

Update to Devon Health and Wellbeing Board

October 2024

Update from Healthwatch in Devon

Our latest reports

Experiences of Unpaid Carers in Devon, Plymouth and Torbay

The impact of providing unpaid care at home (Phase 2)

Our Phase 2 survey report of Carers' experiences provides valuable insight into the impact that caring for someone for more than 20 hours a week can have on Carers' lives. We heard from more than 200 Carers who live in Devon, Plymouth and Torbay who shared their experiences with us, following on from an earlier [report](#) published in November 2022. We also conducted a guided conversation with 17 individual Carers to help us understand in more detail how a Carer's role was impacting on their everyday life and their emotional wellbeing.

Since publishing the report, we have independently chaired a meeting with Carers Leads from across the health and social care system in Devon, Plymouth and Torbay to look at a joint approach to addressing some of the recommendations in relation to:

- Replacement care
- Information about medical conditions and support at diagnosis
- Information and support to navigate complex systems

And Carers leads have welcomed the data and findings to help inform their local Carers strategies and action plans.

The report's key findings

Carers' health and wellbeing

Many Carers are feeling overwhelmed by their caring role. Nearly two thirds of Carers (62%) told us they have reached a point where they have been unable to manage.

Carers use a range of mechanisms to help them to cope when they feel overwhelmed. More than half (58%) have strategies in place to enable them to better manage their care responsibilities.

Tiredness, fatigue and lack of sleep were the most common triggers to feeling overwhelmed, mainly due to a lack of time, energy and space to enable them to take a break from their caring role.

Some Carers feel their own safety is at risk: A quarter of Carers (25%) told us that they felt their own safety was at risk due to either a decline in their own mental health and wellbeing, Medication complexities, or the behavior of the person(s) they care for.

Many Carers put the needs of the person(s) they care for before their own personal care and health and wellbeing needs: Almost half (45%) of Carers told us they do not prioritise their own health and wellbeing.

Reduced working hours has led to a decline in Carers' health and wellbeing: A third of Carers (32%) who had either given up work or reduced their working hours said it had negatively impacted on them.

Some Carers are experiencing negative feelings such as depression, anxiety and loneliness because they are unable to leave the house on a regular basis: Around a third of Carers (37%) told us that they are unable to leave the house on a regular basis.

Carers' experience of the Caring Role

Administrative tasks take up a significant amount of time: A fifth of Carers (20%) spend several hours a day on administrative tasks such as arranging medical appointments, form filling and paying bills.

Carers' needs and the needs of the cared for person(s) are not always being fully met by paid care services: A quarter of Carers (24%) told us that the paid care they receive for the cared for person(s) does not meet their needs as a Carer or the needs of the person they care for.

Replacement Care (Respite) is difficult to access and inconsistent: Some Carers revealed that replacement care and support had been either inconsistent or was not suitable, appropriate or even available to meet the cared-for person's needs.

The care provided by Carers is negatively affected by their inability to leave the house: Nearly two thirds of Carers (61%) said the care they

provide is negatively affected by being unable to have regular personal time and space. Decline in their physical and mental health.

Areas highlighted for improvement or change

There is a need for improved access to training, information and advice:

Two thirds of Carers (65%) said they have not received enough training, information or guidance to support them in their caring role.

Carers need improved access to support for themselves: Around a third of Carers (37%) told us they do not know where to go for support and had experienced difficulties or delays trying to access support.

Carers need more support to enable them to prioritise their wellbeing: 53% of Carers told us that for them to be able to prioritise their own health and wellbeing they need more opportunities for respite, better paid practical care provision, easier access to health and social care services and more financial support.

Having someone to talk to and / or access online support groups would help Carers to feel less isolated: A third of Carers (32%) said this would help them to feel less isolated and alone.

Carers who live with the person(s) they care for need more support and better access to respite care because they are more at risk of reaching a point where they are unable to manage.

Recommendations

- 1. Draw on the valuable insight and suggestions from Carers in this report to develop and improve access to training and awareness resources to help Carers to manage their own health and wellbeing.** Easier access to consistent and reliable sources of advice and support systemwide would help prevent Carers from feeling unable to cope, whether that be mentally, physically, emotionally, or financially.
- 2. Improve access to health and social care services for Carers,** paying attention to specific challenges faced by Carers such as GP

and hospital appointment booking systems, delays in getting through to services, requirements for longer appointments if accompanied by the person they care for, difficulties accessing suitable replacement care and good quality paid care services.

3. **Draw on the evidence in this report to codesign with Carers and Carers Ambassadors a risk scale or checklist for Carers** to help medical professionals, social workers, parent-Carers services and Carers themselves to identify when a Carer may be reaching a tipping point.
4. **Develop a systemwide publicity campaign** to identify Carers, raise awareness of Carers Services and support Carers to register with relevant Carer's services and the full range of support available to them.
5. **Identify why, in some areas, Carers and / or the cared for person's needs are not being met by paid care services.** We urge health and social care commissioners to work with care providers, Carers services, patient experience teams and Carers themselves, to explore the reasons why their needs are not being met and to identify if there are any other areas where there are gaps in evidence to help develop future engagement/research.
6. **The NHS and Adult Social Care Leaders in Devon, Plymouth and Torbay use the evidence and the findings in this report to further inform local Carer strategies and action plans.** Also that condition specific feedback such as dementia, can help to inform the new dementia strategy for Devon, alongside National guidance such as the [NICE guidelines](#) for people with dementia, their family and carers and the [Well Pathway for Dementia](#).

Community Engagement Projects

Children in care and annual health checks

Healthwatch Devon will be undertaking engagement to explore the reasons for a decline in the uptake of annual health checks for teenagers in care and how the system could be improved to encourage wider attendance, which could lead to better health outcomes for those in care.

Working with library volunteers within the local community

Healthwatch Devon and Torbay community engagement team will be working with Libraries Unlimited across Devon and Torbay to train volunteers who are going into people's homes to deliver library books, so that they can let people know about Healthwatch and how they can have their say about their local health and social care services if they have an experience or suggestion for improvement to share.

Healthwatch England reports

Exploring unmet social care need for disabled adults

[Missing millions – Exploring hidden and unmet social care need for disabled people](#)

Healthwatch England released a new poll of 1,504 working-age disabled adults which found that 28% have never accessed social care despite being eligible. Other key findings include:

- Up to 1.5 million disabled adults in England could be eligible for social care or other support but aren't receiving it.
- When people receive social care support, their experiences are very positive, with 78% of disabled adults aged 18-64 agreeing that their care helped them live the lives they wanted to.
- Social care helps people stay healthy, do their favourite activities, eat and drink, work and volunteer, and look after themselves and their homes.
- Only 9% of people we spoke to disagreed that care helped them live the lives they wanted to.
- Access to social care remains a challenge. 28% of our total sample had never accessed care, despite self-identifying as eligible.
- Most people waiting for care assessments received information and support, including how long they could expect to wait for an assessment (32%) and information on what to expect.
- Around 10% of people received no support at all whilst waiting.

Pharmacy closures in England –Healthwatch England publish their latest findings

[Pharmacy closures in England | Healthwatch](#)

According to the report, Devon has one of the highest number of hours of reported temporary closures compared to other ICB areas in England.

Their research found that more rural ICBs tended to have higher hours of closure per pharmacy than more urban ICBs and that areas with older populations tended to lose more hours as well.

Locally [**we raised concerns around access to pharmacy services**](#) to NHS Pharmacy leaders Devon and the findings have helped to inform the development of the new local community pharmacy strategy for Devon and we have continued to work with NHS Devon and strategic leads to ensure people are able to have their say and that people's views, experiences and suggestions are taken into account.

Community Diagnostics Centres

[A local diagnosis: Learning the lessons of Community Diagnostic Centres](#)

Healthwatch England published their latest findings on people's experiences using Community Diagnostic Centres (CDCs).

Their research found that almost everyone they spoke to (93%) reported good experiences at Community Diagnostic Centres and almost a third (31%) said getting the tests done quickly was their top priority when choosing where to get a diagnostic test. Other key findings reveal:

- Most people weren't offered a choice of location (78%) or time (61%) around their appointments – people said they would have liked a choice when the appointment given wasn't ideal for them.
- Local Healthwatch teams identified accessibility issues at several sites, including:
 - failing to meet people's communication needs.
 - barriers for d/Deaf people and people experiencing hearing loss.
 - issues with English language interpretation.
 - barriers for people with mobility difficulties, Autism, and dementia.

Visiting the Community Diagnostic Centre was convenient for most people they spoke to – 70% arrived in less than 30 minutes, and 26% arrived in less than an hour.

Cervical Screening in England

Cervical screening, my way – Women's attitudes and solutions to improve uptake of cervical screening




Healthwatch England published a report on women's experiences of cervical screening and has set out recommendations for healthcare leaders, which include calls for:

1. NHS England to investigate solutions to ensure that disability and ethnicity data about people attending screening can be captured, analysed, and published alongside regional and age uptake data in the future. This would allow for a more comprehensive picture of uptake among diverse groups.
2. NHS England to address the gap left by the closure of Jo's Cervical Cancer Trust (the only charity and national helpline dedicated solely to cervical cancer), with high-profile promotion of alternative, trusted sources of direct support and information for women.
3. Screening providers to ensure they train and enable admin and screening staff to meet their responsibilities regarding accessible information and adjustments to care.
4. Screening providers, working with local Healthwatch, to seek feedback from their local communities to understand views on booking methods, appointment times and preferred locations for drop-in clinics. Services should adapt access accordingly to help increase uptake.
5. NHS England to introduce an NHS-branded Trauma Card, based on a Healthwatch Essex initiative for affected women to bring to appointments.

6. Subject to the results of NHS-commissioned research on the safety and effectiveness of self-screening, the NHS should adopt self-screening as an alternative option offered to all women nationally who would prefer it. Instructions for their use should be co-designed with women.




healthwatch Devon

c/o Colebrook (SW) Ltd
William Sutton Memorial Hall,
6 Shelley Way, St Budeaux,
Plymouth, PL5 1QF
t: 0800 520 0640
e: info@healthwatchdevon.co.uk
www.healthwatchdevon.co.uk

 @healthwatchdevon
 @HwDevon
 @hwdevon

healthwatch Plymouth

William Sutton Memorial Hall,
6 Shelley Way, St Budeaux,
Plymouth, PL5 1QF
t: 0800 520 0640
e: info@healthwatchplymouth.co.uk
www.healthwatchplymouth.co.uk

 @healthwatchplymouth
 @HealthwatchPlym
 @healthwatchplym

healthwatch Torbay

Paignton Library & Information Centre
Great Western Road,
Paignton, TQ4 5AG
t: 08000 520 029
e: info@healthwatchtorbay.org.uk
www.healthwatchtorbay.org.uk

 @HealthwatchTorbay
 @HWTorbay
 @healthwatchtorbay