

Wednesday, 17 September 2025

Meeting of the Health and Wellbeing Board

Thursday, 25 September 2025

2.00 pm

Banking Hall, Castle Circus entrance on the left corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Councillor David Thomas, Leader of the Council (Chair)

Karen Barry, NHS Devon Integrated Care Board

Peter Collins, NHS Devon

Pat Harris, Healthwatch Torbay

Tara Harris, Divisional Director of Community and Customer Services

Roy Linden, Devon and Cornwall Police

Nancy Meehan, Director Children's Services

Paul Northcott, Adult Safeguarding Board

Paul Phillips, Department for Work and Pensions

Lincoln Sargeant, Director of Public Health

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

Simon Tapley, Torbay and South Devon NHS Foundation Trust

Pat Teague, Ageing Well Assembly

Councillor Bye, Cabinet Member for Children's Services

Councillor Tranter, Cabinet Member for Adult and Community Services, Public Health and Inequalities

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

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

HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 5 - 8)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 19 June 2025.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**
For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**
For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**
To consider any other items that the Chairman/woman decides are urgent.
5. **NHS 10 year plan & Neighbourhood health - what do these mean for Health and Wellbeing Board partners?** (Pages 9 - 66)
To discuss the engagement findings on the NHS 10 year plan and neighbourhood health.
6. **Joint Health and Wellbeing Strategy 2026-30** (Pages 67 - 104)
To consider a report on the draft Joint Health and Wellbeing Strategy 2026-30.
7. **Torbay Better Care Fund 2024 - 25 - Quarter 1 sign off** (To Follow)
To note a report on the above.

8. **Torbay Children's Safeguarding Partnership Annual Report** (To Follow)
To consider the Torbay Children's Safeguarding Partnership Annual Report.

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Minutes of the Health and Wellbeing Board

19 June 2025

-: Present :-

Councillor Nick Bye, Pat Harris, Tara Harris, Nancy Meehan, Lincoln Sargeant, Tanny Stobart and Councillor David Thomas (Chairman)

1. Apologies

Apologies for absence were received from Paul Northcott, Adult Safeguarding Board and Roy Linden, Devon and Cornwall Constabulary. It was also reported that the Membership of the Board had changed, Simon Tapley would be taking the place of Adel Jones. Simon gave his apologies for the meeting and was represented by Chris Winfield.

2. Minutes

The Minutes of the Health and Wellbeing Board held on 6 March 2025 were confirmed as a correct record and signed by the Chairman.

3. Better Care Fund - Chris Lethbridge

The Strategic Commissioning Manager informed the Board that Torbay Better Care Fund (BCF) Plan had been submitted in line with national timelines and requirements. Torbay's plan received approval from the regional BCF panel, progressed to the national panel where it has also been endorsed. The Torbay Better Care Fund Plan was being presented to Torbay Health and Wellbeing Board in-line with national requirements. The Health and Wellbeing Board was responsible for the oversight of the BCF and was accountable for its delivery.

Resolved by consensus:

- 1) that the 2024 - 25 End of Year Report be noted; and
- 2) that the Torbay Better Care Fund Plan 2025 – 26 be approved.

4. Torbay Pharmaceutical Needs Assessment (PNA) 2025 to 2028 - Simon Baker

The Board received the updated Pharmaceutical Needs Assessment (PNA) for the period 2025 to 2028. The PNA was a statutory requirement under the Health and Social Care Act 2012 and provided a comprehensive assessment of pharmaceutical service needs across Torbay.

The Board was informed that the PNA had been developed collaboratively through

the Devon-wide PNA Steering Group, ensuring consistency across Plymouth, Devon, and Torbay while incorporating locally relevant data. Partners included Torbay Council, Devon County Council, Plymouth City Council, NHS Devon ICB, NHS South West Collaborative Commissioning Hub, Community Pharmacy Devon, and the Devon Local Medical Committee.

The PNA identified no existing gaps in pharmaceutical services, despite the number of pharmacies in Torbay decreasing from 31 in 2021/22 to 28 in 2024/25 due to closures and consolidations which was also a comparable number of pharmacies per capita to the national average.

The assessment identified three potential gaps should specific pharmacies close or reduce hours:

- limited evening and weekend pharmacy access, particularly affecting Paignton and Brixham.
- closure of the Foxhole pharmacy in Paignton would impact accessibility for residents in highly deprived areas.
- Brixham had only one pharmacy with core Saturday hours; its closure could result in reduced access for vulnerable populations.

Members sought an explanation of the process should there be such a request to reduce hours, merge or close any pharmacy.

Resolved by consensus:

That the Torbay Pharmaceutical Needs Assessment for 2025-28 be approved and published on the Torbay Council website.

5. Joint Strategic Needs Assessment (JSNA) 2025/26 - Simon Baker

The Board noted the 2025/26 update of the Joint Strategic Needs Assessment (JSNA), which provided a comprehensive overview of population health and wellbeing across Torbay. The JSNA helped local leaders to work together to understand and agree the needs of the local population. JSNAs, along with health and wellbeing strategies enabled commissioners to plan and commission more effective and integrated services to meet the needs of the population. Local Authorities and Integrated Care Boards had equal and explicit obligations to prepare a JSNA, under the governance of the Health and Wellbeing Board.

6. Joint Health and Wellbeing Strategy - Julia Chisnell

Members were advised that the Torbay Joint Health and Wellbeing Strategy was due to be reviewed. The review would be undertaken concurrently with Devon County Council, producing two separate strategies but aligning priorities where there was commonality. The strategy would retain the overarching principle of improving the health and wellbeing of Torbay's population by addressing the most pressing local needs through collaborative action by setting out shared priorities for improving health and wellbeing across Torbay, responding to the findings of the Joint Strategic Needs Assessment (JSNA), which highlights the health

challenges and inequalities in the area, thereby guiding local authority and NHS partners, in delivering coordinated and impactful services.

Members were advised that the strategy would identify 3 priority action areas for shared delivery across the Health and Wellbeing Board and partners with the Local Care Partnership.

The Board provided the following challenge for consideration when developing the strategy:

- do we define community as ‘a partner’? What is the relationship with the community, how do we get people to take ownership of their own health and wellbeing if don’t make them part of it.
- how do Joint Health and Wellbeing Strategies start feeding and building ‘place’. How do we try and influence regeneration so that it is mindful of the wellbeing challenges we have.
- how do we influence the health and work agenda, recognising that it is not just about finding work but supporting and maintaining those with ill health in work to secure longevity.
- how are outcomes measured. If the strategy is being co-produced ask those co-producing with how they would want outcomes to be measured.

7. Turning the Tide on Poverty - Lincoln Sargeant/Julia Chisnell

The Board noted an update on the Turning the Tide programme, which had been developed in line with Marmot principles to address poverty and health inequalities in Torbay. The programme had evolved in 2022/23 to respond to cost-of-living pressures, focusing on key drivers such as food, fuel, employment, and housing.

On 3 February 2025, a workshop was held with the Council’s Senior Leadership Team which explored data on inequalities and social mobility. Members reviewed strengths, weaknesses, opportunities, and threats, and identified priority areas for action in 2025/26.

The programme’s aim was reaffirmed as “breaking the cycle of poverty and promoting social mobility.” Young people and families were identified as a priority group. Initial action areas included:

- supporting people back into work, including those with long-term health conditions;
- providing budgeting advice and support to care-experienced young people;
- promoting disability-confident employers; and
- improving housing conditions for individuals with chronic health issues or post-hospital discharge.

A dashboard was under development to monitor indicators such as housing support referrals and food bank usage.

Chairman

Devon 10 Year Health Plan engagement programme findings

July 2025



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Foreword

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



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

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

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

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

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

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

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

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

Thank you all for your commitment and involvement.

Steve Moore

Chief Executive, NHS Devon and One Devon

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

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

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



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

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

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

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

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

Dr Kevin Dixon

Chair, Healthwatch in Devon, Plymouth and Torbay

Introduction

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

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

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

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

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

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

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

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

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

Our approach

The three main engagement methods used for this programme were:

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

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

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

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

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

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

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



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

The organisations that hosted workshops were:

[Yes Brixham](#) – Homelessness

[Adventure Therapy](#) – Young people

[Headway Devon](#) (x5) – Learning Disability/Acquired Brain Injury

[Age Concern](#) – Carers and older people

[Hikmat Devon](#) – Ethnically diverse communities

[Citizens Advice](#) (x5) – People with physical disability

[Devon Communities Together](#) – Coastal communities



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

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



Key findings

More than
3,400
pieces of feedback

2,353
survey responses

50
workshops hosted
– 10% of the total
number nationally

358
people attended the
workshops

More than
700
written postcards
completed

More than
220
people recruited to
support continuous
engagement.

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

People valued the
NHS being free at
the point of access

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

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

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

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

Funding the NHS
sufficiently should
be a priority

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

Hospital to community

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

When people access services – their experience is generally positive

Sickness to prevention

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

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

Analogue to digital

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

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

Public survey - analysis

Public survey – 1,408 responses

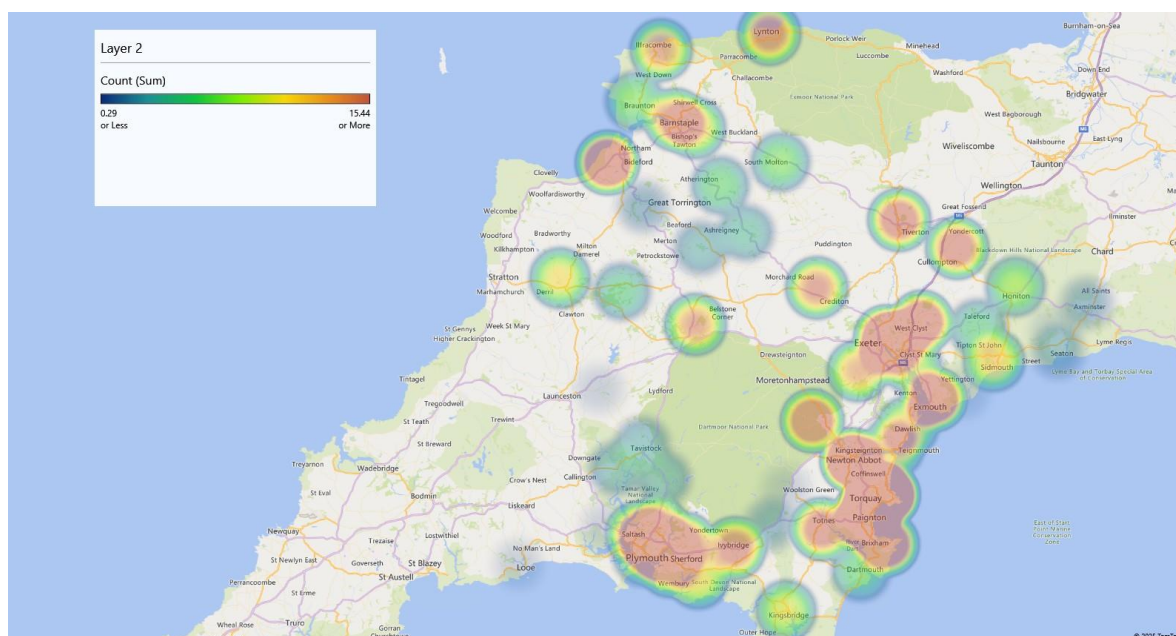
The Devon 10-year plan public engagement survey was hosted on the [One Devon website](#). This was the only public survey used in Devon and all key stakeholders shared this survey and signposted participants to the One Devon website.

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

Postcode region of survey responders

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

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

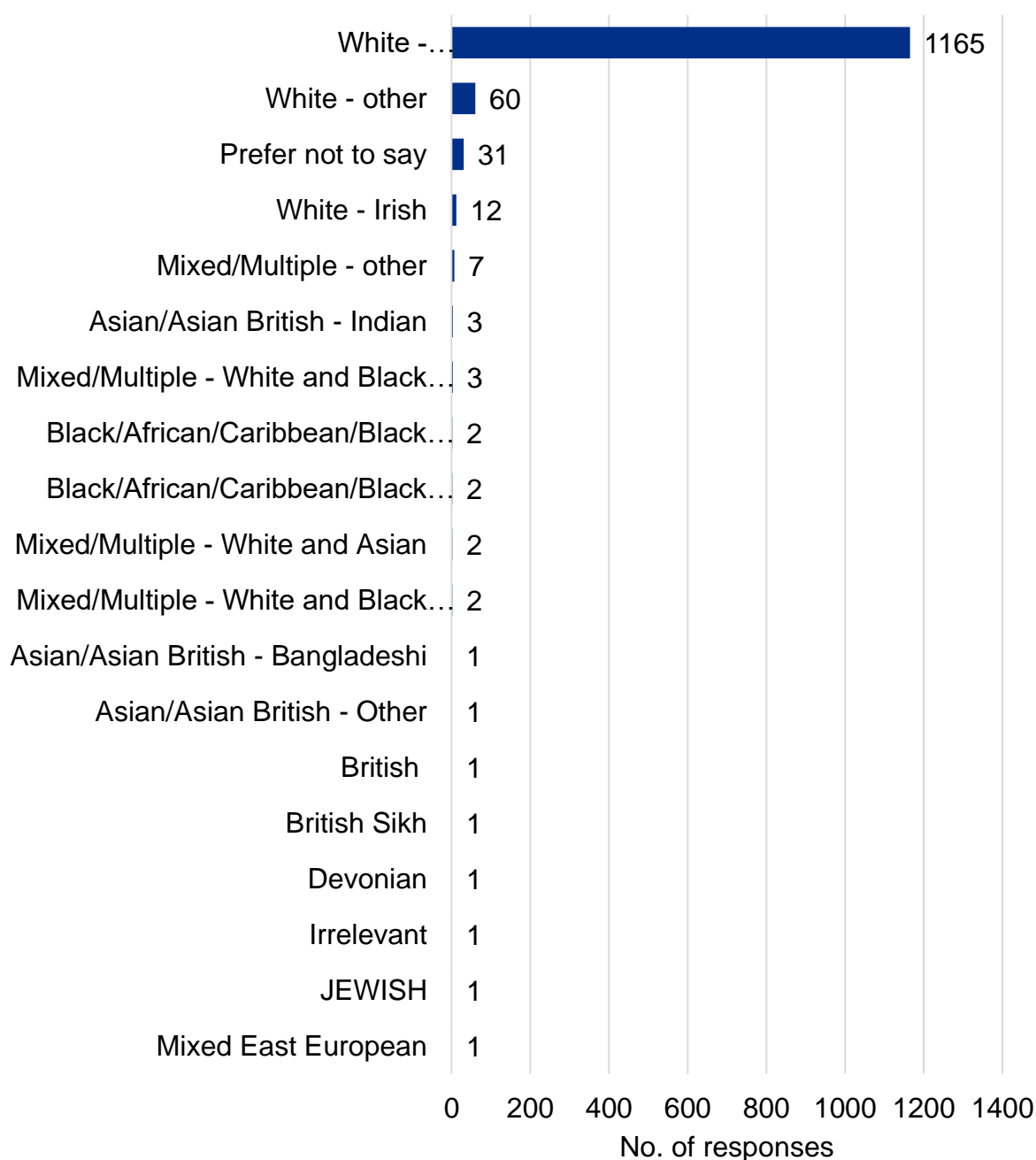


Ethnicity of responders

1,297 of survey respondents completed this question

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

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



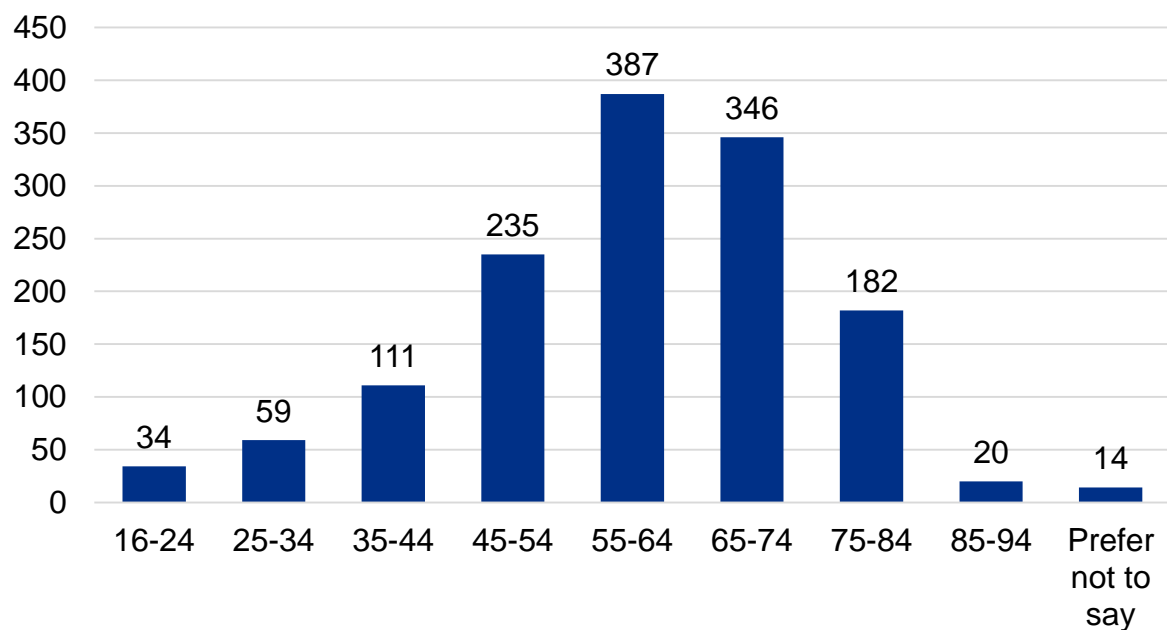
Age of survey respondents

1,388 of survey respondents completed this question

The age of respondents is generally representative of our Devon population.

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

Number of Survey Responders in Total



What we heard

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

People valued the NHS being free at the point of access

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Funding the NHS sufficiently should be a priority

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

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

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

NHS Staff

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

What are the best things about working at the NHS

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

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

“The people I work with”

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

“Being able to make a real difference to patients' lives”

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

What are the biggest challenges working in the NHS?

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

“Often work longer than my contracted hours”

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

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

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

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

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

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

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

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

1

Reducing waiting times

2

Staff shortages

3

Primary care access



Reaching our communities

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

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

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

Technology

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

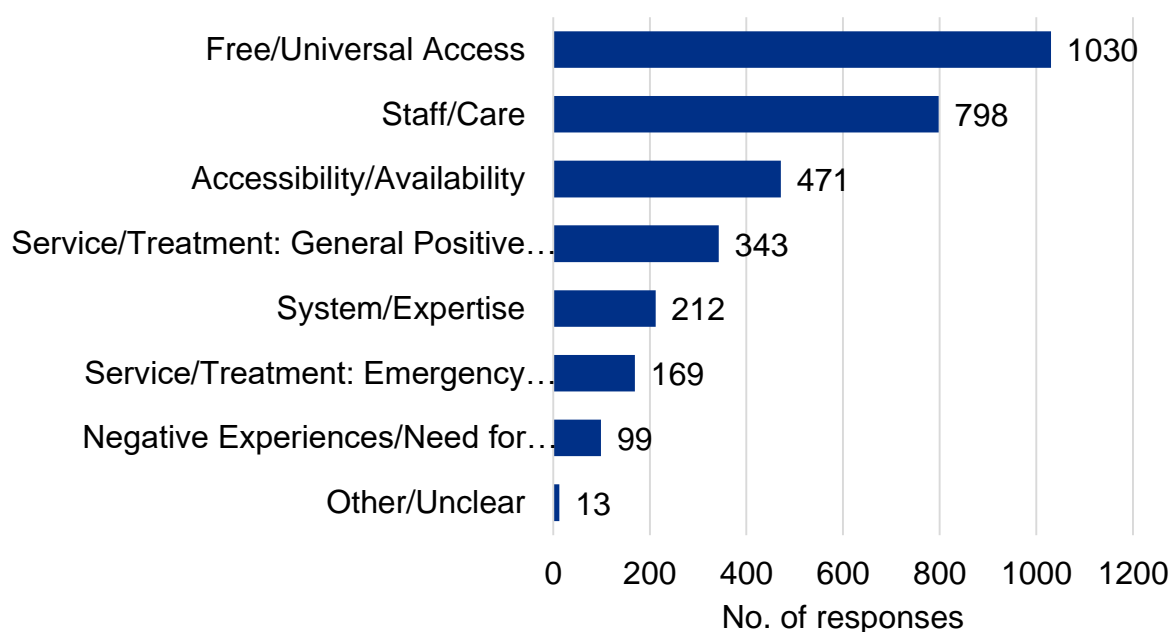
Hospital to community

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

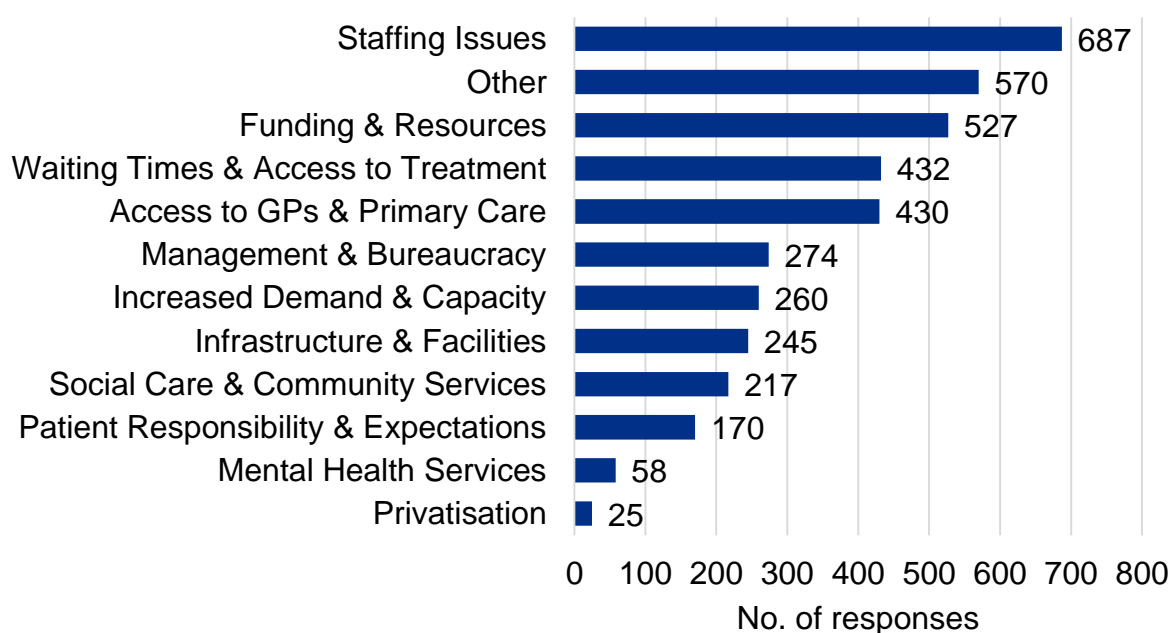
Prevention

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

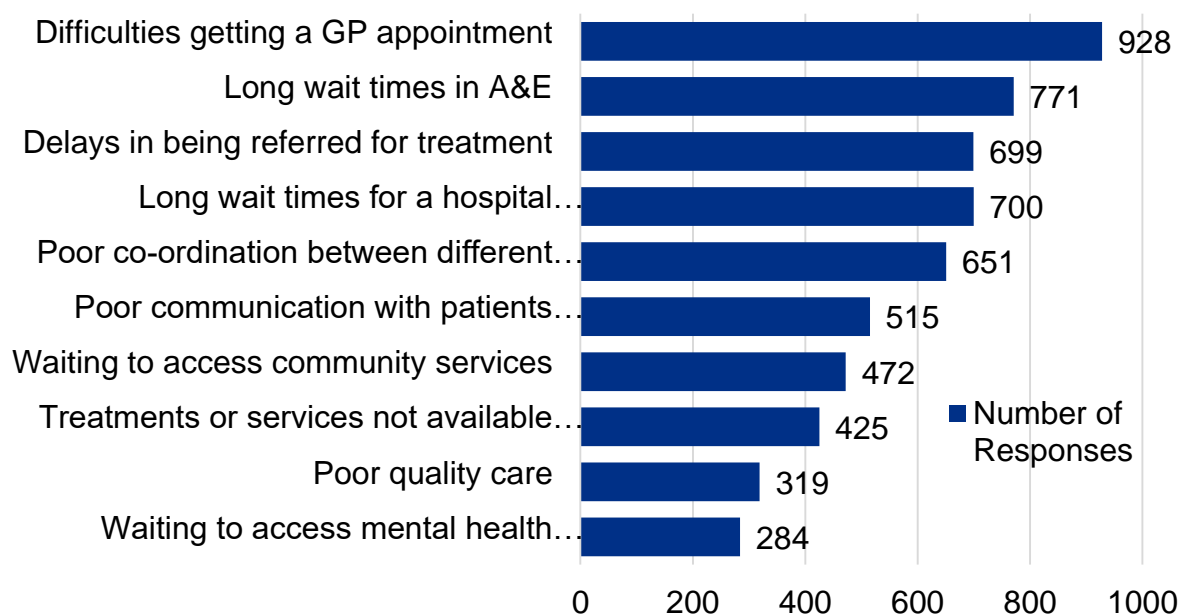
Question 1. Three best things about the NHS?



Question 2. Three biggest challenges facing the NHS?



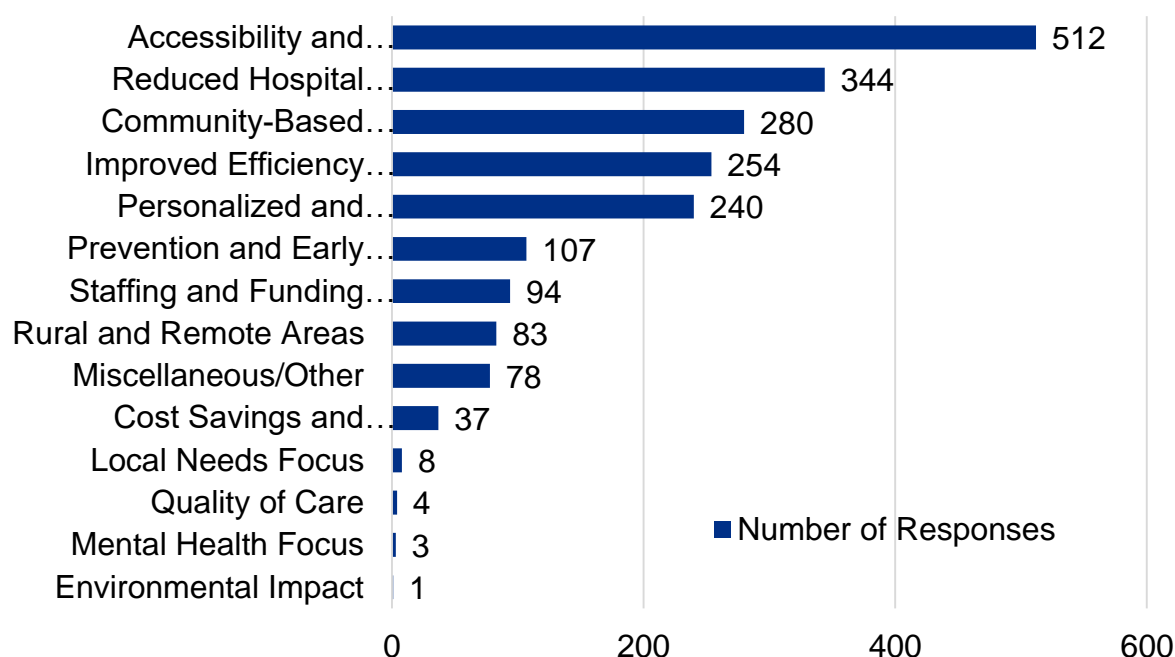
Question 3. Which, if any, of the following have you personally experienced?



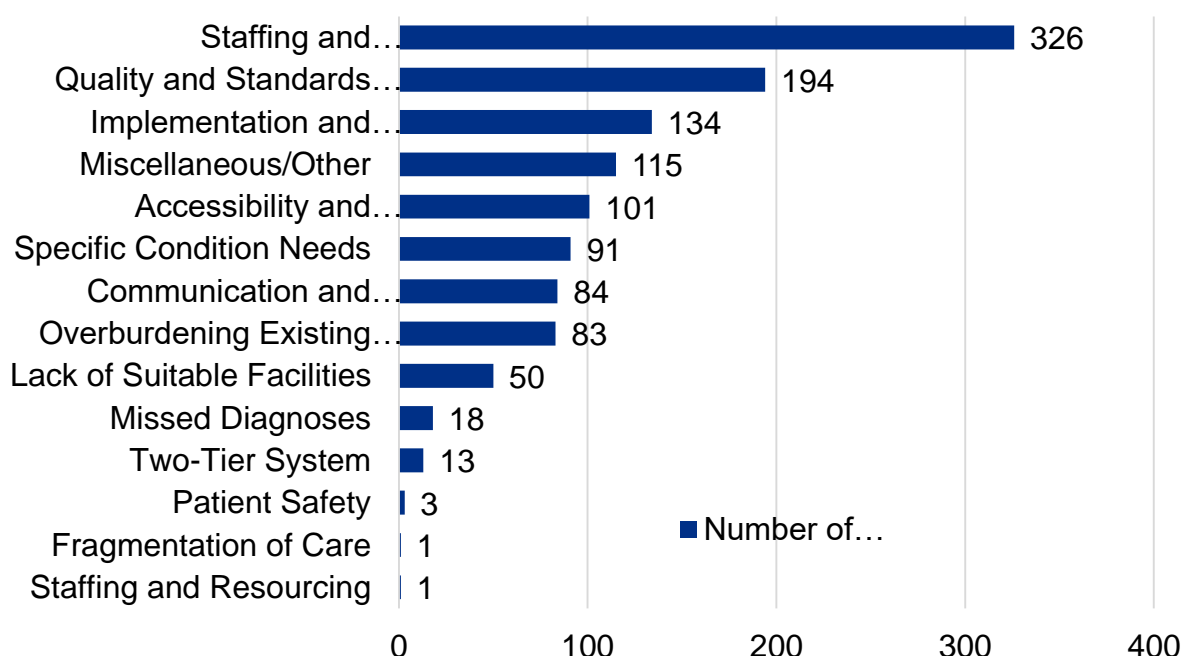
Question 4. Which of these challenges do you think is most important for the 10 Year Health Plan to address?



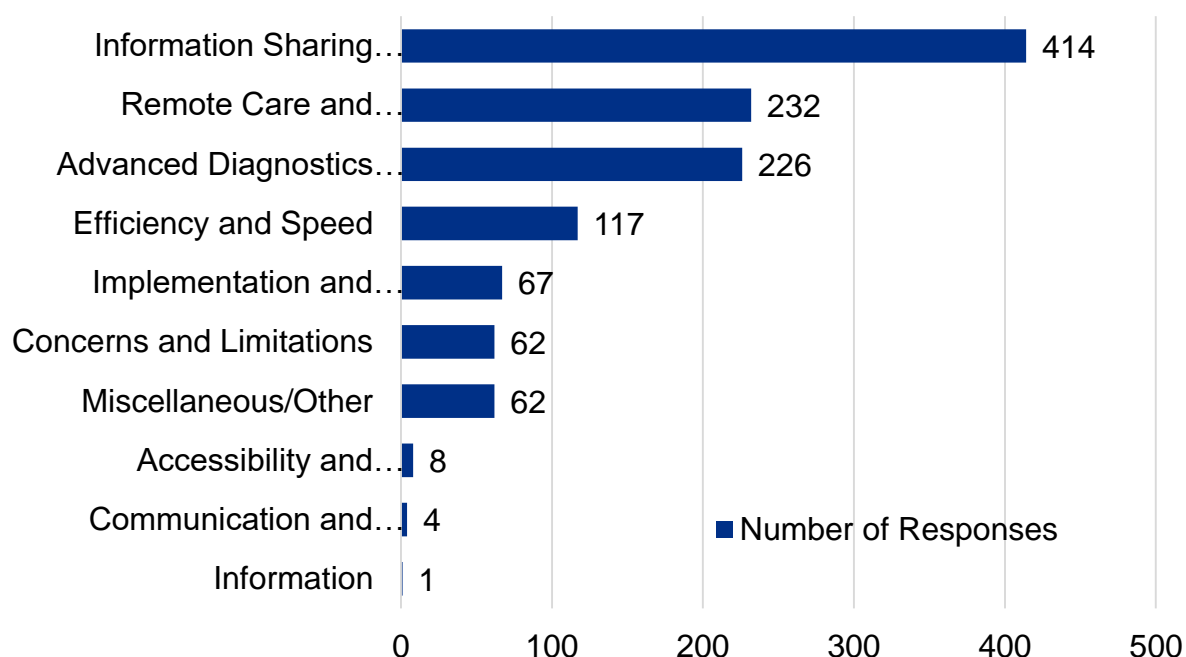
Question 5. In what ways, if any, do you think that delivering more care in the community could improve health and care? (optional)



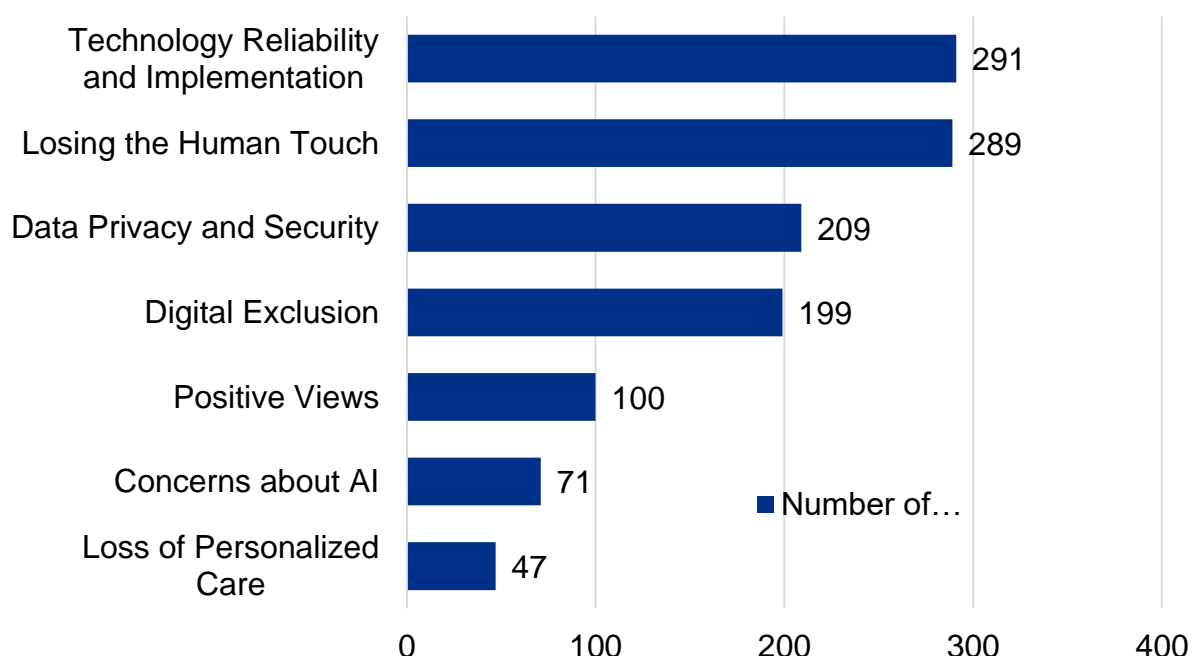
Question 6. What, if anything, concerns you about the idea of delivering more care in the community in the future? (optional)



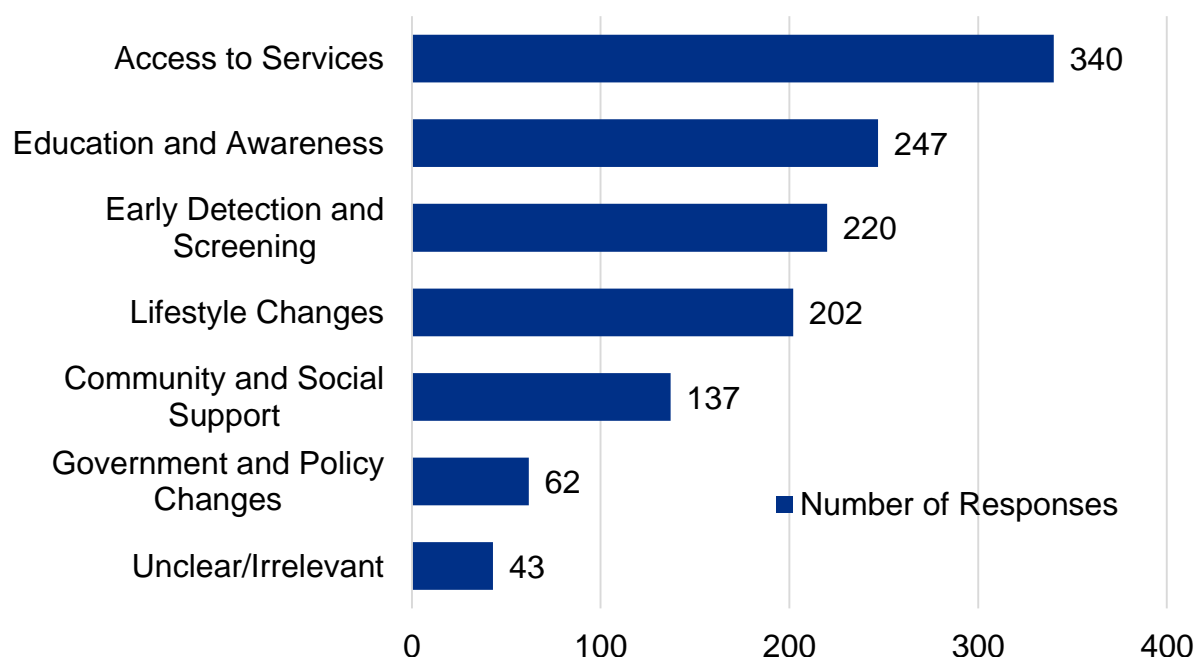
Question 7. In what ways, if any, do you think that technology could be used to improve health and care? (optional)



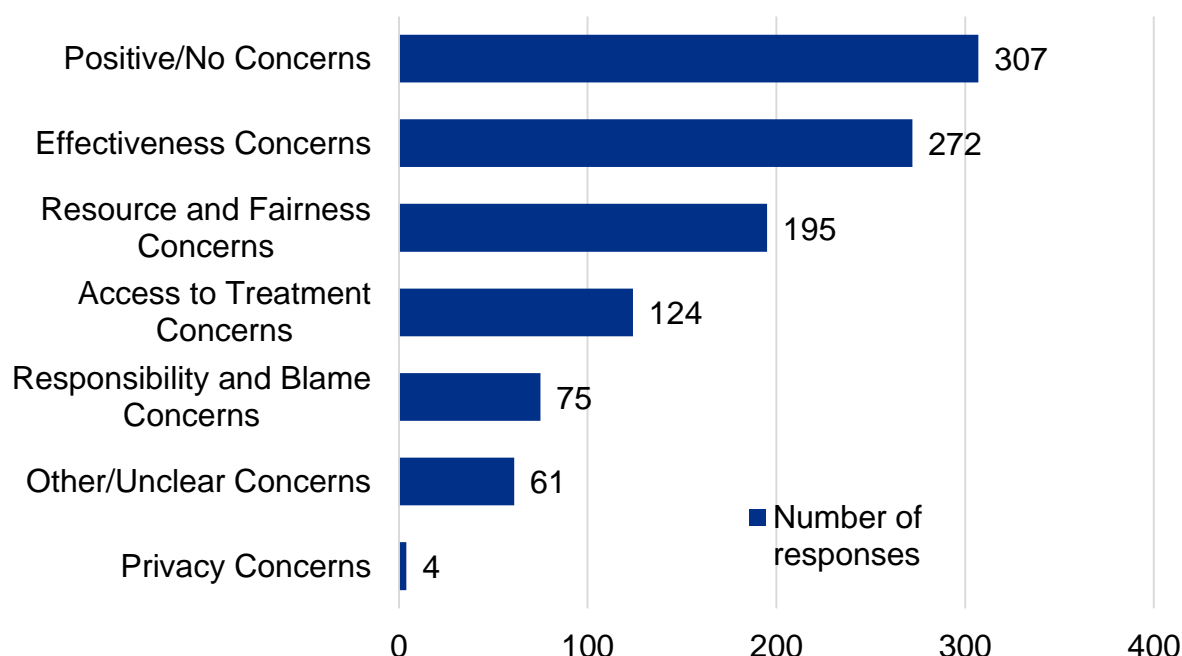
Question 8. What, if anything, concerns you about the idea of increased use of technology in the future? (optional)



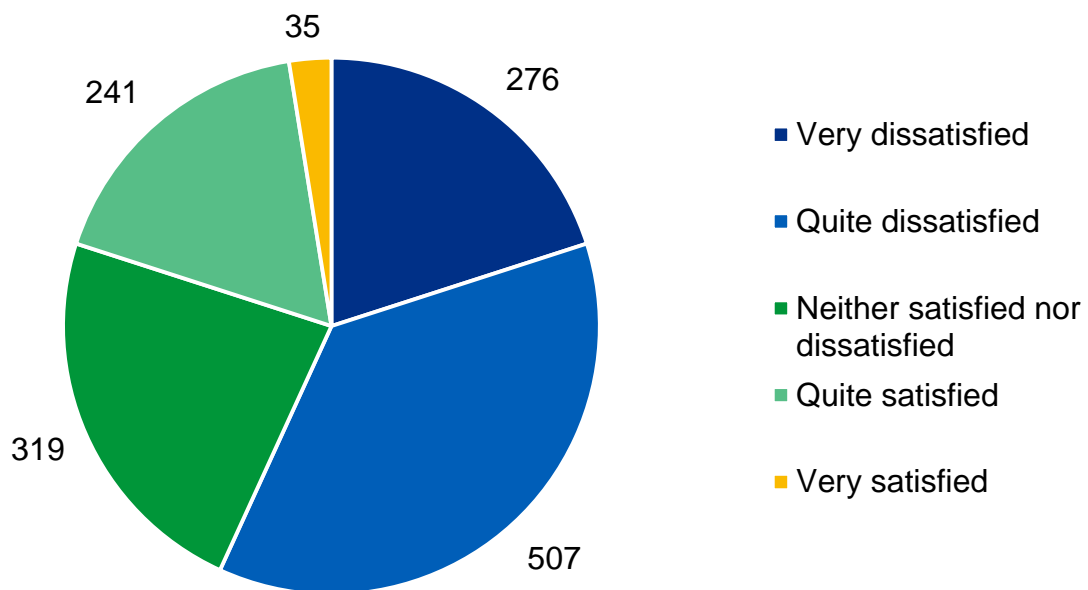
Question 9. In what ways, if any, could an increased focus on prevention help people stay healthy and independent for longer?



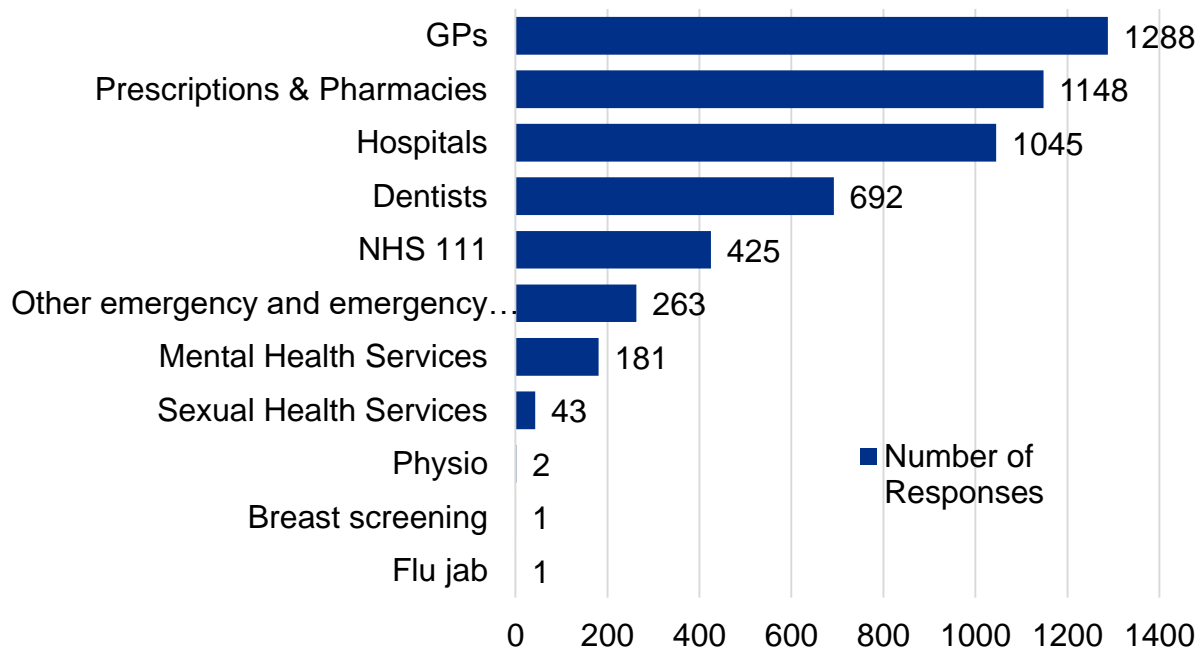
Question 10. What, if anything, concerns you about the idea of an increased focus on prevention in the future? (optional)



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



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



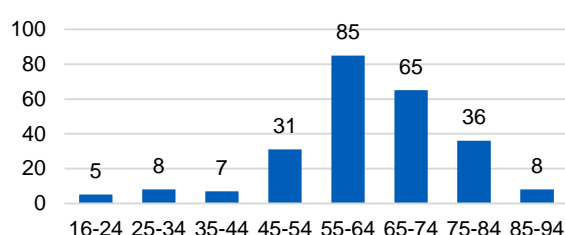
Public survey – locality responses

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

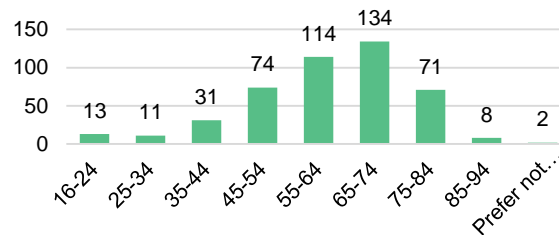
The 10-year plan findings will play an important role in informing local programmes of work. Where there were variants in responses by locality compared to the overall response, these have been highlighted in red.

Age of respondents

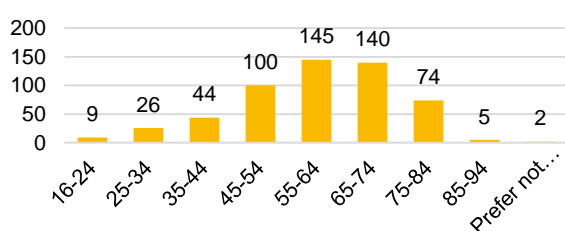
Number of Survey Responders (North LCP)



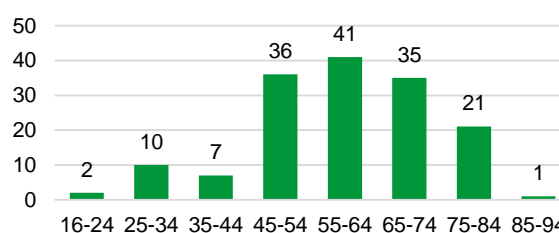
Number of Survey Responders (East LCP)



Number of Survey Responders (South LCP)

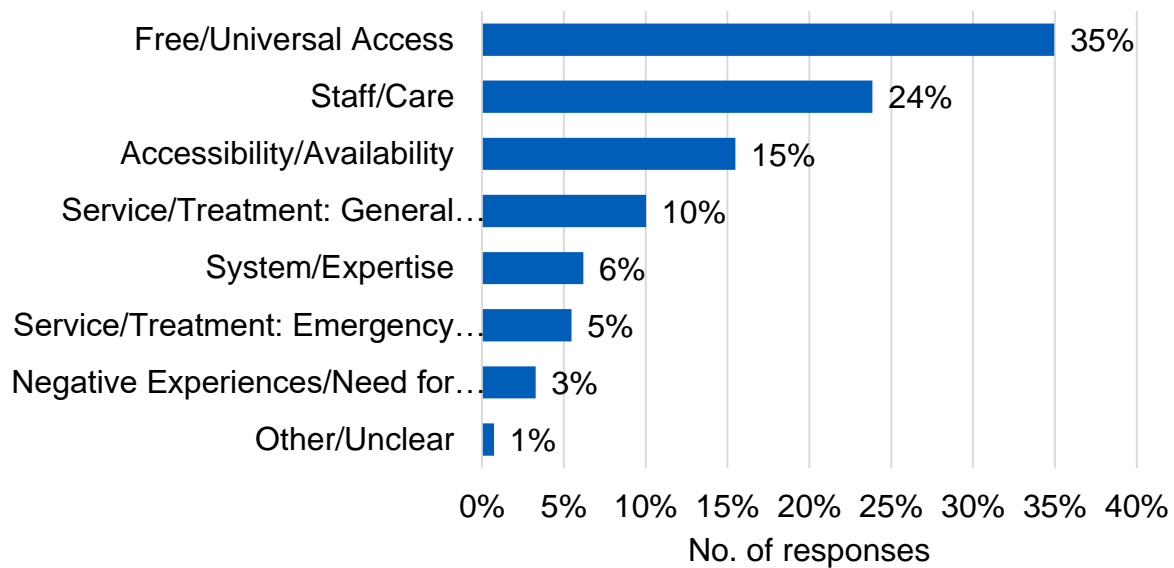


Number of Survey Responders (West LCP)

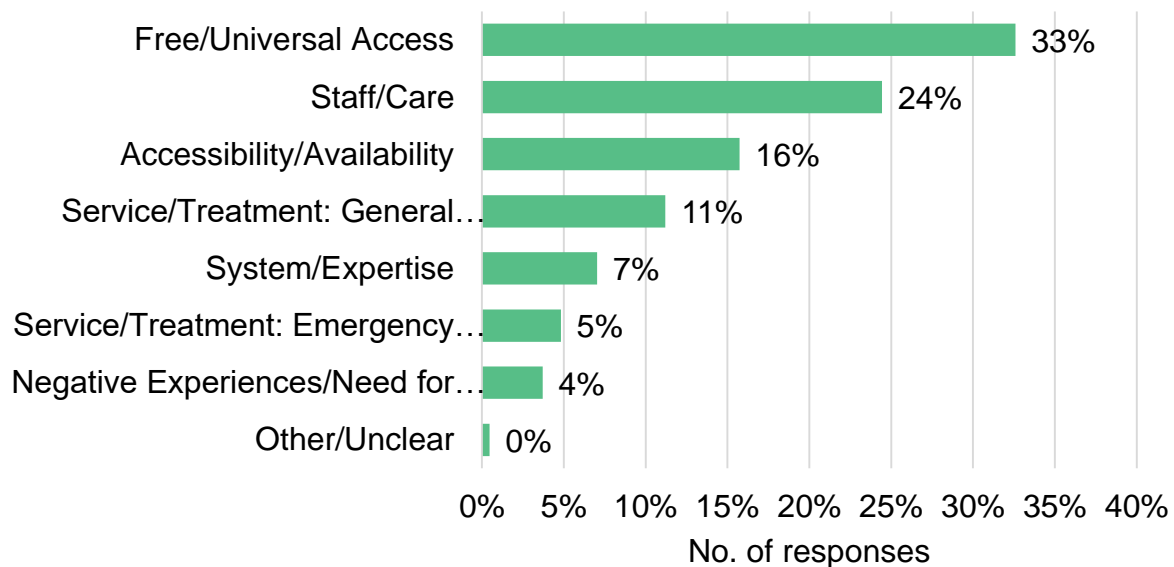


Best things about the NHS

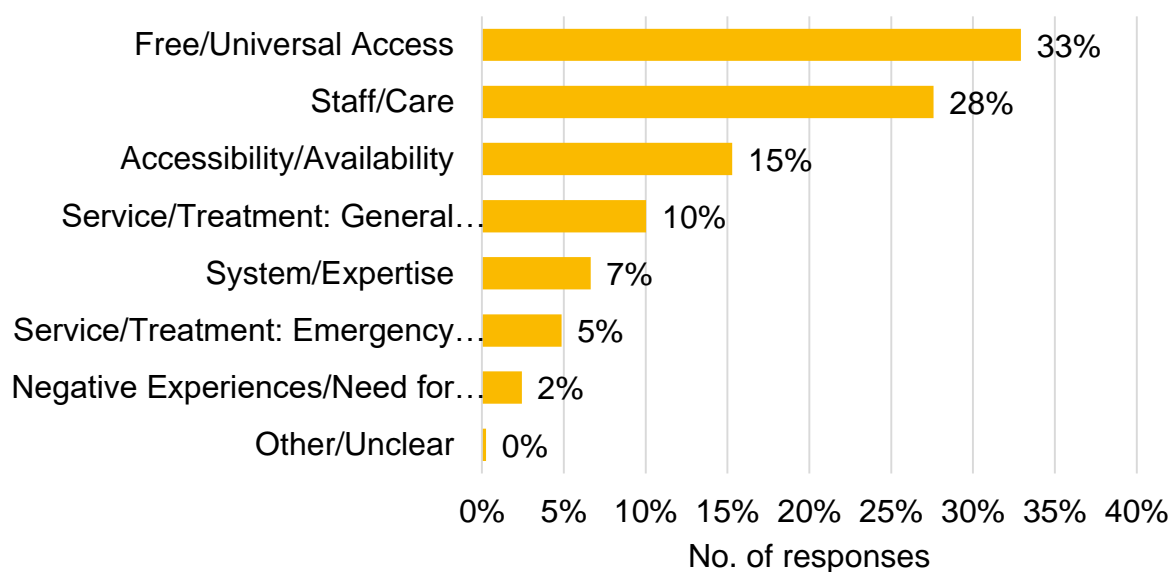
Best thing about the NHS - North LCP



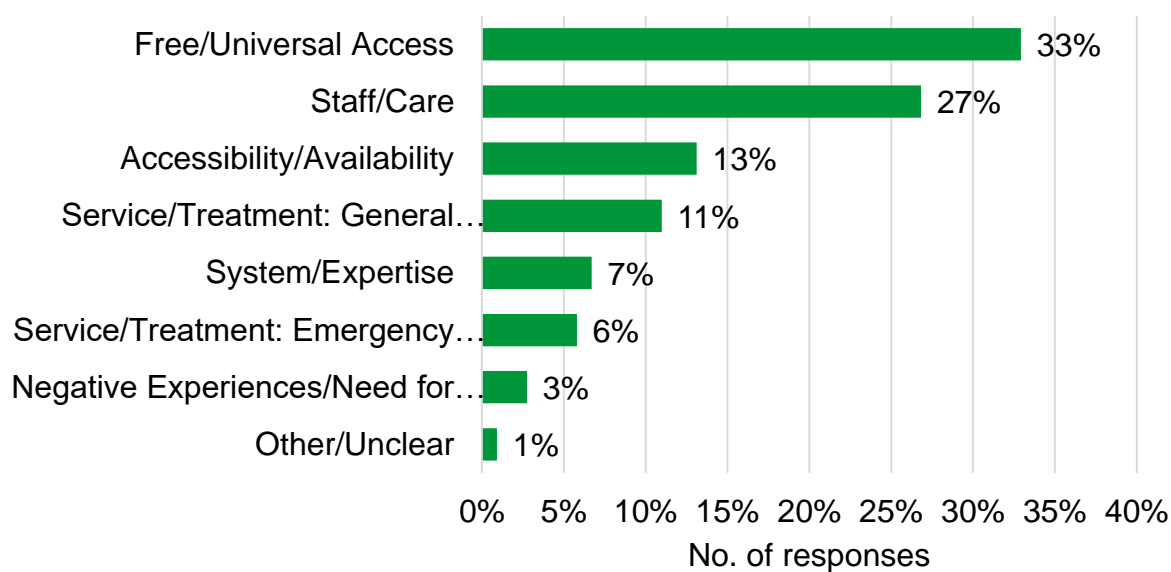
Best thing about the NHS - East LCP



Best thing about the NHS - South LCP

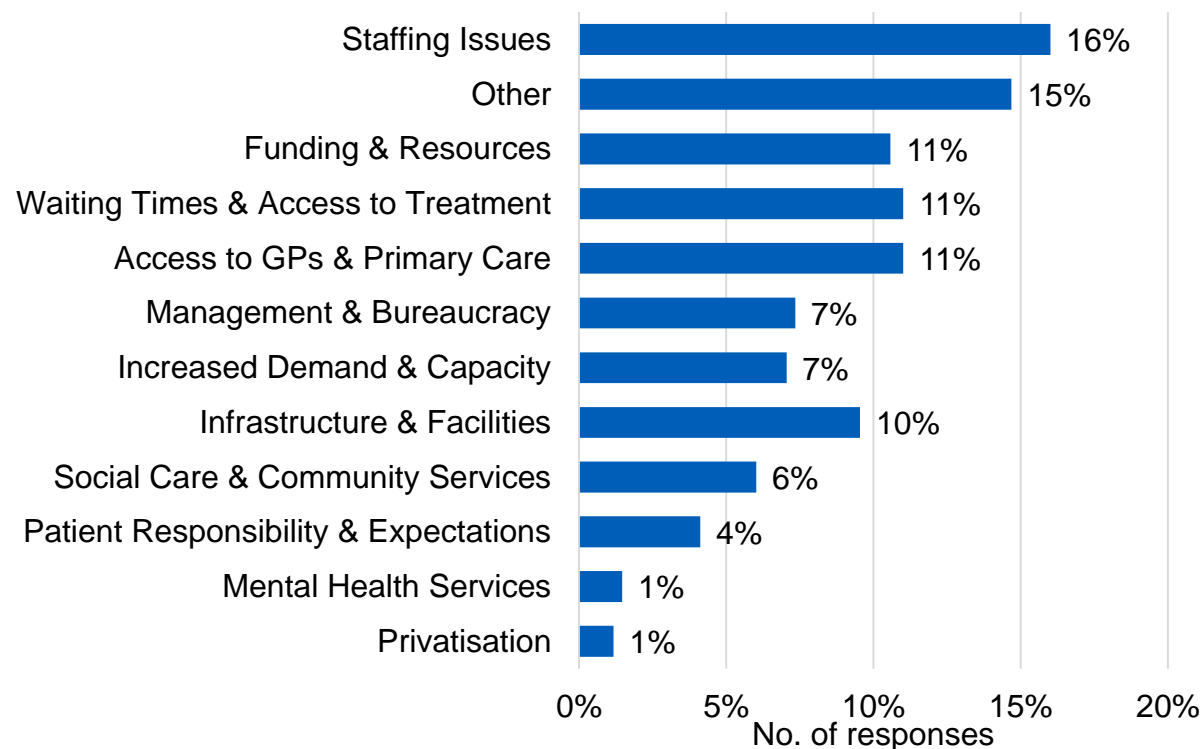


Best thing about the NHS - West LCP

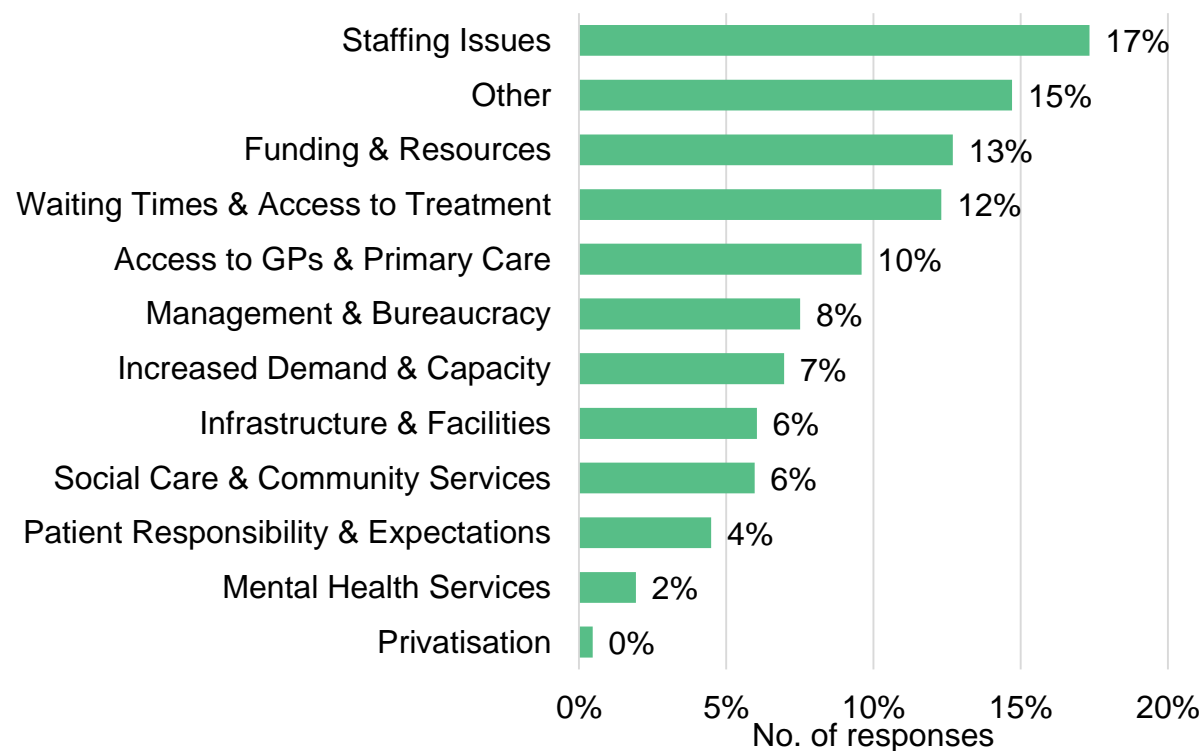


Biggest challenges facing the NHS

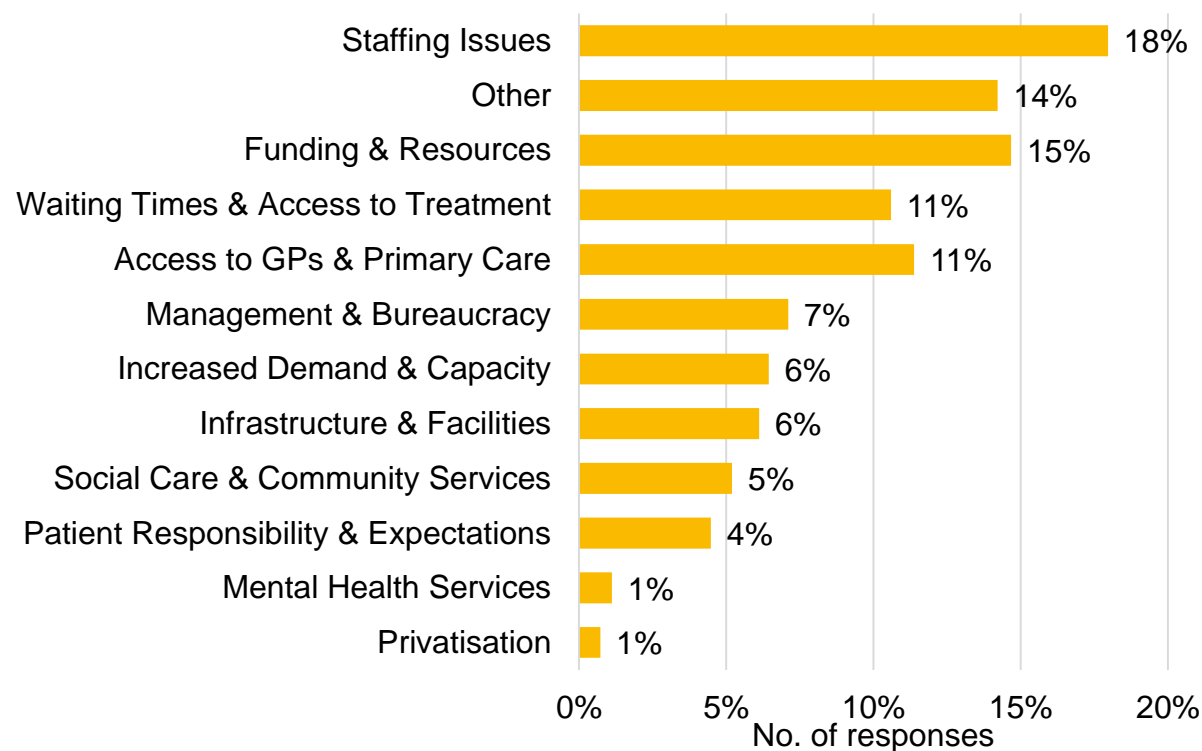
North LCP



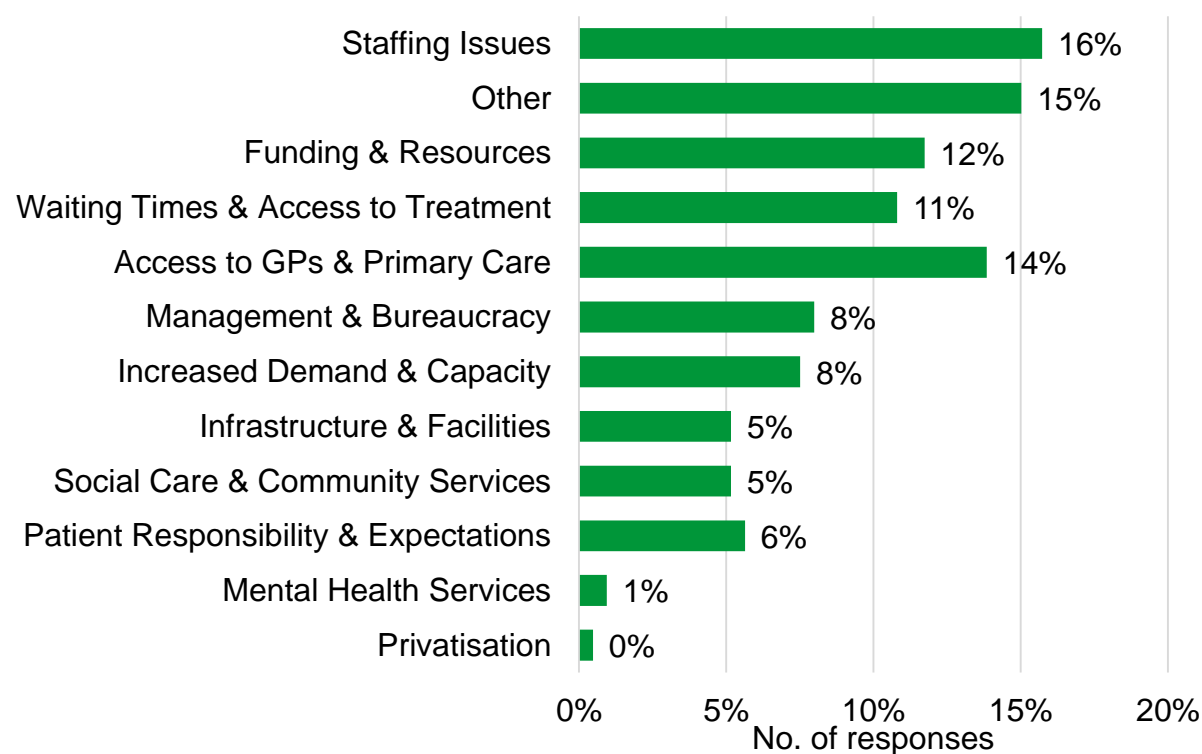
East LCP



South LCP

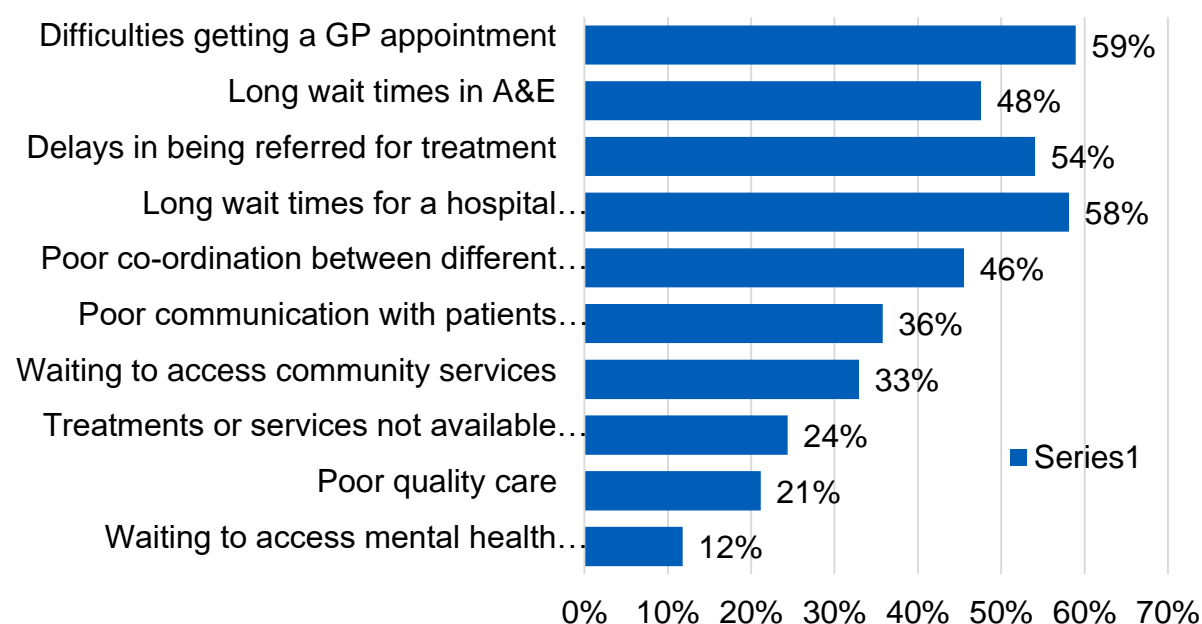


West LCP

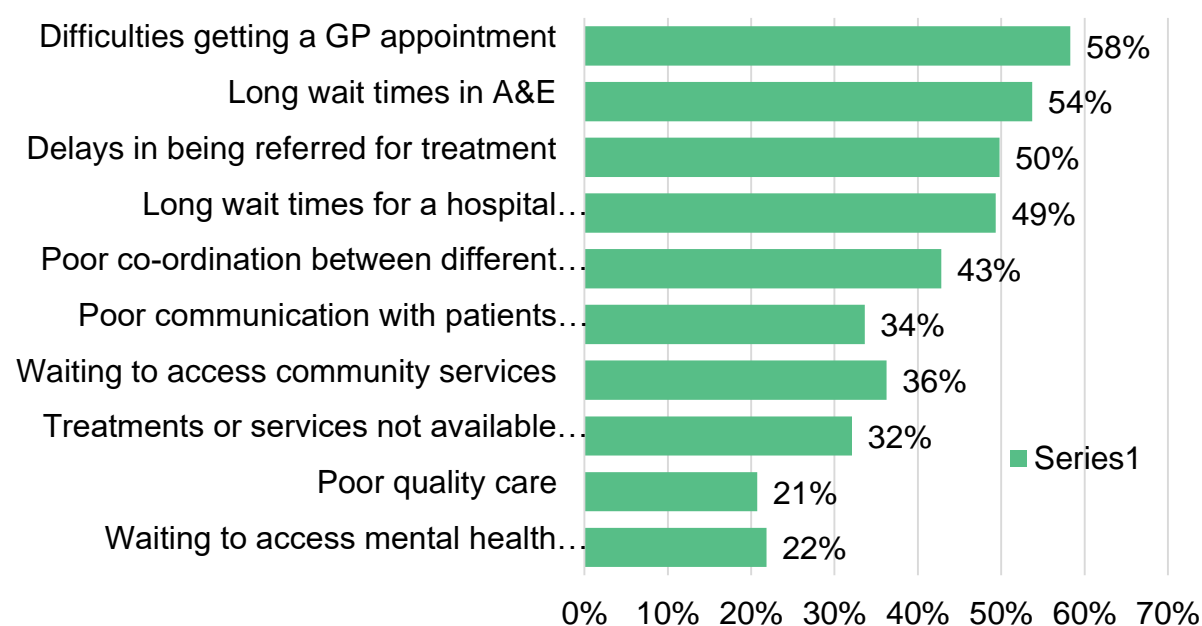


Which of these have you personally experienced?

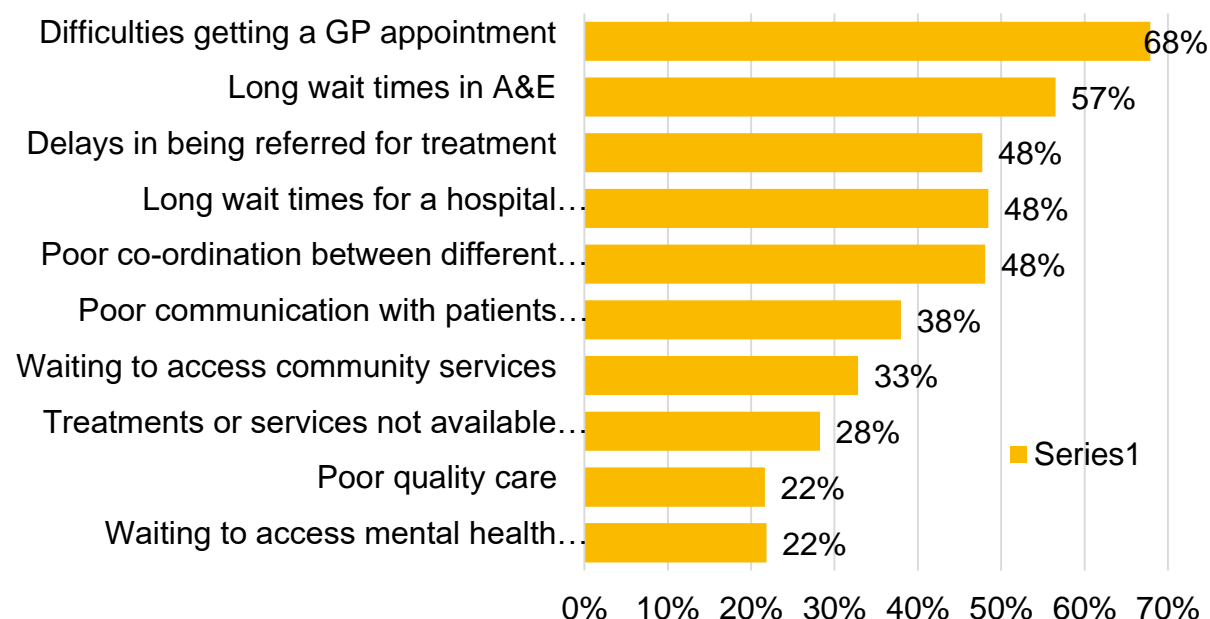
North LCP



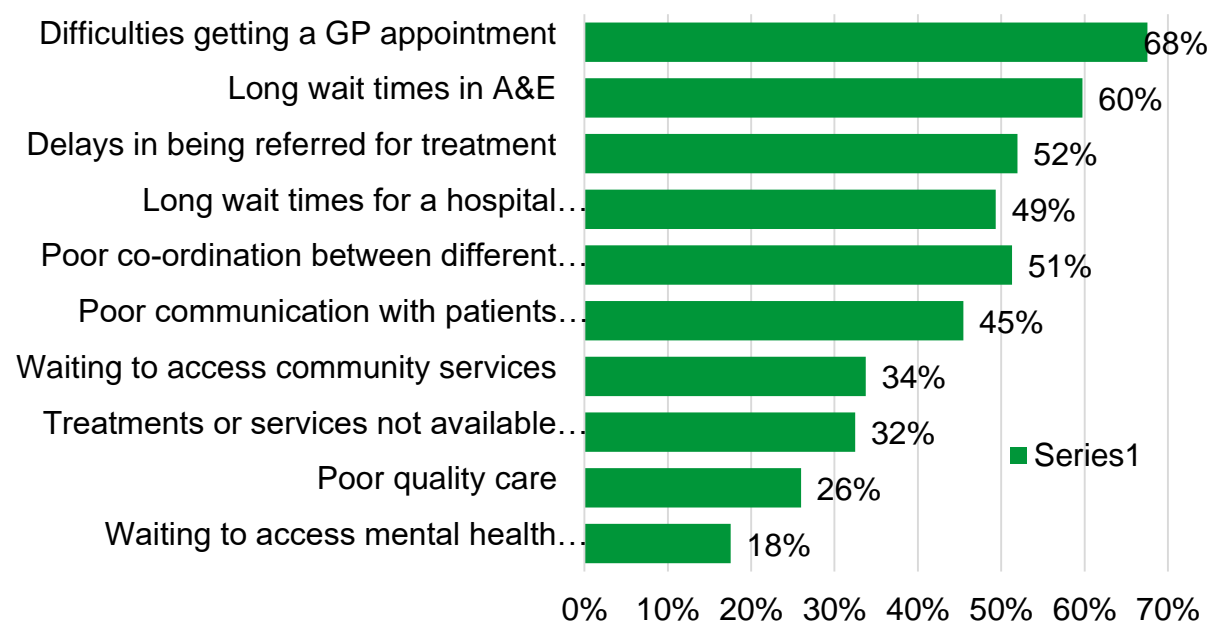
East LCP



South LCP

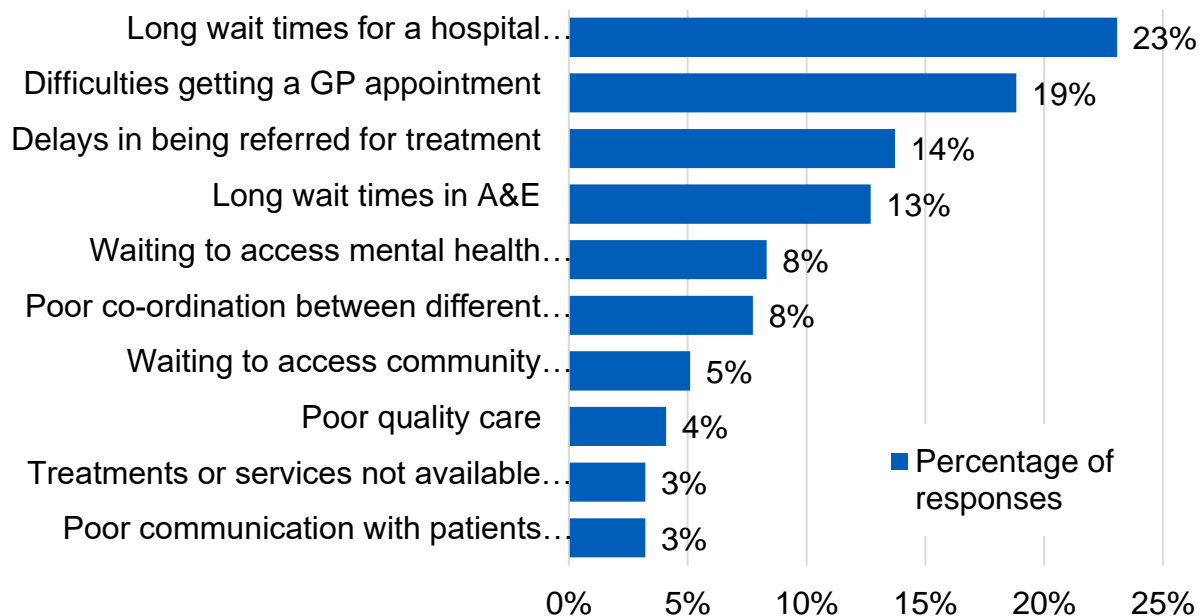


West LCP

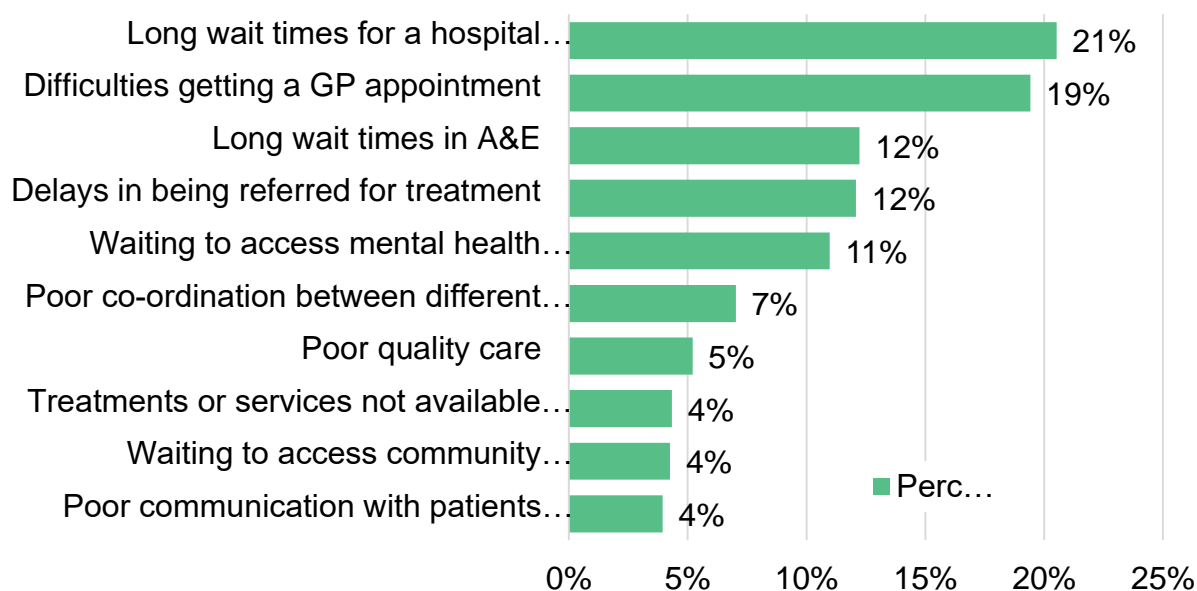


Which of these challenges do you think is most important for the 10-year health plan to address?

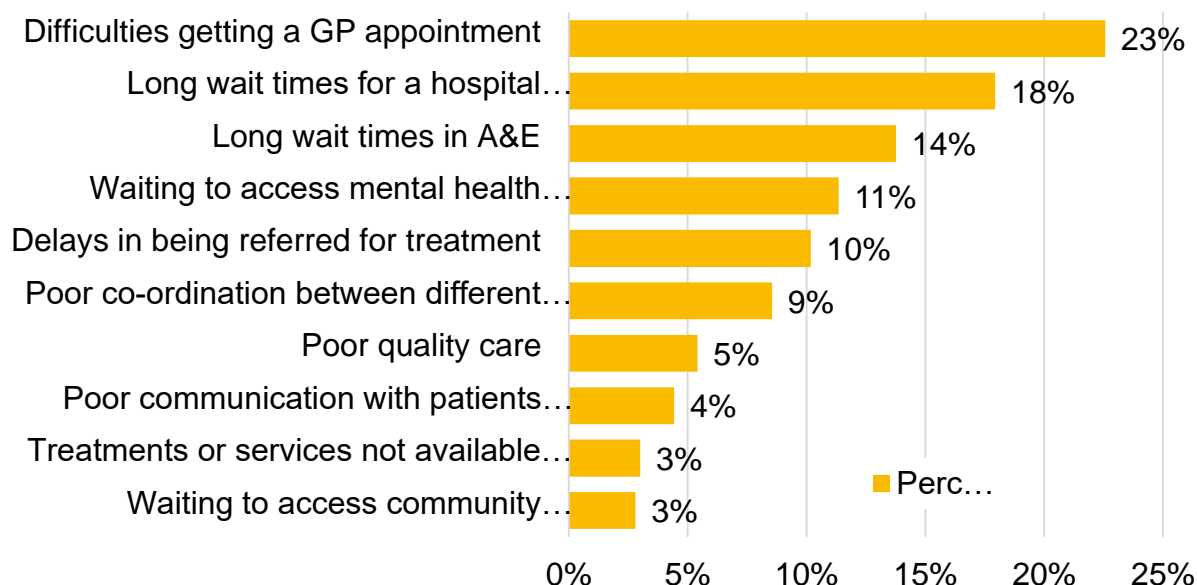
North LCP



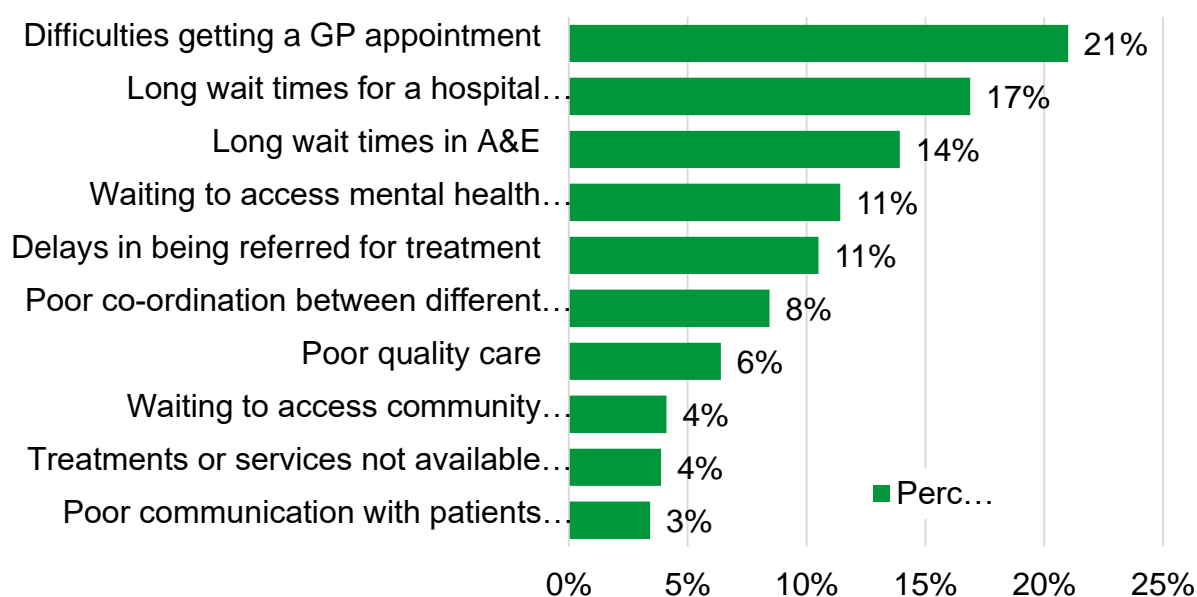
East LCP



South LCP

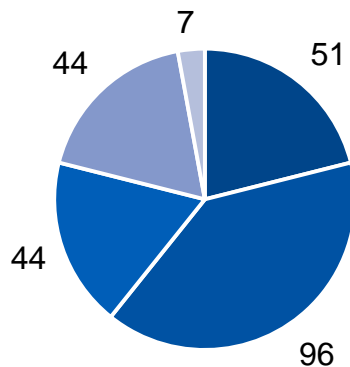


West LCP



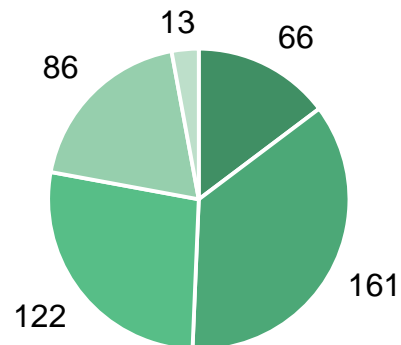
How satisfied or dissatisfied would you say you are with the way in which the NHS runs nowadays?

North LCP



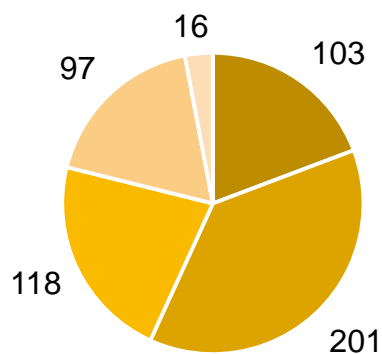
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

East LCP



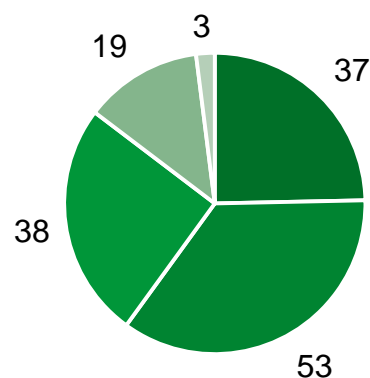
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

South LCP



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

West LCP



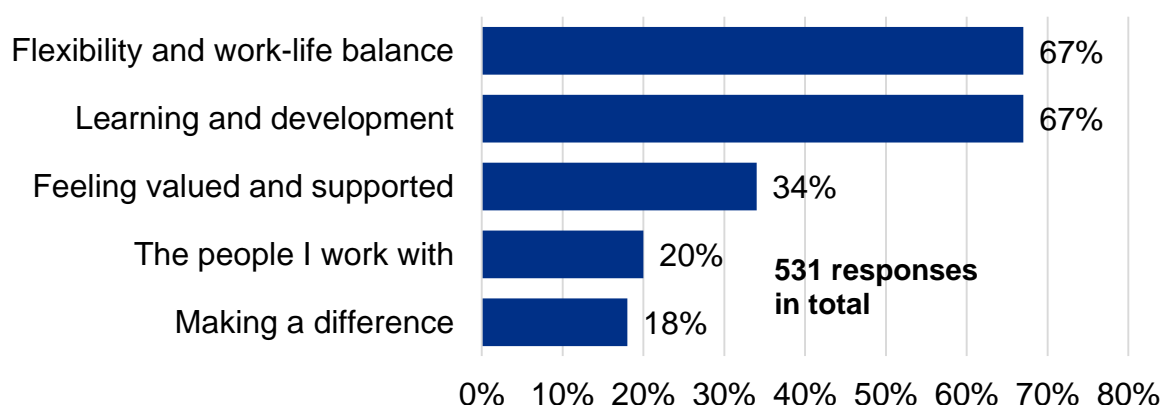
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

Workforce survey

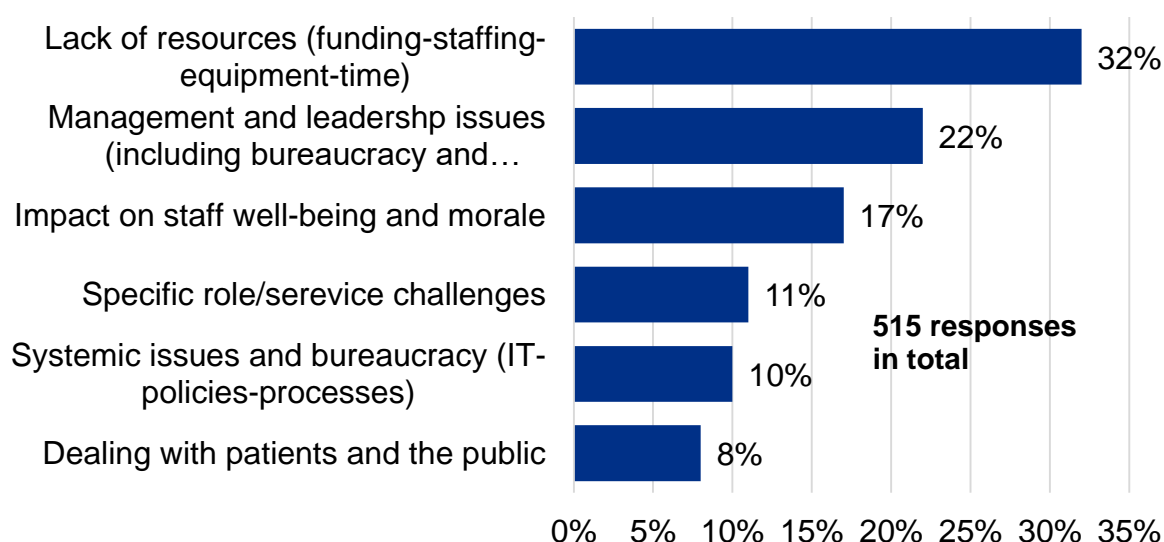
The Devon 10-year plan workforce engagement survey was hosted on the [One Devon website](#). Similarly to the public survey, this was the only health and care workforce survey used in Devon and all key stakeholders shared this survey and signposted participants to the One Devon website.

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

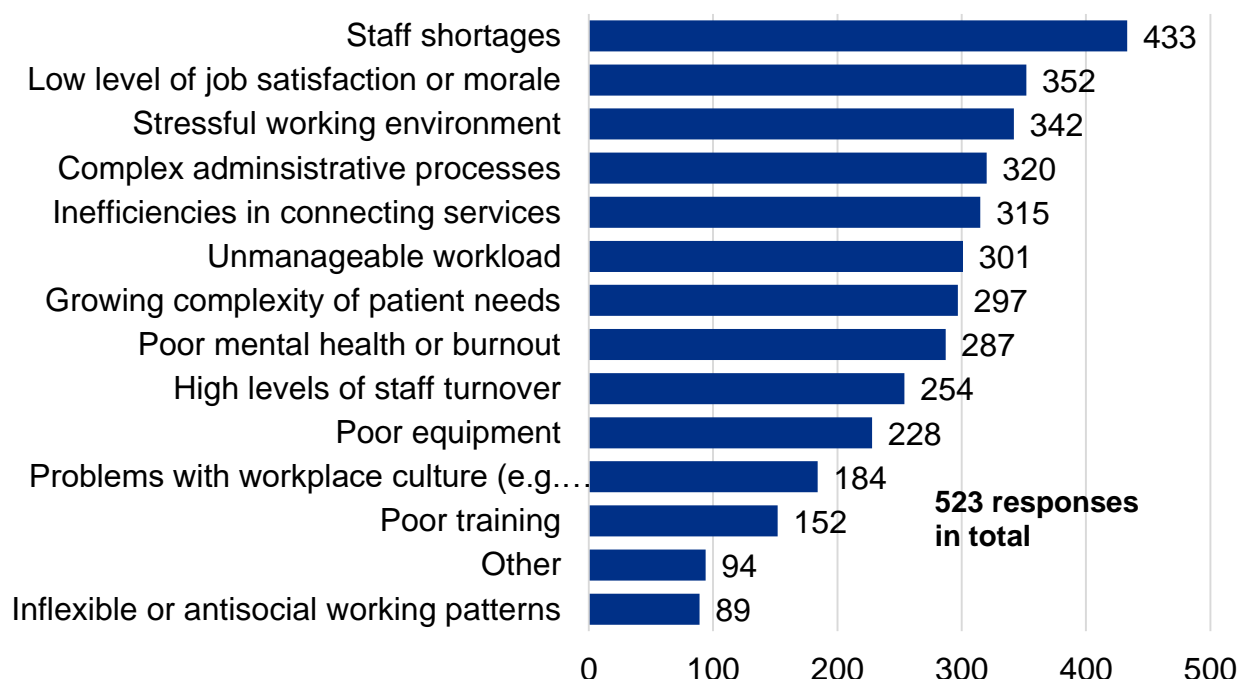
Question 1. To start with, what are the best things about your job?



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



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



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



Workshops

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

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

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

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

SHIFT 1 - Making better use of technology

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

Technology Hopes	Detail
Improved communication and coordination	<ul style="list-style-type: none"> • Seamless sharing of patient records, test results, and information between different healthcare providers.
Enhanced accessibility and convenience	<ul style="list-style-type: none"> • Online appointments, repeat prescriptions via apps, and access to personal health information.
Empowering patients	<ul style="list-style-type: none"> • Tools for self-monitoring, managing conditions at home, and accessing health information.
More efficient processes	<ul style="list-style-type: none"> • Streamlined admin, reduced duplication, and faster access to services.
Better diagnostics and treatment	<ul style="list-style-type: none"> • AI-assisted diagnosis, robotic surgery, and advanced research tools.
Personalised care	<ul style="list-style-type: none"> • Tailoring care and communication based on individual needs and preferences.
Early intervention and prevention	<ul style="list-style-type: none"> • Using wearable technology and data to identify health risks early.
Virtual wards and remote monitoring	<ul style="list-style-type: none"> • Enabling people to receive care at home safely and effectively.

Technology Fears	Detail
Digital exclusion and health inequalities	<ul style="list-style-type: none"> Leaving behind those without access, skills, or connectivity (elderly, rural communities, those in digital poverty).
Dehumanisation of care	<ul style="list-style-type: none"> Loss of the human touch, empathy, and face-to-face interaction, especially in sensitive areas like mental health
Data breaches and security risks	<ul style="list-style-type: none"> Concerns about hacking, misuse of personal information, and lack of trust in data security.
System failures and reliance on technology	<ul style="list-style-type: none"> Risks of system crashes, loss of data, and lack of backup plans.
Over-reliance on AI and automation	<ul style="list-style-type: none"> Fears of losing human oversight, potential for errors, and the impact on the workforce.
Increased workload and time pressures	<ul style="list-style-type: none"> Technology not saving time for clinicians and potentially adding to administrative burdens.
Lack of adequate training and support	<ul style="list-style-type: none"> Staff not being properly equipped to use new technologies effectively.
Erosion of patient choice	<ul style="list-style-type: none"> Digital-first approaches becoming the default without considering individual preferences.
Cost and sustainability	<ul style="list-style-type: none"> Concerns about the financial implications of new technologies and their long-term sustainability.

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

Overarching Technology Theme	Detail
Digital inclusion	<ul style="list-style-type: none"> Concern around risk of creating a two-tiered system. The need for support, training, and infrastructure investment is frequently mentioned.
Balancing technology with human interaction	<ul style="list-style-type: none"> There's a strong desire to leverage technology for efficiency and better care, but also a significant worry about losing the human touch – especially in MH services.
Data management and security	<ul style="list-style-type: none"> Concerns around data privacy, security, hacking, and the potential for misuse of patient information are prominent. The need for robust systems and clear governance is emphasised.
System integration	<ul style="list-style-type: none"> Frustration with the current lack of joined-up systems and the desire for seamless information sharing across different NHS services are strong
Efficiency vs. effectiveness	<ul style="list-style-type: none"> Focus on technology that truly improves care, not just administrative tasks.
AI integration	<ul style="list-style-type: none"> Opinions on AI are mixed, with hopes for its use in diagnostics, triage, and administrative tasks, but also fears about over-reliance, lack of human oversight, and potential for errors.
Patient-centred care and choice	<ul style="list-style-type: none"> The importance of offering patients choices in how they access care (face-to-face, virtual, phone) and tailoring technology to individual needs and preferences is highlighted.
Staff Training and Support	<ul style="list-style-type: none"> Recognising that the successful adoption of technology relies on well-trained and supported staff is a recurring point.

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

Technology Priorities	Detail
Integrated and accessible electronic patient records (EPRs)	<ul style="list-style-type: none"> This was overwhelmingly the most frequently mentioned priority and facilitates as would lead to improved communication and coordination; better patient care and improved patient access to records.
Improved digital infrastructure and connectivity	<ul style="list-style-type: none"> Addressing the fundamental need for reliable internet access, especially in rural and coastal communities, was highlighted. Better connectivity is seen as a prerequisite for implementing and benefiting from other digital health technologies.
Reducing Health Inequalities	<ul style="list-style-type: none"> The desire for simplified systems and a single point of access for patients was a recurring theme.
Strategic and ethical implementation of Artificial Intelligence (AI)	<ul style="list-style-type: none"> Enhanced diagnostics: AI could assist in analysing scans and predicting patient needs. Administrative Efficiency: AI could help with tasks like automatic form completion, note-taking, and scheduling. Improved workflow: Optimizing hospital workflows and triage systems. Personalised Care: AI has potential to contribute to more tailored interventions.
Assistive technology and remote monitoring	<ul style="list-style-type: none"> Technologies to support independent living and early intervention at home were seen as valuable to avoid admission to hospital. This could be achieved through: Enabling self-management and maintaining independence and early detection of issues (e.g. falls).
Focus on user needs and implementation	<ul style="list-style-type: none"> Avoiding poorly rolled-out systems through robust testing and driven by patient and staff needs, not just technological possibilities.

Question 3. What technologies are you worried about?

Technology Concerns	Detail
Exacerbating health inequalities and digital exclusion	<ul style="list-style-type: none"> This was a dominant concern. Participants worried that a rapid shift towards technology-dependent services could disadvantage those without access to reliable internet, suitable devices, or the necessary digital literacy skills.
Loss of human connection and the therapeutic relationship	<ul style="list-style-type: none"> Many respondents expressed concern that an over-reliance on technology could erode the human touch, empathy, and face-to-face interaction crucial for building trust and understanding patient needs, especially in mental health.
Risks associated with artificial intelligence (AI)	<ul style="list-style-type: none"> AI generated significant anxiety across several areas: Diagnostic errors, lack of human oversight, data privacy and security.
Data security and cyberattacks	<ul style="list-style-type: none"> Significant concerns about data breaches, hacking, and the potential for sensitive patient information to be compromised or misused.
System failures and lack of robust infrastructure	<ul style="list-style-type: none"> Worries about the reliability of technology.
Poor implementation and lack of person-centred design	<ul style="list-style-type: none"> Frustration with poorly rolled-out systems that don't meet user needs, are difficult to use, or don't integrate well was evident.
Depersonalisation of healthcare	<ul style="list-style-type: none"> A fear that technology could lead to a more impersonal and less holistic approach to patient care.
Over-reliance on technology and loss of essential skills	<ul style="list-style-type: none"> Concerns that an excessive focus on digital solutions might lead to a decline in essential human interaction skills.
Cost and sustainability of technology	<ul style="list-style-type: none"> Worries about the financial implications of procuring and maintaining technology.

SHIFT 2 - Moving more care from hospitals to communities

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

Potential Positive Differences	Detail
Improved accessibility and convenience	<ul style="list-style-type: none"> • Services closer to where they live would be more convenient, especially for those with mobility issues, reducing need for hospital visits. • Community Diagnostic Centres were seen positively for accessing diagnostics locally. • Receiving care at home was perceived as leading to quicker recovery and preserving patient dignity. • Easier access to appointments closer to home would encourage greater ownership/responsibility for managing your own health needs.
Better quality of care	<ul style="list-style-type: none"> • A stronger community care system could alleviate pressure on social care. • Patients could feel empowered by taking ownership of their own health and care needs. • Expanding community care could lead to better support in educational/prevention settings. • Virtual wards reduce the need for patients to be hospitalised and they can receive the required care at home where they are more likely to make a quicker recovery. • There would be a perceived improvement in End-of-Life care by focusing on community care as opposed to acute.
More integrated and holistic care	<ul style="list-style-type: none"> • Hope for better collaboration across the NHS, local authorities, and the voluntary sector. • A more equitable distribution of resources between community, social care, and acute services. • Better information sharing between different parts of the system. • Stronger community care could lead to more proactive management and hospital admission avoidance.

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

Negative differences and concerns	Detail
Capacity and Infrastructure Issues in the Community	<ul style="list-style-type: none"> • Lack of resources (district nurses, social care, domiciliary care). • Insufficient funding and investment (buildings, equipment). • Poor state of existing community sites • Recruitment and retention of staff • Concerns about low pay and poor working conditions.
Accessibility issues, especially in rural areas	<ul style="list-style-type: none"> • Public transport limitations • Geographical challenges • Digital exclusion
Fragmentation and lack of coordination	<ul style="list-style-type: none"> • Concerns about how rehabilitation and convalescence will be managed. • Worries about poor communication and coordination between different services. • Patients could experience disjointed care without clear pathways and responsibilities
Potential for reduced quality of care	<ul style="list-style-type: none"> • Concerns that less specialist care in the community might lead to important issues being overlooked. • Inadequate remote consultations • Potential for over-reliance on family and carers • Fear that the shift might be driven by cost-saving measures
Specific service gaps	<p>The main gaps in service were</p> <ul style="list-style-type: none"> • Dentistry • mental health • palliative care • renal/kidney care
Financial and systemic barriers	<ul style="list-style-type: none"> • The need for consistent funding across primary, secondary, and social care was emphasized. • Annual financial settlements make long-term strategic planning difficult.
Impact on GP services	<ul style="list-style-type: none"> • Concerns that GPs are already overloaded • Reduced continuity of care • The lack of GP services on weekends was highlighted as a driver for ED visits.
Unintended consequences	<ul style="list-style-type: none"> • Concern that provision might not meet the specific needs of all communities. • Community-based staff might face more travel, impacting their time and well-being.

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

Positive Differences	Detail
Patient comfort and well-being	<ul style="list-style-type: none"> • Being at Home - Reduced Anxiety and Stress and improved sleep • Familiar surroundings and social connections can positively impact mental health
Reduced risk of hospital-acquired infections	<ul style="list-style-type: none"> • Staying at home minimizes exposure to hospital-borne illnesses.
maintaining independence and confidence	<ul style="list-style-type: none"> • Remaining in their own environment can help patients retain a sense of independence.
Potential for earlier discharge and better Flow	<ul style="list-style-type: none"> • Virtual wards could facilitate a phased discharge, freeing up hospital beds for those with more acute needs and improving patient flow.
Convenience and reduced travel	<ul style="list-style-type: none"> • For both patients, carers and staff - reduced travel can save time and costs.
Daily monitoring and reassurance	<ul style="list-style-type: none"> • Regular check-ins and monitoring can provide reassurance to patients and their families.
Empowerment and self-management (for some)	<ul style="list-style-type: none"> • For patients comfortable with technology, virtual wards could offer a sense of control over their recovery.
Integration with community teams	<ul style="list-style-type: none"> • The potential for better collaboration between hospital and community teams for seamless care.
Opportunity for innovation	<ul style="list-style-type: none"> • The concept opens doors for new models of care delivery.

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

Concerns	Detail
Digital divide & access	<ul style="list-style-type: none"> Ensuring equitable access to technology, digital literacy, and affordable connectivity for all patients.
Social & emotional well-being	<ul style="list-style-type: none"> Addressing potential social isolation, maintaining human connection, and considering the emotional impact of transitioning care to home.
Carer burden & community support	<ul style="list-style-type: none"> Preventing undue strain on family and community networks providing care at-home and monitoring.
Safety & remote monitoring	<ul style="list-style-type: none"> Guaranteeing the adequacy and reliability of remote monitoring, timely responses to deterioration, and overall patient safety.
Patient suitability & condition complexity	<ul style="list-style-type: none"> Defining appropriate patient criteria and ensuring virtual wards can safely manage varying levels of illness.
Reduced hands-on care & missed cues	<ul style="list-style-type: none"> Addressing concerns about the absence of direct physical assessment and potential for overlooking subtle changes in condition.
Workforce capacity & integration	<ul style="list-style-type: none"> Ensuring community teams have sufficient resources and seamless communication with other healthcare providers.
Data security & privacy	<ul style="list-style-type: none"> Protecting sensitive patient information accessed and transmitted remotely.
Equipment, logistics & home environment	<ul style="list-style-type: none"> Managing the provision, usability, and maintenance of necessary equipment, and ensuring a safe home care setting.
Funding, perception & equity	<ul style="list-style-type: none"> Securing adequate investment, fostering positive perceptions of virtual wards, and ensuring consistent service levels across different locations.

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

Potential benefits	Detail
Patient convenience and choice	<ul style="list-style-type: none"> Patients appreciate having the option to receive care in the community, such as blood tests at GP surgeries, and that telephone appointments are often more convenient.
Potential for early prevention	<ul style="list-style-type: none"> Community diagnostic centres would help with early prevention.
Improved access and efficiency	<ul style="list-style-type: none"> Often easier access and parking for staff and patients, freeing up space at main sites for inpatients. Potential for improved carbon footprint if in appropriate locations with transport links. Could link with non-urgent community outpatient clinics.
Enhanced equity and timeliness	<ul style="list-style-type: none"> More equitable regarding travel for some patients Increasing capacity; may lead to quicker decisions and earlier care better patient experience; can provide care at different times if closer to travel.
Driving earlier diagnosis	<ul style="list-style-type: none"> Access to more investigations via community diagnostic centres can drive earlier diagnosis.
Streamlined processes and integrated care	<ul style="list-style-type: none"> Access to diagnostics streamlines the process; can access different services in different locations to support treatment speed; making the environment better by adding a CDC may help with regeneration.
Accessibility for remote patients and cost-effectiveness	<ul style="list-style-type: none"> Better and easier access for those who live far away from clinics and hospitals Good if each centre offers a range of different tests; Seen as a good use of money in the long run.
Overall benefits for patients and the NHS	<ul style="list-style-type: none"> Extremely helpful and an excellent way to reach a greater number of patients and make it easier to access high quality services. Can improve diagnostic capability, efficiency and productivity Less opportunity for health inequalities.

Concerns	Detail
Staffing and private sector involvement	<ul style="list-style-type: none"> Concerns around private organisations running CDCs and availability of suitably qualified staff.
System integration and service delivery	<ul style="list-style-type: none"> All the systems must join up for effective multi-agency working. Referrals into community services might take too long and locations of some centres may be poor Hope that centres will be NHS run and staffed Concerns over cost of new buildings versus using existing centres.
Communication and potential bottlenecks	<ul style="list-style-type: none"> Would need excellent communication systems between clinical and diagnostic staff. Speeding up diagnostics might create blockage in outpatient clinics and potential increased risks to misdiagnosis and issues with external reporting.
Potential for increased demand and accessibility planning	<ul style="list-style-type: none"> Potential for increased demand and cost ('build and they will come') Planning needed for patient access; Idea of mobile CDCs raised.
Impact on hospital specialities and workforce	<ul style="list-style-type: none"> Must protect specialities at the hospital; Need to ensure proper staffing and support for MDTs.
Safeguarding considerations	<ul style="list-style-type: none"> Potential safeguarding concerns regarding the segregation of children, young people and adults.
Equity of access across regions	<ul style="list-style-type: none"> Deprived areas might not be prioritised.
Investment and operational practicalities	<ul style="list-style-type: none"> Need for large investments to work effectively; Concerns about property availability and accessibility (e.g., 24/7 operation).

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

Positive differences	Detail
Keeping people out of ED (appropriate diversion)	<ul style="list-style-type: none"> Potential to direct patients to more appropriate services in the community, avoiding unnecessary hospital admissions and relieving pressure on Emergency Departments.
Utilising allied health professionals	<ul style="list-style-type: none"> Involving triage nurses and paramedics, and potentially other allied health professionals, in the triage process is seen as a good way to utilise their skills effectively.
Support for mental health crisis	<ul style="list-style-type: none"> Potential to provide more appropriate support for individuals experiencing a mental health crisis, diverting them from potentially unsuitable ED environments
Increased access to skills and advice	<ul style="list-style-type: none"> Ambulance triage could provide patients with quicker access to medical advice and guidance from trained professionals.
Increased liaison and joint working	<ul style="list-style-type: none"> The process could foster better communication and collaboration between ambulance services and community-based teams.
Good in principle	<ul style="list-style-type: none"> Many participants acknowledge the potential benefits of a system that ensures the right level of response for the patient's needs.
Speeding up ambulance availability (potential)	<ul style="list-style-type: none"> If effective in diverting patients, it could lead to ambulances being available more quickly for genuine emergencies.
Learning from existing models	<ul style="list-style-type: none"> The recognition that some elements of ambulance triage are already in place and working well (e.g., falls teams) provides a foundation to build upon.

Concerns	Detail
Staffing and resource issues	<ul style="list-style-type: none"> Staff retention, availability of experienced staff, increased workload for paramedics.
Potential for errors and missed critical conditions	<ul style="list-style-type: none"> Mental health crisis misidentification Physical health conditions missed Reliance on less experienced staff
Impact on ambulance availability (counter-intuitive)	<ul style="list-style-type: none"> Some worry that the triage process itself could tie up ambulance crews for longer, potentially taking more ambulances off the road.
The role of 111	<ul style="list-style-type: none"> Some participants question whether ambulance triage would duplicate the role of NHS 111 or if the focus should be on improving the existing 111 service instead.
Patient experience and trust	<ul style="list-style-type: none"> Impersonal assessment Lack of continuity Older people not taken seriously Being left at home or sent home too soon
System integration and follow-up	<ul style="list-style-type: none"> Emphasis on the need for ambulance triage to be part of a fully integrated system with robust follow-up support and community nursing services.
Focus of funding	<ul style="list-style-type: none"> Some participants would prefer to see increased investment in other areas, such as nurses and frontline staff
Potential for "blocking" ambulance staff	<ul style="list-style-type: none"> The current issue of ambulance crews being stuck outside hospitals waiting to offload patients' needs to be addressed alongside any new triage system.
The "gut feeling" of paramedics	<ul style="list-style-type: none"> Some believe that experienced ambulance staff often have an intuitive sense of when hospital admission is necessary, regardless of triage protocols.

SHIFT 3 - Preventing sickness, not just treating it

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

Potential Benefits	Detail
Focus on proactive health	<ul style="list-style-type: none"> Attendees supported the NHS becoming more of a 'health' service than an 'illness treating' service.
Emphasis on prevention strategies	<ul style="list-style-type: none"> Participants emphasized the importance of prevention strategies, such as education and addressing lifestyle factors.
Importance of early education	<ul style="list-style-type: none"> Participants agreed on the importance of prevention and education in improving public health, including healthy eating and mental health.
Value of screening services	<ul style="list-style-type: none"> The importance was highlighted of screening services, such as breast screening and early detection of preventable diseases.
Potential for annual health checks	<ul style="list-style-type: none"> More structured support, such as routine health check-ups, particularly for older people, could help prevent serious health issues.
Minimise demand for treatment	<ul style="list-style-type: none"> Preventing problems, especially in children, would minimise demand for treatment and have wider benefits longer term.
Longer and healthier lives	<ul style="list-style-type: none"> Longer lives in good health, healthier people, and improved wellbeing were seen as key benefits.
Cost savings for the NHS	<ul style="list-style-type: none"> Preventing sickness could ultimately cost the NHS less.

Concerns	Detail
Challenges in quantifying success	<ul style="list-style-type: none"> • Difficulty in quantifying the success of prevention makes it challenging to make the case for investment.
Potential for digital exclusion	<ul style="list-style-type: none"> • Deprived areas and people with 'internet poverty' may face difficulties in accessing technology-based prevention initiatives.
Focus on urgent care over prevention	<ul style="list-style-type: none"> • Systems under pressure tend to cut prevention programmes in favour of urgent care.
Increased focus on end-of-life care	<ul style="list-style-type: none"> • Longer living and a bigger population with age-related conditions may increase the focus on managing frailty and end-of-life care.
Not all illness is preventable	<ul style="list-style-type: none"> • Not all illness can be prevented, potentially leading to increased anxiety about untreatable conditions.
Risk of insufficient acute care funding	<ul style="list-style-type: none"> • If resources shift significantly towards prevention, there may not be enough money to provide more acute care.
Potential for vaccination overload	<ul style="list-style-type: none"> • Concerns about the potential for vaccination overload were raised.
Difficulty in changing ingrained behaviours	<ul style="list-style-type: none"> • Some things, like the long-term effects of past smoking, may be too late to change for older individuals.



Engagement postcards

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

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

More than 700 postcards were completed.

1. What do you value about the NHS?

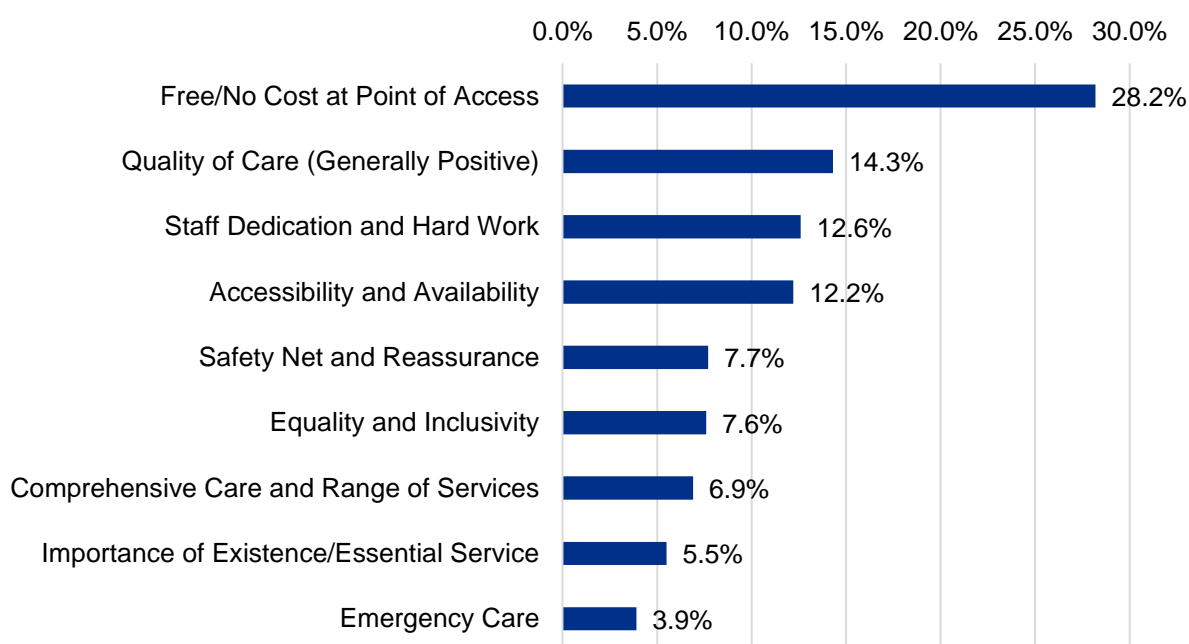
Please do not include personal or identifiable information in your response

2. What are the biggest challenges facing the NHS?

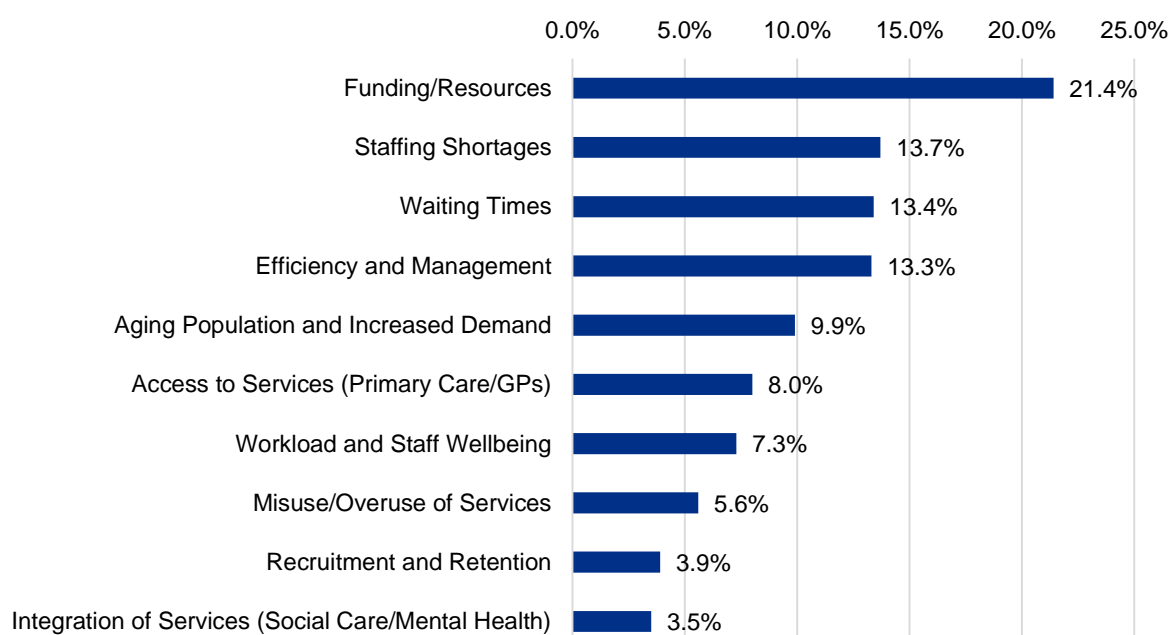
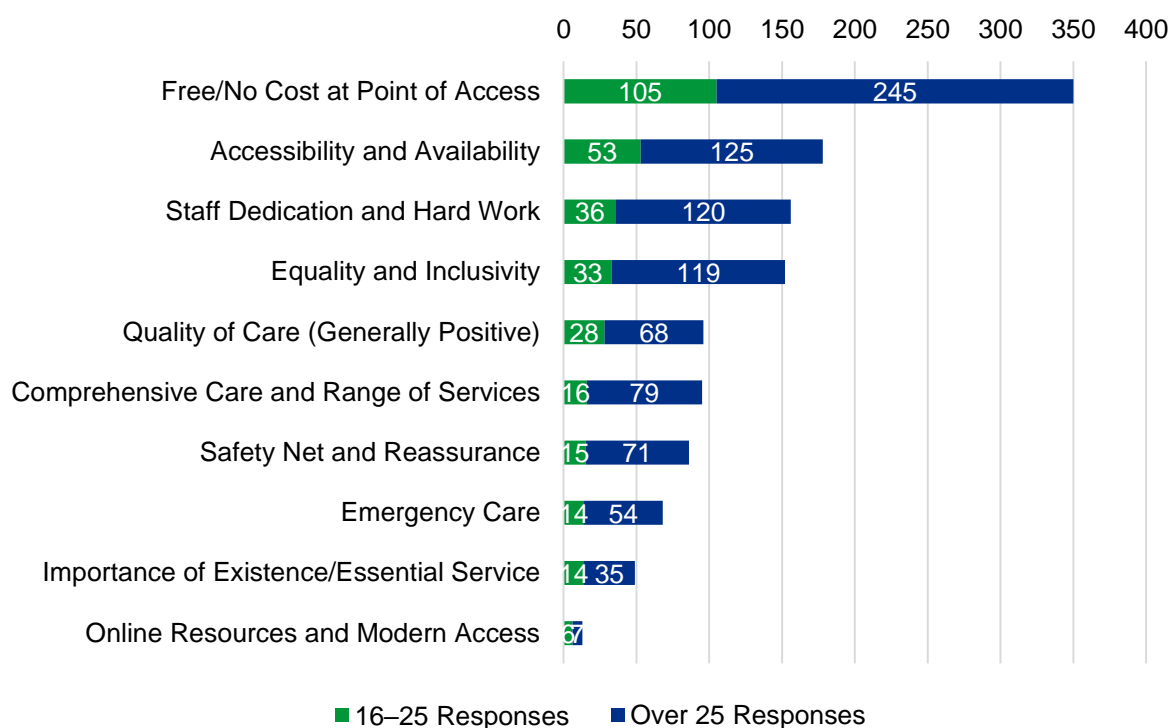
3. What should the NHS prioritise?

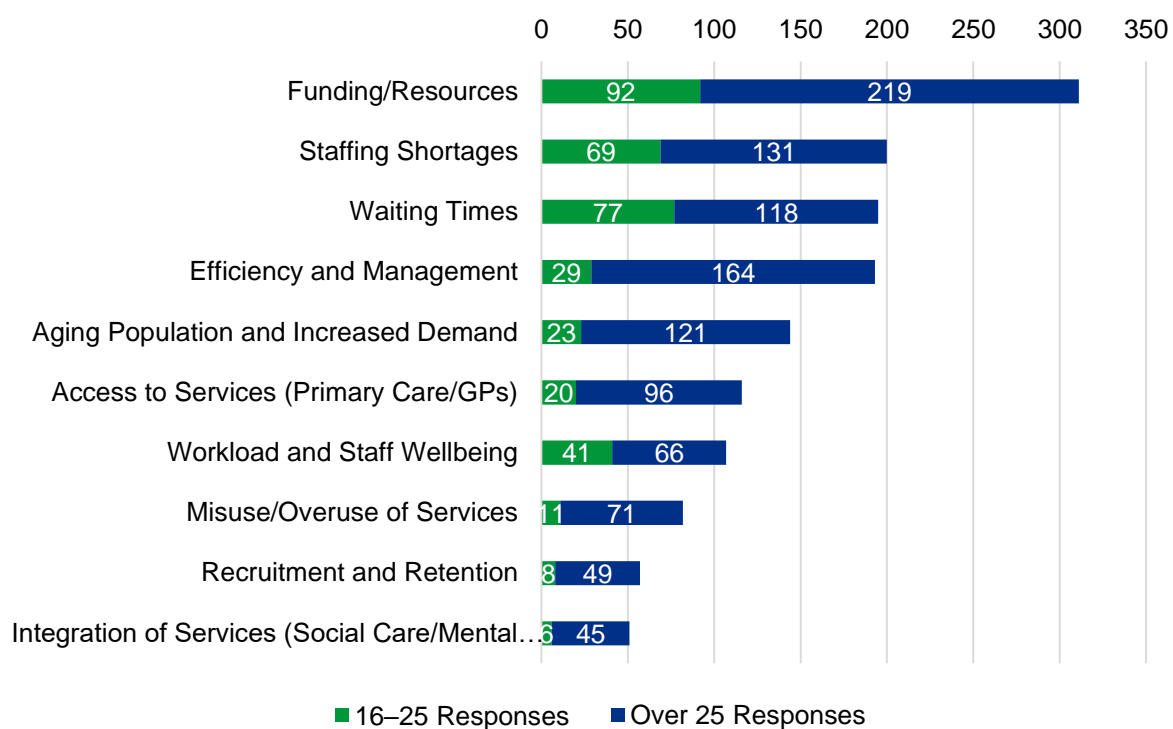
Once completed, please pop this leaflet in the post
Healthwatch Torbay
Freepost-RTCG-TRXX-ZZKJ
Paignton Library & Information Centre
Great Western Road
Paignton
TQ4 5AG

Question 1. What do you value about the NHS?

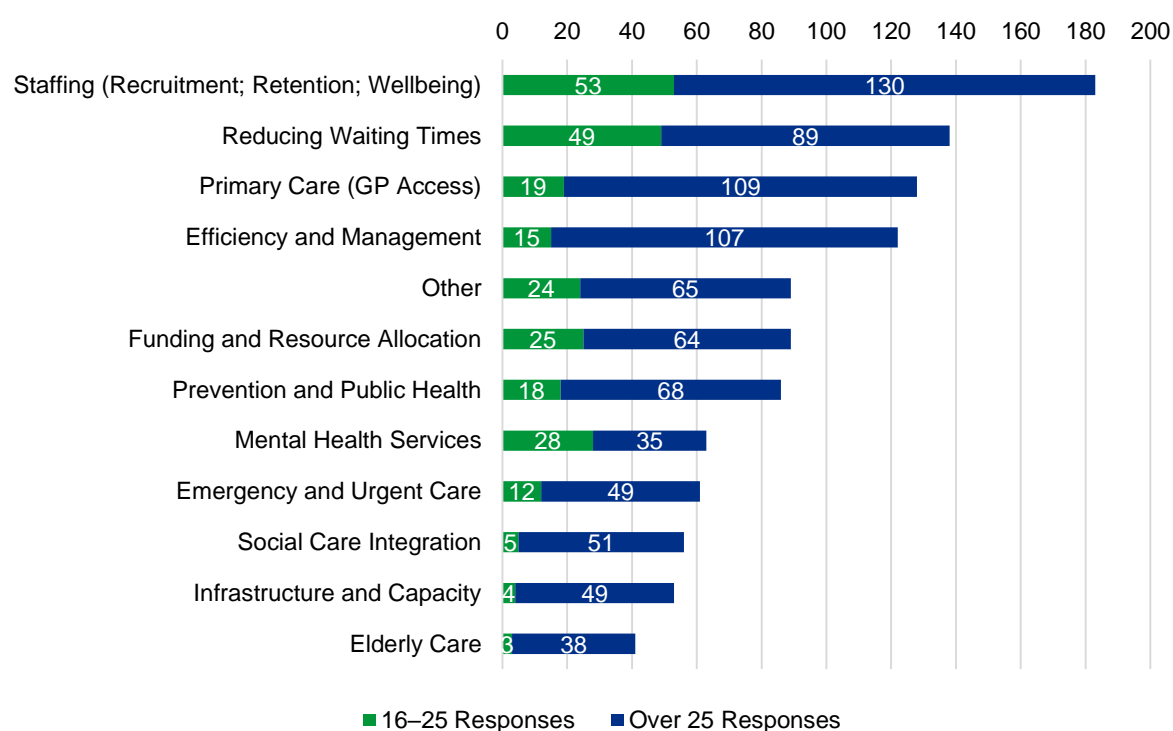
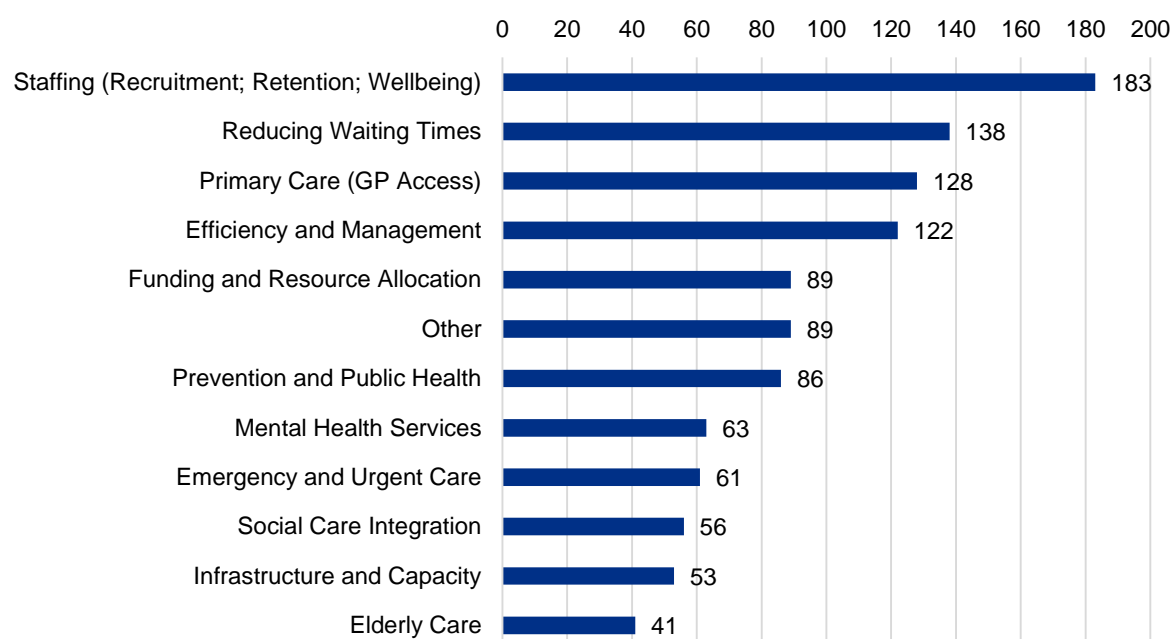


Question 2. What are the biggest challenges facing the NHS?





Question 3. What should the NHS prioritise?



National context

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

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

What the national engagement programme heard

People celebrated:

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

But also told of personal challenges, including:

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

In terms of what people want to see change:

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



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

- A new operating model, merging NHS England with the Department of Health and Social Care (DHSC), empowering Integrated Care Boards (ICBs) as strategic commissioners, and reintroducing earned autonomy for high-performing NHS organisations.
- Enhanced transparency of quality of care, publishing league tables of providers and patient experience measures, revitalising the National Quality Board as the single authority on quality, and implementing Artificial Intelligence (AI) led warning systems to identify at-risk services based on clinical data.
- Workforce transformation, focusing on AI-enabled productivity, advanced practice roles, ultra-flexible contracts, and technology to release £13bn worth of staff time.
- Innovation and technology with five “big bets” (AI, data, genomics, robotics, wearables) drawn from the [Future State Programme](#), new Global Institutes, and faster clinical trial and medicine approval pathways.
- Financial sustainability via a value-based approach focused on getting better outcomes for the money we spend and clearing deficits through 2% annual productivity gains, multi-year budgets, and innovative capital investment models, alongside “Patient Power Payments” linking funding to patient experience

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

Next steps for local priorities

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

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

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

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

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

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



Meeting: **Torbay Health & Wellbeing Board**

Date: **25 September 2025**

Wards affected: All

Report Title: **Joint Health and Wellbeing Strategy 2026-30**

When does the decision need to be implemented? For progression to formal consultation December 2025.

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

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

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

1. Purpose of Report

- 1.1 The purpose of this paper is to present for discussion the draft Joint Health and Wellbeing Strategy 2026-30.

2. Reason for Proposal and its benefits

- 2.1 The proposals in this report are intended to help us to deliver improvements in the health and wellbeing of our population by setting a framework for health improvement and setting priorities for annual sponsorship by the Board.

3. Recommendation(s) / Proposed Decision

- 3.1 Members are asked:

- to note the process and timetable
- to discuss and agree draft content of the Strategy
- to consider how you would like to be informed of progress on implementation through the year.

1. Introduction

- 1.1 The Joint Health and Wellbeing Strategy is a statutory requirement for all upper tier local authorities and represents the priorities and work programme of the Health and Wellbeing Board in response to the Joint Strategic Needs Assessment (JSNA).
- 1.2 The Strategy should:
- address the needs & inequalities identified in the JSNA
 - set out key strategic priorities for action & outcomes members will jointly achieve
 - inform local commissioning
 - promote integration between health & care, as well as other Local Authority functions such as housing, transport, economy, and environment.
- 1.3 The main requirement is to involve all Health and Wellbeing Board partners in development & delivery. There is no prescribed timing, content, format or lifespan.
- 1.4 Our current Strategy runs from 2022-26. Torbay – in parallel with Devon – is developing the new Strategy to run from 2026-30.

3. Key considerations

- 3.1 Some key considerations in the preparation of the 2026 Strategy:
- This is a time of particular organisational change, with the clustering of Integrated Care Boards and the prospect of Local Government Reorganisation. Any Strategy needs to be flexible in adapting to future local structures
 - Learning from the 2022-26 Strategy suggests it is desirable to allow for a refresh of detailed action plans annually or biannually, within the four year framework
 - The Government's 10 Year Plan for the NHS contains implications for local authorities. Alongside specific programme commitments, the plan proposes the creation of a 'Neighbourhood Health Service'. Linked to

this, Local Authorities are partners in the development of ‘neighbourhood health plans’, under the leadership of Health and Wellbeing Boards.

4. Allied strategies and stakeholders

4.1 In addition to the 10 Year Plan, there are local strategies and stakeholders with a particular relevance to the development of our Health and Wellbeing Strategy, including among others:

- The new Devon Health and Care strategy – currently in development
- Torbay and South Devon Local Care Partnership inequalities Strategy
- Torbay Corporate Plan, Economic strategy, Housing and Homelessness Strategies, Regeneration plans, and strategic plans relating to Children’s and Adults Social Care.
- The Torbay Story and Place Leadership Board.

5. Our approach

5.1 In the light of (3) and (4), our approach in developing the 2026 Strategy therefore follows some key principles:

- Engaging Health and Wellbeing Board members as a minimum
- Working in close partnership with Devon County Council and Plymouth City Council in terms of Strategy development and timescales
- Working closely with Integrated Care Board (ICB) colleagues and taking account of the developing ICB Health and Care Strategy
- Engaging with the Place Leadership Board, Local Care Partnership and Economy colleagues to enable shared priorities and some consistency of approach
- A focus on neighbourhood health and wellbeing.

6. Timetable

6.1 The development timetable for this year’s report is below. This includes formal and informal engagement with Council and partner forums to allow opportunities for key constituencies to input into the report.

Activity	Stakeholders / meetings	Timeline
Scoping discussions with partners Agree principles of Strategy. Develop long list of priorities	Health & Wellbeing Board members, Local Care Partnership, NHS, VCSE	March – June 2025

	Health & Wellbeing Board	March 2025
Agree outline priority areas & approach	Health & Wellbeing Board members	June – Aug 2025
	Health & Wellbeing Board	6 June 2025
	Health & Economy workshop	24 June 2025
	Place Leadership Board	8 Sept 2025
Develop content	Stakeholders as above	Sept – Oct 2025
	Health & Wellbeing Board	25 Sept 2025
Finalise draft Strategy	Stakeholders as above	Oct – Nov 2025
	Health & Wellbeing Board	4 Dec 2025
Public consultation	Torbay residents	Dec 25 – Jan 26
Launch consultation	Torbay Council Cabinet	16 Dec 2025
Post consultation draft		Feb 2026
Approve final draft	Health & Wellbeing Board	5 Mar 2026
Approve & publish Strategy		Mar – May 2026
Council to adopt the Strategy	Council	14 May 2026

7. Draft content & themes for the 2026-30 Strategy

7.1 A copy of the draft Strategy is attached.

The Strategy is designed to influence the implementation of health and wellbeing improvement programmes through the following routes:

- 1) Highlighting the needs in our population that all of us developing strategies, or commissioning services, need to respond to

- 2) Summarising the areas of activity required to address our population needs, in the ways people have said they want to see
- 3) Identifying the principles and priority areas which will inform delivery of the Strategy over the next four years.
- 4) Developing an annual delivery programme of up to three programmes each year which will be sponsored by the Board.

7.2 The key challenges in the Strategy are taken from the recently published 2025 Joint Strategic Needs Assessment which was considered at our June meeting and can be found here: [TORBAY JOINT STRATEGIC NEEDS ASSESSMENT 2025/26](#)

Feedback from the recent engagement on the NHS 10 Year Plan has informed the Strategy.

The vision of the Strategy is around *healthy neighbourhoods*, with a focus on delivering prevention in place.

7.5 Draft priority delivery programmes for the first year, in discussion with Health and Wellbeing Board members, are:

- ***Healthy spaces - children and young people***
 - Tackling the issues of low physical activity, poor diet, home or school insecurity, education underachievement, and unreadiness for work.
 - Focusing on the work relating to the 'play' domain begun under the auspices of Child Friendly Torbay.
 - Led by community groups in partnership with the local authority and other stakeholders.
 - Involving a programme of activities to build physical, mental and social health and wellbeing.
- ***Healthy work - working age adults***
 - Tackling the issues of unemployment through physical or mental ill health, NEETs, and disparities in opportunity for care experienced young people and carers
 - Focusing on Connect to Work with wrap around support from NHS and VCSE partners
 - Building confidence, employment opportunities, mentoring, practical, health, and social support
- ***Healthy ageing - older adults***
 - Tackling disparities in frailty onset, ill-health, and dependence on social care, isolation, housing insecurity

- Age Friendly actions around housing, transport and health
- Led by VCSE, with local authority and other partners

8. Next steps

- 8.1 Subject to approval, public consultation is due to take place December 2025 – January 2026.

9. Financial Opportunities and Implications

- 5.1 None identified in the overarching Strategy; however there will be financial costs and opportunities associated with the annual priority programme areas. For example, there is funding identified for Connect to Work and the wraparound support which form priority programme 2.

The focus on prevention and enablement is designed to lead to lower demand for acute health response and on social care.

10. Engagement and Consultation

- 6.1 Engagement feedback is included in the Strategy and there is formal consultation December – January.

11. Tackling Climate Change

- 7.1 In supporting delivery of a more sustainable health and care service and healthier communities, the Strategy should advance work to tackle climate change.

12. Associated Risks

- 8.1 Risks and mitigations will be included in the delivery plans for the annual priority programmes.

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

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	Y – key target groups		

People with caring Responsibilities	Y – a target group		
People with a disability	Y – a target group		
Women or men	Y – included within target groups		
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)	Y – included within target groups, and in areas where there are inequalities in outcomes between ethnic groups		
Religion or belief (including lack of belief)	No differential impact identified		Y
People who are lesbian, gay or bisexual	No differential impact identified		Y
People who are transgendered	No differential impact identified		Y
People who are in a marriage or civil partnership	No differential impact identified		Y
Women who are pregnant / on maternity leave	No differential impact identified		Y
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Y – target groups		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Y – prime focus on Strategy		

10. Cumulative Council Impact

10.1 None.

11. Cumulative Community Impacts

11.1 Impact is expected to be positive if Strategy and component programmes are delivered.



Our Healthy Neighbourhoods

Torbay Health & Wellbeing Strategy

2026-30

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Why do we need a Strategy for Health & Wellbeing?

What is a Health & Wellbeing Strategy?	Why do we need one?	Who is involved?	How does it improve health & wellbeing?
<ul style="list-style-type: none">• A Strategy to address the needs & inequalities of our population & set out our strategic priorities for action	<ul style="list-style-type: none">• To improve health & wellbeing, & reduce inequalities, through working better together	<ul style="list-style-type: none">• All Health & Wellbeing Board partners, in consultation with our community	<ul style="list-style-type: none">• By informing local commissioning• Promoting integration between health & care, housing, economy, transport & environment

Health and Wellbeing Boards bring together local authorities, health and care organisations, police, voluntary sector, and other partners, with the aim of improving health and reducing inequalities.

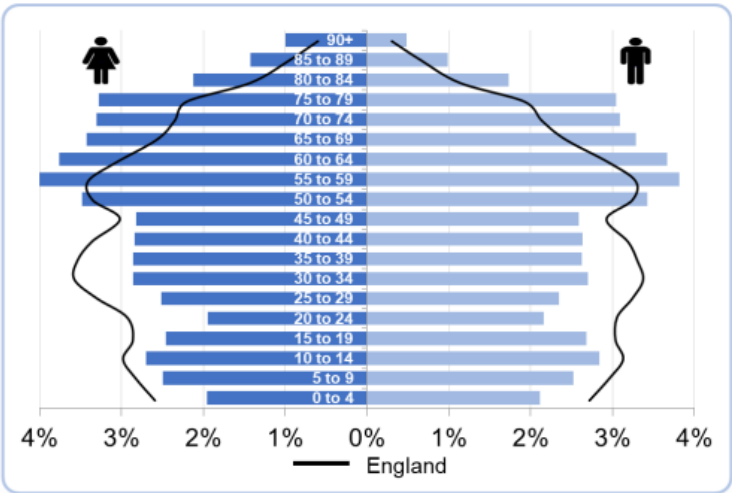
Every Health and Wellbeing Board is required to develop a Health and Wellbeing Strategy setting out the plan for improving the health and wellbeing of the local population. These will be very relevant to the expectations in the NHS 10 Year Plan for the development of *neighbourhood health*.

What could be more important than improving the health and wellbeing of our population?

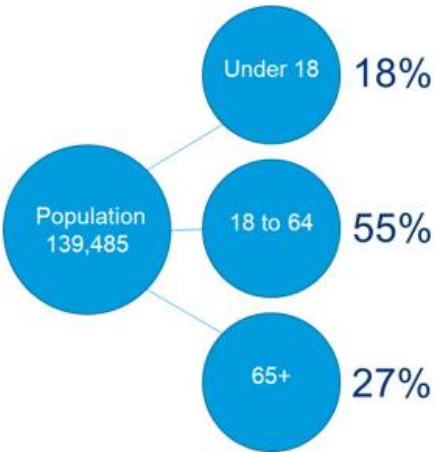
Torbay at a glance

Torbay is a coastal community with comparatively high levels of deprivation, and strong natural and human assets

We have a significantly older age profile than England, with an average age of 49 compared with 40 nationally



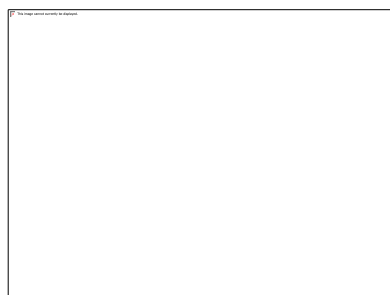
We have a much lower working age population than England and the South West



1 in 3 of our residents will be aged 65 and over by 2033



There is 23 years difference in the median age between King's Ash and Wellswood wards



How long we live varies significantly between men and women, and between the different wards in Torbay



8 years

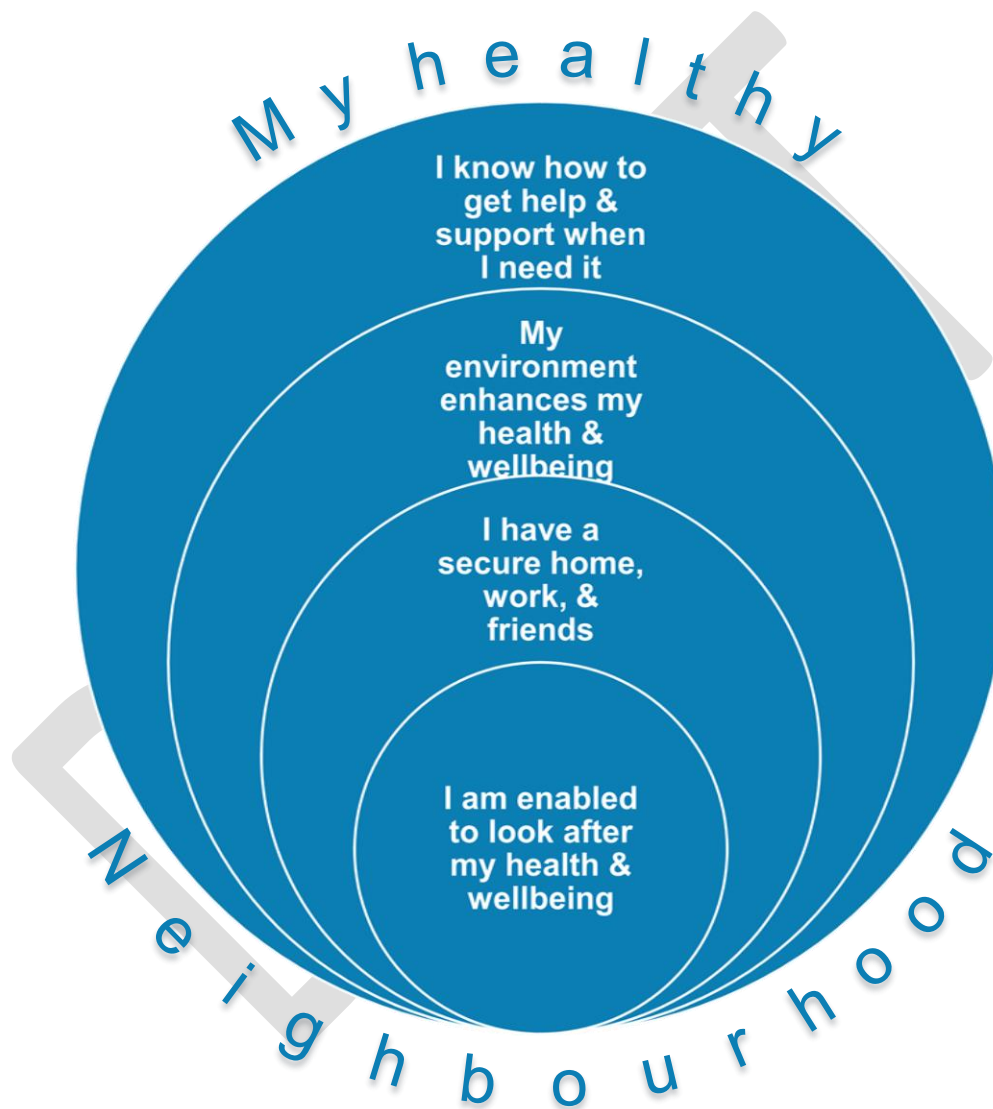
Difference in life expectancy between most and least deprived areas

Almost 1 in 4 of our residents have health conditions or disabilities that reduce their ability to carry out day-to-day activities. Numbers are much higher in our more deprived wards



Our vision

*Healthy neighbourhoods where people of all ages
can live, work and thrive*



What makes a healthy neighbourhood?

What does national policy and strategy say?

Under the Government's 'Plan for Change' there are five national missions to deliver a decade of national renewal. All five are relevant to our work as statutory and voluntary partners in Torbay, but there is particular resonance in the focus on economic growth, the NHS, and breaking down the barriers to opportunity through giving every child the best start in life.

In order to build an NHS fit for the future, the 10 year Health Plan for England refocuses health around three key shifts:

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

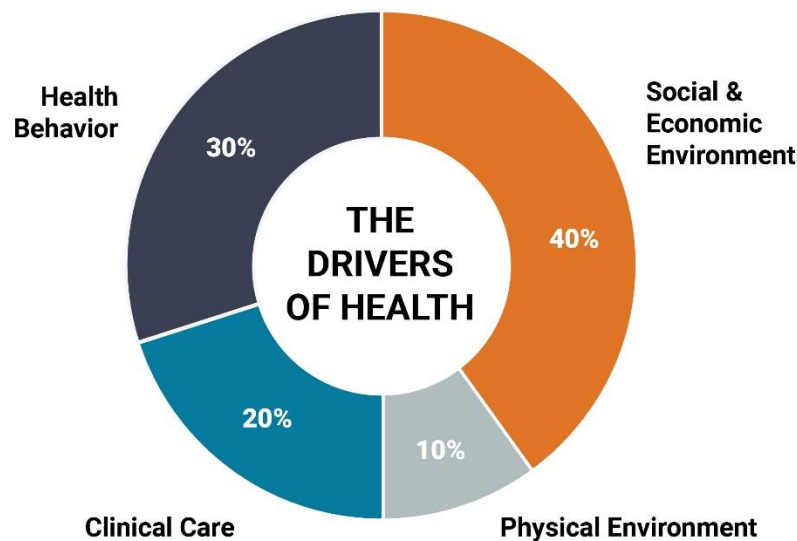
These are supported by the creation of a *neighbourhood health service* in which all care should be as local as it can be - in the home if possible - and digital by default.

Healthy communities, or healthy places, are not new. With an emphasis on prevention, *healthy neighbourhoods* are a function of all the determinants of health working together to influence individual and community wellbeing.



Dahlgren and Whitehead, 1991

Health and care services have a relatively minor influence on our health, with the greater impact from the way we live, and the environment we live in. And when the way we live is so heavily influenced by environmental factors, they indeed play by far the largest role.



Neighbourhood health is not only, or even predominantly, the responsibility of health services. A response to these and similar problems requires the coordinated mobilisation of the assets in a community including communities themselves.

Department of Health & Social Care July 2025

What constitutes a *neighbourhood* is not formally defined. A neighbourhood might be different things to different people, and to different organisations. The important thing is the move to *local* - wherever we live, work and spend our time - and the opportunity to develop local services and programmes in real collaboration with the people who live there.

What are our communities telling us?

Through engagement in Torbay and Devon to inform the NHS Long Term Plan, residents were asked what was important to them in terms of neighbourhood health. This is what they said.

Health promoting communities

Healthy communities are:

- Connected, with strong local networks and support systems
- Inclusive, especially for people with disabilities, older adults, and ethnically diverse communities
- Empowered, with access to information and the ability to shape services

Fair and easy access to support

We want to see:

- Better access to GPs and primary care
- Joined-up services across health, social care, and community support
- Equity in service provision, especially in coastal, rural, and deprived areas
- Digital inclusion:
 - Technology should support—not replace—human care
 - Services must remain accessible to those without digital skills or internet access

Enabling us to look after our own health

We support a shift from treating illness to preventing it, through:

- Health education in schools and communities
- Annual health checks, especially for older people
- Lifestyle support (e.g. healthy eating, exercise, smoking cessation)
- Screening services for early detection
- Not blaming individuals for poor health outcomes

Locally based care

We support moving care from hospitals into communities:

- Services closer to home – providing care that is community-based, accessible, personalised, and empowering
- Increased convenience, and earlier detection through community diagnostic centres and virtual wards


Support to look after our mental and emotional health

We want to see:

- Mental health support in schools
- Early intervention
- Listening to young people's concerns
- More education around mental health and wellbeing
- Accessible community mental health services

In summary

A healthy neighbourhood is somewhere where...



Health & Care services	<ul style="list-style-type: none">•go where people are•are easy to access•are enabling•are designed in partnership•start with prevention
Natural & built environments	<ul style="list-style-type: none">•enhance health & wellbeing•promote physical activity & social connections
Housing, Employment, Education, Transport	<ul style="list-style-type: none">•are suitable & secure•promote health & wellbeing•promote independence•reduce inequalities
Citizens	<ul style="list-style-type: none">•are in charge of their health & wellbeing•are partners in their care•are seen in their context

How will we deliver our vision for neighbourhood health?

This Strategy is designed to influence the implementation of health and wellbeing improvement programmes through the following routes:

- 1 **Highlighting the needs** in our population that all of us developing strategies, or commissioning services, must respond to
- 2 **Summarising the areas of activity** required to address our population needs, in the ways people have said they want to see
- 3 Identifying the **priority areas** we want to focus on as a Health and Wellbeing Board over the next four years.
- 4 Describing the **principles** which underpin our Strategy and how it is implemented.
- 5 Developing a decision framework to guide selection of Health & Wellbeing Board **annual delivery programmes**, sponsored by the Board, to deliver our priorities. These will be reviewed annually but a delivery programme may be continued through more than one year.

What are the needs of our population?

Our key challenges

Economy, housing & inequalities

- Torbay is ranked as the most deprived local authority in the South West and our **economy** is ranked among the weakest in England.
- Average wages are significantly below the regional and national average with less of the population in full-time **employment** than England.
- There is a continuing impact of the pandemic and persistent high **cost of living**, especially in utilities and food.
- Those who live in the most **deprived areas of our communities** are **disproportionately affected**.
- Torbay has a growing number of households experiencing **fuel poverty**. Old housing stock is particularly fuel inefficient.
- There is a consistent pattern of **worse health and educational outcomes** for those people who live **in more deprived areas**.
- There is significant **variation in health and wellbeing** across the bay.
- In our most affluent areas residents can expect to live on average almost eight years longer than those in our more deprived communities.
- There are significant **gaps in healthy life expectancy** (years in good health) between the most affluent and deprived areas.

Children & young people

- The number of **cared for children** within the local authority remains significantly higher than England. Rates of referrals to children's social care are consistently much higher than England.
- Torbay schools have a significantly higher proportion of pupils requiring **special educational needs** support through an Education, Health & Care Plan than England although the gap has narrowed.
- Persistent pupil **absenteeism** remains at significantly high levels following the pandemic. Rates are much higher among children from our more deprived areas.
- There are relatively high rates of **teenage pregnancies** (under 18 years).
- Our children have **poor oral health**. There are consistently high rates of hospital dental extractions among children due to dental decay, particularly among Torbay's more deprived communities.

Working age adults

- The number of those who are of **working age is projected to fall** over the next 20 years to approximately 50% of the population from its current rate of 55%.
- A consistently high rate of people are **homeless** or threatened with homelessness.
- There are high **levels of vulnerability** in the population, including groups with specialist needs and high levels of mental ill health.
- There are consistently high levels of **self-harm and suicide**.

Older adults

- Torbay has high levels of need requiring **support from Adult Social Care** in the 18 to 64 population and also in the population over 65.
- We have very **high rates of unpaid carers**. The 2021 Census showed that there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care. This care is disproportionately provided by women.
- We have an **ageing population** with 1 in 3 Torbay residents expected to be 65 and over by the middle of the next decade. This will also put increasing demand on health and social care.

Protecting our health

- **Screening and immunisation** rates are lower than they need to be to protect our population from disease. There have been falls in breast and cervical cancer screening rates, childhood immunisation rates, and HPV vaccination rates in girls, since the pandemic.

Health behaviours

- Approximately **1 in 3 adults in Torbay are obese**. **1 in 4 reception age children** and more than **1 in 3 Year 6 children are overweight or obese**.
- Around **1 in 6 adults in Torbay smoke**.
- There are high levels of **admissions to hospital related to alcohol**, and high levels of preventable deaths from liver disease.

The needs in more detail

More detail about the needs of our population can be found in the annual **Joint Strategic Needs Assessment and Ward Profiles**

Activities required to address our population needs

These are the overall areas of activity required to address our population needs, in the ways people have said they want to see.

They are intended to be a guide for all of us developing strategies or commissioning services in Torbay.

Economy, housing & inequalities

- Take a **poverty reduction** approach in all policies
- Ensure there are the **jobs, skills, homes & culture** in the Bay that make it attractive to live and work here
- **Start early** – support the pipeline from education into employment
- Recognise the links between health & wealth; **focus on the determinants of health** & wellbeing (jobs, homes, education) as well as access to health & care
- In every intervention, **consider the deprivation gradient** – who has the poorest outcomes & the greatest need? **Target interventions proportionately** to reduce inequalities

Children & young people

- **Focus on prevention and enabling**
- Take a graded approach – from **universal to targeted support** when needed
- Gather a **team around the family** to support healthy development for all our children
- Maintain the **‘early help’** approach, getting the right support, when & where it is needed
- **Co-design** interventions with those intended to benefit (eg people with SEND, those who are care experienced)

- Develop interventions that will **break the cycle** of disadvantage, poor health & wellbeing
- Improve access to **good oral health**; focus on prevention

Working age adults

- Strengthen **employment opportunities & skills** for all age groups
- Support & enable people who are **out of work through ill-health** back into employment
- Develop **sufficient housing** for people to live & work in the Bay
- Ensure health & care **reach out into the community, going where people are**
- Make it **normal to talk about mental health**; promote resilience & confidence around the *ways to wellbeing*; increase access to information & support; expand peer support & training

Older adults

- Take an **enabling, 'coaching' approach**, building on people's strengths
- Think **'home first'**, enabling people to stay at home rather than go into hospital or long term care
- **Focus on prevention**; expand *healthy ageing* initiatives enabling people to build their physical, mental and social health & wellbeing
- **Implement Age Friendly** initiatives to promote healthy environments as we age, including housing, transport, planning, employment
- **Support & enable carers** to look after their own health & wellbeing

Protecting our health

- **Increase uptake of immunisation & screening** through targeted promotion & easier access
- Design delivery in partnership with groups or communities who have low uptake

- Take a **comprehensive approach**: focus on healthy weight, healthy food, healthy environments
- **Focus on enabling** people to manage & improve their own health & wellbeing
- **Start as early as possible** – healthy and unhealthy behaviours are laid in childhood and in some cases before birth
- **Focus on healthy places & spaces** – family hubs, schools, green and blue spaces, workplaces, neighbourhoods

DRAFT

Identifying our priorities

The needs and activities outlined in this Strategy cover the full breadth of the health and wellbeing of our population.

To work towards our vision for healthy neighbourhoods, we have identified a priority approach which we as a Health and Wellbeing Board, together with our partners, want focus on for the next four years. This is intentionally quite broad, to allow for creative local approaches to improving neighbourhood health and wellbeing.

Our goal is to promote health and wellbeing through health promoting places.

This will involve:

- **looking first at the causes** of health and wellbeing, for example addressing the housing, financial, educational or employment situations that contribute to poor health
- **detecting health problems early** so they can be treated before they worsen, for example identifying high blood pressure and preventing future stroke
- **taking an enabling approach**, building on people's strengths to promote their own health and wellbeing
- **building on our South inequalities strategy** to identify those who have the worst health outcomes and opportunities, and scaling our interventions to support and enable those who need most help the most
- **targeting settings** such as schools, homes or workplaces, **or spaces** such as town centres, transport systems or community areas.

Principles underpinning our Strategy

Approach

- An overarching strategic framework
 - responding to the needs of the Joint Strategic Needs Assessment
 - within the context of developing healthy neighbourhoods
- Annual priority delivery programmes where Health & Wellbeing Board will sponsor delivery

Priorities

- should respond to needs identified in the Joint Strategic Needs Assessment but not attempt to cover too many areas
- should be areas where multi-agency working is needed and where all members of the Health and Wellbeing Board have a role and can contribute

Delivery programmes

- should reduce health and social inequalities
- should be developed through a process of co-design with the populations who are intended to benefit
- should target health through the wider causes of poor health

Interventions

- should be based on good evidence and best practice

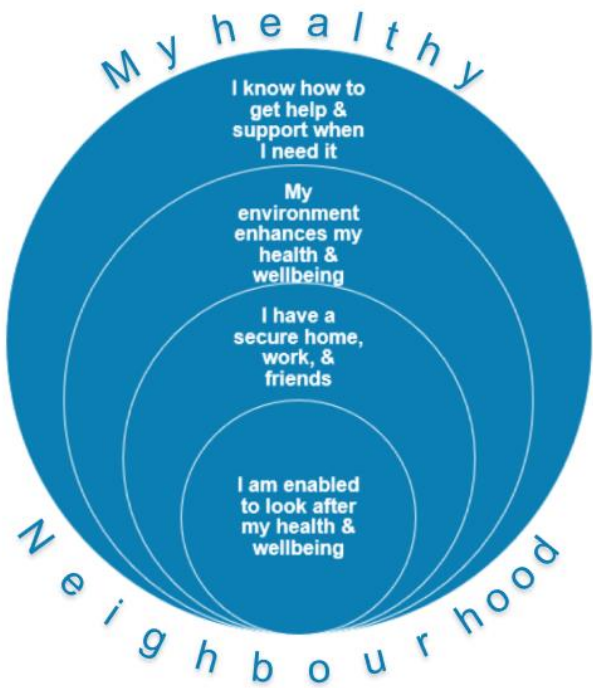
Outcomes

- should be measurable and meaningful to citizens

Our Strategy in summary

Healthy neighbourhoods where people of all ages can live, work and thrive

Our vision



Our aspirations
for health
promoting
neighbourhoods

Health & Care services	<ul style="list-style-type: none">•go where people are•are easy to access•are enabling•are designed in partnership•start with prevention
Natural & built environments	<ul style="list-style-type: none">•enhance health & wellbeing•promote physical activity & social connections
Housing, Employment, Education, Transport	<ul style="list-style-type: none">•are suitable & secure•promote health & wellbeing•promote independence•reduce inequalities
Citizens	<ul style="list-style-type: none">•are in charge of their health & wellbeing•are partners in their care•are seen in their context

Our priority approach

We will promote healthy neighbourhoods through a focus on preventing poor health, and enabling people to promote their own health and wellbeing, in the places where they live and work

Our activities should:

The principles underpinning our Strategy

- respond to needs identified in the Joint Strategic Needs Assessment
- be areas where multi-agency working is needed and where all members of the Health and Wellbeing Board have a role and can contribute
- reduce health and social inequalities
- be developed through a process of co-design with the populations who are intended to benefit
- target health through the wider causes of poor health
- be based on good evidence and best practice
- be measurable and meaningful to citizens

Annual delivery plans

This is the framework which we will use to guide the selection of Health & Wellbeing Board annual delivery programmes. Programmes will be reviewed annually but a priority programme may be continued through more than one year.

Annual delivery programme selection framework			
What is the target population?	Children & young people	Working age adults	Older adults
Areas of inequality or where intervention may be targeted for best effect	<ul style="list-style-type: none"> • Care experienced • With special educational needs & disabilities • Caring for others • In transition to adult 	<ul style="list-style-type: none"> • Low income households • Not working through ill-health • Caring for others • Insecurely housed 	<ul style="list-style-type: none"> • Pre or prematurely frail • Inactive or isolated • Caring for others • Approaching retirement
What are the target needs?	Needs identified in the Joint Strategic Needs Assessment		
Economic	Lack of jobs & skills Low incomes Unemployment through ill-health Insecure housing, unsuitable accommodation Fuel poverty		
Dependency	Levels of child & adult social care Special educational needs & disabilities Long term health conditions (prevention, early detection, management)		

	Caring responsibilities
Mental & social health & wellbeing	Poor mental health & wellbeing Suicide & self-harm Isolation
Health behaviours	Alcohol, smoking, unhealthy weight, oral health, screening and vaccination
Assessing the programme or intervention	
Neighbourhood approach	How will it promote neighbourhood health?
Evidence base	Is there quality evidence or best practice? Can we adopt learning from other sites? Or do we need primary research / test & learn?
Prevention first	Is it taking a prevention approach?
Enabling approach	Will the intervention build on people's strengths to promote their own health and wellbeing?
Place	What locations or settings are being targeted?
Inequalities	How will the intervention tackle inequalities?
Partnership	Do all partners have a role? Is there scope for co-design?
Added value	Is there scope for innovation? Creativity? Doing things differently?
Outcomes	Are there meaningful success measures?

How we will know if we are having an impact

The Joint Strategic Needs Assessment is our annual barometer of health and wellbeing in our communities and neighbourhoods across the Bay. Many of these measures are longer term, and will show us over time whether progress is being made.

Individual priority delivery programmes will have individual outcome measures. These will include national health indicators but also more short term local indicators agreed by partners. These should reflect the principles of the Strategy, being real and meaningful for those whom the intervention is designed to benefit.

How we developed this Strategy

This Strategy was developed in collaboration with members of the Torbay Health and Wellbeing Board with input from stakeholders including Local Authority, NHS, and Community and Voluntary Sector partners.

It was informed by insights from local community engagement and consultation with local residents.

It is based on the evidence of the Joint Strategic Needs Assessment for Torbay which sets out the health status of the population including the social and economic factors influencing our health.

Year 1 priority action areas

Overarching theme	Healthy neighbourhoods
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Priority 1	Healthy spaces
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Target population	Children & young people
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Needs

- Inequalities in opportunity
- Physical ill-health
- Low activity levels
- Poor diet
- Home or school insecurity
- Educational underachievement
- Unreadiness for work

Intervention/s

- Programme of activities to build **physical, mental and social** health and wellbeing
- Junior **work placements**
- Community led **research into homeschooling**
- **Pipeline from education into work** – via Coastal Navigators Network programme
- Child Friendly Torbay – **play** domain

Lead & co-design partners

- Community partnership, Play Torbay collaborative, Torbay Council
- Health & Wellbeing Board partners, NHS, VCSE
- Co-design with families and young people in the lead

Priority 2**Healthy work****Target population****Working age**

Needs

- Population not working due to physical and mental ill-health
- NEETs
- Disparities in employment for people with SEND, those who are care experienced, and carers

Intervention/s

- **Connect to Work programme with wraparound:**
- NHS identification of people off work through ill-health
- NHS support for long term conditions (eg mental health, musculo-skeletal)
- VCSE identification and support for those further from employment – confidence, mentoring, buddying, practical and social interventions

Lead & co-design partners

- Torbay Council and Local Care Partnership
- Health & Wellbeing Board partners, Employers, NHS, VCSE
- Co-design with target groups eg care experienced

Priority 3**Healthy ageing****Target population****Older adults**

Needs

- Inequalities in life expectancy, frailty onset, ill-health and long term conditions, dependence on formal social care
- **Social isolation**
- **Digital exclusion**
- **Carer** inequalities in health and social wellbeing
- **Housing** insecurity
- **Access** to services and amenities

Intervention/s

- **Age Friendly** activities on housing, transport and health

Lead & co-design partners

Torbay Assembly, Torbay Council, Health & Wellbeing Board partners
Co-design with older adults in Torbay

References

[Joint Strategic Needs Assessment \(JSNA\) and Ward Profiles - Torbay Knowledge and Intelligence](#)

[South Devon and Torbay inequalities Strategy?](#)

[NHS 10 Year Health Plan - One Devon](#)

[Plan for Change - GOV.UK](#)

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[NHS England » Your invitation to be involved in the National Neighbourhood Health Implementation Programme](#)

[Delivering a neighbourhood health service: what the 10 Year Health Plan means for local integration | NHS Confederation](#)

[Torbay Story - Home](#)