

OVERVIEW AND SCRUTINY COMMITTEE

SUPPLEMENT

Tuesday, 14 April 2026 at 10.00 am
in the Council Chamber, Forde House, Brunel Road, Newton Abbot, TQ12 4XX

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|----|--|---------|
| 10 | NHS Health & Dentistry update report | |
| | To receive an update report on dentistry and pharmacy from the NHS | 3 - 56 |
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| | To consider the attached report | 57 - 64 |

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NHS Devon Five Year Commissioning Plan 2026/31

SUMMARY

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Executive summary

NHS Devon is entering a critical period of transformation.

Rising demand, an ageing population with more complex needs, persistent health inequalities, and sustained financial pressure mean the current model of care is no longer sustainable.

There are long waits, pressure across urgent and emergency care, fragmented pathways, variation in outcomes, and limited capacity to invest in change due to historic deficits and rising costs.

↳ This Five-Year Commissioning Plan (2026–2031) sets out how NHS Devon will respond by shifting to a more proactive, integrated, and financially sustainable model of care.

It translates the Devon Health and Care Strategy into commissioning intentions and a delivery framework aligned to national priorities.

The plan is underpinned by population health insight, demand modelling, productivity intelligence, and engagement with communities and partners.



Our Five-Year Plan

Our system is aligning strategy, commissioning and delivery to provide a single, coherent route from ambition to outcomes. The Health and Care Strategy sets the long-term vision and measurable outcomes for population health and equity. The Five-Year Commissioning Plan translates that vision into prioritised, funded programmes and contracts.

Our Five-Year Plan recognises that Devon's current model of care is not keeping pace with population need. Demand is rising as people live longer with more complex conditions; access and experience remain inconsistent; and cost and workforce pressures continue to challenge the system.

The plan focuses on **three major shifts** that will be delivered through neighbourhood and place-based transformation, systemwide pathway improvement, productivity gains, clinically led service configuration, and stronger contract management.

Our commissioning intentions translate the strategy into specific outcomes, activity changes and milestones, supported by the levers of contracts, payment, workforce, digital and estates.

We build on these intentions by setting out the performance, quality, digital, workforce and financial requirements we expect providers to meet. Where appropriate, the expectations will be built into contracts and overseen through a strengthened contract-management approach.

If we are successful, the benefits will include shorter waits, fewer avoidable admissions, better outcomes, reduced inequalities, improved productivity and a more sustainable financial position for the system.

Our three major shifts

1. Moving care from hospital to neighbourhoods
2. Shifting from treatment to prevention
3. Modernising services from analogue to digital



Introduction and purpose

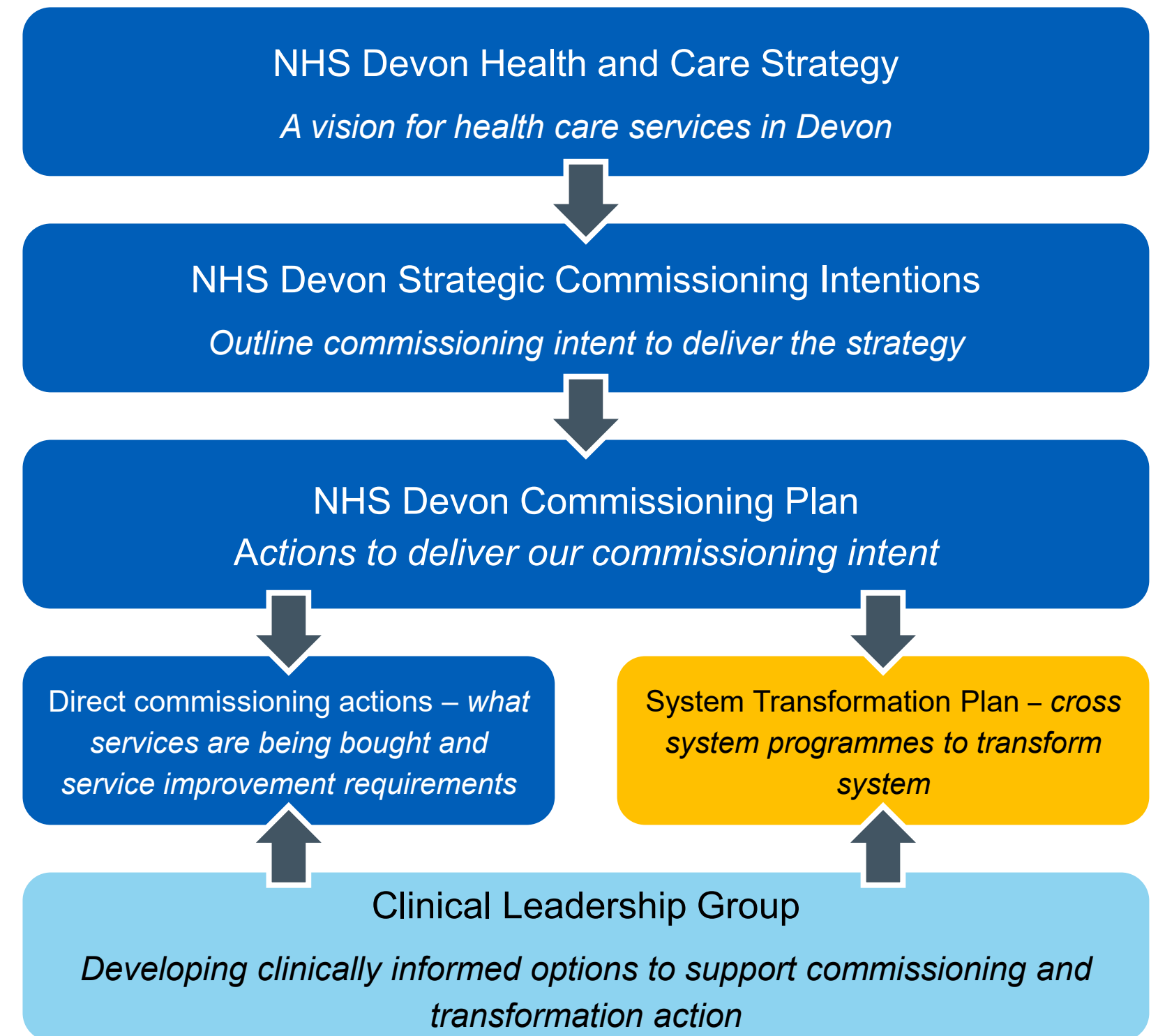
The Five-Year Plan sets the commissioning route to deliver Devon's Health and Care Strategy between 2026 and 2031.

NHS Devon's ambition is a system that is simpler to navigate, more consistent across the county, and financially sustainable.

Specialist services remain essential, but more care will be delivered closer to home through stronger neighbourhood, community, and preventative services, supported by digital innovation and redesigned pathways.

The purpose of the Five-Year Commissioning Plan is to set out how NHS Devon will commission services to improve population health outcomes, reduce inequalities, and ensure high-quality sustainable care.

It is both strategic and practical—supporting coordinated system decisions, targeted investment, and collective delivery over 2026–2031.



Structure and what is included in the document

1. Why change is needed

The evidence base (demography, inequalities, finance, workforce, quality, public insight).

2. Opportunity and productivity

Where transformation, redesign and efficiency initiatives will have the biggest impact.

3. Strategy

The Devon care model across neighbourhood, place and specialist settings; PHM; digital; quality.

4. Commissioning intentions

What we are commissioning, the outcomes we aim to achieve, and the activity shifts we expect to see as a result.

5. Commissioner expectations

Performance, quality, digital, workforce and finance expectations for providers, in addition to commissioning intentions that focus on service models. Some will be incorporated into contracts.

6. Transformation

Sets out transformation programmes and early priorities we will progress; supporting governance and delivery.

7. Enabling plans

Workforce and culture, digital and data, estates and infrastructure, contracting and payment, people and communities support delivery of the commissioning intentions, commissioner expectations and transformation.

8. Governance

One joined-up model that enables collective leadership, clear decisions and disciplined delivery, and respects sovereign accountabilities.

1. Why change is needed

The key evidence, insights and system pressures that underpin the need for significant transformation across health and care in Devon.

This section sets out the core challenges facing our population, services and workforce, and provides the rationale for the strategic commissioning intentions and commissioner expectations outlined later in this plan.

Why change is needed

This section brings together the key evidence, insights and system pressures that underpin the need for significant transformation in Devon. It sets out the core challenges facing our population, services and workforce, and provides the rationale for the strategic commissioning intentions and commissioner expectations outlined later in this plan.

NHS Devon faces a decisive period of transformation. Demographic growth, rapid population ageing, rising multi-morbidity, persistent inequalities and sustained financial pressure mean the current model of care is no longer sustainable.

Although emergency department attendance rates are relatively low compared to national averages, Devon experiences higher-than-average non-elective admissions, long lengths of stay in the very old, and high average costs per elective spell.

These patterns point to gaps in intermediate care, discharge coordination, community alternatives and pathway productivity rather than excessive front-door demand.

At the same time, national productivity benchmarking shows that Devon's acute providers and the Devon system overall have seen a deterioration in productivity since 2019/20, driven by real-terms cost growth outpacing activity growth.

The total health needs of the Devon population is expected to grow by an average of 1.52% per year over the next five years. The aging effect of the population is the largest component of that growth at an average of 0.93% per year. Population growth on its own will add an average of 0.75%.

The model assumes that there is a small reduction in the health needs per person (-0.16% per year) which can be viewed as a measure of improved prevention.



Population health need and drivers of demand

NHS Devon serves a **population** of around 1.3 million people with a significantly older age profile in comparison to the national average, with almost a quarter of the population (24.3%) aged 65 or over compared with the rest of England (17.4%) The population of Devon is growing at a rate that exceeds the national average (c.0.7% per annum vs c.0.4% per annum) with the greatest growth being seen in those aged over 75

The Devon Integrated Care System's (ICS) **financial** position remains challenged, with the system financial plan for 2025/26 requiring deficit support funding of £54m to deliver breakeven against resources that are £163m more than our needs-based population fair share

Devon shows a mixed picture: urban areas contrast with remote rural and coastal communities that face poor accessibility. While **deprivation and affluence** both exist in pockets, most of the population falls near the national average with only around 12% in the bottom two deprivation deciles. Yet health outcomes vary sharply, with up to a 20-year difference in healthy life

Demand for services across all age group is growing across primary, community, acute and mental health services, with a particular increase for children and young people's services.

Our **workforce** is challenged to meet the increasing demand for services, financial pressures, supply challenges such as recruitment and retention and the need for education and training programmes to expand the scope of professional practice

Our system is not currently **co-ordinated** sufficiently to help people to not need acute services in the first place, with multiple services and pathways across the system, often layered rather than designed in a person-centred way.

Devon's **IT and estates infrastructure** requires upgrading, including the varied estate profile ranging from some excellent facilities to some in dire need of repair, which brings with it high-risk, there is a business continuity risk that our buildings could fail, impacting on the safety and quality of services that we are able to provide.

Engagement overview

Comprehensive engagement has been central to ensuring that the strategy is shaped by the voices of our communities and professionals.

To support the Government's 10-Year Health Plan, NHS Devon led an inclusive engagement programme involving staff, patients, the public, and partners across Devon.

Over 3,400 participants contributed to Devon's 10-Year Health Plan engagement, providing a robust evidence base for strategic development.

Described nationally as 'the biggest conversation about the future of the NHS since its inception,' this programme aimed to capture local voices on the three big shifts shaping healthcare.

NHS Devon tailored this engagement locally, ensuring the views of Devon's diverse communities informed both local priorities and the national plan.

Co-designed with Healthwatch Devon, Plymouth, and Torbay, and supported by the Devon Engagement Partnership (DEP), the programme aligned its questions with the national framework to maintain consistency.



Engagement key themes and findings

Strong support for the NHS being free at the point of access

The NHS workforce is seen as the system's most valuable but vulnerable asset

Appreciation for the wide range of services and their personal impact



Urgent need to improve access to primary care, mental health, A&E, and elective services



Generally positive experiences when accessing care, despite low satisfaction with overall NHS management (reflecting national trends)

Need for adequate NHS funding

A call for better integration and communication between services









Emphasis on prevention, diagnostics, and earlier intervention to reduce illness

Desire for greater investment in frontline services and a reduction in management costs

Recognition of technology's potential to improve efficiency and care coordination, balanced by concerns over AI, data privacy, and digital exclusion

Why change is needed – key messages

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 Demographics	A rapidly ageing population driving higher health need, multi-morbidity and end-of-life demand
 Inequalities	Deprivation and rurality shape outcomes and access; inclusion health groups face persistent barriers
 Finance	Underlying fragility and limited investment headroom require productivity improvement and value by design
 Workforce	Supply, retention and skill-mix pressures; productivity below pre-COVID; variable culture and digital readiness
 Quality and access	Sustained urgent and emergency care (UEC) pressure, diagnostics constraints, variable experience, and long waits in some pathways
 Performance	Significant pressure across urgent, elective, cancer and mental health pathways, with front-door congestion, diagnostic backlogs and delayed discharge continuing to pull key standards off trajectory
 Digital	Devon has significant room to strengthen digital capability, with priorities around leadership, workforce, citizen access and a single digital front door
 Public insight	Consistent support for preventative, local, digitally-enabled care that is easier to navigate

Conclusion: change is unavoidable. The system must shift delivery into neighbourhoods, design for prevention, standardise specialist services, tackle variation and incorporate best practice — with productivity and equity built in from the start — and the public are generally supportive of the direction of travel

2. Opportunity analysis

The opportunity analysis brings together a wide range of intelligence sources, including local activity and cost data, national benchmarking, Model Health System indicators, productivity packs and population health insights.

It provides an objective assessment of Devon's current performance across planned care, urgent and emergency care, outpatient services, community pathways and specialist services.

It highlights areas where Devon performs well, where performance differs from national comparators, and where there are clear opportunities to improve productivity, outcomes and financial sustainability.

Opportunity analysis

Non-elective care

Devon undertakes around **111,000 non-elective spells** per year at a cost of **£299m**.

Standardised non-elective activity is **6.4% above** the national average and **15.9% above** lowest-quartile ICBs.

Average tariff per spell is **below national average**, but interpretation is limited by known coding issues.

Length of stay is in the **lowest quartile nationally overall**, but closer to average for people aged 85+, indicating scope to improve complex discharge and intermediate care.

Aligning activity and tariff to national averages could release around **£7m**.

Emergency department

Type 1 emergency department ED attendance rates are in the **lowest quartile nationally** and 20% below the national median. The challenge is therefore less about front-door demand and more about admission avoidance, same-day care, and flow once patients reach hospital.

Productivity

The size of the opportunity is significant: three-year productivity opportunity analysis totals £314m.

NHS Devon cost per weighted activity unit (WAU) is **above national median**.

Acute providers show **high real-terms cost growth** since 2019/20, contributing to financial pressure.

Recent year-on-year **productivity has improved**, demonstrating that change is possible when focus and grip are applied.

The primary opportunity is not “doing less care” but **doing care differently**—earlier, closer to home, and through standardised, high-value pathways.



3. Health and Care Strategy 2026/2031

Shaping NHS services to improve the health of our communities and residents in Devon.

Our strategic vision

“We imagine a Devon where everyone can live well – on their own terms, in communities that value equity, sustainability, and belonging.

This means recognising the rich complexity of people’s lives, identities, and experiences, and the many factors that shape health and wellbeing beyond traditional services.

By nurturing a culture of curiosity, care, and shared responsibility, we will work across boundaries to challenge injustice, reimagine support, and act boldly together.

“Rooted in trust, lived experience, and community strengths, we are committed to lasting change – so that everyone, especially those historically underserved, can thrive now and for generations to come.”



Our model of care

Neighbourhood - Supporting integrated, community-based care tailored to local populations, with a strong focus on prevention, early intervention, and personalised support.

This is the community-based care across a population of c. 30,000 – 50,000. Delivery is led by Integrated Neighbourhood teams that use combined resources to deliver joint outcomes.

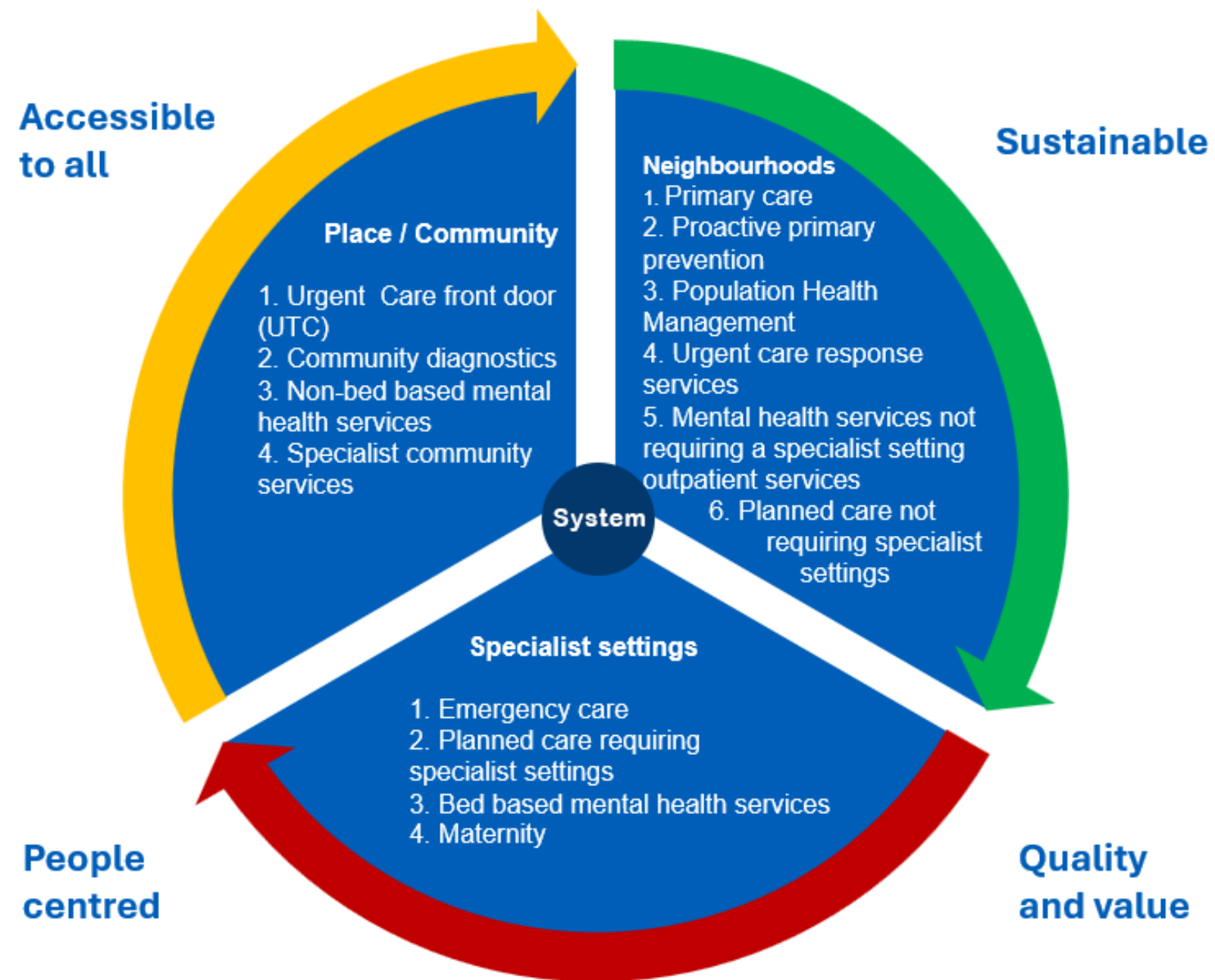
Outcomes are commissioned from a lead provider who will collaborate with other Health (including Primary Care), Social care and VCSE organisations to deliver contracts.

Place – Enabling coordination across services within localities, ensuring that care is joined-up across primary, community, mental health, social care, and voluntary sector partners.

Specialist Settings – Providing strategic oversight, specialist services, and infrastructure to support consistency, equity, and sustainability across Devon.

Acute care that cannot be delivered in non-specialist settings and high-volume interventions that can benefit from economies of scale.

Services should be commissioned to deliver national best practice to maximise cost and quality outcomes.



4. Strategic Commissioning Intentions

NHS Devon is transitioning towards a strategic commissioning model that places outcomes at the heart of service design and investment. The Strategic Commissioning Intentions outline commissioning intent to deliver the strategy.

Historically, commissioning has focused on funding services or activities and retrospectively assessing their impact. While this approach has delivered some improvements, it has also led to fragmented care and limited scope for innovation.

Our new model redefines commissioning as a proactive, collaborative process that pays directly for outcomes, enabling providers to design services that are both creative and responsive to local needs.

Strategic commissioning intentions

Keeping people safe and well in their neighbourhood	Shifting traditional acute care and treatment into our communities	Timely and responsive specialist care and treatment when needed	Prevention and inequalities focussed initiatives co-commissioned with our local system partners	Specific areas of health improvement focussed on our population need
<p>Our neighbourhood services will work in partnership to keep our population healthy and enable them to live fulfilling lives in their own home.</p> <p>We will fully establish Integrated Neighbourhood teams that will bring together Health and Social Care and voluntary, community and social enterprise (VCSE) partners to take a multi-disciplinary team approach to:</p> <ul style="list-style-type: none"> • ²⁰ Identify people at greatest risk, proactively reviewing and supporting interventions to keep them healthy. • Empower individuals to manage their health. • Integrate care around the individual and what matters to them. • Ensure people can access same day urgent care services • Reduce health inequalities and long-term care dependency. • Simplify and streamline care using digital tools, AI, and shared digital records. 	<p>Large acute hospitals have become the default in delivery of our health services.</p> <p>As we move towards the new model described within our Health and Care Strategy, we will move care away from our acute providers and into neighbourhood and place settings</p> <p>We will shift any care that does not need a specialist setting into the community through recommissioning of our pathways to align with our new model of delivery.</p> <p>This will see the delivery of specialist services outside of specialist settings</p> <p>We expect the majority of our care to be delivered outside of hospitals.</p>	<p>Even within a model that prioritises care within the community there will remain needs that require specialist response and treatment.</p> <p>Whether this is unplanned (emergency) care or planned (elective) care the response will need to be timely and proportionate to the level of need.</p> <p>In order to deliver safe and timely care all specialist pathways will be expected to be as productive and efficient as possible, offered advice and guidance to our neighbourhood services.</p> <p>Where services need to be provided in a specialist setting, we expect that this will be managed across our specialist sites as single services. This will likely result in changes to where services are delivered.</p>	<p>Linked to our ambitions within Neighbourhoods, the NHS is not alone in driving improvements in the health of its population.</p> <p>We will be looking to work closely in partnership with public health, adult and children’s social care teams, and others within local authorities to maximise the use of our collective resource to deliver for our population.</p> <p>Over five years, we will build on our already strong relationships, working across organisational boundaries to deliver collective outcomes.</p> <p>This work will focus on market development and shaping and ensuring we work together to improve the health of the population particularly regarding diabetes, respiratory illness, cardiovascular disease and weight management.</p>	<p>Through the development of our Health and Care strategy and engagement across the system, there are a number of areas of Health care delivery that have been identified as requiring targeted support beyond the approach to deliver in our first four strategic commissioning priorities.</p> <p>These are:</p> <ol style="list-style-type: none"> a. Diagnostics b. Birthing c. Mental health, learning disabilities and neurodiversity: d. Dementia e. Cardiovascular disease f. Continuing healthcare and individual placements

Evidence-base underpinning our commissioning intentions

Our commissioning intentions are strongly supported by national policy and a robust UK evidence base.

- **Neighbourhood models** – Integrated teams and continuity of care improve access, equity and outcomes when locally co-designed and aligned to Fuller.
- **Rapid access and flow** – single point of access (SPoA), urgent community response (UCR), urgent treatment centres (UTCs) and same day emergency care (SDEC) reduce avoidable admissions when core components and national standards are in place.
- **Frailty and intermediate care** – Comprehensive Geriatric Assessment and NICE NG74-aligned intermediate care have some of the strongest evidence for improving outcomes and supporting timely discharge.
- **Virtual wards, outpatients and diagnostics** – Proven national models delivering better experience, earlier decisions, increased capacity and reduced unwarranted variation.

Our commissioning approach will also seek to mitigate known implementation risks (workforce, digital, operational variation) through clear service specifications, being consistent with national standards, equity-focused development and disciplined management measurement.

Underpinned by national guidance (Fuller Stocktake; NICE NG74; BGS Silver Book II; NHSE Virtual Ward Framework; Outpatient Transformation Guidance; Community Diagnostic Centres) and leading systematic reviews (CGA; Hospital at Home; continuity of care)

Strategic commissioning intentions: Executive assurance overview

Our initial equality and quality impact assessment (EQIA) indicates that our strategic commissioning intentions present a coherent and achievable framework for improving outcomes across Devon, with clear potential to strengthen prevention, enhance access to care, and deliver more personalised, community centred services.

Purpose and direction:

- Strategic Commissioning Intentions: Clear, deliverable framework to improve outcomes, strengthen prevention, and expand personalised, community-centred care.

Assurance position:

- High-level EQIA review undertaken in line with both legal and statutory requirements, following approved local EQIA process.
- Strategic Commissioning Intentions are beneficial and achievable, with mitigations applied consistently.

Key system risks:

- Neighbourhood capacity variation
- Rural access challenges
- Specialist workforce constraints
- Gaps in protected characteristic data
- Addressing these risks proactively will be essential to ensuring that the benefits of the commissioning intentions are realised equitably across all communities, including those who may be at greater risk of exclusion or poorer outcomes.

Oversight and governance:

- ICS Finance, Performance and Quality Committee: quality, safety, patient experience
- ICS equality, diversity and inclusion (EDI) governance: statutory equality duties, equality actions
- Continuous learning, data-driven monitoring, community co-production to reduce inequalities and maintain quality

Equality, Quality Impact Assessment (EQIA) findings

Strategic Commissioning Intention	Potential Positive Impacts	Potential Negative Impacts	Potential Neutral Impacts	Mitigation Actions
1. Supporting people to stay safe and well in their neighbourhoods	<ul style="list-style-type: none"> Improved access for older adults and disabled people through localised care. Stronger relationships with minority groups via neighbourhood engagement. Better continuity for carers and families. 	<ul style="list-style-type: none"> Variation in neighbourhood capacity may disadvantage rural and coastal communities. Minority ethnic and LGBTQ+ groups may be overlooked in low-diversity areas. Limited specialist knowledge in neighbourhood teams. 	<ul style="list-style-type: none"> No direct impact on marriage/civil partnership status. Limited direct impact on religion or belief where neighbourhood teams already reflect local demographics. Neutral impact on sex where services are universally accessible. 	<ul style="list-style-type: none"> Standardised neighbourhood operating model Equity audits and targeted outreach. Cultural competence and disability inclusion training Mobile/outreach services for rural areas.
2. Delivering more care traditionally provided in acute settings within community environments	<ul style="list-style-type: none"> Reduced travel burden for older adults, disabled people, and pregnant people. More personalised care closer to home. Improved early intervention for long-term conditions. 	<ul style="list-style-type: none"> Community settings may lack specialist equipment or clinical capability. Risk of fragmented transitions between acute and community care. Digital-first models may disadvantage some disabled people. 	<ul style="list-style-type: none"> Neutral impact on sexual orientation where community services are inclusive No direct impact on marriage/civil partnership Neutral impact on religion or belief where community sites already accommodate cultural needs 	<ul style="list-style-type: none"> Phased transition plan with workforce modelling Strengthened clinical governance and escalation pathways Community diagnostics and remote monitoring Multiple access routes (digital, phone, face-to-face)
3. Ensuring timely and responsive access to specialist care when required	<ul style="list-style-type: none"> Faster diagnosis and treatment for complex conditions Standardised pathways reduce variation for protected groups Improved outcomes for paediatrics, maternity, cancer, cardiovascular disease 	<ul style="list-style-type: none"> Travel barriers for rural residents and older adults Limited local provision for gender identity care and some paediatric sub-specialties Referral bottlenecks may disproportionately affect minority groups 	<ul style="list-style-type: none"> Neutral impact on marriage/civil partnership Neutral impact on religion or belief where specialist pathways are clinically driven. No direct impact on sexual orientation unless linked to specific clinical pathways 	<ul style="list-style-type: none"> Streamlined referral pathways and digital triage Outreach/satellite specialist clinics Transport support and virtual specialist consultations Regional collaboration for low-volume specialist services
4. Focusing on prevention and reducing health inequalities	<ul style="list-style-type: none"> Targeted prevention for high-risk groups (e.g., ethnic minorities, disabled people, LGBTQ+ communities) Supports healthy ageing and maternal health Reduces long-term inequalities 	<ul style="list-style-type: none"> Small minority groups may be statistically invisible in datasets Prevention messaging may not be accessible to disabled people or culturally appropriate Short-term funding cycles undermine long-term impact 	<ul style="list-style-type: none"> Neutral impact on marriage/civil partnership Neutral impact on sex where prevention programmes are universally targeted No direct impact on religion or belief unless programmes intersect with cultural practices 	<ul style="list-style-type: none"> Multi-year prevention investment Improved protected characteristic data recording Co-design with minority and faith groups Accessible formats for all prevention materials
5. Improving outcomes in specific areas of health based on population need	<ul style="list-style-type: none"> Strong alignment with Devon's older population (dementia, frailty, cardiovascular disease) Better pathways for neurodiversity, mental health, and long-term conditions Opportunity to reduce diagnostic inequalities. 	<ul style="list-style-type: none"> High demand may exceed specialist capacity Risk of siloed services and poor transitions (e.g., CAMHS to adult) Diagnostic tools may not be culturally adapted 	<ul style="list-style-type: none"> Neutral impact on marriage/civil partnership Neutral impact on sexual orientation unless linked to specific mental health pathways No direct impact on religion or belief where clinical pathways are standardised 	<ul style="list-style-type: none"> Integrated pathways across life stages Workforce development and advanced practitioner roles Standardised diagnostic frameworks Population health analytics to target highest-need groups

5. Commissioner expectations

Headline expectations for providers to guide planning and contract negotiations. Where appropriate, national requirements and commissioner priorities will be built into local contracts. This ensures NHS Devon has the contractual levers needed to address performance and quality issues and to drive improvements in population health outcomes through its role as a strategic commissioner.

Commissioner expectations

In addition to our commissioning intentions, NHS Devon has set out headline expectations for providers to guide planning and contract negotiations. Where appropriate, national requirements and commissioner priorities will be built into local contracts. This ensures the ICB has the contractual levers needed to address performance and quality issues and to drive improvements in population health outcomes through its role as a strategic commissioner.

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Performance

- trajectories to restore constitutional standards across elective, cancer, diagnostics, urgent and emergency care (UEC) and primary care access; transparent reporting.

Quality

- strong governance, Patient Safety Incident Response Framework (PSIRF) embedded, reduction in unwarranted variation, equality and quality impact assessment by default, and maternity safety focus.

Workforce

- deliver productivity, reduce agency to zero by 2029, plan within envelope, redesign skill-mix, improve retention and culture.

Digital & data

- NHS App as front door; shared records and care plans; FDP utilisation; standardised comms via NHS Notify; AI-assisted triage; improved data quality

Finance

- minimum 2% annual productivity improvement; year-1 5% efficiency for trusts; 3% cash-out for ICB & move to outcomes-based payment over time, with tighter contract management in the shorter term.

Classification: Official

Publication reference: PRN01624



NHS Standard Contract 2025/26

Service Conditions (Full Length)

Version 2, September 2025

In this version 2 of the 2025/26 NHS Standard Contract Service Conditions, we have updated the wording in the 31-day cancer wait standard in Annex A to align more closely with the National Cancer Waiting Times Monitoring Dataset Guidance published at <https://www.england.nhs.uk/publication/national-cancer-waiting-times-monitoring-dataset-guidance/>

We have also added SC3.20, omitted in error from v1.

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6. Commissioning plans

The Commissioning Plans outline the actions we intend to take to deliver our commissioning intent.

A whole-system approach to transformation is essential if we are to deliver our strategy and respond to the considerable challenges facing Devon's health and care system.

Commissioning plans (1 of 2)

The Commissioning Plans outline the actions we intend to take to deliver our commissioning intent.

Delivering sustainability across the Devon system will not be possible without significant transformation.

NHS Devon will work with partners across the system to achieve this.

Guided by the Health and Care Strategy, and co-owned by system Chief Executives, the system will focus on key high-impact areas of transformation over the next five years.

A whole-system approach to transformation is essential to deliver our strategy and respond to the considerable challenges facing Devon's health and care system.



Commissioning plans (2 of 2)

The transformation portfolio will cover a small number of high-impact programmes, supported by cross-cutting enablers – digital and data, workforce, estates, finance and analytics.

Service improvement projects will plug into the programmes, so effort is joined-up, benefits are shared, and delivery is consistent for patients, clinicians and communities.

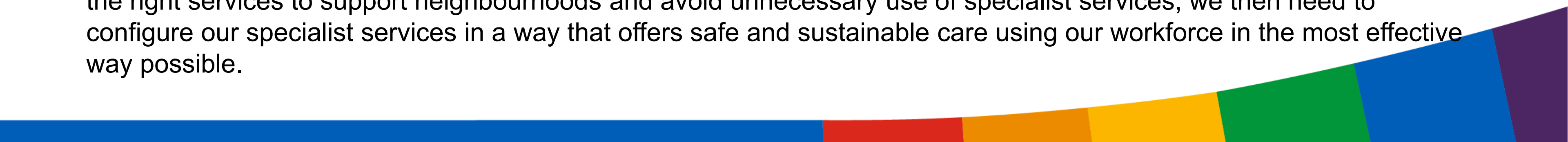
The ambition for neighbourhood transformation is to deliver cohesive, integrated teams across physical and mental health, working together to care for all ages of our population as close to home as possible with a radical shift of care from specialist settings into neighbourhoods.

System wide improvement and pathway transformation will deliver whole scale transformation of pathways to move care into neighbourhoods and ensure all care provided meets the highest level of best practice, productivity and performance.

As neighbourhoods develop to their full potential with a shift of care from specialist settings into the community and we increase standardisation, consistency and productivity across clinical pathways, we need to consider the implications for our more specialist services.

We need to ensure that these services are configured to deliver to the right footprint and are supported by the right organisational structures.

We need to ensure that services that sit between neighbourhood and specialist services are in the right place offering the right services to support neighbourhoods and avoid unnecessary use of specialist services, we then need to configure our specialist services in a way that offers safe and sustainable care using our workforce in the most effective way possible.



Priority 1

Keeping people safe and well in their neighbourhoods

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Priority 1: Keeping people safe and well in their neighbourhoods

Key objectives

- Establish single, point of access so people are directed to the right service first time.
- Establish and commission Integrated Neighbourhood Teams (INTs) across all areas, supported by a development fund to build capability and capacity.
- Define and implement a consistent core neighbourhood service offer across the life course (physical health, mental health, children and young people, and perinatal).
- Expand same-day care in neighbourhoods, including offers for children and young people and rapid support for people in mental health crisis.
- Strengthen intermediate care (step-up and step-down, including short-stay beds) to avoid admissions and speed up safe discharge.
- Improve continuity and proactive care for people with long-term conditions and complex needs.
- Embed fully co-commissioned prevention services within INTs.
- Recommission children's community services to deliver a consistent, neighbourhood-based offer.
- Develop and roll out a community perinatal model aligned to neighbourhood teams.
- Design, engage on and procure a modern end-of-life care model delivered close to home.
- Implement the outcomes of community services and intermediate care reviews at scale, ensuring delivery of services that do not require specialist settings.
- Establish single, point of access so people are directed to the right service first time.

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Expected impact – How will this feel different to people?	Expected impact – Activity Changes	Outcomes we will commission to deliver
<ul style="list-style-type: none"> • People are more confident to self-care and more activated to do so, becoming more independent and less dependent on long-term care • People will be able access a local neighbourhood hub to address a wide range of health and social care needs • People feel listened to, respected and included regardless of background • People will report more confidence and trust in services • People will experience a more joined up system of support 	<ul style="list-style-type: none"> • Reduction in ED attendances: (8am–6pm, 7 days; 12-month effect) • Increased same-day urgent demand met in primary care and community services • Increased discharges to usual place of residence and on the discharge-ready date • Reduction in unplanned admissions and length of stay; reduction in 7-day readmissions (CYP readmissions: TBC) • Fewer referrals to secondary care for conditions that can be managed in the community • Improved management of non-emergency urgent care demand in primary and community settings. 	<ul style="list-style-type: none"> • Reduction in 999/111 calls. • Reduced numbers of hospital attendances and admissions. • Reduced length of stay in hospital with reduced rates of no criteria to reside. • Reduced escalation to specialist and emergency services and fewer people at high risk of hospital admission. • Clearance of community long waits. • Increased proportion of people dying in their place of choice. • Improved long term health outcomes. • Fewer people require long term residential care. • Increase in people discharged from hospital to their usual place of residence.

Priority 2

Shifting traditional acute care into communities

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Priority 2: Shifting traditional acute care into communities

Key objectives

- | | |
|---|---|
| <ul style="list-style-type: none"> • Shift appropriate acute care and treatment into community settings, scaling Hospital at Home and proactive support for frequent users. • Move paediatric outpatient pathways into neighbourhood models and fully implement them at scale. • Redesign and implement a consistent community urgent care (Type 3) model to divert demand from ED and reduce multi-day admissions. • Commission and expand community assessment and treatment services—starting with long-term conditions and extending to all-age pathways where appropriate. | <ul style="list-style-type: none"> • Develop and deliver a community frailty model focused on falls prevention and supporting independence. • Embed digital consultation options across community assessment and treatment services. • Fully integrate community services with community diagnostics hubs, proactive case finding and specialist outreach to create seamless pathways. • Improve access, prevention and planned care in neighbourhoods to reduce avoidable hospital attendances and admissions. |
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Expected impact – How will this feel different to people?

- People will be able to access care closer to home rather than travel to hospital for routine needs.
- People will experience clearer, simpler pathways with fewer hand-offs between services.
- People with long-term conditions will feel more confident in managing their health with local support.

Expected impact – Activity Changes

- Hospital at Home / Virtual Ward: average length of stay reduced ~85% occupancy; 75% of beds used for admission avoidance (multi-day); 25% used to support flow.
- Long-term conditions: reduction in multi-day non-elective admissions for diabetes, respiratory and CVD.
- Outpatients: increase in outpatient activity delivered in community settings.
- Fewer avoidable hospital attendances and non-elective admissions as more patients are safely managed in community or hospital-at-home models.
- Frailty model impacts reflected in Same Day Emergency Care (SDEC) modelling

Outcomes we will commission to deliver

- Reduced numbers of hospital attendances and admissions.
- Reduced length of stay in hospital.
- Improved long term health outcomes.
- Reduced health inequalities.
- Reduced escalation to specialist and emergency services and fewer people at high risk of hospital admission.
- Fewer people require long term residential care.
- Increase in people discharged from hospital to their usual place of residence

Priority 3

Timely and responsive specialist care when needed

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Priority 3: Timely and responsive specialist care when needed

Key objectives

- Reduce non-interventional outpatient appointments and embed patient-initiated follow-up (PIFU) where appropriate.
- Standardise all surgical services to best practice pathways (GIRFT (Getting It Right First Time-aligned)).
- Establish a robust, system-wide Advice and Guidance (A&G) and Single Point of Access (SPoA) model to support neighbourhood teams and manage elective demand.
- Ensure hospitals deliver consistent SDEC to manage urgent demand into specialist services.
- Move to a single managed service model across key medical and surgical specialties (Stroke, Urology, Orthopaedics, Ophthalmology, Oral and Maxillofacial Surgery (OMFS)/ Ear Nose and Throat (ENT), Dermatology, Gynaecology, Surgery in Children).
- Define and implement the paediatric specialist medical offer and pathways.
- Review and strengthen specialist end-of-life provision.
- Redesign the urgent and emergency care (UEC) front door model and implement the agreed solution.
- Improve early cancer diagnosis and outcomes by developing faster, clearer and more consistent cancer pathways, including increased direct access diagnostics and streamlined referral processes.
- Reduce inequalities in cancer outcomes through targeted action based on population health data, screening uptake and tailored interventions.
- Strengthen personalised care and support for people living with and beyond cancer, ensuring holistic, locally delivered support across providers and neighbourhood teams.

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Expected impact – How will this feel different to people?	Expected impact – Activity Changes	Outcomes we will commission to deliver
<ul style="list-style-type: none"> • Faster access for first appointments, fewer unnecessary hospital trips, and greater use of remote support • Patient health outcomes will improve through faster access to care • More reliable, safer specialist care within consistent access to senior decision makers. • Shorter waits and fewer delays due to improved service resilience • Some people may have to travel further for specialist care but will benefit from higher quality and safer services. • Better patient experience 	<ul style="list-style-type: none"> • SDEC: increase the percentage of non-elective admissions supported via SDEC (reducing multi-day admissions). • Follow-ups and A&G/PIFU: • Surgical follow-ups: reduction in surgical and non-surgical follow-ups • Increase use of PIFU for appropriate patient groups • A&G diversion: pre-referral 36%; post-referral 14.1% • Reduction in new outpatients across 10 specialties with benefits • Single managed medical and surgical services: pathway standardisation and potential consolidation to improve productivity and financial sustainability 	<ul style="list-style-type: none"> • Reduced outpatient attendances • Reduced hospital admissions • Streamlined patient flows • Reduced elective waiting lists • Reduced variation in service • Improved theatre utilisation • Reduction in length of stay for elective patients • Faster, more consistent cancer pathways, ensuring earlier diagnosis and quicker access to tests and treatment • Reduced inequalities in cancer outcomes, targeted to populations with the greatest need screening uptake to support prevention. • Personalised and integrated cancer care, with holistic support available closer to home

Priority 4

Prevention and inequalities (with local authorities and VCSE)

35

Priority 4: Prevention and inequalities (with local authorities and VCSE)

Key objectives

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| <ul style="list-style-type: none"> • Co-commission prevention and inequalities initiatives with local authority partners, embedding them in neighbourhoods. • Strengthen and standardise the care market: complete key procurements, launch a competitive framework, and maintain ongoing performance and contract management with an open framework for new providers. • Introduce a standardised 1-to-1 care home policy with consistent pricing to reduce reliance on 1-to-1 support and remove unwarranted variation. • Develop single-point-of-access pathways for weight management and improve early diagnosis and treatment for respiratory disease and diabetes. | <ul style="list-style-type: none"> • Deliver the suicide prevention strategy in partnership with local authorities. • Expand suitable, adapted housing for people with learning disability and neurodiversity, with a fair access mechanism and strong engagement with people with lived experience; evaluate impact over time. • Embed neighbourhood-based prevention models and support integrated approaches for people with multiple long-term conditions. |
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Expected impact – How will this feel different to people?

- People able to live independently in community in an area of choice closer to family and support network in accommodation that meets their needs
- Improved health outcomes
- Increased opportunity to find employment and contribute in the community
- Prevention of escalations
- Reduction in contacts with health and social care.
- Greater healthy life expectancy

Expected impact – Activity Changes

- Reduced ED attendances, admissions and length of stay through prevention (diabetes, respiratory, weight management, suicide prevention)
- Improved workforce sustainability linked to a consistent Community Urgent Care (Type 3) model

Outcomes we will commission to deliver

- Increase in patients accessing weight management services. Better uptake of national programmes, notably diabetes
- Reduced ED attendances and admissions
- Reduced Length of Stay

Priority 5

Targeted improvement areas

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Priority 5: Targeted improvement areas (1 of 2)

Key objectives

Diagnostics

- Build an integrated, community-first diagnostics network with faster access closer to home.
- Standardise triage and prioritisation; enable GP direct access and clear links with PCNs.
- Improve acute turnaround times (extended hours, optimised scheduling) and deliver 7-day access for priority diagnostics.
- Fully integrate across CDCs and acute sites with single referral/reporting, EPR integration and digital/AI-enabled triage.
- Develop peninsula links with Cornwall where beneficial.

Birthing (Maternity)

- Decide the future model for stand-alone midwifery-led units and implement the outcome.
- Redesign and implement the hospital-based birthing service model.

Dementia

- Increase diagnostic capacity, improve early diagnosis and develop a neighbourhood model of post-diagnostic support.
- Ensure everyone with a diagnosis has a personalised care plan; strengthen prevention to delay onset.
- Embed the neighbourhood support model.

Cardiovascular Disease (CVD)

- Develop community cardiology for lower-complexity patients and scale primary care case finding and treatment.
- Deliver a CVD prevention action plan focused on high-impact interventions.
- Commission a sustainable cardiology model and integrate pathways into Long Term Conditions (LTC) management.

Mental Health, Learning Disability and Neurodiversity (MH/LD/ND)

- Expand crisis alternatives, embed MH within the ED pathway and move liaison psychiatry towards 24/7.
- Redesign community MH models (including ARMS) and implement integrated shared-care services.
- Ensure appropriate use of beds through demand/capacity analysis and clear commissioning statements.
- Develop and procure a community ND diagnostic and aftercare pathway; publish an adult neurodivergence strategy.
- Evaluate LD inpatient provision (e.g. Kingfisher) and implement learning.
- Progress delegation of Individual Patient Placements (IPP) and Section 117 commissioning responsibilities.
- Establish continuous evaluation and a five-year review to set the long-term commissioning strategy.

All-age Continuing Healthcare (CHC) and IPP

- Reduce unwarranted variation across locality hubs with shared practice and joint training.
- Implement a digital case management system and progress towards a patient portal.
- Establish brokerage hubs/functions (pilot then full implementation) aligned to local demand.
- Maintain ongoing monitoring and review.

Priority 5: Targeted improvement areas (2 of 2)

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Expected impact – How will this feel different to people?	Expected impact – Activity Changes	Outcomes we will commission to deliver
<ul style="list-style-type: none"> • Reduction in health inequalities and improvements in health outcomes through timely access to diagnostics and a reduction in repeat diagnostics. • Faster and more convenient access to diagnostics closer to home. • Earlier detection of disease and improved outcomes through timely intervention. • Women and birthing people will have clearer information and confidence in their choices about place of birth. • Families may need to travel further, but will see improved safety, facilities, and outcomes. • Improved continuity of care, with smoother integration between community midwives and obstetric units. • Improved maternal and neonatal safety outcomes, with fewer avoidable complications and safer transfers. • Sustainable maternity system able to meet national standards and workforce challenges. • People with mental health needs cared for in dedicated, safe environments with appropriately qualified and empathetic staff. • Better access to the appropriate mental health support with a focus on recovery. • Person centred care with people feeling more empowered to manage their mental health in a way that suits them. • Better access to joined up lifestyle services. • Local delivery access to a variety of professions appropriate to need with more proactive support. • Fewer heart attacks and strokes. • Shorter waits for All Age Continuing Healthcare assessments and eligibility decisions with improved experience and reduced stress and uncertainty for patients and families. • Clear timely decision, by 12 weeks, on the long-term funding arrangement for an individual's placement (CHC, Adult Social Care ASC, self funding). 	<ul style="list-style-type: none"> • Diagnostics (CDCs): increase activity to plan to reach performance targets; maximise CDC utilisation; enable direct GP ordering; standardise triage/booking. • Cancer: deliver GIRFT best practice and improved performance through optimised pathways. • Birthing: potential consolidation of activity currently in stand-alone units to improve quality, performance and financial sustainability. • CVD: pathway changes reflected in outpatients/LTC shift (community management of lower-complexity patients). • MH/LD/ND/Dementia: fewer avoidable ED attendances, crisis presentations, admissions/readmissions; shorter LoS; reduced demand for inappropriate out-of-area placements. 	<ul style="list-style-type: none"> • Shorter waits for elective and cancer pathways. • Improvement of diagnostic reporting turnaround times (e.g., imaging reports within 48 hours) and increase in diagnosis rates. • Utilisation rates of >85% for diagnostic equipment. • Improved performance against national maternity indicators (continuity of care, choice of birth setting, outcomes). • Stronger compliance with national maternity safety standards and Care Quality Commission (CQC) expectations. • Reduced ED attendances and length of stay. • Improved patient experience. • Reduced waiting lists and improved access to services when required. • Reduction in unplanned mental health crisis interventions. • Reduction in elective care waiting times.

7. Enabling plans

A set of interdependent enabling plans that create the conditions for sustainable, integrated, person-centred care.

Enabling plans

Our plan is underpinned by a set of interdependent enabling plans that together create the conditions for sustainable, integrated, person-centred care. These enablers will drive the core shifts in our Health and Care Strategy: from hospital to community, from treatment to prevention, and from organisational silos to neighbourhood-based delivery.

Workforce and culture

- system workforce strategy aligned to INTs; new roles and skill-mix; leadership and culture programme; digital skills uplift

Digital and data

- single digital front door; DCCR-enabled shared records and care plans; FDP products; PHM analytics; cyber and infrastructure convergence

Estates and infrastructure

- community hubs and co-location for INTs; primary care estates planning; acute steady-state with targeted optimisation; Net Zero trajectory

Contracting and payment

- incomes-based approaches; strong CRM/JTWG model; full use of NHS Payment Scheme levers; movement to fair-shares over time

People and communities:

- co-design embedded via Devon Service Change Process; patient partnership plans for transitions; single engagement and insight platform



NHS Community Pharmacy Services in Devon

March 2026

Introduction

Significant collaborative work has taken place between NHS Devon, Community Pharmacy Devon, and local councils to develop a [Devon Community Pharmacy Strategic Framework](#).

Published in April 2025, the five-year framework sets out a shared system vision built around four key elements:

- improving access
- strengthening the workforce
- increasing system capacity
- enhancing integration across primary care

A central theme running through all four areas is the expansion of [Pharmacy First](#) consultations, which are designed to improve timely access to care closer to home while releasing additional capacity in general practice to focus on patients with more complex needs and long-term conditions.

Trained pharmacists can provide consultations, treatments and where necessary prescription medication for a range of conditions.

New referral mechanisms within Pharmacy First are also helping to strengthen communication and clinical handover between primary care providers, supporting an increase in appropriate referrals from general practice into community pharmacy.

Alongside this, the workforce skill mix is being actively developed, with pharmacy technicians now delivering flu and COVID vaccinations, undertaking blood pressure checks for the hypertension case-finding service, and providing contraception.

This work collectively supports a more resilient, accessible, and integrated community pharmacy offer for the population of Devon.

Devon Community Pharmacy Strategic Framework

NHS Devon continues to strengthen the role of community pharmacy through a coordinated programme of service development, resilience planning, digital modernisation, workforce strategy, and system-wide integration.

A comprehensive mapping exercise using [Pharmaceutical Needs Assessment \(PNA\)](#) data has identified gaps in both national and locally commissioned services, leading to the commissioning of the Specialist Medicines Service, progress on local Patient Group Directions (PGDs), and ongoing oversight through the Pharmacy First Implementation Group. Patient Group Directions is a legal framework that allows authorised healthcare professionals to supply or administer specified medication to patients without a prescription following a strict set of inclusion/exclusion criteria.

The Community Pharmacy Strategic Framework is now fully aligned with the PNA process, ensuring a consistent and evidence-based approach to future commissioning.

System resilience has been enhanced through a jointly developed support package with [Community Pharmacy Devon](#), alongside workforce wellbeing initiatives such as a resilience workshops, an all-day resilience conference and forthcoming peer support and mentorship programmes. Community Pharmacy Devon is the local voice for all community pharmacies in Devon. They represent over 220 pharmacies across the county.

Modernising ways of working remains a key focus, with the [Booking and Referral Standard \(BaRS\)](#) and [GP Connect](#) introduced in 2025/26 to improve referral and communication pathways between general practice and community pharmacy. Further opportunities—such as hub-and-spoke dispensing, direct booking, and private service development—are being explored for 2026–2029.

Public awareness campaigns promoting national services are already live, with additional campaigns planned for 2026/27 to highlight the roles and capabilities of community pharmacy teams.

System efficiency work is progressing through investment in an electronic repeat dispensing (eRD) Champion to support electronic repeat dispensing, and increased use of the NHS App for repeat prescribing. The system is preparing to respond to emerging opportunities from IT developments and contractual changes between 2026 and 2029.

Workforce planning has progressed significantly, with community pharmacy elements incorporated into the wider primary care workforce strategy and baseline workforce data captured through the community pharmacy survey.

While long-term forecasting of training placement capacity remains challenging, close collaboration with the University of Bath has enabled greater flexibility and a broader range of potential training sites. Devon continues to be a national leader in rotational foundation pharmacist and pharmacy technician apprenticeship placements. Designated Prescribing Practitioner and educational supervisor capacity has expanded, with further growth linked to the commissioning of prescribing services in community pharmacy. Recruitment activity has been strengthened through school engagement, national webinars, and collaboration with Bath University and local acute trusts, contributing to increased student numbers and reduced reliance on clearing. Work to establish communities of practice has had

limited success to date, though the independent prescribing pathfinder programme and “treat and teach” models provide a strong blueprint for future development.

Pharmacy First

Within the Devon Community Pharmacy strategic framework, the system committed to increasing the uptake and utilisation of Pharmacy First services across Devon.

Nearly all pharmacies are actively providing Pharmacy First services.

Against our ambition to deliver a 40% year-on-year increase in Pharmacy First consultations, current activity levels indicate we are on track to exceed this, with a projected 45% year-on-year rise.

This growth reflects both improved access for patients and the strengthening role of community pharmacy in supporting wider system capacity and demand management.

To support the continued growth of Pharmacy First consultations, NHS Devon has maintained investment in Primary Care Network (PCN) Community Pharmacy Leads. Each Primary Care Network has a dedicated pharmacist working within a local community pharmacy who is funded for two days per month to work across both pharmacy and general practice. Their role is to identify and overcome barriers to referrals, strengthen working relationships, and improve understanding of the full range of services that community pharmacies can provide.

NHS Devon appointed a Community Pharmacy PCN Engagement Lead in January 2025 to build on this work and provide system-wide focus, oversight, and coordination across public engagement, GP engagement, and wider system adoption of Pharmacy First. The value of this role has been clearly demonstrated and has been extended for 2026.

This role has supported targeted public awareness campaigns and close collaboration with general practice. Work is also underway to increase referrals from NHS 111, and the system has now received its first referrals from Newton Abbot Urgent Treatment Centre (UTC).

The Community Pharmacy PCN Engagement Lead has been visiting local pharmacies and working with practices involved in the Primary Care Acute Hubs. This has helped ensure that patients are directed to the right place, at the right time, and seen by the right clinician. It has also strengthened mutual understanding of service capacity within community pharmacy and supported more effective use of the skills and services available.

NHS Devon has continued to strengthen GP engagement with Pharmacy First by providing targeted communications, including GP Bulletin updates on the Booking and Referral Standard (BaRS) and direct practice-level emails reinforcing our ambition to have general practices referring at least 0.5% of their practice population to community pharmacy.

Additional communications were issued in October 2025 to align with GP contractual changes and support operational readiness. This sustained approach has contributed to steady month-on-month growth in GP referrals, an increase in 30% from April 2025 to December 2025.

In December 2025, 66% of general practices across Devon were making referrals.

Contraception service

In October 2025 NHS England, expanded the commissioned contraception service beyond the initiation or ongoing supply of oral contraception to include Emergency Hormonal Contraception (EHC), enabling community pharmacies to offer free contraception to all women of childbearing age.

To support this enhancement, a comprehensive information and FAQ pack was jointly developed by Torbay Council, Devon County Council, Plymouth City Council public health teams, and Community Pharmacy Devon to ensure clarity and consistency for both providers and service users.

NHS Devon's communications team is developing a suite of local assets—including social media graphics, digital screen content, and posters—to raise awareness and support uptake. In addition, the Community Pharmacy PCN Engagement Lead is an attendee at the Women's Health Improvement Group ensuring community pharmacy is fully represented, reinforcing the role of pharmacy services as a key component of the wider women's health improvement agenda.

Hypertension Case Finding Service

Community pharmacies in Devon continue to deliver sustained activity through the Hypertension Case-Finding Service.

Following blood pressure checks in community pharmacy, patients are being escalated for ambulatory blood pressure monitoring (ABPM), reflecting effective identification of individuals requiring further assessment, when required.

Under the 2025/26 Community Pharmacy Contractual Framework, all pharmacies are expected to complete at least one ABPM consultation, supporting early detection of hypertension and contributing to the wider cardiovascular disease (CVD) prevention agenda.

Current digital systems do not yet enable full triangulation of data to confirm diagnosis outcomes following initial pharmacy checks, and this remains an area for future improvement.

Work is ongoing to strengthen local pathways and expand outreach opportunities—such as delivering checks at rugby fixtures and community wellbeing events—to reach eligible individuals beyond the pharmacy setting. The Community Pharmacy PCN Engagement Lead and Community Pharmacy Devon continue to feed operational insights and progress into the system-wide CVD prevention group,

ensuring alignment with population health priorities and supporting a coordinated approach to cardiovascular risk reduction across the wider Devon system.

Pharmacy First communications campaign

The new NHS Devon Pharmacy First campaign has been contributing to the performance of the pharmacy first service since July 2025 and built on three key pillars:

1. **Supporting people** - to access their pharmacy to access quicker and more convenient access to safe and high-quality healthcare for seven common conditions, without the need for a GP appointment and to free up those appointments for people who need them most.
2. To build **confidence and trust** in people using the pharmacies amongst the audiences that are infrequent users of pharmacy services, or more hesitant groups.
3. **Inclusion and accessibility**: engaging more diverse and hesitant groups (e.g. ethnic minorities, carers, digitally excluded)

With communication objectives to:

- Increase **awareness** that community pharmacy is able to provide clinical advice for seven common conditions
- Increase **knowledge** that community pharmacy is able to provide clinical advice and supply prescription-only medicines for seven common conditions
- Increase **intention** to use community pharmacy for the seven common conditions.

The multi-channel approach, the campaign utilised key messages that included:

- *For the seven common conditions, pharmacists will follow a robust clinical pathway which includes self-care and safety-netting advice and, only if appropriate, supplying a restricted set of prescription only medicines without the need to visit a GP.*
- *Four in five people in England can reach a community pharmacy within a 20-minute walk and there are twice as many pharmacies in the most deprived communities, making access to care quicker and more convenient*
- *The Pharmacy First service continues to free up GP appointments for patients who need them most, with trained pharmacists can provide consultations, treatments and where necessary prescription medication for a range of conditions, without the need to visit a GP.*

The campaign features local pharmacist from across Devon in [short adverts](#) and [films](#) promoting the service, achieving over a quarter of a million views on NHS Devon's YouTube channel.

The same pharmacists have featured on social media, digital and printed adverts, and waiting room screens with condition specific messaging, which now includes the expanded offer around emergency contraception and blood pressure checks.

With a strong Pharmacy First focus over the winter and Easter period, the communication campaign continues into 2026.

New Medicine Service Update

The New Medicine Service (NMS) is designed to support patients with long-term conditions who are newly prescribed specific medicines.

The service provides structured follow-up consultations to help patients understand their treatment, manage early side effects, and improve adherence. Since its introduction in 2011, NMS has become a core element of medicines optimisation in primary care, with strong evidence of improved patient outcomes and reduced medicines-related problems.

Significant updates to the service were implemented nationally in October 2025, including the expansion of NMS to cover depression, enabling pharmacists to support patients newly prescribed antidepressants. This addition reflects national recognition of the role community pharmacy can play in early mental health support, particularly during the initial weeks of treatment when adherence challenges are most common.

A mental health-focused consultation training programme has been incorporated into the Pharmacy Quality Scheme 2025/26, ensuring pharmacy teams have access to appropriate skills development.

ENDS

NHS dental services in Devon

Stakeholder briefing

February 2026

Introduction

NHS Devon works with the NHS England, local dental and oral healthcare professionals and other integrated care boards (ICBs) to develop and implement a local dental recovery plan.

The plan sets out to address the issues facing the sector and improve access to dental services for local people.

Several measures are in place across the region to increase dental access for patients:

- Commissioning additional urgent dental care appointments that people can access by calling NHS 111
- Commissioning ‘stabilisation sessions’ across Devon
- Commissioning additional children’s orthodontic capacity in Devon
- Working collaboratively with the local authority Public Health teams to commission oral health improvement initiatives
- Supervised toothbrushing programmes in schools

Key priorities for NHS dental services in Devon

<p>Upcoming dental contract reform</p>	<ul style="list-style-type: none"> • Information on the upcoming dental contract reform can be found later in this briefing. A video is also available from the LDC federation here.
<p>Provision of additional urgent care dental appointments</p>	<ul style="list-style-type: none"> • Incentivise and support the NHS dental workforce and increase urgent care dental activity, enabling Devon to achieve the national target of 24,269 additional urgent care appointments above our calculated baseline for 2025/26 • Increase the recruitment and retention of the South West and Devon dental workforce • Support access to urgent care provision through 111 • NHS Devon’s current procurement for new dental contracts across the county mandates a 30% portion of new provider’s activity as urgent care. These contracts and the resulting services are expected to be in place no later than May 2026 and will contribute significantly to urgent dental care delivery in 2026/27. • Over December and January NHS Devon launched the “Give a Smile for Christmas” campaign over the festive period,

	<p>appealing to local NHS dental providers to offer additional sessions of urgent dental care.</p>
Improvements to Access	<ul style="list-style-type: none"> • A new dental education practice has opened in Plymouth's city centre, funded by University of Plymouth. The facility aims to deliver up to 12,000 dental appointments per year.
Commission further stabilisation sessions	<ul style="list-style-type: none"> • We have secured longer-term contracts for stabilisation sessions following an 'expression of interest' process with existing providers. This new service model has been received positively by providers, with 31 contracts for 2025/26.
Commission access for vulnerable groups	<ul style="list-style-type: none"> • Work with Public Health to expand access for people experiencing homelessness and asylum seekers • Procurement of new NHS dental contracts around Devon, encouraging providers to address the needs of vulnerable populations as part of their service offer.
Procurement of lost activity (UDA and UOA)	<ul style="list-style-type: none"> • Procurement of NHS orthodontic services in North Devon and Torridge now completed to replace services in these areas following a provider exiting the market in 2024. This new service is expected to go live March 2026. • NHS Devon and NHS Cornwall joint lotted procurement for new dental practices across the counties is in process. Deadline for bid submissions passed on 28 October 2025. Evaluation concluded in mid-November following bid compliance checks. • Moderation is scheduled between mid-January and early February 2026. • The team aim to publish an award notice in February 2026 with service commencement not later than May 2026. This procurement is funded from NHS Devon's ringfenced dental budget. • NHS Devon has 4 lots within the procurement as follows: <ul style="list-style-type: none"> ○ Lot 1 – Plymouth South and West (£2,160,000/annum) ○ Lot 2 – Torquay and Paignton (£1,320,000/annum) ○ Lot 3 – Barnstaple, Bideford and Ilfracombe (£880,000/annum) ○ Lot 4 – Barnstaple, Exeter, Torbay and Plymouth – Out of Hours (£657,972/annum) • Devon lots have a combined value of £5,017,972/annum. Devon's share of the procurement has: <ul style="list-style-type: none"> ○ a potential 7-year contract value of £35,125,804 ○ a potential 9-year contract value of £45,161,748.
Paediatric dentistry review	<ul style="list-style-type: none"> • We are currently reviewing the provision of paediatric dental services across primary, community, and secondary care to understand current capacity, pathways, and opportunities for improvement. • Having implemented First Dental Steps and an expanded Supervised Toothbrushing scheme, a focus on understanding innovative service opportunities will guide commissioning decisions

National NHS dental contract reform

From April 2026, the national NHS dental contract is being reformed to make NHS dentistry more sustainable and rewarding for practices.

These changes are an important and positive step and mean improved payment and claiming options to support patients with urgent care or in higher needs groups, measures to financially support and embed quality improvement, and proposals to enable all members of the dental team to be better able to contribute to NHS treatment.

Some of the benefits for practices include:

- Payments for urgent care will rise by 76%, with upfront funding to help manage capacity.
- Practices will also be able to claim higher fees for three new complex care pathways, ensuring better support for patients with high needs.
- Additional payments for denture work, new options for fluoride varnish and fissure sealants, and funded annual appraisals for clinicians will further boost income and flexibility.
- A new Quality Improvement scheme offers £3,400 per year for participating practices, while tariff-based payments create fairer remuneration.

Access to an NHS dentist

Patients are not registered with a dentist in the same way they are with a GP, and individuals can access services at a dental practice located in any area if the practice is accepting new patients.

Advice for people who need support accessing a dentist is:

- If you need urgent dental care, contact 111
- To find an NHS dentist taking on new patients, visit the NHS webpage [Find a Dentist](#)
- A detailed FAQ is available on our website [here](#).

Additional urgent care dental appointments

Local plans

There is a national request to increase the number of urgent dental care appointments by 24,269 in Devon (by March 2026).

NHS Devon has collaborated with all seven ICBs across the region to develop a model to engage current providers in increasing uptake of urgent care activity within their current contracts.

A regional model of paying an enhanced rate to dental providers delivering these additional appointments was agreed and went live in 2025. Providers are now paid an increased level of financial support beyond the standard contract value, in recognition of the additional activity expected.

NHS Devon was the first ICB in the region to undertake an expression of interest process with our current providers, ensuring these additional appointments would be available to patients at the earliest possible opportunity.

NHS Devon is also in the process of exploring wider procurement opportunities and will continue to explore all avenues of increasing this activity throughout 2025/26 to ensure delivery of the target.

NHS Devon's [upcoming procurement](#), in collaboration with NHS Cornwall and Isles of Scilly, aims to secure contracts across areas of Devon experiencing greatest need and will include a significant prescribed amount of urgent dental care as part of the contract.

A national urgent dental care incentive scheme launched on 25 September 2025 and runs until 31 March 2026. The scheme aims to incentivise dental contractors and their oral healthcare teams to provide more urgent care to patients in 2025/26.

Market engagement and procurement

Community Dental Service (CDS) procurement

Specialist community dental services are available for people who may not be able to attend a general dental practice. These include people with various mental, medical and physical needs – for instance:

- Children with extensive untreated tooth decay who are particularly anxious
- Children in foster homes or residential care, or on the 'at risk' register
- People with physical or learning disabilities, medical conditions or mental health problems
- Children referred for specific treatment
- Adults with complex needs who have difficulty accessing general dental services, including adults with moderate and severe learning and physical disabilities
- Housebound and homeless people.

In Devon this service is provided by the [Salaried Dental Service](#) (Exeter), [Plymouth Community Dental Service](#) and [Torbay Community Dental Service](#).

A review of community dental services in Devon is a key priority for the ICB in 2025/26 and the procurement process for these contracts is progressing.

North Devon orthodontic procurement

The procurement for the provision of NHS orthodontic services in North Devon and Torridge is now complete following a tender process in April 2025.

Service mobilisation is underway with the preferred bidder, with the new service due to go live in March 2026.

NHS Devon is working with the provider to prepare messaging for local people ahead of the service launch.

Media, campaigns and communication

Media: University of Plymouth invest in multi-million pound student dental clinic to tackle waiting lists

A multi-million pound dental clinic has opened in [Plymouth](#) city centre, offering more than 12,000 appointments every year.

The facility, which is on New George Street, opened to patients on Monday 9 February. Under supervision, final year dental students from the [University of Plymouth](#) will treat both urgent and non-urgent cases.

The £5 million state-of-the-art facility is run by the Peninsula Dental Social Enterprise, a subsidiary of the University of Plymouth.

Campaign: Urgent dental appointments

NHS Devon is undertaking a new campaign in 2026 to promote people calling 111 to [book a dental appointment](#) if they have an urgent need, supporting the roll out of 700,000 extra urgent dental appointments across the country.

The campaign focuses on the need for urgent dental care, particularly for people who aren't registered with an NHS dentist.

People are being advised if they develop an urgent dental issue and don't have a regular dentist, call NHS 111 or visit NHS 111 online for an assessment by a clinician, to get to the right treatment.

Examples of urgent or emergency needs include:

- Swelling or infections in the face or mouth that are getting worse (but not affecting breathing)
- Severe dental or facial pain that can't be eased with normal painkillers
- Broken or badly moved teeth after an accident
- Knocked-out baby teeth
- Facial injuries that may need a hospital check
- Bleeding in the mouth that you cannot stop
- Gum or mouth infections

The campaign is supported by [social media](#) and a [dedicated dental health webpage](#) hosted on the One Devon website is the main hub of information.

Campaign: Devon dentists expand urgent care over the festive period

Several dental practices across Devon provided extra urgent dental care over the 2025 festive period through the NHS Devon [Give a Smile for Christmas](#) initiative.

The scheme helped people get emergency dental treatment at a time when access is usually very limited, including patients who are not registered with a dentist and those referred through NHS 111.

Give a Smile for Christmas encouraged dental practices across the county to pledge additional urgent dental care sessions during the festive period.

With many practices closed over Christmas and New Year, a number of local dental practices stepped forward to offer extra appointments for patients who needed urgent help.

As a result, **61 people were seen over four days** during the festive period, helping to relieve pain, manage infections and prevent dental problems from getting worse.

Recruitment incentives

Summary of 'golden hello' initiative

NHS England published guidance last year [for dentists who are interested in securing 'golden hello' funding](#) to support their recruitment efforts.

The scheme aims to encourage dentists to relocate to areas that have historically struggled to recruit, attract new workforce to the NHS and retain those who might have otherwise moved into private practice. A 'golden hello' of £20,000 is offered per dentist, with payments phased over three years.

In Devon, the ICB invested £327,000 into the 'golden hello' scheme in 2024/25 and awarded a range of dental practices the ability to offer this incentive payment to fill 25 vacant posts across Devon, 5 of which have now been successfully recruited to. A total of 20 practices across Devon are currently approved to participate in the scheme.

A national evaluation of the scheme is due to take place in 2025/26.

Devon Workforce Working Group

A Devon Dental Workforce Group has been established. This system-wide group aims to support the NHS dental workforce in the county to develop skills, engage with NHS services and improve recruitment and retention of healthcare professionals within NHS dentistry, whilst the long-term central dental reform is undertaken by the government.

Oral health schemes

Successful expansion of Supervised Toothbrushing Scheme

NHS Devon successfully completed the expansion of the Supervised Toothbrushing Scheme in April 2025.

This programme gives children time and supervision to brush their own teeth at nursery and reception class, making brushing part of children's everyday routine and helping to protect their teeth from decay.

The scheme was initially targeted at areas where children are at increased risk of developing tooth decay, such as in areas of highest deprivation. However, this has now been rolled out to all early years nursery or reception class settings across Devon.

First Dental Steps initiative

First Dental Steps (FDS) is a multi-stranded oral health improvement intervention embedded in the Healthy Child Programme. It is delivered by health visiting teams (HVTs) in collaboration with local community dental services (CDS).

The FDS initiative has four principal components:

- Oral health champion training for health visiting teams
- Distribution of oral health packs to high-risk children
- Establishing a referral pathway to CDSs for children deemed at risk of developing decay
- Development of a data capture template to collate key oral health information within HVT clinical software systems.

The initiative was originally piloted and lead by the NHS England Regional Public Health Team in collaboration with local authority public health teams and is being continued and funded by NHS Devon for 2025/26. Work is underway to extend provision of the service through to 2028/29.

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Overview and Scrutiny Annual Report 2025 – 26



Chair's introduction

“As the following report demonstrates, the past year has been productive in supporting the council in decision making and providing the opportunity for councillors to ask questions of Executive members.

The committee has been able to increase focus on key issues and become increasingly forensic in establishing key information leading to enhanced support for decision making.

A key wish of the committee is to engage more with residents, a step towards this was achieved by taking a meeting to Teignmouth to hear the call-in decision relating to the plans for the Teignmouth Lido. This was meeting was a great success as local voices and opinions were heard and informed the basis of the recommendations to the Executive.

We are in a dynamic environment and will continue to develop the operations and working of the committee as we move forward but it is important that as the committee size was reduced at the last annual full council that all committee members attend both informal and formal meetings.

The support of our Democratic Services team has been invaluable, and I would like to extend my personal thanks for their tireless and expert advice”.

**Councillor Phil Bullivant,
Chair of the Overview & Scrutiny Committee 2025- 26**

1. The Operation of the Overview and Scrutiny (O&S)

The Council has one Overview and Scrutiny Committee to discharge the duties laid out in the Local Government Act 2000. The Committee comprises of 13 Members and is subject to political proportionality and balance. The Members of the Overview and Scrutiny Committee include: Councillors Phil Bullivant (Chair), Bill Thorne (Vice Chair), David Cox, Robert Hayes, Andrew MacGregor, Jack Major, Colin Parker, Dave Rollason, Mike Ryan, Robert Steemson, Andrew Swain and Jane Taylor. Councillor Mike James was a member until his passing on 1 April 2026.

Highlights of the year include:

- 8 formal Committee meetings, open and webcast to the Public.
- 4 questions were submitted by Members of the Public at Committee meetings.
- 142 responses were received by Members of the Public to the Work Programme issue prioritisation survey.
- 4 informal pre scrutiny meetings.

Specific topics that were considered during the year included:

- Review of the Equality & Diversity Policy in response the Supreme Court decision.
- Police and Crime Commissioner – Police Update
- Annual Community Safety Partnership Review
- Voluntary Sector Annual Report
- Procurement Strategy
- The Modern 25 Programme
- Financial Plan 2026/27 (initial proposals and final)
- Unauthorised encampments
- Revision of the recycling collection service – simpler recycling reforms
- Carbon Action Plans
- NHS Health & Dentistry

It should be noted that the part-time Scrutiny Officer position in the Democratic Services Team was permanently added to the structure from April 2025 demonstrating the council's support for the scrutiny function.

Quarterly meetings have been held with the chairs of Overview & Scrutiny and Audit Committee and their deputies which are now scheduled to take place in March, June, September and December on a rolling basis. This has ensured that there is greater clarity on the roles of each committee, removed the risk of duplication and increased the understanding of each Chair.

Pre-meetings have been introduced one hour in advance of the scheduled meeting times for both the formal and informal meetings to enable the whole committee to discuss the agenda items/reports, to consider areas for questioning and to make the most effective use of the meeting time.

As a trial, a Councillors Work Document was developed to help members of the O&S Committee document their thoughts at the pre-meeting in a structured way for each Agenda item.

The structure of the Work Document includes the following areas:

- Notes in relation to the agenda item
- Relevant Questions to ask/comments to make
- Suggestions of actions, follow up or proposed recommendations to Overview & Scrutiny or Executive

Although some members had developed their own way of working, others appreciated the structure offered by this document so this would continue and be reviewed in February 2027.

Following the meeting held on 13 May 2025, those who attended were invited to provide feedback on the following areas:

- What went well?
- What could be improved?
- What impact did O&S make:
 - you as a Committee Member personally?
 - The Committee as a whole?

One example of change implemented as a result of the feedback is that the layout of the room has been changed for the formal meetings into a wide 'U' shape (including the Chair, Vice-Chair and officers at the front). This ensures that it is clear who the members of the Committee are at each meeting. The most recent Informal pre-scrutiny meeting was set out in a rectangle which worked well, encouraged open dialogue and physically signified the informal nature of the meeting.

2. Regular Agenda items at each formal Committee meeting

i) Quarterly Council Strategy Performance Reports

The Committee is keen to make timely informed recommendations on actions that could be taken to make improvements where the data evidences areas that are underperforming. The nature of the reports means that inevitably the information is retrospective which limits the influence that O&S can have. In 2025- 26 the reports were based on the 'Teignbridge 10' indicators, but the reporting is being developed in Spring 2026 for Quarter 3 in line with the new One Teignbridge Strategy.

The regular performance reporting of the Council Strategy allows Members to track and monitor the delivery of the strategy, examine in detail those areas which are not on track and learn from those which are on track.

ii) Biannual reports from Executive members

Members of the Executive report to the formal O&S Committee bi-annually on the Portfolio that they are responsible for on a rolling programme. To ensure that these reports are focussed on impact and to allow time for members of the O&S Committee to ask questions a template was produced and reports are now completed in advance and circulated with the agenda where possible, avoiding lengthy presentations.

The structure of the report includes the following areas:

- Services and legal responsibilities covered by Executive Member remit
- Strategic Plan objectives
- Service Delivery updates (inc. budget monitoring, performance information, risks, customer feedback)
- Upcoming decisions, how Overview and Scrutiny can support the delivery of the strategic plan or any other information relevant for the Overview and Scrutiny Forward Plan

All of the Executive Members attended over the year to present their reports and allow Members of the Committee to questions them and hold them to account in their Executive roles.

iii) Feedback from representatives on Outside Bodies

The Council appoints representatives to sit on Outside Bodies. Feedback from the representative(s) is scheduled across a full year cycle once per annum for most organisations and twice where meetings are more frequent (greater than 5).

The Council's representative(s) is invited to report on any meetings of the appointed outside organisation, the role the organisation(s) they represent plays in promoting and aligning with

the Council's priorities, policies and strategies, their impact and results, and advising on partnership discussions which are open and in the public domain.

To allow time for members of the O&S Committee to ask questions a template was produced and reports are now completed in advance and circulated with the agenda where possible.

The structure of the template includes the following areas:

- The purpose of the Organisation
- Attendance requirements/ meetings attended by the Member(s)
- Feedback on the Organisation
- An opportunity for the Member to exemplify how the organisation aligns to the Council's priorities and strategy.
- Additional information relevant for Overview & Scrutiny including the value that TDC brings to this organisation and/or why this organisation needs TDC:
- If the Council incurs an annual fee to enable the Council to have a representative on this organisation.
- How much is the fee (if any) and if it represents value for money for the Council.

iv) Forward Plans

The meeting agenda includes links to the Executive Forward Plan and the Overview & Scrutiny Forward Plan for Members to regularly review both plans. The Overview and Scrutiny Plan has been expanded to include a Work Programme which covers items scheduled for both the formal and Informal (Pre-Scrutiny) meetings to allow members and the public to see the full range of Scrutiny activity.

The Committee held a Work Planning Session in July 2025 to plan their work for the year and raise the key issues for the Committee. This session included reviewing the principles and purposes of work programme, reviewing Council Performance, the Risk Register and Customer Feedback data followed by specific issues raised by Executive Members, the Senior Leadership Team and Committee Members themselves.

Following the Work Planning session, an Issue Prioritisation Survey was designed and carried out in August 2025 to ask members of the public to indicate the potential areas of review suggested by Members that were most important to them. 142 responses were received. The results were presented as a report to the formal Overview & Scrutiny meeting held on 16 September 2025 and included on the Work Programme following discussion at the Informal Work Planning session held on 14 October 2025.

The exercise meant that the agreed Work Programme would continue to be focused on key issues affecting the Council and the people of Teignbridge, plus the areas where the Committee had the most impact.

3. Pre-Scrutiny Meetings (informal)

There were 4 informal pre-scrutiny meetings held between May 2025 and March 2026. These provide informal spaces for Members to discuss topics where recommendations are not required to provide assurance and information to Members and to discuss topics candidly and not in the public domain.

Topics covered during this year included:

- Teignbridge Housing Strategy at various stages as the strategy was being developed so that observations and comments could be incorporated in the next stage
- The importance of the role of Scrutiny in Local Government Reorganisation had to be balanced with a recognition that it was changing at a very fast pace as the options were being developed.
- A representative of the National Grid responded to the challenge of how prepared they are to deal with the current and potential demand for supply in Teignbridge with a presentation and opportunity to answer questions
- A mid-year 2025/26 Budget monitoring report was received for the first time.
- Work Planning is likely to be an annual topic to prioritise and schedule existing and new areas of work
- Community Infrastructure Levy (CIL) and Section 106 were presented to the Committee
- Introduction to the need for a review of the Future High Street Fund as a 'lessons learnt' for a future Executive report and will be added to the Work Plan.
- Planning: Performance and Delivery were considered and the Committee were satisfied with the improvement in performance evidenced by the data provided.

To ensure that there is a transparent record of activities of the Committee there is now a specific item on the agenda of each formal O&S meeting to receive feedback from any informal pre-scrutiny meetings held.

4. Overview & Scrutiny Training

It is now mandatory to attend training sessions that were previously optional to remain a member of this Committee.

Formal Training was delivered by the Centre for Governance and Scrutiny as follows:

- Scrutiny Essentials 4 June 2025
- Scrutiny Questioning Skills 10 June 2025
- Budget Monitoring 17 November 2025

Attendance and feedback on the sessions were reported to the Governance Committee's regular update on Member Training. In all sessions, Members rated their knowledge and confidence in the content at the start and the end of sessions, all 3 sessions led to improved knowledge and confidence as well as a better understanding of the role of scrutiny, the powers of scrutiny and how to plan questions.

This will be repeated on an annual basis to ensure that Members are able to contribute to the work of the Committee with maximum effectiveness.

The Chair attended a national CfGS (Centre for Governance and Scrutiny) workshop of Scrutiny Chairs in London in November 2025.

5. Task & Finish Groups

The Medium Term Financial Plan Review Group have continued to influence budget decisions made by the Executive and Council. The group met on 7 occasions between July 2025 and October 2025 and considered issues in a wide range of service areas including Waste and Recycling. Housing and Leisure.

The recommendations included in the report to O&S on 11 November 2025 that were subsequently included in the 2026/27 budget include:

- Approval of Council tax increases at the maximum allowed (2.99%)
- Removal of the 50% Council Tax for empty uninhabitable properties
- Support and request the acceleration of 'Invest to save' schemes for Housing to reduce the cost of providing temporary accommodation
- Support 'Invest to save' schemes in Leisure e.g. Dawlish Leisure Centre to invest to generate additional income or the alternative would be to close
- Increase discretionary fees & charges to maximise income

6. Post Decision Scrutiny and Call-ins

At a meeting of the Executive held on 10 February 2026, a decision was taken to close the Lido in Teignmouth to achieve revenue savings of £74,000 p.a.

This decision to 'not open the Lido in the Summer 2026' was called in by O&S and an additional meeting of the Committee was held on 3 March 2026. Due to unforeseen circumstances, the venue of the meeting was changed at short notice and was held in Teignmouth. This made it more convenient for some members of the public to attend which was received very positively (photograph below). Over 30 members of the public attended the meeting. The meeting followed normal procedural rules with the exception that the Committee agreed to suspend standing orders after Members of the Committee, other TDC Councillors and Members of the Executive had spoken to enable those Members of the Public present the ability to speak. 12 Members of the Public were able to speak at the meeting this was completed within the allotted time of 30 minutes. The opportunity to contribute was appreciated by all present and the meeting was praised for its openness, tone and seriousness in which the issue was discussed.

As a result of the points raised and the subsequent debate, the Chair summarised the feedback into 7 main points which were then crafted into a formal recommendation.

The Committee recommends to the Executive that:

- 1. The Executive decision to not open the Teignmouth Lido site in 2026 is reconsidered and reversed.*
- 2. The Executive works together with the local community and willing community groups to explore other solutions for how the Lido site can be operated in 2026, and details for any proposals to be submitted is given by the Executive in due course. In coming to a final decision, the Executive should consider an Equality Impact Assessment and assessment of the economic and health impact of their decision*

As a result of the call-in, Executive considered the Lido at their meeting held on 10 March 2026 and resolved amongst other recommendations to:

1. Notes the recommendation of Overview & Scrutiny to reconsider the decision not to open Teignmouth Lido in 2026.
2. Agrees to the ambition of opening Teignmouth Lido in the 2026 season, subject to any necessary maintenance and repair works to the site and the recruitment of staff.



7. Scrutiny of Partners/other organisations and holding them to account

Where relevant, contact has been made with external organisations and there has been communication in a variety of ways: by letter, in person at informal meetings or by invitation to Scrutiny meetings. These include the following organisations: Police, UKBD Rural broadband, National Grid, NHS and Education.

8. Impact

The work of the Medium-Term Financial Plan Review Group has been widely praised and recognised from across the Council. The Group represents best practice for budget scrutiny, providing a positive contribution to budget setting, extra layers of assurance for Scrutiny members and reporting its findings and recommendations in public to the Executive.

The Group's recommendations were positively received by the Executive and a number of them were built into the 2026/27 Budget. On 26th February 2026, Full Council agreed to the removal of the 50% Council Tax discount for uninhabitable properties, suggested by the Group, and a decision that would not have come to fruition without the Group's recommendations.

The Committee successfully recommended to Full Council that the revision of the Council's kerbside recycling collection service to meet the simpler recycling reforms be adopted from April 2027.

The Call-in meeting held in Teignmouth regarding Teignmouth Lido ultimately showcased the public opinion against the Executive's decision and persuaded the Executive to decide not to close the Lido for the 2026 Season.

9. Looking ahead

- The MTFP Review Group are reconvening in April 2026 to identify further savings for the next financial year.
- The June Overview & Scrutiny Committee meeting has been designated the Crime and Disorder Committee which is an annual requirement.
- The Forward Plan and Work Plan are regularly reviewed to identify areas where Scrutiny can consider, preferably in advance, relevant policies or decisions. The Committee will again hold a specific session to reset the work programme and ensure that the Public are able to contribute to this.
- The Committee will continue to work proactively to improve service delivery and hold the Executive to account, notwithstanding the future challenges that Local Government Reorganisation present to the Council and other public services.