TORBAY COUNCIL

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

5 November 2026

-: Present :-

Councillor Johns (Chair)

Councillors Brook, Douglas-Dunbar and Barbara Lewis

Non-voting Co-opted Members
Sarah Lonton (Healthwatch Torbay)

(Also in attendance: Councillors Chris Lewis, Long and Tranter)

---

34. Apologies

An apology for absence was received from Amanda Moss (Non-voting Co-opted Member).

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Sub-Board had been amended to include Councillor Brook in place of Councillor Spacagna.

35. Minutes

The minutes of the meeting of the Sub-Board held on 8 October 2026 were confirmed as a correct record and signed by the Chair.

36. Declarations of Interest

No declarations of interest were made.

37. Annual Review of Dentistry Provision in Torbay

The Primary Care Strategic Manager, Pharmacy, Optometry, Dentistry, Integrated Care Board (ICB) – Karen Clarke, Clinical Dental Adviser, Integrated Care Board (ICB) - Jonathan Bouwer-Davies and the Public Health Specialist – Mark Richards presented the Annual Review of Dentistry Provision in Torbay as set out in the submitted report and responded to questions.

Members were advised that oral health outcomes in Torbay remained a significant concern. Hospital admissions and extractions for tooth decay in children remained higher than regional and national averages, with Torbay having one of the highest

rates of hospital tooth extractions in England. Oral health inequalities continued to disproportionately affect children and vulnerable groups.

National dental contract reforms and additional local investment were helping to improve access to NHS dentistry, alongside a range of preventative oral health initiatives and planned communications activity to increase awareness of available dental services.

Members asked the following questions:

- How would the additional capacity being delivered through the new dental contract improve access for residents who did not currently have access to an NHS dentist?
- What challenges were being experienced in recruiting and retaining the NHS dental workforce?
- How many NHS dental practices were operating within Torbay and how were they distributed across the area (written response to be provided)?
- What were the reasons for variations in dental access and performance across Devon and Torbay?
- How were residents made aware of emergency dental access arrangements and the NHS dental helpline?
- What impact had the Covid-19 pandemic had on oral health outcomes and access to treatment?
- How would information be made accessible to residents who did not routinely access digital services?
- How would the effectiveness of future communications and awareness campaigns be measured?

The following responses were provided:

- The new contract arrangements had been designed to improve access to NHS dental services, particularly for residents with the greatest clinical need and those requiring urgent care.
- Approximately 33,000 additional Units of Dental Activity would be delivered through the new Torquay and Paignton contract, increasing NHS dental capacity across the area.
- NHS Devon had continued to support dental recruitment through national incentive schemes and workforce development initiatives, although workforce recruitment remained a national challenge.
- Variations in access and performance reflected a range of factors, including workforce capacity and local service provision.
- A communications campaign is due to be launched in January 2027 to increase public awareness of how NHS dental services and urgent dental treatment could be accessed.
- Information would be promoted through a range of channels, including printed materials, community partners and online resources, to ensure residents who did not routinely access digital services could still receive information (written response to be provided to include the NHS Devon – dental FAQ page https://onedevon.org.uk/our-work/services-and-support/nhs-dental-care/ to be shared with residents).

- Torbay Public Health had developed an oral health and dental access leaflet containing access information, key contact details and QR codes linking residents to further advice and support.
- The effectiveness of communications and awareness activity would be monitored through engagement measures and ongoing evaluation.

Resolved:

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the update on the Annual Review of Dentistry Provision in Torbay; and

2. that NHS Devon provide a progress update to the Sub-Board within 12 months on the mobilisation and performance of the new Torquay and Paignton dental contract, to include outcomes relating to improved access, urgent care provision and support for vulnerable groups.

38. Gambling Harms Prevention

The Public Health Specialist – Mark Richards and Public Health Registrar – Felicity Poulton, Registrar, presented the Gambling Harms Prevention activity across Torbay update as set out in the submitted report and responded to Members questions.

Members were advised that gambling harm had become an increasing public health concern and that local authorities had become funded partners in gambling harm prevention through the national gambling levy. Torbay had received dedicated funding and had participated in a Peninsula-wide collaborative programme with Devon and Cornwall.

The presentation highlighted the prevalence of gambling activity within Torbay, the concentration of gambling premises in areas of deprivation and the links between gambling harms, poor mental health, financial hardship, homelessness and suicide. Members heard that several prevention initiatives had been developed, including workforce training, awareness campaigns, referral pathways, educational interventions and targeted support arrangements.

Members asked the following questions:

- How would people experiencing gambling harms be identified and supported, particularly where individuals were reluctant to disclose their gambling behaviour due to stigma or shame?
- What work was being undertaken to identify and support people affected by online gambling?
- Why did Torbay have a comparatively high number of gambling premises when compared with the national average?
- What support was available for individuals and families experiencing gambling-related crisis or harm, including those at risk of suicide?
- What governance and funding arrangements were in place to support gambling harm prevention activity (written response to be provided)?
- What evidence was available to demonstrate the effectiveness of harm prevention measures undertaken by gambling operators?

The following responses were provided:

- Identifying gambling harms could be challenging as individuals were often reluctant to disclose gambling behaviour. A standardised toolkit was therefore being developed to support earlier identification, provide a consistent approach to asking appropriate questions and facilitate referrals to support services where concerns were identified.
- Local authorities have a harm prevention role under the new gambling levy arrangements. Responsibility for regulating online gambling remains with central Government.
- Torbay's higher number of gambling premises reflected factors associated with coastal communities, including a tourism focus, inequality, unemployment and the historic presence of amusement arcades.
- Support was available through a number of routes, including the national GamCare 24-hour helpline (GamCare - Founder of the National Gambling Helpline), the South-West Gambling Service (The South West Gambling Service :: Avon and Wiltshire Mental Health Partnership NHS Trust), and mental health crisis services. Further work was being undertaken to map local pathways.
- Opportunities were being explored to strengthen links with existing mental health helplines and develop clearer local access routes to ensure people could be appropriately triaged and signposted to support.
- Public Health had sought further information on the preventative measures undertaken by gambling operators and how customers experiencing gambling harms were identified and supported. Operators are expected to make information about responsible gambling and sources of help available to customers within their premises.

Resolved:

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the update on the Gambling Harms workstream and endorse Public Health activity in terms of gambling harm prevention in Torbay; and

2. that Public Health provide a progress update to the Sub-Board within 12 months on the impact of gambling harm prevention initiatives and future priorities.

39. Homelessness Action Plan

The Director for Adult and Community Services – Anna Coles, introduced the Homelessness and Rough Sleeping Action Plan as set out in the submitted report. The Divisional Director for Community and Customers Services – Tara Harris and the Homelessness Strategy and Delivery officer – Harriett Earle-Brown responded to Members questions.

Members were advised that the Action Plan had been developed in partnership with statutory agencies and voluntary sector organisations and reflected the requirements of the Local Outcomes Framework. The Plan incorporated updated evidence, partnership priorities and outcome measures focused on homelessness prevention, reducing rough sleeping and improving housing outcomes.

Members asked the following questions:

- What homelessness prevention activity was being undertaken and how were private landlords being engaged to support delivery of the Action Plan?
- What challenges were being experienced in relation to the availability of social and private rented accommodation?
- What arrangements were in place to support families placed in temporary accommodation?
- How would performance against the Action Plan be measured?
- What impact were housing market pressures and affordability having on homelessness within Torbay?
- How were the housing needs of people with disabilities being addressed?
- What did the latest rough sleeping data indicate and what trends were being observed?
- How were residents made aware of the support services available to prevent or alleviate homelessness?

The following responses were provided:

- Homelessness prevention remained a key priority and included early intervention work and partnership working with housing providers, landlords and support agencies.
- Housing supply pressures continued to present challenges across both the social and private rented sectors.
- Temporary accommodation arrangements were kept under regular review to ensure households received appropriate accommodation and support.
- The performance measures within the Action Plan aligned with the requirements of the national Local Outcomes Framework.
- Housing affordability and wider market pressures continued to contribute to demand for homelessness services.
- The housing needs of people with disabilities were considered as part of housing assessments and support planning.
- Rough sleeping data continued to be monitored to identify emerging trends and inform service planning.
- Partnership working remained central to delivery of the Action Plan and ensuring residents were able to access appropriate housing advice and support services.

Resolved:

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the Homelessness Action Plan and recommend that Cabinet approve the Plan, subject to the inclusion of clear definitions within the document to support consistency of understanding and interpretation; and

2. that a progress update on delivery of the Homelessness and Rough Sleeping Action Plan be presented to the Adult Social Care and Health Overview and Scrutiny Sub-Board within 12 months.

40. Annual Safeguarding Adults Board Report

The Principal Social Worker – Emma Goodall, presented the Annual Safeguarding Adults Board report for 2025-26 as set out in the submitted report and responded to questions, on behalf of the Independent Chair of the Torbay and Devon Safeguarding Adults Partnership.

Members were advised that safeguarding demand had continued to increase during 2025/26. Safeguarding concerns had risen significantly, and safeguarding enquiries had reached their highest recorded levels. Members were informed that increasing complexity of need, wider system pressures and heightened awareness of safeguarding issues had contributed to the increase in referrals.

Members were advised of the successful implementation of the Multi-Agency Risk Management (MARM) Framework, which had strengthened information sharing, joint decision-making and collaborative management of adults presenting with complex risks.

Members also heard that safeguarding reviews had continued to identify recurring themes including self-neglect, domestic abuse, substance misuse and mental ill-health.

Members raised the following questions:

- How the MARM Framework supported practitioners working with individuals who were reluctant to engage with services and how positive outcomes were achieved in those circumstances?
- Whether the 16 Safeguarding Adults Review (SAR) referrals reported during the year had resulted in full Safeguarding Adults Reviews and how cases were assessed against the criteria?
- How the MARM Framework supported individuals with mental health needs who chose to live independently and declined care or support?
- What action was being taken to improve performance in relation to Making Safeguarding Personal and ensure that individuals' desired outcomes were being achieved?

The following responses were provided:

- The MARM Framework provided a structured approach to supporting practitioners working with people experiencing multiple and complex risks.
- The framework promoted strengths-based practice and supported joint working with partners, including mental health, housing and voluntary and community sector organisations.
- The 16 SAR referrals reported during the year were referrals received for consideration, of which four had met the statutory criteria for a full Safeguarding Adults Review. Referrals were assessed by a multi-agency panel and, where cases did not proceed to a full review, learning opportunities could still be identified and shared across the partnership.
- Where individuals declined care or support, practitioners continued to seek opportunities to engage with them and could use the MARM Framework to

consider what approaches had been effective, identify additional support options and coordinate responses with partner organisations. Services did not simply withdraw support when individuals chose not to engage.

- A range of quality assurance activity was undertaken to support Making Safeguarding Personal outcomes, including quality checks and practice development work to ensure practitioners were asking individuals whether their desired outcomes had been achieved. Performance data could be affected where individuals chose not to provide feedback, meaning that not all outcomes could be captured.

Resolved:

That the Adult Social Care and Health Overview and Scrutiny Sub-Board note the Annual Safeguarding Adults Board Report 2025/26.

41. Quarterly progress on Adult Social Care Quality Commission (CQC) Improvement Plan

The Director for Adult and Community Services – Anna Coles, introduced the Quarterly progress on Adult Social Care Quality Commission (CQC) Improvement Plan as set out in the submitted report. The Commissioning Officer - Quality & Assurance – Michelle Penna responded to Members questions.

Members were advised that good progress had continued to be made against a number of improvement actions and that preparations were underway for the forthcoming annual conversation with the CQC. Members also heard that significant work had been undertaken in preparation for the return of Adult Social Care services to direct Council management following the end of the Section 75 arrangements.

Members welcomed the progress that had been made and thanked Michelle Penna and other officers for the considerable amount of work undertaken in progressing the improvement programme and preparing for the forthcoming changes to service delivery arrangements.

Members asked the following questions:

- What support was available to help unpaid carers achieve better outcomes and prevent them from reaching crisis point?
- How were staff managing the changes associated with the ending of the Section 75 arrangements and the transfer of services back to the Council?

The following responses were provided:

- Support for unpaid carers was currently provided through existing care services, including provision of paid carers to support cared-for individuals within their own homes and provide carers with a planned break. Feedback from carer forums had indicated that many unpaid carers valued support that enabled the cared-for person to remain at home. Work was ongoing to develop a broader range of respite options, including access to residential and nursing care beds that could be booked for planned breaks, helping to prevent

unpaid carers from reaching crisis point and providing greater choice and flexibility.

- Staff were at different stages of the change journey associated with the ending of the Section 75 arrangements and a range of emotions were being experienced across the workforce. Significant staff engagement activity had been undertaken throughout the process and officers continued to work closely with staff to support them through what was a complex organisational change programme.

Resolved:

That the Adult Social Care and Health Overview and Scrutiny Sub-Board note the quarterly update on the progress on the Adult Social Care CQC Improvement Plan.

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

The Sub-Board noted the submitted action tracker.

Chair