TORBAY COUNCIL

Tuesday, 25 August 2026

ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD

A meeting of **Adult Social Care and Health Overview and Scrutiny Sub-Board** will be held on

Thursday, 3 September 2026

commencing at **2.00 pm**

The meeting will be held in the Banking Hall, Castle Circus entrance on the left corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Committee

Councillor Johns (Chair)

Councillor Bryant

Councillor Douglas-Dunbar

Councillor Spacagna (Vice-Chair)

Councillor Barbara Lewis

A Healthy, Happy and Prosperous Torbay

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Governance Support, Town Hall, Castle Circus, Torquay, TQ1 3DR

Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD
AGENDA

1. Apologies

To receive apologies for absence, including notifications of any changes to the membership of the Adult Social Care and Health Overview and Scrutiny Sub-Board.

2. Minutes (Pages 5 - 8)

To confirm as a correct record the minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board held on 16 July 2026.

3. Declarations of Interest

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.

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 Chair decides are urgent.

5. Public Health Annual Report 2026/2027 (Pages 9 - 18)

To review the emerging Public Health Annual Report on Men's Health for 2026/2027.

6. Quarterly progress on the Torbay Adult Social Care Transformation Programme (Pages 19 - 26)

To receive a quarterly update on the Torbay Adult Social Care Transformation Programme.

7. **Review of the Multiple Complex Needs (MCN) Alliance** (Pages 27 - 74)
To undertake a review of the Multiple Complex Needs (MCN) Alliance.

8. **NHS Devon, Cornwall and Isle of Scilly ICB Clustering** (Pages 75 - 80)
To receive an update on the NHS Devon, Cornwall and Isle of Scilly ICB Clustering.

9. **Healthwatch Annual Report 2026** (Pages 81 - 112)
To receive the Healthwatch Annual Report for 2026 and consider if there are areas which the Sub-Board wishes to review in more detail.

10. **Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker** (Pages 113 - 116)
To receive an update on the implementation of the actions of the Sub-Board and consider any further actions required (as set out in the submitted action tracker).

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Minutes of the Adult Social Care and Health Overview and Scrutiny Sub-Board

16 July 2026

-: Present :-

Councillor Johns (Chairwoman)

Councillors Brook, Douglas-Dunbar, Fellows and Barbara Lewis

Non-voting Co-opted Members
Pat Harris (Healthwatch Torbay)
Amanda Moss (Chair of the Voluntary Sector Network)

(Also in attendance: Councillors Chris Lewis and David Thomas)

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14. Apologies

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Sub-Board had been amended to include Councillors Brook and Fellows in place of Councillors Bryant and Spacagna.

15. Minutes

The minutes of the meeting of the Sub-Board held on 18 June 2026 were confirmed as a correct record and signed by the Chair.

16. Declarations of Interest

No declarations of interest were made.

17. Building a Brighter Future - New Hospital Programme Update

The Sub-Board received a presentation from Simon Tapley, Chief Strategy and Planning Officer and Steven Williscroft, Associate Director for Capital and Development, on the Building a Brighter Future – New Hospital Programme. Members were informed that the existing hospital estate continued to face significant challenges, including approximately £135 million of backlog maintenance and fire safety risks within the main tower block. These factors reinforced the need for a long-term redevelopment programme. Members also heard that substantial capital investment had already been secured, including completion of the £14 million Emergency Department improvement scheme. Further capital schemes were in development for future years, alongside progress on digital patient records and pathology services.

During discussion, Members referred to reports on social media regarding lengthy waiting times at the Emergency Department and expressed concern that some residents might delay seeking treatment as a result. Mr Tapley acknowledged this concern and advised that there had been instances where individuals had postponed attending the Emergency Department and had subsequently become more unwell before presenting for treatment. Members were advised that the Trust had experienced considerable pressures, particularly during periods of hot weather, with waiting times in the Emergency Department reaching around eleven hours at their peak.

Members also sought clarification on implementation of the electronic patient record system. In response, officers explained that whilst the new system had been implemented, there remained varying levels of digital confidence and engagement across hospital departments, and work continued to embed the system consistently across the organisation.

In discussing future healthcare provision, Members requested that further information on the Neighbourhood Health Plan Programme be reported to a future meeting. Officers agreed that an update would be brought back to the Sub-Board.

Resolved:

1) that the Building a Brighter Future – New Hospital Programme Update be noted;

2) that the Director of Adult and Community Services be requested to arrange for Members to visit the new Emergency Department at Torbay Hospital; and

3) that the Senior Democratic, Overview and Scrutiny Officer schedule a future update on the Neighbourhood Health Plan Programme for the Adult Social Care and Health Overview and Scrutiny Sub-Board.

18. Torbay and South Devon NHS Foundation Trust Quality Account 2025-26

The Sub-Board received a presentation from Dr Rhoda Allison, Deputy Chief Allied Health Professional, regarding the Trust's Quality Account for 2025/26.

During debate, Members commented that whilst much of the information presented related to statutory reporting requirements, it was difficult to clearly identify how performance data demonstrated the impact of improvement activity. Members suggested that future reports should provide stronger links between priorities, outcomes and historical performance trends. Dr Allison accepted the observation and advised that consideration would be given to presenting this information more clearly in future editions of the Quality Account.

Members also questioned the position in respect of diagnostic waiting times, noting that performance remained significantly below the national target. Dr Allison explained that the Trust had experienced substantial increases in demand in some specialties and that estate limitations had also affected performance. Although waiting times had improved, they remained some distance from national expectations.

Members questioned how decisions were made regarding the selection of clinical audits. In response, Dr Allison advised that the Trust participated in all applicable national audits and that local audits were undertaken through established governance and partnership arrangements. She further explained that significant organisational focus over the previous year had been directed towards implementation of the electronic patient record system.

Members also discussed whether future reports could include information from staff surveys, particularly around staff wellbeing. Officers noted that such information was already reviewed at care-group level and agreed that consideration could be given to including more detail within future Quality Accounts.

Members queried whether the stillbirth figures included births occurring in hospital and following discharge to home. Dr Allison advised that she did not have the breakdown available at the meeting but believed that the majority of cases would have occurred in hospital. She agreed to provide further information in writing.

Resolved:

1) that the Torbay and South Devon NHS Foundation Trust Quality Account 2025-26 be noted;

2) that the Senior Democratic, Overview and Scrutiny Officer request a written response regarding the location of reported stillbirths; and

3) that the Senior Democratic, Overview and Scrutiny Officer request and circulate to Members of the Adult Social Care and Health Overview and Scrutiny Sub-Board Members the most recent monthly monitoring information on DMO1 performance and ask that comments raised during the meeting be considered when preparing future reports.

19. CQC Adult Social Care Assessment Report and Improvement/Action Plan

The Sub-Board received a quarterly update from Councillor David Thomas, Leader of the Council and Anna Coles, Director of Adult Social Care, on progress made against the Adult Social Care Improvement and Action Plan following the Care Quality Commission (CQC) assessment.

Anna Coles reminded Members that Torbay had received an overall rating of Good following the CQC assessment, with inspectors identifying a number of strengths including person-centred practice, effective partnership working, strong support for unpaid carers, positive safeguarding arrangements and successful integration with health services through the long-standing Section 75 Agreement. The assessment had also highlighted areas requiring further development, particularly around governance, waiting times for reviews, data quality and performance reporting.

Anna Coles advised that the improvement plan had been developed to address those recommendations and that progress continued to be made across the

programme. She reported that most actions remained on track, although three workstreams were slightly behind schedule. These related to further development of the Section 75 arrangements, implementation of a strengthened supervision framework led by the recently appointed Principal Social Worker, and continued work on the practice model and day care services. She explained that these areas were complex pieces of work involving both cultural and operational change and therefore required careful implementation.

Members asked how the Torbay and South Devon NHS Foundation Trust was supporting the Council to deliver the improvement programme. Anna Coles responded that the Joint Governance Board had been extremely supportive and that resources had been committed by both organisations to drive improvement activity. She stated that significant work was ongoing to improve understanding of quality and performance information and to ensure that services could clearly demonstrate how they were meeting people's needs. She recognised the scale of the work but expressed confidence that the improvements underway would build on Torbay's positive CQC outcome and further strengthen adult social care services.

Members acknowledged the considerable work undertaken by officers and partners. The Sub-Board formally recorded its thanks to Anna Coles and her team for their leadership throughout the assessment process and ongoing improvement programme.

Resolved:

1) that the update on the CQC Adult Social Care Assessment Report and Improvement Action Plan be noted;

2) that an All-Member Briefing on transition arrangements and operational design of Adult Social Care be arranged during the autumn;

3) that the Director of Adult and Community Services liaise with the Democratic Services Team Leader regarding Member Development induction sessions on Adult Social Care governance and improvement; and

4) that the Adult Social Care and Health Overview and Scrutiny Sub-Board formally record its thanks to the Director of Adult and Community Services and her team for their work in securing the positive CQC assessment outcome and delivering the improvement programme.

20. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

The Sub-Board noted the submitted action tracker.

Chair

TORBAY COUNCIL

Meeting: Adult Social Care and Health Overview and Scrutiny Sub-Board

Date: 3 September 2026

Wards affected: All

Report Title: Annual Public Health Report Update

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

1. Purpose of Report

1.1. Each year the Director of Public Health publishes an Annual Report. The 2026 Report will be on the topic of Men's Health and this report updates Members on the emerging content. An update on progress following the 2025 Report (on the topic of Healthy Ageing) will also be provided.

2. Reason for Proposal and its benefits

2.1 The publication of an Annual Public Health Report is a statutory function of the Director Public Health. It provides the opportunity to shine a spotlight on an important issue for our local population and make recommendations where we want to see action, either as a council, or amongst partner agencies. Recent reports have focussed on Women's Health (2024) and Healthy Ageing (2025).

2.2 The annual report process helps us to deliver our vision of a healthy, happy, and prosperous Torbay by supporting the delivery of strategic themes including but not limited to Community and People, and Economic Growth. The Annual Report process will take an evidence-based approach to identify the key issues, trends and opportunities that exist to support the health of men in Torbay. It will also support consideration of how the national Men's Health Strategy can be taken forward in Torbay.

3. Recommendation(s) / Proposed Decision

Members are invited to:

3.1 Note the emerging findings of the 2026 Annual DPH Report.

3.2 Note the progress on the 2025 Annual Report.

4. Appendices

4.1 None

5. Background Documents

5.1 Men's Health Strategy for England:

https://www.gov.uk/government/publications/mens-health-strategy-for-england

Supporting Information

6. Introduction

6.1 The theme of the 2026 Annual Report is Men's Health. This will bring a spotlight on topics of importance to men living in Torbay, including emerging issues. The Annual Report process also provides a timely opportunity to consider the local response to the Men's Health Strategy for England (2025). Following the update to the Committee in March on the topic and scope of the Report, this updated provides a summary of progress and emerging findings.

6.2 The broad structure of the report will include themes on:

a) mental health and wellbeing;
b) healthy living and working conditions;
c) complex lives;
d) access, uptake and experience of health care.

6.3 To ensure a clear focus and ensure appropriate weight can be given to key issues, the report will focus on men aged 16 and over (but reflect the influence of/impact on childhood). Cross cutting themes will be included throughout report as appropriate. These include differential experience and outcomes across the lifecourse; neurodivergence; the role of women/family in men's health; and the role of societal norms.

6.4 The final recommendations contained in the Annual Report will need to have a clear focus and be aligned with the potential impact that can be achieved within our scope as a unitary Council and what we may wish to see from our partners.

6.5 Attached to this covering report is a slide deck with key themes of the report and will be presented at the meeting (**Appendix 1**).

6.6 Following publication of the 2026 Report, updates will be provided to the Portfolio Holder for Health, and an annual report to the OSC.

6.7 An update on progress on the 2025 Report on Healthy Ageing will also be provided at the meeting.

7. Options under consideration

7.1. Not applicable at this stage.

8. Financial Opportunities and Implications

8.1. No financial implications at this stage.

9. Legal Implications

9.1. No legal implications identified at this stage.

10. Engagement and Consultation

10.1 In addition to engagement with Council Governance structures, the report is being informed by a process of working with internal and external partners and community groups. This process started with presentation and engagement at the International Men's Day Event in November, hosted by the Economy Team, and will continue to build on the legacy of the Baton of Hope.

10.2 In line with recent versions, the report will be hosted on the Torbay Health Partnerships website. Text content will be supplemented by a series of short video content to amplify the voices of men living in Torbay in 2026 and a range of local organisations have supported this process. Furthermore, a key focus is to ensure the report is accessible as possible for any reader whatever their background.

11. Procurement Implications

11.1. No current procurement implications.

12. Protecting our naturally inspiring Bay and tackling Climate Change

12.1. No negative impacts identified at this stage.

13. Associated Risks

13.1. If publication of an Annual Public Health Report was not achieved this would mean a statutory function of the Director of Public Health had not been met for 2026.

14. Equality Impact Assessment

14.1. No proposals are made at this stage for assessment. However, the Annual Public Health Report 2026 (and opportunities for local implementation of the national Men's Health Strategy) will focus on the health of men and may identify recommendations for the Council and partner organisation to address inequitable delivery, uptake, or experience of services. The report process will also include reference to cross-cutting issues and intersectionality including for example but not limited to the experiences of men of different ages, ethnicity and sexuality. Future proposals may therefore require assessment at that time.

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1

Purpose

To share:

a) Emerging content for the 2026 Report on Men's Health
b) Update on progress following the 2025 Report on Healthy Ageing

The content of these slides includes reference to topics that you may find sensitive or upsetting.
This includes discussion of suicide and abuse.
The following website includes details of mental health support, including if you or someone you know needs urgent help:
https://www.torbay.gov.uk/media/20632/2024-okay-to-talk-suicide-leaflet.pdf

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2

2026 DPH Report

Theme

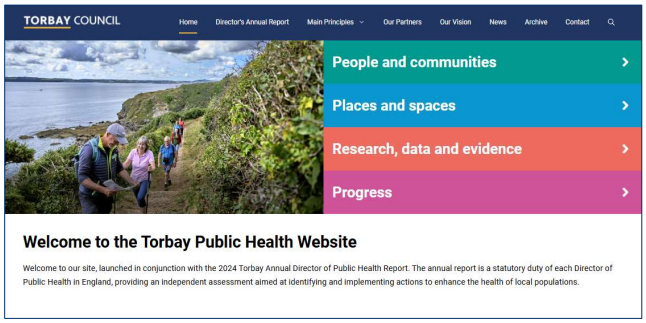
Health and wellbeing of men in Torbay

Focus on those aged 16 and over to give clarity and appropriate weight to key issues.

Cross cutting themes included throughout (e.g. differential experience and outcomes across the lifecourse and the influence of/impact on childhood).

National Strategy

An opportunity to shape a local response to the new Men's Health Strategy for England



The report will be hosted on the Torbay Health Partnerships Website.

Short films have been commissioned to amplify the voices of men living and working in Torbay.

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3

Men's Health Strategy for England (2025)

3 main aims:

- Develop health services responsive to men and boys
- Empower men to improve their own health
- Create conditions for better health and wellbeing

It seeks to:

- address health inequalities
- evidence gaps (e.g. 'what works' for interventions promoting men's mental health).

Actions are focussed on national bodies but implementation will require partnership with the wider public, business and voluntary and community sector.

Picture: (DHSC Men's Health Strategy)

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4

Men's Health in England

Men and women experience some health outcomes, challenges and behaviours very differently

Some conditions disproportionately affect men including **some cancers, cardio-vascular disease and type 2 diabetes**

Men are more likely to take part in **unhealthy behaviours including smoking, harmful gambling, and drug use and alcohol consumption**

Men live on average 4 years fewer than women (life expectancy is 79.1 years for men versus 83.0 years for women in England)

The gap in life expectancy is worse for those who live in **more deprived areas**

Men may experience **barriers to accessing health care** when they need it

Torbay has a similar pattern to England but with some specific challenges

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5

Men's Health in Torbay

Male life expectancy is 78.6 years across Torbay.

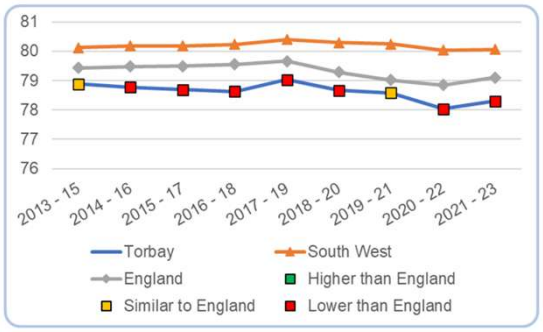
Overall, male **healthy life expectancy** is 61.5 years in 2022-24 which implies males born in this time could expect to live 17 years whilst not in good health.

Torbay has:

- higher proportion of males over 65+ compared to England
- a higher rate of men who report a disability.

Preventable mortality is significantly higher compared to women, including cancer and cardio-vascular specific preventable mortality

Life expectancy at birth for males (recent trend)



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6

Role of social and cultural norms

Men's life experiences take place a **wider social and cultural environment**

Societal norms traditionally associated with being a man can influence behaviours, and how well men access and engage with concepts of health and accessing services.

Many men have had long term socialisation and expectations based around **traditional masculine roles in society,** such as being the protector and provider of families

Stigma and old-fashioned ideals of **self-reliance and strength may prevent men** from specifically seeking help including for their mental health.

The role of norms and expectations applies in different areas of health and wellbeing and are not limited to any one specific theme of the report

Mental Health, Wellbeing and Community

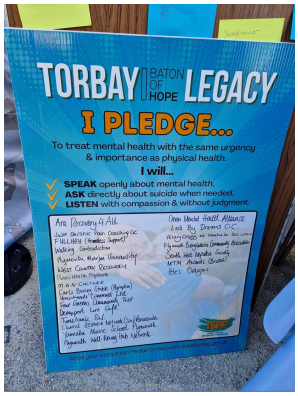
Why this matters

Influenced by a complex range of protective and risk factors. These may be more or less important at different stages of life.

1 in ~7 men experience a common mental health condition (in England).

Suicide in males remains a priority; 2 in 3 of suicides in the previous decade were recorded in men in Torbay.

An example of the inter-relationship of men's health with the wider community and family, including paternal, maternal and child wellbeing (Men's Health Strategy, JSNA, APMS)



Emerging themes and opportunities

Role of community and trusted connections in reinforcing protective factors and wellbeing.

Baton of Hope legacy with explicit recognition of the needs of men in suicide prevention strategy.

Peri-natal and paternal health support, build on role of maternity, Best Start and Family Hubs.

Healthy Living and Working Conditions

Why this matters

Men's health is shaped by natural, built, workplace and online environments.

This includes exposure to gambling, promotion of healthy weight, online harms.

Torbay's coastal location including the distribution of the workforce in local industry.

Emerging themes and opportunities

Delivery of the new approaches to gambling harms and Public Health Frameworks including Healthier Weight and Oral Health, with a focus on male and vulnerable male populations where appropriate

Access to/maintenance of employment and training in the context of support to NEET cohort and those already in work

Workplace health interventions, and learning from initiatives such as Brixham SeaFit Clinic

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9

Complex Lives

Why this matters

Men are represented in complex circumstances, including rough sleeping, drug and alcohol treatment, and people with experience of criminal justice. Socially marginalised groups experience some of the poorest health outcomes.

Nationally, men make up the majority of prison and probation populations, and certain offending behaviours. Men are also over-represented in certain indicators of violence (for example, the admission rate to hospital due to violence, both for Torbay and nationally).

Domestic abuse and violence against women is predominantly driven by men's actions. It is also important to recognise and respond to men's experiences as victims of domestic and sexual abuse.

(Men's Health Strategy, JSNA, OHID)

Emerging themes and opportunities

Male-specific responses to national policy (for example, the response to changes in the probation population)

Delivery of Public Health Frameworks with a focus on vulnerable male populations where appropriate

Promotion of preferred methods of engagement, building on existing assets and approaches such as peer workers, and routes to support healthy relationships

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10

Access, uptake and experience of health care

Why this matters

In general terms, men are less likely to undertake health seeking behaviours, such as seeking a GP review when unwell.

Men may experience barriers to accessing health care when they seek it, or do not have their needs recognised.

It is estimated there is lower uptake of preventative interventions such as NHS Health Checks. These aim to prevent and enable early detection of cardio-vascular disease (CVD). (Men's Health Strategy, OHID)

Emerging themes and opportunities

Keep a focus on CVD including the role of Health Checks, to maximise prevention (including identification and treatment of high blood pressure).

Equitable uptake of interventions, improved health literacy, and gender appropriate services & communications.

Promote the development of culturally competent services, recognising communities are not homogenous and have a range of existing assets to build on and work in partnership with.

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11

Publication of 2026 Report and Next Steps

Finalised engagement and edits to the commissioned films

Report to be published later this year on the Torbay Health Partnerships website

Subsequent monitoring to include reports to Portfolio Holder and Adult Social Care and Health OSC

TORBAY COUNCIL

12

Adult Social Care Transformation Update

Adult Social Care and Health Overview and Scrutiny Sub-Board

Meeting	Adult Social Care and Health Overview and Scrutiny Sub-Board
Date	3rd September 2026
Wards affected	All
Report title	Adult Social Care Transformation Update
Cabinet Member contact	Councillor Hayley Tranter, Cabinet Member for Adult and Community Services, Public Health and Inequalities
Director contact	Anna Coles, Director of Adults and Communities
Report author	Gary Patch, Divisional Director of Adult Social Care. Contributions from Finance, Commissioning and Professional Practice.
Status	Final

1. Overview

1.1 Purpose of Report

This report provides an update on the Adult Social Care transformation programme and the progress made to date during 2026.

The report focuses on four key areas of transformation:

- Implementation of Liquidlogic as the new Adult Social Care Care Management System (CMS).
- Development of the future Adult Social Care operating model.
- Development of the Adult Social Care Practice Model and Practice Quality Framework.
- Identification of future transformation priorities, including front door redesign, and working-age adults

The report provides assurance that progress continues to be made despite the organisational pressures associated with Local Government Reorganisation, Section 75 transition planning and continuing service demand.

1.2 Recommendations

- That Scrutiny notes the progress made in delivering the Adult Social Care transformation programme during 2026.
- That Scrutiny notes the planned implementation of Liquidlogic on 1 September 2026 and the requirement for a period of early-life support and stabilisation following go-live.
- That Scrutiny notes the progress made in developing the Adult Social Care Practice Model, Practice Quality Framework and future operating model.
- That Scrutiny notes the current financial position and the key programme risks set out in this report.

2. Background and Context

Adult Social Care continues to operate within a period of significant change. Alongside the day-to-day delivery of statutory services, the service has been preparing for the transition of Adult Social Care functions back to Torbay Council, implementing a new Care Management System, developing a future operating model and strengthening professional practice standards.These programmes support the wider ambition of creating a modern Adult Social Care service that is digitally enabled, strengths based, financially sustainable and focused on helping people achieve positive outcomes whilst maintaining independence.

Adult Social Care transformation has also been informed by the Care Quality Commission assessment, peer review recommendations, workforce feedback, performance analysis and learning from comparator authorities.

The most significant transformation activity within Adult Social Care during 2026 has been the implementation of Liquidlogic as the new Adult Social Care Care Management System, which holds information on all those supported and assessed by Adult Social Care. The programme replaces the legacy PARIS system and is designed to strengthen information security, improve workflow management, enhance Adult Social Care functionality, and support future statutory and performance reporting requirements. Although implementation commenced later than originally planned due to contract negotiations, the programme remains on track for a planned go-live date of 1 September 2026. Delivering a programme of this scale within a twelve-month period represents a significant achievement.

Alongside the CMS programme, progress has continued on wider Adult Social Care transformation priorities. Work is underway to explore future operating model options, involving ASC leaders and the wider workforce. Phase one leadership changes have been implemented; however, the next phase of organisational redesign has been paused due to considerations of Local Government Reorganisation, transfer planning, resource pressures and the demands of the Liquidlogic programme.

Development of the Adult Social Care Practice Model has continued. Strengths-based practice training was delivered before the summer and has been positively received by the workforce, with further development sessions planned for autumn 2026. The newly appointed Principal Social Worker has developed a Practice Quality Framework, which is being introduced across services. The framework will provide a foundation for consistent professional practice, supervision, quality assurance and workforce development.

The next phase of transformation will focus on embedding the new IT system, the redesign of the Adult Social Care front door, improving outcomes for working-age adults, embedding the Practice Model and continuing to reduce reliance on avoidable bed-based and restrictive models of care. Delivery will require careful sequencing, clear governance and continued attention to organisational capacity.

3. Care Management System (CMS) Programme

3.1 Overview and rationale

The implementation of Liquidlogic represents the most significant digital transformation undertaken by Adult Social Care in recent years. The legacy PARIS system had become increasingly outdated and was no longer able to support the Council's longer-term ambitions for Adult Social Care transformation. Liquidlogic provides a modern platform to support service redesign, improved information governance, enhanced workflow management, statutory reporting and management information requirements.

Although implementation started later than originally planned due to contract negotiations, the programme remains on track for the revised go-live date of 1 September 2026.

3.2 Programme delivery

Successful delivery has required a significant commitment from staff across both Torbay Council and Torbay and South Devon NHS Foundation Trust. Operational services, Information and Communication Technology (ICT), Information Governance, programme management and support teams have all contributed whilst maintaining business-as-usual responsibilities. Specialist support from Channel 3 and Futures has provided additional expertise in programme delivery, implementation planning and data migration. This additional capacity has been critical in maintaining delivery against an ambitious timetable.

The programme has operated through a weekly governance framework involving staff from both organisations, providing oversight, risk management and decision-making. Financial monitoring has remained a key area of focus. The current programme financial envelope is £2.032 million, with forecast expenditure of £2.232 million, resulting in a forecast overspend of £200,000. This is a significant improvement from the position at the outset of the programme, when the forecast overspend was approximately £325,000. The current figure is a point-in-time forecast rather than the final project outturn. The improvement reflects active management of programme scope, implementation planning, procurement discussions and continued financial oversight. The position remains subject to completion of implementation activity and should therefore be treated as a point-in-time forecast rather than the final outturn.

The programme has been delivered through a weekly governance structure involving staff from Torbay Council and Torbay and South Devon NHS Foundation Trust. This has provided a regular route for monitoring delivery, reviewing risks and issues, taking decisions and escalating matters where required.

Programme risks have been actively managed through the established governance arrangements. The most significant remaining risk relates to integration with the NHS SBS finance system. This system receives information from Liquidlogic and makes the payments to our providers. The original implementation plan assumed that the new NHS finance system would be operational before the Adult Social Care go-live. Delays to the NHS programme have required an interim solution, enabling Liquidlogic to interface initially with the existing Agresso finance system before a later transition to SBS. End-to-end testing between Liquidlogic and SBS has not yet taken place. The timing of the SBS implementation remains under review, with a decision expected later in August 2026.

It is important to recognise that implementation does not conclude at go-live. Liquidlogic introduces new workflows, authorisation processes and recording requirements which will require a period of organisational adjustment. Post-implementation support will be required to address defects, refine workflows, support staff confidence and ensure consistent practice. Intensive support during the early-life phase is an expected part of implementation for a programme of this complexity.

3.3 Expected benefits

Area	Expected benefit
Security and resilience	Replacement of an ageing legacy system with a more modern and secure platform.
Workflow and accountability	Clearer sequencing, authorisation and management oversight within statutory pathways.
Adult Social Care functionality	Functionality designed around Adult Social Care recording and workflow requirements.
Statutory and performance reporting	A stronger platform for statutory returns, operational reporting and future performance management.
Service transformation	A digital foundation to support future pathway and operating model redesign.

3.4 Key residual risk: finance system integration

The most significant residual risk relates to implementation of the NHS Shared Business Services finance system. The original design assumed that SBS would be available before the Adult Social Care go-live. Delays to the NHS programme have required an interim interface between Liquidlogic and the existing Agresso finance platform.

The current position is that Liquidlogic is intended to interface with Agresso from the September go-live. A further interface change may then be required when SBS is implemented at the beginning of October 2026. End-to-end testing between Liquidlogic and SBS has not yet taken place. The decision on whether to continue with the proposed SBS implementation during October 2026 remains under consideration, with a decision expected later in August 2026. The SBS system received information from Liquidlogic and makes the payments to our providers in the independent sector.

Risk	Potential impact	Mitigation and oversight
SBS finance system dependency	A further interface change may be required after go-live, without completed end-to-end testing between Liquidlogic and SBS.	Maintain the interim Agresso interface, complete technical assurance, and await a formal decision on SBS timing through programme governance.
Operational capacity	Implementation, go-live support compete with business-as-usual and transfer activity.	Sequence change, protect critical capacity and prioritise activity required for safe go-live and statutory delivery.
Post-go-live stability	Defects, workflow issues or low user confidence could affect recording quality and productivity.	Early-life support, rapid issue triage, staff coaching, manager oversight and regular governance review.
Financial pressure	Costs may change as implementation activity	Continue formal financial monitoring and report the final

Risk	Potential impact	Mitigation and oversight
	completes and further interface work becomes clear.	position through programme governance.
Benefits realisation	The system could be implemented technically without delivering the intended practice and performance improvements.	Link system adoption to the Practice Quality Framework, supervision, quality assurance, reporting and benefits tracking.

3.5 Go-live, stabilisation and benefits realisation

Implementation does not conclude on the go-live date. Liquidlogic introduces new workflows, recording requirements, authorisation processes and management controls that will need to become embedded in day-to-day practice.The programme will therefore move into an early-life support and stabilisation phase following go-live. This phase will focus on:

- Defect identification, prioritisation and resolution.
- Timely support for staff and managers.
- Workflow refinement where practical experience identifies improvements.
- Data quality monitoring and consistent recording practice.
- Development and validation of operational and performance reporting.
- Benefits tracking and assurance through programme governance.

A period of intensive support is expected for an implementation of this size and complexity. It should not be interpreted as an indication of programme failure. The key assurance will be whether issues are visible, prioritised and resolved through clear governance and support arrangements.

4. Practice Model and Practice Framework

4.1 Practice transformation

The introduction of a new Care Management System is one element of Adult Social Care transformation. Equal emphasis is being placed on establishing a clear and consistent approach to professional practice across all teams.

Strengths-based practice training was delivered before summer 2026 and has been well received by the workforce. Further training and development are scheduled for autumn 2026 to support continued learning and application in practice.

4.2 Practice Framework

Our newly appointed Principal Social Worker (PSW), with support from the Principal Occupational Therapist (POT), has developed a Practice Quality Framework to support delivery of the Torbay Adult Social Care Vision by providing a clear professional framework for high-quality practice across the organisation. The framework is currently in draft and is being consulted on with leaders and managers. It sets out how professional practice will operate across Adult Social Care and provides a foundation for:

- Consistent professional standards and expectations.
- Strengths-based, trauma informed and person-centred practice.
- Reflective supervision and management oversight.
- Quality assurance and audit.
- Workforce development and continuous improvement.

This new framework is inter-professional and applies to all staff across Adult Social Care, including practitioners, managers and senior leaders, ensuring a shared understanding of our practice expectations, standards and ways of working.

Importantly, the framework aligns with and complements other key documents currently in development, including relevant practice standards and guidance, and a new Quality Assurance Framework for Torbay ASC. Together, these will create a coherent approach to professional practice, quality assurance, workforce development and continuous improvement.

The framework helps to connect the work being undertaken through digital, workforce and operating model changes across the service, ensuring that transformation results in improved practice and outcomes for people, rather than being limited to structural or system change.

6. Future transformation priorities

6.1 Priorities

The next phase of the programme will increasingly move from system implementation towards service and pathway transformation. The following areas have been identified as priorities, subject to confirmed governance, capacity and sequencing.

Priority	Proposed direction	Potential Benefits
Front door	Review the Adult Social Care customer journey so people can more consistently access timely information, advice, prevention and community support, with clearer routes into statutory assessment where required.	Improved access to information and support, greater consistency of customer experience, earlier Identification of need, stronger focus on prevention and increased independence for residents.
Working-age adults	Review pathway design, support models and outcomes for working-age adults, to maximise our support for people to live well in their communities for as long as possible.	Improved outcomes and quality of life, greater independence, support that is better aligned to individual strengths and aspirations, and stronger community inclusion.
Practice Model	Continue to embed the Practice Quality Framework, strengths-based practice, supervision and quality	Greater consistency of practice, improved quality assurance, a more confident and skilled workforce, and

Priority	Proposed direction	Potential Benefits
	assurance arrangements to support our workforce to deliver a high quality service to the residents of Torbay.	improved experiences and outcomes for people drawing on support.
Data and performance	Use Liquidlogic to strengthen recording quality, operational insight, statutory reporting and performance oversight.	Better information to support decision-making, improved oversight of services, stronger assurance regarding statutory duties and enhanced ability to identify opportunities for service improvement.

7. Key risks and mitigations

Risk	Potential impact	Mitigation and oversight
Cumulative change pressure	Local Government Reorganisation, Section 75 transition and operating model work may create workforce fatigue or delay delivery.	Careful sequencing, clear communication, visible leadership and staged implementation.

8. Equality, inclusion and accessibility

The report does not seek a decision that directly changes eligibility or access to support. However, each transformation workstream has equality and accessibility considerations that will be addressed through design, implementation and review.

9. Conclusion

Adult Social Care has delivered substantial transformation activity during 2026. The implementation of Liquidlogic is a significant achievement and provides the digital foundation for future service improvement. Alongside the digital programme, progress has been made in developing the future operating model, strengthening professional practice and introducing a new Practice Quality Framework. The programme has managed significant financial, organisational and technical challenges. The forecast overspend has reduced since the outset of the programme, and the remaining risks, particularly the SBS finance system dependency and post-go-live stabilisation, are understood and subject to active oversight.

The focus for the remainder of 2026 and into 2027 will increasingly move from system implementation towards embedding new ways of working, strengthening practice quality, reviewing key pathways and delivering the wider transformation ambitions for Adult Social Care. This will require careful sequencing, clear ownership and continued oversight of capacity, risk and benefits for the people of Torbay.

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TORBAY COUNCIL

Report title: Review of the Multiple Complex Needs (MCN) Alliance

Report to: Overview & Scrutiny Sub Board – Adult Social Care and Health

Date: 03 September 2026

Lead Cabinet Member: Cllr Hayley Tranter, Cabinet Member for Adult Social Care and Public Health and Inequalities plus Communities

Email: hayley.tranter@torbay.gov.uk

Lead Director: Dr Lincoln Sargeant

Email: lincoln.sargent@torbay.gov.uk

Wards affected: All Wards

1. Summary of Report:

1.1 The Multiple Complex Needs Alliance (MCNA) contract ends on 31 March 2027, and Torbay Council must determine whether to enact the 'up to 5-year extension' of the Alliance Agreement and associated service contracts. The MCNA comprises of homeless hostel support, domestic abuse support and substance misuse treatment.

1.2 A review of progress of the MCNA was undertaken to understand the benefits to date against the original intensions. The MCNA was commissioned as a learning collective, with expectations of [1] integrated governance and budget management with collective decision-making; [2] developments driven by coproduction and lived-experience-led design; [3] shared metrics and intelligence; [4] workforce redesign that prioritises the relationship between those accessing support and a single keyworker throughout their time with the MCNA.

1.3 The outcome of this review was that insufficient progress had been made, with low confidence that the transformational expectations of the Alliance Agreement would be delivered.

1.4 The officer recommendation to Cabinet is to continue with the MCNA and to separately commission the domestic abuse support service and the drug & alcohol treatment services.

However, the capacity and timescales to allow Torbay Council to procure these services requires an extension of the Alliance (agreement and associated service contracts) to ensure continuity of support whilst planning the future delivery model and procurement pathway within the context of a new Torbay and South Devon Council and geographic footprint arising from the Local Government Review process.

1.5 This recommendation was endorsed at the Cabinet and Directors meeting held on 24 June 2026.

1.6 Sanctuary Supported Living and Torbay & South Devon NHS Trust have agreed to an extension of the MCNA on this basis, with the intended timelines of continuation being up to 24-months and 6-months respectively.

2. Recommendations and Proposed Decision:

2.1 To acknowledge and endorse the recommendation to not fully enact the extension of the MCNA Alliance Agreement and associated service contract due to insufficient progress against the core tenets of the Alliance approach.

2.2 To acknowledge and endorse the decision to limit the extension of the MCNA contracts to allow re-procurement of the adult drug and alcohol treatment and domestic abuse provisions.

3. Reasons for Recommendations/Proposed Decision:

3.1 At this point in time, the MCNA has not progressed sufficiently against the transformational expectations of the contract and this is not forecast to change in the future without significant further investment, resourcing, and support to create and embed the necessary structures, processes and forums to realise the aims and objectives of the Alliance Agreement.

3.2 The benefits realised to date could have been achieved with a ‘business as usual’ approach.

3.3 The performance of adult drug and alcohol treatment has declined significantly since the commencement of the MCNA contract and now requires intensive Public Health Team intervention to recover.

4. Background and Context:

4.1 The MCNA was commissioned under an Alliance Agreement to better respond to and meet the needs of those who experience homelessness, drug & alcohol problem, and domestic violence or abuse.

4.2 The MCNA contract commenced on 31 January 2023 following a mobilisation period of nine months. The contract end date is 31 March 2027, with an option to extend the contract for up to five years. The decision to enact this option sits with Torbay Council in the first instance.

4.3 To inform decision-making, Public Health commissioned the Devon Assurance Partnership to complete an independent audit of the presence and effectiveness of essential structures and processes to drive the transformations required (exempt appendix 1); the MCNA conducted a moderated self-assessment of progress against the transformational expectations stated in the Alliance Agreement (exempt appendix 2); and key performance metrics of each of the three service areas were reviewed by Senior Officers in Public Health and Adult Social Care.

4.4 These reviews identified several positive developments, particularly in relation to strengthened joint working and improvements in the experiences of people accessing MCNA services. However, while recognising the operational progress made within homeless hostel support and domestic abuse support services, it was not possible to attribute these improvements directly to the Alliance model. More broadly, the review concluded that although some progress has been achieved, the level of strategic and systemic transformation delivered to date has not met the expectations originally set and what progress has been made could have been achieved through a more traditional commissioning approach. A traditional approach would have been more efficient and less resource intensive. One of the challenges with the Alliance model having been the significant capacity required from all partners to progress, (with limited gain) those outputs and outcomes that have been achieved.

4.5 Of particular concern were the findings relating to adult drug and alcohol treatment delivery, where performance has significantly declined across a range of key metrics despite an additional £1.68 million in grant investment and NHS pay uplifts in the period 2023 - 2026. This contrasts with the national picture where this investment has resulted in an overall increasing trend of improved numbers, engagement and progress through to completion in treatment since 2022 (exempt appendix 3).

4.6 Letters were sent to Torbay & South Devon NHS Trust and Sanctuary Supported Living informing them of Torbay Council's intentions, including a proposal to enact an extension period to ensure continuity of support and development of a procurement pathway for a new provision.

4.7 During this limited extension period the intention is to focus on [1] maintaining and developing the areas that have demonstrated the greatest impact and benefit, while

reducing the burden on services associated with delivering the wider and less impactive transformational expectations; [2] working through the financial implications of any contract extension; [3] improving drug and alcohol treatment performance, with an emphasis on the essential components of effective delivery and improved outcomes; and [4] the development of an alternative delivery model(s) and the associated procurement pathway(s) which recognise the implications of LGR and. s.24 governance.

5. Alternative Options Considered:

5.1 The alternative option considered was to enact the extension and continue with the MCNA.

5.2 This was not viewed as viable due to the limited progress made in the MCNA and the high risk of not delivering this in the future.

5.3 This was supported by the MCNA's own self-assessment whereby the contracted requirements of the Alliance Agreement could not be met without significant additional investment, resource and support.

6. Contribution to Council Priorities:

6.1 Delivering effective services for people experiencing homelessness, domestic abuse and substance misuse who are amongst the most vulnerable people in Torbay is central to the Council's priorities and the intention to 'bring about real, sustainable change for those in greatest need within our communities, with residents experiencing good mental health, being supported with their complex needs'.

6.2 This work contributes to key aspects of the Torbay council Business Plan 2024/27 (2026 Refresh) [1] Priority C1: Ensuring our town centres are safe and welcoming and [2] Priority C7: Improving wellbeing and reducing social isolation.

7. Consultation and Engagement:

7.1 Significant insights work, including consultation and engagement were undertaken to inform the creation of the MCNA. This learning remains relevant, with the ambitions expressed having not been realised to date. These will continue to be applied for any future models.

7.2 Engagement, consultation and coproduction have been integral to the MCNA model. This will continue to be used for the remainder of the contract and will be further embedded in all future models for adult drug and alcohol treatment, domestic abuse support and homeless hostel support services.

8. Implications:

Financial Implications:

8.1 The MCNA Strategy group's assessment was that to deliver the Alliance Agreement's requirements an additional £488,000 per annum (excluding inflationary uplifts) would be needed.

8.2 If continuation, of the MCNA further finance for the Torbay & South Devon NHS Trust and Sanctuary Supported Living will also be required in addition to this amount.

8.3 Any future model will be less 'staff intensive' for both commissioning and delivery. This will be a more cost-effective way of delivering the provisions compared to any future costs.

Legal Implications:

8.4 For any future model, legal implications will be considered in relation to procurement and LGR with advice being sought to inform any decision-making

Corporate Parenting/Children and Young People:

8.5 While the services constituting the MCNA support adults, a proportion have parenting responsibilities.

8.6 The services adopt a family, collaborative approach to enhance parental resilience and improve people's parenting.

8.7 The drug & alcohol and domestic abuse services through their work with parents look to prevent care proceedings whenever possible.

8.8 Any future models would maintain these approaches.

Associated Risks, Risk Tolerance Level and Mitigations:

A summary of key risks associated with the recommendations in this report are:

1. [Risk description] – mitigated through [control].
2. [Risk description] – monitored through [governance route].

The risks of not approving the recommendations include [briefly stated]. Overall risk exposure is assessed as acceptable within the Council's risk tolerance appetite.

Full risks are set out below:

Risk	**Risk score before mitigations (likelihood x impact)**	**Mitigations**	**Risk Score after mitigations (likelihood x impact)**	**Risk tolerance**
Viability of Multiple Complex Needs Alliance	4 x 4 (16)	• Options for standing up a viable new provider for drug and alcohol services being developed. • Potential procurements incorporate Local Government Review considerations.	5 x 3 (15)	With a mitigated score of 15, this is higher than the council's tolerance of risk to 2-6. Ongoing review and mitigating actions being taken to minimise risk and optimise the outcome of this process.
Specifically designed Safe Accommodation	4 x 4 (16)	• Implement additional accommodation options through housing associations, private sector partners and neighbouring authorities.	3 x 3 (9)	With a mitigated score of 9, this is higher than the council's tolerance of risk to 2-6. The risk score is very much determined by the ability to

		• Ensure robust safety planning and support arrangements for individuals placed in temporary accommodation while awaiting specialist provision.		source alternative provision within the contract period. Risk are mitigated if this occurs.
Increased Temporary Accommodation costs due to no access to DASV safe accommodation.	4 x 5 (20)	• Increase commissioning and availability of DASV safe accommodation through partnership providers. • Develop additional move-on accommodation options at pace to free up safe accommodation units. • Increase Council owned TA units due to beneficial housing subsidy regulations.	3 x 3 (9)	With a mitigated score of 9, this is higher than the council's tolerance of risk to 2-6. The risk score is very much determined by the ability to source alternative provision within the contract period. Risk are mitigated if this occurs.

Contributions to tackling climate change or achieving carbon neutrality:

8.9 There are no direct contributions to tackling climate change of achieving carbon neutrality for this work.

Social Value Considerations:

8.10 Social value was incorporated into the Alliance Agreement bidding and award process.

8.11 Any future procurements will incorporate Social Value as part of the process.

Procurement Implications:

8.12 Whilst Torbay & South Devon NHS Trust and Sanctuary Supported Living have agreed in principle to extend their service contracts, the acceptable duration of this extension is different. Sanctuary is willing to extend as proposed by Torbay Council, with the Trust agreeing to extend for 6-months after the current contract period ends.

8.13 Adult Social Care will be leading on the procurement of the Domestic Abuse Support Service, with Public Health leading on the procurement of the Adult Drug & Alcohol Service. The Homeless Hostel Support Service is unaffected as this is delivered by Torbay Council.

8.14 The implications and impacts of the transfer of Adult Social Care from the Trust to Torbay Council as well as Local Government Review must be mitigated for. Work is underway to address this.

Other Implications:

8.15 Torbay & South Devon NHS Trust's intention to not continue delivering adult drug & alcohol treatment means that a new Supplier will deliver this service which will cause uncertainty and anxiety amongst the workforce regarding their future employment and wider operations.

9. Equalities Impact Assessment:

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	• 18% of Torbay residents are aged under 18 years old. • 55% of Torbay residents are aged between 18 to 64 years old. • 27% of Torbay residents are aged 65 and older.	The current delivery model benefits directly some of the most vulnerable populations in Torbay. Family need is identified and responded to, not only adults. This will continue to be the case for any future models.	n/a	n/a
Carers	• At the time of the 2021 census there were 14,900 unpaid carers in Torbay. • 5,185 of these carers provided 50 hours or more of care.	Recovery is integral to reducing the demands on cares significant others. Additionally supporting family members is integral to the service model. This will continue to be the case for any future delivery models.	n/a	n/a
Care experienced	• As of January 2026, there were 277 former care experienced young	The service is open and accessible to all. This will continue to be the case for any future delivery models.	n/a	n/a

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
	people aged 18-24 in Torbay.	People who are 'care experienced' constitute significant populations accessing support from the services.		
Disability	• In the 2021 Census, 23.9% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.	The current model is inclusive, with many who access support having physical and/or mental health difficulties. The service is open to all, with this continuing to be the case for any future delivery models.	n/a	n/a
Gender reassignment	• In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth.	The service is open and accessible to all. This will continue to be the case for any future delivery models.	n/a	n/a

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Marriage and civil partnership	• Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	The service is open and accessible to all. This will continue to be the case for any future delivery models.	n/a	n/a
Pregnancy and maternity	• Between 2013 and 2024, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 56.0 per 1,000) than the Southwest (53.4) and broadly in line with England (56.3). • For the period 2022 to 2024, rates in Torbay (44.6) have been significantly below England (50.0).	The service is open and accessible to all. This will continue to be the case for any future delivery models.	n/a	n/a
Race	In the 2021 Census, 96.1% of Torbay residents	The service is open and accessible to all, with this continuing to be the case for any future delivery models.	n/a	n/a

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
	described their ethnicity as the following: • 1.6% as Asian, Asian British or Asian Welsh • 0.3% as Black, Black British, Black Welsh, Caribbean or African • 1.5% as being of Mixed or Multiple ethnic groups • 96.1% as White • 0.4% described their ethnicity another way. • Black, Asian and minoritised ethnic communities are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.			
Religion and belief	The 2021 Census showed that the residents in Torbay	The service is open and accessible to all, with this continuing to be the case for any future delivery models.	n/a	n/a

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
	identify their religion and/or belief as the following; • 48.5% are Christian • 0.4% are Buddhist • 0.2% are Hindu • 0.6% are Muslim • Less than 0.1% are Sikh • 0.1% are Jewish • 0.7% have another religion • 43.2% have no religion • 6.3% did not answer			
Sex	• 51.3% of Torbay's population are female. • 48.7% of Torbay's population are male.	The service is open and accessible to all, with this continuing to be the case for any future delivery models.	n/a	n/a
Sexual orientation	In the 2021 Census, residents described their sexuality as follows; • 89% as Straight or Heterosexual • 1.7% as Gay or Lesbian	The service is open and accessible to all, with this continuing to be the case for any future delivery models.	n/a	n/a

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
	• 1.1% as Bisexual • 0.1% as Pansexual • 0.1% described their sexuality another way • 7.4% of people didn't answer the question			
Armed Forces Community	• In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. • In Torbay, 5.9% of the population have previously served in the UK armed forces.	The service is open and accessible to all, with this continuing to be the case for any future delivery models.	n/a	n/a
Additional considerations:				
Socio-economic impacts (Including impacts on child poverty and deprivation)	• Torbay is ranked as the 39th most deprived upper tier local authority in England in the Index of Multiple Deprivation 2025.	The service is open and accessible to all. There is a focus on more deprived populations and recovery mitigates child poverty.	n/a	n/a

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
		This will continue to be the case for any future delivery models.		
Public Health impacts (Including impacts on the general health of the population of Torbay)	• For the five-year period 2020 to 2024, data shows there is a 6-year life expectancy gap between males who live in Torbay's least and most deprived areas and, a 3-year gap for females.	The service is a public health provision and/or supports vulnerable population groups.	n/a	n/a
Human Rights impacts		Human rights are respected and promoted by GiA. This will continue to be the case for any future delivery models.	n/a	n/a
Child Friendly (Children's Rights Impact Assessment (CRIA) considerations): *Summarise the CRIA considerations for this proposal, including which groups of children and young people may be affected (e.g., care experienced*		GiA supports and protects some of the most vulnerable children and young people in Torbay directly or indirectly. This will continue to be the case for any future delivery models.	n/a	n/a

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
children/young people, care leavers, children with SEND), how their rights and best interests have been considered, and any engagement undertaken with children/young people and/or their representatives. Set out any mitigations to address identified adverse impacts and how these will be monitored.				

10. Cumulative Council Impact:

10.1 The MCNA was established to improve the lives and outcomes for vulnerable communities in Torbay. This has current and future benefits for adult social care, children's social care, community and environmental services as well as reducing financial demands on the council.

10.2 Any future models will continue with this aim.

11. Cumulative Community Impact:

11.1 The cumulative benefit is derived by the service model that recognises service delivery being built around the person in an integrated way.

11.2 Additionally, there is cumulative benefit at community, family and individual levels by addressing the underlying causes to trauma, distress to self and others.

11.3 Any future models will continue with this this intent.

12. Monitoring and Evaluation:

12.1 The current arrangement of GiA collectively monitoring and evaluating provision and development, with assurance through an Oversight Board will be disaggregated to a service level with a more traditional commissioner/provider contract monitoring model being assumed.

12.2 There will be a particular focus on the performance, quality and safety monitoring of the drug & alcohol treatment, with agreed recovery plan to address issues highlighted from the performance deep dive work undertaken by public health.

12.3 Future contract oversight for monitoring and evaluation will be incorporated into the procurement and mobilisation process of any future mode.

Appendices:

Appendix 1: Devon Assurance Partnership's audit 'Growth in Action Alliance 2025-26' (exempt)

Appendix 2: GiA moderated self-assessment (exempt)

Appendix 3: Performance summary for Torbay Recovery Initiatives, 2026, PowerPoint (exempt)

Background Documents:

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Torbay OSC – ICB Clustering update

3 September 2026

NHS Devon and NHS Cornwall and Isles of Scilly Integrated Care Boards (ICBs) are making good progress on meeting the government's ask to significantly reduce running costs and shift to a more strategic role with some changes in responsibilities.

Chief executive appointment

Recruitment for a permanent cluster chief executive (CEO) for NHS Cornwall and Isles of Scilly and NHS Devon began in August. Applications are open until Friday 18 September, with interviews and panels to start from the following week.

Further information about the role is available on the dedicated recruitment website.

Mark Hackett was appointed as interim chief executive (CEO) in March but is currently away from work for personal reasons. Susan Bracefield, chief clinical officer, is acting into the role in his absence.

Further updates will be provided in due course.

Joint executive team appointed

The organisations have appointed a new cluster executive team, following a consultation and recruitment process, who commenced their roles on 1 April:

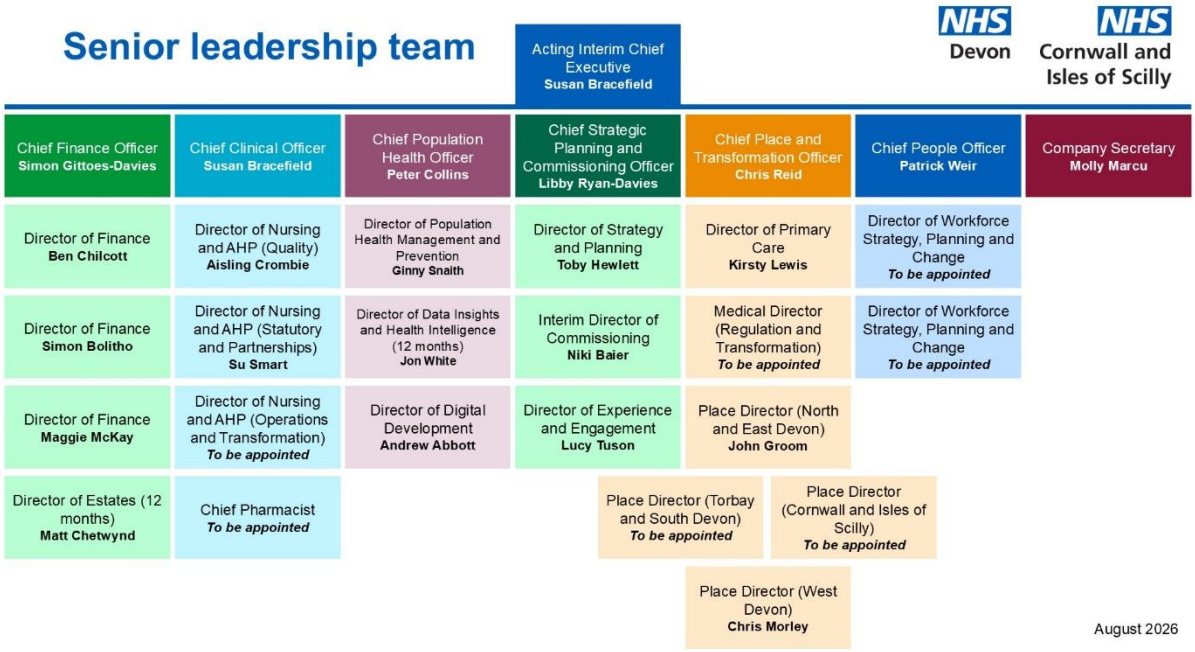
1. Chief Clinical Officer – Susan Bracefield
2. Chief Finance Officer – Simon Gittoes-Davies *(Gary Heneage is currently acting into the role while Simon is away from work)*
3. Chief People Officer – Patrick Weir
4. Chief Place and Transformation Officer – Chris Reid
5. Chief Population Health Officer – Peter Collins
6. Chief Strategic Planning and Commissioning Officer – Libby Ryan-Davies *(Rachel Pearce is currently acting into the role while Libby is away from work)*
7. Company Secretary – Molly Marcu

Together, they bring a wealth of experience, deep knowledge of the Cornwall and Isles of Scilly and Devon systems, and a strong commitment to collaboration across organisational and geographical boundaries to improve health and care for local people.

The new structure was developed after a thorough period of engagement and consultation to align leadership, share expertise and strengthen the collective ability to improve health and care for the local population.

As of 1 April, the new cluster executive team is working with colleagues and partners across the cluster to deliver local priorities – including improving population health, tackling inequalities, supporting the workforce and transforming services.

The majority of direct reports (band 9s) to the executive team have also been appointed – see the full senior leadership team structure below.



Wider staff structure

An initial 12-week staff consultation took place earlier in the year, which was followed up by an extended consultation period in July. The outcomes will be shared with staff on Wednesday 19 August, which will also mark the beginning of the implementation period.

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

ICB merger footprint engagement

NHS England has consulted systems on plans to merge clustered ICBs into single organisations by April 2027. This includes aligning ICB footprints, where possible, with emerging strategic authority and local government boundaries as part of the NHS 10 Year Plan, to support simpler co-commissioning and the development of neighbourhood health services.

ICBs were asked to contribute to the national NHS England consultation, taking wider stakeholder views, and in particular local MPs and local authorities. We have therefore engaged with local partners across Cornwall, the Isles of Scilly and Devon to understand views on our proposed footprint and the potential implications for local systems and communities.

This consultation was not a public consultation and so the feedback is attributed to the specific stakeholder groups requested, which included MPs, local authorities, provider organisations and system partners across Devon, Cornwall and the Isles of Scilly gathered between 24 June – 10 July. In total, we received 28 feedback responses, representing 15 organisations.

Stakeholders, particularly in Devon, understood and often supported the strategic rationale for a merged ICB, recognising potential benefits such as stronger planning, reduced duplication, improved financial sustainability and more effective commissioning.

Support was largely conditional on maintaining strong local influence and accountability, with concerns that a larger organisation could become more remote and less responsive to local needs.

Cornwall Council, its Health and Adult Social Care Overview and Scrutiny Committee and local MPs opposed the merger and stated a preference to retain the sovereign ICB for Cornwall and Isles of Scilly. They also sought assurances around Cornwall's identity, influence, financial safeguards and decision-making powers.

We welcome the feedback received and recognise and understand the issues being raised. They are the same issues that our board and senior management team have considered as the target operating model and leadership structure were developed, and as we finalised our five year commissioning plans for both ICBs providing a clear sense of local priorities over the medium term.

In response, we have designed a future operating model with dedicated leadership for population health, place-based transformation, engagement and local authority relationships.

We have also aligned executive directors with local areas, recognising the importance of our shared commissioning agenda, joint statutory duties, and ensuring local issues remain at the forefront of our thinking and decision making.

Our commissioning plans address the longer term sustainability of health services specific to both ICBs over the next five years, with work continuing in Devon to

develop more financially sustainable services, whilst also prioritising the left shift to place and greater prevention. This will safeguard financial stability across the whole of the footprint.

We will continue to build on the strong neighbourhood work already maturing, particularly across Cornwall and the Isles of Scilly. We are passionate about the importance of place as the foundation for our model of care, working closely with our excellent voluntary sector partners whom we continue to build investment in.

For the reasons set out above, we remain strongly of the view that a Devon, Cornwall and Isles of Scilly footprint represents the optimum configuration for a merged ICB, providing the scale, resilience and strategic capability required for the future whilst retaining a clear and accountable focus on place, partnership and population health.

Whilst we understand the preference of Cornwall, remaining as a cluster and not merging is not an option. The NHS 10 Year Health Plan is clear that clustering ICBs are expected to merge from April next year, and our new financial envelope for staffing ICBs means we could not safely operate two ICBs going forward. We also would not meet the population requirements for a strategic commissioner.

We are committed to ongoing engagement and place-based leadership as the merger progresses.

Background information

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

This required many ICBs – including NHS Cornwall and Isles of Scilly and NHS Devon – to develop plans to “cluster” with other local ICBs. ‘Clustering’ means that, although both ICBs will continue to exist, they will work as one – with a single Board, leadership team and staffing structure, underpinned by some decisions that will continue to go through the sovereign Boards during clustering.

Following approval of national funding for the costs of change in November 2025, ICBs were asked to develop and implement structures that meet the new running costs allocation.

Over the past few months, NHS Cornwall and Isles of Scilly and NHS Devon have been developing proposals that build on the experience and successes of both organisations since their formation in 2022, with real opportunities to learn from each other as they start to work more closely together.

Both organisations have a shared aim to drive sustained improvement in population health outcomes across the peninsula and build the organisational capabilities described in the national Model ICB Blueprint.

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

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healthwatch in Devon, Plymouth and Torbay

Speaking up for better care

Healthwatch in Devon, Plymouth and Torbay

Annual Report 2025/26

Contents

A message from our Chair

"This year has again shown why independent public voice matters. Across Devon, Plymouth and Torbay, people have continued to share honest, detailed and often deeply personal experiences of health and social care with us."

"We have heard from people struggling to access GP appointments, families trying to navigate mental health support, patients managing long-term conditions, carers supporting loved ones, and people who need services to make reasonable adjustments so care is safe, fair and accessible.

Our role has been to listen carefully, identify themes, raise concerns, and work constructively with commissioners and providers so people's voices are not only heard, but acted on. Over the year, 1,664 people shared feedback with us, 1,208 people were supported through our contact centre, and 457 concerns were escalated or referred to the right organisations.

We also published evidence-based reports on digital healthcare access, vaccination confidence, reasonable adjustments, hospital accessibility, the Royal Eye Infirmary and experiences of people living with Multiple Sclerosis. These reports have given local services practical insight they can use to improve care.

This year has also taken place against a backdrop of major change across health and social care. The NHS 10-Year Plan, the continued shift towards neighbourhood care, local strategies and plans, and wider local government reorganisation all point to a period of significant transition for services and communities.

Demographic change and an ageing population are causing increasing demand on already stretched services. We then welcome the plan to create this new model which aims to give patients real choice and control over their health and care. The intention is to deliver this transformational change through three radical shifts - hospital to community, analogue to digital, and sickness to prevention. However, such changes can only truly be progressed by genuine co-design and co-delivery with patients, Carers and their communities. The Health Bill proposes changes to Healthwatch and the transfer of its statutory functions, although future arrangements are still being developed. The proposed abolition of Healthwatch, without arrangements already in place for any alternative mechanism for genuinely independent monitoring and engagement, is a mistake, a step backwards, and a real missed opportunity.

During times of change, independent public voice is more important than ever. People need clear ways to share their experiences, raise concerns and influence decisions that affect how care is planned and delivered. Healthwatch has continued to provide that independent route – listening to people, sharing evidence, and helping partners understand what change feels like for the people using services.

Whilst there has been national discussion about the future of Healthwatch through the Health Bill, future arrangements are still being considered and our commitment remains the same: to make sure the voices of people in Devon, Plymouth and Torbay continue to be heard clearly, fairly and independently."

Chair of Healthwatch
in Devon, Plymouth & Torbay

"I would like to thank our staff, volunteers, trustees, delivery partners, stakeholders and everyone who shared their experiences with us this year.

I would also like to recognise and thank two members of senior staff, Pat Harris and Tony Gravett, for their leadership, commitment and service as they are due to retire." ***- Dr Kevin Dixon***

About us

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

We are here to make sure NHS and social care leaders hear what local people are saying, understand what matters to them, and use that feedback to improve care.

We listen to people's experiences, identify themes and trends, provide information and signposting, and share evidence with the organisations responsible for planning, delivering and regulating services.

Our vision

To bring closer the day when everyone gets the care they need.

Our mission

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

Our work is independent. This means our agenda is shaped by what people tell us – not by the organisations that plan or provide services.

Equity

We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Independence

Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Impact

We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Collaboration

We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Truth

We work with integrity and honesty, and we speak truth to power.

How it works locally

Devon County Council, Plymouth City Council and Torbay Council jointly commission local Healthwatch in Devon, Plymouth and Torbay.

Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay are delivered by a collaborative partnership:

Colebrook inspiring people, supporting communities

Engaging Communities South West

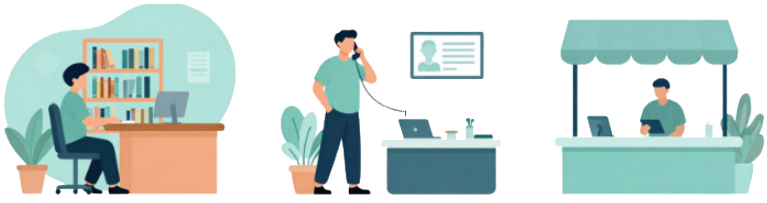
citizens advice Devon

Although jointly commissioned, Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay retain their own local identities. This helps us understand local issues in each area while also spotting wider themes across the whole health and care system.

How we reach people

We offer walk-in support in Torbay, local support in Plymouth, and Healthwatch Champions based within Citizens Advice services across wider Devon.

Online	By Phone	Face-to-Face Outreach	Community Events
In Hospitals	Through Libraries	Voluntary Partners	Walk-in Support



Although local Healthwatch organisations are funded by and accountable to local authorities, they are completely independent.

Our year in numbers

In 2025–26, we supported 2,872 people to have their say or get information about their care. We employed 18 full or part-time staff, and our work was supported by 22 volunteers.

Championing your voice

We published major reports about the improvements people would like to see in areas including digital healthcare access, vaccination confidence, Multiple Sclerosis care, reasonable adjustments, hospital accessibility and the Royal Eye Infirmary in Plymouth.

These reports were based on insight from at least 516 people and groups, plus a lived experience hospital walkthrough and a review of 6,795 patient feedback records, including 1,221 records referencing digital access.

Reaching out:

1,664
People shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

1,208
People came to us for clear advice, information or support through our contact centre.

457
Complaints or concerns were escalated or referred to relevant organisations.

Connecting with communities:

Our engagement staff, volunteers and Healthwatch Champions attended 122 outreach events, talks and meetings across Devon, Plymouth and Torbay. This included hospital visits, library drop-ins, community events, care home lay visits and local engagement sessions.

Sharing insight online:

51,000+ website visits

190,000+ social media views

12,000+ saw our email bulletins

A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Devon, Plymouth and Torbay. Here are a few highlights.

We met hundreds of people at community events, hospital drop-ins and local outreach sessions across Devon, Plymouth and Torbay.

Early feedback highlighted ongoing issues with GP access, hospital care, communication and social care. Our 2024–25 Annual Report showed how public feedback shaped local improvements.

We published our vaccination insight work, helping NHS Devon better understand why vaccine uptake is falling despite wide access.

People told us about vaccine fatigue, side-effect concerns and mistrust, while also praising staff and clinic processes.

We published new insight on people living with Multiple Sclerosis and patient experience at the Royal Eye Infirmary in Plymouth.

These reports highlighted unequal experiences, delays, communication problems and practical barriers that affect people's confidence, safety and wellbeing.

We published reports on reasonable adjustments in Torbay, accessibility at North Devon District Hospital, and digital access.

These reports showed how small changes – clearer communication, better signage, joined-up systems and person-centred support – can make a big difference.

Working together to improve care

Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay work together to make sure people's experiences are heard across the wider Devon Integrated Care System.

Sharing is vital. Voices are heard. Your feedback **creates change.**

This year, we shared local feedback with NHS Devon, local authorities, NHS trusts, public health teams, Local Care Partnerships, overview and scrutiny committees, Health and Wellbeing Boards, the Care Quality Commission and Healthwatch England.

Our role is not only to collect feedback, but to turn it into useful intelligence. This means identifying patterns, raising concerns, sharing evidence and asking services what they will do differently.

Examples this year include sharing insight on digital healthcare access, vaccination confidence, reasonable adjustments, hospital accessibility, Multiple Sclerosis care, mental health pathways, complaints, referrals, dentistry, pharmacy and GP access.

By bringing together individual stories and wider trends, we help decision-makers understand not just what is happening in services, but how it feels for the people using them.

Listening to your experiences

1,664 people shared their experiences of health and social care with us.

The most common things people shared across the year included access to services, treatment and care, administration, communication, staff, and the experience of navigating hospital and primary care services.

Hospital services and primary care featured strongly across the year, with people regularly raising issues around waiting, communication, appointments, follow-up and support.

In Quarter 4, Primary care remained the most common issue people told us about.

Out of 429 experiences shared...

- **167** Related to Primary care
- **122** Concerned GP services
- **29** Concerned Dental services

People contacted us in different ways, including our online Have Your Say form, telephone contact centre, community outreach, hospital drop-ins, local events, Citizens Advice routes and partner organisations.

In addition to you sharing your experiences, over **500** people and groups helped contribute to our reports on different areas:

- Digital healthcare access
- Vaccination confidence
- Multiple Sclerosis care
- Reasonable adjustments
- Hospital accessibility
- The Royal Eye Infirmary

You can view our website on any device and simply take a few minutes to share your own experience.

Every piece of feedback helps build a stronger evidence base for change.

From one person needing help today, to system-wide issues that need long-term improvement.

Visit: www.hwdpt.org/have-your-say

Turning feedback into action

Some feedback needs immediate action. Across the year, we escalated or referred 457 concerns to relevant organisations.

This included signposting people to Patient Advice & Liaison Services (PALS), advocacy services, Healthwatch Champions, community support and providers, as well as raising serious or repeated concerns directly with services.

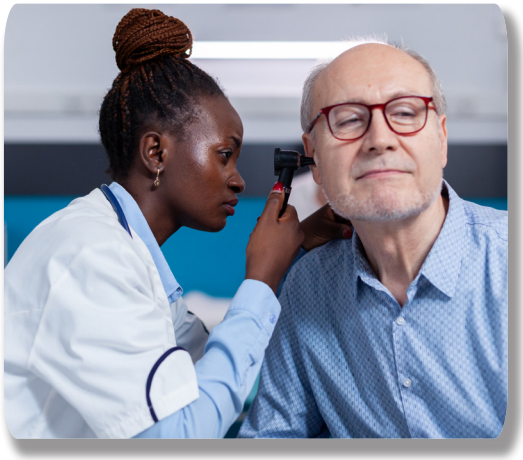
Here is just a snapshot of some of the experiences you shared with us this year:

Healthwatch Case Studies:

Audiology support in Devon

A person described distress and confusion after changes to audiology services left them unsure where to get hearing aid support and supplies.

We escalated the concern to NHS Devon and the person was able to speak to someone about their requirements.



Medication issue resolved

A patient with a long-term mental health condition contacted us after medication was removed from their repeat prescription list.

We raised this with the GP practice, leading to direct contact from the lead pharmacist and improved prescription management.

Safety concerns at a family hub

A parent raised concerns about safety and hygiene during a postnatal appointment.

We escalated this to Plymouth City Council and NHS Devon, leading to updated risk assessments and reminders around safety and infection control.

Improving digital healthcare access

Digital access is now a major part of how people use NHS services.

Our digital healthcare access report brought together NHS App data, system mapping and patient feedback to understand how digital systems work in practice across Devon, Plymouth and Torbay.

Although published on 1 April 2026, the digital healthcare access report is included in this Annual Report because the research, analysis and engagement were completed during the 2025–26 reporting year.

The report found that digital use is already widespread:

60.2% of Devon patients aged 13+ registered for the NHS App

64 million+ recorded login events

One digital front door

It also showed that patients are not using "one digital front door".

Our review of 6,795 patient feedback records found 1,221 references to digital access.

Many are managing the NHS App, GP online triage tools, hospital portals, text messages, emails and letters at the same time.

People told us that unclear online triage processes, multiple portals, login issues and fragmented communication can increase stress rather than reduce it.

What difference did this make?

The report recommended simplifying digital pathways, improving clarity about which systems to use, strengthening proxy access for carers, investing in digital inclusion, and testing digital changes with patients.

As digital access continues to grow, our message is clear: digital healthcare must make care easier – not harder.

What NHS Devon said:

"NHS Devon is committed to working with provider organisations, primary care, local authorities, the voluntary sector and people with lived experience to improve clarity, consistency and inclusion in digital healthcare."

Read the full report:

www.hwdpt.org/report/2026-04-01/understanding-digital-healthcare-access-devon-plymouth-and-torbay

Helping people navigate a complex digital NHS

Our digital healthcare access work showed that digital systems can improve access, but only when people know which system to use, what to expect and where to get help.

People across Devon, Plymouth and Torbay may use different online systems depending on where they live, which GP practice they attend, which hospital trust is involved in their care, and whether their appointments, letters, prescriptions or test results are available digitally.

This means some people are managing several systems at once. They may receive information by text, app notification, email, letter or online portal. For some, this works well. For others, it creates confusion, missed messages and extra effort.

Our report highlighted the risk of digital burden, where people are expected to manage multiple platforms, passwords, communication routes and instructions while also dealing with illness, caring responsibilities or limited digital confidence.

We also highlighted the importance of proxy access for carers, accessible non-digital routes, and support for people who do not have the devices, data, broadband, confidence or skills to rely on digital access.

The evidence has been shared with NHS and system partners to support ongoing improvements to digital access and patient experience.

What NHS Devon said:

"These are important findings, because digital transformation must make care easier."

Impact:

Supporting our recommendations, NHS Devon has committed to working with partners to reduce unnecessary complexity and to ensure that digital innovation improves access, equity and patient experience for all our communities.

Making reasonable adjustments work in practice

Our reasonable adjustments report in Torbay looked at how well services support people with disabilities, learning disabilities, neurodivergence and mental health needs.

The report found that tools such as hospital passports, digital flags and liaison roles are in place, but their impact is often limited by inconsistent use, low awareness and wider system barriers.

Listening to Our Community

People and families told us that small, personalised changes, such as quieter spaces, flexible communication, staff continuity and involving carers – can make care safer and less distressing.

- Quieter spaces for comfort
- Flexible communication options
- Staff continuity & involving carers

What Torbay and South Devon NHS Foundation Trust said:

"We share the ambition to make reasonable adjustments part of everyday care, not the exception."

Impact:

The Trust said it will focus on practical steps including quieter spaces where available, reduced sensory triggers, plain English information, stronger staff awareness and better recording of reasonable adjustments through the new electronic patient record.

Personalised Environment → **Better Communication** → **Continuity & Involvement**

The report called for services to review how reasonable adjustments are identified, recorded and delivered, improve awareness of hospital passports and digital flags, and embed person-centred practice across services.

Torbay and South Devon NHS Foundation Trust welcomed the findings and recognised opportunities for practical improvement, including clearer signposting and reducing sensory overload.

The report showed that accessibility is not only about buildings or systems. It is also about listening, flexibility, compassion and making sure staff understand what each person needs.

Read the full report:
www.hwdpt.org/report/2026-01-21/exploring-reasonable-adjustments-torbay

Making hospital care easier to access

This year, our work helped hospitals see their services through the eyes of the people using them.

Hospital care can feel stressful, confusing or overwhelming, especially for people with sight loss, cognitive or communication challenges, mobility issues, mental health needs, neurodivergence or caring responsibilities.

We carried out focused work at the Royal Eye Infirmary in Plymouth and North Devon District Hospital. Both projects showed the value of practical lived experience. People were able to explain what it feels like to arrive, find your way around, wait for an appointment, hear your name called, use public transport, manage a disability or support someone as a carer.

The findings were practical and achievable. They included better signage, clearer maps, improved information, more visible volunteers, stronger communication, better use of hospital passports and digital flags, and staff training shaped by lived experience.

This work shows how Healthwatch can help services move beyond policy and see the real-world barriers people face when trying to access care.

Improving experiences at the Royal Eye Infirmary

Healthwatch Plymouth gathered feedback from 59 patients and relatives about their experience of using the Royal Eye Infirmary at University Hospitals Plymouth NHS Trust.

People praised staff and consultants, describing them as helpful, pleasant and professional. But people with sight loss, visual impairment and additional vulnerabilities continued to face barriers throughout their visit.

Strongest themes included:

- Travel
- Parking
- Bus access
- Wayfinding
- Signage
- Appointment letters
- Phone communication
- Anxiety caused while waiting for name to be called

For patients with no visual impairment, the service often worked well. For people with sight loss, the same journey could be much harder. Some people found it difficult to know when they had arrived by bus, find their way around the building, hear their name called, or manage long waits without updates.

University Hospitals Plymouth welcomed the findings and committed to reviewing patient letters, appointment information and website content for accuracy and accessibility. They also committed to improving telephone responsiveness, increasing volunteer support in reception and waiting areas, and working with local sight loss groups to improve signage, contrast, lighting and wayfinding.

This work builds on earlier Healthwatch engagement, which contributed to practical improvements including a pedestrian crossing, improved signage and a new bus route.

We also presented the walkthrough video to more than 100 REI staff at their away day, helping staff see how the building and patient journey can feel for people with visual impairment.

What University Hospitals Plymouth NHS Trust said:

"We recognise and take seriously the difference in experience for patients with sight loss, visual impairments, or additional vulnerabilities, and we are committed to ensuring that our services are fully inclusive and accessible to all."

Impact:

The Trust said the findings will inform work to improve patient communications, telephone access, waiting information, volunteer support, signage, contrast and wayfinding.

Read the full report:
www.hwdpt.org/report/2025-11-18/patient-experience-using-royal-eye-infirmary-report

Using lived experience to train and inform staff

Alongside the published Royal Eye Infirmary report, Healthwatch Plymouth also supported further learning by helping staff understand what a visit can feel like for people with sight loss or visual impairment.

This included walkthrough video work using visual filters to show how different eye conditions can affect what a person sees when moving through the building.

The aim was to bring patient experience to life. Rather than only describing barriers in a report, the walkthrough helped staff see how signs, lighting, contrast, layout, distance, glare and busy spaces can affect someone trying to attend an appointment independently.

This type of work helps create empathy and supports practical improvement. It shows how the same building can feel very different depending on someone's sight, confidence, mobility, health needs or support network.

Working together to improve care

By combining patient feedback, direct engagement, report recommendations and staff learning, this work helped turn lived experience into a practical tool for improving care.

It also showed the value of Healthwatch working constructively with services – listening to patients, identifying barriers, and helping providers understand what changes could make a real difference.

S **Signage**
Signs may be unreadable due to size, contrast or distance

C **Contrast**
Low contrast surfaces and edges become invisible

B **Busy Spaces**
Crowds and movement create anxiety and can overwhelm

L **Lighting**
Dim or uneven lighting makes navigation harder

D **Distance**
Long corridors with few land-marks are difficult to navigate

L **Layout**
Unfamiliar or complex layouts cause disorientation

Making North Devon District Hospital more accessible

This work provided a strong lived-experience evidence base to support ongoing improvements to accessibility and inclusion for patients and carers.

Lived Experience Walkthrough - North Devon District Hospital

At North Devon District Hospital, Healthwatch Devon worked with Headway North Devon on a lived experience walkthrough with people who have cognitive and communication challenges.

The walkthrough explored what it feels like to access the hospital, move through the building, understand information, speak to staff, manage sensory environments and find the right place.

Participants highlighted:

Participants highlighted the value of hospital volunteers, who were seen as approachable, visible and helpful. They also described the importance of carers, who often play a vital role in helping people feel safe, understand information and manage appointments.

Practical areas for improvement:

- Signage
- Maps
- Lighting
- Sensory overload
- Toilet information
- Wider awareness of hospital passports and digital flags
- Flooring
- Staff identification
- Emergency information

What the Learning Disability Team said:

"The team noted that this is a comprehensive report with a number of clear and achievable 'quick wins', particularly around signposting."

Impact:

The hospital team said the feedback on maps, colour, font choice, "You are here" markers and sensory overload was especially useful in helping them reflect on how overwhelming hospital spaces can feel.

Read the full report:

www.hwdpt.org/report/2026-01-22/lived-experience-accessing-north-devon-district-hospital

Improving care for people living with Multiple Sclerosis (MS)

Our MS insight report explored the experiences of 89 people living with Multiple Sclerosis across Devon and Torbay.

People described inconsistent experiences of diagnosis, treatment, ongoing care and communication.

Some waited months or years for answers. Others reported delays to treatment, difficulty contacting specialists, limited follow-up and uncertainty about next steps.

These delays had both emotional and physical impact, increasing anxiety and leaving some people feeling overlooked.

The report recommended standardising MS diagnostic processes, exploring the impact of diagnostic delays, using a 12-week treatment initiation goal after diagnosis as a benchmark, investigating regional differences in care, and making annual comprehensive reviews routine.

The report gives commissioners and providers clear lived-experience evidence about how variation in care affects people's lives day to day.

This work helped make visible the experiences of people living with a long-term condition that can affect every part of life - from mobility and work to family life, wellbeing and confidence in services.

What the MS service said:

"This feedback from patients is valuable learning as we seek to continuously improve the care we offer."

Impact:

This means the experiences shared by people living with MS have been recognised by the specialist service as useful learning to support ongoing improvement in person-centred care. As a result of reading our report, the national MS Society have reached out to us for help looking at potential issues they have identified with MS clinical services in Plymouth.

Read the full report:
www.hwdpt.org/report/2025-11-07/living-multiple-sclerosis-devon-and-torbay

Building trust in vaccination programmes

Our vaccination insight report explored why uptake among some at-risk groups is declining, despite widespread access to vaccination services.

A total of 298 people contributed through face-to-face and online survey work.

The report was shared with NHS Devon to support future public health planning.

Most people were satisfied with invitations, booking and clinic processes, and many praised vaccination staff. However, the report also identified concerns about side effects, mistrust of vaccination programmes, confusion around shingles eligibility and clear signs of vaccine fatigue – where people feel tired of repeated vaccination messages or offers and become less engaged over time.

NHS Devon acknowledged the findings and committed to using the insight on vaccine hesitancy to refine future communication strategies, including addressing fatigue and concerns about side effects.

The findings showed that improving uptake is not only about availability. It is also about trust, clarity and honest communication.

What NHS Devon said:

"This valuable piece of work will help inform how we deliver local vaccination programmes and keep vaccination uptake high, keeping our local population safe and well."

Impact:

NHS Devon said it will continue working with local communities to understand barriers to vaccination, improve access to accurate information, and adapt outreach and mobile offers where uptake is lower.

Read the full report:
www.hwdpt.org/report/2025-10-28/changing-attitudes-vaccination-devon-plymouth-torbay

Hearing from all communities

We know that some people face more barriers to being heard, accessing services or getting the right support. This year, we made sure our work included people whose experiences are too often missed.

Barnstaple resident

Exeter resident

Plymouth resident

Ivybridge resident

Torbay resident

This included people with sight loss, people with cognitive and communication challenges, people with learning disabilities, neurodivergent people, people with mental health needs, people living with MS, carers, older people, people using community and hospital services, and those who may be digitally excluded.

We gathered feedback through hospital visits, community events, libraries, community hubs, Citizens Advice routes, online forms, telephone support, targeted insight work and trusted local partners.

St Budeaux and Barne Barton Wellbeing Hub
Plymouth

Paignton Community Hub
Paignton Library

Barnstaple Library
Barnstaple

By going to where people already are, and by working through trusted relationships, we heard experiences that may not have reached services through formal routes alone.

This approach helps make sure health and care services hear from people who may be less likely to complete online surveys, attend formal meetings or raise concerns directly with providers.

Reaching people where they are

Between 1 April 2025 and 31 March 2026, our engagement staff, volunteers and Healthwatch Champions attended 122 outreach events, talks and meetings across Devon, Plymouth and Torbay.

These included library drop-ins, hospital drop-ins, community wellbeing events, vaccination hubs, health and wellbeing meetings, care home lay visiting, Paignton Community Hub activity, Royal Eye Infirmary visits, North Devon District Hospital outreach, Tavistock, Okehampton, Holsworthy, Newton Abbot, Torrington, Derriford and Torbay Hospital activity.

Our engagement took place across Devon, Plymouth and Torbay, reflecting the size and diversity of the area we cover.

We heard from people in rural communities, coastal towns, hospitals, libraries, care homes, community hubs, local events and through trusted partner organisations.

This community presence matters. It gives people more informal, accessible ways to share their experiences and helps Healthwatch build a clearer picture of what is happening across different places, services and communities.

Information and signposting

Healthwatch does not only collect feedback.
We also help people understand where to go next.

This year, 1,208 people were supported through our contact centre

People came to us for help with complaints routes, GP access, social care, hospital concerns, mental health support, dentistry, referrals, hospital discharge, medication issues and care for relatives.

Where needed, we gave advice and information, referred people to Healthwatch Champions, signposted to PALS, advocacy or community support, or escalated concerns to providers and commissioners.

For many people, the most important thing we do is help them take the next step when they feel stuck, ignored or unsure where to turn.

This support can make a real difference. It helps people understand their rights, find the right service, raise a concern, access advocacy, or feel less alone when trying to navigate a complex health and care system.

Some of the things you contacted us about:

- Complaints routes
- GP access
- Hospital concerns
- Mental health
- Referrals
- Discharge
- Social care
- Care for relatives
- Dentistry
- Medication issues

The difference our support makes.

This year our support helped people to:

- Understand their rights
- Find the right service
- Raise a concern
- Access advocacy
- Feel less alone navigating a complex system

Volunteers and community reach

Volunteers continue to play a vital role in the work of Healthwatch in Devon, Plymouth and Torbay (HWDPT).

Volunteers help us listen to people, gather feedback, support outreach, review services and make sure public voice is heard in more places.

This year, volunteers supported community engagement, hospital visits, outreach activity and care home lay visiting work.

They helped us have conversations with people in local communities, supported feedback gathering, and contributed to work that helped services understand real experiences of care.

Dr Kevin Dixon

HWDPT volunteer Chair

Roger & Mary

Plymouth volunteers

Adrien Collins

Devon volunteer

Pat Teague

Torbay volunteer

Volunteers bring time, local knowledge, compassion and independent insight. They can help people feel comfortable sharing honest feedback, particularly in community settings or during visits where people may not otherwise speak up.

We are grateful to every volunteer who has given their time, care and commitment to support our work this year.

Volunteers help Healthwatch reach further, listen better and bring more lived experience into local service improvement.

Care home lay visiting

During 2025–26, our skilled Enter and View team carried out many care home lay visits, predominantly in Plymouth.

"Something Someone Told Me"

These visits helped us hear directly from residents, relatives and staff about day-to-day experiences of care, wellbeing, communication and life in care homes.

In Plymouth, the "Something Someone Told Me" care home lay visiting project helped restart structured conversations with care home residents, relatives and staff.

The approach used open conversations to explore what matters to people living and working in care homes, including identity, community, shared decision-making, health and positive culture.

This work helps ensure that people living in care homes are included in conversations about health, wellbeing and quality of care.

It also gives care homes an opportunity to reflect on what is working well, what could be improved, and how residents' voices can be heard more clearly.

The insight gathered helps us identify themes, share learning and support ongoing improvement in residential care.

Visit:

www.hwdpt.org/news-and-reports/

Sharing intelligence and influencing

We use feedback to support local decision-making and improvement.

This includes responding to requests for information, sharing insight with regulators, supporting consultations and contributing to system discussions.

During the year, we provided intelligence to organisations including the Care Quality Commission, NHS Devon, local authorities, NHS trusts, scrutiny committees and other system partners.

We also responded to requests linked to inspections, service design, community services, statutory Quality Accounts, health and social care, mental health, and wider patient experience wider patient experience.

Our role is to make sure public feedback is not left sitting in a database. We turn it into clear, timely insight that can help services understand risk, improve communication and act on what people are experiencing.

The value of Healthwatch is not only in what we hear.
It is in making sure that insight reaches the people who can act on it.

Topics informed by local feedback:

- Patient experience
- Community services
- Inspections
- Mental health
- Digital access
- Quality accounts
- Social care
- Service design

This year, public feedback helped inform local conversations about statutory Quality Accounts, digital transformation, reasonable adjustments, hospital accessibility, long-term condition pathways, vaccination confidence and wider patient experience.

Finance and future priorities

Healthwatch in Devon, Plymouth and Torbay is jointly funded by Devon County Council, Plymouth City Council and Torbay Council.

In 2025–26 we received £568,108.

Devon County Council	£350,000
Plymouth City Council	£122,308
Torbay Council	£95,800

This is an overall increase of £5,624 compared to 2024–25.

The Plymouth City Council contribution increased by £5,824.

Income overall:

Contract funding:	£568,180.00
Additional income:	£720.00
Carry in:	£8,530.84
Total income:	£577,358.84

Expenditure overall:

Staffing	£429,085.10
Operational	£47,117.08
Support	£62,282.62
Return to HWDPT:	£0.00
Total expenditure:	£538,484.80
Underspend:	£38,874.04

Our future priorities:

As national changes to Healthwatch are considered, we will continue to work independently and constructively with local partners. Our priority is to make sure people in Devon, Plymouth and Torbay can still share their experiences, raise concerns and influence decisions about health and social care.

Future priorities are being reviewed in line with ongoing contractual transition and service planning arrangements.

Statutory statements

Local Healthwatch decision-making

Healthwatch in Devon, Plymouth and Torbay are jointly commissioned by Devon County Council, Plymouth City Council and Torbay Council.

The service is delivered by a collaborative partnership of Colebrook South West Ltd, Engaging Communities South West and Citizens Advice Devon.

Although the services are jointly commissioned and delivered through one partnership, each local Healthwatch retains its own identity and local focus.

This helps us understand and respond to local issues in Devon, Plymouth and Torbay, while also identifying wider themes across the whole health and care system.

How we involve local people

We involve local people through a wide range of routes, including online feedback forms, telephone contact, email, face-to-face outreach, hospital visits, community events, library drop-ins, Citizens Advice routes, targeted engagement projects and voluntary sector partners.

We also work with volunteers, local groups and people with lived experience to help us reach communities whose voices are less often heard.

This year, our work included targeted engagement with people with sight loss, people with cognitive and communication challenges, people with learning disabilities, neurodivergent people, people with mental health needs, people living with MS, carers, older people and people at risk of digital exclusion.

Enter and View activity

During 2025–26, our skilled Enter and View team carried out many care home lay visits, predominantly in Plymouth.

These visits helped us hear directly from residents, relatives and staff about daily experiences of care, wellbeing, communication and life in care homes.

This included work linked to the "Something Someone Told Me" approach, using open conversations to understand what matters to people living and working in care homes.

The insight gathered helps us identify themes, share learning and support ongoing improvement in residential care.

Responses to reports and recommendations

When we publish reports, we share them with relevant providers, commissioners and system partners. Where appropriate, we ask organisations to respond to our findings and recommendations.

This year, our reports and recommendations were shared with organisations including NHS Devon, University Hospitals Plymouth NHS Trust, Torbay and South Devon NHS Foundation Trust, Royal Devon University Healthcare NHS Foundation Trust, public health partners and wider system colleagues.

Responses were included in reports where received. These responses show how public feedback is being used to inform service learning, communication, accessibility, digital access and patient experience improvements.

Using your feedback

We use feedback to identify themes, raise concerns and share evidence with people who plan, deliver and regulate services.

This includes sharing intelligence with local authorities, NHS Devon, NHS trusts, the Care Quality Commission, scrutiny committees, Health and Wellbeing Boards, Healthwatch England, our local MPs, local councillors and other system partners.

We also use feedback to support people directly, by giving information and signposting, escalating concerns where appropriate, and helping people understand their options.

Our work is shaped by what people tell us.

Every experience shared with Healthwatch helps us speak up for better care.

Outcomes and impact 2025 – 2026

Your feedback has led to practical changes, formal commitments, staff learning & stronger evidence for service improvement.

Royal Eye Infirmary
Feedback helped University Hospitals Plymouth focus on improving letters, website information, phone access, volunteer support, signage, contrast, lighting & wayfinding for people with sight loss.

REI staff learning videos
Walkthrough videos using sight-loss filters helped staff better understand what attending the REI can feel like for visually impaired patients, turning lived experience into practical learning.

North Devon District Hospital walkthrough
Feedback from people with cognitive & communication challenges gave the hospital clear "quick wins" on signposting, maps, "You are here" signs, sensory overload & staff awareness.

Digital healthcare access report
Analysis of 6,795 patient feedback records, including 1,221 about digital access, gave NHS Devon & partners evidence to make digital routes clearer, more consistent & more inclusive.

Vaccination confidence report
Feedback from 298 people gave NHS Devon insight into vaccine fatigue, side-effect concerns, trust & access, helping shape future vaccination communication, outreach & mobile offers.

Living with MS report
89 people living with MS highlighted delays, variation and communication gaps. The MS service recognised the findings as valuable learning, & they contacted us about further local concerns.

Care home lay visiting
Care home lay visits, mainly in Plymouth, helped residents, relatives & staff share what matters to them & restarted structured conversations about daily life, wellbeing & quality of care.

Public voice during system change
Our evidence was shared with providers, commissioners, scrutiny, MPs, the CQC & system partners, helping keep independent public voice visible during major health & care change.

Regulatory intelligence shared
Healthwatch provided patient stories and intelligence to the Care Quality Commission & adult social care partners, helping public feedback inform inspection, assurance & quality work.

Reasonable adjustments in Torbay
Torbay & South Devon NHS Foundation Trust committed to practical improvements, including quieter spaces where available, reduced sensory triggers, plain English information, stronger staff awareness & better recording of adjustments.

Direct casework and escalation
We escalated or referred 457 concerns. Individual feedback led to practical action on issues like audiology supplies, repeat prescription support, safety & infection control reminders at a family hub.

Every outcome started with someone sharing their experience.
That is the value of Healthwatch: turning people's stories into evidence, action and improvement.

Celebrating a legacy of listening and a lasting contribution.

This September, we say farewell to a champion who has made every voice count, and put people at the heart of change.

"Before Healthwatch, I spent many years working in the NHS as a nurse. I have always believed that good care starts with listening. It starts with seeing the whole person, not just the condition, appointment or service pathway."

"That belief has stayed with me throughout my career and has shaped the way I see the role of Healthwatch."

"Health and care services are now moving through one of the biggest periods of change we have seen for many years. The NHS 10-Year Plan, the shift towards neighbourhood care, digital transformation, local strategies and plans, local government reorganisation, and changes to how services are planned and delivered will all affect local people.

Some of this change brings real opportunity. Care closer to home, better prevention, joined-up services and more support in communities are all things people have asked for. But change must be shaped by the people who use services, not only by the organisations that plan or provide them.

That is why independent public voice matters so much. It is not an optional extra. It is a vital part of safe, fair and accountable care.

Over the years, Healthwatch has helped people speak up when they felt unheard. We have heard from patients, carers, families, care home residents, people with disabilities, people living with long-term conditions, people struggling to access services, and people who simply wanted to share what good care should look like.

We have also worked with NHS, social care, local government and voluntary sector partners who have listened, responded and used public feedback to improve services."

"I want to thank those partners for recognising the value of honest, independent insight."

A lasting message from Pat

The future of Healthwatch

"The future of Healthwatch and its statutory functions is now part of national discussion through the Health Bill. Whatever happens next, the principle must not be lost. People in Devon, Plymouth and Torbay must continue to have trusted, independent and accessible ways to share their experiences, raise concerns and influence decisions about health and social care.

I am proud of what Healthwatch in Devon, Plymouth and Torbay has achieved. I am proud of our staff, volunteers, trustees and delivery partners, who have worked with care, skill and commitment across a large and diverse area. I am also deeply grateful to every person who shared their story with us.

Those stories matter. They help services understand what is working, what is not, and what needs to change.

As I step away, my hope is that the future of health and care continues to be shaped by the people it exists to serve. Services change, structures change and legislation changes – but the need to listen to people, independently and with respect, remains constant.

As health and care continues to change, our partnership remains committed to supporting local organisations with the same high-quality independent support, trusted insight and expert engagement for our communities."

Strategic Lead for Healthwatch in Devon, Plymouth & Torbay

"As I retire later this year, I want to take this opportunity to thank everyone who has supported Healthwatch in Devon, Plymouth and Torbay – not only during the past year, but since Healthwatch began"

- Pat Harris

healthwatch
in Devon, Plymouth and Torbay

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Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

Date of meeting	Minute No.	Action	Comments
16/07/26	17	1. that the Director of Adult and Community Services be requested to arrange for Members to visit the new Emergency Department at Torbay Hospital 2. that the Senior Democratic, Overview and Scrutiny Officer schedule a future update on the Neighbourhood Health Plan Programme for the Adult Social Care and Health Overview and Scrutiny Sub-Board	1. Complete – visit organised for 10 September 2026 2. Complete – added to work programme for 17 December 2026
16/07/26	18	1. that the Senior Democratic, Overview and Scrutiny Officer request a written response regarding the location of reported stillbirths 2. that the Senior Democratic, Overview and Scrutiny Officer request and circulate to Members of the Adult Social Care and Health Overview and Scrutiny Sub-Board Members the most recent monthly monitoring information on DMO1 performance and ask that comments raised during the meeting be considered when preparing future reports.	1. Response received - The definition of a stillbirth is the death of a baby at or after 24 completed weeks of pregnancy. Of the five stillbirths recorded in the report, all involved women who presented during the antenatal period with reduced foetal movements. Following clinical assessment and management, each woman underwent induction of labour and subsequently gave birth in hospital. Therefore, the reported stillbirths relate to births that occurred in a hospital setting following antenatal presentation with reduced foetal movements. 2. Response requested 10/08/26
16/07/26	19	1. that an All-Member Briefing on transition arrangements and operational design of Adult Social Care be arranged during the autumn	1. Complete – added to schedule for 24 September 2026

Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

Date of meeting	Minute No.	Action	Comments
		2. that the Director of Adult and Community Services liaise with the Democratic Services Team Leader regarding Member Development induction sessions on Adult Social Care governance and improvement	2. Complete – Statutory Scrutiny Officer organised update with Divisional Director to discuss with Divisional Director of Adult Social Care and Community Services
18/06/26	11	1. that the ICB be requested to provide assurance to the Adult Social Care and Health Overview and Scrutiny Sub-Board that they understand their commissioning responsibilities at place and confirm that with the ending of Section 75 agreement, additional resources will be made available to support the market development work required 2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board monitor progress on the delivery of the Adult Social Care Commissioning Plan every six months.	1. Response requested 07/07/26 and 10/8/26 2. Complete - Added to work programme
18/06/26	12	1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board monitor progress on the delivery of the Adult Social Care Commissioning Plan every six months 2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board request that Torbay and South Devon NHS Foundation Trust attend a future meeting to seek assurances that the Trust understand the complexity and have the Transition Team in place to manage the	1. Complete - Added to work programme 2. Complete – attending 3 September 2026 meeting

Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

Date of meeting	Minute No.	Action	Comments
		transfer to the Council within the proposed time frame.	

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