

Spotlight Review of Health & Social Care in Torbay

Introduction

The purpose of this report is to provide a comprehensive overview of the state of Health & Social Care in Torbay, discuss key areas of concern, link national and local trends, bring constituents' issues to the forefront and highlight Steve Darling MP's advocacy and actions in support of Torbay on the topic of Health & Social Care specifically. The report begins with an overview, addressing relevant topics and data points, to give an outline and basic understanding. It covers key areas including NHS funding, dental care access, opticians, hospital services, social care, and constituent concerns. The document highlights significant financial pressures and performance issues within The Trust, difficulties in healthcare access across various services, and strain on the social care system. It also addresses infrastructure concerns, such as the review of the promised £350 million upgrade for Torbay Hospital. Constituent issues and Darling's actions are related throughout, with a more general analysis provided alongside a brief of the Liberal Democrat national position. Finally, the report concludes with a summary of the pressures Torbay faces in terms of Health & Social Care reinforcing issues outlined in the report with a strong urge for action to be taken.

Overview

Torbay's health & social care system faces critical challenges in multiple areas, in many ways mimicking national trends, but also facing some particular tensions due to the unique demographic of the Bay; with 27.5% of residents aged 65 and over (significantly higher than the England average of 18.2%) and the area's 136,218 population swelling by around 100,000 in summer, straining already struggling services. Torbay residents experience poorer overall health compared to the national average, with both men and women having lower life expectancy and a significantly higher proportion of people (24% vs 18% nationally) living with limiting long-term health conditions or disabilities. The proportion of adults classified as overweight or obese is 67% compared to 63% nationally, and a notably higher percentage of residents (7.60%) report their health as 'bad' or 'very bad' compared to the national average of 5.5%. However, some health indicators are negligibly better than national averages, with marginally lower rates of physical inactivity (22% vs 23%) and smoking (11% vs 12%) among adults. It is important to note that Torbay is the 37th most deprived local authority in England and 16% of the area is within the 10% most deprived areas in England, factors which have a considerable impact on individuals health and wellbeing.

The Torbay and South Devon NHS Foundation Trust (the partnership that manages all of Torbay's NHS sites that falls under NHS South England), was rated 'Requires Improvement' by the CQC, grapples with a £27.0m deficit (2023/24) and staffing shortages. Access issues are stark: NHS dental patients plummeted, while A&E performance lags. Social care is under immense pressure, with many support requests denied due to capacity limitations. Oral health concerns are evident, with adult hospital admissions for tooth decay and oral cancer rates exceeding national averages. The promised £350 million hospital upgrade remains under review, adding uncertainty to much-needed infrastructure improvements. Torbay faces the systematic challenges seen across the NHS in terms of funding, staffing and service delivery.

Key issue analysis

Financial Challenges, performance and CQC Ratings of The Trust

The Torbay and South Devon NHS Foundation Trust is a statutory body that became a public benefit corporation in October 2015 after being approved as an NHS Foundation Trust under the Health and Social Care (Community Health and Standards) Act 2006. It was established on 1 October 2015 through the merger of the Torbay and

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Southern Devon Health and Care NHS Trust (community and adult social care) with the South Devon Healthcare NHS Foundation Trust (acute services).

Financial:

- £27.0m deficit in 2023/24 (excluding specific accounting adjustments)
- Total revenue deficit of £64.5m when including all factors
- Placed in segment 4 of the NHS oversight framework, requiring intensive action
- Plans to deliver £39.9m in savings for 2024/25
- Projecting a reduced revenue deficit of £47.7m for 2024/25
- Last published budget was £560 million in 2020/21

Performance:

- Significant decline in NHS dental care access:
 - o Adult patients dropped from 59,953 in 2019 to 45,441 in 2022
 - o Children's numbers fell from 16,355 to 12,971
 - o Higher than average hospital admissions for tooth decay in adults (172.1 per 100,000)
 - o Higher than average oral cancer rates (17.9 per 100,000)
- A&E performance: only 68.7% of patients seen within four-hour target (NHS target: 95%)
- 3,131 patients waited over four hours in A&E
- Treated over 57,000 people in Emergency care and 22,500 in Urgent Care in 2020/21
- Conducted 200,000 face-to-face appointments in 2020/21

CQC Rating:

- Overall rating downgraded from Good to Requires Improvement
- Retained an Outstanding rating for caring
- 15 specific "must do" actions identified across various service areas:
 - o 7 for Radiology and Imaging
 - o 3 for Medical Care
 - o 2 each for Trustwide issues and Urgent and Emergency Care
 - o 1 for Outpatient Care
- Maternity services maintained a Requires Improvement rating
- Areas requiring improvement: safety, effectiveness, responsiveness, and leadership

In the 2023/2024 Annual Report the Torbay NHS Trust highlighted the significant challenges it faces: delivering ambitious financial savings and productivity initiatives while ensuring safe, personalized patient care. The Trust must recover pre-pandemic activity levels, reduce long waiting lists, and meet NOF4 performance criteria (NHS Oversight framework segment 4, also referred to as "special measures", the highest level of support and oversight provided by NHS England to healthcare organisations facing significant challenges) whilst facing continued workforce capacity issues, recruitment gaps, and high agency costs. Leadership and management have reported being under strain by outlined limitations, uncertainty in terms of the future of capital funding and the divestment of Torbay Pharmaceuticals to the private equity firm NorthEdge temporarily complicating the Trusts ability to maintain oversight and ensure high quality service provision.

During 2023/24, Torbay NHS Trust underwent a Care Quality Commission (CQC) Well-Led Inspection, which included detailed evaluations of Urgent and Emergency Care, Medical Care, Outpatient Care, and Radiology and Imaging services. This resulted in the Trust's overall rating being downgraded from Good to Requires Improvement, although it retained an Outstanding rating for care. The inspection identified 15 specific "must do" actions across various service areas, from Radiology and Imaging to Trust-wide.

To address these issues, the Trust implemented a comprehensive action plan overseen by the CQC Quality Assurance Group, which reports directly to the Board.

“During 2023/24 we had an unannounced Well Led CQC inspection. This inspection involved four core services (medical, outpatients, urgent and emergency care and radiology) and an overall Trust-wide well led review. The report ratings were released in November 2023, and we were rated as ‘Requires Improvement’. We retained an ‘Outstanding’ rating for Caring. The resultant action plan is being monitored through the internal CQC Assurance Group.”

Torbay and South Devon NHS Foundation Trust Annual Report 23/24

The Trust engages regularly with the CQC through planned monthly meetings and quarterly engagement sessions, involving executive-level participation. Efforts are underway to ensure sustained compliance and to regain at least a ‘Good’ rating at the next Well-Led Inspection.

Also highlighted in the report for 2023/24, Torbay NHS Trust faced significant financial pressures, achieving £39.8m in savings but ending the year with a £27.0m deficit (excluding specific accounting adjustments) and a total revenue deficit of £64.5m when including these factors. Inflation and cost pressures exacerbated challenges, and for 2024/25, the Trust plans to deliver £39.9m in savings while projecting a reduced revenue deficit of £47.7m. Future years will require further savings to address ongoing deficits. Financial issues add to the already strained services, further perpetuating the difficulties previously mentioned.

Whilst the report highlights the capital developments that were made in 2023/24, such as the £48.9m in facilities and equipment, including £30m in estate improvements supported by Public Dividend Capital, leases, and charitable donations, it maintained that a key challenge facing the trust would be maintaining aging infrastructure with limited capital remains. Over the past year, key projects have included the new Dartmouth health and wellbeing centre, Torbay hospital site upgrades such as CT radiotherapy expansion, mortuary improvements, endoscopy expansion, and new theatres for day and eye surgery. As previously mentioned, there has been some asset disposals, including the sale of Torbay Pharmaceuticals, generating £18.2m. Without a clear statement from the government in regard to the announced review (October 2024) of the New Hospitals Programme (NHP), which had previously pledged £350 million funding for Torbay Hospital’s redevelopment, the Trust continues to function under uncertainty without the capacity for effective future planning.

Devon Partnership NHS Trust

Devon partnership NHS Trust is an active organisation that provides a range of specialist healthcare in relation to learning disabilities, mental health treatment and neurodiversity services covering Devon and the wider South-West region. They have an income of around £206m per year and employ 3600 members of staff who handle the 74,000 referrals they receive yearly and the 26,000 people they support every month. The Partnership Trust operates independently to the Trust, however, they collaborate as part of the ‘One Devon’ partnership initiative that links NHS organisations, local authorities and community groups across Devon.

Healthcare Access – Face to Face, waiting times & cancellations, A&E and Urgent Care

Challenges facing the Trust in relation specifically to face-to-face, A&E and Urgent Care treatment services have been highlighted by the CQC a key area of development. In 2023/24, only 68.7% of patients were seen within the four-hour A&E target, far below the NHS standard of 95%. This resulted in 3,131 patients waiting over four hours for treatment highlighting the strain on emergency care services in the Bay. The Trust's challenges are further exacerbated by seasonal fluctuations, placing additional strain on already stretched services.

Despite these challenges, the Trust has managed to maintain a high volume of patient care. In 2020/21, it treated over 57,000 people in Emergency care and 22,500 in Urgent Care, alongside conducting 200,000 face-to-face appointments. This level of activity underscores the significant demand for healthcare services in the area.

‘Each day she doesn’t have surgery the Endometriosis is growing, and her fertility and mental health is compromised.’

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Ms B- on wait times

Surgery waiting times and cancellations have caused much distress to constituents, in 2023/24, the Trust reported 577 operations cancelled on the day of the appointment or after the patient had arrived at the hospital. The NHS aims to rebook these operations within 28 days; however, 33.6% of cancellations at the Trust did not meet this target in 2023. Additionally, it is reported that GP appointment waiting times have also been a concern in Torbay, with a survey conducted by Healthwatch Torbay in 2019 showing that the average waiting time for a routine GP appointment was beyond two-weeks, with Covid-19 and systematic issues following this likely to have further exacerbated the issue. It has been highlighted that there are currently more than 12,000 people waiting for some form of healthcare provision in Torbay.

“This news has broken my heart; I have felt so let down by the NHS and feel all my hard work and determination has been for nothing.”

Ms K- on cancelled surgery & wait times

The Trust's performance should be viewed in the context of wider NHS struggles; as of September 2024, only 71.6% of patients across England were seen within four hours at all A&E departments, indicating a national issue. Waiting times for GP appointments has risen and staffing shortages, in conjunction with increased demand following the pandemic, have exacerbated the ongoing healthcare crisis. However, Torbay's demographics, particular infrastructure issues and 'special measures' rating from CQC on the Trust all amplify the crisis locally.

Dental Services

Torbay follows the national trend of demand largely outstripping supply in terms of dental care access, although slightly surpasses national averages. Recent figures highlight a sharp decline in the number of individuals accessing NHS dental care in the area—adults dropped from 59,953 in 2019 to 45,441 by mid-2022, while children's numbers decreased from 16,355 to 12,971. Additionally, only 41% of adults and 50.9% of children access dental care within the recommended timeframes. Despite the prevalence of dental decay among 5-year-olds aligning with the national average at 28.2%, hospital admissions for adult tooth decay are significantly higher than the England rate at 172.1 per 100,000 compared to 129.6 nationally.

“I understand the dental industry within the NHS is struggling but so am I. Regular dental care is an absolute must for me as the constant pain I am in with toothache has brought my entire life to a standstill.”

Mr S-on Dental Services in The Bay

Torbay's oral health challenges are further compounded by its high oral cancer registration rates of 17.9 per 100,000, which exceed the national average of 15.6. For emergency dental issues, patients rely on helplines like Access Dental, which also manages routine care waiting lists. Torbay, like many rural and coastal communities, has been highlighted as a 'dental desert', meaning there is a persistent gap in dental care availability within the Bay. Darling has been a strong advocate for improving NHS dental provision on Torbay, consistently voicing the concerns of his constituents, many of whom have reported difficulties in accessing NHS dental care for themselves or their children. On July 17th, 2024, he supported an Early Day Motion that highlighted critical issues in dental care access. The motion drew attention to alarming statistics, noting that over 100,000 children aged between 6 and 10 years had been admitted to hospital with rotting teeth since 2018. Additionally, he has supported proposals such as providing supervised toothbrush training for children in nurseries and schools, and scrapping VAT on children's toothbrushes and toothpaste. Darling has also advocated for reforming the NHS dental contract to incentivize dentists to return to NHS practice, emphasizing the need for flexible commissioning to meet patient needs.

On the 12th of November 2024, Darling advocated for Torbay's 'Dentist desert' in a spoken contribution, stating “We have more than 2,200 people on our waiting list, desperate to receive support from a dentist”. He also highlighted key constituent cases “one of them told me that she was halfway through treatment to resolve challenges in her mouth when her dentist withdrew, leaving her with a job half done. She still suffers with pain

and is upset about her dentistry needs.”. He advocated for Torbay throughout, praising the 700,000 new emergency dental appointments whilst maintaining the challenges coastal and rural areas face in dentistry, asking the relevant minister ‘how many of those [emergency appointments] will happen in Torbay? On the renegotiation of the dentists’ contract, how will we be able to take account of rurality and coastal issues as part of the mix?’. Even before becoming MP, Darling has advocated for dentistry demands in the Bay, in April 2024 Darling was on Politics Southwest discussing dentistry access amongst other key topics, bringing light to the issue facing so many constituents.

Efforts to improve dental health and service access include NHS Devon’s ongoing work to enhance provision across the region. Torbay benefits from local initiatives such as the Community Dental Service and preventive measures targeting children and vulnerable groups. However, these actions are yet to address significant disparities effectively, with over half of adults and a third of children reportedly lacking access to timely dental care. As such, Torbay remains a microcosm of broader dental care challenges in the UK.

GP Services

Torbay’s GP services face significant challenges, reflecting broader issues in primary care across the UK. As of 2024, Torbay has approximately 20 GP practices serving a population of around 136,000 residents. However, this number fluctuates significantly during tourist seasons putting additional strain on local healthcare services. Access to GP appointments remains a concern, as previously stated, many GPs have reported a wait time of over two weeks for routine appointments. This is partly due to a shortage of GPs in the area, with Torbay experiencing recruitment and retention issues similar to other coastal and rural areas in England.

“it’s no wonder hospital waiting times are so high as they are being overrun with patients who should be being treated within primary care”

Mr T- on primary care in The Bay

The COVID-19 pandemic has exacerbated existing pressures on GP services in Torbay, leading to a backlog of routine appointments and an increased reliance on remote consultations. In an attempt to tackle this issue, several practices in Torbay have introduced an enhanced triage system and increased use of digital technology in patient communication. Despite the adaptation of helpful technologies, the aging population in Torbay continues to place heavy demands on primary care services. This demographic profile, combined with higher-than-average rates of certain health conditions such as dementia and oral health issues, underscores the need for further investment and support for the Trust and GP practices in Torbay.

Darling offered a spoken contribution on 17th of December 2024 during a debate on primary care services, where he drew attention to the challenges faced by healthcare providers in Devon and Torbay. He emphasized the adverse effects of National Operating Framework (NOF) 4 on local services and questioned its efficacy, stating, “How national operating framework 4 puts additional pressures on services in Devon, and how the integrated care board is challenged in respect of some decisions.” Issues in GP access has been raised time and again by constituents, without effective primary care services, hospital and A&E care are placed under immense strain, shown in previous analysis of these provisions in the Bay. This followed a meeting attended by Darling, with representatives of the statutory bodies for Medical, Pharmacy, Optics and Dental, alongside other Devon MPs, on Wednesday 20th November. Hearing these concerns allowed him to raise the points around issues like NOF4.

Pharmacy Services & Medication shortages

The UK is currently experiencing an unprecedented medication shortage crisis, as revealed by Community Pharmacy England’s Pharmacy Pressures Survey 2024. The situation has deteriorated significantly, with 99% of pharmacy team members encountering supply issues at least weekly, and 72% facing multiple issues daily. This marks a severe escalation from previous years, with 91% of business owners reporting a significant increase in supply chain issues compared to last year. The scale of the problem is further illustrated by the fact that in 2023,

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an average of 149 medicines per month required emergency concession status, a stark increase from an average of just 8 per month in 2012/13.

"...What are they going to do to ensure people who need their life preserving medications get the supplies to meet their needs."

Ms W – on medication shortages

The impact on patient care is alarming, with 79% of pharmacy team members reporting that patient health is being put at risk due to medicine supply issues. According to the survey 98% of pharmacy staff across England have reported an increase in 'owings' - partial prescription fulfilments requiring patients to make multiple trips to the pharmacy. The frustration caused has also enhanced aggressive behaviour towards pharmacy staff, 84% of pharmacy team members have experienced patient aggression due to supply issues.

The shortage is also placing immense strain on pharmacy operations and the broader healthcare system. Nearly three-quarters of pharmacy staff estimate spending 1-2 hours or more daily trying to obtain medicine stock or alternatives, this time investment diverts resources from other essential services and adds to the workload pressure. Moreover, 60% of pharmacy team members report having to contact GP practices daily about supply chain issues, indicating that the problem is potentially impacting primary care services as well. Financial implications of shortages should also be noted, medicine purchasing costs is cited as one of the two biggest drivers for cost increases in pharmacies in 2024. These issues facing primary care contacts nationally are exacerbated in Torbay due to the demographics of the constituency.

In terms of pharmacy access, Torbay has seen the loss of seven local pharmacies in recent years, this has intensified pressures on remaining facilities and pharmacy teams. This mimics the wider issue across England, where a record 432 pharmacies closed in the 2023/24 financial year alone. Torbay (as of 2023) has only one 100-hour-pharmacy. Monitoring of pharmacy provision in Torbay following a series of closures is ongoing and in November 2023 the Trust sold Torbay Pharmaceuticals to the private equity firm NorthEdge, this decision was driven by aims to improve pharmacy provision and has been described by the Trust as conducive to further growth and innovation beyond the NHS framework.

Steve Darling MP has demonstrated a strong commitment to addressing healthcare issues in Torbay through multiple parliamentary actions. On the 30th of October 2024, he sponsored an Early Day Motion highlighting the critical shortage of ADHD medications and its wide-ranging impacts, particularly on children's education and development. Darling also highlighted the concerning decline in pharmacy support, noting, "10 years ago the NHS spend on support for pharmacists was 2.4%, and it is now 1.6%. If our plan is prevention, that is going in the wrong direction." Additionally, Darling has expressed concern over the loss of pharmacy services in the Bay, advocating for an expansion of the Pharmacy First approach (an NHS initiative that enables community pharmacists to assess, diagnose and treat a set of common health problems, aiming to alleviate the pressures on GPs), which he highlighted had saved nearly 500 GP appointments in Torbay. He called for long-term funding for pharmacies and urged a reconsideration of NOF4, suggesting it might be "part of the problem rather than the solution for NHS services."

Social Care Pressures & Dementia care

The Liberal Democrats have proposed a comprehensive plan to reform social care, aiming to introduce free personal care in England, similar to the model implemented in Scotland in 2002. This initiative would ensure that individuals receive essential care services without the burden of selling their homes to cover costs. In Torbay, Darling has emphasised the importance of addressing social care challenges, highlighting the need for social care to be a top priority, recognizing the pressures faced by the local community.

"Right now, there are thousands of people stuck in hospital beds: well enough to be discharged, but unable to leave, because the care they need – at home or in a care home – simply isn't there."

Ed Davey- Liberal Democrat Leader

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Torbay's demographic profile, with a higher proportion of elderly residents, underscores the urgency of implementing robust social care policies. The Liberal Democrats' policy plans, advocated for by Darling, includes introducing a real living wage for care workers and investing in their professional development. Additionally, the proposal includes support of unpaid carers aligns with the needs of many in Torbay who provide essential care to family members, specifically in relation to dementia care, an issue that is regularly raised by constituents.

In 2023/24, there were 8,690 requests for support from older and disabled residents in Torbay, yet 25% of these were denied, leaving individuals with no support beyond advice or signposting. The strain extends to unpaid carers, with 6,856 residents providing over 20 hours of care weekly—more than the hours of a part-time job. Compounding the issue is a local shortage of 275 care workers, contributing to delayed hospital discharges, as 107 inpatients in Torbay and South Devon NHS Foundation Trust were unable to leave due to insufficient social care support.

Dementia care in the Bay is a key issue, with several initiatives being implemented to address growing challenges in care provision. The region has established Memory Cafés across Torbay, providing social spaces for people with dementia and their carers. Additionally, Torbay has developed a Dementia Friendly Communities program, which includes training for local businesses and organizations to better support individuals with dementia. The area has also seen an increase in specialized dementia care homes and memory support services within existing care facilities. These efforts are supported by extensive training programs, with over 3,000 staff across health and social care sectors receiving dementia-specific training.

“Currently about 70% of those who rely on residential care in England are living with some form of dementia, however only 29% of those working in adult social care in England have any formal dementia training. This needs to change.”

Ms E- on Dementia Care and support for those working in adult social care

The scale of the dementia challenge in Torbay cannot be understated. Approximately 2,700 people are currently living with dementia in the area, a figure projected to increase to around 4,000 by 2030, a 48% rise. The diagnosis rate for dementia in Torbay stands at 64.3% (as of 2019), which is below the national target of 66.7%, a lack of diagnosis can often lead to increased emotional distress, family conflicts and difficulty accessing support services; with all of these factors exacerbating the caregiving burden. Supporting the dementia diagnosed population in the Bay is an estimated 3,000 unpaid carers. These figures underscore the urgent need for continued development and implementation of dementia care strategies in Torbay, particularly given the area's aging population and the projected increase in dementia cases over the coming years.

Torbay benefits from the support of a range of dementia care charities and organisations such as 'The Filo Project' a community interest company providing day care for people with early to moderate dementia. Additionally, the Alzheimer's Society operates in the area, offering support services, information, and running Dementia Cafés. Age UK Torbay provides various services for older adults, including those with dementia, such as befriending services and activity groups. The local branch of Dementia UK supports families through their Admiral Nurse service, offering specialized dementia support. Memory Matters, another local charity, runs cognitive stimulation therapy sessions and provides support for both individuals with dementia and their carers. Together these charities create a network of support systems and services to help with the growing crisis, however, long-term, structural, changes need to occur in order to effectively tackle social care and dementia specific care issues.

Darling has highlighted the work of Devon based dementia care charities and the need for dementia care provisions in the Bay. For example, the work of Purple Angel Global's (founded in Torbay by Norman McNamara) has contributed to Torbay being recognized as one of the UK's leading dementia-friendly communities.

Torbay has had a fully integrated health and social care system for over 17 years. This system emphasises care team integration, aiming for shorter hospital stays, quicker care assessments, and enhanced well-being through coordinated support. Torbay Council have delegated much of the responsibility for delivery of adult social care to Torbay and South Devon NHS Foundation Trust. The Council remains accountable for adult social care, retaining the lead for strategic commissioning and employing the Director of Adult Social Services. Many actions

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as an integrated body have been taken, including delegating NHS tasks to home carers, leveraging rapid response teams, and utilising the Quality Assurance and Improvement Team (QAIT) to support care providers in reducing hospital admissions.

The integrated health and social care system has achieved effective outcomes over the past 17 years, but critical challenges and gaps remain. Financial strain, as in all areas of health and social care, is considerable with residential placement fees often exceeding standard expectations, impacting Adult Social Care budgets which places extra challenges on the healthcare system and can impact Acute trust performance. Additionally, a focus on acute care performance leaves gaps in addressing the needs of residents under 65 years old. Workforce pressures have led to community nursing delegating tasks like PEG feeding and TED stocking management, which has proved effective. The system in Torbay is fully integrated, the boundaries between healthcare providers and social care services have been blurred and responsibility ownership is difficult to determine, this can lead to complications. As ASC costs continue to go beyond acceptable levels, the system is placed under immense strain. This in turn impacts all areas of health and social care provision in the Bay, putting those who are already at high levels of risk in a more vulnerable position.

“Torbay’s arrangements have been in place for many years with services truly integrated, and many other boundaries have been blurred in the interest of our residents. It is difficult to determine exactly where responsibility for spend sits. The reported ASC spend has increased to a level which is unacceptable to all parties. As such, we have a renewed focus on transformation to maximise the benefits of our integrated system and reduce cost.”

Joanna Williams- Director of Adult and Community Services, Torbay Council

A social care framework that is under immense pressure puts hospitals and secondary/tertiary care providers under heightened strain also as patients cannot be discharged safely into appropriate care settings. This is reflected in findings throughout the wider report and given the many issues already faced by healthcare providers in the Bay, there is little capacity for undertaking more weight from struggling social care provision. Despite the strengths of an integrated system, there are many vulnerabilities that can limit the ability of providing effectively funded and resourced care.

Infrastructure and Capital Projects

In 2023/24, the Torbay and South Devon NHS Foundation Trust invested £48.9m in facilities and equipment, including £30m in estate improvements. This investment encompassed several key projects: a new Dartmouth health and wellbeing centre, CT radiotherapy expansion at Torbay hospital, mortuary improvements, endoscopy expansion, and new theatres for day and eye surgery. The sale of Torbay Pharmaceuticals (line 243) generated £18.2m for the Trust in 2023/24. However, the Trust continues to face substantial challenges in terms of aging infrastructure, general maintenance and limited access to capital funding. The Covid-19 pandemic necessitated the closure of minor injury units in Dawlish and Totnes, impacting local healthcare provision also, and put an unprecedented strain on already stretched healthcare provisions.

Torbay Hospital is the UK’s third-oldest healthcare facility; the infrastructure challenges facing the hospital are substantial and it is estimated that a minimum of £62.3m is needed just to clear the backlog of repairs. This surpasses the annual running costs of the Trust, which is £57m (as of 2023). A plethora of issues have been reported by staff and external reporters, leaking roofs, sewage overflows, ward overcrowding and crumbling buildings limit the facilities ability to provide the care the Bay needs. A staff member is reported to have caught tuberculosis from a body in the morgue due to improper ventilation, this issue continues into operating theatres and the special care baby unit where ventilation has failed also. Additionally, a substantial sewage leak caused the ear, nose and throat department to be completely shut down for a week (here, it is important to highlight that there have been nearly 700 incidents of sewage leaks and blockages over the past year), fire-safety concerns put staff and patients at risk and the hospitals main restaurant and ward kitchens have been made obsolete by a lack of maintenance. 80% of the estate has been rated ‘poor’ or ‘bad’ and CCTV is considered below standard, putting patient safety at serious risk.

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“The previous Conservative government promised that the New Hospital Programme would deliver, but instead, these commitments were hollow without funding. Torbay Hospital is now at risk of being placed on the backburner, and our community cannot wait any longer.”

Steve Darling MP – on Torbay Hospital

The most significant potential development for Torbay's healthcare infrastructure is the proposed £350 million upgrade to Torbay Hospital, part of a £3.7 billion government funding initiative for 40 hospitals in England announced in October 2020. However, this project is currently under government review due to funding constraints. The original timeline included a strategic outline case submission in 2021 and a detailed business case in 2022, but these plans are now uncertain. A key written to question from Steve in relation to Torbay Hospital was submitted on the 25th of November, asking for the Secretary of State for Health and Social Care “if he will make a decision on the funding of Torbay Hospital under the New Hospital Programme before 31 December 2024”. Additionally, in 2024 Darling launched a powerful postcard campaign to demand the release of £350 million in funding for the redevelopment of Torbay Hospital, encouraging local residents to send postcards to the government urging them for a response. This campaign aimed to increase visibility around the infrastructure and financial pressures facing Torbay Hospital and highlight to the government the desperate need for financial provisions if Torbay hospital and therefore all healthcare providers in Torbay are able to provide any form of health and social care. Without this funding it is inevitable, based on the current maintenance backlog and service strains outlined within this report, that the Torbay health and social care system will fall into further crisis and local people will be letdown, unsafe, uncared for and see long-term negative repercussions to themselves and their families due to a failing health and social care system.

Despite these challenges, Torbay has seen progress in other areas, such as the launch of the Digital Bay Partnership to improve health and social care services through technology, and the opening of a new Community Diagnostic Centre in Torquay to reduce waiting times and enhance diagnostic capabilities. These developments occur against a backdrop of significant healthcare demand, with the Trust treating over 57,000 people in Emergency and 22,500 in Urgent Care in 2020/21 and managing 200,000 face-to-face appointments in the same period.

However, with primary care providers facing funding and resource limitations, pharmacies seeing medication shortages, financial challenges and closures, and social care provisions in crisis, the hospital faces much higher demand for its services than can be handled, especially given the issues analysed above.

To emphasise this point, a key data point can be highlighted. In the week leading up to December 1st 2024, Torbay Hospital bed occupancy was at 98%, averaging at 398 beds being full. This compares to a fit-for-purpose bed occupancy rate of 85%, which allows flexibility for professional staff. The pressures faced by social care providers, both in terms of resources and financially, exacerbates the issues faced by an already strained secondary/tertiary care system. To effectively address the healthcare crisis in the Bay, staff shortages and failing infrastructure needs to be tackled, and without reliable funding, the crisis will only worsen.

Darling has written to key figures in government such as the Chancellor and Secretary for Health and Social care urging for immediate action in confirming funding for the New Hospital Initiative in Torbay. He continuously advocates for the safety of both patients and staff, heavily criticising the previous Conservative government for their unfunded promises whilst highlighting that ‘without a new hospital, Torbay will not be able to deliver safe care, reduce waiting times, or meet the growing demands of an aging population’. He recognises the efforts of the Trust in modernising and tackling issues where they can however makes it clear that the ‘current state of Torbay Hospital is unsustainable, and time is running out’.

Opticians & eye-care

The Torbay and South Devon NHS Foundation Trust's Eye Unit provides over 70,000 consultations and performs more than 3,000 ocular operations annually and the local integrated Care system overall provides 150,575

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outpatient appointments and 8,375 inpatient procedures. In 2023 Torbay Hospital opened a dedicated eyecare surgery alongside a facility development, this aims to provide an additional 4,500 surgeries per year.

Statistics from January 2022 show that 24,086 patients (51% of patients) were waiting longer than 18 months to start non-emergency consultations for treatment, considerably worse than the national average of 38%. This puts patients at risk of previously manageable conditions worsening drastically and requiring a higher level of care, furthering pressure on already strained hospital care and surgery providers.

Darling has advocated for the delivery of the 'Special Schools Eye Care Service' to ensure that children with SEN receive free eye care in school and that eye care professionals can afford to provide the service, acknowledging the importance of ensuring eye-care is provided to all, particularly those who may have difficulties accessing services.

The older demographics of Torbay lend the population to being more vulnerable to developing health conditions such as age-related macular degeneration (the leading cause of severe sight loss in the UK). Torbay currently has an estimated 8,520 people living with early-stage Age-related Macular Degeneration (AMD), while 1,950 people have late-stage AMD - comprising 670 with late-stage dry AMD and 1,380 with late-stage wet AMD. By 2032, the number of people living with late-stage AMD is projected to increase by 28% from current levels. This illustrates the additional strain placed upon eyecare services in Torbay and the need for comprehensive primary care support to support the already oversubscribed secondary and tertiary care providers.

Current Initiatives & Responses

Liberal Democrat Position

The Liberal Democrats, as across the political spectrum, have highlighted in their approach to policy proposals that health and social care is in crisis. To address the challenges of staff shortages, long waiting times, reduced access to essential services and financial difficulties they have put forward a long-term-investment plan. Key commitments include guaranteeing GP appointments within seven days (or 24 hours for urgent cases) by hiring 8,000 more GPs, ensuring emergency access to NHS dentists, and establishing community mental health hubs. Emphasis is placed on rebuilding infrastructure, fixing the social care crisis to reduce hospital strain and investing in technology and workforce retention to make the NHS more efficient.

Case Work & Constituent Call Outs

Casework data and constituent anecdotes reveal a range of pressing healthcare issues affecting residents in Torbay. Health services and medicine account for 23% of casework, representing the largest category of correspondence received. The issues raised cover a broad spectrum, including assisted dying, NHS resources, cancer treatments and dementia care.

Several key themes emerge from the constituent testimonies. Access to healthcare services, particularly dental care, is a major concern. One constituent offered an account of their constant tooth pain affecting their daily life, and another shared the struggle to find an NHS dentist that was taking new patients meaning they cannot attend their preventative check-ups, being more at risk of developing oral cancer. The availability of specialised care is another recurring issue, with a constituent sharing the negative impact that long waiting times for endometriosis surgery has on their daughter's mental health and long-term fertility. Another issue that has been raised by many constituents is the need for improvement in dementia care, with one sharing their concerns for the provision of their mother's care.

Testimonies received through surgeries and correspondence reveal a general concern for health and social care provisions, repeatedly highlighting how systematic, nationwide, issues impact Torbay as well as revealing specific local concerns.

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Inefficiencies of healthcare delivery in the Bay is a general theme that runs through most constituent communications. One constituent raised the issue of medication shortages forcing them to return to the GP numerous times in an attempt to find an alternative, with another commenting on hospitals being overrun with primary care patients who couldn't access the help they needed.

Constituent opinions on end-of-life care are divided, with some advocating for increased investment in palliative care, while others support changes in assisted dying legislation. It is worth noting that a report from 'DignityInDying' has shown that 78% of people in Torbay support assisted dying. The ongoing impact of historical healthcare failures in Torbay is evident in poignant accounts of the infected blood scandal, with constituents sharing the loss and suffering of loved ones. Overall, case-work anecdotes paint a picture of a healthcare system under significant strain, with constituents experiencing difficulties in accessing timely, appropriate, and high-quality care across various medical needs.

Conclusion

The health and social care landscape in Torbay faces many challenges going into 2025, both reflecting the national crisis and seeing key local challenges due to longstanding issues of underfunding and specific demographics. The Torbay and South Devon NHS Foundation Trust faces significant financial pressures, with a £27.0m deficit in 2023/24 and ongoing challenges in healthcare provision. The Trust's 'Requires Improvement' CQC rating, particularly in areas such as safety, effectiveness, and leadership, underscores the need for comprehensive healthcare reform and increased support.

Access to healthcare services remains a critical concern, with dental care being a particularly acute issue. The sharp decline in NHS dental patients, from 59,953 adults in 2019 to 45,441 in 2022, highlights a growing 'dental desert' in Torbay. Similarly, A&E performance lags significantly behind national targets, with only 68.7% of patients seen within the four-hour target, far below the 95% NHS standard. These access issues are compounded by the area's demographic profile, with 27.5% of the population aged 65 and over, significantly higher than the national average.

Social care in Torbay is under immense strain, with 25% of support requests denied and a shortage of 275 care workers. This situation is particularly concerning given the projected increase in dementia cases, expected to rise from 2,700 to around 4,000 by 2030.

Uncertainty around future funding due to the review of the NHI £350m investment places heavy limitations on the Trust and healthcare providers in Torbay, with primary care services being overwhelmed, hospital infrastructure becoming unusable and patient and staff safety concerns reaching breaking point.

Steve Darling MP has been a persistent advocate for improving healthcare services in Torbay, addressing these multifaceted issues through various parliamentary actions. His efforts have focused on securing previously promised funding, improving access to dental and GP services and addressing medication shortage. By advocating for Torbay, both in writing and orally, to Secretaries of State, Ministers and the Chancellor, Darling raises the concerns of constituents to the national stage.

Looking ahead, whilst Torbay faces significant challenges in health and social care, there are opportunities for building a comprehensive strategy that addresses the plethora of national and local specific needs, improves access to services and integrates care at all levels. This however is reliant on ensuring adequate funding for much needed infrastructure improvements, service developments and delivery of care.

Appendices

Appendix A: Sources

A1. Community Pharmacy England Report

"Pharmacy Pressures Survey 2024: Medicines Supply Report" – Community Pharmacy England

<https://cpe.org.uk/wp-content/uploads/2024/05/Pressures-Survey-2024-Medicines-Supply-Report-Final.pdf>

A2. Torbay and South Devon NHS Foundation Trust Annual Report 2020-2021

"Annual Report and Accounts 2020-2021" – Torbay and South Devon NHS Foundation Trust

<https://www.england.nhs.uk/wp-content/uploads/2022/09/torbay-and-south-devon-nhs-foundation-trust-ara-20-21.pdf>

A3. Torbay and South Devon NHS Foundation Trust Annual Report 2023-2024

"Annual Report and Accounts 2023-2024" – Torbay and South Devon NHS Foundation Trust

<https://www.torbayandsouthdevon.nhs.uk/uploads/annual-report-and-accounts-2023-2024.pdf>

A4. House of Commons Library Research Briefing

"The Terminally Ill Adults (End of Life) Bill 2024-25" – House of Commons Library

<https://researchbriefings.files.parliament.uk/documents/CBP-10123/CBP-10123.pdf>

A5. Local News Article

"Devon MPs back assisted dying bill" – Torbay Weekly

<https://www.torbayweekly.co.uk/news/home/1671681/devon-mps-back-assisted-dying-bill.html>

A6. Torbay Council Policy Document

"Adult Social Care Blueprint: Dementia" – Torbay Council

<https://www.torbay.gov.uk/council/policies/asc-policies/asc-blueprint/dementia/>

A7. Charitable Organization Website

"The Filo Project: Our Story" – The Filo Project

<https://www.thefiloproject.co.uk/our-story>

A8. BBC News Article

"Contaminated blood inquiry: What you need to know" – BBC News

<https://www.bbc.co.uk/news/health-48596605>

A9. Official Inquiry Website

"Infected Blood Inquiry" – UK Government Public Inquiry

<https://www.infectedbloodinquiry.org.uk/>

A10. Mid Devon Advertiser

"Hundreds of operations cancelled at the Torbay and South Devon Trust"

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https://www.middevonadvertiser.co.uk/news/hundreds-of-operations-cancelled-at-the-torbay-and-south-devon-trust-666009?utm_

A11. Healthwatch Torbay

“Average wait for GP appointment breaches two-week mark for first time”

https://healthwatchtorbay.org.uk/news/average-wait-for-gp-appointment-breaches-two-week-mark-for-first-time/?utm_

A12. Torbay Local Authority

2022-2025 PHARMACEUTICAL NEEDS ASSESSMENT FOR TORBAY

<https://www.torbay.gov.uk/media/18320/torbay-pna-2022-final.pdf>

A13. Liberal Democrats Policy

Plan for Social Care

https://www.libdems.org.uk/news/article/our-plan-for-social-care?utm_

A14. Acquisition of pharmacies

US market beckons for pharma firm a year after private equity acquisition

https://www.thebusinessdesk.com/south-west/news/16239-us-market-beckons-for-pharma-firm-a-year-after-private-equity-acquisition?utm_

A15. Devon Radio interview with Steve Darling MP

Anger as ‘sub-standard’ Torbay Hospital’s cash lifeline is put on hold

https://www.devonairradio.com/news/torbay-news/anger-as-sub-standard-torbay-hospitals-cash-lifeline-is-put-on-hold/?utm_

A16. Torbay Weekly on Hospital infrastructure

Torbay Hospital crumbling as £350m rebuild faces uncertainty

https://www.torbayweekly.co.uk/news/local-news/1618612/torbay-hospital-crumbling-as-350m-rebuild-faces-uncertainty.html?utm_

A17. Dignity in Dying Torbay Statistics

‘Public Opinion’

https://www.dignityindying.org.uk/assisted-dying/public-opinion/?utm_

A18. RNIB Local Authority Report

Torbay sight loss report

https://rnib-csv-v3.vercel.app/local-authority/england/south-west/torbay?utm_

A19. Devon Partnership Trust

Webpage

<https://www.dpt.nhs.uk/>

Health & Social Care in Torbay

Appendix B: The Trust's board structure

Position	Name
Chair	Sir Richard Ibbotson
Chief Executive	Bill Shields (acting, until March 31 st 2025) After March 31 st 2025: Joe Teape
Chief Operating Officer	John Harrison
Chief Nurse	Deborah Kelly
Chief Medical Officer	Ian Currie
Chief Finance Officer	David Crompton
Chief People Officer	Rhian Dodge
Director of Strategy, Transformation, and Partnerships	Ann Wagner
Deputy Chair	Paul Richards
Non-Executive Director	Jacqui Lyttle
Non-Executive Director	Robin Sutton
Non-Executive Director	Judy Saunders
Non-Executive Director	Peter Welch
Non-Executive Director	Chris Balch
Associate Non-Executive Directors	
Associate Non-Executive Director	Vikki Matthews
Associate Non-Executive Director	Linda Webber
Company Secretary	Jane Viner

Appendix C: Wider reading

Title	Description	Source	Link
Digital Bay Partnership Launched	A partnership aimed at improving health and social care services in Torbay and Devon using digital technology.	Torbay Weekly	Link
Community Diagnostic Centre Opens	A new centre in Torquay providing health scans and tests to reduce waiting times and enhance diagnosis.	Torbay and South Devon NHS Foundation Trust	Link
Flu Surge in Hospitals	The rise in flu cases affecting local hospitals and increasing strain on NHS resources in Torbay.	Torbay and South Devon NHS Foundation Trust	Link
Launch of Torbay's Sustainable Food Place Initiative	An initiative aiming to improve health outcomes and address social determinants of health through local food programs.	Torbay Communities	Link
CQC Inspection of Maternity Services	CQC's findings on Torbay's maternity services, with an action plan to address improvement areas.	Torbay and South Devon NHS Foundation Trust	Link
Social Care Funding Urged	Local leaders call for more focus on social care funding to address growing needs in Torbay.	Torbay Weekly	Link
New Chief Executive for Torbay and South Devon NHS Foundation Trust	Appointment of a new CEO to lead the Trust through recovery and transformation.	Torbay and South Devon NHS Foundation Trust	Link
Launch of Mealtime Companions Initiative	Volunteers helping patients during mealtimes to improve their experience in Torbay hospitals.	Torbay and South Devon NHS Foundation Trust	Link
NHS Overseas Workers Day Observed	Recognition of the contributions made by international staff in Torbay's NHS services.	Torbay and South Devon NHS Foundation Trust	Link
Launch of Torbay's Adult Social Care Strategy	Torbay Council's new strategy to improve adult social care services in the region.	Torbay Council	Link

Appendix D: Locations of the Trust

Note: Torbay Hospital is the main hub of the Trust

Location	Address	In Torbay Constituency?
Torbay Hospital	Lowes Bridge, Torquay, TQ2 7AA	Yes
Ashburton and Buckfastleigh Hospital	Eastern Road, Ashburton TQ13 7AP	No
Brixham Hospital	Greenswood Road, Brixham TQ5 9HN	Yes
Brunel Dental Centre	Brunel Industrial Estate, Newton Abbot TQ12 4XX	No
Castle Circus Health Centre	Abbey Road, Torquay TQ2 5YH	Yes
Dartmouth Clinic	Mayors Avenue, Dartmouth TQ6 9NF	No
Dawlish Hospital	Barton Terrace, Dawlish EX7 9DH	No
Kingsbridge Hospital (South Hams) Special Care Dental	Plymouth Road, Kingsbridge TQ7 1AT	No
Newton Abbot Hospital	Jetty Marsh Road, Newton Abbot TQ12 2TS	No
Paignton Hospital	Church Street, Paignton TQ3 3AG	Yes
St Edmunds	Victoria Park Road, Torquay TQ1 3QH	Yes
Tavistock Special Care Dental Service	70 Plymouth Road, Tavistock PL19 8BX	No
Teignmouth Hospital	Mill Lane, Teignmouth TQ14 9BQ	No
Totnes Hospital	Coronation Road, Totnes TQ9 5GH	No
Walnut Lodge	Walnut Road, Torquay TQ2 6HP	Yes

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Appendix E: Demographic data

Age Group	Population	Percentage
0-4	6,414	5%
5-17	19,070	14%
18-29	14,859	11%
30-49	28,615	21%
50-64	30,117	22%
65-74	19,273	14%
75-84	12,596	9%
85+	5,274	4%

Office for National Statistics' Census 2021.

Category	Data
Population (2021)	139,324
Population Growth (2011-2021)	6.4% increase
Median Age (2022)	49.3 years
Age Distribution (2021)	<ul style="list-style-type: none"> • Under 16: 16.8% • 16 to 24: 8.3% • 25 to 34: 10.2% • 35 to 44: 9.8% • 45 to 54: 13.7% • 55 to 64: 14.5% • 65 to 74: 14.1% • 75 to 84: 8.8% • 85 and over: 4.6%
Life Expectancy (2022)	<ul style="list-style-type: none"> • Men: 78 years • Women: 83 years
Healthy Life Expectancy (2018-2020)	<ul style="list-style-type: none"> • Men: 64 years • Women: 62 years
Disability Prevalence (2021)	<ul style="list-style-type: none"> • 23.8% identified as disabled under the Equality Act • 11% reported activities limited a lot • 13% reported activities limited a little

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Deprivation (2019)	27% of the population lived in areas among the 20% most deprived in England
Education (2021)	5.8% of people aged 25 to 64 years did not have a high school diploma
Employment (2018)	• 53.8% employed full-time • 15.9% employed part-time • 3.1% unemployed

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Appendix F: Casework Callouts

Keyword	Type	Analysis	Callout
NHS	Personal	Pension links, not about NHS services as such, less relevant for the report	More finance related
NHS Funding	Automated	Automatic email, less personalised, highlights the issue as relevant.	
NHS Funding / NHS in Crisis	Automated	Key issues, relevant to Torbay	The NHS is not just a health service, it's a cornerstone of our society and a source of national pride. Please stand up for our NHS and ensure it receives the support and resources it desperately needs.'
NHS Funding	Short note	Short email, key issue raised	
NHS in Crisis	Personal	KEY	'it's no wonder hospital waiting times are so high as they are being overrun with patients who should be being treated within primary care"
NHS Parking	Automated		
GP Services	Written Personal		
GP work to rule	Personal		Since 2015:
Health	Surgery Follow Up	KEY	Each day she doesn't have surgery the Endometriosis is growing and her fertility and mental health is compromised.'
Health	Surgery Follow Up		Too complex and issues of safeguarding if fully included in a report
Health Inequality	Automated		Three actions, calling to hear Steve speak in parliament about the issues addressed 1. Writing to the Chancellor of the Exchequer to demand proper funding for the NHS. 2. Raising a question at Prime Ministers' Questions to ask the Health Secretary about the expansion of NHS privatisation. 3. Calling on this Government to review and fix inequality that's preventing people accessing healthcare.
Mental Health	Case follow up		Not relevant to health
Mental Health	Surgery Follow Up		holistic therapy
Dementia	Personal		Useful callout?
Dementia Care	Automated		
Dementia Care	Charity Personal	Useful link?	Useful callout?
Dementia Support	Automated		
Dementia Training	Automated		Currently about 70% of those who rely on residential care in England are living with some form of dementia, however only 29% of those working in adult social care in England have any formal dementia training. This needs to change.
Dentistry	Personal		I understand the dental industry within the NHS is struggling but so am I. Regular dental care is an absolute must for me as the constant pain I am in with toothache has brought my entire life to a standstill.
Dentistry	Personal		Useful callout?
Dentistry	Personal		One of the reasons you got our vote was so that you could fight for our local NHS and NHS Dentist services and we wish you all the very best in fighting for these essential services.
Dentistry	Personal		Callout?
Breast Cancer Ambassador	Automated		
Cancer	Automated		

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CatchUpWithCancer	Automated		
Prostate Cancer	Automated		
ChampionDiabetes	Automated		
Contaminated Blood Scandal	Personal	Payments to begin in 2025	I have been campaigning for justice for over 30 years. My husband (a mild haemophilic) died in 2004 after having two liver transplants. One in 1996 the other in 2003, due to HepC given to him in infected factor 8. He was 47. His brother died in 1991 from HIV aged 25 and recently my nephew died. Our family have suffered so much heartache and loss.
Contaminated Blood Scandal	Personal		
Contaminated Blood Scandal	Personal		Steve, I implore you to be the voice for my dad and for all the victims of this atrocity. Stand up in Parliament and fight for justice and compensation for us. Every four days, another infected person dies, and my mother, now 70, has never been able to move on from the trauma and loss. She deserves financial stability after all she has endured, caring for my dad through unimaginable pain and suffering.
Care Home	Personal		
Arthritis	Automated		
Medication Shortage	Personal		"...What are they going to do to ensure people who need their life preserving medications get the supplies to meet their needs."
Against assisted dying bill	Personal		I worked in a hospice for a while, and saw that nobody needs to die in pain- we need to be investing in more palliative care so that those suffering can die comfortably and without our aid to accelerate the process.
Against assisted dying bill	Personal		
Against assisted dying bill	Personal	wrong tag, seems pro	Dying people need better – and the public is right behind them. Three-quarters of people in Great Britain are in favour of law change, with a majority of support in every parliamentary constituency and across all ages, genders, socio-economic status and voting intention.
Against assisted dying bill	Personal	wrong tag, seems pro	To give an individual the choice six months before their expected death is both a humane and empowering possibility .
Against assisted dying bill	Personal		
Assisted Dying Bill	Mix		Many callouts, both for & against
Terminally ill adults bill	Mix		Many callouts, both for & against
Weight Loss management	Personal		This news has broken my heart, I have felt so let down by the NHS and feel all my hard work and determination has been for nothing.
Social Care	Surgery Follow Up		
Social Care	Personal		
Social Care	Automated		In 2022/23 8,570 requests for support were made by disabled people and older people to Torbay Council but 22% of these requests were turned down, with these people either being offered no support or general advice and signposting.

Appendix G: Steve Darling MP's Actions and Advocacy

Note: EDM either sponsored or signed

Title	Date	Type	Body
Sage House Dementia Hub	16/12/2024	EDM	That this House recognises with gratitude the outstanding dedication and service provided by Sage House Dementia Hub in Tangmere; commends its bespoke, modern, and functional approach as a community hub that brings together local dementia support services under one roof; notes with concern the latest statistics showing that one in three people will, at some point in their lifetime, care for someone with dementia, with 944,000 people currently living with dementia in the UK, a figure projected to rise to over 1.6 million by 2040; further notes that the Sage House model has demonstrated its capacity to cut the cost of dementia care by 38%, improve quality of life for those living with dementia and their families, and has the potential to save the NHS £1.5 billion annually if rolled out nationally; celebrates its success in West Sussex and its potential as a blueprint for community-based dementia care across the UK; and urges the Government to support the wider adoption of this innovative model to ensure better outcomes for individuals living with dementia and their carers while delivering significant cost savings to the NHS.
Review into breast cancer screening	09/12/2024	EDM	That this House recognises the worrying rise in breast cancer cases in younger women; notes with concern that breast cancer accounts for 43% of all cancers diagnosed in women aged 25-49, yet women wait until they are 50 or older to begin routine screening; urges everyone to work together to dispel the misconception that breast cancer only affects older women; commends the medical professionals who provide top class care to patients once diagnosed; and calls on the Government to review the current arrangements for breast cancer screening, including the merits of reducing the minimum age at which women are invited for regular breast cancer screening.
Bowel cancer UK report into NHS services	03/12/2024	EDM	That this House recognises bowel cancer as the second biggest cancer killer, with over 13,500 people tragically dying from bowel cancer each year in England alone; acknowledges the findings from Bowel Cancer UK's report entitled Delivering the ambitions of the NHS Long Term Plan: A review of progress of bowel cancer in England that whilst progress for bowel cancer services has been made, progress has still not been good enough; is concerned that progress on early diagnosis of bowel cancer has stagnated and that patients are experiencing longer waiting times than almost all other cancer; further recognises that nine in ten people survive bowel cancer if diagnosed at the earliest stage, compared to just one in ten at the latest stage; and calls on the Government, via their new national cancer plan, to deliver the optimisation of the Bowel Cancer Screening Programme and to create much needed extra capacity in endoscopy and pathology services to encourage early diagnosis.
Reducing the age for bowel cancer screening offered on the NHS	25/11/2024	EDM	That this House recognises the hard work of Stephen Rippington, who whilst battling against bowel cancer, was active in raising awareness for the disease both within his local area and online, and his wife Jessica who has raised over £10,000 for bowel cancer research; notes that 1 in 4 diagnoses occur among people aged under 50; and, following Stephen's passing earlier this year, calls for the age eligibility of screening tests for bowel cancer offered by the NHS to be reviewed.
Social care workers and National Insurance	11/11/2024	EDM	That this House notes that social care workers should be exempt from the National Insurance tax rise announced in the Autumn Budget 2024; welcomes the extra funding provided for the NHS and other public sector organisations to cover the cost of the tax rise, but notes that the vast majority of care providers will not benefit from this help; further notes that 98% of care providers are small employers; and calls on the Government to reconsider National Insurance proposals so that care providers including care homes and those providing care in people's homes should be exempt from the National Insurance tax increase.
Work of St John Ambulance	11/11/2024	EDM	That this House recognises the lifesaving work of St John Ambulance volunteers across the country, training 250,000 members of the public in first aid every year, providing event first aid cover at 11,000 events and delivering 4,000 hours of emergency support to the NHS per month as the nation's ambulance auxiliary; acknowledges that 30,000 out-of-hospital cardiac arrests take place every year in the UK with less than 1 in 10 people surviving and immediate cardiopulmonary resuscitation and that defibrillation can more than double the chances of survival; is concerned by the findings of St John Ambulance's recent survey that revealed 49% of the public would feel panicked if they came across a health emergency, with one in three members of the public afraid to give CPR to women due to fear of inappropriate touching; thanks the work of St John Ambulance volunteers, first aid charities and NHS Ambulance services in providing physical and mental health first aid training in communities to improve first aid confidence; and encourages the Government to support first aid education and volunteers as part of the NHS-10-Year Plan to tackle health inequalities, improve health outcomes and save lives.

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Attention Deficit Hyperactivity Disorder (ADHD) medication shortages	30/10/2024	EDM	That this House expresses deep concern over the shortage and intermittent availability of ADHD medications such as concerta XL; notes the symptoms those with ADHD exhibit, such as difficulty focusing and acting without thinking, as well as the impacts of these on the daily functioning of individuals; further notes the disproportionate impact these symptoms have on children who, as a result of the disorder, face barriers in their education and general development; recognises the barriers faced by individuals suffering from ADHD in accessing employment opportunities; further recognises the potential stress and anxiety these medication shortages can have on individuals suffering from ADHD; sympathises with the experiences of those individuals, who often feel they are being overlooked and dismissed; and calls on the Government to do more to mitigate the issue of ADHD medication shortages.
Work of Fishing 4 Mental Health	30/10/2024	EDM	That this House recognises the work of Fishing 4 Mental Health in showing how angling can help to promote wellbeing; acknowledges that Fishing 4 Mental Health is supporting people suffering with mental health challenges by providing a safe, friendly and supportive environment that encourages individuals to enjoy the beauty of the natural world; celebrates their work to tackle stigmas about mental health amongst men; and commends their campaign for a Fishing 4 Mental Health day to be commemorated each year on 16 August.
School Nurses	08/10/2024	EDM	That this House recognises the tremendous work being done by public health school nurses; acknowledges they are the only health care professional who offer access to all school-aged children and young people in an evidenced-based programme of health promotion, prevention, protection and early intervention; notes that the number of school nurses has dropped by 31% since 2009; recognises that the average school nurse now cares for an average of 2850 pupils; believes the school nursing service is in crisis with 82% of staff saying there are not enough practitioners to deliver their important duties; and supports the call of the School and Public Health Nurses Association for a school nurse in every school.
Debtal provision in the South West of England	17/07/2024	EDM	That this House notes with concern the lack of NHS dentist provision in South West England; is shocked to learn that parents are often being told to take their children to private dentists in order to get a basic check-up; is concerned that over 100,000 children aged between 6 and 10 years have been admitted to hospital with rotting teeth since 2018; believes that the current situation is leading to children missing out on vital check-ups; supports providing supervised toothbrush training for children in nurseries and schools; further believes that VAT on children's toothbrushes and toothpaste should be scrapped; and calls on the new Government to work with relevant primary care bodies to end the dental deserts in the South West region by bringing dentists back to the NHS from the private sector by fixing the broken NHS dental contract and using flexible commissioning to meet patient needs so that local residents can access NHS dental services when they need it.
Community Pharmacies: Devon and the South-West	17/12/2024	SC	<p>It is a pleasure to serve under your chairmanship, Mr Betts. I congratulate my hon. Friend the Member for Tiverton and Minehead (Rachel Gilmour) on securing this important debate.</p> <p>A number of primary care providers, including GPs, dentists, opticians and pharmacists, spoke to Devon MPs a few weeks ago. They shared with us the crisis that the frontline of the NHS currently faces. They also shared another challenge that I ask the Minister to reflect on: how national operating framework 4 puts additional pressures on services in Devon, and how the integrated care board is challenged in respect of some decisions, perhaps where fewer prevention opportunities have been taken. That has increased pressures on primary care, with more money spent on acute services. The Government rightly highlight the fact that, in children's services and adult social care, prevention is better than cure, and it is the same for this area of the NHS.</p> <p>My constituency has 22 pharmacists serving communities across Torbay. Sadly, we have lost seven pharmacists in recent years, significantly increasing the pressure on those that still trade, which is a grave concern. We have an older population, leading to greater footfall for our helpful pharmacists. I also reflect on the fact that 10 years ago the NHS spend on support for pharmacists was 2.4%, and it is now 1.6%. If our plan is prevention, that is going in the wrong direction. Colleagues have rightly raised the Pharmacy First approach, which has saved a little under 500 GP appointments in the Torbay constituency; we need to push harder on that agenda.</p> <p>I would like to curry a little favour with the Minister by sharing with him the fact that the first manifesto I bought had a picture of his father on the front of it. I still have it up on my shelf, despite my wife regularly asking me to clear out my office. I would like the Minister to reflect on whether NOF4 is part of the problem rather than the solution for NHS services, and to ensure that we get the long-term funding for pharmacies that is the strength they need to build on.</p>
Childrens Social Care	18/11/2024	SC	For far too long, children's services have been a Cinderella department. I am delighted that the Secretary of State is shining a light on them and driving a positive way forward for them. We need to ensure that our communities are kinship and foster care-friendly. How will the Secretary of State drive that agenda?

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NHS Dentistry: South-west	12/11/2024	SC	<p>I thank you, Mr Vickers, for ably chairing the debate, and my hon. Friend the Member for Honiton and Sidmouth (Richard Foord) for securing it.</p> <p>I represent Torbay, which is sadly a dental desert. We have more than 2,200 people on our waiting list, desperate to receive support from a dentist. I fear that is just a shadow of the reality of the need there, because people think that it is a forlorn hope to be able to register for a dentist. More than half the adults of Torbay have not seen a dentist in the past two years. More than a third of children have not seen a dentist in the past year. This is a cocktail of severe dangers for the health of communities across the United Kingdom.</p> <p>I have spoken to a number of residents since being elected, and I want to share a couple of examples of how the situation is impacting on real people. One of them told me that she was halfway through treatment to resolve challenges in her mouth when her dentist withdrew, leaving her with a job half done. She still suffers with pain and is upset about her dentistry needs. Toggle showing location of Column 171WH</p> <p>Another resident, Kirstie, tells me that she suffers with a condition that means she is highly likely to develop mouth cancer. She is meant to receive three-monthly checks yet, as she has no NHS dentist and cannot afford a private practice dentist, she is having to go without. That is resulting in severe depression and her having to medicate for those depression issues. That is not where the United Kingdom should be.</p> <p>Coastal and rural communities face real challenges in dentistry. When we look at the national picture, urban areas tend to be rich in dentists; our far-flung areas are much more challenged. I am delighted that we are looking at about 700,000 new emergency appointments, but how many of those will happen in Torbay? On the renegotiation of the dentists' contract, how will we be able to take account of rurality and coastal issues as part of the mix?</p>
Infected Blood Compensation Scheme	03/10/2024	SC	This is a deeply sad scandal. Does my hon. Friend agree that we need reassurance from the Minister that there is adequate capacity to process the applications at pace?
Primary health Care	11/12/2024	WQ	To ask the Secretary of State for Health and Social Care, if he will issue guidance to integrated care boards on representation for NHS Primary Care stakeholders.
Ophthalmic Services: Special Educational Needs	02/12/2024	WQ	<p>To ask the Secretary of State for Health and Social Care, if he will take steps to ensure that the fee paid to deliver the Special Schools Eye Care Service is not reduced so that (a) children with Special Educational Needs can receive free eye care in schools and (b) eye care professionals can afford to provide the service. To address the access challenges that children and young people with learning disabilities or autism, or both, face in accessing high street sight testing services, regulations were laid on 28 November to support the roll out of sight testing in special educational setting across England.</p> <p>NHS England has committed to invest up to £12.7 million annually from 2024/25 on the provision of sight tests and associated optical vouchers in special educational settings. This represents an approximate 87% increase compared to previous levels of spending. This additional investment has the potential to increase coverage from 4% of special educational settings to 100%.</p> <p>NHS England has held a number of recent engagement events with potential providers across the country, and there has been healthy interest so far. NHS England will continue to engage with key stakeholders, including the ophthalmic and voluntary sector, and provide support to local integrated care boards, in the roll out of the service. To ask the Secretary of State for Health and Social Care, if he will take steps to ensure that the fee paid to deliver the Special Schools Eye Care Service is not reduced so that (a) children with Special Educational Needs can receive free eye care in schools and (b) eye care professionals can afford to provide the service.</p>
Ophthalmic Services: Learning Disability	02/12/2024	WQ	To ask the Secretary of State for Health and Social Care, what steps he is taking to address eye care inequalities for adults with learning disabilities.
Visual Impairment: Rehabilitation	03/12/2024	WQ	To ask the Secretary of State for Health and Social Care, if his Department will make an assessment of the potential merits of bringing vision rehabilitation services under the same (a) regulatory and (b) monitoring regimes as other adult social care services.
Visual Impairment: Rehabilitation	03/12/2024	WQ	To ask the Secretary of State for Health and Social Care, what data his Department holds on the provision of vision rehabilitation support in England.
Family Hubs: Finance	25/11/2024	WQ	To ask the Secretary of State for Health and Social Care, when he plans to make a decision on funding for the Family Hubs and Start for Life programme beyond 31 March 2025.

Health & Social Care in Torbay

Torbay Hospital: Finance	25/11/2024	WQ	To ask the Secretary of State for Health and Social Care, if he will make a decision on the funding of Torbay Hospital under the New Hospital Programme before 31 December 2024.
Nirmatrelvir/ritonavir	12/11/2024	WQ	To ask the Secretary of State for Health and Social Care, if he will have discussions with NICE on the potential merits of offering Paxlovid to people over the age of 50.
Accident and Emergency Departments: Torbay Hospital	11/11/2024	WQ	To ask the Secretary of State for Health and Social Care, what steps his Department is taking to improve accident and emergency services at Torbay Hospital.
Rare Diseases: Medical Treatments	04/11/2024	WQ	To ask the Secretary of State for Health and Social Care, what recent discussions his Department has had with NICE on reducing the time taken for patients to access treatment for very rare diseases in cases when there is uncertainty on the (a) incidence and (b) prevalence of the disease.
Charles Bonnet Syndrome: Diagnosis and Medical Treatments	25/10/2024	WQ	To ask the Secretary of State for Health and Social Care, whether he plans to increase the number of healthcare professionals trained to (a) diagnose and (b) treat Charles Bonnet Syndrome.
Speech and Language Therapy: Children	16/10/2024	WQ	To ask the Secretary of State for Health and Social Care, if he will make an assessment with Cabinet colleagues of the potential impact of providing auditory verbal therapy to deaf young children on (a) their employment prospects and (b) other outcomes.
Pancreatic Enzyme Replacement Therapy: Supply Chains	14/10/2024	WQ	To ask the Secretary of State for Health and Social Care, if he will publish a regional breakdown of the supply chain issues with Creon.
Carers	23/20/2024	WQ	To ask the Secretary of State for Business and Trade, whether he plans to introduce (a) the right to paid employment leave and (b) legal safeguarding for kinship carers.
Hearing Impairment: Children	16/10/2025	WQ	To ask the Secretary of State for Work and Pensions, if she is will hold discussions with Auditory Verbal UK on tackling barriers to opportunities for deaf children.
NHS: Long Covid	14/10/2024	WQ	To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of NHS employees who have (a) taken early retirement and (b) had their employment terminated as a result of long covid, by region.
Hospices: Finance	10/10/2024	WQ	To ask the Secretary of State for Health and Social Care, whether he plans to reform the funding model for charitable hospices as part of the 10 year plan for health and care.
NHS Trusts: Health Services	10/10/2024	WQ	To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of increasing the flexibility NHS trusts have relating to capital departmental resource limit leases to allow trusts to support (a) local authorities and (b) regeneration of the high street to help support access to local health facilities.
Hospices: Finance	10/10/2024	WQ	To ask the Secretary of State for Health and Social Care, what assessment he has made of the level of variation in funding hospices receive across England.
Hospices: Finance	10/10/2024	WQ	To ask the Secretary of State for Health and Social Care, whether his Department has made an assessment of the impact of hospice funding on people's experiences of death and dying.
NHS: Buildings	09/10/2024	WQ	To ask the Secretary of State for Health and Social Care, how many and what proportion of NHS estates are rated condition A in each NHS estate in the South West.
Surgical Mesh Implants	07/10/2024	WQ	To ask the Secretary of State for Work and Pensions, what steps she is taking to ensure that her Department's assessors are aware of the symptoms of mesh injury.
Cystic Fibrosis: Drugs	04/10/2024	WQ	To ask the Secretary of State for Health and Social Care, if he will establish a Cystic Fibrosis task force within his Department to (a) investigate and (b) address supply chain vulnerabilities and ensure the supply of essential medicines.
Prostate Cancer: Screening	10/09/2024	WQ	To ask the Secretary of State for Health and Social Care, if he will take steps to introduce national screening for prostate cancer by level of risk.

Health & Social Care in Torbay

Dental Services: Torbay	30/07/2024	WQ	To ask the Secretary of State for Health and Social Care, what steps his Department is taking to reduce the waiting list for NHS dentists in Torbay.
Family Hubs: Finance	30/07/2024	WQ	To ask the Secretary of State for Health and Social Care, if he will make it his policy to continue funding (a) family hubs and (b) the Start for Life programme.
Public Buildings: Defibrillators	30/07/2024	WQ	To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of introducing a duty on local authorities to facilitate the installation of defibrillators on buildings that they own.
Targets for clinic waiting times	03/01/2025	WQ	To ask the Secretary of State for Health and Social Care, if he will set targets to reduce memory clinic waiting times in (a) Torbay, (b) Exeter and (c) Barnstaple.

Letter to constituents on Assisted Dying Bill



Steve Darling
Member of Parliament for Torbay
House of Commons, London SW1A 0AA

Dear Resident,

I want to thank everyone who has written to me regarding the upcoming Assisted Dying Bill. I deeply appreciate the time and effort that so many of you have taken to share your thoughts, experiences, and opinions around this complex issue. Many of your letters have been deeply moving, and I am grateful for the trust you have placed in me to represent your views.

I firstly wish to lay out that this Friday's vote on the Bill (November 29th) is not the final vote on the matter. This vote is about the principle of the Bill. MPs may vote in favour of a Bill at this stage simply to allow more time for thorough debate and scrutiny, even if they are not yet fully certain about the policy's merits. If Parliament votes against the Bill, it will not progress.

As of now, I have not made up my mind on the substantive merits of the Bill, but I do believe that further discussion and examination are essential. Therefore, my intention is to vote for the Bill this Friday, so that it can proceed for further debate. However, I cannot yet predict how I will vote if and when it returns for a final vote.

In my heart, I wish we had more of a national conversation on this issue, not just within Parliament but across society. For example, Ireland used a Citizens Assembly, made of 99 members (randomly chosen to represent the Irish population in terms of age, gender and so on), to discuss key issues including abortion, ahead of their public referendum on the issue. This process in Ireland, where a broader societal dialogue took place, was something I felt could be a model for us here.

My own personal experience also affects my judgment. My father passed away in a care home in Torquay, and the manner of his death—while surrounded by love and support—was not what I would have wished for him. From this personal experience I can understand the heartache of those who feel their loved ones could have benefited from this Bill.

At the same time, I recognise the potential risks to vulnerable groups, and there are important questions around the practicalities of implementing any legislation on assisted dying. It is crucial that we approach this matter with caution, and the scheduled debates in Parliament will help ensure that we make informed decisions on such an important topic.

The Bill, as it is currently written, is focused specifically on individuals with a terminal illness. Once the Bill becomes law, its title and scope cannot be changed. For this reason, I believe the Bill is tightly worded enough to guard against any expansion that might lead to a 'slippery slope.'



Steve Darling
Member of Parliament for Torbay
House of Commons, London SW1A 0AA

Nonetheless, I strongly support improving palliative care, and I do not view this as an either/or question. Both options—access to assisted dying and enhanced palliative care—can coexist and complement each other.

This is, without question, a deeply emotional and sensitive subject. I have received hundreds of correspondences from constituents, including from those in the medical profession and those with religious convictions, both in support of and in opposition to the Bill. As I continue to research and listen to testimony on this issue, I am frequently moved and challenged in my thinking.

Abstaining from this vote is not an option for me. I continue to keep an open mind, and I will not make any final decisions until I have had the opportunity to fully engage with all aspects of the Bill and the ongoing debate.

In conclusion, it is my intention to vote for the Bill on Friday to allow it to progress for further consideration. While I cannot yet say how I will ultimately vote on this issue, I welcome the continued debate and thank residents for their correspondence on this important issue.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Steve Darling', enclosed in a rectangular box.

Steve Darling
Member of Parliament for Torbay

Letter to Secretary of State for Health & Social Care on Torbay Hospital funding



Steve Darling
Member of Parliament for Torbay
House of Commons, London SW1A 0AA

Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care
39 Victoria Street
London
SW1H 0EU

Date: 24 September 2024

Dear Secretary of State,

I am writing to express my serious concerns about the condition of Torbay Hospital and to stress the urgent need for action on the Government's hospital renewal programme. Torbay Hospital is one of the oldest in the country, with much of its infrastructure nearing the end of its usable life. It is clear that without significant intervention and the construction of a new hospital soon, the quality of care will continue to deteriorate, with serious consequences for both patients and staff.

At a recent inspection confirmed that 80% of the Torbay Hospital estate is in poor or bad condition. This includes over 28,000 square metres of space classified as 'life-expired' or at 'serious risk of failure' (condition D), and nearly 50% in condition C, which is exhibiting major defects. These ratings, based on a 2021 survey, have only worsened, and will continue to do so as time passes. This reality is dire and requires immediate and decisive action.

Our hospital staff face intolerable working conditions that not only challenge their ability to provide care but also pose serious risks to patient safety. Over the past year, there have been nearly 700 incidents of sewage leaks and blockages, including a severe incident in which the ENT department was flooded by sewage, resulting in the cancellation of outpatient services for an entire week.

The problems don't end there. Repeated ventilation failures in operating theatres have caused the cancellation of numerous surgeries, while ongoing issues with insufficient ventilation have led to the spread of infections. The lack of single rooms has hampered the hospital's ability to manage infection outbreaks, and major concrete defects in the main tower block pose a constant safety risk, necessitating the installation of £1 million worth of temporary scaffolding.

There are also grave concerns over fire safety, with multiple areas of the hospital not meeting basic standards. The lack of fire suppression systems and insufficient bed space has led to fire safety warnings, while essential maintenance work has been hindered by collapsing service ducts. The use of asbestos in much of the hospital infrastructure further complicates efforts to repair or upgrade critical services.

The Foundation Trust has made it clear: without a new hospital, Torbay will not be able to deliver safe care, reduce waiting times, or meet the growing demands of an ageing population. A £60 million maintenance backlog is weighing heavily on the hospital, and yet, despite its inclusion in the Building a Brighter Future programme, progress has been slow. Delays in delivering the much-



Steve Darling
Member of Parliament for Torbay
House of Commons, London SW1A 0AA

needed new hospital risk leaving our community with crumbling infrastructure, where only 6% of the estate is rated as 'good' (condition A).

While the Trust's efforts should be commended modernising certain areas, such as the new endoscopy and day surgery units, the majority of the estate remains unfit for purpose. The benefits of a new, modern hospital are clear: it will enable better infection control, more efficient patient care, and improved working conditions for our staff, while also delivering substantial environmental and digital technology upgrades. Most importantly, it will restore patient confidence and help recruit and retain dedicated healthcare professionals who are essential to providing quality care.

The current state of Torbay Hospital is unsustainable, and time is running out. I urge you to ensure that the Government delivers on its commitment to Torbay and South Devon, and that a new hospital is completed. The risks to patient safety, staff wellbeing, and service delivery are too significant to ignore. We need action now, not further delays.

I look forward to your response, which I hope will address these concerns as a matter of urgency.

Yours sincerely,

Steve Darling MP

A handwritten signature in black ink, appearing to read 'Steve Darling'.

Letter to Chancellor on Torbay Hospital funding



Steve Darling
Member of Parliament for Torbay
House of Commons, London SW1A 0AA
Tel: 020 7219 7835/1131

Rt. Hon. Rachel Reeves MP
His Majesty's Treasury
1 Horse Guards Road
Westminster
London
SW1A 2HQ

Date: 29 July 2024

By email: rachel.reeves.mp@parliament.uk

Dear Chancellor

In light of your announcement today, **I am writing to urge you to prioritise Torbay Hospital in the review of the New Hospitals Programme.**

I listened with mounting concern in the chamber around your financial statement today and I am horrified with the lack of candour the previous government had around the health of our nation's finances.

To find out that the money was just not there for the new hospital programme is so very disappointing for residents across Torbay and a sad reflection of the state that the public finances were left in by the previous government.

However, I must express my deep concern about halting the planned upgrade to Torbay Hospital.

Torbay and South Devon NHS Foundation Trust has the third oldest hospital in the country and is a lifeline for our community, serving a population with a high proportion of elderly and vulnerable individuals. In Torbay alone, more than 12,000 residents are currently on waiting lists for treatment, facing distressing delays for surgeries and consultations.

A recent CQC inspection found that decades of under investment in Torbay Hospital has led to an environment which is difficult for staff to deliver the quality of service that residents deserve: 80% of the hospital estate is of poor or bad quality; sewage regularly leaks in the main tower block of the hospital; spending on scaffolding and remedial works to preserve parts of the building in the short term is draining the hospital's budget; and the hospital suffers from concrete deterioration, not dissimilar to RAAC, in parts of the estate that date from the 1960's.

The situation at Torbay Hospital is critical and it must be prioritised in the announced review of hospital investment.

I look forward to your response and would welcome the opportunity to meet with you and the health secretary to discuss further the challenges Torbay and South Devon NHS Foundation Trust faces.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Steve Darling'.

Steve Darling
Member of Parliament for Torbay

CC Rt Hon Wes Streeting, Secretary of State for Health and Social Care

Letter to Secretary for Health & Social Care on Hospice support



Steve Darling
Member of Parliament for Torbay
House of Commons, London SW1A 0AA
Tel: 07908 349347

Wes Streeting
Department for Health and Social Care
39 Victoria St
London
SW1H 0EU

Dear Secretary of State for Health and Social Care,

Re: Support for Hospices

I am writing to urge you to support hospices in Torbay and the rest of the country, in light of the ongoing financial struggles they face, worsened by announcements in the recent Budget.

I have been in correspondence with Rowcroft, a large hospice in my Constituency, who do amazing work supporting 2500 patients in South Devon. Before the recent Budget announcements, they and other hospices have already struggled due to general inflationary pressures, increased demand for services, lower levels of income generation, and difficulty recruiting and retraining killed staff. They have informed me that the increase in National Insurance contributions due to the recent Budget alone will add £225,000 to their annual costs. They warn that this additional financial strain could compromise the breadth and quality of their services, potentially prompting a difficult review of the support they can offer those in need.

As you will be aware, hospices are vital for our healthcare system, providing essential palliative and end-of-life care. At a time when the importance of palliative care is rightly receiving significant attention in the national dialogue, I am sure you will agree that hospices deserve significant support.

Firstly, will your department **enact a comprehensive review of the hospice funding model** to ensure sustainability. Significantly, this should include an analysis of equity in funding, given that hospices in the South West receive on average only 24% of their funding from the NHS, while London hospices receive 43%. The Agenda for Change increases each year also add a huge financial burden to hospices, without additional NHS funding, as hospices lack dynamically linked Agenda for Change contracts with staff.

I hope this will facilitate fair allocation of the £21 billion in funding deferred to your department by the Rt Hon Rachel Reeves.



Steve Darling
Member of Parliament for Torbay
House of Commons, London SW1A 0AA
Tel: 07908 349347

Secondly, will you **encourage the Treasury to exempt hospices from the recent increases in National Insurance contributions** (alongside other care providers, from adult social care to the voluntary sector). This would help relieve some of the added financial pressures on hospices.

I would welcome the opportunity to discuss this issue further and would appreciate any reassurance you can offer that the Government is committed to safeguarding the sustainability of care services in these challenging times.

Thank you for considering this vital issue.

Best wishes,

A handwritten signature in black ink, appearing to read 'Steve Darling', enclosed in a thin black rectangular border.

Steve Darling
Member of Parliament for Torbay

Letter from Joanna Williams: Director of Adult and Community Services, Torbay Council

TORBAY COUNCIL

Please reply to:

Torbay Council
Town Hall
Castle Circus
TQ1 3DR

My ref:

Your ref:

Telephone: 01803 201 201

E-mail: Joanna.williams@torbay.gov.uk

Website: www.torbay.gov.uk

Date: 06 January 2025

Dear Steve,

Torbay's Integrated Health and Social Care

I wanted to outline Torbay's unique position to contribute to the debates on the future of Adult Social Care and its relationship with the NHS.

As you are aware, in Torbay we have deeply integrated and co located Health and Social care teams which have been in place for over 17 years. For us this means that health and social care work together seamlessly to provide a system that optimises outcomes for people and provides an extra safety net through which more professionals are able to contribute to individual's wellbeing and greatly helps MDT communication and information sharing.

The partners here are passionate advocates of integration, but it's not without its challenges. In my opinion we're in a unique position to advise on the opportunities and pitfalls of integrated arrangements – including the Minister's commitment to support [Home](#) care to undertake more NHS activities in the community. We have been doing this safely for many years.

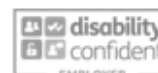
Torbay has a long and strong history of integrating health and care services within the Bay and has delegated much of the responsibility for delivery of adult social care to Torbay and South Devon NHS Foundation Trust. Torbay Council remains accountable for adult social care, retaining the lead for strategic commissioning and employing the Director of Adult Social Services.

Our council leads the delivery and oversight of our adult social care strategy but in close collaboration with our NHS trust. Both organisations retain leadership and oversight of the implementation and delivery.

Our recent peer challenge from the LGA states:

'The Challenge heard about positive integration and values, and how this promotes a good service: an effective and fully embedded Multidisciplinary Team (MDT) approach is working for

If you require this in a different format or language, please contact me.



people who need support; and there is an effective rapid response team, and such investment demonstrates a strategic approach to balancing cost and outcomes. Overall, integration in Torbay is not just a process but a fundamental value-driven approach to realising positive outcomes across health and social care, and in general it was felt that those who need short-term or crisis support received a good and timely service.'

We believe that the integrated community teams, and focus on acute flow, truly benefit Torbay residents and remain completely committed to the arrangements. From what we can evidence from the reports we receive from the NHS; Torbay residents experience shorter stays in hospital and have comparatively shorter waits for assessment and care.

The Peer Challenge states:

'The Case File Audit, which found there to be strong coordination of various disciplines in offering input advice and guidance where needed, something which is probably a considerable strength of the integrated delivery model. Urgent referral (or escalation) was responded to in timely and proportionate ways to meet needs and to understand and mitigate ongoing needs; there were joined-up approaches and planning across disciplines, so the person does not fall through gaps between services; and alternative creative accommodation solutions were sought where secure placements were not yet available.'

In terms of the integrated Community offer, community nursing has been delegating NHS activity to [Home](#) carers for years and supervising the safety and impact of this. This allows for management of complexity, such as peg feeds and saves on nursing time. There are other such activities which are undertaken during Home Care visits, which help the NHS with its work – including primary care. These tasks include lower-level tasks such as creaming legs and TED stockings. Community Nursing time is prioritised for the most vulnerable. While low cost, we estimate they are high in volume and the benefit to a challenged nursing workforce is very high.

The Care Home Quality Assurance and Improvement Team (QAIT) is a valuable resource, enhancing health care support to the care sector (and much appreciated in this work). The team adopts a clinically led model, based at the Acute Trust, and support Care Homes, Domiciliary Care providers, and Supported Living. They are a small multidisciplinary team including nurses and OTs (jointly managed by Nurse and OT) and have access to Falls Specialist and Pharmacy support; their aim is to be supportive and responsive to the needs of social care providers. They work with Care Homes that have high ambulance call out rates to determine what support, guidance and training is needed to enable them to ensure that hospital admissions are avoided whenever it is safe to do so.

Torbay is also in strong position to advise on the challenges integrated systems need to be aware of. It is difficult, with current performance measures, acute trust pressures and data; to fully understand and quantify the impact of the contribution of Torbay Council within the system.

The quick and effective response we experience is partly because Torbay and South Devon NHS Foundation Trust (TSDFT) makes operational funding decisions on packages and has the flexibility to agree residential placement costs which improve performance. For example, care home fees, agreed rapidly with little challenge, accelerate discharge. Fees agreed are, however, routinely significantly higher than we might expect to pay in a usual ASC system and we now have the challenge of bringing these in line, without impacting Acute Trust performance.

It is part of the agreement that our NHS colleagues prioritise freeing up hospital beds, but the extra cost is something that is currently met by the ASC cost centre and reported as such into a financially challenged NHS system. Higher residential costs will be sustained by ASC for two years or so on

average. It would be helpful if this were acknowledged as an NHS expense – but one which saves the cost of hospital beds; rather than an ASC one.

An additional challenge, one borne out in Torbay's benchmarking, is that a pressured Acute Trust is designed to focus on frailty and the performance indicator relating to under 65s in living in their own home demonstrates this clearly. Moving the conversation onto this key focus area remains challenging, albeit one which all partners are committed to.

Torbay's arrangements have been in place for many years with services truly integrated, and many other boundaries have been blurred in the interest of our residents. It is difficult to determine exactly where responsibility for spend sits. The reported ASC spend has increased to a level which is unacceptable to all parties. As such, we have a renewed focus on transformation to maximise the benefits of our integrated system and reduce cost.

I am personally very committed to integration but am fully aware it's neither easy nor straightforward. I would urge policy makers to heed the experiences of Torbay when considering future models of delivery.

Yours sincerely



Joanna Williams

Director of Adult and Community Services, Torbay Council

Appendix G: Relevant Key issues (Infected Blood & Assisted Dying)

The Infected Blood Scandal

"You are not the first MP I have asked for help."

Mr P – on the infected blood scandal

The Infected Blood Scandal affected approximately 30,000 people who were infected with HIV and hepatitis C through contaminated blood products in the 1970s and 1980s. An estimated 2,400 people have died as a result, with most victims being haemophiliacs who required regular blood transfusions. Many victims were not informed of their infections for years, some not until the 1990s. As of 2024, the UK government has paid out over £1.5 billion in compensation to victims and their families, though the response has been criticized as slow, with formal apologies only coming in recent years. A public inquiry, initiated in 2018, is ongoing. The long-term impact on thousands of families across the UK has led to persistent calls for justice and comprehensive support for those affected. Specific statistics for Torbay are not available, however, this issue has been raised time and again by constituents affected who are calling for justice for themselves and family members.

"I have been campaigning for justice for over 30 years. My husband (a mild haemophilic) died in 2004 after having two liver transplants. One in 1996 the other in 2003, due to HepC given to him in infected factor 8. He was 47. His brother died in 1991 from HIV aged 25 and recently my nephew died on 9th June this year. Our family have suffered so much heartache and loss."

Ms T – on the infected blood scandal

Darling has advocated for victims on this issue, on the 3rd October 2024 he spoke on the topic in a parliamentary debate and consistently supports measures to expedite the compensation process for victims.

The Terminally Ill Adults (End of Life) Bill 2024-25

The Terminally Ill Adults (End of Life) Bill aims to allow mentally competent adults aged 18 and over in England and Wales who are terminally ill and in the final six months of their life to request assistance from a doctor to end their life, subject to various safeguards and approvals.

"Dying people need better – and the public is right behind them. Three-quarters of people in Great Britain are in favour of law change, with a majority of support in every parliamentary constituency and across all ages, genders, socio-economic status and voting intention."

Mr F - on the assisted dying bill

Darling viewed the initial vote not as a definitive endorsement of the bill's content, but as an opportunity to allow for more comprehensive examination. He stated, "MPs may vote in favour of a Bill at this stage simply to allow more time for thorough debate and scrutiny, even if they are not yet fully certain about the policy's merits." This perspective underscores the importance of the parliamentary process in thoroughly examining such a sensitive and complex issue.

By sharing his father's experience with end-of-life care in Torbay, Darling has discussed how his opinions on the topic have been shaped: "My father passed away in a care home in Torquay, and the manner of his death—while surrounded by love and support—was not what I would have wished for him." He also acknowledges concerns raised by some constituents: "I recognise the potential risks to vulnerable groups, and there are important questions around the practicalities of implementing any legislation on assisted dying."

Importantly, Darling has noted that assisted dying and palliative care are not mutually exclusive options, stating: "I strongly support improving palliative care, and I do not view this as an either/or question. Both options—access to assisted dying and enhanced palliative care—can coexist and complement each other." The topic of palliative care has been raised by some constituents, arguing for further funding and training to be put in place.

'We are incredibly lucky in the UK to have a fantastic palliative care service, and when my patients are dying, they are treated with dignity and respect. I believe that bringing in conversations about euthanasia at times

such as these will cause most patients psychological stress and undermine the dignity and sense of self-worth, we strive to give them.”

Dr R- on the assisted dying bill

The Assisted Dying Bill has passed its second reading in the House of Commons with a significant majority of 330 votes in favour to 275 against, marking the first time in nearly three decades that MPs have supported such legislation at this stage.