

HEALTH AND CARE GENERAL UPDATE PAPER

Joint report from the Director of Integrated Adult Social Care at DCC, the Director of Public Health and Communities at DCC, and the Locality Director of North and East Devon, NHS Devon

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendation

That the Committee be asked to note this report.

2) Background / Introduction

2.1 The report contains updates on key and standing items, and general information including on responding to specific actions, requests or discussions during the previous Health and Adult Care Scrutiny Committee meeting.

3) Devon County Council Integrated Adult Social Updates

3.1 Update on CQC Inspection

3.1.1 On the 10 February the Council received notification of inclusion in the CQC inspection regime of the delivery of Care Act duties. Work has taken place to ensure that the requirement was met to submit mandated information and data to the CQC to inform its assessment and rating.

3.1.2 Part of the information submitted to the CQC is a Self-Assessment document. This document is on the March agenda of the Health and Adult Care Scrutiny Committee.

3.1.3 The next step in the process is a second notification informing the Council when the CQC will be in Devon, this is likely to be within the next month.

3.2 Update on Care Act waiting lists and waiting time

3.2.1 At the January committee meeting Member received a [paper](#) setting out performance on Care Act assessments and reviews, including for carers. The paper also set out the improvement plans working to reduce the number of people waiting and how long they are waiting.

3.2.2 Two months on from that paper further progress has been made thanks to the efforts of staff and the embedding of the developing approaches set out in the January paper.

3.2.3 Care Act assessments:

- The waiting list has reduced from 1596 people to 1303 people
- The median waiting time has reduced from 68 days to 41 days
- The maximum waiting time has reduced from 996 days to 367 days

3.2.4 Carers assessments:

- The waiting list has reduced from 85 people to 74 people
- The median waiting time has reduced from 10 days to 7 days
- The maximum waiting time has reduced from 37 days to 16 days

3.2.5 Care Act reviews:

- The waiting list has reduced from 4045 people to 3451 people
- The median waiting time has increased from 210 days to 232 days
- The maximum waiting time has increased from 2796 days to 2888 days

3.2.6 Although the overall number of people waiting for a care act review has decreased, waiting times have increased. This is because a number of 'less overdue' review cases have taken priority owing to the level of risk and hence urgency for review for those individuals. We have now put in place a targeted programme to allocate the most overdue reviews.

Next steps

3.2.7 This month we will be launching the new "Waiting Well Framework". This will support us to meet people's needs and expectations in a timely and effective way through providing advice and information to access resources they need to wait well, to promote self-help and independence and prevent crisis situations and reduce predictable risk.

3.2.8 The Waiting Well Framework has been co-produced with people we serve and their representatives.

3.3 Update of approach and progress in Equality Diversity and Inclusion (EDI)

3.3.1 The Integrated Adults Social Care Race Equality Programme has been brought into the wider EDI programme and aligned to the corporate themes. The following overarching outcomes are carried forward to the EDI plan:

- Building understanding of where there is unmet need or poorer outcomes
- Ensuring everyone can access services, facilities, and information
- Ensuring co-production is evidenced with opportunities for people with protected characteristics to participate

3.3.2 Progress continues towards these outcomes including the following examples of working that has taken place or is taking place now aligned to the corporate themes:

3.3.3 Corporate theme: Build EDI leadership, capability and capacity:

- We have reviewed all policies for potential bias and updated our policy page, linking to the DCC commitment to equality. All policies are now externally assessed through

our engagement contract; to date policies have been reviewed by Plymouth and Devon Race Equality Council and Devon Communities Together, leading to minor clarifications.

- To understand the experiences of Ethnically Diverse people through the assessment process, we commissioned Hikmat to undertake periodic studies of Ethnically Diverse people's experiences, and have provided suggestions in response to issues arising from their report, as well as reflecting on positive messages.

3.3.4 Corporate theme: Create a safe and inclusive working environment

- Managers and providers have received training through Plymouth Hope so they know where to direct issues of racism; they also have access to wellbeing support and advice through this service
- Customer leaflets have been rewritten to cover requirements, expectations and behaviour to ensure 'choice' does not allow racism to be an option.

3.3.5 Corporate theme: Shaping organisational culture

- We have shared what mandatory training is required and managers can track EDI training completion by staff.
- We are testing supervision forms to encourage safe conversations around race equality.

3.3.6 Corporate theme: Build understanding through data and insight

- We are developing more qualitative approaches, and improving data quality and capture through the Practice Quality Assurance Group. Management Information Team have nominated an Equalities Data lead who will link to the Corporate Lead

3.4 Update on the recommendations from the Carers in community and employment report

3.4.1 The Cabinet recommended that updates on the recommendations within a report on carers in community and employment presented to the Health and Wellbeing Board should be reported through the Health and Adult Care Scrutiny Committee.

Recommendation 1: Carers and their specific needs should be considered and explicitly addressed in the Director of Public Health's annual reports and in work arising from them.

3.4.2 The latest Annual Public Health Report for 2023-2024 does consider Carers, particularly older Carers, in the section entitled "Caring for our older Carers and people with additional needs".

3.4.3 Carers are not though considered within the section of the Report entitled "Remaining Socially Active", which identifies the characteristics and circumstances

associated with a high likelihood of loneliness. The Public Health team will therefore be requested to consider Carers, and Carer social isolation, in future work.

Recommendation 2: Caring status be included in equality and inclusion frameworks and monitoring analogous to a primary Protected Characteristic in law.

3.4.4 Carers of disabled people are included as a requirement to consider within existing DCC Equality Impact Assessments.

3.4.5 The Chair of the Carers Partnership Steering Group, Cllr Bullivant, fed back to the DCC Chief Executive a request that DCC communication, where appropriate, references the needs of Carers.

Recommendation 3: Member organisations of the Health and Wellbeing Board should lead the way as large employers of many carers in supporting carers to enter, remain in and re-enter employment. This will support employees in their caring role and is for the benefit for the organisation and, more widely, for the Devon economy as a whole – membership of the Devon Carer Friendly Employers Scheme will assist them in this.

3.4.6 Devon Partnership NHS Trust is a Member of the Devon Carers Carer Friendly Employers scheme, with staff receiving Carer Awareness training. Carer Awareness training has also taken place in the Royal Devon University Hospital and NHS Devon has invited Devon Carers to provide advice to its managers. Devon Carers will be asked to encourage the remaining member organisations to become Carer Friendly Employers.

3.4.7 Within DCC, the HR team is in the process of reviewing existing accreditations as part of the Wellbeing Strategy. This will include ensuring the maximum impact of adopting the new accreditations, including the Carers UK Carer Confident Scheme and/or Devon Carers Carer Friendly Employers Scheme.

Recommendation 4: The promotion of carer awareness should be a top priority in the community and among employers. Through Carer Friendly Devon (Communities & Employers) the additional barriers that carers face in everyday life and in employment are addressed.

3.4.8 Devon Carers Carer Friendly Devon scheme provides free Carer Awareness training, promotional materials and ongoing support to employers and local community organisations. The scheme continues to expand, with a notable recent member being Exeter City Council. There will be a continued focus on developing the Carer Friendly Devon scheme over the next year, with the largest employers being targeted to maximise impact. Carer Awareness raising will also continue in local communities through focus awareness weeks e.g. in the South Hams & Exeter.

Recommendation 5: The issues faced by carers identified in this report are taken into account when developing services and strategies for the future.

3.4.9 Devon Carers is involved in the design and implementation of the new Client Relationship Management replacement for CareFirst (JACS project). This should

improve integration with the wider Adult Social Care processes and the links with Carers and Cared-for people in the system. It should also improve reporting to help identify issues sooner and contribute to better planning for services.

3.4.10 As part of the Practice Quality and Guidance workstream, a review and update of Carer Awareness and Carer Competency Training for DCC staff is taking place. This will ensure all staff are more aware of Carers and the specific issues they face, increase identification and referral of Carers into IASC services and help to improve practice in relation to Carers and their Cared For. The Market Position Statement will be informed by this report.

3.5 Quarterly update from the Customer Relations Team

3.5.1 Integrated Adult Social Care in Devon supports approximately 11,500 people at any one time and around 20,000 people per year.

3.5.2 To date in 2024-25 we have received 179 compliments. The compliments received highlight the positive impact of adult social care teams, particularly in providing high-quality care, kindness, and professional support. Service users consistently appreciate both the practical help and the personal connection offered by staff. The recurring themes show that teams are making a real difference in people's lives, helping them feel supported, respected, and more independent.

3.5.3 To date in 2024-25 we have received 134 complaints, 40 of which have been upheld or partially upheld. The themes of the upheld or partially upheld complaints in 2024-25 have been:

- Care quality and safety
- Communication and engagement
- Financial assessments and charges
- Assessment and support planning
- Staff conduct and professionalism

3.5.4 Actions have been taken in the following areas to ensure the directorate learns from the feedback received:

- Ensuring timely responses to assessment, support planning and review
- Strengthening financial assessments
- Assessment and eligibility decision making
- Awareness of themes identified

3.5.5 To date in 2024-25, the Local Government and Social Care Ombudsman (LGSCO) has issued 13 findings. Of these, nine were full investigations, including one public report. Of the nine investigations:

- Seven were upheld, with fault and injustice to the complainant.
- One was upheld, with fault but no injustice.
- One was upheld with no further action required, as the issue had already been remedied by the service.

3.5.6 The themes of the LGSCO findings are:

- Delays in care plan reviews and reassessments
- Concerns over adequacy of care plans
- Complaint handling and communication challenges
- Consideration of service users' wellbeing in decision-making

3.5.7 The LGSCO also made a number of recommendations that have been accepted to enhance service delivery and address identified areas for improvement. A summary is provided below:

Acknowledging Delays and Service Impact

- The service was advised to issue formal apologies where delays in assessments, care plan reviews, and complaint handling may have caused inconvenience or distress to service users.

Enhancing Care Planning Processes

- Steps were recommended to ensure the timely completion of needs assessments and care plan reviews to support service users effectively.
- A review of internal monitoring processes was suggested to help prevent overdue assessments.

Strengthening Complaint Handling

- The service was encouraged to adhere to published response times for complaints and provide regular updates to complainants.
- Increased transparency in decision-making was recommended, ensuring service users receive clear and accessible explanations regarding changes to their care.

Embedding Well-being Considerations in Decision-Making

- The Ombudsman highlighted the importance of documenting and assessing emotional, social, and psychological factors in care-related decisions.
- Greater flexibility in care provision was recommended, enabling service users to have more control over necessary adjustments.

3.5.8 All LGSCO activity relating to Devon County Council is provided on the [Devon section of the LGSCO website](#).

3.3 Outcome of the Judicial Review on the closure of the North Devon Link Service

3.3.1 Following the judicial review hearing into the closure of the North Devon Link Service, the judge dismissed the claim in full, ruling that the decision to close the service stands. The judge also ruled that claimants' request to appeal was dismissed. However, the claimants have subsequently lodged an application at the Court of Appeal which we will be defending should permission to appeal be granted.

3.3.2 Defending the Judicial Review has so far cost the Council £116,291, plus substantial officer time. Further costs have been incurred in preparing the initial defence for the Court of Appeal, and these will increase significantly should permission to appeal be granted as that will involve another full court hearing.

- 3.3.3 In the meantime, the Devon Mental Health Alliance has been funded to offer transitional support services for former Link Centre service users and their report on the first six months of that service follows.
- 3.3.4 The Devon Mental Health Alliance facilitates 3 peer support groups commissioned by Devon County Council, based in centres in Barnstaple, Bideford and Ilfracombe. Together, these groups support around 40 people per week, with sessions delivered on a Tuesday and Thursday in each location. Groups own their own membership, and they have opened sessions to new participants in recognition of the need for connection and companionship
- 3.3.5 In addition, the Alliance facilitates open drop-ins in each location plus Holsworthy, which are accessible to anyone irrespective of diagnosis. These drop-ins facilitate more than 50 contacts per week. This is delivered in partnership with a range of organisations including local foodbanks, walking groups, Vista Wellbeing, and Learn Devon, and the Alliance is actively looking for broader partners to enhance the service. Service users who have trained to act as peer support leads have been key in helping the development of this offer, helping better understand each community and tailor the offer to meet local need.
- 3.3.6 This means that there is an offer for people previously connected to a Link Centre on three days of the week, with dedicated professional support at each session to ensure safe practice, help people with practical issues including social care engagement, and signpost to other services. The peer support groups are co-facilitated with trained peer support leads; members of each community who take a lead in convening and supporting their community to create a warm, inclusive environment. The strength of the peer support communities is such that they are actively looking to build further activity extending the peer support offer, for example opening on a Friday in recognition of the challenges many face around increased isolation moving into the weekend.
- 3.3.7 Attendees have access to the Devon Mental Health Alliance team through the week via the community Co-ordinator, Clinical psychologist, Operations Manager and Programme Manager, and they regularly exchange correspondence around activities, or where people need additional support.
- 3.3.8 There has been significant continuity in membership from the Link Centre offer, including connection with some users who had fallen away from the Link Centres prior to their closure.
- 3.3.9 Feedback from service users:

Ilfracombe Peer Support Lead (previously attended NDLS)

'I really enjoy helping my community. There are lots of people who need help at the moment, and I'm proud to be able to make a difference by running the group and bringing in new people. The Devon Mental Health Alliance have been great, I always know there is someone available to talk to if I need it'

Bideford Peer Support Lead (previously attended NDLS)

'It's great to be able to help everyone who was using the link centre stay together. We were really worried about the closure and what it would mean for us, and while we still miss some of the staff, we feel confident that there is an offer for us that will continue'

User Case Study

'The peer support group is a life saver for me. Without it, I wouldn't see anyone and would feel really lonely. With the group, I know that I get to see my friends every week. There is no pressure, it's not a problem if I can't make it, but I know that people are thinking about me and looking out for me'

User Case Study

'I want the Alliance to know what a great service it is to humanity, people like me and lots of others who are struggling with their mental health and daily living. Somebody taking an interest in us makes such a difference... I've seen the spark in people I know can be rekindled, and felt it in myself'

One to One Case Study

Individual presented with significant trauma, including the death of a partner, and recent experiences of imprisonment/domestic abuse through a contemporary relationship; his partner was locking him in a cellar for extended periods of time. He also presented with substance abuse, physical health and financial challenges.

Our worker delivered:

- Handholding support to access a bereavement group to help him process the death of his partner
- Handholding support to access local walking groups, which he has maintained engagement with. This has been a key source of companionship
- Contact with Moneywise to help address his financial challenges
- Facilitated a meeting with a psychiatrist to ensure needs are being met
- Work around healthy relationships to build future resilience

Based on the 'Reqol-10' user-reported outcome measure, this has been transformative with the individual moving from reporting the lowest possible score around in many areas of his life to the highest possible.

4) Devon County Council Public Health update

4.1 Public Health Grant

- 4.1.1 **The ring-fenced public health grant** for 25-26 has been announced. Headlines are an additional £200million (5.4% increase) nationally to fund public health services and support national priority of shifting from sickness to prevention.
- 4.1.2 For budget planning purposes an uplift of 1.3% was used so this represents an increase in funding above plan for 2025-26. For Devon, this increases our funding from £37.62per head to £39.20per head, but as the same uplift was applied to all local authorities this still places us in the bottom 10 local authorities nationally.
- 4.1.3 We await the detail to see if there are any additional expectations placed upon us relating to the 10 Year Health Plan and Health Missions, but we do know that the increased funding is to pay for the additional pay pressures, due to the higher-than-expected 2024/25 NHS pay awards.

4.2 Commissioning New Sexual Health Integrated Contract

- 4.2.1 The new integrated Sexual and Reproductive Health Contract was awarded to Royal Devon University Healthcare NHS Foundation Trust (RDUH) on the 17th January 2025. The new service will be launched on the 1st July 2025.

4.3 Oral Health - Open Wide Step Inside

- 4.3.1 Open Wide Step Inside, an evidence based oral health education programme for schools, launched on 21st January 2025. The commissioning was led by Plymouth City Council on behalf of NHS Devon. The programme is being offered to all schools in areas of greater deprivation (Index of Multiple Deprivation 1-6) across Devon, Plymouth and Torbay. There is a phased approach to delivery starting in PL postcodes (from 21st January 2025), then TQ postcodes (from 4th March 2025) and finally EX postcodes (from 22nd April 2025).

4.3.2 Oral Health - Supervised Toothbrushing

- 4.3.3 Supervised Toothbrushing, has been extended to include an additional 155 schools and nurseries across Devon, Plymouth and Torbay. The settings will be prioritised from areas of Index of Multiple Deprivation (IMD) 7 to 10. Originally Supervised Toothbrushing was commissioned by NHS England for schools and their associated nurseries in IMDs 1-6 across the Southwest. The Southwest, and Devon in particular, has been recognised as an exemplar nationally for its further extension of the programme. The Government roll-out of supervised toothbrushing is expected to be in settings in IMDs 1 and 2 only.

4.4 Director of Public Health, Annual Public Health Report ‘Health in an Ageing Devon’

- 4.4.1 There was a Masterclass on the [annual public health report](#) on 14th October 2024. Preparations have begun for this year’s report which will include an update on all the recommendations. The report has been disseminated at a range of meetings and forum and shared widely. This has included within the health and care system, with integrated adult social care teams and within academia. The dashboard provides a legacy for sharing intelligence.
- 4.4.2 Some examples of action include the progress on the development of a Dementia strategy for Devon, inquiries and links regarding Devon becoming an ‘Age Friendly Community’ (it is proposed to present a paper to the March Health and Wellbeing Board). There has been significant progress on the Smokefree ambitions to reduce smoking in the Devon population and cardiovascular disease prevention programmes including the ‘Know your Numbers’ programme. A more detailed update will be provided in the next annual report.

5) NHS Devon updates

Community Pharmacy

5.1 Introduction

- 5.1.1 Community pharmacy makes up one of the four pillars of the primary care system in England, along with general practice, optometry and dentistry. It is arguably most well-known as a dispenser and retailer of medicines, but its role is in fact much broader and includes other NHS and publicly funded services.
- 5.1.2 Pharmacies have a significant role in the delivery of clinical services within primary care. This includes undertaking referrals from general practice, delivering vaccinations, and providing consultations for minor illnesses under the Pharmacy First Service.
- 5.1.3 Community pharmacies range from large chains to small individually owned pharmacies. In Devon we currently have 207¹ community pharmacies.
- 5.1.4 On 1 April 2023, responsibility for commissioning of NHS pharmacy services was delegated to Integrated Care Boards (ICBs) across England.

5.2 National updates

- 5.2.1 The NHS Community Pharmacy Contractual Framework (CPCF) is an agreement between the Government, NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) and consists of three levels of services; essential services, advanced services and enhanced and locally commissioned services.

¹ As of 02/01/2025 – includes distance-selling pharmacies and dispensing appliance contractors

Pharmacies must provide essential services but can choose whether they wish to provide advanced and enhanced services.

5.2.2 The Department of Health and Social Care (DHSC) has entered into consultation with Community Pharmacy England (CPE) regarding the Community Pharmacy Contractual Framework (CPCF) for 2024/25 and 2025/26.

5.2.3 The discussions will set the future direction for community pharmacy as it plays a vital role in supporting delivery of the reforms set out in the government's [Plan for Change](#). Moving the focus of care from hospitals into the community is one of the three core shifts outlined in the 10 Year Health Plan, which will be published later this year.

5.3 Community Pharmacy Strategy for Devon

5.3.1 NHS Devon is developing a community pharmacy strategy for the next five years.

5.3.2 As part of this, NHS Devon have completed an engagement process to gather feedback from those who use community pharmacy to understand more about how local people use community pharmacies now, and how they would like to use them in the future, as well as what works well and what could be better.

5.3.3 The strategy will help NHS Devon in the development of services that integrate processes between community pharmacy and general practice, to help patients access their prescribed items and obtain healthcare advice more easily.

5.3.4 The strategy will be published shortly.

5.4 Access to urgent and specialist medicines service

5.4.1 A pharmacy service that was previously commissioned by NHS England is being commissioned locally by NHS Devon to improve access to urgent and emergency medicines, some of which may not be standard stock for community pharmacies, during normal and Bank Holiday working hours in the community setting.

5.4.2 The successful pharmacy providers will stock the minimum stock level of medicines on the agreed list of urgent and emergency medicines for their area.

5.4.3 NHS Devon aims to have the service live in April 2025.

5.4.4 Information regarding the service, including the list of agreed urgent and emergency medicines and details of the pharmacies commissioned to provide the service, will be shared on the OneDevon NHS Community Pharmacy webpages once live.

5.5 Community Pharmacy Independent Prescriber (IP) Pathfinder Pilot

5.5.1 An independent prescriber can prescribe, on their own initiative, any medicine within their scope of practice and relevant legislation.

- 5.5.2 From September 2026 all newly qualified pharmacists will be Independent Prescribers (IPs), as this training now forms part of the master's of pharmacy (MPharm) degree. Existing community pharmacists can also train to become Independent Prescribers, and we have a number within our Devon system.
- 5.5.3 The NHS Community Pharmacy Independent Prescribing Pathfinder Programme is a national pilot which aims to support and test different prescribing models to help inform and develop the framework for the commissioning of independent prescribing as part of clinical services in community pharmacy, and ensure these skills are fully utilised.
- 5.5.4 The pilot enables the NHS and community pharmacy to work through the practical and professional issues which need to be addressed before independent prescribing can be embedded in day-to-day practice and within the NHS contractual framework.
- 5.5.5 In Devon we currently have five pharmacy sites live with the pathfinder programme, with community pharmacy IPs delivering direct patient care and prescribing, where appropriate, for minor ailments. We are in the process of onboarding a further four sites following completion of digital governance arrangements.

5.6 Pharmacy First

- 5.6.1 The nationally commissioned Pharmacy First Service was launched in January 2024. This service enables community pharmacists to complete episodes of care for patients without the need for the patient to visit their general practice. This means pharmacists can complete a patient's care for some conditions from start to finish, by having the ability to supply the patient with certain medication, if appropriate, without a prescription from a GP.
- 5.6.2 The Pharmacy First Service builds on the previous Community Pharmacist Consultation Service (CPCS) by enabling community pharmacies to manage patients for seven common conditions, following specific clinical pathways. For more information, please visit our ICB [webpage](#) or NHS England's [website](#).
- 5.6.3 In Devon, over 98% of community pharmacies are signed up to the service and have collectively delivered over 70,000 clinical pathway consultations (January 2024 – November 2024).
- 5.6.4 NHS Devon has utilised some national funding for the Primary Care Access & Recovery Plan (PCARP) to recruit a Community Pharmacy and Primary Care Network (PCN) Engagement Lead to work in partnership with our existing Community Pharmacy PCN Integration Lead Network, in order to improve engagement with the national service across the system and further embed this new way of working.

5.7 Finance update

- 5.7.1 At month 10 (January 2025), the NHS in Devon is reporting a year-to-date deficit of £6m against a planned deficit of £6m.

- 5.7.2 The forecast for the year end is breakeven for the NHS system in Devon. The receipt of £80m non-recurrent deficit funding in the second half of the financial year enabled the system to forecast a balanced outturn for 2024/25.
- 5.7.3 The system is reporting £167.7m efficiencies in the first 10 months of the year. This is £12.3m above plan. The forecast is to achieve £216.6m in efficiencies against a plan of £213.3m.

5.8 Devon 10-Year Plan engagement programme

- 5.8.1 The Devon 10-Year plan engagement programme concluded on 28 February 2025. The programme was a true piece of system working - co-designed with Healthwatch and delivered in collaboration with VCSE organisations, provider and local authority colleagues and other key system partners. The approach has resulted in a representative response from across the county which includes significant input from the Core20PLUS5 communities.
- 5.8.2 The engagement programme had various feedback methods to ensure it was accessible for all our people and communities in Devon. This included workshops, engagement postcards, surveys and a telephone line provided by Healthwatch where people could provide feedback over the phone if they weren't digitally enabled.
- 5.8.3 In total 3,400 pieces of individual feedback was received. This includes:
- 2,353 survey responses
 - 358 people attended one of the 50 workshops that took place across Devon.
 - 691 engagement postcards were completed
- 5.8.4 In addition to this, 219 people have been recruited for future engagement.
- 5.8.5 NHS Devon allocated funding to invest in Healthwatch Devon, Plymouth and Torbay and VCSE organisations. This widened the reach of the programme and made it accessible to those groups that are not always involved in engagement work like this. This approach enabled us to hear from:
- People experiencing homelessness
 - Learning disabilities
 - Ethnically diverse communities
 - Carers and older people
 - People with a physical disability
 - Digitally excluded
 - Rural/coastal communities
 - Children and young people
 - Those experiencing social isolation
- 5.8.6 The joint approach provided a level of confidence and assurance of being heard through independent facilitation of workshops by Healthwatch Devon, Plymouth and Torbay.

5.8.7 The programme is seen regionally as an exemplar of best practice and will be used as a foundation for any future system involvement. The findings are currently being reviewed, these will be shared as part of a future Health and Wellbeing Board meeting once complete.

6) Options / Alternatives

N/A

7) Consultations / Representations / Technical Data

N/A

8) Strategic Plan

N/A

9) Financial Considerations

N/A

10) Legal Considerations

N/A

11) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

N/A

12) Equality Considerations

N/A

13) Risk Management Considerations

N/A

14) Summary

That the Committee be asked to note this report.

Name

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

Steve Brown, Director of Public Health and Communities Devon County Council

Lou Higgins, Locality Director, North and East Devon, NHS Devon

Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health: Councillor Phil Bullivant

Cabinet Member for Public Health, Communities and Equality: Councillor Roger Croad

Local Government Act 1972: List of background papers

Background Paper Nil

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