

Wednesday, 04 December 2024

## **Meeting of the Health and Wellbeing Board**

**Thursday, 12 December 2024**

**2.00 pm**

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

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### **Members of the Board**

Councillor David Thomas (Chairman)

Matt Fox, NHS Devon Clinical Commissioning Group

Pat Harris, Healthwatch Torbay

Tara Harris, Divisional Director of Community and Customer Services

Adel Jones, Torbay and South Devon NHS Foundation Trust

Roy Linden, Devon and Cornwall Police

Nancy Meehan, Director Children's Services

Paul Northcott, Adult Safeguarding Board

Paul Phillips, Department for Work and Pensions

Lincoln Sargeant, Director of Public Health

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

Pat Teague, Ageing Well Assembly

Jo Williams, Director of Adults Services

Councillor Bye

Councillor Tranter

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

Email: [governance.support@torbay.gov.uk](mailto:governance.support@torbay.gov.uk) - [www.torbay.gov.uk](http://www.torbay.gov.uk)

# HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**  
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 5 - 12)  
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 26 September 2024.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**  
**For reference:** Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**  
**For reference:** Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.  
  
(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**  
To consider any other items that the Chairman/woman decides are urgent.
5. **Torbay and South Devon NHS Foundation Trust - Integrated Care Model - Dawn Butler (30 minutes)** (Verbal Report)  
Item for presentation and discussion.
6. **Annual Director of Public Health Report 2024: Women's Health - Lincoln Sargeant (30 minutes)** (Pages 13 - 48)  
To consider the Director of Public Health annual report on women's health.

7. **Community Wealth Building/ Anchor Institutions - Paul Norrish (20 minutes)** (Verbal Report)  
To note a verbal update on the above.
8. **Torbay and Devon Adults Safeguarding Partnership - Annual Report 2023/2024 - Paul Northcott/Jo Williams (15 minutes)** (Pages 49 - 80)  
To note the annual report of the Torbay and Devon Adults Safeguarding Partnership.
9. **Torbay Safeguarding Children Partnership Annual Report - 2023/2024 - Nancy Meehan (15 minutes)** (Pages 81 - 116)  
To note the annual report of the Torbay Safeguarding Children Partnership.
10. **2025 Health and Wellbeing Board Work Programme - Julia Chisnell (5 minutes)** (Pages 117 - 122)  
To note the report.
11. **Update/ reflection from Family Hubs HWBB workshop - All (5 minutes)** (Verbal Report)  
To share feedback on the Family Hubs HWBB workshop held on 25 October 2024.

#### **Items for Update**

12. **Integrated Care Board & Local Care Partnership Business Programme - Karen Barry/Justin Wiggin (10 minutes)** (Verbal Report)  
To note the above.
13. **Turning the Tide & Cost of Living Work Programmes - Lincoln Sargeant/Jo Williams (5 minutes)** (Verbal Report)  
To note the update.

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## **Minutes of the Health and Wellbeing Board**

**26 September 2024**

**-: Present :-**

Councillor Nick Bye, Hayley Costar, Kevin Dixon, Catherine Fritz, Nancy Meehan, Lincoln Sargeant, Councillor David Thomas, Councillor Hayley Tranter and Jo Williams

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### **1. Apologies**

Apologies for absence were received from the following Board Members: Pat Harris (who was represented by Kevin Dixon), Roy Linden (who was represented by Hayley Costar), Pat Teague (who was represented by Catherine Fritz), Matt Fox, Tara Harris, Adel Jones, Paul Northcott and Tanny Stobart.

It was noted that the Chairman, Councillor David Thomas, Nancy Meehan and Jo Williams needed to leave the meeting early, whereupon in the absence of the Vice-Chairman Councillor Tranter would take the Chair.

### **2. Minutes**

The Minutes of the meeting of the Health and Wellbeing Board held on 7 March 2024 were confirmed as a correct record and signed by the Chairman.

### **3. Peninsula Acute Sustainability Programme (PASP): Developing the Case for Change**

The Board received a presentation from Jenny Turner and Kate Lissett, Torbay and South Devon NHS Foundation Trust on the Peninsula Acute Sustainability Programme: Developing the Case for Change, which needs to be developed taking into account the report published by Lord Darzi on 12 September regarding the state of the NHS, together with the following big shifts highlighted by the Secretary of State for Health and Social Care:

- From hospital to community care;
- From analogue to digital; and
- From treating sickness to preventing it.

Phase 1 of the Programme focussed on developing a good understanding of the challenges faced by the NHS exploring the direction of travel. This work was supported by Healthwatch to engage with people who use NHS services. Phase 2 would focus more on the formal case for change in partnership with patients, staff and key partners taking into account the ageing workforce as well as an ageing population. The NHS was working with the voluntary and community sector to go

out where the people were to try to reach more people. The Board acknowledged similar work facilitated by the Public Health Team to take blood pressure monitors to Torquay United and other venues.

It was noted that the direction of travel could include providing locally where possible and bringing some specialist services together, in order to ensure that patients received the best care. This could include supporting people who needed transport to access their appointments.

By consensus Members resolved that the Health and Wellbeing Board:

1. endorsed the approach being undertaken to engage with local people on the Peninsula Acute Sustainability Programme (PASP): Developing the Case for Change and
2. supports raising awareness locally and encouraging local people to take part in engagement on the PASP.

#### **4. Torbay Joint Strategic Needs Assessment 2024-25**

The Board received a presentation on the data contained in the 2024/2025 Torbay Joint Strategic Needs Assessment (JSNA). The JSNA is an assessment of the current and future health and social care needs of the local community and covered 21 subject areas with quick to find information on Torbay. This was supplemented by Ward Profiles, which it was agreed would be circulated to the Board.

Members noted some of the following key data:

- Average age of Torbay resident is 49 years (compared to 40 years in England;
- 27% are aged 65 or over, expected to rise to 33% in the next 10 years.
- Significant differences in life expectancy between those in the most and least deprived areas; and
- Fall in birth rates is below England rate.

By consensus the Health and Wellbeing Board resolved to:

1. endorse the contents of the Torbay Joint Strategic Needs Assessment 2024/2025; and
2. request the Democratic Services Team Leader to ensure that all Councillors get to see the JSNA and Ward Profiles.

#### **5. Torbay Joint Health & Wellbeing Strategy six monthly monitoring report**

Julia Chisnell, Consultant in Public Health presented the submitted report which provided a six monthly update on the implementation of the Torbay Joint Health and Wellbeing Strategy. The Strategy was initially published in 2022 and had moved from five focus areas to four focus areas: mental health and wellbeing; good start to life; complex needs; and healthy ageing.

Public Health had awarded community organisations with small grants to help people work together on their physical and mental health. It was noted that hospital admissions for self-harm continued to be an issue which was being closely monitored. The work around children and young people's start to life was working well around the family hub model and the offer and outreach from the family hubs was being extended. The Board welcomed that Torbay Public Health Nursing 0-19 Service had just achieved UNICEF Gold accreditation for its work on Infant Breastfeeding. The proportion of children affected by low income and Special Educational Needs and Disabilities (SEND) remained high. The Growth in Action Alliance had coproduced services for people with drug and alcohol and homelessness issues with the service users, using trauma informed training and relational conversations.

By consensus the Health and Wellbeing Board resolved to note the contents of the Torbay Joint Health and Wellbeing Strategy Six Monthly Monitoring Report.

## **6. Torbay Better Care Fund 2024 - 25**

The Board received the submitted report which provided an update on the Torbay Better Care Fund for 2024/2025. The end of year review for 2023/2024 was undertaken in May of the 5 metrics reported against and submitted by Torbay and Devon in line with national requirements. There had not been a need for a full refresh therefore the report reflected on investments and confirmed which areas would be continued with a set of new trajectories around main key performance indicators. The national objective of the Better Care Fund remained the same with a financial investment from health and social care of £29m this year. It was noted that the Better Care Fund also had a Section 75 Agreement which was in the process of being completed and was expected to be finalised by the end of September.

Members were informed that over the last twelve months the Council was working with Primary Care services to review people who were at the risk of falling and frailty as part of a trial dealing with falls management and exercise.

By consensus the Health and Wellbeing Board resolved that:

1. the contents of the Better Care Fund 2024-25 be endorsed; and
2. an update on falls prevention to be presented to a future meeting of the Board.

(Note Councillor David Thomas, Nancy Meehan and Jo Williams left the meeting after discussion of this item, whereupon Councillor Tranter took the Chair.)

## **7. Torbay Drug and Alcohol Partnership (TDAP)**

Members received the submitted report which provided an update on the work of the Torbay Drug and Alcohol Partnership. Synthetic opioids continued to be a risk with incidents having occurred in North Devon and while no similar incidents had

happened here, it was likely to come to Torbay. The Partnership had been looking at preparedness arrangements particularly out of hours services and had a robust plan in place which was required by Government. This was the final year of a three-year funding stream and it was not yet known if the Government would extend funding further.

By consensus the Board resolved that the key milestones and progress achieved against the three priority areas outlined within the Government's 2021 drug 'From Harm to Hope' and the work of the Torbay Drug and Alcohol Partnership be noted.

## **8. Smokefree Devon Alliance Strategy (2023-28) - year 1 progress report**

Members considered the submitted report which provided the first year's progress against the three priority areas of the Smokefree Devon Alliance Strategy for 2023-2028:

- Priority 1 – protect children and young people from harm, the harms of tobacco and de-normalise tobacco use to help prevent uptake;
- Priority 2 – reduce health inequalities caused by smoking; and
- Priority 3 – Ensure cross-sector, strategic collaboration around tobacco control, and support the development of a smokefree culture within key organisations.

Data was taken from national surveys to inform progress as there was no local data surveillance. There had been an increase in youth vaping but this seemed to be stabilising. Lung health checks were being launched in the Autumn for people aged 55 to 74 who were current or former smokers. It was noted that smoking cessation services would ensure that people with mental health had additional support. A new Smoke Free NHS Steering Group had been established and the Partnership was looking to increase capacity within existing services and provide more outreach support.

It was noted that while there had been a peak around the people in their 30s, most of the people seeking support through the Local Stop Smoking Services were 50 years old plus. More focus was needed to support the working age population around prevention.

By consensus the Health and Wellbeing Board resolved that the contents of the Smokefree Devon Alliance Strategy (2023-2028) – Year 1 press update be noted.

## **9. Torbay Interagency Carers' Strategy 2024-27**

Katy Heard, Carers' Lead for Torbay and South Devon NHS Foundation Trust gave a presentation on the Torbay Interagency Carers' Strategy 2024-2027. Out of 309 authorities Torbay has the 6<sup>th</sup> highest levels of people caring more than 50 hours per week at 5,185 Carers. This meant that at least:

- 1, 607 Carers in Torbay with bad or very bad mental health
- 1, 350 Carers in Torbay with continuous low mood
- 1, 318 Carers in Torbay feeling hopeless



- 1,141 Carers in Torbay feeling tearful
- 1,092 Carers in Torbay living with a sense of fear or dread

The Carers' Survey identified:

- Carers living with person they care for, 81% impacts ability to leave the house, 97% impacts ability to relax at home,
- 57% not received enough training to support them in their caring role (dementia, medication)
- 47% do not know where to go for support,
- 71% said the person they care for does not receive paid care (much higher than Devon)
- Of those that did have paid care, 100% said it did not meet their needs as a Carer
- 63% have not been able to take a break or have respite in the last 12 months (23% Devon)

The Carers Service was based in Paignton Library so there was a walk in service for people to use. The My Bay resident's discount scheme was also provided free for Carers and there were various courses run to help support Carers. It was suggested that colleagues meeting with people in the community e.g. the blood pressure checks could be asked to ask people if they were Carers and then signpost them to relevant support.

Members thanked the Carers Lead for her presentation and also acknowledged the commitment and achievements of Torbay Carers' Service and Carers.

By consensus the Board resolved:

1. to note Torbay's Interagency Carers' Strategy and outline action plan (set out at Appendix 2 to the submitted report) and the priorities for Carers as expressed in their 'I statements';
2. to note the 2024-25 action plan in the accessible Strategy (set out at Appendix 1 to the submitted report); and
3. to note that two major recurrent concerns for Torbay's Carers are the lack of suitable replacement ('respite') care and mental health services. In Healthwatch's Devon-wide Survey, although very few Torbay Carers responded, none felt that replacement care was meeting their needs. As both issues relate to support to the person being cared for, Carers' Services are working closely with Social Care Services and with Devon Partnership Trust to address these.

## **10. Integrated Care Board and Local Care Partnership business programme**

The Board received a presentation on the Integrated Care Board (ICB) and Local Care Partnership Business Programme which focused on prevention and health inequalities with aims around community care and urgent care pathways. A South Population Health Profile had been developed which built on intelligence from the

Joint Strategic Needs Assessments from Torbay and South Devon and brought in additional statistical information. The ICB had drafted a South Devon and Torbay Health Inequalities Strategy with partners which was due to be completed in the next couple of months and would be brought to the Health and Wellbeing Board before it was finalised.

£242,000 had been allocated to the South Locality and was being focussed on a number of specific initiatives including the Falls Management Exercise (FaME) falls prevention programme, the High Intensity Users programme with British Red Cross supporting those who were frequent attendees at Emergency Departments, and supporting people to live longer better through the voluntary sector healthy ageing prevention programmes assisted by the digital neighbourhoods work.

By consensus the Board resolved that the contents of the report be noted.

#### **11. Turning the Tide on Poverty and Cost of Living programmes**

The Board received the submitted report which provided an update on the Turning the Tide on Poverty and Cost of Living Programme which supported the Torbay Joint Health and Wellbeing Strategy. Members noted the work with different Teams and Partners to support this area with focus currently being getting ready for winter and issues around warmer homes. The Household Support Fund had been extended, which would provide some additional short-term support. There was a need to look at the wider Economic Strategy, how to enable people to become more resilient to cost of living pressures as well as looking at future prospects for young people. It was noted that there was a predominance of single men using food banks in Torbay.

Work was being done to map offers to support people into work and apprenticeships, with a particular focus on people who were care experienced or homeless.

The Director of Public Health agreed to find out what the plans were for warmer places this winter and circulate the information to the Board.

By consensus the Board resolved that the contents of the report be noted.

#### **12. Section 75 agreement**

Jo Williams, Director of Adults and Community Services advised that the integrated health and social care arrangements will have been in place for 20 Years in October 2025. The Integrated Care Board (ICB), Torbay and South Devon NHS Foundation Trust and the Council were committed that this was the best model for the people of Torbay. All processes had been completed and the agreement under Section 75 of the NHS Act had now been signed with an agreement in place for the next 5 years until 2030. The Memorandum of Understanding (MOU) was issued each year which details statutory arrangements and had been agreed but was still going through final process.

Members suggested the merit of inviting people to Torbay in October 2025 to formally celebrate 20 years of the Integrated Care Organisation (ICO).

By consensus the Board resolved to note the contents of the verbal report.

### **13. Winter Planning and Vaccination Programme**

Justin Wiggins, NHS Devon, and Julia Chisnell, Consultant in Public Health, provided a verbal update on winter planning and the winter vaccination programmes. NHS, Care and voluntary sector partners were working on a One Devon Plan with locality plans including one for South Devon and Torbay. This included in and out of hospital care, and same day emergency care, to avoid admissions, making the most of virtual wards where possible.

There were three vaccination programmes Covid-19, flu and a new respiratory syncytial virus (RSV) vaccine for pregnant women and people over 75 years old. There was a co-ordinated communication programme 'choose well' and access to primary care, also including social messaging. The severe weather and emergency protocol (SWEP) was in place to provide emergency accommodation for homeless people. Ms Chisnell agreed to find out what was happening with the churches and if they intended to be open from January for a few months to help homeless people have someone warm and safe to go.

By consensus the Board resolved that the contents of the verbal report be noted.

### **14. Devon and Torbay Local Transport Plan - consultation October - November 2024**

Dr Lincoln Sargeant, Director of Public Health provided a verbal update on the consultation with Devon County Council on the Devon and Torbay Local Transport Plan, which was being developed through the new devolution and combined authority and would run until 2040. Torbay Council and Devon County Council Public Health Teams have been involved in the work but it was important that as many people as possible were involved in the consultation which runs from 1 October to 30 November 2024 via Devon County Council's website – a link to the consultation would be sent to members of the Board who were encouraged to respond.

It was noted that the Ageing Well Assembly had 60 people engaging on the draft Strategy which was presented to a recent meeting.

By consensus the Board resolved that the contents of the verbal report be noted and that Members of the Board be encouraged to respond to the consultation which was available at [Devon and Torbay Local Transport Plan 4 - Have Your Say](#).

### **15. Risk Register**

The Board received a verbal update on the Risk Register. There had been no changes with the reduction in investment in the digital programme remaining the only item.

By consensus the Board resolved that the contents of the verbal report be noted.

Chairman

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**Meeting:** [Overview and Scrutiny, Health and Wellbeing Board, Cabinet](#)

**Date:** [6 November 2024, 12 December 2024, 17 December 2024](#)

**Wards affected:** [All](#)

**Report Title:** [Annual Director of Public Health Report 2024: Women's Health](#)

**When does the decision need to be implemented?** [Immediately](#)

**Cabinet Member Contact Details:** [Cllr Hayley Tranter, Cabinet lead for Public Health, Hayley.tranter@torbay.gov.uk](#)

**Director Contact Details:** [Dr Lincoln Sargeant, Director of Public Health Lincoln.sargeant@torbay.gov.uk](#)

## 1. Purpose of Report

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- 1.1 The purpose of this report is to invite endorsement of, and a formal strategic commitment to the recommendations of the Annual Director of Public Health report across all directorates and departments within Torbay Council.
- 1.2 The DPH annual report is a statutory independent requirement of the Director of Public Health and has been informed this year by interviews and engagement with a diversity of women in Torbay. Insights have been gathered through community groups and organisations, commissioned services and peer and grass-roots networks as well as individuals living in Torbay. This report has been written with the support of further robust research and evidence.
- 1.3 The findings and report content were presented on Wednesday 9<sup>th</sup> October 2024 at an event in Paignton. The audience was made up of key local stakeholders and report contributors and was well attended.
- 1.4 The report which combines text and videos is being prominently featured as part of the launch of a new website: [Torbay Public Health - Torbay Health Partnerships \(www.torbayhealthpartnerships.co.uk\)](http://www.torbayhealthpartnerships.co.uk)

## 2. Reason for Proposal and its benefits

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- 2.1 The proposals in the report help us to collectively deliver our vision of a healthy, happy, and prosperous Torbay. The Directors Annual report strategically aligns to all key themes of Community and People, Pride in Place and Economic growth.
- 2.2 Women make up 51.3% of the Torbay population. Despite progress made, unacceptable inequalities persist. By taking a focus on women, girls and gender and sex-based barriers to health, economic prosperity, community safety, community wellbeing, health and care barriers can be directly addressed.
- 2.3 Colleagues and leaders across Torbay are all invited to commit to principles and actions which will see the recommendations become an area of distinct measurable focus for all, notably within the corporate planning cycles and business plans.
- 2.4 The recommendations within the annual Public Health Directors report are intended to be broad, strategic, and inclusive to all directorates and departments within Torbay Council, and the health and Wellbeing Board, including external strategic partners.
- 2.5 The key themes are:
- Women, employment, and household labour
  - Working with vulnerable women
  - Discrimination, inclusion, and exclusion
  - Connecting with communities
  - Reproductive Health
  - Barriers to being physically active

The report recommendations are:

- a) To develop flexible and inclusive employment practices to reflect and encourage women into education and employment.
- b) To commit to actions which raise awareness of Domestic and Sexual Violence and directly address of the impact of domestic abuse on women who experience it.
- c) To improve access, experience, and outcomes for women's healthcare through Torbay's women's health hub.
- d) To recognise and supporting grass roots women's groups and activities as integral components of mental health and wellbeing provision.
- e) To develop integrated service delivery pathways for women's health care, reducing the need to attend multiple appointments across the health care.

- f) To develop inclusive approaches that facilitate and support girls and women to become more physically active.

### 3. Recommendation(s) / Proposed Decision

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- 3.1 That the Director of Public Health's Annual Report, as set out at Appendix 1, be endorsed.
- 3.2 That the Director of Public Health be instructed to undertake explicit planning and activities which directly support and contribute to the achievement of the recommendations of the Annual Report, as outlined by indicative actions in appendix 2.
- 3.3 That the Overview & Scrutiny Board be requested to monitor the implementation of the Annual Report on a quarterly basis.

### Appendices

Appendix 1 Director of Public Health Annual Report

Appendix 2 Indicative actions for Torbay Council departments

Appendix 3 Report of the Adult Social Care and Health Overview and Scrutiny Sub-Board

# Supporting Information

## 1. Introduction

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- 1.1 Focusing on women's health opens further opportunities to centre our understanding of the causes, opportunities, and solutions for improving outcomes for all residents. For example, women in Torbay live slightly longer than men, but are more likely to spend longer in poor health. Our rates of domestic violence and sexual assault demonstrate that women are at significantly higher risk of being subject to such behaviours, either on our streets or in homes.
- 1.2 This report is intended to go beyond describing the issues and seeks to set a course of direction which will support our local areas of strength and potential, as well as outlining opportunities to work together within the council and with external partners to address disparities amongst Torbay residents.

## 2. Options under consideration

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- 2.1 Not applicable

## 3. Financial Opportunities and Implications

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- 3.1 There are no direct negative implications of this report
- 3.2 By adopting the recommendations, the economic outcomes for women and families can be improved in the long term. <sup>1</sup>

## 4. Legal Implications

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- 4.1 There are no direct financial implications of this report
- 4.2 By adopting the recommendations of this report, Torbay will be demonstrating its commitment to gender equality and its duties under the Equality Act 2010

## 5. Engagement and Consultation

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- 5.1 A broad range of community organisations focussed on women and girls have been approached and engaged in co-creating and influencing the content of this report.

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<sup>1</sup> Gender Gap: This is the state of work for women in 2024 | World Economic Forum (weforum.org)



- 5.2 The views of a range of different girls and women in Torbay have informed the report narrative, but where contributors have felt able to, we have invited them to participate in film content.
- 5.3 Film contributors were invited to the launch event to see the impact of their participation with decision makers and strategic leads in Torbay and Devon.
- 5.4 The Adult Social Care and Health Overview and Scrutiny Sub-Board (Appendix 3) also considered the Director of Public Health's Annual Report 2024: Women's Health and recommended that the Cabinet be requested to support the recommendations contained therein.
- 5.4 Further engagement with contributors and groups is intended to continue throughout 2024/25. This will raise the profile of this report and continue the momentum and support for its recommendations.

## 6. Procurement Implications

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- 6.1 There are no direct or immediate procurement implications because of this report
- 6.2 It is possible that by committing to actions around then report recommendations, this would have a positive social value impact

## 7. Protecting our naturally inspiring Bay and tackling Climate Change

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- 7.1 There are no direct environmental or climate change impacts as a result of this report.

## 8. Associated Risks

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- 8.1 There are no significant associated risks because of this report

## 9. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	<p>18 per cent of Torbay residents are under 18 years old.</p> <p>55 per cent of Torbay residents are aged between 18 to 64 years old.</p> <p>27 per cent of Torbay residents are aged 65 and older.</p>	<p>This report and its recommendations are likely to have a positive impact on women of all ages and stages of the life course.</p>		
Carers	<p>At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.</p>	<p>This report and its recommendations are likely to have a positive impact on women.</p>		
Disability	<p>In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.</p>	<p>This report and its recommendations are likely to have a positive impact on women</p>		
Gender reassignment	<p>In the 2021 Census, 0.4% of Torbay's community</p>	<p>This report and its recommendations are likely to have a positive impact on</p>		

	<p>answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is lower than England.</p>	<p>women, trans, and non-binary people in Torbay.</p>		
<p>Marriage and civil partnership</p>	<p>Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.</p>	<p>This report and its recommendations are unlikely to have either a positive or negative impact on those in a marriage or civil partnership or none. No differential impact.</p>		
<p>Pregnancy and maternity</p>	<p>Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.</p>	<p>This report and its recommendations are likely to have a positive impact on women and pregnant people.</p>		
<p>Race</p>	<p>In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.</p>	<p>This report and its recommendations are likely to have a positive impact on women from minority ethnic groups and populations.</p>		

Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	This report and its recommendations are unlikely to have either a positive or negative impact upon populations with a stated faith or religion, or none. No differential impact.		
Sex	51.3% of Torbay's population are female and 48.7% are male	This report and its recommendations are likely to have a positive impact on women. It is likely to improve outcomes for men too, but the report is focussed on females in Torbay.		
Sexual orientation	In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.	This report and its recommendations are likely to have a positive impact on women, including Lesbian and Bisexual Women.		
Armed Forces Community	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously served in the UK armed forces.	No differential impact.		
<b>Additional considerations</b>				
Socio-economic impacts (Including impacts on child poverty and deprivation)		This report and recommendations are likely to have a positive impact on women, girls, and support deeper solutions to addressing generational poverty and deprivation.		

Public Health impacts (Including impacts on the general health of the population of Torbay)		This report and its recommendations are likely to have a positive impact on the social and wider determinants of health, specifically those of women and girls in Torbay.		
Human Rights impacts		This report and its recommendations are likely to have a positive impact on Human Rights, particularly gender and sex-based rights.		
Child Friendly	Torbay Council is a Child Friendly Council, and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people.	This report and its recommendations are likely to have a positive impact on girls and women and families across Torbay.		

## 10. Cumulative Council Impact

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- 10.1 A potential cumulative impact for the council is the possibility of improving lives and outcomes for women in Torbay. This can have a positive knock on for revenue and benefits, adult social care, children's social care, place based and community and environmental services and demand
- 10.2 By all directorates and departments committing to recommendations and actions to improve outcomes for girls and women, this demonstrates a cohesive commitment to Public Health as well as addressing health and social inequalities in Torbay.

## 11. Cumulative Community Impacts

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- 11.1 A potential cumulative impact for communities could be improved community cohesion, social mobility, and mutual impact for small and large grass roots and VCSE (Voluntary, Community and Social Enterprise) organisations within Torbay.

## Director of Public Health report 2024

### Women's Health

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[Introduction from Dr Lincoln Sargeant: Public Health Annual Report 23/24 \(youtube.com\)](#)



My annual report this year focuses on women's health. The starting point for public health is the population and the decision to highlight a particular group in the population raises questions as to why this group and not another. This is especially the case when the overall measures of population health (life expectancy and healthy life expectancy) suggest that women live longer and healthier lives on average compared to men.

There are at least three reasons why a focus on women's health is justified in Torbay. The first is that despite the progress made in the legal protections of women from discrimination and the improvement in societal attitudes that have enabled their empowerment, there remain barriers to access for services and opportunities that promote the health and wellbeing of women. Debates about the status of transgender people indicate that there are still sectors of society that have not accepted gender equality and find movement from one gender to another transgressive. Bias and prejudice, whether conscious or unconscious, persist and continue to impact negatively on the physical, mental, social, and economic wellbeing of women. Even where genuine progress is evident it takes times for the negative effects of gender discrimination to be fully overcome.

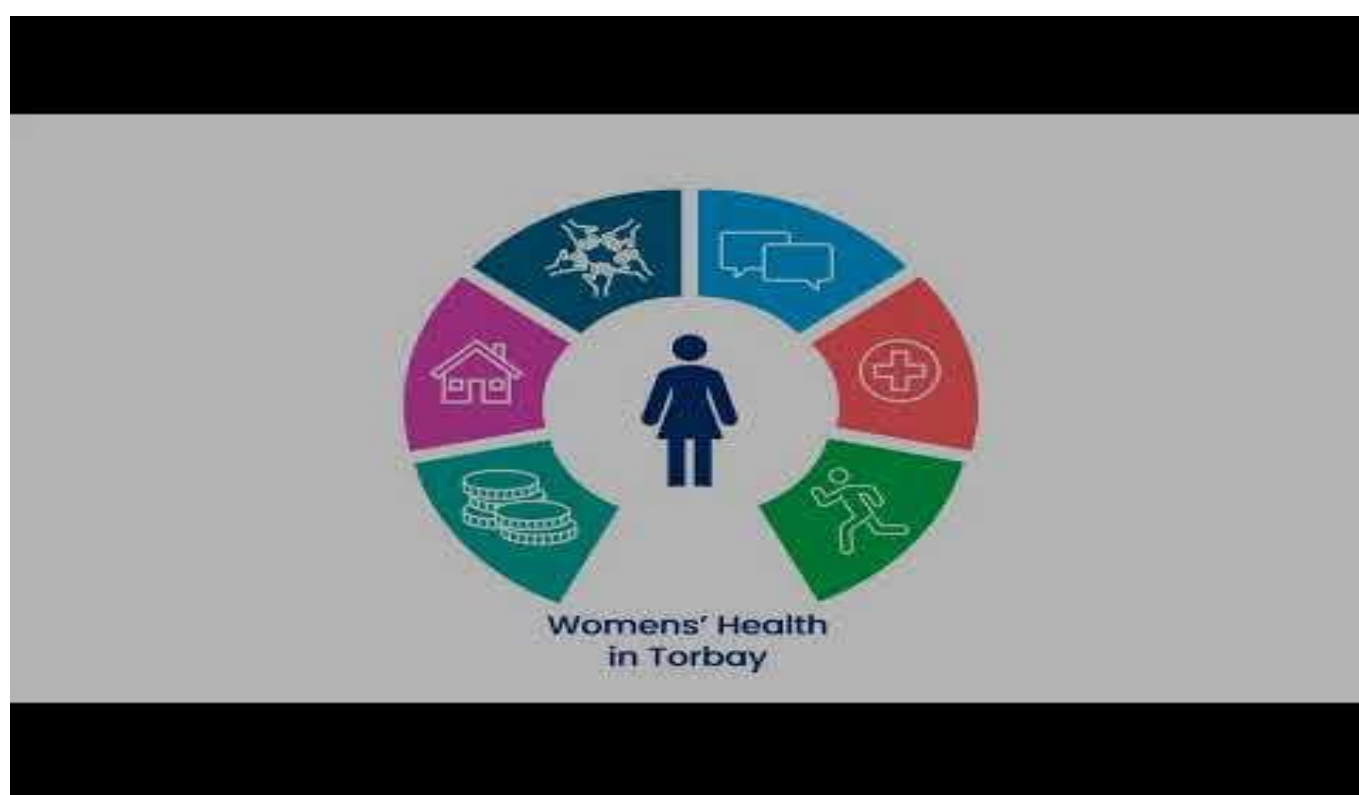
The second reason for the focus on the health of women follows from the first. The stereotype of the woman's role being in the home meant that many of the tasks related to the care, nurture and education of children fell to women. While there is general acceptance that both men and women have an equal and shared role for bringing up their children these duties fall disproportionately to women in the home. Professions such as nursing, childcare and primary school education are

predominantly female. The influence of women on the health of children in their early years is therefore substantial. The health of women is therefore important for the health of our children and especially for those children with special needs and disabilities.

The third reason is that women often also take on responsibility for the health of others, including men in their lives. Women aged 16 to 60 years are more likely to seek medical attention than similarly aged men (Wang Y, Hunt K Nazareth I, et al. BMJ Open 2013<sup>1</sup>) and have a positive influence on the health seeking behaviours of their male partners. While these relationships are complex, a focus on the health of women is likely to have positive impacts not only on the health and development of children but also on men and others who women may have a caring role with.

While Torbay and the UK are further on the path to gender equality and the empowerment of women and girls, this United Nations Sustainable Development Goal is still relevant here and justifies the focus of the annual report on this half of our population.

[Women's Health in Torbay: Public Health Annual Report 23/24 \(youtube.com\)](#)



## 1. Women, employment, and household labour

The division of labour in the workplace and home continues to disadvantage women in Torbay with women often engaged in lower-paid or part-time work, alongside unpaid caring duties.



Despite much progress, the division of household labour continues to reflect historic gender roles. In most wealthy countries, even when women engage in paid employment, they often still perform much of the household labour <sup>1</sup>.

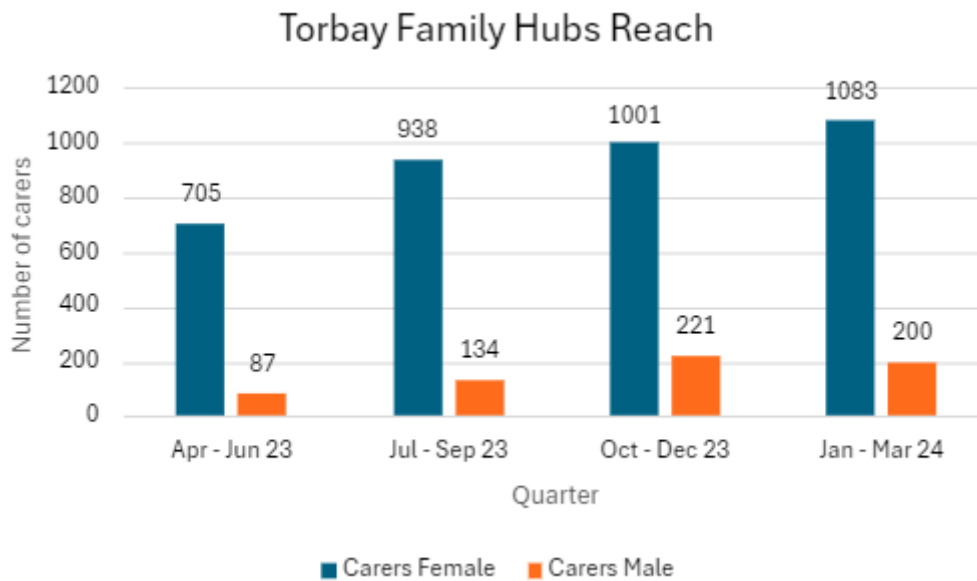


Figure 1: Torbay Family Hubs Reach over the fiscal year 2023/2024. Reach reports count an individual member once, no matter how many times they are recorded. Data source: Torbay Family Hubs.

The impact of an ageing society means that in addition to bringing up their own family, many women will also care for older relatives, often after their children have become independent adults. In 2019, there were 1.25 million ‘sandwich carers’ in the UK, of whom, 68% were women<sup>2</sup>. Carers UK use census data from 2021<sup>3</sup> asserts that 59% of unpaid carers are women, and that women are more likely to become carers and to provide more hours of unpaid care than men. In addition, more women than men provide high intensity care at ages when they would expect to be in paid work<sup>4</sup>. These carer responsibilities impact upon the employment opportunities and options for many women.

In Torbay, women are more likely than men to provide unpaid care to others in relation to long-term physical or mental health conditions or aging. 13% of females (aged over 5) compared to 9.5% of males provide unpaid care to other Torbay residents. This is across all age ranges and the proportion of women in Torbay providing unpaid care is significantly higher than England at 10.3%. This is highlighted in the latest local Joint Strategic Health Assessment (JSNA)<sup>5</sup>.

Torbay has consistently lower average salaries than the national and regional average with women often doing lower paid or part-time work, alongside unpaid caring duties.

Organisational policies and culture often play their part in decisions within the home about

<sup>1</sup> [The extreme gendering of COVID-19: Household tasks and division of labour satisfaction during the pandemic - Haney - 2022 - Wiley Online Library](#)

<sup>2</sup> [Carers at breaking point: The social care burden on women | Age UK](#)

<sup>3</sup> [Key facts and figures | Carers UK](#)

<sup>4</sup> [Petrillo Bennett Pryce 2023.pdf \(bham.ac.uk\)](#)

<sup>5</sup> [Provisional TORBAY JOINT STRATEGIC NEEDS ASSESSMENT 2024/25 \(southdevonandtorbay.info\)](#)

who should work and who should stay at work which can be the difference between continuing traditional gender roles or a more equal household. The impact of caring responsibilities as is not only in felt workplaces and education settings, but also across can create expectations and norms about the role of women in families, communities, and all of Torbay. The impact being felt beyond the workplace, shaping societal norms and individual perceptions of gender roles within the context of family life.

Torbay has an ambitious economic growth strategy which calls for investment in our tech sector, our visitor economy as well as the strong potential for smaller tech companies and creative digital. By supporting women to develop skills, knowledge, qualifications, and confidence to establish, develop and grow employment opportunities, Torbay has the potential to unlock its entire workforce and support women and families to thrive.

### **Recommendation:**

**Develop flexible and inclusive employment practices to reflect and encourage women into education and employment**

## **2. Working with vulnerable women**

**Women more commonly experience domestic abuse and sexual violence in their lives than men. Limited housing options makes it more difficult to escape abuse. It is important to consider the intersectional experiences of women, including sex, gender, disability, ethnicity, sexuality, and experiences of violence.**

Patchwork House: Public Health Annual Report 23/24 ([youtube.com](https://www.youtube.com/watch?v=...))



Finding yourself in a vulnerable position can happen to anyone at any time, whether through loss of financial security, employment, relationship status, bereavement, health and wellbeing or other circumstance. Vulnerability for women can present differently than for men.

Violence against women and girls can take place within the home and within the community. Violent acts themselves can incur short-and-long-term impacts on women's physical health with all forms of abuse and harassment impacting women's emotional health. Women disproportionately bear the burden of sexual violence and domestic abuse nationally, and in Torbay.

Extrapolating from national data, we estimate that around 552 women aged 16 – 59 years in Torbay were victim of rape or assault by penetration (including attempts) between March 2017 and March 2020<sup>6 7</sup>. Of these, around 348 (63%) of these women are likely to have experienced mental or emotional problems as a result<sup>8</sup>. Women have also reported having to take time off work, losing their job, or being forced to give up work, and trying to kill themselves because of being a victim of rape or assault.

Difficult relationships, especially those involving coercive behaviour, and dealing with home and family pressures contribute to poor mental health in women. 59% of respondents identified violence and abuse as a top issue, surpassing money worries, loneliness, hormonal health, and work or exam pressures<sup>9</sup>.

*Torbay suicide coroner audit findings: 42% of women who died by suicide in Torbay (2018-2022) were noted to have experienced domestic abuse, sexual violence, or childhood abuse in their lifetime.*

Torbay's commitment to protecting women and girls in our community is seen in two multi-agency strategies: the Serious Violence Strategy and Domestic Abuse and Sexual Violence Strategy. These pick up the dangers for women and girls within their homes and within their communities, often at the hand of male members of these homes and communities. The Torbay Safeguarding Children Partnership reinforces these efforts by overseeing key processes including the prevention of exploitation of children and young people.

Safer Torbay **Serious Violence**<sup>10</sup> Strategy has noted for the Torbay community:

- Stalking & Harassment incidents increased by 12% within 2021/22 compared to the previous two years. Trend indicates incidents within 2022/23 will increase by approximately 8%.
- Devon and Cornwall Police were involved in 2,148 separate serious violence incidents occurred across Torbay (April 2019 to October 2022)
  - 1,841 of these incidents identified an offender/suspect responsible for the incident.
  - 70% of offenders were male.
- Following analysis of data in respect of youth violence in Torbay key points have been determined.
  - Higher rate of violent offences per 1000 population in Torbay than the national average and
  - higher rate of hospital admissions due to violence, including sexual violence.

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<sup>6</sup> [population\\_torbay\\_2018.pdf \(southdevonandtorbay.info\)](#)

<sup>7</sup> [Sexual offences prevalence and victim characteristics, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

<sup>8</sup> [Nature of sexual assault by rape or penetration, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

<sup>9</sup> <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2024/03/08/violence-and-abuse-are-driving-mental-illness-in-women-and-girls--psychiatrists-warn>

<sup>10</sup> [Safer Torbay Serious Violence Strategy 2024/29 - Torbay Council](#)

## Torbay Domestic Abuse Headlines <sup>11</sup>:

- 2,005 police incidents of domestic abuse in Torbay (2020/21).
- Domestic abuse accounts for 22% of all crimes in Torbay.
- 24% of domestic violence and abuse (DVA) related crimes are for stalking and harassment.
- 72% of victims reporting to the police over the past 3 years have been female (2018-21)
- 84% of domestic abuse offenders were male (2020/21)
- 63 Victims of domestic abuse were placed in homelessness temporary accommodation (2023/24)
- Estimated only 33% of people experiencing DVA in Torbay are known to services.

## Sexual harassment and online sexual abuse:

- Includes being sent unsolicited explicit sexual material and being pressured to send nude pictures ('nudes')
- 90% of girls said being sent explicit pictures or videos of things they did not want to see happens a lot or sometimes to them or their peers <sup>12</sup>.

*"Girls told us that sexual harassment and online sexual abuse, such as being sent unsolicited explicit sexual material and being pressured to send nude pictures ('nudes'), are much more prevalent than adults realise. For example, 90% of girls ... said being sent explicit pictures or videos of things they did not want to see happens a lot or sometimes to them or their peers. Children and young people told us that sexual harassment occurs so frequently that it has become 'commonplace.'*<sup>16</sup>

In recognition of sexual violence such as this is not being confined to women in any specific age groups, in 2020, a website called Everyone's Invited, was launched. This allows people to anonymously log their experiences of sexual harassment and assault within education settings. This site includes logs for Torbay primary and secondary schools for alleged incidents.

*Of 200 already homeless households in Torbay, between January and March 2022, 20% of these households lost their last settled home due to domestic abuse<sup>13</sup>.*

Many women have told us that because of domestic abuse they have had to choose between living in poor accommodation or returning to their perpetrator. The difficulties are exacerbated by having to navigate a complex local housing situation, which is also in crisis. While housing is an issue across the UK, Torbay is facing a particularly severe shortage. Torbay Council declared a housing crisis in 2021<sup>14</sup>. The rate of homelessness in Torbay is over twice the national average<sup>15</sup>. Given the increased likelihood of women also removing children from violent domestic situations, this housing crisis is particularly felt by women and children, exacerbating vulnerability.

Support systems for women are crucial, providing much needed assistance and advocacy. Often the support being sought is within a single-sex safe community. Examples of available support are the housing and cost of living surgeries have been set up within Family Hubs to improve access to housing support and early help for families. Also, to help women eat healthily Ladies Lounge have

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<sup>11</sup> [Breaking the Chain Domestic Abuse and Sexual Violence Strategy](#)

<sup>12</sup> [OFSTED, Review of sexual abuse in schools and colleges June 2021](#)

<sup>13</sup> [Housing in Torbay \(southdevonandtorbay.info\)](#)

<sup>14</sup> [Empty Homes - Torbay Council](#)

<sup>15</sup> [Housing in Torbay \(southdevonandtorbay.info\)](#)

<sup>16</sup> [Housing Strategy 2023 to 2030 - Torbay Council](#)

investigated support for women on how to make meals more nutritious when you only have a kettle.

[Leonard Stocks Centre: Public Health Annual Report 23/24 \(youtube.com\)](#)



**Recommendation: Commit to actions which raise awareness of Domestic and Sexual Violence and directly address of the impact of domestic abuse on women who experience it.**

### **3. Discrimination, inclusion, and exclusion**

**Women and those with physically female sex reproductive characteristics are disadvantage by a medical bias towards male physiology as well as the disparity of experience amongst diverse groups of women.**

Women and those with physically female sex reproductive characteristics experience different challenges to biological males. Managing menstrual cycles, contraception, maternity and menopause are unique and require women to navigate healthcare systems, media and advertising influences, community, and cultural norms. However, women face frequent discrimination in healthcare, due to their sex, sexual orientation and / or gender identity.

Firstly, there is a bias towards male physiology built into medicine. The vast majority of medical (and other) trials are conducted solely on biological men, as women's hormones, menstrual cycles and reproductive changes across the life course are seen as 'too complicated' to study<sup>17</sup>. Results

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<sup>17</sup> [A framework to analyse gender bias in epidemiological research | Journal of Epidemiology & Community Health \(bmi.com\)](#)

of clinical trials on men are extrapolated to women and treatments are assumed to have the same effect on women as men<sup>18</sup>. Medical investigations and therapies are designed and administered based on how diseases manifest in men and may therefore be ineffective in women.

Furthermore, when we investigate health outcomes and experiences of Black, Asian and Minority Ethnic Women we see more inequalities, such as an increased risk of maternal death (almost four times higher for Black women and twice as high for Asian women as their white counterparts<sup>19</sup>). Disparities also exist across sexual orientation, disability, and other protected characteristics. Examples include, Lesbian and Bisexual women have a higher proportion of current smokers (at 31%, compared to heterosexual women who are current smokers is 16%) [20]. Trans and non-binary people experience worse mental health outcomes compared to their lesbian and gay counterparts and more frequently report negative interactions with healthcare professionals<sup>20</sup>. Rates of obesity are higher among disabled adults compared to those not reporting a disability. Additionally, rates of obesity are higher amongst women with a learning disability compared to men with a learning disability, (45% compared to 31% respectively) <sup>21</sup>. Where there is no evidence of an improvement or decline in outcomes, this is because sex-disaggregated data is unavailable.

Women's healthcare needs change over time, and at all stages, there are opportunities to promote good health, prevent negative outcomes and restore health and wellbeing. Doing this well for women in Torbay means improving all our systems to account for sex, sexuality, gender identity and other protected characteristics in a way that informs and drives addressing health inequalities. By taking this crucial step, we will start to understand the needs of our populations and how we can make a difference across not only healthcare, but also in social care, housing, economic development, and industry.

#### **Recommendation:**

**Improved access, experience, and outcomes for women's healthcare through Torbay's women's health hub.**

### **4. Connecting with communities**

**Mental health and wellbeing are an issue across the life course for women and girls in Torbay. Connecting with groups and activities in the communities to improve people's mental health is as important to them as accessing services.**

[Girls Against Anxiety: Public Health Annual Report 23/24 \(youtube.com\)](#)

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<sup>18</sup> [Full article: bias Gender in clinical research, pharmaceutical marketing, and the prescription of drugs \(tandfonline.com\)](#)

<sup>19</sup> [Black maternal health - Women and Equalities Committee \(parliament.uk\)](#)

<sup>20</sup> [review of lesbian, gay, bisexual, trans and intersex \(LGBTI\) health and healthcare inequalities | European Journal of Public Health | Oxford Academic \(oup.com\)](#)

<sup>21</sup> [health-inequalities-briefing-2 \(nice.org.uk\)](#)



Women and girls are three times more likely to experience **common mental health conditions** such as depression and anxiety and traumatic stress related disorders than men and boys. Several risk factors explored throughout this report are known contribute to this higher prevalence: caring responsibilities, poverty, unemployment and debt, isolation, and domestic and sexual violence<sup>22</sup>.

We also know young women who have a probable mental health condition in Torbay far outweigh the numbers of young men, see figure below. (Figure 2)

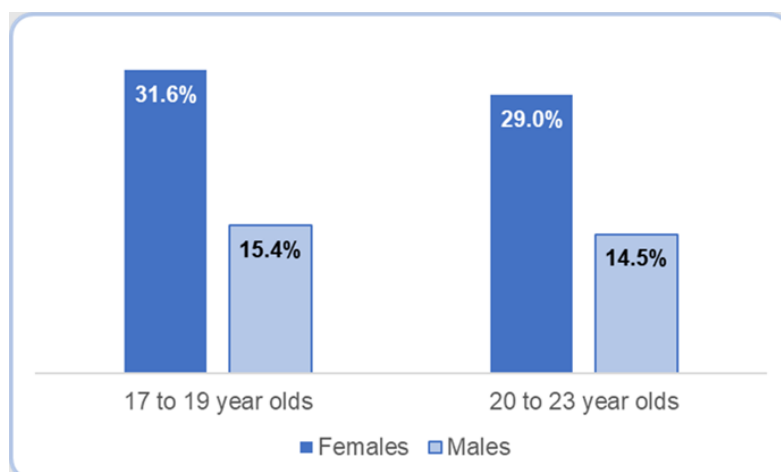


Fig 2: Percentage of young people with a probable mental disorder – England (2023)

Source: NHS England – Mental Health of Children and Young People in England, 2023, using the Strengths and Difficulties Questionnaire

<sup>22</sup> <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/women-and-mental-health>

Self-harm is a significant public health issue in Torbay and nationally. Data suggests that self-harm prevalence amongst young people has increased significantly in England over the past 20 years<sup>23 24</sup>. However, the exact numbers of people affected by self-harm can be difficult to quantify as available data is taken from those who seek medical assistance and not those who do not.

Hospital admission rates show a concerning trend in Torbay, where hospital admission rates for self-harm and eating disorders among females exceed the national average for England<sup>25</sup>. While the number of hospital admissions with a primary diagnosis of anorexia, bulimia, or other eating disorders amongst under 18s is small, only the most severe cases receive hospital interventions. Torbay has had a consistently significantly higher rate of admissions of under 18s (all persons- male and female combined) with a primary diagnosis of an eating disorder than England from 2017/18 onwards. In 2021/22 the Torbay rate was 90.3 per 100,000 (England- 32.8). Most hospital admissions for an eating disorder were young women. Local estimates for self-harm suggest that hospital admissions only represent around 5% of the children and young people who are self-harming in Torbay<sup>26</sup>.

The challenge of loneliness is keenly felt by women, who are 1.2 times more likely than men to be chronically lonely<sup>27</sup> and is not exclusive to older women. Underlying reasons connecting to other disparities highlighted in this report such as caring responsibilities or economic exclusion and poverty. Another factor that comes into play in Torbay are those who move into the area, often following retirement who have few, if any social and community links.

#### [Women's Institute: Public Health Annual Report 23/24 - YouTube](#)

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<sup>23</sup> [Responding to the rising prevalence of self-harm - The Lancet Psychiatry](#)

<sup>24</sup> [Intentional self-harm in adolescence: An analysis of data from the Health Behaviour in School-aged Children \(HBSC\) survey for England, 2014](#)

<sup>25</sup> [Provisional TORBAY JOINT STRATEGIC NEEDS ASSESSMENT 2024/25 \(southdevonandtorbay.info\)](#)

<sup>26</sup> [2024 Torbay Health Needs Assessment for Children and Young People, Part One- A Quantitative Analysis \(southdevonandtorbay.info\)](#)

<sup>27</sup> [Investigating factors associated with loneliness in adults in England - GOV.UK \(www.gov.uk\)](#)





In Torbay there are 311 registered charities <sup>28</sup> and an unknown number of community interest companies. For those focused purely on women and girls, they can focus on activities or are support based groups, all support women's health, and wellbeing. In addition to these, further services will be offered specifically to women through commissioned services or directly provided by our partners. Each is unique in their offer.

There remains unmet need however, and public services and the voluntary sector are challenged to meet the full range of needs for our populations. We have heard often that there are gaps in mental health support, with much focus on high end support, which means that women often must either access private support or go without. The stories from women we have spoken to highlight the importance of community-led peer support.

**Recommendation:**

**Recognising and supporting grass roots women's groups and activities as integral components of mental health and wellbeing provision.**

## **5. Reproductive health**

**The opportunities to maintain good reproductive took a hit during the Covid-10 pandemic. Partnership work is happening to re-establish and go further in creating joined up systems and experiences.**

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<sup>28</sup> Search the register of charities ([charitycommission.gov.uk](http://charitycommission.gov.uk))

Maintaining good reproductive health outcomes throughout the life course has profound long-term effects on individuals and communities. We know that women and girls experience poor reproductive health outcomes, with almost half of all pregnancies being ambivalent or unplanned across the UK. In Torbay, this is also true and local data indicates that while rates have significantly fallen, Torbay remains an outlier for teenage conceptions, abortions amongst all ages and repeat abortions. This suggests that awareness and uptake of contraception may be an issue for some women locally.

For some years, and particularly since the Covid-19 pandemic, some services did not bounce back as we had hoped in general practice. LARC (Long-Acting Reversible Contraception) is one of them, and access to LARC in general practice across the Bay is mixed. In terms of access to contraception, there is an offer for Long-Acting Reversible Contraception in each Primary Care Network, but this could be improved. The specialist contraception services at Castle Circus in Torquay are supporting more women than ever in Torbay and provide a high-quality service to all our local community. We know that to improve outcomes, women need a choice of where to get contraceptive care, and value having a range of choices in their local surgery.

Access for women to get Intra-Uterine Devices (IUDs) to support heavy menstrual bleeding and other reproductive health conditions is supported by joint working with Primary Care, NHS Devon ICB (Integrated Care Board) and Torbay Council's Public Health Team. As part of this national Women's Health strategy, NHS Devon ICB has been provided with non-recurrent funding to establish a Women's Health Hub. Across all of Devon, including Torbay, the ICB are working with Public Health to develop a networked hub model with menopause and long-acting reversible contraception (LARC) as the two main priorities. This ambition is aligned with the [NHS Devon Joint Forward Plan](#).

Work is taking place to deliver a pilot menopause service across Devon which provides Torbay GPs (General Practice) with advice and guidance from British Menopause Society (BMS) specialist trained clinicians. This means that women in Torbay will have better access to specialist menopause knowledge in the management of complex cases. Partners are also delivering a programme of education events throughout the year, to support GPs in gaining a better knowledge of the management of menopause.

The development of a digital gateway for Women's Health on the MyHealth Devon website<sup>29</sup> will provide women in Torbay access to digital resources on a range of women's health conditions, allowing them to better self-help, seek local support and to inform better conversations with their GPs.

**Recommendation:**

**To develop integrated service delivery pathways for women's health care, reducing the need to attend multiple appointments for routine health care.**

## **6. Barriers to being physically active**

**Addressing the barriers that contribute to lower rates of physical activity among women and girls is crucial for improving public health and well-being.**

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<sup>29</sup> [My Health Devon - Managing Your Health & Wellbeing \(myhealth-devon.nhs.uk\)](https://myhealth-devon.nhs.uk)



According to Sport England in 2024, more men (at 65.9%) are more likely to be active than women (at 61.2%), although activity levels have increased in both groups over the last seven years<sup>30</sup>. Data from the Adult Active Lives Survey and Children & Young People's survey shows that 1 in 4 Adults in Torbay <sup>31</sup>and 1 in 4 Children and Young People <sup>32</sup>are physically inactive. The differences in physical activity levels across those from lower income backgrounds exacerbates these inequalities further.

The reasons behind women achieving less time for sport and physical activity are complex and multi-faceted. In a recent systematic review and thematic analysis <sup>33</sup> findings highlighted barriers such as a lack of time, body image and societal beauty standards, family duty and social support, religious and cultural norms, organisation and community facilities and environment, safety issues and physical environment. These factors are intertwined and affect women's participation in physical activity at various levels, suggesting the need for a holistic and multi-level approach to address these challenges.

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<sup>30</sup> [Long-term increase in activity levels positive but further action needed to tackle inequalities | Sport England](#)

<sup>31</sup> <https://fingertips.phe.org.uk/>

<sup>32</sup> [Active Lives | Children And Young People Activity Data \(sportengland.org\)](#)

<sup>33</sup> [Barriers and facilitators to physical activity for young adult women: a systematic review and thematic synthesis of qualitative literature - PMC \(nih.gov\)](#)

In Torbay there are some excellent green and blue spaces, which creates opportunities to be in nature and improve physical and mental health. Local sports and health initiatives<sup>34</sup> are available to support local women to engage with more local physical activity.

Addressing the barriers that contribute to lower rates of physical activity among women and girls is crucial for improving public health and well-being. Efforts to promote inclusivity in sports can lead to more active communities and help mitigate the long-term effects of inactivity and obesity. Torbay on the Move is a multi-agency initiative which aims to have ‘more people, more active, more often.’ The strategy takes a place-based approach to population health improvement by focussing on eight themes.



**Recommendation:**

**Developing inclusive approaches that facilitate and support girls and women to become more physically active**

A note on language within this report:

Within this report, we use the terms ‘women’ and ‘women's health.’ However, it is important to acknowledge that it is not only people who identify as women or girls who access women's health and reproductive services to maintain their health and wellbeing. The terms ‘woman’ and ‘women's health’ are used for brevity, on the understanding that trans and non-binary individuals assigned female at birth also require access to these services. Delivery of care must therefore be

<sup>34</sup> [Sports and health initiatives - Torbay Council](#)

appropriate, inclusive, and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.

## Conclusion and next steps

Thank you for reading my 2024 Director of Public Health report on women's health. This report is intended to support conversations about the health and wellbeing challenges facing women in society today. It highlights the sex and gender-specific challenges for all women and girls, emphasising the unique opportunities to address inequalities and their impacts on health.

Our challenge now across Torbay is to take decisive action and make the right decisions in all areas to achieve equality and improve outcomes for women.

The broad recommendations in this report are:

1. To develop flexible and inclusive employment practices to reflect and encourage women into education and employment.
2. To commit to actions which raise awareness of Domestic and Sexual Violence and directly address the impact of domestic abuse on women who experience it.
3. To improve access, experience, and outcomes for women's healthcare through Torbay's women's health hub.
4. To recognise and supporting grass roots women's groups and activities as integral components of mental health and wellbeing provision.
5. To develop integrated service delivery pathways for women's health care, reducing the need to attend multiple appointments for routine health care.
6. To develop inclusive approaches that facilitate and support girls and women to become more physically active.

The next steps are to co-produce an action plan with leaders, decision-makers, and communities across Torbay to progress these recommendations. This will be initiated at the launch in October 2024 and will be a key focus over the next 12 months as we strive for system-wide improvements together.

I will keep our partners and stakeholders updated to keep momentum and share progress and learning. To ensure accountability to our communities, we must maintain a focus on measures and evidence which demonstrate the changes made. Therefore, I invite everyone to use the information and evidence base presented in this report to guide actions over the coming year to show our collective capacity to enact meaningful progress.

Individuals and organisations play a crucial role, and I am inviting you to be active in improving the health of women through:

- **Advocacy for Equality:** Using your voice, power and influence to support policies and initiatives that promote gender equality and address health disparities.

- **Creating Supportive Environment:** Creating a workplace culture that supports the health and wellbeing of all employees, with a focus on gender-specific needs.
- **Policy Development:** Implementing policies that promote gender equality and address health disparities within your organisation and the community.
- **Data Collection and Analysis:** Collecting and analysing data on health outcomes to identify areas of need and measure the impact of your initiatives.
- **Leading by Example:** Demonstrating inclusive and supportive behaviour in your daily life. Small and large actions can inspire others to follow suit.

By taking these steps, we can collectively help create a more equitable and healthier community for everyone in Torbay.

Dr Lincoln Sargeant  
Director of Public Health for Torbay,  
October 2024

## **Acknowledgements**

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Girl Guiding

Patchwork House

Torbay Family Hubs – Ramble Club

Torbay Learning Disability Partnership Board Ambassadors

Proud 2 Be - Resourcefull

Women's Circles CIC

Ladies Lounge

Brixham Does Care – Ladies Group

Women's Institute - Preston and Chelston branch

She and Us

Chinese Community Wellbeing Society

Phoenix Rising

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### Appendix 2

#### Indicative actions for Torbay Council departments

Theme	Recommendation	Department/s	Potential actions
Women, employment, and household labour	To develop flexible and inclusive employment practices to reflect and encourage women into education and employment.	<p>A) Torbay Council HR, Adult Social Care commissioning, Public Health commissioning</p> <p>B) Pride in place economic development.</p>	<p>A) Develop and champion flexible employment practices. Embed within standard commissioning templates and tenders.</p> <p>B) Promote business benefits of including more 'family friendly' employment practices.</p>
Working with vulnerable women	To commit to actions which raise awareness of Domestic and Sexual Violence and directly address of the impact of domestic abuse on women who experience it.	Adult Social Care - Community Safety, Childrens Services, Public Health, Corporate services, elected members	<p>A) To renew commitment and actions which support the delivery of outcomes for the Torbay Domestic Abuse and Sexual Violence Strategy 2023-2030 'breaking the chain'.</p> <p>B) Invite all front-line staff to have awareness and capacity to deliver basic DA and SV interventions to families and children, including appropriate signposting</p>

<p>Discrimination, inclusion, and exclusion</p>	<p>To improve access, experience, and outcomes for women’s healthcare through Torbay’s women’s health hub.</p>	<p>A) Torbay Public Health  B) Adult Social Care – housing need</p>	<p>A) Raise awareness and encourage ICB to implement national WHH specification and communicate offer explicitly across Torbay.  B) Reassess thresholds of need where DASV is a contributing factor in homelessness</p>
<p>Connecting with communities</p>	<p>To recognise and supporting grass roots women’s groups and activities as integral components of mental health and wellbeing provision</p>	<p>a. Commercial Services and commissioning across all departments  b. Public Health</p>	<p>a. Ensure that recommendations are included and promoted within the proposed social value framework for tenders in 2025.  b. To develop regular women’s health networking for grass roots and community organisations during 2025</p>
<p>Reproductive Health</p>	<p>To develop integrated service delivery pathways for women’s health care, reducing the need to attend multiple appointments for routine health care</p>	<p>a) Public Health b) Childrens Services</p>	<p>a) To mobilise improved GP and specialist contraceptive services  b) To ensure workforce receive training, support, and capacity to deliver basic advice and</p>

			signposting interventions
Barriers to being physically active	To develop inclusive approaches that facilitate and support girls and women to become more physically active	<ul style="list-style-type: none"> <li>A. Spatial planning</li> <li>B. Cultural events</li> </ul>	<ul style="list-style-type: none"> <li>A. To explore planning applications which support physical activity and account for appropriate street lighting and best evidence (e.g. transport, housing)</li> <li>B. Ensure Cultural and sporting events are inclusive in terms of gender, access, community safety and promote diversity and inclusion for women of all abilities.</li> </ul>

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## **Director of Public Health Annual Report – Women’s Health – Report of the Adult Social Care and Health Overview and Scrutiny Sub-Board**

**Report to Cabinet on 26 November 2024**

### **Background**

1. The Adult Social Care and Health Overview and Scrutiny Sub-Board met on 5 September 2024 to consider Director of Public Health Annual Report – Women’s Health. The Director of Public Health and Public Health Specialist provided an overview of the key themes and recommendations from the forthcoming Director of Public Health Annual Report which focused on health and wellbeing of women as set out in the submitted report. The key themes were:
  - Women, employment and household labour;
  - Working with vulnerable women;
  - Discrimination, inclusion and exclusion;
  - Connecting with communities;
  - Reproductive Health; and
  - Barriers to being physically active.
2. Members asked questions around the lack of detailed information presented in the report; it was known that men were reluctant to go to the GP when they should have done so, was this the same for women; a lot of younger people were getting seriously ill e.g. people with cancer in their 30s, what was being done to encourage people to seek help and go to their GP; were people from LGBTQ+ groups actively involved in providing feedback as part of the evidence gathering; what were women’s health hubs; and the Council’s Economic Development Team were developing an Employment and Skills Plan was there work that this Team could contribute to help Public Health with their data and inform the plan in a joined up way.
3. The Chief Executive of Healthwatch Torbay advised that Healthwatch had undertaken a survey on men’s health as part of a pilot but the funding was withdrawn. Women usually had more contact with medical professionals due to contraceptives and pregnancy but there was a need to ensure an integrated approach to meet the needs of both men and women. Ms Harris raised concern that Healthwatch Reports were shared with the Council but they did not always receive feedback on the impact their reports had.

4. In response to questions Members were advised that the detailed report was still being developed ready to present to the launch event on 9 October 2024, which all Members had been invited to attend. The Director of Public Health felt that it was important to bring the overview to the Sub-Board to enable them to feed into the final report, with a view to Members monitoring the progress against the action plans which will emerge from the report later in the year, in the same way they were monitoring Cardiovascular Disease which was an action from last year's Annual Report. Women's Health had been chosen this year to highlight that although progress had been made there were still areas for improvement and to focus on issues such as culture and heritage, sexuality and gender identity that may present barriers in women's access and experience of healthcare services. Women tend to access healthcare more than men and a focus on the health of women could benefit the whole family. Key data around this was included in the Joint Strategic Needs Assessment, which was another key piece of work carried out by Public Health.
5. Members were informed that Torbay was an outlier for poor health of working age people as well as having an aging population with high relatively high proportion of people with disabilities and poor health in poorer areas. There needed to be a more joined up approach looking at the whole population when dealing with health and wellbeing as well as looking at sub-groups where disparities may exist.
6. Members were informed that there was a huge disparity between health services for men and women with more funding for women's health than men and there needed to be a more joined up approach looking at the whole body when dealing with health and wellbeing. Torbay was an outlier for poor health of working age people as well as having an aging population. With high numbers of people with disabilities or poor health in poorer areas.
7. The Sub-Board noted that many different groups had been consulted and engaged with but that people from the LGBTQ+ community felt that they had been over consulted, however, views were obtained from non-binary individuals as well as discussions around transgender. Members acknowledged the need to show sensitivity around gender and show compassion for those involved.
8. Members were advised that part of the Government's National Women's Health Strategy 2022 was the creation of Women's Health Hubs with two year's funding provided to the Integrated Care Board (ICBs). One Devon ICB was working with Public Health Teams across Devon to give better pathways for women's health across the County through GP services in Torbay as Devon was too small an area to create individual Women's Health Hubs.
9. In response to questions Members were advised that the support for women in employment required a holistic approach to supporting women with childcare to enable them access to health services, working with employers to support women who were returning to work. This was one of the proposed workstreams which would be developed over the year.

## **10. Conclusion**

- 10.1 The Sub-Board reflected and debated the information provided to them, both verbal and written and formed the following recommendations to the Cabinet. On being put to the vote, the motion was declared carried unanimously.

## **11. Recommendations**

- 11.1 That the Cabinet be recommended:

to note that the Adult Social Care and Health Overview and Scrutiny Sub-Board noted the Director of Public Health's Annual Report 2024: Women's Health and that the Cabinet be requested to support:

- development of flexible and inclusive employment practices to reflect and encourage women into education and employment;
- raising awareness of the impact of domestic abuse on women who experience it, and the sensitivity of response needed to meet their needs;
- improvement to access, experience and outcomes for women's healthcare through Torbay's women's health hub;
- recognition and support of grass roots women's groups and activities as integral components of mental health and wellbeing provision;
- development of integrated service delivery pathways for women's health care, reducing the need to attend multiple appointments for routine health care; and
- development of inclusive approaches that facilitate and support girls and women to become more physically active.

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# Torbay and Devon Safeguarding Adults Partnership

## Annual Report 2023/24



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## Section 1: Chair's Foreword

### 1.1 Paul Northcott – Independent Chair



The TDSAP continues to thrive due to the dedication and commitment of its membership and the contributions made by those organisations that work in and across the two local authority areas. The Partnership and the members on its subgroups have continued to monitor the progress that has been made against the priorities that were agreed for 2023/24. This has been achieved through audit processes, and we have also undertaken an internal review to identify how we as a Partnership can learn from our past experiences and improve our own structure and delivery.

I have been actively engaged at a regional level and I have attended the National Chairs meeting to ensure that the Partnership remains outward facing and is agile in addressing new and emerging issues within adult safeguarding. Outside of the Partnership meetings I have also met on a regular basis with the two Directors of Adult Social Services and the senior leaders of all the organisations that are represented on the Board which has provided the additional opportunity for me to challenge and seek assurance that services are being delivered to meet the needs of those in our communities. To reduce duplication and to improve the co-ordination across the Partnership I have also attended other strategic meetings which has provided me with confidence that our work is cross cutting and is being jointly delivered.

In the past twelve months the Partnership has made some significant changes to the way that it works. Many of these changes have been highlighted throughout this report and these demonstrate the hard work that has been completed by all of those involved in the Partnership. The Partnership however continues to seek improvements across all areas of our business and we will need to ensure that the learning and improvements that have been identified in the past twelve months have been truly embedded into frontline practice. We will continue to monitor these areas as we move forward.

I am particularly proud of the changes that have been made to quality assure and deliver our Safeguarding Adults Review processes. This has been achieved through the dedication of subgroup members and the commitment that has been shown by all the organisations that have been involved. This work has not been without its challenges, particularly in managing the outcomes and delivery of the recommendations and action plans which has continued to impact on the resources within each agency. To the credit of all concerned and from the evidence from a recent audit we know that systems are now in place or being developed to implement and monitor progress within each agency.

There has also been a clear desire from those in the Partnership to ensure that we increase the involvement of those within our communities who use services. We have looked at national best practice and in the past twelve months have actively moved towards a more sustainable and inclusive model of co-production.

I would like to take this opportunity to thank all the agencies for their contribution to the Partnership.

## **Section 2: Our Purpose**

The Torbay and Devon Safeguarding Adults Partnership (TDSAP) is the collective name for the partners that work with the Board to safeguard adults across Torbay and Devon.

The TDSAP provides strategic leadership for adult safeguarding across Torbay and Devon and is independent, with an independent chair.

The core objective of the Safeguarding Adults Partnership, set out in section 43(2) of the Care Act 2014, is to help and protect adults in its area in cases where an adult has care and support needs and;

- They are experiencing, or at risk of experiencing, abuse or neglect; and
- As a result of those care and support needs, they are unable to protect themselves from either the risk of or the experience of abuse or neglect

The TDSAP acts as the key mechanism for agreeing how agencies work together to safeguard and promote the safety and wellbeing of adults at risk and/or in vulnerable situations. It does this by co-ordinating what each of the TDSAP members does and ensures that they do it effectively.

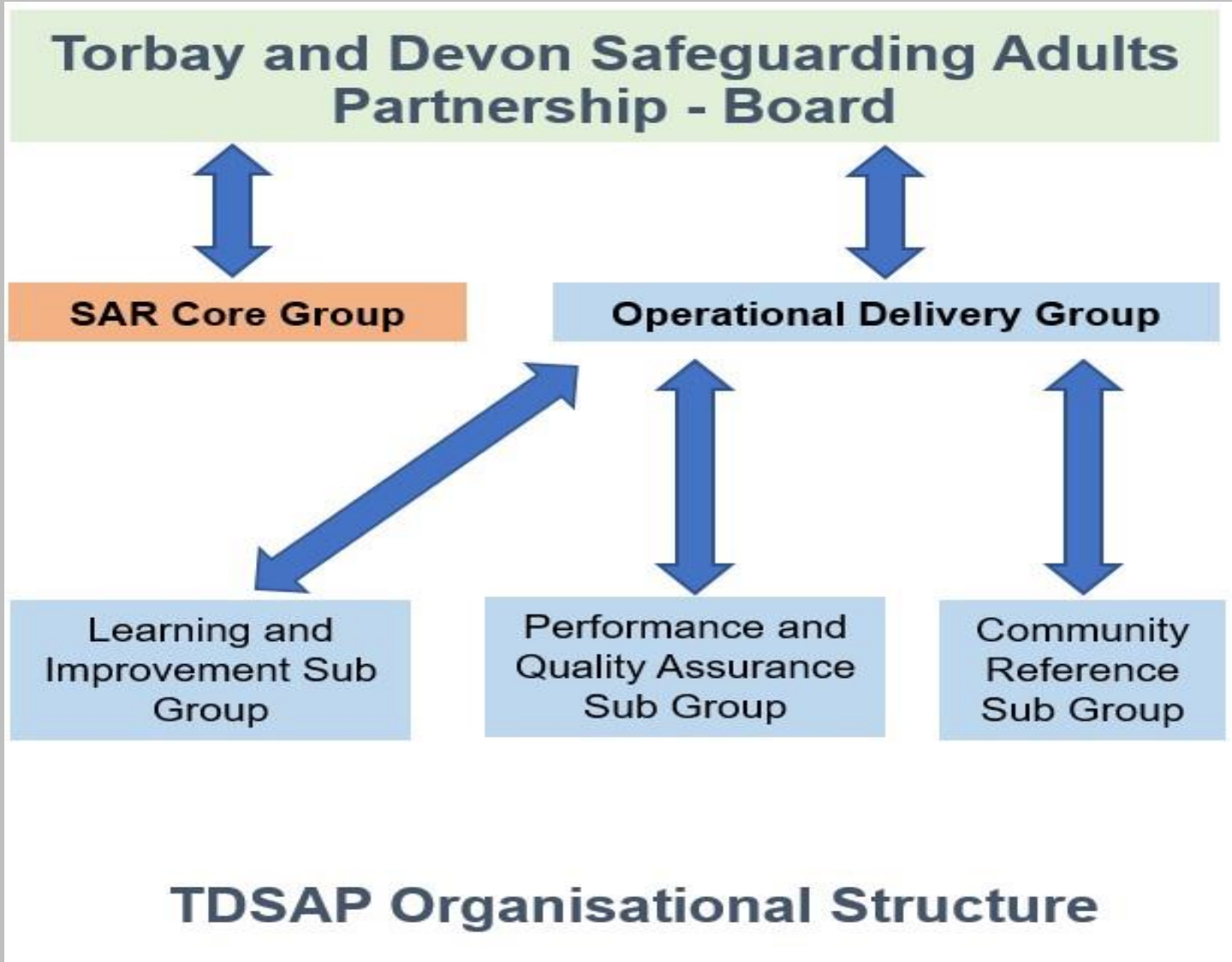
## **Section 3: Our Structure**

The TDSAP has established a meeting structure to undertake work on behalf of the Partnership.

The TDSAP has two groups reporting into the Board namely the Safeguarding Adults Review Core Group and the Operational Delivery Group.

Reporting into the Operational Delivery Group are three sub-groups namely the Learning and Improvement sub-group, the Performance and Quality Assurance sub-group and the Community Reference Group (CRG). These meetings will continue to be supported by the Partnership Practice Lead, Partnership Business Manager and Partnership Co-Ordinators.

The CRG is currently under review to ensure a better focus on co-production, by working in Partnership with people, service users and third sector representatives to raise awareness, improve understanding and shape effectiveness of specific elements relating to the safeguarding of adults.



**Section 4: Our Partnership Members**

**4.1 Statutory Partners**

The Statutory Partners of the TDSAP are Devon County Council, Torbay Council, NHS Devon and Devon and Cornwall Police.



**4.2 Partners**

Other partner members of the TDSAP are:

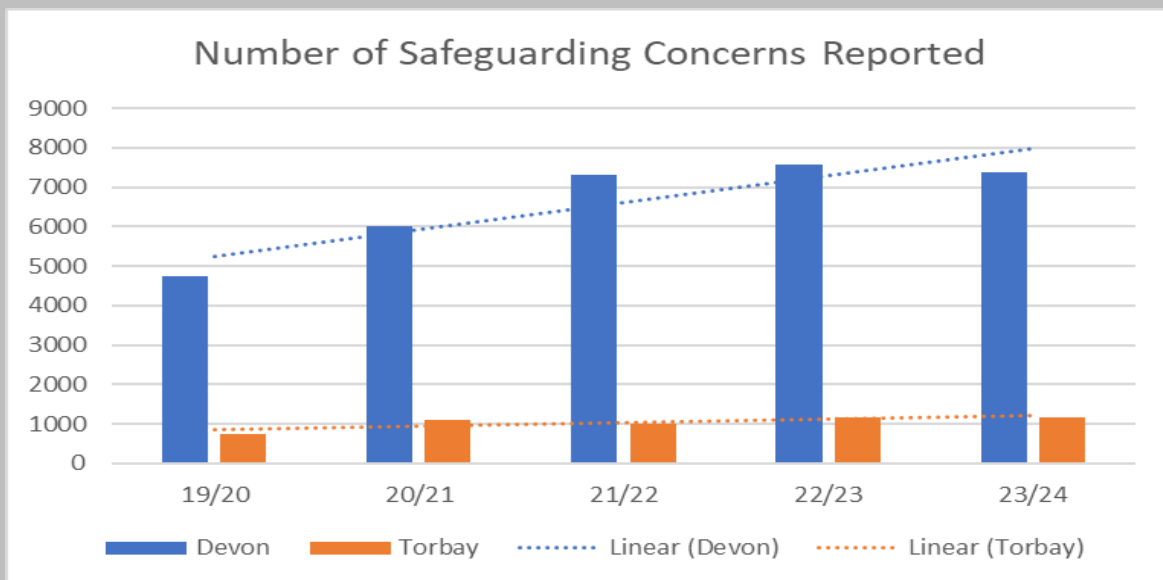
- Torbay and South Devon NHS Foundation Trust (TSDFT)
- Devon Partnership Trust (DPT)

- Royal Devon University Healthcare NHS Foundation Trust (RDUH)
- NHS England (NHSE)
- University Hospitals Plymouth NHS Trust (UHP)
- Livewell Southwest
- Devon and Somerset Fire and Rescue Service (DSFRS)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)
- Care Quality Commission (CQC)
- Healthwatch
- Department for Work and Pensions (DWP)
- Voluntary and Community Services Representatives (VCS)
- His Majesty's Prison Service (HMS)
- Housing Representatives
- The Probation Service – Devon and Torbay
- The Heart of the South West Trading Standards
- District Council Representative

### Section 5: Safeguarding Activity

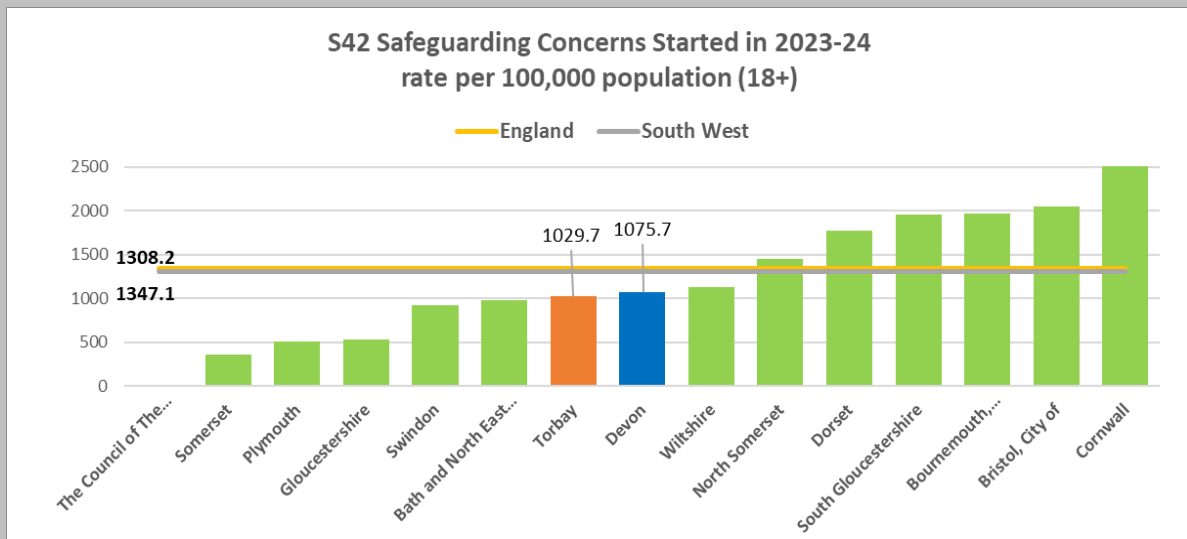
The data below is routinely monitored through the Performance and Quality Assurance (PQA) Sub Group and by Board Members to identify trends and areas for additional scrutiny. This includes variances against national and comparative area data. The data has been included in this report to demonstrate the safeguarding activity over the 2023-2024 period.

#### 5.1 Section 42 – Safeguarding Concerns

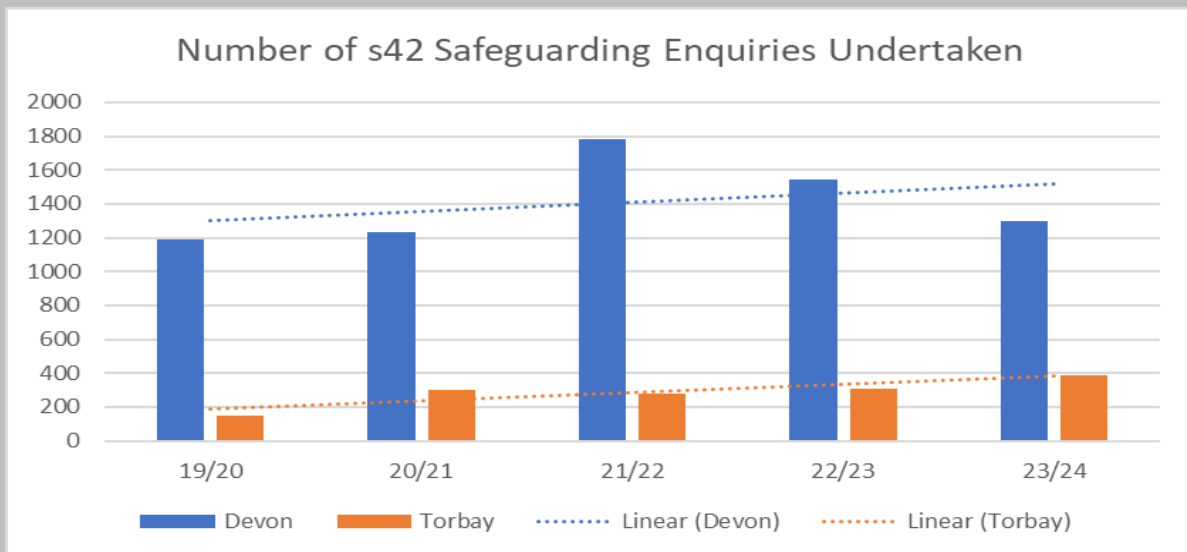


The general trend in the number of safeguarding adults' concerns in Devon has been upwards but there was a fall between 2022-23 and 2023-24. This drop may be due to changes in the front door procedure to Adult Social Care and centralisation of the safeguarding teams.

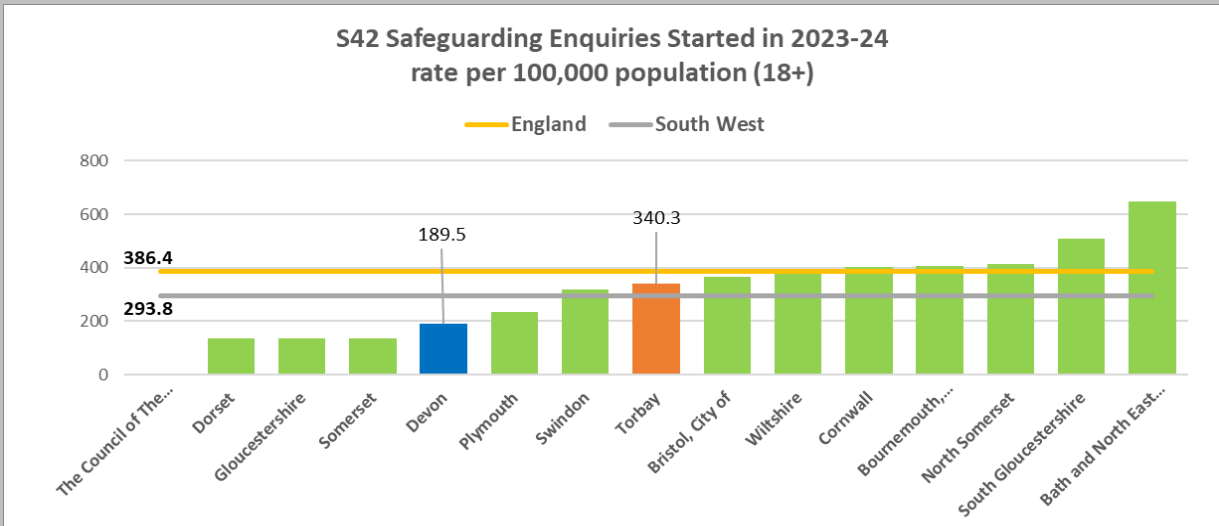
In Torbay, the linear trend continues to be upwards but by only 2% between 2022-23 and 2023-24.



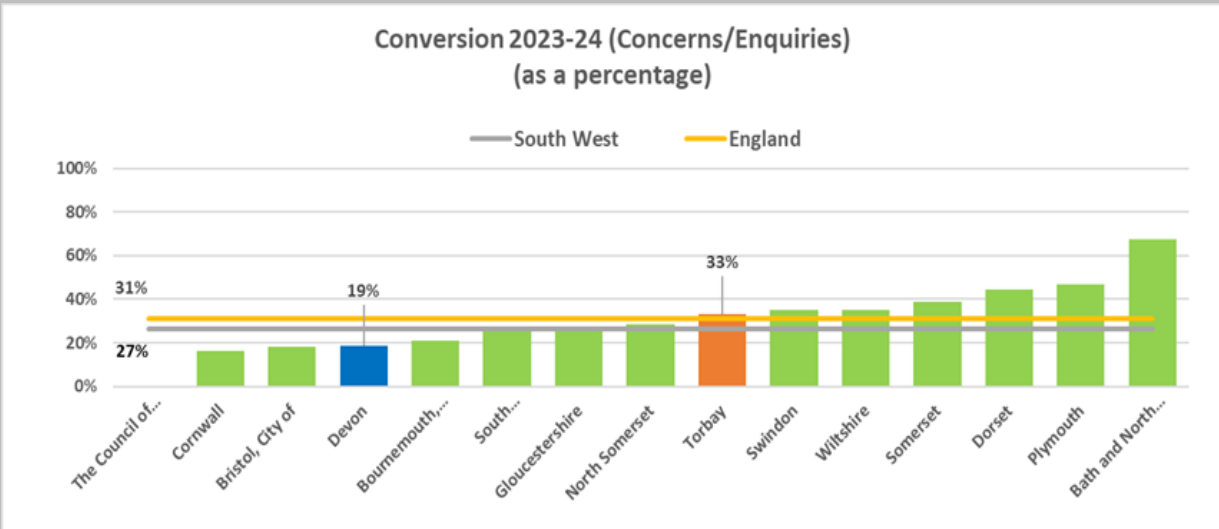
Expressing safeguarding concerns as a rate per 100,000 population (18 and over) allows for comparability. This shows that both Devon (1029.7) and Torbay (1075.7) have safeguarding concern activity levels below the national (1347.1) and regional (1308.2) averages and are at the lower end of the regional comparator authorities.



The number of s42 safeguarding enquiries (concerns that meet the threshold for further investigation) undertaken by Devon are now following a downward trend and have fallen by 16% on the last financial year. Safeguarding enquiry activity levels in Torbay continue to be on an upward trend and have risen by 26% from 2022-23.



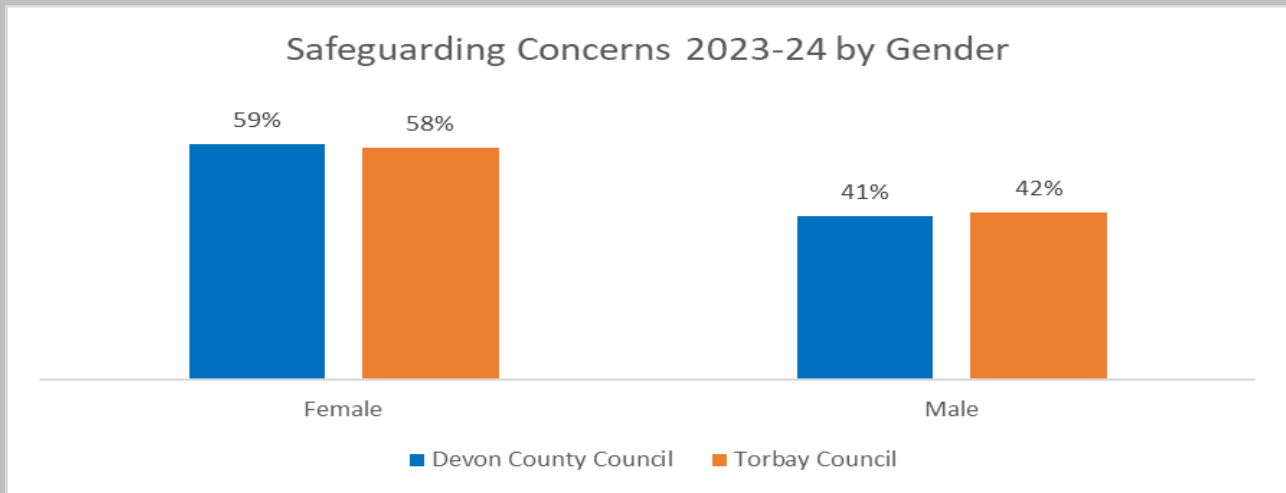
For s42 safeguarding enquiries started during 2023-24, the Devon rate has fallen again to 189.5 from 214.5 in 2022-23. The rate is now substantially below the rate for England (386.4). The rate for Torbay has increased from 271.8 in 2022-23 to 340.3 for 2023-24 and is now above the average for the South West (293.8) but remains below the rate for England.



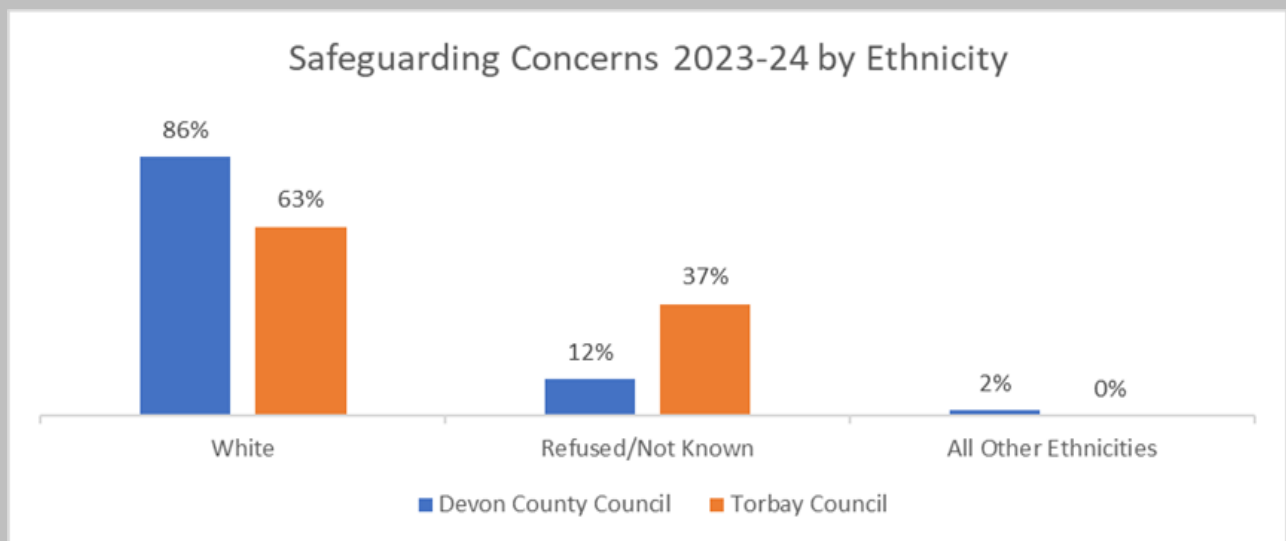
The conversion rate for concern to enquiry for Devon has fallen again this year to 19%, well below the England rate of 31% and South West comparators of 27%. The rate for Torbay is 33%, above both comparators.



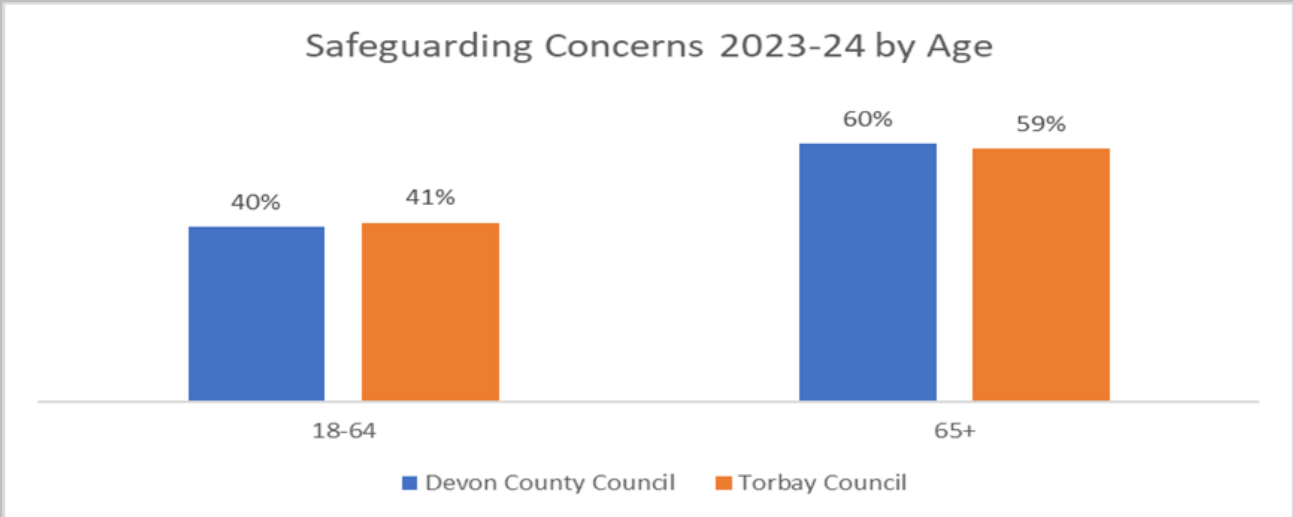
## 2. Demographics



59% of individuals in Devon and 58% in Torbay involved in safeguarding concerns for 2023-24 were female. This is consistent with the national percentage of 57% and with the percentage of females supported by Adult Social Care in Devon and Torbay.

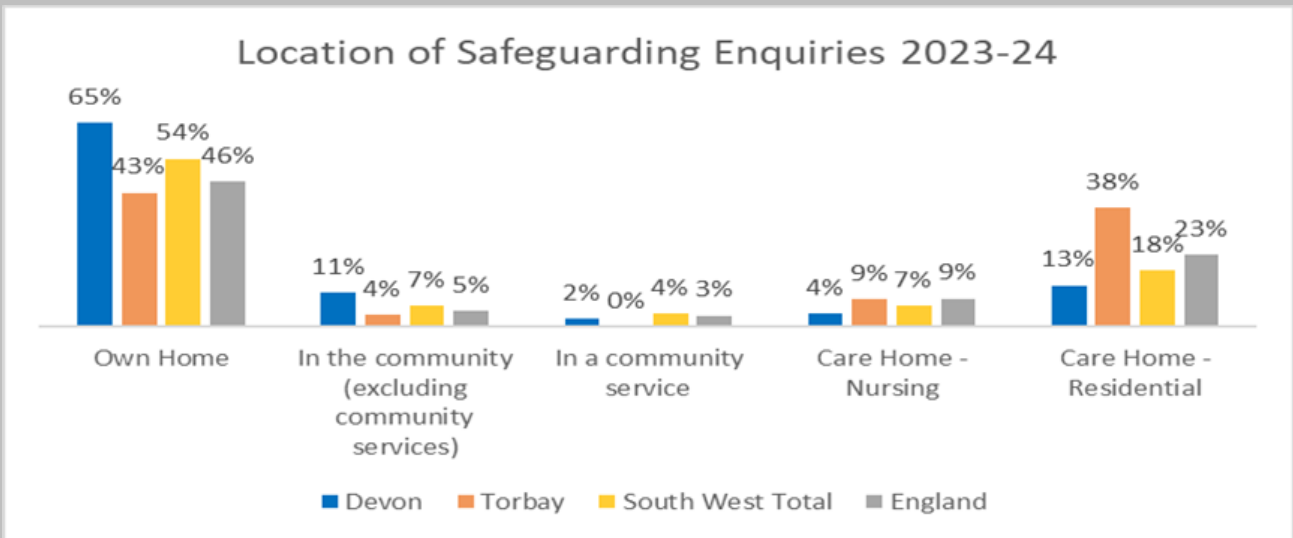


86% of individuals in Devon and 63% in Torbay involved in safeguarding concerns in 2023-24 recorded their ethnicity as white. 82% of the population recorded their Ethnicity as white in the 2021 census. For both authorities, a number of concerns do not have ethnicity recorded (12% in Devon, 37% in Torbay) and this is likely to result in an under representation of other ethnic groups.



60% of concerns in Devon and 59% in Torbay relate to individuals aged 65 and over, although 69% of adults supported by Devon and 65% in Torbay are over 65.

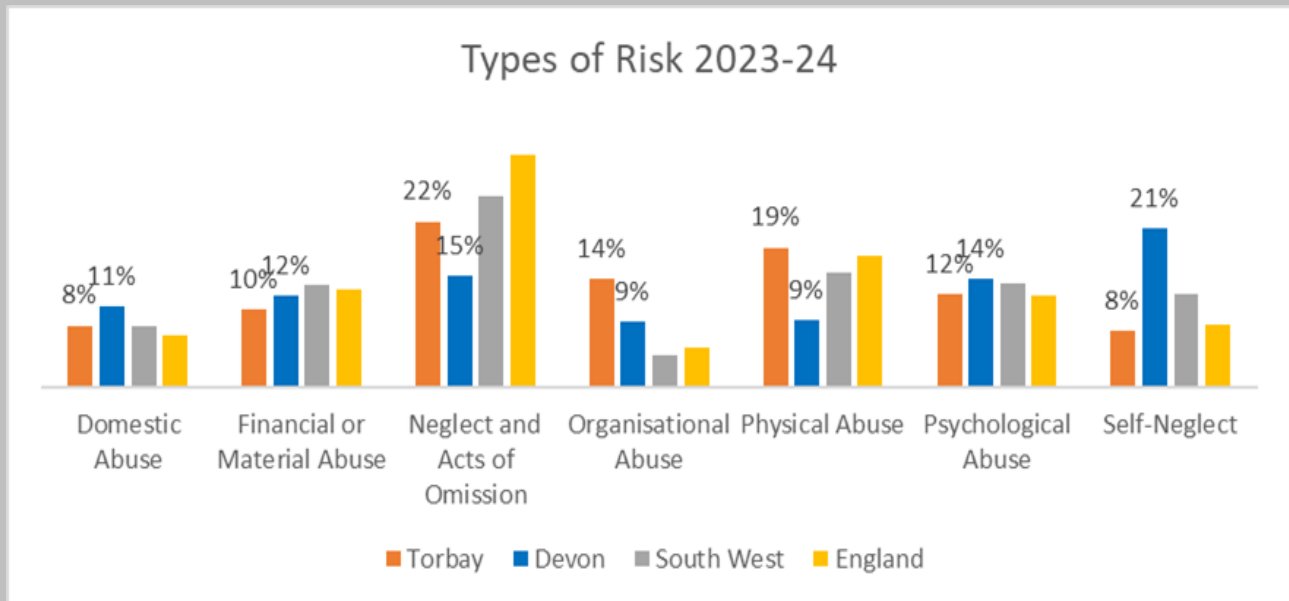
### 3. Location of risk



In Devon, 65% of 542 enquiries and 43% in Torbay took place within the individual’s own home. This is similar to last year for both authorities but still higher than the national picture of 46% for Devon.

The national comparator for enquiries recorded in care homes is 32% for 2023-24. Devon has a rate of 17% which has fallen from 20% in 2022-23. In Torbay the proportion is 46%, similar to last year but continuing to be ahead of the national comparator, probably reflective of the higher proportion of care home beds in the authority.

#### 4. Types of Risk



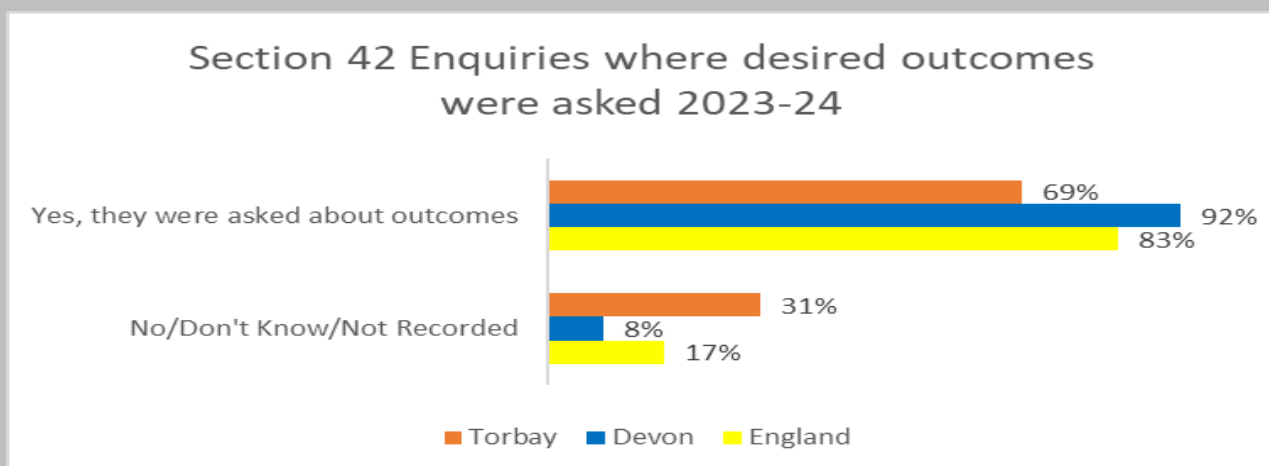
In Devon, the most common sources of risk in 2023-24 were Self Neglect (21%), Neglect and Acts of Omission (15%) and Psychological Abuse (14%).

In Torbay they were Neglect and Acts of Omission (22%), Physical Abuse (19%) and Organisational Abuse (14%).

This is a similar picture for both authorities to 2022-23. For England, the most common sources of risk are Neglect and Acts of Omission (32%), Physical Abuse (18%) and Financial or Material Abuse (13%).

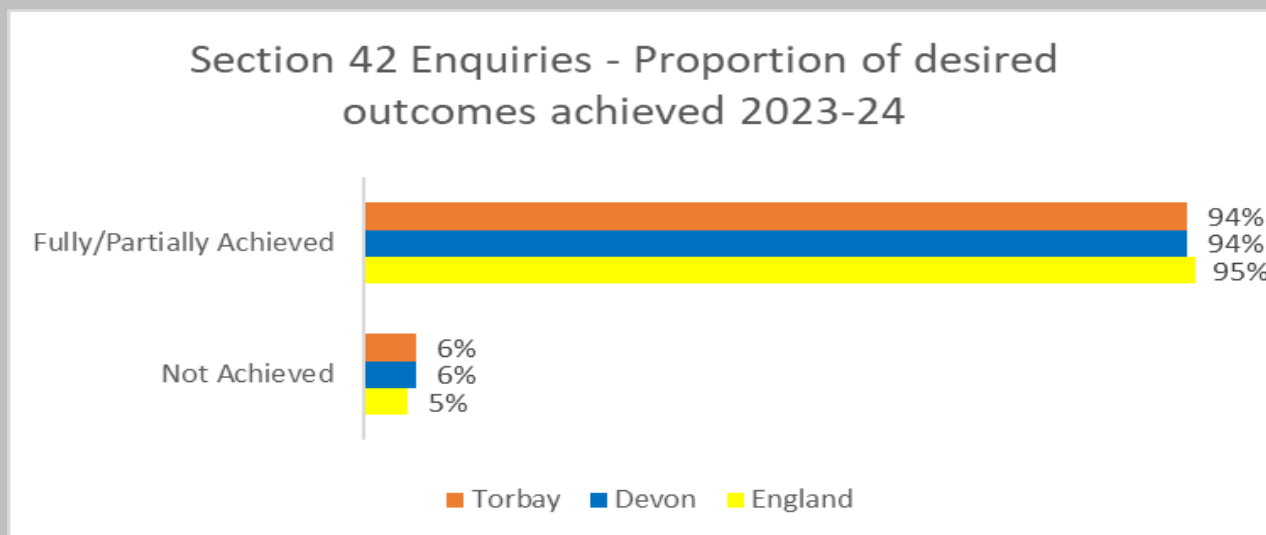
#### 5. Making Safeguarding Personal (MSP)

Approaches to safeguarding should be person-led and outcome-focused.



In Devon 92% of people or their representatives were asked about their desired outcomes in safeguarding enquiries in 2022-23.

In Torbay this was 69%. Not all desired outcome data was able to be captured in Torbay but changes have been made so that this information is now recorded for all s42(1) and (2) cases.



Of those asked about their desired outcomes, 94% in both Devon and Torbay had their outcomes either fully or partially met. The percentage for both England and the regional comparators is 95%.

## Section 6: Safeguarding Adults Reviews (SARs) and our SAR Core Group

### 6.1 Summary

Safeguarding Adults Reviews (SARs) are a statutory duty under the 2014 Care Act for Safeguarding Adults Boards to undertake. A SAR is completed when:

- an adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult
- an adult is still alive but has experienced serious neglect or abuse and there is concern that partner agencies could have worked more effectively to protect the adult
- Boards may also arrange for a SAR in any other situation involving an adult in its area with needs for care and support.

SARs are a way for all agencies of the Partnership to identify the lessons that can be learned from particularly complex or high risk safeguarding adults cases and to implement changes to improve services.

The TDSAP has a dedicated SAR Core Group. The SAR Core Group is responsible for decision making on new SAR referrals and for managing all SARs through to completion. The SAR Core Group maintains effective oversight in relation to the progress of each SAR and reports quarterly to each TDSAP Board meeting.

The SAR Core Group membership consists of multi-agency partners who meet regularly. The SAR Core Group members include representatives from NHS Devon ICB, Torbay County Council, Devon County Council, Devon Partnership Trust (DPT), Devon and Cornwall Police and partner representatives from other organisations as required.

More specific supporting information on SARs can be found on the Torbay and Devon Safeguarding Adults Partnership (TDSAP) website here: [TDSAP Safeguarding Adults Review Multi-Agency Policy](#)

## 6.2 SAR activity during 2023/24

The TDSAP received eight SAR Referrals in 2023/24 from six different partner organisations.

Following thorough consideration of these SAR referrals, the SAR Core Group decided that two of them met the criteria for a SAR review to take place, as defined within Section 44 of the 2014 Care Act.

The themes from these referrals include:

- **Mental health** (any support that people receive to protect or promote their mental health and psychosocial wellbeing).
- **Self-neglect** (a person being unable, or unwilling, to care for their own essential needs)
- **Substance misuse** (Substance misuse develops when you continue to take substances which change the way you feel and think)
- **Neglect/Acts of omission** (the failure to meet individuals basic and essential needs, either deliberately or by failing to understand these).

In 2023/24 the Torbay and Devon Safeguarding Adults Partnership completed six SARs, all of which were published on the TDSAP website.

With all SAR reviews, the identified learning and SAR recommendations are progressed and embedded into operational practice. The purpose of a SAR is not to reinvestigate or to apportion blame. It is an opportunity to uncover learning for all partner agencies involved and to make changes to practices in the future.

More information is available on our website about SAR Thresholds, how to complete a SAR [Referral](#) and our [previously published SARs](#)

## 6.3 Published SARs (including date of publication)

### 6.3.1 SAR Erik (April 2023)

Erik was a 48-year-old man described by long standing family friends as having had very poor social skills with mild/moderate learning disabilities.

Erik's mother was the one stable feature in his life. Over the last few years, she had become increasingly ill, resulting in 24 hour residential care. This stability that Erik had from his mother for much of his life faded away leaving Erik isolated and vulnerable.

He was highly motivated and worked for a landscape gardener. Erik greatly enjoyed this and is said to have excelled in this role. However, this came to an end which further diminished Erik's network and exacerbated his isolation. Although he was subsequently employed with a cleaning company, this ended abruptly and is said to have been due to inappropriate behaviour.

Erik was found hanging from scaffolding in Exeter on the 1st April 2021.

The death followed a number of concerns that identified Erik as a victim of cuckooing and being taken advantage of by others. There were also concerns about Erik experiencing anxiety, low mood and social isolation. Erik was described as vulnerable due to alcohol dependency and learning difficulties. The review identified that Erik also had vulnerabilities from past trauma and losses.

Learning identified include:

Although Erik was known to a number of partner agencies, and there is evidence of pockets of good practice, not all partner agencies recognised Erik as a victim of cuckooing.

The TDSAP Escalation protocol was not used as a means to address professional disagreements regarding the risks and escalating concerns identified by some partner agencies.

Professional curiosity should have been applied to understand Erik's inconsistency in his wish for support by partner agencies. Partner agencies to increase awareness and understanding that people such as Erik, who had known criminal offences himself, are targeted intentionally by those who exploit knowing that he would have been reticent to involve the Police and may have been seen as an unreliable witness.

Taking a trauma informed approach will support engagement and a focus on how communication can be tailored to people with complex needs, such as Erik, to ensure understanding when there is non-engagement from the person.

The lack of specific legal framework and 'cuckooing' as an offence has resulted in TDSAP sharing the full SAR Erik report with the Drugs Supply and County Lines Unit at the Home Office and with the National Crime Agency, so that it can form part of the evidence gathering for potential future legislative developments specifically around cuckooing.

The full SAR report is available [here](#)

### **6.3.2 SAR Hermione (June 2023)**

The Torbay and Devon Safeguarding Adults Partnership commissioned this SAR in respect of Hermione who experienced serious harm in circumstances where agencies could have worked together more effectively to prevent this.

Hermione, a white female, has diagnoses of Autism Spectrum Disorder, Tourette's Syndrome, Post Traumatic Stress Disorder and ADHD.

After expressing her intention to attempt suicide, Hermione was detained in children's psychiatric units under section 3 of the Mental Health Act in Devon, then a paediatric intensive care unit in Berkshire prior to her 18th birthday, when she was discharged home to Devon.

After a period at home, Hermione was placed in a residential college for young people with autism in Somerset which broke down due to Hermione's self-harming behaviour and suicide attempts. Hermione moved to a second specialist autism college with onsite mental health support in Dorset in early 2020, where her self-harm continued to escalate.

The college gave notice because Hermione was making plans to take her life and because a specialist placement could not be identified. A multi-disciplinary professionals meeting agreed a care plan to temporarily support Hermione in a hotel in Devon with a package of 3:1 support. However, Hermione absconded out a window and drank several bottles of Calpol, sending a note by email to her college that indicated her intention to take her life.

She took a train, intending to travel to Beachy Head, but had to disembark after becoming ill and was found by Police in Wiltshire. Hermione was taken to an acute hospital in Wiltshire where she was placed in an induced coma after an urgent decision was taken by clinicians to deprive her of her liberty and a best interest decision made to give life-sustaining treatment, before being made subject to a DoLS authorisation in the emergency department.

After being brought out of the coma, Hermione was assessed as not being detainable under either the MHA or DoLS. She was subsequently transferred to a psychiatric ward in a Dorset hospital, first as an informal patient and then detained under the MHA, before being moved to a high dependency rehabilitation unit where she was diagnosed with Emotionally Unstable Personality Traits and her mental health stabilised after a lengthy period of time.

Learning identified include:

All partners to consider reasonable adjustments to ensure services are provided in a way that works equally well for people with neurodiversity.

When people with autism and/or learning disabilities are challenging behaviours, partners need to ensure that detailed behavioural support plans travel with the person during any transfers.

Skilled health assessments to be included in all EHCP when planning for adulthood.

Partners should ensure transitions pathways and interagency escalation policies are well publicised and leadership support where robust and timely transition plans are not devised and implemented,

Where a person has frequent mental health admissions, clinical staff on key wards should attend multi-agency professional meetings to strengthen an integrated approach between hospital mental health teams and the wider professional network.

Partners should ensure that clear contingency planning is taking place for all residential placements and that proactive and timely arrangements are made for alternative provision when a provider has given notice due to escalating risks that they feel unable to manage.

Partners to ensure that a rigorous Mental Capacity Act (2005) training programme is in place for staff that include the concepts of executive and fluctuating mental capacity.

The profile of advocacy services to be raised to ensure provision of advocates to support individuals' involvement in decision making process and enable timely challenge where appropriate.

Partners to ensure that restraint processes in all Health and Social Care settings comply with the Restraint Network Training Standards and those applying restraint have been trained in BildACT accredited training.

The full SAR report is available [here](#)

### **6.3.3 Devon Multi Agency Systems Review (July 2023)**

The Devon Multi Agency Systems Review identifies the learning following five homicides in Devon, between 2018-2019. This report has a focus on mental health care and management in custody. Primary focus of this review is on the learning from three homicides that occurred in 2019 by the same individual, referred to as Mr A.

Although Mr A met the criteria for a Safeguarding Adults Review (SAR), it was decided that a multi-agency systems review, led by NHS England and Improvement (NHSE), would be the most appropriate methodology to uncover the systems learning.

The full report is available on the NHS England publications page [here](#)

### **6.3.4 SAR Alec (October 2023)**

Alec, a white male, was in the Royal Engineers and served his full time with them. He rose to the rank of Staff Sergeant and was awarded the British Empire Medal. Over the years, he did tours of duty in Germany, the Falkland Islands, several places in Great Britain and, notably, twice in Northern Island during the troubles when he was in charge of a small group who had the task of clearing booby traps from buildings. That experience had a profound effect on him.

It is highly likely that he suffered from undiagnosed PTSD, which he self-medicated, as the years went by, with increasing amounts of alcohol and drugs. His trade in the army was as a pipeline engineer which expertise could have led to very profitable work when he left the forces. However, this would also have led to further periods of working away from the family which he did not want.

Like many ex-servicemen and women, he found adjusting to civilian life difficult. He set up a business involving furniture restoration and buying and selling second hand goods. This lasted for some years but once that failed his marriage broke down and over time, he lost touch with his family. As early as the year two thousand he was showing early signs of mental health problems.



He left Plymouth and began moving from place to place, without letting members of the family know where he was.

Alec was admitted to hospital following a 999 call and attendance at his home by the ambulance on 1<sup>st</sup> April 2022. Safeguarding concerns were raised by a nurse on the hospital ward and the ambulance crew on the basis of self-neglect. The crew documented that in their view he had been living in squalor and that the house was not fit for human habitation. He was described as emaciated.

During the 12 months prior to his death Alec had been treated as an outpatient at Tiverton District Hospital and seen on a number of occasions by staff at the Mid Devon Medical Practice. A doctor had visited him at home on the 30<sup>th</sup> March, two days prior to his admission to hospital.

Alec passed away in hospital on 5<sup>th</sup> April 2022 at the age of 70. The cause of death was pneumonia following a stroke.

Learning identified includes:

Two of the recommendations from the Thematic SAR Self-Neglect is also pertinent to Alec, the need for multi-agency meetings to be facilitated in cases of self-neglect with escalation where partners do not support this; and to ensure that the current training offer of all partner agencies include self-neglect, and legal literacy with respect to safeguarding, mental capacity Act (2005) practice, consent and information sharing.

Self-neglect guidance to be updated and promoted to improve staff understanding and confidence in assessing when this becomes a safeguarding matter.

The importance of risk assessments to be undertaken in circumstances of significant self-neglect and to promote the role played by the Fire Service Home Safety team in attending to individuals who hoard.

Mental Capacity Act (2005) training to increase practitioner awareness of the concept of 'executive' mental capacity and its significance when assessing individuals who self-neglect.

The full SAR report is available [here](#)

### **6.3.5 SAR Tony (November 2023)**

Tony, a white British male, had a successful and varied career. From 1993 until his return to the UK in 2008, he spent his life in France. Tony has been described as a very patient man, one who was practical, supportive, independent and easy going.

Tony was diagnosed with several serious health issues over a number of years. These included bladder cancer, chronic obstructive pulmonary disease and rheumatoid arthritis which contributed to a sharp decline in Tony's health in the last few years of his life. His mobility worsened, he experienced visual disturbances, a decline in his memory and he became noticeably frailer. Tony became more vulnerable to falls exacerbated by further diagnoses of osteoarthritis and postural hypotension.

In November 2020 Tony was admitted to an acute hospital emergency department with concerns of reduced mobility, reduced appetite and a urinary tract infection. Following treatment he was

transferred to a Community Hospital setting for ongoing rehabilitation. Tony fell during this time sustaining a fractured hip resulting in a transfer back to acute care for surgery. Two weeks later Tony was transferred back to the Community Hospital setting for rehabilitation and a further three weeks later to a residential care home for ongoing rehabilitation. Less than two weeks later he was admitted back into acute hospital care with a suspected dislocation of his new prosthetic hip joint and emergency surgery was completed.

Tony died in February 2021 at the age of 89. At this time the UK was in its 3<sup>rd</sup> lockdown period of the Covid-19 pandemic.

Tony leaves a wife, Anne, who has very much been involved in allowing the review to build a picture of not only Tony as a person but how the health & social care system has responded to Tony as a patient/client and herself as a carer.

Learning identified includes:

Considerations whether service provision for those deemed to be severely frail is effective and commensurate with demand, specifically vulnerability to falling and the local and national impact on health and social care organisations and people such as Tony.

Improvements in transference of care between two GP practices as Tony was temporarily registered with a new surgery when he transferred into a residential care home short term. Clinical care was impacted by the 'incoming' practice only having limited access to electronic records.

Improvements in medication prescribing and ensuring medication is available as early as possible.

The review acknowledged the TDSAP Guidance on Safeguarding and Falls; and Safeguarding and Medicines Management that had been developed and published, and recommended recirculating and promoting this guidance.

It further identified the need for improvement of unpaid carers' experience in terms of accessing support, the quality of advice, timeliness and ensuring the offer of a carers assessment.

The full SAR report is available [here](#)

### **6.3.6 SAR Stephen (November 2023)**

Stephen was a 60-year-old man of white UK heritage who lived alone in a property left to him in Trust after his father died in June 2017. He is described as having a 'mild to moderate' learning disability. In court reports he is also referred to as a person with autism, although he had never been diagnosed.

Stephen is reported to have been proud of owning his own home and of his possessions. Stephen had experienced significant bereavements. He lost his mother, followed by his father going into a nursing home and dying in June 2017. The family dog died around two years before the time considered in this SAR. Stephen kept the possessions of those he loved in the bungalow, he could not bear to let them go. Stephen would not let support workers clean or interfere with his possessions, he did not want items in the house touched or repairs made to the house. Stephen's toilet was broken, he had numerous electrical items plugged into a chain of

leads which created fire risk. Stephen did not want to move away from the bungalow and its memories.

Stephen was supported by Lifeways Community Care for ten years prior to his death. He was well-known to everyone in the local area who worked at Lifeways, he was chatty and would frequently telephone office staff as well as the helpline. He had the same support workers for many years and viewed some of them as family.

Stephen is described as a friendly and gentle person who wanted desperately to be liked. Stephen was heterosexual and saw himself as wanting a girlfriend.

Stephen could be overfriendly with people. He wanted to please people, to be liked. He invited people he had not met before back to his bungalow, giving his address and personal details to strangers. He was extremely lonely and either because of his feelings of isolation, and/or his struggle to use and weigh the information given to him by his support workers about risks, he placed himself in risky situations.

Stephen appears to have had a long history of alcohol use which impacted on his daily life. Stephen had not had support to reduce his drinking or to deal with the experiences or emotions that might be leading to increased use. Stephen did not have a great deal of money to spare. If Stephen was very intoxicated with alcohol this was usually because others had supplied it.

Concerns were raised regarding Stephen's increased self-neglect, daily use of alcohol and increased levels of confusion. There was a view that he was deteriorating physically and mentally. There were delays in addressing these concerns. Stephen was murdered on the 14<sup>th</sup> December 2020. His body was not found until the 17<sup>th</sup> December as he had cancelled his support on the 15<sup>th</sup> December prior to this and no-one attended to Stephen on the 16<sup>th</sup> December.

Learning identified includes:

Safeguarding services to ensure practice includes vital conversations with referrers as part of information gathering regarding concerns. Expectations of the 'four stages' of safeguarding should be communicated to referrers, as this can inform them as to whether an agreed escalation pathway should be accessed to maintain their duty of care towards the individual for whom they have raised a safeguarding concern.

Policy, procedure, and guidance, including website materials, can be difficult for referrers to navigate and need to be aligned to promote consistent awareness of possible forms of abuse for a variety of users.

Consistent use of risk indicator and assessment tools will ensure a focus on potential safeguarding concerns. These tools to be updated frequently to reflect new knowledge and trends.

Safeguarding practitioners should receive specific support and supervision regarding decision-making in practice.

It is essential to continue to build working Partnerships that respect and listen to the skills, knowledge and experiences of partners who work in provider settings.

It is important to recognise the type of Enquiry needed (under Sect 42 of the Care Act (2014) and to be confident in leading and coordinating a multi-agency approach. Multi-agency approaches bring resourcefulness in creating protective options in complex situations.

Person centred safeguarding is not just about supporting a person to express their views and wishes, but about creating a relationship in which the person is facilitated to explore all the objectives of an enquiry, not only about risk and protection options, but also redress, recovery and resolution.

Partner agencies have a duty of care toward their employees. A published offer explaining the supports available, together with attention to the needs of those involved in tragic events, will not only fulfil the organisation's duty but also contribute to a learning and resilient workforce.

The full SAR report is available [here](#)

## **Section 7: TDSAP Priorities 2021/24**

Under the Care Act 2014, the TDSAP must develop and publish a strategic plan that clearly sets out how it plans to achieve all its statutory objectives.

In developing this strategic plan, the Partnership has worked closely with partner organisations and sought input from community groups, to develop a set of priorities that best reflect the needs of Torbay and Devon.

The work of Partnership is not exclusive to these priorities: flexibility is a key characteristic of the TDSAP and priority will also be afforded to urgent themes and risks that present themselves throughout the plan period.

The TDSAP Board agreed these four strategic priorities for the period from 2021 to 2024.

- 1. To embed the learning from Safeguarding Adults Reviews (SARs) into organisational practice**
- 2. To improve outcomes for people with needs for care and support by finding the right solution for them**
- 3. To work with partners to better understand and reduce the risk of 'Hidden Harm'**
- 4. Improving Involvement and Engagement with people in receipt of safeguarding services**

The TDSAP sub groups are assigned responsibility for completion of specific activities that support the 4 strategic priorities.

The Operational Delivery Group (ODG) holds the overall responsibility for completion of the business activities delivered by the sub groups and reports on progress to each TDSAP Board meeting.

The purpose and key achievements of the sub groups, to support delivery of the strategic priorities, is detailed in section 8 below.

## Section 8: TDSAP Sub-Groups

### 8.1 Community Reference Group

The purpose of the Community Reference Group (CRG) is to support the TDSAP by enabling the voice of people with a lived experience of safeguarding and relevant public perspectives across Torbay and Devon to inform future practice.

To achieve this purpose, the group have engaged with voluntary and community sector groups to find out what is understood by the term 'safeguarding' and provide insight into how awareness and reporting of safeguarding concerns might be increased. The CRG has also been able to give a view on the development of safeguarding policies and strategies, including the development of the TDSAP business priorities and the TDSAP annual report.

In early 2024, the TDSAP commissioned a review of the CRG. This review identified the need to better engage in **co-production** by working in Partnership with people, service users and third sector representatives to raise awareness, improve understanding and shape effectiveness of specific elements relating to the safeguarding of adults.

The review recognised that an approach of co-production allows those best placed to help design, shape and deliver specific aspects relating to safeguarding adults.

Co-production is a collaborative approach. It means involving those who receive support, along with their family, friends and carers with planning and delivery.

### 8.2 Learning and Improvement Sub-Group

The Learning and Improvement sub group has had a busy year reviewing its Terms of Reference and continuing to focus on driving learning and practice improvements across partner agencies resulting from the recommendations from Safeguarding Adults Reviews, and other identified focus areas for learning and development.

Due to the large number of Safeguarding Adults Reviews published by TDSAP there are currently ten SAR action plans being worked on by members of the Learning and Improvement sub group on behalf of the partner agencies they represent.

Areas of development include:

- *Learning from SAR recommendations – Improved communication and sharing of information when there are safeguarding concerns.* This sub group steered the adoption of a Safeguarding Information Sharing Protocol by partner agencies. It has continued to successfully work with partners to increase sign up to this protocol as published on the TDSAP website.
- *Learning from SAR recommendations – Highlighting the risks of financial abuse which could be posed by anyone and the need for robust recruitment processes.* The TDSAP financial abuse page has been refreshed and updated with improved information and links to further support. A provider briefing was co-produced with the Devon Care Home Collaborative highlighting the risks of financial abuse and the identified learning; with links to essential

recruitment tools. This briefing was circulated to the provider networks across Torbay and Devon.

- *Learning from SAR recommendations – Responding to situations when people in crisis are presenting risks to themselves or others.* The development of a crisis advice flowchart, led by one partner, supported by the group, to ensure appropriate steps are taken by a partner agency when they become concerned that an individual may be experiencing a mental health crisis.
- *Learning from SAR recommendations – Accessing support with safety and contingency planning when working with older couples where there is domestic abuse present in the relationship.* A practitioner briefing was developed and circulated to partners which highlights the prevalence of domestic abuse in relationships of older people. It brings together a range of resources and access points for specialist advice and support. Domestic abuse charities across Torbay and Devon are currently working with the group to refresh current guidance around domestic abuse and unhealthy relationships.
- *Learning from SAR recommendations – Lessons learned regarding exploitation in the form of cuckooing and the need for partner agencies to work together better to protect individuals more effectively in such circumstances.* Practice guidance were adopted under the Partnership to support practitioners in such circumstances. A practitioner briefing was developed to highlight the learning and to promote the TDSAP Escalation protocol where there are concerns about how partners work together in such complex circumstances to protect people.

Other areas of learning also remain a focus of this sub group where it is identified action is required to raise awareness and promote the protection of adults at risk. Following the development locally of a vodcast on Predatory Marriage, further work has taken place with the Forced Marriage Unit in London, registrar services across Torbay and Devon and with other partners, to ensure further preventative work remain a priority.

The Learning and Improvement sub group continues to monitor closely the Partnership training offer and uptake from partners, including the private, voluntary and independent sectors. Demand continues to be high for all course presentations. All courses are running well, with good attendance and positive feedback from attendees. All course presentations remain virtual at this time and is reviewed on a regular basis.

### **8.3 Performance and Quality Assurance Sub Group**

The Performance and Quality Assurance (PQA) sub group supports the Torbay and Devon Safeguarding Adults Partnership to take a strategic overview of the performance and quality of safeguarding activity across Torbay and Devon.

The Quality Assurance Framework is underpinned by the Care Act 2014 safeguarding principles. This includes the expectation that learning from quality assurance will be shared with partners to bring about positive change to practice and to improve outcomes for adults with care and support needs and their carer's. The group meets quarterly, has clear terms of reference and a robust quality assurance framework and guidance which has been recently reviewed to support a renewed focus for the next 12 months.

The PQA supports the safeguarding Partnership to look at what we do, how well it is done and what difference we can make to improve and enhance operational systems and processes. Over the last year a partner audit with a specific focus on hidden harm has been completed which demonstrated that partner agencies are committed to taking the learning from SARs to improve practice culture whereby staff are being supported to identify hidden harm signs at earlier opportunities. This work is far reaching and continues in line with the Partnership's strategic priority regarding the reduction of hidden harm.

During 23/24 the group undertook the TDSAP Annual Safeguarding Assurance audit. All partners contributed to the audit and have provided assurance and evidence to the TDSAP Partnership Board of continued multiagency engagement by all partners and continuously working to improve involvement and engagement with people who are experiencing safeguarding processes.

The sub group regularly reviews safeguarding adult performance audit data which supports the identification of areas where further assurance focus work is required. An example of that would be the current focus (2024/25) of the group regarding self neglect practice improvements which link closely with the Partnership's strategic priorities regarding embedding the learning from SARs and improving the outcomes for people with needs for care and support by finding the right solution for them.

The PQA has further plans for a self-assessment audit of partners' safeguarding processes, a multiagency audit regarding embedding learning from SARs and plan to complete a comparison review of prior and current Torbay and Devon SAR's in order to identify recurring themes and understanding what further work needs to be undertaken to ensure that this learning is in fact embedded within safeguarding practice across the safeguarding footprint.

#### **8.4 Operational Delivery Group**

The TDSAP Operational Delivery Group (ODG) meets quarterly and is responsible for delivering the activities to support the TDSAP strategic priorities.

The group also considers safeguarding adults multi-agency practice, process and systems across Torbay and Devon to ensure that there is effective communication and quality working practice in place. The ODG does this to ensure that members of the public and services users are protected from potential abuse and harm.

A key purpose of the ODG is to ensure that the Learning and Improvement sub-group, Performance and Quality Assurance sub-group and the Community Reference sub-group (currently under review) report directly to the ODG on progress of priority activities from their respective sub groups.

To further address the strategic priority in relation to Hidden Harm, the ODG convened a multi-agency task and finish group to consider the progress of Hidden Harm activities across the system, with a specific focus on work currently taking place, future plans and identified gaps from partners.

The T&F Group provided the ODG with three specific multi-agency areas to focus on.

- 1) Raise the awareness of Hidden Harm across partner organisations to assist and develop operational staff.
- 2) Develop coercion and control practice guidance for operational use across partner organisations
- 3) Update existing multi-agency training offer to include specific focus on hidden harm, especially in the context of self-neglect.

The approach taken has provided a good level of assurance, with specific examples to report back to the full TDSAP Board. All partners will continue to develop and progress their own activity with future assurances to be provided to the ODG.

During the past 12 months the ODG has had excellent representation from across the Partnership and demonstrated a strong commitment to shared ownership of the Partnership agenda. Tasks are also followed through, outside of the ODG meetings, to ensure priorities are completed in a timely manner.

## **Section 9: Summary of Partner Achievements During 2023/24**

Below is a selection of the key partner achievements, in relation to safeguarding adults, during the year:

### **9.1 Devon County Council (DCC)**



DCC have centralised the 3 locality based safeguarding hubs to enable a single point of contact for all Safeguarding Adult Concern referrals made to Devon County Council. The intention is to deliver an equitable and timely response to Safeguarding Adult Concerns referrals and timely decision making and communications in relation to Section 42 of the Care Act (2014). The service will consist of a single management and leadership structure operating across the County.

DCC have developed a range of practice support guidance and tools around working with people who self-neglect and associated SharePoint page to support better practice. This was in response to the learning identified through the TDSAP thematic SAR self-neglect.

DCC have introduced Integrated Adult Social Care practice standards which includes safeguarding practice. Alongside this, a new Practice Quality Review tool and report examining the quality of safeguarding adult enquiries has been produced. This enables DCC to demonstrate quality assurance of completed safeguarding adult enquiries.

Within the Public Health and Communities Directorate, the team have continued to develop and strengthen the partnership that supports the Real time Surveillance System for suspected suicides.

Information from the police is received weekly and protocols are currently being revised to identify suicide clusters in order to prevent future deaths.



Public Health supported the Themed Adult Safeguarding Review into Mental Health. The commissioned Drug and Alcohol Treatment Services (Together) were a key part of the SAR panel.

Public Health continue to work in partnership with members of the Board and wider community to reduce preventable deaths relating to suicide and substance use including, issuing drug alerts and developing an incident response plan linked to preventing drug related deaths in Devon. Public Health have championed the need to review deaths of the homeless population, often as a result of deaths of despair

The Public Health team are currently reviewing the Suicide Awareness section on the TDASP website and working with Colleagues across Torbay and Plymouth to host a conference exploring the links between suicide and Domestic Violence and Abuse.

## 9.2 Torbay and South Devon NHS Foundation Trust (TSDFT) / Torbay Council



Services include a delegated responsibility from Torbay Council for local authority safeguarding duties. We often see the benefit of our integrated services in our local safeguarding system, by providing timely health and social care responses to the safeguarding concerns we receive.

Torbay continue to receive qualitative feedback from people who experienced a safeguarding response through independent quality checkers. Feedback continues to be very positive. People tell us that they feel included and listened to, that the process is fully explained to them and that they value the safeguarding response. In the past 12 months we have introduced a qualitative feedback system for people's representatives and people living in care settings.

Within our health regulated services, the Friends and Family Test (FFT) is an important feedback tool that supports the principle that people who use NHS health services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. When combined with follow-up questions, the FFT provides a method to highlight both positive and negative patient experience.

Our safeguarding team in our health regulated services continue to expand their expertise, providing guidance, support, advice, and safeguarding supervision to a wide range of services and teams across community health and acute settings. In the past 12 months, we have continued to focus on further embedding the Mental Capacity Act into practice and improving responses which establish safety plans based on robust risk management in cases of domestic abuse.

Within our adult social care services, we have developed new resources to support Mental Capacity best practice, including three new Mental Capacity Act short films for care home managers on making best interest decisions, preparing for and understanding Mental Capacity Act assessments. We have also responded to peer review recommendations by improving live safeguarding data to support our oversight and performance in response to safeguarding concerns.

All our services demonstrate a continuous commitment to promoting learning from safeguarding reviews and other learning reviews. Other than Mental Capacity Act recommendations we have, for example, seen increases in safeguarding duties being used to support people with care and support needs who self-neglect and those who experience domestic abuse.

As an organisation that covers Torbay and Devon local authority geographical boundaries we continue to recognise and support the value of the Torbay and Devon Safeguarding Adults Partnership (TDSAP) and its capacity to create a consistency of approach in local safeguarding arrangements. We very much welcome being part of the TDSAP and will continue to support its arrangements as needed.

### 9.3 Devon and Cornwall Police



Following several SARs that highlighted the need for early identification of risk we now have introduced a process within our Central Safeguarding Team whereby repeat low grade Public Protection Notices (PPN) are flagged for a review. Now, if an individual has 3 or more low grade PPNs submitted within a 3 month period, it is flagged for review so that officers can assess whether risk is escalating or whether, by looking at the incidents in a wider context, rather than as isolated incidents, the risk level should be raised and more proactive safeguarding measures taken with partners.

Fraud is the most commonly experienced crime in the UK, affecting UK society economically and socially and disproportionately impacting upon vulnerable adults. Devon and Cornwall Police has introduced a Fraud and Triage Support Team within that sits within the Serious and Organised Crime Branch. The purpose of the team is to improve our response to fraud and will focus on 4 areas:

1. Crime Data Integrity - the correct recording and initial response to fraud,
2. Pursue - improving investigations via the provision of specialist advice and support,
3. Safeguarding the vulnerable - improving the safeguarding response to victims vulnerable to fraud,
4. Protect - increase the provision of protect messaging to reduce the number of victims of fraud.

Devon & Cornwall Police is committed to working with our partners and other forces in the region, to stop the flow of drugs into our counties and to disrupt the associated criminal activity, during intensified operations like Operation Scorpion and all year round. The aim of Op Scorpion is a collaboration between police forces in Devon and Cornwall, Dorset, Avon and Somerset, Gloucestershire and Wiltshire, their respective Police and Crime Commissioners, British Transport Police and the South West Regional Organised Crime Unit (SW ROCU) to bring relief to communities blighted by the antisocial behaviour, crime and fear which accompanies the misuse of drugs, and to safeguard vulnerable people.

**Right Care Right Person (RCRP)** is a national approach, across police, health, and social services with the objective of ensuring people in need receive the right care from the right person.

In September 2023 the National Partnership Agreement supporting RCRP was signed by ministers from the Department of Health and Social Care and Home Office, and the Chief Executives of NHS(E) and the College of Policing, and the Chief Constable holding the mental health portfolio for the National Police Chiefs Council.

Devon and Cornwall Police (DCP) convened the first jointly chaired RCRP Strategic Partnership Board in September 2023. A comprehensive RCRP governance structure was established. Adult and children's social care representatives from unitary and county local authorities across Devon, Cornwall and Isles of Scilly were invited. South Devon and Torbay representatives from adult social care and Children and Family Health Devon continue to be members of the RCRP governance meetings. Southwest Ambulance Service Foundation Trust (SWAST), both fire and rescue services, both Integrated Care Partnerships (ICPs) and all local healthcare trusts are also included in the strategic and supporting meetings.

The principle of RCRP is that when no crime is apparent or suspected, the needs of a person should be met by the most appropriate agency. When no crime is involved or suspected, and the person's need stems from a health, mental health or non-crime related vulnerability, Police should only respond to that person when a threshold is met. This can be framed that police should deploy when there is a real and immediate need to exercise police protection powers.

There have been 5 Scrutiny Panels, one of which was dedicated to children and young people, where police decision making, and records were shared with partners across social care and health to enable a transparent assessment of the decision making. No flaws in the principles have been identified. The service seeing the greatest impact was SWAST. Learning from partners at the scrutiny panels is that the threshold is being applied appropriately for children and young people by police contact officers.

Police have reinvested any time previously dedicated to non-crime concerns for welfare and patients leaving healthcare into reducing call handling times and improving patrol response time to urgent incidents.”

#### 9.4 Devon Partnership Trust



The Devon Partnership Trust (DPT) continues to be a proactive member of the Board and its various subcommittees.

In 2023-2024, clinicians within the Trust raised a total of 339 safeguarding concerns on behalf of our patients and completed a combined total of 257 safeguarding adults enquiries (under s42(2), Care Act) which had been caused out to the Trust by Local Authorities (Devon and Torbay) to lead. For 30% of these enquiries, the primary domain of abuse or neglect identified was self-neglect. We continue to ensure all registered clinicians and practitioners complete level 3 safeguarding training in both safeguarding children and adults.

Key initiatives in the last year have included:

- collaboration with partners regarding the implementation of Right Care, Right Person
- development of our Sexual Safety Committee which has resulted in leaflets and posters for the information of our patients, training and films on sexual safety for the information of our staff and an audit programme. 77% of all sexual safety incidents reported in 2023-2024 involved staff experiencing harm from patients, whilst 23% involved patients experiencing harm from other patients. 4% of all reported incidents resulted in moderate (or more serious) harm.
- increasing our offer of safeguarding supervision to our staff - doubling the number of safeguarding sessions delivered to staff (4486 staff sessions of engagement in safeguarding supervision occurred during the year). Safeguarding Supervision is delivered solely by members of the Central Safeguarding Team who have all completed training in restorative safeguarding supervision.
- Our Executive Board continues to be updated and provided with assurance on safeguarding through a:
  - weekly safeguarding report,
  - Integrated Safeguarding Committee and the work of its associated subcommittees
  - the internal Trust Safeguarding and Legal Bulletins delivered to staff bi-monthly - these provide staff with access to learning from Safeguarding Adults Reviews and complex safeguarding enquiries
  - Learning and reports from our Executive Complex Case Forum
  - Learning and reports from our Ethics Committee.

## 9.5 NHS Devon



The work of the team has been recognised locally in 2023 with a West Country Women's Award for the Head of Safeguarding's work to combat violence against women and girls in recognition of the work NHS Devon has done to improve how GPs and hospitals respond to people who have experienced domestic abuse or sexual violence.

In February 2024, an NHS England Safeguarding Visit took place. The meeting highlighted the significant system leadership changes during the year including the new ICB Chief Executive, Interim Chief Nurse and Interim Deputy Chief Nurse arrangements. Some of these changes have been mitigated by a stable NHS Devon safeguarding team who have been able to provide consistency to the safeguarding Partnerships and continue to keep safeguarding a priority though there are continued extreme pressures on health systems. Following NHS Devon taking on delegated responsibility for dental, ophthalmic and pharmaceutical services (POD) in April 2023, the safeguarding team have worked closely with the Collaborative Commissioning Hub to support the design and delivery of POD services.

Since the Liberty Protection Safeguards replacement to Deprivation of Liberty Safeguards were stood down by the current Government in 2023, the Mental Capacity Act (MCA) Lead has continued to work closely with the Continuing Healthcare Team (CHC) to ensure that individuals deprived of their liberty within their own homes, known as community deprivation of liberty, are safeguarded. To support this and other aspects of the Mental Capacity Act, the NHS Devon MCA lead organises and chairs a Devon wide network that supports MCA leads in Trusts to share practice and resources.

## 9.6 Royal Devon University Healthcare NHS Foundation Trust



**Royal Devon  
University Healthcare**  
NHS Foundation Trust

We continue to put people at the centre of our safeguarding practice and encourage all our staff to see Safeguarding as 'core business'. We provide education and training on all areas of safeguarding and a particular focus on self-neglect, seen through a lens of trauma informed practice. Our staff continue to recognise safeguarding issues and the numbers of 'concerns raised' with Devon County Council's Safeguarding team continue to increase month on month.

The Mental Capacity Act (MCA) team are fully integrated across the Trust and we have developed our education, patient records and internal processes to identify and support patients and staff when an individual may lack capacity and is deprived of their liberty. We are prepared for the introduction of Liberty Protection Safeguards (LPS).

In addition, we are a pilot site for a 'Trauma Informed Shame Sensitive Project' which identifies good practice and ideas for use in clinical areas in order to develop our approach and response to people when accessing our care. It also supports staff with their own experiences of trauma.

## 9.7 Probation Service



We have linked adult safeguarding training to pay progression for staff so we can ensure that this important learning is prioritised.

We have held quarterly safeguarding briefings for all staff to ensure learning from Safeguarding Adults boards is disseminated.

Staff have an increased awareness of exploitation/mate crime and are aware of referral pathways and actions required to protect vulnerable adults.

## 9.8 Heart of the South West Trading Standards

Heart of the South West  
**Trading Standards Service**



There is an agreement in place for all staff to undertake online scams training as part of their continued professional development (CPD), this is also the case for all new starters.

We were an active partner and panel member in relation to the SAR for Ella. We were able to help shape the learning resulting from this SAR review, which included an improved re-write to the financial abuse section of the TDSAP website.

We have strong links in place with partners and we are in regular contact with agencies, to assist in the safeguarding process, where individuals have been potential victims of scams.

### 9.9 South Western Ambulance Service



- SWAST have established safeguarding into the Trust governance structures. This means that Safeguarding activity is reported and discussed at our Safeguarding committee and the Quality Committee and Trust Board receive regular updates. The Safeguarding Service have also presented a safeguarding patient story to the Trust Board.
- SWAST safeguarding service were supported to increase our safeguarding team. We now have a safeguarding specialist in each of our counties, 7 in total. This means that SWAST can attend more multi-agency meetings, join in more multi-agency work and better support our own staff in each area. We also have a Safeguarding Education Specialist and Learning Disabilities and Vulnerabilities Specialist in our team.
- Within SWAST we have been able to increase the amount of safeguarding training our staff get. All staff complete online safeguarding training but from April 2024 all frontline staff have also had an extra 4.5hrs face-to-face training. This training was developed by a safeguarding education specialist and was bespoke to SWAST. This will help us to meet national guidance on safeguarding training for our staff.

### 9.10 Devon and Somerset Fire and Rescue Service



We have developed and cascaded out to the Devon and Somerset Fire and Rescue Service a Tier 1 Safeguarding Training package for all staff across the organisation to complete to increase knowledge around safeguarding and ensuring clear and robust safeguarding processes are embedded throughout the organisation.

This is the first time all staff have been required to complete safeguarding training and we are now building on this and developing a comprehensive training strategy in addition to a competency framework.

We continue to work with numerous partners across Devon and Somerset and we continue to carry out Home Safety Visits for adults at risk. We deliver a comprehensive “Trigger Point Awareness Package” to partners to ensure they are aware of the signs to look out for that might mean someone is at risk of having a fire. This ensures we receive referrals at the earliest opportunity and can signpost individuals to support or raise safeguarding referrals where necessary if someone is at risk of having a fire.

Safeguarding Team and Home Safety Technicians have regular supervision and reflective practice which provides the opportunity to reflect on cases or visits and provides a safe environment for critical reflection, challenge and professional support which ensures safe practice, wellbeing being maintained and consequently improved outcomes for those at risk adults that we engage with.

## 9.11 Livewell Southwest



- The Livewell Southwest Adult Safeguarding team is hosting an Independent Domestic Violence Advocate (IDVA) in Partnership with the Plymouth Domestic Abuse service. Victims or survivors of domestic abuse can be frequent users of hospitals and other community health provision. The IDVA role focuses on increasing the numbers of Patients/Persons and Staff being identified as victims or survivors of domestic abuse, who can be offered timely support to prevent readmission and reduce the need for onward health services such as hospital or community services.
- Livewell Southwest is working in Partnership with Plymouth City Council to develop an integrated Adult Safeguarding pathway. The project development focusing upon Plymouth City Council and Livewell Southwest merging individual Adult Safeguarding functions to produce a single pathway for referral, triage, and enquiry completion. This will involve staff from both organisations joining together to form a single Adult Safeguarding pathway and to remove handover points from the current process, therefore improving outcomes where a person has needs for care and support and is experiencing or may be at risk of abuse or neglect.
- Livewell Southwest is currently facilitating Level 3 Adult Safeguarding training on a face-to-face basis as part of its mandatory workforce training commitment. The training has been developed in Partnership with the Adult Safeguarding operational team, where social workers have been delivering sessions to provide experiential knowledge as part of workforce development surrounding Adult Safeguarding.

## Section 10: Looking Ahead

### 10.1 Strategic Priorities

The TDSAP Board will review the Strategic Priorities from 2021-2024 and consider the most appropriate strategic focus from 2025 onwards.

Once agreed, these new priorities will be cascaded across the system by the Partnership via a new 2025-2027 Strategic Business Plan.

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**Meetings:** Children and Young People's Overview and Scrutiny Sub-Board / Health and Wellbeing Board

**Date:** 18<sup>th</sup> November 2024 / 12<sup>th</sup> December 2024

**Wards affected:** All

**Report Title:** Torbay Safeguarding Children Partnership Annual Report 2023/24

**When does the decision need to be implemented?** Immediately

**Cabinet Member Contact Details:** Cllr Nick Bye, Lead Cabinet Member Childrens Services  
[nick.bye@torbay.gov.uk](mailto:nick.bye@torbay.gov.uk)

**Director Contact Details:** Nancy Meehan, Director Childrens Services  
[nancy.meehan@tobay.gov.uk](mailto:nancy.meehan@tobay.gov.uk)

## 1. Purpose of Report

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1.1 This report has been prepared to provide members with the latest Torbay Safeguarding Children Partnership (TSCP) Annual Report 2023/24.

## 2. Reason for Proposal and its benefits

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2.1 Within the 2023/24 reporting period the TSCP arrangements were aligned with Working Together to Safeguarding Children 2018 (WT2018). New Working Together to Safeguard Children 2023 (WT2023) arrangements are due to be implemented by December 2024.

2.2 The partnership produces an annual report providing updates on the following:

- The current governance arrangements and structure of the partnership.
- Independent scrutiny.
- The areas of priority focus for the partnership.
- Financial arrangements.
- The local background and context.
- Any statutory reviews and audits that have taken place within the reporting period and the impacts of these.
- Child death overview arrangements.
- Learning and development.
- Allegations that have taken place against people that work with children.

### 3. Recommendation(s) / Proposed Decision

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1. That Members note and endorse the contents of the Torbay Safeguarding Children Partnership Annual Report 2023/24 as set out in Appendix 1 to the submitted report.

#### **Appendices**

Appendix 1: Torbay Safeguarding Children Partnership Annual Report 2023/24

#### **Background Documents**

N/A

# Supporting Information

## 1. Introduction

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1.1 In April 2017, the Children and Social Work Act received Royal Assent, this ended the role of Local Safeguarding Children Boards (LSCB), and all sections of the Children Act 2004 that relate to them. The Department for Education (DfE) published revised Working Together to Safeguard Children guidance in July 2018 (WT2018), which sets out what organisations and agencies who have functions relating to children must do to safeguard and promote their welfare in England. The major shift was the responsibility for safeguarding children being shared between the local authority, health partners and the police.

1.2 New Working Together to Safeguard Children 2023 (WT2023) arrangements, in respect of statutory safeguarding partners relating to a local authority area in England, are defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017) as:

(a) the local authority.

(b) an integrated care board for an area any part of which falls within the local authority area.

(c) the chief officer of police for an area any part of which falls within the local authority area.

The TSCP 2023/4 Annual Report was written under the 2018 arrangements, however the TSCP is currently in the process of implementing the new WT2023 arrangements and future annual reports will be written to reflect this.

1.5 The attached annual report provides updates on the activity of the TSCP over a 12 month period from April 1<sup>st</sup> 2023 to March 31<sup>st</sup> 2024.

## 2. Options under consideration

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2.1 N/A – no other options are under consideration.

## 3. Financial Opportunities and Implications

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3.1 The final TSCP funding arrangements for 2023/24 were agreed between the safeguarding partners and are detailed in section 5 of the attached report.

3.2 It should be noted that the unequal division of partnership funding arrangements has remained an item for debate between the three partners during the current reporting period, but no solution has been found. This was noted in previous TSCP annual reports.

3.3. Although the WT2018 guidance, and the Wood Report 2021, state that partnership funding should be 'equitable and proportionate', there remains no agreed national or local funding formulas to facilitate this process. It was hoped that the new Working Together 2023 guidance would provide clarity, however the wording within the guidance has remained unchanged.

3.4 As such this issue will pass to the Lead Safeguarding Partners (LSP), who represent their organisations at Chief Executive level, to review and resolve.

## 4. Legal Implications

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4.1 N/A

## 5. Engagement and Consultation

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5.1 N/A

## 6. Purchasing or Hiring of Goods and/or Services

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6.1 N/A

## 7. Tackling Climate Change

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7.1 N/A

## 8. Associated Risks

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8.1 N/A

## 9. 10. Cumulative Council Impact

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10.1 N/A

## 11. Cumulative Community Impacts

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11.1 N/A



# TSCP Annual Report



2023-24

## Contents

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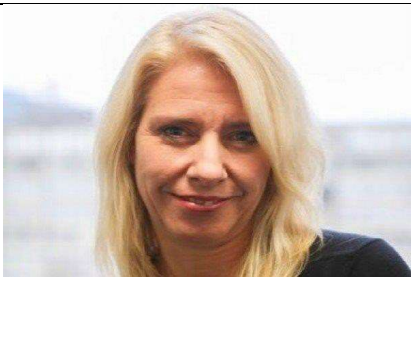

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## Introduction

Working Together 2023 (WT2023) arrangements in respect of statutory safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017) as:

- (a) the local authority.
- (b) an integrated care board for an area any part of which falls within the local authority area.
- (c) the chief officer of police for an area any part of which falls within the local authority area.

Throughout the current reporting year 01/04/23 to 31/03/24, Nancy Meehan and Roy Linden represented their respective agencies at executive level, with Penny Smith representing the NHS Devon Integrated Care Board (ICB) from December 2023. The role of chair of the TSCP Executive Group currently sits with the Chief Nursing Officer (CNO) of the ICB.

		
<p><b>Penny Smith</b> Chief Nursing Officer NHS Devon Integrated Care Board</p>	<p><b>Nancy Meehan</b> Director of Children's Services Torbay Council</p>	<p><b>Roy Linden</b> Policing Commander for South Devon Devon and Cornwall Police</p>
<p>Penny Smith is Interim Chief Nursing Officer for the Integrated Care Board in Devon. Penny and the Chief Nursing Officers across Devon are responsible for nursing leadership and professional standards of nurses and allied health professionals employed by the NHS across the county. She has significant experience working in a number of key roles regarding clinical quality, professional leadership and safeguarding. Penny is also Executive lead for oversight of services for Women and Children. Penny is committed to partnership working across the county to support the health and wellbeing of the whole population of Devon.</p>	<p>Nancy Meehan is the Director of Children's Services for Torbay Council, having previously served as the Deputy Director. Nancy has significant experience, both as a senior manager and consultant, for a number of Local Authorities across England. Beginning her career in the field of social care in 1989, Nancy has 30 years post qualifying social work experience and during this time has successfully led, stabilised, re-designed and launched new services across multiple council departments, always with the intention of improving outcomes for children. Nancy is committed to working in partnership, both with statutory organisations and the voluntary and community sectors, and delivering safe, high-quality services to the children and young people of Torbay.</p>	<p>Roy Linden is the Policing Commander for South Devon; an area which extends from Dawlish to Wembury, including Torbay, the South Hams and Teignbridge. Roy is responsible for the overall policing of this area including responding to incidents, investigation, and neighbourhood policing. Roy joined Devon and Cornwall Police in 2003, and has worked in Patrol, CID, Public Protection and Major Crime, and is an experienced and accredited Senior Investigating Officer. Roy works with partners and commissioners to address key threats to the community and individuals in order to prevent crime and disorder. His aim is to provide a quality local policing service by building strong community relationships across the area to keep people safe.</p>

# 1 Working Together to Safeguard Children

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In April 2017, the Children and Social Work Act received Royal Assent which ended the role of Local Safeguarding Children Boards (LSCB) and all sections of the Children Act 2004 that related to them. To support the updating of local multi-agency safeguarding arrangements the Department for Education (DfE) published revised Working Together to Safeguard Children guidance in July 2018, which set out what organisations and agencies who have functions relating to children must do to safeguard and promote their welfare in England. The major shift within the 2018 guidance was the responsibility for safeguarding children being equally shared between the local authority, health services and the police.

In addition, further statutory guidance was published to support LSCB's, the new safeguarding and child death review partners, and the new Child Safeguarding Practice Review Panel in the transition from LSCBs and Serious Case Reviews (SCRs) to a new system of multi-agency arrangements and local and national Child Safeguarding Practice Reviews (CSPRs). In March 2020, the transition period ended, and new safeguarding arrangements were fully implemented. For Torbay this meant stepping away from the Torbay Safeguarding Children Board (TSCB) and implementing a new multi-agency safeguarding children partnership, initially via shared arrangements with Plymouth, but as a Torbay only partnership (the TSCP) from September 2020.

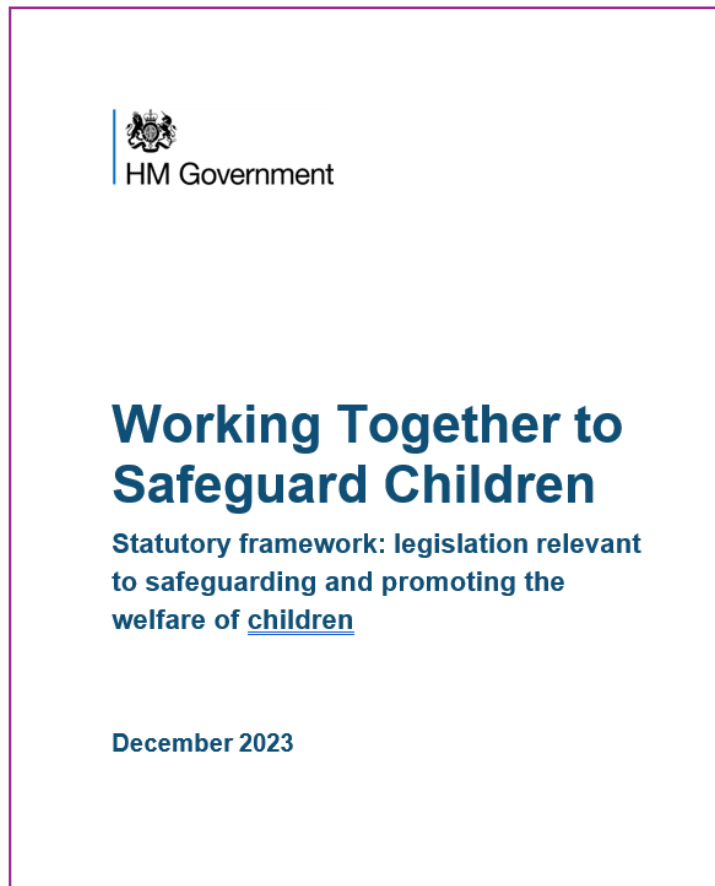
In December 2023 the DfE published new Working Together to Safeguard Children 2023 arrangements, which will become fully established by December 2024. The main changes between WT2018 and WT2023 are:

- A renewed focus on safeguarding being a shared responsibility across the whole system of help, support, and protection for children, including principles for working with and building positive, trusting relationships with families.
- Substantive changes to strengthen how local safeguarding arrangements work, including the role of relevant agencies. WT2023 also introduces the role of Lead Safeguarding Partners (LSP), who for the TSCP are the Chief Constable of Devon and Cornwall Police, the Chief Executive of Torbay Council, and the Chief Executive of NHS Devon ICB. LSP's are differentiated from Delegated Safeguarding Partners (DSP) within WT2023 arrangements, with the three TSCP Executive members taking on DSP roles on behalf of their respective organisations.
- A renewed focus on how organisations and agencies provide help, safeguarding and protection for children and families. This is split into three sections: early help, safeguarding and promoting the welfare of children, and child protection. Early help strengthens the role of education and childcare settings in supporting children and families. Safeguarding and promoting the welfare of children clarifies a broader range of professionals who can be the lead practitioner under S17 of the Children Act 1989. Child protection introduces new multi-agency standards for improved practice and outcomes for children and clarifies expected responses where abuse and exploitation occur outside of the child's home.
- A strengthening of information sharing processes between prisons, the probation service, and children's social care.



- A clarification regarding the expectation for keeping in touch with care experienced young people over the age of 21 and the non-mandatory reporting of the deaths of those who are care experienced up to the age of 25, to improve learning and outcomes for this group of young people.

Click the following link or image below to access the full guidance [Working Together to Safeguard Children 2023](#)



## 2 Governance and Structure

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Although 2023/24 TSCP governance arrangements have effectively remained in-line with those reported in 2022/23, the introduction of LSP's via the new WT2023 arrangements published in December 2023 will lead to governance changes throughout 2024 as the role of the LSP's becomes more evident within the TSCP. LSP functions will be fully reported on when the TSCP's updated arrangements are published by December 2024 in line with DfE guidelines.

Throughout the 2023/24 reporting period the TSCP Executive Group remained responsible for oversight of the work of the partnership and agreed multi-agency practice across all areas of children's local safeguarding in Torbay. Devon and Cornwall Police, NHS Devon Integrated Care Board and Torbay Council are equally responsible for the TSCP, its activities and outcomes. The TSCP Executive Group meets on a bi-monthly basis. During this reporting period the position of Chief Nursing Officer changed on five occasions, in line with internal NHS Devon ICB staff changes, which subsequently led to the TSCP Executive Group having five different chairs between 01/04/23 and 31/03/24. This led to some Executive meetings requiring rearrangement to fit in with changing calendars and unfortunately delayed some elements of the decision making process.

The TSCP Business Group, which is responsible for maintaining partnership oversight/work flow and actioning the strategic decisions made by the Executive, sits under the Executive Group. Following the Joint Targeted Area Inspection (JTAI) in November 2023 of the multi-agency response to identification of initial need and risk in Torbay, a representative from the local authority's children's participation team became a fixed member of the Business Group in line with the JTAI work plan. In 2023/24 there were four sub-groups and one task and finish group sitting below the Business Group, with each being established to focus on the core business and priorities of the partnership.

The work and structure of the TSCP Learning and Development Group was reviewed in the Autumn of the 2023/24 reporting period and a more streamlined model of training delivery agreed by the Business Group in November 2023. This model obviates the need to convene full sub-group meetings, with the identification and roll-out of TSCP multi-agency training now being managed by identified training leads for each of the statutory partner agencies, with oversight being enacted by the Quality Assurance and Business Groups.

The Child Safeguarding Practice Review (CSPR) Panel is responsible for the oversight of TSCP learning reviews, converting all TSCP learning review recommendations into actions, and ensuring oversight of these actions through to resolution. This is undertaken with the aim of ensuring local multi-agency practice improves in line with that agreed in review reports. The CSPR Panel also reviews regional and national learning and incorporates this into the TSCP where agreed. In 2023/24 the TSCP's Independent Scrutineer became a fixed attendee of the CSPR Panel.

The Quality Assurance Group, alongside the CSPR Panel, completes multi-agency audits and concurrently identifies learning, has oversight of TSCP audit activity and actions and works with the multi-agency learning and development training leads to support the implementation of learning within the partnership. Following the JTAI, the chairing of the Quality Assurance Group moved from NHS Devon ICB to Torbay Council in response to some of the recommendations within the JTAI report. As per the CSPR Panel, in 2023/24 the TSCP's Independent Scrutineer also became a fixed attendee of the Quality Assurance Group.

The Child and Young Persons Exploitation Group (CYPEG) is part of Torbay's multi-agency response to child exploitation and is responsible for Torbay's multi-agency Child Exploitation Strategy. CYPEG is also the TSCP's direct link to local exploitation services. The need for a local Contextual Safeguarding strategy was identified by the Exploitation Group in early 2023 and this led to the agreement for the TSCP to commission a 12 month Task and Finish Group to lead on and complete this piece of work. The Contextual Safeguarding Task and Finish Group reports to the TSCP Business Group in line with agreed TSCP process but also shares members with CYPEG to ensure continuity and shared understanding of local safeguarding concerns in respect of exploitation.

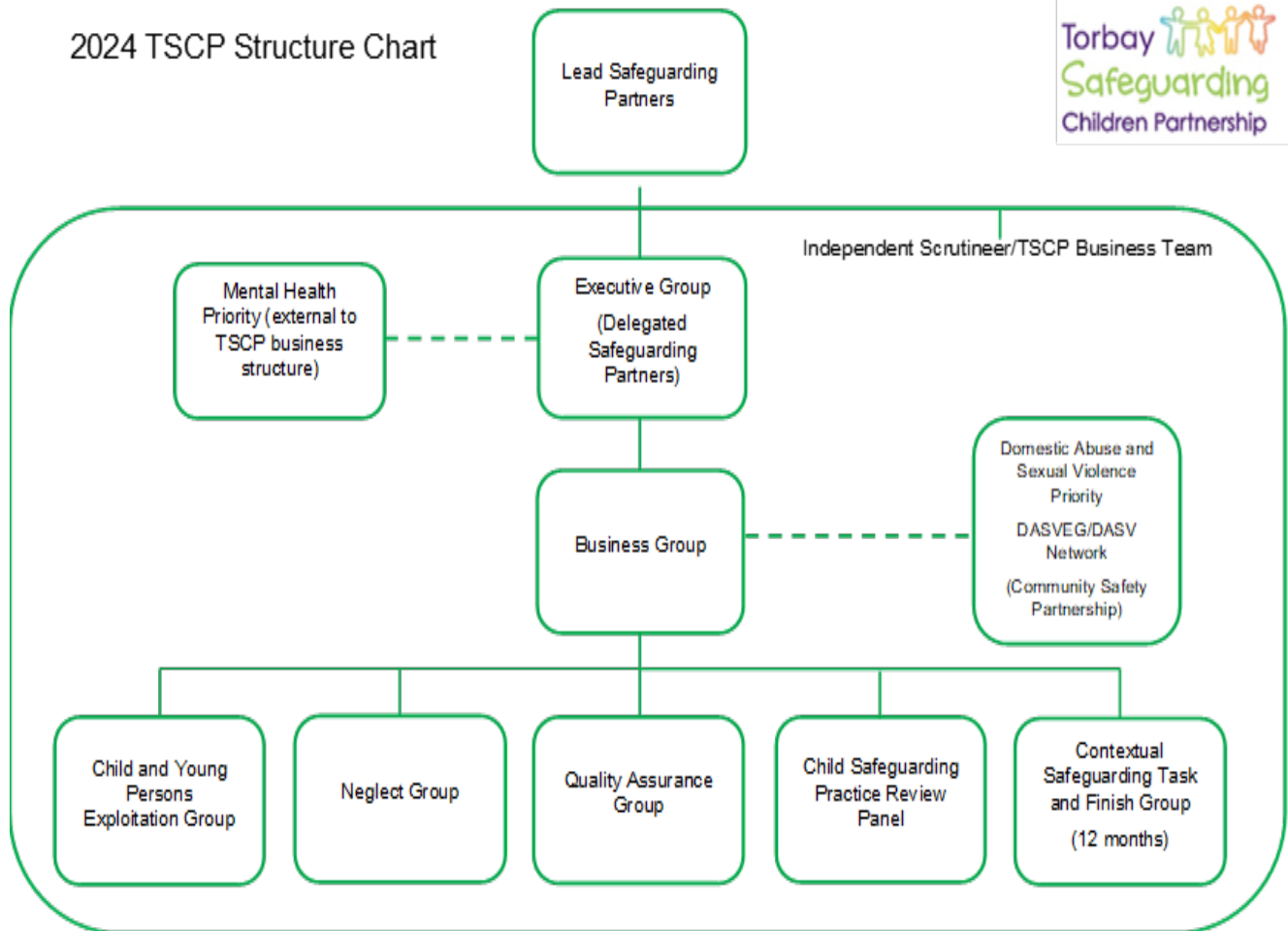
The Neglect Group is focused on identifying and understanding causes of local neglect and promoting preventative multi-agency responses. This group has also led on the implementation of Graded Care Profile 2 (GCP2), which is a locally agreed multi-agency tool for assessing neglect. The Neglect Group retains oversight of the roll-out of GCP2 within Torbay. In 2023/24 the Neglect Group widened its membership in response to the mental health and housing needs of children within Torbay. The Neglect Group is responsible for the TSCP Neglect Strategy, which is being updated within 2024/25.

As reported in 2022/23, the TSCP's domestic abuse priority continues to be managed via joint arrangements with the Torbay Community Safety Partnership (TCSP) in 2023/24. These arrangements have been reviewed, with the TCSP domestic abuse lead being a fixed attendee of the TSCP Business Group to ensure oversight and information exchange. The domestic abuse lead also attends TSCP Executive Meetings by invitation when oversight at a higher level is required.

Focus on the mental health and emotional wellbeing of the children of Torbay has been a priority of the TSCP Executive Group since the publication of the previous 2022/23 Annual Report. Attendance at Executive meetings by the NHS Devon ICB Head of Mental Health Commissioning has informed partners on progress in Torbay regarding children and young people's mental health and wellbeing, with services currently being mapped and offered by health partners external to the TSCP group structure. There is an existing group that is scrutinised by the Children's Continuous Improvement Board and covers areas of mental health and wellbeing.

Each TSCP group is chaired by one of the statutory safeguarding partners and is attended by a broad range of agencies, including, where required, the faith, voluntary and community sectors. Attendance expectations are clearly outlined in each group's Terms of Reference and quoracy is achieved by the attendance of each of the three statutory safeguarding partners. The TSCP data dashboard includes subject areas relating to the work of groups and TSCP priorities, with the Business Group being responsible for the ongoing development of the dashboard and the Quality Assurance Group having oversight of the dashboard's data and associated responses.

# 2024 TSCP Structure Chart



### 3 Independent Scrutiny

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'Independent scrutiny should drive continuous improvement and provide assurance that arrangements are working effectively for children, families, and practitioners. It should also consider learning from local child safeguarding practice reviews, national reviews, and thematic reports. The independent scrutineer or scrutiny group should be able to demonstrate knowledge, skills and expertise in the area being scrutinised and consequently add value to the work of local agencies.' – ***Working Together to Safeguard Children 2023***



Keith Perkin  
Independent Scrutineer

The Partnership has been subject to a number of reviews and inspections during this reporting period. In November 2023, the Partnership was inspected by OFSTED, His Majesty's Inspectorate of Police & Fire Service and the Care Quality Commission as part of their Joint Targeted Area Inspection (JTAI) programme, particularly around the 'front door'. The Executive also commissioned an independent review of their MASH and the effectiveness of the partnership. I, as Independent Scrutineer, also examined the partnership response to the criminal exploitation of children and how well partners are engaged in the safeguarding system.

Although the partnership has one dedicated Independent Scrutineer, the commissioning of others brings added value to its scrutiny arrangements. To build on this approach, the ambition to commission subject matter experts in bespoke pieces of scrutiny work is one I applaud.

Despite the partnership benefiting from consistency of strategic leadership since December 2023, with all 3 delegated safeguarding partners being in post for this time period, prior to this, there was a period of time within the reporting period where there were a number of different chairs. The current consistency of delegated safeguarding leads has enabled consistency of message, more detailed understanding of operational matters impacting on the partnership and improved working relationships. Lead Safeguarding Partners need to be aware of the impact on such partnerships when senior roles are changed over a short period of time. Given the strategic issues identified in the JTAI, the role of the ICB as lead partner in developing the JTAI action plan and Chief Nurse as the Executive Chair is the 'best fit'.

Both the JTAI, and review of the partnership, identified that its priority of mental health has not progressed as quickly as it was envisaged. The learning from this is that when identifying priorities, there needs to be detailed discussions as to what that priority focuses on. The mental health of children incorporates many aspects, not all of which relate to safeguarding. The nature and size of Torbay should allow effective matrix management of a particular issue

with other strategic groups in Torbay, and the partnership needs to have a laser focus on how the safeguarding practice of children can be improved.

The absence of a partnership dashboard was also identified as a critical issue in reviews. The partnership took a pragmatic approach to how this was being progressed. The identification of useful partnership data held within Children Services allows some trends and performance issues to be identified. However, the inclusion of other partner's data, particularly from the other two statutory partners, remains a priority.

There is evidence that learning from either commissioned reviews or multi agency case audits (MACA) has led to improved practice. The MACA on harmful sexual behaviour led to a new audit tool in identifying and responding to the risk of children being harmed sexually. Similarly, the introduction of a graded care profile around neglect has enabled practitioners to provide a consistent approach in responding to neglect.

The partnership subgroups are proactive and have a good understanding of the lived experience of children who are being harmed or at risk of harm. This was particularly evident in my review of the criminal exploitation of children.

I am also pleased that the partnership has a process in place where learning from other partnerships is considered from a local perspective.

#### Scrutiny plan for 2024/2025

The imminent MACA on mental health will enable the partnership to redefine its focus on its mental health priority.

There are excellent areas of practice where the voice of children and families are considered and able to influence safeguarding practice. The learning from these examples now needs to feed into the wider system so there is consistency of practice in listening to the voice of children and families.

I am satisfied that there is an effective structure in place to learn from serious incidents, including learning from outside of Torbay. The next step is to examine how effective that learning has been embedded into practice.

Working Together 2023 identifies the importance of education settings within a safeguarding children's partnership. There is good engagement with educational establishments at an operational level. I do believe there are opportunities to engage the education sector in a more consistent and effective manner.

## 4 TSCP Priority Areas

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When the TSCP was formed in September 2020, the Executive set three key priority areas of targeted work that the partnership would focus on, these being domestic abuse, neglect, and child exploitation. These priorities were based on identified local risks to children. A fourth priority, children's mental health, was added in April 2021, primarily due to the known impact of Covid 19 on children's emotional wellbeing. The four key priority areas for the TSCP are covered by the 2021-2024 Business Plan that will be reviewed and updated in the 2024/25 reporting period.

### **Priority 1: Reduce the level of child neglect in the Torbay area and challenge the causes of local neglect to prevent re-occurrences.**

The responsibility for priority one lies with the TSCP Neglect Group. The Neglect Group reflects its purpose and membership within its Terms of Reference, with good attendance levels within the 2023/24 reporting year. The membership of the group expanded in the previous reporting period to ensure the work it undertakes is given a high level of priority by all partner agencies. This included the addition of representatives from speech and language services, housing, mental health, and oral health. The Business Group maintains oversight of the work of the Neglect Group, to ensure it remains focused and meets the needs of Torbay children and families.

In 2023/24 the Neglect Group supported the development of the TSCP data dashboard and has reinforced the ongoing roll-out of Graded Care Profile 2 (GCP2) across the partnership area and supported challenge where required when some agencies have not fulfilled their obligations under GCP2 working arrangements. The Neglect Group is also closely connected to work being undertaken in respect of Torbay's Family Hubs, to ensure that neglect is identified and responded to at the earliest opportunity. During 2024 the Neglect Group will be responsible for updating the TSCP Neglect Plan, with this being reported upon further within the TSCP 2024/25 Annual Report after its completion and implementation.

### **Priority 2: Prevent child exploitation and sexual harm within the Torbay area and ensure the safety of all children, resident or visiting Torbay, from these forms of abuse.**

The responsibility for priority two lies with the TSCP Children and Young People Exploitation Group (CYPEG). CYPEG has a wide-ranging and consistent membership group, incorporating representatives from commissioned providers as well as links to Community Safety in addition to key safeguarding partners. During 2023/24 CYPEG has focused on the reduction of all forms of local exploitation, including where needed reviewing the impact of wider systems where risk has crossed borders into neighbouring areas. The group have also supported the formation and work of the partnership's Contextual Safeguarding Task and Finish Group and started work on the next TSCP Exploitation Action Plan, which will be reported on in the 2024/25 TSCP Annual Report. The group have also led on a Child Criminal Exploitation themed Multi Agency Case Audit (MACA) in June 2023 and the linked Action Plan and learning.

CYPEG have continued to promote and embed a restorative and relational approach to supporting children at risk of exploitation, raising awareness to support identification of exploitation risk, ensuring children and young people have an understanding of healthy relationships and challenging

victim-blaming behaviour and language. CYPEG has retained active links with other local multi-agency exploitation frameworks via shared memberships, data/information sharing and networks and contributed to the data set within the TSCP data dashboard.

### **Priority 3: Prevent children in Torbay from being harmed by the effects of domestic abuse.**

Torbay's domestic abuse and sexual violence prevention and support services continue to sit under the remit of the Torbay Community Safety Partnership (TCSP). The TSCP and TCSP work in a cross-partnership manner to share information and planning designed to protect children from the effects of domestic abuse in line with priority three. Although the TSCP does not have a specific domestic abuse sub-group, as this work is undertaken locally by the TCSP, the TSCP is represented within these arrangements and all three statutory safeguarding partners attend meetings and participate in joint actions across both local partnerships.

During the previous reporting period it was agreed that the TCSP's Domestic Abuse and Sexual Violence Commissioning and Strategy Lead would become a member of the TSCP Business Group to further strengthen these cross-partnership arrangements. This arrangement has been implemented and proven to be effective, with the TCSP lead worker also attending TSCP Executive Group meetings to provide updates and support oversight when required. In 2023/24 wider partners continued to be made aware of local safeguarding priorities/actions in respect of domestic abuse and sexual violence via email updates, the TSCP newsletter, multi-agency forums and shared training.

### **Priority 4: Ensure that children in Torbay receive appropriate mental health support at their time of need and that this support dovetails with any other care planning needs of the child.**

Although the TSCP does not have a dedicated mental health sub-group, during 2023/24 there has been multi-agency activity in respect of the partnership's mental health priority. Attendance at the Executive Group by the NHS Devon ICB Head of Mental Health Commissioning has informed options and updated the Executive on local services and progress.

Across Torbay, and the wider Integrated Care System in Devon, there is an agreement that support and intervention for children and young people's mental health will be based on the THRIVE framework. This shared foundation has started to enable local children's mental health support systems to grow and work together towards delivery of the TSCP mental health priority. Progress has been made in respect of:

1. Establishment in 2023/24 of the Torbay Emotional Health Wellbeing group. This group has system wide representation.
2. Agreed co-produced priorities for this group for the next 12 months.
3. Connection to the SEND delivery boards within Torbay, aligned to Social Emotional and Mental Health.
4. Reporting to the Integrated Care System Emotional Health and Wellbeing Group with aligned priorities.



Identification of need is at the point of completion and has mapped out:

1. Emotional wellbeing and mental health needs of children and young people in Torbay.
2. Overlapping, protective and risk factors which impact emotional health and wellbeing of children and young people in Torbay.
3. Impact of poor emotional wellbeing and mental health problems on lives and life chances of children and young people and the wider population.

In addition, mapping of need and current pathways has also been completed and aligned to infant mental health. This work will inform commissioning for the early parts of the children and young people's mental health pathway.

Across Torbay a number of mental health services have been working with children and young people on the needs-based quadrants of THRIVE including:

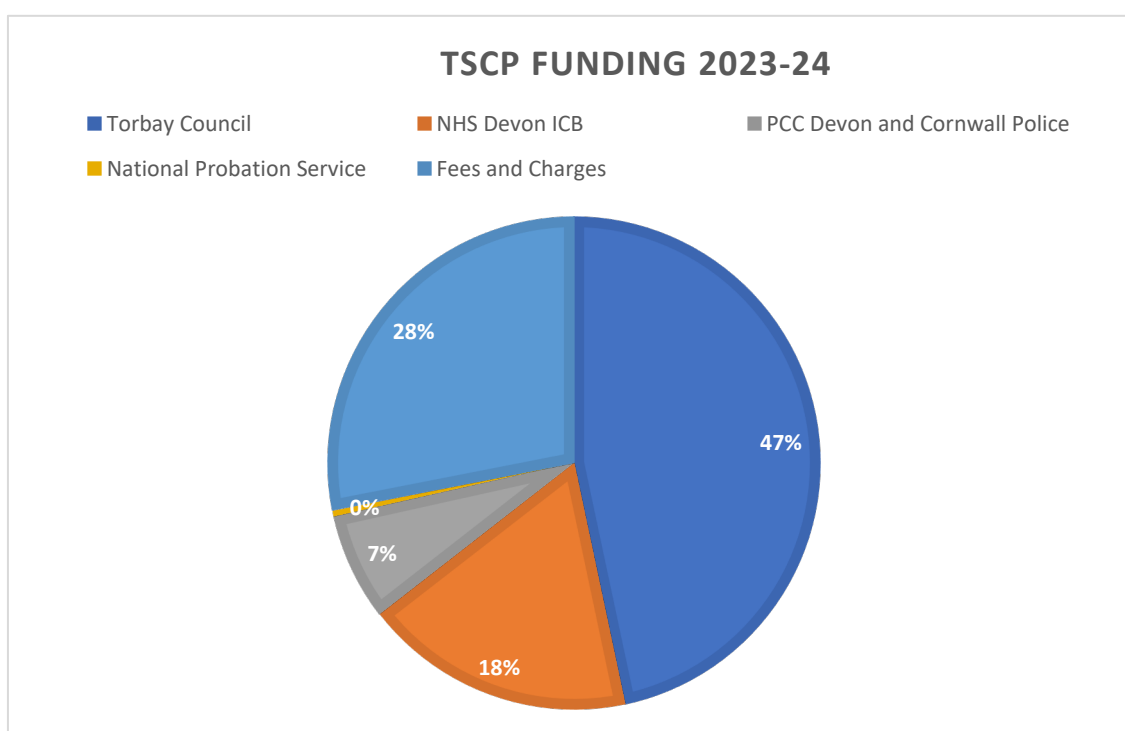
Mental Health Support Teams operate within 20 educational settings across Torbay, supporting in the region of 15 000 children and young people. These teams support individual children and young people and work as part of a whole school approach to supporting emotional health and wellbeing.

In Reach Service work with children and young people, with neurodiverse presentations, who have presented to Torbay Hospital in mental health crisis, to expedite discharge from the pediatric ward and support them in the community, avoiding unnecessary admissions, readmission and crisis presentation.

## 5 Financial Arrangements

“The Lead Safeguarding Partners (LSP) should agree on the level of funding needed to deliver the multi-agency safeguarding arrangements. This includes consideration of business and analytical support, independent scrutiny, infrastructure, and core functions including local child safeguarding practice reviews, multi-agency training and learning events. It is the responsibility of the LSP to ensure that adequate funding is allocated and spent in line with agreed priorities.

Funding contributions from the statutory safeguarding partners should be equitable and agreed by the LSP. Funding for the arrangements should be reviewed on an ongoing basis to ensure that they can meet the financial needs of the arrangements. The funding should be transparent to children and families in the area, and the individual contributions of safeguarding partners and relevant agencies should be clearly set out in reporting. (Working Together to Safeguard Children 2023)

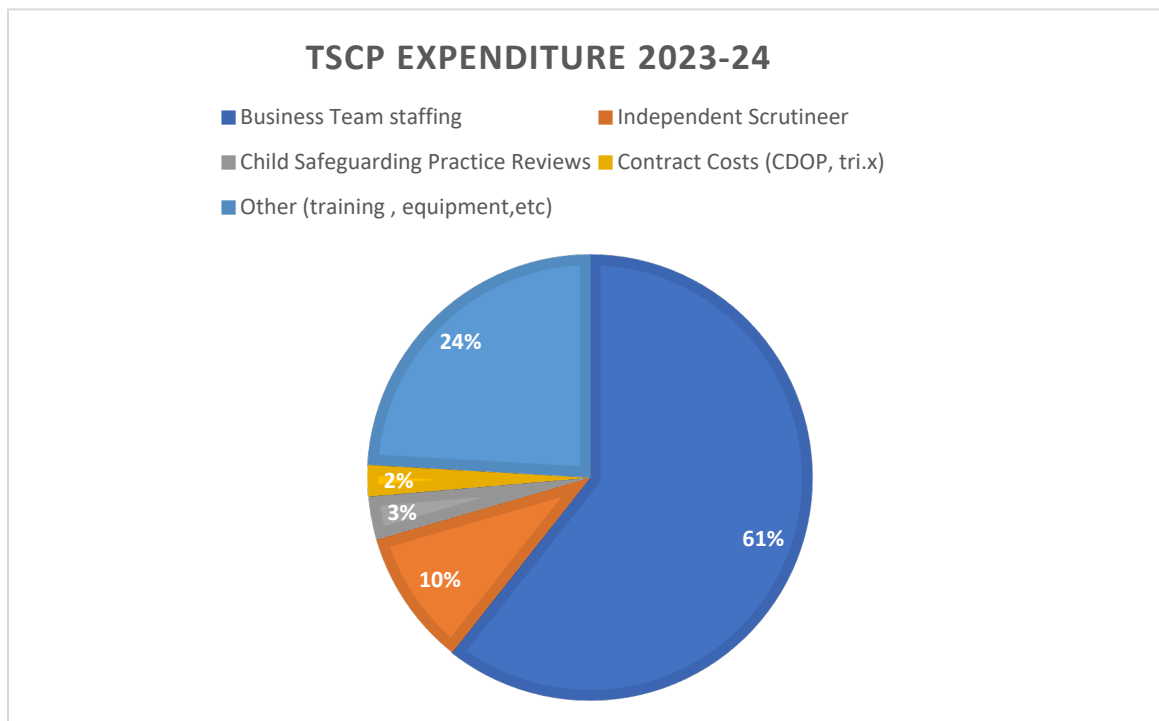


Torbay Council	£109,389
NHS Devon ICB	£41,814
PCC Devon and Cornwall Police	£16,469
National Probation Service	£888
Fees and Charges	£65,812

Total = £234,372

As the full WT2023 arrangements are not due to be embedded until December 2024, the final TSCP funding arrangements for 2023/24 were agreed at Delegated Safeguarding Partner (DSP) level on

20/03/2024 and are laid out above. The division of partnership funding arrangements was elevated to chief executive level officers during the current reporting period as the arrangements remained unequal and no solution to this could be found at TSCP Executive level. Guidance in WT2018 and the Wood Report 2021 states that partnership funding should be 'equitable and proportionate', however financial arrangements in many partnerships remain unequal, with WT2023 using the same wording as WT2018 in respect of funding. In line with WT2023, future TSCP funding arrangements will be agreed by the LSP, with some additional costs needing to be considered in respect of the formation and maintenance of the partnership's data dashboard and multi-agency training costs that have risen over the last few years in comparison to their previously agreed budgets.

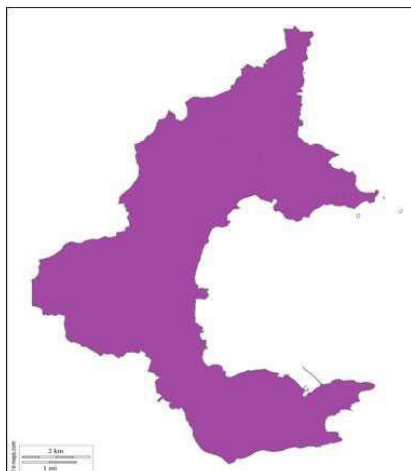


Business Team staffing	£120,217
Independent Scrutineer	£19,558
Child Safeguarding Practice Reviews	£6,325
Contracts Costs (CDOP and tri.x)	£4,393
Other (training, equipment etc)	£47,745

Total = £198,238

The difference in funds relating to training can be accounted for as follows. It was agreed that; £4,296.50 was ringfenced for the AIM Project and rolled over to 2024/25, £6,103.92 covered minimum cost of remaining 6 commissioned exploitation courses scheduled for end of 2023/24 to enable maximum impact and ensure cost not prohibitive to attendance. Children's Services had buoyed the TSCP training budget by oversubscribing for course places by approximately £10,000 and had additionally been charged doubly for cancellations to circa £4,000 (from individual teams as well as via subscription). A margin for the Children's Services Learning & Development Hub staffing for TSCP training coordination, as well as a smaller administration charge is built into course costs, which, if courses are fully subscribed, results in funds to support TSCP costs such as LMS, photocopying and resource materials which would otherwise be absorbed by the Children's Services Learning Academy, these account for the remaining difference.

## 6 Local Background and Context



Current figures record the population of Torbay as 139,322, living in 62,992 households, an increase of 6.4% from 2011, when the population was 131,000 (2021 Census). This was below the South West average increase during that time of 7.8% and the England average of 6.6%. Torbay had the fifth smallest population increase in the South West between 2011 and 2021, and one significantly below local areas such as East Devon at 13.8% and Exeter at 11.1%. Teignbridge and South Hams had respective increases of 8.5% and 6.6% (2021 Census). The Isles of Scilly was the only local authority area in the South West that had a population decrease during the ten year period under review, however it's low population of approximately 2100 means that it is susceptible to significant percentage population shifts when a relatively small number of people move into or out of the area.

Torbay has a significantly larger population of people aged 50 and over than the England average and therefore smaller proportions of those aged under 50, in particular those aged 20 to 44. Torbay's current average age of 49 years compares to 40 years for England and 44 for the wider South West. This age profile can lead to significantly higher demand for health and care services, which could potentially stretch resources in respect of the provision of services for children. The proportion of the population aged 0 to 17 is projected to fall from 18% to 16% by 2043, it was recorded at 19% in 2021, with those aged between 18 and 64 projected to fall from 55% to 50% by 2043 despite the overall population of Torbay being projected to rise to 153,088 by 2043 (JSNA 2023). The proportion of the population aged 65 and over is expected to rise from 27% to 34% by 2043, with these forecasts being expected to exacerbate the already higher than average demand in Torbay for services for that demographic than is currently being experienced. There has been an increase of 20.6% in people aged 65 years and over, an increase of 1.4% in people aged 15 to 64 years, and an increase of 4.2% in children aged under 15 years. The age group showing the largest increase in Torbay between 2011 and 2021 was people aged 70-74, with the increase being 43% (ONS 2021).

The latest figures state that for every person of retirement age in Torbay, there were 2.1 people of working age, compared to the England average of 3.4 working people to each person of retirement age (ONS 2020). The ratio of working age people to those of retirement age in Torbay is expected to continue to decrease and is likely to lead to increased financial challenges for local services, with the older population demographic having the potential to have an adverse effect on funding for services for children and younger families. This is worsened by Torbay having an economy that is highly dependent on tourism and its associated low wage and intermittent employment, with 14% of Torbay residents having a level 4 qualification (degree level) or above, compared to the England average of 20.3% (JSNA 2023/24). Young people in Torbay are more likely to leave their home area to pursue higher paid employment than peers in many other non-coastal urban areas of England (Moving Out to Move On, Social Mobility Commission, 2020). Current projections indicate that Torbay's 16 to 64 year old population is set to fall to approximately 52% by 2041. This wider fall in the working age population could potentially exacerbate worker shortages and have an adverse effect on tax receipts (JSNA 2023).

2011. Torbay has a higher rate of those who classify themselves as White Caucasian than the wider South West region and England. More detailed information on ethnicity within Torbay can be found in the [2021 Census](#). Regarding gender, 51.3% of Torbay's population for the 2021 Census were female, this was a slight fall from 2011 when it was 51.8%. Female to male ratios within Torbay change significantly once reporting refers to those residents aged 80 and over, with 70.5% of the 90+ population being female.

Over the last decade, Torbay has had a high level of school children at its primary and secondary schools with SEND (Special Education Needs and Disabilities) compared to England's national average. For Torbay primary and secondary schools, the number of children with an Education, Health & Care Plan (EHCP) is significantly higher than the England average (JSNA 2023). SEND has been a particular focus of services within Torbay during 2023/24, following the Local Area SEND inspection in November 2021. Torbay' SEND team continue to work with partner agencies on the agreed pillars of improvement; 1.SEND is everyone's business 2.Early intervention and lived experience 3.Children's needs and joint commissioning 4.Inclusion 5.Transition and preparing for adulthood.

2023/24 data on hospital admissions as a result of self-harm among 10 to 24 year olds in Torbay was not available at the time this report was written as the 2023/24 JSNA did not include specific data in this area. As previously reported in 2022/23, hospital admissions for this age group were significantly higher than the England average. The pattern of Torbay having significantly higher self-harm rates, that require hospital treatment than the England average has been a consistent theme (JSNA 2023). The rate of hospital admissions of under 18s for alcohol specific conditions within Torbay has also consistently been above South West and England rates (JSNA 2023), with hospital admissions for alcohol-specific conditions across all ages being approximately 50% higher in Torbay than the England average (JSNA 2023/24). The quality of health-related data is expected to increase during the 2024/25 reporting period and will be commented on in more detail within the next TSCP Annual Report. Current health data is not specific to Torbay children as the South Devon NHS Trust does not disaggregate data between children from Torbay and the wider Devon areas within their reporting mechanisms. This risk has been elevated within the TSCP and is a current workstream for resolution within local health systems to enable Torbay health data to be recorded within the TSCP data dashboard and used to inform local practice.

Poverty is a significant concern in Torbay. In 2019, the year for which the most recent data is available, Torbay's deprivation score made it the 38<sup>th</sup> most deprived upper-tier Local Authority area in England, out of a possible 151, and the most deprived in the South West out of a possible 15 (DoPHAR 2021/22). Torbay has been ranked the most deprived South West upper-tier Local Authority since 2007. 24 of Torbay's 89 Lower Super Output Areas (LSOAs) are classified as being amongst the 20% most deprived in England, this was down from 28 in 2015. The 24 areas equated to approximately 27% of the 2019 population. Reducing child neglect is a TSCP priority area that is being reviewed in 2024 as part of wider updates to the TSCP Business Plan. Until there is clear evidence that deprivation in Torbay is significantly declining it may be prudent to retain this priority area due to the known adverse impact of deprivation on children's life chances.

In respect of housing, more than 1 in 4 (27%) of Torbay households live in privately rented accommodation, which is significantly higher than the South West and England rates of 20%. This is combined with Torbay having the lowest level of socially rented accommodation in the South West (Census 2021). On 31st March 2024, Torbay Council had 1,608 households on its housing waiting

list, a reduction from the 1,697 recorded on 31<sup>st</sup> March 2023. Torbay's homelessness figure has risen significantly in recent years, with data showing it to be above England and South West rates, having been below these as recently as 2016. The number of people rough sleeping in Torbay was also recorded as higher than national and regional rates, with a local rough sleeping and housing strategy being developed. During the current reporting period Torbay Council's Housing Department purchased 30 properties that have been converted for use in emergency housing situations. Children living in temporary accommodation is a reporting measure within the TSCP data dashboard and will be reviewed and risk escalated accordingly if this figure is not safely managed.

Devon and Cornwall Police report that reliable, quantifiable data was not available for the duration of the 2023/24 reporting cycle and as in 2022/23 the police have not been able to provide data for agencies to be able to use in annual reports. However, it is envisaged that the NICHE recording system, implemented in November 2022, will be operational in the summer of 2024 and data should be available for the 2024/25 TSCP Annual Report. Data on crime figures and domestic abuse in Torbay is therefore unchanged from that presented in the 2021/22 TSCP Annual Report.

## **Children in Need or subject of Child Protection Enquiries and Planning**

The rate of referrals per 10,000 children in Torbay in 2023/24 was 752. This is higher than the statistical neighbour (SN) rate of 715, and significantly higher than the England average Local Authority figure of 545. (Note: all comparisons to SN and England data are to the previous year, 2022/23, as more recent data is not yet published). Although the rate of referrals per 10,000 children has generally been reducing in Torbay since the first TSCP Annual Report in 2020/21, the pattern of Torbay's referral rate being higher than SN and significantly higher than the England average remains a consistent theme that may be linked to local demographics and indices of deprivation.

The proportion of referrals from schools in Torbay dropped by three percentage points in 2023/24 to 16%, which is eight percentage points below the SN average and four percentage points below the England figure for 2022/23. The proportion of referrals from Health rose in 2023/24, by three percentage points; this was the fifth consecutive yearly rise and is now noticeably above the SN and England averages. The proportion of referrals from the Police in 2023/24 increased by two percentage points to 28%, roughly in line with the police five-year average. This rate is above the SN but slightly below the England averages from 2022/23. To summarise, in 2023/24 there was a reduction in the number of referrals made by schools and an increase from health and the police. At present there is no analysis for these data sets, with the impact of TESS on school referrals and the local authority's Early Help strategy and Family Hubs on others potentially being a factor but unknown. Further analysis of TSCP data should be possible once the partnership's data dashboard is fully operational.

The number of Torbay Children in Need, as per the DFE definition relating to all children open with any case status, as of 31/03/24 decreased to 1296 from the previous year's figure of 1630, recorded on 31/03/23, a decrease of 20%. SN and England comparator data continues to evidence that Torbay has a consistently higher proportion of Children in Need than many other Local Authority areas, although the number has declined in each of the last three years. The most recent 2022/23 data comparisons to this year show that Torbay has a Child in Need rate 17% higher than the SN figure of 429 and 46% higher than the England average of 343.

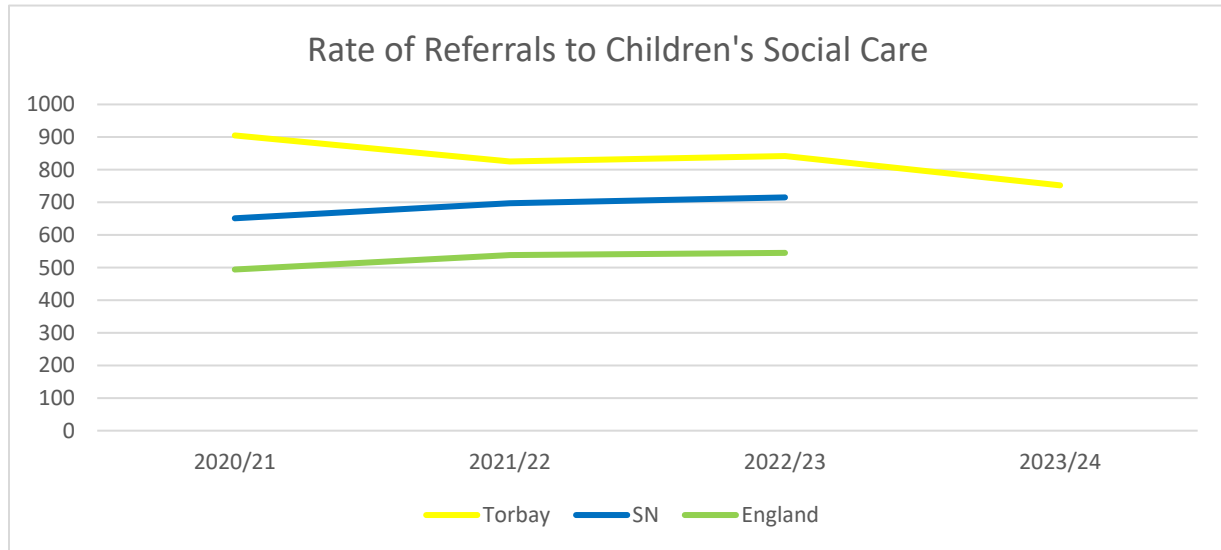
There were 163 children subject to child protection plans in Torbay on 31/03/2024, which is a rate of 65 per 10,000 children. This is 8% higher than the 2022/23 figure of 60 and 5% above the SN figure of 62 for the previous period. The number of Torbay children subject to child protection plans is 51% higher than the England average of 43 per 10,000 children, a considerable difference that has been consistent for the last three years. The number of child protection plans starting in Torbay in 2023/24 was 194. This is slightly lower than the previous year when 213 child protection plans began. The rate of child protection plans starting in Torbay in 2023/24 was 77 per 10,000 children, which is below last year's SN average of 85 but significantly above last year's England average of 54. The number of child protection plans ceasing in Torbay in 2023/24 was 183, a continuing reduction from the previous three years and roughly in line with the number of plans starting.

At 67%, neglect remained by far the most common recorded category of abuse for children in receipt of a child protection plan in Torbay on 31/03/2024, a percentage that is almost double that recorded in March 2021, when the figure was 36%, although slightly reduced from last year's 74% total. The second most common category recorded on 31/03/2024 was 'multiple' at 18%. This is the first year where this category has been second highest as it was emotional abuse for the previous two years. Torbay often records exploitation under the category of neglect and this may be a factor in the high number of children with neglect recorded as their category of abuse, although the category should be bespoke to the young person in question. There is a current TSCP workstream focused on contextual safeguarding, with part of that work investigating the potential to create a new category of 'contextual' child protection plan which would be considered restorative for parents/carers and reduce the number of child protection plans under the category of neglect. Emotional abuse remains a declining child protection category and the other two categories of abuse, physical and sexual, remain low in number and are therefore susceptible to the effects of sibling group size impacting on data. Although there were no children recorded in Torbay in March 2024 subject to child protection planning under the category of physical abuse, it should be noted that physical abuse may be present, and the category recorded as 'multiple', or physical abuse may be considered a secondary category. The local authority will be undertaking a review of child protection categories within the 2024/25 reporting period.

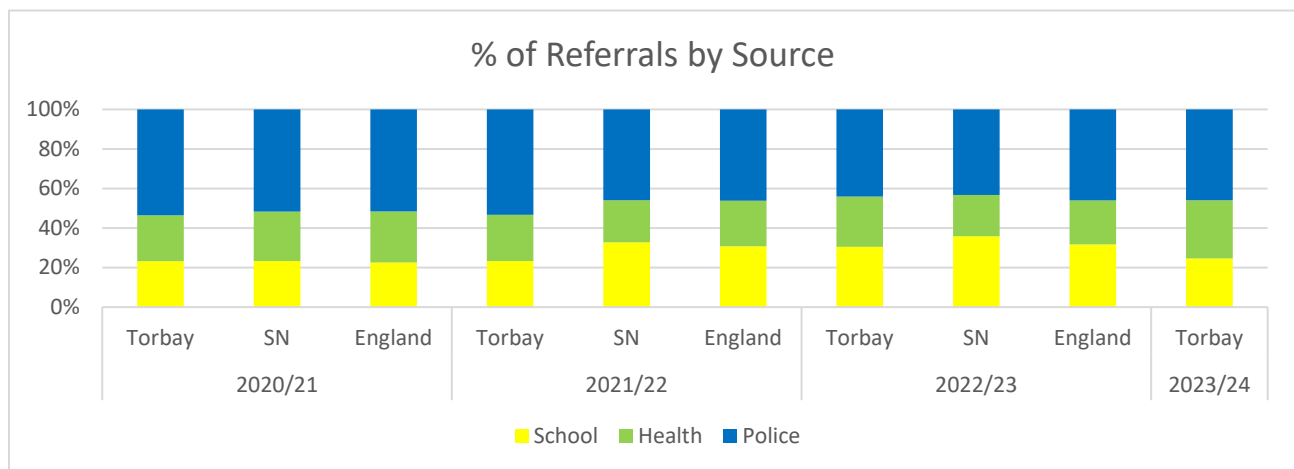
There were 1206 strategy meetings held in Torbay in 2023/24, with 94% of these being quorate. This compares to 2022/23 when a total of 1273 strategy meetings were held, with a quoracy rate of 96%. There were 603 initial and review Child Protection Conferences held in Torbay in 2023/24, however quoracy for these was only 79%, a decrease from 83% recorded during the previous year. This will require further investigation as quoracy is expected to be 100% and this concern has been reported on previously. Data in respect of quoracy is not available for SN and England comparison but is reported on within the TSCP data dashboard to inform local practice.

All Children in Need/Child Protection data has been provided by the local authority as police and health data systems were unable to provide accurate information within the current reporting period. However, both agencies are currently reviewing their data systems and aim to provide data to support the 2024/25 TSCP Annual Report. The improved new data system used by the local authority has highlighted some small discrepancies within historic data sets, but these are not reported to be significant enough to have influenced reporting trends. Statistical Neighbour and England data sets have been checked and their accuracies confirmed.

1. Number and Rate of Referrals to Children's Social Care					
		2020/21	2021/22	2022/23	2023/24
<b>Total number of referrals</b>	<b>Torbay</b>	2288	2085	2126	1899
<b>Rate of referrals per 10,000</b>	<b>Torbay</b>	905	826	842	752
<b>(SN = Statistical Neighbour)</b>	<b>SN</b>	651	697	715	-
	<b>England</b>	494	538	545	-



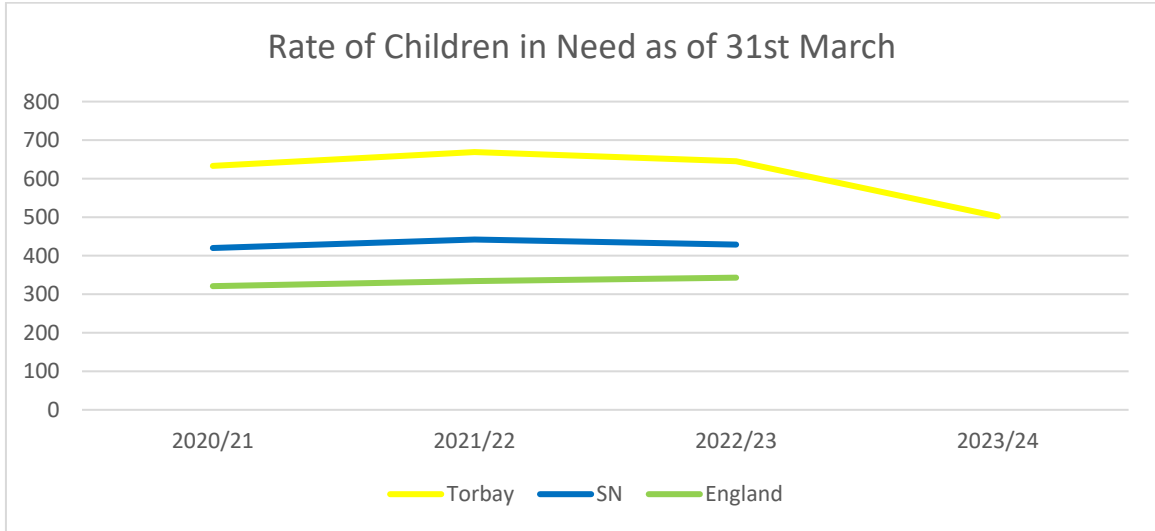
2. Referrals to Children's Social Care by Source										
	2020/21			2021/22			2022/23			2023/24
	Torbay	SN	England	Torbay	SN	England	Torbay	SN	England	Torbay
<b>School</b>	13%	14%	14%	17%	20%	20%	19%	24%	20%	16%
<b>Health</b>	12%	15%	16%	13%	13%	15%	15%	14%	14%	18%
<b>Police</b>	29%	31%	33%	26%	28%	30%	26%	23%	29%	28%





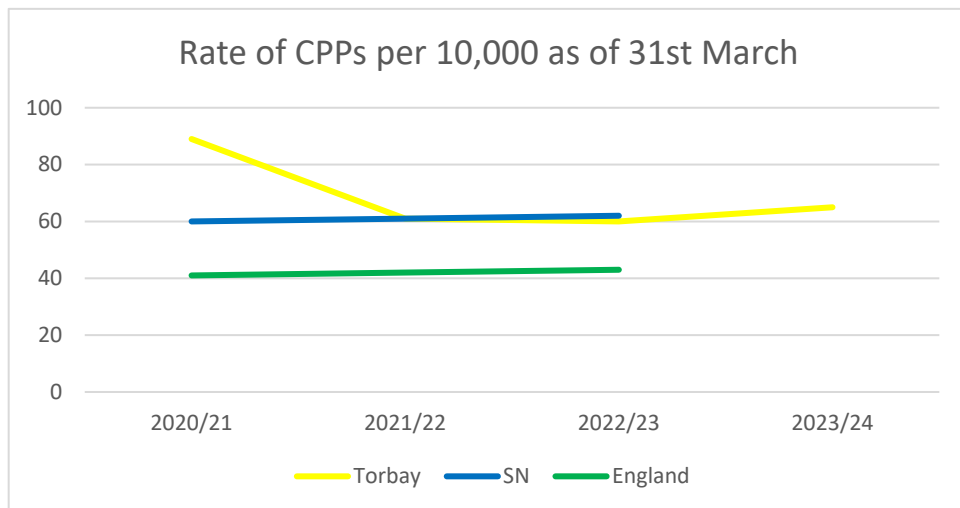
### 3. Number and Rate of Children in Need (CIN) as of 31<sup>st</sup> March

		2020/21	2021/22	2022/23	2023/24
<b>Number of Children in Need</b>	<b>Torbay</b>	1619	1705	1630	1296
<b>Rate of Children in Need per 10,000</b>	<b>Torbay</b>	633	669	645	502
	<b>SN</b>	420	442	429	-
	<b>England</b>	321	334	343	-

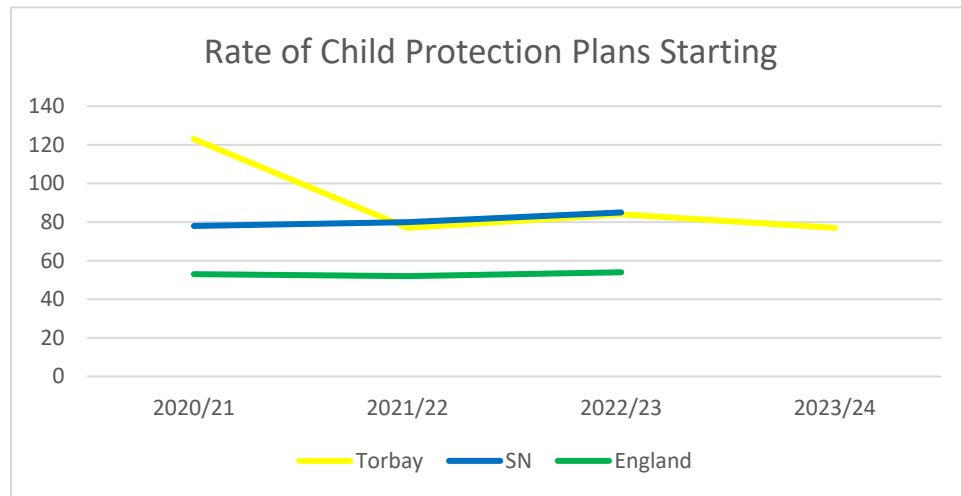


### 4. Number and Rate of Child Protection (CP) Plans as of 31<sup>st</sup> March

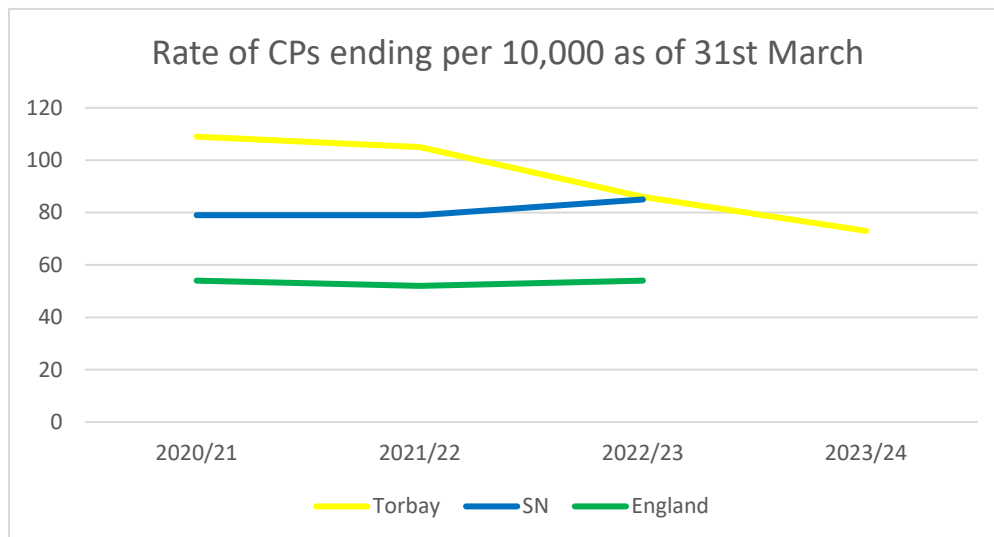
		2020/21	2021/22	2022/23	2023/24
<b>Number of CP plans</b>	<b>Torbay</b>	224	153	152	163
<b>Rate of CP plans per 10,000</b>	<b>Torbay</b>	89	61	60	65
	<b>SN</b>	60	61	62	-
	<b>England</b>	41	42	43	-



5. Number and Rate of Child Protection Plans Starting					
		2020/21	2021/22	2022/23	2023/24
Number of CP plans starting	Torbay	310	195	213	194
Rate of CP plans starting per 10,000	Torbay	123	77	84	77
	SN	78	80	85	-
	England	53	52	54	-

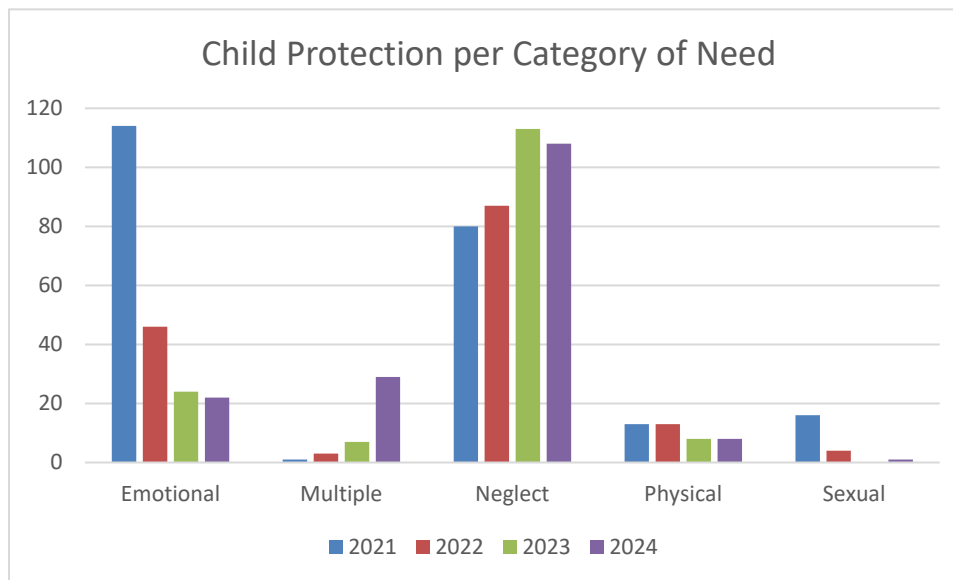


6. Number and Rate of Child Protection Plans Ending					
		2020/21	2021/22	2022/23	2023/24
Number of CP plans ending	Torbay	277	266	216	183
Rate of CP plans ending per 10,000	Torbay	109	105	86	73
	SN	79	79	85	-
	England	54	52	54	-



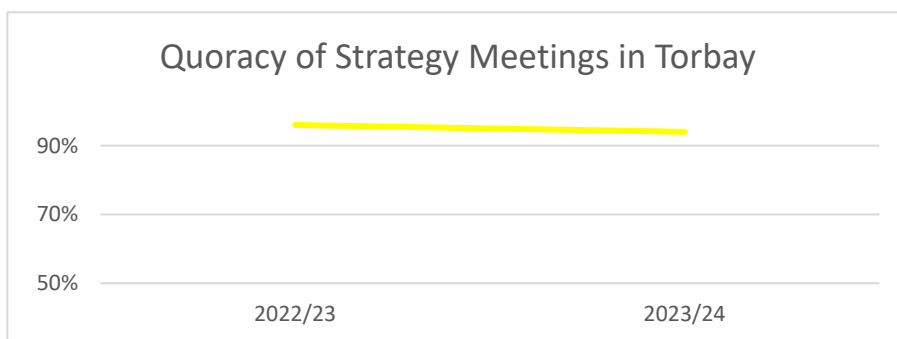
### 7. Child Protection Plans by Category of Need as of 31<sup>st</sup> March

	2021		2022		2023		2024	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
<b>Emotional</b>	114	51%	46	30%	24	16%	22	13%
<b>Multiple</b>	1	0%	3	2%	7	5%	29	18%
<b>Neglect</b>	80	36%	87	57%	113	74%	110	67%
<b>Physical</b>	13	6%	13	8%	8	5%	0	0%
<b>Sexual</b>	16	7%	4	3%	0	0%	2	1%
<b>Total</b>	224		153		152		163	

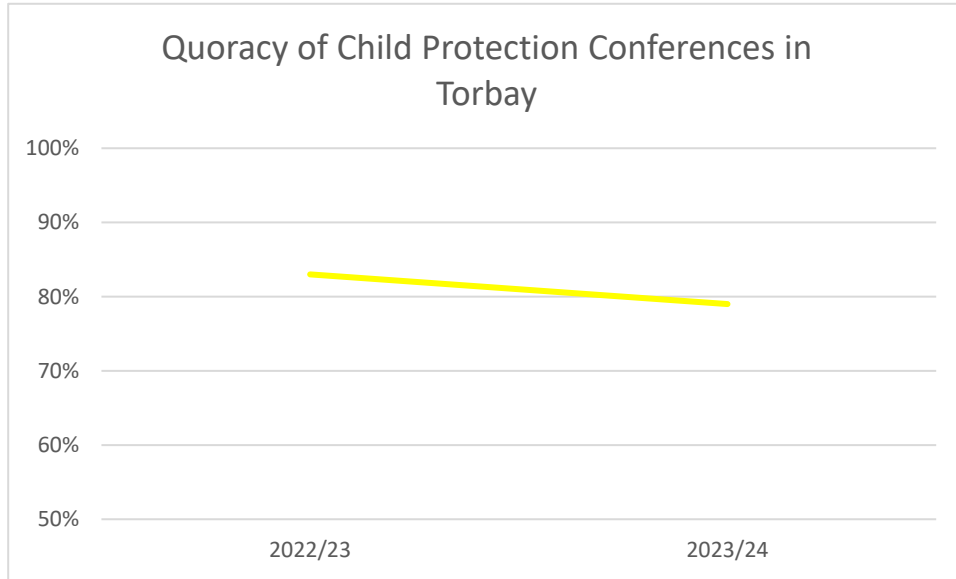


### 8. Quoracy of Strategy Meetings

		2022/23	2023/24	
<b>Number of meetings</b>	<b>Torbay</b>	1273	1206	
<b>Percentage of quorate meetings</b>	<b>Torbay</b>	96%	94%	
	<b>SN</b>	-	-	
	<b>England</b>	-	-	



9. Quoracy of Child Protection Conferences (Initial and Review)				
		2022/23	2023/24	
Number of meetings	Torbay	703	603	
Percentage of quorate meetings	Torbay	83%	79%	
	SN	-	-	
	England	-	-	



## 7 Statutory Reviews and Other Audits

Between 01/04/2023 and 31/03/2024 the TSCP received four Serious Incident Notification (SIN) referrals, covering six children, these children being individually coded C104 to C109. This was a drop from the seven referrals noted in last year's Annual Report and is a continuation in the pattern of reducing serious incidents being reported to the TSCP. There is no suggestion that this reduction in referrals indicates any form of concern as all potential incidents are reviewed by the partnership. However, the reduction may indicate an improving local understanding of serious incident criteria and the effectiveness of the TSCP's multi-agency SIN threshold reviewing process. All SIN referrals are reviewed via this mechanism within the first five working days of the referral being submitted, with all these meetings being quorate and occurring within timescale during the current reporting period.

Only one of the 2023/24 referrals met the criteria for undertaking a Rapid Review (RR), with all learning being identified at that stage of the process which obviated the need for a Child Safeguarding Practice Review (CSPR). The other three referrals led to After Action Reviews (AAR), which is a form of learning review devised by the TSCP that follows the Rapid Review process in respect of information gathering and analysis but without the 15-day statutory timescale. Learning from all TSCP reviews is managed and reviewed by the CSPR Panel and Quality Assurance Group, with learning not deemed to be complete until there is evidence of it being embedded into local practice.

### **C104 AAR**

SIN referral from the TSCP QA Group chair reporting concerns that C104 had suffered extensive injuries following an attempted suicide. SIN threshold was not deemed met as the incident/injuries were not attributable to abuse or neglect. AAR commissioned as learning was believed to be evident.

### **C105-C107 AAR**

SIN referral from CAF/CASS reporting concerns that the children were living in a household in which there were high levels of neglect. SIN threshold was not met due to there being no evidence of chronic neglect leading to enduring, life changing harm. AAR commissioned to review related local multi-agency practice and implement any learning identified.

### **C108**

SIN referral from Devon and Cornwall police following the death of C108. The referral did not meet SIN criteria as abuse was not suspected, and neglect was not believed to be evidenced to the required SIN threshold. Learning was agreed to be reviewed and incorporated into local practice via existing CDOP processes.

### **C109 RR**

SIN referral from Devon and Cornwall police following the death of C109. Rapid Review held due to neglect being suspected to be a contributory factor to the death. The TSCP recommended to National Panel that all learning had been identified within the Rapid Review process, with that recommendation being endorsed by the Panel.

## Impact of Learning

The impact of learning and subsequent actions in Torbay from Rapid Reviews, After Action Reviews and both local and national CSPRs continues to be overseen within the TSCP structure. Review recommendations, actions and agreed learning from reviews are collated onto a central database that is reviewed and updated by the TSCP's CSPR Panel during its bi-monthly meetings. Relevant learning is shared across the partnership, to individual agencies and sub-groups where appropriate. Where auditing is required to review local practice/procedures and ensure learning has become embedded, this is actioned and reviewed by the TSCP Quality Assurance Group. Updates and learning plans are then presented for ratification at the Business and Executive Groups and shared with the wider partnership to be actioned.

In August 2023, the TSCP published a Local CSPR, C101, following serious unexplained injuries to an eight week old baby. The learning from the CSPR was expanded by the Chair of the partnership's CSPR Panel to include a Gap Analysis of local services in respect of National Panel's research entitled 'The Myth of Invisible Men'. This Gap Analysis enhanced learning from the C101 CSPR across the partnership and will be used to inform future single agency and whole TSCP learning events.

During the 2023/24 reporting period, the TSCP undertook a Multi-Agency Case Audit (MACA) with the theme of Child Criminal Exploitation. The findings of the Child Criminal Exploitation MACA resulted in learning that was shared across the partnership and presented at the TSCP Annual Conference in March 2024. The proposed mental health/emotional wellbeing MACA was extended into a full Thematic Review, to include participation by children and young people, however on review this reverted back to a MACA and has crossed into the 2024/25 reporting period so will be reported on in the next TSCP Annual Report.

Following the success of the first TSCP conference in January 2023 the TSCP Executive Group requested a second annual TSCP Conference, which was held on 15th March 2024. The conference was themed on the new WT2023 arrangements and findings from the Joint Targeted Area Inspection (JTAI) that was undertaken in November 2023 by a multi-agency inspection team that reviewed and evaluated the arrangements of Torbay safeguarding partners in respect of 'the multi-agency response to identification of initial need and risk'. Other agenda items covered at the conference were child exploitation, professional curiosity and GCP2 assessment updates. As in 2023, the annual conference was also live streamed to enable hybrid access, with 173 delegates watching the conference online, both on the day and subsequently via the ilearn online portal, and 103 attending in person.

## 8 Child Death Overview Arrangements

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Child death reviewing arrangements in Torbay form part of the regional South West Peninsula Child Death Overview Panel (CDOP). This service remained commissioned to Livewell Southwest within the reporting year 2023/24.

Child death review partners are defined in section 16Q of the Children Act 2004, which for the South West Peninsula CDOP are:

- Cornwall Council
- Council of the Isles of Scilly
- Devon County Council
- Plymouth City Council
- Torbay Council
- NHS Devon ICB
- NHS Cornwall and Isles of Scilly ICB

The child death review arrangements operate in line with the requirements of the statutory guidance, WT2023, and the Child Death Review: Statutory and Operational Guidance (England) 2018. Within these arrangements, Devon and Cornwall Police join the child death review partners to form quoracy. The child death review process is defined by four stages following the death of a child:

1. Immediate decision making and notifications.
2. Investigation and information gathering.
3. Child Death Review Meeting (CDRM).
4. Independent review of the child death by the CDOP.

The TSCP were represented at CDOP by NHS Devon ICB during 2023/24 via arrangements that were agreed in May 2022. The ICB representative presents CDOP learning at the TSCP's bi-monthly Child Safeguarding Practice Review Panel, and this is actioned/disseminated to partners or other sub-groups as required. The outcomes of the TSCPs interventions are then fed back to the CDOP by the ICB representative to complete the learning cycle. Assurance of the child death arrangements is a function of the TSCP Executive Group.

## 9 Learning and Development Summary

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### Key Performance Indicators

Overall, 1360 training places were available this year (a decrease of 36% compared to available course places in the previous year) and 787 places were accessed. The percentage uptake (total places accessed compared to total places available) is slightly higher than last year, at 58%.

The average number of places attended compared to the number of places booked (due to late cancellations or no-shows) has decreased slightly again to 80%.

### New courses

The Project M exploitation courses commissioned in 2022 (for which initial dates were cancelled due to poor uptake) were re-listed for 2023/24. Although course numbers were initially minimal, a directive for wider statutory partner attendance from the Executive Group and paying for March-April course places from the TSCP training budget enabled greater attendance and multi-agency discussion across all partners, evidencing that the course content and provision is welcomed.

Procurement for Level 3 Safeguarding training has been undertaken, with the aim of a new contract commencing from May 2024.

### Training Offer

Information on training can be found on the [Training - Torbay Safeguarding Children Partnership](#) website page. The training offer available to support practitioners' continuous professional development, with current courses and e-learning, is listed here: [Training - Torbay Safeguarding Children Partnership](#)

Links to further training opportunities for practitioners working with children and young people are also available from the same TSCP training page, including practitioner training around young people with Special Educational Needs and Disabilities. Further supporting resources are available on the TSCP [learning and development resources page](#).

In addition to the courses detailed under 'Attendance Data' below, the following e-learning is available:

- Honour Based Abuse (inc. Forced Marriage)
- Female Genital Mutilation
- Cuckooing
- County Lines Awareness
- Whistle-blowing with confidence
- Level 1 – Induction to safeguarding children and adults
- Level 2 – Introduction to Child Protection
- Introduction to Safeguarding Adults
- Introduction to Domestic Abuse and Sexual Violence
- Introduction to MARAC
- Introduction to Sexual Violence Disclosures
- Introduction to Online Safety
- An Introduction to Trans-Awareness



- Self-Harm Awareness
- LGBTQI Awareness
- An Introduction to Trans Awareness
- Drug & Alcohol Awareness
- PREVENT (counter terrorism) Level 1 (Awareness) and Level 2 (Enhanced) Training
- Modern Slavery
- MAPPA Awareness

Further to courses commissioned directly by the TSCP, as One Children’s Service, Torbay Children’s Services and Local Area also continue to work to adopt Restorative Practice, a strength-based approach that recognises that building a positive relationship with children, young people and families who need support is important – acknowledging that listening to children, young people and families and working ‘with’ rather than doing things ‘for’ or ‘to’ people is the best way we can help support. Further details can be found here: [Restorative Practice - Torbay Safeguarding Children Partnership](#). Torbay Children Services offer free Restorative Practice training to all partner agencies, which includes:

- [Restorative Practice Awareness](#)
- [Restorative Language Workshop](#)

### Attendance Data

Course	Number of Courses delivered	Places Available	Booked	Attended	Attendance Rate	Places Booked Vs Available
<a href="#"><u>Best Practice Forum: TSCP Conference 2024</u></a>	1	150	133	103	71%	89%
<a href="#"><u>Level 3 Safeguarding Children Foundation</u></a>	7	238	219	187	85%	92%
<a href="#"><u>Level 3 Safeguarding Children Refresher</u></a>	22	280	198	172	87%	71%
<a href="#"><u>Child Exploitation in Torbay</u></a>	1	16	9	7	78%	56%
<a href="#"><u>Project M Exploitation Courses New</u></a>	12	272	159	126	79%	58%
<a href="#"><u>DASH Risk Assessment</u></a>	4	80	72	46	64%	90%
<a href="#"><u>DARAC Training</u></a>	5	72	48	38	79%	67%
<a href="#"><u>GCP2 Training</u></a>	6	108	95	69	73%	88%
<a href="#"><u>CSPR Learning Events</u></a>	0	/	/	/	/	/
<a href="#"><u>Introduction to Family Group Conferences</u></a>	4	64	40	32	80%	63%
















<b>AIM Project (HSB)</b>	4	80	41	37	90%	51%
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## Course Evaluation Responses

This was the second year of the TSCP Conference, which was again well-received – attendance increased by 27% and feedback responses have also slightly increased since its introduction. Evaluation forms were open to all, including both live online and in-person attendees.

The level three safeguarding courses have continued to be well attended – the number of evaluations returned has improved greatly from 2022-23 and resulting learner actions completed remain high. The feedback on the pre-course online e-learning also remains high, with 99% stating it has supported the trainer-led sessions.

As shown below, there has been an overall improvement in the number of initial course evaluations completed – which is excellent, as this shows the majority of attendees are following up course sessions and able to access online resources and supporting materials.

<b>Course Evaluations Returned</b> <i>*Arrows indicate trend direction of returns compared to previous year</i>	<b>Initial Evaluation</b>	<b>Impact Evaluation (12 weeks)</b>
<b>Best Practice Forum: TSCP Conference 2024</b> (32 live event responses; 1 from livestream recording)	32% (up from 27% in 2023) 	N/A
<b>Safeguarding Children Foundation</b>	81% 	53% 
<b>Safeguarding Children Refresher</b>	93% 	76% 
<b>Exploitation Courses:</b>  Child Exploitation in Torbay <b>New</b> Child Sexual Exploitation (Project M) <b>New</b> Child Criminal Exploitation (Project M) <b>New</b> Modern Slavery and the NRM (Project M) <b>New</b> Children and Young People Who Go Missing (Project M)	- 55% 40% 47% 46%	- 36% 23% 24% 29%
<b>DASH Risk Assessment Training</b>	76% 	72% 
<b>DARAC Training</b>	97% 	74% 
<b>Graded Care Profile 2 (GCP2) Training</b>	77% 	71% 
<b>CSPR Learning Events</b>	-	-
<b>Introduction to Family Group Conferences</b>	63% 	63% 
<b>AIM Project: Harmful Sexual Behaviours</b>	51% 	32% 

## 10 Allegations Against People that Work with Children

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WT2023 and Keeping Children Safe in Education 2022 (KCSI), revised 01/09/2023, place a responsibility on all Local Authorities in England to identify a designated officer (LADO) who is involved in the management and oversight of individual cases of allegations of abuse made against those who work with children. The role of the LADO is to give advice and guidance to employers and voluntary organisations and liaise with the police and other agencies to monitor the progress of cases to ensure that they are dealt with as quickly as possible and are consistent, with a thorough and fair process.

Torbay Council ensures effective management oversight of the LADO, including quality assurance, LADO supervision, dealing with developing areas of concern in individual professional cases and facilitating improvements in LADO practice.

A more detailed overview of the work of the LADO in Torbay during this reporting year can be found within the [2023/24 LADO Annual Report](#).

## 11 Glossary

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AMM	Allegation Management Meeting
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CDRM	Child Death Review Meeting
CNO	Chief Nursing Officer
CSPR	Child Safeguarding Practice Review
CYPEG	Children and Young People Exploitation Group
DBS	Disclosure and Barring Service
DfE	Department for Education
DoPHAR	Torbay Director of Public Health Annual Report
DSP	Delegated Safeguarding Partner
EHCP	Education, Health, and Care Plan
GCP2	Graded Care Profile 2
GDPR	General Data Protection Regulations
HSB	Harmful Sexual Behaviour
ICB	Integrated Care Board
IS	Independent Scrutineer
JSNA	Joint Strategic Needs Assessment
JTAI	Joint Targeted Area Inspection
KCSIE	Keeping Children Safe in Education
LA	Local Authority
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
LSP	Lead Safeguarding Partner
MACA	Multi-Agency Case Audit
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
NCMD	National Child Mortality Database
NHS	National Health Service
NSPCC	National Society for the Prevention of Cruelty to Children
PCC	Police and Crime Commissioner
ONS	Office for National Statistics
SCR	Serious Case Review
SEND	Special Educational Needs and Disabilities
SIN	Serious Incident Notification
SN	Statistical Neighbour
TESS	Torbay Education Support Service
TSCB	Torbay Safeguarding Children Board
TSCP	Torbay Safeguarding Children Partnership
TCSP	Torbay Community Safety Partnership
THRIVE	Therapeutic, Habit, Relational, Individual, Values and Emotional factors
Wood Report 2021	Government review of new multi-agency safeguarding arrangements
WT2018	Working Together to Safeguard Children 2018
WT2023	Working Together to Safeguard Children 2023

**Meeting:** Health and Wellbeing Board **Date:** 12 December 2024

**Wards affected:** All

**Report Title:** Health and Wellbeing Board work programme 2025

**When does the decision need to be implemented?** December 2024

**Cabinet Member Contact Details:** Hayley Tranter, Cabinet Member Adult & Community Services, Public Health & Inequalities [Hayley.Tranter@torbay.gov.uk](mailto:Hayley.Tranter@torbay.gov.uk)

**Director Contact Details:** Lincoln Sargeant, Director of Public Health [Lincoln.Sargeant@torbay.gov.uk](mailto:Lincoln.Sargeant@torbay.gov.uk)

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## 1. Purpose of Report.

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- 1.1 The purpose of this report is to update members on the Health and Wellbeing Board Work Programme for 2025.

## 2. Reason for Proposal and its benefits

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- 2.1 The work programme of the Health and Wellbeing Board is structured around the statutory responsibilities of the Board. For example the Board is required to receive and endorse the Joint Strategic Needs Assessment, and the Joint Health and Wellbeing Strategy, when these are updated.

### ***Business items***

The table below includes the business items we expect to need to receive or endorse in 2025. Additional items may be added during the year.

Partners are asked to ensure any new papers requiring Health and Wellbeing Board approval are notified in advance so they can be added to the forward plan.

### ***Items for update***

We have also scheduled items for update for each meeting. These are topical issues where we feel members will be interested to hear, share and comment on progress.

### ***Development workshops***

We will continue to hold development workshops to spotlight progress and activity around key areas from the Joint Health and Wellbeing Strategy on a quarterly basis. These are also offered to members of the South Local Care Partnership where they focus on priority areas of interest to both Health and Wellbeing Board and Local Care Partnership members. The workshop schedule will evolve during the year in response to emerging priorities.

### ***Emerging issues***

The 'emerging issues' process continues in 2025. This is available for partners to highlight emerging topics that are of importance to members and require multi-agency awareness and action.

### **Health and Wellbeing Board draft workplan 2025**

<b>Date</b>	<b>Item</b>	<b>Lead Officer(s)/ Organisation</b>	<b>Purpose</b>
<b>March 2025</b>	<b>Business items</b>		
	Peninsula Health Protection Annual Report 2023/24	Julia Chisnell / Mandy Guy	For information
	Torbay Joint Health & Wellbeing Strategy 6 monthly monitoring reports & developing the Health and Wellbeing Strategy 2026	Julia Chisnell	For information & escalation of risks & issues
	6 monthly Torbay Drug & Alcohol Partnership report	Lincoln Sargeant	
	<b>Items for update</b>		
	Integrated Care Board & Local Care Partnership business programme	Karen Barry, Justin Wiggin	

Date	Item	Lead Officer(s)/ Organisation	Purpose
	Turning the Tide & Cost of Living programmes	Lincoln Sargeant, Jo Williams	
<b>June 2025</b>	<p><b>Business items</b></p> <p>Torbay Joint Strategic Needs Assessment 2025-26</p> <p>Devonwide Pharmaceutical Needs Assessment 2025-28</p> <p>Carers' Strategy</p> <p><b>Items for update</b></p> <p>Integrated Care Board &amp; Local Care Partnership business programme</p> <p>Turning the Tide &amp; Cost of Living programmes</p>	<p>Simon Baker</p> <p>Simon Baker</p> <p>Jo Williams, Katy Heard</p> <p>Karen Barry, Justin Wiggin</p> <p>Lincoln Sargeant</p>	<p>Statutory requirement to receive and endorse</p> <p>Statutory report</p>
<b>September 2025</b>	<p><b>Business items</b></p> <p>Torbay Joint Health &amp; Wellbeing Strategy 6 monthly monitoring reports &amp; developing the Health and Wellbeing Strategy 2026</p> <p>Torbay Better Care Fund 2024 – 25</p>	<p>Julia Chisnell</p> <p>Justin Wiggin</p>	<p>For information &amp; escalation of risks &amp; issues</p> <p>For information</p>

Date	Item	Lead Officer(s)/ Organisation	Purpose
	<p>Smokefree Devon Alliance Strategy (2023-28) - year 2 progress report</p> <p>Torbay Interagency Carers' Strategy 2024-27 update</p> <p>6 monthly Torbay Drug &amp; Alcohol Partnership report</p> <p><b>Items for update</b></p> <p>Integrated Care Board &amp; Local Care Partnership business programme</p> <p>Turning the Tide &amp; Cost of Living programmes</p> <p>Section 75 agreement</p> <p>Winter planning and vaccination programme</p>	<p>Claire Tatton</p> <p>Katy Heard</p> <p>Lincoln Sargeant</p> <p>Karen Barry, Justin Wiggin</p> <p>Lincoln Sargeant</p> <p>Director of Adult Social Care</p> <p>Julia Chisnell, Justin Wiggin</p>	<p>For information</p> <p>For information</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p>
<p><b>December 2025</b></p>	<p><b>Business items</b></p> <p>2026 Health and Wellbeing Board work programme</p> <p>Torbay and Devon Adult Safeguarding Partnership – Annual Report</p>	<p>Lincoln Sargeant</p> <p>Director of Adult Social Care</p>	<p>For information and endorsement</p> <p>Statutory requirement</p> <p>For information</p>



Date	Item	Lead Officer(s)/ Organisation	Purpose
	<p>Torbay Better Care Fund – annual report</p> <p>Director of Public Health Annual Report 2025</p> <p><b>Items for update</b></p> <p>Integrated Care Board &amp; Local Care Partnership business programme</p> <p>Turning the Tide &amp; Cost of Living programmes</p>	<p>Justin Wiggin</p> <p>Lincoln Sargeant</p> <p>Karen Barry, Justin Wiggin</p> <p>Lincoln Sargeant</p>	<p>For information</p> <p>Statutory report</p>

### 3. Recommendation(s) / Proposed Decision

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1. Members are asked to endorse the Health and Wellbeing Board Work Programme for 2025

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