TORBAY COUNCIL

Wednesday, 11 March 2026

ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD

A meeting of **Adult Social Care and Health Overview and Scrutiny Sub-Board** will be held on

Thursday, 19 March 2026

commencing at **2.00 pm**

The meeting will be held in the Banking Hall, Castle Circus entrance on the left corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Councillor Johns (Chairwoman)

Councillor Bryant
Councillor Douglas-Dunbar
Councillor Foster
Councillor Spacagna (Vice-Chair)

A Healthy, Happy and Prosperous Torbay

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ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD
AGENDA

1. Apologies

To receive apologies for absence, including notifications of any changes to the membership of the Adult Social Care and Health Overview and Scrutiny Sub-Board.

2. Minutes (Pages 5 - 18)

To confirm as a correct record the minutes of the meetings of the Adult Social Care and Health Overview and Scrutiny Sub-Board held on 15 January and 4 February 2026.

3. Declarations of Interest

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.

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 Chair decides are urgent.

5. Key Public Health Updates

5(a) Local Drug Information System (LDIS) update (Pages 19 - 52)

To consider the report on the above.

5(b) Sexual and Reproductive Health contract mobilisation (Pages 53 - 62)

To consider a report on the above.

6. **Annual Public Health Report 2026 – Men's Health** (Pages 63 - 70)

To receive the emerging Public Health Annual Report 2026 on Men's Health.

7. **Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker** (Pages 71 - 78)

To receive an update on the implementation of the actions of the Sub-Board and consider any further actions required (as set out in the submitted action tracker).

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Minutes of the Adult Social Care and Health Overview and Scrutiny Sub-Board

15 January 2026

-: Present :-

Councillor Johns (Chairwoman)

Councillors Douglas-Dunbar, Foster and Spacagna (Vice-Chair)

Non-voting Co-opted Members
Sarah Lonton (Healthwatch Torbay)
Amanda Moss (Chair of the Voluntary Sector Network

(Also in attendance: Councillor Tranter)

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40. Minutes

The minutes of the meeting of the Sub-Board held on 18 December 2026 were confirmed as a correct record and signed by the Chair.

41. Torbay and Devon Safeguarding Adult Partnership Annual Report 2024/25

The Board received and noted the Torbay and Devon Safeguarding Adults Partnership (TDSAP) Annual Report 2024–25, which set out safeguarding activity, partnership arrangements and key learning under the Care Act 2014. Members noted the continued strategic leadership role of the Partnership across Torbay and Devon, supported by an independent Chair and multi-agency membership, and the shift towards a more outcome-focused approach over the next three years.

Members noted Devon recorded an increase in safeguarding concerns and Section 42 enquiries, while Torbay saw a reduction in both. It was noted that Torbay's data does not present as an outlier when compared nationally. Members were reminded that Devon data could not currently be relied upon as a direct comparator due to historic operational and data-recording issues. Members were advised that the Partnership continued to monitor data trends closely through the Performance and Quality Assurance Sub-Group.

Members noted that the majority of safeguarding enquiries continue to relate to adults with care and support needs living in their own homes. There has been a corresponding reduction in care-home-based enquiries. The TDSAP Chair advised that the most common types of risk remain self-neglect, neglect and acts of omission, and psychological abuse. It was clarified that self-neglect data includes hoarding behaviours and an inability to manage the home environment. Members acknowledged funding recently awarded to voluntary sector partners, including

Citizen Advice and Age UK, to support work around hoarding, and noted the important role of Fire and Rescue Services in managing fire risk through staged, long-term engagement approaches.

An overview of Safeguarding Adults Reviews (SARs) completed during the year was provided. Five SARs were published in 2024–25, with recurring themes including mental health, self-neglect, substance misuse and challenges in applying the Mental Capacity Act (2005). Members noted the consistent learning around professional disagreement on mental capacity, particularly in cases of self-neglect, and the need to better understand executive capacity and decision-making ability. Concerns were raised that professionals may rely too heavily on the Mental Capacity Act without considering wider legal frameworks such as the Care Act or Mental Health Act. It was emphasised that disagreements about capacity should prompt a formal, multi-disciplinary assessment, and that professionals can refer into safeguarding to ensure this process was undertaken.

Training and workforce development were discussed. Members raised concerns about reliance on e-learning and the lack of assurance that learning was fully understood and embedded in practice. It was acknowledged that e-learning serves a basic awareness function but that face-to-face training, shared learning and discussion of real cases are often more effective, particularly for safeguarding and mental capacity. The TDSAP Chair acknowledged the need to perhaps improve the visibility and marketing of the training provided by the Safeguarding Board. The Partnership had identified an ongoing issue around legal literacy and the importance of continuous professional development to maintain high standards of legal understanding.

The Divisional Director of Adult Social Care clarified advocacy arrangements noting that advocacy was used across the safeguarding system at an operational level where appropriate, depending on the individual's circumstances and the specific context of capacity and decision-making.
Members discussed reporting pathways and thresholds under the Care Act. All concerns should be reported into Adult Social Care, with the subsequent assessment determining whether Section 42 safeguarding duties were triggered and what outcomes were required. It was confirmed that safeguarding concerns arising in an individual's own home were reported by a mixture of professionals and family members, in line with national patterns.

The Board noted the agreed TDSAP strategic priorities for 2025–27: seeking assurance on practice improvement in key risk areas, embedding learning from SARs into frontline practice, and improving awareness, engagement and inclusion, particularly within harder-to-reach communities.

Actions agreed:

1) TDSAP Chair to share with the Clerk for wider dissemination links to available face-to-face safeguarding and mental capacity training, including details of costs and access arrangements.

42. Care Quality Commission (CQC) Adult Social Care Assessment Report and Improvement/Action Plan

The Sub-Board received the Care Quality Commission (CQC) Adult Social Care Assessment Report and the emerging Improvement Action Plan following the inspection undertaken in September 2025. Members congratulated officers on progress made to date and welcomed the positive direction of travel. It was noted that the action plan was still in development and would be brought back for further scrutiny, with members expressing an interest in having sight of the detailed plan once completed.

Members raised questions about the level of detail within the action plan, particularly in relation to timelines, measures of success and how progress would be shared with the public. Officers advised that a significant element of the improvement work focused on co-production and that engagement with people who use services had been, and would continue to be, central to the improvement approach.

The Sub-Board discussed hospital discharge, specifically the average time of 91 days for some people to return home. Clarification was sought on what was driving this and whether readmissions were contributing. Officers advised that, from an adult social care perspective, the quality of assessments was critical to ensuring people received the right support at the right time. However, it was acknowledged that wider system pressures were also contributing, including capacity pressures within the NHS and access to primary care services such as GPs.

Concerns were raised regarding the low uptake of Direct Payments. Members queried whether perceptions and practice might be limiting take-up and whether more could be done to promote their benefits. Officers acknowledged that while Direct Payments cannot be mandated, there was a need to better shape and refocus practice and messaging to improve understanding. It was confirmed that support mechanisms were in place to assist individuals with the administration of Direct Payments for those who required help managing them.

Members asked whether people accessing Adult Social Care services could be routinely identified as veterans, to enable veteran specific services and support agencies to be involved at an earlier stage. Officers advised that work was underway to strengthen this, including linking Adult Social Care webpages with veteran support information. It was acknowledged that identification and effective flagging of veteran status was an area requiring further development.

The Sub-Board noted work being undertaken by Healthwatch in partnership with the Torbay and South Devon NHS Foundation Trust and the Council to capture feedback from people using Direct Payments. It was reported that Healthwatch was exploring the opportunity to hold an engagement event aimed at improving understanding and increasing uptake of Direct Payments.

Members referred to concerns highlighted within the report regarding young people transitioning to adult services and the risk of individuals “slipping through the net”. Officers advised that this could in part be attributed to limitations in IT

systems, and that the move to the Liquidlogic system would assist improvement. It was noted that not all young people transition through Children's Services, as they may not have required the support of Children's Services. Officers advised that work was ongoing to identify missed cases, understand the reasons, and raise awareness by increasing presence within the community. It was also noted that the Commissioning Director sat on the SEND Board, strengthening cross-system oversight.

Members asked about the Section 75 partnership arrangements and what the implications might be in the event of a further inspection. Officers advised that the position was not yet clear and that further guidance was awaited.

Resolved:

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the Care Quality Commission Adult Social Care Assessment Report and Improvement Action Plan; and

2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board receive a quarterly progress update on the Adult Social Care, Care Quality Commission Improvement Plan.

43. Overview of the Adult Social Care Market

The Sub-Board noted the Overview of the Adult Social Care Market report, which provided an update on the quality, capacity and sustainability of Adult Social Care provision in Torbay, including workforce issues across residential, nursing, supported living and domiciliary care.

Members discussed provision for people living with dementia. It was noted that a significant number of care homes continued to support people with dementia. The Divisional Director of Adult Social Care advised that earlier awareness and diagnosis were important in supporting prevention, enabling family support and facilitating alternative community-based or home support options before admission to residential care became necessary.

The Sub-Board queried whether training for care staff was regulated. Officers advised that training should be accredited and that the Care Quality Commission (CQC) was responsible for the registration and regulation of care homes, including compliance with training requirements. The Divisional Director of Adult Social Care confirmed that while care providers were not regulated directly by the Council, they were required to be registered with the CQC as part of the Council's contracting and quality assurance processes, and the Council became involved where safeguarding concerns arose.

Members sought clarification on the Living Well at Home domiciliary care arrangements and whether these operated under a contract. Officers explained that the Living Well at Home offer operated through a Framework, which providers could join. When care was required, the brokerage team identified needs through assessment and issued requirements to providers on the Framework to secure appropriate care.

Members were reminded that assessments were undertaken in line with the Care Act 2014, and that where an individual was assessed as having eligible needs under the Act, they would receive services to meet those needs in line with statutory duties.

The Sub-Board discussed the Jack Sears House model and queried whether it was being sufficiently promoted. Members expressed the view that the approach was strong and should be more actively championed. Officers acknowledged that greater emphasis was required to ensure people were supported to return to their own homes where appropriate. It was noted that the CQC report reinforced the importance of this approach and that, regardless of the future of the Section 75 arrangements, the core principle of protecting and promoting independence remained central. Officers also referenced the NHS 10-Year Plan, which reinforced the need to equip people with the tools to maintain independence.

Members queried how the Council assured itself that care homes were following their own procedures and meeting wider health needs, such as dental care. The Divisional Director of Adult Social Care advised that where a person was at risk of harm or abuse, this would be addressed through safeguarding processes. Where concerns related to failure to provide routine care, this might constitute a CQC regulatory matter. Where issues related to access to services, such as dentistry, responsibility could sit with the Integrated Care Board (ICB). It was noted that Healthwatch received significant feedback regarding access to dentistry generally, though not specifically from care home residents, and Members were encouraged to direct relevant concerns to Healthwatch to support wider monitoring.

The Sub-Board discussed nutrition, particularly in the context of dementia and Alzheimer's disease. The Divisional Director of Adult Social Care advised that under the Care Act the Council's responsibility related to ensuring individuals were supported to eat and drink, rather than determining the nutritional content of their diet. It was acknowledged that there was no specific system wide focus on nutrition in relation to dementia. Officers confirmed that individuals retained choice and control over what food they purchased and consumed.

Workforce challenges were discussed, including staff turnover. Officers advised that turnover often reflected staff moving between providers rather than leaving the sector entirely. Members were informed that reliance on overseas workers presented a risk to workforce stability, particularly given recent changes to immigration arrangements.

Actions:

1) that the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board write to the Integrated Care Board to request that they attend to discuss dentistry access for care home residents and those in supported living. In addition, the Divisional Director for Adult Social Care identify the responsible bodies for other services such as opticians and chiropody in order for the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board to write to them seeking details as to how care home residents access these services; and

2) that the Director of Public Health attend a future meeting of the Adult Social Care and Health Overview and Scrutiny Board to present to Members Public Health activities regarding healthy weight/nutrition with a focus on older people.

44. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

The Sub-Board noted the submitted action tracker.

Chair

TORBAY COUNCIL

Minutes of the Adult Social Care and Health Overview and Scrutiny Sub-Board

4 February 2026

-: Present :-

Councillor Johns (Chairwoman)

Councillors Bryant, Douglas-Dunbar, Foster and Spacagna (Vice-Chair)

Non-voting Co-opted Members
Pat Harris (Healthwatch Torbay)
Amanda Moss (Chair of the Voluntary Sector Network)

(Also in attendance: Councillors Amil, Bye, Long, David Thomas, Jacqueline Thomas, Tolchard and Tranter)

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45. Declarations of Interest

No declarations of interest were made.

46. Section 75 Agreement for the Integrated Care Model

Members considered the submitted papers on whether there was a substantial change to service delivery in both health and social care which may result in a 'duty to consult' should the Torbay and South Devon NHS Foundation Trust ("the Trust") decide to serve notice, bringing an end to the Section 75 Agreement for the integrated care model for delivery of community health and adult social care services with Torbay Council and the Integrated Care Board ("ICB").

Whilst no decision had yet been made by the Trust to end the Section 75 Agreement, the Trust had publicly stated that its Board shall be meeting in February 2026 to consider this, and that it intended to take a decision regarding this at its public Board meeting on 5 March 2026. The Trust is required to serve formal notice to the Council and the Integrated Care Board by 31 March 2026, which then leaves 12 months of transitional work with all three parties to move to a different operating model for delivery of community health and adult social care services. It was due to this tight timescale, and a resolution, passed by the Sub-Board at its meeting of the 18 of December 2025 (see Minutes of Adult Social Care and Health Overview and Scrutiny Sub-Board 18 December 2025), to require the Trust's attendance at a meeting of the Sub-Board in the new year prior to any formal decision being taken by the Trust Board to explain their reasons why they do not believe the ending of the Section 75 Agreement was a significant change, that Members of the Sub-Board were seeking assurance that there would not be a negative impact to individual's health and social

care support and in turn safety, should this change occur, which would result in a 'duty to consult' under health legislation.

The following people attended the meeting and provided responses to questions:

- Joe Teape, Chief Executive, the Trust;
- Simon Tapley, Chief Strategy and Planning Officer, the Trust;
- Penny Smith, Chief Nursing Officer, ICB;
- Anna Coles, Director of Adults and Communities, Torbay Council; and
- Councillor Hayley Tranter, Cabinet Member for Adult and Community Services, Public Health and Inequalities.

Key Findings

The Section 75 Agreement ("the Agreement") for the integrated care model for delivery of health and adult social care services has been in place for over 20 years. This involves the complete delegation for the delivery of Torbay Council's adult social care services to the Trust, with its Director of Adults and Community Services retaining overall statutory responsibility for those services, as well as the Trust providing community health services for the Torbay area. The Agreement was originally between the Trust, Torbay Council and the Clinical Commissioning Group (which has been superseded by the ICB) with a risk sharing agreement in place between the three parties to maintain financial oversight. The risk sharing agreement ceased in 2021, resultant in the Trust holding sole responsibility for the financial risk arising out of the arrangement. A new 5-year Section 75 Agreement was signed by all parties in March 2024 which set out a clear strategic direction for the continued delivery of integrated health and adult social care for the residents of Torbay.

The Agreement in Torbay is different from other examples provided (e.g. Surrey and Merton Councils) in that it completely delegates and integrates all adult social care provision to be delivered jointly alongside community health services by the Trust, resulting in a single access point staffed by Health and Social Care co-ordinators for individuals where their health and social care needs are understood. All care providers in Torbay are contracted by the Trust, with terms and conditions being different from those contracts issued by local authorities in other areas.

The unique arrangements for delivery of adult social care in Torbay have been nationally recognised and are in-line with the NHS 10-year plan encouraging integrated services at a local community level.

The Council pays the Trust around £68m a year to deliver adult social care on its behalf. This funding benchmarks above CIPFA comparator authorities who have the same demographics and deprivation. The Trust also collects around £23m a year in income from recipients of adult social care in line with charging authorities. The Trust advised that there was an annual funding gap of around £35m every year for providing adult social care and that costs have increased by around 48% over the past three years.

Views of the Trust:

In addition to the written statement provided, the Trust does not believe that, should they decide to end the Agreement, there will be any changes to the delivery of health services and therefore, there was not a substantial change to delivery of health services that would result in a 'duty to consult' under the Health Regulations. They provided examples of Surrey and Merton Councils who had both ended their Section 75 Agreements with NHS Trusts and had not fallen under the 'duty to consult' for health services as this was a change to social care delivery which falls under separate legislation. They agreed that Torbay's model was unique.

The Trust believe if the Council feels there is a change to adult social care because of any change in the Agreement, it will be up to the Council to consult. The Trust intends to develop a joint communication plan once their Board has made a public decision regarding the Agreement on 5 March 2026.

The Trust is committed to a shared priority of ensuring continuity of care and do not expect anyone to experience change in community health services, with transition being carefully planned, working alongside the Council and ICB. The Trust runs other models of integrated health and social care across Devon and would look at what works well and use that to inform future delivery in Torbay. They will need to review the joint roles and how they will be funded and supported moving forward. They believe that this is an opportunity to redesign the model of integration to be more fit for purpose for the community.

The Trust is committed to working together with the Council and ICB to keep people safe, enabling people to get the best care package with social care staff continuing to work with hospital staff to ensure they have a safe discharge. They are also committed to ensuring that no one experiences delays and people will receive the right support when they need it.

The Trust believe that the decision is about adjusting the financial framework that sits behind the Agreement between partners and that ending the Agreement could result in savings of between £20m and £25m from the current overspend of around £35m per year. They do not believe that these savings will result in changes to delivery of health services but will mean that any overspend in adult social care will not have to be taken from acute health services. It is anticipated that the savings will come at the end of the 12 months' notice period working with Torbay Council.

Views of Director of Adults and Community Services:

In addition to the written statement provided, the Director advised that the Council is committed to working closely with the Trust and ICB on any transitional work, should the notice be served. However, the Council would only be able to take on social care responsibility and not any health responsibility. At this time the Director is not able to provide a level of assurance that there will be no significant changes to health or adult social care as a blended approach has been in place for over 20 years. Consideration will need to be given on how the services are delivered in the future and what can be done to keep the front door system where individuals get assessed for both health and adult social care support.

The Local Government Association (LGA) Peer Review and Care Quality Commission (CQC) had both been provided with significant data and analysis of the current model to show the benefits and disadvantages. The CQC inspection report noted the benefits of joined up care on expediting hospital discharges and reflected the alignment of health and social care support to best achieve positive outcomes for individuals.

The Director recognises the models operated in other areas with joint roles and joint ways of working but highlighted the difference in Torbay with adult social care delegated to the NHS (Trust) for over 20 years, and therefore believes that there will be a significant change in service delivery for health and social care should the Agreement end.

The Council transfers £68m to the Trust for delivery of adult social care, with approximately £23m a year income received through client contributions. This is in line with our benchmarking authorities, with the Council providing 1.45% over that paid by other local authorities. It is acknowledged that the current model is costly, but the Council is not aware of the spilt between health and social care of the overspend of £35m quoted by the Trust. The Council and Trust are both required to balance their budgets.

The Cabinet Member for Adult and Community Services, Public Health and Inequalities highlighted that health services save lives and could not see how ending the Agreement could not impact on health services to the residents of Torbay.

Views of ICB:

In addition to the written statement provided, the ICB advised that they would require more information including an impact assessment which they say is key to determining if there is a substantial change to delivery of health services. They are working closely with the Trust on the next steps and the decisions that need to be made. The ICB fully supports working with the Trust and Council on transitional arrangements, should the notice be served.

Any transition plan would set out all the principles of safe practice ensuring flow is maintained and that national best practice continues to be adopted. There needs to be a look at strength-based work, as discharge from hospital is one matrix but consideration needs to be given to where a patient is discharged to, for example, if they stay in hospital slightly longer, they can be discharged to their home rather than a care home.

The ICB does not contribute towards the Agreement and therefore no savings would be made to the ICB if the Agreement ends.

Conclusion

Members thanked the Trust, ICB, Director of Adult and Community Services and Cabinet Member for attending the meeting to provide evidence and help them

understand the views from the three interested parties on this important topic for Torbay's communities. Whilst Members acknowledged that no decision has been made by the Trust Board to end the Section 75 Agreement, they were unanimously concerned that there was no provision by the Trust of detailed information which their Board will be considering when making their public decision on the 5 March 2026. This significantly affected Members' scrutiny function, and their ability to seek assurance that there would be no significant change or reconfiguration of health services within its area.

The Members of the Sub-Board reflected and debated the information provided to them, both verbal and written. It was clear that the Trust, Council and ICB were all committed to working together for the benefit of the people of Torbay for the delivery of community health and adult social care services, but noted that there is a difference in opinion as to whether ending the Agreement will constitute as substantial change to the delivery of health and/or adult social care services that will result in a 'duty to consult' by the Trust.

Members resolved that there was insufficient evidence and assurance before them to demonstrate that there would not be a significant change in delivery of both health and adult social care services should the Agreement end, and were gravely concerned about the impact on individuals health, and the absence of any assurances of likely changes as a result of the suggested savings highlighted by the Trust of £20 to £25m.

Members noted the Council's position for the continuation of the Agreement and a commitment by all parties to work together. However, Members unanimously resolved that the proposed decision by the Trust Board at its public meeting on 5 March 2026 was being rushed through, without public consultation and engagement with key partners and the voluntary and community sector, and without an impact assessment which they agreed was key before any decision should be made to end the Agreement, recognising the need for transformation of the services to further challenge the costs and provision to ensure that the health and social care needs of individuals are met in the most appropriate and cost effective way, whilst primarily protecting the health and safety of those persons in its area.

Resolved (unanimously):

Recommendation to the Chief Executive of the Trust:

1. That, having carefully considered all the written and oral representations before them, the Adult Social Care and Health Overview and Scrutiny Sub-Board unanimously resolved that the proposal to end the Agreement will amount to a substantial change in both health and adult social care service delivery in the area of Torbay. In coming to this decision, Members also unanimously determined that an impact assessment should be undertaken and consultation should be carried out by the Trust before a decision is taken by their Board to give notice. Noting that it is the Trust who is proposing to end the Agreement. In the absence of evidence to the contrary, Members unanimously held the honest belief that a significant change and reconfiguration to health services in

its area will arise, should the Agreement end. Members noted that there was a difference of opinion between the three parties on the duty to consult, and resolved in their honest held belief, that there were strong grounds to demonstrate that a 'duty to consult' arose of the Trust, on the grounds of significant change to health, should they give notice to end the Section 75 Agreement for the integrated care model for delivery of community health and adult social care services between the Trust, Torbay Council and the ICB for the following reasons:

a. it would result in the disaggregation of health and adult social care and community health services which have been in place for around 20 years and has wider implications for NHS services, noting that health services are expected to be designed in an integrated way with adult social care services and with population healthcare outcomes as the core focus; the Care Quality Commission had rated the service as good and noted the benefits of the integrated approach for residents and staff to best achieve positive outcomes for individuals; the arrangement saw the reduction of 60 acute beds and the risk and costs associated in these being reintroduced at a safe level;

b it would have significant financial implications for both the Trust and Torbay Council in respect of the approximately £35m deficit, with no evidence to inform what was health and what was adult social care costs and the action required to be taken by either body to manage the deficit and the consequential impact on future services, as well as the need to terminate and renegotiate with care providers to ensure effective, high-quality provision of separate health and social care support within the financial constraints, which could result in a change of care provider for those currently in receipt of support;

c. it would impact on outcomes for residents and the services they currently receive, for example as decisions would be made separately regarding their health and social care needs, this could lead to delays in receiving care to meet their needs or result in delayed discharges from hospital etc. as the funding would be held separately and decisions made by separate organisations. There are currently over 2,700 individuals in receipt of adult social care from the Trust (Integrated Care Organisation) with around 20 people a week being assessed as requiring support from adult social care, many of whom will be in receipt of both health and social care and are likely to be significantly affected by the proposed changes, with Torbay having a much higher aging population than other parts of the Country; and

d. a new Section 75 Agreement was signed by the Trust, ICB and Torbay Council in March 2024, this is a 5-year agreement and sets out clear strategic direction for the continued delivery of integrated health and adult social care for residents in Torbay;

2. that the Sub-Board recommends that the Chief Executive of the Trust and its Board defer taking a decision to end the Agreement until such time that an impact assessment of the proposed change has been completed and consultation by the Trust has been carried, noting their unanimous honest held belief that the ending of the Agreement will result in substantial service change/reconfiguration to health services for the Torbay area; and

3. that the Trust is required to make a formal public response to this recommendation within 28 days of receipt of the report; and

Recommendation to the Statutory Scrutiny Officer:

4. that, due to the timing of the proposed private Trust Board meeting taking place in February 2026 and the subsequent public meeting of the Trust Board on 5 March 2026, where the giving of a notice to end the Section 75 Agreement for the integrated care model for delivery of health and adult social care services between the Trust, Torbay Council and ICB will be discussed and determined, the Adult Social Care and Health Scrutiny Sub-Board requests that the Statutory Scrutiny Officer submits a request for call-in of the proposed decision of the Trust to end the Agreement for the integrated care model for delivery of health and adult social care services between the Trust, ICB and Torbay Council to the Secretary of State for Health and Social Care on the grounds that it is their honest held belief that the proposal constitutes a substantial service change/reconfiguration to health services for the Torbay area, resultant in their belief that the Trust has a ‘duty to consult’ before taking a decision to end the Agreement and the requirement for an impact assessment to inform the same. In coming to their decision, Members had regard to all the written and oral evidence before them and the ongoing discussions between the Trust, ICB and Torbay Council and that there had been a difference of opinion on whether or not there was a ‘duty to consult’ which could not be agreed upon and therefore believed there was a need for intervention from the Secretary of State to resolve this matter.

Chair

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TORBAY COUNCIL

Meeting: Overview & Scrutiny Sub Board – Adult Social Care and Health **Date:** 19th March 2026

Wards affected: All Wards

Report Title: Local Drug Information System (LDIS) update

When does the decision need to be implemented? n/a

Cabinet Member Contact Details: Cllr Hayley Tranter, Cabinet Member for Adult Social Care and Public Health and Inequalities plus Communities, hayley.tranter@torbay.gov.uk

Director Contact Details: Dr Lincoln Sargeant, Director of Public Health, lincoln.sargeant@torbay.gov.ukl

1. Purpose of Report

1.1. Public Health operates a Local Drug Information System (LDIS), which provides an early- warning and response process for identifying new or dangerous drugs that may emerge in Torbay. The system enables officers to assess potential risks quickly and, where necessary, issue timely communications or alerts to local partners and public facing services. This ensures that the Council and its stakeholders are informed and able to take appropriate action to reduce the risk of drug- related harm or death within the community.

1.2. Torbay's LDIS model is consistent with best practice guidelines (PHE, 2016. *Drug Alerts and Local Drug Information Systems)*. However, there are limitations to the existing framework which constrain the local authority's ability to respond to drug-related incidents that occur outside of normal working hours. While the Office of Health Improvement and Disparities (OHID) is developing a national process intended to support local authorities to implement LDIS arrangements that operate effectively both in and out of hours, this work is still pending.

1.3. In the interim, Torbay Council's Public Health Specialist for drugs and alcohol has been working closely with key partners to establish a temporary out-of-hours response process. This aims to ensure timely communication, strengthen local intelligence-sharing, and reduce the risk of serious harm among those most vulnerable to emerging synthetic drug threats

2. Reason for Proposal and its benefits

2.1. The proposals in this report help us to deliver our vision of a healthy, happy, and prosperous Torbay by strengthening Torbay's out- of- hours capacity to respond to drug

related harm incidents. This will support a more resilient local response to drug- related incidents, ensuring that Torbay is better positioned to mitigate risks associated with the rising presence and potency of synthetic drugs circulating nationally.

2.2. The reasons for the proposal, and need for the decision are, that this initiative is a significant provision for delivering against the priorities outlined within the community and corporate plan and as such oversight and scrutiny have requested an update.

3. Recommendation(s) / Proposed Decision

3.1 To be assured that Torbay are acting in line with OHID's Local preparedness for synthetic opioids in England and implementing the recommendations.

3.2 To acknowledge and endorse the interim Out of hours LDIS Emergency response plan.

3.3 To support delivery of a local workshop that raises awareness of the plan and the roles and responsibilities of partners involved.

4. Appendices

Appendix 1: LDIS SOP
Appendix 2: Torbay's Synthetic Opioid Out Of Hours Operational Response

5. Background Documents

- PHE Drug alerts and local drug information systems
- Local preparedness for synthetic opioids in England (accessible) - GOV.UK

Supporting Information

6. Introduction

Potent synthetic opioids are becoming a rapidly growing public health risk across the UK. These substances, including nitazenes and fentanyl-related drugs are extremely strong, can appear suddenly in local drug markets, and significantly increase the risk of overdose. Areas like Torbay, which have a varied and shifting drug market, need to be prepared for the possibility that these drugs could emerge locally.

6.1.1. To assess how well local areas are prepared, the Home Office, OHID, the National Police Chiefs' Council and other national partners reviewed synthetic opioid preparedness plans from 108 local Combating Drugs Partnerships. The review included conducting a national tabletop exercise to understand how local system would respond if a serious incident involving synthetic opioids (*nitazenes* and illicit *fentanyl's)* occurred. The aim was to strengthen local resilience and inform national policy.

6.1.2. In March 2025, Torbay took part in a southwest-wide tabletop exercise alongside other local authority drug and alcohol commissioning teams. The session was facilitated by emergency planners from Devon's Local Resilience Forum (LRF). Its purpose was to assess how well Torbay's synthetic opioid preparedness plans would work in practice and to identify opportunities for local authorities across the peninsula to align and strengthen their approaches.

6.1.3. Overall, the plans were of a good standard. However, some important gaps were identified, most notably, differences in how local authorities manage incidents outside normal working hours. This highlighted the need to develop a clearer, more consistent emergency response process for out-of-hours situations where drugs present a serious and immediate risk of harm, such as the potential for fatal overdose

6.2. Torbay has a LDIS standard operating procedure, which outlines the process to take when responding to local drug intelligence and this has been updated to include how to respond out of hours, with the response adapted depending on the scale of the threat. Alongside this, Torbay has developed its preparedness plan to support public health's response at a local level, with an action card for settings capturing the activity expected to facilitate effective delivery against the plan.

6.2.1. The plan outlines the approaches and/or systems in place that allow Torbay's public health team to

- understand the threat and assess the risk
- communicate the threat
- mitigate the threat

6.3. Torbay, like many areas, has limited public health capacity outside normal office hours. This means that when a serious drug- related incident happens in the evening or overnight or at the weekend, the police are often left to manage the situation without immediate access to specialist public health advice.

6.4 In the context of increasingly potent synthetic opioids, where rapid assessment, information- sharing and coordinated action can save lives, this gap creates avoidable delays and reduces our ability to respond effectively.

6.4. Strengthening Torbay's out- of- hours arrangements is essential so that timely warnings and interventions can be put in place when they are most needed, helping to protect people at risk and reduce the likelihood of overdose.

7. Options under consideration

7.1. **Maintaining the current process.** Keeping things as they are is not recommended because it would leave well- known gaps in out- of- hours provision. These gaps

increase the risk of delayed action during high- risk drug incidents, which could result in preventable harms or deaths. Continuing with the current approach would not provide the level of protection our residents need at a time when synthetic opioids present a growing threat.

7.2. **Waiting for OHID's national model.** Waiting for a national model to be developed is also not considered a viable option. National guidance may take considerable time to design, approve and disseminate to local areas, and during that period Torbay would remain without an out- of- hours response process. This would leave individuals at continued and unnecessary risk of serious drug- related harm, without the safeguards an agreed procedure would provide.

7.3. **Develop an interim procedure.** Developing an interim out- of- hours procedure is the recommended approach. This option allows Torbay to put essential protections in place now, ensuring that partners know how to respond quickly and effectively if a serious drug- related incident occurs outside normal working hours. An interim procedure can be implemented promptly, tested locally and refined as needed. Importantly, it is flexible enough to be adapted once the national model is released, meaning Torbay can stay aligned with national expectations while also safeguarding residents in the meantime.

8. Financial Opportunities and Implications

8.1. There are no financial implications attached to this proposal. The proposal relies on effective partnership working, designed around robust pathways and joined up planning.

9. Legal Implications

9.1. There are no legal implications associated with this proposal.

10. Engagement and Consultation

10.1 Torbay Public Health has worked closely with key partners to develop the synthetic opioid preparedness plan and to shape the proposed out- of- hours emergency response for the Local Drug Information System (LDIS).Representatives from public health chair both Torbay's Drug Harm Reduction Panel and the Torbay Drug and Alcohol Partnership, providing well- established platforms through which to engage stakeholders, share plans, and coordinate actions.

10.2 Public Health is also working with Torbay's Emergency Planning Team to design a workshop that will raise awareness of the out- of- hours procedure and ensure all organisations involved understand their roles and responsibilities. The workshop will also be used to identify any remaining gaps or limitations, helping to strengthen the plan's robustness and ensure it can be deployed effectively should an emergency arise.

11. Procurement Implications

11.1. There are no direct or immediate procurement implications because of this report.

12. Protecting our naturally inspiring Bay and tackling Climate Change

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

13. Associated Risks

13.1. If the proposed out of hours procedure is not put in place, Torbay will continue to face significant gaps in its ability to respond quickly to serious drug- related incidents during evenings and weekends. Without a clear and coordinated process, there is a higher risk of delays in identifying and responding to emerging threats, which could lead to preventable harm and / or deaths.

13.2. The absence of an agreed procedure may lead to confusion about roles and responsibilities, slower communication, and missed opportunities to issue timely warnings to protect residents.

13.3. The main risk in adopting an interim out- of- hours procedure is that national guidance is still evolving, and future expectations may require the local approach to be updated. However, this risk is manageable, as the interim procedure is designed to be flexible and easily adapted. There may also be some resource implications for partners in attending training or workshops, but these are outweighed by the benefits of improved readiness

13.4. Failing to approve the proposal would leave Torbay without a coordinated out of hours response at a time when synthetic opioids pose an increasing threat nationally. This could lead to slower responses, inconsistent decision- making, and avoidable harm. It may also undermine public confidence and leave local services exposed during a serious incident. Inaction would therefore carry a considerably higher level of risk than implementing an interim procedure.

14. 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	• 18% of Torbay residents are aged under 18 years old. • 55% of Torbay residents are aged between 18 to 64 years old. • 27% of Torbay residents are aged 65 and older	Torbay's LDIS process, including out of hours emergency response plan applies to all age cohorts. No negative impact from the LDIS procedure.	Ensure messaging is adapted depending on substance involved and the audience receiving it.	Public Health
Carers	• 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.	Carers may be exposed to drug- related risk through those they support. No negative impact from the LDIS procedure.	Include carers' services in LDIS stakeholder communications where relevant.	Public Health
Care experienced	• As of January 2026, there were 277 former care experienced young people aged 18-24 in Torbay.	May have higher levels of trauma, mental health need, and exploitation risk, increasing vulnerability to drug-related harm. Greater chance of housing instability and digital exclusion, making it harder to	Ensure Leaving Care Teams and youth services are fully connected into the Local Drug Information System.	Public Health

		access drug alerts or support information.	Share information through multiple, accessible channels (SMS, printed materials, trusted support workers).	
Disability	In the 2021 Census, 23.9% 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.	Individuals with mental health conditions or learning disabilities may be at increased risk of harm or slower access to services. No direct adverse impact from the LDIS process.	Ensure alerts and communications use plain English and accessible formats. Ensure LDIS distribution lists include Mental Health and Physical Health services.	Public Health
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth.	Trans individuals may face barriers accessing support, stigma, or marginalisation. No direct adverse impact from the LDIS process.	Ensure inclusive language in all LDIS communications.	Public Health
Marriage and civil partnership	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.	No specific equity impacts identified	n/a	n/a

Pregnancy and maternity	• Between 2013 and 2024, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 56.0 per 1,000) than the Southwest (53.4) and broadly in line with England (56.3). • For the period 2022 to 2024, rates in Torbay (44.6) have been significantly below England (50.0).	Pregnant people using substances may require faster safeguarding responses. No direct adverse impact from the LDIS process.	Ensure maternity and safeguarding teams are included in relevant LDIS communication distribution lists.	Public Health
Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as the following: • 1.6% as Asian, Asian British or Asian Welsh • 0.3% as Black, Black British, Black Welsh, Caribbean or African • 1.5% as being of Mixed or Multiple ethnic groups • 96.1% as White • 0.4% described their ethnicity another way. Black, Asian and minoritised ethnic communities are more likely to live in areas of Torbay classified as being amongst	Minority ethnic residents may be disproportionately affected due to links between deprivation and drug- related risk. No direct adverse impact from the LDIS process.	Ensure LDIS communications reach stakeholders that reach into diverse communities within Torbay.	Public Health

	the 20% most deprived areas in England			
Religion and belief	The 2021 Census showed that the residents in Torbay identify their religion and/or belief as the following; • 48.5% are Christian • 0.4% are Buddist • 0.2% are Hindu • 0.6% are Muslim • Less than 0.1% are Sikh • 0.1% are Jewish • 0.7% have another religion • 43.2% have no religion 6.3% did not answer	No specific equality impacts identified	n/a	n/a
Sex	51.3% of Torbay's population are female 48.7% of Torbay's population are male.	Men are statistically at higher risk of drug- related harm nationally. The LDIS aims to reduce harm for all groups.	Ensure LDIS messaging reaches both men and women through varied channels	Public Health
Sexual orientation	In the 2021 Census, residents described their sexuality as follows; • 89% as Straight or Heterosexual • 1.7% as Gay or Lesbian • 1.1% as Bisexual • 0.1% as Pansexual • 0.1% described their sexuality another way	LGB+ individuals experience higher rates of substance use nationally; may be at increased risk. No direct adverse impact from the LDIS process.	Ensure inclusive communications; involve local LGBTQ+ support networks	Public Health

	7.4% of people didn't answer the question			
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% of the population have previously served in the UK armed forces.	Veterans may have higher vulnerability to substance misuse or mental health difficulties. No direct adverse impact from the LDIS process.	Include veteran support services in LDIS distribution lists	Public Health
Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)	• Torbay is ranked as the 39th most deprived upper tier local authority in England in the Index of Multiple Deprivation 2025.	• Deprivation is strongly linked to drug- related harm. • Several of Torbay's most deprived communities are those most likely to be affected. • The LDIS improves early warning and rapid response, particularly benefiting communities with higher vulnerability	Targeted communication through community networks, housing providers, voluntary sector services.	Public Health
Public Health impacts (Including impacts on the general health of the population of Torbay)	• For the five-year period 2020 to 2024, data shows there is a 6-year life expectancy gap between males who live in Torbay's least and most deprived	• Faster identification of emerging drug risks will reduce harm, prevent overdoses, and support earlier interventions. • No negative public health impacts identified.	n/a	n/a

	areas and, a 3-year gap for females.			
Human Rights impacts		• The procedure supports the right to life and protection from harm. • No human rights concerns identified	n/a	n/a
Child Friendly		• Young people may be indirectly affected by drug- related incidents in households or peer networks. • The LDIS supports earlier safeguarding intervention.	Involve Children's Services in relevant alerts and ensure information flows promptly when children may be affected.	Public Health

15. Cumulative Council Impact

15.1. Any small increase in workload during an incident is expected to be manageable and balanced by the benefits of responding earlier and more effectively. As the procedure is refined, we will continue to monitor any impacts on other services to make sure the approach is practical and sustainable

16. Cumulative Community Impacts

16.1. No significant cumulative impacts have been identified at this stage. However, ongoing work by national bodies and partner organisations, such as the NHS, Police, and regional emergency planning teams may influence how Torbay's out- of- hours procedure fits within the wider system. These developments are not expected to create any negative impacts, but they may require minor adjustments to ensure our local approach remains aligned with regional and national guidance as it evolves.

Local Drugs Information System (LDIS). Standard Operating Procedure (SOP)

Gurry, June
TORBAY COUNCIL

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Introduction to Torbay's LDIS

This document is intended for the use of Torbay's Local Drugs Information system (LDIS) partnership panel and Torbay Council staff only. The purpose of this document is to prevent or reduce harm to people of all ages (including young people) who use, or are at risk of using, illicit or illegal drugs. It describes:

- How urgent or emerging information on new, novel, potent, adulterated, or contaminated drugs (or an emerging mode of use) is disseminated with appropriate audiences across the Torbay Council area. This also includes other associated threats to health and drug use such as iGAS (Invasive group A streptococci), Botulism, Hepatitis B, Hepatitis C and Tuberculosis (It is important to note that the United Kingdom Health and Security Agency (UKHSA) have a separate process for managing communicable diseases).

- How intelligence will be gathered and assessed to reach decisions about whether and how to disseminate information to appropriate audiences in the Torbay and wider Devon local authority areas, including neighbouring LA areas thar border Torbay e.g., Plymouth and South Devon, as well as the South West Office of Health Improvement and disparities (OHID) and the South West UKHSA regional centre.

The purpose of this LDIS SOP is not to collect general information. This process is reserved to reduce harm around dangerous, new and/or novel, potent, adulterated, or contaminated substances regardless of their legal status. The LDIS Co-ordinator (Public Health Specialist for Drugs and Alcohol) will ensure this principle is maintained.

LDIS partnership panel membership

Torbay's LDIS partnership panel will be represented by several local stakeholder organisations, who collectively hold a range of specialist skills, knowledge, and experience within their respective fields, as relevant to this agenda. The panel will support the LDIS co-ordinator to review intelligence and will be jointly responsible for subsequent decisions and outcomes.

Table 1 provides details of the core panel members. For full contact information please see appendix 4

Table 1: LDIS Co-ordinator and Panel membership information (correct as of December 2021).

Name	Job Title	Service
Natasha Reed/Katie Gardner (LDIS Co-Ordinator)	Public Health Specialist/Practitioner (Drugs and Alcohol)	Public Health, Torbay
Simon Acton	Interim general manager, public health services.	TSDFT
Hollie Bryant	Service Manager Torbay Drug and alcohol service	TSDFT
Jamie Tucker-Last	ASB & Vulnerabilities Lead Officer	Torbay Council
Becca Turner	Drug and Alcohol Harm Reduction Strategic Co-ordinator	Devon and Cornwall Police
Nick Burnett	Drug Expert Witness	Devon and Cornwall Police
Jess Tucker	Service Manager – Torbay's young person's drug and alcohol service	Torbay Council
Katy Fisher	Service Manager – Leonard Stocks Hostel	Torbay Council
TRI Duty Manager	Clinical Lead – TRI	TSDFT

The panel membership may also be widened e.g. If a professional such as an A&E consultant has been involved in dealing with an incident leading to a possible alert, he or she can usefully be asked to become part of the LDIS panel during the assessment of that incident. A list of possible organisations that could be considered for representation within the panel have been listed below (this list is not exhaustive):

- Torbay Young Persons Drug and Alcohol service
- Devon and Cornwall Constabulary
- South West Ambulance Service NHS Foundation Trust (SWASFT)
- Accident and Emergency Department
- Youth Offending Team (YOT)
- Probation
- Community Safety

The LDIS Distribution list

The LDIS co-ordinator will be responsible for keeping the contact information within the LDIS distribution spreadsheet up to date, whilst also ensuring the contact details of the core panel members remain accurate. As a minimum, the distribution list must be updated annually but should also be updated throughout the year in response to any notifications received identifying changes to individual roles. The LDIS co-ordinator will seek confirmation from such notifications to identify if the individual continues to remain the appropriate person to receive LDIS communications and if not, identify a replacement.

Absence Management

The LDIS co-ordinator is responsible for operationalising this LDIS process, however, it is accepted that on occasion, the LDIS co-ordinator will have planned and unplanned absences which will require the support of a deputy LDIS co-ordinator who will fulfil the roles and responsibilities of the LDIS co-ordinator during their period of absence.

Panel members agree to familiarise themselves with the roles and duties of the LDIS co-ordinator in order that any panel member can fulfil the role of deputy LDIS co-ordinator should intelligence be received during the LDIS co-ordinators period of absence.

- **Planned absences**

  It is the responsibility of the LDIS co-ordinator to ensure that the LDIS panel members are aware of any planned absences at the earliest opportunity and to ensure a representative has been identified to fulfil the role of deputy LDIS co-ordinator for the period of the planned absence.

- **Unplanned absences**

  If the LDIS co-ordinator must take a period of unplanned absence (where the absence is more than 1 day), Public Health's practitioner for drugs and alcohol will step in as the deputy and deliver the roles and responsibilities of the LDIS co-ordinator. Where the drug and alcohol practitioner is also absent, a wider member of the public health team (public health administrator or the Head of Public Health improvement) will notify panel members of this absence (see Appendix 4 for panel members contact information). Panel members must agree between them who will stand in as deputy LDIS co-ordinator for the period of the unplanned absence and communicate this back to the Public Health team member the same working day. Should the unplanned absence result in a period of absence of more than 5 days, it may be that more than 1 member of the panel is required to deputise during this time. This will be the responsibility of the panel members to agree between themselves, based on capacity and other workload commitments.

- **LDIS Co-ordinator & Deputy Co-ordinator**

For clarity to the readers of this SOP, the responsibilities of the LDIS co-ordinator as outlined within this document, are the same responsibilities which will defer to the LDIS deputy co-ordinator during the LDIS co-ordinators absence. It will be the responsibility of the deputy LDIS co-ordinator to operationalise the LDIS SOP in the absence of the LDIS co-ordinator and the LDIS partnership panel members commit to deputising as deputy LDIS co-ordinators in the absence of the LDIS co-ordinator.

Scope of the Protocol

This LDIS SOP is based on published PHE guidance for local authority areas on drug alerts and local drug information systems, available here:

https://www.gov.uk/government/publications/issuing-public-health-alerts-about-drugs

This LDIS SOP has been designed to support and interact with LDIS protocols in other local authority areas, as well as that operated by the Southwest OHID regional centre.

This is a single protocol for use by Torbay Council and LDIS partnership panel representatives.

Protocol

The LDIS SOP process consists of three distinct stages:

1. Receiving intelligence
2. Managing and assessing the intelligence received
3. Responding to assessed intelligence appropriately.

Please Note: The LDIS stages described are specific to support the LDIS Co-ordinator and panel members respond to local / neighbouring intelligence and national alerts regarding substances that meet the criteria outlined below in Stage 1.

There is a separate UKHSA process the LDIS co-ordinator and panel members are required to feed into, where intelligence is received in relation to notifiable diseases and drug use e.g., iGAS (Invasive group A streptococci), Botulism, Hepatitis B, Hepatitis C and Tuberculosis. Please refer to page 6 for the section titled **Health Protection – Infectious disease and Drug use** for details specifically pertaining to this process.

Stage 1: Receiving and Corroborating Intelligence – 24 hours max

Any organisation, person or team that has intelligence about a substance (or mode of use) that meets any of the following criteria is encouraged to report this as soon as possible to Torbay's LDIS partnership panel:

- Substances causing acute medical, social, or emotional harm, particularly new or novel substances.
- Substances that people say are having uncommon side effects that aren't normally associated with the substance.
- Substances that appear to have a spike in purity or strength of their active ingredient/s.
- Substances that are branded in a way to mislead the user of the ingredients
- Contaminated substances or substances adulterated with dangerous agents.

- An emerging trend of mixing substances or ingesting them in a way that is particularly hazardous to health.

An electronic form for reporting can be found here.

If intelligence is received by a member of the LDIS partnership panel by other means (e.g., telephone call or email), the panel member will direct the individual and if necessary, support them to complete the electronic form.

Intelligence received will be subject to a brief initial check by the LDIS Co-ordinator. This broad check rules out any 'hoax' information that the LDIS Co-ordinator identifies. Where necessary, this may include a follow up phone call to clarify details relating to the intelligence received to verify its validity. Examples where the LDIS co-ordinator may choose not to proceed to stage one following these brief initial checks include

- Where the intelligence reported doesn't fit the scope outlined above e.g. a Torbay resident reporting drug use in a neighbouring property.
- Where any harms reported from the intelligence provided are considered normal and/or in line with the drug use reported.
- Where there is no intelligence to suggest the outcomes are unusual
- Where there is insufficient information to develop a clear communication to stage 1 stakeholders regarding the ask i.e. what we required to follow up and report back

To support the LDIS co-ordinators decision making process regarding how best to respond to the intelligence received, a list of questions for consideration have been included within Appendix 7 below.

Once the information is verified, the LDIS Co-ordinator will then email all stage 1 stakeholders (ensuring LDIS panel members are copied into this correspondence) to corroborate, confirm, or otherwise establish the validity of the intelligence. This email will contain a link to the electronic LDIS tool for the submission of further linked intelligence. The LDIS Co-ordinator will give a brief description of the intelligence received so far, including relevant geographical area involved, and ask for additional relevant information as a matter of urgency.

- A proposed Stage 1 email is found in Appendix 2. The stage 1 stakeholder list can be found in Appendix 4

- The LDIS Co-ordinator retains responsibility for data entry of all original and supporting information on the LDIS spreadsheet. See Appendix 3

Responses to this stage 1 request are required within a maximum of 24 hours, however the preferred response time is the same working day. This time frame can be determined by the LDIS partnership panel in response to how quickly information may need to be distributed. Emails asking for stage 1 responses should be entitled, "Emergency Drug Information Received – for response please by XXDATE". Stakeholders must be notified that a failure to respond to the request for information within the timeframe provided, will be presumed not to have any relevant intelligence to share.

Proceeding directly to stage 3

The below outlines situations and/or circumstances that would result in the LDIS co-ordinator proceeding directly to stage 3 without requesting supporting information from stakeholders.

- When intelligence is received and there is an already-established evidence base, such as toxicology or other confirmed laboratory results
- Where intelligence is received, and serious harm has occurred i.e. multiple non-fatal / fatal overdose (within a 24hr reporting period).
- Multiple reports of incidents (>2) where high doses of Naloxone (>2mg or >5 doses of prenoxad) have been required to reverse overdose.
- Where reports of serious adverse drug effects have affected multiple individuals (>2) resulting in hospitalisation (within a 24hr period).

NOTE: The LDIS function is not a tool for recording all fatal / non-fatal overdoses. It is important submissions for overdose fulfil the criteria of the LDIS protocol outlined above. It would be expected that where the circumstances leading to the overdose are unusual and/or novel or where new trends in drug taking behaviours are resulting in overdose that they would be reported via this process.

Stage 2: Managing and assessing the intelligence received (same working day)

Responses made on the electronic form will be recorded by the LDIS Co-ordinator on the LDIS intelligence spreadsheet (see Appendix 3) designed to help the LDIS Panel analyse the intelligence and supporting information. When sufficient information to corroborate, confirm or otherwise establish the validity of the intelligence has been received (e.g., two or more pieces of intelligence or supporting information) or at 24 hours after the stage 1 email has been sent, the LDIS Co-ordinator, will circulate the completed spreadsheet to the LDIS partnership panel and will make a recommendation to members of the LDIS partnership panel based on the grading process using the matrix.

Table 2: Grading Matrix

Grading Criteria	**Weak evidence** Do not consider an alert	**Medium evidence** Only consider if supported by multiple criteria	**Strong evidence** Consider an alert	**Exceptional circumstance**
1. Local relevance	Not locally relevant	Maybe relevant	Locally relevant	Exceptional circumstances
Tick one box	☐	☐	☐	☐
2. Anecdotal report	Anecdotal without support	Anecdotal supported by multiple reports	Anecdotal supported by multiple sources and other criteria	Exceptional circumstances
Tick one box	☐	☐	☐	☐
3. Source of evidence	Unreliable or unknown source, no other evidence	Unreliable but multiple sources or supported by other evidence	Reliable source and specific enough to be of use	Exceptional circumstances
Tick one box	☐	☐	☐	☐
4.Forensic evidence	No forensic evidence	No forensic evidence but other compelling evidence	Forensic evidence	Exceptional circumstances
Tick one box	☐	☐	☐	☐
5.Confirmed harm	No confirmed harm	Potential serious harm or death	Serious harm or death confirmed	Exceptional circumstances
Tick one box	☐	☐	☐	☐
6. Naloxone issued				
Tick one box	☐	☐	☐	☐
	Boxes ticked in this column are a good indication that an alert **is not** warranted	Boxes ticked in this column are neutral and should be supported by other strong evidence to warrant an alert	Boxes ticked in this column are a good indication that an alert **is** warranted	Exceptional circumstances for one criteria, may make an alert more likely or even justify an alert by itself
Result of grading matrix (no. of ticks)				
Initial LDIS panel decision	☐ Do not alert ☐ Undecided ☐ Alert or other actions considered			

Panel members will review the intelligence and proposed grading and collaborate with the LDIS co-ordinator to collectively agree the grading and response. Intelligence will be graded against the matrix found in Table 2 above.

For a decision to be made a minimum of two LDIS panel members, from two separate organisations will be required to grade the intelligence and agree a decision. The partnership panel members must respond to the LDIS co-ordinators request for support with grading the intelligence in a timely manner, in order that a decision can be reached the same day or no later than 24hours from completion of stage 1. Names, job titles and contact details of the LDIS Panel can be found in in Appendix 4.

Stage 3: Responding to intelligence appropriately

The LDIS partnership Panel will discuss the information received and agree how to respond to the intelligence. This must take place **within 24 hours** (max) of the deadline for information to be received from partners. **NOTE:** Where the intelligence received was sufficient to proceed directly to stage 3, the LDIS panel are required to meet and agree the response within **1 hour.** The LDIS co-ordinator will be responsible for chairing an emergency LDIS panel meeting to agree the response, ensuring communications are circulated to all stage 3 stakeholders no later than 2 hours from receiving the initial intelligence.

Possible responses include:

- No further action – in which case a 'stand down' email will be sent from the LDIS Co-ordinator
- Share for *Information Only* with certain audiences, but not as a formal drug alert
- Issue a formal drug alert to specific local audiences
- Copy neighbouring local authorities into the information/alert
- Notify the Office of Health Improvement and Disparities (OHID) South West Centre using email: SWDrugAlert@phe.gov.uk (because of the potential for regional/national impact of the intelligence).

Where panel members are unsure how to proceed with their assessment, advice can be sought from OHID by emailing OHIDSWDrugAlert@dhsc.gov.uk. However, when a decision cannot be reached (and ONLY when a decision cannot be reached), the LDIS co-ordinator should escalate this to Torbay's public health lead for health improvement, consultant Bruce Bell, by emailing bruce.bell@torbay.gov.uk. The LDIS panel must follow the recommendation provided by the public health consultant in this instance.

A flow diagram summarising the LDIS process for Torbay can be found in Appendix 1.
Template emails have been generated to provide guidance to panel members when forming correspondence at each stage of the process (see Appendix 2).

The contents of a formal drug alert poster will need to be ratified by the Drug and Alcohol specialist within Public Health and/ or a staff member with specialist clinical knowledge relating to drug harms e.g., a medical or non-medical prescriber (or staff member with equivalent clinical experience), from within the specialist community Drug and Alcohol service prior to circulation.

Any alerts disseminated will need to be cascaded by a panel member representing a Local Authority or health body e.g., public health, an NHS trust or alternative health provider (e.g., SWAST). The alert must be signed off on behalf of Torbay's LDIS partnership panel and will include the LDIPS partnership panel logo. The logo should be represented on the alert and any email correspondence sent on behalf of the panel. See Appendix 6 for the LDIS partnership logo.

Templates to guide the LDIS panel in their creation of drug alerts can be found within appendix 5.

It should be noted that some information warrants sharing with other strategic agencies. These include:

- Novel psychoactive substances should be shared with OHID at https://report-illicit-drug-reaction.phe.gov.uk/
- Local information with regional or national connotations should be shared with OHID at the conclusion of stage 2 at https://report-illicit-drug-reaction.phe.gov.uk/.

Responding to neighbouring local authority alerts

Where alerts from neighbouring local authority public health and/or drug and alcohol services are received i.e. Devon county council / Together drug and alcohol services or Plymouth council / harbour drug and alcohol services, the LDIS co-ordinator should follow the protocol above, requesting intelligence from stage 1 stakeholders to help assess whether there is any evidence of a localised threat requiring a Torbay specific alert. If there is no intelligence received to support evidence of the threat locally, alert details should be shared with local drug and alcohol services for information only. This is to ensure as providers they are aware of the threat and to support the delivery of harm reduction messaging as appropriate within service delivery. A template example has been provided in Appendix 2. Where alerts are received from wider South West peninsular councils and/or drug and alcohol teams, the details of these alerts should be shared for information purposes only to the drug and alcohol service and to wider stakeholders via the drug harm reduction panel and Torbay Drug and Alcohol partnership. This will ensure accurate description of the events and threat and the opportunity to manage any fear and/or anxiety across local partnerships / services appropriately.

Out of Hours response

Where intelligence is received by the LDIS partnership panel mailbox outside of normal working hours (Mon-Fri, 9-5) the LDIS Co-ordinator will review and respond to the intelligence on the next available working day and in line with the timeframes outlined above.

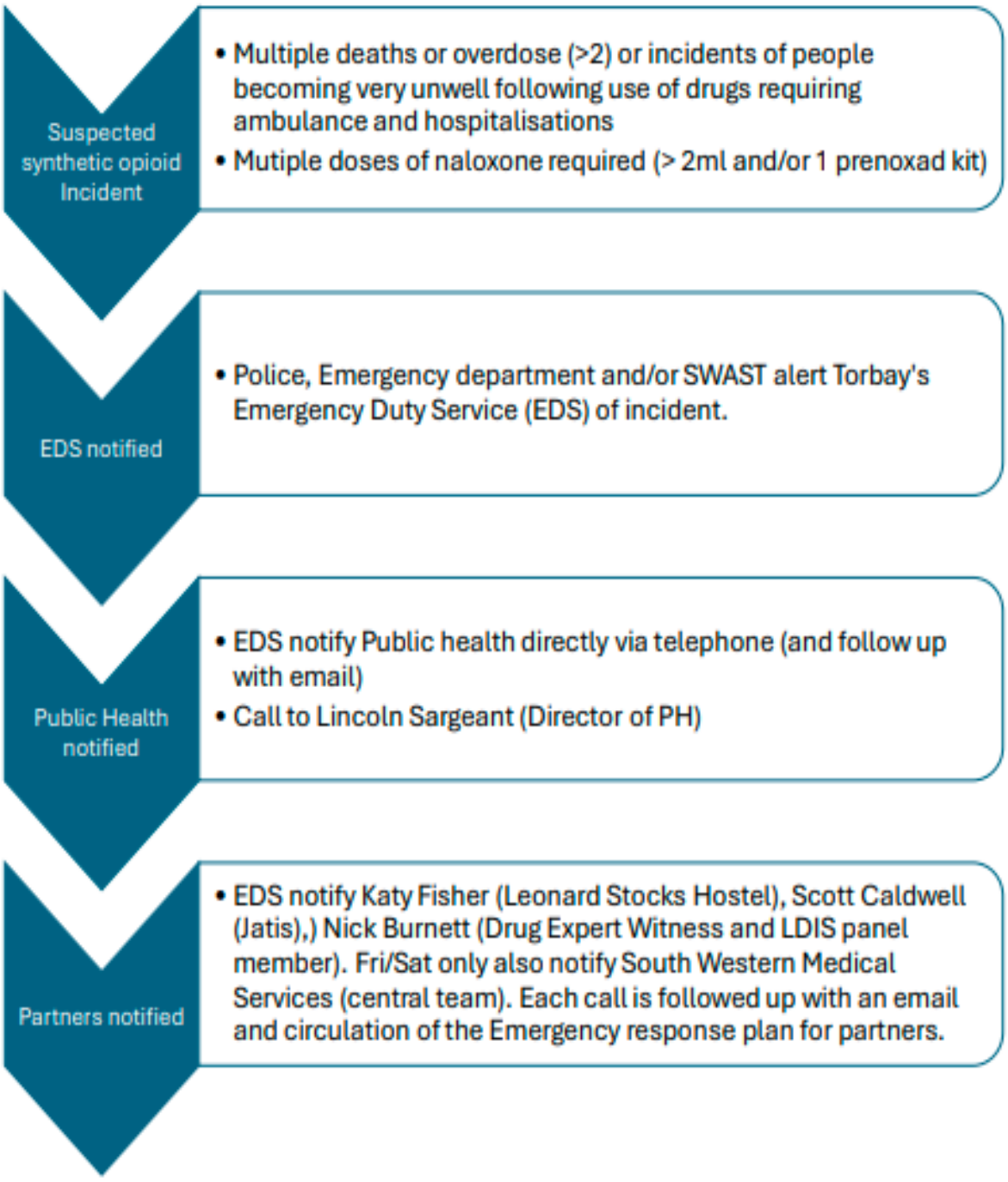
Where there is evidence of 2 or more individuals significantly harmed due to their use of a drug circulating in Torbay i.e. where the harm experienced has resulted in a non-fatal or fatal overdose, emergency services (South West Ambulance Service, Devon and Cornwall Police and/or Torbay Hospital's Emergency Department) should report this via Torbay's Emergency Duty Service on 0300 456 4876. You can access Torbay's out of hours emergency response Action card by following link below

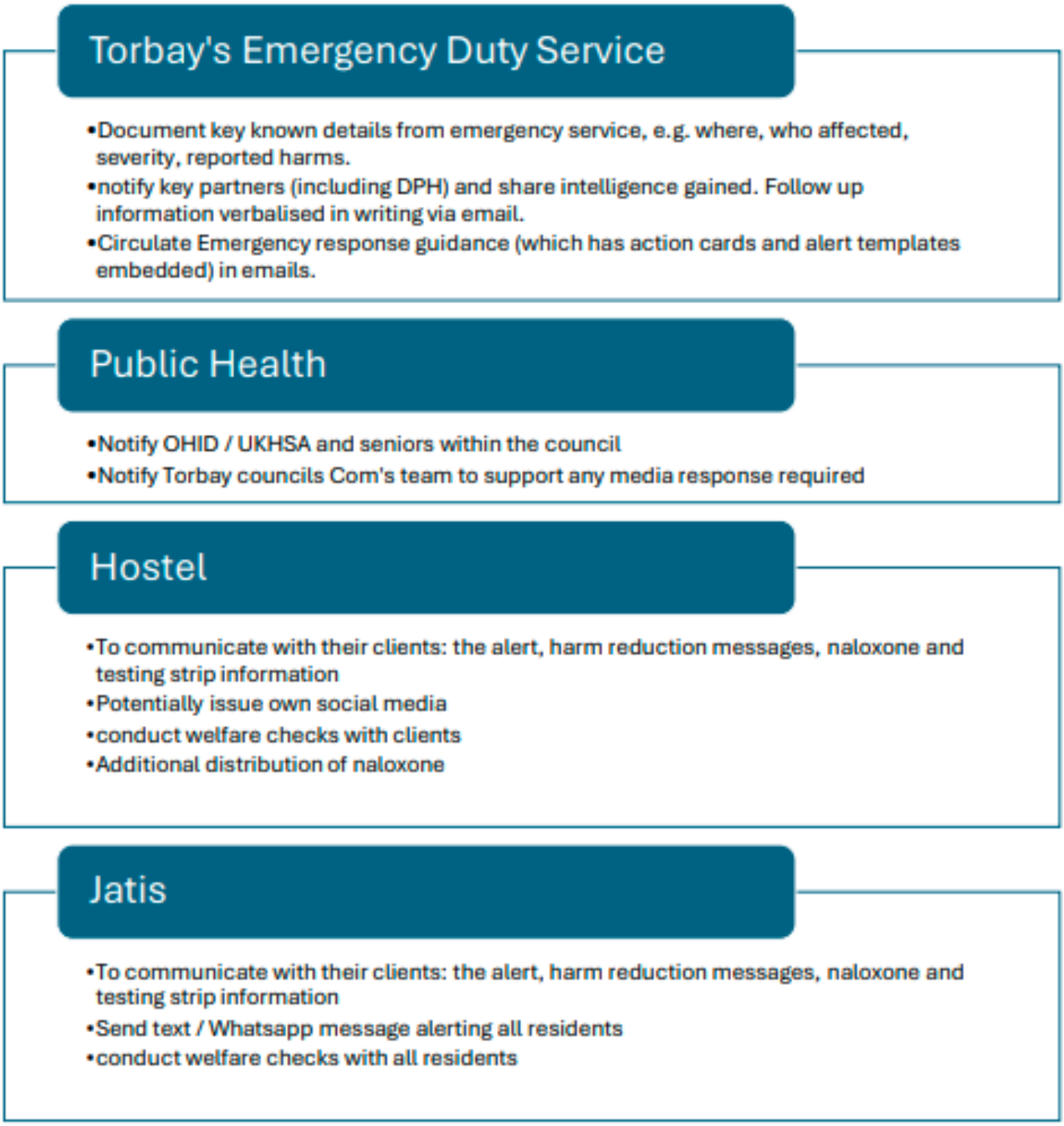
- ACTION RECOVERY CARDS - Synthetic Opiod response planning V2.xlsx

TORBAY SYNTHETIC OPIOID PUBLIC HEALTH OPERATIONAL RESPONSE

See Emergency response for full plan

The following process is written specifically for an out of hours response (mid-week after 5pm and weekends). See Torbay's in hours emergency response plan for the response to incidents reported Monday- Friday 9am -5pm.





Please note: In the case of a formal drug alert, alerts will ordinarily be 'live' for 12 weeks, from date of publication. Stakeholders to stage 3 of this LDIS SOP will be informed of the date each alert will close, when the alert is issued. However, at the discretion of the LDIS partnership Panel, the life of an alert may be extended if further intelligence warrants. This information is covered in the suggested email narrative examples (see Appendix 2).

After 12 weeks, the alert will be classed as 'closed'. If further similar information is received after the 12-week period, the whole process beginning at stage 1 will be put into action. The LDIS Co-ordinator does not need to end the alert as stakeholders will remain responsible for this.

Governance

It is important for the LDIS co-ordinator to keep a clear audit trail to demonstrate how intelligence is responded to when it is received. The intelligence recording spreadsheet (see Appendix 3) has a tab titled 'Audit Trail' which supports the LDIS co-ordinator to keep a record of dates associated with key stages of the LDIS process. It is important to include any supporting information regarding any decisions made to navigate away

from the process, with the rationale to defend this decision. The LDIS co-ordinator should also record the names of panel members involved with supporting the decision-making process within the spreadsheet.

Health Protection: Infectious disease and Drug use

If intelligence is received by any member of the LDIS partnership panel with information expressing threats to individual and/or population health due to infectious disease, the panel member must relay the following advice to the reporter.

1. **Supporting the potentially infected individual.**
   Advise the reporting individual to liaise with the potentially infected individual and/or service user representative (where appropriate) to explain the individual will need to receive a medical intervention and will need to be seen by their GP for assessment and diagnosis.

2. **Notifying the UK Health Security Agency (UKHSA, previously Public Health England).**
   Advise the reporting individual they will need to notify the UKHSA with details of the suspected / confirmed case and where required, LDIS members should share contact information to support the individual to follow this process (see below for contact information). **Note:** This is only required where the reporting individual is either a registered medical professional and/or a clinician.

Contacting UKHSA

If the UK Heath Security Agency (UKHSA, previously Public Health England) are not already aware of the case, the reporter should share details of notifiable infections to UKHSA on 0300 303 8162 or via: swhpt@phe.gov.uk

The UKHSA will advise on measures to control and prevent the spread of infection including any communications for staff, other clients, and family members. The UKHSA will also notify the Torbay LA Public Health, Health Protection Team via the Public Health Mailbox on publichealth@torbay.gov.uk. LDIS panel members may be required to support with providing harm reduction advice to support such communications.

Common infections among people who inject drugs include:

- iGAS, (Invasive group A streptococci)
- Sepsis
- Botulism
- Tetanus
- Hepatitis A, B and C
- Tuberculosis

A more comprehensive list of notifiable diseases can be found here.

For more information individuals can be directed to the following sites:
People who inject drugs: infection risks, guidance and data - GOV.UK (www.gov.uk)

For a list of notifiable diseases see here:

Notifiable diseases and causative organisms: how to report - GOV.UK (www.gov.uk)

Governance of this LDIS SOP

This SOP has been ratified for use as follows:

Themes of the alerts and information bulletins resulting from the operation of this SOP will be reviewed on a regular basis by the Public Health Specialist for Drugs and Alcohol, Torbay Public Health Team.

A record of any lessons learnt will be made and a note of any onward mitigating actions will be recorded to help inform future practice. This is the responsibility of the LDIS Co-ordinator and will be in a format that can be shared and owned by stakeholders to the process.

This SOP will be reviewed after 2 years, or earlier if new national guidance is issued.

Authors of this document

Natasha Reed – Public Health Specialist, Torbay Public Health team

Reviews and updates:

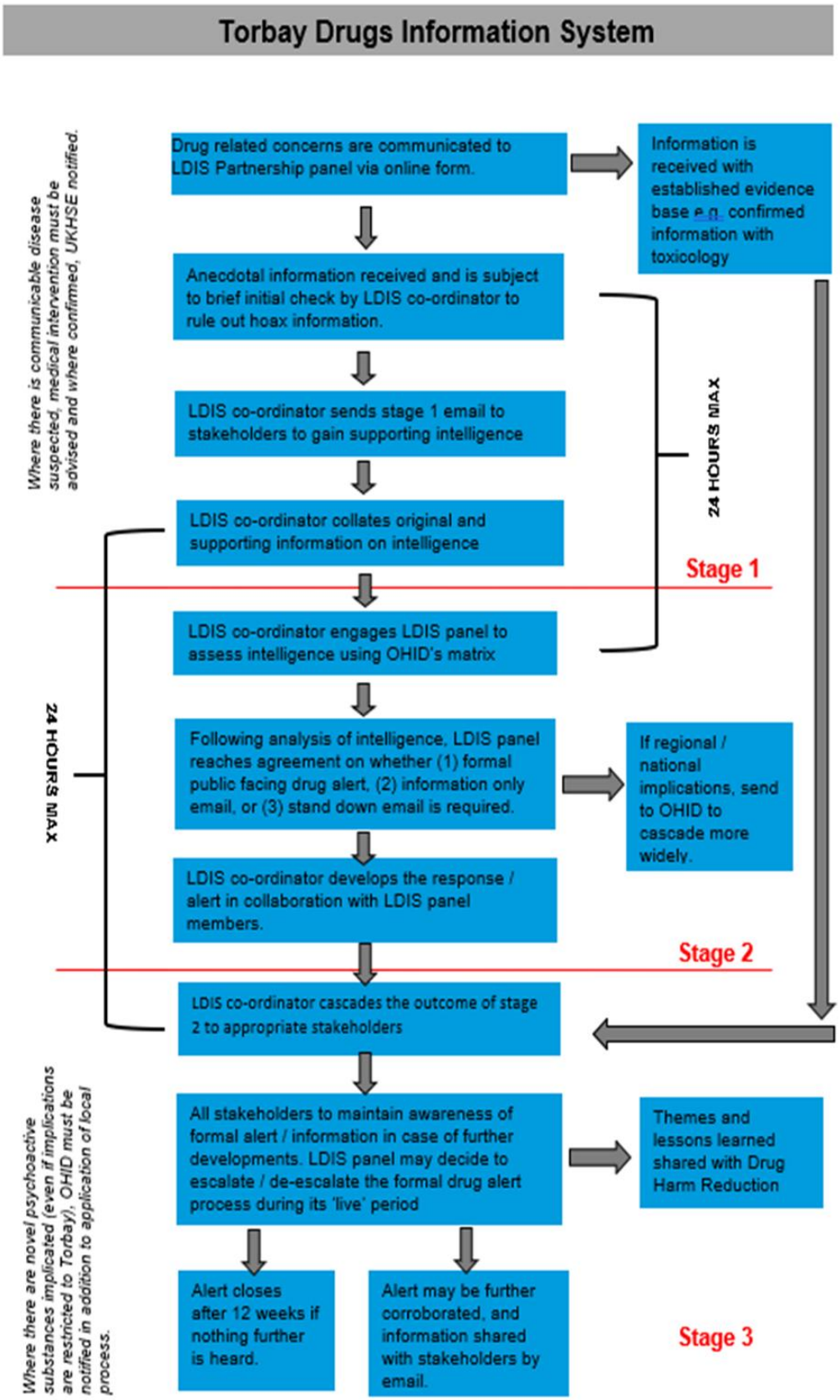
10th November 2021 and updated with new OHID contact details on 5th August 2022

2nd June 2023 updated with new distribution list attachment

July 2025 updated with Out of Hours process embedded

6th Feb 2026 updated with changes to LDIS panel members – TRI and YP D&A service.

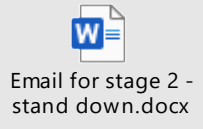
Appendix 1: Flow Diagram of the Local Drug Information Alert process for Torbay



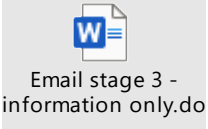
Appendix 2: Template email correspondence to stakeholders

- A stage 1 template letter can be found here

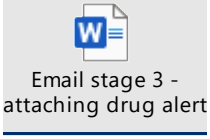
- A proposed stand down template email can be found here



- A proposed 'Information only' email can be found here



- A proposed email attaching a formal drug alert can be found here



- A proposed email responding to a neighbouring LA alert can be found here

- A proposed stand down email responding to a neighbouring LA alert can be found here

Appendix 3: Intelligence recording template spreadsheet

TEMPLATE LDIS
Intelligence grading

Appendix 4: Names and Contact details of stakeholders at each stage of the LDIS process

Available in the Public Health drive: Drugs_Alcohol > LDIS > Distribution List for LDIS 2026

Appendix 5: Drug Alert Templates

- **Benzodiazepine**

TEMPLATE Drug
Alert Poster BENZOD

- **Blue Valium**

TEMPLATE Drug
Alert Poster BLUE VA

- **Heroin Putty**

TEMPLATE Drug
Alert Poster HEROIN

- **Contaminated Heroin**

TEMPLATE Drug
Alert Poster HEROIN

- **High Strength / Contaminated**

TEMPLATE Drug Alert Poster HIGH ST

- **NPS**

TEMPLATE Drug Alert Poster SYNTHE

Appendix 6: LDIS Partnership Logo

Appendix 7

Questions for the LDIS co-ordinator to consider when deciding whether to send a stage 1 request for intel from the intelligence received.

- Are you confident from the report that the harm experienced is directly linked to the substance taken?

- Is it possible the harm could be caused by personal factors as opposed to the drug itself e.g.
  - Is it possible the harm could be due to polydrug use?
  - Was the affected individual someone who may have a lower tolerance e.g. prison release/hospital discharge / recently detoxed / completed res rehab / relapse?
  - Are their compounding factors affecting the individual leading to this harm as opposed to the drug of concern e.g. physical health complications / medication interactions

- Was the harmed individual able to describe how the effect of the drug was different from expected?

- Is there enough information provided to support an email communication to stage 1 stakeholders to know what they are looking for / requiring to feedback to public health about (if it is difficult to develop the stage 1 email, it is likely further details are required and the LDIS co-ordinator should go back to the reporter to seek additional information / further clarification).

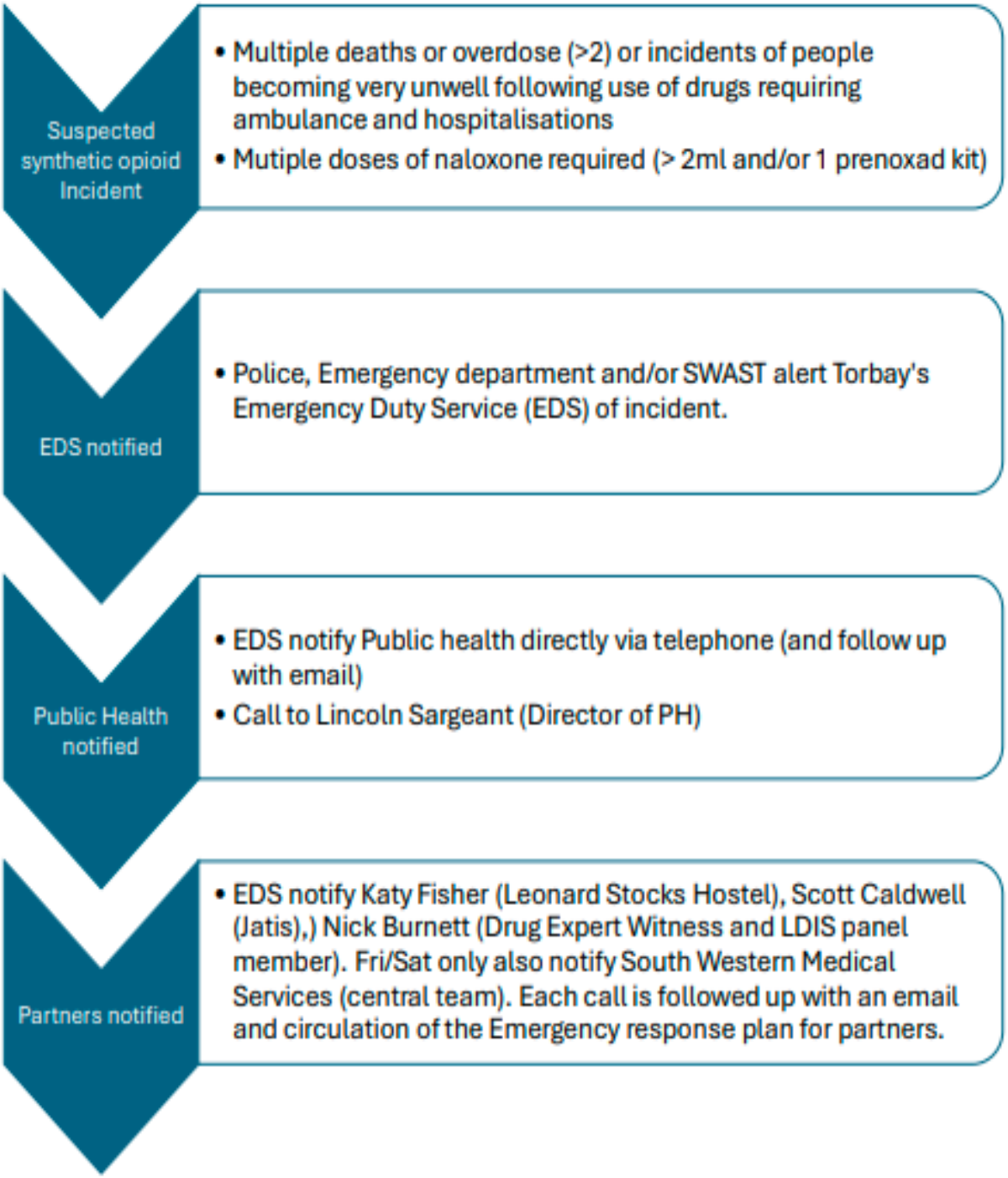
- From the information provided are their concerns there is a risk to others using this substance or does the evidence indicate it is most likely individual / personalised factors that led to the harm?

Appendix 2: Torbay's Synthetic Opioid Out of Hours Operational Response

TORBAY SYNTHETIC OPIOID PUBLIC HEALTH OPERATIONAL RESPONSE

See Emergency response for full plan

The following process is written specifically for an out of hours response (mid-week after 5pm and weekends). See Torbay's in hours emergency response plan for the response to incidents reported Monday- Friday 9am -5pm.



Torbay's Emergency Duty Service

- Document key known details from emergency service, e.g. where, who affected, severity, reported harms.
- notify key partners (including DPH) and share intelligence gained. Follow up information verbalised in writing via email.
- Circulate Emergency response guidance (which has action cards and alert templates embedded) in emails.

Public Health

- Notify OHID / UKHSA and seniors within the council
- Notify Torbay councils Com's team to support any media response required

Hostel

- To communicate with their clients: the alert, harm reduction messages, naloxone and testing strip information
- Potentially issue own social media
- conduct welfare checks with clients
- Additional distribution of naloxone

Jatis

- To communicate with their clients: the alert, harm reduction messages, naloxone and testing strip information
- Send text / Whatsapp message alerting all residents
- conduct welfare checks with all residents

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TORBAY COUNCIL

Meeting: Overview and Scrutiny – Sub Board Adult Social Care & Health **Date:** 19th March 2026

Wards affected: All Wards

Report Title: Sexual and Reproductive Health contract mobilisation

When does the decision need to be implemented? N/A

Cabinet Member Contact Details: Cllr Hayley Tranter, Cabinet member for Adult Social care and Public Health and Inequalities plus Communities, Hayley.tranter@torbay.gov.uk

Director Contact Details: Dr Lincoln Sargeant, Director of Public Health, Lincoln.sargeant@torbay.gov.uk

1. Purpose of Report

1.1. Public Health has a mandate to provide sexual and reproductive health services for the local resident population. This consolidated, single specification brings together the provision of open access testing and treatment for Sexually Transmitted Infections (STIs), prevention, health promotion, and provision of contraception. These have historically been commissioned separately from a range of providers.

1.2. Torbay Council has co-commissioned services with Devon County Council (DCC) since 2016. Torbay Council, alongside DCC, re-procured these services in 2024 and entered the second contract on this basis in July 2025 with Royal Devon University Healthcare NHS Foundation Trust (Royal Devon), for an intended maximum duration of 9 years and 9 months, until March 2035. This is comprised of an initial period of six years and nine months (initial expiry date 31st March 2032), with an available extension of a further three years, until 31st March 2035.

1.3. A further 'no fault' termination point has been included for March 2027 to enable all parties to consider any financial implications as a result of the revised financial envelope on offer across Devon and Torbay.

1.4. Contained within this single specification and contract are a range of services including specialist clinical services, prevention and those delivered in primary care (by GPs and Community Pharmacies).

1.5. This report is intended to update Overview and Scrutiny regarding the initial mobilisation phase of this contract, which commenced in July 2025.

2. Reason for Proposal and its benefits

2.1. This service contributes to delivering the Council vision of a healthy, happy, and prosperous Torbay by strengthening Torbay's capacity to deliver a high quality, clinically safe, digitally accessible, prevention focussed sexual and reproductive health service, grounded in community engagement and which reaches those with the poorest sexual and reproductive health outcomes. It gives NHS Royal Devon as the lead provider the support and leverage to work across all aspects of the local health landscape and to lead systems to reduce inequalities and improve sexual health and wellbeing for all.

2.2. This initiative is a significant provision for delivering against the priorities outlined within the community and corporate plan and as such Oversight and Scrutiny have requested an update.

3. Recommendation(s) / Proposed Decision

3.1. To be assured that Torbay Council are acting in line with the appropriate levels of required contract management including stringent oversight of both performance and financial scrutiny to enable the provider and this contract to succeed.

3.2. To acknowledge the new contract has some rigorous financial efficiencies to be achieved within the first two years.

4. Appendices

4.1. N/a

5. Background Documents

5.1. N/a

6. Introduction

6.1. The Integrated sexual and reproductive health contract procurement was successfully delivered in late 2024 and early 2025, with a strategic partner being brought on Board across Devon and Torbay. The new contract commenced in July 2025. This created a strategic partnership across the across the sexual and reproductive health system across Devon and Torbay for up to the next 9 years (until March 2035).

6.2. The contract is held by Royal Devon. Royal Devon subcontract GPs and Pharmacies and The Eddystone Trust, all previously commissioned independently by the local authority.

6.3. As part of the stringent financial efficiencies to be achieved in the first two years officers are ensuring that spending by Royal Devon is closely monitored and reviewed. There is a 'no fault' termination option after 21 months of the new contract (March 2027), to allow both parties the scope to exit if the contract is financially unviable from either party. This is a key area of monitoring in 2026.

6.4. Positively, the electronic patient record (EPR) is now operational across all three hubs in Barnstaple, Exeter and Torquay allowing patients to access, track and manage their own sexual health, sometimes without the need to contact the service directly. This creates the conditions to standardise access and service delivery standards across all areas.

6.5. A new Performance Management Framework (PMF) is being embedded and systems aligned to meet these performance and key performance indicators. Productive discussions have been held about accelerating the pace to mobilise these in Year 1 of the contract and to drive the clinical consistencies and improve quality of delivery in all hubs. Whilst all elements on the contract are operational, it is too early to determine the effectiveness or efficiency of the provision as only one quarterly contract review meeting has taken place at the time of drafting this report (this is in line with the established contract review process).

6.6. GP and Pharmacy provision, previously commissioned independently by the local authorities, was anticipated to go live from October 2025. There were some initial delays in service delivery within community pharmacies, but these have now been resolved. Delivery of Emergency Hormonal Contraception for under 25-year-olds in pharmacies was interrupted for 16 days due to administrative contractual compliance issues, but provision resumed in Mid-October. GP provision of Long-Acting Reversible Contraception (LARC) services was unaffected.

6.7. A requirement of the new contract is to improve collaboration and alignment of patients, partners, and stakeholders. The first joint strategic partnership board was held in November 2025, and included representation from Torbay Council Public Health, counterparts in Devon County Council, community pharmacy Devon, various provider clinicians, and VCSE organisations. An independent chair has been appointed and draft terms of reference and a draft work plan introduced. This represents a positive step towards an equitable and ambitious development in improving outcomes. Progress is being closely monitored.

6.8. Some of the key benefits we expect to see from the new contract include (but are not limited to):

6.8.1. Development of service sustainability programmes by implementing ‘connect’ teams to ensure local services can reach local people to change their behaviours. They will have access to bespoke interventions, information disseminated via ‘community enablers’, and a variety of locations to access services.

6.8.2. Develop tools and resources to harness the opportunities for ‘self-care’ by creating digital solutions, self-management tools, access to online patient portals and a new website. All with the aim of providing services 24 hours a day to meet the rising need for services and supporting only those with clinical need to require access to services where required or is the person’s preference.

6.8.3. Review wider workforce training needs (i.e. voluntary sector and GPs/Pharmacies). Develop strategies to address these needs including training delivery, investment, clinical support, accessing hard to reach groups, and supportive supervision of wider system staff.

6.8.4. Develop and implement a marketing and communications strategy to gather meaningful insights, develop partnership communications and messaging, and utilising a behavioural science approach to target messages and interventions in a meaningful and targeted way, tailored to the populations of interest.

6.8.5. Grow and increase preventative offers that provide our populations with the right information, in the right way, at the right time to make informed, healthy and long-term positive decisions.

7. Options under consideration

7.1. N/A

8. Financial Opportunities and Implications

8.1. The first full quarter of performance and financial data is anticipated in March 2026. Contract management meetings have been set for 2026/27 to ensure oversight of performance and compliance.

8.2. See 6.3 / 9.1 regarding the no fault termination option.

9. Legal Implications

9.1. As outlined in 6.3, stringent efficiencies are in place within the lifetime of this contract. A 'no fault' termination option in March 2027 is in place to allow both parties to exit if the contract is financially unviable.

10. Engagement and Consultation

10.1. There are no engagement requirements at this stage. Engagement and consultation were completed prior to this contract award. Patient and population engagement is a feature of the partnership board.

11. Procurement Implications

11.1 There are no procurement implications because of this report.

12. Protecting our naturally inspiring Bay and tackling Climate Change

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

13. Associated Risks

13.1. There is a risk that in March 2027, the contract may be deemed as not financially viable. At that stage, the contract could be terminated by either Torbay Council, Devon County Council, or the provider.

13.2. This potential risk will be closely monitored by the Public Health team and in close consultation with NHS Royal Devon. There is provision within the contract for open book accounting and a high degree of transparency. Any potential escalations will be highlighted through governance and scrutiny processes.

14. 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	18 per cent of Torbay residents are under 18 years old. 55 per cent of Torbay residents are aged between 18 to 64 years old. 27 per cent of Torbay residents are aged 65 and older.	Integrated sexual and reproductive health (SRH) services are open to all ages. This includes young people and adults of all ages.	n/a	
Carers	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.	Services are universally provided to all residents. The contract makes provision for evening clinics to maximise accessibility to carers and those who require access outside of traditional 'opening hours.	n/a	
Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by	SRH services are inclusive of all abilities and disabilities. The specialist service premises at Castle Cirus are accessible to all.	n/a	

	a physical or mental health condition or illness.			
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community 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.	SRH services are inclusive and accessible to all. Outreach and netreach targets some trans and non-binary populations with higher risks of poorer sexual and reproductive health outcomes.	n/a	
Marriage and civil partnership	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.	SRH services are open and accessible to all.	n/a	
Pregnancy and maternity	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.	SRH services are open and accessible to all.	n/a	

Race	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.	SRH services are open and accessible to all. Some services are targeted at populations with poorer sexual and reproductive health outcomes, including some populations from Black and minoritized ethnic groups.	n/a	
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	SRH services are open and accessible to all.	n/a	
Sex	51.3% of Torbay's population are female and 48.7% are male	SRH services are open and accessible to all.	n/a	
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.	SRH services are open and accessible to all. Some SRH services take a proportionate universalism approach and target those with poorer sexual and reproductive health outcomes.	n/a	
Armed Forces Community	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay,	SRH services are open and accessible to all.	n/a	

	5.9 per cent of the population have previously served in the UK armed forces.			
Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)		SRH services are open and accessible to all. Some SRH services take a proportionate universalism approach and target those with poorer sexual and reproductive health outcomes.	n/a	
Public Health impacts (Including impacts on the general health of the population of Torbay)		SRH services are open and accessible to all. Some SRH services take a proportionate universalism approach and target those with poorer sexual and reproductive health outcomes.	n/a	
Human Rights impacts		SRH services are open and accessible to all. Some SRH services take a proportionate universalism approach and target those with poorer sexual and reproductive health outcomes.	n/a	
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.	SRH services are open and accessible to all. Some SRH services take a proportionate universalism approach and target those with poorer sexual and reproductive health outcomes.	n/a	

15. Cumulative Council Impact

15.1. Sexual and reproductive health services improve lives and outcomes for communities in Torbay. This has current and future benefits for adult social care, children's social care, community and environmental services as well as reducing financial demands on the council.

16. Cumulative Community Impacts

16.1. The cumulative community impact is that the integrated service model is designed to meet all populations needs, whether for populations with poor sexual health outcomes or with universal sexual and reproductive health needs (e.g. most women require some form of contraceptive care).

16.2. By addressing sexual and reproductive health needs of populations in Torbay, this has a benefit at a community, family, and individual levels by preventing poor sexual and reproductive health outcomes.

TORBAY COUNCIL

Meeting: Adult Social Care and Health Overview and Scrutiny Sub-Board

Date: 19 March 2026

Wards affected: All

Report Title: Annual Public Health Report 2026 – Men's Health

Cabinet Member Contact Details: Cllr Hayley Tranter, Cabinet Member for Adult and Community Services, Public Health and Inequalities, hayley.tranter@torbay.gov.uk

Director Contact Details: Lincoln Sargeant, Director of Public Health, Lincoln.Sargeant@torbay.gov.uk

1. Purpose of Report

1.1. The 2026 Annual Director of Public Health Report will be on the topic of Men's Health. This report updates Members on the background to the Report and outlines the process for the development of the 2026 version.

1.2 Providing the wider context for this local work is the publication of the Government's first ever dedicated national Men's Health Strategy. This recognises the specific challenges relating to health outcomes as they relate to men. This report therefore also provides an overview of the Men's Health Strategy.

2. Reason for Proposal and its benefits

2.1 The publication of an Annual Public Health Report is a statutory function of the Director Public Health. It provides the opportunity to shine a spotlight on an important issue for our local population and make recommendations where we want to see action, either as a council, or amongst partner agencies. Recent reports have focussed on Women's Health (2024) and Healthy Ageing (2025).

2.2 The report process will help us to deliver our vision of a healthy, happy, and prosperous Torbay by supporting the delivery of strategic themes including but not limited to Community and People, and Economic Growth. The Annual Report process will take an evidence-based approach to identify the key issues, trends and opportunities that exist to support the health of men in Torbay. It will also support consideration of how the national Men's Health Strategy can be taken forward in Torbay.

3. Recommendation(s) / Proposed Decision

Members are invited to:

3.1 Note the update on the national Men's Health Strategy

3.2 Note the plan and timetable for the production of the 2026 Torbay Annual Public Health Report

3.3 Identify any themes you would like to see reflected in the recommendations/content for the 2026 Torbay Annual Public Health Report.

4. Appendices

4.1 None

5. Background Documents

5.1 Men's Health Strategy for England:

https://www.gov.uk/government/publications/mens-health-strategy-for-england

Supporting Information

6. Introduction

Men's Health

6.1 Nationally, men live on average 4 years fewer than women (life expectancy at birth is 79.8 years for men versus 83.6 years for women in England). Healthy life expectancy is an average of 61.5yrs.

6.2 Locally, we see a similar pattern to England but with some specific challenges. The National Strategy notes that '*men from [...] coastal areas across England (for example, Clacton, Torbay, Hastings and Morecambe), have lower life expectancy and lower healthy life expectancy'*.

a) Male life expectancy is 78.6 years across Torbay and for females it is 83.2 (2022-24). Over the last decade males have a life expectancy of approximately 4 years less than females in Torbay[1].

[1] Office for Health Improvement and Disparities (OHID), Public health profiles, https://fingertips.phe.org.uk/

b) There is a 6.4 year life expectancy gap between males who live in the least and most deprived areas of Torbay (for the period 2020 to 2024 combined)[2].
c) Healthy Life Expectancy is approximately a year lower for males than females over the last decade (2013-15 to 2022-24). Male healthy life expectancy is 61.5 years in 2022-24 which implies males born in this time could expect to live 17 years whilst not in good health (based on a life expectancy of 78.6 years)[3].

6.3 The explanations and longer-term reasons for the gaps in life expectancy are complex. Men and women experience some health outcomes, challenges and behaviours very differently, and many men of course live healthy and happy lives. However some conditions disproportionately affect men including some cancers, cardio-vascular disease and type 2 diabetes.

6.4 For example, in Torbay, preventable cancer and cardiovascular disease rates in those under 75 are significantly higher in males than females. Other conditions are specific to men including testicular and prostate cancer.

6.5 In general terms, men are more likely to take part in unhealthy behaviours including smoking, harmful gambling, drug use and alcohol consumption, and be less likely to undertake health seeking behaviours, such as seeking a GP review when unwell.

6.6 Men may experience barriers to accessing health care when they seek it, or do not have their needs recognised when they do.

National Men's Health Strategy

6.7 The Government has published the first ever dedicated national Men's Health Strategy. This recognises the specific challenges relating to health outcomes as they relate to men and also complements the national Women's Health Strategy (2022).

6.8 The published Strategy has three main aims:

a) ensuring health services engage men and boys and are responsive to their needs;
b) building structures which empower men and boys to maximise their own health and wellbeing;
c) creating the conditions in which men and boys' health and wellbeing can thrive.

6.9 It has a focus on identifying and addressing health inequalities and commits to addressing evidence gaps, for example a greater understanding of 'what works' for interventions promoting men's mental health.

6.10 The associated Action Plan focusses on the role of national organisations. However implementation will require partnership with the wider public, business and voluntary and

[2] Primary Care Mortality Database, ONS mid-year population estimates, English Indices of Deprivation 2025. – nb. it should be noted that Torbay has a relatively small population in the least deprived quintile of England so numbers are volatile.
[3] Healthy life expectancy measures health-related wellbeing and represents the average time an individual is expected to live in good or very good health, based on how they perceive their health (ONS)

community sector, and be informed by a new focus within research including the Men's Health Academic Network.

6.11 The LGA has highlighted the important role of local authorities and partnerships in the implementation of the Strategy:

> "We know that men face unique barriers to care, including lower engagement with preventive services, cultural stigmas and distrust associated with seeking help. Tailored interventions such as mental health outreach and workplace health initiatives are essential to overcoming these issues. Local councils have been working in partnership with community groups and grassroots organisations to effectively address men's health in this way and they remain ideally placed to lead and foster this working.
>
> The silent health crisis among men is a pressing issue for society, but with sustained attention and collective action, we can ensure that more men receive the support they need to lead longer, happier and healthier lives.[4]"

6.12 Both Council and NHS provided and commissioned services will need to incorporate learning and actions where appropriate.

Annual Director of Public Health Report 2026

6.13 The theme of the 2026 Annual Report will be Men's Health. This will bring a spotlight on topics of importance to men living in Torbay, including emerging issues. The Annual Report process will provide a timely opportunity to consider the local response to the Men's Health Strategy and identify mechanisms for delivery.

6.14 Early consideration has identified key areas of focus including improving access to healthcare and other support services, understanding how living and working conditions shape and enable individual behaviours, role of strong social, community and family networks, and tackling health challenges and conditions where these apply specifically to men.

6.15 The report will recognise and reflect on how men's life experiences take place in a wider social and cultural environment. This will include the impact of long term socialisation and expectations based around traditional masculine roles in society.

6.16 The repot will aim to identify the local assets in our communities that need to be maximised and celebrated.

6.17 The broad structure of the report will include themes on:

a) mental health and wellbeing;
b) healthy living and working conditions;
c) complex lives;

[4] https://www.local.gov.uk/about/news/englands-first-mens-health-strategy-lga-response

d) access, uptake and experience of health care.

6.18 To ensure a clear focus and ensure appropriate weight can be given to key issues, the report will focus on males aged 16 and over (but reflect the influence of/impact on childhood).

6.19 Cross cutting themes will be included throughout report as appropriate. These will include differential experience and outcomes across the lifecourse; neurodivergence; the role of women/family in men's health; and the role of societal norms.

6.20 This work will be informed by reviews of the evidence base and available data, and insights gathered through the ongoing engagement work.

6.21 Recommendations contained in the Annual Report will need to have a clear focus and be aligned with the potential impact that can be achieved within our scope as a unitary Council and what we may wish to see from our partners.

6.22 The indicative development timetable for this year's report is outlined below.

Activity	Timeframe
Presentation and attendance at International Men's Health Event (hosted by Economy Team)	19 November 2025
Governance: DOM (Update on Men's Health Strategy and 2026 Report Topic)	17 February
Governance: Adult Social Care and Health O and S (Update on Men's Health Strategy and 2026 Report Topic)	19 March
Commissioning and completion of film content	Feb - June
Engagement with local partners and groups	Jan - April
Governance: DOM (Emerging content and draft recommendations)	May - June
Governance: CAD (Emerging content and draft recommendations)	May - June
Final draft of sections of report and recommendations	May - July
Review content, introduction and ensure consistent 'voice' throughout	July
Content upload to Torbay Health Partnerships website	July - Aug
Launch	September 2026

6.23 An important challenge for us is to ensure the report is accessible as possible for any reader whatever their background.

7. Options under consideration

7.1. Not applicable at this stage.

8. Financial Opportunities and Implications

8.1. No financial implications at this stage. Future opportunities to access national funding associated with the national Men's Health Strategy may be identified as and when made available.

9. Legal Implications

9.1. No legal implications identified at this stage.

10. Engagement and Consultation

10.1 In addition to engagement with Council Governance structures, there is an ongoing process of working with internal and external partners and community groups. This process started with presentation and engagement at the International Men's Day Event in November, hosted by the Economy Team, and will also continue to build on the legacy of the Baton of Hope.

10.2 In line with recent versions, the report will be hosted on the Torbay Health Partnerships website. Text content will be supplemented by a series of short video content to amplify the voices of men living in Torbay in 2026. Furthermore, a key focus is to ensure the report is accessible as possible for any reader whatever their background.

11. Procurement Implications

11.1. No current procurement implications.

12. Protecting our naturally inspiring Bay and tackling Climate Change

12.1. No negative impacts identified at this stage.

13. Associated Risks

13.1. If publication of an Annual Public Health Report was not achieved this would mean a statutory function of the Director of Public Health had not been met for 2026.

14. Equality Impact Assessment

14.1. No proposals are made at this stage for assessment. However, the Annual Public Health Report 2026 (and opportunities for local implementation of the national Men's Health Strategy) will focus on the health of men and may identify recommendations for the Council and partner organisation to address inequitable delivery, uptake, or experience of services. The report process will also include reference to cross-cutting issues and intersectionality

including for example but not limited to the experiences of men of different ages, ethnicity and sexuality. Future proposals may therefore require assessment at that time.

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Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

Date of meeting	Minute No.	Action	Comments
15/01/26	41	TDSAP Chair to share with the Clerk for wider dissemination links to available face-to-face safeguarding and mental capacity training, including details of costs and access arrangements.	1. Requested
15/01/26	42	1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the Care Quality Commission Adult Social Care Assessment Report and Improvement Action Plan; and 2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board receive a quarterly progress update on the Adult Social Care, Care Quality Commission Improvement Plan.	1. Complete 2. Complete – added to Work Programme

Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

15/01/26	43	1) that the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board write to the Integrated Care Board to request that they attend to discuss dentistry access for care home residents and those in supported living. In addition, the Divisional Director for Adult Social Care identify the responsible bodies for other services such as opticians and chiropody in order for the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board to write to them seeking details as to how care home residents access these services; and 2) that the Director of Public Health attend a future meeting of the Adult Social Care and Health Overview and Scrutiny Board to present to Members Public Health activities regarding healthy weight/nutrition with a focus on older people.	1. 2. Complete – added to the work programme.

Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

8/12/25	36	a. The Community Cancer Team provided sessions at Paignton Library to check for oral cancer but were not allowed to advertise in advance that they would be at the library, what was the reason for this. A written response would be provided. 1. that the Public Health Specialist and Director of Adult and Community Services be requested to work together to identity the appropriate baseline information/data that would be useful for the Sub-Board to consider at their next annual update to ensure that they are able to understand where Torbay is and what stabilisation of dental access looks like; 2. that the Integrated Care Board be requested to provide a written update on access to domiciliary dental care within care homes; 3. that information on the Contract award for urgent dental access and the mobilisation timeframe be provided to the Sub-Board when available; and 4. that the Director of Public Health be requested to provide Councillors with paper and electronic leaflets on good oral hygiene to share with their residents to promote good practice and raise awareness of where people can go to receive help and to provide more information in the community.	a. email sent to request update 3 March 2026 1. email sent to request update 3 March 2026 2. email sent to request update 3 March 2026 3. email sent to request update 3 March 2026 4. Public Health will be working with Torbay Council Design Team to produce suitable evidence-based leaflets (paper and electronic) early in 26/27. Once complete they will be circulated to Elected Members.

Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

		a. What was the impact of orthopaedic theatre closure, due to heating issues? A written response would be provided. b. GP appointments: How was prioritisation of appointments managed when waits exceed two weeks? A written response would be provided. c. How many people have been supported in virtual wards last year compared to this year? A written response would be provided, including pathways and community involvement. d. What considerations have the hospital taken to support unpaid carers? A written response would be provided.	a. email sent to request update 3 March 2026 b. email sent to request update 3 March 2026 c. email sent to request update 3 March 2026 d. email sent to request update 3 March 2026
18/12/25	37	1. that all Councillors promote and encourage people to take up vaccinations particularly the elderly and vulnerable people and help to identify new groups that may reach into underserved groups and to encourage the use of pharmacy first, 111 and the NHS app; 2. that the ICB be requested to provide wider communication including via social media, via warm spaces etc. to encourage take up of vaccinations; 3. that the Torbay and South Devon NHS Foundation Trust (the Trust) be requested to provide a written update on virtual wards, which have been talked about for a number of years, how many people did we support in a virtual ward last year compared to a previous year and how many do we expect to be supported this	1. email sent to request update 3 March 2026 2. email sent to request update 3 March 2026 3. email sent to request update 3 March 2026

		year. When will we know it is working well, are there some pathways that are better, what conversations are being held with the community and voluntary sector to assist with this; 4. that the Trust be requested to provide assurance that bed based discharge and bed based avoidance will not be the only focus over the winter and details of what action they are taking to stand up additional therapy support and other appropriate support to enable people to remain at home and receive support in the community; and 5. that the Winter Director, NHS Devon and University Hospitals Plymouth NHS Trust be requested to share the data slides with Members of the Sub-Board and also provide the Clerk with relevant data slides which can be shared publicly.	4. email sent to request update 3 March 2026 5. email sent to request update 3 March 2026
04/09/25	20	3. that the Director of Capital Development be requested to provide a written response to confirm the various buildings being used for patient appointments; 4. that the Chief Strategy and Planning Officer be requested to provide a written response to confirm the number of wards within Torbay Hospital building.	3. Emailed for outstanding responses 17/10/25 Chased 14/01/26 and 11/03/26 4. Emailed for outstanding responses 17/10/25 Chased 14/01/26 and 11/03/26
17/07/25	8	1. that Torbay Council Housing Options team provide a written update to the Members of the Adults Social Care and Health	1. Emailed Lianne Hancock for an update (chased 13/11/25, 14/01/26 and 11/03/26)

Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

		Overview and Scrutiny Sub-Board once the visit to Harbour Housing scheme in Cornwall has been completed to provide feedback on any innovation that could be considered for implementation across Torbay;	
12/06/25	3	a. to provide a written response would be provided on the numbers of people who responded to the survey from each targeted area. 1. that the short report on the impact of the Co-design of the Learning Disability campaign be circulated to all Councillors once it is published in September; and 2. that Ms Gascoyne, Engaging Communities South West, be requested to provide a written update on the impact of the implementation of the recommendations within MacMillan Torbay Community Engagement Project Report.	Teresa emailed Abi Gascoyne 19 June 2025 – note Abi has now left new contact info@engagingcommunitiessouthwest.org.uk – need to follow up with them in September on action 1. Email sent again on 17/10/25,14/01/26 and 11/03/26 to chase responses

Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

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