

Wednesday, 4 June 2025

ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD

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

Thursday, 12 June 2025

commencing at **2.00 pm**

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

Members of the Committee

Councillor Johns (Chairwoman)

Councillor Bryant

Councillor Foster

Councillor Douglas-Dunbar

Councillor Spacagna (Vice-Chair)

A Healthy, Happy and Prosperous Torbay

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Town Hall, Castle Circus, Torquay, TQ1 3DR

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

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

1. Apologies

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

2. Minutes

(Pages 5 - 12)

To confirm as a correct record the minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board held on 22 May 2025.

3. Declarations of Interest

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

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

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

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

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

4. Urgent Items

To consider any other items that the Chairwoman decides are urgent.

5. MacMillan Torbay Community Engagement Project

(Pages 13 - 90)

To receive a presentation on the submitted MacMillan Torbay Community Engagement Project Report.

6. Draft Adult Social Care Market Position Statement

(Pages 91 - 152)

To consider the submitted report on the above and make recommendations to the Cabinet.

7. **Adult Social Care Self-Assessment** (Pages 153 - 200)
To consider the submitted report on the above.
8. **Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker** (Pages 201 - 204)
To receive an update on the implementation of the actions of the Sub-Board and consider any further actions required (as set out in the submitted action tracker).

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

22 May 2025

-: Present :-

Councillor Johns (Chairwoman)

Councillors Bryant, Foster and Spacagna (Vice-Chair)

Non-voting Co-opted

Amanda Moss (Chair of the Voluntary Sector Network - virtually)

Pat Harris (Healthwatch Torbay)

(Also in attendance: Councillors Tranter, Long and Twelves)

43. Apologies

It was reported that, following the adjourned Annual Council meeting held on 15 May 2025, the membership of the Sub-Board had been amended to include Councillors Bryant and Spacagna (Vice-Chairman) in place of Councillors Fellows and Tolchard for the 2025/2026 Municipal Year.

44. Minutes

The minutes of the meeting of the Sub-Board held on 19 April 2025 were confirmed as a correct record and signed by the Chairwoman.

45. Update on the Prevent and Modern Slavery Workstream

The Community Safety Partnership Manager, Sarah Omell, presented the submitted report on the Prevent and Modern Slavery Workstreams and responded to questions.

Members raised the following questions:

- how many young people or older people were attempting to radicalise in Torbay;
- how were Councillors being made aware, were there any tools to support them;
- does Torbay tap into Devon's intelligence;
- paragraph 2.3 referred to enable people who have already engaged in terrorism to disengage and rehabilitate, how was this done;
- with data being gathered, how was the data being used and how was it feeding into the national picture and was Torbay seeing anything nationally coming down to Torbay;

- does the Partnership get intelligence from other neighbouring authorities about people coming into the area;
- does the Partnership work with Network Rail;
- was the low referral take up due to lack of awareness and where would it be escalated;
- with the low intake of adults, was it just the Police who could refer;
- did the Council inspect its suppliers to ensure that they are complying with the modern slavery policies (a written response would be provided);
- was there a good quality e-learn link that could be shared with the community and partners regarding modern slavery;
- how does the Partnership raise awareness of modern slavery;
- there was a recent issues with foreign workers not knowing how to contact the Police as it was not part of their natural way, what goes on to raise awareness with foreign workers concerned about racism within care homes etc.;

In response to questions, the Community Safety Partnership Manager responded as follows:

- There were very low numbers of people attempting to radicalise, approximately 3 or 4 young people and less adults over the past twelve months. It was not known if that was because there were not young people, or that there were not that many young people susceptible to it. This was mainly carried out online and therefore the Council did not have access to some of the data. The key message was for people to be vigilant in schools and at work to recognise the signs. Neurodiverse younger males were more likely to be susceptible. There may be people the Council and partners do not know about as it mainly happens behind closed doors.
- There were iLearn training packages available which could be opened up to Councillors and a 'Lets Talk About it' package available to anyone. The Safer Torbay Partnership was starting to role the Lets Talk About it out and have lots of short videos and information about what parents need to do to keep their children safe online. A lot of work was going on through the Children and Young People's Exploitation Group as well as working with transport providers. Some of the Lets Talk About it sessions were exploring why neurodiverse people were more susceptible, this may be due to them being more prone to go down rabbit holes and take them into places aligned with radicalisation, looking at what could be done and recognising early signs. It was important to raise awareness in the community and it was acknowledged that there was always more that could be done with businesses and how much we need to talk about adults as well as children being at risk.
- Torbay Council works with Devon and Cornwall Police and through Counter Terrorism networks linked with both local and national policing to share intelligence.
- There were Intervention Provider organisations who were focussed on rehabilitation of people involved in terrorism, who provide direct engagement to try to re-educate them and bring them back. It could only be done with consent, unless a crime had been committed and the person had been ordered to engage. Consent based intervention could be challenging. People who have come through the Partnership processes had not committed a terrorism related offence, most of the work had been around prevention, with numbers

being very low. The Police was responsible for Prevent and the Council was responsible for Channel. It was important to get the right partners round the table to talk to them about Prevent and what support was available.

- The Prevent Partnership Board structure included a Home Office representative who works closely with Safer Torbay, prisons, education as well as local structures in Health and Police. There is also a Devon and Cornwall Contest Board, which was responsible for the Counter Terrorism Strategy from the Government which received direct national updates, Prevent was one strand of their work and all shared relevant data and intelligence. South West of England including Torbay was generally at risk from far right groups and this had been the case for some time. This did not mean that the Partnership excluded other forms of risk.
- There was good risk sharing linked with the Police and Probation Service looking at certain types of offending based on risk.
- Part of the work of the Prevent Partnership was to raise awareness, it may be that partners do not know where to raise concerns. They were looking at how to target communities and networks within the communities. Benchmarking was carried out with recommendations around communication and engagement but more could be done. It was recognised that there was a fine line about talking about raising awareness and not scaring people, empowering people so that they were clear what to escalate and what to do.
- Anyone can make a referral, there were a few referrals from Education, housing providers as well as members of the community.
- There was a lot of good information on the website and through Unseen on modern slavery which was available to the public. The Partnership has done work in the past but there were resource implications. There was a need to prioritise work against the level of risk. Modern Slavery was part of the mandatory training for all Council staff as part of induction and ongoing training. There would be a Prevent and Modern Slavery element as part of the Manager's mandatory training with Managers being encouraged to raise awareness through Team meetings.
- There was an Anti-Slavery Partnership with Health who would be looking at how to support foreign workers and going through similar awareness raising as the Council. There were lots of stressors internationally and nationally that impacted on modern slavery and could impact on the health workforce. The Council was looking at how we have better contact with a more diverse element of the community as an organisation. It was an area that the Council was generally concerned about. Councillors know their communities and sensing any tensions should report concerns into the system.
- There was an intelligence portal that was used to capture and share information about modern slavery available to partners.

Resolved (unanimously):

1. that the Democratic Services Team Leader be requested to arrange all Councillor training on Prevent, Channel and Modern Slavery as well as looking at access to the iLearn modules;
2. that the Director of Adult and Community Services be requested to circulate information to all Councillors and Co-opted Members, including posts that may

be suitable to share on social media, on what to look out for and where to refer people in respect of Prevent, Channel and Modern Slavery;

3. that the Adult Social Care and Health Overview and Scrutiny Sub-Board support a wider campaign, which includes all Councillors and Co-opted Members and provides posts that may be suitable to share on social media, on what to look out for and where to refer people in respect of Prevent, Channel and Modern Slavery; and
4. that a follow up report on Prevent and Modern Slavery is presented at a future meeting (November) to update Members on progress and provide more details on findings and recommendations from the wider Partnership Reviews once they are completed.

46. Review of Women's Health in Torbay

The Public Health Specialist, Public Health, Sarah Aston, Chief Nurse and Director of Infection Prevention, Nicola McMinn and Director of Midwifery and Gynaecology, Torbay and South Devon NHS Foundation Trust, Jo Bassett provided an update on the review of women's health and maternity services as set out in the submitted paper and responded to questions.

Members asked questions in relation to the following:

- who delivers the menopause and intrauterine devices (IUD);
- how could the Council increase coverage of IUD devices;
- was work being done with employers to alert them on what to look out for to identify signs of menopause e.g. if they were seeing an increase in sickness or lack of productivity;
- when young women were given contraceptive tablets from the Health Centre did they understand that they do not need to go back to their GP and do patients using the Health Centre know that their information would not automatically be shared with their GP;
- when people visit the Sexual Health Clinic were they asked if they want their GP notified;
- there could be a potential risk of harm if people were receiving support from another centre and the GP does not know e.g. if they were prescribed antibiotics;
- does Torbay Hospital have dedicated theatre staff in the maternity unit;
- how quickly could the team get from the delivery room to the theatre;
- what was the main cause of any mortality for baby and mother;
- what was being done to hear the voice of the patient on maternity services;
- what was being done about people not getting the right equipment for maternity services;
- what was the worse experience of maternity services;
- how does Torbay's maternity unit compare to other Trusts;
- how many home births were there;
- have the number of maternity medical staff increased;
- was there a reason for the decrease in birth rates;

- was Torbay Hospital expecting another inspection soon;
- was there any risk that people were not coming through the system e.g. concealed pregnancies;

The Public Health Specialist, Public Health, Chief Nurse and Director of Infection Prevention, and Director of Midwifery and Gynaecology, Torbay and South Devon NHS Foundation Trust provided the following responses:

- Anyone who was qualified by the Faculty of Sexual and Reproductive Healthcare (FSRH) who has baseline clinical competence could deliver LARCs, including nurses, doctors or consultants which alleviates pressures on GP surgeries. LARC methods, such as IUD's or 'the coil' were the most effective form of contraception and could last up to five to seven years. It was noted that lack of access to LARC in primary care was flagged on the Council's risk register.
- Public Health provided one off grants to GP surgeries to provide equipment to help them improve LARC delivery, as well as backfill to allow release of nurses to engage in training to deliver sexual health procedures. This training was provided at nil cost to the GP surgeries with an aim to improve the service and provide local access.
- There was no specific work being carried out by Public Health on menopause awareness but there were different schemes available, which the current Government was going to make mandatory for organisations employing more than 50 people. This did not apply to self-employed people. It was agreed that a written list would be provided to the Sub-Board Members and Co-opted Members on the support that was available for employers regarding the menopause.
- It was acknowledged that although people were asked if they want their GP notified it may not be clear to all patients receiving treatment at the sexual health centre that their information will not automatically be shared with their GP due to confidentiality and some patients may not want their details shared with their GP. It was important that people were not prevented from accessing support if they were worried about confidentiality. It was agreed that more action could be done to make this clearer to patients receiving treatment at the Health Centre. It was noted that Public Health had recommissioned the service with patients opting in for information sharing rather than opting out with the patient's interests being put first. A GP would ask a person if they were on any other medication before prescribing a new medication and it was the responsibility of the person to disclose this. A written response would be provided on how communications with GPs was carried out from the Health Centre.
- It was noted that some patient information was available on the NHS App but this depended on where the patient was receiving treatment.
- At Torbay Hospital midwives go into the theatre with the mother for support with a dedicated theatre team including a scrub nurse, operating department practitioner (ODP) worker to assist the anaesthetist and a theatre assistant with a second team on call. There was mitigation if they needed two teams at the same time. Activity was being managed but the Hospital was trying to increase the required workforce so the second team were resident on site. There was a dedicated theatre next to the delivery suite with a second theatre adjacent so

- that they could be accessed immediately when required. There were not many units in the country where midwives continue to scrub in theatre.
- Focus had been on improvement in smoking cessation during pregnancy as nationally smoking was one of the biggest causes of deaths of babies in pregnancy. Comorbidity factors including obesity as well as social deprivation also has an impact on mortality. National data shows an increased risk in pregnancy and birth to women from ethnic minorities although this has not been a factor particularly in Torbay.
 - Devon Maternity and Neonatal Voices Partnership has been utilised to gain the input of service users. This included, 15 Steps visit where the team had walked around to see what it was like to be a patient. There is a Maternity and Neonatal Independent Advocate who works across the service to provide additional support if required when. The Trust also works closely with Torbay Council and has a good presence within the Health Hubs where they also hear the voice of service users.
 - Torbay maternity also triangulate experiences/feedback alongside complaints. A common area of feedback was around partners not being able to stay as long as they would like on the wards. Some of this was due to the footprint of the building and the facilities such as toilets. A solution was being worked on. Generally feedback was positive and responded to when required. The Independent Advocate had been welcomed as a critical friend and to be referred to when women are seeking an independent view.
 - Devon maternity units were all rated 'requires improvement' by the CQC during the latest round of inspections. Nationally two-thirds were 'requires improvement' or 'adequate' with one third rated 'good'. The national picture had changed and regulators have taken a different approach over the last few years with the whole inspection programme changing considerably. Devon is part of the National Oversight Framework Programme due to financial and performance challenges. Clinical Care was rated as 'good'.
 - The Whitelake Unit in Newton Abbot was a free-standing midwifery unit with two rooms with a pool to have a water birth, which was not being utilised well. This is due to women's choice. Out of approximately 1700 births 2.5% were home births which equates to an average of four or five a month. The demographics showed a lot of women require induction so have to be in a consultant led unit rather than a freestanding unit. There were a number of freestanding maternity units across the country and around 1% of births take place in these settings.
 - Two additional consultants had been recruited to the maternity unit who started in Spring 2025. There had been an improvement in staffing levels to try to mitigate some of the challenges.
 - There was a new mother and baby unit built in Exeter in 2019 to support mothers with severe post-natal illness. This was well used with 8 beds available. It was a purpose-built unit which also provided outreach services. It was noted that perinatal care was nationally commissioned. Work was being carried out by the Trust to look at the needs of Torbay and South Devon's population to see if there were ways to improve the access to services. There were also a number of babies that were moved into the care of the Local Authority due to safeguarding children requirements.
 - Nationally there had been a reduction in birth rates and this trend was replicated in Torbay. People were choosing not to have as many children and

those having them were often older now than previous patterns. Covid had impacted on birth rates. There was an increase in complexity of women using the service, induction of labour, caesarean and coexisting health needs that complicated pregnancy. Some women close to the boundary choose to go to Exeter rather than Torbay Hospital as it was a newer hospital.

- Torbay Hospital is part of the National Maternity Safety Support Improvement Programme. A follow up CQC was not anticipated at present.
- Concealed pregnancies were rare in Torbay, although there had been an increase across the country of those who choose to free birth without a midwife present. Parents will notify the Hospital of the birth after it has happened generally to obtain an NHS number for the infant. These numbers still remained low numbers.

Resolved (unanimously):

1. that Director of Midwifery and Gynaecology, Torbay and South Devon NHS Foundation Trust be requested to provide a written report as outlined at the meeting; and
2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board thanks Torbay and South Devon NHS Foundation Trust for their hard work regarding maternity services and acknowledges the pressures that staff are under.

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

The Sub-Board noted the submitted action tracker.

Arising from Minute 23/11/24 below, Amanda Moss advised that in light of the Government's rule changes the Employment and Skills Board would be meeting soon to consider their ten year plan. The Health sector was a large employee and would look at what work South Devon College was doing around training for the care sector. Amanda agreed to see what they were doing to meet with domiciliary care providers.

"that the Divisional Director for Adult Services be requested to organise for an Employment and Skills Board representative to be invited to attend a future meeting with Domiciliary Care providers."

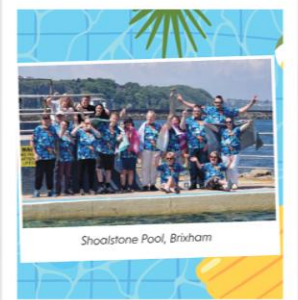
Resolved (unanimously):

1. that the above action from Minute 23/11/24 be not pursued further; and
2. that an item be added to the Work Programme on the skills agenda across the wider care market, in light of the Government's changes and what the impact is in Torbay and what is being done to mitigate this, to include the care sector and fostering provision and the knock on impact of the savings that need to be made and the role of the Integrated Care Board (ICB) and Employment and Skills Board and that the Director of Adult and Community Services be requested to draft a scope for the item in consultation with the Chairwoman and Vice-Chairman of the Adult Social Care and Health Overview and Scrutiny Sub-Board with input from the Director of Children's Services.

Chairwoman

MACMILLAN Torbay Community Engagement Project Report

November 2024



Funded by:

MACMILLAN.
CANCER SUPPORT

In partnership with:

Torbay Communities
Stronger together

Contents

Executive Summary	3
Introduction	5
The Partnership	6
Aims of the Project	6
The project's main aims were to:	6
Background Research.....	7
Project Advisory Group	8
Methodology	9
Codesign Methodology	13
Existing Support.....	14
Summary of Key Engagement Findings from Target Groups and Wider Engagment	15
Detailed Findings By Target Group	16
LGBTQ+ Findings.....	17
Ethnic Minority Groups Findings	20
Socio-economically deprived areas of Torbay Findings	26
Learning Disabled Findings.....	30
Detailed Themed Feedback from the Autism Community.....	34
Detailed Wider Engagement Findings.....	36
Learning from Project Engagement	41
Co-design and Co-production	43
Co-design Recommendations.....	49
Key Recommendations & Next Steps.....	54
Recognition	55
Appendix	56
Contact us	67

Executive Summary

The Macmillan Torbay community engagement project took a place-based and integrated approach to engaging with Torbay residents. Delivered by Engaging Communities Southwest in partnership with Torbay Communities and funded by Macmillan Cancer Support. The project ran for two years between November 2022 – November 2024. The project's main aims were to:

- Understand more about health inequalities in the local area by carrying out engagement with Torbay residents and local community groups.
- Develop a better understanding of barriers to diagnosis and local needs and issues in relation to cancer by carrying out engagement with Torbay residents.
- Co-produce interventions with local communities to improve access to information for Torbay communities and support for those living with cancer in Torbay.
- Collaborate with organisations and individuals involved in community engagement and development locally.

In order to meet these aims the project had two key engagement workstreams:

1. To engage with communities more likely to experience barriers to diagnosis in relation to cancer. This workstream focused on engaging with target communities known to experience health inequalities rather than individuals affected by cancer to gather information on barriers to accessing healthcare information and services. The target communities were identified as adults with a learning disability, LGBTQ+, ethnic minority groups, and those living in a socio-economically deprived area.
2. To engage with Torbay residents living with, or affected by, cancer. This stream focused on engaging with individuals who had been either directly or indirectly (through a friend, family member, loved ones' diagnosis) impacted by cancer to gather information on local needs and issues in relation to cancer.

Due to being a test-and-learn project, a wide range of different methods were used for engagement. Insights on local needs and issues in relation to cancer were largely gathered through cancer café listening events, an online survey, and informal interviews. Insights on health inequalities and barriers to diagnosis were largely gathered through focus groups, drop-ins at community events and hubs, meetings with leaders of local community groups, and co-design sessions.

The project's key findings were:

1. Access to primary healthcare services is an overarching issue affecting all Torbay communities. When engaging with both the target groups and wider public around how they would deal with a concerning sign and/or symptom, most conversations centred around issues with accessing primary healthcare services in Torbay.
2. Engagement fatigue around health is very prevalent in Torbay. Individuals and groups expressed concerns around the worth of sharing their healthcare experiences. This overall feeling of apathy made engagement difficult across all communities in Torbay.

3. There is a lack of community-based cancer support services in Torbay. Both individuals and groups told us they struggle to find cancer support for themselves and family members.
4. For those who had experienced a cancer diagnosis there is a clear want for peer-based in-person cancer support.
5. Accessible information and healthcare are issues for learning disabled communities and communities for whom English is not a first language.

The project's key recommendations were:

1. A more sustainable model of engagement is needed to avoid exasperating local engagement fatigue. Any future engagement work needs to consider sustainable relationships. A two-year project unable to commit to future work risks compromising the relationships built and heightening barriers to engagement for future work.
2. All communities in Torbay would benefit from cancer-focused community-based support. There was a clear want for in-person peer-based support. The local VCSE sector would be capable of facilitating a peer network if resources were made available.
3. Raise awareness of the impact primary care issues are having on Torbay residents, particularly on those more likely to experience health inequalities. This report needs to be shared amongst local health networks and key stakeholders to raise awareness.
4. Material which raises awareness of cancer signs and symptoms needs to be accessible in multiple ways. Accessing localised information and advice on health was a common issue for adults with a learning disability and for those whom English is not a first language in Torbay.

One of the key aims of this project was for Torbay Communities to co-design and co-produce some solutions to the issues raised through engagement with local communities. Selected results of the co-design work can be found in the appendix of this report with a full report section on co-design from page 43, written by Torbay Communities. The co-designed resources are available to local community groups and organisations. Key summarised overall suggested next steps, taken from the co-design element of this project, are:

Gauge Impact: return to the co-design groups in a year and find out if there had been any changes in their experience or situation.

Build Relationships: develop ways for Macmillan to continue to develop those co-design relationships with users in the community. There could be potential for staff training.

Continue with engagement and co-design process: this will ensure users have a voice, allows them to contribute and offers a potential solution to survey / engagement fatigue.

Monitor the ripple effects of this work: there may be ripple effects from this work due to other members of the public seeing the co-designed pieces of work and reacting positively.

Reprint calendars yearly: identify resources and how this will be managed.

Dissemination of learning: share the learning from this process with key stakeholders.

Minority groups: engage with a broader range of the community to then identify people facing minority barriers to information or treatment.

Introduction

The Macmillan Torbay community engagement project took a place-based and integrated approach to engaging with Torbay residents. The project worked to understand more about health inequalities experienced in the local area, barriers to accessing the current support offer around cancer, issues with community-based support, and to co-produce some solutions with the community.

Funded by Macmillan Cancer Support and working in partnership with Engaging Communities South West and Torbay Communities, the project ran for two years between November 2022 and November 2024.

The project took a phased implementation approach; year one focused on engagement with local communities to develop understanding on the barriers to diagnosis, issues with support through treatment, and managing the impacts of cancer. Year two focused on asset-based community development work with Torbay Communities, to co-produce some solutions to the issues identified in year one.

To achieve this the project had two key engagement workstreams:

1. To develop understanding on barriers to diagnosis, engagement took place with communities more likely to experience health inequalities in relation to cancer. This first engagement workstream engaged with key target communities rather than individuals affected by cancer. The target communities were identified as adults with a learning disability, LGBTQ+, ethnic minority, and those living in a socio-economically deprived area.
2. To identify local needs and issues in relation to cancer support and advice, the second engagement workstream focused on gathering information from Torbay residents living with, or affected by, cancer. This workstream focused on engaging with individuals who had been either directly or indirectly (through a friend, family member, loved ones' diagnosis) impacted by cancer. This workstream captured the experiences of both those in the afore mentioned target groups and the wider Torbay community.

The Partnership

Engaging Communities South West (ECSW) is a not-for-profit organisation offering a range of services, including community voice, facilitation of engagement events, data capture and analysis, report writing, communications support, training and service/project evaluation and review. We provide these services to advance three key areas: Community Voice, Access & Empowerment, and Strategic Support. We also manage the contract for local independent health and social care champion Healthwatch Torbay.

Torbay Communities develops opportunities with the Voluntary, Community and Social Enterprise sectors across Torbay. We empower communities by building on strengths and skills through Asset-Based Community Development. Our overall aim is to create stronger and more resilient communities, actively encouraging local involvement and decision-making in improving the region, as well as developing and supporting volunteering opportunities of the highest standards.

Macmillan Cancer Support is a large UK based charity dedicated to providing practical, emotional and financial support to people affected by cancer. They offer a range of services, including a helpline, local support initiatives, and financial assistance to help individuals and their families navigate the challenges of cancer diagnosis and treatment. Their mission is to ensure that no one faces cancer alone.

Note: the term *we* is used throughout this report - *we* refers to the project team.

Aims of the Project

The project's main aims were to:

- Understand more about health inequalities in the local area by carrying out engagement with Torbay residents and local community groups. Particular emphasis was placed on engaging with communities known to experience health inequalities in relation to cancer. These communities were identified as adults with a learning disability, LGBTQ+, ethnic minority groups, and those living in a socio-economically deprived area. The identification of these target communities is explained in further detail in the next section of this report.
- Develop a better understanding of barriers to diagnosis and local needs and issues in relation to cancer by carrying out engagement with Torbay residents.
- Co-produce interventions with local communities to improve access to information for Torbay communities and support for those living with cancer in Torbay.
- Collaborate with organisations and individuals involved in community engagement and development locally.

Background Research

Torbay

At project inception Torbay had a population of 134,500, a large proportion of whom were over 65 years old (35,600 – 26.5% - over 65 compared to 18.1% across England).

Cancer waiting times data provided by NHS England indicated that 2032 cancer patients were treated by Torbay and South Devon NHS Foundation Trust, with Fingertips Public Health data indicating that an average of 2,745 people per year received a cancer diagnosis following a 2-week wait referral from Torbay based GPs.

The number of people diagnosed with cancer in Torbay and South Devon had increased 11% in the last 3 years (2017-2020) and numbers were expected to continue to increase.

All statistics from 2022 at the beginning of the project.

Four Target Communities

Engagement in workstream one placed emphasis on four target communities who were more likely to experience health inequalities in relation to cancer. Reasons for this are:

Areas of deprivation: It is well established that people from more deprived areas are not only more likely to get cancer, they're also more likely to be diagnosed at a late stage for certain cancer types and have trouble accessing cancer services. They are also more likely to die from the disease. 27% of people in Torbay (over 36,000) live in an area classified as amongst the 20% most deprived areas in England. Targeted work in Torbay's most deprived wards will raise awareness and facilitate co-produced solutions to improve early diagnosis and community-based support.

Ethnic minority communities: patients from an ethnic minority background nationwide consistently report poorer patient experiences through the annual CPES. However, the respondent ethnic profile of the NCPES since 2017 has been exclusively white, meaning that we know and understand little about the experiences of ethnic minority experiences in Torbay. Census figures highlight 3,260 people of black and minority ethnic origin living in Torbay. The recent Torbay Racism Review Panel Report also highlighted issues with lack of representative voice and data from ethnic minority groups in Torbay.

Learning disabled adults: it is known that cancer incidence among people with learning disabilities is rising – and that there is a higher risk of gastro-intestinal cancers in this group. Several numbers of studies have also found evidence of late diagnosis, possible discrimination around treatment options, and lack of patient involvement and assessment of capacity in decision making. The Torbay JSNA estimates that there are 5,000 local residents with a learning disability, and targeted, appropriate engagement is required to understand their needs and issues in relation to early diagnosis, access to treatment and information/support.

LGBTQ+: research indicates that LGBTQ+ people experience health inequalities and have a cluster of risk factors that could lead to greater cancer incidence and later stage diagnosis. Torbay JSNA indicates that there are approximately 3,064 LGB people living in the area, and engagement is required to understand how sexual orientation and gender identity can affect the cancer experience so that everyone can access the appropriate support specific to their needs.

Project Advisory Group

At the start of the project an advisory group was established. This advisory group met quarterly and were responsible for identifying local priorities and working with the project staff team to agree the work plan. The terms of reference for this advisory group can be found in the appendix.

The members of the advisory group were as follows:

Pat Teague	Lay Chair – Engaging Communities South West Trustee
Abi Gascoyne	Project Coordinator – Torbay Macmillan Community Project
Di Charlton	Macmillan Engagement Lead - Devon, Cornwall and Isles of Scilly
Amanda Nadin	Macmillan Partnership Manager – Devon, Cornwall & Isles of Scilly
Annette Gillett	Macmillan Partnership Quality Lead - Devon, Cornwall and Isles of Scilly
John Arcus	Operations Manager - Torbay Communities
Jess Slade	Participation Development Lead - Torbay Communities
Amanda Lynn	Community Builder Lead Coordinator - Torbay Communities
Ian Nightingale	Chair of Torbay Prostate Support Association
Janet Helmore	Lay rep
Kevin Helmore	Lay rep & Mencap Torbay committee member
Fahida Rehman	Cancer Clinical Nurse Specialist - Torbay Hospital

Methodology

Due to being a test-and-learn project, a wide range of different methods were used to engage with different audiences/communities in Torbay. Year one focused on raising awareness of the project and listening to local stories. Year two focused on some more targeted engagement and developing co-design workshops to address some of the issues raised in year one.

Individual cancer stories and experiences were gathered through an online survey, cancer café listening events, face-to-face drop-ins and events, and one-to-one interviews. Information on barriers to diagnosis amongst communities known to experience health inequalities was largely gathered through focus group sessions, drop-ins at community events and hubs, and co-design sessions. We also gathered feedback about these communities through meetings with leaders of local community groups and organisations. These meetings gave us valuable insight into barriers to engagement, issues with accessing healthcare and support, and have helped guide any ensuing engagement.

Over the two years the project directly engaged with 385 local people. This number relates to the direct conversations we had with people. During the engagement process we also gathered additional anecdotal feedback from community organisations. These findings have been incorporated throughout this report.

Detailed list of engagement methods

Method	Details
Desk research	Mapping activity - desk research which aimed to explore the nature and availability of cancer support services already available in Torbay. This was an ongoing exercise. As the project developed and engaged with more people, we returned to this mapping exercise and added new knowledge. More details can be found on page 14 .
Meetings	Meetings with organisations working locally to support those affected by cancer in Torbay. We gathered their opinions on issues with support in Torbay. These organisations included: Torbay Prostate Support Association, Shine Cancer Charity, Breast Cancer Now, The Lodge Cancer Support & Information Centre, and The Swallows Head & Neck Cancer Charity.
	Meetings with organisations working to support local communities. We gathered their opinions on key issues affecting their service users around accessing health services, support, and information. These organisations included: Torbay Community Helpline, Torbay Carers Service, Age UK Torbay, Dimensions for Autism, the Community Builder for local asylum-seeking communities, the Chinese Community Wellbeing Society, The Eddystone Trust, Torbay Pride, Torbay Mencap, Intercom Trust, Imagine Multicultural Group, Turning Heads, and local churches.
	Meetings with local health and social care networks/leads. These meetings helped us to build understanding on how healthcare systems work in Torbay, as well as spread the word about the project. We attended a One Devon (ICS) Involvement Network meeting, met with the Personalised Care Improvement Programme Manager and the Head of Personalised Care at TSDFT, Torbay Council and the Torbay Public Health team.

Event stands	To raise awareness and gather feedback we attended the following events: Paignton Community Hub's launch event, Paignton Library's Fun Family Festival & Torbay Carers Rights day celebration, Goodrington Lion's Family Fun Day, Healthwatch Torbay's Winter Wellbeing Fair, The Big Plan Event run by Torbay's LD Ambassadors, Torbay Health and Wellbeing VCSE annual network event, and Torbay Pride.
Drop-ins	To ensure we offered a regular face-to-face service to gather feedback we launched a Monday drop-in service at Paignton Community Hub.
Networking	To raise awareness of the project and gather feedback from other organisations working locally we joined the Torbay Wellbeing Network Group and the Healthwatch Torbay Assist Network.
Online	To gather feedback online we launched a webpage and Facebook page with chat function.
Surveys	We launched a survey aimed at all Torbay residents affected by cancer
	We also launched a targeted survey for LGBTQ+ communities.
Interviews	Conducted one-to-one informal interviews at various community locations to gather local cancer experiences and stories
Focus Groups	<p>Ran co-hosted focus groups with the following:</p> <ul style="list-style-type: none"> • Torbay Multicultural Network • Torbay's LD Ambassadors • Melville & Torquay Town Centre Area group for community living supported by Torquay Community Builder • Torbay Mencap family carers group • Dimensions for Autism • Turning Heads CIC • In collaboration with Healthwatch Torbay and NHS Devon, ran a focus group with the local Ukrainian community.
Co-hosted drop-ins	<p>Working in collaboration with Torbay Community Builder team, we attended various local community coffee mornings to gather feedback.</p> <p>In collaboration with Ellacombe Community Partnership youth workers and the Community Builder for Ellacombe & Plainmoor we ran a drop-in session at Ellacombe Primary School to gather feedback.</p> <p>Alongside staff from Torbay Communities we attended three of the local Live Longer Better meet-ups to gather feedback.</p>
Co-design workshops	Series of co-design workshops with Torbay's LD ambassadors, Turning Heads CIC, and the local Ukrainian refugee community. Whilst the focus of these was on co-producing some solutions to issues raised by the community, the creative discussions these workshops elicited were able to provide further valuable insight into both personal cancer experiences and barriers to information and advice. Further information about these workshops can be found in the co-design section of this report on page 43.
Cancer Cafes	Two cancer café listening events; one in Torquay and one in Paignton. These were run in collaboration with Torquay PCN and were advertised through the PCN's networks.

Key Engagement Questions

Our engagement questions all aimed to understand how cancer outcomes could be improved in Torbay. To achieve this, we needed to explore the following questions:

1. What do people do and where do they go for information and/or support when they have a sign and/or symptom that is causing concern?
2. How do different communities within Torbay understand and deal with concerning symptoms? How do they define concerning?
3. What would improve early diagnosis within: areas of socio-economic deprivation, black and ethnic minority communities, LGBTQ+ communities, and adults with a learning disability?
4. And for those who had experienced or been impacted by cancer, what sort of support did they receive, what was missing, and what would have helped?

Focus Groups & Meetings - we used two different templates of questions for focus groups, interviews and meetings. The template used was dependent upon whether we were gathering information on somebody's cancer experience or gathering feedback on barriers to information and advice. *A copy of this template can be found in the appendix.*

Survey - the survey consisted of 6 multiple choice questions focusing on the type of support accessed, 2 open-ended questions requesting further details on the usefulness of this support and what alternative support may have helped, and 9 multiple choice demographic questions. The survey was largely shared online through social media platforms, our webpage, and email dissemination. The printed leaflets/posters for the project also had a QR code which linked to the survey. *A copy of the survey can be found in the appendix.*

How we raised awareness of the project

We utilised several different methods to engage with as many people as possible and maximise exposure of this project, including:

- Targeted meetings with organisations (as detailed previously).
- Targeted leaflet drops in Torquay.
- Paid-for social media advertising.
- Sharing information and advertisements across local Facebook groups.
- Suite of printed leaflets and posters dispersed across various local community locations.
- Advertisements in local magazines: Brixham Signal & Ellacombe Community Magazine.
- Information disseminated through the Community Builder Team and their networks.
- Information distributed via Healthwatch Torbay community networks including via their website, social media and email newsletter.
- Torquay PCN disseminated information about the cancer café events through their networks.

Selection of related marketing material

- Screenshot of the project Facebook page (upper right)
- Project Lead Abi Gascoyne at an event with project marketing materials on display (bottom left)
- Examples of social media posts (bottom right).



Co-Design and Co-Production

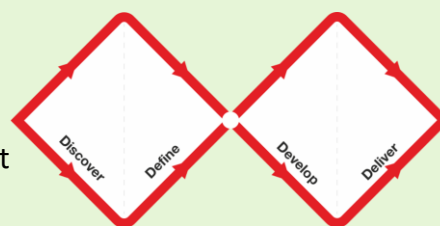
One of the main aims of this project was to develop co-produced and co-designed solutions with communities in Torbay known to experience health inequalities in relation to cancer. Partner organisation, Torbay Communities, led on this co-design aspect of the project and have therefore contributed some content to this report. A detailed section on the co-production/co-design work carried out through this project can be found on page 43 of this report.

Where you see this green box within the report it will focus on the co-design/co-production element of the project relevant to that report section and is written by Torbay Communities.

Codesign Methodology

As year two focused more on developing and running co-design workshops aiming to address some of the issues raised in year one a different methodology was required, this is detailed below by Torbay Communities.

The co-design methodology used was based on the 'double diamond' approach, which works with people of lived experience. The process unfolds through a series of workshops and puts individual's experience at the forefront of decision-making, with the intention of improving service delivery and user-experience of services. The 'double' aspect then develops the learning from the design process into meaningful outcomes or actions. Jess Slade, Community Participation Lead for Torbay Communities, led the co-design with support from our Community Builder Team who work across 30 neighbourhoods in Torbay. The work is informed by asset-based/strength-based approaches that enable people to lead their own lives based on their experience, passions and ambitions.



DISCOVER: The first diamond helps people understand, rather than simply assume, what the problem is. It involves speaking to and spending time with people who are affected by the issues.

DEFINE: The insight gathered from the discovery phase can help you to define the challenge in a different way.

DEVELOP: The second diamond encourages people to give different answers to the clearly defined problem, seeking inspiration from elsewhere and co-designing with a range of different people.

DELIVER: Delivery involves testing out different solutions at small-scale, rejecting those that will not work and improving the ones that will.

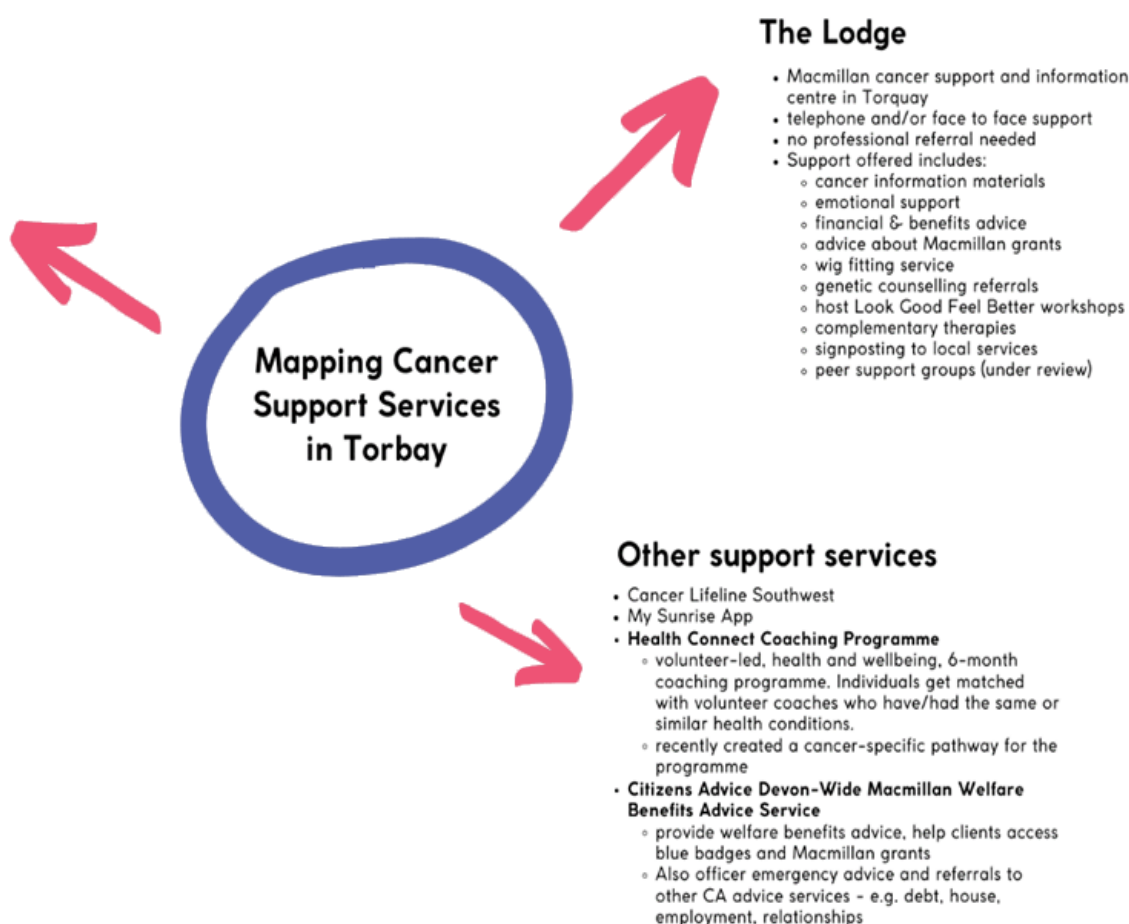
Existing Support

During the first couple of months of the project we conducted a service mapping exercise. This mapping explored the nature and availability of cancer support services currently operating in Torbay. This was an ongoing exercise - as the project developed and engaged with more people, we returned to this mapping exercise to add new knowledge. The final version of this map is included below.

Note – this map only includes services who told with us that they offer cancer-specific services for Torbay residents – there are lots of other charities and organisations operating locally that provide advice and support, but do not have cancer-specific offer.

Support Groups

- **The Swallows**
 - nationwide head and neck cancer charity
 - Torbay/South Devon group meet on second Wednesday of each month at Kingskerswell Community Centre
 - support both patients and family/care givers
- **Torbay Prostate Support Association**
 - supports men of all ages (and their partners)
 - aims to raise awareness + fundraise for specialist equipment
 - regular social events + information events with speakers
 - host large PSA testing events
 - buddy scheme (under review)
- **Breast Cancer Now**
 - nationwide charity with in-person peer support group in Torbay for those living with secondary breast cancer
 - group meets first Tuesday of every month at the Livermead Hotel
 - the group is facilitated by a Macmillan staff member from Plymouth
 - when possible clinical professionals attend sessions to speak with the group
- **Shine Cancer Support**
 - Nationwide cancer charity for younger people
 - Have a Devon-wide network which hosts peer support Zoom meet-ups on the first Wednesday of every month.
 - Have multiple attendees from the Torbay area



To view a larger version of this map online please visit <https://shorturl.at/rQURz>

Summary of Key Engagement Findings from Target Groups and Wider Engagement

The key engagement findings summarised below incorporate the findings from both engagement stream one (discussions with target communities) and stream two (discussions with individuals affected by cancer from the wider Torbay community). Therefore, some of these findings (such as access to primary healthcare services) are reflective of barriers to diagnosis, whilst others refer directly to cancer support structures in Torbay.

- 1. Access to primary healthcare services is an overarching issue affecting all Torbay communities.** When engaging with the target groups and wider public around potential barriers to diagnosis and how they'd deal with a concerning sign and/or symptom, almost all conversations turned to issues with accessing GP services in Torbay. Across all communities GPs were seen as the first point of call for healthcare concerns and questions, but we were told patients are having issues with contacting their surgery, making appointments, accessing online systems, and communicating with health professionals. Many said this has or would result in them leaving a sign and/or symptom until it really concerned them or was deemed an emergency. Issues around primary healthcare was the overarching theme of engagement, and often dominated discussions with the public.
- 2. Engagement fatigue around healthcare is very prevalent in Torbay.** Individuals and groups (particularly those that we were targeting) expressed concerns around the worth of sharing their experiences given they'd done so before and hadn't seen much change. This overall feeling of apathy made engagement difficult across all groups and the wider community in Torbay. Many explained they weren't willing to share unless we could prove the tangible impact it would make to the area.
- 3. There is a lack of cancer-specific support services in Torbay.** Communities and individuals told us they struggle to find cancer-specific support for themselves and family members. The nature of support wanted included support for families and children, bereavement support, and informal support groups.
- 4. For those who have experienced a cancer diagnosis there is a clear want for peer-based in-person support.** People told us they wanted to be able to speak to someone in an informal environment who has had similar experiences to themselves. At present there are only two support groups in Torbay, and another just outside. These only cater for three specific cancer types.
- 5. Accessible information and health care is an issue for learning disabled communities and for those whom English is not a first language.** Refugee and asylum-seeking communities in Torbay told us about the recurring issues they're having with accessing translation services in medical settings. Learning disabled communities highlighted barriers they have locally with accessing GP services and finding appropriate health information.

Detailed Findings By Target Group

The feedback in this section has been filtered by the four target group areas:

- LGBTQ+
- ethnic minority
- socio-economically deprived
- learning disabled

The findings in this section have come from both stream one (developing understanding on barriers to diagnosis and health inequalities in the local area) and stream two of engagement (developing understanding on local cancer needs around support). Because of this, each section has both cancer-specific feedback from those who have been impacted by cancer, as well as feedback from the wider community around issues with accessing healthcare information and services.

Quotes from participants have been written in *italic* and are verbatim.

Some specific community groups spoken with are mentioned in the introductory paragraph of each section but not within the main body of the section, to avoid potential identification of participants.

How we analysed data

The data from this engagement was initially segmented by demographic detail and target group, then collated and themed. After an initial read-through of all responses, it was clear that five key themes were prevalent throughout:

1. Cancer-specific feedback
2. Access to services
3. Care – from health or social care professionals
4. Information & knowledge around health
5. Potential suggestions for improvement

All data was examined using these themes as tags to identify trends, ideas or patterns from what Torbay residents had told us. These themes are presented by target group in greater detail on the following pages.

LGBTQ+ Findings

We engaged with members of this community through two surveys (the overarching survey for this project and another more targeted survey specifically aimed at local LGBTQ+ communities in Torbay), community events (such as Torbay Pride), and guided conversations. We also spoke with several charities and organisations working with local LGBTQ+ communities to gather their feedback. We gathered information from both those who had been impacted by cancer and more generally from the wider LGBTQ+ community about barriers to accessing health information and care. Key issues around access to services, waiting times, trust, and awareness of LGBTQ+ healthcare issues were raised as possible barriers to early diagnosis. Feedback from those who had been impacted by cancer highlighted the want for more cancer-specific support in Torbay. These issues are discussed in more detail below.

LGBTQ+ - Cancer-Specific Feedback

- **Charity-based support.** We received no feedback on community-based support. One person commented on the help they received from a local charity, and another on the usefulness of printed literature produced by charities.
- **Accessing support.** During engagement we encountered several people looking for signposting to cancer-specific support. For example, at the Torbay Pride event, ten people asked for signposting advice to local cancer support groups after being unable to find any for themselves. In the survey two people also mentioned problems with accessing cancer support and advice post-diagnosis through their GP:
 - 'Said they would contact me to support me but didn't'*
 - 'My GP surgery told me 'it was none of their business''*
- **Suggestions for support.** We received lots of feedback about the support people felt was missing in their cancer journey. Suggestions for support varied. For example:
 - **Peer-based support:** *'speaking to someone else who had fought and come out the other side well would have given me more hope and something to aim for.'*
 - **Support groups:** One had instigated their own informal support network of 5 men who had cancer experience (after initially meeting in the Hope course).
 - **Advice Lines:** One suggested some sort of local advice helpline. It was explained that both through the treatment process, and afterwards, they had lots of questions – *'the ambiguity caused considerable stress'*. They suggested it would have been helpful to have a support line/centre with qualified medical professionals on hand to answer questions. A Q&A phonenumber was also suggested by someone at Torbay Pride 2023.
 - **Wellbeing check-ins:** One person shared that during their recent cancer experience they had been attending 6-weekly check-ups at the hospital but *'felt that something was missing from them...they were all very medical...no soft approach'*. They suggested that there be some sort of general wellbeing check for patients at these regular check-ups, this *'would catch multiple issues'*.
 - **Post-treatment support:** Two people expressed their feeling of being *'dropped'* after their treatment had ended. One explained that you *'very much feel that you're on a*

conveyor belt’ during treatment but it all suddenly comes to a stop. ‘You attend hospital daily and sometimes more than once a day for 6 weeks, then just as the effects of treatment are at their worst you stop going.’ Both explained they would have valued some sort of post-treatment support.

- **Young person support:** We spoke to two family groups at Torbay Pride who expressed concerns around the lack of services available to support young people who are dealing with cancer in the family. Both families spoken to had had to rely on pastoral support at school due to no mental health nor grievance support being available to under 18s locally.

The following section details the feedback received from the LGBTQ+ community around wider issues with accessing healthcare information and services. The feedback encompasses the experiences of both those who have been impacted by cancer and those who haven’t.

LGBTQ+ - Access

- **GP access.** GP accessibility was identified as a key access issue. The majority of those spoken to explained that their GP would be their first contact if they had a worrying sign or symptom, but accessing this service is causing an issue. For example:
‘I don’t feel taken seriously by a GP until it’s urgent’
‘GPs are ‘not accessible’ in Torbay’
- **Other healthcare services.** Three individuals told us they had concerns with accessing health services in general because of their sexual orientation or gender identity. Two had experienced delays and/or refusal of access to services (e.g. CAHMS). When asked how these experiences affected their use of healthcare services, we were told they approached services with increased wariness.
- **Waiting times.** Waiting times and trust was another access theme. We were advised by a local charity working with this community that, both locally and nationwide, there are prevailing issues around gender identity and accessing healthcare. There is currently an 8 year – and growing - wait list to access gender identity clinics. The recent closure of the NHS Tavistock Clinic in 2024 has exasperated this issue further. This accessibility issue was cited as a key contributor to lowering levels of trust in healthcare systems amongst the community.
- **Suggestions.** Survey participants were asked for suggestions on how we could improve these issues with trust and healthcare access, the following suggestions were made:
‘Designated [LGBTQ+] liaison person at Torbay hospital and covering GP practices’
[services should] ‘advertise that they are LGBTQ friendly with posters’
‘GP with specialist understanding/interest in LGBT+ health needs’
‘Increased awareness of LGBTQ in general so we don’t have to keep explaining things’.

LGBTQ+ - Care

- **Stigma.** Members of this community reported they encounter issues with stigma when using local healthcare services. One community group explained that when you combine the stigma issue with others, such as hate crime reporting inadequacies in policing, this

led to extremely low levels of trust in public services overall amongst this community. The group felt like this, in combination with the higher prevalence of poor lifestyle choices in the community (e.g. alcohol and drug use), is what is leading to health inequality issues within LGBTQ+ communities in Torbay. Another LGBTQ+ organisation working locally explained that members of the community can often feel uneasy accessing primary healthcare services due to a lack of trust in how the service will treat them. It was explained that experiences of stereotyping are common.

- **Awareness.** One survey participant explained that lack of awareness around LGBTQ+ issues had led to them approaching healthcare services with wariness for their child. The example given: they find themselves having to repeat and stress their child's story and preferred name continually to healthcare professionals. This was echoed in a discussion with an organisation working to support LGBTQ+ individuals locally. It was explained that issues with lack of receptiveness around language (e.g. pronouns), and misunderstandings around common LGBTQ+ healthcare issues, has eroded trust in primary healthcare provision for many they work with.

LGBTQ+ - Key Observations

- **Engagement difficulties.** Three LGBTQ+ focused organisations explained the difficulty of engaging with this community locally. Torbay's LGBTQ+ scene largely focuses on nightlife, and as such there is a lack of appropriate venues and/or organisations through which to run focus groups. This echoes our experience in engaging with Torbay's LGBTQ+ community for this project. We made multiple attempts to run focus groups but could not find a local group willing to collaborate with us.
- **Focused survey.** Due to not initially picking up LGBTQ+ voices through community drop-ins nor the overall project survey, we chose to launch a targeted survey specifically for LGBTQ+ individuals. This allowed us to tailor social media posts and share with organisations working in this area. This targeted survey elicited much more detailed feedback than the overall project survey.

LGBTQ+ - Co-Design Findings

The way we work across our social inclusion programmes is person-centred and holistic. From that perspective identifying someone as part of a group based on one characteristic, such as sexual orientation, is not always the best way to identify user needs. The groups that meet in Torbay linked to the LGBT+ community tend to meet for social and celebratory reasons (organising and running the annual pride Festival), not for health and wellbeing. We have gained insights from individual interviews but also felt there was not a strong enough group to work on a co-design project.

Recommendation: To gain insights from LGBT+ service users (and the other target groups for this study) we recommended a wider engagement across Torbay public related to their experiences of cancer services that would then include people in the target groups.

Ethnic Minority Groups Findings

We engaged with ethnic minority groups living in Torbay primarily through focus group events and meetings with community leaders. We did also pick up a handful of voices through community events and guided conversations. Of the 104 survey respondents only 61 were willing to provide demographic data on ethnicity, so whilst we may have picked up survey responses from those in ethnic minority groups, we have been unable to identify them as such for the purposes of this section. We heard from one person who had been directly impacted by cancer, but mostly gathered information around barriers to accessing healthcare and information. It is also important to note that due to the use of translators for focus group sessions a lot of the quoted feedback below is the words of a professional translator rather than directly from the individuals giving feedback. The feedback in this section has largely emerged from focus groups, meetings, and conversations with the following:

- Chinese Community Wellbeing Society
- Torbay Multicultural Network
- Community Builders working with refugee and asylum seekers
- Imagine Torbay
- Ukrainian communities living in Torbay.

Ethnic Minority Groups - Cancer-Specific Feedback

Post-treatment support. One gentleman with a recent cancer experience gave an in-depth account of the issues he's having with cancer support post-treatment. His symptoms had been picked up on arrival in the UK by a GP (at a 60+ health check). Whilst the patient believes the cancer treatment and care he received at Exeter Hospital '*had been brilliant*', he is now suffering from lasting effects of the treatment, which at time means he is unable to look after himself (do food shopping, clean, etc.). He can't seem to access any support through his GP or adult social care. He thinks this may be a translation issue, due to having low levels of English.

The gentleman also explained that he has recently been having issues with recurring infections but has had to '*battle for tests and answers from the GP*'. He explained that it's been very hard to get any communication, tests, or follow-up advice now hospital treatment is over. At the time of speaking the gentleman had decided to return to Ukraine the following month to get tests and care he believes he needs.

The following section details the feedback received from ethnic minority communities around wider issues with accessing healthcare information and services. The feedback encompasses the experiences of both those who have been impacted by cancer and those who haven't.

Ethnic Minority Groups – Access

- **GP access** - GP accessibility was identified as a key access issue, for example:
 - **Translation issues.** In one focus group session, all 17 participants recounted issues with translation services at their GP practices in Torbay. Participants explained that

translation doesn't seem to be available online, via telephone, or in person. Example given: close to the time of booked appointments participants will often receive a message from their surgery informing them that translation will not be available for their upcoming appointment. Participants explained that they are given 2 options: to rebook for another time or to attend the appointment without translation. Five participants explained to us that they'd previously '*made the mistake*' of going for the first option only to have the same issue again of no translation service at their rebooked time.

- **Registering.** One organisation raised concerns around accessibility and the '*signing up*' process for practices in Torbay. Their members have found that many Torbay practices don't offer registration forms in alternative formats or languages.
- **Appointments.** When speaking with one community leader we were informed that asylum-seeking individuals and families are finding accessing GP appointments '*an uphill battle*'. It was explained that there are currently several individuals living in hotels with serious health conditions which need medication and/or monitoring, but they're struggling to be seen by a GP. This has resulted in a couple of potentially avoidable A&E visits.

- **Accessing other healthcare services**

- **Transport.** Several focus group participants explained they found '*it stressful*' accessing medical services locally for themselves and their children, due to not having transport nor local support systems to help them (i.e. friends & family). Most had their GP within walking distance but stressed that knowing they're unable to access other services easily in an emergency is of particular concern.
- **Support structures.** Childcare was also raised by several women in a focus group. Lack of support structures makes it difficult to attend medical appointments if they have children (i.e. school timings, childcare). One woman explained that this has previously led to them '*leaving it until their child is really sick and last minute*'.
- **Medical records.** 10 people in a focus group raised concerns about issues with medical records and accessing support/treatment. Participants recounted recent experiences of their GP asking to see their medical records before referring on for specialist treatment and/or advice. Due to their refugee status none of the participants were able to bring their medical records with them and are very unlikely to be able to access them now. Participants explained that '*the GPs seem to find this answer hard to accept*'. Examples given:

One participant has had a '*very stressful time*' trying to access care for her daughter since arriving in Torbay. Her child has '*heart and brain issues*', but she feels she cannot get the GP to '*take her seriously*'. She continues to return to the doctor to stress the seriousness of the issue but reports the GP explains that without medical records they have '*to start at the beginning*'.

Another participant explained that she is anaemic with thyroid issues. Due to not having access to her medical records, she is struggling to get the GP or hospital to understand she needs regular checks. She has also requested an ECG through the GP, but the practice will not allow this without seeing her medical records.

Ethnic Minority Groups – Care

- **Translation.** Some more focus group participants explained they have issues translation issues at Torbay Hospital. It was explained that there is one in-person translator available for hospital appointments, but they are not always available and cultural tensions between Ukraine and Russia (participants were Ukrainian, Torbay Hospital translator is Russian) are leading to some patients refusing this service.
- **NHS App.** We had positive feedback around the NHS App. Several focus group members reported they use it regularly. Despite this app not being available in their language, they reported finding it easier to use written English than conversing with healthcare professionals in person (the app gives them the time and space needed to translate and understand the information for themselves).
- **GP care & cultural clashes.** There was a general feeling amongst several that we spoke to that they *'don't feel taken seriously by the GP'*. Participants explained that they seemed to be having lots of 'cultural clashes' with GPs in Torbay, which is in turn creating *'stress and trust'* issues. During one of the focus group sessions we discussed how in some cultures it is the norm to take a proactive interest in your own and your children's health. But this seems to be the root of some cultural clashes with Torbay GPs. Three participants in a focus group recalled recent instances when a local GP had asked them *'are you the doctor?'* during an appointment. Another focus group participant recounted an experience when she took her child to the GP for recurrent headaches and the GP suggested it was caused by *'stress of the war'* in their home country. She tried to request a CT after this but was refused on account of the *'stress'* diagnosis.

Ethnic Minority Groups – Information

- **Understanding healthcare systems.** During focus group sessions, we were told that there's a lack of information regarding UK healthcare systems when refugees arrive here. Participants explained that there is no touchpoint available locally where they can get this information verbally, nor had they come across any online or printed information in a language that they can understand. The groups explained that they were learning the NHS system through trial-and-error. Most in the group understood that GPs are usually the *'first point for help'*, but there was very little understanding amongst all focus group participants about other frontline services (i.e. minor injuries, urgent care, pharmacies etc.).

We had very similar feedback from a local organisation working to support ethnic minority communities in Torbay. They raised concerns around how *'confusing'* UK healthcare systems can be on arrival. Example given: in other countries the GP isn't the first point of contact, and understanding this can be a *'stumbling block'*. It was explained that *'go and see your doctor'* is a common saying but *'doesn't translate well. Where is this doctor? At the hospital? The pharmacy?'*. The organisation also highlighted that working out *'what is free versus what isn't'* can be a barrier to some of their members. It was explained that whilst they're used to private healthcare systems, the mix of private and NHS in the UK can be confusing, and the group have observed this being a reason for some communities they work with delaying treatment.

- **Pharmacy information.** Several participants in focus group sessions explained that they found the relationship between pharmacy and GP services in the UK confusing. They gave examples of when they'd tried to access the GP for their children and felt '*brushed off*' to the pharmacy. The pharmacy subsequently directed them back to the GP due to the age of the patients. Participants were unsure whether this was a language barrier issue, or a problem experienced by all.
- **Managing Expectations.** During two focus group sessions it became clear that some of the frustrations participants were experiencing with local NHS services were to do with managing expectations. We discussed differences in healthcare systems, and differing protocols around things like women's health and screening. Participants explained they are unclear around criteria for screening (e.g. mammograms). Cultural differences around managing health were also discussed. Some in the group explained that self-checking for lumps and bumps '*is not really a thing*' in their country as they have regular screening and check-ups with health professionals. It was suggested that information about self-checking and screening needs to be made more accessible.

Ethnic Minority Groups - Key Observations

- **Engagement fatigue.** Several groups we approached explained that they are subject to multiple engagement requests like this every month, which has led to engagement fatigue and apathy issues. We were also told that asylum-seeking and refugee communities felt '*let down*' by NHS services and the local council, and so wouldn't be willing to engage unless urgent health or living concerns were addressed first.
- **Accessing communities.** Many individuals residing in Torbay, from an ethnic minority background, don't have a formalised support group or organisation representing their needs locally. Accessing individuals through a community-based approach without these organisational structures in place was very difficult.
- **The subject of cancer.** The subject of cancer was seen as a cultural taboo amongst some of the groups we spoke to, which either resulted in not being able to engage at all or having to adapt the engagement questions to focus on wider health information and access issues. Religious groups we spoke with also felt the topic of cancer was not one their congregations would be comfortable addressing and that a wider health approach wouldn't be relevant to them.
- **Language barriers.** Language barriers also presented an issue throughout engagement. We had a couple of requests to translate the projects' materials into different languages (e.g. Arabic, Swahili, Mandarin, Cantonese). Whilst this was possible, this project did not have the time and resource needed to translate the entire survey linguistically and culturally, hire translators to analyse the ensuing answers, and hire translators again to conduct follow-on guided conversations.

Ukrainian Refugee Community - Co-design findings

As part of the project engagement, we ran two focus group sessions with Ukrainian refugees and in this process developed the first stages of co-design. As with the other target groups access to the health care system in the UK for refugees showed as the main issue. We discussed the value of co-design around cancer support with this group when the major issues they described are system wide – capacity, complexity, how services link-up etc. The people in the Ukrainian group described themselves as coming from a society that has good access to health care and healthy prevention measures. They had an up-to-date awareness of the signs and symptoms of cancer for themselves and their family but found it difficult to understand the UK NHS system and find ways to navigate it. Two of the group had had cancer, but our co-design focused on participant's awareness and access to information and services. In the co-design session, the issues they described were:

Basic information: None of the participants were aware of the 2-page NHS information sheet 'How the NHS works: a guide for migrants'. It is in English and translated into 10 other languages including Ukrainian. When we showed them the information sheet, they thought the translation was poor and lacked clarity. Local NHS staff were not aware of the form either. The information sheet also lacks localised information that is also translated. People need to know what services are available, where it is and the process for accessing it – in one package. They also need to know what regular screening is available and how to access those locally.

Recommendation: create localised information sheets and web / app pages, in easy read format in relevant languages for communities.

Local situation versus NHS delivery model: The inconsistencies between the ideal ways to access medical services and the reality also showed as a barrier. This included availability of GP appointments, non-availability of dental services, changes to appointments for GP and consultants, extensive waiting lists.

Recommendation: not only does information need to be clear and localised – it needs to be up to date so it can reflect current local delivery.

Understanding the system: They described it as complex. What is the role of a GP, a pharmacist, practise nurse etc. What is the role of Macmillan? One person was given the wrong information, that a pharmacist could refer people to other services or specialists for treatment. Another described paying for pharmaceuticals from a chemist for their child when they should have been covered by a prescription. They described the Ukrainian medical system as comprehensive and there was regular screening programmes provided – so participants were well aware of treatment needs but found it difficult to understand or access NHS systems.

Navigating the system: It was difficult to find out about the touchpoints - access a GP or a dentist, how to get to a specialist, inoculations, who could refer, the role of pharmacists, the prescription system, A&E, small injury units, community hospitals, etc.

Recommendation: translation is not enough; some people may need a guide / advocate to help navigate the system. Example: it is not just the language barrier that stops people getting a GP appointment.

GP Procedures: Parents were mostly well aware of the diagnosis for themselves or family but couldn't produce recent medical notes / history, so GPs were discounting their accounts and delaying treatment until a full assessment was carried out in the UK. They believed this was putting their families at risk by delaying treatment. This was compounded by delays in getting a suitable assessment in the UK.

Understanding how to benefit from the NHS system: One of the refugees managed to get an emergency dental appointment, but didn't receive treatment because pain wasn't considered bad enough.

Translation Services: Changes to translation services which have been going through a new procurement process seems to have added confusion for staff and patients. Issues were - How do you know you are entitled to a translator and the steps to engage one. The lack of availability of a suitable translator (Example: one individual described having been assigned a Russian interpreter which seemed insensitive to the refugee's situation). Children were put in a situation of translating for their parents in a medical assessment which was difficult / awkward for the parent.

Recommendation: A need for translation and interpretation not just for understanding NHS services but also local knowledge for accessing local services. This would have been very beneficial soon after arrival. Translation services could be made available for a booked session with a GP or consultant. Healthwatch are in a position to escalate this discussion to improve access to health services.

Testing systems: Six of the group offered to act as 'secret shoppers' to demonstrate the process and how difficult it is to get into and use health systems. Example: phone 111 and try to access a translator; or get an appointment with an emergency dentist; or the experience of a GP appointment; or ringing the Lodge to find out what they can offer.

Recommendation: this would highlight how many steps people have to take to get appropriate treatment. This idea has been raised with Healthwatch Torbay.

Cancer treatment: one person returned to Ukraine as he said he couldn't access cancer treatment in Torbay. Other people have not received the treatment they believe they require.

NHS App: NHS app was considered a useful resource – but could be improved with a translation facility. Even without translation – Ukraine refugee feedback was that they could take it with them and have a go at translating themselves using other apps.

Socio-economically deprived areas of Torbay Findings

We engaged with individuals and families living in more socio-economically deprived areas of Torbay through the project survey, community events, cancer cafes, coffee morning drop-ins, and guided conversations. We also spoke with several charities and organisations working with economically deprived communities in Torbay (e.g. Age UK Torbay) to gather their insight and the experiences of their service users. We gathered stories from those who had been impacted by cancer, and from the wider community around barriers to accessing healthcare information, support and services.

Socio-economically deprived areas of Torbay were identified and defined using Torbay's JSNA. However, it is important to note, that this often had to be combined with local knowledge as the disparity in poverty within postcodes and wards in Torbay is vast. Therefore, we cannot guarantee 100% of feedback in this section has exclusively come from an economically challenged or deprived resident of Torbay.

Economically Deprived Communities - Cancer-Specific Feedback

- **Financial issues**

- At one community group meeting two members felt that *'there's not a go-to place for trusted information on financial support and allowances'* and that *'there's a lot of conflicting information online'*. They said many people *'fall through the net because they're simply not told about financial hardship schemes when they are diagnosed'*.
- A large community support team said they *'keep coming across huge issues with support for Torbay people who are end of life with cancer'*, and that these usually relate to housing issues. In particular a lack of financial support for those renting in the private sector. The team said they have had to deal with several evictions in the last year with those on end of life treatment and that this number is increasing. The team said they feel that the council needs to step in immediately at diagnosis when the patient is terminal – to ensure the patient has suitable accommodation and will be provided for. They also stated that the housing banding system was *'a big issue'* with many difficulties *'getting those with end of life up into the top banding quickly'*. As an example, they referenced someone under end of life who was living in a tent on the beach as no private landlord would take them. They were often unable to attend hospital appointments due to having to *'wait until the tide went out to get off the beach'*. The same team said they had used Macmillan grants before but these grants *'only supply up to white goods – which is not useful when the service user can't even get a roof over their head'*.
- A local resident expressed a similar concern that benefits do not accommodate for end-of-life support and leads to those with a terminal diagnosis without sufficient homes/food/etc. They stated that *'unless we get this basic benefits issue sorted other community support in Torbay would be irrelevant'*.
- One individual said their breast cancer diagnosis felt like a *'money pit'* as everything cost money, including transport to hospital, pharmacy, food shop, etc.

- **Hospital care**

- At a drop-in event multiple individuals with a similar diagnosis stressed how communication between different hospital departments is continually difficult. They find themselves *'having to repeat their story regularly or highlight to medical staff how they're working with outdated notes'*. The group did, however, unanimously agree that the breast care unit nurses are *'brilliant'* and *'seem to be able to communicate within their team very well.'*
- One individual with a breast cancer diagnosis explained that throughout their treatment all NHS staff defaulted to *'ask a family member'* when they questioned how they look after themselves during and post-treatment. When she went in for day surgery, she said she was told she couldn't leave without a family member accompanying and staying the night. Hospital staff didn't have a solution when it was explained they didn't have any friends or family. She commented having to *'explain [this] again and again to NHS staff'* and that this *'reinforces how on your own you are'*.
- At a community drop-in we had feedback regarding oncology care from a patient who felt *'looked after'* but did feel *'bounced around with lots of appointments at different locations'*. They stated this had financial impacts and they felt the amount of appointments was *'excessive, as many tests/issues could have been dealt with all at one appointment'*.
- At a drop-in several individuals reported issues with hospital pharmacy services. They stated the hospital pharmacy is *'more often than not unable to deliver on designated days'* and that this *'leads to patients waiting in when they don't need to or missing the delivery all together'*. They also reported experiences with missing items when collecting prescriptions, having to wait *'a considerable time at the pharmacy for their medications to be dispensed'*.

- **GP access & support**

- One person told us they had *'to pursue the doctors relentlessly for appointments'* about her husband's cancer symptoms and subsequent care. She emphasized the *'strain'* this puts on carers of those with cancer and how she couldn't find *'support locally for families affected by this'*.
- An individual explained that his diagnosis had been picked up was because upon moving here he told his GP he'd been having regular PSA tests previously. He expressed concern that *'there must be lots of missed cases in Torbay as they don't do regular testing at GPs'*.

- **Charity-based support**

- One member of a community group had positive feedback about the Macmillan community nurse that visited their home, explaining how important it was for the nurse to come to their home for this in a comfortable environment. She *'offered lots of practical advice around benefits and finances'*.
- We had positive responses about nurses that cared for loved ones; *'Macmillan and Rowcroft nurses made all the difference.'*

- One person said they did try the Macmillan emotional support helpline for counselling support but had *'a bad experience with this as the Helpline is only as useful as the individual you get on the end of the phone'*. The individual was trying to access information on pets and cancer treatment.
- An individual with a lymphoma some years ago explained that Macmillan had supported her with a small grant for travel and she *'was very grateful at the time'*.
- Several individuals fed back that the Macmillan Lodge at Torbay Hospital *'was useful for one-off and practical issues, [but] unfortunately isn't able to offer long-term substantial support.'*
- **Suggestions for support.** We received lots of feedback about the support individuals would have valued during their cancer journey. Suggestions varied, for example:
 - **Support groups:** One individual felt it would have been helpful to have some community-based cancer support groups saying *'it would have been nice to speak to those with similar issues, but I couldn't find anything'*.
 - **Advice Lines:** One individual with experience of ovarian cancer suggested that having access to a 24-hour help/support phone line would have better supported her. She explained that you *'often don't want to pester the consultant'* with small signs, symptoms, worries or questions, so having someone available at the end of the phone that could advise if a wait time, symptom or appointment was something they should be chasing or not would have been a real help

Another individual explained it would have been really helpful to have access to a local phoneline staffed by a clinician - that it could be used *'if you're slightly worried about a sign or symptom and need some [localised] advice on where to go next'*.

The following section details the feedback received from economically deprived communities around wider issues with accessing healthcare information and services. The feedback encompasses the experiences of both those who have been impacted by cancer and those who haven't.

Economically Deprived Communities – Access Issues

- **GP access.** There was a strong consensus amongst those we spoke to that GPs were seen as the most reputable and trusted source of help when concerned about signs/symptoms of cancer. However, the majority of people spoken to were also having issues accessing their GP. We had lots of feedback from communities around the frustrations of trying to get GP appointments or contacting their GP. For example:
 - In Torbay GPs are *'incredibly difficult to see'*
 - GPs are *'almost completely inaccessible'*
 - [we] have to wait in *'hour-long'* phone queues with *'no guarantee'* of an appointment.
 - Some Torquay town centre residents mentioned *'trying to get hold of the GP but then giving up, sometimes leading to unnecessary hospital admissions'*

- One individual told us they had used the online triage system five weeks ago for a concerning mole but still had no response.
- several participants in a focus group explained they believed cancer signs and symptoms would be *'picked up much earlier if we could access a GP easily'*.
- The above was reiterated by other groups who discussed how the *'old route'* to help and support when worried about signs/symptoms of cancer is *'no longer available due to local GP surgeries being inundated and inaccessible'*.
- One group unanimously agreed that they know they should go to their GP, but getting hold of a local GP is *'very difficult'* and that *'this often means they leave things until they become urgent/more serious'*.
- We also received feedback around issues with accessing GP services online. Some residents reported not having Wi-Fi at home – which leads to complications with accessing information and help from the GP. For example:

'It's difficult when most surgeries in Torbay are requesting you contact them through an online triage system'

'We are forced to fill out online forms to access an appointment'
- **Hospital services.** Members of one focus group expressed concern over waiting times at Torbay Hospital - *'waiting times for everything up at the hospital are diabolical'*. Another commented *'the situation at Torbay A&E puts you off reaching out for help, even when the situation starts to become urgent'*. Others mentioned that this situation *'causes stress when considering issues like cancer'* that needs more urgent help.

Economically Deprived Communities – Key Observations

- It was challenging to bring up the conversation of poverty in groups or to find the right way of asking people whether they deemed themselves as socio-economically deprived. It was also difficult to base this on postcode or ward, as the disparity in poverty within these is vast in Torbay. Therefore, we cannot guarantee 100% of feedback in this section has exclusively come from an economically challenged or deprived resident of Torbay.
- Due to funding issues many of the venues or support organisations that were located in more economically deprived areas of Torbay have closed or are running with a much-reduced service. For example – the ward of Ellacombe in Torquay currently has no community centre nor community-based venue for residents to gather. A lack of community hubs or meeting places made engagement with these communities difficult at times.
- Many of the people in this community directly (themselves) or indirectly (family) impacted by cancer also felt unable to share their stories as they were *'too raw'*.

Economically Deprived Communities – Co-Design Comments

The engagement work allowed us to record insightful personal experiences and stories that informed the study but there were not sufficient joint issues to form a group around co-design. Generally, people had good knowledge of signs and symptoms of cancer. They had seen ads and leaflets from Macmillan and other health providers, but consistent with other groups the main issues that concerned them were getting appointments, and access to health services. Specific concerns related to cost of living - price of parking, transport to medical appointments, use of phone minutes to call the surgery, changes to scheduled appointments, pharmacy services, non-availability of some drugs, etc. These were seen as barriers that meant they would wait for a sign / symptom to be extreme before going to see their GP surgery (Example: mole on the skin). Some people noted they had been advised to go private to get treatment, but thought the costs were prohibitive.

Learning Disabled Findings

We engaged with adults living with a learning disability in Torbay through the project survey, focus groups, community events, drop-ins, and guided conversations. We also met with local community groups working within LD in Torbay to gather their insight and the experiences of their service users. These included Torbay Mencap, Torbay Mencap Carers, Turning Heads, and Torbay's LD Ambassadors. We largely gathered information from the wider community around barriers to accessing healthcare information, support and services, but did speak to a handful of LD adults and their carers who had been impacted by cancer.

Adults With LD - Cancer-Specific Feedback

Cancer support. We had mixed feedback about support services for those who had been impacted by cancer in Torbay. At a group meeting we received feedback that Macmillan nurses in the community offered '*incredible*' support, and the cancer nurses encountered were '*absolutely fantastic*'. However, at an event we heard from two individuals who struggled to access support. One individual explained they '*couldn't find any support for them or their family, and no one could signpost them to support when they asked at the hospital.*' One individual, whose husband had experienced testicular cancer, stated she '*ended up with mental health issues because of the lack of support.*' One carer at the event explained that they felt supported when their cared for was going through treatment, but now they've been '*signed off*' by the hospital and told to monitor closely themselves they '*feel like they've been left on a cliff edge*'. They explained that relying on family members to monitor and check LD adults once in remission puts a lot of pressure and stress on family as '*they feel unqualified and worried they are going to make mistakes*'.

The following section details the feedback received from learning disabled communities around wider issues with accessing healthcare information and services. The feedback encompasses the experiences of both those who have been impacted by cancer and those who haven't.

Adults With LD – Access

- **GP access**
 - **Phone queues.** Several carers for adults with LD reported that their GP Surgery had *'very long phone queues'*, leading to carers *'giving up'* or *'not bothering unless it's an emergency'*. In a focus group session participants all agreed that it's very hard to get hold of the doctor on the phone at the moment, saying they *'spend hours waiting in queues'*. One participant believed that this issue with GP access is the primary issue of cancer signs and symptoms not being caught early enough in the community – *'people wait until it's an emergency... so it's too late'*.
 - **Online issues.** There was a suggestion that Torbay GPs *'reliance of technology'* (e.g. online booking systems) is leading to those with LD becoming *'isolated from primary care'*.
 - **Reasonable Adjustments.** It was highlighted in one focus group session that GP receptionists seem to have a lack of understanding around reasonable adjustments. One participant gave an example of being *'called obtuse for reiterating [that they] need to use the phone rather than an online system due to sight impairment issues'*.
 - **Environment.** At an LD group committee meeting, several attendees commented on the *'challenging behavior's'* notices displayed in GP surgeries around Torbay. Many with LD do present with these challenging behaviors and these posters up at the entrance could infer that they're not welcome or don't have a right to treatment.

Adults With LD – Care

- **Annual health checks.** We received lots of feedback from those in this community about the availability and quality annual health checks for those with a learning disability. One group we spoke to understood that most GP surgeries in Torbay are *'running about 3 months behind'* with annual health checks. Three in the group had had their last annual health check 15 months ago. It was suggested that *'lots of people are having to chase to get an annual health check'*. At two separate group meetings the issue of consistency was raised. Collectively the groups believed annual health checks are not consistent, as *'different staff members and different surgeries seem to ask different questions and have different levels of care'* and that the quality of health checks seems to be *'sporadic'* or *'very basic'*. One carer said that the *'only check they do now on these annual health checks is blood pressure. This isn't enough.'* Others highlighted this also, with several LD adults reporting only verbal check-ins and not physical (no bloods, blood pressure, physical monitoring, weight/height check, etc.). It was highlighted that LD patients cannot always explain themselves, their symptoms, or how they're feeling verbally. Some attendees at this meeting also said they felt there was *'a lack of continuity in care and this can be worrying at times – particularly with LD'*.

- **Medical notes.** Three carers discussed issues with *'flags'* on medical notes/systems – *'for some reason the computer systems still don't always flag that someone has a learning disability'*. It was suggested that this is a real problem in achieving equitable medical access and care. At an LD group committee meeting it was also raised that many LD adults in Torbay aren't registered as having LD at their GP surgery – so aren't being called forward for relevant health checks.
- **Communication issues.** One LD Group felt that family/carers/support workers may often overlook comments about feeling ill or symptoms which may indicate something which needs checking. This is because pain can be a difficult concept to explain and communicate with LD adults and is very individualized. The group also felt that professionals will often assume that ill health is due to the LD and not other issues. It was raised that professionals often put family/carer views before that of the person. Their experience of medical intervention is that it was often not well explained or communicated by professionals. Another group explained that for communication *'hospital Passports can be very useful but only really help if you're more profound'*. Hospital passports were also mentioned positively at a focus group session.
- **Specialist care.** At another LD group committee meeting, concern was expressed around there currently only two LD specialist nurses in Torbay – suggesting that *'lots of issues are being missed at primary care level as there's not the understanding there.'*
- **Support living.** We received multiple comments from carers about the poor food and diet available in supported living accommodation in Torbay, with a general consensus and that this *'must be a contributor to poor cancer outcomes amongst LD communities'*.

Adults With LD – Information

- **Representation.** At a meeting with one LD Group, it was highlighted that there is a *'lack of LD representation'* in any advertisements around self-checking – or cancer awareness in general – and there *'seems to be a focus on physical disability sometimes, but never on LD'*.
- **Cancer signs and/or symptoms.** When a group of adults with LD were directly asked about where they would go for cancer information, they all said they would ask their doctor, pharmacist, or check the internet – *'they always say you have to look online but it sometimes isn't easy'*. Some members of the group said the hospital sometimes has leaflets but *'there's not much information around'*. Participants believed information about cancer should be incorporated into education much earlier.
- **Accessible information.** One group reported that clear communication at GP surgeries can be an issue. Participants explained that sometimes their GPs draw pictures – which helps – but this isn't consistent. The group stated that accessible information is a problem amongst adults with LD. Some members reported finding just one hospital department (in Plymouth) that had made reasonable adjustments around information, whereas others (e.g. Torbay) seemed to have not. Example given - there was no easy-read offer for patients. The group also felt like things are *'very confusing'* when you go into hospital – *'You get told to sign things and 'you don't really know what you're signing for'*.

- **Terminology.** At another LD group meeting an End of Life care planning book was highlighted by Plymouth Hospice – the group explained that the terminology around health and cancer is complicated – for example, *‘screening generally means watching a film’*.

Adults With LD – Suggestions

- **Accessible information.** During a focus group session, it was suggested that it would be useful to have an easy read version of the Macmillan fold-out signs & symptoms card as all in the group said they *‘would never pick up one of the big [Macmillan] easy read books unless ...already worried about something’*, but they would pick up one of the fold-out pocket-sized cards. There were further suggestions on how to improve this by card - making statements clearer, with a larger more legible font and also including a QR Code which links to video/audio versions of the information. The group felt that this leaflet should then be put on clear display at all healthcare settings and not *‘just hidden in a leaflet stand’*. Another group explained that all cancer information needs to be presented in a larger and much clearer way with no jargon or long words and accompanied with pictures – particularly any of *‘equipment that may be used’*. The group stated that cancer information needs to include *‘what they’re going to do, how they’re going to do it, where you’ll have to travel to, if there could be problems/complications, and what’s next/afterwards.’*
- **Carers.** It was noted by one LD group that it is a difficult balance knowing how, where and when to educate LD adults on cancer, as some will be receptive to any teaching on signs/symptoms, but for others it can do more damage than good (e.g. they will fixate on the problem and will stress themselves out thinking they may have cancer). It was suggested that this later group need to be reached through their carers – who need to be better educated about how to spot signs and symptoms in those they care for.
- **Training.** At an LD Group Committee meeting, the group believed that *‘each GP surgery needs an LD champion to help with training, as some surgeries have little to no understanding of LD needs and issues’*.
- **Specialist care.** Another suggestion was that it would be very useful to have a specialist clinic once a month in the community for those with LD – where they could come for checks and to answer queries/worries with trusted staff that they grow to know and trust.
- **Health checks.** Several individuals suggested that for those that have had a cancer diagnosis – checks should be included as part of their annual health check – just a simple lump and bump check. Or teaching the patient (if possible) to look for lumps and bumps themselves. At present this isn’t included in the annual health check.
- **Reasonable adjustments.** When one group were asked to suggest what key things they thought would make services and care more accessible for those with LD, the following was listed:
 - Working with people they trust.
 - Having information in formats they understand.
 - Being given extra time for any appointments.

- Having time to ask questions or have information repeated.
- Knowing who to speak to about any worries or concerns.
- Explanations in ways they understand.
- Being listened to and having staff who are knowledgeable about the individual, their communication and their behaviour.

Adults With LD - Key Observations

- Not all LD groups in Torbay were happy to engage on serious health issues like cancer. One organisation working closely with local LD networks explained that sometimes discussions like this are actively discouraged. Cancer in particular is associated with death and is therefore not talked about, so to avoid stress and upset.
- Engaging with adults with a LD required a tailored approach to engagement. For instance, focus groups usually had to be done as part of a series. We couldn't launch in with questions about support and information. In two instances we had to instead begin with a session explaining what cancer was.

Detailed Themed Feedback from the Autism Community

During engagement we also had the opportunity to speak with individuals with an autism diagnosis. Whilst this was not one of our initial project target groups, we felt it was important to note the findings here, given the feedback highlighted that this community experience multiple access, care and support issues. The feedback below relates to adults with an autism diagnosis who are therefore not Learning Disabled.

Adults With Autism – Access

- **Primary healthcare.** At a group meeting, all discussions focused on the inaccessibility of primary healthcare and issues with trust in the system. Some members who wished to be tested for autism felt *'fobbed off'* at not being able to, stating that GPs discouraged them to get tested due to various reasons such as *'long waiting times'* or because they *'were too old'*. In addition, the group reported instances where they'd approached their GP for help and felt as though they *'were a nuisance or being patronised'*.
- **Social care.** Several individuals expressed concern about the long waiting times for social care reviews – we're currently *'three years behind in Torbay'*. Another individual highlighted that there was *'only one social worker in Torbay with a specialism in autism and that this causes long delays and frustration in community.'*
- **Annual health checks.** An Autism support group highlighted that the new National Strategy for People with Autism details that all those with autism should also get access to an annual health check, but the group reported that this isn't currently happening locally.
- **Mental health.** At a group meeting concerns were expressed around the long waits for mental health support in Torbay – *'currently at 4 years'*, with some members reporting being actively discouraged by GPs to seek mental health support because of these wait times. The group felt as though *'nothing has changed'* in health or social care locally

since the release of the children, young people, and adult autism strategy in 2021 and *'if anything, mental health support has gotten worse'*. Some members also said that they had only ever been offered CBT – but this is well known to not be very effective for those with autism.

Adults With Autism – Care

- **Misdiagnosis.** Several individuals highlighted issues with misdiagnosis in the autism community. At a focus group session, half of the participants had previously been diagnosed with unstable personality disorder before being diagnosed with autism. They explained it's then *'a battle to get the previous misdiagnosis removed from your medical notes'*.
- **Early diagnosis – cancer.** When discussing issues with early cancer diagnosis at a focus group session, it was highlighted that due to processing issues those with an autism diagnosis tend to put things off/put up with symptoms for much longer before accessing help. Many are also not aware of their own body/changes. The group felt that this made it easier for GPs and medical professionals to *'fob them off'*.
- **Medical notes.** One group reported recurring issues with medical notes – they find themselves having to repeat their story and argue repetitively for reasonable adjustments in medical/health settings as their autism diagnosis and needs are not recorded.
- **Awareness of autistic needs** - We had several reports of those with an autism diagnosis being given healthcare information in an easy read format. This is not appropriate and is off-putting to those with autism.
- **Reasonable adjustments.** An organisation working locally with the autistic community also highlighted that people with autism often have issues with touch - which can cause big issues with screening. Cervical screening was given as an example. The group stated that *'there doesn't seem to be any extra help or support to ensure those with autism still attend these screenings'*. The organisation also highlighted issues with hyper and hypo sensitivity to pain and pain threshold differences in people with autism. They don't feel as though these issues are understood by GPs or other health professionals, which causes problems with vaccines and administering medication.

Adults With Autism – Suggestions

We received several suggestions for how to improve access and support from individuals and organisations within this community.

- **Reasonable adjustments in primary healthcare.** It was suggested that GP surgeries need several routes of contact, as well as several times when patients can get in touch with them, as those with autism can find it difficult to contact the GP at 8am for an appointment.
- **Alternative pain scale.** One group explained that many people with autism find it difficult to describe their pain and where it is coming from – they suggested that an alternative pain scale model should be developed for those with autism to use in all care settings.

Detailed Wider Engagement Findings

Given the mixed method nature of the project, we received lots of feedback from Torbay residents who had been impacted by cancer, but did not fall into one of our target groups. It was decided that this feedback elicited some important themes and was particularly useful when presented in comparison to the target group feedback. Therefore, the data in this next section represents the views of the wider public in Torbay around cancer care and support, and not the project target groups. Those with a cancer experience who could be identified as belonging to one of the afore mentioned target groups are highlighted in the previous report section.

The feedback in this section has come from a mix of sources, including the online survey (in which **104** local people shared their experiences of being impacted by cancer), informal interviews, cancer café events, and community event drop-ins. It is important to note that not all of those spoken to had experienced a cancer diagnosis themselves. Whilst the majority had, this section also encompasses the experiences of those who have been impacted the diagnosis of a friend, family member, loved one, or someone they care for.

How we analysed data

The data from this wider engagement was initially segmented by demographic detail (to look for differences in age, area, gender etc.) and then collated and themed. After an initial read-through of all responses, it was clear that five key themes were prevalent throughout the wider engagement:

Theme 1 – issues with finding appropriate support locally

Theme 2 – mixed experiences for those who have managed to access support

Theme 3 – lack of cancer-specific community-based support in Torbay

Theme 4 – strong preference for in-person cancer support

Theme 5 – positive experiences whilst undergoing treatment locally

All wider engagement data was examined using these themes as tags to identify trends, ideas or patterns from what Torbay residents had told us. These themes are presented in greater detail on the following pages.

Please Note: Any commentary is included as verbatim in *italic* to illustrate the themes identified from the data analysis. Not all comments are included, and some relate to more than one theme.

Theme 1 – issues with finding appropriate support locally

Results across all engagement methods indicated that local people have had difficulty with identifying or accessing cancer support services in general Torbay. In some instances, this was because of a lack of signposting, in others there was no relevant support offer available locally.

We were able to filter the survey data by age, ethnicity, disability, and residential area. Disability and residential postcode were the only two that observably affected these results. Of those who defined themselves as having some type of disability, 35% stated they are not able to access support needed, compared with 23% of people who defined themselves as non-disabled. The results of the survey also suggested that those who live in a more socio-economically deprived postcode in Torbay¹ are less likely to be able to access the support they need; 47% of responses from postcodes in more deprived areas felt as though they were adequately able to access support compared with 68% of people not in a deprived postcode area.

We had several people tell us they couldn't find any support in Torbay:

'It was difficult to find any support'

'[a] Facebook group is all I have found [for support]'

'Something for my daughter. There was no support for her as a child'

'Most of the time I just needed someone to come to the home and see my sister. I knew there was problems, and I kept telling various people but no help'

'There was no support when we needed it, at the weekend and late at night'

'[As a family we] very much felt on our own'.

'[when treatment had ended it was] like walking out of the door and nothing was there'.

Some told us they turned to hospital staff for support:

'I haven't had any support apart from my wife and [the] care of oncology clinic in London which we pay for'

'[only support available was] the urology cancer nurses for some advice over the phone.'

Some told us they struggled to access the right type of support:

'I have tried multiple times, in multiple ways to access pre-bereavement support'

'Pre-bereavement support. It has been, so far, impossible to access any support.'

Two separate families told us that finding support *'at the right time' in their journey was difficult. Straight after diagnosis is not always the best time.*

One lady explained she had used the Macmillan Lodge for support but was signposted here straight after diagnosis. She felt it wasn't the right time; the last thing you want at that point is to *'be sitting in a room full of upset people'.*

'It would have been helpful to have a navigator as sometimes you don't know where to start and you don't know whether the service is right for you'.

One individual felt *'the level of support in Torbay depends on what type of cancer you have'.* She explained that she had a cervical cancer diagnosis and felt *'very alone'* in her journey. Despite searching for support in person and online, she has been unable to find anything.

¹ As defined by the Torbay 2023-2024 JSNA

Theme 2 – mixed experiences for those who have managed to access support

Of those who had managed to access support services mixed experiences were reported. Whilst some found services very useful, others felt the current offer did not meet their needs. This seemed to apply to both local support structures and national ones (accessed online or via phone).

For example, we had a selection of positive feedback:

'I've been using Macmillan and I'm still using them, they're amazing, I don't know where I'd be without them. I have my own lady peer who I go to see to talk to about what I've been through and going through and she's brilliant.'

'Cancer Lifeline South West were life changing. [The] hospital saved my life physically. This charity saved the rest of me and put me and my young family back together.'

'Force Cancer in Exeter has been amazing. I have accessed their services, and they couldn't be more supportive.'

'Lymphoma Action's information was incredibly helpful'

'I used the support in Newton Road [the Macmillan Lodge] for getting financial advice. They were very helpful and practical - this was my biggest worry while I was off work for 13 months'

'I received support from Macmillan and from myeloma.org. Both were informative and easy to access'.

'Macmillan nurses absolutely fabulous I could discuss anything'

'The Rowcroft staff were fantastic...we felt secure once they were there...if it weren't for the experienced Rowcroft staff we wouldn't have known when that vital time to say goodbye was'

One gentleman explained that Rowcroft counselling support for bereaved family members had been useful due to *'not having a time limit'*. Different family members had accessed it months and years apart.

We also had a selection of negative feedback in this area:

'I did call Macmillan a couple of times in desperation, but they weren't really helpful'

'My husband was supposed to be supported by Macmillan and Rowcroft but it was woefully inadequate'

'I tried to access cancer support from Rowcroft Hospice for some palliative care, but all they offered was foot massage for her'

'Counselling post treatment was required but took too long to start - I had sorted my own feelings by then so felt I was wasting my time and theirs'

'The [Macmillan] Lodge was only able to help on a one-off basis. I always thought Macmillan would be more engaged and signpost/help with contact and appointments that would be useful'

Theme 3 – lack of cancer-specific community-based support in Torbay

Out of all wider engagement responses only a couple of people mentioned accessing community-based cancer support in Torbay.

This does not seem to be a signposting issue. The results of the mapping exercise (see page 14) corroborate that there are only two community-based cancer-specific support groups in Torbay; the Breast Cancer Now support group and Torbay Prostate Support Association. There is a Swallows Head & Neck Cancer Support Group in Newton Abbot, but this falls just outside of Torbay.

When asking people what sort of support would be or would have been helpful, many spoke about the relevance of the community-based support on offer locally. A consensus emerged that if community-based support was available it would need to be tailored specifically to those who had experienced cancer (e.g. not other health issues). Those who had been impacted by cancer told us that they had struggled to find cancer-specific support in the community for themselves, children, and loved ones impacted by the diagnosis. An example of this; at a cancer café listening event we were told by several people that they would value community support specifically for cancer. There was a consensus that it would be difficult to have one for every cancer but felt that even a *'general cancer'* support group in Torbay would be useful. Unfortunately there were no detailed quotes to include in this section.

Theme 4 – a strong preference for in-person support

Across all wider engagement methods there was consensus that in-person support was or would be most welcome. The results of the survey clearly indicated that there was a strong preference towards in-person support across all demographics. There were no discernible differences between age, location and disability. 75% of those who answered the question asking them to rank support preference ranked 'in-person' as their preferred way to access support. In later free text questions where participants were invited to share more information about which type of support would be most useful, in-person support was the most frequently mentioned.

Examples of this:

'In person, someone to contact me to offer me emotional support, even 4 years later'

'In-person support would have been so helpful for my mum'

'In-person cancer support group support [was missing]'.

In conversations about types of in-person support, peer support came out as a strong theme. Many mentioned that they would value being able to speak to someone locally who had gone through/was going through a similar journey.

Examples of this:

'Speaking to someone else who had fought and come out the other side well would have given me more hope and something to aim for'

'Coffee morning support groups for people with cancer or recovering. Somewhere to go with people facing the same journey as you'

'Face to face peer support groups [would be useful]'

'Meeting people same as you with cancer'

'Peer support and/or buddy system would still be good ...I'd value someone to talk to with a similar story'

'I was in my 30's and [there was] nothing for us youngsters with young families. People were lovely but I was at a different life stage and had different support needs. I would have liked to have met other mums with cancer. Though obviously also wouldn't!'

Opinions varied on what would be important to consider with peer-support models. One individual explained they'd reached out to Force in Exeter to see if they could 'pair' them with someone who had received a similar diagnosis for peer support. Whilst at cancer café event it was suggested by several that being 'paired' with a person a similar age was more important than similar cancer-type. It was explained that they'd met a lot of older people with a similar cancer diagnosis, but *'they are thinking very differently...[whereas] we need to think about getting back to and on with work, life, childcare'*.

We also had several people saying they'd be very keen to volunteer to be a peer supporter themselves.

Theme 5 – positive experiences whilst undergoing treatment locally

Although the focus of our engagement here was around support structures, we inevitably also had lots of feedback relating to medical treatment and support received at hospital. This feedback was largely positive and encompassed a wide range of services delivered by Torbay and South Devon NHS Foundation Trust.

For example:

[I was] 'well supported from operation to end of radiotherapy, thanks everybody'

'All the care from my surgery - Corner Place - right through to the Gastroenterology unit, Allerton ward and now Oncology have been brilliant'

'I accessed Breast Care and all tests completed on time. I cannot fault the timely treatment I had. I live in Torquay and was able to access all treatment at Torbay hospital and Mount Stuart Hospital'

'Oncology dept/Ricky Grant unit, all information given to me at diagnosis. No problems at all, 24/7 helpline, I live 4 miles away from hospital. Parking is free. Macmillan support and information and The Lodge, all the care from my surgery Corner Place, right through to the Gastroenterology unit, Allerton ward and now Oncology have been brilliant'

'The district nurses who came out to care for my wife were incredible'

One gentleman was treated for mouth cancer at Torbay. He recounted the hospital treatment and support *'were excellent'*; *'the medical teams around me offered all the support I needed'*.

Learning from Project Engagement

The following section summarises the project team's main learning points across the two engagement workstreams, as well as across both target group and wider Torbay community engagement.

Engagement fatigue

Engagement fatigue was a recurring issue throughout this project. Individuals and community groups frequently expressed feelings to apathy and exasperation; a general feeling of *nothing changes so what's the point*. Many told us they'd shared their experiences multiple times already and seen little to no change. This was particularly prevalent with the target groups. Early on in engagement we were told by multiple organisations working with target groups that they are subject to engagement requests like ours every couple of months. For this reason, many would not engage as they felt like these repetitive requests not only disrupted their ability to offer regular support to their service users, but also risked reputational damage for themselves. We had frequent challenges to proving how and where the project would make tangible impact and improvement in Torbay.

Issues with local healthcare landscape

The most prevalent theme across both the wider public and target group engagement was issues with primary care access. We heard hundreds of stories about Torbay residents feeling as though their GP wasn't accessible or wasn't able to help. Across all groups GPs were seen as the go-to trusted destination for help with cancer signs and/or symptoms. However, during engagement we came across multiple people who presented with a concerning sign and/or symptom (i.e. an angry looking mole or lump), but were either struggling to get hold of their GP or were unwilling to try until they deemed the situation an emergency. Because of the widespread prevalence of this issue in Torbay, the issues with accessing primary care tended to dominate conversations during engagement, and it was often difficult to try exploring other topics (e.g. support structures) with participants.

For those with a cancer experience, many were hesitant to give their experience on support, explaining they were more concerned with their diagnosis and treatment staying on time, without cancelled appointments or delayed interventions. There was an acute understanding of the pressure the NHS is under, and a deep concern that this was or is affecting their treatment. Many didn't feel they had the time or capacity to think about support, only their treatment.

Target group approach

Early in the project it became clear that solely focusing on capturing the experiences of those in the target groups could be problematic. Firstly, by taking this prescriptive approach and focusing engagement only on organisations/venues working with these target groups,

we in fact risked missing some target group voices that may be isolated, or even imbedded in community structures or organisations not demographically focused. Secondly, this approach risked ignoring the opportunity to draw important comparisons with the experiences of the wider Torbay public affected by cancer. For instance, we would not be able to understand if issues such as primary healthcare access or lack of community support were felt by just one target community or were more widespread across all Torbay communities. For this reason, the decision was made that some methods would capture Torbay-wide experiences (e.g. the survey and community events) whilst others would target particular groups (e.g. community drop-ins and focus groups).

Collaboration and capacity

On inception it was envisioned that this project would work collaboratively with local organisations and community groups to co-host focus groups and guided conversations. After several months of conversations with said community groups and community leaders it became clear that such an approach in Torbay is untenable for many. Whilst this project had the capacity to fund the co-hosted work, many leaders explained that time and capacity would not allow. Many (particularly those working with the target groups) have been overwhelmed with engagement requests like ours in recent years, and the combination of reduced staff and increased workloads have left little time or capacity to engage.

When this project was devised it was also envisaged that Torbay's Community Builder team would play a large role in engaging with the project's target communities, running co-hosted focus groups and interviews. However, feedback from the team highlighted issues with both capacity and subject matter. Several Community Builders fed back that the groups they worked with were not comfortable engaging around the subject of cancer.

Relationships and sustainability

Cancer is a delicate subject and finding individuals and groups willing to recount emotional stories and share very personal experiences with us took a considerable amount of time. Whilst the survey was able to quickly collate some stories, gathering detailed qualitative experiences from individuals often took a couple of engagement attempts. Once this trust and relationship had been established individuals tended to express a want to keep the relationship going (i.e. be kept in the loop as to what this project was doing and how their contribution had made an impact). The report will be shared with all those involved, however given the two-year time restraint of the project it was difficult to promise any other tangible outcome and sustained relationship with individuals. It similarly took time to build rapport and trust with organisations. Dissolving the project after two years, with no tangible way of ensuring legacy for those involved, risks eroding trust and enhancing the feeling of engagement fatigue mentioned earlier.

Co-Design and Co-Production

One of the main aims of this project was to initiate co-designed solutions to some of the key issues raised by the target groups we engaged with in Torbay. Partner organisation, Torbay Communities, led on this co-design aspect and wrote this next section of the report detailing the co-production/co-design activities carried.

Introduction

The work we were able to undertake with the LD community provided the best platform for embarking on a co-design process. Specific sessions with Ukrainian refugees and people from an area of deprivation provided insights which highlighted the complexity of navigating the UK Health system. Although these barriers do impact on a person's cancer journey, we felt the main issues for people related to systematic NHS and healthcare problems, which wouldn't be adequately addressed at a community or co-design level to take people through a full co-design process. Engagement with LGBT+ groups didn't identify a suitable user group to start the co-design process. The process, findings and recommendations for each group are described below.

Learning Disabilities

We worked with two groups - the LD Ambassadors and an LD group supported by Turning Heads CIC – to co-design ways to improve identifying and communicating signs and symptoms of cancer for the LD community.

1. LD Ambassadors

Learning Disability Partnership Board Ambassadors (LD Ambassadors) are people of experience who meet regularly to share things which people with learning disabilities are talking about and may need help with. They also check that work is being done as agreed by relevant organisations. The Ambassadors give people with learning disabilities a voice in Torbay. For the co-design process we met with 8 of the Ambassadors over a 4-month period in 2023/24. This included four co-design workshops with 5-8 people attending each session. Dr Rachel Gaywood the LD lead 'champion' for Torbay Surgeries has been involved in guiding this codesign process.

2. Turning Heads CIC

Turning Heads is a community interest company helping to build a community that values and empowers togetherness. They work with people and organisations across Torbay including families, children, people with learning disabilities, those who are furthest from employment and education and those who might be isolated or vulnerable. Turning Heads runs day activities from The Windmill Centre in Hele (Torquay), a Community Kitchen and

Social Supermarket from Victoria Park Methodist Church in Plainmoor (Torquay) and a Skills Centre at Windsor House in Lime Avenue (Torquay). We held four initial meetings with staff and the directors of Turning Heads where we decided how we would work with LD people who attended day services at the Windmill Day Centre and the Skills Centre. We benefited from insights from some of the staff who are people of experience. We held four sessions covering how we might raise awareness of cancer in the LD community and an open session at the Centre. On average 60 people attend the Day Centre.

Double-diamond Co-design Process

DISCOVER:

The themes that emerged related to how people might be aware of and identify generic signs and symptoms of cancer; and how they could communicate this to a health professional, advocate or family and friends. In between the co-design sessions participants took their ideas to the wider LD groups / people, family and friends to further explore the themes. Each session started with a review of feedback and led to suggestions and solutions that that could become part of a design process. Jess Slade led the sessions with support from Turning Heads Manager Alan Tilley and Jo Morgan - who facilitates the LD Ambassador meetings. Jo was key to the process as she is trusted by the Ambassadors and was able to interpret questions for participants.

DEFINE & DEVELOP: The solutions were defined and developed as:

1. Developed with Turning Heads

Calendar showing signs and symptoms for the top 12 most commonly diagnosed cancers in our locality: The idea for the calendar came from a comment – ‘why is it not on the calendar?’ It is common practice for people of experience to have a wall calendar showing what is happening today for them – it helps them plan and organise their day. The co-design process refined the concept to – an A3 format calendar, large enough to write on, with easy-read descriptions, appropriate fonts, clear diagrams covering one form of cancer each month; and the look and feel of the calendar, including a QR code directing people to the Macmillan website for more detailed information. Macmillan branding and logos feature.

Posters of the 12 most commonly diagnosed cancers in our locality: These have been designed to use in Doctor’s Surgeries and other community Venues which support people with LD locally here in Torbay. We have designed them to mirror the advice and design of the calendar and will be distributing these with the hope that someone at each venue will change each month i.e. January, February, March etc. They have also been printed in a durable material so they can be reused year on year to help raise awareness on an ongoing basis.

2. LD Ambassadors

Common Symptoms of Cancer: Signs and symptoms sheet / guide that can be taken to a consultation, or shared with family and friends where an individual can see highlighted what the common signs and symptoms are and where that might be hurting clearly indicated on the body. These were designed to be durable so it could be used long term and not thrown out.

How are you feeling: Participants wanted to have a simple clear sheet showing a human body that someone can mark-up, write on or point to, a place where you add your own notes, with basic emojis as well to clarify communication, be in easy read, with a clear and appropriate sized font. They wanted it on paper so they, or a representative, could write on it and take it to appointments. They asked that there would be multiple copies of this to go with the Common Symptoms Sheet Example: A 'how are you feeling?' sheet for each Doctor's appointment they attend. During the co-design process we identified that LD people need a way to record symptoms as they are happening that is easy and available.

A double sided A3 to A7 folded version of the Common Symptoms of Cancer and the How are you feeling sheets has also been designed to be available in doctor's surgeries and LD community settings for people to pick up and take home.

Simplified health check guide for GPs / consultants / practice nurses: that has key questions to ask for signs and symptoms of cancer suitable for communicating with an LD person.

Both groups felt it was important that each person needs to also get the sheets with the calendar and the printed material would prompt conversations among the LD community as well as carers, family and friends.

DELIVER:

Turning Heads:

Over two one-hour sessions the group participants agreed on who would be models for photos in the calendar, what would be the theme of each photo, suitable locations, appropriate backdrops, and a diagram of the body to show the location of the cancer. Example: People on the beach for the month highlighting skin cancer.

The shoot: Photography sites chosen covered Brixham, Paignton and Torbay and models wore matching T-shirts. The group chose the style of matching T-shirts. We completed two full days of photo sessions and models chose how they wanted to demonstrate symptoms. Example: 'How would I show that I had a headache.' Selected pictures from this shoot are on the next page.



Wording: We did three full days with the group to establish suitable wording for the twelve cancer themes. Sessions had 8 -10 people, and they were asked to ‘state clearly what they thought.’ To hold people’s attention, we did half-hour sessions, with a good break in between for them to do some fun activities (crafts, baking etc.).

Final design: We did two days reviewing draft designs to hear feedback, make changes and finalise details. The group have signed off on the final designs. Matt Saunders prepared all the artwork ready for printing.

Communication and distribution: Suggestions of 500 to be printed for the groups and a set of posters for all Doctor’s Surgeries and identified Community Hubs for LD. We are discussing with stakeholders how to get the calendars to LD who need them. They will be given out to people who attend Turning Heads, the Ambassadors group, and to carers of people with LD. We can also make them downloadable from relevant websites.

2. LD Ambassadors

Font: FS Me font (similar to Mangal Pro) for easy read and print developed by Mencap.

Other Groups: During conversations with the LD group, participants felt it was important to design the document to be disability friendly for other groups and wanted to encourage anyone to use the sheets if it was useful for them for wider distribution. Example: sight impairment and looking at particular fonts which were easier for all to read. Black lettering on yellow background was chosen to assist visually impaired people.

Codesign Insights

Jess Slade led the co-design process linking in with the engagement work delivered by Abi Gascoyne and the ECSW team. The process was reviewed on a regular basis with the advisory group.

Relationship building: It takes time to build trusted relationships with people of experience that will enable to fully enter into the co-design process. This means that the engagement work has to reach a certain momentum before we could start the co-design process. People have to be ready to share for this project to work. Working with existing LD groups and Ukrainian Refugees enabled the process to start.

Common barriers: it was difficult to identify common barriers to accessing cancer information and care from the first case studies. This required a deeper conversation and gathering of in-depth personal stories to establish what the common barriers might be so that a group co-design process could be developed.

Partner working: it was important to understand each delivery partners' role and were engagement work and co-design cross over.

Meaningful change: for people to enter into a co-design process they need to feel that their contribution will be valued and will lead to change. Some of the larger systematic issues faced by the medical system consistently appeared as barriers for people to access information or cancer care but couldn't be addressed meaningfully as part of a co-design process – because we were unable to enable change in those areas. Example: finding a temporary solution as a work around for a fundamental resourcing and capacity issue, will generally not lead to a meaningful or sustainable solution.

Energy: It is important to go with the energy. The LD Ambassadors and Turning Heads Charity were keen to make a difference, so it allowed us to focus that energy on things we could improve.

Recommendation for further exploration - what would be useful to cover in a call back from a cancer professional straight after diagnosis. There would be potential for co-designing a check list to include certain prompts.

Co-design Considerations & Findings

Working alongside ECSW: although we conceived the project as working from engagement, building relationships, running focus groups, recording individual stories and then establish groups that wanted to work on co-design – the project wasn't linear and co-design came about through existing relationships as well as through the engagement strand of the project.

Working from a place of trusted relationships: we run training for Healthy Ageing Live Longer Better. Because we have built up trusted relationships over a number of months, participants who have had cancer felt more open to discuss their illness, treatment, access and experience of cancer services.

Collaboration: One of the big advantages of working with Healthwatch is they can make wider recommendations on health system related issues. Torbay Communities have experience with double diamond co-design and also have a good reach into the community through our Community Builder team, Community Connectors, and with ECSW, the Torbay Community Helpline.

Reflective conversations: For the engagement work it is important to have skills in holding personalised / holistic conversations rather than opening up with direct questions on cancer or people's experience of cancer.

Engagement: The engagement work focused more on people with cancer. For these people accessing the basic health care they felt they needed, getting appointments with GPs, consultants and specialists, getting treatments and surgery was more of a priority for them than being able to identify a need for peer support or taking part in co-design to improve system delivery.

Co-design: The co-design work primarily worked with people to improve ways to communicate signs and symptoms. Most of these people did not have cancer.

Targeting minority groups: The demographics in Torbay mean that some of the target groups don't have regular support or group representation on health and wellbeing issues. This meant we ended up interviewing people who came forward who had important insights to share, but were not in the target groups. It was hard to interview people knowing their information may not make a difference.

Support for the project: There seemed a lack of referrals from GP's, the Lodge and other medical staff, who have the information of those in the target groups who are currently accessing Cancer Services and Support.

The process has already made all the participants more aware of the signs and symptoms of cancer and also demonstrated that it is OK to talk about illness. The people that have engaged in the process also share their knowledge and awareness with others and know why it is important to check. When they hand out calendars to people, they can explain why the calendars are useful.

Co-design Recommendations

What will happen in subsequent years? To stay relevant for people a new calendar would need to be created annually, the guide and form updated if required, and distribution to relevant groups coordinated.

Recommendation: There would need to be future resourcing to coordinate the development, continuation and distribution of calendars and forms. We see the potential to develop an even easier form with stickers / stamps / magnets showing smiley faces and unhappy faces that would indicate what hurt or was uncomfortable.

Availability: Some LD will not have a carer or family or friends to help interpret signs and symptoms, so having these resources available to GPs, consultants and practice nurses is also important.

Recommendation: ensure distribution to relevant professionals. It would be easy for GP surgeries to display a calendar in reception / waiting rooms and show the forms on a video monitor in waiting rooms.

Participants: The people involved in this co-design tended toward high functioning and were relatively independent, so the outcomes may not be truly representative for people with more complex disabilities or people who require a carer, etc.

Recommendation: this could be assessed in a further co-design process with a different group.

Reflective conversations: Cancer is a sensitive subject for people, so it is crucial the people undertaking similar studies are aware of the best way to engage people in those conversations.

Recommendation: ensure appropriate training is in place for people carrying out similar studies.

Guides: The Macmillan Easy Read Guide What is 'Cancer' is 18 pages and daunting for some people to consider looking through.

Recommendation: Macmillan create a 2-page simplified version as a supplement to the longer version that is easy to read, with clear diagrams showing what to do locally if certain symptoms are affecting you. It was clear in our co-design process that local information needs to be added to guides on signs and symptoms. If this is connected it will help people to navigate to the right health professional / service.

Macmillan QR codes: You can scan the codes for more detailed information on types of cancer, but these versions are not all in an easy read format.

Recommendation: create easy read versions accessible by QR codes.

Health System: Many of the issues, challenges and barriers faced by the people we engaged with are also identified by the general public. Example: We are not in a position to influence the process for someone with LD getting a GP appointment, or an annual check – yet improving this process may have a marked impact on health outcomes for that person.

Recommendation: The recommendations that have come from this work would apply to other parts of the Health System, not just cancer services or the work of Macmillan – as a way to help identify symptoms. Equally, simplified versions developed by the LD community in Torbay may be of value to the general public and health professionals.

Macmillan Cancer Support information line: The answer phone message lists signs and symptoms, but doesn't provide you information for who to contact, or where to go.

Recommendation: develop a communications plan that delivers localised information to each area.

Online information: navigating online services remains a barrier for a range of people.

Recommendation: ensure communications strategies have more than one media option for delivering information, guidance and directions.

Community Engagement: When carrying out engagement, consultations and co-design processes with user groups it is important to identify what can be influenced, and explain that to participants, because both ECSW and TC's are aware of engagement fatigue from people in the community who do get asked for their feedback / opinions, often as a tick box exercise when decisions on services and resourcing have already been made; and they often don't get to feel or see improvements to service provision – leading to – 'why should I bother – it won't change things'.

Recommendation: It has been important in this project to make things fun and creative for participants to hold their attention, knowing that they can help make improvements and to have tangible results to show people (in this case printed resources). This helps to energise their desire for change, acknowledges their voice has been heard and shows that action has been taken.

Co-design: seeing it as a tool to initiate change in the culture of an organisation.

Recommendation: Rather than seeing co-design as a one-off project to solve a specific issue, we feel it is better to see co-design as an ongoing opportunity to build relationships with clients and shift the culture of an organisation. In our experience the best co-design outcomes come from a process that is integrated into an organisation's delivery plan. This allows organisations to maintain a dialogue with their client base and develop meaningful relationships with users that allows them to contribute to improvements, it builds trust and creates a culture (staff, management, volunteers, clients and partner organisations) of dynamic responsiveness to meet changing needs. This takes time and resourcing. Usually, 3-5 years to start to see the impacts, respond to the impacts and improve procedures. Having design products like the calendar, guide and form are something tangible that can act as a prompt between project participants and other people in the community.

Form: Feedback from participants were that annual checks were not as consistent or detailed as would be expected.

Recommendation: the simplified form / guide could be used by GPs as part of an annual check.

GP appointments: Feedback was that you are only allowed to talk about one thing / issue / symptom – or what hurts in a GP consultation. Feedback from some of the group also showed they were unsure what questions to ask of a GP.

Recommendation: it would help some people if GPs were aware they are about to consult with a LD person and then for them to be clear on what the consultation may involve.

Form: The form and guide can be the beginning of a conversation – 'let's fill one in together'.

Recommendation: GPs can print a spare and give it to the client – the person can then fill-in at home next to the calendar.

GP Surgeries: How do we enable surgeries to use these resources both now and in the future?

Recommendation: Advocation from the LD community, the GP lead for LD, Macmillan Cancer Services, The Lodge and other stakeholders.

Awareness of time periods: Recalling how much time has passed or the time of key events was not strong for some of the LD participants. 'I can't remember the last time I was here.'

Recommendation: the form offers a GP a record they can start a conversation and then review. It is something they can have available at home and make a record at a time when they notice how their body feels.

Making resources available through Apps:

Recommendation: Resources created could be shared through the NHS app or Connect Plus. (Not all GP surgeries access the NHS app).

Evaluation: So far everyone is giving positive feedback for the designs. But they are only just designed – so we are half way through a Double Diamond Co-design process. Ideally it would be good to talk to GPs, clients, staff, carers, volunteers, families over the coming year.

Recommendation: Impact report carried out by Turning Heads and the LD Ambassadors after 6 months and then a year – resources from this allocation held over to cover costs (c£1000)

Overall recommendations from co-design work

Impact: it would make sense to go back to the co-design groups in a year and find out if there had been any changes in their experience or situation. Example: had the GP used the co-designed How are you feeling sheet / Common Signs and Symptoms sheet in their annual check-up, did the person find the information clearer from the GP, did the GP find it useful, etc.?

Relationships: the process of co-design builds relationships with users in the community – can we find ways for Macmillan to continue to develop those relationships – if so who and how? There would be potential for Jess to train Macmillan staff who work locally in some of the relationship building / co-design techniques.

Continue with engagement and co-design process when wanting to ensure users have a voice: We see a lot of survey / engagement fatigue from communities where they are asked to contribute but then the relationship ends, and they can be unaware then of the impacts or benefits of their contribution. Further, everyone seems to be working at capacity, so taking time out to feedback or enter a co-design process, especially for someone with cancer trying to ensure they can access basic treatments, is not a high priority for people.

Ripple effects: even if not recorded or identified we perceive that there will likely be ripple effects from this work. Example: an LD Ambassador has a signs and symptoms calendar on their wall, it is viewed by a plumber and they decide to go to the GP to have a check.

Reprint calendars yearly: we would need to identify who would resource and manage this.

Dissemination of learning: the learning from this process could be invaluable across the UK and also relate to identifying signs and symptoms for a range of health conditions. How would we make these resources available? Healthwatch / ECSW have a range of health-related projects and Torbay Communities run a Healthy Ageing programme.

Minority groups: on the theme of cancer, not all minorities in Torbay have groups focusing on health and wellbeing. So, to identify and work with some individuals it may have been better to have had engaged with a broader range of the community as a way to then identify people facing minority barriers to information or treatment. This was recommended at the start of the project but we were told to only focus specifically on the four specified minority groups. Referrals to the project from places like The Lodge, GP Cancer Nurse, GO Surgeries etc. would also have helped us identify and work with more individuals.

Co Design Queries

If you have any questions on codesign or queries for Torbay Communities please contact:

Organisation: Torbay Communities

Phone number: 01803 212638

Email: info@torbaycdt.org.uk

Website URL: www.torbaycommunities.com

Registered Charity Number: 1140896



Jess Slade (left) leading one of the co-design sessions with Turning Heads to produce the calendar.

Key Recommendations & Next Steps

This section considers the overall learning and findings from both the engagement and co-design stages of this project and puts forward our key recommendations.

1. A more sustainable model of engagement is needed

Future engagement work needs to consider sustainable relationships. A two-year project which is unable to commit to future work risks heightening engagement fatigue in Torbay.

Given how prevalent this fatigue was felt across all Torbay communities, we quickly adapted the co-design element of this project to ensure the process delivered some tangible outcomes (e.g. the calendar, posters, and fold-out leaflets). However, the limited two-year length of the project has resulted in issues with ensuring these tangible outcomes will be implemented and have impact. It may also compromise the community relationships that have slowly been built over the duration of the project.

Further, the co-design approach does not lend itself well to time-limited work. Instead, it should be seen as a way of working that builds relationships slowly over time, creates trust, and allows meaningful change. For example, the calendar, leaflets and posters designed as part of this project should not be seen as an endpoint, but rather as the beginning of another phase of work that could be used to prompt more conversations between project participants and people in the community.

One possible way to alleviate exasperating engagement fatigue with this project would be to commit to working with the groups that carried out the co-design work in a years' time and measure the impact their work has had in Torbay. A commitment to ensuring the materials produced through co-design work are also available online once this project ceases would also help ensure some legacy for those involved.

2. All communities in Torbay would benefit from community-based cancer support

The findings from this project demonstrate there is a clear want for in-person cancer support in Torbay. There was particularly strong support for peer-support. A considerable legacy for this project would be to encourage resources be made available for the setting up and facilitation of in-person cancer support groups, and in-person cancer peer-support networks in Torbay. The VCSE sector in Torbay would be able to help facilitate this with additional resource.

3. A greater awareness of the impact primary healthcare access is having on residents

When so many in Torbay are struggling to access key primary care services it is difficult to have insightful conversations about cancer support or information. This report needs to be disseminated widely amongst health networks and key stakeholders in Torbay, including but not limited to Torbay and South Devon NHS Foundation Trust, NHS Devon, Torbay Council

and Healthwatch Torbay. We recommend that Healthwatch Torbay investigate some of the important issues raised here around accessing primary care services, particularly the issues raised by those more likely to experience health inequalities.

4. Material which raises awareness of cancer signs and symptoms needs to be accessible in more ways than one.

We received lots of feedback in both the engagement and co-design stages from the LD community about the accessibility of awareness-raising material. Accessible information and advice were also raised as common issues for those whom English is not a first language in Torbay. We would strongly recommend Macmillan revisits their Easy Read documents and consider producing a simple leaflet that aims to raise awareness of cancer signs and/or symptoms within learning disability communities. This project has produced a version of this that could be adapted to disseminate across the UK. It would also be beneficial to have sections of the Macmillan website in an Easy Read format. Participants in this project requested QR codes be added to their co-designed work. Unfortunately, there were no Easy Read webpages on the Macmillan website that we could direct these QR codes to.

Similar work with cancer signs and/or symptom awareness material needs to be done at touchpoints and venues used by those for whom English is not a first language. This project has found that these touchpoints are not always easy to identify in Torbay, with some communities not having one at all. In these instances, we'd recommend that something akin to a cancer champion scheme be used.

Recognition

Engaging Communities South West would like to thank everyone involved in the production of this report, particularly our partners Torbay Communities and Macmillan, and all the people in Torbay who shared their valuable feedback in this report.

Special thanks to:

- Torbay LD Ambassadors
- Turning Heads CIC
- Torbay Prostate Support Association
- Dimensions for Autism
- Chinese Wellbeing Society
- Coffee Morning group at Devon Dumpling
- Imagine Torbay
- Ellacombe School
- Torquay Salvation Army
- Torbay Multicultural Group
- Mencap Torbay
- Coffee Morning group at Paignton Library
- Torbay Pride
- Intercom
- Ukrainian communities living in Torbay
- Knit & Natter at Churston Library
- Live Longer Better – Torquay, Paignton & Brixham groups
- Breast Cancer Now – Torbay support group
- Age UK Torbay

Appendix

1. Example copy of the Survey



This survey is designed to collect information on the support services in Torbay people have accessed, or would have liked to have had access to. It is aimed at any Torbay resident who has been impacted by cancer. This includes, but is not limited to, anyone who has had a cancer diagnosis, anyone who has cared for someone with cancer, or anyone who has had a close friend or relative affected by cancer. The information you share with us will help us to spot trends and identify areas which need improvement in Torbay.

At the end we ask you to volunteer some personal information. This helps us to understand how different groups experience services and supports our focus on equality, diversity and inclusion. This information will not be used to identify you. All data will be held by Engaging Communities South West. To find out more about how we handle your information please

email: macmillan@engagingcommunitiessouthwest.org.uk.

*** 1. Please tick which of the below applies to you:**

- ☐ I have/have had a cancer diagnosis
- ☐ a close friend or family member has/had a cancer diagnosis
- ☐ I have cared/am caring for someone with cancer
- ☐ Other (please specify)



*** 2. Are you currently...**

- ☐ receiving treatment
- ☐ post-treatment
- ☐ Other (please specify)

* 3. Have you been able to access the support you need/needed?

- ☐ Yes
☐ No
☐ not sure

* 4. Have you accessed support from any of the following? (tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> GP surgery | <input type="checkbox"/> social media cancer support groups |
| <input type="checkbox"/> another medical professional | <input type="checkbox"/> another support group (not cancer specific) |
| <input type="checkbox"/> community groups (not cancer specific) | <input type="checkbox"/> speaking to someone who has had a similar diagnosis (peer-support) |
| <input type="checkbox"/> online cancer support groups | <input type="checkbox"/> cancer charities |
| <input type="checkbox"/> in-person cancer support groups | <input type="checkbox"/> I didn't/couldn't access any support |
| <input type="checkbox"/> Other (please specify) | |

Macmillan Torbay Community Engagement Project - survey

* 5. Please could you tell us a bit about the support services you have used.

e.g. Were they useful? Were they easy to find out about? Did you have any problems accessing them? Did you have to travel far?

* 6. What sort of support would you prefer or find most useful? Or what support was missing that would have been helpful?

e.g. In-person instead of online support; cancer-specific support or non-cancer specific support; support closer to home

* 7. How would you prefer to access support? (please rank the options below, with 1 being most preferred and 3 the least)

- | | | |
|---|----------------------|-----------|
|  | <input type="text"/> | in-person |
|  | <input type="text"/> | online |
|  | <input type="text"/> | telephone |

*** 8. How did you find out the support available? (please tick all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> my GP | <input type="checkbox"/> TV adverts |
| <input type="checkbox"/> hospital staff | <input type="checkbox"/> friends/family |
| <input type="checkbox"/> another medical professional | <input type="checkbox"/> word of mouth |
| <input type="checkbox"/> internet (e.g. social media or online adverts) | <input type="checkbox"/> I didn't find out about any available support |
| <input type="checkbox"/> printed adverts | |
| <input type="checkbox"/> Other (please specify) | |

9. We'd love to keep you updated about our work in Torbay. Over the next couple of months we'll be running activities and workshops looking at how we design better cancer support services in Torbay. We're always looking for Torbay residents who have been affected by cancer to get involved.

If you're happy for us to keep in touch about this work please leave your email address and/or phone number below:

*** 10. What is your postcode?***** 11. How old are you?**

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85+
- ☐ prefer not to say

16. if yes, what type of disability do you have (please tick all that apply)

- ☐ physical disability
- ☐ long-term health condition
- ☐ mental illness
- ☐ learning disability
- ☐ cognitive impairment
- ☐ visual impairment
- ☐ hearing impairment
- ☐ speech impairment
- ☐ Other (please specify)

* 17. Do you have a religion or belief?

- ☐ Christian
- ☐ Muslim
- ☐ Hindu
- ☐ Sikh
- ☐ Jewish
- ☐ Buddhist
- ☐ no religion
- ☐ prefer not to say
- ☐ Other (please specify)

18. do you have a disability:

- ☐ Yes
- ☐ No
- ☐ prefer not to say

2. Example copy of the Focus Group Template

Please use this form to record what has been discussed and the information you have gathered. This form is intended for collating information on how communities in Torbay access cancer information and advice. Those spoken to do not need to have experience with cancer.

Please add pages or expand the boxes where more space is required.

Time, date & place of feedback
Demographic information <i>(e.g. individual or group feedback, age/gender/postcode, does the person/people fall into one of four target communities?)</i>
Where would you go to seek information about your health? <i>Prompts: Who would you speak to first? Friend/family/clinician? Why would you seek help here first?</i>
Where would you look to find information on the signs and symptoms of cancer? <i>Prompts: Have you looked for information? How easy was it to find and follow? Who would you speak to first? Friend/family/clinician? Why would you seek this help first?</i>
What would help you be better informed on cancer signs and symptoms? <i>Prompts: Leaflets/posters (printed information)? Websites (online information)?</i>
Anything else discussed <i>(if any other issues are raised in the session please record them here. We're keen to hear about any issues with access to information or services, or any ideas the group may have)</i>

If anyone would like to hear more about the project, or get involved, we'd love to hear from them. Similarly, if anyone in the session has been impacted by cancer and are willing to share a bit more about their experience or get involved in our upcoming co-design workshops please take their contact details.

3. Copy of Advisory Group Terms of Reference

1. Project Background

The Macmillan Torbay Equity Project is a place-based and integrated approach to engaging with people affected by and living with cancer in the Torbay area. The project aims to understand more about health inequalities experienced in the local area and to co-produce solutions with the community. The project will run for two years, funded by Macmillan Cancer Support, and working in partnership with Engaging Communities South West and Torbay Community Development Trust. ECSW is a not-for profit organisation offering a range of services, including community voice, facilitation of engagement events, data capture and analysis, report writing, communication support, training and service/project evaluation and review. ECSW will be leading on phase one of the project, with support from TCDT. TCDT is the VCSE support agency for Torbay and leads on a number of partnership programmes using the asset-based principles of collaboration. TCDT will be leading on the co-design and intervention stages of the project in phase two, with the support of ECSW.

Core objectives:

- To carry out engagement with Torbay residents affected by cancer. Engagement will be broad, but emphasis will be placed on engaging with communities which are known to experience health inequalities in relation to cancer. For example; learning disabled, BAME, LGBTQ+, and socio-economically disadvantaged communities.
- To develop a better understanding of local needs and issues in relation to cancer, with a key focus on understanding how the groups outlined above experience health inequalities.
- To co-produce interventions with local communities to improve access to information and support for those affected by and living with cancer in Torbay.
- To collaborate with other organisations and individuals involved in community engagement and development locally, and raise awareness of the Macmillan project.

Implementation:

The project will take a phased implementation approach over two years:

1. Year one will focus on engagement, in order to develop understanding on the barriers to diagnosis, issues with support through treatment, and managing the impacts of cancer.
2. Year two will focus on asset-based community development work, to co-produce solutions with the community to the issues identified in year one.

Engagement:

The number of people diagnosed with cancer in Torbay and South Devon has increased 11% in the last 3 years (2017-2020) and numbers are expected to continue to increase. For this reason engagement will be broad. However, research also tells us that some groups in particular experience health inequalities in relation to cancer in Torbay. Therefore, the following groups, with protected characteristics around health inequalities, will be the focus of targeted engagement:

- BAME communities
- Learning disabled communities
- LGBTQ+ communities
- Socio-economically disadvantaged communities

Targeted engagement work in Torbay with these communities will raise awareness of the issues faced, and later in stage two of the project, help facilitate co-produced solutions to improve early diagnosis and community-based support.

Engagement will focus on three key areas:

1. Early diagnosis; e.g. where do people from different communities in Torbay go for information and/or support when they have symptoms? What are the barriers to accessing information?
2. Support through treatment; e.g. where do people go for support and what gaps are there? Are patients accessing support? If not why not?
3. Living with the consequences of cancer/treatment; what support is there for those living with cancer long-term or the long-term effects of cancer treatment?

The engagement workstream will lay out how each of these key areas and communities will be targeted. The workstream will include:

- Focus groups targeting the four key communities identified above.
- A survey aimed at Torbay residents, with a particular focus on targeting communities who may experience health inequalities in relation to cancer.
- Attending community events to raise awareness of the project.
- Collaborating with other organisations and individuals involved in community engagement locally.

2. Role of advisory group

The advisory group has responsibility for identifying local priorities and working with the project staff team to agree a work plan to help deliver the project's aims and outcomes. They will provide a system oversight of the project. **Key responsibilities of the advisory group:**

- To bring service knowledge and/or local expertise to the project
- To bring local accountability and transparency to the project
- To agree the work plan, and ensure it closely reflects issues and priorities local to Torbay, and the needs of Torbay communities
- To review the quarterly activity reports and ensure the content is reflective of the workplan goals
- To help develop the structures needed to engage target communities
- To help identify engagement avenues and opportunities and/or potential collaborations with organisations and services
- To promote the project and help ensure it has local influence
- To highlight any issues or problems the project may encounter and hold to account and/or challenge any potential risks. To look at best practice and draw attention to opportunities for improvement.

3. Membership

The advisory group will endeavour to compromise of 7-8 members. Members will be people with expertise and/or local knowledge. This will include the project staff team, staff from the partnership organisations, staff from voluntary sector groups, and those with lived experience.

4. Meetings

The advisory group meetings will be a collaborative forum that aim to address the group's responsibilities as laid out in point 2. The group will meet quarterly. Meetings will be arranged by the project coordinator and will take place in person. If the group would prefer another meeting mechanism this will be agreed upon at the first meeting. A week prior to each meeting the project coordinator will ensure that a sufficient number of members can attend (75% of the group). If this percentage cannot be met, the chair will be contacted, and the meeting shall be rearranged for the nearest available date. The chair will be appointed by the project team and agreement will be sought from the advisory group at the first meeting. The chair will work alongside the project staff team to lead meetings and ensure the group is meeting their responsibilities as laid out in point 2. Meetings and advisory group membership will be for the duration of the project's two-year existence.

4. Example copy of LD Ambassador A4 Cancer Posters

Common symptoms of Cancer

Head:

- A headache which won't go away
- Feel tired for no reason, it lasts a long time

Throat/Mouth:

- Sore throat, won't go away
- Croaky voice
- Difficulty with swallowing/chewing

Chest:

- Hard to breathe
- A cough that won't go away
- Have a fever/infection for a long time
- Changes to nipple, breast/chest or armpit

Belly:

- Tummy ache
- Feel bloated
- Changes to eating habits
- Losing weight without trying
- Sickness

Anywhere:

- Lumps
- Bumps
- Rashes
- Mole changes (size, shape, colour, bleeding, itchy)
- Sores
- Ulcers
- Swellings/inflammation
- Easy or unexplained bruising

Privates/Bum:

- Passing blood (when you pee, poo or have sex)
- Changes to your periods
- Struggling or hurts to wee/poo
- Needing to wee/poo more or less than usual
- Changes to your poo or wee (colour, runny, hard)


If in doubt, check it out!


Speak to your doctor if you're worried about anything mentioned above


5. Example copy of LD Ambassador Symptoms Checklist

How are you feeling?

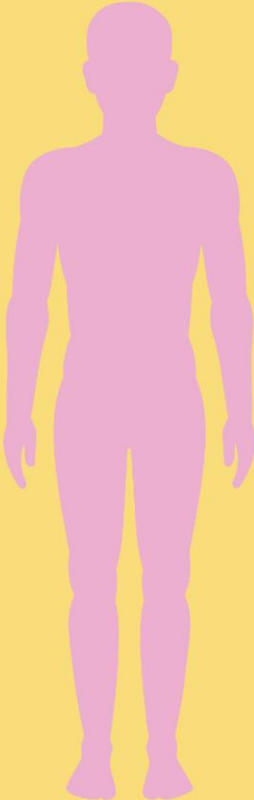
Feel unwell or like something's not right?
Draw arrows to what feels okay and what feels not okay, add notes to the boxes and then take it to your doctor.

 **Okay**

 **Not Sure**

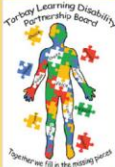
 **Not Okay**


**If in doubt,
check it out!**





Tick one (or more) of these boxes if you have any:

Pain	<input type="checkbox"/>	Bleeding	<input type="checkbox"/>
Rashes	<input type="checkbox"/>	Lumps	<input type="checkbox"/>
Changes	<input type="checkbox"/>	Sickness	<input type="checkbox"/>









6. Example copies of Turning Heads Calendar Posters



April
Shoalstone Pool, Brixham

Bowel Cancer

What to watch out for:



- » Losing weight without trying
- » Tummy ache
- » The runs, squits AKA diarrhoea
- » Struggling to poo (constipated)
- » Blood in your poo
- » Bleeding from your bum

Parents and Carers can scan the QR code with their phone's camera for more information on this type of cancer



REMEMBER: just because you might have one of these symptoms, it doesn't mean you have cancer...but
If in doubt, check it out!









June
Goodrington North Beach, Paignton

Melanoma (A form of Skin Cancer)


What to watch out for:

Uneven shape		» New moles that may look weird or different from the rest
Jagged edges		» Moles, freckles or dark spots that change size, shape or colour
Multiple colours		» Inflamed and/or "angry" moles
Size over 6mm		» Bleeding/itchy skin
Notice changes		» Moles that turn crusty or bleed
		» A new growth or dark stripe on a nail

Parents and Carers can scan the QR code with their phone's camera for more information on this type of cancer




REMEMBER: just because you might have one of these symptoms, it doesn't mean you have cancer...but
If in doubt, check it out!






7. Example copy of Turning Heads Calendar Page

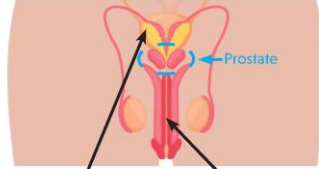


Princess Gardens Fountain, Torquay

Prostate Cancer

The prostate is between a man's bladder and penis. Women don't have one.

What to watch out for:



- » Need to pee more often
- » Harder to start/stop peeing
- » May not make it to the toilet in time
- » Feel like you can't empty your bladder completely

- » Pain when peeing
- » Blood in pee
- » Pain when ejaculating
- » Pain in back/hips/pelvis

REMEMBER: just because you might have one of these symptoms, it doesn't mean you have cancer...but

If in doubt, check it out!


March

- » Brain Tumour Awareness Month
- » Prostate Cancer Awareness Month
- » Ovarian Cancer Awareness Month

- » Women's History Month
- » World Autism Acceptance Week (31st March-6th April)

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Notes and Goals
					1st <i>St. David's Day (Wales)</i>	2nd	
3rd	4th <i>Pancake Day</i>	5th	6th	7th	8th <i>International Women's Day</i>	9th	
10th	11th	12th	13th	14th	15th	16th <i>Young Carer's Action Day</i>	
17th <i>St. Patrick's Day (Ireland)</i>	18th	19th	20th <i>Spring begins</i>	21st <i>Red Nose Day and World Down Syndrome Day</i>	22nd	23rd	
24th	25th	26th	27th	28th	29th	30th <i>Mother's Day, clocks go forward</i>	
31st							

Parents and Carers can scan the QR code with their phone's camera for more information on this type of cancer





“An inclusive, innovative and independent champion for the aspirations of local people.”

Contact us

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Registered Charity Number: 1153450

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In Partnership with **healthwatch**
Torbay

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Macmillan Torbay Community Engagement Project

November 2022 - November 2024



Project overview

The Macmillan Torbay community engagement project took a place-based approach to engaging with Torbay residents. The project worked to understand more about health inequalities experienced in the local area, barriers to accessing the current support offer around cancer and issues with community-based support.

The project was delivered by Engaging Communities Southwest in partnership with Torbay Communities and funded by Macmillan Cancer Support.

The project ran for two years between November 2022 and November 2024.



Project aims

The project's main aims were to:

- Understand more about health inequalities in the local area by carrying out engagement with Torbay residents and local community groups.
- Develop a better understanding of the barriers to cancer diagnosis and local people's needs and issues in relation to cancer.
- Co-produce interventions with local communities to improve access to information for Torbay communities and support for those living with cancer in Torbay.
- Collaborate with organisations and individuals involved in community engagement and development locally.

Background information

- At project inception Torbay had a population of 134,500, a large proportion of whom were over 65 years old (35,600 – 26.5% - over 65 compared to 18.1% across England).
- Cancer waiting times data provided by NHS England indicated that 2032 cancer patients were treated by Torbay and South Devon NHS Foundation Trust, with Fingertips Public Health data indicating that an average of 2,745 people per year received a cancer diagnosis following a 2-week wait referral from Torbay based GPs.
- The number of people diagnosed with cancer in Torbay and South Devon had increased 11% in the last 3 years (2017-2020) and numbers were expected to continue to increase.

Project approach

The project engagement was targeted at four specific communities in Torbay, where national research suggests that people are more likely to experience health inequalities in relation to cancer:

- People living in deprived areas
- People from ethnic minority backgrounds
- Learning disabled adults
- LGBTQ+ community



A wide range of methods were used to engage with different audiences/communities in Torbay, including focus groups, surveys, drop-in sessions, interviews and co-designed workshops.

Project questions

We wanted to understand how cancer outcomes could be improved in Torbay, so we based our engagement on the following questions:

- What do people do and where do they go for information and/or support when they have a sign and/or symptom that is causing concern?
- How do different communities within Torbay understand and deal with concerning symptoms? How do they define concerning?
- What would improve early diagnosis within: areas of socio-economic deprivation, black and ethnic minority communities, LGBTQ+ communities, and adults with a learning disability?
- And for those who had experienced or been impacted by cancer, what sort of support did they receive, what was missing, and what would have helped?

Project findings

1. Access to primary healthcare services is an overarching issue affecting all Torbay communities - both the target groups and the wider public.
2. Engagement fatigue around health is prevalent in Torbay. Individuals and groups expressed concerns around the worth of sharing their healthcare experiences. This overall feeling of apathy made engagement difficult across all communities in Torbay.
3. There is a lack of community-based cancer support services in Torbay. Both individuals and groups told us they struggle to find cancer support for themselves and family members.
4. For those who had experienced a cancer diagnosis there is a clear want for peer-based in-person cancer support.
5. Accessible information and healthcare are issues for people whose first language is not English and for adults with a learning disability.

Key recommendations

1. A more sustainable model of engagement is needed to avoid exasperating local engagement fatigue.
2. All communities in Torbay would benefit from cancer-focused community-based support. There was a clear want for in-person peer-based support.
3. Raise awareness of the impact primary care issues are having on Torbay residents, particularly on those more likely to experience health inequalities.
4. Material which raises awareness of cancer signs and symptoms needs to be accessible in multiple ways.

Next steps

One of the key aims of this project was for Torbay Communities to co-design and co-produce some solutions to the issues raised through engagement with local communities.

The co-designed resources are available to local community groups and organisations.

Suggested next steps, taken from the co-design element of this project, include:

Page 89

- Return to the co-design groups in a year to gauge impact
- Develop ways for Macmillan to continue to develop those co-design relationships with users in the community
- Continue to strengthen the engagement and co-design process
- Monitor the ripple effect of this work
- Reprint the calendars yearly
- Share the learning from this project with key stakeholders

Thank you - Any questions?



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

Date: 12 June 2025/14 July 2025

Wards affected: All

Report Title: Adult Social Care, Market Position Statement

When does the decision need to be implemented? NA

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

Director Contact Details: Anna Coles, Director of Adults and Community Services.
Anna.Coles@torbay.gov.uk

1. Purpose of Report

- 1.1 To seek endorsement for the publication of the updated Market Position Statement for Adult Social Care 2025 -2029 which sets out how we will work and shape the care market to manage demand and capacity. It also sets out our intentions for early interventions to enable working age adults and older people to remain well and as independent as possible.

2. Reason for Proposal and its benefits

- 2.1 The proposals in this report help us to deliver our vision of a healthy, happy and prosperous Torbay by setting out key areas within the Market Position Statement (“MPS”). This explains how the council intends to work with providers of adult services to meet needs now and in the future. The MPS provides an overview of national and local context in which we work to meet the health and social care system needs and its challenges. It details the current work the Council is progressing with its NHS partners to have a clear focus on reducing demand, facilitating early intervention and prevention whilst enabling people to live well. We need to develop and support a stable and innovative provider market.
- 2.2 The reasons for the proposal and need for the decision are that the Care Act 2014 places a duty on Local Authorities to facilitate and shape our care and support market, to ensure sustainability, diversity, and to be continuously improving and innovating services. The council have statutory duties to meet the care and support needs of adults who have an assessed need under the Care Act 2014, the MPS highlights the opportunities to align resources to support all ages.

3. Recommendation(s) / Proposed Decision

Recommendation to Overview and Scrutiny:

1. That the Adult Social Care and Health Overview and Scrutiny Sub-Board reviews the Market Position Statement (MPS) 2025 – 2029 as set out in Appendix 1 to the submitted report and makes recommendations to the Cabinet.

Recommendation to Cabinet:

2. That the Market Position Statement (MPS) 2025 – 2029 as set out in Appendix 1 to the submitted report be approved.

Appendices

Appendix 1.

Draft Market Position Statement 2025 -2029

Background Documents

NA.

1. Introduction

- 1.1 Managing the care market is essential to ensure demand is met now and in the future in the most cost-effective way.
- 1.2 Quality and supply is monitored regularly to ensure a quality and a sustainable market is accessible across Torbay. Commissioners need to ensure performance and data is available and analysed to enable the direction of resources to where they are needed.
- 1.3 The Council has a duty to do the following:
- Meet needs of people eligible for care, support people and their carers.
 - Fund care for those people with eligible needs and who meet financial eligibility criteria.
 - Local market shaping to encourage quality, choice and sufficiency of provision.
 - Local contingency planning in case of provider failures.
 - Ensure care is maintained where a provider fails financially and services cease – for everyone, including self-funders – so as to ensure people’s needs continue to be met.
 - Work with NHS to promote integration including integrated commissioning and joined up services.
 - At national level, Association of Directors of Adult Social Services (ADASS) has a role in supporting contingency planning for provider failure and collaboration on market shaping through regional collaboration (via ADASS) on market shaping.

2. Options under consideration

NA

3. Financial Opportunities and Implications

- 3.1 This report will inform the work identified within the Medium Term Financial Plan (“MTFP”) and transformation plans held within Torbay to support Adult Social Care. Development and management of the care market will not only provide better outcomes by aligning the right services, and also promote independence for people. Spend within Adult Social Care is largely with third party external care providers through multiple contracts to support our

most vulnerable residents. Therefore, we have a duty to manage this market well and understand opportunities to develop it in line with our transformation plans.

- 3.2 The council will work with the market on how care and support are delivered in the most cost effective and efficient way as a system across all commissioning activity.

4. Legal Implications

- 4.1 Statutory duties under the Care Act 2014 for care market shaping and contingency planning.

5. Engagement and Consultation

- 5.1 Regular market engagement sessions are held (3 mthly) these are used to bring this document to life with our provider market.
- 5.2 As we move forward in developing our market, we will use all methods possible to co-produce with people who experience care and support.

6. Procurement Implications

NA

7. Protecting our naturally inspiring Bay and tackling Climate Change

- 7.1 None

8. Associated Risks

- 8.1 Non-compliance with statutory duties
- 8.2 Lack of assurance for regulator (CQC).

9. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age Page 95	18 per cent of Torbay residents are under 18 years old. 55 per cent of Torbay residents are aged between 18 to 64 years old. 27 per cent of Torbay residents are aged 65 and older.	This Market position statement relates to people aged over 18 years. It may have an impact on families/people of all ages who have a caring role. It may also impact on children who are transitioning into adult services from children's services where there is an identified care need.	The MPS analyses data to shape the market to support the changing demographics across the applicable age ranges of our population.	Adults and Communities
Carers	At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.	Replacement care is identified as an area that needs development within the Torbay area.	It is an area of development needed and is identified as one of our key areas of work as a priority. This requires a co-production approach.	Adults and Communities
Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.	The MPS considers all aspects through data to help us look for gaps in provision.	The MPS analyses data to shape the market to support the changing demographics across our population.	Adults and Communities

Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is lower than England.	The MPS considers all aspects through data to help us look for gaps in provision.	The MPS analyses data to shape the market to support the changing demographics across our population.	
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	The MPS considers all aspects through data to help us look for gaps in provision.	The MPS analyses data to shape the market to support the changing demographics across our population.	
Pregnancy and maternity	Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.	NA	NA	
Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst	NA	NA	

	the 20% most deprived areas in England.			
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	NA	NA	
Sex	51.3% of Torbay's population are female and 48.7% are male	The MPS considers all aspects through data to help us look for gaps in provision.	The MPS analyses data to shape the market to support the changing demographics across our population.	
Sexual orientation	In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.	NA	NA	
Veterans	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously serviced in the UK armed forces.	The MPS considers all aspects through data to help us look for gaps in provision.	The MPS analyses data to shape the market to support the changing demographics across our population.	
Additional considerations				
Socio-economic impacts (Including impacts on child		Section 9 assessments under the Care Act 2014 are carried out to understand care needs when required this will take	Care Act duties to support vulnerable people's care needs	Adults and Communities.

poverty and deprivation)		into consideration the individuals financial situation.	including a financial assessment for support.	
Public Health impacts (Including impacts on the general health of the population of Torbay)		Societal and demographic changes	Monitoring demographic changes and plan for these in the longer term..	
Human Rights impacts		NA		
Child Friendly	Torbay Council is a Child Friendly Council and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people.			

10. Cumulative Council Impact

10.1 None

11. Cumulative Community Impacts

11.1 None

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Torbay's Market Position Statement 2025-29 DRAFT

Foreword

For many people, receiving help to stay at home and to maintain their independence for as long as possible is what matters to them, and this is one of the key intended outcomes of our integrated Adult Social Care (ASC) model.

The way in which we deliver care and support is also changing, and our partnerships with care providers need to change too. We need to work together at different times in a person's care and support journey, recognising that people's needs change and that they need a responsive and agile network of support combining their resources with the NHS, social care, local communities and the independent sector. At the same time, we need to ensure this care and support is timely, sustainable and does not weaken natural support by promoting dependence on state-funded care until it's really needed.

The Care Act 2014 places a duty on Torbay Council to “**facilitate a diverse, sustainable, high-quality market for their whole local population and to promote efficient and effective operation of the adult care and support market as a whole. They must also ensure continuity of care in the event of provider failure**”. This duty will be met within the context of four overarching strategic priorities:

- Enabling more people to be healthy and stay healthy
- Enhancing self-care and community resilience
- Integrate and improve community services and care in people's homes
- Deliver modern, safe and sustainable services

In line with the strength-based approach underpinning the Care Act 2014 and the social policy changes that led to that legislation, Torbay's commissioning approach seeks to:

- Increase the use of enabling housing-based models of care and support so that people have greater choice and control over how, where, and with whom they live and how their care is provided. These options include ambitious capital projects such as multigenerational extra care housing, smaller schemes for groups with specific needs, and new models of home care to support people's remaining living with family carers at home.
- Increase the number of people maintaining their own independence by offering better information at an early stage to enable people to recognise their own strengths and assets, combining them with voluntary or community support and access to equipment and technology to meet their needs in the first instance.
- Reduce the systemic use of residential care to meet low-level social care needs. This means not placing working-age adults into care homes wherever possible and delaying the point at which older people enter residential care. The Council and our NHS partners will only commission homes capable of meeting very complex and nursing needs, working with our care home sector to constantly improve quality and capability within Torbay.

- To support and help people stay as well and independent as possible and able to manage their own well-being in their homes, wherever possible. Where care is needed, we want people to have a choice about how their needs are met and only have to tell their story once. The people receiving services must be at the heart of what we and providers deliver together.
 - We want people to remain in control of their lives, to remain independent and to have the opportunity to make their own choices about their care and support arrangements.
 - We will achieve this by our direct payment system being as clear as possible and allowing people true autonomy to meet their eligible care and support needs.
 - To further our work, Torbay have initiated the Direct Payments Project, which aims to review and implement recommendations from the Recommendations Report. This meeting will bring together key partners from the Council and the Integrated Care Organisation for collaborative work to improve our approach to Direct Payments in Adult Social Care.
 - This programme of work is part of our Transformation Plan, and the implementation of the direct payment improvements will be monitored through that.

What is a Market Position Statement?

Local authorities produce a market position statement (MPS) to summarise supply and demand in the local Adult Social Care provider market and form the basis for strategic commissioning decisions.

It should be helpful to care providers, as:

- A tool to help plan for future developments, by providing valuable insight concerning investment in capital or personnel.
- Information on what is happening now and the commissioners' future plans.
- A step towards working with the local authority and other commissioners to plan their business development.

Scope

The geographical focus is largely Torbay. However, as Torbay Council works closely with partners in the NHS and other local authorities across Devon (as part of the One Devon Integrated Care Partnership), and many Torbay providers work across South Devon and the region, we will also be referring to information about South Devon and beyond when needed. Also, as Torbay Council and NHS colleagues have been working since 2005 to integrate care and health services closely, we will not only reference our local and regional work, but also include Public Health, Housing, Children's Services, Community Safety and Planning.

The audience mainly consists of Adult Social Care providers in Torbay or providers who would like to move to the area.

Our Vision

‘Thriving communities where people can prosper’

Our residents have a place to call home, in a community they can be part of, while being empowered to achieve what matters most to them through the best care and support available.

Our vision is to support people in staying as well and as independently as possible for as long as possible and managing their own health and well-being in their own homes, wherever possible.

Mission statement

We will work with our local community to support residents in Torbay to maximise their own well-being and independence, advising and guiding them around the best health and social care systems for them. Those who provide support services will feel empowered to enable people to engage fully in their own decision-making on care choices.

By working with our community this way, we will create a new way of supporting each other to achieve well-being for everyone—those receiving support and personal assistance and those providing it.

Where care is needed, we want people to have a choice about how their needs are met and only have to tell their story once. The people receiving services must be at the heart of what we and providers deliver together.

thriving communities where people can prosper

our vision for Adult Social Care in Torbay

Our residents have a place to call home in a community they can be part of, while being empowered to achieve what matters most to them through the best care and support available.

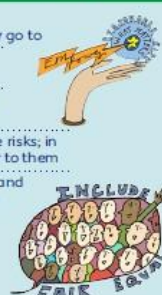
Working in partnership means:

Finding opportunities to work together to support people's wellbeing
 We recognise we are part of the community, not separate from it
 Helping to connect people, groups and organisations together
 Building strong, open, and trusting relationships with everyone we come into contact with i.e. partners, community organisations and those we support
 Constantly learning and asking for everyone's views
 Supporting and valuing those who carry out unpaid work for us, like carers and volunteers



Respond to our community by:

Working with people in their own neighbourhoods, in places they already go to
 Making it easier for people to access good advice and information
 Working with people to find and build up their strengths and priorities
 Empowering people to take reasonable risks, in order to achieve the things that matter to them
 Looking for and sharing opportunities and positives. Focusing on what we CAN do
 Making sure everyone is included, and treated fairly and equally
 Making sure we are fair in the way we support people



Our values and behaviours are:

We value everyone's contribution, and recognise our own boundaries
 To share our knowledge, skills, and resources for the benefit of local people
 Support and empower people to be the best they can be
 Enable people to live lives which are as full and independent as possible
 Respect the feelings and experiences of others, even if they are different from ours
 Always looking for ways to improve how we work
 Trust each other to do the right thing for people



We will communicate by

Using language that is simple for people to understand
 Using different ways of sharing information, using technology creatively
 Considering the impact we may have on others
 Sharing our aims and aspirations with everyone
 Being available in our communities, so it is easier for people to reach us



The way we will work & do things

Use technology to help people stay independent
 Remove as much red-tape and bureaucracy as we can
 Be flexible to help people achieve their goals
 Make our systems work better for us and the people we support
 Support people to make changes, which help them feel healthier and happier
 Empower people to choose how their care and support needs can be met
 Work with people and communities to reduce inequalities
 Empower staff and partners to be creative and try new ways of working
 Give our staff the training, tools, and permission to work differently

We will do this by:

Building long-lasting relationships with our community partners, which are founded on trust, transparency and compromise
 More joint working between Adult Social Care and community/voluntary sector partners, including working together in community settings
 Streamlining our tools and processes, to ensure that we act consistently and reduce bureaucracy
 Making it easier for people to access a wider range of support, advice and information; which helps them achieve the best outcomes
 Increasing training, development and support for our staff, so that they feel confident in working differently with people and the community
 Focusing on what matters most to those that we work with, and supporting them to achieve these; whether they are new to social care or have been supported for some time
 Making sure our systems support a different way of working, and measure meaningful results
 Making best use of technology to help people achieve the outcomes that matter to them



Benefits we have seen so far:

Community partners have said they feel more valued and trusted, because we are working together as equals
 Working in partnership with social care has helped some community partners to secure additional charitable or government funding, which has a bigger impact in their community
 Social care staff and community partners have both said that sharing, learning from, and supporting each other has been a positive experience
 Social care staff have said they appreciate being trusted and empowered to try new things, and to do the right thing for people

More people have been able to find a solution that's right for them at first contact
 Working in community spaces has made social care advice and information more accessible, particularly to people who may have otherwise not engaged with us
 Average waiting times have reduced for most social care teams
 People have reported that they felt listened to and cared about, through being supported in a different way



We have been able to connect more people with resources in their community which helps them to stay well and independent



Things we want to avoid:

Trying to remove all risk, and reducing a person's choice and control as a result
 People having to wait a long time for support, and their situation getting worse as a result

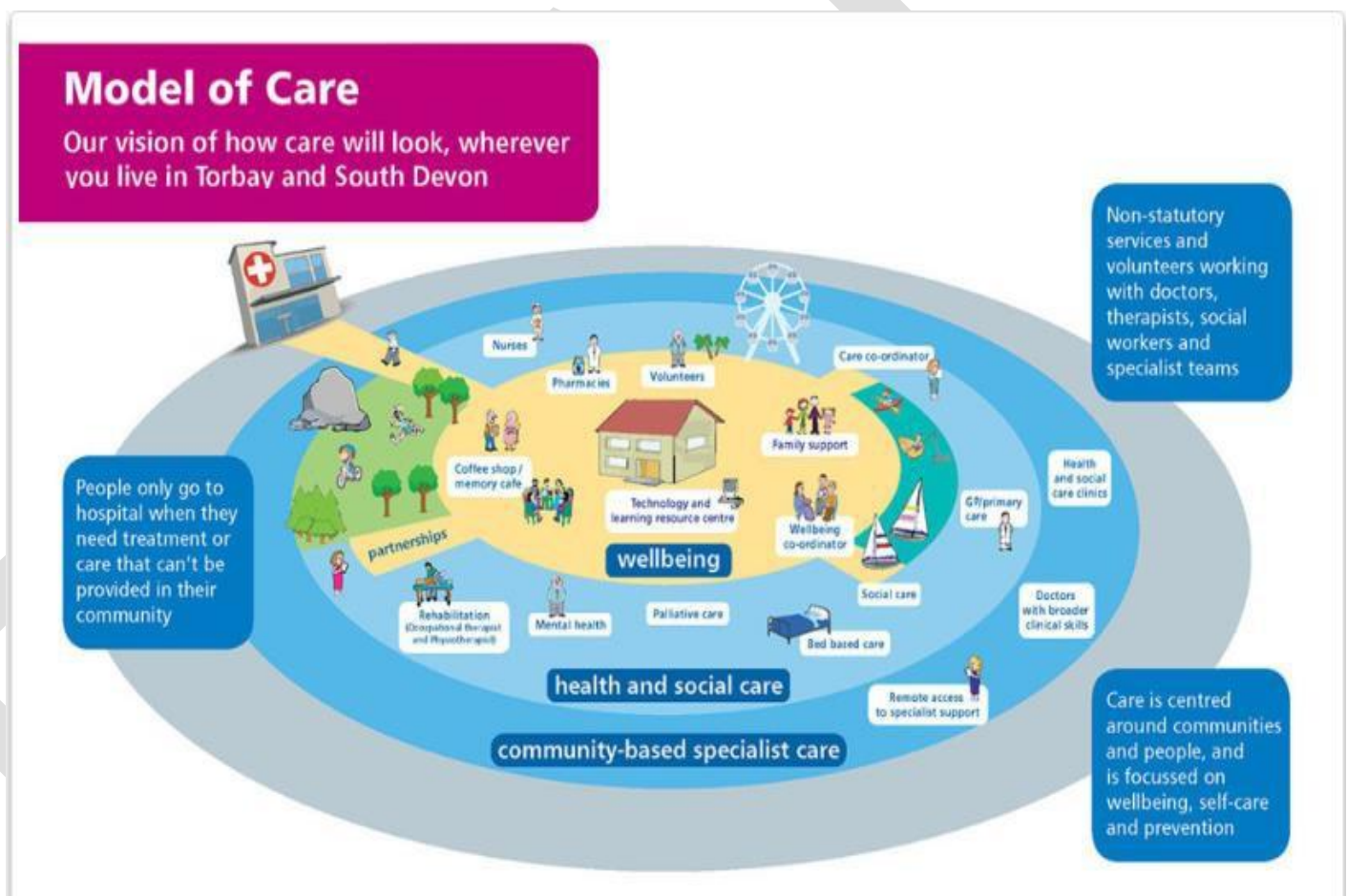
Background/Context

Since 2005, we have been working to integrate ASC services with NHS services. By using most of the ASC budget to commission local NHS providers to directly deliver social care for adults (or commission independent sector providers on our behalf), we can provide better 'joined-up care.' People have told us they do not mind who provides services for them, they just want the right care provided at the right time.

In October 2015, the two largest NHS Trusts in the Torbay and South Devon area merged to form an Integrated Care Organisation (ICO), now called Torbay and South Devon NHS Foundation Trust (TSDFT) referred to in the rest of this document as the Trust. We also created pooled budgets.

Our Model of Care (see diagram below) outlines our vision for the future of health and care in Torbay and South Devon for providers.

The Model of Care



The Trust, Devon ICB (the organisation responsible for commissioning most of the county's NHS budget), and the local authority are continuing to develop our Model of Care, which emphasises well-being and prevention. We focus on using people's strengths and assets to promote resilience, prevent their need for statutory social care intervention, and reduce the length of any intervention.

ASC independent sector care providers have a crucial role to play in the current health and social care system and our Model of Care. Providers are key partners for us, so we want to make sure they get the information and support they need to carry out their roles effectively.

The strategic plans of Torbay Council, Devon ICB and the Trust (as part of the One Devon Integrated Care Partnership that was established in 2022) will give more insight into the local provision of Adult Social Care. Their representatives, along with other partners, meet as the Torbay Health and Wellbeing Board (HWBB) to improve the commissioning and delivery of NHS and local government services.

There are now five established local care partnerships (LCPs) that, when combined, form the whole of One Devon Integrated Care System. Of these, one (South LCP) encompasses the Torbay Council and Torbay HWBB footprint.

Part of the HWBB and LCP's remit is to agree, plan, and implement, at a local level, how the Better Care Fund (BCF) programme and pooled budgets support local systems to successfully deliver the integration of health, housing, and social care in a way that supports person-centered care, sustainability, and better outcomes for people and carers.

- For more information on the Torbay Council Community and Corporate Plan, see: <http://www.torbay.gov.uk/council/policies/corporate/corporate-plan/>
- For more information about the ASC commissioning plans and strategies for Torbay Council, see: [Adult social care commissioning - Torbay Council](#)
- For more information about the plans of One Devon and the Integrated Care Strategy, see: <https://onedevon.org.uk/about-us/our-vision-and-ambitions/our-devon-plan/>
- For more information about the plans of the Integrated Care Organisation – Torbay and South Devon NHS Foundation Trust, see: [Our vision and strategy - Torbay and South Devon NHS Foundation Trust](#)

What we are looking for from care and support providers:

We would like to see more:

- Providers that put the person and/or carer at the centre of everything they do, involving them in the planning and delivery of their care and listening to them
- Providers working together to deliver care innovations, thinking ahead with us
- More providers rated 'outstanding' by the Care Quality Commission (CQC) in Torbay, reflecting improved quality of care
- Providers that build and use the resilience and assets of people and communities, reducing dependency and the need for services
- Providers who want to work with us intervene early and prevent the escalation of need, so that people can maximise their health and well-being, and fewer people will have to move out of their homes to receive the care and support they require
- Providers offer short-term as well as long-term care options
- Providers support people who buy their own care, using a direct payment or personal budget
- Providers who measure their success by the positive impact they have on a person's health, well-being and independence, as well as satisfaction with the care received
- Providers who deliver 'value for money' (but not necessarily the cheapest) care

We also recommend that providers connect with other service suppliers across the health and care marketplace to share the best practices and identify opportunities to work together, e.g., using each other's skill sets, co-locating services, sharing costs, etc. This includes working with organisations in the voluntary sector that provide services such as advice, advocacy, and information signposting and can help engage with the broader community (including volunteers).

Our commissioning intentions and business opportunities for providers of care and support

The Council's Community and Corporate Plan (2019)-2023 is here <http://www.torbay.gov.uk/council/policies/corporate/corporate-plan/> and our current priority adult social care commissioning intentions are in the table below.

CURRENT COMMISSIONING INTENTIONS - OVERARCHING THEMES AND WAYS OF WORKING		
Prevention and Early Help	Community	Accommodation with care and support
<ol style="list-style-type: none"> 1. Focus on prevention, early intervention, rehabilitation and recovery to: <ul style="list-style-type: none"> • Support people to remain as independent as possible, for as long as possible • Reduce ASC demand • Delay entry into residential care 2. Increase independence and re-enablement through better access to community equipment, assistive technology, home improvements, including Disabled 	<p>Support people to remain living at home and exercise choice and control over their lives through the availability of:</p> <ul style="list-style-type: none"> • High-quality homecare and domiciliary care services (including complex support), focusing on personal enablement and recovery • Personal assistants, support planning and brokerage services • Providers with which people can use their personal budgets <p>Support the sustainability of a vibrant voluntary and community sector by:</p> <ul style="list-style-type: none"> • Maintaining and using the local mapping work by Devon ICB, ICO, LA commissioners and the local sector • Reducing the current duplication of services and 	<p>In line with the strength-based approach underpinning the Care Act 2014, Torbay's commissioning approach seeks to:</p> <ol style="list-style-type: none"> 1. Develop a dynamic forecasting model that will assist in determining the right size, type and supply of residential and supported living (SL) care in Torbay, to meet the current and emerging social care demand, including more complex needs 2. Increase the use of enabling housing-based models of care and support so that people have greater choice and control over how, where, and with whom they live and how their care is provided 3. Reduce the systemic use of residential care to meet social care needs, by: <ul style="list-style-type: none"> • Creating effective supported living options for all age groups that enable people to live well at home for longer • Supporting more people to maintain their independence through early advice on personal and community assets, and access to equipment and technology to meet their emerging needs

<p>Facilities Grant</p>	<p>quality variance</p> <ul style="list-style-type: none"> • Using a lead voluntary sector organisation to commission services on our behalf • Vibrant communities with increased feelings of neighborliness, connection, and accessible places of welcome 	<ul style="list-style-type: none"> • Not placing working-age adults into residential care, wherever possible With better home care alternatives, significantly delaying the entry of older people into residential care and reducing stays • With our NHS partners, we only commission and place in homes capable of meeting very complex and nursing needs <ol style="list-style-type: none"> 4. Work with our residential and nursing care sector to improve quality and capability and develop agreed outcomes-based specifications 5. Work with our supported living providers to develop sufficient capacity and quality to meet emerging demand, including complex needs, and develop agreed outcomes-based specifications 6. Implement the Housing Strategy 2020 - 2025 http://www.torbay.gov.uk/housing-strategy 7. Develop further units of extra-care housing and sheltered accommodation that meet the needs of people with more complex conditions
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<p>Learning Disabilities (LD)</p> <p>Development and Co-Production of Torbay Council Big Plan for Learning Disabilities. Finding out how we are working together to make Torbay a better place to live for people with learning disabilities</p>	<p>Community</p> <p>Focus on people living whole and independent lives, where secure homes and fulfilling lives are a priority.</p> <p>Improve access to paid employment and training by providing targeted person-centered support.</p> <p>Develop outcome-based commissioning of day activities to ensure daytime activities/services offer more choice, promote community inclusion, and deliver more aspirational outcomes.</p> <p>Improve accessibility to community services for people with a learning disability, through reasonable adjustments.</p>	<p>Accommodation with care and support</p> <p>Torbay's commissioning approach seeks to:</p> <ul style="list-style-type: none"> • Reduce the number of under-65 adults with LDs in long-term residential settings by a third over the next three years • Halve the number of larger residential settings (those with over eight beds, which have a more institutional feel) • Ensure greater housing choice, particularly self-contained SL, sheltered housing, extra care, and access to general needs housing • Ensure more consistency of provision and fewer complaints about the quality of support delivered • More people with LDs living with parents are diverted from entering residential care and could live as independently as possible • Ensure the quality of support and tenancies in supported living is given more assurance and improved
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<p>Autism</p> <p>Working with Torbay Council, the Autism Partnership Board has been instrumental in developing the Torbay Adults Autism Strategy, which will be completed in August 2025. From this strategy, an Action Plan will be developed over the next 12 months.</p> <ul style="list-style-type: none"> • Improving understanding and acceptance of autism within society • Improving autistic people's access to education, and supporting positive transitions into adulthood • Supporting more autistic people into employment • Tackling health and care inequalities for autistic people • Building the right support in the community and supporting people in inpatient care • Improving support within the criminal and youth justice systems 	<p>Community</p> <p>Commission services based on adequate population data and needs assessment, including peer support.</p> <p>Improve accessibility to community services for people with autism through reasonable adjustments.</p> <p>Delivery of associated actions arising from the Autism Business Case and Self-Assessment Framework 2016.</p> <p>Torbay Autism Strategy was co-produced with people with lived experience.</p>	<p>Accommodation with care and support</p> <p>Torbay's commissioning approach seeks to:</p> <ul style="list-style-type: none"> • Reduce the number of under-65 adults with autism in long-term residential settings • Ensure greater housing choice, particularly self-contained supported living, sheltered housing, extra care, and access to general housing needs • Ensure some more skilled providers can offer enabling support to people with complex issues and challenging behaviour • Commission Positive Behaviour Support and Crisis • Planning training to support the development of the workforce
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<p>Mental Health</p> <p>Partnering with Devon Partnership Trust to deliver the statutory mental health provision. This is integrated across health and social care, Torbay and South Devon Foundation Trust, and Devon Partnership Trust, where the commissioning responsibility is shared to deliver the Community Mental Health Framework (CMHF) in Torbay.</p> <p>The Dementia Strategy 2025 across Devon will be published in 2025 in collaboration with all key stakeholders and the ICS. Providers, statutory and independent organisations, have been in partnership and have developed a Devon-wide pathway/strategy.</p>	<p>Community</p> <p>Deliver the improvement plan and input to mental health service redesign with Devon Partnership Trust, Devon County Council, and the ICB.</p> <p>Commission services based on adequate population data and needs assessment, including peer support.</p> <p>The Torbay Dementia Path will be co-produced. During Q4 2024 - 2025</p>	<p>Accommodation with care and support Torbay's commissioning approach seeks to:</p> <ul style="list-style-type: none"> • Reduce the number of working-age adults with mental health issues in residential settings • Ensure there is greater housing with support choice, particularly self-contained supported living, sheltered housing, extra care, and improved access to general needs housing • Ensure some more skilled providers can offer enabling support to people with complex mental health issues and behaviour that challenges • Commission Crisis Planning training to support the skills development of the workforce
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<p>Implement Public Health Strategies</p>	<p>Integrating Torbay Public Health initiatives into Adult Social Care (ASC) commissioning priorities is a strategic effort to enhance the overall health and well-being of the community. Torbay Council's Public Health department focuses on preventive measures, health promotion, and addressing social determinants of health.</p>
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	<p>By embedding these public health principles into ASC commissioning, the council aims to create a more holistic and proactive approach to care. This integration ensures that services are not only reactive to immediate care needs but also work towards preventing health issues before they arise, thereby improving long-term outcomes for residents.</p> <p>Torbay Integrated Commissioning is crucial in this integration by fostering collaboration between various health and social care providers. This partnership model promotes coordinated care, where different services work together seamlessly to address the diverse needs of individuals. The ASC commissioning priorities, which include helping people live independently and safely, are aligned with the goals of public health to create a supportive environment for all residents</p> <p>This collaborative approach is designed to enhance the quality of care, reduce health inequalities, and ensure that resources are used efficiently to benefit the community as a whole.</p> <p>Public health - Torbay Council https://www.torbay.gov.uk/public-health</p> <p>Torbay Public Health - Torbay Health Partnerships https://torbayhealthpartnerships.co.uk/</p>
	<p>Links to NHS Commissioning Intentions</p> <p>Work very closely with NHS colleagues to deliver an integrated service. This includes end of life services, hospital discharge placements for people and community services that are NHS-led, such as integrated care. For End of Life commissioning information, please see Palliative and end of life care</p>

Support for Providers and Market Engagement

We aim to co-design services with providers as well as people using services and carers. To become involved, keep in touch with us by:

- Keeping an eye on our [Adult social care commissioning - Torbay Council](#) website area where we advertise our consultations aimed at providers and keep our market position statement information and strategies updated. Also, see our monthly ASC Newsletters.
- Using the local, regional, and national support available for care businesses and social enterprise such as Torbay Communities www.torbaycommunities.com , Devon Alliance for International Recruitment <https://devon-alliance.com/> , [Health Innovation Southwest](#) , Torbay Council <https://www.torbay.gov.uk/business/business-support/> , and the Social Care Institute for Excellence (SCIE) www.scie.org.uk
- Using the needs assessment information that is available, such as the Joint Strategic Needs Assessment on the South Devon and Torbay Knowledge and Intelligence site [Sharing knowledge and intelligence to understand the needs of the community - South Devon and Torbay Knowledge and Intelligence](#)
- Getting involved in our care provider forums where we can discuss what works well and what we need to jointly improve
- To get in touch please contact Torbay Council ASC Commissioning Team Email: commissioning@torbay.gov.uk

For our future procurement plans, please contact either commercial.services@torbay.gov.uk. Or, for Adult Social Care service procurements run by the NHS specifically, please contact procurement.tct@nhs.net in the Torbay and South Devon NHS Trust.

We can also offer information to new providers wanting to come into the Bay area offering services we have flagged as needed, so please get in touch at commissioning@torbay.gov.uk. For help with planning consent, see [Planning and building - Torbay Council](#)

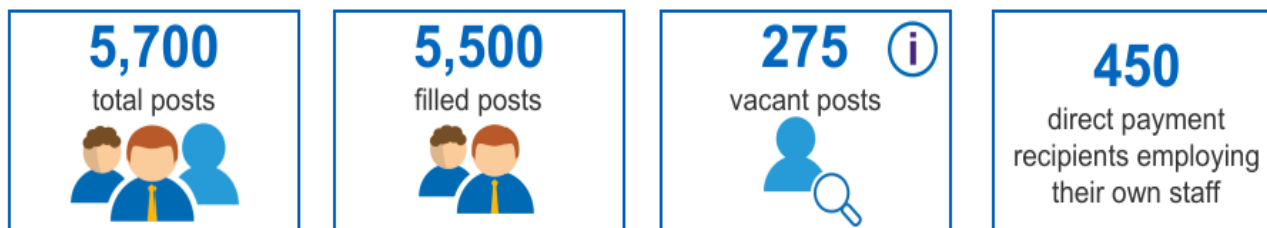
Torbay's Social Care Provider workforce

In Torbay there were an estimated 5,500 filled jobs in Adult Social Care, split between local authorities (1%), NHS (7%), independent sector providers (84%) and jobs working for direct payment recipients (8%). As of November 2024, Torbay contained 107 CQC regulated services; 75 were residential and 32 were non-residential services.

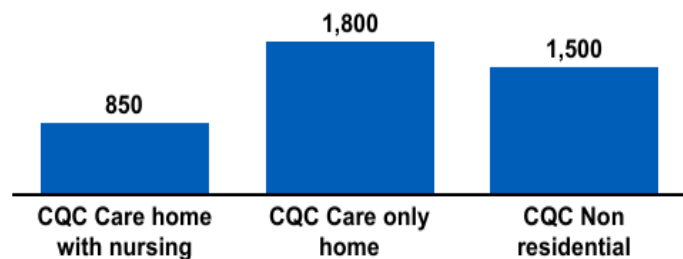
Whilst Adult Social Care is a growth sector, in the Southwest region it has grown by 4.7% since 2022/3, compared to 4.2% across England. If the workforce grew proportionally to the projected number of people over 65, then the number of Adult Social Care jobs in the Southwest region would need to increase by 35% (from 193,000 to 260,000 jobs) between 2025 and 2040.

Torbay reports can be downloaded by anyone at any time here: [My Local Area](#). 2023/24 highlights of the workforce are below and the key points are:

- Torbay has an ASC staff turnover rate of nearly 30%, at 27.2%, higher than the Southwest (26.1%) and England (24.2%). In Torbay nursing homes the turnover rate is 41.2%
- Turnover rate for care workers is 34.7% in Torbay and 29.9% in England
- The vacancy rate for direct care staff is 4.7% in Torbay and 8.7% in the Southwest. For care workers it is 5.8% in Torbay and 9.9% in England
- In Torbay and the Southwest 45% of the workforce hold a relevant social care qualification, and England 46%.



Filled posts by selected services

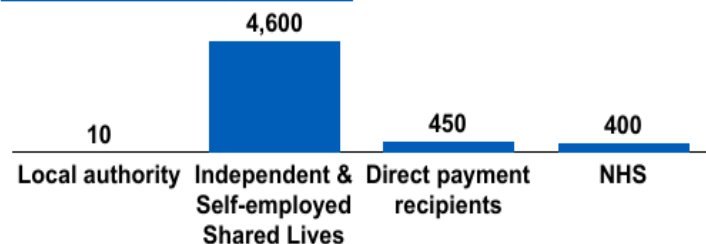


CQC-regulated establishments

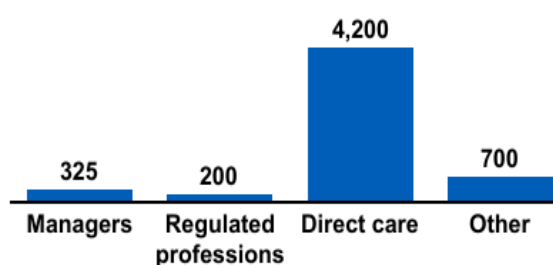


107
CQC-regulated
establishments

Filled posts by sector



Filled posts by job group



Workforce demographics

The majority of the workforce in Torbay (75%) were female and the average age is 41 years old. Those aged 25 represented 12% of the workforce and those aged over 55 represented 25%, therefore approximately 1,300 people may retire in the next 10 years.

Around 77% of the workforce in Torbay were British, 5% were from within the European Union (EU) and 18% from outside the EU. Nationality varied by region. In England 75% of the workforce were British, in the Southwest this was 77%.

Around 83% of the workforce in Torbay were of white ethnicity and 16% were from Black, Asian and minority ethnic (BAME) groups. In the Southwest, 80% were of white ethnicity and 19% were of BAME groups and in England 68% were of white ethnicity and 31% were of BAME groups.

Our comparator group of Local Authorities

CIPFA comparators for Torbay

Source: CIPFA, IMD 2019, 2022 ONS mid-year population estimates

Throughout this document, Torbay is compared to a 'comparator group' of local authorities (LAs). This group has been put together by the Chartered Institute of Public Finance and Accountancy (CIPFA), which has developed an approach to aid benchmarking and comparing similar LAs, known as 'nearest neighbours.'

CIPFA comparators for Torbay
Source: CIPFA, IMD 2019, 2022 ONS mid-year population estimates

Bournemouth, Christchurch and Poole	Northumberland	St. Helens
Darlington	Plymouth	Sunderland
Hartlepool	Redcar and Cleveland	Torbay
Isle of Wight	Sefton	Wirral
North East Lincolnshire	Shropshire	
North Tyneside	Southend-on-Sea	

Current and predicted need, demand and supply

The purpose of the Joint Strategic Needs Assessment (JSNA) is to provide an objective view across the life course from cradle to grave, of the health and wellbeing needs and inequalities of a local population. Therefore, a local JSNA can illustrate the challenges affecting different populations at different stages of their lives and provide an evidence base for the services commissioners need to commission to meet the needs of the population.

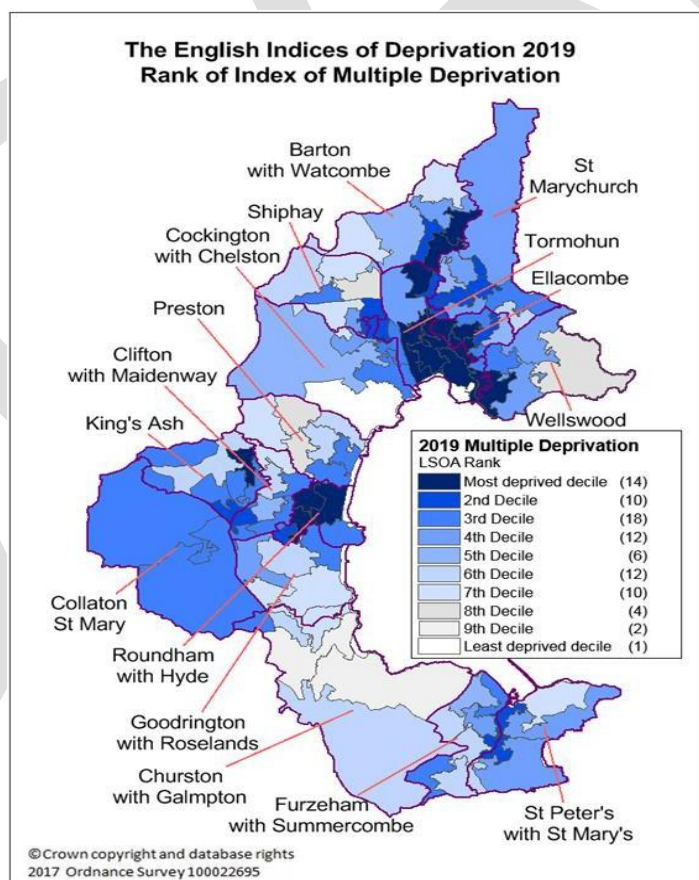
The current South Devon and Torbay Joint Strategic Needs Assessment can be found at: <https://www.torbay.gov.uk/DemocraticServices>
Devon County Council's JSNA can be found at: <http://www.devonhealthandwellbeing.org.uk/jsna/>

Key points from the current (2024/25) JSNA are:

- The recovery from COVID-19 and the cost-of-living crisis - The social and economic effects of the pandemic and the inflationary leaps in the cost of living, particularly around gas, electricity and food prices, have disproportionately affected those who live in the most deprived areas of our communities. Costs around fuel are exacerbated by old housing stock which is often energy inefficient.
- There is significant variation in health and wellbeing across the bay. In our most affluent areas, residents can expect to live on average over eight years longer than those living in our more deprived communities. There are also significant gaps in healthy life expectancy between the most affluent and deprived areas.
- Inequalities have been widening as relative deprivation worsens; Torbay is ranked as the most deprived local authority in the Southwest.
- Torbay's economy is ranked among the weakest in England. Average wages continue to be significantly below the regional and national average with less of the population in full-time employment than in England.
- The number of cared for children within the local authority remains among the highest in England. The rate of referrals to children's social care are consistently much higher than England.
- Torbay schools have a significantly higher proportion of their pupils requiring special education needs support through an Education, Health and Care Plan when compared to England.
- Persistent absenteeism from school doubled in 2021/22. This is reflected across England.
- Torbay has far higher levels of need when compared to England that requires support from Adult Social Care in the 18 to 64 population. Rates of requests from new people are much higher than England in the 18 to 64 and 65+ population.
- The 2021 Census showed that there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care. These unpaid carers require support to help deliver this care and to look after their own health and wellbeing. This care is disproportionately provided by women.

- We have an ageing population with 1 in 3 Torbay residents expected to be 65 and over by the middle of the next decade. The number of those who are of working age is projected to fall over the next 20 years to approximately 50% of the population from its current rate of 55%.
- Consistently high rates of dental extractions among children performed at a hospital due to dental decay; this is particularly concentrated among Torbay's more deprived communities.
- There are many opportunities for the people of Torbay to be supported to improve their lifestyles. At present:
 - Over 6 out of 10 adults in Torbay are overweight or obese. Close to 1 in 4 reception and over 1 in 3 Year 6 children are overweight or obese.
 - Around 1 in 6 adults in Torbay smoke
 - There are high levels of admissions to hospital related to alcohol
 - There are high levels of suicide and self-harm in the population
 - There are high levels of vulnerability in the population, including groups with specialist needs and high levels of mental ill health

Figure 1: Index of Multiple Deprivation, Torbay
Source: Ministry of Housing, Communities and Local Government, www.gov.uk



Population overview

People in more deprived communities generally tend to experience multiple long-term conditions, have poorer health outcomes, and a shorter life expectancy. Disability free life expectancy measures the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that would limit their daily activities, and in Torbay, healthy life expectancy for females has been significantly lower than England. For 2018–2020, this implies that females in Torbay could expect to live for 20 years whilst not being in good health and for males, it would be approximately 14 years. Healthy life expectancy is based on self-reported good or very good health from the Annual Population Survey and registered deaths.

Long-term conditions are those that cannot be cured but can be managed through treatment and behaviour. The Torbay GP registers show higher percentages of people than in England as a whole, who have long-term conditions such as depression, diabetes, coronary heart disease, hypertension, asthma, chronic obstructive pulmonary disease (COPD), epilepsy and rheumatoid arthritis.

There are 139,479 people in Torbay (ONS Mid-Year Estimate 2022), and 1 in 4 are aged 65 or over (36,612 people, or 27%) which is higher compared to across England (where the 65s and over make up 18%). The population structure for Torbay is shown in Figure 2, and it clearly shows Torbay has higher proportions (blue bars) than the England average (black line) of residents in all age groups above the age of 50 and lower proportions for the younger age groups.

Figure 2: Population pyramid, Torbay (2022) Office of National Statistics (ONS) Mid-year estimate 2022

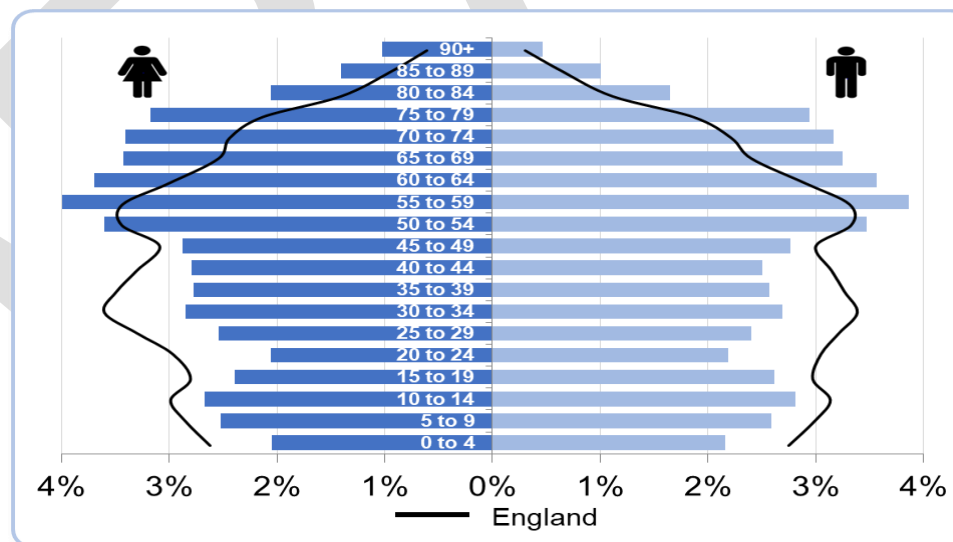
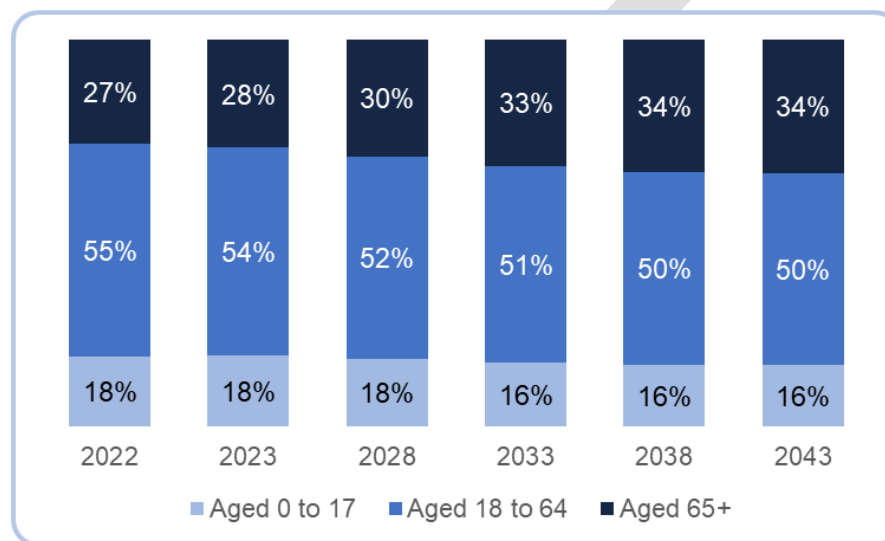


Figure 3: Projected future population 2022-2043, Torbay
Source: NOMIS



By 2043, it is estimated that over one in three (34%) of Torbay's population will be aged 65 years and over (52,033), compared to 24% across England. Population projections, by age group, are shown in Figure 3.

Two-thirds of adults aged over 65 are expected to be living with multiple health conditions (multi-morbidity) by 2035. Seventeen percent would be living with four or more diseases, double the number in 2015. One-third of these people would have a mental illness such as dementia or depression. Multiple long-term conditions involve more healthcare professionals and transitions across specialties and healthcare boundaries, and there is correspondence with higher healthcare costs, unplanned or unnecessary hospital admissions, increased use of ambulatory care, delayed transfers of care and long-term institutionalisation. It is likely, with Torbay's ageing population and higher rates of long-term health conditions, that numbers with multiple long-term conditions are increasing in the Bay.

Also, as our population ages, we expect the number of frail people, people with physical mobility, weakness, weight loss, slowness and or low physical activity to increase, specifically in our older age groups. The number of people with dementia is also expected to increase over the coming years. Estimates for the numbers of frail people and those with dementia are presented in Figures 4 and 5.

Figure 4: Torbay Frailty estimates -Collard et al(2012),ONS 2018 based population projections

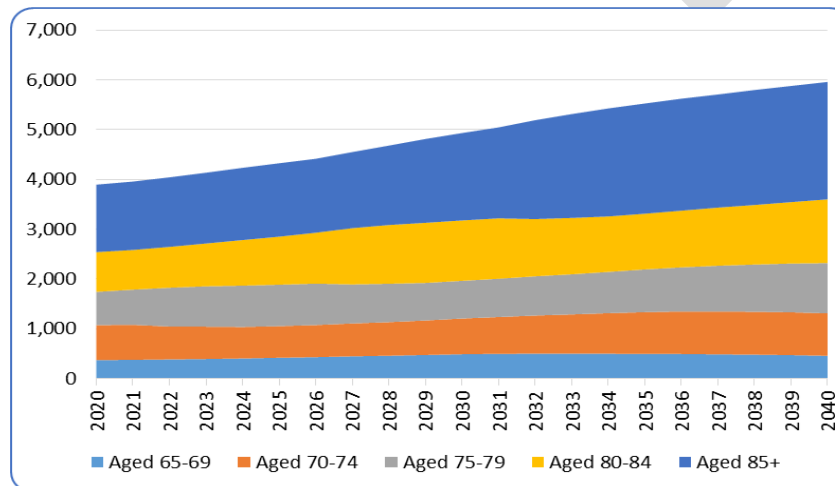
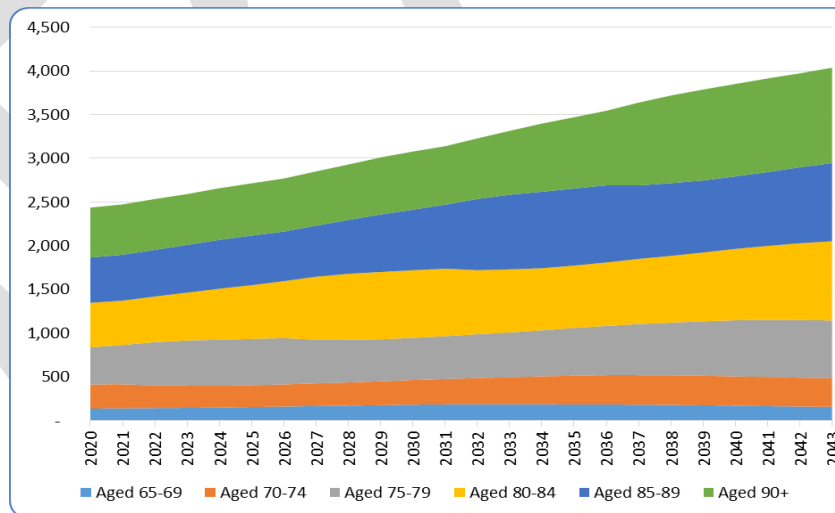


Figure 5: Torbay Dementia estimates - Cognitive Function and Ageing Study (2013), ONS 2018 based population projections



Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, and determines how we handle stress, relate to others, and make choices. One-in-four adults and one-in-ten children will experience mental illness during their lifetime. In Torbay, the prevalence of depression in primary care, the number of emergency hospital admissions for self-harm and recorded suicides, suggest levels of mental health needs are higher in comparison to the wider England average. Additionally, people with mental health problems are more likely to experience poor physical health, and conversely people with poor physical health are at higher risk of experiencing common mental health problems.

Other issues affecting levels of need are prevalence of learning disability. A learning disability affects the way a person understands information and how they communicate. A learning disability can be mild, moderate or severe. Some people with a mild learning disability can talk easily and look after themselves but take a bit longer than usual to learn new skills. Others may not be able to communicate at all and have more than one disability. The percentage of people known to have a learning disability is higher across Torbay compared to England. This could suggest higher levels of recognition within primary care. However, there are still estimated to be a noticeable number of people with a learning disability not known to primary care.

Increasing demand

We know from the predicted changes in demography that the demand for health and social care services will also increase. However, we also know that local factors can influence (increase or decrease) the demand for Adult Social Care (Professor John Bolton 'Predicting and managing demand in social care, discussion paper' April 2016, IPC - Institute for Public Care). The local factors are:

- The relative wealth or areas of high deprivation in the population
- Behaviours of key players in the NHS, i.e. intermediate care and the availability of sufficient therapists and nurses in the community
- How effective the Council's 'front door' is at finding solutions for people and their problems
- The degree to which the assets of the person, their family and their local community are recognised and utilised in a person's solutions
- The effectiveness of short-term support and a preventive help approach, including the use of assistive technology and aids
- The practice and supervision of assessment and care management staff
- The degree to which people with long-term conditions are supported to maintain their independence and self-manage their conditions, including dementia care
- The availability and vibrancy of the voluntary sector
- The availability, capacity and nature of supported housing services, including extra-care housing
- The partnership with carers and carer organisations
- Performance measures to assess how providers deliver outcomes for and positively impact the care system

In addition to demographic pressures, changes in other service areas within the health and social care system impact demand for Adult Social Care services.

With the needs and demand for services rising, Torbay Council is working together closely with NHS partners to develop the health and well-being system, investing in intermediate care, specialist domiciliary care and alternative housing options with care. The hospital discharge programme remains an important and central part of Better Care Fund plans in Torbay. This should reduce stays and unnecessary placements of people in expensive forms of care and help them to recover and return home sooner.

The current data shows that the number of people receiving social care in residential and nursing care has risen over several years from approximately 680 to 780 and is currently remaining constant at about this level, allowing for the seasonal peaks over the Christmas period.

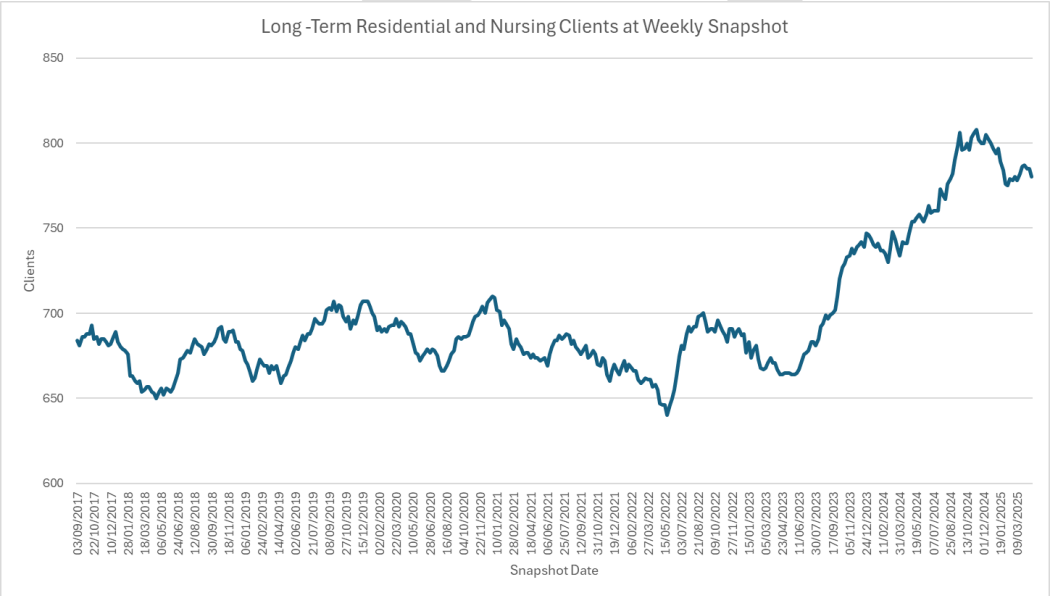


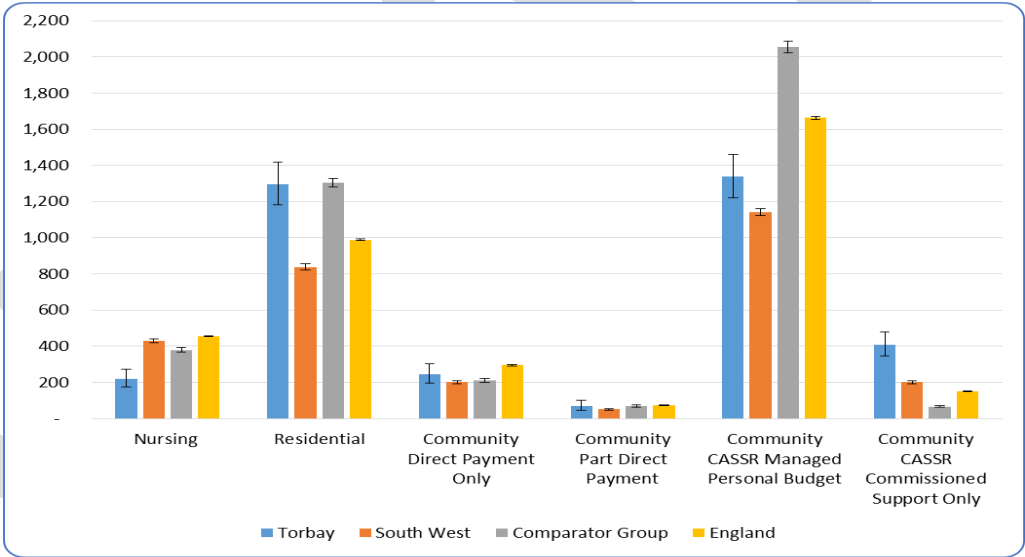
Figure 6: Long-term Residential & Nursing placements cost – TSDFT April 2025

In April 2025, Torbay had about 780 people (placed by TSDFT) in bed-based care against a registered capacity of 2,027 beds (noting that not all these beds are usable), which suggests a significant proportion of beds are used by either self-funders and/or are commissioned by other local authorities (predominately purchased by Devon County Council as part of the Devon Wide System).

It is expected that our transformation and work to be completed in line with our commissioning plan, we will see a downwards shift in demand for residential care to support low-level care needs and that the surplus of residential beds in the Bay will grow (unless some of these are re-purposed to support people with more complex needs e.g. dementia). However, Torbay still has significantly more under 65s accessing residential care (Figure 7 and Fig. 8.).

Also, whilst there are fewer under 65s accessing nursing care than other local authority areas (Figure 7), given increased dependency levels of individuals and a shift from acute hospital beds to other community bed-based or community care and support options, this demand is predicted to rise unless we make a significant change to our offer.

Figure 7: Adult 65+, NHS Digital, Adult Social care, Short and Long Term Support data



The demand for high end nursing care that is good quality is recognised and so Torbay Council, working with NHS and providers, is planning to encourage the development of at least 200 more good quality care home beds for people with complex care needs by 2035. This will mean looking at both the beds in our existing nursing homes, identifying whether some beds within our residential care homes can be re-purposed to support people with more complex needs, and if required commissioning additional purpose-built new nursing homes/beds. This does not necessarily mean that the overall total number of care home beds in Torbay will increase, given the likely reduced number of residential care beds/homes supporting people with low levels of care needs.

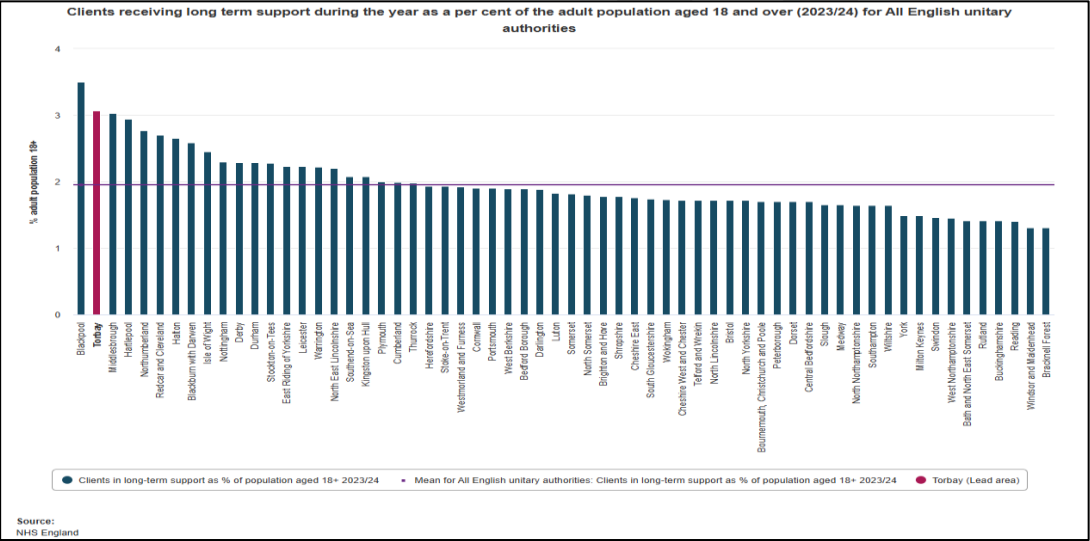


Fig. 8.

Figure 8 shows that Torbay has a significant variation for People aged 18+ years receiving long term support in the Torbay system. One of the key transformational pieces of work that we need to achieve is both a cultural and service change through commissioning to support more strength-based outcomes and practice.

% of the population supported over time in Torbay with comparisons



Fig. 9.

The above (Figure 9) is taken from the ADASS work completed by John Jackson (2025) and shows that this pattern of high use of longer-term care packages is reflected in the wider system of Adult Social Care in Torbay and as for working age adults, Torbay has significantly fewer people accessing Council personal budgets and direct payments than other Southwest local authorities.

Figure 8: Adults 18-64 Adult Social Care Short and Long Term Support

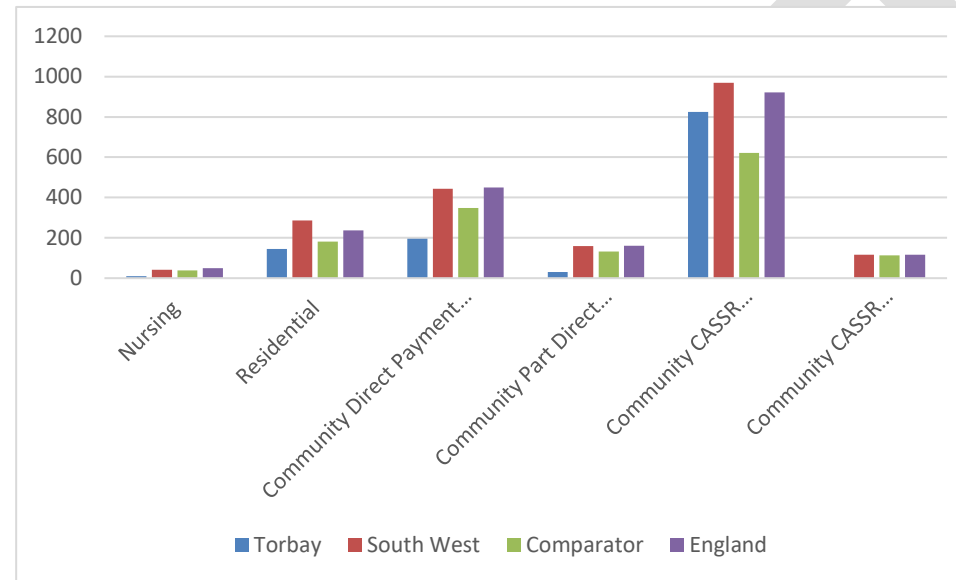


Figure 9: Rate of requests for support received from people aged 18-64, per 100,000

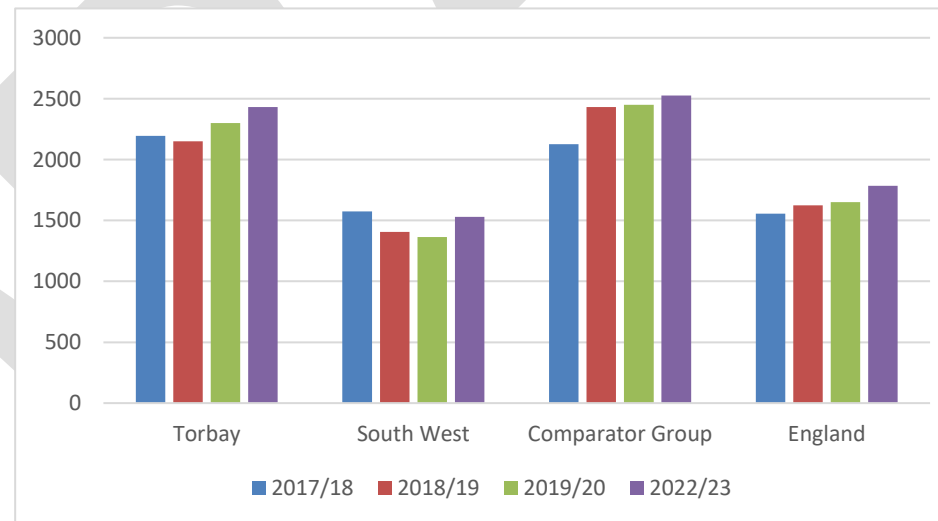


Figure 9: Rate of requests for support received from people aged 18-64, per 100,000
Source: NHS Digital, Adult Social Care Short and Long Term Support data, ONS midyear population estimates

Figure 9: Rate of requests for support received from people aged 18-64, per 100,000

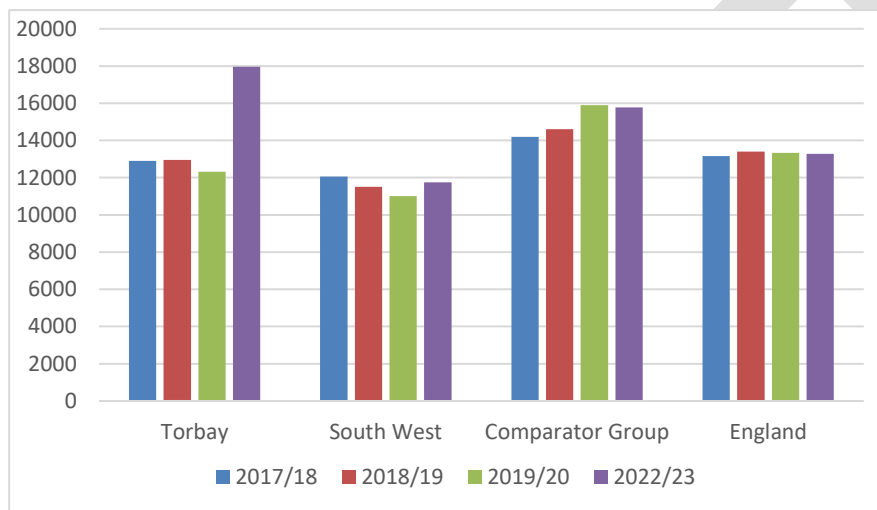


Figure 10: Rate of requests for support received from people aged 65+, per 100,000
Source: NHS Digital, Adult Social Care Short and Long Term Support data, ONS midyear population estimates

For people aged 18 to 64 years who requested support in 2022-23, Torbay had:

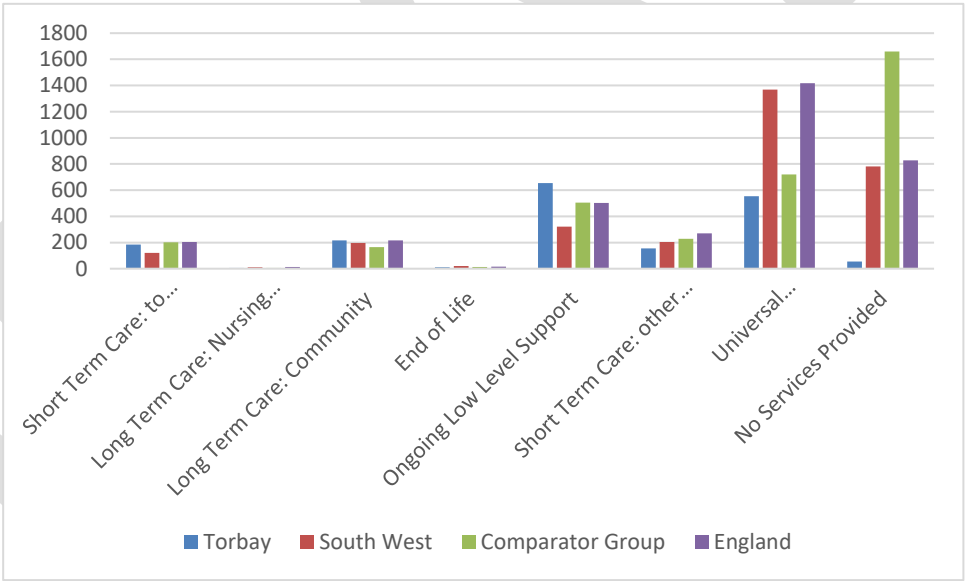
- A higher rate accessing long-term care in the community than its comparator group, the Southwest LAs but marginally lower than the England average
- A significantly lower rate of people went on to receive 'no services', compared to elsewhere
- An equal rate of people entering residential care to its comparator group, and a lower rate compared to other Southwest LAs and the England average
- Provided less end-of-life care than other areas but still similar numbers
- Significantly higher rates of low-level support.

The increase in working age adults entering residential care is better illustrated in Figure 12 and the table below shows more than a five-fold increase in the last nine years.

Year	Aged 18-64
2014/15	6
2015/16	16
2016/17	20

2017/18	22
2018/19	18
2019/20	24
2020/21	17
2021/22	27
2022/23	20
2023/24	33

Figure 11: Support request rate for people 18-64yrs, by what support type received, 2022/23



Source: Table NHS Digital, Adult Social Care Short and Long Term Support data, ONS midyear population estimates

Figure 12: Number/rate of 18-64 adults moving into long-term residential care from other settings



Source: NHS Digital, Adult Social Care Outcomes Framework

For adults 65 and over who requested support in 2023/24, Torbay had:

- A significantly higher number accessing short-term care than in other councils in the Southwest, as well as England and the comparator group.
- A much lower number accessing nursing care than the Southwest average, slightly lower than the England average, but marginally higher than the comparator group.
- Less people access Residential care in Torbay than both the Southwest and England averages, though it is slightly higher than the comparator group.
- The numbers accessing long term care in the community are about on par with the comparator group and England, as well as being much lower than the Southwest average.
- Significantly fewer people receiving 'no services' than other Southwest local authorities, the England average, or its comparator group.

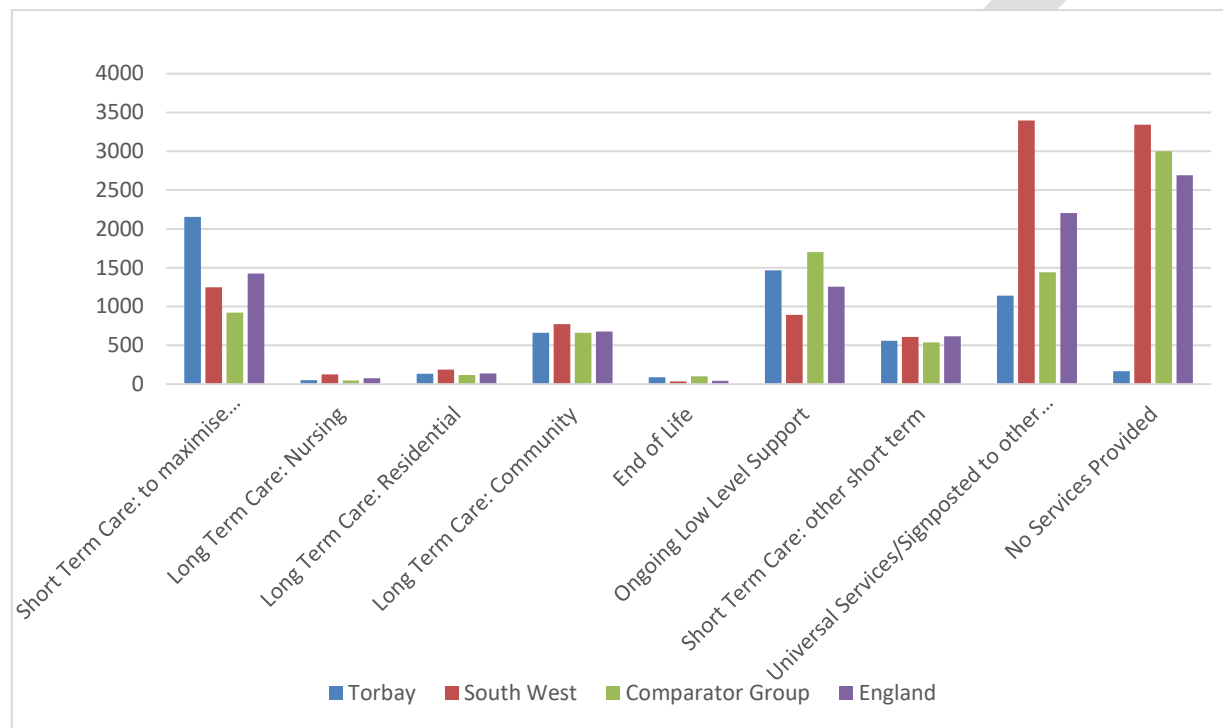


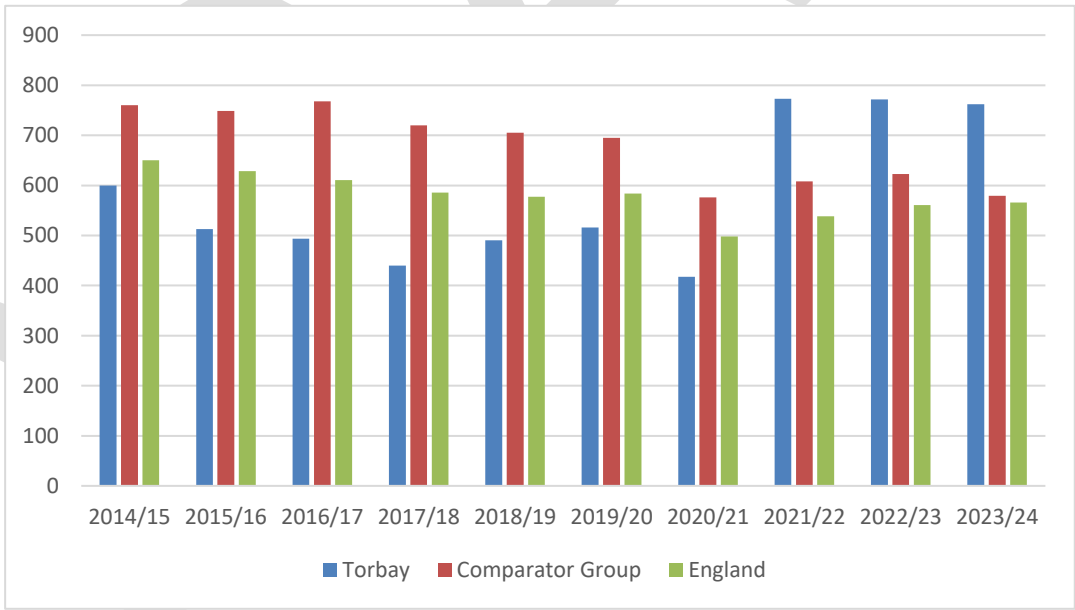
Figure 13: Support request rate for people 65+ yrs, by what support type received, 2019/20.
Source: NHS Digital, Adult Social Care Short and Long Term Support data, ONS midyear population estimate

For people 65 and over, although the number entering residential care was decreasing, it sharply increased after 2020.

Torbay had significantly lower rates of admission than its comparator group as well as the England average until 2021/22, see Figure 14.

Year	Aged 65 and over
2014/15	205
2015/16	176
2016/17	172
2017/18	158
2018/19	176
2019/20	189
2020/21	155
2021/22	287
2022/23	288
2023/24	289

Figure 14: Number/rate of 65+ Adults moving into long-term residential care from other settings
Source: NHS Digital, Adult Social Care Outcomes Framework 2A (2)



Trends in key alternatives to bed-based care

Domiciliary Care

There are 32 providers of domiciliary care in Torbay and they each provide one domiciliary care service, although some may be registered to deliver services elsewhere as well. Currently, we know that:

- 43% of people receiving domiciliary care receive between less than 7 hours a week
- 45% of people receiving domiciliary care receive between 7 and 28 hours a week
- 12% of people receiving domiciliary care receive over 28 hours a week and some of those receive over 56+ hours a week.

Use of domiciliary care has greatly increased over the last 7 years, with a corresponding increase in the monthly cost of packages, from £496k in January 2018 to £815k in December 2020 and more than doubling to £2,019,428 by February 2025.

Demand for services from self-funders

A self-funder is (typically) an individual who uses their own finances to pay for care (in both residential or community settings), as opposed to receiving support from the local authority or another third party.

Currently there is no requirement for local authorities or care providers to collect data on individuals who self-fund the care they receive, and so there is a significant gap in understanding the demand for services from self-funders. However, from the Office for National Statistics Census 2021 data¹, some analysis has been done for England:

- From 1st March 2022 to 28th February 2023, there was a 3.1% increase in the number of care home residents (372,035) across England. Of these 37% (137,480) were self-funders (a 9.2% increase in self-funders from the previous year (125,954)).
- The Southwest region has the second highest proportion of self-funders (41.5%)
- The proportion of self-funders in care homes providing care for younger adults was 2.0%, which was statistically significantly lower than all other care home types. Care homes providing care for older people (aged 65 years and over) had a statistically significantly higher proportion of self-funders (48.9%) compared with the proportion of self-funders in all other care home types.
- Care homes with 1 to 19 beds had the smallest proportion of self-funders.
- In terms of care homes with ratings, care homes rated outstanding had the highest proportion of self-funders (50.9%). Care homes rated inadequate had the lowest proportion of self-funders (24.0%). The proportion of self-funders in the care homes decreased as quality rating decreased.

¹ Source: ONS Census 2021 Data Analysis – Care homes and estimating the self-funding population, England 2022 to 2023.

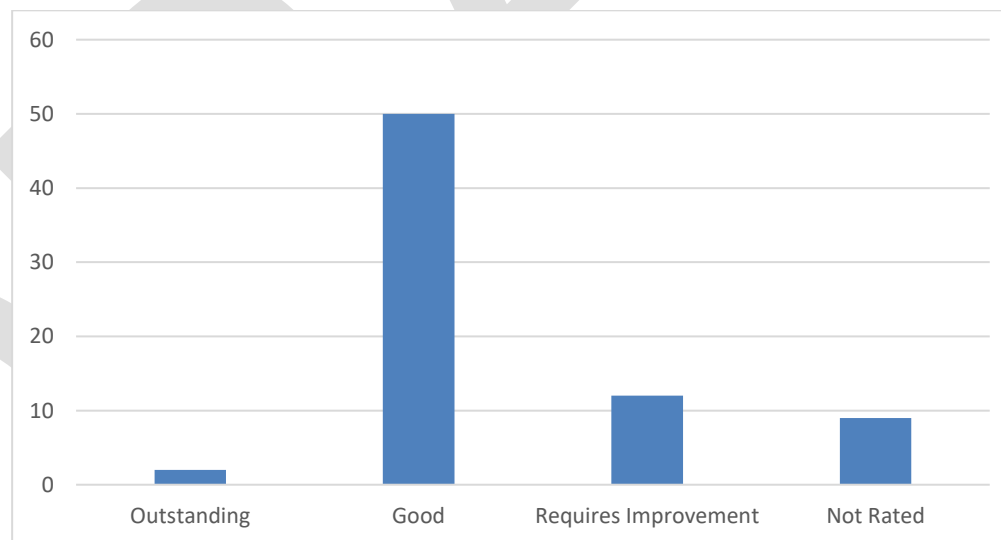
Supply

The Key points are:

- We need more services in the community that people can buy directly with a personal budget or direct payment
- We do not have enough nursing home beds of sufficient quality if we compare ourselves with other authorities
- We have an oversupply of residential care places in Torbay compared to similar local authorities, and the lower rates of placements into residential care suggest that self-funders and placements by other local authorities are significant in Torbay care homes
- We would like more providers to offer short breaks either in the community or in care homes, so that carers can take a break
- We would like more providers offering shorter services that aim to get people back home after a stay in hospital whether, in the community or in accommodation

Care Quality Commission (CQC) registered care providers

Every month CQC publish details of care providers in local authority areas which are a good source of data. Although the majority of Torbay care homes are CQC rated 'good' (57 homes, compared to our CIPFA neighbours we have less rated 'good' on average) the average is 72.6 homes. Torbay does have less homes rated as 'requires improvement', having 13 where the average of our CIPFA neighbours is 15. Torbay does also have marginally less homes rated as 'outstanding' having 2, where the average for our CIPFA neighbours is 4.



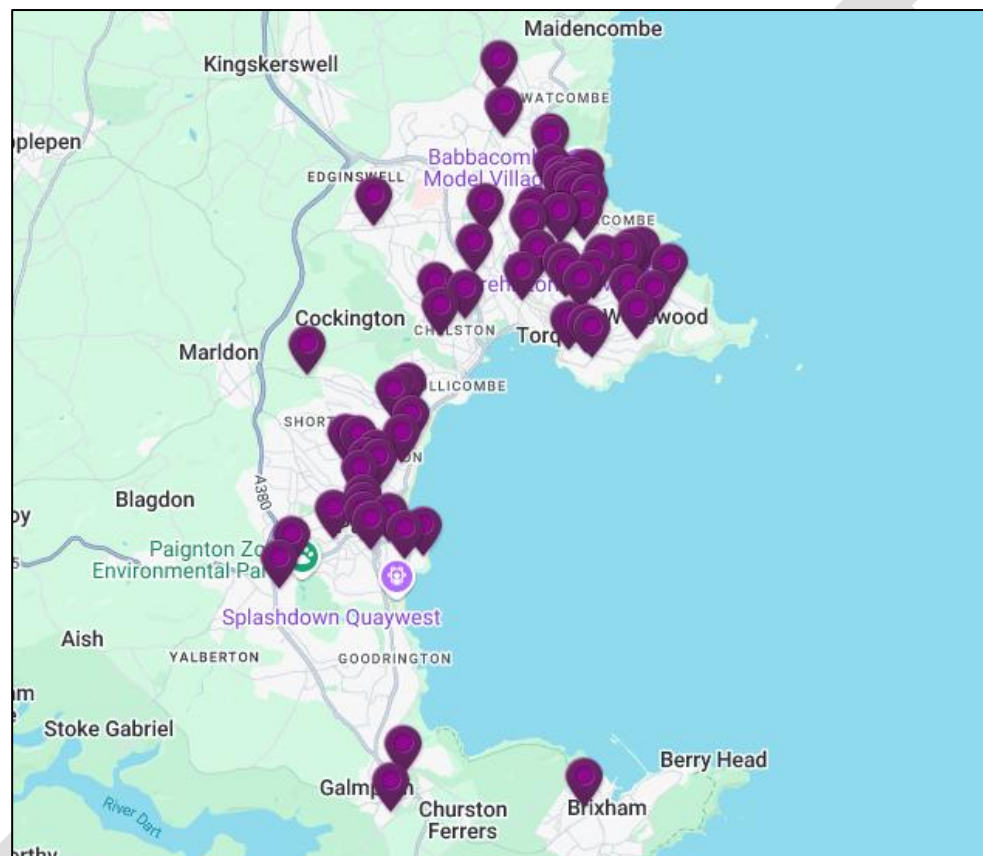


Figure 15: Map of CQC registered care providers
Source: CQC

In Torbay, as of March 2025, there are 64 residential care homes providing mainly care without nursing and approximately 1,350 usable beds within these settings. This is a net loss of six residential care homes since March 2020, with approximately 300 fewer beds. In addition, there were 13 nursing homes with approximately 500 usable beds (these figures have remained broadly static since March 2020).

Care homes without nursing:

The number of care homes and care home beds registered to each specialty type, are shown in Figures 16 and 17. N.B. Homes, providers and beds can be registered to more than one specialty band so there are duplicates in these graphs.

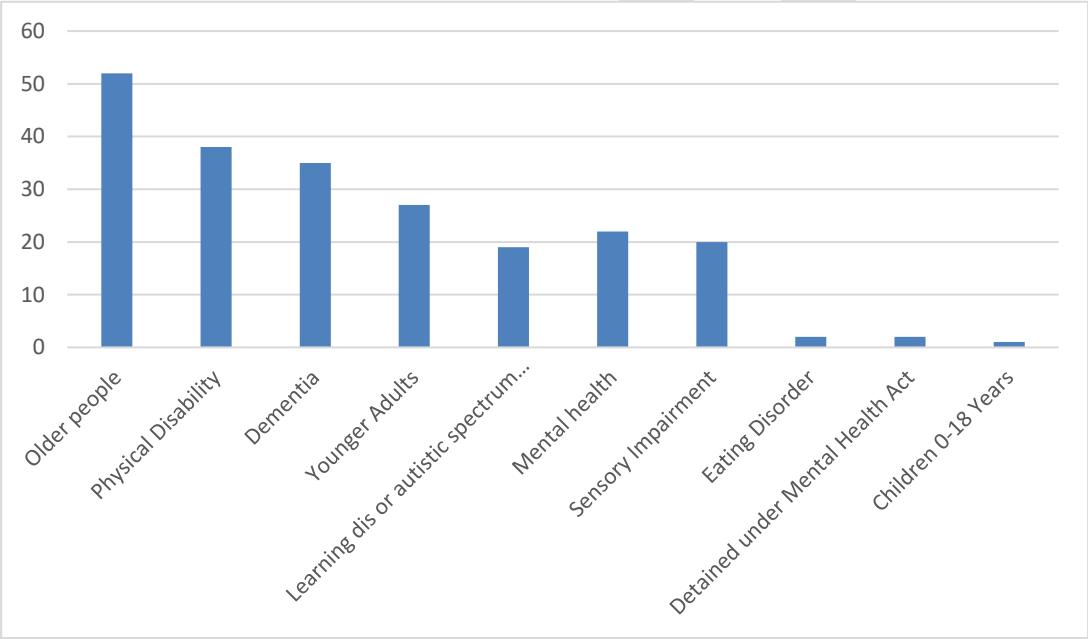


Figure 16: Number of care homes without nursing registered to each service user band, Torbay, March 2025

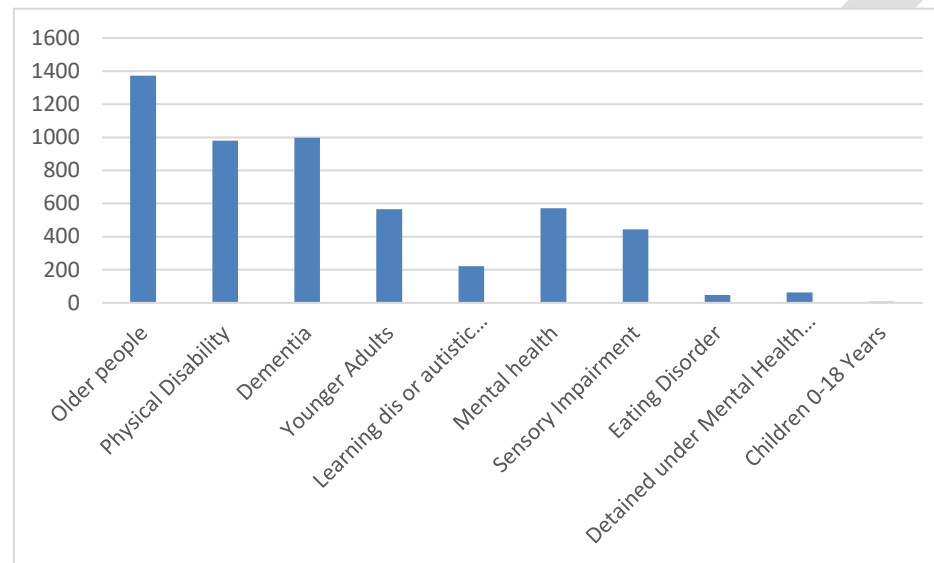


Figure 17: Number of care homes beds without nursing registered to each needs band, Torbay, March 2025
Source: CQC and TSDFT

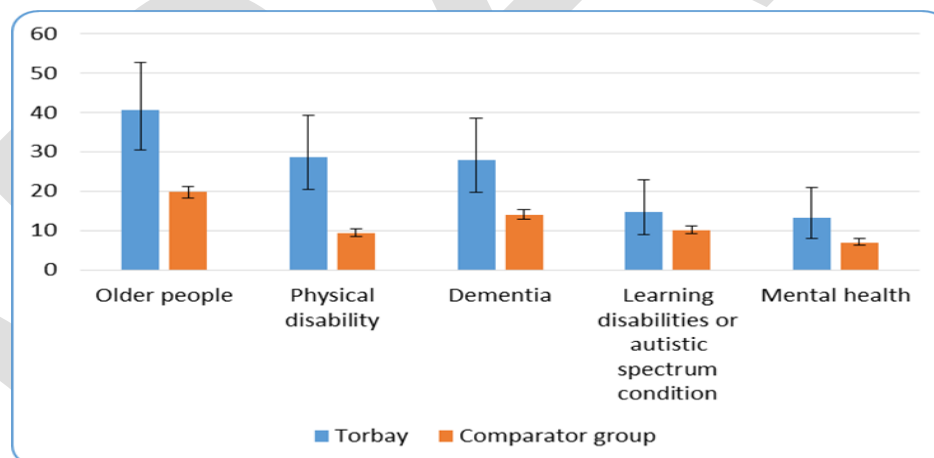


Figure 18: Care homes without nursing registered to needs band per 100,000, March 2020.
Source: CQC, TSDFT, and ONS 2018 Mid-Year Estimates. Analysis: Torbay Council

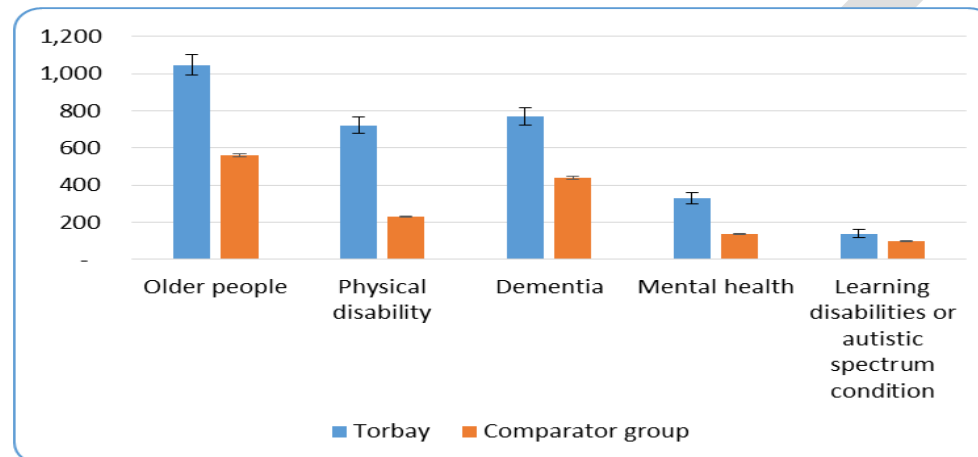


Figure 19: Care homes beds without nursing registered to each needs band per 100,000, March 2020
Source: CQC, TSDFT, and ONS 2018 Mid-Year Estimates. Analysis: Torbay Council

comparison with our CIPFA neighbours, Torbay has:

- Almost double the number of residential beds for older people
- More than double the number of residential beds for people with mental health issues
- Three times as many beds for physically disabled people; and
- Almost double the amount of residential for people with dementia.

As well as reducing the surplus of residential beds for older people with low-level care needs, commissioners also want to reduce the usage of residential care for working- age adults, and in particular, the number of adults with mental health issues placed in residential care.

Care homes with nursing:

In Torbay there are 13 nursing care homes providing 500 useable nursing beds, and they are registered, by specialty type as shown in Figures 20 and 21. In addition, other residential homes also provide some nursing care beds.

N.B. Homes, Providers and beds can be registered to more than one specialty band so there may be duplicates between columns.

Figure 20: Number of care homes with nursing registered to each needs band, Torbay, March 2020 Source: CQC and TSDFT

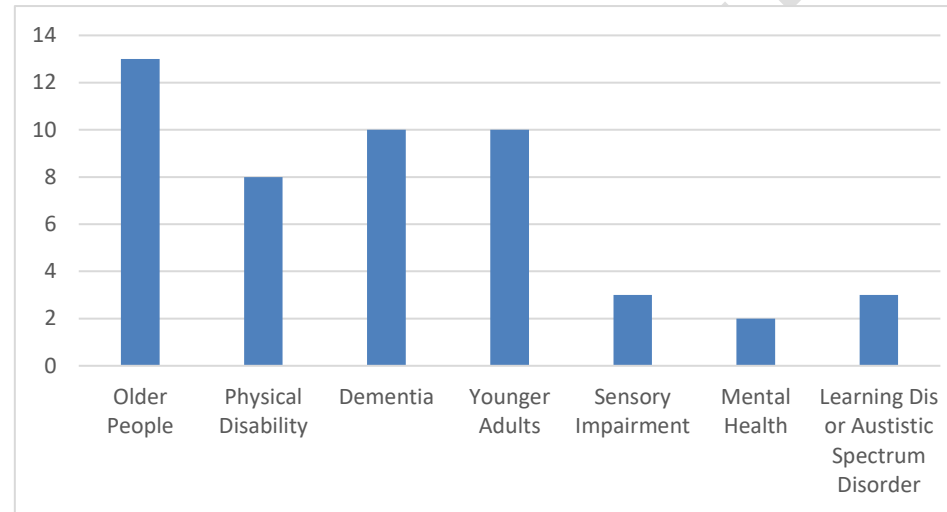
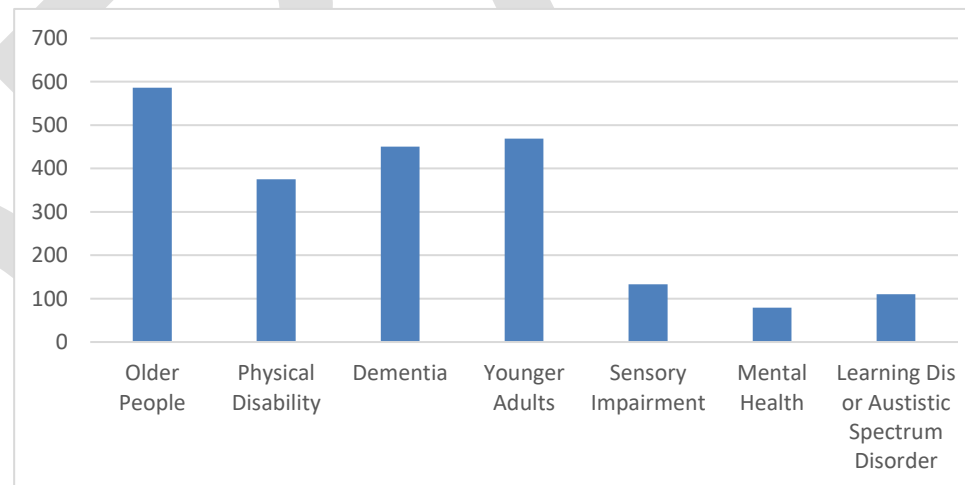


Figure 21: Number of beds of care homes with nursing registered to needs user band, Torbay, March 2020 Source: CQC and TSDFT



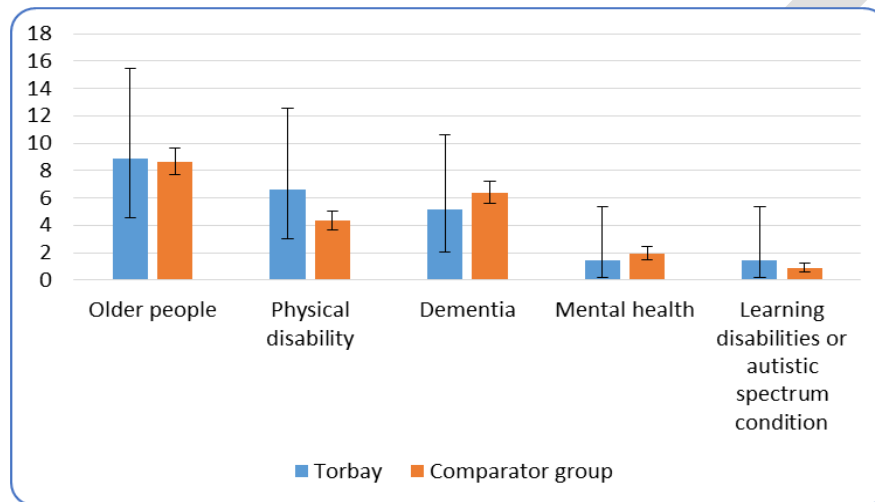


Figure 22: Care homes with nursing registered to each needs band per 100,000, March 2020
Source: CQC, TSDFT and ONS 2018 Mid-Year Estimates. Analysis: Torbay Council

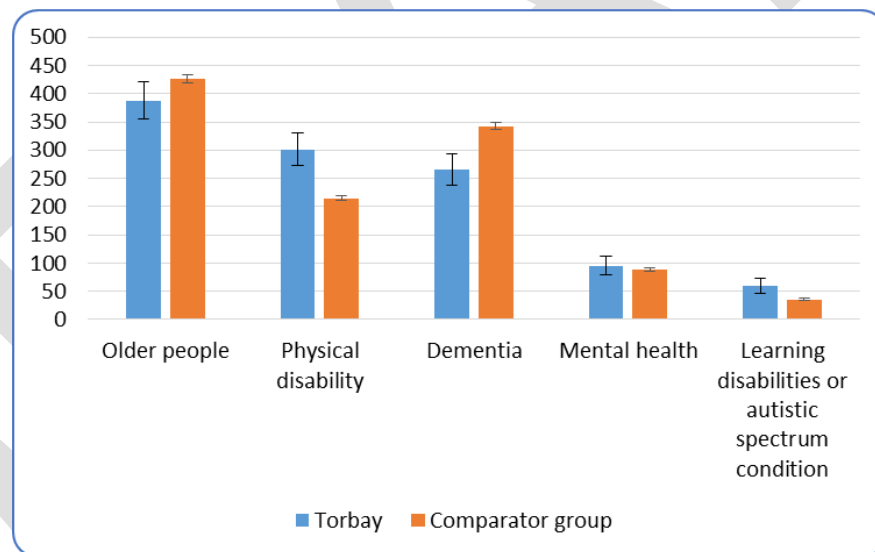


Figure 23: Care homes with nursing registered to each needs band per 100,000, March 2020
Source: CQC, TSDFT and ONS 2018 Mid-Year Estimates. Analysis: Torbay Council

Our data shows that in comparison with our CIPFA neighbours, Torbay has:

- Fewer nursing beds for older people
- About the same amount of nursing beds for people with mental health issues
- Significantly more nursing beds for physically disabled people
- Significantly fewer nursing beds for people with dementia

As mentioned above, commissioners want to increase the number of nursing beds of greater quality by over 200, to meet the growing demand for complex care and nursing needs. Some of these places may be found within our existing wider care home bed capacity (as we look to reduce the number of surplus residential beds in Torbay that provide low-level (rather than complex) care needs), re-purposing supply to support people with dementia, and complex needs.

Services in the community

Domiciliary care services:

Figure 24 shows how many Domiciliary Care providers/services in Torbay are registered to each needs band, and as a provider may be registered to more than one band, there may be duplicates between columns.

Figure 24: Number of domiciliary care providers/services registered to each needs band, Torbay, March 2025.
Source: CQC

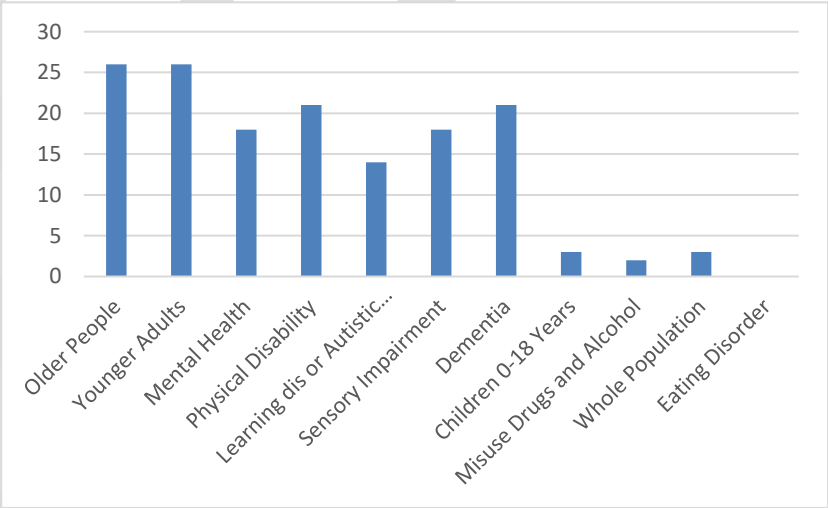
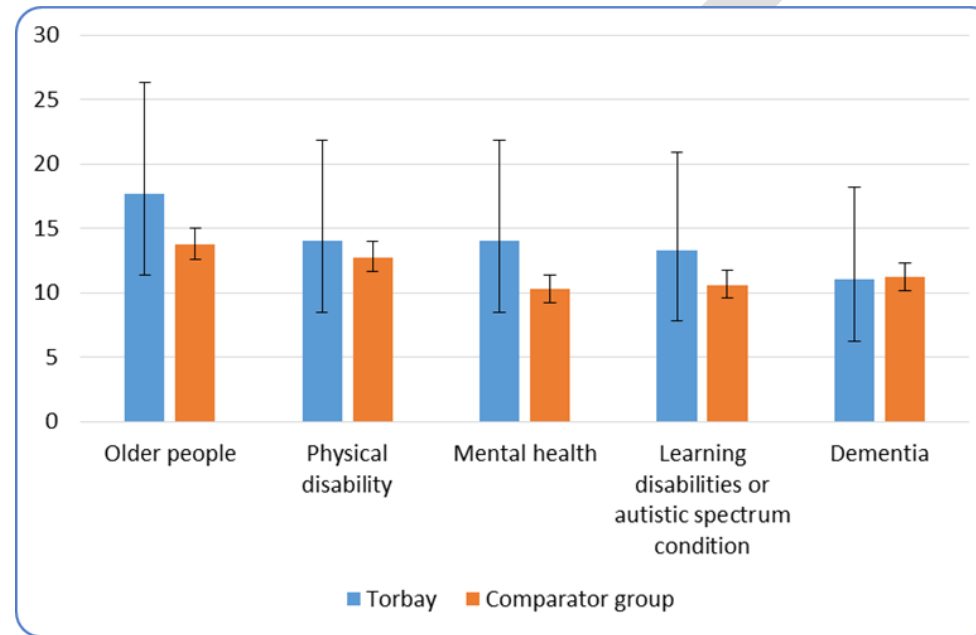


Figure 25: Rate of domiciliary care providers/services registered to each needs band, March 2020
Source: CQC, ONS 2018 Mid-Year Estimates. Analysis: Torbay Council



Commissioners recognise that we can do more to keep people living as independently as possible for as long as possible, to help them ‘age in place’ and remain part of their community and within their natural ‘circles of support.’ To do this, we need more domiciliary and personal assistant services in the community (which also specialise in complex support) that people can buy directly, including with a personal budget or direct payment.

Supported living services:

Supported living is housing that is purpose designed or designated to provide support for a particular group of people. The accommodation is often shared but can be a single household. The one-to-one support is provided under a separate contractual arrangement to the person’s housing arrangement.

There are 27 supported living providers in Torbay, registered as social care organisations and providing accommodation with support to over 250 people. About 70% of supported living tenants are people with a learning disability.

Most providers are on the Torbay Supported Living Framework, which facilitates referrals from practitioners through a vacancy register, and provides a focus on promoting people’s independence, quality of life, health and well-being. There remain four providers not on the Framework, but they are working towards the same quality measures.

There are eight CQC registered supported living service providers which also provide personal care to people as part of the support that they need to live in their own homes. The personal care is also provided under separate contractual arrangements to those for the person’s housing. Supported living providers that do not provide the regulated activity ‘personal care’ are not required by law to register with CQC.

We need to significantly increase supported living provision for people with learning disabilities, autism and mental health issues, both to enable people to leave residential care, and to divert people from entering it. During 2021/22 we re-opened the Framework to new providers, and also went out to our current providers, to develop this capacity. We want supported living providers to become more skilled at providing enabling support to people with complex issues and behaviours that challenge, increasing the person’s ability to self-regulate and always using the least restrictive practice.

Supported living and extra care increase self-determination, independence and citizenship, and enable people to be part of their community and develop natural circles of support.

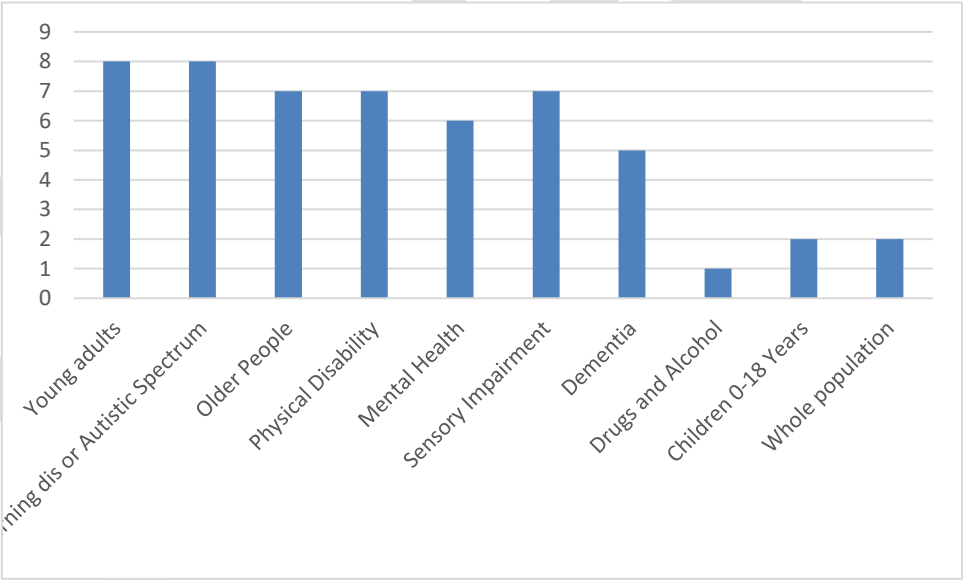


Figure 26: Number of supported living providers/services registered to each service user band, Torbay, March 2025. Source: CQC

Extra care housing services

Extra care housing provides quality, safe and affordable housing with care and support which enables people to enjoy living independently, to build relationships and to live life to the full. People live in their own home, and there is on-site care and support staffing available 24/7, which flexes to individual needs and may be provided on a continuous basis, or only periodically.

In Torbay, extra care housing is not age-restricted and is available to anyone over the age of 18, who might have or develop ongoing care and support requirements and who would otherwise experience difficulties in other forms of accommodation.

There are currently 107 units of Extra Care Housing in Torbay, located across two sites and provided by one service provider who is registered as a social care organisation. The current residents include people with the following long-term conditions:

- Dementia
- Learning disabilities
- Autism
- Mental health issues
- Physical disability
- Sensory impairment

We are currently undertaking a capital project to deliver around 90 extra care homes in Paignton town centre, along with a new day centre. We are working on getting planning permission for this scheme in the first half of 2025.

There are also plans for a potential additional scheme in Torquay, to meet the projected demographic demand by 2030.

Extra care should enable people who need personal care and/or support to live as independently as possible in accommodation that is genuinely 'their own', and this is facilitated by separate legal agreements for the care/support provided and the accommodation.

Alternative care and support options

We want to build the market of alternative, more flexible options for people to buy care themselves with a personal budget or direct payment if they want to. This could be support with accommodation or support they receive in their own home. At the moment, we have a small market of providers of support with accommodation, and providers delivering a variety of outreach and support options; largely providing services for

people with learning disabilities, cognitive difficulties or mental health issues.

We would like to extend these options to more people, and to also develop greater consistency in quality, and a focus on measurable outcomes such as improving independence and wellbeing.

Personal assistants

Torbay also has a significantly lower number accessing direct payments than its comparator group.

There has been a significant piece of work completed to refresh our Direct Payments policy, and a plan put in place to support practitioners in the application of this policy. We need to see a step change towards the correct use of direct payments and personal budgets, to increase confidence and use of them as a way to reduce standard commissioned services and premature admissions into care homes placements.

Support Networks is a non-profit Torbay community project which specialises in matching enthusiastic, motivated personal assistants (PAs), to people needing care in Torbay. The Support Networks Personal Assistant "matching" Service is free to those being funded in Torbay for their care and support and also free to all personal assistants (PAs).

The PAs on the Support Networks register all have the right qualifications, experience, and the following:

- An enhanced DBS check (disclosure and barring system criminal records check)
- A RTW (Right to Work check in the UK)
- Proof of their employment status
- Public Liability Insurance.

However, PAs must also be able to work in a person-centered way, putting people first, listening to their needs, hopes and goals. More details are at [Supportnetworks](#).

A voluntary sector organisation (Disability Focus) helps local people with either employing and managing the payroll for a personal assistant/care worker who provides support to live independently or help with paying of invoices. They were providing this service for 335 Torbay adults in March 2021, which is an increase on previous years.

Torbay adults supported to employ/manage the payroll of a personal assistant/care worker	
Time period	Number of people
January 2016	178

January 2017	194
March 2021	335

Shared Lives services

Shared Lives Southwest supports adults with learning disabilities, autism, mental health issues and dementia by matching them with a Carer. The aim is for the person being supported to live the fullest life they can, be part of the community and maintain and promote new skills and independence. Carers are assessed and trained first and then open their own family home to the person needing support. It is similar to adult fostering and an alternative to supported living and residential care.

In March 2025 it was supporting 26 adults funded through Adult Social Care. The Shared Lives Southwest organisation is rated 'Outstanding' by CQC.

Community Equipment Services

The supply of specialist equipment can also help support people either in their own home or other accommodation.

Complex aids to daily living are provided through a Torbay Council contract. This equipment is provided on loan following an assessment from a Torbay and South Devon NHS Foundation Trust practitioner and provides for people with short and long-term needs as well as end-of-life care.

Number of people served:

Year	Number of people served
2021/22	10,944
2022/23	10,852
2023/24	11,778
2024/25	Tbc (awaiting data)

Source: NRS

We need to give people the advice and information they need, as early as possible, to enable them to live as independently as they can, staying healthy and well for as long as possible.

Activities in the daytime

As of 24/04/2025, there are 215 people that use day services, a 3.37% increase from Spring 2020. The proportion of spend on people with learning disabilities is 75%, 18% on physical support and 7% other.

It is recognised that currently, the quality of services provided and outcomes delivered may vary significantly. From 2025, there will be a refreshment of day opportunities, including the development of a Day Activity/Day Service Framework for providers with clear outcomes, quality measures, cost settings and performance indicators.

Number of people using day activities

	Summer 2016	Spring 2020	Winter 2024	Spring 2025
Number of people using day services and activities	258	208	214	215
% spend on people with LD	72%	74%	79%	75%
% spend on people with physical support needs	15%	18%	13%	18%

What do people using our services think of them?

Measures from the Adult Social Care Outcomes Framework 2023-24, a national survey that compares Adult Social Care individuals' satisfaction, shows that:

Page 148

Overall satisfaction of people who use services with their care and support – In Torbay, 67.3% of respondents were satisfied with their care and support, which is above the England Average of 65.4% but slightly below the Southwest average of 67.6%.
Control over their daily life – In Torbay, 80.6% of respondents felt they had control over their daily life, which is above the statistic for England, which is 77.6% and is equal to the Southwest, which is also at 80.6%.

What do individuals and carers think about the current service delivery?

We work with individuals, carers, and providers to develop our commissioning strategies, which are a vital part of planning for the future. We also require care providers to engage with the people they support and their carers to ensure they meet people's expectations and understand their needs for people in the future.

Over the coming years, the increased use of personal budgets and direct payments will lead to more people making their own arrangements for care and support. Commissioners and service providers must understand what people are looking for and offer choice and new ways of meeting people's needs.

Carers

Effective engagement with individuals needs to take account of the views of carers. A carer is someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally or through a voluntary organisation. The 2021 census showed that just over 15,000 unpaid carers in Torbay, 3.9% of carers, provide 50 hours or more of care per week. As of March 2025, 5,764 unpaid carers are identified on the Torbay register.

More than 32,000 people across Torbay and South Devon support a friend or relative. They may help with shopping or meals, attend appointments with them, or just ensure that they are okay. They may be an older couple who do things for each other, a parent carer, or a young carer. They may not see themselves as 'carer' or know about the support available to them.

Commissioners and service providers recognise that carers are essential and that there is value in actively supporting and working in partnership with them to get the best outcomes for them and the person they care for. Further information on support for carers can be found at: www.torbayandsouthdevon.nhs.uk/services/carers-service/

Feedback from carers about moving care closer to home

Carers are understandably anxious about future changes, especially given the limitations of existing support services. Carers have identified several priorities, e.g. contracts for short stays (often known as 'respite care') and enhanced carer support. Some potential solutions they have suggested, such as direct payment promotion or IT solutions, have already been committed to. They also require innovative solutions to the needs of the carer and the person they care for, such as flexible day or night care or 'on demand' contracts.

Individuals and carer engagement groups

We work with a number of groups and partnerships that hold regular meetings involving a range of people, such as individuals, their Carers, commissioners and providers. In many cases, these involve independent 'umbrella groups and voluntary sector organisations, which can offer providers opportunities to engage with people. Some of these groups include:

- Torbay Learning Disability Partnership Board
- Torbay Carers Service
- Carers Aid Torbay
- Torbay Older Citizens Forum
- Community Partnerships
- Community Health and Wellbeing Forums

- Experts by Experience
- Patient Advice and Liaison Service (PALS)

These forums provide opportunities for people using services and carers to share their experiences of using services and to work with commissioners and providers to improve quality or develop new provisions.

It is important that providers treat people using services and Carers as equal partners, who are experts in their own care and needs. Support from independent organisations can be critical, particularly when things are not going well with a provider. An independent voice can help with managing risk and conflict between providers, individuals and carers, helping those involved in raising awareness of issues. They can also assist with improving communications and understanding the ‘whole picture’ of needs, where the family can be a part of the wider ‘Carer team.’

Healthwatch Torbay is an independent consumer champion for health and social care in Torbay. They have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Local Healthwatch voices people’s concerns and provides feedback to service providers and commissioners. Through local engagement, they collect vital data on how and why people use services in their area. Its place on the Health and Wellbeing Board means Torbay Healthwatch can represent the voice of people in decision-making. Healthwatch Torbay directly supports people in their community by giving them information or signposting them to the local services they need. For information, see www.healthwatchtorbay.org.uk/. For information about their online site where you can leave views about a service, see [Review a service - Healthwatch Torbay](#)

Risk and uncertainty

Nationwide, providers and commissioners in the care, health and support marketplace face a number of risks, issues and challenges, most of which are also present within Torbay. Whilst the list below is not meant to be exhaustive, it gives a flavour of the potential challenges facing both providers and commissioners.

The impacts of COVID-19 have had a massive impact on all aspects of our lives and the ASC sector has had, and continues to have, to deal with many challenges associated with the ongoing global pandemic. Commissioners have worked proactively with providers to understand the issues involved and provide support, but we recognise that the repercussions of COVID-19 will continue to be felt in the ASC market for a long time.

This should also be seen within the wider context of the potential impacts of the UK leaving the EU, which could have significant implications for the health and social care market. Economic and political uncertainty at a time when the system is facing major operational and financial pressures, together with COVID, will provide significant challenges to commissioners and providers alike.

Costs and fees:

- COVID-related costs
- The impact of cost savings that commissioners have to make, as a result of reductions in central government funding, on the level of fees paid to providers
- General inflation pressures
- Insurance costs
- Specific increases in core costs, such as national insurance, the National Living Wage and pension contributions
- Servicing debt associated with properties and other financial commitments
- The costs of moving from out-of-date services (including premises that are no longer 'fit for purpose' or investment in new technology) to new ways of working. This is particularly an issue for the many small providers in the marketplace.

This potentially leads to reducing profit margins and falling returns on investment for service providers, possibly resulting in existing businesses being unable to develop or exit the market and potentially discouraging new entrants. Providers may also seek to concentrate more on the self-funder market to support their business models.

Workforce:

- Recruiting and retaining a trained and well-paid workforce (particularly regarding registered care managers)
- Issues relating to staff turnover, ageing workforce, competitive labour market (e.g. attraction of permanent and seasonal retail and service sector employment opportunities), image and career prospects for Carers, 'bureaucracy' and costs with recruitment (e.g. DBS checks), training costs, etc.
- Increased demand
- Increases in the number of people requiring care, particularly those with more complex needs, e.g. comorbidities and long-term conditions

Quality and choice:

- Increasing demand from people using services and their families in terms of the quality of service they expect and being able to exercise choice in meeting their needs (e.g. personalisation agenda)
- Higher regulatory standards e.g. impact of CQC requiring providers to raise quality standards within services provided and impact of having to meet the widened scope of Deprivation of Liberty Safeguards (DoLS), etc.

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

Date: 12 June 2025

Wards affected: All

Report Title: Adult Social Care Self-Assessment

When does the decision need to be implemented: Updated self-assessment following previous document in 2024 in preparation for CQC Inspection Visit in 2025.

Cabinet Member Contact Details: Councillor Tranter

Director/Divisional Director Contact Details: Report by Lee Baxter, Divisional Director for Adult Social Care and Sharon O'Reilly Deputy DASS Torbay & South Devon Foundation Trust on behalf of the Director of Adult Social Care, Anna Coles.

1. Purpose of Report

1. To provide the Scrutiny Sub-Board with information in relation to the updated self-assessment with respect to the new Care Quality Commission's (CQC) inspection of Adult Social Care.

2. Reason for Proposal and its benefits

- 2.1 The report will provide Members of the Board with information on the findings of the self-assessment for Adult Social Care as part of the readiness and preparation for the CQC inspection.

3. Recommendation(s) / Proposed Decision

- 3.1 For Members of the Board to note the contents of the report
- 3.2 Officers to follow up regarding any requirements from discussions or specific actions from the Board.

Appendices

Appendix 1: Torbay Council Adult Social Care Self- Assessment Report.

1. Introduction

- 1.1 As part of the Health and Care Act 2022 the Care Quality Commission (CQC) has been given additional responsibilities and powers to review, assess and report on council regulated adult social care functions under Part One of the 2014 Care Act, such as prevention, information and advice, market shaping and support services. As part of the preparation work a self-assessment has been completed using the Local Government Association Workbook. Information has been gathered and refined over the last 8 months. There was a review of the safeguarding section by Partners in Health and Care in March 2023. It has also been tested by staff and commissioners in Adult Social Care (ASC) as well as through the South West Association of Adult Social Services CQC peer support. The document was written over Quarter 3 of 2023/24.
- 1.2 This self-assessment has been submitted to CQC on 2nd May 2025 as part of the information return that is required by them, when we received the first notice of inspection.

2. CQC Self-Assessment Report

- 2.1 **CQC Assurance Framework.** The CQC assessment framework is based around four themes and nine quality statements. The self-assessment is designed in the same way and below is an overview of the framework.

Theme 1: Working with people	Theme 2: Providing support	Theme 3: Ensuring safety	Theme 4: Leadership and workforce
<ul style="list-style-type: none">• Assessing needs• Supporting people to live healthier lives• Equity in experiences and outcomes	<ul style="list-style-type: none">• Care provision, integration and continuity• Partnerships and communities	<ul style="list-style-type: none">• Safe systems, pathways and transitions• Safeguarding	<ul style="list-style-type: none">• Governance, management and sustainability• Learning, improvement and innovation

2.2 The CQC self-assessment starts with the vision for Torbay.

Our Vision for Torbay



Torbay is a glorious part of Devon and with an inspiring natural environment. We are a magnet for tourists and known as the English Riviera. We are home to globally significant technology businesses and have a rich leisure and cultural scene.

We want to deliver for our people and our place, and we know that we have challenges, but we have high aspirations. By continuing to work closely with our communities and partners and capitalising on our strengths, we want to make Torbay a great place to do business - a place where everyone is able to live their best life.

A healthy, happy, and prosperous Torbay for all.

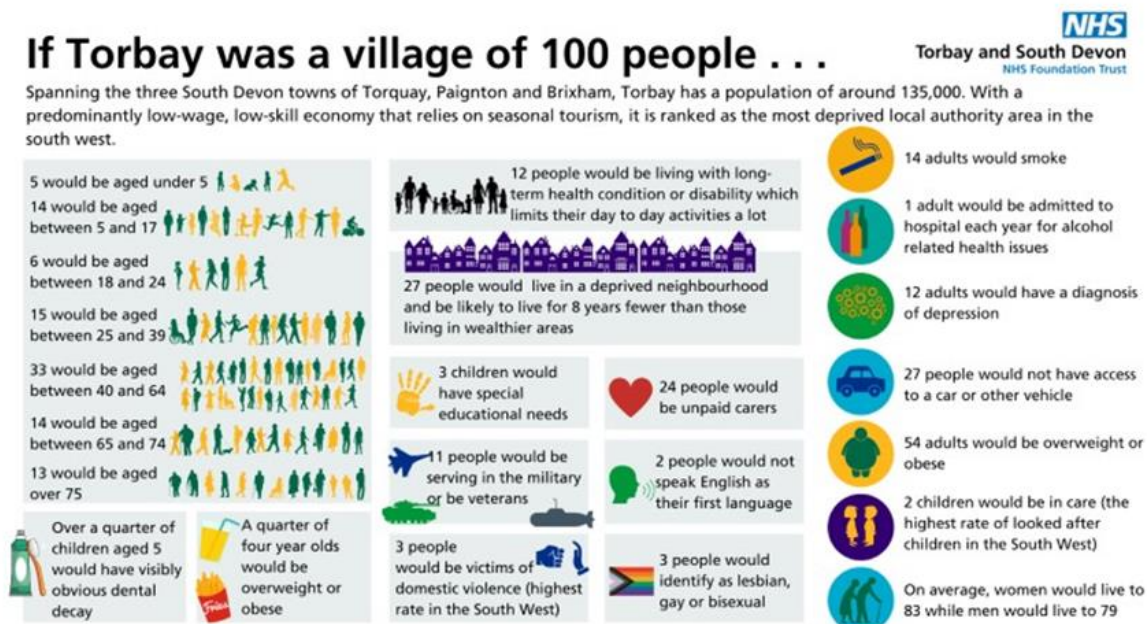
To bring our vision to life, we have identified three strategic themes:

- Community and People
- Pride in Place
- Economic growth

The Community and Corporate Plan can be found here; [Community and Corporate Plan - Torbay Council](#)

Torbay's Joint Health and Wellbeing Strategy lays out the plan to improve the health and wellbeing of the population in Torbay between 2022 – 2026. The [Joint Health and Wellbeing Strategy 2022-2026](#) covers five priority areas, reporting delivery to the Health and Wellbeing Board (HWBB) twice a year.

2.3 The self- assessment sets out our population challenges:



- Torbay's increasing ageing population with an anticipated pressure growing from the 40 – 64 age group due to higher-than-average
- 54% of adults would be overweight or obese
- Torbay has the highest rate of domestic abuse in the Southwest
- Over 10% will experience a common mental health condition (such as depression)
- Torbay is home to a large number of people with long-term health conditions and disabilities
- Close to a quarter of the population would be identified as an unpaid carer

2.3 Several strategic documents have been cited in the self-assessment and links provided within the document.

- Community and Corporate Plan
- Vision and strategy for Adult Social Care
- Joint Health and Wellbeing Strategy
- JSNA
- Integrated Care Partnership and Strategy - Devon Plan
- Better Care Fund
- Homelessness and Rough Sleeping Strategy and Action Plan
- Transformation and Improvement Plans for Adult Social Care

2.4 The report provides headline performance data from Torbay and South Devon Foundation Trust who delivery Adult Social Care on behalf of Torbay Council.

As of 20th April 2025 **2,736**, people are being supported by Adult Social Care in Torbay

- *We received 1,742 on average contacts per month*
- *Our social care teams completed 2,555 assessments*
- *We developed 3,724 support plans*
- *We undertook 374 safeguarding enquiries, having received 1034 concerns raised*
- *We supported 710,244 hours of care in peoples' homes and 779 residential/nursing placements*
- *There are 5,764 unpaid carers on the Torbay register*
- *We supported 495 people to have a direct payment*

2.5 What have we learnt through the self- assessment process so far? Our priorities, strengths and areas for improvement which are being addressed through our Transformation and Improvement Plans with the Trust.

Our Priorities

- **Focused on outcomes and wellbeing**
 - *"My care and support focuses on promoting my wellbeing in all its facets – physical, mental, emotional and spiritual – and the outcomes I decide are important to me. It also promotes equity and inclusion by ensuring different groups in Torbay experience similar outcomes to me."*
- **Personalised, co-created and flexible**
 - *"I have a say and shape care and support. Care and support adapts to my needs as they change, and recognises my diversity and individual preferences, beliefs and circumstances. When I lack capacity there are advocates to represent my prior wishes and best interests. When needed I will be supported by appropriate interpreting services and advocacy".*
- **Proactive and preventative**
 - *"I can access support to enhance my health and wellbeing this reduces inequalities across communities. Care and support is easily available at an early stage to help slow or prevent escalation into crisis, or before I have acute care needs".*
- **Integrated and coordinated**
 - *"The care and support I receive is better joined up around my needs and those of my carers. Care and support links to and/or includes support around health, housing and employment. We will build upon the partnership working with Childrens services to ensure seamless transitions from Childrens to Adults services".*

Some of our strengths

- A committed workforce, with low vacancy rates and good retention levels
- Strong community partnerships leading to resilience and innovation for our population
- A fully integrated delivery approach for health and social care across hospital, community and older people's mental health, resulting in a timely response to escalating need
- Delegated tasks and activities, reducing the numbers of professionals working with our people required to attend the same individual
- Sufficient capacity within home care and care home markets
- Clear governance and a strong focus on improvement and transformation
- A strong, coordinated and vibrant community offer
- Established cross organisational working arrangements to target areas of challenge

Some Areas for Improvement

- Waiting times for assessments and reviews
- Numbers of individuals in receipt of direct payments
- Improvements in our arrangements for young people transitioning to adulthood
- Creating an improved reablement offer for all
- Developing further provision for unpaid carers
- Supporting our care providers further to meet increasing levels of complexity
- Further develop and embed our co-production approach ensuring people who draw on care and support become our equal partners
- Develop our approach to commissioning, working with care providers as partners

3. Financial Opportunities and Implications

3.1 None from this briefing

4. Legal Implications

4.1 None from this briefing

5. Engagement and Consultation

5.1 Completion of the self-assessment was undertaken in collaboration with a range of stakeholders, partners, user groups and staff.

6. Purchasing or Hiring of Goods and/or Services

6.1 Not applicable to this briefing.

7. Tackling Climate Change.

7.1 Not applicable for this briefing.

8. Associated Risks and other information

- 8.1 **Not being “Assurance Ready”**; This risk has been mitigated by the employment of a specific post focussing on Quality and Assurance and the establishment of a CQC Assurance Sub Group. Progress is well underway and on track.
- 8.2 **Poor Assessment Rating**: This risk is being mitigated by building self-awareness through benchmarking, this comprehensive self-assessment and ongoing review and development of the Adult Social Care Improvement plan.

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

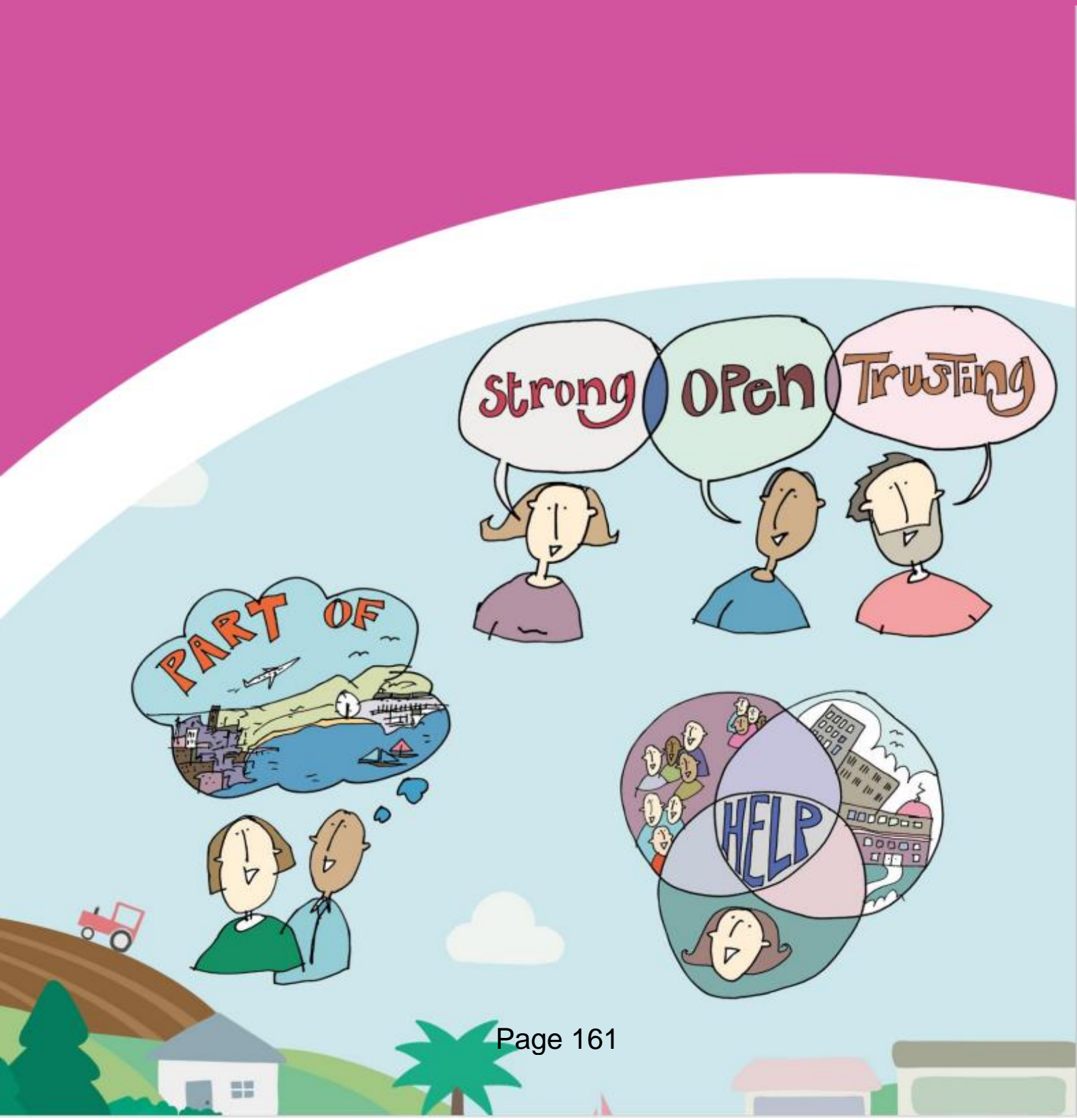
10.1 None

11. Cumulative Community Impacts

11.1 None

Torbay Council Adult Social Care Self-Assessment Report

25/04/2025





FOREWORD

After moving to Torbay 16 years ago, it didn't take long to realise how unique a place this is. The thriving community welcomed me with open arms, and I soon started my community volunteering life; from grassroots groups to large charities, I've been involved with it all. I have also worked in Adult Social Care throughout my life and have personal experience in needing to draw upon social care support and because of this, I am truly passionate about my role.

My role as Cabinet Member for Adult and Community Services, Public Health and Inequalities gives me the opportunity to not only influence change in Torbay, but also to get out into the community and understand what our residents really need. I have met with Adult Social Care teams but also some of our wonderful community and voluntary sector partners who are working with, and supporting, vulnerable adults in Torbay. Some of my recent visits have included meeting with our homeless hostel staff and residents, regularly attending meetings with our Learning Disability Ambassadors and attending resident engagement events to hear from the public.

There is no doubt that working in Adult Social Care can be hard at times and there are many challenges, but the rewards are also great. We have some wonderful work already taking place and I am extremely proud of that. We work hard to address the challenges Adult Social Care in Torbay faces and continue to put plans in place to improve the services that our residents need.

We are excited to tell you about our story and we hope that you enjoy being a part of the journey with us.

Councillor Hayley Tranter

Cabinet Member for Adult and Community Services, Public Health and Inequalities, Torbay Council



FOREWORD

Torbay is unique in its Adult Social Care arrangements. The NHS Trust (ICO) delivers our social care, which provides us with the opportunity to work collaboratively and innovatively. Our integration is long-standing and our residents' benefit from a fully joined up model of health and care support in the Bay.

Our partnership with the vibrant voluntary and community sector continues to strengthen and evolve with our Community Helpline, hubs and community builders coordinating support for people from over 100 grassroot organisations across Torbay. These relationships are crucial in ensuring that our residents receive the best care and support that they can within the communities in which they live. We are constantly striving to improve our co-production ethos, working closely with individuals to make sure this is meaningful and delivering impact for our whole population.

We have much to be proud of, including our integrated delivery arrangements and our strong and effective partnership approach across the Bay. We continue to work in partnership with our care providers to create capacity to best meet the needs of our population

We are aware of the areas we need to improve. Some of our people are waiting too long for an assessment or review in our system, we need to focus energy on ensuring our support offers are truly personalised, growing the use of direct payments and improving the quality and capacity of our personal assistant market. In addition, there is more for us to do to support our unpaid carers by creating options for replacement care with them. Despite our positive performance in relation to hospital discharge there is work to do to ensure we can offer a consistent reablement approach in the community. Whilst there has been good progress in our transitions pathway there is more for us to do through closer joint working with Children's services and our provider market. Our data and intelligence approach needs to be strengthened to enable us to have a greater understanding of our current needs and future demands.

Torbay as a system, including all its partners, is committed to continuing to improve social care services for residents. Whilst there are areas that require some improvement, it is important to remember that there are so many areas of work and good practice that should be celebrated.

I am new to Torbay, but I am excited by the passion and dedication of our staff and providers. I am looking forward to continuing to strengthen our relationships with partners and residents to shape the future of Adult Social Care.

Anna Coles

Director for Adult and Community Services, Torbay Council



This is our most recent self-assessment against the [CQC Local Authority](#) assessment framework. It sets out how we think we perform, our evidence to support this and where we know we need to improve. In developing our self-assessment, we asked ourselves:

- What are our strengths and what is our ambition?
- How are we performing and how do we know this?
- What are our plans to improve?

Our Place

Torbay is a unitary authority with a borough status; known as the English Riviera, a stunning coastal region in South Devon encompassing the towns of Torquay, Paignton, and Brixham with a total population on 139,000 people. The borough consists of 24.27 sq mi (62.9 km²) of land around the east-facing Tor Bay, part of Lyme Bay on the English Channel. Torbay is represented by two parliamentary constituencies with 16 electoral wards.

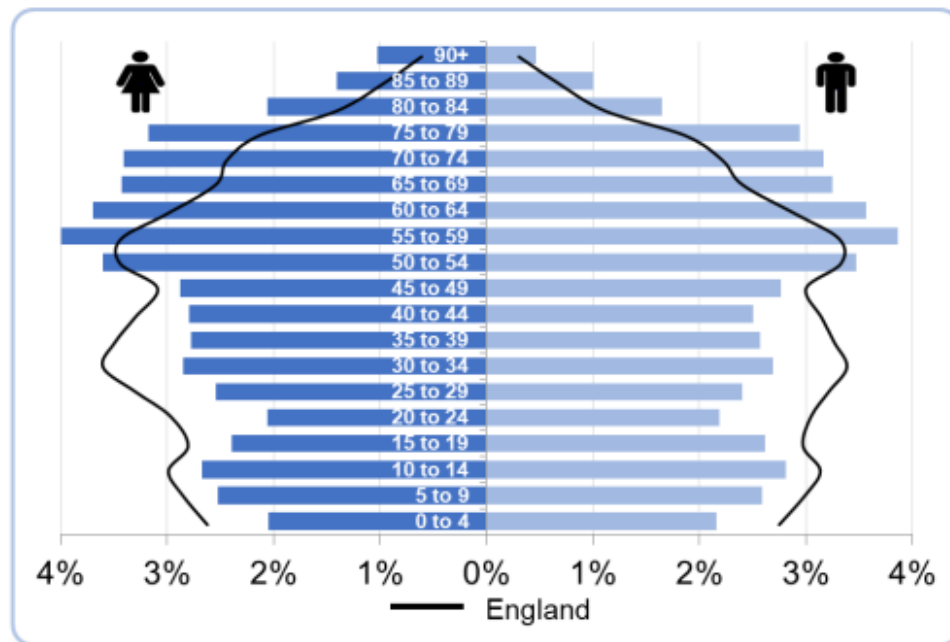
Although the population in Torbay is predominately white 96.1%, we know the diversity around the bay is growing with 1.6% Asian, 1.5% mixed ethnicity, 0.3% black and 0.4% other. We are also aware of almost 50 different languages being used in Torbay, with growing Polish, Romanian, Portuguese, Hungarian and Bulgarian speaking communities.

Between the 2011 and 2021 censuses, the average (median) age of Torbay increased by three years, from 46 to 49 years of age. Torbay has a higher average age than the South West as a whole in 2021 (44 years) and a higher average age than England (40 years).

Torbay's population profile shows a significantly older demographic than 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 43 for the South West.

Fig 7: Population Profile – Torbay

Source: ONS mid-year population estimate, 2022

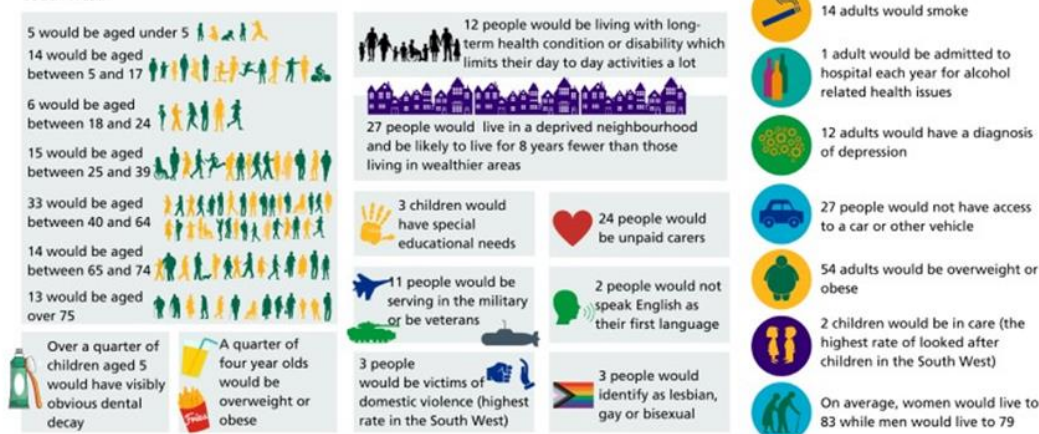


Between 2012 and 2022, the largest proportionate increases in population have occurred in the 70-to-79 and 50-to-59-year age groups, the largest fall was in the 40-to-49-year age group. Between 2002 and 2022, the largest proportionate increase in population occurred in the 70 to 79 and 60-to-69-year age groups.

If Torbay was a village of 100 people . . .

Torbay and South Devon
NHS Foundation Trust

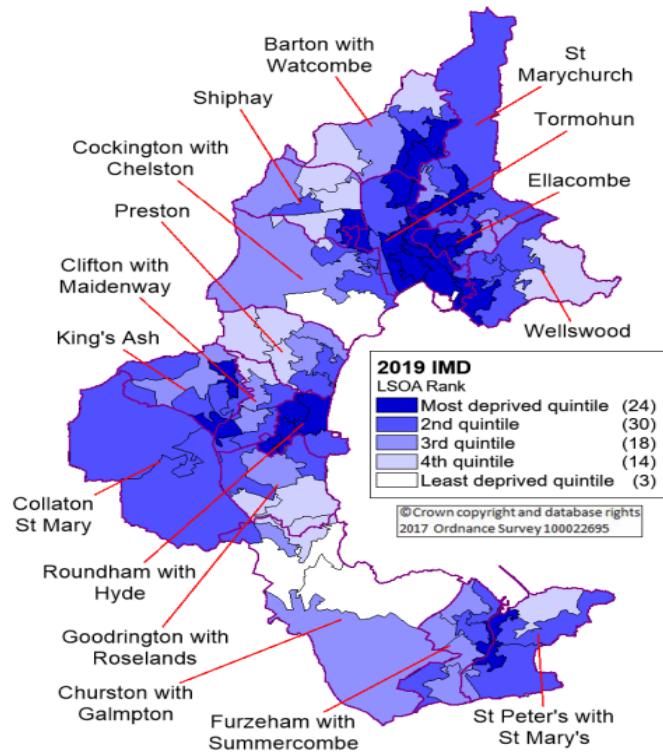
Spanning the three South Devon towns of Torquay, Paignton and Brixham, Torbay has a population of around 135,000. With a predominantly low-wage, low-skill economy that relies on seasonal tourism, it is ranked as the most deprived local authority area in the south west.



- Torbay's increasing ageing population with an anticipated pressure growing from the 40 – 64 age group due to higher-than-average
- 54% of adults would be overweight or obese
- Torbay has the highest rate of domestic abuse in the Southwest
- Over 10% will experience a common mental health condition (such as depression)
- Torbay is home to a large number of people with long-term health conditions and disabilities
- Close to a quarter of the population would be identified as an unpaid carer

Despite everything that is fantastic about Torbay, we know that we face challenges and that some parts of the Bay suffer from nationally significant levels of poverty.

Fig 26: Rank of Index of Multiple Deprivation
Source: English Indices of Deprivation 2019



Our Vision for Torbay



Torbay is a glorious part of Devon and with an inspiring natural environment. We are a magnet for tourists and known as the English Riviera. We are home to globally significant technology businesses and have a rich leisure and cultural scene.

We want to deliver for our people and our place, and we know that we have challenges, but we have high aspirations. By continuing to work closely with our communities and partners and capitalising on our strengths, we want to make Torbay a great place to do business - a place where everyone is able to live their best life.

A healthy, happy, and prosperous Torbay for all.

To bring our vision to life, we have identified three strategic themes:

- Community and People
- Pride in Place
- Economic growth

The Community and Corporate Plan can be found here; [Community and Corporate Plan - Torbay Council](#)

Torbay's Joint Health and Wellbeing Strategy lays out the plan to improve the health and wellbeing of the population in Torbay between 2022 – 2026. The [Joint Health and Wellbeing Strategy 2022-2026](#) covers five priority areas, reporting delivery to the Health and Wellbeing Board (HWBB) twice a year.

The visual below identifies the five focus areas and six cross cutting areas identifies as priorities for collective system action over the next four years.



Our strategy was developed with Health and Wellbeing Board partners and identifies five priority areas which are aligned with those of the ICS:

- Children living in challenging circumstances and losing out on educational opportunities
- Lack of high-quality housing with secure tenure
- People living with poor mental health
- Older people experiencing loneliness and isolation

The Council and its partners are committed to advancing equality of opportunity and eliminating discrimination. Our equality and diversity strategy can be found here: [Torbay Inclusion Plan - Draft Strategy](#). Whilst there continue to be pressures across the health and care system, we have examples of where innovative services have been commissioned and provided for individuals with protected characteristics. However, we know that we have more work to do to ensure we hear from all voices across our communities.

We are currently working to embed inclusion across the Council and are keen to take the next steps to ensure that our approach to inclusion is robust and is informed by the voice of our local communities, and working to [our equality objectives](#):

- Ensure a wide range of voices are reached and heard in decision making and designing and delivering services
- Reduce inequalities so Torbay and its residents thrive
- Consider, and if approved, implement the recommendations from the Torbay Racism Review Panel
- Support the diverse needs of our workforce

Whole System Working

Torbay is one of three local authorities in Devon and as part of the Integrated Care System works in partnership with NHS Devon ICB, three NHS Acute Trusts, the Mental Health NHS Trust, general practice, community services and the voluntary sector to improve the health and wellbeing of all residents, wherever they live. The key aims are to reduce health inequalities, better support individuals living with long term conditions, prevent illness, promote wellbeing and through joint working tackle variations in care across the county whilst ensuring that provision is financially sustainable for the long term. Within the One Devon Partnership there is a representative from each of the five Local Care Partnerships (LCP).

The LCP for Torbay is the South LCP. This is where most of the planning for integrated care and service transformation and change takes place. The new Director of Adult and Community Services (DASS) for Torbay has taken over as chair of the Local Care Partnership and Torbay Council is a supportive and active partner within the One Devon Partnership. Torbay has a strong history of long and deeply embedded integrated working and can be proud of the many benefits that this brings to our population, our services, and the wider Integrated Care System.

The link to the plan for Devon is below and has one overarching statement of intent:

“to strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon”.

[Devon Plan - including the Joint Forward Plan and Integrated Care Strategy - One Devon](#)

The One Devon Integrated Care Strategy and Joint Forward Plan sets out the strategic intentions and delivery plan for the One Devon ICS aim of delivering equal chances for everyone in Devon to lead long, happy and healthy lives. The Devon Community First Strategy sets out the strategic ambition for delivering improved community services within Devon.

Integration and Partnerships

Torbay is proud of its integrated health and social care offer which has been in place for 20 years. Our Integrated Care Organisation (ICO) puts people at the heart of everything we do. The delivery of Adult Social Care is delegated to Torbay and South Devon NHS Foundation Trust (TSDFT). This joined up delivery model provides better outcomes for people as any new or emerging challenges can be responded to quickly by our multi-disciplinary teams. Our social care workforce is embedded within a locality model with specialist teams to support homelessness, transitions, autism, carers and sensory needs. There is also an integrated health and social care service for older persons mental health and our approved mental health practitioners work alongside Devon Partnership Trust (NHS Mental Health Trust) within locality teams.

In relation to commissioning, the Council continues to hold strategic commissioning responsibility with the contracting and contract management functions being delivered by the ICO. These teams work closely together to deliver a joined-up approach to the development, oversight and management of the care market in Torbay. Our commissioning blueprint and strategies underpin the work we do. Torbay’s commissioning approach is a collaborative process in which multiple stakeholders in Torbay work together to plan, fund, and deliver services to meet the needs specifically of the Torbay population and communities. Through joint governance arrangements, there is co-ordination and partnership between health, social care and the community.

The work with our voluntary sector has been ongoing for many years, with the setting up of the Torbay Community Development Trust in 2014. Ongoing co-production and co-delivery has supported the development of voluntary, community and social enterprise sectors across the Bay, culminating with Torbay Council in 2024 commissioning Torbay Communities to provide a Community Wellbeing Contract. This contract provides:

- A helpline
- A physical hub in Torbay
- Community co-ordination provision

- Administration of the Community Fund

Adult Social Care Torbay

We co-produced our Adult Social Care Strategy with our community, voluntary and care sectors.

[Adult Social Care Strategy - Torbay Council](#)

Our shared vision is:

thriving communities where people can prosper

our vision for Adult Social Care in Torbay

Our residents have a place to call home in a community they can be part of, while being empowered to achieve what matters most to them through the best care and support available.

Working in partnership means:

Finding opportunities to work together to support people's wellbeing
We recognise we are part of the community, not separate from it
Helping to connect people, groups and organisations together
Building strong, open, and trusting relationships with everyone we come into contact with i.e. partners, community organisations and those we support
Constantly learning and asking for everyone's views
Supporting and valuing those who carry out unpaid work for us, like carers and volunteers



Respond to our community by:

Working with people in their own neighbourhoods, in places they already go to
Making it easier for people to access good advice and information
Working with people to find and build up their strengths and priorities
Empowering people to take reasonable risks, in order to achieve the things that matter to them
Looking for and sharing opportunities and positives. Focusing on what we CAN do
Making sure everyone is included, and treated fairly and equally
Making sure we are fair in the way we support people



Our values and behaviours are:

We value everyone's contribution, and recognise our own boundaries
To share our knowledge, skills, and resources for the benefit of local people
Support and empower people to be the best they can be
Enable people to live lives which are as full and independent as possible
Respect the feelings and experiences of others, even if they are different from ours
Always looking for ways to improve how we work
Trust each other to do the right thing for people



We will communicate by

Using language that is simple for people to understand
Using different ways of sharing information, using technology creatively
Considering the impact we may have on others
Sharing our aims and aspirations with everyone
Being available in our communities, so it is easier for people to reach us



The way we will work & do things

Use technology to help people stay independent
Remove as much red-tape and bureaucracy as we can
Be flexible to help people achieve their goals
Make our systems work better for us and the people we support
Support people to make changes, which help them feel healthier and happier
Empower people to choose how their care and support needs can be met
Work with people and communities to reduce inequalities
Empower staff and partners to be creative and try new ways of working
Give our staff the training, tools, and permission to work differently

We will do this by:

Building long-lasting relationships with our community partners, which are founded on trust, transparency and compromise
More joint working between Adult Social Care and community/voluntary sector partners, including working together in community settings
Streamlining our tools and processes, to ensure that we act consistently and reduce bureaucracy
Making it easier for people to access a wider range of support, advice and information; which helps them achieve the best outcomes
Increasing training, development and support for our staff, so that they feel confident in working differently with people and the community
Focusing on what matters most to those that we work with, and supporting them to achieve these; whether they are new to social care or have been supported for some time
Making sure our systems support a different way of working, and measure meaningful results
Making best use of technology to help people achieve the outcomes that matter to them



Benefits we have seen so far:

Community partners have said they feel more valued and trusted, because we are working together as equals
Working in partnership with social care has helped some community partners to secure additional charitable or government funding, which has a bigger impact in their community
Social care staff and community partners have both said that sharing, learning from, and supporting each other has been a positive experience
Social care staff have said they appreciate being trusted and empowered to try new things, and to do the right thing for people
We have been able to connect more people with resources in their community which helps them to stay well and independent



More people have been able to find a solution that's right for them at first contact
Working in community spaces has made social care advice and information more accessible, particularly to people who may have otherwise not engaged with us
Average waiting times have reduced for most social care teams
People have reported that they felt listened to and cared about, through being supported in a different way



Things we want to avoid:

Trying to remove all risk, and reducing a person's choice and control as a result
People having to wait a long time for support, and their situation getting worse as a result

We want our residents to have a place to call home, in a community they can be part of, while being empowered to achieve what matters most to them through the best care and support available.

We will work with our local community to support residents in Torbay to maximise their own wellbeing and independence, advising and guiding them around the best health and social care systems for them. Those who offer and provide support services will feel empowered to enable people to engage fully in their own decision making on choices of care. By working with our community this way, we will create a new way of supporting each other to achieve wellbeing for everyone - those receiving support and personal assistance and those giving it.

The ambitions set out in the strategy will be underpinned by some key principles:

- Agility and innovation - Trying new approaches and learning as we go
- Embedding our trauma informed approach with our workforce and partners
- Person-centered support
- High quality flexible long-term care for those who need it
- Reablement and recovery
- A strength-based model of practice

By continuing to build on our integrated approach to delivery and our joined-up commissioning arrangements, we want to ensure that our practitioners are empowered to work creatively with our residents, accessing the right advice, care and support from a high quality and innovative health, care and voluntary provider landscape.

Our Priorities

- **Focused on outcomes and wellbeing**
"My care and support focuses on promoting my wellbeing in all its facets – physical, mental, emotional and spiritual – and the outcomes I decide are important to me. It also promotes equity and inclusion by ensuring different groups in Torbay experience similar outcomes to me."
- **Personalised, co-created and flexible**
"I have a say and shape care and support. Care and support adapts to my needs as they change, and recognises my diversity and individual preferences, beliefs and circumstances. When I lack capacity there are advocates to represent my prior wishes and best interests. When needed I will be supported by appropriate interpreting services and advocacy".
- **Proactive and preventative**
"I can access support to enhance my health and wellbeing this reduces inequalities across communities. Care and support is easily available at an early stage to help slow or prevent escalation into crisis, or before I have acute care needs".
- **Integrated and coordinated**
"The care and support I receive is better joined up around my needs and those of my carers. Care and support links to and/or includes support around health, housing and employment. We will build upon the partnership working with Childrens services to ensure seamless transitions from Childrens to Adults services".

Our Performance

Adult Social Care performance is monitored through our monthly Delivery Committee, with key areas of concern or improvement being escalated to the Service Improvement Board. We track demand through initial contact, allocation and completion data. Our complaints and safeguarding data is tracked and built into our learning and improvement plans.

We use our Joint Commissioning Committee to bring together information on our provider market in terms of quality, capacity and financial viability.

We have regular scrutiny and challenge of our performance from our ASC Continuous Improvement Board, the Trust Quality Assurance Committee and Health & Social Care Overview and Scrutiny board.

As of 20th April 2025 **2,736**, people are being supported by Adult Social Care in Torbay

Adult Social care demand and performance 2023/2024

- *We received 1,742 on average contacts per month*
- *Our social care teams completed 2,555 assessments*
 - *We developed 3,724 support plans*
- *We undertook 374 safeguarding enquiries, having received 1034 concerns raised*
- *We supported 710,244 hours of care in peoples' homes and 779 residential/nursing placements*
 - *There are 5,764 unpaid carers on the Torbay register*
 - *We supported 495 people to have a direct payment*

The difference we make to people



Hospital Discharge - Our integrated arrangements mean we get people back to a place they call home quickly. Our “no right to reside” figures remain low and are currently 8%. Our discharge teams support our residents, and our community and voluntary sector provide help for people to get home more quickly, preventing people from losing their independence through lengthy hospital stays.

Housing advice/homelessness prevention - We continue to focus on preventing people from becoming homeless through local innovation. We offer support with tenancies, landlord negotiations and rent support and last year, we supported 1409 households across the Bay.

Carers support - We have over 5000 registered unpaid carers within Torbay, our Carers services work alongside primary care and the community and voluntary sector to provide advice, guidance and support. There are a range of community-based groups for Carers who have said:

“I have found Wednesdays every month to be very informative. Everyone is friendly and you soon learn from other people, and to have someone listen is the best thing”

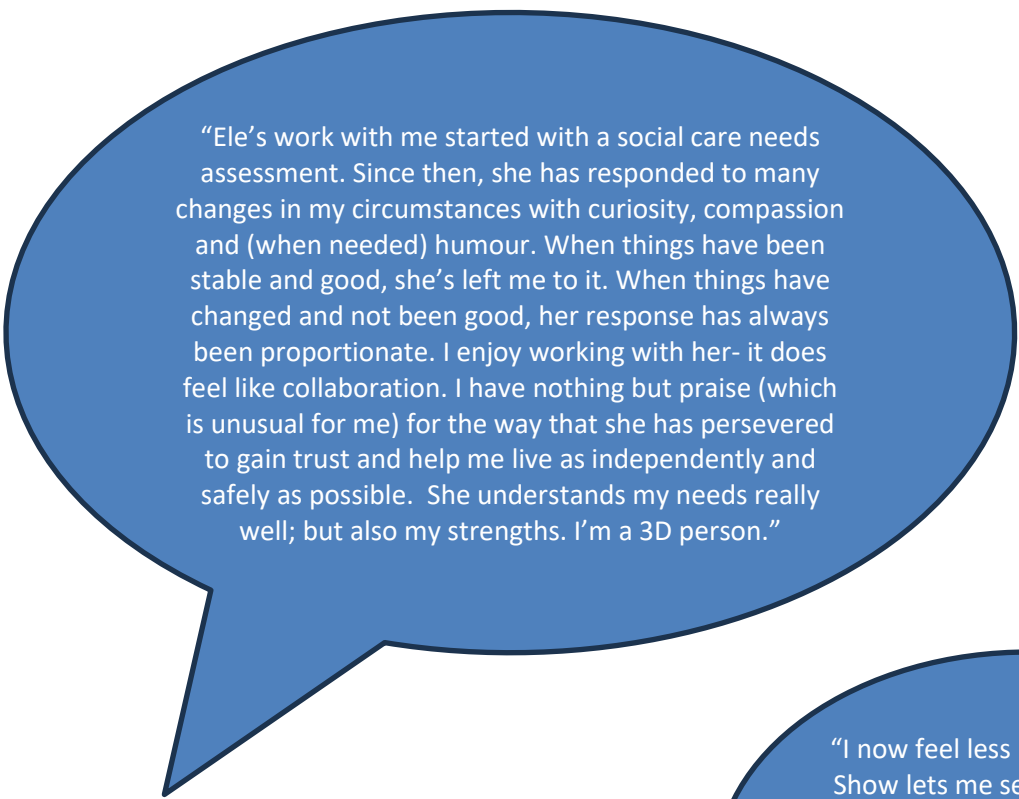
“Discussing circumstances is very helpful and I have learnt a lot.”

“Convenient location and free parking are good. Friendly welcome and it felt easy to make conversation with other carers. I asked a question of the organisation who were able to point me in the right direction”

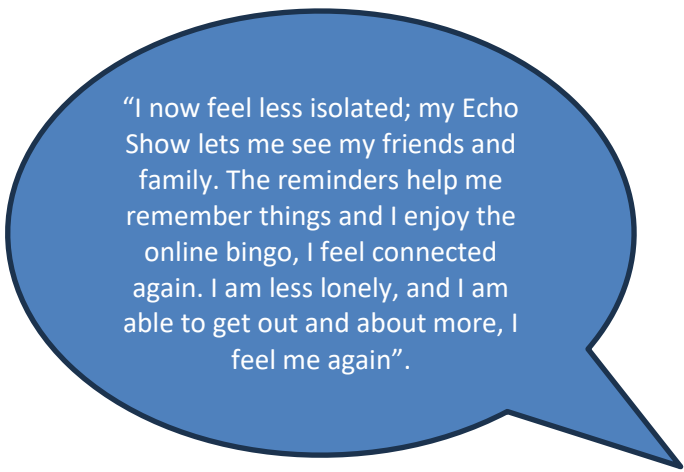
Care Home status - 80% of our Care Homes are rated outstanding or good.

Community and Voluntary - Our community helpline, community builders and community activities across the Bay helped 1,692 access advice, information and support last year.

We continue to focus on collaboration and co-production, ensuring that people with lived experience are included in how we shape and design services. Examples include our Learning Disability Ambassadors leading the development of our Big Plan and our Carers designing this year's action plan.



"Ele's work with me started with a social care needs assessment. Since then, she has responded to many changes in my circumstances with curiosity, compassion and (when needed) humour. When things have been stable and good, she's left me to it. When things have changed and not been good, her response has always been proportionate. I enjoy working with her- it does feel like collaboration. I have nothing but praise (which is unusual for me) for the way that she has persevered to gain trust and help me live as independently and safely as possible. She understands my needs really well; but also my strengths. I'm a 3D person."



"I now feel less isolated; my Echo Show lets me see my friends and family. The reminders help me remember things and I enjoy the online bingo, I feel connected again. I am less lonely, and I am able to get out and about more, I feel me again".

Some of our strengths

- A committed workforce, with low vacancy rates and good retention levels
- Strong community partnerships leading to resilience and innovation for our population
- A fully integrated delivery approach for health and social care across hospital, community and older people's mental health, resulting in a timely response to escalating need
- Delegated tasks and activities, reducing the numbers of professionals working with our people required to attend the same individual
- Sufficient capacity within home care and care home markets
- Clear governance and a strong focus on improvement and transformation
- A strong, coordinated and vibrant community offer
- Established cross organisational working arrangements to target areas of challenge

Some Areas for Improvement

- Waiting times for assessments and reviews
 - Numbers of individuals in receipt of direct payments
 - Improvements in our arrangements for young people transitioning to adulthood
 - Creating an improved reablement offer for all
 - Developing further provision for unpaid carers
 - Supporting our care providers further to meet increasing levels of complexity
 - Further develop and embed our co-production approach ensuring people who draw on care and support become our equal partners
 - Develop our approach to commissioning, working with care providers as partners

Theme One – Working with people

1A We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them		
What are we doing well?	How do we know it?	What do we need to do better, and how will we monitor this?
<p>1A.1 People access advice, information and support through our Torbay Communities offer which provides a helpline offering access to over 100 VCSE organisations as well as physical hubs in Torbay, Paignton and Brixham.</p> <p>We have a single Emergency Duty Service that covers all social work support for Housing, Adults and Children out of hours.</p> <p>Our contact centre is deeply integrated and co-located and staffed by our health and social care coordinators who are the first point of contact for people requiring health or social care support.</p>	<p>We have supported 1,912 people with advice and information in the last 12 months via a combination of online self- support, referrals to the community sector and partner agencies. This enables individuals to have access to a range of services to meet their needs within their community. Torbay Communities have access to a wealth of voluntary sector groups which support the wellbeing of seldom heard people in our community.</p> <p>We received 15,368 contacts from people in the last 12 months, and these progressed to 13,456 referrals for assessment/review.</p> <p>Being an integrated organization with Health and Social Care Coordinators at our front door, people will benefit from one contact point for their wider community health and social care needs.</p>	<p>Our front door improvement project is focusing on:</p> <ul style="list-style-type: none"> ▪ Reducing the number of formal care assessments by working more closely with our VCSE partner and training our staff ▪ Increasing the numbers of people receiving support from community ▪ Enhancing our workforce development plan ▪ Implementing a new telephony system to improve our data and intelligence ▪ Increasing our use of TECS and Digital solutions to support and signpost people to the most strengths-based option to meet their care and support needs ▪ Increase our use and availability of reablement as a default across our health and social care systems. ▪ Home first needs to be the default approach across the whole health and social care system ▪ Strengthening partnerships with community organisations further ▪ Enabling more choice and control through our direct payment project

<p>1A.2 Our strengths-based approach to practice flows through into a conversation model for our social workers, which focuses on preventing, reducing or delaying need by supporting people to access a range of supportive measures quickly such as equipment provision, technology or community-based assets.</p> <p>The social care workforce is embedded as part of the multi-disciplinary health team configuration which is based within 3 localities but delivers a Bay-wide delivery model. Specialisms within these teams cover Homelessness, Autism, Transitions, Carers, Mental Health and those with physical needs (including those who are end of life). We have introduced a Waiting Well initiative which is linked to our existing risk matrix approach to better support people whilst they are waiting for assessment or review.</p>	<p>We continue to monitor practice through regular case audits, performance reviews and feedback from questionnaires, complaints, and compliments. Emerging themes are then built into practice development and learning programmes for our social care workforce, which leads to improved outcomes for the people of Torbay.</p> <p>Data is collated and fed into the Delivery Committee and summarised for the Trusts' Quality and Assurance Committee. This is an opportunity to recognise the impact of transformation/improvement work and focus on actions being taken on areas of key development.</p>	<p>Our improvement focus is on:</p> <ul style="list-style-type: none"> ▪ Strengthening partnerships with community organisations further ▪ Enabling more choice and control through our direct payment project
<p>1A.3 Our integrated Carers services are embedded within primary care, the community and hospital services providing advice, information, provision of direct payments and emotional support vouchers. We have GP-based support workers as well as carers support delivered by Carers Aid Torbay and Devon Linkup.</p> <p>Our Young Adult carer service (16-25yrs) is delivered by TSDFT but works seamlessly with our Council Young Carers provision.</p>	<p>83% of carers are very happy with their assessments.</p> <p>Assessments start within 1-4 weeks</p> <p>Direct payments are well-used and appreciated</p> <p>There is direct access for carers support at local GP surgeries where they can register as a carer and have a Carers assessment. There is also access to advice and guidance.</p>	<p>We are the 6th highest area in the country where Carers are providing over 50 hours of care per week. We need to focus on:</p> <ul style="list-style-type: none"> ▪ Co-producing an improved replacement care offer, monitoring the impact of this through ongoing conversations with carers groups and survey results. ▪ Improving our information offer to ensure this is easily accessible for all. We are engaged in the Devon wide project to improve our web-based information, we will monitor the impact through engagement and survey results
<p>1A.4 Our hospital discharge service is fully integrated with dedicated Adult Social Care staff supporting people through their hospital journey.</p> <p>The discharge to assess model is well-established providing direct access to short term support via our community</p>	<p>Low levels of people in hospital with "no right to reside". Torbay remains in the top quartile nationally against this indicator. This means that people are less likely to be de conditioning in hospital and discharged closer to home and nearer to family earlier in their recovery</p>	<p>Improvement and transformation work is focusing on:</p> <ul style="list-style-type: none"> ▪ Further reinforcing home first principles ▪ Reducing the use of residential and nursing care home beds, maximising the use of the Jack Sears rehabilitation facility and community reablement

reablement provision, community and voluntary sector offer or short-term rehabilitation service (Jack Sears) in order to support timely discharges, with a home first focus.	journey.	<ul style="list-style-type: none"> Embedding the use of technology enabled care
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1B We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible reduce future needs for care and support		
What are we doing well?	How do we know it?	What do we need to do better, and how will we monitor this?
<p>1B.1 Our integrated short-term service is multi-disciplinary and provides rapid response, intermediate care and reablement, supported by an externally commissioned care provider. The aim of the service is to support recovery at the point of crisis (prevention of admission) and support hospital discharge. This service is outcome focused and supports maximizing independence. This service is available to people within their own home and also reaches into Jack Sears which is a local bed-based reablement centre.</p>	<p>78.8% of people regained full independence following a community referral into our reablement service. These are people who have been able to stay in their own home with MDT wraparound support. For the people of Torbay this has been a long-standing part of the integrated care system.</p> <p>Since Jack Sears opened in June 2024, 209 people have been admitted with an average stay of 22 days. 87% were admitted from hospitals and 13% from the community. A high proportion of people receiving reablement support do not require long-term care services afterwards with 75% of people able to return to their own homes. Direct feedback from people and anecdotal reports from staff often reflect improved confidence and independence post-intervention. Our offer is inclusive of our population and therefore includes a higher percentage of older people, high complexity of needs and deprivation, compared to other areas.</p>	<p>While hospital-related reablement is strong, community-based reablement can be variable in terms of access, responsiveness, and capacity. This is a key priority area within our commissioning plan.</p> <p>The service sometimes faces workforce shortages and recruitment challenges, limiting how flexibly and quickly reablement can be delivered, especially outside of acute discharge settings.</p> <p>There is a need to improve awareness of the reablement offer among staff, partners, and the public to ensure appropriate referrals are made at the right time.</p> <p>We will monitor and improve outcomes for people through service re-design, data-led outcome tracking, investment in workforce development, regular user feedback, and strategic oversight via performance dashboards and improvement plans:</p> <ul style="list-style-type: none"> Ensuring appropriate MDT capacity is available to meet demand Align the new technology enabled care offer to our Reablement offer
<p>1B.2 Learning disability services are delivered in partnership with Devon Partnership NHS Trust who deliver assessments, treatment and support within Primary and Secondary Care</p>	<p>Collaboration with specialist clinicians has led to better coordination of care and improved access to healthcare for people with complex</p>	<p>There is still variability in the transition from Children's to Adult Services. Some individuals and families experience uncertainty and inconsistency in support</p>

<p>including integrated Primary Care Liaison nursing services which are integrated within the Community Multi-disciplinary Teams across the Bay.</p>	<p>needs.</p> <p>The service promotes access to annual health checks, screening, and preventative care, which supports earlier identification of health issues and helps to reduce health inequalities.</p> <p>The Learning Disability Partnership Board has played a vital and influential role in improving the experience of people with a learning disability in secondary healthcare settings. Over the past year, Ambassadors co-produced a hospital-based event, supported training for ward-based Learning Disability Champions, and carried out a walkaround audit to assess the accessibility and inclusiveness of the facilities.</p>	<p>during this period.</p> <p>While progress has been made, we need to embed co-production more consistently, ensuring people with learning disabilities, and their Carers, are involved as equal partners in shaping their support.</p> <p>Gaps remain in availability of specialist supported living and personalised day opportunities that are tailored to diverse needs, especially for the people with more complex behaviours or dual diagnoses.</p> <p>We will monitor and improve services through joint reviews with DPT, enhanced transition tracking, targeted market development, strengthened co-production, performance dashboards and ongoing quality assurance.</p>
<p>B.3 Our occupational therapy offer is integrated within our locality multi-disciplinary teams and provides reablement, access to equipment provision and works closely with people to plan and arrange disabled facilities grants.</p>	<p>Waiting lists and customer reviews are overseen by our joint TSDFT and the Council Delivery Committee.</p> <p>Current waiting list for DFG's:</p> <ul style="list-style-type: none"> ▪ 72 awaiting approvals from either client, LL or OT. ▪ 14 awaiting grant approval ▪ 20 awaiting technical visit ▪ 136 DFG's completed or currently onsite ▪ 89 Outstanding applications (awaiting return of application or in need of financial information) 	<p>Waiting lists for assessments and reviews remain a challenge and we are working to improve this by:</p> <ul style="list-style-type: none"> ▪ Engaging with an external provider of Occupational Therapy to target waiting lists ▪ Data cleansing across the system ▪ Single handed care project <p>In addition, we want to work with people to review and co-design our new adaptations policy and procedures.</p>

1C We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this		
What are we doing well?	How do we know it?	What do we need to do better, and how will we monitor this?
<p>1C.1 We have an established co-production platform incorporating our Co-production Strategy, Involvement Plan and Recognition & Reward Policy.</p> <p>The Council is leading the delivery and oversight of the strategic ambition but both the Council and TSDFT retain leadership of the implementation and delivery.</p> <p>Our Learning Disability Partnership Board continues to drive improvements. The Learning Disability ambassadors deliver Oliver McGowan training across all health and social care teams across the Bay.</p>	<p>Torbay has higher rates of individuals registered with a Learning Disability.</p> <p>By using our co-production principles and led by our Learning Disability Ambassadors and Carers representatives we have developed “The Big Plan” which sets a clear set of expectations from people with a Learning Disability including how we better manage crisis, the need for supported housing, improvements to work opportunities and better support for our carers.</p> <p>Our Learning Disability and Autism Ambassadors have trained a total of 2,343 (Tier 1 – 867, Tier 2 – 1476 figures as of March 2025) NHS staff in Oliver McGowan approach.</p> <p>We work closely with our community and voluntary sector who have good links across the community network which includes groups that focus on seldom heard voices.</p> <p>We have a newly formed inclusion partnership which we utilise to evolve and broaden our work with groups across Torbay.</p>	<ul style="list-style-type: none"> ▪ Embed our co-production approach consistently ▪ Ensure our commissioning and contracting arrangements are inclusive ▪ Deliver our workforce development programme on co-production
<p>1C.2 “Breaking the Chain” is Torbay’s Domestic Abuse and Sexual Violence Strategy sets ambitious and challenging aims to ensure victims of domestic abuse receive the right joined up support from services when they need/want it.</p>	<p>The strategy was informed by a comprehensive review of existing provision but developed by victims and the people supporting them. The desired outcomes are based on the experience of those who shared their stories with us and include ensuring support is trauma informed, prevention of harm in the first place by disrupting harmful behavior, hold those who harm to account for their actions, support children and young people as victims in their own right, make sure activities are all underpinned by listening and acting on the voices of lived experience. By using the learning from people’s experience, we will continue to develop our services to support people.</p>	<ul style="list-style-type: none"> ▪ Embed co-productive approach across the whole system ▪ Continue with the development of our DASV Lived experience network ▪ Continue to increase the awareness of sexual violence supported by our Sexual Violence Ambassadors ▪ Deliver trauma stabilisation training for ASC staff
<p>1C.3 The Autism Partnership Board is another example of local co-production, with eight Autism ambassadors now in</p>	<p>The Board is well attended by all partners and is leading on the work locally with a focus on raising awareness and</p>	<p>Co-produce and develop the Autism and Neurodiversity Plan, and agree year one priorities.</p>

place. The Board brings together representations from Torbay Council, TSDFT, Devon Partnership Trust, community and voluntary groups and is leading on the development of the Autism and Neurodiversity Plan for Torbay.	understanding in the Bay, mental health, reasonable adjustments and improving access to a broader range of services.	

Theme Two – Providing Support

2A We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and community		
What are we doing well?	How do we know it?	What do we need to do better, and how will we monitor this?
<p>2A.1 Our Joint Strategic Needs Assessment provides evidence of the needs of our local population, where we have gaps and thus areas for us to focus on.</p> <p>We currently commission:</p> <ul style="list-style-type: none"> 74 Care Homes 81 Supported Living Providers 32 Home Care Providers 19 Day Opportunities 2 Extra Care Housing Schemes <p>In addition, we commission a range of VCSE support for prevention and wellbeing, carers and the complex needs alliance.</p>	<p>Our JSNA is supported by our commissioning strategy and drives our annual commissioning plan and priorities.</p> <p>We continue to use POPPI/PANSI data to develop our understanding of population trends. Through this we identified the growth in autism and developed a new contract to support and embed Autism Ambassadors within our system.</p> <p>Current modelling suggests that the Torbay system requires 136 nursing care home beds for our over 65 population. We currently have a market capacity of 155 beds for this type of care in our system. However, our increase in the use of 1:1 provision over recent years suggests there is a gap in our ability to manage complex dementia within our existing nursing home offer. For individuals in our system who require complex nursing provision, there are limited specialist facilities. We therefore must work with our market to tailor placements to individual needs.</p>	<ul style="list-style-type: none"> Learning from areas who are innovators in this area Redesign of our Living Well at Home Framework for home care to include a complex and reablement tier Developing a complex tier for our supported living framework Improving our replacement care offer for unpaid Carers Developing the fee framework and new specification for our care homes Commissioning of dedicated dementia care home beds in partnership with the ICB
<p>2A.2 In Torbay, we have a broadly sufficient care provision (there remains challenge regarding complex needs across the whole market). We currently support:</p> <ul style="list-style-type: none"> 779 people in care homes 3315 care visits to people's homes each day, delivering 710,000 hours of home care a year 316 people in supported living 	<p>We have a stable and sustainable care market.</p> <p>Over the last 12 months the average waiting time for Home Care was 5 days and supported living was 79 days.</p> <p>We only received 27 contract hand backs in the last 12 months.</p> <p>People who receive care in Torbay benefit from a timely offer of care with minimal disruption to support with regards to changes of care provider.</p>	<ul style="list-style-type: none"> Further development of our data and insights platform to better track trends We need to be prepared for changes in our care market caused by economic changes and natural attritions of provider organisations

<p>Torbay Council holds the strategic commissioning function with operational commissioning, contracting and market relationships being delegated to TSDFT. Engagement with the Care Market is via Provider forums, newsletters and individual provider conversations.</p> <p>As part of our quality assurance of our providers, we endeavor to ensure that we hear from individuals in receipt of support, using this intelligence to shape future provision across the system.</p>	<p>We have strong partnership relationships with our market and continue to work together to shape provision to meet the changing needs of our population.</p>	<p>Our areas for improvement are focusing on:</p> <ul style="list-style-type: none"> ▪ Increasing opportunities for people with lived experience to shape provision within Torbay ▪ Creating a learning environment within our Provider forums ▪ Exploring how we can better celebrate the fantastic work care staff do across the Bay to encourage individuals to join the health and care workforce
<p>2A.3 We have robust arrangements in place for monitoring and oversight of our commissioned care provision.</p> <p>Our Quality Assurance and Information Team (QAiT) is made up of four Contracts and Quality Assurance Officers who monitor care provider quality, support with improving quality by working collaboratively with our providers on service improvement plans when required.</p> <p>The clinical team is made up of two occupational therapists and a nurse. Support provided can be:</p> <ul style="list-style-type: none"> ▪ Training delivered by TSDFT ▪ Advice on external training provision ▪ On site support including advice regarding policy/procedure, environmental design, infection prevention and control, moving and handling, and medication management <p>In addition, our Community Nursing teams provide extensive training and support to our care homes and home care providers.</p>	<p>We have longstanding reporting arrangements in place to track falls data, incident reporting and safeguarding alerts.</p> <p>Our weekly quality meetings provide regular oversight with providers of concern being managed through the Provider Quality Support Protocol which uses a tiered management approach to quality.</p> <p>Information relating to provider market quality is shared through the monthly Commissioning Committee which is chaired by the Council and attended by the TSDFT Contract and Market team.</p> <ul style="list-style-type: none"> ▪ 88% of our Care Homes are rated outstanding or good ▪ 81.8% of our community services are rated outstanding or good 	<ul style="list-style-type: none"> ▪ Incorporation of further datasets in relation to quality across the market ▪ Development of care market training and development programme for key emerging themes to be embedded through provider forums to improve consistency across the markets

2B We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement		
What are we doing well?	How do we know it?	What do we need to do better, and how will we monitor this?
<p>2B.1 Torbay Council has delegated the adult social care operational commissioning and contracting responsibility to TSDFT but retains the strategic commissioning function. This collaborative approach results in multiple stakeholders in Torbay working together to plan, fund and deliver services to meet the needs of our population.</p> <p>Through our joint governance arrangements there is strong co-ordination between health, social care and the community.</p> <p>We have joined up contracts for our homecare, care homes, community and voluntary sector services.</p>	<p>Feedback from our Providers who recognise the benefit of our joint approach to the oversight, planning and development of local initiatives.</p>	<ul style="list-style-type: none"> ▪ We will continue to have oversight of TSDFT for delivery of Adult Social Care including monitoring their improvement plans relating to waiting lists and review activity ▪ Working in partnership with our providers we will support the redesign of day opportunities and develop our replacement care offer
<p>2B.2 The Local care partnership enables us to further work collaboratively across statutory and voluntary health, care and wellbeing services within the Torbay system and wider Devon.</p> <p>Our local priority area for action for 24/25 is 'Health and Employment'.</p>	<p>This agreed priority recognises the collective understanding of the challenges facing Torbay with 26% of our population being economically inactive and 27.5% of our population earning below the national minimum wage.</p> <p>The impact of this across our community is significant in terms of access to health and care services with high levels of mental health presentations being seen across community services and primary care.</p>	<ul style="list-style-type: none"> ▪ Further analysis of system activity in relation to employment and benefit demand ▪ Extension of supportive employment offers ▪ Engagement with local businesses to support access to work initiatives
<p>2B.3 Our Multiple and Complex Needs Alliance, Growth in Action (GiA), brings together drug and alcohol services, homelessness provision and our domestic abuse service. As</p>	<p>Our Homelessness strategy and action plan linked to GiA articulates our ambition and the cross-organisational actions planned.</p>	<ul style="list-style-type: none"> ▪ We want to further embed the voices of people with lived experience including facilitating a peer model across the whole alliance to include mental health and

<p>part of our wider partnership approach this alliance places collective responsibility on commissioners and providers to improve outcomes for people with complex and multiple needs in this area.</p> <p>It champions a trauma informed approach, with a focus on adopting a system rather than an organisational approach to addressing need.</p>	<p>This was co-produced with partners across our system including individuals with lived experience from our hostel.</p>	<p>criminal justice.</p> <ul style="list-style-type: none"> Our community builders will provide further information and intelligence in relation to gaps of provision across Torbay for us to build on

Theme Three – Ensuring Safety

3A We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services		
What are we doing well?	How do we know it?	What do we need to do better, and how will we monitor this?
<p>3A.1 Our DoLS waiting lists and risk management arrangements are overseen by the Head of Safeguarding Adults/Assistant Director for ASC Professional Practice and the MCA DoLS Operational Manager.</p> <p>There is strong oversight of risk within governance arrangements, and we maintain good awareness of backlog information, risk and risk management responses.</p> <p>To further inform our position we have been proactive in the past 12 months in commissioning an independent audit of the supervisory body function by Audit Southwest to further understand our position and awareness of risk.</p> <p>Several measures have been introduced to streamline and improve processes and prioritise applications. This activity is informed through our close working relationship and engagement with regional network arrangements.</p> <p>We have actively reviewed options to operationally reduce our backlog with senior management support and are moving to a test and learn phase and consultation process to implement a new delivery model. Our review included engagement with other LA's that do not have current backlogs</p> <p>All supervisory DoLS applications are triaged against the ADASS prioritisation tool. Applications which indicate objections or other high priority rationale such as covert medication are overseen by the MCA Lead to ensure appropriate oversight and engagement, for example with legal services.</p>	<p>There are dedicated operational and senior management roles in relation to DoLS.</p> <p>Monthly position information is reported through TSDFT and ASC Governance arrangements. Exception reports are provided on request such as the TSDFT Executive Operational group in February/March 2025. The Independent Audit summarised that 'Internal reporting on the current DoLS position (both the Supervisory Body and Community DoLS) and the associated risk and actions being taken in connection with the ongoing backlogs, have featured regularly in all the relevant key governance meetings within the organisation'.</p> <p>An independent audit of the Supervisory Body Function was published in April 2025. The audit identified known limited assurances relating to IT backlog.</p> <p>We attend regional ADASS MCA DoLS networks to support and inform activity and proposals. This includes task and finish activity to streamline systems and processes such as the DoLS forms 3a and 3b which are now utilised in Torbay.</p> <p>An options appraisal has been completed with a proposal to introduce a new delivery</p>	<p>In the past 12 months we have received 1573 DoLS applications, which averages 131 applications per month.</p> <p>The current backlog of applications is 536 (inc. new and renewals) of which 92 are high priority. We currently have 278 authorised DoLS of which 93 are high priority.</p> <p>The risks associated with the backlog have resulted in the options appraisal and the decision to move to a model of delivery to utilise Independent Best Interest Assessors. Our anticipation, once this is fully operational, is that within the first full year we will match the 37% reduction achieved in response to previous temporary additional funding from Torbay Council.</p> <p>In response to audit outcomes, the Executive Lead within TSDFT has signed off an agreed action response plan. This plan will be overseen by the TSDFT Audit Committee. Two key areas of limited assurance related to IT and capacity to manage backlog.</p> <p>IT - this is a key priority transformation activity which will enable DoLS to be recorded on a new care management system.</p> <p>Backlog – This is being addressed via the proposal to move to a new model of delivery as described.</p>

<p>As an integrated system we have supported extensive learning and development across our Provider market with a particular focus on Mental Capacity Act training in Care Homes which was co-designed with Care Home managers.</p> <p>All ASC Registered Professionals receive face to face MCA DoLS Training. The training is split into 3 elements: Assessing and Best interests, DoLS and Lasting Power of Attorney and planning for the future. In addition, Community DoLS face-to-face training has been agreed in March 2025. This will include two sessions per year regarding CoP DoLS 11 applications and two sessions for leads overseeing those arrangements.</p> <p>We undertake a Mental Capacity Act Audit each year led by the MCA and Quality Assurance leads.</p>	<p>model to reduce the backlog agreed by senior management. This will be a phased introduction which takes account of the need for staff consultation and relevant procurement matters required to utilise Independent BIA's.</p> <p>Our data and reporting through governance evidenced this reduction.</p> <p>We have recently completed a light touch internal audit of triage decisions, all of which were assessed as appropriately triaged. Having successfully completed the first such audit, this will be completed every 6 months.</p> <p>We have created three co-produced video resources with our provider sector (sofa Q and A) which were filmed in a learning disability and generic care provider settings. The subject matter is Assessment, Best Interest Decision Making and Planning for the Future.</p> <p>Once completed, any identified inadequate assessments are fed back to the line manager and practitioner for review and reflection. The staff member who completed the assessment is also required to take or retake the level 3 training sessions.</p>	
<p>3A.2 Our hospital discharge arrangements are fully integrated see (See 1A)</p>		
<p>3A.3 The integrated multi-disciplinary model in Torbay provides seamless access to care and support.</p> <p>7-day urgent care and crisis response. Out-of-hours duty function for Adults and Children's. Our older person's MH</p>	<p>Integration starts at the point of entry into our community services with a single team of health and social care coordinators working to understand people's needs, and</p>	<p>The integrated model needs to continually be refreshed to ensure the voice and impact of Adult Social care is balanced within the conflicting pressures of the NHS trust.</p> <p>We need to further develop a curious culture and</p>

<p>offer is integrated within our locality teams. The model of care ensures that the most appropriate professional leads the care co-ordination for the person, supported by a range of other professionals.</p> <p>Risks and incidents are managed through our robust DATIX and patient incident management arrangements which are reported through our Delivery committee.</p>	<p>line up the appropriate support.</p> <p>Torbay community services have a long-standing reputation for its integrated model.</p> <p>Adult Social Care has a robust out-of-hour service.</p> <p>The integrated way of working works well at points of escalation, safeguarding and incident management.</p>	<p>transparency so that there is a shared set of priorities and outcomes based on what the people who draw on services tell us.</p> <p>We need to be more engaging with our population in the future design of integrated health and social care.</p>
<p>3A.4 Transitions between teams occur through referral processes, staff and manager discussions. We have a strong offer for young people coming through transitions and we work to support individuals from 16 years onwards and for those with high complexity from 14 years of age. There is a dedicated team who work in partnership with Children's services. Using a panel approach to the team ensures that individual young people are tracked through the transition arrangement, there is strong interagency working, earlier identification of carers and increased use of advocacy.</p>	<p>We have robust planning arrangements in place to ensure early planning occurs.</p> <p>There are numerous examples of strong partnerships working to facilitate clear transition plans such as:</p> <ul style="list-style-type: none"> ▪ A strengthened weekly transition panel to improve coordination and tracking of young people discussed with a central tracking log implemented to track all young people discussed. ▪ A further quarterly MDT panel meets to review young people (14+) who are likely to require substantial support to achieve Transition outcomes. ▪ The Transition team provide training and support to Children Services social care practitioners regarding Mental Capacity Act application and Deprivation of Liberty safeguards. ▪ Close partnership relationships across Social Care, TSDFT and Education are in place to develop employment opportunities for young people including internships and voluntary/short term placement 	<p>Our Becoming an Adult Improvement project will focus on the actions from the recent SEND Inspection when this is published but key areas already identified are:</p> <ul style="list-style-type: none"> ▪ A focus on good health & Wellbeing ▪ Friendships, relationships & Community Life/Employment skills and opportunities ▪ Developing Independent Living Skills ▪ ASC representation and engagement with the SEND Joint Commissioning Strategy workstream.

	<p>experience.</p> <ul style="list-style-type: none"> ▪ Co-Production and engagement of Young People and their parent/Carers are utilised via work developed through the SEND Youth forum. 	
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3B We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.		
What are we doing well?	How do we know it?	What do we need to do better, and how will we monitor this?
<p>3B.1 We operate a robust integrated response to any safeguarding concerns. Our co-located joint approach between health and social care ensures that keeping people safe is at the heart of everything we do.</p> <p>Our safeguarding adult single point of contact sits within the front door team to ensure robust arrangements are in place to receive and act on incoming enquiries, our staff respond quickly completing appropriate assessments and ensuring protection plans are in place when required.</p> <p>Our data information provides a comprehensive overview of safeguarding information and activity.</p> <p>There are long-standing multi-agency arrangements in place within a broad range of partnership arrangements to safeguard people from the risk of harm.</p> <p>For example:</p> <ul style="list-style-type: none"> ▪ Attendance at the Torbay bi-weekly Homelessness and Vulnerability Forum ▪ ASC representation at MARAC ▪ Full member of Torbay Channel Panel ▪ Member of Prevent Partnership Board ▪ Member of Devon and Cornwall Anti-Slavery Partnership 	<p>We have in excess of 31 live or weekly data sets that provide strong intelligence and oversight of safeguarding systems. Some of these data sets also have multiple entry summaries. The data is used broadly to support:</p> <ul style="list-style-type: none"> ▪ S42 decision making ▪ S42 activity ▪ S42 data intelligence (such as types of abuse, Making Safeguarding Personal, data queries) ▪ Capture people's journey through our safeguarding system <p>In addition, we have an Independent Quality Checker system. With informed consent quality checkers will contact people who have experienced safeguarding adult response via a discovery interview model. Our 2024 Partners in Health Safeguarding review said "that the breadth of your approach to safeguarding and the ability to illustrate this has been consistently impressive".</p>	<p>Along with other TDSAP partners, we will actively work with TDSAP to evidence how learning from safeguarding adult reviews is being embedded into practice. By taking this activity through TDSAP, this will provide a broader level of assurance that learning from SARs is embedded into practice.</p> <p>We plan to deliver more partnership safeguarding adult forums to support partnership working and shared learning. Prior to COVID we would host on average 3 forums per year, often with a maximum attendance of 140 attendees. COVID, followed by internal team capacity and other priorities, has restricted this to date but the successful Prevent forum last year has evidenced the appetite for these events. Our new SA Senior Social Worker appointment now provides the opportunity to plan future events.</p> <p>Our Operational Safeguarding Improvement group allows for a 'temperature check' of the operational safeguarding system and collective solution focused thinking to responding to any emerging themes.</p> <p>An example of this is the need to get better at recording if we have asked people about their</p>

<ul style="list-style-type: none"> ▪ TDSAP Activity ▪ Representation at Devon Multi-Faith Group Board ▪ Attendance at regional safeguarding networks ▪ Representation at MARAC steering group ▪ Representation and Torbay Domestic Abuse Strategic Group <p>We have a range of accessible information on our websites, and a leaflet has been co-produced by the Community Reference Group.</p> <p>We actively take part in local safeguarding appreciative enquiry events and SARS, with any recommendations going to the learning and development subgroup.</p> <p>We have a broad range of local policies and practice guidance such as:</p> <ul style="list-style-type: none"> ▪ Managing allegations against people in positions of trust ▪ Safeguarding Operational Guidance ▪ Safeguarding Adult Single Point of Contact Guidance ▪ Safeguarding Adulthood Training Framework ▪ Responding to concerns relating to a deceased person. ▪ Qualitative feedback SOP Guidance ▪ Co-production via partnership arrangements of Anti-Slavery MOU ▪ Broad range of participation and contribution to safeguarding adult partnership publications. 	<p>The safeguarding team review data as part of business as usual and work in partnership with operational teams to understand and address any emerging themes. For example, enquiries open beyond 90 days are reviewed to avoid drift and ensure the enquiry needs to remain open. All S42(2) enquiries are formally signed off by lead professionals to confirm the local authority S42 duty has been met.</p> <p>Key summary data for 24/25 is:</p> <ul style="list-style-type: none"> ▪ 1034 concerns raised ▪ S42 decisions within SPOC take on average 7.1 days ▪ 347 S42(2) enquiries started ▪ 33.6% conversation rate ▪ 369 enquiries closed ▪ 7.9% of S42(2) enquiries related to repeat enquiries in the past 12 months ▪ 47.2% of enquiries occurred in an individual's own home ▪ Neglect, physical harm, financial abuse are the three most common forms of abuse. <p>As a full member of TDSAP we contribute to arrangements relating to the commissioning, undertaking and publication of safeguarding adult reviews.</p> <p>There are currently two Torbay related ongoing SARs and one outstanding referral (awaiting S44 decision). Our approach is regardless of whether a SAR relates to a Torbay resident, learning from TDSAP arrangements is disseminated to front line teams through for example the operational Safeguarding Improvement Group. An</p>	<p>preferred outcomes, arrangements to seek valid consent to provide qualitative feedback, reflective discussion on the latest SAR practice briefings.</p>
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	<p>example of our interaction in these arrangements is the forthcoming attendance by 20 operational staff at the TDSAP self-neglect conference in June 2025. Our attendance includes joint delivery of a workshop.</p> <p>We have previously hosted a number of network Safeguarding Adult Forums. Most recently in June 2024, we hosted a Prevent Conference with an excess of 100 practitioners with high quality expert speakers. The aim of this was to promote Prevent awareness in Torbay.</p> <p>We have worked through the Torbay and Devon Safeguarding Adult Partnership to develop and publish public information and team information on safeguarding adults including easy read information.</p> <p>Our policies are reviewed every 3 years or sooner if needed by TSDFT governance arrangements. Oversight of policy is retained within adult social care safeguarding.</p>	
<p>3B.2 Making safeguarding personal is embedded in our approach.</p> <p>We have quality checker arrangements in place which is supported by Living Options Devon who explore with individuals their experience of the safeguarding process and provide a summary report on findings.</p>	<p>Our recent performance:</p> <ul style="list-style-type: none"> ▪ 91.1% of enquiries had a risk outcome of removed or reduced ▪ 79.1% of records record a preferred outcome was asked. (90% target) ▪ 93% of those asked stated their preferred outcomes were fully or partially achieved. ▪ 17.3% of people consented to give qualitative feedback (20% target) <p>Our qualitative feedback indicates that individuals receive positive outcomes from their experience of a safeguarding response. This is</p>	<p>Our data on preferred outcomes identifies we do not always record if we are asking people their preferred outcomes. We identified this was due to a care management recording tool issue which meant that staff could not record outcomes in response to a S42(1) outcome. This has been rectified, and our Deputy Safeguarding Adult Manager has oversight of data improvement.</p> <p>Our records do not evidence that all individuals or their representative are asked if they consent to provide qualitative feedback. This has been escalated with teams in our operational safeguarding</p>

	evidence through Independent Quality Checker feedback reports.	improvement group within increased scrutiny of activity driving improvement.
<p>3B.3 We have a joint Adults Safeguarding Board with Devon County Council (TDSAP). There is a broad range of information available on the TDSAP public webpage here</p> <p>There are various methods by which assurance these arrangements are fit for purpose including:</p> <ul style="list-style-type: none"> ▪ DASS, Deputy DASS and Lead Member membership at TDSAP Board meetings, including receipt of minutes. ▪ Our Head of Safeguarding Adults Chairs the Operational Delivery Group of the Partnership. ▪ The TDSAP Business Activity Plan monitors and reviews the development, progression and delivery of actions that support the TDSAP strategic priorities. <p>The Operational Delivery Group holds the Business Activity Plan and reports on progress at each meeting. There is a monthly Business Managers meeting chaired by the Independent Chair of TDSAP which is attended by the Deputy DASS and Head of Safeguarding Adults.</p> <p>Publication of SARS is by default notified in advance to the DASS, Deputy DASS and Head of Safeguarding Adults and formally signed off for publication at TDSAP Board.</p> <p>The Chairs of the Children's Safeguarding Board and Adults Board meet regularly to ensure shared areas of work are discussed.</p> <p>There is good connectivity within operational group membership arrangements. For example, in April 2024 a representative of the Devon children's Quality Assurance Lead summarized activity relating to transitions into adulthood. Adult members were able to recommend more of an MCA focus in children's training arrangements.</p>	<p>DASS, Deputy DASS, Head of Safeguarding Adults and Lead Member membership at TDSAP Board</p> <p>Independent Chair of TDSAP</p> <p>Monthly Business Managers Meeting attended by Deputy DASS and Head of Safeguarding Adults</p> <p>Full organizational membership at all levels of TDSAP</p> <p>Annual report is presented to Torbay Council Cabinet for Sign Off and information</p> <p>Publication of Safeguarding Adult Reviews is approved at TDSAP with DASS, TSDFT Executive Lead notification prior to publication</p>	<p>The partnership is seeing repeated SAR referrals relating to self-neglect. In response, a TDSAP task and finish exercise has reviewed:</p> <ul style="list-style-type: none"> ▪ Self-neglect guidance ▪ Hoarding guidance ▪ Considered new approaches to SAR activity ▪ Prioritised how learning from safeguarding adult review is evidenced in practice <p>In the past 12 months, the Partnership has reviewed how best to ensure continued engagement from people with lived experience within its arrangements. In response, within its priority to improve engagement, awareness and inclusion, that Partnership has committed to delivering a continued investment and engagement with community groups to ensure that co-production and co-design is central to continual improvement.</p>

<p>The TDSAP current priorities can be accessed here</p> <ul style="list-style-type: none"> ▪ Seek Assurance from partners in relation to practice improvements in key risk areas. ▪ Seek assurance from partners that learning from SARs is embedded into practice ▪ Improve awareness, engagement and inclusion. 		
<p>3B.4 Coordinated multiagency meeting structure to assess and collectively support vulnerable individuals and address perpetrating activities that increase level of risk.</p> <p>Cross organisation partners include dedicated Adult Social Care Social Worker, Police, Probation, drug and alcohol services, Housing, ASB and Vulnerability team.</p> <p>It champions a trauma informed approach, with a focus on adopting a system rather than organisational approach to addressing need.</p>	<p>Housing and Vulnerability meeting (weekly) – multi agency approach to provide a rapid task centered action plan around an individual. If the level of risk is assessed above threshold referral through to statutory agencies or MDT meeting called on a case-by-case basis.</p> <p>Alliance Management Meeting (Growth in Action) – accepts referral and then system approach including complex needs navigator embedded in the homeless Hostel.</p> <p>A series of ASB and weekly huddle meeting sharing soft intel to identify emerging issues or vulnerable individuals identified especially within the street attached community.</p>	<p>We want to further embed the voices of people within MDT meetings and build upon client engagement in this process.</p>

Theme Four – Leadership

4A We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.		
What are we doing well?	How do we know it?	What do we need to do better, and how will we monitor this?
<p>4A.1 The Adults and Communities Directorate is led by the Director of Adults and Communities who is the formal DASS and part of Torbay Council's Corporate Management Team.</p> <p>The DASS is currently supported by two Divisional Directors responsible for:</p> <ul style="list-style-type: none"> Adult Social Care strategic commissioning and delivery working with TSDFT to oversee the performance of Adult Social Care operations. Communities covering housing solutions and standards, homelessness, community safety and licensing. <p>The Principal Social Worker role is held by the Associate Director of Social Work and Professional Practice within TSDFT. There is an Associate Director responsible for Operational Adult Social Care, they work together with an Associate Director for Community Health.</p>	<p>The Council and Trust structure charts are included within IR37. Within this we have also included the TSDFT Social care senior leadership structure.</p> <p>There is regular communication between senior management and staff across the Directorate to share key information and support the development of improvement plans and areas of priority. This includes Newsletters, Staff Briefings and other updates.</p> <p>There are monthly Portfolio Holder and Shadow Portfolio meetings between the Director and Elected Members.</p> <p>We have a shared vision for Adult Social Care and joined up approach to our transformation programme. We recognise areas we need to improve and are working together to address these.</p>	<p>We have recently reintroduced face-to-face staff briefings and engagement sessions and intend to build these into our communication approach following positive staff feedback.</p> <p>Our Principal Social Worker is employed by TSDFT and has established monthly sessions on ASC practice and improvement; we will use this forum to enhance our workforce development plan and workforce strategy.</p> <p>We need to continue to strengthen the voice and identity of Adult Social Care within the integrated organisation.</p> <p>We need to build on our Delivery Committee to ensure that risk and outcomes for people are clearly communicated across the Council and integrated care organisation.</p>
<p>4A.2 Torbay Council's corporate governance covers the following:</p> <ul style="list-style-type: none"> Officer and political structures Decision making processes Performance management and oversight Financial control, oversight and delegation Risk management 	<p>Torbay Council's Annual Governance Statement can be found here Annual Governance Statement 2023-2024.pdf.</p> <p>We have clear governance arrangements in place between Torbay Council and TSDFT which are detailed in IR31.</p> <p>Within Torbay Council, performance, finance and risk reports are developed for:</p>	<p>We want to further develop our single reporting arrangements across the two organisations.</p> <p>We intend to improve our trend analysis following the implementation of our new IT system.</p> <p>We will continue to ensure there is a robust line of sight between TSDFT and the Council's DASS through our enhanced governance arrangements.</p>

	<ul style="list-style-type: none"> ▪ Directorate Oversight Meeting ▪ Directorate Leadership Meeting ▪ Delivery Committee ▪ Service Improvement Board ▪ Scrutiny Board ▪ Portfolio Briefings ▪ Safeguarding Adults Board ▪ Audit and Governance Committee ▪ S75 Executive Board <p>Within the Trust, performance, finance, risk and quality reporting is overseen by:</p> <ul style="list-style-type: none"> ▪ Families and Communities Care Group ▪ Executive Oversight Group ▪ Quality Assurance Committee ▪ Finance and Performance Committee ▪ Trust Board <p>Our new DASS has recently been invited to join the TSDFT Board to ensure Adult Social Care is fully represented at Board level.</p> <p>A robust risk management approach is in place; the Corporate Risk register contains our most significant risks with appropriate mitigating actions.</p> <p>There is a joint ASC Risk register between Torbay Council and TSDFT. This is regularly reviewed, and escalations are managed through the Delivery Committee.</p> <p>Our risks are reviewed on a quarterly basis in line with our risk management strategy.</p>	<p>We will use our Peer Review feedback and self-assessment to drive our improvement and transformation plans.</p>
<p>4A.2 Torbay Council has robust budget monitoring and medium-term financial planning processes in place. The S75 arrangement for the delivery of Adult Social Care between Torbay Council and TSDFT is a five-year</p>	<p>Torbay Council's Budget can be found here Budget 2025/26 - Torbay Council</p> <p>The Council seeks the views of residents as part of the budget setting process. The budget</p>	<p>There is further work for us to do to develop robust cost and volume modelling, this will be assisted by the implementation of our new IT solution.</p>

<p>arrangement where the budget for Social Care including the ASC Precept, and any grants is transferred to the Trust on 1st April each year. There is a provision made for growth with the Council supporting cost/volume modelling and benchmarking with comparator authorities.</p> <p>The Trust develops annual cost improvement programmes, these are co-designed with the Council's Divisional Director for Adult Social Care</p>	<p>engagement details the statutory requirements relating to adult social care, homelessness and children's services for context.</p> <p>There are joint finance meetings in place between the Council and TSDFT to monitor delivery against the cost improvement plans as well as weekly operational delivery meetings to track progress.</p>	<p>A key area of improvement for operational and strategic commissioning is to address the cost of care within Torbay, this is being addressed through the development of improved frameworks and fee rates.</p>
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<p>4A.3 We have an established Health and Wellbeing Board (HWBB) which promotes the health and wellbeing of all residents across Torbay.</p>	<p>The HWBB co-produced our Health and Wellbeing Strategy 2022-2026 which covers five key areas:</p> <ul style="list-style-type: none"> ▪ Mental Health ▪ Health ageing ▪ Good Start to Life ▪ Complex Needs ▪ Digital Inclusion <p>In addition, led by our Director of Public Health, the HWBB ensures the development of our Joint Strategic Needs Assessment which provides the demographic intelligence to support commissioning and delivery of health and wellbeing offers for all.</p>	
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4B We focus on continuous learning, innovation and improvement across our organisation and the system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.		
What are we doing well?	How do we know it?	What do we need to do better, and how will we monitor this?
<p>4B.1 We have a stable and resilient workforce, turnover rate 10.41%, staff sickness 7%, supported by our strong practice development offer. Since adult social care staff are employed by the NHS Trust in Torbay retention and recruitment levels are generally good.</p> <p>We have a dedicated education and learning post for ASC</p>	<p>We offer:</p> <ul style="list-style-type: none"> ▪ 4 Social Work Apprentice degrees per year ▪ 3 people per annum to complete their practice education module ▪ 1 person to complete their AMHP training 	<p>Adapting to changing demographics within our workforce.</p> <p>Focus on digital support for our workforce.</p>

<p>who provides specific staff informed training developed in line with emerging needs and themes from case audit, safeguarding or complaints. We offer 4 Social Work Apprenticeship degrees per year and support 3 people per annum to complete their practice education module.</p>	<ul style="list-style-type: none"> ▪ 3 OT students per year ▪ Our PSW and Education Lead run a Post qualifying supervision standards training programme ▪ We have an annual Leadership Programme ▪ We have minimal use of agency staffing ▪ Our contract managers are accredited based on Contract Management Professional Standards ▪ We train our Commissioners with Oxford Brookes ▪ Competitive pay and strong recruitment processes 	
<p>4B.2 We review and analyse our complaints, our PSW uses any emerging themes to inform practice development proposals or inform our improvement work.</p>	<p>Complaints are regularly reported through our Delivery Committee. This ensures there is a clear line of sight to the DASS with regards to themes and risks of feedback.</p>	<p>We continue to work on improving our communication, practice and processes to ensure the people we serve access the right support to best meet their needs.</p>
	<p>We have a shared learning approach, driving continuous improvement.</p> <p>We have a shared learning approach, driving continuous improvement.</p>	

Glossary

When we say	What it stands for	And what it means
ADASS	Association of Directors of Adult Social Services	ADASS is a membership organisation for those working in adult social care.
ASC	Adult Social Care	Adult Care is the support provided for those aged over 18 to manage their own needs and to live life to the fullest – even when they face challenges because of their circumstances.
ASCOF	Adult Social Care Outcomes Framework	The Adult Social Care Outcomes Framework is a set of national measurements which help us to check how well care and support services are making a difference to people.
DoL's	Deprivation of Liberty Safeguards	DoLS aims to protect people who are able to consent to changes in their living arrangements which deprive them of their liberty. Checks are carried out to make sure they are necessary in the person's best interests and that their feelings and wishes are taken into account.
DP	Direct Payments	Direct payments allow people to receive cash payments from your local authority instead of care services to choose the support they need for themselves.
DFG	Disabled Facilities Grant	Disabled Facilities Grants help towards the costs of making changes to a person's home so they can continue to live there.
DTA	Discharge to Assess	Discharge to Assess helps fund and support people to leave the hospital when it's safe and appropriate to do so
ICS	Integrated Care Strategy/System	Integrated Care Systems are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. They are formed by NHS organisations and upper-tier local councils in that area and also include the voluntary sector, social care providers and other partners with a role in improving local health and wellbeing.
ICB	NHS Devon Integrated Care Board	ICB's are NHS organisations responsible for planning health services for their local population. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices.
ICO	Integrated Care Organisation	An integrated care organisation provides a joined up model of health and social care services.
JSNA	Joint Strategic Needs Assessment	Joint Strategic Needs Assessments (JSNAs) are assessments of the current and future health and social care needs of local communities.
LCP	Local Care Partnership	Local Care Partnerships bring together local health and care providers to work together to improve services in local communities, focusing on what matters to local people.
LSOA	Lower Super Output Areas	Lower layer Super Output Areas (LSOAs) help us to understand the needs of smaller communities, using data. They usually include between 400 and 1,200 households and between 1,000 and 3,000 people.
MCA	Mental Capacity Act	The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over and covers decisions about day-to-day things like what to wear or what to buy for the weekly shop, or serious life-changing decisions like whether to move into a care home or have major surgery.
MDT	Multidisciplinary Team	A group of professionals from different roles or organisations who come together to share information and ideas to help support people who need help to stay safe or manage everyday living.
MSP	Making Safeguarding Personal	Making Safeguarding Personal aims to make sure that the feelings and wishes of people involved in safeguarding concerns are considered and they are supported to improve or resolve their circumstances.
OT	Occupational Therapy/Therapists	Occupational therapy aims to improve people's ability to do everyday tasks if they're having difficulties.

PCN	Primary Care Networks	A PCN is a group of GP practices working closely together to provide services to their local population. A PCN usually includes 30,000–50,000 patients.
PSW	Principal Social Worker	The Principal Social Worker takes a lead role in making sure our arrangements to support people and keep them safe are good quality and we keep improving.
SAR	Safeguarding Adult Review	Safeguarding Adult Reviews were previously known as serious case reviews. A SAR is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place.
TSDFT	Torbay and South Devon Foundation Trust	TSDFT is the NHS Trust in Torbay.
VCSE	Voluntary and Community Sector organisations	VCSE means a voluntary, community or social enterprise organisation which serves communities solely within England and which is either: a charity, Community Interest Company or Community Benefit Society, registered with the relevant registry body; or an unregulated organisation with a social mission which is similar to a charity.

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

Date of meeting	Minute No.	Action	Comments
17/04/25	40	2. that the Director of Adult Social Care be requested to work with the Chairwoman, to write to Torbay and South Devon NHS Foundation Trust to request a written update on readmission rates and hospital discharge arrangements;	2. In progress (Anna Coles)
07/11/24	23	3. that the Divisional Director for Adult Services be requested to organise for an Employment and Skills Board representative to be invited to attend a future meeting with Domiciliary Care providers.	3. see minute 47 – this item has been superseded and will not be pursued in this form.
22/5/25	46	a. did the Council inspect its suppliers to ensure that they are complying with the modern slavery policies (a written response would be provided);	a. Sarah Omell to provide a written response.
22/5/25	46	<p>1. that the Democratic Services Team Leader be requested to arrange all Councillor training on Prevent, Channel and Modern Slavery as well as looking at access to the iLearn modules;</p> <p>2. that the Director of Adult and Community Services be requested to circulate information to all Councillors and Co-opted Members, including posts that may be suitable to share on social media, on what to look out for and where to refer people in respect of Prevent, Channel and Modern Slavery;</p> <p>3. that the Adult Social Care and Health Overview and Scrutiny Sub-Board support a wider campaign, which includes all</p>	Actions 1 to 4 to be implemented

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

Date of meeting	Minute No.	Action	Comments
Page 202		<p>Councillors and Co-opted Members and provides posts that may be suitable to share on social media, on what to look out for and where to refer people in respect of Prevent, Channel and Modern Slavery; and</p> <p>4. that a follow up report on Prevent and Modern Slavery is presented at a future meeting (November) to update Members on progress and provide more details on findings and recommendations from the wider Partnership Reviews once they are completed.</p>	
	22/5/25	<p>46</p> <p>a. There was no specific work being carried out by Public Health on menopause awareness but there were different schemes available, which the current Government was going to make mandatory for organisations employing more than 50 people. This did not apply to self-employed people. It was agreed that a written list would be provided to the Sub-Board Members and Co-opted Members on the support that was available for employers regarding the menopause.</p> <p>b. A written response would be provided on how communications with GPs was carried out from the Health Centre.</p>	a. and b. Director of Public Health to provide a response.
	22/5/25	46	<p>1. that Director of Midwifery and Gynaecology, Torbay and South Devon NHS Foundation Trust be requested to</p> <p>1. Chairwoman to confirm what was required as updates were covered in the report and minutes.</p>

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

Date of meeting	Minute No.	Action	Comments
		<p>provide a written report as outlined at the meeting; and</p> <p>2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board thanks Torbay and South Devon NHS Foundation Trust for their hard work regarding maternity services and acknowledges the pressures that staff are under.</p>	2. Complete
22/5/25	47	<p>1. that the above action from Minute 23/11/24 be not pursued further; and</p> <p>2. that an item be added to the Work Programme on the skills agenda across the wider care market, in light of the Government's changes and what the impact is in Torbay and what is being done to mitigate this, to include the care sector and fostering provision and the knock on impact of the savings that need to be made and the role of the Integrated Care Board (ICB) and Employment and Skills Board and that the Director of Adult and Community Services be requested to draft a scope for the item in consultation with the Chairwoman and Vice-Chairman of the Adult Social Care and Health Overview and Scrutiny Sub-Board with input from the Director of Children's Services.</p>	<p>1. Complete</p> <p>2. Item to be added to the Work Programme</p>

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