons for the creation of the group, how it plans take a strategic approach to improving women's health and spend the allocated funding.

2. Reason for Proposal and its benefits

- 2.1 The 'Improving Women's Health' group is multi-disciplinary and inter-organisational and was established in early 2023. Led by NHS Devon ICB and including Public Health leadership from Torbay, Plymouth and Devon, the membership is made up of key stakeholders working within the local health sector, including representatives from service

users groups, Primary and Secondary care providers and local authority Public Health commissioners. The group and its members will aspire to bring together professionals, user voices and services to provide women's health hubs in the community and implement the allocated funding.

- 2.2 Women's Health Hubs have been announced by the Department of Health, forming a key component of the national Women's Health strategy. One-off non-recurrent funding (£595,000) to NHS Devon ICB was announced in July 2023. Key local priorities identified are regarding Long-Acting Reversible Contraception (LARC), menopause care and digital solutions. This sum is for the entire ICB footprint.
- 2.3 In Torbay, delivery of Long-Acting Reversible Contraception (LARC) has been in decline and was exacerbated over the Covid pandemic. Unlike other areas nationally, this trend has continued, resulting in women being unable to, or experiencing long delays in accessing LARC in general practice.
- 2.4 Across Devon, including Torbay, there is no NHS specialist menopause care for women. There is a gap in clarity over commissioning responsibilities. Any specialist care requires private appointments, with the nearest in Cornwall or Dorset, resulting in long delays, out of area travel or no access at all.
- 2.5 It is an aspiration that the Improving Women's Health group will address and improve outcomes relating to LARC and menopause as key Torbay priorities.

This group and its work will address inequalities in health for women by:

- Raising awareness around women's health.
- Focussing clearly on the outcome of improving women's health for the benefit of individual women, families, and the wider Devon population.
- Improving access to healthcare for women across the life course, and consistency of this across Devon.
- Collaboratively commissioning women's health services across Devon in primary and in secondary care.
- Reducing inequalities in health outcomes for girls and women, including gender-based inequalities both for sex-specific conditions and in women's general health.

3. Recommendation(s) / Proposed Decision

The Health and Wellbeing board are invited to:

1. Consider how local organisations and structures can help to improve women's health through their individual policies and by working together to strengthen and develop current services (including consideration of co-commissioning for example). Update can be given to this board after three months (December 2023).
2. Support the work of the Improving Women's' Health group. This group will be convened by NHS Devon ICB with engagement from key stakeholders, including Torbay Local Authority Public Health. This group will seek to implement the national Women's Health Strategy and

ambitions for a local Women's Health Hub. Update can be given to this board after three months (December 2023).

Appendices

Appendix 1:

Background Documents

<https://www.gov.uk/government/publications/womens-health-strategy-for-england>

<https://www.gov.uk/government/collections/womens-health-hubs>

<https://www.gov.uk/government/news/25-million-for-womens-health-hub-expansion>

<https://www.torbay.gov.uk/council/policies/health/srhna/>

Supporting Information

Meeting: Torbay Health & Wellbeing Board **Date:** 28 September 2023

Wards affected: All

Report Title: Torbay Joint Health & Wellbeing Strategy 6 monthly progress report

When does the decision need to be implemented? October 2023

Cabinet Member Contact Details: Hayley Tranter, Cabinet Member Adult & Community Services, Public Health & Inequalities Hayley.Tranter@torbay.gov.uk

Director Contact Details: Lincoln Sargeant, Director of Public Health
Lincoln.Sargeant@torbay.gov.uk

Author: Julia Chisnell, Consultant in Public Health Julia.Chisnell@torbay.gov.uk

1. Purpose of Report

- 1.1 The Torbay Joint Health and Wellbeing Strategy 2022-26 was published in July 2022. The Health and Wellbeing Board receives six monthly progress reports and this paper provides a third progress report on implementation.
- 1.2 As it is over a year since publication of the Strategy, proposals are made to update some of the actions for delivery which sit beneath the programme goals.
- 1.3 The paper also proposes resources to support implementation of the 'asks' which the Strategy makes of Board members and partner organisations, to increase the pace of delivery.

2. Reason for Proposal and its benefits

- 2.1 The proposals in this report will help us to deliver improvements in the health and wellbeing of our population by setting priorities for delivery and monitoring achievement.

3. Recommendation(s) / Proposed Decision

Members are asked to:

1. Note progress in delivery.
2. Note the risk in relation to the digital inclusion programme.
3. Note the updates to the Strategy wording.
4. Consider how member organisations will deliver the corporate ‘asks’ in relation to health and wellbeing programmes.

Appendices

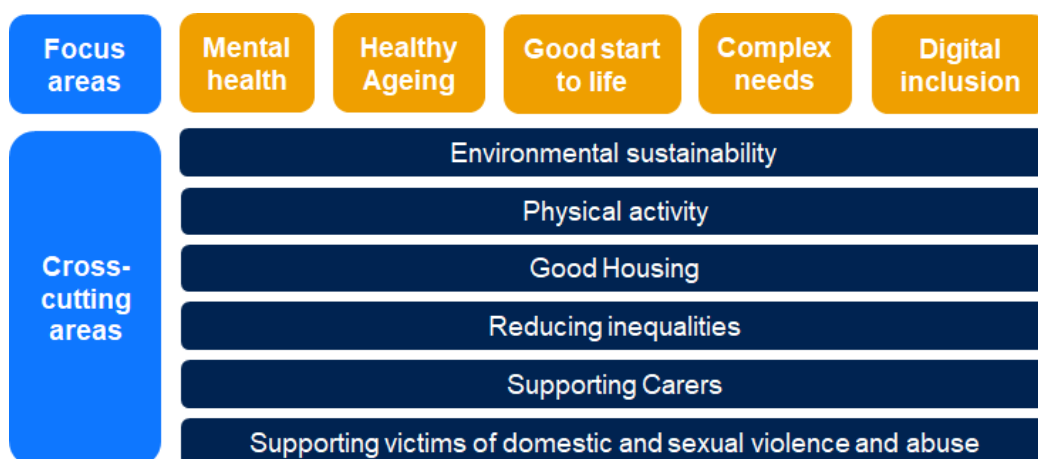
Appendix 1:

Data summary report.

Supporting Information

1. Introduction

- 1.1 The Joint Health and Wellbeing Strategy is a statutory requirement for all upper tier local authorities and represents the priorities and work programme of the Health and Wellbeing Board.
- 1.2 The Joint Health and Wellbeing Strategy 2022-26 set out five areas of focus and six cross-cutting areas:



- 1.3 An outcome framework was developed to monitor delivery of the Strategy. Each priority area is required to report to the Health and Wellbeing Board on a six monthly basis, covering progress against objectives, support for cross-cutting areas, and any

engagement work undertaken with communities. Each report also gives an overall statement on progress with the opportunity to highlight risks or barriers.

- 1.4 A separate report is produced by the Public Health Intelligence team with the latest data indicators for each priority area. Key points are included in the summaries below and the full data report is included at **Appendix 1**.

2. Progress on delivery to September 2023

- 2.1 Progress is reported against each priority programme area below.

Mental health and wellbeing

Programme update: On track

Progress in the past six months has been extremely positive with:

- mental health and wellbeing being placed front and centre in Devon ICS strategic documents
- the establishment of a Torbay multi-agency strategic group which focuses on children's emotional health and wellbeing
- primary care network mental health multi-agency team meetings for adults operating across Torbay.

The [Devon Integrated Care System Joint Forward Plan 2023-28](#) includes a system target to reduce suicides to England average levels (10.4 per 100,000) within the next five years. Torbay's suicide rate (17.2 per 100,000) is the outlier in Devon thus a multi-agency priority setting workshop was held to collectively decide priorities for the next three years and renew enthusiasm around the agenda. The action plan is to be reviewed by the Health & Wellbeing Board in December.

Under the SEND (Special Education Needs and Disabilities) Written Statement of Action programme, a multi-agency strategic group which focuses on children and young people's emotional health and wellbeing has been established. Areas for action include: improving communications, data and intelligence, and schools (including children who do not attend schools).

PCN Mental Health multi-agency meetings are now well established in some areas of the Bay. These meetings allow for multi-agency discussions of adults with more complex needs or where services don't quite fit to help form collective solutions. The multiple complex needs alliance is linked into these meetings and have established separate meetings with NHS mental health provision to respond more appropriately to people with a dual diagnosis (people with alcohol dependency and a mental health condition/s).

Both adult social care and public health have been working with the community and voluntary sector to ensure that community assets are in place, and these can be accessed via the Torbay Community Helpline as a service 'front door'.

The Communities: Local Action on Suicide Prevention (CLASP) fund has also continued to support five local charities with innovative suicide prevention projects in Torbay for another year.

Risks and issues:

The Health & Wellbeing Strategy includes a commitment to undertake a collaborative needs assessment into mental health and wellbeing, suicide and self-harm. This is being undertaken in a phased way to ensure the work is manageable and to enable sufficient engagement. Phase one includes a Devon-wide needs assessment into self-harm led by Torbay Public Health, service co-design with adults with lived experience (see citizen feedback), and a coroners file suicide audit.

Good start to life

Programme update: *On track*

Through the Family Hubs partnership, we have developed a collaborative Start for Life offer for Torbay families. The Family Hubs programme has enabled us to develop further the existing Start for Life services, including support with infant feeding, perinatal infant mental health, speech, language and communication needs, home learning and offering a comprehensive family support and prevention service.

The Family Hubs provide a welcome space for families, with a comprehensive peer support programme embedded into the service.

The Family Hubs website is now live and offers up-to-date information on existing support as well as links to relevant information from other organisations. Support groups and programmes are listed in an interactive calendar whereby parents and young people can book places on programmes of activity. The tell it Once Pass Port is also contained on the Website and is currently under development. It is anticipated that this area of the website will be available for parent testing by the end of September 2023 with a view to it going live in October 2023. [Family Hub \(torbayfamilyhub.org.uk\)](http://torbayfamilyhub.org.uk)

Start for Life workforces collaborate across midwifery, health visiting, the voluntary sector, and peer support to ensure families are aware of the support available to them, through social media, targeted emails and phone calls and face-to-face engagement. Family Hubs Start for Life workstreams involve professionals across the system including from health, the local authority, the voluntary sector and people with lived experience.

The Start for Life workforce are committed to measuring the impact services have on the people they serve and answer the “so what?” questions at every opportunity. This is reflected in Family Hubs and 0-19 Service data collection, with the aim to align both data sets over time. The impact data will provide an economic case for further investment.

The Joint Commissioning group - established as a response to the Written Statement of Action and including representation from the NHS, Local Authority, voluntary sector and those with lived experience - is progressing with improving outcomes for children with Special Educational Needs and Disabilities (SEND) and their families. Family Hubs - Start for Life has provided an opportunity to jointly commission SEND services, including improving the Torbay speech, language and communication needs pathway and engage with Early Years setting, supporting children and families at the earliest opportunity where communication needs have been identified.

Risks and issues:

A need for additional investment in early intervention for emotional health and wellbeing for children and young people has been identified as a barrier to children accessing early help. New approaches to co-commissioning offer an opportunity to develop appropriate services within the resource available.

Supporting people with complex needs

Programme update: On track

The Multiple Complex Needs Alliance is in place and established. Internal governance processes have been developed and progressed, with an Oversight Board within Torbay Council as the Commissioning Authority being established from September 2023.

Operational collaboration between the Alliance and community mental health provision is established and evolving. Operationalisation of the mental health support offer within the Alliance is being developed through internal resources.

Trauma Informed training has been undertaken and completed, with strong take up among Alliance partners. Further roll-out of Trauma Informed training is contingent upon funding.

While improved throughput is being seen in the hostel, the availability of affordable and suitable move on accommodation remains an issue.

Risks and issues:

Availability of suitable move-on accommodation is constrained in Torbay.

Healthy Ageing

Programme update: On track

Live Longer Better prevention programme delivered to more groups across Torbay
New *Healthy Ageing Partnership Board* being established, bringing together existing clinical frailty groups and prevention workstreams beneath the new South Local Care Partnership

The *Live Longer Better* programme is continuing to work with people to improve health and activity levels. Funding from December 2023 is to be confirmed.

Live Longer Better Training: Courses delivered in Torbay, Paignton and Brixham. Lots of great feedback regarding building confidence, new friends and coping better with diagnosis of long term health conditions. People learn about the ageing process, overcoming ageing and how increasing activity can improve health, cognition and

emotional resilience. The programme also supports their core needs, providing referrals around housing, benefits etc, and linking people to community builder, wellbeing, social prescriber, Torbay Community Helpline, and Active Devon teams.

Engagement and Reach: The programme now runs a catch up session for all participants at the end of each quarter to reconnect them to other opportunities.

Summer Activity Programme: Over the summer holiday period there was a Summer Activity Programme as a series of sessions encouraging people to become more active and try new experiences. This has expanded to include sessions on Diet, Nutrition and Hydration.

Professional Training: Live Longer Better has worked with a wide range of professionals through training workshops to promote a different language around ageing and older people, as well as the benefits of staying active on longevity and health. The next sessions will be for Torbay Hospital staff.

National Programme: Torbay Live Longer Better provides regular insight to the national Live Longer Better teams and is seen to be leading the way in group learning and participation.

Working with Care Homes: work progressing to connect residents with their local environments through gardening and digital projects, to improve activity, social connection, and wellbeing.

Torbay Assembly: The Assembly Action group continues to have oversight of the programme and also Age Friendly work in Torbay linked to the National and Global networks.

Risks and issues:

We still see the impact of the Covid period through some elderly people reporting they feeling unsafe to engage with their wider community.

Funding for the *Live Longer Better* programme remains to be confirmed from December 2023. Applications are being made to relevant funding sources.

Digital inclusion

Programme update: currently paused

The funding for the Digital Inclusion Network has now ceased as per previous reports and is continuing in a limited format and frequency through voluntary support by Engaging Communities South West.

The ICB (Devon Integrated Care Board) Digital Inclusion Group is currently stood down to review the priorities work of the group within changing capacity constraints.

- Support through existing provision and establishment of point of access support through Paignton Hub in situ.

- Future opportunities dependent upon funding streams being identified and accessed as and when they arise.

Risks and issues:

Risk that the Integrated Care Board decision to stand down and/or delay the work of the Devonwide digital inclusion group delays the delivery of the local digital citizen enablement strategy and Health and Wellbeing Strategy objectives.

Mitigation includes work with local partner organisations to engage with the Devon Integrated Care Board and wider Devon partners to mitigate the risks and identify appropriate opportunities to coordinate digital inclusion at an appropriate scale.

Engagement undertaken

The table below includes a summary of engagement work undertaken in each programme area over the last six months.

<p>Mental health and wellbeing</p>	<p>As part of supporting people on community mental health waiting lists, adult social care commissioned a Torbay Mental Health Co-design report with adults with lived experience to better understand what is working, what isn't and what could make things better. The recommendations from this report have now been reviewed and the VCS Alliance are developing a specification around peer support models.</p> <p>As part of Local Motion, workshops have been held to design a child, young people and family's participation process which will empower them to lead how the system around them responds to issues they raise. Mental health is already coming through as a key issue to work on together.</p> <p>As part of the Devon-wide self-harm health needs assessment, a <u>Torbay specific community consultation</u> has been published with system recommendations for how care and support for people who self-harm could be improved.</p>
<p>Good start to life</p>	<p>CQC, OFSTED thematic review of the Start for Life offer in August, with engagement and feedback from families on their experiences of services available to them.</p> <p>Parent Carer panels established and are engaging in all Family Hubs Start for Life workstreams, supporting the design and implementation of programmes.</p> <p>Comprehensive peer support programme embedded into the Infant Feeding Start for Life offer, supporting the Infant Feeding programme of delivery.</p> <p>Torbay Infant Feeding strategy written in collaboration with peer Supporters and sent to Parent Carer panels for review.</p>

Multiple complex needs	Co-production work central to the development of the Alliance. Development of a framework for co-production and co-design, and for peer support recovery.
Healthy Ageing	The <i>Live Longer Better</i> programme is delivered with individuals and groups in the community. Feedback from citizen participants has included: <ul style="list-style-type: none"> • Improved cardiovascular heart rate, lung capacity, respiratory health, muscle tone, strength, power, suppleness and balance • Increased physical, emotional and mental capacity, and motivation • Reduced incidence and impacts of infection, diseases and diagnosed conditions • Help to change harmful habits • Help to prevent or mitigate other conditions such as falls, heart disease, obesity and dementia • Reduced dependency on the medical system, social support and carers
Digital inclusion	None in this reporting period.

Data indicators

A summary of all data indicators, by priority area, is included at **Appendix 1** below. Much of the data remains the same as monitoring is annual. Some key figures and updates since the last report:

- The admission rate for self-harm in 10-24 year olds decreased in 2021/22
- The percentage of children in relative low income families increased to 21.6% in Torbay in 2021/22 which is significantly higher (worse) than the England value
- MMR vaccination coverage was 91.1% in 2021/22 which is below the target 95% for population immunity. Work is under way to tackle lower immunisation rates nationally and locally.
- The percentage of 16/17 year olds who are NEET (not in education, employment or training) or whose activity is not known increased in 2023 at 7.4% in compared with 5.3% in 2022.
- Households owed a prevention or relief duty under the Homelessness Reduction Act have been significantly higher in Torbay than England for the last three years with a 2021/22 rate of 17.1 per 1,000 households compared with 11.7 in England.
- The success rate for alcohol treatment is 40.54% in Oct 21-Sept 22, significantly higher (better) than the England value of 35.44%
- The rate of emergency hospital admissions due to falls for those aged 65+ is lower than England in 2021/22 at 1,891 per 100,000 in Torbay.
- The percentage of adults who have used the internet in the last three months has fluctuated but is on a generally increasing trend in Torbay.

It should be noted that figures fluctuate and the important factor is the overall trend. Many figures are reported one or two years retrospectively.

A further report on progress will be brought to the Board in March 2024.

3. Updates to the Strategy

3.1 A workshop session was held in August 2023 to review the Strategy to ensure goals and action remain current.

3.2 As it is over a year since publication of the Strategy, proposals are made to update some of the *actions for delivery* which sit beneath the programme goals. Updates include:

Good start to life:

- Additional action around Family Hubs incorporating support for wider determinants (eg debt and housing advice)
- Update of partnership organisation titles

Mental health

- Include reference to the recently established group focusing on children & young people's emotional health & wellbeing
- Update of action relating to the inclusion of mental health support in the multiple complex needs alliance
- Addition of a request to members to support the promotion of good mental health and wellbeing and reduce suicide risk through:
 - Implementing the suicide prevention plan recommendations (due for publication December 2023)
 - Responding to findings from the suicide audit (due to be published December)
 - Promoting suicide awareness and mental wellbeing training for staff – a training resource will be shared to support organisations to put this in place

Multiple Complex Needs

- Update of action relating to the inclusion of mental health support in the multiple complex needs alliance

Digital inclusion

- Actions to be reviewed in the light changes to the local implementation programme. Risk identified below.

Inequalities

- Rewording of action to encompass people falling into more than one minority or excluded or vulnerable group

Domestic and sexual violence & abuse

- Rewording of definitions and 'asks' to reflect latest legislation and guidance.

4. Asks of Health & wellbeing Board members

4.1 This paper also proposes resources to support implementation of the 'asks' which the Strategy makes of Board members and partner organisations, to increase the pace of delivery.

4.2 Specific support will be offered over the next quarter in relation to the following areas:

- Housing
 - Information about the Duty to Refer people at risk of homelessness & how to do this
 - Information about referral pathways for support for people with health problems experiencing cold and damp homes
- Carers
 - Information about the Devon Commitment to Carers and how to sign up to this
 - Information video on Basic Carer Awareness
 - Contact details for information, support and advice about supporting carers in staff or client groups.

5. Financial Opportunities and Implications

5.1 None.

6. Engagement and Consultation

6.1 Engagement is included in the Strategy progress reports in Section 2

7. Tackling Climate Change

7.1 Environmental sustainability is one of the cross-cutting areas in the Strategy.

8. Associated Risks

8.1 Risks and delays to implementation are identified against each programme in Section 2.

8.2 Key risks and mitigations to note are:

- Risk that the Integrated Care Board decision to stand down and/or delay the work of the Devonwide digital inclusion group delays the delivery of the local digital citizen enablement strategy and Health and Wellbeing Strategy objectives.

Mitigation includes work with local partner organisations to engage with the Devon Integrated Care Board and wider Devon partners to mitigate the risks and identify appropriate opportunities to coordinate digital inclusion at an appropriate scale.

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	Y		
People with caring Responsibilities	Y		
People with a disability	Y		
Women or men	Y		
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)	Y		
Religion or belief (including lack of belief)	Y		
People who are lesbian, gay or bisexual	Y		
People who are transgendered	Y		
People who are in a marriage or civil partnership			Y
Women who are pregnant / on maternity leave			Y
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Y		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Y		

10. Cumulative Council Impact

10.1 None.

11. Cumulative Community Impacts

11.1 None.

Appendix 1

Data Summary

The tables below contain measures for each of the priority areas of Torbay’s Joint Health and Wellbeing Strategy 2022-26. The narrative below each table gives main points about each of the indicators.

Good mental health

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Good mental health									
1	People with a low happiness score - self reported (aged 16+)	2021/22	%	9.0%	8.2%	8.4%		Lower is better	●
2	People with a high anxiety score - self reported (aged 16+)	2021/22	%	23.7%	21.2%	22.6%		Lower is better	●
3	Prevalence of mental health issues (all ages)- on GP registers (schizophrenia, bipolar affective disorder and other psychoses)	2021/22	%	1.25%	0.99%	0.95%		Lower is better	Highest quintile in England
4	Prevalence of depression (aged 18+) - on GP registers	2021/22	%	14.2%	13.2%	12.7%		Lower is better	2nd highest quintile in England
5	Hospital admissions as a result of self-harm (aged 10-24 years)	2021/22	Per 100,000	711.1	638.3	427.3		Lower is better	●
6	Suicide rate	2019-21	Per 100,000	17.2	12.6	10.4		Lower is better	●

The Annual Population Survey asks people to rate their personal wellbeing:

- In Torbay the survey shows that 9.0% of people reported **low happiness levels** (1) in 2021/22 (England- 8.4%). The last five years have varied from 8% - 9% in Torbay
- The percentage reporting **high anxiety levels** (2) peaked in 2020/21 in Torbay- Covid-19 very likely contributed to increasing anxiety levels- before dropping to 23.7% in 2021/22. Apart from 2020/21 Torbay has seen quite a static percentage of high anxiety from 2017/18 onwards

The GP Quality and Outcomes Framework (QOF) records the proportion of patients with various mental health issues:

- The recorded percentage of patients with **schizophrenia, bipolar affective disorder and other psychoses** in Torbay practices (3) has remained in the highest quintile (i.e. the highest fifth) in England for the nine years shown. The value has remained quite level for a number of years
- The proportion of adult patients with **depression** (4) has been in the second highest quintile in England for six years. It has been on an increasing trend, as in England as a whole, although it has levelled out in Torbay in the most recent year (2021/22)

Hospital admissions for self-harm are more prevalent in younger people and far more so in females. The admission rate for **self-harm in 10-24 year olds** (5) has decreased to 711.1 per 100,000 in 2021/22. The rate fluctuates but it has remained significantly higher than England for at least 11 years. As this data shows admissions rather than individuals it will be influenced by individuals admitted more than once, sometimes several or many times.

Torbay's **suicide rate** (6) (classified as intentional self harm or undetermined intent) remains significantly higher than England as it has for the most recent six periods. There were 17.2 suicides per 100,000 in the three years combined of 2019-21 (England- 10.4). This compares to 18.8 in the previous period so a slight reduction. Torbay rates have been very gradually reducing since their peak in 2016-18 but there have been around 20 suicides registered per year for a number of years.

A good start to life

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
A good start to life									
7	Children in relative low income families (aged under 16) ¹	2021/22	%	21.6%	19.0%	19.9%		Lower is better	●
8	Good level of development at the end of the Early Years Foundation Stage ²	2021/22	%	63.7%	65.0%	65.2%	One year of data	Higher is better	●
9	Key Stage 2 pupils meeting the expected standard in reading, writing and maths (combined) ³	2021/22	%	57.6%	56.7%	58.9%		Higher is better	●
10	Pupils with SEND (special educational needs and disabilities)	2021/22	%	17.6%	18.5%	16.3%		Lower is better	●
11	Children in care/ looked after	2022	Per 10,000	118	73	70		Lower is better	●
12	Population vaccination coverage- MMR (Measles, mumps and rubella) for two doses (aged 5 years)	2021/22	%	91.1%	92.7%	85.7%		Higher is better	●
13	Children overweight (including obesity) in year 6 ⁴	2021/22	%	36.5%	32.8%	37.8%		Lower is better	●
14	16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2023	%	7.4%	6.5%	5.2%		Lower is better	●
¹ 2021/22 values are marked as provisional									
² The statistics releases for 2019/20 and 2020/21 were cancelled due to Covid-19. Due to significant revision of the Early Years Foundation Stage profile (assessment framework) in 2021 the 2021/22 figures are not comparable with previous years									
³ The statistics releases for 2019/20 and 2020/21 were cancelled due to Covid-19. Attainment is not directly comparable previous to 2017/18 due to changes in the writing teacher assessment frameworks in 2018									
⁴ 2017/18 and 2020/21 values not published due to low participation rates, the latter year impacted by Covid-19									

The percentage of **children in relative low income families (7)** is 21.6% in Torbay in 2021/22 which is significantly higher (worse) than the England value. For several years previously, Torbay had been lower than England. A family is defined as being in relative low income when their income is below 60% of the UK average (median) income. They must have claimed Child Benefit as well as Universal Credit, Tax Credits and/or Housing Benefit in the year to be included in this measure. These low income statistics do not take housing costs into account.

Just over six out of ten children (63.7%) have attained a **good level of development at the end of the Early Years Foundation Stage (EYFS)** in 2021/22 (8). This is similar to the England figure. Outcomes are likely to have been affected by the Covid-19 pandemic due to disruption to early years provision and the limiting of social contact. Other factors such as deprivation also impact development. Data covers children who at the end of the EYFS are registered for government funded early years provision.

Key Stage 2, meeting the expected standard in reading, writing and maths combined (9) has decreased sharply in 2021/22 to 57.6% since the last published figures in 2018/19 which were 66.0%. The England figure has also decreased (from 65.4% to 58.9%). 2021/22 figures cover pupils in year 6 who took assessments in the Summer of 2022. There was disruption to learning for these children during the Covid-19 pandemic, particularly at the end of year 4 and in year 5. All figures include state funded schools, excluding alternative provision and independent schools.

The percentage of school pupils with **special educational need and disabilities (SEND)** (10) is significantly higher than England at 17.6% in 2021/22. This encompasses children at Torbay state funded schools with special educational needs (SEN) support or an education, health and care (EHC) plan. The trend has stayed quite level in Torbay for the last seven years shown in the data, between 17.2% and 18.0%.

The rate of **Children in Care** (11) reduced in March 2022 to 118 per 10,000, the last three years (2020-2022) have seen a reduction. The rate however remains much higher than England as it has for the 12 years shown. Figures exclude children looked after under a series of short-term placements.

The **MMR vaccine** (two doses for five year olds) (12) has been received by 91% - 94% of five year olds for the last seven years (2015/16 – 2021/22) with 91.1% coverage in 2021/22. The target is 95% or more. Torbay's coverage is higher than the England figure and has been for nine years.

Over a third of **children in year 6 (10-11 year olds) are overweight (including obesity)** (13) in 2021/22, similar to the England figure. This is Torbay's highest percentage since 2012/13 (there was no published data in 2017/18 or 2020/21). These figures are calculated from height and weight measurements taken by the National Child Measurement Programme.

The percentage of **16/17 year olds who are NEET** (not in education, employment or training) or whose activity is not known (14) has increased since the year before at 7.4% in 2023 compared to 5.3% in 2022. Torbay's figure fluctuates for the five years shown but 2023 is the highest figure in this period. The figures for each year are the average of December of the previous year and January and February of the current year.

3.1.3 Supporting people with complex needs

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Supporting people with complex needs									
15	Domestic abuse crimes and incidents	2022/23 (Jul-Sept 22)	Number	1,009				Lower is better	N/A
16	Households owed a duty (prevention or relief) under the Homelessness Reduction Act	2021/22	Per 1,000	17.1	14.3	11.7		Lower is better	●
17	Hospital admissions for alcohol related conditions (Narrow definition)	2021/22	Per 100,000	507	465	494		Lower is better	●
18	Successful drug treatment- opiate users (aged 18+)	Oct 21 - Sept 22 ⁵	%	6.06%	5.53%	4.95%		Higher is better	●
19	Successful alcohol treatment (aged 18+)	Oct 21 - Sept 22 ⁵	%	40.54%	34.61%	35.44%		Higher is better	●

⁵ Reported quarterly as a rolling annual figure in this report

The quarterly number of **domestic abuse crimes and incidents** (15) fluctuates over the 4 ½ years shown (from the start of 2018/19) but has increased in the most recent quarter (July – September 2022) to 1,009 which is the highest quarterly figure in the 4 ½ year time period. These are crimes and incidents recorded by the police. It should be taken into account that figures only relate to crimes and incidents that are reported. Domestic abuse is often not reported to the police so data held by the police can only provide a partial picture of the actual level of domestic abuse experienced.

Households owed a prevention or relief duty under the Homelessness Reduction Act (16) is where a statutory duty is owed to assist eligible households who are threatened with homelessness within 56 days (prevention) or who are already homeless (relief). The Act came into force in 2018. Torbay is significantly higher than England for the three years with a 2021/22 rate of 17.1 per 1,000 households compared to 11.7 in England.

Hospital admissions for alcohol related conditions (narrow definition) (17) is where the primary diagnosis is an alcohol-related condition. Torbay’s rate is slightly higher than England in 2021/22 but statistically similar, after being significantly higher than England for the previous five years reported. 2021/22 is Torbay’s lowest rate in the six years reported.

Drug and alcohol treatment (18 & 19)- this is successfully completing treatment and then not re-presenting to treatment services within six months. The data is shown quarterly in this report with each data point being a rolling annual figure. Both drugs (opiates) and alcohol successful treatment figures fluctuate over the years:

- **Drugs-** the success rate for opiates is 6.06% in Oct 21–Sept 22 which is similar to the England value of 4.95%
- **Alcohol-** the success rate for alcohol treatment is 40.54% in Oct 21-Sept 22, significantly higher than the England value of 35.44%

3.1.4 Healthy ageing

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Healthy ageing									
20	Proportion who use adult social care services who reported that they had as much social contact as they would like (aged 65+)	2021/22	%	34.6%	44.7%	37.3%		Higher is better	
21	Healthy life expectancy at 65 (Female)	2018-20	Years	11.4	12.9	11.3		Higher is better	
22	Healthy life expectancy at 65 (Male)	2018-20	Years	10.9	12.1	10.5		Higher is better	
23	Population vaccination coverage - Flu (aged 65+)	2021/22	%	81.7%	84.4%	82.3%		Higher is better	
24	Emergency hospital admissions due to falls (aged 65+)	2021/22	Per 100,000	1,891	1,766	2,100		Lower is better	
25	Emergency hospital admissions due to hip fractures (aged 65+)	2021/22	Per 100,000	524	518	551		Lower is better	
26	Dementia- estimated diagnosis rate (aged 65+)	2022	%	59.5%	55.6%	62.0%		Higher is better	

The proportion of Adult Social Care users aged 65+ who reported that they had **as much social contact as they would like** (20) rose slightly in 2021/22 to 34.6% (England- 37.3%) after previous decreases. Both 2020/21 and 2021/22 covered periods affected by social restrictions, guidance and anxiety caused by Covid-19 which is likely to have affected the figures for these years.

Healthy life expectancy at 65 (21 & 22) shows the average number of years beyond the age of 65 that a person can expect to live in good health (rather than with a disability or in poor health). In 2018-20 (three years combined) for females and males the number of years is quite close to previous periods at 11.4 years for females and 10.9 years for males. Values for both females and males are similar to the England figures.

In 2021/22 the percentage of **flu vaccinations of those aged 65+** (23) has continued to rise after the sharp increase in 2020/21. It is higher than the World Health Organisation (WHO) target of 75% (Torbay is 81.7%) but lower than the national ambition for 2021/22 of 85%. The Office of Health Improvement and Disparities (OHID) has marked Torbay as green against the 75% target. The increases follow the England trend.

The rate of **emergency hospital admissions due to falls for those aged 65+** (24) is lower than England in 2021/22 at 1,891 per 100,000 in Torbay. Many falls injuries do not result in emergency hospital admissions so this does not show the extent of need in this area.

The rate of **emergency hospital admissions due to hip fractures in people aged 65+** (25) has been statistically similar to England for the 12 years shown. This measures a primary diagnosis of fractured neck of femur. Those who suffer this debilitating injury can experience permanently lower levels of independence and the need to move into long term care.

The **estimated diagnosis rate of dementia** (aged 65+) (26) has in 2022 remained level with the year before at 59.5% compared to 59.9% in 2021, both of which are below the goal of 66.7%. This indicator measures the percentage of people diagnosed with dementia out of the number estimated to have it- therefore higher is better.

3.1.5 Digital inclusion and access

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Digital inclusion and access									
27	Percentage of adults who have used the Internet in the last 3 months (aged 16+)	2020	%	96.3%	91.3%	92.1% (UK)		Higher is better	Not calculated
28	Fixed broadband coverage- Residential premises capable of receiving full fibre broadband	Jan 2023 ⁶	%	76%	50%	47%		Higher is better	
29	Fixed broadband coverage- Commercial premises capable of receiving full fibre broadband	Jan 2023 ⁶	%	56%	39%	31%		Higher is better	

⁶ Data points are 4 monthly- January, May and September of each year

The percentage of adults who have **used the internet in the last three months** (27) has fluctuated but is on a generally increasing trend in Torbay in the eight years shown, at 96.3% in 2020. This is higher than the UK figure for 2020. The UK is on a steadily increasing trend. The three months are January – March of each year.

Fixed broadband coverage (28 & 29)- the percentages of residential and commercial premises with full fibre broadband available (if they choose to connect to it) are significantly higher in Torbay than England as a whole. In Torbay, percentages have risen steadily from 8% of residential and 3% of commercial premises in January 2019 to 76% of residential and 56% of commercial premises in January 2023.

Key

RAG (Red, amber, green) rating:

- Torbay value is statistically significantly worse than the England value/ Torbay value is worse compared to the goal
- Torbay value is not statistically significantly different to the England value/ Torbay value is similar compared to the goal
- Torbay value is statistically significantly better than the England value/ Torbay value is better compared to the goal

* All indicators below with the Office of Health Improvement and Disparities (OHID) as a source can be found at: <https://fingertips.phe.org.uk>

No.	Name of measure, Goal (where applicable), Source
1	C28c- Self-reported well-being- people with a low happiness score (Annual Population Survey) - Public Health Outcomes Framework, OHID
2	C28d- Self-reported well-being- people with a high anxiety score (Annual Population Survey) - Public Health Outcomes Framework, OHID
3	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on GP practice registers (Quality and Outcomes Framework) - OHID
4	The percentage of patients aged 18 and over with depression, as recorded on GP practice registers (Quality and Outcomes Framework) - OHID
5	Hospital admissions as a result of self-harm (aged 10-24 years) - OHID
6	E10- Suicide rate - Public Health Outcomes Framework, OHID
7	B01b- Children aged under 16 in relative low income families (experimental statistics) - Public Health Outcomes Framework, OHID
8	Good level of development at the end of the Early Years Foundation Stage- percentage of children - Department for Education, https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2021-22 RAG rating calculated by Torbay Public Health Team
9	Key stage 2 pupils meeting the expected standard in reading, writing and maths- percentage of children - Department for Education, https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment/2021-22 RAG rating calculated by Torbay Public Health Team
10	Percentage of pupils with special educational needs and disabilities (SEND)- state funded schools, academic year - Department for Education, https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england RAG rating calculated by Torbay Public Health Team
11	Children looked after at 31 March of the year (rate per 10,000 population aged under 18 years) - Department for Education, https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2022 RAG rating calculated by Torbay Public Health Team
12	D04c- Population vaccination coverage- MMR for two doses (5 years old). Benchmarking against goal- <90%= red, 90%-95%= amber, ≥95%= green - Public Health Outcomes Framework, OHID
13	C09b- Year 6: Prevalence of overweight (including obesity) (National Child Measurement Programme) - Public Health Outcomes Framework, OHID

No.	Name of measure, Goal (where applicable), Source
14	16-17 year olds not in education, employment or training (NEET) or whose activity is not known - Department for Education, https://explore-education-statistics.service.gov.uk/find-statistics/participation-in-education-training-and-neet-age-16-to-17-by-local-authority/2022-23 RAG rating calculated by Torbay Public Health Team
15	Domestic abuse crimes and incidents- Torbay Council Community Services
16	Households owed a prevention or relief duty under the Homelessness Reduction Act - Department for Levelling Up, Housing and Communities, https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness Rates and RAG rating calculated by Torbay Public Health Team using ONS household projections
17	C21- Admission episodes for alcohol-related conditions (narrow definition) - Public Health Outcomes Framework, OHID
18	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months - National Drug Treatment Monitoring System, https://www.ndtms.net/Monthly/PHOF RAG rating calculated by Torbay Public Health Team
19	Proportion of alcohol users that left alcohol treatment successfully who do not re-present to treatment within 6 months - National Drug Treatment Monitoring System, https://www.ndtms.net/Monthly/PHOF RAG rating calculated by Torbay Public Health Team
20	Proportion of people who use services who reported that they had as much social contact as they would like (aged 65+) (Adult Social Care Outcomes Framework) - NHS Digital, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/ RAG rating calculated by Torbay Public Health Team
21	A01a- Healthy life expectancy at 65 (Female) - Public Health Outcomes Framework, OHID
22	A01a- Healthy life expectancy at 65 (Male) - Public Health Outcomes Framework, OHID
23	D06a - Population vaccination coverage- Flu (aged 65+). Benchmarking against goal- <75%= red, ≥75%= green - Public Health Outcomes Framework, OHID
24	C29- Emergency hospital admissions due to falls in people aged 65 and over - Public Health Outcomes Framework, OHID
25	E13- Emergency hospital admissions due to hip fractures in people aged 65 and over - Public Health Outcomes Framework, OHID
26	E15- Estimated dementia diagnosis rate (aged 65 and over)- as in March of the year. Benchmarking against goal- <66.7%(significantly)= red, similar to 66.7%= amber, >66.7%(significantly)= green - Public Health Outcomes Framework, OHID
27	17.8.1- Percentage of adults who have used the internet in the last 3 months - Office for National Statistics, a measure for Sustainable Development Goal number 17- https://sdgdata.gov.uk/17-8-1/
28	Fixed broadband coverage- Percentage of residential premises capable of receiving full fibre broadband - Ofcom, https://www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research/spring-2023 RAG rating calculated by Torbay Public Health Team
29	Fixed broadband coverage- Percentage of commercial premises capable of receiving full fibre broadband - Ofcom, https://www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research/spring-2023 RAG rating calculated by Torbay Public Health Team

Meeting: Torbay Health and Wellbeing Board

Date: 28 September 2023

Wards affected: All

Report Title: Better Care Fund 2023 - 25

When does the decision need to be implemented? N/A

Cabinet Member Contact Details: Cllr Hayley Tranter, Cabinet Member for Adult and Community Services, Public Health, and Inequalities, hayley.tranter@torbay.gov.uk

Director Contact Details:

Joanna Williams, Director of Director of Adult and Community Social Services, Torbay Council, joanna.williams@torbay.gov.uk

Director Contact Details:

Derek Blackford, Locality Director (South and West), NHS Devon, derek.blackford@nhs.net

1. Purpose of Report

- 1.1 Torbay Better Care Fund (BCF) Plan has been submitted in line with national timelines and requirements. Torbay's plan received approval from the regional BCF panel, progressed to the national panel where it has also been endorsed. The Torbay Better Care Fund Plan is being presented to Torbay Health and Wellbeing Board in-line with national requirements.
- 1.2 Governance arrangements to manage the BCF and investments are being refreshed in Torbay which will ensure oversight of progress and developments and will report to Torbay Health and Wellbeing Board. Reporting will also be shared through the South Local Care Partnership and Torbay Adult Social Care Continuous Improvement Board.
- 1.3 A review of BCF investments is required across the Devon system and for us in Torbay during the 2023/24 financial year to inform future investment and models of care. Key to informing future plans is the ability to accurately forecast demand and capacity. A programme of work will be implemented to refine this approach with timescales to be confirmed. Torbay Health and Wellbeing Board is asked to endorse the approach to review exiting investments.

2. Reason for Proposal and its benefits

2.1 Situation

Better Care Fund plans are required to be developed and signed off by Health and Wellbeing Boards within each Local Authority footprint. Previous plans have been undertaken on an annual basis. National guidance has changed with the current planning cycle now covering two financial years 2023/24 and 2024/25. Areas are expected to provide an update / revised plan ahead of the next financial year. Details of this are yet to be confirmed.

2.2 The following report provides an overview of the Better Care Fund planning process, investment, metrics, and governance arrangements.

2.3 Background

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

2.4 Launched in 2015, the programme established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. The pooled budget is a combination of contributions from the following areas:

- minimum allocation from integrated care systems (ICB)
- disabled facilities grant – local authority grant.
- improved Better Care Fund grant (iBCF)
- additional voluntary funding – Local Authority / NHS budgets
- additional discharge funding – government grants to the local authority and ICB

2.5 Assessment

Better Care Fund planning cycles have previously been undertaken on an annual basis. Guidance issued by the Better Care Fund exchange confirmed planning this year would be for both 2023/24 and 2024/25 financial years. Documents required from each HWBB area included a BCF Narrative Plan and BCF Planning template.

2.6 The Torbay BCF plans was submitted to the Better Care Fund exchange, 28 June 2023. Supplementary information was requested seeking further clarity on assumptions made in:

- demand and capacity planning,
- narrative linked to addressing inequalities and
- ensuring triangulation of information in both narrative and planning templates with national planning requirements.

2.7 Torbay has received notification that plans have been approved by the regional panel and will now progress to the national panel for endorsement. Torbay planning submissions can be found in the appendix of this document. Key dates for the BCF planning cycle are listed below.

Date	Action	Status
23 May 2023	BCF End of Year Review 2022/23	Complete
30 May 2023	Submission of Initial Draft Narrative Plan and Planning template	Complete
28 June 2023	Submit Final BCF Narrative Plan and Planning Template	Complete
20 July 2023	Regional BCF Panel to review plans and request additional supplementary information as required	Complete
28 July 2023	Submission of supplementary information following feedback from BCF Regional Panel	Complete
7 August 2023	Regional BCF Approval Panel and progress plans for National endorsement	Complete
Week commencing 11 September 2023	National approval letters to be issued (subject to plans being signed off by Health and Wellbeing Boards)	Scheduled activity
28 th September 2023	Health & Well Being Board	Scheduled activity
31 October 2023	All section 75 agreements to be signed and in place	Scheduled activity

2.8 National planning guidance requires four national conditions (objectives) and five key performance indicators (metrics) to be addressed. These are:

National Objectives	Metrics
Plans to be jointly agreed	Avoidable admissions (reduction)
Enabling people to stay well, safe and independent at home for longer	Falls (reduction in emergency admissions, over 65 population)
Provide the right care in the right place at the right time	Discharge to usual place of residence (increase)
Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Residential admissions (reduction in long term support, residential and nursing)
	Reablement (increase, people 65 + at home 91 days after discharge from hospital to reablement / rehab services)

2.9 Metrics

The below table provides a summary of the metrics along with performance trajectories for the BCF planning period.

Avoidable admissions		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	Torbay	171.3	170.8	188.8	172.1

Falls		2022-23 Estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Torbay	Indicator Value	1,714.9
		Count	679
		Population	37,324

Discharge to normal place of residence		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Torbay	89.9%	90.9%	89.6%	90.6%

Residential Admissions			2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	Torbay	773	566

Reablement			2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	Torbay	77.2%

2.10 Finance

To support the achievement of the national objectives and metrics, each Health and Wellbeing Board area receives investment via NHS and Local Authority partners to plan and commission services which reduce dependency on urgent and emergency care, in particular admission to Emergency Departments, supports intermediate care, timely discharge and maintains independence within the community. The following table outlines the “income” received for the HWBB area and the investment within Torbay.

Torbay Better Care Fund (income)	Contribution Yr1	Contribution Yr2
Disabled Facilities Grant (DFG)	£2,128,689	£2,128,689
Local Authority Discharge Funding	£1,239,014	£2,056,763
ICB Discharge Funding	£1,044,000	£1,848,000
iBCF Contribution	£8,837,572	£8,837,572
NHS Minimum Contribution	£13,862,309	£14,646,915
Total BCF Pooled Budget	£27,111,584	£29,517,939

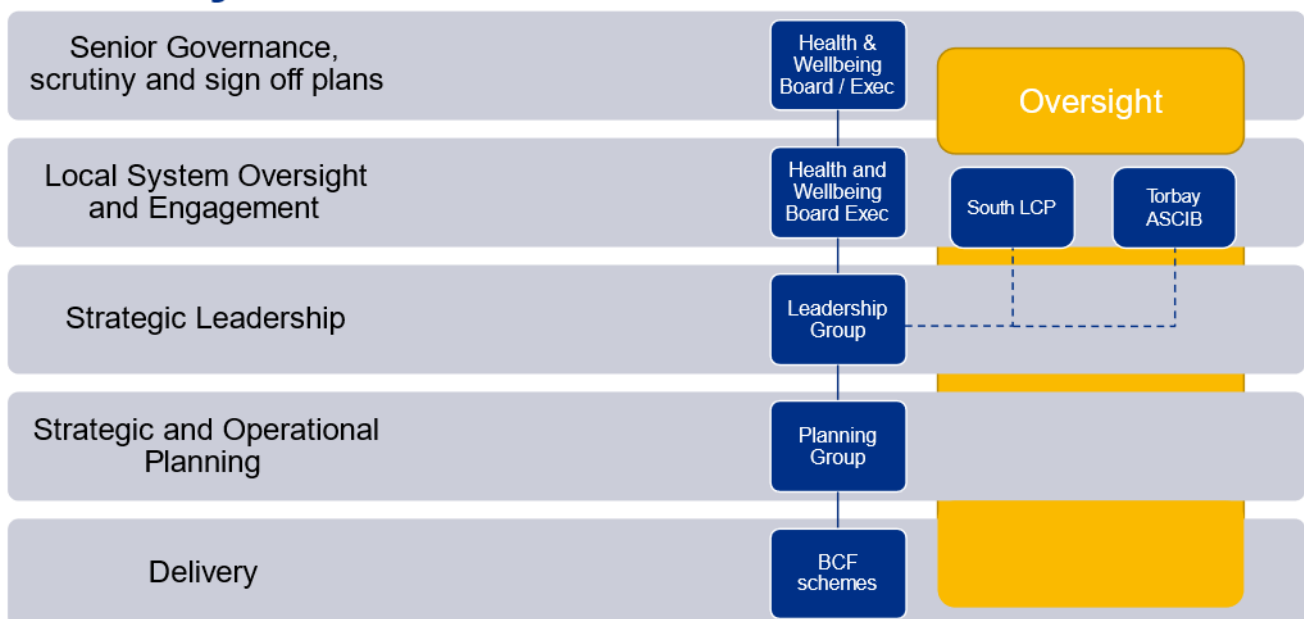
2.11 Within the planning process a detailed expenditure plan is required. The detailed plan can be found in appendix 3 (Torbay HWBB Better Care Fund Planning Template 2023-25). The below table provides a brief summary of the areas in which investment has been made in Torbay.

Torbay	
Area / scheme	Budget
Disabled Facilities Grant	£2,128,689
ASC Discharge Fund	£2,283,014
Pooled budget	
Central Functions (including carers, commissioning and safeguarding)	£3,168,144
Social Care (examples include Technology Enabled Care, Front Door, Learning Disabilities and Supporting Independence)	£5,711,695
Intermediate Care (examples include Intermediate Care Teams and Reablement beds)	£4,982,470
Torbay iBCF (examples include sensory teams, discharge hub and wider VCSE schemes)	£8,837,572
Total BCF Budget 2023/24	£27,111,584

2.12 Governance

Governance arrangements for the on-going monitoring of Better Care Fund and its utilisation is being implemented within Torbay. The below diagram illustrates the arrangements being implemented. To ensure consistency for the South LCP footprint, the below mirrors arrangements in place for Devon HWBB area. A BCF planning group has met weekly to develop the BCF submission. Both Leadership Group and Planning Group will have monthly meetings scheduled.

Torbay BCF Governance



2.13 Key objectives which will be undertaken are:

- Refine data reporting in-line with BCF reporting requirements.

- Undertake robust demand and capacity planning linked to hospital discharge demand via pathways:
 - 0 (social support including VCSE),
 - 1 (reablement / rehabilitation at home including short-term domiciliary care),
 - 2 (reablement / rehab in a bedded setting)
 - 3 (short-term residential / nursing care for someone likely to require a longer-term care home placement) including community capacity
- Undertake robust demand and capacity planning for community care, linked to:
 - Social support including VCSE.
 - Urgent Community Response
 - Reablement / rehabilitation at home
 - Reablement / rehabilitation in a bedded setting
 - Other short-term social care
- Establish finance and performance reporting processes.
- Develop section 75 agreement as required by BCF planning guidance.
- Undertake a comprehensive review of investment and impact against BCF objectives.
- Informed by the review process develop a plan and proposals for investment in 2024/25.

2.14 **Better Care Fund Review**

The purpose of the BCF review, is to (1) confirm the identified investment is being utilised as per the original agreement for investment, (2) understand current service delivery, and how that may have changed since the initial BCF investment was granted, the current schemes performance and impact including: delivery against key performance indicators, reported outcomes and the schemes contribution to BCF national objectives, and (3) inform and make recommendations for BCF investment within the 2024/25 financial year. The reviews and recommendations will also inform future BCF investment decisions within the Devon BCF footprint and therefore within the wider Devon Joint Forward Plan and Health and Wellbeing Board.

- 2.15 Furthermore, the review will assure us that we are delivering the two core BCF objectives. (1) Enable people to stay well, safe and independent at home for longer - the priorities for health and social care are to improve quality of life and reduce pressure on urgent and emergency care (UEC), acute, and social care services. (2) Provide people with the right care, at the right place, at the right time - the priorities for health and social care are to tackle immediate pressures in delayed discharges and demand for hospital attendances and admissions, bringing about sustained improvements in outcomes for people discharged from hospital, and wider system flow.

2.16 **Summary**

The Better Care Fund Plan has been submitted in line with national requirements with regional approval of BCF received. Plans have progressed to the national panel and have been endorsed. Governance arrangements to manage the BCF and investments are being

implemented in Torbay. Reviews of BCF investment plan to be undertaken within the 2023/24 financial year and will inform future investment and models of care. Key to informing future plans is the ability to accurately forecast demand and capacity. A programme of work will be implemented to refine this approach with timescales to be confirmed.

3. Recommendation(s) / Proposed Decision

1. Torbay Health and Wellbeing Board approve the Torbay Better Care Fund submission
2. Torbay health and Wellbeing Board endorse the governance arrangements described in the report ensuring governance and oversight is undertaken by the Health and Wellbeing Board Executive
3. Torbay Health and Wellbeing Board support the review of Torbay BCF and develop an overview of the findings, that outlines key issues, challenges and confirmation of schemes identified as contributing to the objectives and metrics of the 2023-25 BCF.

Appendices

Appendix 1: Torbay Better Care Fund Narrative Plan 2023-25



TORBAY HWB BCF
Narrative Plan 2023_2

Appendix 2: Torbay Better Care Fund Supplementary Information



Torbay HWB BCF
Supplementary inform

Appendix 3: Torbay Better Care Fund Planning Template 2023-25



TORBAY HWB BCF
Planning Template Fil

Background Documents

Better Care Fund policy framework 2023-2025,

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025>

Together

healthwatch
in Devon, Plymouth and Torbay

**we're making health
and social care better**

Annual Report 2022–23

Healthwatch in Devon, Plymouth
& Torbay at Wonford House
in Exeter with Devon
Partnership
NHS Trust



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"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Message from our Chair



“This year we celebrate 10 years of Healthwatch, and it has been a real pleasure to be part of the organisation’s journey.

This report describes the wide range of engagement, representation and impact undertaken by Healthwatch in Devon, Plymouth and Torbay over the past year. However, this has been the culmination of a decade of hard work and commitment by Healthwatch staff and volunteers.

The past few years have seen health and social care services recovering from the COVID-19 pandemic. Services have inevitably been under pressure in such exceptional circumstances and all concerned have recognised that new ways of working are required to meet changing demands and expectations. Healthwatch officers and volunteers have played a significant part in this new approach to health and social care across our county.

Healthwatch has consistently raised the crucial role of ongoing feedback on services to providers and commissioners in order to capture what is working well and what may need to be improved. We further recognise the potential of true co-design and co-delivery of services alongside our diverse communities. We have therefore worked closely with our local voluntary, community and statutory partners to ensure that residents’ voices, including the most vulnerable are marginalised, are taken into account.

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

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

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

I would like to thank all those that have supported Healthwatch in our mission to monitor and improve health and social care. Relationships between local organisations are consequently robust, and we look forward to our partnerships continuing and strengthening. Together we really are making a difference, and I am confident that such progress is evident in our Annual Report.”

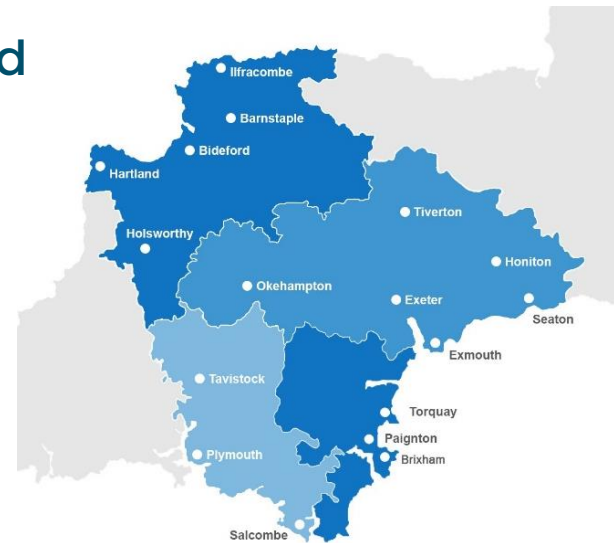


Dr Kevin Dixon
Chair of Healthwatch in
Devon, Plymouth & Torbay



Healthwatch in Devon, Plymouth and Torbay are your local health and social care champions.

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



In addition to our dedicated walk-in centres in Torbay and Plymouth, in wider Devon 'Healthwatch Champions' provide specialist support, guidance and advice in all aspects of health and social care. Part of Citizens Advice, the Healthwatch Champions have offices based in East Devon, North & West Devon, Exeter, South Hams, Torrington & Mid Devon and Teignbridge.



Our vision

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



Our mission

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



Our values are:

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

Why do we exist?

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

Healthwatch England

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

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

Local Healthwatch

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

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

One Healthwatch

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

How it works in Devon, Plymouth and Torbay

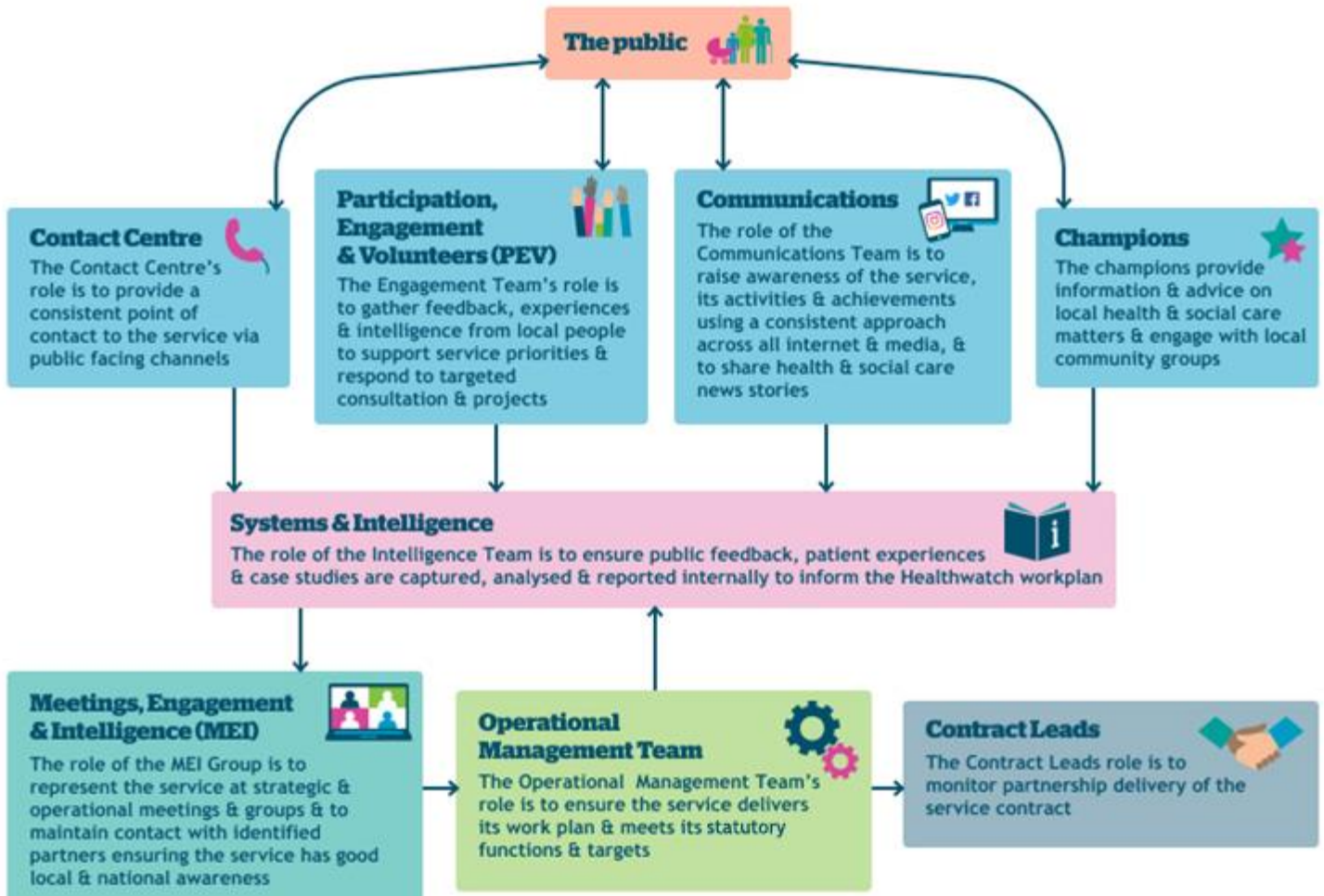
Devon County Council, Plymouth City Council and Torbay Council jointly commission local Healthwatch in Devon, Plymouth and Torbay. Although these three services are jointly commissioned, each local authority area retains the distinct identities of their own local Healthwatch.

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

The partnership provides the vision, infrastructure, staffing and overall governance, ensuring delivery of the contract as the hosted organisation. As Healthwatch Devon, Plymouth and Torbay are independent services driven by local people, an independent steering group has been set up in each locality - led by local lay people.

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

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



Who funds us?

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

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

Funding Challenges

To enable the Government to track what is happening to its investment, Healthwatch England ask local Healthwatch every year how much funding they expect to receive and publish this information.

This report looks at the funding for each local Healthwatch in 2022-23, how funding has changed over time and the potential impact this is having. The report also provides recommendations for Government on what steps they can take in response to their findings.

Key Report Findings

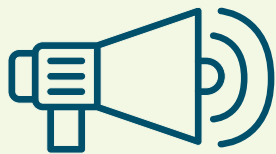
- The 152 Healthwatch in England report that they will collectively receive £25,400,000 from local authorities to carry out their statutory activities in 2022-23.
- Although funding in cash terms is projected to increase slightly on the figures we reported in 2021-22, once inflation is taken into account, overall funding has fallen by £3.7 million.
- Seventy-five local authorities have not fully passed on the funding they received from DHSC for local Healthwatch.
- Most local Healthwatch services have received an in-year real terms funding reduction.
- When local Healthwatch started work in 2013, the Department of Health and Social Care allocated £40,500,000 to fund local Healthwatch services. When adjusted for inflation, the real-term funding for local Healthwatch is now only 49% of what was initially allocated.
- Funding reductions risk impacting the ability of some local Healthwatch to carry out their statutory functions.

Recommendations

Healthwatch England have made several recommendations to the Secretary of State for Health and Social Care. These include enabling them to escalate concerns related to specific councils, updating local authorities' commissioning guidance, and exploring a more sustainable funding model for the local Healthwatch network.

Year in review

Reaching out



2,393 people

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

1,386 people

were provided with information, advice or signposted to other services who could help via our contact centre.

348,492 people

engaged with us on social media with **3,026 people** subscribing to our Email Bulletins.

Making a difference to care

We published

11 reports

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

Our most popular report was

Feedback from the Deaf Community



Health and care that works for you

We're lucky to have

27 outstanding **volunteers** who give up their valuable time

We're proud to have









Over 130 local community groups & organisations making up our **Healthwatch Assist Network**

We currently employ

17 staff working across **3** local Healthwatch



Just some of the differences we've made this year

Spring	 <p>We supported Torbay and South Devon NHS Foundation Trust by gathering feedback about the health and care services they provide.</p>	 <p>We released our Patient Experience Summary Report on Pharmacy Services in Devon after Pharmacy Services feedback increased during the COVID-19 pandemic.</p>
Summer	 <p>We found out more about how elective care waiting lists impacted patients and how people would like these to be addressed.</p>	 <p>We supported the #BecauseWeAllCare campaign which saw 54,000 people come forward nationally to tell Healthwatch England about issues they faced with services.</p>
Autumn	 <p>We worked with North Dartmoor Primary Care Network to find out more about people's views on mental health services in Devon.</p>	 <p>We found out about the physical and mental impact of working from home, and how working from home has affected people's work/life balance.</p>
Winter	 <p>We worked with Mayflower Medical Group in Plymouth to help address patient concerns in accessing GP services and to ask for suggestions on improving.</p>	 <p>We learned more about the experiences of unpaid carers and the impact of providing care at home, sharing the findings of this report directly with those responsible for commissioning Carers services.</p>

10 years of improving care

This year marks a special milestone for Healthwatch. There are 152 local Healthwatch set up across each local authority in England. Over the last ten years, people have shared their experiences with us, good and bad, to help improve health and social care. Thank you to all our volunteers and champions that have stepped up and inspired change. Here are just a few of our highlights:

How we have made care better, together

Gathering your views



By launching a unique online feedback centre in 2014 via the three Healthwatch websites in Devon, where the public can rate and review a local health and/or social care service anonymously online. This feedback centre has acquired nearly 9,000 reviews of over 3,000 services in Devon, Plymouth and Torbay, which have been shared with health and care providers and commissioners.



The three 'rate & review' feedback centres can be accessed via mobile via each local Healthwatch's website in Devon

Raising your concerns

Raising the concerns of local people nationally to influence national health and care policies. From sharing the experiences of those seeking help for gender identity issues with NHS England and commissioners in 2017 to Public Health England releasing new national guidance in 2015 on the complexity of the Shingles vaccination rollout, there are many examples of positive outcomes based solely on the feedback local residents shared with us.



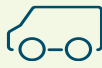
We shared what people told us with those in charge of gender identity services in Devon, along with NHS England and those responsible for commissioning services nationally.



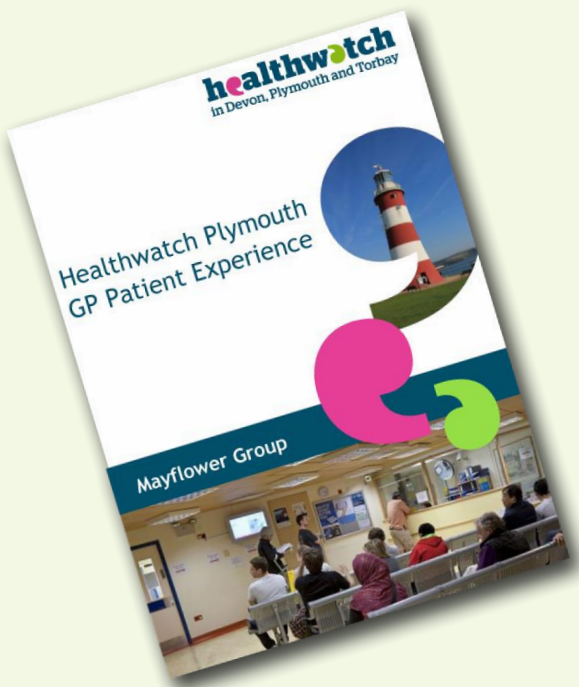
10 years of improving care

How we have made care better, together

Working with Providers



To help them understand how they can improve services, including hospitals, care homes and GP Practices such as the Mayflower Medical Group of five practices in Plymouth, where in 2022 hundreds of patients were surveyed by local Healthwatch in order to address long established patient concerns and frustrations in accessing GP services.



The report into GP Patient experience at Mayflower Group in Plymouth

Working with Commissioners



To gather the views of the public to be used for positive change. This includes working with NHS Commissioning Bodies in 2016 to host a 'New Model of Community Care' consultation in South Devon where thousands of local residents shared feedback that was directly used by NHS Commissioners to shape their model of delivering care in the local community. We conducted a follow up consultation in 2019 to cover wider Devon, where thousands of Devon residents' feedback was fed directly into the development of the NHS's local plans that explain how priorities set out in the NHS Long Term Plan would be delivered.



One of our community consultation events in Ashburton in 2016



10 years of improving care

How we have made care better, together

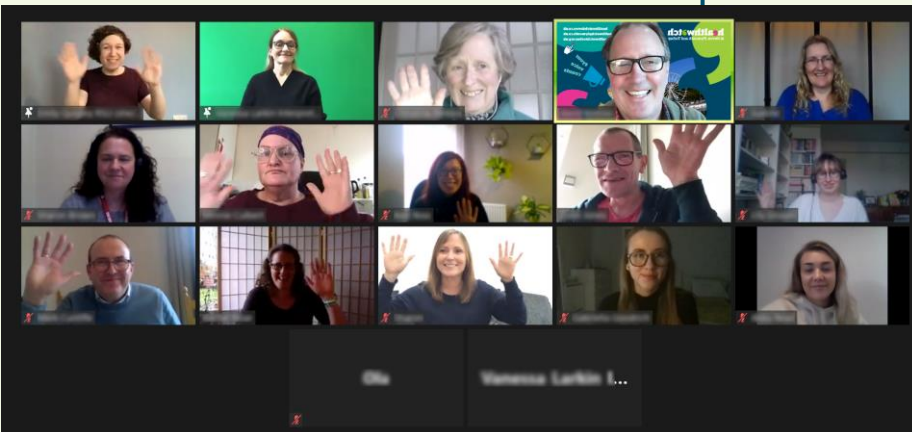
Winning Awards



Being nominated for and winning numerous national and local awards, including national Healthwatch England 'Highly Commended' Awards for Plymouth in 2015, our Torbay digital support project in 2018, our unique partnership with Citizens Advice Devon in 2019 and another in 2017 for highlighting concerns about local home care in Torbay and South Devon, which led to the Care Quality Commission placing the care organisation into special measures until improvements were made.



Helen Parker, award judge & Healthwatch National Committee Member, Pat Teague, Simon Culley, Sarah Bickley, Dr Kevin Dixon



One of our virtual BSL interpreted forums with the deaf community

Reaching Out

Working with vulnerable or seldom-heard groups throughout our 10-year existence to gather and share their valuable experiences, including carers, people with learning difficulties, those suffering with poor mental health, the elderly, children and young people and the Deaf community, where in 2022 online meetings were conducted with the help of British Sign Language (BSL) interpreters to gather their views. Our 2018 independent inquiry into the causes of isolation and loneliness in Devon even inspired Devon County Council to launch the Devon Charter to End Loneliness.



One of our many reports on the healthcare experiences of children and young people, including sexual health education and services.

10 years of improving care

How we have made care better, together

Voluntary Sector Support



Working with partners in the voluntary sector and other organisations to ensure the views of real people are heard by those in charge. This includes extra support on offer during the COVID-19 pandemic and establishing a network of Healthwatch 'Assists' in 2020 consisting of hundreds of community organisations committed to linking with Healthwatch so they can gather information about the health and care services used by the people they support..



During COVID one of our own colleagues Ola became a local COVID 'Champion', translating vital information about COVID-19 into Polish for the local community.



Digital Support

Supporting people to access digital healthcare resources led to Healthwatch Torbay creating 'Digital Health Devon' in 2018 - a free online e-Learning resource complete with video and screenshot guides via www.digitalhealthdevon.co.uk - who also run a number of different digital initiatives in the local community.



One of our Digital Drop In community sessions in Bishopsteignton, South Devon.



Listening to your experiences

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

Reading our Annual Report Online?

Did you know if you click this image on the right when it appears on pages within this report it will take you directly to the corresponding report on our websites!



Advocating for fairer NHS dentistry

NHS dentistry is in desperate need of reform and this year with the help of Healthwatch England we have successfully moved NHS dentistry up the political agenda, making it easier for people to find a dentist taking on NHS patients.

We have seen a shortage of NHS appointments, which has affected people on the lowest incomes the most, meaning they were less likely to have dental treatment than those on higher incomes.

We shared your feedback in Devon, Plymouth & Torbay around dental services with Healthwatch England, who made renewed calls on NHS England and the Department of Health and Social Care to put a reformed dental contract in place.

Changes to NHS dental contracts

They collated our findings with other local Healthwatch around the country, achieving widespread media attention.

As a result, NHS England announced changes, including:



- Increasing the payments for dentists when treating patients with complex needs, for example, people needing work done on three or more teeth.
- Requiring dental practices to regularly update the national directory as to whether they are taking new NHS patients.
- Moving resources from dental practices that are underperforming.

What difference will this make?

This announcement showed the power of people's feedback – with decision makers listening to your voice and taking action.

With these changes in place it should be easier for people to find a new dentist taking on NHS patients, elevating the stress and worry so many suffer when they cannot afford to go private.

House of Commons Health and Care Committee

Recently this year local Healthwatch and Healthwatch England representatives presented evidence from the Healthwatch Network in person to MPs about poor access to NHS dentistry to the House of Commons Health and Care Committee. MPs then questioned primary care minister Neil O'Brien and NHSE officials, often referring to Healthwatch evidence. He agreed that access needed to improve, especially in terms of people not being forced to travel long distances to NHS services and said the upcoming NHS workforce plan should help with this. We await the committee's published inquiry report and recommendations to government.

Listening to the views of the seldom heard



In 2022, Healthwatch in Devon, Plymouth and Torbay held a series of meetings with the South West representative of the Royal Association for Deaf People to discuss various concerns that were being raised around access to British Sign Language (BSL) qualified interpreters – including to support the complaints process.

We raised requests for information around the complaints process at the three Hospital Trusts in Devon and the responses indicated that there were differing procedures in place to supporting Deaf patients.

Following the success of previous engagement, we wanted to explore the experiences of the Deaf community in three further areas: complaints, GP services, and changing technology. Online meetings were conducted via Zoom and attended by 12 members of the Deaf community, alongside two British Sign Language (BSL) interpreters, two Healthwatch staff, one representative of the Royal Association for Deaf People and one representative of Living Options.

We then produced a report of our key findings and recommendations.

Our recommendations:

1. Processes on requesting an interpreter should be reviewed to ensure consistency and that a Communications toolkit is available for accessible information including a signed video.
2. Communication preferences should be easily accessible by staff on a patient's record to avoid inappropriate communications. This should extend to the Devon and Cornwall Care Record (DCCR).
3. Share best practice and align policies and procedures as much as possible to ensure that processes on booking an interpreter are consistent from a Deaf patient's point of view.
4. Note the feedback within this report and audit Local Authority websites and services to ensure information is accessible to the Deaf community.



What difference will this make?

The findings, observations and recommendations in our report have been shared with NHS Devon, the three Hospital Trusts in Devon, Devon Partnership Trust and Livewell Southwest (who provide Mental Health Services in Plymouth) Devon County Council, Plymouth City Council, Torbay Council and NHS England/Improvements South West Head of Stakeholder Engagement. All have expressed a desire to take on board the views contained within to benefit the deaf community in any future planned service changes.

Mental Health Support in Devon

In 2021, Healthwatch Devon and North Dartmoor Primary Care Network (NDPCN) worked together to find out about the health and wellbeing needs of local people; mental health support was found to be particularly important to the community.



Following this engagement, in 2022 NDPCN GP practices, health and social care partners, and other partners in the community, voluntary, and statutory sector wanted to find out more about people's views on mental health services locally and Devon-wide. This includes any service that can be accessed or has been accessed relating to mental health, either online or in person from the statutory services (NHS) or voluntary sector. By understanding what is done well, what could be done better, and what is missing, NDPCN can plan how to deliver local mental health services for the future.

Some Key Findings:

1. When asked what they would like to be available in their community, respondents said they would like more easily accessible services, (e.g. drop-ins and self-referral options), talk therapies and services for specific populations (e.g. people with complex needs, or young people), more appointments available to reduce waiting times, and more services available in the local area to reduce travel distances.
2. When asked what went well when previously using mental health services, respondents said they had positive experiences with talk therapies, supportive and helpful staff, good communication, quick and easy access.
3. When asked what could be improved, respondents said they would like more appropriate services, more joined-up care, greater availability of appointments, and easier access to services and information.



What difference will this make?

NDPCN and its stakeholders have since set up a weekend mental wellbeing drop in cafe for those experiencing mental health issues of isolation which runs every Saturday. This is a free service run by a trained facilitator, with no referral needed and everyone is welcome. This has also provided much needed support for patients over weekend where there were seen to be less services and support available.

They are also working closely with Community Links to make the culture around mental health more positive. There was also a need for more support for younger children and adolescents, so they recruited a children and young persons mental health coach to work across the patch ensure access to early intervention. The work around mental health is on-going and the PCN are passionate about improving services locally and will continue to do so with positive improvements made already.

In May 2022, Healthwatch Plymouth (HWP) were approached by the new provider of Mayflower Medical Group (MMG) to undertake a patient survey.

The survey's focus was to address long established patient concerns and frustrations in accessing GP services at the five surgeries that form MMG and to ask for suggestions on generally improving the service and in particular improving access.



Some Key Findings:

1. Primary access routes for patients have been phone contact or eConsult. As patients can be directed to complete an eConsult on phoning or when accessing the surgery in person, use of this service is inflated in the results.
2. 82.61% (228 respondents) of patients stated they waited in a queue when contact by phone with 40.91% (99 respondents) of these stating they waited longer than 40 minutes.
3. 70% (182 respondents) stated that multi options when phoning was useful, but the current options need reviewing along with welcome messaging to speed up the process.
4. 294 respondents had used the online consultation process, but nearly 50% said that they found it not easy to use.
5. When told they would be contacted back by a member of staff, 65.20% of respondents stated they were not contacted within the specified timeframe.



What difference will this make?

Following the outcome of the survey Mayflower Medical Group have put in place an action plan to address the concerns that have been raised, in regard to access to the surgery. Mayflower Medical Group will work through the action plan with the key accountable individuals to explore what resolution could be put into place. Mayflower Medical Group will work closely with Healthwatch Plymouth to provide feedback on those areas so that this may be shared with their patients and the wider community.

“ Mayflower Medical Group would like to thank Healthwatch Plymouth for their support to work in collaboration and to gather a wider scope of patient feedback. It was imperative that a wider audience had been reached and sought for feedback and interaction on their experience of the primary care services.

Statement from Mayflower Medical Group

Last year Healthwatch Torbay were approached by Torbay and South Devon NHS Foundation Trust to support them in gathering feedback about the health and care services they provide.

The Trust provides joined-up care across Torbay and South Devon, delivering acute services from Torbay Hospital and community-based health and social care across a wide range of community sites and in people's homes. The Trust serves a population of approximately 286,000 residents, plus about 100,000 visitors at any one time during the summer holiday season. They have around 500,000 face-to-face contacts with patients in their homes and communities each year and see over 78,000 people in the emergency department annually. The Trust asked us to help them to understand what matters to local people in relation to health and care services, in order to plan services that are fit for the future.



Some Key Findings:

1. When asked what could improve people's experiences of using the Trust's services, the five most popular responses were better information sharing (69% of respondents), more joined up working between local organisations (63%), ensuring health and social care services are available close to home (59%), recognising and responding to individual needs (55%), and better communication following hospital discharge (54%).
2. 37% of respondents said providing feedback to the Trust was "easy" or "very easy," 34% described it as "okay," and 29% of respondents said it was "difficult" or "very difficult."
3. Respondents named social media (63%), newsletters (60%), and local newspapers (39%) as the three most suitable methods for communicating with patients, their families, and their carers.

[Click here to read the report online](#)

What difference will this make?

The feedback from the local community will support the Trust in shaping and developing how they use patient and service user experience of health and care services to develop their strategy and identify key priorities that matter to local people for 2022-2025.



Thank you for the results of this report, the findings are very important... we will use this information to develop our patient and service user experience strategic plan and priorities. This will help us achieve our aim of empowering everyone to give feedback to improve health and care services in Torbay and South Devon.

Statement from Torbay and South Devon NHS Foundation Trust



Hearing from all communities

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

This year we have reached different communities by:

- Holding online BSL interpreted forums with the deaf community
- Holding consultations to find out more about how the Cost-of-Living crisis has impacted local people's health and wellbeing
- Reaching out to specific groups such as unpaid carers, those working from home, the male population, older people or those with learning disabilities
- Providing local NHS leaders with real face-to-face case studies of local people experiencing issues accessing their health and care.

Three ways we shared different voices from the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard. Here is a snapshot of some in the last year.

The views of those who care for loved ones

Nearly 85,000 people in Devon provide unpaid care, with one third (33.4%) providing more than 20 hours of unpaid care per week. To learn more about the experiences of unpaid carers and the impact of providing care at home, we developed a survey in conjunction with Devon Carers, Improving Lives Plymouth, and the Torbay Carers Service.



121 people answered the survey. Some selected key findings are:

- 55% of respondents said they felt their health and safety was at risk due to their caring duties, 25% felt it was "somewhat" at risk, and 20% felt it was not at risk.
- 69% of respondents said their caring responsibilities "frequently" or "always" affect their ability to relax at home, and 52% of respondents said their caring duties "frequently" or "always" limited their ability to leave the house.
- 72% of respondents said their physical health had been worse since becoming a carer and 30% said it had been "about the same." 84% of respondents said their mental health had been worse and 16% said it had been "about the same." No respondents said their physical or mental health had improved.
- 50% of respondents said they had not accessed any physical or mental health support services. 33% said they had accessed mental health support and 16% said they had accessed physical health support.

We shared the findings of this report directly with those responsible for commissioning Carers services for them to consider and respond to and will continue to monitor patient and public feedback about services and report that feedback to the Integrated Care System in Devon to inform service delivery and change.



Three ways we shared different voices from the community

Listening to those waiting for treatment

Dealing with the pandemic impacted the amount of planned care the NHS has been able to provide, resulting in longer waiting times for many patients. Last year we were asked by the Devon Integrated Care System (ICS) to find out how elective care waiting lists impacted patients and how people would like these to be addressed.

The ICS wanted to work with local people to develop plans to tackle the waiting lists. Working with Healthwatch, the ICS invited patients on waiting lists to share their experiences and thoughts about how best to approach the issue through a series of workshops.

The feedback from patients will be used to directly inform how the NHS in Devon address supporting patients and protecting elective care so they can be seen as quickly and effectively as possible.



The impact of working from home

There are almost 370,000 people in employment in Devon, with the proportion of self-employed workers (14.7%) being higher than the national average (9.3%). The Covid-19 pandemic changed the way that many of us work; in spring 2022, 38% of working adults in the UK reported having worked from home at least once in the past seven days.

Healthwatch wanted to find out about the physical and mental impact of working from home, and how working from home has affected people's work/life balance.

We reported the feedback we gathered to the Integrated Care System in Devon to inform service delivery and change.



Healthwatch Assist Network



The Healthwatch assist network gives Healthwatch in Devon, Plymouth & Torbay the opportunity to connect with a wider cross section of the local community.

The assist network is made up of over 130 local community groups & organisations, these include support groups, parent groups, sports groups, community centres, young people's groups and many groups representing the voice of those seldom heard members of the community. We regularly engage with the members of the network and we encourage an open channel of communication giving them the opportunity to share the voices of their community regarding health and social care services in Devon.

In 2022 we launched the first round of our **Healthwatch assist engagement grant**. The engagement grant aimed to support Healthwatch Assist members, with a payment of up to £250, undertake their own focused health and social care consultations or surveys within their communities on topics that matter most to them. The work they undertook gave them the opportunity to identify emerging or existing health and social care issues within their local communities.

The first round of the grant had five successful bids, all feeding information back on a wide range of topics:

The Youth mental health foundation – Used the grant to conduct a digital survey assessing self harm services for young people across Devon.

Devon in Sight – Used the grant to facilitate quarterly forums with their membership of the visually impaired & blind community. The forums were open and members were able share all experiences that they had with health care service in Devon.

North Devon Forum for autistic spectrum conditions & ADHD – Used the grant to fund a family day out for their members and gathered feedback on members experiences of health and social care services in a relaxed and informal environment.

Punk Against Poverty CIC – Used the grant to conduct a digital survey looking at the link between poverty and mental health, with a particular focus on the community of Torbay.

Recovery Devon CIC – Plan to use the grant to facilitate regular workshops to gather feedback on mental health services in Devon, along side creating a 'Letter of Choice'. The Letter of Choice is to be a resource written by people with lived experience, with the support of mental health practitioners, to empower people on their mental health journey to know that they have choices in the paths they take to find recovery.

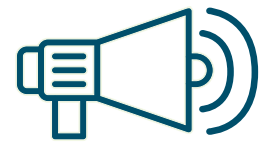
Calling all Community Groups!

We're looking for community groups & centres to join our Healthwatch Assist network & become part of our vital network of information!

Email hwassist@hwdevon-plymouth-torbay.org or call 0800 520 0640 to find out more

healthwatch
in Devon, Plymouth and Torbay

Healthwatch Champions & Your Case Studies



We can all face problems that seem complicated or intimidating. Healthwatch Champions are part of Citizens Advice and we believe no one should have to face these problems without good quality, independent advice. That's why we're here: to give people the confidence they need to find their way forward – whoever they are, and whatever their problem.



Healthwatch Champions in Devon provide specialist support, guidance and advice in all aspects of health and social care. The champions help clients resolve any health and social care enquiries. They have offices based in East Devon, North & West Devon, Exeter, South Hams, Torridge & Mid Devon and Teignbridge.

Case studies are an important way of highlighting the real issues that real people face locally. In this section there are a very small selection of some case studies gathered by our Healthwatch Champions in the past 12 months.

To contact a Healthwatch champion today please call 0800 520 0640.

Struggling to get a diagnosis

A lady who has been struggling for years to get a diagnosis and effective treatment for a head/neck injury, as a result of historic domestic violence, contacted a Healthwatch Champion for advice.

The lady explained she wanted effective treatment and diagnosis but has struggled to get this over the years. She said she felt alone with low mood and found everyday daily living activities difficult and how a diagnosis would help her get a befriender from 'Headway' (a charity that supports people with brain/ head injuries).

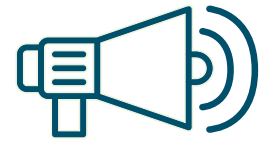
What difference did we make

A Healthwatch Champion wrote to the Client's GP on her behalf requesting a referral to a neurosurgeon and letter from GP confirming that Client had a brain/ head injury.

The client needed this letter to evidence to Headway that she has such an injury.

While waiting for GP letter, the Champion called Headway who advised the Client could phone their helpline for a chat if she needed to and an online support group was suggested that the lady was keen to join.

Two months later the Client reported that the GP has referred her to a neurosurgeon for diagnosis/treatment. The GP sent a letter as proof of injury and she was able to contact Headway with this evidence to arrange a befriender. Client will now be able to receive practical support at home and this will alleviate stress and worry.



Difficulty getting help at home

A lady contacted us after her partner received his first Covid jab and within 48 hours could not move. He reported symptoms of serious rheumatoid arthritis that were 'so bad that on some days he could not get out of bed'. The client was struggling to manage her caring role and job outside the home and the family were receiving no practical support at home. Client said that when she is at work her partner will not take his medication due to mental health issues.

What difference did we make

A Healthwatch Champion advised how as a Carer she could obtain practical help at home from Devon adult social care and also a carer's needs assessment and further advice and support via Devon Carers. The Client was also given information on the Vaccine Damage Payment, including information on eligibility, how to claim and time limits for claims and where to get legal advice.

As a result of advice, the Client now knows what practical help is available to the family and how to request it plus how to claim the Vaccine Damage Payment which if successful, would help to alleviate some of the family's financial pressures, stress and worry.

Access to Mental Health Support

A Client with a functional neurological disorder and Mental Health issues contacted us for help as he was unable to sustain a tenancy due to his Mental Health and had recently been homeless. He had approached his GP for Mental Health support and his GP referred him to the North Devon Community Mental Health Team (NDCMHT).

The Client was assessed by the NDCMHT and placed on the waiting list, but he had high levels of anxiety, and urgently needed face-to-face Mental Health support. His Mental Health was deteriorating, and he reported taking an overdose that required A&E CPR. The Client also disclosed historic child sexual abuse and that he had been told that Devon Rape Crisis would be unable to help him.

What difference did we make

A Healthwatch Champion wrote to NDCMHT on the Client's behalf stressing urgency of Client's case and when there was no response, the Champion made an official complaint. Two days after this the Client received a call from a manager at NDCMHT advising that he would be able to access face to face support from the Homeless Community Psychiatric Nurse (CPN).

Our Client reported that he has seen the CPN and has further weekly sessions booked. Client has also been advised that the CPN can help him prepare for counselling/therapy from Devon Rape Crisis. Our Client is much happier now he is receiving regular face to face Mental Health support and this support should also help him sustain his tenancy.



Advice and information

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

This year we've helped people by:

- Providing up to date information people can trust
- Helping people access the services they need
- Promoting the Healthwatch England "your care your way" campaign on accessible information standards in health and care
- Working with local Learning Disability Ambassadors to review NHS 'easy read' letters in Dentistry and Primary Care.

How we share advice and information to the community

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

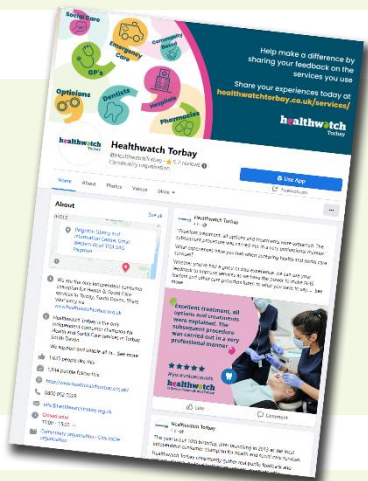
1,386 people were provided with information, advice or signposted to other services who could help via our **contact centre** – a dedicated, phone, email and online service. The online live webchat service is available via our three websites for people in Devon, Plymouth and Torbay to find out more information. You can call the contact centre free on **0800 520 0640**.

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

Last year we improved the accessibility on our three websites following feedback from a partially sighted group coordinated by Devon in Sight. We improved our ‘Recite Me’ toolbar which allows adjustments to all elements of a webpage, including text, font, audio speech, graphics, language, and navigation.



Last year **13,925 people** followed us on social media via our three separate Facebook, Twitter and Instagram accounts for Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay, where we received an incredible **348,492 engagements** to our posts last year overall! Join our online community today!



3,026 people subscribed to our Email Bulletins where we share the latest updates from Healthwatch in Devon, Plymouth & Torbay and the health, care and voluntary sector locally every week. You can subscribe via our websites: www.healthwatchdevon.co.uk, www.healthwatchplymouth.co.uk, and www.healthwatchtorbay.org.uk.





Volunteering

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

This year our volunteers:

- Visited communities to promote Healthwatch in Devon, Plymouth and Torbay and what we have to offer
- Collected experiences and supported their communities to share their views
- Carried out visits to local services to help them improve, including at local Emergency Departments in Devon, Plymouth and Torbay
- Reviewed health and care services websites and NHS 'easy read' letters to review accessibility Helped guide the future of Healthwatch in Devon, Plymouth and Torbay by meeting regularly via our Healthwatch Steering Groups. You can meet some of our Steering Group members on the next page.

Meet some of our Steering Group Members

Angie

Angie founded 'What's Your Problem' C.I.C. in 2015 to ensure that people in our community had equal and fair access to justice. She Chairs both the Torbay Domestic Abuse and Sexual Violence Community Forum and the Standing Tall Community Partnership, supporting families affected by Domestic Abuse.

"I have joined the Healthwatch Torbay steering group as I'm keen to ensure that services in Torbay are people-led wherever possible."



John

John is a member of the Healthwatch Plymouth Steering Group. He was born and raised in Plymouth before gaining a BSc degree at Cardiff University. He then went on to serve for 30 years with Surrey Police where he was an Inspector and Chairman of the Federation. In his time with the Police he was a lead on Business Continuity & Strategic Planning, and was an advocate in various tribunals and hearings.



Malcolm

A member of the Healthwatch Devon Steering Group, Malcolm was a senior health & social care professional providing services to people with disabilities, learning disabilities, hearing loss, older adults in various settings, including Care Homes with Nursing. He now works as an independent advocate for people using services.

"I'm keen that people's voices are heard and they have a direct say in how services are developed."



Do you feel inspired?

We are always looking for new volunteers, so please get in touch.



0800 520 0640



Info@hwdevon-plymouth-torbay.org



www.healthwatchdevon.co.uk
www.healthwatchplymouth.co.uk
www.healthwatchtorbay.org.uk



Organisations we work with

We work with many voluntary organisations across Devon, Plymouth and Torbay representing the views and experiences of local people to influence change in a positive way. To enable us to do this effectively we have continued our representation at key groups and committees, both strategic and operational. This involvement allows a patient perspective to be presented and opportunities for patient involvement to be identified.

Statements from Partners

In June 2022 we were delighted to host our national partner Healthwatch England (HWE) who came to Devon to visit local services and find out more about the way real public feedback is used to improve care in the region.

NHS Devon worked with us to host HWE Chair Sir Robert Francis QC and the national HWE committee meeting, which included site visits to local services such as the COVID-19 vaccination site at Exeter Mosque, the Torbay community helpline, a new Mother and Baby Unit called Jasmine Lodge and other services at Devon Partnership NHS Trust, and NHS Nightingale Hospital in Exeter.



(Above) Members of Healthwatch England and ICS Devon Chair Dr Sarah Wollaston visit Exeter Mosque. (Below) Members of Healthwatch England and Healthwatch DPT with local NHS and ICS partners at the Committee Meeting.



“A huge thank you for your help, support and hospitality in making the visit by the Healthwatch England team an enjoyable and informative experience. It is a visit that they will not forget in a hurry.

Thanks also to [those NHS representatives] for taking the time to show the team around the various sites and to give them insight to the wonderful work that is being done in a collaborative way in Devon. I’m sure that other Healthwatch, ICS and voluntary organisations will be looking to follow your models of engagement.”



Healthwatch England Statement to Healthwatch in Devon, Plymouth & Torbay and NHS Devon

Statement from Partners

“The NHS in Devon has undergone a major organisational change in the past year in establishing an integrated care system and Healthwatch in Devon, Plymouth and Torbay has provided vital continuity for the patient voice in this.

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

“Healthwatch continues to provide important feedback from patients, on big themes and small, so that as we redesign services we can better tailor them to meet the expectations of our local population.

“This has become even more crucial in the last year as the cost of living crisis threatens to have a disproportionate effect on those who are already at some disadvantage. Our mission at NHS Devon is to provide equal chances for everyone to live happy, healthy lives, and we need ‘critical friends’ such as Healthwatch to help achieve this.

“As an example, Healthwatch in Devon, Plymouth and Torbay launched a consultation early this year on mental health services – focussing on access, waiting times and quality of care.

“People using these services do often experience real inequality, and the information that Healthwatch uncovers in this consultation has a direct impact on our future design of mental health services across the county.

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

Jane Milligan
Chief Executive
NHS Devon



Statements from Partners

In April 2023, senior members of Healthwatch visited Wonford House in Exeter for a tour of the site and to find out more about the work of Devon Partnership NHS Trust (DPT) – which commissions and delivers mental health, learning disability and neurodiversity services in the county (excluding Plymouth). The tour included visits to the Mother and Baby Unit and the Place of Safety, as well as a very productive discussion with members of DPT’s Executive Team.



Members of Healthwatch with NHS staff at DPT.

“We were delighted to welcome our Healthwatch colleagues as both of our organisations are keen to work more closely together.

As well as talking about some of our services and the people we support, we had a very useful discussion about how Healthwatch can support our work by representing the patient voice to positively influence and shape services.

There were also discussions about identifying possible areas of collaboration and about Equality, Diversity and Inclusion – and we very much look forward to working more closely together.”



Melanie Walker
Chief Executive
Devon Partnership NHS Trust



Devon Partnership
NHS Trust

Statements from Partners

“The Royal Devon University Healthcare NHS Foundation Trust welcomes the opportunity to provide a statement for the annual report produced by Healthwatch in Devon, Plymouth and Torbay for the year 2022/23.

It is extremely important to us that we listen to what matters to our local communities, and Healthwatch has once again provided us with invaluable insights and support to help us better understand how our patients are experiencing our services, which has enabled us to implement improvements across our services. This includes supporting system wide engagement in our emergency departments to understand our patient’s needs.

Healthwatch will continue to play a vital part in our plans for the future and will support us to achieve our commitment of ensuring that the patient voice is at the heart of the services we deliver.

We’d like to thank Healthwatch for their continued support and look forward to further joint working with Healthwatch colleagues in the future.”



Carolyn Mills
Chief Nursing Officer
Royal Devon University Healthcare
NHS Foundation Trust


Royal Devon
University Healthcare
NHS Foundation Trust

Statements from Partners

“We have continued to work closely with Healthwatch during the last 12 months. Their in-reach into the community and their work to support us in delivering services that meet the needs of our local population is much valued and includes:

- Healthwatch have repeated a vital piece of insight work for us with patients using Emergency Care. which will give us valuable understanding and trend data, building on a similar exercise they undertook in summer 2021. Devon Clinical Commissioning Group have again commissioned Healthwatch to understand people’s use of the Emergency Department at Derriford Hospital and all the emergency departments across Devon with an ambition of speaking to a total of 500 patients. As per summer 201, during spring 2023, the Healthwatch Engagement team came in and asked patients questions about their visit to the department, including whether they sought advice or treatment from any other services before arriving, if they were unable to access any other services, and if their visit was related to hospital treatment they are waiting to receive or have recently received. This time we worked with Healthwatch so they also asked for more of a narrative history from patients about what had brought them to the Emergency Department and, where patients were willing to give their NHS number with the researchers, a senior Emergency Department consultant and local GP have followed up with clinical validation of each patient’s visit (after that visit had ended) to understand if there are instances where patients could have been better served by another service . The findings will once again be instrumental in shaping communications with patients and the public and be fed back to operational managers to help them understand how services are used currently and how they might be improved
- In their regular newsletters, Healthwatch have continued to share news of our major capital developments such as the building of our REI and Urgent and Emergency Care Centre and our engagement work around this.
- Healthwatch continue to attend our Patient Experience Committee and provide feedback on the experiences of the users. In addition, we have used Healthwatch to undertake a complainant survey to understand how we can make improvements to our complaints process from a user point of view. The survey has now been completed and the results of this survey are pending.

University Hospitals Plymouth NHS Trust values its great working relationship with Healthwatch and, as these examples demonstrate, has worked with them over this year closely and for the benefits of our patients and those we serve.”



Statements from Partners

“Engaging with our communities has never been more important. We want to put the voices of local people at the heart of everything we do and the services we deliver. Healthwatch in Devon, Plymouth and Torbay is a crucial part of helping us achieve this.

During the year we have worked with Healthwatch on a number of areas and topics that are incredibly important to our communities. We know that by furthering our understanding of people’s needs, we will be able to improve their experiences and outcomes.

We continue to work closely with Healthwatch and our system partners to understand people’s reasons for attending our emergency departments. This work is so important in understanding the demand on our urgent and emergency care services and is shaping future planning and decision making for these pathways.

A survey on men’s understanding of their health again provided an insight into the knowledge of conditions and awareness of support available among men in our communities. This highlighted men’s apprehension to seek help, which resulted in some targeted messaging and work to encourage men to engage more with health services.

Working with Torbay Carers Services and other Devon organisations that support unpaid carers, Healthwatch were able to highlight the impact that providing unpaid care at home has on people through their survey and report. Torbay Carers Services have been able to use this to inform the support, guidance and advice they offer.

Receiving Healthwatch’s findings following feedback from our deaf community on their experience of accessing our services was incredibly useful as part of our work to make our services as accessible as possible.

They are a welcome contributor to our feedback and engagement group, and we are very grateful for their invaluable insights.

I would like to congratulate Healthwatch in Devon, Plymouth and Torbay on another successful year and thank them for their continued support and contributions towards our vision of better health and care for all.”

Liz Davenport
Chief Executive
Torbay and South Devon NHS
Foundation Trust



Torbay and South Devon
NHS Foundation Trust



Statements from Partners

“Healthwatch have provided Devon County Council with valuable insight into the experiences of people receiving adult social care support from Devon County Council which has helped inform the way in which we commission, plan and deliver our services.

There is no substitute for hearing directly from the public and the way in which Healthwatch have captured, collated and presented information to us on issues including domiciliary care, support for carers and the effectiveness of our care management processes has helped us reflect on our performance.

We are pleased to have Healthwatch involvement in this summer’s Peer Challenge which will in turn help prepare us for future inspection by the Care Quality Commission.”



Tandra Forster
Director of Integrated
Adult Social Care,
Devon County Council



Statements from Partners

“This year has been very challenging, while many of us have slowly returned to what would be close to our pre-pandemic lives some of us are still very much living with COVID-19. We have also had a cost-of-living crisis which has impacted all of us, but similar to COVID-19, it has impacted the most vulnerable members of our society the hardest. This has resulted in more people and families living in fuel poverty and with food insecurity with the collective impact being an increase in health inequalities. Throughout the pandemic many people delayed seeking medical help and we know the health and care services faced significant disruption, and as a consequence there has been a significant rise in demand for health and care services.

To help address the widening inequalities it is important that the health and care system, working with key partners such as Healthwatch, actively support, enable and encourage people to come forward to have the delayed health checks, health screenings and vaccinations. Early detection of disease to enable optimal treatment is essential to achieve the best possible outcomes for people and we know those in greatest need are often the individuals who struggle most to access the services they need.

Healthwatch has a vital role in ensuring the health and care system have the insight and intelligence to ensure services focus on those in greatest need and the patients voice is a critical success factor.”



**Steve Brown,
Director of Public Health,
Devon County Council**



Statements from Partners

“I am delighted to recognise another year where Healthwatch have worked with us to ensure that the voice of those using services across the system are listened to and understood.

Healthwatch have provided insight into the health and wellbeing of our population, and the experiences that they have had with a range of services. They have worked alongside us, providing feedback, insights and challenge, helping to keep us on track in terms of a person-centred approach.

Healthwatch in our area have provided local stakeholders with a range of reports which were themed to help us to answer questions around experiences; from experience of access to children and young people’s services, to the physical and mental health advantages and disadvantages of working from home. Of particular importance was a survey of unpaid carers, which highlighted that 72% reported that their physical health had worsened since becoming a carer and 84% that their mental health had suffered. Despite this, half had not accessed the support services that are there- meaning that we have a long way to go, to ensure that the support is there and is accessible for the people who would benefit from receiving it.

We look forward to continuing our work with Healthwatch.”



Ruth Harrell
Director of Public Health,
Plymouth City Council



Statements from Partners

“Plymouth City Council is committed to continually improving services for local people, in ways which reflect their needs, priorities and lived experience. The role of local Healthwatch as an independent champion for the voices of patients, service users, carers and the wider community has continued to be invaluable in helping shape our commissioning and delivery of services in 2022/23.

The reach of the Healthwatch network of committed staff and volunteers has enabled a wealth of feedback and insights to be captured and shared with us, informing our understanding of what’s working well and where we still have more to do. The Council’s corporate priorities for the year ahead include working with our NHS partners to improve access to health, care and dentistry in the city.

Healthwatch will remain a vitally important stakeholder as we progress this work and we very much appreciate their ongoing commitment to help us get it right for local people.”



Anna Coles
Service Director for Integrated
Commissioning,
Plymouth City Council



Statements from Partners

“Torbay Council continues to focus on working with local people to ensure that we are delivering what is important to local communities and that our plans are based on the voice and experience of those people that matter most.

Healthwatch has been a strong and committed voice for people who may use services and their carers. Healthwatch has kept our partnerships talking about the vulnerable residents' experiences of local Health and Social Care services.

We are certainly better for Healthwatch's voice and my sincere thanks for the commitment and focus shown. We look forward to many more conversations moving forward.”



Joanna Williams
Director of Adult and Community Services,
Torbay Council

TORBAY COUNCIL



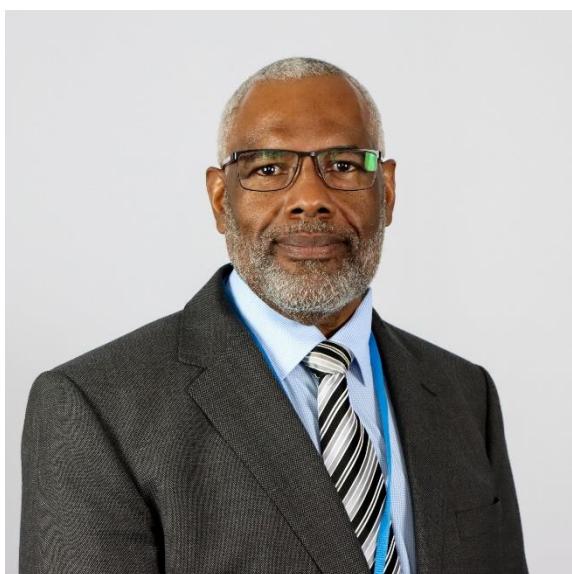
Statements from Partners

“I am pleased to receive this report from Healthwatch and congratulate them on another year of tireless work to ensure that people who use health and care services, and their carers, can meaningfully shape how these services are developed and delivered.

In the past year, Healthwatch has continued to reach out to communities and groups that are sometimes overlooked in our considerations about service delivery. These include unpaid carers, people with learning difficulties, those suffering with poor mental health, the elderly, children and young people, and people with hearing impairment. Healthwatch seeks to foster partnerships where these communities can be empowered to co-produce services with providers.

In the last 12 months we have continued to grapple with the consequences of the Covid-19 pandemic complicated by further stresses caused by the Cost of Living Crisis. The insights and relationships that Healthwatch has gained helped us to better communicate with the public about the programmes that Torbay Council and partners had in place to support people affected by these shocks.

We look forward to working in partnership with Healthwatch to understand what matters to our residents and how we can ensure delivery of inclusive services that improve access, experience and outcomes for all.”



Dr Lincoln Sargeant
Director of Public Health,
Torbay Council

TORBAY COUNCIL



Statutory statements

Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay are provided by Colebrook Southwest in partnership with Engaging Communities South West and Citizen's Advice Devon, r/o Restore Milehouse, St Levan Road, Plymouth, PL2 3BG.

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

The way we work

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

Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay are delivered by a collaborative partnership of Colebrook (SW) Ltd, Engaging Communities South West and Citizens Advice Devon. The partnership provides the vision, infrastructure, staffing and overall governance, ensuring delivery of the contract as the hosted organisation. As Healthwatch Devon, Plymouth and Torbay are independent services, driven by the voice of local people, an independent steering group has been set up in each locality in Devon, Plymouth, and Torbay – led by lay people.

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

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/23 we have been available by phone, email, provided a webform on our website and through social media, as well as attending meetings of community groups and forums, both face-to-face and virtually.

This year for example we held a series of online meetings via Zoom and attended by 12 members of the Deaf community, alongside two British Sign Language (BSL) interpreters, two Healthwatch staff, one representative of the Royal Association for Deaf People and one representative of Living Options.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on each of our websites – www.healthwatchdevon.co.uk, www.healthwatchplymouth.co.uk, and www.healthwatchtorbay.org.uk.

Responses to recommendations & Quality Accounts

We had **no** providers who did not respond to requests for information or recommendations. There were also no major issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

As part of the annual statutory Quality Account process for NHS Trusts and specific service providers, we provided **nine** responses to these reports in 2022–23. These included the five NHS health trusts in Devon, South Western Ambulance Service NHS Foundation Trust, Express Diagnostics, Rowcroft Hospice and Livewell Southwest.

The way we work

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

This year for example in our local authority areas we have taken information to each of the Devon, Plymouth and Torbay [Health & Wellbeing Boards](#), [Health & Adult Social Care Overview & Scrutiny Boards](#), [Safeguarding Adults Partnerships](#), [Local Outbreak Engagement Boards](#) and [Local Care Partnerships](#).

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

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

Enter and view

This year we made **20** Enter and View visits by way of Patient-Led Assessments of the Care Environment (PLACE) at local health trusts and providers including University Hospital Plymouth (UHP), Royal Devon and Exeter Hospital and Livewell Southwest.

We made a number of different recommendations or actions as a result of this activity at each of the different sites we visited, which included general hospitals, Child and Adolescent Mental Health Services (CAMHS) and Mental Health inpatient Units.

Healthwatch representatives

Healthwatch [Devon](#), Healthwatch [Plymouth](#) and Healthwatch [Torbay](#) are represented on numerous different relevant meetings locally, regionally and nationally.

For example, we are represented on all three of our respective Health and Wellbeing Boards by [Jess Crowley](#), (Communications Officer), [Tony Gravett MBE](#) (Systems and Intelligence Lead) and [Pat Harris](#) (Strategic Lead). During 2022/23 our representatives has effectively carried out this role by becoming a key part of their local Health and Wellbeing Board, reporting to the rest of the Board, commenting on subject areas and raising local issues, trends, concerns and feedback.

Healthwatch [Devon](#), Healthwatch [Plymouth](#) and Healthwatch [Torbay](#) are each represented on the [Devon Integrated Care Partnership Board](#) by [Pat Harris](#) (Strategic Lead) and [Devon Integrated Care Board](#) by [Tony Gravett MBE](#) (Systems and Intelligence Lead) by way of attendance on several different Integrated Care Board sub-committees, such as the [Quality & Patient Experience Committee](#), the [Primary Care Transition Committee](#) and the [System Quality & Performance Group](#). New to this year, we are now represented on the strategic [Devon Digital Inclusion Steering Group](#) by [Simon Culley](#) (Digital & Communications Lead).

Finance and future priorities

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

Our income and expenditure

Income		Expenditure	
Funding received from local authority	£560,000	Staff costs	£426,931.41
Devon	£348,573	Operational costs	£38,724.81
Plymouth	£115,427	Support and administration	£119,884.28
Torbay	£96,000		
Additional income	£4,148.24	Total expenditure	£585,540.50
Carry in	£45,046.05		
Total income	£609,194.29		

NB. Accounting changes increased carry in into 2022/2023

Additional income is broken down by:

- **£4,148 funding** received from Healthwatch England for work on a project

Next steps

In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackling inequalities that exist and work to reduce the barriers you face when accessing care, regardless whether that is because of where you live, income or race.

Our top priorities for 2023–24 feature on the next pages

Our future priorities

To help us carry out our work we have agreed on the following engagement priorities for the Healthwatch in Devon, Plymouth & Torbay service in 2023–24.

Top Priorities for in Devon, Plymouth and Torbay

1. Development of Mental Health Services under the Community Mental Health Framework.
2. Recovery of Health Services due to COVID-19 pandemic including waiting times for outpatient appointments and elective surgery.
3. Recovery of Social Care Services due to COVID-19 pandemic including individual and carer assessments, funding, and care home visiting.
4. Development and integration of Children & Young People Services such as emotional health & wellbeing, children development, special educational needs, and lack of engagement with young people. Also Transition from Children to Adult Services including Health Care Plan.
5. Waiting times –NHS Dental, Mental Health, GP, Diagnostic Services, Community Services etc.

To help us carry out our work as three individual local Healthwatch organisations we have agreed on the separate local engagement priorities for each of Healthwatch Devon, Healthwatch Plymouth & Healthwatch Torbay in 2023–24. These are detailed on the following two pages.

Our future priorities

Local Priorities for



1. Development of Mental Health Services under the Community Mental Health Framework.
2. Development of the Integrated Care System including changes to services, Locality Care Partnerships and devolvement of national and regional service commissioning to Integrated Care Boards.
3. Development and integration of Children & Young People Services such as emotional health & wellbeing, children development, special educational needs, and need for engagement with young people. Also Transition from Children to Adult Services including Health Care Plan.
4. Recovery of Health Services due to COVID-19 pandemic including waiting times for outpatient appointments and elective surgery.
5. Recovery of Social Care Services due to COVID-19 pandemic including individual and carer assessments, funding, and care home visiting.

Local Priorities for



1. Waiting times –NHS Dental, Mental Health, GP, Diagnostic Services, Community Services etc.
2. Recovery of Health Services due to COVID-19 pandemic including waiting times for outpatient appointments and elective surgery.
3. Recovery of Social Care Services due to COVID-19 pandemic including individual and carer assessments, funding, and care home visiting.
4. Development of Mental Health services under the Community Mental Health Framework.
5. Development and integration of Children & Young People Services such as emotional health & wellbeing, children development, special educational needs, and need for engagement with young people. Also Transition from Children to Adult Services including Health Care Plan.

Our future priorities

Local Priorities for **healthwatch** Torbay

1. Waiting times –NHS Dental, Mental Health, GP, Diagnostic Services, Community Services etc.
2. Development and integration of Children & Young People Services such as emotional health & wellbeing, children development, special educational needs, and need for engagement with young people. Also Transition from Children to Adult Services including Health Care Plan.
3. Recovery of Social Care Services due to COVID-19 pandemic including individual and carer assessments, funding, and care home visiting.
4. Recovery of Health Services due to COVID-19 pandemic including waiting times for outpatient appointments and elective surgery.
5. Development of Mental Health Services under the Community Mental Health Framework.

"Thank you for reading our annual report. 2022/2023 marks the third successful year of our partnership delivering the three local Healthwatch in Devon, Plymouth and Torbay.

The contents of this report is testament to how all three local Healthwatch have continued to pull together against the backdrop of ongoing challenges for health and social care services. Our team have continued to gather feedback and provide information and guidance to our communities.

The result of this can be seen in the varied and influential projects showcased in this annual report, both at a local Healthwatch level and across the region. We are particularly proud of some of the projects in partnership with local services that have helped create positive change in health and social care.

Thank you to all our staff, volunteers, steering group members and partners this past 12 months. We look forward to an equally successful year in 2023/24."



Pat Harris
Strategic Lead for
Healthwatch in Devon,
Plymouth & Torbay

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RISK REGISTER AND ISSUES LOG

TORBAY HEALTH & WELLBEING BOARD

Version: 1.0
Date: 11 September 2023

Authors: Julia Chisnell, Anne Hawley, Hannah Murphy

Sponsor: Lincoln Sargeant (Director of Public Health)

Risk Register

The purpose of this document is to record the receipt and current status of relevant programme risks.

Risks identified should present a risk to delivery of key strategic objectives of the Board, for example through delays to implementation of an area of the Joint Health & Wellbeing Strategy.

Definitions of impact

- 1 Minor – minor impact on timing or delivery of a key strategic area
- 2 Moderate – moderate impact on timing or delivery of a key strategic area
- 3 Significant – significant impact on timing or delivery of a key strategic area
- 4 Major – major impact on timing or delivery of a key strategic area

Open Risks

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Risk No.	Risk Description	Impact	Owner	Date Identified	Date Last Updated	Resolution to Manage the Risk	Organisations / individuals tasked with action to manage the risk	Current Status
		1-4						Open Closed
1	No further funding to support the Torbay Digital Inclusion Network (DIN).	4	Torbay Health & Wellbeing Board	01/06/2022	01/04/2023	Ensure all projects successfully complete. Continuation of the Network at a reduced scale on a voluntary basis.	Torbay Council Engaging communities South West	Closed
2	Risk that the ICB decision to stand-down and/or delay the work of the Devon-wide digital inclusion group.	3	Torbay Health & Wellbeing Board	29/06/2023	13/09/2023	Digital leads to work with local partner organisations to engage with the Devon ICB and wider Devon partners to mitigate the risks and identify appropriate opportunities to coordinate digital inclusion	NHS Devon Torbay & South Devon foundation Trust	Open

Risk No.	Risk Description	Impact	Owner	Date Identified	Date Last Updated	Resolution to Manage the Risk	Organisations / individuals tasked with action to manage the risk	Current Status
		1-4						Open Closed
	<ul style="list-style-type: none"> Delays the delivery of the local “digital citizen enablement” strategy (shared with TSDFT) Reduces opportunities to work coherently at scale across Devon Delays or reduces the benefits of other digitally-enabled services 					at an appropriate scale.		
	The voluntary approach to the Torbay Digital Inclusion Network (DIN) is unsustainable.	3	Torbay Health & Wellbeing Board	01/04/2023	13/09/2023	<p>Opportunistic funding is identified, and bids are developed and submitted by DIN partners in collaboration.</p> <p>Individual projects deliver against the Network’s and Health & Wellbeing Board’s objectives.</p>	Engaging Communities South West	Open