

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

18 December 2025

-: Present :-

Councillor Johns (Chairwoman)

Councillors Douglas-Dunbar, Fellows and Foster

Non-voting Co-opted Members

Pat Harris (Healthwatch Torbay)

Amanda Moss (Chair of the Voluntary Sector Network)

(Also in attendance virtually: Councillors Law and Spacagna and Law)

33. Apologies

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 Fellows in place of Councillor Spacagna. Councillor Spacagna was present in the virtual meeting room where he contributed to the meeting but was not part of the decision-making process.

34. Minutes

The minutes of the meeting of the Sub-Board held on 6 November 2025 were confirmed as a correct record and signed by the Chair.

35. Urgent Items

The Sub-Board considered the item in Minute 39, and not included on the agenda, the Chair being of the opinion that it was urgent by reason of special circumstances i.e. the matter having arisen since the agenda was prepared and it was unreasonable to delay a decision until the next meeting.

36. Oral Health and Dental Access Update

Melissa Redmayne - Senior Commissioning Manager (Pharmacy, Optometry and Dental) and Jonathan Bouwer-Davies – Clinical Dental Advisor for NHS Devon Primary Care Commissioning Team outlined the submitted presentation which provided an update on Oral Health and Dental Access, Mark Richards – Public Health Specialist also attended the meeting and responded to questions. The key points included:

- Commissioning had moved to the Integrated Care Board (ICB) in July 2023, who worked jointly with Torbay Council.
- Improvements in dental access were noted, but extractions for 0–19 remained high.
- Government plans minor contract reforms in April 2026 to improve retention and delivery.
- Preventative initiatives: Big Brush Club (nursery coverage) had been extended to cover deprived areas in Torbay.
- Local Recovery Plan: procurement for new dental practices with a value of £1.3m (it was noted that the original presentation stated 8,000 urgent care appointments but this was 1,645).
- Electronic referral system introduced with validation of dental waiting lists underway.
- Workforce Strategy was looking at retention and career pathways for NHS dentists.

Members raised the following questions:

- Why were dentists moving to private practice instead of NHS?
- Was there evidence that vaping causes oral cancers or mouth problems?
- How does the Big Brush Club ensure children continue brushing at home?
- Do dentists have targets for waiting lists?
- How many practices have opted out of NHS contracts?
- What support exists for emergency dental stabilisation?
- What would happen if NHS dentists cannot be recruited in Torbay?
- How was Torbay-specific data being addressed?
- 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.

The following responses were provided:

- NHS dentists face greater challenges, particular regarding the contract based on Units of Dental Activity. The UDA system can make delivering dentistry more challenging in areas of greater need. Private dentistry may be more appealing due to the greater remuneration and flexibility.
- Emerging evidence suggests vaping was linked to gum disease, but there was no strong evidence yet connecting it to oral cancers.
- Through the Big Brush Club children receive home packs with toothpaste, leaflets, and guidance. Outreach included distributing leaflets via food banks and warm spaces. Councillors could help by sharing these resources in their communities.
- Dentists do not have targets for waiting lists. Dentists were commissioned for a set amount of activity, not for maintaining patient lists. There was no registered NHS patient list; patients could attend any practice that has capacity.
- No NHS dentist contracts have been revoked in Devon. Some practices have chosen not to renew contracts, but procurement was underway to fill gaps.

- Stabilisation services were available but limited. Healthwatch reports high demand. The Workforce Strategy aims to improve retention and recruitment to expand these services.
- Procurement was ongoing, with bids under evaluation. Contracts will prioritise urgent care and vulnerable patients. Additional funding was being repurposed for preventative work.
- Public Health has some Torbay data, but future reports aim to disaggregate Devon-wide data for local insights.

Resolved (unanimously):

1. that the Public Health Specialist and Director of Adult and Community Services be requested to work together to identify 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.

37. Winter Plan

Johnathon Kelly – Director, NHS Devon and University Hospitals Plymouth NHS Trust outlined the submitted presentation in respect of the Winter Plan and responded to questions. Key points included:

- Focus on collaboration across providers in respect of vaccination uptake, and reducing bed-based care.
- Monitoring trends for Covid-19, Respiratory Syncytial Virus (RSV), and flu; and considering potential early interventions (e.g. masks, additional hygiene).
- Virtual wards discussed as a way to manage patients outside hospital beds.
- Concerns raised about discharge practices, community-based care, and vaccination messaging.

Members asked the following questions:

- How was the hospital ensuring patients were not discharged too early?
- What steps were being taken to target hard-to-reach populations for vaccinations?
- Why do some surgeries run out of vaccines?
- How will community-based services be developed to reduce bed-based care?
- What does a virtual ward look like?
- What was deconditioning?

- What was being done about RSV?
- What was the impact of orthopaedic theatre closure, due to heating issues? A written response would be provided.
- GP appointments: How was prioritisation of appointments managed when waits exceed two weeks? A written response would be provided.
- 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.
- What considerations have the hospital taken to support unpaid carers? A written response would be provided.

The following responses were received:

- Readmission rates to hospital were monitored for 30 days post-discharge. Risk-sharing across partner organisations helps identify anomalies and improve discharge practices.
- Vaccination programs focus on vulnerable groups. Councillors were encouraged to promote uptake. Communication campaigns include social media and warm spaces.
- There was no known stock control issue. Vaccines were not available before 1 October, which may be reviewed for future years to provide a wider window of time to roll out vaccinations.
- Plans included virtual wards, local hubs (e.g. Newton Abbot), and digital solutions. A 10-year health plan emphasises community care.
- Virtual wards monitor patients at home who need ongoing care (e.g. intravenous antibiotics). A written update was requested on numbers supported and effectiveness of virtual wards.
- Deconditioning was a loss of muscle mass and mobility due to inactivity during hospital stays, making recovery harder.
- RSV vaccinations target pregnant women and young children (0–4 years). Vaccination reduces hospital admissions by up to 75%.

Resolved (unanimously):

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 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.

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

The Sub-Board noted the submitted action tracker.

39. Section 75 Agreement for the Integrated Care Model with Torbay Council

Members were advised that it was reported at the Cabinet meeting this week that the Torbay and South Devon NHS Foundation Trust was giving careful consideration to ending the Section 75 Agreement for the integrated care model with Torbay Council in the early New Year, with formal Notice expected for March 2026 and that the Trust does not believe that the change would require consultation. Torbay Council believes this is a substantial change in service and requires consultation. The Sub-Board has statutory scrutiny rights to:

- review the planning, provision, and operations of health services;
- invite public input and consider Healthwatch feedback;
- issue formal reports and recommendations that NHS bodies must publicly respond to within 28 days;
- require involvement in “substantial developments” in health services; and
- access necessary information and summon NHS employees to answer questions.

In addition to this the Secretary of State for Health and Care has discretionary authority to “call in” proposals for reconfiguration of local NHS services at any stage, without requiring a formal referral from a Health Overview & Scrutiny Committee.

Resolved (unanimously):

That the Torbay and South Devon NHS Foundation Trust be requested to attend a meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board in the New Year prior to any formal decision being taken by the Trust Board to end the Section 75 Agreement for the integrated care model for delivery of health and social care in Torbay and explain their reasons why they do not believe this is a significant service change.