

Thursday, 08 January 2026

**CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY
SUB-BOARD**

A meeting of **Children and Young People's Overview and Scrutiny Sub-Board**
will be held on

Monday, 19 January 2026

commencing at **3.00 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 Law (Chairwoman)

Councillor Fellows (Vice-Chair)
Councillor Nicolaou

Councillor Tolchard
Councillor Spacagna

Co-opted Members of the Board

Jo Hunter, Church of England Diocese

A Healthy, Happy and Prosperous Torbay

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Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY SUB-BOARD AGENDA

1. **Apologies**
To receive apologies for absence, including notifications of any changes to the membership of the Board.
2. **Minutes** (Pages 5 - 12)
To confirm as a correct record the Minutes of the meetings of the Children and Young People's Overview and Scrutiny Sub-Board held on 17 November 2025.
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. **NHS Devon - One Devon's Children's Strategic Approach and Action Plan** (Pages 13 - 20)
To consider the submitted report on the above.
6. **NHS One Devon Children and Young People Long Term Conditions** (Pages 21 - 26)
To consider the submitted report on the above.
7. **0-5s with School Nursing and Family Hubs - Update** (Pages 27 - 34)
To consider the submitted report on an update on 0-5s with School Nursing and Family Hubs.

8. **Children and Young People's Overview and Scrutiny Sub-Board Action Tracker**
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).

(Pages 35 - 36)

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Minutes of the Children and Young People's Overview and Scrutiny Sub-Board

17 November 2025

-: Present :-

Councillor Law (Chairwoman)

Councillors Fellows (Vice-Chair), Tolchard and Twelves

Non-voting Co-opted Members

Jim Funnell – (Voluntary and Community Sector and Alternative Provider Education)

Tanny Stobbert (Play Torbay – Representing Voluntary Children and Young People Sector)

Nigel Yelland (Devon and Cornwall Police - virtually)

(Also in attendance: Councillors Bye, Chris Lewis, Spacagna (virtually) and David Thomas)

25. Apologies

Apologies for absence were received from Councillor Nicolaou, Jo Hunter (Co-opted Member) and Mike Cook (Non-voting Co-opted Member who was represented by Jim Funnell).

26. Minutes

The minutes of the meeting of the Sub-Board held on 29 September 2025 were confirmed as a correct record and signed by the Chair.

27. Declarations of Interest

No declarations of interest were made.

28. Young and Young Adult Carers Update

The Cabinet Member for Children's Services – Councillor Bye, Carers Lead - Katy Heard and Young Carers Manager - Jessica Tucker provided an overview of the submitted report in respect of support for young and young adult carers in Torbay and responded to questions.

Members asked questions in relation to the following:

- How many young carers were registered at the moment? Were there hidden carers and what was the Council doing to overcome this?
- Was training targeted towards parents as well?
- What was the attendance at lunchtime clubs and how was the impact measured?
- What was the clear offer for secondary school-aged young carers (13+)?
- How do schools promote young carers' services and drop-ins?
- What were barriers to accessing services (language, home visits)?
- What about transport barriers for engagement?
- How were opportunities for digital communication being used?

The following responses were received:

- The number of Young Carers linked with Torbay Young Carers was 580 (their levels of involvement with the Service varies i.e. some more intensive, some at school drop-ins). The number of 16 + 17 Young Adult Carers (YACs) active to Torbay Young Adult Carer Service was 51 and the number of 18-25 YACs active to Torbay YAC was 192. Many remained unidentified because they do not self-identify or understand what being a carer means. There were many more of both young carers (YC) and YAC believed to be in the community, which was why there was a need for further work to assist early identification – which links to the Council's Commitment to Carers, being refreshed on 20 November 2025 – Carers' Rights Day, and the Memorandum of Understanding for Young Carers which was signed off in June 2025. Actions being taken included:
 - Carer awareness training for Children's Services staff starting December 2025.
 - A three-tiered training approach for professionals and schools to help identify carers.
 - Continuous cycle of training due to staff turnover.
- Training was also targeted at parents. Parents often resist and struggle to acknowledge their child as a carer due to stigma. Initiatives being taken include:
 - Carers celebration events open to all.
 - Memorandum of Understanding (MOU) between Children's Services and Adult Services to encourage whole-family thinking.
 - Activities for children to reduce negative perceptions of social care.
- Attendance at lunchtime clubs was low and under review with an impact measurement being developed, for example Orchard Forest Day during school holidays which was well attended and fostered meaningful relationships.
- Current offer for young carers was unclear. Plans include:
 - Integration with Youth Hub and Youth Service.
 - Consultation starting January 2026 for three months, linked to Young Carers Action Day (March 2026).
- Promotion of young carers services varies by school. Common methods include:
 - Newsletters, posters, and staff awareness.

- Teacher referrals based on observed patterns (lateness, homework struggles).
- Dedicated workers in schools with strong pastoral links.
- Language like “intervention” can deter families. Home visits can be intrusive. It often takes seven contacts for someone to accept they are a carer. Mental health stigma was reducing, but substance misuse remains sensitive with families.
- Transport was a major issue for out-of-school activities. Solutions include:
 - Locating activities near bus routes.
 - Previously used minibuses and parental collection.
 - Affordable, accessible venues like libraries.
- The Team was exploring different electronic means of communicating with young people for example:
 - Instagram, TikTok for outreach.
 - Text messaging as a safe communication method.
 - Demonstration planned for Spond, an online group management tool.

Members noted the contents of the submitted report.

29. Emotional Wellbeing and Mental Health Support for Children and Young People - October 2025

The Cabinet Member for Children's Services – Councillor Bye, the Director of Women and Children's Improvement NHS Devon – Su Smart and Holly Billington - Family Devon Child and Adolescent Mental Health Services (CAMHS) provided an overview of the submitted report in respect of support for children and young people's emotional wellbeing and mental health and responded to questions.

Members asked questions in relation to the following:

- The report was Devon-wide; what does it mean for Torbay?
- When will we know if the pilot was successful?
- Were care experienced children prioritised for mental health support?
- Why don't we have guaranteed access within 10 days like other areas for care experienced children and young people?
- What feedback had been received from school-based Teams?
- How many schools have not signed up?
- Were eating disorders increasing due to weight-loss jabs?

The following responses were received:

- Data was specific to Torbay. Torbay leads the way with 70% school coverage (compared to 60% Devon average). Recruitment challenges were less severe locally.
- NHS England was reviewing expansion for neurodiversity inclusion. There was no confirmed timeframe, but colleagues were pushing locally for quick implementation.

- Prioritisation was clinically driven by risk and complexity. Care experienced children were given a booked appointment within 8 weeks of referral and were given the highest complexity of need.
- Focus had been on reducing overall waiting times. A triage pilot was due to start in January 2026: all referrals would get a phone call within 14 days, with risk assessment and signposting.
- Teams report:
 - High engagement and award-winning status.
 - Challenges with behaviour policies and parental expectations.
 - Need for more neurodiversity training and flexibility.
 - Plans for workshops with Parent Carer Forum.
- About 6,000 children lack Mental Health Schools Team (MHST) coverage, including home-educated children. Members requested representatives from the MHST to be invited to attend a future meeting of the Sub-Board.
- There had been a few cases of children accessing adult jabs, but no significant trend. Proactive measures include:
 - Body image videos for ages 5–8, parents, and professionals.
 - Focus on neurodiverse children and food issues.

The following links were provided after the meeting which contain key information on mental health support, which Members were encouraged to share:

Mental Health Support Teams:

This link covers the full offer, which schools they we are in and key resources: [The Mental Health Support Team in Schools \(MHST\) - Children and Family Health Devon](#)

Lumi Nova - [Lumi Nova: A therapeutic game for children's worries and anxiety - Children and Family Health Devon](#)

YouTube Videos for Mental health Support Teams: [Mental Health Support Team \(MHST\)](#)

Specific 'Overview of MHST' featuring Torbay: [Mental Health Support Team \(MHST\)](#)

Body image support: [Body image workshops - Children and Family Health Devon](#)

Resolved (unanimously):

1. that Members of the Children and Young People's Overview Scrutiny Sub-Board note the contents of the submitted report;
2. that Members acknowledge the significant improvements highlighted in the report and the support the proposed work going forward; and
3. that all Councillors to be requested to identify locations for My Way sessions to be held across Torbay and share with NHS Devon.

30. Wraparound Programme

The Cabinet Member for Children's Services – Councillor Bye, the Senior Early Years Advisory Teacher – Emma Kerridge and the Lead for Wraparound – Emily Mitchell provided an overview of the submitted report in respect of the Wraparound Project and responded to questions.

Members asked questions in relation to the following:

- What does the funding pay for?
- Have all schools within multi-academy Trusts rolled it out?
- Was the £100k additional to what we already have for out of school activities?
- Will the Government extend the programme?
- Was home working impacting uptake?
- What was offered during Wraparound?
- Were breakfast clubs part of this offer?
- Could schools be flexible on costs for families on free school meals?

The following responses were received:

- Wraparound funding could be used for staff training, resources, and scaling up provision.
- Not all schools within multi-academy Trusts rolled it out. Barriers included sustainability concerns and need for face-to-face engagement.
- This was additional funding, the original allocation was £423,600 and £100,000 of this funding remained unused.
- There was no official extension planned by the Government, but the funds could be spent past April 2026.
- Home working was impacting uptake, families work differently now, and schools need to market the benefits better.
- Snacks, sports, arts, games, and various activities were being offered. Flexibility for shift workers was limited but was possible, especially for those with regular shift patterns.
- The Government offers 30 minutes free breakfast clubs.
- Some flexibility exists, but School Trusts set prices. Reduced rates for vulnerable families has been suggested.

Resolved (unanimously):

1. that the Director of Children's Services be requested to create structured opportunities for direct engagement with school leaders and Trust representatives to discuss the wraparound childcare proposals, including:
 - schools from Trusts where some schools have taken up the offer and working with them together to encourage the other schools in their Trust to subscribe;
 - to work in partnership with the schools to have a reduced rate or different way of working so that all children access the provision as

- some parents may not be able to fund it e.g. children on free school meals and those with adverse childhood experiences;
 - to provide by Ward which schools have not taken up offer and share with the Ward Councillors with a brief to help them promote it and encourage take up; and
 - to attend Torbay Association of Primary Schools (TAPS) to provide an overview and promote take up;
2. that the Children and Young People's Overview and Scrutiny Sub-Board Members note contents of the wraparound childcare report, which will empower them to confidently advocate for the initiative, respond to queries, and represent the programme effectively in their respective roles; and
 3. that all Councillors be requested to actively share key information within their local Ward communities to ensure that by raising awareness, we can build momentum around the wraparound offer and reinforce its value to families across Torbay.

31. Fostering Annual Report 2024 - 2025

The Cabinet Member for Children's Services – Councillor Bye and Divisional Director Children's Services Transformation – Shaun Evans provided an overview of the submitted Fostering Annual Report for 2024-2025, which was being considered at the Cabinet meeting on 18 November 2025, and responded to questions.

Members asked questions in relation to the following:

- What progress had been made with the Mockingbird pilot?
- What were the reasons for low recruitment and retention?
- Has the Fostering South West Group had an impact?
- Were there successful regional hubs we could learn from?
- Could we incentivise foster carers locally?
- How many children were placed out of area?

The following responses were received:

- There had been a successful rollout of the Mockingbird pilot in Brixham and there was a plan to consider rolling this out for Paignton and Torquay. The focus would be on preventing placement breakdowns, especially for older children. An update on the pilot would be presented to a future meeting of the Sub-Board.
- Cost of living, retirement, downsizing and adult children returning home were some of the reasons for low recruitment and retention of foster carers. The Council had lost 11 foster carers last year despite 9 new approvals.
- The Fostering South West Group has had minimal impact so far and this feedback shared has been with Minister.
- No successful regional hubs had been identified. It was suggested that the Local Government Association (LGA) be contacted regarding this.

- Options such as Council Tax relief were under review to incentivise foster carers and there was a planned update on the Foster Carers Strategy.
- 98 children live more than 20 miles away due to limited local placements.

Resolved (unanimously):

1. that the Children and Young People's Overview and Scrutiny Sub-Board endorse the Fostering Annual Report 2024/25 as set out in Appendix 1 to the submitted report;
2. that Members thank the Fostering Team and Foster Carers for all their work supporting our cared for and care experienced children and young people;
3. that the Director of Children's Services be requested to explore options to incentivise foster carers, particularly those who take on older children to ensure that they can remain in placements longer; and
4. that the Chair and Vice-Chair be requested to contact the Local Government Association to obtain any examples of any successful regional Fostering Hubs and to share that information with the Divisional Director Children's Services Transformation.

32. Children and Young People's Overview and Scrutiny Sub-Board Action Tracker

The Sub-Board noted the contents of the submitted action tracker.

Members acknowledged that this was Tanny Stobbart's final meeting on the Sub-Board and thanked her for all her hard work supporting Play Torbay, young people and their families and for her the work on the Children and Young People's Overview and Scrutiny Sub-Board. Whilst Tanny was stepping down from Play Torbay it was noted that she would be supporting Play England to ensure sport was recognised across all sectors, as well as working with Great Parks, and Home Education Search.

Chair

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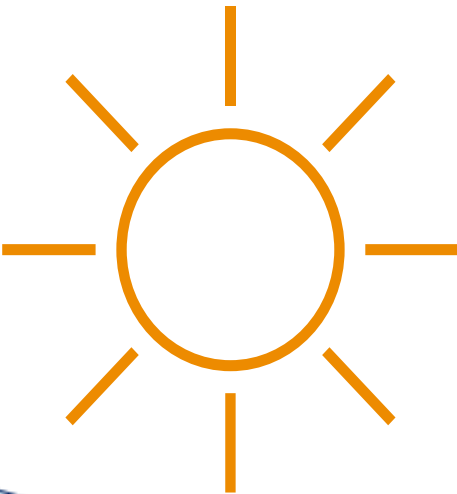
One Devon's Children's Strategic Approach and Action Plan

Jan 2026

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Agenda Item 5

ICB CYP Strategy (2025-30)



Vision and Purpose:

An Integrated System and Care Model for Children and Young People (CYP) that supports all aspects of their health (including mental health) and wellbeing, for children and their families so that they can make good future progress through school and life.

Strategic Objectives:

- 1. Cohesive and Effective Leadership and Governance to drive improvement at pace
- 2. Shift to closer to home, earlier help and support at the point a need is identified. Making best use of digital technologies (Government shift 2 & 3)
- 3. Achieving sustainability through effective strategic commissioning and use of resources across health care and education

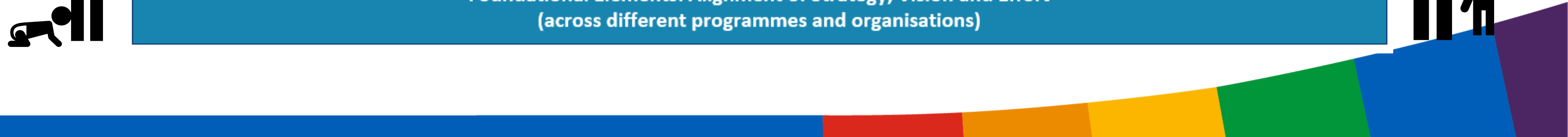
Strategic Initiatives:

Initiative 1 Access to Services & waiting lists recovery	Initiative 2 Special Educational Needs and Disabilities (SEND)	Initiative 3 Health Inequalities; long term conditions, prevention and early intervention	Initiative 4 Complex Care and Individual Commissioning	Initiative 5 Safeguarding Vulnerable Children, Children Looked After & Care Experienced	Initiative 6 Neurodiversity, Mental Health & Emotional Wellbeing
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Enablers: Co-Production, Workforce, People & Culture, Finance, Data and Digital, Estates

Principle 1 Strengths based approach, inclusive of people and the communities they live in	Principle 2 Integrated approach across health, care and education	Principle 3 Whole family approach, understanding that children live in the context of their families and homes	Principle 4 Embracing 3 pillars of quality: Safety Experience Effectiveness	Principle 5 Proactively addressing inequalities for vulnerable children and families
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Foundational Elements: Alignment of Strategy, Vision and Effort (across different programmes and organisations)



One Devon Health and Care Strategy

- Reflects our shared vision to **transform the way health and care services are delivered**, ensuring that **every individual receives the right care, at the right time, in the right place**.
- It is shaped by the priorities set out in the **NHS 10 Year Health Plan: Fit for the Future**, which sets a bold and clear roadmap for the future of healthcare across England over the next decade.
- The NHS Plan challenges us to build a **sustainable, person-centred** health and care system **that improves outcomes, reduces inequalities, and supports people to live healthier lives**.
- Our Devon-wide strategy aligns fully with these national ambitions and goes further by placing a **strong emphasis on collaboration across health, social care, voluntary, and community sectors**.
- We know that the **challenges facing Devon's population** are complex. From an ageing population to rising demand for mental health services, and the ongoing need to tackle health inequalities, we must work smarter and more innovatively.
- This strategy **sets out clear priorities to improve prevention and early intervention, integrate services more effectively, and support people to manage their own health and wellbeing**.
- [Published and available on the One Devon website](#)

One Devon Health and Care Strategy – Children

- Children and young people Integrated Neighbourhood Teams will deliver **universal and preventative services** that are embedded within the environments **where children live, learn, and grow**.
- **Neighbourhood delivery for children and young people** will include **strong alignment with schools, early years settings, and local authority locality structures**.
- This **integrated approach** ensures that **services are coordinated, equitable, and responsive** to the diverse needs of children and families. It also enables **early identification of health and developmental concerns**, allowing for **timely intervention and support**.
- The strategy adopts a **whole-age approach**, recognising the need for **seamless transitions** from childhood to adulthood—particularly for children and young people with **special educational needs and disabilities** (SEND), who may access services from birth up to the age of twenty-five.

Strategy case example; 'Riley', age 9- How will the new way of working impact?

- Riley lives with his mum. He has epilepsy and is waiting for an attention deficit hyperactivity disorder (ADHD) assessment. At present, most of his care is hospital-based. His epilepsy requires multiple appointments, and he faces a lot of challenges with behaviour and stigma at school
- Under the NHS Devon strategy, Riley's experience becomes more joined-up and community-centred. His epilepsy reviews take place in his neighbourhood community hub, with results shared across health and care providers. The NHS and schools work closer together to help manage his conditions, reducing stigma and improving his experiences at school. Early intervention is prioritised: school-based mental health teams help Riley manage behaviour and anxiety before crises escalate, and his ADHD assessment is completed more quickly. Technology, such as a wearable seizure monitor, provides reassurance and reduces unnecessary hospital visits. Through social prescribing, Riley joins inclusive after-school activities, while his mum accesses peer and financial support. His care shifts from fragmented hospital journeys to integrated, preventative, community-focused support, helping him thrive as a child.

One Devon - Strategic Commissioning Intentions - Aims

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

Strategic Commissioning Intentions and Programmes

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Keeping people safe and well in their neighbourhood	Shifting traditional acute care and treatment into our communities	Timely and responsive specialist care and treatment when needed	Prevention and inequalities focussed initiatives co-commissioned with our local system partners	Specific areas of health improvement focussed on our population need
<ul style="list-style-type: none">• Neighbourhood Framework• Neighbourhood services (all age, physical and mental health)• Effective prehospital care and navigation	<ul style="list-style-type: none">• Specialist services outside specialist settings	<ul style="list-style-type: none">• Specialist End of Life Care• In hospital productivity and efficiency• Paediatric Specialist Medical pathways• Single Managed Services• UEC Front Door• Evidence based practice• Cancer	<ul style="list-style-type: none">• Market development and shaping• Prevention	<ul style="list-style-type: none">• Diagnostics• Birthing services• Mental Health, Learning Disabilities and Neurodiversity (including CAMHS)• Dementia• Cardiovascular disease• All Age Continuing Healthcare and Individual Placements

Area of Focus	NHS 10 Year Plan (DHSC, July 2025)	Best Start in Life (DfE, July 2025)	Families First Partnership (DfE, March 2025)	SEND and APP Reform	Shared Intention	NHS and Health Focus
Vision	Health equity, prevention, digital first NHS.	75% of children reaching good development by age 5	Integrated family help and safeguarding reform	Right support, in the right place, at the right time, improving life outcomes	Aim to reduce inequalities and improve outcomes	NHS focus on system reform and digital improvement
Target age group	All age, with a focus on babies, children and young people 0-25 years	Pregnancy to age 5 years	0-19 years (Up to 25 years with SEND)	0-25 years	Shared focus on early years and vulnerable families	NHS spans broader age range
Delivery Model	Neighbourhood Health Services, Youth Hubs, INT MDT	Family Hubs and integrated support for babies, children and families	Co-located multi-agency Early Help and Safeguarding Teams	National standards for education, health + care, create consistent, high-performing system	Place-based integrated Models	NHS alignment with Hubs to be further developed
Health and Wellbeing →	Mental Health, community-based care, prevention, maternal health, health visiting and neonatal care	Emotional wellbeing, health visitor access	Family Help, Mental Health, Housing, SEND navigation	Inclusive, effective, and equitable to support- links between MH and SEND	Prevention/ early support, with inclusion of emotional health and wellbeing	NHS major reform – integrated care, better collaboration between NHS and partner agencies
Education and Development	School readiness via health support and school attendance	EYFS, early learning goals, school readiness, childcare access	Education as part of safeguarding and family help	Early, accurate identification, access to targeted support in mainstream - prevent escalation of needs	Support school readiness and school attendance	NHS integrated services, reducing health inequalities support to school readiness and attendance
Safeguarding and Child Protection	Integrated care record, single child identifier, integrated healthcare and information sharing	Focus on prevention, increased wellbeing, attachment and resilience building	Major reform of child protection and multi-agency safeguarding	Strengthening safeguarding measures and elective home education.	Strengths based support to community and family functioning. Families First is significant reform	NHS key partner in Families First Partnership linked to Statutory role
Workforce	Workforce plan, Autumn 2025	Early Years workforce capacity and training	Shared workforce across agencies	Investment in training	Investment in workforce capacity and training	Improved integration of health, social care and education

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Children & Young People Long Term Conditions

January 2026

The purpose of this presentation is to set out an overview and update regarding NHS Long Term Conditions work in Torbay.

To note regarding data presented:

- The prevalence data for long-term conditions and some data through national dashboards is only available at an ICB level and so is presented for One Devon, all other data is presented for Torbay specifically.
- Slide 3 outlines emergency department attendances and admissions for Devon ICB against the Southwest and National averages.
- Slide 4 outlines Devon ICB data on the left and localised Torbay data by Primary Care Network (PCN) on the right.



Long term conditions: Devon Data

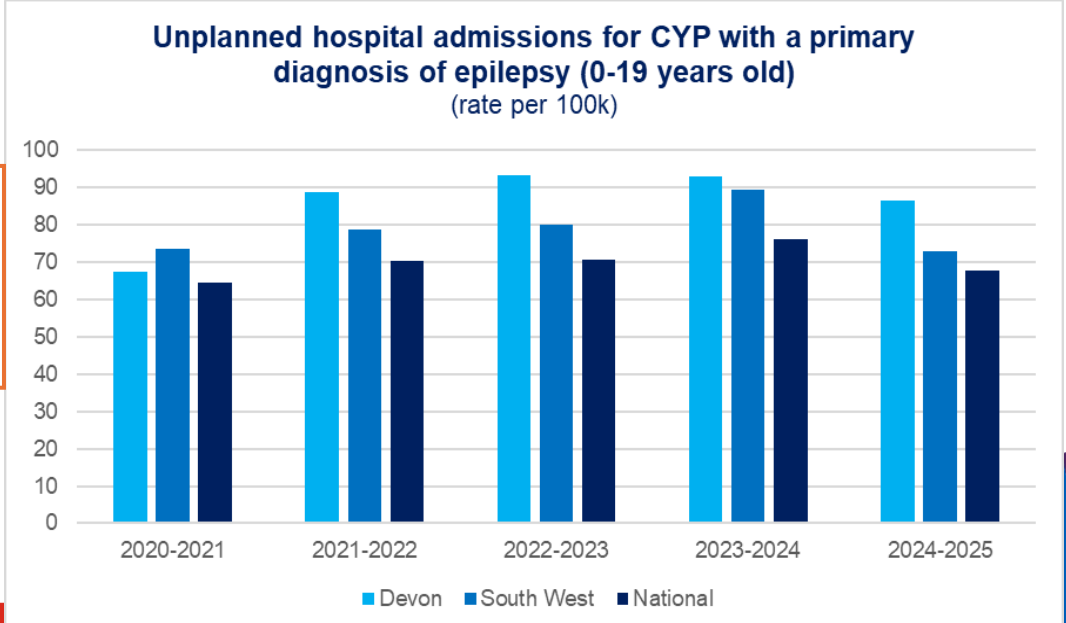
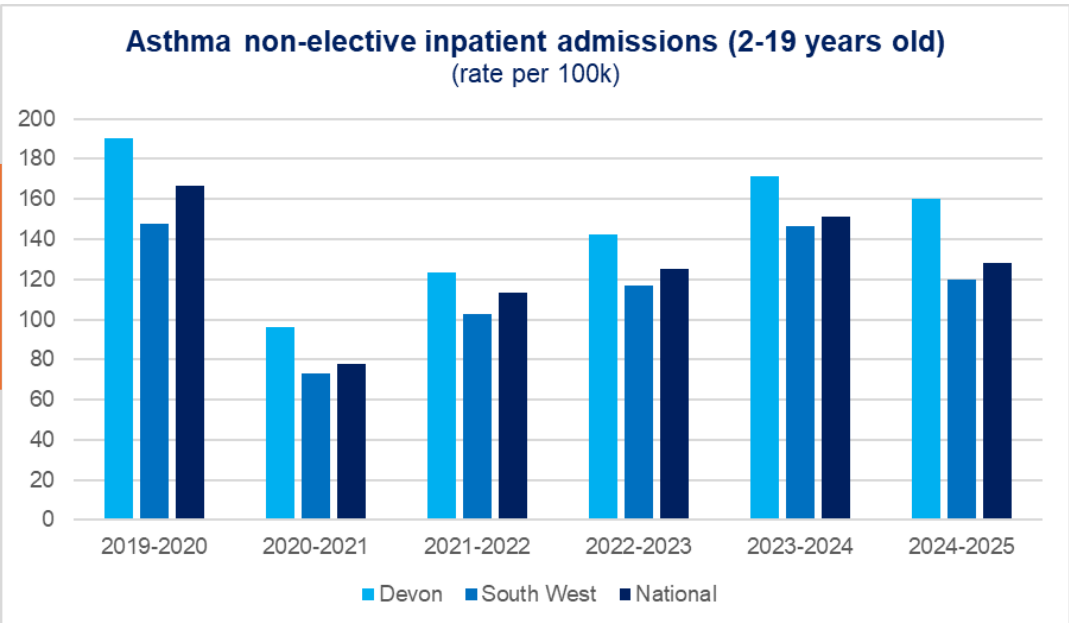
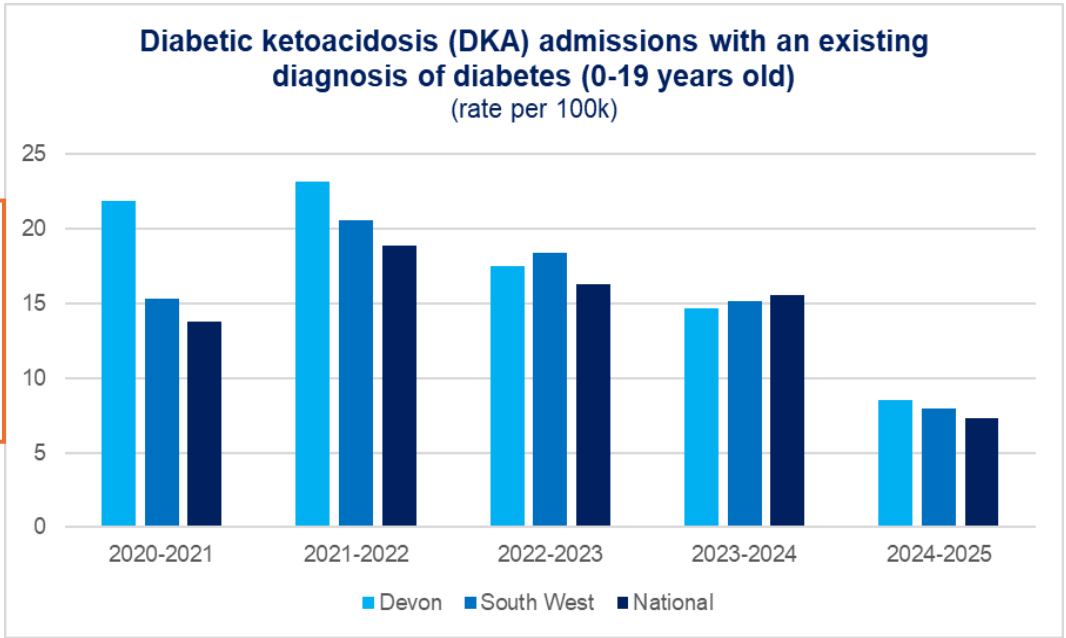
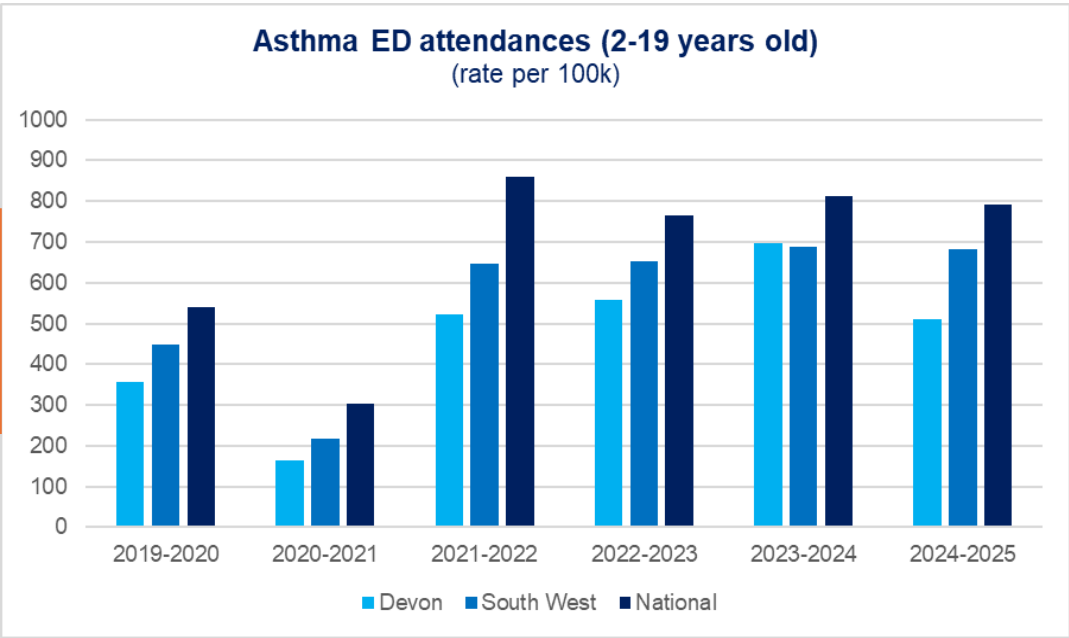
Asthma

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Asthma

Diabetes

Epilepsy



Asthma Context

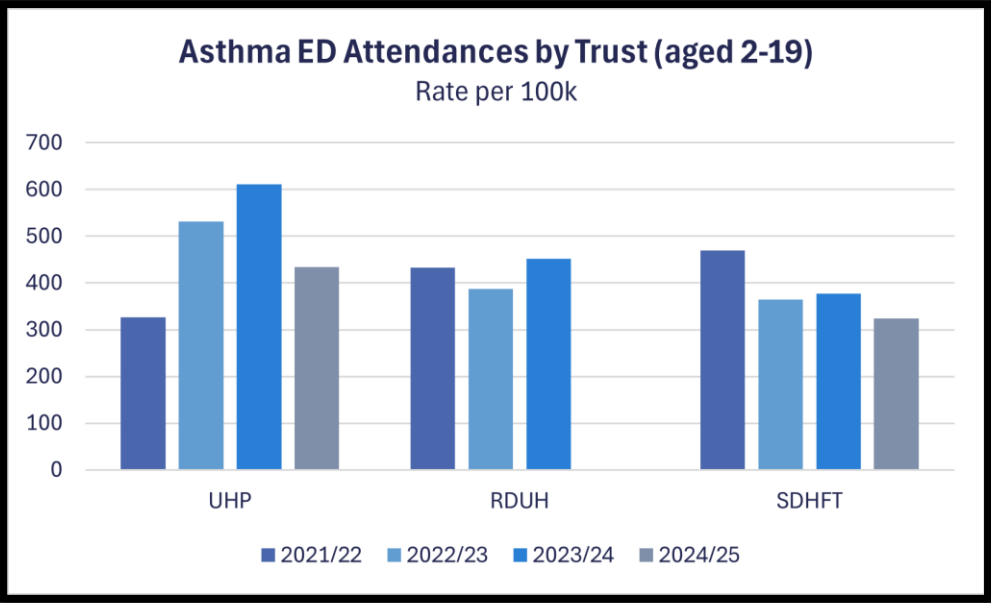
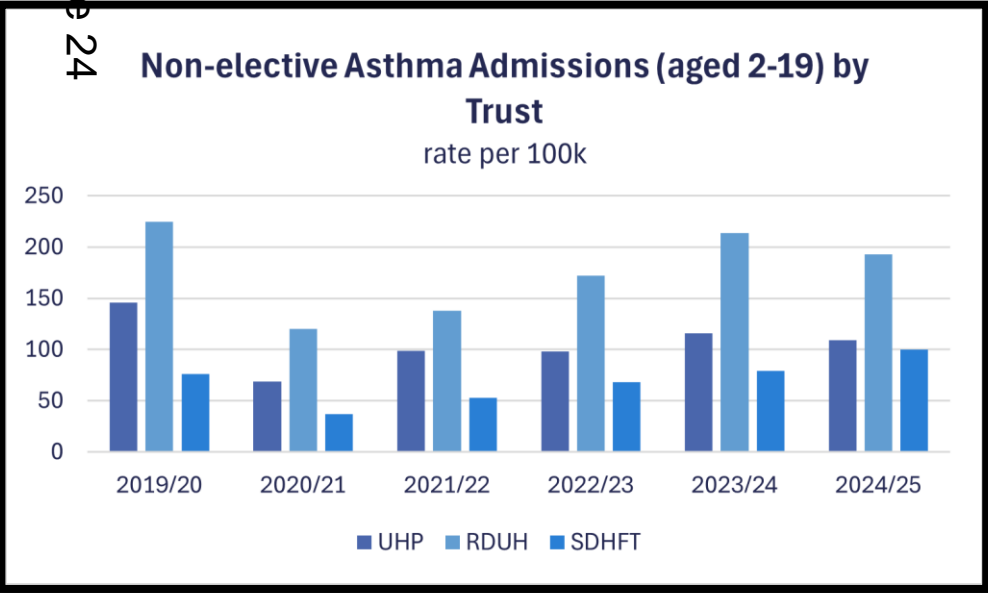
National Context

Children and Young People account for around 25% of the population. Asthma is the most common long-term condition in Children in the UK with 1 in 11 children living with asthma. The UK has one of the highest prevalence, emergency admission and death rates for childhood asthma in Europe, with marked inequalities.

Asthma attacks, admissions and deaths are largely avoidable.

Asthma Non-Elective Admissions

Non-elective admissions in Devon have consistently been higher than the regional and national average and admission rates are increasing. Torbay rates have now exceeded their pre-pandemic levels.



Asthma is predominantly managed within primary care with some children under secondary care. We know from prevalence data that not enough CYP are getting a diagnosis due to lack of access to diagnostics, and CYP with severe asthma are not accessing tertiary level care.

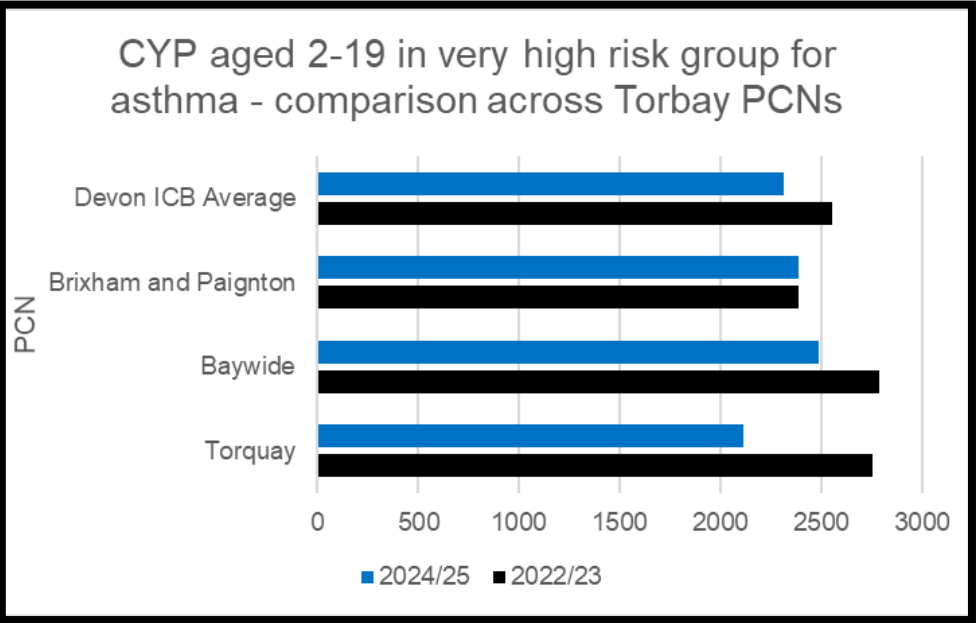
Avoidable harm to children and young people from asthma can be reduced by:

- Taking a whole system approach to asthma management
- Addressing environmental triggers
- Ensuring a comprehensive education programme
- Promoting personalised care
- Effective preventative medicine
- Improved accuracy of diagnosis

Asthma Improvements

The NHS England CYP Transformation Dashboard uses pharmacy dispensing data to identify overuse of reliever inhalers and underuse of preventer inhalers.

In Devon, 11,386 individual children, which is 65% of children and young people with asthma are at high or very high risk of exacerbation or admission from asthma based on primary care prescribing alone. 19% are at medium risk with only 16% in the lowest risk category. Devon is the 5th worst ICB in England in this regard. The dashboard can be used to identify PCNs and practices where there are the highest risks.

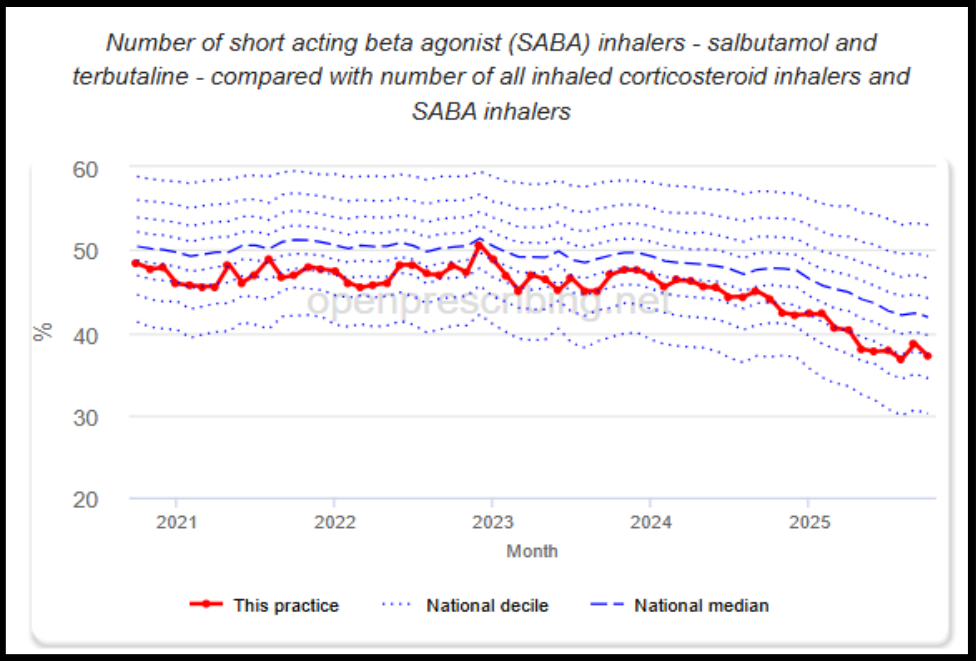


Torbay Fuel Poverty pilot:

In response to the local data and as part of a pilot across two PCNs (Baywide and Torquay) and the local authority, risk stratification was undertaken with 6 out of the 7 practices. In total 375 CYP were identified as at risk from avoidable harm.

Education and quality improvement work was provided by a specialist asthma practitioner to improve overall asthma care through increase in asthma reviews and effective preventative medicine.

Both graphs to the left show the changes within those practices with a reduction in number of CYP categorised as very high risk and a reduction in the number of reliever medications prescribed.



Integrated care boards (ICB)

Click an ICB to update the PCN chart, click a risk colour bar to filter by category, and press Ctrl and click for multi-select.

	per 100k			
NHS NORFOLK AND WAVENEY INTEGRATED CARE BOARD	2,732	2,045	1,660	1,235
NHS GREATER MANCHESTER INTEGRATED CARE BOARD	2,687	2,158	1,525	1,193
NHS BIRMINGHAM AND SOLIHULL INTEGRATED CARE BOARD	2,424	2,150	1,603	1,367
NHS BLACK COUNTRY INTEGRATED CARE BOARD	2,363	2,188	1,610	1,284
NHS DEVON INTEGRATED CARE BOARD	2,678	2,092	1,413	1,163
NHS LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD	2,503	2,018	1,488	1,225
NHS WEST YORKSHIRE INTEGRATED CARE BOARD	2,359			
NHS SUFFOLK AND NORTH EAST ESSEX INTEGRATED CARE BOARD	2,661			

Risk categories

- Black = Very high risk
- Red = High risk
- Amber = Medium risk
- Blue = Lowest risk

Diabetes Improvements

Hybrid Closed Loop (HCL)

HCL systems link continuous glucose monitoring (CGM) with insulin pump technology to monitor blood glucose and automatically adjust the amount of insulin given through a pump to people living with type 1 diabetes. HCL can eliminate finger-prick tests and prevent life-threatening hypoglycaemic and hyperglycaemia attacks, which can lead to seizures, coma or even death for people living with type 1 diabetes.

- By Q2 2025/26, **73%** of CYP across the Devon system were on HCL, the highest in the SW and slightly above the national average. By the end of Q2, the remaining under 19-year-olds waiting to start HCL across the Devon system is 190.
- Torbay achieved equity of access between the highest and lowest deprivation deciles, with slightly higher access for those living with the lowest deciles.
- Children and young people have been maintained as a priority group for access to this technology.

Getting it Right First Time (GIRFT) National improvement programme; 6 care processes

- Getting it Right First Time (GIRFT) National improvement programme review completed in Q3 of 2024/25 identified Devon as one of the lowest performing ICBs in care process completion at 35%, with considerable variation between providers (TSDFT 46%) Providers indicated that audit completion issues had affected the data and latest audit (NPDA) would reflect a higher completion rate of the 6 care processes.
- Recommendations in place for the Devon system:
 - Address staffing gaps and plan for future service demand
 - Ensuring equitable access of HCL
 - Improve data completion
 - Enhance mental health support
 - Improve outcomes and reduce emergency admissions
 - Ensure safe and equitable transition from Paediatric to adult services.

Torbay Transitions Pilot

- NHS England pilot that has now transitioned into a substantive service within Torbay and South Devon Foundation Trust (TSDFT). The pilot improved the glycaemic control of patients, aged 16-27 year olds with diabetes; significantly reducing hospital activity over the last 24 months and positively impacting system-wide patient flow through reduced ambulance calls outs, emergency department (ED) visits and inpatient admissions.
- Most notable outcomes: 32% patients re-engaged under secondary care, 12% reduction in average HbA1c, 37% reduction in number of Diabetic Ketoacidosis (DKA)** admissions, 289% increase in number of patients on HCL and a reduction in average length of hospital stay by 11.25 hours.

*Test to measure blood glucose control. **DKA is a serious condition that can happen in people with diabetes. It's where a lack of insulin causes harmful substances called ketones to build up in the blood. It can be life threatening and needs urgent treatment in hospital.

Meeting: [Children's Overview and Scrutiny](#) **Date:** [19 January 2026](#)

Report Title: [0-5s with School Nursing and Family Hubs - Update](#)

Cabinet Member Contact Details: Hayley.Tranter@torbay.gov.uk Nick.bye@torbay.gov.uk

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

1. Purpose of Report

- 1.1 This report provides an overview of the newly commissioned 0–5 Service with School Nursing and Family Hubs, formerly known as the Torbay 0–19 Service.
- 1.2 The service, jointly commissioned by Public Health and Children's Social Care and launched in April 2025, is delivered by Torbay and South Devon NHS Foundation Trust with Action for Children as subcontracted supplier. It includes:
 - Health Visiting and School Nursing (Public Health Nursing)
 - National Child Measurement Programme
 - Early Help and Family Support
 - Child Development and School Readiness
 - Family Hubs
- 1.3 This paper focuses on Public Health Nursing and Child Development, excluding updates on Family Support and Early Help. It will not provide an update on Family First Partnership as this is closely aligned with the Early Help and Family Support arm of the new contract, overseen by Children's Services. The report covers:
 - The commissioning arrangements for the new contract.
 - Performance data for Public Health Nursing since contract commencement
 - An update on the enhanced universal School Nursing service
 - Discussion of Public Health Nursing's contribution to the government Best Start in Life agendas.

2 Recommendation(s) / Proposed Decision

- 2.1 It is recommended that Board notes the information within this report.
- 2.2 There are no proposals being put forward.

3 Introduction

- 3.1 This section outlines the commissioning and service arrangements for the previous 0–19 (25 with SEND and care experience) contract and the newly commissioned 0–5 Service with School Nursing and Family Hubs. It also reviews Public Health Nursing performance since the contract began in April 2025 and describes the enhanced Universal School Nursing provision.
- 3.2 In addition, the section provides a high-level update on the government's Best Start in Life agendas, specifically Best Start Family Hubs and the Best Start Plan, which set out how Torbay will achieve locally defined targets for children reaching a Good Level of Development (GLD) by the end of the Early Years Foundation Stage. Finally, it explains how the 0–5 Service with School Nursing and Family Hubs contributes to these agendas.

Commissioning and Service Arrangements

- 3.3 Torbay Local Authority, specifically Public Health and Children's Social Care, are responsible for commissioning most of the services that sit within the Healthy Child Programme, also known nationally as the 0-19 provision.
- 3.4 The previous 0–19 Service contract, jointly commissioned by Torbay Public Health and Children's Services and delivered by Torbay and South Devon NHS Foundation Trust (TSDT) with Action for Children and The Children's Society (TCS) as sub-contractors, ended in March 2025.
- 3.5 For April 2025 onwards, services from the historic 0-19 (25 with SEND and care experience) provision were divided into three core strands:
- 0-5s with School Nursing and Family Hubs
 - Young People's Drug and Alcohol Service
 - Advocacy Services and Missing and Return Home Conversations
- 3.6 In April 2025, TSDT were directly awarded a joint contract by Public Health and Children's Services to deliver the 0-5s with School Nursing and Family Hubs service, with Action for Children as sub-contracted suppliers. See appendix one.
- 3.7 Additionally, through a contract variation, TSDT delivers most elements of the government-funded Family Hubs programme, including Infant Feeding, Perinatal Infant Mental Health, Home Learning Environment, and Parenting, with Action for Children as partners.
- 3.8 The young person's Drug and Alcohol service and separately the Missing and Return Home Conversation provisions were brought in house and sit in the Youth Service within the Authority and Advocacy services have been through an open market procurement process, with contract awarded on December 1st 2025.

0-5s with School Nursing and Family Hubs 2025/2026 Performance

- 3.9 The government mandates five universal health checks to be delivered by Public Health Nursing teams, and national performance is measured against these standards. The target is for 90% of families to receive each check at the specified intervals:
- Antenatally – from 28 weeks after pregnancy- home visit
 - New Birth Visit (NBV) – at 10-14 days after birth – home visit
 - Six to eight weeks after birth – home visit
 - One Year after birth – home visit preferable or at a Family Hub

- Two and a half years after birth - home visit if preferable or at a Family Hub
- 3.10 Overall, the Public Health Nursing teams are meeting the mandated health check targets (see Appendix two). The New Birth Visit can present challenges due to factors such as babies being cared for on the Special Care Baby Unit (SCBU), mothers remaining in hospital, and the short timeframe for delivery within a part-time workforce.
 - 3.11 Commissioners and the provider respond to families' preference for continuity of care by prioritising named Health Visitors wherever possible. This approach may occasionally result in visits being slightly outside the target timeframe. However, for both quarters one and two in 2025/26, all families received a home visit within 18 days, unless the baby was on SCBU. If a home visit falls outside the 10–14 day target, families will receive a phone call within the timeframe to check for any immediate needs before the face-to-face appointment.
 - 3.12 In relation to developmental reviews, a high proportion of children receive both their 1-year and 2–2½-year reviews, with the majority taking place within a Family Hub setting. These reviews play a critical role in identifying children who may have developmental needs. Public Health Nurses are well positioned to ensure that families are referred to appropriate support services and, where necessary, are supported in accessing Early Years settings to promote optimal development.
 - 3.13 Breastfeeding rates in Torbay have shown consistent improvement since 2022 and exceed the national average, reaching 61% at the 6–8 week review in quarter two. This upward trend reflects the success of the targeted Infant Feeding support offer, led by Public Health Nurses.
 - 3.14 Commissioners have worked with the provider to establish effective mechanisms for monitoring the child development offer delivered by Action for Children, particularly where evidence-based interventions (EBIs) have been implemented. Although this approach is still in its early stages, it enables us to assess which EBIs are delivering positive outcomes and to consider alternative strategies if a child's developmental progress appears to be stalling.

Universal School Nursing

- 3.15 The School Nursing Service provides universal and targeted support for children aged 5–19 (and up to 25 for those with SEND or care experience). Universal support includes triage and advice on issues such as continence, nutrition, sleep, emotional wellbeing, and behaviour, while targeted support focuses on safeguarding concerns.
- 3.16 Historically, financial constraints within the Public Health Ringfenced Grant limited the universal school nursing offer. However, an uplift in April 2025 enabled the Director of Public Health to prioritise improvements, ensuring coverage across all primary and secondary schools. An additional £120,000 was allocated to enhance the universal offer, supplementing the core contract and supporting future service development
- 3.17 The enhanced universal offer aims to make school nursing visible and accessible in every Torbay school and to support children not in education settings, addressing previous resource limitations. The service will improve access to health advice and early intervention, strengthen integration with education and health services, and expand its reach while maintaining core functions.
 - Continuation of the triage system for referrals on issues such as sleep, neurodiversity, behaviour, continence, and mental health.
 - Ongoing parent-led drop-in sessions in all primary schools, which have significantly increased engagement.

- Introduction of confidential, fortnightly 1:1 drop-ins in all secondary schools, led by qualified SCPHNs, available without referral.
- A stronger role in improving school attendance through collaboration with education, health, and local authority partners.
- Participation in Elective Home Education (EHE) sessions to ensure home-educated children have access to health support.

Best Start in Life – Family Hubs and Good Level of Development Targets

- 3.18 This section provides a high-level overview of the Best Start Family Hubs and Torbay's specific target, as set by the Department for Education, for children to achieve a Good Level of Development (GLD) by the end of the Early Years Foundation Stage (age five).
- 3.19 In the autumn of 2025, the Department for Education (DfE) set local targets for children to achieve at the end of the Early Years Foundation Stage (age five). These targets focus on achieving a Good Level of Development (GLD), a key measure used to assess whether children are ready for learning. The targets aim to improve school readiness and tackle barriers that may hinder early development.
- 3.20 On 7th November, the DfE confirmed provisional Best Start Family Hub funding allocation for financial years 2026 – 29 for Torbay. The grant is received and overseen by Children's Services with most of it transported through the 0-5s with School Nursing and Family Hubs contract.
- 3.21 Provisional Best Start Family Hubs allocations for Torbay Council total £3,420,900 over three years (2026–2029). Funding is distributed across six strands, including:
- Best Start Family Hubs (delivery grant and capital)
 - Parenting support
 - Home learning environment
 - Perinatal mental health and parent-infant relationships
 - Infant feeding support
 - Healthy babies offers and parent/carer panels.
- 3.22 Funding for Infant Feeding and Perinatal Mental Health, now collectively referred to as Healthy Babies, is only available to the 74 local authorities that previously received Family Hubs funding which includes Torbay. Healthy Babies is considered the health arm of the programme and is jointly funded and overseen by the Department of Health and Social Care (DHSC) and DfE.
- 3.23 The government has extended funding to all local authorities for Best Start Family Hubs delivery and capital, Parenting and Home Learning Environment strands, as part of the Best Start and Good Level of Development (GLD) agendas and is also jointly funded and overseen by DHSC and DfE.

Delivering Best Start in Life: 0-5s with School Nursing and Family Hubs Implementation

- 3.24 Public Health Nurses, supported by the wider service team and Action for Children, are responsible for delivering most of the grant funded Family Hubs programme as an extension of the core 0-5s with School Nursing and Family Hubs contract.
- 3.25 Their role is pivotal in ensuring that Torbay meets the government's targets for children achieving a GLD by the end of the Early Years Foundation Stage and are central to the development and implementation of the Best Start Plan. This includes:
- Coordinating delivery of core services within Family Hubs.

- Embedding national guidance and local priorities into practice.
- Driving improvements in early childhood outcomes through integrated working with health, education, and social care partners.
- Supporting workforce development and community engagement to ensure families can access timely, high-quality support.

- 3.26 Government-mandated developmental checks by Public Health Nurses identify needs early, ensuring children are school-ready and on track for GLD. The team works closely with early years settings, Family Hubs, and Children's Social Care as part of the wider Early Years pathway.
- 3.27 Action for Children, sub-commissioned to support the 0–5s and School Nursing service, delivers evidence-based speech and language groups, one-to-one interventions, and child development sessions. They are a key partner with strong links across the Early Years sector.
- 3.28 Within the broader Best Start Family Hubs programme, operational leads for Infant Feeding, Perinatal Infant Mental Health, and Parenting, all experienced Public Health Nurses, provide specialist expertise and act as resources for the workforce, ensuring evidence-based, consistent practice across services.

5. Financial Opportunities and Implications

- 5.1 This section outlines the finance for the 0-5s with School Nursing and Family Hubs, as well as outlining the Best Start Family Hubs
- 5.2 The total contract value for the 0-5s with School Nursing and Family Hubs for the period 2025/26 to 2029/30 is approximately £20.48m.
- 5.3 86% of the contract is funded through the Public Health Ringfenced Grant, with additional finances coming from Children's Services.
- 5.4 The Best Start Family Hubs grant for 2026–2029 totals £3,420,900. This funding is allocated across six key workstreams, as outlined above. Delivery and implementation of the Best Start Plan and GLD targets will be covered by this grant, which has been uplifted to support these priorities.
- 5.5 75% of the Family Hubs grant for 2025/26 was transported through the 0-5s with School Nursing and Family Hubs contract by means of a Change Control Notice. The same is expected for the following three years of funding.

6. Engagement and Consultation

- 6.1 Community engagement for commissioning of services included working alongside service users to hear their experiences when accessing 0-19 provision. Insights were gathered with support from the community and voluntary sector, the Children's Social Care participation team and through the 0-19 service-user feedback exercises. All of which have been taken into account and considered when developing the model.
- 6.2 Both the 0–5s with School Nursing and Family Hubs, as well as the Family Hubs grant-funded services, are subject to ongoing monitoring. This is carried out through digital surveys and engagement with parent connectors, peer supporters, and parent carer panels, and findings are reviewed during contract monitoring to ensure consistently high standards and positive feedback.

Appendices

Appendix 1:

Current 0-5s with School Nursing and Family Hubs Service

Core 0-5s with School Nursing and Family Hubs Services	Service Provider	Lead Department	Source of Grant/ Funding Arrangement
Health Visiting (Public Health Nursing)	TSDFT	Public Health	Public Health ring-fenced grant
School Nursing (Public Health Nursing)	TSDFT	Public Health	Public Health ring-fenced grant
National Child Measurement Programme	TSDFT	Public Health	Public Health ring-fenced grant
Early Help and Family Support	Action for Children	Children's Social Care	Children's Services
Child Development and School Readiness (including speech, language, and communication support)	TSDFT/ Action for Children	Children's Social Care	Children's Services
Family Hubs (Buildings)	Action for Children	Public Health and Children's Social Care	Children's Services/ Public Health ring-fenced grant
Additional Services			
Family Hubs Start for Life Programmes	TSDFT/ Action for Children	Children's Social Care	Department for Education, Department of Health and Social Care to Children's Services

0-5s with School Nursing and Family Hubs performance

0-5s with School Nursing and Family Hubs 2025/2026	National Target	Quarter 1	Quarter 2
Public Health Nursing			
Antenatal - national target	90%	87.23%	90.87%
Antenatal - including lates	90%	99.15%	99.54%
NBV- national target	90%	78.23%	87.19%
NBV - including lates	90%	92.34%	96.00%
6-8 weeks - national target	90%	93.16%	94.49%
6-8 weeks - including lates	90%	99.62%	98.73%
12 weeks - national target	90%	94.33%	96.60%
12 weeks - including lates	90%	95.95%	98.30%
1 year - national target	90%	89.63%	90.12%
2-2.5 year - national target	90%	96.81%	90.38%
%Breastfeeding at New Birth Visit			
i) Fully		125 (50.40%)	129 (53.31%)
ii) Partial		51 (20.56%)	43 (17.77%)
iii) Not at all		71 (28.63%)	63 (26.03%)
% Breastfeeding at 6-8 week visit			
i) Fully		105 (39.92%)	102 (43.22%)
ii) Partial		43 (16.35%)	37 (15.68%)
iii) Not at all		113 (42.97%)	94 (39.83%)

Action for Children			
No. of Early Help panel referrals in quarter		24	21
Number of cases open to family support on the last working day of the quarter		88	87
No children receiving support for SLCN through 1:1's		81	56
% of children receiving support for SLCN from priority LSOA's- 1:1's		56%	48%
No of children being supported with a S&L targeted intervention and requiring further specialist SALT intervention.		8	17
% of children completed 1:1 or group intervention who meet age related expectations for S&L development.		14%	14%
% of children completed 1:1 or group intervention who have made some progress in relation to S&L development		50%	37%
% of children completed 1:1 or group intervention who have made no progress in relation to S&L development		36%	49%

Children and Young People's Overview and Scrutiny Sub-Board Action Tracker

Date of meeting	Minute No.	Action	Comments
29.9.25	21	1. that the Director of Children's Services be requested to undertake a dip sampling of attendance at Core Group meetings to confirm that the correct people are attending to ensure that they are meeting the children's needs and provide a written update to the Sub-Board;	1 – Audit due to be completed by 12 December 2025 – report to be circulated to Members via email
29.9.25	22	a. How many missing children were also at risk of exploitation? (A written response would be provided.)	a. – Teresa emailed Katie Buckley 7.10.25, 26.11.25 and 6.1.26
17.11.25	29	1. that Members of the Children and Young People's Overview Scrutiny Sub-Board note the contents of the submitted report; 2. that Members acknowledge the significant improvements highlighted in the report and the support the proposed work going forward; and 3. that all Councillors to be requested to identify locations for My Way sessions to be held across Torbay and share with NHS Devon.	1. complete 2. complete 3. complete Teresa emailed all Councillors on 19.11.25
17.11.25	31	1. that the Children and Young People's Overview and Scrutiny Sub-Board endorse the Fostering Annual Report 2024/25 as set out in Appendix 1 to the submitted report; 2. that Members thank the Fostering Team and Foster Carers for all their work supporting our	1. complete 2. complete 3. Teresa emailed Nancy Meehan 26.11.25 – chased 6.1.26

Date of meeting	Minute No.	Action	Comments
		<p>cared for and care experienced children and young people;</p> <p>3. that the Director of Children's Services be requested to explore options to incentivise foster carers, particularly those who take on older children to ensure that they can remain in placements longer; and</p> <p>4. that the Chair and Vice-Chair be requested to contact the Local Government Association to obtain any examples of any successful regional Fostering Hubs and to share that information with the Divisional Director Children's Services Transformation.</p>	<p>4. Teresa emailed Chair and Vice-Chair 26.11.25 – update - work is ongoing to understand the impact of the Fostering Hubs locally.</p>