TORBAY COUNCIL

Tuesday, 05 December 2023

Meeting of the Health and Wellbeing Board

Thursday, 14 December 2023
2.00 pm
Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Pat Teague, Ageing Well Assembly
Alison Brewer, Primary Care Representative
Tara Harris, Divisional Director of Community and Customer Services
Pat Harris, Healthwatch Torbay
Matt Fox, NHS Devon Clinical Commissioning Group
Jo Williams, Director of Adults Services
Adel Jones, Torbay and South Devon NHS Foundation Trust
Nancy Meehan, Director Children's Services
Lincoln Sargeant, Director of Public Health
Chris Forster, Torbay Community Development Trust
Tanny Stobart, Imagine This Partnership (Representing the Voluntary Children and Young People Sector)
Anthony Reilly, Devon NHS Partnership Trust
Paul Northcott, Adult Safeguarding Board
Roy Linden, Devon and Cornwall Police
Paul Phillips, Department for Work and Pensions
Councillor Bye
Councillor David Thomas (Chairman)
Councillor Tranter

HEALTH AND WELLBEING BOARD
AGENDA

1. Apologies

To receive any apologies for absence, including notifications of any changes to the membership of the Committee.

2. Minutes (Pages 4 - 7)

To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 28 September 2023.

3. Declaration of interest

3(a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

3(b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

4. Urgent items

To consider any other items that the Chairman/woman decides are urgent.

5. Health and Wellbeing Board Work Programme 2024 (Pages 8 - 11)

To consider the draft work programme and work shops currently scheduled for 2024.

(Note: presented by the Director of Public Health, Torbay Council).

6. Suicide Action Prevention Plan (Pages 12 - 36)

To consider the Suicide Action Prevention Plan including results of the audit and local and national suicide reduction plans.

(Note: presented by Rachel Bell, Public Health Specialist, Torbay Council).

7. **Torbay and South Devon Adult Safeguarding Partnership Annual Report** (Pages 37 - 64)

To consider the Torbay and South Devon Adult Safeguarding Partnership Annual Report.

(Note: presented by Paul Northcott, Chair of Torbay and Devon Safeguarding Adults Board).

8. **Children's Safeguarding Partnership Annual Report** (Pages 65 - 101)

To consider the Children's Safeguarding Partnership Annual Report.

(Note: presented by the Director of Children's Services, Torbay Council).

9. **Torbay Drug and Alcohol Partnership Report** (Pages 102 - 106)

To consider the Torbay Drug and Alcohol Partnership Report.

(Note: presented by the Director of Public Health, Torbay Council).

10. **Director of Public Health Annual Report** (Pages 107 - 143)

To consider the Director of Public Health's Annual Report.

Please note that this year's Public Health Annual Report is in an interactive format and can be accessed via the following link:

https://www.torbay.gov.uk/council/policies/health/public-health-annual-report-2023/

(Note: presented by the Director of Public Health, Torbay Council).

11. **Local Care Partnership Business Programme**

To receive a verbal update provided by Derek Blackford, Locality Director (South and West), NHS Devon.

12. **Turning the Tide on Poverty/Cost of Living update**

To receive a verbal update provided by the Director of Public Health, Torbay Council.

Minutes of the Health and Wellbeing Board

28 September 2023

-: Present :-

Tara Harris, Pat Harris, Matt Fox, Jo Williams, Nancy Meehan, Lincoln Sargeant, Tanny Stobart, Councillor Nick Bye, Councillor Hayley Tranter, Dave Hammond, Chris Winfield and Mike King

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26. Apologies

Apologies for absence were received from Pat Teague, Aging Well Assembly and Councillor David Thomas, Leader of the Council. In the absence of Councillor David Thomas, the Vice-Chairman of the Health and Wellbeing Board Matt Fox chaired the meeting.

Temporary Chief Inspector attended in the place of Chief Superintendent Roy Linden, Devon and Cornwall Police, Chris Winfield attended in the place of Adel Jones, Torbay and South Devon NHS Foundation Trust and Mike King attended in the place of Sarah Newham, Department for Work and Pensions.

27. Minutes

The minutes of the Health and Wellbeing Board held on 22 June 2023 were confirmed as a correct record and signed by the Vice-Chairman.

28. Developing Women's Health Hubs

The Deputy Director of Commissioning – Out of Hospital, NHS Devon outlined the submitted report which sought support and endorsement of the Health and Wellbeing Board for the establishment of the 'Improving Women's Health' group. This group has the purpose of developing, promoting, and locally implementing the Women's Health Strategy.

Furthermore, Women's Health Hubs have been announced by the Department of Health, forming a key component of the national Women's Health strategy. One-off non-recurrent funding to NHS Devon Integrated Care Board (ICB) was announced in July 2023. The key local priorities identified were regarding Long-Acting Reversible Contraception (LARC), menopause care and digital solutions.

Members welcomed the focus on LARC and menopause management requesting an update on the progress of the Women's Health Hubs to be presented to the Board at its meeting in December.

By consensus Members resolved that:

1. The report on Developing Women's Health Hubs be noted;

2. The Health and Wellbeing Board supports the work of the Improving Women's Health Group.

29. Joint Health and Well Being Strategy Update

The Director of Public Health, Torbay Council outlined the submitted report which set out progress made against the priority programme areas of mental health and wellbeing; good start to life; supporting people with complex needs; healthy ageing and digital inclusion.

The Board was asked to specifically note the risks and mitigation of the digital inclusion programme being paused and the resulting impact of being able to deliver the local digital citizen enablement strategy and Health and Wellbeing Strategy objectives.

By consensus Members resolved that:

1. the update on the Joint Health and Wellbeing Strategy be noted;

2. the progress in delivery of the Joint Health and Wellbeing Strategy be noted;

3. the risk in relation to the digital inclusion programme be noted;

4. the updates to the Joint Health and Wellbeing Strategy wording be noted.

30. Local Care Partnership Business Programme

This item was deferred.

31. Better Care Fund Plan

Justin Wiggins, Head of Integrated Care (South and West) informed the Board that Better Care Fund (BCF) plans were required to be developed and signed off by Health and Wellbeing Boards within each Local Authority footprint. The Board noted that previous plans had been undertaken on an annual basis. However, national guidance had changed with the current planning cycle now covering two financial years 2023/24 and 2024/25.

The Board was advised that Torbay BCF plans were submitted to the Better Care Fund exchange on 28 June 2023. Supplementary information was requested seeking further clarity on assumptions made in:

- demand and capacity planning;
- narrative linked to addressing inequalities; and
- ensuring triangulation of information in both narrative and planning templates with national planning requirements.

Subsequently, Torbay had received notification that plans had been approved by the regional panel and will now progress to the national panel for endorsement with

national approval letters due to be issued (subject to the plan being signed off by the Health and Wellbeing Board).

In consideration of the recommendations set out in the submitted report the Board considered recommendation 'supports the review of Torbay Better Care Fund and develops an overview of the findings that outlines key issues, challenges and confirmation of schemes identified as contributing to the objectives and metrics of the 2023-2025 Better Care Fund.' to be outside the scope of the Board and therefore by consensus resolved that the Health and Wellbeing Board:

1. approves the Torbay Better Care Fund submission;

2. endorse the governance arrangements described in the submitted report; and

3. endorse that governance and oversight is undertaken by the Health and Well Being Board Executive.

32. Healthwatch Annual Report

The Chief Executive of Healthwatch in Devon, Plymouth and Torbay, Pat Harris outlined the 'Together we're making health and social care better - Annual Report 2022-23' which set out the wide range of engagement, representation and impact undertaken by Healthwatch in Devon, Plymouth and Torbay over the past year.

By consensus Members resolved that the Healthwatch in Devon, Plymouth and Torbay 'Together we're making health and social care better - Annual Report 2022-23' be noted.

33. Cost of Living/Turning the Tide on Poverty

The Board noted a verbal update provided by the Director of Public Health, who advised that Torbay faced such a challenge in responding to crises due to having a low level of resilience in local families and communities. The Director of Public Health informed the Board that work was undertaken last winter to identify what can be done to prevent and address impacts as the winter gets colder. The work identified the following issues: resilience of those that need to respond – voluntary sector was vulnerable due to increasingly complex situations that volunteers were being presented with. Vulnerability in the public sector – pressure for those who were on the front line. Housing – stable accommodation was key and this was getting more challenging. The Divisional Director for Customer and Community Services, Tara Harris who was responsible for managing to temporary accommodation advised that the main reason for individual and families presenting as homeless was due to the lack of money and landlords leaving the market. Officers were awaiting government announcements regarding Household Support Fund for next year and housing discretionary payments.

Furthermore, Members were advised that trends were suggesting more of the working population were seeking universal credit. Mike King, Department for Work and Pensions advised that historically there was an increase in unemployment and

insecurity of work, at this time of year, but the Department for Work and Pensions was also noticing that employers were paying less than previously or offering less hours.

Members challenged whether the focus of Turning the Tide on poverty, should the focus be on building resilience rather than just responding to acute needs.

34. Risk Register

The Board noted the report on the Risk Register and sought clarification as to who identified the risks and the justification for including some and not others such as the economy. This was an area that was referred to the Executive Group to review and make recommendations to the Board.

Chairman/woman

TORBAY COUNCIL

Meeting: Health and Wellbeing Board **Date:** 14 December 2023

Wards affected: All

Report Title: Health and Wellbeing Board work programme 2024

When does the decision need to be implemented? December 2023

Cabinet Member Contact Details: Hayley Tranter, Cabinet Member Adult & Community Services, Public Health & 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 purpose of this report is to update members on the Health and Wellbeing Board Work Programme for 2024.

2. Reason for Proposal and its benefits

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

Business items

The table below includes the business items we expect to need to receive or endorse in 2024. Additional items may be added if necessary during the year.

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

Items for update

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

Development workshops

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

Emerging issues

The 'emerging issues' process continues in 2024. This is available for partners to highlight emerging topics that are of importance to members and require multi-agency awareness and action.

Health and Wellbeing Board draft workplan 2024

Date	Item	Purpose
7 March 2024	**Business items** Peninsula Health Protection Annual Report 2021/22 Torbay Joint Health & Wellbeing Strategy 6 monthly monitoring report **Items for update** Integrated Care Board & Local Care Partnership business programme Turning the Tide on Poverty & Cost of Living work programmes	 For information For information & escalation of risks & issues
20 June 2024	**Business items** Torbay Joint Strategic Needs Assessment 2023-24 Carers' Strategy 2024-27	 Statutory requirement (Care Act 2014) to receive and endorse For information For information

Date	Item	Purpose
	Torbay Drug & Alcohol Partnership report **Items for update** Integrated Care Board & Local Care Partnership business programme Turning the Tide on Poverty & Cost of Living work programmes	
26 September 2024	**Business items** Torbay Joint Health & Wellbeing Strategy 6 monthly monitoring reports Healthwatch Annual Report Safeguarding Partnership Annual Report Better Care Fund Annual Plan **Items for update** Integrated Care Board & Local Care Partnership business programme Turning the Tide on Poverty & Cost of Living work programmes	 For information & escalation of risks & issues For information For information For information
12 December 2024	**Business items** 2025 Health and Wellbeing Board work programme Torbay and Devon Adult Safeguarding Partnership – Annual Report	 For information and endorsement Statutory requirement (Care Act 2014) for Chair

Date	Item	Purpose
	Suicide and Self-Harm prevention action plan Torbay Better Care Fund – annual report Torbay Drug & Alcohol Partnership report Director of Public Health Annual Report **Items for update** Integrated Care Board & Local Care Partnership business programme Turning the Tide on Poverty & Cost of Living work programmes	of HWBB to receive report For information & endorsement For information For information Statutory report

Draft workshop forward plan

Family Hubs	April 2024
Adult Social Care transitions	May / June 2024
Mental Health and suicide prevention – focus on self harm	date to be confirmed
Relational approaches including restorative and trauma informed practice	date to be confirmed

Additional session may be added in-year

3. Recommendation(s) / Proposed Decision

3.1 Members are asked to endorse the Health and Wellbeing Board Work Programme for 2024.

TORBAY COUNCIL

Meeting: Torbay Health and Wellbeing Board **Date:** 14 December 2023

Wards affected: All

Report Title: Suicide prevention annual update

When does the decision need to be implemented? Endorsement of the new action plan

Cabinet Member Contact Details: Hayley Tranter, Cabinet Member Adult & Community Services, Public Health & Inequalities Hayley.Tranter@torbay.gov.uk

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

Author: Rachel Bell, Public Health Specialist, Rachel.bell@torbay.gov.uk

1. Purpose of Report

1.1 Provide a summary of the new national suicide prevention strategy 2023-28

1.2 Provide a summary of local intelligence

1.3 Provide a summary of the new local suicide prevention action plan 2024-27 for the purpose of endorsement by the Health and Wellbeing Board

2. Reason for Proposal and its benefits

2.1 The information and priorities outlined in this report will help us to collaboratively deliver improvements in the lives of residents in mental health distress, will help to reduce the number of suicides in our community and support those bereaved by suicide.

3. Recommendation(s) / Proposed Decision

1. Note progress since last year's suicide prevention action plan.

2. Endorse the new multi-agency suicide prevention action plan.

3. Suicide prevention is everybody's business. Consider the national suicide prevention strategy, local intelligence, and the new local action plan in the context of members respective organisations and their organisational contribution towards multi-agency actions.

Appendices

Appendix 1: Torbay multi-agency suicide prevention plan

Background Documents

National suicide prevention strategy:

https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy

National suicide prevention action plan:

https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-strategy-action-plan

Torbay Joint Strategic Needs Assessment suicide profile:

http://www.southdevonandtorbay.info/media/zddd5ycl/suicide-2023.pdf

Torbay Joint Strategic Needs Assessment self-harm profile:

http://www.southdevonandtorbay.info/media/1037/self_harm_2019.pdf

1. Introduction

1.1 Suicide is a major public health issue: it is the leading cause of death in men under 50 years, young people and new mothers. Every death is a tragedy. Not only does it hint at the distress and pain that was felt by the person who died, it is sorely felt by the people that are closest to them. For every person who ends their life by suicide, a minimum of six people will suffer a severe impact on their lives due to the bereavement. For every life lost, the estimated total cost[1] to the economy was 1.67 million in 2011 and is likely to be closer to 1.9 million nowadays. 60% of this economic impact is to those who are bereaved[2]. If we apply this to the Torbay population which experiences an average of 20 deaths by suicide per year; the potential cost to the local economy is £38 million and 120 residents will be severely impacted by bereavement annually.

1.2 Torbay has experienced significantly higher suicide rates since 2014-16 and sits amongst the highest suicide rates in the whole of England (fourth highest of county/unitary authorities). Despite this we have seen a small but consistent decline in rates since 2016-18 when local suicide prevention plans came into place. Encouragingly, strategic partners across the Integrated Care System (ICS) have prioritised a reduction in suicides via the Devon Integrated Care System Joint Forward Plan 2023-28 by including a system target to reduce suicides to England average levels within the next five years. It should be acknowledged that Torbay's suicide rate is the local outlier and that if our suicide numbers do not significantly reduce, we are unlikely to meet this system target. As such we need to work harder, smarter and more collaboratively to reduce both human and system pain.

2. National suicide prevention strategy 2023-28

2.1 On September 11th 2023, following World Suicide Prevention Day, the government published a new suicide prevention strategy for England, 2023 to 2028, which sets out the government's vision and aim to prevent self-harm and suicide and improve support. A separate national action plan has also been published containing a summary of the actions within the strategy. The strategy acknowledges that the current suicide rate is not significantly higher than in 2012 (when the previous strategy was published), but the rate is not falling.

[1] Total costs include direct, indirect and human costs as exampled in the following text. Direct costs i.e. the services used by the individual leading up to and immediately following the suicide (e.g., GP visits, prescribed medication, counselling, funeral costs, court costs, use of emergency services, insurance claims and medical services). Indirect costs i.e. the costs to society of each suicide (e.g., time lost from work and lost production). Human costs such as lost years of disability free life in addition to the pain and grief experienced by family and friends.

[2] House of Commons Health Committee suicide prevention report

The key aims of the national strategy are to:

1. Reduce the suicide rate over the next five years – with initial reductions expected within half this time
2. Improve support for people who have self-harmed
3. Improve support for people bereaved by suicide

National priority areas for action are:

1. Improve data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted
2. Provide tailored, targeted support to priority groups, including those at higher risk. At a national level, this includes:
    a. children and young people
    b. middle-aged men
    c. people who have self-harmed
    d. people in contact with mental health services
    e. people in contact with the justice system
    f. autistic people
    g. pregnant women and new mothers
3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support. These are:
    a. physical illness
    b. financial difficulty and economic adversity
    c. gambling
    d. alcohol and drug misuse
    e. social isolation and loneliness
    f. domestic abuse
4. Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm
5. Provide effective crisis support across sectors for those who reach crisis point
6. Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides
7. Provide effective bereavement support to those affected by suicide

8. Make suicide everybody's business so that we can maximise our collective impact and support to prevent suicides

3. Local intelligence

3.1 In addition to the Torbay Joint Strategic Needs Assessment profiles on suicide and self-harm, this year we have conducted a coroner's file suicide audit to collect local intelligence which is not available nationally. This also highlights where Torbay may deviate from national data. Files from 2017 to 2022 (n=92) were reviewed and have provided additional intelligence on demographics, risk factors and interactions with services prior to death. This information is summarised in the following table and bullet point lists. Please note, that coroners' files may not always contain complete information for the indicators outlined as the primary purpose of a coroner's file is to determine the cause of death of an individual.

Indicators with national comparators	**Torbay (2017-22)**	**National (2021)**
% of male suicides	72%	74%
% of suicide deaths aged 25-64yrs	64%	73%
% of suicide deaths over 65yrs	23%	16%
% of suicide deaths aged 10-24yrs	13%	11%
Age standardised suicide rate per 100,000 in most deprived areas (national quintile 1)	24.7	15.4 (2010-17)
Rate of suicide in people classified as single per 100,000 (highest risk)	25.2	26.0 (2011-21)
Rate of suicide in people classified as separated or divorced per 100,000 (second highest risk)	111.9	24.4 (2011-21)
Rate of suicide in people classified with partner deceased per 100,000	27.0	19.3 (2011-21)
Rate of suicide in people classified in a partnership per 100,000	6.5	10.6 (2011-21)

Rate of suicide deaths in people who have never worked or are long-term unemployed	57.0	30.6 (2010-17)
% of suicides in public places	29.3%	31% (2000-04)*
% of deaths by hanging, strangulation and suffocation (most common method)	46%	58.4%
% of deaths by self-poisoning (second most common method)	30.4%	20.5%

*Based on Devon County data (Owens et al, 2009)

Intelligence on risk factors:

- 87% experience two or more risk factors for suicide (e.g., lived in the most deprived areas, were classified as single/separated/divorced/widowed, had mental health and/or physical health concerns, substance misuse issues, were bereaved and/or experienced debt).
- 75% had experienced some form of isolation (bereavement, strained relationships and/or had moved to the area within five years of their death).
- 70% had one or more diagnosable mental health condition/s (recognised by services).
- 50% had previously attempted suicide (majority one or two attempts).
- 42% had a chronic physical health condition, of which 31% had multiple chronic physical health conditions such as heart disease, hypertension, HIV and/or chronic pain.
- 33% had substance misuse issues.
- 33% had experienced an acute childhood experience (ACE) such as domestic abuse or parental separation, of which 50% had experienced multiple ACEs.
- 32% had experience of domestic abuse and/or sexual violence.
- 30% had experienced a bereavement, of which 43% had experienced suicide bereavement.
- 24% had a history of self-harm that was known.

Intelligence on interaction with services:

- 80% had seen their GP within the year prior to their death – 55% had seen their GP within three-months of their death.
- 76% had interacted with at least one service prior to their death (mental health, police, hospital, social care, substance misuse, domestic abuse, GP).
- 58% were being or had been supported by NHS mental health services.
- Of those known to NHS mental health services, 35% had access issues or were on a waiting list. 19% did not attend appointments or were non-compliant with their medication.

4. Local multi-agency suicide prevention action plan

4.1 The COVID-19 pandemic challenged all of us; it created new mental health needs and stressors (e.g., financial strain, lack of social contact, etc.) and exacerbated previous mental health conditions and stressors. Nationally we are now in particularly challenging economic times which adds additional pressure – again – to the lives of many of us. Against a backdrop of macro level societal challenge, local suicide prevention action plans have the potential to focus on improving individual, family and community based protective factors that can save lives whilst being influenced by the new national suicide prevention strategy 2023-28 (section 3.3).

4.2 The Torbay Suicide Prevention Action Plan is owned and monitored by the Torbay Mental Health and Suicide Prevention (MHSP) Alliance (lead by public health with statutory and VCSE membership). The priorities within this new plan have been set via a large multi-agency workshop (July 2023) and have been collectively agreed by these attendees and the MHSP Alliance. These priorities and associated actions will be monitored by the Torbay Suicide Prevention Plan (TSPP) Group with reporting to the MHSP Alliance and the Health and Wellbeing Board.

4.3 Torbay also contributes to a wider Devon Suicide Prevention Strategic Statement, a collaborative document produced and shared by Devon County Council, Plymouth City Council and Torbay Council: Devon-wide Suicide Prevention Strategic Statement (update in progress following the publication of the new national strategy).

4.4 Last year's action plan (2022-23) reported a suicide rate of 18.8 per 100,000 in Torbay. We are pleased that we have continued our consistent downward trajectory with the most recent rate of 17.2 per 100,000 (latest ONS data has been delayed and is expected early 2024). Although this is not quite a trend, we are moving in a positive direction. However, we are still significantly above England and regional rates. The infographic below outlines some of the achievements of last year's action plan.

Continued to see a small but **consistent decline** in our local suicide rate		Continued to **flexibly support people who are feeling suicidal** via the Torbay Community Helpline and our local Samaritans Call Back service	
Delivered **six Community Suicide Prevention and Emotional Resilience training courses** using local trainers		Published the Torbay Community Consultation on Self-harm which includes key recommendations for improving care and support	
Extended the **school based self-harm intervention pilot** with additional data feasibility being tested by PenARC		Continued to invest in **community grants (CLASP) for creative and innovative local suicide prevention projects**	
Under the Torbay SEND Written Statement of Action, established a **strategic multi-agency Children's Emotional Heath and Wellbeing Group**		Under the Community Mental Health Framework, recruited **new mental health and recovery practitioners** and developed **Mental Health Multi-agency Team (MAT) meetings**	

This year's action plan (2024-27) is a completely revised document with priorities collectively agreed upon via a large, well-attended, multi-agency suicide prevention priority setting event held in July 2023. Based on this engagement (see section 6) the following areas of action were agreed with partners with an overall **aim to continue our consistent downward trajectory in suicide rate towards the regional average**.

Local priority areas for action are:

1. Ensure mental health and emotional support is accessible to all
2. Acknowledge and work with Torbay's risk factors for suicide
3. Harness passion, commit to collaborate and pool resources to reduce suicides

With additional targeting of:

- Men
- Children and young people
- People who self-harm

Using the following principles:

- Being informed by and co-producing with key target groups where possible
- Being informed by need but using a strength-based approach in action
- Aligning with work that is already taking place within our ICS

The plan will also contribute towards Devon-wide priority areas such as Real-time Sudden Self-inflicted Death Surveillance and a self-harm health needs assessment amongst others. Most importantly, this is a dynamic three-year plan, that overtime, will contain more specific actions as they are shaped, resourced and prioritised by multi-agency partners via appropriate task and finish groups. These groups will be established in 2024 and will report to the Torbay Suicide Prevention Plan group for oversight.

5. Financial Opportunities and Implications

5.1 None.

6. Engagement and Consultation

6.1 On 3rd July 2023 a face-to-face priority setting event was held with partners in the public and voluntary sector. For those who were unable or did not wish to attend a face-to-face event, an MS Teams Form was made available prior to the event and this feedback was incorporated on the day. There were over 50 attendees who contributed towards a giant SWOT (strengths, weaknesses, opportunities, strengths) analysis to determine what we collectively wished to prioritise in terms of suicide prevention. Stakeholders across Torbay identified some of the challenges that we particularly face, and also some of the strengths we have as a community, and how these could be harnessed to tackle suicide and promote emotional wellbeing. These are summarised in the table below.

Strengths	Challenges
• We have an active and passionate community and voluntary sector in the Bay	• Mental health services are very stretched and funding is scarce
• We have data showing us what to focus on	• People don't always know where to go for help
• We have a beautiful location and many natural assets	• Communities are suffering the impact of the cost-of-living crisis
• A lot of people want to help and support each other	• Collectively we need to tackle the root causes of suicide and poor mental health

6.2 The priority areas for action (see section 4.4) reflect areas which were considered most important to local stakeholders, will have the most impact on mental health and suicide risk, and which are most suited to collaborative action. All attendees and the MHSP Alliance were given the opportunity to feedback on the first and second drafts of the suicide prevention action plan. The third draft will be presented to the Health and Wellbeing Board on 14th December 2023 for endorsement. If endorsed, this plan will be published on the Torbay Council website for the public to view.

7. Tackling Climate Change

7.1 Climate change was considered when hosting the face-to-face engagement event (section 6). Participants were asked to car share and bring their own cup/mug where possible. For catering, food and beverage packaging was kept to a minimum and only reusable cups and spoons were supplied. Tackling climate change will be an ongoing agenda item by any groups directly associated with the multi-agency suicide prevention action plan.

8. Associated Risks

8.1 Multi-agency action is not galvanised in line with the suicide prevention plan. This will be mitigated by continuing multi-agency engagement and a task and finish group approach.

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	Y		
People with caring Responsibilities	Y		
People with a disability	Y		
Women or men	Y		
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)	Y		
Religion or belief (including lack of belief)	Y		
People who are lesbian, gay or bisexual	Y		
People who are transgendered	Y		
People who are in a marriage or civil partnership			Y
Women who are pregnant / on maternity leave	Y		
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Y		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Y		

10. Cumulative Council Impact

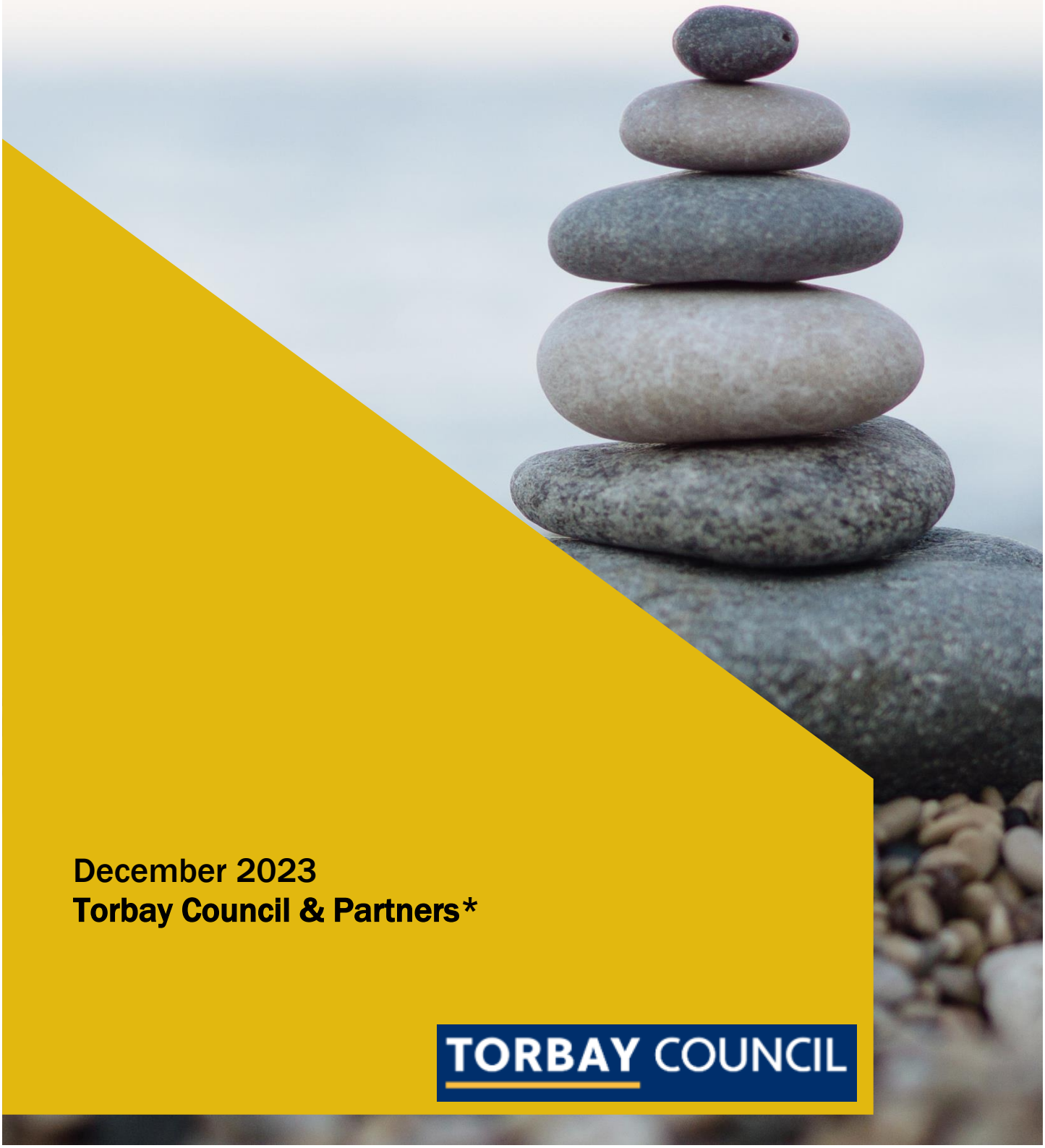
10.1 None.

11. Cumulative Community Impacts

11.1 None.

Torbay Multi-agency Suicide Prevention Plan

2024-2027



December 2023

Torbay Council & Partners*

TORBAY COUNCIL

Our key achievements since the 2022/23 plan

Continued to see a small but **consistent decline** in our local suicide rate		Continued to **flexibly support people who are feeling suicidal** via the Torbay Community Helpline and our local Samaritans Call Back service	
Delivered **six Community Suicide Prevention and Emotional Resilience training courses** using local trainers		Published the Torbay Community Consultation on Self-harm which includes key recommendations for improving care and support	
Extended the **school based self-harm intervention pilot** with additional data feasibility being tested by PenARC		Continued to invest in **community grants (CLASP) for creative and innovative local suicide prevention projects**	
Under the Torbay SEND Written Statement of Action, established a **strategic multi-agency Children's Emotional Heath and Wellbeing Group**		Under the Community Mental Health Framework, recruited **new mental health and recovery practitioners** and developed **Mental Health Multi-agency Team (MAT) meetings**	

"Suicide prevention is everybody's business."

(Adpated from: Dr Dai Lloyd, 2018)

National Context

All areas of the country have local suicide prevention plans in place[1]. Multi-agency suicide prevention actions help coordinate action to reduce suicides in local areas. In England, responsibility for local suicide prevention strategies and action plans usually sit with local government through health and wellbeing boards[2].

The new national suicide prevention strategy (2023-28) outlines three aims:

- Reduce the suicide rate over the next five years – with initial reductions observed within half this time or sooner.
- Improve support for people who have self-harmed.
- Improve support for people bereaved by suicide.

The following are the eight areas of action to achieve the aims above:

1. Improve data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted.
2. Provide tailored, targeted support to priority groups, including those at high risk.
3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support.
4. Promote online safety and responsible media content to reduce harms, improve signposting, and provide helpful messages about suicide and self-harm.
5. Provide effective crisis support across sectors for those who reach crisis point.
6. Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Provide effective bereavement support to those affected by suicide.
8. Make suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

In wider Devon our Suicide Prevention Strategy is a collaborative document produced and shared by Devon County Council, Plymouth City Council and Torbay Council: **Devon-wide Suicide Prevention Strategic Statement**. This aligns to the Devon Integrated Care System (ICS) geography area. Suicide Prevention Action Plans are coordinated and produced by each local authority area and will be co-owned by a range of local agencies. Plans will be made available on each local authority's website and will undergo annual review. Where appropriate, work will be undertaken on a Devon-wide level to take advantage of economies of scale and to maximise finite resources.

[1] https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy

[2] PHE_LA_Guidance_25_Nov.pdf (publishing.service.gov.uk)

The Devon Integrated Care System Joint Forward Plan 2023-28 includes a system target to reduce suicides to England average levels within the next five years.

"Every suicide will be regarded as preventable and we will work together as a system to make suicide safer communities[3] across Devon and reduce suicide deaths across all ages."

This plan (Torbay's) is **owned and monitored via the Torbay Mental Health and Suicide Prevention Alliance**. The priorities within this plan have been set via a large multi-agency workshop (July 2023) and have been collectively agreed by these attendees. The plan will be **endorsed by the Torbay Health and Wellbeing Board** (December 2023).

Priorities and actions will be **monitored by the Torbay Suicide Prevention Action Plan (TSPAP) Group** on a quarterly basis and be **implemented via a range of associated task and finish groups.** Progress will be reported to the Health and Wellbeing Board.

Aim

The COVID-19 pandemic challenged all of us; it created new mental health needs and stressors (e.g. finacial strain, lack of social contact, etc.) and excerbated previous mental health conditions and stressors. Nationally we are now in particularly challenging economic times which adds additional pressure – again – to the lives of many of us.

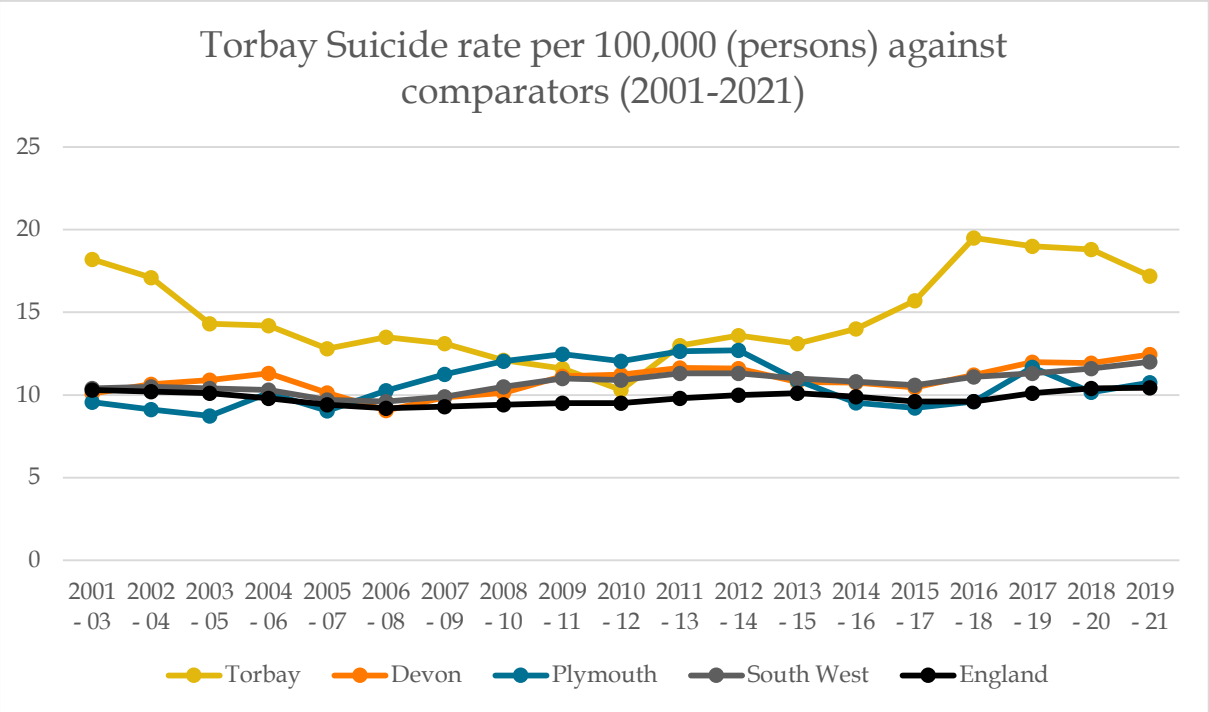
"Recessions can hurt. But austerity kills."
(Professor David Stuckler, 2013)

Against a backdrop of macro level societal challenge, local suicide prevention action plans have the potential to focus on improving individual, family and community based protective factors that can save lives whilst being influenced by a national strategy.

There is no acceptable number of suicides in Torbay. That being said, we do need to be realistic about what can be achived with the challenge that we face and the resources that we have. Torbay has experienced significantly higher suicide rates since 2014-16 (see Figure 1) and sits amongst the highest suicide rates in the whole of England (fourth highest of county/unitary authorities). As such, this three-year action plan aspires to continue its consistent downward trajectory towards the regional average. This will contribute to our One Devon 5-Year Joint Forward Plan target of achieving a similar suicide rate compared to England by 2028.

[3] Suicide Safer Communities - Every Life Matters (every-life-matters.org.uk)

Figure 1: Torbay suicide rate over time compared to locally, regionally and nationally



Our strengths and challenges

Stakeholders across Torbay identified some of the challenges that we particularly face, and also some of the strengths we have as a community, and how these could be harnessed to tackle suicide and promote emotional wellbeing:

- *Mental health services are very stretched.*
- *People do not always know where to go for help.*
- *Communities are suffering the impact of the cost-of-living crisis.*
- *Collectively we need to tackle the root causes of suicide and poor mental health.*

- *We have an active and passionate community and voluntary sector in the Bay.*
- *We have data showing us what to focus on.*
- *We have a beautiful location and many natural assets.*
- *A lot of people want to help and support each other.*

Collaborative priorities for action - Torbay

Our priorities and associated action plan reflect those areas which are most important to local stakeholders, will have the most impact on mental health and suicide risk, and which are most suited to collaborative action.

Priorities for Torbay are:

1. Ensure mental health and emotional support is accessible to all.
2. Acknowledge and work with Torbay's risk factors for suicide.
3. Harness passion, commit to collaborate and pool resources to reduce suicides.

These are detailed in the action plan on the following page. A RAG (red, amber, green) version of this plan will be held by the Torbay Suicide Prevention Action Plan (TSPAP) Group to aid output monitoring.

Targeted work

Within Torbay's three priority areas (outlined above), the following groups will receive additional focus:

A. Men
B. Children and young people
C. People who self-harm

Lived experience

All priority areas and associated actions will seek to be informed by lived experience and will coproduce where possible. Coproduction is particularly encouraged with the target groups outlined above.

Strengths based

All priority areas and associated actions will seek to be informed by need and will use a strengths-based approach. This means we will build on the strengths of individuals, and the assets in our communities, to maximise ownership, outputs and outcomes.

Collaborative priorities for action – Devon

Priorities taken on a Devon-wide basis (including Torbay) are:

1. Devon-wide Real Time Suicide Surveillance.
2. Devon-wide online mental health and wellbeing support (adults).
3. Devon-wide Self-harm Health Needs Assessment (all age).
4. Devon-wide Suicide Prevention Community Pots.
5. Devon-wide Suicide Prevention Training.
6. Devon-wide Media & Communications Programme.
7. Devon-wide NCISH 10 Ways to Improve Patient Safety' in acute and community mental health provision.

	Action required	Example progress measures	Lead/s	System alignment (links to existing groups, strategies or organisations)
1. Ensure mental health and emotional support is accessible to all with additional targeting for: A. Men B. Children and young people **C.** People who self-harm				
1.1	Improve our communication of what emotional and mental health services and support are available LINKS TO 3.2	• Professionals and public know where to go for information or support • Leaflets/posters in key venues • Utilisation of digital directories	TBC T&F to be convened	Children's EHWB Locality Comms workstream, Provider Collaborative comms plans, DPT, Joy App
1.2	Increase the number of people trained in suicide prevention LINKS TO 3.2	• Professionals and public know where to go (links to 3.2) • Numbers trained • Case studies where interventions have taken place	Public Health DPT	DPT training audit, Devon & Cornwall Police, National Police & Crime Commissioner
1.3	Support the development of peer support in Torbay LINKS TO 1.4	• Existing peer support mapped and gaps are identified • Torbay bi-polar group principles utilised by other groups • Professionals and public know where to go to access peer support	TBC	Lived experience recommendations – Wellbeing Frontdoor

	Action required	Example progress measures	Lead/s	System alignment (links to existing groups, strategies or organisations)
		• Number and utilisation of peer support groups		
1.4	Support people on NHS mental health waiting lists by providing appropriate alternative support (this may not always be therapeutic support) LINKS TO 1.3	• Professionals and public know where to go for support • Trauma informed practice is in place • People feel well held by a system • System gaps are identified and worked on collaboratively	TBC DPT CFHD	Community Mental Teams, IAPT, MHSTs, CFHD, Psych Liaison, ED, Devon Mental Health Alliance, Torbay Mental Health and Suicide Prevention Alliance, ASC, QWELL, Primary Care, Torbay Community Helpline, Family Hubs, individual CVSE organisations
1.5	Explore high intensity use of services and unexpected underuse of services to improve support (e.g., people who do not attend appointments where needs are high) LINKS TO 1.4	• Trauma informed practices in place • Multi-agency approaches in place • Families and carers are present/involved in decision making and safety plans with data sharing across agencies	TBC Torbay Hospital DPT CFHD	Community Mental Teams, IAPT, MHSTs, CFHD, Psych Liaison, ED, Devon Mental Health Alliance, QWELL, KOOTH, Primary Care, Torbay Community Helpline, Family Hubs, individual CVSE organisations, Standing Tall, Children's EHWB Locality Comms workstream

	Action required	Example progress measures	Lead/s	System alignment (links to existing groups, strategies or organisations)
2. Acknowledge and work with Torbay's risk factors for suicide with additional targeting for: A. Men B. Children and young people C. People who self-harm				
2.1	Increase awareness of risk factors (including multiple risk factors) for suicide to include but not restricted to the following: LINKS TO 3.2 • Physical illness • Financial difficulty & economic adversity • Gambling • Alcohol & drug misuse • Social isolation & Loneliness • Domestic abuse • Mental illness	• Evidence review, suicide audit and RTSS analysis complete • Learning gained from sectors, commissioners, providers and people with lived experience • One Page help guides for professionals complete (e.g. GPs, schools, social workers, warm space workers) • Data and resources (links to 1.1, 3.1, 3.2) shared with appropriate audiences	TBC T&F to be convened	Samaritans multi-risk factor area targeting, Devon & Cornwall Police & Pete's Dragons (RTSS)

	Action required	Example progress measures	Lead/s	System alignment (links to existing groups, strategies or organisations)
2.2	Strengthen awareness of links with Deprivation and Economy and include suicide prevention in relevant policies	• Suicide prevention present in policies and action plans • Warm spaces and Places of Welcome are trained, have resources and know where to signpost • Mental health support in place in Job centres	TBC	Turning the tide on poverty, Torbay Economic Growth Strategy, Local Motion, Levelling up, Joint Forward Plan, DWP
2.3	Spread awareness of the impact of Acute Childhood Experiences (ACEs) and trauma on future mental ill-health and suicide risk and promote support for emotional resilience and relational communications LINKS to 2.1	• Current provision and training offers mapped • Trauma informed practices in place • Multi-agency approaches in place • Appropriate peer support in place (links to 1.3)	TBC	Trauma informed network, High Intensity Service Use work, Mental health MAT meetings, Devon Mental Health Alliance, Torbay Community Helpline, Children's social care, Family Hubs, MASH, MARAC, Torbay Safeguarding Children's Partnership, Devon & Cornwall Police

	Action required	Example progress measures	Lead/s	System alignment (links to existing groups, strategies or organisations)
3. Harness passion, commit to collaborate and pool resources to reduce suicides with additional targeting for: A. Men B. Children and young people C. People who self-harm				
3.1	Improve our ability to access funding for suicide prevention activity LINKS TO 3.2	• Compile 'invest to save figures' such as societal cost per suicide • Professionals know where to access up to date statistics and evidence • Regular community engagement and dialogue around suicide prevention is in place including key target groups • Professionals know how to write successful bids • Professionals are well networked to enable collaborative bids (links to 3.3)	TBC T&F to be convened	JSNA, OHID, NICE, CVSE networks, Torbay Communities bid writing support, Devon & Cornwall Police, National Police and Crime Commissioner
3.2	Streamline suicide prevention resources in one place	• Suicide prevention toolkit created and available on an	TBC T&F to be convened	One Devon, Other toolkits, OHID, Dorset media toolkit, MHLDN Provider Collaborative, Family Hubs,

	Action required	Example progress measures	Lead/s	System alignment (links to existing groups, strategies or organisations)
		accessible website (links to 1.1, 1.2, 2.1, 3.1) • Toolkit advertised through multiple channels • Website hits and resource usage monitored		Devon & Cornwall Police, National Police and Crime Commissioner
3.3	Raise awareness of and improve cross-communication between sectors/networks/groups LINKS TO 3.2	• Professionals know what networks exist and their purpose • People know what newsletters and email circulations exist to better communicate • People know what lived experience work has already happened and what groups can be engaged with for varying degrees of coproduction • Suicide prevention specific circulation list created (links to 1.1)	TBC Public Health	One Devon, Family Hubs, Devon Mental Health Alliance, Torbay Health and Wellbeing Alliance, Torbay Mental Health and Suicide Prevention Alliance, Imagine This, Family Hubs, CYP EHWB Locality Group, Torbay Wellbeing Network, Health and Wellbeing VCSE group, Schools network, TCSP, ASC, MH Partnership South, DMHLs, MHSTs, Urgent Care Boards, Trust MH meeting, DASV Community Forum, DASV Network Forum, Standing Tall, Devon & Cornwall Police, National Police & Crime Commissioner

***Organisations represented in the development of this plan:**
Active Devon, Age UK Torbay, Alright Mate CIC, Citizens Advice Bureau, Department for Work and Pensions, Devon Clinic CIC, Devon and Cornwall Police, Devon County Council, Devon Mental Health Alliance, Devon Partnership Trust, Healthwatch Torbay, Heart of Torbay CIC, KOOTH, Ministry of Justice, NHS Devon Integrated Care Board, Rivera Education Trust, Sanctuary Housing, Torbay Council, Torbay Drug and Alcohol Service, Torbay Mental Health and Suicide Prevention Alliance, Torbay Methodist Circuit, Torbay Safeguarding Children's Partnership, Torbay and Southern Devon NHS Foundation Trust, Torbay United (church coalition), Safer Torbay, Samaritans South Devon, Shekinah, Step One Charity

TORBAY COUNCIL

Meeting: Cabinet and Health and Well Being Board **Date:** Cabinet – 9 January 2023 and Health and Wellbeing Board - 14th December 2023

Wards affected: All

Report Title: Torbay and Devon Safeguarding Adult Partnership (TDSAP) Annual Report 2022/2023

When does the decision need to be implemented? Annual Report for Information Only

Cabinet Member Contact Details: Cllr. Hayley Tranter. Cabinet member for Adult Social Services. Hayley.Tranter@torbay.gov.uk

Director/Divisional Director Contact Details: Joanna Williams. Director of Adult Social Services. Joanna.williams@torbay.gov.uk

1. Purpose of Report

1.1 S.43 of the Care Act 2014 places a legal duty on local authorities to establish a Safeguarding Adults Board (SAB) in its area. The objective of the SAB is to help and protect adults in its area where there is reasonable cause to believe the adult has care and support needs and is at risk of or experiencing abuse or neglect and unable to protect themselves.

1.2 Care Act Statutory Guidance, requires the SAB to publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults' reviews and subsequent action

1.3 Locally the Torbay and Devon Safeguarding Adult Partnership (TDSAP) was formed in December 2020 and meets the requirements of the Care Act and Statutory Guidance. The Partnership covers the geographical boundaries of Torbay Council and Devon County Council.

1.4 The TDSAP Annual Report is presented to Health and Well Being Board for information following formal sign off by the TDSAP.

2. Reason for Proposal and its benefits

2.1 The Annual Report covers the period April 2022 to March 2023. It is separated into 10 sections including a forward by the Independent Chair Paul Northcott and the arrangements and key activities of the TDSAP during the report period.

2.2 This includes the purpose, structure, scope of membership and key data summaries. The report also summarises the current strategic priorities.

2.3 The continued value of a joint Safeguarding Adult Partnership is reflected within the report, with a clear focus on consistency of approach across Devon and Torbay local authorities and effective time and use of local resources.

3. Recommendation(s) / Proposed Decision

3.1 That Members note the contents of the Torbay and Devon Safeguarding Adult Partnership Annual Report 2022/2023 and the requirement for the TDSAP to publish the Annual report.

Appendices

Torbay and Devon Safeguarding Adult Partnership Annual Report 2022/2023

Background Documents

The Health and Well Being Board may wish to note the TDSAP public website:

https://www.devonsafeguardingadultspartnership.org.uk/about/

4. Legal Implications

4.1 Chapter 14.136 of Care Act Statutory Guidance requires the TDSAP to publish an annual report detailing the activity to achieve its main objective and its strategic plan. This includes membership information, findings of safeguarding adult reviews and subsequent action.

5. Engagement and Consultation

5.1 Throughout the timeline of this report, The TDSAP Community Reference Group included people recruited from local voluntary, community and social enterprises and people with lived experience of the safeguarding process across the TDSAP area. The Community Reference Group had an influential role in the development of strategic priorities and scrutiny of Partnership activity.

The Community Reference Group role is currently under review to ensure that co-production and engagement remains central to the TDSAP functions.

6. Purchasing or Hiring of Goods and/or Services

None

7. Tackling Climate Change

7.1 The Partnership will focus publication as far as possible using on line and social media platforms.

8. Associated Risks

None

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	x		
People with caring Responsibilities	x		
People with a disability	x		
Women or men	x		
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)	x		
Religion or belief (including lack of belief)	x		
People who are lesbian, gay or bisexual	x		
People who are transgendered	x		
People who are in a marriage or civil partnership			x
Women who are pregnant / on maternity leave			x

Socio-economic impacts (Including impact on child poverty issues and deprivation)			x
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			x

10. Cumulative Council Impact

None

11. Cumulative Community Impacts

None

Torbay and Devon Safeguarding Adults Partnership

Annual Report 2022/2023

Contents:

Section 1: Chair's Foreword

1.1 Paul Northcott – Independent Chair

In the last twelve months all of the Board members have continued to work hard to deliver our statutory obligations and improve practice across all of our 2022/2023 priorities. As a Board we have made a conscious decision to focus on the progression and completion of safeguarding adult reviews. These reviews play an integral part of our assurance process and they allow us to work with frontline staff, managers and families to not only identify areas of improvement but also best practice.

As the Independent Chair of the Board I have personally witnessed the impact that these reviews have had on the partnership resources who had to balance these responsibilities with their operational commitments. We have continued to receive the support of those senior leaders who sit on the Board to fully explore these cases and there has been a concerted effort to deliver the outcomes and recommendations from these reviews. We are committed to not only ensuring that the learning from these cases is being embedded across both Torbay and Devon but we will also check that we are making a difference to frontline practice. This work will be carried out through our Quality and Assurance subgroup and will be routinely reported back to the Board.

Over the last twelve months the Partnership has been flexible in the way that it has developed its workplans and these have been regularly reviewed by the Board members. The outcomes from these pieces of work are evident in the content of this report and have included the publication of an information sharing protocol and improved multi-agency training that reflects local cases.

Our subgroups continue to transition to their new terms of reference and adapt to meet the changes in staff and workloads that we have encountered. Those that attend the subgroups have remained strong in their commitment to the Board.

The Community Reference Group continues to play an important part in ensuring that the work that is carried out by the Board remains grounded and meets the needs of the communities that we serve.

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

Section 2: Our Purpose

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

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

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

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

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

Section 3: Our Structure

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

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

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

TDSAP Organisational Structure

Section 4: Our Partnership Members

4.1 Statutory Partners

The Statutory Partners of the TDSAP are:

Devon and Cornwall Police	Devon County Council
Torbay Council	NHS Devon ICB

4.2 Partners

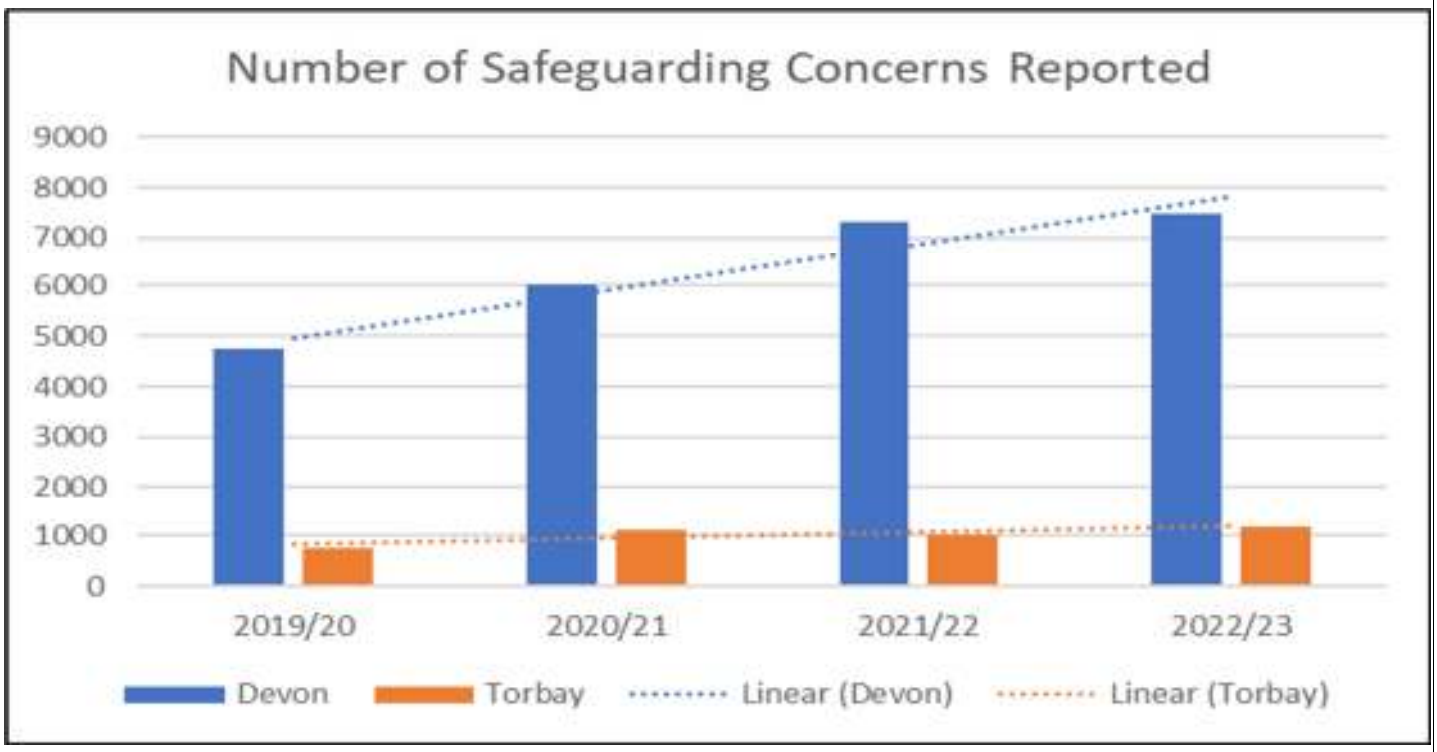
Other partner members of the TDSAP are:

Torbay and South Devon NHS Foundation Trust	Devon Partnership Trust
Royal Devon University Healthcare NHS Foundation Trust	NHS England/Improvement
University Hospitals Plymouth NHS Trust	Housing Representative
Livewell Southwest	Devon & Somerset Fire & Rescue Service
South Western Ambulance Service Foundation Trust	Care Quality Commission
The Department of Work and Pensions	Voluntary and Community Services Representatives
HM Prison Service	Healthwatch
The Probation Service	The Heart of the South West Trading Standards
District Councils	

Section 5: Safeguarding Activity

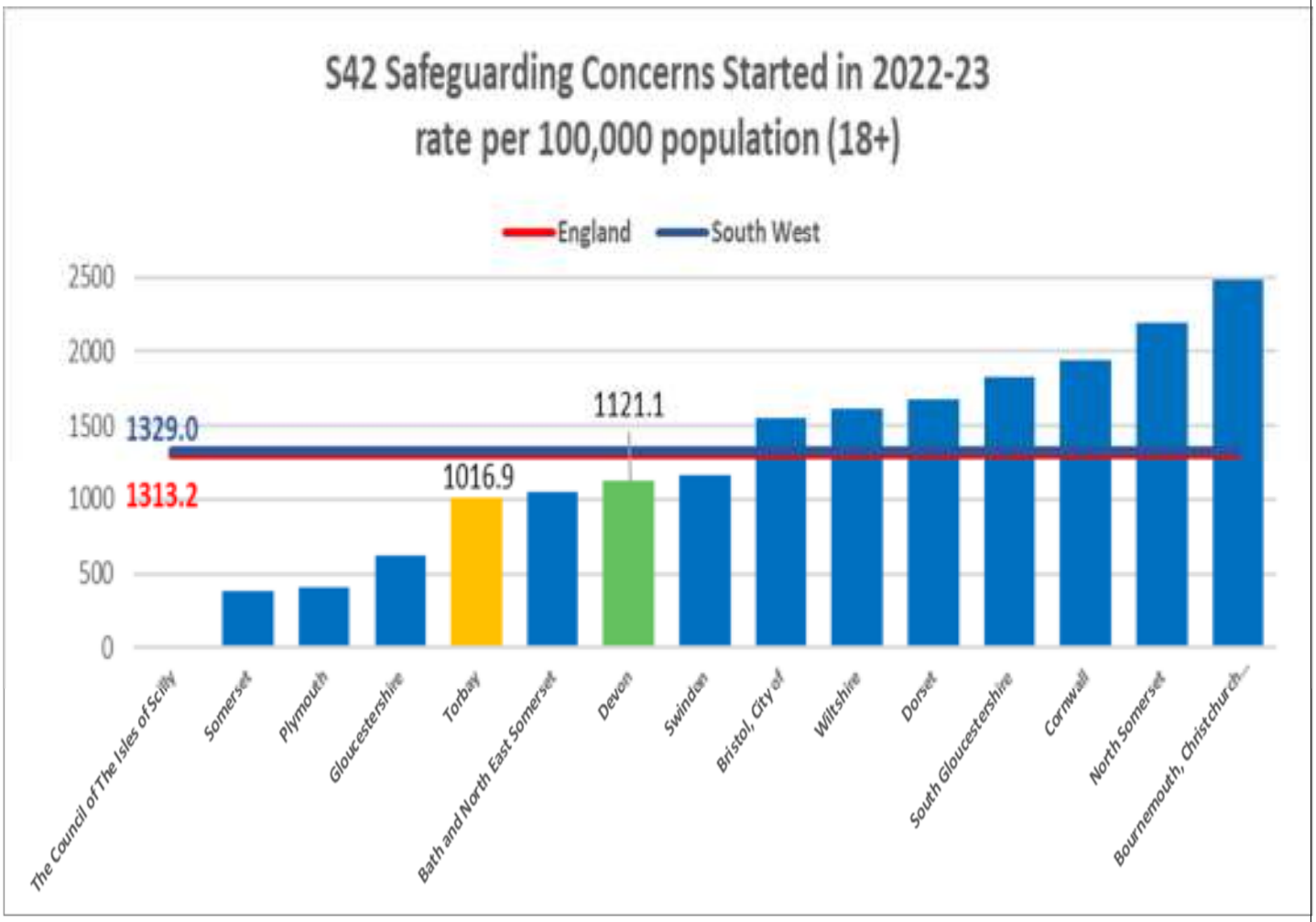
The data below is routinely monitored through the Performance and Quality Assurance (PQA) Sub Group and by Board members, to identify trends and areas for additional scrutiny. This includes variances against national and comparative area data. The data has been included in this report to demonstrate the safeguarding activity over the 2022-2023 period

5.1 Section 42 - Safeguarding Concerns



The linear trend in the number of safeguarding adults' concerns is Devon is upwards but has flattened between 2021-22 and 2022-23. The numbers of concerns have been rising because of a combination of concerted action to address the low rate of reported concerns compared to the national figures and national guidance published in 2020 standardising practice of what constitutes a safeguarding concern. This did not mean that previously concerns were not being responded to, but that they were being directed to more appropriate pathways, for example to receive an assessment of needs.

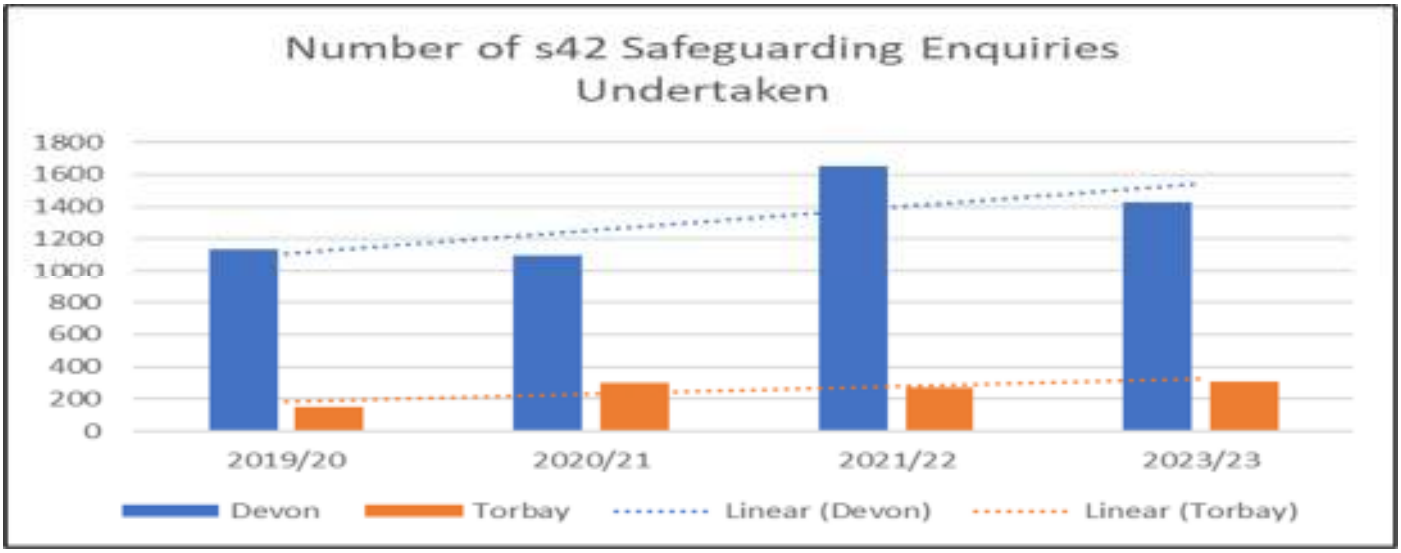
The linear trend in Torbay's safeguarding concerns is also upwards, but less marked due to smaller numbers. There was an increase in the number of reported safeguarding concerns corresponding with the publication of the national guidance in 2021/22 but this has remained at the same level in 2022/23.



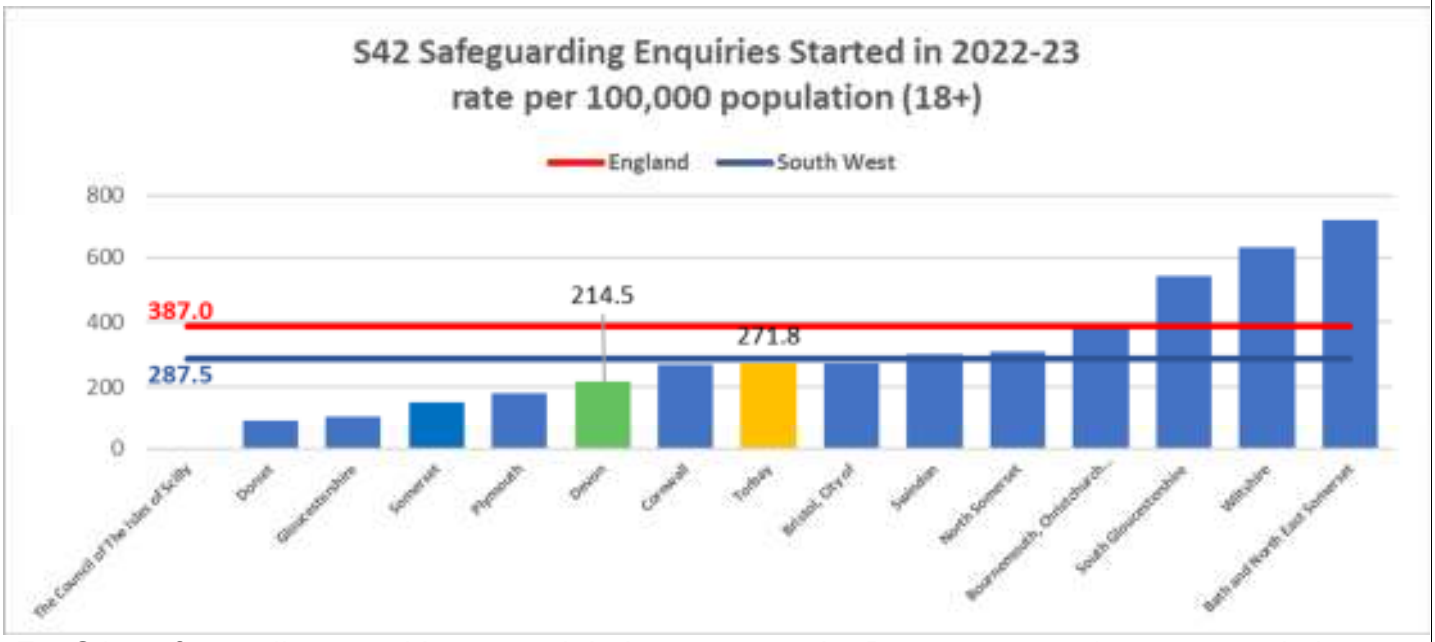
Expressing safeguarding concerns as a rate per 100,000 population (18 and over) for comparability shows Torbay's activity (1016.9) in 2022-23 was below Devon (1121.1). Both Authorities have safeguarding concern activity levels below the national (1313.2) and regional (1329.0) averages and are at the lower end of the regional comparator Authorities.

In Torbay, the safeguarding adult single point of contact service sits within the Adult Social Care Front End service. This enables the Torbay team to establish quickly if a contact is an actual adult abuse concern or should be signposted to another team to respond.

5.2 Section 42 – Safeguarding Enquiries



Numbers of S42 safeguarding enquiries (concerns that meet the threshold for further investigation) undertaken by both authorities have been on a linear upward trajectory. There is greater consistency in the annual safeguarding enquiry activity levels in Torbay than in Devon. The percentage rate for concern to enquiry in Torbay has been stable in the last 3 reporting periods.



For S42 safeguarding enquiries started during 2022-23, the Devon rate per 100,000 population (18 and over) has reduced reflecting a fall in the conversion rate between years. Both authorities (Devon 214.5, Torbay 271.8) have lower levels of comparative safeguarding activity than the national (387.0) and regional (287.5) averages in 2022-23.

5.3 Demographics

59% of individuals in Devon and 62% in Torbay involved in safeguarding concerns in 2022-23 were female. This is consistent with previous years and the national trend. This is disproportionate to the overall Devon and Torbay population, although not necessarily the elderly population which most of our safeguarding activity relates to.

84% of individuals in Devon and 62% in Torbay involved in safeguarding concerns in 2022-23 recorded their ethnicity as white. The proportion of people in Devon who describe themselves as white British increases with each age group and safeguarding data on ethnicity should therefore be considered in conjunction with data on age. This data shows that most Safeguarding concerns in Devon relate to individual's aged 65 and over.

Whilst the ethnicity data for people involved in safeguarding activity in Devon and Torbay is representative of the Census 2021 population demographic it is highly likely that we are seeing under representation of other ethnic groups due to custom and cultural practice.

5.4 Location of Risk

64% of S42 enquiries pursued in Devon, and 44% in Torbay, in 2022-23 took place within the person's own home. This has been rising for both authorities over the past couple of years and for Devon is now a higher proportion than the national picture (47% in 2022-23).

Torbay has always had a higher proportion of enquiries recorded in care homes, which could be reflective of it having a higher relative proportion of care home beds. Although, there has been an increase in the proportion of Devon enquiries relating to care home settings at 20%, this remains below the national comparator (33%). There has also been an increase in the Torbay proportion to 47% in 2022-23 putting it significantly ahead of the national comparator (33%). Approximately 2 thirds of provider concerns are reported by providers themselves.

The Torbay integrated health and social care functions include making decisions on s.42 duties as well as causing out s.42 duties to its health regulated services. Where there is reasonable cause to believe that a safeguarding concern meets the s.42 duty for health regulated settings, the ICB is consulted to ensure external scrutiny and oversight of safeguarding responses. In Devon the proportion remains typical to 2021-22 at 5%. Both authorities are below the national comparator (8%).

5.5 Types of Risk

For Devon the most common sources of risk in 2022-23 were Self-Neglect (19%) and Psychological Abuse (16%). Neglect & Acts of Omission and Physical Abuse in Devon have now reduced below the national comparator. For Torbay Neglect & Acts of Omission (24%) and Physical Abuse (15%) were the most common sources of risk. This is typical to the national picture where the most common sources of risk are Neglect & Acts of Omission (32%) and Physical Abuse (19%).

5.6 Making Safeguarding Personal (MSP).

Approaches to safeguarding should be person-led and outcome-focused. In Devon (91%) and Torbay (84%) of people or their representatives were asked about their desired outcomes in safeguarding enquiries in 2022-23. In response, Torbay has created a 90% key performance indicator for this issue. Of those people who were asked about their desired outcomes, 93% of people in Devon had their outcomes met, either in full or part, with 93% in Torbay. Devon is typical to England (94%) and the South West region (94%) whilst Torbay lie just below the national and regional comparators.

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

6.1 Summary

Formerly known as Serious Case Reviews (SCR), Safeguarding Adults Reviews (SARs) are a statutory duty under the 2014 Care Act for Safeguarding Adults Boards to undertake. A SAR is completed when:

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

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

The TDSAP has a dedicated SAR Core Group. The SAR Core Group is responsible for decision making on new SAR referrals and for managing all SARs through to completion.

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

6.2 SAR activity during 2022/23

The TDSAP received thirteen SAR Referrals in 2022/23 from seven different partner organisations.

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

The themes from these referrals include:

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

In 2022/23 the Torbay and Devon Safeguarding Adults Partnership completed 3 SAR's, two of which were published on the TDSAP website. Regarding the third, a decision was made by the TDSAP Board, not to publish due to the sensitive nature of its content.

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

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

6.3 Published SARs

6.3.1 SAR Ella
Summary of the review into the death of Ella
Ella was a 77 year old woman who was murdered in her home between the 9th and 12th January 2021 by Mr. M, an employee of an independent care provider. She had a number of health and mobility difficulties which severely restricted her lifestyle and rendered her in need of care and support.

The murder followed an allegation of financial abuse and fraud committed by Mr. M against Ella. He was suspended by the care provider but returned to Ella's home where he committed the murder.

Mr. M was found guilty following a criminal trial and on the 30th July 2021 was sentenced to life imprisonment with a minimum tariff of 30 years.

The review positively highlighted the high level of cooperation and information sharing between partner agencies and the frequent concerns expressed about how Ella's own actions were increasing risks to her safety and wellbeing.

Professionals worked successfully to maintain the spirit of **Making Safeguarding Personal** and respect Ella's wishes. However it raises the question, whether a greater exercise of professional curiosity may have revealed that the carer was going beyond his brief and nurturing an exploitative relationship with Ella.

Learning Point: Financial Abuse Given the often-hidden nature of financial abuse, agencies should be aware of the need to exercise greater vigilance, especially where supporting people with limited independence and/or mental capacity in areas of their life.

Recognising someone who may be at risk of financial abuse is important and so is recognising the characteristics of potential abusers.

Learning Point: Safeguarding Staff frequently are called upon to exercise judgment about whether to override a person's views either in their own best interests or for wider safeguarding reasons. This SAR highlighted that a safeguarding concern referral should have been made on a previous occasion in January 2020 when financial theft was alleged by a care worker.

Learning Point: Sharing Intelligence Information about potentially dishonest carers should be recorded and passed to the Police as care staff may move between health and social care settings.

Learning Point: Disclosure and Barring Service (DBS) Checks Agencies should consider and take action to fully mitigate the potential risks posed to clients from information obtained through DBS checks.
Should partner agencies have additional information not contained within the DBS disclosure they should consider this as part of the risk assessment. This would support an informed consideration of the potential risk posed by the employee.

Learning Point: Risk Assessments Where agencies have identified risks through risk assessments, there should be a clear plan as to how those risks and future behaviours will be monitored to ensure risks to clients are mitigated.

In doing this agencies should ensure robust application of their internal policies as part of the risk monitoring for example testing for alcohol and drugs misuse.

Learning Point: Care and Support Provision Clients who are isolated and lonely may be at greater risk of being exploited. The practice of having a team around a person, as opposed to a single carer, is important both for continuity of care and for protection of the client.

Care and support plans should consider the person's vulnerability and the potential risk of financial abuse.

Learning Point: Safeguarding Where a crime has been committed immediate advice should be sought from the Police. Details of an allegation of a criminal nature should not be disclosed to the person considered to pose the risk.

6.3.2 SAR Thematic Review – Self-Neglect
A summary of the individuals concerned
AA: a man in his 50s with multiple complex health conditions who died (Dec 2018) in conditions of extreme squalor less than 4 weeks after discharge from a long stay in hospital.

BB: a woman in her 70s who died (Dec 2019) in a fire while using a gas hob to provide heating. She had dementia and consumed significant amounts of alcohol. Her home was dirty and neglected and she often declined support.

CC: a woman in her 60s who died (Jan 2020) of cellulitis with sepsis. Her long-term involvement with mental health services had ceased due to staff shortages and she had disengaged from her care and support providers. CC's relative has requested she be referred to as Gilda.

DD: a woman in her 80s who died (May 2020) emaciated, covered in faeces and urine burns, malnourished and anaemic. Living a reclusive life, she had become further isolated during the Covid-19 lockdown.

EE: a man in his 50s who died (July 2020) of sepsis and renal failure. He had a range of co-morbidities and a history of serious infections, but often declined interventions and did not follow lifestyle advice. He became further isolated as a result of the Covid-19 lockdown.

FF: a man in his 50s who died (September 2020) of bilateral subdural haematoma and liver cirrhosis just a week after discharge from a prolonged hospital stay, having returned to excessive alcohol consumption and declining self-care.

Learning Point: Health and social care needs Shortcomings included failure to address alcohol consumption, particularly in the context of mental health needs; continence supplies not being

made available; delay in summoning help when unable to rouse the individual; unlawful interpretation of the mandate for care and support needs assessment; failure to escalate concerns regarding deteriorating health; failure to respond to worsening mental health. Practitioners can become accustomed to poor standards of hygiene and fail to recognise the need for proactive intervention.

Learning Point: Mental capacity Mental capacity did not receive adequate attention. In several cases involving high-risk decision-making, no capacity assessments took place and no attention was paid to the possible loss of executive function. There was an over-reliance on assumptions of capacity and on the concept of lifestyle choice.

Learning Point: Safeguarding There were shortcomings in actions to safeguard the individuals concerned and evidence that practitioners can become desensitised to extreme living conditions and fail to act. The shortcomings included both a failure to make safeguarding referrals and a failure to pursue safeguarding enquiries in response to referrals made, in some cases on erroneous grounds that indicated a lack of understanding of criteria.

Learning Point: Responses to reluctance to engage While good responses were often made to crises, there was a lack of consistent follow-up to build relationships of trust that could overcome individuals' reluctance. Service refusals or non-attendance at appointments were taken at face-value.

Learning Point: Dual diagnosis Alcohol use was accepted as an established pattern and proactive attempts to explore its origins were not made. In one case, no treatment was offered, and in the other there was no support following discharge from hospital. There appear to be both a lack of understanding of the impact of alcohol on decision-making and barriers to accessing mental health services.

Learning Point: Hospital discharge Safe discharge was compromised by a failure to secure appropriate services for the individual, resulting in an absence of continence support, reablement, mental health services, support with alcohol use, and care and support provision. These omissions impacted on the safety, health, hygiene and dignity of the individuals concerned.

Learning Point: Fire safety Fire was a significant element in the death of one individual. The risks were well recognised by family members and practitioners but were not effectively managed.

Learning Point: Work with families The family members participating in this review have all raised concerns about the extent to which they were kept informed, consulted and given advice by practitioners. They advise services to ensure there is more consistent and informative involvement with families.

Learning Point: Interagency working Where information-sharing was poor, practitioners were acting without full understanding of the situation. Serious breakdowns of communication took place, resulting in omissions and missed opportunities for interagency referrals, sometimes in potentially serious safeguarding situations. Case coordination was absent – no one agency knew the whole picture and interagency meetings did not take place, resulting in an absence of shared strategic approaches.

Learning Point: Organisational features Agencies were affected by pressures from levels of demand, staffing constraints and a lack of suitable resources. Internal systems impacted upon communications between services. Barriers existed to the provision of appropriate mental health services in the context of alcohol use. Supervision and management oversight were sometimes

missing and staff sometimes lacked understanding of self-neglect and its risks, and of how to intervene.
Learning Point: Covid-19 Three of the individuals in this review died during the Covid-19 pandemic, when restrictions on face-to-face engagement by professionals and changes to community contacts increased isolation and decreased visibility. It is not clear how risk assessment was carried out for patients advised to shield because of pre-existing serious health concerns.
Learning Point: The role of the TDSAP More work is needed to raise awareness and understanding of self-neglect, its risks and resolution pathways and to ensure that guidance on self-neglect is embedded in practice across the partnership.

Section 7: TDSAP Sub-Groups

7.1 Community Reference Group

The TDSAP Community Reference Group (CRG) brings together people with lived experience of Safeguarding and Voluntary, Community and Social Enterprise (VCSE) organisations representing people with protected characteristics across Devon and Torbay.
The purpose of the CRG is to ensure that people with lived experience and their carers remain central to the work of the partnership Board.

The CRG aims to raise awareness of Safeguarding across the VCSE sector and the general public. CRG members provide feedback on the developments and priorities of the Board as well as gathering intelligence and raising issues on behalf of people with lived experience of Safeguarding.

The CRG takes direction from the TDSAP to engage and consult with people across various communities on strategy and practice. This has included focused task and finish groups, on-line and telephone surveys and varied user led dialogue.

Over the past 12 months we have explored the subject of hidden harm, the importance of professional curiosity and the impact of data on the understanding of how to support harder to reach and protected characteristic groups.

7.2 Learning and Improvement Sub-Group

The Learning and Improvement Sub Group has continued to focus on delivering business activities centred around Learning, Improvement of Practice and the Training offer to Provider services. This Sub Group further maintains a key focus on the action planning that addresses the learning and improvement identified through Safeguarding Adults Reviews.

This Sub Group has driven the adoption of a Safeguarding Information Sharing Protocol by Partner agencies which was recently published on the TDSAP website. It is anticipated that this will promote better information sharing between Partners as an area of improvement that has been identified through a number of Safeguarding Adults Reviews.

Other learning areas also form part of the Sub Group's work which includes learning from out of area Safeguarding Adults Reviews and identifying new areas of learning where guidance and awareness raising support the protection of adults at risk. An example of this is the development of

an information page on Predatory Marriage on the TDSAP website which contains a link to a podcast that was developed locally by partners.

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

7.3 Performance and Quality Assurance Sub Group

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

The group meets quarterly, has a clear terms of reference and a strong and robust Quality Assurance Framework, to provide the structure to ensure the group meets it aims.

The Quality Assurance Framework is underpinned by the Care Act Safeguarding Principles and includes the expectation that learning from quality assurance will be shared with partners to bring about positive change to practice and improve outcomes for adults and their carers.

The PQA supports the partnership in looking at what we do, how well we do it and what difference we make to operational systems and processes. The group particularly wishes to progress in its development to measure how embedded learning is from Safeguarding Adults Reviews conducted across Devon and Torbay and has plans for a Multi-agency case audit in quarter 4.

The group regularly reviews safeguarding adult performance data and will undertake an in-depth review of the Annual Safeguarding Adults Collection Data, which is published each September, to identify areas where specific assurance is required.

7.4 Operational Delivery Group

The TDSAP Operational Delivery Group (ODG) meets quarterly and is responsible for delivering the activities set out in the TDSAP Business Activity Plan.

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

A key purpose of the ODG is to ensure that the Learning and Improvement Sub Group, Performance and Quality Sub Group and the Community Reference Sub Group report directly to the ODG on progress of priority activities from the respective sub groups.

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

Section 8: TDSAP Priorities 2021/24

The TDSAP Board agreed four strategic priorities for a three year period from 2021 to 2024.

Updates against these key priorities are listed below:

Strategic Priority	What we have done so far to deliver this priority:
To embed the learning from safeguarding adults reviews (SARs).	Partners continue to actively contribute to the SAR Process, playing a key role in helping to identify relevant learning. Processes are embedded to ensure immediate learning is identified from SAR referrals and addressed as early as possible. Work has been undertaken with our SAR Lead Reviewers to ensure recommendations are Specific, Measurable, Achievable, Realistic and Timebound (SMART). The TDSAP regularly and actively seeks assurance and evidence from Partners against the improvements that have been embedded from SARs. The TDSAP continues to work with partners to ensure that communications are reaching the appropriate organisations and groups. The TDSAP has established a new dynamic internal process for the delivery of Safeguarding Adults Reviews. Each Safeguarding Adults Review has an underlying principle to 'Focus on the Learning' for each organisation. We regularly monitor and identify reoccurring SAR themes via our SAR Core Group. This allows partners to consider the best course of action in order to prevent reoccurrence.
To work with partners to better understand and reduce the risk of 'Hidden Harm', especially in the context of COVID 19.	A Multi-Agency Task & Finish Group has been established, with relevant partners, to focus on the 'Hidden Harm' that is usually out of sight from public view and often not recognised or reported.

	The TDSAP continues to encourage all safeguarding partners, who work with people who have needs for care and support, to exercise professional curiosity and take appropriate action. The TDSAP has updated the Terms of Reference for Multi-Agency Case Audits (MACA) to included reference to 'Hidden Harm' and 'Professional Curiosity'. A TDSAP Task & Finish Group is working to develop and deliver a podcast and animation video for partners and service representatives to better understand, encourage and support 'Professional Curiosity' and Hidden Harm.
To improve outcomes for people with needs for care and support by finding the right solution for them.	TDSAP regularly seeks assurance, via the Board and it's Sub-Groups, that partners and service representatives work together to establish more effective coordination to achieve person centred solutions. We continue to work with partners to better understand and embed creative approaches, to finding effective solutions, for people with complex lives. A Multi-Agency Risk Management Meeting (MARMM) forum has been established. This was developed and co-produced by key partners. TDSAP have developed and shared key data and information to help develop effective communications and co-ordination between partner organisations, including strengthening links with the districts and community safety partners. We will continue to focus on preventative strategies, working alongside our strategic partners, to better understand how we can avoid the need for safeguarding intervention. We will carry on our work with service representatives and commissioning partners to better understand people's needs and support them to achieve their desired outcomes.
Improving Involvement and Engagement with people in receipt of safeguarding services.	The TDSAP will continue to build on past Safeguarding Awareness Campaigns by targeting communications within our communities to raise further awareness of safeguarding. We will utilise the National Safeguarding Awareness Week to ensure we design and deliver effective key messages across our communities. We will carry on our work with key partners to improve the interface with other services, especially for those who transition from Childrens to adult services.

	We continue to ensure that partners are listened to people, valuing and responding to relatives, friends and people in the communities. The partnership continues to focus on 'Making Safeguarding Personal' to ensure that safeguarding is person-led and outcome-focussed. The partnership has invested and engaged with the Community Reference Group to ensure the 'voice of the person' is central to key partnership functions, such as the Strategic Priorities, Partnership Website and the Annual Report.

Section 9: Key Partner Achievements During 2022/23 Update from Partners – Three Key Achievements

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

9.1 Devon County Council (DCC)

Safeguarding Adults Hub - Rapid Improvement Approach: A dynamic change initiative, to improve practice and process within the three DCC Integrated Adult Social Care Safeguarding Adult Hubs. The approach focuses on team based problem solving covering waiting list, risk assessment and triaging, allocation of concerns, duty systems, recording requirements, whole service safeguarding and best practice in working with partner agencies.

DCC Integrated Adult Social Care Self-Neglect task and finish group: A cross organisational staff led task and finish group who are developing a suite of self-neglect practice resources for frontline practitioners, in response to the TDSAP Self-Neglect Thematic SAR. Resources in development include; guidance, videos, and tools to enable the practitioner to work positively and in partnership with a person who is self-neglecting, providing support and practical solutions to the issues being faced.

Falls; Medication Management and Safeguarding guidance: Working in partnership with the Devon Care Home Collaborative and representatives from the TDSAP to develop specific guidance in relation to falls and medication management. This guidance supports organisations to make decisions of when they may need to raise a safeguarding adult concern in relation to medication errors or falls. This work supported the Devon Care Home Collaborative to progress further and develop a quick guide for when to raise a safeguarding adult concern.

9.2 Torbay and South Devon NHS Foundation Trust (TSDFT)

TSDFT supports around 500,000 face-to-face contacts with patients in their homes and communities each year and we see over 78,000 people in our Emergency Department annually. A zero tolerance of adult abuse is fundamental to our approach alongside principles of equality and non-discriminatory practice.

Our services include a delegated responsibility from Torbay Council for adult social care services in Torbay including safeguarding adult legal duties.

During the past 12 months, we have especially focused on receiving qualitative feedback from people that experienced a safeguarding response through independent quality checkers. Feedback is very positive in the context of people feeling included and listened to, the process being fully explained and the value of the safeguarding response.

As a regulated service we continue to place safeguarding patients from abuse and harm as a priority. We have further extended our range of resources and training available to teams, particularly relating to the Mental Capacity Act and strengthened our use of data to support meaningful conversations within teams.

We have also reviewed our safeguarding response systems and processes which focus on person centred outcomes.

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

9.3 Devon and Cornwall Police

Devon and Cornwall Police tops the leader board for 999 answer times in August 2023

Monthly national performance tables are produced by the Home Office, ranking Forces according to the speed with which 999 calls are answered. At the end of 2022, Devon and Cornwall Police were 42nd out of the 44 Forces. In August 2023, we were first. The Contact Resolution Command (CRC) has been through a huge amount of change during the last few months in order to improve performance. There is still a long way for us to go; our plans targeted at improving our 101 response times and digital demand are still being implemented. However, this turnaround in 999 performance is an incredible achievement, particularly during a peak demand period, with a huge collective effort from staff across the whole of the command to achieve it.

This achievement will assist the Force in effectively responding effectively to all safeguarding issues across both Devon and Torbay.

Dedicated police line first response service Devon

The First Response Service (FRS) DEVON will launch a dedicated 24/7 all age police consult line. This line aims to provide a single point of contact for police officers to consult with a mental health crisis service. This line will go live from Monday 25 September and is applicable to people of all ages in Devon. Plymouth and Cornwall have different response service provision. The FRS Police Consult Line will provide a 24/7 designated consistent consult service for police officers to have easy access for advice and guidance with a view to reducing Section 136 detentions where appropriate. This line aims to provide a single point of contact for officers to consult with a mental health crisis service before considering the use of section 136 and information sharing requests is crisis situations. This will ensure people are accessing the right care at the right time to improve experience for service users.

Right Care Right Person

Right Care, Right Person (RCRP) is an approach designed to ensure that people with mental health and social care needs are responded to by the right person with the right skills, training and experience to best meet their needs. The principles have already been adopted in a number of areas to shape the local service delivery. (Draft National partnership Agreement – April 2023) Based on a model initiated in Humberside in 2019, and subsequently supported by Department of Health and Social Care (DHSC), National Health Service England (NHSE) and the Home Office (HO), work to adopt Right Care Right Person principles across Devon and Cornwall Police has

started. The National Partnership Agreement between Health, Social Care and Policing has been agreed and the partnership Strategic Coordinating Group has been established and all the different working groups are coming together. RCRP is NOT all about mental health. Working to understand who calls us for concern for welfare is being carried out as part of phase 1 of RCRP so we can better support adults at risk within our communities.

9.4 Devon Partnership Trust

17.5% of all safeguarding enquiries for Devon and Torbay were led by DPT clinicians in 2022-2023, this reflects our culture (and policy) where our staff are proactive in undertaking routine enquiries with all our patients. DPT staff explore whether patients have a history of abuse or neglect, proactively exploring whether they are currently safe from abuse or neglect and proactively identify where there is or may be a safeguarding concern.

High volume staff engaging in safeguarding supervision within DPT - 2928 engagements in safeguarding supervision (through the Trust central safeguarding team) in the financial year 2022-2023; all our safeguarding supervisors are trained in restorative safeguarding supervision - this is a significant improvement on the previous year.

Training compliance for safeguarding adults has improved - all registered clinicians and practitioners working for DPT are required to complete safeguarding adults training at Level 3; and we have made considerable progress towards achieving our target of 90% having this competency and feedback regarding this training is very positive.

9.5 NHS Devon

The new interpersonal trauma response service is being rolled out. It will train GPs across Devon to talk to patients about domestic abuse, sexual violence and other trauma, and offer referral into a specialist support service. The domestic abuse work undertaken by health organisations in Devon recently won a Parliamentary Award.

NHS Devon has coordinated work between Devon and Cornwall Police and the health provider delivering services within the police custody suits to enable them to have access to the Devon and Cornwall Care Record (DCCR). This will enable more effective management of detainee's healthcare whilst they are in custody.
In November 2022, an NHS England safeguarding visit took place. The team highlighted that safeguarding remains a priority during times of pressure and change within the system, and noted improved working relationships between NHS Devon safeguarding and commissioning teams across the commissioning cycle.

9.6 University Hospitals Plymouth NHS Trust

As the largest regional Hospital's NHS Trust, we are proud to share the significant investment given to the expanding Safeguarding Team, especially to Mental Capacity and DoLS subject-matter experts. Notwithstanding their support given to the 1,540 urgent applications, but our integrated "Think Family" approach remains embodied, with the wider context of adult, child and young person experiencing safeguarding and having mental capacity and/or mental health care needs too. The extended range of expertise available to clinical teams has proven to be both effective and efficient and improves the corporate assurance(s) of our collective safeguarding governance processes.

Similarly, University Hospitals Plymouth saw over 4,000 face-to-face contacts with adult patients (in a variety of settings) that were identified as experiencing, or at risk of, safeguarding harm, abuse, neglect and/or exploitation; with due care, compassion, and diligence paid to further protect, prevent, make safeguarding personal and proportionate, alongside the necessary

partnership planning and management. Progression continues vis-a-vie our domestic abuse and sexual violence workstream, with ambitions to further increase the health IDVA personnel and to adopt universally the Routine Enquiry Question (good practice recommendations identified from local, regional, and national SAR and DHR's).

Our safeguarding services has also delivered a robust package of staff training and education across the whole organisation to enable staff to feel safe in their delivery of Safeguarding being Everyone's business, moreover core-business to the diversity of all our services; in addition to the development of a new Safeguarding Supervision Policy.

9.7 Royal Devon University Healthcare NHS Foundation Trust

The Royal Devon University Healthcare NHS Foundation Trust was established in April 2022, bringing together the expertise of both the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust.

Stretching across Northern, Eastern and Mid Devon, we have a workforce of over 15,000 staff, making us the largest employer in Devon. Our core services, which we provide for more than 615,000 people, cover more than 2,000 square miles across Devon, while some of our specialist services cover the whole of the peninsula, extending our reach as far as Cornwall and the Isles of Scilly.

We deliver a wide range of emergency, specialist and general medical services through North Devon District Hospital and the Royal Devon and Exeter Hospital (Wonford). Alongside our two acute hospitals, we provide integrated health and social care services across a variety of settings including community inpatient hospitals, outpatient clinics, and within people's own homes. We also offer primary care services, a range of specialist community services, and Sexual Assault Referral Centres (SARC).

We continue to put people at the centre of our safeguarding practice and encourage all our staff to see 'Safeguarding as Core' business.
The safeguarding and MCA teams across the north and east of the trust are working towards a fully integrated service, made possible because of My-Care, an electronic healthcare record. This has supported improved communication and safeguarding practice with information sharing and partnership working. It is enabling us to develop our systems to ensure responses are more streamlined, efficient and patient centred.

We have continued support of workforce development through education and training with a particular focus on trauma informed practice, self-neglect, domestic abuse and including the Mental Capacity Act (MCA). Our Staff have increased their understanding of safeguarding concerns and the numbers of 'concerns raised' with DCC Safeguarding Hub's has increased month on month.

The Trust was part of the team of Domestic Abuse and Sexual Violence colleagues across Devon, who have won the Excellence in Primary and Community Care Award at this year's NHS Parliamentary Awards. The award recognised the work done by NHS Devon and by the local providers who have contributed so much to the Domestic Abuse and Sexual Violence project in Devon, especially Devon and Cornwall SARC (Sexual Assault Referral Centre) and the Safeguarding teams at the Royal Devon, who work to safeguard patients and colleagues at the Royal Devon but have also provided support to other local Trusts.

9.8 Probation Service

In Devon and Torbay Safeguarding Adults training is now part of the mandatory learning in order for staff to progress up the pay scale, therefore completed at least annually.

Every quarter we run safeguarding workshops for staff which include sharing information and learning from Safeguarding Adult Reviews.

Staff have regular supervision and reflective practice sessions that enable case discussions with their manager including where there may be adult safeguarding concerns. The outcomes of any actions taken can be explored along with any further actions/options available to help the individual.

9.9 Heart of the South West Trading Standards

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

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

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

9.10 Devon and Somerset Fire and Rescue Service

Devon and Somerset Fire and Rescue Service have now established an Internal Strategic Safeguarding Board . This is a multi-disciplinary board that provides a strategic oversight of all matters relating to safeguarding within the organisation including safer recruitment and training.

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

The safeguarding Team continue to work closely with the Home Safety Technicians who deliver Home Safety Visits, and we encourage all Home Safety Technicians to adopt a person centred approach to their visits and we particularly focus on areas around self-neglect and hoarding when providing training. The number of referrals the Safeguarding Team receive from Home Safety technicians continues to increase which means we are working towards achieving better outcomes for the communities that we engage with.

Section 10: Looking Ahead

10.1 Strategic Priorities

The TDSAP Board and its sub groups will continue to deliver the aims of the 2021-2024 strategic plan. The strategic priorities of the TDSAP remain under constant review, throughout the business year, with a full review of the three-year business plan due to take place in the spring/summer of 2024.

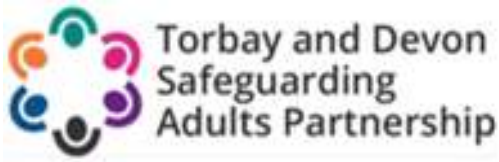
A copy of the 2021 to 2024 strategic priorities can be found by clicking here: Strategic Priorities 2021/2024

10.2 Forthcoming SARs

The TDSAP has already published five more SARs since April 2023, with each of these SARs identifying key system learning that will improve operational functions across the partnership.

Five further SARs are currently in progress and are due to be published by the end of March 2024.

The TDSAP has a strong track record, over a number of years, for identifying significant multi-agency learning opportunities via its SAR processes. The TDSAP will continue to work closely with partners to uncover new system learning that can contribute to improvements in practice and ultimately achieve more positive outcomes for people and their communities.



TORBAY COUNCIL

Meeting: Cabinet & Health and Well Being Board **Date:** Cabinet - 9th January 2024 – H&WBB 14th December

Wards affected: All

Report Title: Torbay Safeguarding Children's Partnership (TSCP) Annual Report 2022 - 2023

When does the decision need to be implemented? Immediately

Cabinet Member Contact Details: Cllr Nick Bye, Lead Cabinet Member Childrens Services nick.bye@torbay.gov.uk

Director Contact Details: Nancy Meehan, Director Childrens Services nancy.meehan@tobay.gov.uk

1. Purpose of Report

1.1 This report has been prepared to provide members with the latest 'Torbay Safeguarding Childrens Partnership' (TSCP) annual report 2022 - 2023

2. Reason for Proposal and its benefits

2.1 The 'Torbay Safeguarding Children Partnership' (TSCP) has been established under Working Together to Safeguarding Children 2018 (WT2018) arrangements since September 2020.

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

- The current governance arrangements and structure of the partnership
- The role of the independent scrutineer
- The priority areas of focus for the partnership
- The financial arrangements
- The local background and context,
- Any statutory reviews and audits that have taken place and the impacts of these
- Child death overview arrangements
- Learning and development, and
- Allegations that have taken place against people that work with children.

2.3 Due to the date range this this report covers it also contains an update on the impact of Covid-19 on TSCP activity that took place during this time.

3. Recommendation(s) / Proposed Decision

1. That Members note the contents of the Torbay Safeguarding Children Partnership annual report and endorse this for sign off.

Appendices

Appendix 1: Torbay Safeguarding Children Partnership Report – 2022 - 2023

Background Documents

N/A

Supporting Information

1. Introduction

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

1.2 In addition, further statutory guidance was published to support LSCB's, the new safeguarding and child death review partners, and the new Child Safeguarding Practice Review (CSPR) Panel in the transition from LSCBs and Serious Case Reviews (SCRs) to a new system of multi-agency arrangements and local and national Child Safeguarding Practice Reviews (CSPRs).

1.3 In March 2020, the transition period ended, and new safeguarding arrangements were fully implemented. For Torbay this meant stepping away from a traditional board and implementing a new multi-agency partnership, initially via shared arrangements with Plymouth but as a Torbay only partnership from September 2020.

1.4 The new Working Together to Safeguard Children 2023 (WT2023) arrangements are in the process of being written by HM Government and once these are agreed will become the guide and standards for the work of the TSCP.

1.5 The attached annual report provides updates on the activity of the TSCP over a 12-month period from 2022 – 2023.

2. Options under consideration

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

3. Financial Opportunities and Implications

3.1 The final TSCP funding arrangements for 2022/23 were agreed between the safeguarding partners on 25/03/23 and are detailed in section 5 of the attached report.

3.2 It should be noted that the unequal division of partnership funding arrangements has remained an item for debate between the three partners during the current reporting period, but no solution has been found & this was noted in the previous TSCP annual report for 21/22.

3.3. Although the WT2018 guidance and Wood Report 2021 state that partnership funding should be ‘equitable and proportionate’, there remains no agreed national or local funding formulas to facilitate this process. It was hoped that the new Working Together 2023 guidance would provide clarity, however early drafts indicate that the wording is likely to remain unchanged or very similar.

3.4 As such this issue will pass to Chief Executive level for each of the three safeguarding partners to jointly discuss and resolve.

3.5 Please see section 5 of the attached report for more details and a breakdown of the funding.

4. Legal Implications

4.1 N/A

5. Engagement and Consultation

5.1 N/A

6. Purchasing or Hiring of Goods and/or Services

6.1 N/A

7. Tackling Climate Change

7.1 N/A

8. Associated Risks

8.1 N/A

9. 10. Cumulative Council Impact

10.1 N/A

11. Cumulative Community Impacts

11.1 N/A

TSCP Annual Report

Torbay Safeguarding Children Partnership

2022-23

Contents

Introduction

Torbay Safeguarding Children Partnership (TSCP) has been established under Working Together to Safeguarding Children 2018 (WT2018) arrangements since September 2020, stepping away from the previous joint Plymouth Council arrangements that were initiated in 2019 after the dissolution of the Torbay Safeguarding Children Board (TSCB).

WT2018 Arrangements state that a Safeguarding Partner in relation to a Local Authority area in England is defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017) as:

(a) the Local Authority

(b) a Clinical Commissioning Group (amended to Integrated Care Board from 01/07/2022) for an area any part of which falls within the Local Authority area; and

(c) the Chief Officer of Police for an area any part of which falls within the Local Authority area

Within the current reporting period (01/04/22 to 31/03/23), Darryn Allcorn, Nancy Meehan and Roy Linden represented the Safeguarding Partners at an executive level, with Darryn Allcorn being the Chair of the TSCP Executive Group. Shortly after this reporting period ended Darryn Allcorn moved to a new post in the ICB, with the new CNO taking chairing responsibilities.

		
Darryn Allcorn Chief Nursing Officer Devon Integrated Care Board	Nancy Meehan Director of Children's Services Torbay Council	Roy Linden Policing Commander for South Devon Devon and Cornwall Police
During this reporting period Darryn Allcorn held the position of Chief Nursing Officer for the Integrated Care Board in Devon. Darryn was also the Chair of the Torbay Safeguarding Children Partnership. Darryn has over 25 years' experience across many healthcare settings and at an Executive level for the last 9 years.	Nancy Meehan is the Director of Children's Services for Torbay Council, having previously served as the Deputy Director. Nancy has significant experience, both as a senior manager and consultant, for a number of Local Authorities across England. Beginning her career in the field of social care in 1989, Nancy has more than 25 years post qualifying social work experience and during this time has successfully led, stabilised, re-designed and launched new services across multiple council departments, always with the intention of improving outcomes for children. Nancy is committed to working in partnership, both with statutory organisations and the voluntary and community sectors, and delivering safe, high-quality services to the children and young people of Torbay.	Roy Linden is the Policing Commander for South Devon; an area which extends from Dawlish to Wembury, including Torbay, the South Hams and Teignbridge. Roy is responsible for the overall policing of this area including responding to incidents, investigation, and neighbourhood policing. Roy joined Devon and Cornwall Police in 2003, and has worked in Patrol, CID, Public Protection and Major Crime, and is an experienced and accredited Senior Investigating Officer. Roy works with partners and commissioners to address key threats to the community and individuals in order to prevent crime and disorder. His aim is to provide a quality local policing service by building strong community relationships across the area to keep people safe.

1 Working Together to Safeguard Children 2018

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

In addition, further statutory guidance was published to support LSCB's, the new safeguarding and child death review partners, and the new Child Safeguarding Practice Review (CSPR) Panel in the transition from LSCBs and Serious Case Reviews (SCRs) to a new system of multi-agency arrangements and local and national Child Safeguarding Practice Reviews (CSPRs).

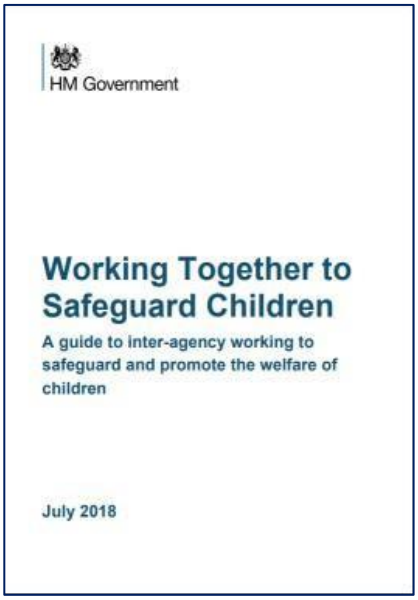
In March 2020, the transition period ended, and new safeguarding arrangements were fully implemented. For Torbay this meant stepping away from a traditional board and implementing a new multi-agency partnership, initially via shared arrangements with Plymouth but as a Torbay only partnership from September 2020.

The new Working Together to Safeguard Children 2023 (WT2023) arrangements are in the process of being written by HM Government and once these are agreed will become the guide and standards for the work of the TSCP.

"Local organisations and agencies that work with children and families play a significant role when it comes to safeguarding children.

To achieve the best possible outcomes, children and families should receive targeted services that meet their needs in a co-ordinated way. Fragmented provision of services creates inefficiencies and risks disengagement by children and their families from services such as GPs, education, and wider voluntary and community specialist support.

There is a shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in a local area." – **Working Together to Safeguard Children 2018.**



Click the following link to access the full guidance - **Working Together to Safeguard Children 2018 (publishing.service.gov.uk)**

2 Governance and Structure

TSCP governance arrangements have remained in-line with those reported last year. The TSCP has an Executive Group which oversees the work of the partnership and promotes and supports multi-agency practice across all areas of local safeguarding. The local Police, Integrated Care Board and Local Authority are equally responsible for the TSCP and its outcomes; this is one of the major changes compared to the previous LSCB arrangements. Under previous TSCB arrangements, the partnership held quarterly board meetings, with most partners in attendance. The TSCP incorporates a smaller Executive Group where items can be more quickly escalated and authorised. The TSCP Executive Group meets on a bi-monthly basis.

The TSCP Business Group, which is responsible for maintaining oversight/work flow and actioning the strategic decisions made by the Executive, sits under the Executive Group. Below the Business Group sit five sub-groups and one proposed task and finish group, with each being established to focus on the business and priorities of the partnership. The work of the TSCP Learning and Development is due to be reviewed/realigned beyond the end of the current reporting period as it has been identified that there is a potentially more efficient method of translating learning to training and practice without the need to retain sub-group arrangements.

The CSPR Panel is responsible for converting all learning review recommendations into actions, ensuring oversight of these actions through to resolution, to ensure local multi-agency practice improves in line with that agreed in review reports.

The Quality Assurance Group, alongside the CSPR Panel, completes multi-agency audits and concurrently identifies learning, has oversight of TSCP audit activity and actions and works with the Learning and Development Group to support the implementation of learning within the partnership.

The Learning and Development Group is responsible for multi-agency training and learning events, with the administration managed by Torbay Children's Services Learning Academy. The Learning and Development Group's role and methodology is under review, and will be aligned with the outcome of the current TSCP Independent Review.

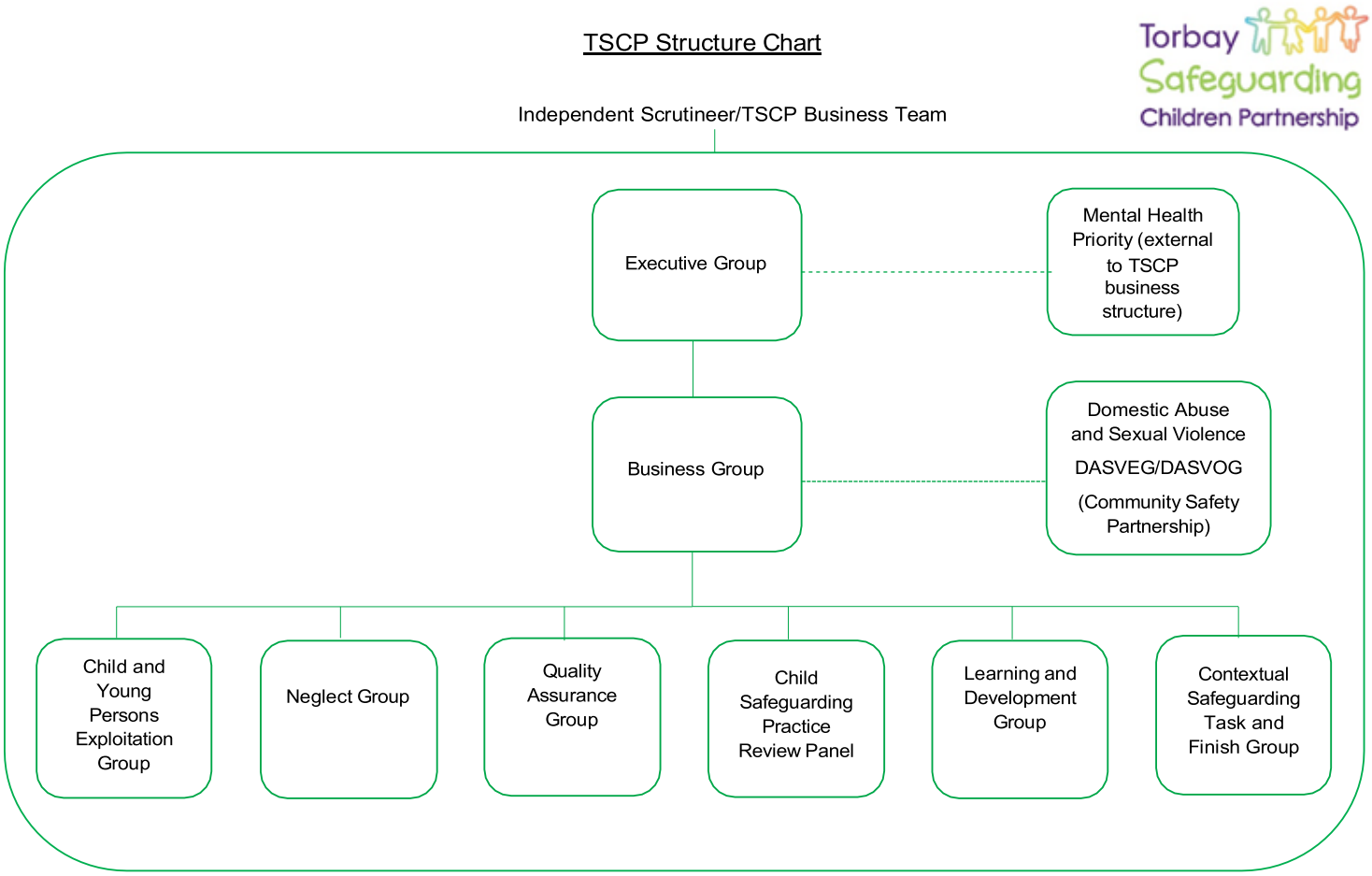
The Exploitation Group is part of Torbay's multi-agency response to child exploitation and is responsible for Torbay's multi-agency Child Exploitation Strategy. The Exploitation Group is also the TSCP's direct link into local exploitation services. The need for a local Contextual Safeguarding strategy was identified by the Exploitation Group in early 2023 and this has led to the agreement for the TSCP to commission a 12 month Task and Finish group to lead on and complete this piece of work. The group had not started this process within the current reporting period.

The Neglect Group is focused on identifying and understanding causes of local neglect, and promoting preventative multi-agency responses; this group has also led on the implementation of Graded Care Profile 2, which is a locally agreed multi-agency tool for assessing neglect. The Neglect Group is responsible for the TSCP Neglect Strategy.

In 2022/23, the domestic abuse priority continued to be managed via joint arrangements with the Torbay Community Safety Partnership (TCSP), with this arrangement being subject to review as part of the wider TSCP Independent Review.

The TSCP mental health priority has not progressed as anticipated since the previous Annual Report. The partnership has requested the arrangements to be scrutinised within the TSCP Independent Review. The resolution of this delay is a TSCP priority that has been escalated to Executive level.

Each TSCP group is chaired by a safeguarding partner and is attended by a broad range of agencies, including the VCS, achieving quoracy by the attendance of each of the three safeguarding partners.



3 Independent Scrutiny

'The role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases" and *"The independent scrutineer should consider how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership and agree with the safeguarding partners how this will be reported."* ***– Working Together to Safeguard Children 2018***

Keith Perkin
Independent Scrutineer

The role of Independent Scrutineer for the TSCP forms part of a wider system of scrutiny which also includes single agency external inspectorates. The partnership has been subject to a number of thematic reviews, including MASH and the criminal exploitation of children, and a system wide effectiveness review of TSCP arrangements was in process at the time of this report. Both Torbay Childrens Services and Devon & Cornwall Police have been subject to recent respective inspectorate reviews. As the TSCP has evolved, I as the Independent Scrutineer have moved away from chairing of specific groups, which has allowed me to adopt a more recognisable role in an assurance function. In this role, I am also able to provide a conduit between the Partnership and other groups such as the Childrens Continuous Improvement Board and the Childrens Services monthly focus meeting. The Partnership has a strong approach to exploitation and decision making and timeliness in the MASH is sound. The effectiveness review has clearly identified that the TSCP has to progress as a matter of urgency its priority on children's emotional wellbeing and mental health and have a clear set of data on which it can monitor the service provided to children and families and identify emerging risks.

Although in draft form, the proposed 2023 Working Together statutory guidance, retains an independent scrutiny element in local children's safeguarding partnerships, but has clearly set out that chairing responsibilities lie with the safeguarding partners. Torbay's Chief Executive has started valuable and critical work around how engaged partners are within our multi-agency landscape. There has been significant improvement within the TSCP over the last 12-18 months, but there is still much to do, and full engagement & proactivity within the partnership is critical if Torbay is to provide the level of service to children and young people that they both deserve and need.

The opening line of Working Together clearly sets out our aim:
Nothing is more important than children's welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified. Everyone who comes into contact with children and families has a role to play.

I look forward to continue working with you to further improve the support that is making a difference to children in Torbay.

4 TSCP Priority Areas

When the TSCP was formed in the Autumn of 2020, the Executive set three key priority areas of targeted work that the partnership would focus on. These being domestic abuse, neglect, and child exploitation. A fourth priority, children's mental health, was added in the late Spring of 2021. The four key priority areas for the TSCP are covered by the 2021-2024 Business Plan.

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

The responsibility for in priority one lies with the TSCP Neglect Group. The Neglect Group reflects its purpose and membership within the Terms of Reference. The membership has expanded, to ensure the work it undertakes is given a high level of priority by all partner agencies, with to include the addition of professionals from speech and language, housing, mental health, and oral health. The Business Group maintains robust oversight of the work of the Neglect Group, to ensure it remains focused and meets the need of Torbay children and families; the key objective in 2022 was the adoption and roll out of Graded Care Profile 2 (GCP2) across the partnership area which has now been achieved. GCP2 is the latest version of the NSCPP neglect assessment tool. The Neglect Group is closely connected to work being undertaken in respect of Torbay's Family Hubs, to ensure that neglect is identified and responded to at the earliest opportunity.

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

The responsibility for priority two lies with the TSCP Children and Young People Exploitation Group. The Exploitation Group has a wide-ranging membership, incorporating representatives from commissioned providers as well as links to Community Safety in addition to key safeguarding partners. At the point of initiation of this group, which focused on the initial 100 day plan to address immediate exploitation risk, work then progressed to the formation of the 2021-2024. Since this point, work has continued in line with the group's action plan, focusing on: embedding a restorative and relational approach to supporting those children at risk of exploitation; raising awareness to support identification of exploitation risk; ensuring children and young people have an understanding of healthy relationships; challenging victim-blaming behaviour and language. The Exploitation Group has retained active links with other local multi-agency exploitation frameworks via shared memberships, data/information sharing and networks. During this reporting period, the Exploitation Group identified the need for a local Contextual Safeguarding model; the Business and Executive groups agreed with the implementation of a Contextual Safeguarding task and finish group, to support this. This has not yet been implemented as a chair has not yet been identified.

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

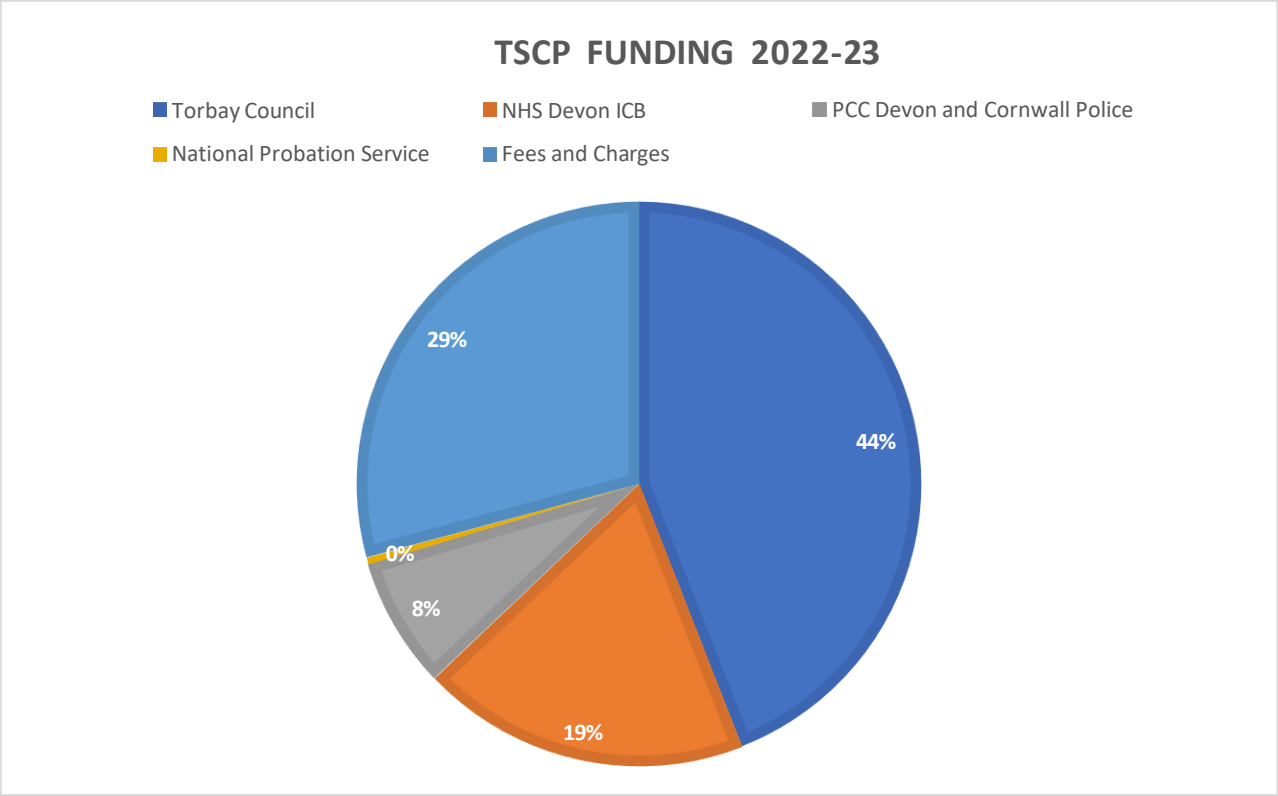
Torbay's domestic abuse and sexual violence prevention and support services fall under the remit of the Torbay Community Safety Partnership (TCSP). The TSCP and TCSP work in a cross-partnership manner to share information and planning designed to protect children from the effects of domestic abuse in line with priority three. Although the TSCP does not have a specific domestic abuse sub-group, as this work is undertaken locally by the TCSP, the TSCP is represented within these arrangements and all three statutory safeguarding partners attend meetings and participate in joint actions across both partnerships. During the 2022/23 reporting period it was agreed that the TCSP's Domestic Abuse and Sexual Violence Commissioning and Strategy Lead would become a member of the TSCP Business Group to further strengthen these cross-partnership arrangements and the authors of the TSCP review will be asked to comment on the strength of these arrangements within their report. Wider partners are also made aware of local safeguarding priorities/actions in respect of domestic abuse and sexual violence via email updates, the TSCP newsletter, multi-agency forums and shared training.

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

Priority four has not progressed as envisaged in 2022/23 and will be a key theme of the TSCP review. Local mental health services are not represented across the TSCP to the level required, and this is an ongoing challenge that the Executive Group and Independent Scrutineer are fully appraised of. The TSCP continue to work with partner agencies to ensure that services match need, and this is an area in which progress must be made. Timely local access pathways for children to the level of mental health/emotional wellbeing support they need remain unclear. There is no formal TSCP sub-group that focuses on mental health, however there may be an option for the TSCP to be represented in a mental health led forum that is currently being arranged, with the lead on this area of work being a regular attendee at the TSCP Executive Group.

5 Financial Arrangements

*"Working in partnership means organisations and agencies should collaborate on how they will fund their arrangements. The three safeguarding partners and relevant agencies for the local authority area should make payments towards expenditure incurred in conjunction with local multi-agency arrangements for safeguarding and promoting welfare of children. The safeguarding partners should agree the level of funding secured from each partner, which should be equitable and proportionate, and any contributions from each relevant agency, to support the local arrangements. The funding should be transparent to children and families in the area, and sufficient to cover all elements of the arrangements, including the cost of local child safeguarding practice reviews" – **Working Together to Safeguard Children 2018.***

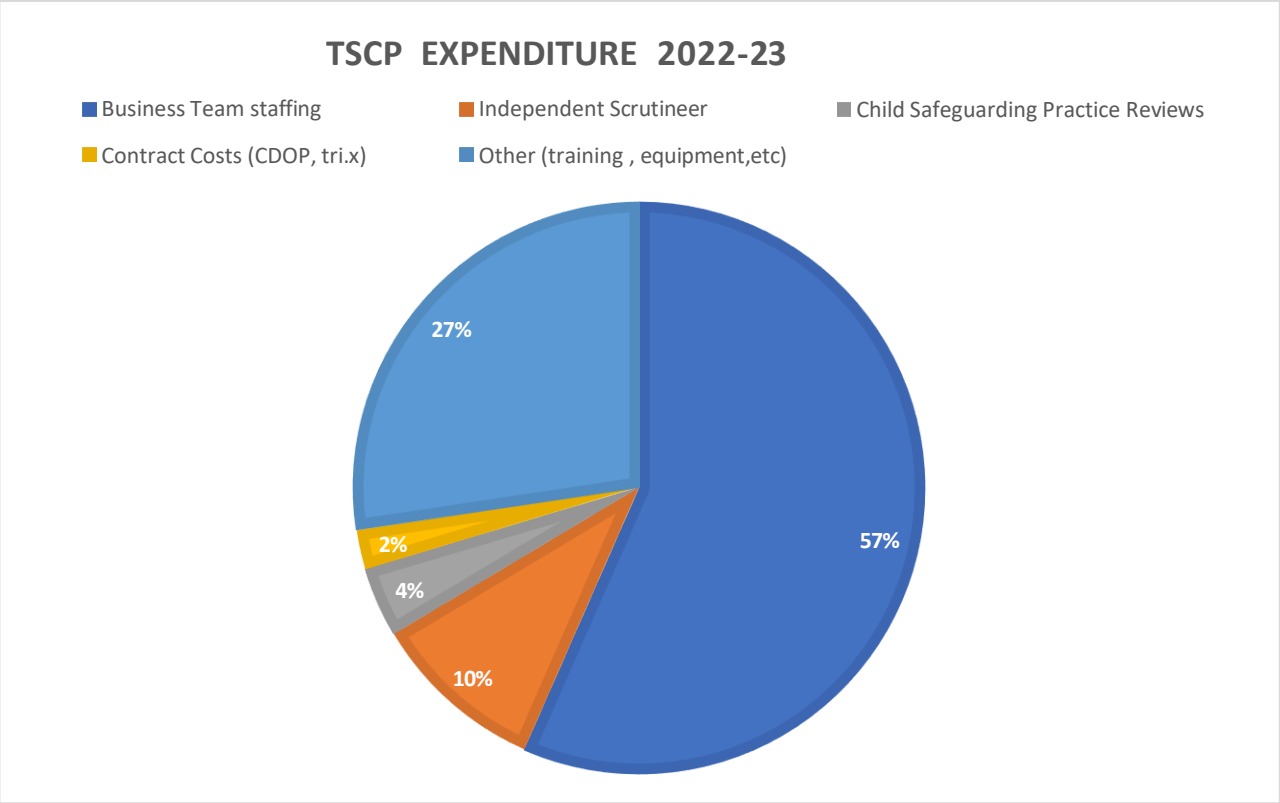


Torbay Council	£93,948
NHS Devon ICB	£40,167
PCC Devon and Cornwall Police	£16,034
National Probation Service	£823
Fees and Charges	£62,235

Total = £213,207

The final TSCP funding arrangements for 2022/23 were agreed between the safeguarding partners on 25/03/23 and are laid out above. The unequal division of partnership funding arrangements has remained an item for debate between the three partners during the current reporting period, but no solution has been found. This was also noted in the previous TSCP Annual Report for 2021/22. Although the WT2018 guidance and Wood Report 2021 state that

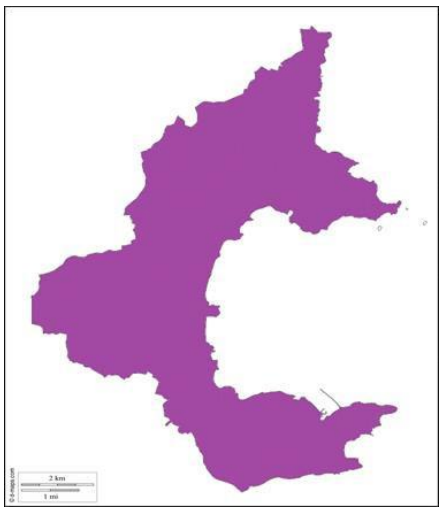
partnership funding should be 'equitable and proportionate', there remain no agreed national or local funding formulas to facilitate this process. It was hoped that the new WT2023 guidance would provide clarity, however early drafts indicate that the wording is likely to remain unchanged or very similar. Due to the division of funding arrangements not being able to be agreed within the TSCP, this issue will pass to Chief Executive level for each of the three safeguarding partners to jointly discuss and hopefully resolve. The draft WT2023 guidance elevates the role of Chief Executive Officers with local safeguarding arrangements which would appear to include the agreement of financial arrangements.



Business Team staffing £112,136
Independent Scrutineer £19,533
Child Safeguarding Practice Reviews £7,852
Contracts Costs (CDOP and tri.x) £4,393
Other (training, equipment etc) £54,255

Total = £198,169

6 Local Background and Context



The latest figures (2021 Census) record the population of Torbay as 139,322, living in 62,992 households. The population is projected to rise to 153,088 by 2043 (JSNA 2023). Torbay's population profile shows an older demographic than the rest of England. Torbay has significantly larger proportions of those aged 50 and over than England, conversely it has significantly smaller proportions of those aged under 50, in particular those aged 20 to 44. Torbay's average age of 49 years compares to 40 years for England and 44 for the wider South West. This age profile can lead to significantly higher demand for health and care services. The proportion of the population aged 0 to 17 is projected to fall from 18% to 16% by 2043, it was recorded at 19% in 2021, with those aged between 18 and 64 projected to fall from 55% to 50% by 2043 (JSNA 2023). The proportion of the population aged 65 and over is expected to rise from 27% to 34% by 2043, with these forecasts being expected to exacerbate the already higher than average demand in Torbay for health and care services than is currently being experienced.

In 2020, for every person of retirement age in Torbay, there were 2.1 people of working age. This compares to an average in England of 3.4 working people to each person of retirement age (ONS 2020). The ratio of working age people to those at retirement age in Torbay is expected to continue to decrease and is likely to lead to increased financial challenges for local services. This is worsened by Torbay having an economy that is ranked amongst the weakest in England (JSNA 2020/21), being highly dependent on tourism and its associated low wage, intermittent employment, and recent vulnerability to the effects of Covid-19.

96.1% of Torbay residents self-classified their race as White for the 2021 Census, in 2011 this was 97.5%. In 2021, 92.1% of residents classified themselves as White British as opposed to 94.8% in 2011. The 2021 Census shows rises in the 4 other broad ethnic classifications in Torbay. Torbay has a higher rate of those who classify themselves as White Caucasian than the wider South West region and England. Those who do not classify themselves as White Caucasian are significantly more likely to live in areas of Torbay recorded as being amongst the 20% most deprived in England.

51.3% of Torbay's population for the 2021 Census were female, this was a slight fall from 2011 when it was 51.8%. Female to male ratios within Torbay change significantly once reporting refers to those residents aged 80 and over, with 70.5% of the 90+ population being female.

Over the last decade, Torbay has had a higher level of school children at its primary and secondary schools with diagnosed SEND than the England average. For Torbay primary and secondary schools, the number of children with an Education, Health & Care Plan (EHCP) is significantly higher than England, for those with SEN Support rates have been broadly in line with England since 2019/20. Rates of recognised special needs are significantly higher in males and among those who are eligible for free school meals (JSNA 2023).

Hospital admissions as a result of self-harm among 10 to 24 year olds in Torbay have been significantly higher than the English average. It should be noted that because of the numbers involved (fewer than 200 admissions on average per year in Torbay), it is possible for a handful of individuals with significant levels of admissions to skew the figures. However, the pattern of Torbay having significantly higher rates than England is consistent (JSNA 2023). There are very large differences between female and male populations across England, with rates being consistently 3 to 4 times higher for females than males. This is also evident in Torbay where the number of hospital admissions for females is almost 4 times higher than males over the 5 year period 2017/18 to 2021/22.

The rate of hospital admissions of under 18s for alcohol specific conditions within Torbay has consistently been above South West and England rates (JSNA 2023). An alcohol specific condition is a hospital diagnosis code that is wholly attributable to alcohol. Since the middle of the last decade there has been a significant fall in admissions amongst males in Torbay (58 admissions for 2009/10 to 2014/15 and 29 admissions for 2015/16 to 2020/21). Female rates have remained steady over the same period (63 admissions for 2009/10 to 2014/15 and 67 admissions for 2015/16 to 2020/21).

In 2019, the year for which the most recent data is available, Torbay's deprivation score made it the 38th most deprived upper-tier Local Authority area in England, out of a possible 151, and the most deprived in the South West out of a possible 15 (DoPHAR 2021/22). Torbay has been ranked the most deprived South West upper-tier Local Authority since 2007. 24 of Torbay's 89 Lower Super Output Areas (LSOAs) are classified as being amongst the 20% most deprived in England, this was down from 28 in 2015. The 24 areas equated to approximately 27% of the 2019 population.

In January 2021, 29% of children attending Torbay primary schools, 18% of children attending Torbay secondary schools and 24% of children attending Torbay special schools were eligible for and claimed free school meals. For primary schools, this is considerably higher than the England average of 22%, but for secondary and special schools it is generally in line with the England averages.

More than 1 in 4 (27%) of Torbay households live in privately rented accommodation, which is significantly higher than the South West and England rates of 20%. This is combined with Torbay having the lowest level of socially rented accommodation in the South West (Census 2021). On 31st March 2022, Torbay Council had 1,572 households on its housing waiting list, this is a significant increase compared to 31st March 2019 when there were 1,045 households on the list. Significant house price rises have exacerbated affordability issues which further compounds Torbay's housing problems (ONS). The average number of households in temporary accommodation in Torbay (averaged over 4 quarters from 3 months to 30th September 2021-3 months to 30th June 2022) was 146, of these 50 were households with children. The most common form of temporary accommodation was bed and breakfast hotels which accounted for 44%, although this fell to 31% in the quarter to 30th June 2022. For those households with children, they were most likely to be placed in private self-contained accommodation, with this occurring in 57% of cases (JSNA 2023).

Torbay's homelessness figure has risen significantly in recent years and is now above England and South West rates, having been below these as recently as 2016. The number of people rough sleeping in Torbay is also higher than national and regional rates by almost 50% (JSNA 2020/21).

No accurate data was available from Devon and Cornwall Police for 2022/23 due to data quality issues with their new record management system, NICHE, that was implemented in November 2022. The police report that reliable, quantifiable data was not available for the duration of the 2022/23 reporting cycle and this year they have not provided data for agencies to be able to use in annual reports. The information below regarding crime figures and domestic abuse is therefore the most current that the TSCP has access to and is taken from last year's TSCP Annual Report.

The crime rate for Torbay in 2021/22 was 83 per 1000 population, compared to 57 per 1000 population across the entire Devon and Cornwall police force area. The Torbay figure increased by 9 percentage points from the previous year, compared to an increase of 12 percentage points for the whole Devon and Cornwall police force area. In 2021/22, 3546 incidents of domestic abuse were reported to the police in Torbay, a slight fall from 2020/21 when 3560 incidents were reported. However, children were recorded by the police as being present in 26% of the reported incidents in 2021/22, compared to 22% in the previous reporting year 2020/21. In the reporting year 2020/21, domestic abuse rates for the Devon and Cornwall police area were recorded as being above the England average, with rates for Torbay being the highest in the South West. Updated 2021/22 data was not available at the time of this report. As the risk to children posed by domestic abuse is one of the TSCP's four priority areas, the level of local incidents is concerning and will need to remain a key focus of the partnership.

Children in Need or subject of Child Protection Enquiries and Planning

Please note that data cited for the 2022/23 year are from the final end of year Children in Need Census submitted to the Department for Education in July 2023, and may have been updated from the figures given in April 2023 for the Monthly Performance Report. This is a result of data quality work completed as part of the end of year submission.

The rate of referrals per 10,000 children in Torbay in 2021/22 was 841. This is 21 percentage points higher than the statistical neighbour (SN) rate of 697, and 52 percentage points higher than the England Local Authority figure of 538. (Note: all comparisons to SN and England data are to the previous year, 2021/22, as more recent data is not yet published).

The proportion of referrals from schools rose by 4 percentage points in 2022/23 to 18%, which was two percentage points below the SN average and England figure for 2021/22. The proportion of referrals from Health also rose in 2022/23, by one percentage point; this was the fourth consecutive yearly rise, and is now above the SN and level with the England averages. The proportion of referrals from the Police dropped by 6 percentage points to 26%, the lowest police referral rate in the last four years; this rate is now below the SN average and England figures from 2021/22. The referral rates from schools and health increased and the police reduced in 2022/23; however they remained consistent in their overall ratio.

The number of Torbay Children in Need, as per the definition of the DFE relating to all children open with any case status, as of 31/03/23 decreased to 1630 from the previous year's figure of

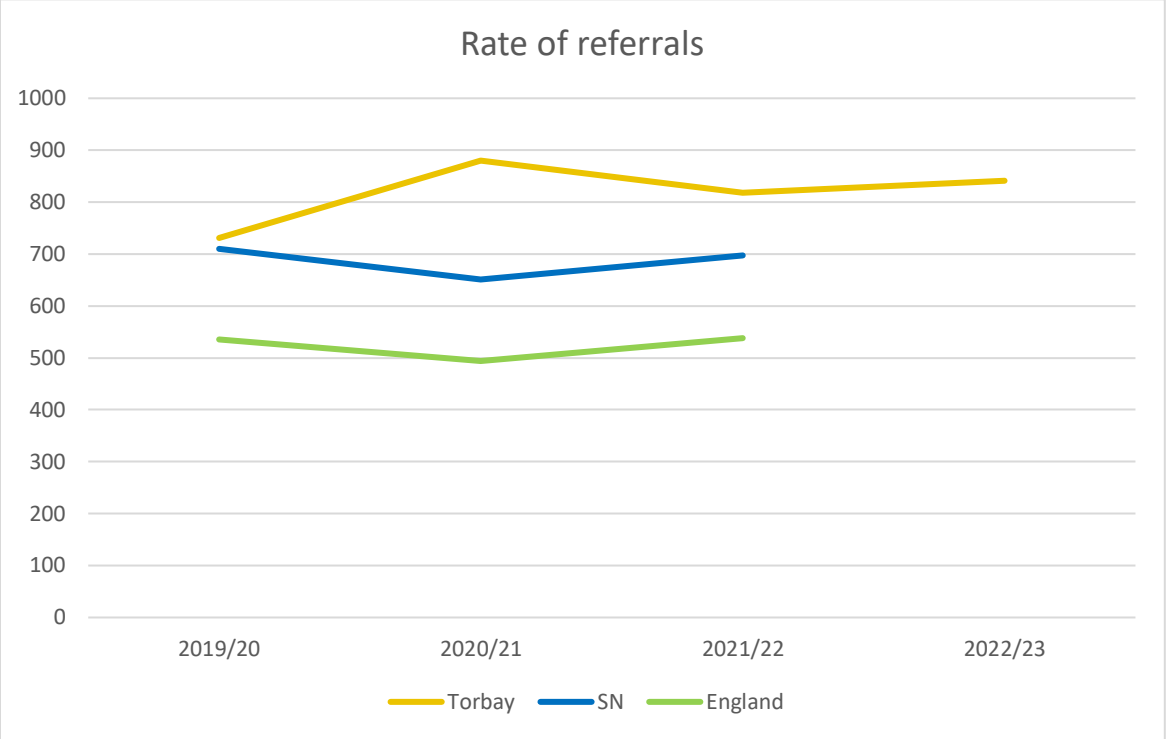
1705, recorded on the same date, a decrease of 4 percentage points. SN and England comparator data continue to evidence that Torbay has a consistently higher proportion of Children in Need than many other Local Authority areas. The most recent 2021/22 data comparisons to this year show that Torbay has a Child in Need rate 46 percentage points higher than SN and 93 percentage points higher than the England average.

There were 152 children subject to child protection plans in Torbay on 31/03/2023, which is a rate of 60 per 10,000 children. This is an identical number to 2021/22 and slightly below the SN figure for the previous period but 43 percentage points higher than the England average of 42. The number of child protection plans starting in Torbay in 2022/23 was 213; this was an increase of 13 percentage points from the previous year when 189 child protection plans began. The rate of child protection plans starting in Torbay in 2022/23 was 84 per 10,000 children, an increase of 14 percentage points from 2021/22. This was 5 percentage points above last year's SN average of 80 and 62 percentage points higher than last year's England average of 52. The number of child protection plans ceasing in Torbay in 2021/22 was 215, a continuing reduction from the previous three years and in line with the number of plans starting.

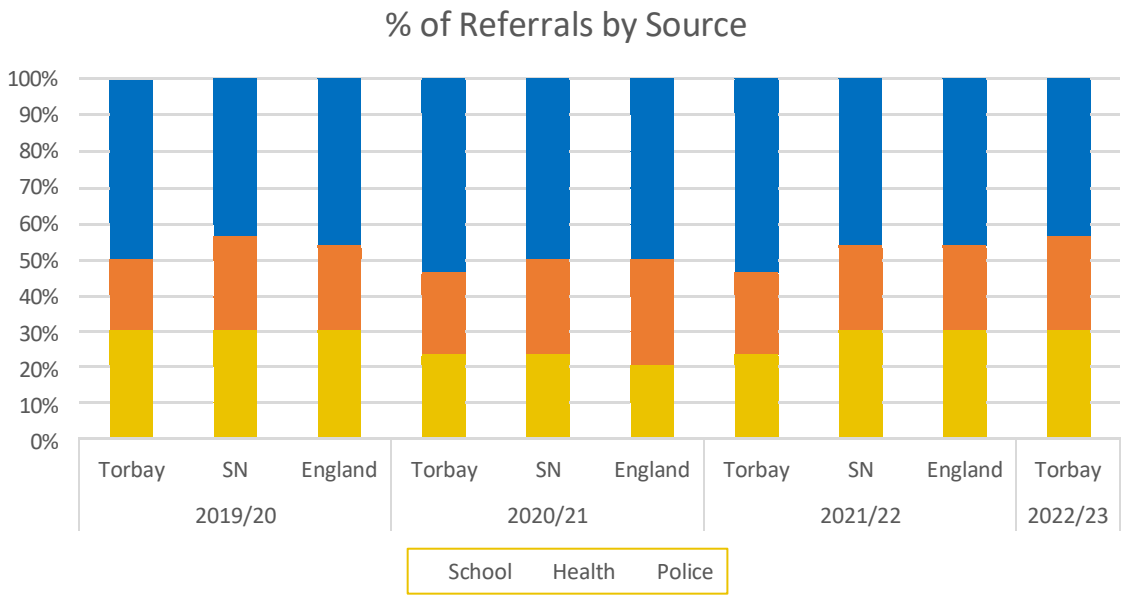
At 71%, Neglect remained by far the most common recorded category of abuse for children in receipt of a child protection plan in Torbay on 31/03/2023, a percentage that has now doubled since 31/03/2021. The second most common category on 31/03/2023 was emotional abuse at 18%, a drop from 27% recorded in the previous year and almost two-thirds less that that recorded on 31/03/2021. Torbay now records exploitation under the category of neglect and this may be a factor in the high number of children with neglect recorded as their category of abuse, combined with the declining number of children categorised under emotional abuse. The other three categories of abuse remain low in number and are therefore susceptible to the effects of sibling group size impacting on data.

Data regarding the number of Strategy Meetings held in Torbay in 2022/23 was not available at the time of this report, however the quoracy percentage is recorded at 100%. There were 480 initial and review Child Protection Conferences held in Torbay in 2022/23, however quoracy for these was only 83%. This will require further investigation as quoracy is expected to be 100%. Data in respect of these two areas is currently being expanded by Torbay Council's Business Intelligence Team and will form part of the TSCP data dashboard.

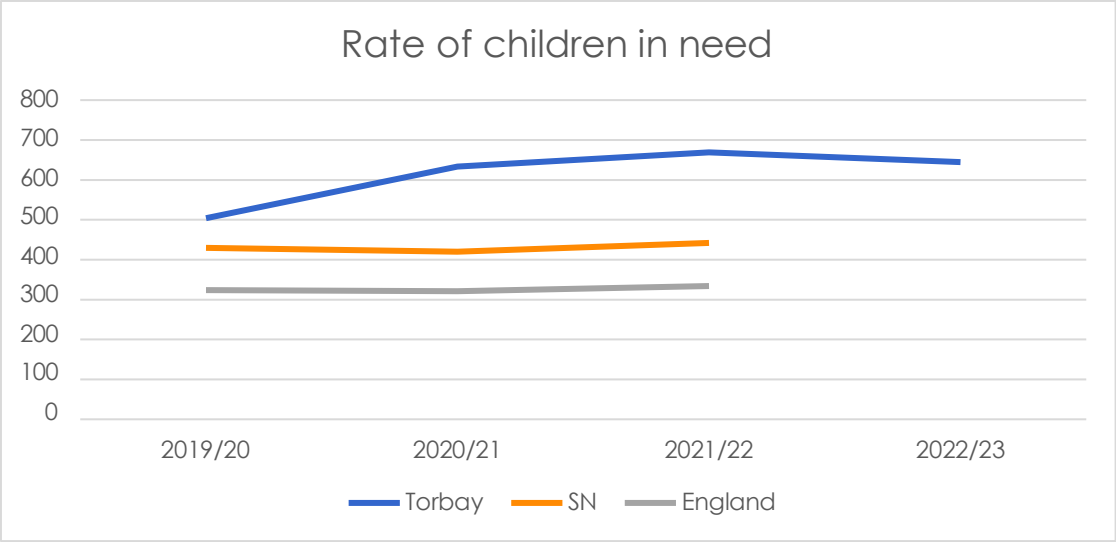
1. Number and Rate of Referrals to Children's Social Care					
		2019/20	**2020/21**	**2021/22**	**2022/23**
Total number of referrals	**Torbay**	1869	2242	2084	2125
Rate of referrals per 10,000	**Torbay**	731	880	818	841
(SN = Statistical Neighbour)	**SN**	710	651	697	-
	England	535	494	538	-



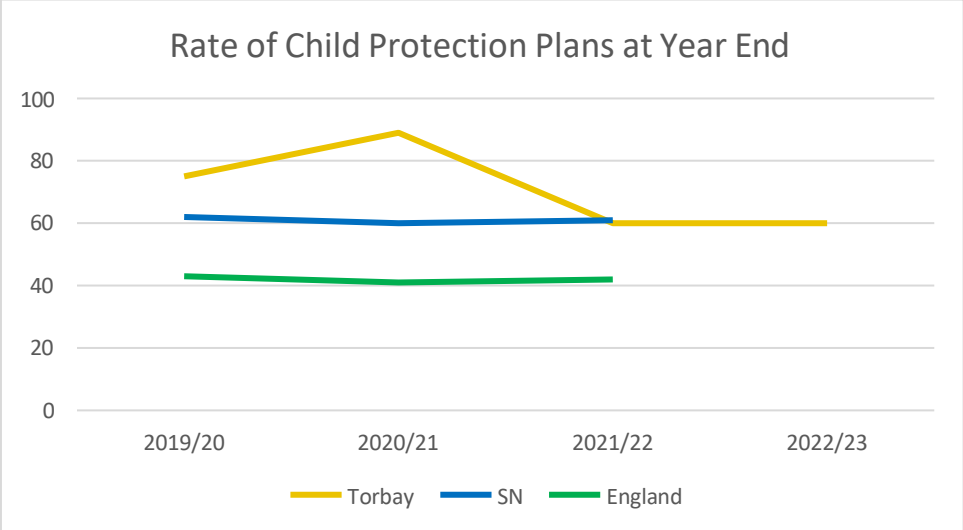
2. Referrals to Children's Social Care by Source										
	2019/20			2020/21			2021/22			2022/23
	Torbay	SN	England	Torbay	SN	England	Torbay	SN	England	Torbay
School	16%	19%	18%	13%	14%	14%	14%	20%	20%	18%
Health	11%	14%	15%	13%	15%	16%	14%	13%	15%	15%
Police	28%	25%	29%	30%	31%	33%	32%	28%	30%	26%



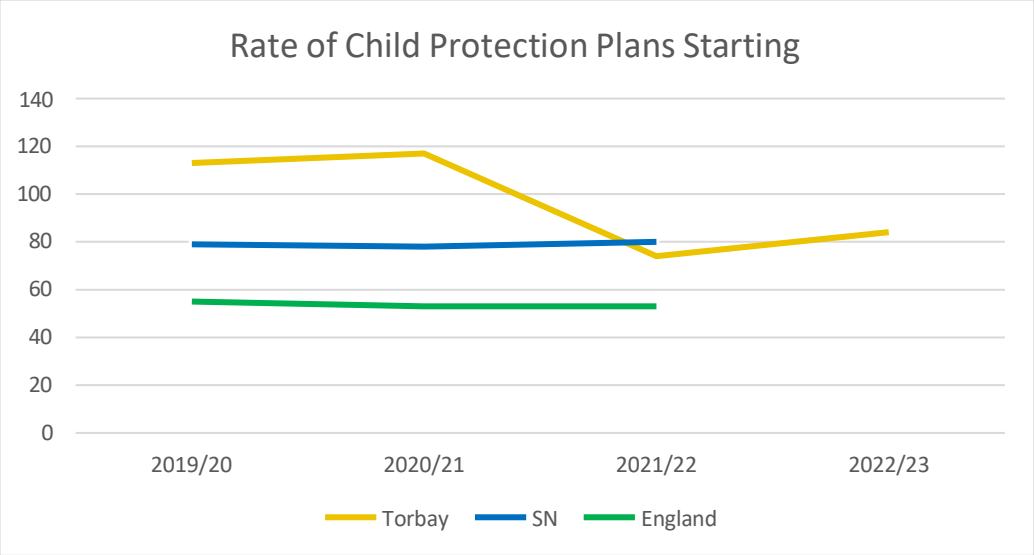
3. Number and Rate of Children in Need as of 31st March					
		2019/20	2020/21	2021/22	2022/23
Number of Children in Need	Torbay	1464	1619	1705	1630
Rate of Children in Need per 10,000	Torbay	504	633	669	645
	SN	430	420	442	-
	England	324	321	334	-



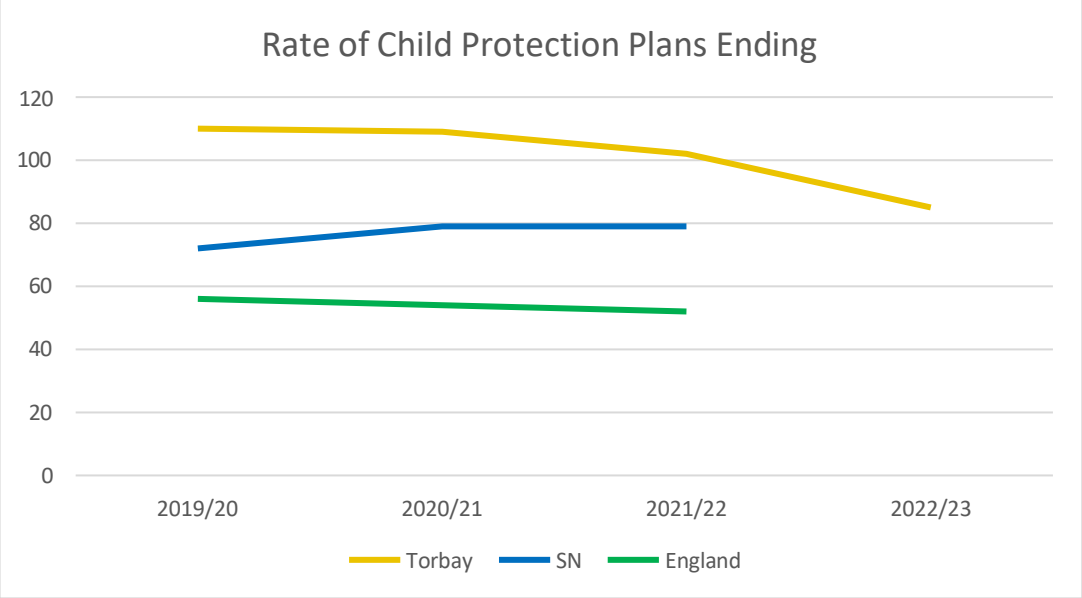
5. Number and Rate of Child Protection Plans as of 31st March					
		2019/20	2020/21	2021/22	2022/23
Number of CP plans at 31/03/22	Torbay	192	226	152	152
Rate of CP plans at 31/03/22 per 10,000	Torbay	75	89	60	60
	SN	62	60	61	-
	England	43	41	42	-



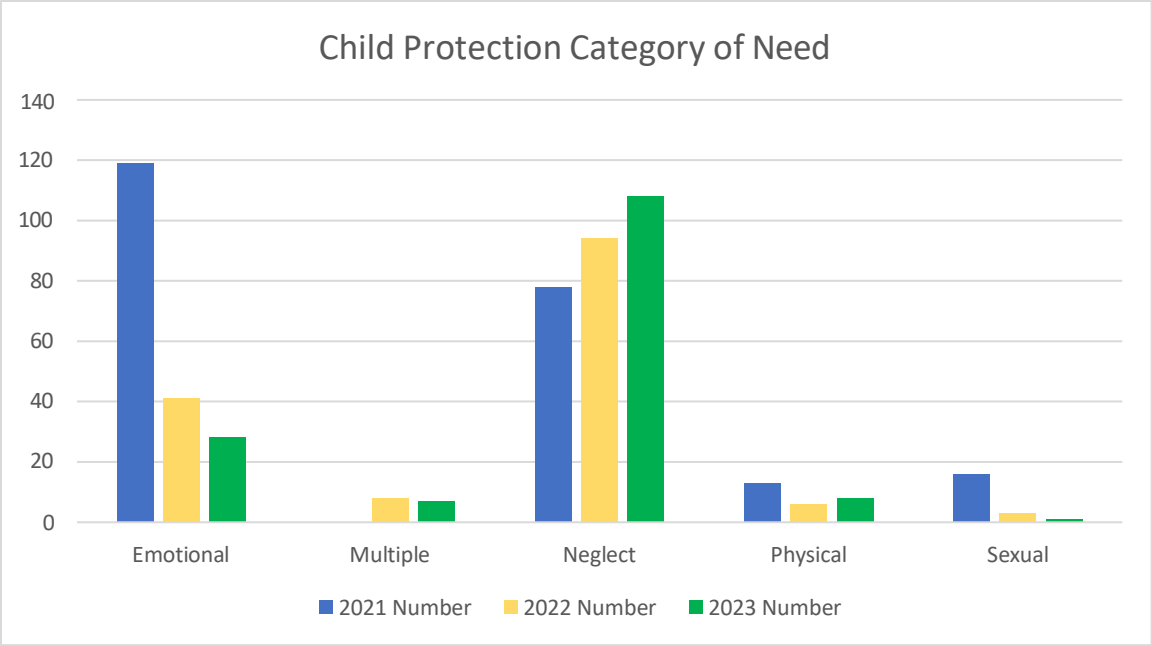
6. Number and Rate of Child Protection Plans Starting					
		2019/20	2020/21	2021/22	2022/23
Number of CP plans starting	Torbay	289	298	189	213
Rate of CP plans starting per 10,000	Torbay	113	117	74	84
	SN	79	78	80	-
	England	55	53	52	-



7. Number and Rate of Child Protection Plans Ending					
		2019/20	2020/21	2021/22	2022/23
Number of CP plans ending	Torbay	280	277	260	215
Rate of CP plans ending per 10,000	Torbay	110	109	102	85
	SN	72	79	79	-
	England	56	54	52	-



8. Child Protection Plans by Category of Need as of 31st March						
	2021		2022		2023	
	2021 Number	Percentage	2022 Number	Percentage	2023 Number	Percentage
Emotional	119	53%	41	27%	28	18%
Multiple	0	0%	8	5%	7	5%
Neglect	78	35%	94	62%	108	71%
Physical	13	6%	6	4%	8	5%
Sexual	16	7%	3	2%	1	1%
Total	226		152		152	



9. Quoracy of Strategy Meetings				
		2022/23	2023/24	2023/24
Number of meetings	Torbay	TBC	-	-
Percentage of meetings	Torbay	100%	-	-

10. Quoracy of Child Protection Conferences (Initial and Reviews)				
		2022/23	2023/24	2023/24
Number of meetings	Torbay	480	-	-
Percentage of meetings	Torbay	83%	-	-
	SN	-	-	-
	England	-	-	-

7 Impact of the Covid-19 Pandemic on TSCP Activity

On 1st April 2022 ONS figures indicated that 4.9 million people in the UK had Covid-19 in the previous week ending 26th March. This was the highest recorded number of cases since records began in April 2020. Despite this, all Covid-19 related restrictions had been removed by the UK government at this time due to the impact of Covid-19 on people's health being generally far less severe than earlier in the pandemic. Therefore, work with children and families across Torbay had mostly returned to pre-Covid-19 practice during this 2022/23 reporting period.

Covid-19 symptom-based staff sickness continued to be reported by agencies across the partnership in 2022/23, however the lack of available testing made accurate diagnosis difficult to ascertain. Due to safeguarding partners in Torbay adopting the use of Microsoft Teams in 2021, the impact of Covid-19 on TSCP activity seems to have been mitigated as remote/home working has enabled meetings and other non-family contact safeguarding activity, that may otherwise have been cancelled, to continue as before. The TSCP has continued to evaluate the impact of Covid-19 on practice during learning reviews where it is suspected this may have been evident.

In 2022/23 all partnership meetings, other than MACA's, continued to be held virtually, with no Covid-19 related meeting cancellations being reported. Feedback from most partner agencies continued to support remote partnership working, as opposed to face to face meetings, as it provided for greater efficiency and negated the need for travel so was also considered more environmentally friendly. The TSCP has not returned to face-to-face meetings since national Covid-19 restrictions were lifted in February 2022 and it appears that this new agile and more efficient way of working is likely to continue. The TSCP will continue to respond to future potential Covid-19 outbreaks as necessary as the disease remains ongoing in UK society and the full effects of Long-Covid remain unknown.

In light of new ways of working as a result of the pandemic, the TSCP launched a hybrid Annual Conference model in early 2023; the first such conference was held in January 2023 and was attended by 80 in person attendees and 80 attendees who attended online. The conference remains available as a recording, to enable further viewing.

8 Statutory Reviews and Other Audits

Between 01/04/2022 and 31/03/2023 the TSCP received seven Serious Incident referrals, covering ten children, these being coded C94 – C103. This was a slight drop from the nine referrals noted in last year's Annual Report, however that figure included four legacy Child Safeguarding Practice Reviews (CSPR) whose outcomes had not previously been reported on. The TSCP has initiated a formal process for reviewing Serious Incident Notification (SIN) referrals/decision making that includes the involvement of all three safeguarding partners.

Only one of the 2022/23 referrals met the criteria for undertaking a Rapid Review (RR) and subsequent CSPR. Three of the referrals led to After Action Reviews (AAR), which is a form of learning review devised by the TSCP that follows the Rapid Review process in respect of information gathering and analysis but without the 15 day statutory timescale. The other four referrals did not meet the criteria for a learning review.

C94 SIN referral from Devon and Cornwall Police reporting concerns that C94 had suffered extensive injuries following a road traffic collision involving a stolen moped that he was travelling on. SIN threshold was not met as the incident/injuries were not attributable to abuse or neglect. AAR commissioned as learning was believed to be evident.
C95 Request to another Local Authority to convene a Rapid Review on behalf of the TSCP following C95 being charged with murder in that area, where C95 was also resident. Rapid Review request was refused. The TSCP initiated the AAR process to identify potential learning, but consent could not be obtained from C95 (who is now an adult) and the process is under review regarding whether to continue or not.
C96-C99 SIN referral from Devon and Cornwall Police following their reflection on a strategy meeting in which neglect was the theme. Rapid Review criteria was not met, with a recommendation that the ongoing S47 enquiry continues.
C100 SIN referral from Torbay Council that led to a Rapid Review being convened due to C100 being less than one year old and having an unexplained non-accidental skull injury whilst being subject to a Supervision Order. The TSCP recommended to National Panel that all learning had been identified within the Rapid Review process and this recommendation was endorsed by the Panel.
C101 SIN referral from Torbay Council due to concerns that C101 was eight weeks old and had multiple unexplained fractures that had occurred over a period of more than one occasion. A Rapid Review and subsequent Local CSPR were held, and the learning identified was endorsed by National Panel. CSPR report published on 8th August 2023.
C102 Information shared by Torbay and South Devon NHS Trust regarding physical harm to a young baby. No SIN referral was submitted due to the criteria not being met.

C103
AAR initiated following a request from the Torbay Youth Justice Service Strategic Board for the TSCP to lead on a learning review in respect of significant delay to disposal resolution during a lengthy police investigation related to C103's alleged sexual offences. Learning was also sought in respect of delayed wellbeing support for C103 and his alleged victims.

Impact of Learning

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

During the current 2022/23 reporting period, the TSCP were due to undertake a Multi-Agency Case Audit (MACA) with the theme of mental health/emotional wellbeing. However, due to the absence of staff key to this MACA process, the timetable was rescheduled and a MACA initiated on the theme of Child Criminal Exploitation. The Child Criminal Exploitation MACA ended outside of the 2022/23 reporting period. The mental health/emotional wellbeing MACA will be undertaken within the 2023/24 schedule.

Following local learning and the outcome of the national learning in respect of Arthur and Star, the Executive Group requested the implementation of an annual TSCP Conference. This was designed to be an opportunity for the partnership to come together and reflect not only on the work of the TSCP throughout the year but also discussion in relation to how the partnership can address the themes of both local and national learning in a collaborative approach. The first TSCP conference was held in January 2023, with 80 delegates attending in person; the conference was also live-streamed, to enable hybrid access, with another 80 delegates watching live. The recording was then subsequently disseminated across the partnership, and remains accessible to all.

9 Child Death Overview Arrangements

Child death reviewing arrangements in Torbay form part of the regional South West Peninsula Child Death Overview Panel (CDOP). This service remains commissioned to Livewell Southwest.

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

- Cornwall Council
- Council of the Isles of Scilly
- Devon County Council
- Plymouth City Council
- Torbay Council
- NHS Devon CCG (ICB from 01/07/2022)
- NHS Kernow CCG (ICB from 01/07/2022)

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

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

The TSCP are represented at CDOP by the ICB; this arrangement was agreed in May 2022. The ICB representative presents CDOP learning at the partnership's bi-monthly CSPR Panel and this is actioned/disseminated to partners or other sub-groups as required. The outcomes of the TSCPs interventions are then fed back to the CDOP by the ICB representative to complete the learning cycle. Assurance of the child death arrangements is a function of the TSCP Executive Group.

10 Learning and Development Summary

The TSCP continues to provide multi-agency training designed to meet the diverse needs of staff working at different levels across the breadth of organisations who work with children and families in Torbay. The training and Best Practice Forums remained led by the TSCP Learning and Development Group during the current reporting period, however this may change to the training leads from each of the statutory partners if proposed amendments to the training system in the TSCP are adopted. As in 2021/22 training focused on areas of practice prioritised by the TSCP Executive, with learning from local and national Child Safeguarding Practice Reviews and Multi-Agency Case Audits being fully integrated into the training material. There is a learning and development resources page on the TSCP website to support practitioner's continuous professional development.

Key Performance Indicators

In 2022/23, 2118 TSCP training places were made available, with 1138 of those being accessed, an increase of 43% and 5% respectively from 2021/22. The number of courses on offer increased from 2021/22, which may have impacted the change in proportionate places booked (course place take-up) across different courses, decreasing from 89% during the last reporting period to 65% in 2022/23. Attendance rate of places booked has decreased slightly to 82.5% from 89% last year.

New Courses

Several new courses have been added to the TSCP course offer, all of which are reported to have been well received, although the Project M exploitation courses were initially cancelled due to poor uptake and have been re-listed for 2023/24. The new courses are:

- AIM project in support of the funded Harmful Sexual Behaviour Checklists:
    - A whole school approach to sexual violence and sexual harassment in schools: Understanding and Managing sexual behaviours in Education Settings
    - Foundation Awareness of Harmful Sexual Behaviour Course
    - Technology Assisted Harmful Sexual Behaviours Foundation Course
- Graded Care Profile 2 Training
- Domestic Abuse Risk Assessment for Children (DARAC) and families
- Exploitation courses, delivered by Project M:
    - Recognising and Responding to Child Criminal Exploitation
    - Recognising and Responding to Child Sexual Exploitation
    - Understanding Modern Slavery and the National Referral Mechanism
    - Understanding the Importance of Children and Young People Who Go Missing
- Exploring Child in Need and Child Protection Core Groups, by the Operational Team Managers, Torbay Children's Services
- ICPC and Core Group Training, facilitated by Torbay Independent Safeguarding and Reviewing Officers

Two Best Practice Forum events have been offered (recordings are available for those unable to attend) as well as a range of other events including:

- Strength Based Working
- Working with Childhood Trauma
- Young People, Self-Harm and Suicide - a Public Health Perspective
- Active Bystander Training

In addition to the courses offered the following e-learning is available:

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

There is also additional online learning relating to Modern Slavery and Prevent/Channel (counter terrorism).

There is a **learning and development resources page** on the TSCP website to support practitioners' continuous professional development.

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

- **Restorative Practice Awareness**
- **Restorative Language Workshop** (new from May 2022)

This year, the TSCP also commissioned a Best Practice Forum on **Working Restoratively**, for which the evaluation is summarised below.

Attendance Data 2022/23

Course	Number of Courses delivered	Places Available	Booked	Attended	Attendance Rate	Places Booked Vs Available
Safeguarding Children Foundation	24	336	306	281	92%	91%
Safeguarding Children Refresher	29	405	355	328	92%	88%
Child Exploitation in Torbay	12	176	121	83	69%	69%
Managing Allegations	2	29	25	22	88%	86%
Introduction to Family Group Conferences	1	16	9	5	56%	56%
DASH Risk Assessment	1	18	17	9	53%	94%
DSL Induction Event	1	16	11	10	91%	69%
CSPR Learning Events	4	20	10	7	70%	50%
Best Practice Forums	1	60	49	34	69%	82%
AIM Project	6	120	113	87	77%	94%
GCP 2 Training	6	137	79	62	78%	58%
DARAC Training	1	16	12	9	75%	75%
Exploring CIN & CP Core Groups	2	32	28	22	79%	88%
ICPC & Core Group Training	3	48	29	24	83%	60%
Project M Exploitation Courses	0	96	13	0	0	14% Cancelled

Evaluation Response 2022/23

The level three safeguarding courses continue to be well attended and resulting learner actions completed remain high. The feedback on the pre-course online e-learning also remains high, with 99% stating it has supported the trainer led sessions.

For all courses that have continued from the previous financial year, there has been a decline in the proportionate number of course evaluations completed, as seen by the trend-arrows below. This is disappointing as course attendees who have not completed the initial evaluation will consequently not have had subsequent access to any associated course resources and materials (which is automatically enabled once the initial evaluation is completed). Course evaluation and

the impact of training on practice are essential elements of the learning cycle and this decline will be investigated by the Learning Academy to ensure training is fully utilised.

Course Evaluations Returned *Arrows indicate trend direction of returns compared to previous year		**Initial**	**Impact (12 weeks)**
Safeguarding Children Foundation		54% ↓	47% ↓
Safeguarding Children Refresher		52% ↓	36% ↓
Child Exploitation in Torbay		47% ↓	36% ↓
Managing Allegations		27% ↓	23% ↓
Introduction to Family Group Conferences		0% ↓	0% ↓
DASH Risk Assessment Training		44% ↓	44% ↓
DSL Induction		0% ↓	0% ↓
Best Practice Forums	TSCP 2023 Conference: 21 from live event 1 from recording	Working Restoratively (Virtual Webinar): 15 from live event 1 from recording	
AIM Project (new)		75%	56%
Graded Care Profile 2 Training (new)		32%	24%
DARAC Training (new)		78%	33%
Exploring CIN & CP Core Groups (new)		23%	23%
ICPC & Core Group Training (new)		50%	42%

11 Allegations Against People that Work with Children

WT2018 and Keeping Children Safe in Education 2022 (KCSI), revised 01/09/2023, place a responsibility on all Local Authorities in England to identify a designated officer (LADO) who is involved in the management and oversight of individual cases of allegations of abuse made against those who work with children. The role of the LADO is to give advice and guidance to employers and voluntary organisations and liaise with the police and other agencies to monitor the progress of cases to ensure that they are dealt with as quickly as possible and are consistent, with a thorough and fair process.

The LADO in Torbay receives enquiries from a range of sources, and most of these come in the form of a consultation or referral. All consultations and referrals are recorded on the LADO database. The LADO also records information within Liquidlogic, which is the Torbay Childrens Services recording system, with the LADO section of Liquidlogic having a tightly controlled access

process. All information held by the LADO is reported to be compliant with Data Protection Act (2018) and General Data Protection Regulations (GDPR). Information is retained in accordance with Torbay Council's retention policy.

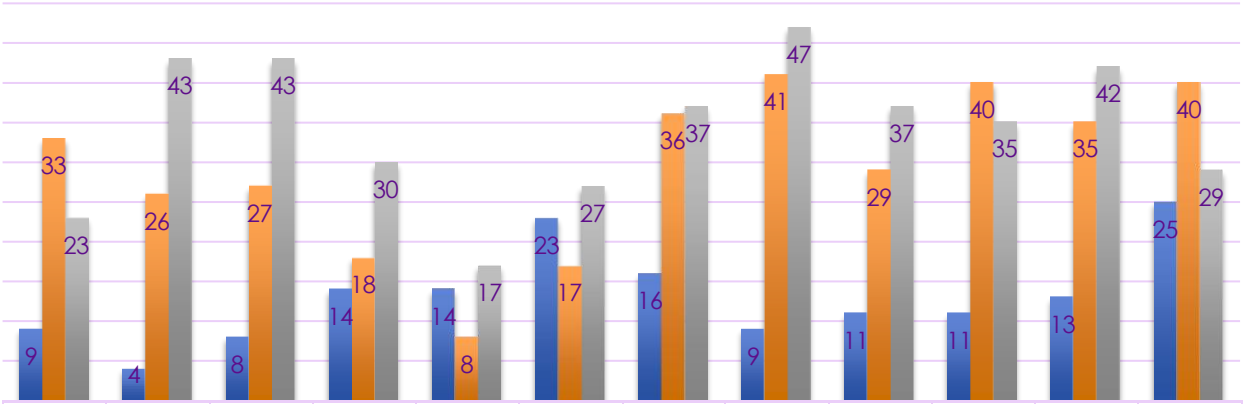
Number of LADO Consultations and Referrals

In the previous 2021/22 reporting year, the LADO received 350 consultations, an increase of 123% over the previous year. Of these 53 met LADO threshold and progressed to Allegation Management Meetings (AMM), an increase of 96% in comparison to 2020/21. The LADO attributed this increase to an improvement in recording methodology.

During the current 2022/23 reporting year, the LADO received 410 consultations, an increase of 17% over the previous year. 30 of these consultations met LADO threshold and progressed to Allegation Management Meetings. This was reported to be evidence of organisations seeking more advice and guidance in relation to wider organisational safeguarding issues.

The LADO also stated an anecdotal view that many of the consultations received may be attributed to the referrer lacking the confidence to determine if any of the criteria are met and/or wishing to have an audit trail of consultation with the LADO to satisfy expectations by regulatory bodies. The Torbay LADO encourages the use of a chronology of lower level concerns if an organisation is worried about the behaviour of an adult. To support an agency's decision making, they will often consult with the LADO regarding these lower-level concerns.

Consultations and referrals month by month 2020/21 to 2022/23



	April	May	June	July	August	September	October	November	December	January	February	March
2020/21	9	4	8	14	14	23	16	9	11	11	13	25
2021/22	33	26	27	18	8	17	36	41	29	40	35	40
2022/23	23	43	43	30	17	27	37	47	37	35	42	29

A continuing high volume of consultations in 2022/23 related to allegations made against education staff. This was also reported in 2021/22. The 2022/23 education consultation numbers comprised of:

- Early Years 21
- Schools/Academies 153
- Total 174

Consultation numbers from schools/academies show a slight increase from 142 in 2021/22, whereas consultations from early years providers shows a slight decrease in numbers from 29 in 2021/22 to 21 in the current reporting year.

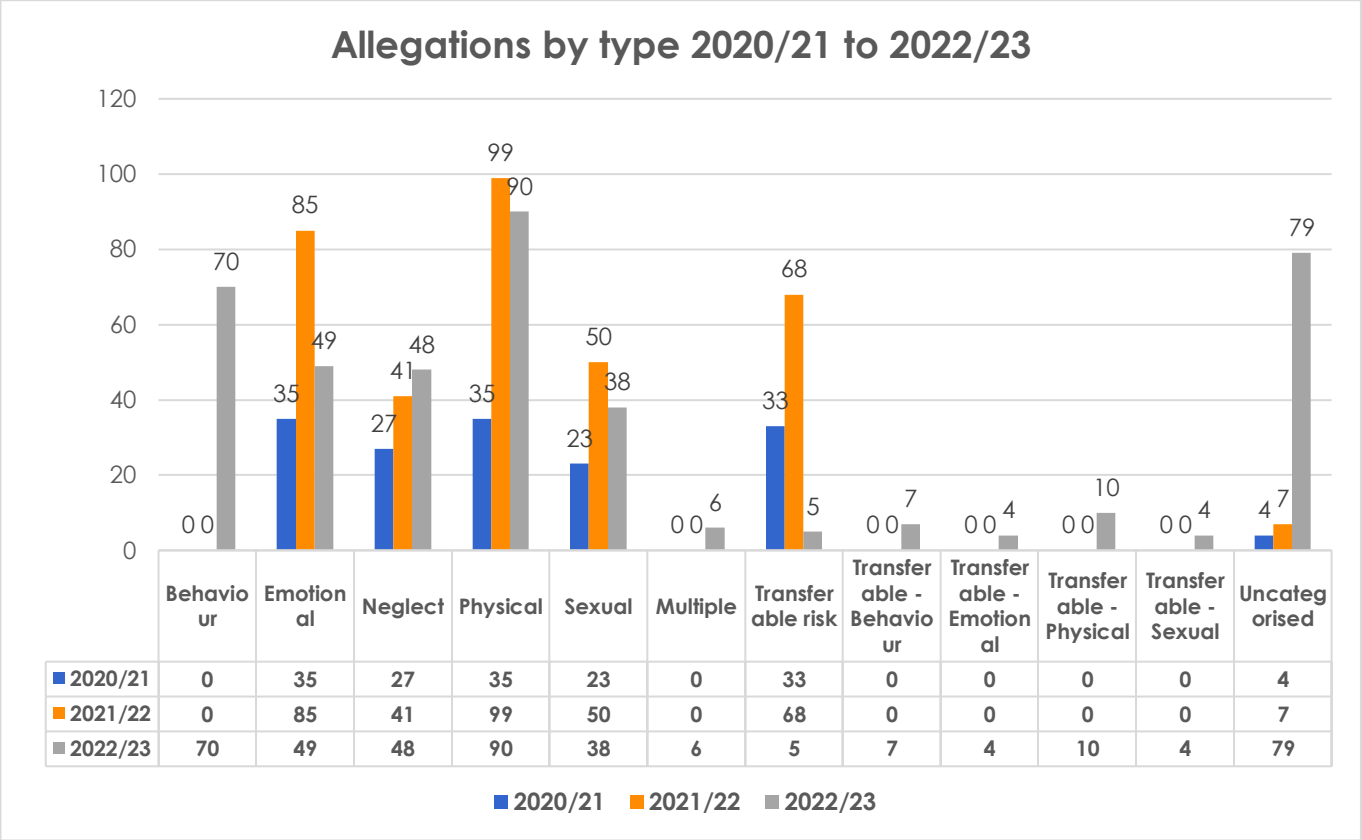
LADO consultations in respect of cared for children in 2022/23 were comprised of:

- In-House Foster Carers 18
- Independent Fostering Agencies 36
- Independent Residential Settings 55
- Total 109

The data shows an increase in LADO consultations for cared for children from 85 in 2021/22 to 109 in 2022/23, an increase of 28%. The numbers of in-house foster carer consultations dropped from 32 in 2021/22 to 18 in 2022/23, a decrease of 44%. The LADO reported that Torbay is seeing an overall increase in allegations regarding care providers whose agencies provide care in the community. There is a high demand for these services and as part of the allegations system the Torbay LADO has collaborated with providers to look at safer recruitment process, induction, and training for staff. It is also reported that Torbay LADO and Torbay Council fostering services have conducted joint work with all foster carers, new and existing, as well as linking in with private residential homes and unregulated homes for children.

Most consultations were in relation to allegations of physical abuse followed by neglect. The LADO found that several allegations had been made after a child had left their placement or when there were times of instability, for example when there were ongoing court proceedings. Further work is needed to understand the reason why these particular figures are so high, with the LADO acknowledging this in their 2022/23 report.

LADO Referrals and Consultations by Type



Behavioural Harm

This was not a category reported on in previous years but at 70 allegations is significantly higher than a number of other established categories.

Emotional Harm

The LADO reports a considerable decrease of incidences involving emotional harm from 85 in 2021/22 to 49 in 2022/23. A reduction of 42%.

Neglect

As on 2021/22, the trend of increase in neglect reporting continues. Data shows 48 recorded allegations in 2022/23 compared to 41 in 2021/22. An increase of 17%.

Physical Harm

Although previous years recorded an increasingly higher number of consultations under the category of physical harm, with this increasing by 183% to 99 in 2021/22, the 2022/23 figures show a slight drop to 90, a decrease of 9%. Since LADO statistics began to be collated, physical abuse has remained the highest reported category. The LADO hypothesis remains that this may be due to it being the most easily identifiable of the abuse categories.

Sexual Harm

Reports under the sexual harm category evidenced a decrease in the number of consultations from 50 in 2021/22 to 38 in 2022/23, a reduction of 24%.

Transferable Risk

The LADO previously reported that the category of transferable risk was introduced in line with statutory KCSIE (Keeping Children Safe in Education) guidance in 2020 and is an addition to the types of behaviour which would indicate a person being a risk to children if they continue to work in regular or close contact with them. This criterion takes account of situations where a person's behaviour outside a work context may suggest that they pose a risk to children. It allows for a degree of interpretation that is not always considered easy to qualify. During 2021/22 there were 68 consultations related to transferable risk, an increase of 106% over the 33 reported the previous year, however this fell to 5 consultations in 2022/23, a decrease of 93%. This significant decrease may be aligned to the increase in uncategorised allegations from 7 in 2021/22 to 79 in 2022/23 but this would require further clarification from the LADO.

Outcomes of Allegations

Allegations Management Meetings (AMM)

An Allegations Management Meeting refers to the multi-agency meeting process in respect of the individual who is subject of the allegation or concern.

The following table displays the outcomes of Torbay Allegation Management Meetings over the last three years.

	2020/21	2021/22	2022/23
Unfounded	4	12	4
Malicious	0	0	0
False	0	0	0
Unsubstantiated	10	21	11
Substantiated	13	15	15
Pending outcome	5	15	7
Reconvened	20	24	14

Allegation Management Meetings are sometimes able to conclude the outcome of a concern at an initial meeting. However, if additional information is required through the completion of actions agreed at the initial meeting, attendees will need to re-convene, potentially on multiple occasions in complex cases. This is the third year the LADO has reported on the number of cases requiring reconvened meetings, with 14 of the allegations needing more than one meeting in 2022/23. These were due to ongoing police investigations where all parties needed to be interviewed, or forensic examination of devices being required. The reconvening of meetings is reported by the LADO as having an adverse impact on the timeliness of outcomes for those subject to the managing allegations process. However, this is unavoidable at times if the right outcome is to be achieved.

Of note this year is the change in outcomes for substantiated and unsubstantiated cases. Substantiated outcomes are recorded at 15 for 2022/23, this mirrors 2021/22, and is similar to 2020/21 where this is recorded as 13. Unsubstantiated outcomes have decreased to 11 this year from 21 in 2021/22. The LADO reports that this is continued evidence that the threshold decision to proceed to a formal meeting is proportionate and robust.

At the final meeting, members of the strategy meeting will decide whether the allegation is:

1. **Substantiated** – where there is sufficient identifiable evidence to prove the allegation.
2. **False** – where there is sufficient evidence to disprove the allegation.
3. **Malicious** – where there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.
4. **Unfounded** – where there is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively, they may not have been aware of all the circumstances.
5. **Unsubstantiated** – this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation; the term therefore does not imply guilt or innocence.

Where concerns are unfounded or unsubstantiated, they may still require further internal investigation by the employer or other action taken and does not necessarily mean there are no concerns present.

Letters to Children and Parents

The parents and the child, if sufficiently mature, should be helped to understand the LADO process and be kept informed on progress of the investigation and the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary hearing, but not the deliberations of the hearing. During 2022/23 the LADO wrote to 67 children to inform them of the outcome of allegations management processes.

Management Oversight

Torbay Council ensures effective management oversight of the LADO, including quality assurance, LADO supervision, dealing with developing area of concern in individual cases and facilitating improvements in LADO practice. A more detailed overview of the work of the LADO during this reporting year can be found within the **2022/23 LADO Annual Report**.

12 Glossary

AMM	Allegation Management Meeting
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CNO	Chief Nursing Officer
CSPR	Child Safeguarding Practice Review
DBS	Disclosure and Barring Service
DfE	Department for Education
DoPHAR	Torbay Director of Public Health Annual Report
EHCP	Education, Health, and Care Plan
GCP2	Graded Care Profile 2
GDPR	General Data Protection Regulations
HR	Human Resources
HSB	Harmful Sexual Behaviour

ICB	Integrated Care Board
IS	Independent Scrutineer
JSNA	Joint Strategic Needs Assessment
KCSIE	Keeping Children Safe in Education
LA	Local Authority
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
MACA	Multi-Agency Case Audit
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
NCMD	National Child Mortality Database
NHS	National Health Service
NSPCC	National Society for the Prevention of Cruelty to Children
PCC	Police and Crime Commissioner
ONS	Office for National Statistics
SCR	Serious Case Review
SEN	Special Education Needs
SIN	Serious Incident Notification
SN	Statistical Neighbour
TESS	Torbay Education Support Service
TSCB	Torbay Safeguarding Children Board
TSCP	Torbay Safeguarding Children Partnership
TCSP	Torbay Community Safety Partnership
Wood Report 2021	Government review of new multi-agency safeguarding arrangements
WT2018	Working Together to Safeguard Children 2018
WT2023	Working Together to Safeguard Children 2023

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Torbay Drug and Alcohol Partnership (TDAP)
Wards Affected:	All
To:	Health & Wellbeing Board **On:** 14th December 2023
Contact:	Natasha Reed, Public Health Specialist
Email:	natasha.reed@torbay.gov.uk

1. Purpose

1.1 To provide a progress update for Torbay's Drug and Alcohol Partnership (TDAP)

2. Recommendation

2.1 Members to note the key milestones and progress achieved against the 3 priority areas outlined within the Government's 2021 drug strategy 'From Harm to Hope'.

3. Supporting Information

3.1 Background

3.1.1 Following publication of the Government's 2021 'From Harm to Hope' drug strategy, ministers set up the National Combating Drugs Unit and requested the formation of localised partnerships to be developed, to monitor progress against the strategy's aims and objectives.

3.1.2 In Torbay a decision was made to deliver our local partnership across a Torbay footprint with the Director of Public Health assuming the role of Senior Responsible Officer for the first year. It was agreed that the Torbay partnership would include alcohol within its scope and be called the Torbay Drug and Alcohol Partnership (TDAP).

3.1.3 The 10-year drug strategy sets out three core priority areas:

1. Break drug supply chains
2. Deliver a 'world-class' treatment and recovery system.
3. Achieve a shift in the demand for drugs.

3.1.4 Each priority area has several commitments which provide a breakdown of the areas of activity partnerships will be required to address for these priorities to be achieved. There are 18 commitments the partnership has been developing plans around over the past 12 months.

3.2 The role of TDAP

3.2.1 At a local level, success is reliant on partners working together to understand the Torbay population and how drugs are causing harm across the bay area, including any challenges in the local system and the changes that are needed to address them.

3.2.2 The partnership commits to working together to deliver the objectives outlined within the drug strategy, providing a focused point of reporting and scrutiny, thereby ensuring an open and transparent partnership with clear ownership, responsibility, and accountability. Members of TDAP have a responsibility to share information and intelligence relevant to these objectives to support joint strategic and prioritisation planning.

3.2.3 Responsibilities include but are not exclusive to the following:

- Development of a local Delivery Plan to capture Torbay activity against the three Priority Areas / supporting Commitments and monitor national outcomes and supporting metrics.
- Provide expert advice and data to support the development of a joined up local strategy, agreeing the appropriate steps needed to meet the needs identified.
- To influence the development and implementation of strategies and commissioning intentions that have the potential to impact the drugs strategy.
- To identify and escalate system risks via the relevant strategic and/or operational governance group for follow up / action.

3.3 Milestones

3.3.1 The key milestones achieved to date have been:

- The formalisation of how TDAP operates, including membership, terms of reference, it's governance as well as the outlining the roles and responsibilities of the group.
- Completion of the partnership's Joint Strategic Needs Assessment. This document is being used to identify key TDAP priorities for action which informs the TDAP Delivery Plan
- Establishing TDAP's outcome metrics, identifying areas of improvement and best practice. These metrics will help steer the delivery plan and identify subsequent task and finish groups.
- Completion of TDAP's annual membership review, ensuring the right individuals are present and can contribute to TDAP's progress.
- A mapping exercise has identified 17 existing groups currently working in some way towards the commitments outlined within the drug strategy, whilst also highlighting current system gaps.
- The creation of task and finish groups focused on the gaps identified from the mapping exercise.
- The successful completion of all national audit requirements for the 2022/23 reporting period.

3.4 Progress against core priority areas – examples

3.4.1 Priority 1: Break Drug Supply Chains

3.4.1.1 Devon and Cornwall police have been working under the direction of the Police and Crime Commissioner's (PCC) drug strategy to deliver key activities aimed at disrupting the supply of drugs, both at a peninsular and local level.

3.4.1.2 Torbay's local policing team have been working closely with National Police Proactive teams to complete dedicated operations (including county lines intensification weeks) targeting the trafficking and supply of drugs coming into and being circulated within Torbay. Working in collaboration national proactive teams has maximised intelligence sharing and allowed Torbay's police force to target the highest threats related to county lines, resulting in the successful disruption and closure of key County Lines.

3.4.1.4 Local prisons (HMPS Channing's Wood and HMPS Exeter) have invested in measures to reduce the trafficking of illicit substances into prison custody, including the introduction of a Rapiscan machine that will identify if paper has been laced with illicit substances and a body scanner that is able to detect prisoners attempting to conceal illicit substances / mobile phones on entry into prison.

3.4.1.5 The drug strategy lead at HMP Channing's Wood reports a significant increase in the number of seizures following the implementation of this equipment, increasing disruption to the supply of drugs entering the prison estate. The ability to send off substances seized to the seizure diagnostic team has also helped improve the prisons awareness as to which substances are in circulation, shaping the response taken by the prison to manage this.

3.4.2 Priority 2: Deliver a world class treatment and recovery system.

3.4.2.1 In line with the Government's commitment to increase numbers accessing substance misuse treatment, work has taken place to improve pathways between the drug and alcohol service and Torbay's criminal justice partners i.e., prisons, police custody and the courts. Latest data reports (the National Drug Treatment Monitoring System) show an increase of 92 additional people entering drug and alcohol treatment and a 21% increase in the number of people leaving prison and engaging with community treatment when compared to the same reporting period last year (Q1 2022/23 v Q1 2023/24, Domes data).

3.4.2.2 Torbay's Drug and Alcohol treatment provider, Torbay Recovery Initiative (TRI) are working in partnership with Torbay Council's community safety team, public health and the OPCC to pilot a new treatment medication called Buvidal. Buvidal has been found to be an effective alternative treatment option for individuals who have previously experienced difficulties with staying in drug treatment. The Pilot will be ready to implement from November 2023, with the first individuals commencing treatment from January 2024.

3.4.3 **Priority 3: Achieve a shift in the demand for drugs.**

3.4.3.1 The focus of this priority area relates to the identification of vulnerable adults / children most at risk of substance use and/or exploitation, whilst ensuring the consequences are sufficient to reduce the likelihood that individuals would choose to engage in drug use and or criminal activity. An example of this work is how schools support individuals with substance use and their exclusion policies to support individuals maintaining an education and finishing school.

3.4.3.2 The healthy learning webpage for teachers across Torbay has recently been updated with additional information and resources to support them in understanding the prevalence of drug and alcohol use within Torbay, the factors likely to increase risk of drug and alcohol use in young people, along with resources they can adopt as part of their curriculum and where they can direct young people for support should drugs and/or alcohol be an issue requiring specialist intervention.

3.4.3.3 A collaboration between community safety and public health has seen funding provided to co-commission a young person's substance misuse outreach worker to deliver place and education-based support and Torbay Youth Justice Service has developed a prevention service for children who have not entered the formal justice system to provide targeted early help.

3.5 Moving into Year 2

3.5.1 The partnership has developed some key resources (e.g., joint needs assessment, delivery plan and its outcome metrics) which in partnership with the new data sets provided by OHID, has generated a good awareness of Torbay's system strengths and areas for further development. This places the partnership in a strong position as it moves forward into Year 2.

3.5.2 For Year 2, the TDAP will focus on three main areas. Firstly, a review of the projects that have been implemented from the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) to support the ambitions of the 'From Harm to Hope' strategy and plan for Years 2 and 3. Secondly, developing the TDAP performance dashboard and use this to monitor impact and finally to target the gaps against the commitments identified from our mapping exercise, which will see an increased focus on Torbay's Young People, Mental Health and Family-Centred Recovery.

4. Relationship to Joint Strategic Needs Assessment

4.1 Utilises the same data sources for drug and alcohol as incorporated in the TDAP Drug and Alcohol Joint Needs Assessment.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 TDAP focus on the life course and multiple workstreams supports numerous Priority Areas 1-4 of the strategy.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

6.1 No implications at this point.

Appendices

Background Papers

National Drugs Strategy 'From Harm to Hope':

https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

TORBAY COUNCIL

Meeting: Health and Wellbeing Board **Date:** 14 December 2023

Wards affected: All

Report Title: Annual Public Health Report 2023

When does the decision need to be implemented? Report for information

Cabinet Member Contact Details: Hayley Tranter, Cabinet Member Adult & Community Services, Public Health & 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 purpose of this report is to share with members the 2023 Annual Public Health Report.

1.2 Under the National Health Service Act 2006 (section 73B) the Director of Public Health is required to 'prepare an annual report on the health of the people in the area of the local authority'. https://www.legislation.gov.uk/ukpga/2006/41/section/73B

1.3 Rather than a report on performance, it is a report on an aspect of the health of the population. The content and structure is for local decision.

1.4 In recent years Torbay reports have covered physical activity (2018), children and young people (2019), Covid 19 (2020), mental health and wellbeing (2021), and alcohol (2022). The 2023 Annual Report focuses on Cardiovascular Disease.

2. Reason for Proposal and its benefits

2.1 Cardiovascular Disease remains one of the biggest causes of premature death and disability, with an impact worsened by the Covid pandemic. It affects people differentially. In Torbay over the last ten years, people in the most deprived fifth of the population are more than six times more likely to die prematurely from coronary heart disease than those in the least deprived. It costs a substantial amount to our health and social care systems, and to a large extent is amenable to prevention. There are things we can all do at every level to reduce our

chances of developing cardiovascular disease, and to identify risk factors or early signs, so that we can tackle them before they lead to a heart attack, stroke, or start to have a significant impact on our quality of life.

2.2 The Annual Report discusses the risk factors for cardiovascular disease and looks at what we are doing to promote prevention, early detection, and to optimise treatment and support.

2.3 Key messages of the report concern the agency of individuals to influence their future health outcomes, and the opportunity for statutory and community partners to work together to promote heart health. Alongside this is the understanding that promoting a healthy heart goes in parallel with preventing or delaying other debilitating conditions like diabetes, dementia, respiratory illness and generalised frailty.

2.4 The content of the report was developed in partnership with wider colleagues. Contributors include primary and secondary care clinicians, Torbay Happy Hearts support group, voluntary sector organisations, and Your Health Torbay, our healthy lifestyles provider.

2.5 The report recommendations are:

Recommendation 1: Be strategic – develop a systems approach to healthy weight

- Healthy weight needs assessment
- Multi-agency action plan to improve the environments sustaining and promoting healthy weight in Torbay

Recommendation 2: Be imaginative – use our combined workforce in different ways

- Primary care and community groups working with neighbourhoods to share skills around heart health promotion, blood pressure and pulse checks

Recommendation 3: Be aware – coordinate our messaging

- Consistent, coordinated heart health messages and campaigns to increase awareness and early detection

Recommendation 4: Start young

Recognise the link between adverse childhood experiences and future heart health

- Awareness around heart health in our Family Hubs
- School based physical activity and heart healthy behaviours through Torbay on the Move and active travel around schools

Recommendation 5: Go where people are

- Health checks in community venues, looking at heart health alongside wider health issues
- Targeted outreach where we know fewer people are are at greater risk of heart disease are coming forward for help

Recommendation 6: Foster peer support

- Training in health checks and heart health for volunteers across the community to increase awareness and early detection

- More people able to access peer support groups where they encourage each other to look after their heart, promote physical activity, and are able to access professional advice when needed.

2.6 We have established a Torbay Healthy Heart Partnership which will be overseeing implementation of the report recommendations. Targets are also included in the Council Corporate Plan. Progress will be monitored during the year and reported formally in the 2024 annual report.

3. Recommendation(s) / Proposed Decision

1. Members are asked to note the content of the Annual Report.

Appendices

Appendix 1: The annual report can be found here: Torbay Annual Public Health Report 2023 - Torbay Council

https://www.torbay.gov.uk/council/policies/health/public-health-annual-report-2023/

Supporting Information

1. Introduction

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1.2 Under the National Health Service Act 2006 (section 73B) the Director of Public Health is required to 'prepare an annual report on the health of the people in the area of the local authority'. [National Health Service Act 2006 (legislation.gov.uk)]

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1.4 In recent years Torbay reports have covered physical activity (2018), children and young people (2019), Covid 19 (2020), mental health and wellbeing (2021), and alcohol (2022).

1.5 The 2023 Annual Report focuses on Cardiovascular Disease.

2. Options under consideration

2.1 The report covers action being taken to promote the prevention and early detection of heart disease and recommends further actions to be taken forward in partnership over the coming year.

3. Financial Opportunities and Implications

3.1 None.

4. Legal Implications

4.1 None.

5. Engagement and Consultation

5.1 The content of the report was developed in partnership with wider colleagues. Contributors include primary and secondary care clinicians, Torbay Happy Hearts support group, voluntary sector organisations, and Your Health Torbay, our healthy lifestyles provider.

6. Purchasing or Hiring of Goods and/or Services

6.1 Not applicable.

7. Tackling Climate Change

7.1 In promoting physical activity and active travel the report has potential to reduce transport related carbon emissions.

8. Associated Risks

8.1 Not applicable.

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	Prevention and earlier detection of heart disease		
People with caring Responsibilities			There is no differential impact
People with a disability			There is no differential impact
Women or men	Both women and men are affected by CVD morbidity and mortality although to a different extent, and both should benefit from earlier prevention and treatment.		
People who are black or from a minority ethnic background (BME) (Please note Gypsies /	CVD is more prevalent in some minority ethnic groups therefore there is potential positive		

Roma are within this community)	impact from preventative action		
Religion or belief (including lack of belief)			There is no differential impact
People who are lesbian, gay or bisexual			There is no differential impact
People who are transgendered			There is no differential impact
People who are in a marriage or civil partnership			There is no differential impact
Women who are pregnant / on maternity leave			There is no differential impact
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Report promotes action to tackle adverse childhood experiences and increase access to health promoting activities.		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Positively through promoting prevention and early detection of CVD.		

10. Cumulative Council Impact

10.1 None.

11. Cumulative Community Impacts

11.1 None.

Torbay Annual Public Health Report 2023

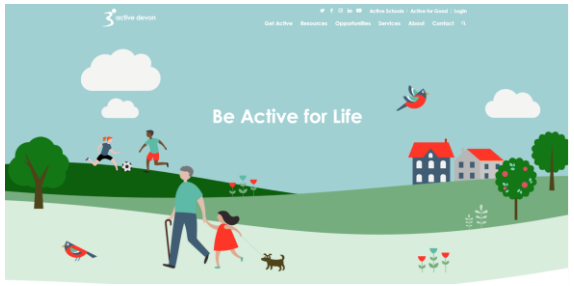
TORBAY COUNCIL

Why an annual report?

- Responsibility
  - Statutory requirement
- Opportunity
  - Spotlight an issue
  - Celebrate the good
  - Call to action

Who is it for?

- Ourselves
- Partners
- Stakeholders
- Population



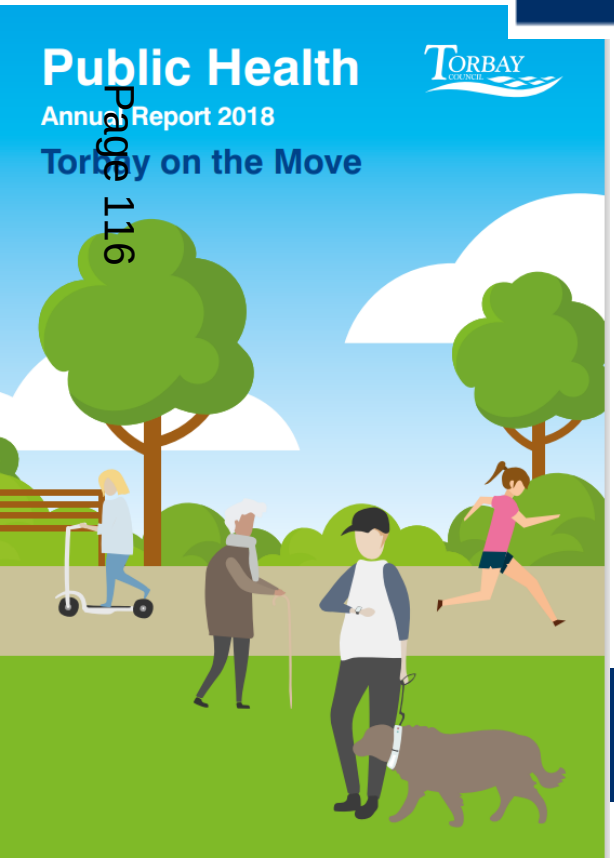
Torbay Communities
Stronger together

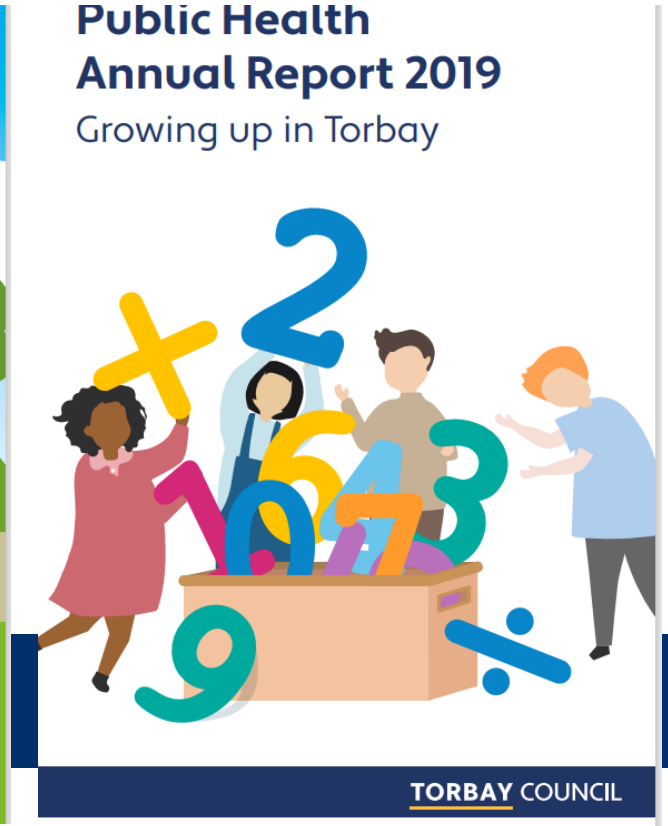
Your Health Torbay

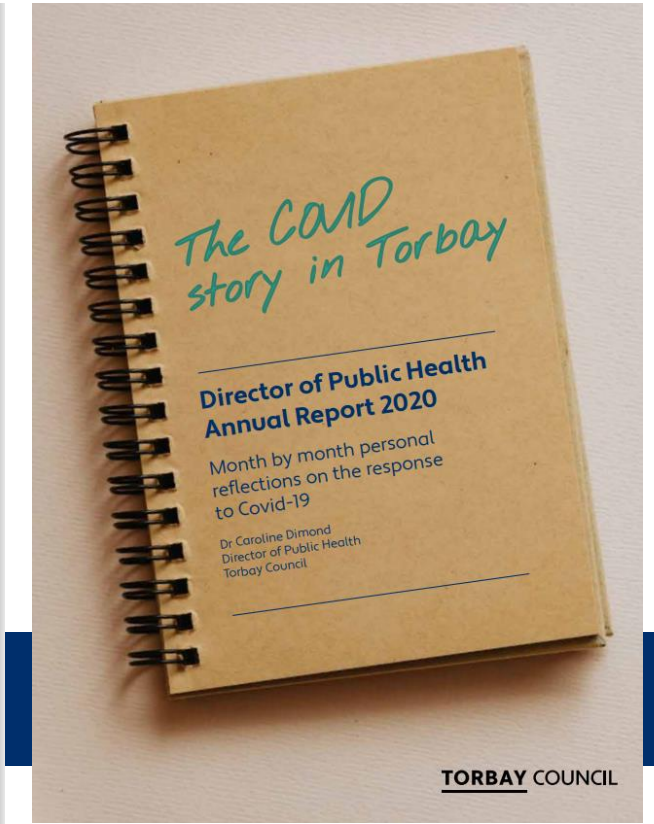
NHS Devon

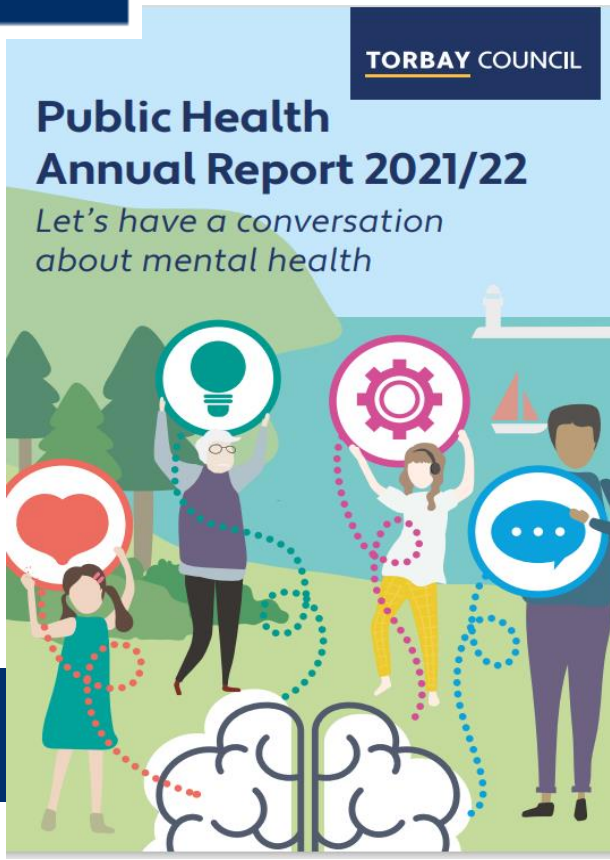
Last 5 years


The stories we tell about alcohol
Director of Public Health
Annual Report 2022


Public Health
Annual Report 2018
Torbay on the Move


Public Health
Annual Report 2019
Growing up in Torbay
TORBAY COUNCIL


The COVID story in Torbay
Director of Public Health
Annual Report 2020
Month by month personal reflections on the response to Covid-19
Dr Caroline Dimond
Director of Public Health
Torbay Council
TORBAY COUNCIL


TORBAY COUNCIL
Public Health
Annual Report 2021/22
Let's have a conversation about mental health

Getting to the heart of the matter: Cardiovascular disease in Torbay

Torbay Public Health Annual Report 2023

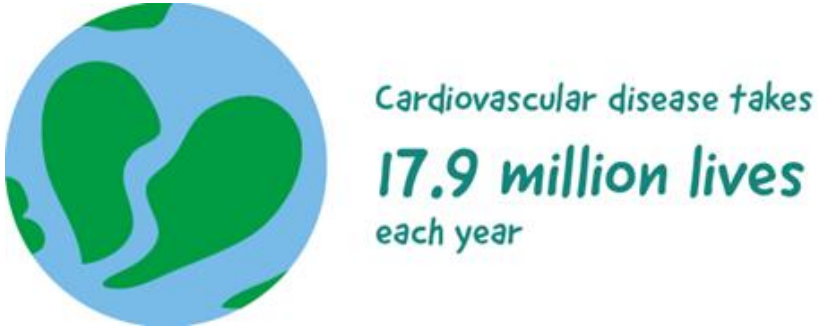
TORBAY COUNCIL

- There have been huge improvements in prevention and treatment since end of 20th century but inequalities persist
- The wider determinants of health are crucial to heart health but overlooked
- What actions can we take in Torbay to promote heart healthy communities

We want everyone to have an equal chance to thrive physically, mentally, socially and economically.

Why is it an important issue for us?

The numbers → The impact of covid-19 → The inequalities → It links to everything else in our lives → There is something we can do about it



The state of heart health in Torbay

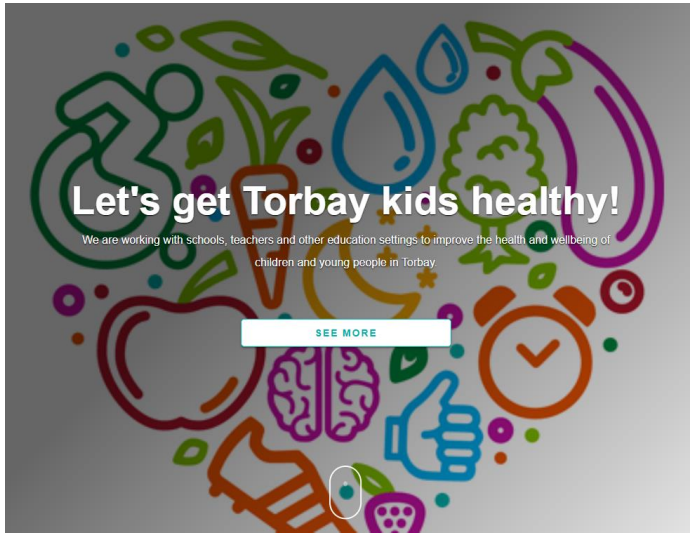
As with everything, heart disease is caused & worsened by a rainbow of risks…

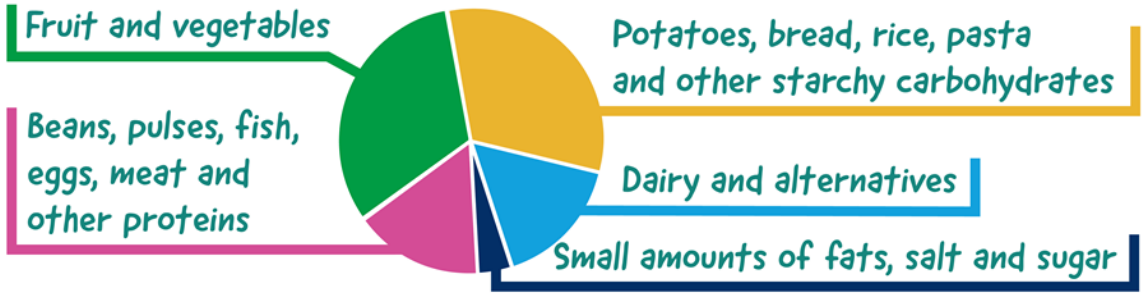
What we eat - how do we shape up?

- Similar rates of adult overweight and obesity to England
- Children in reception in Torbay have higher rates than England average (26%) while rates in year 6 are similar to England (36%)
- Strong deprivation gradient – those living in our most deprived areas are more likely to be overweight (72% cf England average)

What we eat – what are we doing?

- Working with schools & families eg [Torbay Healthy Learning | Torbay Healthy learning (healthylearningtorbay.co.uk)]
- Food security projects eg Local Motion
- Sustainability partnerships





Smoking – how do we shape up?

- Rates of smoking in adults in Torbay are just above England and SW averages at 15.4%
- Improvement in last 10 years but remains an issue
- More men than women smoke (18% vs 13%)
- People who are unemployed or routine and manual workers smoke significantly more

Smoking – what are we doing?

- Support to quit smoking through Your Health Torbay and NHS
- Devon Smokefree Alliance partnership
- Focus on pregnancy & mental health
- Vaping has a role in quitting smoking but is not risk free

Physical activity – how do we shape up?

- 68% of Torbay residents report being physically active (150 mins moderate intensity activity per week)

- We have great natural assets in our community but not everyone can easily access these

Physical activity – what are we doing?

- Torbay on the Move
- Active Travel – Local Cycling & Walking infrastructure Plan
- Social prescription
- Active Devon

Alcohol – how do we shape up?

- In Torbay, hospital admissions for alcohol in under 18s and alcohol-specific mortality rates are higher than in England and the SW
- However, the rate of successfully completed alcohol treatment is higher in Torbay than England and SW

Alcohol – what are we doing?

- *Your Health Torbay* and *NHS Better Health* offer advice and support for reducing alcohol intake
- Annual Report 2022
  - Responsible drinking premises – discussion with licencees
  - Alcohol screening tools – audit with hostel residents
  - Information, advice & guidance – MECC approach
  - Young Persons Drug & Alcohol Service initiatives
  - Understand school exclusions
  - Engagement campaign pilot with men 40-55 in 3 wards

Environmental factors – how do we shape up?

- Environmental stressors: air pollution, noise, light, town layout, extremes of weather
- People in Torbay want to see more cycle paths and be able to walk or cycle for more journeys
- Torbay has beautiful green and blue spaces
- Town planning policies and local infrastructure have key roles in supporting active travel and accessible healthy environments

Environmental factors – what are we doing?

- Spatial planning – supplementary planning documents tackling ill health and promoting healthy lifestyles
- Active Travel – Local Cycling and Walking Infrastructure Plan from 2021
- Torbay on the Move – *Connecting Actively with Nature* & other initiatives using bringing people into the natural environment

How we grow up in Torbay

- Adverse childhood experiences (ACEs) are harms in childhood that affect children directly or indirectly, and increase the risk of many negative health and lifestyle outcomes
- Strongly associated with child poverty – just over 1 in 6 children under 16 in Torbay lived in a low-income family in 2020/21 (above SW average but below England average)
- Cardiovascular disease, and biological ageing, are strongly influenced by lifestyle factors and adverse experiences in childhood

How we grow up – what can we do?

- Early intervention and continued support throughout adolescence is key – recognised by WHO, NHS, Levelling Up agenda and Torbay Joint Health and Wellbeing Strategy
- Start for Life offer available to all families
- Welcoming Family Hubs
- Early Help – information, advice and support for families when they need it

Family hub TORBAY

Building heart healthy communities in Torbay

We asked…

What does a healthy heart mean to you?

People said…

Being able to exercise and preventing other illnesses

Being able to spend time with family and friends (and keep up with them!)

Working longer and enjoying retirement

Being able to go out, do things and live a happy life

What challenges do you face in looking after your heart?

- Knowing the symptoms of heart disease and what to do about it
- The cost of looking after our hearts
- Accessing care and support

What helps us to promote our heart health?

- Our community, with peer support groups reported to have a huge impact on overall health and wellbeing
- Our environment – benefits for mental and physical health
- Supportive professionals – NHS staff, outreach projects and social prescribers
- Our own experiences – awareness and understanding through relatives with heart disease

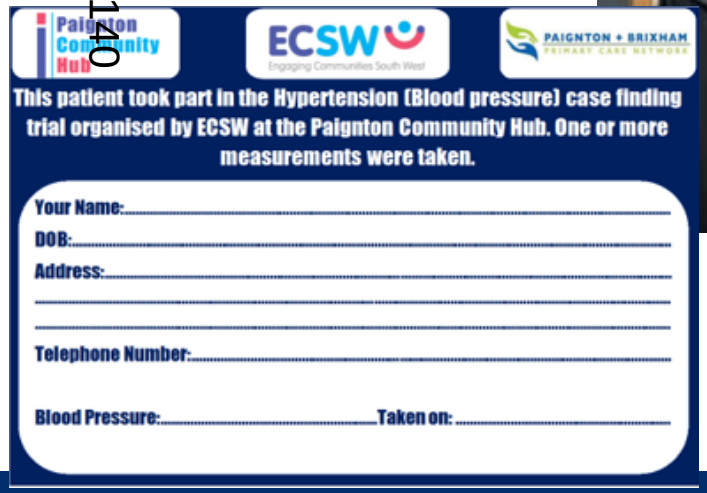
What are we doing to tackle heart disease?

NHS long term plan identifies CVD as single biggest condition where lives can be saved by the NHS over next 10 years

All the things we talked about above:

- Healthy eating
- Getting move active
- Spatial planning & environment
- Reducing smoking & alcohol
- Good start to life
- Information & advice

Detection



- Devon-wide targets to identify and treat 3 CVD risk factors early – atrial fibrillation, high blood pressure and high cholesterol
- Outreach health checks in the community to reach underserved populations
- Eg Daily blood pressure checks available at Painton Community Hub

- Strong evidence for medications such as statins and holistic interventions like support groups
- UCLPartners tool estimates that optimising treatment for 80% of people with high blood pressure could prevent 158 heart attacks and 235 strokes, and save up to £4.5 million
- SW Health Innovation Partnership (AHSN) working with our GP practices to identify patients who could benefit from improved treatment
- Lipid project to improve treatment pathway for high cholesterol
- Peer support groups like *Torbay Happy Hearts*

Promoting healthy heart communities

Who needs to be involved?

- Everyone!

Where do we need to be?

- Where people go

What should we be doing?

- Target interventions, improve awareness and accessibility of services, co-ordinate with other organisations

How?

- Make every contact count, more activities to promote health & wellbeing, work together

Recommendations

1	**Be strategic – develop a systems approach to promoting healthy weight** • Healthy weight needs assessment & multi-agency action plan
2	**Be imaginative – use our combined workforce in different ways** • Primary care & community groups working with neighbourhoods to promote heart health
3	**Be aware – co-ordinate our messaging** • Consistent, coordinated heart health campaigns to increase awareness & early detection
4	**Start young - recognise the link between adverse experiences & future health** • Awareness & promotional activities based in family hubs & schools
5	**Go where people are** • Targeted outreach & community health checks
6	**Foster peer support** • Healthy heart training for volunteers; peer support groups